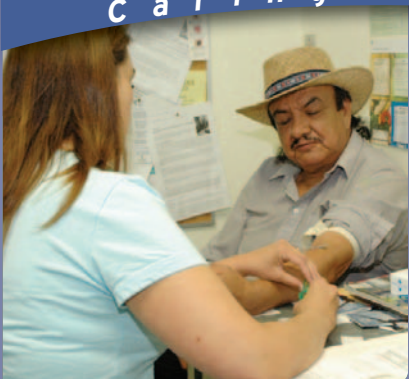




WINNIPEG REGIONAL HEALTH AUTHORITY

## 2006/07 ANNUAL REPORT

*Caring for health in our communities*





## Profile

The Winnipeg Regional Health Authority (WRHA) fulfills its purpose of *Caring for Health* by working to provide services that promote independence, wellness, treatment and care, and doing so with respect for the patients, residents, clients and communities it serves.

The Winnipeg Regional Health Authority is an organization of committed professionals who support each other in the delivery of health services and work to protect the health and promote the well-being of the people who benefit from these services.

The Winnipeg Health Region serves residents of the City of Winnipeg as well as the Rural Municipalities of East and West St. Paul, with a total population of just over 700,000 people. The Winnipeg Regional Health Authority also plays a provincial role by providing health care support to nearly half a million Manitobans who live beyond these boundaries and residents of Northwestern Ontario and Nunavut who require the services and expertise available within the Winnipeg Health Region.

More than 27,000 people work in the Winnipeg Health Region. With an annual operating budget of nearly \$1.7 billion, the Winnipeg Regional Health Authority operates or funds over 200 health service facilities and programs including:

**Four community hospitals**  
**Concordia Hospital**  
**Grace General Hospital**  
**Seven Oaks General Hospital**  
**Victoria General Hospital**

**Two tertiary hospitals**  
**Health Sciences Centre Winnipeg**  
**St. Boniface General Hospital**

**Four long-term care health centres**  
**Deer Lodge Centre**  
**Misericordia Health Centre**  
**Riverview Health Centre**  
**St. Amant Centre**

Additionally, there are 34 personal care homes, 12 community health agencies, 20 community health offices, the Rehabilitation Centre for Children, the Manitoba Adolescent Treatment Centre, various funded community agencies, as well as Winnipeg Regional Health Authority direct operations: Pan Am Clinic; community offices offering programs including public health and home care; River East and Transcona ACCESS Centres. Health services include long-term care, public health, primary care, home care, mental health and acute care.

The Winnipeg Regional Health Authority continues to improve health and well-being while enhancing Winnipeg's health services and building partnerships with the community.



Winnipeg Regional  
Health Authority

Office régional de la  
santé de Winnipeg

*Caring for Health*  
*À l'écoute de notre santé*

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The following clinical programs exist within the Winnipeg Regional Health Authority, each reporting to a regional Vice-President or Chief Operating Officer:

Adult Mental Health	Oncology
Anesthesia	Oral Health
Cardiac Sciences	Ophthalmology
Child and Adolescent Mental Health	Palliative Care
Child Health	Personal Care Home
Critical Care	Pharmacy
Diagnostic Imaging	Population and Public Health
Emergency	Primary Care
Family Medicine	Psychology
Genetics	Rehab/Geriatrics
Home Care	Surgery
Infection Prevention and Control	Women's Health
Manitoba Renal Program	
MB Telehealth	
Medicine	

For more information visit [www.wrha.mb.ca](http://www.wrha.mb.ca).

1800-155 Carlton Street  
Winnipeg, MB R3C 4Y1  
Phone: 204.926.7000  
Fax: 204.926.7007

## Letter of Transmittal and Accountability



It is my pleasure to present the Annual Report of the Winnipeg Regional Health Authority for the fiscal year ended March 31, 2007.

The 2006/07 Annual Report of the Winnipeg Regional Health Authority was prepared under the direction of the Board of Directors and in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health.

All material economic and fiscal implications have been considered in preparing this report. The Winnipeg Regional Health Authority Board of Directors has approved the content of this report for publication.

Respectfully submitted,

**Dr. John Wade,**  
**Board Chair**  
**Winnipeg Regional Health Authority**





## Message from the Board Chair and President & Chief Executive Officer



**At the Winnipeg Regional Health Authority we remain committed to caring for the health and well-being of the residents of Winnipeg as well as those from surrounding regions who require expert care and services. While this past year has seen significant progress and success in many areas, we continue to face considerable challenges in pursuit of our mission.**

While furthering regionalization continues to pose its challenges, we have experienced much progress in this area. Our Senior Management Team now includes representation by the Chief Operating Officers (COOs) of the four community hospitals (Concordia, Grace General, Seven Oaks General and Victoria General) and the Misericordia Health Centre. Some of these COOs have regional program responsibilities and the Board of Directors at most of these sites has named a representative to the Winnipeg Regional Health Authority Board. We welcome these members and the closer working relationship between the hospitals and the Region that has been instrumental in improving the way we coordinate and manage services for patients.

The completion of the Critical Services Redevelopment Project (CSRP), marked by the opening of the Ann Thomas Building at the Health Sciences Centre in January, was a major highlight of the past year. As the largest health capital project in Manitoba's history, CSRP has greatly enhanced the ability of this major acute care and provincial trauma centre to fulfill its important role. As well as new emergency departments, operating rooms, and intensive care units for adults and children, the addition of a new dedicated burn care unit within the hub of this critical care centre has allowed us to attract national expertise to lead this program. Most important, patients will now receive care in a state-of-the-art patient-centred environment with much emphasis on improved privacy, safety and infection control.

During the past year a number of new electronic information systems were introduced in clinical areas within the Region. These systems are designed to provide better and timelier information, resulting in improved service delivery and care and heightened accountability.

While physician staffing difficulties in certain city emergency departments prevailed throughout this period, we participated in the successful renegotiation of an agreement between Manitoba Health and the Manitoba Medical Association that will see emergency physicians in Winnipeg among the best compensated on a national scale. We are confident that this measure will allow us to recruit and retain the necessary compliment of physicians to alleviate pressure at the front door to our system.

Emergency department renovation/expansion projects underway or approved at three of the community hospital sites (Concordia, Seven Oaks General and Victoria General) will further enhance the quality of services provided in Winnipeg's emergency departments, as well as improve our ability to recruit and retain staff in this important area.

The Utilization Management (UM) tool implementation within the acute care sector of the Region has greatly enhanced our ability to understand the issues affecting hospital length of stay. A number of other initiatives have been implemented that are expected to reduce demand on acute beds while shifting appropriate services to the community. Efforts and initiatives designed to address length of stay issues continue to be a key priority.

Challenges affecting patient flow also continue to receive a lot of attention. The Region is working with all parts of the system to ensure that people get access to the right care, in the right place, at the right time. Particular emphasis has been placed on ensuring that admitted patients are transitioned out of the emergency department in a timely manner.

Major steps have been taken in the implementation of the Long Term Care Strategy within the Region. This strategy is designed to balance services and resources in the long-term sector and offer a continuum of housing options. Through the provision of more community-based housing options, individuals enjoy more choices in environments designed with consideration for their needs and means.

We look forward to the opening of River Park Gardens, an 80-bed personal care home in South Winnipeg this September, as well as working with the Aboriginal community on plans for a new 80-bed Aboriginal Personal Care Home.

Continuing focus in the priority areas of Patient Safety, Wait Lists/Access and Aboriginal Health Services has resulted in many improvements to the care and services we provide to patients, residents and clients.

We have continued to expand efforts to involve patients directly in patient safety initiatives. With the introduction of amendments to the Regional Health Authorities Act and the Evidence Act this year, much effort has been invested in training and education around the reporting, disclosure and review of critical incidents within the Region.

A number of wait list validation processes and management strategies were initiated, resulting in marked improvement in the accurate number and wait times of patients waiting for key services such as joint replacement surgery, pediatric dental surgery, pain clinic and sleep lab.

With the spring election returning the incumbent government to the Manitoba Legislature, we look forward to working closely with government to implement commitments to improve access to health services for the residents of our region and province.

This year we are also concentrating efforts to further coordinate the Primary Care and the Family Medicine programs in order to provide improved and more integrated access to services for patients in our region. As well, improving communications and information sharing with our public and staff will be a key area of focus.



**River Park Gardens**

We extend sincere gratitude to the more than 27,000 individuals working in all sectors of the Winnipeg Health Region for their dedication and the care they provide every day to their patients, clients and residents. It is through each of you that our commitment to compassion and care is demonstrated.

We continue to recognize and value staff as one of our most important resources and have developed a

regional approach for succession planning to ensure strong healthcare leaders for the future. Our focus on workplace wellness has also seen the introduction of a number of new programs and successful initiatives during the year.

In keeping with our efforts to achieve a representative and diverse workforce, we continue to see a steady increase in the number of Aboriginal staff employed in the Region. We will continue to develop and support initiatives to encourage Aboriginal youth to pursue careers in health care.

These highlights and the numerous other achievements detailed throughout this report are testament to the determination and efforts of the dedicated staff and management working in the Winnipeg Health Region and all should share in this success.

This past year saw the retirement of Mr. Neil Fast from the Board of Directors. Mr. Fast had served on the Winnipeg Regional Health Authority Board since its inception nearly 10 years ago and, most recently, served as Chair from 2004 to 2006. On behalf of everyone at the Winnipeg Regional Health Authority, we extend our sincere appreciation to Mr. Fast for his many years of dedicated service and for his commitment to health care in Winnipeg.

As we move towards the future, the Winnipeg Regional Health Authority will continue to face challenges related to our aging population and growing expectations and demands for medical services, seniors' housing and the latest medical technology. As competition for specialized health care staff escalates, we will face ongoing challenges in the recruitment and retention in many of our clinical program and specialized service areas. These factors and others will continue to challenge our ability to manage and set priorities within the resources we have available.

It has been a year of many accomplishments and we firmly believe that the Winnipeg Health Region remains poised to continue this trend. While the upcoming year is sure to bring its challenges, we are confident that by working together we will continue to fulfill our important mission.

**Dr. John Wade**  
Board Chair

**Dr. Brian Postl**  
President &  
Chief Executive Officer

# Governance



## BOARD OF DIRECTORS

While the Minister of Health appoints each Board member, the Winnipeg Regional Health Authority Board of Directors' accountability transcends to the communities it serves. The Winnipeg Regional Health Authority views the people of Winnipeg and others who depend on its services as its stakeholders. The Winnipeg Regional Health Authority seeks to maximize the health system's contribution to the health, social and economic well-being of Winnipeg residents and others it serves.

### Dr. John Wade - Board Chair

- Former Dean of Medicine, University of Manitoba
- Former Deputy Minister of Health
- Health Care Consultant

### 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, Manitoba Legal Aid

### Mr. Ray Cadieux, F.C.A., C.F.E.

- Retired partner, Price Waterhouse Coopers
- Board member and past Chair, Misericordia Health Centre
- Former board member, Canadian Automobile Association

### Ms Vera Derenchuk

- Former Superintendent, Transcona-Springfield School Division
- Former Executive Director, Manitoba Council for Leadership in Education
- Member for 10 years, Victoria General Hospital Board

### Mr. Jim Derksen

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

### Mr. Louis Druwé

- Retired Assistant Superintendent, Division Scolaire Franco-Manitobain
- Previously involved in the development of the Francophone Early Childhood Development Initiative

### Ms Audrey Gordon

- Director Manitoba Labour and Immigration, Multiculturalism Secretariat
- Former board member, Clinique Youville Clinic
- Former Council Member, Winnipeg Regional Health Authority St. Vital/St. Boniface Community Health Advisory Council

### Ms Heather Grant-Jury

- Trade Union professional
- Former President, Winnipeg Labour Council
- Former member, National Board, United Way of Canada

### Ms Hazel Harper

### Mr. Eldon Hearn

- Retired Chartered Accountant
- Former board member, Misericordia Foundation
- Former board member, Grain Exchange Curling Club
- Former board member, Winnipeg Badminton Club

### Ms Herta Janzen

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

### Mr. Marc Labossiere

- Certified Management Accountant
- Board member, Collège Universitaire de Saint-Boniface
- Background and experience in technology and enterprise management solutions
- Active on community-based economic development boards

### Dr. Wayne Manishen

- President, Winnipeg Regional Health Authority Medical Staff Council



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

#### Mr. Bob Minaker

- Past Chair, Seven Oaks General Hospital Board
- Retired Principal, Seven Oaks School Division
- Masters Degree, 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

- Director, Community Mental Health, Winnipeg Regional Health Authority
- 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, Wabung Abinoonjiiag
- Bachelor of Arts, Native Studies and Psychology
- Has served on many community-based organizations in Winnipeg

#### Ms Alexandra Venema

- Degrees in Anthropology and Law
- Practiced Law for eight years
- Active community volunteer, has served on various boards and committees

#### Mr. George Wall

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

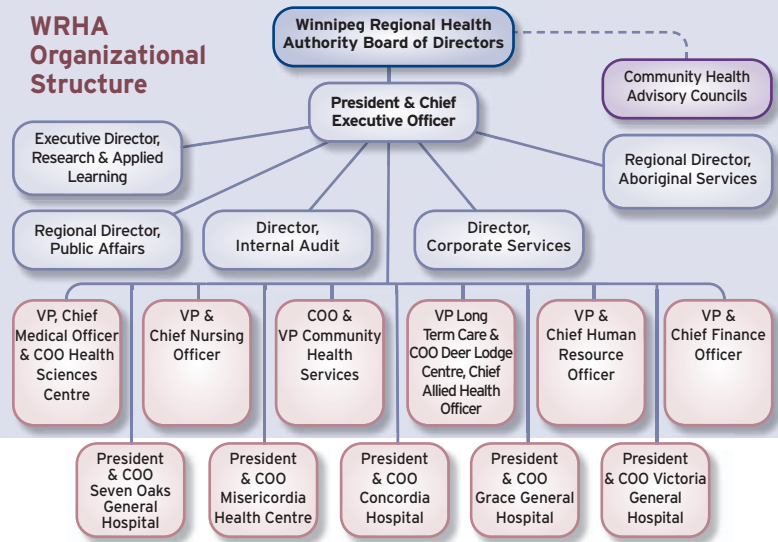
#### Ms Gail Wylie

- 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

- School Trustee, Seven Oaks School Division for 27 years; served as Chair, Vice-Chair and Chair, Wage Negotiation, as well as Chair or member of numerous public education committees
- Chair, Seven Oaks Scholarship Board - now Seven Oaks Educational Foundation - Honorary Life Member
- Former Chair, Public Schools Finance Committee

### WRHA Organizational Structure



Note: COO = Chief Operating Officer  
VP = Vice President

### Board Committees

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

Board agendas and minutes are available at [www.wrha.mb.ca/about/board](http://www.wrha.mb.ca/about/board)

### Community Health Advisory Councils

Community Health Advisory Councils operate in an advisory capacity to the Winnipeg Regional Health Authority Board of Directors. The Councils provide input to the Board on specific issues or questions identified by the Region, as well as health-related issues from the community.

The Councils are a key component of the Winnipeg Regional Health Authority's public consultative process. They provide community input and assist the Region in

planning and decision-making in the areas of health and health needs, as well as identifying priorities in health services.

### There are six Councils, each representing two of the community areas in Winnipeg:

- St. James-Assiniboia/Assiniboine South - Rhea Yates, Chair
- River East/Transcona - Monica Wood, Terrance Petley, Co-Chairs
- Seven Oaks/Inkster - Emily Reimer, Chair
- St. Boniface/St. Vital - Evan Murray, Chair

- Downtown/Point Douglas - Mary Jane Eason, Jim Chapryk, Co-Chairs
  - River Heights/Fort Garry - Bob Marks, Chair
- Each Council has up to 15 members; nine are community representatives and six are Winnipeg Regional Health Authority health organization representatives. Reports of the Community Health Advisory Councils as well as a list of Council Members and minutes highlighting their work and accomplishments are available at [www.wrha.mb.ca/about/chac](http://www.wrha.mb.ca/about/chac).

# Setting Our Strategic Direction



The Winnipeg Regional Health Authority's Mission, Vision and Values are set by the Board and represent the Winnipeg Regional Health Authority's mandate to promote, protect and manage leading health care services in the communities it serves.

## 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. The Winnipeg Regional Health Authority will improve health by leading and evaluating the quality of Winnipeg's health services and by building partnerships with the community. It is committed to providing safe care and preventing harm to patients.



## 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 the diversity and to the Aboriginal community by implementing actions that address health care needs through staffing initiatives, active participation in the health system and improved services.

The Winnipeg Regional Health Authority's Vision includes six key components that are highlighted through the strategic direction on the following pages.

**Prevention and Promotion**  
**Treatment and Support**  
**Community**  
**Staff**  
**Research and Education**  
**Accountability**

## VALUES

**Caring**  
**Excellence**  
**Innovation**  
**Collaboration**  
**Accountability**





## ORGANIZATIONAL PRIORITIES

**The Winnipeg Regional Health Authority's Organizational Priorities are rooted in its strategic plan and include actions that address these priorities:**

### Aboriginal Health

The Winnipeg Regional Health Authority has established its Aboriginal Health Program with the goal of enhancing existing health services and employment opportunities, and establishing culturally appropriate services for Aboriginal people throughout the health system. The overall goal is to improve the quality and accessibility of care for Aboriginal people in the Winnipeg Health Region. Ongoing communication and meaningful dialogue will help ensure that the Winnipeg Regional Health Authority is accountable to the Aboriginal community.

### Patient Safety

The Winnipeg Regional Health Authority is committed to patient safety and actively promotes safer care by working to reduce preventable harm to patients in its care. Learning from critical incidents is a top priority. The Winnipeg Regional Health Authority trains staff to effectively review all incidents and develop recommendations to reduce the possibility of recurrence, consistent with existing legislation. Staff, patients and families are actively encouraged to report events that may be unsafe. The Winnipeg Regional Health Authority has significantly improved learning from critical incidents by directly involving patients and their families in processes related to the patient's safety.

### Wait Times

Wait times and access to services are ongoing issues. The Winnipeg Regional Health Authority is committed to increasing volumes and to reducing wait times for key services and programs. Additionally, the Winnipeg Regional Health Authority will ensure ongoing monitoring and reporting to Winnipeg Regional Health Authority stakeholders. This is a provincially-led initiative



and the Winnipeg Regional Health Authority is working closely with the province in improving access to a wide variety of services and reducing wait times in key areas. This priority is built upon the joint actions of Manitoba Health, the Winnipeg Regional Health Authority and other Regional Health Authorities, working to develop standard data definitions and tools to report and manage wait times, identify indicators, targets, strategies and actions to achieve wait time reduction. The ultimate goal is to implement system changes that will result in improved patient access to necessary services.

## Strategic Direction: Highlights and Goals

## 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.

The Winnipeg Regional Health Authority continues to support a healthy lifestyle for all age groups and population sectors within the Region. This commitment is evident through policies, position statements, the development of programs and services, implementation of

various pilot projects and education and awareness on issues such as injury and disease prevention, exercise, nutrition and life-long wellness. Providing the public with information that can result in better outcomes helps ensure that resources are being used more effectively and that communities are healthier because of it.

**PREVENTION AND PROMOTION GOALS:**

- We will have implemented strategies and initiatives that reduce 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 improve the health of the population in the multi-sectoral areas of active living, healthy eating, sexual health, mental health promotion and injury prevention.

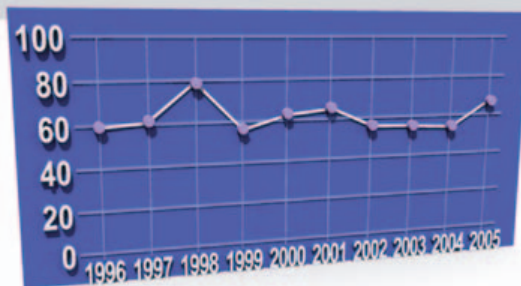
aged 65 and older who received influenza and pneumococcal immunization. Influenza vaccinations for this group increased 8% since 2002 (for a total of 13.6%); pneumococcal vaccinations increased 24.9% since 2002 (for a total of 69%).

The Winnipeg Regional Health Authority continues to work in partnership with municipalities, the Province of Manitoba, and other organizations, agencies and individuals to minimize serious illness and death, and to ease social and economic disruption in the event of an influenza pandemic. This included the establishment of a regional working group to look at ways to optimize the impact of annual flu campaigns and to ensure the Region is prepared to respond to mass immunization in pandemic situations.

**Infectious Disease Prevention**

Influenza continues to be a growing concern for the population, and adult immunization for influenza and pneumonia is now recommended. In addition to increasing the availability of flu vaccination, flu awareness campaigns were implemented over the past several years to highlight risks and prevention strategies. This has resulted in a steady increase in the population

**Number of tuberculosis cases in the Winnipeg Health Region 1996-2005.**



Over the ten-year period, the largest number of cases occurred among residents of the Downtown area (n=234; 43.2%)



Infectious disease prevention strategies continued and the Winnipeg Regional Health Authority responded to the increased incidence of sexually transmitted infections (STIs) and HIV. Street Connections is a mobile program designed to prevent the spread of HIV and other sexually transmitted infections, including hepatitis, by providing information, counselling, advocacy and referral. Hours of operation for the program were extended, resulting in higher volumes using its harm reduction services.

In recent years, the incidence of tuberculosis has been much higher than anticipated. The Winnipeg Regional Health Authority responded through the development of a regional tuberculosis services model that shifts the responsibility from the Province to Regions for coordination and management of the disease. The Province and Winnipeg Regional Health Authority will continue to work together to develop strategies for managing the disease.

## Healthy Living

The Winnipeg Regional Health Authority supports life-long wellness and its position statement on Healthy Living encourages a variety of initiatives. The high percentage of the population, particularly children, who do not meet the basic requirements for physical activity continued to be a concern that was addressed through a number of initiatives, including Winnipeg *In Motion*, designed to promote the health benefits of physical activity. As a coordinating partner with the University of Manitoba, the City of Winnipeg and Manitoba *In Motion*, the Winnipeg Regional Health Authority is committed to sharing knowledge and expertise to support communities in developing physical activity promotion strategies for the health of all citizens. The Seven Oaks Wellness Institute partnered with Active Living Coalition for Older Adults (ALCOA) Manitoba in the development of healthy lifestyle promotion strategies for this population. Information about these programs as well as nutrition education and resources were made available through the public website at [www.wrha.mb.ca](http://www.wrha.mb.ca).

A report of injury hospitalization rates from across Canada identified unintentional falls as the leading cause of injury hospitalizations in

2004/05, representing 57% of all trauma admissions. Elderly citizens aged 65 and over accounted for 41% of all injury hospitalizations in 2004/05, 84% of which were for unintentional falls.

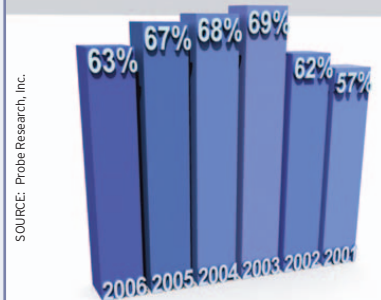
The Winnipeg Regional Health Authority responded to this growing concern by implementing the Falls Prevention Demonstration Project in June 2007. The Winnipeg Regional Health Authority also led the development of a regional Prevention of Falls in Older Adults Initiative. The goal of this project was to develop, implement, pilot and evaluate falls prevention tools within the Region. A vision-related component is also being introduced in partnership with Manitoba Health.

In 2006/07, the Winnipeg Regional Health Authority also continued participation in the Healthy Smile Happy Child Project, a province-wide initiative designed to help prevent early childhood tooth decay through community workshops and education initiatives, targeted at infant and preschool populations and their caregivers.

The Winnipeg Regional Health Authority Senior Management Team and Board sought input from the public regarding the Region's health education and promotion programs and initiatives. The system awareness tracking initiative continued to monitor public perceptions regarding disease prevention and health education programs. The Winnipeg Regional Health Authority public website maintains and updates a wide array of information related to health promotion, disease and injury prevention at [www.wrha.mb.ca](http://www.wrha.mb.ca).

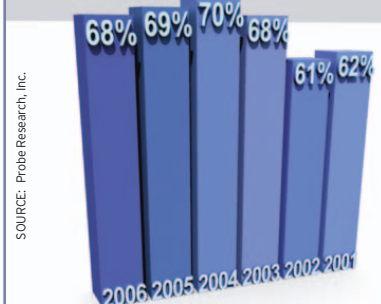
### There are good programs in place in Winnipeg for disease prevention.

Percentage of Respondents who Agreed



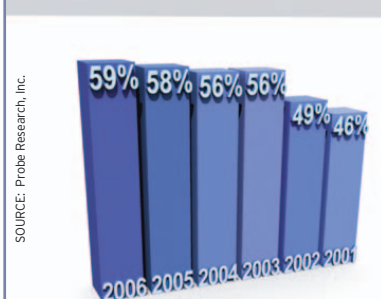
### There are good programs in place in Winnipeg for health education.

Percentage of Respondents who Agreed

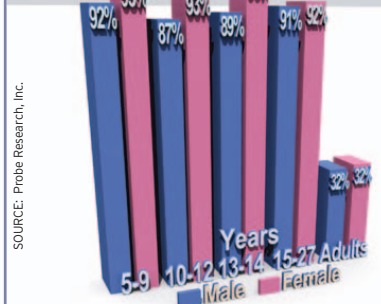


### There are good programs in place in Winnipeg for injury prevention.

Percentage of Respondents who Agreed



### Percentage of residents in the Winnipeg Health Region who DO NOT meet requirements of Physical Activity Guide.





## Strategic Direction: Highlights and Goals

## 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 healthcare facilities or at home by a range of healthcare providers. Health care services will be innovative, evidence-based and cost-effective.

Providing the highest quality of care throughout the Region, when and where it is needed, continued to be a major priority in 2006/07. This was evident through the Winnipeg Regional Health Authority's ongoing commitment to initiatives that

address accessibility, hospital length of stay, waiting times and patient safety issues.

**TREATMENT & SUPPORT GOALS:**

- We will have provided coordinated entry systems so that the public's ability to navigate Winnipeg Regional Health Authority 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.

**Community Access to Health Services**

The Aboriginal population in the Winnipeg Health Region is expected to increase significantly over the next several years, from its current level of about 61,000 to an estimated 75,000 by 2015, and 90,000 by 2025, at which time Aboriginal peoples will represent almost 12% of the Region's total population (Source: Manitoba Bureau of

Statistics, *Regional Population Projections of Aboriginal Peoples, January 2005*). Meeting the needs of this growing population continued to be an area of emphasis for the Winnipeg Regional Health Authority through initiatives that focused on facilitating better access to services by members of the Aboriginal community in the Winnipeg Health Region, and better communication between Aboriginal clients and service providers.

The Winnipeg Regional Health Authority provides access to interpreters as required to ensure comprehensive patient care and discharge coordination for case management across jurisdictions, and between the Winnipeg Regional Health Authority and rural and northern Aboriginal communities. Aboriginal coordinators were also put in place for several programs and health care locations.

A newly-created centralized intake system is addressing improved access and shorter waiting times by providing a single point-of-entry for all Child and Adolescent Mental Health services.

**Length of Stay**

Ensuring that patients are being treated in the right setting for the right amount of time is important to patients and families and helps to ensure access to care for others who need it.

One of the biggest accomplishments on the length of stay front was the continued, successful

implementation of the Utilization Management system. This computerized system captures objective and quantifiable bed utilization information for health care teams and system planners seeking answers to the question "why is patient X in the hospital?" The system was implemented in five acute care locations in 2006. Its intent is to ensure best possible planning of a stay in hospital for every patient.

The Winnipeg Regional Health Authority also established a patient flow committee to give further review to the length of stay issue. The committee reviews current issues around patient flow and provides recommendations that will influence strategic and operational changes within the Winnipeg Health Region.

Additional programs that were implemented to advance the goal of meeting length of stay benchmarks included the implementation of community-based breastfeeding clinics, home phototherapy services for newborns and the continuation of midwifery services.

## Reaching out to Communities

Several initiatives were implemented to reduce demand on acute care beds through the use of community-based services instead of hospital-based services. In 2006/07 the Winnipeg Regional Health Authority took major steps in realizing goals set by the Long Term Care Strategy. Approximately 327 personal care home beds were added to the system, including plans for an 80-bed Aboriginal personal care home. Projects in the supports to seniors category will result in 413 new spaces, while the development of 276 supportive housing units is now underway. Additionally, initiatives to provide specialized supports to individuals, including the establishment of a unit for ventilator-dependent persons, are in progress. The community housing project, Housing for Assisted Living (young persons with disabilities), was expanded. Funding was provided for individuals with extremely complex care plans that cannot be provided in normal institutional environments. Introduction of the PRIME

(Program of Integrated Managed-care for the Elderly) will enable individuals to remain in their own homes longer by giving them access to a wide range of health care services in their communities. The Winnipeg Regional Health Authority is consulting with a variety of community partners considering other housing initiatives within the strategy.

Each year the Canadian Council on Health Services Accreditation (CCHSA) has health care professionals from across the country review and evaluate Winnipeg Regional Health Authority programs and service

areas with regard to national standards. The Winnipeg Regional Health Authority engages with the CCHSA on a three-phase approach for accreditation that includes Long Term Care, Community Care and Acute Care. This year saw the successful accreditation for the Personal Care Home component of the Winnipeg Regional Health Authority. Leading practice in the Personal Care Home drug program was noted with the various strategies in place to manage appropriate drug use, excellent budget management practices and innovation around automation of drug distribution. Planning is underway for the Acute Care accreditation phase.

The Manitoba Renal Program expanded the availability of home-based peritoneal dialysis for a number of patients who otherwise could not administer their own treatment. This included providing these patients with access to home care attendants to assist with their dialysis at home instead of at the hospital.

ACCESS centres in Winnipeg provide outreach support to communities, ensuring accessible and effective social services for residents within the Winnipeg Health Region. ACCESS services were expanded in January 2007 to Transcona with plans in development for a third ACCESS Centre in Northwest Winnipeg.

### Health Services in Winnipeg are well coordinated.

Percentage of Respondents who Agreed

SOURCE: Probe Research, Inc.



# Strategic Direction: Highlights and Goals

## Treatment and Support

The Prehabilitation program through ACCESS River East assists patients preparing for surgery, ensuring that they have the information they need to support more timely and positive surgical outcomes. The Pan Am Minor Injury Clinic for Kids, piloted in 2005/06, was expanded to a permanent program.

2006/07 also saw the establishment of a second PACT (Program of Assertive Community Treatment) team. PACT is a specialized, comprehensive model of service delivery aimed at those who have a serious and persistent mental health disorders. A multi-disciplinary team of mental health professionals provides PACT services with a low staff-to-client ratio, using a team approach and shared caseloads. At capacity,

PACT will serve between 80 to 100 clients, many of whom would otherwise be in hospital at greatly increased costs and reduced quality of life.

Health Links - Info Santé, the 24-hour service that offers answers and guidance for basic health care issues, continued to meet the needs of the community with call volumes consistent with 2005/06.

Centres of Excellence initiatives continued to be advanced in 2006/07. The Centres of Excellence concept builds on the understanding that consolidation of specialized services at fewer locations ensures more efficient and effective use of equipment, human

resources and expertise and improved clinical outcomes. Centres of Excellence continue to be expanded locally, regionally and nationally. The Cardiac Program consolidation at St. Boniface General Hospital was a major step in the Winnipeg Regional Health Authority's Centre of Excellence

strategy. Other Centres of Excellence include: the Eye Care Centre, Sleep Lab and Geriatric Renal Dialysis units within the proposed redevelopment at Misericordia Health Centre; Neurosciences and the minimally and non-invasive surgical tools (Gamma Knife and Siemens Artiste) along with the PET-CT scanner and cyclotron at Health Sciences Centre, Integrated Movement Disorders Clinic at Deer Lodge Centre, and Stroke Rehabilitation and Acquired Brain Injury Services at Riverview Health Centre.



### Wait Times for selected interventions.

#### Year to Year Comparison

Diagnostic Imaging	Mar 07	05/06 Avg (Wks)	04/05 Avg (Wks)
CT Scans	8	12	10
Ultrasound	11	16	14
MIBI (Cardiac Scan for Coronary Artery Disease)	13	15	24
Bone Density	5	31	33
MRI	7	13	16
<b>Lower Extremity</b>			
<b>Joints</b>	<b>Mar 07</b>	<b>April 06</b>	<b>Target</b>
All	24	39	
<b>Primaries (1st surgery, this joint)</b>			
Hips	18	36	26
Knees	37	46	26
<b>Revisions (subsequent surgery on this joint)</b>			
Hips	18	19	n/a
Knees	12	10.4	n/a
<b>Cataract (Median)</b>	<b>Feb 07</b>	<b>Feb 06</b>	<b>Target</b>
	13	14	16
<b>Cardiac</b>			
<b>(Median in days)</b>	<b>Mar 07</b>	<b>Mar 06</b>	<b>Target</b>
All	21.5	31	
Coronary Artery Bypass Graft, Priority 1	6.5	6.0	0-14
Coronary Artery Bypass Graft, Priority 2	12	13	15-42
Coronary Artery Bypass Graft, Priority 3	51	74	43-80

### Wait Times

Wait times continued to be a key priority for the Winnipeg Regional Health Authority. Active participation in the Provincial Wait Time Reduction Strategy facilitated a number of key initiatives directed at achieving this goal. While work continues, the Winnipeg Regional Health Authority saw wait times reduced for selected interventions. Hip replacements were reduced from an average waiting time of 36 weeks to 18 weeks, while knee replacement waiting times were reduced from an average of 46 weeks to 37 weeks. Cardiac procedures also saw significant improvements with an overall average of 21.5 days waiting time versus 31 days in 2006. The Canadian Institute for Health Information reported that Manitoba has the shortest national wait time for cardiac by-pass surgery.

CT hours of operation were expanded at five hospitals and a new CT scanner was installed at the Health Sciences Centre as part of the Critical Services Redevelopment Project (CSRP). Overall, these two initiatives resulted in a reduction in wait times for CT scan procedures from eleven weeks to eight weeks. Bone Density resources were expanded in April 2006, resulting in a drop in wait times from 16 weeks to five weeks. Ultrasound





services were also expanded at two hospitals, resulting in an overall reduction in the wait times for elective procedures from 16 weeks to 11 weeks.

The Winnipeg Regional Health Authority implemented a strategy to increase Sleep Lab volumes resulting in 1,800 more tests being conducted annually. The Winnipeg Regional Health Authority also collaborated with Manitoba Health and other regions to address orthopedic surgery wait list issues. The Provincial Director of Patient Access led a number of wait list validation processes and management strategies that resulted in various wait lists being significantly reduced.

### Capital Redevelopment Initiatives

A number of large-scale capital redevelopment projects were completed that will provide significant benefits in all areas of patient care and health service delivery throughout the Region.

The Critical Services Redevelopment Project (CSRP) achieved a major milestone earlier this year with the opening of the 286,000 square foot, four-level facility at Winnipeg's Health Sciences Centre (HSC). This accomplishment was the culmination of an extensive, multi-year initiative to enhance the Winnipeg Regional Health Authority's ability to provide excellence in health care for patients who are critically ill or injured.

Named the Ann Thomas Building after HSC's first Aboriginal nursing school graduate, the facility brings together state-of-the-art equipment and information systems that are among the most beneficial and complex in modern health care.

CSRP provides benefits to the entire Winnipeg Regional Health Authority system by integrating

the location of HSC's critical services (ERs, ORs, ICUs), facilitating movement of patients from various critical care areas, improving patient safety and access to services, and ultimately contributing to more efficient use of resources.

### Components of the project included:

- Adult and Pediatric Emergency Units
- Adult and Pediatric Intensive Care Units
- Adult and Pediatric Operating Theatres
- Operating Room adjacent to the Adult ER dedicated to trauma cases
- Post-Anesthesia Care Unit
- Coronary Care Unit
- Radiology Procedure Rooms
- Medical Device Reprocessing facilities
- New 10-Bed Burn Care Unit

CSRP is the cornerstone of the Winnipeg Regional Health Authority's ongoing commitment to address the challenges the Region has faced in emergency care for the past several years. In addition to the CSRP project at HSC, expansion and redevelopment of emergency departments at Seven Oaks General Hospital, Victoria General Hospital and Concordia Hospital are also now underway.

Opening of the Bergen Cardiac Care Centre at St. Boniface General Hospital marked completion of another large capital project in 2006/07. The



# Strategic Direction: Highlights and Goals

## Treatment and Support

Centre houses the regional Cardiac Sciences program, bringing together Cardiac Surgery, Cardiology, Cardiac Critical Care and Cardiac Rehabilitation in one location. This is an important step toward completing implementation of major recommendations of the Koshal Report and will provide significant benefits to both patients receiving care and the staff who provide it. The Centre establishes St. Boniface Hospital as a Centre of Excellence in Cardiac Sciences, provincially and nationally.

A new Movement Disorders Clinic was opened in the fall of 2006 at Deer Lodge Centre. This clinic is considered one of the most comprehensive service units in Canada.

The new Manitoba Firefighters Burn Unit, which was unveiled at Health Sciences Centre in early 2007, is another major advancement of the Winnipeg Regional Health Authority's Centres of Excellence strategy. Dedicated to Manitoba's firefighters, the Burn Unit will provide a protective



and healing environment to meet the unique needs of patients with burn injuries. Recruitment efforts were successful in securing the expertise of Dr. Sarvesh Logsetty, whose calibre of work and reputation will help ensure the unit becomes a national Centre of Excellence in burn treatment and care.

Implementation of the Nurse Practitioner Model at Health Sciences Centre and Seven Oaks General Hospital also helped address some of the pressures facing emergency room service. The Model recognizes that Nurse Practitioners can play an invaluable role in reducing patient loads within the emergency room by addressing a broader scope of patient needs.

## Responding to the Community

Several advisory committees and councils are in place within a number of programs at sites throughout the Winnipeg Regional Health Authority. These interactions provide an opportunity for exchange of information relating to health care needs in Winnipeg's communities and to respond with programs and services that address key areas of concern. Membership typically includes representatives from the public and Winnipeg Regional Health Authority program teams. These advisory committees include:

- Mental Health Advisory Council
- Community Health Advisory Councils
- Patient Safety Advisory Committee
- Elders' Advisory Council
- Children's Hospital Family Advisory Committee
- Renal Patient Representative Committee

The Winnipeg Regional Health Authority supports many community-based organizations on a more informal basis.

## Patient Safety

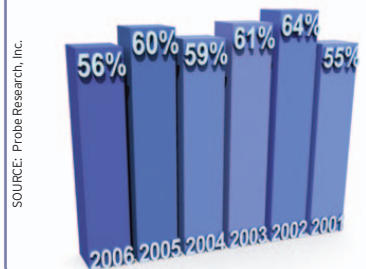
The Winnipeg Regional Health Authority Mission Statement was amended in 2006 to formalize its long-term commitment to patient safety encompassed in the phrase "We are committed to providing safe care and preventing harm to patients."

The ongoing regional, integrated patient safety strategy reaches out into the community through four major components: cultural change; direct involvement of patients; learning from clinical practice; promoting change in care delivery. Accomplishments in 2006 included the expansion of executive visits to additional health care sites within the Region and

### What the public has told us about their perception of experience with Emergency Room services

If I needed emergency services in Winnipeg, I am confident I would get care in a reasonable time.

Percentage of Respondents who Agreed



SOURCE: Probe Research, Inc.





reporting on regional strengths in patient safety and quality. The Winnipeg Regional Health Authority continued to partner with the Manitoba Patient Safety Institute in its “Safe to Ask” campaign to further the involvement of patients in their own safety. The Winnipeg Regional Health Authority also established working groups to address issues related to patient/family/friend involvement in patient care.

The patient safety team, established as part of the regional integrated patient safety initiative in 2006, has been active on several fronts this year. Several patients now sit on patient safety working committees and a second patient voice facilitator was hired. With the introduction of amendments to the Regional Health Authorities Act and the Evidence Act this year, much effort has been invested in training and education around the reporting, disclosure and review of critical incidents within the Region. More than 450 Winnipeg Regional Health Authority staff received training in a series of one-day workshops to learn from critical incidents. Disclosure of critical incidents to patients and families was addressed through training and certification of over a dozen clinical and administrative staff, through the Institute for Healthcare Communication.

**The Winnipeg Regional Health Authority does a good job of listening to the concerns of citizens.**

Percentage of Respondents who Agreed

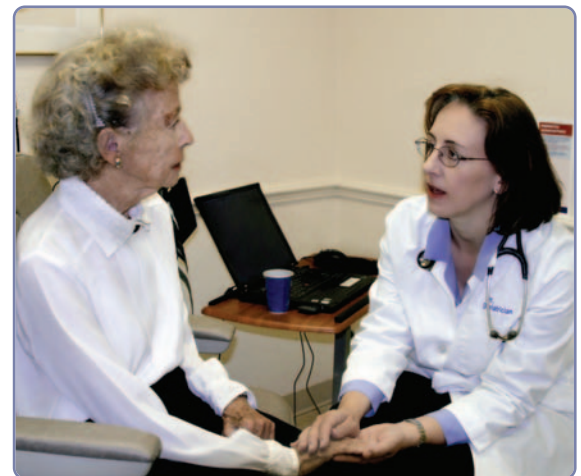
SOURCE: Probe Research, Inc.



**eHealth Services** led the development of a critical incident database to help ensure increased learning, reduced duplication of effort, and proper follow-up and evaluation of recommendations arising from critical incident reviews. A training process was also developed for patient safety investigation mentors to take responsibility for critical incident reviews for incidents involving serious injuries or deaths. Additionally, a system-wide medication reconciliation project

was developed that includes all areas of patient care. An innovative 24/7 telephone line critical incident notification and reporting system was also introduced, facilitating reporting for staff and allowing patients and families to raise concerns about potential critical incidents.

The patient safety team was also actively involved in the national Safer Health Care Now initiative.



*Caring about providing services and support when and where they are needed*



## Strategic Direction: Highlights and Goals

### 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.**

The Winnipeg Regional Health Authority is committed to pursuing partnerships within the communities it serves. This strategy is central to its success in ensuring the health services provided are in step with the ever changing needs of its diverse population. By collaborating with community representatives throughout the Region, the Winnipeg Regional Health Authority is

ensuring that all citizens have information about and access to the health services they need when they need them.

#### COMMUNITY GOALS:

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

#### Access to Information

The Winnipeg Regional Health Authority recognizes the importance of communication and

the need to employ a wide range of techniques to inform the community about its programs, services and priorities. The Winnipeg Regional Health Authority invites the public to attend the Annual General Meeting and each year produces the Winnipeg Health Services Directory as an insert into the Winnipeg Telephone Directory, delivered to each city business and residence. The Winnipeg Regional Health Authority also distributes a large volume of printed information throughout the Region, most of which is also available on the public website.

The Winnipeg Regional Health Authority public website includes its big picture focus as well as links to all locations where its health services are available. A number of tools are offered through the website to facilitate public access to services within the Region. The intent of these tools is to simplify navigation among the care options that are available and include: Health Links/Info Santé; Encompass; Find a Doctor; InfoHealth Guide; the Aboriginal Health Resource Directory. More information is available at [www.wrha.mb.ca](http://www.wrha.mb.ca).

The launch of the French public website in February was another step in the Winnipeg Regional Health Authority's five-year strategic plan to improve the delivery of French language services throughout the Region. Translation services are increasingly available and French language training continues to be offered for health care staff.

To further address growing language needs within our diverse populations, enhanced Language Access Services have been introduced



this year to improve patient-provider communication essential to safe, quality care.

One example of this is the availability of Health Links/Info Santé services in a multitude of languages in addition to English and French, including certain Aboriginal languages. These services are offered through third party interpreters.



The Winnipeg Regional Health Authority continues to meet its responsibility to provide information to the public in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). In 2006/07 the Chief Privacy Officer processed 148 FIPPA applications requesting information thought to be held by the Region. Of these, 122 applications (82%) received full or partial access to the information requested. This is an increase from 2005 when 84 FIPPA applications were processed, with 80% receiving full or partial access. When broken down into sectors, 124 (84%) requests came from political parties, three (2%) came from media and 21 (14%) came from other sources. Information about the process and submitting an application is available at [www.wrha.mb.ca/contact/infoaccess](http://www.wrha.mb.ca/contact/infoaccess).

### Collaboration

In 2006/07 the Winnipeg Regional Health Authority continued to actively pursue partnerships, collaborations and various project initiatives with other Regional Health Authorities, jurisdictions and organizations to facilitate the exchange of information and to further the goals of knowledge transfer and translation. Examples of such partnerships included the Winnipeg Regional

Health Authority's continued involvement with the Prairie Collaborative, made up of the universities in Manitoba and Saskatchewan and the regional health authorities in Saskatoon, Regina and Winnipeg. This group collaborates in the areas of clinical service, education and research. The expectation is that successful collaboration will enhance the ability to provide specialty and subspecialty services to: improve the quality of these services; enhance the recruitment and retention of critical staff; undertake beneficial initiatives and provide synergies that might otherwise not be possible. The partners met in June 2006, after which the Winnipeg Regional Health Authority identified two priorities -- development of Centres of Excellence for a Liver Transplant Program and Single Program/Multi-Site Delivery Networks.

The systems tracking poll continued to provide public feedback regarding the perception of the Winnipeg Regional Health Authority's response to community needs. Most recently, the poll showed an increase in the number of respondents who agree that the Winnipeg Regional Health Authority is doing a good job of listening to the concerns of citizens. The poll also indicated an improvement in the public perception that the Winnipeg Regional Health Authority is making the information people need available to them.

This past year, the Manitoba Renal Program developed a renal health outreach initiative to raise awareness about kidney disease and identify people in the early stages of the disease.



Number of FIPPA requests by Dispositions: 2006

Full Access: 96  
Partial Access: 26  
Denied: 8  
Other: 16 N/A; 2 repetitive

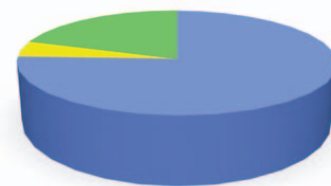
SOURCE: Probe Research, Inc.



Source of FIPPA requests: 2006

Political Parties: 84  
Media: 3  
Other: 21

SOURCE: Probe Research, Inc.





## Strategic Direction: Highlights and Goals

### 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.

In 2006/07 the Winnipeg Regional Health Authority continued to address the challenges and opportunities of ensuring its 27,000-strong workforce reflected the needs of its diverse communities. This included a focus on education, skill development, service and technology delivery, workplace wellness, patient and staff safety and cultural awareness.

Strategies are also being developed as a result of the Nursing Projection Model that has identified the need to prepare more Registered Nurses to accommodate retirements that will occur between now and 2011.

The staff section of the Winnipeg Regional Health Authority website ([www.wrha.mb.ca/staff](http://www.wrha.mb.ca/staff)) provides staff with information regarding career options, training initiatives and general information to support their professional development and ongoing interactions with clients.

#### STAFF GOALS:

- We will support individual Winnipeg Regional Health Authority 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 to or less than similar organizations.
- We will have developed a workforce in the Winnipeg Regional Health Authority that more accurately reflects the cultural diversity of the Region, where respect and tolerance are expected and understood.

#### Future Leaders

"Building Leaders for the Future" outlined a regional approach for succession planning that included recommendations for a wide range of valuable and relevant external executive and management development programs. The focus of these initiatives is to ensure that processes

are in place to fulfill the unique developmental needs of individuals transitioning to new roles in the future. Strategies for mentorship are being identified and development tools for staff that are moving into leadership roles are now available on-line.

#### Wellness

The wellness of staff in the workplace is central to the strategy of promoting a healthier and safer environment. Winnipeg Regional Health Authority-sponsored workplace wellness initiatives include several events and programs that are intended to enhance physical, emotional and spiritual well-being of staff. The Healthy Workplace Project, a collaboration between Health Canada, Manitoba





Health and the Winnipeg Regional Health Authority is a 27-month project that will allow the Winnipeg Regional Health Authority to implement a web-based health risk appraisal and decision-making tool to identify health issues of individuals, organizations and the Winnipeg Health Region.



The Winnipeg Regional Health Authority Occupational and Environmental Safety and Health Program included a variety of initiatives within four program areas to promote and protect the safety of workers and facilitate their return to work following an injury or illness.

Consistent with the prevention strategy promoting immunization for influenza, the Winnipeg Regional Health Authority continued its efforts to increase the number of staff receiving flu vaccinations. Immunization clinics for staff were held at various sites during regular working hours in the fall of 2006. Immunization of staff affects a variety of important issues in the areas of workplace wellness, health care quality and patient safety. The Winnipeg Regional Health Authority continues to address the need to increase immunization rates for health care providers.

The Winnipeg Regional Health Authority continued to work on developing and implementing new strategies that strengthen its position as an employer that values a diverse workforce.

The Winnipeg Regional Health Authority's goal is to have a workforce that is representative of the regional population. Since 2001/02, the number of Aboriginal people hired has increased steadily

with just over 570 Aboriginal staff members currently employed in the Region. The Winnipeg Regional Health Authority continues to work in partnership with Aboriginal Human Resources on several projects to enhance recruitment and retention of Aboriginal employee. This includes analysis of existing databases to help the Winnipeg Regional Health Authority better meet the needs of Aboriginal staff and job seekers. This also includes a staff retention strategy that focuses efforts on Aboriginal employees, and the development of a cultural proficiency framework that includes cultural awareness education. Outreach and recruitment efforts continue and will be integrated fully with Human Resources activities on an ongoing basis.

As a result of this collaboration, initiatives have been developed that allow Aboriginal students and youth to learn about health care careers and the Winnipeg Regional Health Authority as a potential employer. As a result of these efforts, employment of Aboriginal students increased to 43 in 2006 from 19 in 2005.



*Caring about helping staff be the best they can be*

## Strategic Direction: Highlights and Goals

### 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.

Fostering the development and sharing of knowledge has an impact on all areas of the Winnipeg Regional Health Authority's overall strategic direction. The Winnipeg Regional Health Authority provides leadership in the area of knowledge management by working with its own teams as well as a variety of research and education partners.

#### RESEARCH AND EDUCATION GOALS:

- We will have fostered excellence 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 four Canadian Institutes for Health Research Pillars in the Winnipeg Regional Health Authority.
- We will have multidisciplinary education in both the academic and workplace environment.

#### Research and Evaluation

The Winnipeg Regional Health Authority continues to support, develop and apply the principles of knowledge translation through informed decision-making. This initiative was led by the Research and Evaluation Unit of the Research and Applied Learning Division. Actions to facilitate knowledge translation included the development of a strategic evidence communication strategy. This strategy provided rapid response methodology for Senior Management and resulted in six successful Rapid Response deployments in late 2006.

The Winnipeg Regional Health Authority's continued efforts to apply research findings to improve delivery of services and improve outcomes was demonstrated through the implementation of a number of initiatives including: incorporation of the formal accreditation process in the Health Plan process; continued development of Centres of Excellence; establishment of Evidence Based and Nursing Research Committees at HSC. Research was also used to further develop language access initiatives.

#### Education

The Winnipeg Regional Health Authority continued to offer and coordinate clinical education opportunities for regional and site staff. This included the Winnipeg Regional Health Authority's continuing education fund for nurses (RNs, LPNs, RPNs), nursing leadership

development program and advanced practice nurses' workshops.

The Winnipeg Regional Health Authority also works to continue to strengthen and enhance research partnerships with the Manitoba Centre for Health Policy and other research bodies. A number of active collaborations are currently underway between the Winnipeg Regional Health Authority and other academic and non-academic organizations.

These include:

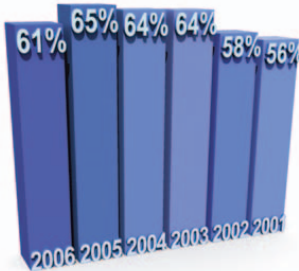
- Participation in Prairie Research Collaborative
- *In Motion* initiative
- Prevention of Early Childhood Tooth Decay and Healthy Smile initiatives
- Patient simulation collaboration with the Faculty of Medicine, University of Manitoba
- Participation in the Canadian Institute for Health Research Interpreting Knowledge into Action
- Funded collaboration with the Faculty of Medicine, University of Manitoba
- Canadian Institute for Health Research Partnerships for Health System Improvement grant submission
- Collaboration with Calgary Health Region in submission of Research Exchange and Impact for System Support grant submission
- Canadian Institute for Health Research Partnerships for Health System Improvement grant submission
- National Institutes for Health grant
- Knowledge translation research project (Health Sciences Centre Nursing with the University of Alberta)

In 2006/07, the Winnipeg Regional Health Authority implemented a Professional Advisory Committee to work toward the goal of multidisci-

**The Winnipeg Regional Health Authority is constantly looking for health system improvements.**

Percentage of Respondents who Agreed

SOURCE: Probe Research, Inc.



plinary education in both the academic and workplace environment. The committee is comprised of appointees from the Allied Health and Nursing Leadership Councils, the Medical Executive Council, the Community Management Committee and the Personal Care Home Executive Directors Council. In addition, four members at large were selected from the clinical professional group (physicians, allied health professionals and nurses).

This committee, which began meeting in June 2006, works in an important advisory role to the Board on policy related to patient, resident and client care issues. It will provide a forum for discussion of inter-professional issues and action related to clinical practice, education, research, and leadership.

The Winnipeg Regional Health Authority is committed to ensuring that all staff have access to the best information to support their work and areas of professional interest. This is evident in the arrangement that allows all Winnipeg Regional Health Authority staff access to the extensive online library services of the University of Manitoba. Additionally, more than 25% of staff have a library card with the Neil John McLean Library at the University of Manitoba campus.

In 2006/07 the Winnipeg Regional Health Authority secured funding from the National Patient Safety Institute for the Vital Signs Project. This funding enables the Winnipeg Regional Health Authority to move forward with plans to develop national benchmarking methodology.





## Strategic Direction: Highlights and Goals



### Accountability

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

Accountability to the public and government as well as partnership agencies is a value that receives significant attention within the Winnipeg Regional Health Authority. This includes functioning with the highest degree of integrity for its work and through responsible, timely and open interactions with the public.

improved service delivery and patient/resident/client satisfaction. When fully implemented at sites throughout the Region, as appropriate, these systems will provide comprehensive information that will support evidence-based decision-making and outcome measurement.

#### ACCOUNTABILITY GOALS:

- We will have implemented clinical information systems that will improve the management of the Winnipeg Regional Health Authority 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 Winnipeg Regional Health Authority programs and sites.
- We will have incorporated performance agreements that reflect the Winnipeg Regional Health Authority's strategic directions as part of contractual agreements with providers.
- We will have developed an integrated Regional Health Planning model that facilitates priority setting and decision-making.

In 2006, Manitoba Health announced the formation of Manitoba eHealth, a program designed to provide strategic coordination and focus on the development of a province-wide health information and communication technology strategy. Through its provincial mandate, Manitoba eHealth is working to ensure health care providers have immediate access to a patient's most up-to-date medical information including recent prescriptions or medical treatment received anywhere at any time within the province.

Several e-Health initiatives were initiated in 2006/07 to provide better and timelier information, resulting in

#### Hospital Information System Project

The Hospital Information System Project (HISP) is a province-wide initiative designed to improve access to patient information through a central electronic information system, an Electronic Patient Record (EPR). HISP's goal is to streamline patient information flow and its accessibility for doctors and other health care providers. These changes in service will help improve patient care quality and patient safety over time. The St. Boniface General Hospital was the first site for the introduction of EPR in Winnipeg.

HISP is comprised of five system modules including: registration; order entry and results reporting; clinical documentation; scheduling; patient billing.

#### Radiology Information System/Picture Archiving and Communication System

The Radiology Information System/Picture Archiving and Communication System (RIS/PACS) project will eventually integrate scheduling, order entry and results reporting functions that will be available through a provincial Electronic Patient Record (EPR). The project is a joint initiative of Manitoba Health, Diagnostic Services of Manitoba, Winnipeg Regional Health Authority, Brandon Regional Health Authority and funding partner Canada Health Infoway. Once

completed, RIS/PACS will enable patients' diagnostic imaging results to be shared accurately and privately among care providers, avoiding duplication and reducing costs. Six acute care sites, two long term care sites, the Breast Health Centre, Misericordia Health Centre and Pan Am Clinic (MRI only) are participating in RIS/PACS.

### Laboratory Information System

The goal of the Laboratory Information System (LIS) upgrade and expansion implementation is to integrate lab systems in Winnipeg facilities and improve turnaround time for many of the processes. LIS was implemented at a number of health care sites in 2006.

### Critical Services Redevelopment Project Systems

Manitoba eHealth also worked with health care professionals at the Health Sciences Centre in the development and ongoing implementation of four new systems to be introduced through the Critical Services Redevelopment Project (CSRP) infrastructure:

- **Emergency Department Information System (EDIS)**  
- a multi-phased project that will ultimately provide major benefits relative to patient tracking, patient information and resource monitoring. Improved patient care and more efficient service delivery will be the ultimate outcome.
- **Surgical Information Management System (SIMS)**  
- automation of all phases of surgical care, from scheduling and supply management to preference cards and documentation. Improved access to a variety of information will result in better clinical, administrative and financial outcomes.
- **Sterile Instrument Tracking System (SITS)**  
- supports the new environment of the Sterile Processing Department, and will automate reprocessing and centralized inventory management functions and assist in instrument preparation and tracking. Improved operating and clinical efficiencies are expected.
- **Clinical Supply Chain Information System (CSCIS)**  
- offers a number of benefits including reducing risk to patients, improving management control and reporting, improving efficiency with Supply and Distribution, improving inventory control, ensuring more efficient use of warehouse space and improved workload balancing and planning.

### Minimum Data Set (MDS)

The Winnipeg Regional Health Authority fully implemented Minimum Data Set (MDS) in 21 personal care homes and has begun implementation of the system in the remaining 15 facilities. MDS is an assessment and planning tool in personal care that provides a better understanding of the care needs and generates an automated care plan for residents. MDS implementation is a first major step in creating an electronic health record in personal care homes.

### Furthering Regionalization

Discussions with the community hospitals resulted in consideration of processes to advance regionalization of services related to human resources, finance and governance. In 2007, the Winnipeg Regional Health Authority executed operating and governance agreements with three community hospitals: Concordia Hospital, Seven Oaks General Hospital and Victoria General Hospital. Discussions are taking place with Grace General Hospital as well as the Misericordia Health Centre and the Chief Operating Officers of these hospitals have joined the Winnipeg Regional Health Authority Senior Management team. Finance and human resources services are in the process of being integrated to forward the goal of consistency in processes and maximization of resources. This accomplishment is a major milestone in the Winnipeg Regional Health Authority's goal of integrating health services to ensure the best-coordinated quality of care throughout the Winnipeg Health Region.

The Winnipeg Regional Health Authority pharmacy leadership team negotiated and obtained approval for the regional integration of pharmacy services at eight Winnipeg sites: Health Sciences Centre, Victoria General Hospital, Concordia Hospital, Grace General Hospital, Seven Oaks General Hospital, Deer Lodge Centre, Riverview Health Centre and Misericordia Health Centre. All pharmacy managers and staff at these locations will become Winnipeg Regional Health Authority employees and will be accountable to the Regional Director of Pharmacy. This integration is intended to improve patient services by reducing duplication and providing opportunities for the sharing of resources.



# Summarized Financial Statements

## Auditor's 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, 2007 and for the year then ended on which we expressed an opinion without reservation in our report dated June 21, 2007. 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 21, 2007

**Deloitte & Touche LLP**  
**360 Main Street**  
**Suite 2300**  
**Winnipeg MB R3C 3Z3**  
**Canada**  
**Phone: 204.942.0051**  
**Fax: 204.947.9390**  
**[www.deloitte.ca](http://www.deloitte.ca)**

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**Summarized Statement of Operations**  
**For the year ended March 31, 2007**  
**(in thousands of dollars)**

	2007	2006 (Restated)
<b>REVENUE</b>		
Manitoba Health operating income	\$ 1,685,339	\$ 1,588,809
Manitoba Health pre-retirement income	17,168	2,759
Other income	81,347	66,853
Amortization of deferred contributions, capital	36,524	33,131
Recognition of deferred contributions, future expenses	5,516	10,475
	<b>1,825,894</b>	<b>1,702,027</b>
<b>EXPENSES</b>		
Direct operations	1,185,031	1,109,432
Pre-retirement	8,450	22,056
Amortization of capital assets	37,380	33,681
	<b>1,230,861</b>	<b>1,165,169</b>
<b>FACILITY FUNDING</b>		
Acute care facility funding	314,464	294,623
Long term care facility funding	228,808	219,351
Community health agency funding	27,336	24,489
Adult day care facility funding	2,815	2,834
Long term care community therapy services	632	632
<b>GRANT FUNDED</b>		
Grants to facilities and agencies	15,487	17,358
	<b>1,820,403</b>	<b>1,724,456</b>
<b>OPERATING SURPLUS (DEFICIT)</b>	<b>5,491</b>	<b>(22,429)</b>
Add		
Non-insured services net surplus	4,743	2,447
<b>NET SURPLUS (DEFICIT)</b>	<b>\$ 10,234</b>	<b>\$ (19,982)</b>

APPROVED BY THE BOARD

Director	Director
Louis Druwé	Dr. John Wade

# Summarized Financial Statements

## Summarized Statement of Financial Position As at March 31, 2007 (in thousands of dollars)

	2007	2006 (Restated)
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash and marketable securities	\$ 72,623	\$ 64,919
Accounts receivable	64,951	46,376
Inventory	13,084	11,591
Prepaid expenses	8,226	4,971
Employee benefits recoverable from Manitoba Health	78,675	78,675
	<b>237,559</b>	206,532
<b>CAPITAL ASSETS</b>	<b>642,581</b>	594,854
<b>OTHER ASSETS</b>		
Employee future benefits recoverable from Manitoba Health	82,302	82,302
Specific purpose funds	37,275	36,190
Nurse recruitment and retention fund	3,419	3,990
	<b>\$ 1,003,136</b>	\$ 923,868
<b>LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities	\$ 135,195	\$ 113,376
Employee benefits payable	85,359	81,966
Current portion of long term debt	9,643	2,313
	<b>230,197</b>	197,655
<b>LONG TERM DEBT AND DEFERRED CONTRIBUTIONS</b>		
Long term debt	13,896	23,141
Employee future benefits payable	105,492	103,799
Specific purpose funds	37,275	36,190
Deferred contributions	574,882	531,352
Nurse recruitment and retention fund	3,419	3,990
	<b>965,161</b>	896,127
<b>NET ASSETS</b>	<b>37,975</b>	27,741
	<b>\$ 1,003,136</b>	\$ 923,868

**Supplementary Information**  
**As at March 31, 2007**  
**(unaudited)**  
**(in thousands of dollars)**

**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:

	<b>2007</b>	2006 (restated)
Administrative costs \$	<b>\$81,971</b>	\$81,372
Administrative costs %	<b>4.4%</b>	4.6%





WINNIPEG REGIONAL HEALTH AUTHORITY

2006/07 ANNUAL REPORT