Diagnostic Services of Manitoba
17/18 Health Plan

Health Plan Submission

June 2016
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Ms. Ingrid Hanson  
Director, Proposal Review Coordination Unit  
Management Services Branch  
Manitoba Health, Seniors and Active Living  
Room 2020 – 300 Carlton Street  
Winnipeg, MB R3B 3M9

Dear Ms. Hanson:

Subject: - 2017/2018 DSM Health Plan Submission

As Manitoba’s provincial diagnostic health services organization providing a leadership role in the development and implementation of laboratory and diagnostic services, Diagnostic Services Manitoba (DSM) is pleased to enclose our 2017/18 Health Plan submission to Manitoba Health, Seniors and Active Living (MHSAL). This document is the result of ongoing and regular discussions with the DSM Board of Directors. It has been reviewed extensively and will receive final approval from the DSM Board of Directors on June 10, 2016. While it is not anticipated, should there be any changes DSM will forward a revised copy at that time.

DSM looks forward to working together with MHSAL, Regional Health Authorities and other key stakeholders in advancing our plan and in achieving our goals and objectives.

Please feel free to contact me at (204) 926-7188 or jslater@dsmanitoba.ca if you have any questions.

Regards,

Jim Slater  
Chief Executive Officer

c: Guy Whitehill
TABLE OF CONTENTS

1. Executive Summary ............................................................... 1 - 2
2. Overview of Direction for 2017/18 ........................................... 3 - 27
3. Core Schedules and Narratives ................................................ 28
   3.1 Wage Cost Increases ......................................................... 29 - 30
   3.2 Increases to Maintain Current RHA Services ......................... 31 - 32
   3.3 Supply Price Increases .................................................... 33 - 34
      3.3.1 Supply MIS Codes – Not Submitted ............................ 35
   3.4 Drug Price Increases – Not Applicable ............................... 36
   3.5 Capital Operating Requirements ....................................... 37 - 38
   3.6 Manitoba e-Health Price and Volume Increases – Not Applicable .... 39
      3.6.1 Manitoba e-Health Provincial Perspective – Not Applicable .... 40
   3.7 Diagnostic Services Manitoba (DSM) Price and Volume Increases ...... 41
      3.7.1 DSM Provincial Perspective ........................................ 42
   3.8 In-Year Deficit (Surplus) Forecast ...................................... 43 - 44
   3.9 Medical Remuneration ..................................................... 45
   3.10 AFM Price and Volume Increases – Not Applicable ................. 46
   4.1 Schedules ........................................................................ 48
   4.2 Summary ......................................................................... 49
   5.1 Schedules ........................................................................ 51 - 58
   5.2 Summary ......................................................................... 59
6. Capital Planning – Major Capital Projects New Initiatives List and Summary - Not Submitted ... 60
7. Capital Planning – Leasing Sites .............................................. 61
   7.1 Schedules ........................................................................ 62- 63
   7.2 Summary ......................................................................... 64
8. Proposed New Initiatives List .................................................. 65 - 67
9. Board and Management Component ......................................... 68 - 69
   9.1 Board Objectives ............................................................. 69
   9.2 Organizational Chart with Rational for Changes ...................... 70 - 71
Executive Summary

As Manitoba’s provincial diagnostic health services agency, DSM has worked to define its mandate through the philosophy of collaboration and relationship building with its key stakeholders: Manitoba Health, Health Authorities including CancerCare Manitoba, Canadian Blood Services, Cadham Public Laboratory, community (private) laboratories, WRHA and Brandon Diagnostic Imaging Programs, WRHA Departments and University Department Heads in Medicine, Surgery, and Family Practice.

DSM has undergone a significant culture shift from primarily site based services to a major driver of provincial strategies across the entire health care spectrum of services. Diagnostics touch everyone and have a profound influence on provincial clinical services planning. DSM aligns its strategic planning process with Manitoba Health, Healthy Living and Seniors’ priorities and goals, identified provincial priorities for diagnostic services and identified organizational-level strategic priorities.

The 2017/2018 Annual Health Plan submission to Manitoba Health is the culmination of DSM’s former 5-year Strategic Plan (2011-2016) and current strategic plan (2016-2021). The information presented in the Overview of Direction for 2017/2018 is arranged to provide a high-level overview of Manitoba’s strategic diagnostic priorities and DSM’s strategic organizational priorities, and how they align with Manitoba Health priorities and objectives in each functional area (see Table 1 for a list of DSM’s Provincial Diagnostic and Organizational Strategies).

DSM’s 2017/2018 Annual Health Plan continues to focus on provincial leadership, collaboration and relationship building. This includes strengthening a culture from within for delivering patient-centred, high quality, efficient, effective, accessible and sustainable diagnostic services. Nowhere is this more evident than the lead role DSM has played in improving the cancer patient’s diagnostic journey; developing and advocating for a provincial genomics strategy; leading a provincial strategy for the appropriate and effective use of diagnostic services through Choosing Wisely Manitoba; and strengthening relationships to forge a comprehensive Provincial Strategy for Transfusion Medicine, as outlined in the Overview and Direction section of this Health Plan.
Table 1: DSM Provincial Diagnostic Strategies and DSM Organizational Strategies

| A. MHSAL Objectives                  | A.1 — Cancer Patient Journey  |
|                                      | A.2 — Continuing Care         |
|                                      | A.3 — Wait Times/Access Strategy |
|                                      | A.4 — Family Doctor for All: 2015 |
| B. Provincial Strategies             | B.1 — Transfusion Medicine Services |
|                                      | B.2 — Pathology Services      |
|                                      | B.3 — Microbiology Services   |
|                                      | B.4 — Integrated Laboratory Services (Chemistry, Hematology, Immunology) |
|                                      | B.5 — Radiology and Diagnostic Imaging Services |
|                                      | B.6 — Appropriate/Effective Use of Diagnostic Services |
|                                      | B.7 — Genomics Strategy       |
|                                      | B.8 — Diagnostic Services for First Nations, Métis and Inuit |
| C. Organizational Strategies         | C.1 — Enterprise Risk Management |
|                                      | C.2 — Funding Model and Service Level Agreement |
|                                      | C.3 — Information Systems and Information Management |
|                                      | C.4 — Academics, Education and Training |
|                                      | C.5 — Research Strategy       |
|                                      | C.6 — Strategic Workforce Plan |
|                                      | C.7 — Procurement, Contracting, Materials Management and Transportation |

DSM’s 2017/2018 Health Plan continues to adopt a consolidated financial perspective including all operating costs incurred in the provision of diagnostic services by DSM within the province. In prior years, the financial requirements reflected only the costs funded directly by Manitoba Health. This change complements DSM’s new role as Manitoba’s provincial diagnostic health services organization and represents the full funding requirements needed to support that mandate.
OVERVIEW OF DIRECTION FOR 2017/18
### Functional Area

| 1. Primary Health Care |

#### 1.2 Family Doctor for All (DSM A.4)

**Current State:**
Diagnostic services are an essential support for family doctors and other medical practitioners. Even with a static population, adding additional family doctors and other medical practitioners (e.g. nurse practitioner, pharmacist, optometrist, physician assistants) results in an increase in the volume of laboratory and diagnostic imaging services.

The above will also increase the demands on information systems as practitioners are relying heavily on access to lab and DI results in their clinics, on-call and in non-traditional settings (wirelessly to their communication devices – phones, iPads).

**Future State/Direction:**

*Goal: To ensure diagnostic access and results information are taken into consideration when expanding the number of health providers; to understand the role of diagnostics within DSM, and amongst its partners, in order for DSM to play a collaborative and supportive role in the provincial FD4A-2015 strategic plan; and to ensure that the importance of diagnostics are recognized in strategic planning and included in implementation.*

DSM will continue to work with Manitoba Health, Seniors and Active Living (MHSAL) and the related professional groups to ensure capacity and access to diagnostic services for all family doctors and medical practitioners. Examples of such opportunities include:

- Diagnostics on a mobile healthcare bus
- Point-of-Care-Testing in rural/remote Manitoba (MB)
- Remote support for laboratory services (e.g. new technology allows test review and reporting remotely)
- First Nations, Métis and Inuit Diagnostics Strategy - Pilot and research (e.g. phlebotomy on reserve clinics, Point of Care Testing (POCT)).

**Barriers/Challenges to Achieving Future State:**
Capacity and resources, particularly in northern and rural MB (but also within urban), are due to staffing shortages amongst the technical and professional staff. Inappropriate and ineffective use of diagnostic services exacerbates capacity and resource challenges and redirects resources from other tests and procedures. The success or failure is greatly dependant on DSM having the capacity to provide:

- Training and access to experts
- Quality control and auditing

Difficulty in connecting with existing ordering groups – increasing the size requires DSM to expand its ability to work with and influence effective diagnostic services ordering.

**Planned Actions to Address in 2017/18:**

- Continue to connect Primary Care branch of MHSAL into provincial diagnostic strategies.
- Identify issues and options for diagnostic services related to primary care networks and FD4A strategy (“My Health Team”).
- Continue to develop and implement the Provincial Strategy for Appropriate and Effective Use of Diagnostic Services; including POCT.
- Continue to develop the Provincial Diagnostic Strategy for First Nations, Métis and Inuit.
- Continue to develop the DSM Workforce Planning Strategy.

**Efficiencies to be Introduced:**

- Improve access and quality of diagnostic services for family physicians and health care practitioners to best serve their patients as part of the FD4A provincial health care priority.
- Introduce POCT technologies for quick assessment/screening.
Annual Health Plan – Diagnostic Services Manitoba
Overview of Direction for 2017/18

- Decrease the number of requisitions across the province to improve reliability of requesting health professionals’ information.

- Improve DSM’s ability to provide the correct result to the right requester.

Implications for other Health Authorities:
There is a significant cost implication to adding new health practitioners with diagnostic ordering privileges. It will impact Regional Health Authorities (RHA) service provision and budgets, as well DSM’s ability to manage and monitor a larger ordering population.

Functional Area

2. Acute Care

2.1 Wait Times/Access Strategy (DSM A.3)

Current State:
As Manitoba’s provincial diagnostic health services organization, DSM provides a coordinating/leadership role in addressing wait times. Wait Times and Access in diagnostic services are primarily related to Diagnostic Imaging in rural MB and CT access at our major hub sites. In Laboratory Services, wait times and access are primarily related to Pathology (see Cancer Patient Journey “In Sixty”) and Genomics (molecular and cytogenetic testing).

Patients requiring emergency CT imaging are often held to initiate treatment without imaging, or transferred to Winnipeg via ambulance, which removes key resources from the region and increases costs, risks, and discomfort for patients and their families. On-Call Services and Radiologist services for CT imaging have been made available on an 24/7 basis. Expanded hours for Radiology in some areas have also improved services in the rural RHA’s, which allow patients to be scanned on extended evening and weekend days to better use life-flight resources.

Future State/Direction:
Goal: To develop and implement plans for decreasing barriers to receiving expedited radiology, pathology and genomics services

- Focus on improving wait times and access in Pathology within the Cancer Patient Journey strategic priority; pathology improvements for cancer will have broader improvement implications for all disease types (see B.2: Provincial Pathology Services).
- Develop and implement Provincial Genomics Strategy (see DSM B.7: Provincial Genomics Strategy).
- Address process improvements that will improve wait times and access to Diagnostic Imaging within the “Provincial Radiology and Diagnostic Imaging Strategy” (see B.5 Provincial Radiology and Diagnostic Imaging Strategy).

Barriers/Challenges to Achieving Future State:
See DSM A.1: Cancer Patient Journey
See DSM B.2: Provincial Pathology Services
See DSM B.5: Provincial Radiology and Diagnostic Imaging Strategy
See DSM B.7 Provincial Genomics Strategy

Access to advanced diagnostic imaging modalities (ultrasound, MRI, bone densitometry, nuclear medicine) is the biggest challenge in rural MB, as well as the lack of coordination of diagnostic testing and other elements of care (appointments for specialists). Patients are required to travel to urban facilities when comparable diagnostic imaging modalities are available (often with shorter wait times) closer to home. Staffing challenges in Ultrasound impact wait times and particularly access to urgent service. It is difficult to maintain staffing levels for sustainable services in all areas of MB.

Planned Actions to Address in 2017/18:
- DSM’s Strategic Workforce Plan has identified Sonographers as a high priority for recruitment. Plans have been put into place for increased training seats, however we will not see the results of these actions for
several years.

- Focus on improving wait times and access in Pathology within the Cancer Patient Journey and Provincial Pathology Services strategic plans.
- Address improvements in wait times and access to Diagnostic Imaging within the Provincial Radiology and Diagnostic Imaging Strategy.
- Address access and timeliness of results reporting for molecular testing within the Provincial Genomics Strategy.
- Continue to participate in WRHA Patient Flow improvement activities as requested.

**Efficiencies to be Introduced:**

- Enhanced hours of operation and on-call coverage within Diagnostic Imaging.
- Radiology on-call coverage (Medical).
- Eliminating/decreasing unnecessary steps that prevent patients and referring practitioners from accessing diagnostic services.
- Expansion of key modalities where volumes and access issues provide a solid case for expansion (MRI at the Thompson Hospital).

**Implications for other Health Authorities:**

Enhanced service and coverage will improve services within the region allowing local treatment where appropriate and reduce expensive patient referrals to Winnipeg or Brandon.

Reduced access and capacity can impair a practitioner’s ability to deliver appropriate and timely care and increased costs for patient referral to an alternative site for testing.

Maintaining inefficient and staffing levels at sites (primarily x-ray), along with aging equipment and infrastructure, for a minimal number of tests dilutes our efforts to focus access and wait time resources to “hub” sites. Although the impact is minimal in many of these small rural sites, the political impact can be significant.

### 2.2 Cancer Patient Journey (DSM A.1)

**Current State:**

How do “Diagnostics” support the Cancer Patient Journey (CPJ) “In Sixty” initiative?

- “Delays in resolving suspicion result in treatment delays and anxiety.” (CPAC, 2012 Cancer System Performance Report). No matter how “short” the diagnostic component of the journey, it weighs heaviest on the patient waiting for a “decision” – not knowing is the worst part of the journey.
- DSM offers a connecting point along the entire In Sixty – CPJ for all types of cancer; advising and guiding the primary care practitioners through appropriate pathways and providing diagnostic information and consultation to all practitioners and specialists. A diagnosis of cancer is a triggering point for “first treatment” in the In Sixty – CPJ, and can act as a “driver” for monitoring the patients’ journeys from suspicion to surgery/treatment as well as for monitoring treatment progress and success.

As Manitoba’s provincial diagnostic health services organization, DSM provides a coordinating/leadership role in the development and implementation of the In Sixty – CPJ pathways.

**Future State/Direction:**

**Goal:** To develop and implement a plan for diagnostic systems process improvements for Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, and Lymphoma; and other cancers and disease types.

To develop and implement similar pathways and improvement processes for all high risk cancer patients regardless of disease site in order to ensure their diagnostic procedures (Diagnostic Imaging/Pathology) are completed within the recommended timelines without sacrificing quality or negatively impacting turnaround times for non-cancer patients.

Focusing on the In Sixty – CPJ cancer priorities first, but making them adaptable to all cancer types and non-cancer diseases, these improvements will decrease the diagnostic journey and provide improved communications across
the system for practitioners and patients. They are:

- Provincial, standardized pathology and imaging request forms (aiming ultimately towards electronic order entry and decision support).
- Provincial standardized clinical algorithms (referral into and from diagnostics).
- Diagnostic Patient Monitors/Trackers (direct intervention and communication to facilitate and monitor diagnostic performance on a real-time, case basis).

Barriers/Challenges to Achieving Future State:
The system is complex with many “hand-offs” of information and patients. Communication, authority, mandate and expertise challenges exist with respect to differences of opinions on how best to accomplish each working group’s target. This creates an environment that often causes delays in implementing new processes.

Planned Actions to Address in 2017/18:
DSM will continue to take a provincial leadership role in diagnostics, engaging the various participants and coordinating efforts to identify opportunities for improvement, define diagnostic/clinical pathways including the recommended timeline, identify problem areas and develop/implement best practice approaches that will have positive implications in the management of other disease groups:

- Complete Prostate and Lymphoma
- Gynecological cancers, other cancers

Efficiencies to be Introduced:

- Breast Targets: meet the imaging (14 days) and pathology (7 days) targets.
- Colorectal Targets: meet the imaging (10 days) and pathology (7 days) targets.
- Lung Targets: meet the imaging (13 days) and pathology (14 days) targets.
- Prostate Targets: confirming the pathway and identifying targets.
- Lymphoma Targets: confirming the pathway and identifying targets.

Note: all targets are expressed as calendar days.

Implications for other Health Authorities:
Improvements in turnaround times (TAT) for imaging and pathology will put pressure on the rest of the system to respond to patients and deliver treatment within the 60 days.

2.3 Diagnostic Services, Laboratory and Diagnostic Imaging Services

DSM B.1: Provincial Transfusion Medicine Services

Current State:
As Manitoba’s provincial diagnostic health services organization, DSM provides a coordinating/leadership role in the development and implementation of a provincial strategic plan for integrated Transfusion Medicine Services in collaboration with; MHSAL, Office of Provincial Renal, Transplant and Transfusion Services (formerly PBPO), Canadian Blood Services (CBS), the Regional Health Authorities, Health Senior Leadership Council (HSLC) and the Provincial Medical Leadership Council (PMLC). Over the past year, DSM has been assuming a greater clinical and operational role in Transfusion Medicine Services in Manitoba, focused on building relationships and collaboratives, defining roles and responsibilities, and strengthening the functionality of the Transfusion Practice Committees (TPC).

Future State/Direction:
Goals:
1. To provide comprehensive “vein-to-vein” Transfusion Medicine Services to all Manitobans.
2. To develop a provincial organizational structure that supports the functional delivery of services in a collaborative way between all parties engaged in funding, monitoring, service delivery, and support of Transfusion Medicine Services in Manitoba.
3. To develop evidence-based, Transfusion Medicine policies and procedures and to ensure they are consistently applied across Manitoba.

Barriers/Challenges to Achieving Future State:
Annual Health Plan – Diagnostic Services Manitoba
Overview of Direction for 2017/18

- Traceline has had a major impact on DSM staffing resources; the burden of workload has shifted from CBS to DSM sites.
- Capital renovation requirements for on-site transfusion medicine lab at St Boniface Hospital.
- Collaboration and engagement with all parties from “vein-to-vein” requires support and resources and ultimately a provincial mandate.

**Planned Actions to Address in 2017/18:**
- Continue to support and develop Provincial and Regional Transfusion Practice Committees.
- DSM Collaborative with MB Bleeding Disorders and Blood Conservation Program.
- Professional Development and Education Standards and Requirements.
- Restructure existing transfusion reaction reporting process.
- Develop a comprehensive Provincial Transfusion Medicine Service

**Efficiencies to be Introduced:**
- Decreased blood and blood product wastage.
- Increased awareness, education, training for appropriate and effective (including quality and patient safety) use of blood and blood products.
- Monitoring and improving quality and patient safety in Transfusion Medicine.

**Implications for other Health Authorities:**
Improved utilization, knowledge, and training in the use of blood and blood products will improve patient safety and decrease costs.

**DSM B.2: Provincial Pathology Services**

**Current State:**
As Manitoba’s provincial diagnostic health services organization, DSM provides a coordinating/leadership role in the development and implementation of a provincial strategic plan for the delivery of pathology services. DSM is developing a provincial strategic plan for an integrated Pathology Service in MB. With the exception of minor tissue samples from physician clinics, DSM delivers the majority of pathology services in the province. Quality Assurance is the foundation of Provincial Pathology Services and the DSM Board of Directors has established Goals and Expectations for the continued development and improvement of a provincial Medical Quality Assurance Program (MQAP) in Pathology:
- Consistent standards for all sites across MB.
- Broad-based and ongoing participation amongst all pathologists in the development and improvement process for MQAP.

Note: All Pathology sites in MB (DSM) are accredited by the College of American Pathologists (CAP), making MB one of the only provinces to be able to achieve this distinction.

**Future State/Direction:**

**Goals**

1. **To develop and implement a plan for the integration of pathology services in MB.**
   a. Consistent standards across all pathology sites – policies and procedures; and
   b. College of American Pathologists Accreditation for all pathology sites.

2. **To develop and implement a Medical Quality Assurance Program in Pathology**
   a. Build on and enhance existing program;
   b. Broad-based and ongoing participation amongst all pathologists in the development and improvement process for MQAP; and
   c. Standardized diagnostic protocols.

**Barriers/Challenges to Achieving Future State:**
- Stable, sustainable staffing (especially Pathologists).
- Developing and implementing standard of care testing for diagnosis (especially cancer).
- Cooperation and collaboration amongst Pathologists and willingness to participate in improvement initiatives
Planned Actions to Address in 2017/18:

- Standardized, provincial SOPs at each pathology site.
  - a) Grossing and specimen preparation
  - b) Histology processing, cutting, staining
  - c) Special stains and procedures
  - d) Case distribution and assignment
  - e) Workload measurement
- Medical Quality Assurance Program.
  - a) Supported by new AP-LIS
  - b) Standardized diagnostic protocols
- Enhanced and additional technologies and testing for diagnosis (especially for cancer diagnoses).
- Efficiency improvement/Lean Projects.
- Provincial Autopsy and Forensic Pathology Services.
- Pathology Laboratory Information System.
- Synoptic Reporting.
- Digital Pathology Imaging.
- Medical Quality Assurance Program – LIS supported and enabled.

Efficiencies to be Introduced:
The primary focus is to meet the targets for the Cancer Patient Journey (“In Sixty”).

Implications for other Health Authorities:
Pathology bears a unique burden in that when things go wrong or quality is in doubt, the whole health care system from patients to providers and families are impacted. Improvements in turnaround time can facilitate early diagnosis and treatment.

DSM B.3: Provincial Microbiology Services

Current State:
As Manitoba’s provincial diagnostic health services organization, DSM provides a coordinating/leadership role in the development and implementation of a provincial strategic plan for the delivery of microbiology services. Microbiology testing is offered at 12 sites in Manitoba. Test menus vary in complexity at each site with the 3 urban laboratories offering the broadest test menus. Adequate and stable staffing is an ongoing issue at all sites but is particularly noteworthy in northern laboratory sites. Most jurisdictions across Canada have recognized the need to optimize (centralize) services for sustainability and to keep up with new information and technologies in infectious diseases.

Future State/Direction:
DSM has developed a provincial strategy for effective alignment of Microbiology services at designated regional sites to better support rural practitioners and patients. As transportation improves from rural sites to designated regional sites there will be opportunities to consolidate unsustainable testing to the regional site. As staffing pressures continue, there will also be opportunities to consolidate unsustainable testing to regional sites. Consolidating testing to fewer (regional) sites will ensure that we can support staff competency and provide efficient and effective services across the province. Staff and clinicians at smaller sites will have ready access to technical and clinical Microbiology expertise. Technology improvements and efficiencies can be more easily implemented and justified in larger regional sites, which will support timely results reporting across the province. These changes will improve service quality and not affect Turnaround times (TAT).

Taking a provincial leadership role in Microbiology, DSM will continue to work collaboratively with Cadham Provincial Laboratory (CPL), Gamma-Dynacare Medical Laboratories (GDML), and Unicity Lab (UL) to ensure quality and to rationalize testing where most efficient, effective, and sustainable while maximizing access for all Manitobans.
Barriers/Challenges to Achieving Future State:
- Ensuring a reliable transportation system is developed and maintained. The optimal transport system needs to ensure specimen integrity and rapid delivery to the clinical microbiology laboratory that will provide the service.
- The second major barrier is lack of space to consolidate testing into the larger and more sustainable regional sites (especially within WRHA).

Planned Actions to Address in 2017/18:
- Improved transportation of Microbiology specimens to designated regional sites.
- Consolidation Microbiology testing at spoke sites into designated regional sites.
- Continued rationalization of testing between DSM, CPL, GDML, UL.

Investigate automation for specimen processing areas in WRHA Clinical Microbiology Laboratories and at Westman Laboratory.

Efficiencies to be Introduced:
- Increase purchasing of pre-made media from vendors allowing Medical Laboratory Assistants (MLAs) to be re-deployed from media to specimen processing and other areas within the main laboratory.
- Redirect staff from Microbiology to support other areas within the rural laboratory site.

Implications for other Health Authorities:
- Cadham Public Laboratory - decreased basic bacteriology work redirected to DSM regional sites
- Rural RHA Laboratories – Microbiology redirected off-site
- Regional sites – increased Microbiology work from rural sites

DSM B.4: Provincial Strategy for Integrated Laboratory Services (Chemistry, Hematology, Immunology)

Current State:
As Manitoba’s provincial diagnostic health services organization, DSM provides a coordinating/leadership role in the development and implementation of a provincial strategic plan for the delivery of integrated Laboratory Services in Manitoba. DSM is developing individual provincial strategies for: Transfusion Medicine, Pathology, Microbiology, and Molecular Diagnostics and Cyto genetics. B.4 will address the more core lab functions of Chemistry and Hematology (including Immunology). Based on discussions with community laboratories (CPL, DSM) and MHSAL, the following guiding principles were drafted: Patient-Centred, Accessible, Integrated, Reliable, and Sustainable.

Point-of-Care Testing (POCT) is currently limited in test menus and locations, but typically gets introduced as ad hoc with little or no review of business impacts, quality, sustainability or coordination. DSM has provided leadership in several POCT situations, but has no provincial mandate to oversee POCT.

Future State/Direction:
Goals:
- To build a strong, positive relationship of engagement and collaboration and to understand key system (integration) enablers:
  a. multiple service deliverers and stakeholders; and
  b. varied requirements (hospital, community, referred in/out need, STAT, POCT & urgent/routine testing).
- To develop and support guiding principles for all laboratory service providers:
  a. Patient-Centred.
  b. Accessible.
  c. Integrated.
  d. Reliable.
  e. Sustainable.
“Right test, Right place, Right time”

c. To coordinate drafting of a statement of roles and responsibilities, respective of both the varied requirements and guiding principles.
d. To develop principles and provincial policy statements for POCT (see also DSM B.6: Provincial Strategy for Appropriate and Effective Use of Diagnostic Services).

Barriers/Challenges to Achieving Future State:
The biggest barrier and challenge is the current contracting and funding model for the community (private) lab sector that is not aligned with MHSAL priorities and provincial health objectives. Pre-requisite to transferring funding and service delivery oversight of community lab services to DSM will be a strong, positive relationship of engagement and collaboration. There are multiple service deliverers and stakeholders as well as a number of varied requirements and enablers (hospital, community, referred in/out need, STAT, POCT & urgent/routine testing) to be considered in a provincially integrated service.

Manitoba is missing a number of opportunities that would come from creating a provincial mandate for laboratory services under DSM; a few examples include:

- HPV testing – standardized testing and reporting, provincial quality assurance program.
- Kidney Failure Risk – triaging patients at risk based on availability of patient information and data from LIS.
- Decreased costs and improved service and quality for phlebotomy sites (e.g. Winnipeg is over saturated).
- Decreased utilization – more efficient and effective use of existing capacity focusing on patient needs at the right places.

Planned Actions to Address in 2017/18:

- Collaborate with MHSAL in evolving the strategic plan to reflect provincial priorities.
- Investigate opportunities for reassigning current contract management and funding and accountability oversight of community (private) laboratory work to DSM.

Efficiencies to be Introduced:

- Test-by-test opportunities that may reassign who and where testing is done that best meet the principles of a provincially integrated laboratory service.

Implications for other Health Authorities:
Any provincial integration of laboratory services would have to meet the established goals and guiding principles and be transparent to the RHAs, providers, and patients.

DSM B.5: Provincial Radiology and Diagnostic Imaging Services

Current State:
As Manitoba’s provincial diagnostic health services organization, DSM provides a coordinating/leadership role in the development and implementation of a provincial strategic plan for the delivery of radiology services. There are three main organizations responsible for the planning and delivery of Diagnostic Imaging in the province of Manitoba: DSM, WRHA and PMH. The three organizations collaborate in multiple committees that review technology, equipment, practice, accreditation and other operational components. With very few exceptions, Radiologists in Manitoba are independent fee-for-service professionals that work individually or in various group practices. The organizations and groups are not bound by each other’s decisions, but effort is taken to ensure impacts on each are understood. Planning and delivery of diagnostic imaging is fragmented and not focused on a provincial delivery system that would see a more uniform approach in delivering care.

While there are several initiatives, projects, and activities underway, the primary intent of outlining an overall provincial strategy is to ensure that there is consistency and integration across all jurisdictions within MB and that the strategy would be developed in a collaborative way engaging with key stakeholders.
DSM has been building foundational elements that will provide greater opportunity to focus all three parties on provincial priorities:

- Development of a DI Medical Leadership model – Improving and addressing standards and operational efficiencies is important to DSM. DSM has 4 Bylaw 3 directors and recently introduced one additional DSM medical administrative position (for a total of 2 medical admin individuals for 60 sites). DSM has engaged College of Physicians and Surgeons of Manitoba (CPSM) in this discussion.
- Successful implementation of on-call radiology services for all of the Rural RHA’s.
- All DSM operations are fully accredited, conditionally accredited or undergoing accreditation.
- DSM continues to implement its provincial strategy for rural site optimization to take advantage of timing and scenarios that allow us to engage stakeholders in addressing inefficient and technologically antiquated sites, and to enhance and expand services at sustainable sites.
- DSM is now effectively co-directing rural PMH and Brandon DI services through a dual-reporting DI Director.

**Future State/Direction:**
Developing an integrated provincial Radiology and DI strategy has been identified as a Strategic Goal and Expectation of the DSM Board of Directors who inherently represent the 3 key stakeholders. The Health Senior Leadership Council (HSLC) representing MHSAL, the RHA CEOs and the Provincial Medical Leadership Council (PMLC), representing the CMOs who have endorsed the need for an integrated provincial Radiology and DI strategy, and DSM taking the lead.

Establishment of an integrated, provincial radiology/diagnostic imaging framework includes:

1. Regional integrated service planning that will incorporate medical and technical leadership:
   a. Implementation of Medical Leadership model that represents the Provincial picture.
   b. Provincial targets for access to care.
2. Medical quality assurance programs in Radiology:
   a. Credentialing.
   b. Evaluation and competency assessment of new hires and new certifications.
   c. Standardized Protocols.
   d. Peer review and audits.
   e. Education and Training.
3. Remote access, Provincial Post-Processing, and On-Call services that cover the province and integrate both general and speciality radiology availability after hours.
4. Expansion of key modalities to improve access:
   a. MRI for Selkirk, Dauphin, and Thompson.
   b. CT for Flin Flon.
5. Utilization management and efficiency reviews:
   a. Continue to implement service changes in sites providing very low x-ray volumes as detailed in DSM’s strategy on low volume x-ray sites previously submitted to MHSAL in 2012-13.
   b. Introduction of choosing wisely campaigns.

**Barriers/Challenges to Achieving Future State:**

- Commitment to provincial planning and development of provincial standards by the existing three parties (Brandon and WRHA are currently funded and responsible for delivering Diagnostic Imaging programs in their respective regions). There are no provincial roles and responsibilities and funding is directed through each organization and by Fee-For-Service billings for the Radiologists. Authorities and accountabilities lie within each separate organization.
- Radiologists are essential stakeholders in a provincial strategy, but are individual private practitioners (fee-for-service).
- There are multiple Bylaw 3 Facility Directors across MB responsible to the College of Physicians and Surgeons, but not directly responsible for providing medical leadership to the RHAs and DSM.
- The current model of 3 RIS/PACS infrastructures does not easily support a seamless-transparent sharing of images.
- There are multiple committees with no provincial mandate or direct accountability for decisions or recommendations on a provincial level.
• There is no formal Medical Quality Assurance Program in Radiology (a significant risk and weakness as per the Cochrane Report of 2011) and there is no proactive nor deliberate process for standards or consistency
• Ultrasound and MRI staffing recruitment.
• Equipment replacement (particularly x-ray units) and new technologies:
  - a) provincial procurement.
  - b) predictable funding.
  - c) long-term strategy (provincial).

Planned Actions to Address in 2017/18:
• DSM continues building foundational elements that will provide greater opportunity to focus all three parties on provincial priorities.
• Develop a collaborative, Provincial DI Services delivery and medical leadership model.
• All DSM operations are fully accredited, conditionally accredited or undergoing accreditation.
• DSM continues to implement its provincial strategy for rural site optimization and service delivery enhancements.

Efficiencies to be Introduced:
• Cancer Patient Journey – direct referrals, streamlining appointment processes, monitoring of TAT with corrective action plans
• Targeted x-ray service reductions
• Digital Mammography - tomosynthesis
• Process improvements (see also Cancer Patient Journey – “In Sixty” diagnostic initiatives)
• Standardized protocols including provincial post-processing
• Utilization – Choosing Wisely for appropriate and effective use of Diagnostic Imaging Services
• Reduce patient transports/unnecessary exploratory surgery due to availability of radiologists on-call in all major rural centres (i.e. Portage, Dauphin, the Pas, Thompson, Selkirk, Steinbach, Boundary Trails, Flin Flon)
• Improved voice recognition
• Provincial vendor service contracts
• Call-back efficiencies

Implications for other Health Authorities:
• Brandon and WRHA are currently funded and responsible for delivering Diagnostic Imaging programs in their respective regions. Transferring funding to DSM needs to be sensitive to any perceived “losses”.
• Planning and implementation of DI services at a provincial level will require RHA’s to balance internal vs. provincial priorities.
• Service contracts will increase as old equipment is replaced with newer generation equipment.
• Construction impacts on existing infrastructure may at times stretch aging infrastructure beyond their capabilities (i.e. HVAC, structural capacity –weight bearing, infection control standards).

2.5 Other Acute and Secondary Care

DSM B.6: Provincial Strategy for Appropriate and Effective Use of Diagnostic Services

Current State:
As Manitoba’s provincial diagnostic health services organization, DSM provides a coordinating/leadership role in the development and implementation the Provincial Strategy for Appropriate and Effective Use of Diagnostic Services by providing expertise, information, evidence, and recommendations for best practices for the appropriate utilization of Laboratory Services, Diagnostic Imaging Services, and POCT. Based on the following principles, which are in alignment with MHSAL’s priorities for Capacity Building, Health System Innovation, Health System Sustainability, Improved Access to Care, and Improved Service Delivery, DSM recognizes:
• Appropriate use of diagnostic services is critically dependent on working with clinical practitioners and health care providers.
• DSM must play a collaborative provincial leadership role in providing expertise, information, evidence, and
recommendations for best practices for the appropriate utilization of Laboratory Services, Diagnostic Imaging Services, and POCT.

- Support for innovation and change must come individually and collectively from the authorities within each RHA, CCMB, and professional organizations such as College of Physicians and Surgeons of Manitoba, Doctors Manitoba and other professional practitioner groups.
- Successful implementation of any guidelines or mechanisms for ensuring appropriate utilization is dependent upon senior provincial and regional medical leadership and support.
- The Provincial Medical Leadership Council reports through the Health Senior Leadership Council and together these groups represent the most senior health leadership with authority to change the system from administrative, operational, clinical, and funding/incentive perspectives.

Future State/Direction:

Goals

- To promote better and more affordable health care by continually and safely reducing the burden of unscientific, inappropriate and unnecessary use of diagnostic tests and procedures.
- To redirect savings from unnecessary or inappropriate use of diagnostic services to promote better health care by introducing more efficient and effective diagnostic tests and procedures that provide improved access and shorter turnaround times, and contribute to a sustainable health care system.

Barriers/Challenges to Achieving Future State:

The primary barrier will be resistance to practice change by practitioners. The biggest challenge will be communicating evidence-based, best-practices and following-through on uptake, adoption and sustainable practice change.

Planned Actions to Address in 2017/18:

Choosing Wisely is an internationally recognized campaign to reduce medically unnecessary procedures that has been endorsed in Canada by the Canadian Medical Association (Choosing Wisely Canada). It is supported in MB by the Provincial Medical Leadership Council. DSM has entered into a partnership with the George and Fay Yee Centre for Health Care Innovation (CHI) to develop, coordinate, and implement the Choosing Wisely recommendations.

One of the foundational requirements for improvements in the appropriate use of diagnostic services that will translate for all other physician practice changes for Choosing Wisely is physician engagement and leadership. DSM and CHI, working with PMLC, will advocate for broad-provincial engagement, continue to develop materials and processes for physician engagement and support physician leadership development.

In partnership with CHI, DSM will provide executive leadership for the Provincial Initiative “Health System Performance and Sustainability Plan” related to resource optimization and clinical services planning, and specifically the $50M agreement with Doctors of Manitoba. In order to support a growing number of grass roots initiatives, led by clinical champions, we will need to establish an office or secretariat to support Choosing Wisely Manitoba.

Efficiencies to be Introduced:

Each initiative will have an impact assessment to identify efficiencies (cost savings) and quality and patient safety indicators. The strategy will evolve beyond diagnostics to include other Choosing Wisely recommendations.

Implications for other Health Authorities:

DSM will require the support and collaboration of the RHAs, staff and practitioners across MB. In many cases there will be either direct (e.g. Vitamin D) or indirect cost savings (e.g. Preoperative Diagnostic Testing), but in some cases “appropriate” will require an investment to make a test more accessible locally (e.g. high sensitivity D-Dimer). In other cases, surveying and engaging with physicians related to their use of a specific diagnostic test will be required (e.g. Fecal Occult Blood Test)
DSM B.7: Provincial Genomics Strategy

Current State:
Manitoba, like most other healthcare jurisdictions, struggles with the overwhelmingly rapid pace of new technologies in diagnostic testing and treatment. Unfortunately, lack of consensus and investment over the years has created a significant gap in access to new diagnostic tests, now considered standard of care – particularly related to cancer. DSM is taking a lead role in developing an integrated, provincial strategy for genomic testing (Molecular Diagnostics and Cytogenetics) – aligning initially with the Cancer Patient Journey Initiative in MB (breast, colorectal, lung, prostate, and lymphoma) and expanding to include non-cancer genomic testing. DSM currently owns and operates genomics diagnostic labs in Microbiology, Hematology, Pathology, and Genomics.

Future State/Direction:
Goal: To develop an integrated, provincial genomics strategy (for Molecular Diagnostics and Cytogenetics), aligning initially with the Cancer Patient Journey (“In-Sixty”), but expanding outwards over a 3-5 year time horizon.

Barriers/Challenges to Achieving Future State:
The primary barrier will be funding and resources. There is a need to develop skilled and qualified professional staff along with specialized equipment and new technologies. Once implemented, utilization management will be critical as the demand can easily exceed our funding.

Planned Actions to Address in 2017/18:
- Develop a Provincial Genomics Testing Advisory Committee (GTAC) to develop Manitoba’s Provincial Genomics Testing Strategy in collaboration with key stakeholders.
- Planning, prioritizing, implementing molecular diagnostic tests in pathology (e.g. lung cancer EGFR).
- Introducing next generation sequencing into the clinical laboratory (e.g. BRCA1/2 and EGFR).
- Building relationships and developing clinical and research partnerships to transition testing to the clinical laboratory and developing funding opportunities and proposals.

Efficiencies to be Introduced:
Repatriating tests currently being referred-out will be cost effective and provide equal or better quality and quicker result turnaround times for more timely treatment and follow-up.

Implications for other Health Authorities:
Genomic Testing will introduce a whole new area of knowledge and translation that will impact clinical practice and set new standards of care.

Functional Area 3. Continuing Care

Continuing Care Blueprint (DSM A.2)

Current State:
Diagnostic Services are an essential support for all health care service delivery. For continuing care, this includes patients with chronic diseases and disabilities who may have a higher than normal need for diagnostic services and ongoing monitoring.

DSM will play a collaborative and supportive role by engaging in the planning and implementation of the “Advancing Continuing Care” blueprint in MB.

Future State/Direction:
Goal: To understand the role of diagnostics amongst its partners in order for DSM to play a collaborative and supportive role in the planning and implementation of the “Advancing Continuing Care” blueprint in MB.
Annual Health Plan – Diagnostic Services Manitoba
Overview of Direction for 2017/18

Barriers/Challenges to Achieving Future State:
Unknown at this time; the challenge is to understand the impacts of any new models and expectations for diagnostic services.

Planned Actions to Address in 2017/18:
- Identify issues and options for diagnostic services related to “The Blueprint”.

Efficiencies to be Introduced:
n/a

Implications for other Health Authorities:
Unknown at this time.

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<th>Functional Area</th>
<th>4. Aboriginal and Northern Health</th>
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**DSM B.8 Diagnostic Services for First Nations, Métis and Inuit**

**Current State:**
Diagnostic services in First Nations and Inuit facilities are typically outside the scope and responsibility of DSM. In the majority of situations, diagnostic services are provided by DSM through DSM sites and RHA facilities to First Nations, Métis and Inuit people.

**Future State/Direction:**
DSM is working with its RHA partners, First Nations Inuit Health Branch of Health Canada and with tribal health agencies to explore and implement alternative models of diagnostic services such as:
- Phlebotomy services on-site at First Nations Medical Clinic (e.g. OHN).
- Accreditation support and operational management support (e.g. Norway House and Percy Moore).
- POCT at northern nursing stations and small, remote laboratory sites.
- Integration of key facilities into the Provincial Diagnostic Services Information Systems.

**Barriers/Challenges to Achieving Future State:**
The primary barriers and challenges are related to clarity of responsibilities, authorities and funding.

**Planned Actions to Address in 2017/1:**
- Phlebotomy pilot site at The Beatrice Wilson Medical Clinic in The Pas.
- Options for accreditation and management services for Norway House and Percy Moore.
- Explore options and opportunities and potential pilot sites for POCT in northern nursing stations.

**Efficiencies to be Introduced:**
Each of the planned actions will not be a duplication of services, but rather free up resources within DSM sites proportional to the volume of activities assumed by First Nation facilities. POCT is more expensive as a cost per test, but provides immediate results for improved patient/client care and reduces duplication of testing due to rejected specimens (poor quality of collection and transport), repeat collections and testing, and inappropriate patient management.

**Implications for other Health Authorities:**
Any improvement in diagnostic services to First Nations, Métis and Inuit people will have a positive impact on RHA service delivery. DSM and Northern Regional Health Authority (NRHA) have developed a strong partnership approach in each of these initiatives.
Functional Area

6. Corporate Support Services

6.1 Capital Needs

Current State:

1. The most critical capital need for DSM laboratory services is in Thompson. The laboratory infrastructure is failing and has become a significant risk to quality and safety, and has been cited in accreditation reviews. In the Fall of 2014, the Deputy Minister and NRHA Chief Medical Officer toured the Thompson facility for a first-hand look at the vulnerabilities and liabilities. MHSAL, through its Strategic Capital Project planning process, has itemized this need and is currently under consideration.

2. The Morris General Hospital laboratory and radiography space is in very poor physical condition. In the Laboratory, the flooring is in extremely poor condition with a rough top surface making cleaning impossible. This is a major concern for a laboratory space that must be maintained clean at all times. The millwork has laminate that has peeled away from the substrate. In many locations, there is exposed wood or there are pieces of laminate held on with transparent adhesive tape. A window air-condition was installed a few years ago to control air temperature in the lab but there are air gaps around it and these have been closed off with duct tape. These conditions are unacceptable and fail to meet basic lab accreditation requirements. The radiology space is in slightly better condition but lacks essential infrastructure such as oxygen and suction. A complete renovation of both the lab and radiography space is required.

3. DSM, with the concurrence of MHSAL, determined that a capital development plan would be necessary to remedy deficiencies and position DSM to achieve its strategic and functional objectives. A copy of the full Functional Program has been provided to MHSAL and the Office of Chief Medical Examiner (OCME).

Future State/Direction: N/A

Barriers/Challenges to Achieving Future State: N/A

Planned Actions to Address in 2017/18: N/A

Efficiencies to be Introduced: N/A

Implications for other Health Authorities: N/A

Other Issues & Challenges:

- Increasing demand for laboratory services associated with population growth and more importantly, the increased aging and number of people with chronic conditions.
- The pace of technology innovation, challenging the health care system to adopt new developments, and laboratories to provide the required capabilities - e.g. Point-of-care-technology.
- Global shortages of laboratory physicians, scientists and technologists.
- Evolving information technology supporting the communication of testing information in a timely and efficient manner.
- Increasing expectations for service standards, performance measures and accreditation.
- Genomic technologies will revolutionize medicine by increasing the proportion of medicines aimed at the causes of disease rather than the symptoms.
- Aging infrastructure (HVAC, humidity control, aging lab and diagnostic imaging core infrastructure).

6.2 Information Technology

DSM C.3: Information Systems and Information Management

Current State:

DSM, in partnership with Manitoba eHealth, has a number of projects in varying degrees of development and implementation:

- Laboratory Informatics Projects
  - Provincial LIS, including Electronic Order Integration in Brandon
Overview of Direction for 2017/18

- Pathology QA & LIS
- Synoptic Pathology Reporting
- Genomics LIS
- Digital Pathology & Multi-Jurisdictional Telepathology

- Diagnostic Imaging Informatics Projects
  - RIS/PACS Phase 2: Boundary Trails Migration to Provincial RIS/PACS
  - Digital Mammography
  - PACS Upgrade
  - Patient Link
  - PACS Web Viewer & eChart Integration
  - Provincial Post-Processing
  - DI Billing Replacement
  - Women’s Hospital Fetal Assessment Unit PACS

- DSM Organizational Informatics Projects
  - Financial System

**Future State/Direction:**

**Goals:**
To continually improve the quality, timeliness, and sustainability of the laboratory and imaging services, including financial systems, provided to Manitobans by:

- Integrating with the upstream and downstream providers of patient care.
- Standardizing solutions across the province.
- Improving the flow of images and results.
- Delivering solutions and services efficiently.
- Enabling timely and meaningful financial reporting for management and the Board.

A number of future projects and new initiatives are aimed at delivering value for these goals:

- Provincial Voice Recognition in Radiology and Pathology Dictation
- Provincial EKG Solution (MUSE) and Electronic EKG Results Distribution
- LIS Electronic Order Integration and Appropriate Use
- Business Continuity for DI
- Image Archive Strategy for DI
- DI Electronic Order Integration & Consults
- DI Peer Review
- HistoTrac LIS in Transplant Immunology
- Remote Access for DI
- Analytics in DI
- Neonatal ICU IS/PACS
- Cardiology IS/PACS
- Dentistry IS/PACS
- Ophthalmology IS/PACS

**Barriers/Challenges to Achieving Future State:**
The current governance model of Manitoba eHealth is evolving. Its previous model was very “IT-centric”, which, while not directly opposed to our goals, was a barrier in focusing on provider and patient value. We continue to support a more provincially-focused model for eHealth.

One of the major barriers, reinforced by the Internal Auditor and endorsed by the Board of Directors, is that DSM does not have a sufficiently robust Financial Management System for provincial accountability.

**Planned Actions to Address in 2017/18:**

- DSM will continue to influence Information System and Information Management projects from a provider and patient value-added perspective. DSM will also promote and support initiatives with a provincial
collaboration: e.g. Provincial RIS/PACS; Provincial Voice Recognition for Dictation; Provincial EKG Solution with Electronic Results Distribution.
- DSM will provide leadership and coordination in the development of a proposal for a province-wide, robust, user driven system for electronic “patient referral management system”.
- DSM will continue to pursue viable and cost-effective options for a Financial Management System.

**Efficiencies to be Introduced:**
Each project, current and future, has or will have full project charters including deliverables and timelines and a business case for efficiencies and savings.

**Implications for other Health Authorities:**
Each project, current and future, has or will have full project charters including impacts and implications for all stakeholders.

### 6.3 Specialized Equipment

**Current State:**
Planning for specialized equipment is designed to be provincially focused and driven from the Discipline Teams (Medical and Technical Directors), taking into context future trends in technology, site and regional issues, and the existing state of equipment that is currently in use. Clinical impact, sustainability of services and ability to deliver on local, regional and provincial mandates are taken into consideration.

DSM continues to match equipment to the sites/services of the RHAs, however planning is less than optimal as new programs and services continue to be implemented without the knowledge or consultation of DSM. In many cases DSM has been able to reduce the cost or avoid the cost of equipment completely by better understanding the needs of the site and its role in the RHA. Recently DSM was able to return approximately $1 million (capital funds) to MHSAL through a review of existing equipment approvals and following the planning process described above.

There are a number of challenges that impact the success and delivery of the planning:
- Clinical Equipment is funded annually and the approval process is lengthy.
- DSM routinely must request emergency funding to replace equipment. DSM has consistently requested >$3 million annually to replace equipment on an emergency basis. The process is extremely problematic in that patient care is regularly impacted and the significant effort diverts resources and focus from delivering on provincial priorities.
- Unofficial site standards are being declared without being established via competitive bid due to the inability to strategically replace equipment. This scenario is very problematic as it prohibits DSM from strategically delivering technology and equipment and forces the corporation into a “band-aid” solution.
- No regional or provincial asset tracking tool so it is difficult to know what equipment we have and its lifespan.
- Recently redesigned specialized equipment forms have increased the overhead burden on this process.

**Future State/Direction:**
The planning, delivery and implementation of equipment across >70 sites would be significantly improved with a more streamlined and multi-year funding approach.
- DSM would suggest that the submission of a 515 for approval by MHSAL be eliminated.
- A minimum 3 year funding model be approved to allow for greater flexibility, cost savings and smoother delivery of equipment.

Internally DSM is working to improve the planning process and provide more in depth information to the Discipline Team when designing and planning for equipment replacements.

DSM is seeking to acquire asset management software and implement strategies to collect data to confirm and manage existing assets throughout the province.

DSM Procurement (DSMP) is working with suppliers to identify life expectancy for equipment to establish a
DSM will explore options to partner with technology management experts in other regions to support DSM technology management activities.

**Barriers/Challenges to Achieving Future State:**
- A multi-year funding model is a significant departure from the existing funding method and would require a "stable" funding allocation that may not be feasible given the existing legislative structure.
- Funding for asset management tool, configuration, installation, training is required.
- Change to existing process must be reviewed/approved by MHSAL.

**Planned Actions to Address in 2017/18:**
- DSM will continue to collaborate and engage with our key stakeholders.
- DSM is sharing its contracting model with WRHA, Regional Health Authorities of Manitoba Purchasing Program (RHAMPP) and CCMB.
- DSM is participating in the Western Supply Chain Collaboration (WSCC).

**Efficiencies to be Introduced:**
- Economies of scale for equipment procurement with other stakeholders.
- Continued reduction in time and effort for DSM suppliers and stakeholders by utilizing the non-binding negotiated contacting method.
- Continue pursuing costs savings using non-binding negotiated contacting method and creative methods to address capital and operating costs.

**Implications for other Health Authorities:**
- DSM will continue to share best practices and achieve savings.

### 6.4 Health System Improvement

**DSM C.2: Funding Model and Service Level Agreements**

**Current State:**
Currently, funding for DSM corporate costs and Westman Lab operations is provided directly from MHSAL while funding for the bulk of DSM's operating and medical services continue to be funded by the regional health authorities where those services are provided. From a practical perspective, DSM is accountable for all operations regardless of the funding source and, accordingly, DSM's Board has set provincial operational accountability as a governance priority. Accordingly, financial oversight and governance reflects the costs and funding for the entire organization, with annual budgets, forecasts and quarterly reports to management and the Board presented on a fully consolidated basis.

It's well recognized that the current funding model does not support the provincial nature of the organization and is in fact, a barrier to improvements that could be attained as a provincial organization. The ability to shift work and resources to deliver services in the most effective and efficient manner requires the ability to also shift funding seamlessly. Without this ability DSM is hampered in delivering services in an optimal manner. As a result, the organization has proposed a "provincial" model whereby all services would be funded directly by MHSAL.

In anticipation of the new funding model, DSM prepared its 2017/18 Health submission on a fully consolidated basis, with all financial schedules based on the total costs of DSM's operations across the province. To advance the provincial nature of the business, DSM completed Service Level Agreements (SLA) with each of the rural RHAs and CCMB, and has reached agreement on the final SLA for the Winnipeg region. The WRHA is in the process of obtaining final signed versions from their funded sites, which will complete this process.
DSM has also taken a number of steps to advance appropriate testing and utilization, which is a key element in helping DSM’s stakeholders understand the importance and costs of performing unnecessary tests.

Future State/Direction:

Goals:
1) The SLAs and new funding model will support provincial initiatives for efficient and effective use, allocation of resources and optimal alignment of service delivery.

2) After the transition and adjustment period, there will be administrative improvements and efficiencies gained in the RHAs and DSM from shifting to a provincial model. These efficiencies will help offset the added administrative costs related to supporting the operations of the consolidated entity (see barriers and challenges below).

3) Longer terms efficiencies will be realized in operating expenses as DSM is able to better rationalize services and allocate funding to meet operational needs on a province-wide basis.

In a provincially funded model, DSM will be able to reallocate resources quickly to meet operational requirements, without the burden of having to reach agreement with each of the regional health authorities impacted by those requirements. Regional Health authorities would continue to be involved in operational changes and more importantly would be required to support new funding where change in the nature or volume of diagnostic services were driven by regional initiatives. For example, if a region proposed an increase in one of their programs that would result in a corresponding increase in diagnostic services they would be have to advocate for all costs to support that program, including the costs of providing diagnostic services by DSM.

The transition to a provincial model will require a transfer of existing funding from the regional health authorities to DSM. Ideally it should also include the transfer or changes to reporting whereby costs and statistical reporting of diagnostic services (e.g. MIS reporting, Financial Monitoring reports, etc.) would be provided directly by DSM rather than through each RHA. Reporting would be at both a consolidated and regional level, and perhaps site level, for certain detailed reports. This change in reporting would increase workload at DSM but with a corresponding decrease in workload in each region.

Barriers/Challenges to Achieving Future State:

The potential challenge is that each RHA will have to agree to the amount of funding to be transferred into the provincial global funding model. This could be an issue if a region is of the opinion that the amount being transferred is too high. Furthermore, overall funding may not be sufficient to cover future volume and price pressures, especially if regions do not collaborate with DSM when regional programs are changed.

RHAs will have to make some changes to administrative processes to accommodate the changes in accounting for diagnostic services, and will likely have to implement an invoicing process for costs that continue to be incurred at the site/regional level for diagnostic services. This should not be an onerous change as there would be an offset of the elimination of processes currently required to handle invoices and manage funding to DSM.

One of the major challenges is that the RHAs cannot “walk-away” from their obligations for ensuring that their practitioners use diagnostic services appropriately and effectively and that volume increases and new tests/technologies are a shared accountability with DSM.

Implementing a provincial funding model will require incremental resources for both the transition and on-going support of the consolidated entity. The transition cost will include resources for project management, backfill costs for staff working on the transition project and likely some system and process changes to enable more accurate and timely reporting for the consolidated entity, including audited statements and MIS reporting. Much of the ongoing costs for resources to support consolidated reporting will be come from resources freed up by the elimination of invoicing to RHA’s as well as the significant time currently devoted to managing funding from multiple sources.
However, until DSM is able to convert to a more suitable and robust financial system, major challenges will continue and incremental resources will be required to address those challenges.

NOTE: DSM has addressed some of the challenges through its Service Level Agreements, but will require additional funding for the transition and ongoing incremental work required to support a consolidated entity.

**Planned Actions to Address in 2017/18:**
Implement new funding model pending approval by MHSAL:
- Includes Service Profiles detailing current service provisions;
- Mechanisms for service change and utilization management;
- Roles and responsibilities for each party to the agreement;
- Key Performance Indicators;
- Q&PS indicators;
- Service levels and volumes indicators;
- Fiscal Accountability indicators; and
- Incremental funding for transition and ongoing expenses.

**Efficiencies to be Introduced:**
The new funding model will support provincial initiatives for efficient and effective use, allocation of resources, and optimal alignment of service delivery.

After the transition and adjustment period, there will be immediate administrative improvements and efficiencies gained in the RHAs and DSM from shifting to a provincial model. Longer terms efficiencies will be realized in operating expenses as DSM is able to better rationalize services and allocate funding to meet operational needs on a province-wide basis. As noted above, these improvements will be used to offset incremental costs required to support the consolidated entity.

**Implications for other Health Authorities:**
- Funding transfer must equal actual (forecasted) costs of providing current services
- Potential transfer of additional funding to DSM for additional administrative costs, offset by RHA administrative workload reductions.
- More efficient and effective use of diagnostic services.
- Shared accountability for volume increases and appropriate use of diagnostic services.

**DSM C.5: Research Strategy**

**Current State:**
Quality is the foundational principle of all diagnostic services and the Board has stated that Education and Research are essential components of a Quality foundation. In order to meet the expectations of the Board of Directors, DSM must develop a Research Strategy that supports research opportunities that meet the overall principles and strategic priorities for the organization, but also allows for research that can be self-sustaining, and that certain funds generated can be reinvested into additional research. The Research Strategy must be:
- Self-sustaining
- Reinvesting

**Future State/Direction:**
**Goals:**
1. **To develop a Research Strategy for DSM that will:**
   - Provide support for research activities that are relevant to the services provided by DSM; and
   - Create research and innovation opportunities for DSM staff working independently or in collaboration with other researchers.
2. **To leverage DSM resources and expertise in collaboration and support of relevant research programs sharing the strategic direction of Research Manitoba and “Tri-Council”:**
Focus on patients;  
Focus on promoting world class excellence; and  
Focus on fostering partnerships.

Barriers/Challenges to Achieving Future State:
DSM has supported some limited funding for internal research “grants” and participates in some clinical trials and contract research. There are a number of issues that need to be considered when developing a research strategic plan:

- Standardization and consistency amongst sites involved in clinical trials/studies.
- Coordination and administrative support – within/between sites.
- Relationships with key research partners.
- Opportunities and time for pathologists, scientists, other professionals in DSM.
- Molecular and genetic testing opportunities and priorities; new and advanced diagnostic technologies.
- Pricing and costing.

Planned Actions to Address in 2017/18:
- Develop a high-level strategic direction for DSM research and innovation activities.
- Establish a DSM Research Advisory Committee.
- Build a DSM Research Support Office.
- Assess and consolidate existing research funds; develop principles for research funds.
- Increase grant funding for diagnostic related projects within Manitoba.
- Develop relationships with key research partners.
- Develop a proposal for a Provincial Biobank.
- Increase research revenue to support system improvements and reinvest in research and education.

Efficiencies to be Introduced:
- Facilitate “provincial” Biobanking and provide existing "banks" of human materials such as pathology tissues, cells, genetic materials, blood, and other human samples.
- Facilitate, coordinate and deliver mutation/genetic analysis for genetic diseases and cancer.
- Generate important data (that can allow detection of changes in patterns; important markers of societal health).
- Contribute clinical and technical expertise (e.g. pathologists, scientists, and other professional staff).

Implications for other Health Authorities:
Most research funding agencies are looking for practical clinical applications and outcomes for research projects. DSM offers a fertile field for partnering with researchers to provide knowledge translation and transitioning from research to clinical. A strong DSM research program will provide more opportunities for researchers and research funding in MB.

DSM C.7: Diagnostics Procurement and Contract Management

Current State:
DSM Procurement (DSMP) provides cradle to grave contract/procurement services for all capital and service agreements and contracting services for consumable items. Utilizing industry best practices for competitive bidding in the form of non-binding negotiated tendering has resulted in DSMP achieving savings in not only time and resources, but also cost savings and avoidances since 2013 totaling over $10 million dollars.

Future State/Direction: N/A

Barriers/Challenges to Achieving Future State: N/A

Planned Actions to Address in 2017/18:
Provincial Procurement Working Group
DSM, WRHA Logistic Services, Regional Health Authorities of Manitoba Provincial Procurement and CancerCare Manitoba have formed a Provincial Procurement Working Group (PPWG) which provides the efficiencies of a “virtual provincial procurement organization” while maintaining existing structures, policies and processes.

Transportation of Complex Health Care Products
DSM is developing a three phase approach to address issues related to The Transportation of Complex Health Care Products including: laboratory specimens, clinical supplies, mail and laundry. The project review will begin with Laboratory specimens and will address turnaround times, temperature and efficiency. Phase 1 Environmental Scan has been completed. Phase 2 Analysis and Recommendations will be scheduled for Fall 2016. Phase 3 Implementation is planned for Fall 2017.

Efficiencies to be Introduced:
- PPWG has realized provincial cost savings, cost avoidance and standardization and continues to be involved in various provincial opportunities.
- Transportation Project team will address and implement any efficiencies identified in each Phase of the Project, as appropriate.

Implications for other Health Authorities:
- PPWG will need all RHAs to commit to support contracting consistency and standardization, where applicable across the province.
- Transportation Project Phase 2 (Laboratory specimens) will be consulting with the RHAs for input into costing and possibilities for combined services.

6.5 Human Resources

DSM C.4: Academics, Education and Training

Current State:
DSM and its Board of Directors recognize the intrinsic relationship between education and training in health sciences, and excellence in the quality of patient care. In order to foster a culture of quality, and support a productive and motivated workforce, the pillars of a provincial program must include/be:
- Sustainable: Respond to the demands of today and adapt to the changing needs of the future.
- Effective: Provide a match between the education and training programs for the right skills in the right setting to consistently deliver quality diagnostic services across the province.
- Accessible: Work with our academic partners to ensure appropriate education, training, and continuing education programs are available to all disciplines within the diagnostic services’ professions.

In order to meet the sustainability goals of MHSAL to produce, recruit and retain “home grown” health care providers, DSM will continue to provide support to the University of Manitoba (UoM) undergraduate, graduate, post graduate and residency programs. DSM will continue to partner with other educational institutions such as Red River College and deliver clinical instruction to Medical Laboratory Technologists, Medical Radiation Technologists, Ultrasound Technologists, and Medical Laboratory Assistants. DSM will also continue to jointly manage with the Department of Pathology to deliver the Pathologists’ Assistants Master’s Degree Training Program.

Future State/Direction:
DSM recognizes the role that in-house training programs add to the provision of quality patient care in the health sciences and the overall effectiveness and job satisfaction for our staff as well as the need to keep up with technological changes and equipment.

Goals:
- Provide efficient and effective support to Undergraduate, Graduate, Post-Graduate and Resident programs of the UoM.
Work with Canadian educational institutions to provide cost effective training in specialty areas.
Implement a comprehensive program of staff training for both technical proficiency and competence.
Develop a leadership training program that adapts to identified needs.
Deliver efficient clinical training programs that leverage a variety of teaching methods and relate to future needs.

Barriers/Challenges to Achieving Future State:
Education and development funding are a continual challenge in all areas and for all professions. The UoM GFT (geographic full-time) agreements pose a specific challenge to DSM by creating a dual-matrix reporting structure for pathologists. As noted in DSM B.6 and in the “LEADS” framework, physicians are the key to leadership and change in the health system.

Planned Actions to Address in 2017/18:
Based on “The Leadership Challenge”1 and “Leads in a Caring Environment”2, DSM will:
- Develop a leadership program to address the learning and development needs of supervisors, managers, and directors to develop leaders of the future.
- Participate and support physician engagement and leadership programs in collaboration with other health and education programs.
- Coordinate DSM Academic Strategy with DSM Strategic Workforce Plan (see DSM C.6: Workforce Planning Strategy).

DSM will also:
- Continue to work with all education and training facilities and programs for clinical education and training.
- Support participation in a recognized accreditation program for the Pathology Assistants Program.
- Support the conduct of PhD Scientist internships: e.g. metabolics, genomics.

Efficiencies to be Introduced:
Successful education and training programs are the cornerstone of our strategic workforce plan by recruiting local graduates into targeted workforce gaps. Staffing vacancies or poorly developed staff competencies create additional costs and potential for error.

Implications for other Health Authorities:
Sustainable service delivery.

DSM C.6: Strategic Workforce Plan

Current State:
DSM has historically focused its detailed workforce plan on the major professional areas of Medical Laboratory Technologists (MLT) and Medical Radiation Technologists (MRT) and has been expanding this to include other professional categories such as Medical Laboratory Assistants (MLA).

Future State/Direction:
The Workforce Plan will include strategies to address current and future requirements in urban, rural and northern regions. Other essential elements of the Workforce Plan include the ability to adapt to new programs and locations and evolving technologies while coping with impending retirements.

Barriers/Challenges to Achieving Future State:
- Pathologist recruitment balancing general pathology needs with subspecialty needs
- Ultrasound Technologists (Sonographers)
- Genomic Scientists and Technologists

---

2 “Leads in a Caring Environment”: http://leadscollaborative.ca/site/home?nav=02
Planned Actions to Address in 2017/18:
DSM will continue to develop a detailed and strategic workforce plan for all diagnostic related professional categories:
- Physicians and Scientists
- Research and Academic component and “GFT” strategy
- MLT
- MRT
- Ultrasound
- Support staff
- Corporate staff
- PLIS
- RIS/PACS

Efficiencies to be Introduced:
A sustainable workforce with forward thinking succession planning, and planning for future technology changes requires a Strategic Workforce Plan that will minimize service disruptions, maintain quality and quantity of service, and reduce costs due to overtime or referring work out.

Implications for other Health Authorities:
Sustainable cost effective, quality services.

6.6 Quality and Patient Safety

**DSM C.1: Enterprise Risk Management**

Current State:
DSM previously identified accreditation as its number one Quality and Patient Safety priority. Accreditation remains a high priority for the organization, however, as accreditation is increasingly becoming more routine, focus is moving towards ensuring DSM operations maintain an “accreditation ready” state at all times, which means a continual focus and monitoring to ensure employees are in compliance with DSM quality system requirements – Accreditation has now become a normalized part of “business as usual”.

While there are some risk management components in place for finance, procurement and quality, DSM does not have an organizational (Enterprise-Wide) risk management plan.

Future State/Direction:
Accreditation:
- The main focus of DSM’s quality management system has been to ensure quality test results and quality diagnostic images. The DSM Board of Directors, through the DSM Quality and Patient Safety sub-committee will be stressing more focus and system improvements around patient safety, specifically where direct contact occurs between patients and DSM employees, either physically or through the provision of information.
- DSM is leading, along with three other western provinces, a review and assessment of accreditation options to address many of the identified weaknesses and gaps shared in common.
- Several significant areas identified during the last accreditation visit by the College of American Pathologists (CAP) are currently under review and may have potential funding impact:
  - **Patient Identification**: This relates to transfusion medicine and has been identified as a deficiency at DSM as well as CBS. In summary, the TM programs are required to utilize a mechanical barrier system or an electronic identification verification system that ensures the patient, from whom a pre-transfusion sample was collected, is the same patient who is transfused. Several options are being explored. There are no current cost estimates on implementing an electronic bar code system.
  - **Personnel Accreditation Records**: This relates to the requirement to provide CAP (and MANQAP)
inspectors with verification that employees meet required technical and legal requirements for their jobs. This includes being able to provide information such as current licenses, job descriptions, PHIA training, safety training, technical training and ongoing competence assessment. To date DSM has used a centralized paper based system which was identified as deficient in being able to provide up to date records in a timely manner. DSM is exploring an IT solution with Manitoba e-Health and an assessment is currently underway. No current estimates on costing are available at this time.

- **Validation**: This relates to a CAP requirement to perform ongoing verification of validation specific parameters. In chemistry this requires purchasing of products sold by CAP (AMR Verification).

- **Non-permeable lab coats**: DSM’s lab coats have been found to be deficient according to the Occupational Safety and Health Administration standards. New lab coats are required to prevent biohazard and chemical materials from permeating through existing lab coats used by DSM staff. No current estimates on costing are available at this time.

**Enterprise Risk Management:**
- In concert with the PAERM review, DSM will develop and implement an organization-wide approach to risk management in 2015/16.

**Barriers/Challenges to Achieving Future State:**
Operational day-to-day activities and priorities take precedence for time and energy. Risk management is seen as another “administrative” function and tends to be viewed as time consuming and may take away from operational priorities.

**Planned Actions to Address in 2017/18:**
Develop a risk management plan with key stakeholders within DSM with a view to integrating those areas that already have some risk management activities and identifying those that do not.

**Efficiencies to be Introduced:**
A risk management program will assist with day-to-day decision making.

**Implications for other Health Authorities:**
N/A
CORE SCHEDULES & NARRATIVES
## 2017/18 Health Plan - Schedule 1: Wage Cost Increases (in '000s)
### Diagnostic Services Manitoba

### PART 1
This schedule is designed to capture the different increases for non-medical wages in the region, based on the collective agreements that are applicable to the Health Plan year. Please note that MH requests costs based on actual positions to be entered versus the budgeted position in this section. Please provide a separate line for DSM staff if the information is available.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Support</td>
<td>6,351.7</td>
<td>109.4</td>
<td>64.6</td>
<td>65.3</td>
<td>6,461.0</td>
<td>6,525.6</td>
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<tr>
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<td>0.0</td>
<td>0.0</td>
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<td>0.0</td>
</tr>
<tr>
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<td>105,627.0</td>
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<tr>
<td>Maintenance and Trades</td>
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<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
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<td>14.5</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>2,208.6</strong></td>
<td><strong>1,135.2</strong></td>
<td><strong>1,146.6</strong></td>
<td><strong>113,522.8</strong></td>
<td><strong>114,658.0</strong></td>
</tr>
</tbody>
</table>

### Notes and Assumptions:
Please provide all percentage increases and assumptions used and please provide narrative that speaks to the high level drivers of each increase in each Bargaining Sector below.

#### Facility Support
Includes: DSM WRHA (SBH/Concordia/HSC/Churchill/SOGH/Victoria/Grace/Deer Lodge/Misericordia/Riverview/Mt. Carmel), DSM Rurals (IERHA, Northern, Southern, Prairie Mountain) and Westman. Contracted price increase of 2% has been applied, excluding directors and up. Contracts end March 31, 2018, therefore, for years 2018/19 and 2019/20 a price increase of 1% was applied, including directors and up.

#### Community Support

#### Professional Technical
Includes: DSM WRHA (SBH/Concordia/HSC/Churchill/SOGH/Victoria/Grace/Deer Lodge/Misericordia/Riverview/Mt. Carmel/Lab Scientists), DSM Rurals (IERHA, Northern, Southern, Prairie Mountain) and Westman. Contracted price increase of 2% has been applied. Contracts end March 31, 2018, therefore, for years 2018/19 and 2019/20 a price increase of 1% was applied.

#### Nurses

#### Maintenance and Trades
PART 2
This section captures the information presented above into the different Health Care sectors. Please provide only the increases that relate to the 2017/18 year and ensure that this the information balances to the 2017/18 increase presented above.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute Care</td>
</tr>
<tr>
<td>Facility Support</td>
<td>109.4</td>
</tr>
<tr>
<td>Community Support</td>
<td>0.0</td>
</tr>
<tr>
<td>Professional Technical</td>
<td>2,071.1</td>
</tr>
<tr>
<td>Nurses</td>
<td>0.0</td>
</tr>
<tr>
<td>Maintenance and Trades</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>28.1</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,208.6</strong></td>
</tr>
</tbody>
</table>

PART 3
This section captures information regarding actual costs and Full Time Equivalent (FTE) staff and budgeted information. Please note that the Actual $ column should match your totals in Part 1.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual $</td>
</tr>
<tr>
<td>Facility Support</td>
<td>6,461.0</td>
</tr>
<tr>
<td>Community Support</td>
<td>0.0</td>
</tr>
<tr>
<td>Professional Technical</td>
<td>105,627.0</td>
</tr>
<tr>
<td>Nurses</td>
<td>0.0</td>
</tr>
<tr>
<td>Maintenance and Trades</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>1,434.8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>0.0</strong></td>
</tr>
</tbody>
</table>
This template should contain the requested increase to sustain the current health delivery system for issues beyond price but related to population growth, aging population, increased incidence of obesity and chronic diseases, technology, innovation, and the impact of more personnel performing health care services. It addresses current volume but does not address emerging volume trends. Its scope does not include unique programmatic enhancement or annualization of previously approved projects.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actualls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Care</td>
<td>160,914.7</td>
<td>2,116.0</td>
<td>163,030.6</td>
<td>445.4</td>
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<tr>
<td>Long Term Care</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Home Care</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Community and Mental Health</td>
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<td>0.0</td>
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<td>0.0</td>
</tr>
<tr>
<td>EMS and Land Ambulance</td>
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<tr>
<td>Other</td>
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<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>160,914.7</td>
<td>2,116.0</td>
<td>163,030.6</td>
<td>445.4</td>
</tr>
</tbody>
</table>

**Notes and Assumptions:**
Please provide all percentage increases used and please provide narrative that speaks to the high level drivers of each increase.

**Acute Care Operations Compensation volume only. No volume pressures have been applied based on the current trending, except for $967k for the annualization of the MRI costs for Selkirk and Dauphin as presented on Schedule 5. The above volume pressures do not include the impacts as a result of the new Selkirk and Dauphin Hospital builds/expansions.**

**Staffing:**
No volume pressures have been applied based on the current trending, except for $967k for the annualization of the MRI costs for Selkirk and Dauphin as presented on Schedule 5. The above volume pressures do not include the impacts as a result of the new Selkirk and Dauphin Hospital builds/expansions.
<table>
<thead>
<tr>
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<td>PRINTING, STATIONERY AND OFFICE SUPPLIES</td>
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<tr>
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</tr>
<tr>
<td>ORGANIZATION</td>
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<tr>
<td>CONTRACTED FROM AN AFFILIATED HEALTH SERVICE</td>
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</tr>
<tr>
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<td>-84.0</td>
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<tr>
<td>Recoveries from Federal Govt &amp; Third Parties</td>
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<td>-3,162.8</td>
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<tr>
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<td>-6,344.4</td>
<td>0.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>49,600.6</td>
<td>1,118.2</td>
<td>50,718.8</td>
<td>1,123.4</td>
</tr>
</tbody>
</table>
This next section should balance to the figures presented above. The information is requested in the format below to get an idea of where the costs are across the five sectors of Health.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Base</td>
<td>Increase/</td>
<td>Base</td>
<td>Increase/</td>
</tr>
<tr>
<td>Acute Care</td>
<td>49,600.6</td>
<td>1,118.2</td>
<td>50,718.8</td>
<td>1,123.4</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Home Care</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Community &amp; Mental Health</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Emergency Response &amp; Transportation</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TOTAL (should match totals in above table)</td>
<td>49,600.6</td>
<td>1,118.2</td>
<td>50,718.8</td>
<td>1,123.4</td>
</tr>
</tbody>
</table>

**Notes and Assumptions:**
Please provide all percentage increases used and please provide narrative that speaks to the high level drivers of each increase.

**Acute Care**
Supplies - for F17/18, F18/19, F19/20: Overall average: 2.0% price increase in Clinical laboratory, imaging supplies line and other consumable supplies. Estimated increase of 7% on Equipment Service Contracts for F17/18, F18/19, and F19/20. The above supply pressures do not include an increases as a result of the new Selkirk & Dauphin Hospital builds/expansions.

**Long Term Care**

**Home Care**

**Community and Mental Health**

**Emergency Response & Transportation**


SUPPLY MIS CODE

(Not Submitted)
DRUG INCREASES
(Not Applicable)
This template captures the operating and medical information of the capital projects which have been approved by Manitoba Health. Please provide the listing of the projects which begin operations in 2017/18. Please note that Manitoba Health will review this list and will advise further of which projects will require completion of the comprehensive Capital Operating template.

<table>
<thead>
<tr>
<th>Project #</th>
<th>Project Title</th>
<th>Description</th>
<th>Opening Date</th>
<th>Operating</th>
<th>Medical</th>
<th>Total</th>
<th>2016/17 Estimated Annual Requirements</th>
<th>One Time Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI</td>
<td>Dauphin MRI</td>
<td>Staffing (1 Sr Tech, 2 GDT’s, 1.50)</td>
<td>16-Apr-17</td>
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<td>435,690.0</td>
<td>102,330.0</td>
<td>9,317.0</td>
<td>4,259.0</td>
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<tr>
<td>MRI</td>
<td>Dauphin MRI</td>
<td>Transcript/Clerical/Secretary</td>
<td>16-Apr-17</td>
<td>20,077.0</td>
<td>20,077.0</td>
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<tr>
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<td>Dauphin MRI</td>
<td>Supplies - Medical and Surgical</td>
<td>16-Apr-17</td>
<td>113,897.0</td>
<td>113,897.0</td>
<td>9,491.0</td>
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<tr>
<td>MRI</td>
<td>Dauphin MRI</td>
<td>Supplies - Medical Imaging</td>
<td>16-Apr-17</td>
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<td>69,531.0</td>
<td>5,794.0</td>
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<td>MRI</td>
<td>Dauphin MRI</td>
<td>Supplies General</td>
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<td>9,551.0</td>
<td>3,184.0</td>
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<td>Dauphin MRI</td>
<td>Printing, Stationary and Office Supplies</td>
<td>16-Apr-17</td>
<td>828.0</td>
<td>828.0</td>
<td>69.0</td>
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<td>MRI</td>
<td>Dauphin MRI</td>
<td>Travel/Development</td>
<td>16-Apr-17</td>
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<td>Dauphin MRI</td>
<td>ICT Operating (Bandwidth/licensing/support)</td>
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<td>MRI</td>
<td>Dauphin MRI</td>
<td>Telephone</td>
<td>16-Apr-17</td>
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<td>5,519.0</td>
<td>920.0</td>
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<td>Dauphin MRI</td>
<td>Purchased Salaries (1.20 FTE from Region)</td>
<td>16-Apr-17</td>
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<td>78,440.0</td>
<td>19,711.0</td>
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<td>MRI</td>
<td>Dauphin MRI</td>
<td>Recruitment costs</td>
<td>16-Apr-17</td>
<td>22,500.0</td>
<td>22,500.0</td>
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<tr>
<td>MRI2</td>
<td>Selkirk MRI</td>
<td>Staffing (4.3 GD MRI Tech, 1 Srn MRI Tech, 2.9)</td>
<td>16-Apr-17</td>
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<td>671,353.0</td>
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<tr>
<td>MRI2</td>
<td>Selkirk MRI</td>
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<tr>
<td>MRI2</td>
<td>Selkirk MRI</td>
<td>Supplies - Medical and Surgical</td>
<td>16-Apr-17</td>
<td>189,829.0</td>
<td>189,829.0</td>
<td>15,819.0</td>
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<tr>
<td>MRI2</td>
<td>Selkirk MRI</td>
<td>Supplies - Medical Imaging</td>
<td>16-Apr-17</td>
<td>5,519.0</td>
<td>5,519.0</td>
<td>920.0</td>
<td></td>
<td></td>
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<tr>
<td>MRI2</td>
<td>Selkirk MRI</td>
<td>Departmental Sundry</td>
<td>16-Apr-17</td>
<td>19,101.0</td>
<td>19,101.0</td>
<td>6,367.0</td>
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<tr>
<td>MRI2</td>
<td>Selkirk MRI</td>
<td>Printing, Stationery and Office Supplies</td>
<td>16-Apr-17</td>
<td>828.0</td>
<td>828.0</td>
<td>69.0</td>
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<td></td>
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<td>MRI2</td>
<td>Selkirk MRI</td>
<td>Supplies - Housekeeping</td>
<td>16-Apr-17</td>
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<td>3,000.0</td>
<td>3,000.0</td>
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<td>MRI2</td>
<td>Selkirk MRI</td>
<td>Supplies - Education</td>
<td>16-Apr-17</td>
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<td>2,759.0</td>
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<td>MRI2</td>
<td>Selkirk MRI</td>
<td>Travel Expense - Service Recipient</td>
<td>16-Apr-17</td>
<td>115,885.0</td>
<td>115,885.0</td>
<td>9,657.0</td>
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</table>

**TOTAL**

1,914,231.0 | 0.0 | 1,914,231.0 | 275,852.0 | 42,211.0

**Notes:**
MB Health has already approved the capital costs associated with these two projects. A funding letter has not yet been received from MB Health for the related Operating Costs which are included here in Schedule 5. and also in Schedule 2. Dauphin and Selkirk MRI anticipated to open April 16, 2017. In order to open, some staff are required to be hired and trained and supplies/equipment set up in 2016/17. Costs are estimated assuming hours of operations for Selkirk of 8:30 to 24:00 monday to friday and 8:00 to 16:00 on weekends and for Dauphin of 8:00 to 16:00 monday to friday. The set up of the MRI units are anticipated to free up wait times for rural patients and space in WRHA facilities. Annualized costs for the 17/18 year have been incorporated into Schedule 2

Misericordia is submitting capital operating related to their Dialysis Project. Misericordia operating costs include $130,269 in costs for related laboratory services: Staffing $ 47,825 Supplies $48,277, Equipment Maintenance $2,600, Equipment $31,567. Estimates are based on the following assumptions: Service to be provided evenings, weekends and stat holidays. Staffing requirements are 0.56 MLT at second from top rate of pay, 19.6% Pension and Benefits. Volume = 60 patients. Purchase of an iStat Analyzer and Pochi Analyzer. Note the most recently ratified union contract increases have not been reflected yet in these numbers. This would add approximately $956 in additional costs.

PMH is submitting capital renovation costs to upgrade the XRay imaging facilities at 19 Sites in PMH South as well the lab facilities at Neepawa, Glenboro, Killamey, Russell, Treherne and Ste Rose. Dollar estimates were not provided to DSM by PMH.
MANITOBA E-HEALTH PRICE & VOLUME INCREASES (Not Applicable)
MANITOBA
E-HEALTH
PROVINCIAL
PERSPECTIVE
(Not Applicable)
## 2017/18 Health Plan - Schedule 7: DSM Price and Volume Increases (in '000s)

### Diagnostic Services Manitoba

This template is intended to capture all the price and volume costs that DSM forecasts for 2017/18. Please note that there may be further items that DSM may wish to include in addition to the items listed below.

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>2016/17 Base</th>
<th>2017/18 Estimated Increase/ (Decrease)</th>
<th>Total Base</th>
<th>2018/19 Estimated Increase/ (Decrease)</th>
<th>Total Base</th>
<th>2019/20 Estimated Increase/ (Decrease)</th>
<th>Total Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>10,337.6</td>
<td>175.7</td>
<td>11,208.9</td>
<td>179.2</td>
<td>11,388.1</td>
<td>182.8</td>
<td>11,570.9</td>
</tr>
<tr>
<td>Other Corporate Expenses</td>
<td>5,633.8</td>
<td>17.0</td>
<td>5,650.8</td>
<td>5,650.8</td>
<td>5,650.8</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Westman Lab</td>
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<td>-</td>
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<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lab Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Diagnostic Services</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>One Time recoveries</td>
<td>(1,041.7)</td>
<td>-</td>
<td>(1,041.7)</td>
<td>(1,041.7)</td>
<td>(1,041.7)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Recoveries from Federal Gov't &amp; Third Parties</td>
<td>(783.5)</td>
<td>-</td>
<td>(783.5)</td>
<td>(783.5)</td>
<td>(783.5)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Internal Recoveries</td>
<td>(2,367.1)</td>
<td>-</td>
<td>(2,367.1)</td>
<td>(2,367.1)</td>
<td>(2,367.1)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>11,779.1</td>
<td>175.7</td>
<td>712.7</td>
<td>12,667.5</td>
<td>179.2</td>
<td>-</td>
<td>12,846.7</td>
</tr>
</tbody>
</table>

### Notes and Assumptions:

Please provide all percentage increases used and please provide narrative that speaks to the high level drivers of each increase.

Westman Lab is included in "Operations" in Schedules 1, 2, 3 and 8 along with the DSM Operational costs related to services provided to WRHA, IERHA, Southern, Prairie and Northern. The numbers presented here are for DSM Corporate only.

17/18 staffing cost of $175.7k represents an assumed 2% cola increase for non-union related support staff and 1% cola for all other staff. The $695.7k relates to on-going training in lab and imaging to DSM staff (estimating 8.75 to cover all disciplines including X-Ray and Ultrasound).

17/18 Other Corporate expense of $17k reflects upgrade of current patient specimen transport containers so that DSM meets the required Transport Canada Legislation and expected to be an on-going cost to meet legislative requirement.
### 2018/2019 Estimated Increase/(Decrease)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and Benefits</td>
<td>10,337.6</td>
<td>175.7</td>
<td>695.7</td>
<td>11,208.9</td>
<td>179.2</td>
</tr>
<tr>
<td>Other Corporate Expenses</td>
<td>1,441.5</td>
<td>17.0</td>
<td>1,458.5</td>
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<tr>
<td>Westman Lab</td>
<td>14,640.6</td>
<td>260.0</td>
<td>-</td>
<td>14,900.7</td>
<td>173.6</td>
</tr>
<tr>
<td>Lab Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>WRHA Salaries</td>
<td>52,786.9</td>
<td>1,048.1</td>
<td>53,835.1</td>
<td>538.4</td>
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<tr>
<td>WRHA Other</td>
<td>28,462.5</td>
<td>558.7</td>
<td>317.0</td>
<td>29,338.2</td>
<td>577.8</td>
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<td>Northern Salaries</td>
<td>10,135.1</td>
<td>200.2</td>
<td>-</td>
<td>10,335.3</td>
<td>103.4</td>
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<tr>
<td>Northern Other</td>
<td>3,781.9</td>
<td>121.6</td>
<td>58.4</td>
<td>3,961.9</td>
<td>128.2</td>
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<tr>
<td>Southern Salaries</td>
<td>13,645.4</td>
<td>270.4</td>
<td>-</td>
<td>13,915.8</td>
<td>139.2</td>
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<tr>
<td>Southern Other</td>
<td>4,476.0</td>
<td>150.0</td>
<td>30.7</td>
<td>4,656.7</td>
<td>159.9</td>
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<tr>
<td>Prairie Mountain Salaries</td>
<td>14,976.8</td>
<td>297.0</td>
<td>-</td>
<td>15,273.8</td>
<td>152.7</td>
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<tr>
<td>Prairie Mountain Other</td>
<td>4,319.7</td>
<td>127.0</td>
<td>-</td>
<td>5,195.8</td>
<td>91.2</td>
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<td>Interlake Salaries</td>
<td>10,642.1</td>
<td>210.3</td>
<td>-</td>
<td>10,852.4</td>
<td>108.5</td>
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<td>Interlake Other</td>
<td>3,047.6</td>
<td>83.4</td>
<td>958.1</td>
<td>4,089.2</td>
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<td><strong>TOTAL</strong></td>
<td>172,693.9</td>
<td>3,502.5</td>
<td>2,828.6</td>
<td>179,025.0</td>
<td>2,437.8</td>
</tr>
</tbody>
</table>

### Notes and Assumptions:

Please provide all percentage increases used and please provide narrative that speaks to the high level drivers of each increase.

Salary price increase for all regions: DSM WRHA (SBH/Concordia/HSC/Churchill/SOGH/Victoria/Deere Lodge/Misericordia/RiverviewMt. Carmel/Lab Scientists) and DSM Rurals (IERHA, Northern, Southern, Prairie Mountain). For 17/18 Contracted price increase of 2% has been applied, excluding directors and up. Contracts end March 31, 2018, therefore, for years 2018/19 and 2019/20 a price increase of 1% was applied, including directors and up.

RHAs' Other are non-compensation costs, net of recoveries

WRHA: Assumed an overall 0.4% volume growth. Assumed an overall 2.0% price pressure for consumables and equipment.

SH-SS: Assumed an overall 3.3% volume growth. Assumed an overall 2.8% price pressure for consumables and equipment. Also includes $1,041k costs for Selkirk MRI in 2017/18. The supply and staffing pressures do not include potential impacts as a result of the new Selkirk Hospital build/expansion.

PMH: Assumed an overall 0.0% volume growth. Assumed an overall 2.96% price pressure for consumables and equipment. Also includes $872k costs for Dauphin MRI in 2017/18.

Misericordia is submitting capital operating related to their Dialysis Project. Misericordia operating costs include $130,269 for related laboratory services: Staffing $47,825 Supplies $48,277, Equipment Maintenance $2,600, Equipment $31,567. Estimates are based on the following assumptions: Service to be provided evenings, weekends and stat holidays. Staffing requirements are 0.56 MLT at second from top rate of pay, 19.5% Pension and Benefits. Volume = 60 patients. Purchase of an iStat Analyzer and Pochi Analyzer. Note the most recently ratified union contract increases have not been reflected yet in these numbers. This would add approximately $956 in additional costs.
This schedule captures the 2017/18 in year pressures, operating deficits and surpluses at a high level. For 2017/18, please start with the 2016/17 global funding level to your region and apply the target % increase as previously communicated.

<table>
<thead>
<tr>
<th>HEALTH CARE SECTOR</th>
<th>2016/17 Funding</th>
<th>2017/18 Forecast</th>
<th>Deficit/(Surplus)</th>
<th>Notes</th>
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</thead>
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<tr>
<td>ACUTE CARE:</td>
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<tr>
<td>Confirmed Funding for 15/16</td>
<td>168,516.2</td>
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<td>(168,516.2)</td>
<td>This reflects DSM as a whole - Corporate, Westman Lab, Regional Lab and Imaging. The only funding excluded is Medical Remuneration</td>
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<tr>
<td>Anticipated 16/17 1% increase</td>
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<td></td>
<td>(1,685.2)</td>
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<tr>
<td>Anticipated 17/18 1% increase</td>
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<td>(1,702.0)</td>
<td>(1,702.0)</td>
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<tr>
<td>Projected Costs</td>
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<tr>
<td>Total Acute Care</td>
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<td>177,322.9</td>
<td>7,121.6</td>
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<td>LONG TERM CARE:</td>
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<tr>
<td>Total Long Term Care</td>
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<td>HOME CARE SECTOR:</td>
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<tr>
<td>Total Home Care</td>
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<tr>
<td>COMMUNITY AND MENTAL HEALTH</td>
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<td>Total Community and Mental Health</td>
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<tr>
<td>EMERGENCY AND LAND AMBULANCE:</td>
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</tbody>
</table>
This schedule captures the 2017/18 in year pressures, operating deficits and surpluses at a high level. For 2017/18, please start with the 2016/17 global funding level to your region and apply the target % increase as previously communicated.

<table>
<thead>
<tr>
<th>HEALTH CARE SECTOR</th>
<th>2016/17 Funding</th>
<th>2017/18 Forecast</th>
<th>Deficit/ (Surplus)</th>
<th>Notes</th>
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<tbody>
<tr>
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<tr>
<td>Total Emergency and Land</td>
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<tr>
<td>Ambulance</td>
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</table>
This schedule captures the Medical Remuneration position volume requirements for 2017/18. The information included in this schedule should not be for positions related to new programs (i.e. capital operating requirements), but for existing programs where there is a volume pressure or change in need at the region. Please ensure that all pertinent information for each position listed is captured in the notes section below.

<table>
<thead>
<tr>
<th>Position Title</th>
<th>DMb Agreement #</th>
<th>FTE</th>
<th>Rate</th>
<th>Benefits %</th>
<th>Total Compensation</th>
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</thead>
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Notes:

This schedule, per the HP Guide, is to reflect volume requirements. It does not reflect price pressure. The Docs MB Agreement provides for a 1.97% increase April 1, 2016; 1.93% increase April 1, 2017; 1.89% increase April 1, 2018. There are no volume pressures anticipated for 2017/18.
AFM PRICE & VOLUME INCREASES
(Not Applicable)
SAFETY & SECURITY
<table>
<thead>
<tr>
<th><strong>SAFETY AND SECURITY IMPACT SCHEDULE</strong></th>
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<tr>
<td><strong>Health</strong></td>
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<td><strong>Proposed management plan for mitigation service/program</strong></td>
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<td><strong>Implications for other RHAs arising from expected service/program</strong></td>
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### SAFETY AND SECURITY IMPACT SCHEDULE - SUMMARY

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<th>Project Description</th>
<th>Estimate Cost</th>
<th>Impact Cost</th>
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<tr>
<td>1</td>
<td>All DSM facilities</td>
<td>Transportation of Dangerous Goods Container Upgrade</td>
<td>Upgrade the current patient specimen transport containers so that DSM meets the required Transport Canada Legislation (TDG Act/Regulations)</td>
<td>$17,000</td>
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Summary: (1 project)
CAPITAL PLANNING:
HEALTH –
MAJOR CAPITAL
PROJECTS
### GENERAL INFORMATION

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<tr>
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<tr>
<td>Author:</td>
<td>Petr Kestra</td>
</tr>
<tr>
<td>Date (yyyy/mm/dd):</td>
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<tr>
<td>Contact Person:</td>
<td>Petr Kestra</td>
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<tr>
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<tr>
<td>Contact Email:</td>
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<td>New Initiatives Title:</td>
<td>Renovations to Lab and XRay in PMH</td>
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<tr>
<td>Facility:</td>
<td>Prairie Mountain Health Lab and XRay</td>
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<tr>
<td>Location:</td>
<td>DSM received notification from PMH that PMH was including capital costs for the following - within their 2017/18 Health Plan Submission. It is being included here, within the DSM HP submission as a cross reference only. Financial Impact was not provided by PMH at the time of submitting the HP. PMH and DSM determined that the following sites were the top priority for Lab Renovations: Killarney, Russell, Glenboro, Treherne, Neepawa for the south and Ste Rose for the north. PMH capital planning assisted with this review as well as DSM Safety and Health /Quality Internal Audits were completed. The overall review for the PMH –South sites was provided by Chris Couling . PMH North (Jason Gibbs) is working on adding to this so we will have a compiled status of all sites. There are 19 XRay Sites identified as “in-need” of repair/renovation. Priorities and timelines for repair have not yet been established.</td>
</tr>
<tr>
<td>Project Summary:</td>
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</table>

### DESCRIPTION / BACKGROUND

**Description of Service Context:** XRay

**Activity Analysis:**

**Assessment of Existing Infrastructure:** Components of existing infrastructure in poor condition. Examples include: Millwork degradation, work space too small for work demand, humidity concerns, ground fault electrical concerns, air conditioning required, poor lighting, flooring lifting, etc.

**Project Description:** Renovation

**Factors Driving Capital Needs:** Work conditions not suitable for work load or in some instances do not meet requirements for employee safety and/or proper equipment maintenance

**Program Description:**

- [ ] New Service or Program
- [ ] Expanded Service or Program
- [X] Unchanged Service or Program
- [ ] Other

### SUPPORTING EVIDENCE

Consultation and investigation process that has resulted in the capital project request:

- **Community Consultation**
- **Provider Consultation** Yes
- **User Groups** Yes
- **Other Regional Health Authorities**
- **Provincial Priorities**

**Anticipated Outcomes:**

**Strategic Priorities of the Health Organization:**
**UTILIZATION IMPLICATION**

**Will project have expected service/program utilization interruptions during construction?**

If yes, explain: See PMH Health Plan

---

**FINANCIAL REQUIREMENTS**

<table>
<thead>
<tr>
<th>Projected Costs: ($)</th>
<th>Funding Sources: ($)</th>
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<td>Demolition: $0</td>
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**Capital Operating Costs**

<table>
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<tr>
<th>Cost Centre</th>
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<tbody>
<tr>
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<td>Lease Payment</td>
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</table>

**Comment-Year 1:** No cost estimates were provided to DSM. Please see PMH Health Plan

---

**RISK ASSESSMENT**

Examine and document both the probability of a critical incident, as well as the consequences, associated with not proceeding with the project in the subject areas identified below:

- [ ] Human Resources
- [ ] Health and Safety
- [ ] Environment
- [ ] Governance
- [ ] Financial
- [ ] Legal
- [ ] Other
**GENERAL INFORMATION**

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<tr>
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<td>Paul Penner, updated by Petr Kresta</td>
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**New Initiatives Title:** TGH Diagnostics Renovation

**Facility:** Thompson General Hospital

**Location:** Thompson

**Project Summary:** Facility Renovation to Upgrade and enlarge Diagnostic Services at the Thompson General Hospital. This Capital Project is also included in Northern HA health plan.

---

**DESCRIPTION / BACKGROUND**

The laboratory department at Thompson General Hospital has not received any serious renovation since the hospital was built in 1961. Since 1961, expansion of several programs have directly impacted the service level expectations of the laboratory. The existing space over the years has had to accommodate growth of staff and equipment expansion to meet the requirements of technology advancements as well as external program expansions.

The number of tests being performed has increased 240% from 354,000 tests in 2003 to more than 867,000 in 2014/15. The lab and imaging departments endure several challenges with space that are specifically patient focused; congested waiting areas, lack of privacy for registration and the obvious lack of wheelchair accessibility in areas such as phlebotomy services. The laboratory in particular is unable to facilitate new projects such as Traceline or potential implementation of rapid TB testing impacting patient access within the Region.

Diagnostic Services Technologists face challenges that includes air quality issues, temperature/humidity issues (impacting their ability to provide results/service as equipment shut down occurs), poor lighting (impacting interpretation of manual results such as microbiology), poor ergonomics, crowded-work space areas, as well as a number of workplace safety and health issues. Overall the laboratory and imaging departments are antiquated and require renovation in order to operate efficiently and continue to meet service needs of NRHA/DSM.

The DI Department at Thompson General Hospital has received a recent renovation due to equipment replacement in 2013. Changing technologies and demand have impacted the space utilization of the department significantly. Over recent years the DI program has increased exam volumes by 30%, adding Ultrasound, CT, C-Arm and Mammography to the space. Stretcher and wheelchair accessibility pose a significant challenge as well as impact the efficient utilization of our equipment. Only one of the two radiology suites have easy patient access via wheelchair and stretcher. This poses challenges when multiple trauma patients are received at once.

In addition, our ultrasound rooms only have one room that is wheelchair and stretcher accessible causing efficiency challenge if both patients presenting for a scan are in a wheelchair or stretcher. Even though the one ultrasound room has access for wheelchair/stretcher patients the space available is limited creating difficult patient manoeuvring. There is further risk in the event a patient is scanned in the room that is non-wheelchair accessible and the patient is at risk to walk (example ectopic pregnancy is founded) and the technologist is unable to transport the patient via wheelchair or stretcher. This is considered a significant patient safety issue. In the ultrasound area, there is no designated washroom for patients that is wheelchair accessible also. This ultrasound area requires renovation to aid in the recruitment and retention of staff which is a significant challenge in the North.
Test volumes have increased 240% from 354,000 tests in 2003 to more than 867,000 tests in 2014/15.

The Thompson General Hospital Laboratory provides Chemistry, Hematology, Microbiology and Transfusion Medicine services to several programs within the Northern Regional Health Authority as well as several outlying First Nations Communities. The Thompson General Hospital Laboratory is known as the “hub laboratory” of Northern Manitoba.

In order to meet standards for accreditation and to meet the required demands it is necessary for a lab expansion as the size of equipment that is required grows and we are now in a state of limitation of implementing required equipment due to space. In 2013 the Chemistry department expanded from 2 analyzers to 4 to meet provincial testing standardization. This expansion has impacted the space severely. The transfusion medicine department of this laboratory is in dire need of renovation in order to facilitate the Traceline project being rolled out by Canadian Blood Services. This project is of great significance relating to patient safety and standards within transfusion medicine services. Without renovation, Thompson will not be able to facilitate this patient safety project. In addition limited space in Microbiology inhibits the ability to introduce further testing such as Rapid TB testing as there just is not the space. Without renovation there are impacts to patient access and within a Region with significant disparities.

### Activity Analysis:

The Diagnostic Imaging Department provides CT, Ultrasound, Mammography, C-Arm, as well as General Radiography including Fluoroscopy.

The Burntwood RHA birth rate is twice that of the provincial statistic - 23.8 births per 1000 residents as compared to the provincial birthrate of 11.6 births per 1000 residents. This is a significant factor for ultrasound demand for timely access to meet standard practice care guidelines for Obstetrics.

The high burden of illness within the Region continues to drive the rising demand of Diagnostic Services. Statistically Burntwood Region experiences higher rates of hospitalization. High prevalence of diabetes, obesity, high blood pressure, heart disease, tuberculosis, sexually transmitted infections and stroke also impact the demand for both Laboratory and Diagnostic Imaging Services for diagnosis and treatment. Provincially the trend of diagnostic testing demands continues to rise approximately 5-8% per year. At times the Northern Regional Health Authority has experienced higher percentage increases which can be linked to the burden of illness.

### Assessment of Existing Infrastructure:

The physical layout of the current space is congested and is an inefficient utilization of space. It is evident the increase of service demands has compelled the advancement of the department to a level of growth whereby it has outgrown the original design and functional deficiencies are apparent.

Technologists face challenges including poor air quality, fluctuating temperature/humidity levels (impacting their ability to provide results/service as equipment shut down occurs), poor lighting (impacting interpretation of manual results such as microbiology and eye strain), poor ergonomics, overall crowded-work space areas, as well as a number of workplace safety and health issues due to inadequate storage availability. Overall the laboratory and DI is antiquated and requires renovation in order to operate efficiently and continue to meet service needs of NRHA/DSM

### Project Description:

Expansion of Diagnostic Services as a whole. The project would consist of an expansion/renovation to the existing Diagnostic Services to provide additional space of approximately 1900 sq. ft. The entire Diagnostic Services work space would require reconfiguration to develop a more functional diagnostics area, promoting patient safety, confidentiality, wheel chair/stretcher accessibility, supply/document storage, continuing education/meeting area with telehealth access, and adequate office space. All areas of Diagnostics will need to be examined; Microbiology, Chemistry, Hematology, Transfusion Medicine, Specimen Accesioning, Clerical/Reception Area, Patient Change Areas/Washrooms, Ultrasound, Mammography, CT, Radiology and ECG/EEG/Cardiology.

### Factors Driving Capital Needs:

The current design and existing space is inadequate, while the demands continue to accelerate. Testing requirements will continue to rise due to technological advancements and improved quality care standards for patient care. In order for the laboratory to sustain the expanded workload, redevelopment is necessary as the department cannot accommodate further growth. Project implementation would provide a suitable productive work environment, creating an overall efficiency in imaging and laboratory functions. Several areas require immediate attention for safety reasons. Due to significant recruitment challenges for technologists across the nation, even more problematic for Northern sites, favorable working conditions are fundamental, in promoting recruitment and retention related to physicians as well as technologist.

### Program Description:

- [x] New Service or Program
- [x] Expanded Service or Program

MRI is planned for Thompson

New diagnostic services and technologies are being employed.
Unchanged Service or Program

Original diagnostic services remain and can be consolidated

SUPPORTING EVIDENCE

Consultation and investigation process that has resulted in the capital project request:

- Community Consultation x
- Provider Consultation x
- User Groups
- Other Regional Health Authorities x
- Provincial Priorities x

Anticipated Outcomes:

Strategic Priorities of the Health Organization:
- Quality, Accessibility, Efficiency & Effectiveness:
  - Congruent with regional programs/services planning, regional resources planning (human & fiscal), regional health infrastructure planning.
  - Regional long term plan for timely access for quality health services.
  - Regional mission statement, stating there will be timely return to optimal health from acute illness.
  - Regional strategy to continuously improve resources and facility utility.
  - Overall strategy to renovate or replace facilities that have serious structural or program limitations.

UTILIZATION IMPLICATION

Will project have expected service/program utilization interruptions during construction?

If yes, explain: West wall of Microbiology Lab would be removed in the construction. Because of the small confines of the Microbiology lab in Thompson Hospital, it will be extremely difficult to operate the lab during construction phases. During demolition phases in the project affecting the Microbiology lab, the Microbiology lab will have to be closed. Subsequently when new Microbiology lab facilities are completed, relocation of the Microbiology lab can occur.

The chemistry, hematology, and specimen accessioning lab portions will be enlarged into the exiting hallway and Microbiology lab space. This will provide suitable working space for lab work functions, storage, safe material storage, handling specimen materials and associated logistics. Due to the extreme condensation of lab functions in the current space (crowding), construction work will affect services.

Ultrasound would need to be relocated to an alternate space within the facility. Mammography would not be available during the renovation of that specific area. In planning it would be suggested that a new Mammography area be identified and relocated. Current CT space is adequate and no CT impact would be felt; however planning would need to consider ability to accommodate CT renovations in the future with respect to space management.

Radiology would maintain service, however there may be times only one suite would be available for patient care.

A systematic management plan will see the development of Microbiology facilities in a newly constructed laboratory space. A planned move to occur on an overnight basis would follow, relocating the micro lab to its new location. A similar approach would be incorporated for Mammography.

While reconstructing the chemistry / serology lab, portions of vacated space being made available for development would be used on completion to move lab materials and equipment into. This would, section by section provide space to continue renovation work without stopping lab functionality. This would then be a phased approach for the chemistry / serology lab.

Ultrasound facilities could be relocated upon completion of new facility space, leaving behind space which would then be available for renovation. Finally office space (newly) constructed could then be moved into.

There may be times of short duration where lab functions will be impaired. This could result in some requisitioned tests on a non emergency nature being delayed or even being deferred to another lab location. Overall it is expected that this type of situation would only occur on a very limited basis. All stat tests ordered in Thompson would be completed using backup equipment in the case of short unavailabilities of equipment during the move.

In the planning of functional equipment relocation, contingency planning in the form of contacting other lab locations and determining their ability to provide some backup services in the event backup were to fail during one of move / relocations.
### FINANCIAL REQUIREMENTS

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### Capital Operating Costs

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**Comment-Year 1:** Costs to be included with the Northern HA Capital Project submission for renovation of TGH.

### RISK ASSESSMENT

Examine and document both the probability of a critical incident, as well as the consequences, associated with not proceeding with the project in the subject areas identified below:

- **Human Resources**
  - the current physical space has an indirect impact on recruitment and retention

- **Health and Safety**
  - the current physical space has a direct impact on service accessibility for patients and an indirect impact on staff illness and stress

- **Environment**

- **Governance**

- **Financial**
  - the current space does not allow for maximizing efficiency and productivity

- **Legal**

- **Other**
  - efficiencies in laboratory operations will be created improving quality of service to patients, health service turnaround times, staff health and morale, and recruitment and retention
GENERAL INFORMATION

Health Organization: Diagnostic Services Manitoba

Author: Petr Kresta

Contact Person: Petr Kresta

Contact Phone: 204-926-7185

Contact Email: pkresta@dsmanitoba.ca

Date (yyyy/mm/dd): 2016/04/21

Project Brief Year: 2016

Priority or Ranking: 2

Health Organization Project Reference #: CP 2

Was this project submitted in a previous year? No

How many times was submitted previously? 0

Last 3 years of submission:
1. 2016/17
2. 2016/17
3. 2016/17

New Initiatives Title: MGH Laboratory and DI redevelopment

Facility: Morris General Hospital

Location: Morris

Project Summary: Redevelopment of Morris laboratory and radiology space.

DESCRIPTION / BACKGROUND

Description of Service Context:
The Morris General Hospital laboratory and radiography space is in very poor physical condition. In the Laboratory, the flooring is in extremely poor condition with a rough top surface making cleaning impossible. This is a major concern for a laboratory space that must be maintained clean at all times. The millwork has laminate that has peeled away from the substrate. In many locations, there is exposed wood or there are pieces of laminate held on with transparent adhesive tape. A window air-conditioner was installed a few years ago to control air temperature in the lab but there are air gaps around it and these have been closed off with duct tape. These conditions are unacceptable and fail to meet basic lab accreditation requirements. The radiology space is in slightly better condition but lacks essential infrastructure such as oxygen and suction. A complete renovation of both the lab and radiography space is required.

Activity Analysis:
The Morris General Hospital laboratory provides a host of local tests to support the in-hospital medical clinic and emergency room. For laboratory tests not performed on site, the lab staff manage accessioning and send-outs to central labs. The site has three DSM full time technologists and provides after hours call services. A full range of general duty radiography is performed.

Assessment of Existing Infrastructure:
The millwork in the laboratory is in unacceptable condition and will not pass accreditation. The flooring is in extremely poor condition and cannot be cleaned properly. The window air conditioner is poorly installed with duct tape closing holes around it. Radiology space lacks oxygen and suction outlets.

Project Description:
Redevelopment of laboratory and radiology spaces.

Factors Driving Capital Needs:
Poor physical condition of the physical space and lack of infrastructure.

Program Description:
- New Service or Program
- Expanded Service or Program
- Unchanged Service or Program
- Other

Maintenance of existing laboratory and imaging services.

SUPPORTING EVIDENCE

Consultation and investigation process that has resulted in the capital project request:
Community Consultation
Provider Consultation
User Groups
Other Regional Health Authorities x
 Provincial Priorities x

Anticipated Outcomes:

Strategic Priorities of the Health Organization:
Quality, Accessibility, Efficiency & Effectiveness:
Congruent with regional programs/services planning, regional resources planning (human & fiscal), regional health infrastructure planning.
Regional long term plan for timely access for quality health services.
Regional mission statement, stating there will be timely return to optimal health from acute illness.
Regional strategy to continuously improve resources and facility utility.
Overall strategy to renovate or replace facilities that have serious structural or program limitations.

### UTILIZATION IMPLICATION

<table>
<thead>
<tr>
<th>Will project have expected service/program utilization interruptions during construction?</th>
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<td>Yes</td>
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</tbody>
</table>

### FINANCIAL REQUIREMENTS

<table>
<thead>
<tr>
<th>Projected Costs: ($)</th>
<th>Funding Sources: ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition: $50,000</td>
<td>Manitoba Health: $0</td>
</tr>
<tr>
<td>Construction: $450,000</td>
<td>Community Contribution/Foundation/Fundraising: $0</td>
</tr>
<tr>
<td>Furniture and Equipment: $250,000</td>
<td>Health Organization: $0</td>
</tr>
<tr>
<td>Consultant Fees: $35,000</td>
<td>Total: $0</td>
</tr>
<tr>
<td>Miscellaneous Costs: $10,000</td>
<td></td>
</tr>
<tr>
<td>Owner Funded: $0</td>
<td></td>
</tr>
<tr>
<td>Total Estimated Project Cost: $795,000</td>
<td></td>
</tr>
</tbody>
</table>

### Capital Operating Costs

<table>
<thead>
<tr>
<th>Cost Centre</th>
<th>Year 1</th>
<th>Incremental Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Costs</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Energy Costs</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Maintenance Costs</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Program Supplies</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Administration Costs</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Lease Payment</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Comment-Year 1: no change in operating costs anticipated

### RISK ASSESSMENT

Examine and document both the probability of a critical incident, as well as the consequences, associated with not proceeding with the project in the subject areas identified below:

- Human Resources: the current physical space has an indirect impact on recruitment and retention
- Health and Safety: the current physical space has a direct impact on service accessibility for patients and an indirect impact on staff illness and stress
- Other: the current space does not allow for maximizing efficiency and productivity
## B) MAJOR CAPITAL PROJECTS BRIEFS - SUMMARY

<table>
<thead>
<tr>
<th>Priority</th>
<th>RefNo</th>
<th>Project Name</th>
<th>Project Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CP-11-002</td>
<td>TGH Diagnostics Renovation</td>
<td>Facility Renovation to Upgrade and enlarge Diagnostic Services at the Thompson General Hospital. This Capital Project is also included in Northern HA health plan.</td>
</tr>
<tr>
<td>2</td>
<td>CP-11-003</td>
<td>MGH Laboratory and DI redevelopment</td>
<td>Redevelopment of Morris laboratory and radiology space.</td>
</tr>
<tr>
<td>3</td>
<td>CP-11-004</td>
<td>Renovations to Lab and XRay in PMH</td>
<td>DSM received notification from PMH that PMH was including capital costs for the following - within their 2017/18 Health Plan Submission. It is being included here, within the DSM HP submission as a cross reference only. Financial Impact was not provided by PMH at the time of submitting the HP. PMH and DSM determined that the following sites were the top priority for Lab Renovations: Killarney, Russell, Glenboro, Treherne, Neepawa for the south and Ste Rose for the north. PMH capital planning assisted with this review as well as DSM Safety and Health/Quality Internal Audits were completed. The overall review for the PMH -South sites was provided by Chris Couling. PMH North (Jason Gibbs) is working on adding to this so we will have a compiled status of all sites. There are 19 XRay Sites identified as “in-need” of repair/renovation. Priorities and timelines for repair have not yet been established.</td>
</tr>
</tbody>
</table>
CAPITAL PLANNING: MAJOR CAPITAL PROJECTS NEW INITIATIVES LIST & SUMMARY (Not Submitted)
CAPITAL LEASING
# CAPITAL LEASING SITES SCHEDULE

<table>
<thead>
<tr>
<th>Name of Leased</th>
<th>Leased Space</th>
<th>Leased Space Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lakeview Square</td>
<td>155 Carlton Street</td>
<td>Office Space</td>
</tr>
<tr>
<td>Selkirk Medical Centre</td>
<td>363 Eveline St. Selkirk, Manitoba</td>
<td>Laboratory and Imaging</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Services</th>
<th>Programs/Services</th>
<th>General Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health DSM</td>
<td></td>
<td>Corporate Office</td>
</tr>
<tr>
<td>Health DSM</td>
<td></td>
<td>Primary Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lease Commencement</th>
<th>Lease Date Expires</th>
<th>Lease Commencement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/10/01</td>
<td>2019/09/30</td>
<td>2014/06/01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Size of Leased Space</th>
<th>Current Rent ($ per sq)</th>
<th>Size of Leased Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>166730</td>
<td>$24.00</td>
<td>276</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will Renew Lease:</th>
<th>Renewed Leased</th>
<th>Projected Rent ($ per sq)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16673</td>
<td>$24.48</td>
</tr>
<tr>
<td>Yes</td>
<td>276</td>
<td>$47.09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Projected Rent ($ per sq)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$24.48</td>
</tr>
<tr>
<td>$47.09</td>
</tr>
<tr>
<td>Name of Leased</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>Health</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

- **Size of Leased Space**: 0
- **Current Rent ($ per sq)**: $0.00
- **Will Renew Lease**: 0
- **Projected Rent ($ per)**: $0.00
### CAPITAL LEASING SITES - SUMMARY

<table>
<thead>
<tr>
<th>RefNo #</th>
<th>Name of Leased Space</th>
<th>Leased Space Address</th>
<th>General Services Delivered</th>
<th>Programs/Services Offered</th>
<th>Start</th>
<th>End</th>
<th>Lease Term</th>
<th>Space Size (sq ft)</th>
<th>Will Renew</th>
<th>Space Size (sq ft)</th>
<th>Rent ($/sq ft)</th>
<th>Space Size (sq ft)</th>
<th>Rent ($/sq ft)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CL-11-001</td>
<td>Lakeview Square</td>
<td>155 Carlton Street</td>
<td>Office Space</td>
<td>Corporate Office</td>
<td>2014/10/01</td>
<td>2019/09/30</td>
<td>166730</td>
<td>$24.00</td>
<td>Yes</td>
<td>16673</td>
<td>$24.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL-11-002</td>
<td>Selkirk Medical Centre</td>
<td>363 Eveline St. Selkirk, Manitoba</td>
<td>Primary Health</td>
<td>Laboratory and Imaging</td>
<td>2014/06/01</td>
<td>2024/05/31</td>
<td>276</td>
<td>$45.89</td>
<td>Yes</td>
<td>276</td>
<td>$47.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL-11-003</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>$0.00</td>
<td></td>
<td>0</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LIST OF PROPOSED NEW INITIATIVES
## 2017/18 List of Proposed New Initiatives

<table>
<thead>
<tr>
<th>Priority #</th>
<th>New Initiative Title</th>
<th>Location/Site</th>
<th>Contact (Name, e-mail and Telephone Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cross Match</td>
<td>SBH</td>
<td>Ayn Wilcox – <a href="mailto:awilcox@dsmanitoba.ca">awilcox@dsmanitoba.ca</a> Ph. 204-926-7187 Dora Lopes-Carvalho, Technical Director Transfusion Medicine <a href="mailto:dlopecarvalho@dsmanitoba.ca">dlopecarvalho@dsmanitoba.ca</a> Ph. 204-237-2707</td>
</tr>
<tr>
<td>2</td>
<td>Integrating Public–Private Laboratory Services Province of MB</td>
<td></td>
<td>Petr Kresta, COO <a href="mailto:pkresta@dsmanitoba.ca">pkresta@dsmanitoba.ca</a> Ph. 204-926-7185</td>
</tr>
<tr>
<td>3</td>
<td>Integrating Provincial Diagnostic Imaging Services Province of MB</td>
<td></td>
<td>Petr Kresta, COO <a href="mailto:pkresta@dsmanitoba.ca">pkresta@dsmanitoba.ca</a> Ph. 204-926-7185</td>
</tr>
<tr>
<td>4</td>
<td>Integrating Provincial Transfusion Medicine Services Province of MB</td>
<td></td>
<td>Petr Kresta, COO <a href="mailto:pkresta@dsmanitoba.ca">pkresta@dsmanitoba.ca</a> Ph. 204-926-7185</td>
</tr>
<tr>
<td>5</td>
<td>System Wide Reduction of Unnecessary Diagnostic Testing (Choosing Wisely Manitoba)</td>
<td>Province of MB</td>
<td>Petr Kresta, COO <a href="mailto:pkresta@dsmanitoba.ca">pkresta@dsmanitoba.ca</a> Ph. 204-926-7185</td>
</tr>
<tr>
<td>6</td>
<td>Provincial Genomics Testing Centre</td>
<td>HSC</td>
<td>Ayn Wilcox, Executive Director Operations – <a href="mailto:awilcox@dsmanitoba.ca">awilcox@dsmanitoba.ca</a> Ph. 204-926-7187 Lisa Manning, Technical</td>
</tr>
</tbody>
</table>
### Section 8: New Initiatives

#### Table – List of Proposed New Initiatives

<table>
<thead>
<tr>
<th>No.</th>
<th>Initiative Description</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>MRI Thompson Thompson</td>
<td>Petr Kresta, COO <a href="mailto:pkresta@dsmanitoba.ca">pkresta@dsmanitoba.ca</a> Ph. 204-926-7185</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bozidar Modrcin, Technical Director Diagnostic Imaging <a href="mailto:bmodrcin@dsmanitoba.ca">bmodrcin@dsmanitoba.ca</a> Ph. 204-926-7839</td>
</tr>
<tr>
<td>8</td>
<td>Diagnostic Services First Nations, Métis and Inuit</td>
<td>Petr Kresta, COO <a href="mailto:pkresta@dsmanitoba.ca">pkresta@dsmanitoba.ca</a> Ph. 204-926-7185</td>
</tr>
<tr>
<td>9</td>
<td>Training Resource within DSM</td>
<td>Petr Kresta, COO <a href="mailto:pkresta@dsmanitoba.ca">pkresta@dsmanitoba.ca</a> Ph. 204-926-7185</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tricia Van Denakker, Manager, Lab Training and Credentialing <a href="mailto:tvandenakker@dsmanitoba.ca">tvandenakker@dsmanitoba.ca</a> Ph. 204-926-7065</td>
</tr>
</tbody>
</table>
BOARD & MANAGEMENT COMPONENT
9. Board and Management Component

DSM has a skilled-based board with expertise from key clinical, scientific, operational, labour and geographic areas to provide strong leadership for DSM as a provincial health services agency. The current Board of Directors consists of members who have a broad range of experience and expertise and who share a common goal for the success of DSM. A complete list of DSM Board Members can be found on the DSM website at www.dsmanitoba.ca.

9.1 Board Objectives:

Together with the DSM Senior Management Team (SMT), an annual Board visioning and strategic planning session is held each fall to outline the high-level strategic direction for the organization’s upcoming year(s). At each Board meeting, time is dedicated for ongoing high-level, strategic and generative discussions that provide DSM SMT with valuable direction and input. Oversight and governance include regular reporting from the CEO, an opportunity for a Questions and Answers (Q&A) period as well as regular reports from standing committees: Quality and Patient Safety Committee, Finance Committee and Governance Committee and DSM’s disciplines, when required.

The Board’s 5 strategic priorities are a continuation of those developed in 2015/2016:

- **Quality of Care and Patient Safety** - The Board will continue to strengthen its role in providing strategic direction to and appropriate oversight of DSM performance in the provision of patient focused quality care and in ensuring patient safety; the Board will consider quality and patient safety in all Board decisions; the Board will assess itself regularly on progress in quality and patient safety.

- **Accountability** - DSM Board prioritizes the development of a national-class accountability system which will include an informative dashboard of safety, quality and fiduciary metrics.

- **Provincial Leadership Diagnostic Services** - The Board recognizes that DSM is uniquely positioned to provide leadership and drive innovation in diagnostics and to provide oversight and strategic direction to ensure consistency, coordination and integration of all diagnostic services across the province.

- **Engagement** - To better understand and address the needs of DSM’s key stakeholders, the Board recognizes the importance of integrating an engagement philosophy that aims to generate and include feedback from staff, patients, families, providers and partners in the planning, delivery and evaluation of services offered by DSM.
• **Sustainability** – The Board will advocate for appropriate funding and ensure that DSM balances the provincial need for diagnostic services within the overall resources available to ensure a sustainable service going forward.

The Board recognizes that DSM’s most valuable resources are the dedicated and highly skilled staff located across its laboratories and diagnostic imaging centres. DSM has robust Workplace Safety and Health, Education, Training, and Leadership Development programs to protect its employees, maintain competency and promote learning. DSM also has processes in place for reporting and assuring the Board that the organization is in full compliance with provincial regulations. The Quality and Patient Safety Committee and the Board receive reports from the CEO on any major Occurrences and Critical Incidents that take place in the organization.

**Challenges:**

The DSM Board understands that it is facing increasing fiscal pressures and limited funding while needing to increase services, achieve technological advances in the provision of diagnostic services and invest more in quality and patient safety. Through its membership on the provincial Council of Board Chairs and as a skill-based board within the healthcare sector, the DSM Board acknowledges that its partner organizations in Manitoba face those same challenges.

**9.2 Organizational Chart and Commentary:**

DSM’s SMT works closely with the Board to understand and translate Manitoba Health’s Priorities and Goals into action. The reporting structure and governance is aligned to support developing strategic and operational plans and delivering on the value of diagnostic services as a key player in all areas of the health care system.
Significant Changes to Management Structure in 2015/16:

- Arlene Wilgosh was appointed new Board Chair following Marie Perchotte’s term.
- Petr Kresta has replaced Paul Penner as Chief Operating Officer (COO). Paul Penner has moved on to CancerCare Manitoba as their new Chief Clinical Operations Officer.
- Procurement and Contracts was formerly under the COO portfolio and is now under the responsibility of the Chief Financial Officer to better align financial planning with respect to contracts and equipment.
- DSM has experienced several retirements and farewells at the Director and Technical Director levels in the areas of Transfusion Medicine, Microbiology, Immunology, Procurement and Contracts and Human Resources. The Technical Directors positions and Human Resources Director position have been filled and recruitment for the Director of Procurement and Contracts position is currently underway.