

# Winnipeg Regional Health Authority

## Schedule A1: Services, including Performance and Reporting Manitoba Health

Version: 2022/23 2.0 April 1, 2022

### 1. Alignment to Provincial Health System Planning

#### a) Provincial Health System Strategic Plan

The Provincial Health System Strategic Plan outlines the strategic direction for the department and the health system as a whole. The HA strategic and operational plans are to align with the strategic directions in this schedule. It is expected that the HA will show objectives in its strategic and operational plan that shows alignment and plans to work toward implementing these strategic directions.

The current strategic priorities for the health system are:

- Positive health care experience for Manitobans, with a focus on quality health services
- Improved health system capacity, performance and accountability
- Empowered, adaptable and high-performing workforce
- Strengthen fiscal sustainability and value for money

Further information and/or clarification to these priorities and related goals/objectives will be provided to the HA from time to time by the department. Material changes to the priorities will be reflected in the next schedule version.

#### b) Minister's Mandate

Mandate letters include the objectives that each minister will work to accomplish on behalf of government. This direction to the Minister informs the priority work within the department, the health system, and each SDO. The department will advise the HA of Minister's mandate commitments that are applicable to the HA and the HA is expected to align its efforts to support the achievement of these mandate commitments. This may be communicated through a mandate letter from the Minister to the HA's board or through other means.

### 2. Services

The HA will provide the Services, as described further below in this Schedule, in a manner consistent with the Clinical and Preventive Services Plan (CPSP), prescribed standards, policies and guidelines established by Manitoba, clinical standards established by the PHA, and the terms of this Agreement.

Any change to this Schedule shall include consultation between the parties and take into consideration its funding impact, human resources, quality of services, and health outcomes of the population of the region within the framework of the principles set out in the Agreement.

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### a) Core Services

The following core services outline the minimum mandated health services to be delivered by the HA. If a change is required to the core services for the HA, the Health Authority Health Services Delivery policy will apply.

- **Acute Care facilities – based on facility type**
  - Enhanced primary care, Urgent Care, 24/7 community Emergency, Emergency Critical Care and Acute Medicine
  - Surgery and Anesthesia
    - Cases that require moderate complexity and acuity
    - 24 hour ICU
  - Cancer and Palliative Care
    - Palliative care
    - Regional and Community cancer programs
  - Renal/Dialysis Care
  - Rehabilitation Services inpatient
    - Physiotherapy
    - Speech therapy
    - Audiology
  - Women and Children’s health services
    - Obstetrics
    - Level 2 Nursery
    - Gynecological procedures and surgeries
    - Women’s Mental Health
    - Reproductive Health
    - Primary Pediatric Care
    - Support Women’s Health Clinic Inc. management of the Birth Centre
  - Inpatient Mental Health and Addictions
    - Tier 2 – Low need, early intervention and self-management services
    - Tier 3 – Moderate need, services targeted to moderate MHA needs
    - Tier 4 – Moderate to severe need, intensive and specialized services
  - Cardiovascular and Thoracic
  - Neuroscience
    - Stroke program
  - Provision of Blood services
- **Ambulatory and Outpatient Services**
  - Home Ostomy Program
  - Manitoba Home Nutrition Program
  - Renal/ Home Dialysis Program
  - Tuberculosis Program
- **Pharmacy**
- **Long Term Care Facilities**
  - Delivery or support the delivery of Personal Care Homes
  - Personal Care Home services for residents with special needs
  - Respite care in Personal Care Homes

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- **Substance Abuse/Addictions**
  - Inpatient detoxification and treatment
- **Primary and Community Care**
  - Primary care
    - Contribute to primary care monitoring, information management and recording
    - Participate in My Health Teams in partnership with fee for service clinics and community organizations – trustee of financial processes and human resource management
    - Inter-professional Team Demonstration Initiative – trustee of position funding and human resource management
    - Deliver Family Doctor Finder service
    - Operation of Walk In connected Care
  - Midwifery
  - Prevention and mgmt. of chronic disease
  - Non physician led – Community health centres
  - Contract/salaried primary care physician services
  - Primary care support to Long Term Care and Home Care
  - Access Centres
- **Population and Public Health**
  - Communicable Disease Control
  - Environmental Health
  - Healthy Parenting and Early Childhood Development
  - Healthy Public Policy
  - Health Promotion and Injury Prevention
    - Healthy Nutrition
    - Physical activity/promotion/healthy built and social environments
    - Injury prevention
    - Reproductive health/teen clinics
    - Cannabis
    - Community development
- **Community Health Services**
  - Rehabilitation Support Services
    - Speech Therapy
    - Audiology
    - Early Childhood interventions
- **Home based Care Services (Home Care)**
  - Assessments
  - Care planning coordination
  - Direct services
    - Supplies and equipment to support early discharge
  - Process for managing long term care placements

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### b) Clinical and Preventive Services Plan (CPSP) Implementation

The HA is expected to contribute to the implementation of the following CPSP projects that have been prioritized for the duration of this schedule, under the direction of the PHA.

The PHA is expected to provide further information and/or clarification on the CPSP as may be required. Material changes to the priorities will be reflected in the next schedule version.

*Not available for 2022/23.*

### c) Provincial Clinical Pathways/Models of Care/Procedures/Protocols

The HA is expected to provide the core services identified above in 3(a) in a manner that is consistent with the following provincial clinical pathways, models of care, procedures and protocols:

*Not available for 2022/23.*

### d) Service Directives/Guidelines/Standards and Policies

The following service directives apply to the HA:

- Implementation of Stevenson Report Recommendation #8 (February 2022)

The following guidelines apply to the HA:

- Capital Plan Guidelines
- Health Plan Guidelines
- Annual Operating Plan Guidelines

The following standards apply to the HA:

*Not available for 2022/23.*

The following policies apply to the HA:

| Policy Number                      | Policy Name  |
|------------------------------------|--|
| Admin 5.4                          | Equipment Policy   |
| Admin 5.28                         | French Language Services Plan Reporting Policy                               |
| GSP 1000.6                         | Sinclair Pediatric Cardiac Inquest (2000)                                    |
| GSP 1000.7                         | Thomas Implementation Report (2001)  |
| GSP 1000.8                         | Thomas Implementation Report (2005)  |
| GSP 1000.10                        | RHA Board Competency Criteria  |
| HCS 207<br>(repeat of GSP 1000.12) | Home Care Program Administrative Manual                                      |
| GSP 1000.14                        | Manual for Feeding and Swallowing Management in Long-Term Care Facilities    |
| GSP 1000.15                        | Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes |
| HCS 200.1                          | Board Governance and Accountability  |
| HCS 200.2                          | Critical Incident Reporting and Management Policy                            |
| HCS 200.3                          | Health Authorities Guide to Health Service                                   |
| HCS 200.4                          | Risk Management  |

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|------------|---|
| HCS 200.5  | Internal Disclosure of Staff Concerns   |
| HCS 200.7  | Reporting of Significant Changes to the Office of the Chief Medical Examiner  |
| HCS 200.8  | Quality Audits  |
| HCS 200.10 | Collection of Alternative Level of Care (ALC) and Non-ALC Delays (NAD)  |
| HCS 200.11 | Reporting on Community Health Assessment  |
| HCS 200.14 | Critical Occurrence (CO) Reporting and Management Policy  |
| HCS 200.15 | Manitoba Pediatric Insulin Pump Program   |
| HCS 200.16 | Bidding & Award of Construction Tenders   |
| HCS 200.17 | Patient Access Data Submission Policy   |
| HCS 200.19 | Home Cancer Drug Program Policy   |
| HCS 200.21 | Selection of Consultant Services  |
| HCS 200.23 | Policy on Outsourcing and Admixing Pharmaceutical Products for Use in Manitoba  |
| HCS 200.25 | Medical Device Reprocessing: Transportation of Medical Devices  |
| HCS 200.26 | Medical Device Reprocessing: Single-use Medical Devices   |
| HCS 200.28 | Human Resources French Language Policy for Health Care Services   |
| HCS 200.29 | Emergency Department Registration, Triage and Waiting Room Monitoring Policy  |
| HCS 200.30 | Patient experience Survey Policy  |
| HCS 200.31 | Medical Assistance in Dying (MAiD)  |
| HCS 200.32 | Pronouncement of Death (POD)  |
| HCS 205.2  | Reporting to Manitoba Health Nursing Services Guideline for Personal Care Homes   |
| HCS 205.3  | Nursing Services Guideline  |
| HCS 205.4  | PCH - Multi-Bedded Rooms  |
| HCS 205.6  | Personal Care Home (PCH) Resident Transportation  |
| HCS 205.7  | Personal Care Homes: Admission and Separation   |
| HCS 207.2  | General Eligibility   |
| HCS 207.3  | Service Level Policy  |
| HCS 207.4  | Engagement of Family Members to Provide Non-professional Home Care Services Within the Self and Family Managed Care Program |
| HCS 207.5  | Self and Family Managed Care Program (SFMCP)  |
| HCS 207.7  | Home Oxygen Concentrator Program  |
| HCS 207.9  | Equipment and Supplies  |
| HCS 207.10 | Respite Care Provided in the Home   |
| HCS 207.11 | Therapy Services  |
| HCS 207.12 | Off Site Services   |
| HCS 207.13 | Service Delivery  |
| HCS 207.14 | Personal Care Services  |
| HCS 207.15 | Meal Preparation Services   |

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| HCS 207.16 | Household Maintenance and Laundry Service  |
| HCS 207.17 | Nursing Services   |
| HCS 207.18 | Access to Alternate Care Environments  |
| HCS 207.19 | Respite Care in Personal Care Home   |
| HCS 207.20 | Support Services to Seniors (SSSs) Senior Centers (SCs) and Tenant Resource Programs (TRP)                       |
| HCS 207.21 | Dialysis Provided in the Home  |
| HCS 207.22 | Home Ostomy Program  |
| HCS 207.23 | Adult Day Programs   |
| HCS 207.24 | Home Nutrition Program   |
| HCS 207.25 | Home Care Intravenous Therapy (IV Therapy)   |
| HCS 207.26 | Companion Care   |
| HCS 207.27 | Palliative Care in the Home  |
| HCS 207.28 | Manitoba Wheelchair Program (Power Wheelchairs)  |
| HCS 207.29 | Manitoba Wheelchair Program (Manual Wheelchairs)   |
| HCS 210.1  | Provincial Abuse Policy for Psychiatric Facilities   |
| HCS 210.2  | Consumer Participation in Mental Health Services Planning, Implementation and Evaluation                         |
| HCS 210.3  | Family Member and Natural Support Participation in Mental Health Service Planning, Implementation and Evaluation |
| HCS 210.5  | Provincial Policy for Service to Individuals with Co-occurring Mental Health and Substance Use Disorders         |
| HCS 210.6  | Order of Committeeship Issued by the Director of Psychiatric Services  |
| HCS 210.7  | Communication of Public Committeeship Status   |
| HCS 215.1  | Violence in the Workplace - Nursing  |
| HCS 215.2  | Violence in the Workplace – Other Health Care Workers  |
| HCS 215.3  | Provincial Injury Reduction  |
| HCS 215.4  | Provincial Scope of Practice for Nurses  |
| HCS 215.5  | Violence Prevention Program for Health Care Workers in Manitoba  |
| HCS 225.1  | Manitoba Ambulance Services Program - Funding for Interfacility Transportation                                   |
| ITM 405.3  | IT Project Control, Monitoring, and Evaluation   |

### 3. Health Capital

The HA is accountable for the delivery of the capital plan as authorized by the Department.

a) Safety and Security Projects approved for the HA:

Refer to **Exhibit 3A – Health capital**, attached to this Schedule.

b) Capital Projects under \$250K approved for the HA:

Refer to **Exhibit 3B – Health capital**, attached to this Schedule.

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- c) The Provincial Health Authority is responsible for managing the following approved construction, renovation, and expansion projects over \$250K on behalf of the HA:

Refer to **Exhibit 3C – Health capital**, attached to this Schedule.

- d) Medical Equipment approved for the HA:

Refer to **Exhibit 3D – Health capital**, attached to this Schedule.

- e) Information Communications and Technology (ICT) approved for the HA:

Refer to **Exhibit 3E – Health capital**, attached to this Schedule.

### 4. Reporting Requirements

Under the Act, Manitoba may require a health authority to provide any information, reports, returns and financial statements for the purposes of:

- monitoring or evaluating
  - i) the provision of health services or administrative and support services, or
  - ii) compliance with the HA’s accountability agreement;
- conducting research or planning that relates to the provision of health services or the payment for health services; and,
- the administration of the Act.

Information or a report, return or financial statement must be provided within the time and in the form specified by Manitoba.

In addition, there are reporting requirements under other legislation in addition to the Act that apply to the HA.

The following reporting requirements are for ease of reference and are not intended to reflect all reporting requirements and, in accordance with the Act, Manitoba may require additional reporting by the HA as required.

- a) Compliance Reporting and Controls

The health authority is to submit the following compliance control reports:

| Report Name/Type         | Timeline           |
|--------------------------|--------------------|
| Strategic Plan           | September 30, 2022 |
| Annual Operational Plan  | June 1, 2022       |
| Annual Report            | September 30, 2022 |
| CEO Expense Reports      | September 30, 2022 |
| Minister Mandate reports | Quarterly          |

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| Provincial Risk Report   | March 31, 2022                         |
| Reports required under The Public Sector Compensation Disclosure Act                                 | September 30, 2022                     |
| Service Interruption reporting   | In accordance with policy              |
| Critical Occurrence reporting  | In accordance with policy              |
| Critical Incident Reporting  | In accordance with policy              |
| Annual Medical Equipment Procurement Status report   | January 15, 2023                       |
| Medical Equipment Lease  | September 1, 2022                      |
| Basic Equipment Funding Expenditure for expenditures with an individual values greater than \$10,000 | May 31, 2022                           |
| Project Status Reports for projects with budgets of less than \$250k                                 | 15th of each month                     |
| Capital Property Sites Lease Schedule  | September 1, 2022                      |
| Report requirements as outlined in individual Accountability Letters                                 | As per specific Accountability Letters |

### b) Financial Reporting

The health authority will provide Manitoba with the following reports and financial statements:

| Report Name/Type   | Timeline  |
|--|---|
| Summary Forecast Reports                                 | Quarterly   |
| Monthly Forecast Reports                                 | Non-quarter ending months, July 2022 to February 2023 |
| Accounts Receivable and Accounts Payable Templates       | Quarterly   |
| Debt held by the Department of Finance Treasury Division | Quarterly   |
| Medical Remuneration Templates                           | Quarterly   |
| Bad Debt Reports   | Quarterly   |
| Fiscal Year End Reporting Requirements                   | As per direction                                      |

### c) Service Results & Outcomes Reporting

The health authority is to submit the following service results and outcomes reports:

| Report Name/Type  | Timeline  |
|---|---|
| Public wait time website and PIMA (provincial information management & analytics) dashboard                     | Emergency: Daily<br>All others: Monthly, by 15th  |
| Acute care data submissions to align with Canadian Institute of Health Information (CIHI) and MB data standards | Monthly, by 40 days after end of month  |
| Service Delivery Organization performance dashboard   | Monthly, as set out in the Manitoba Health System Performance Management Cycle schedule |
| Service Reporting required by CIHI  | As required by CIHI   |
| Continuing Care - Supportive Housing  | 30th of each Month (28th for February 2023)   |
| Continuing Care - Long term care dashboard  | Quarterly:  |



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|--|---|
|  | May 28, 2022<br>August 28, 2022<br>November 28, 2022<br>February 28, 2023             |
| Continuing Care - Supportive Services to Seniors                           | Quarterly:<br>April 30, 2022<br>July 30, 2022<br>October 30, 2022<br>January 30, 2023 |
| Continuing Care - Palliative Care  | Quarterly:<br>April 30, 2022<br>July 30, 2022<br>October 30, 2022<br>January 30, 2023 |
| Continuing Care - Home Care  | Annually: July 15, 2022   |
| Project Closeout/End Reports for projects with budgets less than \$250,000 | Upon project completion   |

### 5. Performance Improvement

#### a) Indicators/Measures for the focus of Performance Improvement

The department, in the context of its Provincial Strategic Plan and Minister's Mandate, has identified the following performance measures as priorities for the SDO to demonstrate performance improvement:

- Hospital Standardized Mortality Rate (HSMR)
- Hand Hygiene Compliance
- Reduce Emergency Department wait times to Canadian level by March 31, 2022
- Median ED Length of Stay (LOS) (admitted only)
- Median ED Length of Stay LOS (non-admitted)
- Inpatient Length of Stay (LOS) (Average days)
- Alternate Levels of Care (ALC) (% of days)
- Improve Positive Inpatient experience ratings
- Maintain 22/23 Summary health expenditures within 1.6% over 2021/22
- Overtime (% of worked hours)
- COVID-19 Increased costs

*Manitoba Health and the HA acknowledge that this reflects provincial health system dashboard reporting as at April 1, 2022. Manitoba Health and all SDOs are working together on changes to performance measures and approaches to performance improvement and these changes will be updated in-year or in the 2023/24 schedule.*

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The HA, in the context of its Strategic & Operational Plan, has identified the following performance measures as further priorities for demonstrating performance improvement:



*Not available for 2022/23.*

### b) Minimum Service Levels

Within the funding provided in Schedule B the HA is expected to meet the following minimum performance levels for services:

| Winnipeg Regional Health Authority - Minimum Services Levels 2022/23  |        |                                       |
|---|--------|---------------------------------------|
| Service   | Volume | Location                              |
| Cardiac Catheterization   | 2,860  |                                       |
| All other Cardiac Surgery   | 726    |                                       |
| Cataracts   | 9,045  | Misericordia Health Centre            |
| Coronary artery Bypass Graft (CABG)                                   | 425    |                                       |
| Hip and Knee (elective)   | 3,600  | Concordia Hospital and Grace Hospital |
| Pain Management – Clinic Visits Face to Face/Virtual/C-Arm procedures | 8,136  |                                       |
| Pediatric Dental Surgery  | 387    | Churchill Health Centre               |
| Pediatric Dental Surgery  | 762    | Misericordia Health Centre            |
| Percutaneous Coronary Intervention (PCI)                              | 1,291  |                                       |
| Sleep Studies   | 3,710  |                                       |

These are minimum service level expectations and the HA, within its global budget, may allocate additional resources to provide more volume of these services in the year. Service levels are not capped by Manitoba at these levels and no service delivery site within the HA is to be advised that these are maximum levels set by the province.

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|---|---|
| <b>GOVERNMENT OF MANITOBA</b><br>By: <u></u><br>Name: <u>Karen Herd</u><br>Title: Minister of Health or delegate | <b>WINNIPEG REGIONAL HEALTH AUTHORITY</b><br>By: <u></u><br>Name: <u>Pat Solman</u><br>Title: Board Chair |
|---|---|

# Winnipeg Regional Health Authority

Schedule A2: Services, including Performance and Reporting

Manitoba Mental Health and Community Wellness

Version: 2022/23 2.0 April 1, 2022

*Schedule A2 is not intended to restate Mental Health & Community Wellness (MHCW) content that is included in the Manitoba Health Schedule A1 and applies to both departments. Schedule A2 is intended to capture additional content and requirements that are unique to MHCW.*

## 1. Alignment to Provincial Health System Planning

### a) Provincial Health System Strategic Plan

The Provincial Health System Strategic Plan outlines the strategic direction for the department and the health system as a whole. The HA strategic and operational plans are to align with the strategic directions in this schedule. It is expected that the HA will show objectives in its strategic and operational plan that shows alignment and plans to work toward implementing these strategic directions.

This includes working towards a shared vision, where Manitobans experience optimal physical, mental, emotional, cultural and spiritual well-being across their lifespan.

The current strategic priorities of the wellness, mental health, substance use and addictions system are:

- Equitable Access and Coordination
- Mental Well-Being and Chronic Disease Prevention
- Quality and Innovation
- Governance and Accountability
- Indigenous Partnership and Wellness

These strategic priorities are intended to support the creation of an integrated, responsive and accessible system of wellness, mental health, substance use and recovery services and supports that meets the needs of Manitobans.

In addition to the above, an immediate priority of MHCW is COVID-19 pandemic recovery, with a focus on addressing the impacts to mental health.

### b) Minister's Mandate

Mandate letters include the objectives that each minister will work to accomplish on behalf of government. This direction to the Minister informs the priority work within the department, the health system, and each SDO. The department will advise the HA of Minister's mandate commitments that are applicable to the HA and the HA is expected to align its efforts to support the achievement of these mandate commitments. This may be communicated through a mandate letter from the Minister to the HA's board or through other means.

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## 2. Services

The HA will provide the Services, as described further below in this Schedule, in a manner consistent with the Clinical and Preventive Services Plan (CPSP), prescribed standards, policies and guidelines established by Manitoba, clinical standards established by the PHA, and the terms of this Agreement.

Any change to this Schedule shall include consultation between the parties and take into consideration its funding impact, human resources, quality of services, and health outcomes of the population of the region within the framework of the principles set out in the Agreement.

### a) Core Services

The following core services outline the minimum mandated health services to be delivered by the HA.

#### **Emergency and Crisis Response Services**

- Crisis Response Centre
- Crisis Stabilization Unit
- Mobile Crisis Unit

#### **Community Treatment and Support Services**

- Access and Transition Services
- Community Area Mental Health Services
- Shared Care Counsellors
- Behavioural Resource and Consultation Team (BRaCT)
- Co-occurring Disorders Outreach Team
- Community Forensic Mental Health Services
- Early Psychosis Prevention and Early Intervention Service (EPPIS)
- Program of Assertive Community Treatment (PACT)
- Rapid Access to Addictions Medicine (RAAM) clinics
- Manitoba Opioid Support and Treatment

#### **Acute and Specialized Services**

- Inpatient Mental Health Beds at Health Sciences Centre, St. Boniface Hospital and Victoria General Hospital
- Outpatient Mental Health Services

#### **Health Promotion and Chronic Disease Prevention Programs and Services**

- Health Promotion and Public Education
  - Nutrition and healthy eating
  - Physical health promotion and public education services
  - Mental health promotion and public education services
  - Community development
  - Chronic Disease Prevention (Healthy Together Now Initiative)

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- Harm Reduction services (healthy sexuality and substance use)
- Tobacco prevention cessation initiatives

In addition, the following operations are anticipated to be transferred to Winnipeg Regional Health Authority in 2022/23:

- In-House Addictions Treatment Facility's and Community Based Services previously delivered by The Addictions Foundation of Manitoba, including:
  - Integration Supports for Newcomers
  - Delivery of Community Correctional Services under the Winnipeg Substance Abuse Assessment and Intervention for Youth Program
  - Onsite counsellors at University of Manitoba
  - Collaboration Demonstration Project with Dakota Ojibway Child and Family Services
  - Community Addictions Recovery Team (CART) Program with Metis Child Family Community Services
  - Short Transitional Access to Recovery (STAR) beds for both the Woman and Men's programs
  - Services pursuant to the operation of the Gambling Help-Line and Klinik Crisis Line

### b) Clinical and Preventive Services Plan (CPSP) Implementation

The HA is expected to contribute to the implementation of the following CPSP projects that have been prioritized for the duration of this schedule, under the direction of the PHA.

*Not available for 2022/23.*

The PHA is expected to provide further information and/or clarification on the CPSP as may be required. Material changes to the priorities will be reflected in the next schedule version.

### c) Provincial Clinical Pathways/Models of Care/Procedures/Protocols

The HA is expected to provide the core services identified above in 3(a) in a manner that is consistent with the following provincial clinical pathways, models of care, procedures and protocols:

*Not available for 2022/23.*

### d) Service Directives/Guidelines/Standards and Policies

Applicable service directives may be outlined in Manitoba Health - Schedule A Section 2 (d). In addition, the following Manitoba Mental Health and Community Wellness service directives apply to the HA:

*Not available for 2022/23.*

Applicable guidelines may be outlined in Manitoba Health - Schedule A Section 2 (d). In addition, the following Manitoba Mental Health and Community Wellness guidelines apply to the HA:

*Not available for 2022/23.*

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Applicable standards may be outlined in Manitoba Health - Schedule A Section 2 (d). In addition, the following Manitoba Mental Health and Community Wellness standards apply to the HA:

*Not available for 2022/23.*

Applicable policies may be outlined in Manitoba Health - Schedule A Section 2 (d). In addition, the following Manitoba Mental Health and Community Wellness policies apply to the HA:

*Not available for 2022/23.*

### 3. Health Capital

The HA is accountable for the delivery of the capital plan as authorized by the Department.

- a) Safety & Security Projects approved for the HA:

Refer to **Exhibit 3A – Health capital**, attached to this Schedule.

- b) Capital Projects under \$250K approved for the HA:

Refer to **Exhibit 3B – Health capital**, attached to this Schedule.

- c) The Provincial Health Authority is responsible for managing the following approved construction, renovation, and expansion projects over \$250K on behalf of the HA:

Refer to **Exhibit 3C – Health capital**, attached to this Schedule.

- d) Medical Equipment approved for the HA:

Refer to **Exhibit 3D – Health capital**, attached to this Schedule.

- e) Information Communications and Technology (ICT) approved for the HA:

Refer to **Exhibit 3E – Health capital**, attached to this Schedule.

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## 4. Reporting Requirements

Under the Act, Manitoba may require a health authority to provide any information, reports, returns and financial statements for the purposes of:

- monitoring or evaluating
  - i) the provision of health services or administrative and support services, or
  - ii) compliance with the HA's accountability agreement;
- conducting research or planning that relates to the provision of health services or the payment for health services; and,
- the administration of the Act.

Information or a report, return or financial statement must be provided within the time and in the form specified by Manitoba.

In addition, there are reporting requirements under other legislation in addition to the Act that apply to the HA.

In addition to the applicable reporting requirements outlined in Manitoba Health - Schedule A Section 4, the following are reporting requirements as set out by Manitoba Mental Health and Community Wellness. The following reporting requirements are for ease of reference and are not intended to reflect all reporting requirements and, in accordance with the Act, Manitoba may require additional reporting by the HA as required.

### a) Compliance Reporting and Controls

The health authority is to submit the following compliance control reports:

*None available for 2022/23.*

### b) Financial Reporting

The health authority will provide Manitoba with the following reports and financial statements:

*None applicable for 2022/23.*

## Winnipeg Regional Health Authority

### c) Service Results & Outcomes Reporting

The health authority is to submit the following service results and outcomes reports:

| Report Name/Type  | Timeline  |
|---|---|
| Reporting to Manitoba EDIT Service Provider Reporting Solution System (SPRSS) | Annually as per the joint Workforce Development Agreement   |
| Mental Health and Addiction Bed Counts  | Quarterly by last day of the month following the end of the quarter:<br>July 31, 2022 (include pre-COVID bed counts in this reporting period)<br>October 31, 2022<br>January 31, 2023 |

### a) Capital Reporting

The health authority is to submit the following compliance control reports:

*None applicable for 2022/23.*

## 5. Performance Improvement

### a) Indicators/Measures for the focus of Performance Improvement

The department, in the context of its Provincial Strategic Plan and Minister's Mandate, has identified the following mental health and addictions performance measures as priorities for the SDO to demonstrate performance improvement:

- Wait Times (Community Mental Health, Psychiatry, Psychology) – the average number of days from referrals to first appointment with the intended health provider
- Mental Health ED/UC Wait Times
- Occupancy rate for the total number of open beds
- Occupancy rate for mental health program inpatient units
- The total number of admissions/visits in the quarter
- The average number of daily visits for Mental Health ED/UC
- The number of RAAM Clinic visits
- Inpatient Days
  - The day of admission is counted as an inpatient day but the day of separation is not an inpatient day. When the service recipient is admitted and separated on the same day, one inpatient day is counted.

The HA, in the context of its Strategic & Operational Plan, has identified the following performance measures as further priorities for demonstrating performance improvement:

*Not available for 2022/23.*



## Winnipeg Regional Health Authority

b) Minimum Service Levels

Within the funding provided in Schedule B the HA is expected to meet the following minimum performance levels for services:

*Not available for 2022/23.*

|  |  |
|--|--|
| <b>GOVERNMENT OF MANITOBA</b><br>By: <u><i>Karen Herd</i></u><br>Name: <u><i>Karen Herd</i></u><br>Title: Minister of Health or delegate | <b>WINNIPEG REGIONAL HEALTH AUTHORITY</b><br>By: <u><i>P Solman</i></u><br>Name: <u>Pat Solman</u><br>Title: Board Chair |
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# Winnipeg Regional Health Authority

## Schedule B: Funding and Allocations

Version: 2022/23 2.0 April 1, 2022

The Government's overall SDO funding allocations for the date April 1, 2022 – March 31, 2023 are set out in the following tables, in this Schedule. It is expected that the SDO will work with the Service Providers to achieve any targeted savings contained within the funding allocations.

### 1.1. Operational Funding

- a) Manitoba will provide the operational funding to the HA as set out in this Schedule, which will be amended on an annual basis.
- b) In the event that the HA receives funding for anything related to the Services, other than as set out in this Schedule, from any other provincial or federal government department or any third party including a foundation or ancillary services, the HA shall disclose to the Department the details of the source of such funding and how the funding is related to the Services.
- c) The parties will establish a process to review on an annual basis the funding provided to the HA as set out in this Schedule, the level of Services being provided by the HA, and any related issues.

### 1.2. Capital Projects, Equipment, Information and Communication Technology

- a) In accordance with the policy issued by the Department, the HA will submit proposals for capital projects and the acquisition of equipment and information and communication technology to the PHA, which will review them and determine if they will be included in the Provincial Health Capital Plan to be submitted to the Minister for approval.
- b) The Department will establish processes to allow the HA access, on an equitable basis, to capital funding from the Department for equipment, building safety and security.

### Evaluation, Audit and Review

For this purpose, Manitoba can inspect, copy and audit the accounts and records of the HA, and shall share the results of its Audit with the HA as such results are applicable to the HA, and with the PHA.

**Exhibit A – Funding Directives** is attached to this Schedule for use in the HA interpreting the funding allocations.

**Exhibit B – Funding Allocations** is attached to this Schedule.

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| <b>GOVERNMENT OF MANITOBA</b><br>By: <u><i>Karen Herd</i></u><br>Name: <u><i>Karen Herd</i></u><br>Title: Minister of Health or delegate | <b>WINNIPEG REGIONAL HEALTH AUTHORITY</b><br>By: <u><i>P Solman</i></u><br>Name: <u>Pat Solman</u><br>Title: Board Chair |
|--|--|

# Winnipeg Regional Health Authority

Schedule C: HA Mission, Vision, and Values

Version: 2022/23 2.0 April 1, 2022

## 1. Mission

To coordinate and deliver quality, caring services that promote health and well-being.

## 2. Vision

Healthy People. Vibrant Communities. Equitable Care for all.

## 3. Values

Dignity – as a reflection of the self-worth of every person

Care – as an unwavering expectation of every person

Respect – as a measure of the importance of every person

Equity – promote conditions in which every person can achieve their full health potential (or best health possible)

Accountability – as being held responsible for the decisions we make

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| <b>GOVERNMENT OF MANITOBA</b><br>By: <u><i>Karen Herd</i></u><br>Name: <u><i>Karen Herd</i></u><br>Title: Minister of Health or delegate | <b>WINNIPEG REGIONAL HEALTH AUTHORITY</b><br>By: <u><i>P Solman</i></u><br>Name: <u>Pat Solman</u><br>Title: Board Chair |
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# Winnipeg Regional Health Authority

## Schedule D: Shared Services

Version: 2022/23 2.0 April 1, 2022

### **Preamble:**

In accordance with the Act, the Health Authority (HA) will receive Shared Services from the Provincial Health Authority (PHA) and Manitoba (the Shared Service Providers). The Shared Services are intended to deliver value to the Health System and to provide a capability that is equivalent to, or exceeds the capability of, the HA delivering the service independently.

Each Shared Service will have a Terms of Service describing the service and setting out the service commitments (including service levels), service conditions, escalation process, governance for planning and delivery, and costs and recoveries.

Costs for Shared Services will be reported in a manner that supports accountability and cooperation between Health Authorities and Shared Service Providers to improve delivery of health-care services; and support understanding the health system through clear and equitable alignment of costs with the delivery of health services.

Funding for Shared Services may be allocated to the Shared Service Provider and reported to the HA or provided to the HA and recovered by the Shared Service Provider (or combination thereof) as documented in the Terms of Service.

The performance of Shared Services will be reviewed by Manitoba in accordance with its policies and through ongoing performance improvement processes.

### **Shared Services**

Under the Act, the HA is required to participate in specific provincial administrative and support services, as determined by the Minister and administered, delivered or provided for by the PHA. The HA is also required to participate in the Provincial Information Management and Analytics Services provided by Manitoba. The provincial administrative and support services and the Provincial Information Management and Analytics Services are designated as "Provincial Shared Services". Service Providers that have a service purchase agreement ("SPA") with a HA must participate in the Provincial Shared Services designated as mandatory for Service Providers, unless otherwise permitted in accordance with the SPA.

Under the Act, a regional health authority is required to administer, deliver or provide regional administrative and support services determined by the Minister within its health region. These are designated as "Regional Shared Services".

Separate from the Provincial Shared Services, and the Regional Shared Services, the HA may also choose to participate in additional administrative and support services provided by the PHA, and may expect Terms of Service as part of that participation.

## Winnipeg Regional Health Authority

1. The following are the Provincial Shared Services provided by the Provincial Health Authority:

| Provincial Shared Service               | Mandatory for Service Providers (Y/N) |
|---|---------------------------------------|
| Digital Health Shared Services          | N                                     |
| Supply Chain Management Shared Services | N                                     |
| Human Resources Shared Services         | N                                     |

2. The Provincial Information Management and Analytics Services provided by Manitoba are mandatory for Service Delivery Organizations and not mandatory for Service Providers.
3. The available Terms of Service for Provincial Shared Services are attached as Exhibit A. The Shared Service Providers will provide the Terms of Service for the remaining Provincial Shared Services to the HA and, if applicable, to Service Providers, when they are finalized.
4. The HA shall ensure that Service Providers that have an SPA with the HA participate in the Mandatory Provincial Shared Services, unless otherwise permitted in accordance with the SPA. The Shared Service Providers will ensure that the Service Providers are notified in writing of any substantive changes to the Terms of Service for the Provincial Shared Services in which they are participating.
5. If the HA has issues with a Provincial Shared Service, the HA shall follow the escalation process defined in the Terms of Service and if the issue cannot be resolved through that process, the HA may refer the issue to Manitoba for resolution.
6. The following are the Regional Shared Services:
- Health Information Services
  - Access and Transition
  - Financial Planning and Reporting
  - Medical Transcriptionists
  - Quality Patient Safety and Accreditation
  - Facility Support Services
  - Laundry Services
  - Meal and Food Services
7. The HA shall ensure that the Terms of Service for the Regional Shared Services are provided to the Service Providers that are participating in the Regional Shared Services.

|                                       |   |
|---------------------------------------|---|
| <b>GOVERNMENT OF MANITOBA</b>         | <b>WINNIPEG REGIONAL HEALTH AUTHORITY</b> |
| By: <u><i>Karen Herd</i></u>          | By: <u><i>Pat Solman</i></u>              |
| Name: <u><i>Karen Herd</i></u>        | Name: <u>Pat Solman</u>                   |
| Title: Minister of Health or delegate | Title: Board Chair                        |