# PeopleCaringforPeople







### **Table of Contents**

Profile/Mission/Vision/Values	3
Organizational Priorities	5
Message from the Board Chair and President & Chief Execu	itive Officer6
Strategic Directions: Achievements and Challenges	8
Prevention & Promotion	
Statistical Highlights	11
Treatment & Support	12
Community	27
Staff	26
Research & Education	30
Accountability	34
Governance	
Organization Structure	38
Board of Directors	38
Board Members	38
Board Committees	38
Board Decisions	39
Community Health Advisory Councils	39
Operating and Governance Agreements	40
Statistical Highlights	40
Letter of Transmittal and Accountability	41
Summarized Financial Statements	42
Auditors' Report & Disclosure Contact Information	42
Summarized Statement of Operations	43
Summarized Statement of Financial Position	1/











### **Profile**

# Winnipeg Regional Health Authority Caring for Health in our Communitites

#### **About Us**

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 provides health care support to nearly half a million Manitobans who live beyond these boundaries as well as residents of Northwestern Ontario and Nunavut who require the services and expertise available within the Winnipeg Health Region.

More than 28,000 people work in the Winnipeg Health Region. With an annual operating budget of nearly \$1.8 billion dollars, the Winnipeg Regional Health Authority operates or funds over 200 health service facilities and programs including:

#### Two tertiary hospitals:

- Health Sciences Centre Winnipeg
- St. Boniface General Hospital

#### Four community hospitals:

- Concordia Hospital
- Grace Hospital
- Seven Oaks General Hospital
- Victoria General Hospital

#### Four long-term care health centres:

- Deer Lodge Centre
- Misericordia Health Centre
- Riverview Health Centre
- St. Amant

#### Community health operations:

- 35 Personal Care Homes
- 12 Community Health Agencies
- 20 Community Health Offices
- Rehabilitation Centre for Children
- Manitoba Adolescent Treatment Centre
- Funded community agencies

#### Direct community operations:

- Pan Am Clinic
- Community offices offering programs involving public health
- Home care
- Health services including: long-term care, primary care, home care, mental health, and acute care
- Two ACCESS Centres; River East and Transcona

#### Key partners:

- CancerCare Manitoba
- University of Manitoba
- Diagnostic Services of Manitoba

For a list of our clinical programs visit the Winnipeg Regional Health Authority website at www.wrha.mb.ca.

For more information about the Winnipeg Regional Health Authority Visit www.wrha.mb.ca 1800-155 Carlton Street Winnipeg, MB R3C 4Y1 Phone: 204.926.7007 Fax: 204.926.7007

### **Our 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 enabling high quality health services and by building partnerships with the community. It is committed to providing safe care and preventing harm to patients.

### **Our 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 staffing initiatives, active participation in the health system and improved services.

The vision has six key components focused on the strategic directions of: Prevention & Promotion; Treatment & Support; Community; Staff; Research & Education; and Accountability.

### **Our Values**

The Winnipeg Regional Health Authority is committed to promoting and providing health care services in a competent and caring manner that ensures excellence, innovation, collaboration and accountability.

A complete description of our Mission, Vision and Values is available at www.wrha.mb.ca/about/mission.php.



### **Organizational Priorities**

Organizational priorities address issues determined to be of concern across the health region. These are the issues upon which the Winnipeg Regional Health Authority focuses its attention from a business perspective — in essence, just about everything we do should reflect our commitment to one or more of our stated priorities. Every program and site is expected to incorporate strategies and actions to address an organizational priority.

#### **Patient Safety**

The safety of our patients and clients is always a priority for the Winnipeg Regional Health Authority. Our sites, services and programs consistently strive to deliver care in a manner that is safe. However, over the last decade, the issue of patient safety and prevention of adverse events has gained momentum internationally, nationally and locally. There has been a fundamental shift in the perception of how health care should be delivered, and the accountability of service providers to their patients and to the community as a whole. Today, ensuring the safety of everyone who comes into contact with health services is one of the most important challenges facing health care.

Recognizing that, Senior Management and our Board determined that Patient Safety should be named as an Organizational Priority and that a Patient Safety Team with resources and strategies be deployed to improve patient safety region-wide.

#### Wait Times and Access

The Winnipeg Regional Health Authority has partnered with Manitoba Health in addressing wait time and service access issues. Funds targeted to reducing wait times for selected surgical and diagnostic procedures have been received from Manitoba Health, and progress is monitored and reported to them on a monthly basis. Waiting lists in the priority areas are continuously managed jointly with the programs in order to reduce backlogs and prevent the formation of new ones. Overall, waiting times have improved. To date, our focus has been mainly on wait times for treatment. More recently, we are beginning to

take steps to address wait times for consultations. We are also exploring strategies to prompt scheduling, so we can provide patients and their referring doctors with dates as to when they can expect treatment.

#### **Aboriginal Health Programs**

Winnipeg has the largest urban Aboriginal population in Canada, with almost 10% of our population considered to be Aboriginal. Additionally, this component of our community is growing very fast. However, the health status of Aboriginal people has been documented to be well below that of other Canadians. In 2001, the Winnipeg Regional Health Authority established its Aboriginal Health Strategy through the implementation of two regional programs: Aboriginal Health Services and Aboriginal Human Resources Initiative. In 2006, the two were amalgamated into one comprehensive program: Aboriginal Health Programs, which works with hospitals and community health programs to improve the quality and availability of health services accessed by First Nations, Inuit and Métis people.

#### Workforce Wellness and Safety

Healthy providers who work in healthy workplaces provide better and safer patient care. The Winnipeg Regional Health Authority employs approximately 28,000 persons — each of whom contributes to the health and well-being of the people in the Winnipeg Health Region and to those who access the services we provide. Naming Workforce Wellness and Safety as an Organizational Priority is the culmination of a number of ongoing processes, strategies and initiatives. It recognizes the critical nature of the work that our employees do, and in tandem effort, addresses the issue of staff retention and recruitment. This priority will help ensure that these and other emerging workplace concerns are addressed on an ongoing basis.

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

It is with great pride that we submit for your review, the annual report of the Winnipeg Regional Health Authority. This document not only outlines the expenditures and accomplishments we have undertaken over the 2007/2008 fiscal year, but also underscores our progress on strategies and initiatives intended to provide those within our region and beyond the highest quality health care and service.

This past fiscal year we have heralded a number of successes – often achieved in the face of many challenges, some of which we share with other jurisdictions across the country, including: physician and nursing shortages, recruitment and retention of health professionals, wait times/access, patient safety, and, like many organizations, we too are subject to a number of economic factors that impact our operational costs.

Yet in spite of these challenges, we have maintained focus on our Organizational Priorities: Aboriginal Health, Patient Safety and Access/Wait Times, and added an additional priority this year, Workforce Safety and Wellness.

In 2006, the cost of health care premiums for injuries in the health care sector reached \$27.8 million. As such, we have partnered with the Workers Compensation Board of Manitoba in implementing the Health Workplace Injury Reduction in Health Care Initiative, and launching the SAFE Health Care initiative. This partnership and enhanced education and awareness programs have already garnered positive results as indicated in this report.

Our efforts to achieve a more regionalized and effective service delivery model in the Winnipeg health region took some major strides this past year. Most notable is the Grace Hospital officially transferring ownership from the Salvation Army of Canada to the Winnipeg Regional Health Authority on April 1, 2008.

As regionalization in this province enters a decade of operation, we can now demonstrate the merits for our regional management approach as we continue to work towards centres of excellence in our health care delivery sites throughout Winnipeg.

We are also supporting these centres of excellence with commitments to ensure health care professionals are in place now and the future, to deliver high quality health. In this effort we have partnered with the University of Manitoba in developing the new Clinical Learning and Simulation Facility at the Health Sciences Centre campus, which houses a hospital-replicated environment to teach future health care professionals using realistic robotic patients.

Establishing a regional approach to health services, working in collaboration with our partners has also helped us undertake a collective effort in addressing many of our important health care service issues: wait times, patient flow, emergency and critical care services.

We have continued to make progress on how health services are accessed – reducing barriers such as language, through improved Language Access Services and enhanced services for First Nations, Inuit and Métis people. We're working on recommendations from the Patient Flow Steering committee to reduce length of stay for patients in hospital beds and emergency departments and better manage the movement of patients in the health care system in sync with the availability and capacity of our services and resources.

These efforts have not only required input from the acute care facilities but have also engaged the long term care sector through the Long Term Care Strategy. The strategy is addressing the capacity of personal care home beds and the determining factors of people requiring service in personal care homes or other care options such as assisted living, supportive housing and home care.

Through the cooperation of our health care delivery sites and association with Manitoba eHealth, our regional approach is now able to engage new technologies to synchronize service provision, such as the Utilization Management System that provides detailed data for hospitals to match resources, staff and facilities with their patient requirements.

The Emergency Department Information System (EDIS) is also being implemented at all seven emergency departments in our region to assist in the care of the 690 patients who, on average, visit an emergency department in Winnipeg each day. In addition, EDIS is providing emergency care staff with the ability





to better track the status of each patient in real time through their stay and promotes more timely and appropriate care.

We also introduced new technology in other key areas to support clinical care and we are continuing to make progress towards a new technology solution to standardize and better manage our human resources, payroll, finance and logistics services in our health region.

Earlier this year, our Board approved a plan that will see the relocation of our head offices to a new location near the corner of Main Street and Logan Avenue. The first two floors of this new four-story building will include the new Downtown ACCESS Centre, consolidating health and social services in the downtown east community area. Developed in partnership with Centre Venture Development Corporation, the health services and head office re-location will help revitalization efforts in the area and provide increased accessibility to health services for area residents.

Our Human Resources program continues to engage an integrated service model across the health region, ensuring our staff are supported with consistent policies and processes, are treated with respect and dignity, have opportunities for knowledge growth and a positive career path, and have supportive and competent leadership.

The Human Resource Management Association of Manitoba honoured our program with the 2007 Excellence in Leadership Award recently for the development of our series of seminars, workshops and courses to enhance the competency of health care managers.

This year we launched a new electronic staff newsletter to enhance our ability to communicate in a consistent and collective manner to the more than 28,000 staff working in health care in our region. Each week through the *Health Care Connection*, we share news and information including new developments, educational opportunities as well as items of general interest to connect health care staff with what's going on in our region.

We continue to improve communications with our public through enhancements to our website and other publications as well as receive valuable feedback from our communities through the Community Health Advisory Councils. Council members from the community areas have worked tirelessly this year to provide solid input to our board and management with the development of comprehensive reports on patient experiences, immigrant and refugee health services and other issues impacting health care in the community. Their grassroots perspective is invaluable to our efforts of anticipating and proactively servicing the community's health care needs.

The Board of Directors is currently undertaking an extensive review of our governance model and processes to ensure that we continue to be engaged in good governance practices. As part of this process, the Board is contemplating what the role, purpose, and expectations are in shaping, creating and supporting regional priorities as the Winnipeg Regional Health Authority moves forward.

It is with sincere regret that we posthumously pay tribute to the contribution of Board member Ben Zaidman who served with our Board until briefly prior to his passing in June 2008. Ben was a valuable contributor to our Board of Directors and will be sorely missed.

Going forward we are faced with many challenges of providing care to an increasingly aging and culturally diverse population, meeting the service needs of our patients in a timely and professional manner, implementing state of the art technologies and communicating to the public and our stakeholders the value our health care professionals bring to our hospitals, clinics, community services and care homes on a daily basis. There are no shortage of good stories to tell, balanced with challenges we endeavor to tackle, many of which are detailed in this report. We hope you find it interesting and informative.

Dr. John Wade Board Chair Dr. Brian Postl President & Chief Executive Officer

For biographies of Dr. John Wade and Dr. Brian Postl, visit www.wrha.mb.ca.

# Strategic Directions: Achievements and Challenges - Prevention and Promotion

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

The goals of the Winnipeg Regional Health Authority's Prevention and Promotion Strategy have clearly been established to help ensure better health outcomes, more effective use of health care resources and, most importantly, healthier communities.

Goal 1: 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.

#### Tobacco Use Reduction

The Winnipeg Regional Health Authority continues to support, initiate and work in partnership to reduce the use of tobacco among residents of Winnipeg and staff. Some highlights of this endeavor include:

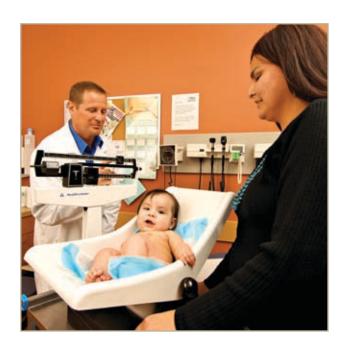
- Introduction of "Commit to Quit", a six-week group smoking cessation program for staff
- Provision of additional smoking cessation resources in the Health & Wellness section of the staff intranet site
- Working with communities, such as Seven Oaks and Point Douglas, to develop tobacco reduction initiatives, such as:
  - SWAT Students Working Against Tobacco offered by and for high school students
  - Media literacy presentations to youth
- Increasing visibility and accessibility of tobacco cessation resources through our website (some bilingual) at www.wrha.mb.ca
- Identifying tobacco reduction as a component of our Chronic Disease Prevention Initiative a province-wide, community-based project in partnership with federal and provincial health agencies, designed to fight diseases such as diabetes, cancer, cardiovascular, kidney and respiratory disease, which are all major causes of illness, disability and death in Manitoba

#### Healthy Parenting and Early Childhood Development

The Winnipeg Regional Health Authority has introduced a number of initiatives that support the belief that improving parenting skills can have a positive impact on child health, including:

- Triple P Parenting Training for Public Health staff through Healthy Child Manitoba - Triple P is a world-renowned parenting program that promotes positive, caring relationships between parents and their children and helps parents learn effective management strategies for childhood development and behavioural issues
- Participation in Quality Assurance Families First

   development of an enhanced program to apply monitoring and quality performance measurements, as well as input into provincial service delivery standards and clinical practice guidelines, for the implementation of the Families First program, a community based home visiting program supporting overburdened families as they raise their children from birth to school entry
- Healthy Beginnings services to promote the growth and development of children from preconception to early childhood, including Reproductive Health, Childbirth







Education, Antenatal Home Care, Post Partum Follow-up and Family Support, BabyFirst, Families First and Child Health Services. For information on these programs visit www.whra.mb.ca/community/publichealth/beginnings.php.

#### Communicable Disease Control

While general influenza (Flu) immunization rates have increased over the past five years, immunization rates for children and our own workforce are lower than ideal. As such, an increased focus on initiatives associated with communicable disease is in progress. They include:

- Immunization among children including development of a pilot project to target communities where immunization rates are low
- Flu and pneumonia immunization among at-risk populations
- Provision of flu vaccines at regional work sites and ongoing efforts to encourage staff to obtain influenza inoculation
- Development of a regional surveillance program that will facilitate a timely response to influenza outbreaks
- Ongoing influenza pandemic planning in partnership with Manitoba Health and other regional health authorities in the province
- Pan-Canadian Public Health Information System participation in the Panorama initiative led by the Province of British Columbia and Canada Health Infoway. Manitoba begins implementation planning for this system in fiscal 2008/2009

#### Sexually Transmitted Infections (STIs)

The Winnipeg Regional Health Authority is responding to the increased incidence of STIs and HIV and other reportable infectious diseases through a variety of initiatives:

- Development of the draft Winnipeg Regional Health Authority Harm Reduction Position Statement
- Active participant in the Manitoba Harm Reduction Network, a coalition of over 100 member organizations interested in addressing factors affecting health and preventing the transmission of STIs and blood borne infections such as HIV/AIDS and hepatitis C in Manitoba
- Continued support of Street Connections, a mobile program designed to prevent the spread of HIV and other sexually transmitted infections, including hepatitis, by providing information, counseling, advocacy and referral

Safe patient care will occur in a culture of honesty, trust, respect and open communication

Goal 2: We will have implemented strategies and initiatives that improve the health of the population in the multi-sectoral areas of active living, healthy eating, mental health promotion and injury prevention.

#### **Healthy Living**

The Winnipeg Regional Health Authority's support for life long wellness and its position statement on healthy living encourages a variety of initiatives that advance this goal. This includes enhanced information on our website, in newsletters and publications, programs and activities that are led by us and offered regionally or in collaboration with others offered through community groups to meet specific needs.

The Winnipeg Regional Health Authority helps promote physical activity/active living in the community and in the workplace through support of initiatives such as Winnipeg *In Motion* and the Active Living Coalition for Older Adults (ALCOA). This includes programs to support both staff and members of the community. In fiscal 2007/2008 *In Motion* successfully trained 40 new leaders for Steppin Up, an exercise regime designed for seniors, bringing the total number of trainees to 120.

#### **Healthy Eating**

The Winnipeg Regional Health Authority also continues to promote the benefits of healthy eating as an integral part of a healthy lifestyle. We successfully implemented a number of initiatives to promote the benefits of healthy eating as part of an overall healthy living program, including:

- Establishment of a Healthy Nutrition Policy
- Partnering with the Dairy Farmers of Manitoba to produce nutrition articles for school newsletters
- Input into City of Winnipeg deliberations on transfat and subsequent plans to develop related education resources
- Working with *In Motion* to link and promote nutrition and physical activity
- Working with the Food Charter group in exploring the Winnipeg Regional Health Authority's ongoing role in food charter/food security

# Strategic Directions: Achievements and Challenges - Prevention and Promotion (continued)

 Development of resources designed to provide nutrition information for new immigrants/refugees, including development of a nutrition tool kit for newcomers as an aid to learning English

#### Mental Health

The mental health of our citizens continues to be an area of growing concern. The Winnipeg Regional Health Authority has responded with a focus on prevention/promotion and healthy living in areas specific to mental health:

- Mental health literacy
- Enhancing resilience across the lifespan
- Lifestyles supporting mental health
- Healthy schools, workplaces and environments
- Capacity building for individuals, organizations and communities to promote health and mental health
- Shared care mental health expansion

The Winnipeg Regional Health Authority's Adult Mental Health program includes a range of community-based and hospital-based programs and services designed to help adults experiencing mental health problems. It provides assessment, crisis intervention, counseling, treatment, consultation, referral, case management, rehabilitation and education services in a variety of settings.

The Winnipeg Regional Health Authority has also been involved in the development of a regional plan for suicide prevention that is linked to national and provincial priorities.

More information and resources are available at www.wrha.mb.ca/community/mentalhealth/index.php.

#### **Community Health**

Winnipeg Regional Health Authority community area teams address specific issues with targeted programs. While the list of accomplishments is extensive, some highlights include the establishment of a teen access clinic at ACCESS Transcona and in the River Heights/Fort Garry community area. The assessment of the health status of Elmwood residents in the context of mental health wellness was another accomplishment in this area.

Winnipeg Regional Health Authority collaborates with Manitoba Health and other community partners to support healthy sexuality. This includes support of a syphilis social marketing program in collaboration with Healthy Living Manitoba for Gay, Lesbian, Bisexual, Transgender and Two-spirit (GLBTT) Coalition populations.

In the area of environmental health the Winnipeg Regional Health Authority participated in City of Winnipeg deliberations on pesticide reduction; development of a model to support vulnerable clients in the community in managing housing issues; establishment of the regional Bedbug Control Advisory Group; and the support of a single organization for public health inspection in Winnipeg.

The implementation of the Primary Health Care Strategic Plan and new Primary Health Care team structure was a major accomplishment that will help support a full range of initiatives related to promoting a healthy lifestyle. The Plan identifies three key priorities:

- Chronic Disease Management
- Strengthening Primary Care and Mental Health Linkages, and
- Partnerships with Fee-for-Service Physicians

Initiatives within the Strategic Plan include the establishment of additional ACCESS Centres; implementation of the regional Chronic Disease Management initiative; and building Partnerships with Fee-for-Service Physicians. Additionally, it includes implementation of the Healthy Behaviour Change Project in collaboration with Women's Health, Cardiac Science, Mental Health, Home Care, Primary Care and Population and Public Health Programs. These initiatives focus on increasing the ability of health care professionals in effectively supporting clients in making positive health changes.

We're committed to the Aboriginal community by implementing actions that address health care needs





### Statistical Highlights

Ambulatory Care Visits (Acute) All Sites - 2007-2008

449,888

Source: Financial Management Information System (FIMIS)

Emergency Department Visits All Sites - 2007-2008

247,847

Source: Financial Management Information System (FIMIS).

Day/Night Care Visits(1) - All Sites - 2007-2008

72,835

Source: WinRecs Abstracting Application. 1] Includes only those cases which met the Manitoba Health criteria for submission of a Day/Night Care abstract to Manitoba Health and CIHI and is a subset of the total Day/Night care visits at WRHA acute sites. Total Day/Night Care activity reported in FIMIS requires extensive validation prior to reporting/publication. Extracted from open year discharge abstract data and subject to change.

Urgent Care Visits - Includes Misericordia & Pan Am Minor Injury Clinic - 2007-2008

78,572

Source: Financial Management Information System (FIMIS)

Births in Winnipeg Hospitals(1) - 2007-2008

10,495

Source: WinRecs Abstracting Application. 1) Open year data and subject to change. Includes stillbirths. Excludes home births.

Surgical Procedures(1) - All Sites - 2007-2008(2)

61,478

Source: WinRecs Abstracting Application. 1] Represents cases that had surgery in a site's Main Operating Room [OR] and that for some cases, more than one surgical procedure may have been done during an episode in the Main OR. 2] Open year data and subject to change.

Total Number of Residents in Personal Care Homes (PCH) at March 31, 2008

5,860

Source: Director of Finance LTC and Program Director, PCH Program. 1) Includes Central Park Lodge - Valley View, Extendicare - Hillcrest Place, Extendicare - Red River Place, St. Adolphe Personal Care Home and Tudor House Personal Care Home proprietary PCHs that are located outside the Winnipeg geographic region but which Manitoba Health funds through the WRHA Long Term Care Program.

Home Care Clients(1) Receiving Services at March 31, 2008

13,619

Source: Compiled from Community Office Statistics by the Home Care Program Analyst. 1] Excludes approximately 475 clients under assessment but not yet receiving services.

#### Mental Health Community Program - 2007-2008

Contacts by community mental health crisis response services	16,802
Contacts by brief therapeutic treatment services	4,687
Clients served by community mental health workers in geographic based services	1,936
Clients with complex needs served by specialized mental health case management services	416

Source: Mental Health Policy & Planning Specialist

# Strategic Directions: Achievements and Challenges - Treatment and Support

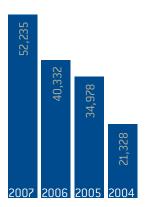
We will deliver health care. Services will be accessible and available at the right time in a fair manner. They will be delivered in a compassionate and respectful manner with a focus on safety, at health care facilities or at home by a range of health care providers. Health services will be innovative,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

Goal 1: We will have provided coordinated entry systems so that the public's ability to navigate our health care services is enhanced.

#### **Accessing Services**

As an ongoing action, the Winnipeg Regional Health Authority maintains a comprehensive Health Services Directory published in the centre of the MTS telephone directory and an Online Health Services Directory on our website, located at www.wrha.mb.ca/healthinfo/directory/index.php. The directory assists residents with information about health services, where they are located and how they may be accessed.

Visits to the Winnipeg Regional Health Authority website, providing public information on a wide variety of health services, programs and health issues, have been steadily increasing.



Average number of visits per month to the Winnipeg Regional Health Authority public website

Language is important in facilitating safety and access to appropriate services. Language barriers are a concern that extends beyond patient encounters with physicians and hospital care. Patients may face significant barriers to health promotion/prevention programs and initial access to health services. Implementation of Language Access Services continues to facilitate access to health care services. As of April 2008, trained interpreter services were available at the following locations within the Winnipeg Health Region: Children's Hospital and Women's Hospital (Health Sciences Centre), Klinic Community Health Centre and Nine Circles Community Health Centre. Nearly 700 requests for interpreter services were received by April 18, 2008. As of May 2008, face-to-face interpreter services within the Winnipeg health region were available in 22 languages provided through 38 interpreters. (These figures may fluctuate during the year.)

The next phase of implementation is currently underway and will include the following locations and health services:

- Health Sciences Centre all programs, departments and services
- St. Boniface General Hospital all programs, departments and services
- Community Health Offices (Downtown Community Area)
- Community Health Centres (Downtown Community Area)
- Centralized services (e.g. Antenatal home care)
- Other sites and services on a case-by-case basis

### Goal 2: We will have reduced length of stay to meet targeted benchmarks.

Reduction in length of stay at acute hospitals remains a priority of the Winnipeg Regional Health Authority. Two key initiatives, the Patient Flow Project in combination with the Utilization Management System and ongoing Long Term Care Strategy, continue to help achieve this goal.

#### Patient Flow

The Patient Flow Steering Committee was established in 2006. Accountable to the Winnipeg Regional Health Authority President and CEO, the committee is responsible for identifying changes that will reduce length of stay for patients in hospital beds and emergency departments. Their final report was delivered in June 2007 and provides 23 recommendations for improvements to hospital and community processes and service options. Each recommendation is supported by an interdisciplinary team and





leader that will work together to move the initiatives forward. Current activities are focused on enhancing movement of patients through the in-patient setting, including monitoring and facilitating:

- 1. Admissions from emergency departments
- 2. Transfers from Critical Care
- 3. Transfers to and from other regions and provinces
- 4. Discharge planning
- 5. Transition to alternate setting of care

Implementation of the Utilization Management System (UM System) was completed in February 2008 and is a key component of the Region's patient flow program. Detailed data from the UM System is available to hospitals and program teams to assist the management of patient flow. This data is used for process improvement and for system planning. Examples of process improvement initiatives underway as a result of the UM System include:

- Implementation of a goal-oriented oxygen use program
- Development of a decision making process for end-of-life care
- Case finding for a wide variety of allied health disciplines
- The piloting of a physiotherapy mobility record

Work processes have been redefined for physicians and nursing staff by using reports from the UM System in lieu of, or to supplement, patient lists from the Admission Transfer and Discharge system. There are now 72 patient care units at acute care hospitals in the Winnipeg region using the UM System.

Victoria General Hospital (VGH) has been working on two patient flow initiatives — Emergency Department and inpatient units. The inpatient flow project focuses on how a patient moves from the Emergency Department to the inpatient medical unit and then is discharged home or to an alternate setting.

Also at VGH, a new Oncology Outpatient Clinic will be ready for occupancy in October 2008. The oncology redevelopment will include:

- Relocating the existing oncology department to a new 13,000 square-foot addition
- Increasing treatment spaces to 16 from 12
- Developing two new negative pressure isolation rooms
- Increasing the number of exam rooms to six from three
- Incorporating a minor procedure room
- Developing space for three full-time oncologists and related nursing staff, and

 Developing new patient support and amenity spaces for the Look Good, Feel Better Program, counseling, library and reference area

Space in the existing oncology area will be used as a preassessment clinic for surgery, with four exam rooms for private consultation.

#### Reducing Length of Stay

One aspect of reducing length of stay is to enhance services available in alternate care settings, thereby reducing the stressors on hospitals and emergency departments. Examples of service enhancement in 2007/2008 include:

- Expansion or enhancement of community-based services to help reduce demand for acute services or admissions to hospital. For Example, the Midwifery Program has enjoyed tremendous success in the past year. So much so that the region has expanded the volume of the midwifery program through recruitment of additional midwives in order to address the demand for this service
- A second Program for Assertive Community Treatment (PACT) was established to focus initially on the intake of about 35 clients from Selkirk Mental Health Centre. PACT is a specialized, comprehensive model of service delivery aimed at persons who have 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
- Exploration of palliative care options including additional hospice beds and discussion of a strategy to improve flow in acute sites
- Expansion of the Community Intravenous (IV) Program –
  phased implementation began in February 2008, with
  implementation at all sites to be completed by July 2008,
  providing the potential to service 130 to 150 clients on an
  outpatient basis
- Approval of Chronic Disease Management framework
- Addressing housing issues associated with discharging Selkirk Mental Health patients to the community
- Collaboration of Primary Care, Psychology and Family Medicine programs to facilitate increase of shared services in all community areas
- Collaboration between community and acute sites to address patient flow issues (Northeast Health Services Committee and Northeast Leadership Network)

# Strategic Directions: Achievements and Challenges Treatment and Support (continued)

- Exploration of ways to provide specialized pediatric services in the community
- Planning for community-based wound care
- Planning and development for three new ACCESS centres in Winnipeg are underway (St. James-Assiniboia, NorWest, Downtown). ACCESS centres in Winnipeg provide outreach support to communities, ensuring accessible and effective social services for residents within the Winnipeg Health Region
- Implementing falls prevention initiatives for seniors
- Strategy to increase immunization rates in targeted populations
- Home Phototherapy Services for Newborns is now in its second year with 75 referrals in 2008
- Enhanced supports within designated seniors' buildings to support seniors living in the community (Supports to Seniors in Group Living)
- Specialized supports are provided to assist people with complex health and personal care needs to live in the community (eg. ventilator-dependent individuals and young disabled persons)
- Opening of a Health Centre for Seniors at Deer Lodge Centre is planned for Fall 2008. A range of medical, social and supportive services will be provided in one location to support at-risk elderly living in the community

Some hospitals within the region have been able to meet the mandated 10% reduction in length of stay. The Winnipeg Regional Health Authority continues to pursue options in service delivery that are expected to yield even more positive results in the longer term.

As part of the Long Term Care Strategy, the range of community housing with support alternatives to assist individuals to live in the community has been expanded. More supportive housing options are available to help seniors continue living in the community and delay or avoid Personal Care Home placement until a higher level of care is required. The Irene Baron Eden Centre recently opened and filled 48 supportive housing spaces addressing this type of alternate care setting. Length of stay in hospitals will be reduced as more affordable community housing options become available.

#### Long Term Care

The Long Term Care Strategy was introduced in response to statistics which show that Manitoba has the highest rate of personal care home placement in the country at 126 beds per 1,000 people over the age of 75. In March 2008, there were 5,458 residents in personal care homes in the Winnipeg region. The five-year strategy will help to improve personal care home environments and create more single-bed rooms instead of shared accommodations. Increasing options for care in the communities and improving personal care home environments result in shorter hospital stays and increased bed availability in acute care facilities and emergency departments.

The Long Term Care Strategy involves specific initiatives that address the following issues:

- · Availability of personal care home beds
- Supportive housing
- Assisted living
- Transitional living/specialized supports
- Ventilator dependent individuals
- Supports to seniors in group living
- PRIME program
- Dementia care

The Winnipeg Regional Health Authority is working with the Centre on Aging to look at home care and long term care data that will help direct individuals to the right housing and service option. The Winnipeg Regional Health Authority will also build on the use of the regional UM System to identify why people may be waiting in hospital and what housing or care option would be most appropriate for their care needs.

In October 2007, the Winnipeg Regional Health Authority opened the 80-bed River Park Gardens personal care home providing modern facilities and services to residents. Located in southeast

We will communicate with patients on an ongoing basis, keeping them fully informed of all options





St. Vital next to the Seine River, River Park Gardens has specially-designed units on each of its two floors that respect the comfort and privacy of its residents. Each unit, called a "House," is composed of 20 single private rooms with in-suite bathrooms. Each House has its own dining room and quiet room.

Construction is near completion on the Sharon Home's Simkin Centre redevelopment which will consolidate personal care home services for Winnipeg's Jewish community under one site. The redevelopment project will increase the number of personal care beds at Simkin Centre to 200 and involves the consolidation of services from the Kanee Centre in north Winnipeg to the Simkin Centre. New kosher kitchen facilities will also be built at the facility.

Preventing falls in personal care homes is a primary concern. Injuries from falls can have serious consequences for the frail and elderly. Collaboration between the Personal Care Home Program and staff from personal care homes throughout the region has resulted in the development and implementation of a best practice guideline to prevent falls and fall-related injuries. The goal of the guideline is to maximize the independence of residents while taking steps to reduce falls and the impact of fall-related injuries.

#### **PRIME Services**

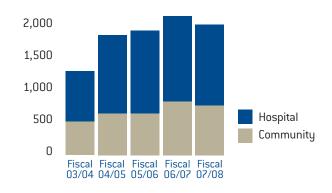
The Program of Integrated Managed Care for the Elderly (PRIME) will be introduced as an innovative day program providing an integrated and coordinated system of care targeted at seniors who are not functioning well in their communities and would otherwise be placed in personal care homes. Through this service, scheduled to be implemented in 2008, seniors have the opportunity to remain in their residences while receiving access to essential services such as medical and nursing care, social and leisure activities, nutrition and rehabilitation therapy.

Deer Lodge Centre will house the first of two PRIME program locations in Winnipeg, beginning with 50 clients. Construction is near completion on the PRIME centre at Deer Lodge, expected to open in fall 2008. Misericordia Health Centre will establish a second PRIME location as part of its current redevelopment.

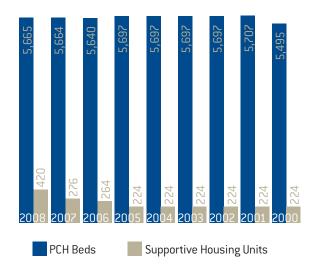
#### **Engaging Opthalmic Sedation Practitioners**

The Misericordia's Eye Care Centre of Excellence found an innovative way to address anesthesia resources and reduce length of stay. Ophthalmic Sedation Practitioners, the first in Manitoba, were hired in March 2008.

These practitioners are nurses with backgrounds in critical care or emergency departments. Following specialized training, the practitioners assist anesthesiologists with moderate sedation cataract procedures. This procedure allows patients to recover more quickly after surgery, reduces length of stay and allows anesthesiologists to focus on more complex surgeries, in turn shortening cataract wait times.



Total Number of PCH Placements: 2003-04 - 2007-08 by Community and Hospital



Estimated Capacity in Personal Care Beds and Supportive Housing Units

# Strategic Directions: Achievements and Challenges - Treatment and Support (continued)

### Goal 3: We will have reduced wait times for selected service areas to within established standards.

The Winnipeg Regional Health Authority continues to monitor wait times/wait lists for selected services and has placed great emphasis on the issue of wait times as a key organizational priority. This focus has resulted in some very positive improvements in wait times for most services.

The Winnipeg Regional Health Authority is working with the Manitoba Health Wait Times Task Force (WTTF) and Manitoba eHealth on the following projects to help address wait time issues:

- Catalogue of Specialist Services
- Patient Access Registry Tool (PART)
- Bridging General and Specialist Care (BGSC)

The intent of these projects is to assist family physicians and clinicians by providing them with up-to-date information on specialist consultations. Timely access to this information can help patients make informed decisions about their care.

The catalogue provides lists (web-based) of available services and information on how to access them. Through PART, physicians will receive information regarding wait numbers and times (or capacity) for consultation, treatment or diagnostics from specialists.

Bridging General and Specialist Care [BGSC] "The Right Door the First Time," is a pilot project the Winnipeg Regional Health Authority is undertaking in partnership with Health Canada, Manitoba Health and University of Manitoba. The project, introduced in March 2007, will implement innovative approaches to streamline referrals from physicians to specialists. Guaranteed time frames for referral to specialists will be established in specific practice areas and alternative options will be provided to patients involved in the project if their wait for consultation exceeds those time frames.

A number of capital projects were also underway in 2007/2008 to address wait times.

#### **Critical Services Redevelopment**

The final pieces of the 256,000 square-foot Critical Services Redevelopment Project (CSRP) fell into place in March 2007, with the opening of the Adult Emergency Department, Adult Operating Rooms and Adult Intensive Care Units in the Ann Thomas Building at the Health Sciences Centre.

The new Adult Emergency Department provides significant improvements in the provision of quality, comprehensive patient care. The state-of-the-art facility, which sees over 45,000 patient visits a year, uses a new sophisticated Emergency Department Information System (EDIS), which automates such functions as triage, patient tracking, orders, results, documentation and discharge. Fast, easy access to clinical information will improve patient flow through the Emergency Department and provide beneficial reports about Emergency Department activity.

The new Adult Operating Rooms, Medical Intensive Care Unit, Surgical Intensive Care Unit, Coronary Care Unit and Post Anesthesia Care Unit are specifically designed to take into account what a critical care visit is like for both the patient and family. The design of the units and operating rooms allows for easier and more private transport of patients throughout the hospital. Patient safety, comfort and infection control are enhanced through larger care spaces and heightened isolation capability.







	Mar 08	Mar 07	Mar 06
Diagnostic Imaging (weeks)			
MRI	8	7	13
CT Scanner	5	8	11
Ultrasound	12	11	16
MIBI	13	13	15
Bone Dentists	3	5	16
Cardiac (days)			
All	13	22	31
Joint Surgery (weeks)			
Primary Hips	20	18	41
Primary Knees	23	37	53
Cataract (weeks)	13	15	15
Pediatric Dental (months)	3.1	3.8	4.0
Pain (weeks)	28	n/a	n/a
Sleep Lab (days)*	108	86	n/a

#### Comparison of Wait Times for Selected Services

\*Amalgamation of services in the region will be transferred to Sleep Disorders Centre at Misericordia Health Centre.

#### **Expanded Health Care Delivery**

More advanced surgical procedures will now be available to patients in the Winnipeg health region due in part to a \$7.5 million investment by the Province of Manitoba in leading edge, non-invasive "GAMMA knife" technology. During 2007/08 185 GAMMA knife procedures were performed at Health Sciences Centre. Health Sciences Centre Foundation has committed to raise an additional \$5 million to expand this project. This investment makes Winnipeg one of the few locations worldwide that can offer a broad range of surgical procedures using the Siemens Artiste, GAMMA knife, PET/CT-scanner and Cyclotron.

PET/CT (Postron Emission Tomography/Computed Tomography) is a non-invasive imaging technology that allows examination of metabolic activity in the brain, heart, liver, tumours and muscle tissue. Previously PET/CT scans were dependent on the limited half-life of radioisotopes flown in from Edmonton. The Cyclotron

eliminates this need, doubling HSC's capacity to providing scanning services to patients. Additionally the Cyclotron will enable HSC to use PET/CT scans for a greater number of procedures while expanding its research capability.

Siemens Artiste (ART) combines a linear accelerator with imaging technology to deliver a high-precision, image-guided dose of radiation to any part of the body. This approach ensures that the right dose is precisely focused on the tumour, reducing damage to healthy surrounding tissues. Installation of the new Perfexion Gamma Knife at Health Sciences Centre in early 2008 expands the range of patients for whom non-invasive neurosurgery will be possible. Both procedures allow patients to remain awake and have no incision, such that the risk of infection and other complications is significantly reduced. ART technology also enables some patients with inoperable tumours to be eligible for surgery.

#### Misericordia Redevelopment Project

Beginning in April 2007, over the next three to five years Misericordia Health Centre will renovate existing space and replace the century-old Maryland South and Sherbrook buildings. In April 2007 the Province of Manitoba committed to redevelopment of the aging Maryland South and Sherbrook buildings over a five- year period. The Misericordia Redevelopment Project will include:

- Expansion and rejuvenation of the Eye Care Centre of Excellence, including space to eventually house an ophthalmology residency program
- Relocation of Ambulatory Diagnostic Services, which will include a new diagnostic imaging centre and laboratory services
- Development of a regional integrated Sleep Disorders Centre, a Renal Dialysis Centre, chronic care and emergency respite units and space for the Program of Integrated Managed Care for the Elderly (PRIME) program

#### Manitoba Retinal Screening Vision Program

Misericordia Health Centre's Eye Care Centre of Excellence launched the Manitoba Retinal Screening Vision Program (MRSVP) that will help reduce wait times for specialist services, lower patient and health service costs and better manage resources.

Through the new program four retinal specialists at Misericordia can read and interpret digital eye photographs taken by outreach

# Strategic Directions: Achievements and Challenges - Treatment and Support (continued)

nurses of patients residing in remote communities of northern Manitoba.

This program targets patients diagnosed with diabetes who are at risk of vision loss due to diabetic retinopathy and screens them for this treatable disease. After the three dimensional photos are read, Misericordia coordinates referrals as necessary.

By using digital photography the centre can examine a greater number of patients and prioritize those who need to travel to Winnipeg for treatment. It reduces unnecessary travel for patients and, with specialists able to detect diseases at earlier stages and initiate treatment, reduces blindness or emergency trips to Winnipeg.

#### Service and Facility Enhancements

Several other initiatives have been introduced or are under development that will improve access to a variety of services, positively impact patient length of stay and improve wait times. These include:

- Creation of the Manitoba HIV program, including expansion of test sites and access to diagnosis and treatment
- Increased volume in kidney transplants
- Early intervention program for children living with Attention Deficit Hyperactivity Disorder in partnership with Child and Adolescent Health
- Expanding access to MRI referral services for family practitioners

The new Pediatric Ophthalmology Clinic and expansion of the Asthma Education Centre at Children's Hospital were successfully initiated in 2007/2008. Both services will enhance care to children throughout Manitoba. The expansion of asthma education is expected to enable an additional 300 families to access this care and decrease wait times.

The expansion of the Prehabilitation Program at Pan Am Clinic continues to help ensure patients are "fit and ready" for surgery. This approach optimizes outcomes for patients, and can help reduce length of stay. So far, the program has been focused on orthopedic patients from Grace, Victoria and Seven Oaks General

Hospitals. Patient volumes are expected to be between five and 10 patients per day.

In late 2006, Winnipeg Regional Health Authority Medicine and Respiratory Therapy Programs undertook a major restructuring of sleep disorder services in Winnipeg. The restructuring team applied significant process improvement and reengineering techniques to address wait list issues in both the diagnosis and treatment of sleep disorders. In July 2008, the existing eightbed sleep lab, respiratory therapy services and follow-up clinic at Health Sciences Centre will be relocated to an expanded 10-bed Sleep Disorder Centre at the Misericordia Health Centre as part of its redevelopment project. The new clinic will consolidate diagnosis, treatment and follow-up in one location. The enhanced capacity and new processes will help eliminate the existing wait list over the next two years.

#### **Diagnostic Imaging Enhancements**

Several facilities in the Winnipeg Health Region will be receiving significant upgrades in diagnostic imaging technology as part of the provincial government's \$6.5 million investment for replacement diagnostic equipment in Manitoba. This includes more that \$2.3 million toward a new magnetic resonance imager (MRI) and more than \$915,000 for a replacement







urology system at Health Sciences Centre and an additional \$300,000 to purchase and install a replacement ultrasound scanner at Misericordia Health Centre.

#### Physiotherapy Musculoskeletal

An extensive review of the Region's physiotherapy musculoskeletal outpatient service delivery model was initiated in 2007/2008. The review looked at the demand for services as well as the efficiency of the current service delivery model and what resources are available. Opportunities for improvements were identified including the development of a customized web-based application to facilitate centralization of outpatient physiotherapy and outpatient musculoskeletal wait lists across the region.

The Operational Stress Injury Clinic at Deer Lodge Centre continues to play an important role in the assessment and treatment of current and former military personnel and veterans. Referrals and clients served increased throughout 2007/2008 and the Clinic was successful in keeping wait times to a minimum.

Transplant Manitoba's Adult and Pediatric Kidney Transplant Program performed 52 kidney transplants in Manitoba in 2007, the program's most successful year so far. The program has conducted 100 transplants in the past two years, an increase of 72% compared to 2004/2005. These transplants resulted in dialysis treatment cost avoidance of \$500,000 since 2006. The dramatic improvement in transplant volumes is attributed to enhanced organ donation awareness programs throughout the health region.

#### Reduced Wait for Breast Health Services

The region's Breast Health Centre reported many successes in 2007/2008 including the introduction of surgeon templates for clinic appointment scheduling, which have helped increase the number of new patient appointments and decreased the number of follow-up appointments in half-day clinics. Two surgeons increased hours from half-day to full-day clinics. Combined, these two accomplishments impacted the wait time for new patients to see a surgeon from two weeks to less than a week in some instances.

In concert with the Wellness Institute at Seven Oaks General Hospital (SOGH), a new Respiratory Education Centre and a Pulmonary Rehabilitation program have been established at SOGH to integrate the management of respiratory illness such We will improve the quality of patient care by finding ways to better manage wait lists and reduce wait times

as Chronic Obstructive Pulmonary Disease (COPD). Respiratory therapists at Seven Oaks are referring patients with COPD to the outpatient rehab program at the Wellness Institute which includes educational and guided exercise programs.

#### Emergency Care

Over the past several years, the vacancy rate for emergency department doctors has continued to increase, hitting an all time high in June 2007 at 42%. This required overtime for the remaining emergency department physicians, increased usage of sessional physicians (primary care physicians with emergent training who can be called upon to fill in as required) and reduced medical coverage. In spring 2007, contract negotiations focused on providing sessional physicians scheduled staff positions. In addition, compensation was reviewed to address why physicians were leaving emergency medicine to pursue other medical careers. As a result of the new contract and some recruitment efforts, the vacancy rate for committed staff physicians in the community hospital emergency departments decreased 23% in 2007, as compared to 2006, and the average hours of medical coverage increased by five hours per day over 2006.

The Emergency Department Information System (EDIS) is being implemented at all seven emergency departments (EDs) in the region to assist in the care of the 690 patients, on average, who visit an emergency department in Winnipeg each day. In addition, EDIS is providing emergency care staff with the ability to better track the status of each patient in real time through their stay and promotes more timely care by advising care givers when their assigned patient is ready for the next step in their assessment/treatment path. To date, EDIS is operational in three EDs within the region, with the remaining four implementations to be completed in fall 2008/2009. The EDIS software will be expanded to provide more benefits in the future including electronic Order Entry, Nurse Charting, Physician Charting and Patient Discharge Instructions.

# Strategic Directions: Achievements and Challenges - Treatment and Support (continued)

A \$14 million redevelopment of the Seven Oaks General Hospital Emergency Department is underway. Once complete, the new ED will be 50% larger and include a new three-vehicle ambulance bay, a decontamination room and many other improvements. The new ED is expected to open in August 2008 and provide increased capacity to service the emergent medical needs of the community and health region with state-of-the-art equipment and facilities.

A new emergency department to be constructed at Victoria General Hospital will reflect modern treatment spaces and include components based on recommendations from the Emergency Room Task Force Report (2004), such as developing appropriate treatment space for mental health, providing enhanced privacy for patients to respect confidentiality and increased security. The project will also include:

- A new minor treatment area
- A six-bed reassessment unit for up to 24 hour observation and monitoring
- A new negative pressure isolation room
- Two new, state-of-the-art resuscitation/trauma rooms
- A new, three-bay ambulance garage, with decontamination area and work space for emergency medical services personnel

A \$3.3 million redevelopment of the Concordia Hospital Emergency Department commenced in September 2007. The redevelopment will add approximately 3,000 square feet of new space. The project also includes many improvements to existing areas to better serve the changing needs our community including:

- Adding dedicated space for a Minor Treatment Area
- Providing private space for counseling such as maternal loss and grieving families
- Providing adequate space and washroom facilities for patients in the waiting room
- Providing more private space for improved infection control and privacy for patients at the triage and admitting area

The new space was completed and is in use as of July 2008 with the entire project targeted for completion in fall 2008. Construction of the emergency department at Victoria General Hospital will get underway following completion of the new oncology department currently under construction at that site.

#### Health Care Service within the Community

Providing health services within the community, administering proactive and preventive health care services, is also one means of relieving pressures on our health care institutions and reducing wait times. Community programs include home care, mental health, primary care and population and public health.

The region's Community Mental Health Program offers a range of services in the community that support persons experiencing difficulties due to mental illness. The Mental Health Program saw expanded services for clients in 2007/2008. This included the opening of a new PACT (Program for Assertive Community Treatment) location in North Winnipeg and resulted in the transitioning of 26 of 35 designated persons from Selkirk Mental Health Centre.

The Shared Care program expansion (Shared Care involves family physicians working with mental health counselors and psychiatrists to assist persons with mental health difficulties to achieve and maintain good mental health and emotional wellbeing) helped to decrease the wait list for mental health services by more than 50%.

#### **Primary Care**

Primary Care is generally defined as a person's first point of contact with the health care system. The Winnipeg Regional Health Authority's Primary Care Program is moving toward providing integrated, accessible health care services which address the majority of health care needs, including: chronic disease management, midwifery services, mental health and

Providing health services within the community is one means of relieving pressures on our health care institutions and reducing wait times





outreach. Currently the region provides primary care services at five locations including ACCESS Centres in River East and Transcona. Plans are underway to expand ACCESS Centre services with three more locations in Winnipeg (Downtown, NorWest and St. James).

Partnering with community family physicians is also an important priority for the Winnipeg Regional Health Authority. As part of an ongoing initiative to develop our relationship with family physicians, the Family Physician Action Council (FPAC) was established. FPAC is a council of family physicians in the Winnipeg area and provides direct interaction with the President and CEO of Winnipeg Regional Health Authority (WRHA). Its purposes are:

- To contribute to the vision and innovation of primary care renewal in Winnipeg
- To provide a structure that promotes worthwhile input, consultation and dialogue between family physicians and WRHA
- To provide input and advice to the region on patient care issues such as: continuum of care, quality of care, access, system improvement and service planning
- To promote and strengthen the role of family physicians within Winnipeg
- To provide an avenue for problem-solving and rapid decision making

The first meeting of the Council was held in February 2008. To facilitate an ongoing dialogue and provide a venue for sharing ideas, the Winnipeg Health Region has also started hosting town hall-type forums with physicians. Some of the themes identified during these meetings include:

- The need for improved access to WRHA services
- The need for an integrated team approach to care
- Enhancing communication and information flow across and between various health care services
- Addressing issues related to quality of work life

The information gathered so far at these town halls has provided invaluable insight into the issues faced by community family physicians and is being used as a basis to develop further strategies and initiatives.

#### Street Connections

Street Connections, a Winnipeg Regional Health Authority outreach program, provides services for at-risk clients including

drug users, sex trade workers and people involved in street life. This includes giving information on quitting drugs or safer drug use, handing out safer drug use supplies, counseling and getting people the help they need. Street Connections recognizes that not all users are ready to quit but can benefit from services to lower the risks and potential harm to them and others.



#### **Community IV Program**

The Community IV program implemented a new model for care delivery in 2007/2008 and expanded services to accept all eligible patients in the Winnipeg Health Region. The expanded services are intended to decrease wait times in Emergency Departments, improve patient flow in hospitals and enhance care. In the past IV clients were managed in the home or Emergency Departments. In the new model, most will attend clinics at ACCESS Transcona or Lions Place or will be taught self-care.

All patients admitted to the program will also be assessed by an Infectious Disease physician, either prior to referral to the program for inpatients or in the clinic for emergency patients. Implementation of the program will involve a phased approach to manage the expansion (from about 50 patients to approximately 130 patients) and will involve the introduction of new inpatient and emergency-specific processes, referral forms and patient teaching information. The program will be in place at all tertiary hospitals by the end of 2008.

# Strategic Directions: Achievements and Challenges - Community

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

Goal 1: We will clearly present and make widely available Winnipeg Regional Health Authority information about health, health issues and system performance.

#### Community Health Assessment (CHA)

The Winnipeg Regional Health Authority is mandated by the provincial Department of Health and Healthy Living to engage in Community Health Assessment activities. CHA is a process of gathering evidence to identify health issues of the population served, examining contributing factors (e.g. social determinants) and determining how health needs are or are not being addressed. Every five years, the Winnipeg Regional Health Authority, along with all Regional Health Authorities in Manitoba, produces a comprehensive CHA report, which contains a synthesis of community health indicators, community consultation activities and analyses. The WRHA Research and Evaluation Unit is responsible for leading CHA activities within the region with significant input from WRHA CHA Committee, which has broad representation from the organization.

The WRHA has developed a multi-pronged approach to CHA:

- The next comprehensive CHA report will be completed in Fall 2009
- Several focused CHA reports on specific topics and populations will be produced and released on an ongoing basis: the first of these is a report on Immigrants and Refugees
- Web-based Community-Area Profiles are to be the central repository/base for data and resources that are relevant to decision making and planning in geographicallydefined community areas
- Activities to support integration of CHA into Health Planning and Strategic Planning are also underway

WRHA also plays a key role in a provincial Community Health Assessment Network (CHAN), in sharing information, skills and expertise and in supporting CHA processes across Manitoba Regional Health Authorities.

#### Partnerships at Work

The Winnipeg Regional Health Authority draws on partnerships and collaborations with various local, national and international groups to advance its strategic directions and facilitate the exchange of valuable information regarding health care service delivery. This approach supports the Winnipeg Regional Health Authority's values of excellence, innovation and collaboration.

Ongoing working partnerships with other Regional Health Authorities in Manitoba provide an opportunity to share information, expertise and resources. The Winnipeg Regional Health Authority has collaborated with other Regional Health Authorities in a variety of capacities including:

- Provincial Planning Network Committee
- Chief Financial Officer Network Committee
- Health Program and Services Executive Committee
- Human Resources Network Committee
- Community Health Assessment Network

The Winnipeg Regional Health Authority recognizes the benefits of engaging the business community in the delivery of health care services and supports. Recently the Board approved a new location for the Winnipeg Regional Health Authority's Downtown East clinic, with community services and offices at 155 Carlton Street to be housed in a new building at 650 Main Street, near the corner of Main Street and Logan Avenue. The new building will consolidate health and social services in the Downtown East community to establish ACCESS Downtown. Developed in partnership with Centre Venture Development Corporation, the health services and administrative office location will help revitalization efforts in the area and provide increased accessibility to health services for area residents.

#### Inclusive healthcare for clients and the community

The Winnipeg Regional Health Authority acknowledges the importance of cultural literacy and language barriers relative to health care, including the provision of health information. It continues to expand on its goal to provide an inclusive health culture to clients and the community through a number of language initiatives.

The Winnipeg Regional Health Authority's five-year strategic plan includes a commitment to improve delivery of French language





services throughout the region. Additionally, the Language Access Services provides interpreter services at selected sites. As of January 2008, face-to-face interpreter services within the region were available in 23 languages. Access will be gradually expanded to other sites and services.

The region has also embarked on a Language and Ethnicity Indicators Project to collect meaningful data when patients/clients/residents are registered to receive services. When combined with other data this information can be valuable to provide insight into services that require improvement or identify disparities.

Health Links – Info Santé is a successful telephone health care inquiry service that provides services to clients in languages other than English or French through the use of third party translators.

Without question, the ability for communication between health care providers and health care recipients is a critical component to health. The recent increase in the immigrant and refugee populations in Manitoba has made this a priority. Winnipeg receives about 75% of all provincial immigrants and about 40% of them cannot communicate in English or French. In 2007 there were approximately 11,500 immigrants to Manitoba; by 2016 that influx is targeted to increase to 20,000.

The Board and Senior Management of the Winnipeg Regional Health Authority have acknowledged the issue of immigrant and refugee health. The WRHA Community Health Assessment (CHA) Committee has recommended a focused report on Immigrant and Refugees as a population of interest. Additionally, the Community Health Advisory Councils (CHACs) were asked to consider the matter in one of their recent reports to the Board. This report is at www.wrha.mb.ca/about/chac/reports.php.

#### **Aboriginal Health Services**

We continue to expand and refine services to meet the needs of Aboriginal people in hospitals, the community and with the Winnipeg Regional Health Authority's workforce. Senior Management and Board of Directors of the Winnipeg Health Region are committed to continuing their collaboration with the First Nations, Inuit and Métis communities to build capacity for improving the health status of Aboriginal people in Manitoba.

A wide range of services offered through Aboriginal Health Programs are intended to assist Aboriginal clients and their In 2007/08 over 3,000
volunteers contributed about 200,000 hours to make facilities throughout the region better places to work and receive care

families access health care services and communicate effectively so they get the support they require.

The Aboriginal population in the Winnipeg health region is expected to grow 32% between 2006 and 2017. By 2017 it is expected that Aboriginal peoples will represent 11.3% of the total population served by the Winnipeg health region. (Source: Manitoba Bureau of Statistics, Manitoba Aboriginal Community 2001 to 2026 Population and Demographic Profile) Some of these services and resources include:

- Health Services for First Nations, Métis and Inuit patients to assist health care staff in providing quality care for Aboriginal clients and their families in hospital settings
- Aboriginal Patient Advocate for addressing concerns and offering holistic healing approaches
- Language interpreters in Ojibway, Oji-Cree and Cree
- Regional discharge coordination to ensure continued care is followed in home communities
- Spiritual and cultural support in the hospital setting
- Access to Aboriginal Health Services is available upon request via a Central Intake Line (204-926-7151)

A comprehensive approach to culturally relevant services has been guided by discussions with the Aboriginal community and health care providers. Some outcomes from these discussions have included the Aboriginal Traditional Wellness Clinic at Health Sciences Centre, traditional healers and elder services, and staff education sessions focusing on the application of knowledge of Aboriginal culture in health care delivery.

In 2007/2008 community/patient communications were enhanced to broaden the awareness of Aboriginal health-related programs and services with documents such as: Guide to Health and Social Services for Aboriginal People in Manitoba and Culture of Well-Being — A Guide to Mental Health Resources for First Nations, Métis and Inuit People in Winnipeg.

### Strategic Directions: Achievements and Challenges - Community (continued)

Planning for an Aboriginal personal care home for the aging Aboriginal population in Winnipeg has begun with the Southeast Resource Development Council Corporation.

Winnipeg Regional Health Authority President and CEO, Dr. Brian Postl, was honoured as a Champion of Aboriginal Employment by the Inter-Provincial Association on Native Employment. The volunteer organization promotes Aboriginal employment through networking and information sharing. Dan Highway, national board president commented on needing people like Dr.Postl "who are courageous, committed and want to make changes."

#### Rewarding volunteerism

Winnipeg Regional Health Authority sees volunteerism as a means of fostering open communication and healthy relationships within communities. It encourages volunteer participation through a number of regional policies that support volunteer efforts. Formal volunteer tools and resources have been developed to guide volunteer programs in the region. Information about its volunteer program, including the benefits of participation, are available at www.wrha.mb.ca/careers/volunteer.

Winnipeg Regional Health Authority volunteers are active in the community in a variety of roles. For example, the Winnipeg Regional Health Authority's Influenza Volunteer Program, which engaged 85 volunteers who contributed over 700 hours of service to help administer the program in the community. The program was recognized through the Mayor's Volunteer Service Award during National Volunteer Week.

Volunteerism is also an important part of the patient and resident care environment in the acute and long term care sites. Each hospital has hundreds of volunteers contributing tens of thousands of hours providing various services and supports to patients, residents, staff and visitors. In 2007/2008 over 3,000 volunteers contributed about 200,000 hours to make facilities throughout the region better places to work and receive care.

The Winnipeg Regional Health Authority website continues to be expanded to include a full range of information services for the community. In particular, the online health services directory

assists residents in locating services in their communities. Visits to the site increased by almost 30% in 2007 over 2006 and 145% since the site was first introduced in 2004.

Goal 2: A comprehensive process will be in place that incorporates public input and client feedback into the Winnipeg Regional Health Authority's strategic plan.

#### Community Health Advisory Councils

The Community Health Advisory Councils (CHACs) provide input to the Winnipeg Regional Health Authority Board of Directors on specific issues or questions identified by the Winnipeg Regional Health Authority Board of Directors, 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 and are comprised of community and board members from health organizations such as hospitals, personal care homes and community health agencies.

The Councils provide valuable community perspectives to assist the Winnipeg Regional Health Authority in planning and decision-making and identifying priorities in health services.

In 2007/2008 the CHACs were asked to provide their collective insight on a number of topics concerning healthcare for communities in the region including:

- Learning from patients' experiences
- Health determinants in community areas across the region
- Issues that impact the health of immigrants and refugees
- Compassionate care
- Communication strategies for providing health care information to the public

These reports were presented to the Winnipeg Regional Health Authority Board of Directors and are available, along with all CHAC reports, meeting minutes and a listing of current council representatives at www.wrha.mb.ca/about/chac.

Twice a year, the CHACs receive a feedback report telling them how their work has been used by the Winnipeg Regional Health Authority.





2007	2006	2005	2004
92%	79%	85%	60%

Percentage of CHAC members who agreed with the following statement: I feel that the work submitted by the Councils was useful to the Winnipeg Regional Health Authority.

2007	2006	2005	2004
91%	100%	66%	73%

Percentage of Winnipeg Regional Health Authority Senior Management Team who agreed with the following statement: The CHAC reports are valuable in providing the Board with community perspectives about the issues.

#### Public Consultation on New Women's Hospital

The new Women's Hospital public consultation process was underway in early 2008. Its goal was to gain input from women's experiences with the health care system to ensure that the capital project to replace the 60-year-old facility at Health Sciences Centre meets the needs of women, their families and support networks. Over 300 people have participated in this consultation. Suggestions have been compiled and are being used in the development of the design of the hospital.

#### **Public Perception Monitoring**

The Winnipeg Regional Health Authority continues to focus on efforts to keep the public informed of its activities. Our public website provides an opportunity to provide health information as well as services and initiatives that are in place throughout the Region. The website also provides an overview of our strategic direction, accomplishments and challenges and ability to intake public opinion, such as the recent renaming of the Grace Hospital.

#### **Learning from Patient Experiences**

Seeking and learning from feedback attained through individual users of our system and their families is an important first step towards delivering care that is truly oriented to the patient. Although clients provide feedback in a number of ways, the Winnipeg Regional Health Authority is still evolving a systematic process. A concept paper produced by the Research and Evaluation Unit in 2006 called into question the value of the traditional approach of "patient satisfaction surveys" and has had a major effect on the organization and also stimulated the above-mentioned discussion of this topic by the Community Health Advisory Councils that produced some very useful feedback. A Working Group will propose a systematic strategy this year.

So compelling were some of the perspectives discussed in the concept paper on Learning from Patient Experiences (2006) prepared by the Research and Evaluation Unit of the Winnipeg Regional Health Authority, that a follow-up report was conducted by the Community Health Advisory Working Group, submitted to Senior Management in June 2008 and subsequently to the Programs and Services Committee of the Board. The report provided a number of recommendations for actions the Winnipeg Regional Health Authority could take to become more patient and family-centred. It resulted in a draft governance manual that states the Region's commitment to "person-centredness" and excellence in care.

	2007	2006	2005	2004	2003	2002	2001
Agree Strongly	9%	7%	10%	7%	12%	6%	9%
Agree Moderately	41%	41%	37%	37%	36%	33%	28%
Agree Total	50%	48%	47%	44%	48%	39%	37%

Percentage of public opinion poll respondents who agreed either strongly or moderately: "The Winnipeg Regional Health Authority does a good job of listening to the concerns of citizens."

### Strategic Directions: Achievements and Challenges - Staff

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

Approximately 28,000 people work in the Winnipeg health region. They provide services that range from providing direct care to patients and clients to support and administrative functions that ensure the organizations within the region operate effectively and efficiently.

The Winnipeg Regional Health Authority has a significant obligation to provide a safe and secure workplace for its workforce that includes opportunities for development and balance between work and personal life.

The Winnipeg Regional Health Authority also continues to take steps to foster a community of staff that represents the cultural and ethnic diversity of the region and strengthens the fabric of our communities. Our goals reflect these obligations.

Goal 1: We will support individual Winnipeg Regional Health Authority staff and teams as they develop a culture of compassionate care.

Above all, the Winnipeg Regional Health Authority is an organization of people caring for people. We continually strive to provide opportunities for personal and professional development to our workforce, to recruit and retain the highest quality staff, and to foster a work environment that maximizes potential.

The Winnipeg Regional Health Authority's integrated human resources service model provides for consistent HR policies, processes and guidelines across the region and includes programs for attendance management, performance management and workplace safety and health. It also ensures standardized job classification and compensation, processes for movement of non-union employees between regional sites and the sharing of staff and resources between health care sites for the benefit of both staff and community.

Communication and consultation with staff is critical, and the Winnipeg Regional Health Authority has addressed this through its staff intranet site, called Insite, which provides detailed information on a wide range of issues that are of interest to the people who work in the region. Additionally, news happenings and educational opportunities are shared through The *Health Care Connection*, an electronic newsletter for staff in the Winnipeg health region, sent on a weekly basis via e-mail.

The Winnipeg Regional Health Authority tracks the number of vacancies of specialist physicians, nurses and allied health professionals, implementing aggressive recruitment and retention initiatives as required to address high numbers of vacancies. This can be especially challenging given fiscal realities and the ongoing competition with other jurisdictions, nationally and internationally, for specialists. In 2007/2008 the focus was on contract negotiations and recruiting efforts to increase the number of Emergency Room (ER) physicians.

The region provides opportunities for staff to pursue professional and personal development through its Management and Leadership Development Program, French







language training and Organizational Development Services. Training is offered three times a year and annual enrollment remains constant at between 150 to 225 participants per year. A regional French Language Services program is in place and French Language Services Policies related to designation of bilingual positions and recruitment of bilingual positions have been developed and implemented.

The Winnipeg Regional Health Authority places great importance on the maintenance of a supportive and respectful workplace, including the availability of Employee Assistance Programs, workplace wellness initiatives and training and initiatives that support respect and tolerance of cultural diversity in the workplace.

#### **Building Leaders**

In 2008 our Human Resources department introduced to regional health staff the online succession program guide - "Building Leaders for the Future." This program involves a variety of developmental resources and initiatives to aid potential staff in succession planning at the executive and management levels of the Winnipeg Regional Health Authority.

The focus of the program is to ensure that processes are in place to fulfill the developmental needs of individuals transitioning to new roles in the future. Strategies for mentorship have been identified and development tools such as workshops, leadership lecture series, management certificate programs and professional development sponsorship are available for eligible staff moving into leadership roles.

The region is currently targeting 100% participation rate for its Aboriginal Culture Awareness Workshop.

Goal 2: 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.

#### Workforce Wellness and Safety

The cost of health care premiums for injuries in the health care sector reached \$27.8 million in 2006, and the average direct cost of a patient handling injury was \$3,270, while the average direct cost for all other time-loss injuries was \$1,380. Work related injuries and illnesses impact the health of health care workers, negatively affecting their personal lives and their ability to care for patients.

We are working to promote and maintain the highest degree of physical, mental and social well-being for employees

In 2007/2008 the Winnipeg Regional Health Authority established Workforce Wellness and Safety as an Organizational Priority.

As part of our commitment to workplace health and safety, the Winnipeg Regional Health Authority, in collaboration with the Workers Compensation Board of Manitoba, participated in the Provincial Health Workplace Injury Reduction in Health Care initiative. The initiative was conducted in partnership with other Regional Health Authorities, Manitoba Health and union representatives.

A key component of the initiative included the inaugural SAFE Health Care Conference, held in May 2008 in Winnipeg. The conference was a joint initiative with the Workers Compensation Board's (WCB) SAFE Work program, a component of which is WCB's SAFE Health Care Initiative. The conference was the province's first and only one of its kind, engaging nationally-recognized speakers and informative workshops on key issues and initiatives regarding health care safety and wellness.

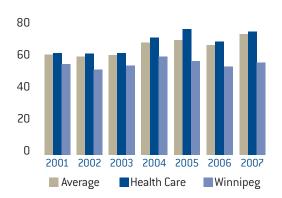
Also in 2007/2008, the Winnipeg Regional Health Authority launched the SAFE Health Care Initiative. The program further recognizes the region's commitment to promote and protect the safety of workers and to help facilitate return to work following injury or illness. Some activities stemming from this initiative include:

- The establishment of Safe Patient Handling and Mobility standards that set specific guidelines and procedures for upholding a safe workplace environment and practices
- The creation of a health and safety audit tool, to help measure and evaluate workplace practices and conditions with respect to health, safety and safe work practices
- The creation of several workplace injury prevention programs which are compliant with the Workplace Safety and Health Act

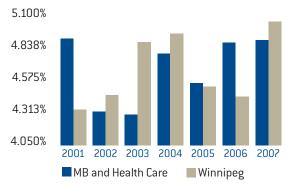
# Strategic Directions: Achievements and Challenges - Staff (continued)

The Winnipeg Regional Health Authority's Safety Engineered Needle Project is another step the region has taken to ensure the safety of health care workers by reducing the number of needle stick injuries in the workplace. With the completion of this project in 2007 we are now compliant with the Workplace Safety and Health Amendment, Needles in Medical Workplaces legislation (Bill 23). Manitoba was the first province to pass legislation for the enactment of safety-engineered needles in the workplace. Preliminary reports show a 50% reduction in the number of reported hollow-bore needle stick injuries.

As a result of a number of initiatives, paid sick hours per employee are lower for the Winnipeg Health Region than for other Canadian jurisdictions. Workers' Compensation lost time



Paid Sick Hours per Employee, By Jurisdiction 2007 - 2001



Workers Compensation Lost Time Incident Rate per 100 Employees, 2007 - 2001

incident rates have increased, however, and will continue to be tracked alongside the SAFE Health Care Initiative.

#### Flu Vaccine Campaign Results

The Winnipeg Regional Health Authority continued its efforts to promote workplace influenza vaccinations. The number of employees receiving flu vaccine at the workplace has declined for two consecutive years, resulting in stepped up efforts to address this issue. Flu vaccination of health care workers is particularly important in supporting the Region's goals of creating a healthier workforce and a safer environment for patients.

Every two years, Winnipeg Regional Health Authority staff are asked to participate anonymously in a staff satisfaction survey. While participation in the survey dropped from 24% to 16% since 2004, overall staff satisfaction rates have remained fairly constant at about 68%.

#### **Employer Recognition**

The Winnipeg Health Region is pleased to have received the Employer Recognition Program Award for Innovation from the







Canadian Nurses Association (CNA). The award recognizes employers who provide unique incentives, tools and supports to nurses pursuing specialty certification. The award recognizes the Winnipeg Regional Health Authority's ongoing efforts to celebrate the achievements of nurses.

There are over 7,000 nurses employed in the Winnipeg health region:

- 6,657 registered nurses (RNs)
- 970 licensed practical nurses (LPNs)
- 161 registered practical nurses (RPNs)

Goal 3: We will have developed a workforce in Winnipeg Regional Health Authority that more accurately reflects the cultural diversity of the region and where respect and tolerance is expected and understood.

The Winnipeg Regional Health Authority's goal is to have a workforce that is representative of the regional population. This includes a focus on recruitment of Aboriginal people who are expected to comprise 11.3% of the region's total population by 2017. Aboriginal new hires have increased steadily over the last five reporting periods. Since 2002 more than 830 new hires have declared Aboriginal status.

Aboriginal Human Resources supports the development of Aboriginal representative workforce strategies focusing on: outreach to students and youth to promote career development in health care, recruitment and retention of Aboriginal staff, partnerships with stakeholders and community connections and internal resource development.

Some of the initiatives undertaken to advance the priority of expanding the Aboriginal workforce are:

- Summer employment partnerships with the Manitoba Aboriginal Youth Career Awareness Committee (MAYCAC), Aboriginal Business Education Program (ABEP) at the University of Manitoba and the Health Careers Access Program (HCAP)
- Home Care Aboriginal Mentoring program to help increase the success of Aboriginal Home Care Attendants competing for Resource Coordinator positions
- Aboriginal Employment Partnership Agreement with the Province of Manitoba, Assembly of Manitoba Chiefs and Centre for Aboriginal Human Resources

Safety is the responsibility of all members of our organization, including senior management, supervisors and employees

Development to work toward the development of Aboriginal human resource strategies

- Regional Employee Assistance Program being revised to include more culturally proficient services for Aboriginal people that specifically address Aboriginal human resource issues
- Aboriginal Culture & Diversity in the Workplace workshops in partnership with Manitoba Government Employees Union, Health Sciences Centre Human Resources, Blue Cross Employee Assistance Program, Assembly of Manitoba Chiefs and Aboriginal Health Services
- High School Medical Internship program developed in collaboration with the region's Aboriginal Health Programs, Pan Am Clinic, Children of the Earth High School, University of Manitoba and the Winnipeg School Division. The four-year program enables Aboriginal students to explore various health care career options

#### Ethics in the Workplace

An Ethics in the Workplace management framework has been introduced throughout the region to lead and support initiatives in ethics education, as well as ethics in consultation and resourcing, organization and research. Ethics in Health Management Workshops were offered in early 2008.

#### **Retention of Older Workers**

An innovative health care human resources research project at Seven Oaks was approved for federal funding in 2007/2008. The Retention of Older Workers project, led by the Wellness Institute on behalf of Seven Oaks, will research barriers and opportunities for retaining retirement eligible health care professionals. The research is being conducted with health care and human resource organizations at the local, regional and national level and the experiences from the project will be shared with other hospitals and health care institutions. The total project cost is over \$600,000 with \$433,000 provided by the federal Workplace Skills Initiative.

# Strategic Directions: Achievements and Challenges - Research and Education

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

The Winnipeg Regional Health Authority continues to invest in initiatives that facilitate the transfer of knowledge across the Region. This investment includes education programs that focus on ensuring we have health care and medical staff trained to meet current and future challenges. It also encompasses support for research initiatives conducted by the Winnipeg Regional Health Authority independently or in partnership with others.

Goal 1: Excellence will have been fostered in knowledge management by providing leadership, encouragement and support to both clinical and non-clinical areas.

Many processes that facilitate knowledge transfer among the Winnipeg Regional Health Authority workforce, including senior management, are ongoing. This includes workshops that address specific topics for targeted health care providers as well as those that are intended to educate staff about more general health care concepts. The Organization and Staff Development section of the staff internet site provides comprehensive information about development opportunities for staff working across the Region in hospitals, community-based health services, personal care homes and clinics. Services offered are designed to help expand the knowledge and practical skills of health care staff and to enhance the effectiveness of teams in the workplace.

Staff at all levels are also advised of workshops and training opportunities through the Region's online newsletter The *Health Care Connection*. In 2007/2008 some of these opportunities included:

- Basics of Quality Improvement
- Understanding Depression and Helping Others with Depression
- Caring for Older Adults
- Health Care Ethics
- Long Term Care
- Blood Transfusions and Orthopedics
- Funding and Research Opportunities for Nurses
- Engaging Citizens in Health Care Priority Setting

- Internal Medicine Grand Rounds
- Tutoring Opportunities for Nursing Students

MB Telehealth is a network that enables residents of Manitoba and surrounding areas to access health care services while overcoming the barriers of distance and time. The service is used widely to connect patients to medical specialists and other health care professions throughout Manitoba through high-speed, secure video links. MB Telehealth now provides opportunities for off-site learning. The service was used to distribute information about nursing research seminars and Grand Rounds schedules for the University of Manitoba Faculty of Medicine.

The Winnipeg Regional Health Authority supports several ongoing initiatives that help fulfill the goal of knowledge transfer through evidence-based, informed decision-making, including:

- Project Management Office provides ongoing oversight to a variety of initiatives that work to achieve this goal
- Utilization Management Tool provides comprehensive data about patient care to hospitals and medical centres throughout the system
- Access and Wait Time monitoring and management process - provides information to assist in the development of strategies to address wait times
- Quality Improvement supports the WRHA programs and sites in their efforts to promote and achieve high quality care and service and provide key information to facilitate effective knowledge management and evidence based decision-making
- Patient Safety Strategy and initiatives look at past incidences and clinical practice to provide recommendations and programs to help reduce unnecessary patient injuries and deaths
- Evaluation evaluation of all programs and services is ongoing and multi-faceted including: Regional Accreditation, which evaluates the Winnipeg Regional Health Authority system against national standards. The research and evaluation will provide opportunities to illustrate the evaluations to dozens of programs on evaluation methodology

The following initiatives support the Winnipeg Regional Health Authority's goal of applying research findings to improve





delivery of services and health outcomes:

- Patient Safety process established to share lessons learned from analysis of Critical Incidents (Accreditation Recommendation)
- Collaboration between the Region's Research and Applied Learning and Mental Health program teams to facilitate a suicide prevention initiative, "Research to Action" Day, held May 21, 2008
- Development and approval of the Chronic Disease
   Framework and subsequent directional documents
- Clinical Learning and Simulation Facility simulated training and education for medical students, postgraduate students and practitioners in Medicine, School of Medical Rehabilitation, Pharmacy and Nursing, as well as faculty members and Winnipeg Health Region health teams and emergency personnel
- Research Rounds for many clinical programs
- Development of centres of excellence
- Evidence Based and Nursing Research Committee at HSC
- Findings from Canadian Council on Health Services
   Accreditation process to be incorporated into health plan process
- Participation in and sponsorship of National Forum on Oral Health and Aboriginal Children

Goal 2: 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.

The Winnipeg Regional Health Authority continues to look at education programming ensures that our entire workforce has opportunities to enhance skills. It recognizes that opportunities for advancement must exist within the entire system to provide necessary motivation. The Winnipeg Regional Health Authority also continues to seek partnerships with other jurisdictions to expand learning opportunities.

The Winnipeg Regional Health Authority has made it a priority to continue to offer and coordinate clinical education opportunities to regional and site staff. Some examples include:

- Regional Wound Care Education
- Excellence in Care of Older Adults Lecture Series
- Continuing Education Fund for Nurses (RNs, LPNs, RPNs)
- Nursing Leadership Development Program
- Advanced Emergency Nursing Program and a range of other site specific programs

The Winnipeg Regional Health Authority recently received a Human Resource Management Association of Manitoba "2007 Excellence in Leadership" award for a series of management development seminars, workshops and courses it offered throughout the region to enhance the competency of health sector managers. The award recognizes the program for providing relevant and applicable management development for participants in health sector leadership positions.

Winnipeg Regional Health Authority staff have participated in other nationally recognized external management/executive development programs, such as: the Canadian Health Services Research Foundation's "Executive Training for Research Application", Royal Roads University's "Graduate Certificate in Health Systems Leadership," the Canadian Medical Association's "Physician Manager Institute" and the "Dorothy M Wylie Nursing Leadership Institute."

#### Clinical Learning & Simulation Facility

The new Clinical Learning & Simulation Facility represents the Winnipeg Regional Health Authority's commitment to ensure health care professionals are in place now and in the future to deliver the highest quality health care services. The \$4.6-million, 11,000 square foot facility, developed in partnership with the University of Manitoba, Faculty of Medicine and the Province of Manitoba will facilitate the development of clinical, surgical and communication skills among medical, nursing and allied health students and professionals. The facility, located at the Health Sciences Centre campus houses a realistic, hospitallike environment that is geared at teaching future health care professionals what it's like to work amidst the urgency, complexity and uncertainty of a real-life medical environment. The facility includes 17 examination rooms and five anatomically correct robotic, permanent "patients" in the ward that emulate breathing and have simulated pulses and reflexes.

#### Addressing Changing Needs in Adult Critical Care

An external review of the Adult Critical Care Education Program was conducted in April 2007 by a national critical care nursing expert, Brenda Morgan. The goal of the review was to address changing educational and staffing needs in the critical care units as a result of increasing patient complexity. The Morgan review identified many strengths as well as opportunities to provide more comprehensive and efficient educational programming for both new and existing critical care staff. The recommended changes also support the Region's ongoing recruitment needs for nurses. Highlights of the changes, which will be implemented

# Strategic Directions: Achievements and Challenges - Research and Education (continued)

starting in September 2008, are:

- Development of a culture of learning in the intensive care units that supports education of all staff, both new and existing
- Development of a core curriculum that addresses the needs of new nurses in both tertiary and community settings
- Development of specialized education specific to the needs of patients in specific units
- Greater flexibility in course offerings
- Greater flexibility for staff to move from unit to unit as part of their work career path
- Opportunity of distance education development in the future

The Adult Critical Care Program Code Blue Project was established in 2007 to standardize adult code blue practices. (Code Blue is an emergency code used to notify staff that a patient/resident is in cardiac arrest and is in need of immediate resuscitation.) The Simulation Development project has also been established to partner with industry in developing simulation software that can be used to support Code Blue training.

Attention to Care Inter-professional Teams (ACIT ) have been established at Victoria General Hospital for the purpose of addressing educational needs of staff using clinical guidelines/ protocols. The teams are comprised of staff from all disciplines and unit teams including Cognitive Care, Skin and Wound Care, Continence Care, Kinetic Care, Oral/Respiratory Care and Comfort/Rest & Sleep (this includes Pain Management). Examples of the training initiatives that will be implemented in fall 2008 are: dementia/delirium watch protocol, skin and wound practice guidelines, bladder training regimen, reduction of sleep disturbances in the elderly, oral care guidelines and ambulation/walking strategies in the clinical area.

#### Library Services Expansion

The regional Library Service program fills an important role in meeting the need for information that is current timely and relevant and accessible to all staff. In 2006/2007, 7,596 staff acquired library cards.

The Winnipeg Regional Health Authority has made a commitment

of \$500,000 to the University of Manitoba/Health Sciences Centre Neil John Maclean Library Capital Fund. This will help ensure that staff receive even greater access to a broad range of information resources and services. Seminars are now being offered which include two seminars to help staff access and use evidence-based health care information. Unit Libraries are also in place at all acute and long term care hospital sites. Access to Library Services will be expanded to include community health and selected mental health agencies.

#### **Education Opportunities in Communities**

Pan Am Clinic and Winnipeg Regional Health Authority's Aboriginal Health Programs have partnered with Children of the Earth High School, the University of Manitoba and Winnipeg School Division to launch a program introducing Aboriginal high school students to the possibility of careers in medicine and health care. By Grade 10, a group of six to 10 students will spend three years regularly working at Pan Am alongside doctors and other health professionals. This is a 'for credit' program that supports the Winnipeg Regional Health Authority's goal to increase its Aboriginal staff.

Aboriginal Health Programs also continued to work with the University of Manitoba Faculty of Medicine in the development of the Centre for Aboriginal Health Education as well as development of student instruction for its Med I and Med II, Family Medicine, Medical Rehab and Nursing programs.

Goal 3: We will have fostered partnerships that build a strong academic and research role across the four Canadian Institutes for Health Research pillars (CIHR) in the WRHA.

The Winnipeg Regional Health Authority continues to move forward its work in all four CIHR research pillars:

- Biomedical
- Clinical
- Health services and health systems
- Health of populations, societal and cultural dimensions of health, and environmental influences on health

The WRHA and its research activities are part of Canada's fifth largest health research cluster, that, alongside a mix of public/private bodies, is focused on all four pillars.





Biomedical: Basic Science Research is conducted at St. Boniface Research Centre and Health Sciences Centre.

Children's research is conducted in the Manitoba Institute of Child Health.

The Institute of Cardiovascular Sciences at St. Boniface is the largest of its kind in Canada, combining basic science research with a connection to the clinical program and more clinical cardiology research.

Clinical Research: Virtually all clinical research occurring in the Winnipeg Regional Health Authority is done in partnership with the University of Manitoba, other universities in Canada, and/or other regional health authorities.

Health Services/Health Systems and Population Health: Research in these two pillars takes place across the system, but is exemplified by concentrated work in these areas:

- On-going collaborative research with Manitoba Centre for Health Policy and the Centre on Aging at the University of Manitoba.
- 2. Collaboration with the U of M Faculty of Medicine in the development of a Centre for Innovation in Health Care.
- 3. The Winnipeg Regional Health Authority internal research and evaluation unit within the Division of Research of Applied Learning. This embedded research unit, a pioneer in a national trend for large health regions, has a focus on knowledge translation and the use of evidence in corporate-level decision-making.

Seven sites have designated Research Directors/Managers. Additionally, program teams undertake research on various relevant issues.

#### Research Development and Innovation

The Winnipeg Regional Health Authority's track record in the area of research development and innovation is strong. We are a recognized leader through the establishment of the following research bodies and clinical studies:

- Canadian Centre for Agri-food Research in Health and Medicine (CCARM) St. Boniface General Hospital
- Siemen's Institute for Advanced Medicine focusing on neuroscience surgical innovation, infectious diseases and advanced imaging
- Groundbreaking work in child health undertaken by the Manitoba Institute for Child Health (MICH)

The new Clinical Learning & Simulation Facility (CLSF) at Health Sciences Centre will also facilitate the development of clinical, surgical and communication skills among medical, nursing and allied health students and professionals.

The Winnipeg Regional Health Authority will also continue to support research and expand and enhance research partnerships with other jurisdictions and research agencies.

### Goal 4: We will have multidisciplinary education in both the academic and workplace environment.

The new Clinical Learning and Simulation Facility is one example of the Winnipeg Regional Health Authority's commitment to facilitate multi-disciplinary learning and practice. Additionally, it is currently assessing alternative methods for delivery of interdisciplinary continuing clinical education.

The Winnipeg Regional Health Authority has partnered with CAE [Montreal] to develop region-specific clinical online training programs. Training programs for Code Blue, Critical Transport of Pediatric and Obstetric Patients, and Clinical Team Building are under development. The first of these programs (Code Blue) will be available for early testing by Region staff in summer 2008, with the remainder of the courses developed for the fall.

Site/Facility	Projects
Health Sciences Centre (adult and child)	205
St. Boniface	86
Concordia	6
Grace	2
Victoria	22
Seven Oaks	7
Misericordia Health Centre	8
Deer Lodge	17
Riverview Health Centre	22
Corporate office and community sites	33
Pan Am Clinic	30
MATC	2

New research projects (initiated in 2007)

# Strategic Directions: Achievements and Challenges - Accountability

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

The Winnipeg Regional Health Authority is a publicly funded organization that is accountable to a Board of Directors, the residents of Winnipeg and government departments, including Manitoba Health and Healthy Living, who provide funding for defined programs and services.

In the health care industry, accountability is more than just managing financial resources. For the Winnipeg Regional Health Authority, accountability encompasses a broad spectrum of activities that ensure the public is aware of what we are doing to ensure the delivery of quality, accessible health services throughout the region; how we are achieving this; and that all activities are performed effectively and efficiently.

#### Accountability to the Community

The Winnipeg Regional Health Authority uses many tools to keep the community informed. These include the Annual General Meeting and Annual Report, various web-based communications, printed communications and community consultations regarding specific initiatives, such as development of the new Women's Hospital and ACCESS Centres.

#### Accountability to the Province of Manitoba

The Winnipeg Regional Health Authority is ultimately accountable to all levels of government and the people it represents. Submission of the Annual Regional Health Plan to Manitoba Health and Healthy Living is the basis for funding requests. Each year, the Winnipeg Regional Health Authority provides detailed, relevant information to these government bodies which identifies how we are fulfilling our goals and what funding requirements are needed to meet our objectives. We also provide monthly updates on key initiatives so that this information can be made available to Manitobans through the Manitoba Health and Healthy Living website.

Goal 1: We will have implemented clinical information systems that will improve the management of our resources and our people.

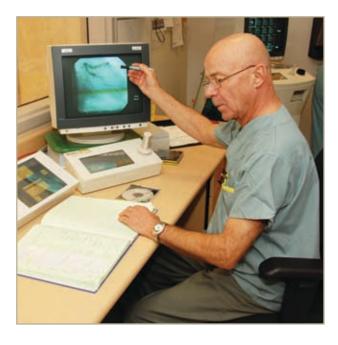
#### **Innovative Practice Saves on Drug Expenditures**

The Conference Board of Canada, in its report *Exploring Technological Innovation in Health Systems*, singled out the Winnipeg Regional Health Authority's management of personal care home drug expenditures as an example of an innovative management model that resulted in a reduction of expenditures of over \$500,000 in taxpayers' health care dollars.

The reduction in drug costs is a result of changes to management practices - including reviewing the appropriateness of some drugs, establishing regional contract pricing for high-volume drugs and the automation of drug dispensing.

### Information and Communication Technology (Manitoba eHealth)

Manitoba eHealth represents the evolution of Winnipeg Regional Health Authority's information technology services into a single, integrated province-wide solution that directly impacts the way we deliver health services. Manitoba eHealth was established in 2007 to undertake a long-term Health Information and Communication Technology strategy. Manitoba eHealth is administered within the Winnipeg Regional Health Authority and receives its funding and provincial mandate from Manitoba







Health, which includes:

- The process for integrating health care systems across regions and care sectors
- Improving and expanding health care services by managing information technology within a single organization, capable of achieving economies of scale, province-wide
- Improve the efficiency and effectiveness of Information and Communications Technology (ICT) services by leveraging the benefits of a centralized delivery model

In fiscal 2007/08 some of the projects managed by Manitoba eHealth include:

- Electronic Health Record (EHR): the development and implementation of an Electronic Health Record (EHR) is a key objective of Manitoba eHealth, and will be partly funded through Canada Health Infoway. An EHR is a secure and private lifetime record of an individual's health and care history, available electronically to authorized health providers. It facilitates the sharing of data across the continuum of care, across health care delivery organizations and across geographies
- Radiology Information & Picture Archiving &
  Communications System (RIS/PACS) the Winnipeg
  Regional Health Authority is also in the process of
  implementing province-wide information systems such
  as RIS/PACS, a system that is critical to patient care and
  to the EHR. The Radiology Information System component
  is operational at Victoria General Hospital, Health Sciences
  Centre and Seven Oaks Hospital and will be operational
  at all sites by mid-2009. The Picture Archiving &
  Communication System was implemented at Health
  Sciences Centre in 2008.

The Hospital Information System Project (HISP) currently under development at St. Boniface includes an Electronic Patient Record (EPR). Phase 1 of the project was implemented in April 2007 while Phase 2 of this project will include provider order entry and clinical documentation and will begin implementation in the fall of 2008.

Emergency Department Information System (EDIS) was launched at the new Ann Thomas Building at the Health Sciences Centre in January 2007 and is rolling out to all ED sites within the Winnipeg Regional Health Authority during 2008/2009.

We will help patients navigate the system and access the resources they need

Minimum Data Set Project (MDS) is now implemented in Winnipeg's long term care system. MDS will assist with care planning and application in all Winnipeg health region personal care home sites.

The Surgical Information Management System (SIMS) and the Sterile Instrument Processing Systems (SITS) went live at the new Ann Thomas Building earlier this year. SIMS was introduced in Children's Operating Rooms (OR) in February and into the Adult OR in March. SIMS went live as part of a pilot project in the Women's Hospital in the previous December. SIMS offers scheduling and automation of doctor and clinical documentation. Nurses are now able to do electronic charting of events, times and procedures, and resources while a surgical case is taking place. SITS was launched in January 2007. SITS automates reprocessing, surgical case charts and centralized inventory management functions and assists in instrument preparation and tracking.

Goal 2: We will have implemented an integrated and comprehensive business system that will improve ways we manage spending and assess effectiveness.

In 2007/2008 the Winnipeg Regional Health Authority appointed a team of dedicated staff to provide overall direction and leadership for the development and implementation of an integrated business system. This initiative is fundamental to our goal of maximizing its efficiency and effectiveness as a business organization. Such a system would standardize processes within Payroll, Human Resources, Finance and Supply Chain and would replace current, decentralized systems, many of which are in need of replacement. Options are currently under consideration as to how this initiative could be advanced throughout the health region.

Goal 3: We will evolve a culture and system that focuses on learning and collaborative improvement where patient safety is the primary focus for all staff.

# Strategic Directions: Achievements and Challenges - Accountability (continued)

#### Accountability to Those in our Care

A critical incident is an unintended event that causes serious harm to a patient, resident or client in the health care system. Reporting systems were put in place in 2007/2008 to facilitate reporting of, and learning from, critical incidents.

A 24-hour Critical Incident Reporting Line (788-8222) was established by the Winnipeg Regional Health Authority in 2007 to enable patients, families and health care providers to participate in patient safety improvements. The telephone reporting line helps the region gather information regarding critical incidents and initiate steps and recommendations to prevent them from happening. The line was enhanced in 2007/2008 to include a staff/patient support function, and is now being operated out of Klinic Community Health Centre. Critical incidents continue to be carefully monitored and reported to Senior Management and the Committee of the Board.

The Winnipeg Regional Health Authority offers a number of critical incident training sessions for managers. This includes a full day workshop that assists participants on how to investigate or review a critical incident and formulate recommendations to reduce the risk of recurrence.

The Regional Integrated Patient Safety Strategy continued its work in 2007/2008 focusing on four areas:

- 1. Promoting culture change
- 2. Direct involvement of patients
- 3. Learning from clinical practice
- 4. Promoting change in care delivery

The profile of patient safety has been raised substantially within the region. Critical Incident Learning Summaries - reports of outcomes regarding review and follow up actions of critical incidents - are distributed internally to regional health staff to facilitate broader learning from critical incidents and prevent recurrence.

#### Disclosure Workshops

Disclosure workshops are now being offered to enhance health care workers' ability to re-establish trust and rapport in the face of adverse outcomes. The workshops provide participants with a better understanding of organizational, ethical and risk managements aspects of the disclosure process, along with the opportunity to hone the communication skills required with patients and families.

#### Access to Information

The Winnipeg Regional Health Authority continues to meet its responsibility to provide information to members of the public through accessible sources. This includes maintaining an open and transparent flow of information between the Winnipeg Regional Health Authority and the public while considering all aspects of privacy and confidentiality of clients. The Winnipeg Regional Health Authority Chief Privacy Officer responds to requests made via the Freedom of Information and Protection of Privacy Act (FIPPA). In 2007/2008, of 916 requests, 552 were from media and 364 from political parties. In the future, the Chief Privacy Officer's office will be working to set up a process for tracking and reporting various activities within the region to the public in accordance with FIPPA.

Requests for information can be submitted via our website at www.wrha.mb.ca/contact/infoaccess\_fippa.php. Residents can also contact the WRHA Chief Privacy Officer at Winnipeg Regional Health Authority, 1800 – 155 Carlton Street, Winnipeg, MB R3C 4Y1; by phone at 926-7049 or by fax at 926-7007.







#### Whistleblower Legislation

The Public Interest Disclosure Whistleblower Act was enacted in April 2007 to protect staff who report wrongdoing in their workplace. The new legislation helps ensure that reports of wrongdoing will be handled objectively, confidentially and promptly and that staff who make reports of wrongdoing will be protected from reprisal.

The Winnipeg Regional Health Authority has appointed a Designated Officer to oversee whistleblower reports. In this capacity, he/she is responsible for reporting on the number of disclosures received, how many were acted on or not acted on and the number of investigations that commenced as a result of a disclosure. Where investigations have confirmed the occurrence of a wrongdoing, this report includes nonspecific information on the nature of wrongdoings found and recommendations or corrective actions taken, or reasons why no corrective action was taken. In accordance with the Legislation, the report is available upon request by the public. All staff have been advised of the process for submitting and responding to a disclosure through the staff intranet site or by talking to their manager. In 2007/2008 only two disclosures were received. Neither disclosure was determined to warrant investigation as determined by the Designated Officer.

#### Accreditation - Meeting Standards of Excellence

In 2007, following a rigorous and thorough process of self-assessment, on-site survey visits and patient, client and staff interviews, the Winnipeg Regional Health Authority achieved accreditation status from Accreditation Canada (formerly known as Canadian Council on Health Services Accreditation) for 2007-2010. The accreditation process provides the region with the opportunity to evaluate its performance against national standards of excellence. These standards examine all aspects of quality health care provision, from patient safety and ethics to staff training and collaborating with the community. Over the course of three years, each program and site will participate in the accreditation process and obtain a clear picture of strengths and areas to be improved. Accreditation is an important means of public accountability.

In November 2007, an Accreditation Canada survey team, involving eight health care service peers from across the country, facilitated by our Quality Improvement and Accreditation Services Team, met with senior management,

acute care sites, Quality Improvement and Accreditation teams, staff, patients and stakeholder groups.

An Accreditation Canada Survey Visit Report was provided identifying team strengths to build on and areas of improvement for the health region.

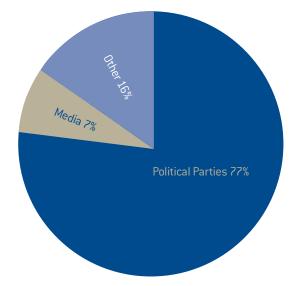
Goal 4: We will demonstrate transparency and openness in our dealings with the public, clients and families.

Several community consultation and advisory structures are in place to support ongoing communication with the public for a variety of ongoing and project specific needs. These include:

- Mental Health Advisory Council
- Community Health Advisory Councils
- Patient Safety Advisory Committee
- Elders' Advisory Council
- Aboriginal Health and Human Resource Advisory Committee to the Board
- Children's Hospital Family Advisory Committee
- Renal Patient Representative Committee

Our commitment to a dialogue with our community is strong and is evidenced by the variety of initiatives and processes in place or under development.

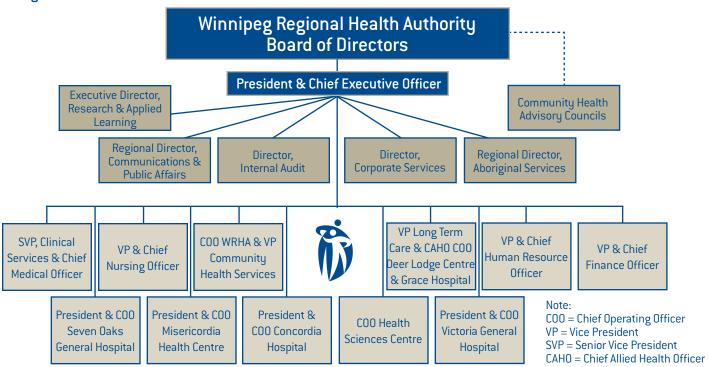
More information is available at www.wrha.mb.ca.



Source of FIPPA requests

#### Governance

#### **Organization Structure**



#### **Board of Directors**

Appointed by the Minister of Health, each Board member of the Winnipeg Regional Health Authority Board of Directors is accountable to the Minister of Health and the community. The Winnipeg Regional Health Authority views the people of Winnipeg and others who depend on its services as our 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.

#### **Board Members:**

Mr. Ray Cadieux, F.C.A., C.F.E. - Treasurer Dr. John Wade - Board Chair Mr. Allan Fineblit, Q.C. - Vice Chair Mr. Louis Druwé Ms. Vera Derenchuk Mr. Jim Derksen Ms. Audrey Gordon Ms. Heather Grant-Jury Mr. Eldon Hearn\* Ms. Herta Janzen Mr. Marc Labossiere Dr. Wayne Manishen Mr. Bob Minaker Ms. Kara Nacci Ms. Carolyn Strutt\* Ms. Belinda Vanden Broeck Ms. Alexandra Venema Mr. George Wall Ms. Gail Wylie Mr. Ben Zaidman (deceased, June 2008)

#### **Board Committees**

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

Board member profiles, board agendas and minutes are available at www.wrha.mb.ca/about/board.

\*no longer serving





#### **Board Decisions**

Some of the major decisions of the Board this past fiscal year involved:

#### May 29, 2007

- Support in principle for the WRHA CEO to further explore alternative locations for corporate office space on Main Street.
- Approval of the Regional Health Plan for Year 2008/2009.

#### June 26, 2007

- Approval of the WRHA Financial Statements audited by Deloitte & Touche for the fiscal year 2007/2008.
- Approval of the strategic institutional research plan as presented to the Board.

#### October 30, 2007

 Approval of Workforce Safety and Wellness becoming an organizational priority.

#### December 11, 2007

 Requested a letter be sent to the Minister of Health to address the issue of aging equipment and the inadequate funding received from Manitoba Health to address Winnipeg health region needs.

#### February 26, 2008

- A member of the WRHA Board of Directors be appointed from the Grace Hospital, as recommended by the WRHA to the Minister from nominations received from the Governing Council of the Salvation Army of Canada, provided that the nominee meets the eligibility requirements established by the Minister.
- Approval of the recommendations of the Board HR/Finance Committee and establishment of an Audit Committee to be in place for the March 2009 year-end.

#### March 25, 2008

- Approval of the WRHA entering into a lease for office space to be jointly occupied by WRHA and Family Services and Housing Staff for the Downtown West Community Area at 755 Portage Avenue in Winnipeg, subject to the approval of the Minister of Health.
- Approval of the transfer of all of the operations, property, liabilities and obligations of the health corporation,
   Salvation Army Grace General Hospital ("Grace")
   and of the Governing Council of the Salvation Army in

Canada ("the Governing Council") that pertain to or are related to the operations of the hospital at 300 Booth Drive in Winnipeg, Manitoba (collectively the "Hospital"), into the Winnipeg Regional Health Authority ("WRHA") pursuant to The Regional Health Authorities Act and other applicable legislation.

- Approval and ratification of the Agreement to Transfer among the Governing Council of the Salvation Army in Canada, Grace and WRHA effective January 10, 2008.
- The WRHA Board approval for execution of a transfer agreement substantially in the form of the agreement provided to the WRHA Board for its review (the "Grace Transfer Agreement") to be effective as of April 1, 2008 (the "Effective Date").

#### **Community Health Advisory Councils**

Community Health Advisory Councils (CHACs) 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 Winnipeg Regional Health Authority, 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 Winnipeg Regional Health Authority 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 Woods & 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. A list of Council members and minutes highlighting their work and accomplishments is available at www.wrha.mb.ca/about/chac.

#### Governance (continued)

#### Operating and Governance Agreements

The Winnipeg Regional Health Authority continues to take steps to achieve a more complete regionalized service delivery model. To date, Operating and Governance agreements have been signed with Seven Oaks General, Victoria General and Concordia Hospitals, while discussions are continuing with Misericordia Health Centre, Riverview Health Centre and St. Boniface General Hospital. The Misericordia Health Centre Chief Operating Officer is now a member of our Senior Management team. In April 2008, the Winnipeg Regional Health Authority acquired the governance and management responsibilities for the Grace Hospital. It joins Deer Lodge Centre, Pan Am Clinic and Health Sciences Centre as a directly owned Winnipeg Regional Health Authority site. The integration of Finance, Human Resources and other areas continues.

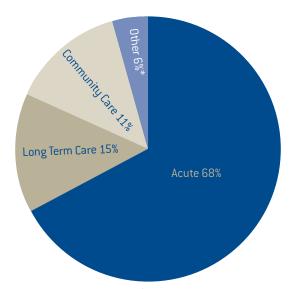
The Winnipeg Regional Health Authority Board of Directors is currently undertaking an extensive review of its governance model and processes to ensure that it continues to be engaged in good governance practices. As part of this process, the Board held a retreat on October 19 and 20, 2007. The goals of the retreat were to determine whether the Board is functioning as a high performance board and what the role, purpose and expectations are in shaping, creating and supporting regional priorities as the Winnipeg Regional Health Authority moves forward.

The Board has formed a governance working group to consider its role and governance practices respecting:

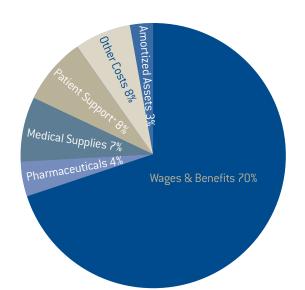
- (a) The appointments process for new Board members;
- (b) A structure for the work of the Board so it spends its time most appropriately;
- (c) A review of the structure of the Board, including committees;
- (d) Its meeting structure;
- (e) The Board development, education, assessment and evaluation processes:

In addition, it is currently undertaking an environmental survey of governance practices in a number of similar organizations across Canada. It is anticipated that the Board will complete its governance review this fall, with recommendations that could result in confirmation of current processes, revised governance practices and a new and comprehensive governance manual.

#### Statistical Highlights



Budget Allocation by Sector \*Other includes: Prevention, Accountability, Staff Support, Community and Patient Safety,



Cost by Major Expense \*Patient Support includes items or services such as: Housekeeping, linen, laundry, food and referred-out services.





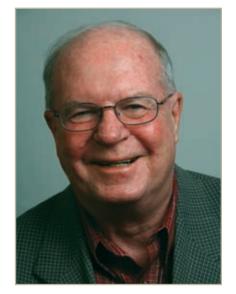
### Letter of Transmittal and Accountability

It is my pleasure to present the Annual Report of the Winnipeg Regional Health Authority for the fiscal year ended March 31, 2008.

The 2007/2008 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

### **Auditors' Report**

#### To the Directors of Winnipeg Regional Health Authority

The accompanying summarized consolidated statement of operations and consolidated statement of financial position are derived from the complete consolidated financial statements of the Winnipeg Regional Health Authority as at March 31, 2008 and for the year then ended on which we expressed an opinion without reservation in our report dated June 19, 2008. The fair summarization of the complete consolidated 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 consolidated financial statements.

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

These summarized consolidated 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 consolidated financial statements.

Deboitte & Tombe LLP.

Chartered Accountants Winnipeg, Manitoba June 19, 2008

Deloitte & Touche LLP 360 Main Street Suite 2300 Winnipeg, MB R3C 3Z3 Canada Phone: 204.942.0051

Fax: 204.947.9390 www.deloitte.ca



# Winnipeg Regional Health Authority Summarized Consolidated Statement of Operations

For the year ended March 31, 2008 (in thousands of dollars)

		2008		2007
REVENUE				(Restated)
Manitoba Health and Healthy Living operating income	\$	1,819,727	\$	1,702,506
Other income	· ·	110,609	•	103,376
Amortization of deferred contributions, capital		55,756		52,228
Recognition of deferred contributions, future expenses		7,054		6,390
, , , , , , , , , , , , , , , , , , , ,		1,993,146		1,864,500
EXPENSES				
Direct operations		1,656,440		1,529,381
Interest		918		399
Amortization of capital assets		56,438		53,778
·	,	1,713,796		1,583,558
FACILITY FUNDING				
Long term care facility funding		232,823		225,394
Community health agency funding		29,457		27,336
Adult day care facility funding		2,674		2,637
Long term care community therapy services		675		632
GRANT FUNDED				
Grants to facilities and agencies		18,825		15,487
		1,998,250		1,855,044
OPERATING (DEFICIT) SURPLUS		(5,104)		9,456
NON-INSURED SERVICES				
Non-insured services income		79,334		76,587
Non-insured services expenses		73,545		71,642
NON-INSURED SERVICES SURPLUS		5,789		4,945
SURPLUS FOR THE YEAR	\$	685	\$	14,401

Ray Cadieux - Treasurer

Dr. John Wade - Board Chair

### Winnipeg Regional Health Authority Summarized Consolidated Statement of Financial Position

As at March 31, 2008 (in thousands of dollars)

	2008	2007
ASSETS		(Restated
CURRENT		
Cash and marketable securities	\$ 32,301	\$ 58,777
Accounts receivable	118,562	76,025
Inventory	18,212	16,327
Prepaid expenses	9,543	10,032
Employee benefits recoverable from Manitoba Health and Healthy Living	78,675	78,675
	257,293	239,836
CAPITAL ASSETS	983,616	910,627
OTHER ASSETS		
Employee future benefits recoverable from Manitoba Health and Healthy Living	82,302	82,302
Investments	22,079	27,099
Specific purpose funds	46,851	46,228
Nurse recruitment and retention fund	2,847	3,419
	\$ 1,394,988	\$ 1,309,511
CURRENT  Accounts payable and accrued liabilities	\$ 196,813	\$ 156,008
Employee benefits payable	92,802	87,252
Current portion of long term debt	2,264	10,035
LONG TERM DEBT AND DEFERRED CONTRIBUTIONS	291,879	253,295
Long term debt	31,195	25,540
Employee future benefits payable	116,764	111,528
Specific purpose funds	46,851	46,228
Deferred contributions	845,989	810,132
Nurse recruitment and retention fund	2,847	3,419
	1,335,525	1,250,147
NET ASSETS	59,463	 59,369
	\$ 1,394,988	\$ 1,309,511



# Winnipeg Regional Health Authority Supplementary Information

As at March 31, 2008 (unaudited) (amounts 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:

	 2008		2007
			(Restated)
Administrative costs	\$ 85,787	\$	81,969
Administrative cost %	4.2%		4.4%

Note: Certain operating costs previously excluded from the total operating cost calculation due to anomalies between Manitoba Health and Healthy Living reporting requirements and CIHI reporting requirements have now been included.



# PeopleCaringforPeople

Winnipeg Regional Health Authority 2007/2008 Annual Report www.wrha.mb.ca