

Local Health Involvement Groups (Winnipeg-Churchill Health Region) Feedback Update -- October 2015

Every year, 90 citizens actively participate on Local Health Involvement Groups (LHIGs) to provide advice and their unique community perspectives on significant health issues to the WRHA Board. The input of these groups helps ensure that we build a health care system that better meets the needs of everyone in the Winnipeg health region. Between September and May, the LHIGs meet to explore and provide feedback on 2 topics/issues. This update provides information on how input and ideas from many reports has been used by the Winnipeg Health Region and its programs and services how their input has impacted policy and strategy and influenced decision-making.

In 2014, consultations on LHIG topics began to take place in Churchill, Manitoba which joined the Winnipeg health region in 2011.

Declaration of Patient Values (May 2015)

- The Declaration of Patient Values report has been presented to numerous committees – including the Professional Advisory Committee, the Collaborative Care Committee, The Regional Ethics Council, and the Health for All Steering Committee
- Currently, a knowledge translation tool is being developed to share with staff and volunteers across all programs, sites, and with our funded agencies
- In some areas, such as the group looking at restructuring rehabilitation services in the community, the declaration of patient values was fully integrated into the principles adopted by the group as they undertook their deliberations.

Input into 2016-2011 Strategic Plan (March 2015)

- There was broad public and staff input into setting priorities for the new plan
 - The LHIGs and program advisory councils (Mental Health, Home Care, and Long Term Care) held meetings to get feedback on priorities from the current plan and to discuss future priorities for the Winnipeg Health Region
 - There were on-line surveys (and mail in surveys available as well) for the public and staff to be able to provide input
- Input from LHIGs helped inform priorities, especially regarding equity
- LHIGs were able to provide patient and family perspectives that were incredibly important, especially regarding WRHA strengths and weaknesses and what the future priorities should be for the region.
- LHIG input was used at multiple levels in the strategic plan and will be shared with programs throughout the region as operational plans evolve.

Churchill Community and Staff Consultations on Priorities for the Churchill Health Centre (February 2015)

- Consultations and priority setting resulted in the following actions:
 - Development of a model for continuity of care including Assisted Living, Home Care, and Long Term Care with inclusion of capacity for people from Nunavut
 - Proposal for in-house endoscopy program with capacity for people from Nunavut
 - Plans for further community engagement to support mental health programs (this was ranked as the top priority by community)
 - Formation of a Children’s Committee to oversee and coordinate activities related to children. (For example, resource sharing and cross training)

Transparency and Accountability in Healthcare Report (June 2014)

- During LHIG meetings on this topic there was open discussion between senior leaders and LHIG members on the push for greater transparency and the challenges of greater transparency
- Senior leaders, in response to LHIG recommendations for greater transparency and openness about problems within the health care system, felt supported in disclosing issues to the media that they might have been unsure about sharing in the past, e.g. confidentiality breaches, wait times in emergency, etc.
- LHIGs recommended that the region evaluate and share the results of implementation processes and outcomes in relation to health system performance, quality improvement, and patient perspectives
- The WRHA is working with Manitoba Health, Health Living and Seniors to support the primary care renewal evaluation. This will include a public survey.

Community Health Assessment Report (January 2014)

- The Community Health Assessment Report was presented to the Community Health Assessment Advisory Committee in January 2014 which accepted the recommendations in the report
- A community consultation on the Community Health Assessment took place in Churchill and the feedback from the community informed the development of a new community profile
- The LHIGs recommendation for further consultation resulted in a second phase of community consultation in the 12 community areas of the Winnipeg health region which took place. The draft community profiles were shared with community facilitators and some members of the health advisory groups in September for feedback and suggestions for final revisions.

Advance Care Planning Report (May 2013)

- The key recommendations from the report will continue to inform the next steps of advance care planning tools for patients, families, and health care providers

- The report continues to be shared with community groups across Winnipeg, including the group, ACES, a seniors community group that collaborates on various learning opportunities, in February
- The report definitely highlighted the importance of the patient's perspective and it helped inform the decision to be part of the ACCEPT national study that looks at the communication of Advanced Care Planning/goals of care with patients during their hospital stay.

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

- There continues to be very positive feedback from senior leaders about the level of engagement by members of the LHIGs and of their knowledge of the health care system on the challenge of building a sustainable health care system. LHIG members had very good perspectives on where the health system needs to go (like upstream investments and addressing inequities) and the types of things that senior leaders should consider when making tough resourcing decisions.
- The report was much appreciated and will be used to inform future conversations related to funding criteria for resource allocation
- Winnipeg was the first region in Canada to engage the public on resource allocation criteria

Public Engagement in Health: Community Perspectives (January 2012)

Learning from Patient Experiences: Community Perspectives (June 2008)

- The Public Engagement in Health Report has informed the strategy to develop web-based tools and an information hub on public and patient engagement for the public and staff
- This report was also instrumental in the development of a strategy to engage cultural, linguistic, and vulnerable populations
 - Currently working with the Francophone community to begin consultation process on LHIG topics
 - Piloting engagement approach for Aboriginal/Metis/Inuit population on LHIG topics
- Volunteers are being used to get feedback from residents of long term care facilities about their experience. This concept was suggested in the Learning from Patient Experiences Report. In 2012, the Home Care program piloted the approach of using volunteers to survey home care clients for feedback on their care.
- Specialized Services for Children and Youth (SSCY) has engaged families throughout the development process including space planning, recommending the parking canopies, etc. The new SSCY building is the old Christies building on Notre Dame.

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

- This report informed the planning tables of Primary Care Networks, now known as My Health Teams. This strategy continues to be implemented and numerous recommendations from the advisory groups about elements critical to primary care are found within this strategy – like, connecting patients with family doctors, inter-professional teams, working with other partners in government and community, the importance of electronic medical records, chronic disease prevention, and accessibility issues (like hours of operation and more primary care based in community.) Below are some updates on the progress of this initiative:
 - Family doctor finder_--- as of August 2015, 36, 297 patients matched – 89%, 100 family physicians engaged
 - In partnership with family physician practices, other agencies, and Manitoba Health, My Health Teams (formerly known as Primary Care Networks) are evolving in 6 Community Area Pairs
 - Electronic medical records (EMR) have been implemented in all WRHA primary care direct operations and funded sites, physicians are being engaged to inform technology development and implementation
 - The Primary care system is engaging partners from across acute, long-term care, emergency, and community services and agencies.
 - Community-based care initiatives – 3 Hospital Home Teams, 3 Quick Care Clinics (3 open – Marion, Dakota and McGregor) and 3 planned (Southdale, Seven Oaks and St. James)
 - Integration across programs -- Cancer Hub (links to ER, Family Doctor Finder, DI etc.), linkages across WRHA programs such as Emergency, Pharmacy, community programs, Support Services for Seniors (49 organizations), Home Care, Mental Health (Shared Care), Inspired! (COPD), and Chronic Disease Management e.g. diabetes
 - Working to ensure that inter-professional teams are in place to support primary care system development in Winnipeg and to engage inter-professional teams in fee for service and support My Health Team development. As of September 2015, 13 staff are working in fee-for-service clinics
 - Utilization of physician assistants in family medicine and primary care settings.

Reflections on the LHIGs from Board and Senior Leadership (April 2015)...direct quotes:

- I think the LHIGs do a wonderful job and provide great value to the WRHA. Really appreciate the insight and feedback they have given in their own reflections and experiences of the health care system
- The LHIGs and their members are reflective of how the WRHA is doing at caring for individuals throughout the region.
- The work done by the LHIGs is valuable and essential. Information from the LHIGs helps direct the board and the WRHA.

- Members of the LHIGs provide important and often different perspectives than those held by people who work in our healthcare system. Listening and consideration of those perspectives ultimately contributes to better decisions.
- I am always grateful to the people who volunteer their time and talent to participate in the LHIGs. They bring us a thoughtful perspective on the issues we work to address that is “outside” the perspectives we get from the health care professionals in the system. They share with us how they experience our system or how they would like to experience our system and that is very valuable information for those of us responsible for senior level planning and decision making to hear and incorporate.
- The work of the LHIGs is very important to our community engagement strategy. The board sincerely appreciates their perspectives and inputs. This is input that is unique in the way that it is gathered, and cannot be duplicated by any other means. We are fortunate, indeed, to have individuals who are willing to commit their time to this important process.
- I know a lot of the meetings are after hours, and on personal time, often during the coldest months of the year (such as our strategic planning engagements). They are very much appreciated. I would like to take the opportunity on behalf of the Quality Portfolio to commend the LHIGs for this and thank the members for all of their hard work.
- I would just like to thank and acknowledge the LHIGs for all of their dedication and hard work in health system decisions and policy.

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 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
- LHIG staff work with different levels of government to support the development of appropriate citizen engagement strategies and approaches
- In late 2014, LHIG staff were part of a Canadian working group that won a North American award for their creation of evaluation tools for public engagement in health