



Winnipeg Regional
Health Authority
Caring for Health

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

WINNIPEG REGIONAL HEALTH AUTHORITY

05/06
ANNUAL REPORT



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MESSAGE FROM

MR. NEIL FAST

BOARD CHAIR WINNIPEG REGIONAL HEALTH AUTHORITY

I have the honour to present the Annual Report for the Winnipeg Regional Health Authority, for the fiscal year ended March 31, 2006.

This Annual Report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of June 22, 2006 have been considered in preparing the Annual Report.

The year 2005/2006 was one of change at the Winnipeg Regional Health Authority, both at the board level and across the region. The biggest change is one which I'm pleased to say has resulted in a greater level of cooperation and coordination between the region and the four community hospitals.

As you know, for the past year there were ongoing discussions between the WRHA and the four community hospitals – Concordia, Grace, Seven Oaks General and Victoria General Hospitals – about the future relationship between them and the region.

As a result of those talks, an agreement was reached and as of April 1, 2006, the Region became responsible for the financial management of those sites. Discussions continue now with an eye to developing new governance/operating agreements with them.

The COO's of the four community hospitals became part of the WRHA Senior Management team, with certain WRHA programs reporting directly to them. The agreement also resulted in each of the hospitals' Board of Directors having an opportunity to name a representative on the WRHA Board. I would like to take this opportunity to welcome the new members to our Senior Management Team and Board.

Changes like these, that develop and encourage closer working relationships between the hospitals and the regions can only be of benefit to the public, in terms of the use of their tax dollars and to our patients because of better-coordinated care. Ultimately both of these must always be our goal.

We've had some other changes to our Board. A number of our members finished their terms and have left us, while a number of new members have joined. Brief biographies of all current Board Members are included elsewhere in this report. I'd like to close by thanking all of our departing Board members, Dr. Ab Chudley, Mr. Jean-Paul Gobeil, Fr. Fred Olds, Ms. Lorraine Sigurdson and Dr. John Wade for the time and commitment they gave this organization.

Neil Fast



MESSAGE FROM

DR. BRIAN POSTL

PRESIDENT & CEO WINNIPEG REGIONAL HEALTH AUTHORITY

The year 2005/06 like so many others will be remembered by many of us in health care as one of both progress and ongoing challenges. We made significant progress in a number of areas such as wait lists and wait times. We created closer working relationships with the four community hospitals, which will ultimately result in better-coordinated care. We significantly expanded the availability of our Aboriginal Health Services so that they are more accessible to those who need them.

Patient safety also continues to be one of our key priorities. This past year saw a number of significant initiatives including the introduction of updated technology in the form of the IV Smart Pumps as well as the creation of a specialized review team to investigate errors that impact patients. Another key event was the creation of a Patient Safety Advisory Committee to advise and help guide us in this area.

All of these achievements and numerous others detailed in this report are reasons to celebrate the year behind us as a success.

But the year was also one of challenges especially in the area of health care professionals where we experienced shortages of technologists, radiologists, emergency physicians and anesthesiologists among others.

On behalf of the WRHA, I want to take this opportunity to express sincere thanks to the many staff and health care professionals who rose to the occasion and helped us manage this issue. Many of you worked extra shifts even while on vacation. Others frequently came in a few hours early or stayed a few hours late to help colleagues manage the workload. All of you assisted to ensure patient care was the number one priority and would not be compromised despite the continuing pressures.

I also want to assure all our health care professionals, as well as the public that we continue our efforts regionally to address this ongoing challenge through our specialty recruitment initiatives and through ongoing efforts at each of the sites. As this report says, our staff is one of our greatest resources and we want to ensure they have a workplace that addresses their needs while providing the best possible care to all our patients.

I hope you find the information contained in this report of interest. I look forward to your continued input and feedback.

Brian Postl



COMMITMENT

BOARD OF DIRECTORS

MR. NEIL FAST

BOARD CHAIR

- Member of the WRHA Board of Directors since 2000
- Chair of Winnipeg Hospital Authority – 1997-2000
- Former Board member of the Health Sciences Centre
- Former Chair of the Concordia Hospital Board of Directors

MR. ALLAN FINEBLIT, Q.C.

VICE CHAIR

- Chief Executive Officer of The Law Society of Manitoba
- Former Director of Public Prosecutions for the Province of Manitoba
- Former Executive Director of Manitoba Legal Aid

MS. VERA DERENCHUK

- Former Superintendent, Transcona-Springfield School Division
- Former Executive Director, Manitoba Council for Leadership in Education
- Member, Victoria General Hospital Board for nine years

MR. JIM DERKSEN

- Consultant on disabilities issues
- Has worked with many groups including the Manitoba League of Persons with Disabilities
- Was also the provincial coordinator for the International Decade of Disabled Persons

MR. LOUIS DRUWE

- Retired Assistant Superintendent of the Division Scolaire Franco-Manitobaine
- Was involved in the development of the Francophone Early Childhood Development Initiative

MS. HEATHER GRANT-JURY

- Trade Union Professional
- Former President, Winnipeg Labour Council
- Former Member, National Board, United Way of Canada

MS. HERTA JANZEN

- Retired Project Manager with a professional nursing background
- Former Executive Director of a Winnipeg personal care home
- Active community volunteer and has served on many boards and committees

MR. DAVID JOHNSTON

- President & Owner, Johnston Group Inc.
- Former President, Winnipeg's Children's Hospital Foundation
- Has served on many community boards

MR. NELSON KEEPER

- Vice Chief, Little Grand Rapids First Nation, 20 years
- Health portfolio, Little Grand Rapids First Nation, 6 years
- Business owner

DR. WAYNE MANISHEN

- President of WRHA Medical Staff Council
- Past President of Victoria General Hospital Medical Staff
- Attending Physician, St Boniface Hospital
- Lecturer, University of Manitoba, Internal Medicine

MR. BOB MINAKER

- Past Chair, Seven Oaks General Hospital Board
- Principal, A.E. Wright Community School
- Has a Masters Degree from the University of Manitoba



MS. KARA NACCI

- Registered Nurse
- Background and experience in Women's Health
- Community volunteer in women's and public health education

MS. CAROLYN STRUTT

- Current Director, Community Mental Health, WRHA
- Former Executive Director, Canadian Mental Health Association, Winnipeg Region
- Former member of Winnipeg Regional Mental Health Council and Provincial Advisory Committee on Mental Health

MS. BELINDA VANDENBROECK

- Executive Director of Wabung Abinoonjiiag
- Bachelor of Arts degree in Native Studies and Psychology
- Has served on many community-based organizations in the city

MS. ALEXANDRA VENEMA

- Professional training and background in law
- Community volunteer
- Devoted to the care of her family

MR. GEORGE WALL

- Former Superintendent and CEO of River East School Division
- Former Chair of Concordia Foundation
- Former Chair, currently a member of Concordia Hospital Board

MS. GAIL WYLIE

- Executive Director, Healthy Start for Mom & Me
- On secondment to Healthy Child Manitoba, developed the Healthy Baby and Manitoba Prenatal Benefit Programs
- Previous staff roles with a variety of community service agencies

MR. BEN ZAIDMAN

- Former Chair of the Seven Oaks School Division
- Life member of the Division's Scholarship's Foundation
- Former Chair of the Public Schools Finance Board

APPRECIATION AND THANKS

THE WRHA BOARD OF DIRECTORS wishes to extend its appreciation to the departing members, Dr. John Wade, Dr. Ab Chudley, Mr. Jean-Paul Gobeil, Fr. Fred Olds and Ms. Lorraine Sigurdson. *Thank you for your commitment and contribution.*

BOARD GOVERNANCE

Within the Winnipeg Regional Health Authority there are:

- six Acute Care Hospitals;
- Pan Am Surgery Centre;
- three sites that blend long-term care with some acute services;
- St. Amant Centre;
- The Rehabilitation Centre for Children;
- 39 Personal Care Homes;
- the community programs of Home Care, Public Health and Mental Health;
- and a variety of Community Agencies.

In total these facilities and programs represent the 27,000 people who work in health care across over 200 sites.

Visit www.wrha.mb.ca for the WRHA organizational structure.



There are six Board Committees. They are:

- Programs and Services
- Executive
- Ethics
- Population Health
- Human Resources and Finance and Audit
- Aboriginal Health and Human Resources



MISSION, VISION AND VALUES

THE BOARD OF DIRECTORS SETS THE MISSION,
VISION AND VALUES FOR THE WINNIPEG REGIONAL
HEALTH AUTHORITY.

MISSION

The Winnipeg Regional Health Authority's Mission is to promote and protect health and well being by delivering and managing health services in the Winnipeg Region. We will continue to improve health by leading and evaluating the quality of Winnipeg's health services and by building partnerships with the community.

VISION

We are creating positive change in people's health and well being by leading Winnipeg's health care services and partnering with those who share similar goals. We declare our commitment to diversity and to the Aboriginal community by implementing actions that address health care needs through the staffing initiatives, active participation in the health system and improved services.

THE VISION HAS SIX KEY COMPONENTS:

PREVENTION AND PROMOTION

We will lead with innovative, evidence based and cost effective health education, promotion, and prevention programs. We will have a holistic approach that embraces all factors that influence health. We will foster a community of people who contribute to their own health and well being.

TREATMENT AND SUPPORT

We will deliver health care. Services will be accessible and available at the right time in a fair manner. They will be delivered in a compassionate and respectful manner with a focus on safety, at health care facilities or at home by a range of health care providers. Health care services will be innovative, evidence based and cost effective.

COMMUNITY

We will work with people and organizations in the community to improve health and well being. We will lead and participate in effective partnerships with a broad range of stakeholders. We will listen and respond to the needs of our community.

STAFF

Staff will reflect the diverse nature of our community and a culture that is based on the values of compassion, trust and service. We will be an organization of people who are proud of their work, are accountable and are recognized, respected, and rewarded.

ACCOUNTABILITY

We will be accountable to our community and report our plans and results. Funded member organizations will be accountable to us.

RESEARCH AND EDUCATION

We share responsibility with academic institutions in developing new knowledge, innovation, and educating health care providers to meet today and tomorrow's needs of our community.



WE VALUE...

CARING

- Compassionate care across the health care continuum;
- An inclusive health care culture in which individual and population diversity are recognized and respected;
- Leadership that promotes and supports community commitment to health and well being; and
- High quality of work life.

EXCELLENCE

- High quality and service excellence;
- The use of scientific knowledge, evidence, research and innovation to achieve best practice;
- Continuous improvement and willingness to change; and
- Continual learning, knowledge creation and professional growth.

INNOVATION

- Proactive approaches to health care innovation and improvement that are grounded in experience, evidence and best practice; and
- Creativity and initiative in addressing health care priorities.

COLLABORATION

- Partnerships across a broad spectrum, including health care providers, research and educational institutions;
- Government and community to improve health and well being;
- Positive leadership that fosters mutual trust, cooperation and respect;
- Teamwork and constructive problem solving; and
- Recognition of the qualities and accomplishments of those who work or volunteer in health care.

ACCOUNTABILITY

- Integrity reflected in the work and interactions of everyone in the organization;
- Transparency and good communication;
- Responsible governance, management and practice;
- Prudent stewardship of resources throughout the organization; and
- Efficiency and timeliness to ensure a safe and responsive health care environment.



STRATEGIC DIRECTIONS Highlights and Goals

Prevention and Promotion



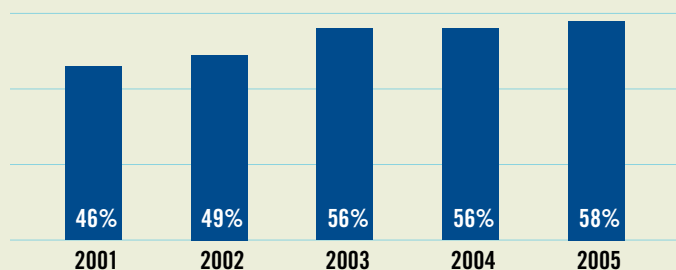
The prevention of illness or injury through the promotion of health issues and awareness of healthy living initiatives continues to be a key objective of the Winnipeg Regional Health Authority. Not only does it mean better quality of life for members of our community, it also results in more effective and efficient use of resources and results in better outcomes.

One key way to prevent illness is to ensure the WRHA's patient population has information about, and access to, the resources they need. This past year, WRHA Aboriginal Health Services developed a Health Resource Directory that identifies key resources for Aboriginal clients. Additionally, an information package for Spiritual/Cultural Care was developed. It focuses on providing relevant information for clients and staff on access to Traditional Healers and Elders as well as information on Aboriginal ceremonies and medicines.

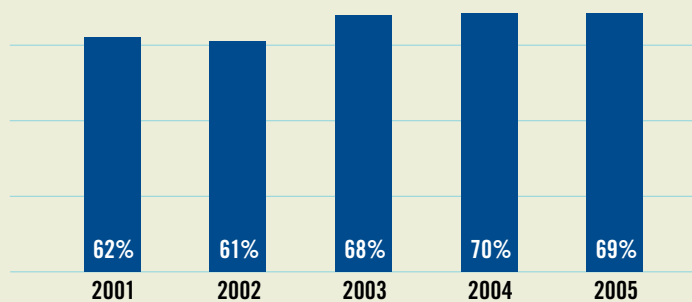
Providing healthy living information for parents is also a concern. One of our prevention projects aimed at children is the Region's partnership with the Healthy Smile, Happy Child initiative to continue efforts to prevent early childhood tooth decay (ECTD).

This project delivers community workshops and educational initiatives throughout the province targeting existing services and programs that work with infant and preschool populations and their caregivers. The ultimate goals are to increase caregiver and provider knowledge of early childhood oral health, encourage

There Are Good Programs In Place In Winnipeg For **Injury** Prevention.
Percent Of Respondents Who Agreed



There Are Good Programs In Place In Winnipeg For **Health Education**.
Percent Of Respondents Who Agreed



SOURCE: WRHA Systems Awareness Tracking; produced by Probe Research, Inc.

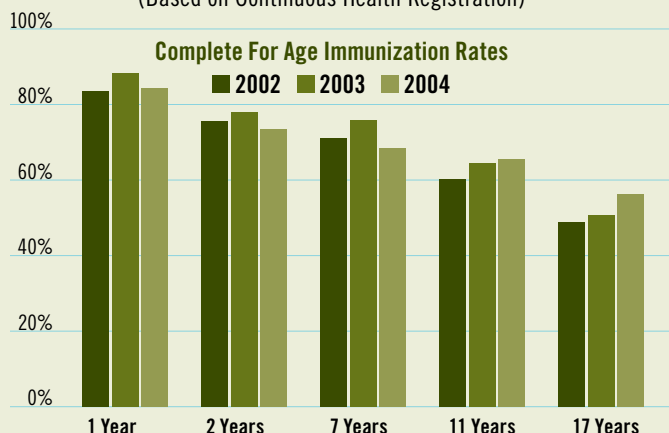


GOAL

- We will have implemented strategies and initiatives that have reduced the incidence of preventable disease in the ongoing priority areas of tobacco reduction, early childhood development and communicable disease control.
- We will have implemented strategies and initiatives that have improved the health of the population in the multi-sectoral areas of active living, healthy eating, sexual health, mental health promotion and injury prevention.

What Percentage Of The Kids In The Winnipeg Health Region Are Considered To Fully Be Immunized, Based On Their Age?

Percentage of children considered to have received all of the recommended doses of each vaccine recommended for his/her age, by calendar year, for residents of the Winnipeg Health Region. (Based on Continuous Health Registration)



SOURCE: Probe Research, Inc

service providers to incorporate prevention activities in their practice, and reduce the number of young children developing ECTD.

Winnipeg *in motion* is a project designed to promote healthy lifestyles for all ages. In partnership with the City of Winnipeg, the University of Manitoba and the Province, Winnipeg *in motion* was officially launched in October of 2005. This initiative encourages people of all ages to build 30-60 minutes of daily physical activity into their lives for health benefits. A website is available at www.winnipeginmotion.ca.

While the WRHA is encouraging its staff and the public to get active, it's also doing its part to ensure they do it safely. Last year, the Board of Directors passed a policy statement in support of All Age Bicycle Helmet Legislation. A subsequent poll conducted this year showed a high level of public support for such legislation with 77 per cent supporting it and 58 per cent strongly supporting it. Efforts in this area will continue.

In the post-SARS world and as news of the potential for an upcoming pandemic spreads, the WRHA is planning in partnership with municipalities, the Province of Manitoba, and other organizations, agencies and individuals, for such a possibility. Our goal is to minimize serious illness and death and to ease social and economic disruption that will occur as a result of an influenza pandemic. Preparedness information for the public is available on the WRHA website (www.wrha.mb.ca). ■

How Much Do We Smoke?

**Percent of Manitobans Who Smoke:
Males, Females and Combined; 2001 and 2005***



SOURCE: Canadian Tobacco Use Monitoring Survey

Treatment and Support



When illness or injury does occur, the WRHA remains committed to providing the best possible care, in the right place and at the right time.

This past year, the principle care issue foremost in the minds of patients, the public and politicians was and continues to be wait times. While wait times have always been a priority regionally, the increased focus on this issue made it a key priority for the WRHA.

The work the WRHA had already done in this area was recognized in July 2005 when then Prime Minister Paul Martin and Health Minister Ujjal Dosangh appointed WRHA President and CEO Dr. Brian Postl as Federal Advisor on Wait Times. Just six months later, after numerous meetings and negotiations with Provincial and Territorial Ministers and staff, ten evidence-based benchmarks for timely care were announced – an important milestone in the ongoing effort to reduce wait times. This past spring, a final report was submitted to the Federal government that recommended further strategies and approaches to improving patient access to care.

As well, work on a regional level continued with the announcement in early March that Dr. Luis Oppenheimer, the former WRHA Medical Director of Surgery would take on the role of Director of Patient Access, both regionally and provincially. In his new role, Dr. Oppenheimer will be working to reduce wait times as well as introducing new ways of doing business in order to improve patient access.

WRHA Senior Management decided it was important to adopt a set of Guiding Principles to govern more work in addressing the area of wait times and to ensure a more patient-centred approach to the issue. After extensive consultation with numerous health care professionals, the guiding principles found on page 15 were adopted.

The region has already made significant progress in a number of areas with regards to wait times.

In orthopedics, funding from the province given at the start of the year was designed to increase the number of hip and knee replacements by eight hundred over two years. Just 12 months later an extra 873 replacements were done in the region, for a grand total of 3,328 that year. Additional provincial funding means the surgery program is maintaining those volumes in 2006/07.

Pediatric dental surgery is another area where the region enjoyed great success. Additional funding from the province meant that last year the team of health care professionals that make up the Pediatric



GOALS

- We will have provided coordinated entry systems so that the public's ability to navigate our health care services is enhanced.
- Access to health care services in Winnipeg will be more closely matched to the needs of the community.
- We will have applied best practice measures and evidence in order to provide a range of innovative treatments and services in the region.
- We will have reduced length of stay to meet targeted benchmarks.
- We will have reduced waiting times for selected service areas to within established standards.
- We will demonstrate transparency and openness in our dealings with the public, clients and families.
- We will evolve a culture and system that focuses on learning and collaborative improvement where patient safety is the primary focus for all staff.

dental teams at both Misericordia and the Health Sciences Centre were able to cut the wait list by more than 60 per cent – from 1,400 at the beginning of the year to 557 in March.

As well, at year's end, the wait list for elective (non-emergency) cardiac surgery remained at the level suggested by Dr. Koshal in his External Review at about ten per cent of annual volumes (about 1,200 surgeries are performed each year).

The wait list for cataract surgery was just starting to be addressed at the year's end. Funding from government has allowed the program – based at Misericordia with a satellite clinic at Pan Am – to increase the number of surgeries by 1,000 annually – an increase of almost 15 per cent over the previous year's volume.

The WRHA Board and Senior Management recognize the role receiving culturally appropriate care plays in recovery time. To that end, Aboriginal Health Services (AHS) continues its work in increasing initiatives and awareness of them.

This past year, in conjunction with the Health Sciences Centre, AHS increased access to the Traditional Wellness Clinic and started work on a Regional Traditional Elders' Program.

AHS staff, in conjunction with the Regional Home Care Program, First Nations and Inuit Health Branch developed an information package to assist the management of home care services for First Nations patients and clients in Winnipeg and to enhance the referral of cases between the WRHA and Home Care programs in other Regional Health Authorities.

As a direct result of communication initiatives that have raised awareness of Aboriginal Health Services, referrals to interpreters have increased by three times over the last three years at all sites. Referrals to discharge coordinators have doubled, reflecting the need for these types of interventions in managing complex cases amongst jurisdictions.



The WRHA has long recognized that improved electronic information systems will enhance staff's ability to care for patients, identify areas of concern and help us better understand emerging issues and as a result e-Health Services was formed. It is a first step to creating Region-wide clinical information services.

Last year, e-Health Services went through a transition period, growing to support an increasing number of IT initiatives across the region. The IT resources of all hospitals as well as the region's two Long Term Care Facilities were merged. Combining the resources into one division resulted in many benefits: improved

operational efficiency, support of best practices in clinical program delivery, improved patient safety and secure access to information.

Ultimately, one of the key benefits will be the establishment

**Ultimately, one of the key benefits will
be the establishment of a province-wide
Electronic Health Record (EHR).**

of a province-wide Electronic Health Record (EHR). In the future patients will be able to go to any site or facility and health care providers there will be able to access their key health history and care within the health system, speeding up the process and providing a much more accurate picture of their health history. This past year, significant progress was made in the implementation of projects that will link with the province-wide EHR.

This year saw the introduction of the Utilization Management Project in hospitals' in-patient units. These are computerized software programs that help plan care more effectively. The information provided by these tools help identify what care still needs to be provided before a patient can be discharged and what barriers exist within the broader health system in order to care for patients in the community setting.

The issue of Patient Safety is another area of treatment and support that has been front and centre over the last year. The Regional Integrated Patient Safety Initiative recently established a Critical Clinical Occurrence SWAT Team to assist sites and

programs in investigating medical errors and other adverse events. The Patient Safety Team also continues to track Critical Clinical Occurrences and reports on them annually.

The establishment of a Patient Safety Advisory Committee, made up of volunteer members of the public with an interest in patient safety because of their personal history, was another milestone. The Committee which meets on a regular basis provides feedback on proposals and initiatives and helps guide the region's work in this area.

Patient safety within the WRHA was enhanced this past year with a \$5 million dollar investment in 'Smart Pump' technology, which ensures patients get the right IV medication, in the right dose, at the right time and in the right site.

Research has shown that patient safety increases when specialty services are offered at fewer sites – Centres of Excellence – ensuring effective and efficient use of equipment and human resources and expertise.

The Cardiac Sciences Program was created in 2004 to oversee the delivery of cardiac care in the Winnipeg Region and specialized cardiac care services for the province. This first full year of operation as a program has been one of challenge and promise. While providing cardiac care to the people of Manitoba, the program has proceeded with the re-organization and integration of the five clinical areas involved in cardiac care: cardiology, cardiac critical care, cardiac anesthesia, cardiac surgery and cardiac rehabilitation, and planned for cardiac critical care and cardiac surgical consolidation and expansion at the St. Boniface General Hospital.

With the approval of the budget for the Cardiac Services Enhancement Project at St. Boniface General Hospital in October

2004, construction began in May 2005 with completion expected by the fall of 2006. The new space will include the vast majority of cardiac diagnostic services outpatient clinics and offices for cardiology. At the very end of the year, government announced \$30 million in funding to consolidate cardiac surgery at St. Boniface.

The decision to offer obstetrics at only two sites was made after volumes at Victoria Hospital were no longer sustainable. Last year the two obstetrical sites, SBGH and HSC delivered 9,832 mothers, a 3.8 per cent increase over the number of deliveries in the region over the previous year and the highest number since 1999/2000.

The Pan Am Minor Injury Clinic – a key recommendation of the Emergency Care Task Force – continues to provide care to patients who otherwise might seek it in an Emergency Department. Since its establishment in December 2004, the Clinic's volumes have continued to grow to the point where it sometimes sees in excess of 100

patients per day. In addition, the first Minor Injury Clinic for Kids (MIC-K) was opened in March 2006 in conjunction with the WRHA Child Health Program. The MIC-K provides parents with an alternative to

an Emergency Department when their youngsters need treatment for breaks, bumps, bruises and other sports-type injuries.

Several reviews of rehabilitation services in the region determined patients and clients would be better served by consolidating these services. This results in intensified services for in-patients, an increase in out-patient services and an overall improvement in patient access to these services. Approval to proceed through phase one of the project was provided in January 2006 with the consolidation beginning in June 5, 2006. ■

Patient safety within the WRHA was enhanced this past year with a \$5 million dollar investment in 'Smart Pump' technology.



SOURCE: Probe Research, Inc



WAIT LIST GUIDING PRINCIPLES

In order to ensure a patient-centred approach to the management and reduction of Wait Times, the Winnipeg Regional Health Authority developed the following set of Guiding Principles:

That every patient is entitled to timely access to needed health care services and procedures, be they diagnostic, surgical or medical, emergent, urgent or elective (scheduled).

That being on a wait list for a needed health care procedure can be a stressful disruption in the life of the patient and their family, that impacts not only their physical health, but also their emotional, social and psychological health and can have economic consequences.

That having a scheduled procedure cancelled for reasons other than their own personal health or choice increases the distress caused to the patient and their family and negatively impacts their well being.

That every patient placed on a wait list is entitled to, and shall be treated as an individual with personal dignity, concern and respect.

To that end, the WRHA shall:

- Develop, over time, single wait lists for procedures and services, targeting the highest priority areas first, as identified by the First Ministers' Health Accord.
- Put Wait List Navigators in place for each priority specialty service, who shall:
 - > Communicate with patients on an ongoing basis, keeping them fully informed of all options.
 - > Help patients navigate the system and access the resources they need.
 - > Advocate on behalf of patients and their needs.
 - > Schedule patients into the next available time for their needed procedure.
 - > Assign patients to the first available health care provider who can perform their procedure.
 - > Give patients the option to decline the first available health care provider and to choose another, while explaining such a decision may impact their wait time.
- Ensure standardized implementation of Wait List initiatives through the Regional Director of Patient Access.

As well, each patient shall:

- Be given the opportunity to decline the first available provider and to choose another, recognizing that such a decision may impact their wait time.
- Be kept fully informed as to their options regarding health care provider of choice and wait times, including the wait times for specific health care providers and facilities.
- Be kept fully informed of any steps they can take during their wait time to improve their health status and the outcome of their procedure.
- Be communicated with on an ongoing basis throughout their wait in order to ensure their health status is monitored, as well as to provide them with the opportunity to ask any questions or share new information that may impact their wait time.
- Be given a contact number to call in case of questions or a change in health status.
- Be given the date of their procedure as soon as possible after they are assessed by the health care provider who will perform it.

Finally, health care providers, either individuals or organizations, shall:

- Continue their efforts to improve throughput and reduce wait times.
- Refer patients to the central single wait list developed for the appropriate specialty service, not to a specific health care provider.
- Give their patient the date of the procedure as soon as possible after they assess the patient.
- Make every effort to avoid the cancellation of a scheduled patient for reasons other than their health.
- Ensure that when a patient's scheduled surgery is cancelled for reasons other than the patient's health or personal reasons, that the patient is rescheduled as soon as possible.
- Work within their specialty areas to develop and apply common criteria for placing, prioritizing, monitoring and removing patients on waitlists.
- Work within their specialty areas to develop a process to transfer patients to another health care provider, including crediting those patients with time already spent waiting.

The Winnipeg Regional Health Authority – at all levels and in every hospital/facility and program – is committed to improving the quality of care patients receive by continuing to find ways to better manage wait lists and reduce wait times through improved processes and innovations.

STRATEGIC DIRECTIONS Highlights and Goals

Community



The WRHA is committed to continuing to engage with the community whether it be providing more services in the community on an out-patient basis, asking community members for their input and feedback on new initiatives and projects or keeping community members informed about available services and resources.

WRHA's Street Connections program connects with one of the Region's most at-risk populations. Through its Street Connections van, public health staff continue to provide a needle exchange program and distribute condoms. Monthly distribution of the Safer Crack Use Kits increased by 153 per cent over the previous year. The number of client contacts increased 50 per cent over last year.

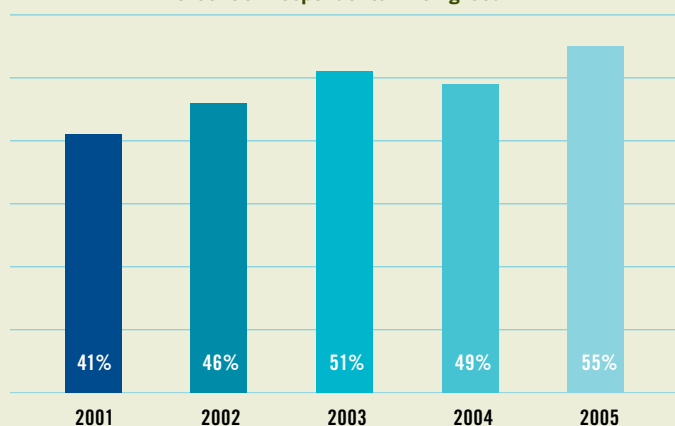
The WRHA ACCESS Centres are one more way the region is connecting with the community by offering programming in the

community. Both ACCESS Transcona and ACCESS River East offer Primary Care, Home Care, Public Health, Child Care (Licensing and Coordination), Children's Special Services, Community Development, Mental Health, Vocational Rehabilitation, Employment and Income Assistance, Seniors' Health and Supported Living programs to members of their communities.

What The Public Has Told Us About Service Coordination.

Health Services in Winnipeg are well coordinated.

Percent Of Respondents Who Agreed



SOURCE: Probe Research, Inc



GOALS

- We will clearly present and make widely available WRHA information about health, health issues and system performance.
- A comprehensive process will be in place that incorporates public input and client feedback into the WRHA strategic plan – 2/3 of poll respondents will agree that the WRHA is listening to the concerns of citizens.

The WRHA also connects with the community through its Community Health Advisory Councils. The first Councils started meeting in September 2002. Since then, more than 180 citizens have been involved and hundreds have applied. The six Councils, representing 12 community areas, help the Health Authority meet its goals by providing community perspectives and their own innovative ideas about health issues and how to best address them.

This past year, they explored and provided suggestions on Barriers to Active Living, Mental Health Promotion and Community Perspectives on Patient Safety. Copies of all reports are available on-line at www.wrha.mb.ca.

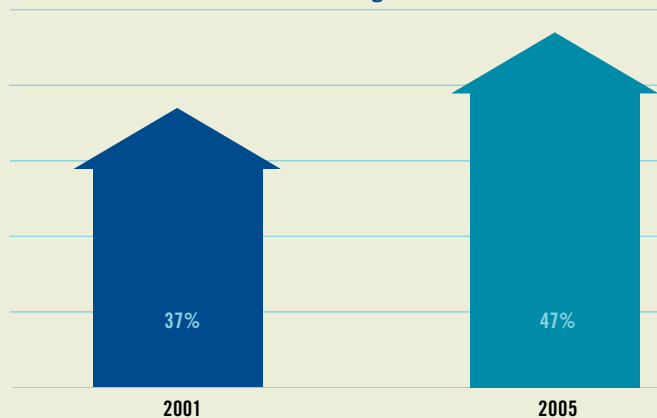
This past year the Region finalized plans to expand and rebalance community-based services and options within the Long Term Care Sector. The WRHA Long Term Care Strategy was officially announced in 2006. It includes four community-based models of housing with care and complements the Personal Care Home and Home Care programs. The strategy targets the creation of affordable community housing with supports as alternatives to premature entry into Personal Care Homes and extended hospital stays for the elderly and others who require such specialized services.

The strategy supports the concept of 'Aging in Place', which is intended to increase the options and opportunities for individuals to remain safely within their community and to contribute to its social, civic, spiritual and economic life while maximizing their independence and overall health and well-being. ■

What The Public Has Told Us About Our Listening To Their Concerns.

The WRHA does a good job of listening to the concerns of citizens.

Percent Who Agreed



SOURCE: Probe Research, Inc



STRATEGIC DIRECTIONS Highlights and Goals

Staff



One of the WRHA's greatest resources is its staff and other health care professionals. Highly skilled and dedicated to their jobs, patients, clients and residents, these 27 thousand people are the face of the WRHA. The region continues to work diligently to ensure this workforce reflects the community, has the skills and resources they need to do their jobs and the supports required to do those jobs safely.

Concerted efforts continue Region-wide to develop a workforce that is a more accurate reflection of the population of Winnipeg. WRHA managers and supervisors are committed to increasing Aboriginal representation within their various sites and services and are supported in their efforts through expert Aboriginal and Human Resources focused on employment, retention and outreach initiatives. In addition, Aboriginal culture awareness workshops serve to assist all WRHA staff in gaining some familiarity with the unique aspects of Aboriginal culture and history, with a view to ensuring a more culturally welcoming work environment.

Number Of Aboriginal (Self-Declared) Employees WRHA Corporate/Community And Devolved Sites

Total: 444 = 3.7% of entire staff

The WRHA's Aboriginal Health Services continues its work in this area with continued participation in lecture series and practical workshops to address cultural competency.

GOALS

- We will support individual WRHA staff and teams as they develop a culture of compassionate care.
- We will provide a safer and healthier work environment so that the number of claims and lost time will be comparable or less than similar organizations.
- We will have developed a workforce in the WRHA that more accurately reflects the cultural diversity of the region and where respect and tolerance is expected and understood.

The WRHA Employee Assistance Program now includes initiatives for access to Traditional Elders.

Staff safety is always a key concern and a number of initiatives moved forward this year with that topic in mind. Some, such as the new laundry, improved the actual physical workplace; others, like the Safety Engineered Needles initiative, made it safer for our staff to do their work.

The new 74,000 square foot laundry facility opened its doors in October 2005 and features updated equipment and the most recent technologies in energy conservation. This new facility not only provides greatly improved working conditions for staff, it will also help increase productivity and reduce costs.

The WRHA, along with Workers' Compensation Board of Manitoba and other Provincial Regions, launched the Safe Healthcare Campaign this year. Its aim is to foster a culture of health and safety for all health care workers and supports the ongoing development of Occupational and Environmental Safety and health programs.

The Safety Engineered Needles Project is designed to better protect health care providers by introducing safety engineered IV catheters, needles and syringes and blood collection needles to our workplaces. A safety engineered needle is a needle with a built in device that covers the needle after it has been used thereby greatly reducing the risk of a needle stick injury. The first phase of the project – the implementation of safety engineered IV catheters, is complete. More than 400 voluntary staff trainers assisted in providing training to more than 2800 staff in the Winnipeg region. The second phase of this project – the introduction of safety

The WRHA Community Of Employees Contributes To Improving Winnipeg Community

- In 2005, the WRHA United Way Campaign was successful in reaching its goal of raising \$113,000 to help our community
- The WRHA team raised \$932 for the Heart and Stroke Foundation through the 'Big Bike' event
- The WRHA Corporate office team raised \$2,553 for the Canadian Cancer Society through its participation in the Dragon Boat Races
- Several families received Christmas Cheer Board Hampers

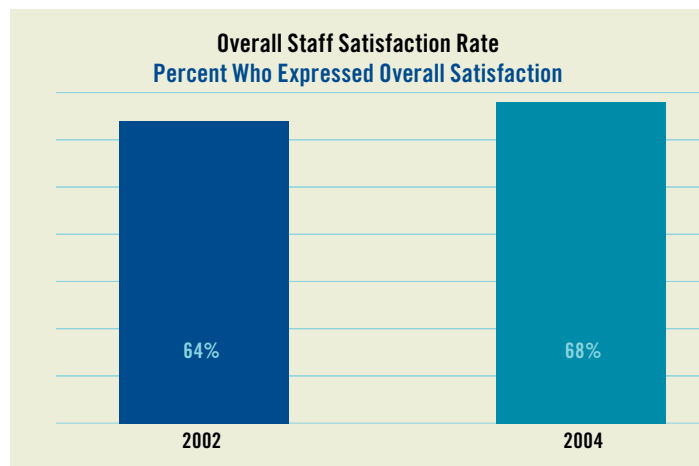
engineered needles and syringes is also underway.

Recruiting more of the best and brightest health care professionals continues at a regional level. In order to address ongoing recruitment challenges in highly specialized areas of expertise, the WRHA Regional Recruitment Specialists are dedicated primarily, but not exclusively, to the following specialty areas: Physicians, Nurses, Nurse Practitioners, and Allied Health professionals.

Recruitment Specialists work collaboratively with the University of Manitoba, clinical programs and human resources to attract and retain top-notch candidates. Making contact with local graduates and medical residents, participating in national recruitment venues and medical conferences, national and international advertising, presentations, direct marketing as well as encouraging youth to explore careers in health care, are just some of the methods used.

The Staff Appreciation and Recognition Program is continually developing new programs and enhancing existing ones to recognize and reward the work of WHRA staff.

Long Service Awards, Staff to Staff and Team Appreciation through the StAR Card Program and Workplace Wellness activities help to contribute to a sense of being a valued member of the organization.



The WRHA's 23 community offices and sites as well as the corporate offices have all established Workplace Health and Safety Committees with equal representation from Management and Staff. It is the mandate of these groups to work cooperatively towards the resolution of safety and health issues.

The Region continues its work with the Healthy Workplace Project. Funded through Health Canada, it is designed to facilitate health promotion and disease prevention among the region's 27,000 employees. ■



STRATEGIC DIRECTIONS **Highlights and Goals**

Accountability



The WRHA is committed to being accountable to the public, government and other agencies for its decisions, activities, priorities and policies. It is only by being held accountable that the public can fully understand the complex system that is health care and understand the challenges the region faces.

The Region recognizes it is accountable to government, the public as well as its patients, clients, residents, staff and other health care professionals. That accountability is achieved in a variety of ways.

Firstly, the WRHA is accountable to the public through its volunteer Board of Directors, made up of community members appointed by the Minister of Health. The monthly board meetings are open to the public and the agendas and minutes are posted on the WRHA website (www.wrha.mb.ca). As well, the WRHA Board has adopted a policy that calls on the Region to be accountable, fair and transparent.

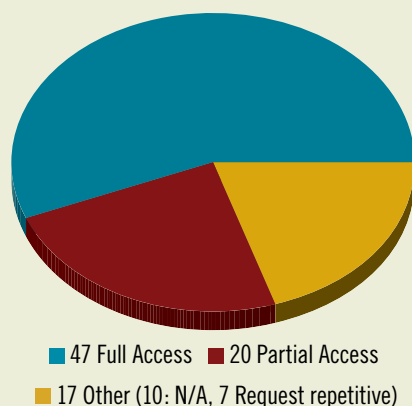
The WRHA is also accountable to the general public through its Annual General Meeting, this Annual Report and our Community Health Advisory Councils.

GOALS

- We will have implemented clinical information systems that will improve the management of our resources and people.
- We will have implemented an integrated and comprehensive business system that will improve the way we manage spending and assess effectiveness.
- We will have implemented funding guidelines that support equity and best practice in all WRHA programs and sites.
- We will have incorporated performance agreements that reflect WRHA strategic directions as part of our contractual agreements with providers.
- We will have developed an integrated Regional Health Planning model that facilitates priority setting and decision-making.

On specific topics, the Region is held accountable through the FIPPA (*Freedom of Information and Protection of Privacy Act*). In 2005, the region received a total of 84 FIPPA applications.

Disposition of FIPPA Requests
Number of FIPPA Requests By Disposition: 2005



Every year, the Canadian Council on Health Services Accreditation has health care professionals from across the country review and evaluate WRHA programs and service areas with regards to national standards. The 2005 CCHSA survey visit reviewed 13 Regional Program Teams including the community programs. The outcome of the process resulted in the Survey visit report to the Region with full accreditation status.

Effective and efficient information management systems are important. These include clinical information systems as well as business systems such as Human Resources and Finance.

The Winnipeg Regional Health Authority has implemented or is in the process of implementing a variety of health information initiatives. These include:

- Hospital based *Utilization Management Tool*
- Personal Care Home and Home Care *Minimum Data Set*
- Web based *Critical Clinical Occurrence* database
- *Community Services Information System*
- Emergency Department Information Tracking System
- *Radiology Information System/Picture Archiving and Communication System*
- *Hospital Information System Project*
- Progress is being made on implementing an *Integrated and Comprehensive Business System*

Additionally, the Region has an internal audit process to evaluate and improve program and service delivery. This process includes a corporate risk management framework, a tool that helps assess potential risks and their impact on service delivery.

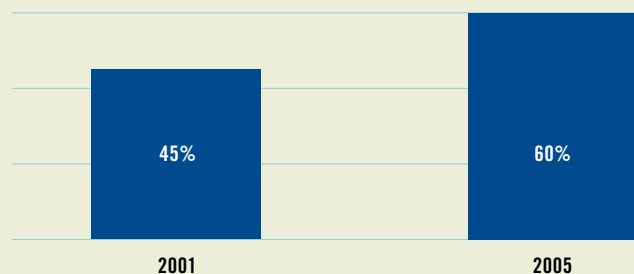
Manitoba Health also has its standards review process. This past year all Personal Care Homes (PCHs) were visited by the Manitoba Health Standards Review Team. All sites received their reports based on the regulated standards and are in the process of completing status reports related to the completion of their action plans.

Manitoba Health also receives regular reports from various programs regarding their volumes and outcomes, particularly in the area of surgery, diagnostics and wait times. All that information is then posted on Manitoba Health's website (<http://www.gov.mb.ca/health/>). ■

What the public has told us about how we are managing the Winnipeg Health Care System.

As far as I know, the WRHA does a good job of managing the health system

Percent Of Respondents Who Agreed



SOURCE: Probe Research, Inc



Research And Education



Both validated data and educational resources are required in order to provide information on the best practices in the areas of prevention and promotion as well as treatment and support. They are also required in order to support our staff and other health care professionals and to be able to account to the public and government about our activities.

The WRHA is currently involved in a number of active collaborations between the WRHA and other organizations (e.g. Manitoba Centre on Aging, other health authorities, etc). These include:

- *in motion* Initiative
- Prevention of Early Childhood Tooth Decay and Healthy Smile – Happy Child Early Childhood Tooth Decay Prevention Project
- Patient simulation collaboration with Faculty of Medicine (Funding through Canadian Patient Safety Institute)
- Language Barriers Research – community-based research initiative.
- *Evidence to Action* initiative with MCHP and all Manitoba RHAs
- *IDEA Study for Prevention of Gestational Diabetes* with University of Manitoba
- Academic cross appointments of Research staff with University of Manitoba for participation in teaching and student mentorship

GOALS

- Excellence will have been fostered in knowledge management by providing leadership, encouragement and support to both clinical and non-clinical areas.
- We will have responded to the rapid rate of change by supporting current and future staff in acquiring the educational/academic opportunities that will provide them with the required skills and knowledge.
- We will have fostered partnerships that build a strong academic and research role across the 4 CIHR pillars (bench to bedside) in the WRHA.
- We will have multidisciplinary education in both the academic and workplace environment.

The WRHA is committed to expanding the Region's research and educational activities, resulting in improved clinical services, new training opportunities and ground-breaking discoveries. In doing so, the Region draws heavily on the important relationship with the University of Manitoba and its health-based faculties. This relationship is essential to building a strong health care sector in Manitoba.

The Division of Research and Applied Learning is working to bridge the gap between research knowledge and the decision-making processes of the region, a process referred to as 'Knowledge Translation'. One strategy is to increase research literacy among Regional staff through providing expertise necessary for the evaluation of programs. Services provided in this area include: consultations, referral to resources, assistance with design and methods and, in some instances undertaking specific evaluation activities or projects. This past year saw the team provide support for more than 25 evaluations.

The Region also participated in the organization of several conferences including the 6th Annual Advancing Quality in the Name of Patient Safety Conference, The 4th Institute for Health Care Improvement Forum and the 2005 CCHSE Provincial Health Conference & Exhibition, each of which attracted about 300 participants.

Planning continues for the Siemens Institute for Advanced Medicine, to be located on the grounds of the Health Sciences Centre. Clinical research and treatment in the new Institute will focus on neurosciences, medical imaging, medical informatics, infectious diseases, medical simulation and new surgeries.

The major goals for the Siemens Institute for Advanced Medicine are to promote new discoveries in health care treatment and education and enhance the region's ability to recruit and retain the very best medical professionals for Manitoba. ■

SUMMARIZED FINANCIAL STATEMENTS OF WINNIPEG REGIONAL HEALTH AUTHORITY

MARCH 31, 2006

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AUDITORS' REPORT

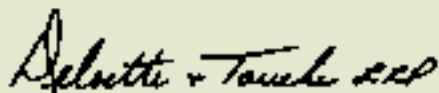
To the Directors of

Winnipeg Regional Health Authority

The accompanying summarized statement of operations and statement of financial position are derived from the complete financial statements of the Winnipeg Regional Health Authority as at March 31, 2006 and for the year then ended on which we expressed an opinion without reservation in our report dated June 22, 2006. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.



CHARTERED ACCOUNTANTS

Winnipeg, Manitoba

June 22, 2006

WINNIPEG REGIONAL HEALTH AUTHORITY
Summarized Statement of Operations
For the year ended March 31, 2006
(in thousands of dollars)

	<u>2006</u>	<u>2005</u> (Restated)
REVENUE		
Manitoba Health operating income	\$ 1,591,567	\$ 1,514,289
Other income	54,983	52,489
Amortization of deferred contributions, capital	22,341	20,999
Recognition of deferred contributions, future expenses	9,977	2,234
	1,678,868	1,590,011
EXPENSES		
Direct operations	836,967	777,322
Amortization of capital assets	22,571	21,247
	859,538	798,569
FACILITY FUNDING		
Acute care facility funding	550,971	533,336
Long term care facility funding	224,084	212,745
Community health agency funding	24,489	23,293
Adult day care facility funding	2,834	2,582
Long term care community therapy services	632	636
GRANT FUNDED		
Grants to facilities and agencies	17,358	16,043
	1,679,906	1,587,204
OPERATING (DEFICIT) SURPLUS	(1,038)	2,807
Non-insured services net surplus	1,488	1,306
OPERATING AND NON-INSURED SERVICES SURPLUS	450	4,113
Unfunded increase in pre-retirement liability – WRHA	(16,663)	(3,051)
Unfunded increase in pre-retirement liability – DSM	(1,641)	-
NET (DEFICIT) SURPLUS	\$ (17,854)	\$ 1,062

APPROVED BY THE BOARD

 LOUIS DRUWE
 Director

 NEIL FAST
 Director

WINNIPEG REGIONAL HEALTH AUTHORITY
Summarized Statement of Financial Position
As at March 31, 2006
(in thousands of dollars)

	2006	2005 (Restated)
ASSETS		
CURRENT		
Cash and marketable securities	\$ 64,618	\$ 92,864
Accounts receivable	51,140	41,633
Inventory	7,687	6,359
Prepaid expenses	3,534	3,087
Employee benefits recoverable from Manitoba Health	78,675	78,675
	205,654	222,618
CAPITAL ASSETS	462,385	397,346
OTHER ASSETS	121,572	122,139
	\$ 789,611	\$ 742,103
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 106,421	\$ 98,253
Employee benefits payable	80,539	79,384
Current portion of long term debt	1,795	1,960
	188,755	179,597
LONG TERM DEBT AND DEFERRED CONTRIBUTIONS		
Long term debt	22,868	24,649
Employee future benefits payable	102,229	85,566
Specific purpose funds	35,280	34,749
Deferred contributions	417,281	375,392
Nurse recruitment and retention fund	3,990	5,088
	770,403	705,041
NET ASSETS	19,208	37,062
	\$ 789,611	\$ 742,103

ADMINISTRATIVE COSTS

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The Authority adheres to these coding guidelines.

The most current definition of administrative costs determined by CIHI includes: General Administration (including Acute/Long Term Care/Community Administration, Patient Relations, Community Needs Assessment, Risk Management, Quality Assurance, and Executive costs), Finance, Human Resources, Labour Relations, Nurse/Physician Recruitment and Retention, and Communications.

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) adheres to CIHI definitions.

The figures presented are based on data available at time of publication. Restatements are made in the subsequent year to reflect final data and changes in the CIHI definition, if any.

Administrative costs and percentages for the Authority (including hospitals, non-proprietary personal care homes and community health agencies) are:

	2006	2005
Administrative costs	\$ 83,111	\$ 86,029
Administrative cost %	5.5%	6.0%

WINNIPEG REGIONAL
HEALTH AUTHORITY

05/06
ANNUAL REPORT