Schedule A: Services, Including Performance and Reporting

Manitoba Health

Version: 2022/23 2.0 April 1, 2022

# 1. Alignment to Provincial Health System Planning

## a) Provincial Health System Strategic Plan

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

The current strategic priorities for the health system are:

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

Further information and/or clarification to these priorities and related goals/objectives will be provided to the HA from time to time by the department. Material changes to the priorities will be reflected in the next schedule version.

## b) Minister's Mandate

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

#### 2. Services

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

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

### a) Core Services

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

For the following services CancerCare Manitoba (CCMB), as the cancer authority for the Province of Manitoba, is responsible for their delivery and/or providing for their delivery through the Provincial Health Authority or Regional Health Authorities.

#### **Provincial Cancer Control Program**

CCMB, is responsible for planning, leading and managing the provincial cancer control program for Manitobans that includes prevention, cancer screening and early detection, timely diagnosis, high quality treatment, supportive care and cancer rehabilitation and survivorship/palliative care. CCMB develops, implements, oversees and assesses strategic and operational plans for cancer services in the Province of Manitoba.

#### Services

# Advanced Care Planning

Cancer and Blood Disorders Research

- Clinical Trials Unit
- CancerCare Manitoba Research Institute
  - o Laboratory and Translational Research
  - o Clinical Research Program
  - Health Services Research Program

## Cancer Helpline

### Cancer Registry

Recording, coding and classification of all cases of cancer/neoplasms in the population

## Cancer Rehabilitation Services

### Community Oncology Program

- Provincial Community Cancer Programs
- Speech Language Pathology belongs to Dept of Nursing
- · Sexuality Counselling- belongs to Dept of Nursing
- Underserved Populations
  - o Manitoba Cancer Network
    - o FNMI Community Contacts
  - o Education and Liaison Nurse-Health Equity
  - o Regional Community Engagement Liaison
  - o First Nations, Metis & Inuit
  - o Newcomers
  - o Elderly
  - o Gender & Sexual Diversity
- Provincial Referral & Cancer Navigation
  - o Nurse Navigators
  - Central Referral Office
  - o Surgical Oncology
  - o Education

- o Quality & Key Performance Indicators
- o Cancer Surgery Network -
- Primary Care Oncology
  - o Education
  - o FPOs
  - o Primary Care Network
  - o Transitions of Care
- Patient & Family Support Services
- Guardian Angel Caring Room
  - o Wig Lending Service
  - o Look Good Feel Better Program
- Cancer Centre of Hope
  - Manitoba Breast Prosthesis Program
- Nutrition Services
- Patient and Family Resource Centre
  - o Lending Library
- PSO (Psychosocial Oncology)
  - Individual and family counselling
  - o Emotional support programming
- Patient Support Groups
- Patient Support Programs
- Smoking Cessation Program
- AYA Program

#### Epidemiology

- Analysis and reporting of cancer cases in the population
- Evaluation of trends and impacts on cancer outcomes (cancer statistics incidence rates, mortality rates, survival, prevalence – and risk factors)
- Research

#### Hematology Lab

## Manitoba Blood & Marrow Transplant Program

- Human Leukocyte Antigen (HLA) Lab
- Cellular Therapy Lab
- Photopheresis Program
- Quality Management Program
- Registry/research group

### Manitoba Prostate Centre

Prostate Brachytherapy Program

Medical Oncology and Hematology

**Outpatient Oncology Clinics** 

Pain and Symptom Management

Patient Representatives

Pediatric Oncology and Hematology

#### Pharmacy

- · Provincial Oncology Drug Program
- Oral Cancer Drug Dispensing (Home Cancer Drug Program)
- Regimen Reference Orders (RROs)

Drug Education Communication Team (DECT)

#### Prevention and Screening

- Breast Screening Program
  - o Mobile Screening Program
- Cervical Cancer Screening Program
- Colorectal Cancer Screening Program
- Other Cancer Screening Programs (such as a Lung Cancer Screening Program)
- Prevention Education for Public and Health Care Professionals

## Quality, Patient Safety, Policies & Guidelines, and Infection Control Services

- Monitoring quality and patient safety
- Identification and follow up of critical incidents
- Quality improvement
- Clinical practice (treatment) guidelines and standards
- Infection prevention and control (for cancer clinics)
- Accreditation

#### Radiation Oncology Program

- Radiation Oncology
- Radiation Therapy
- Radiation Protection Services
- Medical Physics
  - o Radiation protection
  - o Nuclear Electronics
  - o Medical Devices
  - o Medical Imaging Physics
  - o Radiotherapy Physics
  - o Medical Physics Academic Program
  - Commission on Accreditation of Medical Physics Education Programs (CAMPEP) training
- School of Radiation Therapy

Surgical Oncology (incl Gyne Oncology)

Systemic Therapy Program

**System Performance** 

- Monitoring, reporting and evaluation of cancer services (monitoring volumes of patients, use of services, wait times)
- Monitoring and reporting on patient experience/satisfaction

**Urgent Cancer Care Clinic** 

#### Cancer Research

CCMB has been charged by the Province of Manitoba with the unique mandate to facilitate and conduct a program of cancer research, so that all Manitobans will have the opportunity to participate in, and benefit from, research discoveries. The CancerCare Manitoba Research Institute is dedicated to improving cancer control in Manitoba through research and innovation. CCMB has built an integrated research ecosystem in partnership with academic and healthcare partners across the province. Embedding research into all aspects of cancer control is an essential component of CCMB's mission to reduce the impact of cancer on the population through prevention, early detection and a personalized approach to cancer treatment.

#### Health Human Resources Planning

CCMB will take the lead on ensuring the human resources that are unique to cancer care delivery and research are incorporated into the Provincial Health Human Resources Plan. Ensuring appropriate workforce resources to meet the current and future demand for cancer services is critical to achieving cancer control in the province. Careful and collaborative strategic planning among all health partners is required to ensure appropriate resources are in place across the province to keep up with increasing workloads, growing numbers of people with cancer and the availability of new treatments and technologies. Delivery of high-quality cancer services across Manitoba depends on the availability of well-trained, skilled healthcare professionals across many disciplines. These include but are not limited to oncologists, hematologists, family physicians in oncology (FPOs), radiation therapists, navigators, and research scientists.

#### **Blood Disorders**

CCMB also provides leadership and services for those affected by blood disorders, including but not limited to anemia, bleeding disorders, and blood clotting disorders. Hematologists, situated at CCMB to provide care for blood cancers, have the specialized knowledge required in order to treat patients with all blood conditions. Having these same practitioners also treat patients with blood disorders within the specialized multidisciplinary care model found within CCMB, is the most efficient and patient-centric strategy.

#### Planning

CCMB's Strategic and Operational Plan will be the foundational piece of both the CPSP and the Regional Strategic and Operational Plans for all cancer-related service provision in Manitoba. CCMB's planning will continually evolve in step with the changing landscape of cancer in Manitoba. To inform its planning, CCMB will collaborate and consult with provincial stakeholders, including the Provincial Health Authority (PHA) and the other Health Authorities, and will partner with healthcare leaders and organizations throughout the province.

### Strategic and Operational Planning:

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

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

The PHA is expected to provide further information and/or clarification on the CPSP as may be required. Material changes to the priorities will be reflected in the next schedule version.

Further information on specific CPSP projects not available for 2022/23.

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

The HA is expected to provide the core services identified above in 3(a) in a manner that is consistent with the following provincial clinical pathways, models of care, procedures and protocols: Not available for 2022/23.

d) Service Directives/Guidelines/Standards and Policies

The following service directives apply to the HA:

None available in 2022/23.

The following guidelines apply to the HA:

- · Capital Plan Guidelines
- · Health Plan Guidelines
- Annual Operating Plan Guidelines

The following standards apply to the HA:

No specific standards identified for 2022/23.

CCMB will establish the standards for delivery of high quality and evidence-based health services for all cancer care for the province of Manitoba. CCMB will develop frameworks to establish provincial cancer diagnostic and treatment pathways, models of care, and treatment standards and guidelines across the continuum of cancer care in collaboration with content experts across Manitoba. CCMB will be responsible for communicating these standards to all stakeholders, as well as oversee implementation and measure compilance to ensure improved cancer outcomes for all Manitobans.

## The following policies apply to the HA:

Admin 5.4	Equipment Policy
Admin 5.28	French Language Services Plan Reporting Policy
· GSP 1000,10	RHA Board Competency Criteria
. HCS 200.1	Board Governance and Accountability
HCS 200.2	Critical Incident Reporting and Management Policy
HCS 200.3	Health Authorities Guide to Health Service
· HCS 200.4	Risk Management
HCS 200.5	Internal Disclosure of Staff Concerns
HCS 200.7	Reporting of Significant Changes to the Office of the Chief
	Medical Examiner
HCS 200.8	Quality Audits
HCS 200.11	Reporting on Community Health Assessment
HCS 200.14	Critical Occurrence (CO) Reporting and Management Policy
HCS 200.16	Bidding & Award of Construction Tenders
HCS 200.17	Patient Access Data Submission Policy
HCS 200.19	Home Cancer Drug Program Policy
HCS 200.21	Selection of Consultant Services
· HCS 200.23	Policy on Outsourcing and Admixing Pharmaceutical Products
	for Use in Manitoba
: HCS 200.25	Medical Device Reprocessing: Transportation of Medical
	Devices
HCS 200.26	Medical Device Reprocessing: Single-use Medical Devices
, HCS 200,28	Human Resources French Language Policy for Health Care
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: HCS 200.30	Patient experience Survey Policy
HCS 200.31	Medical Assistance in Dying (MAID)
HCS 200.32	Pronouncement of Death (POD)
HCS 215.1	Violence in the Workplace - Nursing .
HCS 215.2	· Violence in the Workplace – Other Health Care Workers
HCS 215,3	Provincial Injury Reduction
HCS 215.4	Provincial Scope of Practice for Nurses
HCS 215.5	Violence Prevention Program for Health Care Workers in
	Manitoba
ITM 405.3	IT Project Control, Monitoring, and Evaluation

### 3. Health Capital

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

a) Safety and Security Projects approved for the HA;

Refer to Exhibit 3A - Health capital, attached to this Schedule.

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

Refer to Exhibit 3B - Health capital, attached to this Schedule.

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

Refer to Exhibit 3C - Health capital, attached to this Schedule.

d) Medical Equipment approved for the HA:

Refer to Exhibit 3D - Health capital, attached to this Schedule.

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

Refer to Exhibit 3E - Health capital, attached to this Schedule.

### 4. Reporting Requirements

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

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

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

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

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

# a) <u>Compliance Reporting and Controls</u>

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

Report Name/Type	Timeline
Strategic Plan	September 30, 2022
Annual Operational Plan	June 1, 2022
Annual Reports	September 30, 2022
CEO Expense Reports	September 30, 2022
Minister Mandate reports	Quarterly
Provincial Risk Report	April 3, 2022
Reports required under The Public Sector Compensation Disclosure Act	September 30, 2022
Service Interruption reporting	In accordance with policy
Critical Occurrence reporting	In accordance with policy
Critical Incident Reporting	In accordance with policy
Project Closeout/End Reports for projects with budgets less than \$250K	Upon project completion
Annual Medical Equipment Procurement Status report	January 15, 2023
Medical Equipment Lease	September 1, 2022
Basic Equipment Funding Expenditure	May 31, 2022
Capital Property sites lease schedule	September 1, 2022

## c) Financial Reporting

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

Report Name/Type	Timeline
Summary Forecast Reports	Quarterly
Monthly Forecast Reports	Non-quarter ending months, July 2022 to February 2023
MHSC/MHWR Accounts Receivable and Accounts Payable Templates	Quarterly
Debt held by the Department of Finance Treasury Division	Quarterly
Medical Remuneration Templates	Quarterly
Bad Debt Reports	Quarterly
Fiscal Year End Reporting Requirements	As per direction

# d) Service Results & Outcomes Reporting

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

Report Name/Type	Timeline
Public wait time website and PIMA (provincial	Emergency: Daily
information management & analytics) dashboard	All others: Monthly, by 15th
Service reporting required by CIHI	As required by CiHI
Project Closeout/End Reports – confirmation of completion of all work, declaration of all costs and payments	Upon project completion
Report requirements as outlined in individual Accountability Letters	As per specific Accountability Letters

## 5. Performance Improvement

# a) Indicators/Measures for the focus of Performance Improvement

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

- Patients Felt Safe Receiving Care at CCMB
- Hand Hygiene Compilance
- % of Cancer Patients with ED Visit
- Patient Satisfaction
- Maintain 22/23 Summary health expenditures for Manitoba within 1.6% over 2021/22
- COVID-19 Increased costs

Manitoba Health and the HA acknowledge that this reflects provincial health system dashboard reporting as at April 1, 2022. Manitoba Health and all SDOs are working together on changes to performance measures and approaches to performance improvement and these changes will be updated in-year or in the 2023/24 schedule.

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

Specific measures not available for 2022/23.

CCMB will work collaboratively with provincial partners to create performance indicators to monitor the progress on cancer outcomes across the province. Through CCMB's corporate publications (e.g. Annual Progress Reports, Manitoba Cancer System Performance Reports, etc.), cancer outcomes such as incidence, survival, mortality and patient experience are reported and compared across Manitoba's Regional Health Authorities. Examination of trends over time and by geography, as well as comparison to benchmarks and targets, will help to develop insights useful for cancer system planning and priority setting.

## b) Minimum Service Levels

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

Not available for 2022/23.

GOVERNMENT OF MANITOBA	CANCERCARE MANITOBA
By: Fare Hed	By:
Name: Kaven Herd, Deputy Minister	Name:Jeoffrey Chipman
Title: Minister of Health or delegate	Title: Board Chair

Schedule B: Funding and Allocations Version: 2022/23 2.0 April 1, 2022

The Government's overall SDO funding allocations for the date April 1, 2022 – March 31, 2023 are set out in the following tables, in this Schedule. It is expected that the SDO will work with the Service Providers to achieve any targeted savings contained within the funding allocations.

### 1.1. Operational Funding

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

# 1.2. Capital Projects, Equipment, Information and Communication Technology

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

### **Evaluation, Audit and Review**

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

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

Exhibit B - Funding Allocations is attached to this Schedule.

GOVERNMENT OF MANITOBA	CANCERCARE MANITOBA
By: Heren berd	By:
Name: Kaven Herd, Deputy Minister	Name: Dooffloy Chipman
Title: Minister of Health or delegate	Title: Board Chair

Schedule C: HA Mission, Vision, and Values

Version: 2022/23 2.0 April 1, 2022

#### 1. Mission

A world free of cancer.

#### 2. Vision

To reduce and, where possible, eliminate the burden of cancer on the people of Manitoba through exemplary programs of prevention, diagnosis, treatment, rehabilitation, continuing care, research and education.

#### 3. Values

- Respect for People Dignity, fairness, openness, equity, collaboration, co-operation, sensitivity to cultural diversity and identity, compassion, privacy, confidentiality
- Integrity Honesty, objectivity, reliability, responsibility, fidelity, transparency
- Stewardship Prudence, sensitivity to risks, opportunities and sustainability of human and material resources and the natural and built environment, accountability
- · Excellence Timeliness, efficiency, effectiveness, relevance, diligence, creativity, initiative

### Code of Ethics

CancerCare Manitoba recognizes its responsibility to provide services according to its mission and the obligation to do so in an ethically sound manner. All individuals providing services within CancerCare Manitoba are required to live by the organization's stated values, as well as commit to the following in any decision-making process:

- Compassion and respect for human dignity
- Professional competence
- The spirit of service
- Honesty
- Confidentiality of information
- Careful administration of resources
- Recognize and deal with conflicts of interest
- Positive environment
- Safe workplace
- Safeguard property
- Compliance with the law
- Informed consent

Professional codes of ethics are recognized and honoured within CancerCare Manitoba as valuable contributions to the ethical framework of our organization and the work done by our service providers.

CCMB is committed, both as the provincial leader for cancer control and as an SDO, to equitable and culturally-responsive, patient- and community-centered care responsive to the unique needs and preferences of individual patients and their families, which are also influenced by the communities they live in or belong to.

GOVERNMENT OF MANITOBA	CANCERCARE MANITOBA
By: Karen Ded	By: Bull
Name: Karen Heard, Deputy Minister	Name: Jeoffrey Chipman
Title: Minister of Health or delegate	Title: Board Chair

Schedule D: Shared Services

Version: 2022/23 2.0 April 1, 2022

#### Preamble:

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

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

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

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

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

#### **Shared Services**

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

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

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

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

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

- 2. The Provincial Information Management and Analytics Services provided by Manitoba are mandatory for Service Delivery Organizations and not mandatory for Service Providers.
- The available Terms of Service for Provincial Shared Services are attached as Exhibit A. The Shared Service Providers will provide the Terms of Service for the remaining Provincial Shared Services to the HA and, if applicable, to Service Providers, when they are finalized.
- 4. The HA shall ensure that Service Providers that have an SPA with the HA participate in the Mandatory Provincial Shared Services, unless otherwise permitted in accordance with the SPA. The Shared Service Providers will ensure that the Service Providers are notified in writing of any substantive changes to the Terms of Service for the Provincial Shared Services in which they are participating.
- If the HA has issues with a Provincial Shared Service, the HA shall follow the escalation process defined in the Terms of Service and if the issue cannot be resolved through that process, the HA may refer the issue to Manitoba for resolution.
- 6. The following are the Regional Shared Services:

None applicable for 2022/2023.

The HA shall ensure that the Terms of Service for the Regional Shared Services are provided to the Service Providers that are participating in the Regional Shared Services.

GOVERNMENT OF MANITOBA	CANCERCARE MANITOBA
By: Kan Derd	By: Abrillon
Name: Karen Herd, Deputy Minist	
Title: Minister of Health or delegate	Title: Board Chair