



# Annual Report

## 1 Prevention and Promotion

### Main Street Project

"It is a place that everyone should come down and see. It shows us a part of our community that is easy to ignore. But it needs to be acknowledged — that people in everyday life are living in pain," says Joan Dawkins, Executive Director of the Main Street Project, a multi-program centre aimed at helping individuals at risk in the core area of Winnipeg.

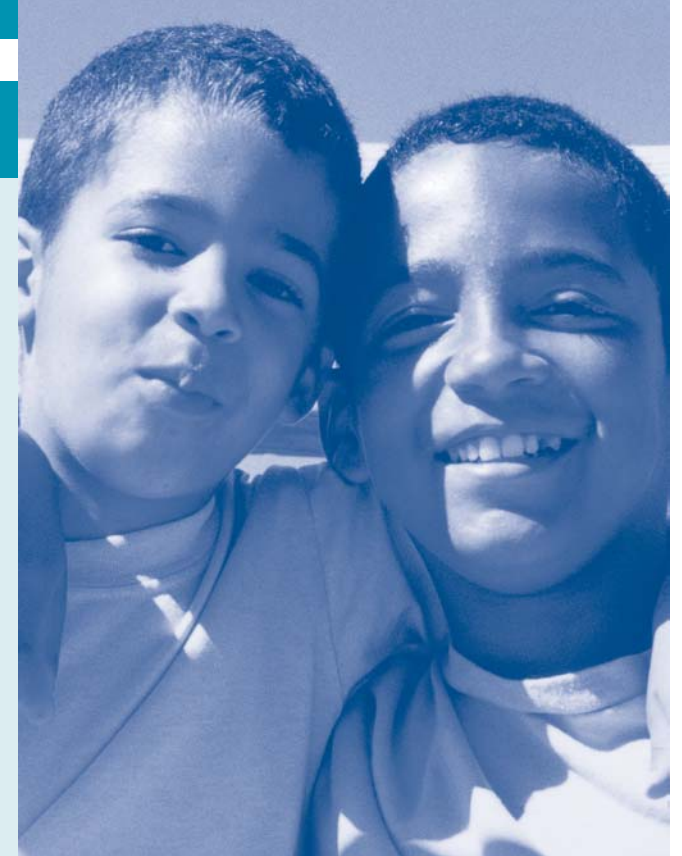
"Main Street Project has achieved our goal of creating a safe place for people," says Dawkins. "We are here for people who are living in poverty, are homeless, may have poor mental health, [and/or] abuse substances and because of these underlying problems face risks related to their basic safety and health."

WRHA funds programs at Main Street Project including two core services: a Crisis Shelter Program and a Detoxification Centre. "The WRHA has also helped to stabilize our funding over the past two years and is supportive of the changes we are trying to make," says Dawkins.

One of the changes the Project is working on is creating further opportunities for clients to make long-term changes. "It is a challenge. Many of our clients have layers of issues. We try not to be judgmental but encourage success in small steps. We have found that people do change over time. They will keep coming back and begin to understand the patterns that put them at risk," says Dawkins.

### Other Prevention and Promotion Initiatives:

- Immunized almost 50,000 students and young people against meningococcal meningitis.
- Implemented a variety of programs and communication materials aimed at improving nutrition.
- Introduced a pilot smoking cessation project in partnership with Health Links.



## 2 Treatment and Support

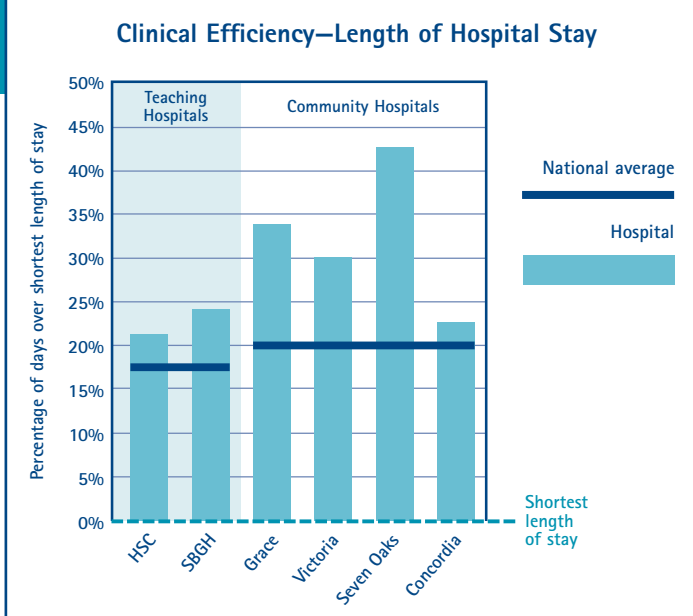
### Length of Stay Review

For four years, we have seen evidence that Winnipeg consistently has longer lengths of stay, has more home care and long term care services than most other jurisdictions in the country. This remains true even after we adjust for the specific needs of our population.

After a number of internal attempts to get at the reasons for the discrepancies, the WRHA, in partnership with the six hospitals and three health centres, commissioned an external review.

This chart shows that hospital stays in Winnipeg are longer than the national average. If we can reduce the length of our hospital stays in Winnipeg to the national average (dark horizontal line) we can improve people's ability to get the services they need, where and when they need them. The bottom of this graph shows the shortest lengths of stay in the country.

Seven Oaks length of stay reflects that they serve a large geriatric population.



The External Review conducted by Deloitte and Touche compared our facilities with similar sites across the country — not on a facility basis (ie: 600 beds vs. 600 beds) — but by comparing units that serve similar patients across the country.

The results show that we can get significantly closer to the national averages on a number of measures, without adversely impacting patient care. As a result, we will be able to shift some of our resources to help fill out the full range of care services.

## 3 Staff

### Long Service Recognition

230 WRHA employees were recognized for their long service in Winnipeg's health care system at the first annual Long Service Event — a component of the StAR (Staff Appreciation and Recognition) program. The event, held last year on November 22, recognized the long service and achievements of WRHA employees who have worked in health care in Winnipeg for 15, 20, 25, 30 and 35+ years.

"Everything about the celebration made you feel special — that our employers truly value the work we do," says Judy Maclver, long service award recipient for 20 years of service.

Maclver was first introduced to nursing while travelling in Europe. During the Franco era,



Judy Maclver celebrates 20 years of service with her daughter, Kim Roffey, at StAR Long Service Award Ceremony.

Maclver volunteered in a state-owned centrally located hospital in Seville, Spain. She began her formal studies in 1967 and worked in California before moving to Winnipeg.

"It was a career highlight to be honoured by the WRHA," says Maclver. "My professional challenges and rewards continue to enrich my

personal life. It is a privilege for me to be welcomed into family homes in the community and to work with many caring, highly qualified co-workers."

### Other human resource initiatives:

- Implemented the Staff Appreciation and Recognition (StAR) program including long service awards, discounts at local businesses, a line of WRHA products for sale and staff recognition tools.
- Expanded Employee Assistance Program to all health care employees in the region.
- Continued aggressive recruitment programs.
- Expanded the Aboriginal Human Resource Initiative, to help make the workforce more reflective of the population we serve.
- Major physical improvements made to several community offices — improving the work environment.
- Provided further education and support to employees such as the joint education sessions offered to Family Medicine and Medicine program nursing managers; a low-risk Obstetrics education session for family physicians, midwives and nurses; and the computer training of Public Health and Mental Health program staff.

## 4 Community Involvement and Collaboration

### Community Health Advisory Councils

"It was an opportunity I could not pass up," says 25 year old Jennifer Werhun. "I have always had an interest in health and health care. I decided to pursue a master's degree in sociology with a focus on health and illness because of that interest."

Werhun has lived in her community of Seven Oaks/Inkster for close to 20 years. When the opportunity arose to join the Seven Oaks/Inkster

Community Health Advisory Council (CHAC), Werhun knew she wanted to get involved.

"(The councils) give the community members a voice in the planning of health services. Those of us who have been chosen to sit around the table come from different backgrounds but share a common, vested interest. Our concerns and recommendations can directly affect our communities," says Werhun. "It's important for people who want to see action — to take part and do things. Healthy communities are active communities."



If you are interested in learning more about CHACs, contact Colleen Schneider at 926-8073.

### Other community involvement and collaboration initiatives:

- Implementing a parent advisory committee for Child Health and a parent advisory council for the Rehabilitation Centre for Children.
- Introducing survivors of breast cancer as full members of the breast health team, including management and planning activities.

## 5 Accountability

In the past year, the Winnipeg Regional Health Authority was surveyed against national standards established by the Canadian Council for Health Services Accreditation (CCHSA).

Accreditation assesses how well we deliver health services compared with established standards. The standards relate to management and governance, service delivery, human resource management, information management and environmental issues.

The Board is now defining measures that will reflect progress toward the goals they have set within the strategic plan. These include: patient satisfaction, life expectancy, infant mortality, and potential years of life lost to chronic disease, injury and suicide. These types of measures roll up into similar provincial

indicators that are reported annually to the Federal Government.

The Board is also defining some indicators specific to our region, such as comparing the demographics of our staff to be reflective of the population we serve; and measuring work life issues. Across the region, we are focusing on low-volume, high-risk procedures and the cost-effectiveness of our service delivery. Also, we are paying specific attention in Winnipeg to children's health measures.

As part of the region's quality improvement framework, all programs and services have developed a report card to assess performance. This allows us to compare our progress from one site to another, from one health region to another and from one year to another.

All of these initiatives together give us the ability to understand our strengths and weaknesses, make changes, and define whether the changes have had the positive impact we expect.

### Survey Highlights

2002 survey results, compared to those of 2001, indicate that the Winnipeg Regional Health Authority's efforts to improve health care are beginning to have an impact:

51% of Winnipeggers agree* that the WRHA does a good job of managing Winnipeg's health care system.	6% more than in 2001
58% of Winnipeggers agree* that the WRHA is constantly looking for ways to improve the health system in Winnipeg.	Up slightly from 2001
65% of Winnipeggers agree* they are confident that they would be well taken care of if they required emergency or urgent hospital care in Winnipeg.	10% more than in 2001
60% of Winnipeggers who used the services of a hospital, personal care home, home care or community health agency rated their experiences as 'good' or 'excellent'.	6% more than in 2001

\* combined 'moderately agree' and 'strongly agree' survey results.

# Letter from Board Chair and CEO

This year brought the national debate on health care home through the Romanow Commission. Across the country, health regions continue to face fiscal challenges. There is ongoing national concern about our ability to sustain the health services that Canadians have come to expect.



Patti Sullivan  
Board Chair, WRHA

Now, more than ever, we need to be accountable for the quality and cost-effectiveness of the health system.

On September 30, 2002, the Province submitted its report on key health indicators to the Federal Government. Every two years, each province now reports on measures such as life expectancy and potential years of life lost due to injury, suicide and chronic illness.

At the WRHA, we have reviewed our strategic plan and are creating a series of Board Level measures — about 50 key indicators that will inform us about how the health region is performing against our expectations. Some examples of our Board Measures include: human resource and work life measures, patient, resident and client satisfaction, program effectiveness and management indicators.

Through a variety of quality management initiatives, we have made substantial progress on the recommendations of the Sinclair and Thomas reports into the Pediatric Cardiac Surgery Inquest.

We have also been establishing some unique partnerships, with government agencies (ie: Family Services and Housing), community groups (ie: Seven Oaks Network) and private industry (ie: Garden City Shopping Centre). I want to thank all the groups we have been working with, for their time, commitment and energy.

The creation of the Community Health Advisory Councils will help ensure that we have strong Board links into the communities.

As we look ahead, we see some relief from nursing shortages in Winnipeg. We see major initiatives to assist Winnipeggers to receive services more quickly and conveniently. As we review the feasibility of the External Review recommendations and develop an implementation plan, we expect more improvements in the health system.

Our ability to focus on quality and accountability this year is in fact, a measure of success. As the evolution of the Winnipeg health region continues, we are moving beyond responding to day-to-day crises, to provide excellent care and to improve health status.

Patti Sullivan,  
Board Chair

Community is a word that evokes a sense of togetherness — a union of individuals with shared interests working together to reach common goals. Many of the endeavors of the WRHA



Dr. Brian Postl  
President and CEO, WRHA

revolve around the word community. Whether referring to our employees, our neighbourhoods, or our larger community of Winnipeg — the achievements of the WRHA all lead back to the idea of community.

Within the WRHA community of 27,000 employees, 2001/02 was the year we began to implement Human Resource initiatives to ensure that our workforce is demographically representative of the greater community of Winnipeg. Internally, WRHA staff have worked together to create a WRHA staff appreciation and recognition program to recognize the contributions made by our employees, as well as support the efforts of each individual within our organization.

Last year, we developed the first of six Community Health Advisory Councils — an important step towards meeting the specific needs of our individual neighbourhoods.

The WRHA also moved closer to the community, through the ongoing consultations and development work around the first of our Access Centres — an initiative designed to improve access to and coordinate health services

in response to the needs of each neighbourhood.

In regards to our larger community of Winnipeg, we've taken a proactive approach by providing our public with information and resources for healthy living, through a range of illness and injury prevention programs. Partnerships with other organizations have also proved beneficial in meeting the needs of our community and targeting wide-reaching problems that affect our community.

As we reflect on the year, it is important that as a community we assess our achievements and note where we can move forward.

Dr. Brian Postl  
President and  
Chief Executive Officer

## Board of Directors

Chair, Patti Sullivan  
Vice-Chair, Neil Fast

Cynthia Bird  
Shirley Delaquis  
Betty Edel  
Jean-Paul Gobeil  
Dr. Shaun Lucash  
Fred Olds  
Don Onofriechuk

Mary Scott  
Lorraine Sigurdson  
Jane M. Smith  
Margaret Steele  
Carolyn Strutt  
Dr. John Wade

## Condensed Financial Statements

### Summarized Statement of Financial Position

For the Year Ended March 31, 2002  
(in the thousands of dollars)

	2002	2001
<b>Assets</b>		
<b>Current</b>		
Cash and marketable securities	\$ 61,300	\$ 41,642
Accounts receivable	44,858	58,657
Inventory	6,394	5,648
Prepaid expenses	4,214	1,174
	<u>116,766</u>	<u>107,121</u>
<b>Capital Assets (net)</b>	274,970	264,709
<b>Other Assets</b>	202,259	200,030
	<u>\$ 593,995</u>	<u>\$ 571,860</u>
<b>Liabilities, Deferred Contributions and Net Assets</b>		
<b>Current</b>		
Bank indebtedness	\$ —	\$ 702
Accounts payable and accrued liabilities	77,471	81,147
Current portion of long term debt	11,679	10,880
	<u>89,150</u>	<u>92,729</u>
<b>Long term debt</b>	221,747	239,688
<b>Accrued future employee benefits</b>	116,023	102,369
<b>Deferred contributions</b>	111,564	93,958
<b>Specific purposes funds</b>	26,701	23,548
<b>Nurse recruitment and retention fund</b>	6,635	6,022
	<u>571,820</u>	<u>558,314</u>
<b>Net assets</b>	22,175	13,546
	<u>\$ 593,995</u>	<u>\$ 571,860</u>

Approved by the Board

Patti Sullivan  
Board Chair

Jean-Paul Gobeil  
Chair, Finance Committee

### Summarized Statement of Operations

For the Year Ended March 31, 2002  
(in the thousands of dollars)

	2002	2001
<b>Revenue</b>		
Manitoba Health operating income	\$ 1,163,415	\$ 1,100,814
Other income	24,657	41,321
Amortization of deferred contributions		
Capital assets	20,300	24,809
Future expenses	1,140	7,392
	<u>1,209,512</u>	<u>1,174,336</u>
<b>Expenses</b>		
Direct operations	\$ 559,074	\$ 547,081
Amortization of capital assets	20,311	24,809
Interest—long term	17,368	18,771
	<u>596,753</u>	<u>590,661</u>
<b>Facility Funding</b>		
Acute care facility funding	482,479	455,569
Long term care facility funding	91,874	90,337
Community health agency funding	20,779	20,319
Adult day care facility funding	2,476	2,502
Long term care community therapy services	628	556
<b>Grant Funding</b>		
Grants to other facilities and agencies	14,291	12,967
	<u>1,209,280</u>	<u>1,172,911</u>
<b>Operating Surplus</b>	\$ 232	\$ 1,425
<b>Add</b>		
Non-insured services net revenue	1,578	469
<b>Net Surplus</b>	<u>\$ 1,810</u>	<u>\$ 1,894</u>

In accordance with the Public Sector Compensation Disclosure Act, requests to inspect or receive copies of salary information may be forwarded to the Winnipeg Regional Health Authority, to the attention of the Director, Access and Privacy. There is an administrative fee of \$20.00 to obtain a copy of the information.

## Auditors' Report

To the Directors of  
Winnipeg Regional Health Authority

We have audited the statement of financial position of Winnipeg Regional Health Authority (the "Authority") as at March 31, 2002 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit

also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2002 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

*Deloitte & Touche LLP.*

Chartered Accountants  
Winnipeg, Manitoba  
June 25, 2002

## Management's Responsibility for Financial Reporting

The accompanying financial statements are the responsibility of management and have been approved by the Authority. The financial statements were prepared in accordance with Canadian generally accepted accounting principles and of necessity include some amounts that are based on estimates and judgements.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system is designed to provide management with reasonable assurance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately accounted

for and safeguarded.

Deloitte & Touche LLP provides an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures, which allow them to report on the fairness of the financial statements prepared by management.

Dr. Brian D. Postl  
President and Chief  
Executive Officer

Paul A. Kochan, FCA  
Vice-President Finance and  
Corporate Services and CFO

Thank you for taking the time to read this brief report. We are working to be more accessible to you. Please call us with your comments, questions or requests for more information at (204) 926-7042. You can fax us at (204) 926-7007, find us on the web at [www.wrha.mb.ca](http://www.wrha.mb.ca), or send a letter to:



Winnipeg Regional Health Authority  
Office régional de la santé de Winnipeg

1800-155 Carlton St.  
Winnipeg, Manitoba  
R3C 4Y1 CANADA  
TEL: 204|926.7000  
FAX: 204|926.7007  
[www.wrha.mb.ca](http://www.wrha.mb.ca)

155, rue Carlton, suite 1800  
Winnipeg (Manitoba)  
R3C 4Y1 CANADA  
TÉL : 204|926.7000  
TÉLÉC : 204|926.7007  
[www.wrha.mb.ca](http://www.wrha.mb.ca)