

Progress Report
for the period June 1, 2001 – June 1, 2002
of
Recommendations
from the
Report of the Review and Implementation
Committee for the Report of the
Pediatric Cardiac Surgery Inquest



INTRODUCTION

This report outlines progress made since June 1, 2001 on the recommendations of the Review and Implementation Committee for the Report of the Manitoba Pediatric Cardiac Surgery Inquest (Thomas Report). The mandate of this Committee was to advise the Minister of Health and the Government of Manitoba on the appropriate follow-up actions on each of the findings and recommendations made by Associate Judge Murray Sinclair at the Pediatric Cardiac Surgery Inquest.

The Thomas Report acknowledged and reported on the work that had already been started by many organizations, as the Sinclair Inquest proceeded, and following the release of the Inquest Report. Work on some of the recommendations will take years to complete, while others are nearing completion. This progress report includes an update of progress and anticipated next steps for each recommendation.

The Thomas Report was released on May 24, 2001. Manitoba Health set up a monitoring program to collect information on the activities and progress related to the recommendations made to a number of organizations in Manitoba.

These organizations include the Health Sciences Centre (HSC), Winnipeg Regional Health Authority (WRHA), the College of Physicians and Surgeons of Manitoba (CPSM), the Office of the Chief Medical Examiner (OCME), Regional Health Authorities (RHAs) throughout the province and Manitoba Health. Although not specifically referenced in the Thomas Report, CancerCare Manitoba (CCMB) was included in the monitoring program as part of the province-wide approach taken by Manitoba Health.

Manitoba Health set up a process to develop provincial policies for key areas of the recommendations. This involved working groups from the regional health authorities, CancerCare Manitoba and experts from other organizations and government departments.



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<p>Human Resource Processes</p> <ul style="list-style-type: none"> Steps be taken to expedite and better coordinate the physician recruitment and selection process among the organizations involved so that promising candidates are not lost. Contracts and letters of appointments of physicians should require a notice period for departures and that any breach of this requirement be included in letters of reference for positions elsewhere. Formal search committees be used for all hospital hirings. Such search committees should be multidisciplinary, including physicians, nurses and other relevant health personnel. A number of strategies be used in the recruitment and selection process to determine willingness and demonstrated capacity of physicians and surgeons to work in a team context. 	<p>WRHA improvements to medical staff recruitment process include vacancy approval process, mandatory advertisement and guidelines for reference checks.</p> <p>Regional medical staff office established and specialty physician recruitment coordinator hired at WRHA to continue focused attention to the recruitment process.</p> <p>WRHA has a consistent process in place for physician appointment and the granting of privileges.</p> <p>A plan is in place at WRHA to include breach of notice period in reference letters.</p> <p>CancerCare Manitoba has a coordinated recruitment process for medical leader positions that includes interdisciplinary input.</p> <p>HSC utilizes search committees for some senior leadership positions.</p> <p>WRHA and HSC are putting more emphasis on assessing team work capacity of prospective candidates and have now included this item as part of reference checks.</p>	<p>Move forward on standardized selection guidelines, interdisciplinary interviews for recruitment process at WRHA and ensure consistent application of process to recruitment of all medical leadership positions.</p> <p>Complete revisions to medical by-laws pertaining to recruitment.</p> <p>Periodic review of process for effectiveness and consistency of inclusion of this item in reference letters.</p> <p>Ensure guidelines are in place for the use of search committees in all organizations. Include multidisciplinary participation.</p> <p>Include questions on teamwork in interviews for physicians and ensure consistent application.</p>



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> All health care institutions in the Province have written orientation policies and programs and that participation in such programs be mandatory for all new personnel, including physicians. HSC examine means to encourage more physicians to participate in courses on teamwork and conflict management. This would involve, in part, examination of alternative remuneration arrangements for physicians. Junior “surgeons” shadow their senior colleagues and that formal mentoring relationships be developed. Manitoba Health and the WRHA review staffing levels for pathologists at HSC in light of the issue of timely autopsy reports raised in the Sinclair Report. This recommendation must be acted upon with the recommendation on possible changes to the death review process conducted by the Office of the Chief Medical Examiner (OCME). 	<p>All RHAs have staff orientation programs, either regionally or site-specific. The RHAs of Brandon, Churchill and South Eastman have programs in which physicians consistently participate. Program for physicians in the RHA of Interlake is ready to implement when new physicians arrive.</p> <p>Other RHAs and CancerCare Manitoba are at the planning stage. Some specific orientation for physicians is occurring.</p> <p>HSC has assigned a project manager to coordinate planning process for physician orientation.</p> <p>Training on teamwork and conflict management is available at some sites.</p> <p>How a team functioned is reviewed and documented in the new critical occurrence policy and program at WRHA.</p> <p>WRHA is exploring ways to include this topic in medical resident curriculum.</p> <p>WRHA has started a mentoring system for new, junior physicians in the surgery program.</p> <p>WRHA is preparing for a pathology workload review to assist in planning for the appropriate level of staffing.</p>	<p>Finalize the physician component for orientation in all other RHAs and CancerCare Manitoba, including Physicians Orientation Handbook.</p> <p>Proceed with question and answer sessions with new physicians at WRHA.</p> <p>Complete development of programs for physicians. Determine processes for more widespread participation of physicians.</p> <p>Track teamwork factor in the occurrence reporting.</p> <p>Finalize eligibility of conflict resolution workshops for physicians at HSC for continuing medical education credits.</p> <p>Identify other programs in which mentoring is occurring.</p> <p>Articulate principles for mentoring.</p> <p>Establish a plan for formal mentoring.</p> <p>Complete workload review. Continue discussions with OCME to review results and determine any change to staffing levels.</p>



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> Manitoba Health identify anomalies in the fee schedule for physicians and surgeons that do not support provincial health priorities and seek approval for a bargaining strategy to correct those anomalies in advance of fee negotiations with the Manitoba Medical Association (MMA). 	<p>Fee for service negotiations between Manitoba Health and MMA commenced April 5/02. Manitoba Health is currently reviewing the tariff rates for all surgical procedures, including pediatric surgical procedures.</p>	<p>Complete review of tariffs. Table proposal if indicated from review.</p>
<p>Accountability and Quality</p> <ul style="list-style-type: none"> Each program management division develop an “accountability map” which designates responsibilities and traces the lines of reporting back to the Chief Operating Officer (COO) of HSC. Further implementation of the Program Management model at HSC through clear assignment of costs and the generation of program information along program lines is recommended. On a cyclical basis, the HSC evaluate the performance of its program teams to ensure that they are functioning on the basis of shared leadership and the disciplinary expertise of all members. HSC, working with WRHA staff, develop a multi-year cycle of quality audits of specific clinical and support service areas. 	<p>Lines of accountability are clarified in job descriptions and organization charts at HSC. Accountability is continuously reinforced.</p> <p>Matrix management model at WRHA incorporates accountability and responsibility for senior management, facility site management, and program management and within operating agreements with hospitals and service purchase agreements with personal care homes.</p> <p>Structure of program management in place at HSC. Functioning of the model is continuously being improved.</p> <p>Informally, HSC management has focused to a greater extent on team dynamics and function, with coaching provided as needed.</p> <p>Program medical directors are evaluated by vice presidents.</p> <p>Quality councils exist at HSC and CancerCare Manitoba to review and monitor information on quality audits, initiatives and results.</p> <p>Provincial policy near completion.</p>	<p>Establish a process to determine staff understanding of lines of accountability. Identify actions to address areas requiring clarification and education.</p> <p>Undertake formalized assessment of status of program management and focus attention to areas needing to be strengthened.</p> <p>Determine a more formalized system to evaluate team functioning, including standardized assessment tools.</p> <p>Ensure linkage of quality audits to risk management system. Review outcomes of action plans from quality audits.</p> <p>Work on alignment/implementation of provincial policy by RHAs</p>



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> Funding for the proposed Child Health Program Quality Initiative is supported and recommended. Accountability of the COO of HSC to the WRHA Board of Directors be reviewed to ensure that the Board is setting broad policy direction for the hospital and is providing sufficient scrutiny of hospital operations to assure itself that competent, safe, effective and ethical service is provided. Performance measurement and performance reporting on surgical and program outcomes is endorsed. However, cautions are noted in that there are inherent analytical problems with such activities and significant financial costs involved in creating computer based information structures. Manitoba Health should play a lead role in collaborating with other stakeholders in the system to establish priorities in the area. 	<p>Program established under the direction of a director of quality (physician) and a nurse manager. Plans are underway to develop an integrated quality program that includes quality improvement, utilization management and risk management.</p> <p>The COO reports directly to the Chief Executive Officer (CEO) of WRHA, is a member of the WRHA Executive and attends the Programs and Services sub-committee of the board. Accountability and communication mechanisms are in place.</p> <p>Provincial policy development for health system at initial stages.</p> <p>All regions and CancerCare Manitoba undergo accreditation processes based on standards of the Canadian Council on Health Services Accreditation.</p> <p>Child Health Program participates in Canadian Pediatric Data Share Network that ensures standardization of data for comparability and in the Pediatric Cardiac Care Consortium wherein outcomes can be compared with peer organizations.</p> <p>A template for performance measurement dimensions has been developed through a joint initiative of Manitoba Health and the RHAs. Performance indicators for home care and mental health are underway.</p>	<p>Ongoing development of initiative. Ensure input from families is incorporated in process.</p> <p>Periodic review to ensure system works effectively.</p> <p>Ensure information provided to the board on an ongoing basis is of sufficient quality and quantity for the board to provide reasonable oversight of WRHA operations.</p> <p>Manitoba Health will continue working with RHAs and CancerCare Manitoba to identify priorities for further application of the framework.</p>
<p>Risk Management</p> <ul style="list-style-type: none"> HSC is commended for the creation in January, 2001 of the Nursing Practice Council and recommends that the Council become a key source of advice on nursing practices throughout the institution. 	<p>The council is fully operational and is chaired by two front line nurses. Attendance from all nursing units has increased. HSC risk manager attends. Strategic plan developed. Risk issues are highlighted.</p>	<p>Nursing leaders across facilities to continue discussions of implementation of similar structures in all facilities in Winnipeg.</p>



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> Leadership of HSC give serious and sustained attention to changing the climate and culture of the institution as a more prominent part of an integrated strategy for organizational change. Part of the cultural change process within HSC involves a recognition of the inevitability of medical errors and other untoward events and an acceptance of the need to learn from such developments. 	<p>Forums for communication between staff and management have been instituted.</p> <p>Efforts undertaken to address work life issues arising from staff satisfaction surveys.</p> <p>CancerCare Manitoba management is undergoing leadership training as part of cultural change.</p> <p>New/revised policies for critical occurrence reporting and internal disclosure indicate culture is changing at HSC.</p> <p>Four conferences over two years are planned to educate health professionals on prevention of error and best practices for patient safety. The first conference was held on April 19/02 with over 390 in attendance. Sponsors are Winnipeg Regional Health Authority, College of Physicians and Surgeons of Manitoba, College of Registered Nurses of Manitoba, Manitoba Pharmaceutical Association and Manitoba Health.</p> <p>Other education/awareness events related to culture change and medical error have occurred at HSC, i.e. staff forums and video presentations.</p> <p>Manitoba Health monitoring program for Thomas Report recommendations serves as impetus for progress.</p> <p>Manitoba Health is supporting initiatives being undertaken at the national level, such as the Patient Safety Task Force.</p>	<p>Undertake a baseline assessment of organizational culture at HSC to enable tracking of areas of improvement and/or areas that need more attention.</p> <p>Proceed with implementation of both policies, including education of managers and staff.</p> <p>Track and review information from reporting system.</p> <p>Determine strategies to apply what is learned from these conferences to improve systems for patient safety.</p> <p>Identify additional strategies at HSC on culture change related to medical error.</p> <p>Continue to work with other provinces to develop a national strategy.</p>



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> The new critical incident reporting policy within HSC be strengthened by including protection against reprisal for individuals who raise legitimate, reasonably based concerns. The elements of a sound risk management system exists at HSC. The Review Committee recommends that stronger risk management strategies and better information on different types of risk be developed. HSC and other hospitals in Manitoba develop policies on internal disclosures as part of a broader strategy to promote culture and climates of openness and creative problem solving in which individuals can raise legitimate, and reasonably based concerns without the fear of reprisal. 	<p>WRHA has revised the critical occurrence reporting system that includes policies on critical clinical occurrences, disclosure of critical clinical occurrences and occurrences. This system has been tested in neonatology. A database has been developed.</p> <p>All RHAs and CancerCare Manitoba have forms of critical incident reporting. These are under revision.</p> <p>Provincial policy near completion.</p> <p>WRHA and HSC have established an integrated Risk Management Steering Committee, a designated managerial position and a risk team to manage risk at HSC. Flow of communication is identified in this system.</p> <p>CancerCare Manitoba has developed a corporate risk management strategy and reviewed risk management processes to identify areas requiring further scrutiny or support.</p> <p>Internal disclosure policy has been developed at WRHA. This policy clearly defines processes for reporting, where an employee has reasonable grounds to believe that another person has committed a wrong doing that affects patient care.</p> <p>Provincial policy for health system near completion.</p>	<p>Finalize education of staff regarding policies and investigation management.</p> <p>All RHAs and CancerCare Manitoba to complete revisions to similar policies and establish plans for implementation.</p> <p>Continue development to reach full function of system.</p> <p>Ensure risk management information is reviewed by senior management and boards of directors of organizations.</p> <p>Finalize policy. Identify disclosure officer. Undertake education of managers and staff.</p> <p>Track usage and outcomes of the system.</p> <p>Assess the effectiveness of internal disclosure policies following a period of full implementation.</p>



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> Manitoba Health monitor the development of internal disclosure policies and their operations with hospitals and the experience with whistleblowing laws in other jurisdictions. If, after five years, there are continuing problems and complaints involving a lack of responsiveness by hospitals to concerns raised by their staff, Manitoba Health should at that point consider the adoption of a <i>Whistleblower Act</i> for the health field or the public sector in general. HSC authorities are commended for their continuing efforts to improve the informed consent policy and to educate employees about its contents and requirements. The Review Committee recommends that the informed consent policy at HSC become the model for adoption with RHAs and/or health facilities throughout the Province. 	<p>The policies on development of internal disclosure will be monitored by Manitoba Health.</p> <p><i>The Protection of Persons in Care Act</i>, proclaimed May 1, 2001, requires mandatory reporting of abuse of people in the care of hospitals and personal care homes. Anyone, including health professionals, is protected from action or proceedings if they report abuse. Caregivers and others who work with people in care are protected from malicious reporting.</p> <p>Education related to the <i>Act</i> completed in all RHAs.</p> <p>Protection for Persons in Care office, Manitoba Health, is fully operational.</p> <p>Complaints and concerns received at the office of the Minister of Health are followed-up and responded to.</p> <p>WRHA/HSC has a revised policy on informed consent that is now being implemented. Education for nursing managers complete.</p> <p>RHAs of Churchill, North Eastman and South Eastman completed revision and implementation of policy. Policies are underdevelopment in other RHAs.</p> <p>Provincial policy development for health system at initial stage.</p>	<p>Continue monitoring.</p> <p>Complete HSC brochure for patients/families explaining informed consent.</p> <p>Develop a plan to evaluate application of policy once fully operational for a time.</p> <p>Complete revisions to policies.</p>



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> Manitoba Health to produce and distribute “A Guide to Manitoba’s Health Services”. The proposed guide would contain information such as: the principles of <i>The Canada Health Act</i>, a listing of the health services which are insured and not insured within the Province, the right of patients to informed consent, the provincial policy on out-of-province travel for medically necessary care, an outline of delivery structure for health care services and an office location, telephone number and website where additional information and answers to questions can be found. All RHAs and/or facilities produce a similar guide to services and a contact person for questions and answers. The proposed “Guide to Manitoba’s Health Services” indicate clearly that out-of-province to receive medically necessary services is not an unqualified right. The guide should provide a contact location for information on conditions of eligibility and the nature of the financial support for out-of-province travel. 	<p>Guide near completion. The guide will provide information on <i>The Canada Health Act</i>, insured medical services, descriptions of health services and contacts for questions.</p> <p>Regulatory amendments were made in March/02 under <i>The Regional Health Authority Act</i> to enable the sharing of information between Manitoba Health, the RHAs and other health care providers. This assists in the management of complaints.</p> <p>Guides to services are in place in the RHAs of Brandon, Churchill, Interlake, Marquette, North Eastman and Norman. Burntwood RHA interim guide is near completion. CancerCare Manitoba has a Patient Information Handbook. WRHA Sites and Services website is near completion. HSC Patient Services and Information Directory is near completion. Most RHAs have a concerns management system in place.</p> <p>Provincial policy near completion.</p> <p>Manitoba Health has developed an out-of-province brochure that is available to the public.</p> <p>This information will also be included in the guide and is on the Manitoba Health website.</p>	<p>Ensure widespread distribution of guide.</p> <p>Complete all guides or other document for patient information.</p> <p>Distribute in conjunction with guide to services.</p>



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<p>Office of the Chief Medical Examiner</p> <ul style="list-style-type: none"> Manitoba Health through the RHAs should direct hospitals to notify the OCME of “significant changes” to programs and of program reviews prompted by hospital-related deaths. The efforts of the OCME are supported to improve tracking of hospital-related deaths, but that further steps in this direction should be integrated with the development of a computer based information infrastructure for the overall health system. A review should be undertaken of the role, number and location of medical examiners based on the outcome of the current fee dispute between the Department of Justice and the MMA representing medical examiners. The OCME develop guidelines for pathologists on the conduct of autopsies to ensure that all relevant perspectives are included. 	<p>Through the monitoring program the RHAs were advised to inform the OCME of this information.</p> <p>All RHAs follow the death reporting requirements under <i>The Fatalities Inquires Act</i>.</p> <p>Several RHAs have added OCME to distribution lists for general information. OCME notes communication has been enhanced.</p> <p>Regular discussions are held between WRHA and OCME regarding additional exchange of information.</p> <p>Provincial policy near completion.</p> <p>Upgrading of the OCME database is in the planning stage, in conjunction with the Department of Justice.</p> <p>Surgical deaths tracked on separate database.</p> <p>Negotiations between the Manitoba Medical Association and Manitoba Health (on behalf of Manitoba Justice) are scheduled to take place over the next few months in concert with the negotiations for pathologists. A comprehensive review of the role, number, and location of medical examiners will take place in the context of these negotiations.</p> <p>Guidelines for conducting autopsies are in place.</p>	<p>Refine communication process as needed.</p> <p>Establish plan for the required upgrade.</p> <p>Manitoba Health to analyze the situation in consultation with Manitoba Justice and make recommendations for negotiation mandate.</p> <p>Proceed with negotiations.</p> <p>Periodic review of whether the guidelines are being followed, and of the guidelines themselves.</p>

RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> The OCME conduct a process analysis of the steps involved with its investigations and autopsies to determine whether a “re-engineered process” could maximize productivity and expedite the autopsy process. Lawyer representing the families urged the Review Committee to remove the current protection against disclosure of standards committees’ proceedings. This would require amendments to both <i>The Medical Act</i> and <i>The Evidence Act</i>. Since <i>The Evidence Act</i> is the responsibility of the Minister of Justice, the Review Committee recommends further discussion of the issue by the Departments of Justice and Health. 	<p>Autopsies have been consolidated at HSC and St. Boniface Hospital in Winnipeg. Efficiencies in completion of autopsies have been achieved from over 6 months in 1994 to 2-3 months currently for the final report (including all ancillary tests).</p> <p>Discussions have been held between Manitoba Health and Manitoba Justice to review the scope of privilege (legal protection) in the province as compared to other provinces.</p>	<p>Ongoing review of process for autopsies to ensure time-frames for completion are maintained.</p> <p>Develop recommendations based on this review.</p>
<p>College of Physicians and Surgeons of Manitoba (CPSM)</p> <ul style="list-style-type: none"> CPSM adopt a more proactive education strategy to promote public awareness of the role that the College plays within Manitoba’s health care system, including its role in dealing with complaints about physician behaviour and its disciplinary powers. The Code of Conduct be modified to include a duty on the part of physicians to inform patients and others about the role of the College and the availability of the complaint process. 	<p>Pamphlet is being revised.</p> <p>Draft amendment to the Code of Conduct approved by executive committee of the college.</p>	<p>Complete pamphlet and ensure widespread dissemination.</p> <p>Undertake additional means for public awareness of the role of College.</p> <p>Present to annual meeting in June/02.</p> <p>Ratify change. Proceed with implementation.</p>

RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> • CPSM work with Manitoba Health and other interested groups to develop a system of “physician profiles” describing the education, experience, training, awards, disciplinary history and other information deemed relevant for each physician practicing in Manitoba. In the context and format for physician profiles, a balance must be found between the public’s right to know and easy access to information with the right of physicians to a measure of privacy and to an accurate, balanced and fair interpretation of their history of medical practice. • CPSM proceed to develop a more formal program of Continuing Medical Education for its members. • CPSM adopt the Physician Achievement Review process used in Alberta to incorporate both peer review and patient input into the evaluation of physician performance. • CPSM, in consultation with Manitoba Health, develop over the next five years a program for the periodic re-certification of doctors as a means of ensuring quality practice and maintaining public confidence and trust in the profession. 	<p>Committee established to review and recommend an appropriate model. Representation on the Committee includes the College of Physicians and Surgeons of Manitoba, the Manitoba Medical Association, the Coalition for Improved Access to Physician Profiles, the RHA Council of Chairs, the public and Manitoba Health. The Committee will identify the information to be included in the physician profiles and the sources of data.</p> <p>CPSM is working with the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada towards mandatory participation of all Manitoba physicians in the continuing professional development cycle for maintenance of certification.</p> <p>Alberta system reviewed by CPSM. Interim evaluation of this system has raised concerns over cost and whether the system is effective in identifying physicians for further assessment.</p> <p>Re-certification is the responsibility of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.</p> <p>CPSM undertakes revalidation under several audit/review programs.</p>	<p>Complete workplan and recommend model.</p> <p>Amendments to <i>The Medical Act</i> to allow for the collection and release of this information are being drafted for introduction in the current legislative session.</p> <p>Complete this process.</p> <p>Locate suitable system. Continue to work with the Colleges in the Western provinces in this regard.</p> <p>Requires national discussion at Federal/Provincial/Territorial meeting of Ministers of Health.</p>
<p>Western Canadian Children’s Heart Network (WCCHN)</p> <ul style="list-style-type: none"> • There should be no restart of pediatric cardiac surgery at HSC. Fiscal resources that would be utilized for a Manitoba pediatric surgery program should be directed to support the 	<p>Program has not been restarted. Children are receiving services primarily in Edmonton, and on occasion in other Canadian cities.</p>	<p>Continue to refer children to centres in other provinces.</p>



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> The Province of Manitoba continue to support and play a lead role in the development of the WCCHN as basis for providing high-quality pediatric cardiac surgery for Manitobans. In the development of the WCCHN that attention be paid to the needs of families. Patient experience and patient satisfaction should be a larger component of the formal in-depth evaluation scheduled to take place several years after the launch of the program. The WCCHN be seen as a possible model for extension of collaboration with pediatric surgical programs in Eastern Canada and for other specialty programs where Manitoba could benefit from participating in inter-provincial programs. 	<p>WCCHN continues to be developed with Manitoba taking the lead role.</p> <p>Variety Children’s Heart Centre provides support to families.</p> <p>Development of sites of excellence for specific medical procedures has been discussed at the level of Premiers.</p>	<p>Ongoing development.</p> <p>As the network develops, ensure needs of families are incorporated.</p> <p>Proceed with further discussion and plans.</p>
<p>Manitoba Health</p> <ul style="list-style-type: none"> The regionalization process be completed to include all health facilities. 	<p>Amendments in 2001 were made to <i>The Regional Health Authority Act</i> to strengthen accountability of non-devolved facilities to the RHAs.</p> <p>Transfer of direct funding for proprietary personal care homes to RHAs has been completed.</p> <p>Marquette and South Westman RHAs are proceeding with voluntary amalgamation to take affect July 1/02.</p>	<p>RHAs and proprietary personal care homes to proceed in working through transition issues. Finalize service purchase agreements by the Fall/02.</p> <p>Marquette and South Westman RHAs continue to work with Manitoba Health towards completion of amalgamation.</p> <p>Finalize amalgamation regulated under <i>The Regional Health Authority Act</i>.</p>



RECOMMENDATIONS	PROGRESS	NEXT STEPS
<ul style="list-style-type: none"> • Completion of the initiative to more clearly align responsibilities within the provincial-RHA relationship. This will serve as the basis for clearer direction and a sounder accountability framework within the regional health care model. • To perform in its new role, Manitoba Health needs to be reorganized and to develop new kinds of knowledge and skills among its employees. • Recent actions and further proposals put forward to the Government of Manitoba by the Minister of Health and the Deputy Minister of Health are supported by the Review Committee. • The work of the provincial taskforce developing a health technology strategy as a basis for the creation of an information rich context for better informed policy-making, management and risk avoidance is supported by the Review Committee. • Within a year of the release of this report, the Minister of Health, with the support of the Department of Health, prepare a status report on action taken to date within the various institutions to implement the recommendations. This status report should be made public and tabled in the Manitoba Legislature. 	<p>RHAs have established service purchase agreements with non-devolved health organization in the regions.</p> <p>Refers to the accountability mechanism of performance contracts.</p> <p>Amendments to <i>The Regional Health Authority Act</i> related to strengthening the accountability of RHAs are under consideration for introduction in the current legislative session.</p> <p>Structural re-organization of Manitoba Health in effect since January/02.</p> <p>Refers to the re-organization and revised functions of Manitoba Health as above.</p> <p>Technology programs for the Western Children’s Heart Network, provider registry, Manitoba Telehealth and medical claims processing are under development.</p> <p>Completed.</p>	<p>Complete legislative process.</p> <p>Revise and refine functions associated with the structure. Work through transition processes.</p> <p>Proceed with plan for technology infrastructure as funding permits.</p>