



Winnipeg Regional
Health Authority
Caring for Health

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



CARING for people **CARING** for health

2008/2009 Annual Report • www.wrha.mb.ca



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Profile

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
- St. Boniface General Hospital

Four community hospitals:

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

Four health centres:

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

Community health operations:

- 38 personal care homes
- 22 community health offices
- Manitoba Adolescent Treatment Centre
- 12 community health agencies
- Rehabilitation Centre for Children
- 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
- Diagnostic Services of Manitoba
- University 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

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Mission, Vision, Values

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 the high quality of Winnipeg's health services and by building partnerships with the community. It is committed to providing safe care and preventing harm to patients.

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.

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Organizational Priorities

Organizational priorities address issues 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 the following stated priorities. Every program and site is expected to incorporate strategies and actions to address these priorities.

Aboriginal Health Programs

Manitoba has an Aboriginal population of just over 150,000 people, representing 13.6 per cent of all Manitobans. Approximately 35 per cent of this population lives in Winnipeg. In fact, Winnipeg has the largest urban Aboriginal population in Canada, with Aboriginal people comprising roughly 8.6 per cent of its total population. The health status of Aboriginal people is well below that of other Canadians. Up to 40 per cent of urban hospital patients may be Aboriginal and it is estimated that Aboriginal people utilize hospitals and medical services at a rate two to three times higher than that of other Manitobans.

The Winnipeg Regional Health Authority recognizes that an understanding of the historical and cultural factors impacting Aboriginal people is a key factor in developing appropriate health care services. As such, the WRHA established its Aboriginal Health Strategy in 2001 with the implementation of two regional programs: Aboriginal Health Services and the Aboriginal Human Resources Initiative. In 2006, the two programs amalgamated to form one comprehensive program, Aboriginal Health Programs.

Aboriginal Health Programs were developed in collaboration with the Aboriginal community and today, oversee the provision of coordinated programming in the areas of direct health services, cultural programs and human resources for the Winnipeg health region. We continue to extend and refine our services to meet the evolving needs of First Nations, Inuit and Métis people in hospitals, the community and in our workforce.

Patient Safety

The safety of our patients and clients is always a priority to 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, the Winnipeg Regional Health Authority is recognized as a national leader in developing patient safety processes, initiatives and enabling transparency in health care service delivery. Recognizing that, Senior Management and our Board maintains that our Patient Safety Team, supported with effective resources and strategies, continues to 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. Wait lists in the priority areas are continuously managed jointly with health programs in order to reduce backlogs and prevent the formation of new ones. Overall, waiting times have improved. While our efforts have concentrated on wait times for treatment, we are also addressing wait times for medical consultations and advancing strategies to enable prompt scheduling so we can provide patients and their referring doctors with dates as to when they can expect treatment.

Workforce Wellness and Safety

Healthy staff who work in healthy workplaces provide better and safer patient care. The Winnipeg Regional Health Authority directly and indirectly employs approximately 28,000 persons – each of whom contributes to the health and well-being of the people in the Winnipeg health region and those who access our services. Naming Workforce Wellness and Safety as an Organizational Priority 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 helps 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 demonstrates transparency and accountability to our stakeholders, it encapsulates our challenges, goals and accomplishments over the 2008-2009 fiscal year. It 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 has been a period of great excitement mixed with some anxiety considering the series of events involving the world economy, public health and its impact on our Region.

At the time of this writing staff throughout Winnipeg health region are preparing for the second wave one of the most significant pandemic outbreaks in the world in many years. Fortunately, we have been preparing for this inevitability for a number of years and our Region was able to demonstrate our preparedness in a very significant way during the first wave of the outbreak. Our solid linkages and relationships with other health jurisdictions and authorities, specifically Manitoba Health, the Public Health Agency of Canada and the World Health Organization and strengthened lines of communication with our integrated and non-integrated hospital and community sites, allowed for a more centralized and coordinated approach. These were all important factors in our response. As we approach a potential resurgence of the H1N1 Influenza A outbreak this fall, we feel highly confident in our preparations for contending with a severe outbreak.

This confidence stems from the diligence and hard work of our staff who have gone beyond the call of duty during the first wave of the H1N1 pandemic, all the while performing many of the imperative duties of providing and supporting health services to the people of our province and beyond. Our sincere gratitude goes out to them for their professionalism, dedication and compassion shown throughout the first wave of this event and their continued efforts in what we will inevitably face this fall and winter.

During this outbreak we have been engaged in providing care not only to those infected in our Region, but also those seriously impacted by the virus in northern First Nation communities. We thank the physicians, nurses and nurse practitioners who voluntarily registered to provide service to northern communities in need of medical assistance. We acknowledge Dr. Catherine Cook, Executive Director of Aboriginal Health Programs at the health region, who was appointed

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by the Minister of Health as Advisor on H1N1 Issues, building on her work with First Nations communities in our Province.

Health service regionalization in our community took a number of progressive steps in 2008-09. In partnership with the University of Manitoba Faculty of Medicine, we established the Joint Operating Division, under the direction of our new Chief Medical Officer Dr. Brock Wright. We also amalgamated the Family Medicine and Primary Care program, which will increase collaboration and care coordination across these sectors and better meet the medical needs of the community.

The further consolidation of surgical services in Winnipeg helped us address the challenge of a diminishing pool of general surgical expertise in our system and around the world. By realigning expertise, surgical slates and equipment, these new 'pods of expertise' are providing access to quality, specialized care for patients in our Region.

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 continue working on initiatives in the area of patient flow to continue to reduce length of stay in hospitals and emergency departments. Construction and/or completion of renovations and expansions of three of the region's emergency departments – Victoria and Seven Oaks General Hospitals and Concordia Hospital, along with the future development of the Mental Health Crisis Response Centre, will further improve the movement of individuals within requiring services within our health care system.

Earlier this year, our administrative Head Office moved 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 soon-to-be-operational 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 is helping revitalization efforts in the area, and provide increased accessibility to health services for area residents.

This year we launched a new staff newsletter to enhance our ability to communicate in a consistent and collective manner to the more than 28,000 staff working in the health region. Through "Inspire" 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 the public through enhancements to our website and publications such as WAVE magazine, 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. Their grassroots perspective is invaluable to our efforts of anticipating and proactively servicing the community's health care needs.

Our Board of Directors has undergone 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 refocusing on its role, purpose, and expectations in shaping, creating and supporting regional priorities as the Winnipeg Regional Health Authority moves forward.

We acknowledge and thank Mr. Allan Fineblit Q.C. for his valuable contributions and service to our Board as our Vice Chair and wish him all the best in his many endeavors. These thanks and wishes are also extended to departing members Alexandra Venema and Dr. Wayne Manishen.

We welcome four new members to our board this year: Irene Linklater, Marie-Rose Spence, Janesca Kydd and Kris Frederickson. These individuals bring a proven record of leadership in health care and other important issues that directly affect First Nations and Métis people in our province. We look forward their insight and professional expertise as we continue to move forward with health policies and services that are sensitive to the social, cultural and spiritual needs of Aboriginal peoples.

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 re-enforcing the value our health care professionals bring to our hospitals, clinics, community services and personal care homes on a daily basis.

But we consistently endeavor to tackle these challenges in a prudent and fiscally responsible manner. There are many examples of incredible value people in our Region provide on a daily basis, many of which are detailed in this report. We hope you find it enlightening and informative.

Dr. John Wade
Board Chair

Dr. Brian Postl
President & Chief Executive Officer

For bios on Dr. Wade and Dr. Postl, visit the www.wrha.mb.ca website.



Statistical Highlights 2008/09

1. Ambulatory Care Visits (Acute)	508,120
2. Emergency Department Visits	257,830
3. Urgent Care Visits	100,769

4. Inpatient Discharges from WHRA Facilities by Institution Type	Acute ⁽²⁾	80,493
	Rehab ⁽³⁾	2,148
	Chronic ⁽⁴⁾	184
	Hospice ⁽⁵⁾	52
	Total	82,877

5. Day/Night Care Visits ⁽¹⁾ from WHRA Facilities	75,775
6. Home Care Clients ⁽¹⁾ Receiving Services	13,810
7. Main Operating Room Surgical Cases ⁽¹⁾ All Sites	58,384
8. Births in Winnipeg Hospitals	10,802

9. Deliveries in the Winnipeg health region	In hospital assisted by Physicians ¹	10,316
	In hospital assisted by Midwives ²	221 ⁽¹⁾
	At home assisted by Midwives ³	83

10. Gamma Knife Procedures ⁽¹⁾	289
11. Total Number of Residents in Personal Care Homes (PCH)	5,825

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12. Primary Care - WRHA Direct Operations	Number of Physician Positions Filled per Funded Position	92%
	Number of Nurse Practitioners Filled per Funded Position	100%
	Number of Midwifery Positions Filled per Funded Position	100%
13. Mental Health Community Program	Contacts by Community Mental Health Crisis Response Services ⁽¹⁾	17,267
	Contacts by Therapeutic Treatment Services ⁽²⁾	5,062
	Contacts by Mental Health Access Services ⁽³⁾	930
	Clients served by geographic based Community Mental Health Workers ⁽⁴⁾	1,498
	Clients with complex needs served by centrally based Specialized Mental Health Case Management ⁽⁵⁾	800
14. Provincial Health Contact Centre Activity (WRHA) ⁽¹⁾	Health Links - Info Santé ⁽²⁾ - Calls Answered ⁽³⁾	155,416
	Health Links - Info Santé - Outbound Calls ⁽⁴⁾	4,289
	After Hours Central Intake Program - Client calls answered Live ⁽⁶⁾	129,323
	After Hours Central Intake Program - Outbound Calls ⁽⁶⁾	155,817

15. Public Health Influenza Vaccines administered to WRHA Residents⁽¹⁾ by WRHA programs/sites

37,790

16. Procedure Volumes	
Cardiac Procedures	
- All	1,286
- Coronary Artery Bypass Graft ⁽¹⁾	893
Joint Surgery	
- Primary Hip Replacements	1,525
- Primary Knee Replacements	1,907
Cataract	8,529
Pediatric Dental	1,084
Diagnostic Imaging ⁽²⁾	
- CT Scans	104,569
- Ultrasounds	95,609
- X-rays	294,764
- Mammograms	3,013
- Nuclear Medicine	22,713
- PET	1,072
- MRI	39,523
- Bone Density	7,271
- Angiography	7,434
- Cardiac Angiography	12,203

Statistical appendix on page 55 of this report.



Strategic Directions, Achievements & Challenges Prevention & Promotion

Our Challenge

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

Our Goals and Achievements

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 healthcare 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.

Healthy Parenting and Early Childhood Development

Winnipeg Regional Health Authority participated in a variety of healthy parenting and early childhood development initiatives, including:

- Spectrum Connections, a first-in-Canada mobile support team for people with Fetal Alcohol Spectrum Disorder (FASD). This program enhances FASD diagnostic services which are offered at the Clinic for Alcohol and Drug Exposed Children.
- Quality Assurance Families First, development of enhanced program monitoring and quality processes to evaluate the program's operations.
- Training of WRHA public health staff in "Triple P- Positive Parenting," an award-winning international parenting program that emphasizes strong nurturing relationships, good communication and positive attention.

Chronic Disease Prevention

Getting Better Together, a peer-led self-management program for chronic disease, is now being offered province-wide. The program, which is coordinated by the Seven Oaks Wellness Institute, helps participants with chronic conditions such as diabetes, arthritis and high blood pressure, to set and achieve healthy living goals and overcome barriers to achieving a healthier lifestyle.

The Provincial Health Contact Centre received a Canada Health Infoway Grant, a national health information technology funding organization, to expand the Chronic Disease Management

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Program – CareLink – throughout Manitoba. This \$6-million pilot project will make innovative use of information technology to connect Manitobans with primary health care after regular clinic hours and support patients with chronic conditions in managing their own care needs.

The Provincial Health Contact Centre, also known as Health Links-Info Santé, is an award-winning provincial call centre that ensures individuals in our region and province can have health concerns addressed on a 24-7 basis.

Communicable Disease Control

Much effort was focused on the development of a WRHA Regional Pandemic Plan, under the direction of a project steering committee. The steering committee provided direction to six working groups, including:

- Surveillance and laboratory
- Vaccine and antivirals
- Communications
- Health services
- Continuity of health services
- Public health measures.

A pilot project was initiated to examine early childhood and school-based immunization rates in specific communities with health disparities and to explore the effectiveness of various strategies to reduce inequities in immunization rates.

The human papilloma virus vaccine (HPV) was introduced for Grade 6 girls, with initial surveillance data indicating a consent return of 60-90 per cent, depending on the community area.

Development continues on a regional tuberculosis health service involving community, medicine and acute care services. Initiatives include the development of services to provide tuberculosis case and contact management to First Nations and Inuit health clients and the development of tuberculosis home therapy guidelines, criteria for admission and an algorithm for services.

Healthy Sexuality and Harm Reduction

The Winnipeg Regional Health Authority is responding to the increased incidence of sexually transmitted infections (STI's), HIV and other reportable infectious diseases through the following initiatives:

- Securing additional staff to increase access to harm reduction supplies and promote linkages to resources for persons who use harm reduction supplies.

- Implementation of an immunization and testing campaign for populations at higher risk for sexually transmitted and blood-borne infections.
- Initiation of a patient notification project and a low-risk partner notification project.
- Introduction of the Modified Partner Notifications Referral System for management of selected contacts to chlamydia and gonorrhea in partnership with participating primary care sites and the Sexuality Education Resource Centre.
- Approval of funding for a needle drop box project.
- Continued distribution of a harm reduction tool kit that helps drug users be safer, instead of engaging in high-risk behaviours such as sharing equipment.

In 2008/2009, the WRHA Board approved a WRHA Harm Reduction Position Statement. Harm reduction refers to a set of interventions that are designed to lessen the negative individual and societal consequences associated with alcohol and drug abuse and other high risk activities, such as prostitution. The region's intent is to try and put measures in place that help protect the health of people who engage in these behaviours. As an example, we might not be able to stop someone from smoking crack, but we can give him or her a safe kit so they are less likely to injure themselves or spread illness.

To view the WRHA Harm Reduction Position Statement, go to:

http://www.wrha.mb.ca/community/publichealth/cdc/files/HarmReduction_PS.pdf

Tobacco Reduction

The Winnipeg Regional Health Authority continued to work closely with community partners to reduce the use of tobacco in Winnipeg. This year's focus was on helping smokers of all ages to quit and on preventing youth from starting to smoke. Initiatives include:

- More than 2/3 of Winnipeg high schools participated in a survey of Grade 9-12 students that focused on tobacco issues, physical activity, healthy eating and school connectedness/mental health.

Extensive work was done with the Seven Oaks and Point Douglas community areas to engage high school students in tobacco advocacy and increase visibility and accessibility to tobacco cessation resources. Programs include:

- Students Working Against Tobacco (SWAT)
- Kick Butt Day (with 55 high schools and more than 1,000 students)
- Presentations on media literacy
- An online tobacco cessation tool kit was created for nurses to use with patients who desire to quit smoking
- Twenty-five facilitators were trained to deliver one-day "Health Behaviour Change" workshops to WRHA staff, and more than 200 front-line staff attended the workshops.



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.

Injury Prevention

Taking Steps to Prevent Falls, a pilot project for falls prevention, was conducted in the St. James community area. The project included the development of various bilingual falls prevention tools and resources, including:

- A general risk screening tool
- Home safety checklists
- Community hazard identification tool
- Education booklet.

In November 2008, Winnipeg received the designation of "Safe Community in Canada," recognizing its commitment to reducing injury and promoting the safety and well-being of all of its citizens.

Dr. Sande Harlos, Winnipeg Regional Health Authority Medical Officer of Health, was awarded the 2008 Safe Communities Canada Founders Award. The award recognizes one individual in Canada for their outstanding contribution to the cause of injury prevention and safety promotion.

Mental Health

The Mental Health program embarked on three-year collaboration with the Louis Riel School Division, entitled Social and Emotional Learning: A Whole School Approach to Mental Health Promotion. Project accomplishments include mental health literacy training for teachers and teachers' assistants, implementation of a mental health curriculum for Grade 9 classrooms and piloting of a Friends for Life Anxiety Prevention Program in Grades 3 and 4.

The Mental Health team continued to expand the delivery of Mental Health First Aid Training, offering the program to several hundred health, social service, probation and correctional staff. Mental Health First Aid is a 12-hour certified course that teaches participants how to assist someone showing signs of a mental health problem or experiencing a mental health crisis. Promotional materials, including a poster and flyer, were created to increase awareness of the Mobile Crisis Service and were distributed throughout the community.

The Mental Health program also offered two training sessions to day cares and early childhood educators. The sessions, titled Handle with Care: Mental Health Promotion in Centre-Based Child Care and Reaching In, Reaching Out, are designed to foster children's social and emotional development and teach skills that help young children to face life challenges.

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Nutrition and Healthy Eating

Work continues on a variety of initiatives designed to achieve better nutrition throughout the lifespan, including:

- Partnering with the City of Winnipeg and other organizations related to Health Canada's Trans Fat Task Force recommendations
- Creation of a nutrition tool kit for newcomers to Canada as an aid to learning English and improving nutrition
- Providing nutrition information to new and expectant mothers, as well as infant nutrition classes for new parents
- Working with the Dairy Farmers of Manitoba, the Heart and Stroke Foundation, and the First Nations and Inuit Health Branch to expand Kids in the Kitchen, a community action kit that inspires children to learn kitchen skills by participating in a Kids' Cooking Club.

Work continues on the development of a WRHA healthy nutrition policy. The policy will support the nutritional health and well-being of people in the Winnipeg health region by:

- Encouraging healthy eating habits for all ages, based on the recommendations in Health Canada's Eating Well with Canada's Food Guide
- Promoting healthy living strategies
- Supporting healthy nutrition for staff, visitors and volunteers at WRHA service sites.

The Provincial Health Contact Centre, the provincial health call centre, received approval to proceed with a "Manitoba Dial-a-Dietitian" program, which will provide nutrition counselling via telephone.

Wave Magazine

The region also enhanced proactive information to the public by introducing *Wave*, a consumer health and wellness magazine distributed throughout the community by Winnipeg Free Press. The publication's goal is to provide readers with the kind of news and preventative health information they need to lead healthier, happier lives.

Published six times a year, *Wave's* mission is to engage and inform readers about the broad spectrum of health and wellness-related issues, as well as showcase some of the important and innovative work taking place in our health region. Its goal is to inform readers about the benefits of making wise lifestyle choices through compelling stories that illuminate and inspire.

As the largest provider of health services in the province, and one of the largest in the country, *Wave* can leverage the collective knowledge and expertise of the 28,000 women and men working within the Winnipeg health region and disseminate that knowledge to an audience of thousands of people in the region and beyond.

Wave is available at all Winnipeg health region facilities, at McNally Robinson Booksellers, and through subscription by contacting wave@mts.net. An environmentally friendly e-version of *Wave* is viewable at wrha.mb.ca.

Physical Activity and Active Living

WRHA continues to lead the Winnipeg *in motion* initiative, in partnership with the University of Manitoba and the City of Winnipeg. Winnipeg in motion promotes a physically active lifestyle for all ages. Current areas of focus include working with special populations, including immigrant and refugee families, persons with special needs and disabilities, Aboriginals and older adults. Recent initiatives include:

- Development of a Workplace Energizer DVD to promote active meetings, conferences and community gatherings, and an Older Adult Exercise DVD, to encourage physical activity for older adults.
- A project called Promoting Physically Active Lifestyles for Winnipeg Immigrants and Refugee Children, Youth and Their Families. The project assists immigrant service providers to develop community-based physical activity programs to support healthy lifestyles for children, youth and families who are newcomers to Canada.
- Creation of "Moti", an animated physical activity icon that has been adopted by the national *in motion* program as a symbol of the importance of physical activity. The icon was developed by the students of Red River College, in partnership with Winnipeg *in motion* and the National *in motion* program.
- A peer-led exercise program for Aboriginal people was developed cooperatively by a group of community stakeholders, including the Community Helpers Network, Aboriginal Visioning Centre, Ma Mawi Wi Chi Itata Centre, the City of Winnipeg, the University of Manitoba and the Winnipeg Regional Health Authority.
- Seven Oaks Wellness Institute introduced a physical activity and weight management program called Firmer, Fitter, Faster. Five teams of 10 participants took part in regular group physical activity and competed against each other to see which group could lose the most weight over a 10-week period. The winning team lost 144 lbs and all teams together lost a whopping 609 lbs.



Treatment and Support

Our Challenge

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, at healthcare facilities or at home by a range of healthcare providers, with a focus on safety. Health care services will be innovative, evidence based and cost effective.

Our Goals and Achievements

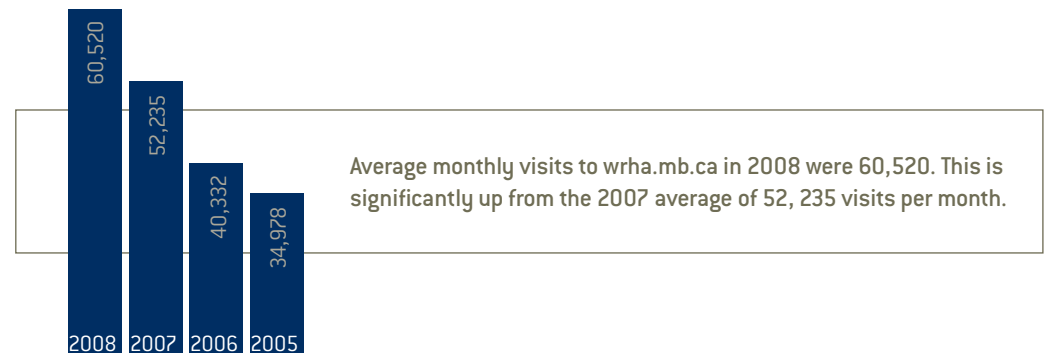
Goal 1: We will have provided coordinated entry systems to enhance the public's ability to navigate health care services.

User-Friendly Access to Information and Services

We strive to maintain comprehensive, user-friendly means for all consumers of health services in the Winnipeg health region to access information and navigate through health care services. The systems available include:

Our Website – wrha.mb.ca

Information available on the website includes current programs and services, updates on Winnipeg health region initiatives, various reports, links to other health related sites, seasonal or timely health information (ie. influenza). Newly added in 2008-2009 are video clips and video archives to provide access to information, presentations and topical information. A new consumer Really Simple Syndication (RSS) newsfeed was a feature added this past year. The RSS feed allows subscribers to have health and wellness news delivered directly to their desktop as it is posted on the WRHA website.



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Health Services Directory/ Health Services Directory Online

An annual compilation of contact information for all services in the region is done to ensure the public has up-to-date means of locating and accessing services. Two ways of accessing the information is available to the public: an insert in the MTS telephone directory; and the online directory at wrha.mb.ca.

Health Links - Info Santé

For answers to health related questions, consumers can also call Health Links - Info Santé at 788-8200 or toll free at 1-888-315-9257. Registered nurses are available to answer questions 24 hours a day, 7 days a week.

Winnipeg Regional Health Authority has also increased proactive health care information and public awareness campaigns on a variety of health related topics. Some of the topics in the past year include promoting the breastfeeding hotline to the Aboriginal population through transit ads, posters and news articles submitted to Aboriginal newspapers; providing the public with information on the Mental Health Mobile Crisis Response service; promoting risk factors and symptoms of Kidney Disease; and continued educational materials to the public about Influenza vaccination.

Language Access Interpreter Services

A patient's ability to understand their medical diagnoses, suggested self-care and where to access appropriate services leads to better care. Understanding how to do all of the above, however, can be a challenge for a person whose second language is English or cannot speak English or French. As such, Language Access interpreter services is a vital component to quality health care.

Phased implementation of health interpreter services continued in 2008-2009. As of January 2009, 48 trained health interpreters provided face-to-face interpreter services in 28 languages (these figures fluctuate throughout the year). Over-the-phone interpreter services in over 170 languages are provided via a contract with Language Link®. Language Access interpreter services complements other language access programs in the region related specifically to French language and Aboriginal language (Ojibway, Cree, Oji-Cree/Island Lake dialect) services delivery.

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

Patient Flow

Patient centred care is a priority for the Winnipeg health region. Ensuring patients receive compassionate, respectful care that is accessible at the right time in a fair manner will aid overall patient flow. Some patient flow initiatives in the region include:

Leveraging Technology

EDIS - The Emergency Department Information System (EDIS) was implemented by Manitoba eHealth in all Winnipeg health region hospitals to provide a global view of the emergency department. EDIS tracks patient stays throughout their Emergency Department visit, from triage desk to discharge. Colour-coded monitors allow nurses and other health care staff to view the number of patients, how long patients are waiting, lab results and reassessment status easily. EDIS also includes easy tracking of patient histories in the emergency department to assist with patient treatment.

The Hospital Information System Project (HISP), a Manitoba eHealth province-wide initiative designed to improve access to patient information through a central electronic information system, an Electronic Patient Record, became active in St. Boniface General Hospital in 2008. The system allows immediate access to orders and results, patient demographics, medication and test results, and improves access to electronic information such as suggested medications or drug alerts. It also lessens the need for paper, decreases errors and increases patient safety.

Sleep Disorder Centre at Misericordia Health Centre - This centre, a collection of 10 rooms connected by closed-circuit monitoring cameras and a control room which keeps track of the sleeping patterns of patients, consolidated services and developed a centralized intake process and computerized scheduling to decrease wait times for Manitobans suffering with sleep disorders.

Outpatient Neurology Services - As the Winnipeg health region's centre of excellence in neurosciences, the Health Sciences Centre enhanced its ability to care for people with a variety of neurological disorders by expanding its outpatient neurology clinic from 6 to 11 patient examination rooms. This clinic can also double as a backup Emergency Department in the event of a disaster or pandemic, as it is easily converted to single entrance/ exit without entering HSC itself and has its own air handling system.

Home Care Permanent Staffing Pilot Project - Over the last few years, the Home Care capacity to meet service delivery requirements has been challenged, resulting in service disruptions or extended lengths of stay in hospitals. The goal of the pilot project is to develop principles of scheduling methods, and implement plans to streamline service scheduling, using permanent staffing Home Care staff. For the pilot, permanent staffing Home Care Attendant and Home Support Worker positions were implemented in the Fort Garry community area on November 9, 2008.

Although there were many outcomes measured through this project related to system improvement, client service improvement and staff retention, the following outcomes relate to patient flow:

1. Permanent staffing allowed for an increased responsiveness to hospitals to facilitate discharge of hospital bed holds for Home Care.



2. With full time schedules, there are now staff and shift patterns to fill the peak service times. This has resulted in a decrease in the number of clients with outstanding (new) service requests and the number of unfilled service requests. The staffing structure is now able to meet client demands and staff is available to fill sick calls and vacation.

Inter-facility Patient Transport – With the future consolidation of services to create ‘pods of expertise’ throughout the health region – where patients receive the health care expertise that is suited to their treatment needs – the volume of inter-facility patient transport provided by the WRHA Transport Team has nearly doubled in the past seven years. Anecdotal evidence also indicates substantial increases in the volume of transports. The WRHA is working on a more efficient model to support this increasing demand. In June 2009, the Patient Transport Project was initiated to:

- Analyze the current state of patient transport within the Winnipeg health region
- Identify and quantify key issues, weaknesses, and gaps in the current transport model
- Design a new model that addresses root causes of the identified issues, optimizes efficiency and is responsive to patient needs
- Implement the redesigned model.

Long Term Care Strategy

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 (SSGL), Program for the Integrated Management of the Elderly (PRIME) program and dementia care. Some significant initiatives in 2008-2009, include:

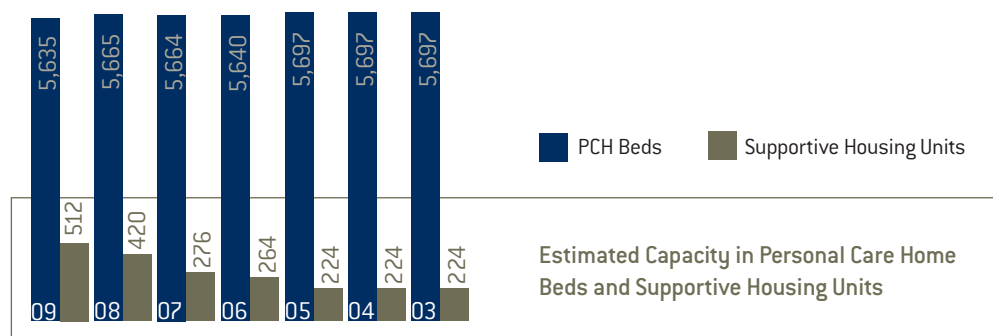
Personal Care Home Admissions

Length of time for individuals to be admitted to personal care homes have declined thanks to an increase in community alternatives developed through the Long Term Care Strategy. The total number of individuals on the admission requirements list have declined 22 per cent between January 2007 and June 2009. The average length of wait for placement also declined from 4.9 months to 4 months over that same period.

Aboriginal Personal Care Home

A collaborative working relationship has been established between the Winnipeg Regional Health Authority, the South East Resource Development Corporation and Manitoba Health to develop the first Aboriginal personal care home in the region. The site, announced in March 2009, with construction expected to begin in the fall of 2009, is planned as a new 80-bed, 52,000-square-foot facility. It is designed to provide Aboriginal seniors the best in long term care with traditional and culturally relevant space. The new personal care home will also meet the Leadership in Energy and Environmental Design (LEED) Silver environmental standard and will incorporate

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numerous green design elements to minimize environmental impact and reduce energy costs over the life of the building.

Enhanced Staffing at Personal Care Homes

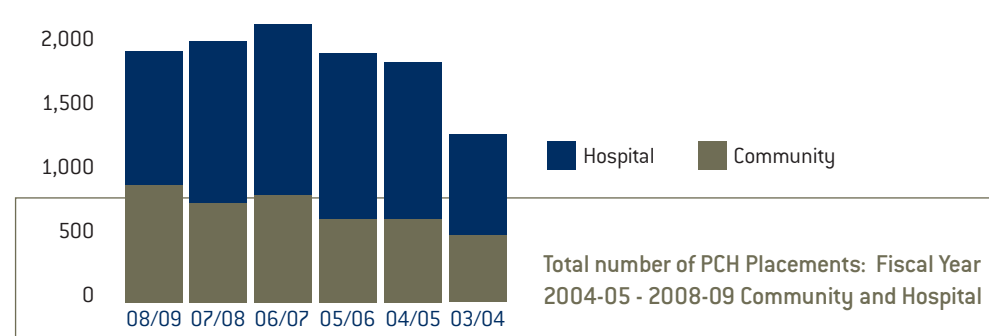
The Winnipeg Regional Health Authority Personal Care Home (PCH) Program began implementation of the enhanced staffing that will be occurring over several years. The new staffing standard means that Manitoba PCH will have some of the best staffing support in Canada.

An additional nurse practitioner was hired in 2009 to provide service to PCH residents, following the evaluation of the first nurse practitioner position, hired in 2007, which found a 28 per cent decrease in transfers to acute care facilities and 24 per cent increase in family satisfaction with service. While it is too soon for specific results, feedback on the second nurse practitioner position is showing similar favourable results. Based on these results, there will be efforts to expand this model.

The implementation of the Resident Assessment Instrument-Minimum Data Set 2.0 has been completed in all personal care homes in the Winnipeg health region. This new technology provides an internationally recognized, standardized assessment tool and guide to care planning. The implementation has facilitated access to an online learning centre and a database for regional reporting of all personal care homes. The reports provide important information about each resident's characteristics, as well as care needs and quality of care.

Supports to Seniors in Group Living (SSGL)

Supports to Seniors in Group Living (SSGL) is a program that provides enhanced support services, such as congregate meal programs, to seniors who live in designated seniors building complexes. As of April 1, 2009, an additional 145 spaces have been implemented between two sites: East Park Lodge and Columbus Villa in Transcona. This brings the total number of SSGL spaces implemented within the Winnipeg health region to 1,150 spaces, which exceeds our



target of 1,146 spaces. These services allow seniors to live independently for a longer period in their home. We now consider this component of the Long Term Care Strategy complete.

Supportive Housing

Supportive Housing is a program that combines community living in a secure environment, with personal support services and the availability of 24 hour on-site support and supervision.

One hundred and ninety-two Supportive Housing spaces opened over this fiscal year, including:

- Harmony Court - 96 spaces
- Riverside Lions – 48 spaces
- 875 Elizabeth Road – 24 spaces (available June, 2009)
- Chez Nous – 24 spaces

Reducing Length of Stay

PRIME (Health Centre for Seniors) – PRIME is a special centre developed to help seniors maintain independent community living, while connecting to a team of health care staff, participating in health and exercise programs and interacting in a social setting at least one or two days per week. PRIME opened in January 2009 as a separate centre located within Deer Lodge Centre. As of May 22, 2009, there were 35 people enrolled, 32 people in a pre-admission phase (trial or engagement) and 112 referrals.

The PRIME care team provides and coordinates a wide range of services for seniors 65 or older who have multiple health problems to be coordinated, but are otherwise able to live independently in the community. Services include medical care, medications, after hours support, social programs, exercise and therapy, health and wellness education, counselling, coordinated home care and specialty services, family support, bathing and hairdressing, lunch and snacks. Planning is underway to develop a second PRIME program at Misericordia Health Centre.



Operational Stress Injuries Clinic

With support from Veteran Affairs the Operational Stress Injuries Clinic is one of five clinics across Canada providing service to active and retired military personnel with an operational stress injury. Given Canada's ongoing presence in Afghanistan, this service has been vitally important in addressing the mental health care needs of soldiers and veterans. This service is funded by Veteran Affairs Canada.

Other initiatives have been introduced and are under development that will improve access to a variety of areas. Some of these are:

- Dedicated children's magnetic resonance imaging (MRI)
- Outreach workers for people living with HIV/AIDS
- Expansion of MB Telehealth, enabling audio/visual health service to remote communities
- Development of a new Women's Hospital
- Enhancements and expansions of emergency services and continued development of centres of expertise

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

Wait Times for Selected Services	March 09	March 08	March 07
Diagnostic Imaging (wks)			
MRI	14	8	7
CT	5	5	8
US	5	12	11
MIBI	16	13	13
BD	4	3	5
Cardiac (days)			
All	27	13	22
Joints (wks)			
Primary Hips	15	20	18
Primary Knees	16	23	37
Cataract (wks)	12	13	15
Ped Dental (mos)	6 (wks)	3.1	3.8
Pain (wks)	28	28	n/a
Sleep Lab (days)	133	108	86

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Catalogue of Specialist Services

The Catalogue of Specialist Services (CSS) is a first-in-Canada online tool that helps physicians quickly find the right specialist for their patients, saving time for both doctors and Manitobans receiving care. The CSS provides up-to-date specialist information at the referring clinician's fingertips, listing the specific services specialists do and do not provide. The CSS was developed to respond specifically to this need, and the need for a more efficient referral process.

Through this system, this is the first time that all physicians in Manitoba have been assigned to a single IT system. This is a significant step in moving forward with the development of the provincial Electronic Health Record. The CSS also provides an opportunity to gather information about the specific services being searched for by referring clinicians and tracks all searches and search results, enabling the province to identify where the information needs to be improved and where physician recruitment efforts may need to be focused. Since its creation, other provinces have indicated their interest in creating a similar resource in their own jurisdictions.

Bridging Generalist and Specialist Care (BGSC)

This pilot project is entitled the Right Door, the First Time, and implements innovative approaches to streamline referrals from general physicians to specialists in areas including cancer, orthopedics, ophthalmology and mental health. The project was facilitated in partnership with the University of Manitoba and Manitoba Health and Healthy Living and was funded in part by the Federal Wait Time Guarantee Project and the Winnipeg health region. As of May 2009, 137 family physicians and 40 specialists are using the BGSC web application.

Regional Utilization Dashboard

This dashboard was created and implemented throughout acute care sites in the Winnipeg health region. Located in one streamlined document, this dashboard tool provides a 'snapshot' status of the various programs such as wait times, volumes and projects within the region. Manitoba eHealth is working on enhancing the dashboard to include the number of patients in emergency departments.

Advanced Access

Advanced Access is about reengineering office management practices in clinics so that patients can see a physician or other primary care practitioner at a time and date that is convenient for them. The advanced access model is often considered to be another approach to the office scheduling system; however, it is in fact a comprehensive approach to effective patient care delivery.

Commencing in January 2008, Manitoba Health and Healthy Living supported 16 clinics (10 Winnipeg, 5 rural and 1 northern) in the completion of a 12-month training initiative to implement Advanced Access. Five Winnipeg Regional Health Authority (WRHA) primary care sites direct

operation community health centres and two specialty clinics participated in the initiative: They were: 601 Aikins Primary Care Clinic, ACCESS Transcona-Primary Care, Kildonan Medical Centre, ACCESS River East-Primary Care, Health Action Centre, 1001 Corydon Primary Care, Children's Medical Clinic (HSC) and Breast Health Clinic.

Most clinics reached their targeted goals by the end of formal educational sessions in January 2009. Health Action Centre has also participated in the sessions and will be implementing Advanced Access when the centre moves into their new facility.

Successful implementation of Advanced Access is reported to have many benefits for patients, clinics and for the health care system, some of which include:

- Better patient access to services; primary, secondary, tertiary and emergency
- Practitioners work at their full scope of practice to better serve patients
- Patients' illnesses/diseases are addressed earlier improving the chances of cure and/or treatment
- More patients able to access appropriate health care services. A more efficient clinic may be able to accommodate new patients
- Today's work is done today so that patients are not redirected to emergency departments or experience long waiting lists.

Emergency Care

This year saw the construction and/or completion of renovations and expansions of three of the city's emergency departments that will help to reduce length of stay and wait times.

Seven Oaks General Hospital Emergency Department Phase 1 redevelopment is now complete, having opened in August 2008. The \$14-million redevelopment is now 50 per cent larger and includes a three-vehicle ambulance bay, a decontamination room, and other key improvements and state-of-the-art equipment. Construction on Phase 2 of the redevelopment is now underway which will include a new pharmacy, cast clinic and reassessment clinic. The department's success in increasing patient flow has the regional Emergency Program working with other hospitals in the region to consider adapting this Emergency Department's operational model.

Renovations in the Concordia Hospital emergency department are complete. The \$3.6 million expansion opened in November 2008 and adds approximately 3,000 square feet of new space. The expanded emergency department includes:

- Seven new treatment rooms
- Private space for counselling
- A new triage desk
- A new entrance
- Upgraded reception, security and volunteer desk



- New washrooms
- A new medication room
- New staff offices
- A minor treatment stream
- Improvements in the department are attributed to improvements in patient flow in the family medicine units

Victoria General Hospital emergency department expansion is underway. The \$20.5-million redevelopment will provide more space including a new, 12,000 square-foot addition added to the existing emergency department. Once complete, the emergency department will be double its existing size at over 25,000 square feet and will feature:

- 24 beds, up from 17 in the existing facility, with an emphasis on enhanced patient privacy
- Two new state-of-the-art resuscitation and trauma rooms
- New negative pressure isolation room, used in the treatment of communicable diseases
- Expanded minor treatment area to handle non-urgent medical needs
- Six-bed reassessment unit for patients who require observation and monitoring
- Expanded ambulance garage with a decontamination area and work space for emergency medical service personnel
- A bariatric treatment room
- Leading-edge environmental design features for a Leadership in Energy and Environmental Design (LEED) Silver designation, expected to cut water use and energy consumption by more than one-third compared to a traditional project.

The Health Sciences Centre adult emergency department front-end process redesign is underway. The redesign is intended to create greater patient flow, safety and efficiencies within the department.

- Implementation of the Community IV program service is complete. As the services have moved to a community-based model for care delivery, outpatients' infusions are no longer being conducted in emergency departments. Under the new model, most patients attend clinics at ACCESS Transcona or Lions Place or are being taught self-care. Registered Psychiatric Nurses are now in place in emergency departments at Seven Oaks General Hospital and Victoria General Hospital to care for patients presenting with mental illness.
- Code Blue Project (Code Blue involves response to patients requiring resuscitation) is underway throughout the region. This will see Code Blue response standardized in acute care through education, including simulation systems, equipment and pharmaceuticals, education is now underway.
- Victoria General Hospital's Get Go Project was developed to ensure medicine patients have timely access to care they require through the reduction and elimination of unnecessary delays in processes and workflow relating to patient admission, care, treatment and

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discharge. The project team is also focusing on identifying improved communication channels. The project is underway with the LEAN approach applied to the admissions process and a number of process improvements have been implemented. A second team of staff is now investigating the accessibility of equipment and supplies on the unit and has established a centralized storage area.

Diagnostic Imaging

A Regional Diagnostic Imaging Access Centre was created to provide a centralized intake for diagnostic imaging requests. This has reduced wait times for procedures and improved productivity by implementing standard exam times for ultrasound appointments.

Cardiac Sciences

Over the past year, a number of exciting projects and initiatives have been underway within the Cardiac Sciences program including:

- The Chest Pain Evaluation Unit opened in November in the Emergency Department at St. Boniface General Hospital.
- The Anticoagulation Clinic at St. Boniface General Hospital has seen improved patient throughput and has increased the amount of patient visits over the past year.
- Construction began on the \$40 million 'centre of excellence' for Heart Surgery and Cardiac Care. The centre will be part of the St. Boniface General Hospital campus.
- A centralized intake database and scheduling system is being developed, which will increase access to echocardiography at St. Boniface General Hospital and Health Sciences Centre.
- The echocardiography wait list has seen a significant decrease from 2007/08. There has been a significant increase in echocardiography capacity in the 2008/09 reporting period; however, demand for the service also continues to outpace this increased capacity.
- Code STEMI - Winnipeg paramedics are now conducting initial EKGs on heart attack patients and sending this information to cardiologists via PDAs (ie. Blackberry). Under the direction of the medical team (including cardiologists), they can now administer clot-busting drugs to patients in the field when necessary and, when necessary, take patients straight to the Bergen Cardiac Centre at St. Boniface General Hospital.
- A general outpatient cardiac clinic opened near the Victoria General Hospital to assist in the best practice model for people with cardiac disease. The clinic is managed by a group of community (non-GFT) cardiologists and other physicians.
- The program's heart failure initiatives, which include both medical and surgical components, have expanded to address the increasing number of heart failure patients. Over the past year, an innovative, lifesaving technology called "ventricular assist devices" (VAD) has been used with cardiac patients requiring mechanical circulatory support and yielded positive results.
- The Cardiovascular Health and Research Manitoba (CHaRM) is the program's research arm. It provides a forum for discussion, promotion and collaboration in Cardiac Sciences clinical,

basic science, outcomes and translational research. With the support and collaboration of the Cardiac Sciences Program, CHaRM made substantial progress this past year. CHaRM has expanded the Cardiac Sciences research infrastructure within Manitoba and significantly increased multidisciplinary research activities. This includes several Winnipeg-based clinical trials, participation in multi-centre clinical trials, three new basic science laboratories, a new heart failure database, hiring of research nurses, technologists, students and support staff. Combined research funding for Cardiac Sciences researchers is now in the multi-million dollar range and continues to grow. A significant number of publications, abstracts and conference presentations were also produced in this period.

Concordia Hip and Knee Institute

In 2009, the Concordia Hip and Knee Institute officially opened its doors. Located in a new three-storey building on the east side of the Concordia Hospital campus, the Institute provides opportunities for Concordia Joint Replacement Group to take patient care, research and education to the next level. While surgery and post-operative care will continue to be performed at Concordia Hospital, the Institute is an integrated facility providing one centralized location for a prehabilitation program to optimize patients' health before surgery, post-operative follow-up through a high efficiency clinic and digital imaging suites. There is also office space for surgeons, support staff and expanded facilities for research and education.

Ophthalmology

In January 2009, additional operating room slates were added for ophthalmology surgeries at Misericordia Health Centre.

A new pediatric ophthalmology clinic officially opened in April 2008 at Children's Hospital. This 'child friendly' 4,000 sq. foot clinic, located on the second floor features:

- Five new clinical examination rooms
- A patient preparation area
- A doctor's consultation area
- An expanded waiting room with a play area for children
- New examination equipment and staff offices.

Other new equipment includes a RetCam, which provides real-time digital imaging of the retina, enabling better overall testing, diagnosis and treatment of eye disease in premature infants. Three new vision testing stations are also more child-friendly, using pictures and matching games to keep children attentive while being tested.

Oncology

The number of patients receiving radiation treatment has increased and while most people receiving treatment do not require hospital admission, they require specialized care. To



respond to the increasing need for hospital treatment and patient management, in July 2008, six dedicated radiation oncology patient spaces were opened at the Health Sciences Centre, an increase from two dedicated spaces. This has resulted in an improvement in patient access to care.

Buhler Cancer Centre

Construction of the Buhler Cancer Centre at Victoria General Hospital is now complete. The \$10.5-million centre more than quadruples the size of the previous department. The new 13,000-square-foot addition, located at the front of the hospital, provides privacy and space for patients and staff, improves flow and lessens congestion and noise disruption. Features of the new centre also include:

- More chemotherapy treatment spaces (an increase from 12 to 16)
- More exam rooms (an increase from three to six)
- A resource centre for patients, families and staff
- A nourishment room for patients
- A minor procedure room
- Space for three full-time oncologists.

Rehabilitation

Planning is underway to support the Riverview Health Centre's Foundation's new outpatient rehabilitation facility. When completed, the Winnipeg Regional Health Authority will lease space in this facility. This project will facilitate further consolidation of rehab services and the creation of a centre of excellence.

Sleep Disorder Centre

The centre, which opened in 2008, at Misericordia Health Centre, now offers consolidated services, a centralized intake process, computerized scheduling and additional patient beds. The centre expects to receive more than 3,000 referrals this year. In 2008/09 there were 2,677 sleep disorder studies conducted in the region, up significantly from the 2007/08 year where 1,687 studies were completed.

Family Medicine/Primary Care Program Integration

This year the Family Medicine Program and the Primary Care Program were merged into the Family Medicine/Primary Care Program. Drivers for the merger included:

- Providing support for fee-for-service physicians not directly associated with Winnipeg Regional Health Authority
- Increasing collaboration across the systems
- Decreasing duplication
- Standardizing how care is provided
- Providing an integrated and coordinated model of service delivery

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The number of immigrants to Manitoba has increased steadily over the past decade from 2,293 in 1998, to 12,500 in 2008 (MB government estimate). Winnipeg receives about 75 per cent of all provincial immigrants and about 40 per cent of those cannot communicate in English or French. Language Access interpreter services in the Winnipeg health region has handled over 1,500 requests in the past year.

Since the merger the two programs now have a common name, vision, strategic priorities and organizational structure.

Women's Health

The site for the new Women's Hospital at the Health Sciences Centre campus has been identified and secured at the north side of William and Sherbrook. In 2008, a public consultation process was undertaken including consultations and soliciting feedback through community groups and online sources. Input from these consolidations has been used in the functional planning and design phase of this project. A public open house is planned for fall 2009. Construction of the state-of-the-art facility is expected to begin within the next two years.

The number of minimally invasive surgical laparoscopic hysterectomies performed has increased from 35 in 2007-08 to 100 in 2008-09. This has contributed to the reduction in hospital length of stay as well as reduced recovery time for these patients.

A nurse practitioner was hired to work in the prenatal care area at the Woman's Hospital. This advanced practice nurse provides primary care services to pregnant women, increasing access to prenatal care.

Surgery Consolidation

Consolidation of specialized surgical services has become a necessity as a result of the evolution of surgical specialization. Throughout our region and around the globe, surgeons are choosing to further specialize in areas once considered the work of a 'general' surgeon. Health regions and facilities are responding by reorganizing services to create 'excellence' to support these specialized surgical models.

Over the past several years in the region, consolidations have been conducted in Neurosurgery, Cardiac Sciences, Obstetrics and others, where surgical models of concentrated expertise and equipment result in highly skilled and knowledgeable teams of professionals to provide better access and better patient care.

This past fiscal year consolidated surgery services have been implemented at all hospital sites throughout the region. These new surgery models will now allow hospitals and health centres to

better allocate resources and staff to support their surgical specialty and help provide the best care possible. Other initiatives in the surgery program include:

- Concordia Hospital's hip and knee joint surgeries have seen a large increase in 2008-09. In total 1,529 surgeries were completed, exceeding the budget target by 79 surgeries.
- Additional Physician Assistants were hired in the orthopedic surgery program, which has greatly increased the number of orthopedic surgeries scheduled and performed.
- Implementation and monitoring of wait list initiatives to Manitoba Health.
- Development of space and programming of extracranial stereotactic radiosurgery at Health Sciences Centre is continuing.

Pan Am Clinic

In spring 2009, Pan Am Clinic's surgical procedure services expanded to six days in a four-week cycle. Previously, procedures were performed two days per four-week cycle. Examples of these services include skin biopsies, carpal tunnel surgery, plastic flap reconstruction and post-mastectomy procedures. Overall at Pan Am Clinic, the number of surgeries performed increased with a 4.3 per cent increase in surgical volumes, plastic surgery volumes increased by 27.83 per cent and orthopedic emergency volumes by 34.35 per cent.

Medicine

In spring 2009, the Tuberculosis (TB) Home Therapy Project was implemented at all hospitals in the region. The project addressed issues with hospitalization of TB patients for the first two weeks of treatment (generally from the GH6 unit at Health Sciences Centre). Its goal focused on ensuring TB patients are treated and cared for during the early stages of their treatment in the most appropriate setting when they are still infectious (typically the first two weeks). The project implemented a new service for providing care to infectious clients in the community.

As the region's centre of excellence in neurosciences, the Health Sciences Centre increased its ability to care for people with a variety of neurological disorders by enhancing its outpatient clinic from 6 to 11 patient examination/consultation rooms. This expansion has deepened expertise in the treatment of a variety of neurological disorders including multiple sclerosis, stroke and epilepsy. The location of the enhanced clinic was carefully chosen on the main floor of the hospital to ensure easy access for patients with mobility or endurance challenges.



Community

Our Challenge

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

Our Goals and Achievements

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

This goal and the strategic direction of our Community sector includes our local partnerships and interactions with the public and media. Some of the partnerships and interactions over 2008-2009 include:

Regional Head Office Relocation

Our regional head office and health services location at the corner of Main Street and Logan Avenue was developed in partnership with Centre Venture Development Corporation. The downtown location will help revitalization efforts in the area and provide increased accessibility to health services for area residents.

The new four-storey building includes space for the new Downtown ACCESS Centre on the first and second floors, which will consolidate health and social services in the downtown east community area. The regional head office space is located on the third and fourth floors.

Wave Health and Wellness Magazine

Wave magazine is another way the Winnipeg Regional Health Authority cares for the health of the community by providing readers with health and wellness news and information. Wave's mission is to engage and inform readers about the broad spectrum of health and wellness-related issues as well as highlight some of the important and innovative work taking place in our health region. We provide readers with compelling stories that illuminate and inspire. We also use this magazine to highlight the stories of people who have overcome significant health challenges. In addition to these kinds of stories, each issue of Wave features health and wellness based advice columns, written by our health experts. These columns are intended to provide readers with practical and preventative health information on a wide range of topics, from healthy eating to active living.

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Clear the Way

We partnered with seven other organizations in the “Canada Post SAFE Work Clear the Way” initiative aimed at encouraging Winnipeggers to clear ice and snow off walkways and pathways leading to doors, mailboxes and meters. This initiative raised awareness of an important safety issue and encouraged Winnipeggers to keep their property pathways safe in the winter months. Every year, 40 Manitobans lose their lives because of a slip, trip or fall. These type of injuries cost the Manitoba health system millions of dollars annually.

Children's Hospital Centenary Celebration

The Children's Hospital Centenary Celebration involved a compilation of events over the past year, in recognition of the pride the hospital has in caring for the children in the past, present and future. On June 2, 2008, His Royal Highness Prince Edward, Earl of Wessex, visited Children's Hospital to officially kick off their Centenary Celebration. Events such as the Multidisciplinary Academic Conference, Gala Banquet and unveiling of the commemorative cairn were open to the public allowing them to be involved in this important event in the hospital's as well as the city's history.

Aboriginal Health Programs

Several adjustments were made throughout 2008-2009 to continue and expand partnerships with the Aboriginal community, to connect and communicate with Aboriginal public on health matters and to promote the services available through our Aboriginal Health Programs.

The Aboriginal Health Programs recently brought the three arms of the program – health services, human resources and health education (cultural programs) – together to provide a more recognizable service to the Aboriginal community.

Several documents to promote Aboriginal Health Services were prepared:

- Service cards with the Aboriginal Health Services central intake line
- Handbook for Patients and families to help navigate through the complex health care system
- Aboriginal Health Services brochure delivered to northern nursing stations and WRHA facilities to promote patient advocates and language interpreter services available in the Winnipeg health region.

Some Aboriginal specific partnerships developed were:

- A collaborative working relationship with South East Resource Development Corporation for the first Aboriginal personal care home in the region
- Partnering with Southern Chiefs Organization to identify strategies to bridge gaps in service delivery for First Nations patients
- Collaborating with University of Manitoba to develop program resources for Aboriginal students in health profession faculties of Medicine, Dentistry, Pharmacy, Nursing, Dental Hygiene and Medical Rehabilitation

- Continuing the Medical Careers Exploration Program for Aboriginal high school students in conjunction with Children of the Earth High school and Pan Am Clinic.

Aboriginal partnerships maintained were:

- Assembly of Manitoba Chiefs
- Aboriginal Health Transition Fund
- Traditional Wellness Clinic
- Elders' Advisory Council
- Elder/spiritual Care support
- First Nations and Inuit Health
- Indian and Northern Affairs Canada

Community Health Assessment

The Community Health Assessment (CHA) is an important research initiative conducted every five years to identify community health assets and issues, set health objectives and monitor progress towards those objectives. Its focus is to develop evidence regarding the health of the population – providing information and analyses to assist the WRHA Board and Senior Management in setting priorities and allocating resources, as well as to help with program development and planning that will support communities in addressing priority issues. Both quantitative and qualitative data was collected for the 2009 Community Health Assessment. Information about the most recent CHA is available at <http://www.wrha.mb.ca/research/cha/files/CHAConcept.pdf>.

Volunteers

Volunteers play an important role in supporting the values of meaningful community participation and partnership to improve health and well-being of individuals, families and communities within our health region. Over 5,500 volunteers give their time, skills and talents to our programs, donating more than 350,000 hours. Our programs and services are greater as a result.

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.

There are several community consultation and advisory structures in place throughout the Winnipeg health region. Ongoing advisory structures include:

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



Also, public consultation processes are increasingly used in certain situations to obtain feedback from the Winnipeg community and to facilitate exchange of information with the public. In 2008-2009, public consultations were used for the new Women's Hospital, the potential of a Grace Hospital name change, planning with partners for a Wellness Centre in Point Douglas and consultation for the St. James/Assiniboia and Assiniboine Access Centre development.

The annual general meeting is an opportunity for public feedback. At the 2008 AGM, several evaluation tools were provided to solicit consultation from attendees. These tools included:

- Feedback survey
- Live question period
- Question cards for submission and response later
- Informal time at the end of the event to chat with the Board and Senior Management

During 2009, we also initiated a communication review with the goal of gaining valuable input from the public and people working within the health region. Through this process, the research phase of the review included qualitative and quantitative research using stakeholder interviews, group sessions and surveys.

Community Health Advisory Councils are a vital advisory structure for the Winnipeg Health Region and our Board of Directors. These councils are made up of volunteer community members that reflect the diversity and demographic make-up of their community areas. Council members are connected to their communities and have a good understanding of on-going health and social issues in their neighborhoods. The Community Health Advisory Councils explore health issues – taking into consideration the social, environmental, economic and other factors that affect the health of a population.

In 2009, the Community Health Advisory Councils released their report on “Mental Health and Stigma: Community Perspectives.” In this report, councils identified a wide range of strategies to bring discussions about mental health into the open, improve messages and images of mental health services and make progress in reducing fear and stigma associated with mental health and mental illness. Community perspectives about reducing stigma and improving mental health services and outcomes for people are extremely helpful to improving the overall quality of care in the Winnipeg health region. Information about CHACs and their reports is available at www.wrha.mb.ca/about/cha.

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Staff

Our challenge

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

Goals and Achievements

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

The Winnipeg Regional Health Authority was recognized as one of Manitoba's Top 20 Employers in 2009. The region was chosen for a number of reasons, including portability, career development and succession support, workplace wellness and safety programming, workforce diversity and cultural awareness, as well as competitive policies on vacation, income protection and the ability to take leaves of absence. On March 12, 2009, the Winnipeg health region's Organizational Staff Development department accepted an award for Excellence in Leadership (Organizational Development) from the Human Resource Management Association of Manitoba for their accountability programs.

Accountability to the people in our care and the community we care for is one of our key values. In 2007, the region implemented a sustainability plan for accountability programs to improve individual and team performance and align accountabilities with the larger goals of the Winnipeg health region. In the past 18 months, more than 660 staff participated in the Accountability in Action workshop, with over 1,500 staff taking part in the Agreements for Excellence™ sessions, and more than 90 managers have attended the Strategic Coaching workshop.

Human Resources (HR) in the Winnipeg health region have been evolving toward an integrated service model which involves:

- Establishment of a Regional HR Leadership group, comprised of HR directors from integrated sites and functional areas, which oversee major HR programs and services
- Implemented a Regional Management Classification Structure and standardization of employment terms and conditions in July 2008
- Completion of the Employee Handbook for all integrated sites, replacing 300 policies
- Reviewed and revised the Attendance Support and Assistance Program, which included a training blitz during Spring 2008

- Staff mobility, portability, redeployment and non-union mobility guidelines were developed and put in place
- Transferred multiple programs

Wage Standardization

The Winnipeg Regional Health Authority continues a Wage Parity Fund in our effort to address issues of wage standardization. Disparities between non-union and union frontline staff were addressed in the acute care sector and others are dealt with on an ongoing basis. The region is seeking additional funding to address issues of wage standardization. The integration of HR and new operating and governance agreements with community sites facilitated the development of regional classification systems to address disparities:

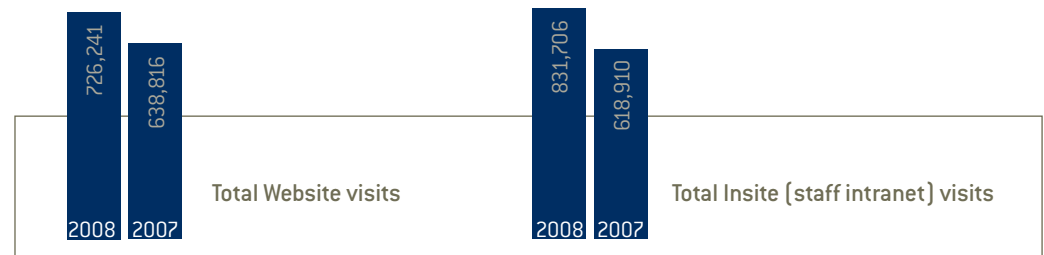
- Framework for a Regional Classification Structure developed
- Model for regional Allied Health Classification Structure completed
- Review of clinical management positions and positions in several integrated regional support services completed and changes implemented.

Communications

Two new internal communication vehicles were launched this past year: *Post/Notes* and *Inspire*. *Inspire* is an internal publication for staff working in the Winnipeg health region that shares information about the people, events and initiatives that shape our health region. Over 10,000 hard copies are distributed to staff at health care sites throughout the region and it is available online on the health region's internal website Insite, and weekly e-bulletin Health Care Connection.

Post/Notes is a newsletter from Senior Management distributed electronically throughout the health region. It is an opportunity for the CEO and regional leadership to share directions, activities and accomplishments within the region, and a way for staff to learn more about the broad scope of care in our region and share ideas or comments regarding health-related topics. Other methods used to keep staff informed, include:

- Annual General Meeting
- Health Care Connection, a weekly e-bulletin to staff
- Insite, the regional intranet
- Staff forums and meetings
- Regional committees
- Pay stub notices
- Various program-specific or profession-based newsletters are circulated regularly via email and Insite
- Open Letter to Nurses.



Specialty Recruitment

Efforts continue in specialty recruitment in several high priority areas, such as critical care and emergency, as the region maintains its focus on recruiting and retaining health care professionals. To facilitate our recruitment efforts, a number of enhancements have been made to the recruitment sections of Insite and the WRHA website, including adding an “Upcoming Recruitment Events” area and a “Featured Jobs” area that highlight careers in demand and educational training opportunities. The region supports sites and programs with targeting strategies for outreach, marketing and advertising. Tracking and reporting of nursing and allied health resources and vacancies continues to influence strategies for recruitment.

Regional Ethics Service

Grounded in the WRHA Mission, Vision and Values, the WRHA Ethics Strategic Plan impacts on all strategic directions. Management and staff in the Winnipeg health region are often faced with ethical issues that involve health and health services of patients, clients or residents, and on occasion require support or guidance in dealing with ethical issues. The Regional Ethics Service works across sites and programs as a central point of contact for ethics. Workshops, presentations and consultations coordinated by the Regional Ethics Service are also tailored to meet specific program and portfolio contexts.

Ethics education strategies for 2008/2009 include:

- Nine Health Ethics and Law (HEAL) Rounds
- Ethics in Community Health Workshop
- Two Ethics in Health Care Management Workshops
- Workshop on Ethics in Pandemic Planning

Ethics Resource Strategy for 2008/2009

- 191 new WRHA Level II trained ethics resources added since 2004
- 30 Winnipeg sites and programs represented at the 2008 Regional Ethics Forum
- Regional Ethics Consultancy Specialist Group approved

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Management and Leadership Development Program

Effective management and leadership skills are essential to providing quality care in the Winnipeg health region. Organization and Staff Development provides a number of developmental programs for managers within the system, including:

- Management Workshops on a variety of topics including attendance management, project management, strategic coaching and ethics in healthcare management
- Health Services Management Certificate offered in collaboration with Red River College, which graduated 22 staff in fall 2008
- Leadership Lecture Series on topics including organizational change, information technology and the regionalization review.

Staff Development

Continuing education, development and position-specific training for staff are supported by the health region. Examples of continuing education opportunities include:

- Staff development and accountability programs
- Continuing Education Fund support for ongoing education for nurses
- MB Telehealth provides education via videoconferencing regionally, provincially and nationally.

French Language Training

In response to the demand for French language training, two programs are now being offered to staff. The region continues to offer Program 1: Conversational French for Health Care Providers (Français en milieu de santé) through sponsorship and financing by the Conseil communautaire en santé (CCS). This program trains staff who have direct contact with patients, residents, clients or the public who are in a designated bilingual position, or work in a designated bilingual facility, program, service or agency. A second program, the WRHA Internal Program, is designed for staff who do not meet the criteria for Program 1. This language training program is intended for staff working in the region who have a strong desire to learn and use French specifically for work purposes. Forty staff were accepted into the inaugural class that started in January 2008.

Staff Appreciation and Recognition Program (StAR)

The StAR Program, designed to celebrate accomplishments and milestones of staff and or teams, continued its various activities, with expansion or enhancement in some areas. Initiatives include:

- Retirement recognition
- WRHA merchandise line
- StAR thank you cards
- Recognition Workshop for Managers
- Staff profiles
- StAR team awards
- StAR kits

- StAR library
- Discounts

Goal 2: We will provide a safer and healthier work environment so that the number of claims and lost time will be comparable or less than similar organizations.

Security

A Regional Security Services Program and Regional Security Team (RST) were established. The Program is responsible for the personal and physical safety at all Winnipeg Regional Health Authority sites and they have implemented many actions to improve safety and security for staff at their workplace.

The number of security incidents in the community sector has been on the decline, with an average of only seven to nine incidents per month. Security has been enhanced at each of the emergency departments in the region. Victoria General Hospital and the Grace Hospital will become part of the integrated tracking system by mid 2009/2010.

Occupational and Environmental Safety and Health Program

The Winnipeg Regional Health Authority Occupational and Environmental Health and Safety (OESH) Program includes a variety of initiatives within four program areas:

- Occupational Health
- Environmental Safety
- Musculoskeletal Injury Prevention Program (MSIP)
- Disability Case Management

These groups foster a culture of health and safety for workers in health care:

Occupational Health

Occupational Health continues to work with the City of Winnipeg to address the issue of bed bug infestations in clients' homes and the ability of the WRHA to continue to provide care; collaborating with WRHA security service to address issues of violence in the community and developing safe work plans; provision of annual immunization programs; and planning for pandemic influenza.

Environmental Safety

Environmental Safety has completed a strategic safety plan and implementation guide which will allow all sites to develop and maintain the health and safety program, within their management strategic plan, that complies with the Workplace Safety and Health Act and standardizes the processes for all health care workers.

Musculoskeletal Injury Prevention (MSIP)

A best practice, evidence based Safe Patient Handling and Movement Guide was finalized and



distributed to all sites. Sites are now developing implementation plans. This will help reduce the number of musculoskeletal injuries among staff, one of the most common and costly work-related injuries in the region.

Disability Case Management

Creation of a centralized case management program has been completed and implemented. The standardization of all case management processes in keeping with legislative requirements is progressing well. Many health care workers have benefitted from the process by being able to return to work in a safe and effective manner.

The region continues to participate in the Provincial Health Workplace Injury Reduction in Health Care initiative. This group includes representation from Manitoba Health, other regional health authorities and union representatives. Three phases of planning have been completed and are currently being reviewed by Manitoba Health and Regional Health Authorities of Manitoba (RHAM).

The second provincial Safe Health Care Conference was held on April 30 and May 1 at the Victoria Inn. Fostering the health and safety of immigrant workers, dealing with the emotions of return to work, and examining the benefits of pre-shift warm up activities were just a few of the topics that were explored. The goal of the annual conference is to further the understanding of health and safety in health care and prevent work-related injuries and illnesses.

Workplace Safety and Health Work Orders

Currently, there are three broad improvement orders from the Workplace Safety and Health Division targeting three key areas: safe patient handling, violence in the workplace and working alone. All sites are working with WRHA safety professionals to develop regional programs to comply with these orders.

Workplace Wellness

In spring of 2009, the region engaged staff in the Workplace Wellness Check-up, an online survey that consolidates the former Health Risk Appraisal and Staff Satisfaction Survey. The Workplace Wellness Checkup produces an aggregate report that summarizes the factors affecting the health of staff in the region and the factors influencing staff satisfaction with the organization. Nearly 3,000 staff, representing 11.4 per cent of our workforce, participated in the 2009 Workplace Wellness Checkup. In terms of overall organizational health in the region, the results were as follows:

- Healthy Habits : organizational communication, occupational safety
- Borderline Habits: workload, workplace stress, relationship with supervisors, relationship with co-workers, job satisfaction
- Risky Habits: none

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From a personal health perspective, staff results were:

- Healthy Habits: not smoking, sleep habits
- Borderline Habits: physical activity, body composition, work-life balance
- Risky Habits: nutrition, alcohol consumption, emotional help

Feedback from the Workplace Wellness Checkup is used to guide the development of workplace wellness programming both regionally, and at the site level.

Retention of Older Workers Project

The Retention of Older Workers Project has been underway at Seven Oaks General Hospital since March 2008. Literature reviews, surveys and focus groups have been used to identify factors that influence workers' decisions to retire, work life balance and environment issues affecting these workers, as well as barriers and opportunities for extending their careers. As a result, several initiatives addressing retention of these older health care workers are currently being trialed.

A formal Retirement Planning Education Program, presented twice a year, has been established at SOGH that provides retirement information on both HEPP/HEBP, Canada Pension, Old Age Security and financial planning for retirement.

Fourteen employees from various sites throughout the WRHA are participating in an Older Worker Leave (OWL) Pilot study that involves payment of 55 per cent of their salary from project funds for a designated leave period in return for a return of service of one to two years. The OWL is designed to address the cumulative fatigue, burn-out and accumulated stress that health care workers experience as well as to offer a trial retirement period.

Workers who have retired at their Magic 80 are encouraged to remain in the workforce. At SOGH, over 30 per cent of the casual nursing workforce is currently made up of experienced retired workers filling temporary assignments and casual shifts.

Knowledge transfer strategies such as tool kits, guides and job shadowing have been developed for specific disciplines and are being utilized to support training, mentoring and knowledge transfer from older to younger workers.

Ongoing links with the Workplace Wellness program has provided education and support for older workers at SOGH. Evaluation of these initiatives, including recommendations for changes to policies to meet the needs of this changing workforce, will be available upon completion of the ROW Project in 2010.

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

The WRHA continues to develop a workforce that reflects the culturally diverse population of the Winnipeg community. Various initiatives implemented or ongoing related to recruitment and retention of Aboriginal employees includes:

- Development of the "Count Me In" form, which encourages new staff to self-declare if they are of Aboriginal descent
- Home Care Aboriginal Mentoring
- Networking with various Aboriginal employment and education programs
- Attendance at job fairs, including those open to the general public as well as those targeting Aboriginal populations
- Developing a cultural proficiency framework
- Developing a regional retention strategy.

Currently, Aboriginal peoples represent about 10 per cent of the region's total residents. WRHA Human Resources continue to work with Aboriginal Health Programs to develop valid and reliable performance measures within the areas of Aboriginal employee recruitment and retention and cultural competency within the organization as a whole.

Other initiatives to ensure a more culturally sensitive workforce include:

- Aboriginal Cultural Awareness Workshops for staff
- EAP workshops on workplace bullying, generational diversity and conflict resolution
- French Language Training
- Regional Ethics Council
- New Grad Day



Research and Education

Our Challenge

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

Our Goals and Achievements

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

The Winnipeg Regional Health Authority continues to support, develop and apply the principles of knowledge translation within the context of evidence informed decision-making. Knowledge translation is integral to all research and evaluation projects led by the Research and Evaluation Unit. Specific initiatives include:

- Hospital Mortality Diagnostic Project report completed and the project is moving into an active knowledge translation phase
- Learning from Client Experience to Inform System Improvement: work has been incorporated into a variety of practical knowledge translation events, such as Evidence to Action Day and the Evidence to Action Workshop
- Evaluations of existing programs and services to inform ongoing direction (consultations, development of evaluation plan, undertaking evaluations)
- Evidence to Action Days held, relative to specific topics and directed to staff, replacing Manitoba Centre for Health Policy and Winnipeg Regional Health Authority research days.

The region is committed to fostering collaborative research activities that are fundamental to a Knowledge Translation initiative, including development and enhancement of research partnerships with local universities, community groups and other agencies, both nationally and internationally. Our relationship with the Manitoba Centre for Health Policy (MCHP) continues to strengthen and representatives from the region are part of working groups for virtually all MCHP deliverables. We succeeded in securing a Research, Exchange, and Impact for System Support (REISS) grant with a focus on patient safety in partnership with the Canadian Patient Safety Institute and the Saskatoon and Vancouver Coastal Health Regions. Development of the proposal and meetings are underway.

Fostering and developing opportunities for staff to exchange knowledge is an important, ongoing activity. The region continues to create opportunities for staff across sectors, sites, programs

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Number of literature searches conducted in 2008/09: 2,088

Number of educational sessions in 2008/09: 627 sessions with 5,128 participants

In 2008/09, the region spent \$1,449,494 on staff development

and services to share expertise and knowledge. In 2008/2009, some of these opportunities included:

- Critical incident reporting
- Critical incident investigation: Using a New Lens to Understand Healthcare Critical Incidents
- Accreditation and Balanced Scorecards
- Utilization management
- Aboriginal Cultural Awareness Workshops
- Disaster management response exercises
- PHIA/FIPPA information sessions
- Patient Flow Forums
- Ethics training and workshops

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 – a process was established to share lessons learned from the analysis of Critical Incidents. Safety Incident Learning Summaries, which provides findings and recommendations from an unintended event when health services provided to an individual resulted in a serious and undesired consequence to an individual, are now posted on the website wrha.mb.ca.
- Research rounds were held for many clinical programs.
- Centres of excellence in various realms of surgery, programs and clinical patient care are continuing to be developed and expanded at hospital sites and health centres.
- Creation of an Evidence Based and Nursing Research Committee at Health Sciences Centre.
- Accreditation process findings are incorporated into the Regional Health Plan process.
- Language Access initiative implemented, which is serving as a model for other jurisdictions.

The region supports several initiatives and ongoing processes that are evidence informed or evidence based, including:

- Project Management Office
- Regional Utilization Management Tool
- Access and wait time monitoring and management process

- Quality initiatives, including Accreditation process
- Patient Safety Strategy and initiatives
- Evaluation
- Strategic Planning Process
- Piloted new initiatives prioritizations process.

Goal 2: We will have responded to the rapid rate of change by supporting current and future staff in acquiring the educational and academic opportunities that will provide them with the required skills and knowledge.

Development Programs

The Winnipeg Regional Health Authority programs and facilities actively support the development of our leaders for the future with nationally recognized and relevant external management and executive development programs. In 2008/2009, this included:

- Graduate Certificate in Health Systems Leadership at Royal Roads University: six students
- Canadian Health Services Research Foundation's Executive Training for Research Application [EXTRA]: two students accepted
- Dorothy Wiley Nursing Leadership Institute: Four attendees
- Health Leaders Institute: 24 attendees

Clinical Educational Opportunities

Recognizing the unique needs of clinicians, the region continues to offer and coordinate clinical educational opportunities to regional site staff. Programs include:

- Winnipeg Critical Care Nursing Education
- WRHA Advanced Emergency Nursing Program
- Nursing Leadership Development Program
- 7th Annual Manitoba Travel Health Conference

Accountability in Action

Accountability is supported within the region through the provision of team-based interventions to improve organizational performance (Agreements for Excellence), accountability-based



management development programming [Strategic Coaching] and staff development programming for all levels of staff to enhance personal accountability [Accountability in Action].

Research to Action Day

The region held the first 'Research to Action Day'—Using What we Know to Prevent Suicide—in partnership with Manitoba Centre for Health Policy, Manitoba Health and Healthy Living's Mental Health and Addictions Branch and the Canadian Institute for Health Research's Swampy Cree Suicide Prevention team. This event focused on suicide prevention, with an afternoon directed towards strategic planning. Over 200 people participated, including participants from seven Telehealth sites.

Clinical ⁽²⁾	2,602	MB Telehealth Contacts ⁽¹⁾ for Winnipeg Sites by Category 2008 - 09
Education ⁽³⁾	1,834	
Administration ⁽⁴⁾	850	
TeleVisit ⁽⁵⁾	36	
Other Sessions	192	
Total	5,514	

Learning from Client Experiences, the second 'Research to Action Day' was held in December 2008, and over 120 people participated.

Additionally, 'Evidence to Action Days' is held periodically to address specific issues intended for target audiences. The content of these presentations varies depending on the subject being examined and the data presented.

Regional Library Services

Staff working in the Winnipeg health region have access to a broad range of information resources and services through the University of Manitoba's Neil John MacLean Health Sciences Library located at Health Sciences Centre. Staff also have access to the affiliated Health Sciences Libraries, which are located at St. Boniface General Hospital, Concordia Hospital, Grace Hospital, Seven Oaks General Hospital, Victoria General Hospital, Deer Lodge Centre, Misericordia Health Centre and Riverview Health Centre. The Winnipeg Regional Health Authority has made a five-year commitment of \$100,000 per year to the Neil John MacLean Library Capital Fund.

Education of Health Care Professionals

The Winnipeg Regional Health Authority plays an important role in the education of health professionals in Manitoba. We continue to support and enhance our participation in educating

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The Winnipeg Regional Health Authority and its research activities are part of Canada's fifth largest health research cluster

health professionals through the placement of Community Medicine Residents within the region, a student-mentoring program at Pan Am Clinic, placement of students within Research and Evaluation and sites, internship of Red River College Health Information Management students and the Summer Research Program at Deer Lodge Centre.

The Aboriginal Health Program continued liaison with the University of Manitoba, Faculty of Medicine in developing a centre for Aboriginal Health Education, and participating in instructing students in Med I and Med II, Family Medicine, Medical Rehabilitation and Nursing.

Initiatives also include programs that help Aboriginal high school students explore careers in health care. The Medical Careers Exploration Program at Pan Am Clinic provides support and encouragement to Aboriginal high school students from the inner city of Winnipeg to stay in school and gain confidence in their educational aspirations to pursue careers in the health care sector. Aboriginal Health Programs has an Aboriginal High School Student Internships and Summer Student Employment program, which placed nine student volunteers and nine summer students in 2008-2009 at various healthcare sites and programs.

Project Management Office (PMO)

The Project Management Office is involved in a variety of projects that respond to change by supporting current staff in acquiring educational opportunities that provide them with the required skills and knowledge. In 2008/2009, these projects included:

- Winnipeg Critical Care Nursing Education Program
- Grace Hospital Emergency Department Simulation Centre
- Regional Pharmacy Integration – Phase 2
- Primary Care Process Redesign for Results Management

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

The Winnipeg Regional Health Authority continues to grow capacity for research 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

Three general categories of research occur in the WRHA. These are:

- Basic Science Research
- Clinical Research
- Policy/Decision Making Research

Basic science research is conducted at St. Boniface Research Centre and the Health Sciences Centre. Children's research is conducted at the Manitoba Institute of Child Health. Clinical research is conducted at hospital sites in partnership with the University of Manitoba, other Canadian universities and other regional health authorities. The Institute of Cardiovascular Sciences at St. Boniface General Hospital is the largest of its kind in Canada, combining basic science research with the clinical cardiology research in the Cardiac Sciences Program.

The Winnipeg Regional Health Authority and its research activities are part of Canada's fifth largest health research cluster, which includes a mix of public and private bodies, such as Canadian Science Centre for Human and Animal Health, National Research Council Institute for Biodiagnostics, HSC Foundation, I.H. Asper Institute for Clinical Research at St. Boniface General Hospital, Genesys Venture, Cangene Corporation, Manitoba Institute for Cell Biology and Manitoba Centre for Health Policy.

Seven hospital and health centre sites have designated research directors/managers. In addition, program teams undertake research on various relevant issues.

Research Development and Innovation

A number of milestones were reached in the Winnipeg health region this past year, including:

- Biomechanics Centre and Surgical Skills Centre at Pan Am Clinic
- Hip and Knee Institute at Concordia Hospital, with an intent to develop a strong research focus on joint replacement
- Continued construction of the Kleysen Institute for Advanced Medicine



Site/Facility*	Projects
Health Sciences Centre (adult and child)	223
St. Boniface	83
Concordia	3
Grace	3
Victoria	11
Seven Oaks	8
Misericordia Health Centre	5
Deer Lodge	12
Riverview	7
Corporate office and community sites	28
Pan Am Clinic	4
MATC	1

New Research Projects Initiated in 2008

*Represent projects approved or initiated. Most projects are a collaborative relationship with the University of Manitoba.

- Official opening of the Clinical Learning and Simulation Facility at Health Sciences Centre
- Grace Hospital Emergency Simulation Facility.

In August 2008, Health Sciences Centre participated in the world's first clinical trials of ENB-0040, an enzyme replacement therapy for a rare, and often crippling, genetic bone disorder. First identified as "renal rickets" by Winnipeg's own Dr. Bruce Chown in the 1930s, hypophosphatasia has been studied by clinicians at Children's Hospital and University of Manitoba for more than 70 years. While hypophosphatasia affects only 1 in 100,000 children, its incidence in Manitoba is 1 in 2,500. Under the leadership of Dr. Cheryl Rockman-Greenberg, Medical Director, Child Health, the first protocol was administered to an adult male. In October, 2008, Health Sciences Centre became the site of the world's first treatment of an infant under the trial's second protocol – for severe infantile hypophosphatasia. Baby Amy Tinsley made international headlines when she travelled to Winnipeg from her native Belfast for treatment. After 22 weeks, Amy returned to Ireland with her family, breathing on her own and showing significant improvement.

Policy/decision-making research occurs within programs and portfolios at both formal and informal levels and within qualitative and quantitative perspectives. Highlights for 2008/2009, include:

- New Initiative Prioritization process piloted
- Contracted by British Columbia Government to undertake a critical review of the Fraser Institute BC Hospital Report Card
- Completion of the assessment of the distribution of Safety Incident Learning Summaries

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Published papers acknowledging WRHA or individual sites: 226

Citations by other scientists: 63% of published papers cited at least once, with five papers having been cited more than 5 times

- {SILS}, as part of the John Wade Research Award in Patient Safety
- Successful application of “Silos and Identity: What can the social identity approach tell us about healthcare team work, system integration, and staff engagement” as a scoping review
 - Partnering with the Manitoba Métis Federation on the development of a ‘knowledge network’ relative to Aboriginal health issues.

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

The WRHA is currently assessing alternative methods for delivery of interdisciplinary continuing education. Sierra Systems has been engaged to assist in developing a delivery framework and business case for investment in alternative methods.

The opening of the Clinical Learning and Simulation Centre at the John Buhler Research Centre on the Health Sciences Centre campus will facilitate interdisciplinary education and development of respect for all providers within a team environment.

Grace Hospital is developing an Emergency Department Simulation Centre to provide an interdisciplinary clinical learning resource for physicians and other health professionals in a state-of-the-art facility. It will be operated in partnership with the University of Manitoba’s Faculty of Medicine and will function as a satellite of the U of M’s Clinical Learning and Simulation Facility. It will provide an environment for interdisciplinary learning consistent with the emerging work on interdisciplinary professional education being coordinated by the University of Manitoba, and will also support continuing medical education for rural and foreign-trained physicians.

A partnership with CAE, world leader in providing simulation and modelling technologies, has created a variety of health region-specific clinical online training programs.

The region has developed integrated service sites and delivery models to facilitate multidisciplinary learning, including:

- Winnipeg Integrated Services ACCESS Centres
- PRIME {Program of Integrated Managed Care of the Elderly} initiative
- Support for the Physician Integrated Network that will facilitate the use of a mix of healthcare professionals

- Organizational Staff Development supports clinical education that is developed through regional project mandates, such as Code Blue training and wound care.

Deer Lodge Centre (DLC) has continued the Interdisciplinary Summer Research Program, an initiative developed through the Centre and the U of M Faculty of Nursing. This program offers a unique research and educational opportunity for students from various faculties to focus on a single research project over the summer. A Military and Veterans Health Sciences Research Group opened in September 2008 at the Operational Stress Injury Clinic at DLC. DLC will facilitate research by faculty members, including those outside the clinic, and by graduate students.



Accountability

Our Challenge

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

Our Goals and Achievements

Accountability to the Community

The Winnipeg Regional Health Authority keeps the community informed in many different ways. These methods include the Annual Report and Annual General Meeting, various web communications, print communications and through community consultations regarding specific initiatives, such as the development of ACCESS Centres and the new Women's Hospital.

Accountability to the Province of Manitoba

Ultimately, the Winnipeg Regional Health Authority is accountable to all levels of government and the community it serves. Each year, the region submits an Annual Regional Health Plan to Manitoba Health and Healthy Living, which serves as the basis for funding requests. On an annual basis, the Winnipeg Regional Health Authority provides detailed, relevant information to government bodies, which identifies how we fulfill our goals and what funds are required to meet our objectives. Additionally, we provide monthly updates on key initiatives 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.

Information and Communication Technology – Manitoba eHealth

Manitoba eHealth is about providing the right information at the right time to the right people. Health care providers require timely access to accurate patient information so they can continue to provide safe and high quality care.

The Manitoba eHealth Program is administratively housed within the WRHA and is provincial in scope, collaborating with all regional health authorities (RHAs), Diagnostic Services of Manitoba, CancerCare Manitoba, the Addictions Foundation of Manitoba, as well as providers and their colleges and associations. We are improving the efficiency and effectiveness of information and communications technology (ICT) services by leveraging the benefits of a centralized delivery model.

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Healthcare is at the beginning of a long and complex journey to develop a sustainable health system, with a long-term goal of delivering an interoperable Electronic Health Record (iEHR). In the past year, Manitoba eHealth, in collaboration with the health region, have implemented multiple projects with that goal in mind. These projects include:

Electronic Patient Record (EPR): Implementation of Phase II of the EPR at St. Boniface General Hospital was completed in February 2009, with delivery of Computer Provider Order Entry and Clinical Documentation. The Hospital Information System Project (HISP) team has been working to create a secure, private record of a person's health history known as an EPR since 2005. The EPR includes information about a patient, including their identification, allergies, and test results – all entered into a computer rather than a paper chart.

Emergency Department Information System (EDIS): EDIS was introduced in 2007 at the Health Sciences Centre Adult and Children's Emergency Departments and is now operating regionally at emergency departments in the WRHA including: Grace Hospital, Seven Oaks General Hospital, Victoria General Hospital, St. Boniface General Hospital and Concordia Hospital. EDIS automates emergency service functions. Fast and easy access to clinical information improves patient flow through the Emergency Department and provides much needed administrative reports about activity.

Client Registry (CR): The Provincial Client Registry has been interfaced to 22 source registration systems, covering 53 registration sites. CR is a tool that stores and links demographic and selected personal information (such as a client's name, address, date of birth and medical record number) to identify individuals across health care facilities. This identity management tool will ultimately make it possible for health care providers to have integrated clinical results from hospitals, community clinics, offices and home care as part of an EHR.

Radiology Information System and Picture Archiving and Communication System (RIS/PACS): This filmless diagnostic imaging solution will be rolled out to over 50 sites within the DI programs of WRHA, Brandon RHA and DSM. PACS was introduced at the Health Sciences Centre (HSC) in Winnipeg.

MB Telehealth

In this fiscal year, the MB Telehealth program was integrated into Manitoba eHealth. Regions using the network can reduce patient travel costs through the Northern Patient Transportation Program (for affected regions) as well as improved access to health services for patients, reductions in staff travel and travel time for administrative and continuing education events. Currently, each RHA has at least one site and there are 70 sites across the province. This includes connections to 17 First Nations communities in Manitoba and utilization at these sites continues to grow.

MB Telehealth's primary focus is the provision of clinical services. Over 180 different clinician specialists provide services on the network from over 85 different specialty areas. In the 2008/09 Fiscal Year, there were 8,463 events, a majority of these, 5,821, were for the delivery of clinical services, which comprises 68 per cent of network activity. Forty-five per cent of these clinical events occurred in the Winnipeg health region.

Primary Care Information Systems (PCIS) Office

The Electronic Medical Record (EMR) will become a vital tool to connect physicians in the community to the rest of the health system electronically. Currently, 10 to 15 per cent of Manitoba's physicians and primary care providers use an EMR. In September of 2008, Manitoba eHealth established the Primary Care Information Systems (PCIS) Office to assist in the adoption and effective use of EMR systems.

The PCIS Office objectives are to facilitate the implementation of EMR systems with primary care providers, optimize the use of information systems in primary care settings and coordinate the gathering of new EMR requirements with various stakeholders. In this fiscal year, a selection process for EMR vendors began.

Electronic Health Record (EHR)

Upon implementation, the Electronic Health Record (EHR) will support the reduction in wait times and the improvement of access to care in remote communities. The EHR will provide authorized health care providers with immediate and easy access to reliable information regarding a patient's health history allowing for timely and accurate diagnosis essential to the provision of quality care.

Implementation of the interoperable Electronic Health Record (iEHR) project continued throughout 2009 moving the province one step closer to the creation of a secure and private lifetime record of a person's key health history.

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

The Business Process Solutions Project is an initiative that will replace and integrate the current business systems (HR, Payroll, Financial and Supply Chain) that support the ongoing administration of the WRHA including its nine hospitals and community programs with a single integrated Enterprise Resource Planning (ERP) system. The annual quantified benefits flowing from BPSP are estimated at \$40 million.

These business systems pay all healthcare staff, manage healthcare supplies and account for all operations across the WRHA. Existing systems involve time-consuming and labour-



intensive manual processes that take people away from providing patient care. The current collection of business systems across the region—over 20 in all—are site specific, outdated and increasingly unviable. A new payroll solution is urgently required for the Health Sciences Centre and the Winnipeg Regional Health Authority, as the current payroll system is no longer technically supported and in imminent risk of failing.

An extensive procurement and due diligence process has been undertaken by the Winnipeg Regional Health Authority (with assistance from Manitoba eHealth). Recommendations for implementation are currently before government.

Industry Relationship Policy

The Winnipeg Regional Health Authority Board and senior management have endorsed in principal the development of a regional policy that will address areas related to the management of our interactions with industry. It was decided that a Regional policy be developed to establish clear direction and guidance for physicians and staff to allow for a more professionally managed relationship with our vendor community in areas such as the acceptance of gifts, drug and device samples, sponsored lunches, conferences and educational sessions.

To obtain a sense of current mainstream positions on these industry relationship issues, the region has completed a comparative review of recently developed vendor relationship policies from other institutions across North America soliciting feedback from key internal and external stakeholders. A draft policy is under development and will undergo the rigors of the regional policy vetting processes.

Conflict of Interest Policy

The Winnipeg Regional Health Authority is committed to promoting a standard of conduct that preserves and enhances public confidence in the integrity, objectivity and impartiality of its clinical and business activities staff and those representing the Winnipeg Regional Health Authority. Winnipeg Regional Health Authority representatives are expected to uphold these standards by ensuring outside activities or financial interests do not interfere with or influence their decision-making processes by avoiding potential, perceived or real Conflicts of Interest and to promptly disclose and address any conflicts should they arise.

The Winnipeg Regional Health Authority has taken steps to revise its Conflict of Interest policy in an effort to provide its staff, physicians, senior management and the Board of Directors with clear guidance and direction in an effort to prevent and avoid potential, perceived or real conflicts of interest.

Regional Risk & Audit Services has been leading the development of a revised policy, which will be more detailed and prescriptive in its design and content and ensure any deficiencies

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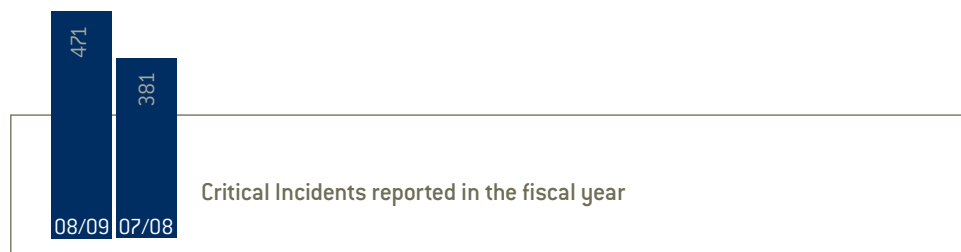
in the policy are addressed. It will also supplement the proposed vendor relationship policy by providing an accountability process for conflict of interest situations involving vendor relationships.

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.

Patient Safety - Accountability to Those in our Care

Over the past decade Patient Safety has been an organizational priority for the Winnipeg Regional Health Authority, with resources allocated to ensure that when something goes wrong, we disclose it, learn from it and make whatever changes necessary to try to prevent it from happening again. Recognizing that, the Winnipeg Regional Health Authority's Senior Management approved a comprehensive action plan to improve the region's capacity to effectively manage and learn from such incidents, such as medication errors, misdiagnosis or equipment failures. This strategy is called the 'Regional Integrated Patient Safety Strategy' (RIPSS), which has four main areas of focus:

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



Critical Incidents and Safety Incident Learning Summaries

In 2007, a 24-hour Critical Incident Reporting Line (788-8222) was established by the Winnipeg Regional Health Authority 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. As a region, our performance in the area of Critical Incident (CI) reporting has improved dramatically and it is the best in the country. This means that health care providers, demonstrating a cultural shift, are now reporting CIs that were previously being unreported.

A Safety Learning Summary (SLS) is a brief summary of the findings and recommendations from a completed critical incident (CI) review with identifying information removed, or modified, in order to circulate widely to health care providers and organizations. The goal is to promote and share learning from reviews of critical incidents. SLSs are now posted externally on the WRHA website and are available to the public.

While Patient Safety receives several hundred CI reports each year, SLS are only created for CIs where there is system-wide learning potential. Learning Summaries also strive to provide enough information to stimulate learning in other units, facilities and regions across the country, while respecting patient and provider confidentiality.

Information about Patient Safety in the Winnipeg health region can be located at www.wrha.mb.ca/healthinfo/patientsafety.

Disclosing Unanticipated Medical Outcomes (DUMO) workshops

The goal of this workshop is to enhance participants' ability to re-establish trust and rapport in the face of adverse outcomes. Research and experience suggest that the clinicians' and organizations' abilities to effectively respond to the patient and family's concerns and emotions are the best way to reduce the likelihood that the situation will escalate to more contentious legal processes, and allow clinicians, patients and families to be able to acknowledge, forgive, and move on with less emotional distress.

These half-day workshops are provided at Winnipeg Regional Health Authority facilities and other regional sites and can be arranged for other health authorities.

Access to Information

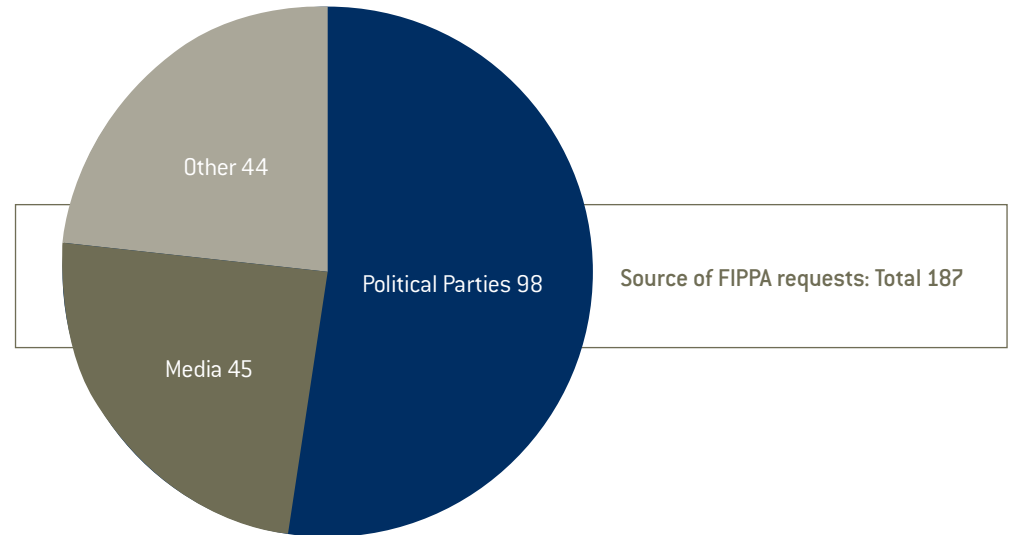
The Winnipeg Regional Health Authority continues to meet its responsibility to provide information to members of the public through accessible sources. This includes maintaining an open and transparent flow of information between the Winnipeg Regional Health Authority and the public while considering all aspects of privacy and confidentiality of clients. The Winnipeg Regional Health Authority Chief Privacy Officer (CPO) responds to requests made via the Freedom of Information and Protection of Privacy Act (FIPPA). In 2008, there were 187 requests. The CPO's office is working on developing a website to further advance the public's accessibility to information.

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, 650 Main Street, Winnipeg, MB R3B 1E2; by phone at 926-7049 or by fax at 926-7007.



Requests from Media

The WRHA is also accountable to the public through its interactions with the media, which are governed by the region's Media Relations Policy (see www.wrha.mb.ca).



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 because 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 2008/2009, only four disclosures were

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In 2008, WRHA processed 187 FIPPA applications, with 83 per cent receiving full or partial access.

received. None of the disclosures were determined to warrant investigation as determined by the Designated Officer.

Evidence Based Practice Tools

An Evidence Based Practice Tool is a regional tool based on a practice that has a theoretical body of knowledge, uses the best available scientific evidence in clinical decision-making, uses standardized outcomes measures to evaluate the care provided and takes account of each patient's unique circumstances, including baseline risk, comorbid conditions and personal preferences. The WRHA Professional Advisory Committee has approved five Evidence Based Practice Tools. These tools are available to staff on Insite, the regional intranet site.

Accreditation – Meeting Standards of Excellence

In 2008, the Winnipeg Regional Health Authority proceeded with the sequential accreditation process with Accreditation Canada (AC). Sequential accreditation is the process used by the WRHA to spread the assessment of the program teams over a three year period. All program teams—clinical, support and administrative—are assessed on a planned three year cycle, and each program is assessed once every three years.

The Winnipeg Regional Health Authority introduced the AC new Qmentum—Quality (mo) mentum—process to the region; doing a phased in approach with only six teams (versus 12) participating in the 2008 review year. The AC Qmentum Program is quite different from the former Achieving Improved Measurement (AIM) process. The components of the Qmentum program are self-assessment (questionnaire/instruments and indicators); building of quality improvement action plans; site visits by peers; and reports from AC.

One outstanding feature of the Qmentum is the separate Standards developed for Governance. It is in the planning stages for the WRHA Board of Directors to undertake the Qmentum review process in 2011. The management of the organization will be assessed using the Effective Organization Standards in 2011.

A site visit from peer surveyors was conducted in November 2008. The report from the first year of assessment using the new Qmentum process was received in August 2009, with the Winnipeg Regional Health Authority receiving an accreditation status. The regional teams that

were reviewed continue with their Quality Improvement initiatives and provide updates on the required areas to achieve the standard set by AC.

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
- Resident and Family Advisory Councils

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

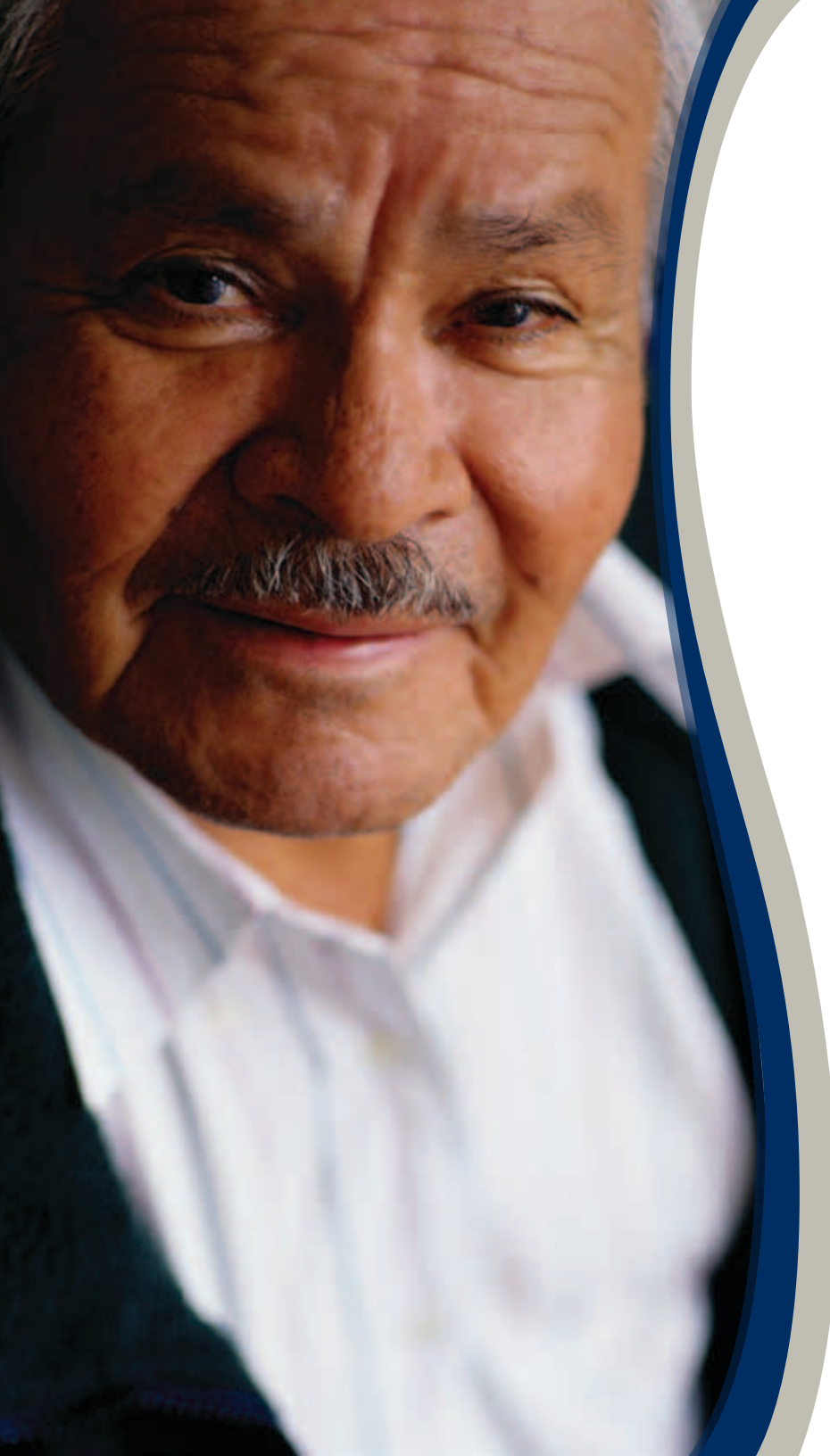
For more information on consultations and advisory opportunities visit www.wrha.mb.ca.

Public Sector Compensation Disclosure Report

In accordance with the Public Sector Compensation Disclosure Act, requests to inspect or receive copies of salary information may be forwarded to the Winnipeg Regional Health Authority, to the attention of the Chief Privacy Officer at 650 Main Street, Winnipeg, MB R3B 1E2; or by phone at 926-7049 or by fax at 926-7007.

Freedom of Information and Privacy Act

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, 650 Main Street, Winnipeg, MB R3B 1E2; by phone at 926-7049 or by fax at 926-7007.



Governance

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: *New board members

Dr. John Wade - Board Chair
Ms. Vera Derenchuk
Mr. Louis Druwé
Ms. Audrey Gordon
Ms. Herta Janzen
Mr. Marc Labossiere - Vice Chair
Mr. Bob Minaker
Dr. Kurt Skakum*
Ms. Belinda VandenBroeck
Ms. Gail Wylie

Mr. Ray Cadieux, F.C.A., C.F.E. - Treasurer
Mr. Jim Derksen
Mr. Kris Frederickson*
Ms. Heather Grant-Jury
Ms. Janesca Kydd*
Ms. Irene Linklater*
Ms. Kara Nacci
Ms. Marie-Rose Spence*
Mr. George Wall

Past Serving Board Members 2008/09

Mr. Allan Fineblit, Q.C.
Dr. Wayne Manishen

Ms. Alexandra Venema

Board Committees

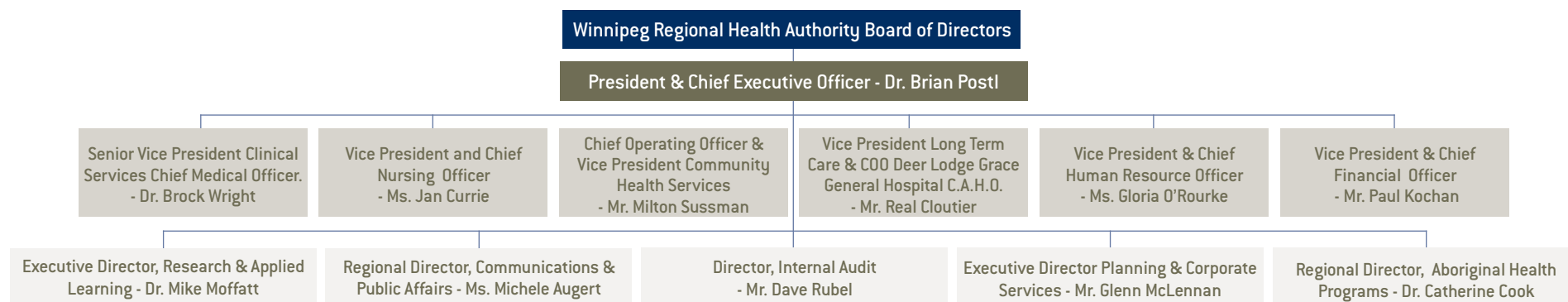
Executive
Resources/Finance
Quality, Patient Safety and Innovation

Governance/Nominating
Aboriginal Health
Audit

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

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Organizational Structure



Note: COO = Chief Operating Officer, VP = Vice President, CAHO = Chief Allied Health Officer

Organization Structure Changes

The Director, Corporate Services role has been revised as the Executive Director of Planning and Corporate Services, involving strategic and operational priority planning components. The Senior Vice President Clinical Services role will also include in the portfolio the new Joint Operating Division which involves University of Manitoba physician interaction with the WRHA.

Board Decisions

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

February 26, 2008

- Accept the recommendations of the Programs and Services Committee and delegates the responsibility of approving Professional Advisory Committee membership to the President and CEO
- Approve as new members of the Professional Advisory Committee: Ms. Wendy Rudnick and Ms. Kaaren Neufeld
- Subject to Riverview Health Centre entering into a new operating agreement with the

Winnipeg Regional Health Authority similar to the operating and governance agreements entered into by the community hospitals, the Board approved that the steering committee for the Winnipeg Regional Health Authority Rehabilitation Services Consolidation project proceed with the next stage of planning including the finalization of the business case and the architectural drawings for the outpatient facility and that the steering committee continue to provide oversight and direction to the project.

- Approve the recommendations of the Human Resource/Finance Committee and establish an Audit Committee to be in place for the March 2009 year-end.

March 25, 2008

- The Winnipeg Regional Health Authority enter into a lease for office space to be jointly occupied by and Family Services and Housing Winnipeg Regional Health Authority staff for the Downtown West Community Area at 755 Portage Avenue in Winnipeg. This approval is subject to the approval of the Minister of Health.
- Transfer all operations, property, liabilities and obligations of the health corporation, The Salvation Army Grace General Hospital and of The Governing Council of The Salvation Army



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

May 27, 2008

- Approval of the Winnipeg Regional Health Authority Budget as presented for the fiscal year 2008/09
- Endorse the Regional Health Plan and forward to the Minister of Health and the Minister of Healthy Living.
- As the Winnipeg Regional Health Authority is already responsible for the financial results of the hospitals that entered into the "Operating and Governance Agreement – Community Hospitals" and by virtue of the consolidation of the financial results of those hospitals into the consolidated financial statements of the Winnipeg Regional Health Authority, that any receivable set up by those hospitals for the operating deficits of that particular fiscal year will not be recognized or paid by the Winnipeg Regional Health Authority.

June 24, 2008

- Approve the membership for the Community Health Advisory Councils.

August 26, 2008

- Appoint Mr. B. Minaker as the liaison for the Seven Oaks/Inkster CHAC until all the terms and committee memberships are reviewed in the fall.

September 23, 2008

- Winnipeg Regional Health Authority Board requests that all facilities review their practices for promoting breastfeeding to determine baby friendly initiatives. The Baby First Program should be part of the review.

October 28, 2008

- Approve the consolidation of the following approved borrowings: the payout to the existing financial institution and the transfer of the approved borrowings to the Department of Finance in the amount of \$25,000,000 amortized over 15 years.
- Adopt the position statement on Harm Reduction as presented.

Elaboration of Board self evaluation

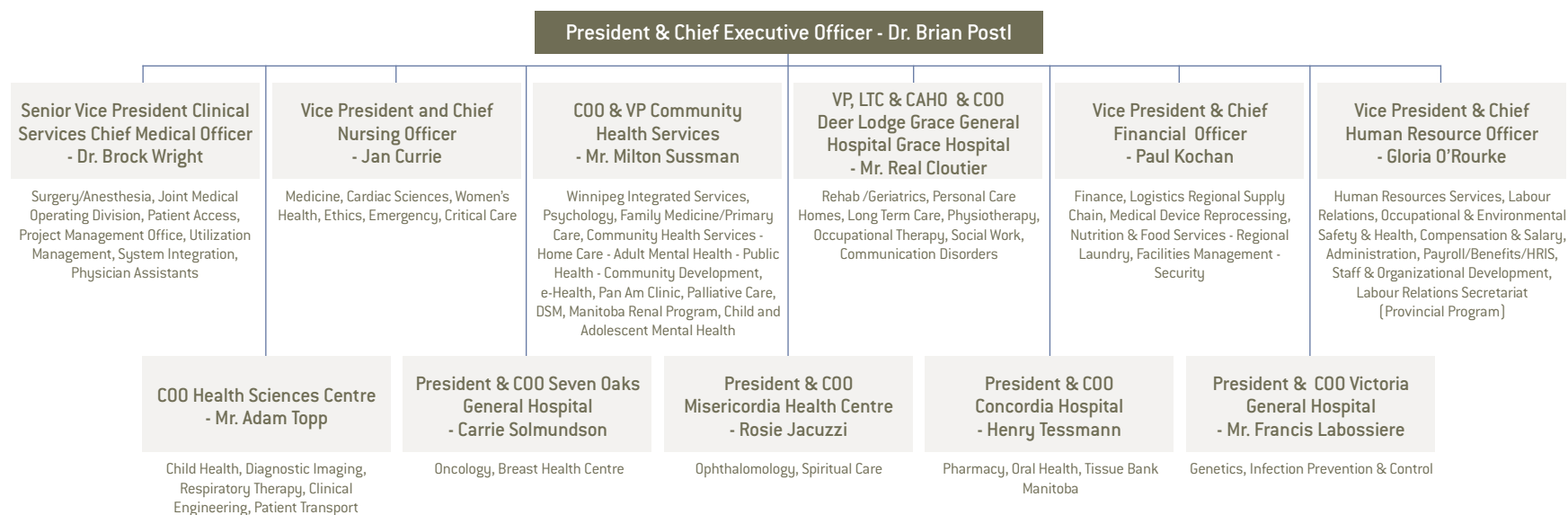
- Board retreat held in Oct. 2008.

Training activity of the Board*

- Board Education Sessions were coordinated through the Regional Health Authority of Manitoba and facilitated by Mr. Jim Nininger.

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COO and Vice Presidents: Programmatic Responsibilities



Note: COO = Chief Operating Officer, VP = Vice President, CAHO = Chief Allied Health Officer

CHAC report

Each year, the Board is required to review and approve the issues to be addressed by the Community Health Advisory Councils from September 08 to November 09. Council members were asked to share their ideas for future topics and presented them to the Board along with the associated deliverables and potential time frames. The following report proposals were presented and approved by the Board:

- Housing and Homelessness
- Mental Health
- Personal Responsibility and Public Expectations of the Health Care System
- Chronic Disease.

Board Governance

Annual Board retreat was held in November 2008 with a focus on Board governance. Major items reviewed at the retreat include the following:

- Board Structure and Committees
- Skills Based Board
- Board Nomination Process.

Discussion of these areas was led by Mr. Jim Niminger who completed a review of the WRHA Board Governance Structure.



Future Directions

As the Winnipeg Regional Health Authority moves forward into the 2009-2010 fiscal year and beyond, some major initiatives and forward-looking directions will focus on:

WRHA Strategic Plan

The WRHA Board will be focusing on the review and update of the current Mission, Vision, Values and Strategic Plan as part of the next five year planning cycle. A process is planned for the 2009/10 fiscal year that will engage the Board, management, staff and public in the review and updating of the current Strategic Plan.

Dignity-Centred Care

Ensuring that the care we provide is not only consistent with the organizational priorities and strategic directions of the region, but that the perspective of the patient is front and centre in the care we provide. The WRHA will focus on the services it provides people in our health care facilities, how they access those services, and understand and be compassionate with the patient experience in their time of need. This involves respect and dignity for the whole person, regardless of culture, race or socioeconomic status and requires enhanced training designed to honour all cultures and challenge assumptions.

Aboriginal Health Programs

Building on the strengths of our Aboriginal Health Programs, establishing stronger ties and relationships with the Aboriginal community, enhancing communication links and better understanding the health care culture and needs of Aboriginal people in both urban and northern communities.

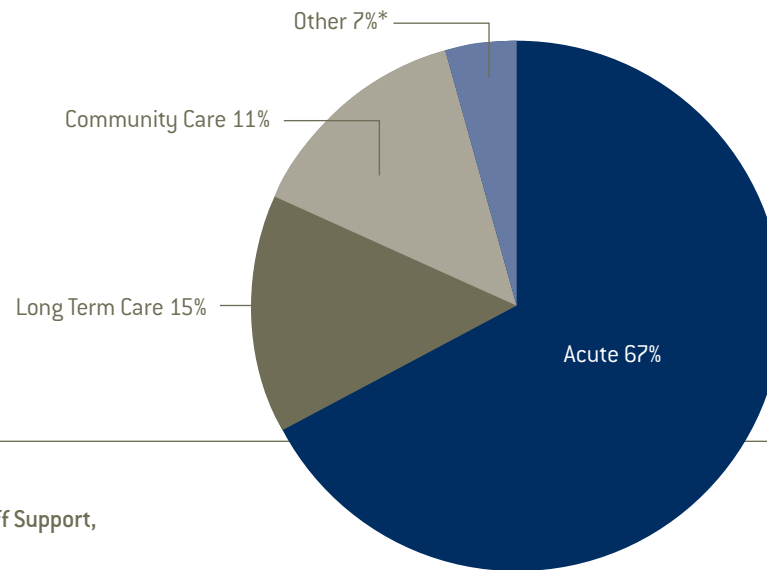
Entrenching a Cost-conscious Culture

Look at the practices for our staff and those who provide health care service within the region, on how to best use our resources, how to ensure compliance with purchasing and spending policies, establish consistency and leverage purchasing power throughout the region, reduce overstocking or hoarding of materials and develop a culture where staff acknowledge and even appreciate the advantages of a cost-conscious culture.

Business Process Solution

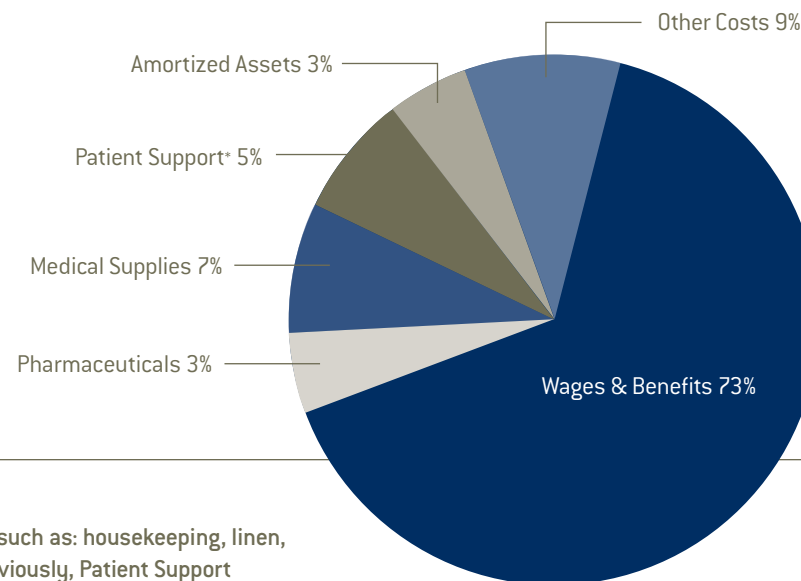
Setting the wheels in motion to replace technically unsupported payroll and accounting systems throughout the region with a centralized and standardized system that provides real time information on the cost and usage of human and material resources in the region.

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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. Previously, Patient Support included purchased salaries expenses. However, in 2009 the presentation was changed to include these in the Wages & Benefits category.



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, 2009.

The 2008/2009 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, 2009, and for the year then ended on which we expressed an opinion without reservation in our report dated June 22, 2009. 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.

Chartered Accountants
Winnipeg, Manitoba
June 22, 2009



Deloitte & Touche LLP
360 Main Street
Suite 2300
Winnipeg, MB R3C 3Z3
Canada
Phone: 204.942.0051
Fax: 204.947.9390
www.deloitte.ca

SUMMARIZED CONSOLIDATED STATEMENT OF OPERATIONS

For the year ended March 31, 2009
(in thousands of dollars)

	2009	2008
REVENUE		
Manitoba Health and Healthy Living operating income	\$ 1,951,466	\$ 1,819,727
Other income	108,082	99,750
Amortization of deferred contributions, capital	58,972	55,756
Recognition of deferred contributions, future expenses	2,430	7,054
	<u>2,120,950</u>	<u>1,982,287</u>
EXPENSES		
Direct operations	1,765,710	1,645,581
Interest	786	918
Amortization of capital assets	61,848	56,438
	<u>1,828,344</u>	<u>1,702,937</u>
FACILITY FUNDING		
Long term care facility funding	249,045	232,823
Community health agency funding	31,439	29,457
Adult day care facility funding	2,754	2,674
Long term care community therapy services	691	675
GRANT FUNDED		
Grants to facilities and agencies	19,091	18,825
	<u>2,131,364</u>	<u>1,987,391</u>
OPERATING DEFICIT	<u>(10,414)</u>	<u>(5,104)</u>
NON-INSURED SERVICES		
Non-insured services income	83,917	79,334
Non-insured services expenses	77,401	73,545
NON-INSURED SERVICES SURPLUS	<u>6,516</u>	<u>5,789</u>
(DEFICIT) SURPLUS FOR THE YEAR	<u>\$ (3,898)</u>	<u>\$ 685</u>

RAY CADIEUX - TREASURER

DR. JOHN WADE - BOARD CHAIR

SUMMARIZED CONSOLIDATED STATEMENT OF FINANCIAL POSITION

For the year ended March 31, 2009
(in thousands of dollars)

	2009	2008
ASSETS		
CURRENT		
Cash and marketable securities	\$ 37,302	\$ 27,755
Accounts receivable	116,127	118,562
Inventory	18,738	18,212
Prepaid expenses	11,338	9,543
Investments	12,787	8,365
Employee benefits recoverable from Manitoba Health and Healthy Living	78,675	78,675
	<u>274,967</u>	<u>261,112</u>
CAPITAL ASSETS	1,055,592	983,616
OTHER ASSETS		
Employee future benefits recoverable from Manitoba Health and Healthy Living	82,302	82,302
Investments	15,796	18,260
Specific purpose funds	48,547	46,851
Nurse recruitment and retention fund	4,358	2,847
	<u>\$ 1,481,562</u>	<u>\$ 1,394,988</u>
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 192,373	\$ 196,813
Employee benefits payable	99,004	92,802
Current portion of long term debt	47,097	2,264
	<u>338,474</u>	<u>291,879</u>
LONG TERM DEBT AND DEFERRED CONTRIBUTIONS		
Long term debt	22,431	31,195
Employee future benefits payable	120,899	116,764
Specific purpose funds	48,547	46,851
Deferred contributions	891,288	845,989
Nurse recruitment and retention fund	4,358	2,847
	<u>1,087,523</u>	<u>1,043,646</u>
NET ASSETS	<u>55,565</u>	<u>59,463</u>
	<u>\$ 1,481,562</u>	<u>\$ 1,394,988</u>

SUPPLEMENTARY INFORMATION

For the year ended March 31, 2009
(unaudited)
(in thousands of dollars)

ADMINISTRATIVE COSTS

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

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

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

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

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

	<u>2009</u>		<u>2008</u>	
			[restated]	
Administrative costs	\$	89,806	\$	86,019
Administrative cost %		4.1%		4.2%

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.

Statistics Appendix

1. Source: Financial Management Information System (FIMIS)
2. Source: Financial Management Information System (FIMIS)
3. Source: Financial Management Information System (FIMIS).
4. Source: WRHA Abstracting DSS. Except 3) National Rehabilitation Reporting System (NRS) Discharges includes patients that are discharged alive to home/home setting, transferred to another facility, deceased, left against medical advice. Includes births and deaths. 2) Acute includes palliative care in-patients. 3) Rehab represents inpatients in Rehab Program beds (RHC, DLC, SOGH, HSC, SBGH) and Orthopedic-Rehab beds (Grace). 4) Chronic patients at DLC and RHC. 5) Hospice includes Grace Hospice only.
5. 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.
6. Source: Compiled from Community Office Statistics by the Home Care Program Analyst. 1) Excludes 315 clients under assessment but not yet receiving services.
7. Source: WRHA Abstracting DSS. 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.
8. Source: WRHA Abstracting DSS. Includes stillbirths. Excludes home births.
9. 2) Includes only midwife-assisted deliveries. Does not include deliveries where physician intervened due to complications or if midwife was not present at delivery but cared for patient postpartum. Sources: 1 and 2 - WRHA Abstracting DSS; 3 - WRHA Primary Care Program.
10. 1) Includes cases where the patient is booked and prepared in the gamma knife frame, goes through the MRI exam, but the gamma knife procedure is abandoned due to the size of the tumor. Source: Gamma Knife Coordinator, HSC
11. 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. Source: Director of Finance LTC and Program Director, PCH Program.
12. Source: Regional Primary Health Care Quality Improvement Specialist.
13. Source: Mental Health Policy & Planning Specialist. 1) Includes Crisis Stabilization Unit and Mobile Crisis Services contacts. 2) Includes Shared Care, Brief Treatment and Community Psychiatry On-call Consultation Services contacts. 3) Includes Centralized Mental Health Access contacts to Community Mental Health Services. 4) Includes new and continued Geographic based Community Mental Health clients between April 1, 2008 and March 31, 2009. 5) Includes new and continued clients of Co-Occurring Disorders, Forensics, Intensive Case Management, Program for Assertive Community Treatment, Health Coordination, Cross Cultural, Clinical Specialist, Transition Services, Housing Services & Specialized Contracts.
14. Source: Director Provincial Health Contact Centre. 1) The Provincial Health Contact Centre (PHCC), an internationally-recognized state-of-the art contact centre that technologically supports health and social services delivery in Manitoba in consultation with the Winnipeg Regional Health Authority and Manitoba

Health. The PHCC operates almost 40 inbound and outbound calling programs, handling over 450,000 calls a year in 110 languages. The PHCC's clinical calling programs includes the Breastfeeding Hot Line, the Chronic Disease Management of Congestive Heart Failure, Health Links - Info Santé and various public health services such as the Influenza Symptom Triage Service. Inbound and outbound calling programs in support of health and social delivery in Manitoba are undertaken through arrangements with various programs including: the WRHA Home Care Program, Family Services and Housing, Employment Income and Assistance. The PHCC operates out of the Misericordia Health Centre. 2) Health Links - Info Santé, a WRHA service leveraging the PHCC technology, is a 24-hour, 7-day a week telephone information service. The program is staffed by registered nurses with the knowledge to provide over-the-phone consultation related to health care questions and concerns. 3) The number of calls where a client spoke with a health care professional. 4) Total number of follow-up contacts to clients already in contact with Health Links - Info Santé staff, i.e. those contacts serviced in line 1. 5) An outbound call program delivered through the PHCC to determine if an individual who left a WRHA emergency room without being seen is still in need of medical attention or has already had their situation addressed. Seven Oaks, Grace and St.Boniface were added to the service during the January - March 2008 quarter. Due to technical difficulties data is not available for January 27 to February 2, 2008. 6) After Hours Central Intake Program services WRHA programs to manage both clinical and non-clinical resources for clients. As a service provided through PHCC, it handles inbound and outbound calling to process after hours needs of clients in programs like Home Care, Family Services and Housing and Employment Income and Assistance.

15. 1) Source: Program Specialist- Surveillance and Epidemiology. Population and Public Health Program. *2007/08 revised; stats reported in July/08 {19,086} were only those vaccines administered by public health. The 2007/08 and 2008/09 include members of the public, hospital and PCH staff (includes visitors, volunteers, medical/nursing students, etc.), PCH residents, hospital patients, home care clients and WRHA corporate and community staff.

16. 1) Includes all procedures regardless of number of coronary arteries grafted. Source: WRHA Abstracting DSS except 2) Financial Management Information System (FIMIS) Source for other

Page 34 MB Telehealth Contacts for Winnipeg Sites by Category 2008 - 09. 1) Telehealth is the use of information technology to link patients to medical specialists and other healthcare professionals via a high-speed, secure video link. These counts exclude Cancer Care Manitoba (CCMB) And Manitoba Health. 2) Includes services such as specialist consultation, discharge planning and case-conferencing. 3) Supports rural physicians and other healthcare providers by providing quality professional educational programs. Education for patients, families and the public are also available. 4) Used as an alternative venue for administrative meetings to save time, resources and risks due to travel. 5) Available to link patients with their families when medical needs have kept them apart for an extended period of time. Source: Director, Manitoba Telehealth.

Page 41 Critical Incidents: Figures might differ from those reported in previous fiscal years as CI's are recorded in the year they have occurred. Some CI's may be reported long after their occurrence (i.e., in a previous year then attributed to that year in our frequencies).



Winnipeg Regional
Health Authority
Caring for Health

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

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