

Manitoba's Clinical & Preventive Services Plan

Investing in Better Care, Closer to Home

WOMEN'S HEALTH AND CHILD HEALTH
PROVINCIAL CLINICAL TEAM



Clinical & Preventive Services Plan Summary

An opportunity to elevate outcomes through reconfiguration

Manitoba's key population characteristics create an opportunity for the province's health system to both **meet evolving needs and set the standard for care in priority areas including rural health, healthy aging, and needs of diverse populations.** The significant **Indigenous population** presents an opportunity for leadership in **collaborative design and delivery of health services.**

Key Population Characteristics



Manitoba's Population is Growing

Growth rates vary by region with **higher growth in Winnipeg and Southern regions**, by 45% and 62% respectively, over the next 25 years.



Manitoba is Highly Rural

44% of the population is highly distributed across geographies with less than 10 people per km



Manitoba has an Aging Population

The **largest growth** is projected to occur with the **80+ and 60-70 year old cohorts** however Manitoba remains the only province where youth under 15 exceed the older population



Manitoba has a large Indigenous population

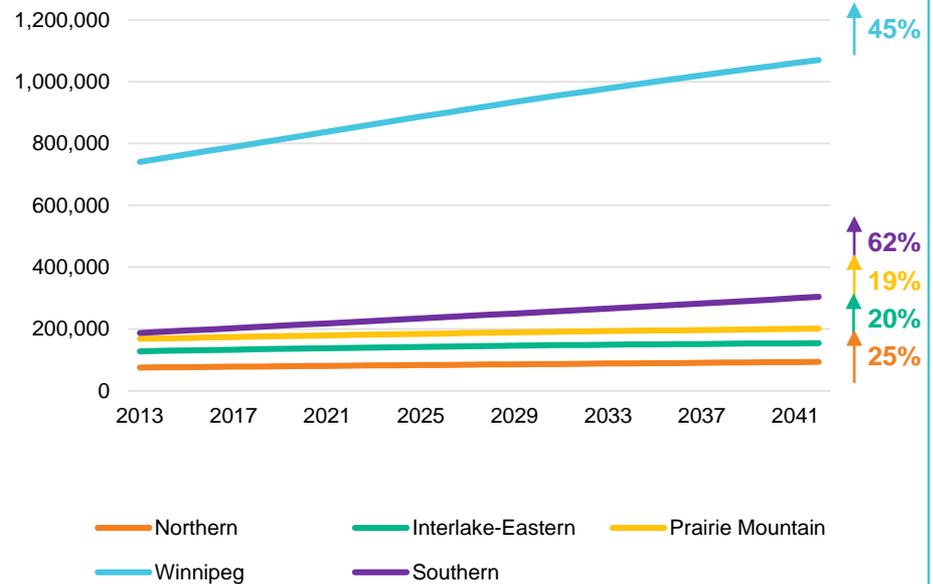
Manitoba's Indigenous population makes up **18% of the population**, the highest of any province in Canada. This population is also younger than the rest of the province



Manitoba has a Diverse Culture

109,925 Manitobans speak French of whom 74% were born in Manitoba. **18.3% of Manitoba's population are immigrants** with 80% settling in Winnipeg

Manitoba Population Growth and Projections by RHA



A strong foundation to build upon

Manitoba already holds **capabilities and characteristics** that can be leveraged to enhance the future healthcare system



One provincial academic hospital

The majority of tertiary health services for Manitoba's 1.3M people are delivered in Winnipeg through one provincial academic hospital: Health Sciences Centre (HSC), an internationally recognized and accredited academic hospital and research centre.



A leading university and research centre

University of Manitoba is a leading centre for the training of health professionals and support for specialist care delivery and rural and urban primary care.



International leadership role in the health of First Nations, Metis, Inuit, and Indigenous Communities

- Leadership role in instituting Jordan's Principle – a Child-First Initiative to assure equitable access to essential care
- Internationally recognized partnership-based health research through Ongomiizwin - Indigenous Institute of Health and Healing



Adaptability to innovative models of care

37% Increase in MBTelehealth utilization over in the past five years and multiple modes in place

1m+ By clients who visited the Mobile Clinic (primary care bus) over five years in Prairie Mountain Health miles saved



Multiple achievements to improve wait times and patient experience

25% Improvement in total time spent in Winnipeg EDs (Winnipeg) – the most improved in Canada

50% Improvement in total wait time for endoscopy through centralized referral and intake models – similar models in place for hip and knee replacements, spine surgeries, and others



Flexible workforce options provide new opportunities to build future models of care

2x More paramedics per 100,000 residents than the Canadian average and more female paramedics (national average: 32%)

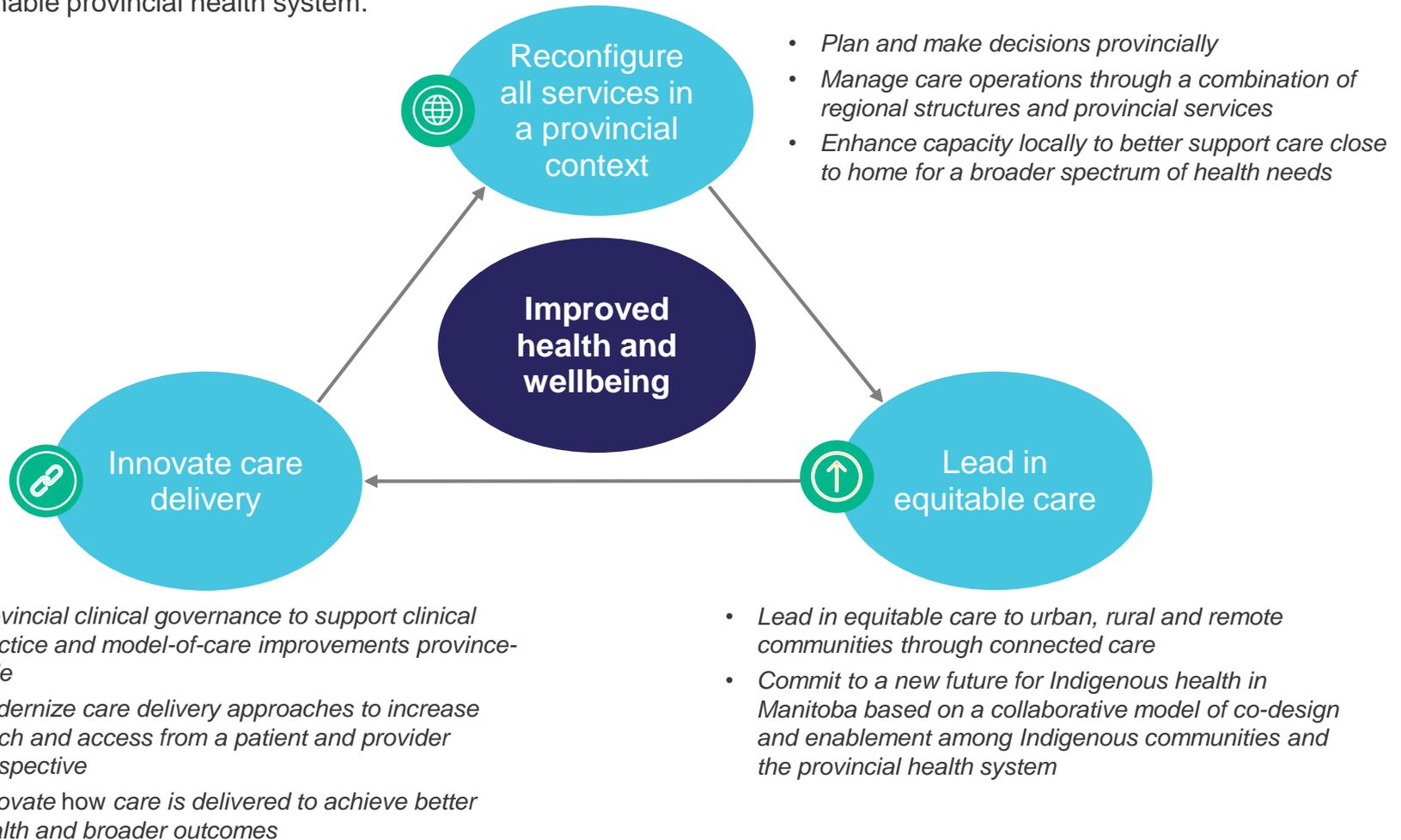
20+ Regulated health professions under one umbrella act (*The Regulated Health Professions Act*) with 21 categories of reserved acts



Expanding scope of Nurse Practitioners (e.g., minor invasive procedures, ordering diagnostic tests). Long standing leader in training, education, and employment of physician assistants including into primary care.

Manitoba's bold new future: Reconfiguring For Better Health and Wellbeing

The **elements of the future vision will work together** to improve how the health system supports Manitobans. Through redefined access and service capabilities across the province, Manitobans will benefit from improved health outcomes and a more sustainable provincial health system.



What does a modernized health system mean for individuals?

TODAY

- **Knowing where to go for the right care can be confusing** – for patients and for providers
- Your health care provider **may not have all the necessary information** about you and your health – this can result in you having to tell your story over, and over, and over again
- You may wait a **long time to access** the right care including diagnostic services and specialist care
- The care you need may not be accessible close to home, **requiring you to travel** to access services
- Your **visits may not be coordinated** across care providers, resulting in multiple trips to access care

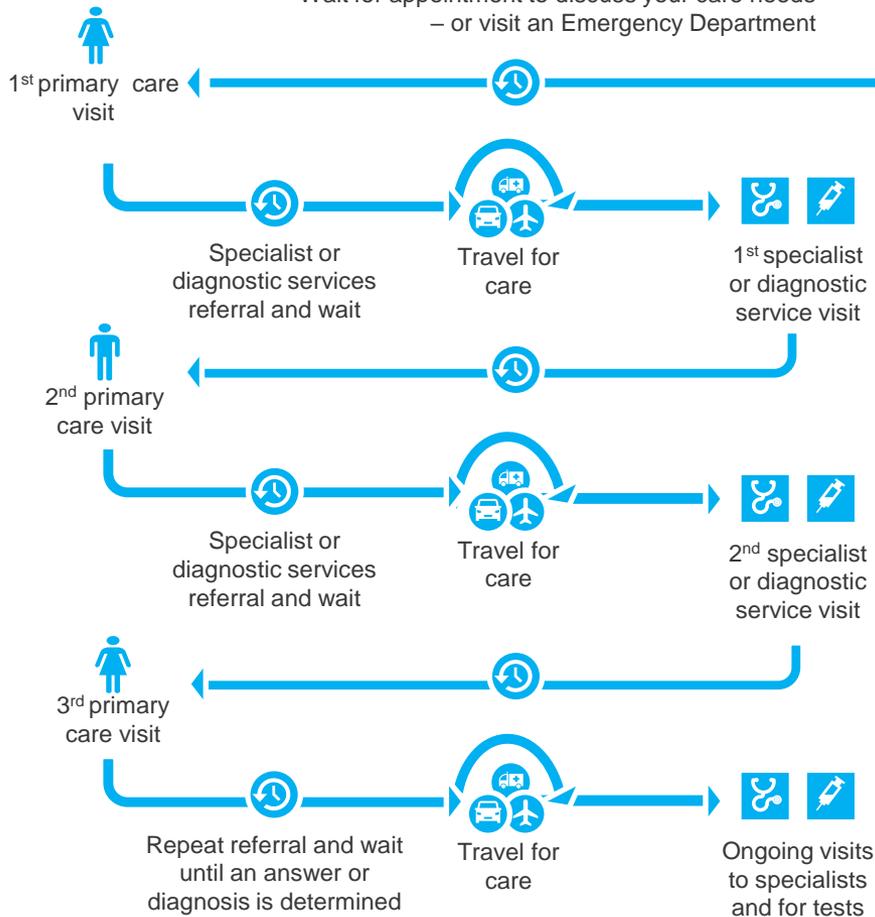
IN THE FUTURE

- Consistent, reliable services will be accessible at facilities that are clearly defined by the care they provide, making it **easier to know where to go for care**
- Your health care providers will have **access to appropriate information** about you and your health needs
- Providers will **work together to coordinate** your care, ensuring that wherever you go, you are able to access the right care
- Coordination will **reduce your wait times** and unnecessary travel
- You will have the choice to **manage and navigate your own care**, in partnership with your primary care provider
- Your primary health team will have support to provide your **care closer to home** through virtual tools, advice and guidance

What does a modernized health system mean for individuals?

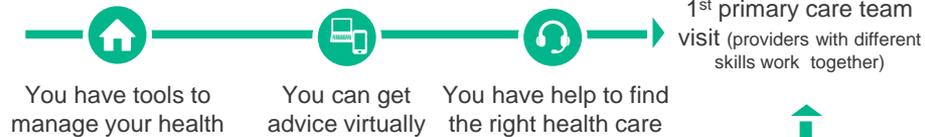
TODAY

Find a family doctor (primary care provider)
Wait for appointment to discuss your care needs
– or visit an Emergency Department



IN THE FUTURE

Providers work together to coordinate your care and multiple tools and options exist to help manage your own care



Your primary health team has the information they need about you and your health **and** has access to ...

... advice and guidance for more specialized care needs that they can manage, with some support

... virtual tools to bring care closer to home

... a network of other teams nearby for in-person or virtual access to care

Each step in your care path seamlessly connects back to your local primary health team, keeping them up to date on your care

... coordinated access to specialists that work together to reduce or eliminate unnecessary travel and coordinate with your primary care team

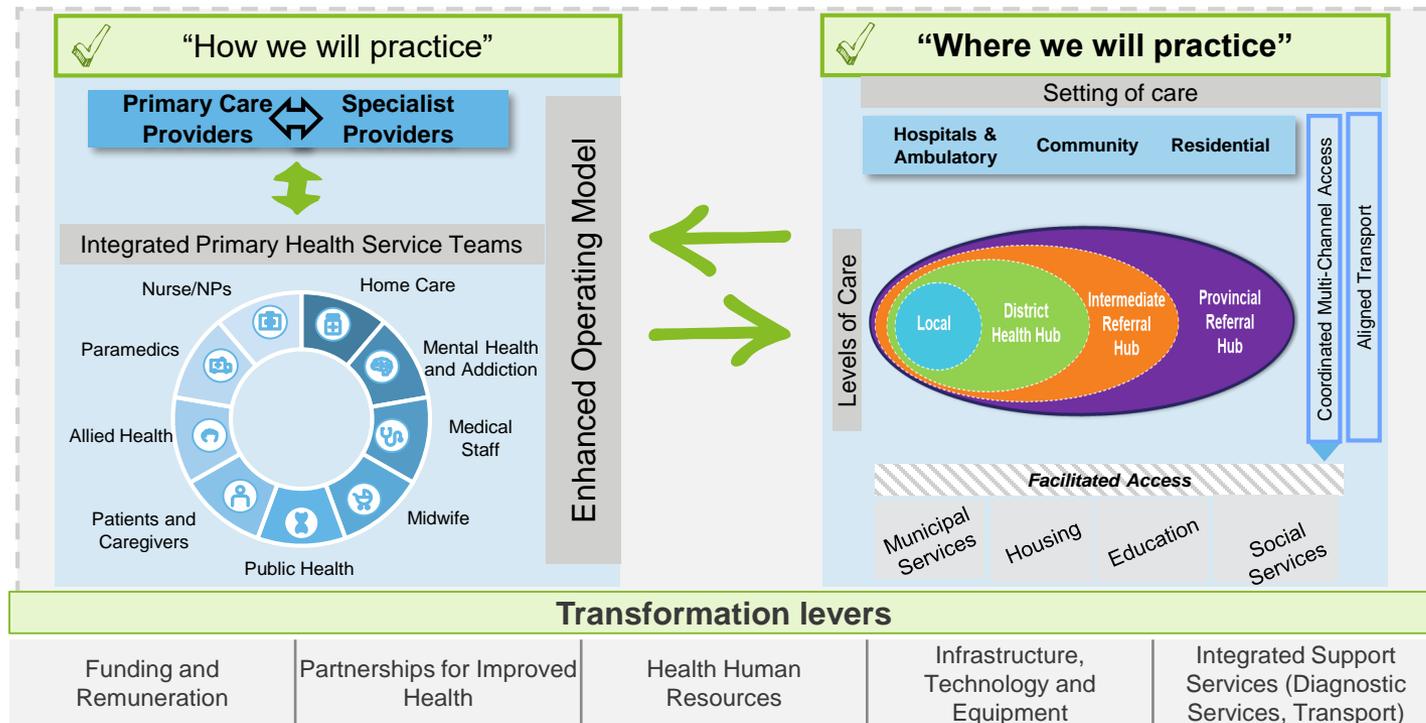


An integrated network for accessing and delivering services is core to the new provincial model

Interdisciplinary Teams Practicing in a New Model



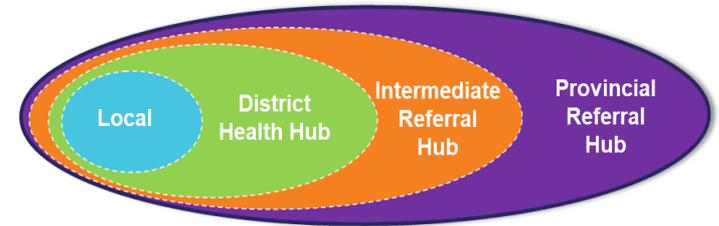
A System That Support Patients and Providers



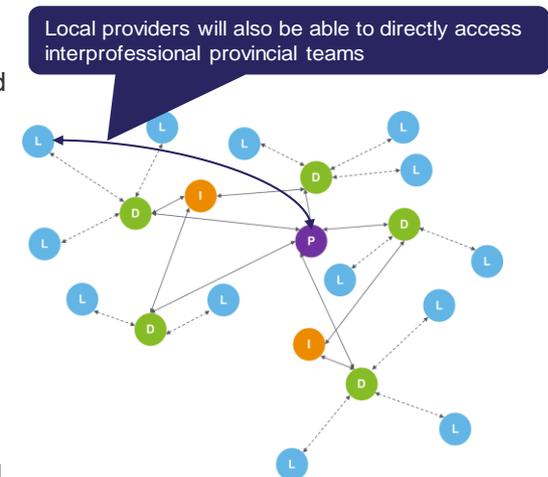
Defining one provincial system with enhanced local capacity and effective access to specialized care province-wide

The Integrated Network Model

- The Integrated Network Model shown below links local, district, intermediate, and provincial hubs and provides common service standards, capabilities and pathways for patients, providers and health system managers in the province.
- The model will reconfigure care to improve the health and well-being of all Manitobans through provincial standards that elevate care and innovative approaches to ensure equitable care delivery. The key to success will be the development of **appropriate, sustainable** capacity at the local level and **standardized pathways** that streamline how patients and providers navigate the system. **Provincial clinical governance** will guide the development and monitoring of standards and pathways. By leading in **connected care**, Manitoba will optimize a hybrid digital and in-person care experience for everyone.
- The network model is intended to facilitate the relationship between providers and the flow of patients in the province. It is not intended to create barriers or “gates” in the system, instead it will be used to **create transparency and certainty of capabilities**.



- L Local Area Hub**
Integrated network for prevention and screening, transitional care, community based support and rehab, and primary and community care
- D District Health Hub**
Integrated network for low-moderate acuity, variable volume general medicine/surgery interventions/procedures, post acute treatment and emergency services
- I Intermediate Referral Hub**
Integrated network for moderate acuity/complexity medicine, surgery, critical care, and emergency services
- P Provincial Referral Hub**
Provincial integrated network for high-acuity, highly complex medicine, surgery, critical care, and emergency services



Capabilities across local area hubs will be standardized along a spectrum, with flexibility to meet with population needs

The network model outlines **minimum service standards and capabilities** as the basis for infrastructure, health human resources, and clinical support services planning. Local Area and District hubs will feature a spectrum of capabilities (Enhanced, Core) to match the needs of its population, with increased acuity along the continuum from District to Provincial. Facilities at the District and Intermediate level may have targeted areas of programmatic focus that extend into higher levels of care.

Local	District	Intermediate	Provincial	
<i>Low acuity community-based care</i>	<i>Low to moderate acuity community-based and inpatient care</i>	<i>Moderate to high acuity inpatient and medical/surgical care</i>	<i>High acuity/specialty medical and surgical care</i>	
<p>Enhanced</p> <p>Interdisciplinary primary care teams who provide enhanced community services such as mental health support, midwifery, chronic disease management, and/or pain management; supported by appropriate diagnostics and the ability for short-term patient observation</p> <p>Increased focus on prevention and screening with proactive population health management capacity</p> <ul style="list-style-type: none"> My Health Teams, new care models (e.g., collaborative emergency centres in Nova Scotia, advanced care centres in Australia) <p>Core</p> <p>Local primary care providers will be the main point of contact with the health system for most patients (e.g., Home Clinics)</p> <p>Increased focus on prevention and screening with proactive population health management capacity</p>	<p>Core:  Urgent care during set hours for lower acuity patients</p>	<p>Enhanced and Intermediate: 24/7 Emergency Department</p>	<p>Provincial: 24/7 Emergency Department</p>	
	<p> General inpatient and ambulatory care with observation and monitoring capabilities, as well as targeted services</p>	<p>Enhanced:  Special Care Unit</p>	<p>Intermediate: Intensive Care Unit (ICU)</p>	<p>Provincial: ICU with specialized capabilities</p>
	<p> Core: Elective surgery, primarily with Family Practice Anaesthesia (FPA)</p>	<p>Enhanced and Intermediate: Elective and emergency surgery with FPA or FRCPC</p>	<p>Provincial: Elective and emergency surgery with FRCPC</p>	
	<p> Specialist Services may include: District: Level I Nursery, community cancer care, primary stroke centre, and/or select areas of programmatic focus</p>	<p>Intermediate: Level II Nursery, radiation therapy, general rehabilitation, moderate- to high-risk obstetrics and/or primary stroke centre</p>	<p>Provincial: Intensive rehabilitation, and specialized mental health services, high-risk obstetrics and neonatal</p>	
				<p>Provincial Services such as:  Major trauma, thoracic services, comprehensive stroke care, specialty cancer care</p>

Creating the capacity for a provincial approach to delivery in Manitoba through a 10-Point Plan

This 10-Point Plan outlines key mechanisms for Manitoba to improve access to care across the province and deliver on the benefits of moving to a provincial approach to care design and delivery



Women's Health and Child Health

Current state and case for change | Women's Health

Manitoba has the second-highest infant mortality rate in Canada and, with a growing population, faces challenges ensuring women have access to appropriate multi-disciplinary care

Variation in access to services close to home, including obstetrics and gynecology (e.g., surgical procedures)

- Over half of patients from Northern, Interlake-Eastern and Southern regions have women's health-related day procedures outside of their home region (DAD, 2017/18)
- 77% of gynecological day surgeries/procedures and 76% gynecological inpatient admissions were performed in the WRHA (DAD, 2017/18)
- Manitoba women have universal access to medical abortion medication (Mifegymiso) through pharmacies, free of charge (Government of Manitoba).

Proportion of Women receiving care in Winnipeg (by their home region), FY 17/18

	NRHA	IERHA	PMH	SHSS
Inpatient	28%	79%	9%	38%
Day Procedure	52%	86%	25%	69%

Source: MHSAL – Discharge Abstract Database

Hospitals across regions offer obstetrics services though 67% of births occur in the WRHA

- Manitoba has the second highest infant mortality rate in Canada though the rate varies widely by region:
 - NRHA: 10/1000 births
 - IERHA: 5.2/1000 births
 - PMH: 5.6/1000 births
 - WRHA: 4.8/1000 births
 - SHSS: 4.4/1000 births
- Deliveries are conducted across all regions however PCT members indicate unique challenges in the Northern and Southern areas of the province with access to pre-natal care being a priority in the North and shifting low-risk delivery closer to home as a priority in southern Manitoba

Facilities with >5 deliveries, 2016/17

RHA	Facility	2016/17 Deliveries*	# of Obstetrics beds**
NRHA	Flin Flon General Hospital	156	8
	The Pas Health Complex	377	8
	Thompson General Hospital	821	16
IERHA	Selkirk and District General Hospital	210	6
	Brandon Regional Health Centre	1,682	20
PMH	Dauphin General Hospital	295	8
	Neepawa District Memorial Hospital	109	2
	Health Sciences Centre	5,648	59
WRHA	Hôpital St-Boniface Hospital	5,572	54
	The Birth Centre	n/a	n/a
	Centre de Santé Notre Dame Health Centre	16	1
SHSS	Portage District Hospital	291	5
	Hôpital Ste-Anne Hospital	131	2
	Bethesda Regional Health Centre	446	6
	Boundary Trails Health Centre	901	7

n/a: not available

Source: * MHSAL – Discharge Abstract Database; ** MHSAL – Bed Map

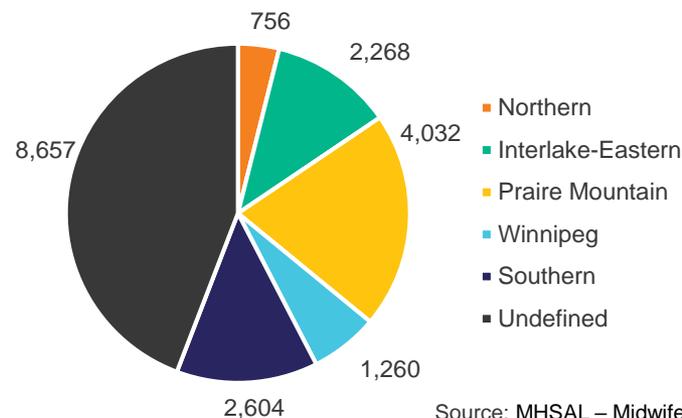
Current state and case for change | Women's Health

Manitoba has the second-highest infant mortality rate in Canada and faces challenges ensuring women have access to appropriate multi-disciplinary care and with a growing population, this has placed stress on NICU services.

Low utilization of multidisciplinary teams (including midwives and NPs) despite patient demand, around prenatal, birth, and post-natal care in the community; particularly for rural and Indigenous populations

- In FY10/11, 5% of all deliveries in Manitoba were midwife-attended (Shared Health, Midwifery Services in Manitoba); however, the goals of the midwifery program were midwife-attended births accounting for 14% of all provincial births (Thiessen et al., 2016)
- 73% of Manitoba's 187 registered NPs work in urban areas and maternal/child care was not among their top self-reported direct patient care activities (Nurse Practitioner Association of MB)

Midwifery Services by Region, 2016/17



Source: MHSAL – Midwifery Database

NICUs are frequently at full/over capacity

- Newborn hospitalizations have increased 15% since FY12/13 to a high of 18,204 admissions in FY 17/18 (DAD)
- NICU admissions have increased 10% since FY 12/13 to a high of 1,762 admissions in FY 17/18 (DAD). Admission pathways for NICU patients are variable and uncoordinated across the province
- Between 2014/15 and 2017/18 the average LOS in a WRHA NICU increased 37% from 17.6 days in FY 14/15 to 24 days in FY17/18 (WRHA NICU database as provided by PCT member)
- Approximately 1/3 infants admitted to a WRHA NICU required Level III NICU care. The remaining 2/3 could be cared for in a Level I or II nursery (Data from WRHA PCT members)

Newborn ICU Admissions, FY 16/17

	Total Admissions	Average Gestational Age (weeks)	Average LOS (days)
HSC	720	35.3	22.5
SBH	512	35.2	15.9

Source: WRHA NICU database as provided by PCT member

Current state and case for change | Child Health

Access to care close to home is a key challenge for Manitoba’s children, especially those in rural and remote regions.

High number of specialists (in particular paediatricians) in WRHA but very limited access in other regions. Recruitment and retention issues in rural and remote communities

- 95% of pediatricians work in the WRHA (Peachey Report), while generalist providers including family physicians and nurse practitioners provide the majority of paediatric care in other regions.
- However, there remain long wait times to access specialist paediatric services for patients outside of WHRA and, in particular, in the North
- Winnipeg and Prairie Mountain residents were the most likely to receive acute care in their region while those in Interlake-Eastern were the most likely to travel for care

Proportion of Children receiving care in Winnipeg (by their home region), FY 17/18

	NRHA	IERHA	PMH	SHSS
Inpatient	41%	83%	13%	46%
Day Procedure	59%	97%	55%	76%

Source: MHSAL – Discharge Abstract Database

Lack of coordination across community based programs for perinatal care and paediatric care

- A 2018 review of perinatal programs delivering similar services (e.g., prenatal education, well baby checks) found they are not well coordinated and that there are instances where non-WRHA residents have to travel into Winnipeg from their home community, to deliver
- Variable access to paediatric-focused primary and community care programs such as youth hubs and school-based programs that address identified health issues affecting a child’s educational potential
- Children with complex care needs face particular challenges navigating the system including multiple appointments across providers, facilities and regions and in accessing care closer to home (e.g., rehab services)

Moving from today to the future

The vision for the future is based on evidence, informed by PCTs' holistic input, and aligns with jurisdictional practices

	Highlights of Current State	Highlights of Future State
Service Model – Highly Effective Teams	<ul style="list-style-type: none"> • Limited access to specialists (in particular paediatricians) outside of WRHA despite high utilization of specialists within WRHA • Recruitment and retention issues in rural and remote communities. • Low utilization of multidisciplinary teams (including midwives and NPs) despite patient demand, around prenatal, birth, and post-natal care in the community; particularly for rural and Indigenous populations 	<ul style="list-style-type: none"> • Midwives, NPs and GPs working to full scope to support low risk births in rural areas and for specialized populations and closer to home • Specialists including paediatricians are linked to integrated primary networks (MyHT 2.0) as consultants • Specialists provide care through a complement of both travel and virtual care models to increase their presence outside of WRHA <ul style="list-style-type: none"> • Includes equitable provincial after hour call coverage for peds/obs and primary care physicians
Service Standards and Pathways – Coordinated Delivery Systems	<ul style="list-style-type: none"> • Variation in access to services close to home, including obstetrics and gynecology (e.g., surgical procedures) • Lack of coordination across community based programs for perinatal care and paediatric care • Overcapacity in NICUs and Level II Nurseries 	<ul style="list-style-type: none"> • Tiered service levels of care to clarify service delivery organization roles and capabilities for obstetrics, neonates, and women's health (surgical and medical) • Gyne-surgery will be guided by standards of practice established by provincial clinical governance • Centralized referral connects unattached low-risk, pregnant women to integrated primary care while sensitive to the patient's background and needs • Coordinated care models to reduce confusion and duplication in services (e.g., well baby visits, school health, care, navigation for children with complex needs) • Tiered SCU levels (NICU and PICU) ensure standardized assessment, consult supports, and access to beds • Lower-acuity neonates born in low-risk settings are kept closer to home with appropriate tools and supports • A provincial maternal and child database, that can also track population demographics, supports improved system utilization, performance and quality

Provincial view of the future vision

Future Vision: Manitoba will create capacity through an integrated system to provide low risk primary care closer to home through key service model and pathway changes that will:

- Create standardized care and admission criteria to ensure consistency in care
- Streamline and standardize care that results in enhanced quality outcomes
- Reduce unnecessary patient transports and costs

Key features of the future vision, include, but are not limited to:

- **Transform service delivery** to address the high and low acuity needs of patient
 - Reinforce and/or increase capabilities at Intermediate Hubs and shift moderate to high acuity care from the Provincial Hub (HSC) closer to home
 - Reinforce clinical capabilities at Brandon Regional Health Centre as an Intermediate site to consistently care for women and children and build up capacity in the northern hub to increase capacity for obstetrical, paediatric and gynecological care and reduce patient travel
 - Enhance the capabilities of Local and District Hubs to provide coordinated care for women and children with low-risk needs with the right provider at the right time
 - Increase the utilization of primary health providers including GPs, NPs, midwives and public health and enhance their services and collaboration with community services (including mental health and social services)
 - Identify District areas that may need enhanced services such as a Level I Nursery in SHSS and gyne-procedures
- **Ensure province-wide access to family planning** including education and access to a range of safe, patient-centred contraceptive choices. Women should also have access to counselling and education if they choose to terminate a pregnancy and equitable province-wide access to mifegymiso
- **Ensure standardized, evidence-based obstetrical education and practice** across the province similar to programs such as MoreOB
- **Ensure standard admission and transfer criteria** for consistency in care delivery across the province and clarity in appropriate transfers to higher levels of care, particularly with NICU admissions and women's reproductive surgical procedures
- **Utilize virtual health tools** (e.g. telemedicine, eConsult, eReferral) to extend the reach of specialists to rural and Northern regions, improve coordination of care and better support primary care providers, particularly with complex paediatric patients with developmental needs
- Create **appropriate monitoring tools** via a perinatal database to inform alignment to care standards and pathways

Service standards and provider roles | Obstetrics & NICU Care

	Obstetrics	Neonates
Provincial Referral Hub	<ul style="list-style-type: none"> Level III Facility focusing on high risk deliveries from across the province and all deliveries from the local area Provides all associated maternal and neonatal surgical and medical services including high-risk cases <ul style="list-style-type: none"> Note: May be a joint-program across multiple sites (e.g., HSC and SBH) Provincial clinical governance establishes standard levels of care, education modules (e.g., obstetrics residents obligated to go to rural/northern as part of rotations) and provincial perinatal database (linked to other provincial databases such as home clinic / provider registry) Telehealth connection 	<ul style="list-style-type: none"> Level III NICU Provincial team provides telemedicine support and tele-rounding for Level I and II Nurseries Provincial coordinator to ensure appropriate referrals and manage availability of NICU/Nursery beds across the province and ensure timely access to Level III NICU when needed <ul style="list-style-type: none"> Note: May be a joint-program across multiple sites (e.g., HSC and SBH) Provincial clinical governance establishes standard levels of care, education and pathways to support access to the appropriate level of care when needed.
Intermediate Referral Hub	<ul style="list-style-type: none"> Level II Facility focusing on intermediate to high risk deliveries Capacity to perform Caesarean section Coordinated admittance for rural/remote deliveries – work with surrounding sites to accept transfer if needed 	<ul style="list-style-type: none"> Level II Nursery Telemedicine support from and provincial rounding with Provincial site Provides support to and accepts transfers from surrounding District sites to divert unnecessary transfers to WRHA
District Health Hub	<ul style="list-style-type: none"> Level I Centre conducting low risk deliveries Access to surgical resources to perform Caesarean sections (ensure general surgeons are trained to do C-Section if practicing in rural areas) Access to point of care testing including amniure and ferning/amnicator Low risk deliveries discharged home in 12 hours to receive public health nursing or midwifery support for post-natal care (weight, breastfeeding, metabolic screen and transcutaneous or serum bilirubin screen) Inclusion of midwives on labour floor and in MyHT2.0 	<ul style="list-style-type: none"> Level I Nursery to provide basic care for neonates/infants who no longer require NICU or Level II Nursery care Targeted sites able to care for neonate who require feeding and monitoring May include Level I nurseries at select sites depending on volumes
Local	<ul style="list-style-type: none"> Community-based pre-natal care for low-risk deliveries Centralized referral to connect unattached low-risk, pregnant women to integrated primary care (e.g., GP, NP, midwife, mental health counsellor) Appropriate supports for pre-natal care in Northern region – adopt findings from PIIPC project (Partners for Integrated PN Care) Prenatal classes combined with pre-natal visits with MD/Nurse/Midwife Increase scope of nursing stations to ensure they include prenatal care, point of care testing including amniure and ferning/amnicator and well baby visits and breastfeeding education Utilization of social media to extend pre-natal education, especially in northern remote areas Equitable, closer to home access to breastfeeding support 	<ul style="list-style-type: none"> Primary post-natal care in the community (provided by enhanced My Health Teams and public health) Ability to perform basic tests and assessments (e.g., Bilirubin tests)

Service standards and provider roles | Women's Health

	Gynecological Procedures and Surgeries	Women's Mental Health	Reproductive Health (including termination, infertility and menopause)
Provincial Referral Hub	Provincial Clinical Governance establishes standardized care pathways and referral criteria		
	<ul style="list-style-type: none"> Specialized care including gynecology, complex minimally invasive surgery and uro-gyne Implementation of ERAS approach Provincial clinical governance establishes practice and training standards and patient pathways 	<ul style="list-style-type: none"> Centralized access with navigation supports for those with mental health needs (e.g., sleep disorder, internet-based self assessment process to determine what tier of care is needed) 	<ul style="list-style-type: none"> Provision of therapeutic surgical and medical abortions Complex infertility treatment Specialist treatment related to menopause and premature menopause Use of telehealth for menopause assessment and treatment
Intermediate Referral Hub	<ul style="list-style-type: none"> Provision of specialties including uro-gyne, D&C Implementation of ERAS approach 		<ul style="list-style-type: none"> Provides therapeutic surgical and medical abortions Clinical governance to inform medical abortion policy and expand to all sites where prescribed D&C can be done
District Health Hub	<ul style="list-style-type: none"> Centralized referral to ensure procedures are done by the most appropriate provider (e.g., if a referral is can be managed by a PC provider such as a pap test) 	<ul style="list-style-type: none"> Virtual services at this level, and/or group programs for improved access to mental health and addictions services 	<ul style="list-style-type: none"> Provision of basic gynecology and reproductive health (e.g., IUD, endometrial biopsies, HRT) by family physicians, NPs and Midwives (as appropriate) Provision of medical abortion Greater access to patient education for those going through menopause groups run by PHN/PC nurses and including MH counselors and supports and more appropriate referrals to gynecologists
Local	<ul style="list-style-type: none"> Repatriation of post op care to more local (primary care) level 4-6 week follow up for D&C, endometrial ablation and other similar procedures with specialist consult if needed 	<ul style="list-style-type: none"> Improved access to mental health counselling in immediate prenatal and postpartum through direct contact, use of social media, telemedicine or community based support groups Population screening of the population (e.g., Towards Flourishing pre-natal screen) 	<ul style="list-style-type: none"> Increase training for family physicians, NPs and Midwives (as appropriate) to provide more basic gynecology and reproductive health (e.g., IUD, endometrial biopsies, HRT) Greater integration with MyHT 2.0 and greater access to teen clinics with strong links to mental health and addiction services Primary care provides education, assessment and ongoing follow up and engages with public health to provide prevention and promotion services Work with public health and other partners to help prevent increase in sexually transmitted infections and blood-borne illnesses

Service standards and provider roles | Paediatrics

	Primary Paediatric Care	Care for Children with Complex Developmental Needs
Provincial Referral Hub	<ul style="list-style-type: none"> PICU for children requiring critical care Tertiary care/specialists/sub-specialist services Itinerant teams provide services and education for rural/remote areas and virtual/remote telehealth support and consultation Standardized referral, transport and communication pathways Provincial governance establishes standards, leveraging existing tools such as TREKK (Translating Emergency Knowledge for Kids) Wait List management for paediatric dental surgery 	<ul style="list-style-type: none"> Leveraging existing WRHA-based clinics to coordinate support for children with complex needs across RHAs and jurisdictions Standardized definition of complex needs and types and associated pathways Enhanced virtual support to enhance access to specialized rehab support Provincial clinical governance supports coordination across sectors to avoid duplication of services and avoid gaps in care (e.g., for patients in the care of child services)
Intermediate Referral Hub	<ul style="list-style-type: none"> Support for District Hubs and Local providers through eConsult and telemedicine Recruit for rural/northern practice by including rural/northern experience in training Subspecialty training for paediatricians to meet local system needs in identified areas Leverage existing standards including TREKK guidelines in EDs 	<ul style="list-style-type: none"> Admits and provides care to children with complex and developmental needs with support from Provincial hub Management of “expected crises” according to care plan (e.g., suicidal ideation, fever)
District Health Hub	<ul style="list-style-type: none"> Low acuity paediatric admissions Use of telehealth to reduce patient travel and admissions at intermediate and provincial facilities Leverage existing standards including TREKK guidelines in EDs 	<ul style="list-style-type: none"> Coordination of rehab Implementation of ongoing day-to-day care Access to a family navigator and utilization of a health/mental health passport that gives care plan and status of care Utilize alternative models of care including tele-rehabilitation, group programming, and delegation to rehabilitation assistants Rehabilitation assistants and/or educational assistants to provide rehab services in local communities, supported by provincial resources to educate and provide oversight
Local	<ul style="list-style-type: none"> Community Integrated Care Teams (MyHT2.0), including Primary care and public health providers provide coordinated core services appropriate to population need to reduce duplication of services (e.g., well baby visits, school health) Health system providers partner with various stakeholders to address youth in education systems focusing on chronic disease prevention, including mental health, through the alignment and development of new and existing school and community-based programs Prioritize children for Pediatric Dental care based on severity of decay and dental condition, underlying medical status and quality of life impact Access to eConsult services to improve access to specialists Education for parents on safe sleeps for newborns 	<ul style="list-style-type: none"> Non-regulated health providers to provide rehab services in local communities, supported by provincial resources to educate and provide oversight Education on wellness, preventive care, parenting, social supports Screening, early identification of children at risk (protocol for screening and referral to early intervention)

Opportunities for innovative service delivery

Innovative service delivery and improved access to care can be achieved through digital technology, including associated information and technology requirements, as well as integrated support services including diagnostics, patient transport, Emergency Services, infrastructure and equipment. The table below highlights key elements for the Women’s Health and Child Health PCT as they are unique to those outlined in the Provincial chapter. Further, Key Performance Indicators have been outlined to assess the implementation of this model

Digital Health	<ul style="list-style-type: none"> Utilization of virtual health tools (e.g., telemedicine, eConsult, eReferral) to extend the reach of specialists to rural and Northern regions, improve coordination of care and better support primary care providers, particularly with complex paediatric patients with developmental needs
Diagnostic Services	<ul style="list-style-type: none"> Consistent access to point of care testing including amniure and ferning/amnicator at District Health Hubs and remote Local Hubs to support low risk births and obstetrical care Assess diagnostic requirements for intermediate hubs with Level II Nurseries
EMS/Patient Transport	<ul style="list-style-type: none"> Enhanced Level II Nursery care in Brandon and in a northern hub and the development of a Level I Nursery in SHSS will likely impact patient transfer patterns and reduce the number of transports required to WRHA
Infrastructure and Equipment	<ul style="list-style-type: none"> Shifts in clinical surgical activity may impact the infrastructure needs
Prevention	<ul style="list-style-type: none"> Appropriate prenatal care is critical for addressing Manitoba’s high infant mortality rate, especially in the Northern region. Anticipated programs such as the PIIP project should be leveraged to improved access to care Population screening for perinatal mental health will be delivered through enhanced My Health Teams and can leverage existing tools (e.g., Towards Flourishing pre-natal screen) Health system partnership with schools to increase access for kids to prevention, assessment, diagnosis and treatment Enhanced awareness through perinatal counselling/visits delivered through enhanced My Health Teams about the importance of chronic disease prevention for parents and their babies leveraging existing tools (e.g., Exercise is Medicine Canada) Pediatric dental prevention and promotion supported by public health and enhanced My Health Teams

Key Performance Indicators

1. Reduction in lower acuity infants treated in WRHA NICU
2. Reduced transfers for complex paediatric patients from non-WRHA sites to WRHA
3. Increase in children receiving primary care from general practitioner
4. Shift in low-risk obstetrical deliveries from provincial/intermediate hubs closer to home at district and local hubs for patients outside of WRHA