



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

“Sustainability of our Health Care System: Community Perspectives”

(Summary Report)

Community Health Advisory Councils

January 2013

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Preface

This report contains the ideas and feedback generated by the Community Health Advisory Councils over the course of 2 meetings held from September to November 2012.

In September 2012, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Community Health Advisory Councils (CHAC's) to explore the topic of the sustainability of our health care system. Members of the six CHAC's provided feedback on a range of approaches that could increase the sustainability of the health care system and on criteria that is used to make decisions about resource allocation within the region.

The Report includes:

- An overview of the methodology, context for the exploration of the topic, Council perspectives on approaches to sustainability, and feedback on the criteria used for making decisions about resource allocation.

Appendix A - Background document for exploration of this topic

Appendix B - Criteria for Resource Allocation – Table to illustrate ranking by Councils

Appendix C - Criteria Circles for each Council – to illustrate ranking and links

Appendix D - Map of the Community Areas in the Winnipeg Health Region

Appendix E - Acknowledgements

It is hoped that this report will be useful to the WRHA Board and Senior Management as they work towards building a more sustainable health care system and the Public Engagement Council to assist in developing a broader public engagement strategy on this issue.

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Executive Summary

The Community Health Advisory Councils (CHAC's) have been providing advice and their unique community perspectives on significant health issues to the WRHA Board for more than ten years. There are six Councils that represent community areas from across the Winnipeg health region. Each Council is comprised of up to 15 individuals from diverse backgrounds, all with the desire to ensure that the health system and health services continue to meet the needs of people in the Winnipeg health region.

In September 2012, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Community Health Advisory Councils (CHAC's) to explore the topic of the sustainability of our health care system. This topic has arisen out of the WRHA's strategic direction "to create sustainability by balancing the provision of health care services within the available resources in order to ensure a sustainable healthcare system." Sustainability involves ensuring sufficient resources are available over the long term to provide timely access to quality services that address our evolving health needs. (Roy Romanow)

We should value our system. We need to sustain it together, not just put the responsibility or onus on the health care providers to do it for us.

(Member, St James-Assiniboia/Assiniboine South CHAC)

The Councils input will be tremendously valuable to the Winnipeg Regional Health Authority. Their input will be reflective of the overall public response to a range of approaches to make the health care system more sustainable, as they shared their support, areas of concern, and recommendations for further input on the approaches, and, the Public Engagement Council of the WRHA will use this report to develop a strategy for broader public engagement on the topic of sustainability.

How they explored the topic of Sustainability of the Health Care System

At the first meeting, Council members were given a brief overview of a range of strategies that other health jurisdictions in Canada and health systems around the world have considered in addressing the challenge of ensuring sustainability. Council members provided their feedback on specific questions about each of the approaches. They were invited to share other ideas that they had to build a more sustainable health care system as well.

At the second meeting on sustainability, Council members were asked to review the criteria that the WRHA uses to make decisions about resource allocation/funding of services. Staff described each of the criteria (using the WRHA descriptors) and then invited Council members to share their perspectives about the criteria and consider how important each one is in guiding decisions about allocating resources. They were also

asked what criteria they felt are most important to consider when making decisions to adjust funding for a program or service and why.

At the end of the second meeting, Council members participated in a prioritization exercise to “vote” for what they considered the most important criteria that should be considered when making decisions about allocating resources within the health care system. Staff tabulated the results and then ranked the criteria based on the aggregate results of the prioritization exercise.

Feedback on Approaches to Making the Health Care System more Sustainable

The Community Health Advisory Councils considered what other health jurisdictions in Canada and health systems around the world have done to address the challenge of ensuring sustainability. Overall, there was a level of support or caution that the Councils provided for each approach along with issues that they felt were important for the Winnipeg Regional Health Authority to consider.

1. Shifting care from hospitals into the community

The first approach to building a more sustainable health care system that the Councils provided feedback on is the strategy to shift care from hospitals into community settings. Some examples of this approach include: focusing on the importance of primary care and decreasing the dependence on emergency rooms for the delivery of primary care; the delivery of home care services, increased outpatient service delivery; and day surgery. Council members were asked for their feedback on this approach.

Decrease costs, enhance service, and improve health – the only way to do this is by moving towards preventative health and by treating the whole person.

(Member, Downtown/Point Douglas CHAC)

Findings and recommendations:

- **Overall, there was unanimous support for this approach to creating a more sustainable health care system – with considerations for ensuring accountability in terms of the cost of this shift and evaluating its impact on patient care, etc.**
- **It will be critical to develop connections into the community and ensure that the system provides increased medical support in the community – like home care**

2. Utilizing alternate care practitioners to the full scope of their practice

This approach to building a more sustainable health care system involves the utilization of alternative health care providers (like nurse practitioners, nurses, physiotherapists, occupational therapists, pharmacists, physician assistants, etc.) to the fullest of their

abilities or “full scope of practice”. This means that a health care provider’s skills are being fully used when providing care and they are working as part of a health care team. Council members were asked for their feedback on this approach.

This can result in getting care more quickly that meets the needs of patients.

(Member, Seven Oaks/Inkster CHAC)

Findings and recommendations:

- Overall, there was complete support for continuing with this approach to build a more sustainable health care system and to provide more accessible care that meets the needs of individual patients by providing the most appropriate health care.

3. Development of centres of excellence

This approach to building sustainability involves the consolidation of services or a program to a specific site and allows for efficiencies and the development of program excellence by bringing together highly specialized health care staff and professionals. A couple of examples of centres of excellence include the Hip and Knee Institute at Concordia Hospital and cardiac surgery at St Boniface Hospital. Council members were asked for their feedback on this approach.

Sometimes people have more than one health issue and need to access services from different sites. This would create accessibility issues for them because a full range of services wouldn’t be available anymore at one site.

(Member, St Boniface/St Vital CHAC)

Findings and recommendations:

- **Overall, Councils support this approach for a variety of reasons – more specialized and higher quality care, and potential savings to the system**
- **All of the Councils were concerned about accessibility issues – that a patient would have to leave a health care site in order to have other health issues addressed**
- **Councils were also concerned that treating the whole person would be almost impossible with a centres of excellence approach to care**
- **It was recommended that the region look into what the core services should be that a hospital provides**

4. Address the growing demand of caring for the elderly and the role of family in caring for elderly family members

Given the increasing pressures on the health care system from an aging population, addressing the growing demand for caring for the elderly and exploring an enhanced role of the family in caring for elderly family members is an important approach to sustainability.

There are a range of roles for family members – not right or wrong.

(Member, Seven Oaks/Inkster CHAC)

Ideas to support families and communities to ensuring healthy aging at home:

- Education for Family Members and Caregivers
 - “Families often do not know what to expect or what their role is re: supporting an elderly family member. There is not a lot of direction of what they’ll need to do.” (Member, St Boniface/St Vital CHAC)
- Support for Caregivers
 - “Families really need to know there is someone there for back-up – respite is essential.” (Member, Downtown/Point Douglas CHAC)

Findings and recommendations:

- **Of all of the approaches to building a more sustainable health care system, this approach was the most complex with numerous issues to consider and address.**
- **The region would definitely benefit from further exploration with seniors, family members, and members of the public to identify the challenges and strategies moving forward**

5. Home care program – focus more on medical/clinical care

The WRHA’s home care program currently provides a full range of services including house-keeping. Other jurisdictions do not provide a full range of services, such as house cleaning. Council members were asked if the home care services the Winnipeg Regional Health Authority provides should/could be more focused on providing medical/clinical care.

If you take away the “soft” services, the home care system will be fragmented and clients will be at risk. There is a risk of poor communication between the 2 types of home care, for example.

(Member, St Boniface/St Vital CHAC)

Findings and recommendations:

- **Overall, Councils shared concerns about fragmenting home care services into more clinical services and home-making services that could potentially be delivered outside of the WRHA Home Care Program**
- **Councils were open to the concept of having those clients who wanted additional care and were able to afford to purchase it from the WRHA instead of from an external home care agency**
- **Councils recommend that further consultation, especially with seniors, home care clients, and family members take place on this particular approach**
- **Recommend that these suggestions could be sent to caregiver coalition**

6. Paying for some health care services and equipment

In many jurisdictions, patients are required to pay for some services and equipment, like sleeping aides. This could be part of building a more sustainable health care system.

Council members were asked if the Winnipeg Regional Health Authority should explore what services we are providing at no cost and the possibility of charging for some services and equipment.

Considerations

- “Means-testing could be used for other services and equipment – prosthetics, dressing, equipment, including at home equipment like beds, etc.” (Member, Downtown/Point Douglas CHAC)
- “Definitely not. Good health is a right, not a privilege. There is a fine line. What about people who can’t pay? They won’t have access?” (Members, Downtown/ Point Douglas CHAC)
- “Access to good quality health equipment: this crosses a number of these approaches – shifting care into the community, home care, and supporting the elderly.” (Member, St James-Assiniboia/Assiniboine South CHAC)

Findings and recommendations:

- **Councils overall were split on their response to this approach moving forward – those who supported having patients/family members pay for some services and equipment, did so with the assumption that this would occur only for those who could afford to – those with limited financial means, would not be required to purchase those services/equipment**
- **There is an opportunity for the WRHA to make get financial benefits if they sold more health care equipment and supplies – instead of referring patients to health care supply stores**

7. Additional Ideas to make system more sustainable:

Council members were invited to provide additional ideas for making our health care system more sustainable.

- **Increased resources for disease prevention and health promotion**
 - “Need to spend more on prevention and education.” (Member, River East/Transcona CHAC)
 - “Put more effort and attention and resources on prevention and promotion to keep people healthy.” (Member, River Heights/Fort Garry CHAC)
- **Cut down on the inappropriate use of the system**
 - “Work to cut down the abuse/inappropriate use of the health system like, overuse by some patients of physicians, ER visits, etc. Could track each person’s use of the system with a card that holds information about their appointments, use of various services, etc.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- **Address on multiple levels and look at inefficiencies**
 - “Sustainability of the health care system needs to be dealt with at multiple levels – regional health authorities, provincial, and federal.” (Member, St Boniface/St Vital CHAC)

- **Address health care issues that are an increasing burden on the system**
 - “Mental health and addictions are a huge burden on the system. We need to take a serious look at this and have a strong response.” (Member, St Boniface/St Vital CHAC)
- **Support for Caregivers**
 - “Enhance the provincial tax credit for caregivers.” (Member, St James-Assiniboia/ Assiniboine South CHAC)
- **Use technology to reduce health care costs**
 - “Use technology to cut down on unnecessary in-person health care appointments.” (Member, River East/Transcona CHAC)

Feedback on Criteria for making decisions about resource allocation/funding

Council members were asked to take a look at the criteria that the WRHA uses to guide decisions about resource allocation/funding of services. When making decisions about funding a service or program, the WRHA considers how proposals address the following criteria:

- Fit with the Organizational Mission and Mandate
- Patient Experience
- Quality and Integration
- Public Engagement & Partnerships
- Work Environment
- Research, Education, & Innovation
- Sustainability and Efficiency
- Determinants of Health
- Impact on Individual Health
- Promotion and Prevention
- Equity
- Long Term Impacts on Service Utilization

Council members were asked to review the criteria and prioritize providing reasons why some criteria are more important than others. At the end of the discussion, they participated in a prioritization exercise to vote on the criteria. The results were tabulated and each Council ended up with a ranking of the criteria based on this. For the purposes of a “regional” perspective, staff developed ranking of the criteria across the Councils by looking at the HIGH, MEDIUM, and LOW ranked criteria for each Council. (See Appendix B)

Councils also provided their insights into how they felt some criteria linked with other criteria. A visual representation of each Council’s ranking and criteria linkages can be

found in Appendix C. The Councils also made suggestions about grouping or renaming some of the criteria as well.

These are the results of how the criteria were ranked across the Councils:

Top

Sustainability and Efficiency
Quality and Integration
Promotion and Prevention

High

Research, Education, & Innovation
Patient Experience
Fit with the Organizational Mission and Mandate
Determinants of Health

Medium

Equity
Work Environment

Low

Impact on Individual Health
Public Engagement & Partnerships
Long Term Impacts on Service Utilization

The following section summarizing feedback from the Councils on the criteria in terms of how they viewed the importance of each in making decisions about resource allocation and why.

1. Sustainability and Efficiency

This criterion considers the impact of the proposal on productivity, process improvement, risk management, and service reconfiguration. It applies to human resources and capital investments.

If we don't focus on sustainability, we won't have a health care system in the long run. This needs to be the, or one of the top priorities.

(Member, St Boniface/St Vital CHAC)

- This criteria is imperative for making funding decisions
- Need to consider a balance and the relationship between sustainability and efficiency
- If we make more decisions based on sustainability, we will have resources to leverage

2. Quality and Integration

This criterion considers the impact of the proposal on access to quality and safe care, under varying conditions, through the impact on integration of services and the use of evidence-informed practice.

This links to “patient experience”. “The system needs to be well integrated for patients to find their way. When you’re sick, you’re vulnerable and it is incredibly difficult to find your way through a system that is not integrated, coordinated. This impacts patient experience.

(Member, Downtown/Point Douglas CHAC)

- Important link to patient experience
- Important criteria as it relates to how we need to structure our system

Very important – if you don’t have quality and integration – you lose the rest – domino effect – work environment, sustainability, etc.

(Member, St James-Assiniboia/Assiniboine South CHAC)

3. Promotion and Prevention

This criterion considers the impact of the proposal on illness and/or injury prevention, well-being, and harm reduction as measured by longer term improvements in health.

Spending money up front for future benefits.

(Member, River East/Transcona CHAC)

- Get to root causes and decrease burden with future benefits to the system

4. Research, Education, & Innovation

This criterion considers the impact of the proposal on the generation and/or application of new knowledge or innovative approaches to care and well-being.

- Need for continuous research to support innovation in health care

Every single criterion can be linked back to this – need to be on top of research, you’re being innovative with resources, better care, healthier patients, less use of system. Research, education, and innovation equal prevention.

(Member, River East/Transcona CHAC)

When you have limited funds, can universities be doing this? Need to be in close partnership with University of Manitoba.

(Member, Seven Oaks/Inkster CHAC)

5. Patient Experience

This criterion considers the impact of the proposal on the ability of the organization to listen to patients and consider their needs in designing and delivering services with a person-first focus. The WRHA interprets the definition of “patient” broadly as people who need and use our services.

- Importance of approach that treats the whole person with dignity
Treating all people with dignity is extremely important. We need to treat the whole person not just the parts, otherwise care is not “quality” care.
(Member, Seven Oaks/Inkster CHAC)

6. Fit with the Organizational Mission and Mandate

This criterion considers the impact of the proposal on the ability of the organization to coordinate and deliver safe and caring services that promote health and well-being and on the health status of the population in general. And, fit of the proposal with the organization’s mandate.

- *Very important. If it doesn’t fit with the mandate/mission, why would we do it?*
(Member, River Heights/Fort Garry CHAC)

- Foundational criterion in order to make resource allocation decisions
- Concern that focusing primarily on mission/mandate could prevent important work in health system

7. Determinants of Health

This criterion considers the impact of the proposal on the ability of the organization to influence, advocate, and stimulate efforts that will help to address the determinants of health.

- *When you’re talking limited resources, would like to see the focus of the WRHA elsewhere. Other groups could be working on these issues. We can make short term investments to help efforts as a partner.*
(Members, Seven Oaks/Inkster CHAC)

- Important to work to address social determinants of health – through partnerships

8. Equity

This criterion considers the impact of the proposal on the health status of groups where there is an avoidable, unfair, and remediable health status gap.

- Important issue to address, requires resources and partnerships
Partnerships are the key to work on equity.
(Member, Seven Oaks/Inkster CHAC)

Addressing equity will mitigate additional issues and needs that marginalized populations would experience later.”
(Member, River Heights/Fort Garry CHAC)

9. Work Environment

This criterion considers the impact of the proposal on the work environment, including the extent to which the staff are valued, supported, and accountable, and the extent to which the work environment reflects the diverse nature of our community.

- Importance of positive work environment and trained staff for good care
If the work environment is not positive, everything will suffer. In unstable work environments, staff will go into self-preservation mode.

(Member, River East/Transcona CHAC)

10. Impact on Individual Health

This criterion considers the magnitude of the anticipated resulting average change on the individual's health multiplied by the number of individuals affected in such a way by the proposal.

- Deliberation about the balancing the needs of the many to the needs of a few
We should be focusing on those who are most at-risk to be impacted.

(Member, Downtown/Point Douglas CHAC)

- Should address on a case by case basis
- Need for ethical framework and support to frame this criterion:
*This discussion reinforces the need for an ethical framework and support.
Discussion of this element requires ethics decision-making tools.*

(Member, St Boniface/St Vital CHAC)

11. Public Engagement & Partnerships

This criterion considers the impact of the proposal on the extent to which the organization works with the community to improve its health and well-being by forging partnerships, encouraging community empowerment, and collaborating with those we serve.

- Importance of public/patient engagement
The patient journey – there is so much that we can learn from this to improve the system.

(Member, St Boniface/St Vital CHAC)

- Importance of partnerships
Important to springboard off existing relationships that the WRHA has with community organizations.

(Member, Downtown/Point Douglas CHAC)

12. Long Term Impacts on Service Utilization

This criterion considers the identification of the long term impacts (5+ years) of the proposal on needs and program and service utilization in the Winnipeg Health Region.

- Important to consider how the addition of something new can benefit the rest of the system and also how cutting something impacts other parts of the system

Links between the criterion and suggestions for grouping criteria

Council members provided feedback during the discussions about the criteria for making decisions about resource allocation, about the linkages between the criterion, and the possible grouping or regrouping/pairing of the criterion.

None of these criteria can be looked at in isolation from each other. They are very linked to each other.

(Member, River Heights/Fort Garry CHAC)

Most Councils saw a direct and important relationships between quality and integration and patient experience. Most also saw important relationships between the determinants of health, promotion and prevention, equity, and public engagement and partnerships. A number of Councils saw linkages between sustainability/efficiency, promotion/prevention, and research and innovation.

Council members felt that it was important to recognize how current environment and stresses/challenges on the system should impact how the criteria are prioritized or weighed.

The current environment will always be a factor in determining how criteria are weighed or ranked.

(Member, Seven Oaks/Inkster CHAC)

Key Feedback about using the above criteria to make decisions about allocating resources in the health care system:

- **All of the criteria are important and contribute to making decisions about allocating resources.**
- **Depending on the service or program, different criteria may not be relevant, so we need to consider that.**
- **It is very difficult to weigh different projects on the same/all criteria depending on each program/project; they may have a very different focus, some more on patient experience, some more on quality, etc.**

Section I

Report Summary

Introduction and Methodology

The Community Health Advisory Councils were asked by the Board of the Winnipeg Regional Health Authority to provide community perspectives on the critical topic of health care sustainability. This topic has arisen out of the WRHA's strategic direction "to create sustainability by balancing the provision of health care services within the available resources in order to ensure a sustainable healthcare system."

What does sustainability mean?

Roy Romanow defines sustainability as "ensuring sufficient resources are available over the long term to provide timely access to quality services that address our evolving health needs. A properly functioning health delivery system also depends on the right type of health care providers, buildings, and equipment and information systems."

The Commission on the Future of Health Care in Canada's final report states, "sustainability relies on achieving the right balance among services that are provided, the health needs of Canadians, and the resources we are prepared to commit to the system. Finding that balance is up to those who govern the health care system – individual Canadians, communities, health care providers, health authorities, hospital administrators, and governments. Sustaining the Canadian health care system has always been about the choices we make and our understanding of what our responsibilities and entitlements are within the system."

The Councils were given some suggestions about how to approach this challenging topic. They were invited to think about sustainability by asking these questions -- are we providing the right services and are we providing them in the right ways?

The Council discussions on the topic of sustainability were very high level and the goal was to provide community / public perspectives on how to build a sustainable health care system considering all of the pressures on the system and changing population needs. Councils were asked to provide feedback on sustainability approaches or strategies and on the criteria used to make decisions about allocating resources within the system. Their input is the first phase of public engagement on the topic of sustainability and provides insights for the region in identifying potential next steps and issues for further exploration and public input.

The Community Health Advisory Councils worked on this topic over the course of two meetings in October and November 2012. Prior to their first meeting, they received a background document on the topic explaining the context and providing the questions that they would be asked to provide their feedback on. (See Appendix A)

At the first meeting, Council members were given a brief overview of a range of strategies that other health jurisdictions in Canada and health systems around the world

have considered in addressing the challenge of ensuring sustainability. These strategies included:

- Shifting care from hospitals into the community;
- Utilizing alternate care practitioners to the full scope of their practice;
- Developing centres of excellence;
- Addressing the growing demand of caring for the elderly and the role of family in caring for aging family members;
- Focusing a home care program more on medical/clinical care; and,
- Asking patients to pay for some services and equipment.

Council members provided their feedback on specific questions about each of the approaches. They were invited to share other ideas that they had to build a more sustainable health care system as well.

At the second meeting on sustainability, Council members were asked to review the criteria that the WRHA uses to make decisions about resource allocation/funding of services. Staff described each of the criteria (using the WRHA descriptors) and then invited Council members to share their perspectives about the criteria and consider how important each one is in guiding decisions about allocating resources. They were also asked what criteria they felt are most important to consider when making decisions to adjust funding for a program or service and why.

At the end of the second meeting, Council members participated in a prioritization exercise to “vote” for what they considered the most important criteria that should be considered when making decisions about allocating resources within the health care system. They put three dots on the criteria they felt was most important, two dots to their second most important criteria, and one dot for their third most important criteria. Staff tabulated the results and then ranked the criteria based on the aggregate results of the prioritization exercise.

Feedback on Approaches to Making the Health Care System more Sustainable

The Community Health Advisory Councils considered what other health jurisdictions in Canada and health systems around the world have done to address the challenge of ensuring sustainability. For each of the approaches to sustainability, specific questions were asked to invite feedback. Council members were also given an opportunity to share own their ideas to create a more sustainable health care system as well. Overall, there was a level of support or caution that the Councils provided for each approach along with issues that they felt were important for the Winnipeg Regional Health Authority to consider.

“We should value our system. We need to sustain it together, not just put the responsibility or onus on the health care providers to do it for us.” (Member, St James-Assiniboia/Assiniboine South CHAC)

Shifting care from hospitals into the community

The first approach to building a more sustainable health care system that the Councils provided feedback on is the strategy to shift care from hospitals into community settings. Some examples of this approach include: focusing on the importance of primary care and decreasing the dependence on emergency rooms for the delivery of primary care; the delivery of home care services, increased outpatient service delivery; and day surgery. Council members were asked for their feedback on this approach.

Reasons to support or not to support this approach

- “Shifting care into community -- we have no choice but to go this route – with elderly population, caring for the elderly. We will need a well-structured support system of services and professionals, accessible x-rays, labs, specialists that are available and accessible within the community.” (Member, River East/Transcona CHAC)
- “Shifting care out of the hospitals could take pressure off the emergency departments. They would then see only acute patients and the waiting times should then go down as well. Others would be getting care in the community instead.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “Yes – shift care from hospitals to community. Focus on prevention rather than treatment. Save money and lives by preventing diseases.” (Member, Downtown/Point Douglas CHAC)
- “Decrease costs, enhance service, improve health – only way to do this is by moving towards preventative health and by treating the whole person.” (Member, Downtown/Point Douglas CHAC)

Considerations

- “If you’re shifting more care into the community, there will be an increased need for medical support in the community through something like home care.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “It is necessary to build connections into the community in order to build our system.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “Need overall strategic approach for increased care in the community and the development of more centres of excellence. This will require very good communication between them for this to work.” (Member, Downtown/Point Douglas CHAC)
- “It will be important to evaluate to see whether or not the changes that are happening are having the desired effects – saving money, providing good care in the community, etc.” (Member, Downtown/Point Douglas CHAC)
- “We need to improve collaboration of health and social services and look at both the health and social needs of people together – a more holistic approach.” (Member, Downtown/Point Douglas CHAC)

Findings and recommendations:

- Overall, there was unanimous support for this approach to creating a more sustainable health care system – with considerations for ensuring accountability in terms of the cost of this shift and evaluating its impact on patient care, etc.
- It will be critical to develop connections into the community and ensure that the system provides increased medical support in the community – like home care

Utilizing alternate care practitioners to the full scope of their practice

This approach to building a more sustainable health care system involves the utilization of alternative health care providers (like nurse practitioners, nurses, physiotherapists, occupational therapists, pharmacists, physician assistants, etc.) to the fullest of their abilities or “full scope of practice”. This means that a health care provider’s skills are being fully used when providing care and they are working as part of a health care team. Council members were asked for their feedback on this approach.

Reasons to support or not to support this approach

- “This can result in getting care more quickly that meets the needs of patients.” (Member, Seven Oaks/Inkster CHAC)
- “This decreases the load on doctors.” (Member, Seven Oaks/Inkster CHAC)
- “It is happening and is very positive.” (Member, Seven Oaks/Inkster CHAC)
- “We should be moving away from expecting care from doctors which is more expensive to getting care from alternative care providers. Clinics could be staffed by alternative providers for extended hours.” (Member, Downtown/Point Douglas CHAC)

Considerations

- “Need to educate community members about what other health providers do.” (Member, Seven Oaks/Inkster CHAC)

Findings and recommendations:

- Overall, there was complete support for continuing with this approach to build a more sustainable health care system and to provide more accessible care that meets the needs of individual patients by providing the most appropriate health care.

Development of centres of excellence

This approach to building sustainability involves the consolidation of services or a program to a specific site and allows for efficiencies and the development of program excellence by bringing together highly specialized health care staff and professionals. A couple of examples of centres of excellence include the Hip and Knee Institute at Concordia Hospital and cardiac surgery at St Boniface Hospital. Council members were asked for their feedback on this approach.

Reasons to support or not to support this approach

- “This is important and has proven to be positive.” (Member, Seven Oaks/Inkster CHAC)
- “Having specialized staff at these centres of excellence is very good.” (Member, Seven Oaks/Inkster CHAC)
- “What about a centre of excellence for geriatrics?” (Member, River East/Transcona CHAC)

Considerations:

- “Not a perfect system – when people come in through an emergency department for surgery, they’ll need to be transported to a different hospital depending on their needs – cardiac care, neurology, etc.” (Member, River Heights/Fort Garry CHAC)
- “Sometimes people have more than one health issue and need to access services from different sites. This would create accessibility issues for them because a full range of services wouldn’t be available anymore at one site.” (Member, St Boniface/St Vital CHAC)
- “Concern that they will become so specialized that they can’t deal with the whole person’s needs.” (Member, Downtown/Point Douglas CHAC)
- “We need to stop and look at core services community hospitals should provide – like MRI’s – wouldn’t want to have to transfer patients for diagnostics.” (Member, Seven Oaks/Inkster CHAC)
- “This needs to be rebranded and then sell the benefits of centres of excellence – explain and reduce the stress, negative experience of patients.” (Member, River Heights/Fort Garry CHAC)

Findings and recommendations:

- Overall, Councils support this approach for a variety of reasons – more specialized and higher quality care, and potential savings to the system
- All of the Councils were concerned about accessibility issues – that a patient would have to leave a health care site in order to have other health issues addressed
- Councils were also concerned that treating the whole person would be almost impossible with a centres of excellence approach to care
- It was recommended that the region look into what the core services should be that a hospital provides

Address the growing demand of caring for the elderly and the role of family in caring for elderly family members

Given the increasing pressures on the health care system from an aging population, addressing the growing demand for caring for the elderly and exploring an enhanced role of the family in caring for elderly family members is an important approach to sustainability. Some examples of this include alternate levels of support in the community, such as assisted living, supportive housing, and respite services for care providers. Council members were asked if they had other ideas that could support families and communities in ensuring healthy aging at home and care for seniors in need in the community.

Ideas to support families and communities to ensuring healthy aging at home:

Education for Family Members and Caregivers

- “Shadowing of home care worker to learn about health issues and how to care for family member.” (Member, Downtown/Point Douglas CHAC)
- “The biggest help would be if the family was able to support. But sometimes, they have poor relationships, or don’t have the skills to support their elderly family member. Could the WRHA or another agency provide training to be able to care for them and be an advocate?” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “Families need more information about housing options, care, personal care homes, health care directives, etc. for elderly parents.” (Member, River East/Transcona CHAC)
- “Families often do not know what to expect or what their role is re: supporting an elderly family member. There is not a lot of direction of what they’ll need to do.” (Member, St Boniface/St Vital CHAC)

Support for Caregivers

- “Families really need to know there is someone there for back-up – respite is essential.” (Member, Downtown/Point Douglas CHAC)
- “Need to support, provide respite to caregivers.” (Member, St James-Assiniboia/Assiniboine South CHAC)

- “Set up a phone line for support that family members can use when they feel that they can’t cope – to prevent abuse, misuse of ER’s, etc.” (Member, River East/Transcona CHAC)

Other issues to address:

- “Assisted living for seniors has better health outcomes because there is more socializing, active, better diet. There is great seniors housing but it can be cost prohibitive. There needs to be affordable options with the same supports.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “Mental health issues, loneliness, and isolation need to be addressed. Elderly people are going to hospitals because of mental health issues and not looking after themselves with a proper diet, etc.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “Some elderly don’t have anyone. Who supports, looks after, advocates for them?” (Member, River East/Transcona CHAC)

Considerations and Challenges for Family/Caregivers

- “There are a range of roles for family members – not right or wrong.” (Member, Seven Oaks/Inkster CHAC)
- “Challenge of complex health needs of many elderly. Cannot expect family members to provide care. Some elderly family members need to be in health care sites staffed by professionals.” (Member, Downtown/Point Douglas CHAC)
- “Can be very difficult for some families to be able to be there for their elderly family member.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “There are some cultural aspects to this as well for members of the Filipino and Central American cultural groups; it is not socially acceptable to not look after family members.” (Member, Seven Oaks/Inkster CHAC)
- “Will be challenging for people who work full time and need to support elderly parent.” (Member, River East/Transcona CHAC)

Findings and recommendations:

- Of all of the approaches to building a more sustainable health care system, this approach was the most complex with numerous issues to consider and address.
- The region would definitely benefit from further exploration with seniors, family members, and members of the public to identify the challenges and strategies moving forward

Home care program – focus more on medical/clinical care

The WRHA’s home care program currently provides a full range of services including house-keeping. Other jurisdictions do not provide a full range of services, such as house cleaning. Council members were asked if the home care services the Winnipeg Regional

Health Authority provides should/could be more focused on providing medical/clinical care.

Reasons to support or not to support this approach

- “Who fills these needs (home-making support) if the home care program no longer provides the “soft” services? For profit private, not for profit, student programs, etc.?” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “If you take away the “soft” services, the home care system will be fragmented and clients will be at risk. There is a risk of poor communication between the 2 types of home care, for example.” (Member, St Boniface/St Vital CHAC)
- “Risk to clients that they would end up in a personal care home because they couldn’t get home making services from the program.” (Member, St Boniface/St Vital CHAC)
- “We should be strengthening and integrating the home care program – not fragmenting it.” (Member, St Boniface/St Vital CHAC)

Considerations and other ideas

- “In the independent living home care program for people living with disabilities, workers provide a much broader range of services for clients; more than what regular home care aides provide. Why not broaden the care that regular home care workers can provide for clients?” (Member, River East/Transcona CHAC)
- “The piece that isn’t clinical, perhaps people could pay, based on their ability to pay.” (Member, River East/Transcona CHAC)
- “Home care should have a strong link to primary care and part of the primary care team/network.” (Member, St Boniface/St Vital CHAC)
- “The WRHA should be consulting seniors about this.” (Member, St Boniface/St Vital CHAC)
- “Should have training programs for home care workers to help them identify medical issues that have emerged for home care clients so these can be relayed to home care coordinator for follow-up like any concerns about new health issues, changes in mobility, etc.” (Member, River Heights/Fort Garry CHAC)

Findings and recommendations:

- Overall, Councils shared concerns about fragmenting home care services into more clinical services and home-making services that could potentially be delivered outside of the WRHA Home Care Program
- Councils were open to the concept of having those clients who wanted additional care and were able to afford to purchase it from the WRHA instead of from an external home care agency
- Councils recommend that further consultation, especially with seniors, home care clients, and family members take place on this particular approach
- Recommend that these suggestions could be sent to caregiver coalition

Paying for some health care services and equipment

In many jurisdictions, patients are required to pay for some services and equipment, like sleeping aides. This could be part of building a more sustainable health care system. Council members were asked if the Winnipeg Regional Health Authority should explore what services we are providing at no cost and the possibility of charging for some services and equipment.

Reasons to support or not to support this approach – to pay or not to pay

Reasons not to require payment for some health services and equipment:

- “Could get carried away with this approach of slowly paying for more and more.” (Member, Seven Oaks/Inkster CHAC)
- “If we start charging people, when do we stop?” (Member, River Heights/Fort Garry CHAC)
- “We can’t transfer costs to the elderly. The cost of living is increasing, expense of changing diet/nutrition, and other expenses.” (Member, Downtown/Point Douglas CHAC)
- “Importance of a universal, accessible system.” (Member, Seven Oaks/Inkster CHAC)
- “Patients already pay for a range of services – pharmaceuticals, parking costs, etc. – these really add up.” (Member, St Boniface/St Vital CHAC)

Reasons that support requiring payment for some health services and equipment:

- “Baby boomers are amongst the wealthiest retirees in history.” (Member, River Heights/Fort Garry CHAC)
- “Not averse to people paying for some services and equipment.” (Member, Seven Oaks/Inkster CHAC)
- “Don’t have a problem with this especially if you can afford it.” (Member, River East/Transcona CHAC)
- “Could clients/family buy additional home care visits, services instead of going outside of the program?” (Member, St Boniface/St Vital CHAC)
- “What if the WRHA sold the equipment, supplies that medical supply stores sell – they could make more money from this?” (Member, St Boniface/St Vital CHAC)

Considerations

- “Means-testing could be used for other services and equipment – prosthetics, dressing, equipment, including at home equipment like beds, etc.” (Member, Downtown/Point Douglas CHAC)
- “Definitely not. Good health is a right, not a privilege. There is a fine line. What about people who can’t pay? They won’t have access?” (Members, Downtown/Point Douglas CHAC)
- “Access to good quality health equipment: this crosses a number of these approaches – shifting care into the community, home care, and supporting the elderly.” (Member, St James-Assiniboia/Assiniboine South CHAC)

Findings and recommendations:

- Councils overall were split on their response to this approach moving forward – those who supported having patients/family members pay for some services and equipment, did so with the assumption that this would occur only for those who could afford to – those with limited financial means, would not be required to purchase those services/equipment
- Those who were not supportive were concerned that people already pay for a significant variety of costs related to their care and many people could not afford to pay. They were also concerned about where the system would draw the line about what services they would require patients to pay for.
- Other concept that came forward was the opportunity for the WRHA to make get financial benefits if they sold more health care equipment and supplies – instead of referring patients to health care supply stores

Additional Ideas to make system more sustainable:

Council members were invited to provide additional ideas for making our health care system more sustainable – these included increased resources for prevention and promotion, cutting down on the inappropriate use of the system, addressing all levels and looking for inefficiencies, addressing health care issues that are an increasing burden on the system, supporting caregivers, and using technology to reduce costs.

Increased resources for disease prevention and health promotion

- “Most important – health promotion – taking a proactive approach. Spend more money to get message out about healthy lifestyle and eating should be a priority. We should start with the very young so that we can avoid some long term problems.” (Member, Seven Oaks/Inkster CHAC)
- “Need to spend more on prevention and education.” (Member, River East/Transcona CHAC)
- “Put more effort and attention and resources on prevention and promotion to keep people healthy.” (Member, River Heights/Fort Garry CHAC)
- “Exercise is vitally important for physical and mental health. Should use alternate care providers to keep people healthy and out of hospitals.” (Member, River East/Transcona CHAC)

Cut down on the inappropriate use of the system

- “Work to cut down the abuse/inappropriate use of the health system like, overuse by some patients of physicians, ER visits, etc. Could track each person’s use of the system with a card that holds information about their appointments, use of various services, etc.” (Member, St James-Assiniboia/Assiniboine South CHAC)

Address on multiple levels and look at inefficiencies

- “Sustainability of the health care system needs to be dealt with at multiple levels – regional health authorities, provincial, and federal.” (Member, St Boniface/St Vital CHAC)
- “Look at bottlenecks in the system and address in order to get the care you need a little faster.” (Member, River East/Transcona CHAC)

Address health care issues that are an increasing burden on the system

- “Mental health and addictions are a huge burden on the system. We need to take a serious look at this and have a strong response.” (Member, St Boniface/St Vital CHAC)

Support for Caregivers

- “Enhance the provincial tax credit for caregivers.” (Member, St James-Assiniboia/ Assiniboine South CHAC)

Use technology to reduce health care costs

- “Use technology to cut down on unnecessary in-person health care appointments.” (Member, River East/Transcona CHAC)

Feedback on Criteria for making decisions about resource allocation/funding

Council members were asked to take a look at the criteria that the WRHA uses to guide decisions about resource allocation/funding of services.

When making decisions about funding a service or program, the WRHA considers how proposals address the following criteria:

- Fit with the Organizational Mission and Mandate
- Patient Experience
- Quality and Integration
- Public Engagement & Partnerships
- Work Environment
- Research, Education, & Innovation
- Sustainability and Efficiency
- Determinants of Health
- Impact on Individual Health
- Promotion and Prevention
- Equity
- Long Term Impacts on Service Utilization

Council members were asked to review the criteria and prioritize providing reasons why some criteria are more important than others. They were also asked what criteria they felt are most important to consider when making decisions to adjust funding for a program or service and why. At the end of the discussion, they participated in a prioritization exercise to vote on the criteria. The results were tabulated and each Council ended up with a ranking of the criteria based on this. For the purposes of a “regional” perspective, staff developed ranking of the criteria across the Councils by looking at the HIGH, MEDIUM, and LOW ranked criteria for each Council. (See Appendix B)

While similar feedback was given about the criteria, it is important to note that there was a range of how the Councils ranked the criteria and it was reflective of the discussions each Council had, their interpretation of the criteria and how it related to other criteria, and its overall importance to making decisions about allocating resources in our health care system. Council discussions were unique and explored the values that are inherent in making tough decisions about limited resources. A number of Councils described the experience of ranking the relative importance as very challenging and perhaps similar to what those health care staff charged with making these resource decisions must experience.

Councils also provided their insights into how they felt some criteria linked with other criteria. A visual representation of each Council's ranking and criteria linkages can be found in Appendix C. The Councils also made suggestions about grouping or renaming some of the criteria as well.

These are the results of how the criteria were ranked across the Councils:

Top

Sustainability and Efficiency
Quality and Integration
Promotion and Prevention

High

Research, Education, & Innovation
Patient Experience
Fit with the Organizational Mission and Mandate
Determinants of Health

Medium

Equity
Work Environment

Low

Impact on Individual Health
Public Engagement & Partnerships
Long Term Impacts on Service Utilization

The following section summarizing feedback from the Councils on the criteria in terms of how they viewed the importance of each in making decisions about resource allocation and why.

1. Sustainability and Efficiency

This criterion considers the impact of the proposal on productivity, process improvement, risk management, and service reconfiguration. It applies to human resources and capital investments.

This criteria is imperative for making funding decisions:

- If we don't focus on sustainability, we won't have a health care system in the long run." This needs to be the, or one of the top priorities." (Member, St Boniface/St Vital CHAC)

- “Very important, without this, everything else becomes moot, impossible. We won’t be able to sustain the system.” (Member, Downtown/Point Douglas CHAC)

Need to consider a balance and the relationship between sustainability and efficiency:

- “Needs to be a balance between sustainability and efficiency. It shouldn’t impact care.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “Very important but should not impact quality.” (Member, River Heights/Fort Garry CHAC)
- “The major difference between sustainability and efficiency is that sustainability is more long term and strategic and we should be considering externalities versus “efficiencies” which is more micro-level.” (Member, St Boniface/St Vital CHAC)

If we make more decisions based on sustainability, we will have resources to leverage:

- If you’re making decisions based on this, you’ll have additional resources to leverage for other projects, programs, etc. (Member, Seven Oaks/Inkster CHAC)

Ranking by Councils:

- This was not ranked LOW by any of the Councils – 3 Councils gave it HIGH and 3 Councils gave it MEDIUM ranking

2. Quality and Integration

This criterion considers the impact of the proposal on access to quality and safe care, under varying conditions, through the impact on integration of services and the use of evidence-informed practice.

Important link to patient experience:

- “This links to “patient experience”. “The system needs to be well integrated for patients to find their way. When you’re sick, you’re vulnerable and it is incredibly difficult to find your way through a system that is not integrated, coordinated. This impacts on patient experience.” (Member, Downtown/Point Douglas CHAC)
- “It’s about getting the right service at the right time—the first time, and it would assist and relate to all of the other criteria.” (Member, St Boniface/St Vital CHAC)
- “All projects would need to fit with mission and mandate and have to take patient experience into consideration (it’s all about patients) and integration. This is so important with a huge system. Don’t want to get lost in the cracks.” (Member, Seven Oaks/Inkster CHAC)

Important criteria as it relates to how we need to structure our system:

- “(It is) really important given the way we want to structure the health care system with centres of excellence which will need to be connected back to other aspects of the system.” (Member, River Heights/Fort Garry CHAC)

- “Very important – if you don’t have quality and integration – you lose the rest – domino effect – work environment, sustainability, etc. (Member, St James-Assiniboia/Assiniboine South CHAC)
- “It is important that programs/services do not operate in silos, therefore important that any new service be linked to existing ones and connect to other aspects of the health care system.” (Member, Downtown/Point Douglas CHAC)

Ranking by Councils:

- Three Councils gave this criterion a HIGH ranking, 2 gave it a MEDIUM ranking, and it was given a LOW ranking by one Council.
- St Boniface/St Vital Council chose this as their number one criteria

3. Promotion and Prevention

This criterion considers the impact of the proposal on illness and/or injury prevention, well-being, and harm reduction as measured by longer term improvements in health.

Get to root causes and decrease burden with future benefits to the system:

- “If health system is focused on prevention, we can invest resources to get to the root causes of different diseases and prevent people from getting them.” (Member, Downtown/Point Douglas CHAC)
- “If we can promote health and wellness and prevent illness, it will decrease the burden on the system.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “Spending money up front for future benefits.” (Member, River East/Transcona CHAC)

Ranking by Councils:

- This was ranked HIGH by 3 Councils, MEDIUM by one Council, and LOW by 2 Councils – 2 Councils chose this as their number one criteria – Downtown/Point Douglas and St James-Assiniboia/Assiniboine South

4. Research, Education, & Innovation

This criterion considers the impact of the proposal on the generation and/or application of new knowledge or innovative approaches to care and well-being.

Need for continuous research to support innovation in health care:

- “Continuous research and innovation is very important. It will help our care be of high quality.” (Member, River Heights/Fort Garry CHAC)
- “Whatever health care we’re providing, this needs to be there. Health care is ever changing and we need to be on top of this.” (Member, St James-Assiniboia/Assiniboine South CHAC)

Question about who should be leading this:

- “When you have limited funds, can universities be doing this? Need to be in close partnership with University of Manitoba.” (Member, Seven Oaks/Inkster CHAC)

Ranking by Councils:

- This criteria was ranked HIGH by 2 Councils, MEDIUM by 3 Councils, and LOW by only one Council – River East/Transcona CHAC ranked this as their number one criteria, feeling that if this was done well, everything else would follow

“Every single criterion can be linked back to this – need to be on top of research, you’re being innovative with resources, better care, healthier patients, less use of system. Research, education, and innovation equals prevention.” (Member, River East/Transcona CHAC)

5. Patient Experience

This criterion considers the impact of the proposal on the ability of the organization to listen to patients and consider their needs in designing and delivering services with a person-first focus. The WRHA interprets the definition of “patient” broadly as people who need and use our services.

Importance of approach that treats the whole person with dignity:

- “Treating all people with dignity is extremely important. We need to treat the whole person not just the parts, otherwise care is not “quality” care.” (Member, Seven Oaks/Inkster CHAC)
- “Very important criteria as we need to look at the overall well-being of patients – psychological, emotional, physical.” (Member, Downtown/Point Douglas CHAC)
- “For those who use the system a lot, this is incredibly important, especially for vulnerable patients.” (Member, River East/Transcona CHAC)
- “Really important. Patient experience is what this is all about.” (Member, St Boniface/St Vital CHAC)
- “Positive patient experience equals positive health outcome.” (Member, St James-Assiniboia/Assiniboine South CHAC)

Ranking by Councils:

- This criteria was ranked HIGH by 2 Councils, MEDIUM by 2 Councils, and LOW by 2

6. Fit with the Organizational Mission and Mandate

This criterion considers the impact of the proposal on the ability of the organization to coordinate and deliver safe and caring services that promote health and well-being and on the health status of the population in general. And, fit of the proposal with the organization’s mandate.

Foundational criterion in order to make resource allocation decisions:

- “Very important. If it doesn’t fit with the mandate/mission, why would we do it?” (Member, River Heights/Fort Garry CHAC)
- “Foundational criteria.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “This should be considered *a given*.” (Member, St Boniface/St Vital CHAC)

Concerns that focus primarily on mission/mandate could prevent important work in health system:

- “If we narrow too much we may unknowingly exclude something that is an important issue for our community.” (Member, Seven Oaks/Inkster CHAC)
- “This is an important criteria but not if it prevents creativity and innovation.” (Member, Downtown/Point Douglas CHAC)
- “It might not have to (meet criteria of mission/mandate) For example, housing -- we could work collaboratively to improve health.” (Member, River East/Transcona CHAC)

Ranking by Councils:

- This criteria was ranked HIGH by 2 Councils, MEDIUM by 2 Councils, and LOW by 2
- Two Councils chose this as their number one criteria – River Heights/Fort Garry and Seven Oaks/Inkster

7. Determinants of Health

This criterion considers the impact of the proposal on the ability of the organization to influence, advocate, and stimulate efforts that will help to address the determinants of health.

Important to work to address social determinants of health – through partnerships:

- “This should be used as a foundation for the new pyramid (inverting the current pyramid where a majority of the resources are spent on acute care and few resources on community-based care) we’re building to create change in the health of communities.” (Member, Downtown/Point Douglas CHAC)
- “Needs to be done through true partnerships. It’s a lot for the WRHA to take on.” (Member, River Heights/Fort Garry CHAC)
- When you’re talking limited resources, would like to see the focus of the WRHA elsewhere. Other groups could be working on these issues. We can make short term investments to help efforts as a partner.” (Members, Seven Oaks/Inkster CHAC)
- “It should be a partnership with other stakeholders.” (Member, St James-Assiniboia/Assiniboine South CHAC)

Ranking by Councils:

- This criteria was ranked HIGH by 2 Councils – Downtown/Point Douglas and LOW by 4 Councils

8. Equity

This criterion considers the impact of the proposal on the health status of groups where there is an avoidable, unfair, and remediable health status gap.

Important issue to address, requires resources and partnerships

- “Partnerships are the key to work on equity.” (Member, Seven Oaks/Inkster CHAC)
- “This is core to what it is to be Canadian and the role of government to redistribute wealth and address inequities.” (Member, Seven Oaks/Inkster CHAC)
- “Will make people who aren’t as healthy, healthier with ultimately less burden on the system.” (Member, St James-Assiniboia/Assiniboine South CHAC)

Ranking by Councils:

- This criteria was ranked HIGH by one Council (River Heights/Fort Garry), MEDIUM by 3 Councils, and LOW by 2 Councils

“Addressing equity will mitigate additional issues and needs that marginalized populations would experience later.” (Member, River Heights/Fort Garry CHAC)

9. Work Environment

This criterion considers the impact of the proposal on the work environment, including the extent to which the staff are valued, supported, and accountable, and the extent to which the work environment reflects the diverse nature of our community.

Importance of positive work environment and trained staff for good care:

- “Improving work environment is important so that staff can provide good care. Training about their role, their patients/clients on a continuous basis is essential.” (Member, Downtown/Point Douglas CHAC)
- “If the work environment is not positive, everything will suffer. In unstable work environments, staff will go into self-preservation mode.” (Member, River East/Transcona CHAC)
- “If you have a positive work environment, you have more staff turning up for work. If it’s a negative work environment, absenteeism will be higher and will impact on care.” (Member, River Heights/Fort Garry CHAC)

Ranking by Councils:

- This criteria was ranked HIGH by one Council (River East/Transcona), MEDIUM by 2 Councils, and LOW by 3 Councils

10. Impact on Individual Health

This criterion considers the magnitude of the anticipated resulting average change on the individual’s health multiplied by the number of individuals affected in such a way by the proposal.

Deliberation about the balancing the needs of the many to the needs of a few:

- “We should be focusing on those who are most at-risk to be impacted.” (Member, Downtown/Point Douglas CHAC)
- “Prioritize the vulnerable.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “The betterment of the individual shouldn’t be more important than betterment of the many.” (Member, River East/Transcona CHAC)
- “If numbers impacted are low, we should not fund but send patients to where they can get the proper care/treatment.” (Member, Seven Oaks/Inkster CHAC)

Should address on a case by case basis:

- “Need to look at this on almost a case by case basis which would consider the disease, severity, how many people affected, etc.” (Member, St James-Assiniboia/Assiniboine South CHAC)
- “This is about making choices and is value-based. Should look at the situation of the individual and be done on a case by case basis.” (Member, River Heights/Fort Garry CHAC)

Need for ethical framework and support to frame this criterion:

- “This discussion reinforces the need for an ethical framework and support. Discussion of this element requires ethics decision-making tools.” (Member, St Boniface/St Vital CHAC)

Ranking by Councils:

- This criteria was ranked MEDIUM by 3 Councils and LOW by 3 Councils
- One of the most challenging criterion to discuss because of ethical element

11. Public Engagement & Partnerships

This criterion considers the impact of the proposal on the extent to which the organization works with the community to improve its health and well-being by forging partnerships, encouraging community empowerment, and collaborating with those we serve.

Importance of public/patient engagement:

- “Would be important to have staff and patient input into where gaps and overlaps are in the system.” (Member, St Boniface/St Vital CHAC)
- “The patient journey – there is so much that we can learn from this to improve the system.” (Member, St Boniface/St Vital CHAC)

Importance of partnerships:

- “Important to springboard off existing relationships that the WRHA has with community organizations.” (Member, Downtown/Point Douglas CHAC)

Ranking by Councils:

- This criteria was ranked MEDIUM by 2 Councils and LOW by 4 Councils

12. Long Term Impacts on Service Utilization

This criterion considers the identification of the long term impacts (5+ years) of the proposal on needs and program and service utilization in the Winnipeg Health Region.

Important to consider how the addition of something new can benefit the rest of the system and also how cutting something impacts other parts of the system:

- “Links to “integration” – how does it impact the rest of the system?” (Member, River Heights/Fort Garry CHAC)
- “Positive side of this – funding something like “promotion and prevention” could have many positive benefits, including reduced costs to the system, throughout the rest of the system.” (Member, River Heights/Fort Garry CHAC)
- “Link to integration – can’t negatively impact another part of the system.” (Member, Seven Oaks/Inkster CHAC)

Ranking by Councils:

- This criteria was ranked MEDIUM by one Council (River Heights/Fort Garry) and LOW by 5 Councils

Links between the criterion and suggestions for grouping criteria

Council members provided feedback during the discussions about the criteria for making decisions about resource allocation, about the linkages between the criterion, and the possible grouping or regrouping/pairing of the criterion. Below are some of the observations and suggestions made.

“None of these criteria can be looked at in isolation from each other. They are very linked to each other.” (Member, River Heights/Fort Garry CHAC)

Most Councils saw a direct and important relationships between quality and integration and patient experience. Most also saw important relationships between the determinants of health, promotion and prevention, equity, and public engagement and partnerships. A number of Councils saw linkages between sustainability/efficiency, promotion/prevention, and research and innovation.

A few Councils provided feedback back that perhaps there were too many individual criteria and it would be helpful to group those criteria together that had strong linkages.

“Maybe there are too many criteria. They should be grouped together.”
(Member, River Heights/Fort Garry CHAC)

“Different headings would have been helpful – “system”, “individual”, “strategic”, etc.” (Member, St Boniface/St Vital CHAC)

Current environment and stresses/challenges on the system should impact how the criterion are prioritized/weighed:

- “The current environment will always be a factor in determining how criteria are weighed or ranked.” (Member, Seven Oaks/Inkster CHAC)
- “All criteria were important and some maybe more important than others depending on what is being looked at specifically to fund/reduce funding.” (Member, St Boniface/St Vital CHAC)
- “The priority will change depending on the program/project and its level of urgency.” (Member, Seven Oaks/Inkster CHAC)

Other Comments:

- “All of the criteria are important and contribute to making decisions about allocating resources.” (Member, Seven Oaks/Inkster CHAC)
- “Depending on the service or program, different criteria may not be relevant, so we need to consider that.” (Member, River East/Transcona CHAC)
- “Very difficult to weigh different projects on the same/all criteria depending on each program/project; they may have a very different focus, some more on patient experience, some more on quality, etc.” (Member, Seven Oaks/Inkster CHAC)

Appendix A

Community Health Advisory Councils:

“How can we make the health care system more sustainable?”

What does sustainability mean?

Roy Romanow defines sustainability as “ensuring sufficient resources are available over the long term to provide timely access to quality services that address our evolving health needs. A properly functioning health delivery system also depends on the right type of health care providers, buildings, and equipment and information systems.”

The Commission on the Future of Health Care in Canada’s final report states:

“Sustainability relies on achieving the right balance among services that are provided, the health needs of Canadians, and the resources we are prepared to commit to the system. Finding that balance is up to those who govern the health care system – individual Canadians, communities, health care providers, health authorities, and hospital administrators, and governments. Sustaining the Canadian health care system has always been about the choices we make and our understanding of what our responsibilities and entitlements are within the system.”

It might be helpful to think about sustainability by asking these questions:

- 1. Are we providing the right services?
- 2. Regarding those services we are providing, are we providing them in the right ways?

The topic of sustainability comes out of the **WRHA’s strategic direction, “create sustainability”** – balance the provision of healthcare services within the available resources in order to ensure a sustainable healthcare system.

The Community Health Advisory Councils have been asked to provide input on this important strategic priority by considering what other **health jurisdictions in Canada and health systems around the world have done to address the challenge of ensuring sustainability. Council members will be given an opportunity to provide feedback and their ideas as well.**

At your **October and November meetings**, you will have an opportunity to provide your thoughts and feedback to the following approaches aimed at ensuring sustainability of the health care system:

1. Shifting care from hospitals into the community – i.e. focus on the importance of primary care and decreasing the dependence on emergency rooms for the delivery of primary care, delivery of home care services, increased outpatient service delivery, day surgery, etc.
 - What is your opinion of shifting more care into the community and do you have other ideas?

2. Utilizing alternate care practitioners to the full scope of their practice, for example nurse practitioners. “Full scope of practice” means that a health care provider’s skills are being fully used when providing care.
 - What is your opinion of utilizing a range of care providers and do you have other ideas?
3. Development of centres of excellence – like the Hip and Knee Institute at Concordia Hospital and cardiac surgery at St Boniface Hospital.
 - What is your opinion of the consolidation of services at specific sites and do you have other ideas?
4. Addressing the growing demand of caring for the elderly and the role of family in caring for elderly family members – like alternate levels of support in the community, such as assisted living, supportive housing, and respite services for care providers.
 - Do you have other ideas that can support families and the community in ensuring healthy aging at home and care for seniors in need in the community?
5. Home care program currently provides a full range of services including house-keeping. Other jurisdictions do not provide a full range of services, such as house cleaning.
 - Should the services we provide be more focused on providing medical/clinical care?
6. In many jurisdictions, patients are required to pay for some services and equipment, like sleeping aides.
 - Should we explore what services we are providing at no cost?

At your **November meeting**, you will also be asked to take a look at the criteria that the WRHA uses to make decisions about resource allocation/funding of services

The Councils have been asked to review the criteria and to prioritize providing reasons why some criteria are more important than others.

When making decisions about funding a service or program, the WRHA will consider if it meets the following criteria.

What criteria do you feel are most important to consider when making decisions to adjust funding for a program or service? Why?

- 1) **Fit with the Organizational Mission and Mandate**
The WRHA mission is *to coordinate and deliver safe and caring services*. The mandate of health regions is defined as “to plan, manage, deliver, monitor and evaluate health services within the region (programs); to have input into the development of provincial policy and planning direction, as well as into standards development; implement and establish a sustainable, integrated system of health services”.
- 2) **Patient Experience**
Patients ‘needs’ in this context include clinical needs and also needs for empathy, respect, emotional support, education. The word “patient” is used very broadly to mean any citizen who is in need of health services including but not limited to patients, residents, and clients.
- 3) **Quality and Integration**
This element relates to quality and integration of services as defined in the WRHA strategic plan. “Integration of services and the use of evidence-informed practice” can be impacted through changes in access, primary care infrastructure and performance, coordination of care and health information, patient safety, and physician alignment and engagement. Evidence in this definition includes all forms of evidence, from peer reviewed study reports to expert opinion.
- 4) **Public Engagement & Partnerships**
This includes-- two-way communication with the public and communities; and on the engagement of the public and community in planning, policy development and decision making.
- 5) **Work Environment**
Work environment includes: aiding in the development of evidence informed education and learning opportunities; the development of a positive work life culture, supporting staff in improving their health and well-being; and the provision of a safe and healthy work environment.
- 6) **Research, Education, & Innovation**
This criteria focuses is on innovation through support of research and education. Support of research and education includes: development of a regional research

- strategy to achieve integration and expand research activity through partnerships and increased research funding; expansion of education activity and enhancement of student experience through increased partnerships; and expansion in the use of inter-professional teams.
- 7) **Sustainability and Efficiency**
Sustainability is defined as delivering more services from existing resource allocations - human and capital resources (thereby making the system more 'sustainable'). In terms of human resources, this means using these resources in the most productive way and in terms of capital resources, it means ensuring proper management (upkeep and upgrading) to ensure efficient performance. Move in this direction may include: the development of an integrated workforce plan that is affordable and sustainable; realistic budgeting; appropriate corporate, integrated support service and program/site leadership structure; refreshed strategic vision for IT.
- 8) **Determinants of Health**
The focus of this criterion is on *influencing* action that serve to better address the determinants of health. We say influencing because in many cases, the actions required are not within the direct responsibility of the Winnipeg Health Region. This may include income and social status, education and literacy, employment and working conditions, physical and social environments, etc.
- 9) **Impact on Individual Health**
This criterion is about the impact of the proposed change on the health status of individuals. We are measuring two dimensions of individual impact with this criterion: (1) the number of people directly affected, and (2) the average impact on health status for the individual. The number of individuals directly affected can range from a few to hundreds of thousands and the average impact can be anything from minimal to significant.
- 10) **Promotion and Prevention**
Promotion and Prevention refers to any component of a program proposal that addresses issues of health promotion and disease or injury prevention. The application of this criterion is not limited to programs designed specifically to address health promotion and prevention.
- 11) **Equity**
This criterion refers mainly to the population targeted by a given program, whatever the program. The proposal helps to address any disparities of the health status of groups where there is an avoidable, unfair, and remediable health status gap.
- 12) **Long Term Impacts on Service Utilization**
This criterion considers information on prevalence rates.

Appendix B

Criteria for Resource Allocation – Table to illustrate ranking by Councils

Councils Criteria	Downtown and Pt Douglas	River East and Transcona	River Heights and Fort Garry	Seven Oaks and Inkster	St Boniface and St Vital	St James and Assiniboine South
Sustainability and Efficiency	Medium	High	Medium	Medium	High	High
Quality and Integration	High	Low	Medium	High	High	Medium
Promotion and Prevention	High	Medium	Low	Low	High	High
Research, Education, & Innovation	High	High	Low	Medium	Medium	Medium
Patient Experience	Medium	Low	Low	High	Medium	High
Fit with mission, mandate	Low	Medium	High	High	Low	Medium
Determinants of Health	High	Low	High	Low	Low	Low
Equity	Medium	Medium	High	Low	Low	Medium
Work Environment	Low	High	Low	Low	Medium	Medium
Impact on Individual Health	Low	Low	Medium	Medium	Medium	Low
Public Engagement & Partnerships	Medium	Low	Low	Medium	Low	Low
Long Term Impacts on Service Utilization	Low	Low	Medium	Low	Low	Low

Ranking of the Criteria: Across the Councils

Top

Sustainability and Efficiency
Quality and Integration
Promotion and Prevention

High

Research, Education, & Innovation
Patient Experience
Fit with the Organizational Mission and Mandate
Determinants of Health

Medium

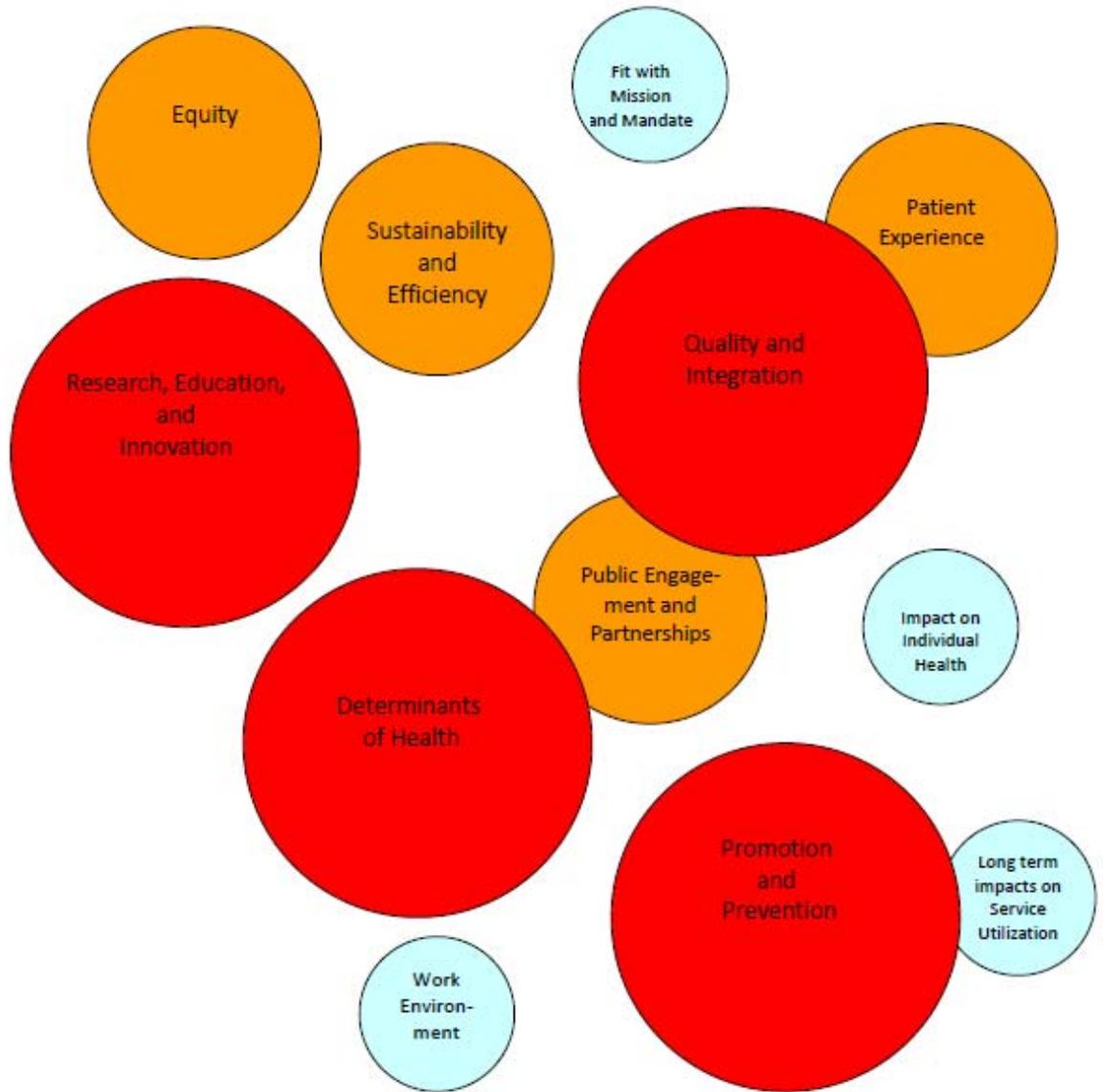
Equity
Work Environment

Low

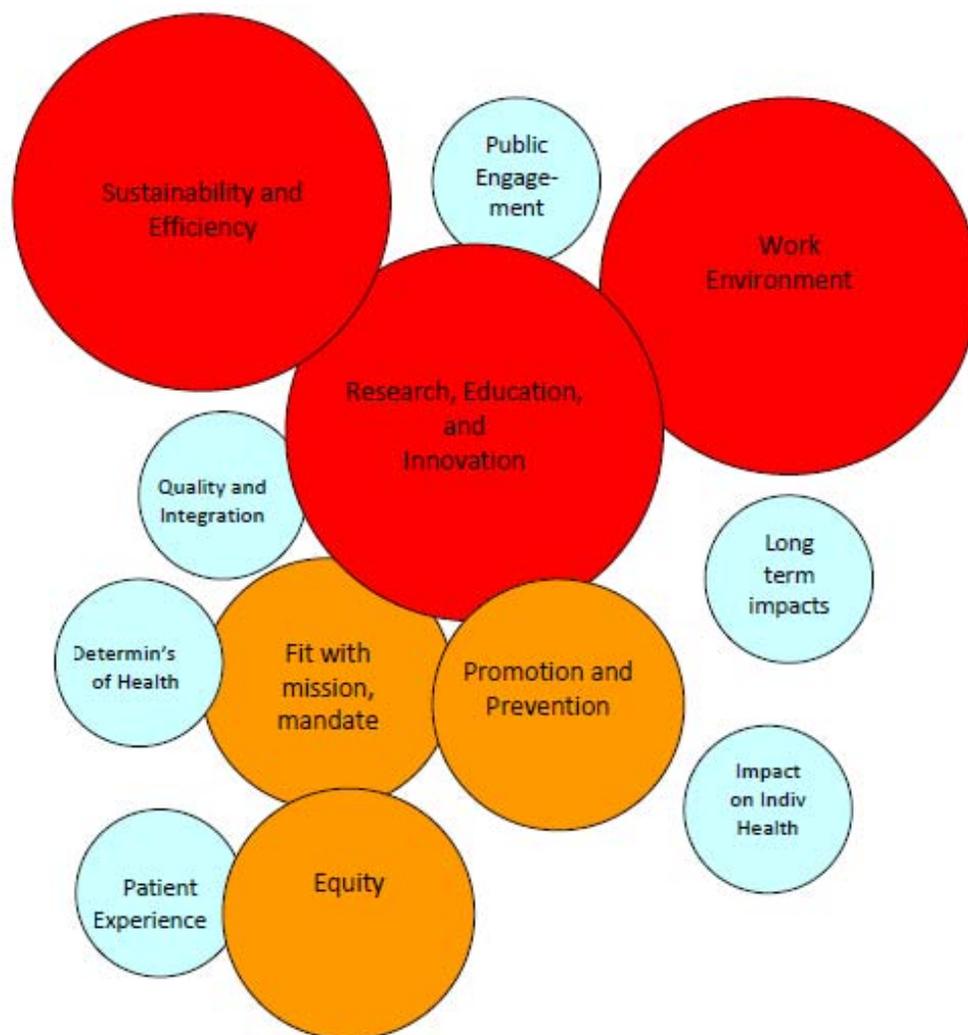
Impact on Individual Health
Public Engagement & Partnerships
Long Term Impacts on Service Utilization

Appendix C

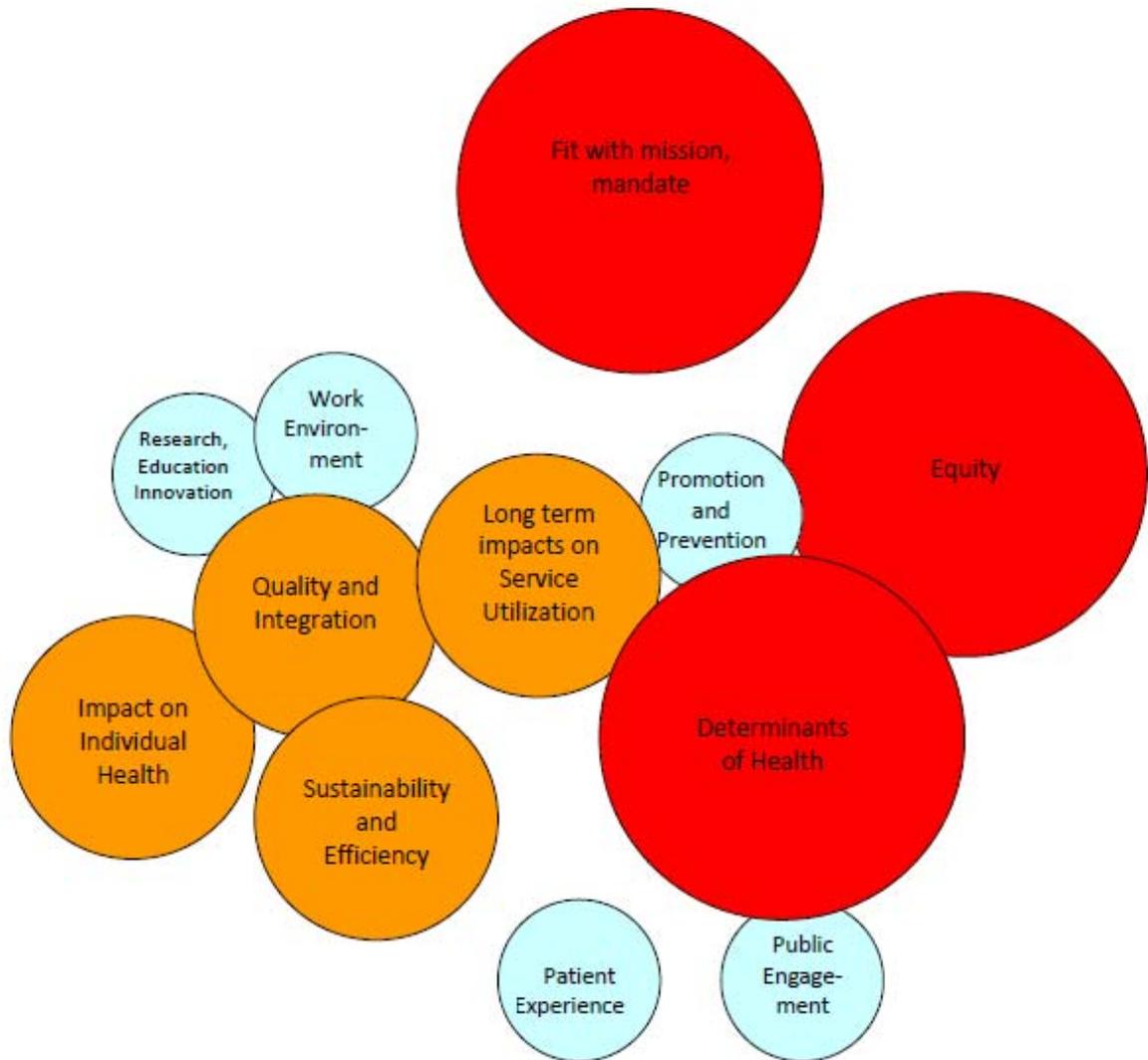
Criteria – ranking and links to one another – DT/PtD CHAC



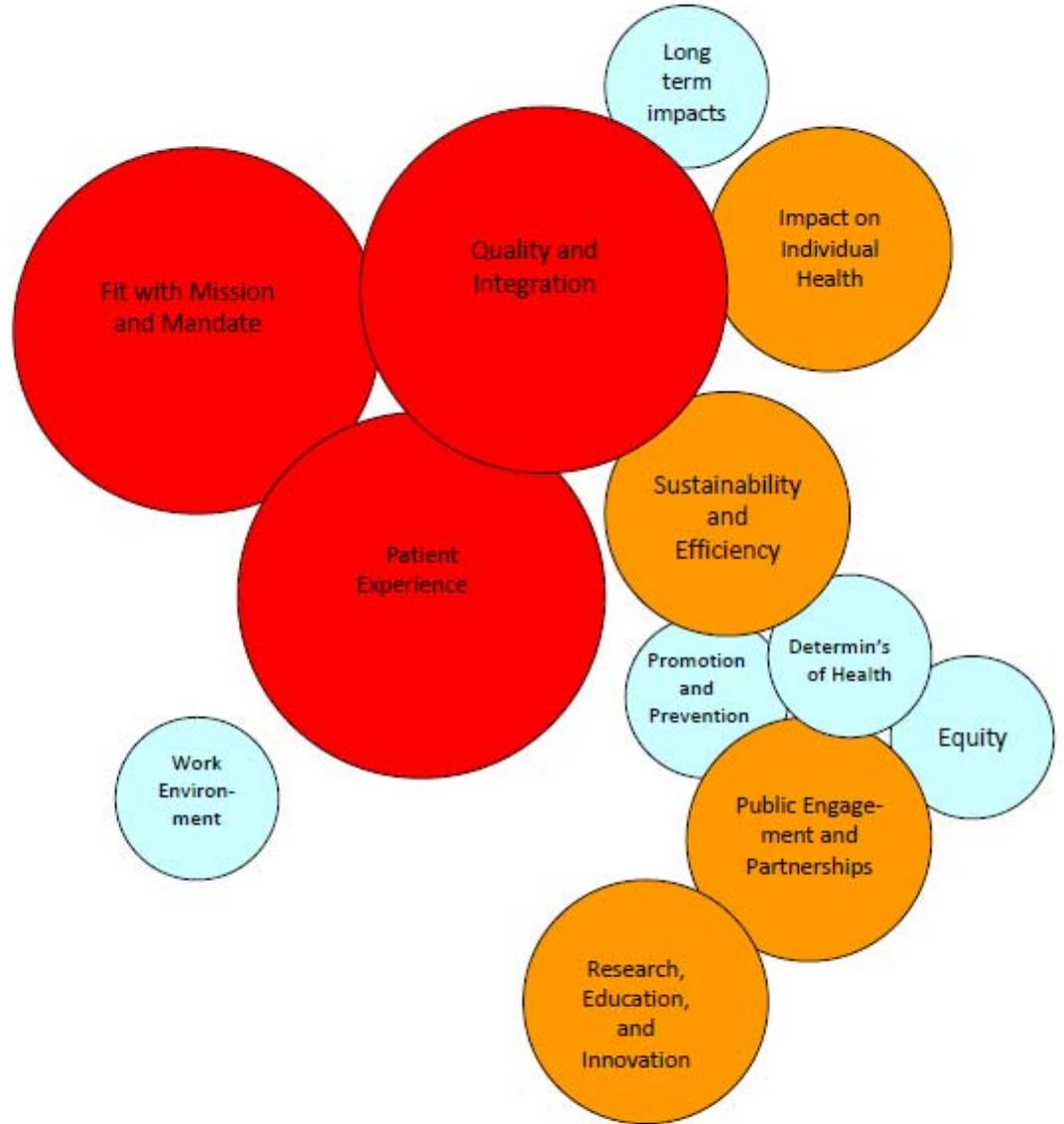
Criteria – ranking and links to one another – River East/Transcona CHAC



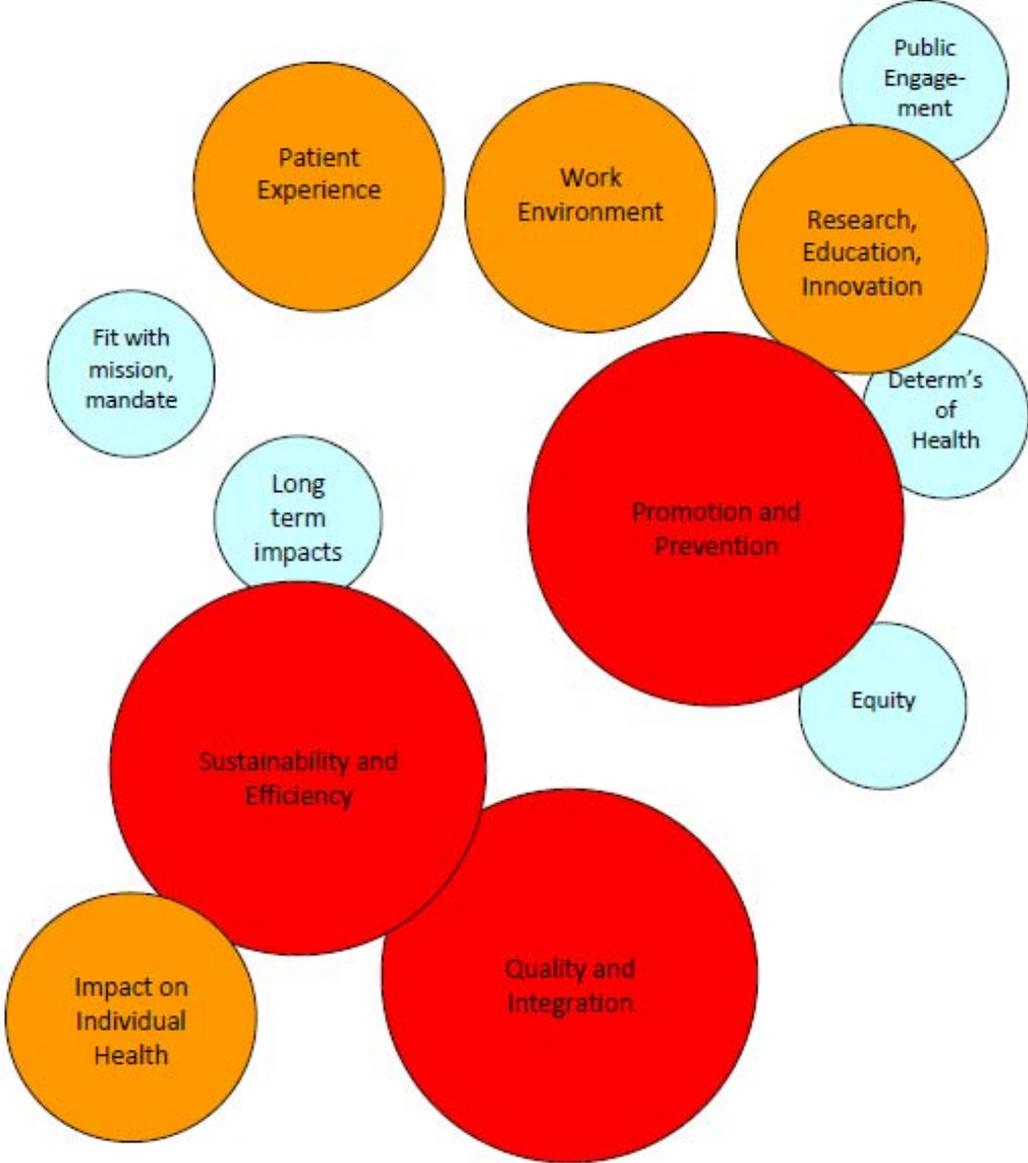
Criteria – ranking and links to one another – River Heights/Ft Garry CHAC



Criteria – ranking and links to one another – Seven Oaks/Inkster CHAC

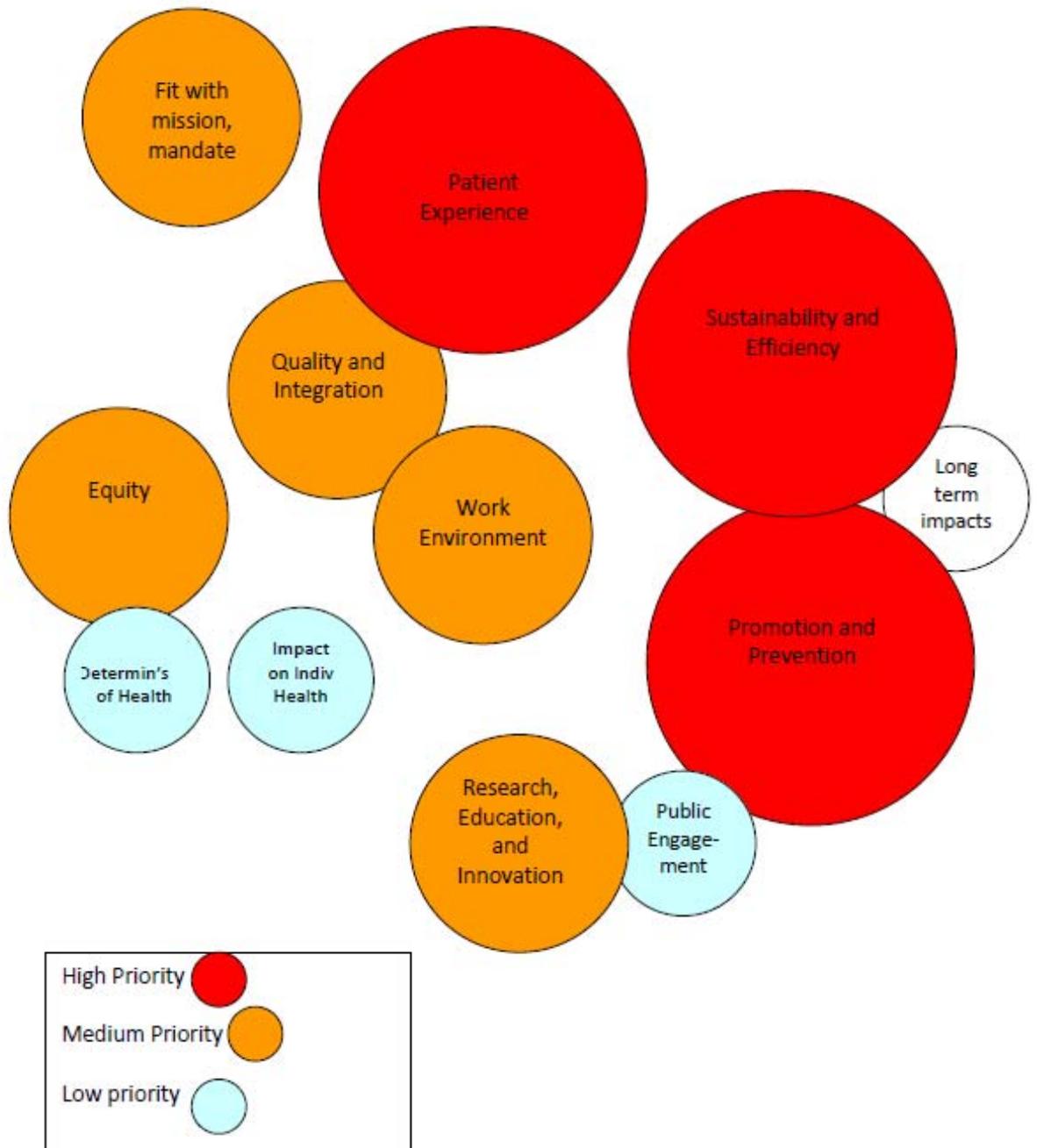


Criteria – ranking and links to one another – St Boniface/St Vital CHAC



High Priority	
Medium Priority	
Low priority	

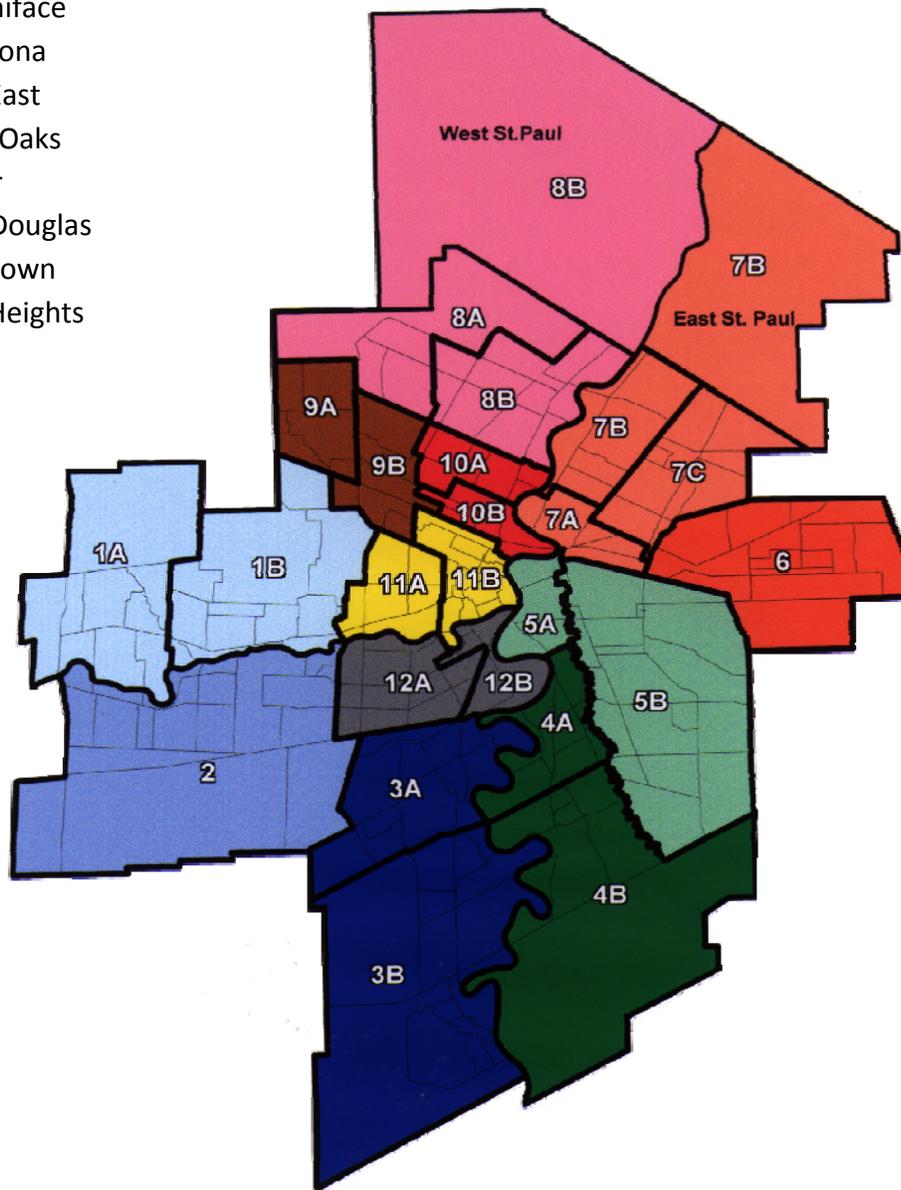
**Criteria – ranking and links to one another –St James/Assiniboine South
CHAC**



Appendix D

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 E

Acknowledgements
Members of the Community Health Advisory Councils
Board Liaisons to the Councils
Support Staff for Councils

**Members of Community Health Advisory Councils
2012-2013**

Downtown/Point Douglas Council

Don De Meo

Sandi Gendreau

Kim Goodman

Diane Leontowich

Karen Linklater

Brad McKay

Ian Montalbo

Harry Paine

Randy Ranville

Barbara Scheuneman

Doreen Szor

Chris Vogel

Shawn Webb

Brenda Wild

River East/Transcona Council

Desiree Boitson

Pauline Dussault

Eileen Easter

Serena Hickes

Visaka Jackson

Nina Kostiuik

Jim Lawson

Darryl Livingstone

Jonathon Lloyd

Sheron Miller

Lori Nelson

Brenda Paley

Sandra Sanders

Peter Veenendaal

Nicole Williamson

Brenda Zahara

River Heights/Fort Garry Council

Loshame Arficho

Elissa-Marie Bittner

Ashley Butenschon

Heather Charles

Pierre Chevrier

Tom Dickie

Navsharn Dhaliwal

Derek Debrecen

Lorraine Klymko

Terri Kushner

Joyleen Rotich

Catherine Olowolfe

Nazir Shah

Bryce Singbeil

Paula Sturrey

Tim Wildman

Seven Oaks/Inkster Council

Lisa Belhumeur

Phyllis Dana

Sherilyn Daquis

Elsa Garcia

Louise Evaschesen

Fatma Juma

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Angela McLeod

Mark Mungal

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Rainero Racones

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Shana Clark

Laura Enns

Robert Falcon-Ouellette

Grace Gillis

Kitty Leong

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St. James-Assiniboia/Assiniboine South Council

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Cathy Coates

Jennifer Dunsford

Shawn Feely

Heidi Fingas

Lionel Guerard

Janice Hebb

Matthew Katz

Angela Keno

Elaine Nystrom

Ruth Luff

Bobbi Sturby

Angela Tessier

WRHA Board Liaisons (non-voting members of Councils)

Joan Dawkins and Richard Frost

Sheila Carter

Bruce Thompson

Bob Minaker and Suzanne Hrynyk

Marc Labossiere and Josée Lemoine

Joanne Biggs

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 (non-voting members of Councils)

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Debra Vanance	River East/Transcona
Dana Rudy	River Heights/Fort Garry
Carmen Hemmersbach	Seven Oaks/Inkster
Susan Stratford	St. Boniface/St. Vital
Pat Younger	St. James-Assiniboia/Assiniboine South

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Sylvie Pelletier	Administrative Assistant