

NEW

Directions

November 2, 2007

Major steps achieved in building a

stewardship organization

The ministry is on track in achieving the 2007 transition targets committed to in October 2006, Deputy Minister Ron Sapsford announced today. As part of the announcement, Sapsford said that the final organizational structure to the staff level has been completed for several key transition areas and that the implementation phase has been reached. The areas include:

- All branches within Health System Strategy (HSS)
- Three investment branches of Health System Investment and Funding (HSIF)

In addition, the transitional structure has been completed to the staff level in the Provincial and Priority Programs (PPP) units, currently in the Local Health Integration Network (LHIN) Liaison Branch, Health System Accountability and Performance (HSAP). PPP will become part of the new Provincial Programs Branch once a director has been appointed.

The ministry is also on schedule to complete the transition work for Health System Information Management (HSIM) later this fall.

“Today’s announcement reflects immense work by many ministry staff throughout the various transition stages, as we move towards our stewardship role,” Sapsford said. “Staff in the divisions and branches are to be commended for their hard work. It is their commitment and dedication that has brought us successfully to this point.” (Detailed branch organization charts for these areas are included on pages 2 through 7.)

Sapsford acknowledged that the transition is a gradual process that will continue over the next few years. The period ahead will be challenging as staff assume new jobs, and at the same time maintain the continuity of the ministry’s business. “I recognize there may be instances where you face multiple demands,” he said. “Navigating this challenging time will require the best from all of us. We need to pull together as colleagues and teammates to deliver. I appreciate your efforts and I

am counting on your commitment as we move into the next phase of our stewardship journey,” Sapsford said.

Staff positions in the new organization structures of HSS and HSIF (investment) will take effect on Nov. 19, unless otherwise notified.

Administrative functions will not be changing as result of the new branch organizational structures being announced today. The ministry is reviewing its administrative support functions to ensure they are consistent across the ministry and aligned to the new stewardship mandate.

Many transition goals already met

Sapsford noted that other key achievements have been reached since October 2006, when he first introduced the ministry’s transition organizational structure based on a functional business model.

In February of this year, MOHLTC announced the organizational structure to the staff level of the four new branches that were crucial to the Local Health Integration Networks (LHINs) successfully assuming their full mandate on April 1, 2007. The branches are: Performance Improvement and Compliance, HSAP; Financial Management, Corporate and Direct Services (CDS); LHIN Liaison, HSAP, and the Health Reform Implementation Team (HRIT), HSIF. The design of these branches was completed first to enable the ministry to take on its new role working with LHINs. (See the article on page 9 for an update on the HRIT Branch.)

The ministry has taken other major steps towards establishing itself as steward of the health care system:

- LHINs have been established and are now fully operational in planning, funding and integrating local health services
- Work of the former Acute Services and Community Health divisions, including certain regional office functions, has been moved into the appropriate divisions.

Sapsford also said that effective Nov. 5, staff

in the former Resource Management Offices of HSS and Health Human Resources Strategy (HHR) as well as staff in the Finance and Business Support Unit of the Operational Support Branch in CDS will now report to the Resource Management Unit in CDS. This change was previously reported in June 2007.

Divisions at varying phases of change

“As you know, the ministry’s transition is a complex process that moves through set phases to ensure that the business of the ministry continues, while capacity is built up step-by-step in the new stewardship organization,” Sapsford said.

“While certain branches and divisions have completed their transition process as of today, other divisions in the ministry are at various phases. They are moving at different speeds, but ultimately toward the same end goal—a ministry designed and functioning in a stewardship model.” (See page 8 for an explanation of the phases of work followed to design a new branch.)

Employees in the divisions and branches that have completed transition will begin the challenge of working in new ways to support our stewardship mandate. At the same time, they will maintain the continuity of the ministry’s business as the remaining divisions and branches move into the stewardship model,” Sapsford explained. “I encourage staff to have conversations with their managers and directors on how their work aligns with the goals of stewardship.”

“It’s important to me and to the success of the transition that everyone fully understands the principles of stewardship and the importance of the structural and cultural changes central to the ministry’s transition,” Sapsford said. “Staff need to appreciate how they can apply the stewardship concepts to their work every day,” he said. To that end, the ministry is committed to providing learning, development and training opportunities to staff throughout and beyond the transition

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process to ensure employees have the skills, tools and competencies necessary for MOHLTC to successfully fulfill its stewardship role.

“Together, we have come far in creating an effective organizational structure that will enable us to carry out our mandate of strategically guiding the health system into the future on behalf of the people of Ontario,” Sapsford said.

He explained that the organizational changes will support the ministry’s ability to do what only it can do best:

- Establish overall strategic direction and

provincial priorities for the health system

- Develop legislation, regulations, standards, policies, and directives to support those strategic directions
- Monitor and report on the performance of the health system and the health of Ontarians
- Plan for and establish funding models and levels of funding for the health care system
- Ensure that ministry and system strategic directions and expectations are fulfilled.

“I am proud of the ministry’s achievements. We have collaborated and are learning to work

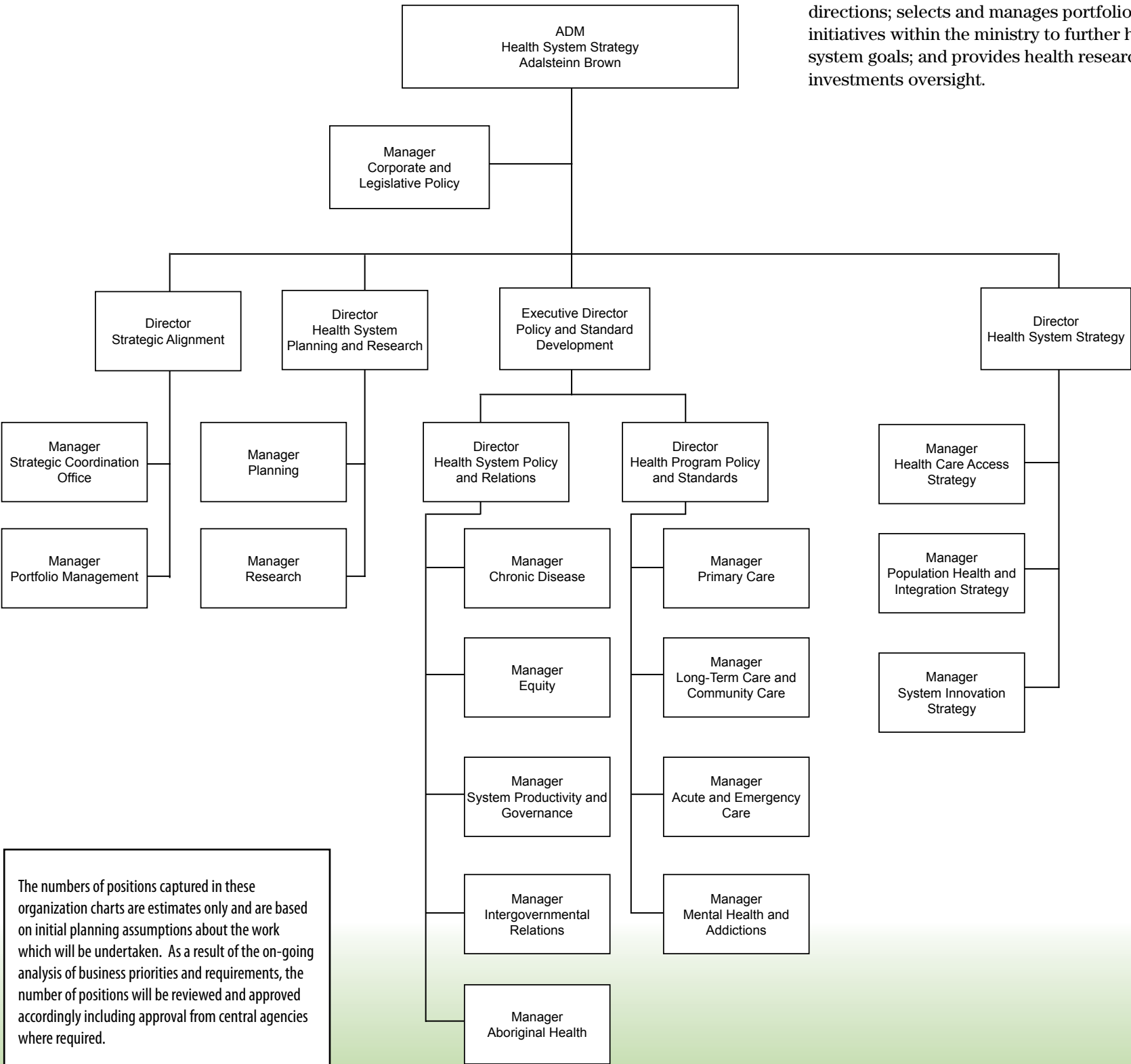
in a new way within a new business model. We are implementing new business practices. Transforming what we do and how we work together are keys to the ministry’s future success,” Sapsford said. “There are more milestones to be achieved. I know I can count on all ministry staff to take on the challenges ahead and to chart a new course as health system stewards.” ■

Editor’s note: See the article on page 9 for an overview of the ministry’s 2008/2009 transition commitments.

Health System Strategy Organizational Chart

Mandate

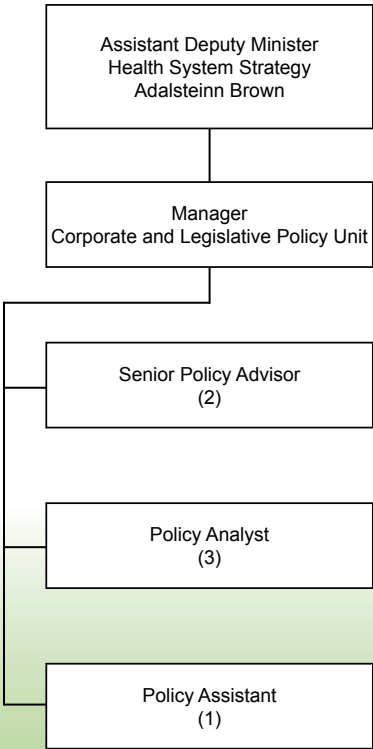
Set strategy and plans to implement health system vision. The division sets strategic directions for Ontario’s health system and supports them with legislation and policy; monitors alignment with the strategic directions; selects and manages portfolios of initiatives within the ministry to further health system goals; and provides health research investments oversight.



The numbers of positions captured in these organization charts are estimates only and are based on initial planning assumptions about the work which will be undertaken. As a result of the on-going analysis of business priorities and requirements, the number of positions will be reviewed and approved accordingly including approval from central agencies where required.

Health System Strategy

Corporate and Legislative Policy Unit Organizational Chart

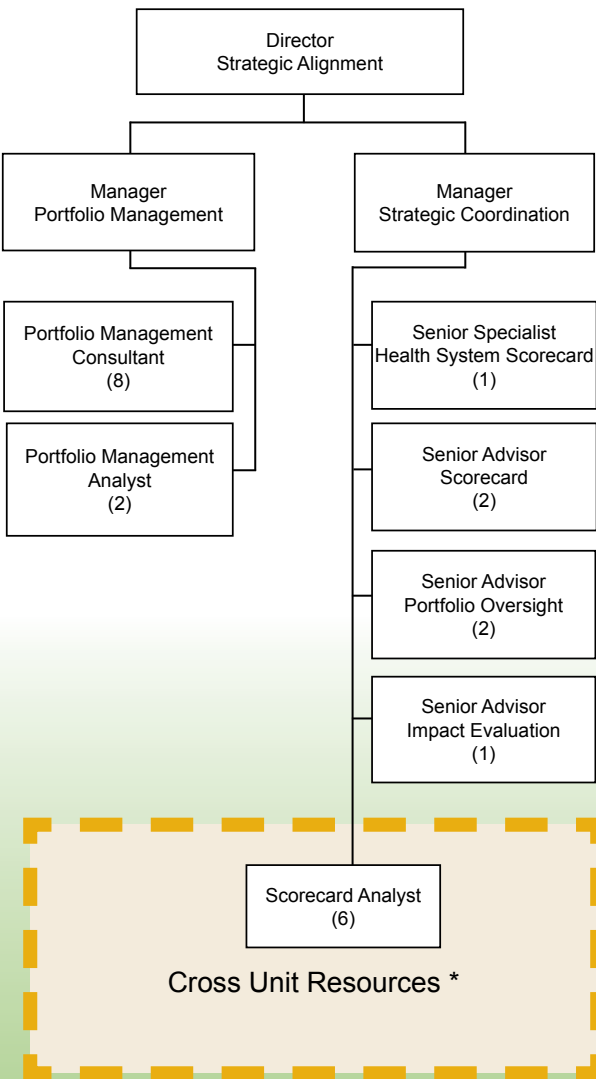


Mandate
Provide corporate policy support to the ministry on policy submissions and legislative development and help ensure high-quality policy products are developed and effectively managed through the policy, cabinet and legislative process.

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Health System Strategy

Strategic Alignment Branch Organizational Chart



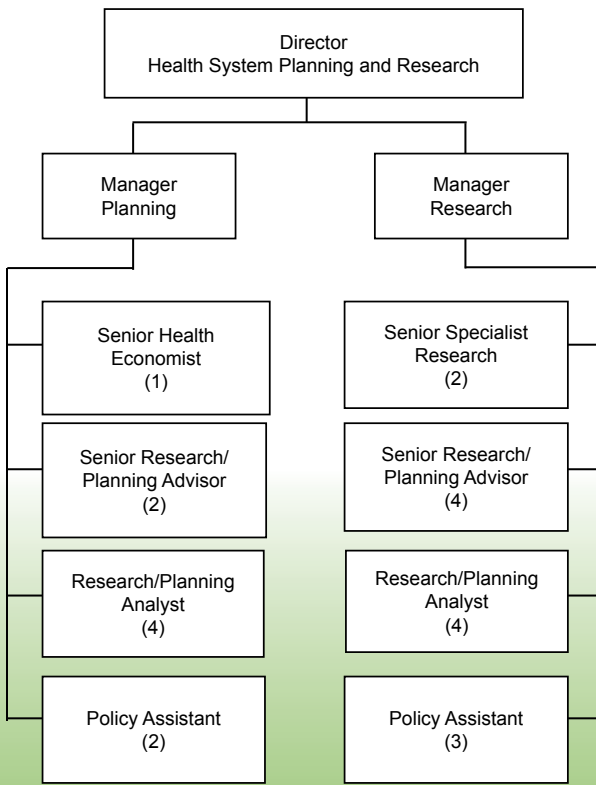
- Mandate**
- Lead implementation of portfolio management, a key lever to enable alignment of strategy.
 - Oversee development of health system scorecard and supporting portfolio scorecard.
 - Align portfolios, programs and support functions with system strategy.

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* These positions report into their respective unit and can be assigned as needed to emerging projects.

Health System Strategy

Health System Planning and Research Branch Organizational Chart



Mandate

- Develop and oversee implementation of research strategy for gathering health system intelligence and knowledge dissemination for the ministry.
- Identify trends and opportunities for improvement from both local and international sources.
- Develop health system knowledge by identifying available research and contextualizing it to support strategic priorities.

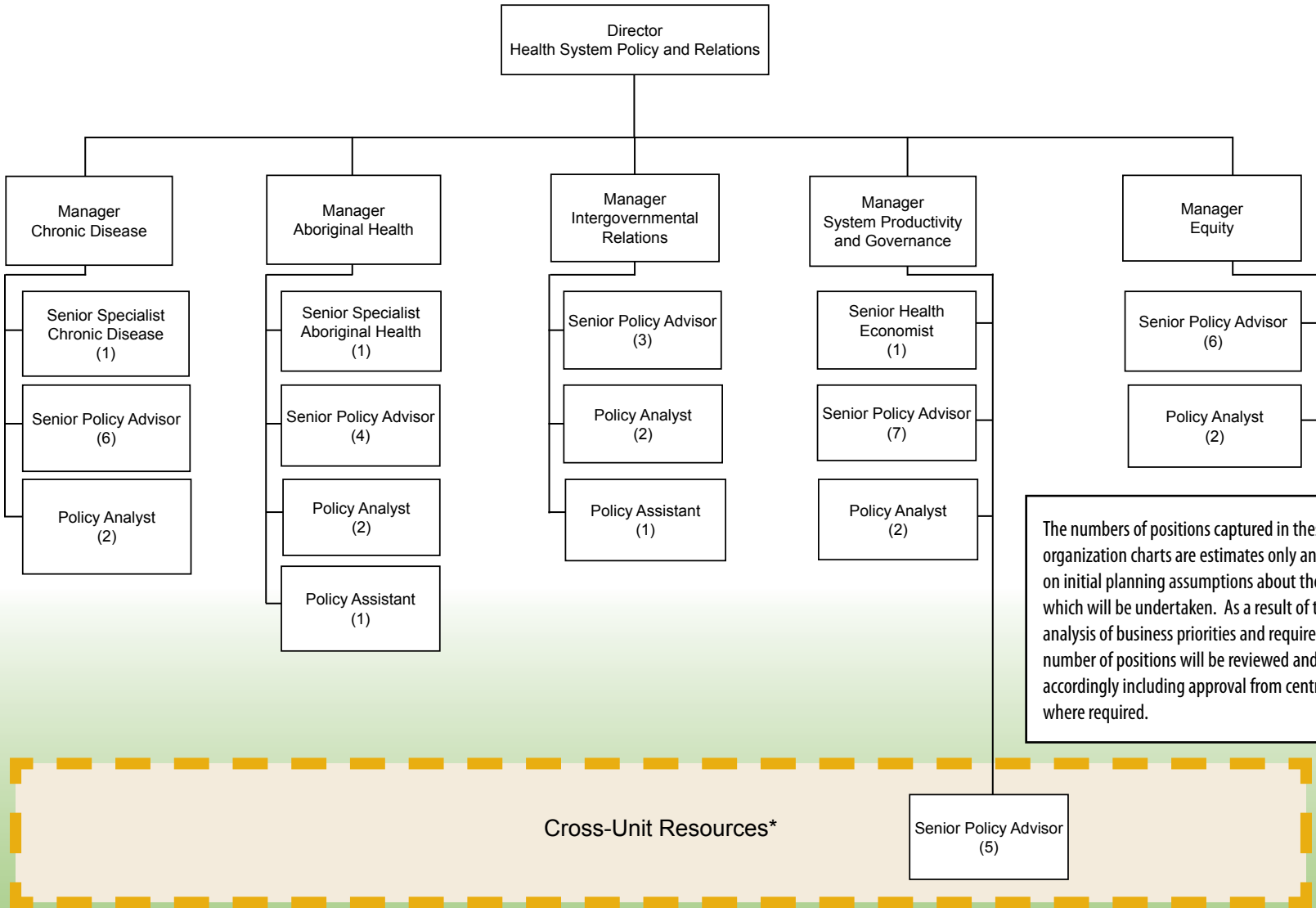
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Health System Strategy

Health System Policy and Relations Branch Organizational Chart

Mandate

- Develop policies and standards related to specific populations and target disease, health system governance, productivity, and intergovernmental relations.
- Develop or change policies, standards, regulations, or legislation as required to achieve the government’s objectives for the health system including improving access and quality of health care.
- Liaise with other jurisdictions (federal/provincial/territorial/municipal) on common issues and initiatives.
- Assist key components of the health system such as LHINs, health service providers and associations with implementing, operating, and interpreting specific policies and standards developed for health sectors.



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* These positions report into their respective unit and can be assigned as needed to emerging projects.

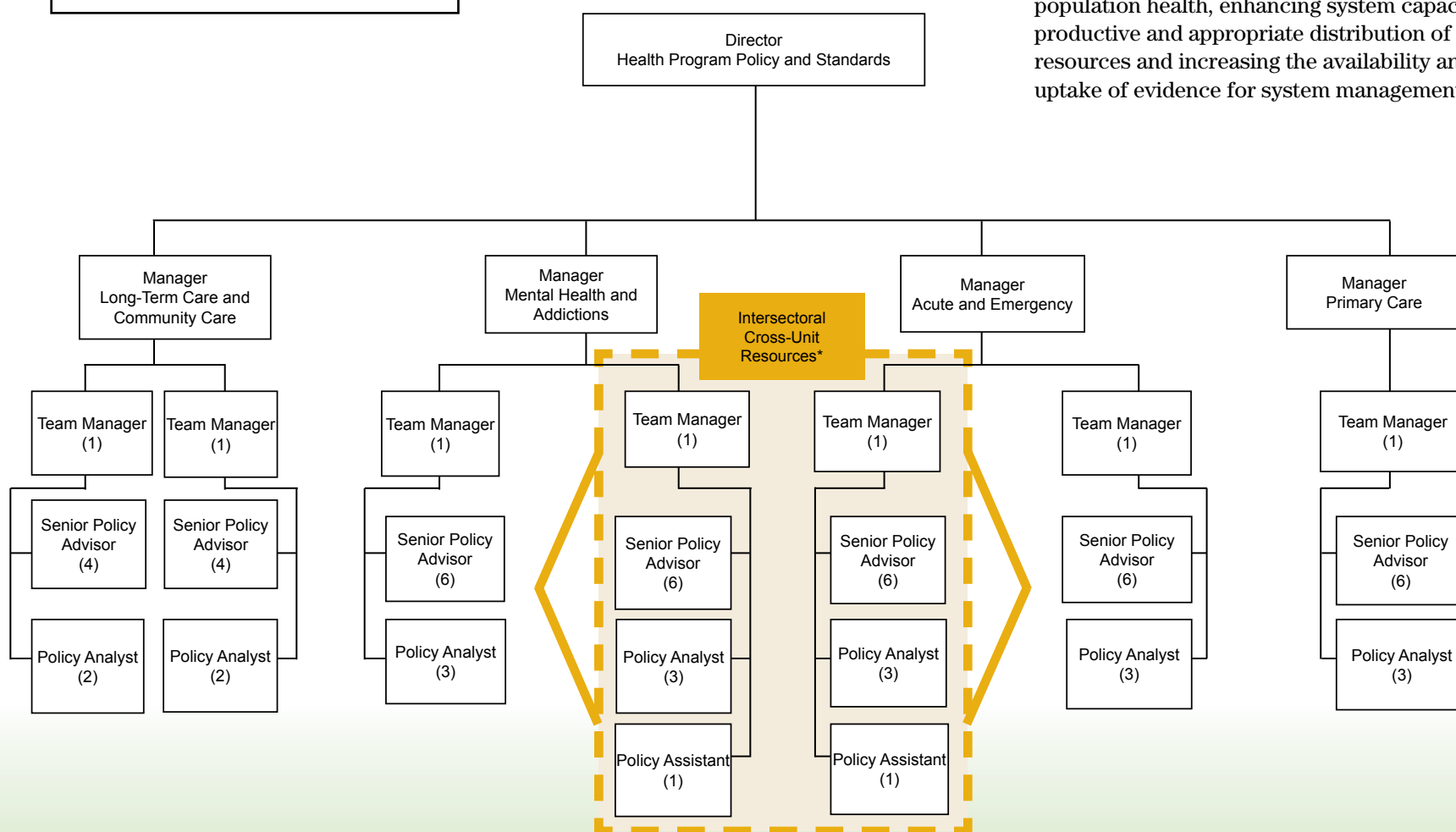
Health System Strategy

Health Program Policy and Standards Branch Organizational Chart

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Mandate

- Develop provincial policies, standards, legislation and/or regulation for and across the traditional health sectors using time-limited intersectoral and crossunit/branch/divisional project teams.
- Lead policy and standards development to enhance access, improve the safety and effectiveness of health services and improve the integration of health service providers and system processes.
- Using knowledge of traditional health sectors, provide support on matters concerning population health, enhancing system capacity, productive and appropriate distribution of resources and increasing the availability and uptake of evidence for system management.



* In several divisions, new flexible resourcing models have been established. These models reflect the new way that the ministry intends to function in project teams, within units and branches and across divisions as part of the stewardship model. This model allows resources to be utilized to respond to emerging needs and to involve cross-functional inputs to provide integrated results.

Upcoming

New Stewardship in Action — FYI Series session!
Don't miss this opportunity to hear Assistant Deputy Minister Hugh MacLeod speak on how the province's wait time strategy supports stewardship.

Register today for:

Wait Not, Want Not: An Examination of How to Improve Resource Utilization
Thursday, November 8, 2007
1:30 - 3:00 p.m.
Ottawa Room, MacDonald Block, Queen's Park

An audio webcast of this FYI session will be made available online shortly after the workshop. You can also listen to past sessions as well as follow along with the presenter's PowerPoint slides and hear the answers to questions from the audience, online at [FYI Sessions — Archive](#).

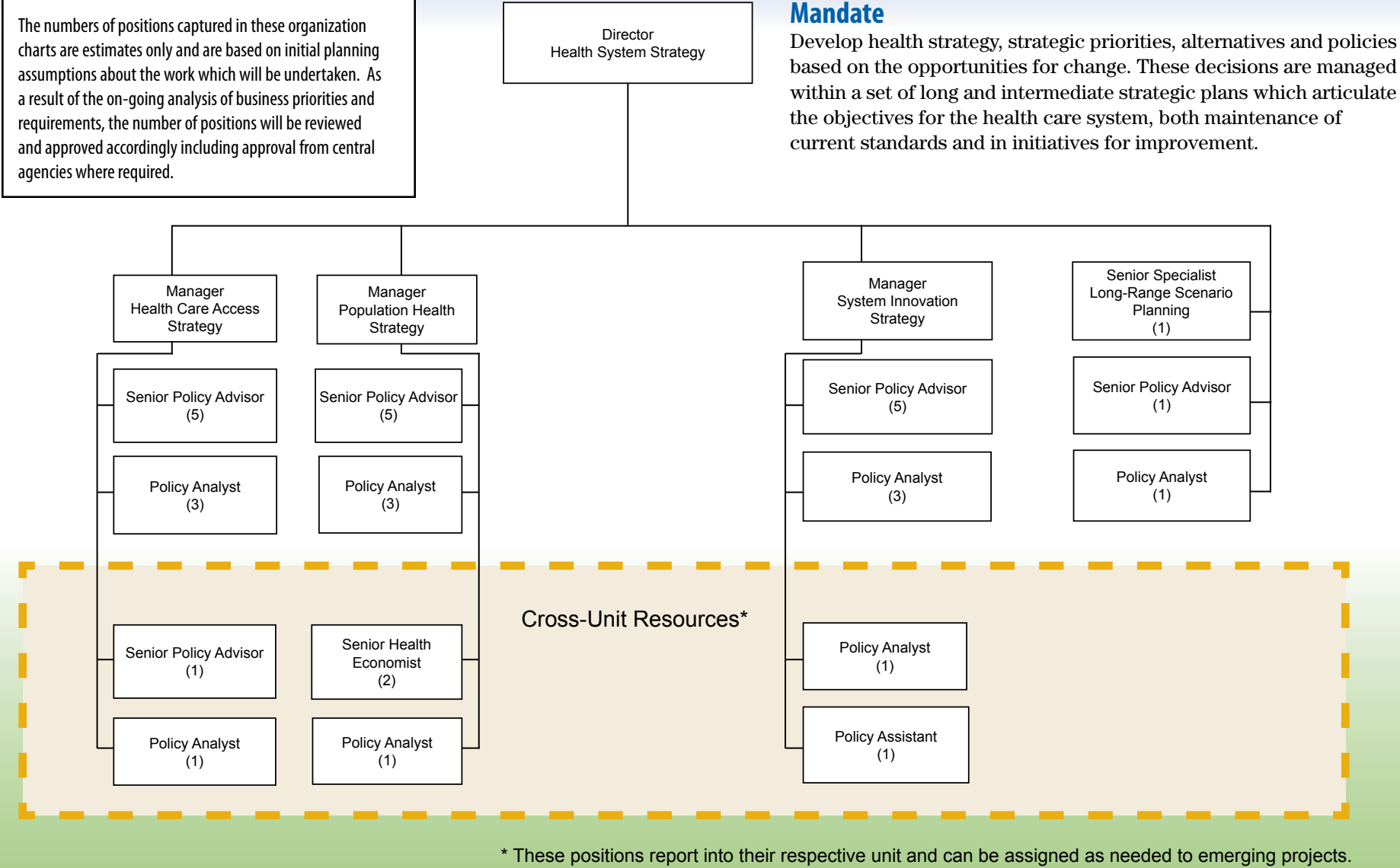
Register here for all
Stewardship in Action

**Learning and
Development programs**

**See updates to the
October/November 2007
schedule!**

Health System Strategy

Health System Strategy Branch Organizational Chart

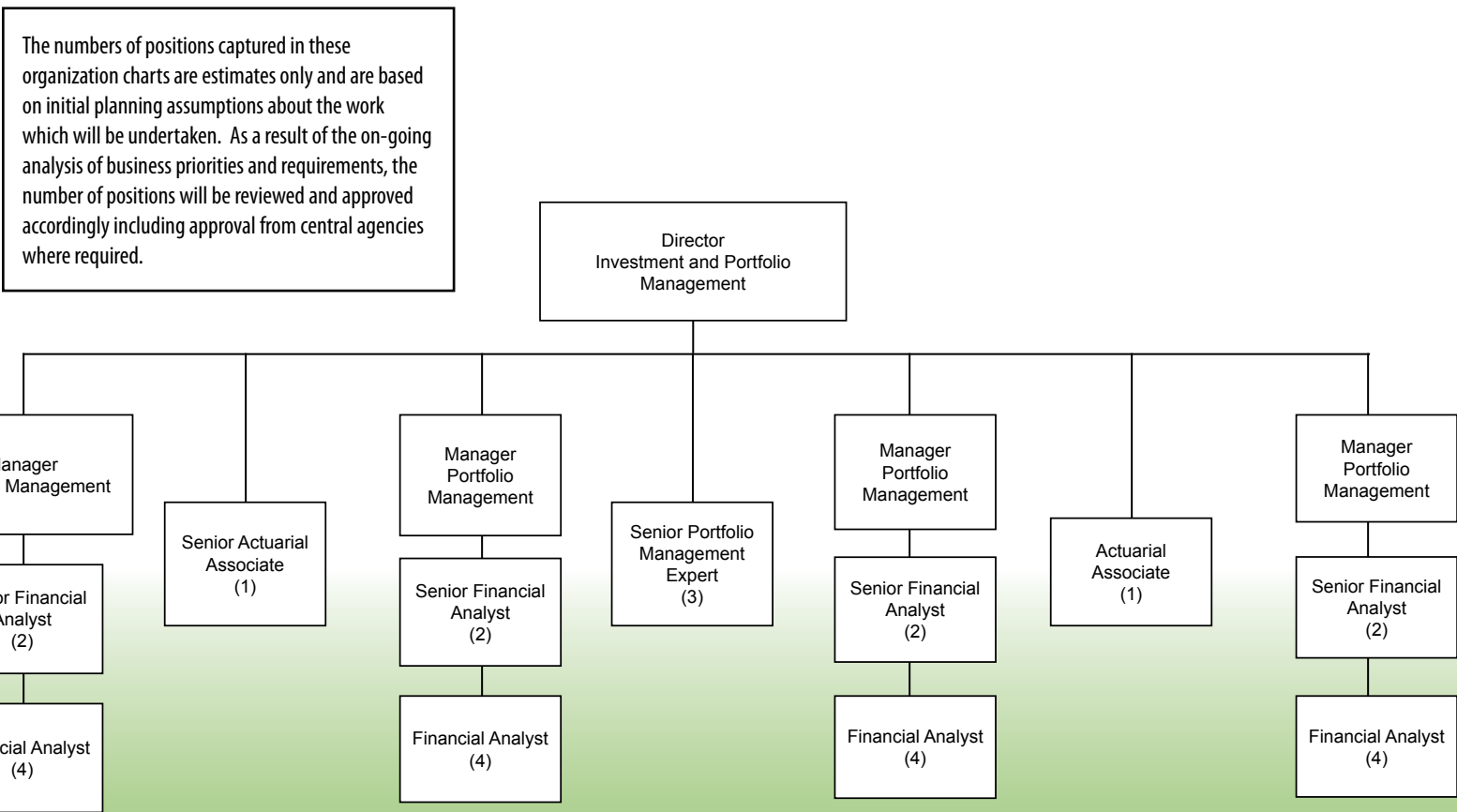


Health System Investment and Funding

Investment and Portfolio Management Branch Organizational Chart

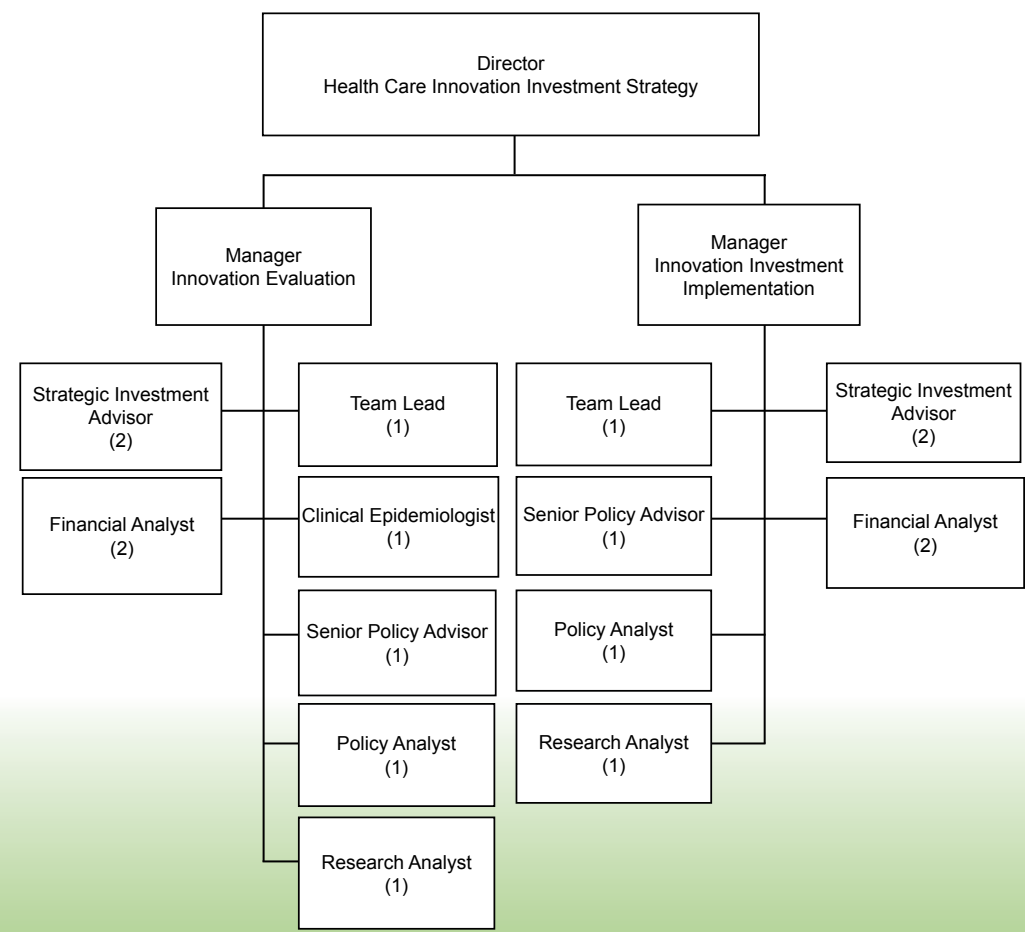
Mandate

- Develop informed health system portfolio and program investment recommendations that support health system strategies, plans and priorities and consider alternative investment options to achieve strategies and priorities.
- Monitor and evaluate portfolio, program or health sector investment performance.
- Assess, develop and manage investment risk, including the development and implementation of risk mitigation.



Health System Investment and Funding

Health Care Innovation Investment Strategy Branch Organizational Chart



Mandate
Develop and oversee health system investment options and recommendations to implement new technologies and clinical innovations.

This includes supporting:

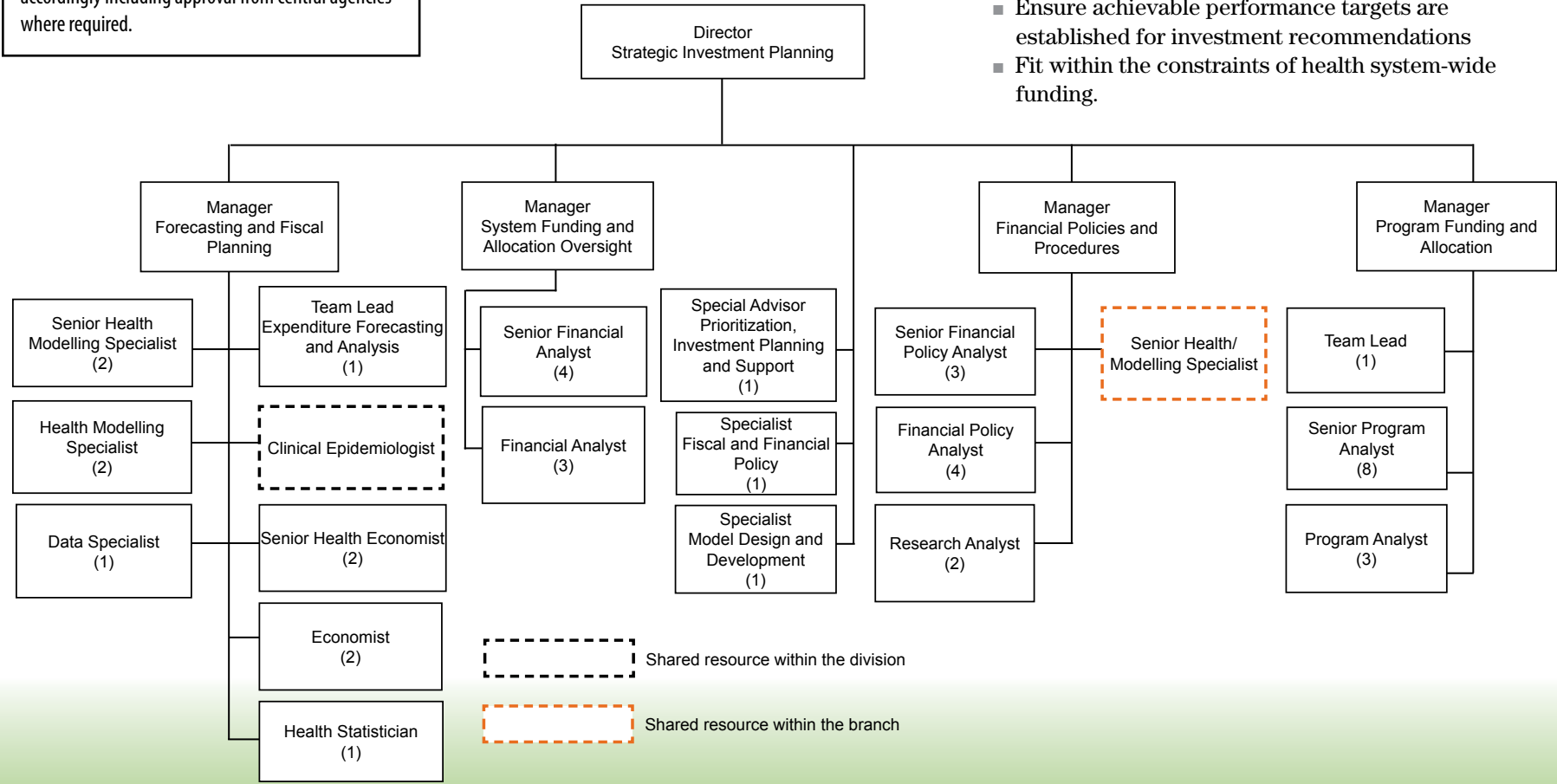
- Evidence-informed decision making
- Appropriate investment strategies for health technologies
- Management of the health technology investment portfolio
- Assessment, development and management of investment risk assessment and mitigation strategies.

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Health System Investment and Funding

Strategic Investment Planning Branch Organizational Chart

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Mandate

- Develop, implement and monitor health system financial and fiscal policies.
- Develop financial and fiscal funding forecasts to inform health system investment decision making.
- Guide the development of investment recommendations and annual investment plans that:
 - Support the ministry's long range health system strategic plan and priorities
 - Ensure achievable performance targets are established for investment recommendations
 - Fit within the constraints of health system-wide funding.

Description of each phase in a branch project

The work to design a branch in the transitional structure follows an integrated project plan. This plan moves through five phases of work to create a branch that is aligned to the stewardship model. A branch project works through step-by-step processes within each of the phases to assess, plan, design and implement a new, fully operational branch.

The order of the phases is the same every time a new branch is designed in the ministry. However, in each branch project, the work and how it occurs within each phase, is assessed to make sure the steps are as effective and efficient as possible. When improvements are found, the steps will be fine-tuned and the phase chart, below, will be updated to reflect these changes.

Assessment Phase	Planning Phase	High-Level Design Phase	Detailed Design Phase	Implementation Phase
Ministry Management Committee (MMC) approval obtained to launch the new branch project	SMG/branch director assumes new role in branch project	Process design Detailed processes to identify workflow and volume of work	Process design Process design work is handed off to branch directors and I & IT	Process implementation - Procedures / work steps - Training materials / manuals
Project charter created to define the objectives, work and timing of the branch project	Branch project team assigned	Organization design - Organization design principles - Preliminary branch structure - Position profiles/ FTE requirements	Organization design - Job descriptions - Final detailed design	HR process - Assignments - Inplacements - Recruitment - Union disclosure as required
	Branch project kicks off	HR Processes High-level planning	HR processes - Position matching - Detailed union disclosure and staff notification	Facilities implementation
	Detailed branch project work plan is put together	High-level facilities design	Detailed facilities assessment	Technology implementation
	Risk is assessed	High-level technology assessment	Detailed technology assessment	

Need Support?

The Employee Assistance Program can help

All OPS staff have access to an Employee Assistance Program (EAP), which can help support you with a wide range of personal and professional concerns, including work and career issues, stress, childcare, eldercare and parenting issues.

EAP provides confidential advice, free of charge to you and your family 24/7, 365 days of the year. The service is provided through Shepell Family Guidance Incorporated (FGI).

EAP can be reached anytime by calling 1-800-268-5211, TTY (hearing impaired) 1-800-363-6270. (Service en Français 1-800-363-3862, ATS personnes malentendantes: 1-800-263-8035.)

The Shepell FGI network is staffed with experienced counselors, psychologists, social workers and other specialists. EAP can also help with questions or concerns related to health and well-being and financial issues such as budget planning or managing credit.

You also have easy access to general information about a wide range of topics through FGI online at (password protected*) www.fgiworldmembers.com.

*For the password to the site, visit the [Human Resources Branch website](#) and click on the Employee Assistance Program button.

Stewardship transition process

moves forward

The ministry is moving into the next phase of its reorganization with the announcement of a new senior management structure for Health System Accountability and Performance and the capital functions of Health System Investment and Funding, Deputy Minister Ron Sapsford said today.

“With our 2007 transition commitments on track and on time, we can now look to the future and the next milestones in our transition process,” Sapsford said. “Announcing the new, senior-management organizational structure for these two areas launches the next phase of our ministry’s transition to stewardship.”

In October 2006, the ministry announced it would operate under a transitional organizational structure as MOHLTC gradually converted to the stewardship model of delivering health care. A preliminary review of HSAP and the capital functions of HSIF was initiated in April and June 2007 respectively. This review included documenting high-level business processes and identifying future design options for the senior management level in both these areas.

The results of the review, released today, determine

the branch mandates and senior-level organizational design that HSAP and the capital functions of HSIF will have under the stewardship model. (Branch organization charts for the new transitional structure of HSAP and the capital functions of HSIF are included on pages 9 through 11.)

With the structure of the senior-management group now in place for the branches in HSAP and HSIF capital, the next step is to complete the business processes, key functions, detailed organizational structure and the review of staff-level positions within these areas. (See page 8 for an explanation of the phases of work followed to design a new branch.)

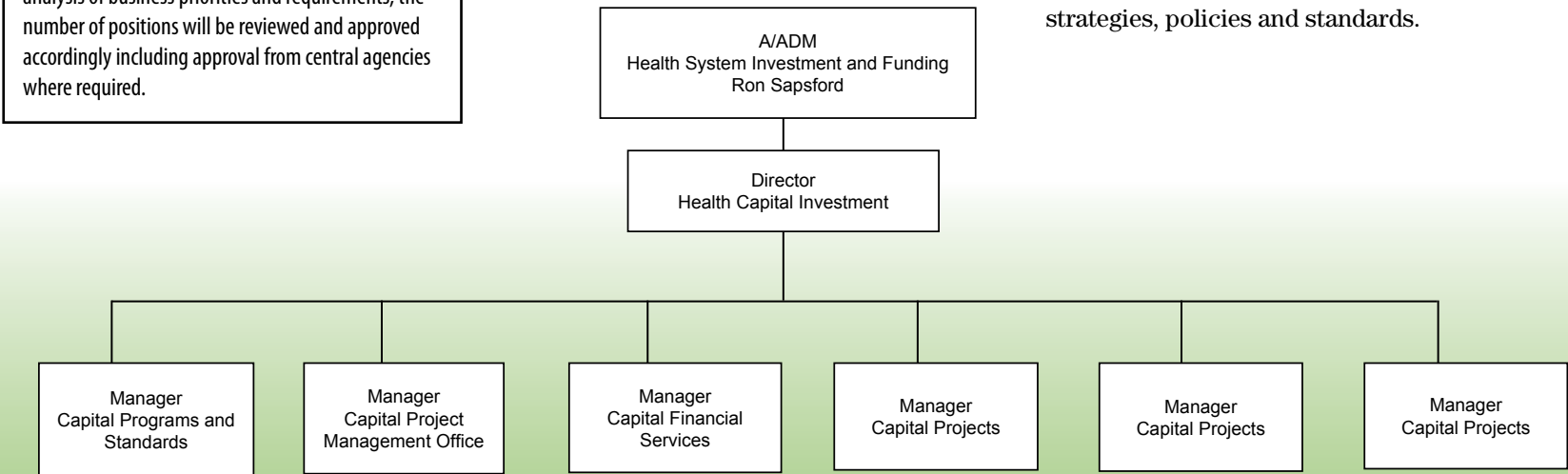
For HSIF, the detailed design work for the capital functions is expected to be completed in early summer 2008, while redesign of HSAP is expected to be finished by October 2008.

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Health System Investment and Funding

Health Capital Investment Branch Organizational Chart

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Mandate

- Provide expertise to inform the development of capital strategies, policies, initiatives and investment plans.
- Develop and communicate leading edge health capital programs and standards to stakeholders.
- Manage the decision-making process for the implementation of capital projects for health care facilities/services.
- Ensure capital programs are implemented in accordance with mandated legislation and capital strategies, policies and standards.

“Assembling the expertise and skill sets in one division to carry out these stewardship functions will help ensure we are achieving a sustainable level of performance by the health system.”

Assistant Deputy Minister Hugh MacLeod

Health System Accountability and Performance Organizational Chart

Mandate

- Provide expertise to inform the development of strategies and initiatives.
- Guide implementation of provincial strategies and initiatives.
- Negotiate agreements that enable a sustainable health care system and contribute to achievement of provincial objectives.
- Ensure that partners and health service providers are held accountable for achieving the best outcomes through their use of funds and are in compliance with legislation.
- Evaluate outcomes to identify opportunities for future health system improvement.
- Lead performance improvement initiatives and activities.

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ADM
Health System Accountability and Performance
Hugh MacLeod

Executive Director
Negotiations and Accountability Management

Director
Negotiations

Mandate: Provide leadership and direction for planning, priority setting and negotiation of accountability agreements with individual providers and health care organizations to maximize the ministry's investment in the health care system.

Manager Health Care Provider Negotiations

Manager Health Care Services Negotiations

Director
Provincial Programs

Mandate: Oversee accountability agreements, service level agreements and related schedules. Manage program providers to funding envelope.

Manager Acute Care and Chronic Disease

Manager Community Services

Manager AIDS Bureau

Manager Laboratory, Diagnostic Services and Independent Facilities

Director
Primary Health Care

Mandate: Direct, manage and monitor primary health care models.

Manager Primary Health Care Salaried Models and Programs

Manager Primary Health Care Family Health Teams SMG1

Manager Primary Health Care Blended Models

Director
Health Services

Mandate: Plan, manage and direct activities related to fee-for-service and alternate payment programs for health care providers under the Health Insurance Act.

Manager Provider Payment Programs

Manager Fee-for-Service Program

Manager Specialist Physician Contracts

Director
Implementation

Mandate: Guide the implementation of major and new provincial strategies and initiatives. Provide oversight and coordination expertise in support of the implementation of major and new health system strategies and reforms.

Manager Implementation

Manager Implementation

Manager Implementation

Director
Local Health Integration Network (LHIN) Liaison

Mandate: Ensure that the obligations of the Local Health System Integration Act and related legislation are met by the Local Health Integration Networks and the Ministry of Health and Long-Term Care through the development, negotiation and management of relationships and accountabilities.

Manager LHIN Liaison GTA

Manager LHIN Liaison West

Manager LHIN Liaison North/East

Manager LHIN Relations and Coordination

Manager French Language Services

Director
Performance Improvement and Compliance

Mandate: Identify, prioritize and manage the implementation of performance improvement initiatives. Ensure that health facilities are in compliance with legislation, policies and regulations by working closely with others to identify issues, risks and opportunities to promote sustainable health system performance.

Manager Compliance and Enforcement Toronto

Manager Compliance and Enforcement Ottawa

Manager Performance Improvement Planning and Evaluation

Manager Performance Improvement Implementation

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Changes within HSAP and HSIF capital are required to enable the ministry to move forward. Reorganization of these divisions is required to build future capacity in these divisions.

The number of branches in HSAP and HSIF has been restructured to better focus and align the activity of the division with the stewardship business model. The work of staff continues until the new organization is designed and implemented.

It should be noted that the detailed organizational structure of HSAP’s LHIN Liaison Branch and the compliance management functions of the Performance Improvement and Compliance Branch were completed in February. This transition work was fast-tracked so these branches would be in place to support LHINs before they assumed their full responsibilities on April 1, 2007. Detailed design work for the rest of the Performance Improvement and Compliance Branch will commence shortly.

Sapsford acknowledged that this phase of the transition to stewardship will be complex and will pose challenges for both staff and managers involved. One of these challenges involves changes in reporting relationships.

In cases where branches are being moved or restructured, there will be situations where staff will start reporting to their new managers while they are still completing work for their previous manager.

“I recognize that some staff may have multiple demands placed on them as we move through the transition process. This is an ongoing challenge. We are putting a lot of effort into minimizing, as much as possible, situations where dual reporting does occur,” Sapsford said. “We appreciate everybody in the ministry pulling together to work through the transition. This is stewardship in action. And again, it is our highest priority to deal as quickly as possible with situations where dual reporting or overlapping workloads exist.”

HSAP consolidates structure

The new structure for HSAP consolidates key stewardship functions of the division within a number of new and existing branches. When implemented over the next year, HSAP’s new structure will consist of seven branches: Primary Health Care, Provincial Programs, Health Services, Negotiations, Implementation, LHIN Liaison and

“We appreciate everybody in the ministry pulling together to work through the transition. This is stewardship in action.”

Deputy Minister Ron Sapsford

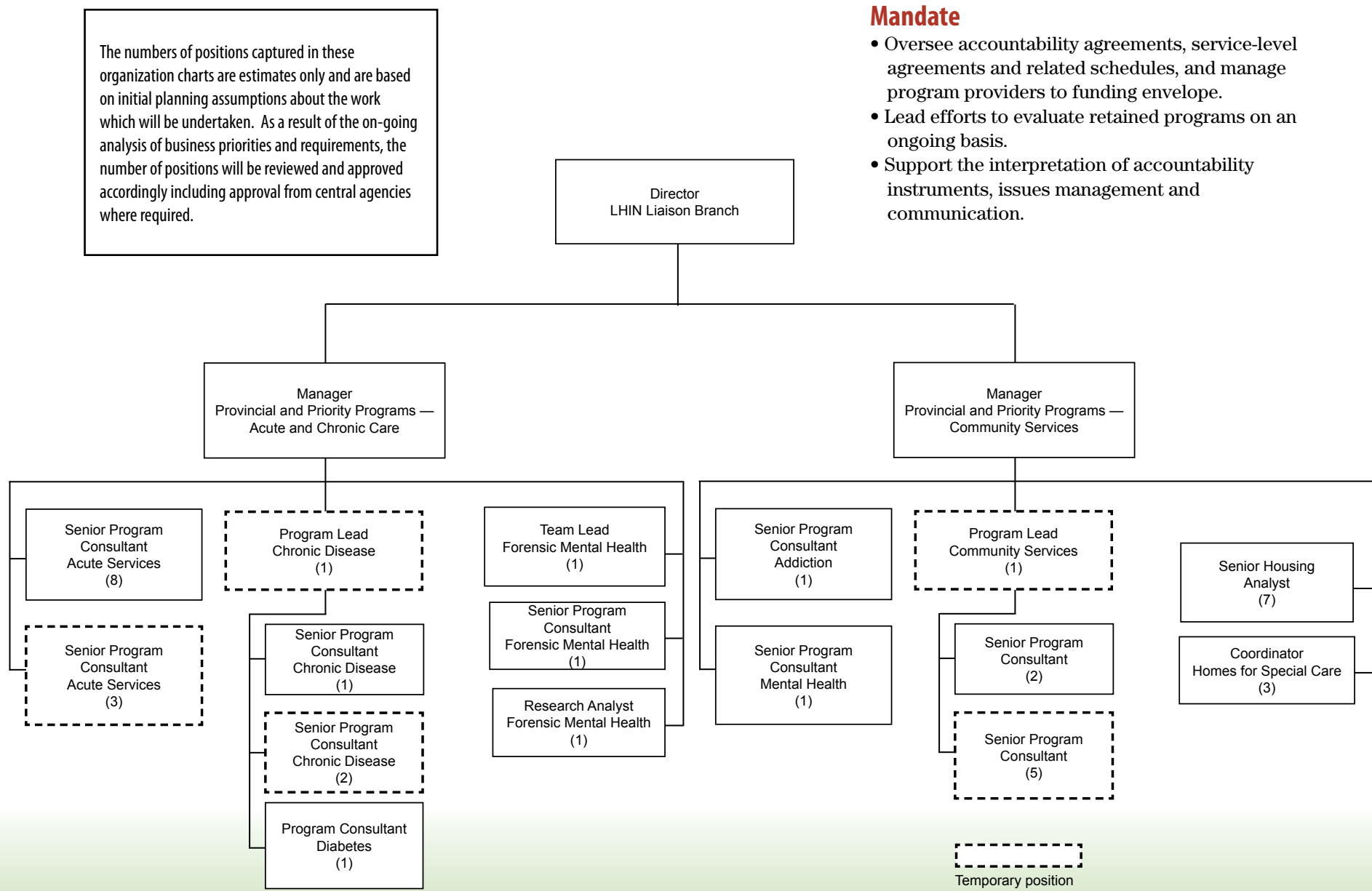
Performance Improvement and Compliance.

The mandate of HSAP ensures that the programs and strategies the division oversees deliver their intended results. See the HSAP organizational chart on page 10 for the division’s mandate.

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Health System Accountability and Performance

LHIN Liaison Branch — Provincial and Priority Programs Organizational Chart



Mandate

- Oversee accountability agreements, service-level agreements and related schedules, and manage program providers to funding envelope.
- Lead efforts to evaluate retained programs on an ongoing basis.
- Support the interpretation of accountability instruments, issues management and communication.

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Hugh MacLeod, assistant deputy minister, HSAP, said a core component of stewardship is working with ministry partners to monitor and evaluate their outcomes to ensure Ontario's health system is achieving positive results. "Assembling the expertise and skill sets in one division to carry out these stewardship functions will help ensure we are achieving a sustainable level of performance by the health system," MacLeod said.

HSAP staff-level employees will continue to report to their current manager. During this transitional phase, the division's current branch structure also continues to operate until the details of HSAP's final organizational design is completed in fall 2008.

HSAP senior managers whose current jobs have been matched to positions in the new structure will begin their appointments on Nov. 12. To maintain business continuity, all senior managers in HSAP will maintain their current responsibilities until the new branches are operational.

HSIF integrates capital

The structure of the ministry's capital area is changing to support the transition to stewardship. In the new model, core capital functions will be integrated into one branch within HSIF. The former branches

of Capital Planning and Strategy, Hospital Alternate Financing and Procurement and the Health Reform Implementation Team will be integrated to form the new Health Capital Investment Branch.

This new branch will have clearly defined responsibilities and accountabilities for the ministry's capital-investment functions in health care. Focusing core capital functions within a single branch will provide a clear point of accountability for both internal and external stakeholders.

Changes to capital are required as the ministry transitions from a structural model based on programs to one where divisions will deliver specialized functions across multiple programs. As with each transition, the mandate and processes of the branch will continue to be refined during the detailed design phase to ensure that functions are located where they should be within the ministry. Some functions may align with other areas within HSIF or other divisions such as Health System Information Management or Health System Strategy.

Senior managers in the capital functions

whose current jobs have been matched to positions in the new structure will begin their appointments in the new year. To maintain business continuity, all senior managers in HSIF will maintain their current responsibilities until the new branches are operational.

Human resources assistance

Human resources supports and services are available for senior managers in HSAP and HSIF capital who have not been matched to positions in the new organizational structure, or whose roles have changed significantly. These supports and services will assist managers personally and professionally and will help them find suitable new roles within the ministry. Staff within these areas will be kept informed as transition progresses. ■

Editor's note: Remaining transition work for other parts of the ministry will be reviewed in 2008/2009 or beyond and will be announced accordingly.

Stewardship transition process

.....
moves forward

Human Resources Staffing Plan focused on fair and consistent staffing practices

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A ministry transition staffing plan has been in place since Dec. 2006 to help employees move from old organizational structures to new ones as seamlessly as possible. The Human Resources Staffing Plan, which includes a set of guiding principles, will continue to apply as different divisions move through the transition process.

Transition staffing principles

The principles entrenched in the plan reflect the concerns and needs of MOHLTC employees and ensure that the ministry will:

- Be responsive to employees' needs.
- Maximize opportunities for employees.
- Model best staffing practices, i.e., practices that are fair, transparent and consistent, with OPS staffing policies and collective agreements.
- Manage location issues in a way that minimizes impact and maintains stability for clients and employees.

- Preserve employment and retain talent through a matching approach that recognizes employee preferences and includes learning strategies.
- Adhere to collective agreements, memoranda of agreement and relevant legislation.

Steps in the staffing plan

To ensure established OPS practices for reorganization and organizational transformation are followed, the process below will be followed by each division as it designs branches that are fully operational and aligned with the stewardship model.

1. First, the organizational design of branches and units must be finalized before any employee moves. The new design must capture all of the work functions required to fulfill the mandate of the new branch or unit.
2. Job descriptions, evaluations and classifications to support the new branch or unit must be complete and consistent with OPS Job Standards.
3. Each job in the new branch or unit

will be assessed against jobs in the current organization to determine if the position continues "as is," remains "essentially the same," or is "new."

4. Once jobs are assessed, a review process will begin. This process will match positions in the current organization to positions in the new organization. Where positions continue "as is" or remain "essentially the same," the employee in the current organization will move with the job to the new organization. "New" positions will be filled in accordance with collective agreement provisions.
5. A human resources staffing transition committee will oversee and finalize the matching process as well as the migration of staff from the current organization to the new branch or unit.
6. Once the matching process is complete and confirmed by the Ministry Management Committee, the structure of the branch or unit will be disclosed to bargaining agents and then announced to staff. ■