

Update on Transformation

Manitoba's Health System Transformation involves the phased implementation of broad health-system changes aimed at improving the quality, accessibility and efficiency of health services across Manitoba. A Transformation Leadership Team, which includes representation from across the health system, is overseeing this work, prioritizing initiatives and making recommendations on governance and policy development.

Updates on Transformation will include the latest information on Transformation Management Office (TMO) activities, projects, engagement and resourcing. Updates will be posted in the TMO and [online](#).

Wave One: Realign and Consolidate

The Transformation Program will occur over three phases, or waves, of projects. The first wave has just concluded, and is focused on activities that would support consolidation and realignment of responsibilities across health organizations. Wave One project managers are compiling close out reports prior to shifting their attention to Wave Two work.

Project Summaries, Status and Next Steps

Workstream 1: Manitoba Health, Seniors and Active Living (MHSAL) Refocusing

✓ ***MHSAL Transformation***

Objective: Implement changes to align the department's organizational structure with its new role and functions, and to transition staff as required.

Status: MHSAL's new organizational structure took effect January 7th, 2019.

Next Steps: A Transition Team has been established and work is underway to finalize a work plan, including a Transition Roadmap and a schedule for priority initiatives.

✓ ***Design Commissioning and Accountability Management Frameworks***

Objective: Design new structures, processes and tools for Commissioning and Accountability Management (Funding Modernization).

Status: Service Purchase Agreement (SPA) consultation sessions with participants from the Long Term Care (LTC), Community Health Agencies (CHA) and the Acute Hospital sectors are now complete. A draft Framework for the SPA has been developed and shared with the broader group of stakeholders in order to gain additional feedback. Comments provided by all organizations have been aggregated and assessed across all tables and organizations.

The TMO has engaged Thompson Dorfman Sweatman (TDS) to draft the new Service Purchase Agreement working from the SPA Framework. Work is underway to finalize the design for the Commissioning and

Accountability Management framework; an Advisory Committee has been established to review and approve the design.

Next Steps: Review new SPA with participants from the LTC, CHA and Acute/Hospital tables and prepare recommendation for approval. Confirm definition, objectives, and processes for the Commissioning and Accountability Management design with the Advisory Committee.

✓ ***Information Management and Analytics (IM&A) Shared Service***

Objective: Create a provincially integrated and system-wide IM&A function within MHSAL to support health system transformation and sustainability, quality improvement, administration of provincial data quality standards, and integration of systems, processes and data.

Status: Architectural Strategy and Operating Model development is complete. Service Catalogue and data feeds to the dashboard are nearing completion.

Next Steps: Development of the Master Data Management (MDM) Framework will continue in Wave Two.

✓ ***Provincial Health System Performance Management***

Objective: Establish consistent and timely indicators, measures and dashboards across entities in the Manitoba Health System, and develop a consistent management and reporting framework to guide health system leaders and reinforce use of the dashboard.

Status: Manitoba's first *provincial* health system dashboard and supporting management framework launched in April 2019 with a focus on performance improvements in the areas of access to health services, the health service experience, safety, and system sustainability. Health Authority Boards have been oriented to the new dashboard to support their governance role in performance management.

Next Steps: Support and coaching activities have been provided for the first few months of the dashboard operations. Continuing into the sustainability phase, MHSAL's role in supporting SDO boards and senior management in understanding performance management and expectations and how to meet them will be a foundational element in fostering better performance and accountability in the system.

Workstream 2: Service Delivery Transformation

✓ ***Draft and Implement Legislative/Regulatory Changes***

Objective: Review current statutes and regulations to identify necessary amendments to implement the target state of the health system transformation. Draft amendments and submit through review and approval processes.

Status: Amendments to The Regional Health Amendment Act and other legislation were drafted and approved by Cabinet. Amendments were introduced in the Manitoba Legislature as Bill 10, The Health System Governance and Accountability Act.

Next Steps: The Bill will need to be re-introduced during the next session of the Manitoba Legislative Assembly.

✓ **Activate Shared Health**

Objective: Transition Shared Health leaders and corporate functions, as well as high priority provincial clinical programs, to establish the corporate and administrative functions of Shared Health.

Status: 12,000 staff (executives and employees) transitioned to Shared Health on April 5th, 2019. Shared Health leaders and Corporate Functions transitioned, as did provincial clinical programs including diagnostic services, Health Sciences Centre Winnipeg, Emergency Response Services, Digital Health, Medical Assistance in Dying, Tissue Bank Manitoba and Transplant Manitoba. Some WRHA Mental Health Program Services also transitioned to Shared Health as an initial step in the alignment of critical mental health supports as part of an integrated provincial mental health and addictions system.

Service agreements between the WRHA and Shared Health have been drafted, as have terms to guide Clinical Governance within Shared Health.

Next Steps: Finalize L1 and L2 organizational structure for Shared Health.

✓ **System-Wide Organizational Design**

Objective: Design the future state functional and organizational structures of each organization (including Shared Health and the service delivery organizations) in the healthcare system, so that they are consistent and will effectively integrate as a whole system. Perform an analysis of management span of control and layers for each organization using best practices to re-align their future state management structures.

Status: The top-level organizational design and functional alignment, as well as the management spans and layers analysis, has been completed for Shared Health and the RHAs and has been approved by the Transformation Leadership Team (TLT).

Next Steps: In Wave Two, as part of the Transform Shared Health and the RHA Re-Focusing projects, perform the more detailed operational design of each organization, plan for their respective transformations, and begin implementing the changes.

✓ **Transition Health Sciences Centre (HSC) to Shared Health**

Objective: As part of the transition to Shared Health, HSC resources (staff, assets, agreements) formally transition from WRHA to Shared Health.

Status: HSC staff, services and operational accountability/responsibility transitioned to Shared Health in April. Financial and legal transfers are ongoing. 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.

Next Steps: Complete financial and legal transfers and transition to regular operations.

✓ ***Emergency Medical Services and Patient Transport (EMS & PT) Wave One***

Objective: Transition clinical and operational administration of EMS & PT to Shared Health. Enable provincial standardization of clinical service delivery and operational processes.

Status: Wave One transition activities including employee and funding transition to Shared Health, and an Interim Operating Guide are complete.

Next Steps: Wave Two activities will continue work to develop provincial, integrated and consistent Emergency Response Services, including the development of a human resources plan to accompany EMS system changes to a 24/7 staffing model.

✓ ***Provincial Diagnostic Services Consolidation***

Objective: Consolidate diagnostic services including medical laboratory, diagnostic imaging, cardiology testing and procedures (Brandon Regional Health Centre) and non-invasive cardiac testing (shared with WRHA Cardiac Sciences program) at publicly-funded and regionally-managed hospitals and health care facilities.

Status: All diagnostics staff and services within scope were consolidated under Shared Health in April 2019.

Next steps: Wave Two will include the completion of a business case related to Cadham Provincial Lab. The Diagnostics Consolidation Advisory Committee and the Radiologist Advisory Group continue to inform and develop recommendations for Cadham Provincial Laboratory, private laboratory services and private diagnostic imaging.

Workstream 3: Provincial Clinical and Preventive Services Planning

✓ ***Provincial Clinical and Preventive Services Planning***

Objective: Develop a rolling five year provincial clinical and preventive service plan with a focus on improved outcomes, responsiveness to patient needs, cost improvement and streamlined pathways across acute, primary and community care.

Status: Approximately 300 clinicians working across 11 Provincial Clinical Teams have conducted current state analysis, identified provincial system issues, opportunities and interdependencies and have developed a future service model. A draft report was received and reviewed by TLT in June, and is being finalized for submission to the Transformation Management Board (TMB).

Next Steps: Following the approval of the PCPSP by government, work will begin to implement the plan across the Manitoba health system.

Workstream 4: Shared Services

✓ *Business Cases for Shared Services and Alternate Service Delivery (ASD)*

Objective: Develop a business case template and assess alternate service delivery options for shared services within Shared Health, including options analysis, expected benefits, one-time and ongoing costs, risks and recommendation on whether to proceed.

Status: A business case template has been developed to consistently, effectively and transparently evaluate opportunities for shared services within Shared Health. Potential shared services will be subject to consistent analysis of opportunities, their strategic alignment with the principles of transformation, an environmental and stakeholder impact analysis and risk assessment.

Next Steps: Business cases are under development.

✓ *Establish Service Management Capability*

Objective: Draft and implement a service management framework for shared services within Shared Health, including defining service requirements, service level agreements, customer/provider relationship management, and a financial/charging model.

Status: A Service Management Framework as well as Service Management Processes and a Guide have been developed to direct the shared services offered by Shared Health. These utilize a consistent set of policies and procedures to manage and deliver their service to customers. Some of the processes would address areas including: creating and agreeing to service levels, the handling of incidents or problems, and the management of requests for service changes. The intent is to create and maintain a better service and customer experience. Service implementation for Digital Health, EMS/PT, and Diagnostics is in process. Legal Services was recently added to the project scope.

Next Steps: Finalize a Service Level Agreement template.

✓ *Information and Communication Technology Shared Service (Digital Health Transition to Shared Health)*

Objective: Consolidate Information and Communications Technology (ICT) resources from across the healthcare system to establish a consolidated shared service for ICT within Shared Health. Once consolidated, deliver service to health organizations under a service level agreement.

Status: ICT staff from Manitoba's Regional Health Authorities, the former Diagnostic Services Manitoba, CancerCare Manitoba and Manitoba eHealth joined Shared Health in April to form a provincial Digital Health service that will support the systems, services and technology needs of Manitoba's health organizations. Wave One Transition to Shared Health is complete.

Next Steps: Wave Two will see digital health implemented as a shared service within Shared Health.

Human Resources Shared Services (HRSS) Planning and Implementation

Objective: Define the provincial healthcare human resources structure to enable delivery of Shared Health Human Resource Shared Services (HRSS) to health organizations. Services will include HRSS metrics, resource requirements and associated transition plans, as well as the identification of alternative service delivery (ASD) opportunities.

Status: A future state model has been developed. The final report and recommendations on planning and design for this shared service are complete and have been presented to TLT and TMB.

Next Steps: Planning is currently underway for implementation in Wave Two.

✓ ***Supply Chain Management Shared Services Planning and Implementation***

Objective: Consolidate Supply Chain Management resources to establish a consolidated shared service within Shared Health. Once consolidated, service will be delivered to health organizations under a service level agreement.

Status: A future state model has been developed which includes the establishment of a provincial service. The final report and recommendations on planning and design for this shared service are also complete and have been presented to TLT and TMB.

Next Steps: Planning is underway for Wave Two implementation which will include the selection and implementation of a provincial contract management and strategic sourcing system and will engage SDOs in the development of common item, vendor and contract masters.

✓ ***Laundry Shared Service Planning and Transition***

Objective: Develop and assess a plan to establish laundry as a shared service.

Status: Work is underway to consider the restructuring of regional laundry operations, including consolidation of operations at a single location. It has been confirmed that capacity exists at the Inkster facility to support laundry services for both the WRHA and IERHA. A business plan has been completed and is being assessed.

Next Steps: If approved, the consolidation of laundry services would require increased operating hours and staff at the single location. A labour adjustment strategy would be developed to ensure the fair and equitable treatment of staff at both locations.

✓ ***Food Shared Service Planning and Transition***

Objective: Develop business case, including options analysis and expected benefits as well as a recommendation on whether to proceed with the implementation of a consolidated shared service to deliver food services to health system organizations within a service level agreement.

Status: All decisions will be made following the completion of detailed business cases which include all relevant data and information, anticipated outcomes and specific deliverables required in order to achieve them as well as a stakeholder and jurisdictional analysis. Early focus will be on options related to supplying food services to Health Sciences Centre Winnipeg and St. Boniface Hospital, including costing of any renovations that would be required in order for the sites to become receiving kitchens.

Next Steps: A business case, including alternatives and options, will be assessed and a decision made. This will define the scope of the project in Wave Two.

Workstream 5: Workforce

✓ *Bargaining Unit Consolidation*

Objective: Implement changes to the way collective bargaining for the health sector is conducted, as specified in Bill 29, which became The Health Sector Bargaining Unit Review Act.

Status: In January 2019, a new regulation was enacted under The Health Sector Bargaining Unit Review Act to further define health sector bargaining units and employer organizations. The regulation identifies employer organizations and designates seven groups for the purposes of collective bargaining.

Submissions were completed and the Commissioner responsible for implementing the Act made final decisions regarding slotting. Voter lists were developed for the purpose of representation votes, and the Voting Period was set. Union Access Opportunities (UAOs) were organized to provide the unions involved with access to workplaces so that employees had the opportunity to meet directly with union representative if they wish.

MNP LLP was contracted as the Electoral Officer to conduct the representation votes. The Electoral Office provided each eligible employee with detailed voting instructions and a Personal Identification Number (PIN) to use to access the voting system. Throughout the Voting Period, voting was accessible to eligible employees 24 hours a day, online or by telephone, in both official languages.

Next Steps: Representation votes were held between August 8th, 2019 and August 22nd, 2019. More information, including the results of the votes, is available at the Commissioner's website at www.bill29commissioner.com.

✓ *Mandates and Bargaining*

Objective: Develop Bargaining Mandates and conduct negotiations for Physicians; Nurses; Medical Residents; Physician Assistants and Clinical Assistants; Professional/Technical/Paramedical; Facility Support; Community Support.

Status: Bargaining with Physicians (Doctors Manitoba) has led to tentative agreement on a four-year contract; Manitoba physicians will vote on the agreement. Bargaining continues with the Professional Association of Residents and Interns of Manitoba (PARIM) for Medical Residents. Consultation with Regional

Health Authorities, Shared Health, CancerCare Manitoba and MHSAL is ongoing in preparation for collective bargaining with nurses, professional/technical, facility support and community support sectors.

Next Steps: Collective bargaining with nurses, professional/technical, facility support and community support sectors will follow representation votes and the issuing of new certificates by the Commissioner.

✓ ***Transition Workforce Function to Shared Health***

Objective: Establish and staff a new provincial Workforce function within Shared Health.

Status: MSAS (Medical Staff Administration Services) and PHLRs (Provincial Health Labour Relations Secretariat) staff transitioned to Shared Health on April 5th, 2019. Several new workforce positions have been created and posted.

Next Steps: Appropriate alignment with the proposed HRSS structure will be determined.

Workstream 6: Strategic System Planning

✓ ***Mental Health and Addictions System Strategy and Design***

Objective: Using a whole of government approach, develop an implementation plan(s) for recommendations in VIRGO Planning and Evaluation Consultants' Mental Health and Addictions Strategy.

Status: Some WRHA Mental Health Program Services 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.

Next Steps: Wave Two will include the completion of a detailed operational model and structure for provincial mental health and addictions services within Shared Health.

✓ ***Develop Indigenous Partnership Strategy***

Objective: Develop a partnership framework and strategic action plan to enable culturally relevant engagement with First Nations, Metis and Inuit organizations and communities, and the provincial health system including the Department of Indigenous and Northern Relations, Shared Health and the SDOs in Health System Transformation planning and implementation activities.

Status: Following engagement workshops (3 sessions with Indigenous Stakeholders) with several organizations representing Indigenous communities (which included a follow-up survey to obtain feedback from participants), and a survey of TMO resources (82 responses) to collect baseline information about the knowledge and understanding of the need for an Indigenous Partnership Strategy, a framework has been developed and presented to TLT. An Advisory Committee has been created with broad-based representation.

Next Steps: The project team will continue to establish partnerships and engage in dialogue with populations and communities in order to support and advise the TMO on Indigenous representation and to provide ongoing expertise and feedback on initiatives across the transformation program.

✓ **Quality and Patient Safety Strategy**

Objective: Evaluate and make recommendations for a Quality, Patient Safety and Accreditation Provincial Service Strategy across all service delivery organizations.

Status: Recommendations on a QPSA Framework, governance, accreditation and implementation plan have been developed and approved by TLT.

Next Steps: The project team is working on an implementation plan to be part of Wave Two.

✓ **WRHA Clinical Consolidation, Phase II**

Objective: Safely and effectively transition or consolidate certain clinical services (mental health, cardiac, emergency, critical care, surgery and family medicine) at sites across both the WRHA and Shared Health to establish consistent service standards and access while improving patient flow and wait times. This includes the conversion of Emergency Departments at Concordia Hospital and Seven Oaks General Hospital to Urgent Care Centres and the closure of Intensive Care Units at both sites. Phase II also includes a focused effort to reduce access block and improve patient flow.

Status: Effective June 28th, 2019, a newly established advisory team will oversee the project, reflecting the collaborative planning and implementation roles of Shared Health and Manitoba's service delivery organizations within the provincial health system. The WRHA remain responsible for the activation of clinical changes associated with the plan. Shared Health and the TMO have assumed responsibility for planning development, with program resources from both WRHA and Shared Health contributing to the work. The new advisory team includes clinical leadership from Shared Health and the WRHA, and is mandated to increase engagement with – and gather information from – nurses and physicians, as well as allied health professionals and site-based leadership. The project team has also been realigned to a more typical project team structure.

Next Steps: Plans and preparation to support appropriate patient care and realign acuity across sites are ongoing. Safety metrics are being monitored weekly and a committee focused on nursing stabilization, including recruitment and retention, has been established. A project charter and team to support the Access Block Reduction Strategy have been finalized and will make recommendations to the Advisory Committee.

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>