



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

“Public Expectations of the Health Care System”

Community Health Advisory Councils
May 2010

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Preface

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

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

The Report includes:

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

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

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

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Executive Summary

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

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

Reasonable Expectations of the Health Care System

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

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

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

Unreasonable Expectations of the Health Care System

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

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

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

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

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

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

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

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

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

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

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

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

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

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

People with no expectations and prior negative experiences

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

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

Addressing the range of expectations

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

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

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

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

Issues within the system need to be addressed

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

- **Emergency Departments and Primary Care**

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

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

- **Personal responsibility**

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

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

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

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

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

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

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

How to Communicate Reasonable Expectations with the Public

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

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

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

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

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

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

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

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

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

Fee for service doctors - special considerations for communicating expectations

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

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

Opportunities to provide feedback on whether or not expectations were met

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

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

Section I

Report Summary

Introduction and Methodology

Priority Issues and the Community Health Advisory Councils

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

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

Population Health Framework and Perspectives from their community

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

The Meetings

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

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

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

Presentation to the Board of the Winnipeg Regional Health Authority

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

Reasonable and Unreasonable Expectations of the Health Care System

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

Reasonable Expectations of the Health Care System

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

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

Rationale:

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

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

2. That people have timely access to primary care.

Rationale:

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

3. That people have fair and equitable access to care

Rationale:

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

4. That the care provided is respectful and compassionate

Rationale:

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

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

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

Rationale:

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

6. That electronic medical records be developed and utilized

Rationale:

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

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

Rationale:

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

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

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

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

Rationale:

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

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

Rationale:

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

Other reasonable expectations that a number of Councils identified:

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

Unreasonable Expectations of the Health Care System

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

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

Rationale:

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

2. That funding for health care is infinite

Rationale:

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

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

Rationale:

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

Unique Expectations for each of the Councils:

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

Downtown/Point Douglas

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

Rationale:

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

River East/Transcona

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

Rationale:

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

River Heights/Fort Garry

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

Rationale:

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

Seven Oaks/Inkster

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

Rationale:

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

St Boniface/St Vital

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

Rationale:

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

St James/Assiniboine South

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

Rationale:

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

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

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

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

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

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

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

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

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People with no expectations and prior negative experiences

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Addressing the range of expectations

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

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

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

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

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

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

Issues within the system need to be addressed

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

Emergency Departments and Primary Care

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

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

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

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

Personal responsibility

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

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

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

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

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

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

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

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

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

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

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

How to Communicate Reasonable Expectations with the Public

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

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

Considerations for communicating expectations

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

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

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

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

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

Signage at sites and kiosks

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

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

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

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

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

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

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

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

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

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

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

Media campaigns - TV, etc.

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

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

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

Website and other WRHA communications materials

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

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

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

Social networking sites -- Facebook, Twitter, etc.

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

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

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

Take the information into the community

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

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

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

Health promotion information, programs, activities, fairs

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

Schools

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

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

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

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

Fee for service doctors - special considerations for communicating expectations

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

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

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

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

Opportunities to provide feedback on whether or not expectations were met

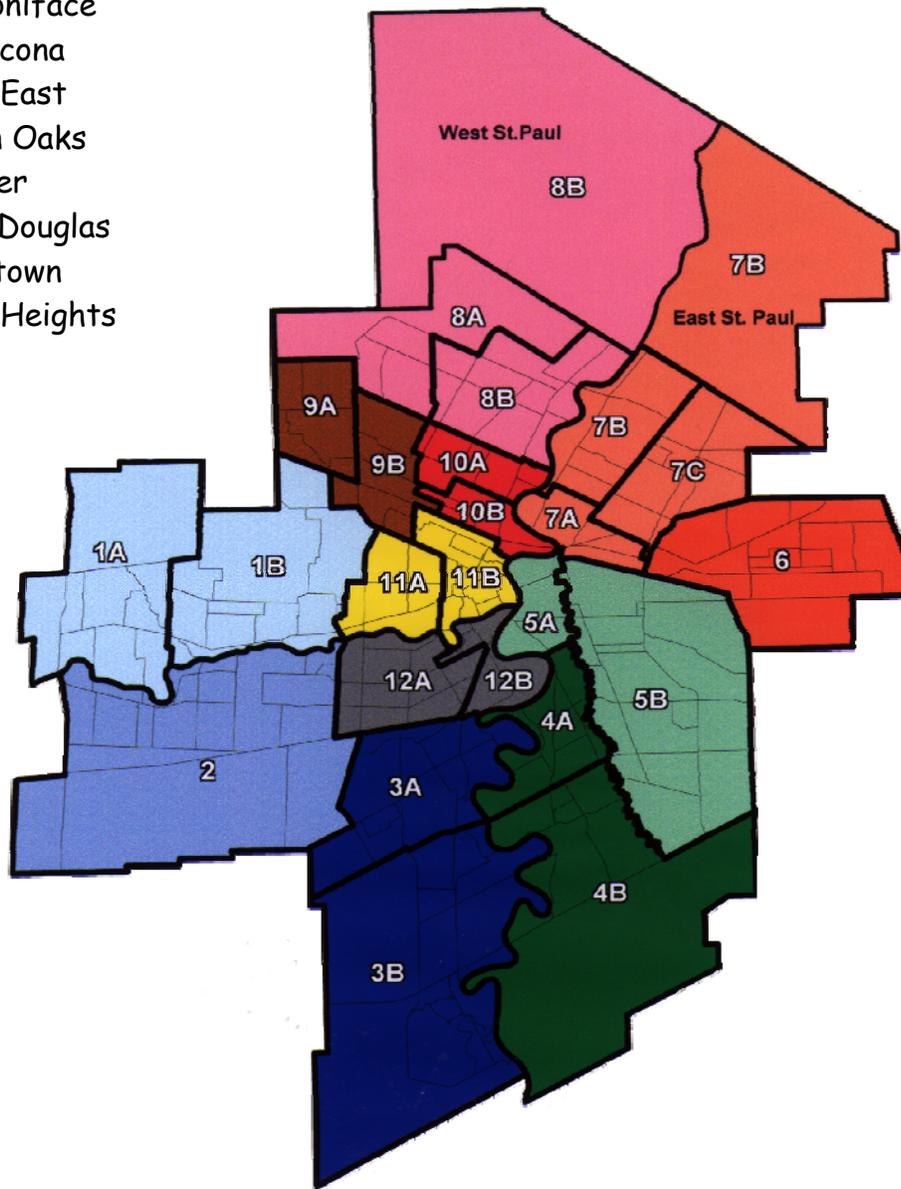
"What about when you have clear expectations of a particular health service and the system does not deliver?" Member of the St James/ Assiniboine South CHAC

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

Appendix A

Map of the Community Areas in the Winnipeg Health Region

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



Appendix B

Acknowledgements

Members of the Community Health Advisory Councils

Board Liaisons to the Councils

Support Staff for Councils

Members of Community Health Advisory Councils 2009-2010

Downtown/Point Douglas Council

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

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Johanne Drabchuk	Nafisa Pameri
Merle Fletcher	Lora Pickard
Starr Harder	Joanna Poniatowska
Kim Jenkin	Debra Stockwell
Henry Kraft	

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Kuldip Bhatia	Lindsay Mackay
Tara Carnochan	Mathew Maniate
Michael Edwards	Lynn Pierre
Krista Halayko	Betty Schwartz
Mark Holdsworth	Bruce Thompson
Tannis Kircher	Joseph Wall

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Dwane Novak

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

WRHA Board Liaisons (non-voting members of Councils)

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

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