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Health System Transformation

Transformation Update

May 2019

April marked a significant milestone in our efforts to improve the delivery, quality and outcomes of Manitoba's health system. The transition of more than 12,000 staff to Shared Health is one of the largest changes to Manitoba's health system in a generation. The collaboration and teamwork of leaders and staff from across the system have made the transformation a truly provincial effort. Our shared successes include:

- The transition of 12,000 employees to Shared Health, which will enable provincial delivery of services in a number of areas, including Emergency Medical Services and Patient Transport, Diagnostic Services, and Digital Health. The greater consistency, coordination and integration of provincial health service delivery is expected to improve outcomes for Manitobans and ensure the sustainability of the health system;
- The introduction of legislation to establish consistent roles and accountabilities for all parts of the health system, which will enable greater integration and easier navigation for patients and providers;
- The continued engagement and validation of new models for delivering care across Manitoba, as clinical providers and community leaders are kept involved and informed as the development of the first Provincial Clinical and Preventive Services Plan proceeds;
- The planning of improved delivery and coordination of administrative and clinical support services across the province in areas like Supply Chain Management and Human Resources.
- The ongoing work to realign Manitoba's health workforce to better meet the needs of patients. Unionized employees of the health system will participate in representative votes to be scheduled in 2019. Votes are planned to be conducted in two phases:
 - Phase 1: Votes for bargaining units in the rural Regional Health Authorities
 - Phase 2: Votes for bargaining units in the Winnipeg Regional Health Authority and Shared Health.

Transitioning from transformation to operations

As certain Wave One projects conclude and others wind-down their involvement with the Transformation Management Office (TMO) or begin a new phase of work, it is important to understand the ongoing structural role of the TMO.

Integrated governance and clear roles and accountabilities of health system leaders are set out in the Transformation Program Charter which oversees Manitoba's Health System Transformation from project initiation through the transition to normal operations.

An integrated blueprint and program plan have laid the foundation for the design and implementation of prioritized projects and have enabled accelerated decision-making wherever possible. Projects have been defined with clear scope and supporting business cases and are integrated across the transformation program to ensure appropriate management and oversight, as well as issue escalation when required.

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Budget and resourcing support from organizations within the health system has enabled the TMO to consistently monitor and manage project activity, and to track and report benefits realization. These efforts have enabled projects to move from initial design to final planning and will continue to support projects throughout their transition to active operations.

As projects focus on stabilizing within their interim or future state, the TMO will continue to provide troubleshooting and support services, with overall accountability to the Transformation Leadership Team (TLT).

Projects that transition to interim or future state but continue to have significant dependency on other transformation initiatives (legislation or regulatory change, workforce configuration, benefits realization, or shared service implementation) will also continue to be accountable to TLT.

Services or functions that demonstrate limited dependency on other transformation initiatives and which can be resourced at an organizational level will see governance and accountability transition completely to the appropriate organization(s) within the health system. This will include responsibility for day-to-day operations or delivery of interim or future state services.

Transition to Shared Health

The transition to Shared Health of staff identified through Wave One activities is now complete. More than 12,000 staff have transitioned over the course of two phases. Employee information packages were distributed to all staff transitioning to Shared Health and the volume of questions and requests for assistance related to the transition has been very low.

Work to finalize the organizational structure for Shared Health (and subsequently for the Regional Health Authorities) is ongoing and efforts to clearly define operational versus transformation-related initiatives within Shared Health are underway.

The following service areas have now transitioned to Shared Health:

✓ **Provincial Diagnostic Services**

Diagnostic Services are now consolidated within Shared Health. This includes:

- Laboratory, diagnostic imaging services, and non-invasive cardiology services formerly provided by Diagnostic Services Manitoba (now Shared Health)
- Diagnostic imaging services provided by Prairie Mountain Health (PMH) at the Brandon Regional Health Centre (BRHC)
- Diagnostic imaging services provided by Winnipeg Regional Health Authority (WRHA) including fully devolved hospital sites

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- Diagnostic imaging services provided at Health Sciences Centre Winnipeg
- Cardiology services provided by PMH-BRHC
- Non-invasive cardiac testing, shared in part with the WRHA Cardiac Sciences program, at publicly funded health-care facilities operated across Manitoba
- Direct service delivery support services such as quality, radiation safety, billing, and central intake

✓ **Health Sciences Centre Winnipeg**

Health Sciences Centre Winnipeg has transitioned to Shared Health.

A service management framework has been finalized which identifies both key transitioned services as well as those requiring ongoing collaboration by Shared Health and the WRHA. The framework will be in effect for the period of transition (anticipated to be up to one year in length) as legal agreements and assets are transferred.

✓ **Emergency Response Services**

Emergency Response Services staff, including Emergency Medical Services and Patient Transport staff from Interlake-Eastern Regional Health Authority, Northern Regional Health Authority, Prairie Mountain Health, Southern Health-Santé Sud, the Medical Transportation Coordination Centre, Adult and Child Transport (Winnipeg Regional Health Authority), and Churchill (Winnipeg Regional Health Authority) have now joined Shared Health. Also included in the transition of more than 1000 staff from across the province are Emergency and Continuity Management staff and Patient Flow and Consultation Support from the WRHA.

While staff from contracted or municipally-based organizations are not part of the transition, responsibility for the oversight of the services they provide now belongs with Shared Health. This includes: Brandon Fire Emergency Services, STARS, Stretcher Services of Manitoba, Thompson Fire Emergency Services, and Winnipeg Fire Paramedic Services.

✓ **Digital Health**

More than 700 information and communications technology (ICT) staff across Manitoba have joined Shared Health to form a provincial Digital Health service that will support the systems, services and technology needs of Manitoba's health organizations. This includes ICT staff from Manitoba's Regional Health Authorities, the former Diagnostic Services Manitoba (DSM), CancerCare Manitoba and Manitoba eHealth.

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✓ **Corporate Services**

On April 5, 2019, administrative support services staff in a number of important areas (including Human Resources, Finance, Contracting and Procurement, Legal- Corporate HR, and Digital Health, Privacy, Insurance and Related Risk, Capital Planning, Facilities Management and Security, Internal Audit, Provincial Health Labour and Workforce, and Regional Staff Scheduling) came together to create an expanded provincial corporate services team within Shared Health.

✓ **Health Services**

Operations and staff within several programs that provide provincial health services, including Medical Assistance in Dying, Tissue Bank Manitoba and Transplant Manitoba, transitioned to Shared Health.

✓ **Mental Health Programs**

Some WRHA Mental Health Program Services also transitioned to Shared Health in April 2019 as an initial step in the alignment of critical mental health supports as part of an integrated provincial mental health and addictions system. These include: Crisis Response Centre, Co-occurring Mental Health Substance Use Disorders Outreach Program, Crisis Stabilization Unit, Forensic Assertive Community Treatment Team, and Forensic Community Mental Health Services.

Dashboard for provincial health system performance management system

Manitoba's first provincial health system dashboard has been introduced as part of an enhanced provincial health system performance management system.

As the health system transforms, provincial goals have been established to improve outcomes, service delivery and sustainability. These goals build on existing targets and priority areas, and incorporate the expert opinion of clinical, operational and administrative leaders across the system.

The performance management system and accompanying dashboard are key tools for monitoring and measuring progress towards achieving these goals. While we often hear that "what gets measured gets done," in practice we need to not only measure but we also need to ensure an effective and reliable performance management system is in place to achieve our goals.

The data contained in the dashboard gives leaders access to current information about health system performance that will inform their decision-making and improve responsiveness to emerging trends. The process creates a consistent approach for reviewing and assessing performance, identifying issues or risks and working together to devise plans to improve performance across the system. An essential component of the process will be the transfer of knowledge between leaders and organizations on achieving success and collective problem solving to address challenges.

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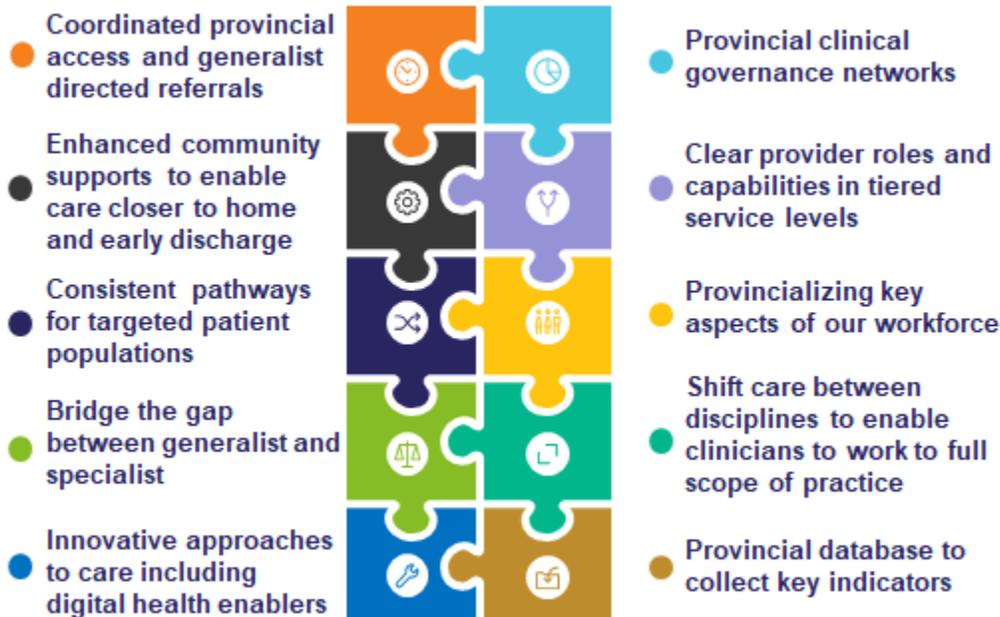
Goals will initially be focused on performance improvements in the areas of access to health services, the health service experience, safety and system sustainability. Goals will be reviewed and refreshed on an annual basis.

This tool is intended to provide alignment and focus on goals for Manitoba's health system as a whole. Existing dashboards should be leveraged to support additional internal monitoring around these goals, as well as monitoring other Service Delivery Organization (SDO) specific targets. It is anticipated that existing SDO dashboards may be updated to align and supplement the provincial SDO dashboard in order to avoid duplicate reporting and measuring the same thing in different ways.

Provincial Clinical and Preventive Services Plan

Provincial Clinical Teams (PCTs), consisting of nearly 300 clinical leaders, have been combining their knowledge, expertise and local experience with lessons and successes of other jurisdictions to identify opportunities to improve our health system. The PCTs have summarized a number of the key opportunities that have been identified to respond to the issues and challenges within our current health system:

Emerging issues ... and opportunities



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Above all, the work of the PCTs has made it clear that the strength of our health system, and the opportunities to improve both the services we provide and the outcomes our patients experience, lies at the local level with access to high quality, reliable primary health services. Patients would be best enabled to easily access the care they need if services were provided by multidisciplinary teams, which might include physicians, nurse practitioners and others, with consistent access to more integrated and coordinated services.

The PCTs have been looking at how the concept of a clinical care network, which is considered a leading practice in health service delivery, could be used in Manitoba's model of care to better meet the needs of our population.

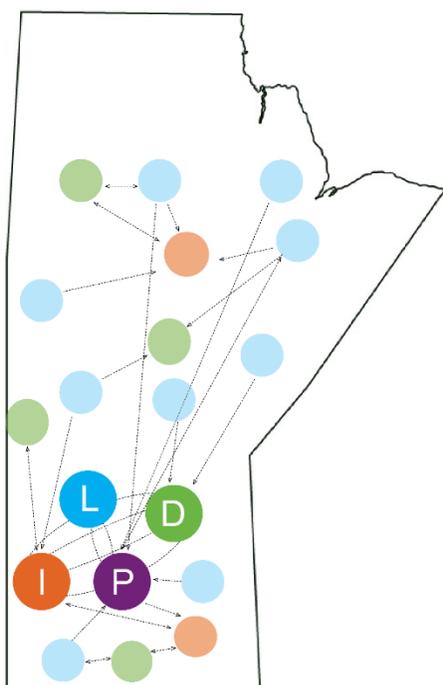
The concept of a provincial network model

An integrated provincial network would focus first on building up primary and community care while establishing inter-professional teams to provide enhanced services in the community. In this model, facilities and resources throughout the health system would be identified as local, district or intermediate hubs along with one provincial referral hub comprised of facility-based care, specialty teams and specialty services.

Care providers at the local level would operate as members of an integrated network managing low acuity, general medicine and transitional care as well as community-based rehabilitation and primary care. Local hubs would have clearly defined pathways to more specialized care for their patients, including direct access to provincial services through the provincial hub.

District hubs would provide care for patients with low to moderate acuity health issues and would also perform some general medicine/surgery interventions and procedures as well as post-acute treatment and emergency services. District sites would also provide enhanced care in areas like midwifery, palliative care and mental health, which would be aligned with the needs of the local population and available health human resources.

Intermediate sites would support the provision of care closer to home, offering moderate complexity medicine and surgery, critical care and emergency services.



Clear pathways would establish how patients move between levels of care according to their needs, with direct access to the higher acuity and specialty services offered by the provincial referral hub.

Services would be integrated and well-coordinated with connections between communities and facilities enabling patients to more easily access the care they need. Central intake functions or coordinated points of contact in areas like diagnostic services and mental health and addictions, if applied provincially, would help patients get more timely access to care. Expanded scopes of practice and enhanced enablers in areas like digital health and diagnostics could reduce the need for patients to travel long distances to access the care they need.

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Information and engagement sessions

PCT leads, co-leads and members of the Transformation Leadership Team are meeting with health-care providers, health associations, colleges and others involved in the delivery of health services to review their findings about opportunities and potential new models of care, to validate direction and to engage clinical providers in dialogue about pathways and patient outcomes.

Initial meetings involved Health System Transformation leaders visiting physicians and other providers in communities throughout the province during February and March 2019. Participants were asked to provide open and direct feedback related to the planning process, emerging models of care and priority issues in their community or region that they felt must be addressed through the planning process.

PCT leads and co-leads are now participating in sessions with clinical providers across Manitoba, where more detailed discussions are underway about the application of the emerging Provincial Network Model in various specialty areas such as mental health and addictions, women's and child health, and primary care.

Sessions are underway to engage with health associations, colleges and others involved in health service delivery about the concepts under consideration for Manitoba's future models of care.

Information is also being shared with community leaders throughout the province. Attendees at the March 20, 2019 meeting of the Association of Manitoba Municipalities were the first non-clinical audience to see up-to-date details related to the development of Manitoba's first provincial clinical and preventive services plan.

The Honourable Cameron Friesen, Minister of Health, Seniors and Active Living and Dr. Brock Wright, Chief Executive Officer of Shared Health, participated in an information session with approximately 500 elected officials from municipalities located throughout the province. They shared details of the progress made to date in the creation of consistent pathways to patient care and offered a glimpse of the work underway to determine how patients will access appropriate care as close to home as possible, and how patients will move to – and between – specialty services. Their presentation is available here: <https://vimeo.com/327776690>.

Preparing for Wave Two

The Health System Transformation Program is carefully and strategically structured over three waves of projects, outlined in a charter of roles and responsibilities and detailed by workstream in an integrated blueprint and program plan. As Wave One milestones are achieved, project planning is underway for Wave Two, with initiatives focused on achieving more consistent provincial service delivery.

Efforts are also underway to evaluate and understand the challenges encountered and lessons learned throughout Wave One.

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To ensure the system's ability to manage and absorb the changes to the system, Organizational Change Management strategies continue to be employed to provide structure and support to people and organizations during the period of transformation.

Further information and feedback

We want to hear from you. Share your input or questions on health system transformation at:

<http://www.gov.mb.ca/health/hst/feedback.html>