



Winnipeg Regional
Health Authority
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“Public Input on Strategy 2016-2021”

Full Report

Local Health Involvement Groups

March 2015

Compiled by: Colleen Schneider, Manager, Local Health Involvement Groups, WRHA

Preface

This report contains the ideas and feedback generated by the Local Health Involvement Groups over the course of 3 meetings held from October 2014 to February 2015.

In September 2014, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Local Health Involvement Groups (LHIGs) to spend their entire 2014-15 year of meetings providing input on the next WRHA Strategic Plan (2016-2021).

The Report includes:

- An overview of the methodology and context for the exploration of this topic,
- Public perspective of the Strengths and Challenges of the WRHA and the Opportunities and Threats that the WRHA needs to consider
- Feedback on current strategic priorities
- Suggestions for additional priorities for the next 5 years
- Ranking of priorities
- Equity considerations for the next strategic plan
- Input on LHIG's Top 5 Strategic Priorities
- Notes from the Meetings of the Local Health Involvement Groups

Appendix A -- Background document for the exploration of this topic

Appendix B -- WRHA Strategic Plan (2011-2016)

Appendix C -- Manitoba Health, Healthy Living, and Seniors – Current Priorities

Appendix D -- LHIG Rankings of Strategic Priorities (current and proposed by LHIG members)

Appendix E – Map of the Community Areas in the Winnipeg Health Region

Appendix F – Acknowledgements

This report serves as a part of the broader public engagement that took place to ensure that public perspectives and priorities for the health care system in Winnipeg are heard. This input will be utilized in the development of the WRHA's 2016-21 Strategic Plan.

This report was presented on by the Co-Chairs of the six Local Health Involvement Groups to members of the WRHA Board on January 27, 2015. An additional meeting was held in February 2015 to have LHIG members provide high level action for their top 5 priorities.

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Section I

Report Summary

Introduction and Methodology

The Local Health Involvement Groups (LHIGs) have been providing advice and their unique community perspectives on significant health issues to the WRHA Board for 13 years. They were formerly known as Community Health Advisory Councils (CHACs). In 2013, the Province of Manitoba passed Bill 6, *The Regional Health Authorities Amendment Act*, (Improved Fiscal Responsibility and Community Involvement). This Act mandated the creation of Local Health Involvement Groups (LHIGs) to strengthen local involvement in regional health authorities. The change in name did not impact the membership and role of the Councils in the Winnipeg health region.

The Local Health Involvement Groups are comprised of 80-90 residents of the 12 geographic community areas that each Group represents. There is also some representation from the Boards of health organizations also located in the community areas of the Winnipeg health region. The Groups are diverse in terms of culture, socio-economic status, professional backgrounds, work experience, age, and gender. Members of the six LHIGs participated in an orientation session prior to beginning their exploration and provision of input on strategic priorities of the health region.

Background/Rationale for Exploring this Topic

The Local Health Involvement Groups were asked by the Board of the Winnipeg Regional Health Authority in the fall of 2014 to spend the 2014-15 year of meetings providing feedback for the WRHA's 2016-2021 Strategic Plan. Involving the LHIGs in the strategic planning process is a great opportunity to bring public perspectives, expectations, and hopes for our health care system forward.

This report contains the discussion and recommendations from the first two meetings of the LHIGs, namely, input on the strengths, challenges, opportunities, and threats of the WRHA and feedback and recommendations on strategic priorities for the 2016-21 Plan. Full discussion notes from both sets of LHIG meetings are included in the appendix of this report.

First Meeting and Questions for input

The main purpose of the first meetings on the strategic plan was to give LHIG members an opportunity to do some big picture thinking about their health care system – what they felt was going well, what they felt needed to be improved or addressed, opportunities that the health authority can use to move important initiatives forward, and threats that need to be considered when planning. Considering these big picture issues would serve as a foundational piece for the LHIGs to use when discussing and recommending strategic priorities for the WRHA's next 5 years.

At the first meetings of the Local Health Involvement Groups, leadership staff began with a presentation which provided a background about the strategic planning process and an overview of public, staff, and other engagement that would be taking place and feed into the

planning process. The input from engagement would be reviewed by the Board and assist them in creating the 2016-21 Strategic Plan for the WRHA.

The SCOT (strengths, challenges, opportunities, and threats) exercise was then introduced and explained to LHIG members. Using post it notes, members were asked to provide their perspectives of what they felt were the WRHA's strengths, challenges, opportunities, and threats. LHIG members grouped the post it notes into themes which were then shared with the entire group.

Second Meeting and Questions for input

The main purpose of the second set of LHIG meetings was to get feedback on the current strategic priorities of the health region, invite ideas for additional priorities, and have the LHIG members participate in a ranking of strategic priorities for the next plan. The meetings began with presentations by senior leadership staff overseeing the engagement and planning process. The presentations contained high level information about activities underway in the region on the WRHA's six strategic directions (enhance patient experience, improve quality and integration, foster public engagement, support a positive work environment, advance research and education, and build sustainability). The ten strategic priorities that LHIG members would provide feedback on fit within the six strategic directions. Members were invited to ask questions for further information and clarification.

Small groups were then set up and tasked with providing feedback to the following questions about the current strategic priorities:

- Which priorities are still relevant? Why?
- Which priorities aren't relevant anymore? Why?
- Are there any additional priorities that need to be added? Reasons?
- What equity considerations are relevant to each of these strategic directions? For example poverty, accessibility, appropriateness (i.e. cultural, faith, ethnicity, etc.)
- Are there any additional considerations that need to be added to address health equity?

LHIG staff then posted current strategic priorities along with any additional priorities that came forward in the small group discussions. Members were then asked to participate in a ranking exercise; choosing three strategic priorities that they felt were most important. Results of the ranking exercise were shared with the group at the end of the meeting.

At the Local Health Involvement Groups' third meetings to provide input into the WRHA's next strategic plan, they were asked to provide outcomes/goals and key actions for their top 5 strategic priorities – prevention and promotion, patient flow, primary care, involvement of patients and families, and planning/responding to an aging population. They were also asked to consider additional goals and key actions for vulnerable populations (equity issue) related to each of the strategic priorities.

Presentation to the Board of the Winnipeg Regional Health Authority

Staff developed a draft report which was then shared with members of all of the Local Health Involvement Groups for their input and feedback. This report was presented by Co-Chairs of the Local Health Involvement Groups at the January 2015 meeting of the Board and shared immediately with senior leadership staff overseeing the strategic planning process. The interim report will be posted on the LHIG web pages. The input on their top 5 priorities was shared with the Board and senior leadership drafting the 2016-21 Strategic Plan.

Strengths, Challenges, Opportunities, and Threats that impact success of the WRHA

The SCOT analysis is a tool that the LHIGs used to identify the positive and negative factors within the Winnipeg health care system and those external factors that impact on it. LHIG members were asked to consider those factors that help or inhibit success and the ability of the WRHA to deliver services, address the needs of patients, and improve the overall health of communities within the Winnipeg health region.

After the exercise was explained, LHIG members were asked to use post it notes to record their thoughts regarding the WRHA's strengths, challenges, opportunities, and threats. After feedback on the SCOT exercise was received from all six of the Local Health Involvement Groups, LHIG staff analyzed the responses – looking for common responses to the questions – and from that developed a regional overview of strengths, challenges, opportunities, and threats including a visual representation.

It is important to highlight that some factors were seen by LHIG members as both a strength and a challenge -- for example, communications. This could indicate that some aspects of the communications work is perceived as excellent, other aspects may need to be improved. Other factors that would fit into this category included scope and size of the WRHA, changing demographics (both an opportunity and a threat), and the public perception of the WRHA which some viewed as positive (an opportunity) while equal numbers viewed it as negative (a threat).

Also of interest to this exercise was the timing of a global event unfolding that may have impacted LHIG members' perceptions. This set of meetings took place in October when the Ebola pandemic was being followed closely by the media coverage. This may have contributed to "pandemics/epidemics" being identified by four out of the six LHIGs as a threat to the health authority.

Strengths and Challenges of the WRHA

"Strengths" and "Challenges" are the internal factors within an organization that an organization has control over and/or can influence, for example, human resources, physical resources, and finances. LHIG members were asked to consider the internal advantages or disadvantages of the organization. What is the WRHA doing well? Are there innovations to highlight? What is the WRHA struggling with?

Feedback from LHIGs...

Strengths

Overall, the greatest strength identified by all six LHIGs was the staff – from leadership to front-line staff. Providers were viewed as caring, diverse, and professional. And administrators and leadership were described as strong and stable.

Five out of six LHIGs viewed the WRHA's programs and services, engagement of the community, scope and size of the WRHA, and access to care as strengths of the organization.

Regional health authorities make better use of resources and can set priorities.

(Member of St James/Assiniboine South LHIG)

There are innovations in service delivery, more community care, diversification of health services, and youth health programs and education.

(Member of Seven Oaks/Inkster LHIG)

There is community involvement and processes to gain input from communities.

Programs are developed in response to the needs of communities.

(Member of Downtown/Point Douglas LHIG)

There is easy access to health care, like the Access Centres.

(Member of River East/Transcona LHIG)

Four out of six LHIGs felt that communication with the public, the WRHA's strategic plan and vision, new facilities, and innovation and technology were also strengths.

I like the improved website to find information with My Right Care and posted ER wait times.

(Member of St Boniface/St Vital LHIG)

Challenges

Overall, the greatest challenge identified (by all six LHIGs) was wait times in the region. LHIG members identified long waits at ER's, in hospitals, for diagnostic testing, specialists, and treatment.

Five out of the six LHIGs identified accountability/limited finances, communication with the public, human resources (roles and hiring policies), acute care versus prevention, and gaps (lack of coordination and flow issues) as challenges that need to be addressed.

WRHA communications needs to better manage public perceptions and can sometimes be too defensive with the media.

(Member of River Heights and Fort Garry LHIG)

There will be limited financial resources and many cuts to health care will put a strain on delivering quality care and patients will suffer.

(Member of River East/Transcona LHIG)

There are challenges with ER and discharge processes, wait times, coordination of care, navigating the system, and finding resources can be difficult.

(Member of Downtown/Point Douglas LHIG)

Need to address the allocation of funds to programs, especially in the area of prevention...more can and should be done to help prevent disease. It is less expensive than treatment. (Member of St James/Assiniboine South LHIG)

We have staffing issues related to graduates leaving Manitoba, not enough mid-wives, and need to ensure that health services are provided by the most appropriate person (shouldn't always be a doctor – greater use of nurse practitioners). (Member of St Boniface and St Vital LHIG)

Four out of the six LHIGs identified not addressing needs of vulnerable population, infection, prevention control issues, the scope and size of the WRHA, and limited availability of family doctors as a challenge within the health authority.

Care for Aboriginal people is not adequate, not meeting their needs. We need to ensure equal access to health care services. For example, ambulance costs for many people is too expensive and as a result, they don't use them when they need to. (Member of Downtown/Point Douglas LHIG)

Opportunities and Threats

“Opportunities” and “threats” are external factors stemming from community or societal forces that the WRHA does not have influence or control over. For example, trends (new research), funding sources, current events, environmental change, societal oppression, pandemics, our society’s cultural, political, and economic ideology, and how the public/media perceives the organization.

Feedback from LHIGs...

Opportunities

The greatest opportunity that all six LHIGs felt the WRHA could benefit from is emerging technology, innovation, and research. Some of the examples of this include home based technologies that could enable people to connect with health care professionals through web and wireless communication, the use of social media to connect to patients/the public, research on new treatments, and diagnostic technology and tools.

Five out of six LHIGs identified a more educated public, engagement with the public and organizations, and changing demographics as opportunities.

The cultural diversity, with a large immigrant population, brings new ways of doing things, new ideas. (Member of River Heights/Fort Garry LHIG)

Dealing with our aging population in a positive way (underway now) can be a model for the world. (Member of River East/Transcona LHIG)

Younger people are likely to be advocates for their own health which will equalize power between patients and medical professionals.

(Member of St James/Assiniboine South LHIG)

Four out of six LHIGs felt that community-based care, improving public perception, and innovative approaches and policies were also opportunities to move the region forward over the next 5 years.

Tax breaks for positive health-enhancing behaviours, improving primary care and innovation, and incorporating new public policy and research are great opportunities for the future.

(Member of St Boniface/St Vital LHIG)

Bringing health care to the community, even cancer care, and listening to communities to better meet their needs and help them navigate the system are opportunities to improve health care.

(Member of River East/Transcona LHIG)

Threats

All six LHIGs perceived that the WRHA would experience the following threats moving forward - emerging threats on health (chronic disease, obesity, environmental change, etc.), changing demographics, and financial sustainability.

The threat of increasing obesity and health issues will put a lot of pressure on the system, we might not be able to afford.

(Member of River East/Transcona LHIG)

There are emerging pressures on the system due to a large influx of seniors in the near future.

(Member of as St James/Assiniboine South LHIG)

There is increasing poverty, a lack of food security, and poor health due to poverty.

(Member of Downtown/Point Douglas LHIG)

Funding and politics, with potential change in government that might not see health care as a priority. There are also limitations of federal and provincial funding for health care.

(Member of River Heights/Fort Garry LHIG)

Five out of six LHIGs agreed that a negative or disengaged public was a threat to the WRHA.

There is ambivalence about how to use the system appropriately.

(Member of St Boniface/St Vital LHIG)

Four out of six LHIGs identified infectious disease and epidemics, political change and uncertainty, and a negative perception of the WRHA as threats to the organization moving forward.

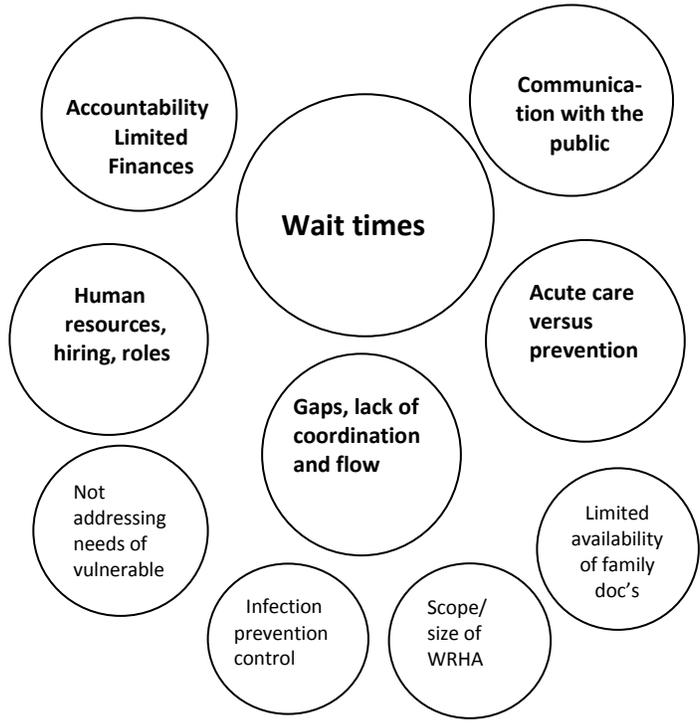
Visual Representation of SCOT Analysis

The largest circles are representative of input from all six LHIGs. The medium circles with bolded titles indicate that 5 out of 6 LHIGs providing the same input. And, the medium circle (regular font) indicates the same input from 4 out of 6 LHIGs.

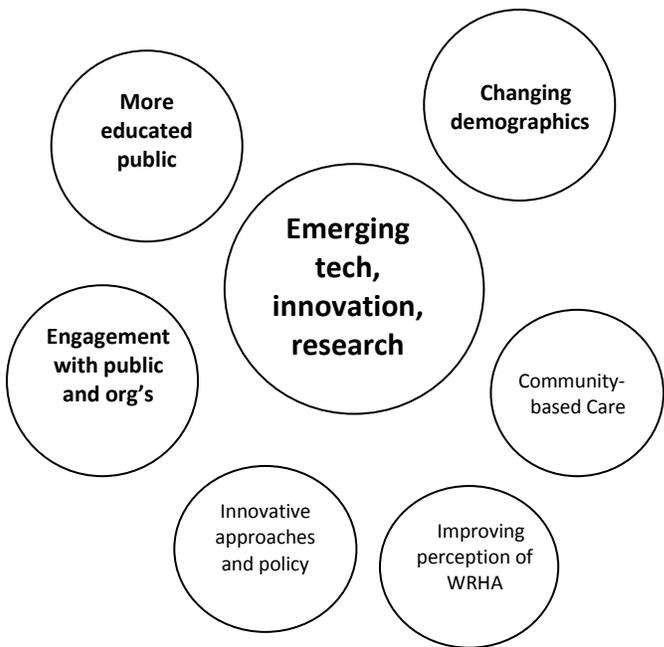
Strengths



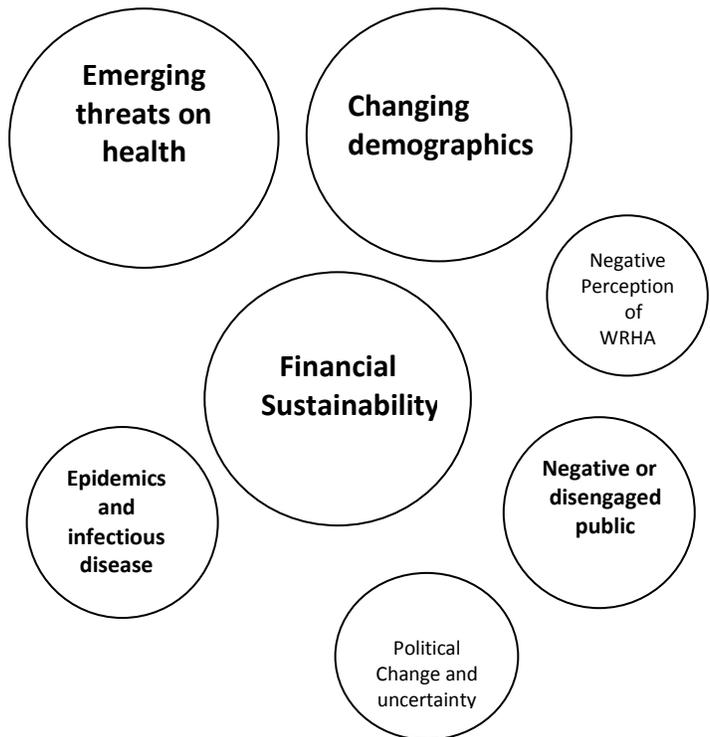
Challenges



Opportunities



Threats



Feedback on Current Strategic Priorities

We need to keep working on all current priorities to make the system sustainable, keep trying to make it more efficient and less costly. The system should be focused on wellness, not illness. (Member of River East/Transcona LHIG)

The Board was clear in developing a plan for the WRHA's next 5 years that they wanted to build on the existing plan, making adjustments where necessary. Given this approach, they asked that the LHIGs provide feedback on current strategic priorities. LHIG input would be helpful as they adjust and focus priorities for the 2016-2021 strategic plan.

At the second set of meetings, senior leadership staff overseeing the engagement and planning process gave presentations to LHIG members to prepare them to provide feedback on the current priorities. These presentations contained high level information about activities underway in the region on the WRHA's six strategic directions (enhance patient experience, improve quality and integration, foster public engagement, support a positive work environment, advance research and education, and build sustainability). The ten strategic priorities that LHIG members would provide feedback on fit within the six strategic directions.

In small groups, LHIG members provided feedback by responding to the following questions

- Which priorities are still relevant? Why?
- Which priorities aren't relevant anymore? Why?
- Are there any additional priorities that need to be added? Reasons?
- What equity considerations are relevant to each of these strategic directions? For example poverty, accessibility, appropriateness (i.e. cultural, faith, ethnicity, etc.)
- Are there any additional considerations that need to be added to address health equity?

Overall, LHIG members were supportive of the current priorities and felt that most were still relevant and should be a priority for the next 5 years (even though they might have not ranked them in the top five later on during the second meetings.) The current priorities, with their feedback from LHIG members are below.

- **Increase the involvement of patients and family**
 - All of the LHIGs were very supportive of this remaining a priority
 - Should be seen as a long standing, permanent commitment (Downtown/Point Douglas)
 - Patients have greatest stake and are impacted most from the relationship with health providers. They need to have a say in their own treatment. (St James/Assiniboine South)
 - Important to have family more involved. (River Heights/Fort Garry)
- **Improve primary care infrastructure and performance**
 - All of the LHIGs were very supportive of this remaining a priority
 - It is very much a priority. It is the basis from which other care begins. Needs to be dependable. (Seven Oaks/Inkster)

- It's the foundation, basis of the system. Performance and quality are a priority. (St Boniface/St Vital)
- **Improve patient flow**
 - All of the LHIGs felt that this was definitely still a priority for the region
 - Need to focus on people who don't have access to the system, to put in a plan in place for equity – focused on those who have the worst health outcomes. (River East/Transcona)
 - Expediency of treatment is a priority as conditions can worsen if treatment is delayed. (St James/Assiniboine South)
- **Increase public communication, consultation, and participation across planning, policy development and decision-making within the region.**
 - Overall, LHIGs felt that a solid foundation of engagement has been built in the region, that it is still important, but not the biggest priority.
 - Transparency and improving access to information still needs to be worked on. (Downtown/Point Douglas)
 - Need to engage/reach vulnerable populations – like Newcomers, Aboriginal population, and other hard to reach populations. (St Boniface/St Vital)
- **Increase the diversity of the workforce**
 - There is mixed support for this remaining a priority for the region, partly due to the lack of information about where things are at currently re: diversity of staff. A number of LHIGs feel that it should be a part of regular hiring processes, a way of doing business. Others felt that some groups were not represented adequately.
 - Yes, a lot of people who don't see themselves reflected by staff in the health care system, for example the LGBTT population. (River Heights/Fort Garry)
 - It's hard to know where things are at currently. It would be important to know how well the WRHA's doing re: integrating different cultural health approaches, language access, etc. (Downtown/Point Douglas)
- **Increase staff engagement to strengthen workplace culture**
 - Most of the LHIGs felt that this should continue to be a priority. Health care providers need to be engaged in order to provide the best care. There was good discussion about this in the small groups.
 - If have of the staff is not feeling engaged, that's a worry, a concern. If you're happy, you'll put more into your work, how you can do it better, etc. (River East/Transcona)
 - An engaged staff is key to supporting improvements within the system. (St James/Assiniboine South)
- **Expand the use of inter-professional teams**
 - The LHIGs felt that this was a medium priority for the system.
 - This is still a priority; a team can provide so much more. (Seven Oaks/Inkster)

- Interdisciplinary care across sectors is a priority and requires a culture change. Need to expand scope of practice to further disperse power of physicians. (St Boniface/St Vital)
- This is the future of health care and we need to be better equipped to do this. It should start at university. (Downtown/Point Douglas)

- **Develop a regional research strategy**
 - LHIGs were supportive of this remaining a priority.
 - There are practical applications of research – more innovation equals better health care. We should focus on partnerships versus leading this. (River Heights/Fort Garry)
 - It is necessary for a changing world and research is always evolving so it needs to always be on a list of priorities. (Downtown/Point Douglas)

- **Improve productivity and efficiency through process improvement**
 - All of the LHIGs felt that this should continue to be a priority for the region.
 - Sustainability is a priority. The costs are continuing to grow and there is waste in the system and inappropriate use of the system. (River East/Transcona)
 - Need to be productive and efficient but should not compromise quality. (St Boniface/St Vital)
 - With potential change in government, limited dollars, and increasing pressures on the system, this is a priority. (Downtown/Point Douglas)

- **Implement an enterprise risk management framework**
 - LHIGs felt that this is important and the region must keep on top of risks, but do not see this as a high priority.
 - Every large organization should manage risk and be prepared. (St James/Assiniboine South)

Additional Priorities suggested by LHIGs

After providing feedback on the current strategic priorities, members of the Local Health Involvement Groups were invited to suggest other priorities that they felt weren't reflected in those contained within the 2011-2016 strategic plan for the Winnipeg Health Region.

Here are some of the priorities suggested:

- Improving health and health status (equity) by addressing the social determinants of health
- Disease prevention/health promotion
- Planning for an aging population
- Patient empowerment
- Emergency departments/paramedic services
- Educating public about appropriate use of system
- Alternative approaches to treatment
- Transitional care and navigation support for individuals with complex needs
- Partnerships and collaboration with community organizations

Ranking of Strategic Priorities

After LHIG members provided feedback on current strategic priorities and suggested additional priorities to be considered for the next five years, they were asked to rank them. LHIG staff posted current strategic priorities along with any additional priorities that came forward in the small group discussions. Members were then asked to participate in a ranking exercise; choosing three strategic priorities that they felt were most important.

Before voting for their top three priorities, LHIG members were asked to reflect on the following:

- The strengths that the WRHA should build on, the challenges that should be addressed, the threats the region should prepare for, and the opportunities that the WRHA should take hold of -- over the next 5 years
- The current strategic priorities -- identifying the current priorities that they feel are most important to the region for the next 5 years, and,
- The additional priorities suggested by LHIG members that they feel should be a focus for the next 5 years

After members voted on the priorities, the results of the ranking exercise were shared with the group at the end of the meeting. (You can refer to Appendix D to view the results of each LHIGs priority ranking exercise).

After all of the LHIGs had met and ranked strategic priorities, LHIG staff reviewed the rankings and developed an overall LHIG ranking for the next strategic plan:

LHIGs' Top Five Strategic Priorities for 2016-21:

1. Prevention and Promotion
2. Improve Patient Flow
3. Improve Primary Care Infrastructure
4. Increase Involvement of Patients and Families
5. Plan for an aging population

After this report is presented to the Board, the LHIGs will be invited to provide feedback (during their January 2015 meetings) on what actions they feel are most important to moving the above priorities forward over the next five years. This feedback will be included in the April 2015 Report.

Equity Considerations for Next Strategic Plan

Equal is not equitable.

(Member, Seven Oaks/Inkster)

In June of 2014, the Board approved a recommendation from a working group comprised of LHIG members, LHIG staff, Board members, and senior leaders. The recommendation was that all future topics that the LHIGs explore and provide feedback on contain an *equity lens*. The goal of equity within a health care system is that all people reach their full health potential and are not be held back by the socially determined but modifiable barriers associated with poverty.

At meetings, LHIG members are encouraged to consider and discuss how the most vulnerable or marginalized populations are impacted by the issue. Any suggestions for how to address a problem or concern should also include specific recommendations to address challenges faced by vulnerable or marginalized populations that would enable them to access services and improve health outcomes.

At the both sets of meetings on the strategic plan, LHIG members were reminded and encouraged to consider equity when providing feedback. When members were asked to provide feedback on the current strategic priorities, they were asked the following questions:

- What equity considerations are relevant to each of these strategic directions? For example poverty, accessibility, appropriateness (i.e. cultural, faith, ethnicity, etc.)
- Are there any additional considerations that need to be added to address health equity?

Some of their comments and suggestions on working towards the goal of equity in the Winnipeg health region, from each of the LHIGs are included below.

Working towards the goal of equity over the next five years

We need to build the goal of equity into all of the strategic directions. We should be looking at all priorities from these lenses – equity (not the same, but tailored care), prevention and promotion, and patient-centred care (through the involvement of patients and their families).

(Members, River Heights/Fort Garry)

Downtown/Point Douglas LHIG

- Regarding primary care infrastructure and performance, the focus needs to be on impoverished community members who are not receiving primary care right now.

River East/Transcona LHIG

- We need to address additional costs for treatment that are not covered and what happens for those who can't afford it.

- There should be work done on transitions between care and navigation supports for individuals with complex needs, including seniors. We can use partnerships and innovation to address this

River Heights/Fort Garry LHIG

- Access to healthy food contributes to other factors impacting health.
- Place services on bus routes
- Continue to develop Access Centres.
- Need for people to connect face to face in their community.
- People with mental health issues need specific equity considerations.

Seven Oaks/Inkster LHIG

- Quick care clinics are better for low income populations.

St Boniface/St Vital LHIG

- Need to reach and engage vulnerable populations, like Newcomers and Aboriginal population, and other hard to reach populations.
- Link between poverty and health care use. Health care navigators could be helpful.
- Focus on developing primary care clinics in low income areas.

St James/Assiniboine South LHIG

- There should be roving staff to assist with health issues, like prevention and promotion.
- Increased knowledge equals increased empowerment.

Input on LHIG's Top 5 Strategic Priorities Local Health Involvement Groups (March 2015)

Process:

At the Local Health Involvement Groups' third meetings to provide input into the WRHA's next strategic plan, they were asked to provide outcomes/goals and key actions for their top 5 strategic priorities – prevention and promotion, patient flow, primary care, involvement of patients and families, and planning/responding to an aging population. They were also asked to consider additional goals and key actions for vulnerable populations (equity issue) related to each of the strategic priorities.

1. Prevention and Promotion

Health providers need to be trained to help with prevention not just prescriptions.

How can we briefly describe this priority?

- Helping people make healthier choices in their lives; meeting people prior to disease or illness happening. It is proactive and engaging and it involves sharing information and education to prevent disease and promote good health practices.
- Multi-faceted, public education, communication, schools – to prevent disease, promote good health using research-based and effective strategies.
- Maintaining or improving the health of the population and reducing the rates of disease – for all groups and some targeted groups as well – Newcomers, Aboriginal populations, etc.

Vulnerable Populations

- Shouldn't blame poor health on the individual – need to look at health from a social view, dependent on the involvement of all aspects of society – governments, communities, etc.
 - Working closely with vulnerable populations, it's not just about health care.

What are the desired outcomes of this priority?

- Empowerment of individuals and their communities to use tools to control the social factors that impact their health.
- Changing how we look at what health care is; that prevention and promotion are part of the health care model.
 - Having physicians and other health care professionals focus on prevention and promotion.
- A measurement strategy is developed to track outcomes from prevention and promotion strategies/programs/policies.
- Reporting on what has been achieved – have there been positive impacts, trends? What hasn't and why?

What key actions do you feel is most important for the WRHA to move this priority forward?

- Get commitment for government for funding for this so that funding for prevention and promotion can be increased.
- Research determinants of health and target these for improved health promotion. Take real action on poverty issues – housing, income, etc.
- Work together with city government to increase access to healthy living opportunities – like, subsidized recreational passes.
- Partner with community groups to increase numbers of exercise programs available
- Provide information, classes, and workshops about easy and attainable ways to stay healthy to prevent disease (nutrition and exercise) at daycares, schools, community organizations, Access Centres, etc.
- Coordinate/sponsor seniors/youth physical activity programs and events at apartment buildings, community clubs, daycares, and assisted living.
- Need to be aware of community organizations – their levels of funding, etc. --they are asked to do a lot with decreasing budgets – there needs to be a commitment to funding.
- Greater engagement with communities -- partner with or refer to external agencies to promote their resources/supports that promote healthy living, for example YMCA's.
- Communicate health promotion topics broadly – through media, workplaces, social media, etc.
- Develop effective strategy with family doctors on their roles in prevention and promotion issues and educate physicians and medical staff about the need to promote healthy lifestyle.

Are there specific considerations for vulnerable populations?

- Coordinate with all levels of government on addressing the social determinants of health.
- Subsidized recreational passes and better promotion of free activities.
- Find out what communities want, then work with them.
- Higher rates of social assistance are needed right now – can't afford nutritious food, etc.
- Use neighbourhood settlement workers to develop programs with immigrant communities.
- Identify high risk groups – concentrate on them
- Ensure programs and information that is shared is culturally sensitive.
- Make injury prevention products (helmets, car seats, etc.) accessible for low income families

2. Improve Patient Flow

Educate the public about how they can help decrease delays/improve patient flow.

How can we briefly describe this priority?

- Patient flow is about transitions in the health system. We need to ensure that people receive the care that they need in the right place at the right time and then continue to move through the system and receive the service that they need and when they need it.

- The journey that you take through the health system. Long wait times are a symptom that something's not working. It's about using the system appropriately.

What is the desired outcome of this priority?

- The goal should be – the right care at the right place at the right time.
- Increased patient satisfaction.
- Wait times are reduced.
- People use the health care system appropriately – especially emergency departments. Wait times would reflect national standards.
- Address issues in primary care with fee for service providers that impacts on overall patient flow issues, i.e. people at ER's when they could be seen at primary care providers.
- Don't overlook the perspectives of the people working in the system.

What key actions do you feel is most important for the WRHA to move this priority forward?

- Ask staff for ideas for improvements
- Is the patient in the right place or should they be somewhere else? The system should be focused on what the person needs and how to meet those needs.
- Should be getting feedback from "frequent" users
- More patient advocates.
- More emphasis on prevention and promotion would improve patient flow, speed things up.
- Seamless care and better collaboration between health care providers – and from site to site.
- Educate the public about what services they can receive at access centres, urgent care, quick care, emergency rooms, walk-in clinics, family doctors, etc.
- More support to expedite panel process for long term care – so wait times are decreased, less paperwork.
- At ER's, direct less critical cases elsewhere.
- Use more care providers for minor issues, not just doctors
- Public education on how they can help decrease delays/improve patient flow.
- WRHA needs to be more transparent about why some problems exist – like wait times and cancellation of cardiac surgeries – explain why these problems exist to the public.
- Identify patients who've been sitting on wait lists for months and months – have a staff person who stays connected with people on waitlists to see how they're doing, to let them know what's happening, etc.
- Continue with patient satisfaction surveys and tailor with questions about wait times, flow of process, and communication of information
- Let people know about "My Right Care" website
- Add nurse practitioner positions in ER and urgent care to triage lower-priority cases
- In ER's, there should be flipcharts that explain how triage works and information about other services (Quick Care, etc.) so people can immediately be directed to most appropriate services within that location
- Re-examine the situation of ambulances waiting at ER's
- Promote access centres – explain what they are
- More use of patient advocates to help people navigate the system

- There should be follow-up with all ER patients to see what happens to them when they get home.
- Continued improvement in adoption of new technologies to improve patient flow and information flow.

Are there specific considerations for vulnerable populations?

- Vulnerable patients will receive a different kind of care, not getting proper care – they won't necessarily know how to use the system, may not ask. Therefore there is a need for patient advocates.
- Improve safety net, improve transition out of hospital – social work/applied health should get more involved with vulnerable patients.
- May not have regular doctor or if they do – afraid to talk to doctor
- System should be watching for vulnerable patients and be proactive, provide support.
- Culture within the system – very middle class – empathy for middle class patients.
- Outreach for targeted populations.
- Information on the health care system in more languages.
- Be more proactive about this, on-going and regular discussions with community organizations that support vulnerable populations.
- New facilities should be located in communities where they are needed most.

3. Improve Primary Care Infrastructure

The primary care physician is hub of access to the health system and the most important relationship for patient.

How can we briefly describe this priority?

- Very much, basis from which other care begins; it needs to be dependable before you receive other care.
- It's the foundation/base of the system – performance and quality are a priority
- Primary care physician is hub of access to the system and the most important relationship for patient.

What is the desired outcome of this priority?

- Develop the right continuum and balance of primary care services within communities so that people can access full complement of care.
- Work on improving primary care, especially for homeless and other at-risk populations who do not receive follow-up care after ER visits, surgery, etc.
- Increased numbers of people using quick care clinics.
- People are using the system more appropriately and getting in when they need to.

What key actions do you feel is most important for the WRHA to move this priority forward?

- Monitor and evaluate systems and procedures.
- More quick care clinics.

- Improve access to family doctors – many do not have availability on weekends or evenings.
- Increase the number of nurse practitioners in primary care to improve access and help patients get connected to the care that they need.
- Need to align Fee for Service primary care physicians with WRHA goals and objectives.
- Better access to prescriptions – address financial barriers
- Primary care for youth – information, clinics, etc.
- Provide patients with print outs from appointments – with info on diagnosis, treatment, care, etc.
- Team approach for addressing individuals with complex needs
- Importance of front-line clerks – in person and over the phone – to be helpful, give proper direction on most appropriate care
- Need to be better links between primary care and prevention/promotion
- Monitor the % of population that does not have a family doctor and recommend related actions.
- Detailed questionnaire filled out by patient about their health and reviewed by primary care physician.

Are there specific considerations for vulnerable populations?

- Training for doctors and nurses and health care staff in issues of poverty, oppression, and vulnerability.
- Provide primary care sites close to marginalized populations, could be mobile.
- Improve and de-stigmatize issues re: LGBTTT receiving care
- Work on improving primary care, especially for homeless and other at-risk populations – who do not receive follow-up care – after ER visits, surgery, etc.
- Mobile health care practitioners for people who are isolated or don't have ability to reach out.
- Share information about the languages that primary care doctors speak – will help newcomers find care that is accessible.
- Better access to prescriptions – address financial barriers
- Primary care for youth – information, clinics, etc.
- Improve and de-stigmatize issues re: LGBTTT receiving care

4. Increase Involvement of Patients and Families

Change the culture of the health care system to one where patients and families are valued and part of health team.

How can we briefly describe this priority?

- Important role of family in supporting patients.
- You can only empower patients if the philosophy of providers and the health care system supports this.
- Involvement of patients and/or family has the potential to reduce health care costs.

What is the desired outcome of this priority?

- Patient and family is part of the health team. A patient's bill of rights is in place. Patient is primary focus. Health care providers embrace family's role in patient's care.
- That communication respects diversity of patients and families and their needs.
- Patient satisfaction increases
- Would feel like you're being treated as a whole person.
- Improved access to own health care information.
- Changed culture of health care system – where patients and families are valued and part of health team.
- Address issues of privacy.
- More programs, facilities developed for people in northern communities so that they can receive care where they live and have support of families.
- Develop strategies that are respectful of wishes of patient, challenges, dynamics, etc.
- Families, patients involved in service and program development.
- Improved health outcomes with the involvement of families.

What key actions do you feel is most important for the WRHA to move this priority forward?

- Ensuring that patient and family members understand all options for the right/ proper care/treatment and after care and provide information at a level that is appropriate for the individual and make sure that they have understood.
- Routinely, providers should be asking patients which family members/friends they can share information with about their health issue, treatment, etc.
- Ensure that all programs and staff understand the importance of family support.
- Improve representation at all levels of health care staff – that diversity of city/province, etc. is reflected – especially for Aboriginal people
- Create a functional partnership between family and health care team.
- Ensure family members get support/respite if they are involve in caring for family members.
- Help families connect with resources to be part of the solution.
- Burnout for family members – make processes easier, less burdensome
- Improve communication re: discharge from hospital to home – give families clearer direction.
- Health care professionals need to be helpful in communications with families – need to start listening and actually hear family.
- Post information on the WRHA website about the importance of having friends, family accompany people to doctor appointments, etc.
- Family involvement should not mean off-loading on families
- Offer patients information in writing when appropriate
- Approach patient care as a discussion not a prescription (with family and patient)
- Ask for feedback from patient and family after discharge from hospital
- Allow family members to stay with patients if patient desires whenever possible – share information with family about this
- Doctors and other health care providers should encourage patients to ask questions about their health.

- Perhaps train doctors (or inform doctors) on how to take a couple of minutes at the end of consult to ask patient re: their treatment option selection – understanding and compliance
- Teach family to help care for patient – this is increasingly important when family member has dementia/memory loss
- Allocate sufficient time with patient for questions – often doctors are in a rush and patients don't feel comfortable asking questions
- Find out what family/friends can support – and then plan (if needed) how volunteers, spiritual care, etc. – others can help
- For elderly and others – have a place on the electronic medical record for approved family member, friend, or patient advocate that they can share information with.

Are there specific considerations for vulnerable populations?

- Should be advocates for those patients without families who can support them – they need to be identified and followed up by staff.
- Ability to access information and services in your first language.
- Partner with cultural organizations/groups to share information and get feedback.
- People who come into Winnipeg for health care – they are vulnerable – alone, without family, additional costs to get care.
- Have staff, programs to support patients without families – recreation room and other options to socialize at hospital settings and have volunteers to accompany to appointments to help patients better understand doctor's advice, etc.
- When providing written information, need to recognize low literacy rates and language barriers.
- Recognize/understand alternative, traditional, cultural practices – medicinal – First Nations
- Train staff to be aware of cultural diversity/practices.
- Need to ensure that providers are watching for issues of elder abuse – family shouldn't be involved with supporting those patients
- People without supports --- partner with different community organizations to play supportive, advocacy role for patients without family to support them.
- Need to consider special barriers – linguistic, cultural, literacy challenges.

5. Planning for an aging population

Improve how people can transition through health services as they age and their needs change.

How can we briefly describe this priority?

- The population is aging and there will be increasing demands on the health system, want to ensure aging population is healthy.
- When their health deteriorates in the last 2 years, their needs grow quickly
- Connects to all other priorities.

What is the desired outcome of this priority?

- Plan for shifting/changing demographics and address the needs of caregivers.
- People are more proactive about changing health care needs (their own/aging relatives), planning for the future.
- Advice, assistance, support – available when needed to assist families move through the system and access resources in a timely way.
- Families are aware of “red flags” that predict a relative may need a new level of care – this information is shared.
- Services are available to answer individual needs.
- People living as well as they can for as long as they can.
- Aging in place.

What key actions do you feel is most important for the WRHA to move this priority forward?

- Should be thinking about facilities that are multi-purpose that can be repurposed.
- Don't presume that age should limit treatment options – look at person's overall health before ruling out a procedure.
- Integrated plans and programs – aging population needs and care.
- Build more supportive living
- Tier living care facilities to assisted supportive and long term housing
- More family supports for aging parents.
- Virtual teams keeping people in their homes with family and friends helping.
- Improve existing programs that help seniors stay at home – ensure home environment is safe.
- Saskatchewan has model of dementia care that Winnipeg should consider – Sherbrooke Centre
- Improve how people can transition to services as they age.
- Need to promote/clarify advance care planning and health care directives
- There are attitudinal challenges – many seniors/elderly not getting care when they to – their health issue worsens and they end up in ER – need to ensure the prevention and promotion part of the system is working with aging population.
- More dementia supports.
- Make family involvement a priority, a necessity for seniors.
- Provide healthy living as you age workshops
- Disease prevention/health promotion for aging population.
- Use cultural or ethnic communities and organizations for seniors programming.
- More activities for elderly needed to keep them connected to society and continuing to enjoy life.
- More respite options/facilities.
- Having sensitive discussions around transitioning aging family members
- Let public know about resources for support at home nearing the end of life.
- Individual long term care plan as we age – includes flu shots, health care directives/DNR's, living will, palliative care

Are there specific considerations for vulnerable populations?

- Paid advocates for vulnerable seniors
- Open more beds for seniors with dementia, especially high needs behavioral patients.
- Address ageism within system
- Identify isolated, vulnerable seniors – neighbours can help with this – then get them connected to organizations for resources.
- Low income seniors – may choose to not buy prescriptions because they can't afford to – is this being addressed? Family doctors should be watching for this, connecting to resources.
- Find ways to bridge language barriers
- Have specific mental health strategies for this population.
- Provide elder support groups – based on language spoken.
- Provide programs for newcomers – senior men
- Aboriginal families – want to keep elderly with them – feel that they will do better in home environment.

Section 2

Notes from LHIG Meetings

Downtown and Point Douglas Local Health Involvement Group

Input on the Strategic Plan – Meeting One

SCOT Analysis – Strengths, Challenges, Opportunities, and Threats

This is a tool that the LHIGs used to identify the positive and negative factors within our health care system that help or inhibit our successes to deliver services, address the needs of patients, and improve the overall health of the communities we serve.

Strengths and Challenges: These are the internal factors within an organization. **Opportunities and Threats:** These are external factors stemming from community or societal forces.

Strengths

Theme – Scope and Size of WRHA

- Scale of system – provides opportunities

Theme – Communications

- Media relations
- Media relations
- Positive shift to being more transparent and accountable

Theme – community based care

- Access clinics, more community-based health care, outreach, community presence
- Community outreach
- Community-based care with Access Centres
- Increased number of Access Centres
- Community based health care has improved
- Good community clinic infrastructure
- Community presence

Theme – healthcare providers, staff

- Staff - -medical and administration

Theme – programs and services

- Services – innovative services – mental health, flu shot clinics
- Some excellent programming – like cardiac care through St Boniface Hospital
- Innovative services in mental health
- Flu shot clinics

Theme – new facilities, improvements

- Improvement to buildings – physical resources
- Proximity of University of Manitoba medical school

Theme – quality care

- Better treatment of children
- Consistent support
- Good quality care
- Focus on patient experience
- Home care support is more consistent
- Children are treated better

Theme – Engagement/Involvement of community

- Experience and community involvement – working as group, sharing ideas,
- Sharing of ideas and experiences
- Trying to work as a group in order to attain common results
- Community involvement and processes to gain input from community
- Improved information sharing – community consultations
- Developing programs respond to needs in communities

Theme – working with stakeholders to plan for response

- Action plans to respond to SARS, flu, Ebola, etc. – working with others to implement procedures and processes

Challenges

Theme – communication with the public

- On-going education and information --- re: Manitoba Health system
- On-going education with health information
- Limitation of information/background in the field

Theme – waits times

- Long waits for treatment
- Hospital and emergency department wait times
- Wait time in emergency departments

Theme – Human Resources, hiring, roles

- Deployment of human resources – need to make sure that the most appropriate provider is available when needed

Theme – size of WRHA, structure, organization

- WRHA can be too big to see systemic issues affecting health
- Too large an organization to see systemic issues affecting health – like poverty
- Need for more effective and efficient policies

Theme – services, gaps in services, coordination and flow between services

- Alternative healthcare
- More supportive living
- Coordination of care
- Navigating the system
- ER and discharge processes, wait times
- Finding resources can be daunting/challenging

Theme – acute versus prevention

- Preventative health – not doing well enough
- More focus on primary care and the social determinants of health
- Education for disease prevention
- More workshops/education

Theme – accountability, limited finances, resource allocation

- Partnerships with community-based services – need to be more effective with resources
- Allocation of funds – getting the biggest bang for the buck
- Not able to adequately implement many of the programs
- No vehicle to adequately implement many of the programs
- Not effective with resources

Theme – infection prevention protocols not followed

- Hand washing — infection prevention and control
- Inconsistent policies – like handling/treating MRSA infection
- Coordination of prevention measures – preventing spread of viruses

Theme – communication between health care providers

- Great IT ideas, many not implemented
- How information about patients moves through the system
- Electronic medical record

Theme – relationships/influences from external organizations

- Inter-government collaboration
- Intergovernmental collaboration
- Partnerships with community-based services
- Level of coordination with Manitoba Health and the other regional health authorities

Theme – not addressing needs of vulnerable populations

- Care for Aboriginal people – not adequate, meeting needs
- Need for equal access to health care services
- Not doing well re: caring for Aboriginal people
- More work is needed to be proactive with Aboriginal health issues
- Ambulance costs to patients – too expensive for many to use, don't use when they need to

Theme – how patients are cared for/treated

- How people perceive their treatment
- Tone of voice/language used
- Emergency treatment

Opportunities

Theme – emerging technology, innovation, research

- Research
- Home based technologies that could be available to WRHA – web / wireless links to doctors/health care providers
- Ever changing – social media and technology
- Home based technologies – would enable people to connect with health care professionals through web/wireless communication

Theme – political change

- New provincial government (i.e. election)

Theme – changing demographics and opportunity for innovation

- Increasing migration into Winnipeg
- Cultural diversity
- Increasing migration of people to Winnipeg – international, rural, northern
- Opportunities to learn from Winnipeg (Manitoba's) cultural diversity

Theme – engagement, dialogue and partnering with the public, other organizations, government

- Helping other organizations to promote health and well-being
- Intergovernmental collaboration – for example, Jordan's Principle
- Oneness
- Collaboration with federal, provincial, municipal governments

Theme – equitable and community-based care

- Development of new organization that promote health and well-being

Theme – more positive media coverage

- Some more positive media coverage

Threats

Theme – emerging threats on health of population

- Life style issues within the population
- Problems with water supply – freezing, contamination, etc.
- Really cold winters

Theme – emerging pressures on system due to changing demographics

- Increasing poverty
- Lack of food security
- Poor health due to poverty
- Multi-culturism or regionalism

Theme – epidemics and infectious disease

- Disease – pandemics, etc. also public's perception about readiness of health care system -- increasing fear
- MRSA – infections that can't be treated

Theme – financial sustainability of system

- Funding arrangements
- Federal-Provincial transfer payments
- Limitation/budgetary restraints

Theme – political undermining of system

- Jurisdictional issues – health care outside of region, Aboriginal communities, roles of municipalities, etc. – i.e. ambulance service
- Failure of governments to understand and act on the social determinants of health

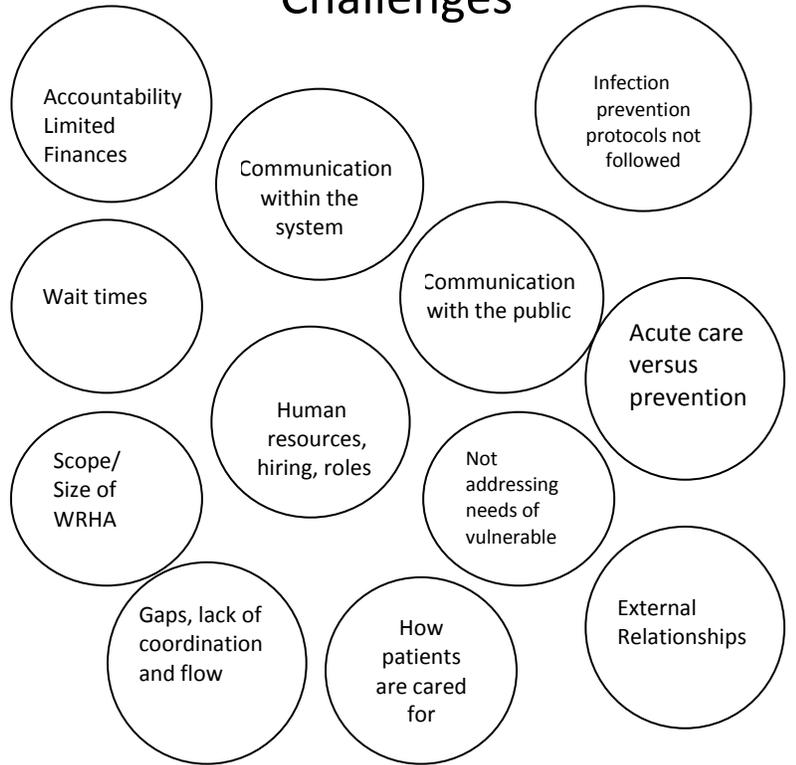
Theme – political change

- New provincial government (election)

Strengths



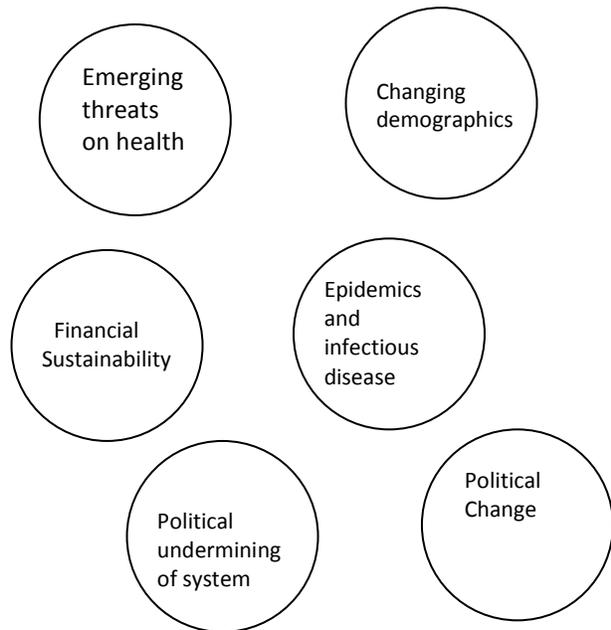
Challenges



Opportunities



Threats



Downtown and Point Douglas Local Health Involvement Group

Input on the Strategic Plan – Meeting Two

What priorities are still relevant, not relevant and why?

- **Increase the involvement of patients and family**
 - Yes – longstanding, permanent commitment

- **Improve primary care infrastructure and performance**
 - Yes – part of providing quality services – should fit under that strategic direction ---- should expand to primary health care – will include mental health, etc.
 - Equity – what about impoverished community members – not receiving primary care right now?

- **Improve patient flow**
 - Yes, still a priority – can flow very fast – but not for everyone
 - Patient flow is more than just wait times
 - ER – some people having to go back in the next couple of days, might be turned back
 - It's about urgency of need
 - More important – the attitude you have as you wait, important to know what's going on, to know that staff know you are still there
 - Equity issue – sometimes if you're on your own, you can't wait – might have other children to care for

- **Increase public communication, consultation, and participation across planning, policy development and decision-making within the region.**
 - Doing a good job with this right now – good place – not necessarily a priority for the next 5 years
 - Transparency/ease of access of information still needs to be worked on

- **Increase the diversity of the workforce**
 - Yes it's a priority – hard to know where things are at currently – would be important to know how well the WRHA's doing re: integrating different cultural health approaches, language access – can we care for people in their own language

- **Increase staff engagement to strengthen workplace culture**
 - Yes its' a priority – I want my caregivers to be happy
 - Want staff to feel like their work is worthwhile , that they've contributed and that their work is recognized

- **Expand the use of inter-professional teams**
 - Yes, important – starting at university - is great

- This is the future of health care – we need to be better equipped to do this
- **Develop a regional research strategy**
 - Research is always evolving so it always needs to be on the list of priorities
 - Not sure if doctors doing research impacts the care of their patients
 - Necessary for a changing world
 - Important – there is a lot going on – like research on aging
- **Improve productivity and efficiency through process improvement**
 - Yes – a priority – but sounds administrative – just about getting more patients through – make this more descriptive of what’s happening
 - With potential of change in government, limited dollars, this is a priority, with increasing pressures on system
- **Implement an enterprise risk management framework**
 - Technology risks
 - It’s important, but not a high priority – should keep on top of it

Additional priorities?

- Improving health and health status (equity) by addressing all social determinants of health – health is dependent on so many other things – need to recognize this and work on determinants – should be in the mission statement
- Disease prevention/health promotion

Equity considerations?

- Primary care infrastructure and performance -- what about impoverished community members – not receiving primary care right now?
- Patient flow – waiting for service – sometimes if you’re on your own, you can’t wait – might have other children to care for
- Would be important to know how well the WRHA’s doing re: integrating different cultural health approaches, language access – can we care for people in their own language

Ranking of the priorities

1. Improving health and health status (Equity)
2. Disease prevention/health promotion and improve patient flow
3. Expand the use of inter-professional teams
4. Improve primary care infrastructure and performance

Downtown and Point Douglas Local Health Involvement Group

Input on the Strategic Plan – Meeting Three

LHIG Top 5 Priorities

1. Prevention and Promotion

- How can we briefly describe this priority?
 - Helping people make healthier choices in their lives, meeting people prior to disease/illness happening
 - Proactive, educational
 - Engagement with people – to build understanding through education and communication
 - Shouldn't blame poor health on the individual – need to look at health from a social view, dependent on the involvement of all aspects of society – governments, communities, etc.
 - Can't have good health if you don't have good housing, education, nutrition, exercise, etc. (the social determinants of health)

- What is the desired outcome of this priority?
 - Empowerment of individuals and their communities to use tools to control the social factors that impact their health

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Get commitment for government for funding for this
 - Better health programs in elementary and high school
 - Shift the bulk of health care budget towards primary care and health promotion
 - Research determinants of health and target these for improved health promotion
 - Increase funding for prevention
 - Community based care and education to create a progressive care approach
 - Take real action on poverty issues – housing, income, social communication
 - Continuing information
 - Have volunteers from community participate in education and information sharing
 - Hold classes, create educational pamphlets
 - Work together with city government to increase access to healthy living opportunities
 - Increase general public awareness

- Are there specific considerations for vulnerable populations?
 - People living on social assistance – disability or regular assistance – only receive \$3.96/per day per person (1993 levels) Provincial government needs to modernize

- social services and job training and provide better living rates for those living on assistance.
- Vulnerable population needs to be reached where they gather for food and shelter
- Advocate for more/better/cheaper housing – with federal and provincial governments
- Educate the population to demand action on this
- Coordinate with all levels of government on addressing the social determinants of health

2. Improve Patient Flow

- How can we briefly describe this priority?
 - Patient flow is about how people move through the system
 - Better continuum of care – so people don't have to get into the health care system (more acute care)

- What is the desired outcome of this priority?
 - The goal should be – the right care at the right place at the right time

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Should be following up with patients who have had surgeries – an alternative to ending up in ER
 - Ask staff for ideas for improvements
 - Is the patient in the right place or should they be somewhere else? The system should be focused on what the person needs and how to meet those needs.
 - Staff become overly task-oriented/creating checklists – need to focus on patients
 - Should be getting feedback from “frequent” users
 - More money for more doctors, improving facilities and better training
 - Better training for specialists, doctors, nurses
 - Education for patients and health care workers
 - More patient advocates
 - Implementation of electronic medical record RHA wide
 - Financial aspect – increase facilities and professions
 - Evaluate and monitor present system for improvement
 - More emphasis on prevention and promotion would improve patient flow, speed things up
 - Continue to develop alternatives to ER's
 - Better collaboration between health care providers – and from site to site
 - Seamless care
 - Consider the autopilot/checklist process when assessing
 - Improve listening without judging someone's reasons for returning to ER

- Are there specific considerations for vulnerable populations?
 - Vulnerable patients will receive a different kind of care, not getting proper care – they won't necessarily know how to use the system, may not ask – therefore, there is a need for patient advocates
 - May not have regular doctor or if they do – afraid to talk to doctor
 - System should be watching for vulnerable patients and be proactive, provide support

3. Improve Primary Care Infrastructure

- What is the desired outcome of this priority?
 - Develop the right continuum of health services and ways to serve – right balance of services—within the community so that people can access full complement of care
 - Work on improving primary care, especially for homeless and other at-risk populations – who do not receive follow-up care – after ER visits, surgery, etc.

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Improve access to mental health services
 - Training for doctors and nurses and health care staff in issues of poverty, oppression and vulnerability
 - Universal pharmacare
 - Incorporate and include dental care access
 - Emphasize bedside manner for doctors
 - Provide primary care sites close to marginalized populations, could be mobile
 - Improve transport to primary care facilities – cost is a big inhibitor
 - Have the right balance of health care
 - Provide clear definition of primary health care so public will know that it's a choice of health care
 - Expand primary care facilities to community centres, store fronts, etc.
 - Monitor and evaluate systems and procedures
 - Expand program – additional programs and facilities

- Are there specific considerations for vulnerable populations?
 - Work on improving primary care, especially for homeless and other at-risk populations – who do not receive follow-up care – after ER visits, surgery, etc.
 - Those on assistance who become hospitalized may lose their homes
 - Newcomers won't know what to do after care/hospitalization
 - Medical boarding homes
 - Patients without family or family not able to provide support
 - Improve safety net, improve transition out of hospital – social work/applied health should get more involved with vulnerable patients

4. Increase Involvement of Patients and Families

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Having patient and family members understand all options for the right/ proper care/treatment and after care
 - Ensure that all programs and staff understand the importance of family support
 - Improve representation at all levels of health care staff – that diversity of city/province, etc. is reflected – especially for Aboriginal people
 - Support programs and information is needed for families and communities
 - Improve assessment criteria and expedite care upon discharge
 - Create a functional partnership between family and health care team
 - Provide a call line to answer questions from families/patients
 - Make sure that patients/families are aware of available services
 - Provide information at a level that is appropriate for the individual and make sure that they have understood
 - Give family caregivers proper support – don't abandon them
 - Transparency – perhaps in inpatient settings, assign a nurse to update patients on his care so that patient will be more inclined to get involved

- Are there specific considerations for vulnerable populations?
 - What if your family can't help – elderly couples, etc.
 - Push to get patients out of hospitals – push home with home care, lots of pressures on family to provide care

5. Planning for an aging population

- How can we briefly describe this priority?
 - The population is aging and there will be increasing demands on the health system, want to ensure aging population is healthy
 - When their health deteriorates in the last 2 years, their needs grow quickly

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Should be thinking about facilities that are multi-purpose that can be repurposed
 - Don't presume that age should limit treatment options – look at person's overall health before ruling out a procedure
 - Ensure that facilities can service multiple generations – i.e. all ages playgrounds
 - Integrated plans and programs – aging population needs and care
 - Build more supportive living
 - Tier living care facilities to assisted supportive and long term housing
 - More family supports for aging parents

River East and Transcona Local Health Involvement Group

Input on the Strategic Plan – Meeting One

SCOT Analysis – Strengths, Challenges, Opportunities, and Threats

This is a tool that the LHIGs used to identify the positive and negative factors within our health care system that help or inhibit our successes to deliver services, address the needs of patients, and improve the overall health of the communities we serve.

Strengths and Challenges: These are the internal factors within an organization. **Opportunities and Threats:** These are external factors stemming from community or societal forces.

Strengths

Theme – Innovation/technology

- New technology used in hospitals
- Progressive
- Diagnostic and imaging equipment

Theme – Access to Care

- Access Centres
- Easy access to health care

Theme – Scope and Size of WRHA

- Organization
- Size of organization, # of hospitals, departments, etc.
- Many different agencies to utilize
- Invested in the whole city not just one area

Theme – health care staff

- Staff held accountable “in general”
- High quality of care givers
- Passionate people in health care who care about what they do
- Human resources

Theme -- Efficiency

- Efficient use of resources and supplies
- Efficiencies – purchasing bulk supplies, etc. for several sites

Theme – Engagement/Involvement of community

- Engagement of community stakeholders in the planning process
- Community involvement
- Process – to include public in providing input

Challenges

Theme – accountability and limited finances

- Accountability – where money is being spent
- Division/prioritization of resources/finances – too much is directed at acute care rather than prevention
- Challenge of shifting resources from acute care to community to respond to changing strategies, and needs of public – finances and human resources
- Financial problems...many cuts to health care puts a strain on delivery as it is difficult to provide quality care when there are not enough resources – patients suffer
- Finances – how much money received from Manitoba Health? Crumbling infrastructure, staffing levels, too much over time
- Limited financial resources

Theme – limited availability of family doctors

- Availability of family doctors
- Wondering about number of family doctors, medical students choosing family medicine

Theme – communication with the public

- Communicating what is going on to the public
- Complex processes – difficult to communicate

Theme – awareness of public to use system appropriately

- Public education – emergency departments are not walk in clinics

Theme – barriers to accessing system

- Access to health care system – not inclusive – issues of poverty, physical accessibility and limitations, lack of understanding physicians

Theme – Emergency department waits

- Emergency department – long wait times and long wait times for surgery

Theme – understand and addressing community needs

- Gaining a full understanding of community needs and trying to meet those needs in a fair manner

Theme – unnecessary diagnostic tests

- Types of tests ordered, what is necessary/not necessary?
- Accountability of expense of unnecessary health care testing/diagnostics

Opportunities

Theme – more educated public

- Society more educated, health behaviours are changing
- Raise awareness but people are accountable for their own behaviour – like eating too much sugar, etc.
- Increased community awareness of available support systems
- Educating the public about services

Theme – equitable and community-based care

- Equity – health care to reach all people
- Opportunity to listen to city areas that do not have the knowledge of how to navigate the health care system and to meet their needs
- Bringing health care to the immediate community, even cancer care

Theme – improving perception of WRHA – public and media

- Use media to show WRHA in a positive light – positive trends and work – like, combatting childhood obesity, mental health awareness, more physical activities
- WRHA is often viewed by the public as a good thing – it covers a lot

Theme – Emerging technology, innovation, research

- Technology and innovation
- Research
- Diagnosis and treatment

Theme – political change

- Upcoming political changes/elections – supports the engagement of people and communities

Theme – changing demographics and opportunity for innovation

- Dealing with our aging population in a positive way – which has been underway already – we can be a model for the world

Threats

Theme – emerging threats on health of population

- Threat of increasing obesity and health issues – won't be able to afford to provide health care services to them
- Technology – impacts not considered – like carrying cell phones, etc.
- Obesity increasing in the overall population – more processed foods being consumed, sugar!

Theme – emerging pressures on system due to changing demographics

- Inability to meet increasing needs of aging population
- Aging population – will the tax dollars be there to support increased needs on the health care system
 - Don't have hospital, personal care home room for the very elderly

Theme – negative portrayal of WRHA in the media

- Media wants stories that captivate audiences and therefore do not give full picture –seldom does the media portray the good work that the WRHA does
- Media always highlighting the negatives

Theme – epidemics and infectious disease

- Public epidemics
- Diseases spreading globally – e.g. Ebola
- New viruses and illness – Ebola and CD68
- Ebola

Theme – financial sustainability of system

- Availability of resources
- Funding from those other than government
- Too much money spent on health care, therefore cuts made that affect patient care
- Financial burden becomes too great to sustain
- Funding – we want to be able to afford of the cost of health in 20 years – unless we find improvements in diabetes, obesity, smoking, and toxic life style – we won't be able to (sustainability of the system/increased focus on prevention)

Theme – political undermining of system

- Politics could undermine or change everything that the WRHA is doing right only because number crunchers decide otherwise
- Government officials pushing issues/changes to capture votes. Risk of losing focus on the priorities
- Not looking long term due to political pressure or changes

Theme – research of cultures and differences

- New ideas based on cultural differences research

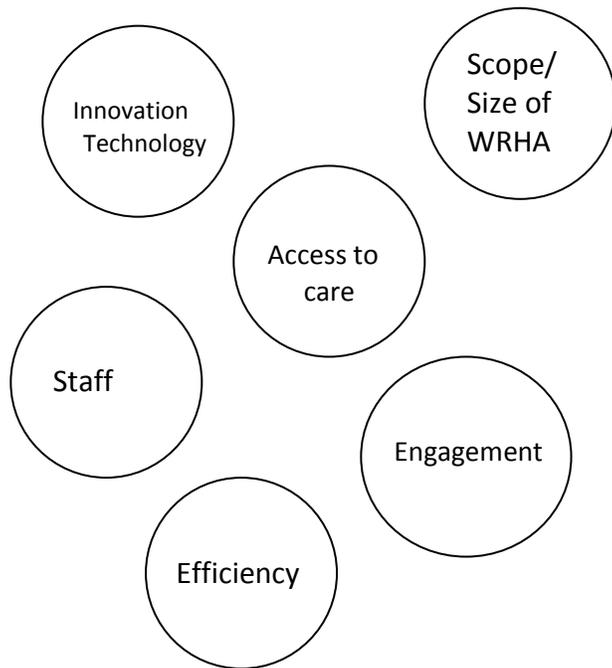
Theme – negative public perception

- Negative perception of the WRHA that some members of the public have – this is sometimes based on personal experience with the system

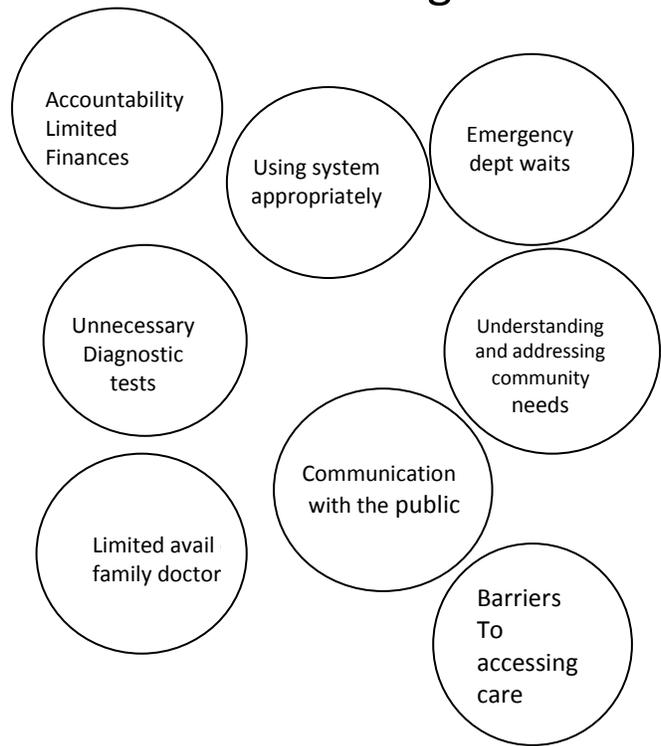
Other comments:

- All worked on own and came up with similar themes, and variety
- Interesting how strengths and challenges grouped into a few key themes

Strengths



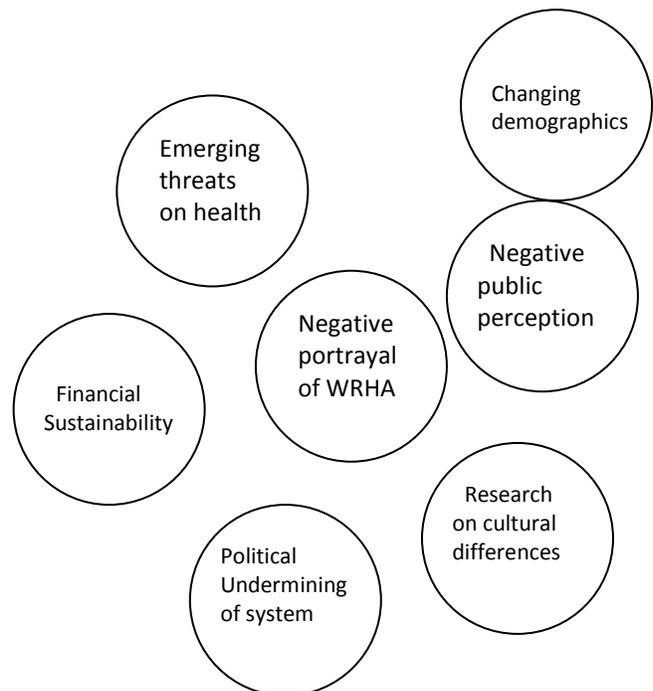
Challenges



Opportunities



Threats



River East and Transcona
Local Health Involvement Group

Input on the Strategic Plan – Meeting Two

What priorities are still relevant, not relevant and why?

- ✓ Need to keep working on all priorities to make the system sustainable – need to keep trying to make it more efficient and less costly
 - ✓ System should be focused on wellness – not illness
 - ✓ All priorities from 2013 are still relevant
-
- **Increase the involvement of patients and family**
 - Big priority – the customers, patients – can feel impact of improvement in this area – most direct impact
 - There's more work to do here – based on experience
 - Still relevant
 - Equity issues – additional costs for treatment not covered, what happens if you can't afford it?
 - Have made advances in involving patients and families – room for improvement here still
 - Important that providers listen to their patients – involvement of the family is therefore important – dialogue between patient and doctor very important
 - Public education is very important – that people take ownership of their health care – need to know results of diagnostics
 - Ensure context – diversity – cultural, faith, gender, ethnicity, etc.

 - **Improve primary care infrastructure and performance**
 - Transitional care and navigation supports for individuals with complex needs, including seniors – equity lens – find the forgotten, use partnerships and innovation
 - Services close to home including mobile services
 - Access to professionals after hours

 - **Improve patient flow**
 - Very related to patient experience, my right care, health links – very positive
 - Need to focus on people who don't have access
 - Need to put in plan for equity – like Siloam mission, homes – have much worse health outcomes – end up calling ambulances, going to ER's, still need to work on this, drives our health care costs

 - **Increase public communication, consultation, and participation across planning, policy development and decision-making within the region.**

- **Increase the diversity of the workforce**
 - Diversity of the workforce is very important – patients need to see themselves in the providers that care for them
- **Increase staff engagement to strengthen workplace culture**
 - Not sure why staff engagement is one of 10 strategic priorities
 - But, if half of the staff are not engaged – that’s a worry/concern – if you’re happy, you’ll put more into your work, how you can do it better, etc.
 - Ensuring that they feel heard – that they are part of process improvements
 - Ensure fair allocation of resources and supports
- **Expand the use of inter-professional teams**
 - Need to educate the public about ability to self-referral – physio, etc.
- **Develop a regional research strategy**
 - Connection between innovation, new treatments, and accessibility – all patients can’t access
 - Work in area of heart and stroke – don’t see that being a priority for the region
- **Improve productivity and efficiency through process improvement**
 - Need to keep working on all priorities to make the system sustainable – need to keep trying to make it more efficient and less costly
 - Just because something is new doesn’t mean it is necessarily better – need to look at jumps into new technology but it’s expensive, need to control costs
 - Sustainability is a priority – the costs are continuing to grow, waste in the system, inappropriate use of the use
- **Implement an enterprise risk management framework**

Additional priorities?

- People need to take accountability of their own health
- Alternative approaches to treatment – Aboriginal, traditional healers, holistic providers, etc.
- Prevention – not listed as a priority – but it should be
- Transitional care and navigation supports for individuals with complex needs, including seniors – equity lens – find the forgotten, use partnerships and innovation

Equity considerations?

- Equity issues – additional costs for treatment not covered, what happens if you can’t afford it?
- Need to put in plan for equity – like Siloam mission, homes – have much worse health outcomes – end up calling ambulances, going to ER’s, still need to work on this, drives our health care costs

- Transitional care and navigation supports for individuals with complex needs, including seniors – equity lens – find the forgotten, use partnerships and innovation

Ranking of the priorities

1. Prevention and Promotion
2. Increase involvement of patients and families
3. Improve patient flow
4. Improve Productivity and Efficiency
5. Patient Empowerment and Accountability

River East and Transcona Local Health Involvement Group

Input on the Strategic Plan – Meeting Three

LHIG Top 5 Priorities

1. Prevention and Promotion

- How can we briefly describe this priority?
 - Focusing on those activities that get/keep people healthy and reduce illness and disease in the population

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Nutrition – promote/encourage large grocery stores to stay open or open up stores in areas where they currently do not exist – i.e. downtown
 - Free workshops on how to cook healthy meals
 - Subsidized recreational passes
 - Partner with community groups to increase numbers of exercise programs available
 - Provide statistics on rates of chronic disease – in age groups and with information on changes over time
 - Need to educate people on how to prevent specific illnesses and diseases
 - Provide information and ways (easy and attainable) to stay healthy and to prevent disease
 - Education at schools, community organizations on prevention/promotion
 - Charge more for activities that do not encourage good nutrition and physical activity – i.e. sugar tax, higher parking fees
 - Direct more money towards prevention programs
 - Encourage physical activity and teach nutrition
 - Getting people to be more physically active
 - Nutrition policies in schools
 - Cheaper recreational activities
 - Better promotion of free activities
 - Better communication with the public about prevention programs – many people still unaware about what’s offered at Access Centres
 - Prevention education at early ages, more awareness in schools/pre-schools
 - Diet/nutrition aid for lower income groups
 - Breakfast at schools to ensure adequate nutrition
 - Drop in programs at gyms for lower income groups – to promote health
 - Coordinate/sponsor seniors/youth physical activity programs and events at apartment buildings, community clubs, daycares, and assisted living
 - Voice of community – lobby government re: unhealthy foods – should be taxed
 - Promote farmers markets
 - Community gardens

- Should be on-going training/education available for public
- Are there specific considerations for vulnerable populations?
 - Free workshops on how to cook healthy meals
 - Subsidized recreational passes
 - Cheaper recreational activities
 - Better promotion of free activities
 - Diet/nutrition aid for lower income groups
 - Breakfast at schools to ensure adequate nutrition
 - Drop in programs at gyms for lower income groups – to promote health
 - Partner with communities
 - Communicate and share information about prevention/promotion
 - Engage people when you offer the program
 - Find out what communities want, then work with them

2. Improve Patient Flow

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Cancellations of 100's of heart operations in unacceptable – how long does it take to fix the problem? Long waiting gives perception that there is a lack of caring about the problem
 - More nurse navigators
 - Programs to teach people how to advocate for themselves, family members
 - Educate the public about what services they can receive at access centres, urgent care, quick care, emergency rooms, walk-in clinics, family doctors
 - Group multiple types of doctors in one facility so patients have easier access
 - More in between facilities for semi-independent seniors to be self-sufficient
 - More support to expedite panel process for long term care – so wait times are decreased, less paperwork
 - Communication between hospitals and home care to coordinate best care within a reasonable time frame – set standards
 - Increase staff to decrease caseloads, then can be more effective at getting at patients more quickly
 - Better triage system at ER's – to determine if they can go to walk in clinic, urgent care, versus ER
 - Streamline process for accessing the system, moving through the system
 - Reduce paper work
 - Encourage use of health care facilities other than hospital
 - Set up another urgent care centre – able to take of points between walk in's and ER
 - Direct less critical cases elsewhere
 - Provide more care at home
 - ER wait times – fast process, have location where you can access more services

- More efficient process at ER's
- Use more care providers for minor issues, not just doctors
- Public education on how/ways they can help decrease delays in patient flow
- Target wait times for diagnostic testing
- Use patient navigators
- Need strong and effective communication between departments
- Attach fees to missed appointments
- WRHA needs to be more transparent about why some problems exist – like wait times and cancellation of cardiac surgeries – explain why these problems exist to the public
- Having multiple diagnostic tests by different specialists – not efficient/ effective – need to figure out why that happens and address
- People moving through multiple diagnostic tests without ever getting diagnosis – how often does this happen?
- Public education/information – post at ER's

3. Improve Primary Care Infrastructure

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - More quick care
 - Family medical clinics with nurse practitioners and social workers
 - Primary care should take care of 90% of the cases
 - Referrals to specialists take too long
 - Bring patient care into community
 - Charge a nominal fee per appointment – can be rebated for low-income
 - Walk in clinics – longer hours, increase access
 - More general practitioners/nurse practitioners available for new patients
 - Use more nurse practitioners
 - Have multi-professional offices – doctor, nurse practitioners, nurses
 - Increase hours of operation – earlier mornings, late evenings, weekends
 - Develop more access centres
 - Improve access to family doctors – many do not have availability on weekends or evenings
 - More time spent with patients to help ease transitions – i.e. home to personal care home
 - Wait times too long for family doctors and urgent care
 - Doctors, nurses, etc. make home visits rather than having to attend clinics – case by case basis
 - Improve method of communicating with doctors
 - Increase number of nurse practitioners in primary care to improve access and help patients get connected to the care that they need

- Are there specific considerations for vulnerable populations?
 - More mobile teams
 - Provide mobile doctors for the elderly

4. Increase Involvement of Patients and Families

- What is the desired outcome of this priority?
 - Patient and family is part of the health team. A patient's bill of rights is in place. Patient is primary focus. Health care providers embrace family's role in patient's care.

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Have administration/reception staff explain how much time the doctor has for their appointment
 - Ensure family members get support/respite if they are involve in caring for family members
 - Dialogue increases understanding and results in better outcomes
 - Surveys should be distributed to better understand information and knowledge that patients and families need
 - Ensure that patient and family are involved in decisions about treatment/ care
 - Help families connect with resources to be part of the solution
 - Improve families' understanding of the importance of their role and resources available – “coach” families
 - Burnout for family members – make processes easier, less burdensome
 - Improve communication re: discharge from hospital to home – give families clearer direction
 - Health care professionals need to be helpful in communications between family – need to start listening and actually hear family
 - Health care providers to respond welcoming to family involvement – be available to talk with family, include in care from the beginning – this will decrease hospitalization, should encourage patient to have family present
 - Information on WRHA website – re: importance of having friends, family accompany people to doctor appointments, etc. – two sets of ears
 - Educate family and support systems about how they can better assist/ care for family member/friend
 - Make families feel welcome/supported in the health care system

- Are there specific considerations for vulnerable populations?
 - Find out what family/friends can support – and then plan (if needed) how volunteers, spiritual care, etc. – others can help
 - Without family, there is a higher chance of depression in hospital, longer stays, more illness

- Have staff, programs to support patients without families – recreation room and other options to socialize at hospital settings and have volunteers to accompany to appointments to help patients better understand doctor’s advice, etc.

5. Planning for an aging population

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - More home care options
 - Virtual teams keeping people in their homes with family and friends helping
 - More housing cooperatives – easier to provide care to a group rather than many individual homes – could have built-in supports
 - Improve existing programs that help seniors stay at home – ensure home environment is safe
 - Saskatchewan has model of dementia care that Winnipeg should consider – Sherbrooke Centre
 - Affordable, assisted housing
 - Providing supports to seniors so that they can stay in their homes longer
 - Focus on listening to seniors’ wisdom about how they like to transition from independent homes to personal care home
 - Improve how people can transition to services as they age
 - Increase access to geriatric assessment teams in home environment
 - Need more personal care homes as the aging population is greater than space available
 - Need more home care workers so can keep older people in homes longer
 - Need to promote/clarify advance care planning and health care directives
- Are there specific considerations for vulnerable populations?
 - Paid advocates for vulnerable seniors
 - Open more beds for seniors with dementia, especially high needs behavioral patients
 - Affordable housing
 - Address ageism within system
 - Identify isolated, vulnerable seniors – neighbours can help with this – then get them connected to organizations for resources
 - Low income seniors – may choose to not buy prescriptions because they can’t afford to – is this being addressed? Family doctors should be watching for this, connecting to resources.

River Heights and Fort Garry Local Health Involvement Group

Input on the Strategic Plan – Meeting One

SCOT Analysis – Strengths, Challenges, Opportunities, and Threats

This is a tool that the LHIGs used to identify the positive and negative factors within our health care system that help or inhibit our successes to deliver services, address the needs of patients, and improve the overall health of the communities we serve.

Strengths and Challenges: These are the internal factors within an organization. **Opportunities**

and Threats: These are external factors stemming from community or societal forces.

Strengths

Theme – Innovation/technology

- Electronic medical records

Theme – Access to Care

- Universally available, universal health care
- Access to services – facilities, nearness of hospitals

Theme – Communications

- Website – ER wait times, my right care
- Getting information out to the public
- Creating public awareness such as media campaigns

Theme – healthcare providers, staff

- Training – health care professionals
- Specialists
- Professionalism of staff – kind nurses
- Strong leadership

Theme – Engagement/Involvement of community

- Public/community consultation
- Volunteers – appreciation, recruitment, and training

Theme – programs and services

- Type of services available – find a doctor, my right care, ER mental health, access centres, immunization clinics,
- Allocation of resources to programs that are needed
- Focused/specialized care within certain facilities (Centres of Excellence)

Challenges

Theme – limited availability of family doctors

- No family doctors

Theme – communication with the public

- Communications – media, clients, managing public perceptions
- Too defensive with media
- Communications to media and patients/clients
- Public and health care staff are unaware of resources in the community
- Complaints/dispute – re: doctor complaints
- Inter-departmental communication
- Need for better, clearer communication

Theme – awareness of public to use system appropriately

- Helping people find their way through the health care system

Theme – difficulty for vulnerable population to access services

- Improving access to care for the disadvantaged (equity issue)
- Dealing with the health care system when you have mental health issues
- Access to care for the disadvantaged (equity issue)

Theme – Wait times

- Emergency departments, tests, referrals, for specialists
- Patient wait times
- Specialist referral times – outside of WRHA control

Theme – Human Resources, hiring, roles

- Having enough front-line staff
- Practitioners
- Hospital doctors not relating back to family doctors

Theme – negative public perception

- Poor reputation of the home care program

Theme – infection prevention and control

- Infection control

Theme – services, gaps in services, coordination and flow between services

- Access to addiction treatment resources
- Palliative care
- Dementia resources
- Support of community based programs

Theme – acute versus prevention

- Allocation of resources – between acute and community-based
- Balancing priorities – for example, prevention and cancer care

Theme – using data to improve performance

- Using system data to improve system performance

Theme – lack of mental health services, quality of mental health services

- Not enough psychiatrists
- Issues with accessing (financially) other counseling - health care coverage, benefits, etc.
- Having choice – re: health care professionals – about how you're treated – especially mental health services
- Dealing with mental health services

Opportunities

Theme – more educated public - healthy living

- Increasing popularity of healthy living, self-care, prevention, etc.
- Education

Theme – emerging technology, innovation, research

- Social media – increase public presence

Theme – changing demographics and opportunity for innovation

- Cultural diversity – large immigrant population, bring new ways of doing things, new ideas
- Aging population – huge volunteer base to engage

Theme – engagement, dialogue and partnering with the public, other organizations, government, communities

- Public's interest in being involved in their care
- Community development
- Cancer Care Manitoba -- partner-- need increased presence rurally and on reserves
- Partnerships – with University of Manitoba –medical students, research – and others -- Federal Lab, non-profits, outside agencies, RHA's, government departments, etc. for projects, etc.
- Increase public presence – kiosks at events, fairs, community events, churches, etc.
- Need for increased presence in rural communities and on reserves

Theme – innovative approaches and policy for better health outcomes

- Breast screening research
- International experience – what we can learn
- Holistic approach

Threats

Theme – emerging threats on health of population

- Health trends – increasing cancer, increasing inactivity/obesity
- Critical incidents
- Weather - -climate change
- Health trends
- Increase in child inactivity leading to less healthy children and overall less healthy population
- Increasing cancer within population

Theme – emerging pressures on system due to changing demographics

- Demographics – increased immigrant population – need to respond to changing needs within population, squeaky wheels
- Aging boomers, increased health needs, high expectations
- Increasing number of seniors
- Aging population, demographic trends
- Large immigrant population – different culture “status quo” not appropriate
- Poverty

Theme – epidemics and infectious disease

- Ebola outbreak

Theme – financial sustainability of system

- Changing in funding arrangements – like, cost of doctor visits per visits – time allotted – inhibits quality care
- Funding and politics – change in government – potentially – might not have health care (delivery and access) as priority
- Limitations of federal and provincial funding growth
- Funding cuts by Manitoba Health

Theme – conflicting priorities

- Different agendas

Theme – negative public perception and/or dis-engaged public

- Racism and negative perception of system by Aboriginal communities

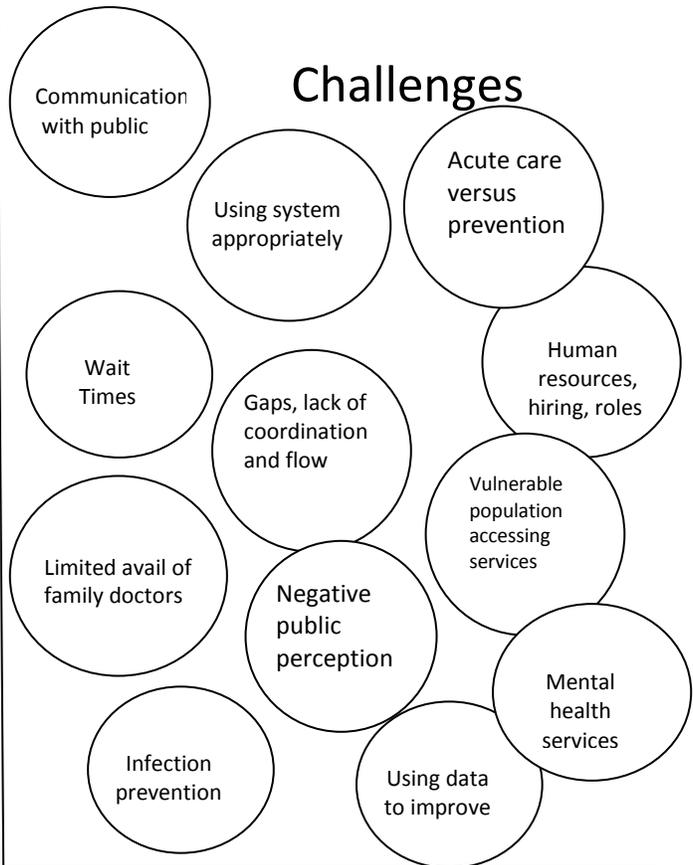
Theme – public using information sources not credible

- Rising popularity of unqualified health coaches and media pundits
- Social media

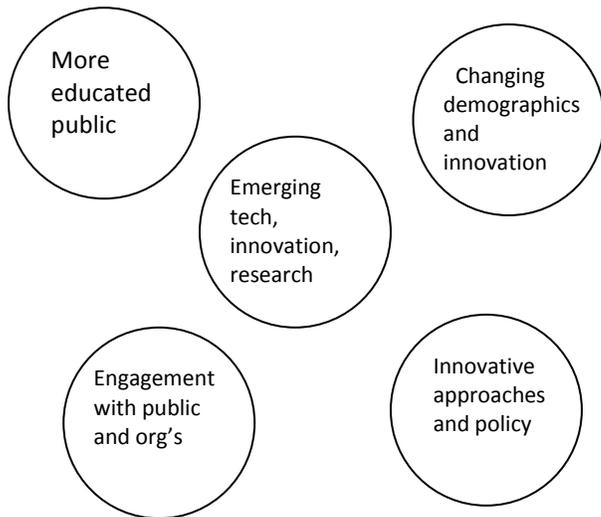
Strengths



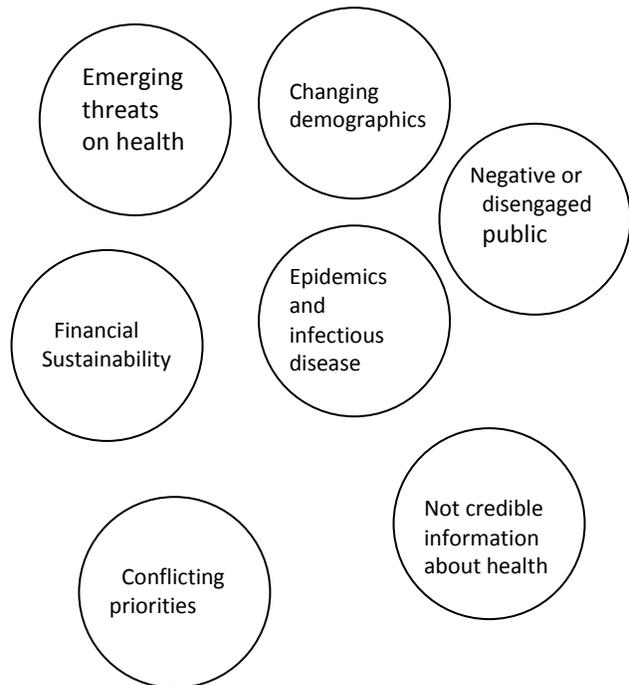
Challenges



Opportunities



Threats



River Heights and Fort Garry
Local Health Involvement Group

Input on the Strategic Plan – Meeting Two

What priorities are still relevant, not relevant and why?

- **Increase the involvement of patients and family**
 - Yes, the more knowledge that people have is better – more motivated to take control of their health, they will be more empowered
 - Being consulted, might not make final decision, understand rationale, options
 - Would relate directly to patient satisfaction
 - Important to have family more involved

- **Improve primary care infrastructure and performance**
 - Yes – ties into the involvement of patients, public engagement, more services in community – more prevention in community – then acute care can focus on acute issues
 - Links with research and education, collaboration using technology

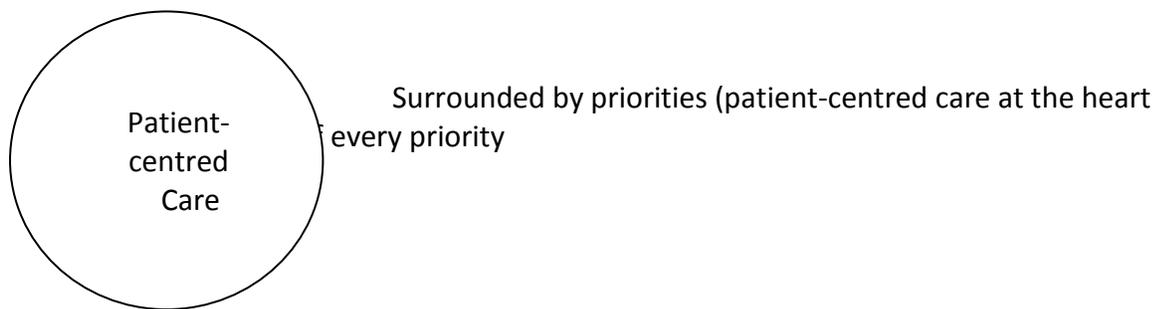
- **Improve patient flow**
 - Yes, especially waits for long term care – in hospital – waits are way too long especially for specialized long term care

- **Increase public communication, consultation, and participation across planning, policy development and decision-making within the region.**
 - Bring humanity back, not just a big, bad machine – customer, client, person
 - Build on what we've done but no need to continue focus

- **Increase the diversity of the workforce**
 - Yes, a lot of people who don't see themselves reflected by staff – in the health care system – for example, LGBTTT population – lots of bad experiences
 - Huge influx of new Canadians
 - Not relevant to one small group – some aspects should be a given

- **Increase staff engagement to strengthen workplace culture**
 - Yes – Does staff feel empowered and invested or is it just a job? We want someone who is engaged to care for us. Who cares for the caregiver? Need that because of burnout – will continue to learn
 - 75% of budget is on human resources – want good return on investment
 - Administration versus the unions – is this an issue?

- **Expand the use of inter-professional teams**
 - Good optics, fits into holistic care – whole person, not just physical health – but mental, etc. – health issues are often more than just physical, often there is a mental health component
- **Develop a regional research strategy**
 - Practical applications of research – more innovation equals better health care – yes, this is a priority
 - Focus on partnerships versus leading this
- **Improve productivity and efficiency through process improvement**
 - Ties to staff engagement – have to constantly look at ways to be efficient – more demands coming on the health care system – must make sure that every dollar counts
- **Implement an enterprise risk management framework**
 - Priority to be prepared



Additional priorities?

- Prevention/promotion – if we can prevent more disease, keep people healthy – this frees up dollars
- Right care, right time, right place – for example, aging in place, child birth with midwife – needs to be available, important in terms of cultural needs
- Patient empowerment
- Process improvement – take what others are doing well and duplicate (need to share successes and replicate)
- Bridge and form partnerships outside of healthcare to improve holistic health care, e.g. schools, seniors' centres, etc.
- Holistic health – emotional, social, quality of life – not just medical aspects – spiritual also
- Broader sharing and knowledge of all services available – need to communicate more -- better service navigation – helping cut the red tape

Equity considerations?

- If we deal with health issues of those marginalized, it will free up dollars to use elsewhere in the system
- Access to healthy food contributes to other factors impacting health
- Should look at all priorities from different lens
 - Equity – not same, but tailored care
 - Prevention/Promotion, and
 - Patient-centred care – which happens through the involvement of patients, families
- Place services on bus routes
- Continue to develop Access Centres – good
- More money to continue operating access centres
- Need to consider language access - -staff and patient accents can be challenging – avoid professional/medical jargon/lingo
- Need to build into all strategic direction
- Access to technology for seniors and other groups, for example, on-line services may not be right for all groups
- Need for people to connect face to face/community
- Limitations of Tele-health
- Low income – difficult to get computers – how do homeless people get communication with no home or computer or phone?
- People with mental health issues need specific equity considerations, for example, some don't want a shelter. Some need assistance making choices versus being “politically correct”. It's easier to say just let them do what they want. Patients need supports.

Ranking of the priorities

1. Increase the involvement of patients and family
2. Improve patient flow and holistic health – health care system through partnerships
3. Increase staff engagement to strengthen workplace culture
4. Expand the use of inter-professional teams and develop a regional research strategy, focus on knowledge exchange

River Heights and Fort Garry Local Health Involvement Group

Input on the Strategic Plan – Meeting Three

LHIG Top 5 Priorities

1. Prevention and Promotion

- How can we briefly describe this priority?
 - Providing information to prevent disease, to be healthy.
 - Promotion of healthy lifestyle
 - System starts when people are healthy

- What is the desired outcome of this priority?
 - Prevention and Promotion are part of the health care system
 - Change in how it is viewed – changing how we look at what health care is – that prevention and promotion are part of the health care model

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Promotion of prevention and promotion to prevent issues later
 - Make people in the system more aware of resources outside of the system – they can share this information with patients
 - What is lacking is awareness of what is around us
 - Need to be aware of community organizations – their levels of funding, etc. --they are asked to do a lot with decreasing budgets – there needs to be a commitment to funding
 - System to offer outside awareness re: groups, etc. – so people don't feel alone
 - Expand the system to include healthy people – change the focus – from only sick people to all people
 - Partner with (or refer to) external agencies to promote their resources/supports that promote healthy living
 - Target groups in different ways – moms, kids, youth, elderly, etc.
 - Opportunity for partnerships, link with other resources/supports
 - Educational sessions in schools about the benefits of a healthy lifestyle and promote agencies that facilitate this
 - Identify and recommend community resources to patients
 - Provide more information/resources
 - More community programs aimed at keeping people out of hospital – like PRIME, Home Care, etc.
 - Youth – education about healthy lifestyle at school
 - Access to education – making people aware of support
 - Communicate health promotion topics broadly – through media, schools, etc.
 - Partner with YMCA's, healthy living workshops and activities

- Educational material/campaign re: prevention – especially for people at high risk – like young smokers
 - Increase number of public health nurses at schools
 - Coordinate with schools on promotion of healthy life choices
 - Partner with schools – healthy living workshops
 - Have access programs available to the public
 - Work together with support groups outside of the WRHA
- Are there specific considerations for vulnerable populations?
 - Higher rates of social assistance are needed right now – can't afford nutritious food, etc.
 - What about other government departments and their responsibilities to vulnerable populations?
 - Target vulnerable groups in appropriate ways – the elderly, young moms, etc.
 - Big challenge – access to healthy food and recreation
 - Use neighbourhood settlement workers
 - Identify high risk groups – concentrate on them
 - Harm reduction programs -- addictions

2. Improve Patient Flow

- How can we briefly describe this priority?
 - Ensuring that people are moving through the system
 - A lot happens in the community – need to ensure that people get the care that they need
- What is the desired outcome of this priority?
 - Increased patient satisfaction
 - Wait times are reduced
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Identify patients who've been sitting on wait lists for months and months – have a staff person who stays connected with people on waitlists to see how they're doing, to let them know what's happening, etc.
 - Primary care physicians could provide specific information about where to find/how to use and when to use appropriate services
 - Continue with patient satisfaction surveys and tailor with questions about wait times, flow of process, and communication of information
 - Do case studies about specific patient flow in high impact areas – cancer treatment, surgeries, etc.
 - Should have a goal for people waiting for long term care beds in hospital
 - Give people an idea of what they can expect—how long they'll wait, what happens next, etc.
 - More support in ER waiting room to manage frequent visits – have social workers

- Efficiencies which could affect wait times
 - Increased availability/training/hours for different procedures
 - Have access available at different times – being able to see a doctor in the evening at their office
 - Have more educational opportunities to allow staff to further themselves – specializing
 - Identify bottlenecks in specialist/referral care
 - Let people know about “My Right Care” website
 - Flow includes palliative care
 - Let people know about where they can quickly get information about the best place to go to get the care they need
 - Appropriate staff levels in needed areas
 - Awareness of other facilities that might better suit their needs – like Quick Care clinics
 - Add nurse practitioner positions in ER and urgent care to triage lower-priority cases
- Are there specific considerations for vulnerable populations?
 - Palliative care outreach staff – handover when palliative patient moves to palliative care site (from home) – right now – no transition and this is emotionally difficult for patients/family members
 - Access to care issues if you work during the day and have no sick time, etc.
 - Navigators at ER’s would be helpful – help people move through the system
 - Culture within the system – very middle class – empathy for middle class patients
 - Outreach for targeted populations

3. Improve Primary Care Infrastructure

- How can we briefly describe this priority?
 - Primary care is key to the other 4 priorities
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - People are generally unaware of the system and what services are provided
 - More supports for treating people in the community
 - Access to multiple services in one location
 - Mobile clinics for people who cannot get there
 - Make information easily accessible for doctors – to be able to recommend best action for patients
 - More nurse practitioners
 - Continued support for alternatives/compliments to doctors – nurse practitioners, physician assistants, community clinicians
 - Need team approach, multiple disciplines
 - Need to align Fee For Service primary care physicians with WRHA goals and objectives
 - Offer primary care services at times that people are able to access them
 - Provide primary care practitioners the information and tools they need to fulfill/carry out WRHA mandates

- Expand interdisciplinary care teams in primary care
- Are there specific considerations for vulnerable populations?
 - People who come into Winnipeg for health care – they are vulnerable – alone, without family, additional costs to get care
 - International students don't know anything about the system – some experience mental health issues
 - Mobile health care practitioners for people who are isolate or don't have ability to reach out
 - Services on accessible routes and close to home
 - Mobile primary care clinics in schools/community centres to target vulnerable populations
 - Need staff to be representative/reflective of the communities they serve
 - Help targeted groups better understand primary care services and how to access them

4. Increase Involvement of Patients and Families

- What is the desired outcome of this priority?
 - That communication respects diversity of patients and families and their needs
 - Patient satisfaction increases
 - Would feel like you're being treated as a whole person
 - Improved access to own health care information
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Holistic approach to health care – open minded to new ideas
 - Take patient and family “snap shots” to learn from stories
 - With more electronic health records, give patients some access to their own health information
 - Family involvement should not mean off-loading on families
 - Patient records – make access to history more accessible
 - Direct website usage – good websites – identify those that aren't great sources of information
 - Offer patients information in writing when appropriate
 - Approach patient care as a discussion not a prescription (with family and patient)
 - Provide information to families caring at home to let them know about the supports available
 - In addition to patient satisfaction, survey family members about their involvement – are they encouraged to be involved, do they feel heard?
 - Improve patient record keeping electronically so that family members are recorded and contacted in a timely manner
 - Encourage use of e-charts
 - Encourage patients to bring a friend to appointments

- Are there specific considerations for vulnerable populations?
 - When providing written information, need to recognize low literacy rates and language barriers
 - Reduce barriers for family involvement – e.g. time off work, child care, etc.
 - Recognize/understand alternative, traditional, cultural practices – medicinal – First Nations
 - Train staff to be aware of cultural diversity/practices

5. Planning for an aging population

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - There are attitudinal challenges – many seniors/elderly not getting care when they to – their health issue worsens and they end up in ER – need to ensure the prevention and promotion part of the system is working with aging population
 - More emphasis on “home” in personal care homes
 - More supports for informal care providers – like respite/relief at home
 - More caregiver supports
 - More palliative supports
 - Change elderly peoples’ view of the health care system – more outreach needs to be done
 - More dementia supports
 - Have clinics available that come to your residence for specific services
 - Make family involvement a priority/necessity for seniors
 - Provide healthy living as you age workshops
 - Disease prevention/health promotion for aging population
 - Increase health care attendant wages in long term care health facilities
 - Offer day care workers retraining as home care workers
 - Provide information and services to helping older adults prepare for healthy aging
 - Help people understand “successful aging”
 - Different goals and priorities – for ages – 65, 75, 85, and 95
 - Increase services and/or facilities for people with dementia
- Are there specific considerations for vulnerable populations?
 - Finding placement for elderly close to where family lives
 - Provide financial supports or create a program to help ease the financial burden on family caring for elderly parents
 - Find ways to bridge language barriers
 - Provide a mechanism for care providers or others to identify elderly people who may need help
 - Have specific mental health strategies for this population

Seven Oaks and Inkster Local Health Involvement Group

Input on the Strategic Plan – Meeting One

SCOT Analysis – Strengths, Challenges, Opportunities, and Threats

This is a tool that the LHIGs used to identify the positive and negative factors within our health care system that help or inhibit our successes to deliver services, address the needs of patients, and improve the overall health of the communities we serve.

Strengths and Challenges: These are the internal factors within an organization. **Opportunities**

and Threats: These are external factors stemming from community or societal forces.

Strengths

Theme – Access to Care

- Power to help people help themselves – using website – for hospital wait times, etc. – empowers you to make an informed choice for yourself or someone else
- A system that can reach people
- Support system – health links
- Information when the public has a question that they are not sure of what to do – can provide answers

Theme – Scope and Size of WRHA

- Leadership
- Regionalization vs. LHIN's in Ontario
- Keeping administrative costs down

Theme – Innovation/technology

- Electronic health files

Theme – Strategic Plan and Vision

- The mission, vision, values statement

Theme – Communications

- Communication, transparency – media is being used more and more to share info with people – television, internet, etc. smart use of media – like promoting hand washing
- Communication with the public
- Getting information out to the public

Theme – healthcare providers, staff

- Diversity of our staff, bringing expertise from other countries – different slant on health care processes – adds to health expertise
- People working in the system

- Increase in utilization of nurse practitioners

Theme – programs and services

- More community care, nurse practitioners, other options other than hospitals
- Innovations in service delivery
- Non-hospital options for reducing pressures on emergency departments
- Diversification of health services – midwives, nurse practitioners, specialists
- Programming – value of community health
- Youth health programs and education

Theme – new facilities

- Health care sites – new clinics, renovations at hospitals
- Opening new clinics – Quick Care, etc.
- On-going hospital renovations

Challenges

Theme – communication with the public

- Safety and learning summaries – what happened, what changed? What was recommended?
Public doesn't know

Theme – awareness of public to use system appropriately

- Too much emphasis on emergency than other areas – by patients, not using other kinds of more appropriate care – not available?

Theme – waits times

- Wait times/patient flow – effective time usage, getting in to see specialists, for surgery, treatment, etc. – waits are long

Theme – Human Resources, hiring, roles

- Staffing resources – front line staff, aging staff, some staff not aligned with goals of WRHA,

Theme – size of WRHA, structure, organization

- Certain hospitals with own board of directors and others do not – difficult if reporting to 2 different boards – own and WRHA
- Element of red tape that any change must go through – slows progress down – committees need to approve before implementing

Theme – services, gaps in services, coordination and flow between services

- Limited support on mental health
- Lack of mental health programs/services
- Ambulance use – waiting at emergency departments for patients to be seen
- Other areas need to be improved

Theme – acute versus prevention

- Effective use of emergency resources, can they be re-routed?

Theme – accountability and limited finances

- Fiscal, budget cuts, staff impacted, never enough money to address needs of population
- Budgets reduced, staff issues

Theme – infection prevention protocols not followed

- Staff not following hand washing protocols

Theme – deteriorating infrastructure

- Deteriorating infrastructure – some facilities due for renovation

Opportunities

Theme – more educated public

- People – people are more aware and involved now, multi-cultural perspectives

Theme – emerging technology, innovation, research

- People being very connected – like, use of smart phones to link to pre-natal services, etc.
- New technology, changes in technology, social media that connects people more to health services

Theme – change in funding of healthcare system

- Funding/money – looking at positive reallocation of tax dollars, will need to review all aspects of the system and find new ways of doing things

Theme – changing demographics and opportunity for innovation

- Multi-cultural perspectives

Theme – engagement, dialogue and partnering with the public, other organizations, government

- Liaising with other provinces, countries, sharing information, what works/doesn't worked shared amongst health professionals
- People are more aware and involved now – there's an opportunity to seek their help

Theme – equitable and community-based care

- Programming – value of community health –
- Align society with long term goals – like value of community health

Theme – environmental change

- Environmental change as an opportunity/threat?

Threats

Theme – negative public perception and/or dis-engaged public

- Apathy of public, lifestyles, personal responsibility, people are overwhelmed by issues
- Education level of people in targeted areas

Theme – emerging threats on health of population

- Lacking information from long form census
- Environmental change and impacts on health of population

Theme – emerging pressures on system due to changing demographics

- Societal – oppression, pressures of an aging population, northern communities and access to care issues
- Immigration and migration – can reach a point of saturation – when we cannot meet increased needs
- Migration within the province – people moving from areas and health sites are closed, impacting on other sites
- Migration between provinces and how that impacts health care systems

Theme – negative portrayal of WRHA in the media

- Media – how the public/media perceives WRHA

Theme – epidemics and infectious disease

- Diseases, pandemics (like, Ebola) – needs more research

Theme – financial sustainability of system

- Fiscal – funding for programming, economic/political disagreements – health care funding to provinces, lack of funding

Theme – political undermining of system

- Political and economic disagreements

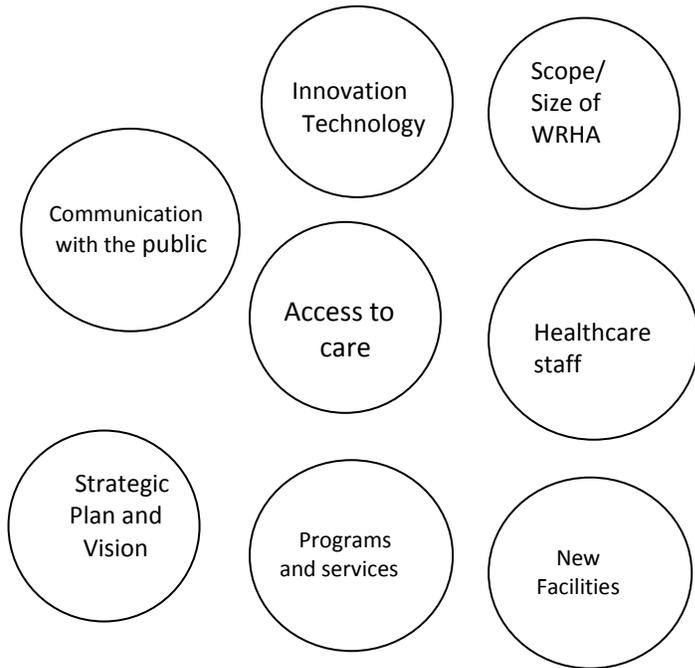
Theme – unrealistic expectations of the system

- Public expectations of the health care system can be unrealistic and do we appreciate what we do have? Availability of specialists, “In Sixty”, etc. – can exert political pressure

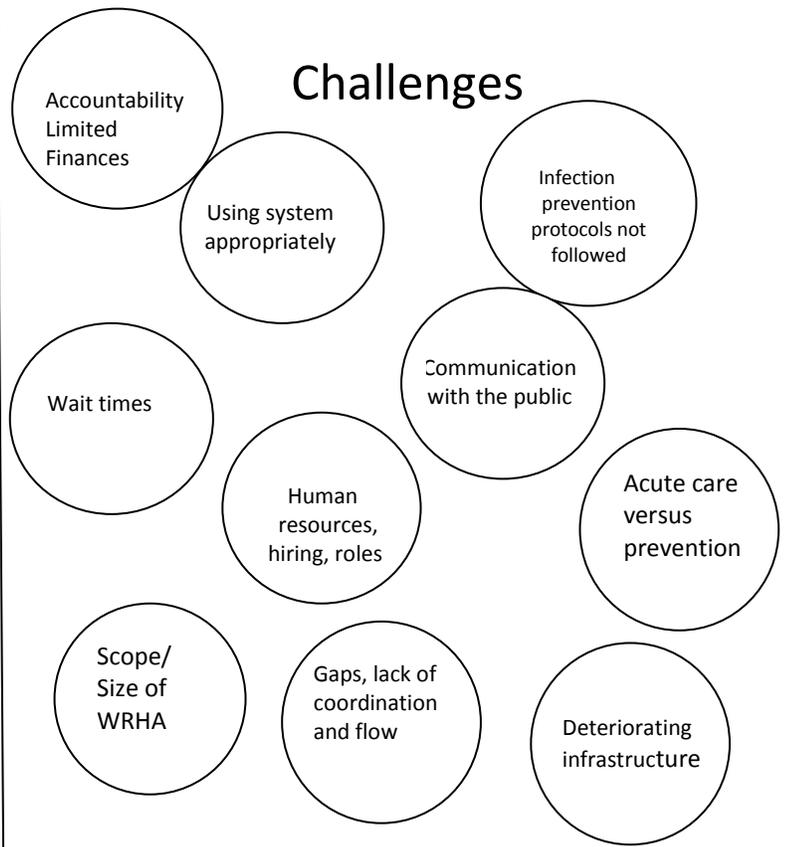
Theme – supply of physicians

- Lack of doctors, education of doctors – not supporting increased education of doctors (cap on graduates), what about doctors from other countries? Not being utilized – have to go through medical school again, need more doctors to teach at medical school
- Value system of doctors is different today than it was 30 years ago – worked much longer days – now doctors today want more work/life balance

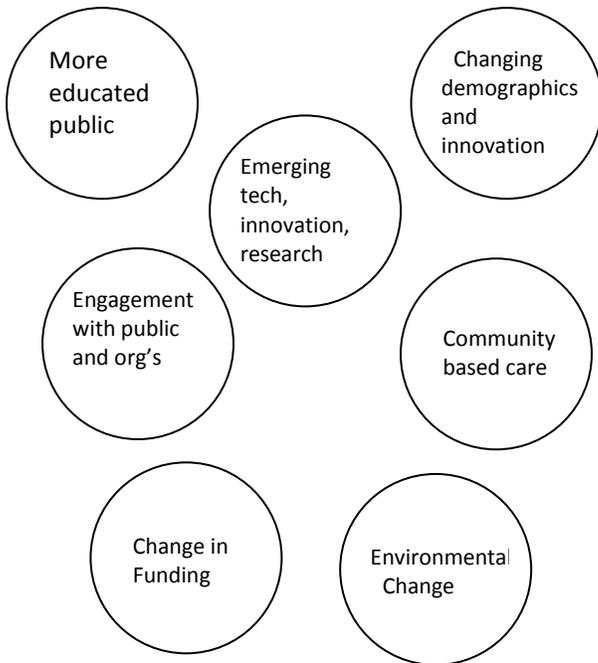
Strengths



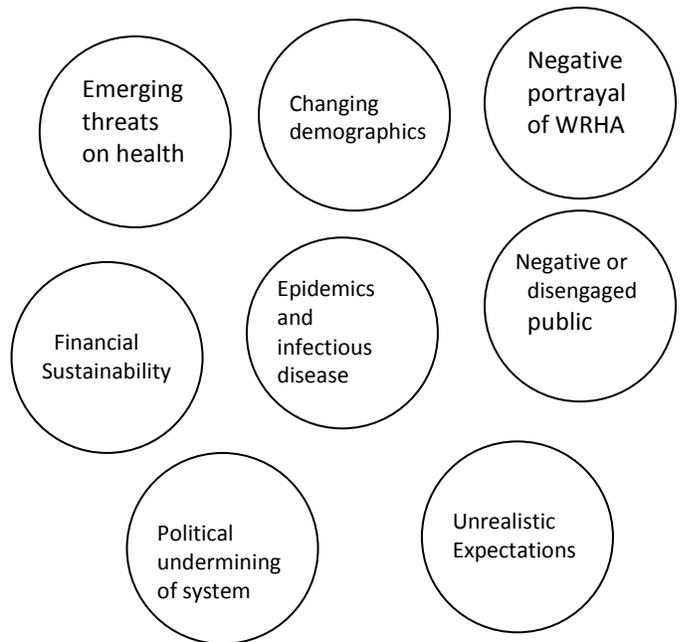
Challenges



Opportunities



Threats



Seven Oaks and Inkster
Local Health Involvement Group

Input on the Strategic Plan – Meeting Two

What priorities are still relevant, not relevant and why?

- **Increase the involvement of patients and family**
 - Yes – they are the ones using the services – expect a certain level of care when involved, they contribute
 - Need patient/family experience surveys in different languages – include opportunity for family to participate as well

- **Improve primary care infrastructure and performance**
 - Very much, basis from which other care begins, needs to be dependable before you receive other care
 - Ensure that any health provider can access your medical history

- **Improve patient flow**
 - Still a priority, especially with the elderly – waiting, transitions, waiting too long – impacts overall health

- **Increase public communication, consultation, and participation across planning, policy development and decision-making within the region.**
 - Maintain quality and momentum, not necessarily a higher priority
 - Foster public engagement – not as relevant? Sustain, but focus on other priorities

- **Increase the diversity of the workforce**
 - Depends if the workforce right now reflects greater society – if it does, it doesn't need to be a huge priority
 - Diversity less relevant due to societal changes

- **Increase staff engagement to strengthen workplace culture**
 - If not engaged, won't be providing best care
 - Important but not sure it's a priority – it's a given – if you're hiring people, they should be engaged
 - Medium priority – keep it going, but not a high priority, some think it's still a priority
 - Staff need to become more relationship and service oriented

- **Expand the use of inter-professional teams**
 - Still a priority, team can provide so much more – medium priority
 - Define diversity to include multi-disciplinary team development

- **Develop a regional research strategy**
 - Yes, important and relevant – should be expanded
 - New treatment regimes

- **Improve productivity and efficiency through process improvement**
 - Yes
 - Use lean for improving the whole system –e.g. transitions in care – consider appropriateness of care

- **Implement an enterprise risk management framework**
 - Yes, it's being proactive, prepared

Additional priorities?

- Mental health program – strengthen counselling and therapy
- Aging population – address service needs, especially supports for immigrant families with elderly parents, assessment of what we need as population ages
- Being prepared for pandemics
- Alternative care treatments
- Dignity-centred care
- Health Equity

Equity considerations?

- Quick Care Clinics are better for low income
- Home care considerations – quality of life not always considered, e.g. HC service conflicting with social and/or community events. HC service is rushed, brief, no time for relationships
- Make health equity a strategic direction onto itself. Sample priority – looking at the whole person, e.g. social, mental, community needs. For example, treating people as individuals, not standard tasks.
- Equal is not equitable
- Inequity in peoples' knowledge of the system
- Need system navigation
- Inequities in terms of academic selection processes – e.g. foreign students in Manitoba

Ranking of the priorities

1. Aging population – address service needs, especially supports for immigrant families with elderly parents, assessment of what we need as population ages
2. Improve primary care infrastructure and performance
3. Mental health program – strengthen counselling and therapy
4. Improve patient flow and Health Equity
5. Expand the use of inter-professional teams

Seven Oaks and Inkster Local Health Involvement Group

Input on the Strategic Plan – Meeting Three

LHIG Top 5 Priorities

1. Prevention and Promotion

- How can we briefly describe this priority?
 - It involves information and education to prevent disease and promote good health practices
 - Need to know identifiable rates of preventable disease

- What is the desired outcome of this priority?
 - Having physicians and other health care professionals focus on prevention and promotion.
 - That structures are in place to promote well-being
 - That people are receiving information and building understanding of p and p issue
 - That illness rates go down and costs to health care system go down as a consequence

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - If outbreaks of certain health issues happen, inform public right away and put prevention methods into effect to stop spread
 - More public awareness programs similar to “60 second driver” but tackle health related issues
 - Promote wellness initiative in appropriate language for venues – e.g. cultural centres, First Nation locations, etc.
 - Have information at doctors’ office waiting rooms – people will ask about this
 - Promote wellness initiative within a variety of venues - -workplaces, schools, community centres, etc. to reach a wide variety of people
 - Use child care centres – critical in tapping families with children during the formative years
 - Visit schools – do presentations that will enhance students’ knowledge of prevention
 - Use media like TV to educate and inform the public
 - Create a wellness channel on TV/internet that canvasses health issues with experts – like the info blubs @Wpg: MB clinics
 - Send information through schools
 - Offer info sessions to general public on health issues
 - Promote mental health – especially for families who have a family member suffering from a critical illness
 - Educate physicians and medical staff about the need to promote healthy lifestyle

- Have partnerships with the City to develop housing for the homeless – like the model in Medicine Hat
 - Home Care – should give higher priority to non-medical activities that promote wellness
 - Mental health centres for before a person is in crisis
 - At schools, have nurses organize family information nights (2-3 times per year) about prevention – open to public, share information about the services that exist as well
- Are there specific considerations for vulnerable populations?
 - Ensure programs/information shared is culturally sensitive
 - Entry programs – place to share information
 - Hold programs where families go – like community centres
 - Girls and boys clubs and homework clubs
 - Winnipeg Library – hold free sessions
 - Curriculum at schools - -consider challenge of kids “educating” parents about nutrition – not successful – hold in-services for parents
 - Barrier of time
 - Star rating for nutrition – of foods – at grocery stores – WRHA should promote this

2. Improve Patient Flow

- How can we briefly describe this priority?
 - The journey that you take through the health system. Long wait times are a symptom that something’s not working. It’s about using the system appropriately.
- What is the desired outcome of this priority?
 - People use the health care system appropriately – especially emergency departments. Wait times would reflect national standards.
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Internet tools to help public answer questions about the system
 - Need to educate people about which facility to they should use based on their health issues
 - Speed up paneling process for elderly in hospitals so beds are freed up faster. More personal care homes needed.
 - Provide better training for nurses who will be able to assess and triage people experiencing mental health issues. More mental health facilities are needed.
 - In ER’s, there should be flipcharts that explain how triage works and information about other services (Quick Care, etc.) so people can immediately be directed to most appropriate services within that location
 - On-line tool to help direct you to the right care based on your needs (e.g. Quick Care, ER, and so that you can book appointments on-line)

- Re-examine the situation of ambulances waiting at ER's
 - For patients with multiple doctors – assign case numbers that can be used like a package tracking # so that they can check on-line where they are in the system and how long their wait is
 - Inform public about the different levels of care – like Quick Care and Urgent Care
 - Track medical numbers to see how people are using the system
 - Survey doctors about their patient flow and wait times
 - Encourage medical students to opt for family medicine
 - There should be a proper triage process with internal fast track clinics for non-emergency situations
 - Post wait times for non-urgent alternatives in ER's
 - Open up minor injury/ailment clinics in the ER department to refer less critical cases to
 - In ER's, there should be a doctor that assesses what laboratory tests are needed for patients – these should be done as they wait for a room to be available
 - There should be an alternative to ER's like Quick Care, after hours
 - There should be a Quick Care that caters to mental health issues
 - We should be sharing the following information with patients – what is going to happen, when it is going to happen, how to best access the system for your particular need
 - Construct a hospital in southeast Winnipeg – we have too few hospitals
 - Have multi-test diagnostics – versus one test, then wait for another, etc.
 - Open late evening/night medical clinics to ease ER wait times
- Are there specific considerations for vulnerable populations?
 - Information on the health care system in more languages
 - There should be a Quick Care that caters to mental health issues
 - Are there enough specialists to meet needs of geriatric patients, people with mental health issues?

3. Improve Primary Care Infrastructure

- What is the desired outcome of this priority?
 - More people have primary care doctor or provider – this would have a positive impact on patient flow – wait times, etc.
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Share information with doctors about how to manage their schedules better so that they can take patients who need to be seen right away – then they wouldn't end up at ER's
 - Better access to prescriptions – address financial barriers
 - Primary care for youth – information, clinics, etc.

- Improve and de-stigmatize issues re: LGBTTT receiving care
 - Work with community services and outreach programs to assist with primary care
 - Have mobile teams to go to homeless shelters, soup kitchens, and outreach centres to provide care
 - Share information about the languages that primary care doctors speak – will help newcomers find care that is accessible
 - More community-based care –move services out of the hospital
 - Mental health clinics
 - Expand the number of access centres – especially in impoverished areas of the city
 - Continue to get information on services out to the public
 - Ensure that primary care providers have good people skills –especially empathy
 - Improve information and access to information for new parents with newborns
 - Provide patients with print outs from appointments – with info on diagnosis, treatment, care, etc.
- Are there specific considerations for vulnerable populations?
 - Mental health clinics
 - Expand the number of access centres – especially in impoverished areas of the city
 - Have mobile teams to go to homeless shelters, soup kitchens, and outreach centres to provide care
 - Share information about the languages that primary care doctors speak – will help newcomers find care that is accessible
 - Better access to prescriptions – address financial barriers
 - Primary care for youth – information, clinics, etc.
 - Improve and de-stigmatize issues re: LGBTTT receiving care

4. Increase Involvement of Patients and Families

- How can we briefly describe this priority?
 - Important role of family in supporting patients
- What is the desired outcome of this priority?
 - Changed culture of health care system – where patients and families are valued and part of health team
 - Address issues of privacy
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Ability to access information and services in your first language
 - Partner with cultural organizations/groups to share information and get feedback
 - Routinely, providers should be asking patients which family members/friends they can share information with about their health issue, treatment, etc.
 - Ask for feedback from patient and family after discharge from hospital

- Family members need information about caring for/what to be cautious about – post surgery/treatment
 - Allow family members to stay with patients if patient desires whenever possible – share information with family about this
 - If patient requests/confirms, ER staff should share information about their condition, treatment, etc. with family members
 - Introduce and encourage family therapy and counseling as opposed to individual
 - Should be advocates for those patients without families who can support them – they need to be identified and followed up by staff
 - Ensure that patients fully know what is going on after treatment/care
 - Is it possible to link spouses' electronic medical records?
 - Doctors should encourage patients to ask questions about their health
 - Have patient advocates at hospitals, ER's, etc.
 - Need to improve communication between health care providers and patients/family – what, where, when, why – shouldn't be kept in the dark about their family member's health issue/care
 - Encourage family to be in attendance at medical appointments – some physicians are reluctant to permit this
- Are there specific considerations for vulnerable populations?
 - Need to ensure that providers are watching for issues of elder abuse – family shouldn't be involved with supporting those patients
 - Have patient advocates at hospitals, ER's, etc.
 - Ability to access information and services in your first language
 - Partner with cultural organizations/groups to share information and get feedback
 - Should be advocates for those patients without families who can support them – they need to be identified and followed up by staff

5. Planning for an aging population

- What is the desired outcome of this priority?
 - Plan for shifting/changing demographics and address the needs of caregivers
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Inform/help with changes re: nutritional needs as we age, grow older
 - 65 plus social group facilitates to promote mental wellness and social interaction and stave off health deterioration
 - Provide affordable/free community-based wellness programs for seniors
 - Have more places for aging population to live – like seniors housing
 - Hold elder health care courses for older adults – about nutrition, drug interactions, expectations, etc.
 - Use cultural or ethnic communities and organizations for seniors programming

- For those seniors who can still take care of themselves, have someone to help them when it's needed
 - Hire more health care aides so that they have more time to spend with elderly staying in their own homes – this allows for better patient flow in hospital because older patients are not taking up beds
 - Medical facilities to care for people with dementia are needed, and trained staff need to care for dementia patients appropriately
 - More activities for elderly needed to keep them connected to society and continuing to enjoy life
 - Have these services available free of charge – therapy, counseling, dance, exercise, sports – for seniors
 - Have social workers/counselors periodically visit seniors – to prevent abuse and see how they are doing mentally/emotionally
 - Provide support for family caregivers
 - More respite facilities
 - Provide more elder health care – geriatric specialists for physical and mental health
 - Provide more senior support services in communities – other than home care
 - Universal design principles should be used for new buildings, especially apartments, condos
 - Provide elder support groups – based on language spoken
 - Provide programs for newcomers – senior men
- Are there specific considerations for vulnerable populations?
 - Have these services available free of charge – therapy, counseling, dance, exercise, sports – for seniors
 - Universal design principles should be used for new buildings, especially apartments, condos
 - Provide elder support groups – based on language spoken
 - Provide programs for newcomers – senior men

St Boniface and St Vital Local Health Involvement Group

Input on the Strategic Plan – Meeting One

SCOT Analysis – Strengths, Challenges, Opportunities, and Threats

This is a tool that the LHIGs used to identify the positive and negative factors within our health care system that help or inhibit our successes to deliver services, address the needs of patients, and improve the overall health of the communities we serve.

Strengths and Challenges: These are the internal factors within an organization. **Opportunities and Threats:** These are external factors stemming from community or societal forces.

Strengths

Theme – Innovation/technology

- Integration of nurse practitioners
- Training of physician assistants
- Using nurse practitioners at emergency department
- Communication between health care providers – links with technology – e-charts, etc. – IT supporting improved communication

Theme – Access to Care

- Ability to access specialists

Theme – Scope and Size of WRHA

- Broad mandate of WRHA
- Broad range of services – many provincial

Theme – Strategic Plan and Vision

- Potential of Strategic plan/other plans to communicate, organize, and act on priorities
- Vision to improve health care

Theme – Communications

- Communication between health care providers – links with technology – e-charts, etc. – IT supporting improved communication
- Technology – My Right Care – ER wait times
- Improved web page to find information
- Public information – TV, radio, posters

Theme – healthcare providers, staff

- Staff
- Nurse practitioners to improve care
- Staff satisfaction

- Leadership is committed, passionate, and enthusiastic
- People, Human Resources – commitment and caring

Theme – Engagement/Involvement of community

- Local Health Involvement Groups
- Broad range of stakeholders

Theme – programs and services

- Programs
- Aboriginal health services – strong program
- Aboriginal Services Implementation
- Care at home – Home Care, pre-natal, support at home in general
- Home Care support for at-risk pregnant women
- Innovation in birthing practices
- Mental health assessment and continuing care
- Innovative programs
- Great facilities for patients with specific ailments

Theme – new facilities

- New facilities, recently built

Challenges

Theme – accountability and limited finances

- Financial aspects – aging facilities, not enough financial support
- Aging facilities
- Decreased financial support for out of country medical requirements (service not available here)

Theme – limited availability of family doctors

- Access to care – inappropriate use, lack of family doctors

Theme – communication with the public

- Overly politically correct
- “soft” definitions
- Too much propaganda

Theme – awareness of public to use system appropriately

- Soft definition, lack of public education (to use health services correctly) and overly politically correct
- Patients using health services inappropriately – especially ER
- Access to care – inappropriate use, lack of family doctors
- Lack of public education

Theme – Emergency department waits

- Emergency departments

Theme – waits for diagnostic tests

- Cancer diagnosis/treatment
- Length of wait time for assessments, like MRI

Theme – Human Resources, hiring, roles

- Graduates leaving MB, not enough midwives
- Hiring policies re: doctors from outside of Canada – have to redo their medical degrees
- Role of nurse practitioners – don't have ability to make decisions
- Providing the appropriate services by the appropriate person/provider – e.g. doctors providing services that a nurse or administration person could
- Not adequate number of mid-wives to achieve broad innovation in birthing practices
- Keeping medical graduates in Manitoba
- Support from medical profession in changing birthing practices

Theme – lack of involvement of family in patient care

- Family not involved enough in patient care
- Need for increased involvement in patient care

Theme – size of WRHA, structure, organization

- The way the organization is structured – too large, focused on acute care instead of prevention
- Centralization of health services and programs
- Size of organization – e.g. conflicting priorities – acute care versus preventative services
- Organization is too large

Theme – services, gaps in services, coordination and flow between services

- Services – provided not appropriate in hospitals and outside of hospitals
- Doctors/offices/lab coordination
- Ability of medical staff to refer to other health care practitioners – like physiotherapy and alternative, allied health professionals – better use, better promotion
- Patient flow
- Doctors' offices – lack of coordination with health records
- Food service to/at health care facilities

Theme – acute versus prevention

- Overly focused on acute care, less focus on public health and prevention

Theme – relationships/influences from external organizations

- Limited influences on non-regional health authority components of the health care system – like primary care

- Pioneering new more inclusive services in a context of complex stakeholder interests, and vested interests

Opportunities

Theme – more educated public

- Patient autonomy

Theme – emerging technology, innovation, research

- Technology
- Diagnostic tools
- Technology, electronic medical charts – broad access to medical history
- Research – drug development/clinical trials
- Technology – new treatments, machines, etc.
- Diagnostic technology and tools
- Technology – opportunity for increased patient autonomy

Theme – change in funding of healthcare system

- 2 tiered health care
- Private health care – 2-tiered approach

Theme – changing demographics and opportunity for innovation

- Population – baby boomers dying off, aging
- Newcomer population growing
- Inter-cultural refugees
- Baby boomers dying off
- Population growing older – now is the time to educate about better health
- Increasing newcomer population with multiple (health) challenges
- Dialogue with government and public about non regional health authority parts of the health care system – for example, improving primary care, coordination
- Intercultural – newcomers, refugees

Theme – engagement, dialogue and partnering with the public, other organizations, government

- Opportunity to dialogue with government
- Affiliated health organizations – to partner with, like, Palliative Care Manitoba
- World affiliations, like microbiology
- Links to University
- Represent the challenges – turn into opportunities – turn them into public discussions
- Some expertise in specific field to world health issues – microbiology lab

Theme – innovative approaches and policy for better health outcomes

- Tax break for positive health

- To incorporate new public policy and related research, like cost-benefit analysis of increasing service effectiveness research
- Improving primary care and innovation
- Increasing tax breaks for positive health-enhancing behaviours – exercise programs, buying fresh produce/dairy

Theme – changes in other health serving organizations

- The dismantling of INAC – Indian and Northern Affairs Canada – health department

Threats

Theme – emerging threats on health of population

- Increase in lifestyle-associated chronic diseases

Theme – emerging pressures on system due to changing demographics

- Aging population
- Baby boomers aging
- Increasing aging population
- Aging of the population

Theme – negative portrayal of WRHA in the media

- Negative media and media spin
- Media spin
- Negative media reporting -- difficult to bring forward positive results

Theme – epidemics and infectious disease

- Ebola, pandemics, chronic disease
- Ebola/pandemics
- New and emerging diseases
- Ebola, hantavirus

Theme – financial sustainability of system

- Limited financial resources to fund system
- Taxation issues
- Public ambivalence about importance of taxation to support highly valued services such as health and Medicare
- Limited financial resources
- Depletion of medicine chest
- Funding issues

Theme – external impacts from government and non-governmental organizations

- Depletion of funding of first nations health care will impact
- Lack of integrated approach to healthy society
- Value conflicts

- health care for first nations
- Value conflicts in socio-political organizations
- Pressure for status quo from some stakeholder interests, like health professional organizations
- Health coverage under First Nations Inuit Health

Theme – privatization of health care system

- Privatization of health care system

Theme – lack of coordinated approach to address health equity

- Lack of national/provincial/municipal integrated approach to creating a healthy society
- Health disparity – lack of coordinated efforts between government departments to achieve health equity

Theme – conflicting priorities

- Do some priorities conflict with each other? -- like patient flow and quality of care

Theme – negative public perception and/or dis-engaged public

- Public ambivalence
- Patient education
- No respect for the system – patients leaving without being seen

Theme – intercultural perspective

- Intercultural perspective

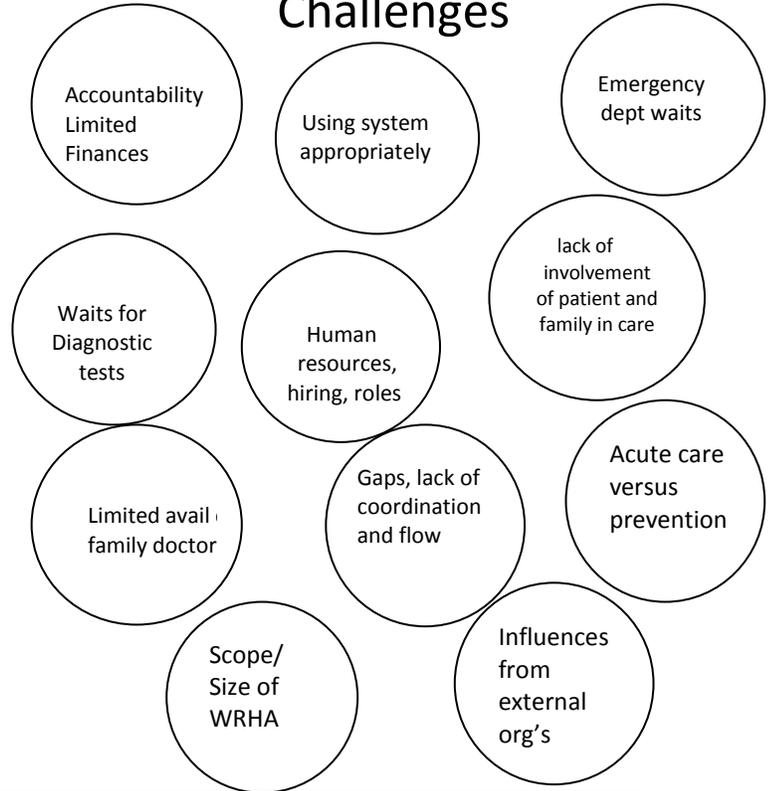
Other comments:

- Some of the items are both opportunities and threats – conflicting values

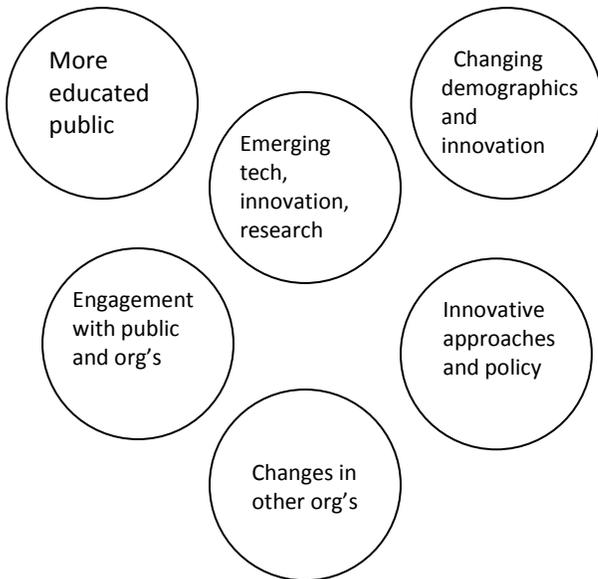
Strengths



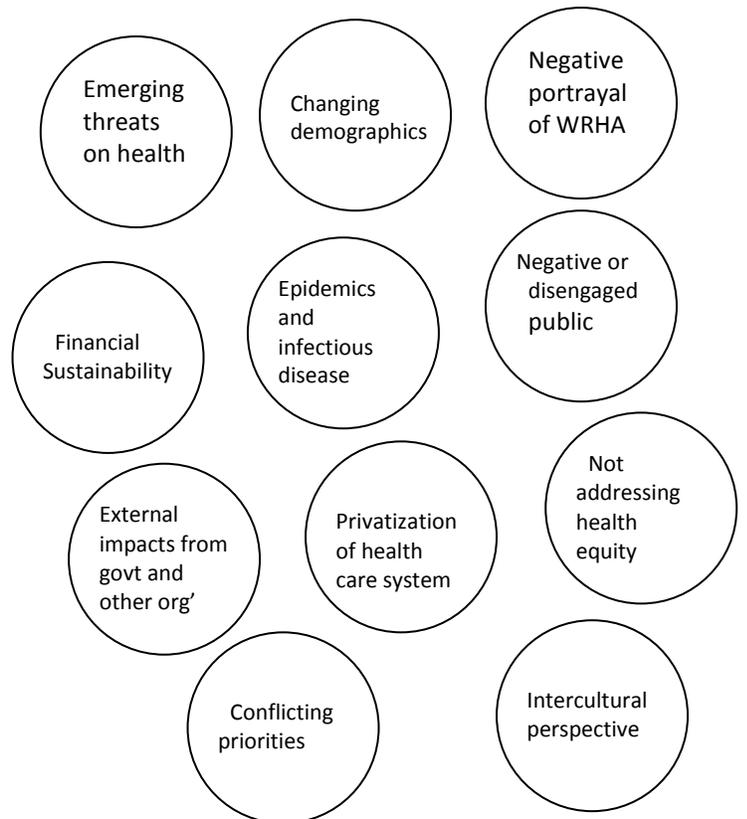
Challenges



Opportunities



Threats



St Boniface and St Vital Local Health Involvement Group

Input on the Strategic Plan – Meeting Two

What priorities are still relevant, not relevant and why?

- **Increase the involvement of patients and family**
 - Yes, still a priority – learn from negative and positive experiences to improve
 - Language beyond French – translators – fits with diversity
- **Improve primary care infrastructure and performance**
 - It's the foundation/base of the system – performance and quality are a priority
- **Improve patient flow**
 - Definitely still a priority
 - My Right Care – helps direct patient care, urgent care at Misericordia
- **Increase public communication, consultation, and participation across planning, policy development and decision-making within the region.**
 - Yes – still relevant – equity issue here – need to reach/engage vulnerable populations – Newcomers, Aboriginal population, other hard to reach populations
- **Increase the diversity of the workforce**
 - Importance of staff feeling safe to share honestly – not sure how we're doing so far
 - Does this still need to be a priority? Part of regular processes, so maybe not.
 - Patients can identify with work force
 - Not relevant – staff engagement should be addressed more locally – sites, programs, etc. – not as an overall WRHA priority
 - Increase diversity of workforce – need representative workforce – need quotas
- **Increase staff engagement to strengthen workplace culture**
 - Positive that Aboriginal Health program exists
 - Positive work environment – should be
 - Need for site based strategies – no need for a regional approach, needs to be more targeted and specialized – sounds like it's not focused on patients, should be a secondary priority – it should be a given
- **Expand the use of inter-professional teams**
 - Yes, still a priority – interdisciplinary care across sectors – requires a culture change
 - Expanded scope of practice to further disperse power of physicians
- **Develop a regional research strategy**
 - Knowledge translation is a priority

- **Improve productivity and efficiency through process improvement**
 - “productivity” not a great word for health system
 - Need to be productive/efficient but do not compromise quality
 - Very relevant – not wasting dollars
 - Financing (equity) hip surgeries – lack of cash to do all surgeries – need to analyze
 - Important because of need to manage resources
 - Need to be able to move financial resources more easily – so can put where the needs are

- **Implement an enterprise risk management framework**
 - Not relevant – do we need this?

Additional priorities?

- Emergency departments/paramedic services
- Engage vulnerable population/equity
- Educate public about appropriate use of system – how it works, what works well
- Disease prevention/health promotion
- Seniors – need to improve/manage care for seniors, more seamless services
- Technology – stream line – like My Right Care – better use – saves money
 - Need to be transparent and able to tap into crowd sourcing and social media to get new, innovative ideas
 - Analytics, predictive analysis – need more ability to do this
- Collaboration with community and other stakeholders
- Sharing/contributing to the health care system province wide – other regional health authorities

Equity considerations?

- Need to reach/engage vulnerable populations – Newcomers, Aboriginal population, other hard to reach populations
- Health promotion in schools
- Health care navigators, case managers, advocates
- Language services – all languages – involve family members
- Low income areas need clinics (primary care focus)
- Dispersion of authority – like pharmacists – giving flu shots, expanded scope of practice
- Link between poverty and health care use – use health care navigators
- Socio economic status – people of low income – need clinics in low income areas
- Deal with issues of poverty and the use of health care services – what needs do they have? Service navigation? More case management?

Ranking of the priorities

1. Disease prevention/health promotion
2. Improve patient flow
3. Improve primary care infrastructure and performance
4. Emergency departments/paramedic services

5. Increase the diversity of the workforce and collaboration with community and other stakeholders

St Boniface and St Vital Local Health Involvement Group

Input on the Strategic Plan – Meeting Three

LHIG Top 5 Priorities

1. Prevention and Promotion

- How can we briefly describe this priority?
 - Focusing on healthy lifestyle choices to enhance quality of life.
 - Multi-faceted, public education, communication, schools – to prevent disease, promote good health, research based, effective strategies
 - Cheaper than treating after the fact
 - Interagency, inter-government – needs to be coordinated, best messages, applying locally
 - Maintaining or improving the health of the population and reducing the rates of disease – for all groups and some targeted groups as well – Newcomers, Aboriginal pop's
 - Programs, policies, infrastructure
 - Proactive approach to better health
 - Empowering people to make healthy lifestyle choices

- What is the desired outcome of this priority?
 - Having a healthier population and while reducing healthcare costs.
 - A measurement strategy is developed to track outcomes from prevention and promotion strategies/programs/policies
 - Better utilization of community health assessment data – neighbourhood level – take a look at what's happening, work on issues that are a priority at that level, vulnerable populations especially
 - Having several specific strategies in place on key health issues – like chronic disease, tobacco reduction, etc.
 - Report on what has been achieved – have there been positive impacts, trends? What hasn't and why?

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Develop community programs to encourage healthy lifestyles. Advertising doesn't work for this.
 - Greater engagement with communities
 - Create system/ways to measure impact of prevention and promotion on health outcomes
 - Achieve goals set for 5 year time frame
 - Develop effective strategy with family doctors on their roles in prevention and promotion issues
 - Develop effective strategy with schools on several key prevention/promotion issues

- More targeted approaches – focusing on vulnerable populations
 - Education programs for key populations – youth (in school and out of school), newcomers, etc.
 - Increased involvement in school health
 - Screening programs for select chronic and infectious diseases
 - Increased focus on early childhood years
 - More focus on mental health promotion
- Are there specific considerations for vulnerable populations?
 - Don't make transportation or cost a barrier.
 - Coordinate/work with community groups that provide services for different vulnerable groups – mental health, Aboriginal, etc.
 - Communication is key – for education
 - Inter-agency coordination
 - More targeted approaches – focusing on vulnerable populations
 - Education programs for key populations – youth (in school and out of school), newcomers, etc.

2. Improve Patient Flow

- How can we briefly describe this priority?
 - Providing quality care within a reasonable time frame.
 - About transitions, ensure that people receive the care that they need in the right place at the right time – continue to move people through the system and receive the service that they need – not get bottle necked
- What is the desired outcome of this priority?
 - Correct diagnosis and treatment without annoying people with how long they have to wait.
 - Meet national benchmarks for key wait times
 - A change in how the public views, perceives the system – that they feel that improvements have been made
 - How you are treated changes your experience, even if you wait as long or longer
 - Address issues in primary care (with fee for service providers) that impacts on overall patient flow issues – i.e. people at ER's when they could be seen at primary care providers
 - Don't overlook the perspectives of the people working in the system
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Address emergency room issues – wait times, no other options for after-hours care, not being able to turn people away.
 - Family doctors can provide better information about non-emergency facilities/options available

- Set “time to care” goals for various health conditions
 - WRHA in top 10 percentile of lowest wait times in the country
 - Ratio of wait times to overall patient interactions
 - Improve communication among healthcare workers to create a healthcare team
 - Better coordination of all aspects of care
 - More information needed on workings of urgent care
 - Faster transition from hospital to long term care, when appropriate
 - Address policy aspects of primary care with government and professional associations relative to better primary care and reduced emergency attendance
 - Address adequacy of home care and long term care with funders – report to stakeholders on the issues
- Are there specific considerations for vulnerable populations?
 - Make allowances for people who don’t have family/friends to advocate for them.
 - There must be a huge number of considerations re: this
 - Does the board report to groups on progress being made?
 - Is the WRHA having a dialogue with stakeholder groups to get their input, working with them to address issues?
 - Engage with stakeholder groups and communicate them
 - Be more proactive about this, on-going and regular discussions with community organizations that support vulnerable populations

3. Improve Primary Care Infrastructure

- How can we briefly describe this priority?
 - Renovate old and aging buildings and technology
 - Very much, basis from which other care begins, needs to be dependable before you receive other care
 - It’s the foundation/base of the system – performance and quality are a priority
 - Yes – primary care physician is hub of access to the system – most important relationship for patient
 - It is a muddied concept – doctors providing care outside of WRHA – need a good understanding of how it’s structured, etc. – fee for service (80 to 90%) – they have relationship with MB health who fund them
- What is the desired outcome of this priority?
 - To have buildings and technology that don’t seem antiquated, old or dirty.
 - What stats could capture goals in this area? We do track the number of people who go to ER’s that could have received services in primary care
 - Increased numbers of people using quick care clinics
 - People are using the system more appropriately and getting in when they need to
- What key actions do you feel is most important for the WRHA to move this priority forward?

- Renovate old facilities
 - Accountability reporting on fee for service doctors
 - Provide feedback to public around Quick Care Centres with reduced wait times
 - Public education regarding where to access various types of services/care
 - Team approach for addressing individuals with complex needs
 - Report on how primary care initiatives are reducing wait times, improving health outcomes, etc.
 - Strategic analysis of primary care components and flows – dialogue with stakeholders at policy and funding levels – report on progress
 - Improve primary care coordination at program levels
- Are there specific considerations for vulnerable populations?
 - Team approach for people with complex needs
 - Involving more/collaborating with social services

4. Increase Involvement of Patients and Families

- What is the desired outcome of this priority?
 - More programs, facilities developed for people in northern communities so that they can receive care where they live and have support of families
 - Developing strategies that are respectful of wishes of patient, challenges, dynamics, etc.
 - Develop a strategy for getting input on this
 - WRHA should share how this is happening – with program advisory groups, general observations about what is happening
 - Families, patients involved in service and program development
 - Improved health outcomes with the involvement of families
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Active promotion of family involvement
 - Patient advocates within health care system – their role is to communicate with family and involve them in care
 - Work with community centres or group and/or city councilors to host information sessions about health issues
 - A clear multi-level plan for input and involvement – individual level, program, evaluation, policy, and governance
 - A clear plan for obtaining input from groups, families, and individuals
 - Clear reporting on recommendations and progress
 - Educate families
- Are there specific considerations for vulnerable populations?
 - Need to ensure that families can be there to support patients
 - Address issues of affordability related to parking

- Navigating the system –
- Supports to assist people in receiving care – transportation, etc. – also applies to families being able to visit, support relative receiving care
- People without supports --- Enlist different community organizations to play supportive, advocacy role for patients without family to support them
- Trained patient advocates to support patients without support – to help “translate” their needs to health care providers

5. Planning for an aging population

- What is the desired outcome of this priority?
 - People are more proactive about changing health care needs (their own/aging relatives), planning for the future
 - Advice, assistance, support – available when needed to assist families move through the system and access resources in a timely way
 - Families are aware of “red flags” that predict a relative may need a new level of care – this information is shared
 - Services are available to answer individual needs
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Education of the public re: navigation of the system
 - Having sensitive discussions around transitioning aging family members
 - Proactive public discussion by RHA’s on demand and supply of a range of options for elder care
 - Proactive discussions by RHA’s at policy and funding level with senior governments about needs, options, funding for elder care
 - Getting people into the proper facility at the proper time
 - Accurate forecasting of required facilities
- Are there specific considerations for vulnerable populations?
 - Language barriers, translation issues
 - Cultural differences – need to be mindful of this – i.e. family involvement in elder care
 - Aboriginal families – want to keep elderly with them – feel that they will do better in home environment

St James-Assiniboia and Assiniboine South Local Health Involvement Group

Input on the Strategic Plan – Meeting One

SCOT Analysis – Strengths, Challenges, Opportunities, and Threats

This is a tool that the LHIGs used to identify the positive and negative factors within our health care system that help or inhibit our successes to deliver services, address the needs of patients, and improve the overall health of the communities we serve.

Strengths and Challenges: These are the internal factors within an organization. **Opportunities and Threats:** These are external factors stemming from community or societal forces.

Strengths

Theme – Access to Care

- Development of access centres
- Quick Care clinics
- Close to services
- Doctors more readily refer to specialists when they don't have the answers

Theme – Scope and Size of WRHA

- Regional health authorities – organization of having a regional health authority – consolidating under a single authority – better use of resources, can set priorities

Theme – Strategic Plan and Vision

- Planning – preventative planning – proactive
- Good articulated intentions – like health equity focus
- Preventative/disaster planning – we do not wait for disaster to reach us

Theme – Communications

- When choosing to address and concern through the media – the WRHA does very well in presenting itself
- Open and responsive to public compliments and critiques

Theme – Engagement/Involvement of community

- Reaching out to community for feedback
- Engagement

Theme – healthcare providers, staff

- Staff – caring, great
- Strong, stable leadership – continuity

Theme – programs and services

- Cancer care, Quick Care Clinics
- Seniors services, programs
- Easy to find programs, staff are responsive, very accessible and positive experience – home care, access centre services
- Family doctor finder initiative
- Cancer Care
- Nursing care homes
- Good system for seniors waiting for long term facilities – short/interim resources

Theme – new facilities

- Care facilities – adequate care facilities, develop of access centres

Challenges

Theme – communication with the public

- WRHA doesn't promote itself about good things happening, what we're doing well

Theme – waits times

- Wait times in the hospital are still long
- Emergency department wait times
- Still need to shorten emergency wait times – separate triage for seniors from personal care homes?

Theme – Human Resources, hiring, roles

- Staffing – front line staff and stress/burnout

Theme – culture of health care system

- Health care culture

Theme – services, gaps in services, coordination and flow between services

- Health care culture – no community resources in place – after hospital
- Options for triaged residents from personal care homes – separate from the rest of the patients – especially those with dementia
- Freeing up ambulances from emergency departments
- No community resources in place – e.g. release from hospital/day hospital – no place to go
- Lack of healthy food options in hospitals for visitors (instead of Tim Horton's)

Theme – communication between health providers/within the system

- Being able to get the message to the right area – poor communication between services re: patient info/treatment
- Staff stress/burnout
- Front line staffing
- Communication isn't good between health care services

- Communication re: DNR – staff did not know and patient was resuscitated
- Being able to get the message to the right area

Theme – negative public perception/lack of public trust

- Maintain public trust – is WRHA viable, useful?

Theme – acute versus prevention

- Allocation of funds to programs – in area of prevention – more can/should be done to help prevent disease – less expensive than treating
- Treatment versus prevention

Theme – accountability and limited finances

- Philosophical questions about allocating resources – just because something can be done, should it be done?

Theme – lack of patient-centred care

- Meetings with family – must happen during the day – not addressing time issues of family members
- Limited patient empowerment

Theme – not addressing needs of vulnerable populations

- Health equity – staff don't all understand, not always working towards this – in prevention

Opportunities

Theme – more educated public

- Younger people likely to be advocates for their own health – equalizing power between patients and medical professionals

Theme – emerging technology, innovation, research

- National labs, research
- Breakthroughs in research (like the National Lab)

Theme – engagement, dialogue and partnering with the public, other organizations, government

- Representative engagement
- People are more engaged in communities

Theme – improving perception of WRHA – public and media

- Educate the public about what the WRHA does – improve perception
- Improving public perception of WRHA operations

Theme – innovation and preparedness

- Disasters/pandemics – to put in forefront – importance of health care, could get more funding

- Preparation of health care system for terrorist activities
- Pandemic puts the need for good health care system high on the political agenda

Theme – innovative approaches and policy for better health outcomes

- Holistic approach to health emerging
- Trend toward healthy built environments, transportation
- Emerging holistic approach to health

Threats

Theme – negative public perception and/or dis-engaged public

- Loss of public trust – public’s view of health care, media coverage – only covers problems
- Lack of public trust in the health care system
- Bad media reports – only negative events not many positive stories

Theme – emerging threats on health of population/infrastructure

- Weather events
- Infrastructure problems – that could impact health care sites
- Effect of new technologies on health – not yet known
- Genetically modified foods – impact on health, not yet known
- Effect of chemicals and pollutants in the water, air, food on our health
- Data base security breaches, digital patient records

Theme – emerging pressures on system due to changing demographics

- Preparation for large influx of seniors, aging

Theme – epidemics and infectious disease

- Communicable diseases/pandemics

Theme – financial sustainability of system

- Loss of adequate funding, resources

Theme – political change/uncertainty

- Politics – changing governments, changing agendas, political points – not always a priority for the WRHA

Theme – supply of physicians

- Shortage of specialists

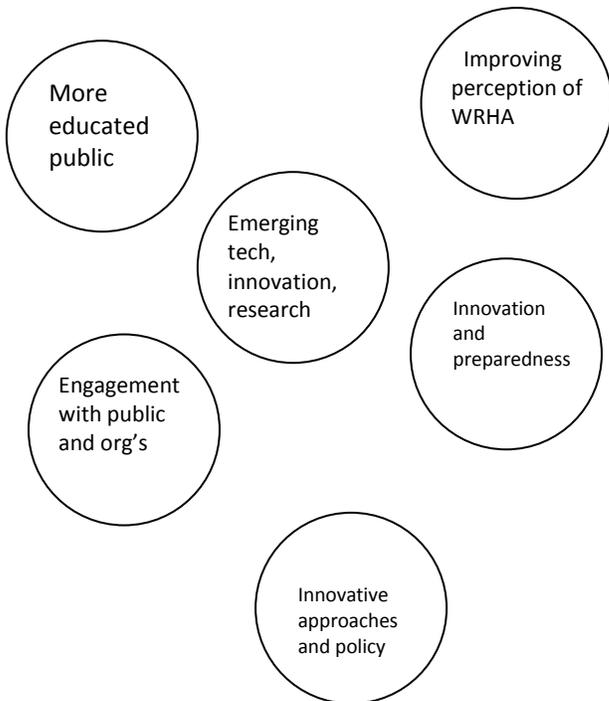
Strengths



Challenges



Opportunities



Threats



St James-Assiniboia and Assiniboine South Local Health Involvement Group

Input on the Strategic Plan – Meeting Two

What priorities are still relevant, not relevant and why?

- **Increase the involvement of patients and family**
 - Yes still a priority – patients need to be informed about what’s going on, build understanding, keep communication open – very important
 - Patients hold greatest stake/have biggest impact from the relationship with health providers – need to have a say in own treatment
 - Education, increased awareness – will help lessen stress, promote transparency
- **Improve primary care infrastructure and performance**
 - Yes – primary care physician is hub of access to the system – most important relationship for patient
 - People have a right to access care
- **Improve patient flow**
 - Still a priority – expediency of treatment – conditions can worsen if treatments are delayed – quicker treatment saves costs
 - Focus on reducing wait times in doctors’ offices, without sacrificing service – utilize nurse practitioners and physician assistants to reduce wait times in medical clinics
 - Identify flow stoppages for disadvantage
 - Scheduling “assembly line” surgeries like in Alberta – reduces wait times
 - Inter-professional teams working after hours
- **Increase public communication, consultation, and participation across planning, policy development and decision-making within the region.**
 - Communication – still important, need information on services available – so they can sue system appropriately – otherwise, those who need it can’t access it – relates to patient flow as well
 - Engagement is still important – need ideas from outside – helpful for system
 - Very relevant – people need more information – should be a priority to make more health care information available to the public
- **Increase the diversity of the workforce**
 - Yes – staff need to be qualified and have the expertise
- **Increase staff engagement to strengthen workplace culture**
 - Really important – if the staff is engaged, patients will feel it – creates a different environment

- Want health care providers to be engaged and feeling good about what they're doing
- Important in supporting improvements within the system
- **Expand the use of inter-professional teams**
 - Whole health care team very important
 - Very relevant –need coordinated teams
- **Develop a regional research strategy**
 - Absolutely – new treatment/cures/techniques – benefits of a facility like that are enormous
- **Improve productivity and efficiency through process improvement**
 - Concerned about short cuts to save money – how can we do better? Relates to patient flow – can save money and better care
 - Avoid red tape, must be productive and efficient
- **Implement an enterprise risk management framework**
 - Yes, every large organization should manage risk and prepare – preparedness and pandemic planning

Additional priorities?

- Planning for aging population – services, etc. – addressing needs from a health promotion perspective – improve flow stoppages for seniors transitioning from assisted living to long term care – should have to go into hospital
- System revolves around treatment versus prevention – it's the health care philosophy – aging in place is important – links to aging society
- Prevention and promotion -- starting young, at schools, primary prevention – this is a missing priority
- Patient empowerment with more information/knowledge – more knowledge helps empower patients to manage their own health – need to know options, more good, accurate information on-line for patients
- Temporary residences for out of town provincial patients
- Ensuring sufficient rooms/services for palliative care/hospice

Equity considerations?

- Roving staff to assist with health issues (prevention and promotion)
- Increasing money equals increased information/knowledge
- Increased knowledge equals increased empowerment
- Knowledge of healthy eating
- Research whether a 2-tier system would improve access and service for disadvantage – does it improve for those with limited access now?

Ranking of the priorities

1. Prevention and promotion -- starting young, at schools, primary prevention
2. Improve primary care infrastructure and performance
3. Planning for aging population – services, etc.
4. Improve patient flow
5. Expand the use of inter-professional teams

St James-Assiniboia and Assiniboine South Local Health Involvement Group

Input on the Strategic Plan – Meeting Three

LHIG Top 5 Priorities

1. Prevention and Promotion

- How can we briefly describe this priority?
 - Access to good food, exercise, safe communities
 - Not just education
 - Working closely with vulnerable populations, it's not just about health care
 - Very difficult to measure, positive impacts/results show up much later

- What is the desired outcome of this priority?
 - People in professional capacities in health care value prevention and promotion
 - System moves from being reactive to proactive
 - Providers rely less on prescriptions

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Use leisure guides – to promote sessions on different chronic diseases and health issues in communities (to share information with public)
 - Create culture of health and safety
 - Community gardens
 - Work with neighbourhoods to decrease crime and promote safe activities
 - Get information to people
 - Have an awareness campaign – like the ice bucket challenge – something to drive awareness
 - Prevent healthy eating to prevent heart problems
 - Educate people about what causes plugged arteries
 - Use media effectively – like Particip-action videos
 - Free activities – for those who may not seek out
 - Exercise facilities, bike lanes – not care culture planning
 - Give public easy access to credible and latest health research
 - Food – access, skills, information
 - Public seminars on easy and economical ways to stay healthy
 - Teach health promotion in high schools
 - More prevention education in schools
 - Influence infrastructure development to support healthy activity – like bike paths
 - Accessibility to walk-in clinics
 - Prevention needs to be emphasized over treatment

- Doctors should share relevant information – if MRI not available now, might be available somewhere else
 - Strong school programs that require physical activity and healthy food from kindergarten to grade 12 – not just at the younger ages
 - Investigate opportunities or methods on how to measure the immeasurable results/success of promotion/prevention activities
 - Health providers need to be trained to help with prevention not just prescriptions
 - Use multi-media to get message out
 - Model promotion/prevention activities after no smoking campaign of the 90's and 00's
 - Prevention needs to be a value within the health care system
- Are there specific considerations for vulnerable populations?
 - Healthy food options for low income populations – need to be creative
 - Work with schools – increased use of community recreational resources and facilities
 - Make sure that we are making activities accessible and interesting - -for each school to determine
 - Make injury prevention products (helmets, car seats, etc.) accessible for low income families
 - Programs with immigrant community
 - More heart disease in Aboriginal community
 - Which populations are at most risk – work with them to develop strategies
 - Work with neighbourhoods to reduce crime and promote safe activity
 - Set criteria for low cost accessible exercise programs that are evidence-based – like falls prevention

2. Improve Patient Flow

- How can we briefly describe this priority?
 - How people move through the system – safely, good quality care
 - How people use the system can impact it – need to use appropriately
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Ambulances – staff in ER's to take over from paramedics
 - Push out some procedures to other providers – like pharmacists giving the flu shot
 - Promote access centres – explain what they are
 - Develop system to ensure operating rooms used effectively/efficiently – increase hours of use, for example
 - Educate public to use appropriate sites – e.g. clinic, ER, family doctor
 - More promotion of Access Centres
 - Problem with sense of entitlement – people going to ER for earwax and getting treatment

- Have right amount of staff to match demand for health care
 - Focus on resolving identified bottlenecks in system
 - More critical care, urgent care, access centres, and personal care homes
 - Find blockages in system and resolve – more personal care homes
 - 24/7 walk in clinics
 - Computer patient records tracking
 - Make waiting productive – health promotion videos playing at ER waiting rooms – healthy lifestyle tips on screens in waiting rooms
 - Should be zero tolerance for all waits beyond 1 hour in hospital wait areas
 - One person in ER should be responsible for making sure that everyone is seen and communicated with in a reasonable time
 - Increase use and access of nurse practitioners, Health Links – more awareness – have apps for access
 - More use of patient advocates to help people navigate the system
 - Over treating some things – sending an ambulance for a minor fall
 - Health Links could be so much more helpful - -they send everyone to ER
 - All ER's should have minimum waiting goals posted
 - Professional staff need to provide constant information to people waiting
 - There should be follow-up with all ER patients to see what happens to them when they get home
 - Quit funding things like automatic ultrasounds for all pregnancies
 - Better promotion of ER wait times data to allow patients to choose
 - Continued improvement in adoption of new technologies to improve patient flow and information flow
 - Introduction of online symptom analysis program to help determine if need to see a doctor – like an on-line Health Links
 - Better communication between patients and medical staff
 - Should be triage systems in all ER's
- Are there specific considerations for vulnerable populations?
 - New facilities should be located in communities where they are needed most
 - Bring in mobile buses to take medical services to lower income and disadvantaged individuals

3. Improve Primary Care Infrastructure

- How can we briefly describe this priority?
 - Most important part of the health care system - -providers need to understand their patients holistically
 - Key to effectiveness of entire system – the right information about needs, situation of patient needs to be elicited by provider

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Include mental health – least understood
 - Importance of front-line clerks – in person and over the phone – to be helpful, give proper direction on most appropriate care
 - Patients should be triaged at ER's – physical, mental health
 - Need to be better links between primary care and prevention/promotion
 - Monitor the % of population that does not have a family doctor and recommend related actions
 - Ease of access to care – mobile, proximity, east to reach – bus line
 - Remove barriers to foreign trained health care workers so they can work within the system
 - Universal electronic medical records
 - Train doctors to communicate first with patients then with their computers
 - Quick flow between ER's and Quick Care clinics, Access Centres so people could get a fast appointment
 - Need conduit to share prevention and best practices information with physicians
 - Use evidence-based screening
 - Utilize multi-disciplinary teams – e.g. social workers, resource coordinators in ER's at triage level
 - Move more data to e-Chart Manitoba
 - Provincial computerized medical records
 - 24/7 walk in clinics
 - Link ER data sources to clinic electronic medical records
 - Advertise locations of access centres
 - License and retain more family doctors
 - Take advantage of previously recorded information for historical data in making diagnosis
 - Detailed questionnaire filled out by patient about their health and reviewed by primary care physician
 - Expand physician assistants role in assisting primary care providers – provide more comprehensive care

- Are there specific considerations for vulnerable populations?
 - Design buildings that elderly and handicapped can access easily --- Access Winnipeg West is not accessible
 - Build where needed – access centres, critical care, personal care homes

4. Increase Involvement of Patients and Families

- What is the desired outcome of this priority?
 - You can only empower patients if the philosophy of providers and the health care system supports this

- Involvement of patients/family has the potential to reduce health care costs
- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Doctors should ask patients if they have a support system – if serious diagnosis
 - Utilize multi-disciplinary approach – social work, spiritual care for family resources
 - Make supports for family caregivers available – like respite
 - Information should be shared on print – so everyone is on the same page
 - Have a follow-up after treatment to determine success of treatment
 - Encourage patients to better understand their medications and be aware of side effects/interactions
 - Give patients on-line access to blood test results, diagnostic test results to empower them to take charge of their health
 - Perhaps train doctors (or inform doctors) on how to take a couple of minutes at the end of consult to ask patient re: their treatment option selection – understanding and compliance
 - Paid leave for family to take care of loved ones
 - Encourage patients and family to make a family medical history and share with doctor
 - Teach family to help care for patient – this is increasingly important when family member has dementia/memory loss
 - Hard to encourage family involvement when patient refuse – privacy versus involvement
 - Increased involvement of patients and family seems to be in contradiction with the attempt to shorten patient visits
 - Increased involvement means increased communication which means increased time
 - Allocate sufficient time with patient for questions – often doctors are in a rush and patients don't feel comfortable asking questions
 - Physicians need to ask patients about their family supports, or lack of them
- Are there specific considerations for vulnerable populations?
 - Elderly population who often don't question providers
 - What about patients without families? providers – should ask – how does this sound to you?
 - How does cultural diversity and male versus female impact health care interactions?
 - Need to consider special barriers – linguistic, cultural, literacy challenges
 - Health care providers need to be aware that certain cultures want to be with their loved ones during their last days
 - Need for advocates for people without families to support them
 - For elderly and others – have a place on the electronic medical record for approved patient advocate

5. Planning for an aging population

- How can we briefly describe this priority?
 - Connects to all other priorities

- What is the desired outcome of this priority?
 - People living as well as they can for as long as they can
 - Aging in place

- What key actions do you feel is most important for the WRHA to move this priority forward?
 - Need to work upstream before we are frail
 - Many fear going into the hospital/personal care homes
 - Need to know all options
 - Triage people with dementia a little differently
 - Importance of tracking patients from 40/s/50's – so providers/patient will have more knowledge of possible health issues
 - Canadian Longitudinal Study on Aging
 - Assisted suicide as an end of life option
 - Prevention of future health issues
 - Let public know about resources for support at home nearing the end of life
 - More palliative care
 - Individual long term care plan as we age – includes flu shots, health care directives/DNR's, living will, palliative care
 - More evidence-based exercise options available at reasonable cost and widely available and accessible
 - Awareness and promotion of services
 - Support services for elderly living on their own
 - Focus on prevention throughout life course so we age well, strong, and healthy
 - How to handle Alzheimer patients who are confused/needly – need reassurance but shouldn't take up too much high paid staff
 - Supports for aging in place important
 - Ensure there is discussion prior to the need for care – what the patient wants (if possible)
 - Teach aging parents it is okay to use canes or walkers to prevent falls
 - More non-profit personal care homes and oversight of for profit personal care homes
 - Have paid health care advocates o work with seniors to help manage their care
 - Programs to help seniors stay at home longer
 - Pick one item for each decade of age to focus on information promotion – “Lordy, lordy look who's 40, time for...”
 - More activities for elderly in assisted living and personal care homes

- Are there specific considerations for vulnerable populations?
 - What if elderly patient's family does not live in town or they don't have family?
 - Falls, injury rates higher in poor areas
 - Issues of isolation

Appendix A

Local Health Involvement Groups (2014-15) Background on “Strategic Planning” Topic

The Local Health Involvement Groups have been asked by the Board to spend one year of meetings (October 2014 to March 2015) providing input into the next 5 year strategic plan. This topic was recommended by the LHIG Topic Selection Working Group, comprised of LHIG members, Board Liaisons, Senior Staff, and staff supporting the LHIGs.

Background on Strategic Plan

The WRHA’s 5 year strategic plan is a legislated requirement that provides key directions and priorities the WRHA will focus on and aim to achieve over a 5-year period. A strategic plan is a tool that helps an organization focus its energy, ensures that members of the organization are working toward the same goals, and assesses and adjusts the organization's direction in response to a changing environment.

- Our strategic plan is a written document that outlines the mission, vision, and values of the WRHA together with specific directions, strategies and performance measures.
- It is directed at three key audiences: residents of the Winnipeg health region, the WRHA and Manitoba Health (i.e. Manitoba Health, Healthy Living, and Seniors)
- It is based on the Community Health Assessment, the unique characteristics of our region, and the over-arching provincial priorities of Manitoba Health.

Why is a strategic plan important?

- Helps the WRHA and all its stakeholders understand the overall direction and focus of healthcare services across the Winnipeg health region; guides decision making and resource (human and financial) allocation
- Provides a blueprint for measuring the progress of our healthcare system.
- Offers an opportunity to incorporate the healthcare needs of our varied stakeholders.

How is it used by the Board, the WRHA and Manitoba Health?

- The Board of Directors uses the strategic plan as a basis from which to monitor the achievement of key strategic directions and priorities.
- WRHA senior leadership uses as a guidepost to maintain focus on the common vision and direction
- Manitoba Health, Healthy Living and Seniors and the public can monitor and measure the achievement of overall directions and priorities.

Local Health Involvement Groups input on the strategic plan

Having the Local Health Involvement Groups provide input into the strategic plan is a great opportunity for public participation in this process. You are key stakeholders and your perspectives on where the WRHA should be going in the next 5 years and how we are going to get there is very valuable.

How will your input be used?

- LHIG interim and final reports will be shared with the Board and Leadership, and incorporated into the overall strategic plan.
- The strategic plan is a public document that will be posted on the WRHA website and communicated across the region.

How you will be exploring and providing input on the strategic plan

First Meetings: (October 2014)

- High level overview of strategic planning/ public engagement process
- LHIG members to provide input on -- what you feel the WRHA is doing well, what the WRHA can improve, opportunities that exist for the WRHA to build on, and the WRHA's biggest challenges/obstacles.

Second Meetings: (November 2014)

- Presentation to provide update on where the region is at with the six strategic directions - - what has been accomplished, work still being done, challenges, etc.
- LHIGs will provide feedback on current strategic priorities (associated with each of the six strategic directions). Which priorities are still relevant? Which priorities aren't relevant anymore? Any priorities need to be added?
- Exercise to rank the priorities

Interim Report

- Presented to Board at January 2015 meeting

Third Meetings: January/February 2015

- Post prioritized (including any new) strategic priorities
- Ask members for ideas of high level action items for the prioritized strategic priorities

Fourth Meetings: March 2015

- Patient values, rights, and responsibilities

Final Report

- Ready for Board at end of March 2015
- Presented at All LHIGs Meeting in early May 2015

Appendix B

**WINNIPEG REGIONAL HEALTH AUTHORITY (Refreshed)
STRATEGIC DIRECTIONS AND PRIORITIES – 2013 - 2016**

Strategic Direction	Definition	Strategic Priorities
Enhance Patient Experience	Enhance patient experience and outcomes by listening more carefully to patients and considering their needs when designing and delivering services.	<ul style="list-style-type: none"> • Increase the involvement of patients and family.
Improve Quality & Integration	Improve access to quality and safe care through improved integration of services and the use of evidence informed practice.	<ul style="list-style-type: none"> • Improve primary care infrastructure and performance. • Improve patient flow.
Foster Public Engagement	Work with the community to improve its health and well-being by forging partnerships and collaborating with those we serve.	<ul style="list-style-type: none"> • Increase public communication, consultation, and participation across planning, policy development, and decision making within the region.
Support a Positive Work Environment	Enhance quality care by fostering a work environment where staff are valued, supported and accountable, and who reflect the diverse nature of our community.	<ul style="list-style-type: none"> • Increase the diversity of our workforce. • Increase staff engagement to strengthen workplace culture.
Advance Research & Education	Work with stakeholders to enhance academic performance through the development of an academic health sciences network where clinical education and research activities are better aligned and integrated.	<ul style="list-style-type: none"> • Expand the use of Inter-professional Teams. • Develop a regional research strategy.
Build Sustainability	Balance the provision of healthcare services within the available resources to ensure a sustainable healthcare system.	<ul style="list-style-type: none"> • Improve productivity and efficiency through process improvement. • Implement an enterprise risk management framework (ERM).

At the request of Manitoba Health, the Winnipeg Regional Health Authority (WRHA) refreshed its strategic plan as part of the 2014-15 Regional Health Plan submission. The refreshed strategic plan better aligns the WRHA’s strategic priorities with those of Manitoba Health, and ensures greater focus on key priorities for the remaining three years of the five-year strategic plan. All six of the WRHA’s Strategic Directions remain unchanged. However, the number of strategic priorities within these directions has been reduced from 31 to ten. This will increase the Region’s focus, and better align its work with Manitoba Health in the areas of primary care, patient flow and access, process improvement, and long-term care.

Appendix C

Manitoba Health, Healthy Living and Seniors

Our Vision

Healthy Manitobans through an appropriate balance of prevention and care

Our Mission

To meet the health needs of individuals, families and their communities by leading a sustainable and publicly-administered health system that promotes well-being and provides the right care, in the right place, at the right time.

Priorities and Goals

Priority 1 – Capacity Building

- 1.1 Achieve strategic priorities through a sustained planning and alignment process that advances role clarity, collaborative and innovative work practices, risk management, and effective use of resources.
- 1.2 Apply innovative human resource policies and practices to help recruit and retain department staff. These policies and practices will focus on supporting staff development, work-life balance and opportunities for advancement that are consistent and fair across the department.

Priority 2 – Health System Innovation

- 2.1 Drive innovation in the health system and the department to improve health outcomes, contain costs, and support appropriate and effective services.

Priority 3 – Health System Sustainability

- 3.1 Direct the development and implementation of a long-term action plan that defines Manitoba's future health system, establishes clear roles for the department and other stakeholders, and how the system can be sustained.
- 3.2 Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities.
- 3.3 Build sustainable, innovative and evidence-based service provider funding methods to ensure accountability, meet the health needs of Manitobans, and contain the rise in health costs.
- 3.4 Enable information systems and technologies that improve Manitoba's health system and department processes in a sustainable way.

3.5 Influence the creation of conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages.

Priority 4 – Improved Access to Care

4.1 Enhance and improve access to health services for all Manitobans.

4.2 Implement a strategy to enhance the primary health care system that better meets the patient and population needs of Manitobans through a greater emphasis on the patient.

Priority 5 – Improved Service Delivery

5.1 Lead advances in health service delivery for First Nations, Métis, and Inuit Manitobans, through policy and programs with a focus on prevention, primary health care, public health, and education.

5.2 Lead emergency management by establishing strategies, policy and partnerships that improve operational readiness to meet population needs in emergency and disaster situations.

5.3 Realize customer service excellence through improving Manitoba Health's services.

5.4 Guide effective and efficient department policies, processes, and service delivery methods to support the department and its funded service providers to strengthen capacity, ensure roles are clear, accountabilities are met, and services are delivered to meet the health needs and safety of Manitobans in the best way possible.

Priority 6 – Improving Health Status & Reducing Health Disparities Amongst Manitobans

6.1 Steer an innovative, evidence-based action plan to reduce health disparities and improve the health of Manitobans. This involves negotiating clear roles and effective working relationships with other government departments, municipalities, regions, and other appropriate partners.

6.2 Create an innovative, collaborative plan for public health to target major gaps in health status and improve the health of Manitobans.

Appendix D

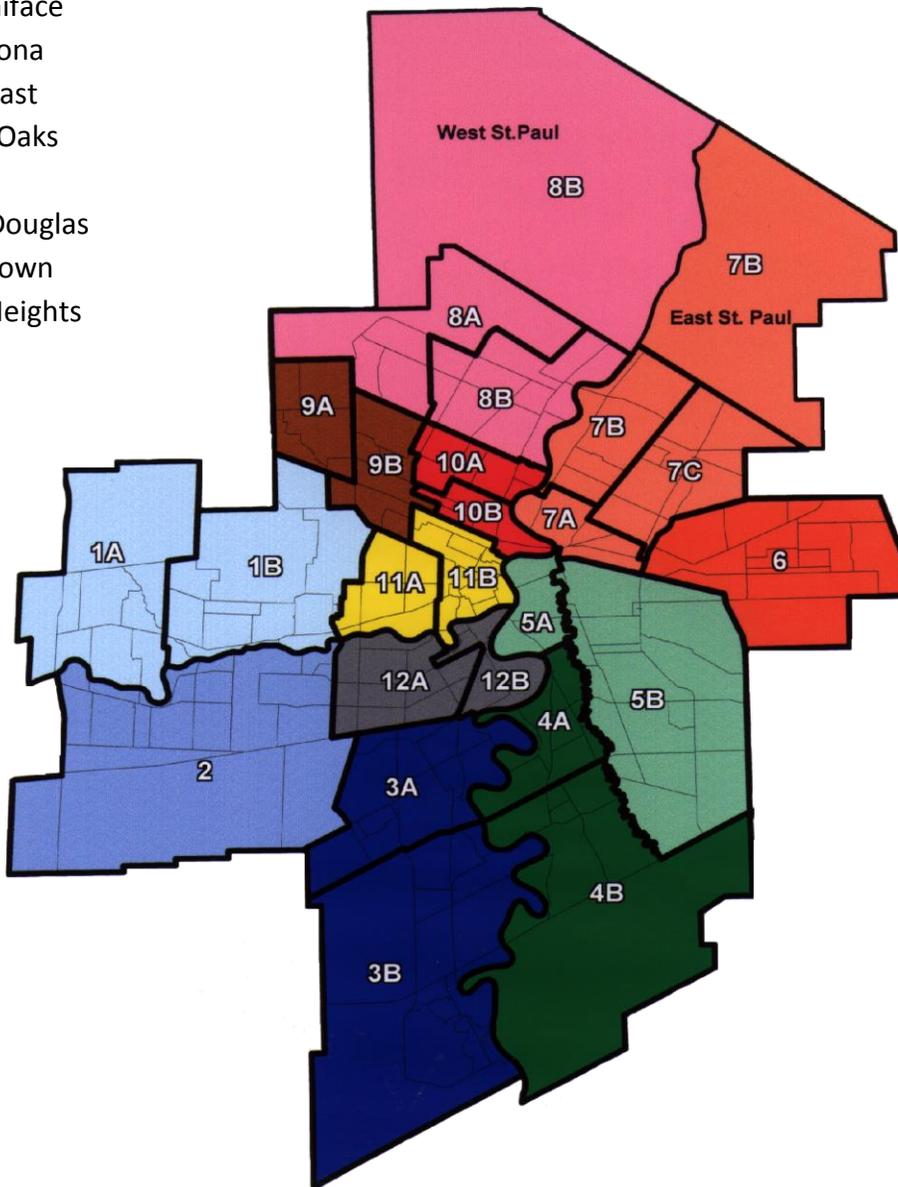
LHIG Rankings of Strategic Priorities (current and proposed by LHIG members)

LHIGs Priorities	Downtown/ Point Douglas	River East/ Transcona	River Heights/ Fort Garry	Seven Oaks/ Inkster	St Boniface/ St Vital	St James/ Assiniboine South
Ranked number one	Improving Health and Health Status (Equity)	Prevention and Promotion	Increase involvement of patients and families	Planning for aging population	Prevention and Promotion	Prevention and Promotion
Ranked number two	Prevention and Promotion Improve patient flow	Increase involvement of patients and families	Improve patient flow Holistic Health – system partners with community	Improve primary care infrastructure and performance	Improve patient flow	Improve primary care infrastructure and performance
Ranked number three		Improve patient flow		Mental Health	Improve primary care infrastructure and performance	Planning for aging population
Ranked number four	Expand use of inter- professional teams	Improve Productivity and Efficiency	Increase staff engagement	Improve patient flow Improving Health and Health Status (Equity)	Emergency departments	Improve patient flow
Ranked number five	Improve primary care infrastructure and performance	Patient Empowerment and Accountability	Research – knowledge exchange and sharing Expand use of inter- professional teams		Increase diversity of the workforce	Expand use of inter- professional teams

Appendix E

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 F

Acknowledgements
Members of the Local Health Involvement Groups
Board Liaisons to the Groups
Support Staff for Groups

Members of Local Health Involvement Groups 2014-2015

Downtown/Point Douglas Group

Dennis Ballard
Davada Carlson
Todd Donahue
Blair Hamilton
Kendra Huynh Williams
Ian Montalbo
Christine Nijimbere

Harry Paine
Lissie Rappaport
Alberto Sangalang
Barbara Scheuneman
Doreen Szor
Carla Veldcamp

River East/Transcona Group

Frank Fiorentino
Visaka Jackson
Michael Josefchuk
Darlene Karp
Nina Kostiuk
Norman Meade
Sheron Miller
Maureen Peniuk

Judy Posthumus
Brian Reinisch
Brenda Paley
Brenda Rocchio
Sandra Sanders
Peter Veenendaal
Ashley-Dawn (AD) Zallack

River Heights/Fort Garry Group

Elissa-Marie Bittner
Barbara Bourier-Lacroix
Tom Dickie
Navsharn Dhaliwal
Kevin Fontaine
Alison Hamilton
Lorraine Klymko
Meryle Lewis

Natalie LoVetri
Melanie Matte
Lana McGimpsey
Amy Passmore
Amanda Rozyk
Karen Velthuys
Tim Wildman

Seven Oaks/Inkster Group

Rawlee (Satch) Bachoo
Margaret Banasiak
Susan Burko
Elsa Garcia
Louise Evaschesen
Joanna Flores
Elizabeth Kopp
Jocelyn Lantin

Len Offrowich
Terry Rear
John Sawchuk
Diana Szymanski
Jagdeep Toor
Jacquie Tucker
Ginny Witkowski-Sudlow

St. Boniface/St. Vital Group

Kristin Albo-Berkowits
Mona Audet
Helene Beauchemin
Bathelemy Bolivar
Tim Church
Laura Enns
Grace Gillis
Jim Kolson

Kitty Leong
Keith Lowe
Rose Marsden
Elsie Nabroski
Gisele Toupin
John Wylie
Derek Yakielashek

St. James-Assiniboia/Assiniboine South Group

Sangeet Bhatia
Dayna Blackthorn
Brian Clerihew
Dennie Cormack
Danita Dubinsky Aziza
David Friesen
Wendy French

Ken Howell
Angela Keno
Diane Longeran
Lawrence Klepachek
Georgette Martin-Couture
Christine Portelance

WRHA Board Liaisons (non-voting members of Groups)

Elaine Bishop and Joan Dawkins
Sheila Carter and Doris Koop
Bruce Thompson and Jeff Cook
Stuart Greenfield
Josée Lemoine and Rob Santos
Joanne Biggs and Jean Friesen

Downtown/Point Douglas
River East/Transcona
River Heights/Fort Garry
Seven Oaks/Inkster
St. Boniface/St. Vital
St. James-Assiniboia/Assiniboine South

Community Area Directors/Staff (non-voting members of Groups)

Louis Sorin
Debra Vanance
Dana Rudy
Carmen Hemmersbach
Susan Stratford
Marlene Stern
Pat Younger
Kellie O'Rourke

Downtown/Point Douglas
River East/Transcona
River Heights/Fort Garry
Seven Oaks/Inkster
St. Boniface/St. Vital
St. Boniface/St. Vital
St. James-Assiniboia/Assiniboine South
St. James-Assiniboia/Assiniboine South

Support Staff for Groups

Jeanette Edwards

Suzie Matenchuk
Sylvie Pelletier
Colleen Schneider

Regional Director, Primary Health Care and Chronic Disease
Manager, WRHA Volunteer Program
Administrative Assistant
Manager, Local Health Involvement Groups