CARE FOR ALL

WINNIPEG REGIONAL HEALTH AUTHORITY

ANNUAL REPORT 2014

Winnipeg Regional Health Authority
Caring for Health

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

Healthy People.
Vibrant Communities.
CARE FOR ALL.

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Letter of Transmittal & Accountability

It is my pleasure to present the annual report of the Winnipeg Regional Health Authority for the fiscal year ended March 31, 2014.

This annual report was prepared under the Board's direction, in accordance with *The Regional Health Authorities Act* and directions provided by the Minister of Health. All material, including economic and fiscal implications known as of July 31st, 2014, has been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted,

DR. JERRY GRAY

BOARD CHAIR, WINNIPEG REGIONAL HEALTH AUTHORITY

Profile of the Winnipeg Regional Health Authority

The Winnipeg Regional Health Authority is responsible for co-ordinating and delivering health services, and promoting well-being within the Winnipeg and Churchill geographical areas. The Region is home to Manitoba's two tertiary hospitals. The Health Sciences Centre (HSC) Winnipeg is the Region's largest teaching hospital and is designated the provincial trauma centre. St. Boniface Hospital is a Catholic tertiary hospital, home to the Region's Cardiac Sciences Program.

The Winnipeg Regional Health Authority is governed by a 21-member community board of directors who are appointed by the Minister of Health. The Region's senior management team consists of its Chief Executive Officer and six vice-presidents. The Region operates under various legal structures, and in close partnership and co-operation with many health and social service entities, many of whom the Region relies on to deliver various health services.

The Winnipeg Regional Health Authority maintains an accredited status, meaning it has succeeded in meeting the fundamental requirements of Accreditation Canada's Qmentum accreditation program.

OUR REGION

The Winnipeg Regional Health Authority serves residents of the city of Winnipeg as well as the northern community of Churchill, and the rural municipalities of East and West St. Paul, representing a total population of over 700,000. The 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 often require the services and expertise available within the Region.

OUR PEOPLE AND FACILITIES

Approximately 28,000 people work within the Region. With an annual operating budget of nearly $2.6 billion, the Winnipeg Regional Health Authority is the largest health authority in Manitoba, and operates or funds over 200 health service facilities and programs.

HEALTH SERVICE FACILITIES OPERATING WITHIN THE REGION INCLUDE:

TWO TERTIARY HOSPITALS
Health Sciences Centre Winnipeg
St. Boniface Hospital

FOUR COMMUNITY HOSPITALS
Concordia Hospital
Grace Hospital
Seven Oaks General Hospital
Victoria General Hospital

FIVE HEALTH CENTRES
Churchill – J.A. Hildes Northern Medical Unit
Deer Lodge Centre
Misericordia Health Centre
Riverview Health Centre
St. Amant Centre

PERSONAL CARE HOMES
38 personal care homes
12 supportive housing providers

COMMUNITY-BASED HEALTH
12 community health agencies
Rehabilitation Centre for Children
Manitoba Adolescent Treatment Centre
Grant-funded community agencies
Pan Am Clinic
22 community health offices offering programs involving public health, home care, and health services including: long-term care, primary care, home care, and mental health
QuickCare Clinics

ACCESS CENTRES
River East
Transcona
Downtown
NorWest
Winnipeg West

KEY PARTNERS AND HEALTH RELATIONSHIPS
CancerCare Manitoba
University of Manitoba
Diagnostic Services of Manitoba
Manitoba eHealth
Winnipeg Integrated Services (Manitoba Family Services)
Manitoba Housing & Community Development

WINNIPEG REGIONAL HEALTH AUTHORITY
650 Main Street
Winnipeg, MB
R3B 1E2

Phone: 204.926.7000
Fax: 204.926.7007

www.wrha.mb.ca

Message from the Board Chair

I recently completed my initial year as board chair of the Winnipeg Regional Health Authority.

As I reflect on my initial year as chair, I continue to be impressed by the incredible work and commitment of the many people providing health services every day across the Region. From volunteers to managers to front line providers, staff across the Region work tirelessly and unselfishly helping others when they need it most, and I want to thank them for all their work and commitment.

I have also grown to appreciate even more the advantages of regionally-based health administration, and this is particularly true as the Region works to improve patient flow and create a truly integrated system of care.

Individual health facilities can no longer be all things to all people. This past year, a fire at Health Sciences Children's Hospital, flooded surgery suites at St. Boniface General Hospital, and flooded basements at two personal care homes underscored how essential a regional structure is for healthcare today. In each of these unfortunate instances, each site was not left to fend on its own. These events were handled with minimal disruption to patients and residents through a united and coordinated effort with all of the Region's resources – people, expertise, equipment, finances, and plans – coming to bear on the problem.

Our health region is, and always will be, more than just "healthcare". It has responsibility for a wide variety of health and health-related functions, such as home care, diagnostic imaging, personal care homes, and more recently, the STARS air ambulance service.

The list of non-medical programs is also diverse which recognizes that the determinants of health are not just medical. There are lifestyle, economic, and social determinants that affect the region's need for medical services. We know large health gaps exist in Winnipeg due to unfair, unjust, and modifiable social circumstances, and that Winnipeg's health gaps are larger than many other Canadian cities.

This is why our board puts significant emphasis on improving health equity so all people have the opportunity to reach their full potential and are not disadvantaged from attaining it because of their social or economic status. By responding to these determinants of health, the Region is having an effect on the health and wellness of the Region in the future. Moreover, operating as a Region, the management of these programs can be better integrated into a team environment.

Equally important for our board is ensuring the services provided by the Region are effective, and that sufficient steps are taken to identify and reduce risk to both the organization and the people we serve. Patient safety and ensuring high quality services remain key priorities of the board, and are monitored regularly.

Our board is comprised of a talented and dedicated group of individuals representing a broad range of professional disciplines, community and cultural perspectives, as well as meeting the essential skills necessary for effective oversight and governance. I want to thank all of them for the time they devote to being directors. We will continue to provide effective governance, and uphold the vision, mission, and values of the Region's strategic plan.

JERRY GRAY, Board Chair

Message du Président du Conseil d'administration

Je viens de terminer ma première année comme président du conseil d'administration de l'Office régional de la santé de Winnipeg.

Quand je repense à celle-ci, je ne cesse d'être impressionné par le travail et l'engagement remarquables des nombreuses personnes qui fournissent des services de santé chaque jour, dans toute la Région. Des bénévoles aux gestionnaires, en passant par les prestataires de soins de première ligne, le personnel de l'ensemble de la Région travaille sans relâche et avec abnégation pour aider les gens lorsqu'ils en ont le plus besoin, et je tiens à les remercier pour leur travail et leur engagement.

Cette année, j'ai également appris à mieux apprécier les avantages que présente l'administration sanitaire régionale, et cela est d'autant plus vrai alors que la Région travaille à l'amélioration du flux des patients et à la création d'un système de soins véritablement intégré.

Les établissements de soins individuels ne peuvent plus tout faire pour tous. Au cours de la dernière année, l'incendie au Centre des sciences de la santé de l'Hôpital pour enfants, l'inondation des salles de chirurgie de l'Hôpital général Saint-Boniface et l'inondation des sous-sols à deux foyers pour personnes âgées ont mis en évidence à quel point il est dorénavant indispensable de posséder une structure régionale en matière de soins de santé. Dans chacune de ces circonstances malheureuses, aucun établissement n'a été abandonné ni laissé à lui-même. Ces événements ont été gérés en perturbant le moins possible les patients et les résidents grâce à des efforts conjugués et coordonnés mettant à profit toutes les ressources de la Région – personnes, expertise, matériel, finances et planification – pour s'attaquer au problème.

Notre région sanitaire est et sera toujours plus qu'un simple fournisseur de « soins de santé ». Elle est responsable d'un large éventail de fonctions de santé et connexes, comme les soins à domicile, l'imagerie diagnostique, les foyers pour personnes âgées et, plus récemment, le service ambulancier aérien STARS.

La liste des programmes non médicaux est également diversifiée, ce qui indique que les déterminants de la santé ne sont pas que thérapeutiques. Le mode de vie, l'économie et les déterminants sociaux ont des effets sur les besoins régionaux en services médicaux. Winnipeg présente des écarts considérables en matière de santé qui sont attribuables à des situations sociales inéquitables, injustes, mais modifiables, et ces écarts sont plus grands à Winnipeg que ceux de nombreuses autres villes canadiennes.

C'est pourquoi notre conseil accorde une grande importance à l'amélioration de l'équité en santé afin que chacun ait la possibilité d'atteindre son plein potentiel et ne soit pas limité à cet égard en raison de sa condition sociale ou de sa situation financière. En réagissant à ces déterminants de la santé, la Région a une incidence sur la santé et le bien-être de la population régionale pour l'avenir. De plus, le fonctionnement régional permet de mieux intégrer la gestion de ces programmes au sein d'une équipe.

Il est tout aussi important pour notre conseil de veiller à ce que les services qu'offre la Région soient efficaces et que suffisamment de mesures axées sur l'identification et la réduction des risques pour l'organisme et la population desservie soient mises en place. Les priorités du conseil demeurent la sécurité des patients et la prestation de services de haute qualité, celles-ci font donc l'objet d'une surveillance régulière.

Notre conseil est composé d'un groupe de personnes talentueuses et dévouées représentant un large éventail de disciplines professionnelles, de collectivités et de milieux culturels qui possèdent les compétences essentielles pour assurer une surveillance et une gouvernance efficaces. Je veux toutes les remercier pour le temps qu'elles consacrent à leur tâche de directeur. Nous continuerons d'assurer une gouvernance efficace et de respecter la vision, la mission et les valeurs du plan stratégique de la Région.

JERRY GRAY,
Président du Conseil d'administration

Message from the President & Chief Executive Officer

This has been a very challenging but, at the same time, a very rewarding year across the Winnipeg Regional Health Authority, and for health care across the country.

Like health authorities across Canada, the Winnipeg Regional Health Authority continues to feel the financial and fiscal pressures facing provincial and federal governments. This has required us and the health system overall to be even more creative and innovative in finding ways to effectively manage resources while continuing to meet the high expectations of government and the public.

More than ever, we are being expected to show the value the public gets from the many services we provide to patients, clients, and residents. This is why improving patient flow was identified this year as the priority for our Region.

We know that when patients are receiving the right care, in the right place, at the right time, we are able to reduce length of stay, and the quality of care we provide improves. As we inch our way toward meeting key patient flow targets, all our efforts, combined, will mean we are delivering greater value and better care to patients, clients, and residents.

More simply put, working towards and meeting key patient flow targets mean we will have built a better, stronger, safer, and more efficient health system in Winnipeg.

This is our goal, this is our vision, and this is our priority for the coming years, and will remain so as we begin preparing our next five-year strategic plan for the 2016-2021 regional strategic planning cycle.

Over the course of the last year, several initiatives were undertaken to improve patient flow within the health system, and many hardworking and dedicated staff across the Region are working to move us closer to our goals. Some of these efforts are detailed later on in this annual report.

Throughout the spring and summer, I met directly with all senior management teams across the Region to discuss patient flow, to underscore its regional priority, and to discuss how each respective part of the Region can contribute to overall success. These meetings illustrated how meeting key patient flow targets is going to require all of us to change, collaborate, integrate, and ultimately be accountable.

However, we still have lots of work to do, and it is clear we need to focus our entire health region in order to undertake the necessary progress toward improving patient flow.

While meeting patient flow targets is challenging all of us, I remain confident that together, as a regional system of care, we can reach them.

I want to thank all staff and volunteers across the Region for all their hard work over the last year. Without you, there would be no health system, and I remain grateful for your dedication and commitment.

ARLENE WILGOSH,
President and Chief Executive Officer

Message de la Présidente-Directrice Générale

L'année qui vient de s'écouler s'est avérée très difficile, mais extrêmement enrichissante pour l'Office régional de la santé de Winnipeg et les soins de santé partout au pays.

À l'image des autorités sanitaires de l'ensemble du Canada, l'Office régional de la santé de Winnipeg continue de ressentir les pressions fiscales et financières auxquelles font face les gouvernements provincial et fédéral. De façon générale, cela a exigé de nous et du système de soins médicaux d'être plus créatifs et innovants dans notre recherche de moyens de gestion efficace des ressources, tout en continuant de satisfaire aux attentes élevées du gouvernement et du public.

Plus que jamais, nous devons démontrer la valeur que le public retire des nombreux services que nous fournissons aux patients, aux clients et aux résidents. Voilà pourquoi l'amélioration du flux de patients a été désignée cette année la priorité pour notre Région.

Nous savons que lorsque les patients reçoivent les soins appropriés, au bon endroit et au bon moment, nous pouvons réduire la durée du séjour et que la qualité de nos soins s'améliore. Et fur et à mesure que nous nous rapprocherons des objectifs de flux des patients clés, nos efforts conjugués feront en sorte que nous offrirons plus de valeur et de meilleurs soins aux patients, aux clients et aux résidents.

En termes plus simples, travailler en ce sens et atteindre les objectifs de flux des patients clés se traduira par la mise en place d'un meilleur système de soins médicaux à Winnipeg qui sera plus solide, plus sécuritaire et plus efficace.

Voilà notre objectif, notre vision et notre priorité pour les prochaines années, que nous conservons d'ailleurs au moment d'amorcer l'élaboration de notre prochain plan stratégique quinquennal pour le cycle de planification stratégique régional de 2016-2021.

Plusieurs initiatives ont été entreprises au cours de la dernière année en vue d'améliorer le flux des patients au sein du système de soins médicaux. Partout dans la région, de nombreux employés infatigables et dévoués travaillent pour nous aider à nous rapprocher de nos objectifs. Certains de ces efforts sont décrits en détail plus loin dans le présent rapport annuel.

Tout au long du printemps et de l'été, j'ai rencontré les équipes de la haute direction de toute la Région afin de discuter de la question du flux des patients, de souligner sa priorité régionale et de discuter de la façon dont chaque partie de la Région peut contribuer individuellement au succès global de ce projet. Ces rencontres ont exposé à quel point l'atteinte des objectifs de flux des patients clés nous amènera tous à changer, collaborer, s'intégrer et, finalement, à être responsables.

Il reste toutefois encore beaucoup de travail à faire et, de toute évidence, nos efforts doivent cibler l'ensemble de la région sanitaire pour réaliser les progrès nécessaires à l'amélioration du flux des patients.

Bien que l'atteinte des objectifs de flux des patients représente un défi pour chacun d'entre nous, je reste persuadée qu'ensemble, comme système de soins médicaux régional, nous pouvons y arriver.

Je tiens à remercier tous les membres du personnel et tous les bénévoles de la région pour leur travail acharné au cours de la dernière année. Sans vous, il n'y aurait pas de système de soins médicaux, et je suis reconnaissante du dévouement et de l'engagement dont vous avez fait preuve.

ARLENE WILGOSH,
Présidente-Directrice Générale

Vision, Mission, Values 2011-2016

In 2011, the Board of Directors approved a new Vision, Mission, Values statement, building upon the priorities from the previous strategic plan. The Region's current five-year plan increased focus on improving the patient experience, enhancing quality and integration, and increasing the level of public engagement.

At the request of Manitoba Health, the Winnipeg Regional Health Authority refreshed its strategic plan as part of the 2014-15 Regional Health Plan annual submission process. The refreshed strategic plan better aligns the Region's strategic priorities with those of Manitoba Health, and ensured a greater focus on key priorities for the remaining two years of the five-year strategic plan. While all six of the Region's Strategic Directions remained unchanged, the number of strategic priorities within these directions was reduced from 31 to 10. This will increase the Region's focus, and better align its work with Manitoba Health in the areas of patient flow and access, primary care, process improvement, and long-term care.

Next year marks the last year of the Region's existing strategic plan. The Region is already actively planning the development of its next five-year strategic plan, and is updating its Community Health Assessment.

OUR VISION

Healthy People, Vibrant Communities, Care for All

OUR MISSION

To co-ordinate and deliver safe and caring services that promote health and well-being

OUR VALUES

DIGNITY – as a reflection of the self-worth of every person

CARE – as an unwavering expectation of every person

RESPECT – as a measure of the importance of every person

OUR COMMITMENTS

INNOVATION – that fosters improved care, health and well-being

EXCELLENCE – as a standard of our care and service

STEWARDSHIP – of our resources, knowledge and care

Strategic Directions

Focusing on its mission, guided by its values, and conscious of its commitments, the Winnipeg Regional Health Authority works to:

1 ENHANCE PATIENT EXPERIENCE

Enhance patient experience and outcomes by listening more carefully to patients and considering their needs when designing and delivering services.

2 IMPROVE QUALITY AND INTEGRATION

Improve access to quality and safe care through improved integration of services and the use of evidence-informed practice.

3 FOSTER PUBLIC ENGAGEMENT

Work with the community to improve its health and well-being by forging partnerships and collaborating with those we serve.

4 SUPPORT A POSITIVE WORK ENVIRONMENT

Enhance quality care by fostering a work environment where staff are valued, supported and accountable, and reflect the diverse nature of our community.

5 ADVANCE RESEARCH AND EDUCATION

Work with stakeholders to enhance academic performance through the development of an academic health sciences network where clinical education and research activities are better aligned and integrated.

6 BUILD SUSTAINABILITY

Balance the provision of health-care services within the available resources to ensure a sustainable health-care system.

VISION, MISSION ET VALEURS – 2011-2016

En 2011, le conseil d'administration a approuvé un nouvel énoncé de vision, de mission et de valeurs qui s'appuyait sur les priorités du plan stratégique précédent. Le plan stratégique quinquennal actuel de la Région est axé sur l'amélioration de l'expérience du patient, l'accroissement de la qualité et de l'intégration et l'augmentation du niveau d'engagement public.

À la demande de Santé Manitoba, l'Office régional de la santé de Winnipeg a revu son plan stratégique dans le cadre du processus annuel de présentation du plan régional de santé de 2014-2015. Le plan stratégique mis à jour permet de mieux harmoniser les priorités stratégiques de la Région avec celles de Santé Manitoba et de se concentrer davantage sur les grandes priorités pendant les deux dernières années du plan stratégique quinquennal. Bien que six des orientations stratégiques de la Région ne changent pas, le nombre de priorités que prévoient ces orientations est passé de 31 à dix. Cela aura pour effet d'augmenter la concentration de la Région et d'harmoniser son travail avec celui de Santé Manitoba dans les secteurs du flux et de l'accès des patients, des soins de santé primaires, de l'amélioration du processus et des soins de longue durée.

L'année prochaine marquera la dernière année du plan stratégique de la Région actuel. La Région planifie déjà activement l'élaboration de son prochain plan stratégique quinquennal et met à jour son Évaluation des besoins de santé de la communauté.

NOTRE VISION

Une population en santé. Des collectivités dynamiques. Des soins pour tous.

NOTRE MISSION

Coordonner et assurer la prestation de services compatissants et sécuritaires qui favorisent la santé et le bien-être.

NOS VALEURS

DIGNITÉ – le reflet de la valeur de chacun.

COMPASSION – une attente inconditionnelle de chacun.

RESPECT – la mesure de l'importance accordée à chacun.

NOS ENGAGEMENTS

INNOVATION – afin de favoriser l'amélioration des soins, de la santé et du bien-être.

EXCELLENCE – en tant que norme en matière de soins et de services.

SAINE GESTION – de nos ressources, de notre savoir et de nos soins.

ORIENTATIONS STRATÉGIQUES

Concentré sur sa mission, guidé par ses valeurs et conscient de ses engagements, l'Office régional de la santé de Winnipeg s'emploie à :

1 AMÉLIORER L'EXPÉRIENCE DU PATIENT

Améliorer l'expérience des patients et les résultats obtenus en écoutant plus attentivement les patients et en tenant compte de leurs besoins au moment de concevoir et de fournir les services.

2 AMÉLIORER LA QUALITÉ ET L'INTÉGRATION

Améliorer l'accès à des soins sécuritaires de qualité en intégrant mieux les services et en utilisant par la suite les pratiques fondées sur l'expérience.

3 ENCOURAGER LA MOBILISATION DE LA POPULATION

avec la collectivité pour améliorer sa santé et son bien-être en établissant des partenariats et des associations avec la population desservie.

4 FAVORISER UN MILIEU DE TRAVAIL POSITIF

Améliorer la qualité des soins en créant un milieu de travail dans lequel le personnel est valorisé, appuyé et tenu responsable de ses actes et qui reflète la nature diversifiée de notre collectivité.

5 FAIRE AVANCER LA RECHERCHE ET L'ÉDUCATION

Travailler les intervenants pour améliorer le rendement universitaire en constituant un réseau d'établissements d'enseignement en sciences de la santé dans lesquels les activités de formation et de recherche clinique sont mieux harmonisées et intégrées.

6 RENFORCER LA VIABILITÉ

Équilibrer la prestation des services de santé et les ressources disponibles pour assurer la viabilité du système de soins de santé.

Strategic Directions

1 ENHANCE PATIENT EXPERIENCE

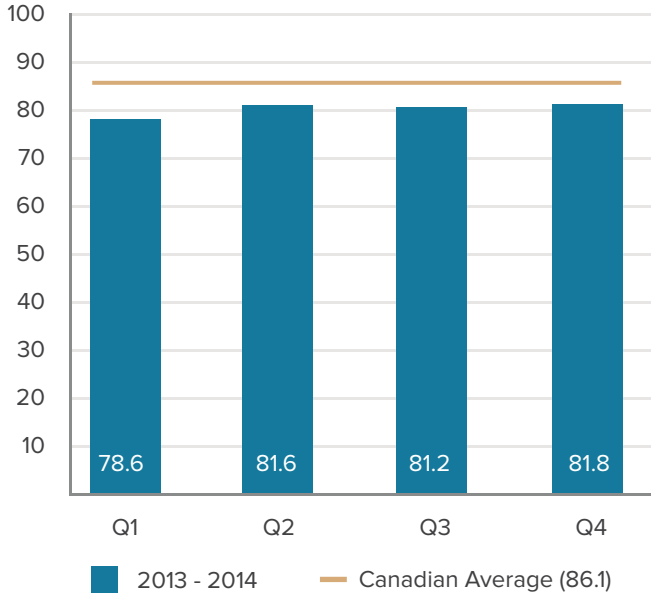
ENHANCE PATIENT EXPERIENCE AND OUTCOMES BY LISTENING MORE CAREFULLY TO PATIENTS AND CONSIDERING THEIR NEEDS WHEN DESIGNING AND DELIVERING SERVICES.

Beginning in January 2013, the Region partnered with the National Research Corporation of Canada to seek input from patients on the care they received in emergency departments and in hospitals within the region. The survey instrument used is validated and approved by Accreditation Canada. The surveys are administered to randomly selected patients on a monthly basis. The patients selected for the survey receive a survey in the mail with the option of either completing it in paper format or online.

The surveys capture the key perceptions and input from patients about their care experience, provide a measurement indicator from year to year, and are used to inform quality improvement initiatives across all sites and programs within the Region.

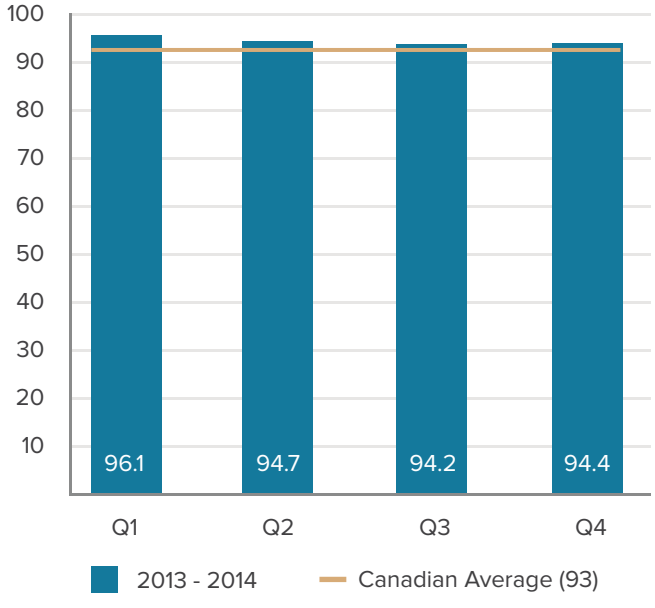
When rating the overall quality of emergency care, the percentage of patients who indicated a positive score was slightly below the Canadian average, while the percentage of patients who indicated a positive score when rating the overall quality of inpatient acute care was slightly above the Canadian average.

Overall Quality of Emergency Department Care, % of Respondents Indicating Positive Score



National Research Corporation Survey Results, 2013-14

Overall Quality of Inpatient Acute Care, % of Respondents Indicating Positive Score



National Research Corporation Survey Results, 2013-14

CANCER PATIENT JOURNEY – IN SIXTY INITIATIVE

During the last year, the Winnipeg Regional Health Authority continued to be an active leader and partner in the provincial In Sixty initiative, aimed at reducing the time from suspicion of cancer to first treatment to no longer than 60 days. This initiative, one of four provincial priorities, allowed the Region to lend its leadership and support, and take part in a number of key cancer quality improvement transformations.

THE REGION WAS ACTIVE IN:

- Assisting in assembling and co-leading a provincial table of health organizations commonly involved in cancer care services in Manitoba, and helped lead the project team overseeing all cancer quality improvement work.

- Participating in the development of breast, colorectal, and lung cancer clinical pathways. Pathways are to serve as guides for providers in such considerations as alarming signs of suspicion, indications for certain types of laboratory and diagnostic testing, and on what basis to refer on to other cancer specialists. The Region's clinical subject matter experts provided leadership to help identify the optimal evidence-informed clinical pathways.

- Assisting in the development of rural and northern Cancer Hub sites, aimed at improving access to primary-care cancer services and enhancing navigation of cancer patients. In this regard, the Region helped develop protocols for access to Region-based specialty services for those patients across Manitoba.

- Leading and participating in numerous rapid improvement events, utilizing LEAN six sigma methodology to help improve flow and eliminate waste related to cancer processes. There were over 30 rapid improvement events province-wide, many of which related directly to Region operations. Area of focus included:

  - ensuring primary-care referrals related to suspected cancer cases are addressed within the first 24 hours
  - establishing direct referral processes to expedite care and eliminate waiting time for appointments
  - creating central intake processes in select areas to refer patients to the next available, more accessible provider
  - improving clinical office and administrative processes in a number of locations

- Working with Manitoba eHealth in the development of an electronic cancer tracking system capable of following patients as they progress through their cancer journey. While the system has yet to be deployed, the technology foundation has now been built to allow for sophisticated tracking of cancer patients at both population and individual levels.

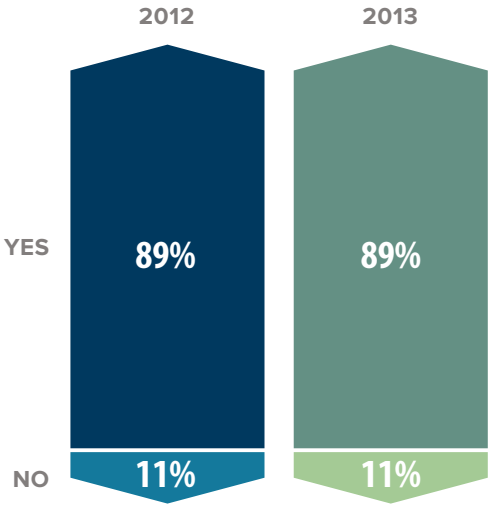
- Participating alongside cancer patients towards the development of Patient Communication Guidelines. These guidelines were developed for health providers to use when engaging and conversing with patients in a dignified manner on topics of cancer.

FAMILY DOCTOR ACCESS

Almost 90 per cent of Winnipeg residents surveyed indicate they have a regular family doctor. Unfortunately, many of those who do have a family doctor are not always able to get an appointment with them when they get sick. This underscores a continued need to increase access to family doctors and primary care.

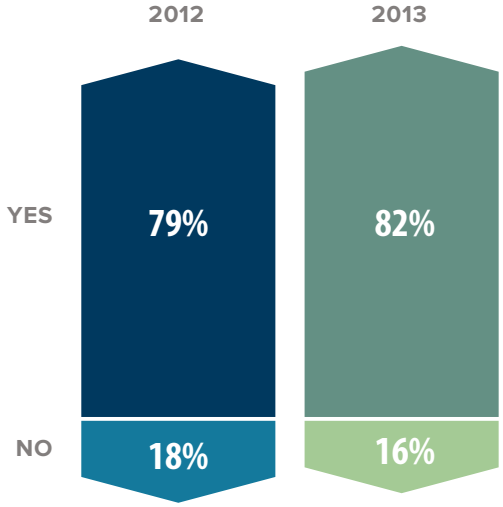
Within the Region, primary care connectors are working to connect people with family doctors or other suitable primary care providers through the Family Doctor Finder website and phone line. These services provide an option for those without a regular family doctor or primary care provider to find one. The online registry of care providers accepting new patients is managed by Manitoba Health, and within the Region there are an average of 100 care providers willing to accept new patients in Winnipeg. The online service receives about 300 requests a week, and has so far connected over 10,000 people with a family doctor or primary care provider over the last year.

DO YOU HAVE A REGULAR FAMILY DOCTOR?



Systems Tracking Report, 2012-13

ARE YOU ABLE TO GET AN APPOINTMENT WITH YOUR REGULAR FAMILY DOCTOR WHEN YOU GET SICK?



Systems Tracking Report, 2012-13

KEY CAPITAL IMPROVEMENTS AT THE GRACE AND HEALTH SCIENCES CENTRE HOSPITALS

A number of key infrastructure improvements are either completed or in development on the campuses of the Grace Hospital and the Health Sciences Centre. These infrastructure investments help enhance services and the overall patient experience.

GRACE HOSPITAL

In May 2014, ACCESS Winnipeg West officially opened on the campus of the Grace Hospital.

ACCESS Winnipeg West is a modern 63,000-square-foot facility providing a "one-stop shop" for community health and social services for residents of the western portion of the city. It offers a host of services including public health, mental health, home care, occupational therapy and physiotherapy, child and adult speech language pathology, audiology, employment and income assistance, employment support for persons with disabilities, children's and community living disabilities services, child and family services, seniors health resources and home care services. ACCESS Winnipeg West is also home to an 80-spot child care centre.

The centrepiece of ACCESS Winnipeg West is a primary care clinic that serves as a vital resource to area residents who do not have a family doctor. The clinic brings a multidisciplinary approach to providing comprehensive care to people with complex needs. A Mental Health Program for Assertive Community Treatment (PACT) will also be a new addition in the fall.

NEW MRI SUITE

The Grace Hospital is to become the first community hospital in Winnipeg to have an MRI. The new suite, which is slated for completion in early 2016, will perform over 3,000 scans per year, benefitting patients not only at the Grace Hospital, but also supporting the city-wide central wait list.

NEW EMERGENCY DEPARTMENT

A new, 37,000-square-foot, state-of-the-art emergency room for the Grace Hospital is projected to treat over 25,000 patients annually. New and efficient streamlined processes, including a minor treatment/fast track area, will help expedite care. The redesigned department will be ideally located between Grace Hospital and ACCESS Winnipeg West, and is scheduled for completion in fall 2017.

HEALTH SCIENCES CENTRE

ADULT EMERGENCY DEPARTMENT REDESIGN

Earlier this year, Health Sciences Centre Winnipeg completed a redesign of the adult emergency department front end to make it friendlier, brighter, and less congested. A significant aspect of the transformation includes a new entrance leading directly to the security desk and a Community Support Worker station where patients are greeted and directed to triage. The layout strengthens patient flow and patient safety by ensuring patients in the main waiting area as well as the minor treatment area remain visible to staff.

NEW WOMEN'S HOSPITAL

A new, state-of-the-art, 390,000-square-foot Women's Hospital is being constructed to care for mothers, babies, and their families, as well as serve as a hub for surgical and consultation services for women of all ages. The facility is three times larger than the current building and will feature all-private inpatient rooms with private bathrooms, as well as an expanded neonatal intensive care unit. Construction is scheduled to be completed in the summer of 2015 and occupancy is expected in the summer of 2016.

DIAGNOSTIC CENTRE OF EXCELLENCE & HELIPORT

Connected to the new Women's Hospital via overhead walkway and linked to Health Sciences Centre Children's Hospital and all critical-care services, a new 91,000-square-foot diagnostic centre of excellence is under construction and will consolidate a variety of sophisticated medical equipment into one location when it opens in 2015. As well as housing a new pediatric MRI specifically designed for children, a new CT scanner, and several other outpatient services, it will be the first health facility in Manitoba to have a rooftop heliport with direct elevator access to the emergency rooms and operating theatres.

NEW CENTRAL ENERGY PLANT

An additional 50,000-square-foot power plant with three 2-Megawatt generators recently went into operation in 2014 to supply power to Health Sciences Centre's additional buildings. The energy plant was designed to blend in with the campus and surrounding neighbourhood, and produces chilled water to the campus to cool ventilation systems and diagnostic equipment campus-wide. Heavy-duty generators provide emergency power to the patient's bedside or to critical pieces of equipment within 10 seconds of a utility power loss. The building is one of the most energy-efficient of its kind in Canada.

EMERGENCY ROOM WAIT TIMES ONLINE

In September 2013, the Winnipeg Regional Health Authority made available on its website emergency room wait time information. The Region was the first in Manitoba to make this information publicly available in real-time.

The web page information is updated every 10 minutes to reflect the most current status of each emergency department waiting room, and provides three different sets of information for each of the Region's six emergency departments:

CURRENT EMERGENCY DEPARTMENT WAIT TIMES

September 26, 2014 12:26 PM

Wait times are updated every 5-10 minutes

EMERGENCY DEPARTMENT	PATIENTS WAITING	AVERAGE WAIT	LONGEST NON-URGENT WAIT
Concordia Hospital	10	1 : 30 hr mins	2 : 30 hr mins
Grace Hospital	6	1 : 15 hr mins	2 : 15 hr mins
Health Sciences Centre - Adult	7	1 : 00 hr mins	4 : 00 hr mins
Health Sciences Centre - Children's	8	1 : 15 hr mins	2 : 00 hr mins
Seven Oaks General Hospital	6	0 : 30 hr mins	0 : 45 hr mins
St. Boniface Hospital	10	1 : 00 hr mins	4 : 30 hr mins
Victoria General Hospital	5	1 : 00 hr mins	2 : 00 hr mins

PATIENTS WAITING – this shows the number of patients in the waiting room who have been registered and triaged, but are waiting to get into a treatment space.

AVERAGE WAIT – this shows the average wait time (from time of patient registration in the computer system to the time that the web page was last updated) for all patients currently in the waiting room as of the web page update time.

LONGEST NON-URGENT WAIT – this shows the longest any one patient currently in the waiting room has been waiting (from time of patient registration in the computer system to the time that the web page was last updated).

Upon launching the page, the Region's website received over 21,000 visits representing three times the average daily website visits. It also recorded almost 71,000 page views representing an increase of about 470 per cent over its normal traffic load.

> "...information is updated every 10 minutes to reflect the most current status..."

NEW EMERGENCY ROOM SAFE DISCHARGE PROCESSES

Critical incident reviews relating to two emergency room discharges from the Grace Hospital Emergency Department in December 2013 recommended the strengthening of emergency room discharge guidelines. Specifically, the reviews recommended the development of a regional checklist for emergency room discharges.

A new regional emergency room discharge checklist was introduced in the spring of 2014. This checklist reinforces and documents key steps for staff when evaluating whether or not a patient is ready and fit for discharge. The discharge checklist builds on and complements the Region's existing safe discharge guidelines, which stress that extra caution should be used when making discharge decisions for vulnerable patients, specifically if:

- The patient has an injury or condition that will affect their ability to provide self-care where there is no additional support at home.
- Additional support services are required for mobility, transferring, toileting, feeding, or medication administration.
- Social problems or physical/mental disability exist.
- The patient is intoxicated or under the influence of other substances to the degree that walking, co-ordination or cognitive abilities are impaired.
- The patient has a history/evidence of cognitive and/or communication impairment that affects their ability to understand the reason for the hospital visit, their health problem, and discharge instructions, including medications and when to seek to medical care.
- There is an entrance complaint of a fall or recent history of falls.

The safe discharge guidelines also stress that discharge decisions be done in consultation with patients and be based on clinical judgment, and that all significant safety concerns raised by patients, families, team members or others must be addressed prior to discharge.

The Region also made important administrative changes to how taxis or stretcher services are used to transport discharged emergency room patients home. These changes were developed together with the Manitoba Taxicab Board and the Winnipeg Fire Paramedic Service.

Depending on an individual patient's needs and the consent provided, the new process requires taxicab drivers to assist patients in accessing their home or to watch to ensure patients enter their homes before leaving. If a driver has any issues or concerns, these concerns are reported to the inter-facility transport service, operated jointly by the Region and the Winnipeg Fire Paramedic Service, who will contact the hospital emergency department for any necessary follow up.

2 IMPROVE QUALITY AND INTEGRATION

IMPROVE ACCESS TO QUALITY AND SAFE CARE THROUGH IMPROVED INTEGRATION OF SERVICES AND THE USE OF EVIDENCE-INFORMED PRACTICE.

RL6 SOFTWARE IMPLEMENTATION

Implementation of a new system to report and manage critical incidents and occurrences, called RL6: Risk, is currently underway across the Region.

Victoria General Hospital, Seven Oaks General Hospital, Concordia Hospital, Deer Lodge Centre, Community Health Services, and the Grace Hospital have all implemented the new software.

Data from RL6: Risk is shared with appropriate regional committees to promote learning and improvement. The ultimate goal of the new system is to improve patient care and safety. It enables staff and leaders to engage in various types of reviews while still providing the necessary legal privilege required for critical incidents. RL6: Risk also makes it possible to significantly streamline the critical incident review process.

The software is robust and has many benefits, including:

EFFICIENCY – Duplication of effort has been eliminated through direct staff entry. This has entirely eliminated the data entry function.

TIMELY ACCESS TO INFORMATION – Managers/directors are provided with an alert notifying them of an occurrence. The alerts are sent automatically every six hours.

ENHANCED REPORTING CAPABILITIES – The system allows for real-time reporting. Automated reports, both standard and customized, can be sent to users on a schedule pre-determined by the user.

STRENGTHENED ACCOUNTABILITY – The new system promotes accountability by notifying managers/directors of unopened and inactive occurrences.

PROMOTION OF INFORMATION SHARING – Sensitive fields can be protected, and event details can be shared with ease.

FILE LINKING CAPABILITY – The system has the ability to link files that share similar traits. This allows a manager to review or analyze a cluster of files (e.g., events where medications could have contributed to a fall or incidents involving the same patient).

CRITICAL INCIDENT REVIEW PROCESS

A key component of the Winnipeg Regional Health Authority's quality improvement efforts is the critical incident review process.

There are times in the delivery of health services when something unexpected happens to a patient, resident, or client that causes them unintended, serious harm. When this happens, it is essential for the health system to acknowledge what happened, investigate it, and make any necessary changes to improve the system.

What constitutes a critical incident, as well as many aspects of the process, are legally defined by *The Regional Health Authorities Act*.

The Act defines a critical incident as:

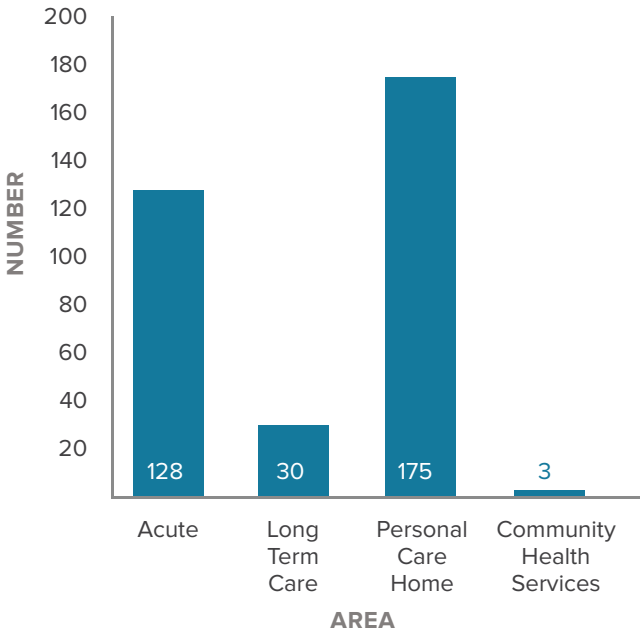
- An unintended event that occurs when health services are provided to an individual and results in a consequence to him or her that:
  - is serious and undesired, such as death, disability, injury or harm, unplanned admission to hospital or unusual extension of a hospital stay, and;
  - does not result from the individual's underlying health condition or from a risk inherent in providing health services.

Some examples of a critical incident might include:

- Being operated on the wrong side or site.
- Receiving the wrong medicine or wrong dose of a medicine that results in serious harm to the patient, resident or client.
- "Breakdowns" in communication during transitions of care that result in serious harm to the individual.

Many aspects of the critical incident process in Manitoba are confidential. In order to learn from these incidents, staff and the public need to trust that they can disclose and talk about them honestly and truthfully in a confidential, non-judgmental manner. While the Region is committed to maintaining confidentiality, it recognizes the need to also be open with patients or their families when a medical error occurs, sharing with them the findings from the

NUMBER OF CRITICAL INCIDENTS
reported by area



RL6 Database

investigation, including the facts about what happened and what's being done about it.

This helps promote an organizational culture of trust and transparency, where those reporting critical incidents can do so without fear of reprisal, and where the overall focus is on safety and improvement.

Approximately $1 million per year is invested to conduct critical incident reviews, which allow the Region to learn and improve using knowledge of health systems safety methodology and human factors.

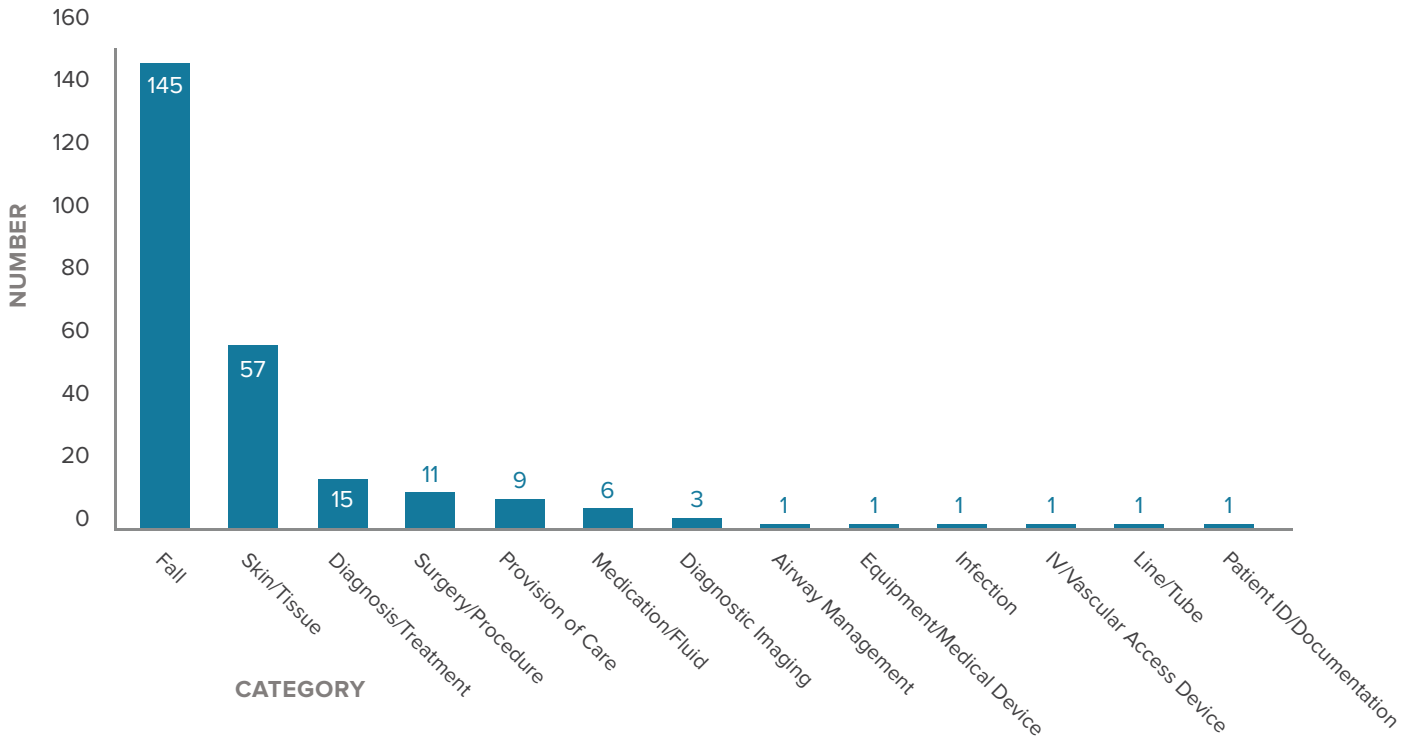
The chart below highlights the number of critical incidents reported in fiscal year 2013/14, totalling 336 critical incidents reported across the Region.

The majority of critical incidents reported continue to be related to falls and skin/tissue (pressure ulcers), as shown below.

http://www.wrha.mb.ca/healthinfo/patientsafety/criticalincident/index.php

CATEGORY OF CRITICAL INCIDENTS

reported by category



RL6 Database

PATIENT FLOW

Improving patient flow remains the priority for the Winnipeg Regional Health Authority.

Patient flow describes how people move and transition between various components of the health system, regardless of where or how they happened to enter the system.

Patients transitioning properly across various components of the health system are patients who are getting the right care, in the right place, at the right time.

When the health system is not moving patients efficiently, it can result in extended waits in emergency rooms and ambulance bays, and when waits across the system – in emergency rooms or elsewhere – get to be too long, the quality of the care provided begins to diminish.

While emergency rooms, themselves, are often cited and targeted as the cause of extended waits, these waits are actually symptoms of an underperforming system, not necessarily an underperforming emergency room.

The Region is focusing its improvement efforts on the four- and eight-hour targets specifically at the Health Sciences Centre and Grace Hospital. It is actively engaging all parts of the organization and all hospitals on the 24-hour target. Work continues in refining the specific improvement approach and structure to facilitate the broader system changes necessary to improve patient flow.

In June 2014, the Region began requiring all programs to establish daily patient demand requirements to get a clearer understanding of the daily capacity required to meet the needs of new patients requiring care, and to maintain the efficient movement of patients across the system. This approach has been recommended by the Institute for Healthcare Improvement, and will assist the Region in predicting both capacity and demand across the acute, community, and long-term care sectors.

The Region is continuing to work with Manitoba Health in identifying capital projects that will build system capacity in key areas affecting patient flow. In spring 2014, the Region and Manitoba Health announced the construction of an expansion of at least 100 beds to the Park Manor Personal Care Home. The new facility will be built next to Park Manor's current 100-bed personal care home. A second new personal care home of at least 100 beds is also being developed in south Winnipeg by Winnipeg Mennonite Seniors Care Inc. In Winnipeg, there are currently 38 personal care homes providing care to more than 5,500 people.

In January 2014, the Health Sciences Centre developed and was authorized to implement an innovative model of care called the Personal-Care Unit to provide relief for an unprecedentedly high volume of admitted medicine patients waiting in the emergency room for a hospital bed. The Personal Care Unit is a 12-bed unit reserved for patients who are panelled for personal care homes, but are waiting for a personal care home bed. The patients admitted to the Personal Care Unit are medically stable, still require personal care home level care, but do not need to be in a tertiary hospital for this care.

The Region introduced a new program called the Transitional Support Care program. It was introduced in response to a number of individuals within hospital emergency departments and inpatient units not having adequate housing options and appropriate support services in place to facilitate discharge from hospital. Developed in consultation with Manitoba Housing, the program provides 24-hour transitional care support to a maximum of 21 program participants in an effort to assist them in managing their health and housing issues so they are able to transition into a permanent housing setting. These services and care are much better delivered and accessed through a community setting rather than a hospital emergency room or inpatient unit, and can help reduce unnecessary trips to emergency departments.

In the summer and fall of 2013, the Region implemented a public awareness campaign called *MyRightCare* to promote the many health service options available to the public other than emergency departments. Regionally, less-urgent visits currently represent anywhere from 35 – 45 per cent of all emergency room visits. The *MyRightCare* campaign is intended to complement other efforts to reduce the number of less-urgent visits to emergency rooms while at the same time meeting an identified public desire for more information about other available (besides emergency rooms), and where to access these services.

WINNIPEG REGIONAL HEALTH AUTHORITY PATIENT FLOW TARGETS

2015 GOAL: TREAT AND DISCHARGE 90 PER CENT OF NON-ADMITTED EMERGENCY ROOM PATIENTS WITHIN FOUR HOURS.

51%

In 2012: 51 per cent of non-admitted patients were treated and discharged within four hours.

50%

In 2013: 50 per cent of non-admitted patients were treated and discharged within four hours.

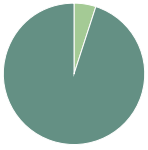
47%

Jan-July 2014: 47 per cent of non-admitted patients were treated and discharged within four hours.

Emergency Department Information System

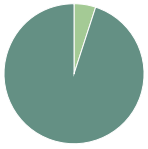
2015 GOAL: NO PATIENT, ADMITTED TO HOSPITAL OR NOT, IS TO REMAIN IN AN EMERGENCY DEPARTMENT LONGER THAN 24 HOURS.

95%



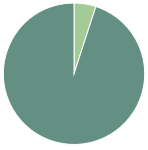
In 2012: 95 per cent of all emergency patients had been treated and discharged from the department within 24 hours.

95%



In 2013: 95 per cent of all emergency patients had been treated and discharged from the department within 24 hours.

95%



Jan-July 2014: 95 per cent of all emergency patients had been treated and discharged from the department within 24 hours.

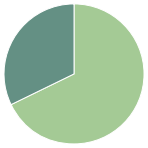
Emergency Department Information System

2015 GOAL: FIND A BED FOR 90 PER CENT OF EMERGENCY ROOM PATIENTS WHO HAVE BEEN ADMITTED TO HOSPITAL WITHIN EIGHT HOURS

33%

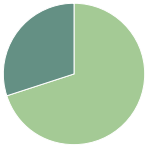
In 2012: 33 per cent of emergency room patients who needed to be admitted to hospital had been treated in the emergency room and admitted to a ward within eight hours.

32%



In 2013: 32 per cent of emergency room patients who needed to be admitted to hospital had been treated in the emergency room and admitted to a ward within eight hours.

30%

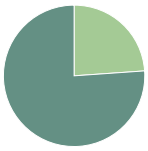


Jan-July 2014: 30 per cent of emergency room patients who needed to be admitted to hospital had been treated in the emergency room and admitted to a ward within eight hours.

Emergency Department Information System

2015 GOAL: ALL AMBULANCES ARE ABLE TO UNLOAD PATIENTS AT HOSPITALS WITHIN 60 MINUTES.

76%

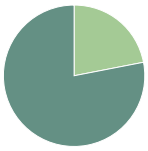


In 2012: 76 per cent of all ambulances during this period were able to unload within 60 minutes.

74%

In 2013: 74 per cent of all ambulances during this period were able to unload within 60 minutes.

78%

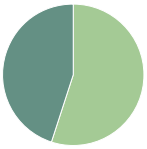


Jan-July 2014: 78 per cent of all ambulances during this period were able to unload within 60 minutes.

Emergency Department Information System

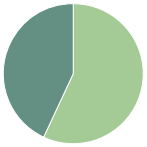
2015 GOAL: ENSURE THE NUMBER OF NON-EMERGENCY PATIENTS ATTENDING HOSPITAL EMERGENCY ROOMS DOES NOT EXCEED 20 PER CENT.

45%



In 2012: 45 per cent of non-admitted patients were treated and discharged within four hours.

43%

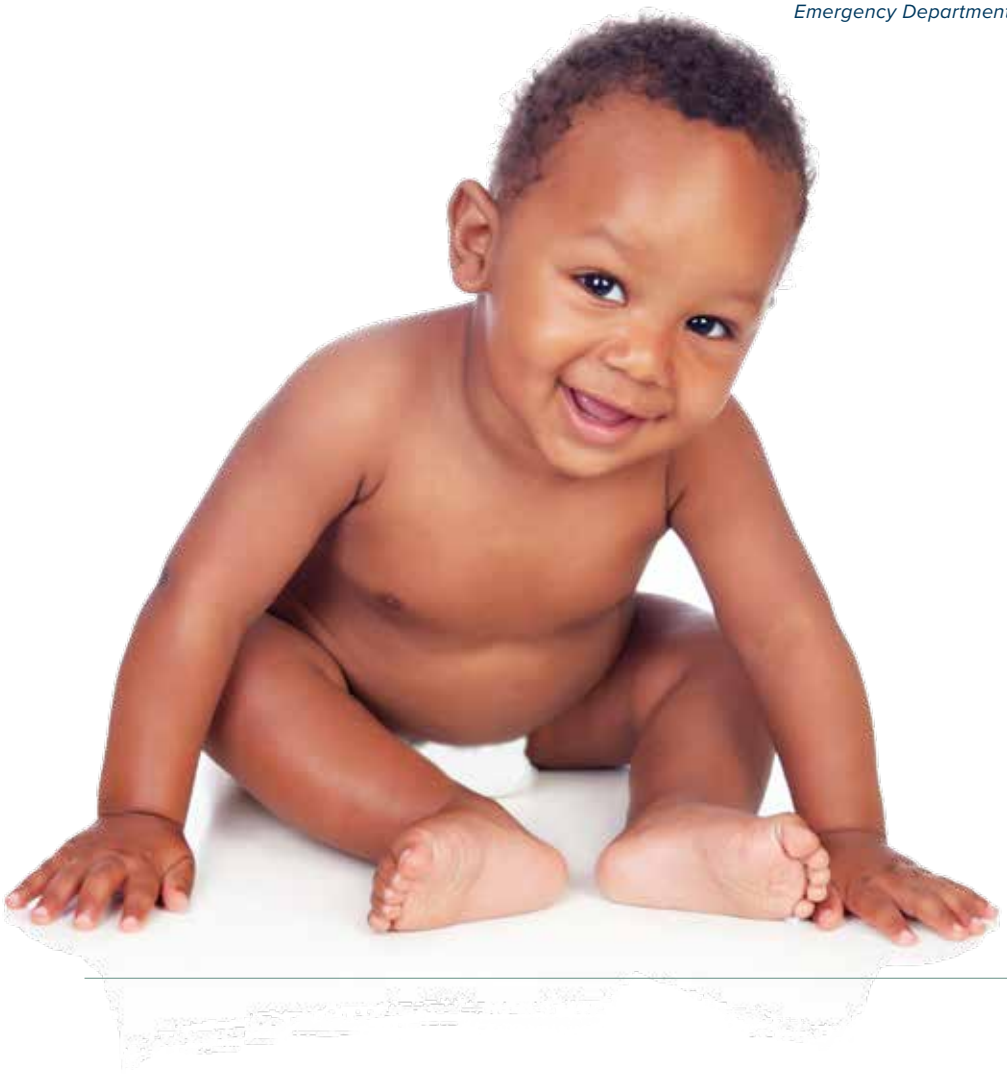


In 2013: 43 per cent of non-admitted patients were treated and discharged within four hours.

44%

Jan-July 2014: 44 per cent of non-admitted patients were treated and discharged within four hours.

Emergency Department Information System



GEOGRAPHICAL INTEGRATION

The Winnipeg Regional Health Authority undertook an innovative step in June 2013 by formally integrating hospital and community-based service delivery models in two Winnipeg geographical areas. This new integrated model builds on the integration efforts already being undertaken in these areas.

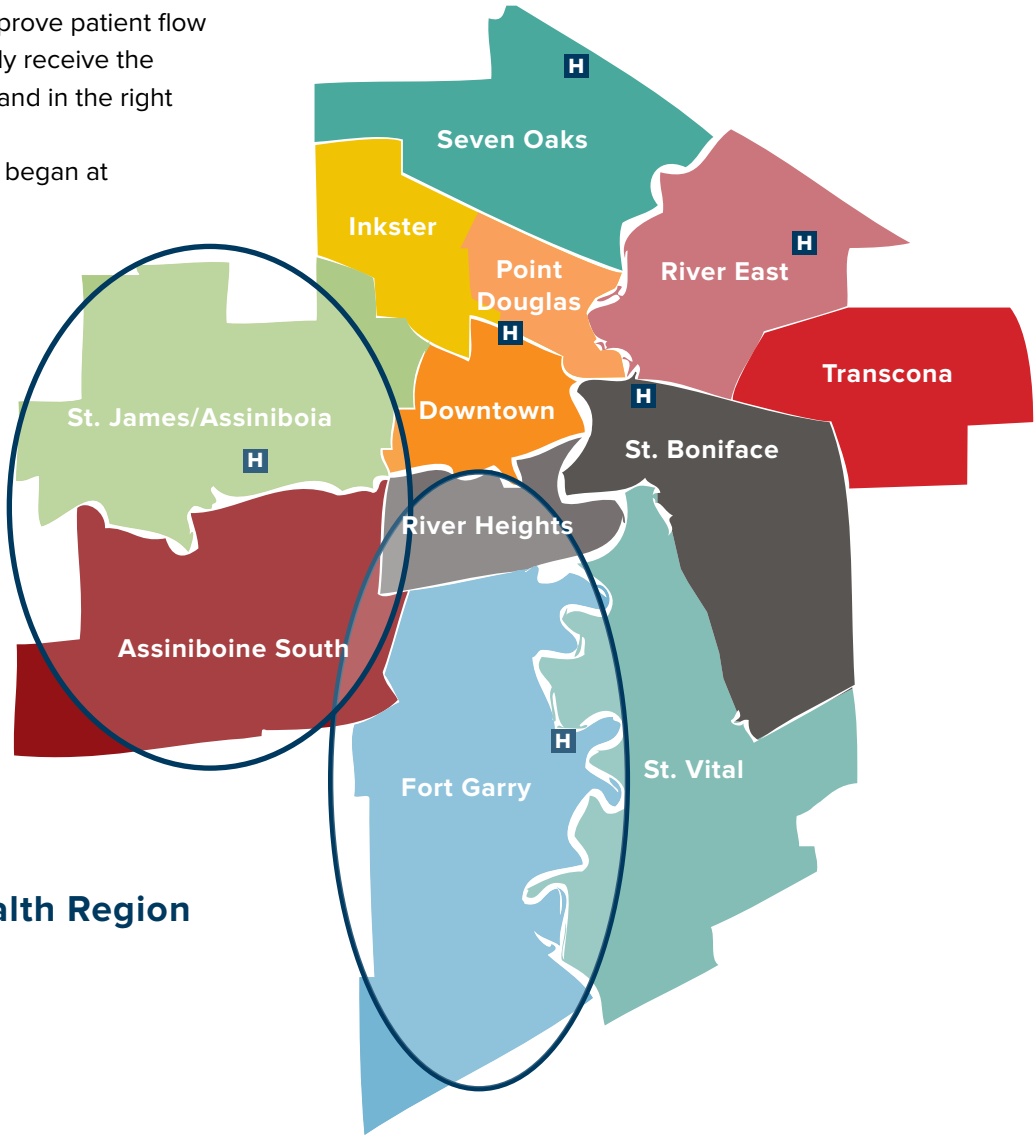
These two community areas are Winnipeg West (which includes St. James Assiniboia/Assiniboine South and the Grace Hospital) and South Winnipeg (which includes Fort Garry/River Heights and the Victoria General Hospital).

With the new geographical-based staffing model in these areas, it is expected the Region can better integrate the delivery of hospital and community services so it can further improve patient flow and patients can increasingly receive the right care, at the right time, and in the right place.

Integration in these areas began at the leadership level with a consolidation of senior management structures. As a result, a single leadership team, rather than two, exists for each hospital and community area pair.

Efforts to further integrate at the clinical level will be undertaken in the coming year.

A formal evaluation of the geographic integration model is scheduled in the coming year. It is expected that integrating in this manner will have many advantages. Duplication of services and functions can be eliminated. Funding can be better aligned in the interests of patients, clients and residents. More care can be provided in the community and home. Greater integration of clinical services can be nurtured, and patient flow can be improved. This results in better quality care, lower length of stay, and a better, stronger, safer, and more integrated health system overall.



Winnipeg Health Region

HAND HYGIENE COMPLIANCE

Hand hygiene is the single most effective way to prevent the spread of infections. Health-care providers frequently move between patients and residents and room to room while providing care. This movement provides many chances for germs to be spread by hands. Good hand hygiene protects patients, residents, clients, and staff by reducing the spread of germs.

Compliance is measured by trained monitors who observe a sample of staff and measure their compliance against the opportunities for hand hygiene. Each opportunity for hand hygiene is noted and a final per cent result is calculated from the scores for all areas as well as health-care worker categories (e.g., nurses, physicians, dietary, housekeeping). This result provides an accurate representation of how hand hygiene occurs within the reporting area.

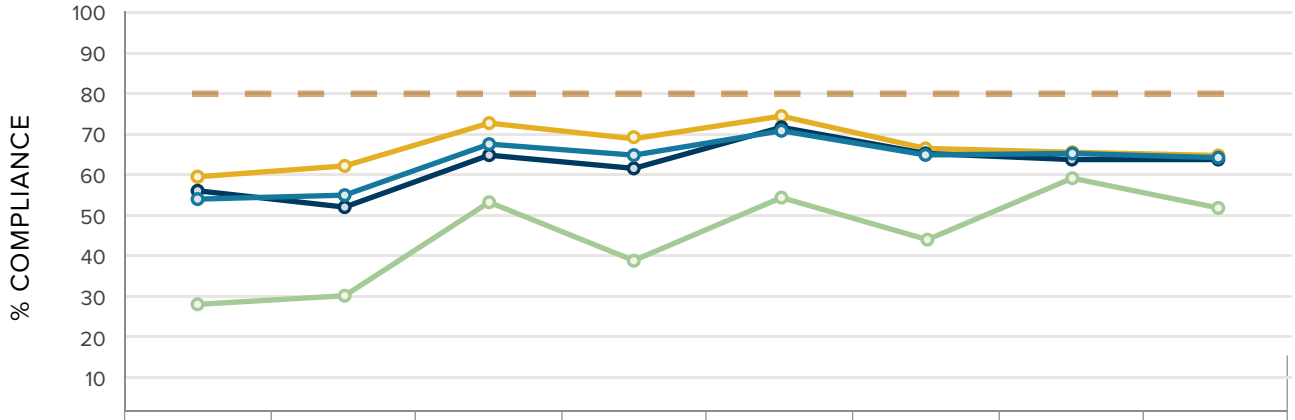
The goal is to continuously improve hand hygiene compliance, aiming minimally for 80 per cent compliance, with a target of 100 per cent compliance.

The information below shows hand hygiene compliance rates for various professions across the Region's acute-care facilities. Compliance rates plateaued in the last half of the current fiscal year, but show improvement compared to previous years. Regionally, compliance rates in acute-care facilities remains below the 80 per cent minimum compliance target, with physicians reporting the lowest level of compliance.

To improve compliance rates, all staff members receive hand hygiene training, and are expected to clean their hands as previously instructed while at work. Additional education and training are provided whenever required. Hand hygiene supplies and products for staff as well as for patients/residents/client and visitors are available throughout sites. All hand hygiene compliance results are provided to staff and are posted publicly on the Region's website.

www.wrha.mb.ca/prog/ipc/hand-hygiene.php

HAND HYGIENE AUDITING RESULTS IN THE REGION BY FACILITY/AREA (INCLUDES COMMUNITY)



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2012 - 13				2013 - 14			
Physicians	28%	30%	53%	39%	54%	44%	59%	52%
Nurse	60%	62%	73%	70%	74%	67%	66%	65%
Healthcare Aid	56%	52%	65%	61%	72%	65%	64%	64%
ALL	54%	55%	68%	65%	71%	65%	66%	64%
Goal	80	80%	80%	80%	80%	80%	80%	80%

Winnipeg Regional Health Authority Infection Prevention & Control

CARDIAC SCIENCES CONSULTATION

Over the past 10 years, the Cardiac Sciences Program in Winnipeg has significantly advanced cardiac care in Manitoba. The Region's Cardiac Sciences Program has been actively engaged in planning to ensure the program is well-positioned to meet growing demands over the next 10 years.

To support this effort, a team of consultants from the University of Ottawa Heart Institute was invited to consult with the Winnipeg Regional Health Authority's Cardiac Sciences Program to ensure the program's approach to quality improvement is consistent with best practice, and is positioned to meet future needs and demands on the program including an evaluation of the need for and feasibility of developing a heart transplant program in Winnipeg.

The objectives of the consultation include:

- Examining the need for and feasibility of developing a heart transplant program in Winnipeg.
- Validating internal projections for an increased demand for cardiac services in Manitoba, and assess the capacity of the Cardiac Sciences Program to meet these demands.
- Examining the scope of cardiac services offered in Winnipeg to ensure they meet the needs of Manitoba's population.
- Examining the approaches used in Cardiac Sciences to monitor and improve quality/standards and determine if they are consistent with best practices in other jurisdictions.
- Examining the ability to recruit and retain academic clinical staff.

3 FOSTER PUBLIC ENGAGEMENT

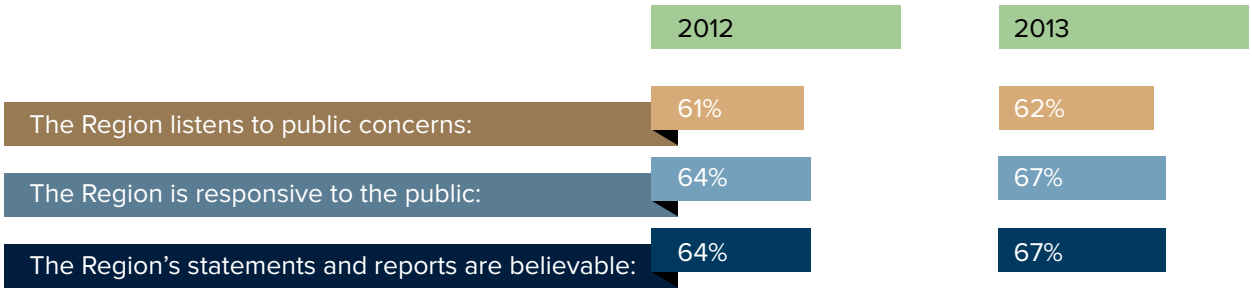
WORK WITH THE COMMUNITY TO IMPROVE ITS HEALTH AND WELL-BEING BY FORGING PARTNERSHIPS AND COLLABORATING WITH THOSE WE SERVE.

Public input into the planning and administration of health services is important to the Winnipeg Regional Health Authority, and better enables the Region to tailor its programs and services to the emerging needs of patients, families, and its health system partners.

Public and patient engagement within the Region exists across a continuum – from the individual or patient level of engagement, all the way to the system level where there is broader public engagement.

Across this continuum, the Region strives for effective communication, meaningful consultation, and active participation with the public and its many partners. As such, there are numerous ways for patients, family members, and members of the public to share their views and provide feedback on the services the Region provides, or their experiences with the health system overall.

PERCENTAGE OF RESPONDENTS WHO STRONGLY OR SOMEWHAT AGREE WITH THE FOLLOWING STATEMENTS:



Systems Tracking Report, 2012-13

"Public input into the planning and administration of health services is important..."

CLIENT RELATIONS

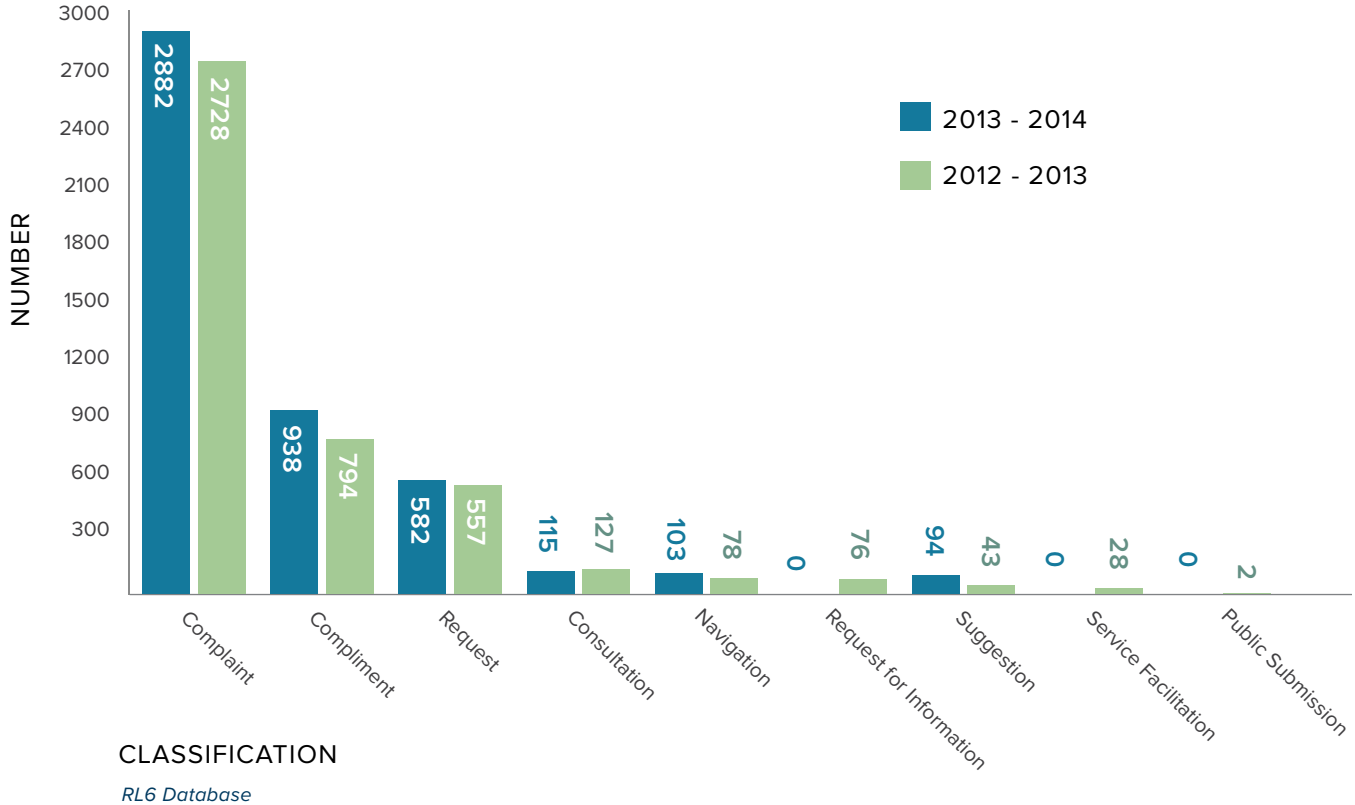
At the individual level of engagement, the Winnipeg Regional Health Authority's Client Relations service provides an accessible way for the public to share any concerns or compliments with the Region regarding their personal experiences receiving care within the Region, or the care received by a family member or friend. It is a key way in which the Region listens and responds to the public. Every week, the Client Relations line averages between 75 and 100 calls.

Feedback received through Client Relations is kept confidential, and is used together with other data to improve patient care and health services across the Region.

Client Relations can be reached at:

Winnipeg Regional Health Authority Client Relations
Phone: (204) 926-7825
Fax: (204) 940-1974
E-mail: ClientRelations@wrha.mb.ca
Monday – Friday, 8:30 a.m. – 4:30 p.m.

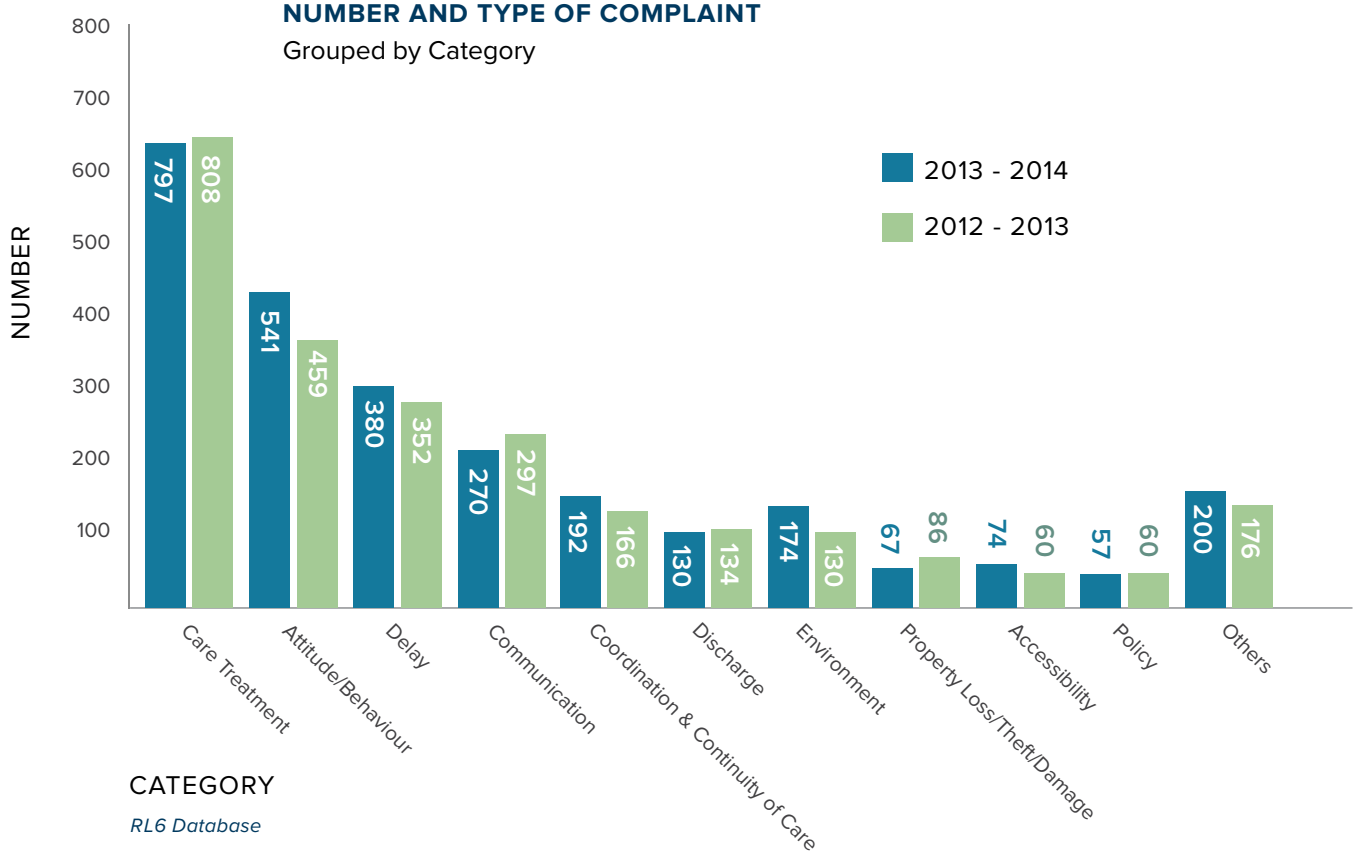
NUMBER AND CLASSIFICATION OF CALLS TO CLIENT RELATIONS
Grouped by Classification



RL6 Database

NUMBER AND TYPE OF COMPLAINT

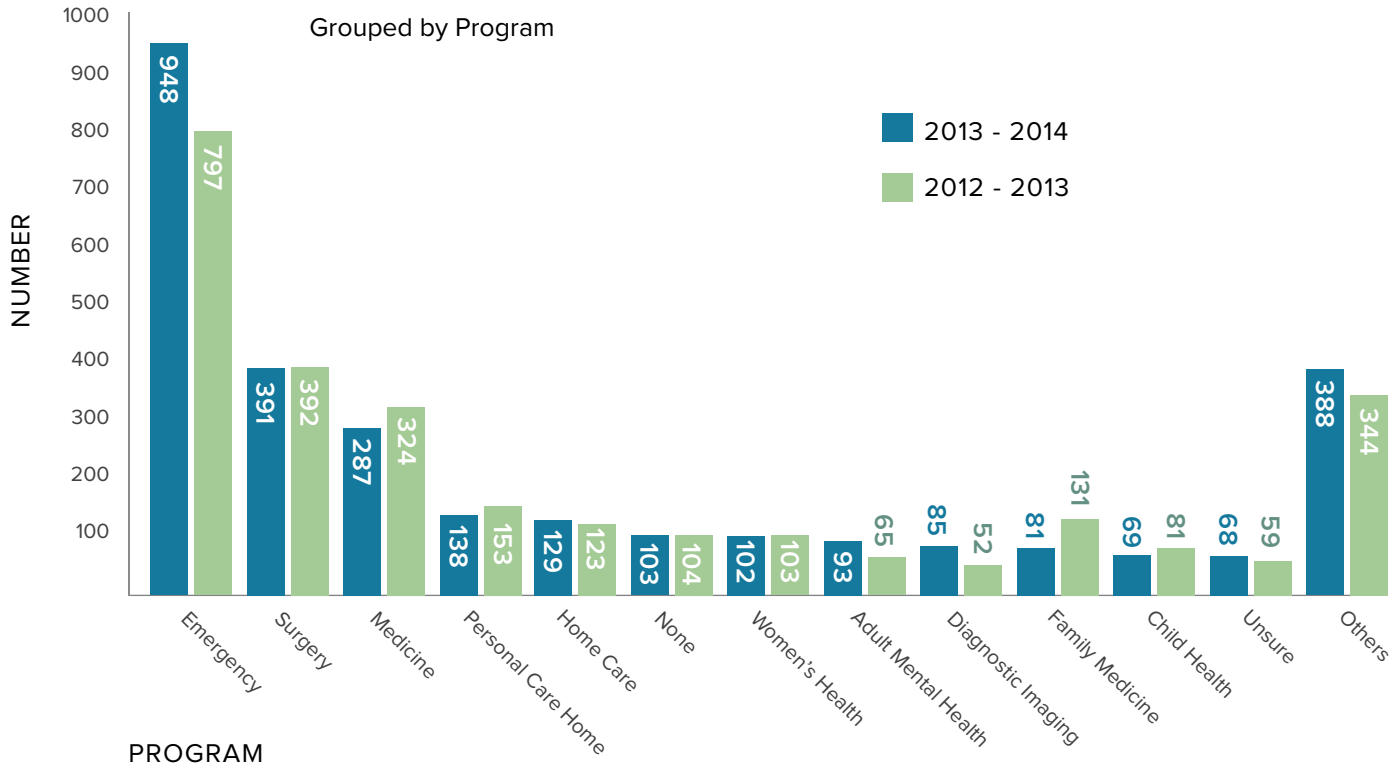
Grouped by Category



RL6 Database

NUMBER OF COMPLAINTS BY PROGRAM

Grouped by Program



RL6 Database

LOCAL HEALTH INVOLVEMENT GROUPS

As a result of changes to *The Regional Health Authorities Act* in 2013, Community Health Advisory Councils were replaced with Local Health Involvement Groups (LHIGs).

At a broader system level of engagement, Community Health Advisory Councils (CHACs) had been providing an opportunity for the public to provide advice and community perspectives on significant health issues directly to the Region's Board of Directors.

Beginning in the fall of 2013, the Region has been transitioning from the CHAC structure to the new LHIG structure. The new LHIG structure better empowers its members in determining the health topics to be explored.

There are currently six LHIGs representing geographic areas across Winnipeg:

1. St. James-Assiniboia/Assiniboine South
2. River East/Transcona (includes East St. Paul)
3. Seven Oaks/Inkster (includes West St. Paul)
4. St. Boniface/St. Vital
5. Downtown/Point Douglas
6. River Heights/Fort Garry

The LHIGs – whose membership is made up of community and board members from health organizations such as hospitals, personal care homes, and community health agencies – act in an advisory capacity to the Board and provide an ongoing opportunity for community members to share their thoughts and provide suggestions to address important issues that impact the health of Winnipeg communities.

Each LHIG has between 11 and 15 members who are appointed by the Region's Board. Non-voting members include a board member and a Region staff person who are able to provide information and answer questions about health and social services that are delivered in each community area.

Between September and May, members meet to explore at least two topics. Discussion from these meetings is included in reports that are presented to the Board and members of senior management and then made available to the public.

This past year, LHIGs provided input into the 2014 Community Health Assessment and explored the complex and challenging topic of Transparency and Accountability of the health-care system.

This summer, an advance-care planning (end of life decision-making) workshop was held in the Muslim community as a result of the LHIGs' report on advance care planning. This was spearheaded by a former member of the St. Boniface/St. Vital LHIG.

In addition to the LHIGs, the Region also receives public and patient input from our Home Care Advisory Council, Mental Health Advisory Council, Long-Term Care Advisory Council, and the Patient and Family Advisory Council.

www.wrha.mb.ca/about/engagement

HEALTH EQUITY

Working with many other health and social service partners, the Winnipeg Regional Health Authority strives to provide all people with the opportunity to reach their full health potential. The Region's board of directors is committed to building health equity and firmly believes people should not be disadvantaged from attaining good health because of their social and economic status, social class, race, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.

Large health gaps still exist in Winnipeg between those experiencing the best and poorest health. It's also true that many health gaps arise from unfair, unjust and modifiable social circumstances. Additional information about the Region's health gaps will be available in the upcoming Community Health Assessment report.

The Region recognizes that when large numbers of people do not reach their full health potential, we all share the consequences, one way or another. It is estimated that between 15 and 20 per cent of health-care costs can be attributed to health equity disparities. That reality demands the Region continue to do its part in building partnerships, exchanging ideas and processes, and working with community stakeholders to help close the gaps. Since releasing *Health for All: Building Winnipeg's Health Equity Action Plan* last year, the Region has been taking action on many levels, ranging from leadership, partnerships, and knowledge translation to education and service delivery changes.

Joint efforts to address health inequities are producing results. For example, the Region – working with the University of Manitoba, Healthy Child Manitoba and Maternal Child Health of the Assembly of Manitoba Chiefs – launched Partners for Inner-city Integrated Prenatal Care, a program offering community-based, outreach and facilitated access to prenatal care in the Downtown, Point Douglas and Inkster communities. This program provides women and families in these communities with additional options and supports to access prenatal care. It is through initiatives like this that the Region works to ensure resources are used with greater efficiency, and are targeted to those needing them most.

Across the organization, the Region has incorporated an increased health equity focus in the services it provides, and the way it conducts its planning and operations. Health equity is, in fact, an increasingly key consideration in research efforts and decision-making as new programs and facilities are developed over the long term, and partnerships and relationships with groups and agencies outside the health-care sector are developed.

www.wrha.mb.ca/about/healthequity/HealthEquityActionPlan.php

HOME CARE 40TH ANNIVERSARY

The Winnipeg Regional Health Authority is marking the 40th anniversary of home care with a series of events and tributes with staff and partners, including a special report in the September/October issue of Wave magazine.

In 1974, Manitoba established the Office of Continuing Care with a view to providing health and household services to acute and chronic care clients in the home.

In doing so, the province became the first in Canada to create a comprehensive, publicly-funded system of home care, and established itself as a leader in health-care innovation.

In the early 1970s, most health-care experts were focused on the quality of institutional care provided in hospitals and clinics. But people working within Manitoba's health and social service sectors understood that demographic changes taking place within the province that would soon lead to a surge in the number of people requiring a form of care and support that was not readily available through hospitals or clinics.

Today, the Region's Home Care program employs about 4,200 staff and serves about 15,000 clients, and is a fundamental component of the health system. Its mission remains essentially the same as it was 40 years ago – to provide health care services to support independent living, develop appropriate care options with clients and/or family, and facilitate admission into long-term care facilities when living in the community is no longer possible.

> "Today, the Region's Home Care program employs about 4,200 staff and serves about 15,000 clients..."

4 SUPPORT A POSITIVE WORK ENVIRONMENT

ENHANCE QUALITY CARE BY FOSTERING A WORK ENVIRONMENT WHERE STAFF ARE VALUED, SUPPORTED AND ACCOUNTABLE, AND REFLECT THE DIVERSE NATURE OF OUR COMMUNITY.

EMPLOYEE ENGAGEMENT SURVEY

In June 2013, the Winnipeg Regional Health Authority undertook its first region-wide employee engagement survey. The survey was conducted by Aon Hewitt, a human resources consulting firm, which allows the Region to compare its level of employee engagement with other leading-edge organizations either internal or external to health care.

Employee engagement matters because engaged and disengaged employees can impact health care in powerful ways.

Since this was the Region's initial survey, it provided the Region with a baseline indication of engagement levels with no previous year data to provide a comparison.

The Region's ultimate engagement goal is to capture the hearts and minds of its employees. This means engaging employees in ways that result in them saying positive things about where they work, staying employed within the Region, and striving to contribute to the best of their potential.

The initial survey received a 41 per cent response rate, and recorded an overall engagement level of 54 per cent.

Generally, employees indicated in the survey they were getting a sense of accomplishment from their work, that there was good work/life balance, and that employment benefits for themselves and their families were meeting their needs. At the same time, however, employees indicated that more engagement effort needed to occur in the areas of recognition of work, performance management, and leadership.

As well, the initial survey results indicated a strong positive correlation between management effectiveness/engagement and employee engagement levels. Since managers can set a very powerful tone within their workplace, employees with more highly engaged managers tended to be more engaged and vice-versa.

As such, over the last year, the Region implemented an action strategy focusing on managers. Efforts to improve employee engagement started with manager forums being scheduled across the Region throughout the year. These forums gave managers the chance to discuss what they need to do their job, challenges, and what could be improved. Detailed action plans are now in place across several sites within the Region.

The Aon Hewitt engagement survey is undertaken annually. The next scheduled survey is in October 2014.

www.wrha.mb.ca/survey.

JOB EVALUATION & SALARY STRUCTURE REVIEW

This year, the Winnipeg Regional Health Authority undertook a job evaluation and salary structure review of non-union positions.

Working with Aon Hewitt, the Region is in the midst of designing and developing what will become a new job and salary framework for the organization. Employee representatives from across the Region are actively participating in this review to ensure the framework is designed to address the unique challenges and needs of the Region.

The job evaluation and salary structure review will help ensure:

- internal equity across the Region for all non-union jobs;
- a clear, consistent and efficient process for defining and valuing work;
- a compensation program that is competitive in the marketplace;
- all employees have consistent information about their job accountabilities, and what is expected of them in their job;
- all staff have a clear awareness of potential paths for career growth and development; and
- the Region is aligning itself with the best practices of highly successful organizations.

It is anticipated the review will take approximately 12 months to complete.

www.wrha.mb.ca/review

5 ADVANCE RESEARCH AND EDUCATION

WORK WITH STAKEHOLDERS TO ENHANCE ACADEMIC PERFORMANCE THROUGH THE DEVELOPMENT OF AN ACADEMIC HEALTH SCIENCES NETWORK WHERE CLINICAL EDUCATION AND RESEARCH ACTIVITIES ARE BETTER ALIGNED AND INTEGRATED.

CENTRE FOR SURGICAL INNOVATION

In the fall of 2013, the Centre for Surgical Innovation at Health Sciences Centre's Kleysen Institute for Advanced Medicine was officially opened.

Leveraging some of the latest hardware and software technology available, the Centre is focused around the Herb and Erna Buller Intraoperative MRI Research Suite and two advanced operating rooms, one located to either side of an MRI suite. One operating room is primarily designed to support neurosurgery such as the treatment of brain tumours; the other is primarily designed to support neuro-interventional procedures such as the treatment of strokes or aneurysms.

What makes the suite special – it is the only one of its kind in Canada and one of seven in the world – is that the MRI can be moved along its tracks into either of the two operating rooms to provide up-to-the-minute imaging of a patient while the patient is still in surgery.

When not used for research and surgery, the MRI can be used to scan regular outpatients for medical imaging appointments.

The $25-million project was funded by the generosity of Health Sciences Centre Foundation donors together with support from funding partners that include the federal government, the Province of Manitoba and the Winnipeg Regional Health Authority. The Health Sciences Centre Foundation continues to raise money to cover the cost of the facility and to support its research programs.

Benefits of the Centre for Surgical Innovation include:

Advancing Research:

The facilities in place at the Centre for Surgical Innovation provide the Health Sciences Centre and Region with the capability to take its neuroscience research efforts to a new level.

The combination of the MRI and the research suites, together with the proximity to the Health Sciences Centre's surgical intensive care unit, creates ideal conditions to support research.

New research efforts are already underway, looking into areas such as traumatic brain injury and multiple sclerosis. These research areas hold the possibility of making improvements to areas of care that have significant impact on the lives of patients and major implications for costs in the health-care system.

Improved Patient Care:

The MRI provides surgeons with up-to-the-minute medical imaging of a patient, guiding advanced care. This allows surgeons, for example, to check and see how much of a tumour has been removed in the brain, and if any more surgery needs to be done. It can also allow surgeons to see if a blood blockage has been fully removed in a stroke victim.

The Centre's proximity to surgical intensive care means patients in critical-care situations will have safe and convenient access to MRI imaging should it be needed.

The MRI provides outpatient imaging when not in use for research or surgery.

INNOVATION AND LEAN SIX SIGMA TRAINING

Over the past year, a significant number of staff have received white, yellow and green belts in the LEAN process improvement methodology. This training helps drive innovation and quality improvement across the Region, culminating in dozens of innovations designed to enhance the delivery of care, ranging from initiatives to reduce wait time for surgeries and help people take more control over their own health, to the creation of a surgical safety checklist, improvements to patient discharges from emergency departments, and the development of falls assessments and checklists.

A key aspect of the Region's innovation efforts is that they be driven by front-line health-care workers and those who have direct contact with patients, clients, and residents.

As well, the Region uses Accreditation Canada's eight dimensions of quality when evaluating whether to implement change, including whether the new idea will increase access to services, whether it puts patients and families first, and whether it is achieving the right results while making the most of current resources.

PAN AM CONCUSSION CLINIC

In the spring of 2014, a new concussion program was introduced through the Pan Am Clinic. The new program, located within the MTS Iceplex and operating on a referral basis, provides co-ordinated research and medical treatment for children and youth who have suffered a concussion and require ongoing care.

The new program is expected to see referrals for as many as 30 patients under the age of 18 every week, and is expected to begin seeing patients in the fall of 2014. The program builds on the Pan Am Clinic's roots and expertise as a sports medicine clinic, and will contribute to the important ongoing research being undertaken by the Pan Am Clinic Foundation as well as by the Centre for Surgical Innovation.

The program also features a partnership with the True North Foundation, the Faculty of Medicine at the University of Manitoba, and other local experts to continue conducting innovative research into concussions, including how they can be most effectively diagnosed and managed.

In addition to direct patient care and new research, the concussion program will build partnerships with other medical professionals and community stakeholders, including educational leaders, in order to develop protocols on when and how it is safe for children to return to school after suffering a traumatic brain injury.

The program will also offer web-based educational resources for parents, coaches and teachers to help them identify when and where to seek care for concussions, help children during their recovery, and support children as they resume regular activities like school and sports.

6 BUILD SUSTAINABILITY

BALANCE THE PROVISION OF HEALTH-CARE SERVICES WITHIN THE AVAILABLE RESOURCES TO ENSURE A SUSTAINABLE HEALTH-CARE SYSTEM.

This was a challenging fiscal year for the Winnipeg Regional Health Authority. As such, the Region recognizes the critical need for cost efficiency, innovation in service delivery, co-operation, and co-ordination across the entire provincial health-care system now and into the future.

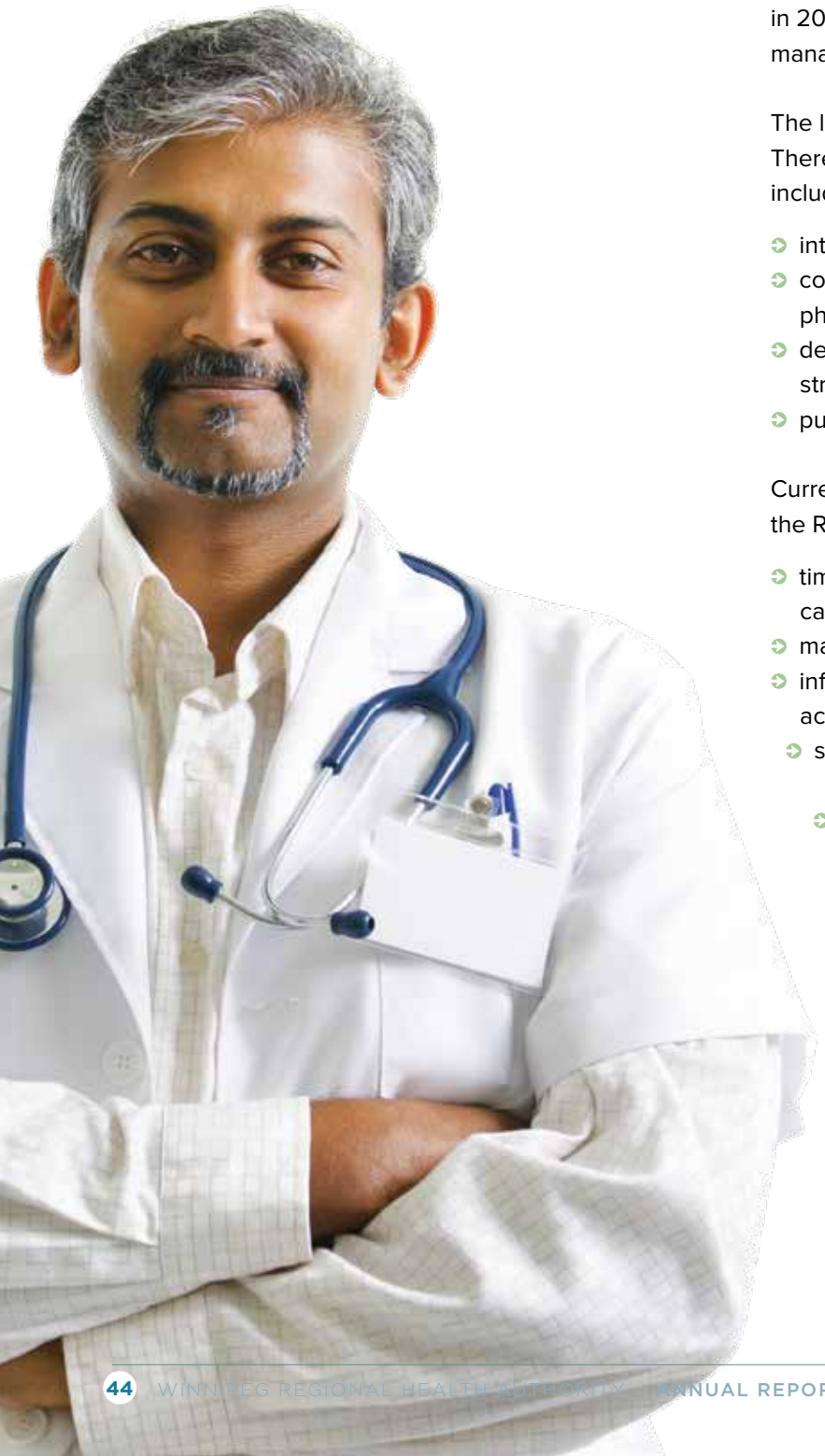
Financial accountability remains a key expectation of all staff within the Region. In the last year, the Region modified and formalized its financial management processes with the goal of strengthening the Region's approach to fiscal accountability, complementing ongoing expenditure management over the past years. While the Region is expected to reduce expenditures and achieve cost efficiencies, Manitoba Health requires that patient safety and front line service not be negatively impacted by expenditure reduction initiatives.

In an effort to contain costs and find efficiencies while still focusing on delivering high-quality and safe patient care, the Region has developed tools and implemented practice changes to assist in effective financial management. These include:

- utilization of LEAN management techniques
- minimization of discretionary expenditures to the greatest extent possible
- supply chain initiatives to improved pricing, standardization of medical and surgical supplies, and the facilitation of the more efficient usage of supplies
- development and implementation of price volume agreements
- vacancy management without negatively affecting patient services and safety
- implementation of Program Budgeting and Marginal Analysis disinvestment process to achieve savings through service changes and efficiencies
- implementation of the Print Optimization Project to generate savings
- exploration of potential new revenue sources to offset existing costs

Additionally, in October 2013 the Region implemented a restriction on hiring into either new or existing staff vacancies to ensure staffing costs are managed to the greatest extent possible.

As well, in accordance with a Manitoba Health directive, out-of-province travel continues to be restricted, and pre-approval for any out-of-province travel remains in place.



ENTERPRISE RISK MANAGEMENT

The Winnipeg Regional Health Authority has implemented an Enterprise Risk Management process to identify, monitor and manage risks that may impact the achievement of its strategic directions.

Key risks were initially determined and assessed in 2011 – 2012, and are updated annually by senior management.

The last update was conducted in February 2014. There were improvements noted in several risk areas, including:

- integration of services across the continuum of care
- contracts, payments and delivery of services for physicians
- development as a learning organization with a strong patient-safety culture
- public engagement

Current Enterprise Risk Management priority areas for the Region include:

- timely access to the appropriate level of treatment/ care in the appropriate setting
- maintenance of infrastructure and equipment
- information Technology that supports the achievement of the Region's strategic directions
- sustainable workforce – engage, develop, retain and reward our workforce
- financial stability – obtain the maximum value/ services from available funding
- timely access to accurate and relevant information to support decision-makers

Risk mitigation plans are being developed for each priority risk area to guide risk management activities.

Governance & Administration

ACCREDITATION STATUS

The Regional Health Authorities Act requires all health authorities to be accredited and maintain an accredited status.

The Winnipeg Regional Health Authority continues to maintain its accredited status following an Accreditation Canada visit in April 2013 and June 2014, meaning it has succeeded in meeting the fundamental requirements of Accreditation Canada's Qmentum accreditation program.

The April 2013 accreditation survey included 12 of the Region's clinical programs, spread over 32 sites across the Region. The Accreditation survey team identified many strengths, indicating the Region is meeting standards across every one of the eight Dimensions of Quality. The Region met 94 per cent of the total criteria from the standards sets used to evaluate these 12 programs.

A supplemental survey by Accreditation Canada was undertaken in June 2014. Supplemental surveys provide a focused assessment of selected services in between regularly scheduled on-site surveys every four years and do not impact the accredited status of an organization. The supplemental survey was limited to assessing standards in the areas of overall health system leadership, with a particular focus on service standards across emergency departments. The Region met all required organizational practices, and 77 per cent of the total criteria from the standards sets used to evaluate leadership and emergency department services.

www.wrha.mb.ca/about/accreditation.php.

GOVERNANCE

The Board of Directors is the governing body of the Winnipeg Regional Health Authority. Their mandate is to provide governance over the business of the region and oversee its service delivery, quality of care, innovation and financial transactions. The Board has responsibility not only for governance, but also leadership and direction, oversight of performance, conditions and constraints, financial sustainability, knowledge of stakeholder expectations, needs, and concerns, and acting in the best interests of the organization.

As outlined in the Region's governance manual, the functions of the Board fall under three key categories:

FIDUCIARY – Focuses on the legal responsibilities of oversight and stewardship of the Region.

STRATEGIC – Focuses on planning and issue resolution, particularly around resources, programs and services.

GENERATIVE – Focuses on creative thinking, and bringing personal insight to problem-solving at the Board level.

To this end, the Winnipeg Regional Health Authority Board of Directors has five active board committees. These committees and members from the board include:

ABORIGINAL HEALTH & HUMAN RESOURCES COMMITTEE – Jeff Cook (Chair), Myrle Ballard, Elaine Bishop, Sheila Carter, Verna Flett, Jean Friesen

QUALITY, PATIENT SAFETY & INNOVATION COMMITTEE – Joanne Biggs (Chair), Myrle Ballard, Elaine Bishop, Joan Dawkins, Stuart Greenfield, Doris Koop, Rob Santos

AUDIT COMMITTEE – Reg Kliewer (Chair), Craig Stahlke, Bruce Thompson

RESOURCES COMMITTEE – Bruce Thompson (Chair), Jennifer Faulder, Rob Freedman, Jean Friesen, Reg Kliewer, Josee Lemoine, Craig Stahlke

GOVERNANCE COMMITTEE – Jerry Gray (Chair), Joanne Biggs, Jeff Cook, Reg Kliewer, Bruce Thompson

The Region adheres to a comprehensive governance manual. The manual outlines the governance model, detailing the Board's purpose, mandate, and functionality as it relates to the relationship and stewardship of the Region, its stakeholders, and the people it serves.

www.wrha.mb.ca/about/board/files/GovernanceManual.pdf

BOARD OF DIRECTORS MEMBERSHIP

The Minister of Health appoints members to regional health authority boards. As well, the Minister appoints the board chair and may appoint the vice-chair. The Region and the Minister of Health have developed a joint nomination process that is focused on the development of a skills-based board. Both the Region and government nominate candidates from which the Minister selects the new board appointees. Of the available board positions, two are nominated by non-devolved community hospitals (Seven Oaks General Hospital and Concordia Hospital), and one is nominated by the Salvation Army. Board directors are selected based on their skill set, trust, expertise, and community representation. Collectively, directors must possess knowledge in relation to health, community development, business, finance, law, government, the organization of employees, and the interests of residents, clients, and patients.

The Regional Health Authorities Act allows for a maximum of 21 directors. The Region currently has 21 directors.

Members of the public are eligible to apply to or be nominated for appointment to the Board. Application/nomination forms are available on the Manitoba government website:

gov.mb.ca/government/abc/application.html

Application/nomination forms are also available by contacting:

Agencies, Boards and Commissions
Legislative Building
450 Broadway
Winnipeg, MB R3C 0V8
Email: agenbrdcom@leg.gov.mb.ca
Phone: (204) 945-1883
Fax: (204) 948-4705

CURRENT & OUTGOING BOARD MEMBERS

PAST SERVING BOARD MEMBERS:

- DAVE DALEY
- MARK HOLDSWORTH
- JOHN HICKES

CURRENT BOARD MEMBERS:

JERRY GRAY, CHAIR

- Dean Emeritus and Senior Scholar, the I.H. Asper School of Business, University of Manitoba
- Management consultant specializing in strategic planning and organizational development

REG KLIEWER, VICE-CHAIR

- Senior Vice-President, Finance, Palliser Furniture
- Chartered Accountant

MYRLE BALLARD

- Research Associate and Instructor at the Natural Resources Institute, University of Manitoba
- PhD in natural resources and environmental management

JOANNE BIGGS

- Sessional instructor at Booth University College
- Retired Officer in Salvation Army

ELAINE BISHOP

- Executive Director of the North Point Douglas Women's Centre
- Member of the Board of Directors of Mount Carmel Clinic

SHEILA CARTER

- Director of the Manitoba Métis Federation Health and Wellness department
- First Nations health programs and services, Health Canada, Medical Services Branch

JEFF COOK

- Occupational Therapist
- Vice-Chair of the Canadian Cancer Society - MB Division Board of Directors

JOAN DAWKINS

- Executive Director, Women's Health Clinic
- Former Community Area Director for Downtown and Point Douglas, Winnipeg Regional Health Authority/ Family Services & Housing

TUNJI FATOYE

- Family Physician

JENNIFER FAULDER

- Provincial Issues Management and Communications Officer, Addictions Foundation of Manitoba

VERNA FLETT

- Deputy Mayor with the Town of Churchill
- School Counsellor for the Duke of Marlborough School in Churchill

ROB SANTOS

- Associate Secretary to Healthy Child Committee of Cabinet, Government of Manitoba
- Research Scientist, Manitoba Centre for Health Policy

ROBERT FREEDMAN

- CEO Jewish Federation of Winnipeg
- Former Executive Director, Legal Aid Manitoba

CRAIG STAHLKE

- Secretary-Treasurer of Pembina Trails School Division
- Certified Management Accountant

JEAN FRIESEN

- Associate Professor of History at the University of Manitoba
- Member of the Speakers' Bureau of the Treaty Relations Commission of Manitoba

BRUCE THOMPSON

- Sales Manager with Manitoba Blue Cross
- Former member of the River Heights/ Fort Garry Community Health Advisory Committee

STUART GREENFIELD

- Board President, SMG Development
- Past Chair, Seven Oaks General Hospital

CONNIE KRAHENBIL

- Community Wellness Liaison at the Churchill Health Centre
- Appointed to the Addictions Foundation of Manitoba Board of Directors in 2008

DORIS KOOP

- Coordinator of the Vision Impaired Resource Network (VIRN)
- Coordinator of the Discover Curling program for people with disabilities with the Canadian Curling Association

BOB LEONARD

- Mayor of Arviat, Nunavut

JOSÉE LEMOINE

- President, Pivot Advisory Services
- Executive Director, Francofonds Inc.

PUBLIC SECTOR COMPENSATION DISCLOSURE

In compliance with *The Public Sector Compensation Disclosure Act of Manitoba*, interested parties may obtain copies of the Winnipeg Regional Health Authority public sector compensation disclosure by contacting:

Winnipeg Regional Health Authority Chief Privacy Officer
Winnipeg Regional Health Authority
650 Main Street
Winnipeg, MB, R3B 1E2
Phone: 204-926-7049
Fax: 204-926-7007

This report, which has been prepared for this purpose and audited by an external auditor, contains the amount of compensation it pays or provides in the corresponding calendar year for each of its officers and employees whose compensation is $50,000.00 or more.

The report only includes the compensation paid to individuals employed by the facilities and services directly owned and operated by the Region including the Health Sciences Centre, Grace Hospital, Victoria General Hospital, Deer Lodge Centre, Pan Am Clinic, Manitoba eHealth, Community Areas Services, Churchill Health Centre, and River Park Gardens.

St. Boniface Hospital, Riverview Health Centre, Misericordia Health Centre, Seven Oaks General Hospital, Concordia Hospital, and personal care homes other than River Park Gardens are separate legal entities. As such, they generate and make available their own disclosure reports.

The Middlechurch Home of Winnipeg joined the Winnipeg Regional Health Authority effective January 1, 2014, and will be included in the Region's disclosure report for calendar year 2014.

PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION ACT)

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 (wrongdoing) 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.

Wrongdoing 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 wrongdoing. 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 wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. 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.

THE FOLLOWING IS A SUMMARY OF DISCLOSURES RECEIVED BY THE WINNIPEG REGIONAL HEALTH AUTHORITY FOR FISCAL YEAR 2013 – 2014:

Information Required Annually *(per Section 18 of The Act)*	**Fiscal Year 2013 – 2014**
The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)*	NIL
The number of investigations commenced as a result of a disclosure. *Subsection 18(2)(b)*	NIL
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	NIL

Internal Audit

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT (FIPPA)

The Winnipeg Regional Health Authority continues to meet its responsibility to provide information to members of the public. This includes maintaining an open and transparent flow of information between the Region and the public while considering all aspects of privacy and confidentiality of patients, clients, and residents.

Winnipeg Regional Health Authority Chief Privacy Officer
650 Main Street
Winnipeg, MB, R3B 1E2
Phone: 204-926-7049
Fax: 204-926-7007

www.wrha.mb.c.a/contact/infoaccess_fippa.php

2013						
Total Requests Received	Total Requests Processed	# of Requests Granted Full or Partial Access	% of Total	Type of Request		
				Media	Political Parties	Other
186	183 *	136	74	30	129	27

* 3 requests were either transferred, withdrawn or carried forward

2012						
Total Requests Received	Total Requests Processed	# of Requests Granted Full or Partial Access	% of Total	Type of Request		
				Media	Political Parties	Other
353	312*	297	95	45	148	160

* 41 requests were either transferred, withdrawn or carried forward

2011						
Total Requests Received	Total Requests Processed	# of Requests Granted Full or Partial Access	% of Total	Type of Request		
				Media	Political Parties	Other
243	215*	185	86	48	168	27

* 28 requests were either transferred, withdrawn or carried forward

2010						
Total Requests Received	Total Requests Processed	# of Requests Granted Full or Partial Access	% of Total	Type of Request		
				Media	Political Parties	Other
297	226*	196	87	105	168	24

* 7 requests were either transferred, withdrawn or carried forward

Access + Privacy Office

FRENCH LANGUAGE SERVICES REPORT

April 2013 marked the first year of the Winnipeg Regional Health Authority's third, five-year French Language Services (FLS) Plan.

This plan was developed by a team of managers from the Region's Corporate and Community areas, St. Boniface Hospital, and funded agencies. The plan was validated by the Table de concertation urbaine (community members) and approved by Santé en Français. St. Boniface Hospital and funded agencies participated to ensure the goals have relevance regionally; however, they also prepare and are responsible for their own facility-specific strategic plan.

FRENCH LANGUAGE SERVICES PROGRAM EVOLUTION

The Region's first FLS plan, April 2001 – 2006, laid an early foundation by creating and implementing regional policies (communications, recruitment, translation), identifying designated bilingual facilities, programs, services and agencies, as well as designated bilingual positions. In its first five years, FLS was in its infancy.

From 2007 – 2012, the early work was solidified. Policies were integrated into program operations, and compliance reviews were positive. Programs and services completed standardized annual FLS reports. Numerous initiatives were developed to support the policies and the needs of staff and management. Although diverse, they all had a goal of improving access to service in French and heightened awareness and satisfaction of clients.

The focus was on tangibles and imperatives – adding to the one existing training initiative, building upon translation services, promoting FLS internally and externally, visual identification of bilingual staff, developing staff recognition activities, encouraging use of French in the workplace, creating uniform reporting mechanisms, and improving internal processes.

PLAN EFFECTIVENESS, 2007 – 2012

The francophone public is consulted on a broad-scale basis at the end of every five-year cycle to inform the development of the next five-year plan.

The goals to 2012 were met and surpassed. These internal goals had a positive external impact, as evidenced by a regional satisfaction survey undertaken in 2012 with the following results:

- 60 per cent of the respondents noticed a positive change in the delivery of FLS over the previous five years.
- There was a four per cent overall increase of respondents in the completely satisfied category.
- 76 per cent of overall respondents fell into one of the "satisfied" categories, and the other 24 per cent in a "dis-satisfied" category.

The programs that saw the greatest increases in satisfaction were: Breast Health Centre, Buhler Eye Care Centre and the Home Care Program.

THE 2013-2018 FLS PLAN

The Region remains committed to building upon all the efforts to date, and recognizes the opportunity to think broader and deeper. Much of what was previously imperative has become part of ongoing daily operations. This allows for the exploration what FLS can do in the longer term to enhance the francophone patient experience.

For example, under consideration are the following questions:

- What can be done, external to the Region, to develop bilingual capacity and potential new bilingual recruits to the Region? What are the benefits from the growing immigrant community?
- How do programs and policies contribute to improving patient compliance, safety and positive outcomes?
- How clients and community groups be better engaged to support common goals?
- How can the Region foster positive staff attitudes towards the need for service in French?
- How can francophone patients be encouraged to trust their needs are being taken into account?
- How can management and staff be supported in their work, and how best to ensure it is sustainable?

The strategic directions of the 2013 – 2018 FLS Plan are largely built upon these exploratory themes with the aim to arrive at program maturity.

IMPLEMENTATION HIGHLIGHTS 2013 – 2014

(YEAR ONE OF 2013 – 2018 PLAN)

- Designated bilingual employees completed a survey to determine their success and challenges with the Active Offer, and the degree of support provided and required from their supervisor, management and French Language Services. Results were shared with management teams and strategies created.
- An outreach strategy was developed to inform/prepare francophone immigrants about careers in the Region, and how to navigate health services in the Region. Partners included Université de Saint Boniface, Pluri-Elles and CDEM.
- FLS and regional communications developed a regional Simple Language Policy to ensure external documents, and therefore their translations into French, are at a level appropriate to the public.
- Language identifying questions were developed to be integrated into the employee record of the Region's new Human Resources database (component of SAP). The fields to be populated will be extracted from any limited existing information, and on an ongoing basis through a variety of initiatives. It will require several years until data is complete, accurate and current. This will eventually allow us to determine how many bilingual employees there are in the region.
- The annual internal regional Aon Hewitt staff satisfaction survey will now allow staff to self-declare as bilingual. This provides some data to inform the initiative explained above, and also allows FLS to keep a finger on the pulse of staff responses and needs regionally, on an annual basis.
- A cultural diversity workshop was held for bilingual staff working with Franco-African clients, to better understand the cultural context within which they are providing health services. Additional workshops planned for 2014 – 2015.
- FLS is actively soliciting feedback from the francophone community through a new feedback email. Address is advertised on all public documents created by FLS.
- Highlights of accomplishments of 2008 – 2013 annual report as well as goals for the 2013 – 2018 plan were distributed to the public by way of *La Liberté* and through regional community offices.
- A variety of management tools were created to aid with recognition and retention of bilingual staff.
- Regional French Language Services management round tables were initiated to facilitate sharing of information, and brainstorming amongst designated facilities, programs, services and agencies.

ORIENTATIONS

- Active Offer orientations (by letter) are provided to all new bilingual employees hired into designated bilingual positions. In 2014, orientations will be in-person, one on one.
- On-site Active Offer group orientations are provided to all staff of newly designated facilities (e.g., QuickCare Clinic, Crisis Response Centre).
- Group orientations focusing on the importance/value of service in French are provided to all new staff in the area of Corporate and Community as part of the regional orientation program.
- New managers in Corporate and Community programs receive extensive orientation around Active Offer as well as FLS policies, procedures and requirements.

TRAINING

- 131 employees from Corporate and Community (designated and non-designated) attended either an internal French training workshop, an evening program funded by Santé en français, or a parallel program funded by the Region's FLS.
- The Region offers a total of 22 different rotating workshops on a variety of topics/themes such as medical vocabulary, clinical interviews, active offer confidence building, etc.

TRANSLATION

- All Corporate and Community website content is translated.
- All new stand-alone program websites are developed in English and French.
- 256 external/client documents were translated for a total of 186,739 words.
- FLS funded limited translation services for key documents to non-designated programs that have a significant French clientele, to assist in an informal Active Offer.

RECRUITMENT

- From the period April 1, 2013 to March 30, 2014, 27 positions were posted as designated bilingual, of which 25 were successfully filled.

DESIGNATED BILINGUAL POSITIONS

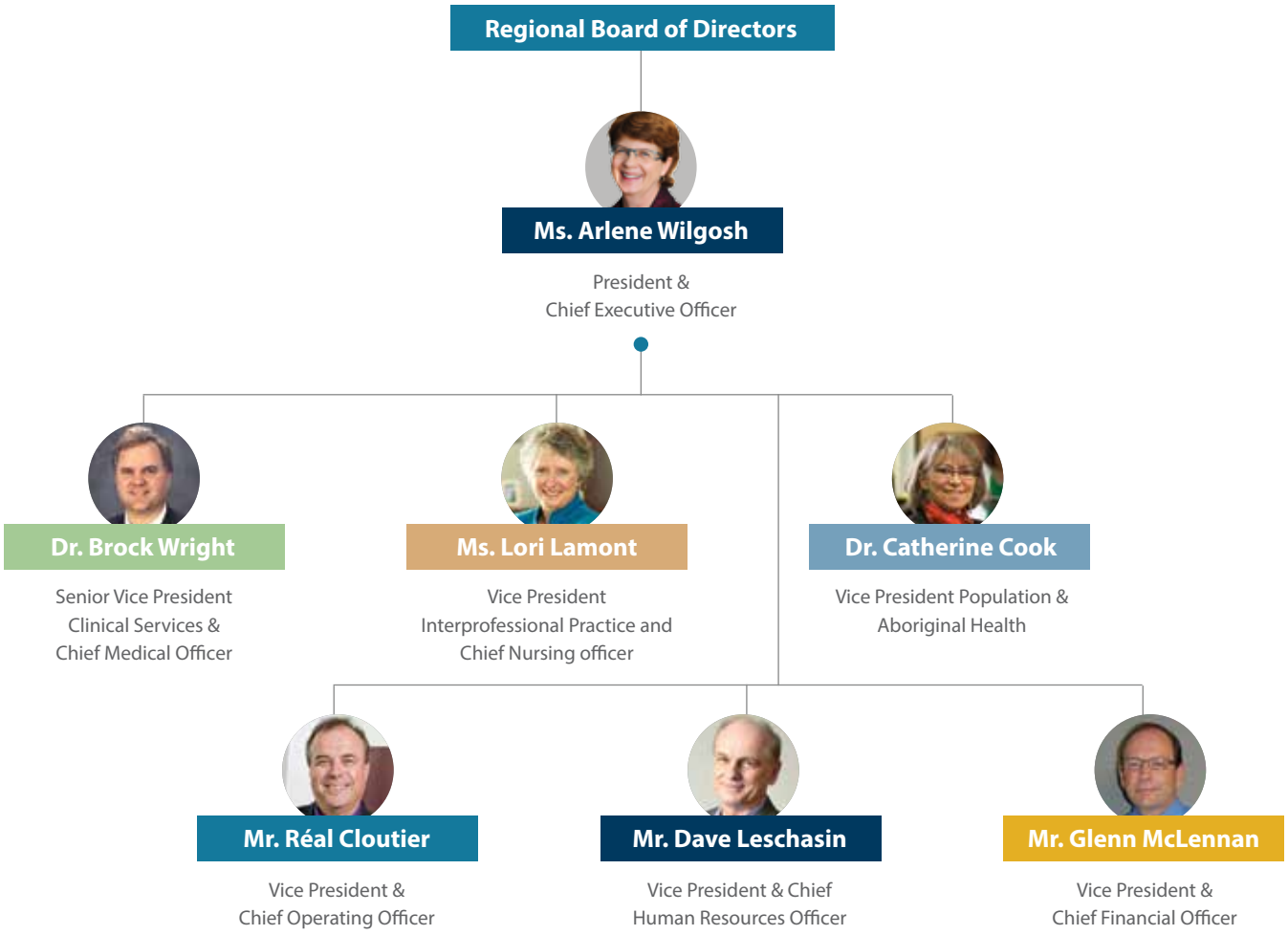
- 138.70 EFT designated;
- 104.60 EFT filled by bilingual incumbents; and
- 75 per cent filled by bilingual incumbents.

While the success rates do not appear optimal, many positions have not turned over since their designation, or may be highly specialized, making it difficult to recruit. However, bilingual employees who are not working in designated bilingual positions are encouraged and supported to use their French, and many proudly do. This significantly increases the offer of service in French not only in designated programs, but also across the Region, including funded sites.

CHALLENGES

1. Difficulty filling specialized positions such as palliative care nurses.
2. New graduates from University of St. Boniface nursing program may accept a non-designated job to gain experience, but once happily settled into that job they may not want to transition into a designated bilingual position, which generally requires more experience.
3. Many graduates of University of St. Boniface Health Care Aid program are not strong in English skills, making them poor candidates for bilingual positions. As a result, many positions remain unfilled.
4. It is difficult to maintain continued awareness of Active Offer amongst staff and management due to staff turn-over.
5. Sufficient resources to translate internal materials, such as training manuals, which would make the work of designated bilingual staff easier.

SENIOR EXECUTIVE ORGANIZATIONAL STRUCTURE



ORGANIZATIONAL CHANGES

The senior executive structure of the Winnipeg Regional Health Authority remained unchanged from last year. The Region continues to be led by Arlene Wilgosh, President & Chief Executive Officer, and six vice-presidents, all of whom remain the same.

Two hospital Chief Operating Officers announced their retirement: Mr. Francis LaBossiére, Victoria General Hospital, and Mr. Henry Tessmann, Concordia Hospital. Recruitment efforts to fill these positions are underway.

Mr. Dan Skwarchuk was promoted into the position of Senior Executive Director for the Division of Quality and System Performance. This division was reconfigured following the departure of Dr. Michael Moffat, who was the Executive Director for Research and Applied Learning.

Ms. Helen Clark was recruited into a new position of Chief Operating Officer responsible for the Region's Emergency Response and Patient Transport including the STARS air transport service. Ms. Clarke was formerly the Chief Allied Health Officer at the Health Sciences Centre, and the Emergency Medical System and Police Liaison for the Region.

Ms. Gina Trinidad assumed a new role as Chief Operating Officer responsible for Long Term Care and the Deer Lodge Centre. Ms. Trinidad was previously the Executive Director for the Long Term Care Program.

Statistical Highlights

URGENT CARE VISITS

	2013 - 14	2012 - 13	2011 - 12
Misericordia Urgent Care	41,109	43,375	41,520
Pan Am Minor Injury Clinic	55,151	58,163	67,726
Total	96,290	101,538	109,246

Source: Financial Management Information System (FIMIS)

HOME CARE CLIENTS[1] RECEIVING SERVICES

2013 - 14	2012 - 13	2011 - 12
14,011	14,020	14,217

Source: Compiled from Community Office Statistics by the Home Care Program Analyst
1) Excludes clients under assessment but not yet receiving services: 2013/14 = 199 clients 2012/13 = 268 clients; 2011/12 = 497 clients

TOTAL BIRTHS AND DELIVERIES

	2013 - 14		2011 - 12	
	# Deliveries [1]	# Births [2]	# Deliveries [1]	# Births [2]
Hospital Physician	10,922	11,014	10,852	10,938
Hospital Midwife	168	292	181	319
Home Birth Midwife	36	36	55	55
Birth Centre	164	164	132	132
Total	11,290	11,506	11,220	11,444

Source: Winnipeg Regional Health Authority DAD DSS - The statistics for all of the years have been updated to reflect what currently resides in the system.
(1) Deliveries represents the number of vaginal and Cesarean Section births coded on the mother's abstract.
(2) Births represents the number of babies born. The newborn abstract is used for the calculation. Stillbirths are included babies born before arrival are excluded.

MAIN OPERATING ROOM (OR) SURGICAL CASES[1]

INPATIENT	2013 - 14	2012 - 13	2011 - 12
Region Acute Sites	23,195	23,377	24,055
Misericordia Health Centre	512	576	550
Pan Am Clinic	-	-	-
Total	23,707	23,953	24,605

DAY SURGERY	2013 - 14	2012 - 13	2011 - 12
Region Acute Sites	23,599	24,346	23,875
Misericordia Health Centre	11,940	11,215	11,349
Pan Am Clinic	3,553	3,887	3,715
Total	39,092	39,448	38,939

TOTAL	2013 - 14	2012 - 13	2011 - 12
Region Acute Sites	46,794	47,723	47,930
Misericordia Health Centre	12,452	11,791	11,899
Pan Am Clinic	3,553	3,887	3,715
Total	62,799	63,401	63,544

Source: Winnipeg Regional Health Authority DAD DSS - The statistics for all of the years have been updated to reflect what currently resides in the system.

1) 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.

PROCEDURE VOLUMES

INPATIENT	2013 - 14	2012 - 13	2011 - 12
All (Therapeutic Interventions on the heart and related structures, excluding Coronary Artery Bypass Graft, CABG)	2,072	2,122	2,113
CABG	569	635	805
Joint Surgery:			
Primary Hip Replacements	1,372	1,418	1,331
Primary Knee Replacements	1,750	1,595	1,636
Cataract - Adults	9,673	9,050	9,091
Pediatric Dental	1,831	1,884	1,798

Source: Winnipeg Regional Health Authority DAD DSS - The statistics for all of the years have been updated to reflect what currently resides in the system.

GAMMA KNIFE PROCEDURES

2013 - 14[1]	2012 - 13[1]	2011 - 12[1]
475	401	310

Source: Financial Management Information System (FIMIS)
1) Includes cases where the patient is booked and prepared in the gamma knife frame, goes through the MRI exam, but the gamma knife procedure is abandoned to due the size of the tumor.

REGIONAL SERVICES PROVIDED THROUGH THE PROVINCIAL HEALTH CONTACT CENTRE (PHCC)[1]

INPATIENT	2013 - 14	2012 - 13	2011 - 12
Health Links - Info Santé[2] - Client calls answered Live [3]	122,328	139,935	147,239
Health Links - Info Santé - Outbound Calls [4]	1,039	1,426	3,240
Left But Not Seen - Follow-up Contacts [5]	6,047	8,361	7,021
After Hours Central Intake Program - Client calls answered Live [6]	152,738	147,239	131,106
After Hours Central Intake Program - Outbound Calls [6]	178,251	178,951	175,398
TeleCARE Manitoba - Client calls answered Live [7]	660	786	1,073
TeleCARE Manitoba - Outbound Calls [8]	9,021	10,449	11,038
Dial a Dietitian - Client calls answered Live [9]	1,358	1,167	1,095
Dial a Dietitian - Outbound Calls [10]	1,003	932	984
Triple P Positive Parenting Program - Client calls answered Live [11]	668	828	636
Triple P Positive Parenting Program - Outbound Calls [12]	1,180	1,552	2,140

1) The Provincial Health Contact Centre (PHCC), an internationally-recognized state of the art contact centre that technologically supports health and social services delivery in Manitoba in consultation with the Winnipeg Regional Health Authority and Manitoba Health. The PHCC operates almost 40 inbound and outbound calling programs, handling over 450,000 calls a year in 110 languages. The PHCC's clinical calling programs includes the Breastfeeding Hot line, the Chronic Disease Management of Congestive Heart Failure, Health Links - Info Santé and various public health services such as the Influenza Symptom Triage Service. Inbound and outbound calling programs in support of health and social delivery in Manitoba are undertaken through arrangements with various programs including: the Winnipeg Regional Health Authority Home Care Program, Family Services and Housing, Employment Income and Assistance. The PHCC operates out of the Misericordia Health Centre.
2) Health Links - Info Santé, a regional service leveraging the PHCC technology, is a 24-hour, seven-day a week telephone information service. The program is staffed by registered nurses with the knowledge to provide over-the-phone consultation related to health care questions and concerns.
3) The number of calls where a client spoke with a health care professional.
4) Total number of follow-up contacts to clients already in contact with Health Links - Info Santé staff, i.e. those contacts serviced in line 1.
5) An outbound call program delivered through the PHCC to determine if an individual who left a regional emergency room without being seen is still in need of medical attention or has already had their situation addressed.
6) After Hours Central Intake Program services regional 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.
7) The number of calls where a client spoke with a health care professional.
8) Total number of follow-up contacts to clients already in contact with TeleCARE Manitoba staff, i.e. those contacts serviced in the above line.
9) The number of calls where a client spoke with a registered dietitian.
10) Total number of follow-up contacts to clients already in contact with Registered Dietitian staff, i.e. those contacts serviced in the above line.
11) The number of calls where a client spoke with a Social Worker. This service was operational for one month March 2011.
12) Total number of follow-up contacts to clients already in contact with Triple P Positive Parenting staff, i.e. those contacts serviced in the above line.

TOTAL NUMBER OF RESIDENTS IN PERSONAL CARE HOMES (PCH)

	2013 - 14	2012 - 13	2011 - 12
Winnipeg PCH in Riverview Health Centre (RHC) & Deer Lodge Centre DLC[1]	463	463	463
Winnipeg Non-Proprietary PCH	2,987	2,989	2,937
Winnipeg Proprietary PCH	2,042	2,022	2,047
Rural Proprietary PCH [2]	362	408	408
Total	5,854	5,882	5,855

1) Assumes 100% bed occupancy of PCH beds at RHC and DLC per the regional bed map.
2) 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 Winnipeg Regional Health Authority Long Term Care Program.
Source: Director of Finance Long Term Care and Program Director, PCH Program

DIAGNOSTIC IMAGING

2013/14	Regional Acute Sites	Misericordia Health Centre	Pan Am Clinic	Other[1]	Total
CT Scans	105,596	6,625	-	-	112,221
Ultrasounds	97,165	8,124	-	-	105,289
X-Rays	284,701	19,967	-	3,238	307,906
Mammograms	2,881	-	-	-	2,881
Nuclear Medicine	22,044	-	-	-	22,044
PET	1,681	-	-	-	1,681
MRI	47,628	-	9,492	-	57,120
Bone Density	6,740	-	-	-	6,740
Angiography	5,294	-	-	-	5,294
Cardiac Angiography	13,083	-	-	-	13,083
Total Diagnostic Imaging Procedures	586,813	34,716	9,492	3,238	634,259

2012/13	Regional Acute Sites	Misericordia Health Centre	Pan Am Clinic	Other[1]	Total
CT Scans	100,217	6,468	-	-	106,685
Ultrasounds	96,654	8,755	-	-	105,409
X-Rays	284,686	20,440	-	3,282	308,408
Mammograms	3,059	-	-	-	3,059
Nuclear Medicine	22,784	-	-	-	22,784
PET	1,487	-	-	-	1,487
MRI	46,784	-	9,357	-	56,141
Bone Density	6,145	-	-	-	6,145
Angiography	5,210	-	-	-	5,210
Cardiac Angiography	12,999	-	-	-	12,999
Total Diagnostic Imaging Procedures	580,025	35,663	9,357	3,282	628,327

2011/12	Regional Acute Sites	Misericordia Health Centre	Pan Am Clinic	Other[1]	Total
CT Scans	100,940	7,148	-	-	108,088
Ultrasounds	87,585	8,600	-	-	96,185
X-Rays	285,802	19,625	-	3,312	308,739
Mammograms	3,189	-	-	-	3,189
Nuclear Medicine	22,813	-	-	-	22,813
PET	1,444	-	-	-	1,444
MRI	48,908	-	9,457	-	58,365
Bone Density	6,574	-	-	-	6,574
Angiography	5,796	-	-	-	5,796
Cardiac Angiography	12,328	-	-	-	12,328
Total Diagnostic Imaging Procedures	575,379	35,373	9,457	3,312	623,521

Source: Diagnostic Imaging Program; Breanna Batters
1) Other includes Riverview Health Centre, Deer Lodge and Maples Surgical Centre.

KEY HOSPITAL STATISTICS

TOTAL WINNIPEG REGIONAL HEALTH AUTHORITY

Key Statistic:	2012 - 13	2013 - 14
Number of Beds [1]	3172	3166
Average Occupancy [2]	86.62%	88.63%
Emergency Department Visits [3]	280,782	268,380
Emergency Department Visits Admitted (with % in brackets) [3]	31,853 (11.34%)	31,148 (11.61%)
Left Without Being Seen (with % in brackets) [3]	25,036 (8.92%)	19,486 (7.26%)
Percent of Alternate Level of Care (ALC) Days [4]	12.84%	12.59%
ELOS: ALOS Ratio [5]	1.05	1.07
Hospital Standardized Mortality Ratio [6]	104	98
Clostridium Difficile Rate (per 10,000 pt days) [9]	2.02	2.67
MRSA Rate (per 10,000 pt days) [7]	4.49	5.18

HEALTH SCIENCES CENTRE

Key Statistic:	2012 - 13	2013 - 14
Number of Beds [1]	755	759
Average Occupancy [2]	81.25%	86.85%
Emergency Department Visits [3]	105,282	99,954
Emergency Department Visits Admitted (with % in brackets) [3]	12,936 (12.29%)	12,170 (12.18%)
Left Without Being Seen (with % in brackets) [3]	7,710 (7.32%)	6,093 (6.10%)
Percent of Alternate Level of Care (ALC) Days [4]	7.40%	7.76%
ELOS: ALOS Ratio [5]	1.04	1.070
Hospital Standardized Mortality Ratio [6]	104	90
Clostridium Difficile Rate (per 10,000 pt days) [9]	2.47	2.57
MRSA Rate (per 10,000 pt days) [7]	7.66	10.77

ST. BONIFACE HOSPITAL

Key Statistic:	2012 - 13	2013 - 14
Number of Beds [1]	472	472
Average Occupancy [2]	86.44%	84.02%
Emergency Department Visits [3]	41,009	38,939
Emergency Department Visits Admitted (with % in brackets) [3]	6,292 (15.34%)	6,233 (16.01%)
Left Without Being Seen (with % in brackets) [3]	3,941 (9.61%)	3,350 (8.60%)
Percent of Alternate Level of Care (ALC) Days [4]	7.20%	7.03%
ELOS: ALOS Ratio [5]	0.96	0.96
Hospital Standardized Mortality Ratio [6]	93	90
Clostridium Difficile Rate (per 10,000 pt days) [9]	2.48	4.67
MRSA Rate (per 10,000 pt days) [7]	5.14	3.65

CONCORDIA HOSPITAL

Key Statistic:	2012 - 13	2013 - 14
Number of Beds [1]	185	185
Average Occupancy [2]	92.51%	94.10%
Emergency Department Visits [3]	34,059	33,662
Emergency Department Visits Admitted (with % in brackets) [3]	3,379 (9.92%)	3,354 (9.96%)
Left Without Being Seen (with % in brackets) [3]	3,546 (10.41%)	2,834 (8.42%)
Percent of Alternate Level of Care (ALC) Days [4]	19.73%	19.56%
ELOS: ALOS Ratio [5]	1.02	1.03
Hospital Standardized Mortality Ratio [6]	100	108
Clostridium Difficile Rate (per 10,000 pt days) [9]	0.81	0.95
MRSA Rate (per 10,000 pt days) [7]	1.77	1.89

VICTORIA GENERAL HOSPITAL

Key Statistic:	2012 - 13	2013 - 14
Number of Beds [1]	203	203
Average Occupancy [2]	94.43%	93.52%
Emergency Department Visits [3]	30,927	31,176
Emergency Department Visits Admitted (with % in brackets) [3]	2,548 (8.24%)	2,727 (8.75%)
Left Without Being Seen (with % in brackets) [3]	2,757 (8.91%)	1,724 (5.53%)
Percent of Alternate Level of Care (ALC) Days [4]	22.30%	21.47%
ELOS: ALOS Ratio [5]	1.12	1.14
Hospital Standardized Mortality Ratio [6]	122	120
Clostridium Difficile Rate (per 10,000 pt days) [9]	1.48	2.93
MRSA Rate (per 10,000 pt days) [7]	2.52	3.08

GRACE HOSPITAL

Key Statistic:	2012 - 13	2013 - 14
Number of Beds [1]	239	239
Average Occupancy [2]	88.86%	89.7% [10]
Emergency Department Visits [3]	24,694	23,742
Emergency Department Visits Admitted (with % in brackets) [3]	2,958 (11.98%)	3,083 (12.99%)
Left Without Being Seen (with % in brackets) [3]	3,844 (15.57%)	2,216 (9.33%)
Percent of Alternate Level of Care (ALC) Days [4]	17.40%	18.73%
ELOS: ALOS Ratio [5]	1.17	1.18
Hospital Standardized Mortality Ratio [6]	114	107
Clostridium Difficile Rate (per 10,000 pt days) [9]	3.98	4.56
MRSA Rate (per 10,000 pt days) [7]	2.7	4.19

SEVEN OAKS GENERAL HOSPITAL

Key Statistic:	2012 - 13	2013 - 14
Number of Beds [1]	299	299
Average Occupancy [2]	91.82%	95.13%
Emergency Department Visits [3]	44,811	40,907
Emergency Department Visits Admitted (with % in brackets) [3]	3,740 (8.35%)	3,581 (8.75%)
Left Without Being Seen (with % in brackets) [3]	3,238 (7.23%)	3269 (7.99%)
Percent of Alternate Level of Care (ALC) Days [4]	20.79%	18.72%
ELOS: ALOS Ratio [5]	1.17	1.18
Hospital Standardized Mortality Ratio [6]	106	97
Clostridium Difficile Rate (per 10,000 pt days) [9]	0.91	1.07
MRSA Rate (per 10,000 pt days) [7]	4.05	3.51

CHURCHILL HEALTH CENTRE [8]

Key Statistic:	2012 - 13	2013 - 14
Number of Beds [1]	28	28
Average Occupancy [2]	14.00%	12.00%
Emergency Department Visits [3]	1,492	1,492
Emergency Department Visits Admitted (with % in brackets) [3]	112 (8%)	90 (6%)
Left Without Being Seen (with % in brackets) [3]	30 (2%)	10 (1%)
Percent of Alternate Level of Care (ALC) Days [4]	16.00%	31.00%
ELOS: ALOS Ratio [5]	1.1	1.070
Hospital Standardized Mortality Ratio [6]	53	56
Clostridium Difficile Rate (per 10,000 pt days) [9]	0	0
MRSA Rate (per 10,000 pt days) [7]	0	0

1) Source: Winnipeg Regional Health Authority FY1314 Bed Map
2) Financial Management Information System (FIMIS)
3) Source: EDIS Decision Support. HSC data includes both Adult and Children's Emergency Visits.
4) Source: DAD DSS
5) Source: DAD DSS
6) Source: CIHI eReporting HSMR Reports. FY 13/14 data is available only up to Q3.
7) Source: Winnipeg Regional Health Authority Infection Prevention and Control Program team
9) Source: CIHI HSC Indicators
10) Grace Occupancy rate estimated using the using 2012 values as the 2013 values were unavailable at the time.

Financial Statements

REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARIZED CONSOLIDATED FINANCIAL STATEMENTS

To the Directors of the Winnipeg Regional Health Authority:

The accompanying summarized consolidated financial statements, which comprise the summarized consolidated statement of operations and summarized consolidated statement of financial position, are derived from the audited consolidated financial statements of the Winnipeg Regional Health Authority (the "Authority") for the year ended March 31, 2014. We expressed an unmodified audit opinion on those financial statements in our report dated August 26, 2014.

The summarized consolidated financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summarized consolidated financial statements, therefore, is not a substitute for reading the audited consolidated financial statements of the Authority.

MANAGEMENT'S RESPONSIBILITY FOR THE SUMMARIZED CONSOLIDATED FINANCIAL STATEMENTS

Management is responsible for the preparation of the summarized consolidated financial statements.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on the summarized consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, "Engagements to Report on Summary Financial Statement."

OPINION

In our opinion, the summarized consolidated financial statements derived from the audited consolidated financial statements of the Winnipeg Regional Health Authority for the year ended March 31, 2014 are a fair summary of those consolidated financial statements.

Ernst & Young LLP

Ernst & Young
Chartered Accountants

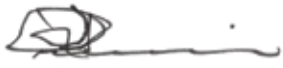
Winnipeg, Canada
August 26, 2014

SUMMARIZED CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT MARCH 31

(IN THOUSANDS OF DOLLARS)

	2014	2013
ASSETS		
CURRENT		
Cash and cash equivalents	**$ 90,933**	$154,803
Accounts receivable	**140,907**	98,826
Inventory	**31,062**	31,666
Prepaid expenses	**16,395**	12,651
Investments	**14,852**	10,560
Employee benefits recoverable from Manitoba Health, Healthy Living and Seniors ("Manitoba Health")	**78,957**	78,957
	373,106	387,463
CAPITAL ASSETS, NET	**1,558,470**	1,437,462
OTHER ASSETS		
Employee future benefits recoverable from Manitoba Health	**82,499**	82,499
Investments	**99,610**	61,450
Accounts held in trust	**4,333**	4,434
Nurse recruitment and retention fund	**4,405**	4,870
	$ 2,122,423	$ 1,978,178
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	**$244,454**	$209,922
Employee benefits payable	**106,736**	103,303
Current portion of long-term debt	**51,508**	45,215
	402,698	358,440
NON-CURRENT		
Long-term debt	**24,929**	20,527
Employee future benefits payable		
Accrued retirement entitlement	**184,617**	177,753
Sick leave liability	**37,073**	35,336
Accounts held in trust	**4,333**	4,434
Deferred contributions	**1,422,764**	1,326,978
Nurse recruitment and retention fund	**4,405**	4,870
	1,678,121	1,569,898
NET ASSETS	**43,277**	49,423
ACCUMULATED REMEASUREMENT (LOSSES) GAINS	**(1,673)**	417
	$ 2,122,423	$ 1,978,178

Dr. Jerry Gray, Board Chair



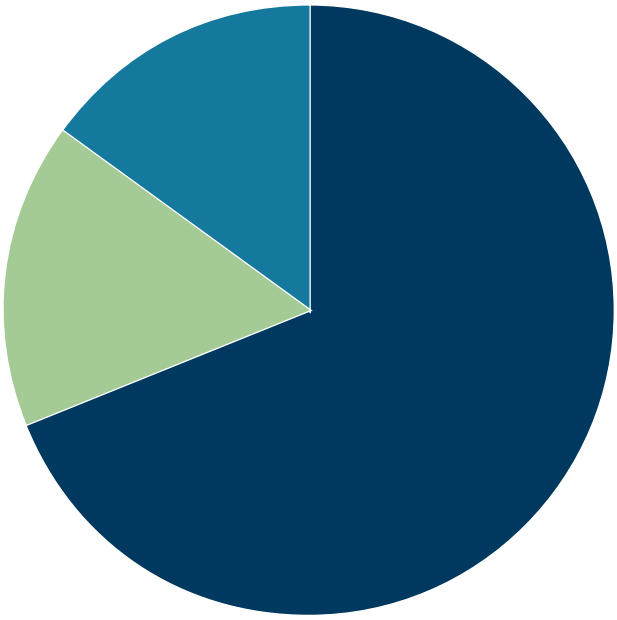
Reg Kliewer, Treasurer

SUMMARIZED CONSOLIDATED STATEMENT OF OPERATIONS FOR THE YEAR ENDED MARCH 31

(IN THOUSANDS OF DOLLARS)

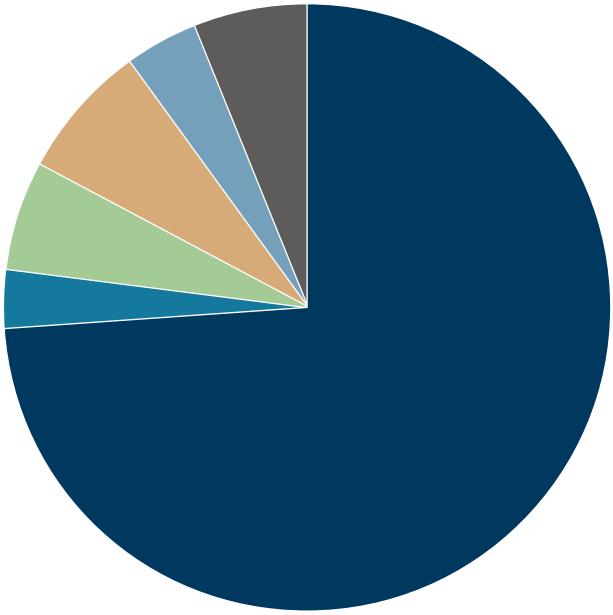
	2014	2013
REVENUE		
Manitoba Health operating income	**$2,476,900**	$2,386,750
Other income	**110,680**	111,408
Amortization of deferred contributions, capital	**77,058**	74,413
Recognition of deferred contributions, future expenses	**32,743**	18,699
	2,697,381	2,591,270
EXPENSES		
Direct operations	**2,250,394**	2,153,383
Interest	**488**	527
Amortization of capital assets	**86,925**	80,381
	2,337,807	2,234,291
FACILITY FUNDING		
Long-term care facility funding	**296,082**	294,949
Community health agency funding	**43,855**	40,318
Adult day care facility funding	**3,185**	3,254
Long-term care community therapy services	**1,219**	764
GRANT FUNDING		
Grants to facilities and agencies	**29,878**	26,331
	2,712,026	2,599,907
OPERATING DEFICIT	**(14,645)**	(8,637)
NON-INSURED SERVICES		
Non-insured services income	**66,922**	75,085
Non-insured services expenses	**61,915**	70,939
NON-INSURED SERVICES SURPLUS	**5,007**	4,146
DEFICIT FOR THE YEAR	**$ (9,638)**	$ (4,491)

BUDGET ALLOCATION BY SECTOR & MAJOR EXPENSE



ALLOCATION BY SECTOR

- Acute 69%
- Community Care 16%
- Long Term Care 15%



ALLOCATION BY MAJOR EXPENSE

- Wages and Benefits 74%
- Pharmaceuticals 3%
- Medical Supplies 6%
- Patient Support 7%
- Amortized Assets 4%
- Other Costs 6%

Winnipeg Regional Health Authority Department of Finance

ADMINISTRATIVE COSTS REPORT

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 Winnipeg Regional Health Authority adheres to these coding guidelines.

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

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

At the request of Manitoba Health, 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 Costs: Executive Offices, Board of Directors, Local Health Involvement Groups, Public Relations, Planning & Development, Community Health Assessment, Risk Identification & Management, Claims Management, and Internal Audit. Finance Costs: General Accounting, Accounts Receivable, Accounts Payable, and Budget Control. Communications Costs: Telephone, Paging, Monitors, Telex, Fax, and Mail Services.

RECRUITMENT & HUMAN RESOURCES

Includes: Payroll, Human Resources, Personnel Records, Staff Recruitment & Retention (general, physicians, and nurses), Employee Compensation & Benefits, Labour Relations, Employee Health, Employee Assistance Programs, Occupational Health & Safety, and Provincial Labour Relations Secretariat.

PATIENT CARE RELATED

Includes: Visitor Information, Utilization Management, Patient Relations, Privacy Office, Infection Control, Quality Assurance, and Accreditation.

ADMINISTRATIVE COSTS AND PERCENTAGES FOR THE REGION

(INCLUDING HOSPITALS, NON-PROPRIETARY PERSONAL CARE HOMES AND COMMUNITY HEALTH AGENCIES), FOR THE YEAR ENDED MARCH 31
(IN THOUSANDS OF DOLLARS)

2014

	Acute Care Facilities & Corporate Office		**Personal Care Homes & Community Health Agencies**		**Total**	
	$	**%**	**$**	**%**	**$**	**%**
Corporate	**$56,304**	**2.24%**	**$13,778**	**5.83%**	**$70,082**	**2.55%**
Recruitment & Human Resources	**23,372**	**0.93%**	**1,969**	**0.83%**	**25,341**	**0.92%**
Patient Care	**17,146**	**0.68%**	**20**	**0.01%**	**17,166**	**0.62%**
TOTAL	**$96,822**	**3.85%**	**$15,767**	**6.67%**	**$112,589**	**4.09%**

2013

	Acute Care Facilities & Corporate Office		Personal Care Homes & Community Health Agencies		Total	
	$	%	$	%	$	%
Corporate	$54,588	2.20%	$13,108	5.45%	$67,696	2.49%
Recruitment & Human Resources	22,893	0.92%	1,840	0.77%	24,733	0.91%
Patient Care	17,343	0.70%	19	0.01%	17,362	0.64%
TOTAL	$94,824	3.82%	$14,967	6.23%	$109,791	4.04%

The 2014 figures presented are based on preliminary data available at time of publication.

Restatements were made to the 2013 figures to reflect the final data that was submitted after the publication date and for the removal of Telehealth information (previously included in Patient Care Related category above).

MANITOBA EHEALTH OPERATING RESULTS FOR THE YEAR ENDED MARCH 31 (UNAUDITED)

(IN THOUSANDS OF DOLLARS)

	2014	2013
REVENUE		
Manitoba Health operating income	**$ 70,609**	$ 67,471
Recoveries	**16,558**	14,968
	87,167	82,439
EXPENSES		
Salaries, wages, and employee benefits	**45,252**	45,197
Data communications	**2,251**	1,711
License fees	**5,208**	3,247
Hardware and software maintenance	**18,675**	18,020
Buildings and ground expense	**2,783**	2,668
Miscellaneous and other	**12,656**	11,339
	86,825	82,182
OPERATING SURPLUS	**342**	257
Manitoba Health operating income reduction	**(342)**	(257)
SURPLUS FOR THE YEAR	**$ -**	$ -

The above results are exclusive of items such as employee future benefits and the revenue and expenses related to capital assets, as these items are recorded outside of eHealth operations.

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Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
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