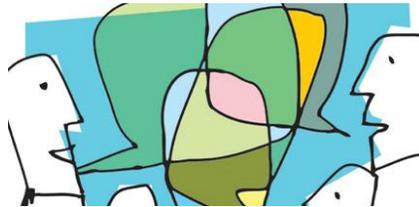




## Reporting back to the Local Health Involvement Groups about how their input is used



**June 2014**

- The WRHA remains committed to keeping track of how the ideas and suggestions of the Local Health Involvement Groups (LHIGs) previously known as Community Health Advisory Councils are used internally by the WRHA Board and programs and externally by other relevant stakeholders.
- All Reports are made public and posted on the WRHA website [www.wrha.mb.ca](http://www.wrha.mb.ca) – go to <http://www.wrha.mb.ca/about/engagement/lhig/index.php> for our public and patient engagement web pages
- As the Reports are shared with so many key partners, we can only report on what we know

### **Community Health Assessment Report (January 2014)**

- The Community Health Assessment Report was presented to the Community Health Assessment Advisory Committee in January 2014. which embraced the recommendations in the report
- The LHIGs recommendation on further consultation has resulted in a second phase of community consultation in the 12 community areas of the Winnipeg health region which will take place over the next 4 to 6 months
- LHIG recommendations for a template for the community profiles is being used in the creation of draft community profiles for the 12 Winnipeg community areas
- A community consultation on the Community Health Assessment also took place in Churchill, Manitoba on April 8, 2014 – the feedback from that meeting will be used to revise the draft community profile for the community of Churchill

### **Advance Care Planning Report (May 2013)**

- The key recommendations from the report will continue to inform the next steps of advance care planning (ACP) tools for patients, families, and health care providers
- Recommendations and thoughts regarding changes to the advance care planning work book are being reviewed and will be used during the revision of this important tool

- As recommended by the LHIGs, links to organ and tissue donation organizations are now included on the WRHA website and with the ACP resources
- The Advance Care Planning work books are available online but if anyone requests a hard copy, staff let people know about the ERIK Kit (Emergency Response Information Kit) and copies are sent out with the ACP booklet if requested
- The WRHA has joined a national community of practice that connects us with champions and resources of ACP across Canada and has been a great resource for future education and resource materials
- The report recommended looking at approaches and different messaging to target not just the older population and to keep in mind that this can be a difficult conversation to start with loved ones no matter the age.
- The WRHA is exploring resources throughout Canada and outside of Canada to see what others are doing to help promote the conversation with younger generations, as suggested in the report
- A member of one of the LHIGs is working with staff in advance care planning to hold a workshop on Advance Care Planning with the Muslim community in Winnipeg
- Plans are in progress to promote Advance Care Planning in the WAVE magazine and the Health Care Connections (e-blast for health care professionals in the region).
- The report suggested that more education and work needs to be done with health care professionals and to strengthen advance care planning processes within the region – this is work that will be done over the next number of months
- New video resources have been added to the website demonstrating techniques used in Advance Care Planning - Goals of Care conversations. This new video articulates a discussion in renal health with the Aboriginal population.

### **Sustainability of the Health Care System: Community Perspectives (January 2013)**

- Members of the LHIGs made recommendations on proposed approaches to building a more sustainable health care system: (below each approach is the work occurring in that specific area)
  - Shifting care from hospitals into the community – received unanimous support from the LHIGs
    - Improved access to primary care through Primary Care for All initiative, (examples include enhanced Doctor Connection program and the introduction of new providers in some doctor's offices to help take new patients)
    - Hospital at home teams to prevent admission or shorten inpatient Length Of Stays – 2 teams have been developed thus far
    - Community paramedic EMS program to decrease numbers of patients needing to go to emergency departments
    - Expanded use of Tele-health
  - Expansion of PACT program for community-based mental health patients
  - Utilizing alternate care practitioners to the full scope of their practice – received unanimous support from the LHIGs
    - Continue to expand base of Nurse Practitioners, predominantly in community (this has been recommended by the LHIGs in a number of their reports);

- continued expansion of Quick Care Clinics where Nurse practitioners and Primary Care Nurses work together
  - Expanding use of Physician Assistants in again with an enhanced focus on primary care
  - Expanding availability of allied health support (Occupational Therapy/ Physiotherapy/Respiratory Technicians/Social Workers) to help enhance patient flow
  - Enhanced international medical graduate access through streamlined credentialing / privileging processes
  - Creation of direct referral mechanisms in cancer patient journey (radiology) to expedite care
- Development of Centres of Excellence – overall support from LHIGs but concerns re: patients with multiple health problems not being able to receive care at one site
  - Continue to pursue Centre of Excellence approach where possible
  - Renal CTU at Seven Oaks General Hospital has been developed in support of dialysis patients at the site
- Address the growing demand of caring for the elderly and the role of family in caring for elderly family members
  - Personal Care Home – expansion of beds
  - The PRIME program has been expanded -- this program aims at keeping seniors healthy and living in their own homes. PRIME provides alternatives to entering a personal care home by offering an all-inclusive health service including medical care, personal care, socialization and exercises, after hours support, rehabilitation, day program, Home Care coordination, access to a team of health care professionals, and more.
  - The Home Care Program is developing a strategy to address the increasing stresses on family caregivers – particular issue was also explored by the Home Care Advisory Council (the LHIGs recommended that further engagement on this issue occur with those directly involved)
- Home care program – focus more on medical/clinical care
  - Continue to develop models for hospital at home programming in partnering home care, primary care, and other services based on patient needs
- Paying for some health care services and equipment
  - Discussions ongoing with government in the areas of outpatient rehabilitation services, sleep apnea, ostomy, and home dialysis

### **Public Engagement in Health: Community Perspectives (January 2012)**

### **Learning from Patient Experiences: Community Perspectives (June 2008)**

- Work on developing web based tools and an information hub on public and patient engagement for the public and staff is underway

## **Building a Primary Care System: Feedback on Primary Care Home and Network (January 2011)**

- Primary Care Networks continue to be developed across the Winnipeg health region, utilizing public input and recommendations from this report; 3 Primary care networks are being implemented and 3 more are in the develop net phases. (,more information on this renewal activity can be found at <http://www.gov.mb.ca/health/primarycare/pcn/faq.html>)
- Many resources being provided to assist physicians who take part in Primary Care Networks, mirror the recommendations provided by LHIG members – specifically, chronic disease prevention management, mental health and wellness, nutrition counseling, and enhanced linkage to community supports
- LHIGs recommended that evaluation of the development of the primary care networks occur to ensure goals and efficiencies are met – this is being done in collaboration with Manitoba Health
- Quick Care Clinics (<http://www.gov.mb.ca/health/primarycare/quickcare.html>) – are an example of providing primary care after regular business hours to lessen the need to visit emergency departments for minor health issues – which was a key recommendation from the LHIGs. There are now 2 open in Winnipeg, a third one will open in the fall of 2014 and 3 more are planned)
- The LHIGs also recommended the development of primary care clinics adjacent to emergency departments so that those not requiring the services of an ER could redirect themselves to a primary care clinic – a clinic was developed at the Seven Oaks General Hospital and at the Concordia Hospital adjacent to their ER. The new Access Winnipeg West is also close to the Grace Hospital.
- The WRHA has worked hard to support residents of Winnipeg who are looking for a family doctor to find one. For example, from April 1, 2013 – March 31, 2014, 5,518 new patients were accommodated at WRHA funded sites.

## **Public Expectations of the Health Care System (May 2010)**

- LHIGs have recommended approaches to reducing the numbers of people who go to emergency departments unnecessarily – a committee has been created in partnership with the Manitoba Nurses Union and this group will be looking at the use of emergency departments by non-emergency patients and the need for public education regarding alternatives
- My Right Care ([www.myrightcare.ca](http://www.myrightcare.ca)) – a promotional web and media-based campaign to share information about where to go within the health care system based on a health care need, was recommended by the LHIGs in several reports

## **Compassionate Care: Community Perspectives (May 2007)**

- Members recommended that more training in providing compassionate care be provided to health care staff – a video was recently developed and some members of the LHIGs were involved in sharing their personal stories of their experience with the health care system

## **Other ways that LHIG input and processes being used**

- The LHIG manager remains engaged as part of a national network on public engagement in health; the LHIG experience and input is shared widely with this national group.

- The experience of the LHIGs continues to inform the development and support of broad public and patient engagement across the Winnipeg health region – including consulting programs and sites on engagement initiatives
- Work on patient engagement in health research has utilized the experience of the LHIGs
- Province-wide work on public engagement in health has incorporated many of the processes and tools originally developed for LHIGs
- Staff at Youville Clinic in St Boniface and St Vital regularly share LHIG reports during staff planning meetings