



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health *À l'écoute de notre santé*

“Public Expectations of the Health Care System”

Community Health Advisory Councils May 2010

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Preface

This report contains the issues and ideas generated by the Community Health Advisory Councils over the course of 2 meetings held from January to April 2010.

The Councils were asked by the Winnipeg Regional Health Authority's Board to consider and share what expectations they felt that the public has of the health care system. They were also asked to determine whether or not they felt that the expectations were reasonable one and to explain why. They were then asked to provide their ideas for how the WRHA could deal with the range of expectations that the public of the health care system and how the region could communicate realistic expectations of the system with the public. This report will be shared with the Program and Community Teams and the agencies that receive funding from the WRHA and will be posted on the WRHA website.

The Report includes:

- An overview of the methodology, reasonable and unreasonable expectations of the health care system, suggestions for how the WRHA could deal with a range of expectations, and ideas for how the region can communicate realistic expectations with the public.
- Please refer to the full report for discussion notes from the Councils.

Appendix A provides a map of the Winnipeg health region's community areas. *Appendix B* provides lists of Council members, Board liaisons, and staff that support the work of the Councils.

It is hoped that report will be useful to the WRHA Board, the Program and Community Teams, and funded agencies by providing community perspectives regarding what the public expects of the health care system and how these expectations can be managed and communicated with the public.

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Executive Summary

The Community Health Advisory Councils (CHAC's) were asked to consider and share what expectations they felt that the public has of health care system. They were to determine whether or not they felt that the expectations were reasonable and to explain why. They were also asked to provide their ideas for how the WRHA could deal with the range of expectations that the public has of the health care system and how the region could communicate realistic expectations of the system with the public.

As Council members provided their feedback to this question, it became apparent that this question of expectations could be considered at a couple of different levels - overall societal expectations of what the health care system should provide, and, personal expectations about each interaction with the system - either at an emergency department, as a client of home care, or at an appointment with their family doctor

Reasonable Expectations of the Health Care System

All of the Councils identified some key expectations of the health care system that they felt were reasonable. These included:

- The right to primary care
- Fair and equitable access to health care for all
- Timely access to primary care, specialists, diagnostics, and treatment
- Respectful and compassionate care
- Electronic medical records
- More resources provided for disease prevention and health promotion
- The use of most current technology and,
- That health care is provided in the community, as much as possible

"Access to health care is a basic human right. As much as it is reasonable and feasible, that all people should have access to the same level of care. This is an equity issue." Member of Downtown/Point Douglas CHAC

Unreasonable Expectations of the Health Care System

Although asked to provide examples of both reasonable and unreasonable expectations of the health care system, Councils focused most of their time on reasonable expectations. They did, however, agree on some key expectations that they felt that were unreasonable, but held by a majority of the public as reasonable. These unreasonable expectations included:

- That the health care system can fix everyone and that people do not have any responsibility for their own well-being
- That funding for health care is infinite
- That people should be able to access health care for any issue at any time and,
- That people with non-urgent medical issues receive immediate care at emergency departments.

"People have a personal responsibility to look after themselves and maintain their health." Member of St James/Assiniboine South CHAC

"Some people take advantage of emergency departments for issues that are not appropriate. The system currently allows this to continue. The result is that people who should be going to emergency departments with valid medical issues are not going because of long waits." Member of St Boniface/St Vital CHAC

Addressing the Range of Expectations that the Public has of the Health Care System

Council members were asked for their suggestions about how the Winnipeg Regional Health Authority could address the range of expectations that the public has about the health care system. Some of the Councils stated that our Canadian social values drive our expectations of the health care system in terms of social equity and the right to care when we need it. Councils also stated that there is a limit to what the system can provide. It will be increasingly important to manage these expectations because of our aging population of baby boomers who will need to access the system more, generally come with high expectations, and are comfortable to advocate for themselves.

Why does a range of expectations exist and what are the consequences?

People come into contact with the system with varied experiences and knowledge of how the system or parts of the health care system work. Those with more experience and knowledge will likely have more reasonable or realistic expectations of what is about to happen - how long they will wait, how the interaction with the health care provider will go, what questions they have a right to and should ask, etc.

Others with less first hand experience with a particular program or health service will come with less clear expectations that may be based on one or more of the following: hearing the experience of others (positive or negative) directly or through the media; the person's belief of what they feel they have a right to; what they hope will happen or feel is a reasonable expectation; and, some come with no expectations at all.

"What to expect? That it will be lengthy and difficult." Member of Downtown/Point Douglas CHAC

For those whose expectations are surpassed, there is no problem, only a good experience with the system. But the conflict or crisis occurs when a patient's expectations are not met which could be the result of having unreasonable expectations before interacting with the system or it could be that the system didn't provide what one should reasonably expect. The difficulty in this situation is not knowing whether it was the patient's unreasonable expectation or a problem with the care that was provided that is the issue that needs to be addressed.

"If you have a set of reasonable expectations, then you can measure against them and identify when expectations were not met." Member of the River Heights/Fort Garry CHAC

Many of the Councils shared the belief that if health care providers treat people with compassion, their experience with the system will not be negative even if their expectations were not met. They also felt that it was important that health care providers remember that people are often stressed, emotional, and may not know what is about to happen when they interact with the system. Providers and other health care staff need to

remember that and treat with patients with compassion and address their emotions first.

People with no expectations and prior negative experiences

Some of the Councils identified the issue of people interacting with the system with no expectations or very low expectations of the care that they will receive.

"Some people have very low expectations of the health care system - they experience cycles of health crises, not on-going maintenance of good health. We need to create safe environments in health care so that these folks will go and seek care when they need it, not wait for it to become acute or critical. They need to be told that they are worth it, that the system is there to help them. We need to address trust issues and the experiences that people have had with discrimination/racism in the system." Member of Downtown/Point Douglas CHAC

Addressing the range of expectations

The Councils were unanimous in their recommendation that each program, service, and site of the WRHA develop a list of what patients or clients can expect from them - in terms of wait, steps in the process, interaction with health care provider, etc. This needs to be shared with the health care providers and staff of that particular program or service and then communicated with patients, clients, and families.

"We need to tell people what they can expect and have clarity around capacity of the health care system and the expectation of the public." Member of Downtown/Point Douglas CHAC

Councils also identified the challenge of educating the public about what to expect from the system and its programs and services.

"People don't think about "what to expect" until they need it, until they become a patient." Member of River Heights/Fort Garry CHAC

Issues within the system need to be addressed

Managing the expectations of the public and educating them about what to expect from the health care system can not be done without addressing some of the major issues within the system.

- **Emergency Departments and Primary Care**

Council members felt that until access to primary care is greatly improved, problems with people using the system inappropriately will continue. The Councils were in agreement that the emergency departments continue to be one of the focal points of unmet expectations of the public. Many felt that it was because people were using the ER for primary care because they do not have a primary care provider or if they do, they cannot get timely access when they are ill.

"When we talk about the health care system, we always end up talking about our last visit to the ER - shouldn't we ask why we do this? We couldn't get into see our doctor, so we had to go to ER. This is not primary care." Member of Downtown/Point Douglas CHAC

- **Personal responsibility**

Councils felt that there was a role for individuals in addressing the issue of lack of awareness of what to expect from the system and in ensuring that their care experience is positive.

"The health system should have expectations of us as well - that we have some knowledge, that we don't waste resources, etc." Member of Seven Oaks/Inkster CHAC

- **How the use of the health care system has changed over time**

Many of the Councils shared their thoughts about how our use of the health care system has changed over time and has created for many, unreasonable expectations of what we feel the system should provide for us.

"We live in an over-medicalized society with unrealistic expectations about what the health care system should and can provide. There needs to be a balance between the care you are entitled to and expecting too much from the system." Member of St James/Assiniboine South CHAC

- **Need for more self-knowledge, awareness of our own health issues and ability to self-care**

Some of the Councils touched on this issue which is very much connected to how the health care system has changed over time and our own knowledge of basic health issues and our capacity to care for ourselves. Council members felt that we need to build our own ability to take care of ourselves and to not completely rely on the system for everything. The system can support us to do this by sharing information with us and providing support.

How to Communicate Reasonable Expectations with the Public

Council members felt that it was important to consider that most people will not seek out information about the health care system or a specific service or program until they need it, which is usually at a critical and stressful time. Therefore, the WRHA needs to ensure that information about what people can expect, how long the wait will be, etc. needs to be available at all sites. Council members also recommended that staff who are at the front-lines of health care - clerks, for example - take time to explain what the process will be. Members also encouraged the WRHA to be proactive about sharing information with the public about what to expect before they interact with the system and to educate about how the system works, health issues for particular ages, and to provide more information about self-care.

"The WRHA can be proactive and tell the public what they can expect when they interact with the system." Member of Seven Oaks/Inkster CHAC

Before developing a strategy to communicate expectations with the public, Council members felt that it was important that the WRHA consider the following:

- **Target population groups - younger people, seniors, Newcomers, young parents, etc**
- **Address language and cultural**
- **Communicate simply without jargon**
- **Keep communication open when things change, like wait times in ER's**

Strategies to communicate expectations – at the beginning of an interaction with the health care system

- **First contact at site, health care staff shares information with patient**
 - Council members suggested that the “first contact” at a health care site spend a few minutes with the patient or client outlining what they could expect during their appointment, diagnostic test, etc. including the time that they could expect to be waiting.
- **Signage at sites and kiosks**
 - Having signs or posters explaining what to expect, how triage works, etc. at health care sites is an important communication strategy. Many Council members pointed to the “Safe to Ask” poster campaign as a good example of sharing information and encouraging patients to be active and engaged in their interactions with health care providers.
- **TV’s and screens at ER’s and other waiting rooms – to keep people informed about how long they will be waiting**
 - All of the Councils strongly encourage the use of screens and/or TV’s at ER’s and other health care sites to communicate information with the public, patients, and families. Many pointed to the Seven Oaks General Hospital’s ER as a good example of how well this works as a communication strategy and tool. Wait times could be posted and updated as necessary.
- **Information on programs and services when a client or patient starts to receive an on-going service, like home care**
 - Council members suggested that information be provided to patients or clients when they first begin to receive services from a particular program that outlines what they should expect to receive and what is expected from them.

Strategies to communicate expectations – proactive education and engagement with the public

- **Media campaigns – TV, etc.**
 - Council members felt that a campaign to get information out to the public about what to expect when using health services and educating them about using them appropriately was an essential part of an overall strategy.

- **Website and other WRHA communications materials**
 - Information on when you should go to emergency and how to deal with various health issues should be posted on the website. One of the Councils suggested listing the top questions and answers covered by Health Links/ Info Santé could also be posted on the WRHA website.
- **Social networking sites -- Facebook, Twitter, etc.**
 - All of the Councils discussed the importance of using social networking as a tool to target different age groups.
- **Take the information into the community**
 - All of the Councils recommended that taking information directly to community groups was an important component of a public information and education campaign.
- **Health promotion information, programs, activities, fairs**
 - Many of the Councils suggested sharing information about what to expect from the health care system with on-going health promotion programs and initiatives like Healthy Baby.
- **Schools**
 - Councils were unanimous in their belief of the importance of sharing information with younger people before they begin to use health services independently.

Fee for service doctors - special considerations for communicating expectations

Councils identified the importance of including fee-for-service physicians in the overall strategy to share expectations with the public and that challenges exist because they fall outside of the WRHA.

"Health care providers can let patients know what are reasonable expectations of what they can provide to them and what aren't reasonable and that it is not appropriate for people to use the system any time for any thing." Member of the Seven Oaks/Inkster CHAC

Opportunities to provide feedback on whether or not expectations were met

Once the WRHA has been proactive in sharing what the public should expect from the health system and also ensured that at the point of contact with the system, staff share information with patients and clients about the

process and what to expect, it is necessary to provide opportunities and encourage patients and clients to let the WRHA know when their expectations were not met. We should be asking them if we met their expectations and if not, what we should do differently next time.

Section I

Report Summary

Introduction and Methodology

Priority Issues and the Community Health Advisory Councils

In September 2009, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Community Health Advisory Councils (CHAC's) to consider and share what expectations they felt that the public has of the health care system. They were asked to determine whether or not they felt that the expectations were reasonable and to explain why. They were also asked to provide their ideas for how the WRHA could deal with the range of expectations that the public has of the health care system and how the region could communicate realistic expectations of the system with the public

This report will advise the Board and will be utilized by the Program and Community Teams, and funded agencies of the WRHA. The role of the health advisory councils is to provide community perspectives and suggestions to issues that are a priority to the Winnipeg Regional Health Authority.

Population Health Framework and Perspectives from their community

The Community Health Advisory Councils use a population health framework when exploring health issues - taking into consideration the social, environmental, economic, and other factors that impact the health of a population. A population health approach helps identify factors that influence health, to analyze them, and to weigh their overall impact on our health.

The Meetings

At the first meetings of the Councils, they began their exploration of public expectations of the health care system by considering that every time a person interacts with the health care system, they may come with an expectation of how that interaction will go - which might include how long they will wait, how they will be treated by the health care provider, and what information they will be given about their condition, treatment, follow-up, etc. Some of these expectations might be considered reasonable and some, unreasonable. Council members were asked to provide examples of

reasonable and unreasonable expectations of the health care system and to explain why they felt that the expectation was reasonable or unreasonable.

At the second set of meetings, Council members were asked to provide suggestions for how the WRHA could address the range of expectations that the public has about the health care system. They were also asked to provide ideas for how the WRHA could communicate realistic expectations with the public.

Presentation to the Board of the Winnipeg Regional Health Authority

Discussions from the meetings of all six Community Health Advisory Councils were then compiled into this report. Chairs and Vice Chairs of the Councils presented this report to the Board of the Winnipeg Regional Health Authority in May 2010.

Reasonable and Unreasonable Expectations of the Health Care System

Council members began the exploration of this topic by providing examples of what they felt were reasonable and unreasonable expectations of the health care system, and why. As Council members provided their feedback to this question, it became apparent that this question of expectations could be considered at a couple of different levels - overall societal expectations of what the health care system should provide, and, personal expectations about each interaction with the system - either at an emergency department, as a client of home care, or at an appointment with their family doctor. In response to the question, Council members also shared their thoughts about innovative ideas; a veritable "wish list" of what they felt should be implemented in the Winnipeg health region.

Reasonable Expectations of the Health Care System

All of the Councils identified some key expectations of the health care system that they felt were reasonable. These included: the right to primary care; timely access to primary care, fair and equitable access to health care for all; timely access to specialists, diagnostics, and treatment; respectful and compassionate care; electronic medical records; more resources provided for disease prevention and health promotion; use of most current technology; and, that health care is provided in the community, as much as possible. For each expectation, Council members provided a rationale.

1. That everyone has a right to a primary care doctor or other provider, like a nurse practitioner

Rationale:

- ***"A family doctor is required for diagnosis, referral, treatment, and is the gate keeper for the rest of the system, like access to specialists. They can address health phases of one's life - infancy, pregnancy, and into senior years."*** Members of St Boniface/St Vital CHAC
- Health care should be easy to access - this needs to be protected.
- Primary care is necessary for maintaining one's health

- Nurses could do a lot of the same work that doctors perform; they should be included in primary care practices.
- ***"Other clinicians can meet primary care needs of patients, not just doctors - this also addresses the doctor shortage. They can take more time to deliver care therefore the use of alternative providers is more resource effective."*** Members of River East/Transcona CHAC

2. That people have timely access to primary care.

Rationale:

- ***"You can probably get the best care from primary care provider - the first line of care, if you don't get care when you need it, medical condition can deteriorate and patient could end up in emergency department, hospital, etc."*** Member of River Heights/Fort Garry CHAC
- ***"There is no continuity of care (by needing to go to emergency department, hospital, etc.) and the care is more expensive."*** Member of Seven Oaks/Inkster CHAC

3. That people have fair and equitable access to care

Rationale:

- ***"Access to health care is a basic human right. As much as it is reasonable and feasible, that all people should have access to the same level of care. This is an equity issue."*** Member of Downtown/Point Douglas CHAC
- ***"People have a right to fair and equitable access to treatment and be treated respectfully regardless of their' income, culture, position of power, gender, education, etc. We are all people and health care is a human right and there is legislation is in place to protect us from discrimination."*** Member of Seven Oaks/Inkster CHAC

4. That the care provided is respectful and compassionate

Rationale:

- ***"People should be treated with compassion (personably, privately, respectfully, and honestly) by their health care provider. This includes all interactions within the health care system. Staff should be recognized for their compassionate treatment and those***

who are not treating patients with compassion need to be addressed as well." Member of Seven Oaks/Inkster CHAC

5. That access to specialists, diagnostics, and treatment and be improved and the waiting period be appropriate based on the need and condition of each patient.

Rationale:

- *"People should not have to wait for six months to a year for access to diagnostic tests or for an appointment with a specialist. Timely access to diagnostics and specialists prevents the further deterioration of a patient's medical condition and mental well-being."* Member of St James/Assiniboine South CHAC
- *"We need to take into account the psychological well-being of patients when they are made to wait for two weeks or even one month before obtaining results from a lab test only to be prescribed medications."* Member of Downtown/Point Douglas CHAC

6. That electronic medical records be developed and utilized

Rationale:

- *"Electronic medical records make it easier for sharing between healthcare providers. It provides a centralized data base of each person's medical record, prescriptions, treatments, etc."* Member of St Boniface/St Vital CHAC
- *"The health care system has all of our information already. Should create system that saves time, reduces potential conflict, misinformation, errors, etc. This is crucial for the effective coordination of health care for an individual."* Member of the Downtown/Point Douglas CHAC

7. That more resources be directed towards disease prevention and health promotion and that they become integrated in health care delivery.

Rationale:

- *"Prevention should be part of the normal delivery of healthcare services. There is a difference between "health care" and "medical intervention". Prevention is about providing health care to individuals and communities. This is challenging because we have to*

spend more on prevention while continuing to fund acute care/hospitals. Eventually, acute costs should start to decrease because overall health has improved." Members of Downtown/Point Douglas CHAC

- *"More prevention will keep people well and out of acute care side of system. Need to shift to prevention-centred approach and address significant issues like childhood obesity."* Member of River East/ Transcona CHAC

8. That medical technology be current and up to date.

Rationale:

- *"Current technology saves money and saves lives. We should be utilizing the least invasive procedures. This means shorter hospital stays, maintaining quality of life and less risk to life."* Members of Seven Oaks/Inkster CHAC

9. That health care is provided in the community as much as possible.

Rationale:

- *"It moves care out of the hospitals and into communities and improves performance and effectiveness of patient treatment."* Member of River East/Transcona CHAC
- *"More people will be able to access care and get information that they might not get otherwise. Will improve quality of life and reduce costs to the health care system."* Member of Downtown/Point Douglas CHAC

Other reasonable expectations that a number of Councils identified:

- That the health care system should do no harm
"The public needs to have trust in system. You put yourself, family members in their care and trust that they will care for you in competent and safe manner." Member of the St James/Assiniboine South CHAC
- That health care providers communicate clearly and transparently with patients
"Physicians need to clearly communicate with the patient about what they should expect during the appointment, treatment, procedure, etc. It avoids unnecessary anxiety and lets the patient know concretely what to expect." Member of the St Boniface/St Vital CHAC
- That people receive the results of diagnostic tests no matter what the results are
"To decrease stress and to ensure that test results were not lost." Member of the St Boniface/St Vital CHAC

Unreasonable Expectations of the Health Care System

Although asked to provide examples of both reasonable and unreasonable expectations of the health care system, Councils focused most of their time on reasonable expectations. They did, however, agree on some key expectations that they felt that were unreasonable, but held by a majority of the public as reasonable. These unreasonable expectations included: that the health care system can fix everyone and that people do not have any responsibility for their own well-being; that funding for health care is infinite; that people should be able to access health care for any issue at any time; and, that people with non-urgent medical issues receive immediate care at emergency departments.

1. That the health care system can fix everyone and that people do not have any responsibility for their own well-being

Rationale:

- *"People have a personal responsibility to look after themselves and maintain their health."* Member of St James/Assiniboine South CHAC
- *"People need to claim responsibility for their own health and overcome learned helplessness. Good health is not possible without people playing a role in being as healthy as they can be. This involves a huge educational process for both the users of the health care system and the people working in the system."* Member of the Downtown/Point Douglas
- *"People need to acknowledge that their lifestyle choices impact on their own health and on the overall health system."* Member of the St Boniface/ St Vital CHAC

2. That funding for health care is infinite

Rationale:

- *"There are other things that the government is responsible for - schools, infrastructure, etc."* Member of Seven Oaks/Inkster CHAC

3. That people with non-urgent medical issues receive Immediate access to care at emergency departments

Rationale:

- *"Some people take advantage of emergency departments for issues that are not appropriate. The system currently allows this to continue. The result is that people who should be going to emergency departments with valid medical issues are not going because of long waits."* Member of St Boniface/St Vital CHAC
- *"Accessing care should depend on what medical issue you have. The triage system needs to be used effectively."* Member of River Heights/Fort Garry CHAC

Unique Expectations for each of the Councils:

Each of the Councils identified expectations that were unique to their discussions.

Downtown/Point Douglas

- That the health care system be open to, responsive, and responsible for a wide array of approaches - traditional, holistic, naturopath, acupuncture, etc. and cover the costs for safe, reputable, recognized health care providers.

Rationale:

- Faith and belief in healing approach plays a huge role in people healing and overcoming issues and there is merit/value in other approaches. Alternative approaches are often preventative in nature versus treating something that already exists. There is a range of effectiveness for individuals.

River East/Transcona

- That the WRHA utilize health practitioners from outside of Canada and provide upgrading.

Rationale:

- Need to address barriers experienced by newcomers with medical degrees, nursing, etc. and utilize their skills and expertise. This would address the doctor shortage. They are an untapped resource and it would increase the diversity of health care providers.

River Heights/Fort Garry

- When a patient is discharged from hospital and needs to get readmitted due to a medical situation, the individual should not have to go to an emergency department but instead be triaged as an outpatient with a link to the past admission.

Rationale:

- Would help with continuity of care for patient and collaboration with patient's care providers would be beneficial to address their medical situation.

Seven Oaks/Inkster

- That people will have repeated access to healthcare procedures (as a result of their own behaviour - smoking, excessive drinking, poor nutrition, etc.) - no matter how poorly they treat themselves.

Rationale:

- This is unreasonable because people need to take responsibility for their well-being and be part of the treatment plan.

St Boniface/St Vital

- That resources be reorganized at emergency departments so that wait times are reduced so patients do not need to wait for extremely long periods of time. For example, using more nurse practitioners. Also communicating length of wait to people when they arrive. This includes both adult and children's emergency departments in the region.

Rationale:

- People in crisis who are in need of care, need to be tended to and bottlenecks in ER need to be addressed to separate emergencies from urgent care - like developing a fast track system.

St James/Assiniboine South

- That patients should be able to access medications that are prescribed to them by a physician

Rationale:

- Patients should not be denied a prescription drug that is most effective for them because of Pharmacare regulations (in the case that an alternative and cheaper drug is not as effective). Patients should have a right to receive the prescription that is most effective in addressing a medical condition.

Addressing the Range of Expectations that the Public has of the Health Care System

At the second set of Council meetings, members were asked for their suggestions about how the Winnipeg Regional Health Authority could address the range of expectations that the public has about the health care system. Some of the Councils stated that our Canadian social values drive our expectations of the health care system in terms of social equity and the right to care when we need it. Councils also stated that there is a limit to what the system can provide. It will be increasingly important to manage these expectations because of our aging population of baby boomers who will need to access the system more, generally come with high expectations, and are comfortable to advocate for themselves.

Why does a range of expectations exist and what are the consequences?

Most of the Councils began their discussion by asking why this huge range of expectations exists. People come into contact with the system with varied experiences and knowledge of how the system or parts of the health care system work. Those with more experience and knowledge will likely have more reasonable or realistic expectations of what is about to happen - how long they will wait, how the interaction with the health care provider will go, what questions they have a right to and should ask, etc.

Others with less first hand experience with a particular program or health service will come with less clear expectations that may be based on one or more of the following: hearing the experience of others (positive or negative) directly or through the media; the person's belief of what they feel they have a right to; what they hope will happen or feel is a reasonable expectation; and, some come with no expectations at all.

"What to expect? That it will be lengthy and difficult." Member of Downtown/Point Douglas CHAC

For those whose expectations are surpassed, there is no problem, only a good experience with the system. But the conflict or crisis occurs when a patient's expectations are not met which could be the result of having

unreasonable expectations before interacting with the system or it could be that the system didn't provide what one should reasonably expect. The difficulty in this situation is not knowing whether it was the patient's unreasonable expectation or a problem with the care that was provided that is the issue that needs to be addressed.

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People with no expectations and prior negative experiences

Some of the Councils identified the issue of people interacting with the system with no expectations or very low expectations of the care that they will receive.

"Some people have very low expectations of the health care system - they experience cycles of health crises, not on-going maintenance of good health. We need to create safe environments in health care so that these folks will go and seek care when they need it, not wait for it to become acute or critical. They need to be told that they are worth it, that the system is there to help them. We need to address trust issues, the experiences that people have had with discrimination/racism in the system." Member of Downtown/Point Douglas CHAC

Addressing the range of expectations

The Councils were unanimous in their recommendation that each program, service, and site of the WRHA develop a list of what patients or clients can expect from them - in terms of wait, steps in the process, interaction with

health care provider, etc. This needs to be shared with the health care providers and staff of that particular program or service and then communicated with patients, clients, and families.

"We need to tell people what they can expect and have clarity around capacity of the health care system and the expectation of the public." Member of Downtown/Point Douglas CHAC

Councils also identified the challenge in educating the public about what to expect from the system and its programs and services.

"People don't think about "what to expect" until they need it, until they become a patient." Member of River Heights/Fort Garry CHAC

The ideas for how to educate the public about what to expect range from having the first contact point of that program spend a few minutes outlining what the patient can expect to digital sign in ER's that provides wait times information to short snappy commercials for TV like the 60 second driver advertisements produced by Manitoba Public Insurance. Multiple communication strategies that target different parts of the population will need to be developed.

Council members also felt that it was important that the mission, vision, values of the program, site, or agency be posted in a public area where people can see them. Learning about the goals and values sets the tone for what one can expect in their overall experience with a particular program, etc.

Issues within the system need to be addressed

Managing the expectations of the public and educating them about what to expect from the health care system can not be done without addressing some of the major issues within the system.

Emergency Departments and Primary Care

Council members felt that until access to primary care is greatly improved, problems with people using the system inappropriately will continue. The Councils were in agreement that the emergency departments continue to be one of the focal points of unmet expectations of the public. Many felt that

it was because people were using the ER for primary care because they do not have a primary care provider or if they do, they cannot get timely access when they are ill.

"When we talk about the health care system, we always end up talking about our last visit to the ER - shouldn't we ask why we do this? We couldn't get into see our doctor, so we had to go to ER. This is not primary care." Member of Downtown/Point Douglas CHAC

The Councils spent quite a lot of time talking about ER experiences as they are stressful, lots of waiting, often with some negative aspects. For many, the experience at ER stays with people and can impact their overall attitude about the system and whether or not it's working and meeting their expectations.

Personal responsibility

Councils felt that there is a role for individuals in addressing the issue of lack of awareness of what to expect from the system and in ensuring that their care experience is positive.

"The health system should have expectations of us as well - that we have some knowledge, that we don't waste resources, etc."
Member of Seven Oaks/Inkster CHAC

How the use of the health care system has changed over time

Many of the Councils shared their thoughts about how our use of the health care system has changed over time and has created for many, unreasonable expectations of what we feel the system should provide for us.

"We've moved from the family doctor model of care. Your doctor knew you for years, had history, a connection, and we trusted them. Now, we're using walk-in clinics and ER's where we have no history with the doctor, no continuity of care. Many have been forced to use ER for basic health care." Member of Downtown/Point Douglas CHAC

"We live in an over-"medicalized" society with unrealistic expectations about what the health care system should and can provide. There needs to be a balance between the care you are entitled to and

expecting too much from the system." Member of St James/Assiniboine South CHAC

Need for more self-knowledge, awareness of our own health issues and ability to self-care

Some of the Councils touched on this issue which is very much connected to how the health care system has changed over time and our own knowledge of basic health issues and our capacity to care for ourselves. Council members felt that we need to build our own ability to take care of ourselves and to not completely rely on the system for everything. The system can support us to do this by sharing information with us and providing support.

"(The health system) should help people learn how to triage themselves and share information so people are more aware of health issues and self-care." Member of Seven Oaks/Inkster CHAC

"There is a segment of the population that lacks basic information and awareness of their bodies and health. When they're sick, they end up in ER." Member of Downtown/Point Douglas CHAC

How to Communicate Reasonable Expectations with the Public

At the second set of meetings, Council members were also asked to provide suggestions for how the WRHA could communicate reasonable expectations of the health care system with the public. Members felt that it was important to consider that most people will not seek out information about the health care system or a specific service or program until they need it, which is usually at a critical and stressful time. Therefore, the WRHA needs to ensure that information about what people can expect, how long the wait will be, etc. needs to be available at all sites. Council members also recommend that staff who are at the front-lines of health care - clerks, for example - take time to explain what the process will be. Members also encourage the WRHA to be proactive about sharing information with the public about what to expect before they interact with the system and to educate about how the system works, health issues for particular ages, and to provide more information about self-care.

"The WRHA can be proactive and tell the public what they can expect when they interact with the system." Member of Seven Oaks/Inkster CHAC

Considerations for communicating expectations

Before developing a strategy to communicate expectations with the public, Council members felt that it was important that the WRHA consider the following:

- **Target population groups - younger people, seniors, Newcomers, young parents, etc.** - it is important to consider the best approach to communicating with different age and population groups. For example, using social networking to reach young people.
- **Address language and cultural barriers** - *"Develop culturally-sensitive communication in a variety of languages that is respectful and considerate of how disease, privacy, relationships with health care providers, etc. is expressed by different cultural groups."* Member of St Boniface/St Vital CHAC
- **Communicate simply** with patients and families, without using jargon
- **Keep communication open** when things change, like wait times in ER's

Strategies to communicate expectations - at the beginning of an interaction with the health care system

First contact at site, health care staff shares information with patient
Council members suggested that the "first contact" at a health care site spend a few minutes with the patient or client outlining what they could expect during their appointment, diagnostic test, etc. including the time that they could expect to be waiting. This could be done by a clerk, nurse, staff at a physician's office, intern or perhaps a volunteer, depending on the program or site. It may be important for the program and/or site to develop scripts for staff to use to ensure that information is communicated consistently with patients or clients.

"When people interact with the system, especially ER's, they are stressed, anxious. Staff need to take the time to acknowledge their stress and keep communicating with them." Member of River Heights/ Fort Garry CHAC

Signage at sites and kiosks

Having signs or posters explaining what to expect, how triage works, etc. at health care sites is an important communication strategy. Many Council members pointed to the "Safe to Ask" poster campaign as a good example of sharing information and encouraging patients to be active and engaged in their interactions with health care providers.

A couple of Councils suggested the use of computer kiosks and internet sites for patients and family members to use at health care sites. Most members of the public are comfortable using computers to access information.

"Patients could access information about their medical condition, explaining treatment, providing information on prescriptions. There could also be information about what to expect from the program, wait time, what is covered and what isn't. It is a confidential and private way to get information." Member of the River East/Transcona CHAC

TV's and screens at ER's and other waiting rooms - to keep people informed about how long they will be waiting

All of the Councils strongly encourage the use of screens and/or TV's at ER's and other health care sites to communicate information with the public, patients, and families. Many pointed to the Seven Oaks General Hospital's ER as a good example of how well this works as a communication strategy and tool. Wait times could be posted and updated as necessary.

"It is important to let people know how long the wait will be at ER. It is upsetting if you don't know what's going on and important to understand the triage process." Member of Downtown/Point Douglas CHAC

Screens or TV's could also be used to share information about how triage works or provide information about a particular health program or service. Many Council members felt that the existence of TV's in waiting rooms provided an excellent opportunity for public education about health issues, services, etc.

Information on programs and services when a client or patient starts to receive an on-going service, like home care

Council members suggested that information be provided to patients or clients when they first begin to receive services from a particular program that outlines what they should expect to receive and what is expected from them. For example, before a client begins to receive home care services, policies and information about what services will be provided, those that will not be provided, and a list of resources in the community should be shared. It is also important to have a process to address unique needs of clients and patients that may not be covered by the program or service for all.

Strategies to communicate expectations - proactive education and engagement with the public

While it is imperative to let patients know what to expect at the beginning of an interaction with a health care service or site, the WRHA should also be pro-active about sharing information about how the system works, when one should access various services, and information about health issues and self-care with the public. The Councils identified a number of strategies for undertaking this: media campaigns; the WRHA website and other communications material; social networking; taking information into the community; schools; and, health promotion initiatives. They also felt that it is important to consider fee-for-service physicians and how they share expectations with their patients. Council members suggested that mechanisms for public, patient, and client feedback be in place for those situations where expectations (that were clearly communicated) were not met.

Media campaigns - TV, etc.

Council members felt that a campaign to get information out to the public about what to expect when using health services and educating them about using them appropriately was an essential part of an overall strategy. It is important to educate the public about when it is appropriate to access various health services like the hospital, emergency departments, urgent care, primary care clinics, their family doctor, etc.

"The WRHA should get information out to the public on urgent and emergent care - how long you will wait, where to go for urgent care, etc. - much like the "60 Second Driver" approach to public education." Member of the St James/ Assiniboine South CHAC

The "SAFE WORK - Spot the Hazard" media campaign was also identified as an effective way of educating the public. Public information commercials that provide wellness and prevention information targeted for certain chronic disease and that prompt lifestyle changes, and possibly inform the public of the costs of using the system would also be beneficial.

Website and other WRHA communications materials

All of the Councils suggested that the WRHA could better utilize their website and other communications materials that they already produce to share reasonable expectations of the health care system with the public. Information on when you should go to emergency and how to deal with various health issues should be posted on the website. One of the Councils suggested compiling the top questions and answers covered by Health Links/Info Santé and posting them on the WRHA website. Information for new parents and what triage is were other suggestions.

The St Boniface/St Vital Council suggested having a live person, like a nurse answer emails as part of a chat room on the WRHA website. All of the Councils pointed to the H1N1 vaccination campaign as a good example of well thought out and executed public education about a health issue and how and when to access appropriate health services.

Councils also recommended the continued use of pamphlets for sharing information with the public at health care sites across the region and using publications like "The Wave" to share information about how and when to access different health services and covering different health conditions as well.

Social networking sites -- Facebook, Twitter, etc.

All of the Councils discussed the importance of using social networking as a tool to target different age groups.

"Information on wait times at ER's across the city and other campaigns, like the prevention of certain infectious diseases could be texted through social network sites like Facebook and Twitter. This could be helpful for targeting certain populations for things like a vaccine campaign." Member of St Boniface/St Vital CHAC

The idea of using Youtube to share vignettes of different situations in health care like getting birth control pills (which could be used to target young people) was suggested by a member of the River Heights/Fort Garry CHAC.

Take the information into the community

All of the Councils recommended that taking information directly to community groups was an important component of a public information and education campaign.

"The WRHA should link up with cultural groups to explain the health system and what people should expect when they use different health services." Member of the River Heights/Fort Garry CHAC

Information on when and how to access various health services appropriately could be shared by volunteers in communities who work in health promotion.

Health promotion information, programs, activities, fairs

Many of the Councils suggested sharing information about what to expect from the health care system with on-going health promotion programs and initiatives like Healthy Baby. The Downtown/Point Douglas Council felt that it was important to share health issue information that is relevant to different populations - like infant health for new mothers. Both the Seven Oaks/Inkster and St Boniface/St Vital Councils suggested that the WRHA hold health fairs at community centres as a tool for sharing health promotion information and information on what to expect from different health services. Other suggestions included health providers at the libraries for "Ask your Public Health Nurse" or "Ask your Pharmacist" series.

Schools

Councils were unanimous in their belief of the importance of sharing information with younger people before they begin to use health services independently.

"We need to teach children about what to expect when they become consumers of health care (like high school students) about how the system works, the range of services that exists, etc." Member of the River East/ Transcona

Members of the Seven Oaks/Inkster Council also suggested having health curriculum in schools about chronic disease and that could prevent many from getting a chronic disease along with information about allergies, nutritious snacks, etc. The St James/Assiniboine South Council suggested

that informing people about when it is appropriate to see a doctor could also be started when they are in school.

Fee for service doctors - special considerations for communicating expectations

Councils identified the importance of including fee-for-service physicians in the overall strategy to share expectations with the public and that challenges exist because they fall outside of the WRHA.

"Health care providers can let patients know what are reasonable expectations of what they can provide to them and what aren't reasonable and that it is not appropriate for people to use the system any time for any thing." Member of the Seven Oaks/Inkster CHAC

Councils also highlighted the importance of continuing to work with doctors that are external to the WRHA about on-going issues like one issue per visit, re-referrals to specialists, and encouraging them to set up a system that allows for patients to see them within 24 to 48 hours.

"And, we need to provide information to doctors on consequences of people not getting into see them in a timely way (analyzing the impact) and need to look at how it affects the whole system." Member of the River Heights/Fort Garry CHAC

Opportunities to provide feedback on whether or not expectations were met

"What about when you have clear expectations of a particular health service and the system does not deliver?" Member of the St James/ Assiniboine South CHAC

Once the WRHA has been proactive in sharing what the public should expect from the health system and also ensured that at the point of contact with the system, staff share information with patients and clients about the process and what to expect, it is necessary to provide opportunities and encourage patients and clients to let the WRHA know when their expectations were not met. We should be asking them if we met their expectations and if not, what should we do differently next time.

Section II

Reports by Council

Downtown and Point Douglas Community Health Advisory Council

Meeting One: Public Expectations of the Health Care System

Questions:

- "There are many expectations of the health system. Some of these are reasonable and some may not be."
- "What are examples of reasonable expectations (and why you think that they are reasonable) and what are examples of unreasonable expectations (and why you think that they are unreasonable)?"

Reasonable Expectations:

1. That the healthcare system use electronic medical records that can be accessed by patients and are integrated

- Information should include -- appointments with doctors, visits to emergency departments, diagnostic tests, prescriptions, etc. - should include all of this information, and record be accessible to all healthcare providers so that you do not have to repeat information, retell your story every time you interact with the system

Why is this reasonable?

- The health care system has all of our information already. Should create system that saves time, reduces potential conflict, misinformation, errors, etc.
- This is crucial for the effective coordination of health care for an individual

2. That you are able to get an appointment with your doctor within 3 days when you call for an appointment.

Why is this reasonable?

- If you have an illness or medical issue and you have to wait for 3 weeks, it will either be gone or have gotten much worse. If you cannot see your doctor within a reasonable amount of time, the care is not preventative; you might end up going to an emergency department. There is no continuity of care and the care is more expensive.

- Also, people may not remember their appointment if it is booked months or even a year later - doctors may have no-shows, which is a cost to the system and a lost opportunity for another patient who needs an appointment

3. *That prevention is part of the normal delivery of healthcare services. There is a difference between "health care" and "medical intervention" - and this is about providing health care to individuals and communities.*

- Prevention includes nutrition counselling, smoking cessation, promotion of exercise and addressing link between poverty and health outcomes
- This is challenging because we have to spend more on prevention while continuing to fund acute care/hospitals - eventually, acute costs should start to decrease because overall health has improved.
- We should initiate meetings or clubs for people suffering from the same kinds of health problems. For example people with chronic diseases like diabetes, hypertension, cancer, HIV and others. This would be a neutral ground of sharing and exchange where people with these diseases can share their experiences having to live with their illnesses which could be useful to the other group members. It is also a place of comfort, moral support and mutual encouragement.

Why is this reasonable?

- The health care system should be about improving overall well-being for the long term, not just providing immediate response to acute issues. The way to provide health care is to take health care into the communities.

4. *That diagnostic equipment be current, up to date technology. That diagnostic tests be accessible to you (regardless of your doctor) and that results be communicated to you in a timely way (one to two days).*
Would be helpful to know how long it takes to process a test in order to determine what is "timely".

Why is this reasonable?

- We have a right to the most up to date technology. We need results in a timely manner so that treatment can get started right away. No worry, no wait. So we can be ready for eventual emergencies.

- Need to take into account the psychological well-being of patients when they are made to wait for 2 weeks or even one month before obtaining results from a lab test only to be prescribed medications. There are some simple tests that can be done in a few minutes or a few hours, but the patient is made to wait for weeks.

5. *That all facilities have universal design features to accommodate all people*

Why is this reasonable?

- Demographics show an ever increasing elderly population therefore less mobility and possible disability. If you make it accessible for people with disabilities, you do not take away other peoples' access. Especially in new facilities - new design can be universal versus retrofitting existing buildings.

6. *That all people of Manitoba have access to the same health care system, regardless of where you live.* Governments need to work this out, work through jurisdictional issues. People should have access to the same benefits, like Pharmacare. Includes newcomers, Aboriginal, and people with low income.

Why is this reasonable?

- Access to health care is a basic human right. As much as it is reasonable and feasible, that all people have access to the same level of care. This is an equity issue.

7. *That dental care be part of health care and that it be universally accessible* and part of preventative health care approach/delivery.

Why is this reasonable?

- There is a strong link between your dental health and your overall health.
- Currently, there is not universal access to quality, preventative dental care.

8. That as much as possible, health care is provided in the community, close to where people live, and is preventative. (This includes in peoples' homes)

Why is this reasonable?

- More people will be able to access care, get information that they might not get otherwise. Will improve quality of life and reduce costs to the health care system

9. That the health care system be open to, responsive, and responsible for a wide array of approaches - traditional, holistic, naturopath, acupuncture, etc. and cover the costs for safe, reputable, recognized health care providers.

Why is this reasonable?

- Faith and belief in healing approach plays a huge role in people healing and overcoming issues and there is merit/value in other approaches.
- Alternative approaches are often preventative in nature versus treating something that already exists. There is a range of effectiveness for individuals.

10. That health care professionals be mindful of their behaviour in treating patients. For example, staff of respiratory hospital taking smoke breaks and coming back smelling of smoke. Should be careful about not preaching to patients, should speak to each other as human beings, all with our own weaknesses and challenges, etc.

Why is this reasonable?

- Will help increase the compliance of patients. Address some safety, health issues as well - like second hand smoke.

11. That health care continue to be financially accessible to everyone.

There are certainly aspects of the system to improve, but that the basics of our system continue.

Why is this reasonable?

- In the long term it is cheaper, increases quality of life, people are more productive when they are healthy, access to health care is a right.
- Recognition that the geography of Canada and Manitoba in particular makes it a challenge to provide equitable health care to everyone.
- Should try and make our system comparable to health care systems in France and England.

12. That the system incorporate a different attitude towards death and dying. That it be normalized and not over medicalized. "Bring death out of the closet and back into communities. 75% of health care costs are spent on the last six months of peoples' lives.

Why is this reasonable?

- We should be able to die in our own homes with sufficient access to palliative care, assistance with dealing with legal issues - like, do not resuscitate order, living wills, etc.
- The community needs to take part in grieving process again, we have become more isolated in our grieving.
- The family needs to be informed, part of process, and helped in preparing for the death of a loved one.

13. That a person's last days not be reduced to a budget line. We should be allowing for peoples' wishes - for example, to die at home.

Why is this reasonable?

- There needs to be a smoother integration of the system from hospital to community to home.
- A person's quality of life needs to be maximized in the context of that person's choices. This includes the full spectrum of care, including spiritual.

14. That the health care system provide information support, advocacy to successfully follow through on chosen treatment options. For example, to defer cancer treatments and die at home but with care in place.

15. That people have the right to support within their community and resources that ensure psychological well-being as well as physical well-being.

Unreasonable Expectations:

1. That the health care system can fix everyone. That people do not have any responsibility for their own well-being. People need to claim responsibility for their own health and overcome learned helplessness.

Why is this unreasonable?

- Good health is not possible without people playing a role in being as healthy as they can be. This involves a huge educational process for both the users of the health care system and the people working in the system.

2. That the health care system be able to provide all treatments, new drugs, etc.

Why is this unreasonable?

- Some new drugs are extremely expensive and not well tested. Should deal with this on a case by case basis.

Downtown and Point Douglas Community Health Advisory Council

Meeting Two: Public Expectations of the Health Care System

What are your ideas of how the WRHA can deal with a range of expectations that people have towards the health care system?

- At the heart of it, people must be treated with dignity and respect
- Providing care that is compassionate, will help if a patient's expectations of care are not met
- Let people know how long the wait will be at ER
 - It is upsetting if you don't know what's going on, important to understand the triage process
- Talk to people, give them information, provide support
- Some segment of the population - lack of information about their own bodies, when they're sick, they end up in ER
- Some people have very low expectations of the health care system - they experience cycles of health crises - not on-going mgmt/maintenance of good health
 - We need to create safe environments in health care so that these folks will go and seek care when they need it, not wait for it to become acute/ critical
 - They need to be told that they are worth it, that the system is there to help them
 - Need to address trust issues, experience that people have with discrimination/racism
- Need to develop multiple communication strategies that target different parts of the population
- Need to work with service providers providing care to diverse populations
- System needs to put people first, providers need to communicate more with patients
- Need to build our own ability to take care of ourselves - and to not completely rely on the system for everything
- What to expect? That it will be lengthy and difficult
- What capacity does the health system have to address expectations? Expectations will only continue to escalate
- Public's view - avoid death/pain at all costs

- Conflict occurs between expectation and level of service
- Need to tell people what they can expect - clarity around capacity and expectation
- Homecare - set up to support care by individuals and family - not to provide care - difference in expectation at that level
- Differences in expectations between cultural groups - for example, Filipino community - look after themselves, will not generally bring in home care
- What is fair and equitable for everyone?
- In flex between expectations and resources - adapt how services are delivered - for example, having day care available between midnight and 8:00am for parents who work nights

What is the best way to communicate realistic expectations to the public?

- Need to know more about different health issues that are relevant - like infant health issues for new mothers
- Need to ensure different levels of care are working - primary care, urgent care, ER
 - Need to educate the public about this, start earlier in life
- Use technology to target kids, youth - like Facebook, Twitter, etc.
- We forget that healthcare is a service to people
- Healthy baby, healthy child, healthy teen, etc. - educate families
- Provide more information on different aspects of the system - like info on assisted living - process for applying, how long it will take, etc.
 - Bottleneck of people waiting in hospital for assisted living spots
- Have information - public education commercials

Other comments:

- When we talk about the health care system, we always end up talking about our last visit to the ER - shouldn't we ask why we do this? We couldn't get into see our doctor, so we had to go to ER, this is not primary care
- Not using ER's for emergencies

- Need to ensure different levels of care are working - primary care, urgent care, ER
 - Need to educate the public about this, start earlier in life
- We've moved from the family doctor model who knew you for years, had history, connection, trusted them - now, walk-in clinics, ER's, no history, no continuity, forced to use ER for basic health care
- Need to be able to get into see your doctor for basic health care, primary care
- Bring care into community/to the streets - like "street Connections"
- Public access - nurse into the community
- Need to look at the barriers that people experience in accessing services - wait times, expectations, fear, etc.
- Have different streams - depending on need - like doctor's note, forms to fill out for work, etc.
- Employ more nurse practitioners - can address bottlenecks in the system
- Need to be able to see doctor/other practitioner in a timely way
- Going to people with credentials - not to others who also have the knowledge
- More effective public health - grandmothers, young people, radio, at street festivals, events, popular theatre - public education at the community level - fun!
- System used to be simpler, generations ago - now, lots of technology, really complex, no connection
- We are responsible for our own health care
- Context of changes in society - working full time, caring full time for children and elders
- Overstressed families
- How did we lose looking after ourselves - a time when women were looking after children, parents.

River East and Transcona Community Health Advisory Council

Meeting One: Public Expectations of the Health Care System

Questions:

- "There are many expectations of the health system. Some of these are reasonable and some may not be."
- "What are examples of reasonable expectations (and why you think that they are reasonable) and what are examples of unreasonable expectations (and why you think that they are unreasonable)?"

Reasonable Expectations:

1. *That the health care system fund full time programs (where appropriate and needed) for children with disabilities, like autism.*

Why is this reasonable?

- Some children require full time programs to meet their needs
- Parents may be unable to provide necessary care and support

2. *That the health system continue to develop community-based specialty clinics like the birthing centre and dialysis program, that are publicly funded.*

Why is this reasonable?

- It moves care out of the hospitals and into communities.
- Improves performance and effectiveness of patient treatment
- Decreases wait times
- More stream-lined

3. *That we should be able to access cost-effective services that meet our needs* - for example, not going to Emergency departments when your medical issue is more appropriately addressed at a primary care clinic

Why is this reasonable?

- More appropriate and less costly
- More effective use of resources, better health care

4. That wait lists be centralized so that patients can more readily access diagnostics and treatment.

Why is this reasonable?

- Reduce wait times and those who are in greater need can access more quickly - provides the ability to prioritize patients on a wait list

5. That some diagnostics be centralized - for outpatients, elective.

6. That there be better access to diagnostics and treatment. That physicians be able to prioritize based on the need/condition of the patient, i.e. probable cancer. A ranking system should be developed using criteria to prioritize patients.

Why is this reasonable?

- If people are diagnosed and begin treatment more quickly, it will prevent the further deterioration of their condition and to get treatment started right away

7. That health care providers communicate transparently with patients about timing re: diagnostic tests, test results, what to expect regarding treatment/their condition, etc., information about their health condition - not just call when something is wrong.

Why is this reasonable?

- Puts the patient at ease
- Is patient-centred care
- Ensures that a mistake was not made - lost results, etc.
- Con's - might be costly, patient will not have context of test results

8. That the WRHA look at an expanded approach to primary care - including other clinicians like nurse practitioners, dieticians, occupational therapists, etc.

Why is this reasonable?

- Other clinicians can meet primary care needs of patients, not just doctors
- Addresses doctor shortage

- Can take more time to deliver care - therefore alternative providers is more resource effective

9. That the WRHA utilize health practitioners from outside of Canada - upgrading, non-traditional approach

Why is this reasonable?

- Addresses barriers experienced by newcomers with medical degrees, nursing, etc. - utilizes their skills and expertise
- Addresses doctor shortage
- They are an untapped resource
- Can meet needs of newcomers, increase the diversity of the health care system
- May decide to work as nurses, LPN, RN, nurse practitioners, etc.

10. That the health care system helps staff to realize their potential and provide opportunities for promotion as their skills and knowledge develop - provide new challenges.

11. That the system provides access to primary care for those people without a family doctor and alternative supports - like Health Links/Info Sante. (Access Centres are taking on people as patients who don't have a family doctor.

12. That the health system provides more encouragement and promote wellness - like vaccination and other public health measures that promote wellness - like incentives for gym memberships and community initiatives that target different groups.

Why is this reasonable?

- Keep people well and out of acute care side of system
- Shift to prevention-centred approach
- Address childhood obesity

13. That the health care system address the issue of childhood obesity by working collaboratively with government departments, community organizations, City of Winnipeg, etc. to increase access to recreation and sports

14. That the health care system encourages staff to be healthy with incentives like reduced rates for recreation, etc.

Why is this reasonable?

- Healthy staff are better workers
- Reduced sick days
- Good place to start as model for other employers

15. That consumers of health care recognize the difference between what they "want" versus what they "need" from the system.

Why is this reasonable?

- Important to recognize the limits of what the system can provide
- May only be able to provide a certain amount of care for a patient/client at a given time - need to explain without devaluing the person

16. That care be provided respectfully and thoroughly regardless of a person's condition. Should not assume a person is not in need of care, even if symptoms appear mild.

Why is this reasonable?

- An improper diagnosis could be made if you don't take the condition seriously

17. That medical records become electronic

Why is this reasonable?

- For continuity of care
- Can share across the system - doctors, emergency departments, etc.
- More efficient

18. That patients be able to access their health record.

Why is this reasonable?

- Builds trust
- Confirms what was said during an appointment
- Can be used when traveling if you run into a health problem - especially when you have a unique and complex medical condition

19. That all prescription drugs prescribed by doctor be covered by pharmacare program.

River East and Transcona Community Health Advisory Council

Meeting Two: Public Expectations of the Health Care System

What are your ideas of how the WRHA can deal with a range of expectations that people have towards the health care system?

- Health care providers need to discuss (with their patients) and understand the difference between "want" and "need" and handle this sensitively
- Have guidelines, list of what a particular program can provide - but must also develop process to address unique needs and provision to deliver additional services based on the needs of the patient
- Build in additional time for alternative providers to take time to explain diagnosis, treatment, etc.
 - Will include what they can expect, additional resources, etc.
- People need time to process "was that good care?"
- System needs to inform patients, public about what to expect from a particular service - like - 20 minutes with a nurse practitioner during your appointment versus 45 minutes with a doctor
- In United States, there is no difference between "want" and "need" - just need to have the money
- Some patients are afraid to ask, come in with low or no expectations - unless you ask and request next steps, etc., you may not be told
- It is realistic to expect a health care provider to answer any questions you have - we have responsibilities as consumers to ask questions and be accountable for following directions re: treatment, etc. - need to let patient know that this is their right - make this known with signs at all sites
- Need to manage expectations re: what the system can and cannot provide - because there is only much money, it cannot meet all expectations
- Expectation may exist that the system can do everything
- Health care - a series of interactions - if they go well, it is a good experience - each person needs to take that moment and deal with them well
- What does "universal health care" mean? Is it a human right?

- If it is a human right, what does this mean in terms of expectations - that my issue will be dealt with here, in the States, or somewhere else, or, are there boundaries/limits?
- People won't care about these issues until there is a crisis, when they need services, etc.
- Also, need to get the message out before
- List policies, how you will care for patients at all sites
- Expectation - as a patient - follow health care providers' instructions, otherwise you shouldn't have any expectations
- Should consider attitude of baby boomers - don't take no for an answer, if not, go to media

What is the best way to communicate realistic expectations to the public?

- How do we get information out about what is covered and what is not?
- How do we communicate what people should expect?
 - TV
 - Internet
 - Have care providers explain what they should expect - could be intern, etc. as specialists and physicians have limited time
 - Signs in doctors' offices, ER's, etc.
 - TV's in ER's - explain process at ER, etc. and use for other health education purposes
 - Need to consider language barriers
- Information at computer kiosks and internet at health care sites
 - Post diagnosis information
 - Explain condition, treatment, etc.
 - Include information on prescriptions
 - Complications
 - In a variety of languages
 - Will help with doctors' appointments re: questions
 - Could include list of what to expect from program, wait time, what is covered, what isn't, etc.
 - Confidential, private
- Health care providers - could provide list of websites that are reliable
- Information includes condition and services that WRHA will provide, wait, etc. - what to expect - then that individual can make a decision as a consumer if they WRHA will meet their needs or not

- Need to teach children about what to expect when they become consumers of health care - high school students - about how the system works, range of services, etc.
- The public needs to understand role of WRHA and what they provide, what MB health is responsible for, etc.
 - How do we communicate this? Kiosk, internet, TV commercials, bus advertisements, etc.
- Have additional people at point of contact to explain what they can expect at that particular site
- Cultural groups - WRHA should link up with them to explain system and what they should expect
- Targeting young people
 - Vignettes of different situations - like getting birth control pills, etc. (from the patient's perspective)
 - Have school nurses, counsellors talk to students
- Use the media more to share information about different aspects of the system
- Have communication officers assist with providing information about what to expect
- Use publications "The Wave", etc. to share information about different conditions

Other Comments:

- In Canada, it's different, the cost of a service/treatment factors into whether or not a patient will receive that service/treatment - could be pharmaceutical, surgery, etc.
- Who is accountable in terms of changing shifts, many different health care providers - for the level of care, etc.? - will be nurse in charge, supervisor, etc.
- Have health care providers role play being a patient - to better understand what it feels like to wait, how you are treated, etc. - include this in their training as doctors, nurses, etc. - include treating patients with compassion
- Address misuse of ER's -- ensure that other services are accessible - urgent care, primary care, etc.

River Heights and Fort Garry Community Health Advisory Council

Meeting One: Public Expectations of the Health Care System

Questions:

- "There are many expectations of the health system. Some of these are reasonable and some may not be."
- "What are examples of reasonable expectations (and why you think that they are reasonable) and what are examples of unreasonable expectations (and why you think that they are unreasonable)?"

Reasonable Expectations:

1. *That personal health information is protected. It needs to remain confidential, but that confidentiality and PHIA should not impede care to patient and/or the coordination of care between healthcare professionals.* All providers need access to a patient's information in order to meet the patient's needs.

Why is this reasonable?

- Provincial legislation is in place - Personal Health Information Act
- Professionals standards of care
- People need to disclose information to receive care and build trust.

2. *That safety is a paramount consideration in all aspects of health care delivery - care to patients, medication errors, providing a safe environment.*

Why is this reasonable?

- Reduce risk of harm to the patient
- Using best practices in the system
- Educating patients and providers
- If a mistake is made and admitted to, changes are made to procedures, etc.

3. That people have timely access to primary care - able to see health care provider within a few days, based on their need. And that your primary care provider be the "hub" of all of your care.

Why is this reasonable?

- You can probably get the best care from primary care provider - the first line of care, if you don't get care when you need it, medical condition can deteriorate and patient could end up in emergency department, hospital, etc.
- Also, mental health considerations - anxiety and distress of waiting
- People can get into dentist or vet (for their pets) when situations are urgent.

4. To have a choice of primary care services - to be able to get care from another doctor if your needs aren't being met. (Many people experience fear of not being able to find another doctor). Patient files would be transferred to new doctor, or if doctor's practice shuts down, should be transferred to new doctor. - This isn't always happening right now.

Why is this reasonable? (same rationale as "accessing primary care")

- You can probably get the best care from primary care provider - the first line of care, if you don't get care when you need it, medical condition can deteriorate and patient could end up in emergency department, hospital, etc.
- Also, mental health considerations - anxiety and distress of waiting
- People can get into dentist or vet (for their pets) when situations are urgent.

5. That patients have adequate time to discuss all pertinent issues with their health care provider. That visits not be limited to one issue at a 5 to 10 minute appointment.

6. That changes be made to how doctors' appointments are booked so that patients can access family doctor within a few days.

7. ***That current technologies be utilized, like computers at physicians' offices, wherever resources allow.*** (electronic schedule booking, specialist referrals)
8. ***That the referral process to specialists from family doctors include feedback loop to ensure appointments aren't lost in the process and that this be done within a reasonable amount of time to ensure that patients aren't waiting for extended periods of time.*** (checks and balances and tracking processes)

Why is this reasonable?

- Because some patients will not advocate for themselves and might not have enough information to know that something has gone wrong in the referral process.

9. ***That you are seen on-time for appointments and do not have to wait for over one hour***

Why is this reasonable?

- Patients' time is valuable, but need to allow for other patients with more urgent needs.

10. ***That when discharged from hospital and need to get readmitted due to a medical situation, the individual should be triaged as a outpatient*** with a link to the past admission - if discharge is within 24 hours

Why is this reasonable?

- Continuity of care for patient
- Need to collaborate with patient's care providers for consult
- Need communication with healthcare professionals

11. ***That home care direct service workers be consistent for each home care clients*** - be the main home care providers, most of the time. This can be applied to hospital staff providing care for hospital patients as well.

Why is this reasonable?

- Continuity of care, know that patient best and their needs, etc.
- Patient-centred approach to care

12. That all health care staff have proper identification and introduce themselves and explain their role to the patient/family.

Why is this reasonable?

- Builds trust, understanding of roles, and sets expectations of staff.

13. That patients, clients of the health care system know and understand the roles of all of their care providers and the limitations of their role as well. (public awareness of the scope of practice of each health care professional)

Why is this reasonable?

- Important for patient/client to understand role and what services each health care worker will provide
- Staff can then follow-up for patient if their needs exceed what their role can provide them and address the unmet needs of individuals

14. That health care services be unbiased and culturally-appropriate. And that interpreter services be available for those in need of them.

Why is this reasonable?

- Equal access to health care services for diverse population

15. That all of a patient's needs be recognized and if the care provider is not able to meet the needs, that the appropriate resources be brought in.

Unreasonable Expectations:

1. That you can access diagnostic tests very quickly.

Why is this unreasonable?

- Other cases will come up that are more urgent.

2. That you can access care immediately at Emergency departments

Why is this unreasonable?

- Accessing care depends on what medical issue you have.
- Triage system needs to be used effectively
- Should receive care in a timely manner

River Heights and Fort Garry Community Health Advisory Council

Meeting Two: Public Expectations of the Health Care System

What are your ideas of how the WRHA can deal with a range of expectations that people have towards the health care system?

- The WRHA needs to determine things that patients, clients, etc. should expect from each program, service that the health system offers
- The WRHA needs to prioritize what they can effectively control and what they can't - like the supply of doctors - but can control scheduling
 - Don't have control over some legal aspects that the province or professional bodies determine or control - like the expanded use of nurse practitioners
- Need to identify and clarify the roles of different health care providers - so that services can be better coordinated - better utilize other health care providers, like nurse practitioners
- People don't think about "what to expect" until they need it, until they become a patient
 - So, the first contact that they have within the system, needs to take responsibility to tell them what they should expect (at ER, diagnostic test, etc.)
- Health Links/Info Sante is a good example of what this looks like when it is well done
- Make it publicly know - what the purpose of the health care site is - like Pan Am Clinic for injuries, Misericordia for urgent care, etc.
- People who go to the media generally have unrealistic expectations of the system
- Very important to lay out expectations for the public
- If you have a set of reasonable expectations, then you can measure against them - identify when expectations were not met
- Keeping communication open - when things change - like wait times in ER's
- Have sufficient staff to prioritize and communicate with people waiting
- When people interact with the system, especially ER's, they are stressed, anxious. Staff need to take the time to acknowledge their stress and keep communicating with them

- Needs to be done in a culturally appropriate, respectful way
- This applies to other aspects of the system - knee replacement, etc.
- Health care providers need to spend time telling you what to expect

What is the best way to communicate realistic expectations to the public?

- Provide scripts for staff at different sites - re: sharing information about wait times, somewhere more appropriate to go, etc.
 - First person you see at ER - let people know what the waits are at other sites - perhaps going to a walk-in clinic if that is more appropriate
- Information should be provided prior to people needing health services
- H1N1 fact sheet with priority groups...if you're sick...then... -- is a good example of how to share information with the public and how to provide direction re: use of health services
- Terminology can mean very different things to health care providers and to patients - need to provide clear definitions and explain how triage works
- Could use volunteers in ER's, etc. to act as ambassadors, to connect with patients, families
 - Need people with compassion, who will take time with people
- The challenge is to address expectations of fee-for-service doctors since they are external to the WRHA - what to do when doctors retire, one issue per visit, re-referrals to specialists, etc. (many policy issues)
 - Ideas - WRHA is working with physicians on different aspects of care
 - Provide information to doctors on consequences of people not getting into see them in a timely way (analyzing the impact) and need to look at how it effects whole system
 - Fee for service sometimes prevents holistic approach to care - WRHA should explore how they can promote change within fee for service side of system
- Need to develop process for collecting data on "was this the most appropriate place to receive care"? - on forms at ER's, specialists, family doctors, etc.
- Should include an opportunity to provide feedback - did we meet your expectations? If not, what should we do differently next time?

- Understand the range of expectations
 - Surveys to complete after appointments, etc.
- Post the mission, vision, values at all sites
- People need to take initiative to learn more about the system and what to expect

Other Comments:

- There can be misuse of some services
- Major deficit of the health care system - don't utilize computers across the system for better efficiencies
- "Emergency" is subjective - what might be an emergency for one person is not for another
- Health care has changed over the years - doctors used to make house calls, some do today
- Need to make ER's work and no longer be used as walk-in clinics
 - Something needs to happen to keep people who don't need ER services out of ER's
- Part of ER overload - no coverage for physicians on leave, etc.
- Other system change - doctors' attitude towards work - now, more balanced, want better quality of life - this impacts on the supply of doctors
- Interest in practicing family medicine is starting to rise

Seven Oaks and Inkster Community Health Advisory Council

Meeting One: Public Expectations of the Health Care System

Questions:

- "There are many expectations of the health system. Some of these are reasonable and some may not be."
- "What are examples of reasonable expectations (and why you think that they are reasonable) and what are examples of unreasonable expectations (and why you think that they are unreasonable)?"

Reasonable Expectations:

1. *That everyone have a primary care provider that meets their health care needs, including nurse practitioners, in their community.*

Why is this reasonable?

- Health care should be easy to access - this needs to be protected
 - If it is not in the community, many will not access it
 - Necessary for maintaining one's health
2. *That a process should exist if a doctor retires/dies, etc. so that their patients' care is not interrupted.* Planning should be happening with replacement doctor ready to take on patients of retired doctor.

Why is this reasonable?

- Addresses the issue of doctor shortage
 - Need to maintain primary care services in community
 - Nurses could do a lot of the same work that doctors perform, they should be included in primary care practices
3. *That wait times for surgery and referrals to specialists be appropriate* and not too lengthy so that medical condition does not deteriorate or patient dies while waiting. "Appropriate" wait time depends on the medical condition. Referrals should be triaged. Other aspects of the system could also be triaged - like diagnostic tests. Standardized policies and procedures should be established. People

should also receive the results of their diagnostic tests in a timely manner.

- 4. That people have fair and equitable access to treatment and be treated respectfully regardless of their' income, culture, position of power, gender, education, etc.**

Why is this reasonable?

- Because we are all people and this is a human right and there is legislation is in place to protect us from discrimination.

- 5. That emergency services are available when needed.** (911, ambulance services, funding for services is in place)

Why is this reasonable?

- Saves lives
- Prevents further deterioration of condition

- 6. That research be funded appropriately.**

- 7. That people be treated with compassion (personably, privately, respectfully, and honestly) by their health care provider.** (includes all interactions within the health care system) Staff should be recognized for their compassionate treatment and those who are not treating patients with compassion need to addressed as well.

- 8. That the health care providers and other staff within the health care system are well-trained, effective, and recognized for their work.** (all levels of care - laundry to nursing to support staff to doctors)

Why is this reasonable?

- Necessary for providing good care
- The hard work required needs to be recognized and supported
- Acknowledge best practices
- Increase awareness of staff

- 9. That the system make the most effective use of resources**

10. That the public express appreciation when they have a good experience in the health care system or when they receive good care.

Why is this reasonable?

- Best positive feedback is from the public they serve

11. That the most up to date research, treatment, and pharmaceuticals be provided.

Why is this reasonable?

- Saves money, saves lives
- Utilize the least invasive procedures
- Shorter hospital stays
- Maintain quality of life
- Less risk to life

12. That more health promotion/disease prevention be provided within the system.

Why is this reasonable?

- Will eventually pay back with lower costs in acute care side of system
- Frees up doctors' time

13. That electronic health records be in place to assist with sharing health information between health care providers.

Why is this reasonable?

- Better coordination of care for the patient
- Makes information accessible and information sharing efficient

14. That people be more responsible for their own well-being by looking after and maintaining their health through better nutrition, diet, not smoking, etc.

Why is this reasonable?

- Increased quality of life
- Reduced cost to the health care system

Unreasonable Expectations:

1. That funding for health care is infinite.

Why is this unreasonable?

- There are other things that the government is responsible for - schools, infrastructure, etc.

2. That all health care professionals and staff are infallible, never make mistakes.

Why is this unreasonable?

- We are all human and mistakes are inevitable

3. That people will have repeated access to healthcare procedures (as a result of their own behaviour - smoking, excessive drinking, poor nutrition, etc. - no matter how poorly they treat themselves)

Why is this unreasonable?

- People need to take responsibility for their well-being and be part of the treatment plan

Seven Oaks and Inkster Community Health Advisory Council

Meeting Two: Public Expectations of the Health Care System

What are your ideas of how the WRHA can deal with a range of expectations that people have towards the health care system?

- The WRHA can be proactive - to tell the public what they can expect when they interact with the system
- Goes back to the relationship with a primary care provider/doctor - whether you have a good one or not
- Patient responsibility - coming with some information before you interact with the system
- Health care providers can let patients know what are reasonable expectations, what aren't - not appropriate to use the system any time for any thing, every issue
- Helping people to learn how to triage themselves, better self-knowledge, self-care, look up issues in family health books - "if you are experiencing this...it can be this condition....and this is what you should do next..."
- Health system should have expectations of us as well - that we have some knowledge, that we don't waste resources, etc.
- There is a range of people/health consumers - some are hyper aware of their bodies and who panic about their medical condition and those who never use the system and are completely unaware of their own health/bodies

What is the best way to communicate realistic expectations to the public?

- The WRHA can be proactive - to tell the public what they can expect when they interact with the system
 - Step by step
 - At ER, paramedics, registration at the hospital
 - Have flashboards in ER's - how many patients are ahead of you, the wait time, etc.
 - Make you aware of what is happening

- Explain what triage is - how it is done, what is life-threatening, etc., "this is what an emergency is..."
- Signage about what triage is
- Pass on to the media - so people will know before they end up in the system - which service to use
- Information about urgent care
- Provide information about nursing homes and the paneling process - from hospitals to personal care homes
- List of doctors accepting new patients
- "Know your doctor" website
- Home care - what can home care do for you, what they won't do for you
- Diagnostic services - explain what the tests are supposed to indicate
- Health curriculum in school
 - About chronic disease - by providing information it will prevent many from getting a chronic disease - information about allergies, nutritious snacks, breaks, etc.
- Health Links/Info Sante - phone and inquire if you have a problem
- 311 - to get information about services
- TV - shows like "Dr Oz" are great, provide information about different conditions, how to get or stay healthy
- Create pamphlets that people can pick up at different sites
- Educate health professionals to stop using jargon, explain things more simply
- Pre-surgery explanation, review CT scans, X-rays, etc. is really helpful for patients - explain surgery, condition
- Need clear explanation of diagnostic tests - you can't just ask for a test, that is not reasonable
- "Safe to ask" posters, initiative - should be supported, encouraged by the health care professionals so that they respond positively when a patient asks a question about their condition, treatment, etc.
- Could have health promotion activities/sessions at libraries, community centres - informing people to be aware of certain symptoms, etc.
- Bus advertisements

Other Comments:

- People may not be aware of important tests - especially when you have a chronic disease - a test that your doctor may not have recommended but that would benefit you

- Younger parents pass on good eating skills
- A lot of parents in Gilbert Park housing development use house doctors who come to their home when they have a health issue
- Electronic medical records - whole history ready to review at each health services interaction
- Self-diagnosis - of some things, but not able to diagnose more serious conditions - that is the doctor/health care provider's role
- People have a right to access their record, get information about their diagnostic test results, etc.
 - Doctor's office owns the paper file (medical record)
 - Patient owns the information in the medical record
- People should write down and keep track of the surgeries that they have had
- Your medical record should follow you throughout your life
- Other professionals - may share advise about health issues - like dentists, optometrists, pharmacists (intra-professional sharing)
- It is the responsibility of employers to play a role in keeping employees well - should have some kind of health services where employers have more than 500 employees - where information can be shared about wellness, etc.

St Boniface and St Vital Community Health Advisory Council

Meeting One: Public Expectations of the Health Care System

Questions:

- "There are many expectations of the health system. Some of these are reasonable and some may not be."
- "What are examples of reasonable expectations (and why you think that they are reasonable) and what are examples of unreasonable expectations (and why you think that they are unreasonable)?"

Reasonable Expectations:

1. *That wait times for scheduled appointments be less than 30 minutes - to one hour.*

Why is this reasonable?

- Patient's time is valuable also, have to take time off work
- Transportation (like Handi transit may have to be booked, changes in pick up times can cost patients)
- Appointment schedule should be managed better (and can be) to accommodate patients, especially those with acute or chronic health issues
- Should also consider the fairness of charging patients for missed appointments in the light of having to wait for 2 hours for an appointment which costs the patient and can not be recovered from the physician.

2. *That resources be reorganized at emergency departments so that wait times are reduced* so patients do not need to wait for extremely long periods of time. For example, using more nurse practitioners. Also communicating length of wait to people when they arrive. This includes both adult and children's emergency departments in the region.

Why is this reasonable?

- People in crisis who are in need of care, need to be tended to
- Bottlenecks in ER need to be addressed to separate emergencies from urgent care - fast track system

3. *That people can have direct access to making appointment with specialists without having to get a referral from their family doctor.*

Why is this reasonable?

- Wait times to see specialists are extremely long and having to first wait for an appointment with your family doctor in order to get a referral can have serious consequences for a patient's health - both physical and mental
 - Specialists should be more accessible
4. *That patients should not need to get re-referrals to specialists that they have already had appointments with for different but connected health issues.*

Why is this reasonable?

- Once a patient has seen a specialist they should be able to directly contact them
5. *That healthcare providers protect the privacy of patient's information (under the Personal Health Information Act) but also consider the needs of the family* in wanting to support their family member. This is especially important for situations involving patients with mental health issues.
 6. *That medical records be stored electronically* which makes it easier for sharing between healthcare providers. Centralized data base of each person's medical record, prescriptions, treatments, etc.

Why is this reasonable?

- Would result in better coordination of a person's care and better health care overall.
7. *That the WRHA review processes throughout the health system to ensure effectiveness, efficiency, and that patients' needs are being met.* (Beyond the accreditation process)
 8. *That the practice of having resident doctors, nurses, and other care providers work double shifts.*

Why is this reasonable?

- This practice creates undue risk to patients and is an unreasonable expectation of staff.
9. ***That doctors and other care providers take sufficient time with their patients*** in order to understand their history and current problem so that proper diagnosis and treatment plan can be determined.

Why is this reasonable?

- The better a doctor and other care providers know a patient, the more effective the diagnosis and treatment plan will be
 - Longer, quality visits can address issues, explore issues better than many short and low quality visits can
10. ***That whenever most appropriate to meet the needs of a patient, that health care be delivered at the patient's home.*** (Envoy, mobile crisis unit, home care, etc.)
11. ***That the public receive more information about the health care system*** so that they can understand how long they will need to wait for various services and so that they can access the system appropriately.
12. ***That there be 24 hour access to health information and access to clinics and other medical sites.***
13. ***That all people be treated non-judgmentally and with compassion and dignity.***
14. ***That people have responsibility for their own health*** and acknowledge that their lifestyle choices impact on their own health and on the overall health system.
15. ***That everyone has a right to a family physician or other primary care provider.***

Why is this reasonable?

- A family doctor is required for diagnosis, referral, treatment, and is the gate keeper for the rest of the system - specialists, etc.

- Can address health phases of one's life - infancy, pregnancy, senior years, etc.

16. *That the system better utilizes international medical students and doctors in order to increase the number of family physicians practicing.*

Why is this reasonable?

- The present system is not standardized and is too lengthy
- Need some process to accommodate this

17. *That patients contribute to the success of any treatment plan put into effect by a physician.*

18. *That the WRHA look to other countries like New Zealand, England, and Japan where the public health care system seems to be working well and review their processes, etc. to see where we could perhaps benefit from their approaches.*

19. *That medical students who then practice in rural areas have their education subsidized.*

Why is this reasonable?

- Need for more doctors to practice in rural areas
- Doctors who choose to practice in rural areas should be financially rewarded

20. *That more medical students be trained* to increase the number of physicians practicing and meet shortages.

21. *That physicians provide information and education on disease prevention/ health promotion* to their patients to improve and sustain their health, like the physical and mental well-being practices taught at community health care centres

Why is this reasonable?

- Keep people healthy and out of the system
- More effective use of resources

22. *That patients receive the results of diagnostic tests regardless if they are positive or negative.*

Why is this reasonable?

- To decrease stress and to ensure that test results were not lost.

23. *That physicians stay current with technology.*

24. *That the public be informed of all health care services that are available - like interpreter services.*

25. *That health care centres, like Access Centres, also provide services or link people to services that address legal and other social issues.*

26. *That physicians clearly communicate with the patient about what they should expect during the appointment, treatment, procedure, etc.*

Why is this reasonable?

- Avoids unnecessary anxiety and lets the patient know concretely what to expect (therefore will not have unreasonable expectations)

27. *That the health care system fund alternative health practitioners like acupuncture, osteopathy, etc.*

Unreasonable Expectations:

1. *That people with non-urgent medical issues receive immediate care at emergency departments.*

Why is this unreasonable?

- Some people take advantage of emergency departments for issues that are not appropriate - the system currently facilitates this/allows this to continue
- The result is that people who should be going to emergency departments with valid medical issues are not going because of long waits.

2. That fair and unbiased reviews of physicians can be undertaken by other physicians (CFPC)

Why is this unreasonable?

- An independent body should be set up to review physicians and to maintain patient safety - the College of Physicians and Surgeons would report to them
- Must be a process that is fair for both the public and for doctors

3. That people can get retroactive sick day forms filled out by physicians.

Other comments:

- As the health care system improves, the public's expectations for better and increased care continues to increase
- The average citizen is not aware of what it takes to deliver health services. We should be letting the public know.
- Our public health system is better than the private health care system even though there are aspects that need improvement
- Need to explain to the public the amount of resources it will take to provide all of the resources and improvements they want/expect (perhaps to meet the unreasonable expectations that the public has of the current system) Could a hybrid of public and private address these issues?

St Boniface and St Vital Community Health Advisory Council

Meeting Two: Public Expectations of the Health Care System

What are your ideas of how the WRHA can deal with a range of expectations that people have towards the health care system?

- The system needs to communicate what the public can expect from all programs and services delivered across the system
- Perhaps other staff at physicians' offices, or nurse practitioner, could go over what to expect, to prepare for doctor's appointment - use time efficiently - would improve communications with doctor
- It comes down to communicating - then people will do what they need to, to educate themselves, etc.

What is the best way to communicate realistic expectations to the public?

- In waiting rooms - use tv's and other devices to communicate what to expect - levels of priority
 - ER's
 - Doctors' waiting rooms
 - Use this time as an opportunity to inform patients about different processes like referrals
- Use the internet - like BC Health - look up health condition and get more information on it - "if your blood test comes back....then...."
- Use community organizations - especially to reach Newcomer communities in different languages - especially since Manitoba government had told us to expect 30,000 per year - need plan for how to communicate
- Develop culturally-sensitive communication - with respect to how disease, privacy, relationships with health care providers is expressed by some cultural groups
- Physician goes through what to expect at appointments, their processes, approach patients, etc.
- Need to consider medical jargon - need to simply describe issues/conditions

- Public information campaigns - wellness and prevention, prompt lifestyle changes, inform public of costs of system - could be targeted for certain chronic diseases
- Electronic information boards in ER waiting rooms to share wait times and other information
- Texting information on wait times at ER's across the city and other campaigns - infectious diseases, etc.
 - Could be helpful for targeting certain populations for things like vaccine campaign, etc.
 - Facebook, Twitter, etc.
- Delivering messages through volunteers who share wellness information with smaller groups in the community
- Schools - English as an Additional Language (EAL) - speakers are invited - good discussions, could be an opportunity to share information - open up dialogue, good questions, etc.
- Have live person, like nurse, answer emails as part of chat room on the WRHA website
- Addictions Foundation - use their connections into the community to get information out about what to expect
- Community health fairs - doctors, pharmacists, organizations like Alzheimer's Society, etc. take time to share information about how to deal with different health conditions - at community centres
- Public health nurses at the libraries - "ask your public health nurse" or "ask your pharmacist" series - public forum with opportunity to have private discussions - could be volunteers, retired health professionals
 - Have opportunities to ask a provider privately - at information sessions
- Key is to target certain groups, life events, like pregnancy
- Use City of Winnipeg leisure guide to share information with public about different sessions, etc.

Other Comments:

- Make public more aware of nurse practitioners - delivering care
- More wellness institute approach to delivering care - so it is more accessible
- Approach wellness in a systematic way - into the way buildings are designed - consider social needs for good mental health
 - Creating community in apartment blocks and to consider costs

St James-Assiniboia and Assiniboine South Community Health Advisory Council

Meeting One: Public Expectations of the Health Care System

Questions:

- "There are many expectations of the health system. Some of these are reasonable and some may not be."
- "What are examples of reasonable expectations (and why you think that they are reasonable) and what are examples of unreasonable expectations (and why you think that they are unreasonable)?"

Reasonable Expectations

1. To have access to primary care - family physician or nurse practitioner

- Why is this reasonable?
 - Important to have someone to see if you have a concern - for mental well-being as well
 - Preventative, less costly to system
 - Give access to specialists if required - gatekeepers of the system
 - Beginning point of care - stay healthy and out of acute care side of system
 - Primary care providers hold your personal medical history

2. The health care system should do no harm

- Why is this reasonable?
 - System needs to be competent and safe
 - The public needs to have trust in the system
 - Equipment needs to be safe and up to date
 - People should not experience physical or mental injury while receiving care
 - Public needs to have trust in system - you put yourself, family members in their care and trust that they will care for you in competent manner

3. *That written and verbal information is communicated in an appropriate and timely manner*

- Information needs to be communicated in a variety of languages
- Information needs to be in plain language, easy to understand
- "Communication" or "information" includes everything from a public health information campaign to private communication between healthcare provider and patient and sharing between healthcare providers
- Communication needs to be respectful
- Need to acknowledge how the Personal Health Information Act (PHIA) can compromise a person's care
- Important for the system to keep personal health information private
- A patient should be able to access their medical information/file when they ask for it - like information from record or diagnostic results (both verbal and written information)
- Why is this reasonable?
 - With open communication and access to information, patients and doctors can make better and more informed decisions regarding care
 - Patient needs to communicate respectfully with health care providers as well
 - Helps with compliance of patient with treatment/care plan

4. *To be able to access medications that are prescribed to you by a physician*

- Patients should not be denied a prescription drug that is most effective for them because of Pharma care regulations (in the case that an alternative and cheaper drug is not as effective)
- Generic versions of drugs should be considered whenever appropriate - as they are less costly to the healthcare system

Why is this reasonable?

- People should receive the prescription that is most effective in addressing a medical condition

5. That people have access to medical equipment - walkers, crutches, wheelchairs, slings, etc. when prescribed/recommended by healthcare provider

- Medical equipment should be available free of charge/or low cost to those unable to purchase because of low income - either from the healthcare system or another organization

Why is this reasonable?

- Equipment may be necessary to help alleviate medical condition or is part of treatment plan, promotes healing, prevents injury and further costs to system

6. That emergent care be available 24 hours a day/7 days a week and that it is quality care and that there is timely access. Maximum wait times need to be determined and then adhered to (this includes ambulances and care that is required for the patient is provided by paramedics - like giving pills to patients having seizures)

Why is this reasonable?

- Timely access prevents further harm to patient and promotes healing and further costs to the system

7. That the definition of "healthcare system" be broadened to include the preventative aspect of health - could include accessing fitness/recreation programs, physiotherapists, chiropractors, etc.

8. That you receive the best, most competent and up to date health response, at no cost and immediately

Why is this unrealistic?

- This is a publicly funded system
- People need to be treated equally and it is unreasonable to expect not to have to wait for care

9. That all people be treated equally

10. That patients should not have to wait for extended periods of time when an appointment has been booked with a health care provider

Why is this reasonable?

- People's time is valuable and it is respectful to not keep people waiting for an unreasonable amount of time
- Healthcare providers should communicate wait time to patients
- Healthcare provider office should be able to manage to keep appointments on time - most of the time
- There is currently no incentive to run appointments on time - healthcare providers make more money seeing more patients per day

11. That the healthcare system will look after you no matter what you do to yourself

Why is this unreasonable?

- People have a personal responsibility to look after themselves and maintain their health

12. That diagnostic tests and specialists be accessible in a more timely manner

- People should not have to wait for six months to a year for access to diagnostic tests or for an appointment with a specialist
- Responsibility to improve access to diagnostic tests and specialists rests with the family physician or primary care provider

Why is this reasonable?

- Timely access to diagnostics and specialists prevents the further deterioration of a patient's medical condition and mental well-being

13. That a more positive picture of the health care system be shared/promoted with involvement of the media

Why is this reasonable?

- Presently, we only hear negative stories about the system - this does not match the reality of how well the system functions\

14. *That you can always access a doctor for health care*

Why is this unreasonable?

- Nurse practitioners and other healthcare providers can provide care as well

15. *That you can access care for anything at any time*

Why is this unreasonable?

- We live in an over-medicalized society with unrealistic expectations about what the health care system should and can provide
- There is a balance between the care you are entitled to and expecting too much from the system

Ideas

- Get information out to the public on urgent/emergent care - how long you will wait, where to go, etc. - like the 60 second driver approach to public education

16. *That healthcare providers be current, up to date, competent*

- Communication devices at doctors' offices need to be current - email, internet
- Healthcare providers have an obligation to keep their skills, training current

17. *That the WRHA incorporate more nurse practitioners and alternative primary care providers into the system to provide care*

St James-Assiniboia and Assiniboine South Community Health Advisory Council

Meeting Two: Public Expectations of the Health Care System

What are your ideas of how the WRHA can deal with a range of expectations that people have towards the health care system?

- The health system should articulate reasonable expectations for different services
- Need to educate people about what to expect
- Need to define - urgent, non-urgent care - where to go and when
- Educate the public about when to go to the hospital, ER, urgent care, clinic, family doctor, walk-in clinics, etc.
 - When should one access various services?
 - What can the public expect to receive - need an outline?
 - Can hospitals redirect people to the right/most appropriate health care service?
 - Can hospital nurses have protocols/procedures to discharge, sign a release, etc.?
 - "Just in Time" - can we apply those principles to the health care system? Resource adjustments, address bottlenecks
- We live close to the United States and feel that we have a right to get the same level of service that Americans get (with insurance)
- "Bill" to individuals that illustrates how much the system costs - people are conscious of doctors' fees, not aware of costs of supplies
- The values - Canadian social values - drive our expectations of the health care system—social equity, provide care when needed
- Is there a limit to what the system can provide?
- Canada would never expect health care system to cut someone off of services
- What personal responsibility do people need to take? Healthy choices when already educated about healthy living

What is the best way to communicate realistic expectations to the public?

- Can WRHA expand on Health Links/Info Sante? First line to get further information and direction, Health Links will usually tell people to go to ER
- Home care - program should list what services, how many hours, etc. - basically outline expectations of what the service will provide - before beginning with new client
 - Continuity of care - would also help deliver same level of service, reduce possibilities of service
 - What about when you have clear expectations of a particular health service and the system does not deliver?
 - When home care can't provide services that someone needs, can they provide options, referrals to other organizations?
 - Continuum of staffing available or follow up if worker cannot come, they are ill, staffing change, etc.
 - DVA - Dept of Veteran Affairs - benefits for veterans - can this be a model for home care? Can we look at their system and see what can be moved over to use within home care?
- Education - like public campaign to educate about ER's - something similar to the H1N1 campaign
- Ideas - start in school - when you should go and see a doctor
 - Get advice from primary health care provider
 - "Sixty second driver" approach to TV campaign to educate consumers
 - Self-care algorithms
 - Have information on website - when do you go to ER, handling different health issues, etc.
- Health Links/Info Sante - should list top questions/answers and post at the WRHA website - info for new moms, flu, H1N1, etc.
- People only want information when they need it
- Communication needs to be targeted
- SAFE campaign is a good example - spot the hazard
- Public service announcements running in hospitals, clinics, etc. schools, movies that educate the public about when to access health services that are appropriate to the situation
- Communicate what urgent care is and when to use it
- What are people coming into ER for that is inappropriate? Figure that out and develop communication plan to address by educating the public

- Use social media to target different age groups
- Educate people about the cost of care - a visit in ER, etc.
- WRHA should partner with other organizations like Heart and Stroke - for public information campaigns

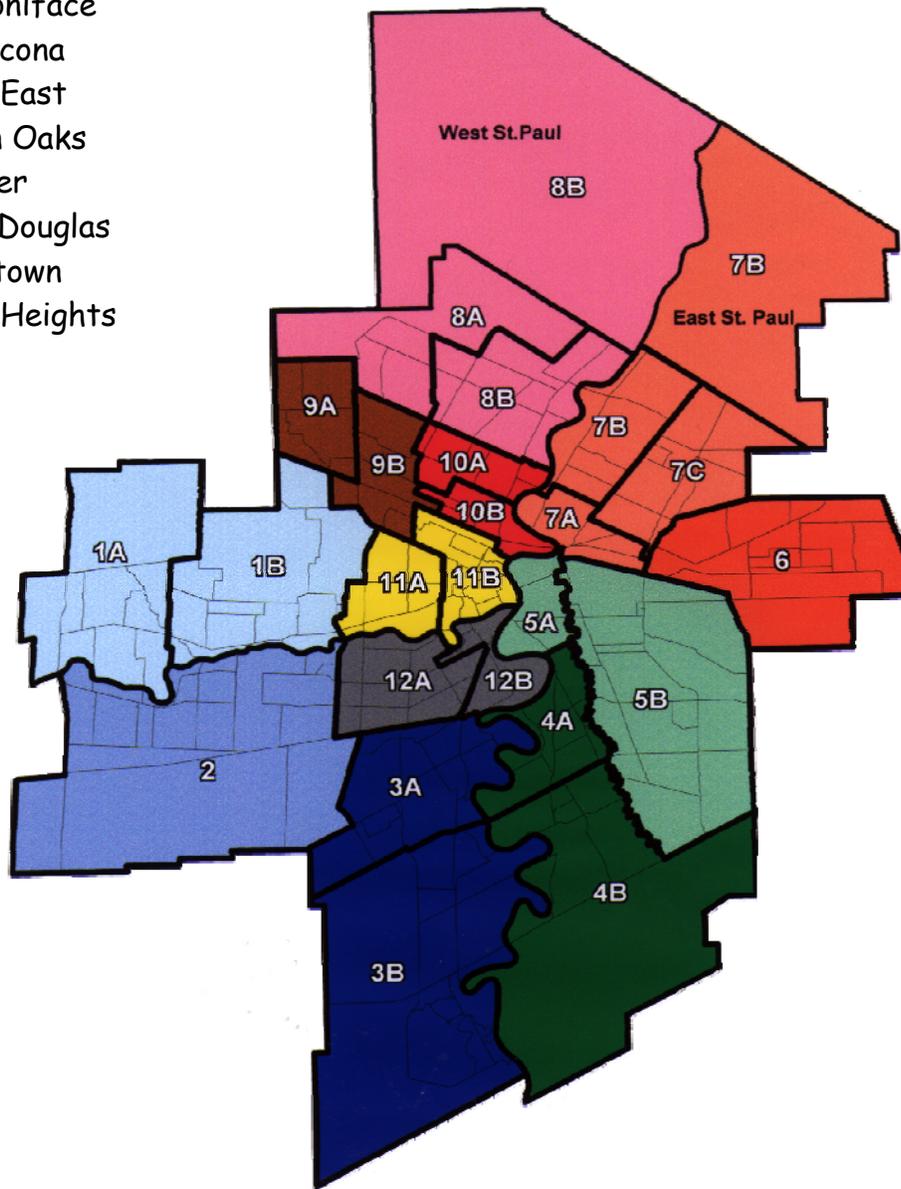
Other Comments:

- Interesting how people go to the hospital for any or all symptoms - this did not happen 30 plus years ago
- Don't always have an alternative to ER
- Need to figure out how the system has evolved to point of where people always end up in ER or at their doctor when they're ill
 - In the past, people used home remedies, doctors made home visits
- Many issues (like end of life care) are values-driven/social norms - here in Canada
- In States, many care decisions are made related to the cost of the care/treatment
- Does there come a time when the health care system denies care to an individual? For example, overweight individual waiting for knee surgery or smoker waiting for lung transplant)
- What to consider/how to plan - end of life care
 - Should we make it compulsory for people to make plans for end of life care - power of attorney/living wills
 - What about when wishes are not medically responsible?

Appendix A

Map of the Community Areas in the Winnipeg Health Region

- 1 St. James - Assiniboia
- 2 Assiniboine South
- 3 Fort Garry
- 4 St. Vital
- 5 St. Boniface
- 6 Transcona
- 7 River East
- 8 Seven Oaks
- 9 Inkster
- 10 Point Douglas
- 11 Downtown
- 12 River Heights



Appendix B

Acknowledgements

Members of the Community Health Advisory Councils

Board Liaisons to the Councils

Support Staff for Councils

Members of Community Health Advisory Councils 2009-2010

Downtown/Point Douglas Council

Elaine Bishop	Richard North
Janice Berens	Janice Shott
Janice Greene	Stephanie Strugar
Jodie Jephcote	Mari Udbarbe
Betty Juseslius	Bienvenu Viku
Martin Landy	Barbara Zimrose
Kate Mann	Shannon Zywina
Jan Miller	
Janice Shott	

River East/Transcona Council

Jessica Clark	Eugenia Lehman
Roy Dixon	Joe Lesko
Johanne Drabchuk	Nafisa Pameri
Merle Fletcher	Lora Pickard
Starr Harder	Joanna Poniatowska
Kim Jenkin	Debra Stockwell
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River Heights/Fort Garry Council

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Kuldip Bhatia	Lindsay Mackay
Tara Carnochan	Mathew Maniate
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Krista Halayko	Betty Schwartz
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Ally Mironiuk
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Angela Tessier
Patricia Winton
Paul Zubec

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Rishi Srivastava	River East/Transcona
Tara Carpenter	River Heights/Fort Garry
Kathleen Clouston	St. Boniface/St. Vital

WRHA Board Liaisons (non-voting members of Councils)

Belinda VandenBroeck	Downtown/Point Douglas
Herta Janzen	River East/Transcona
Vera Derenchuk	River Heights/Fort Garry
Bob Minaker	Seven Oaks/Inkster
Gail Wylie and Louis Druwé	St. Boniface/St. Vital
Kris Frederickson	St. James-Assiniboia/Assiniboine South

Community Area Directors (non-voting members of Councils)

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