



# STRATEGIC PLAN 2023 - 2028

Health and Wellness for All





*“Prairie Mountain Health acknowledges that it provides services in facilities and sites located on the original lands and traditional territories of the Cree, Dakota, Ojibway, Oji-Cree and homelands of the Métis.*

*Prairie Mountain Health respects that the First Nation Treaties were made on these territories, and we commit to continued collaboration in partnership with First Nation, Métis and Inuit people in the spirit of reconciliation.”*



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Une version française du plan stratégique de Santé Prairie Mountain pour 2023 à 2028 est accessible sur notre site web: [www.prairiemountainhealth.ca](http://www.prairiemountainhealth.ca).

A French version of Prairie Mountain Health's 2023-2028 Strategic Plan can be obtained on our website at [www.prairiemountainhealth.ca](http://www.prairiemountainhealth.ca)

# Letter of Transmittal & Accountability

Dear Minister,

In accordance with The Health System Governance and Accountability Act, and as approved by Prairie Mountain Health's Board of Directors on October 19th, 2022, we respectfully submit our 2023-2028 Strategic Plan.

This strategic plan was developed in collaboration and under the direction of our Board of Directors, and in consultation with numerous stakeholders. Prairie Mountain Health's 2023-2028 Strategic Plan can be accessed by public and staff on our website in both English and French at [www.prairiemountainhealth.ca](http://www.prairiemountainhealth.ca).

Our strategic plan will provide direction to our organization over the next five years. It is our commitment to act upon the mission, vision, values, priorities and goals, and to make strategy a central part of routine communications.

Sincerely,



Lon Cullen  
Board Chair



# Message from the Chief Executive Officer

Prairie Mountain Health's Strategic Plan is our road map of where we are, where we are going and how we will get there. It defines who we are, lists concrete goals to achieve our priorities and provides a solid foundation for decision making. It is our mission to partner with others to promote and improve health through quality, client-centred healthcare.

We must stay true to our values as they instill what we believe is right and important. Our principles guide us to honesty and ethical behaviour, to take ownership of our actions and to deliver health services where and when they are most needed. We believe that kindness matters; we connect, listen, and work together; we aim for excellence, individually and collectively.

Throughout the strategic planning process, we built alignment with Manitoba's continued Health System Transformation and the implementation of Manitoba's Clinical and Preventive Services Plan. We engaged with and incorporated feedback from community partners, and purposefully planned and selected goals that advance our commitment towards the Truth and Reconciliation Commission Calls to Action.

This strategic plan is a living document, and will continue to be so, in order for us to achieve our vision. Routine engagement with our Board, leadership and staff is integral to take action and evaluate whether we are achieving our goals. It is time for us to reaffirm our commitment to work together in an effort to improve health care. It is my privilege to present Prairie Mountain Health's 2023-2028 Strategic Plan.



  
**Brian Schoonbaert**  
Chief Executive Officer



# Introduction and Where We are Going

## Our Mandate

Prairie Mountain Health is a service delivery organization, formerly known as a regional health authority.

In April 2022, Prairie Mountain Health entered an accountability agreement with the Minister of Health, in accordance with The Health System Governance and Accountability Act. The Agreement reflects the continued evolution of the responsibilities of service delivery organizations (SDO) in the delivery of services within the health system in Manitoba and recognizes that we each have a joint responsibility to work together and be accountable to achieve better health outcomes for Manitobans.

Under Section 23.3 (1): A regional health authority is responsible for administering and delivering, or providing for the delivery of, health services in its health region in accordance with this Act, the provincial clinical and preventive services plan and the regional health authority's strategic and operational plan.

Under Section 23.3(2): In carrying out its responsibilities and any other function assigned to it by or under this Act, a regional health authority must:

- comply with its accountability agreement
- participate in the preparation and updating of provincial clinical and preventive services plans
- promote and protect the health of the population of its health region and develop and implement measures for the prevention of disease and injury in accordance with the provincial clinical and preventive services plan
- implement its strategic and operational plan as approved by the minister under section 24
- manage and allocate resources, including funding provided by the government for health services, in accordance with this Act and the authority's strategic and operational plan in administering and delivering or providing for the delivery of health services



- ensure that health services are delivered in accordance with directions given by the minister
- comply with, and ensure compliance with, prescribed standards and clinical standards as they relate to the health services for which the regional health authority is responsible, and ensure that there is reasonable access to the health services for which the regional health authority is responsible
- cooperate with others, including government departments and agencies in the delivery of health services, and in the coordination of health services and facilities in the province
- monitor and evaluate the delivery of health services by that regional health authority and by any health corporation or health care organization delivering health services on its behalf, and compliance with the provincial clinical and preventive services plan, provincial objectives and priorities, prescribed standards and clinical standards by that regional health authority, and by any health corporation or health care organization delivering health services on its behalf
- participate in the delivery of provincial administrative and support services by the provincial health authority
- provide facilities for undergraduate and postgraduate study relating to health conditions and health services
- train technical personnel to assist in the provision of health services
- and comply with any directions given by the minister.



Cooperate with others, including government departments and agencies in the delivery of health services, and in the coordination of health services and facilities in the province.





## Provincial Clinical & Preventive Services Plan

Detailed planning to support the implementation of *Manitoba's Clinical and Preventive Services Plan* continued over the past couple of years, with several initiatives established to support health system response to COVID-19. This included expanded virtual care options, secure online portals for test results and immunization information, and a provincial approach to increasing surgical and critical care capacity.

Further steps were also taken to progress Manitoba's Provincial Clinical Network in line with guidance from local teams of clinical and operational experts. Detailed work has been underway to build up care locally and to plan how services and resources will be used in smarter, modern ways with well-integrated health care teams and hubs that are staffed and equipped to meet the needs of Manitoba patients.



Manitobans will have access to:

### **Care closer to home**

with more access to quality and equitable care at home or in the community, with less need to travel for services

### **Enhanced virtual care options**

when appropriate and safe to do so

### **More surgical capacity**

at designated sites in the community or closer to home

### **Clearer pathways**

for providers and patients to access specialized care



As part of these efforts, the Government of Manitoba has already announced a historic \$812 million capital investment in building, expanding and renovating health-care facilities, including:

### Capital Investments within PMH

- ◆ \$70-million investment to expand and renovate the Brandon Regional Health Centre and Western Manitoba Cancer Centre, establishing Brandon as Manitoba's intermediate hub for western Manitoba
- ◆ renovations totaling \$5 million at Dauphin Regional Health Centre that allow for more endoscopies and cancer treatments
- ◆ construction of a \$127-million health centre in Neepawa (pictured right) that will include more acute care inpatient beds, an expanded emergency department and enhanced spaces for a number of programs as well as the addition of dialysis services



Drawing and plans by LM Architectural Group

### Elsewhere within the province:

- construction of a new \$283-million hospital in Portage la Prairie that offers more inpatient beds, expanded medical and surgical capacity and a modern emergency department
- \$32-million expansion of Bethesda Regional Health Centre in Steinbach that will include additional acute care inpatient beds and expanded medical capacity including a new renal dialysis unit
- \$64.4-million expansion of Boundary Trails Health Centre in the Morden/Winkler area that adds new acute-care inpatient beds and provides larger, more modern spaces for patient-care programs
- \$31.6-million to expand surgical services, renovate the emergency department and add up to 30 new inpatient beds at Selkirk Regional Health Centre
- \$10.8 million renovation and expansion of services at Lakeshore General Hospital in Ashern that will include an expanded emergency department with additional treatment space and a planned increase of up to 12 inpatient beds to meet the area's growing local health needs



These improvements will lay the foundation for the Provincial Clinical Network, building up local service delivery, enhancing and expanding services available outside Winnipeg, modernizing the delivery of care at home and in the community, and ultimately leading to improved access, quality and patient outcomes experienced by Manitobans.

An important component of the planning for these projects is engagement with key partners and stakeholders, as well as communities these new and renovated facilities will serve. Initial opportunities for engagement have focused on early capital planning efforts, including meaningful and collaborative discussions with local Indigenous partners, site health leadership, and key stakeholders. Further details on the projects and additional opportunities for input will occur over the coming year with specific emphasis on connecting with local health-care workers, patients and their families to inform service delivery planning.

Over the coming years, detailed planning to support successful implementation of the Clinical and Preventive Services Plan will continue with an ongoing commitment to information sharing and clear communication.





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## Provincial Alignment

Bold changes to our provincial healthcare system are under way to be more client-focused, efficient, safe, affordable and sustainable in the long term. The goal is to provide clients with access to the right care, at the right time, in the right place.

We strive to align with provincial plans to build a health care system that is:

- more focused on the client
- integrated and innovative
- clear in its definition of roles, responsibilities and accountabilities
- transparent in its measurement of outcomes through performance dashboards
- equitable and accessible regardless of geography, cultural practices or social circumstances
- sustainable for current and future generations

Manitoba Health's Strategic Plan was developed in alignment with key provincial initiatives, such as:

- the Clinical & Preventive Services Plan
- Manitoba's Quality & Learning Framework
- Health Transformation's Guiding Principles
- the Mental Health Wellness & Recovery Plan
- the Provincial Health Capital Plan
- the Provincial Health Human Resources Plan.



*The goal is to provide clients with access to the right care, at the right time, in the right place.*





**In Prairie Mountain Health, we have aligned our strategic priorities with Manitoba Health's strategic plan. By doing so, our goals not only guide our organization's direction, but also support the strategic direction of our provincial healthcare system.**

As stated in Canada's 2021 Chief Public Health Officer Report, the guiding principles of a world-class health system include:



- Trustworthy
- Evidence-informed and effective
- Population health approach
- Participatory
- Equity-driven

These principles are the key underpinnings of our Community Health Assessment, prepared every five years. This report provides baseline information about the health status, determinants of health and health system utilization of community residents. The process tracks health outcomes over time, identifies opportunities for health promotion and disease prevention, and describes the conditions that contribute to health disparities. A Population Health approach was woven into our strategic planning process, through the presentation and discussion of results from our latest Community Health Assessment.

Over the past five years, we've seen improvements in cancer screening rates, five-year cancer survival rates and hospitalizations, and deaths due to stroke. Building on these improvements, we will continue to focus our efforts on respiratory diseases, diabetes, mood and anxiety disorders, substance use, benzodiazepine overprescribing, prenatal care, and ambulatory care sensitive conditions.

Alignment with the evolving transformation of Manitoba's health care system and the changing needs of our population makes this a strategic plan like none other before!



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## VISION

Health and Wellness for All

## MISSION

We partner with others to promote and improve health through quality, client-centred healthcare.

## VALUES

Our values define what we believe in and what we stand for.

They provide us with a common understanding of what's important and a framework to guide our actions.

### Integrity



We commit to honesty and ethical behaviour

### Accountability



We take ownership of our actions

### Equity



We strive to deliver health services where and when they are most needed

### Respect



We believe that kindness matters – to each other and those we serve

### Engagement



We connect, listen, and work together

### Quality



We aim for excellence, individually and collectively

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# PRAIRIE MOUNTAIN HEALTH STRATEGIC MAP 2023-2028

## STRATEGIC PRIORITIES

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**

## STRATEGIC GOALS

Engage with clients, families, and community partners, including underserved populations, to deliver targeted services based on need<sup>1</sup>

Increase public awareness of health services

Improve client safety and outcomes

Enhance programs and approaches to improve self-management of chronic conditions<sup>1</sup>

Support quality of life and mental, physical, and spiritual wellness in all programs

Improve access to services and reduce wait times

Allocate appropriate human resources considering client needs and staff workloads

Facilitate access to appropriate space, equipment and technology for clients and staff

Improve internal and external communication and collaboration

Improve consistency and efficiency of regional policies, procedures, and guidelines

Optimize service delivery models and capital infrastructure to address sustainability and service needs<sup>1</sup>

Expand content, delivery methods & support for staff orientation/education

Develop and implement anti-racism initiatives<sup>1</sup>

Enhance leadership training, mentorship opportunities, and succession planning

Build upon recruitment and retention initiatives, with emphasis on Indigenous providers and rural communities<sup>1</sup>

Support providers to work within full scope of practice

Engage with staff as partners in improvement and change management activities

Strengthen staff morale and mental well-being

Reinforce physical safety and security measures

Ensure financial management training and accountability processes are in place

Include financial impact analysis and opportunities for cost savings in improvement project prioritization

Engage with community partners to develop shared delivery models<sup>1</sup>

Pursue staff input on potential efficiencies and cost savings

Evaluate program outcomes and return on investment

Strengthen the culture of continuous improvement

<sup>1</sup> Goal helps address Truth and Reconciliation Commission: Calls to Action



# Environmental Scan

## About Us

Encompassing parkland, prairies and urban trading centres, Prairie Mountain Health is a service delivery organization responsible for delivery of health promotion, prevention and care in the southwestern quadrant of Manitoba. It spans an area from the 53rd parallel in the north to the United States border in the south, and reaches from the Saskatchewan border across to the lakes and central Manitoba. Within its geographic span, there are 14 First Nation communities, 39 Hutterite communities and two designated Francophone communities. There is also a significant French speaking community on and around the Canadian Forces Base Shilo.

The population of our region now exceeds 172,000, growing in both population and diversity. The Indigenous population is growing at a faster rate than that of all other residents, contributing to 17.5% of Prairie Mountain Health's population. The visible minority population in PMH is 7.4%.

More than 19% of residents are seniors (65+), which is projected to substantially increase in upcoming years. With an aging population, additional support is required in the delivery of health care services.



**The population of PMH now exceeds 172,000.**





	PMH Population	PMH Population Aged 65+	% of PMH Population Age 65+	% of MB Population Age 65+
<b>2020</b>	<b>172,641</b>	<b>33,326</b>	<b>19.3%</b>	<b>16.3%</b>
2019	171,458	32,568	19.0%	15.9%
2018	170,899	31,843	18.6%	15.5%
2017	170,688	31,240	18.3%	15.1%
2016	169,760	30,944	18.2%	14.9%

Language barriers and cultural differences impact client experience and affect service provision. Our changing population will continue to have a significant impact on health care services in the region. Ongoing planning and enhanced partnerships aimed at addressing the needs of an aging population, newcomers, and Indigenous populations will be vital. Geography and low population densities pose challenges with sustainability of services in parts of the region.





## Overview of Population Health



### Community Health Assessment

The *2019 Community Health Assessment* provides an overview of the social determinants of health, health status and health system use of residents who live in Prairie Mountain Health. These data give us an idea of how healthy our population is and what are areas we need to focus on to improve health. The next few pages provide a summary of some of the major findings used to guide strategic planning discussions.

### Social determinants of health

Understanding the health needs and assets of the people that live in our region is critical to most effectively plan programs and services that respond to communities' unique needs. Amongst our population, there are differences in health status. People in some areas are very healthy, while social and economic circumstances negatively impact the health of others. The most significant predictors of health are income, employment and education.



PMH has the lowest median household income in the province



The highest unemployment rates are found in the northern area of our region



More than a quarter of PMH residents do not have a high school diploma



The PMH visible minority population is relatively small and primarily based in Brandon



More than a quarter of children in the northern area of our region live in low income families



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## Health Status

*Note: In this section, when the term ‘significantly’ is used, the difference is considered statistically significant and unlikely to be due to a fluctuation over time or due to chance.*

### Life Expectancy

PMH residents are living longer, with both male and female life expectancies increasing significantly over time.

	Female	Male
2012 - 2016	83.3 years	78.3 years
2007 - 2011	82.2 years	77.3 years

### Mental Health

The prevalence of mood and anxiety disorders amongst adults in our region is significantly higher than the provincial average and the highest in the province. More than 34,000 residents live with a mood and anxiety disorder. Mood and anxiety disorders frequently coexist with other chronic diseases and conditions.

### Substance Use

The prevalence of substance use disorder (alcohol and/or drug dependence) is significantly higher in PMH than the provincial average. Substance use is associated with alcohol poisoning, violence, injuries and deaths and prolonged use often leads to a number of acute and chronic disease conditions.



### Diabetes

Approximately 17,600 residents live with diabetes, which has increased significantly over time. First Nations children living on reserve in Prairie Mountain Health are more than 12 times as likely as all other Manitoba children to be living with diabetes. Kidney disease is a common complication of diabetes. The number of residents living with end stage kidney disease is projected to increase substantially and place a significant strain on the hemodialysis program.



## **Respiratory**

More than 23,000 PMH residents live with a respiratory disease such as asthma, chronic bronchitis, or emphysema. The rate is significantly higher than the provincial average, increased significantly over time and remains the highest in the province. Asthma prevalence in children is significantly higher than the provincial rate and increased significantly over time. The rates for the region are driven by residents of Brandon, who have significantly higher and increasing rates of respiratory disease.

## **Seniors**

Benzodiazepine use by seniors is not recommended as it poses serious safety concerns including increased risk for confusion, memory loss, poor coordination and muscle control, potentially leading to falls and fractures. Despite a significant decrease in potentially inappropriate Benzodiazepine prescriptions, use in our region remains significantly higher than the provincial average and highest in the province.

## **Prenatal Care**

Over 10% of pregnant women in our region receive inadequate prenatal care; this issue is most prominent amongst those living in the northern part of the region. Adequate and easily accessible prenatal care may help to address related issues, such as:

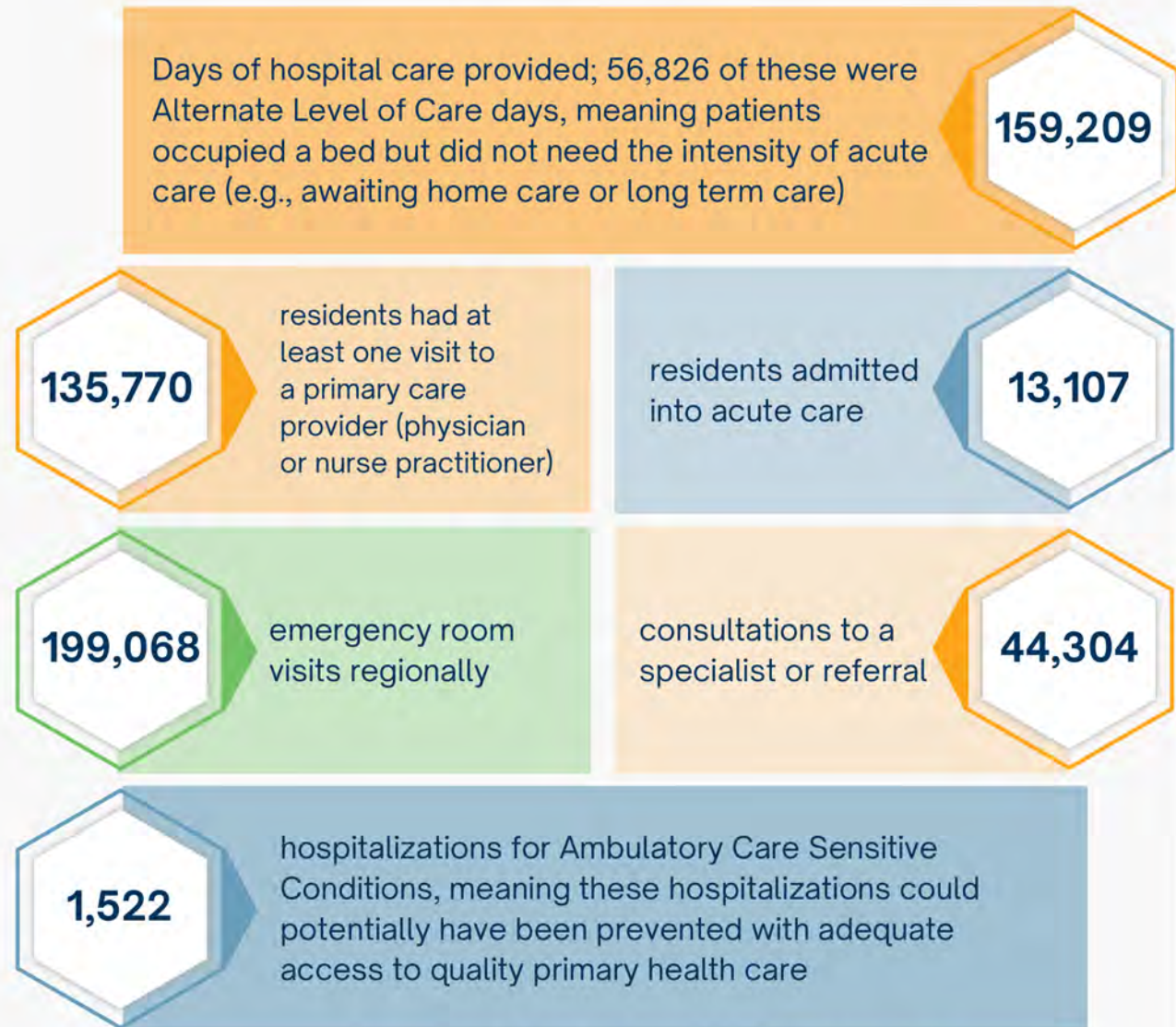
Adequate and easily accessible prenatal care may help to address related issues, such as:

- infants born large for gestational age, which is likely associated with gestational diabetes or type 2 diabetes in pregnancy. Our region has a significantly higher proportion of infants born large for gestational age than the provincial average
- high Caesarean section (C-section) rates; PMH has the highest C-section rate in Manitoba and low rates of vaginal births after C-section; PMH has the lowest rate of vaginal birth after a prior C-section in Manitoba





## Health System Use for a One-Year Time Period



Source: Prairie Mountain Health 2019 Community Health Assessment



## Service Delivery Model

In connection with Shared Health and in collaboration with Manitoba's continued Health System Transformation and health care providers, Prairie Mountain Health supports health and wellness for all, through the delivery of a network of services.

### Prairie Mountain Health

- Acute Care Services (Emergency Department, Intensive Care Unit, Maternal Child, Medicine, Neonatal Intensive Care Unit, Pediatrics, Surgery)
- Cancer Care Services
- Chronic Disease Education
- Home Care and Seniors Services
- Indigenous Health
- Mental Health and Addictions
- Public Health
- Long-Term Care
- Medical Services
- Palliative Care
- Pharmacy Services
- Primary Health Care
- Seniors Services
- Social Work
- Therapy & Rehabilitation Services

- Diagnostic and Laboratory Services (e.g. blood and biopsy testing, x-ray, ultrasound, mammography, MRI, CT Scan)
- Digital Health (Information and Communications Technology)
- Emergency Response Services (air and ground ambulance)
- Human Resources Shared Services (transactional functions)
- Materials Management
- Medical Assistance in Dying

### Shared Health

### Government of Manitoba

Ministry of Health;  
Ministry of Mental Health and Community Wellness;  
Ministry of Seniors and Long-Term Care

- Chief Public Health Officer Reports
- Health System Governance and Accountability Act /Accountability Agreements
- Minister Mandate Letters
- Oversight of Strategic Planning, Annual Operational Planning and Annual Reporting
- Provincial Information and Management Analytics
- Transformation Management Office

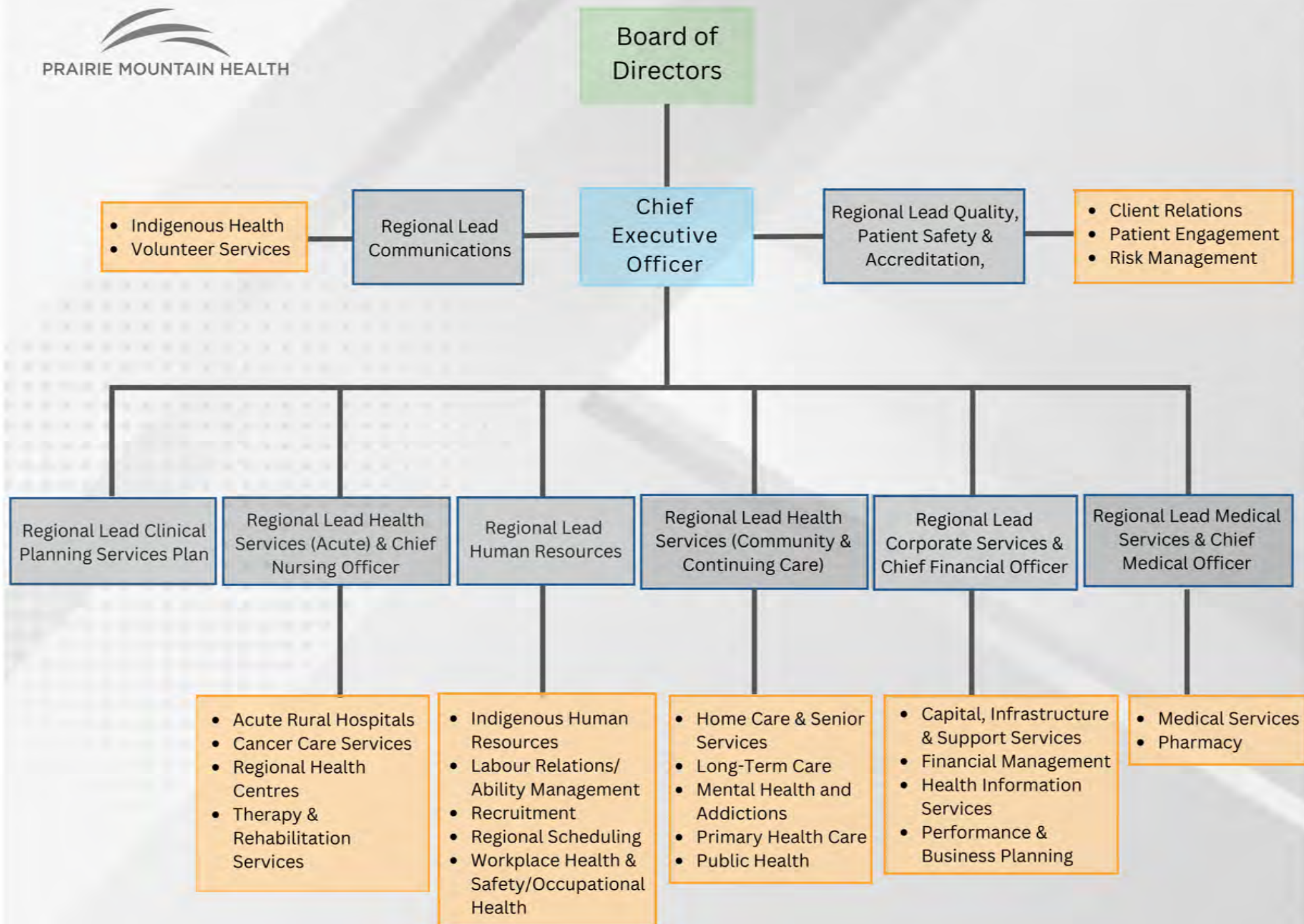


**Various supports not shown in the service delivery model visual on the previous page also enable the delivery of services in Prairie Mountain Health, including:**

- Access and Privacy
- Accreditation
- Capital and Infrastructure
- Client Relations/Client Engagement
- Clinical Education
- Communications
- Environmental Services (housekeeping, laundry)
- Finance
- Health Information Services
- Health Promotion
- Human Resources
- Infection Prevention and Control
- Maintenance
- Materials Management
- Nutrition Services
- Patient Safety
- Performance and Business Planning
- Risk Management
- Spiritual Care
- Volunteer Services









## Workforce Plan

Recruitment and retention of qualified healthcare providers and support staff is needed to sustain high quality health services and is a priority for healthcare organizations across the province.

In early 2022, some administrative and transactional human resource functions, and associated staff previously overseen by Prairie Mountain Health, began the transition to Shared Health Human Resources. This was done in a provincially concerted effort to work collaboratively to strengthen the work force.

Shared Health works collaboratively with service delivery organizations to develop and maintain a provincial health human resource plan in alignment with the provincial clinical and preventive services plan. The provincial health human resource plan includes innovative strategies and programs to support recruitment and retention, including networks based on inter-professional, team-based models of care.

PMH employs approximately 7,500 staff to provide or support health care services in our region. It is a strategic priority to build a more empowered, adaptable and high-performing workforce. Some initiatives under way to achieve this priority include:

- Amongst numerous recruitment initiatives, three key activities include working with stakeholders, increasing education and training opportunities (including education for occupations that are not currently available in Manitoba), and implementing career development options.
- Staff retention initiatives include strengthening morale, balanced workloads, and engaging with staff as partners in improvement and change management activities. Retention of qualified staff results in decreased recruitment needs.
- Provide support to leadership so that they have knowledge of and ability to provide appropriate and timely support to staff. Examples include:
  - Workplace Wellness Program
  - Organizational Development Department
  - Provincial Employee Resilience Project
  - Accessibility Standards for Employment



PMH employs approximately 7,500 staff to provide or support health care services in our region.



- Indigenous Human Resources is based on a collaborative framework that:
  - recognizes the importance of local community engagement
  - ensures two-way learning between the community and PMH
  - builds appropriate education and skill development tools that target indigenous service provisions and cultural awareness
  - and establishes a community response and coordinates application of culturally respectful Indigenous services



**PHYSICIANS**

*"Everyone has been so welcoming and supportive here both personally and professionally. The WRHA was extremely helpful in the relocation process to Manitoba."*

**Dr. Conor Mulholland**  
Pediatric Ophthalmologist  
Winnipeg Regional Health Authority

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**NURSES**

*"I love my job as it allows me the privilege of working with patients to help them understand and navigate the health care world, inspire them to take ownership of their health journey and partner with them to manage any health conditions."*

**Kelly Lynn Bekar**  
Nurse Practitioner  
Interlake-Eastern Regional Health Authority

[read more](#)

**PHYSICIAN ASSISTANTS**

*"Part of the job I like most is working collaboratively with the physicians/surgeons, nurses, patients and their families to provide quality and efficient health care."*

**Jeff Hamden**  
Physician Assistant  
Brandon Regional Health Centre  
General Surgery  
Prairie Mountain Health

[read more](#)

- French Language Speaking Workforce strategies are under way, with a review of existing requirements, future capacity, hiring process and job design, labour relations perspectives, strategic recruitment and change management principles.
- Manitoba Health Care Providers Network provides a provincial go-to location for career information by occupation. It provides information regarding educational/training requirements, links to educational institutions, employment opportunities, and testimonials for anyone interested in pursuing a career in health care in Manitoba.



## Communication and Engagement Plan

In spring 2022, as part of the strategic planning process, PMH conducted a SWOT analysis (identification of organizational Strengths, Weaknesses, Opportunities, and Threats). This was done through an in-person workshop and an online staff survey. See workshop and survey results below.

### In-person workshop

On May 25, 2022, PMH board members, leadership, and patient partners attended an in-person meeting focused on strategic planning. A SWOT analysis was conducted, and the themes that emerged were similar to the staff survey results (see page 27).

At this meeting, the participants also identified priority issues to act upon within the first year:

- Patient flow
- Organized scheduling of services for clients
- Electronic system access (i.e., electronic health records)
- Enhanced primary care (upstream approach)
- Address sustainability of smaller facilities
- Address staff morale and wellness

### Staff survey

The online survey was open to all staff; in total, 262 PMH employees from a wide range of programs responded. Overall, the top three strengths that staff identified were teamwork, dedicated/ hardworking employees, and provision of quality care (i.e., evidence-based, best practice). The top three weaknesses were shortage of staff, lack of consistency or efficiency of some processes, and high workload. The top three threats (anticipated challenges over the next five years) were burnout/low morale, staff turnover, and shortage of staff.



Opportunities and related projects identified by staff in the survey aligned with the strategic priorities as summarized below:

Positive health care <b>experience</b> for Manitobans, with a focus on <b>quality</b> health services	Improved health <b>system capacity, performance</b> and <b>accountability</b>	Empowered, adaptable and high-performing <b>workforce</b>
<ul style="list-style-type: none"> <li>• Engage with clients, families, and community partners to design and improve services</li> <li>• Support quality of life and wellness (e.g., activities in Personal Care Homes, group programs in community)</li> <li>• Implement specific approaches to improve screening, assessment, prevention, and treatment</li> <li>• Improve patient safety</li> <li>• Increase public awareness of health services</li> </ul>	<ul style="list-style-type: none"> <li>• Make certain processes more consistent throughout the region or more efficient</li> <li>• Improve facilities and workspaces (e.g., repairs, upgrades, space utilization)</li> <li>• Ensure access to services</li> <li>• Improve supply and condition of equipment</li> <li>• Switch from paper-based to electronic health records</li> <li>• Provide access to Wi-Fi and devices (e.g., laptops)</li> <li>• Improve communication processes</li> <li>• Improve patient flow (e.g., wait times, length of stay, community supports)</li> <li>• Proactive planning (e.g., aging population, storms, pandemics)</li> </ul>	<ul style="list-style-type: none"> <li>• Improve workload</li> <li>• Expand staff training on specific topics, and delivery methods (online, in-person)</li> <li>• Engage staff when planning changes/improvements</li> <li>• Increase staff recruitment</li> <li>• Improve wages, benefits, and incentives</li> <li>• Implement a staff retention plan (reduce turnover)</li> <li>• Increase leadership training</li> <li>• Improve staff morale and wellness</li> <li>• Increase scope of practice or work settings for some professionals (e.g., pharmacy techs, midwives, nurse practitioners)</li> <li>• Allow time/compensation for professional development</li> <li>• Increase workplace safety</li> </ul>
Strengthen fiscal <b>sustainability</b> and <b>value for money</b>		
<ul style="list-style-type: none"> <li>• Staff responses related to fiscal sustainability identified the need for continued and increased funding for certain programs.</li> </ul>		



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## Feedback on draft strategic goals

Strategic goals were drafted based on the staff survey and in-person workshop.

The draft goals were presented to the Executive Management Team and Directors through virtual meetings for feedback. An online survey was also sent to community partners for their perspective. Feedback was incorporated into the final strategic goals.

PMH is committed to open and transparent communication with the people we serve. Several activities are planned to ensure residents and stakeholders are aware of our five-year strategic plan and have opportunities to engage in efforts to achieve the strategic goals. Some of these activities include:

- Post strategic plan on PMH public website
- Engage patient partners in planning improvement activities
- Ongoing consultation with stakeholders across the region
- Share annual progress reports





## Technology Plan

Shared Health Digital Health is responsible for the development, sustainment, and delivery of technology solutions in Manitoba health care. It was established in 2019 as part of the provincial health care transformation that brought Manitoba eHealth into Shared Health.

Shared Health has been working on a 5-year draft capital plan for Digital Health investments and is preparing to engage with service delivery organizations (SDO) to gather input and refine the plan to ensure it supports both provincial strategies and SDO needs.

**The capital plan is built around three key investment portfolios within Digital Health capital planning:**

### **Safety and Sustainment**

These initiatives are related to “keeping the lights on” by managing existing clinical and business systems, infrastructure, and end user devices. Includes replacing at-risk assets, patching and upgrading of clinical and administrative systems to keep current and reduce risk of outages, decommissioning and replacing systems approaching end of life, and to consolidate at-risk assets to improve cost efficiencies. The strategy for this stream is to prioritize high-risk assets each year utilizing a consistent, predictable level of capital, similar to what Digital Health has done as part of the Infrastructure Renewal funds – extending the approach to clinical and business systems, as well.

### **Provincial Enterprise Resource Planning (ERP) and Business Solutions**

The Provincial ERP & Business Solution Portfolio includes the planning, design, procurement, implementation, and extension of systems and related services supporting enterprise resource planning. This includes finance, payroll, human resources, asset management, and supply chain management. A primary focus of this program is to scale and extend SAP software and related systems across the province to support Shared Health, SDOs, and other organizations utilizing Digital Health Services in the health system.



## **Provincial Clinical Solution**

The Provincial Clinical Solution Portfolio includes the planning, design, procurement, implementation, and extension of systems and related services to clinical systems across acute care, community care, long-term care, mental health & addictions, public health, and diagnostics. The primary focus of this program is to scale and extend a provincial electronic patient and health record solution set that supports a full set of clinical service requirements of SDOs across the province. Core systems include the electronic patient record, care coordination and management, diagnostic systems, and ancillary systems, to name but a few. This strategy treats clinical applications as a single set of applications to support all the required functionality for the provincial clinical strategy, to ensure standardization and scalability of solutions to meet the clinical needs across the province.

Work has already been done to align investment priorities to the sustainment of current services and solutions, Provincial Clinical and Preventive Services Plan and direction from Manitoba Health. The next stage is to consult with SDOs to refine the investment portfolios, priorities, along with high-level scope and sequencing over the 5-year plan.



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## Asset Management and Capital Plan

Healthcare infrastructure across Canada has been under an asset management funding deficit for decades, and this has been compounded by the significant shifts in healthcare delivery impacting infrastructure suitability and ability to deliver. On average, Canada invests only 0.5% of GDP in healthcare infrastructure, which has led to an estimate of around \$28 billion in deferred maintenance nationally. With little investment by the federal government in healthcare infrastructure since the 1950's with the last major federal investments in 1966, provinces are carrying the weight of capital.

Healthcare facilities, particularly the acute hospital and long term care (PCH) settings were under significant pressures pre-pandemic. These facility deficits, such as shared patient spaces, lack of airborne control, ability to control people movement, are amplified. Compounded with advancing healthcare technology, changing clinical acuity and updated and emerging healthcare delivery methods, facilities of all types in urban, rural, remote and isolated settings all require redevelopment to meet current clinical setting standards, and to provide flexibility for ongoing emerging pathogen and new clinical care requirements.

Adding to these challenges is the requirement to continuously refresh the technology based diagnostic imaging, diagnostic testing, healthcare medical technology (including clinical engineering equipment and systems) to maintain current levels. Further current diagnostics and patient monitoring improvements must be adopted and implemented to support patient safety, better patient outcomes and patient/staffing ratios. This includes the necessity to implement new diagnostic, testing and treatment modalities.

With its creation, Shared Health has assumed the responsibility of leading and coordinating a Provincial Capital Plan that is reflective of the needs of all service delivery organizations to ensure continuity of care, and equity of investments across the province. This includes working with each service delivery organization to identify their capital needs; and provide objective scoring to identify the most critical priorities for the province. Full details on the 5-year approach will be included in Shared Health's Strategic Operating Plan.



# Financial Plan

PMH receives global funding annually from Manitoba Health to support the delivery of core programs and services throughout the region. We allocate these funds across our community, acute care, long term care, and regional portfolios.

**Several factors have significant implications for financial management including:**

- ◆ Ongoing maintenance of aging health care facilities
- ◆ Salary increases based on recently settled collective agreements
- ◆ Staffing shortages
- ◆ Population migration by district and zone
- ◆ Social trends including substance use and mental health disorders
- ◆ An aging population
- ◆ Response to communicable diseases
- ◆ Increase in environmental emergencies

We examined expenditure trends in several key areas such as patient volume, service levels and costs per service. We also examined current social trends and forecasted future issues. Based on those trends, issues and forecasts, projections for five-year (2023 – 2028) funding requirements include the following:

- We expect an annual increase in global funding from the province to continue at the 0.5% level; however, this increase is not expected to keep pace with the rate of inflation or growing demands on programs and services.
- We expect additional costs associated with aging infrastructure in many facilities throughout the region. The cost of materials and labour has increased significantly in recent years and we do not anticipate a substantial reduction in these costs in the near future. We also expect ongoing supply chain issues with medical supplies and other products which may result in additional operating costs.
- The need for enhanced technology and equipment including access to the internet as a basic requirement to ensure equitable access to many health-related programs and services.



- ◆ Staff salaries and benefits account for approximately 80% of the region's expenses. Staffing shortages are expected to continue resulting in additional costs related to staff overtime and agency use. Although the provincial government recently increased the number of funded seats in nursing programs, it will take many years to impact nursing shortages. Recently settled collective agreements will expire at the end of 2023/24 fiscal year and future wage settlements are not known. As well, a new health centre in Neepawa and expansion of Brandon Regional Health Centre will require additional staff to ensure operations.
- ◆ We anticipate the need for specialized health supports and additional security measures in many health care settings in response to the prevalence of substance use and mental health disorders across the region.
- ◆ Depopulation of many rural communities pose unique challenges for efficient service delivery. Conversely, some communities such as Neepawa are experiencing significant population growth which increases pressure on health services. An aging population presents with more co-morbidities and demand for tertiary care services. The province has endorsed the Aging in Place initiative which will require a significant investment in community supports to assist residents remain in their homes.
- ◆ Based on current lifestyle practices (diet, physical activity, substance use and coping mechanisms) and an aging population, we anticipate a significant increase in the burden of chronic disease as evidenced by incidence and prevalence of diabetes, cardiac, respiratory and renal diseases, and cancer.
- ◆ We anticipate volume increases in response to the backlog of surgical and other procedures that were heightened due to the COVID-19 pandemic.
- ◆ Additional funding was received to offset the costs of COVID-19 related expenses; however, ongoing funding is unknown. We anticipate long-term effects on the physical and mental health of clients and staff and related costs remain to be seen. As part of the PMH strategic/action planning processes, departments and programs will review alternative service delivery mechanisms that were put in place during the pandemic and identify which practices will carry forward, based on effectiveness and cost.



*Staff salaries and benefits account for approximately 80% of the region's expenses.*



- ◆ Initial funding was received through the Stevenson Review for additional positions to nursing, allied health (Occupational Therapy, Physiotherapy, Rehabilitation Aides, Dietitians, Recreation and Social Work), infection control positions and housekeeping staff. We anticipate additional funding in upcoming years to support some of these positions.

**PMH is committed to strengthen fiscal sustainability and value for money, as identified in several strategic goals.**



We will ensure financial management training and accountability processes are in place to support fiscal stewardship at the department and program level.



We will also pursue staff input on potential efficiencies and cost savings because those closest to the issues are well positioned to identify potential solutions.



A financial impact analysis and opportunities for cost savings will be required for improvement project prioritization and we will actively engage with the Performance and Business Planning team to identify patient flow efficiencies that will help to meet financial requirements.



We will also engage with community partners to develop effective, shared service delivery models to augment existing capacity and reduce duplication of service.



We are committed to evaluate program return on investment related to outcomes and costs as part of our responsibility for financial decisions.



If additional resources are required to meet client or service delivery needs, our annual budgeting process requires the submission of detailed business cases by departments and programs.



We will continue to ensure discretionary expenditures are cost-effective and we will pursue opportunities for cost savings through efforts such as group purchasing contracts.



**PMH anticipates three major changes affecting the delivery of health services that may have significant financial impact on the region over the next five years. These changes include:**

Efforts related to the Clinical and Preventive Services Plan are underway and are expected to continue over a number of years. Specific initiatives are currently under development and associated timelines and some of the financial impacts are not known at this time.

PMH has begun implementing recommendations from the Stevenson Review related to additional resources for Personal Care Homes based on lessons learned during the COVID-19 pandemic. The funding for additional staffing is fairly significant, however the impact of unfunded potential increase in operating costs is unknown at this time.

PMH is committed to review the Truth and Reconciliation Commission: Calls to Action #18-24 & 55 and identify opportunities to redress health inequities among Indigenous Peoples in our region. Potential costs associated with the health-related recommendations from the Truth and Reconciliation Commission are not known.



Refer to Prairie Mountain Health's Annual Report for yearly financial information at [www.prairiemountainhealth.ca](http://www.prairiemountainhealth.ca)



# Performance Management

## Provincial Dashboard

As we navigate our way through an ever-changing healthcare environment, with increased alignment and direction from the province, the way we measure performance also looks different. There is greater emphasis on reporting and comparison of results with other service delivery organizations through the *Manitoba Health and Seniors Care Provincial Health System Performance Dashboard*. The dashboard is a tool Manitobans can use to access information about the health system's performance and to better understand how our organization is moving toward goals. The dashboard focuses on improving access, health service experience and health system sustainability. As healthcare transformation advances, the plan will evolve and performance measurements will be added or revised to reflect how the system works together to meet the needs of our clients.

## Accountability

As part of the ongoing strategic planning process, our organization will develop a multi-year accountability framework to ensure progress is made to achieving outcomes. Leadership will identify strategic indicators that our organization will monitor and report progress to internal and external partners.

## Bilateral Meetings

In early 2022, focused bilateral meetings between service delivery organizations and the province were launched as a new approach to performance improvement across the health care system. This approach allows for dedicated time to look at the unique challenges of each organization and to recognize common themes throughout the province. It allows our organization and the province to work together on priority issues and to focus attention on issues that matter most to Manitobans and to government while ensuring fiscal accountability. Bilateral discussions will continue with a vision to create one strategically aligned provincial health care system.





# Risk Management

Prairie Mountain Health defines risk as the uncertainty that surrounds future events and outcomes that may represent a threat or opportunity to the achievement of the organization's objectives. Risk is categorized as either Strategic, Operational, Compliance or Financial. The Integrated Risk Management program is utilized to systematically identify, analyze, communicate, monitor, mitigate and evaluate risk. Formal identification and prioritization of risk informs continuous quality improvement and strategic planning.

Prairie Mountain Health has adopted the Provincial Risk Management Policy as the primary governance document in performing sound risk management practices at the organization, as well as aligning ourselves with the other service delivery organizations in the province. We also adopted the Provincial Risk Grid template as the risk repository instrument designed to assess and report risks across the province.

In compliance with the Provincial Risk Management Policy, Prairie Mountain Health assesses corporate risks on a yearly basis at minimum and revisits the risk repository with the Board and/or designated Committee of the Board on a quarterly basis.

All reviews within the risk assessment exercise are done following the Provincial Risk Management Framework as it is stated in the policy. All High or Critical risks are required to have an Action Plan for the year intended to reduce the risk exposure. Any instances of risk identification, analysis, evaluation, assessment and communication within the strategic plan are performed based on the same grounds that we proceed annually.

Once the annual risk assessment is reviewed by our Executive members and approved by the Board, the Risk Grid is submitted to Shared Health for its consolidation into the Provincial Risk Grid and production of the Provincial Summary Risk Report. Through this process, Shared Health provides feedback, while discussions are held at Planning Accountability Enterprise Risk Management (PAERM) meetings with other service delivery organization peers; until the Provincial Risk Report is presented at PAERM by Shared Health, before submission to Manitoba Health as proof of Prairie Mountain Health's compliance with the requirements of the Provincial Risk Management Policy.



This strategic plan is an action-oriented guide that will help us achieve our vision of health and wellness for all. We reaffirm our commitment to partner with others to promote and improve health through quality, client-centred healthcare.

Our strategic priorities, in alignment with those of the province, guide our organization toward:

- 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

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