Ministry of Health and Long-Term Care

NEW Directions

April 27, 2009

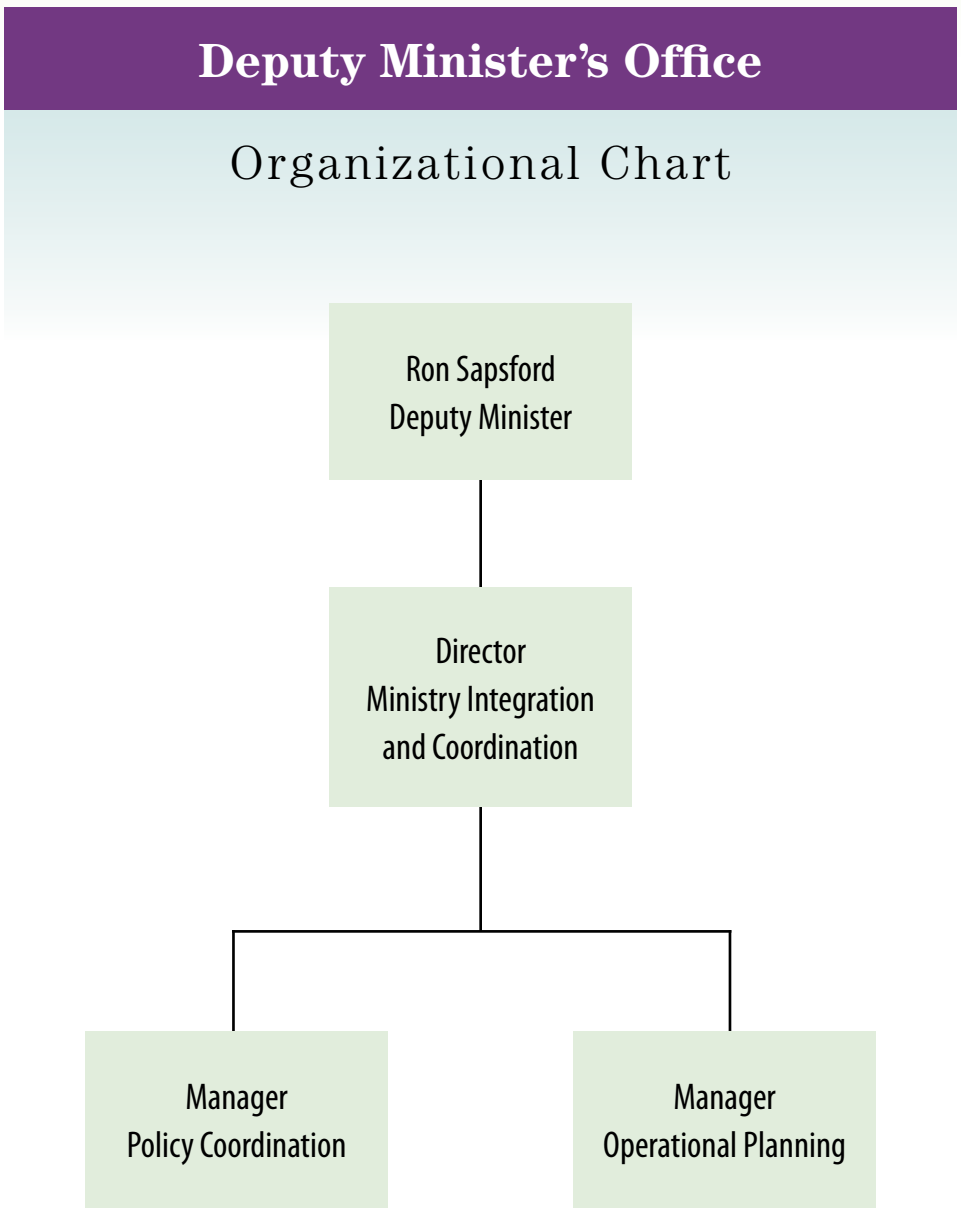
New transition project focuses on structure of Deputy Minister's Office

The project team has started the work of the detailed design phase of the DMO transition. The core processes and dependencies with divisional functions are being closely examined and defined.

The Deputy Minister's Office (DMO) has launched a transition project to review how it can best support the ministry.

"My office is in the unique position of being able to strengthen the coordination and integration of work across all divisions," Deputy Minister Ron Sapsford said in announcing the new senior management group (SMG) structure and mandate for the DMO.

A core project team is working with directors from across the divisions who are providing advice on how to establish functions in the DMO that will improve alignment of the ministry's activities. "One of the principal objectives," Sapsford said, "is to enhance how the ministry manages its priorities so that we deliver the right results on time. This can't be done by the DMO alone. My office will work hand in hand with the divisions to create new ways of driving forward the ministry's key businesses."



The expectation is that the Deputy Minister's Office will play a broader cross-ministry role in:

- Aligning internal business activities
- Operational planning
- Ministry-wide project coordination
- Cross-functional effectiveness
- Monitoring and reporting on ministry performance for senior decision-makers
- Promoting stewardship.

A director of Ministry Integration and Coordination will oversee the development and implementation of the new DMO model, supporting the Deputy Minister and the strategic decision-making capacity of the Ministry Management Committee (MMC) as a whole.

A manager of Operational Planning will focus on project coordination and, as the title suggests, new planning functions that will strengthen the execution of the ministry's strategic objectives.

A manager of Policy Coordination will focus on crucial functions already performed by the DMO: providing timely, strategic advice to the ministry, the Minister's Office, and Cabinet Office, as well as playing a key role in the approval of Cabinet submissions.

As part of the changes, incident management functions, which were taken on by the DMO at an earlier point in the transition when the regional offices closed, will be transferred to the Communications and Information Branch at a date still to be decided.

The project team has started the work of the detailed design phase of the DMO transition. The core processes and dependencies with divisional functions are being closely examined and defined. See the **March 6, 2008 issue** of *NEW Directions* for a summary of the work that takes place in each phase of a transition project.

It is anticipated that the transition process will be completed and implemented this fall. "It was essential to wait until we entered the later stages of the ministry's transition before we could focus on my office," said Sapsford. "Now we have a clear picture of how the DMO can fill some gaps and work with the divisions to ensure their efforts have a positive impact across the ministry — and ultimately on the health of Ontarians." ■

Incident Management Unit excels at resolving situations requiring quick action by ministry

IMU is often called in to help when a citizen is critically injured or ill and is having difficulty accessing health care.

Working collaboratively across the ministry, with LHINs and external stakeholders has contributed to the success of the ministry's Incident Management Unit (IMU).

"When an incident arises we work cross-functionally with experts to brainstorm solutions. We remove barriers and come up with innovative ways to resolve unforeseen incidents involving the health care system," said Seetha Raja, team lead, IMU.

The unit, which was created in March 2008 and placed in the Deputy Minister's Office, gives the ministry the capability to resolve unexpected situations that were formerly handled by the regional offices, program areas or the Deputy Minister's policy advisors. When an incident that requires prompt attention comes to the attention of the ministry, IMU serves as a central intake point where the nature and severity of the situation is assessed. The unit coordinates the effort to resolve the incident and, in the course of that work, contacts subject-matter experts from ministry divisions, branches or program areas to obtain their advice and input. This allows program areas to contribute to the effort while at the same time concentrate their time on their core responsibilities.

Types of incidents that the unit would handle include:

- Issues with Ontarians accessing local health care services
- One-time events requiring coordination across ministry divisions and branches and sometimes with other ministries and outside stakeholders
- Issues or problems in the health system raised by the media, the public or health care providers.

IMU is often called in to help when a citizen is critically injured or ill and is having difficulty accessing health care. Raja said that by bringing its wider perspective on Ontario's health care system to access issues, IMU is often able to direct local health care providers or patients to the appropriate ministry or health care contact to assist them. "We look at it from the patient point of view. We work to ensure that the system is working the way it should for patients," she said.

Working on longer-term projects

In addition to incidents that require quick resolution, IMU also works on ongoing and longer-term projects such as the ministry's Emergency Department (ED) Dashboard. This tool provides a picture of ED staffing and shift-coverage status more than two months into the future. IMU uses the dashboard to track and monitor ED shifts that have not been filled. The ministry can then take proactive action to ensure hospitals don't have access problems with their EDs or resort to ED closures.

Raja said IMU works in partnership with the LHINs, HealthForceOntario and hospitals to formulate responses to potential ED access issues. "The dashboard helps us identify which hospitals appear to consistently have difficulties with covering their EDs. We then focus efforts by our ministry and HealthForceOntario on providing support to those hospitals," she said.

Raja noted that the IMU also uses its expertise to put together strategies that set priorities for the health care system and result in improved outcomes for patients. For example, in early 2008 IMU was aware that the Office of the Chief Coroner (OCC) was preparing a report that recommended the use of a specific type of mechanical bed lift. The report followed an investigation that connected this lift with a fatality in a long-term care home.

In advance of the report's publication, IMU worked with a cross-functional team of ministry subject-matter experts to determine what impact the OCC's recommendations could have on stakeholders, and to develop and implement an action plan based on the recommendations.

When the report was released, IMU and its team of experts were ready. They distributed a system-wide response informing all stakeholders of the OCC's recommendations and the follow-up actions they should take. These stakeholders included long-term care homes, LHINs, Ontario Long-Term Care Association, Ontario Association of Non-Profit Homes and Services for Seniors, as well as the ministries of Community and Social Services and Culture.

"The IMU's coordinated response helped our stakeholders understand the recommendations and provided them with direction on the appropriate actions to take," Raja said. "They were very appreciative of our efforts."

As part of the Deputy Minister's Office transition project, IMU functions will transfer to the Communications and Information Branch, further aligning communications and incident management support in the ministry. See article on page 1 for an overview of this project. ■

NEW

Tune-up your learning this spring!

Take advantage of these new learning opportunities — sign up today!

1

■ Stewardship for Everyone Workshops **Register here!**

Take the stewardship principles introduced in your Stewardship for Everyone introductory session to the next level. Through a mix of lecture, case examples and small group interaction, you'll develop your expertise and practice new approaches to working effectively together in a stewardship organization.

Ecocycle NEW

May 26, June 2, June 4, June 9

To succeed, sometimes you must be just as deliberate about what you need to destroy or stop doing as what you need to start doing. The ecocycle framework invites you to discover the power of "letting go" to create positive, sustainable changes and outcomes to your projects.

The Power of Inquiry

May 7, June 2, June 4

Unleash the power of questioning. Learn how to ask the right type of question to best match the situation or challenge. Demonstrate leadership by letting 'wicked' questions help you address stuck problems.

Minimum Specifications

May 14, May 21, May 25, June 9, June 11

Minimum Specifications (also known as Simple Rules) are the keys to helping you and your team focus on what is essential. Discover the minimum that you must have or must do to achieve your goals and make the most impact!

2

■ FYI Series **Register here!**

Broaden your understanding of stewardship projects and initiatives underway in the ministry. Each 1 ½-hour session includes a presentation and opportunity for questions and answers.

Become Better Stewards by Becoming Intelligent Risk Takers

May 12

Learn the steps to identify and manage risk in any project, policy and strategy.

Transitioning Work NEW

May 27

Find out how the right decisions and actions will ensure that ministry work is being done in the right place, in the right way, and by the right people. See how powerful conversation and effective negotiation and co-operation within and across divisions will help shape the ministry.

Check out the ministry's **Learning and Development calendar** for these and other exciting career-building opportunities.

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.

Elaine Lurie, *editor* | 416-327-4363 | Sue Janzen, *writer* | 416-212-1884
W.D. Lighthall, *writer* | 416-327-4760
Maureen Murray, *writer*

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

PACS
unit improves communications support to government

In Nov. 2007, the Ministry Management Committee (MMC) approved the redesign of the government communications support function in the ministry. The Issues and Media Relations Unit, in the Communications and Information Branch (CIB), became the Public Affairs and Communications Support team (PACS).

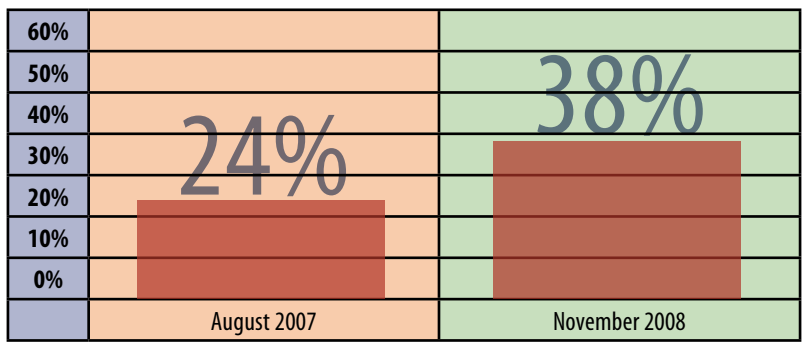
"PACS serves as a one-stop shop for all information requests to the ministry from government and media," said Andrej Silaj, manager, public affairs and communications support, CIB. Their role is to handle requests for information from the Minister's Office, Cabinet Office, the Legislative Library, and others in support of legislated, day-to-day government business. PACS also answers all requests from the media and is responsible for managing media issues.

"A typical request can flow from the requester to PACS, from PACS to one or more divisional branches for additional information and senior level approval, before it returns to PACS, and ultimately back to the requester," Silaj said.

Since centralizing the government support function in CIB, the number of requests from the minister's office and other areas that are handled without referral to ministry branches has increased — up to 38 per cent from 24 per cent the previous year. "This increase represents a significant reduction in the time that program areas spend answering information requests," Silaj said.

Tracking government support requests

Since centralizing the government support function in the Communications and Information Branch, the number of requests from the Minister's Office and other areas that were handled without referral to ministry branches has increased — up to 38% from 24% the previous year.



Silaj said that having a system-wide perspective has allowed PACS to develop methods to more effectively respond to requests. PACS introduced several initiatives that greatly improved its ability to handle large volumes of information requests in a timely and accurate fashion.

Here are some of these innovations:

- Implemented a system for data collection that reduces duplicate requests for information to program areas.
- Created a central repository of information located on a shared network drive that is accessible by both CIB and the Minister's Office staff, via approved briefing notes. This reduces the number of repeated requests for information and expedites the flow of information.
- Established a single point of access for all information requests from requesters such as Cabinet Office and the Legislative Library.

More recently, the unit has worked with Public Health Division to develop the weekly Infectious Diseases Outbreak Report. Staff from Public Health and PACS, along with CIB's executive director Kevin Finnerty, meet weekly to analyze the report and then distribute a summary to key decision makers.

"This valuable report is a real-time quick reference on outbreaks in Ontario. It is also an important communications tool to help answer questions from both government and media," Silaj said. ■

Government Support
(the work required to fulfill requests from government)

Includes:

- Tour binders
- Fact checks
- Briefing notes
- Confirmation or provision of program or financial information
- Media relations
- Announcements
- Legislative Assembly support

PACS Improvements

- Reduction in redirected requests
- Greater consistency of information and responses
- Reduced duplicate requests
- Improved timeliness of responses
- Reduced level of effort required to respond by leveraging information
- Increased capacity through dedicated point of contacts.