



Winnipeg Regional
Health Authority
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Innovation in Health Care: Public Perspectives

Summary Report

Local Health Involvement Groups April 2017

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| Table of Contents | <u>Page</u> |
|---|-------------|
| Section I -- Report Summary | 4 |
| Introduction and Methodology | 4 |
| Background and Rationale | 4 |
| Process | 4 |
| Recommendations | 7 |
| Innovation in Health Care – Public Perspective and Definition | 9 |
| Engaging and Involving the Public, Patients in Innovation | 10 |
| Feedback on Three Innovative Approaches | 11 |
| ▪ Increasing Access to Primary Care | 11 |
| ▪ Mental Health Teams | 13 |
| ▪ Cherry Blossom Initiative | 15 |
| Innovation across the Health Care Continuum | 18 |
| Priorities for Innovation across the Health Care Continuum | 20 |
| Aligning Patient and Family Values with Innovation/Change in the Health Care System | 21 |
| ▪ Prevention and Promotion | 23 |
| ▪ Community Health Services | 25 |
| ▪ Acute Care | 27 |
| ▪ Health System-wide | 30 |
| Broad Perspectives on Innovation in Health Care | 32 |
| | |
| Appendices | |
| | |
| Appendix A | 35 |
| Background on Topic | 36 |
| | |
| Appendix B | 41 |
| Tables of Priorities for Innovation | 42 |
| | |
| Appendix C | 46 |
| Declaration of Patient Values | 47 |
| | |
| Appendix D | 48 |
| Map of the Community Areas in the Winnipeg Health Region | 49 |
| | |
| Appendix E | 50 |
| Acknowledgements | 51 |

Section I

Report Summary

Introduction and Methodology

The Local Health Involvement Groups (LHIGs) have been providing advice and their unique community perspectives on significant health issues to the WRHA Board for 14 years. They are comprised of 80-90 residents of the geographic community pairs that each Group represents. There is also some representation from the Boards of health organizations located in the community areas of the Winnipeg health region. The Groups are diverse in terms of culture, socio-economic status, professional backgrounds, work experience, age, and gender. Members of the six LHIGs participated in an orientation session prior to beginning this year of meetings on topics that were recommended by the LHIG topic selection working group and then approved by the WRHA Board. Recommendations from the reports have been used in a variety of ways by the Board, WRHA senior leadership, and programs. (See the WRHA website -- LHIG webpages for reports back to the LHIGS) --

<http://www.wrha.mb.ca/about/engagement/lhig/reports.php>

Background/Rationale

This topic involved the LHIGs considering what innovation and value in health care looks like from a public perspective. Are we achieving the right care at the right time in the right place? Where can we use innovation to do things differently so that we can ensure that peoples' needs are met during different health events? How can the public and patients help contribute to improvement and innovation in health care? And, how do we ensure that patient values drive how we transform, bring about innovative change in our health care system?

This topic provided input and recommendations related to the following WRHA strategic directions and operational strategies:

- Enhance Patient Experience – improve patient flow, engage the public in helping to shape health system design opportunities and potential solutions
- Improve Quality and Integration – further integrate programs and service areas within and between health sectors, build health equity
- Involve the Public – seek public feedback regarding resourcing priorities and choices
- Build Sustainability

(From the WRHA's Strategic Plan 2016-21)

Process

Prior to the first meeting on innovation, members of the Local Health Involvement Groups received a background paper to provide context for why they were exploring this topic and what would happen with their input and key information to prepare them for the discussions.

Meetings and Feedback on Innovation in Health Care

The first meeting on this topic included a short presentation to provide some context on innovation in health care – examples of innovation/redesign were shared from

prevention/promotion to acute care. Members received information about “Right care in right place at right time” initiative and the priority areas within health care that are a focus for innovation.

LHIG members provided feedback on the following questions:

- What does innovation in health care mean to you? What does it look like?
- From your perspective, what should the goal of innovation in health care be? What should we be trying to achieve?
- How should we engage and involve the public, patients, and families in moving innovative health care strategies, approaches, and initiatives forward?

Using the World Café approach, members provided feedback on three innovative approaches being rolled out in the health care system --Increasing access to Primary Care, Mental Health Teams, and The Cherry Blossom Project. Staff overseeing these initiatives attended these meetings and listened to feedback from the LHIGs.

For each approach, LHIG members provided feedback on the following questions:

- How is this innovative?
- How does it ensure ‘the right care in right place at the right time’?
- What do you like about this strategy?
- Is there anything that you would suggest be done differently?
- How can patients, members of the public, etc. be involved in moving this forward?

At the second set of Local Health Involvement Group meetings, a “LHIG” definition of innovation in health care was shared with members. Common goals of innovation from all of the LHIGs were also shared.

LHIG members brainstormed ideas for innovation across health care using the definition and goals. Small groups worked from these ideas in the areas of prevention and promotion, community-based health, acute and palliative, and system-wide innovation to develop a set of recommended innovation ideas.

At the third meetings, ideas for innovation across the continuum of care from the previous meeting on innovation were shared. These ideas were grouped into themes related to the continuum of care and then prioritized by LHIG members. The Declaration of Patient Values was shared and discussed.

In small groups, LHIG members provided feedback on the prioritized ideas for innovation and considered:

- How does this idea for innovation align with the Declaration of Patient Values?
- Are there any areas of conflict with the Declaration of Patient Values and why?
- Are there are opportunities to enhance the alignment with the Declaration?

Feedback on the prioritized ideas for innovation continued at the fourth meetings of the LHIGs. And, in the large group, LHIG members provided feedback on these questions:

- Should patient and family values be considered when innovation/change is taking place in the health care system? Why? How?
- Do you feel that there are opportunities to consider equity issues related to this topic?
- Are there any communication/ transparency issues that need to be considered?
- And, are there partnerships with other services outside of health care that the WRHA should consider related to ensuring that patient values are integrated into changes in health care?

Creation of Report

Staff drafted a report based on the input from the meetings on innovation. This report was shared with LHIG members for final review and feedback.

Presentation of the Innovation Report

This report was presented by Co-Chairs of the Local Health Involvement Groups to the Board at the End of Year Meeting of the Local Health Involvement Groups on April 12, 2017. Feedback on the three innovative initiative/strategies (Primary Care, Mental Health, and Critical Care) was shared directly with program staff leading those initiatives.

A summary of input from the first 2 meetings was also shared with the provincial consultants (KPMG) undertaking the innovation and sustainability review of the health care system. Updates of how the recommendations are utilized will be included in LHIG feedback/update reports which are posted on the WRHA website.

Recommendations to the WRHA Board and Senior Leadership

1. That the WRHA include the Local Health Involvement Groups' definition/public perspective of innovation in health care in frameworks and policy about innovation/health care system transformation in the region.
2. When moving innovative strategies forward, leadership should consider whether or not the strategy/initiative/project incorporates the identified LHIG goals of innovation – namely affordability, increased compassion, integration of services, more patient-centred care, more collaboration and communication, and a focus on prevention.
3. That innovative strategies/projects/initiatives include a plan for on-going engagement with the public/patients. Staff can look to LHIG suggestions for how to engage in innovation included in this report.
4. That the primary care, mental health, and critical care program leadership consider the feedback and recommendations included in this report.
5. That the innovative ideas for prevention and promotion initiatives be considered – engaging communities on prevention/promotion, campaign to promote conversations about promotion/prevention by primary care providers, and the development of a mental health campaign.
6. That the innovative ideas for community health services be considered – expansion of programming and non-urgent care at access centres, focus on recovery in home care program, and the development of a mental health resource centre.
7. That the innovative ideas for acute care be considered – support expansion of non-profit palliative care in community settings, diverting people at emergency with non-urgent issues towards primary care/non-urgent care options when appropriate, and the development of flexible/adaptive wards for palliative care.
8. That the innovative ideas for the health system be considered – partial patient access to electronic health record, training and performance conversations of staff on communication and compassionate care, and a continuity of care approach where staff follow most vulnerable patients to assist with transition from hospital to home.
9. That the Board and senior leadership use the Declaration of Patient Values as a lens to consider how change/ innovation impacts patients and families. (Identify how that idea/concept aligns with the Declaration, how it comes into conflict with the values in the Declaration, and how it could be enhanced to better meet the expectations of patients and families.)

10. That the WRHA be mindful of any change that will increase the inequities, worsen health outcomes for those with socio-economic and other barriers.
11. That communication with the public about innovation/change in the health care system be transparent including the reason, impact, and accountabilities for the innovation/change.
12. That the WRHA engage stakeholders when change/ innovation takes place in the health care system, including community-based health organizations, educational institutions, family services, community centres, cultural communities, and the media.

Innovation in health care – public perspective/definition

LHIG members were asked, “What does innovation in health care mean to you? What does it look like”?

Innovation is:

- A process improvement all the way to a completely different solution that adapts to changing needs, new knowledge, and our changing society
- Improving patient experience, patient centred, compassion, empathy, better communication
- Efficiency, reducing costs, creating a sustainable health care system
- Integration – the health care system should work better across the different services
- Not just about new technology – we should go back to the basics of good health care practices

This is the overall LHIG definition of innovation in health care

- *Innovation can be something from a process improvement to a completely different approach/solution that adapts to the changing needs (of patients and our communities) and incorporates new knowledge and/or technology.*
- *It should be focused on improving patient experience, making the health care system more patient-centred, compassionate, and integrated while increasing efficiencies and building sustainability.*

Goals of innovation in health care

LHIG members were asked, “In your perspective, what should the goal of innovation in health care be? What should we be trying to achieve”? These are the common goals identified across the six Local Health Involvement Groups.

The WRHA should be trying to achieve the following goals through innovation:

- More affordable, effective services, and integration of systems
- Improvement in health care – wait times, better technology, electronics in health care, more compassionate and empathetic care
- Old methods with new technologies – like “home visits” of family doctors using Skype
- Reverse techno-dominance of health care, returning to more patient-centred, feeling of control over it
- Innovation should be patient-centred for better care
- Best care for the individual, humanistic view of patient care and approach, more prevention/promotion, better lifestyles to keep people out of the health care system
- Overall, better patient care with increase in efficiencies, focus on prevention, more agile system – eventually will need to adapt to a younger population, less silos within the system, more communication and collaboration, without reducing compassion

Engaging and involving the public, patients, and families in moving innovative health care strategies, approaches, and initiatives in health care forward

LHIG members were asked, “How should we engage and involve the public, patients, and families in moving innovative health care strategies, approaches, and initiatives forward”?

Define and research innovation to guide

- Truly define innovation, understand what it is, have a common language of innovation, and understand the barriers to innovation
- Increase research to guide innovative practices

Share information with the public about health system challenges

- Disseminate information to the public on these issues – how an effect on one area has an impact on another – like using an emergency department when you could have used another kind of care

Family/Patient Involvement and Engagement

- Involving family/patient in the process from the beginning – involve them in the decision-making process
- Surveys in waiting room – more likely to give feedback after a health care experience
- More evaluations of how people experienced care, the health care system
- Allow all users a forum to provide feedback following receipt of service – on-line or polls
- Exit slips/discharge – how did we do? Leave hospital, get a diagnostic test, etc. – provide opportunity for feedback – what could we do differently?
- Patient advocate, intermediary for patients to share with – access to someone who can be that bridge

Public Involvement and Engagement

- Focus groups, patient satisfaction surveys – making sure that the people participating in the surveys heard about the results
- Advisory councils, information sessions
- Public awareness sessions
- Through LHIGs, through media, professional associations, consumer associations
- Involving informal support networks

Engage Health Care Providers and Staff

- Providing feedback to front-line employees – will need to feel heard, will need to see change
- Family doctor – can ask patients, families to participate in piloting of new approaches, etc.

Feedback on three innovation initiatives

One: Increasing Access to Primary Care

Primary Care is most commonly understood as a person's first point of contact with the health system. It includes health services that are located in the community and delivered by health professionals such as family doctors, nurse practitioners, physician assistants, nurses, midwives, and dietitians. Most people who visit primary care sites do not need to go further into the health care system because they are able to have their immediate health issues and preventive practice/screening needs dealt with in primary care. Others making their first contact with the health care system in primary care may be referred to specialists, acute care facilities (hospitals), home care services, or other services as the need arises.

- The goal of this initiative is to increase opportunities for people to access care. Many who cannot access primary care end up at emergency departments or do not seek care at all which may put their health at risk.
- The reasons include for not being able to access primary care include:
 - Not having a family doctor,
 - Not being able to see their doctor as quickly as they would like to,
 - The hours or location of a primary care clinic are not convenient, and/or
 - They are not aware of the different options for primary care.
- Increasing Access to primary care initiatives include:
 - Same day/next day appointments
 - Quick Care Clinics
 - Extended hours of appointment at a central community location
 - After hours calls to connect with a physician or nurse practitioner
 - Family Doctor Finder
 - Introducing other providers into some clinics such as nurses, physician assistants, dietitians and therapists, and
 - Opening new Access Centres to support vulnerable populations.

Summary of feedback:

1. How is this innovative?

- Addressing issues of wait times, catching something before they end up in emergency
- Adapting an outdated physician-centred model of care and addressing what patients really need
- Increased access to services by increasing options for care
- No it's not. It's fundamental.
- Provides more options i.e. having diabetic nurse or doctor in clinic, online appointment system, simultaneous walk-in clinic

2. How does it ensure 'the right care in right place at the right time'?

- Geographical locations, major routes, transportation, flexible hours
- More staff, not necessarily just doctors

- Yes it does – increased access to care
- Having more options allows person to be pointed into correct/better direction
- It can accommodate newcomers
- Same day appointments
- One stop shop
- Offers options to patients outside of ED depending on the severity of the problem
- Doctors not needed for all services, access to other health care professionals for minor consults – e.g. stitches, ill child, allergic reactions, non-life threatening illness

3. What do you like about this strategy?

- Accessibility
- Variety and number of locations available
- Using nurse practitioners, physician assistants, dieticians, etc.
- Changing the dynamics of the physician’s role – sharing the load
- Opening up traditional care at non-traditional times
- Covers more people, issues
- Gives more options for care as long as you know where to call
- Team approach is crucial – easier to direct people to the proper care and specialists when necessary
- Shows engagement on the part of the WRHA
- Using modern technology
- Quick care clinics are great – nurse practitioners can do what doctors did

4. Is there anything that you would suggest be done differently?

- Very little awareness of these initiatives
- Better access to diagnostics too – more hours, wait times posted, virtual queues (line-ups)
- 24 hour clinics
- Need to still educate the public on what care is still available
- One stop shop – as extension to My Right Care/mobile be able to describe symptom/needs and be directed to right facility
- Increase awareness of quick care clinics and hours
- Standardized scheduling – open and transparent services, schedules on-line that patients can look at
- More information given by physicians – for specialist appointments, attending walk-ins
- Attempting to reach hard to access groups – mobile clinics, mobile labs
- Doesn’t necessarily work for lower income – may go directly to emergency as there may be less awareness/ability to access the primary care options
- Physician visit to patients at home
- More promotion – advertising of the options available (in multiple languages)
- Problem with one issue per visit at family doctors – need system with increased time with doctors
- Confusing communication – how and when to access

- Should be client-centred to meet peoples' needs – not about the “system” but about hearing people’s needs
- Add a social worker to quick care clinics
- Expectation should not be on patient – when you’re in crisis, system needs to be flexible, adaptive
- Use pharmacists and medical students
- Explore technologies to connect people and care services
- Doctors being able to see the entire family

5. How can patients, members of the public, etc. be involved in moving this forward?

- Information sessions in community centres
- Evaluations after care, asking for input
- Listen to the public
- Share knowledge that you gain from friends and family with others
- Need more information shared with public about primary care – options – could use posters
- Use social media
- Greater access for newcomers in their first language
- Find mechanisms to get message out to marginalized populations that don’t have access to technology
- Ethnic newspapers/radio programs/speakers to community/religious institutions

Two: Mental Health Teams

The creation of Mental Health teams involves shifting from a single practitioner model of practice (community mental health worker) to a collaborative care team approach for mental health (psychiatrist, community mental health worker, mental health promotion, housing support worker, child and adolescent mental health, and clinical health psychologist)

In most community areas right now, mental health resources are focused on providing care and support to individuals with serious mental health challenges.

The Mental Health Team approach is an enhanced clinically integrated, collaborative team which provides a population-based approach to mental health services. A team approach, a community approach to serve more people.

This broadens mental health services to a much wider spectrum of the population – for example, care and support will be available to people with less serious mental health issues (like mild depression, anxiety). It is based on a Stepped Care approach which allows for a broad scope of mental health services and interventions ranging from mental health promotion strategies to options for self-managed care to specialized mental health services and resources.

Summary of feedback:

1. How is this innovative?

- More people/staff involved – increases chances that someone will click – establish therapeutic bond
- Picking up on “collaborative care” approach instead of more hierarchical approaches of the past
- It can be a preventative strategy
- Less scary for patients – decreases stigma seeking mental health care
- Enables people to seek care earlier
- Immediately widens the scope of services – client is aware of having a wider group/team to work with (collaboration)
- Faster access, improvement in stigmatized part of health system
- Holistic approach
- Patient-centred approach
- Accessible, convenient
- Link to access centres, primary care

2. How does it ensure ‘the right care in right place at the right time’?

- Meets you where you are at
- Multiple access points for help
- Great camouflage – in Quick Care/Access Centres (to reduce stigma or difficulty approaching the mental health program directly)
- Access to specialists and resources
- Multiple layers of care provided
- Innovative by getting word out to other services like EIA, social assistance
- People seeking mental health programs should be going through one contact only and not having to run around and make many inquiries
- Addresses broader range of needs
- People get care that is appropriate to their situation
- Encouraging people to seek help before it is a crisis

3. What do you like about this strategy?

- Having a central place for assistance
- Quicker access to mental health
- Multiple approaches not just prescriptions
- Incorporation/integration of mental health – children, adolescents – includes addressing substance abuse, intersecting problems
- System navigation is a plus - -connect to people that you need
- Diverts people away from the hospital, decreased costs, increased efficiency
- Team approach
- Responsive – assigned a case worker within 2 days
- Family is involved in care

4. Is there anything that you would suggest be done differently?

- Questionnaires to self-assess
- Inner city community members to have access
- Train people to listen to others' stories, talk about what is upsetting you
- Have a home visit component
- Ensure continuity of care
- Working in collaboration with other sectors – like, justice
- Increase awareness of resources
- Enabling access, not just providing service (i.e. provide bus tickets, transportation, etc.)
- Making sure that there are clear, positive, measurable performance indicators to continue strategy
- Have it in more areas
- Brainstorm plans to increase resources to extend to other areas of the city
- Addition of spiritual care to the team
- Opportunity for patients to meet with the entire team
More access to programs like CODI and Sara Riel
- Post-care to maintain recovery
- Continued help for those beyond severe situations
- Allow anyone to make a referral i.e. family members
- Dietitian as member of team
- How to encourage someone to seek help before it is a crisis
- Early education for kids/teens

5. How can patients, members of the public, etc. be involved in moving this forward?

- Consultation with those using the services - -patients, mental health teams
- Advocate to government for resources and implementation
- Listen to concerns of patients, public
- Testimonies
- Peer support
- Promotion in schools, workforce
- Partnership with health care providers, collaborative care
- Communication strategy to inform public
- Use the media
- How to get the community helping too

Three: Cherry Blossom Initiative

The end of life can be a challenging time for patients and families even when everyone is accepting of this final chapter of life. During this profound period, it is a priority for the staff in Critical Care (and other settings, like personal care homes) to ensure patients and families are as comfortable and supported as possible. All health care team members and volunteers want to be sensitive. However, given the fast pace of the healthcare environment, staff (and residents) may not be aware of the patient/resident's health situation.

Quite simply, a cherry blossom sign is posted on the door of a patient's (or resident's) room or on the curtain surrounding the patient's bed when end-of-life care is proceeding or a death has occurred. The intent behind the "Cherry Blossom" signage is two-fold. Firstly, it provides a visual cue so that those individuals in close proximity are able to adjust their behaviors accordingly. Most importantly, it gives privacy and respect to patients and families who may be struggling with the impending loss. In personal care homes it allows fellow residents an opportunity to say good-bye.

Summary of feedback:

1. How is this innovative?

- Brings awareness, provides a visual, provides a direction (before you wouldn't know – you would just saunter into the room unaware)
- Good for staff communication
- Opens up the conversation around death/debriefing (for families, staff, etc.)
- Simple and effective, peaceful
- Alerts other patients, staff, visitors, etc. about the situation of the patient without verbalizing it over and over again
- Sensitivity and discretion, subtle way of promoting awareness
- Increases communication – patient, family, staff
- Innovative in its simplicity
- No/little cost

2. What do you like about this strategy?

- It's subtle – don't have to hush someone – everyone is on the same page and knows what's going on
- Encourages discussions about death
- Provides gentle support for the family. Also provides privacy
- It is good because patients can make requests for no visitors to say good-bye (for example) no repetitive information/questions coming from health care staff
- Respect to patient, tolerance, empathetic
- Cost-benefit ratio is high
- Enhances sensitivity – aligns with compassionate care
- Helps staff become more mindful
- Increases privacy to patient and family
- Reduces some stress
- Offers dignity, respect, and directs proper behaviour to aid patients and families through a difficult time – whether they are in a care home or hospital setting
- Enables staff to have compassion and sensitivity
- Like it – but want to have the option
- Opens the door to a myriad of care
- Helps family to accept imminent death and create opportunity to say good-bye
- Gives others a chance to say good-bye
- Helps people be sensitive to those around them

3. Is there anything that you would suggest be done differently?

- Not to lose the communication piece or assume it is a major breakthrough
- Requirement for education/awareness about what a cherry blossom means for family and hospital visitors
- Feedback on a death plan – people read books, etc. and have elaborate birth plans – must encourage death plans, conversations about advanced care planning status, etc. (living will, do not resuscitate, etc.) – death cafés
- Consider choice of image – what is it symbolic of? Cultural component – happy context for Asian people, less meaning for others?
- Placement of sign in other areas as well
- Involve family members in this process as much as possible
- Training for health care
- Grief support services
- Concept is good – maybe a “cherry blossom room” more of a private space dedicated to patients and families
- Was/is PHIA being breached by identifying someone’s health condition?
- Increasing awareness of what the cherry blossom represents
- Thicker curtains in ICU
- Patients and families need to be aware that this is a public display/notice/sign
- Concern – about privacy/confidentiality of patient’s health status
- Move patient to private room in certain circumstances – i.e. ICU patient
- Hospices in every hospital
- Every hospital should take part
- Sign at entrance, elevators signifying meaning
- Does it have to be a cherry blossom?
- Recognize cultural differences and customs
- Accessible?
- What else could be communicated other than the need for silence?
- Provide more private space

4. How can patients, members of the public, etc. be involved in moving this forward?

- Feedback after the death of a family members
- Have to get information out to patients, family, public
- Greater awareness, use social media to spread the word
- Advance knowledge of the program to reduce stress
- Word of mouth
- Advertising – TV, buses, large screen monitors
- Health faculties – universities and colleges
- Advertise in public
- Hospital wide roll out
- Better staff education
- Better public education – explain its meaning
- Papers, newspapers, TV

Innovation across the Health Care Continuum

At the second meeting, members of the Local Health Involvement Groups were asked to come up with innovative ideas across the health care continuum – using the goals of innovation (listed above). The following identifies the key themes (common ideas across the LHIGs) shared during small group discussions.

Prevention and Promotion

- Engage community leaders/members to share what they do to get/stay mentally/physically healthy – then present to schools, community organizations, access centres, community kitchen programs, etc.
- Find new ways to engage with and reach people in order to initiate more conversation about health issues and preventative measures.
- Engage kids at a young age – more health activities that are fun – in curriculum. Get nurses in schools to get more involved in activities with kids.
- Create a WRHA/Manitoba public awareness campaign to de-stigmatize mental health issues and support discussion (e.g. Bell Canada, Clara Hughes campaign – Let’s Talk)
- Campaigns to encourage/prompt doctors to more proactively engage in conversations with patients about health choices/lifestyle. Help them connect people with other health resources.
- Maintain and enhance skillset of health care workers/professionals on disease prevention/health promotion by offering tutorials and in-class teaching. Expanded training for doctors and nurses of how to deliver preventative health care.
- Use tax break/tax incentive – free gym memberships to get people up and moving

Community-based Services

- Community-based resource centre for mental health – drop-in and access to resources and support. Very comfortable places to de-stress, meditate, self-care, etc.
- Broaden care at access centres to provide more “urgent care” – takes pressure off emergency departments.
- Expanding use of Access Centres – for non-urgent care (24 hour), mental and physical well-being activities for their communities, health education, diagnostics, staff to help people navigate the health care system
- Promote community-based services throughout the community. Better and broader advertising of existing services using various forms of media – print media, social media, etc.
- Home care – more focus on recovery – enabling clients to do more self-care, when appropriate.
- Using more tele-health – Skype to connect with patients in their homes

Acute Care, Long Term Care, Palliative Care

- Private non-profit options for palliative care – using “Jocelyn House” approach – houses – cosy, staffed by palliative care nurses. Invest in out of hospital hospice and at-home end of life care
- Divert people with non-urgent health issues away from emergency to quick care clinics, etc.

- Palliative care – anticipating needs – gap in accessing care. Issues of availability of palliative care – more in hospital
- Have health care providers/employees take simulation sessions to get firsthand insight into how patients experience particular health conditions/diseases. To feel what the patient feels. Use virtual reality technology to simulate health conditions.
- End of life (palliative care) sensitivity training for staff

Health Care System Ideas

- Give everyone access to their own fully integrated health care record. Personal health account – so that you can take your medical information with you to appointments at different health care sites. Increases transparency, empowers patients, better communication. Place to put notes from doctor appointments that doctors update. Notes can be translated to other languages with electronic option for it to be read. Security of information is important.
- Use technology to improve communication between health care providers and patients - - reminders of appointments, follow-up check-in's, etc. – email, text, phone, Skype, etc.
- Manage no-shows proactively, improve appointment system, adapt to population, manage wait room flow, allow patients to book appointments on-line – office management
- Training of health care professionals on communication and compassionate approach to care. Set of expectations for compassionate approach to care. Annual performance review of staff.
- Mandatory cultural sensitivity training for health care providers and other staff
- Increase employee accountability for behaviour towards patients, families, residents, members of the public. Enhanced performance management of health care providers – more often
- Not just continuity of care – not just services, but the people providing them as well – the relationship between staff and the patient/family – from hospital to home (especially for more vulnerable population – frail elderly, newcomers, and others)

Priorities for Innovation across the Health Care Continuum

At the third set of meetings, LHIG members participated in a prioritization exercise to rank ideas for innovation in prevention/promotion, community health services, acute care, and health system-wide. They were asked to review the suggestions for innovation in each area and consider:

- Which one do you absolutely want to see happen? (That will be your top choice)
- What 2 others do you feel very strongly should be acted upon?

Staff looked at the rankings across all six LHIGs and developed a regional ranking of the ideas for innovation. (See Appendix B)

Prevention and Promotion

1. Engage Communities – workshops, etc. on prevention /promotion – schools, etc.
2. Campaign to encourage/ prompt primary care providers to proactively engage in conversations with patients about health promotion and healthy lifestyle choices
3. Mental Health Campaign

Community Health Services

1. Expand access centres – more programs and non-urgent care
2. Home care – focus on recovery when possible, enabling clients to do more self-care
3. Mental health resource centre

Acute Care

1. Expansion of non-profit palliative care
2. Divert people at ED with non-urgent issues to alternate services
3. Flexible/adaptive wards to provide palliative care

Health System

1. Partial access to electronic health record
2. Training and performance conversations of staff – communication and compassionate care
3. Continuity of care and staff of most vulnerable – focus on transition from hospital to home

Aligning Patient and Family Values with Innovation/Change in the Health Care System

At the third and fourth meetings of the LHIGs, members were asked to review the prioritized suggestions for innovation and reflect on how each of the ideas aligns with or comes into conflict with the Declaration of Patient Values. They were also asked to share ideas for how the idea can be enhanced to better meet the expectations of patients and families.

The Declaration of Patient Values

In spring 2015, the Local Health Involvement Groups together with members of the program advisory councils developed a Declaration of Patient Values for the region. The goal of the Declaration was that the values be reflected in the day to day practices and decision-making within the WRHA and that it plays an important role in shaping care in the future.

Six value pairings were developed. There are key statements describing how that value looks in terms of behaviour or actions by staff and how that experience would feel to a patient or family member.

Dignity and Respect

- *Being seen as an individual with unique life experiences and needs.*
- *Being treated with respect and compassion, without judgment of my condition, culture, or my life.*
- *Having my privacy respected as much as is possible throughout my care.*

Care and Compassion

- *Healthcare providers who are caring and compassionate when they work with patients, families, and others who support them.*
- *Healthcare providers who want to get to know me and ask me questions about my culture, background, family, etc. so that they can provide the best care possible.*

Feeling Safe

- *Being able to communicate what I need to, to the right people and understanding what is happening to me.*
- *Getting help from interpreters or others who can help me communicate if I need it.*
- *Trusting that the healthcare team will treat me with the respect and dignity if I am unable to participate in my care due to the nature of my illness.*

Open and Transparent Communication

- *Feeling truly listened to.*
- *Getting my healthcare provider's full attention.*
- *Knowing what is going on and be able to say yes or no to it.*
- *Getting information about my health situation and all of the options for treatment shared in a way that I can fully understand.*

- *Taking part in making informed decisions about my care.*

Being an equal partner in my care

- *Being considered a partner in my care, not just a patient receiving care.*
- *Having those people who are supporting me included in my healthcare team.*
- *Being informed and invited to take part in the decisions that affect me.*
- *Flexibility of healthcare providers in responding to my changing needs over the course of my health issue.*
- *Being enabled to achieve my health goals so that I can live as full a life as I am able to.*

Getting support in my healthcare journey

- *Getting support to make sure that my experience moving through the health care system is well-coordinated and that the connections between services, health care sites, specialists, etc. will be smooth and timely.*
- *Knowing what to expect – how long I might need to wait for care, other resources to connect to, and options that I might have.*

As an active partner in my care, I will:

- *Be open and share information about my health including my symptoms, challenges, concerns, expectations, and goals.*
- *Ask questions if I don't understand.*
- *Set a positive tone and be respectful of all members of my health care team.*
- *Try my best to follow my care plan and inform health providers if I'm having difficulty doing so and work with my healthcare team to resolve issues.*
- *Use health care resources appropriately*

Aligning Patient and Family Values with Innovation/Change in the Health Care System – Innovative Priorities for Prevention and Promotion

1. Engage communities (kids, community leaders, people who others can identify with) to initiate more conversation about disease prevention/health promotion – then prioritize and plan activities to build understanding and take action.

- How does this idea align with/meet expectations of patients and families?
 - Aligns with many of the values – namely – Dignity and Respect, Being an equal partner in my care, Getting support in my health care journey, being informed and invited to take part in the decisions that affect me, Feeling Safe, and Care and Compassion
- Is this innovative idea in conflict with any expectations of patients and families?
 - In discussions about physical/mental health with kids, safety is key; importance of dignity and respect – especially for those who may be vulnerable – look at health risks, how are kids able to safely discuss this with health care providers or workshop facilitators?
 - Cross-cultural perspectives – may be a range, especially concept of being an equal partner in my care
 - May be different cultural perspectives/attitudes about mental health, addictions
 - There will need to be staff/volunteers to connect to participants in order to align with the value of “feeling truly listened to” – to respond to their questions, concerns, and needs
- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - May need help from interpreters, depending on the community and the participants’ language
 - Use across generations
 - Engage people where they’re at, make it relevant to their lives
 - Ensure that supports are in place when discussing mental health in the community

2. Develop a campaign to encourage/prompt primary care providers to proactively engage in conversations with patients about healthy choices and lifestyle. Connect them with other health resources. Ensure primary care providers are develop/maintain skillset on prevention/promotion.

- How does this idea align with/meet expectations of patients and families?
 - Aligns with all of the values – most significantly, Being an equal partner, Open and Transparent Communication, Getting support in my health care journey, Dignity and Respect, and as an active partner in my care (I will try my best to follow my care plan...)

- Is this innovative idea in conflict with any expectations of patients and families?
 - Could conflict with Dignity and Respect depending on how it is approached by the health care provider – importance of tone/approach, need to engage the patient, risk of patient feeling judged and disengage from process
 - Need to look at having adequate time for health care providers to have these conversations (barrier – one issue per visit policy)
 - Must consider and address barriers – financial and other – that a patient may have to improving their health (physical activity, better nutrition) – otherwise, this approach will conflict with value of Getting support in my health care journey
- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Look at health care team approach
 - Importance of providers establishing trust with patient
 - Importance of giving the patient a voice
 - Need to consider cultural, generational background of patient – for some cultures, the message of health promotion will carry more influence from a doctor than it would from another member of the health care team
 - Consider and address financial and other barriers that a patient may experience and that would make it difficult for them to follow through on advice from provider

3. Creation of a WRHA/Manitoba public awareness campaign to de-stigmatize mental health issues and support discussion (like the Bell Canada campaign, Let's Talk)

- How does this idea align with/meet expectations of patients and families?
 - Aligns with many of the values – Dignity and Respect, Feeling Safe, Open and Transparent Communication, Care and Compassion, and Getting support in my health care journey
- Is this innovative idea in conflict with any expectations of patients and families?
 - None identified
- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Engage communities in developing this campaign

Aligning Patient and Family Values with Innovation/Change in the Health Care System – Innovative Priorities for Community Health Services

1. Expand use of access centres to provide non-urgent care, mental and physical well-being activities for their communities, health education, diagnostics, and staff to help people navigate the health system

- How does this idea align with/meet expectations of patients and families?
 - Aligns with all of the values – at the core – getting supporting in my health care journey, being an equal partner in my care, and using health care resources appropriately
- Is this innovative idea in conflict with any expectations of patients and families?
 - If community members are not aware of resources available in the community – they will not connect to access centre and be able to use programs and supports offered
 - Two LHIGs shared concern about overloading access centres – that it is important to spend resources wisely and to make sure that there is a capacity to meet increased demand/use of access centre by community members
- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Ensure that interpreters are available to those who need them (Feeling Safe, Open and Transparent Communication)
 - Add a services navigator position at the access centres – to assist people in navigating the system

2. Home care – focus on recovery when possible, enabling clients to do more self-care

- How does this idea align with/meet expectations of patients and families?
 - Aligns with all of the values – especially – Being an equal partner in my care – being considered an equal partner not just a patient receiving care, having those people who are supporting me included in my healthcare team, being enabled to achieve my health goals so that I can live as full a life as I am able to, and the flexibility of healthcare providers in responding to my changing needs over the course of my health issue.
- Is this innovative idea in conflict with any expectations of patients and families?
 - Changes in home care staff can be a challenge to the value of Care and Compassion (providers who want to get to know me and ask me questions about my culture, background, family, etc. so that they can provide the best care possible)
 - Need to challenge the home care approach of doing “for” to doing “with” – which would achieve the value of being a partner in my care

- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Need to consider the capacity of the client and their family and other supports
 - Need to identify if, when, and how a home care client's condition changes and be responsive in the support that is provided to them
 - Make sure to harness insights that client, caregiver, family, and home care staff have about the client's changing abilities

3. Develop a mental health resource centre – drop-in and for access to resources and support

- How does this idea align with/meet expectations of patients and families?
 - Aligns with all six key values – especially, Dignity and Respect, Getting support in my health care journey, and Care and Compassion
- Is this innovative idea in conflict with any expectations of patients and families?
 - None were identified
- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Better support for those with anxiety and depression, as this is a common diagnosis
 - Enhance/target support for those without support networks
 - Have staff able to connect people with appropriate health resources

Aligning Patient and Family Values with Innovation/Change in the Health Care System – Innovative Priorities for Acute Care

1. Support expansion of private non-profit options for palliative care (for example, Jocelyn House) which provides home-based palliative care option staffed by palliative care nurses.

- How does this idea align with/meet expectations of patients and families?
 - All of the values from the Declaration are met in this innovative idea
 - More private than hospital setting – so privacy is enhanced
 - Importance of having choice
 - Feeling Safe is core to this concept – trusting that my healthcare team will treat me with respect and dignity if I am unable to participate in my care due to the nature of my illness

- Is this innovative idea in conflict with any expectations of patients and families?
 - If patients/families are expected to pay for this it may exclude some patients with low incomes
 - Importance of staff – how they provide care, approach that they sue with patients and families that supports palliative care values and the values in the Declaration
 - Need to ensure that there is a very broad and accepted definition of “family”
 - Would need to be monitored/evaluated to ensure quality care

- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Monitoring and evaluation
 - Role of family and other supports should be elevated if the patient wants it to be
 - Ensure that the patient is empowered to make decisions about their care

2. At emergency departments, when appropriate, divert people with non-urgent health issues towards primary care options

- How does this idea align with/meet expectations of patients and families?
 - There was mixed response to this question – most of the LHIGs identified several values that aligned with this idea – namely, Getting support in my health care journey, being an equal partner in my care – because options for care are explained to me, and using health care resources appropriately (as an active partner in my care)
 - If there is a better place where patients can receive care, then the option to go somewhere else should be shared with them
 - In order for the idea to align with these values, the approach by staff is critical
 - One LHIG felt that if people are turned away from a health care service, it goes against all of the values – although they did provide suggestions for how it could be done to align with the values

- Is this innovative idea in conflict with any expectations of patients and families?
 - Weary of turning people away from emergency departments; it could be seen as disrespectful
 - Focus should be on public education so that people make more informed choices about how they use the health care system – is the emergency department the most appropriate place to get care for this particular health concern?
 - When people arrive at emergency, communication and triage is key – would need staff that are extremely knowledgeable and who have a positive and supportive tone/approach
 - Build comfort – ensure them that it is okay to seek care (should not do anything that discourages people from getting care) and support them in connecting to appropriate health care service
 - Have flexibility to divert people, but only if absolutely appropriate – other sites are open and close by, patient/family have access to transportation, and openness of patient and/or family to seek care at alternate site.
 - Need to consider equity issues – like access to transportation, language barriers
 - Immigrants and Newcomers may wonder why they are being turned away – this could build distrust of the system

- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Minor treatment area in emergency departments (do not have to leave site for an alternate level of care)
 - Public education campaign about the health system – where to go for what health concerns, cost of receiving care at an emergency department versus a primary care clinic, etc.

3. Create flexible/adaptive wards in hospitals to provide palliative care – anticipating needs – gap in accessing care. Issues of availability of palliative care – more in hospital

- How does this idea align with/meet expectations of patients and families?
 - Meets all of the values – Dignity and Respect, Feeling Safe, Being an equal partner in my care, Getting support in my healthcare journey, and Care and Compassion
 - This is a good option if the hospital has the space to be flexible
 - Not a perfect solution to address the shortage of beds in palliative care

- Is this innovative idea in conflict with any expectations of patients and families?
 - Need to ensure that the processes support palliative approach to care – i.e. getting pain control medication when needed, not when physician is available
 - It may be difficult for patient, family, and even staff to accept palliation – for some it may seem like giving up – this needs to be addressed. They may be at different points of acceptance – transition from treatment to palliative care
 - Must be the choice of the patient – shouldn't assume that patient would prefer a flexible “palliative” room to a regular hospital room

- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Need to talk about palliative care option early on – that this may be an option at some point, what to expect, etc. -- provide information and support.
 - Make it feel more home like – bring comforts, allow pets to visit, extended visiting hours for family, bed available for family, etc.
 - Have palliative specialists on call for patients

Aligning Patient and Family Values with Innovation/Change in the Health Care System – Innovative Priorities for Health System

1. Partial access to electronic health record -- Develop an on-line fully integrated health care record that patients can access parts of – increases transparency, empowers patients, and provides opportunity for translation to other languages.

- How does this idea align with/meet expectations of patients and families?
 - Aligns with many of the values -- Open and Transparent Communication (getting information about my health situation and...), Being an equal partner in my care, Getting support in my healthcare journey, and Feeling Safe (because I can access my health record)
- Is this innovative idea in conflict with any expectations of patients and families?
 - Just having access to the information doesn't mean that the patient will be able to understand it – could come into conflict with the value of Open and Transparent Communication and Feeling Safe if it isn't provided in a way that patients can understand
 - If patient does not understand information – it would not help them make informed decisions about their care
 - Concerns about privacy – which would be in conflict with Dignity and Respect (having my privacy respected as much as possible throughout my care)
- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Ability to access hard copy of diagnostic information, treatment information, etc. that patient can have and refer to when needed
 - Have electronic version available for nurse practitioner to review with the patient
 - Include other information – from dentists, optometrists, etc.
 - Need to address the gap between medical terminology and the ability of a patient to understand – everything needs to be explained in a way that people can understand

2. Train health care professionals in area of communication and compassionate care. Develop set of expectations for compassionate approach to care that they are accountable for as part of their performance management review

- How does this idea align with/meet expectations of patients and families?
 - All of the values are fundamental and apply – it is a given that Care and Compassion are cores to this
 - Performance conversations should include discussion of expectations – ensuring that staff have awareness of the impact of their attitudes and behaviour

- Is this innovative idea in conflict with any expectations of patients and families?
 - Need to consider that there will be a range of expectations that patients have regarding how care is provided (tone and approach)
 - Can compassion be taught?
 - Can compassion be measured?
- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Performance conversations should include discussion of expectations – ensuring that staff have awareness of the impact of their attitudes and behaviour
 - Expectations for compassionate approach to care must be consistent and staff accountable across the system
 - Should compassionate care training be embedded in all health care provider education/curriculum?
 - Focus on hiring staff who already have these skills
 - Create a culture of compassion at all levels of the organization – including leadership

3. Where possible, for most vulnerable patients – alongside continuity of care and smooth transitions between types of care and health care sites – have continuity of staff assist in this transition – especially from hospital to home

- How does this idea align with/meet expectations of patients and families?
 - Aligns with all of the values in the Declaration – especially, Getting support in my healthcare journey to make sure that my experience is well-coordinated and that connections between services, sites, etc. will be smooth and timely
 - Makes sense in terms of continuity of care
- Is this innovative idea in conflict with any expectations of patients and families?
 - So long as it is implemented well -- no conflicts
 - Should have a case manager/family physician check in with patient to make sure that care was provided – as this transition piece is so critical
 - There needs to be very good communication between all members of the health care team
- Do you have ideas for how the idea can be enhanced to better meet the expectations of patients and families?
 - Create care plan with health care providers to ensure that patient is equal partner
 - Have hospital and home care coordinate with occupational therapy to help with transitions between hospital and home

Broad Perspectives on Innovation in Health Care

Patient and Family Values – Considering and Integrating

LHIG members felt that the WRHA must consider patient values when change is happening, especially if that change will have a major impact on care. The Declaration provides an opportunity for decision-makers to consider actual patient experience – adding an important voice to the table.

The Declaration of Patient Values should be a guiding principle with respect to change that takes place in the health care system.

LHIG members were concerned that without this consideration, decision-making becomes a very top-down process. They were also concerned about using innovation solely to create efficiencies, to cut costs instead of creating a system to improve care. There needs to be a balance between financial sustainability and providing good quality care that improves peoples' health.

Decision-making/budgeting to create efficiencies should not contradict the Declaration of Patient Values.

LHIG members shared ideas for how to use the Declaration in the decision-making process. First, everyone involved in decision-making should be aware of the Declaration and leadership needs to lead the way. The LHIGs used the Declaration as a lens to look critically at ideas for innovation. This is something that staff reviewing possible changes could also do – identify how that idea/concept aligns with the Declaration, how it comes into conflict with the values in the Declaration, and how it could be enhanced to better meet the expectations of patients and families. It is a comprehensive way to consider how change/ innovation impacts patients and families.

The LHIGs also recommend that the WRHA provide opportunities for the broader public to provide input into proposed change/innovation in the health system.

Equity and Innovation

The feedback from the LHIGs on the issue of equity was consistent. The WRHA must be mindful of any change that will increase the inequities, worsen health outcomes for those with socio-economic and other barriers.

They felt that it was important to consider how innovation/change impacts patients, especially financially as that becomes a barrier to many people. For example, diverting patients to another health care site -- what if a patient doesn't have money for bus or their own transportation? This would need to be addressed, and support provided. If a strategy reduces equity or accessibility there must be a very strong case for why that should be approved.

They suggest that the WRHA should consider income levels when making decisions about populations/individuals accessing certain kinds of care, support, or programs. What costs are associated and will anyone be excluded from participating because of their income?

Language barriers are another key consideration when exploring equity and innovation. LHIGs shared the importance of the availability of interpreters in health care.

If you're not being spoken to in a language that you understand, you can't be an equal partner in your care.

The WRHA also needs to consider that depending on a patient's cultural or faith background, a different approach may be required to provide care. For example, female patients being treated by female health care providers may be necessary for some patients because of cultural or faith practices.

And, when considering technological innovation in health care, we need to consider who do we leave behind?

Communication with the Public and Innovation

LHIGs were clear about communicating innovation/change with the public – be transparent.

- Be explicit for the reason for the change – what problem necessitated the change?
- What is the cost and impact of the innovation/change? (patient care, finances, staffing, etc.)
- Who is responsible and accountable for making the decision?

In terms of approaches for sharing information about innovation with the public, the LHIGs stress the importance of reaching out to different audiences. Informal communication/dialogue with the public about innovation and change is a preferred approach. LHIGs also recommend providing updates on the progress of the change/innovation.

It comes down to communication – well placed, well written pieces in local media, including key things that are being worked on, improvements, and what the change will look like.

Partnerships and Innovation

LHIG members shared their ideas for important stakeholders to engage when change/innovation takes place in the health care system.

- Non-profit sector – organizations working on different health issues – mental health, diabetes, Immigrant and Newcomer supports, etc.
- Educational institutions

- School divisions – starting with elementary schools, superintendents, school boards (share Declaration of Patient Values)
- Family services
- Community centres
- Cultural communities
- Sports therapists, refit program and recovery programs following illness or injury
- Collaborating with dental, pharmacists, optometrists – para professionals
- Innovation happening in community through partnerships – small scale with huge impacts
- Media – to share positive stories

Appendix A

Local Health Involvement Groups – October and November meetings 2016

Topic: *Innovation in the Health Care System: Public Perspectives*

Background/Context for this Topic

This topic involves the LHIGs considering what innovation and value in health care look like from a public perspective. Are we achieving the right care at the right time in the right place? Where can we use innovation to do things differently so that we can ensure that peoples' needs are met during different health events? How can the public and patients help contribute to improvement and innovation in health care?

This topic will provide input and recommendations related to the following WRHA strategic directions and operational strategies:

- Enhance Patient Experience – improve patient flow, engage the public in helping to shape health system design opportunities and potential solutions
- Improve Quality and Integration – further integrate programs and service areas within and between health sectors, build health equity
- Involve the Public – seek public feedback regarding resourcing priorities and choices
- Build Sustainability

(From the WRHA's Strategic Plan 2016-21)

What is innovation in health care?

What is healthcare innovation and how is an innovation project different than an improvement project? The short answer is that an improvement project is done to improve something, while an innovation project is done to blow up the current process or tool and create a new one. A classic example of this is polio: improvement experts would focus on designing a better iron lung, while innovation experts would consider how they might create a vaccine to stop this disease in the first place. Should the focus of innovation be on innovative information technologies, devices, workflow processes, care models, or business models? It can be any or all of the above. In the past, the majority of innovation work was in the devices arena since there was a clear financial return to the organization. However, we are seeing that process and care model innovations will likely be leading the charge, with information technology being an enabler of those innovations.

(From: *Clinical Innovation and Technology* website – Dr. Lyle Berkowitz)

In 2014, Health Canada undertook national consultations to get feedback on the concept of innovation in health care and what the priorities should be moving forward. This is the executive summary of the report that was created as a result of those consultations. (Not required reading, but if you're interested click on the link below.)

<http://healthycanadians.gc.ca/publications/health-system-systeme-sante/summary-innovation-sommaire/alt/summary-innovation-sommaire-eng.pdf>

Meetings and Questions for Input:

The first meeting on this topic will include a short presentation to provide some context on innovation in health care – examples of innovation/redesign will be shared from prevention/promotion to acute care. Members will also receive information about “Right care in right place at right time” initiative and the priority areas within health care that are a focus for innovation.

First Meeting:

1. Introduction of topic – Innovation in Health Care: Public Perspectives
2. Presentation – Background on innovation and explain how their input will be used.
3. In small groups, LHIG members will provide feedback on the following questions
 - What does **innovation in health care** mean to you?
 - What does the **right care at the right time at the right place** mean to you? (From promotion/ prevention to acute care, palliative care, etc.?)
 - Are you aware of any recent innovations, initiatives, or strategies in health care that provide the right care at the right time in the right place?
 - What makes those initiatives/approaches “innovative”? Remember, changing what or how we do something, not necessarily adding to what we do.
 - What makes a new approach in health care “innovative”?
4. LHIG members will be asked to provide feedback on innovative approaches being rolled out in the health care system -- through a world café approach. (Increasing access to Primary Care, Mental Health Teams, and The Cherry Blossom Project)
 - ✓ **“Increasing Access to Primary Care”** -- Primary Health Care
Description of Strategy: Goal is to increase opportunities for people to access care. Some of the initiatives include: same day/next day appointments, Quick Care Clinics, extended hours appointment at a central community location, after hours calls to connect with provider, Family Doctor Finder, introducing other providers into some clinics such as nurses, physician assistants, dietitians and therapists, and opening new Access Centres to support vulnerable populations.
 - ✓ **“Mental Health Teams”** -- Mental Health Program
Description of Project: The creation of Mental Health teams involves shifting from a single practitioner model of practice to a collaborative care team approach for mental health. The Mental Health Team approach is an enhanced clinically integrated, collaborative team which provides a population based approach to mental health services. It is based on a Stepped Care approach which allows for a broad scope of mental health services and interventions ranging from mental health promotion strategies to options for self-managed care to specialized mental health services and resources.

- ✓ **“The Cherry Blossom Project”** -- Critical Care (also in long term care settings)
Description of Project: Quite simply, a cherry blossom sign is posted on the door of a patient’s room or on the curtain surrounding the patient’s bed when end-of-life care is proceeding or a death has occurred. The intent behind the “Cherry Blossom” signage is two-fold. Firstly, it provides a visual cue so that those individuals in close proximity are able to adjust their behaviors accordingly. Most importantly, it gives privacy and respect to patients and families who may be struggling with the impending loss.

5. For each approach, LHIG members will provide feedback on the following questions:
 - How is this innovative?
 - How does it ensure ‘the right care in right place at the right time’?
 - How does it move equity forward? How does it utilize partnerships?
 - How can patients, members of the public, etc. be involved in moving this forward?

Second Meeting:

1. Using the definition and outcomes related to innovation from the first set of meetings, LHIG members will be invited to share their ideas of innovation and health care system transformation (across the continuum of care). Colleen will have posted some current innovative initiatives on the flipchart.
2. First activity will be to brainstorm ideas for innovation/transformation – just key words – on post it notes. As they complete the post it notes, they will stick onto a flip chart with the health care continuum on it. (existing and ideas for new innovation)
3. Colleen to bundle into innovation “themes”
4. In small groups of 2-3, they will discuss “themes” in innovation:
 - How is this theme of ideas innovative?
 - How does it ensure or build on ‘the right care in the right place at the right time’?
 - How does it move equity forward? How does it utilize partnerships?
 - How can patients, members of the public, etc. be involved?
5. Small groups will report to the larger group.

Local Health Involvement Groups

Patient and Family Values and Innovation in Health Care

(January to March 2017) – 2 meetings

Background (Include Manitoba Health’s Involvement to Date):

This second topic builds on the input from first topic’s meetings. Those themes and suggestions will provide the foundation for input on this topic. The Declaration of Patient Values (developed by LHIGs and other program advisory councils in 2015 will be used as a lens for LHIGs to use to identify where there is alignment and where there may be conflicts between innovation and the needs and expectations of patients and families. (There was discussion that this could also involve engaging staff for their feedback in a joint meeting after the report on this topic is presented to the Board)

This topic will provide input and recommendations related to the following strategic directions and operational strategies:

- Enhance Patient Experience – improve patient flow, engage the public in helping to shape health system design opportunities and potential solutions
- Improve Quality and Integration – further integrate programs and service areas within and between health sectors, build health equity
- Involve the Public – seek public feedback regarding resourcing priorities and choices
- Build Sustainability
- Engage Service Providers

Meetings and Questions for Input:

Ideas for innovation across the continuum of care from the previous meeting on innovation will be shared. This will have been grouped into themes related to the continuum of care.

The Declaration of Patient Values will also be shared and discussed. Patient values need to help drive how we transform, bring about innovative change to our health care system.

First Meeting:

1. Review of the themes for innovation from the LHIGs – key concept, how it is innovative, etc.
2. Prioritization exercise to identify each LHIGs system redesign priorities – top ideas/areas.
3. Share the Declaration of Patient Values – these values will help drive how we organize that redesign.
4. In small groups, LHIG members will be asked to look at one of the prioritized themes of innovation. They will provide feedback on this question:
 - How does or could this idea for innovation align with the Declaration of Patient Values?
 - Are there any areas of conflict with the Declaration of Patient Values and why?
 - Are there are opportunities to enhance the alignment with the Declaration?
6. Small groups report up to larger group.

Second Meeting:

1. Continue activity from previous meeting if needed – In small groups, LHIG members will be asked to look at one of the top ideas/areas of innovation -- provide feedback on this question:
 - How does or could this idea for innovation align with the Declaration of Patient Values?
 - Are there any areas of conflict with the Declaration of Patient Values and why?
 - Are there are opportunities to enhance the alignment with the Declaration?
2. Small groups report up to larger group.
3. In large group, LHIG members will be asked:
 - What are your ideas to make sure that patient values are integrated into changes/system redesign in the health care system?
 - Do you feel that there are opportunities to consider equity issues related to this topic?
 - Are there any communication/ transparency issues that need to be considered?
 - And, are there partnerships with other services outside of health care that the WRHA should consider related to ensuring that patient values are integrated into changes in health care?

Appendix B

Prevention/Promotion

| Innovation LHIG | Priority one | Priority Two | Priority Three |
|-------------------------|--|--|---|
| Downtown/Point Douglas | Engage Communities – workshops, etc. on prevention /promotion – schools, etc. | Mental Health Campaign | Engage Communities |
| River East/Transcona | Campaign to encourage/ prompt primary care providers to proactively engage in conversations with patients about health promotion | Engage Communities – workshops, etc. on prevention /promotion – schools, etc. | Consider financial barriers and incentives to promote healthy lifestyle and choices |
| River Hts/Fort Garry | Engage Communities – workshops, etc. on prevention /promotion – schools, etc. | Campaign to encourage/ prompt primary care providers to proactively engage in conversations with patients about health promotion | Mental Health Campaign |
| Seven Oaks/Inkster | Engage Communities – workshops, etc. on prevention /promotion – schools, etc. | Campaign to encourage/ prompt primary care providers to proactively engage in conversations with patients about health promotion | Engage Communities – workshops, etc. on prevention /promotion – schools, etc. |
| St Boniface/St Vital | Campaign to encourage/ prompt primary care providers to proactively engage in conversations with patients about health promotion | Mental Health Campaign | Engage Communities – workshops, etc. on prevention /promotion – schools, etc. |
| St James/ Assiniboine S | Campaign to encourage/ prompt primary care providers to proactively engage in conversations with patients about health promotion | Engage Communities – workshops, etc. on prevention /promotion – schools, etc. | Consider financial barriers and incentives to promote healthy lifestyle and choices |

Top three overall:

1. Engage Communities – workshops, etc. on prevention /promotion – schools, etc.
2. Campaign to encourage/ prompt primary care providers to proactively engage in conversations with patients about health promotion
3. Mental Health Campaign

Community Health Services

| Innovation LHIG | Priority one | Priority Two | Priority Three |
|-------------------------|--|--|--|
| Downtown/Point Douglas | Expand access centres – more programs and non-urgent care | Mental health resource centre | Broaden access centres – non-urgent care |
| River East/Transcona | Expand access centres – more programs and non-urgent care | Home care – focus on recovery when possible, enabling clients to do more self-care | Promote community based services throughout the community |
| River Hts/Fort Garry | Expand access centres – more programs and non-urgent care | Promote community based services throughout the community | Broaden access centres – non-urgent care |
| Seven Oaks/Inkster | Expand access centres – more programs and non-urgent care | Mental health resource centre | Home care – focus on recovery when possible, enabling clients to do more self-care |
| St Boniface/St Vital | Home care – focus on recovery when possible, enabling clients to do more self-care | Expand access centres – more programs and non-urgent care | Mental health resource centre |
| St James/ Assiniboine S | Expand access centres – more programs and non-urgent care | Mental health resource centre | Home care – focus on recovery when possible, enabling clients to do more self-care |

Top three overall:

1. Expand access centres – more programs and non-urgent care
2. Home care – focus on recovery when possible, enabling clients to do more self-care
3. Mental health resource centre

Acute Care

| Innovation LHIG | Priority one | Priority Two | Priority Three |
|----------------------------|--|--|---|
| Downtown/Point Douglas | Divert people at ED with non-urgent issues | Expansion of non-profit palliative care | Flexible/adaptive wards to provide palliative care |
| River East/Transcona | Divert people at ED with non-urgent issues | Flexible/adaptive wards to provide palliative care | Expansion of non-profit palliative care |
| River Hts/Fort Garry | Divert people at ED with non-urgent issues | End of life/palliative care sensitivity training for health providers and other staff | Expansion of non-profit palliative care |
| Seven Oaks/Inkster | Expansion of non-profit palliative care | Flexible/adaptive wards to provide palliative care | End of life/palliative care sensitivity training for health providers and other staff |
| St Boniface/St Vital | Expansion of non-profit palliative care | Divert people at ED with non-urgent issues | End of life/palliative care sensitivity training for health providers and other staff |
| St James/ Assiniboine S | Expansion of non-profit palliative care | Training of health care providers to get firsthand insight into how patients experience particular health conditions/ diseases | End of life/palliative care sensitivity training for health providers and other staff |

Top three overall:

1. Expansion of non-profit palliative care
2. Divert people at ED with non-urgent issues
3. Flexible/adaptive wards to provide palliative care

Health System Wide

| Innovation LHIG | Priority one | Priority Two | Priority Three |
|-------------------------|--|---|---|
| Downtown/Point Douglas | Training and performance conversations of staff – communication and compassionate care | Partial access to electronic health record | Continuity of care and staff of most vulnerable – focus on transition from hospital to home |
| River East/Transcona | Partial access to electronic health record | Improve management of waitlists, improve appointment system, etc. and allow patients to book on-line, where appropriate | Continuity of care and staff of most vulnerable – focus on transition from hospital to home |
| River Hts/Fort Garry | Partial access to electronic health record | Training and performance conversations of staff – communication and compassionate care | Training and performance conversations of staff – communication and compassionate care |
| Seven Oaks/Inkster | Training and performance conversations of staff – communication and compassionate care | Partial access to electronic health record | Continuity of care and staff of most vulnerable – focus on transition from hospital to home |
| St Boniface/St Vital | Partial access to electronic health record | Continuity of care and staff of most vulnerable – focus on transition from hospital to home | Mandatory cultural sensitivity training of health care providers and other staff |
| St James/ Assiniboine S | Partial access to electronic health record | Continuity of care and staff of most vulnerable – focus on transition from hospital to home | Training and performance conversations of staff – communication and compassionate care |

Top three overall:

1. Partial access to electronic health record
2. Training and performance conversations of staff – communication and compassionate care
3. Continuity of care and staff of most vulnerable – focus on transition from hospital to home

Appendix C

Declaration of Patient Values

This declaration is intended to reflect the values of those receiving services within the Winnipeg health region and the involvement of caregivers, family members, and others who support patients. This declaration was developed through consultation with WRHA public and patient engagement volunteers.

When I or people I care about need health care...I value:

Dignity and Respect

- *Being seen as an individual with unique life experiences and needs.*
- *Being treated with respect and compassion, without judgment of my condition, culture, or my life.*
- *Having my privacy respected as much as is possible throughout my care.*

Care and Compassion

- *Healthcare providers who are caring and compassionate when they work with patients, families, and others who support them.*
- *Healthcare providers who want to get to know me and ask me questions about my culture, background, family, etc. so that they can provide the best care possible.*

Feeling safe

- *Being able to communicate what I need to, to the right people and understanding what is happening to me.*
- *Getting help from interpreters or others who can help me communicate if I need it.*
- *Trusting that the healthcare team will treat me with the respect and dignity if I am unable to participate in my care due to the nature of my illness.*

Open and transparent communication

- *Feeling truly listened to.*
- *Getting my healthcare provider's full attention.*
- *Knowing what is going on and be able to say yes or no to it.*
- *Getting information about my health situation and all of the options for treatment shared in a way that I can fully understand.*
- *Taking part in making informed decisions about my care.*

Being an equal partner in my care

- *Being considered a partner in my care, not just a patient receiving care.*
- *Having those people who are supporting me included in my healthcare team.*
- *Being informed and invited to take part in the decisions that affect me.*
- *Flexibility of healthcare providers in responding to my changing needs over the course of my health issue.*
- *Being enabled to achieve my health goals so that I can live as full a life as I am able to.*

Getting support in my health care journey

- *Getting support to make sure that my experience moving through the health care system is well-coordinated and that the connections between services, health care sites, specialists, etc. will be smooth and timely.*
- *Knowing what to expect – how long I might need to wait for care, other resources to connect to, and options that I might have.*

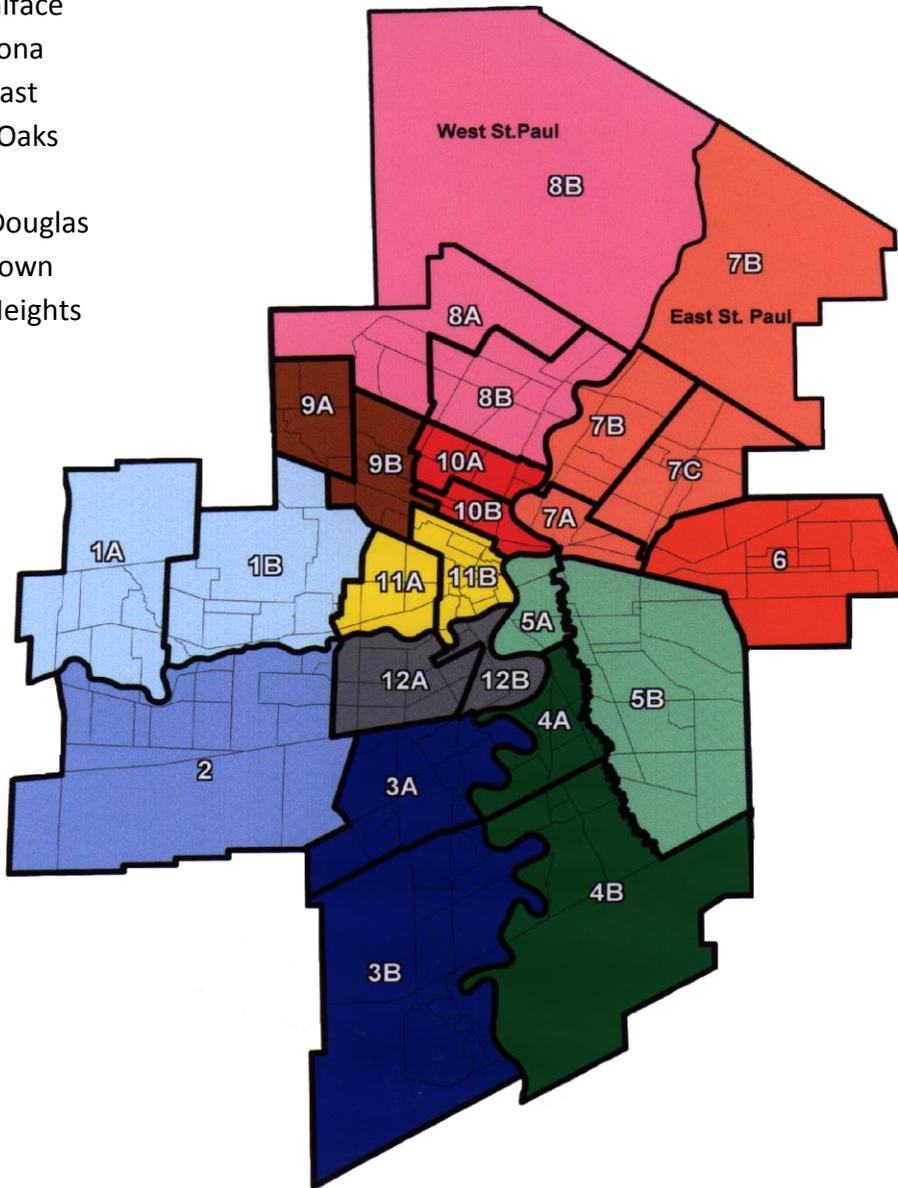
As an active partner in my care, I will:

- Be open and share information about my health including my symptoms, challenges, concerns, expectations, and goals.
- Ask questions if I don't understand.
- Set a positive tone and be respectful of all members of my health care team.
- Try my best to follow my care plan and inform health providers if I'm having difficulty doing so and work with my healthcare team to resolve issues.
- Use health care resources appropriately

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 Local Health Involvement Groups
Board Liaisons to the Groups
Support Staff for Groups

Members of Local Health Involvement Groups 2016-2017

Downtown/Point Douglas Group

Davada Carlson
Marjorie Hughes
Cari La Riviere
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Anna Maniquiz
Rose Marsden
Dessaegn Melesse
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Kateri Muys
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St. James-Assiniboia/Assiniboine South Group

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Louise Kennedy
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Matthew McBurney
Julie Muise
Elizabeth Murray
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Todd Pennell
Angela Tessier
Kathryn Thornton

WRHA Board Liaisons (non-voting members of Groups)

| | |
|--------------------------------|--|
| *Elaine Bishop | Downtown/Point Douglas |
| *Doris Koop | River East/Transcona |
| *Bruce Thompson and Jeff Cook | River Heights/Fort Garry |
| Stuart Greenfield | Seven Oaks/Inkster |
| *Rob Santos and David Rondeau | St. Boniface/St. Vital |
| Joanne Biggs and *Jean Friesen | St. James-Assiniboia/Assiniboine South |

*for October meetings only

Beginning January 2017

| | |
|---------------------------------|--|
| Joanne Biggs | Downtown/Point Douglas |
| Donald Lepp | River East/Transcona |
| Raquel Godin and Judith Scanlan | River Heights/Fort Garry |
| Stuart Greenfield | Seven Oaks/Inkster |
| Gord Steeves | St. Boniface/St. Vital |
| Shannon Stefanson | St. James-Assiniboia/Assiniboine South |

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

| | |
|--------------------|--|
| Sharon Kuropatwa | Downtown/Point Douglas |
| Debra Vanance | River East/Transcona |
| Dana Rudy | River Heights/Fort Garry |
| Carmen Hemmersbach | Seven Oaks/Inkster |
| | St. Boniface/St. Vital |
| | St. Boniface/St. Vital |
| Pat Younger | St. James-Assiniboia/Assiniboine South |
| Kellie O'Rourke | St. James-Assiniboia/Assiniboine South |
| Krista Williams | St. James-Assiniboia/Assiniboine South |

Support Staff for Groups

| | |
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