Ministry of Health and Long-Term Care

NEW Directions

October 31, 2008

Health System Accountability and Performance's

organizational design marks a major step in ministry's transition

The ministry has achieved another major milestone in the transition to stewardship with the announcement of the detailed organizational design to the staff level of Health System Accountability and Performance (HSAP), Deputy Minister Ron Sapsford announced today.

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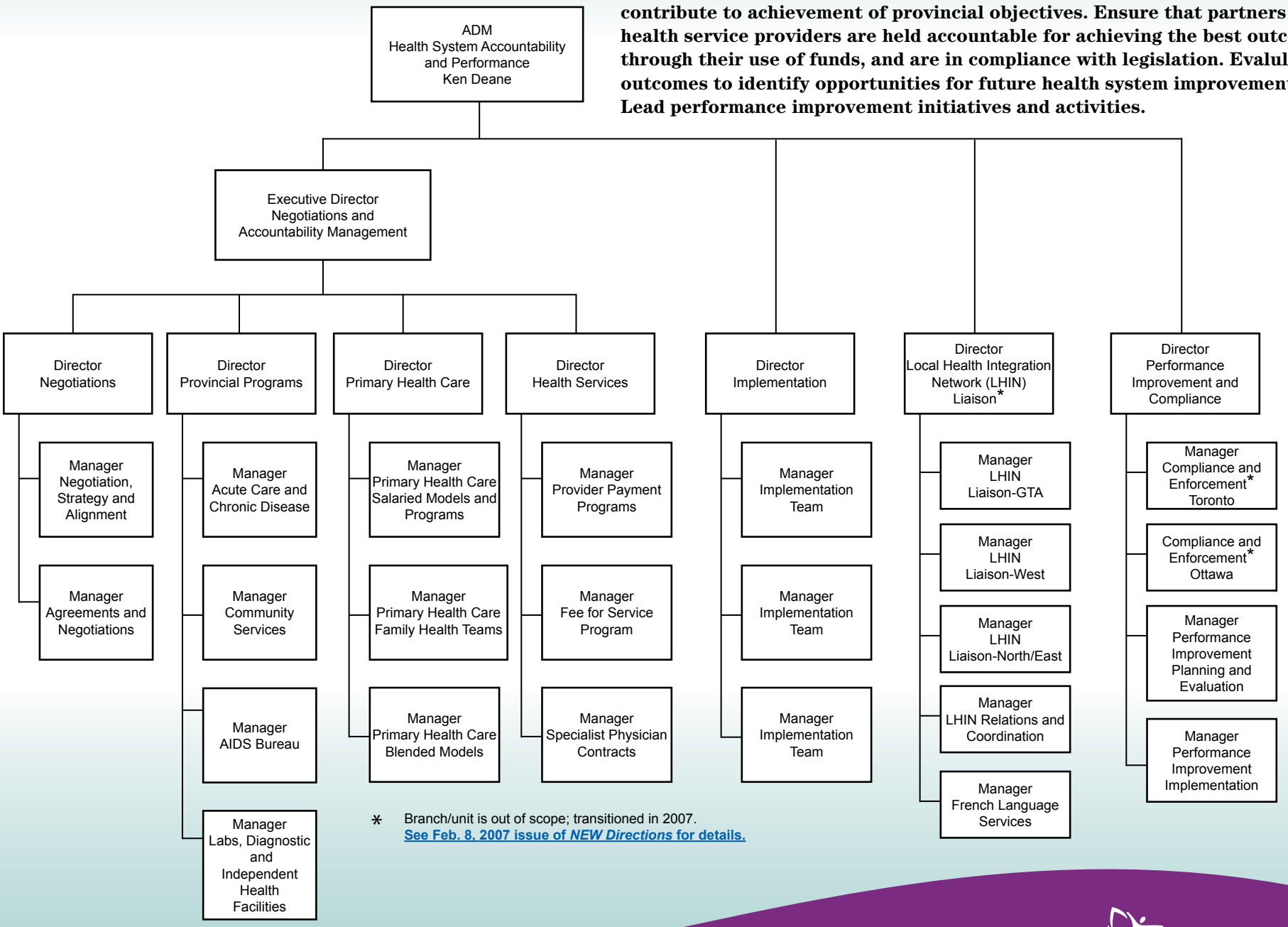
Health System Accountability and Performance Organizational Chart

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. Evalulate outcomes to identify opportunities for future health system improvement. Lead performance improvement initiatives and activities.



* Branch/unit is out of scope; transitioned in 2007.
See Feb. 8, 2007 issue of *NEW Directions* for details.

Ontario

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"With the newly launched HSAP, we are now well positioned to take a strategic leadership role in guiding the best use of resources to meet the needs of Ontarians," Sapsford said. "The new HSAP organizational design marks a major step in the ministry's transition and our ability to carry out a stewardship role."

The work of HSAP will help to maximize return on the ministry's investment, foster continuous performance improvement, strengthen system alignment and coordination, as well as support positive outcomes and results within the health system.

HSAP will consist of the following branches:

- Negotiations
- Provincial Programs
- Primary Health Care
- Health Services
- Implementation
- Local Health Integration Network (LHIN) Liaison
- Performance Improvement and Compliance

The division's organizational chart to the Senior Management Group (SMG) level is shown on page 1. Detailed branch organizational charts are included on pages 2 through 6. The new organization will become effective Nov. 17, 2008.

Ken Deane, Assistant Deputy Minister, HSAP, commended staff for their efforts and support as the division progressed through its transition. "I recognize what an enormous and complicated undertaking this has been and how hard everyone has worked while at the same time delivering on the ministry's commitments," Deane said. "I would like to especially note the significant amount of work by the transition project team, led by Susan Fitzpatrick. My thanks and appreciation to all HSAP staff for your hard work, commitment to service and excellent teamwork. Your talent, expertise and ongoing contribution to the ministry will serve us well as we continue to build an effective stewardship organization."

New structure benefits staff and stakeholders

"The HSAP structure gives staff new opportunities to participate on cross-functional teams, both internally and externally, providing individuals with more input into policy development, accountability tracking and decision making," said Deane. "Staff will be encouraged to be innovative and bring their valuable new ideas to the table."

Deane noted additional ways the new HSAP structure benefits staff, including:

- Increased opportunities for career growth
- Exposure to different projects and subject matter
- Increased individual responsibility and accountability
- Greater learning and knowledge-sharing opportunities.

Health system improvements will be also achieved through a more collaborative approach to problem solving with health system stakeholders. The new structure and mandates give stakeholders

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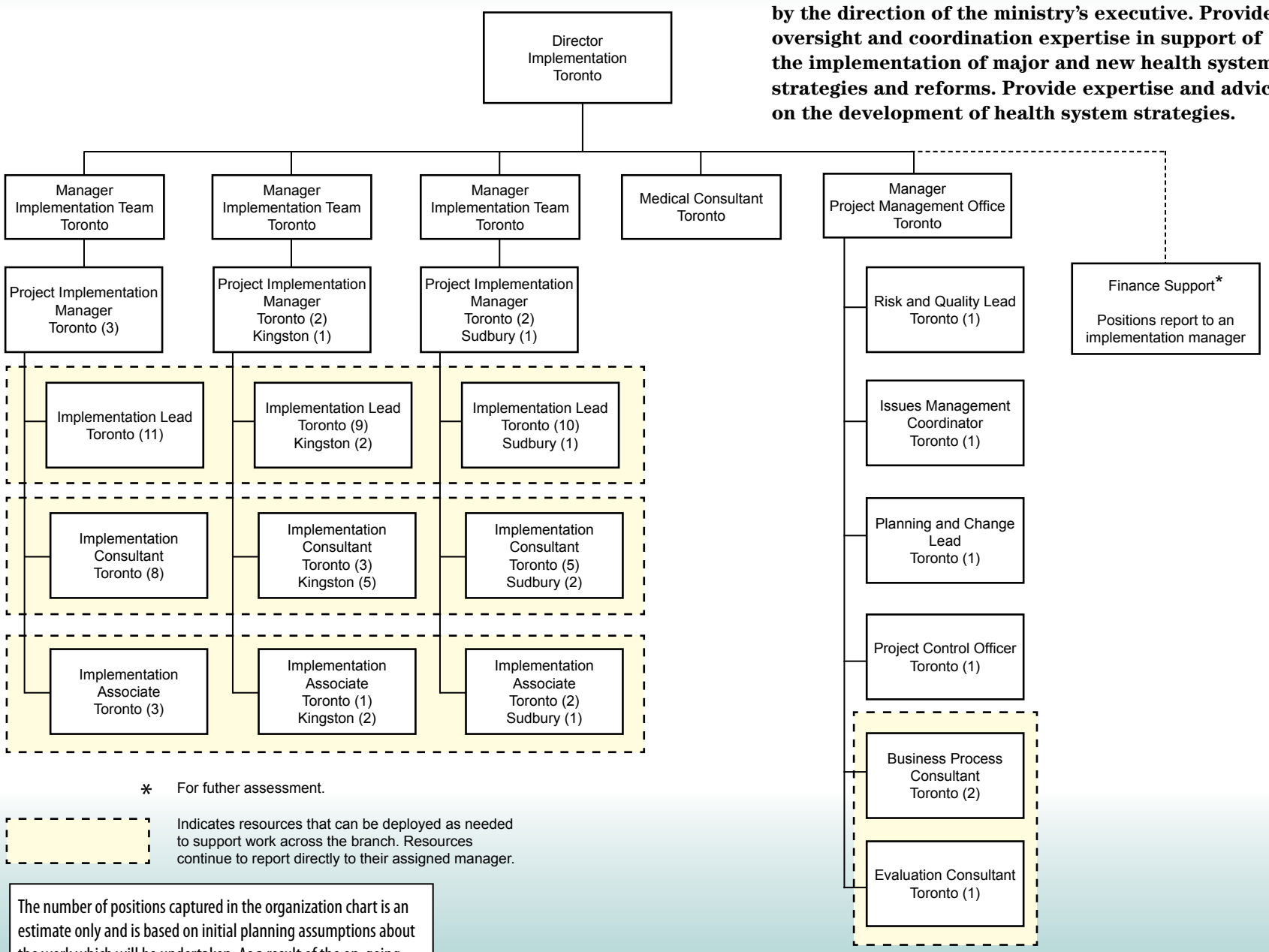
Health System Accountability and Performance

Implementation Branch Organizational Chart

Mandate: Guide the implementation of major and new provincial strategies and initiatives as assigned by the direction of the ministry's executive. Provide oversight and coordination expertise in support of the implementation of major and new health system strategies and reforms. Provide expertise and advice on the development of health system strategies.



* For futher assessment.

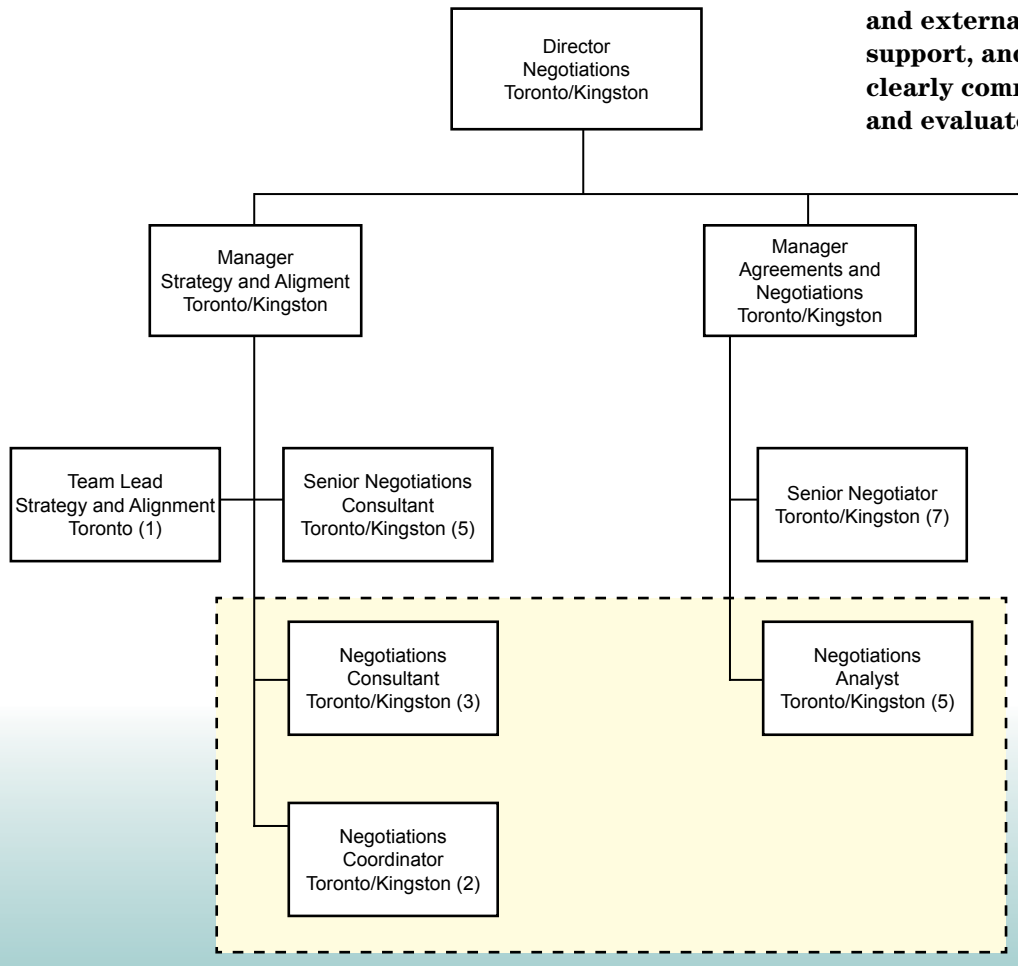
Indicates resources that can be deployed as needed to support work across the branch. Resources continue to report directly to their assigned manager.

The number of positions captured in the organization chart is an estimate only and is based on initial planning assumptions about the work which will be undertaken. As a result of the on-going analysis of the business priorities and requirements, the number of positions will be reviewed and approved accordingly.

Health System Accountability and Performance

Negotiations Branch Organizational Chart

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. Work closely with internal and external stakeholders to obtain the appropriate resources and support, and ensure that negotiations outcomes are value-based, clearly communicated, implemented accurately and timely, monitored, and evaluated.**



Toronto/Kingston — Position may be located in Toronto or Kingston.

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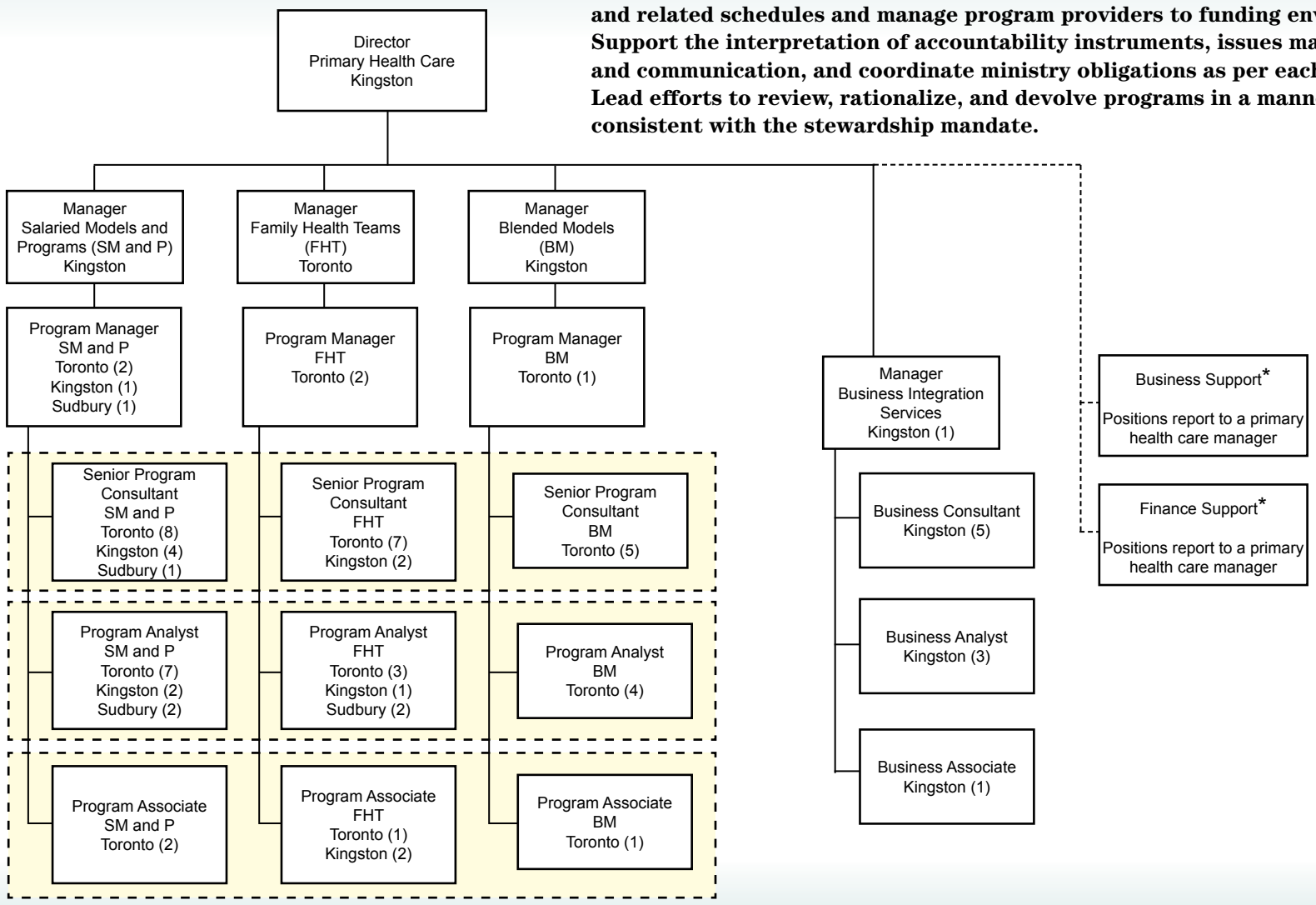
Health System Accountability and Performance

Primary Health Care Organizational Chart

Mandate: **Oversee accountability agreements, service level agreements and related schedules and manage program providers to funding envelope. Support the interpretation of accountability instruments, issues management and communication, and coordinate ministry obligations as per each support. Lead efforts to review, rationalize, and devolve programs in a manner consistent with the stewardship mandate.**



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increased opportunities to contribute through expert panels, as external advisors and as partners in major change initiatives.

Branches support effective health system results

HSAP's branches will collectively ensure that the strategies and programs, for which the division has oversight, deliver the intended results.

The Negotiations Branch will provide leadership and direction for planning, priority setting and negotiation of accountability agreements with individual providers and health care organizations. The consolidation of the negotiations function into one branch enables the ministry to develop an integrated negotiations framework and strategy. This will ensure alignment across all service provider and practitioner group negotiations in the ministry, maximizing value to the health care system.

Primary Health Care, Health Services and Provincial Programs Branches, all focus on accountability management. They oversee accountability agreements, service-level agreements and related schedules. The branches support the interpretation of accountability documents and co-ordinate the ministry's obligations under these agreements. Where appropriate, they will lead efforts to review and rationalize programs in a manner consistent with the ministry's stewardship mandate.

The Implementation Branch will guide the implementation of major provincial health care initiatives. The branch will have a Project Management Office, which will use project management methodologies and tools to help manage the complexity of implementation and make sure that activities are aligned and on track to deliver the desired outcomes.

The Performance Improvement and Compliance Branch is responsible for ensuring that partners and health service providers are accountable for achieving the best outcomes using public funds and are in compliance with legislation and regulations. The branch will use best practices and ongoing learning from working with stakeholders, to develop new outcome-based measurement frameworks and tools that will be applied consistently across the system.

The LHIN Liaison Branch, which was transitioned in 2007, continues to be the link between the ministry and Ontario's 14 Local Health Integration Networks. Its highly interactive role strengthens system alignment and coordination through knowledge transfer, capacity and relationship building with LHIN partners.

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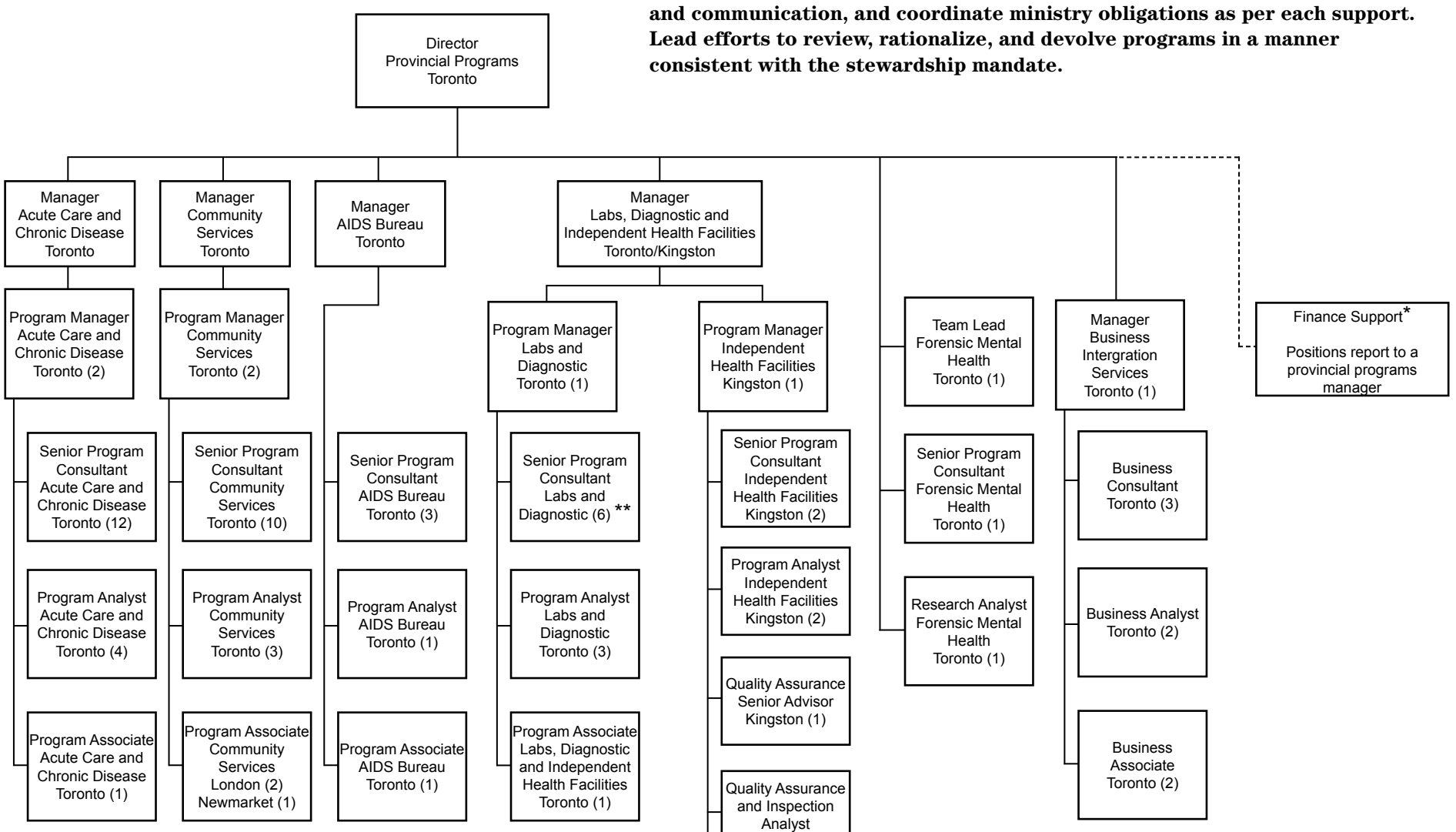
Health System Accountability and Performance

Provincial Programs Organizational Chart

Mandate: Oversee accountability agreements, service level agreements and related schedules and manage program providers to funding envelope. Support the interpretation of accountability instruments, issues management and communication, and coordinate ministry obligations as per each support. Lead efforts to review, rationalize, and devolve programs in a manner consistent with the stewardship mandate.



Toronto/Kingston — Position may be located in Toronto or Kingston.

* For futher assessment.

** Located in: Thunder Bay (1), Ottawa (1), Hamilton (1), Newmarket (1), Toronto (1), London (1).

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Further assessment needed to align certain functions

The ministry transition to stewardship has been taking place across the divisions at different times and at a different pace — based upon business needs of the organization. Some divisions are still in the design phase, while in others the implementation phase is well underway, Sapsford said.

To ensure certain functions are aligned across the ministry, there are areas of work within HSAP that require further assessment. These areas will be assessed over the next few months to align with the division and with other divisions. The functions include: finance, business support and information management.

In the interim, finance staff will continue to perform their current work and will change their reporting relationship to a manager within the HSAP structure. The future assessment of these positions will involve defining the detail design of finance work to align the roles with the finance functions in Corporate and Direct Services and other areas. The process is expected to be completed by next summer.

Business support staff will also report within the HSAP division. These employees will be part of an assessment project to design and align the work to HSAP or other divisions. The implementation of

The HSAP structure gives staff new opportunities to participate on cross-functional teams, both internally and externally, providing individuals with more input into policy development, accountability tracking and decision making.

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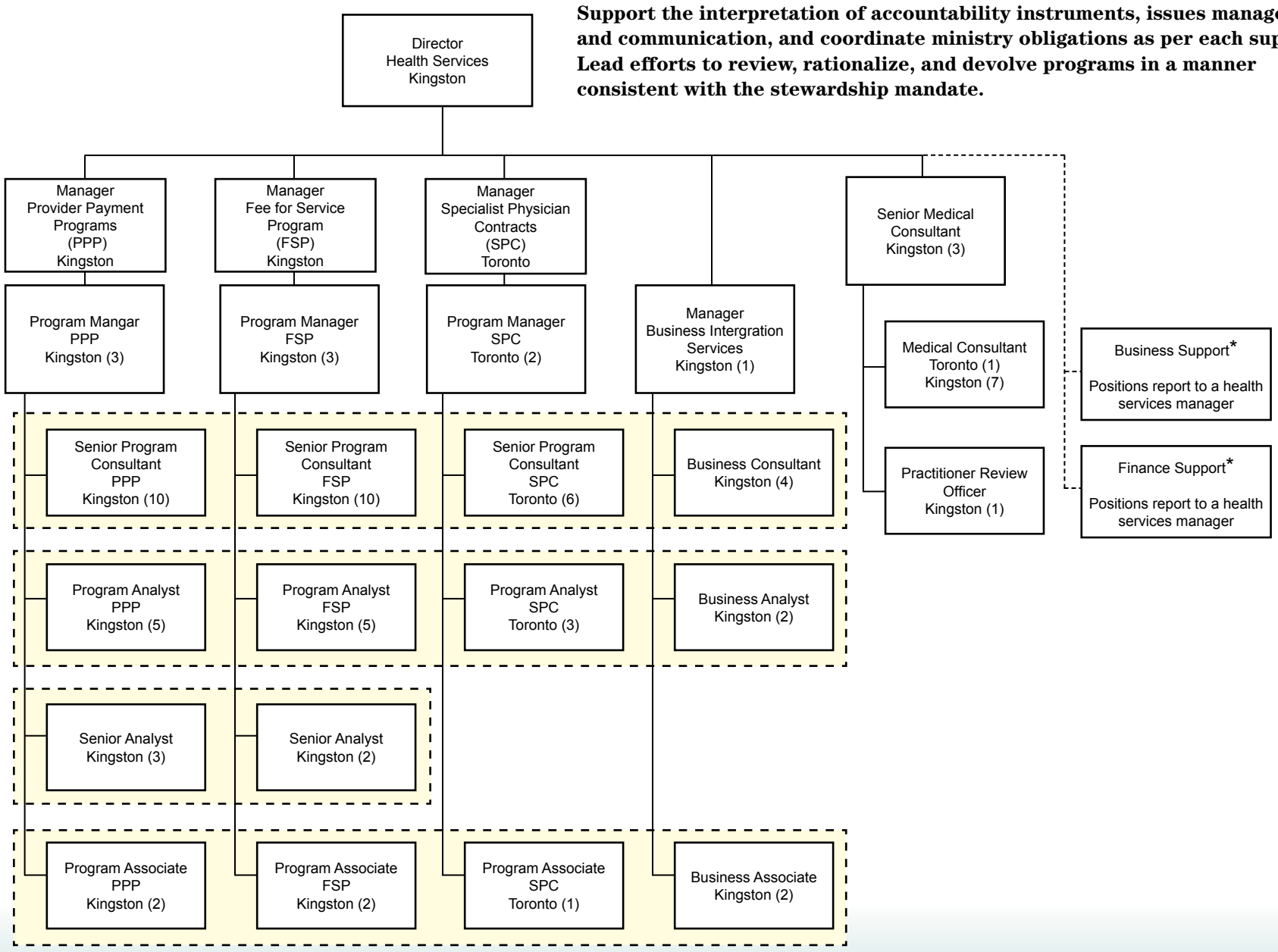
Health System Accountability and Performance

Health Services Organizational Chart

Mandate: Oversee accountability agreements, service level agreements and related schedules and manage program providers to funding envelope. Support the interpretation of accountability instruments, issues management and communication, and coordinate ministry obligations as per each support. Lead efforts to review, rationalize, and devolve programs in a manner consistent with the stewardship mandate.



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this change is expected by the spring of 2009.

A number of HSAP employees currently performing information management work will change reporting relationship to Health System Information Management and Investment (HSIMI). They will continue to perform their current work and will work cross-functionally with HSAP managers. These positions will be assessed to align them with HSIMI's design structure with a target for implementation this coming spring.

All three of these areas, finance, business support and information management, will have a project manager assigned to facilitate and support the assessment and transition process.

Areas in HSAP, which already transitioned at the start of the ministry's restructuring as part of the Fast Track projects, include:

- LHIN Liaison Branch
- Areas of the Performance Improvement and Compliance Branch relating to compliance, enforcement, education and appeals.

Administrative positions in HSAP are part of the administrative support model redesign. Staff have already been informed of their new roles which will be effective Dec. 15. ■

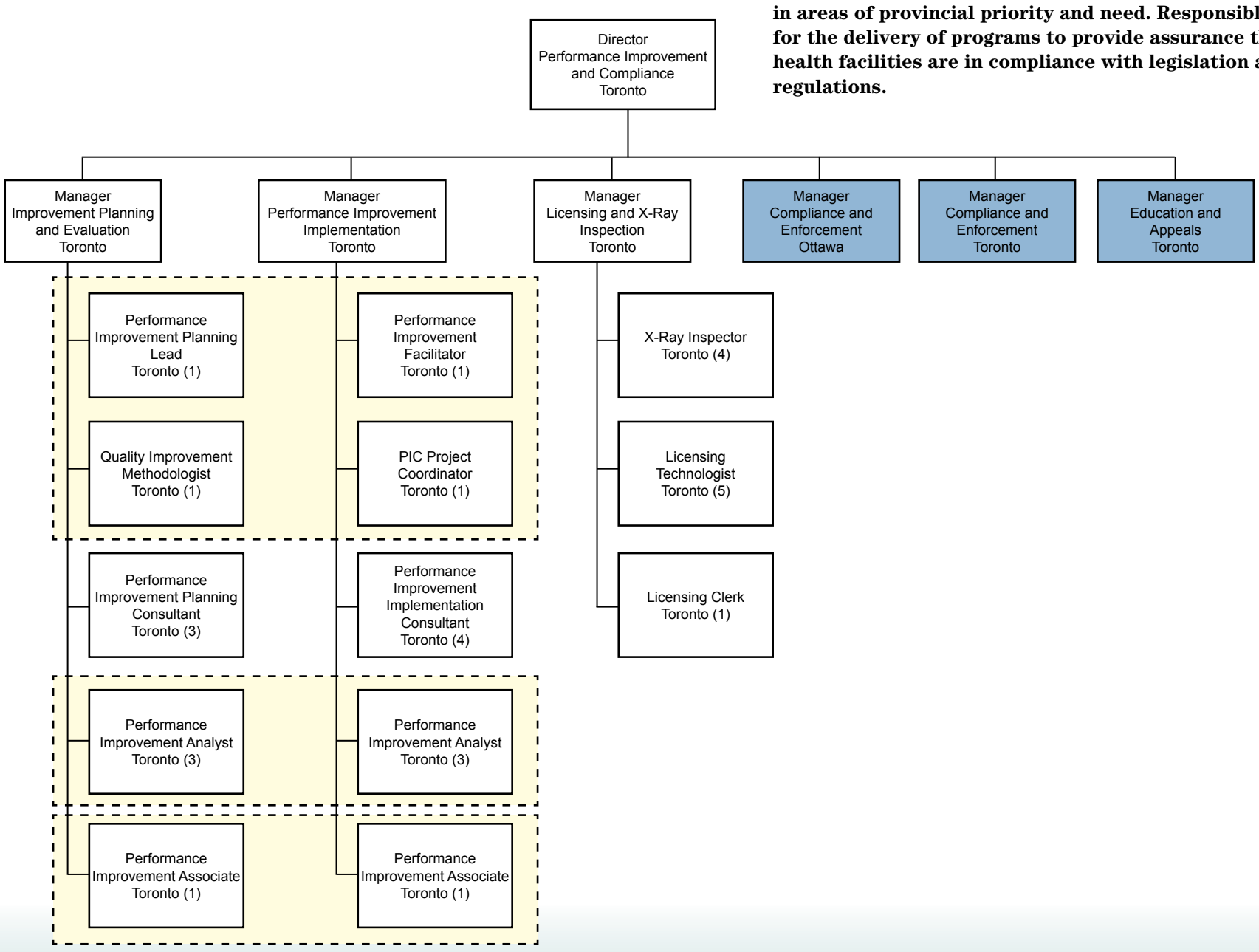
Editor's note:

Ken Deane joined MOHLTC in August 2008 as Assistant Deputy Minister, Health System Accountability and Performance. On page 7, meet Deane and read about his leadership principles and priorities for the division.

Health System Accountability and Performance

Performance Improvement and Compliance Branch Organizational Chart

Mandate: **Provide leadership and direction to accelerate sustainable health system performance improvement in areas of provincial priority and need. Responsible for the delivery of programs to provide assurance that health facilities are in compliance with legislation and regulations.**



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NEW Directions

NEW Directions, published for employees of the Ministry of Health and Long-Term Care by the Communications and Information Branch, can be read on-line at INFOweb at ***http://intra.moh.gov.on.ca***.

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Do you have questions about the organizational change?
- Ask your manager
- E-mail your questions or comments to the feedback account at ***anewdirection.moh@ontario.ca***

Q&A

With Ken Deane

My leadership style starts with the belief that we do not accomplish anything alone, and that results in a need to build strong and effective teams. Successful organizations are made up of high-performing teams.

Ken Deane joined MOHLTC in August 2008 as Assistant Deputy Minister, Health System Accountability and Performance. He is an experienced hospital executive with a proven track record of achieving results in complex, rapidly changing environments. Prior to coming to the ministry, he was the chief operating officer for London Health Sciences Centre and St. Joseph's Health Care in London, Ontario. With combined operating revenue of $1.3 billion, eight sites and 2,500 beds, the London hospitals have voluntarily created the most integrated hospital system in Ontario. Deane has held senior positions in a number of hospitals including president and chief executive officer in two large community hospitals, and vice-president of finance and chief operating officer in four hospitals. He has also led several hospital reorganizations that required strong and effective leadership. Throughout his career, he has been actively involved in professional and educational activities, presenting at numerous conferences, writing several management articles, and serving on boards and committees in social services and health care.

The *HSAP Happenings* newsletter caught up with Deane as he prepared to make the transition to MOHLTC, and he generously shared some of his insights into stewardship and leadership, as well as his expectations for staff and himself.

The following interview is reprinted with permission from *HSAP Happenings*.

What attracted you to the role of ADM, HSAP?

I'm looking forward to being part of the team that is charged with advancing and transforming the health care system. My career up until this point has been hospital-based and I have felt privileged to be part of the health care system. I've enjoyed working in an environment that's focused on helping others, with professionals who are dedicated to delivering health care. The ministry can create the conditions to support an effective interaction between health professionals and patients by ensuring appropriate access to care and appropriate supports regarding patient and staff safety.

From your perspective at the London Health Sciences Centre, have you seen the ministry's concept of "stewardship" start to have an impact?

Throughout my management career, I have focused on stewardship and accountability. The ministry's

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approach and emphasis on stewardship and accountability is both refreshing and gratifying. I think that the elevation of stewardship and accountability has had a profound impact on the health system in general because it has been a rallying call for all of us to focus on fulfilling our responsibility in maintaining public confidence, and our responsibility for stewardship of the public trust.

For the first time in Ontario's history, accountability agreements clearly enunciate the obligations of providers and the responsibilities of the funder. That is a fundamentally important change and one I strongly support. Move that one step forward to the Wait Times Strategy. The ministry established its vision and its goals around reducing wait times in five specific areas, and tied the money to actually achieving that level of activity while at the same time ensuring that the base activity level was not negatively affected. You take the principle of accountability as enunciated in the accountability agreement and combine that with an overall systemic objective of reducing wait times, tie the performance to the funding, and wait times have improved.

The foundation has been set for an explicit relationship between performance and funding and between obligations and deliverables, and an accountability for serving Ontarians.

You've identified six principles that define your leadership style. Can you elaborate on them, starting with building strong and effective teams?

My leadership style starts with the belief that we do not accomplish anything alone, and that results in a need to build strong and effective teams. Successful organizations are made up of high-performing teams.

Your second leadership principle involves focusing on relationships. What does that mean to you?

The strength of any team is a function of the strength of the relationships in that team. It's the strength of relationships that holds organizations together and creates the type of organizational culture and working environment all of us want to be part of.

How about empowering and holding people accountable?

I'm very strong on being clear about what we're going to accomplish and then empowering people to do their jobs. When I talk about being accountable, it's accountability for fulfilling the requirements of the job, and for the way we treat others.

Part of a healthy workplace is providing opportunities for people to grow and advance personally and professionally.

Q&A

Your fourth leadership principle is focused on developing others. Can you expand on that?

Each of us has a responsibility to develop ourselves, but organizations need to be supportive and encourage that development. Part of a healthy workplace is providing opportunities for people to grow and advance personally and professionally. Optimizing your contribution within your current job might lead to career opportunities, but at a minimum it will foster a greater level of satisfaction and pride in what you do.

How about emphasizing operational and strategic discipline?

What that means at its essence is that we are disciplined in how we operate as a team. The key elements include establishing a plan, monitoring performance, addressing variances and continuously improving.

Your final leadership principle has to do with focusing on effective execution. What do you mean by that?

Effective organizations emphasize effective execution of projects, so they're delivered on time, on budget and meet established objectives. Larry Bossidy, Ram Charan and Charles Burck, the authors of *Execution: The Discipline of Getting Things Done*, describe execution well by stating that "without the ability to execute all other attributes of leadership become hollow. We as leaders need to focus on execution by engaging in a systematic process of rigorously discussing hows and whats, questioning, tenaciously following through and ensuring accountability. Furthermore we need to make assumptions about the environment, assess organizational capability, link strategy to operations and the people who are going to implement the strategy, synchronizing those people and their various disciplines."

What are your expectations for HSAP staff? How can they contribute to the success of the division?

First, become familiar with the vision and overall objectives of the division. Second, come to work every day and be fully engaged and committed to doing the best job possible. Third, contribute to a positive work environment by the manner in which you conduct yourself, how you treat others, and your focus on service and quality. Fourth, make sure there's honesty and transparency in what you do, and take it on as a personal goal to suggest ways to improve how things are done. ■