

Health care professionals and clinical experts continue to work on the development of a province-wide plan to deliver **better health outcomes, shorter wait times and improved national rankings.**

As [Provincial Clinical Teams](#) focused on Wave Two, Three and Four specialty areas prepare to kick off their planning, team members can expect to soon be provided with relevant current state analysis of where, how and by whom care is provided across Manitoba as well as a jurisdictional scan of how care is provided in other jurisdictions and a summary of past recommendations from expert studies and reviews.



At the same time, Wave One specialty teams, including clinical leaders with expertise in Emergency, Critical Care, Acute Medicine, Primary Care and Community Services and with broad experience working in communities across the province have been hard at work developing the elements of new clinical models within their specialty areas.

This work involves the determination and definition of relevant clinical pathways, service models and standards, as well as specific provider roles involved in the delivery of care.

In line with the patient-centered approach being taken to clinical and preventive services planning across all specialty areas, Wave One Provincial Clinical Teams began their journey earlier this year with a review of substantial local data and evidence as well as information on clinical and patient pathways, standards of care, and innovative approaches used in jurisdictions both across Canada and elsewhere.



Teams then modeled the typical patient journey across a number of scenarios, beginning with the first point of access and outlining the pathway along the continuum of care. PCT members looked at the key building blocks – points of access, early intervention, care coordination and location of care – to develop a robust understanding of influencing factors related to how and where care is provided, the current standards of service, and established provider roles.



PCT members are now adjusting and refining these proposed future state models, giving consideration to key life stages, population health priorities, and service delivery realities, including the most appropriate location for patients to receive quality service, based on need, acuity and geography.

The Deloitte team is taking the input provided by PCTs and building models that will reflect both our learnings from other jurisdictions and our unique Manitoba realities.

Specific focus is also being paid to improving the transitions between acute and community care, both to enable earlier supported discharges and to ensure access for populations in rural and remote areas of the province.

In order to test the applicability of the proposed models in various settings, provincial clinical teams are applying them to representative, or illustrative, patient examples. This allows for the identification of gaps in service, interdependencies with other specialty areas, and areas of opportunity yet to be explored. Patient stories are being incorporated into each workshop to ensure our planning remains focused on patient-centred, evidence-based approaches to improve the quality of care we are able to deliver while ensuring resources and expertise are focused on the highest priority areas.

The Patient Journey

Participants in the Emergency, Critical Care & Acute Medicine and the Primary Health & Community Services workshop last week viewed a video that took them to both northern and rural Manitoba for a deeper look at the journey patients from the north can face in accessing services that require them to travel to Winnipeg for care as well as the increasingly important role that technology, innovation and a supportive team play in providing health care closer to home.



[View Patient Journey](#)

Our goals

Simplified pathways and processes

Integration across providers and across continuum of care

Coordinated functions, reducing fragmentation

Standards and services established by provider