From Principles to Action
Winnipeg February 2013
Vision
Principles
Success Factors

Reconfigured Service System
New Integrated Facility – 2014

2000
-Old Shriners Hospital Falling Into The River
-Fragmented Service Delivery System
Winnipeg Integrated Services Initiative

Design Principles

1. Person/Family Centred/Community Participation
2. Accountability
3. Outcome Based Service System
4. Accessible, Coherent, Comprehensive Responsive, Flexible and Seamless Service
5. Commitment to Shared Vision and Culture
6. Integration is a Process
7. Open 2 Way Communication and Reciprocal Responsibility
8. Staff that are Valued
9. Decentralized and Streamlined Decision Making
10. Continuous Quality Improvement

Manitoba Family Services
Winnipeg Regional Health Authority
Manitoba Health  July, 2003
Change Management Principles

1. Establishing a Sense of Urgency
2. Forming a Powerful Guiding Coalition
3. Creating a Vision
4. Communicating the Vision
5. Empowering Others to Act on the Vision
6. Planning for and Creating Short-Term Wins
7. Consolidating Improvements and Producing Still More Change
8. Institutionalizing New Approaches

Eight Steps to transforming your organization
Manitoba Service Delivery Context
Demographics—Winnipeg/Manitoba
Demographics—North Manitoba & Manitoba

Figure 2.14: Age Profile of the North Aggregate Region and Manitoba by Sex, 2009
North population 2009: 73,401 | Manitoba population 2009: 1,223,110
Aboriginal Population in MB

- In 2001, there were 150,040 Aboriginal people in MB (13.6%) of population, 2/3 of whom are living outside of Winnipeg.

- One-third of the population is under the age of 15.
Newcomers to Manitoba

- Immigration to Manitoba is on the rise.
- In 2006, Manitoba received over 10,000 immigrants.
MANITOBA SERVICE DELIVERY SYSTEM FOR KIDS WITH DISABILITIES – YEAR 2000

Multiple Funders

Multiple Agencies

Services all Over town

Multiple Intakes & Long Waits

Multiple Service Coordinators
A Bit of History
Coordination, Integration, Co-location

• 1993  Framework of Healthy Development in Manitoba

• 1994  the Health of Manitoba’s Children Child Strategy Committee, Manitoba Health

• 1995  the Pediatric Rehabilitating Coordination Task Force Committee represented by RCC, SMD, St. Amant and Children’s Hospital

• 1999  the Manitoba Special Education Review  Manitoba Education and Training

• Late 1990’s, SSCY Intersectoral Working group began to evolve

• 2000  Pediatric Therapy Working Committee Preliminary Report to the Interdepartmental Therapy Working Group

• 2000  the Final Report of the Promise Years Pilot Project South Westman RHA and partners
Why do we need SSCY?

10 years of Reports from Families Said:

• The system is hard to get into and to get around
• I have to keep retelling my story
• We are running all over town for services
• My children have disabilities – they are not sick
• I need a case manager to manage all the case managers
• RCC is in an old run down building

Key Principle/Success Factor: Community Participation
Citizens, families, communities and populations must be active participants in the design and delivery of services to meet their needs.
Key Principle/Success Factor: Establishing a Sense of Urgency

Identifying crisis, potential crisis or major opportunities
Major change is impossible unless the head of the organization is an active supporter
SSCY Stakeholders

Co-locating Partners
- WRHA Childrens Hospital/Homecare
- Society for Manitobans with Disabilities
- Rehabilitation Centre for Children
- Family Services
- Community Respite Services

Non Co-locating Partners
- Central Speech & Hearing
- CNIB
- Movement Centre of Manitoba
- St. Amant

Key Principle/Success Factor: Forming a Powerful Guiding Coalition
Key Principle/Success Factor: Forming a Powerful Guiding Coalition

- Assembling a group with enough power to lead the change effort
- Encouraging the group to work together as a team
Visioning Session

Key Principle/Success Factor: Commitment to Shared Vision and Culture
Creating a vision to help direct the change effort
Developing strategies for achieving the vision
SSCY Charter/Purpose:
To develop a coordinated and integrated service system to maximize the effectiveness and efficiency of service delivery for children and youth with disabilities/special needs.

Future Impact: Key Features
• Central Intake System – Easy to Access /Reduced Waiting Times
• Lead Case Coordinator – Easy to Navigate
• Integrated Services – Seamless Transitions
• Co-location of Key Services – New SSCY Facility
• Family Centred /Family Resource Centre

Key Principle/Success Factor: Continuous Quality Improvement & Evaluation (Evaluable Deliverables)
Management and staff must create a positive and dynamic learning environment that values and promotes innovation.

Continuous quality improvement initiatives that include performance indicators must be embedded in all service activities.
SSCY Principles

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Winnipeg Regional Health Authority
Manitoba Health  July, 2003

Adoption of WIS Principles as SSCY Principles

Primary Health Care Principles (Alma Ata)

Population Health Principles (Jones & Bartlett)

Social Service Reform Principles
(Ministerial Council)

Change Management Principles (John Kotter)
Co-locating Services

Community Respite Services

Family Services
- Integrated Children’s Services (ICS) Team
- FASD Outreach Team
- Behavioral Support Services / First Connections
- Child Care Centre

Society for Manitobans with Disabilities (SMD)
- Outreach Therapy for Children
- Case Coordination

Winnipeg Regional Health Authority (WRHA) / Children’s Hospital
- Child Development Clinic / Newborn Follow-up Program
- Manitoba FASD Centre
- Occupational Therapy and Physiotherapy Outpatient Services
- Audiology and Speech-Language Pathology
- Children’s Home Care / ICS Team

Key Principle/Success Factor: Stakeholder Involvement
Rehabilitation Centre for Children – All programs and services which include:

- Pediatric Specialty Clinics
- Specialized Communication Resources for Children
- Computer Assessment Program
- Electronics Program
- Occupational Therapy and Physiotherapy (On site, School and Outreach)
- Prosthetics and Orthotics
- Mechanical Design and Services (Assistive Technology)
- Equipment Loan Pool
- LIFE Program (Therapeutic Recreation, Camps, Adapted Recreation Loan Programs)
- SSCY Family Resource Centre
- Research
- Volunteer Program
- Children’s Rehabilitation Foundation
- Administration and Support Services

Key Principle/Success Factor: Stakeholder Involvement
Task Teams

Front End Services
Direct Services
Family Engagement/Resources
Leadership/Information Management
Capital Planning
Capital Campaign
Site Management

Key Principle/Success Factors: 1. Project Management Approach
2. Bite-Sized Increments
SSCY Stakeholders

- Family Services
- Manitoba Health/WRHA
- Education and Training

SSCY Intersectoral Working Group

- Families
- Site Management Team
- Task Teams: Front End Services, Direct Services, Leadership/IM, Capital, Family Engagement

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Key Principle/Success Factor: Integration is a Process
**Fragmented Services:** Separate organizations, confusion, duplication

**Cooperation:** Sharing of program information

**Coordination:** Sharing of leadership, planning and decision-making

**Collaboration:** Equal partners, shared goals and commitment, open communication, community involvement, more effective use of resources

**Integration:** Common values, holistic person-centred interdisciplinary approach, Flexible, responsive, seamless services, community partnerships

Winnipeg integrated Services Initiative
Family Engagement Team: Family Resource Centre

**Purpose:** To provide a comfortable and accessible Family Resource Centre that has a range of current resource materials for children, youth and families; a supervised play area; meeting space for groups; trained staff to collect and maintain materials and to assist individuals with access to materials.

**Accomplishments:**
- Established a Family Resource Centre, official opening in June 2004
- SSCY participants sought and obtained $65,000 in funding from the Winnipeg Foundation, Ronald McDonald Children's Charity and Healthy Child Manitoba for the setup of the resource centre and the purchase of resources in 2003

**Key Principle/Success Factor:** Creating Short-Term Wins
Planning For and Creating Short-Term Wins

- Planning for visible performance improvements
- Creating those improvements
- Recognizing and rewarding employees involved in the improvements
Family Engagement Team
Stakeholder Engagement

To ensure the involvement and participation of families and staff and stakeholders in SSCY.

- **Family Involvement**
  - Interactive sessions (urban and rural) were held in April 2005, October 2005, September, 2011, September 2012
  - Family Representative to SSCY IWG Group
  - SSCY updates/feedback at quarterly RCC Family Council meetings

- **Staff Involvement**
  - SSCY Site Management Team (September, 2010)
  - SSCY staff forms (October, 2005, January 2011, September, 2012)
  - Staff consultation on space planning for specific work areas

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**Key Principle/Success Factor:**
1. Community Participation
2. Accountability
What we have heard

LOCATION, LOCATION, LOCATION

- Community Feel
- Close (but not too close) to HSC
- Close to major traffic routes/airport/bus stops
- Not too many floors
- Close to amenities/food services access
- Hotel in area with inexpensive shuttle service
What we have heard

Reception, Intake and Waiting Areas

- Big generous spaces, Seats close to windows
- Conversation areas and quiet areas
- Accommodate multi ages and multi sensory needs
- Public phone, Drinking fountains
- Intercom at entry to identify a need for assistance
- Low desk at reception for wheelchairs
- Accessible washroom facilities
- Inclusive, Welcoming Environment
What we have heard

Family Resource Centre

• Play space (with low walls)

• Multi age & siblings

• Staffed/language access/support

• Seating areas/quiet Areas /place to unwind in between appointments

• Information/resources re: diagnosis and services – close to service areas

• Internet/Computer access
Parking/Entrance Way

- Lots of it, Accessible and Close to building, Bike Cages
- Accommodate Transient Staff/Drop off Areas
- Valet Parking/assistance with transporting equipment
- Covered, protected - parking/car seat assessments
- Lots of unloading space, Sheltered Doorways, no curbs
- Good Signage, Family Coat Space
- Security – to include after hours
Clinical/Work Spaces

- Good size clinic rooms/Observation capacity/Hydraulic tables
- Close to Waiting areas
- Sensory needs considered (light dimmers, reduce ambient noise)
- Ergonomic work stations/ Perching spaces/Up to date Shops
- Offices /client interview spaces
- Team Conference Areas/keep teams together
- Good Telehealth access
- Student Areas
- Gym, Computer Lab
What we have heard

Other Dreams – Building

• Meeting rooms/Kitchen areas for groups
• Daycare
• Staff Lounges/Showers/Fitness/Coat Areas
• Adequate Storage /Adequate space for loan programs
• Shared Information/Privacy Considerations
• Volunteer Space
• Secure Outdoor Play space with garden and play equipment
• Lots of Natural Light
Front End/Direct Services Teams:

- Children’s Therapy Initiative
  PT, OT, SLP, Audiology

- Central Intake

- Integrated Children’s Services
  Service Coordination
Direct Services Team

Children’s Therapy Initiative (CTI)

- 11 CTI regions through the province
- Goal: to provide coordinated, regionally based audiology, OT, PT and SLP services that allow children to reach their full potential

Key Principle/Success Factor: Empowering Others to Act on the Vision
Key Principle/Success Factor: Empowering Others to Act on the Vision

- Getting rid of obstacles to change
- Changing systems or structures that seriously undermine the vision
- Encouraging risk taking and nontraditional ideas, activities, and actions
Our Challenges (2004)

- Complex array of systems providing therapy services (i.e. hospital, school divisions, rehab centre, community based agencies.) with variable funders
- Variable standards for eligibility, access and service delivery
- Children waiting on multiple wait lists with long and variable wait times depending on the provider
- Difficult transitions with a loss of service continuity when moving from preschool to school settings
Children’s Therapy Initiative Planning Guideline

Plan Components

- Evaluation
- Partnerships
- Coordination
- Needs
- Priorities

Key Principle/Success Factor: Empowering Others to Act on the Vision
&A Little Incentive Helps!
The Partnership

- CNIB
- Central Speech and Hearing
- Health Sciences Center
- Rehabilitation Centre for Children
- Society for Manitobans with Disabilities
- St. Amant
- St. Boniface Hospital
- Winnipeg Regional Health Authority
- Division Scolaire Franco-Manitobaine
- Louis Riel School Division
- Pembina Trails School Division
- Seven Oaks School Division
- St. James Assiniboia School Division
- River East/Transcona School Division
Centralized Intake

Outcomes

1. Central Intake Established
2. Elimination of children waiting on multiple wait lists and service duplication. True waiting time picture.
3. Brief intervention model
4. Triage to first available provider at most appropriate location
5. Ability produce aggregate data
6. Satisfaction Survey: 94% were satisfied or very satisfied with the Centralized Intake Service
7. Nucleus of SSCY Central Intake
System Reconfiguration

- Visioning with frontline clinicians
- Established discipline specific work groups

Key Principle/Success Factor: Staff that are Valued / Decentralized Decision Making

- An integrated system requires staff and a culture that focuses on performance improvement, employee empowerment, responsibility and well-being.
- Decisions should be made as close to service recipients as possible.
## System Reconfiguration

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<th>PT</th>
<th>OT</th>
<th>SLP</th>
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| **Service Delivery Model**  
• Episodes of care  
• Needs-based approach to frequency  
• Managing expectations at the outset by setting discharge targets.  
• Removing barriers to reentry  
Ethical and Clinical Guidelines for Determining the Frequency & Duration of Therapy – Dr. Rebecca Reder | **Service Delivery Model**  
• Fine Motor Training  
Handwriting Without Tears  
Nancy Stillinger - MSOT | **Service Delivery Model**  
• Parent Training  
Hanen Certified Training Programs |

### Outcomes:
- **PT:** Wait Times reduced from 18 months – 2 weeks
- **OT:** Measurable change in children /teachers with 1 workshop and 1 to 5 visits
- **SLP:** Wait times from 12 to 15 months to 2 to 3 months

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**Key Principle/Success Factor:** Outcome-Based Service System
Key Principle/Success Factor: Outcome-Based Service System

- To be appropriate, services must be planned and delivered based on evidence
Direct Services Team:  
Integrated Children’s Services Project  
(Service Coordination)

Objective: All families with children with complex medical needs that require both the services from Family Services and Health (Homecare) will have a single service coordinator.

Key Principle/Success Factor: Consolidating Improvements and Providing Still More Change
Key Principle/Success Factor: Consolidating Improvements and Providing Still More Change

- Using increased credibility to change systems, structures and policies that don’t fit the vision
- Developing employees who can implement the vision
- Reinvigorating the process with new projects, themes and change agents

Outcome: families have one case coordinator to access multiple systems
Intersectoral Working Group

- SSCY Mission Statement
- SSCY Operating Guidelines Manual
- SSCY Accountability Framework
- Communication Plan
- Association Agreement
- Terms of Reference completed for task teams
- Pushing the Capital Project

Key Principle/Success Factor: Change Champion
SSCY Groundbreaking – May 15, 2012

Key Principle/Success Factor: Patience!
Launched February 2012
Key Principle/Success Factor: Institutionalizing New Approaches

- Articulating the connections between the new behaviors and system success
- Developing the means to ensure leadership development and succession
Capital Committee

- 97,000 square feet of space
- 5,000 square feet of outdoor play/therapy space
- 205 surface parking stalls
- WRHA is primary lease holder with others sub-leasing
Project Process

• **Design Development** – October, 2012
  - Finalize plan and concept, start Construction Documents
  - Select materials and finishes
  - Class B Construction Cost Estimate

• **Construction Documents** – October 2012 to January 2013

• **Class A Construction Cost Estimate** – January-February, 2013

• **Next Staff and Family Presentation** – TBA

• **Tender and Award** – February – March, 2013

• **Construction** – April 2013 – February 2014

• **Construction Deficiencies & Commissioning** – March 2014

• **Furniture & Install** – April 2014

• **eHealth install /set up …EMR** – begin May 2014

• **Phased in Move – +/- 3 months** June – Aug 2014 (based on approx. 30 persons per move)

• **New Facility Open** – Fall 2014
West Interior (former train bay)
Key Design Concept

Encourages human contact and social activities
Promotes community involvement and a secure environment
Promotes sustainability
Has a memorable character

- American Planning Association
Capital Campaign Naming Opportunities

Main Floor

- DISCOVERY PARK
- KID'S CORNER
- ABILITY ACRES
- CENTRAL PARK
- THE SQUARE
- SPEECH & HEARING
- JUNCTION
- THE PICTURE STUDIO
- CLINIC CROSSING
Capital Campaign Naming Opportunities

Second Floor

INNOVATION PLACE

CENTRAL PARK

SUCCESS HEIGHTS

OPEN TO BELOW
The Square & Central Park community centre

social
togetherness
knowledge
relaxation
The Square & Central Park

community centre
Rehab Therapies
Ability Acres
Clinic Crossing, Picture Studio, Speech & Hearing Central

new understanding
supportive
therapeutic
childcare

Kid’s Care Corner
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<th>innovate</th>
<th>create</th>
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‘innovation place’ rehabilitation engineering

neighbourhood
Innovation Place

Rehab Engineering
Sustainability and Energy Conservation

1. LEED® (Leadership in Energy and Environmental design) – targeting LEED® Core & Shell silver for Base Building and LEED® Commercial Interiors silver for the Tenant Improvements.

2. Currently Have 29 points with 8 more possible points. Requite 27 – 31

3. Some of our initiatives include:
   • **Construction Waste Management**, Divert 75% from Landfill
   • **Regional Materials**, 20% Manufactured Regionally
   • **Low-Emitting Materials**, Paints and Coating & Carpet Systems
   • **Construction IAQ Management Plan**, During Construction
   • **Controllability of Systems**, Lighting
   • **Innovation in Design-Water Use Reduction**, 40%
Questions?

Thank you!