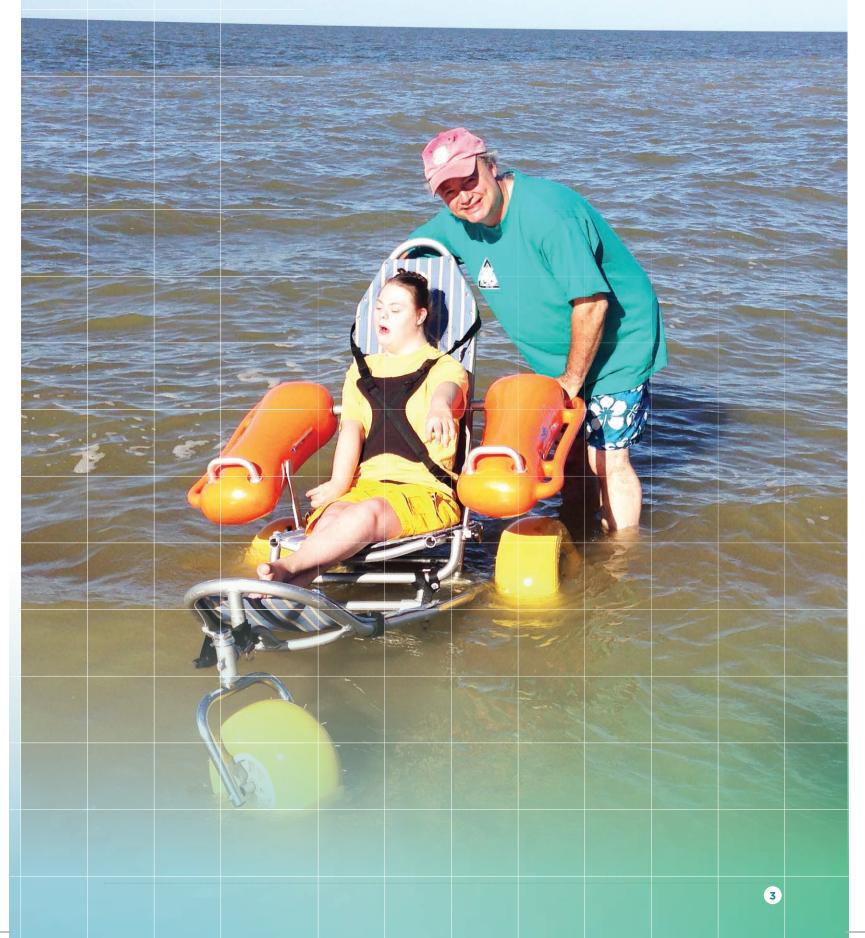


Healthy People.

Vibrant Communities.

**EQUITABLE CARE FOR ALL.** 

Mary Rollason with father Kevin enjoying a dip thanks to this floating wheelchair on loan from Specialized Services for Children and Youth's Rehabilitation program.



#### **TABLE OF CONTENTS**

Letter of Transmittal & Accountability	5
Profile of the Winnipeg Regional Health Authority	6
Message from the Board Chair	. 8
Message from the President & Chief Executive Officer	. 10
Vision, Mission, Values 2016-2021	. 12
Strategic Directions	. 20
Governance & Administration	50
Accreditation Status	50
Governance	50
Board of Directors Membership	51
Current and Past Serving Members of the Board	52
Public Sector Compensation Disclosure	54
Public Interest Disclosure (Whistleblower Protection Act)	54
Freedom of Information & Protection of Privacy Act (FIPPA)	55
French Language Services	56
Senior Executive Organizational Structure & Organizational Changes	60
Statistical Highlights	61
Financial Statements	69
Report of the Independent Auditors on the Summarized Consolidated Financial Statements	69
Summarized Consolidated Statement of Financial Position	70
Summarized Consolidated Statement of Operations	71
Budget Allocation by Sector and Major Expense	72
Administrative Costs Report	73
Administrative Costs and Percentages for the Region	74
Manitoba eHealth Operating Results	75



This icon will be used to throughout the report to identify information that is also available online. To find out more follow the link listed beside this icon.

# 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, 2016.

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, Seniors and Active Living. All material, including economic and fiscal implications known as of July 31, 2016, has been considered in preparing the annual report. The board has approved this report.

Respectfully submitted,

Mr. R. B (Bob) Brennan, CFA

Board Chair, Winnipeg Regional Health Authority

# Profile of the Winnipeg Regional Health Authority

The Winnipeg Regional Health Authority (the Region) co-ordinates and delivers health services and promotes well-being within the Winnipeg and Churchill geographical areas. The Region is home to Manitoba's two tertiary hospitals: Health Sciences Centre Winnipeg, the largest teaching hospital and provincial trauma centre, and St. Boniface Hospital, a Catholic teaching hospital housing a spectrum of services, including the Cardiac Sciences Program.

The Region's role is defined largely under the Regional Health Authorities Act. In carrying out its responsibilities in the administration and co-ordination of health care services, it directly manages or contracts with others to provide a wide range of health care services. The Region collaborates with community, government, and other health partners to protect and enhance the health and well-being of our community. It also relies on a dedicated team of health care professionals and support staff to achieve its mission.

The Region is governed by a community board of directors appointed by the Minister of Health. Its integrated leadership model includes the Executive Council, the Senior Operations Leadership Council and the Clinical Program Council.

The Region 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 more than 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**

Among the largest employers in Manitoba, the Region employs more than 28,000 people. With an annual operating budget of nearly \$2.6 billion, the Region is the largest health authority in the province, 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 (Winnipeg West Integrated Health and

Social Services)

Seven Oaks General Hospital

Victoria General Hospital (Winnipeg South Integrated

Health and Social Services)

#### **Five Health Centres**

Churchill - J.A. Hildes Northern Medical Unit

Deer Lodge Centre

Misericordia Health Centre

Riverview Health Centre

St. Amant

#### **Personal Care Homes**

38 personal care homes

10 supportive housing providers

#### **Community-Based Health**

13 community health agencies

Rehabilitation Centre for Children

Manitoba Adolescent Treatment Centre

Pan Am Clinic

70 grant-funded community agencies

Six QuickCare Clinics

#### **Access Centres**

Community-Based Health and Social Services (WRHA and Department of Families Community Based

Services). All paired community areas have at least one

Access Centre where health and social services staff

are co-located.

Saint Boniface / St. Vital

Downtown / Point Douglas

St. James / Assiniboine (Winnipeg West Integrated

Health and Social Services)

Fort Garry / River Heights (Winnipeg South Integrated

Health and Social Services)

River East / Transcona

Seven Oaks / Inkster

#### **Key Partners And Health Relationships**

#### **Government of Manitoba**

Manitoba Health, Seniors and Active Living

Department of Families (including Social services,

Child protection, Housing and Income assistance -

Winnipeg Integrated Services)

#### **Educational Institutions**

University of Manitoba

Université de Saint Boniface

Red River College

#### **Municipal Government**

City of Winnipeg (including the Winnipeg Fire and

Paramedic Service, Winnipeg Police Service)

Town of Churchill

#### **Community Partners**

**End Homelessness Winnipeg** 

United Way of Winnipeg

Santé en français

Downtown Winnipeg BIZ

Winnipeg Chamber of Commerce

Manitoba Council of Health Care Unions (MCHCU)

#### **Health Partners**

CancerCare Manitoba

Diagnostic Services of Manitoba

Manitoba eHealth

Northern Health Region

Prairie Mountain Health Authority

Southern Health - Santé Sud

Interlake-Eastern Regional Health Authority

#### **Aboriginal Organizations**

Assembly of Manitoba Chiefs

Southern Chiefs' Organization

Manitoba Keewatinook Ininew Okimowin (MKO)

Manitoba Métis Federation

#### Winnipeg Regional Health Authority

650 Main Street

Winnipeg, MB

R3B 1E2

Phone: 204-926-7000 Fax: 204-926-7007



wrha.mb.ca

# Message from the Board Chair

The role of the board of directors of the Winnipeg Regional Health Authority is an important one. Our task is to ensure the Region is delivering sustainable, quality health care in a compassionate way to patients and families in our community.

I am pleased to have assumed the role of board chair this past March and am committed to ensuring the board serves its role in promoting health care improvements, and mitigating risks. Wherever possible, our board understands that our community wants a health care system which is accountable, transparent and which offers consistent, equitable and compassionate care to every patient and every family. Our role is to ensure activities, programs, projects and initiatives are focused on these objectives.

In my short time on the board, I have been impressed by the innovation and collaboration evident in the Region. Interdisciplinary teams are bringing their expertise to bear on challenges which exist in the health care system to ensure solutions are inventive, creative and reliant on best practice. The result is more efficient, cost-effective and responsive health care. Facilities like Access Centres and QuickCare Clinics are providing health care in new and more effective ways. Interactions with staff have left me impressed with their commitment, passion and desire to do their best work, every day.

To assist with the process of improvement the board established a new five-year Strategic Plan which came into effect on April 1, 2016. The plan was developed through a great deal of consultation and collaboration with stakeholders within the Region and those affected by the services it provides. We are proud of this new plan (details of which are contained in this document) and are confident its guiding strategic directions will assist everyone in the Region to focus their efforts on improvement and excellence. Over the next five years, the Region will emphasize enhancing the patient experience; improving quality and integration; involving the public; advancing research

and education; building sustainability; and engaging service providers.

Improving the health and well-being of patients is the key deliverable for any health organization, including the Winnipeg Regional Health Authority. There have been examples, in the past year, where the Region did not achieve the quality of care and compassion expected by our patients and their families. Although these failures are not acceptable, it is critical that the Region use these examples as benchmarks against which to measure and track improvement so they do not occur again. I am confident regional leadership, and staff, take these unfortunate situations seriously and work diligently to learn from them.

It is my pleasure as board chair to be working alongside my fellow board members and the executive team of the Winnipeg Regional Health Authority. Together we recognize and celebrate the dedicated people who work in the Region and serve our community. We are also committed to ongoing improvement and innovation in the care and services the Region provides.

Lastly, I would like to thank my predecessor, Dr. Jerry Gray, for his exemplary leadership and the work he, and all past and present board members, started with the 2016-2021 Strategic Plan. I look forward to assisting the board in achieving its goals.



**Bob Brennan,**Board Chair

# Mot du président du conseil d'administration

Le rôle du conseil d'administration de l'Office régional de la santé de Winnipeg est important. Notre tâche consiste à nous assurer que la Région prodigue des soins de santé durables et de qualité, et d'une façon humaine aux patients et familles de notre communauté.

Je suis heureux d'avoir entrepris le rôle de président du conseil d'administration en mars dernier et je m'engage à m'assurer que le conseil d'administration joue son rôle dans la promotion des améliorations aux soins de santé et la réduction de risques. Dans la mesure du possible, notre conseil d'administration comprend que notre communauté veut un système de soins de santé responsable, transparent et qui offre des soins cohérents, équitables et compatissants à chaque patient et chaque famille. Notre rôle est de nous assurer que les activités, les programmes, les projets et les initiatives sont centrés sur ces objectifs.

Je siège depuis peu au conseil d'administration, mais je suis déjà impressionné par l'innovation et la collaboration évidentes dans la Région. Les équipes interdisciplinaires concentrent leur expertise sur les défis qui existent dans le système de soins de santé afin d'assurer des solutions inventives, créatives et fondées sur les meilleures pratiques. Des établissements tels que les Centres d'accès et les Cliniques express fournissent des soins de santé par des moyens nouveaux et plus efficaces, résultant en des soins de santé efficaces, économiques et sensibles. Mes interactions avec les membres du personnel m'ont fortement impressionné, car ils sont engagés, passionnés et ils veulent faire le meilleur travail possible, chaque jour.

Pour aider à faire avancer l'amélioration, le conseil d'administration a établi un nouveau Plan stratégique quinquennal, en vigueur depuis le 1 avril 2016. Le plan a été élaboré après des consultations et des collaborations considérables auprès d'intervenants dans la Région et de ceux et celles touchés par les services fournis. Nous sommes fiers du nouveau plan (dont vous trouverez certains détails dans ce document) et nous sommes confiants que les orientations stratégiques renfermées dans le plan aideront tout le monde dans la Région à

concentrer leurs efforts sur l'amélioration et l'excellence. Au cours des cinq prochaines années, la Région mettra l'accent sur l'amélioration de l'expérience du patient; le renforcement de la qualité et l'intégration; la participation du public; l'avancement de la recherche et l'éducation; la durabilité; et l'engagement des fournisseurs de service.

Améliorer la santé et le bien-être des patients est le principal objectif de tout organisme de santé, et l'Office régional de la santé de Winnipeg ne fait pas exception. Au cours de la dernière année, il y a eu des moments où la Région n'a pas accompli la qualité des soins et de compassion espérée par les patients et leurs familles. Ces échecs ne sont pas acceptables et il est essentiel que la Région prenne ces exemples comme références afin de mesurer et suivre l'amélioration dans le but d'éviter ces situations à l'avenir. Je suis sûr que la direction régionale et le personnel prennent ces situations malheureuses au sérieux et travaillent avec diligence pour en tirer une leçon.

À titre de président du conseil d'administration, je suis heureux de travailler auprès de mes collègues membres du conseil d'administration et de l'équipe administrative de l'Office régional de la santé de Winnipeg. Ensemble, nous reconnaissons et célébrons les personnes dévouées qui travaillent pour la Région et qui servent notre communauté. Nous nous engageons sur la voie de l'amélioration et de l'innovation dans les soins et services fournis par la Région.

Pour conclure, je remercie mon prédécesseur, le Dr Jerry Gray, qui a fait preuve de leadership exemplaire, ainsi que les anciens membres et les membres actuels du conseil d'administration qui ont fait un travail extraordinaire et ont lancé le Plan stratégique 2016-2021. Je me réjouis d'avance d'aider le conseil d'administration à accomplir ses objectifs.



**Bob Brennan,**Président du Conseil d'administration

# Message from the President & Chief Executive Officer

I assumed the role of president and CEO of the Winnipeg Regional Health Authority in October 2015. Since then I have travelled around the region, visiting hospitals and programs and meeting with patients and staff. During every tour and in every conversation, I have been greeted warmly and I have felt the support and encouragement of regional staff.

Since I began my tenure, I have also sent weekly messages out to all 28,000 Winnipeg Regional Health Authority staff members in an effort to increase engagement and solicit ideas and feedback. I have received countless responses to each one from staff offering suggestions and identifying challenges and opportunities for improvement. I am very grateful for the support I have received from our staff, from members of the board, from our past chair Dr. Jerry Gray and from the current board chair, Mr. Bob Brennan. All of these interactions have proven to me that Winnipeg Regional Health Authority staff are committed and dedicated to their patients and to their work. I am proud to be leading this impressive team.

In each interaction I heard stories of success and achievement. I also heard that staff, patients, families and the community have expectations of our health care system -- expectations that we are not always meeting; expectations of compassionate care, accountability, transparency and engagement.

As a Region, we need to continue to push ourselves to be better and to do better. We need to focus on the actions, big and small, we can take to improve our performance and the care we provide to members of our community. Our focus needs to be on continuous, daily improvement from the unit level to the executive team.

To that end, we developed and have begun to implement a new five-year Strategic Plan for the Winnipeg Regional Health Authority. This new plan, developed after extensive internal and community consultation, will provide the guiding principles for our actions and objectives. To ensure its success, we have also begun a new planning process across the Region. Each site, program and administrative unit

has developed an operating plan for their area tied to the objectives in the Strategic Plan. These operating plans outline detailed actions and specific measures of success against which they will be held accountable. I have committed to making these plans and their progress public to enhance the transparency of our work

I also understand the need for the Region to better connect with the people it serves. In recent months, we have created a new patient advisory council specifically tasked with reviewing and providing recommendations on how to improve the care we provide in regional emergency departments. This advisory council joins others already in place focused on mental health, long-term care and home care. We also have six Local Health Involvement Groups in place which help us to better understand the priorities of community members and to gain their perspective on our health care system. I want to enhance and expand this level of community engagement. It's critical that the Region involves and understands the needs of the public to better meet their needs.

I would like to take this opportunity to offer my thanks to past chair of the board of directors, Dr. Jerry Gray. Dr. Gray was instrumental in the establishment of our new Strategic Plan. His leadership has ensured we have a Region-wide plan in place to guide our work over the next five years. I look forward to working alongside our new chair, Bob Brennan, to bring this plan to life.

I am proud of the work we do within the Winnipeg Regional Health Authority. We offer high-quality care to our patients and their families. We are active and interested members of the community. I am committed to building upon that foundation to achieve even higher levels of excellence.



**Milton Sussman,**President & Chief Executive Officer

# Mot du président-directeur général

Je suis entré en fonction à titre de président-directeur général de l'Office régional de la santé de Winnipeg en octobre 2015. Depuis, j'ai visité les hôpitaux et les programmes de la région et rencontré les patients et le personnel. Pendant chaque visite et chaque conversation, j'ai été chaleureusement accueilli et j'ai senti le soutien et l'encouragement du personnel de la région.

Depuis mon entrée en fonction, j'ai envoyé des messages chaque semaine à tous les 28 000 membres du personnel de l'ORSW afin d'augmenter le sentiment d'engagement et solliciter leurs idées et leurs commentaires. J'ai reçu d'innombrables réponses de membres du personnel qui offraient des suggestions et identifiaient les défis et les possibilités d'amélioration. Je suis très reconnaissant du soutien que me donnent le personnel, les membres du conseil d'administration, le président sortant, le Dr Jerry Gray, et le président actuel, M. Bob Brennan. Tous ces échanges prouvent que les membres du personnel de l'ORSW sont engagés et dévoués envers leurs patients et leur travail. Je suis fier de diriger une équipe aussi remarquable.

À chaque interaction, j'ai entendu des histoires de succès et d'accomplissement. J'ai aussi compris que les membres du personnel, les patients, les familles et la communauté ont des attentes relativement à notre système de soins de santé – des attentes auxquelles on ne répond pas toujours; des attentes de soins compatissants, la responsabilisation, la transparence et l'engagement.

En tant que région, nous devons continuer de nous pousser à faire mieux. Nous devons nous concentrer sur les mesures à prendre, petites et grandes, pour améliorer nos performances et améliorer les soins que nous prodiguons aux membres de la communauté. Nous devons nous concentrer sur l'amélioration continue et quotidienne, de l'unité jusqu'à la haute direction.

À cette fin, nous avons élaboré et commencé à mettre en œuvre un nouveau Plan stratégique quinquennal pour l'Office régional de la santé de Winnipeg.

Le nouveau plan, élaboré suite à de nombreuses consultations à l'interne et auprès de la communauté, fournira les principes directeurs pour orienter les mesures à prendre et nos objectifs. Pour assurer le succès, nous avons aussi lancé un nouveau processus

de planification dans la Région. Chaque établissement, programme et unité administrative a élaboré un plan des opérations pour sa région, en tenant compte des objectifs du Plan stratégique. Ces plans des opérations énoncent dans les détails les mesures et les déterminations spécifiques en fonction desquelles ils rendront des comptes. Je m'engage à rendre publics ces plans et le progrès de ceux-ci afin de rendre notre travail d'autant plus transparent.

Je comprends aussi que la Région a besoin de mieux communiquer avec les personnes qu'elle sert. Ces derniers mois, nous avons mis sur pied un nouveau conseil consultatif des patients dont la tâche précise consiste à réviser et fournir des recommandations sur les facons d'améliorer les soins dans les services d'urgence de la Région. Ce conseil consultatif se joint aux autres conseils consultatifs déjà sur pied et qui mettent l'accent sur la santé mentale, les soins de longue durée et les soins à domicile. En outre, six groupes locaux de participation en matière de santé nous permettent de mieux comprendre les priorités des membres de la communauté et de connaître leur point de vue sur notre système de soins de santé. Je voudrais améliorer et élargir ce niveau d'engagement de la part de la communauté. Il est indispensable que la Région fasse participer le public et qu'elle comprenne mieux les besoins du public afin d'y répondre.

J'aimerais profiter de l'occasion pour remercier le président sortant du conseil d'administration, le Dr Jerry Gray. On lui doit beaucoup dans l'établissement de notre nouveau Plan stratégique. Grâce à ses qualités de chef, nous avons un plan pan-régional qui orientera notre travail au cours des cinq prochaines années. Je me réjouis d'avance à la perspective de travailler auprès de notre nouveau président, Bob Brennan, pour concrétiser notre plan.

Je suis fier du travail que nous réalisons au sein de l'Office régional de la santé de Winnipeg. Nous offrons des soins de qualité supérieure à nos patients et leurs familles. Nous sommes des membres du public actifs et motivés. Je tiens à miser sur ces bases dans le but d'accomplir des niveaux d'excellence plus élevés.



# 2016 to 2021: The Winnipeg Regional Health Authority Strategic Plan

Healthy People Vibrant Communities Equitable Care for All

These are the guiding principles for the Region for the next five years. In three simple phrases the board of directors has set out the vision for the Region and the operational framework necessary to achieve its goals.

Our mission and our values articulate our role and commitment to personal conduct that reflects the dignity, care, respect, equity and accountability to which all members of our community are entitled.

This new Strategic Plan was informed by consultation across the Region and fueled by the board's desire to build two things:

- an organization that is focused and equipped to provide quality care, and,
- an organizational culture that engages, nurtures and supports those who deliver it.

Our six Strategic Directions create a road map, instilling clarity around what needs to happen if we are to deliver on our mission. They provide the lens through which operational decision-making must be viewed. And they require all of us to apply ourselves,

looking for opportunities to improve, to question, to create and to connect – with our patients and residents, and with each other, too. That connection forms the foundation of an engaged workforce.

The key to fostering a culture of engagement is to understand the relationship between what we do and the care a patient or resident receives. After all, when we're doing something that we know makes a difference, we're more likely to do it well.

And so our culture needs to reinforce our individual connection to quality, as well as a collective one. It's what breathes life into our work, builds dedicated teams and reveals our capacity to make our workplaces, and our communities, better places to be.

Through our new Strategic Plan we strive to empower our workforce on a daily basis, working with them to build the health and well-being of our Region and to share the journey of those we serve. Together we can move the Winnipeg Regional Health Authority forward, consistent with our Vision for Healthy People, Vibrant Communities and Equitable Care for All.

#### WINNIPEG REGIONAL HEALTH AUTHORITY 2016 TO 2021

# STRATEGIC PLAN



#### VISION

# Healthy People



Vibrant Communities



Equitable Care for All

#### **MISSION**

To co-ordinate and deliver QUALITY, caring services that promote HEALTH & well-being.

#### **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

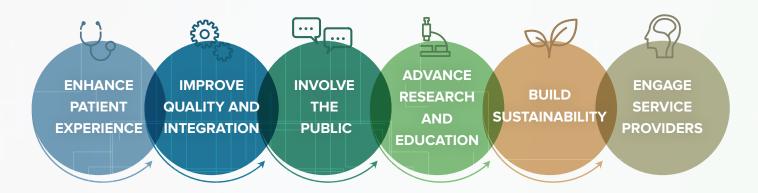


**EQUITY**- promote conditions in which every person can achieve their full health potential



**ACCOUNTABILITY** - as being held responsible for the decisions we make

#### STRATEGIC DIRECTION



#### **OPERATIONAL STRATEGIES**







#### OUR VISION

Healthy people. Vibrant communities. Equitable care for all.

#### OUR MISSION

To co-ordinate and deliver quality, 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

Equity – promote conditions in which every person can achieve their full health potential

Accountability – as being held responsible for the decisions we make

#### STRATEGIC DIRECTIONS

#### **1** Enhance Patient Experience

Enhance the experience of those we serve by striving to provide outstanding, compassionate, dignified care in everything we do.

#### 2 Improve Quality and Integration

Continuous efforts to improve the services we provide, with specific emphasis on population health, access, patient safety, client-centeredness, continuity, effectiveness, efficiency, and addressing health inequities.

#### 3 Involve the Public

Work with the community, patients and families to improve health and well-being by forging partnerships and collaborating with those we serve. We will listen to those we serve to engage them in our improvement efforts.

#### **4** Advance Research and Education

Partner with research and academic stakeholders to provide innovative, evidence-informed, sustainable programs and services. We will further evolve the academic health sciences network where clinical and population health education and research activities are aligned and integrated.

#### **5** Build Sustainability

Balance the provision across the continuum of health care services within available resources (fiscal, human and infrastructure) to ensure a sustainable health care system. Deliver the right health services in the right places at the right time.

#### **6** Engage Service Providers

Create a work environment that is engaging to service providers, enhancing their contribution to achieving priorities on a cost-effective basis, and striving to meet the needs of those we serve.

#### **OUR STRATEGIES**

#### **Improve Patient Flow**

- Deliver timely access to the most appropriate care.
- Engage the public in helping to shape health system design opportunities and potential solutions.
- Work with other Regional Health Authorities on provincial system flow.
- Review the role of individual hospitals, taking into account how they function within the context of the broader health care system.
- Advocate for and enable staffing models for service delivery seven days/week in all sectors.
- **3** Explore new models of enhancing health service delivery to the elderly.
- Further integrate programs and service areas within and between health sectors (e.g. chronic disease, care of the elderly, cancer patient journey, priority populations, mental health and maternal/child health), and improve care between transition points.
- Identify strategies, collaborations and other approaches that will demonstrate an impact in improving health equity and the consequential use of the health care system, including emphasis on health promotion strategies.
- Foster a working environment that creates new knowledge through research and innovation, and encourages collaboration amongst health decision-makers, policy makers, researchers and academics in the application of new knowledge.

#### **Manage Resources**

- Create an accountable financial management culture where financial implications are considered in operational decision making.
- Establish a transparent resource (re)allocation methodology that includes a health equity lens.
- Seek public feedback regarding resourcing priorities and choices.
- Reduce waste and improve productivity in delivery of programs and services.
- Implement business technologies, improve business processes and enhance reporting that support managers in their roles.
- Link population health, health system utilization, outcome and quality data to resources so we can become better informed in our resource (re)allocation and quality improvement efforts.
- Address resource issues through effective prioritization of work in order to relieve overburden throughout the health care system.

#### **Improve Engagement**

- Provide support and leadership development for managers toward meeting employee needs and fostering a work environment of engagement and accountability at all levels.
- Alleviate the manager span of control problem.
- Continually conduct root cause analysis of lowest engagement-scoring organizational units and resolve the root cause problems.
- Involve service providers to ensure they can contribute to efforts at improving flow, managing resources and improving the overall quality of service.
- Participate in provincial workforce planning efforts to ensure adequate supply of health care staff in anticipation of abnormally high volume of retirements.
- Initiate measurement of physician engagement and develop action plans responsive to the findings.

# Plan stratégique quinquennal 2016-2021 de l'Office régional de la santé de Winnipeg

Des gens En santé Des Communautés dynamiques

Des soins équitables Pour tous

Voilà les principes directeurs de la Région au cours des cinq prochaines années. Grâce à trois phrases simples, le conseil d'administration a dépeint la vision de la Région et le cadre opérationnel nécessaire à l'accomplissement de ces objectifs.

Notre mission et nos valeurs expriment notre rôle et notre engagement à une conduite personnelle qui reflète la dignité, les soins, le respect, l'équité et la responsabilité auxquels tous les membres de notre communauté ont droit.

Le nouveau Plan stratégique a été inspiré par les résultats de consultations dans toute la Région et alimenté par le désir du conseil de créer deux choses :

- un organisme centré sur les soins de qualité et équipé pour les prodiguer;
- une culture d'organisme qui engage, nourrit et soutient ceux et celles qui prodiguent les soins.

Nos six Orientations stratégiques forment une carte routière et insufflent la clarté sur ce que nous devons faire pour accomplir notre mission. Elles sont l'optique sous laquelle nous devons étudier la prise de décisions opérationnelles. Et elles exigent que nous nous appliquions tous à chercher les possibilités d'amélioration, à s'interroger, à créer et à établir des

liens, avec nos patients et résidents, et aussi les uns avec les autres. Ces liens sont à la base d'une maind'œuvre engagée.

La meilleure façon de favoriser une culture d'engagement est de comprendre la relation entre ce que nous faisons et les soins que reçoit un patient ou un résident. Après tout, si nous savons que ce que nous faisons fait une différence, il est plus probable que nous le faisions bien.

Donc, notre culture doit renforcer nos liens individuels et collectifs à la qualité. C'est ce qui donne vie à notre travail, crée des équipes dévouées et révèle notre capacité de rendre notre milieu de travail et nos communautés de meilleurs endroits.

Grâce à notre nouveau Plan stratégique, nous nous efforçons de donner pouvoir à nos employés chaque jour en travaillant avec eux pour renforcer la santé et le bien-être de la Région et de partager le cheminement de ceux et celles que nous servons. Ensemble, nous pouvons faire progresser l'ORSW, conformément à notre Vision pour des gens en santé, des communautés dynamiques et des soins équitables pour tous.

#### OFFICE RÉGIONAL DE LA SANTÉ DE WINNIPEG 2016 - 2021

# LAN STRATÉGIQUE



#### VISION



Des gens en santé



Des communautés dynamiques



Des soins équitables pour tous

#### **MISSION**

Coordonner et offrir

des services de soins de qualité

qui favorisent

la santé



#### **VALEURS**



DIGNITÉ-Le Reflet de l'estime de Soi de Chaque Personne



SOINS - Une Attente Inébranlable de Chaque Personne



**RESPECT** - La Mesure de l'importance de Chaque Personne



**ÉQUITÉ**- Favoriser les Conditions dans Lesquelles Chaque Personne Puisse Réaliser son Plein Potentiel de Santé



**RESPONSABILITÉ-** Prendre la Responsabilité des Décisions que l'on Prend

### **ORIENTATION STRATÉGIQUE**



**AMÉLIORER** FAIRE LA QUALITÉ ET **PARTICIPER L'INTÉGRATION LE PUBLIC** 

503

**FAIRE** AVANCER LA **DÉVELOPPER** RECHERCHE ET LA DURABILITÉ L'ÉDUCATION



### STRATÉGIES OPÉRATIONNELLES







#### VISION

Des gens en santé - Des communautés dynamiques - Des soins équitables pour tous

#### MISSION

Coordonner et offrir des services de soins de QUALITÉ qui favorisent LA SANTÉ & le bien-être.

#### **♦ VALEURS**

**DIGNITÉ** – le reflet de l'estime de soi de chaque personne

**SOINS** – une attente inébranlable de chaque personne

Respect – la mesure de l'importance de chaque personne

ÉQUITÉ – favoriser les conditions dans lesquelles chaque personne puisse réaliser son plein potentiel de santé

RESPONSABILITÉ – prendre la responsabilité des décisions que l'on prend

#### ORIENTATIONS STRATÉGIQUES

#### Améliorer l'expérience du patient

Améliorer l'expérience de ceux et celles que nous servons en nous efforçant de prodiguer des soins exceptionnels, compatissants et plus humains, dans tout ce que nous faisons.

#### 2 Améliorer la qualité et l'intégration

Des efforts constants pour améliorer les services que nous prodiguons, avec un accent particulier mis sur la santé de la population, l'accès, la sécurité du patient, des soins centrés sur le client, la continuité, l'efficacité et la résolution des inégalités en santé.

#### 3 Faire participer le public

Travailler avec la communauté, les patients et les familles pour améliorer la santé et le bien-être en renonçant à des partenariats et en collaborant avec ceux et celles que nous servons. Nous écouterons ceux et celles que nous servons afin de les engager dans nos efforts d'amélioration.

#### Faire avancer la recherche et l'éducation

Établir des partenariats avec des intervenants de la recherche et universitaires afin de fournir des programmes et services novateurs, durables et fondés sur les preuves. Nous modifierons davantage le réseau universitaire des sciences de la santé en fonction des activités d'éducation et de recherche en éducation clinique et sur la santé de la population alignées et intégrées.

#### **5** Développer la durabilité

Équilibrer la prestation des services de soins de santé, sur tout le continuum, selon les ressources disponibles (fiscales, humaines, infrastructure) afin d'assurer un système de soins de santé durable. Prodiguer les bons services de santé, au bon endroit, au bon moment.

#### 6 Engager les fournisseurs de service

Créer un milieu de travail engageant pour les fournisseurs de service, afin d'améliorer leur contribution pour accomplir les priorités dans une optique d'efficacité économique et de nous efforcer de répondre aux besoins des gens que nous servons.

#### **NOS STRATÉGIES**

#### Améliorer le cheminement des patients

- Prodiguer les bons soins de santé, au bon endroit, au bon moment.
- 2 Engager le public à aider à structurer le système de santé, offrir des possibilités et d'éventuelles solutions.
- Travailler avec d'autres offices régionaux de la santé pour améliorer le flux du système provincial.
- Revoir le rôle des différents hôpitaux en prenant en compte leur façon de fonctionner dans l'ensemble du système de soins de santé.
- Faire valoir les modèles de dotation et leur permettre de prodiguer les services 7 jours sur 7 dans tous les secteurs.
- 2 Explorer de nouveaux modèles pour améliorer la prestation de services de santé aux personnes âgées.
- Intégrer davantage les programmes et services au sein des secteurs de santé et entre secteurs (p. Ex., Maladies chroniques, soins aux personnes âgées, cheminement du patient cancéreux, populations prioritaires, santé mentale, et maternité/santé des enfants), et améliorer les soins entre les points de transition.
- Identifier les stratégies, les collaborations et les autres approches qui démontreront un impact sur l'amélioration des inégalités en santé et l'utilisation conséquente du système de soins de santé, notamment un accent mis sur les stratégies de promotion de la santé.
- Favoriser un milieu de travail qui crée de nouvelles connaissances grâce à la recherche et l'innovation, et encourager la collaboration entre les décideurs en matière de santé, les responsables des politiques, les chercheurs et les universitaires pour la mise en application des nouvelles connaissances.

#### Gérer les ressources

- Créer une culture de gestion financière responsable dans le cadre de laquelle les répercussions financières sont considérées lors de la prise de décisions relative aux opérations.
- Établir une méthodologie transparente d'allocation ou de réallocation des ressources qui inclut l'optique sur les inégalités en santé.
- Chercher la rétroaction du public relativement à la détermination des priorités et des choix.
- Réduire le gaspillage et améliorer la productivité dans la prestation des programmes et services.
- Mettre en œuvre les technologies des affaires, améliorer les processus des affaires, et augmenter les rapports qui appuient les gestionnaires dans leurs rôles.
- ⇒ Faire le lien entre les ressources et la santé de la population, l'utilisation du système de santé, les résultats et les données de qualité, afin que nous puissions être mieux informés pour nos efforts d'allocation ou de réallocation et d'amélioration de la qualité.
- Aborder les problèmes de ressources au moyen de l'ordre des priorités du travail afin d'alléger la surcharge dans le système de soins de santé.

#### Améliorer l'engagement

- Offrir le développement des compétences d'appui et de leadership aux gestionnaires afin qu'ils puissent répondre aux besoins des employés et créer un milieu de travail où règnent l'engagement et la responsabilité à tous les niveaux.
- 3 Alléger les pressions relatives à l'étendue des responsabilités des gestionnaires.
- Continuellement effectuer l'analyse des causes fondamentales dans les unités organisationnelles où le taux d'engagement est le plus faible, et résoudre le problème de ces causes.
- Impliquer les fournisseurs de service afin de s'assurer qu'ils contribuent aux efforts d'amélioration de flux, de gestion de ressources et de qualité générale des services.
- Participer aux efforts provinciaux de planification de la main-d'œuvre afin d'assurer une dotation adéquate de personnel en soins de santé en prévision du taux anormalement élevé des retraités.
- Initier la mesure de l'engagement des médecins et élaborer des plans d'action pour répondre aux résultats.

# Strategic Directions

### **1** ENHANCE PATIENT EXPERIENCE

# Enhance patient experience by amalgamating specialized services for children and youth (SSCY) under one roof

In the past, parents of children with disabilities and special needs navigating the health care system had to face long, difficult days shuttling between specialists located in various parts of the city.

With the opening of a new facility for Specialized Services for Children and Youth (SSCY) in May, that burden has been reduced and the services available to these children greatly enhanced. SSCY is located in the refurbished Christie's Biscuits building at 1155 Notre Dame Avenue. SSCY hosts up to 70,000 visits per year for disabled and special needs children who are dealing with issues such as autism, physical limitations and hearing impairment. SSCY is an alliance of families, community agencies, regional health authorities and government departments that provides specialized community-based services for children and youth to support them in reaching their full potential.

The new facility – funded in part through a \$16.7-million government contribution and a \$5.2-million capital campaign delivers service using a family-centred approach that brings professionals together to provide expertise in service delivery, research, education and technology.

At more than 92,000 square feet, the newly refurbished building features a number of amenities, including a brightly lit atrium, an indoor waterfall, an outdoor play space and an X-ray suite that allows children to choose their favourite room colour, to increase their engagement in their treatment and feel more at ease in the space.

Some of the specialized services offered at SSCY include:

- child development services;
- therapy services including audiology, occupational, physical and speech/language therapies;
- a communication disorders clinic;
- rehabilitative services including prosthetics, orthotics and seating and mobility assessments;
- the Manitoba Fetal Alcohol Spectrum Disorder Centre and the Fetal Alcohol Syndrome outreach team;
- the autism outreach team;
- respite services;
- Children's disABILITY Services;
- the Integrated Children's Services team.

The Children's Rehabilitation Foundation of Winnipeg has also moved into the building and works closely with all of the collocating groups and services to facilitate fundraising efforts.

The advantages of SSCY go far beyond its amenities, however. For parents and families, it comes down to the benefits that flow from improved integration. Appointments are organized through a central intake system, reducing the need for parents and their children to navigate appointments with numerous providers in numerous locations. With shared and secure access to patient data, service providers can communicate more readily with each other to create a unified service plan. This allows them to work together to form a team around a child rather than around organizational boundaries.

The result is a client-centred approach where health care providers and families are on the same page, working toward shared goals.

It's nice to see the efforts of so many people come together, standing on the shoulders of the wonderful kind staff that started this project, those who work there today, and those I know will be there into the future.

Adopting a client-centred approach was no accident. The creation of SSCY was more than 15 years in the making, the result of consultation and collaboration within an intersectoral working group with representation from SSCY's co-locating and non-co-locating agencies. Input from families was integral at every step along the way, and helped shape the development of a family-focused health care centre that is attracting interest from other jurisdictions throughout the country.



#### Responding to increased demand for special needs behavioural beds

Over the next 20 years, the need for personal care home beds will be nearly double what it is today – that increase will include those who have complex or behavioural needs.

That need was identified in recommendations put forward by an inquest into the death of Frank Alexander, a resident of a personal care home. The Special Needs Behavioural Unit (SNBU) is designed to assist older adults with complex needs and behavioural issues associated with dementia.

Issues may include agitation, aggression, changing or disruptive vocalizations, pacing, psychosis, delusions, hallucinations, paranoia, social withdrawal, apathy, depression or anxiety.

The Region currently has a total of 63 SNBU beds: 21 in Deer Lodge Centre, 15 in Riverview Health Centre, and 18 at Actionmarguerite (St. Boniface), including an additional nine beds at Actionmarguerite for long-term care residents with acquired brain injury.

While each SNBU site is unique, there are some environmental adaptations common to all of them that enhance the quality of life for residents living on the units. These include:

- Smaller units with more staff per resident (almost double that of a regular personal care home environment)
- Private rooms with two-piece bathrooms
- Secured entrances/exits
- Restricted access to utility rooms and supplies that may pose a safety risk to residents
- Common areas for dining and lounging

A Transition Advisory Panel determines whether an individual is eligible for the SNBU environment. This interdisciplinary team is composed of physicians, nurses, social workers and other staff who regularly interact with residents.

SNBU occupancy is currently at 100 per cent with a wait list of 12 to 18 months.

Demand for these units, and for long-term care for the elderly in general, is expected to rise over the next 20 years given Canada's aging population. The Region is working closely with the provincial government to assess the need for, and location of, additional personal care homes. Together, the Region and the provincial government will also examine how many additional SNBU beds may be required.

The Region has made recommendations to increase SNBU capacity at Deer Lodge Centre, Middlechurch Home of Winnipeg and at the Holy Family Home personal care home.

The Region is also working to optimize the use of existing SNBU beds, ensuring that as individuals enter these environments, they are assessed on a regular basis. In cases where the behavioural needs of the resident decrease and they no longer require a SNBU environment a transfer to a regular environment may be considered, allowing for the admission of another resident that would benefit from this specialized environment. A human resource strategy that focuses on improving staff recruitment and retention for long-term care staff is also being implemented.

# Enhancing mental health services for military personnel and Veterans

When Deer Lodge Centre (DLC) was converted from a veteran hospital to a rehabilitation and long-term care Centre, leadership at Deer Lodge Centre recognized a need to address not only the physical well-being of their veteran patients, residents and clients, but their mental health as well.

During the early 2000s the Federal Government of Canada recognized a growing need for services to treat operational stress injuries. Operational stress injury is best described as any persistent psychological difficulty resulting from operational duties performed while serving in the Canadian Forces (CF) or as a member of the RCMP.

Working with, and funded by, the Canadian Federal Government, the Winnipeg Operational Stress Injury Clinic (OSIC) was established at DLC to help address long-standing trauma and other service-related mental health concerns in active and veteran members of the CF; active and Veteran members of the RCMP; and family members of these groups.

The nationally recognized, pioneer initiative first opened in 2004 in Winnipeg and the demand for services to deal with the effects of severe, operation-related stress has only grown since then. Nationwide, there are now 10 similar clinics across Canada, as well as seven satellite clinics.

The Winnipeg OSIC works nationally with a network of specialized clinics to ensure the unique needs of CF and RCMP members, veterans and their families are attended to in a timely and effective manner. Each operational stress injury clinic provides assessment, treatment, prevention and supportive services to clients on an out-patient basis. In 2015/16 the Winnipeg OSIC served over 700 clients from the community while also engaging in community outreach efforts, collaborations with external service providers and cutting edge research.

To address the increasing demand, along with individual treatment the Winnipeg OSIC has built on the success of its group-based treatment services. As recently as 2012, the clinic offered only two group-based treatments. Those treatments have become so successful that they have grown to a total of eight groups in 2016 and plan to expand further to a total of 10 group-based treatments by 2017.

The Canadian Armed Forces recently recognized the work being done in the Region's OSI Clinic and provided them with a Commander's Commendation for exceptional support in assisting their members with their return to work and/or transition to civilian life. The federal government has also been enthusiastic about the work and has dedicated additional funds to assist with a significant expansion of services in the Winnipeg OSIC to help address the growing need for services.



#### New and improved health facilities

Several key infrastructure projects have been completed this year and/or are underway.

#### **COMPLETED**

#### QuickCare Clinics on: Vermillion Road, Portage Avenue and Jefferson Avenue

QuickCare clinics help improve access to quality, primary care. These clinics are designed to meet unexpected health care needs of Winnipeg residents on weekends, evenings and holidays when other care providers may not be open.

Opened to the public: Vermillion Road opened January 4, 2016; Portage Avenue on February 2, 2016, and Jefferson Avenue on March 29, 2016

#### **⇒** Special Needs Unit at Actionmarguerite

Two new, nine-bed units opened this year to address the evolving needs of long-term care residents. One unit accommodates residents with challenging or aggressive behaviours and the other accommodates residents who have an acquired brain injury.

The creation of the new units will address a number of the recommendations proposed after the Frank Alexander inquest which evaluated access to longterm care within the Region.

#### **Opened: January 2016**



#### **○** Grace Hospital MRI Building Addition

The Grace is the first community hospital in Winnipeg with MRI equipment, allowing them to perform more than 3,000 scans annually.

Opened to patients: April 2016

#### **→** Accès-Access Saint-Boniface

Accès-Access Saint-Boniface offers quality services to its Saint-Boniface/Saint-Vital community area residents and the French-speaking population of Winnipeg offering primary care services (Centre de santé Saint-Boniface), community engagement, population public health services, community mental health services, employment and income assistance services, the marketAbilities program, children's disabilities services, community living disability services, employment and training supports for persons with disabilities and home care services.

The local My Health Team is housed within the Access Centre, as well as community partners such as the Bilingual Service Centre, Province of Manitoba, the City of Winnipeq and Government of Canada.

Opened to the public/patients: May 2016

#### **⇒** ACCESS Fort Garry

ACCESS Fort Garry offers community-based services including primary care services, public health services, mental health services, employment and income assistance services, the marketAbilities program, children's disabilities services, home care services, home care nursing clinic and audiology and speech language services.

Opened to the public/patients: July 2016

#### **⇒** St. Boniface Hospital New Cardiac Care Unit

The renovated 4,350-square-foot space hosts a 10-bed acute cardiac care unit including associated support functions. The new unit features larger rooms, enhanced infection prevention, natural light, increased privacy, an on-call room for the senior medical resident of the cardiology program and a dedicated family room for patients and their families.

Two of the generously sized patient rooms will be large enough to accommodate intra-aortic balloon pumps and the fluoroscopy C-arm on the unit.

Opened to patients: July 5, 2016

#### **COMING SOON**

#### Operational Stress Injury Clinic Expansion

The Operational Stress Injury (OSI) Clinic, located inside Deer Lodge Centre, will be expanding its footprint to provide essential mental health services to even more veterans, families and active serving members of the Canadian Armed Forces and RCMP who qualify to receive care.

The two-phase project will add 12,000 square feet of space and will feature private group therapy space, treatment rooms for chronic care including pain management, and will triple the current client capacity. Phase 2 will include additional clinical space and improve accessibility for all clients.

Phase 1 complete: Fall 2016 Open to patients: Fall 2016

Phase 2: pending



#### Health Sciences Centre Winnipeg Diagnostic Centre of Excellence & Heliport

The new, seven-storey, 91,000-square-foot centre will consolidate a variety of equipment into its location including the province's first dedicated pediatric MRI and a new CT scanner, three new adult angiography suites and a shared adult/pediatric cardiac catheterization lab. It also consolidates pediatric X-ray, fluoroscopy and ultrasound. It will be the first health facility in Manitoba to have a rooftop heliport with direct elevator access to critical services, including emergency rooms, operating theatres and intensive care units.

Construction complete: Heliport - fall 2016; DCE - 2017

Open to patients: 2017



#### Health Sciences Centre Winnipeg New Women's Hospital

The new 390,000-square-foot Health Sciences Centre Winnipeg Women's Hospital will care for mothers, babies and their families, in addition to serving as a hub for surgical and consultation services for women of all ages. An expanded neonatal intensive care unit and women's outpatient clinic will also be included in this facility.

Construction complete: Contractors' Estimate – 2017 Open to patients: 12 months from Construction Completion – 2018

#### **⇒** Grace Hospital Emergency Department

An all-new 37,000-square-foot emergency department will be located between Grace Hospital and ACCESS Winnipeg West. Patient care will be enhanced with streamlined processes including a minor treatment/ fast track area.

Construction complete: September 2017 Open to patients: November 2017

### **2** IMPROVE QUALITY AND INTEGRATION

#### Region takes systematic approach to improving patient flow

Earlier this year, the Region created a new organizational strategy to support a comprehensive review of how patients flow through the various components of the health care system and to identify priorities for action on a system level.

Patient flow is a critical factor in providing patients and clients with timely access to the care they need – whether it is in a hospital or through a community-based program.

When patients aren't transitioning through the system efficiently, it can lead to delays in the delivery of care throughout the system, most noticeably in the emergency department. Slow movement of patients through other departments in hospital and in the discharge process impacts those waiting in the emergency department who are waiting to be seen or be admitted for care

The need to improve this transition process, also known as patient flow, was publicly highlighted by the Region's leadership in 2013. More recently, it was listed as one of three operational strategies in the Region's 2016 - 2021 Strategic Plan.

As a result of concentrated efforts to improve

flow, the Region has seen a number of successful changes to improve upon the way patients transition through the system. The most notable of those is in the area of receiving patients who arrive at a hospital via ambulance. The regional benchmark is to have patients transferred from ambulances into hospital care within 60 minutes of arriving at a hospital. In 2014/15, the Region was able to hit that mark 76.13 per cent of the time. But in 2015/16, the number jumped to 82.74 per cent.

A new organizational strategy unveiled earlier this year is designed to identify areas of improvement and facilitate a more systematic approach to addressing the underlying factors affecting patient flow.

A key component in making the new approach work will be a renewed emphasis on information sharing among different sites and programs within the region. The Patient Flow Improvement Team has focused on improving communication in a 24-part action plan designed to improve upon flow across the system.



The strategy focuses on three broad activities: shaping or reducing demand for hospital services, matching the capacity for all services to demand, and redesigning the system to eliminate bottlenecks. Some of the change initiatives include:

- Identifying patients who may need additional help in transitioning home or out of hospital to ensure they receive the support they need when they are ready to leave hospital.
- Redesigning procedures and processes to facilitate quicker transfers from hospital to the Region's home care and long-term care programs.
- Reducing avoidable delays in discharging patients through developing clear roles and responsibilities for acute and community staff involved in patient discharge planning.
- Identifying opportunities to facilitate direct referrals from the emergency department to the Region's home care program.

- Using information systems such as Oculys and Medworxx to improve timely transitions within hospital and to monitor progress towards the discharge goals.
- Developing protocols to allow staff to redirect patients with minor issues to more appropriate health care providers, such as QuickCare clinics or family physicians.
- Promoting the use of daily "flow huddles" among staff in hospital departments to ensure everyone is on the same page when it comes to patient admissions, transfers and discharges.

A key factor in making the new approach work will be a renewed emphasis on information sharing among different sites and programs within the community. Another element of the strategy is the Flow Leadership Team which is responsible for monitoring and evaluating the impact of change and ensuring that everyone continues to focus on their role in improving patient access and flow.



A key factor in the new approach is a renewed emphasis on information sharing among different sites and programs within the community.

#### Patient flow performance indicators

One way to measure patient flow is to track wait times at hospital emergency departments, which is where many patients enter the health care system. Three years ago, the Winnipeg Regional Health Authority established five benchmarks, along with specific targets, as part of an effort to improve patient flow.

The new operating plan, introduced in 2016/17, will outline measurable goals for these targets to establish annual gains towards each target area at each facility.

The chart below shows the results, region-wide, for the last three years, ending March 31, 2016. All numbers are expressed as percentages.

CATEGORY	2013/14	2014/15	2015/16	TARGET BY %
Percentage of non-admitted emergency department patients treated and discharged within four hours	49.27	47.71	48.19	90
Percentage of emergency department patients admitted to hospital within eight hours	31.10	29.04	28.13	90
Percentage of patients remaining in an emergency department longer than 24 hours	5.59	5.55	5.11	0
Percentage of ambulances able to transfer patients at hospitals within 60 minutes	76.19	76.13	82.74	100
Percentage of non-emergency department patients attending hospital emergency rooms	42.96	42.98	42.98	20

Source: Emergency Department Information System (EDIS) Decision Support System.

Sites include: Concordia, Grace, HSC Adults, HSC Children's, Seven Oaks General, St. Boniface and Victoria General Hospitals.

Note that Misericordia Urgent Care Centre came online with EDIS during the summer of 2014, so data was not included in this comparison.

# City hospitals credit new initiatives with progress in patient flow

All six emergency departments across the Region, and Misericordia Urgent Care Centre, are taking action to improve timely access to care. Three of the greatest success stories across the Region in 2015 have been at Grace Hospital, Health Sciences Centre Winnipeg and Victoria General Hospital with great work ongoing across Winnipeg sites.

#### Grace

The Grace Hospital has seen considerable success with a number of the initiatives they have undertaken in the past two years.

Grace's emergency department established a "Rapid Assessment Zone" to provide care to patients who are unlikely to need admission to hospital. Patients who meet certain criteria are seen by a nurse and physician, or physician assistant, together which reduces the potential for duplicating work efforts. This reduces the time between patient consultation, provision of care and or treatment and whatever next steps are most appropriate for that patient (such as discharge or consultation with a specialist).

The Grace has also established close working relationships with service providers involved in the discharge process. The team has worked closely with the home care and

long-term care programs to improve discharge planning for patients who may require these services. Bringing those experts into the conversation earlier in a patient's stay will help keep the patient, and the entire team, focused on what is needed to allow the patient to return home, or move into a different living situation, and avoid a long stay in hospital.

Grace's emergency department also works closely with Access Winnipeg West, located on the same property as the hospital, to offer patients a care alternative to the emergency department. A nurse practitioner and nurse work together at the Access

Centre to provide care to patients who do not require emergency care. This service is available seven days a week.

Grace Hospital	2013/14	2014/15	2015/16	% IMPROVEMENT SINCE 2013/14
Percentage of non-admitted emergency department patients treated and discharged within four hours	27.51	32.87	42.32	54
Percentage of emergency department patients admitted to hospital within eight hours	11.53	15.12	23.58	105
Percentage of patients remaining in an emergency department longer than 24 hours	12.18	9.51	7.34	40

Source: Emergency Department Information System (EDIS) Decision Support System.

#### Health Sciences Centre Winnipeg

Since September 2015, Health Sciences Centre Winnipeg Adult Emergency has also seen an improvement in patient flow. The team at Health Sciences Centre Winnipeg has focused on reducing stays for patients who are not critically ill or injured but require the services of an emergency department. Patients who meet those criteria are seen by the Health Sciences Centre Winnipeg Intake Team, or "I-Team," which operates between 11:30 a.m. and 7:30 p.m., seven days per week.

In the first eight months of the I-Team's activities, overall length of stay for patients treated by the team decreased by 20 to 27 per cent (depending on the needs of the patient) and, most notably, the length of stay for all patients has been reduced by nine to

#### Did you know?

The Health Sciences Centre Winnipeg
Emergency Department was presented with
an Achievement Award at the 2016 Western
Emergency Department Operation Conference
for the Most Improved Metrics in 2015 by a
Western Canadian Emergency Department. This
was based on data for waiting to be seen times
and lengths of stay that all regions submit to the
Canadian Institute for Health Information (CIHI).



#### **Victoria**

Victoria General Hospital has tackled the ambulance-offload target announced in 2013. That target aims to allow paramedics to transfer patients to the care of the hospital within 60 minutes of arriving at the emergency department. Victoria has seen notable improvement towards this target completing the majority of transfers in fewer than 30 minutes and meeting, or exceeding, the 60-minute time frame 96.33 per cent of the time in 2015/16, up from 89.93 per cent in 2014/15. This increase makes Victoria the first hospital to achieve such a high success rate in any of the benchmarks outlined in the Region's flow targets.

Staff in the emergency department have embraced the importance of transferring care in a timely way. Expediting these transfers ensures that patients receive the best possible care, and allows ambulances to get back onto the road to be available for the next emergency call as quickly as possible. It also reduces unnecessary system costs for both the Region and Winnipeg Fire Paramedic Services.

By sharing progress reports for transfers of care with staff on a regular basis, the entire team is able to work together to identify ways to eliminate barriers and celebrate improvements in progress. The team is now working on their next target for improvement while sustaining their efforts on the ambulance transfer targets.



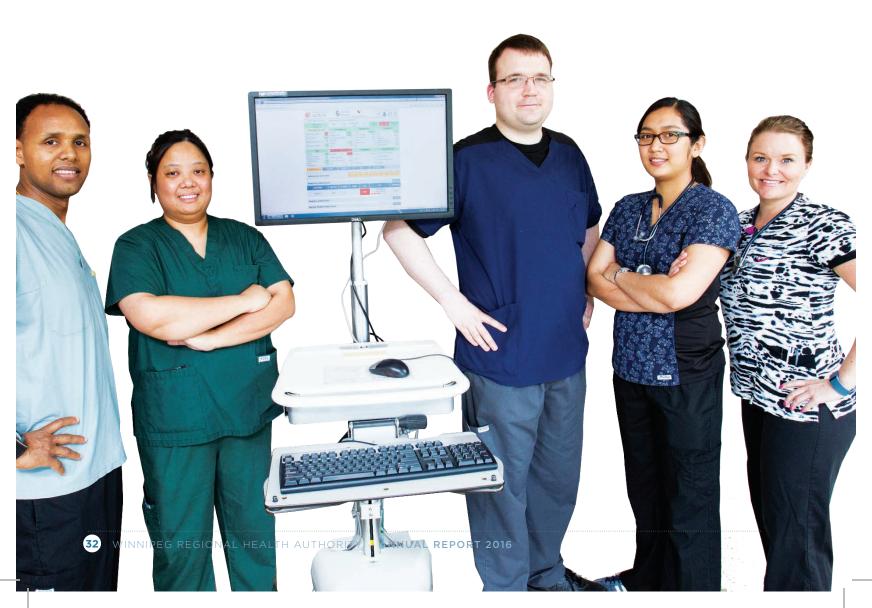
#### New computer software program helps staff improve patient flow

First launched at the Grace Hospital in February, the Oculys Performance program is designed to help hospital staff keep tabs on the flow of patients throughout their facilities.

By simply tapping into the program, staff can access a dashboard that provides real-time information about wait times, admissions, discharges and bed usage in every department in the hospital.

Following the successful launch at the Grace in February, the Oculys program has been implemented at the majority of city hospitals already, and is expected to be in use at all hospitals within the Region by the end of 2016.

Identifying available beds more quickly allows us to address delays in the system and will reduce waiting times in the emergency department and other areas of the hospital.



#### **Changes coming to Emergency Departments**

The Region has launched a number of major initiatives both inside, and outside, city emergency departments, to improve wait times and access to care.

Concerns were raised recently by patients, and the public, following the death of a 57-year-old patient in a city emergency department in the fall of 2015. The Region recognizes that it did not meet the standard of care this patient and family deserved. The Region has since implemented a number of actions to improve upon the Emergency Department environment.

The Region has introduced several new activities to involve staff, patients and families in that improvement process as well as a review of how the Region responds to critical incidents.

Some of the work underway includes:

- Conducting an on-site review at Seven Oaks Hospital to identify ways to improve care;
- Establishing an Emergency Department Review Team:
- Creating an Emergency Department Patient Advisory Committee made up of members of the public;
- Examining the way the Region conducts critical incident reviews, in particular, examining ways to improve communication with family members and the public.

# Progress report on the status of the recommendations:

The on-site review of Seven Oaks is ongoing, with preliminary findings leading to work on:

- Enhancing a culture of safety within the organization and opening dialogues and learning opportunities at the leadership level to set the example for all staff.
- Improving the processes in place to continue to provide the best possible care when the emergency department is over-capacity.

#### **Emergency Department Review Team**

A four-member team, including two volunteer members of the public, one nurse and one emergency physician, has been created. This team first conducted a number of pilot visits in June in order to establish a consistent review practice. Visits to all emergency departments began in mid-August and will continue on a quarterly basis.

The findings of their visits will be shared with regional and site leadership to identify and inform improvement opportunities. The areas for improvement and progress made will be reported publicly at regular intervals once the first segment of official visits has been completed.

## **Emergency Department Patient Advisory Committee**

Close to 100 members of the public expressed interest in being involved in this committee. Those selected to participate bring valuable first-hand experience to the discussion from a recent experience in a Winnipeg emergency department (either as a patient themselves or as a support person/family member of a patient).

The committee's first meeting was held in June and the group reviewed a number of themes previously identified in a review of patient surveys. Those themes were prioritized and were discussed further at the September meeting as the group works its way through each item.

#### **Critical Incident Review Process**

A Critical Incident Review is a legislated requirement under the Regional Health Authorities Act. In recognition of concerns raised by patients and families, the Region is undertaking full-scale review of the current process including, but not limited to, the way critical incidents are communicated to family members, staff and the public.

Taken together, these recommendations are already substantively changing the way the city's emergency departments deliver care to patients.



#### **Critical Incident Process**

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

The Critical Incident Process is continually evolving to better meet the needs of our patients and families and ensure that we continually strive to improve care. As a region we have committed to completing Critical Incident reviews within 88 business days from the day the incident is reported. In the event that 88-day timeline cannot be met, the Region has committed to follow up directly with the family to explain the delay and provide an update on the progress of the review.

The Region is also working to improve communication strategies to facilitate conversations with patients and families in order to provide them the information they need while maintaining the confidentiality of the review.

Additionally the Region is in the process of launching a review of the way it carries out critical incident reviews, including how it reports and investigates an event and the communication of progress and findings with family members and the public.

What constitutes a critical incident, as well as many aspects of the process, is legally defined by The Regional Health Authorities Act which defines a critical incident as:

- 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:

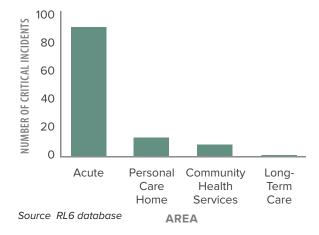
- Receiving the wrong medicine or wrong dose of a medicine that results in serious harm to the patient, resident or client.
- "Breakdowns" in communication during transitions of care that result in serious harm to the individual.

While the Region is committed to creating conditions that encourage disclosure of critical incidents, it recognizes the need to also be open with patients and their families when a medical error occurs, sharing with them the findings from the investigation, including the facts about what happened.

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.

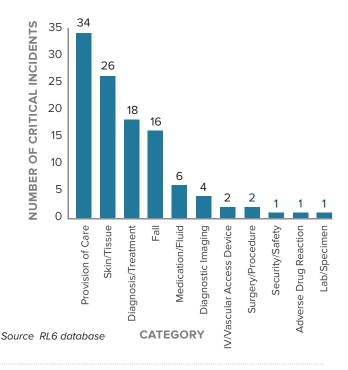
The chart below highlights the number of critical incidents reported in fiscal year 2015-16, totalling 111 critical incidents reported across the Region.

# Number Of Critical Incidents, 2015-16 reported by area



The chart below highlights the number of critical incidents reported with an event date in the fiscal year of 2015-16, totaling 11 critical incidents across the Region. The majority of critical incidents reported were related to provision of care (delay/lack of response to patient concerns or communication breakdowns), skin/tissue (pressure ulcers) and diagnosis/treatment (delays), as shown below.

# Category Of Critical Incidents, 2015-16 reported by category



### 3 INVOLVE THE PUBLIC

#### **Emergency Department Patient Advisory Committee**

We want to provide the best possible care while treating our patients with compassion and respect. We can't do that alone. We need to have patients, family members and the public be a part of the process, and we need to do it in a way that is meaningful, honest and open.

Milton Sussman

Recruitment is complete for the Winnipeg Regional Health Authority's new Emergency Department Patient Advisory Committee. The Committee was one of the Region's key responses to the October 2015 death of a Winnipeg woman in a city emergency department and was developed to provide advice to the Region's Emergency Department Leadership Team.

Items such as the design, delivery, improvement, quality, integration and evaluation of emergency department services will be covered by this group. Working together, the Committee, and the Leadership team, will work to improve the care and compassion experienced by patients and family members visiting the Region's emergency departments.

The Region selected 13 members of the public from a field of nearly 100 applicants. The Committee held an

orientation session at its first official meeting in June.

The Committee is comprised of a diverse mix of members of the public who have experience using emergency department services in Winnipeg – some as patients, some as family members of patients and some as both – who share an interest in collaborating with the Region to improve patient experience and care. Membership on the committee is socially, culturally and geographically diverse, with the goal of reflecting the population the Region serves.

Committee participants were selected based not only on their ability to speak publicly and share their opinions but also on their ability to provide an informed perspective and enter into an open, honest and frank dialogue addressing around service provision within Winnipeg emergency departments.



The Committee will meet a minimum of six times per year. The goal for the first year is to inform and assist the Emergency Department Program to address the five major priorities identified in interviews of all applicants and focus groups conducted, namely:

- Approaches to Care (includes communication, barriers to care, compassion, etc.)
- Waiting Room Experience (includes processes of registration, triage and reassessment, communication, space and design of waiting room, triage processes, etc.)
- 3 Treatment Experience (includes specific health concerns such as stroke symptoms, mental health concerns, etc.)
- Transitions from Emergency Departments (includes in-patient care, leaving without being seen, discharge, etc.)
- Emergency Departments as part of health care system (includes barriers to care, public education, alternatives to emergency departments, etc.)

Committee members have expressed their desire to get to work in helping the Region address the many challenges and complexities facing the city's six emergency departments and the urgent care centre. Each committee meeting will include a discussion of progress to date and a written update which will be issued to members at the end of each year.

#### Did you know?

- The Region has seven patient advisory councils dedicated to different areas of care and six local health involvement groups dedicated to engaging members of the community in the provision of health services.
- The patient advisory councils engage specifically with the following areas: Mental Health, Home Care, Long-Term Care, the Emergency Department, SSCY, and Ethics. The seventh group is a patient and family advisory group which provides advice to the Winnipeg Health Region on the design, improvement and delivery of services that will enhance the patient and family experience of all health services in Winnipeg.
- The first local health involvement groups were introduced in 2002 and the first patient advisory council in 2005. Since then both the advisory and involvement groups have been involved in work such as the development of the Declaration of Patient Values that informs the work done in every site to remind staff to focus on the patients involved in the care they provide.
- Pamilies and patients interested in mental health, home care and long-term care, to name a few, can join these committees. In its recent report, Accreditation Canada cited the work of the Region's Family Advisory Councils and Local Health Involvement Groups, stating that, "These groups are valued and their input has been consistently sought for strategic planning and policy reviews."



# 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

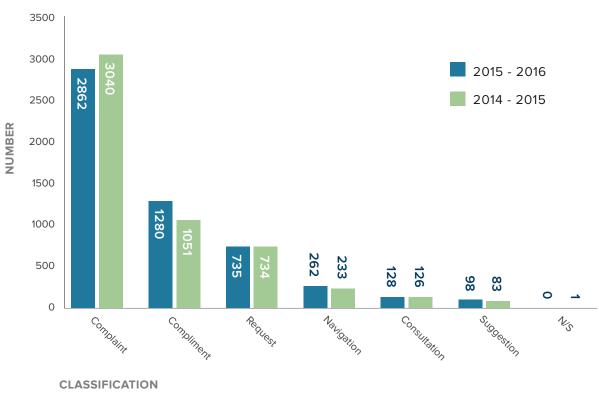
Phone: 204-926-7825 Fax: 204-940-1974

E-mail: ClientRelations@wrha.mb.ca

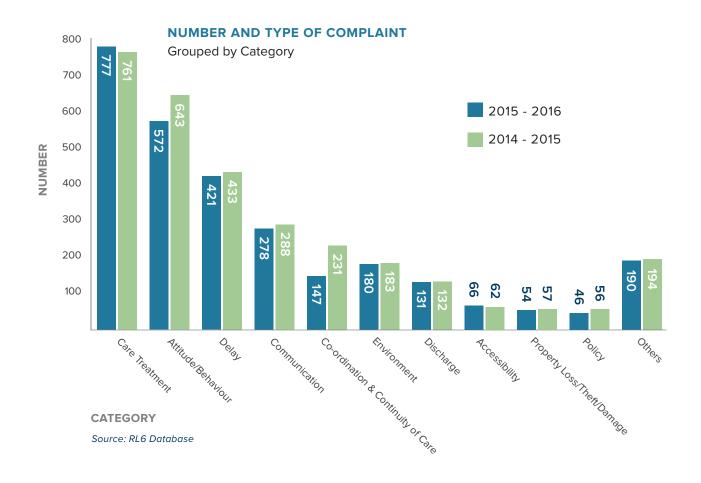
Monday - Friday from 8:30 a.m. - 4:30 p.m.

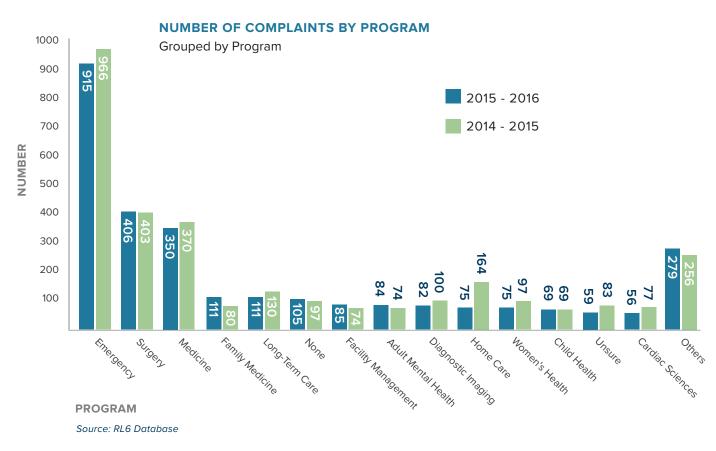
#### NUMBER AND CLASSIFICATION OF CALLS TO CLIENT RELATIONS

Grouped by Classification



Source: RL6 Database









# Did you know?

You can use your phone to find the care you need when you're sick or injured? Download the **Connected Care app** on your iPhone today to get current information on Emergency and Urgent Care wait-times, the Health Services directory, **MyRightCare.ca**, **SignUpForLife.ca** and Family Doctor Finder.

Find out where you can go for your particular health concerns as well as which emergency department is closest to you when you're on the go.



# **Enterprise risk management**

The Winnipeg Regional Health Authority uses an enterprise risk management (ERM) process to identify, monitor and manage risks that may impact the achievement of its strategic directions.

New this year:

- The Region started using its existing complaints software, RL6 Solutions, to identify, flag and take action to reduce risk across the region.
- The ERM process was rolled down to the Long-Term Care Program and, in 2015/16, will continue to be rolled out to a handful of other sites in the Region each year going forward.
- The Region introduced new strategic directions and priorities which will impact the risks identified as most important to the Region.
- Priority risks will also be folded into the Region's new annual operating plan.

Current ERM priority areas for the Region include:

- Improvement of patient flow.
- Replacement and maintenance of infrastructure and equipment.
- Managing within existing funding allocation and advocating for reasonable funding increases.
- Replacement and maintenance of aging or obsolete information technology.
- Management and implementation of new initiatives.
- Full implementation and improvement of the shared services model.
- Revising of current organizational structure to be both appropriate and effective.
- Accountability for performance of individual sites and programs.
- Timely, evidence-based, quality decision-making.
- Increased/improved business continuity planning.
- **3** Responsive to health care needs of specific and changing demographic groups.
- Equitable provision of health care services.

Risk mitigation plans are currently being developed for these areas to guide risk management activities.

# 4 RESEARCH AND EDUCATION

# **INSPIRED COPD Outreach Program**

An innovative joint patient education and outreach program at Concordia Hospital and the River East/ Transcona community area is helping patients breathe easier. Patients with moderate to severe chronic obstructive pulmonary disease (COPD) are able to spend less time in emergency department waiting rooms, and more time enjoying an improved quality of life thanks to this program.

First implemented in Halifax, and funded by the Canadian Foundation for Healthcare Improvement, INSPIRED (an acronym for Implementing a Novel and Supportive Program of Individualized care for patients and families living with REspiratory Disease) is helping Manitobans with late-stage COPD better manage their condition at home.

COPD is a leading reason for hospital admissions in the Region. That's not surprising when you consider that across Canada today, an estimated 800,000 Canadians live with COPD and one-in-four Canadians over the age of 35 are expected to develop the disease in their lifetime.

In 2012, a research project at Seven Oaks General Hospital reviewed existing supports for COPD patients in the Region and trialled hospital-based interventions. It found that some COPD-related hospital visits could be prevented, or shortened, through the use of standardized approaches to care in hospital accompanied by excellent transitions out of hospital and support in the community. The INSPIRED program bridges this work and provides the structure for transition back into community living and ongoing support. The INSPIRED program has been acknowledged by Accreditation Canada as a best practice in addressing those goals.

The INSPIRED program was implemented at Concordia Hospital in February 2015. Partners from both community and hospital settings came together to improve outcomes for COPD patients. By streamlining both the assessment and discharge of COPD patients and providing self-management techniques for patients, the care team is able to reduce return trips to hospital for patients who are eligible for the program.

The results to date have been promising. Patients are better educated about their disease, and through the use of individualized action plans, telephone help lines, home visits and other supports, feel they are better able to self-manage their condition. Hospital readmissions have dropped and the average length of stay, in hospital, for patients in the program has been reduced from an average of 10.5 days to 8.4 days – a benefit for both the patient and the health care system.

Based on the success of the pilot program at Concordia Hospital, the Winnipeg Regional Health Authority is looking to expand the program into the Seven Oaks/Inkster community and, eventually, to other community areas. Next steps will also include determining how to extend these supports to patients with all stages of COPD, and to patients who, in addition to their COPD, have chronic health conditions such as congestive heart failure.

For patients living with COPD, having breathing difficulties can be a source of great anxiety. The INSPIRED program can make a big difference in the lives of patients. One of my patients has said that not only is she able to walk longer distances, but she has a much better understanding of how to manage her condition herself at home.

# The George and Fay Yee Centre for Healthcare Innovation

# Driving collaboration to improve healthcare and health outcomes for Manitobans

Collaboration is a driving force for innovation in healthcare. Bringing together patients, families, clinicians, researchers and decision-makers can produce new knowledge capable of transforming practice at the point of care, and provide evidence to guide policy decisions.

Manitoba's own George and Fay Yee Centre for Healthcare Innovation (CHI) is an influential catalyst for collaboration. Among a small number of federally sponsored SUPPORT (Support for People, Patient-Oriented Research and Trials) Units, CHI supports provincial efforts to conduct patient-oriented research and leads reforms in response to local health care needs.

CHI began as a shared vision in 2008 between the Winnipeg Regional Health Authority and the University of Manitoba, with the Government of Manitoba joining the partnership (through Research Manitoba) in 2011.

Today with a revised mandate, CHI is wholly aligned with the Canadian Institutes of Health Research's Strategy for Patient Oriented Research (SPOR). Its multidisciplinary team provides health research services and training to a wide net of stakeholders across the province to help translate the latest research and evidence into improvements in care and outcomes for Manitobans.



# HSC Renal program implements new patient education model

The Renal program at Health Sciences Centre Winnipeg has developed and launched a new initiative to ensure hemodialysis patients receive all the education and support they need when they attend hospital to receive their first treatment.

The New End Stage Renal Disease (ESRD) Start Program provides workshops for staff and care maps for tracking patient progress through the program. This new process helps streamline and co-ordinate the efforts of the interdisciplinary health care team working with patients and ensure staff know how best to share information with patients.

All health professionals who make up the interdisciplinary team (including nurses, social workers, nutritionists, occupational therapists and pharmacists) are introduced to the program through a two-day workshop before each professional (each nursing group or social work group, etc.) implements its portion of the patient's care map through a co-ordinated schedule.

Patients go through the program, meeting with different members of the health care team, during approximately six daytime hemodialysis treatments.

The program adapted existing resources in order to better address the growing demand on dialysis care services while keeping patient care at the forefront of those changes.

The program is also hoped to have long-term impacts, such as increasing the number of patients with optimal vascular access and increasing the number of patients who can begin dialysis at home or receive transplants.

The program will also serve as a model to be adapted and implemented at other dialysis units in Winnipeg.



# Health equity in action

When it comes to ensuring the best possible health care for all residents of the Winnipeg Health Region, it's critical to look beyond whether they have access to clinics and family doctors. While those elements are important, many other factors play into the health of individuals and communities. Variables such as level of education, income, social inclusion and exposure to racism also affect overall health and well-being and can create gaps in the level of access individuals have to health care. Those gaps need to be addressed to ensure the best care for all members of the Winnipeg community.

The Region has recognized these health gaps and made commitments to reduce health inequities. The Region's Aboriginal Health Programs were created in 2001 as a strategic initiative meant to address the inequities Aboriginal people experience in health care. The program offers services for staff and patients that help the region better support the holistic needs of First Nations, Métis and Inuit people.

The Language Access Program is another initiative to improve upon access and navigation for people requiring interpretation in the health care system.

The Language Access Program services those in

the French-speaking community, visual and hearing impaired individuals and all newcomers to Canada.

The new Winnipeg Regional Health Authority Strategic Plan for 2016-2021 identifies equity as a key organizational value that must apply to everything we do. Equity is woven into the vision, values and strategic directions for regional staff and sites. Promoting equity is imperative to improve upon the population's health through the services offered by the Region.

The focus on equity is made even timelier following the release of the final version of the Truth and Reconciliation Commission (TRC) report. The TRC report submitted 94 Calls to Action to work towards equity for Aboriginal people. The actions span all social determinants of health and social services, and call upon Canadians to recognize the inequities that exist as a result of the colonization of our country.

Winnipeg has the largest urban population of Aboriginal people in Canada. In order to engage with this important segment of our population, it is imperative that the Region be aware of, and sensitive to, nuances of culture and language when providing care to all we serve.

"The health care system is set up to meet the



needs of the majority," said Dr. Catherine Cook, vicepresident of Population and Aboriginal Health for the

"We have an obligation to reach out to those who have been marginalized and uncover existing barriers. We strive towards equity to allow all populations to benefit from health services, particularly groups not well-served by existing health and social systems. There are many things we can do to redesign our programs and services so that everyone feels welcome when accessing the programs and services they need."

In order to improve the services provided to those who may not meet that definition of "the majority," the Region has introduced an improved, and expanded, Cultural Safety Training program. Cultural safety is defined as\* the "continually evolving process ... to adjust services to the needs and preferences of [Aboriginal] patients and health care workers." The new program has a particular focus on Aboriginal cultures and improving access for Aboriginal Canadians.

The San'yas Indigenous Cultural Safety Training Program was originally developed in British Columbia by the Provincial Health Services Authority. The

Winnipeg Regional Health Authority collaborated with the B.C. Health Authority to create a Manitoba-focused version to be used across the Region, by our health partners within the province and by the University of Manitoba.

The training tool is accessible on-line. This facilitated, interactive program has been created in response to a growing awareness of the need for specific training of health care providers working with Aboriginal people. Participants check in regularly with a team facilitator and participate in group discussions throughout the program.

The regional director of primary care and community development, Jeanette Edwards, has worked with others to bring the program to Winnipeg and notes the personal impact the tool has had on her: "These modules were a profound self-learning experience for me. They offered me the opportunity to reflect on the attitudes I've developed through my life experience that I may be generalizing to another population. I think it will help participants understand that, despite our efforts, racism and inequities still exist within the health care system. To think it isn't happening is naïve."



\*"Cultural safety in health care" National Collaborating Centre for Aboriginal Health. April, 2013.

http://www.nccah-ccnsa.ca/368/Cultural\_ Safety\_in\_Healthcare.nccah

## Population and Public Health Indigenous Health Promotion Committee

The Population and Public Health Indigenous Health Promotion Committee was established in 2015 as a collaborative effort between Aboriginal Health Programs and the Population and Public Health Program.

The committee influences and supports public health programming, services and approaches as they relate to Aboriginal people. The goal of the committee and partnership is to increase responsiveness to the experiences, needs, knowledge, values and worldviews of Aboriginal people and to close the gaps in health experienced by Aboriginal people.

This initiative is an important step in building integration across programs in order to maximize expertise and knowledge and to increase cultural safety within the Region.

#### **Truth and Reconciliation Commission**

The Truth and Reconciliation Commission of Canada released is final report in December of 2015. The Winnipeg Regional Health Authority is committed to adopting the seven recommendations specific to health care and drawing upon all 94 recommendations to improve relationships with the Aboriginal community in Winnipeg and throughout the province.

"These recommendations present us with an opportunity to focus on creating better relationships between the Region and the Aboriginal families and communities it serves. They provide guidance to the Region so we can ensure Aboriginal people receive equitable, high-quality health care that takes into consideration what is important to First Nations, Métis and Inuit patients and families in their health and healing," said Dr. Marcia Anderson DeCoteau, medical director of Aboriginal Health Programs.

The Region has established a working group to review the recommendations and determine the best way the Region can better serve and engage with Aboriginal people. The goal is to work with Aboriginal communities to identify and close gaps they may experience in the health care system.

The plan focusses on five main themes:



# **5** ENGAGE SERVICE PROVIDERS

Performance conversations promote accountability in staff while fostering an environment where they can feel appreciated, supported and encouraged to meet organizational goals.

#### **Performance conversations**

Few would argue that in health care, it is important to implement the latest research and best practices in the pursuit of improved outcomes for patients and their families. The same holds true when it comes to managing employee performance and engagement.

Beginning in October 2015, the Region began to implement a fundamental shift away from traditional, ratings-based performance reviews toward a new, and more effective, performance review process. Performance conversations, a new performance management methodology, are designed to strengthen the relationship between managers and staff. Pilot projects at Health Sciences Centre Winnipeg, Concordia Hospital and in Winnipeg West Integrated Health & Social Services have already proven successful based on the model of other notable corporations such as Microsoft and General Electric who employ this practice.

Instead of focusing on subjective judgments and ratings, performance conversations set the stage for an open, honest conversation – one that looks forward, not backward.

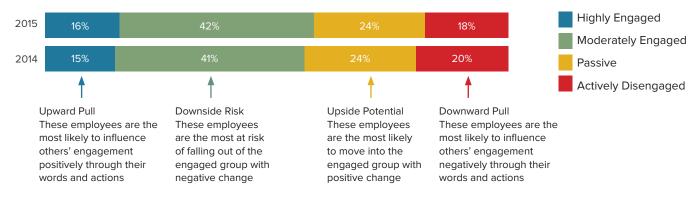
These coaching conversations focus on the employee – topics such as how they helped the

organization reach its goals, which achievements the employee is most proud of and the factors (skills, tools, co-workers, etc.) that contributed to their success. Team and individual goals are discussed, as are any difficulties the employee may be experiencing. As a result, employees are better able to understand how their efforts contribute to the big picture, and that their work is important to the whole of the organization. Likewise, managers are better able to understand how they can best coach and support their employees, not only during the performance conversation, but throughout the year.

That kind of positive engagement with staff is vital for an organization as recent Gallup research shows that disengaged employees can cost an organization \$3,400 for every \$10,000 of salary. Performance conversations also take considerably less time than traditional appraisals – an important factor in a work environment where some managers have more than 100 employees.

Given the success of the pilot projects, performance conversations are now being rolled out throughout the Region. It's expected they will fully replace the previous, traditional methods by March 2017.

#### **Distribution of Engagement**



#### **FEEDBACK:**

- In a survey of 40 of the 116 participants, 100 per cent said they prefer the new performance conversation to the previous evaluations/reviews.
- Managers found the performance conversation approach to be an effective way to engage employees in achieving individual and organizational successes.
- All survey respondents agreed that the questions on the performance conversation form helped them have a meaningful conversation.

#### **Engagement Surveys**

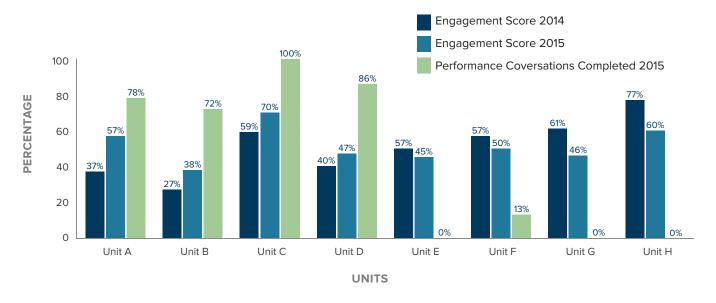
Every year since 2013, the Region has reached out to every employee, seeking input on their level of engagement in their work.

Research continues to show that engaged employees say great things about the organization, don't plan to take another job and put in extra effort to help the organization succeed. We also know that patients receive better care when their care provider is invested in the work they do. The survey has become a valuable tool used to provide insight into how best to address the needs of staff across the Region and to create a more engaging work environment for them.

This year, each of the 630 units across the Region is creating an engagement action plan to address areas where improved engagement is possible. Each unit will identify areas from its own survey results where scores are low and work with the team to determine new approaches to engagement and capacity building. This plan will ensure all members of the team have the tools and sense of investment they need to do their best work.

Performance conversations play an important role in establishing and improving upon employee engagement. In fact, Victoria Hospital has measured the impact of performance conversations on staff engagement and has shown a strong correlation between the two initiatives. The Region will work to ensure both tools remain as effective as possible at producing an engaged workforce.

#### IMPACT OF PERFORMANCE CONVERSATIONS ON EMPLOYEE ENGAGEMENT AT VICTORIA HOSPITAL



source: Victoria Hospital Performance Conversation tracking with data from AON Hewitt:

# **6** BUILD SUSTAINABILITY

# Financial sustainability plan

In order to address the deficit challenge going forward, the Region has developed a Financial Sustainability Plan designed to address systemic financial concerns without negatively affecting patient care.

Measures such as restrictions on out-of-province travel and hiring, both in place since October 2013, as well as an annual expenditure reduction target remain in effect. These ensure that cost reductions are achieved where possible. The new plan will complement those strategies and will work towards reducing some system-wide expenses and change the way the organization approaches spending.

Among the cost-saving initiatives highlighted in the plan:

- A move to a self-insured system for work-based injury claims;
- A Nursing Services Utilization review;
- Increase the use of National Group Purchasing Services for clinical supplies and drugs;
- Vacancy management, without negatively affecting patient services and safety and;
- The implementation of a Capacity Planning Tool to align the use of nursing resources to expected patient demand.

#### **One-time funding:**

The Region received one-time funding from the Department of Health, Seniors and Active Living which significantly decreased the deficit for the 2015/16 fiscal year. As a result of this, the forecasted deficit for 2016/17 and beyond is expected to be more in line with the deficit reported for the 2014/15 fiscal year.

The Region is committed to addressing the deficit through the implementation of the Financial Sustainability Plan over the next fiscal year.

# New Winnipeg Regional Health Authority operating plan

After an extensive consultative process which sought input from thousands of employees, patients, families and members of the public, the Winnipeg Regional Health Authority introduced a new strategic plan in 2016. The plan will guide the Region's priorities, activities and focus for the next five years. The new plan includes priorities such as patient flow, quality and safety, employee engagement and building a more sustainable health system.

To ensure the successful implementation of the new strategic plan, every site and program is expected to develop an operating plan for 2016/17 that identifies how they will address regional priorities. Using a new operating planning process, sites and programs will identify their achievements from the past year, challenges or obstacles they are experiencing and their action plan to improve upon their performance or service area for the year ahead. The goals for each area that are identified through this process will have specific, measurable performance indicators to track the progress of each action plan.



# Winnipeg Regional Health Authority receives accreditation

In announcing that the Winnipeg Regional Health Authority has received its accreditation status for the next four years, Accreditation Canada said: "this is a milestone to be celebrated, and we congratulate you and your team for your commitment to providing safe, high-quality health services."

It was welcome news from the organization responsible for assessing health care facilities across the country.

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

In April, surveyors from Accreditation Canada visited 56 health care sites across the Region as part of an assessment of the organization's performance against national standards of excellence. The organization defined quality in health care using eight dimensions that represent key service elements: population focus (work with my community to anticipate and meet our needs);

accessibility (give me timely and equitable services); safety (keep me safe); work-life (take care of those who take care of me); client-centred services (partner with me and my family in our care); continuity of services (co-ordinate my care across the continuum); appropriateness (do the right thing to achieve the best results); and efficiency (make the best use of resources).

Earlier this year, Accreditation Canada released a 190page report giving the Region top marks in a number of program and service areas. Some of the highlights from their report included:

- A 94.4 per cent rating in the category of Quality and Patient Safety, which reviewed more than 4,500 criteria;
- 19 program areas (out of a total of 33) met at least 95 per cent of the total criteria set out by Accreditation Canada;
- Three program areas that met 100 per cent of Accreditation Canada's criteria overall: population health

Accreditation Canada commends
Winnipeg Regional Health
Authority for its ongoing work
to integrate accreditation
into its operations to improve
the quality and safety of its
programs and services.

**Accreditation Canada report** 



and wellness, obstetrics services and spinal cord injury rehabilitation services; and

• Seven program areas met 100 per cent of requirements of high-priority criteria.

Those programs include governance, population health and wellness, mental health services, obstetrics services, organ and tissue transplant standards, spinal cord injury acute services and spinal cord injury rehabilitation.

The surveyors also singled out a number of initiatives including:

- The Region's efforts to promote health equity,
- Its ongoing commitment to community partnerships, such as its longstanding relationship with the University of Manitoba, and
- The Region's efforts to incorporate feedback from the community, such as its Patient and Family Advisory Councils and Local Health Involvement Groups, into its decision-making processes.

Health equity promotes conditions in which every person can achieve their full health potential. The report notes that the newly released 2016-2021 strategic plan emphasizes the importance of health equity, adding that efforts to educate staff about the issue and build partnerships to end homelessness have begun.

Surveyors also identified areas where improvement is needed, including financial stability, infrastructure and patient flow, which Accreditation Canada acknowledged as a regional priority since 2012. The organization also acknowledged that the Region has targeted areas for improvement as part of a refocused strategy on patient flow improvement.



# Governance & Administration

## **Accreditation Status**

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

The Winnipeg Regional Health Authority continues to maintain its accredited status following an Accreditation Canada visit in April 2016 meaning it has succeeded in meeting the fundamental requirements of Accreditation Canada's Qmentum accreditation program.

The next Accreditation Canada visit is scheduled in April 2020.



wrha.mb.ca/about/accreditation.php

## Governance

The board of directors is the governing body of the Winnipeg Regional Health Authority. Its 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 - Sheila Carter (chair), Jeff Cook, Elaine Bishop, Verna Flett, Doris Koop, David Rondeau

Quality, Patient Safety & Innovation Committee - Joanne Biggs (chair), Elaine Bishop, Jeff Cook, Stuart Greenfield, Doris Koop, Rob Santos, Jan Byrd

Audit Committee - Craig Stahlke (chair), Bruce Thompson

Resources Committee - Bruce Thompson (chair), Myrle Ballard, Bob Freedman, Ken Hiebert

Governance Committee - Bob Brennan (chair), Joanne Biggs, Sheila Carter, Craig Stahlke, 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.



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

# **Board of Directors Membership**

The Minister of Health appoints members to the regional health authority boards. In 2016, the Department of Health, Seniors and Active Living reduced the membership of health authority boards across Manitoba. This will bring the maximum membership of the Winnipeg Regional Health Authority's board to 15 members from 21. The new board membership will begin their work in November of 2016. 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.

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.



www.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 and past serving members of the board

As of March 31, 2016

# **Past Serving Board Members:**

Jerry Gray, Chair

Joan Dawkins

#### **Reg Kliewer**

#### **Current Board Members:**



#### **Bob Brennan**, Board Chair

- Chartered accountant and elected Fellow of Chartered Accountants
- Former Chair of the Riverview Health Centre Foundation's Board of Directors
- Former Secretary Treasurer for Research Manitoba Board of Directors
- Treasurer for Hospice and Palliative Care Manitoba
- Former President and CEO of Manitoba Hydro



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** 

- Retired Executive Director of 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
- Several years involvement in First Nations health programs and services, Health Canada, Medical Services Branch



**Jeff Cook** 

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



Jenn Faulder

Provincial Issues Management and Communications Officer, Addictions Foundation of Manitoba



Verna Flett

- Community member in the Town of Churchill
- School Counselor for the Duke of Marlborough School in Churchill



Jean Friesen

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



**Robert Freedman** 

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



**Stuart Greenfield** 

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



**Doris Koop** 

- Executive Director of the Vision Impaired Resource Network (VIRN)
- Consulting, Events Specialist and Marketing. Actively involved in the community with a special interest in active living for people with disabilities.



**Connie Krahenbil** 

- Community member in the Town of Churchill
- Appointed to the Addictions
   Foundation of Manitoba Board of
   Directors in 2008



**Pravinsagar Mehta** 

- Chair, WRHA medical staff
- Physician Bed Manager in Family Practice and Attending Physician in Geriatric Medicine at St. Boniface Hospital
- Former President of Doctors Manitoba



**David Rondeau** 

- Retired French immersion public school teacher from River East Transcona School Division
- Former member of the Administrative Council of Les Éducatrices et éducateurs francophones du Manitoba



**Rob Santos** 

- Associate Secretary to Healthy Child Committee of Cabinet, Government of Manitoba
- Assistant Professor of Community
   Health Sciences at the University of
   Manitoba



Craig Stahlke

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



**Bruce Thompson** 

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

# **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 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 Winnipeg, 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 and the Middlechurch Home of Winnipeg are separate legal entities. As such, they generate and make available their own disclosure reports.

# 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.

There were no disclosures received by the Winnipeg Regional Health Authority for fiscal year 2015 – 2016.

# 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



## wrha.mb.ca/contact/infoaccess\_fippa.php

			2015			
Total	Total	# of Requests Granted Full	%		Type of Request	
Requests Received	Requests Processed	or Partial Access	of Total	Media	Political Parties	Other
197	174 *	155	89	10	164	23

<sup>\* 23</sup> requests were either transferred, withdrawn or carried forward

			2014			
Total	Total	# of Requests Granted Full	%		Type of Request	
Requests Received	Requests Processed	or Partial Access	of Total	Media	Political Parties	Other
240	225*	188	84	12	207	21

<sup>\* 15</sup> requests were either transferred, withdrawn or carried forward

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

<sup>\* 3</sup> requests were either transferred, withdrawn or carried forward

Source: Access + Privacy Office

#### FRENCH LANGUAGE SERVICES

Bilingual employees of the Region provide service and support to patients, residents and their families across the Region every day. From essential patient information, forms, websites and advertising to signage, donor recognition and way-finding, reflecting both official languages is essential to our Region's culture and character.

#### **Identification of French-speaking clients:**

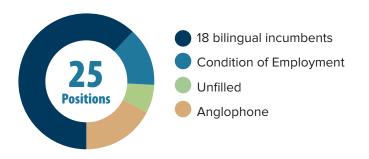
Language identification and preference is assured at intake at designated sites and programs. If the client presents at a designated site, they will receive service in French by a designated bilingual employee. At non-designated sites, where possible, a bilingual employee will assist. Otherwise the client can be provided with interpretation services through the Region's Language Interpreter program, if required.

### Identification of French-speaking employees:

Some jobs within the Region are designated bilingual. Individuals in these positions wear a "Hello Bonjour" identification badge, and provide service to patients, residents and families in both official languages. Other bilingual staff are encouraged to selfidentify and use French as a personal choice if they feel capable and comfortable doing so.

#### **Recruitment results:**

25 designated bilingual positions were posted in corporate and community offices in 2015 -2016; 18 were filled with bilingual incumbents. Four were hired with a condition of employment and two positions were left unfilled (one term, one permanent). The remaining five positions were filled by Anglophone candidates, and included a nurse practitioner, primary care assistant and three home care staff.



**3** All new public information materials are created bilingual.



All advertising is bilingual.



• Signs at designated sites, such as Centre d'accèsaccess St-Boniface, are completely bilingual. Key signage at other sites, such as way-finding signs, donor signs at SSCY, etc. is bilingual.

# **NEW SIGNS** are BILINGUAL

• Essential information on main Internet site pages is bilingual; secondary and drill down information is not. Individual program-specific websites (with much less content) are developed entirely French.



#### **Training:**

Two evening programs



Four daytime programs

Grand total of 109 employees trained across the region.

#### **Policy Implementation Highlights:**

- Connected Care / Soins branchés app launched simultaneously in English and French.
- Bi-annual award (Prix du Champion) created to recognize outstanding efforts of an employee who either provides or facilitates service in French. One of several initiatives to mark the 15th anniversary of French Language Services.
- Developed an English document of amalgamated key research regarding the importance of language in health care, (generally only available in French) for use by managers.
- Launched "C'est le patient qui compte" to explain the Active Offer concept: what it is and how it impacts care.
- Prepared educational resources for managers to support francophone employees whose English is weak, and who might not otherwise succeed in their position.
- Held the Region's first Local Health Involvement Group in French in partnership with Santé en français.
- Built French Language Service requirements into the design phase of the Region's new human resource management software program.

#### **Collaboration:**

- Université de Saint-Boniface research projects, nursing program evaluation, training
- Santé en français training, translation, committee work, research, project work
- Consortium national de formation en santé (local and national) – research, training



# SERVICES EN LANGUE FRANÇAISE

Les employés bilingues de la Région fournissent chaque jour des services et du soutien aux patients, aux résidents et à leurs familles dans toute la Région. Il est essentiel à la culture et au caractère de la Région de refléter les deux langues officielles, qu'il s'agisse d'information indispensable aux patients, de formulaires, de sites Web et de publicité, ou de reconnaissance des donateurs et d'orientation particulière.

#### Identifier les clients de langue française :

L'identification et la préférence de la langue se font à l'accueil des établissements et des programmes désignés. Si le client se présente dans un établissement désigné, il recevra le service en français par un employé désigné bilingue. Dans les établissements non désignés, un employé bilingue aidera, le cas échéant. Sinon, le client pourra obtenir un service d'interprétation grâce au programme d'interprétation de la Région, s'il y a lieu.

#### Identifier les employés de langue française :

Certains postes dans la Région sont désignés bilingues. Les personnes qui remplissent ces postes portent un insigne « Hello Bonjour » et fournissent un service aux patients, aux résidents et aux familles dans les deux langues officielles. Nous encourageons les autres membres du personnel bilingues à s'identifier volontairement; ils parleront français par choix, s'ils sont capables et à l'aise de le faire.

#### Résultats de recrutement :

Vingt-cinq postes désignés bilingues ont été affichés dans les bureaux administratifs et communautaires en 2015-2016 : 18 d'entre eux ont été pourvus par des candidats bilingues. Quatre postes ont été remplis avec une condition d'emploi et deux demeurent vacants (un poste doté pour une période déterminée et un poste permanent). Les cinq postes restants ont été pourvus par des candidats anglophones, dont une infirmière praticienne, un assistant en soins primaires et trois membres du personnel en soins à domicile.



• Tous les nouveaux documents d'information publique sont créés en anglais et en français

En 2015-2016 231 documents

soit 143,062 mots, ont été traduits.

Toute la publicité est bilingue.



⇒ Les enseignes dans les établissements désignés, tels que le centre d'Accès-Access Saint-Boniface, sont complètement bilingues. Aux autres sites, les enseignes principales, c'est-à-dire les enseignes d'orientation particulière, les enseignes pour les donateurs au SSCY, etc., sont bilingues.

Les nouvelles enseignes sont BILINGUES

• L'information essentielle sur les pages principales du site Web est disponible dans les deux langues; l'information secondaire et les zooms avant ne le sont pas.

Les sites Web individuels portant spécifiquement sur les programmes (et ayant beaucoup moins de contenu) sont créés entièrement en français.



#### Formation:

Deux programmes du soir



= formation de 44 membres du personnel



politique:

Quatre programmes du jour



\*\*\*\*\*\*

Formation de 109 employés en tout, partout dans la région.

Points saillants de la mise en œuvre de la

- L'appli Connected Care / Soins branchés a été lancée simultanément en français et en anglais.
- Un prix bisannuel, le Prix du Champion, a été créé pour reconnaître les efforts exceptionnels d'un employé qui a soit fourni soit facilité le service en français. Il s'agit là d'une initiative parmi plusieurs pour souligner le 15e anniversaire des Services en langue française.
- Nous avons préparé un document en anglais sur la recherche principale compilée concernant l'importance de la langue dans les soins de santé (généralement disponible seulement en français), destiné aux gestionnaires.
- Nous avons lancé « C'est le patient qui compte » afin d'expliquer le concept de l'offre active : ce que c'est et son impact sur les soins.
- Nous avons préparé des ressources éducationnelles destinées aux gestionnaires afin d'appuyer les employés francophones qui ne maîtrisent pas l'anglais et qui, par conséquent, ne pourront pas bien réussir dans leur travail.
- La Région a tenu son premier Groupe local de participation en matière de santé en français, en partenariat avec Santé en français.

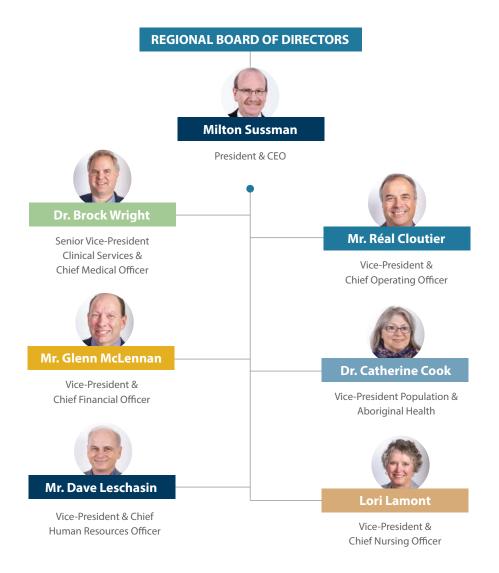
• Nous avons intégré les exigences relatives aux Services en langue française dans la conception du nouveau logiciel de gestion des ressources humaines de la Région.

#### **Collaboration:**

- Université de Saint-Boniface : projets de recherche; évaluation du programme de soins infirmiers, formation
- Santé en français : formation, traduction, travail de comité, recherche, travail de projets
- Consortium national de formation en santé (à l'échelle locale et nationale) : recherche, formation



# **Senior Executive Organizational Structure**



# Organizational changes

The senior executive management structure of the Winnipeg Regional Health Authority remains unchanged from last year. It is led by its president and chief executive officer and six vice-presidents. However, there were a number of personnel changes, driven by the search for a new president and chief executive officer. This was necessitated by the retirement of Arlene Wilgosh, who announced her intention in November 2014. Her retirement was effective May 29, 2015, at which time Lori Lamont was appointed interim president and chief executive officer. She held that position until November 2015, when Milton Sussman was appointed president and chief executive officer by the board of directors after a national search. Mary Anne Lynch was appointed acting vice-president, interprofessional practice and chief nursing officer to fill the vacancy left by Lori Lamont's interim appointment.

# Statistical Highlights

## **URGENT CARE VISITS**

	2015 - 16	2014 - 15	2013 - 14
Misericordia Urgent Care	39,024	39,979	41,201
Pan Am Minor Injury Clinic	59,535	59,325	55,151
Total	98,559	99,304	96,352

Source: Misericordia - Med2020/Crystal Reports. Pan Am - Financial Management Information System (FIMIS)

## HOME CARE CLIENTS¹ RECEIVING SERVICES

2015 - 16	2014 - 15	2013 - 14
14,254	14,037	14,011

Source: Compiled from Community Office Statistics by the Home Care Program Analyst

## **TOTAL BIRTHS AND DELIVERIES**

Births <sup>1</sup>	2015 - 16	2014 - 15	2013 - 14
Births (incl stillbirths)	11,475	11,234	11,306
Home Birth Midwife	34	35	36
Birth Centre	163	152	164
Total Births	11,672	11,421	11,506

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

1) Births represents the number of babies born. Stillbirths are included. Babies born before arrival to hospital are excluded. The newborn abstract is used for the calculation.

Deliveries <sup>1</sup>	2015 - 16	2014 - 15	2013 - 14
Deliveries by Physician (live births)	11,027	10,844	10,916
Deliveries by midwife (no assistance from physicians)	208	157	168
Total Deliveries	11,235	11,001	11,084

Source: 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 live vaginal births and caesarian section births. The mother's abstract is used.

<sup>1)</sup> Excludes clients under assessment but not yet receiving services: 2015/16 = 345 clients; 2014-15 = 277 clients; 2013/14 = 199 clients

# MAIN OPERATING ROOM (OR) SURGICAL CASES<sup>1</sup>

Inpatient	2015 - 16	2014 - 15	2013 - 14
Winnipeg Regional Health Authority Acute Sites	23,105	23,761	23,216
Misericordia Health Centre	463	498	512
Pan Am Clinic	-	-	-
Total	23,568	24,259	23,728

Day Surgery	2015 - 16	2014 - 15	2013 - 14
Winnipeg Regional Health Authority Acute Sites	23,407	23,196	23,639
Misericordia Health Centre	11,480	11,497	11,940
Pan Am Clinic	3,734	3,818	3,873
Total	38,621	38,511	39,452

Total	2015 - 16	2014 - 15	2013 - 14
Winnipeg Regional Health Authority Acute Sites	46,512	46,957	46,855
Misericordia Health Centre	11,943	11,995	12,452
Pan Am Clinic	3,734	3,818	3,873
Total	62,189	62,770	63,180

Source: WRHA 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 (RELATED TO WAIT TIME TRACKING)

Inpatient & Day Surgeries	2015 - 16	2014 - 15	2013 - 14
All (Therapeutic Interventions on the heart and related structures, excl CABG)	2,539	2,068	2,115
CABG (Coronary Artery Bypass Graft)	628	598	569
Joint Surgery:			
Primary Hip Replacements	1,497	1,526	1,372
Primary Knee Replacements	1,656	1,627	1,750
Cataract - Adults	9,224	9,213	9,673
Pediatric Dental	1,571	1,707	1,831

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

# **GAMMA KNIFE PROCEDURES**

2015 - 16¹	2014 - 15 <sup>1</sup>	2013 - 14 <sup>1</sup>
551	459	475

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.

# WINNIPEG REGIONAL HEALTH AUTHORITY SERVICES PROVIDED THROUGH THE PROVINCIAL HEALTH CONTACT CENTRE (PHCC)<sup>1</sup>

Inpatient	2015 - 16	2014 - 15	2013 - 14
Health Links - Info Santé <sup>2</sup> - Client calls answered Live <sup>3</sup>	100,277	108,997	122,328
Health Links - Info Santé - Outbound Calls <sup>4</sup>	1,054	1,205	1,039
Left But Not Seen - Follow-up Contacts 5	6,427	7,495	6,047
After Hours Central Intake Program - Client calls answered Live <sup>6</sup>	153,749	153,488	152,738
After Hours Central Intake Program - Outbound Calls <sup>6</sup>	195,480	176,988	178,251
TeleCARE Manitoba - Client calls answered Live <sup>7</sup>	527	632	660
TeleCARE Manitoba - Outbound Calls <sup>8</sup>	8,179	9,045	9,021
Dial a Dietitian - Client calls answered Live <sup>9</sup>	1,367	1,342	1,358
Dial a Dietitian - Outbound Calls <sup>10</sup>	799	666	1,003
Triple P Positive Parenting Program - Client calls answered Live <sup>11</sup>	550	677	668
Triple P Positive Parenting Program - Outbound Calls <sup>12</sup>	1,125	1,234	1,180

<sup>1)</sup> 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 Hotline, 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.

- 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 Winnipeg Regional Health Authority 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 Winnipeg Regional Health Authority 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.
- 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)

	2015 - 16	2014 - 15	2013 - 14
Winnipeg PCH in Riverview and Deer Lodge <sup>1</sup>	463	431	463
Winnipeg Non-Proprietary PCH <sup>2</sup>	2,965	2,951	2,987
Winnipeg Proprietary PCH	2,025	2,032	2,042
Rural Proprietary PCH <sup>3</sup>	366	367	362
Total	5,819	5,781	5,854

Source: Director of Finance LTC and Program Director, PCH Program

<sup>2)</sup> Health Links - Info Santé, a Winnipeg Regional Health Authority service leveraging the PHCC technology, is a 24-hour, 7-day-a-week telephone information service. The program is staffed by registered nurses with the knowledge to provide over-the-phone consultation related to health care auestions and concerns.

<sup>1)</sup> Assumes 100 per cent bed occupancy of PCH beds at RHC and DLC per the Winnipeg Regional Health Authority bed map.

<sup>2)</sup> 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.

<sup>3)</sup> includes Middlechurch

# **DIAGNOSTIC IMAGING**

2015/16	WRHA Acute Sites	Misericordia Health Centre	Pan Am Clinic	Other <sup>1</sup>	Total
CT Scans	114,725	6,567	-	-	121,292
Ultrasounds	109,750	8,259	-	-	118,009
X-Rays	291,070	19,919	-	3,277	314,266
Mammograms	3,147	-	-	-	3,147
Nuclear Medicine	21,699	-	-	-	21,699
PET	1,836	-	-	-	1,836
MRI	49,835	-	9,369	-	59,204
Bone Density	6,883	-	-	-	6,883
Angiography	5,274	-	-	-	5,274
Cardiac Angiography	13,281	-	-	-	13,281
Total Diagnostic Imaging Procedures	617,500	34,745	9,369	3,277	664,891

2014/15	WRHA Acute Sites	Misericordia Health Centre	Pan Am Clinic	Other¹	Total
CT Scans	109,050	6,711	-	-	115,761
Ultrasounds	103,669	8,731	-	-	112,400
X-Rays	285,001	18,857	-	3,326	307,184
Mammograms	2,440	-	-	-	2,440
Nuclear Medicine	21,317	-	-	-	21,317
PET	1,741	-	-	-	1,741
MRI	49,553	-	9,187	-	58,740
Bone Density	6,436	-	-	-	6,436
Angiography	5,363	-	-	-	5,363
Cardiac Angiography	12,710	-	-	-	12,710
Total Diagnostic Imaging Procedures	597,280	34,299	9,187	3,326	644,092

2013/14	WRHA Acute Sites	Misericordia Health Centre	Pan Am Clinic	Other <sup>1</sup>	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

Source: Diagnostic Imaging Program

1) Other includes Riverview Health Centre and Deer Lodge Centre.

# WINNIPEG REGIONAL HEALTH AUTHORITY HOSPITAL STATISTICS

**TOTAL Winnipeg Regional Health Authority** 

Key Statistic:	2015 - 16	2014 - 15	2013 - 14
Number of Beds <sup>1</sup>	3188 (7)	3205 <sup>(7)</sup>	3166 (7)
Average Occupancy <sup>2</sup>	94.23%	93.59%	88.63%
Emergency Department Visits <sup>3</sup>	279,915	277,385	268,380
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	32,853 (11.74%)	28,444 (10.25%)	31,148 (11.61%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	20,906 (7.47%)	20,139 (7.26%)	19,486 (7.26%)
Total Number of Inpatient Discharges <sup>4</sup>	82,797	82,111	80,980
Average LOS <sup>4</sup>	8.45	8.71	0.07
Total Number of Day Surgery Cases <sup>4</sup>	63,198	61,017	61,175
Percentage of Alternate Level of Care (ALC) Days <sup>4</sup>	10.64%	11.79%	12.66%
ALOS: ELOS Ratio <sup>5</sup>	1.10	1.10	1.07
Hospital Standardized Mortality Ratio <sup>5</sup>	115	115	112
Hospital Readmission Rate Within 30 Days of Discharge <sup>5</sup>	8.0%	7.7%	7.9%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	3.96	2.87	2.67
MRSA Rate (per 10,000 pt days) <sup>8</sup>	5.61	5.29	5.18

# **Health Sciences Centre Winnipeg**

Key Statistic:	2015 - 16	2014 - 15	2013 - 14
Number of Beds <sup>1</sup>	775	771	759
Average Occupancy <sup>2</sup>	93.18%	92.64%	86.65%
Emergency Department Visits <sup>3</sup>	110,524	108,259	99,954
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	12,762 (11.55%)	12,868 (11.89%)	12,170 (12.18%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	7,020 (6.35%)	7,021 (6.49%)	6,093 (6.10%)
Total Number of Inpatient Discharges <sup>4</sup>	33,544	33,427	32,576
Average LOS <sup>4</sup>	7.59	7.55	7.70
Total Number of Day Surgery Cases <sup>4</sup>	19,980	18,463	19,606
Percentage of Alternate Level of Care (ALC) Days <sup>4</sup>	5.68%	5.35%	7.86%
ALOS: ELOS Ratio <sup>5</sup>	1.09	1.07	1.07
Hospital Standardized Mortality Ratio <sup>5</sup>	112	122	103
Hospital Readmission Rate Within 30 Days of Discharge <sup>5</sup>	8.7%	9.0%	9.0%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	5.28	3.48	2.57
MRSA Rate (per 10,000 pt days) <sup>8</sup>	11.78	10.72	10.77

# St. Boniface Hospital

Key Statistic:	2015 - 16	2014 - 15	2013 - 14
Number of Beds <sup>1</sup>	477	472	472
Average Occupancy <sup>2</sup>	91.99%	93.74%	84.02%
Emergency Department Visits <sup>3</sup>	40,156	39,061	38,939
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	6,592 (16.42%)	6,334 (16.22%)	6,233 (16.01%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	3,351 (8.34%)	3,582 (9.17%)	3,350 (8.60%)
Total Number of Inpatient Discharges <sup>4</sup>	25,913	25,719	26,066
Average LOS <sup>4</sup>	5.94	6.19	6.00
Total Number of Day Surgery Cases <sup>4</sup>	14,771	14,621	13,811
Percentage of Alternate Level of Care (ALC) Days <sup>4</sup>	6.84%	7.61%	7.06%
ALOS: ELOS Ratio <sup>5</sup>	1.22	1.01	0.96
Hospital Standardized Mortality Ratio <sup>5</sup>	102	105	100
Hospital Readmission Rate Within 30 Days of Discharge <sup>5</sup>	8.1%	7.6%	7.8%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	4.98	4.13	4.67
MRSA Rate (per 10,000 pt days) <sup>8</sup>	4.13	3.36	3.65

# **Concordia Hospital**

Key Statistic:	2015 - 16	2014 - 15	2013 - 14
Number of Beds <sup>1</sup>	185	185	185
Average Occupancy <sup>2</sup>	94.29%	95.59%	94.10%
Emergency Department Visits <sup>3</sup>	29,608	31,805	33,662
Emergency Department Visits Admitted (with % in brackets) 3	3,420 (11.55%)	3,499 (11.00%)	3,354 (9.96%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	3,311 (11.18%)	3,931 (12.36%)	2,834 (8.42%)
Total Number of Inpatient Discharges <sup>4</sup>	5,867	5,934	5,775
Average LOS <sup>4</sup>	11.30	11.01	10.60
Total Number of Day Surgery Cases <sup>4</sup>	4,351	4,238	4,375
Percentage of Alternate Level of Care (ALC) Days <sup>4</sup>	17.71%	19.61%	19.79%
ALOS: ELOS Ratio <sup>5</sup>	1.13	1.04	1.03
Hospital Standardized Mortality Ratio <sup>5</sup>	109	105	114
Hospital Readmission Rate Within 30 Days of Discharge <sup>5</sup>	8.2%	7.2%	7.5%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	3.2	3.29	0.95
MRSA Rate (per 10,000 pt days) <sup>8</sup>	3.66	4.54	1.89

## Victoria General Hospital

Key Statistic:	2015 - 16	2014 - 15	2013 - 14
Number of Beds <sup>1</sup>	193	193	203
Average Occupancy <sup>2</sup>	91.17%	97.46%	93.52%
Emergency Department Visits <sup>3</sup>	31,079	31,736	31,176
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	2,889 (9.30%)	2.819 (8.88%)	2,727 (8.75%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	2639 (8.49%)	2,548 (8.03%)	1,724 (5.53%)
Total Number of Inpatient Discharges <sup>4</sup>	5,196	5,090	5,005
Average LOS <sup>4</sup>	12.48	14.05	12.70
Total Number of Day Surgery Cases <sup>4</sup>	10,473	10,035	10,153
Percentage of Alternate Level of Care (ALC) Days <sup>4</sup>	18.48%	25.41%	21.47%
ALOS: ELOS Ratio <sup>5</sup>	1.04	1.16	1.14
Hospital Standardized Mortality Ratio <sup>5</sup>	158	140	146
Hospital Readmission Rate Within 30 Days of Discharge <sup>5</sup>	6.4%	6.6%	6.7%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	3.02	1.75	2.93
MRSA Rate (per 10,000 pt days) <sup>8</sup>	2.57	2.04	3.08

# **Grace Hospital**

Key Statistic:	2015 - 16	2014 - 15	2013 - 14
Number of Beds <sup>1</sup>	247	267	252
Average Occupancy <sup>2</sup>	84.77%	90.26%	89.70%
Emergency Department Visits <sup>3</sup>	27,237	25,372	23,742
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	3,422 (12.56%)	3,334 (13.14%)	3,083 (12.99%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	1,414 (5.19%)	1,728 (6.81%)	2,216 (9.33%)
Total Number of Inpatient Discharges <sup>4</sup>	6,610	6,437	6,101
Average LOS <sup>4</sup>	11.65	13.25	13.50
Total Number of Day Surgery Cases <sup>4</sup>	7,187	7,372	6,903
Percentage of Alternate Level of Care (ALC) Days <sup>4</sup>	13.31%	15.30%	18.73%
ALOS: ELOS Ratio <sup>5</sup>	1.27	1.23	1.18
Hospital Standardized Mortality Ratio <sup>5</sup>	140	114	126
Hospital Readmission Rate Within 30 Days of Discharge <sup>5</sup>	7.1%	6.3%	6.6%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	6.41	3.78	4.56
MRSA Rate (per 10,000 pt days) <sup>8</sup>	2.4	3.07	4.19

#### **Seven Oaks General Hospital**

Key Statistic:	2015 - 16	2014 - 15	2013 - 14
Number of Beds <sup>1</sup>	308	308	299
Average Occupancy <sup>2</sup>	95.36%	99.90%	95.13%
Emergency Department Visits <sup>3</sup>	41,311	41,152	40,907
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	3,768 (9.12%)	3,531 (8.58%)	3,581 (8.75%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	3,171 (7.68%)	3,132 (7.61%)	3269 (7.99%)
Total Number of Inpatient Discharges <sup>4</sup>	5,535	5,376	5,291
Average LOS <sup>4</sup>	14.88	14.86	14.80
Total Number of Day Surgery Cases <sup>4</sup>	5,997	5,846	6,007
Percentage of Alternate Level of Care (ALC) Days <sup>4</sup>	16.38%	15.66%	18.72%
ALOS: ELOS Ratio <sup>5</sup>	1.21	1.25	1.18
Hospital Standardized Mortality Ratio <sup>5</sup>	95	111	111
Hospital Readmission Rate Within 30 Days of Discharge <sup>5</sup>	7.2%	6.2%	7.2%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	2.35	2.19	1.07
MRSA Rate (per 10,000 pt days) <sup>8</sup>	4.23	4.28	3.51

#### **Churchill Health Centre**

Key Statistic:	2015 - 16	2014 - 15	2013 - 14
Number of Beds <sup>1</sup>	27	28	28
Average Occupancy <sup>6</sup>	43%	52%	12%
Emergency Department Visits <sup>6</sup>	1165	1253	1492
Emergency Department Visits Admitted (with % in brackets) <sup>6</sup>	74 (6.35%)	84 (7%)	90 (6%)
Left Without Being Seen (with % in brackets) <sup>6</sup>	0	41 (37%)	10 (1%)
Total Number of Inpatient Discharges <sup>4</sup>	132	128	166
Average LOS <sup>4</sup>	4.61	6.24	24.30
Total Number of Day Surgery Cases <sup>4</sup>	439	442	320
Percentage of Alternate Level of Care (ALC) Days <sup>4</sup>	0%	0%	0%
ALOS: ELOS Ratio <sup>5</sup>	1.04	0.83	1.07
Hospital Standardized Mortality Ratio <sup>5</sup>	#	#	104
Hospital Readmission Rate Within 30 Days of Discharge <sup>5</sup>	10.7%	7.3%	11.8%
Clostridium Difficile Rate (per 10,000 pt days) <sup>6</sup>	0	0	0
MRSA Rate (per 10,000 pt days) <sup>6</sup>	0	2	0

<sup>1)</sup> Source: Annual Winnipeg Regional Health Authority Bed Map for the applicable fiscal year.

<sup>2)</sup> Source: Financial Management Information System (FIMIS)

<sup>3)</sup> Source: EDIS Decision Support. HSC data includes both Adult and Children's Emergency Visits.

<sup>4)</sup> Source: DAD DSS

<sup>5)</sup> Source: CIHI Your Health System: Insight Tool. FY1415 has been updated to show complete data.
6) Churchill data was supplied by Supervisor/Privacy Officer HIS Churchill Health Centre.

<sup>7)</sup> Includes Deer Lodge Centre, Misericordia, Riverview Health Centre, Manitoba Adolescent Treatment Centre

<sup>8)</sup> Rates provided by Winnipeg Regional Health Authority Regional Infection Control. Includes Riverview Health Centre and Deer Lodge Centre in the Winnipeg Regional Health Authoritytotal as they are included in WRHA acute care surveillance.

*<sup>‡</sup> Volume is too low to report* 

# 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, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated June 28, 2016.

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 consolidated financial statements

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

#### **Auditor's 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 Statements".

#### **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, 2016 are a fair summary of those consolidated financial statements.

Winnipeg, Canada June 28, 2016

Chartered Accountants

# **Summarized Consolidated Statement of Financial Position** As at March 31

(in thousands of dollars)

	2016	2015	
ASSETS			
CURRENT			
Cash and cash equivalents	\$ 65,383	\$ 15,924	
Accounts receivable	228,764	221,238	
Inventory	46,509	31,624	
Prepaid expenses	18,740	13,762	
Investments	4,760	8,753	
Employee benefits recoverable from Manitoba Health,			
Healthy Living and Seniors	78,957	78,957	
	443,113	370,258	
CAPITAL ASSETS, NET	1,764,454	1,671,934	
OTHER ASSETS			
Employee future benefits recoverable from Manitoba Health,			
Healthy Living and Seniors	82,499	82,499	
Investments	29,515	61,099	
	\$ 2,319,581	\$ 2,185,790	
CURRENT	¢ 427.242	ф F2 07F	
CURRENT Bank indebtedness	\$ 127,213	\$ 52,875	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities	255,211	262,209	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses	255,211 56,955	262,209 55,192	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses  Employee benefits payable	255,211 56,955 121,299	262,209 55,192 109,604	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses	255,211 56,955 121,299 33,976	262,209 55,192 109,604 42,763	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses  Employee benefits payable  Current portion of long-term debt	255,211 56,955 121,299	262,209 55,192 109,604	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses  Employee benefits payable  Current portion of long-term debt  NON-CURRENT	255,211 56,955 121,299 33,976 594,654	262,209 55,192 109,604 42,763 522,643	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses  Employee benefits payable  Current portion of long-term debt  NON-CURRENT  Long-term debt	255,211 56,955 121,299 33,976 594,654	262,209 55,192 109,604 42,763 522,643	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses  Employee benefits payable  Current portion of long-term debt  NON-CURRENT	255,211 56,955 121,299 33,976 594,654	262,209 55,192 109,604 42,763 522,643	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses  Employee benefits payable  Current portion of long-term debt  NON-CURRENT  Long-term debt	255,211 56,955 121,299 33,976 594,654	262,209 55,192 109,604 42,763 522,643	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses  Employee benefits payable  Current portion of long-term debt  NON-CURRENT  Long-term debt  Employee future benefits payable	255,211 56,955 121,299 33,976 594,654 31,542 225,533	262,209 55,192 109,604 42,763 522,643 33,573 223,097	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses  Employee benefits payable  Current portion of long-term debt  NON-CURRENT  Long-term debt  Employee future benefits payable  Deferred contributions, capital	255,211 56,955 121,299 33,976 594,654 31,542 225,533 1,466,811 1,723,886	262,209 55,192 109,604 42,763 522,643 33,573 223,097 1,400,295 1,656,965	
CURRENT  Bank indebtedness  Accounts payable and accrued liabilities  Deferred contributions, future expenses  Employee benefits payable  Current portion of long-term debt  NON-CURRENT  Long-term debt  Employee future benefits payable	255,211 56,955 121,299 33,976 594,654 31,542 225,533 1,466,811	262,209 55,192 109,604 42,763 522,643 33,573 223,097 1,400,295	

R. B. Brennan, FCA Chair, Board of Directors Craig M. Stahlke, FCPA, FCMA

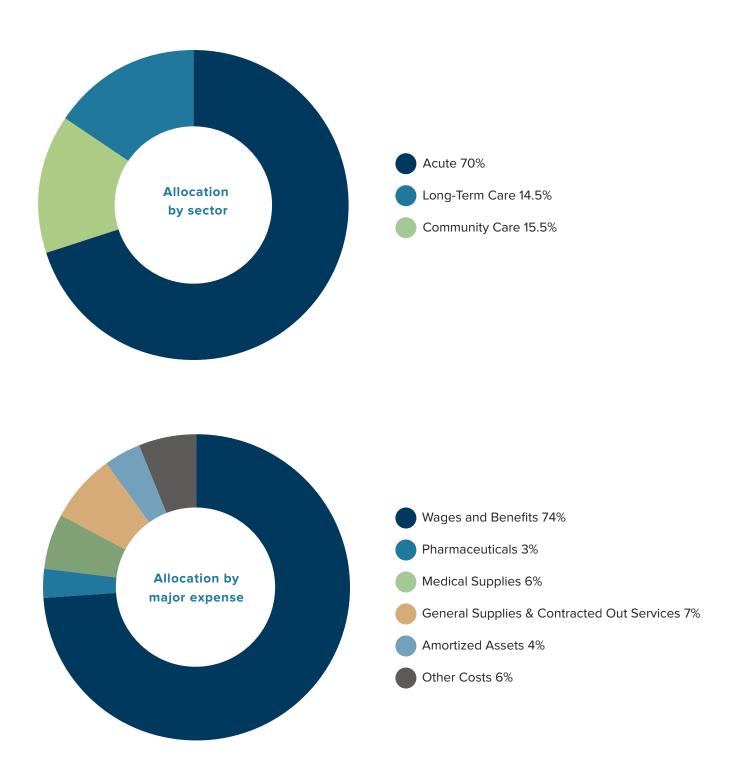
Treasurer

# Summarized Consolidated Statement of Operations For the year ended March 31

(in thousands of dollars)

_	2016	2015
REVENUE		
Manitoba Health, Healthy Living and Seniors operating income	\$2,722,389	\$2,537,413
Separately funded primary health programs	5,583	4,775
Patient and resident income	41,920	44,052
Recoveries from external sources	53,141	61,536
Investment income	2,374	2,816
Other revenue	6,807	5,794
Amortization of deferred contributions, capital	84,605	84,086
Recognition of deferred contributions, future expenses	18,917	51,170
	2,935,736	2,791,642
EXPENSES		
Direct operations	2,446,576	2,335,931
Interest	1,256	880
Amortization of capital assets	93,253	101,062
	2,541,085	2,437,873
FACILITY FUNDING		
Long-term care facility funding	310,835	299,733
Community health agency funding	47,769	46,074
Adult day care facility funding	2,954	2,954
Long-term care community therapy services	806	827
GRANT FUNDING		
Grants to facilities and agencies	41,745	36,453
	2,945,194	2,823,914
OPERATING DEFICIT	(9,458)	(32,272)
NON-INSURED SERVICES		
Non-insured services income	66,442	66,094
Non-insured services expenses	59,815	59,158
NON-INSURED SERVICES SURPLUS	6,627	6,936
DEFICIT FOR THE YEAR	\$ (2,831)	\$ (25,336)

# **Budget Allocation by Sector & Major Expense**



## **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 and Retention (general, physicians, and nurses), Employee Compensation and Benefits, Labour Relations, Employee Health, Employee Assistance Programs, Occupational Health and 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, 2016

(in thousands of dollars)

			2016	5		
	Acute Care		Personal Care Homes & Community Health Agencies		Total	
	\$	%	<b>\$</b>	%	\$	%
Corporate	\$62,106	2.29%	\$13,456	5.14%	\$75,562	2.54%
Recruitment & Human Resources	28,122	1.04%	2,209	0.84%	30,331	1.02%
Patient Care	18,181	0.67%	1	0.00%	18,182	0.61%
TOTAL	\$108,409	4.00%	\$15,666	5.98%	\$124,075	4.17%
			2015	5		
	Acute Care & Corporate		Personal Care Homes & Community Health Agencies		Total	
	\$	%	\$	%	\$	%
	(Restat	ed)	(Restated)		(Restated)	
Corporate	\$59,816	2.07%	\$13,385	5.16%	\$73,201	2.53%
Recruitment & Human Resources	26,728	0.93%	2,132	0.82%	28,860	1.00%
Patient Care	18,096	0.69%	1	0.00%	18,097	0.63%
TOTAL	\$104,640	3.69%	\$15,518	5.98%	\$120,158	4.16%

The 2016 figures presented are based on preliminary data available at time of publication.

Restatements were made to the 2015 figures to reflect the final data that was submitted after the publication date.

# Manitoba eHealth Operating Results For the year ended March 31, 2016

(in thousands of dollars)

	2016	2015
REVENUE		
Manitoba Health operating income	\$ 81,297	\$ 74,736
Recoveries	11,191	12,565
	92,488	87,301
EXPENSES		
Salaries, wages and employee benefits	48,903	46,916
Data communications	2,053	2,177
License fees	7,349	6,160
Hardware and software maintenance	20,426	20,833
Buildings and ground expense	3,480	2,784
Miscellaneous and other	8,476	8,325
TOTAL EXPENSES	90,687	87,195
OPERATING SURPLUS	1,801	106
Manitoba Health operating income reduction	(1,801)	(106)
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.

Healthy People.

Vibrant Communities.

CARE FOR ALL.

wrha.mb.ca

