DSM Provincial Strategic Plan
For Diagnostic Services
2013-2016

Results that Matter!
Provincial Strategic Plan for Diagnostic Services

2013 to 2016

Overview

Diagnostic Services of Manitoba Inc. (DSM) is the not-for-profit corporation responsible for all of Manitoba's public laboratory services and for rural diagnostic imaging services. A team of more than 1,500 dedicated lab, imaging and support staff provide services at 79 sites across the province, with a shared goal of service excellence. Each DSM facility is a point of access for patients to a comprehensive range of diagnostic testing in Clinical Biochemistry and Genetics, Hematopathology, Immunology, Microbiology, Pathology, Transfusion Medicine and Diagnostic Imaging.

DSM was created in 2002 to position Manitoba’s public laboratory services and rural imaging services to meet the challenges that the industry was facing, including an increasing demand for services and technological innovation, growing expectations for quality and standardization, a need for information management and a growing shortage of skilled technical, medical and scientific staff. In the 10 years since its inception, DSM has built an organizational infrastructure to position itself for assuming a mandate for providing provincial leadership to improve service integration and delivery of all laboratory and medical imaging services while avoiding additional cost to the system.

Since April 2011 when the new Board of Directors was appointed and October 2011 when the new CEO was appointed, Diagnostic Services of Manitoba (DSM) has undergone a major change in its governance structure, establishing a mandate for DSM to assume a provincial leadership role in Medical Laboratory and Imaging Services for the province of Manitoba. This provincial leadership role:

1. Recognizes the importance of working collaboratively with existing service providers and stakeholders, assuming such a provincial leadership role would include:

   a. developing an integrated strategic plan for diagnostic services for the Province of Manitoba; including: quality, human resources and labour relations, academics, research, education and training, materials management, and other support services;

   b. facilitating and coordinating amongst the existing stakeholders for the delivery of existing services;
c. facilitating and coordinating clinical, technical, fiscal, human resources, labour relations, and other information and expertise to support proposals for new technologies, new applications for existing technologies, and appropriate utilization of new and existing services; and

d. providing pro-active leadership in driving changes and improvements throughout the system that will:
   i. ensure that diagnostic services ultimately meet the needs of the patients and their practitioners
   ii. be acknowledged and recognized as having provincial responsibility and decision making authority for the implementation and delivery of the integrated strategic plan; but

2. May or may not necessarily include providing direct delivery of all diagnostic services; subject to business and cost-benefits analysis and risk assessment.

In defining the mandate for this provincial leadership role, the Board of Directors and DSM’s Leadership Team have over the past 18 months worked to validate this role with stakeholders at Manitoba Health (MH), Regional Health Authorities (RHA), CancerCare Manitoba (CCMB) and other related organizations. This resulted in a new Philosophy for how the organization will conduct business along with new Vision, Mission and Values statements for DSM. At each step, participants were encouraged to challenge the status-quo; beginning from the fundamental provincial Philosophy, to the Mission, Vision, Values; and a set of Board endorsed Principles upon which all strategic and operational priorities could be assessed.

**Philosophy**

Collaboration and engagement are essential for DSM to fulfill its provincial role in diagnostic services.

**Vision**

To create a patient-first environment that provides quality laboratory and diagnostic imaging services supporting the health care needs of all Manitobans.

**Mission**

Provide a provincial leadership role in Medical Laboratory and Imaging Services for the province of Manitoba.

**Declaration of Patient Values**

We are committed to patient-centred care and the provision of innovative and collaborative diagnostic services with integrity and accountability.
**Principles**

We recognize that Education and Research are essential components of a Quality foundation.

- Quality is our foundational principle.

In order to support a sustainable health care system, the pillars of our diagnostic system must be:
  - Efficient (productivity and cost)
  - Effective (providing the right services)
  - Accessible (available where most appropriate)

Sustainability can not be supported on a weak foundation, or upon weak or unbalanced pillars.

**Environmental Scan**

DSM is a provincial organization providing services across Manitoba in partnership with each RHA, CCMB, MB Health, and other diagnostic services providers. DSM’s environmental scan is primarily based on Service Profiles developed in collaboration
with each RHA as part of an overall Service Level Agreement between each RHA and DSM. Service Profiles describe the level and type of diagnostic services required to meet the needs as assessed by the health authority in planning and delivering health services for the region.

**Stakeholder Engagement**

DSM also plays an active role with a variety of stakeholders in order to ensure we fully understand the needs and priorities for diagnostic services delivery across the entire spectrum of health care in Manitoba. Our engagement is as follows:

- Maintaining key connections with RHA DSM Liaisons:
  - to understand changes in population resulting in varying needs for services and equipment; and
  - regularly meet with RHA teams and participate in RHA planning

- Regularly meet with and participate in Community Health Association meetings.

- DSM is a full and participating member in the Health Senior Leadership Council (HSLC), Provincial Medical Leadership Council, (PMLC), and Regional Health Authorities of MB (RHAM).
  - Meetings with MB Health Departments (e.g. Finance, Capital Planning)
  - Meetings with RHA Departments (e.g. Finance, Corporate, Clinical areas)
  - Participating in RHAM networks
  - Provincial HR Work Force Planning group
  - Flood and disaster planning and contingencies
  - Community engagement with RHA partners

- Regular meetings with and Advisors to our academic and Research partners:
  - University of Manitoba
  - CCMB
  - WRHA: HSC and SBH, and Community Sites
  - Red River College
  - Robertson College
  - BCIT, SAIT, NAIT, Michener,
  - MAMRT, MAMLT, CMLS, MAMLS

- Regular meetings with our unions:
  - Doctors Manitoba
  - MAHCP
  - MGEU
  - CUPE
  - UFCW
• Cancer Patient Journey
  o Steering Committee
  o Diagnostics Working Group
  o Disease Site Groups

• Provincial Diagnostics Imaging Steering Council

**Board Governance**

The DSM Board of Directors reports to the Minister of Health as the sole member of the corporation. Board membership is selected to maximize the skills and expertise from key clinical, scientific, operational and personnel areas which will help to provide strong, provincial leadership. In 2012, the DSM Board undertook to reshape its governance model based on “In Support of Excellence” a program for Board Governance from the Manitoba Crown Corporations Council who advises Crown and Public Agencies on “the development of clear mandates and statements of purpose, consistent and effective performance measures;” and generally on how Boards should operate in the public sector.

The current Board of Directors consists of members who have a broad range of experience and expertise, and share a common goal for the success of DSM. Together the Board has developed and supports the DSM Philosophy, Vision, Mission, Values and Principles. A complete list of DSM Board Members can be found on the DSM website.

Since the Board of DSM was fully reconstituted (March 2011), and in partnership with the new CEO (October 2011) and the Senior Management Team (SMT), annual board strategic planning sessions have been held: November 2011 and November 2012. These annual Board level strategic planning decisions determine the high-level strategic direction for the organization and are implemented by SMT to provide the bridge or link through to front-line operations.

**Board Goals**

Following his presentation for the orientation of new Regional Health Authority Boards in October, 2012; the DSM Board invited Alan Goddard (Crown Corporations Council) to facilitate their strategic retreat-planning session in November 2012. The primary goal of the board was to reorganize its meetings to become even more effective in enhancing and supporting the management of the organization in its delivery of strategic and operational priorities:

  o Planning for the long term future of DSM
  o Developing a strategic planning framework to support DSM
  o Establishing reporting and accountability requirements
The board has redefined the agenda for its regular meetings to devote appropriate time to its 3 main governance roles:

- Strategic discussions (Leadership)
- Standing reports (Oversight)
- Governance policy and structure (Foundational Factors)

Areas of strategic (generative) board discussions are intended to set out high level goals and provide leadership support for the organization from which DSM senior leadership can develop strategic operational plans.

Oversight and Governance include a regular reporting from the CEO and an opportunity for Questions and Answers (Q&A) as well as regular reports from standing committees:

- Quality and Patient Safety Committee
- Finance Committee
- Governance Committee

### 5-Year Strategic Plan 2011-16

Since the reorganization and transformation of DSM in April 2011, and particularly over the past 18 months of strategic planning with the DSM Board and Senior Leadership, and engagement with stakeholders at Manitoba Health (MH), Regional Health Authorities (RHA), Cancer Care Manitoba (CCMB) and other related organizations; 4 major strategic themes have emerged for prioritizing and organizing DSM’s strategic and operational priorities:

1. Total Quality Management System;
2. Provincial Leadership;
3. Information Management; and
4. Provincial Optimization and Innovation.

#### Strategic Priorities

Within each of these 4 strategic themes DSM has also developed Strategic Operational Priorities that address the provincial priorities, goals, and health objectives; as well as the 4 major commitments from the Minister of Health. Diagnostic Services are a critical component of all functional areas of the health system; however, in many cases DSM plays a supportive role within each RHA’s Health Plan. As such, we have provided a high level overview of where our strategic priorities play the greatest role.

#### Operational Strategies

DSM is in the second year of a three-year reassessment and realignment of its operational priorities. The three-year process is deliberately designed to be influenced both top-down and bottom-up - from the top-down priorities, goals, and commitments
of MB Health and from the bottom-up needs of the RHAs and their communities across Manitoba. The three-year process also examines changes and advancements in technology and increasing demands for more diagnostic testing and procedures.

While there are very strong connections between the strategic priorities and operational strategies of DSM and MB Health, our focus over this next year will be to more clearly demonstrate the alignment of our strategic priorities and operational strategies with all the influencing factors and variables; making more obvious the connecting links between diagnostics and MB Health’s and the Minister’s priorities, goals, and commitments.

*See Appendix A for detailed listing of MB Health Priorities and Goals. The below Top-20 Operational Priorities have been linked.*

**Top 20 Operational Priorities (Years 1 and 2: 2011-12, 2012-13)**

**A) Total Quality Management System**

Quality is the foundation of DSM’s strategic plan upon which all other principles are supported and without which all other efforts will fail to achieve our mandate for the delivery and coordination of laboratory and medical imaging services for the population of Manitoba.

1) *Accreditation*

Accreditation provides the most important and dynamic evidence that we deliver on our quality priority.

2) *Medical Quality Assurance Programs (MQAP)*

Medical errors and critical incidents in Pathology and Radiology have created an intense level of public scrutiny; and despite existing QA activities the bar of expectation has been set very high.

a) **Pathology**

Host a national workshop for Medical Quality Assurance Programs in Canada and develop a comprehensive outline for the DSM provincial MQAP in Pathology.

b) **Radiology**

Develop relationships amongst all radiology stakeholders in MB, and raise the awareness and focus on the importance of consistent quality standards – develop a strategic readiness for a comprehensive MQAP in Radiology

3) *Research Plan*

Develop a 3-year, Research Plan: year-1 outline and priorities including collaborations, revenue and investments.
4) **Medical and Scientist Education Plan**

Develop a 3-year, Pathologist/Scientist Education Plan to produce “home-grown” medical graduates entering Pathology, PhD candidates, Master’s candidates, and undergrads.

Support and participate in the development of a Radiologist/Scientist Education Plan.

5) **Human Resources Plans**

a) **Medical**

Develop a Medical Workforce HR Plan that will provide maximum opportunity for our “home-grown” professionals and align Canadian recruitment and foreign recruitment plans, with succession planning and clinical service needs.

b) **Technical, Support**

Ensure that we have a recruitment and retention plan that will help ensure sufficient numbers of qualified MLTs, MRTs, Sonographers, MLAs, Pas, and other diagnostics support staff.

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**B) Provincial Leadership**

6) **Service Level Agreements**

a) **Regional Profiles: services and volumes**

Document comprehensive regional profiles including imaging modalities and lab services available, hours of operation, volumes and wait time information, staffing, financial, quality and other inputs to be used to establish initial service level agreements with each health region.

b) **Financial accountability and transparency**

Develop a reporting framework that will provide for timely monitoring of volumes and costs, and facilitate province-wide analysis that will help ensure that operational impacts and decisions are evidence-based and that all parties are both informed and accountable. Such a framework will support a change in the DSM Funding Model as recommended by the DSM Board of Directors and endorsed by MB Health and all RHAs.

c) **Rural DI Services**

Optimize DI Services where appropriate, including expansion of DI services in rural “hub” sites to maximize service for patients in rural locations, including stroke protocols where applicable, provide on-call service for additional hours/modalities, review strategies to reduce patient travel and wait times for DI exams.

d) **Transportation**

Develop a provincial transportation strategy which maximizes quality for laboratory specimens in transit, and optimizes efficiency and effectiveness for other transportation needs within and between RHAs and Winnipeg.
7) **Transfusion Medicine(TM)**

Provide provincial leadership and coordinate “Vein-to-Vein” responsibility for service delivery while maintaining key relationships with MB Heath, RHAs, and CBS; allowing DSM to assume a provincial clinical and technical leadership role for TM in Manitoba.

8) **Public Health Labs and Community Lab Service Providers**

Take a provincial leadership role at the council of community lab service providers; collaborate with all stakeholders in creating a Terms of Reference that will support the development of a strategic and provincial approach to the organization and delivery of laboratory services in Manitoba.

9) **Communication**

Position DSM as a credible organization and provincial leader of Diagnostic Services to our targeted key stakeholders; communicate the role and value of diagnostic services to our targeted key stakeholders; foster positive and connective relationships to employees through effective and efficient employee communications approaches; and develop and provide advice on best practice strategies to support key DSM operational goals and priorities.

C) **Information Management**

10) **Provincial LIS to 15 hub sites**

Replace the LIS in the 15 “hub” sites throughout the province currently using an obsolete Laboratory Information System to mitigate the risk of running an end-of-life LIS, and provide integrated lab results from these sites into eChart, EMR’s, and CancerCare Manitoba.

11) **Anatomical Pathology Module**

Identify the requirements and options for a robust Anatomical Pathology solution, which supports a) accreditation (b) enhances the level of synoptic reporting, (c) streamlines workload, workflow, and case distribution, tracking, and data collection, and (d) provides an efficient platform for the pathology MQAP. These capabilities are not addressed in the basic AP LIS modules currently in place in the four Winnipeg sites and in Westman Laboratory in Brandon.

12) **Provincial roll-out**

Implement an integrated, province-wide Laboratory Information System, which will achieve operational and clinical efficiencies across all Manitoba sites, and provide integrated rural lab results to the rural EDIS installations, eChart, EMR’s, and CancerCare Manitoba.
13) **Financial Information System**
Develop an integrated financial, assets management, and related business systems for DSM, including ability to track and report operating statistics and financial transactions for all laboratory and diagnostic services across the province. Such a system will support the reporting framework (6b) and which will support management in gaining operational efficiencies and ensure that all parties are both informed and accountable for the financial impact of decisions.

D) **Provincial Optimization & Innovation**

14) **Immunohistochemistry**
Expand and streamline a plan to bring Manitoba and DSM up to International standards for IHC; balancing quality, efficiency (e.g. costs), and access (e.g. turn-around time) for a “Manitoba Class” IHC service.

15) **Pathology: HSC and SBH Lean/Six Sigma projects**
Realize efficiencies and improve TAT in Pathology at HSC and SBH. Develop a roadmap for continued improvements. Reduce errors/improve TAT by standardizing workflow in the PA area. Improve TAT by reducing non-standard work in histology (workflow, lab layout, roles, etc).

16) **Transforming Cancer Patient Journey**
Redesign processes surrounding the cancer diagnosis journey through implementation of rapid, sustainable improvements within relevant clinical environments. These will include but not limited to, pathology, diagnostic imaging, surgery and other diagnostics tests (laboratories, molecular, and genetic testing). The focus of the improvement effort shall initially align with the determined areas of priority: breast, lung, colorectal, prostate, and lymphoma. Establish a Clinical Diagnostic Working Group (CDWG) that will have strong linkages with the Community Cancer Hub, Primary Care and Surgery Working Groups.

17) **Operational Review for Efficiency & Optimization**
Rationalize testing/services in the province based on the needs of the local population (on site vs. off site); and synchronize with the development of an integrated transportation system to meet specimen integrity/acuity requirements.

18) **Provincial Contracting**
Coordinate, facilitate, and collaborate with all stakeholders in support of a procurement and materials management process that will achieve efficiencies and savings; and support the delivery of effective and sustainable quality diagnostic services across the province of Manitoba.
19) **Referral Testing**

Ensure all sites to whom we refer laboratory and pathology testing and consultations meet CAP or equivalent accreditation; and analyze current referral patterns and costs and recommend opportunities or potential for direct cost savings and/or indirect cost savings through other efficiencies.

20) **Molecular Diagnostics**

Take a provincial leadership role by collaborating with stakeholders (service providers and clinicians) and coordinating the development of a provincial strategy, business proposal and testing priorities that will encourage the development of a provincial approach to the organization and delivery of molecular diagnostics in Manitoba.

**Performance Measures**

DSM is participating fully in the provincial program “Pursuing Excellence” and is engaged in a number of Lean projects. Performance measures are an inherent part of each Lean project and we are adopting similar performance measurement expectations in all our strategic and operational priorities, particularly as they relate to achieving the goals of MB Health. This is a work in progress and herein we outline examples of performance measures currently related to our strategic and operational priorities:

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<tr>
<td>B.6.a</td>
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Our Strategic Plan needs to drive our priorities and actions for the next three years to become the service provider and provincial leader envisioned in our Vision and our Mission.

In Year-1 we undertook to revisit the original concept and performance of DSM in delivering on the values and benefits over the past decade; reestablishing our provincial philosophy and redefining our Vision, Mission and Patient-Centred Values. Through a series of internal consults and discussions DSM Senior Leadership, the DSM Board of Directors established a set of Strategic Principles, Themes, and Priorities; as well as Operational Strategies and our initial “Top-20” Operational Priorities.

The primary focus of Year-2 of our Strategic Plan was to establish our credibility and reputation for delivering on our strategic priorities in a collaborative way with all stakeholders so that we could evolve from “becoming” to “being” recognized and acknowledged as the organization providing provincial leadership in diagnostic services. In Year-2 we focused on driving our new Philosophy, Vision, Mission and Values.
throughout the organization and across the province; always with a primary emphasis on our “Patient-Centred” value and collaborative philosophy.

As we move forward into Year-3 we will better align our Strategic Plan with our Annual Health Plan and MB Health Goals and Priorities; and our “Top-20” will evolve to better reflect our provincial mandate. In Year-3 we will not only emphasize our Patient-Centred values, but develop a culture of “Client-Responsiveness” within our Strategic Principles for Quality, Efficiency, Effectiveness, Access, and Sustainability. In Year-4 and Year-5 we will drill-down into the operational levels and develop more specific performance measures that will provide evidence that demonstrates the value of provincial leadership in diagnostics and the value of diagnostics in the health care system as it relates to Clinical Programs and program integration. We will also develop a “rolling 3-Year” approach that will reflect the continuous nature of our strategic planning, and the ever changing and rapidly developing future of diagnostic services.

**Capital Planning**

**Capital Equipment – Provincial Prioritization and Operational Planning**

On an annual basis, beginning in September the DSM’s Operation’s group conducts a site-by-site review of capital requirements for each discipline as they relate to strategic and operational priorities. Working through the DSM Discipline Teams and DSM Regional Managers with input from all levels of the operations a provincial prioritization process is completed that results in overall, prioritized, Provincial Diagnostics equipment lists for basic and specialized equipment for submission to MB Health and the Annual Health Plan.

**Capital Space:**

a) **Corporate**

The lease on DSM’s current office space expires at the end of September 2014. DSM has engaged an architectural firm to provide strategic consulting to address current and future corporate space requirements. The review will cover 5 phases including: strategic visioning, macro-level strategy, functional programming, optimal layout, and market analysis. This will allow us to go to the marketplace and ultimately make an informed decision in keeping with our strategic and operational priorities.

b) **Functional Programming**

DSM has engaged the services of the Resource Planning Group Inc (RPG), a national company with 37 years of planning for public sector facilities, to assist us in developing a long-range plan for our Urban (Winnipeg) laboratory operations. Although the primary focus of this functional programming is the Winnipeg area, and specifically for the HSC new development, we will take advantage of this opportunity to look at our laboratory services and operations from a provincial perspective.
Prioritization Process

DSM has modified its Annual Health Planning process to ensure it begins with MB Health priorities and goals and the Minister’s commitments. The DSM Prioritization Process is becoming an ongoing rather than annual process:

- Review MB Health Priorities and Goals, and any specific Ministry commitments;
- DSM Board annual strategic planning session (November);
- Senior Management Team annual strategic planning session (January);
- Expand strategic planning sessions to DSM corporate, technical and medical directors (February, March);
- Communicate strategic priorities and engage with scientists, pathologists, key radiologists, charge techs and supervisors;
- Call for proposals; what was a sequence of various “calls” depending on timing and funding sources has become a continuous process to encourage innovation and continuous improvement (quality, efficiency, effectiveness, access, and sustainability). Projects and proposals will be aligned (as needed) with any formal timelines or funding requirements; and
- Meeting required timelines and submissions:
  1. DSM’s continuous process will be aligned with timelines and submission requirements for budgets, annual health plans, capital equipment and space, ICT, and infrastructure submissions.

Provincial Strategies:

- Provincial Transfusion Medicine Program
- Provincial Pathology Services
- Provincial Radiology and Diagnostic Imaging Strategy
- Provincial Diagnostics Accreditation and Quality Management System
- Provincial Strategy for the Appropriate Utilization of Diagnostic Services
- Provincial Strategy for Integrated Laboratory Services (Chemistry, Hematology, Microbiology, Immunology)
- Provincial Transportation System (Laboratory Specimens)
- Cancer Patient (Diagnostics) Journey
- Provincial Strategy for Molecular Diagnostics and Cytogenetics
- Provincial Diagnostics Information Management Systems
Organizational Strategies:

- Accreditation
- DSM Academics and Education Strategy
- DSM Research Strategy
- DSM Work Force Planning Strategy
- DSM-RHA Service Level Agreements (Funding Model Change)
- DSM Enterprise Risk Management
- Radiology Medical Quality Assurance Program
- Pathology Medical Quality Assurance Program
- Financial and Administrative Support Information Management Systems
- Diagnostics Procurement, Contracting, and Materials Management Strategy
- Strategy for Optimizing the Referral of Diagnostic Testing
- Communications, Public Engagement, Reputation Management
Appendix A

MB Health Priorities and Goals

In developing our new strategic planning processes through years 1 and 2 (2011-13) we have positioned DSM to move forward into years 3, 4, and 5 (2014-16) to better align our Strategic Plan with our Annual Health Plan and with MB Health’s Goals and Priorities; and as our process moves into continuous strategic planning we are better able to adapt our strategic and operational priorities to reflect our provincial mandate for leadership in diagnostic services in Manitoba.

VISION:

Healthy Manitobans through an appropriate balance of prevention and care.

MISSION:

To meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time.

Priority 1 – Capacity Building

1.1 Achieve strategic priorities through a sustained planning and alignment process that advances role clarity, collaborative and innovative work practices, risk management, and effective use of resources.
1.2 Apply innovative human resource policies and practices to help recruit and retain department staff. These policies and practices will focus on supporting staff development, work-life balance and opportunities for advancement that are consistent and fair across the department.

Priority 2 – Health System Innovation

2.1 Drive innovation in the health system and the department to improve health outcomes, contain costs, and support appropriate and effective services.

Priority 3 – Health System Sustainability

3.1 Direct the development and implementation of a long-term action plan that defines Manitoba’s future health system, establishes clear roles for the department and other stakeholders, and how the system can be sustained.
3.2 Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities.
3.3 Build sustainable, innovative and evidence-based service provider funding methods to ensure accountability, meet the health needs of Manitobans, and contain the rise in health costs.
3.4 Enable information systems and technologies that improve Manitoba’s health system and department processes in a sustainable way.

**Priority 4 – Improved Access to Care**

4.1 Enhance and improve access to health services for all Manitobans.
4.2 Implement a strategy to enhance the primary health care system that better meets the patient and population needs of Manitobans through a greater emphasis on the patient.

**Priority 5 – Improved Service Delivery**

5.1 Lead advances in health service delivery for First Nations, Métis, and Inuit Manitobans, through policy and programs with a focus on prevention, primary health care, public health, and education.
5.2 Lead emergency management by establishing strategies, policy and partnerships that improve operational readiness to meet population needs in disaster situations.
5.3 Realize customer service excellence through improving Manitoba Health’s services.
5.4 Guide effective and efficient department policies, processes, and service delivery methods to support the department and its funded service providers to strengthen capacity, ensure roles are clear, accountabilities are met, and services are delivered to meet the health needs and safety of Manitobans in the best way possible.

**Priority 6 – Improving Health Status & Reducing Health Disparities Amongst Manitobans**

6.1 Steer an innovative, evidence-based action plan to reduce health disparities and improve the health of Manitobans. This involves negotiating clear roles and effective working relationships with other government departments, municipalities, regions, and other appropriate partners.
6.2 Create an innovative, collaborative plan for public health to target major gaps in health status and improve the health of Manitobans.

**Specific Ministerial Commitments:**
- Cancer Patient Journey
- Continuing Care Strategy
- Family Doc for All by 2015
- Wait Times and Access Strategy
Manitoba Health

Our Vision

Healthy Manitobans through an appropriate balance of prevention and care.

Our Mission

To meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time.

Priorities & Goals

Priority 1 – Capacity Building

1.1 Achieve strategic priorities through a sustained planning and alignment process that advances role clarity, collaborative and innovative work practices, risk management, and effective use of resources.

1.2 Apply innovative human resource policies and practices to help recruit and retain department staff. These policies and practices will focus on supporting staff development, work-life balance and opportunities for advancement that are consistent and fair across the department.

Priority 2 – Health System Innovation

2.1 Drive innovation in the health system and the department to improve health outcomes, contain costs, and support appropriate and effective services.

Priority 3 – Health System Sustainability

3.1 Direct the development and implementation of a long-term action plan that defines Manitoba’s future health system, establishes clear roles for the department and other stakeholders, and how the system can be sustained.

3.2 Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities.

3.3 Build sustainable, innovative and evidence-based service provider funding methods to ensure accountability, meet the health needs of Manitobans, and contain the rise in health costs.

3.4 Enable information systems and technologies that improve Manitoba’s health system and department processes in a sustainable way.

Priority 4 – Improved Access to Care

4.1 Enhance and improve access to health services for all Manitobans.

4.2 Implement a strategy to enhance the primary health care system that better meets the patient and population needs of Manitobans through a greater emphasis on the patient.

Priority 5 – Improved Service Delivery

5.1 Lead advances in health service delivery for First Nations, Metis, and Inuit Manitobans, through policy and programs with a focus on prevention, primary health care, public health, and education.

5.2 Lead emergency management by establishing strategic policies and partnerships that improve operational readiness to meet population needs in disaster situations.

5.3 Realize customer service excellence through improving Manitoba Health’s services.

5.4 Guide effective and efficient department policies, processes, and service delivery methods to support the department and its funded service providers to strengthen capacity, ensure roles are clear, accountabilities are met, and services are delivered to meet the health needs and safety of Manitobans in the best way possible.

Priority 6 – Improving Health Status & Reducing Health Disparities Amongst Manitobans

6.1 Steer an innovative, evidence-based action plan to reduce health disparities and improve the health of Manitobans. This involves negotiating clear roles and effective working relationships with other government departments, municipalities, regions, and other appropriate partners.

6.2 Create an innovative, collaborative plan for public health to target major gaps in health status and improve the health of Manitobans.