



Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé

Patient Journey and Feedback on Changes in the Health Care System

Local Health Involvement Groups April 2018

Compiled by: Colleen Schneider, Manager, Local Health Involvement
Groups, WRHA

Patient Journey and Changes to the Health Care System

Executive Summary

In September 2017, the Board asked the Local Health Involvement Groups (LHIGs) to explore and provide feedback on issues related to accessing and navigating health services – the patient journey. They were also interested in receiving public perspectives and feedback on the changes taking place in the health care system under way in the Winnipeg health region. A consultation in French was also held on this topic for input from the Francophone community of the Winnipeg health region.

Sharing Patient Journeys

LHIG members and participants at the Francophone consultation mapped out their patient journeys on flipcharts and their journeys were debriefed. The goal of this activity was to have LHIG members really reflect on issues of access and navigation – how they had been affected personally both in positive and negative ways. This activity was the starting point and foundation to exploring themes of access and navigation.

LHIG members shared a huge range of experiences at their meetings; some were straightforward and positive, others lengthy and challenging. They were the patients at the centre of the story, family members supporting relatives, and employees supporting vulnerable clients. Some of the experiences shared required additional support and follow-up to resolve or address.

Equity Issues

Equity issues were identified through sharing patient journeys. Equity in health care considers what challenges individuals may have because of their socio-economic, cultural, faith, racial, sexual orientation, disability background, age, and/or body size. The challenges could include access, support, attitudes, financial barriers, language barriers, etc. Equity issues experienced included:

- Additional expenses that families/patients have to cover
- Need for family involvement/support – what about those patients without this?
- Not having sick time or extended leave to recover from illness/surgery (patient or family member)
- Feeling judged and disrespected because of racial background, socio-economic status, disability, age (both young and old), and/or weight.
- Struggling at home post cancer surgery without support.

What helps and what challenges access and ability to navigate health care system

Access and navigation themes emerged from hearing patient journeys. They were grouped into 2 categories:

- What helps me access the health system and supports a positive patient journey, and
- What challenges good access to the system and the ability to navigate a patient journey

What helped me or a family member/friend access the health care system and have a positive health care journey:

1. Communication – including access to services in French and access/support from language interpreters.
2. Good initial access into the system (especially when issue is serious) and overall journey is not too long (i.e. access to diagnostics, treatment, etc.) Good follow-up care and support through the journey - checking in, booking the next appointment, knowing what to expect next.
3. Collaborative and positive relationship with primary provider (could be family doctor, nurse practitioner, specialist, etc.) – both with patient and family.

What challenges access to care and a positive patient journey:

1. Long waits to access care, diagnostics, and treatment (includes extremely long journeys which impact health outcomes).
2. Poor communication with providers (patients and family) and between providers/parts of the system.
3. Not being treated with respect – experiences of being judged because of age, cultural/racial background, mental health issues, etc.
4. Not being engaged in decisions about care (patient and family) and the need to advocate for care.

Recommendations to improve patient journey

LHIG members shared ideas of how to make positive patient journeys more consistent and how to address issues that challenge access and navigation. They considered what a patient or family member could do, what a health provider could do, and what leadership/ management could do to support the change.

Their suggestions included:

- For patients/family members...
 - Know ahead of time how to access care for different situations – when it is appropriate to go to emergency, urgent care, your family doctor
 - Bring an advocate or support person with you to important appointments if you can.
 - Be aware of your or your family member’s condition and get educated about how to support them and use any medical devices/equipment.
 - Ask questions about your diagnosis, treatment, medication, etc.
 - Provide feedback about your experiences – both good and bad
 - Speak up if you are not happy about how you are being treated (manager or higher to get the issue addressed)
- For health care providers and staff...
 - Recognize the importance of a family’s support for a patient and involve them
 - Understand the need to develop trusting relationship with patient
 - Create an environment where people can talk and feel safe

- Ask the patient what their goals are
 - Recognize the stress that patient, family will be feeling. Help them feel more comfortable; provide information about options for care, possible outcomes, diagnostics, and possible time that it will take to wait.
 - Inform family members about the patient's condition, how they can support them, and provide instructions for any medical devices/equipment that are needed.
 - Make sure you know what's happening with the changes in the health system and provide accurate advice and instructions to your patients
 - Get to know if a patient may require more help to navigate the system – they may need follow-up call/reminder call or additional support
 - Explain the overall patient journey that may be ahead for someone – what's going to happen, how long it will take, etc. (depending on the health issue)
 - Providers need to be involved to ensure continuity of care – connecting patient to the next step in their journey
- For leadership to support the change...
 - Develop a standard of communication for all health providers to follow – share with medical students and others studying health care professions – training – communication and inter-personal skills, sensitivity training – for anyone working in the system
 - Explore and move forward on the use of email for patients and providers to communicate with one another
 - On website – have on-line chat show up when people are looking for information about accessing care – they can connect with someone live if they have questions
 - Hire more social workers, advocates to support patients to support patients on their journeys (those without family, friends and who are vulnerable)
 - Provide more after-hours access for care including diagnostics
 - Ensure that role of patient advocates in hospitals are well understood and consistent across the region
 - Performance reviews, recognition, and awards for exemplary staff
 - Hire people from different walks of life
 - Leadership should address health providers/staff that are disrespectful to patients, families
 - Set up process and policies for supporting patients on journeys through the system that need to be followed by everyone

Feedback on Changes Underway in the Health Care System

LHIGs received information about the changing role of hospitals and a new transitional approach to providing enhanced home care called priority home. They were asked for their initial thoughts, what they felt was positive, and to share their concerns about the changing role of hospitals and priority home. They were also asked for their suggestions about how the WRHA could best communicate/educate the public about the changes.

LHIG staff presented communication material used for Phase One of the changes at this meeting as well. They were asked what they liked about the strategies and to share any concerns and suggestions that they had.

Some of their comments about the changes underway in the health care system:

I can see how it can be beneficial for the system but can be confusing to people. The system is broken so it needs to be fixed. I think this is worth trying. If it reduces spending, then I'm for it.

I am concerned about people who are fearful of being turned away, not understanding where they should go depending on their issue; so they do not access care.

I am concerned about staff and how well the transitions are happening in various sites. Concerned about as this as a patient; about how the stress will impact my care, while staff are getting used to new roles and new facilities.

Francophone Consultation – feedback about changes in health care system

At the Francophone Consultation in March 2018, participants learned about the changes that happened in Phase One of the clinical consolidation and the newly developed French Languages Services Plan.

Some of their comments included:

There is too much focus on saving money and it puts services at risk.

I am still concerned about the French-language services plan – especially for seniors and children.

I am concerned about ambulance costs for those without insurance

Suggestions for communicating with the public about Phase Two

Below are the suggestions from LHIG members specifically about communicating with the public about phase two of the changes to the health care system.

Emphasize that you will not be turned away. Emphasize sense of community; that we can all help by going to the right location for care.

Fully explain the reason behind the changes, share the action plan and hopes for improvement. Use all methods to reach people – news releases and publications and all types of media. Share with schools. Make sure people know where to go when they need care.

Elderly people tend to use the health care system more than others, so this is a priority group to communicate with about the changes

Feedback on Priority Home

Local Health Involvement Groups learned about a new transitional home care service designed to support individuals at home who might otherwise be prematurely placed into long term care from hospital or community.

Some comments shared at LHIG meetings included:

Getting the patient home can encourage healing and recovery and be less of a burden on the system as a whole. Frees hospital beds, less cost in hospital, frees up nurses' time.

The principle is good in theory but logistically there are a lot of barriers for patients and their families including cost to allow their loved one to age at home.

This is a cultural change of health care in Manitoba. Adopting the change will create better care.

I am cautiously optimistic.

Interim Evaluation Report of Health Care Changes (Phase One)

The interim evaluation report of the changes in the health care system was the focus of the fourth meetings of the Local Health Involvement Groups. One of the key staff involved in the evaluation of the changes, led the discussion and listened to input from LHIG members. He began the meeting by asking LHIG members how they felt the changes in the health care system had been going and what impact, if any, they felt that those changes have had. He then asked them to share concerns and suggestions that the WRHA could consider as it plans the second phase of the changes.

Some of the feedback from LHIG members included:

Change is always difficult. There is a resistance to change.

See that these changes were made to save money – overwhelmingly the reason for these changes.

Not everything is in place, so we'll need to see after Phase Two.

Many people don't know which hospital to go to. Not everyone will think to look things up when they're ill.

Hear the negative, hear government saying good things – what do you believe? Is it beneficial or is it as awful as it sounds?

Is three months long enough to evaluate the effect of the changes? Is there new data that confirms what you've seen? Now, six months into the changes, can we use this before moving into Phase Two?

The WRHA should focus on the core area -- people who have lost urgent care at Misericordia Health Centre. Has this impacted their ability to get care?

Feedback about sharing how the changes to the health care system are going with the public
LHIG members were asked for feedback about what members of the public would be interested in knowing with regards to the changes underway in the system. Here is some of their feedback:

Reporting to the public is a positive way to build relationship with community -- "this is what we see as a result of the changes....this is what we plan to do...."

Track how changes are impacting most vulnerable population's experience and access.

Use the Declaration of Patient Values (which reflects patient/family expectations of health care experience) to measure patient satisfaction with their health care experience.

The WRHA should gather statistics about the number and type of transfers happening between hospitals and the cost before and after the changes.

Important to continue to collect qualitative information like LHIG feedback, interviews with patients, staff, focus groups, etc.

Make evaluation of the system available on a quarterly basis. This could ease a lot of concerns. Release an annual report to give the big picture of how the health care system is doing and how much it is costing, what's going well and what the challenges are.

Recommendations to the WRHA Board and Senior Leadership

1. That members of the WRHA senior leadership team identify key work that can be done across the region to improve access and navigation with a focus on improving communication, supporting better access, and a care approach that is more collaborative and patient-centred.
2. That WRHA staff working in area of health equity review equity issues and suggestions from the report to improve patient journeys for possible inclusion in staff orientation and other initiatives to build equity.
3. That community area leadership and teams review feedback from the LHIG that represents their community area to better understand what works and what challenges their community members' access and navigation on their patient journeys and to consider their suggestions to improve patient journeys.
4. That this report is shared with My Health Teams and community health centres across the region to identify the role of primary care providers in improving patient journeys.
5. That this report is shared with Chronic Disease Collaborative Team to identify what helps and what challenges patient journeys of those living with chronic conditions.
6. That the French Language Services leadership and team review feedback from Francophone Consultation to identify any issues and/or suggestions that could be worked on.
7. That planning tables working on phase two of the changes in the health care system receive a presentation of the report and utilize feedback for planning and implementation of the next round of changes.
8. That communication leadership and staff review the report and utilize suggestions for how to improve communication for phase two of the changes.
9. That evaluation and research staff monitoring and evaluating the changes underway in the health care system review and utilize feedback from the report, including suggestions about sharing updates/reports with the public.
10. That the Home Care leadership team review the feedback on Priority Home.

Table of Contents

Exploring the topic of patient journey and changes to the health care system	10
Equity issues identified through sharing patient journeys	12
Access and Navigation Themes	13
Recommendations to improve patient journey	17
Feedback on changes underway in the health care system	22
Feedback on the communication plan	27
Suggestions for communicating with the public about Phase Two	28
Feedback on Priority Home	30
Interim Evaluation Report of Phase One	32
Recommendations to WRHA Board and Senior Leadership	38
Appendix A – Background Document for Topic	39
Appendix B – Declaration of Patient Values	43

Exploring the topic of patient journey and changes to the health care system

Local Health Involvement Groups

In September 2017, the Board asked the Local Health Involvement Groups to explore and provide feedback on issues related to accessing and navigating health services – the patient journey. The Board was also interested in receiving their perspectives and feedback on the changes taking place in the health care system under way in the Winnipeg health region. These changes will be happening in two phases over a period of 18 to 24 months and began in October 2017.

Francophone Consultation

A consultation in French was held on March 12, 2018 for the Francophone community of the Winnipeg health region. Over twenty individuals attended. Participants took part in the patient journey mapping access and navigation activity. They also received a presentation about the changes happening in the health care system and the French Language Services Plan which they provided feedback on.

Prior to the first meeting, 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. (Appendix A)

Patient Journey Mapping

The LHIGs explored issues related to accessing and navigating the health care system over the course of three meetings. To begin these discussions, at their first meeting LHIG members took part in a patient journey mapping exercise to share their experience accessing and navigating health services – either as a patient or as a family member/friend supporting someone else.

LHIG members used the Declaration of Patient Values (Appendix B) during this engagement activity to keep in mind what is important to patients and families/other supports when they use the health care system. LHIG members mapped out their patient journeys on flipcharts and their journeys were debriefed. Each LHIG member provided feedback on the following:

- When an experience did not go well (in terms of access and/or navigating the system), do you have suggestions for how that could have gone better?
- Or, when something worked really well in accessing care and/or moving through the system what was it?
- For this particular patient journey, what are the potential or real equity issues?

Patient Journeys shared

The goal of this activity was to have LHIG members really reflect on issues of access and navigation – how they had been affected personally both in positive and negative ways. This activity was the starting point and foundation to exploring themes of access and navigation.

LHIG members shared a huge range of experiences at their meetings; some were straightforward and positive, others lengthy and challenging. They were the patients at the centre of the story, family members supporting relatives, and employees supporting vulnerable clients. Some of the experiences shared required additional support and follow-up to resolve or address. And, staff connected a number of LHIG members to a health service or program that would help them in the next step of their patient journey.

Here are a few of the many journeys shared at meetings of the Local Health Involvement Groups and at the Francophone consultation:

- A LHIG member with a chronic auto-immune disorder who is a nurse and has good awareness of her condition (other family members have this condition as well) shared her journey. Care was best when she was treated as a full partner in making decisions and was listened to by specialists. This helped her manage this condition and be as healthy as possible;
- Positive experience of Indigenous LHIG member who has a nurse practitioner who enables and supports her to use both traditional and western approaches to care;
- Experience supporting a family member who had blood in their urine which was diagnosed as bladder cancer. They experienced complications after surgery. They had a French speaking doctor, prompt care, and good services delivered in French;
- One LHIG member shared her story supporting her father who had cancer. It was a challenging journey that was mostly positive but he experienced dismissiveness by his family doctor and ageism by providers in the system;
- A very difficult and lengthy journey was shared in which a poor diagnosis (didn't take Indigenous patient's concern seriously) and slow referrals caused major nerve damage in hand and arm. This could have been less serious if addressed appropriately at the beginning;
- One LHIG member shared the difficult journey she had supporting her partner with mental health issues. She found that the system was only helpful during crisis. They were not able to get on-going help with family doctor as the doctor didn't have ability/skills to provide proper care; and,
- One LHIG member shared her experience supporting a woman newly arrived from Syria go through a C-section delivery of her baby. While the overall experience was good, the lack of interpreters and post-op instructions in her language was challenging.

Equity issues identified through sharing patient journeys

The following equity issues were identified when LHIG members (and participants of the Francophone consultation) shared their patient journeys. Equity in health care considers what challenges individuals may have because of their socio-economic, cultural, faith, racial, sexual orientation, disability background, age, and/or body size. The challenges could involve access, support, attitudes, financial barriers, language barriers, etc.

- Language barriers – unable to access French language services, or newcomer without help with interpretation for another other language.
- Distance/access to urgent care at Victoria Hospital.
- Additional expenses that families/patients have to cover for recovery, medication and other medical equipment for on-going health issues.
- Need for family involvement/support – what about those patients without this?
- Using sick time or extended leave to recover from illness/surgery – what if you don't have this? Using up all sick time for work with multiple doctor appointments to try and resolve health issues, have diagnostic work done – may need to lose pay for future appointments
- Expense of using ambulance.
- Judgement and disrespect of patients based on their racial background, disability, age (both young and old), and weight.
- Affordability of costs associated with nutritious food and exercise to manage a chronic condition.
- Potential equity issue addressed - patient being asked if they could afford a medication before it was prescribed.
- Difficulties faced by partners who have on-going mental health issues – needing to take a lot of time away from work, loss of income (because their mental health issues have not been treated and their recovery is delayed), time to manage appointments and care and connecting partner to resources.
- Discrimination because of cognitive and developmental issues.
- Needing to access diagnostics away from primary care clinic – difficult with a visual disability.
- Not getting instructions for care written down.
- Parking costs at hospitals when getting care/supporting family members.
- Paying for other care – like psychologists and physiotherapy.
- Lack of interpreters – needed to be female for newcomer mom's birth experience.
- Struggling at home post cancer surgery without support.

Recommendations for this section:

- ❖ That WRHA staff working in area of health equity review equity issues and suggestions from the report to improve patient journeys for possible inclusion in staff orientation and other initiatives to build equity.

Access and navigation themes

Access and navigation themes emerged from this activity. These were shared at the second meetings of the LHIGs. These themes were grouped into 2 categories:

- What helps me access the health system and supports a positive patient journey, and
- What challenges good access to the system and the ability to navigate a patient journey

Overall priorities for the Local Health Involvement Groups across the Winnipeg health region

What helped me or a family member/friend access the health care system and have a positive health care journey:

4. Communication – including access to services in French and access/support from language interpreters.
5. Good initial access into the system (especially when issue is serious) and overall journey is not too long (i.e. access to diagnostics, treatment, etc.) Good follow-up care and support through the journey - checking in, booking the next appointment, knowing what to expect next.
6. Collaborative and positive relationship with primary provider (could be family doctor, nurse practitioner, specialist, etc.) – both with patient and family.

What challenges access to care and a positive patient journey:

5. Long waits to access care, diagnostics, and treatment (includes extremely long journeys which impact health outcomes).
6. Poor communication with providers (patients and family) and between providers/parts of the system.
7. Not being treated with respect – experiences of being judged because of age, cultural/racial background, mental health issues, etc.
8. Not being engaged in decisions about care (patient and family) and the need to advocate for care.

Priorities for each LHIG and participants at Francophone Consultation

Downtown and Point Douglas LHIG

- ✓ Importance of having a relationship with my health care provider, working as a partner in my care.
- ✓ Approach to care that is caring and positive – good communication, compassion, providing comfort, not judging, acceptance of what is important to me. Not positive -- Feeling like you are not being treated with respect, feeling judged – impacts my relationship with health provider and my desire to seek care
- ✓ Care and self-management of chronic conditions – importance of good communication, good self-awareness/knowledge of your condition, ability to self-manage, understanding what works for you

What challenges my access to care a positive health journey?

- Long waits in emergency without addressing a patient's pain
- Lack of communication between health care providers and patients
- Lack of options to deal with chronic pain
- Improper diagnosis which results in refusal of care and/or extended period before treatment is provided.

River East and Transcona LHIG

1. Communication and care approach -- doctors and others who take the time to ensure that patients understand what's happening, explain options for treatment, etc. Some who goes beyond to make sure that patient is connected to next step in journey. Poor communication and care approach – not knowing what's happening, lack of open and transparent communication, lack of compassion, ageism, poor attitude, feeling disrespected, dismissive of pain issues.
2. Access – when needed, very quick access to diagnostics, specialists, and surgery. Poor access – extremely long journeys, waiting for initial appointment, lengthy waits for specialists and diagnostics that may result in deteriorating health condition.
3. Being a partner in my care – positive experiences with health providers – they ask about challenges to affording medication and provide good and focused care. Negative – not feeling like you're a part of the decision-making process, not understanding what is happening to you, not feeling listened to, and family members who are not acknowledged and included in decision-making.
4. Continuity of care – doctors and others who take the time to ensure that patients know what's happening, options for treatment, next step in their journey, booking follow-up appointments, and provide support. Negative – lack of follow-up during parts of a health journey, not knowing how to follow-up with a specialists, not being helped to work on a health issue with family doctor.

River Heights and Fort Garry LHIG

1. Communication – importance of good communication between providers and patients and their families, between providers and specialists, and ability to get on-line information to assist with accessing and navigating the system. Negative – not knowing what to expect or options for treatment, not being engaged in decision-making, poor communication between providers/sites/programs.
2. Quick access to diagnostics, care, and assistance from providers to access care in emergency situations. Negative – difficulty accessing mental health specialists, programs, and therapy – up to a two year long wait.
3. Approach to care and good quality care – importance of kindness in approach to care and feeling confident in the ability of your health care provider. Negative – concerns about competencies of providers – unresponsive care, poor diagnosis and treatment plans, and not recognizing interactions between prescriptions.
4. Being engaged in your care – in discussions about diagnostics and treatment. Being a partner in your care. Taking the initiative to improve the experience. Negative – your

provider doesn't take your concern seriously which impacts your health outcome. Ageism – feeling that our health concern is not taken seriously because you are young or elderly.

5. Seeing the whole health journey – knowing what to expect, supported along the way. Negative – lack of follow-up/checking in after serious health incident or diagnostics.

Seven Oaks and Inkster LHIG

1. Access -- quick access to diagnostics, care, and referrals when health situation is urgent or emergent and good follow-up care. Negative -- long waits to access care, extremely long waits for specialists – two years for referral to neurologist, 7-8 months for orthopaedic specialist after experiencing pain for 3 years. Poor discharge process -- from hospital without appropriate, safe place to recover.
2. Quality of care and kindness – confidence in care provider – family doctor who was more responsive, great care by heart team at St Boniface Hospital, and care in palliative care ward. Negative -- waiting while in a lot of pain, distress in emergency waiting rooms. Being treated without respect, feeling humiliated and dehumanized.
3. Communication -- helpful and honest communication and information sharing about health condition/issue, how to manage on-going issues, follow-up care, options for treatment/care, and good communication between health providers. Negative -- not receiving good information about the effects or impacts of treatment and not knowing that you have a choice.

St Boniface and St Vital LHIG

1. Communication and respect – good interaction and communication with health care providers. Negative -- challenges with poor communication either not feeling heard by health care staff or not getting clear information, miscommunication that results in inadequate care, feeling disrespected by staff, feeling unsafe – overhearing conversations between staff about you, attitudes of staff towards patients with cognitive disabilities, ageism experienced, and feeling unsafe with other patient who shares a room with you – not addressed and/or resolved by staff.
2. Access – timely access for diagnostics and doctors' appointments and quick turn around on results from diagnostics, access to additional supports when needed – like pre-term baby program, being proactive to get quicker access to diagnostics, specialists, etc. Negative -- difficulty accessing services when needed.
3. Collaboration -- engaging with care providers in working through issues and challenges about how care should be provided/what works best, working through/partnering with health care providers and outside agencies to develop care plan that works best for a patient, engaging caregivers. Negative -- “revolving door” -- challenges of supporting elderly parent through reoccurring trips to emergency, difficulties getting appointments/long waits to see family doctor, diagnostics, recovery, and then it all starts over again. Inadequate care and supports resulting in repeated mental health crises. Not being fully engaged and respected as advocate for family member. Necessity of having to advocate for basic care.

St James-Assiniboia and Assiniboine South LHIG

1. Access, coordination, and follow-up -- helpful knowing the best way to access care, quick access to care, diagnostics, emergency surgery when needed, quick referrals to specialists when very ill. Co-ordinated access between parts of the patient journey, continuity and support avoids trips to emergency department, and good follow-up care. Negative -- long waits to access care – (examples -- in emergency to be admitted and long wait for home care nurse to show up after discharge from hospital).
2. Communication -- good communication, taking time with family members, providing clear information about issue and treatment, not having to tell your story over and over again, creating comfortable space with humour, ensuring that patient knew how to use medical equipment, and good communication between health care providers, diagnostics, etc. Negative – impact that poor communication from health providers has – not being prepared for experience or having proper supports with patient and recovery at home with an injury (knowing how to care for injury). Having to tell your story over and over again. Lack of interpreters and translated information.
3. Advocacy and good quality care -- self-knowledge and awareness helps to know what to do. Learning from using the system so that can use it more appropriately the next time. Getting empathetic, caring, and kind care – like providing comfort in emergency waiting room. Reassuring care. Importance of patient/family being trusting of health providers. Negative -- staff not treating patients/families respectfully, being impatient, or in a bad mood. The necessity of having to advocate extremely hard for good care. Poor care experience or consequences.

Francophone Consultation

1. Communication –availability of care by providers and others who speak French (including specialized services), availability of translators/interpreters for newcomers, good information for care after being discharged, information being shared with the patient’s entire team and family.
2. Access – prompt care, not having to travel too far for care, not being discharged too soon from hospital, good access to diagnostics, good wait times for results and treatment.
3. Quality care – competent care providers, proper diagnoses, involving patient and family, and care that is compassionate.
4. Equity – affordability of additional costs of treatment that patient/family must cover, cost of ambulance, and access to treatment/covering costs for those who are alone, on fixed incomes, part of marginalized population.

Recommendation from this section of the report

- ❖ That community area leadership and teams review feedback from the LHIG that represents their community area to better understand what works and what challenges their community members’ access and navigation on their patient journeys and to consider their suggestions to improve patient journeys.
- ❖ That the French Language Services leadership and team review feedback from Francophone Consultation to identify any issues and/or suggestions that could be worked on.

Recommendations to improve patient journey

At the third meeting on access and navigation, LHIG members shared their ideas to make positive patient journeys happen more consistently. And, ideas of how to address those issues that challenge access and navigation. They considered what a patient or family member could do, what a health provider could do, and what leadership/ management could do to support the change.

1. Communication – including access to services in French

- What a patient/family member could do
 - Prepare your questions ahead of time, bring notepad.
 - Bring advocate/support with you to important appointments if you can.
 - If you don't understand what a health provider is saying, ask them to explain it to you once again.
 - Be aware of your or your family member's condition and get educated about how to support them and use any medical devices/equipment.

- What the health care provider could do differently
 - Inform family members about the patient's condition, how they can support them, and provide instructions for any medical devices/equipment that are needed.
 - Recognize the stress that patient, family will be feeling. Help them feel more comfortable; provide information about options for care, possible outcomes, diagnostics, and possible time that it will take to wait.
 - Get information out quickly to patients – results of tests, etc.
 - Follow standard of communication that is respectful – have nametags, introduce yourself and your role in the patient's care
 - Patients with no English and no family or other advocate to support them – ensure there is an interpreter.
 - Make sure that information for patients is in plain language (no acronyms or medical jargon)
 - Speak in plain language to patients and families
 - Be aware of literacy, language barriers.
 - At emergency departments – share how long the wait will be.
 - Create ways that patients can follow-up with you – by phone or email to ask follow-up questions, etc.
 - Provide more information to patient and family at time of discharge from hospital – available in French and English

- What leadership needs to do to support the change
 - Develop standard of communication that is respectful – have nametags, staff will introduce themselves and their role in the patient's care
 - Commit to having more services available in French – hiring of more bilingual staff.
 - Develop posters for doctors' offices, clinics, etc. – that list good questions to ask your health provider

- Have a central booking place for patients, families to call for information about diagnostic appointments, etc.
- Develop a standard of communication for all health providers to follow – share with medical students and others studying health care professions – training – communication and inter-personal skills, sensitivity training – for anyone working in the system
- Post standards of communications at health care sites and in examination rooms
- Explore and move forward on the use of email for patients and providers to communicate with one another
- Ensure that forms, etc. are in plain language

2. Good initial access into the system (especially when issue is serious) and overall journey is not too long, follow-up care and support through the journey

- What a patient/family member could do
 - Inquire about the availability of the service in French
 - Know ahead of time how to access care for different situations – when it is appropriate to go to emergency, urgent care, your family doctor
 - Use resources like Health Links/Info Santé, WRHA website to learn about how best to use and access the health system, learn about wait times, etc.
 - Acquire about options and follow-up – go to diagnostic appointments, don't miss appointments
 - Provide support and advocacy for a family member/friend who is a patient and may require that help
 - Know how to update your contact information if you're on a wait list
 - Patients who are newcomers – should get assistance from organizations serving newcomers for help accessing and navigating the system
- What the health care provider could do differently
 - Ask patient if they require French language services
 - Make sure you know what's happening with the changes in the health system and provide accurate advise and instructions to your patients
 - Ensure that your patients know what to do and where to go if they need care immediately – when to use emergency departments, urgent care, etc.
 - Understand that vulnerable population won't have access to apps, on-line information about accessing the health care system – they will need information shared in person
 - Make sure receptionists, front line staff have accurate information to share with patients
 - Get to know if a patient may require more help to navigate the system – they may need follow-up call/reminder call or additional support
 - Give information about how to get on cancellation lists (for diagnostic appointments)

- Explain the overall patient journey that may be ahead for someone – what’s going to happen, how long it will take, etc. (depending on the health issue)
 - Encourage patient and family members to be aware of/ask what the next steps are
 - Explain why a test is being done, next steps, etc. - -maybe 2 to 3 steps ahead
 - Ability to be more proactive if a patient’s condition is deteriorating or their job is at stake, etc.
 - Connect patient to other resources, etc. while they’re waiting for surgery, etc.
 - Don’t do unnecessary diagnostic testing or make patients come to your office for unnecessary appointments
- What leadership needs to do to support the change
 - Partner with Siloam Mission, Bear Clan, etc. to share information with vulnerable, street involved people about accessing health care
 - On website – have on-line chat show up when people are looking for information about accessing care – they can connect with someone live if they have questions
 - Promote options for how to improve access – how to seek appropriate care
 - Provide more after-hours access for care including diagnostics
 - Hire more social workers, advocates to support patients to support patients on their journeys (those without family, friends and who are vulnerable)
 - Establish time frames with information about what patients could expect – for different health journeys - -like knee surgery, etc.
 - Continue to aggressively manage wait lists
 - Provide centralized wait lists for surgeries, specialists, etc.
 - Share information about accessing/navigating the health system with larger employers in the region to share with their staff

3. Collaborative and positive relationship with primary provider (could be family doctor, nurse practitioner, specialist, etc.) – both with patient and family

- What a patient/family member could do
 - Bring a trusted companion with you
 - Get a family doctor or nurse you can see regularly – you can develop a relationship with them
 - Ask questions about your diagnosis, treatment, medication, etc.
 - Provide feedback about your experiences – both good and bad
 - Speak up if you are not happy about how you are being treated (manager or higher to get the issue addressed)
- What the health care provider could do differently
 - Spend more time with patient, give them information, help them be better advocates for themselves, provide them with “good questions to ask during appointments with your doctor”, ask them what they are there to see you for, and provide an interpreter if needed
 - Recognize the importance of a family’s support for a patient and involve them

- Understand the need to develop trusting relationship with patient
 - Ask more questions, listen more, don't jump to conclusions or make assumptions
 - Create an environment where people can talk and feel safe
 - Ask the patient what their goals are
 - Know that it is important for patients to feel valued, cared for
 - Include patient in decision-making – ask questions, provide opportunities for them to have more power in making decisions.
 - Have a team approach to care – that brings all of those who provide care together to discuss goals and plans -- involve patient and family
 - International medical graduates – should reflect on how they provide care, may
 - Providers need to be involved to ensure continuity of care – connecting patient to the next step in their journey
- What leadership needs to do to support the change
- Train staff and health providers in cultural competency, make staff accountable for their behaviour/attitude towards patients and families, champion this
 - Declaration of Patient Values should be included in orientations and training
 - Make complaints process easier – on-line forms, etc. can be intimidating
 - Ensure providers are utilizing interpreters when needed
 - Create inter-professional teams – having a team means a physician won't be burned out, and they may not be the most appropriate person for a patient to see
 - Use patient evaluations so you can have a better idea of the kind of care being provided and so service can be improved
 - Promote patient advocates – they could do more outreach – empower patients be partners in their care
 - Performance reviews, recognition, and awards for exemplary staff
 - Offer wellness activities, encourage self-care
 - Hire people from different walks of life
 - Ensure that role of patient advocates in hospitals are well understood and consistent across the region
 - Leadership should address health providers/staff that are disrespectful to patients, families
 - Perhaps Health Links can take a role in this – patients can call for resources for support in their journey, next steps, etc.
 - Set up process and policies for supporting patients on journeys through the system that need to be followed by everyone
 - Children's hospital protocols – follow-up after surgery, etc. – should be adopted across the system

Recommendations from this section of the report:

- ❖ That members of the WRHA senior leadership team identify key work that can be done across the region to improve access and navigation with a focus on improving communication, supporting better access, and a care approach that is more collaborative and patient-centred.

- ❖ That this report is shared with My Health Teams and community health centres across the region to identify the role of primary care providers in improving patient journeys.
- ❖ That this report is shared with Chronic Disease Collaborative Team to identify what helps and what challenges patient journeys of those living with chronic conditions.

Feedback on Changes Underway in the Health Care System

At the second meeting of the Local Health Involvement Groups, a member of the primary care program involved in planning changes to the health care system attended LHIG meetings to share information about phase one of the changes to the health care system and to hear their feedback. LHIGs received information about the changing role of hospitals and a new transitional approach to providing enhanced home care called priority home.

LHIG members were asked for their initial thoughts, what they felt was positive, and to share their concerns about the changing role of hospitals and priority home. They were also asked for their suggestions about how the WRHA could best communicate/educate the public about the changes.

LHIG staff presented communication material used for Phase One of the changes at this meeting as well. They were asked what they liked about the strategies and to share any concerns and suggestions that they had.

The changing roles of hospitals in the region and the approach of moving patients from acute to sub-acute care hospitals as their health condition improves and requires different level of care.

I can see how it can be beneficial for the system but can be confusing to people. The system is broken so it needs to be fixed. I think this is worth trying. If it reduces spending, then I'm for it.

How do you feel about this new approach?

- Change is hard especially for vulnerable populations
- I don't think that this "changing of the roles of hospitals" will improve quality/outcomes or get at the core issues – lack of communication, poor quality of care, inadequate number of specialists, services, etc.
- This change does not make sense. It is more ideological than about providing effective care. There will be more pressure put on fewer staff.
- Need more data about why – will it improve equity, outcomes, access, etc.?
- First reaction was negative – thought it was only about money. Learning through the LHIG made me feel better. But this is not general public knowledge.
- Glad to see changes but concerned about the motivations. Will patient values be secondary to fiscal and organizational needs?
- I feel that the change of staff rotation should have involved the staff. I believe it will not help in saving money but unhappy staff accepted the change to make a living.

What are the benefits/positive aspects of this change?

- Sustainability. Hospitals can provide more services without moving patients.
- Focused services. Economies of scale. Specialists can be in one place instead of being on call all over the city. Cost effective.
- Focus of resources so that the best people and tools (equipment, diagnostics, etc.) are available.

- WRHA hospitals needed an overhaul. Under the prior government, it seemed like little tweaks were made. When the wait time for 9 out of 10 people at Concordia emergency is 6.8 hours on average, a tweak is not enough. Either it needs more staff and resources or to change or close down.
- Allows for the consolidation of services and equipment for more consistent care of patients that might present with similar problems. Decreased need for transportation between hospitals is safer for patients, saves money for the system and is more consistent for families to keep track of their loved one.
- Increases efficiency in the long term. Improved care in the long term.
- Hopefully faster treatment and reduction in wait times
- Reduces people who are in hospital longer to have to move around unnecessarily. If people are “partners in my care” then they can go to appropriate hospital and reduce wait times. If it helps with mental health accessibility and diagnosis, then I support it.
- Hopefully a better hospital/care experience.
- Shorter wait times. Better care.
- More cost effective? More flexible for the patient’s needs.
- Higher likelihood of getting the right care at the right time.
- Consolidation of special services. More urgent care centres.
- Should be shorter wait times to be seem for non-emergent situations
- I think that the old way was broken so it’s nice to see aggressive changes to the system

Do you have any concerns?

I am concerned about people who are fearful of being turned away, not understanding where they should go depending on their issue; so they do not access care.

Still uncertainty about how to use the system

- Seniors are the ones who mainly concern and worry about the changes in hospitals as it will have more impact on them.
- Concerned especially for those with little English/French – they might not understand the information being shared and won’t be able to determine if their health issue is urgent or emergent
- Health Links is really helpful – recommend to community members to call them first
- Need to be more educated – to know when you should actually be going to an emergency department
- Steep learning curve for people to get used to this new system.
- Don’t understand how mental health services will be provided or whether it would be right to go to urgent care or an emergency department.

Equity – costs associated with care – burden to those living on fixed incomes and impact on access

- Parking at hospitals is very expensive and many families can’t afford to visit/help care for loved ones.

- Transportation of people with fixed incomes/on Employment Income Assistance – confusion about whether taxi cost is covered for trips to Urgent Care
- Need to explore more affordable ways to get to hospitals. We shouldn't expect people to take a bus across the city when they're extremely unwell
- What about a parking valet service – people can drive up and drop off their car – then someone takes it to a parking lot further away
- When phases are close to being done or complete, what will that look like? Concerned about who won't benefit
- People in low income neighbourhoods face challenges – like accessibility
- Distance and ambulance fees.

Quality of Care/overall care experience

- Health Sciences Centre and St Boniface hospital are teaching hospitals – rounds can be very upsetting for patients
- Need more options in emergency departments and hospitals for caring for patients – nurse practitioners, occupational therapists and physio therapists have more time to give to patients than doctors
- Concerned about push to discharge patients at 3pm – is this a safety issue?
- Sustaining the energy and enthusiasm after change is done. Many changes at the same time.
- As changes are made to the hospitals to consolidate there needs to also be a conscious effort to increase resources to the community in primary care to deal with the less acute problems and to prevent them from becoming severe.
- What is being monitored during these transitions?
- Longer wait times at 3 acute hospitals.

Community-specific issues

- Keep Concordia emergency department open
- Concordia's emergency department is going to be closing down – where should people go? Ambulances to HSC or St Boniface hospital?
- Older population is River East – the closing of the emergency department is scaring a lot of people. How are the changes benefitting them?
- Will there be an urgent care opening in the area?
- Be careful, don't close Concordia and Seven Oaks emergency departments at the same time
- Difficult to get people to think about going out of their community

Access to care close by

- Reinforce community-based care. This needs to be thought about. The WRHA needs to continue to promote this. The focus is on hospital based care right now.
- I am slightly concerned by the lack of an urgent care centre in central Winnipeg. I also think that the role of access centres is not well known by the general public.
- Many people live very far from acute care.
- Access related to distance for people who do not have cars, money for cabs

Communicating about the changes

- More direct communication about what to expect, when to expect the changes to happen
- This approach will only be successful if the public is educated about it and embraces it.
- How do we get the information out about the impact of the change? Were there similar health care system changes in other provinces so that we have evidence of proposed outcomes?
- The media and government have done a terrible job of publicizing and explaining changes in a simple way.
- The public needs better information about effectively using ambulances and where they will be taken by ambulance.

Staff related issues

- Concerned about the relationship that the WRHA has with its nurses right now. They need to establish a peace with nurses and be on the same page before phase 2 of the changes begins.
- Concerned about staff and how well the transitions are happening in various sites. Concerned about as this as a patient; about how the stress will impact my care, while staff are getting used to new roles and new facilities.
- There was a lack of front line input into the changes in phase one. The WRHA must consult front lines more for phase two.

Francophone Consultation – feedback about changes in health care system

At the Francophone Consultation in March 2018, participants learned about the changes that happened in Phase One of the clinical consolidation and the newly developed French Languages Services Plan. They were able to ask questions for clarification and provided feedback on the following:

What do you like about what you heard regarding the changes that have been made and the French-language services plan?

- The concept of specializing hospitals
- When we arrive by ambulance, a health care professional attends to us.

What are your concerns, if any, regarding your ability to access and navigate the health care system?

- Employees need to do more with less. Employees are in new positions.
- Too much focus on saving money puts services at risk.
- Lack of French-language services plan
- French-language services for seniors and children
- Ambulance costs, no insurance
- Proximity – cannot choose hospital, dispatched everywhere.
- Communication
- Discharged too soon, inadequate education.
- Cost of parking (participants suggested that the hospital provide vouchers for free parking)

- Families who stay with patients are not comfortable (a participant said that one rural hospital has places for the family)

What suggestions do you have?

- Staff should have a say and be consulted regarding changes.
- More information to explain changes.
- Place bilingual staff in areas that are designated bilingual.
- Educate staff on using French at work – lack of vocabulary and failure to take patients’ linguistic needs into account.
- Measure how changes affect staff health. For example, absenteeism.
- Visit ridings to make information available.
- Bilingual information line to find out where to go.
- Hospital action plan for people who have no one to depend on when they are discharged from hospital (home care). Language is important for documentation.
- Bilingual phone line to find out which hospital to go to if you are not going there by ambulance, like Health Links-Info Santé.
- Continue to communicate with the public, more information to explain changes to the public.
- Place bilingual staff in bilingual areas.
- Patients who have no one to help them at home are discharged too soon. An action plan needs to be established at the hospital.
- Encourage bilingual staff to speak French, lack of vocabulary and different accents. Staff should take language into account.
- Consult staff when making changes in order to engage them.
- Reduce ambulance and parking costs.
- Measure the impact on staff and their health.

Recommendations from this section of the report

- ❖ That planning tables working on phase two of the changes in the health care system receive a presentation of the report and utilize feedback for planning and implementation of the next round of changes.
- ❖ That the French Language Services leadership and team review feedback from Francophone Consultation to identify any issues and/or suggestions that could be worked on.

Feedback on the communication plan for phase one of the changes in the health care system

The communication strategy and communication tools were shared with members of the Local Health Involvement Groups. They provided feedback and suggestions for phase two of the changes.

What do you like about these strategies?

- Looks good, but it is only one-way communication
- Like the hospital role document – the WRHA should make those accessible through mail-outs
- Like the direct mailing – keep on fridge
- Continue these strategies – they are a good way to get information out and make use of it
- D (doctor) U (urgent) E (emergent) – is simple and effective
- Video is good – available on WRHA website
- Consistency of various approaches is good
- Radio interviews on CBC about what’s happening

Do you have any concerns about these strategies?

- Missing – face to face is most impactful. Personal expression/discussion reduces worry and concern.
- Short animations create stress
- Billboard is too abstract, waiting too long for what?
- Covered in media – controversies – job losses, not highlighting positive changes
- Know about Concordia Hospital emergency department closure
- All news – on-line reported trying to scare people is slanted
- Media’s not using information in a way that’s helpful to the public
- Staffing changes/realignment – wasn’t explained well
- What if you try to use system appropriately and can’t – like, you can’t get into see your family doctor when you need to?
- No clear direction for where people with mental health issues need to go

Suggestions for communicating with the public about Phase Two

Below are the suggestions from LHIG members specifically about communicating with the public about phase two of the changes to the health care system.

Emphasize that you will not be turned away. Emphasize sense of community; that we can all help by going to the right location for care.

Fully explain the reason behind the changes, share the action plan and hopes for improvement. Use all methods to reach people – news releases and publications and all types of media. Share with schools. Make sure people know where to go when they need care.

Ideas to improve overall public understanding of why changes are happening and address anxiety about the changes

- Communication needs to be very clear and concise. What are the changes and how do they affect me? And, how do the changes affect service levels?
- Address issues like peoples' fears of being turned away from a hospital.
- Share information as soon as possible about the timeline for phase 2 of the changes. Share well in advance!

Communicate to build understanding for the public about how to access the system – especially difference between urgent care and emergent care

- Need more information and it needs to be more specific.
- People only pay attention when they're accessing the system. It is important to get information from physicians, at clinics, etc.
- Should be raised/explained every time you access health services. Street outreach or through shelters – to those who do not have stable home and may be homeless
- Work with communities. Campaign about changes and where specific changes and specific services are available. Assure the public that they can still get service anywhere now.
- Clinics and doctors' offices – first point of contact – physicians making sure that their patients know where to go to access the system

Community and population specific targeted communication

- Specific info for each community – where is the closest place for you to go for walk-ins, urgent care, emergency care, etc.
- Communicate with universities and colleges about changes and where to go for care – to increase students' understanding of the health care system
- Consider language barriers when sharing information -- translate into other languages
- River East and Transcona -- provide good communication to residents, post cards, when Concordia emergency department will close, other resources to use, etc.
- Manitoba Start – orientation to health – add to their curriculum
- Information for EAL groups
- Effective to sit around table and have discussion at community organizations
- Booths in public places like malls to answer questions

- Work with different cultural groups and put in newsletters
- Seniors centres
- Social service agencies, non-profits, service providers
- Communicating with community leaders – cultural communities, spiritual communities, not-for-profits – as a way of disseminating information.

Communicate to share positives coming out of the changes to the health care system

- Has there been a targeted “good news” story on the changes?
- Back to communication – share the results of evaluation with the public.
- Get the evaluation out there – fear and negativity are contagious.

Ideas for how to share information with the public

- Seven Oaks/Inkster – community-specific information sharing:
 - Doctors’ offices, mail outs, Punjabi and Filipino communities – basic English or translated to their language
 - Resource centres, schools, SO school division newsletter
 - HR departments in the Seven Oaks/Garden City area of Winnipeg
- Make sure that there is a way to effectively communicate – use TV monitors in clinic and emergency department waiting areas
- Link to waiting times on web site (info on changes in system)
- Real’s weekly updates – objective data.
- Longer video
- All employees – safe work – visits every employer, Manitoba Safety Council – have safety presentations - -present system changes at those sessions
- Don’t wait until you need the information...to know
- Larger employers – like MB Hydro, etc.
- Nursing education, physiotherapy, etc.
- Make better and more effective use of technology to get information out. Twitter, Facebook as examples. Information guests spots on community TV programs for leadership to “sell/inform” public of changes
- I think that more could be done to highlight the different kinds of services each facility offers.
- Posters in hospitals, doctors’ offices, etc. (Hospital and Health Centre Roles).
- Ensure that every household has the new centre/hospital role poster – fridge magnet? Be consistent in messaging and signage colours keeps people looking for same colour/signs.
- More scenarios or examples given - -broken arm – go here, rash – go here, stroke – call 911, etc.

Recommendations from this section of the report

- ❖ That communication leadership and staff review the report and utilize suggestions for how to improve communication for phase two of the changes.

Feedback on Priority Home

Local Health Involvement Groups learned about a new transitional home care service designed to support individuals at home who might otherwise be prematurely placed into long term care from hospital or community.

Getting the patient home can encourage healing and recovery and be less of a burden on the system as a whole. Frees hospital beds, less cost in hospital, frees up nurses' time.

Overall thoughts about approach

- The principle is good in theory but logistically there are a lot of barriers for patients and their families including cost to allow their loved one to age at home.
- I think that it could take a lot of pressure off of the health care system and personal care homes.
- Concerned that people will be sent home too early.
- I am not confident that people will rehabilitate better at home – e.g. physio to work for a stroke patient it must be intensive and needs proper equipment/gym. This won't be the case with occasional home visit by physiotherapist.
- This is a cultural change of health care in Manitoba. Adopting the change will create better care.
- Cautiously optimistic.
- I feel that this is a good way to keep people at home/or get them back home – if possible
- I think that this is a perceived improvement over the current system. Like the fact that occupational therapy and physiotherapy are offered.

What they see as positive

- Keeping people at home longer. Possibly saving money. More dignified way to live – potentially closer to friends and family.
- Allows for increased resources for patients and their families during the transition period which can be a challenging time as they are navigating the system and figuring out their next step.
- 90 days or whatever needed could really reduce complications post procedure/hospitalization. Reduce the revolving door of emergencies or urgent care facilities. Cost savings due to above comments for health care system and families (parking, etc.)
- New thinking about the patient path to recovery. Appropriate resource utilization. Help patients get better.
- Better environment to improve health, greater flexibility
- Keep people out of hospitals, give them a chance to “trial” being back at home, prepare for eventual long term care, rather than having the situation forced onto them
- Patients will have comforts of home and more constant company of family and/or pets – this equals better mental health.
- Specific care and appropriate use of health care providers (and assistant) should aid care. Provides room for improved patient ability.
- Help with the transition. Care better suited for patients. Getting patients out of hospitals is positive.

- People with manageable difficulties may receive assistance in the home with no travel involved. Frequent visits mean on-going assessment.

Concerns shared

- Potentially more reliance on family to fill in with certain care needs.
- Involve family, not just the client.
- Who is coordinating the next steps? What if the patient doesn't have family to help with the other logistical pieces?
- What happens after 3 months?
- Staffing, funding, sustainability
- If patient is misdiagnosed this may make their condition worsen. Reliability of care may be an issue. They may want to be at home but is it accessible/the right place?
- That the cost might have been underestimated
- Ensuring that home really is best and safe. Overly ambitious with goals and outcomes. Class bias.
- That people will become reliant on services that will be taken away. Will this do enough to help with transitional services?
- How will it look for those individuals without a partner or available family support?

Ideas for communicating

- Building discussions about long term care into talks with physicians – what to expect, what are the options, how to prepare, etc.
- Media
- Share information with seniors' organizations. Awareness campaign.
- Work with communities. Campaign. Communicate benefits of this approach.
- Primary care settings (clinics, walk-ins, urgent care, emergency, hospitals, etc.), patient coordinator once a patient comes in primary care setting
- Should be communicated by health care workers to patients directly – those who qualify.
- Flyers in all languages spoken in Manitoba. Help line to answer questions. Social media.
- Current home care service providers can give clients verbal information and handouts. Media releases, mail-outs, bill inserts
- Community facilitators, resource finders, presentations to community groups, health centres, doctors – share with patients
- Patient advocate in communication in every hospital who can talk to patients and families when selected to move out of hospital -- have rehabilitators be well versed about the changes to communicate to staff
- Must be done by doctor overseeing the case or patient advocate. Family must be involved if possible

Recommendation from this section of the report

- ❖ That the Home Care program review the feedback on priority home.

Interim Evaluation Report of Health Care Changes (Phase One)

The interim evaluation report of the changes in the health care system was the focus of the fourth meetings of the Local Health Involvement Groups. One of the key staff involved in the evaluation of the changes, led the discussion and listened to input from LHIG members. He began the meeting by asking LHIG members how they felt the changes in the health care system had been going and what impact, if any, they felt that those changes have had. He then asked them to share concerns and suggestions that the WRHA could consider as it plans the second phase of the changes.

How do you think phase 1 has gone? What impact, if any, has it had?

Change is hard/overall thoughts

- Change is always difficult. There is a resistance to change
- Don't think that these changes have been that bad.
- Hasn't been as bad as people thought it would be
- See that these changes were made to save money – overwhelmingly the reason for these changes.
- Hope that things will smooth out
- Not everything is in place – so we'll need to see after phase 2

Still uncertain why changes were made

- Wait times – posted for HSC and St Boniface ED's – seem ridiculous – services seem thin, support staff gone.
- Urgent care – not in neighbourhood- questioning why this is happening. It is a loss.
- Some cuts seemed ridiculous – like loss of burn unit nurse

Direct positive/negative experience

- Visited Concordia ED – waited 2 hours, 6 hours until I was seen in the treatment room
- Concordia – some many ambulances but got seen within 3 hours. Friend – elderly father had a much better experience.
- Experience at St Boniface Hospital ED – in at 7pm and out by 11pm – now wait, all diagnostics – overall good experience
- HSC – more efficient to use ED after changes than before
- Staff at Victoria hospital – seem unaware of new protocols
- Used 2 access centres – good experience. Went by ambulance to HSC – bad experience, lots of ambulances sitting idle
- ED at Grace hospital – impressed, lots of attention, well-oiled ship, seemed to be well run
- Great grandmother – took to Seven Oaks for hip surgery – ED experience was great but ward experience -- overstaffed and overstressed, impersonal
- Good experience at Grace Hospital ED – still communication is lacking – when there is a long wait – staff should go out to waiting room and give update to those waiting
- Went to health sciences centre with high blood pressure and was seen quickly -- 8 hours in total, including brain scan. Nothing to complain about. There was a lot going on in the ED – troublesome patients – was very stressful on staff. Felt a lot of empathy for them.

- Misericordia Urgent Care – closure – impacting people who live close by. Are they just not going to seek care and getting more ill? Then end up in ED's?

People don't know how to access care/uncertain

- People not sure how to get to urgent care – EIA won't cover taxi trip to Victoria hospital for urgent care – because it's not seen as an emergency (lack of understanding of terms and needs of their clients)
- Discussion group with older adults who don't speak English – will probably continue to go to HSC because they live in China town
- Many don't know which hospital to go to, not everyone think to look things up when they're ill.

What LHIG members have heard from others, the media

- Heard about negative effects on nursing units, loss of teams, re-assignments, issues getting up to speed
- Hear the negative, hear government saying good things – what do you believe? Is it beneficial or is it as awful as it sounds?
- Perspective of very ill friend who used to complain constantly about health system – hasn't complained at all lately – that means something to me
- Haven't used system, but heard from others – that they're happy with services. Complained about communication – between facilities

Issues related to populations

- Elderly people tend to use the health care system more than others – so this is a priority group to communicate with about the changes
- Worried about how the changes impact people with less economic means
- Transportation is a huge issue for many people.

Concerns about staff

- Free Press – focus on nurses having to work over time
- Facebook – lots from nurses feeling the burden of the changes
- Volunteer at Concordia ED – nurses are stressed, difficult to find new positions
- Daughter is an ED nurse at HSC – very short staffed there – constantly asking nurses to take over time shifts
- Main purpose to cut costs – nurses losing jobs is a concern. Staff who were negatively affected; not happy. How can we support those who lost their jobs?

After seeing the results of the evaluation, how do you think phase I went?

Overall – data from the evaluation ...

- Sounds good.
- No major incidents. Positive moving ahead.
- On paper it makes sense but there is still a disconnect. What we're discussing here and what's happening out there. People are feeling like their health services are being taken away.

- Data looks positive
- Not enough time to really evaluate phase 1 before starting phase 2
- Care about lay-offs. Don't trust the numbers.
- Most people satisfied with changes
- Less concerned about great leaps of progress, than progress overall
- Finding what is lacking – just as important
- Seems like the change is acceptable, trend seems to be overall improvement
- Is three months long enough to evaluate the effect of the changes? Is there new data that confirms what you've seen? Now, six months into the changes, can we use this before moving into phase 2?

Thoughts about the data

- Statistics seem positive
- Surprized by the flu statistics and the numbers admitted because of that
- Glad that the data was spot checked – when shift in care happened
- In spite of stress on hospital staff, over 95% of patients had positive experience with staff

Concerns

- Crystal meth issue – impacting ED's, mental health programs, wards, all hospitals
- A lot of the changes are about saving dollars and cents. Two nurses in the family. Feels like what happened in the 1980's with the layoffs.
- St Boniface hospital nursing over time situation (in the media this week) – a big concern. Impacts safety of patients, concerns for nurses
- Numbers laid off is still a concern.

After the presentation of the interim evaluation, LHIG members were asked again about what they feel the WRHA should consider at it plans phase 2 of the consolidation

Impact of changes on patients and families – what needs to be addressed

- As services get redistributed, it will be on women to help with additional supports, etc. for family members
 - How do the decisions affect different parts of society?
- People with fixed incomes are going to be most affected
- Traveling distances – low income, seniors will be most impacted – when they're not feeling well
- The WRHA should focus on core – people who have lost urgent care - -has this impacted their ability to get care? Not forced to ED at HSC. Barriers to transportation.

Planning related advice

- Hope that they would really listen to the critical stakeholders - -engage them
- Should they consider phase 2 at a different time of year – not fall/winter during flu season?

Community-specific issues to consider

- Anything happening re: development of some kind of urgent care in north east area of the city? Not sure of where to go for non-emergency

WRHA's relationship with staff – especially nursing staff

- Checking in with staff – how they are affected by the changes, their concerns, etc.
- Communicate to staff when they're shifting people from one job to another
- Transparency and honesty with staff

What do you feel we should be reporting to the public about how the changes are going?

Reporting to the public is a positive way to build relationship with community -- "this is what we see as a result of the changes....this is what we plan to do...."

Sharing information about how the changes are impacting care and access with the public

- Make information – more accessible, not so lengthy, info graphics, short summary, summary videos (like Manitoba Centre for Health Policy)
- Data that is more understandable to everyone
- YouTube – videos of press announcement of evaluation release – January 31st

Track how changes are impacting most vulnerable population's experience and access

- Monitoring of specific vulnerable populations – Indigenous, newcomer populations
- Mental health focus – how are the changes impacting those with mental health issues? Should be a priority focus to monitor impacts of changes in the system on this population of patients.

How can we know if people are using the system appropriately?

- Is there a way to determine if people are going to the right place for care?

Patient and Family Experience

- Track patient satisfaction – breakdown of ED's
- Refer to the Declaration of Patient Values (reflects patient/family expectations of health care experience) – how can we measure this as it relates to the changes in the system?

Quality of care

- How can we know if the quality of care has improved?
- How are services actually improving?
- What is the flow through the system like – is it having a positive impact on peoples' care?

Monitor how people are accessing care

- Monitor how people are getting to ED/UC
- Monitor/track the use of ambulances

Wait Times and Patient Flow

- Stress points in the system
- Readmission rates
- ED wait times

- Seniors waiting for personal care homes
- Length of Stay (LOS) in emergency, LOS hospital bed – share survey results
- Reporting – add ED wait times,
- Include numbers of people waiting for sub-acute care

Monitor impact of changes on staff

- Monitor how staff are feeling
- Issues about overtime – want update on this

Are the number of transfers between hospitals going down? (one of the goals)

- Before next phase of changes – get statistics about the number of kind of transfers happening between hospitals - -and then after phase 2 changes happen – number and kind of transfers that happen between hospital – to get a better sense if this is overall positive or not
- Cost of ambulances and transfers before changes and costs after changes
- Staff, paramedics, and transfer staff – have they considered the amount of transfers from acute to sub-acute?

Get qualitative feedback from patients and the public and staff

- Continue to collect qualitative results – like LHIG feedback, interviews with patients, staff, focus groups, etc.
- Patient feedback
- Patient experience monitoring – need better tools. What about indifferent scale of 1 to 5?

Monitor what's happening outside of hospitals

- Transition beds – how is this going
- How is priority home working
- Wait times for access centre – walk in clinics – would be go to know this too
- What about collecting data on family doctor? Wait times for family doctors.

Monitor cost of providing care

- Are we saving money?

How often do you think we should be sharing updates with the public?

Monthly/quarterly smaller reports/updates

- Monthly report on specific indicators – to explain more and provide anecdotal information
- Make evaluation of the system available on a quarterly basis – could ease a lot of concerns
- Quarterly, snip-its shared monthly, more time between extensive reporting, commitment to sharing updates
- More patient surveys – not technically stopped. Hospitals have an option to continue.
- Maybe do evaluation/release results - -6 month intervals, on-going, get feedback, patient surveys

Full reports that track all indicators

- Yearly – big report – to give big picture of how the health care system is doing and how much it is costing, what’s going well and what the challenges are

Recommendation from this section of the report

- ❖ That evaluation and research staff monitoring and evaluating the changes underway in the health care system review and utilize feedback from the report, including suggestions about sharing updates/reports with the public.

Recommendations to the WRHA Board and Senior Leadership

1. That members of the WRHA senior leadership team identify key work that can be done across the region to improve access and navigation with a focus on improving communication, supporting better access, and a care approach that is more collaborative and patient-centred.
2. That WRHA staff working in area of health equity review equity issues and suggestions from the report to improve patient journeys for possible inclusion in staff orientation and other initiatives to build equity.
3. That community area leadership and teams review feedback from the LHIG that represents their community area to better understand what works and what challenges their community members' access and navigation on their patient journeys and to consider their suggestions to improve patient journeys.
4. That this report is shared with My Health Teams and community health centres across the region to identify the role of primary care providers in improving patient journeys.
5. That this report is shared with Chronic Disease Collaborative Team to identify what helps and what challenges patient journeys of those living with chronic conditions.
6. That the French Language Services leadership and team review feedback from Francophone Consultation to identify any issues and/or suggestions that could be worked on.
7. That planning tables working on phase two of the changes in the health care system receive a presentation of the report and utilize feedback for planning and implementation of the next round of changes.
8. That communication leadership and staff review the report and utilize suggestions for how to improve communication for phase two of the changes.
9. That evaluation and research staff monitoring and evaluating the changes underway in the health care system review and utilize feedback from the report, including suggestions about sharing updates/reports with the public.
10. That the Home Care leadership team review the feedback on Priority Home.

Appendix A

Background Document shared with Local Health Involvement Groups prior to meetings

Topic One: Public Perspectives on Accessing and Navigating the Health Care System
(October to November 2017) – 2 meetings

Background and rationale for exploring this topic

The timing for getting feedback on accessing and navigating the health care system is important given the large amount of changes that will be taking place in the region over the next couple of years. From a community perspective, the LHIGs will be able to identify issues and opportunities related to accessing care and navigating the health care system. They will also be providing feedback on some of the changes underway and how best to communicate/educate the public about those changes.

- What do we mean by accessing the health care system?
 - Accessing the health care system or accessing care is really about how people get into the system when they have a health issue or health emergency. Examples of “access” include seeing your family doctor for a routine check-up, getting prenatal care from a midwife, going to urgent care for an ankle sprain, or going to emergency for chest pain.
- What do we mean by navigating the health care system?
 - “Navigating” means moving from one part of the health care system to another. Like getting lab tests done that your family doctor orders or getting a referral to a specialist. It could be moving from an emergency department into a hospital bed or from hospital back to your home with home care to support you.

The importance of exploring this topic and providing feedback:

- There is uncertainty within the public about the changes and how they will access care when they need it, therefore getting public perspectives from the LHIGs on these issues and how to communicate with and support the public in accessing and navigating the system is critical.
- LHIG input will identify priority areas to focus on and feedback for communication strategies regarding communication and public education on how to use the health care system appropriately and sustainably.
- There is tremendous value to the WRHA to receive feedback that is both regional and community area specific related to access and navigation. This will be used by numerous teams. Your input on access and navigation will include equity issues and will also identify strengths (what is working well) within the system that can be very useful.

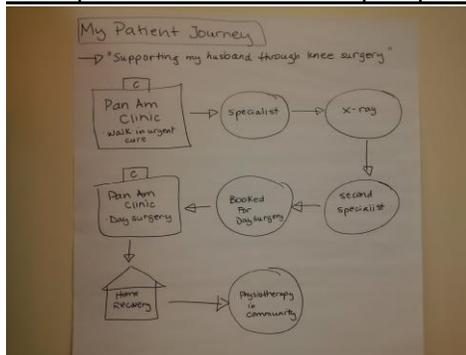
LHIG meetings in October:

- Your meetings in October will include:
 - A short background presentation on the topic of access and navigation.
 - The Declaration of Patient Values will be shared.
 - LHIG staff will share how to chart a patient journey.

Part One: Patient Journey Mapping

- LHIG members will be invited to take part in patient journey mapping exercise to share their experience accessing and navigating health services – either as a patient or as a family member/friend supporting someone else.
- Use the Declaration of Patient Values to consider what is important to patients and families/other supports when they use the health care system
 - Staff will set up flip charts (with markers) around the room – flipcharts will be labelled – hospital/ED experience, family doctor/specialist experience, mental health/community/hospital experience, home care experience, long term care/housing options experience
 - LHIG members will choose a flipchart to share and draw/chart an experience they had in the health care system – staff will share a legend of key symbols to use to describe when things went smoothly, when they encountered waits/blocks/challenges to getting care or moving from one part of the system to another
 - **VERY IMPORTANT – if you are going to share your experience supporting a friend or family member through their patient journey – get their permission before the meeting.**
 - Members can support one another in the exercise – if anyone does not want to chart their own patient journey, they can support another member in completing their patient journey mapping
 - LHIG staff will facilitate a sharing of patient journeys -- LHIG members will move around the room and hear others' patient journey experiences. They will be asked for input to the following questions:
 - When an experience did not go well (in terms of access and/or navigating the system), do you have suggestions for how that could have gone better?
 - Or, when something worked really well in accessing care and/or moving through the system what was it?
 - For this particular patient journey, what could the equity issues be? (For example, if this was experienced by someone from a population that may have more challenges because of their socio-economic, cultural, faith, racial, sexual orientation, disability background, etc. would the experience have been different?) Do you have ideas for how those equity issues could be addressed?

Example of “Patient Journey” flipchart activity:



LHIG meetings in November:

- Primary Health Care Specialist (involved in clinical consolidation planning) will attend some of these meetings
- The Director of Communications and Public Affairs will attend some of these meetings to share information and to listen to feedback

Part One: Prioritizing access and navigation themes

- LHIG staff will share access and navigation themes that came out of the patient journey mapping activity at the first meeting.
- Each LHIG will prioritize access/navigation issues that were discussed in their LHIG meeting.

Part Two: Feedback on changes underway in the health care system:

- Primary Care Specialist/LHIG staff will share information about 2 new changes in the health care system:
 1. The changing roles of hospitals in the region and the approach of moving patients from acute to sub-acute care hospitals as their health condition improves and requires different level of care.
 - Questions for feedback (in large group)
 - How do you feel about this new approach?
 - What are the benefits/positive aspects of this change?
 - Do you have any concerns?
 - How can we communicate this to the public and patients/families in particular?
 2. Priority Home -- a new transitional home care service designed to support individuals at home who might otherwise be prematurely placed into long term care from hospital or community.
 - Questions for feedback (in large group)
 - How do you feel about this new approach?
 - What are the benefits/positive aspects of this approach?
 - Do you have any concerns?
 - How can we communicate this to the public and patients/families in particular?
 3. Communicating with the public when changes are underway in the health care system
 - Communication strategies about changes in the system will be shared with LHIG members, in large group, LHIG members will provide feedback
 - Questions:
 - What do you like about these strategies?
 - Do you have any concerns about these strategies?
 - Do you have any suggestions for making these strategies more effective?
 - What are your suggestions for how we communicate with/educate the public about how to access/navigate health services? (consider equity, transparency, and potential partnerships)

- Do you have suggestions specific to how to keep the public updated during a time of change and transition in the system?

- LHIG staff will share next steps with this topic with LHIG members.

LHIG Meetings in February

- LHIG staff will share access and navigation themes that came out of the patient journey mapping activity at the first meeting.
- Each LHIG will prioritize access/navigation issues that were discussed in their LHIG meeting. (Done at November meetings)
- Top 5 – positive and negative

In small groups, LHIG members were able to explore and provide their feedback on the following questions related to their top 5 positive and negative themes (i.e. communication, access, partner in care, etc.)

- How do we make those things that contribute to a positive health care journey more consistent across the system?
- In your discussion and when you develop recommendations, think about...
 - What a patient/family member could do
 - What the health care provider could do differently
 - What leadership needs to do to support the change

LHIG Meetings in March

(Feedback on the Interim Evaluation of Healing our Health Care System)

Keir Johnson, overseeing the evaluation of the clinical consolidation

He will be sharing key information about the results of phase 1 and listening to feedback on questions regarding the evaluation. He will ask LHIG members for feedback/their perceptions as to how the changes in the health care system are going – changing role of hospitals, priority home, etc..

Questions for feedback:

- How do you think phase 1 has gone? What impact, if any, has it had?
- What concerns do you have that the WRHA should be considering as it plans phase 2?

Keir will present key indicators and what they represent in terms of outcomes of the first phase and more current data (if available).

Questions for feedback:

- Do you have questions/comments about the evaluation findings? (large group)
- In small groups -- knowing what you do now about how phase 1 went, what do you think that the WRHA should consider at it plans phase 2 of the consolidation?

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.

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

This declaration was developed through consultation with WRHA public and patient engagement volunteers