



Caring for People,
Caring for Health

Winnipeg Regional Health Authority
annual report 2009/2010



Winnipeg Regional
Health Authority
Caring for Health

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

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Cover: Jennifer Anderson is a third year medical student (2009) in pediatric orthopedic surgery at Health Sciences Centre. Jennifer is very proud of her Aboriginal and Metis ancestry and is also a member of the Centre for Aboriginal Health Education at the University of Manitoba.

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 Health Region also provides health care support and specialty referral services to nearly half a million Manitobans who live beyond these boundaries as well as residents of northwestern Ontario and Nunavut who require the Speciality referral 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 \$2.1 billion dollars, the Winnipeg Regional Health Authority operates or funds over 200 health service facilities and programs, including:

Two tertiary hospitals

- Health Sciences Centre, Winnipeg
- St. Boniface Hospital

Four community hospitals

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

Four Health Centres

(Long Term Care and Specialty Services)

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

Personal Care Homes

- 35 Free Standing Personal Care Homes

Community-based health facilities

- 12 Community Health Agencies
- 22 community health offices

- Rehabilitation Centre for Children
- Manitoba Adolescent Treatment Centre
- Grant funded community agencies
- 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

Three ACCESS Centres

- River East, Transcona, Downtown

28 Clinical and Community Programs

- Anesthesia
- Breast Health
- Cardiac Sciences
- Child/Adolescent Mental Health
- Child Health
- Clinical Engineering
- Clinical Health Psychology
- Critical Care
- Diagnostic Imaging
- Emergency

- Family Medicine/Primary Care
- Genetics
- Home Care
- Infection Prevention & Control
- Renal
- MB Telehealth
- Medicine
- Mental Health (Adult)
- Oncology
- Oral Health
- Palliative Care
- Pharmacy
- Population & Public Health
- Psychology
- Personal Care Home
- Rehab. Geriatrics
- Surgery
- Women's Health

Key Partners:

CancerCare Manitoba
University of Manitoba
Diagnostic Services of Manitoba

For more information about the Winnipeg Regional Health Authority, see

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2.0

VISION, MISSION, VALUES

OUR VISION

We are creating positive change in people's health and well-being by leading Winnipeg's health care services and working in partnership 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 MISSION

The Winnipeg Regional Health Authority's Mission is to promote and protect health and well-being by delivering and managing health services in the Winnipeg Region. The Winnipeg Regional Health Authority will improve health by leading and enabling high quality 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 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

H1N1 SPECIAL REPORT

Near the beginning of the 2009/10 fiscal year, the Winnipeg Health Region was poised to take on one of the largest pandemic outbreaks since the 1950s. The H1N1 Influenza A virus had been declared an international pandemic by the World Health Organization.

In Manitoba, the first confirmed case of H1N1 influenza surfaced on May 4, 2009 in Brandon, and by early June, the virus was circulating throughout the province. It is estimated that about five to 10 per cent of Manitoba's population of about 1.2 million people was infected by the virus during the outbreak.

Manitoba recorded 1,866 officially confirmed cases of H1N1 influenza and 11 associated deaths, three of which were recorded in the Winnipeg Health Region. First Nations people, especially those living in remote area communities, were among the hardest hit by H1N1, and accounted for about a third of the confirmed cases.

During the first wave of the H1N1 pandemic (April to early October, 2009), the Region's Intensive Care Units were hit with a high volume of H1N1 patients requiring respiratory attention. As the first wave of the virus subsided, preparations for the second wave of the virus focused on prevention and immunization of people in the health region – in essence, to help stop the spread of the virus, and curtail further stress on the acute care system.

Twelve immunization clinics were established in community locations throughout the Winnipeg area. Information on ways to reduce risk and ways to prevent infection were communicated throughout the region.

On the treatment front, medical supplies were shored up in preparation for a significant outbreak and additional staff and volunteers were enlisted or seconded to be a resource in the clinics, or other key areas of care. Doctors, nurses and other allied health professionals such as respiratory therapists and pharmacists were also recruited to travel to northern Manitoba communities to assist in immunization efforts there.

As the 250,000-plus immunizations figure indicates, while the H1N1 influenza virus did have an impact on the health of the community, the virus' ability to take hold and become a significant health threat was likely thwarted by the proactive immunization and preparation efforts of the community.

H1N1 Immunization By the Numbers

12

The number of Winnipeg Health Region mass immunization clinics.

62

Number of pharmacists and pharmacy technologists working at the Region's clinics on a daily basis.

100

Number of volunteers working at regional immunization clinics per day.

399

Number of nurses and respiratory therapists working per day at regional immunization clinics, (includes 80 public health nurses).

52

Number of vaccine doses administered by a nurse during an average shift.

59,282

Number of vaccine doses administered during first week of campaign.

11,856

Average number of vaccine doses administered each day during the first week of the immunization campaign.

399

Lab confirmed cases of H1N1 in the Winnipeg Health Region as reported to Manitoba Health during the First Wave, from April to Oct. 5.

708

Lab confirmed cases of H1N1 in the Winnipeg Health Region as reported to Manitoba Health during the Second Wave, from Oct. 6 to mid-January 2010*.

250,000+

Number of people immunized at regional clinics throughout the course of the immunization campaign.

(*Manitoba Health website: General Information on Lab-Confirmed Cases of Pandemic H1N1 Influenza)

(<http://www.gov.mb.ca/health/publichealth/cdc/surveillance/influenza/100410.pdf>)



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 non-Aboriginal Canadians. Up to 40 per cent of urban hospital patients may be Aboriginal, and it is estimated that Aboriginal people use 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 affecting 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, workforce development and cultural health education programs for health care staff in the Winnipeg Health Region. We continue to extend and refine our services to meet the evolving needs of First Nations, Inuit and Metis people in hospitals, the community and in our workforce.

PATIENT SAFETY

The safety of our patients, residents and clients is always a priority with the Winnipeg Regional Health Authority. Our health care providers consistently strive to deliver care in a manner that is safe. 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 works in partnership 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 on which they can expect treatment.

WORKFORCE WELLNESS AND SAFETY

Healthy staff who work in healthy workplaces provide better and safer patient care. There are approximately 28,000 persons working in the Winnipeg Health Region – each of whom contributes to the health and well-being of the people in the Winnipeg Health Region and those who use 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 sincere honour that we submit for your review the 2009-2010 annual report of the Winnipeg Regional Health Authority.

As regionalization of health care services in Winnipeg surpasses its 10th anniversary it is reassuring to declare that many benefits of an integrated and coordinated approach to a health care service model have come to fruition. One benefit most evident this past fiscal year was our Health Region's response to the H1N1 Influenza pandemic.

For three-quarters of the fiscal year, a significant amount of staff and resources in the region were focused primarily on the treatment and prevention of this virus in our community.

This focus involved a coordinated effort amongst staff in the acute care sector, the community health sector, and coordinated partnerships and collaborations with the Province of Manitoba, City of Winnipeg, Public Health Agency of Canada and a myriad of physicians, school divisions, business leaders, volunteer agencies and other community groups.

Through this concerted effort over 250,000-plus people in our health region were immunized, a significant portion of which received shots through 12 immunization clinics in the community, manned by nurses, volunteers, and various other health professionals who contributed to this massive operation.

Our sincere thanks goes out to the staff and volunteers throughout the region who made this incredible feat of health service possible. We also appreciate the patience of the public who were receiving much information from many sources which made it challenging to make personal health decisions.

While many initiatives and projects were placed on the back burner as the region focused its efforts on the pandemic response, we still moved forward with several successes and milestones aligned with our strategic priorities. As well, we continued to





address the many challenges of providing health service within the confines of economic restraint and increasingly aging population.

We also continued to make significant progress on improving access to health services, improving patient flow, and through these endeavours solidified pods of excellence in health care services throughout the region. Some examples include:

- Commencement of the Women's Hospital development with public input sought on the services and design concepts and demolition of the site location.
- Additional improvements to the Cardiac Care Centre of Excellence at St. Boniface Hospital that will enhance post-operative aspects of cardiac care in the facility.
- Official opening of the Concordia Hip and Knee Institute, establishing Concordia Hospital as a centre of excellence in orthopedic research, treatment and care.
- Construction of the new Victoria Hospital Emergency Department commenced, which will enhance capacity and resources for emergency department services in Winnipeg's south end.

On the Emergency Program front we have continued to act on various recommendations to improve emergency care services, bringing in more resources to enhance our ability to monitor and care for people who present to emergency departments in our Region. Health Sciences Centre Adult Emergency department will also undergo significant renovations in the 2010/11 fiscal year to improve patient safety and flow, and enhance comfort while in the emergency department.

Construction of the first Aboriginal Personal Care Home in the region broke ground this fiscal year, the result of a partnership between the Province, the Region and eight Manitoba First Nations, represented by the Southeast Resource Development Council (SERDC).

Other capital projects currently in progress, each aligned with our strategic priorities, include:

- the new Birthing Centre
- Mental Health Crisis Response Centre

As well, the new ACCESS Downtown was completed this year and construction will begin shortly on ACCESS Nor'west at the corner of Keewatin Street and Burrows Ave.

Also on the health services front, a number of programs were sited as incorporating leading practices in their provision of health services, or support thereof, by Accreditation Canada. Receiving "Leading Practice" recognition through an accreditation survey is a significant accomplishment, it is an acknowledgement of areas of innovation, expertise and excellence. They included:

- Language Access Interpreter Services (Primary Care Program)
- Community Stroke Care Services (Homecare Program)
- Sleep Disorder Online Treatment Waiting List (Psychology Program)
- Surgical Patient Flow Project (Child Health – Surgical Services)

None of these and many other accomplishments discussed in this report would be possible without the support of the province and numerous partners in the community, especially the community health foundations, and the grassroots input and guidance from our Community Health Advisory Councils, to which we gratefully acknowledge their dedication and tireless efforts.

Our Business Process Solutions Project has taken initial steps in the redevelopment of some crucial administrative systems that support health care service within the region. Over the course of the next fiscal year and beyond, working in partnership with Hewlett Packard, we will install a new Enterprise Resource Planning System to better manage our payroll, finance, human and supply chain resources.

This past year the WRHA Board focused on the redevelopment of the current Vision, Mission, Values and Strategic Directions for our Health Region as part of the next five year planning cycle. During the 2009/10 fiscal year we engaged the Board, management, staff and public in the review and updating of the current Strategic Plan, and have laid the foundation for a new Strategic Plan with strategic directions that will resonate with staff and public alike. Implementation of the plan will begin in 2011.

A key component of our new strategy will ensure that the perspective of the patient is front and centre in the care we provide. The Winnipeg Regional Health Authority will focus on the services it provides to people in our health care facilities, how they access those services, and understand and be compassionate about the patient experience in their time of need.

While the strategic plan focuses on the operational aspects of our health care provision, the Region has also taken steps to update its governance template. Following an extensive review of our governance the Board of Directors has implemented a new governance model that includes three key components:

Fiduciary

With focus on the legal responsibilities of oversight and stewardship of the Region.

Strategic

Focusing on planning and issue resolution, particularly around resources, programs and services.

Generative

Focus is on creative thinking – bringing personal insight to problem solving at the Board level.

Each has a distinct focus, however, each is involved in good governance towards shaping, creating and supporting regional strategic priorities as the Winnipeg Health Region moves forward with its strategic directions.

Of course much of the work in accomplishing our strategic directions will be thanks to the more than 28,000 people who work and care for your health in the Winnipeg Health Region. The content of this publication would not be possible without their hard work and as well, the hard work and dedication of the leadership of this organization.

In their regard, we take this opportunity to bid farewell to Dr. Brian Postl former President & Chief Executive Officer of the health

authority since its inception in 2000. We wish Brian all the best in his move to the University of Manitoba as Dean of the Faculty of Medicine, and thank him for setting the health authority on a solid foundation towards a promising future.

We also like to thank our former board members Ms. Audrey Gordon, Major Junior Hynes, Ms Belinda VandenBroeck, Ms. Gail Wylie, and Ms. Kara Nacci, for their valuable contributions and service to the Winnipeg Regional Health Authority Board of Directors and wish them all the best in future endeavours.

We'd also like to acknowledge the contributions of other senior management, including Jan Currie, former Vice President & Chief Nursing Officer and Gloria O'Rourke, the former Vice President & Chief Human Resources Officer who have served the region for many years in these respective capacities with great commitment and dedication.

In health care we consistently endeavour to strike a balance of providing quality care within limited economic resources. Going forward we will look at how to best use our resources to provide care that it is of high quality and is sustainable within our funding parameters. This annual report is testament to this endeavour. We hope you find it enlightening and informative.

Original signed by Dr. John Wade

Dr. John Wade
Board Chair

Original signed by Arlene Wilgosh

Arlene Wilgosh
President & Chief Executive Officer

Bios on Dr. Wade and Arlene Wilgosh are available on the wrha.mb.ca website.

STATISTICAL HIGHLIGHTS 2009/10

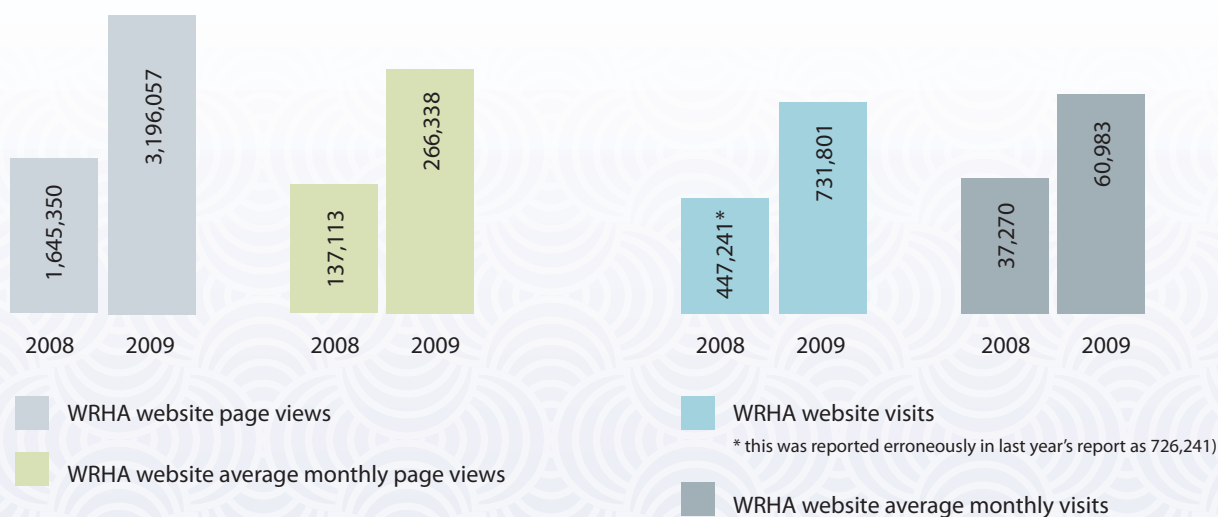
	09/10	08/09	
1. Ambulatory Care Visits (Acute)	532,014	508,515	
2. Emergency Department Visits (All Winnipeg)	285,125	258,615	
3. Urgent Care Visits (includes Misericordia and Pan Am Clinic)	103,764	100,769	
4. Inpatient Discharges ⁽¹⁾ from WHRA Facilities by Institution Type	Acute ⁽²⁾	82,086	80,483
	Rehab ⁽³⁾	2,380	2,148
	Chronic ⁽⁴⁾	186	184
	Hospice ⁽⁵⁾	80	52
	Psychiatric Free Standing Facility	181	41
	Total	84,913	82,908
5. Day/Night Care Visits ⁽⁶⁾ from WHRA Facilities	76,931	75,772	
6. Home Care Clients ⁽⁷⁾ Receiving Services	13,810	13,769	
7. Main Operating Room Surgical Cases ⁽⁸⁾ All Sites	62,529	61,431	
8. Births in Winnipeg Facilities	10,953	10,802	
9. Deliveries in the Winnipeg Health Region	In hospital assisted by Physicians ⁹	10,441	10,316
	In hospital assisted by Midwives ¹⁰	246 ⁽¹⁾	221
	At home assisted by Midwives ¹¹	113	83
10. Gamma Knife Procedures ⁽¹²⁾	231	289	
11. Total Number of Residents in Personal Care Homes (PCH) ⁽¹³⁾	5,833	5,825	
12. Primary Care - WRHA Direct Operations	Number of Physician Positions Filled per Funded Position	100%	92%
	Number of Nurse Practitioners Filled per Funded Position	100%	100%
	Number of Midwifery Positions Filled per Funded Position	92.5%	100%

		09/10	08/09
13. Mental Health Community Program	Contacts by Community Mental Health Crisis Response Services ⁽¹⁴⁾	16,670	17,267
	Contacts by Therapeutic Treatment Services ⁽¹⁵⁾	7,624	5,062
	Contacts by Mental Health Access Services ⁽¹⁶⁾	1,002	930
	Clients served by geographic based Community Mental Health Workers ⁽¹⁷⁾	1,484	1,498
	Clients with complex needs served by centrally based Specialized Mental Health Case Management ⁽¹⁸⁾	959	800
14. Provincial Health Contact Centre Activity (WRHA) ⁽¹⁹⁾	Health Links - Info Santé ⁽²⁰⁾ - Calls Answered ⁽²¹⁾	187,664	155,416
	Health Links - Info Santé - Outbound Calls ⁽²²⁾	6,592	4,289
	Left But Not Seen - Follow Up Contacts ⁽²³⁾	8,460	5,514
	After Hours Central Intake Program - Client calls answered Live ⁽²⁴⁾	134,501	129,323
	After Hours Central Intake Program - Outbound Calls ⁽²⁴⁾	132,964	155,817



15. Procedure Volumes		
	2009/2010	2008/2009
Cardiac Procedures		
- All	1,502	1,286
- Coronary Artery Bypass Graft (CABG)	863	871
Joint Surgery		
- Primary Hip Replacements	1,384	1,235
- Primary Knee Replacements	1,651	1,664
Cataract	8,517	8,531
Pediatric Dental	1,888	1,937
Diagnostic Imaging		
- CT Scans	109,335	104,569
- Ultrasounds	96,363	95,609
- X-rays	305,870	294,764
- Mammograms	3,113	3,013
- Nuclear Medicine	22,752	22,713
- PET	1,270	1,072
- MRI	43,213	39,523
- Bone Density	6,712	7,271
- Angiography	7,740	7,434
- Cardiac Angiography	11,506	12,203
Total Diagnostic Imaging	607,874	588,171

Statistical appendix on page 55 of this report.



STRATEGIC DIRECTIONS, ACHIEVEMENTS AND CHALLENGES

7.1 Prevention and Promotion

We will lead with innovative, evidence-based and cost effective health education, promotion and prevention programs. We will take 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 incidents of preventable disease in the ongoing priority areas of tobacco reduction, early childhood development and communicable disease control.

Monitoring shows that rates of three serious infections -- Clostridium Difficile Associated Disease, more commonly known as C. Difficile (CDAD), Methicillin-resistant Staphylococcus aureus (MRSA), and vancomycin resistant enterococci (VRE) -- remain below established national benchmarks. This reflects the significant commitment of the Winnipeg Health Region's Infection Prevention and Control personnel and front-line healthcare workers to adhering to practices that help break the chain of infection transmission. We appreciate that infection control in healthcare facilities is a growing concern to Canadians and have been working diligently to monitor our performance and to review our intervention strategies where necessary. Our rates of CDAD and MRSA are below benchmarks set by the Canadian Nosocomial Infection Surveillance Plan (CNISP). Our rates of C. Difficile, in fact, are well under half of CNISP targets.

Young people aged 15 to 24 were the target of "Relieve Yourself," a frank and innovative social marketing campaign aimed at the prevention of sexually transmitted infections (STIs). Focus testing conducted on behalf of the Winnipeg Health Region demonstrated a surprising lack of knowledge about chlamydia and gonorrhea, ease of testing and treatment, confidentiality of medical care, and confusion about the effectiveness of condoms. Teens were surprised that this was a health issue affecting them and their peers. Knowing that health behaviour is easier to form than it is to change, the health region launched an information campaign in March and April 2010. The campaign employed a variety of media including pre-movie infomercials, and Facebook to educate youth in the process of developing sexual habits affecting their health. With its effective "straight talk" message, the campaign encouraged young people to make a pledge to be

tested for STIs. The campaign website received nearly 11,000 hits during March and April. A subsequent analysis of the campaign demonstrated that the message is relevant, important and interesting to teens, and the ads and other campaign materials were effective. Based in part on those findings, a follow-up campaign is planned.

Six new needle drop boxes were installed in downtown Winnipeg locations chosen for their proximity to places where discarded needles are often found. The drop boxes contribute to safety in the community by keeping used needles off the ground. The drop boxes are safe, durable, easy to use, and can have a positive impact on reducing the potential transmission of infections like hepatitis C, hepatitis B, HIV and bacterial infections such as Staphylococcus aureus. Winnipeg joins cities such as Calgary, Edmonton, New York, Ottawa, Regina, Saskatoon, Seattle and Vancouver in taking action to reduce the public health risks posed by improperly discarded needles. The drop box program is the result of the collaboration of government and community organizations that include the City of Winnipeg, Street Connections, Manitoba Pharmaceutical Association, Manitoba Harm Reduction Network, Manitoba Hydro and Government of Manitoba.

Goal 2

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

Each year in the Winnipeg Health Region, more than 2,000 adults aged 65 and older are hospitalized due to a fall. The average hospital stay related to these falls is 33 days, making prevention a key priority. In 2009, our Regional Falls Prevention Leadership Committee worked to better coordinate our falls prevention efforts and to build greater consistency while sharing best practices, ideas, tools and resources across the region. The committee's recommendations included the identification of fall management assessment tools for use in our Personal Care Home and Home Care programs, and the use of our "Staying on Your Feet" resources to promote community education. These resources offer practical tips on how those most likely to suffer a fall can take action to maintain their mobility and independence.

The PRIME program (Program of Integrated Managed Care of the Elderly) is an innovative day program designed as an integrated and coordinated system of care for seniors. Located at Deer Lodge Centre, the new \$3.8-million facility serves about 40 clients a day, providing seniors with a range of basic health care services at a one-stop shop, as well, giving them a chance to socialize while

allowing their families some much-needed respite. The Centre – which is staffed with a primary care physician, a nurse practitioner, a social worker and other health care professionals – helps keep its clients healthy and provides direct benefits to participating seniors, their families and the health care system. Feedback from the adult children of program participants has been positive, with many reporting they are actually seeing physical and, in some cases, emotional and mental improvements in their parents.

With early diagnosis and treatment, people who are diagnosed with a mental illness can recover and go on to lead productive and fulfilling lives. But many don't get the treatment they need because of the stigma and misconceptions that persist about people with mental illnesses.

In October, 2009, the Mental Health program of the Winnipeg Health Region participated in a public education campaign spearheaded by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH).

The goal of the collaborative campaign was to educate Manitobans about the reality of mental illness, in order to reduce the stigma of mental health and increase the capacity of communities to include and support people with mental health problems.

Activities included luncheon speaking engagements by mental health experts, and an annual awards luncheon to celebrate leaders and advocates in the mental health field.

WAVE MAGAZINE

Wave is the Winnipeg Health Region's health and wellness public magazine. The publication provides readers with news and information they need to lead healthier, happier, and potentially, longer lives. It also supports the Region's ongoing effort to be accountable to the public by providing readers with a glimpse into the inner workings of the healthcare system, and be a reliable source of health and wellness information that will help build a healthier community. It is published six times a year by the Winnipeg Health Region in cooperation with the Winnipeg Free Press.

Wave magazine was named one of the top three publications in the province by the Manitoba Magazine Publishers' Association in 2009. The magazine was one of three nominated for Magazine of the Year at an awards dinner sponsored by the association April 29, 2009. Wave also picked up nominations for Best Editorial Package. The awards competition, called the "Maggies" attracted 120 entries in 16 categories from 40 publications.

The Winnipeg Health Region expanded its public health and wellness information avenues in the 2009-10 year with the introduction of two electronic information resources.

During the height of the H1N1 Influenza campaign, the health region introduced a new Facebook page, providing timely health and wellness information on H1N1 clinics, locations, prevention tips, and other health-related information for the public. Following the H1N1 campaign, the Region continues to provide timely, health and wellness-based stories, recipes, events, and other news for its growing list of Facebook 'fans'.

The Region also introduced a new health and wellness information resource for the public in 2010: Health Connections Winnipeg – an e-bulletin, subscriber-based information resource that delivers a monthly health and wellness e-mail to subscribers, chock full of news, stories, recipes, and e-calendar of health and wellness related events pertinent to the community.



7.2 Treatment and Support

We will deliver health care. Services will be accessible and available at the right time in a fair manner. They will be delivered in a compassionate and respectful manner, 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.

Goal 1

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

HOME HEMODIALYSIS

In April, 2009, the Manitoba Renal Program opened a newly renovated Home Hemodialysis training room at the Health Sciences Centre to complement a similar room started at Seven Oaks General Hospital in 2008. With these two training centres, resources are now in place to train four Home Hemodialysis patients every eight weeks – up to 24 patients each year. The ability to conduct dialysis at home equates to an improved quality of life for renal patients; dialysis times can be tailored to their lifestyles, while less time is spent travelling to and from the hospital for treatment. Home dialysis has also been demonstrated to achieve improved health outcomes while reducing the need for nursing resources, hospital space and infrastructure costs, resulting in an estimated saving of nearly \$4 million per year for Manitoba's healthcare system.

PATIENT FLOW

Seamless and efficient hospital flow – the 'art' of reducing backlogs, bottlenecks and excessive waiting as patients make their way through the hospital system – is critical to the operations of the Health Region. Our ongoing efforts to improve overall flow have resulted in a number of positive initiatives in our programs and sites. For example, the development of a

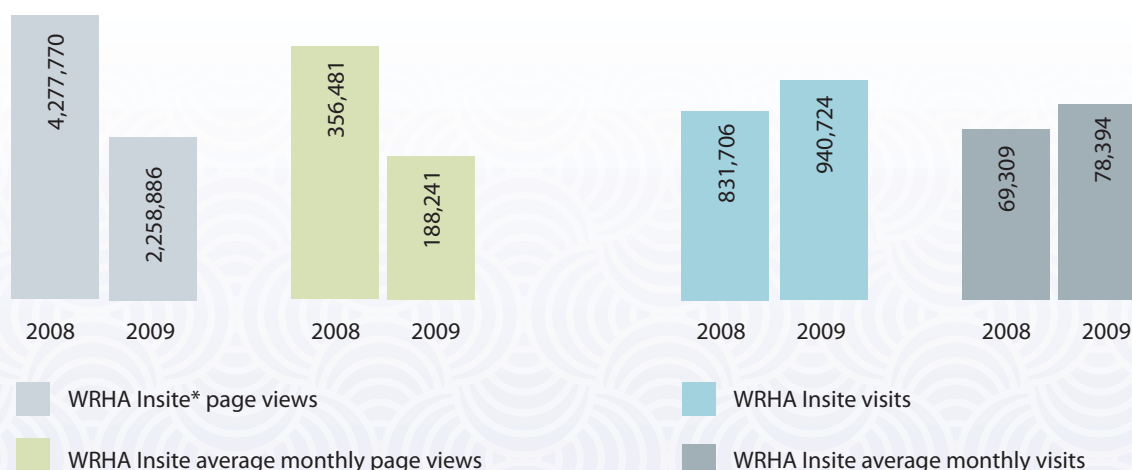
regional utilization office and decision support tool have resulted in better use of hospital inpatient and other health resources. Our Emergency Care Task Force has generated a number of key recommendations and progress, including improvements in the following areas:

- The development of Geriatric Program Assessment Teams
- The creation of reassessment nursing roles
- Redeveloped space in a number of Winnipeg's emergency departments
- Reserved surgery beds for emergencies
- Improved processes for the transfer of patients
- Formal discharge facilitator roles
- Improved follow-up of cases where patients left a facility before they received care ("left-not-seen" cases)
- Fast track streams in a number of emergency department sites
- Improved lab and diagnostic testing streams to improve workflow
- The creation of an in-site Emergency Department Information System

While these efforts to improve flow have been substantial, work aimed at further improvements will continue in an effort to maximize our processes in emergency departments and within the broader context of our hospitals and the delivery of health services.

REDUCING WAIT TIMES

The Winnipeg Health Region, through the efforts of our Wait Times Task Force, continues to implement innovative means of reducing wait times for services. The task force has a number of parallel activities currently under way online, including the Patient



* Intranet information resource of the Winnipeg Health Region

Access Registry Tool (PART), the Catalogue of Specialized Services (CSS) and Bridging Generalist and Specialist Care (BGSC).

- Through PART, physicians receive information regarding wait numbers and times (or capacity) for consultation, treatment or diagnostics from a specialist. The Wait Times Task Force has worked with physicians' offices and clinics, first in moving information into PART and, when possible, training clinic staff to assume that responsibility. Developed by Manitoba eHealth and compliant with the Personal Health Information Act (PHIA), PART has already been fully or partially implemented in a number of specialties.
- CSS is a first-in-Canada online tool designed to help physicians quickly find the right specialists for the patients, saving time for both doctors and Manitobans receiving care. CSS provides up-to-date specialist information at the referring clinician's fingertips, listing the specific services specialists do and do not provide. CSS was developed to respond specifically to this need, and the need for a more efficient referral process. Since its launch, the CSS has undergone a number of revisions and upgrades, making it easier for physicians to update information, provide feedback, and conduct searches.
- BGSC 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.

Goal 2

We will have reduced length of stay to meet targeted benchmarks

The length of time for individuals to be admitted to personal care homes has 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 has declined by 22 per cent between January, 2007 and June, 2009. The average length of wait for placement also declined from 4.9 months to four months over the same period.

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, standard assessment tool and guide to care planning. The implementation has facilitated access to an online learning centre and a database for regional reporting by all personal care homes. The reports provide important information about each resident's characteristics, as well as care needs and quality of care.

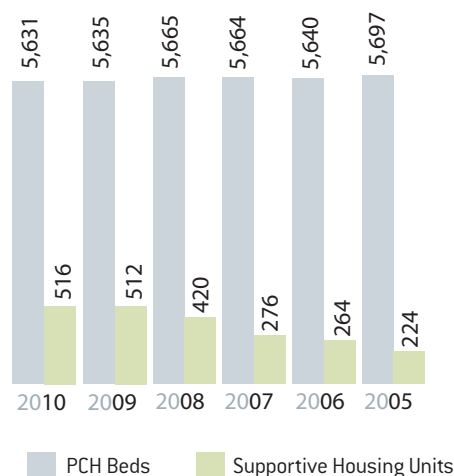
PERSONAL CARE HOME P.I.E.C.E.S.

The Winnipeg Health Region's Personal Care Home (PCH) program has taken a leadership role in the Manitoba implementation of

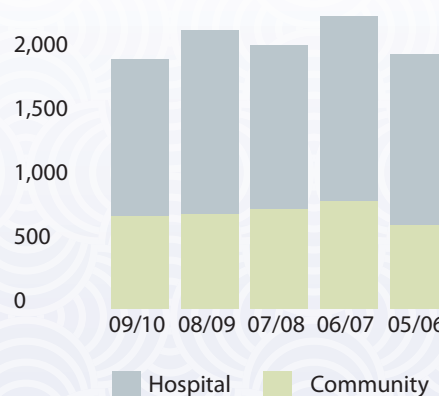
P.I.E.C.E.S.[™], a best practice learning and development initiative that provides an approach to understanding and enhancing care for individuals with dementia and complex physical and cognitive/mental health needs and behavioural changes. P.I.E.C.E.S. provides a systematic approach to the common issues, diagnosis, and challenges of older persons at risk including those with aggressive behaviour and offers a practical framework for assessment and supportive care strategies. More than 200 leaders in long term care attended P.I.E.C.E.S. leadership sessions, with another 147 frontline PCH staff attending 40 hours of education sessions.

Concordia Wellness Projects Inc. – a non-profit, registered charitable organization associated with Concordia Hospital – has completed construction of a third assisted living project called Concordia Village III. The 90-unit project officially opened on

Estimated Capacity in Personal Care Home Beds and Supportive Housing Units



Total number of PCH Placements: Fiscal Year 2005-06 - 2009-10 Community and Hospital



July 1, 2010, and is an integral part of Concordia's long term plan to better serve the health, wellness and housing needs of residents living in north-east Winnipeg. In addition to fully equipped and spacious living units, residents of Concordia Village receive services such as meals, light housekeeping and planned activities, as part of an overall strategy to support and enhance independent and healthy living. Winnipeg Health Region Home Care also provides important services to support people in this living environment.

PCH EDUCATION

The PCH program has also been working closely with the University of Manitoba libraries – in particular, the J. W. Crane Memorial Library – to provide improved services to residents of personal care homes through the development and use of the Education In-a-Box series. Each box focuses on a topic of interest to frontline staff in personal care homes and includes current videos, printed material, and a list of associated websites and other resources from the library. Material can be signed out for a two week period. Topic areas have included sexuality and the elderly, resident-centred care, wandering and caring for residents with multiple sclerosis.

Goal 3

We will have reduced waiting times for selected service areas, to within established standards.

EMERGENCY CARE

Victoria General Hospital emergency department expansion is under way, having started immediately following the official sod turning ceremony on April 8, 2009. Anticipated to be complete

in fall 2011, the \$20.5-million redevelopment will provide more space, including a new, 12,000 square-foot addition that will more than double the size of the existing emergency department. The first phase of construction on the Vic's new Emergency Centre is nearing completion, with staff preparing to move in this fall. Features that will be completed and ready for use include a new three-bay ambulance garage, a significantly larger waiting room with a children's play area, and an isolation room for treating patients with potentially infectious diseases.

Upon completion, the new Emergency Centre will divide patients into two streams: those requiring acute emergency care and those requiring urgent care for minor injuries. This process is expected to maximize care for those with serious health issues and minimize wait times.

The Adult Emergency Department at the Health Sciences Centre is also slated to undergo a significant renovation. In May, the hospital and the Winnipeg Health Region announced plans to move forward with \$4 million in renovations and upgrades. The planned renovations will improve patient safety and make friends and family more comfortable during their time in the department. Planned changes include an expansion of the triage area, a new link between the Emergency Department and other hospital services; upgraded signage to help patients understand what to expect during their wait in the department; improved wheelchair accessibility; and the addition of a new private family area to make visits more comfortable for patients and their families facing difficult situations. Plans also include a 20-seat pre-triage area, for when the department is experiencing a surge in patients. The renovations are expected to begin later this year and will be completed in late 2011.

Wait Times for Selected Services	March 10	March 09	March 08
Diagnostic Imaging (wks)			
MRI	18	14	8
CT	3	5	5
US	6	5	12
MPS (previously MIBI)	14	16	13
BD	7	4	3
Cardiac (days)			
All	21	27	13
Joints (wks)			
Primary Hips	15	15	20
Primary Knees	21	16	23
Cataract (wks)	12	12	13
Ped Dental	5.8 (wks)	6 (wks)	3.1 (mos)
Pain (wks)	19	28	28
Sleep Lab (days)	72	133	108



In a related initiative, the HSC emergency department's "front end" processes – those used from the point at which the patient enters the emergency room to the point where the patient is moved to a treatment room for assessment and care – were redesigned to better ensure timely patient registration and admission. This included the redesign of staff work flows and recommendations for changes to the emergency room's physical layout to better support patient care.

The upgrade will build on a series of regional initiatives to improve emergency care across Winnipeg including renovating and rebuilding emergency departments at Seven Oaks, Concordia, St. Boniface, Victoria Hospital and HSC (Adult and Children's Hospital).

PHARMACY INTEGRATION

Work continues on a major integration and restructuring of pharmacy services within eight Winnipeg healthcare facilities: Health Sciences Centre, Victoria General Hospital, Concordia Hospital, Seven Oaks General Hospital, Deer Lodge Centre, Grace Hospital, Misericordia Health Centre and Riverview Health Centre.

The aim of the initiative, which began in June, 2007 and is supported by the Winnipeg Health Region Project Management Office, is to incorporate a greater use of technology and pharmacy technicians within the drug distribution system. The new model envisions a system where pharmacy technicians largely run the drug distribution system and are managed by Technician Managers. Pharmacists will be organized in regional teams aligned with the Winnipeg Health Region's clinical programs, and managed by a Pharmacy Clinical Services Manager. These changes are consistent with those occurring in drug distribution systems across Canada and are expected to increase the amount of time pharmacists are able to spend in a direct patient care role – a circumstance that's been shown to improve medication therapy outcomes.

EDIS

The Emergency Department Information System (EDIS) was recently implemented in all Winnipeg Health Region hospitals to provide a global view of the emergency department. EDIS tracks patients throughout their emergency department visit, from

triage desk to discharge. Colour coded monitors allow nurses and other health care staff to easily view the number of patients, how long patients are waiting, lab results and reassessment status. EDIS also includes easy tracking of patient histories in the emergency department to assist with patient treatment. Building on the capabilities of EDIS, the Winnipeg Regional Health Authority Emergency Program is currently developing a prototype of a "waiting room dashboard" that provides accurate wait-time information to patients in emergency waiting rooms.

MENTAL HEALTH CRISIS RESPONSE CENTRE

In August, 2009, the Province of Manitoba and the Winnipeg Regional Health Authority announced that Canada's first stand-alone, mental health crisis-response centre is moving forward with a proposed location on the Health Sciences Centre campus where it will provide centralized services while easing pressure on emergency room visits.

Once complete, this new centre will offer around-the-clock mental health crisis services, providing much-needed specialized services, while redirecting a number of individuals going to emergency rooms. The health region has proposed the new, community-based centre be located west of the Health Sciences Centre on Bannatyne Avenue, pending zoning approval. The new centre will provide a central point of access for people experiencing a mental health crisis seven days a week, 24 hours a day, including walk-in care.

Services planned for the centre include medical and mental health screening and assessment crisis intervention and initial treatment services, and psychiatric consultation. The centre will also provide links and referrals to specialized treatment, rehabilitation and support services for individuals with mental health issues and those with co-occurring mental health and addiction issues.

The centre evolved from recommendations and input provided by users of mental health services, and their families. The vision is for the crisis response centre to be a centre of excellence in mental health crisis intervention.

7.3 Community

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

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.

The Winnipeg Health Region continues to work with Aboriginal students of the Winnipeg School Division's Children of the Earth High School in the Medical Careers Exploration Program. The program enables students to explore various healthcare career options while earning credits toward their high school graduation. Students learn by observing professionals treating patients, conducting lab tests, and operating sophisticated equipment. The Pan Am Clinic and Health Sciences Centre are currently involved as internship sites in the program. Plans are currently underway to incorporate other sites as partners in the program to expand future opportunities and learning experiences for the students.

Approximately 120 students from Children of the Earth, General Wolfe, Hugh John McDonald and Sir Isaac Newton High Schools have attended Grade 9 Discovery Days at Pan Am Clinic. The Discovery days are open to all Grade 9 Aboriginal students in the Winnipeg School Division. Following the Discovery Year, students must go through an application process, and if chosen, must attend the Children of the Earth High School which exclusively offers the internship program. Twelve students are chosen each year to continue through Grades 10 to 12 in the program. Ten Grade 10 students and eight Grade 11 students have successfully completed years one and two in the program.

A Post-Secondary Road Mapping Committee was established to assist the Grade 11 students with identifying their top career interests in order to plan their final year of internships at the Pan Am Clinic and Health Sciences Centre. Winnipeg Regional Health Authority Aboriginal Health Programs, Pan Am Clinic, Health Sciences Centre and the University of Manitoba Access Program have a partnership with the Winnipeg School Division's Children of the Earth School in continuing to develop this innovative, four-year healthcare internship program.

CRITICAL INCIDENTS AND SAFETY INCIDENT LEARNING SUMMARIES

As in years past, the health region has taken steps to learn from Critical Incidents and Safety Incidents, and to share that information internally and with the public.

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 again. As a region, our performance in the area of Critical Incident (CI) reporting is one of the best in the country. This means that health care providers, demonstrating a cultural shift, are now reporting CI's 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 edited so as to widely circulate the findings to healthcare providers and organizations. The goal is to promote and share learning from reviews of critical incidents. Safety Learning Summaries are now posted externally on the health region's website at www.wrha.mb.ca and are available to the public.

While Patient Safety receives several hundred CI reports each year, a SLS is only created for CIs where there is system-wide learning potential. Learning Summaries 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 is located at www.wrha.mb.ca/healthinfo/patientsafety.

IMMIGRANT AND REFUGEE PHYSICAL ACTIVITY PROJECT

Funded by the Province of Manitoba and the Public Health Agency of Canada, the Immigrant and Refugee Physical Activity Project is designed to increase physical activity opportunities for newcomers to Winnipeg. The project has funded 21 community physical activity projects that focus on breaking down barriers, increasing physical activity opportunities, integrating children and youth, and increasing the sustainability of such projects. The project's second phase includes diversity training workshops for physical activity and recreation service providers, cultural audits of physical activity and recreation facilities, and the development of educational workshops and a curriculum tailored to newcomer parents as a means of increasing awareness of the importance of physical activity.

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.

Construction is currently underway and is expected to be complete in Spring, 2011. The site is planned as a new 80-bed, 52,000-square-foot facility, designed to provide Aboriginal seniors with the best in long term care in a 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 numerous green design elements to minimize environmental impact and reduce energy costs over the life of the building.

A PARTNERSHIP WITH THE ABORIGINAL COMMUNITY

Winnipeg Regional Health Authority and Southern Chiefs Organization are partners in a federal Aboriginal Health Transition Fund (AHTF) project which focused on improving care for Aboriginal patients, particularly in the areas of advocacy, patient safety, discharge coordination and cultural and language services. The project produced a Framework for Health Adaptation and Collaborative Strategic Action Plan.

As part of the AHTF project, a communications plan was jointly developed. The plan incorporated the Aboriginal Health Programs – Health Services (AHP-HS) "Here for You" campaign and targeted Aboriginal people residing in Winnipeg and in 46 southern Manitoba First Nation's communities and also staff in the health region. The goal of the campaign was to increase awareness about AHP-HS and the services it provides. The campaign employed a talking stick in its imagery to help reinstate the idea of a more caring and understanding health care system. The talking stick being passed between patient and health care providers signifies safe, trusting and open communication.

Work began on new creative for several items such as posters, a luggage tag with AHP-HS and hospital information, bus shelter ads, newspaper advertisements and radio advertisements. The campaign aimed to increase awareness of AHP-HS by reaching audiences through a variety of methods from radio advertisement

to direct one-on-one contact. It's hoped this increased awareness will help Aboriginal patients get the best care possible as they journey from their community into the Winnipeg Health Region.

In early 2010, the Winnipeg Health Region published *A Culture of Well-Being: Supporting the Emotional Wellness and Mental Health Needs of First Nations, Métis, and Inuit People*, a tool kit developed by the Mental Health Services and Aboriginal Peoples' Project of the Winnipeg Health Region. The tool kit is designed to help service providers support the emotional wellness and mental health needs of First Nations, Métis and Inuit people. The tool kit offers:

- a means for service providers to improve their individual understanding of the impact of culture and historic and present-day experiences on mental health service delivery to First Nations, Métis and Inuit individuals and communities
- practical information they need in referring First Nations, Métis and Inuit individuals to effective and appropriate mental health and emotional wellness supports in Winnipeg.

A new 1-800 Central Intake line and on-call team developed to help respond to after-hours calls placed by Aboriginal people in Winnipeg and other communities. Other collaborative initiatives included:

- The Winnipeg Health Region's Media Relations team organized media interviews on NCI, Streetz FM, APTN and other media outlets targeted to Aboriginal peoples to better share information about available services
- the successful development, with the Assembly of Manitoba Chiefs (AMC), of a collaborative action group to address case management concerns
- the formation of an Advocacy Support committee supported by Winnipeg Health Region management and the AMC to address partnership concerns and ongoing operations
- a partnership with Winnipeg's Thunderbird House that offers staff the opportunity to benefit from traditional teaching, Aboriginal Cultures Awareness workshops and sweat lodge workshops
- support of high school internships to better engage Aboriginal students in healthcare careers.





LANGUAGE ACCESS INTERPRETER SERVICES

A patient's ability to understand their medical diagnoses, suggest 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 who cannot speak English or French. As such, Language Access Interpreter Services (LAIS) is a vital component to quality health care.

Currently, there are 61 accredited health interpreters providing face-to-face interpreter services in 32 languages. Over-the-phone interpreter services in over 170 languages are provided via a contract with Language Link®. LAIS complements other language access programs in the region related specifically to French language and Aboriginal language services delivery in Ojibway, Cree, Oji-Cree/Island Lake dialect. Since its inception, LAIS has been used by healthcare service providers for interpretation services, benefiting clients, families and healthcare providers.

FRENCH LANGUAGE SERVICES

French Language Services worked closely with several Winnipeg Health Region programs during the HINI immunization campaign to ensure all public education and information was disseminated simultaneously in English and French.

Over the course of the fiscal year a total of 326 educational documents (including HINI) totaling 118,201 words were translated for public use. One outcome is that the www.wrha.mb.ca website can now effectively offer public information in both French and English.

Bilingual staff wear green Hello/Bonjour pins, to let patients know they can speak French. Pins are also now available to staff who are learning French formally or informally, that state, "J'apprends le français." These pins encourage the francophone public and their co-workers to talk to them in French, where appropriate. This initiative was accompanied by an awareness campaign, indicating: "Ask for your services in French, from those wearing Hello/Bonjour pins; and support the efforts of those employees wearing "J'apprends le français" pins.

TISSUE BANK MANITOBA

The work of Tissue Bank Manitoba helps relieve human suffering by providing human allograft tissue for reconstructive surgery to save lives and restore people's health. It provides accessible, quality allograft tissue to healthcare systems across North America, for transplantation, education and research. People in British Columbia, Alberta, Ontario and Quebec have been recipients of Manitoba tissue, as have people in more than 40 states in the USA and in more than 22 countries in Europe, the Middle East, Asia, Central and South America, and the Caribbean. Tissue Bank Manitoba expanded the scope of its collaborative efforts in 2009 and early 2010, negotiating agreements to provide donor screening and tissue recovery to other regional health authorities in Manitoba and Kenora.

ACCESS DOWNTOWN, NOR'WEST

The official opening of ACCESS Downtown at 640 Main Street, which will consolidate health and social services in the downtown east community area, is scheduled for the fall of 2010. Part of our continued partnership with Manitoba Family Services and Consumer Affairs and Manitoba Health, the centre provides access to health information and services under one roof, better addressing the health and social needs of the community.

In July, the Province of Manitoba announced it is investing \$4.2 million in a new one-stop health and social services centre called ACCESS Nor'West, to be located near the corner of Keewatin Street and Burrows Avenue. This new centre will help people connect to the range of health, social and community services and supports they can use to improve their quality of life. Integrating and co-locating a wide range of services that are tailored to the specific needs of the community will be particularly beneficial for people with complex, multiple needs.

This will be the fourth ACCESS centre in Winnipeg. ACCESS River East opened in 2004 and ACCESS Transcona opened in 2007. ACCESS Downtown was recently opened and plans for ACCESS St. James are currently in development. Construction on ACCESS Nor'West at Keewatin and Burrows is anticipated to begin by the end of 2010 with completion expected by the end of 2011.

Goal 2

A comprehensive process will be in place that incorporates public and client feedback into the WRHA'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. For example, public consultations were used for the new Women's Hospital interior design theme, 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 2009 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 end of the event to speak one-on-one with the board and senior management

COMMUNITY HEALTH ADVISORY COUNCILS

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 who 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 January, 2010, the Community Health Advisory Council presented to the Winnipeg Health Region Board of Directors their report on Chronic Disease: Access to Health Care and Barriers to Self-Management. The report focused on persons with chronic disease. It explored the barriers individuals with chronic disease face, not only in managing their disease, but also in accessing

health care services. The report also provided ideas for how individuals and the health care system can address these barriers.

The report is being shared with the Winnipeg Regional Health Authority Chronic Disease Collaborative, regional program and community teams, community health agencies, and other community organizations across the health region.

In May, 2010 the Community Health Advisory Councils released their report on Public Expectations of the Health Care System. Within the report, the volunteer council members developed a list of what they, and the community in general, consider "reasonable" and "unreasonable" expectations of health care service, as well as suggestions on how those expectations can be managed and communicated with the public.

Suggestions included better communication around wait times at hospital emergency departments and better access to health services. The report will be used by the Board of Directors and leadership of the Winnipeg Health Region, funded agencies and community programs.

Previous reports from CHACs are available to the general public and accessible on the health region website, they include:

- Mental Health and Stigma
- Addressing Effective Patient Flow; Gaps in Services when Transitioning between Service Areas
- Learning from Patient Experiences
- Affordable Housing and Homelessness
- Compassionate Care
- Barriers to Active Living and Mental Health Promotion Strategies
- WRHA Communication with the Public

Information about CHACs and the reports are available at www.wrha.mb.ca/about/cha

7.4 Staff

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

OUR GOALS AND ACHIEVEMENTS

Goal 1

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

REGIONAL ETHICS SERVICE AND COUNCIL

We see ethics as integral to the work of everyone in the organization. Consequently, the Regional Ethics Service and the Regional Ethics Council continue to advance our Ethics Strategic Plan through a range of integrative ethics strategies and initiatives, such as ethics education events; engagement with ethics committees and teams; project and policy involvement; and assistance with ethics issues and concerns. Initiatives included:

- Ethics content for the Winnipeg Regional Health Authority Pandemic Plan
- Facilitation of the University of Winnipeg 55+ Winter 2010 Series: Into the Moral Maze: Ethics in Healthcare with additional guest speakers from the Winnipeg health region
- Ethics in Healthcare Management Workshop
- A new regional Level I Bioethics Workshop
- 6th annual Level II Ethics Resource Workshop
- 6th annual Ethics Resource Networking Session
- 5th annual Regional Ethics Representatives Forum
- Ethics in Accreditation presentations to regional program teams
- Participation in the creation of a Ethics in the Winnipeg Health Region online video presentation for new staff orientation
- Expanded access to Health Ethics And Law Rounds using MB Telehealth

Provision of a range of presentations and workshops adapted to the specific learning needs and interests of staff in regional sites and programs as well as other Manitoba RHAs and agencies.



Regional Ethics Council's 2009-2010 Work Plan activities:

- Monthly Ethics for Everyone columns in the staff newsletter Healthcare Connection
- Intercultural Ethics Working Group
- Ethics in Long Term Care Working Group
- Health Ethics Committee Tool kit Working Group

In 2009, the Regional Ethics Service began providing leadership and coordination to the new Manitoba Provincial Health Ethics Network (MB-PHEN). Created through a collaboration of Manitoba Regional Health Authorities, the goal of MB-PHEN is to advance health care ethics in Manitoba through integration, collaboration and accountability. www.mb-phen.ca

ONLINE CAREER PORTAL

Launched in March of 2010, the new Winnipeg Health Region online career portal is playing a significant role in our ongoing recruitment efforts by helping us attract skilled employees. Given that more than 70 per cent of all job competitions are filled by internal applicants, the portal has been split into two websites, one of which is visible only to existing staff, the other to potential applicants across the country.

Having an internal site allows us to reduce the number of positions advertised on our external career portal, making it more useful and less frustrating for external applicants to seek positions available throughout the region. Prior to the launch of these career portals, job applicants had to navigate through eight separate websites to view available postings.

EXTRA PROGRAM

As part of the Winnipeg Regional Health Authority Succession Plan, a regional process is in place for nominating and sponsoring participants to a two-year Executive Training for Research Application (EXTRA) program. This is a national program where applicants are sponsored by their respective Chief Executive Officer/Chief Operating Officer. EXTRA gives health system managers the skills to better use research in their daily work, as a way to increase evidence-informed decision making in the health system. The EXTRA program targets health service professionals in senior management positions, such as nurse executives, physician executives, and other health administration executives. EXTRA is designed to have short-term and long-term impacts at three levels: on the participants themselves, on Winnipeg Health Region as an organization, and on the overall healthcare system.

MANAGERS HANDBOOK

Human Resources is developing a Manager Handbook a companion guide to the existing Employee Handbook, as a single point of reference for a broad variety of HR-related administrative and supervisory issues. The handbook will be available on the health region's intranet (Insite), and will be an additional resource for new managers attending the new manager orientation program, providing greater clarity and presentation of human resources policies and procedures.

WOUND CARE TRAINING

The Winnipeg Health Region Wound Care Education Committee is providing educational opportunities to expand the knowledge base related to wound care of all professional staff in our Acute Care, Home Care and Long Term Care programs. Ultimately, this education will improve the quality of care for any patient, client, or resident with a wound or at risk of developing a wound. These professional development courses are available at no charge, and are presented under contract with 3M, the primary provider of wound care products for the region. Workshop participants receive information on the treatment and prevention of all wounds, specific wound care issues, and product selection and treatment decisions based on wound assessment.

COMMUNICATIONS

To ensure Winnipeg Regional Health Authority staff are provided with pertinent and timely information to help them do their jobs most effectively and provide high quality and safest care to the people of our health region, the Communications and Public Affairs Department continues to build upon its communication venues such as Healthcare Connection, an e-mail bulletin sent to over 14,000 staff in the health region. Also, the department now distributes eight issues of Inspire annually, the internal newsletter of the organization. The region is also taking advantage of new social media avenues of communication to both staff and the public via Facebook, Twitter and YouTube, and is expanding its reach with Health Connections Winnipeg, an electronic e-mail bulletin to (public) subscribers in the health region. Sign up for the bulletin at www.wrha.mb.ca.

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.

RESPECTFUL WORKPLACE POLICY

The Respectful Workplace Policy approved in February, 2010 makes it clear that all Winnipeg Health Region staff are entitled to a respectful work environment free of disrespectful behaviour, including discrimination, harassment, sexual harassment, personal harassment and workplace violence.

To that end, a multimedia education campaign will be launched to educate staff about their part in creating a respectful workplace. An overview on respectful workplace issues – how to make a formal complaint, what is bullying, how the respectful workplace policy translates into a personal care home setting and more – will be released over an eight- to ten-month period.

Ultimately, the goal is to provide staff with the supports, tools and resources to accept personal responsibility for their actions and interactions with other people. The goal is to encourage people to address respectful workplace concerns immediately, wherever possible. If that isn't possible, the Health Region is committed to providing the tools and resources and supports to help them make a formal complaint and get resolution.



Goal 3

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

The Winnipeg Health Region 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:

- Use 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

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, welcoming recent health care student nurses into the region

FRENCH LANGUAGE TRAINING

In the 2009 – 2010 year, demand from staff for French language training continued to be strong.

Through the two evening programs offered to staff at the Collège universitaire de Saint-Boniface (CUSB) – one financed through the Conseil communauté en santé du Manitoba, the other through the Winnipeg Health Region – a total of 81 employees underwent training, of which 15 were at an advanced level.

Two workshops developed by French Language Services in collaboration with the CUSB continue to be well attended. Active Offer with Ease encourages bilingual staff to make a direct approach to clients, patients and residents in both official languages, and also provides them with appropriate techniques to use if they are not yet confidently bilingual. The Vocabulary Builder workshop provides position-specific technical vocabulary to bilingual employees who may lack this terminology.

Based on a survey to determine further educational needs, a series of seven 90-minute grammar capsules are in development for 2010-11.

Monthly discussion groups on a variety of current topics are held at three locations across the region. Informal language evaluations are now offered to interested staff to provide them with information regarding their proficiency level, and where appropriate, to encourage them to consider applying for suitable designated bilingual positions.

In celebration of international Journée de la francophonie, French Language Services held two days of immersion for intermediate level staff focusing on language development and spontaneity.

7.5 Research & Education

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

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.

Sponsored by the Canadian Federation of Nurses Union and funded by Health Canada, Research to Action: Applied Workplace solutions for Nurses (RTA) implemented a Manitoba-based project aimed at developing and evaluating an enhanced orientation for nurses new to long term care. The new orientation – a partnership between the Winnipeg Regional Health Authority's Personal Care Home program, the Manitoba Nurses Union and Manitoban Health and Healthy Living -- will be studied for its impact on nursing recruitment and retention. The project involved the introduction of a mentor program and provision of a series of six clinical workshops that provide nurses in long term care with the foundation and support needed to excel in their work. The 18-month project was implemented at three of the Winnipeg Regional Health Authority's Long Term Care (LTC) facilities. It provided an enhanced orientation period for any nurse new to long term care working at these sites.

Twelve nurses new to long term care (protégés) were matched with experienced mentors after their initial orientation. After this, the protégés remained in contact with their mentors, and also participated in series of six clinical workshops that addressed the issues and challenges involved in providing care in a LTC setting. The workshops are designed to address the needs of residents from a holistic perspective and emphasize a collaborative, inter-professional approach to care. In addition to the 12 protégés, an additional 50 to 75 nurses and other health professionals attended the workshops.

Goal 2

We will respond 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.

Family Medicine continues to work in partnership with the Faculty of Medicine at the University of Manitoba to train up to 47 graduates per year. The 2009/2010 year saw the first students from northern and remote communities complete their junior residency year. The program and the Department of Family Medicine worked with several community clinics to provide clinical experiences for residents. Work is ongoing to develop a new teaching site at 425 Elgin Avenue, to open in 2010.

Goal 3

We will foster partnerships that build a strong academic and research role across the four Canadian Institutes for Health Research (CIHR) pillars in the Winnipeg Health Region.

The Winnipeg Health Region 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 Winnipeg Health Region. 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 Health Region 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

Clinical ⁽²⁶⁾	2,922
Education ⁽²⁷⁾	2,215
Administration ⁽²⁸⁾	1,038
TeleVisit ⁽²⁹⁾	39
Other Sessions	24
Total	6,238

MB Telehealth Contacts ⁽²⁵⁾ for Winnipeg Sites by Category 2009 - 10

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.

The Concordia Hip and Knee Institute, a one of a kind facility which brings together the clinical surgical program, a pre-habilitation clinic and expanded research and education capabilities, was officially opened in September, 2009.

A major advancement in terms of research and educational possibilities, the facility brings together clinical practices, research activities and joins them with the latest in high-tech equipment. The new Institute builds on Concordia Hospital's role as a national centre of excellence for orthopedics. It plays an important role in connecting research and education to patient care, enabling the pursuit of important research, medical education and training by academic clinicians while delivering service to patients in an area of growing need.

Our Home Care program helped develop a proposal for "A Review of Home Care Clients Visiting Emergency Departments", which received funding from the Manitoba Institute of Patient Safety. The research will provide a greater understanding of what prompts Home Care Clients to attend the emergency department. It will identify trends and characteristics that could help determine if presentation to the emergency department could be safely prevented.

Goal 4

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

The Winnipeg Regional Health Authority supports Interprofessional Education and Practice and has taken significant steps this past fiscal year to incorporate this 'patient-centred' approach to care throughout the Health Region.

Interprofessional Education is the process by which health practitioners – people involved in the patient's care – are educated and trained to work collaboratively. Interprofessional practice is the provision of comprehensive health services to patients by multiple health caregivers who work together to deliver patient-focused care within and across the health care settings.

A number of Health Region programs and sites have volunteered to begin the process of becoming collaborative practice and learning environments. The University of Manitoba, through its Interprofessional Learning initiative, also endorses the concept.

Four clinical practice units associated with Winnipeg Health Region were selected to act as pilot sites for this project which matched students from various faculties/schools with clinical preceptors, as part of their traditional clinical placements. Students on these units participated in interprofessional education and activities in addition to the traditional clinical placement learning outcomes. Three of the four site teams underwent team training focused on teamwork and collaboration prior to the placement of students with the team.

In addition, the project team partnered with University of Western Ontario to further test the Assessment of Interprofessional Team Collaboration Scale (AITCS). Preliminary results from the AITCS were used to develop the team specific workshop content for the three sites that participated in team training.

Site/Facility*	Projects
Health Sciences Centre (adult and child)	223
St. Boniface Hospital	81
Concordia Hospital	2
Grace Hospital	12
Victoria General Hospital	21
Seven Oaks General Hospital	5
Misericordia Health Centre	5
Deer Lodge Centre	9
Riverview Health Centre	7
Regional Head office and community sites	39
Pan Am Clinic	3
Manitoba Adolescent Treatment Centre	1
Rehabilitation Centre for Children	9 ¹

New Research Projects Initiated in 2009

¹Reflects the current research in operation for RCC during the 2009/2010 fiscal year, however, some were approved prior to the beginning of the fiscal year.

7.6 Accountability

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 Health Region 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.

The Manitoba eHealth Program, which includes the Manitoba Telehealth Program, is a provincial program that is administratively housed within the Winnipeg Regional Health Authority.

Manitoba eHealth is committed to providing the right information at the right time to the right people so that:

- people and their families have access to the information they need to maintain their health and to access the services they require
- health providers are able to deliver high quality services; and
- health system administrators can ensure the sustainability and accountability of the system.

The Manitoba eHealth budgets, as well as operating and capital are part of the Winnipeg Regional Health Authority's financial statements as shown in this Annual Report.

MANITOBA eHEALTH MANDATE

Manitoba eHealth operates as a division under the Winnipeg Regional Health Authority and is funded by the Manitoba government.

Provincial in scope, Manitoba eHealth collaborates with all regional health authorities (RHAs), Diagnostic Services of Manitoba, CancerCare Manitoba, the Addictions Foundation of Manitoba, as well as health-care providers and their colleges and associations.

To deliver the services that enable safe and timely patient care, Manitoba eHealth has implemented multiple projects with the goal of developing a sustainable health system. They include:

ELECTRONIC PATIENT RECORD (EPR)

The Electronic Patient Record (EPR) includes information about a patient, including their identification, allergies, and test results – entered into a computer rather than a paper chart.

Implementation of Phase II of the EPR at St. Boniface Hospital (SBH) was completed in February 2009, with delivery of Computerized Provider Order Entry (CPOE).

With a 70 per cent adoption rate by physicians as a benchmark after the first activation, the SBH implementation attained an adoption rate of over 80 per cent within three months of Phase II activation. The rate continued to increase throughout the remainder of the year.

RADIOLOGY INFORMATION SYSTEM AND PICTURE ARCHIVING AND COMMUNICATION SYSTEM (RIS AND PACS)

Patients will receive diagnostic imaging (DI) test results sooner with the implementation of the Radiology Information System and Picture Archiving and Communications Systems (RIS and PACS).

The RIS and PACS system allows radiologists to read diagnostic images from locations around Manitoba as soon as the images are entered into the system. Radiologists have the ability to read images and diagnose cases sooner.

By the end of 2010, 58 sites in Manitoba will be connected to RIS and PACS.

MB TELEHEALTH NETWORK

The MB Telehealth Network uses live interactive video conferences to improve access to health-care services for patients, as well as generating reductions in staff travel and staff travel time for administrative and continuing education events.

Over 200 different clinician specialists provide services on the network from over 48 different specialty areas. Currently, each RHA has at least one site. At the end of the 2009/2010 fiscal year,

81 MBTelehealth sites were active across the province, including 56 in rural and northern Manitoba and 25 in Winnipeg. Clinical services comprised, on average, 70 per cent of all network activity. The network has had approximately 6,959 clinical events and 9,835 events in total.

PRIMARY CARE INFORMATION SYSTEMS (PCIS) OFFICE

In September of 2008, Manitoba eHealth established the Primary Care Information Systems (PCIS) Office to assist in the adoption and effective use of electronic medical record systems (EMRs), as well as the management of conformance requirements for approved EMR products. Manitoba currently has four approved EMR vendors. As EMRs will increasingly be expected to inter-operate with other systems to make healthcare delivery more efficient and effective, the PCIS Office will work with clinics, vendors and national standards organizations to keep requirements up-to-date and ensure that the approved EMR products comply.

As one of the means to encourage further adoption of approved EMRs, the PCIS Office coordinates Manitoba's Physician Peer-to-Peer Network program. This program enables physicians experienced in implementation and use of EMRs to act as mentors to other physicians, address questions or direct physicians to specialized resources for system adoption and implementation. The PCIS Office remains committed to supporting this initiative and looks forward to assisting Manitoba Physician Peer Leaders, physicians, specialists and clinicians in 2010.

MANITOBA'S ELECTRONIC HEALTH RECORD (EHR) PROJECT

The Electronic Health Records Project will connect patient health information into one central viewer-based system. When fully implemented, the system will provide authorized health-care providers with secure access to individuals' key health history when and wherever needed: an important component for improving quality, safety and timeliness of care.

Once complete, the system will provide secure access to key information for authorized health-care providers, increase access to key information regardless of patient location, reduced duplicate and unnecessary testing, reduce time searching for information and create more time for patient care, improving access to patient information in remote locations and after hours and develop the ability to share information to support efficient collaboration between health-care professionals.

PYXIS AUTOMATED MANAGEMENT SYSTEM

In April 2010, Victoria General Hospital (VGH) employed the Pyxis' automated medication dispensing cabinets. While Pyxis has been used in the Region for many years, this installation was the first site to employ a new integrated pharmaceutical information system.

Pyxis® automated medication management system enhances

patient safety by helping to ensure only authorized users can access medications that have been entered by pharmacists into the pharmacy information system. Pyxis automates the distribution, tracking, management and security of medications. It also improves efficiency by allowing nurses quicker access to medications. Pharmacy staff benefit from improved processes on medication distribution to the units and inventory management. Pyxis will also be installed at Seven Oaks General Hospital (SOGH) and Grace Hospital (GH).

POSITIVE CLIENT EXPERIENCE SURVEY

The Winnipeg Health Region participated in a pilot of the Accreditation Canada Positive Client Experience Survey, which gathers information on how patients viewed the care they received during their hospital stay. The tool is a blend of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and the Care Transitions Measure, which are valid tools for eliciting patient views.

The Winnipeg Health Region is also developing an Industry Relationships Regional Policy to provide clear guidance to physicians and staff in areas such as gifts, distribution of samples, site access by industry representatives, industry support of WRHA programs and events and attendance at industry-sponsored programs. The policy is intended to promote a standard of conduct in the region that preserves and enhances public confidence in the integrity of the Winnipeg Regional Health Authority and upholds impartiality of all clinical and business activities.

The Winnipeg Health Region has strengthened its Conflict of Interest Policy, to provide clear guidance for health region staff in their relationships with third parties such as outside businesses, consultants, political or non-profit organizations, and to ensure that real, potential or even perceived conflicts are identified and dealt with in a transparent manner so the integrity of the health region remains intact.

Goal 2

We will implement an integrated and comprehensive business system that will improve the way we manage spending and assess effectiveness.

BUSINESS PROCESS SOLUTIONS PROJECT

The Winnipeg Health Region is implementing a Business Process Solutions project to replace the business systems (payroll, human resources, finance and accounting, and supply chain/inventory management).

These business systems are important supports to the delivery of patient care throughout the Health Region. To achieve an integrated system, the Winnipeg Health Region RHA has partnered with Hewlett Packard (HP) to implement SAP – a systems product that is used by healthcare organizations and top performing businesses throughout the world. Due to the costs and complexity of the change in systems, a phased approach to implementation will be taken. Benefits of the new solution

include:

- Using the SAP system automation will require less time spent on administration and more focus on managing patient care.
- Integration of business systems across the region will create a full view of resources in the health region and will build a foundation to link resource inputs with healthcare outcomes.
- Upgrading business systems will ensure a sustainable and secure business environment.

CHANGE TO “VALUE ADD” POLICY

In May, 2009 the Winnipeg Regional Health Authority formally changed its policy on “Value Adds” — the acceptance of additional products, services or funding in the form of cheques, product, equipment and education resources from successful vendors in the Winnipeg Health Region’s tendering process. Although a common practice in the health service industry, one of which the health region has taken leadership to control and curtail, media reports in January, 2009, led to speculation about potential inappropriate tendering activity on the part of health region employees. In June, 2010, the health region welcomed the release of a report from the Office of the Auditor General on the Winnipeg Regional Health Authority’s administration of the Value Added policy. It found “no evidence that anyone benefitted personally from Value-Adds.” The report also said:

- “There was no indication that there was ever any ‘cash’ in ‘brown envelopes’”;
- That all such funding “was cash in the form of cheques payable to the WRHA”;
- That the “WRHA properly recorded these amounts”; and
- That for the contracts that had Value-Adds attached, the auditor’s review “determined that the contract was awarded to the highest scoring bidder in each case.”

The Winnipeg Health Region takes seriously its responsibility to ensure all of its processes surrounding the accepting and awarding of contracts are above reproach. In May, 2009 the health region’s Senior Management recommended to its Board of Directors that it delete the Value-Adds policy and amend its Purchasing policy to reflect the current reality – that the region

does not accept Value-Adds (and has not done so since April 7, 2007). The Board accepted the recommendation at its May 25, 2009 meeting.

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

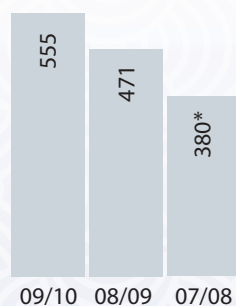
For over a decade, Patient Safety has been an organizational priority for the Winnipeg Regional Health Authority, with resources allocated to ensure that when something goes wrong, we disclose it, learn from it and make necessary changes.

The Winnipeg Regional Health Authority Patient Safety team develops and supports programs and initiatives with the goal of reducing preventable patient injuries and deaths in the region.

Critical Incidents reported is steadily increasing: 471 to 555* in fiscal year 2009/10. Reporting is for all sectors of health services in the region, including: acute care hospital, long term care health centre, personal care homes, and community health.

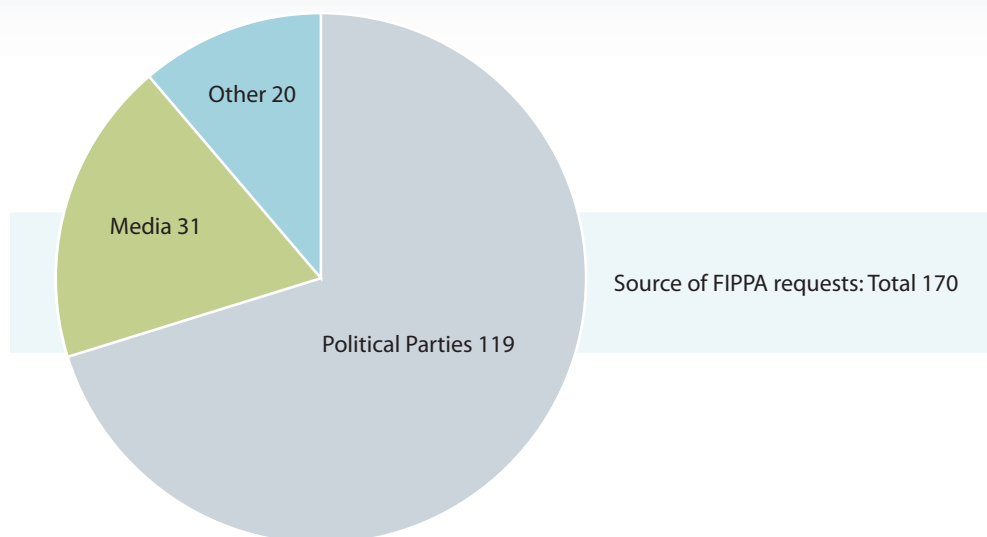
(*Note: As reported in July, 2010. Over time, the frequencies and categorizations of critical incidents change for both calendar and fiscal years.)

There has been a gradual upward trend in the number of reported critical incidents since 2005. However, the increase in reporting of critical incidents from the six acute care hospitals is very encouraging. Most areas in North America receive reports in the range of 2 to 8 per cent of expected cases. For the health region, we are seeing the reporting of 30 to 35 per cent of expected cases. This reflects a strong commitment from the clinical staff in all our hospitals to come to a better understanding of events that have led to unintentional harm to patients. The Winnipeg Regional Health Authority Patient Safety Team is able to call on clinical colleagues for opinions and suggestions about how to improve the care, and in turn support the Region’s efforts to improve patient safety.



Critical Incidents reported in the fiscal year

* As Critical Incident Reporting is a live application over time the frequencies and categorizations of critical incidents change for both calendar and fiscal years.



The increase in the number of critical incidents is a positive indicator for the health region. This means we are learning about more situations where patients were unintentionally harmed. By learning from these incidents, we have the opportunity to make changes that will benefit other patients in our care. Fortunately, strong support from clinical staff (doctors, nurses, technologists, pharmacists) throughout the region continues.

More information on Patient Safety in Winnipeg Health Region can be found at www.wrha.mb.ca/healthinfo/patientsafety

ACCREDITATION REPORT

Accreditation Canada(AC) is the national body that sets quality and performance standards for healthcare in Canada.

In order for the Winnipeg Health Region to deliver the best possible care to our patients and community, we need to continuously look at how we provide care. We do that by measuring ourselves against national standards set by health care providers across the country. Through accreditation, the health region also looks for new and innovative ways to do things better. In January, 2010, an Accreditation Canada team visited the Winnipeg Health Region, surveying clinical programs in Child and Adolescent Mental Health, Child Health, Genetics, Homecare, Primary Care, Psychology and Women's Health.

This latest survey is only the second time that Accreditation Canada used their new and evolving Qmentum Program. This new approach to accreditation provides a broader scope of our performance, which not only includes feedback from staff, but also the people we care for. The health region has worked very closely with Accreditation Canada to develop this new and improved program for the rest of country.

The most recent report on these health region programs was very positive, with the Winnipeg Regional Health Authority receiving "Leading Practice" designations in various areas of care in the region. Leading Practice designation acknowledges for multiple areas of innovation, expertise and excellence. These areas included:

- Language Access Interpreter Services (Primary Care Program)
- Community Stroke Care Services (Homecare Program)
- Sleep Disorder Online Treatment Waiting List (Psychology Program)
- Surgical Patient Flow Project (Child Health – Surgical Services)
- 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 2009, there were 170 requests. The CPO's office is working on developing a website to further advance the public's access 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.

AMENDMENTS TO PUBLIC HEALTH INFORMATION ACT (PHIA)

As part of receiving or providing healthcare services at a site within the health region; the Winnipeg Regional Health Authority can collect, use and disclose patient or resident personal information and personal health information as permitted by The Personal Health Information Act (PHIA). This Act provides patients or residents with a right to access personal health information, to request a copy and also request a correction. The Act also requires that the Region protects the privacy and confidentiality of personal health information and sets out clear and certain rules for how we can collect, use and disclose this information.

Amendments to PHIA were enacted in May, 2010 by the Manitoba government to improve patient access rights, confidentiality and privacy standards.

In preparation for these changes Privacy Officers at health region health facilities were prepared with information resources, including an education session for staff, video, and articles in internal and external publications. The intent of the communications was to ensure not only Privacy Officers designated at health facilities were armed with key information regarding the amendments, but staff at various levels of the health region were knowledgeably prepared as the changes were enacted.

Information on these amendments is available to the public at www.wrha.mb.ca

Goal 4

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

WHISTLEBLOWER LEGISLATION

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrong-doing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrong-doing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counselling a person to commit a wrong-doing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrong-doing has been or is about to be committed, is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrong-doing. All disclosures receive careful and thorough review to determine

if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

In 2009/2010, two disclosures were received. The two disclosures that were received were reviewed and assessed. Both disclosures were determined to not fall within the criteria under the Act. As such, they did not require further investigation by the Designated Officer.



GOVERNANCE

An extensive review of the governance model of the Board of Directors has been under way for the Winnipeg Regional Health Authority over the past two years, focusing on:

- Board Structure and Committees, ensuring that Board governance structures are aligned with Winnipeg Health Region organizational priorities.
- Maintaining a 'Skill Based' Board such that a broad, but qualified skill sets and knowledge are brought to the board table.
- Shoring up the Board Nomination Process to ensure those skilled members are transparently and effectively aligned with the knowledge base needs of the Board of Directors.

In 2009/10 the governance review was completed, and the Board has implemented a new governance model that includes three key components:

Fiduciary: With focus on the legal responsibilities of oversight and stewardship of the Region.

Strategic: Focusing on planning and issue resolution, particularly around resources, programs and services.

Generative: Focus on creative thinking – bringing personal insight to problem solving at the Board level.

Each component of the board has a distinct focus. However, each is involved in good governance towards shaping, creating and supporting regional strategic priorities as the Winnipeg Health Region moves forward with its new strategic directions.

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:

Dr. John Wade - Board Chair
Mr. Ray Cadieux, F.C.A., C.F.E. - Treasurer

Ms Vera Derenchuk
Mr. Jim Derksen
Mr. Louis Druwe
Mr. Kris Frederickson
Ms Heather Grant-Jury
Ms Herta Janzen
Ms Janesca Kydd
Mr. Marc Labossiere – Vice Chair
Ms Irene Linklater
Mr. Bob Minaker
Dr. Kurt Skakum
Ms Marie-Rose Spence
Mr. George Wall

New Board Members:

Ms. Gemma Dalayaoan
Ms. Joan Dawkins
Mr. Rick Frost
Ms. Suzanne Hrynyk
Mr. Bruce Thompson

Past Serving Board Members 2010/11:

Ms. Audrey Gordon
Ms Belinda VandenBroeck
Ms. Gail Wylie
Ms. Kara Nacci
Major Junior Hynes

Board Committees:

Executive
Governance/Nominating
Resources/Finance
Aboriginal Health
Quality, Patient Safety and Innovation
Audit

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

BOARD DECISIONS

Some of the significant resolutions and activities of the Board this past fiscal year included:

May 26, 2009

The WRHA Board approved the Terms of Reference for its new “Quality, Patient Safety and Innovation Committee”.

June 23, 2009

The WRHA Board approved the proposed membership for the Community Health Advisory Councils, as well as the proposed topic questions to be explored by the CHACs in order to advise the WRHA Board.

In addition, the WRHA Board approved in principle the development of the St. James Access Centre project in partnership with the Grace Hospital Foundation. Final approval is subject to finalization of a business plan that meets the interests of the Grace Foundation, the WRHA Board, as well as Manitoba Health.

The WRHA Board approved a new Operating Agreement with St. Boniface General Hospital, subject to the WRHA Chief Executive Officer’s approval of a completed schedule listing the Ancillary Operations at St. Boniface General Hospital.

October 27, 2009

The WRHA Board approved the execution of an Electronic Health Record contract with IBM following a competitive procurement process for the Interoperable Electronic Health Record. The successful proponent of the procurement process was IBM. The project is 75% funded by Canada Health Infoway. The remaining 25% is funded by the Manitoba Government through the WRHA.

January 23, 2010

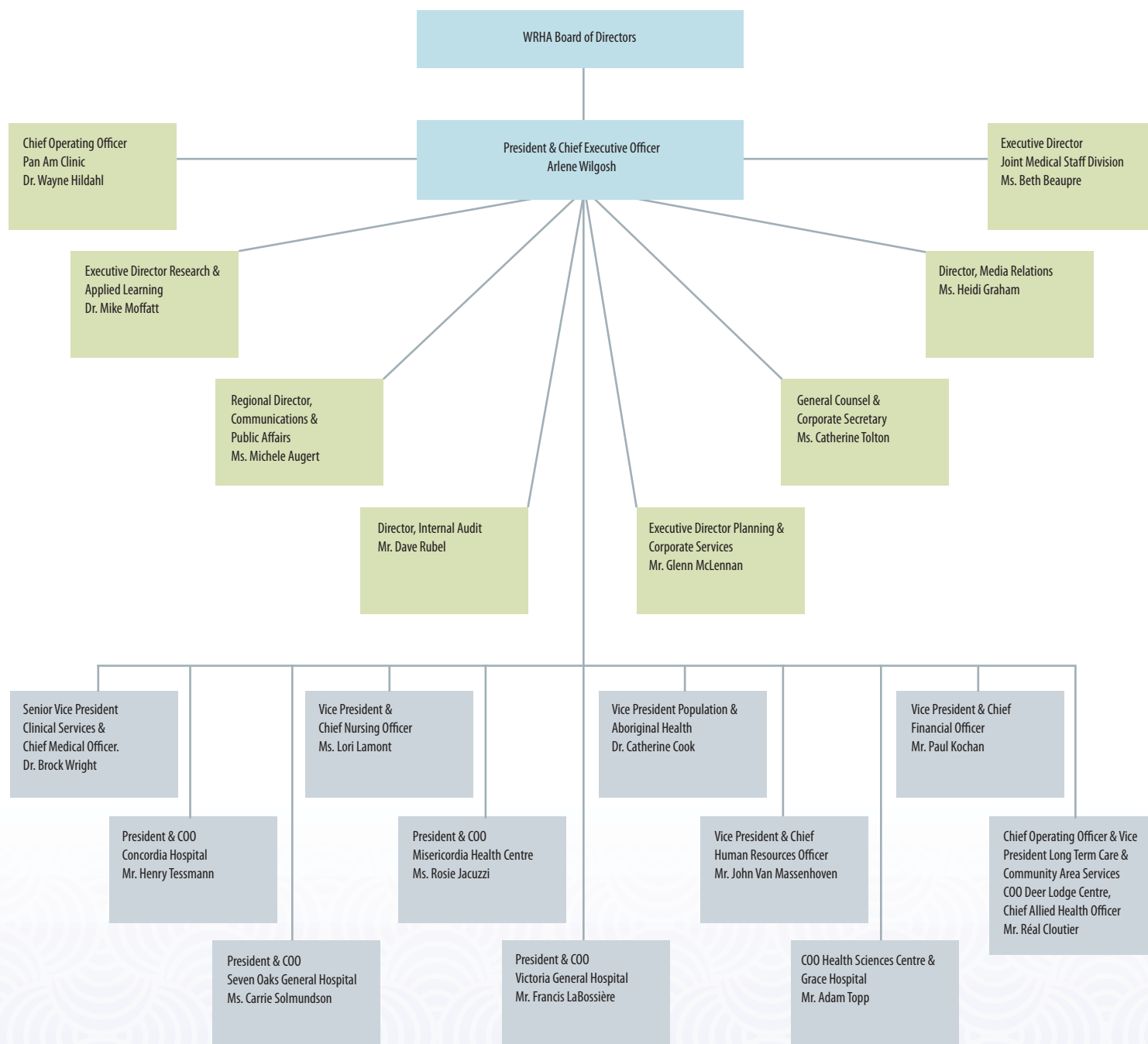
The WRHA Board, on the recommendation of its Audit Committee, appointed Ernst & Young to be the auditors for the WRHA effective immediately for a five-year term ending March 31, 2014.

March 23, 2010

The WRHA Board approved the appointment of Ms. Arlene Wilgosh as the new President and Chief Executive Officer of the Winnipeg Regional Health Authority effective March 22, 2010.

A Strategic Plan was developed following the WRHA Board planning session in November 2009 and subsequent feedback from Board members. The Board approved the Strategic Plan as presented and Senior Management leads were assigned to the strategic directions to move forward with the necessary operational actions.

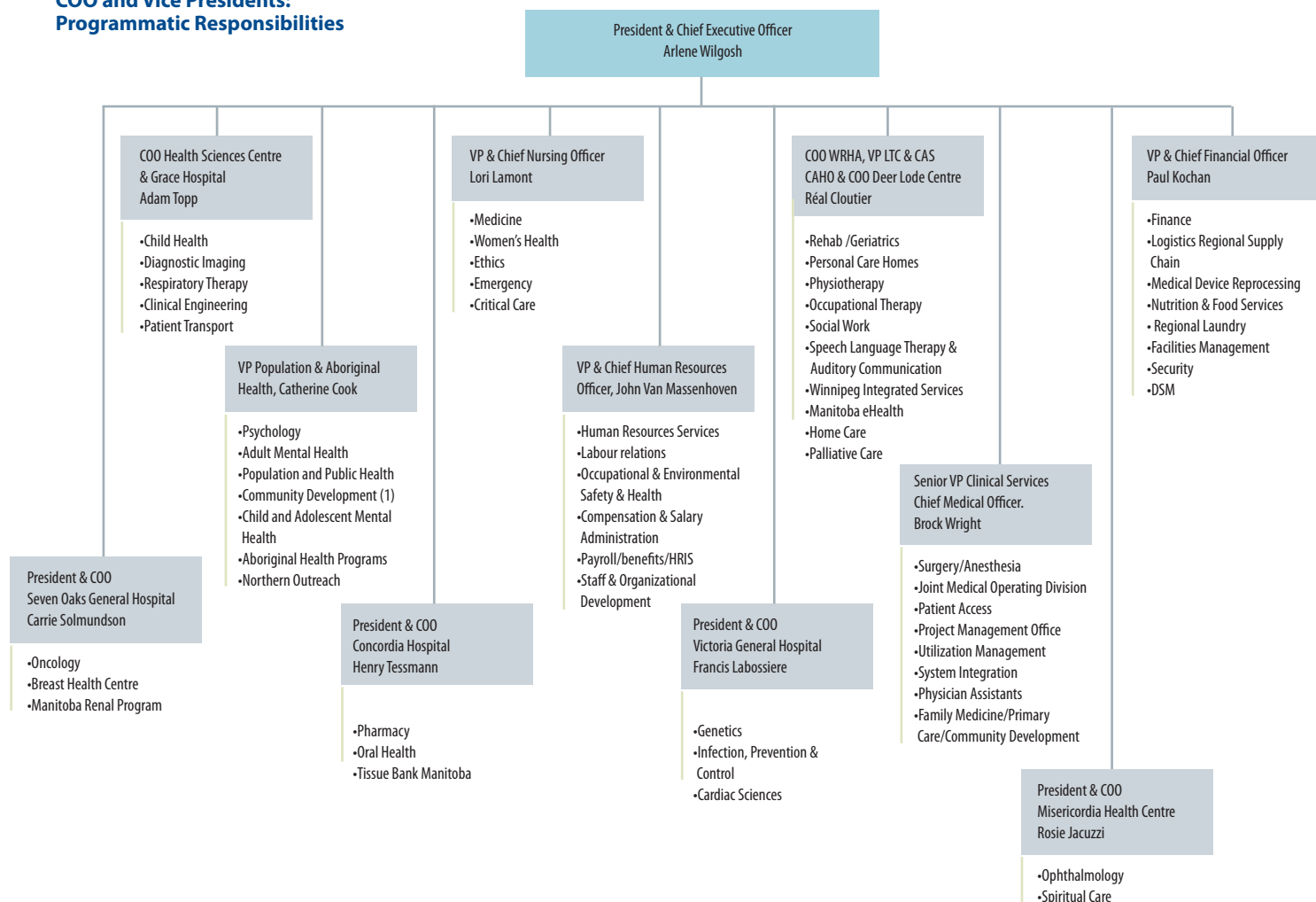




Winnipeg Regional Health Authority,

ORGANIZATIONAL STRUCTURE - 2010

COO and Vice Presidents: Programmatic Responsibilities



Organizational Structure

ORGANIZATIONAL STRUCTURE CHANGES

Arlene Wilgosh was appointed the President and Chief Executive Officer of the Winnipeg Regional Health Authority, March 22, 2010.

Réal Cloutier is the new WRHA Chief Operating Officer, Vice President Community Area Services. In addition to the role of Vice President of Long Term Care and Chief Allied Health Officer, Réal Cloutier retains responsibility for Deer Lodge Centre and Long Term Care (Rehabilitation and Geriatrics and the Personal Care Home Program), as well as the Region's Chief Allied Health Officer. In addition to these duties, in 2009/10 Cloutier also undertook responsibility for Winnipeg Integrated Services, Home Care, Community Health Agencies, Palliative Care and Manitoba eHealth.

In 2009/10, Dr. Catherine Cook accepted the role of Vice President, Population and Aboriginal Health for the Winnipeg Health Region. Dr. Cook served on the Senior Management team since she joined the Region as Regional Director of Aboriginal Health Programs in 2000.

In this new and expanded role, Dr. Cook will retain responsibility for Aboriginal Health Programs and will take on additional responsibility for Public Health, Mental Health (Adult and Child and Adolescent programs), Psychology and Community Development. She will also play a key role in the area of Northern Outreach.

John Van Massenhoven, Regional Director, Human Resources, accepted the position of Vice President and Chief Human Resources Officer for the Region. As Vice President and Chief Human Resources Officer, John Van Massenhoven will assume responsibility for all aspects of the Human Resources portfolio, including Labour Relations, Occupational and Environmental



Safety and Health, and Staff and Organizational Development.

Lori Lamont, Executive Director of the Winnipeg Health Region Personal Care Home Program was appointed Vice President & Chief Nursing Officer. In her role Lori Lamont also undertakes program responsibility for Medicine, Women's Health, Ethics, Emergency and Critical Care.

In addition to his role as Chief Operating Officer of Health Sciences Centre, Mr. Adam Topp will serve as Chief Operating Officer for the Grace Hospital.

CORPORATE AND PROGRAM STRUCTURE

In addition to the above changes in Organizational Structure, responsibility for the following programs was assigned in 2009/10:

Family Medicine/Primary Care - Dr. Brock Wright, Senior Vice President Clinical Services and Chief Medical Officer

Manitoba Renal Program - Ms. Carrie Solmundson, President and Chief Operating Officer Seven Oaks Hospital

Diagnostic Services Manitoba (DSM liaison) - Mr. Paul Kochan, Vice President and Chief Financial Officer

Pan Am Clinic - Arlene Wilgosh, President and CEO

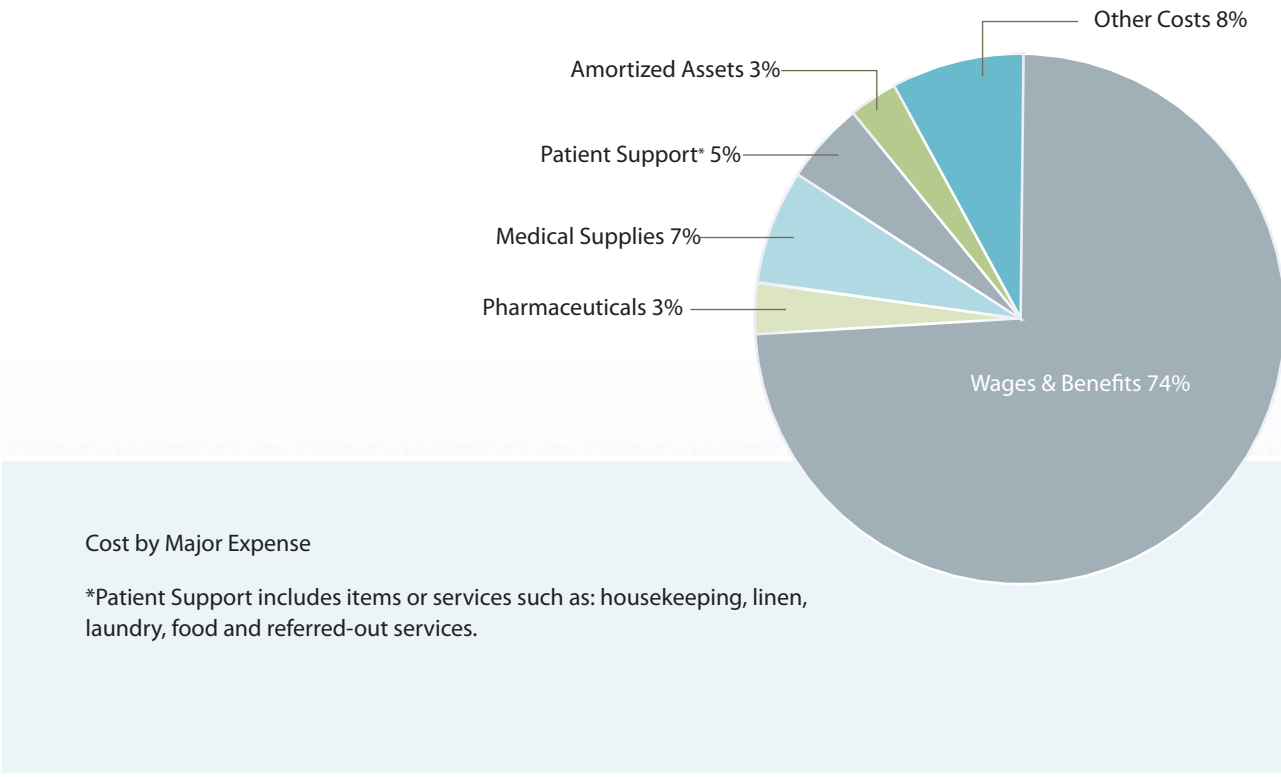
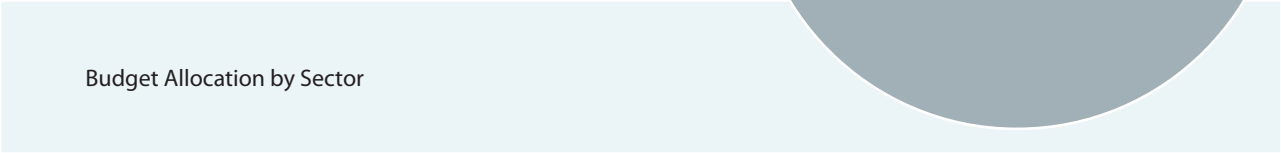
CHAC REPORTS

Each year, the Board is required to review and approve the issues to be addressed by the Community Health Advisory Councils. 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:

In 2010, members of the six Community Health Advisory Councils examined the topics: Chronic Disease: Access to Health Care and Barriers to Self-Management, and Public Expectations of the Health Care System. Copies of the report are available on the Winnipeg Health Region website at www.wrha.mb.ca

For the 2010-2011 fiscal year, the Councils will be exploring and providing input to the Board on the following topics:

- Improving Primary Care and Primary Care Performance
- Building Trust of the Health Care System
- A Culturally Proficient Health Care System



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, 2010.

The 2009/2010 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,

Original signed by Dr. John Wade



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, 2010 and for the year then ended on which we expressed an opinion without reservation in our report dated June 9, 2010. 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 consolidated summarized 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.

The financial statements for the preceding year were audited by other chartered accountants.



Ernst & Young

Winnipeg, Manitoba,
June 9, 2010

Chartered Accountants

SUMMARIZED CONSOLIDATED STATEMENT OF OPERATIONS

For the year ended March 31, 2010

(in thousands of dollars)

	2010	2009
REVENUE		
Manitoba Health operating income	\$ 2,077,237	\$ 1,951,466
Other income	117,453	108,082
Amortization of deferred contributions, capital	65,641	58,972
Recognition of deferred contributions, future expenses	12,822	2,430
	<u>2,273,153</u>	<u>2,120,950</u>
EXPENSES		
Direct operations	1,893,531	1,765,710
Interest	747	786
Amortization of capital assets	67,173	61,848
	<u>1,961,451</u>	<u>1,828,344</u>
FACILITY FUNDING		
Long term care facility funding	267,854	249,045
Community health agency funding	34,770	31,439
Adult day care facility funding	3,094	2,754
Long term care community therapy services	715	691
GRANT FUNDING		
Grants to facilities and agencies	19,300	19,091
	<u>2,287,184</u>	<u>2,131,364</u>
OPERATING DEFICIT	<u>(14,031)</u>	<u>(10,414)</u>
NON-INSURED SERVICES		
Non-insured services income	72,447	63,227
Non-insured services expenses	66,797	56,711
NON-INSURED SERVICES SURPLUS	<u>5,650</u>	<u>6,516</u>
DEFICIT FOR THE YEAR	<u>\$ (8,381)</u>	<u>\$ (3,898)</u>

Original signed by Ray Cadieux

Ray Cadieux
Treasurer

Original signed by Dr. John Wade

Dr. John Wade
Board Chair

SUMMARIZED CONSOLIDATED STATEMENT OF FINANCIAL POSITION

As at March 31, 2010

(in thousands of dollars)

	2010	2009
ASSETS		
CURRENT		
Cash and cash equivalents	\$ 11,587	\$ 37,302
Accounts receivable	125,859	116,127
Inventory	43,771	18,738
Prepaid expenses	13,519	11,338
Investments	6,402	12,787
Employee benefits recoverable from Manitoba Health	78,675	78,675
	<u>279,813</u>	<u>274,967</u>
CAPITAL ASSETS	1,139,535	1,055,592
OTHER ASSETS		
Employee future benefits recoverable from Manitoba Health	82,302	82,302
Investments	24,753	15,796
Specific purpose funds	45,077	48,547
Nurse recruitment and retention fund	4,242	4,358
	<u>\$ 1,575,722</u>	<u>\$ 1,481,562</u>
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 194,597	\$ 192,373
Demand Loans	29,000	-
Employee benefits payable	92,324	99,004
Current portion of long term debt	46,040	47,097
	<u>361,961</u>	<u>338,474</u>
LONG TERM DEBT AND DEFERRED CONTRIBUTIONS		
Long term debt	20,785	22,431
Employee future benefits payable	143,324	120,899
Specific purpose funds	45,077	48,547
Deferred contributions	953,149	891,288
Nurse recruitment and retention fund	4,242	4,358
	<u>1,166,577</u>	<u>1,087,523</u>
NET ASSETS	<u>47,184</u>	<u>55,565</u>
	<u>\$ 1,575,722</u>	<u>\$ 1,481,562</u>

WINNIPEG REGIONAL HEALTH AUTHORITY SUPPLEMENTARY INFORMATION

As at March 31, 2010

(unaudited)

(amounts in thousands of dollars)

ADMINISTRATIVE COSTS

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

At the request of the Manitoba Health and Healthy Living the presentation of administrative costs has been modified to include new categorizations in order to increase transparency in financial reporting. These categories and their inclusions are as follows:

CORPORATE

Includes: General Administration, Acute Care/Long Term Care/Community Services Administration, Executive Offices, Board of Trustees, Planning & Development, Community Health Assessment, Risk Management, Internal Audit, Finance & Accounting, Communications, Telecommunications, Visitor Information, and Mail Service.

HUMAN RESOURCES & RECRUITMENT

Includes: Personnel Records, Recruitment & Retention, (General, Physicians, Staff, and Nurses), Labour Relations, Employee Compensation & Benefits Management, Employee Health & Assistance Programs, Occupational Health & Safety, and Provincial Labour Relations Secretariat.

PATIENT CARE RELATED

Includes: Utilization Management, Cancer Standards & Guidelines, Patient Relations, Infection Control, Quality Assurance (Medical, Nursing, and Other), and Accreditation

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

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

	2010		2009	
	\$	%	\$ (Restated)	% (Restated)
Corporate	70,801	2.98%	68,754	3.09%
Human Resources & Recruitment	16,406	0.69%	16,000	0.72%
Patient Care Related	5,546	0.23%	5,490	0.24%
TOTAL	92,753	3.90%	90,244	4.05%

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.

2009/10 OPERATING RESULTS

Manitoba eHealth

Manitoba eHealth (Excluding Telehealth) Statement of Income for the Year Ending March 31, 2010

AMOUNTS IN (\$000)	Prior Year	Actual	Budget	Variance
Funding & Recoveries	\$ 51,176	\$ 51,482	\$51,089	393
Salary & Benefits	25,895	30,720	30,080	(640)
Hardware/Software Maintenance	7,859	8,570	9,180	610
License Fees	2,671	1,774	1,998	224
Data Communications	2,029	2,268	2,172	(96)
Rent, Utilities and Mtnce	2,572	2,562	1,981	(581)
Other	4,919	5,894	5,678	(216)
TOTAL EXPENSES	\$ 45,945	\$ 51,788	\$ 51,089	(699)
SURPLUS/(DEFICIT)	\$ 5,231	\$ (306)	\$ --	(306)

Telehealth results are a \$355K YTD Surplus

STATISTICS APPENDIX

- 1) Includes newborns, stillbirths and deaths.
- 2) Acute includes palliative care in-patients at SBH and RHC
- 3) Rehab represents inpatients in Rehab Program beds (RHC, DLC, SOGH, HSC, SBGH) and Orthopedic-Rehab beds (GH and CH)
- 4) Chronic patients at DLC and RHC
- 5) Hospice includes Grace Hospice only
- 6) 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.
- 7) Excludes 367 clients under assessment but not yet receiving services.
- 8) Represents Inpatient cases that had at least one surgery in a site's Main Operating Room (OR). For some cases, more than one surgical procedure or main OR trip may have been done during an episode and/or admission; however, only one surgical case is counted per admission for this analysis.
- 9 & 10) WinRecs
- 11) WRHA Primary Care Program
- 12) 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.
- 13) Assumes 100% bed occupancy of PCH beds at RHC and DLC per the WRHA bed map. 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.
- 14) Includes Crisis Stabilization Unit and Mobile Crisis Services contacts.
- 15) Includes Shared Care, Brief Treatment, CODI Outreach and Community Psychiatry On-call Consultation Services contacts.
- 16) Includes Centralized Mental Health Access contacts to Community Mental Health Services.
- 17) Includes new and continued Geographic based Community Mental Health clients.
- 18) 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.
- 19) 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.
- 20) 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.
- 21) The number of calls where a client spoke with a health care professional.

- 22) 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.
- 23) 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.
- 24) 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.
- 25) 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.
- 26) Includes services such as specialist consultation, discharge planning and case-conferencing.
- 27) Supports rural physicians and other healthcare providers by providing quality professional educational programs. Education for patients, families and the public are also available.
- 28) Used as an alternative venue for administrative meetings to save time, resources and risks due to travel.
- 29) Available to link patients with their families when medical needs have kept them apart for an extended period of time.

For environmental purposes a limited number of reports are printed. Copies are available on CD ROM or visit the website www.wrha.mb.ca

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Winnipeg Regional
Health Authority
Caring for Health

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