

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

Version: 2023/24 1.0 April 1, 2023

### 1. Alignment to Provincial Health System Planning

#### a) Provincial Health System Strategic Plan

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

The current strategic priorities for the health system are:

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

The Department of Seniors and Long-Term Care also expects the HA to be aligned with *Manitoba, A Great Place to Age: Provincial Seniors Strategy*.

Further information and/or clarification to these priorities and related goals/objectives will be provided to the HA from time to time by the department.

#### b) Minister's Mandate

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

### 2. Services

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

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

a) Core Services

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

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

- Respite care in Personal Care Homes
- **Substance Abuse/Addictions**
  - Inpatient detoxification and treatment
- **Primary and Community Care**
  - Primary care
    - Contribute to primary care monitoring, information management and recording
    - Participate in My Health Teams in partnership with fee for service clinics and community organizations – trustee of financial processes and human resource management
    - Inter-professional Team Demonstration Initiative – trustee of position funding and human resource management
    - Deliver Family Doctor Finder service
    - Operation of Mobile Clinic
    - Operation of Quick Care Clinics
  - Midwifery
  - Prevention and mgmt. of chronic disease
  - Non physician led – Community health centres
  - Contract/salaried primary care physician services
  - Primary care support to Long Term care and Home Care
- **Population and Public Health**
  - Communicable Disease Control
  - Environmental Health
  - Healthy Parenting and Early Childhood Development
  - Healthy Public Policy
  - Health Promotion and Injury Prevention
    - Healthy Nutrition
    - Physical health promotion and education
    - Injury prevention
    - Reproductive health/teen clinics
    - Community development
- **Community Health Services**
  - Rehabilitation Support Services
    - Speech Therapy
    - Audiology
    - Early Childhood interventions
- **Home based Care Services (Home Care)**
  - Assessments
  - Care planning coordination
  - Direct services
    - Supplies and equipment to support early discharge
  - Process for managing long term care placements
- **Quality, Patient Safety, and Infection Control Services**
  - Monitoring quality and patient safety
  - Identification and follow up of critical incidents

- Quality improvement
- Infection prevention and control
- Accreditation

b) Clinical and Preventive Services Plan (CPSP) Implementation

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

*Not available at this time for 2023/24.*

The PHA is expected to provide further information and/or clarification on the CPSP as may be required.

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

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

- Communicable Disease Protocols, as listed on Manitoba Health [website](#)
- Immunization Program Manual, and associated requirements (includes other links), as listed on Manitoba Health [website](#)
- Vaccine Eligibility criteria, as listed on Manitoba Health [website](#)
- Vaccine Safety procedures, as listed on Manitoba Health [website](#)
- COVID-19 Vaccine – Information for Health Care Professionals, as listed on Manitoba Health [website](#)
- COVID-19 vaccine eligibility guidelines, as listed on Manitoba Health [website](#)
- Provincial Unified Referral and Intake System (URIS) guidelines as listed on the Manitoba government [Website](#)
- Case management practice expectations, as outlined in the Provincial Public Health Nursing Standards: Prenatal, Postpartum, and Early Childhood, as listed on Government of Manitoba website: [Website](#)
- Families First Program Standards

d) Directives/Policies/Standards and Guidelines

The following directives apply to the HA:

- Implementation of Stevenson Report Recommendation #8 (February 2022)
- Accreditation Directive – Provincial Accreditation Model (November 2022)

The following policies apply to the HA:

Policy Number	Policy Title
Admin 5.4	Equipment Policy
Admin 5.28	French Language Services Plan Reporting Policy
GSP 1000.10	RHA Board Competency Criteria

HCS 207 (repeat of GSP 1000.12)	Home Care Program Administrative Manual
GSP 1000.14	Manual for Feeding and Swallowing Management in Long-Term Care Facilities
GSP 1000.15	Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes
HCS 200.1	Board Governance and Accountability
HCS 200.2	Critical Incident Reporting and Management Policy
HCS 200.3	Health Authorities Guide to Health Service
HCS 200.4	Risk Management
HCS 200.5	Internal Disclosure of Staff Concerns
HCS 200.7	Reporting of Significant Changes to the Office of the Chief Medical Examiner
HCS 200.8	Quality Audits
HCS 200.10	Collection of Alternative Level of Care (ALC) and Non-ALC Delays (NAD)
HCS 200.11	Reporting on Community Health Assessment
HCS 200.14	Critical Occurrence (CO) Reporting and Management Policy
HCS 200.15	Manitoba Pediatric Insulin Pump Program
HCS 200.16	Bidding & Award of Construction Tenders
HCS 200.17	Patient Access Data Submission Policy
HCS 200.19	Home Cancer Drug Program Policy
HCS 200.21	Selection of Consultant Services
HCS 200.23	Policy on Outsourcing and Admixing Pharmaceutical Products for Use in Manitoba
HCS 200.25	Medical Device Reprocessing: Transportation of Medical Devices
HCS 200.26	Medical Device Reprocessing: Single-use Medical Devices
HCS 200.28	Human Resources French Language Policy for Health Care Services
HCS 200.29	Emergency Department Registration, Triage and Waiting Room Monitoring Policy
HCS 200.30	Patient experience Survey Policy
HCS 200.31	Medical Assistance in Dying (MAiD)
HCS 200.32	Pronouncement of Death (POD)
HCS 200.33	Personal Health Information Disclosure Due to Risk of Serious Harm
HCS 200.34	Acquisition or Lease of Real Property
HCS 200.35	Provincial Health Authority Oversight of Construction, Renovation and Expansion of Facilities Policy
HCS 200.36	Disposition of Real Property Policy
HCS 200.37	Basic and Medical Equipment Acquisition Policy
HCS 205.2	Reporting to Manitoba Health Nursing Services Guideline for Personal Care Homes
HCS 205.3	Nursing Services Guideline
HCS 205.4	PCH - Multi-Bedded Rooms

HCS 205.6	Personal Care Home (PCH) Resident Transportation
HCS 205.7	Personal Care Homes: Admission and Separation
HCS 207.2	General Eligibility
HCS 207.3	Service Level Policy
HCS 207.4	Engagement of Family Members to Provide Non-professional Home Care Services Within the Self and Family Managed Care Program
HCS 207.5	Self and Family Managed Care Program (SFMCP)
HCS 207.7	Home Oxygen Concentrator Program
HCS 207.9	Equipment and Supplies
HCS 207.10	Respite Care Provided in the Home
HCS 207.11	Therapy Services
HCS 207.12	Off Site Services
HCS 207.13	Service Delivery
HCS 207.14	Personal Care Services
HCS 207.15	Meal Preparation Services
HCS 207.16	Household Maintenance and Laundry Service
HCS 207.17	Nursing Services
HCS 207.18	Access to Alternate Care Environments
HCS 207.19	Respite Care in Personal Care Home
HCS 207.20	Support Services to Seniors (SSSs) Senior Centers (SCs) and Tenant Resource Programs (TRP)
HCS 207.21	Dialysis Provided in the Home
HCS 207.22	Home Ostomy Program
HCS 207.23	Adult Day Programs
HCS 207.24	Home Nutrition Program
HCS 207.25	Home Care Intravenous Therapy (IV Therapy)
HCS 207.26	Companion Care
HCS 207.27	Palliative Care in the Home
HCS 207.28	Manitoba Wheelchair Program (Power Wheelchairs)
HCS 207.29	Manitoba Wheelchair Program (Manual Wheelchairs)
HCS 210.1	Provincial Abuse Policy for Psychiatric Facilities
HCS 210.2	Consumer Participation in Mental Health Services Planning, Implementation and Evaluation
HCS 210.3	Family Member and Natural Support Participation in Mental Health Service Planning, Implementation and Evaluation
HCS 210.5	Provincial Policy for Service to Individuals with Co-occurring Mental Health and Substance Use Disorders
HCS 210.6	Order of Committeeship Issued by the Director of Psychiatric Services
HCS 210.7	Communication of Public Committeeship Status
HCS 215.1	Violence in the Workplace - Nursing

HCS 215.2	Violence in the Workplace – Other Health Care Workers
HCS 215.3	Provincial Injury Reduction
HCS 215.4	Provincial Scope of Practice for Nurses
HCS 215.5	Violence Prevention Program for Health Care Workers in Manitoba
HCS 225.1	Manitoba Ambulance Services Program - Funding for Interfacility Transportation
ITM 405.3	IT Project Control, Monitoring, and Evaluation
ITM 405.5	Computer, Information and Communications Technology and Equipment Acquisition Policy

The following standards apply to the HA:

*Not available for 2023/24.*

The following guidelines apply to the HA:

- Capital Plan Guidelines
- Annual Operating Plan Guidelines
- Strategic Plan Guidelines

### 3. Health Capital

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

a) Safety and Security Projects approved for the HA:

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

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

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

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

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

d) Medical Equipment approved for the HA:

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

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

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

**4. Reporting Requirements**

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

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

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

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

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

a) Compliance Reporting and Controls

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

Report Name/Type	Timeline
Annual Operational Plan	June 30, 2023
Minister Mandate reports	Quarterly
Provincial Risk Report	June 30, 2023
Reports required under The Public Sector Compensation Disclosure Act	September 30, 2023
Accreditation	Within 60 days of receiving a final report regarding accreditation
Service Interruption reporting	In accordance with policy
Critical Occurrence reporting	In accordance with policy
Critical Incident Reporting	In accordance with policy
CEO/DSO Expense Reporting	May 31, 2023
SDO Annual Report	September 1, 2023
Capital Project Status Reports	15 <sup>th</sup> of each month
Capital Project Closeout/End Reports	Upon project completion
Annual Medical Equipment Procurement Status report	January 15, 2024
Medical Equipment Lease	September 1, 2023
Capital Property Sites Lease Schedule	September 1, 2023



b) Financial Reporting

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

Report Name/Type	Timeline
Summary Forecast Reports & Accompanying Briefing Notes	June 25, 2023 September 25, 2023 December 25, 2023 March 25, 2024
Monthly Forecast Reports & Accompanying Briefing Notes	Non-quarter ending months, July 2023 to February 2024
MH/MHCW Accounts Receivable and Accounts Payable Templates	July 28, 2023 August 31, 2023 November 30, 2023 February 28, 2024
Debt held by the Department of Finance Treasury Division	Quarterly
Medical Remuneration Templates	Quarterly
Fiscal Year End Reporting Requirements	As per direction
Federal (FNIHB) Receivables	25 <sup>th</sup> of each month
Management Information System (MIS) Submission	Monthly
Basic Equipment Funding Expenditure	May 31, 2023

c) Service Results & Outcomes Reporting

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

Report Name/Type	Timeline
Wait Time and Wait List Reporting	Emergency: Daily. All others: Monthly, by 15 <sup>th</sup> , or as required from time to time
Canadian Institute of Health Information (CIHI) required data submissions: DAD (Discharge Abstract Database) NRS (National Rehabilitation Reporting System) NACRS (National Ambulatory Care Reporting System) OMHRS (Ontario Mental Health Reporting System) MIS (Management Information System)	DAD - due monthly, by 40 days after end of the month MIS - due monthly, by end of the subsequent month All others as required
Service reporting required by CIHI	As required by CIHI
Service Delivery Organization performance dashboard	Monthly, as set out in the Manitoba Health System Performance Management Cycle schedule
Continuing Care - Supportive Housing	30 <sup>th</sup> of each Month (28 <sup>th</sup> for February 2024)

Continuing Care - Long term care dashboard	May 28, 2023 August 28, 2023 November 28, 2023 February 28, 2024
Continuing Care - Supportive Services to Seniors	April 30, 2023 July 30, 2023 October 30, 2023 January 30, 2024
Continuing Care - Palliative Care	April 30, 2023 July 30, 2023 October 30, 2023 January 30, 2024
Continuing Care - Home Care	July 15, 2023
Hospital Bed Maps (as reported through the Provincial Bed Map database)	In real-time as changes to the hospital bed configuration occur
Personal Care Home Bed Maps	Monthly, by end of each month
Electronic data feeds to support the Provincial Data Repository (PDR) development	As required through consultation with Digital Health
Communicable Disease reporting	As per Communicable Disease Protocols
Immunization Program reporting	As per Immunization Program Manual
COVID-19 Vaccine reporting	As per COVID-19 Vaccine Information for Health Care Professionals
Report requirements as outlined in individual Accountability Letters	As per specific Accountability Letters

**5. Performance Improvement**

a) Indicators/Measures for the focus of Performance Improvement

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

- Hospital Harm
- Hand Hygiene Compliance
- Reduce Emergency Department wait times to 3.9 hours by March 31, 2024
- Median ED Length of Stay (LOS) (admitted only)
- Median ED Length of Stay LOS (non-admitted)
- Inpatient Length of Stay (LOS) (Average days)
- Alternate Levels of Care (ALC) (% of days)
- Improve Positive Inpatient experience ratings to 69% by March 31, 2024
- Maintain 23/24 Summary health expenditures for Manitoba within 2% over 2022/23
- Overtime (% of worked hours)
- Purchased Salary Costs (% of compensation costs)

Further measures for reporting may be developed in-year through work with the HAs and the department, and these will be communicated directly with HAs. The HA will work with the support of the department, to advance all identified priorities aligned with the processes and responsibilities set out in the Performance Management Framework.

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

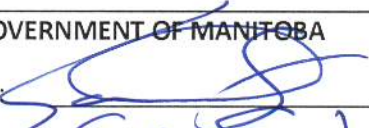

*Specific measures not available for 2023/24.*

b) Minimum Service Levels

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

Southern Health-Santé Sud Minimum Services Levels 2023/24		
Service	Volume	Location
Cataracts	300	Portage District General Hospital
Hip & Knee (elective)	600	Boundary Trails Health Centre

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

<p><b>GOVERNMENT OF MANITOBA</b></p> <p>By: </p> <p>Name: <u>Scott Sinclair</u></p> <p>Title: Minister of Health or delegate</p>	<p><b>Southern Health-Santé Sud</b></p> <p>By: </p> <p>Name: <u>Adam Monteith</u></p> <p>Title: Board Chair</p>
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# Southern Health – Santé Sud

## Schedule A2: Services, including Performance and Reporting Manitoba Mental Health and Community Wellness

Version: 2023/24 1.0 April 1, 2023

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

### 1. Alignment to Provincial Health System Planning

#### a) Provincial Health System Strategic Plan

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

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

This vision includes a commitment to a recovery-oriented system of care where there is availability of evidenced-based supports across a continuum of care (prevention, early intervention, treatment and recovery) and a continuous pursuit of recovery for individuals with mental illness and addiction.

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

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

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

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

## Southern Health – Santé Sud

### b) Minister's Mandate

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

## 2. Services

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

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

### a) Core Services

HA will ensure availability of core mental health and addiction services (defined by needs-based planning) to meet regional population needs across the lifespan. If services are not available in the region (ie. specialty services), the HA must develop and facilitate pathways to access provincial services.

The core services defined below are in alignment with the National Needs Based Planning mental health, substance use, and addictions framework. If a change is required to the inventory of the core services for the HA, the Health Authority Health Services Delivery and Clinical Standards Policy will apply.

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

- Mental Health and Addiction Crisis Services
  - Crisis Intervention/Mobile Crisis
  - Crisis Stabilization Units

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

- Comprehensive MH/SU Services and Supports
  - Coordinated/Central Access and Navigation Services
  - Home/Mobile Withdrawal Management Services
  - Addiction Medicine Specialty Services
  - MH/SU Community Services
  - Consultation and Liaison
- Intensive MH/SU Services and Supports

## Southern Health – Santé Sud

- Community Bed-Based WMS
- Intensive Case Management
- Bed-Based Recovery Supports
  - Supported Housing - High and Moderate Support

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

- Nutrition and healthy eating
- Physical health promotion and education
- Mental health promotion and education including Towards Flourishing
- Suicide prevention
- Chronic Disease Prevention including the Healthy Together Now Initiative and Diabetes Education
- Harm Reduction services
- Healthy Sexuality
- Smoking and vaping prevention and cessation initiatives including the Tobacco Quit Card and Counselling Program

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

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

*Not available at this time for 2023/24.*

The PHA is expected to provide further information and/or clarification on the CPSP as may be required.

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

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

Recovery Oriented System of Care Model of Care (for reference, see related accountability letter)

#### c) Directives/Policies/Standards and Guidelines

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

- Bed-Based Substance Use Service Standards
  - Preparing for and Accessing Bed-Based Substance Use Services (Standard 1: Screening and Assessment)
  - Preparing for and Accessing Bed-Based Substance Use Services (Standard 2: Informed Decision Making)
  - Preparing for and Accessing Bed-Based Substance Use Services (Standard 3: Community Supports)
  - During Bed-Based Substance Use Services (Standard 4: Safety)

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- During Bed-Based Substance Use Services (Standard 5: Orientation and Settling into the Residence)
- During Bed-Based Substance Use Services (Standard 6: Bed-Based Programming)
- During Bed-Based Substance Use Services (Standard 7: Treatment, Wellness & Recovery Planning)
- During Bed-Based Substance Use Services (Standard 8: Monitoring and Evaluation)
- Preparing for Recovery After Bed-Based Substance Use Services (Standard 9: Transition Planning)
- Preparing for Recovery After Bed-Based Substance Use Services (Standard 10: Reducing Risk of Recurrence)
- Preparing for Recovery After Bed-Based Substance Use Services (Standard 11: Aftercare, Treatment and Supports)
- Administrative & Clinical Standards
  - Administrative and Clinical Standards (Standard 1: Governance)
  - Administrative and Clinical Standards (Standard 2: Organization and Management)
  - Administrative and Clinical Standards (Standard 3: Regulations, Policies, and Procedures)
  - Administrative and Clinical Standards (Standard 4: Evidence Informed Practices)
  - Administrative and Clinical Standards (Standard 5: Data Collection and Utilization)
  - Administrative and Clinical Standards (Standard 6: Participant's Records)
  - Administrative and Clinical Standards (Standard 7: Staff Experience and Qualifications)
  - Administrative and Clinical Standards (Standard 8: Occupational Health and Safety)
  - Administrative and Clinical Standards (Standard 9: Risk Management)
  - Administrative and Clinical Standards (Standard 10a: Medication Management – Withdrawal Management Services)
  - Administrative and Clinical Standards (Standard 10b: Bed-Based Medication Management)

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

*Not available for 2023/24.*

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

*Not available for 2023/24.*

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

*Not available for 2023/24.*

## Southern Health – Santé Sud

### 3. Health Capital

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

a) Safety & Security Projects approved for the HA:

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

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

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

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

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

d) Medical Equipment approved for the HA:

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

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

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

### 4. Reporting Requirements

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

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

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



## Southern Health – Santé Sud

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

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

a) Compliance Reporting and Controls

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

*None available for 2023/24.*

b) Financial Reporting

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

*None available for 2023/24.*

c) Service Results & Outcomes Reporting

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

Report Name/Type	Timeline
Reporting to Manitoba EDIT Service Provider Reporting Solution System (SPRSS)	Annually as per the joint Workforce Development Agreement
Mental Health and Addiction Bed Counts	Quarterly by last day of the month following the end of the quarter: July 31, 2023 October 31, 2023 January 31, 2024

### 5. Performance Improvement

a) Indicators/Measures for the focus of Performance Improvement

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

The department is establishing an Accountability and Performance Management Framework. Indicators for reporting will be developed in-year through work with the HAs and the department, and these will be communicated directly with the HAs. HAs will be required to participate and report on the required indicators, where appropriate. These indicators will be reflective of the delivery of core services outlined in this schedule.

## Southern Health – Santé Sud

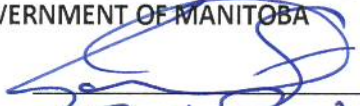

The HA, in the context of its Strategic & Operational Plan, has identified the following performance measures as further priorities for demonstrating performance improvement:

*Not available for 2023/24.*

b) Minimum Service Levels

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

*Not available for 2023/24.*

<b>GOVERNMENT OF MANITOBA</b> By:  Name: <u>Scott Sinclair</u> Title: Minister of Health or delegate	<b>SOUTHERN HEALTH-SANTÉ SUD</b> By:  Name: <u>Adam Monteith</u> Title: Board Chair
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# Southern Health-Santé Sud

## Schedule B: Funding and Allocations

Version: 2023/24 1.0 April 1, 2023

The Government's overall HA funding allocations for the date April 1, 2023 – March 31, 2024 are set out in the following tables, in this Schedule. It is expected that the HA will work with the Service Providers to achieve any targeted savings contained within the funding allocations.

### 1.1. Operational Funding

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

### 1.2. Capital Projects, Medical Equipment, Safety & Security, Information and Communications Technology

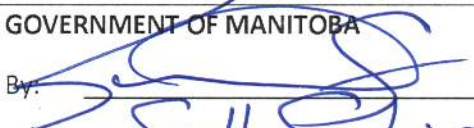

- a) In accordance with the policy issued by the Department, the HA will submit proposals for capital projects, safety and security, the acquisition of medical equipment and information and communications technology projects to the PHA, which will review them and determine if they will be included in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

### Evaluation, Audit and Review

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

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

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

<b>GOVERNMENT OF MANITOBA</b> By:  Name: <u>Scott Sinclair</u> Title: Minister of Health or delegate	<b>SOUTHERN HEALTH-SANTÉ SUD</b> By:  Name: <u>Adam Monteith</u> Title: Board Chair
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# Southern Health-Santé Sud

Schedule C: HA Mission, Vision, and Values

Version: 2023/24 1.0 April 1, 2023

## 1. Mission

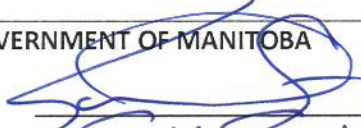

Partnering with our communities, we provide safe, accessible and sustainable people-centred health care.

## 2. Vision

Healthy people. Healthier communities. Thriving together.

## 3. Values

- Uncompromising Integrity
- Pursuit of Excellence
- Healing Compassion
- Respect for All
- Purposeful Innovation

<b>GOVERNMENT OF MANITOBA</b> By:  Name: <u>Scott Sinclair</u> Title: Minister of Health or delegate	<b>SOUTHERN HEALTH-SANTÉ SUD</b> By:  Name: <u>Adam Monteith</u> Title: Board Chair
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# Southern Health-Santé Sud

## Schedule D: Shared Services

Version: 2023/24 1.0 April 1, 2023

### **Preamble:**

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

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

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

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

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

### **Shared Services**

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

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

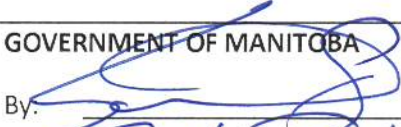

Separate from the Provincial Shared Services, and the Regional Shared Services, the HA may also choose to participate in additional administrative and support services provided by the PHA, and may expect Terms of Service as part of that participation.

## Southern Health-Santé Sud

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

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

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

<p><b>GOVERNMENT OF MANITOBA</b></p> <p>By: </p> <p>Name: <u>Scott Snelair</u></p> <p>Title: Minister of Health or delegate</p>	<p><b>SOUTHERN HEALTH-SANTÉ SUD</b></p> <p>By: </p> <p>Name: <u>Adam Monteith</u></p> <p>Title: Board Chair</p>
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