

New branches highlight *stewardship* progress

Last August and September, Deputy Minister Ron Sapsford announced several fast-track projects, designed to prepare the ministry for its new role of working with the Local Health Integration Networks (LHINs).

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Through these projects, the ministry has been reviewing and redefining the Regional Office business processes and functions to align with the ministry's new stewardship role (Deputy Minister Sapsford shares his stewardship vision, read his interview on page 7).

Four of the projects — Compliance Inspection and Enforcement, Financial Transaction Processing, Capital Process, and LHIN Relationship Office — are now complete, the deputy minister confirmed this week, along with the organizational structures for four new or re-scoped branches.

By April 1, 2007, the following new or re-scoped branches will be in place:

- Compliance Branch
- Financial Management Branch
- LHIN Liaison Branch
- Health Reform Implementation Team

The organizational charts of the four branches can be found in this issue of *NEW Directions*, as well as on INFOweb, in the A New Direction section at <http://intra.moh.gov.on.ca/Page745.aspx>. The organizational charts are transitional and may be adjusted or updated as the ministry moves towards its end-state structure.

■ LHIN Coordination Project

The LHIN Coordination Project, although not a fast-track project, will play a vital role as the new branches come on stream and the LHINs assume their full responsibilities on April 1. The project, led by Assistant Deputy Minister Gail Paech, will coordinate the implementation and transition of LHIN-related projects across the Ministry of Health and Long-Term Care.

The project's primary focus is on the "mission critical" activities which must be completed by April 1 to ensure a smooth transfer of roles and responsibilities to the LHINs and across the ministry.

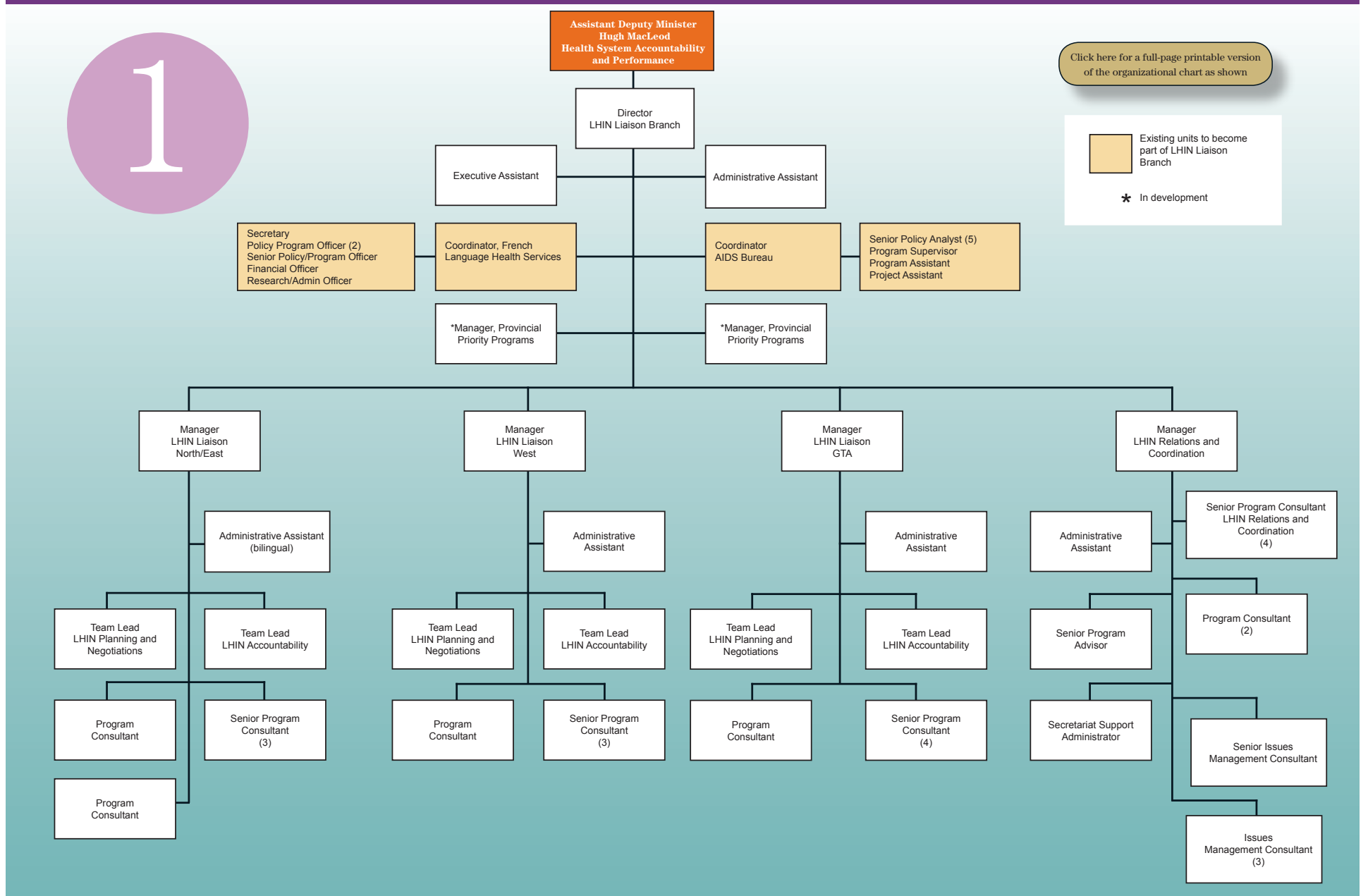
This includes supporting the LHINs as they assume their full authority and supporting the efforts to make LHINs the point of contact for local health service providers. Communications will also be an important part of the build-up to April 1 and beyond. The project will ensure timely and frequent communications to health service providers, as well as identify and manage dependencies between ministry projects.

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I&IT Consolidation Continues

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LHIN Liaison Branch Organizational Chart



LHIN Liaison Branch

The new LHIN Liaison Branch will formalize the relationship between the LHINs and the ministry. Located within the Health System Accountability and Performance Division, the branch will be led by Director Carrie Hayward.

The branch's mandate is to identify, design and implement the new processes and structures that will support the ministry's working relationship with LHINs. It will ensure that the obligations of the Local Health System Integration Act, 2006 and related legislation, are met by the LHINs and the ministry through the development, negotiation and management of relationships and accountability agreements.

"The LHIN Liaison Branch will be a key link between the ministry and the LHINs. Establishing an effective relationship is critical to the ministry's and the LHINs' success," Hayward said.

Over the next few months the branch will assume more of the responsibilities of the LHIN Project Team, currently led by Tracey Mill. Mill's team, in conjunction with Regional Office staff, has been supporting LHIN startup operations.

Located in Toronto, the LHIN Liaison Branch's role will

be phased in over a period of time and it is expected to be 25 per cent operational by the end of February and 50 per cent by the end of March.

The branch will be the primary contact for the LHINs, that will in turn be responsible for relationships with local health service providers, including hospitals, home and community care, mental health and addictions, long-term care homes, and community health centres. The branch will provide assistance to LHINs as required in developing agreements with their health service providers.

The branch will also manage the provincial priority programs that will continue to report directly to the ministry, and will work with ministry agencies, such as Cancer Care Ontario.

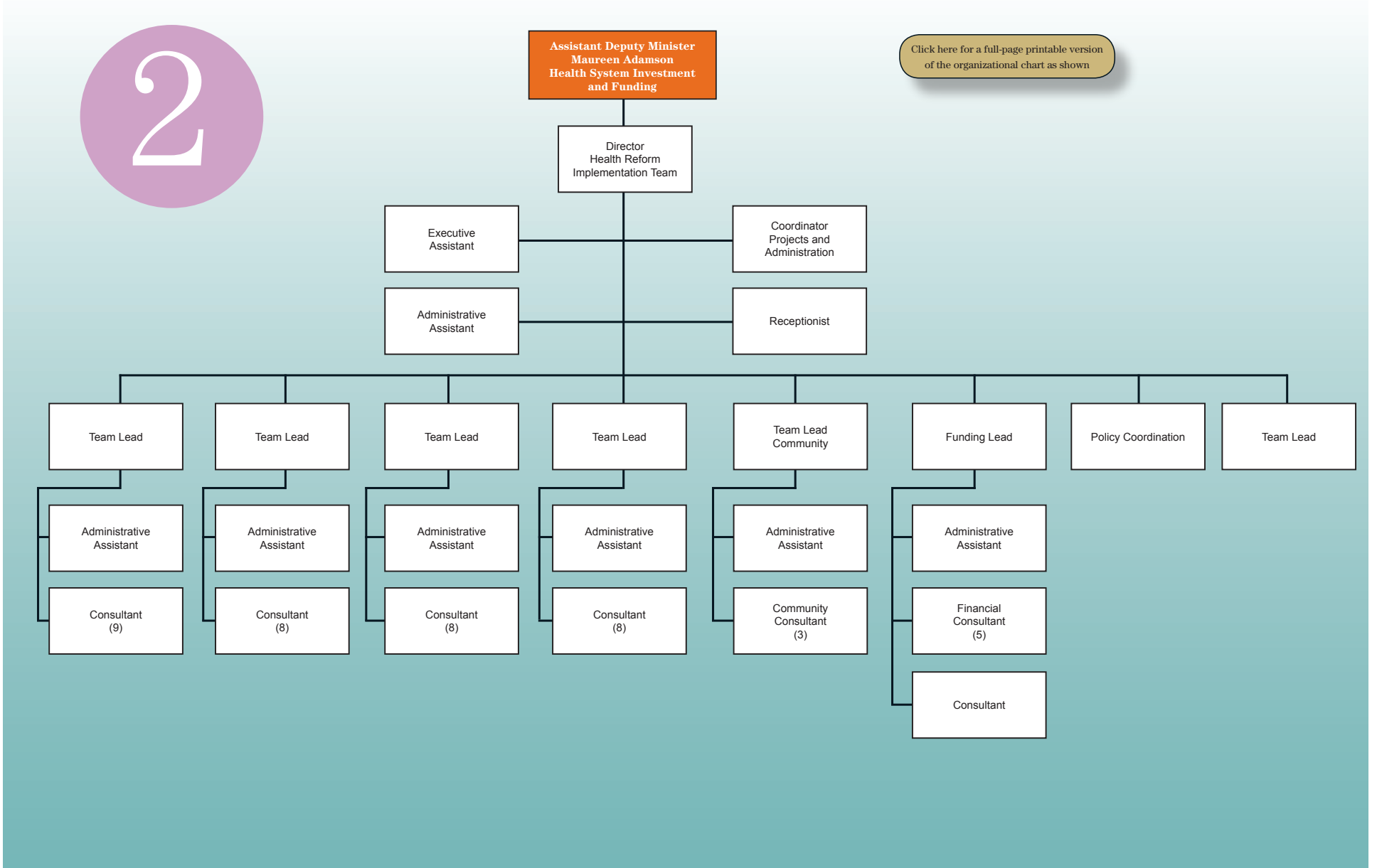
French Language Health Services and the AIDS Bureau also will be part of the LHIN Liaison Branch.

Some units in the branch are end-state; however, others such as the provincial priority programs units are still to be designed.

The organizational chart of the branch can be found above.

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Health Reform Implementation Team Organizational Chart



Health Reform Implementation Team

The responsibility for more than 100 capital projects that are currently led by Regional Offices will now be centralized in Toronto within the Health Reform Implementation Team (HRIT), in the Health System Investment and Funding Division. David Stolte is the director of the branch.

The primary focus of the branch will be to lead the review, negotiation and approval processes for health capital projects for Ontario's hospitals. Capital projects for community facilities led by the Community Health Division, such as community health centres and long-term care homes, are not included in this transfer at this time.

The transition of the functions of HRIT will take place over the next three months.

"The ministry will make every effort to ensure a smooth transition and is committed to timelines for capital projects as announced in the government's five-year infrastructure plan," Stolte said.

This transfer of projects will lead to an increase in the number of staff. There will be 27 additional permanent positions created in the branch.

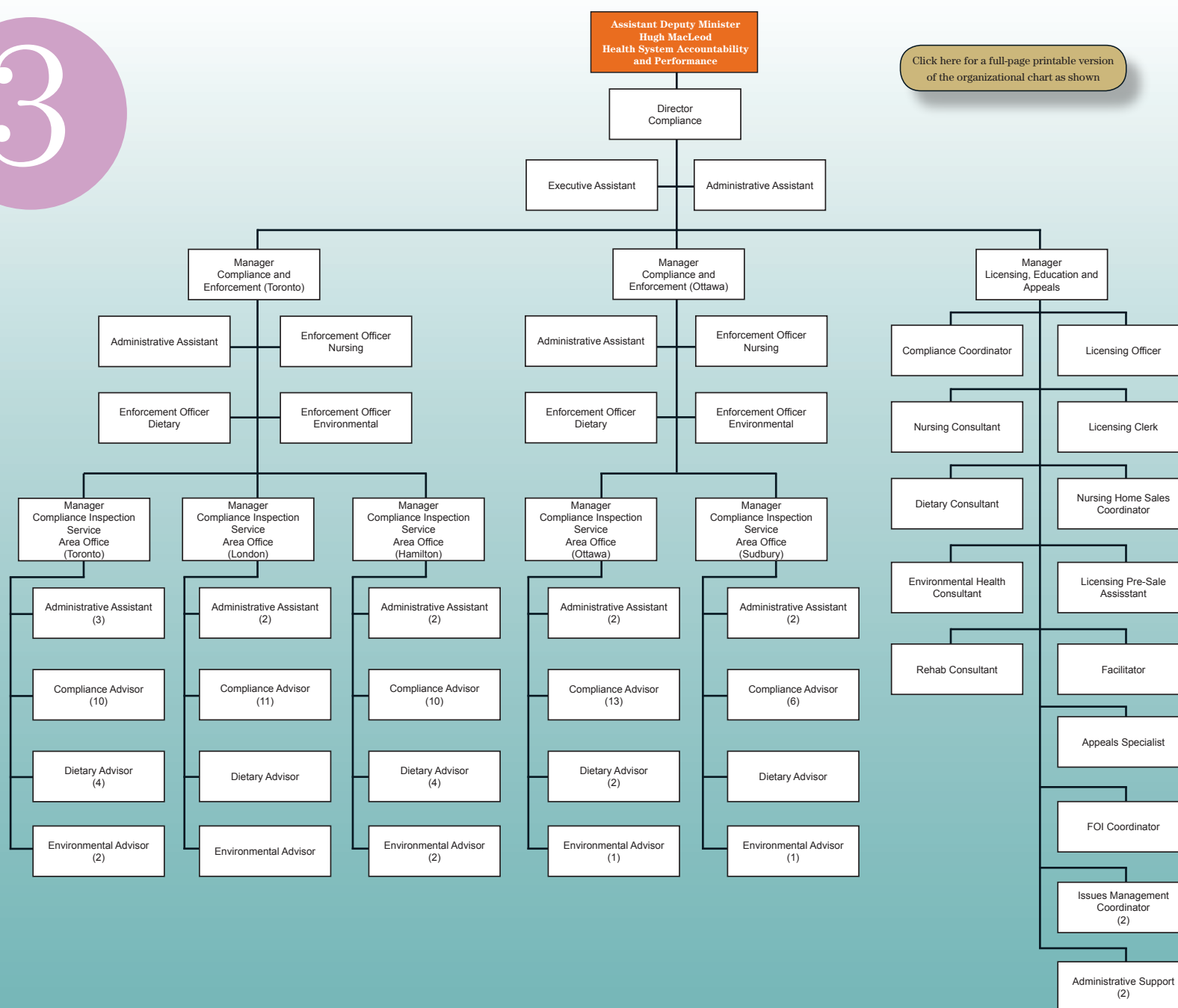
The organizational chart of the branch can be found above.

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Compliance Branch Organizational Chart

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[Click here for a full-page printable version of the organizational chart as shown](#)

Compliance Branch

The Compliance Branch, within the Health System Accountability and Performance Division, will work with the LHINs and other branches across the ministry, as well as other provincial ministries with compliance mandates.

The ministry will continue to be responsible for all long-term care (LTC) compliance and inspection functions across the health system. This includes monitoring and enforcing standards; licensing, educating and handling appeals; and providing support for long-term care home closures, re-developments and sales.

LHINs on the other hand, will be responsible for signing and monitoring the service agreement for each long-term care home, including LTC home performance accountabilities and funding.

“The goal is to ensure long-term care homes continue to provide the best quality of care to their residents,” said Hugh MacLeod, Assistant Deputy Minister, Health System Accountability and Performance Division.

As the transition progresses, the branch mandate will expand beyond long-term care. Over time, it will develop, implement and manage a comprehensive program to ensure that the province’s health care providers are in

compliance with legislation.

The branch’s compliance functions will be regionally based and dispersed across the province. There will be little or no change to work locations for compliance staff. The director as well as the licensing, education and appeals functions will be located in Toronto. There will be five service area offices, located in Ottawa, Toronto, Hamilton, London and Sudbury, as well as eight remote work locations in Windsor, Kingston, Peterborough, Thunder Bay, Owen Sound, Newmarket, Barrie and Mississauga.

“As the transition takes place, long-term care home resident safety will continue to be of the utmost importance. We must maintain the public trust and assurance that the ministry’s compliance role remains rooted at the community level,” MacLeod said.

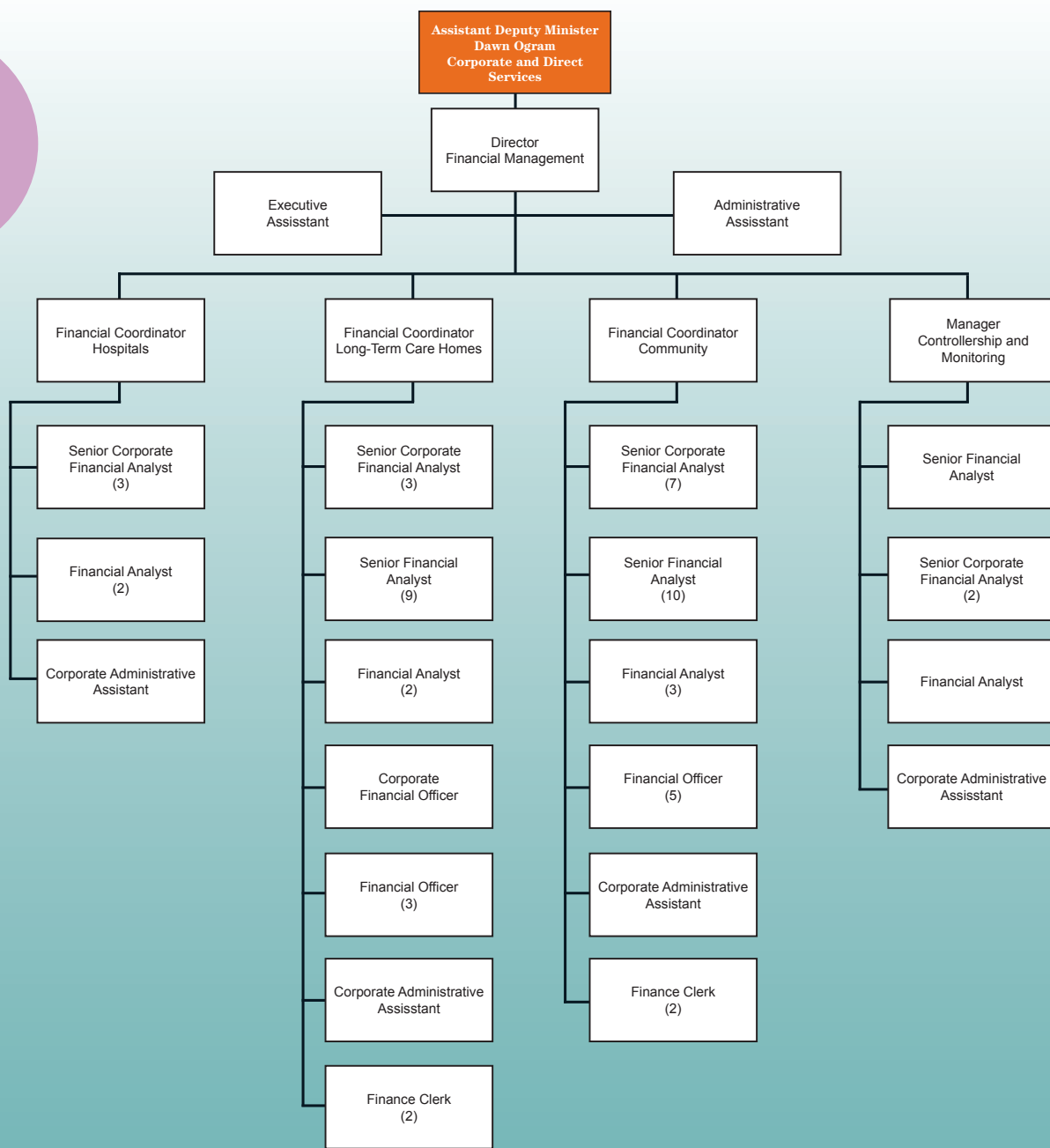
The new compliance organization structure has been developed to ensure a minimum of disruption to staff, as well as make sure that they can be onsite at a long-term care home within 24 hours.

The organizational chart of the branch can be found above.

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Financial Management Branch Organizational Chart

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[Click here for a full-page printable version of the organizational chart as shown](#)

Note: Positions labelled Corporate reflect former divisional Financial and Information Management (FIM) Branch positions.

Financial Management Branch

The new Financial Management Branch (FMB), which was announced last December and began operations in January, will consolidate some of the financial functions previously performed by the Regional Offices. Pier Falotico is the branch's director.

In future, LHINs will be directly responsible for making funding allocation decisions for approximately 3,000 health service providers in their communities, with the exception of the programs being retained by the ministry.

The Financial Management Branch will provide financial support to the LHINs for programs under their management, as well as to the Health System Accountability and Performance Division for ministry-retained programs.

The new mandate of

the branch includes processing transactions, including claims-based funding initiatives; gathering, validating and distributing in-year and year-end reporting; reconciling annual health service provider funding; and performing controllership-related functions.

Branch employees have been working hard to get the new central facility, at 5700 Yonge St., and transitional operations up and running (see branch photo on page six). With all staff in one location, there will be greater efficiency, better work load balancing across staff and a faster transition to a stewardship culture.

“Until the LHINs are fully operational, the Regional Office finance staff will remain in their current locations and continue to perform existing financial functions to maintain business as usual with stakeholders,” Falotico said.

The organizational chart of the branch can be found above.

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Andre Van Vugt Photo

Unwrapping the new Financial Management Branch

FMB opens its doors

Financial Management Branch Director Pier Falotico (front, near chair) and staff unveil the branch's new central facility at 5700 Yonge St., in Toronto. The FMB staff includes about 30 employees from the Regional Offices, on voluntary assignment, helping to get the branch fully operational by April 1, 2007.

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■ Issues Management and Media Relations Project

Details on the status of the Issues Management and Media Relations fast-track project will be provided soon.

■ The Human Resources Process

Last year, the ministry made a commitment to support and assist staff in the Regional Offices, with a goal to retain as many staff as possible.

A transition staffing plan was established when the fast-track projects were first announced. This plan included a set of principles that reflect the concerns and needs of ministry employees. The transition plan is based on established Ontario Public Service practices for organizational transformation.

This plan provides a process for the migration and matching of employees from the Regional Offices to the new branches, as seamlessly as possible.

Positions in the ministry's new organization are assessed against jobs in the Regional Offices to determine whether the position continues *as is*, *essentially the same*, or *new*. Where positions continue *as is* or *essentially the same*, employees with incumbent rights in those positions will move with the job. Vacant new positions will be available for in-placement for OPSEU represented employees and/or filled in accordance with collective agreement provisions, including redeployment for AMAPCEO and OPSEU represented employees.

In addition, some corporate staff (e.g. Compliance and Financial and Information Management staff) have changed reporting relationships and will now report to the new branches.

After the full process of matching and placement of Regional Office staff is completed, vacancies will be advertised, as per provisions of the collective agreement.

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All MOHLTC staff will then be able to apply for these positions.

■ Staff Resources

All staff will have access to learning and development opportunities to support them through this transition. The Employee Assistance Program (EAP) is also available 24/7, 365 days a year, to provide confidential advice, free of charge, to staff and their family. Call anytime — 1-800-268-5211, TTY (hearing impaired) 1-800-363-6270. (Service en français 1-800-363-3872, ATS personnes malentendantes: 1-800-263-8035.) Easy access to general information about a wide range of topics is available through FGI online at www.fgiworldmembers.com. For the password to the site, visit the Human Resources Branch website at <http://hrb.moh.gov.on.ca/> and click on the Employee Assistance Program button. ■

Employees can send their questions about the ministry's organizational change to the confidential e-mail (anewdirection@moh.gov.on.ca) and telephone feedback mechanisms (1-888-862-0528 or TTY: 1-800-387-5559) to get answers to their questions. Specific human resource questions regarding the transition should be directed to the Human Resources Branch hotline at 416-327-4472.

Stewardship steers the future of health care

In recent months, the A New Direction employee feedback accounts have received questions on how the organizational changes, when fully implemented, will enable the ministry to take on its new mandate of health-system stewardship. NEW Directions sat down with Deputy Minister Ron Sapsford recently to discuss more details on the specific elements of stewardship.

Stewardship is about looking at the big picture, instead of trying to micromanage the health care system, explained Deputy Minister Sapsford. “There is a general acceptance that in the past the ministry has spent too much time on the details of today and not enough on where we are going tomorrow,” Sapsford said.

To borrow an analogy from Dr. Gro Bruntland, the former director-general of the World Health Organization, the transition to stewardship is all about shifting gears from rowing the ship to steering it. The deputy minister pointed out that you don’t make a change this dramatic overnight. “There are certain parts of the health system that we have a very active involvement in and we need to adjust those working relationships quite carefully,” he explained.

Sapsford confirmed that it is imperative the ministry assume its new stewardship role, given the growing and aging population and technological breakthroughs and advanced therapies that are putting ever-increasing demands on the public purse. “We need to focus on what the health care priorities are for government investment, to ensure our populations are healthy and that disease is minimized in the years to come,” he added.

The deputy minister acknowledged that the ministry has always practiced elements of stewardship, but too often this has had to compete with day-to-day operations and crisis management. In the future, the ministry will spend more time and resources understanding where it wants to go, and what benchmarks it’s aiming for, Sapsford said.

With the Local Health Integration Networks (LHINs) becoming responsible for the oversight of health service providers, the ministry can focus on clarifying system outcomes, identifying program goals, and setting policies and strategies to achieve these expectations.

Sapsford said that we need to ask ourselves how we get from where we are today to where we want to be three, five and ten years from now and at what level of performance.

He stressed that the ministry has to shift much more strongly to these kinds of stewardship questions. “If the Ministry of Health and Long-Term Care isn’t asking those questions, finding the evidence, doing the analysis and giving advice to government — then nobody is,” he said.

Leaving behind some of the day-to-day questions we have occupied ourselves with and focusing more on those longer term, broader questions, Sapsford believes, is long overdue and absolutely vital. There will be much less focus

within the ministry on health care delivery and a more in-depth focus on the major issues facing the health system.

“Stewardship means knowing when and how to get out of people’s way and leave them to do what they do best,” he explained. “Stewardship means having the confidence and assurance that the health care system can deliver high quality care competently. It is what they do best – it’s not the ministry’s job directly.”

The ministry will retain responsibility for providing our health care partners with the framework, in terms of policy and funding, to ensure that improvements to the system are made. “There will always be provincial standards of care and benchmarks, but in the future it will be much more about health care stakeholders working together at the community level to find local solutions,” Sapsford stated.

New working relationships

The deputy minister said how excited he was that the ministry was taking on a full stewardship role after almost two decades of discussion of this idea in the health care system. As the ministry takes on this new role, he sees the possibility for real innovation happening both within the organization, as well as within the broader health care system.

As he travels around the province, Sapsford has already observed innovation happening. “In one LHIN area, for the first time ever, the CEOs of 10 hospitals are meeting to address common problems and determine how they can most efficiently and effectively work together.” As these new relationships are forged and nurtured over time, innovation and finding better solutions will come from the local level. Ultimately, they will strengthen the delivery of patient care and the health system as a whole.

As LHINs assume their full mandate and authority on April 1, the ministry will be in a better position to focus on the longer term public policy questions.

An evolving workplace

The deputy minister envisions the ministry becoming an increasingly dynamic work environment. “Where we are able to, we will change our business processes away from areas that are non-productive to answering the critical questions about the future of health care in the province,” he said. Sapsford sees the ministry, as an evolving workplace, where staff will delve into

pressing health issues, work with specialists and in teams, and plan and contribute to the future decisions affecting the health care of all Ontarians.

But how do we get to where we’re going?

He confirmed that there are many steps still to be taken along the way and he appreciates that on an individual level, professionally as well as personally, a change of this scope can feel daunting.

“A year ago, we gave people the big picture of where we wanted to end up. At that time, we didn’t know all the small steps that would get us there. This has raised a lot of uncertainty and questions,” Sapsford acknowledged. “People are saying, ‘Well I don’t see where I am’ and ‘How do I get there?’” he added.

The deputy minister said that as the next stages of the transition are implemented through 2007, staff will better understand and appreciate the outline for getting to the end-state of the ministry.

Sapsford added that part of the challenge for people is that they have to take time and honestly ask themselves what direction do they want their career to take. What are my skills? What are my interests? Where do I see myself being able to contribute? He encouraged staff to communicate their interests and goals to managers and human resources, as the ministry goes through the next phases.

A cultural shift

Stewardship isn’t just about changing work structures and job titles; it’s more complex. It is about changing mindsets and the way business is done. Sapsford said this represents a profound cultural shift.

“There is a division for each of the key stewardship functions and each is designed to work together smoothly and efficiently with the next,” explained Sapsford. He gave an example of how a business case will unfold under the ministry’s new stewardship role.

The Health System Information Management Division will collect research and evidence to support the development of a strategy. The Health System Strategy Division will develop the strategy and plans for the overall health care system. It will also provide all of the support for cabinet processes. The Health System Investment and Funding Division will examine the economic impact of the ministry’s decisions on the health care system and the funding investment required for the plans to succeed.

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Finally, the strategy needs to be implemented and managed over time by health service providers. This will happen through the Health System Accountability and Performance Division. This division will set out the accountability requirements to make sure the plans are carried out as the ministry intended.

The underlining principle is that all divisions across the ministry will need to work together on a single policy initiative. "In the future our work will be cross-divisional as opposed to a single division working on a single program. This is the cultural transition we have to make over the course of the next year or two," Sapsford said.

Teams with representatives from each of the divisions will come together and move apart as the issue or subject demands. The nature of the work will be approached on a project basis.

Stewardship in training

To ease this cultural shift, stewardship training for management staff is already well underway. Leadership training programs are being developed on how staff will work under this new cross-functional business model. Learning programs, workshops and orientation sessions are also being designed to help staff make this shift to a stewardship mindset.

Keeping an open mind

Throughout the transition, the ministry will evaluate its course and make adjustments as deemed necessary. "As we implement in the new structure, we will learn from our mistakes and make changes that will guarantee future improvements in the health care system," explained Sapsford.

The deputy minister said he wants staff at all levels to feel that their observations and ideas will be valued as the implementation proceeds. "I need people to focus on how we make improvements and to raise the questions: 'What things have we not thought of? Why are we doing this in that way? What are we going to do about that?'" he said.

Sapsford also encouraged managers to be open to hearing all kinds of criticism. "One needs to have an open mind and open ears and listen to people as we go through the implementation."

New structure takes shape

For the transition, 2007 is a key year. The LHINs will assume their full fiscal authorities and take on the responsibility and accountability for the day-to-day management of the health care system at the local level. The majority of the new branches of the ministry will be up and functioning by year-end.

"To date we have posted SMG2 and SMG1 positions. Once the senior management team is in place, staff will migrate from their current branches and work units into the new organizational structure. By the end of 2007, people will be working in a new structure," Sapsford said.

In closing, the deputy minister said that as managers begin to work with their staff directly in the new divisions, the cultural shift towards stewardship will take root and evolve. "I know that we are on the right course at the ministry, and we'll stay the course until we reach our destination. It is a time of monumental change, but change that will be crucial to the future well being of all Ontarians." ■

I&IT Consolidation Continues



Denis MacDougall Photo

Fraser Duff (right), senior IT security policy specialist, Health Services I&IT Cluster, is congratulated by his colleagues for becoming the first in Canada to receive the designation Certified Information Privacy Professional. Fraser is joined by the cluster's Chris Renaud, chief information officer, and Cathy Hamilton, head of the Information Management Architecture and Systems Testing Branch.

Early in the year, Chris Renaud, chief information officer of the Health Services I&IT Cluster (HSC), hosted town hall meetings in Kingston and Toronto to welcome staff in nine IT positions that were transferred to the cluster from the ministry's program areas. Staff came from the Communications and Information Branch and the Finance and Information Management Branch, Acute Services and Community Health Divisions.

This move continues the consolidation of I&IT staff into the cluster, which began in September 2006. To date 145 positions from 11 program areas have transferred into HSC, a process overseen by the Business and I&IT Integration Group — a governance committee co-chaired by Susan Fitzpatrick, executive director of negotiations, Health System Accountability and Performance Division and Joan Berry, head of Business Consulting and Governance Branch, HSC.

The HSC and program areas are working closely together to ensure service continuity throughout the consolidation period. While reporting relationships have changed and the functions and accountability for I&IT services have shifted to the cluster, employees will remain primarily in their current locations with no changes to service. Over the next several months, an assessment will be done to ensure the most effective integration of these new I&IT staff into the existing operations of the cluster.

This consolidation will enhance the cluster's ability to support information management functions in the ministry, and will provide benefits to staff through significant career opportunities in a larger I&IT arena.

"Consolidating IT staff and resources enables more integrated management of I&IT assets across the ministry," Renaud said. "Supporting the stewardship functions of the ministry will require increased use of technology and product standards, broad adoption of best practices, effective service measurements,

and full alignment with the directions of e-Ontario."

HSC supports the I&IT needs of the Ministries of Health and Long-Term Care and Health Promotion. Employees who recently transitioned into the cluster will be able to take advantage of a new orientation program and technical training. They will also have the opportunity to attend regular town halls that will enhance internal communication and align staff with activities in the cluster, the two ministries the HSC supports and the I&IT organization at large.

HSC is taking active steps to deliver a responsive, collaborative and service-oriented culture to help MOHLTC move forward to achieve its strategic objectives. In addition, it is working hard to be a positive work environment for its staff; as an example, HSC recently launched a recognition program, to support these goals and to acknowledge and honour staff doing outstanding work. The first recipients of the Rx Program, which stands for "Reaching Excellence", included teams as well as individuals in the following categories:

- **Teamwork:** Health Network Systems Procurement team and the Kingston Mainframe Disaster Recovery Test team
- **Innovation as well as Teamwork:** Virtual Environment for Server Consolidation and Application Hosting team
- **Customer Service:** Sean Carson was recognized for consistently modeling excellence in this important area
- **Personal Milestone Recognition:** Marty Sargent for 21 years of exemplary service in supporting the I&IT needs of public health in Ontario, and Fraser Duff for obtaining the first Certified Information Privacy Professional designation in Canada.

The cluster is poised to build on these achievements and to support the ministry's stewardship agenda. ■