WINNIPEG REGIONAL HEALTH AUTHORITY

annual report 2013

care for all

Winnipeg Regional Health Authority
Caring for Health

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

care for all

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Profile of the WINNIPEG REGIONAL HEALTH AUTHORITY

Our Mission

The Winnipeg Regional Health Authority (WRHA) is a collective relationship between many health and social service entities and professions, woven together under various forms of agreements and guidelines, administered and delivered under a regional umbrella. Through its relationship with the organizations listed in this document, the WRHA can focus on its mission: to coordinate and deliver safe and caring services that promote health and well-being. It is through these relationships that we can collectively understand the opportunities and advantages of working together towards common goals, and enable excellence and innovation in the care we provide.

Our Region

The Winnipeg Health Region encompasses residents of the City of Winnipeg as well as the community of Churchill, Rural Municipalities of East and West St. Paul, with a total population of just over 700,000 people. The Winnipeg Regional Health Authority also provides health care support and specialty referral services to nearly half a million Manitobans who live beyond these boundaries as well as residents of Northwestern Ontario and Nunavut who require the services and expertise available within the Winnipeg Health Region and Churchill Health services.

Our People and Facilities

More than 27,000 people directly or indirectly support or provide health care in the Winnipeg Health Region. With an annual operating budget of nearly $2.6 billion, the Winnipeg Regional Health Authority operates or funds over 200 health service facilities and programs. Health service facilities operating with the Winnipeg Regional Health Authority include:

...to coordinate and deliver safe and caring services that promote health and well-being...

TWO TERTIARY HOSPITALS:

- Health Sciences Centre, Winnipeg
- St. Boniface Hospital

FOUR COMMUNITY HOSPITALS:

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

HEALTH CENTRES:

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

PERSONAL CARE HOMES

- 38 Personal Care Homes
- 12 Supportive housing providers

COMMUNITY BASED HEALTH:

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

ACCESS CENTRES:

- River East
- Transcona
- Downtown
- NorWest
- Under construction: Winnipeg West, Corydon

KEY PARTNERS AND HEALTH RELATIONSHIPS:

- CancerCare Manitoba
- University of Manitoba
- Diagnostic Services of Manitoba
- Manitoba eHealth
- Winnipeg Integrated Services (Family Services and Consumer Affairs)
- Manitoba Housing

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

For more information about the Winnipeg Regional Health Authority, see: **www.wrha.mb.ca**

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Vision, Mission, Values – 2011-2016

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

OUR VISION

Healthy People, Vibrant Communities, Care for All

OUR MISSION

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

OUR VALUES

Dignity - as a reflection of the self-worth of every person
Care - as an unwavering expectation of every person
Respect - as a measure of the importance of every person

OUR COMMITMENTS

Innovation - that fosters improved care, health and well-being
Excellence - as a standard of our care and service
Stewardship - of our resources, knowledge and care

vision
mission
values

Strategic Directions

Focusing on its mission, guided by its values and conscious of its commitments, over the next five years the WRHA plans to accomplish:

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

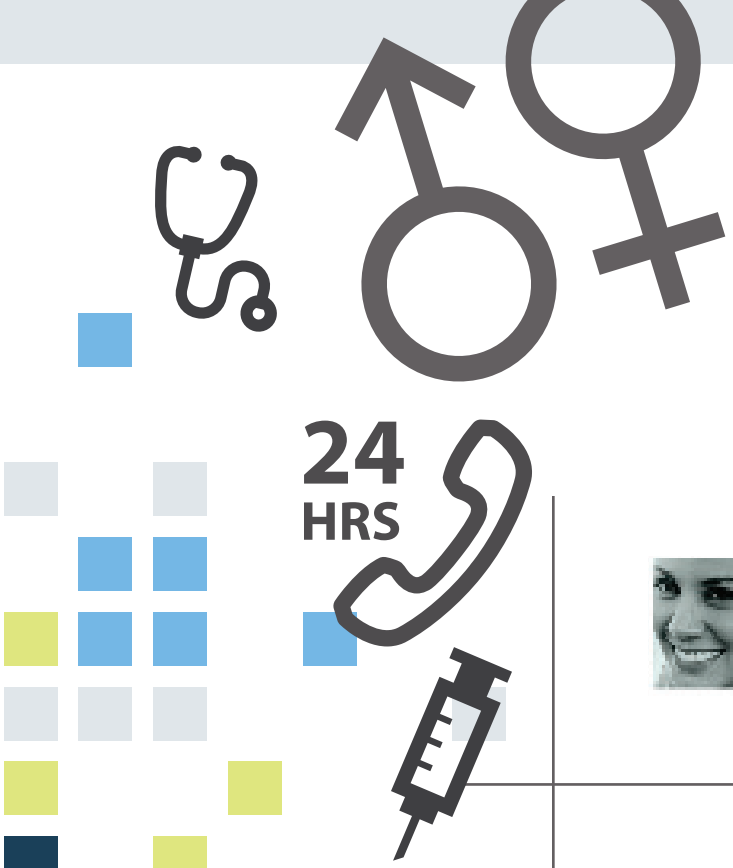
2 **Improve Quality and Integration**
Improve access to quality and safe care through improved integration of services and the use of evidence-informed practice.

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

4 **Support a Positive Work Environment**
Enhance quality care by fostering a work environment where staff are valued, supported and accountable, and who reflect the diverse nature of our community.

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

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



Mission, vision et valeurs 2011-2016

En 2011, le conseil d'administration de la Région sanitaire de Winnipeg a adopté un nouvel énoncé de vision, de mission et de valeurs, construit sur les priorités du plan stratégique précédent. Selon le nouveau plan quinquennal, nous chercherons davantage à améliorer l'expérience du patient, la qualité et l'intégration des services et la mobilisation de la population.

NOTRE VISION

Une population en santé, des collectivités dynamiques, des soins pour tous

NOTRE MISSION

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

NOS VALEURS

Dignité - le reflet de la valeur de chacun
Compassion - une attente inconditionnelle de chacun
Respect - la mesure de l'importance accordée à chacun

NOS ENGAGEMENTS

Innovation - afin de favoriser l'amélioration des soins, de la santé et du bien-être
Excellence - en tant que norme en matière de soins et de services
Saine gestion - de nos ressources, de notre savoir et de nos soins

vision
mission
valeurs

Orientations stratégiques

Ce que nous voulons accomplir au cours des cinq prochaines années, en gardant le cap sur notre mission, guidés par nos valeurs, dans le respect de nos engagements.

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

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

3 **Encourager la mobilisation de la population**
Collaborer avec la collectivité pour améliorer sa santé et son bien-être en établissant des partenariats et des associations avec la population servie.

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

5 **Faire avancer la recherche et l'éducation**
Travailler avec les intervenants pour améliorer le rendement universitaire en constituant un réseau d'établissements d'enseignement en sciences de la santé dans lesquels les activités de formation et de recherche clinique sont mieux harmonisées et intégrées. (Réseau d'établissements d'enseignement en sciences de la santé).

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

Message from the PRESIDENT & CHIEF EXECUTIVE OFFICER

This is both an exciting and very challenging time for healthcare leaders across Canada.

The public's expectations of their health system, and those who run it, remain very high, while the reality of the economic and fiscal challenges faced by provincial and federal governments continues to hit home.

Meeting these expectations and challenges has required us to be creative, innovative, and more efficient in the way health services are delivered. In doing so, we have been able to make significant progress toward fulfillment of our strategic directions and vision.

Across the system, we actively look for ways to improve system processes while reducing waste through business process re-engineering and the application of LEAN management practices, recognizing that better care and lower costs requires a strong commitment to research and innovation.

We have also been working to improve overall patient flow across our system to ensure patients not requiring hospital or emergency care are not using these expensive hospital based resources unnecessarily.

We have also been working to improve overall patient flow across our system to ensure patients not requiring hospital or emergency care are not using these expensive hospital-based resources unnecessarily. Earlier this year, we announced five key patient flow targets. Working towards meeting these targets in 2015 means we will have built a better, stronger, safer, and more efficient health system in Winnipeg.

We also continue to strengthen health services in the community, which are less costly to provide, to reduce reliance on hospital care, which is more costly to provide.

We are working to increase the number of QuickCare Clinics in the community, the new Mental Health Crisis Response Centre opened this year, and we continue to implement innovative programs like Hospital Homes Teams which strive to provide greater care in the community rather than in hospitals. We continue to work with primary care providers in the creation of Primary Care Networks which help fill gaps in after hour primary care service and helps increase access to family doctors.

Achieving success means building strong community partnerships with those we serve and those we serve with. We are grateful for the many partnerships we have and look forward to forging more in the years to come. I also want to recognize the amazing work undertaken by front line staff every day. For all your efforts, we are sincerely grateful.

This year's annual report describes some of the accomplishments and endeavours we have moved forward with towards our vision of "Healthy People, Vibrant Communities, Care for All", as well as progress on many of our 2011-2016 strategic directions. I invite you to take time to flip through and read about them.

Arlene Wilgosh
President & Chief Executive Officer

MOT DE LA PRÉSIDENTE-DIRECTRICE GÉNÉRALE

Nous nous efforçons aussi à améliorer le cheminement des patients dans le système afin d'éviter que les patients qui n'ont pas besoin de soins à l'hôpital ou à l'urgence se tournent inutilement vers ces ressources hospitalières dispendieuses.

Les dirigeants des services de santé partout au Canada traversent une période passionnante et difficile.

Les attentes du public quant à leur système de santé et aux personnes qui le dirigent demeurent très élevées, tandis que les défis économiques et financiers auxquels font face les gouvernements provincial et fédéral ont toujours un fort impact.

Afin de répondre à ces attentes et ces défis, nous avons dû faire preuve de créativité et d'innovation, et trouver des moyens plus efficaces de prodiguer les services de santé. Ce faisant, nous avons pu réaliser d'importants progrès relatifs au respect de nos orientations stratégiques et de notre vision.

À tous les niveaux du système, nous cherchons en permanence des façons d'améliorer les processus afin de réduire le gaspillage. Pour ce faire, nous perfectionnons les procédures administratives et appliquons les pratiques de gestion LEAN, car nous reconnaissons l'importance de prendre un engagement ferme envers la recherche et l'innovation afin de fournir les meilleurs soins et de réduire les coûts.

Nous nous efforçons aussi à améliorer le cheminement des patients dans le système afin d'éviter que les patients qui n'ont pas besoin de soins à l'hôpital ou à l'urgence se tournent inutilement vers ces ressources hospitalières dispendieuses. Au début de cette année, nous avons présenté cinq cibles relatives au cheminement des patients. Nous visons à atteindre ces cibles en 2015, ce qui signifiera que

nous aurons construit un meilleur système de santé plus robuste, plus sécuritaire et plus efficace à Winnipeg.

Nous continuons aussi à renforcer les services de santé communautaire, qui coûtent moins cher, afin de diminuer la dépendance par rapport aux soins à l'hôpital, qui coûtent plus cher.

Nous cherchons à augmenter le nombre de Cliniques express dans la communauté, nous avons ouvert le nouveau Centre d'intervention d'urgence en santé mentale cette année, et nous continuons à mettre en œuvre des programmes novateurs tels que les équipes de soins hospitaliers à domicile qui visent à offrir de meilleurs soins au sein de la communauté plutôt qu'à l'hôpital. Nous poursuivons notre collaboration avec les prestataires de soins primaires pour mettre sur pied des réseaux afin de combler les lacunes dans les services de soins primaires après les heures de bureau et d'améliorer l'accès aux médecins de famille.

Pour réussir, il faut établir de solides partenariats communautaires avec le public que nous servons et avec les personnes avec qui nous travaillons. Nous sommes reconnaissants de nos nombreux partenariats actuels et nous nous réjouissons d'en établir davantage à l'avenir. J'aimerais aussi souligner le travail incroyable que le personnel de première ligne effectue à chaque jour. Nous vous sommes sincèrement reconnaissants de tous vos efforts.

Dans le rapport annuel de cette année, vous pourrez prendre connaissance des accomplissements et des efforts entrepris dans le but de respecter notre vision, « Une population en santé. Des collectivités dynamiques. Des soins pour tous. », et des progrès quant à la réalisation de nos orientations stratégiques de 2011-2016. Je vous invite à prendre le temps de lire ces pages.

La présidente-directrice générale,
Arlene Wilgosh

Message from the THE BOARD CHAIR

As newly appointed Board Chair of the Winnipeg Regional Health Authority I would first like to take this opportunity to thank outgoing Board Chair Dr. John Wade for his dedication and service to the Winnipeg Regional Health Authority and for his leadership in building an exemplary model of governance of health and wellness in our province.

As a new board chair, I have been meeting with hospital executives and boards to learn more about their perspectives on the WRHA, as well as how they are meeting the challenges of the changing needs of our health care system. I have been very impressed with the innovations underway and in many cases, already in place. The philosophy of continuous improvement is clearly apparent and will serve us well as we go forward.

Fortunately, I have the backing of a talented and dedicated Board of Directors who bring to the table a broad range of professional disciplines, community and cultural perspectives. They comprise a governing body that oversees the largest health region in the province and a pivotal player in the health and wellness service sector in our community.

The Board of Directors will continue to provide effective governance and uphold the Vision, Mission, and Values of our strategic plan as the Region continues to work towards its goals and objectives. We will ensure fiduciary accountability and effective use of resources and services within the region, but most importantly, ensure that health care service and practices never lose sight of its most important endeavour: "To co-ordinate and deliver safe and caring services that promote health and well-being."

That is our Mission and our pledge to the community we serve.

Sincerely,

Dr. Jerry Gray
Board Chair

Message du président du conseil D'Administration

À titre de nouveau président du conseil d'administration de l'Office régional de la santé de Winnipeg, j'en profite pour remercier le président sortant du conseil d'administration, le Dr John Wade, de son engagement et sa contribution à l'Office régional de la santé de Winnipeg, et de son leadership dans le domaine de l'édification d'un modèle exemplaire de gouvernance de santé et de bien-être dans notre province.

Dans le cadre de mes fonctions de nouveau président, j'ai eu des rencontres avec les directeurs et les conseils d'administration d'hôpitaux afin d'en apprendre davantage sur leurs perspectives concernant l'ORSW et les mesures qu'ils prennent pour répondre aux défis et aux besoins qui évoluent dans notre système de soins de santé. J'ai été très impressionné de toutes les méthodes novatrices en cours et, dans certains cas, déjà mises en place. La philosophie de l'amélioration continue est bien évidente et elle nous sera très utile à l'avenir.

Heureusement, je peux compter sur l'appui d'un conseil d'administration dont les membres talentueux et dévoués apportent une large gamme de compétences professionnelles et de perspectives communautaires et culturelles. Ils représentent l'organisme directeur qui gère la plus grande région sanitaire de la province et ils jouent un rôle déterminant dans le secteur des services de santé et de bien-être dans notre communauté.

Le conseil d'administration continuera à faire preuve d'une gouvernance efficace et à soutenir la Mission, vision et valeurs du plan stratégique de la Région au fur et à mesure que nous nous efforçons à atteindre nos objectifs. Nous veillerons à respecter nos obligations fiduciaires et l'utilisation efficace des ressources et services au sein de la région, mais surtout, nous veillerons à ce que les services et les pratiques de soins de santé ne perdent jamais de vue notre tâche la plus importante : « Coordonner et assurer la prestation de services compatissants et sécuritaires qui favorisent la santé et le bien-être. »

En somme, cela constitue notre mission et notre promesse envers la communauté que nous servons.

Recevez mes salutations distinguées.

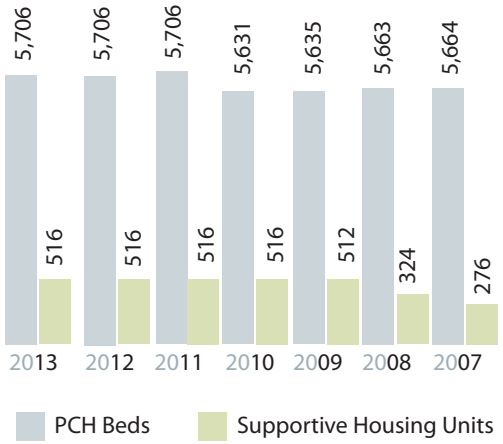
Le président du conseil d'administration,
Dr Jerry Gray

STATISTICAL HIGHLIGHTS 2011/2012/2013

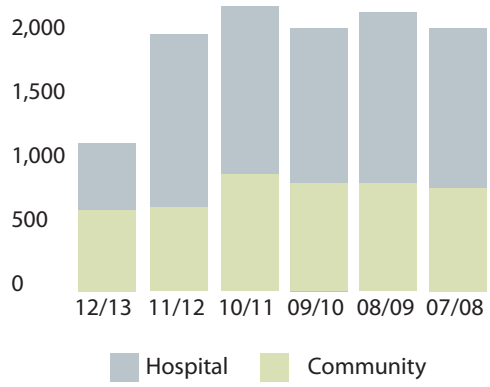
		12/13	11/12	10/11
1. Ambulatory Care Visits (Acute)		**514,107**	**522,851**	489,741
2. Emergency Department Visits (All Winnipeg)		**285,045**	**287,063**	285,092
3. Urgent Care Visits (includes Misericordia and Pan Am Clinic)		**101,538**	**109,246**	103,738
4. Inpatient Discharges[1] from WRHA Facilities by Institution Type	Acute [2]	**82,795**	82,113	81,869
	Rehab [3]	**1,769**	2,328	2,331
	Chronic [4]	**107**	163	161
	Hospice [5]	**49**	60	89
	Psychiatric Free Standing Facility [6]	**193**	228	189
	Total	**84,913**	84,982	84,639
5. Day/Night Care Visits[7] from WRHA Facilities		**76,630**	**76,928**	77,123
6. Home Care Clients[8] Receiving Services		**14,020**	**14,217**	13,982
7. Main Operating Room Surgical Cases[9] All Sites		**63,401**	**63,544**	61,800
8. Births in Winnipeg Facilities [10]		**11,297**	**10,977**	10,991
9. Deliveries in the Winnipeg Health Region	In hospital assisted by Physicians [11]	**10,848**	10,454	10,462
	In hospital assisted by Midwives [12]	**181**	253[1]	258
	At home assisted by Midwives [13a]	**55**	86	83
	Birth Centre Deliveries [13b, opened 2011]	**132**	30	-
10. Gamma Knife Procedures [14]		**401**	310	225

11. Total Number of Residents in Personal Care Homes (PCH) [15] and Supportive Housing Clients

Estimated Capacity in Personal Care Home Beds and Supportive Housing Units



Total number of PCH Placements: Fiscal Year 2007-2013 Community and Hospital



		12/13	11/12	10/11
12. Mental Health Community Program	Contacts by Community Mental Health Crisis Response Services [16]	**17,241**	17,380	17,157
	Contacts by Therapeutic Treatment Services [17]	**9,707**	10,112	10,157
	Contacts by Mental Health Access Services [18]	**1,129**	1,066	1,114
	Clients served by geographic based Community Mental Health Workers [19]	**1,517**	1,540	1,503
	Clients with complex needs served by centrally-based Specialized Mental Health Case Management [20]	**979**	1,004	1,012

13. Provincial Health Contact Centre Activity (WRHA)[21]	Health Links - Info Santé [22] - Calls Answered [23]	**139,935**	147,239	153,612
	Health Links - Info Santé - Outbound Calls [24]	**1,426**	3,240	5,274
	Left But Not Seen - Follow Up Contacts [25]	**8,361**	7,021	6,665
	After Hours Central Intake Program - Client Calls answered Live [26]	**147,239**	131,106	139,667
	After Hours Central Intake Program - Outbound Calls [27]	**178,951**	175,398	177,637

STATISTICAL HIGHLIGHTS 2011/2012/2013

		12/13	11/12	10/11
14. MB TeleHealth Contacts [28]	Clinical [a]	**6,696**	5,411	3,731
	Education [b]	**3,794**	3,007	2,560
	Administration [c]	**1,328**	1,307	1,144
	TeleVisit[d]	**32**	23	35
	Other sessions	**7**	10	10
	Total	**11,857**	9,758	7,480

15. Procedure Volumes (Related to Wait Time Tracking) [29]	2012/13	2011/12	2010/11
Cardiac Procedures			
- All (Theraputic interventions on the heart and related structures, excl. CABG)	**2,122**	2,113	2,104
- Coronary Artery Bypass Graft (CABG)	**635**	805	838
Joint Surgery			
- Primary Hip Replacements	**1,418**	1,331	1,388
- Primary Knee Replacements	**1,595**	1,636	1,567
Cataract - Adults	**9,050**	9,091	8,304
Pediatric Dental	**1,884**	1,798	1,762
16. Diagnostic Imaging			
- CT Scans	**106,685**	108,088	107,764
- Ultrasounds	**105,409**	96,185	95,845
- X-rays	**308,408**	308,739	305,895
- Mammograms	**3,059**	3,189	3,155
- Nuclear Medicine	**22,784**	22,813	23,481
- PET	**1,487**	1,444	1,305
- MRI	**56,141**	58,365	47,913
- Bone Density	**6,145**	6,574	7,302
- Angiography	**5,210**	5,796	6,584
- Cardiac Angiography	**12,999**	12,328	11,137
Total Diagnostic Imaging Procedures	**628,327**	623,521	610,381

17. Public Health[30]

Calendar Year	2012	2011	2010
Postpartum referrals [a]	**8,028**	7,707	7,807
Sexually transmitted and blood borne infections (STBBI) [b] excluding HIV and Hepatitus C	**4,036**	3,758	3,751
Communicable diseases; excluding STBBI and Tuberculosis[c]	**814**	794	864
Prenatal referrals [d]	**2,098**	2,027	1,684
Travel Health new clients visits[e]	**3,586**	4,805	5,100
Families First Program - families receiving support[f]	**548**	551	542
Influenza immunizations[g]	**29,282**	31,340	27,880
School-based immunizations[h]	**17,346**	17,176	17,210

STRATEGIC DIRECTIONS

1. ENHANCE PATIENT EXPERIENCE

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

The Winnipeg Regional Health Authority exists to support the health and wellness needs of the community. Here are some examples of what we are doing to support this objective.

Releasing Time to Care

Focusing on patients', clients' and residents' needs is a top priority for health region staff. However, providing uninterrupted focus on someone requiring care can be a challenge when there are numerous other tasks to perform. Finding equipment or supplies, filling out forms, or even something simple as looking for a pen can take precious time away from the task which is most important: focusing on the patient/resident/client.

The WRHA is taking on initiatives at a number of acute care locations that involve freeing time up for care providers and other support staff in order to dedicate more time to patient/resident/client health care needs. The initiative is called "Releasing Time to Care" and has been introduced at Seven Oaks Hospital and Grace Hospital.

By using LEAN practices – a process improvement methodology focused on eliminating or reducing wasted time or activity that doesn't add value – staff are able to free up time to dedicate to patient needs. The LEAN methodology can range from something as simple as re-organizing and labeling a medical supply shelf, to moving or centralizing equipment to more accessible locations. While the measures may result in minor time-saving practices, the accumulation of these time savers can result in significant time removed from processes to more valued time spent on patient care.

"The Winnipeg Regional Health Authority exists to ..... treat people with empathy and understanding through activities and procedures that will ultimately 'enhance the patient experience."

Following initial successes at these hospitals, LEAN practices are now "Releasing Time to Care" at other units in these health facilities.

The Pan Am Minor Injury Clinic (MIC) conducted a Patient Navigation Process Improvement Project to improve its patient experience. The project involved an Athletic Therapy MIC Follow-up Clinic where Athletic Therapists could conduct follow-up treatment for MIC patients. The clinic helped alleviate patient volume and waits at the Minor Injury Clinic.

Other initiatives to improve wait times and patient experience involved an advanced access model where walk-in patients could be 'quick-screened' and provided a follow-up appointment time that same day.

Mental Health Crisis Response Centre

One in four Manitobans experience a mental health crisis in their lifetime. Accessing services for mental health issues in the past has been a challenge for many people. As many as 10,000 people with mental health issues would report to Winnipeg Health Region emergency departments each year.

The establishment of the Mental Health Crisis Response Centre in June, 2013, is changing the way people with mental health issues receive care. Open 24/7, the crisis response centre can attend to anyone with a mental health issue, providing assessment, intervention and treatment in an environment designed specifically for persons requiring mental health care. The centre, one of the first of its kind in Canada, is also freeing up capacity and service at emergency departments in health region hospitals. For people unable to travel to the 817 Bannatyne location, the centre also houses the Mobile Crisis Service call centre (204-940-1781) and a response team that is able to go to the location of persons experiencing a mental health crisis. This service receives some 10,000 calls or contacts a year.

The LEAN methodology can range from something as simple as re-organizing and labeling a medical supply shelf, to moving or centralizing equipment to more accessible locations

The Cancer Patient Journey

Navigating a complex, multi-disciplined, multi-facility health system can be a daunting task, especially for patients with complex medical conditions. For people diagnosed with cancer, it can be an even more traumatizing experience, physically and emotionally, as wait times for diagnostic results or treatment can seem like an eternity.

CancerCare Manitoba estimates that the time from when a patient's family doctor first suspects cancer until treatment actually begins can take anywhere from three to nine

Following initial successes ... LEAN practices are now "Releasing Time to Care" at other units in these health facilities."

"Staff at the crisis response centre can attend to anyone with a mental health issue, providing assessment, intervention and treatment in an environment designed specifically for persons requiring mental health care. "

OPEN 24 HRS

crisis response centre 7 DAYS/ WEEK

months. This can cause unnecessary anxiety for patients and their families while simultaneously resulting in more intense treatment and added cost to the health system.

Through The Manitoba Cancer Patient Journey initiative, The Winnipeg Regional Health Authority is working in partnership with Manitoba Health, CancerCare Manitoba, diagnostic Services of Manitoba, family physicians, other health authorities and cancer patients to reduce this timeframe to 60 days. The provincial government has also committed $40 million towards this strategy to streamline wait times by 2016. The driving changes of the initiative are to break down boundaries between health organizations, identify improvements in processes and communication and work with a Patient Participation Advisory Group to provide a patient voice and perspective on reducing wait times for treatment and other services.

Cultural Proficiency and Diversity

Regional strategies are currently underway to ensure that our Values and Commitments are realized in delivering safe and caring services.

The Winnipeg Regional Health Authority's Cultural Proficiency and Diversity Framework for Action is now informing action plans to enhance cultural proficiency throughout the organization.

Developed in 2011, the Framework is part of an effort to change a "one-size-fits-all" healthcare system to one that is responsive to the needs of a diverse population.

The first steps have included the development of self-assessment tools for leadership and staff. A self-assessment tool has also been developed to ensure patient input. The Women's Health program has volunteered to be the first program to use these tools and provide guidance as action plans develop for other service areas.

The WRHA Community Health Advisory Councils prepared a report "Caring Across Cultures: Community Perspectives" detailing how the health region can increase the cultural proficiency of healthcare providers and the healthcare system. This public input is now being incorporated into an Action Plan.

Language Access

For some patients and clients in the health care system, language barriers may exist that prevent them from accessing the services or care they need. Whether in a hospital setting or community office, staff might need to communicate to patients or clients in helping them understand care options, make important medical treatment decisions, or potential side affects of medication. The WRHA is committed to providing high quality safe care to every person regardless of their race/ethnicity/culture or English language proficiency which is why access to interpreter services via Language Access services has grown from 426 requests in 2007/08 to over 13,000 requests in 2012/13.

In 2012/13 Language Access provided evidence-informed interpreter services (non-Aboriginal, spoken languages) for 13,187 encounters (in-person or over-the-phone) to help reduce barriers between healthcare providers and patients who do not share a common language.

French Language Services

Winnipeg Regional Health Authority French Language Services (FLS) completed the final year of its five-year (2008 – 2013) strategic plan with all goals met and many surpassed, positioning the WRHA as a national leader in the provision of services in French in a minority setting.

The development of the 2013 – 2018 strategic plan was built upon the results of a community satisfaction survey. The survey indicated that 60 per cent of the respondents saw a positive change in the delivery of services in French over the past five years. The new strategic plan

seeks to expand the role of WRHA French Language Services further into the diverse francophone communities and into WRHA human resources development activities.

Staff across the region, whether in designated or non-designated facilities and programs, are increasingly recognizing the importance of offering services in French. There has been continually increased attendance at various French language training opportunities developed by FLS. In the past five years, training options have expanded from one to over 20. As a result, francophones presenting at facilities across the health region now have improved access to service in French.

Services en langue française

Les Services en langue française (SLF) de l'Office régional de la santé de Winnipeg ont terminé la dernière année de leur plan stratégique quinquennal (2008-2013). Nous avons pu atteindre tous nos objectifs, et même en dépasser plusieurs, ce qui met l'ORSW en position de force dans la prestation de services en langue française dans un milieu minoritaire.

Le plan stratégique 2013-2018 a été élaboré à partir des résultats d'un sondage sur la satisfaction de la clientèle. Le sondage a indiqué que 60 % des personnes interrogées ont constaté un changement positif quant à la prestation de services en langue française au cours des cinq dernières années. Le nouveau plan stratégique s'efforce d'approfondir le rôle des Services en langue française de l'ORSW au sein des différentes collectivités francophones et dans le développement des ressources humaines de l'ORSW.
Les membres du personnel dans toute la région, qu'ils travaillent ou non dans des établissements et des programmes désignés bilingues, reconnaissent de plus en plus l'importance d'offrir des services en français. Le nombre de participants aux diverses activités de formation en langue française préparées par les SLF augmente continuellement. Au cours des cinq dernières années, les possibilités de formation sont passées de une à plus de vingt. Par conséquent, les francophones qui se présentent aux établissements partout dans la région sanitaire ont désormais un meilleur accès aux services en langue française.

2. IMPROVE QUALITY AND INTEGRATION

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

To improve quality and integration of health care service the WRHA is working to improve patient flow and enable better access, and knowledge of access, to the health services people need, when and where they need them. The following are some of the strategies the region is untaking to achieve these improvements.


H
All
Ambulances
Adult
Emergency
24
HRS

IMPROVING PATIENT FLOW

What is "patient flow"?

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

Patients moving properly within the health system are patients who get the right care, in the right place, at the right time.

When the health system doesn't move patients efficiently, it results in extended waits in emergency rooms and ambulance bays, and when waits across the system – in emergency rooms or elsewhere – get to be too long, the quality of the care provided begins to diminish.

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

Patient Flow Strategic Plan

This plan sets key patient flow targets, and was developed in consultation with clinical programs, sites, and utilization management, and was endorsed by the WRHA Board of Directors.

Working toward meeting these targets in 2015 will mean flow within the system is being improved, quality of care is being improved, length of stay reduced, and all efforts, combined, will mean the WRHA is delivering greater value and better care to patients, clients, and residents. A better, stronger, safer, and more efficient health system in Winnipeg will be the result.

Key flow targets within the plan include:

- 90 per cent of non-admitted emergency room patients should be treated and discharged within 4 hours.
- 90 per cent of admitted emergency room patients should be treated and discharged within 8 hours.
- No patient, regardless of whether they are admitted or not, should be in an emergency department for longer than 24 hours.
- Ambulances should be able to off-load patients within sixty minutes.
- Non-emergent visits to emergency rooms should constitute a smaller proportion of our overall visits.

Services in primary care, long term care, personal care home capacity, social services, and homelessness also contribute to flow challenges. By working in partnership with other stakeholders in community services – including police, fire paramedic, mental health agencies, health and social services – the WRHA can reduce demand on emergency departments and enable the right care at the right time in the right place.

While emergency rooms, themselves, are often cited and targeted as the cause of extended waits, these waits are actually symptoms of an underperforming system

Nurse practitioners are... innovators in a new model of care that narrows the gap between acute care and community care...

Primary Care Networks

The Province of Manitoba has committed to ensuring all Manitobans have access to a family doctor by 2015.

To meet this goal and help reduce demand on emergency departments, the WRHA has, in consultation and collaboration with family physicians and the Province, been working towards establishing Primary Care Networks in six community areas of the Winnipeg Health Region. The objectives of these networks are to improve access to primary care after hours and to expand the capacity of family physicians to take on new patients who currently do not have access to a doctor.

While some family physicians work in WRHA-funded clinics such as ACCESS Centres, many work in private practices which are independent operations out of scope with the WRHA. In order to increase patient capacity in primary care, the WRHA is looking to increase capacity within its own primary care operations, and, through the Primary Care Networks, look at ways and means for physicians to accept more new patients, recruit more family physicians to establish practices in the health region and introduce alternative care providers such as nurse practitioners into the primary care practices to help distribute the patient load.

Nurse Practitioners

Nurse practitioners are playing a vital role within these networks and the effort to meet the primary care needs of Manitobans. Achieving a Masters Degree and 760 hours of clinical practice, nurse practitioners have an elevated scope of practice and are able to perform primary care services such as ordering diagnostic tests, performing minor procedures, and diagnosing illnesses.

Nurse practitioners are also innovators in a new model of care that narrows the gap between acute care and community care, but also reduces length-of-stay for the Grace Hospital. A two-year pilot project at Grace Hospital has nurse practitioners practicing at a Short Stay Unit at the Grace. The Short Stay Unit (SSU) addresses care needs of patients that are primarily 65 and older reporting to emergency who often have complex health care needs that go beyond acute care service. The SSU Unit is able to bring in professionals from social work, home care, physiotherapy, or wound care, that can address their care needs and help smooth the transition between the hospital and their home.

The nurses also practice at the St. James Community Clinic (until ACCESS St. James is completed where they will relocate). With the assistance of Electronic Medical Records

the NPs can follow the care plan of patients and track continuity of care when patients leave the hospital.

Hospital Home Teams

The WRHA is also piloting another innovative method of freeing bed space in hospitals, and overall improving the patient flow in emergency departments and other acute care services. It involves "Hospital Home Teams" – a concept funded by the Manitoba Patient Access Network – whereby three teams of health and social service professionals support chronically ill patients in their home environment in the community. Initial communities for the project include River East/Transcona, St. James/Assiniboia and Fort Garry/River Heights. The teams focus on high users of emergency department services, and establish a proactive health plan that addresses chronic care needs to reduce future needs for emergent care service.

Integrating Acute Primary Pharmacy Care

Seven Oaks General Hospital opened a new private medical clinic, Prairie Trail at the Oaks, and a new retail pharmacy, Tache Pharmacy, in 2012/13. The primary and pharmaceutical care operations are integrated with the hospital operations as part of the Access to Care project: integrating acute, primary care and wellness initiatives under one roof. Prairie Trail at the Oaks physicians have taken on new patients in the northwest corner of Winnipeg, and have agreed to follow their patients and care in the Seven Oaks General Hospital, which uses a Family Medicine model. The physicians work collaboratively with Seven Oaks medical staff and the Family Medicine teaching clinic at Kildonan Medical Centre (also located at Seven Oaks).

Tache Pharmacy works in collaboration with Seven Oaks staff on patient discharge and patient education initiatives, including classes for patients with chronic disease at the Wellness Institute. The integration of services not only offers a better patient care module that provides a one-stop shop for acute, primary, and pharmaceutical services, but also enables an integrated care plan to unfold for the patient, better communication between facilities and, ultimately, better health outcomes for the patient.

... QuickCare Clinics are ideal for people who don't have their own family doctor, have one who is not available, or who currently go to a hospital emergency department...

Patient Access and Integration on COPD Patients

The Seven Oaks-Inkster Community and Seven Oaks General Hospital piloted a project to improve access and consistency of care for patients with Chronic Obstructive Pulmonary Disorder (COPD). COPD is the number one reason for admission to a community hospital in Winnipeg, but many admissions and emergency department visits could be avoided with more proactive health and wellness management, including self-management, in the community. The COPD Integrated Care Pathway Project, funded by the Manitoba Patient Access Network, provided evidence-based tools to acute, primary and specialty care practitioners, and guided patients to best practice care. Early results indicate an encouraging level of engagement between primary care physicians and the project, improved outcomes for participating patients, and marked reductions in admissions and hospital stays.

Community Paramedics

The WRHA is working in partnership with the City of Winnipeg to reduce unnecessary calls for ambulance and hospital emergency department services.

A pilot "Emergency Paramedics in the Community" program was created where paramedics provide medical assistance when needed to residents of two inner-city personal care homes and the Salvation Army building on Henry Avenue.
The initiative builds on the success of a similar program the Region worked on, that involved stationing paramedics at the Main Street Project. Paramedics at the facility have provided medical assistance to clients with less-urgent heath issues since 2009, reducing the need for ambulance trips to emergency departments. In the first five months of that program, paramedics responded to 8,000 patients, reducing emergency department visits from over 350 to 161.

Quick Care Clinics

Staffed by nurse practitioners and registered nurses, QuickCare Clinics are ideal for people who don't have their own family doctor, have one who is not available, or who currently go to a hospital emergency department or urgent care centre for non-urgent care.

Operated in conjunction with Manitoba Health, QuickCare Clinics employ nurse practitioners to supplement primary care access.

QuickCare Clinics are intended to supplement primary care outside of

traditional office hours, providing access during evenings and on weekends via walk-ins and appointments.

Providing access to care is an important component of improving the health and well-being of individuals and families. This service will help save patients wait times in an emergency department for non-urgent ailments.

Future clinic sites in Winnipeg include St. Vital, Winnipeg West, Seven Oaks and Southdale.

ACCESS Centres

ACCESS Centres offer timely treatment for patients and referrals to specialized care when needed, and enable health professionals to promote healthy living and illness prevention in their respective community areas.

ACCESS Centres can also work with social services, housing authorities and education facilities to address the health of people in the neighbourhoods they serve.

ACCESS NorWest, the Region's fifth and newest ACCESS Centre, located at the corner of Keewatin and Burrows, opened in 2013.

An integral part of the ACCESS NorWest health services include the Norwest at Bluebird clinic, a satellite clinic which provides primary care services to families who live in Northwest Winnipeg,

ACCESS Winnipeg West, which is anticipated to open in 2013, is a partnership between Manitoba Health, Manitoba Family Services and Consumer Affairs, the Winnipeg Health Region and the Grace Hospital Foundation.

ACCESS Winnipeg West will be the first ACCESS Centre established at an acute care facility in Winnipeg, and as such, will integrate continuous care as the patient enters and leaves the hospital setting (much like what ACCESS Norwest is collaborative with Concordia Hospital, see story page 50).

Providing access to care is an important component of improving the health and well-being of individuals and families. This service will help save patients wait times in an emergency department for non-urgent ailments.

HOUSING AND SOCIAL SERVICES

Working with its partners the WRHA is building its knowledge around the socio-economic circumstances of frequent users of Winnipeg's emergency departments.

People facing socio-economic challenges are high consumers of emergency services, partly because most don't have access to primary care services or someone to help navigate those services. Along with helping people understand a very complex health-care system, the Region is also working with agencies to better link their clients with the services they need. This ultimately helps us improve health and well–being while decreasing the use of ambulances and emergency services.

The Canadian Mental Health Association Winnipeg, Main Street Project, Salvation Army, Siloam Mission and Red Road Lodge are just some of the agencies the Region worked with in this effort. Two philosophical models are driving this work: Housing First and Harm Reduction. Housing First (www.gov.mb.ca/fs/allaboard/housing_first.html) works from the perspective that all people have a right to housing while Harm Reduction (www.wrha.mb.ca/community/ publichealth/cdc/files/HarmReduction_PS.pdf) efforts focus on reducing the impact of harm that some choices can have on an individual's health and wellness.

The WRHA and the Manitoba Family Services and Labour Department have also been looking at enhanced support for existing health services, including community mental health, primary care, home care, and community- based services that support housing stability and access to clinical services.


300
PRINCESS
Siloam Mission
Main Entrance

ACCESSIBLE CARE

Providing access to care is an important component of improving the health and well-being of individuals and families.

At ACCESS River East, (ARE) a person with a new diagnosis such as diabetes may be referred to: a shared care counsellor to assist with some depression related to the new diagnosis; a nurse to assist with glucose monitoring and self management; a dietitian to assist with changes in meal planning and a physician or nurse practitioner to provide other clinical management such as ongoing assessment and care planning. All of these health care professionals located under one roof communicate and coordinate a care plan with the customer, rather, the patient or client, that is comprehensive and coordinated and focuses on their physical and psychological needs.

This respectful, collaborative working environment makes people want to come to work for the chance to actually work to their full scope of practice.

The team of health and social service professionals at ARE work together to coordinate, not duplicate, each others' work to better to support the individual. Each team member provides a consistent message to the individual. The team's goal is to assist the person to meet their health goals.

Four full-time Primary Care (PC) nurses at the clinic play a key role in case management, as many of the PC providers (doctors and nurse practitioners, for example) are part-time. This is a departure from traditional, physician-led primary care. There are also physicians, nurse practitioners, a shared care psychiatrist, a shared care counsellor, midwives, a speech language pathologist, a dietitian, an audiologist and administrative support. With the inclusion of the Hospital Home Team - which supports citizens with complex care issues stay in their homes - a social worker has recently joined the team to support case management. ACCESS River East's plan is to add an occupational therapist and/or kinesiologist who can collaborate with other ARE team members involved with home care, mental health, health and social services support.

"We address patient needs in patient centred ways. What are the patient's goals? That's what we work to do as a health care team – support patient goals," says Dr. Ainslie Mihalchuk, Medical Director of Family Medicine at Concordia Hospital. "We see patients in the same way – their needs are to be met. We don't see doctors as the only people able to meet patient needs."

Everyone's ideas and expertise are valued at ARE. Each person has an important role to play in contributing to not only making the clinic run well, but to building health and wellness in the community. That's why everyone has a voice at weekly staff meetings – which often include food – and in addition to a theme song, the team also has a playlist everyone's agreed to that inspires and motivates the team, building on the collaboration.

This respectful, collaborative working environment makes people want to come to work for the chance to actually work to their full scope of practice. It's no surprise that many staff at the primary care clinic have been there for five years or longer – work is fun and rewarding.

Co-location, the physical layout of the space and co-management of staff and physicians help contribute to creating a collaborative environment, says Lisa Ziolkoski, Team Manager PC, Elmwood Teen Clinic and HHT at ARE. "It's about building capacity. We try not to own everything, from encouraging client self -care to staff development," she says of the way the group addresses scope of practice overlap.

Not protecting turf means every health provider can offer their perspective to improve health outcomes.

Working collaboratively also means building capacity with the people who access health services at the clinic, many of whom have complicated mental health concerns. How the staff at ARE include them in the conversation and decisions to be made about their health and wellness affects if and how they use services elsewhere. In many cases, this means reduced emergency room visits thanks to the strong relationships built with their PC providers.

3. FOSTER PUBLIC ENGAGEMENT

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

When it comes to providing outstanding healthcare, the public is a stakeholder and a partner. Public input is critical to gaining a more thorough understanding the needs of the diverse communities served by the WRHA, and its efforts to operate in a manner that is open, transparent, and respectful. As in past years, the WRHA continues to look for ways to listen to – and engage with – a broad range of grassroots community organizations. Doing so has helped the health authority better tailor programs and services to emerging needs.

Public and Patient Engagement

There are numerous ways for patients, family members, clients, and members of the public to share their views and provide feedback into services, programs, and issues affecting the health care system. Here are a few examples of what has been happening this past year in the region.

• Community Health Advisory Councils (CHACs)

The CHACs have now completed their 11th year – providing opportunities for hundreds of community members to share their perspectives and ideas on addressing priority issues affecting our health care system. Topics for priority issues are approved by the WRHA Board of Directors. This past year, 85 Council members (across six councils) explored and provided input about the sustainability of the health care system and advance care planning.

The CHAC's input, and "Feedback Reports" on how their work has influenced WRHA programs and sites, are posted on the wrha.mb.ca website, at: www.wrha.mb.ca/about/chac/reports.php

...We continued to look for ways to listen to – and engage with – a broad range of grassroots community organizations....

In the coming year, the WRHA will be strengthening its engagement with the creation of Local Health Improvment Groups (LHIGs).

• Mental Health Advisory Council

On April 10, 2013, a Special Mental Health Advisory Council meeting was held to provide an opportunity for a focused discussion on the topic of Family Involvement in Mental Health Services. The council is comprised of 60% persons with lived experience with mental health issues and 40 per cent are family members. The special meeting was attended by nearly the full council complement and resulted in a very heartfelt discussion by many members. A draft regional practice guideline on involving families was provided to the group and the feedback was positive with helpful suggestions on fine tuning the guideline. Staff in attendance indicated that it was privileged to have heard first hand from members, to share in their emotions and learn what a "feel-good" practice guideline would be for so many.

• Patient and Family Advisory Council

The Patient and Family Advisory Council (PFAC) was founded in September, 2011 consisting of a group of people with experience using health services in the Winnipeg Health Region. The purpose of the PFAC is to advise the Winnipeg Regional Health Authority on the design, improvement and delivery of services that will enhance the patient and family experience of health services in Winnipeg. This year, PFAC volunteers shared their experiences in health care with over 130 nursing students at Red River College, WRHA Emergency Triage Nurses, Regional Management Council, the Quality, Patient Safety and Innovation Committee of the WRHA Board and provided insights on policies, education materials and improvements to the Winnipeg Health Region's website.

• Local Health Involvement Groups (LHIG)

Changes to the Regional Health Authorities Act last year required Regional Health Authorities to establish LHIGs. These groups will provide an opportunity for members of the public to explore, discuss, and provide their perspectives and ideas to address important issues impacting health care services in order to enhance the region's understanding of these issues and better meet the needs of the populations who receive health services.

LHIGs will become a large component of the WRHA's broader public engagement strategy. Public and patient engagement within the WRHA exists across a continuum – from the individual or patient level of engagement all the way to the system level where there is broader public engagement. The LHIGs will complement other program and population-specific engagement initiatives.

In the coming year, the WRHA will be strengthening its public engagement as it transitions from its current Community Health Advisory Council (CHAC) structure to the new LHIG structure.

• Grace Hospital Patient and Family Advisory Council

The Grace Hospital Patient and Family Advisory Council (PFAC) was established in the fall of 2012. It is comprised of a group of interested individuals who have experience using health services and a desire to continually improve those services at Grace Hospital for patients, families and the community in general.

The purpose of the PFAC is to provide the patient and family voice on design, improvement and delivery of services in order to enhance the patient and family experience at the Grace Hospital.

As a new initiative, initial meetings have been primarily informational, as committee members learn about the Grace Hospital. They have included facility tours as well as information sessions on history and current programs. Members have now begun to discuss some topics which include interior signs and visiting hours.

Healthy Start for Mom and Me

The Healthy Start for Mom & Me program represents a collective effort between community agency personnel, mothers with experience with low income, public health and other representatives to work together as a community to give babies and mothers a better chance for a good beginning. The program was designed for expectant women and teens, and new mothers and their partners who experience the risks and barriers of poverty and other social factors – especially those who avoid or are uncomfortable with more mainstream services. Prenatal drop-ins started in 1997, followed by postnatal programs in 1999.

The program operates in several Winnipeg neighbourhoods. Sites have included the Magnus Eliason Recreation Centre, the Freight House, Hope Centre, Weston Community Centre, Wolseley Family Place, St. Philips Church, Trinity Church, North End/Stella Community Ministry and Knox/International Centre, and the Adolescent Parent Centre. The program's informal, "kitchen table" approach reflects its casual style and the fact that nutrition is a key launching point. Outreach workers, dietitians, public health nurses and other community staff work together to support women in a respectful, strength-based and non-judgmental way.

This Way to a Healthy Baby

Launched in February 2013, the This Way to a Healthy Baby campaign was created by the Winnipeg Health Region, the University of Manitoba, Healthy Child Manitoba and

Maternal Child Health of the Assembly of Manitoba Chiefs as a means of providing inner-city women with better access to services that support healthy pregnancies and healthier babies. It is designed to help ensure women in the Downtown, Point Douglas and Inkster communities are aware of the wide range of services and supports available to them right from the start of their pregnancy through to baby's arrival and beyond.

Early and regular prenatal care during a woman's pregnancy can have real benefits to the new baby's long-term health. This Way to a Healthy Baby provides Winnipeg women and families with information about their options for prenatal care and shows them just how accessible and important this care is. The campaign also raises awareness of other supports that are in place to help families, especially expectant mothers, during pregnancy.

GO4health EXpo

Held at the Red River Exhibition from June 14-23, the WRHA GO4health EXpo provided valuable information and entertaining activities aimed at promoting a healthy lifestyle. This annual event focused on theme areas that include nutrition, physical activity, tobacco reduction, healthy sexuality, mental health, support for seniors, injury prevention and oral health. The information and activities presented draw upon the support of many of our health-related community partners, giving attendees the opportunity to learn more how they can take an active role in maintaining and improving their overall health. Staff from the Red River Exhibition work with the WRHA each year in planning the event, helping to ensure that each of our information booths has the amenities and logistical support required to effectively interact with the public as they enjoy everything the EX brings to a Winnipeg summer.

Grace Emergency Room Redevelopment Open House

A second Public Open House for the Grace ER Redevelopment Project was held in June. Information presented at the Open House sessions included the findings from the recently completed Functional Programming and Site Feasibility processes. A number of options were also presented regarding the location of the new ER. Overall feedback to the options presented was positive although some concerns were raised about the current ER department operations. Next steps for the project involve the submission of the Functional Program and the Site Feasibility Study to Manitoba Health for their review and approval.

... the (WRHA) Region is also working with agencies to better link their clients with the services they need.

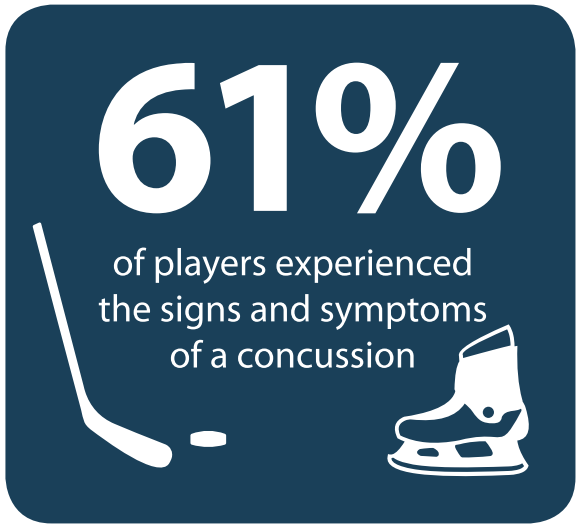
'Get Some Condoms' safe sex campaign

In October, the Winnipeg Regional Health Authority launched a new phase of its campaign to battle high rates of sexually-transmitted infections (STIs) among teens. Using, posters, bus shelter and radio advertisement sporting the "GetSomeCondoms" tag encourages youth to use condoms each time they have sex.

The 'hard-hitting' campaign shows youth unexpectedly being hit with bouncy balls, each representing a different STI. The campaign tells youth that because many STIs often have mild or no symptoms, they can't tell who has one and they can't predict when they might get one. But for those who choose to be sexually active, they can help protect themselves by using condoms. Youth and young adults continue to be among the groups with the highest rates of Chlamydia and gonorrhoea. Increasing condom use with sexually active teens can help to bring down these rates. Condoms are around 97 per cent effective against preventing STIs when used properly.

The GetSomeCondoms campaign uses humour to get the attention of young Winnipeggers, to encourage them to start a conversation about safer sex with their family and friends and to visit the website. Once online, youth find information to help them decide if they're ready to have sex and how to protect themselves from STIs and unplanned pregnancies by using a condom every time with every partner.

The website also directs youth to Teen Clinics across the city where they can access confidential health services.



Concussion survey

Launched in July and concluded in September, a major survey on concussions conducted by the Pan Am Clinic, Pan Am Clinic Foundation, The Winnipeg Jets True North Foundation, Hockey Manitoba and the University of Manitoba suggests the problem is more prevalent than previously thought. In fact, 61 per cent of players who responded to the survey saying that they'd experienced the signs and symptoms of a concussion.

More than 15,000 players between the ages of 13 and 21, parents and coaches were invited to participate in the survey. Each potential respondent was sent information about the survey, along with a Personal Identification Number, which would enable them to log onto an electronic questionnaire at the Pan Am Clinic Foundation's website.

The survey was designed to help health officials learn more about the nature of concussions and how they are treated in the health-care system.

Signupforlife.ca

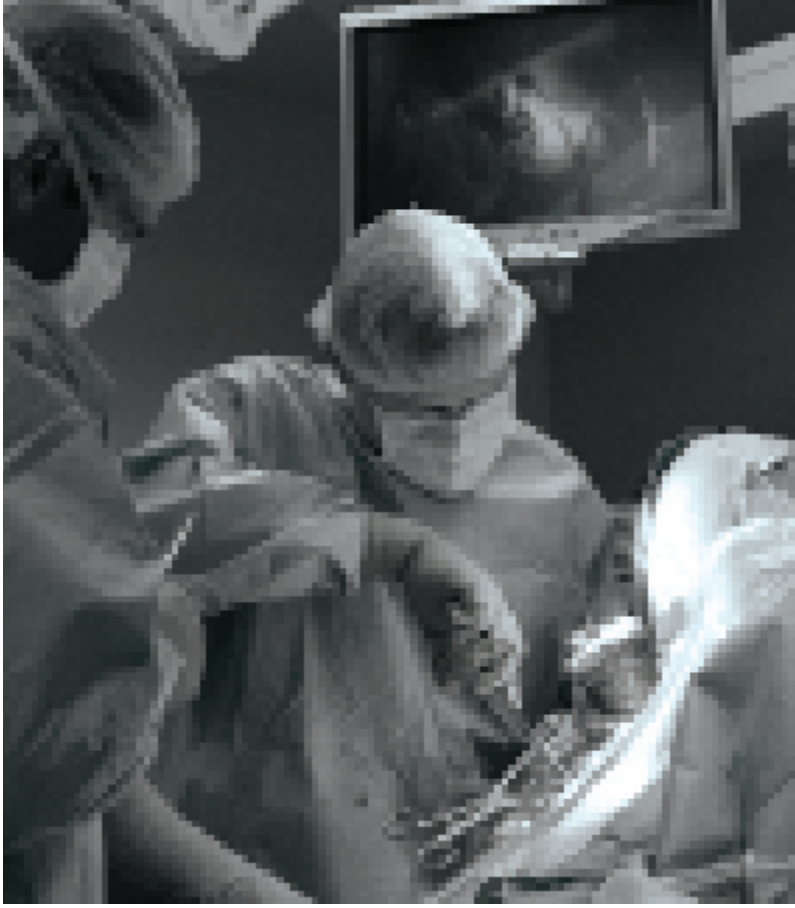
Developed by Manitoba eHealth in consultation with Transplant Manitoba and Tissue Bank Manitoba, signupforlife.ca is designed to make it easier for people to become organ and tissue donors. The fact is there are more Manitobans who need organ transplants – whether it be heart, kidney, liver or lungs – than there are donors.

In some cases, such as with kidneys and liver, transplants can be facilitated through a live donor, such as a loved one, relative or friend. Other cases require a transplant from a deceased donor, and their numbers are not rising fast enough to keep pace with demand. On average, only six to 15 Manitobans become deceased donors in a given year. Transplant Manitoba - Gift of Life hopes to increase the number to about 30 a year.

That's where the new online registry comes into play. In addition to making it easier for people to become organ donors, it is also designed to stimulate discussion about the importance of organ donation. The website contains all sorts of information about the subject, including a list of frequently asked questions. It also offers some important advice for anyone thinking about becoming an organ donor: talk over your decision with your family and make sure they understand your wishes. When you consider that each person has the potential to save seven lives through organ donation and enhance 75 or more through tissue donation, it is easy to see how a little thing like signing up to become a donor can make a very big difference.

Women's Heart Health Initiative

The Women's Heart Health Initiative at St-Boniface Hospital is looking to establish an Endowed Chair in Women's Cardiac Sciences. This would be the second endowed chair dedicated to heart health research for women in Canada.



The creation of this chair will ensure that women's heart health will receive the research focus it needs. According to Theresa Harvey Pruden, Women's Heart Health Initiative Coordinator, women are often under informed of their risk of heart disease and stroke, and as a result, they fail to recognize the symptoms.

The majority of the data from studies investigating heart disease use male models as their test subject, leaving a gap in the body of knowledge related to women and heart disease. Fifty years of research has considered heart disease to be a man's disease, so women tend to think first about the men in their lives having heart disease. There is a great deal of awareness that needs to be brought to women's heart health, because women are at a higher risk of being misdiagnosed or not diagnosed at all.

While the Women's Heart Health Initiative is still in its formative stages, it comes as an acknowledgement that a focus on women's heart health is important.

Health equity asserts that all people can reach their full health potential and should not be disadvantaged from attaining it

HEALTH EQUITY: STARTING THE DISCUSSION

It's a fact that large gaps exist in Winnipeg between those experiencing the best and poorest health. People living in some areas of Winnipeg have nearly 19 years of lower life expectancy than people living in other parts of the city. Many of the gaps arise from unfair, unjust and modifiable social circumstances. It doesn't have to be this way.

The Winnipeg Health Region is committed to building partnerships, exchanging ideas and processes and working with community stakeholders to close this gap and work towards "Health for All."

Health equity asserts that all people can reach their full health potential and should not be disadvantaged from attaining it because of their social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.

When large numbers of people fall short of their full health potential, we all share the consequences one way or another.

Health care providers see people every day with illnesses and injuries that didn't need to happen. Both the human suffering and the costs could have been avoided. The health care system could run more smoothly, waitlists could be shorter, taxpayers' dollars used more effectively. More people could flourish, reach their full potential and contribute to the community and the economy.

Recognizing that the time to act is now, the Winnipeg Health Region has developed a formal position statement. In it, we recognize that:

- Large health gaps exist in Winnipeg due to unfair, unjust and modifiable social circumstances
- Winnipeg's health gaps are larger than many other Canadian cities
- Some health differences or "inequalities" are not modifiable such as those due to genetic or biological factors, whereas "inequitable" health gaps can be significantly reduced or eliminated
- Remediable gaps in health due to modifiable social circumstances should not be tolerated
- Health is affected by the influences of social and economic advantage and disadvantage
- Colonization has had an ongoing negative and tragic impact on all aspect of Indigenous peoples' health and wellbeing
- Culture is a determinant of health and is related to health behaviours, perceptions of illness, social supports and the extent to which people use health care services. However, culture or ethnicity alone do not cause health inequalities; rather, ethnic groups and others who experience current or historical marginalization or oppression are disproportionately affected by economic and social disadvantage which leads to health gaps
- A more equal society is healthier for everyone across the social and economic gradient including those at the top
- Since everyone's health is affected, we are all in this together

The WRHA is committed to changing health equity outcomes through an increased health equity focus in the services we provide, the way we conduct our planning and operations, in providing knowledge and decision-making support to others, and in real partnerships and committed relationships outside the health care sector.

The WRHA also recently completed the Health for All: Building Winnipeg's Health Equity Action Plan. While it is not an answer book or a prescription, it lays a foundation upon which various sectors of the community can collectively build Winnipeg's health equity action plan. This report is intended to facilitate collaborative conversations so that together, we can move towards achieving greater health equity in Winnipeg.

For more about the Winnipeg Health Region's efforts and position on health equity, visit **www.wrha.mb.ca/about/healthequity/index.php.**

4. SUPPORT A POSITIVE WORK ENVIRONMENT

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

It's sometimes difficult for those who work outside the healthcare environment to fully appreciate the rigors associated the job. Expectations are high – as they should be – and the need for teamwork, mutual support and collaboration have never been higher. As an organization, the WRHA continues to look for innovative ways to support staff both in their careers and their day-to-day activities. The following are examples of that support.

"The need for teamwork, mutual support and collaboration have never been higher...

... the Winnipeg Regional Health Authority celebrates the way nurses lead, collaborate and influence people's health...

Nursing Week Activities

Every day in the Winnipeg Health Region, about 8,000 nurses go about the business of supporting, promoting and encouraging health and wellness in a variety of roles and capacities.

The nursing role - when coupled with the knowledge and perspective they offer within health care teams throughout the Region - affect people's lives in special ways. Each year in May, health facilities within the Winnipeg Health Region celebrate the way nurses lead, collaborate and influence people's health. Every facility has a unique way of recognizing nurses during Nursing Week. Along with educational events, facilities host luncheons, learning workshops, cake and coffee, nursing-oriented health and wellness seminars, and other activities focused on nurses.

The WRHA annually participates in a Winnipeg Free Press special supplement that celebrates registered nurses, registered psychiatric nurses and licensed practical nurses and the innovative work they do to improve health in their communities. The 2013 supplement can be viewed at: http://media.winnipegfreepress.com/documents/nursesweek_2013.pdf

Library Services

Winnipeg Regional Health Authority and community-funded agencies staff have access to a broad range of information resources and services through the University of Manitoba Health Sciences Libraries at Health Sciences Centre, St. Boniface Hospital, Concordia Hospital, Deer Lodge Centre, Grace Hospital, Misericordia Health Centre, Riverview Health Centre (virtual library), Seven Oaks General Hospital, and Victoria Hospital. There is no charge to staff or departments for these services. Today's librarians are a gateway to an extensive list of information resources, including major medical information databases. They also help staff use traditional research sources such as books, journals, and other literature.

As important as the information itself is the ability to help clients easily navigate their way through it. Library staff work one-to-one with people, providing expertise with a new era of information search technologies. The search skills they possess allows staff to spend more time reading, learning and understanding information and less time searching for it.

Academic Health Sciences Network

The WRHA and the University of Manitoba's Faculty of Medicine are working together to develop an Academic Health Sciences Network. The idea is to use the network to better align clinical education and research activities within the two organizations in order to:

- Advance knowledge through research.
- Enhance the education of physicians, nurses, researchers, allied health workers and other health-care providers.
- Create an environment that embraces leading-edge clinical care.

The network will also support efforts by the Region and the Faculty of Medicine to recruit leading academic clinicians and enhance efforts to entrench Winnipeg's reputation as a centre for medical research.

Inside Out Project

Launched in October, Misericordia Health Centre's Inside Out Project is a new staff wellness project that offers programming and health information for all staff to provide optimal wellness – physically, mentally, spiritually and socially. The Inside Out Project is modelled on the Public Health Agency of Canada's 12 Determinants of Health. The Inside Out Project builds on existing health programs already offered at MHC such as fitness and social opportunities, EAP workshops, education sessions and spiritual offerings. Each month, the Inside Out Project will identify one health determinant for each month and provide speakers and/or activities based on that health determinant.

Employee Engagement Survey

No workplace is perfect – there is always room for improvement. But where to start? This year, the WRHA turned to its employees for their opinions. Conducted by human resources consulting firm Aon Hewitt, a confidential 2013 Employee Opinion Survey was designed to identify the engagement, satisfaction and issues of staff at the operational unit level.

Through the survey, the WRHA hopes to make the kind of improvements within the organization that will result in passionate, engaged employees who welcome unexpected challenges, take the initiative and feel encouraged to be at their best. Survey results will be shared with managers and staff in the fall to assist the health region in ongoing efforts to create a vibrant, positive work environment in which staff feel both engaged and valued.

Health Services Leadership and Management Certificate Program

The WRHA/Red River College Health Services Leadership and Management (HSLM) Certificate Program Celebration of Achievement took place on October 25, 2012 at the Red River Campus on Princess Street. Thirty WRHA-sponsored staff/students who completed this year's program were recognized for their achievement. This year marked the eighth graduating class of this collaborative program.

This program is intended for individuals who are employed in health services and who want to develop their leadership and management skills. It was developed in collaboration with the Manitoba Chapter of the Canadian College of Health Leaders (CCHL) and is based on the CCHL's Certified Health Executive competencies. Students in the program have the opportunity to learn from some of the most respected leaders in the health service industry and receive expert guidance as they begin to apply the acquired knowledge and skills in their workplaces. The program is designed to provide stimulating interaction with colleagues and experts through discussion forums, guest lecturers and group activities. This program has been running since the pilot in 2003/04 and has provided current and future managers with a broad conceptual knowledge base regarding management practice. In 2010 this program was expanded to its current 10-course format, which now provides participants upon completion with a RRC College HSLM Certificate. With this year's graduates included, a total of 198 staff from the region have successfully completed this program.

COLLABORATIVE CARE: BRIDGING THE GAP BETWEEN ACUTE AND PRIMARY CARE

In sport, teams work together to obtain an objective: score a goal, shoot a basket, get a touchdown. Each player collaborates with the other, follows a game plan and executes the plan to win the game.

In health care, there may not be goals to score or hoops to dunk, but there certainly are teams - teams who collaborate and execute a plan to provide the best possible outcome for the people they care for.

The team of health professionals at Concordia Hospital, ACCESS River East (ARE) Primary Care (PC) and Hospital Home Team (HHT) have a game plan that involves good old fashioned team work. It's a plan that is helping enhance citizens' health and the community at large - the real winners in this health care arena.

Concordia Hospital has one of the largest family medicine bed bases in Canada. Having a large family medicine unit requires intensive collaboration between acute care and community. However, it is this collaboration that results in hospital stays that are, on average, four or five days shorter. That's not only better for patients, who would prefer to be at home, but also the hospital, which can free up valuable bed space and enable better patient flow.

"We see both sides – the hospital needs the beds but a person can't be released into the community too early. Community support is needed so discharges are more successful," says Dr. Ainslie Mihalchuk, who is the Medical Director of Family Medicine at Concordia Hospital, and is also a Primary Care physician at ARE. "As a program and organization, we're looking at how to work together across sectors and the continuum of care to improve the patient's experience and health outcomes."

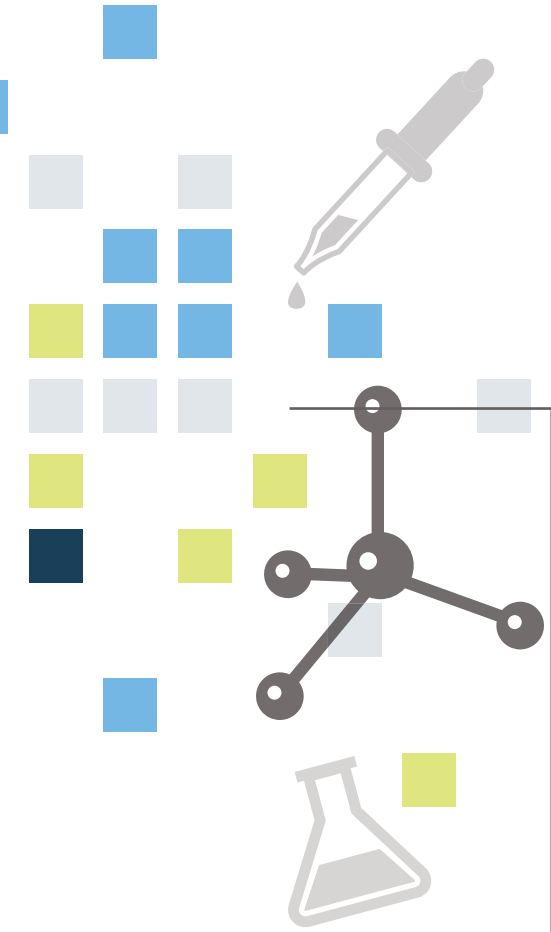
The collaboration between Concordia and ARE helps extend the continuum of care provided to patients between the acute care facility and the community – this ultimately scores another goal for the patient who can return to health at home.

Staff at ARE and Concordia Hospital also work together to identify individuals who may require special supports to recuperate at home safely, such as home care, counselling or nutrition. For individuals with complex medical and other needs, a short term admission to the HHT may be in order. The HHT supports citizens with complex care issues, enabling them to recover and remain healthy in their home rather than in the hospital.

A pilot project in the River East area involving 10 hospital patients in 2011/12 helped affirm the value of HHT's work in decreasing hospital stays and emergency department visits. The year-long pilot showed that HHT intervention of case coordination, a nurse and a health care provider helped provide people with the supports they needed to be healthier at home.

Knowledge gained from this project has been transferred to acute care and community health care in the River East area. As a result of collaboration within health care teams, health care facilities and the community, health outcomes are being improved, along with how and when people access the health care services they need. Through early referral and intervention, people are accessing these services sooner rather than later when more complex health issues can occur.

"It's a different model and it is safe and effective," says Mihalchuk. "This is what family medicine care looks like. Health care needs all of these providers, which all make the system move forward."



"...Advanced education .... enable(s) us to do more with less, while continuously focusing on the needs of people we care for..."

5. ADVANCE RESEARCH AND EDUCATION

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

In order to achieve many of the goals outlined in the region's five year strategic plan, research and education will need to be a significant contributor to our achievements. Research and education opens the door to new thinking, new ways of doing things, and safer and more effective care to patients, clients and residents.

The following are examples of initiaves within the health region where advanced research and education are enabling us to deliver better health care services within the parameters of a sustainable, cost-conscious environment.

Before NSO, nurses often had to look through policy manuals, search a medical library, or leaf through multiple sources.

NURSING SKILLS ONLINE

In 2013, the WRHA introduced Nursing Skills Online (NSO), an "online textbook for nurses." Housed on the wrha.mb.ca website, Nursing Skills Online provides up-to-date, evidence-based information wherever a mobile device or computer has Internet access.

Before NSO, nurses often had to look through policy manuals, search a medical library, or leaf through multiple sources. Having information available in a single, online location through NSO makes this process easier and more efficient, enabling staff to focus more time on their patients, residents or clients rather than searching multiple locations for material.

One of NSO's frequent users, Jason Trottier, an Intensive Care Educator at Concordia Hospital, uses it about three or four times per week in his role as an educator.

Trottier says, "I love it. Whenever a nurse asks, 'Can you find me a resource?' I can get that information to them in just a few minutes."

NSO is especially useful as an always-available resource for nurses looking for a "refresher" on procedures they learned in university but haven't employed in some time. For each nursing skill, there is also a patient education section. This offers a printable resource so health-care providers can pass along pertinent health information to patients/clients/residents and their families.

"NOS is always open; even if you're looking for a procedure at 3 a.m., this is going to help you out," Trottier says.

Information housed in NSO includes tools, checklists, and videos, depending on the format or method nurses prefer to learn. A reference list attached to each item displays the origins of the information, providing confirmation that it is current and comes from a reputable source.

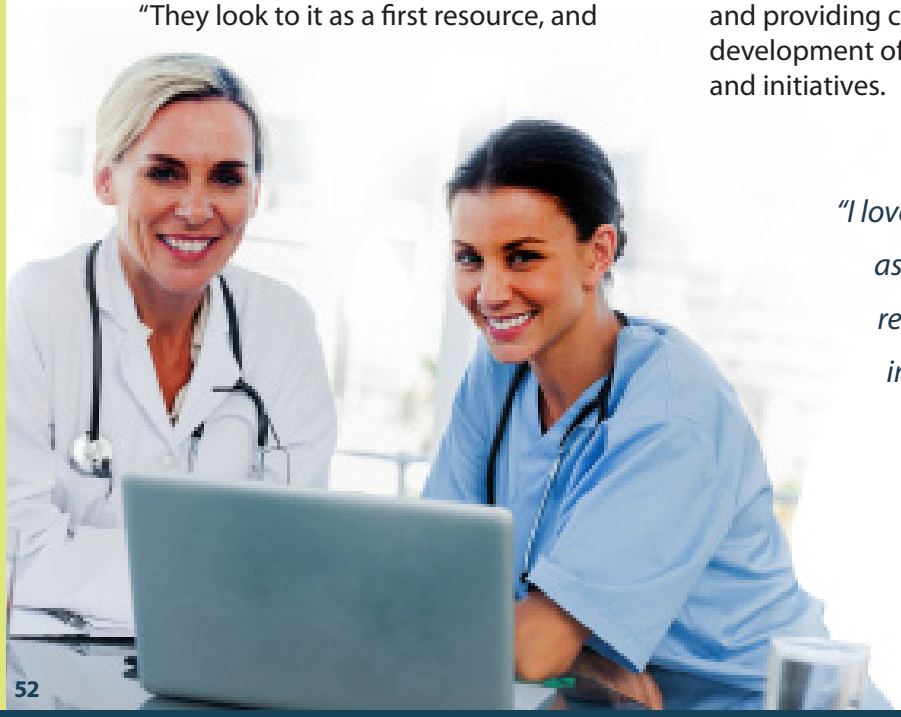
"The current generation of students is so used to Internet technology," Trottier says. "They look to it as a first resource, and not as an adjunct. Giving them the ability to conduct this type of online research is empowering. It's a good tool for research, skills development and professional practice."

Educator Council

Education is a never-ending discipline for people working in the health care field. Changes in technology, research and often upgraded evidence-informed practice requires the region to support staff's ability to continuously learn and advance their knowledge in their field of practice.

To assure effective coordination of education activity in the region, the WRHA established a Winnipeg Regional Educator Council. The council provides a forum for consultation on planning, coordinating, implementing and evaluating educational initiatives. It consists of members from across the health region, representing health care facilities, programs and disciplines.

The primary roles of the Council include maximizing consistency and efficiency and minimizing duplication in development of educational and learning materials, and providing consultation regarding development of educational strategies and initiatives.



"I love it. Whenever a nurse asks, 'Can you find me a resource?' I can get that information to them in just a few minutes."

Educating Health Care Professionals about Collaborative Care

The heart of Collaborative Care is relationships. Based on the Winnipeg Regional Health Authority's (WRHA) relationships with the University of Manitoba and the University of Toronto, a dynamic five-day Educating Health Professionals in Collaborative Care conference was held in October, 2012. The conference provided a select group of 47 health professionals with the opportunity to gain further understanding about Collaborative Care guiding principles.

The University of Toronto facilitated the first three days, which focused on Advancing the Future of Health Care Through Interprofessional Learning. It provided engaging and integral information to help health professionals, educators and leaders further their understanding of Collaborative Care.

The WRHA complemented this course with regional experts presenting on social identity, LEAN management processes and change management. Time was then devoted to addressing issues around sustaining work in collaborative practice such as creation of a community of practice, leadership and participant support, and the development of resources and knowledge translation.

By the end of the week, participants had gained the capacity to be a resource, mentor and to educate their teams. These professionals are now motivated to take the collaborative concepts learned and put them into practice.

Advanced Care Planning with Aboriginal Health

The Winnipeg Health Region has established a regional approach to Advance Care Planning, the guide and documentation for people to have a say in their health care decisions when they may not have the ability to do so themselves. Various resources and tools related to advance care planning, goals of care conversations and professional education have been created for health care professionals to effectively engage in the process of planning. Recently included in these resources are video scenarios demonstrating techniques used in Advance Care Planning - Goals of Care conversations in Long Term Care and Primary Care. In May, 2013 a new video scenario was filmed with Aboriginal Health demonstrating a conversation of a Cree person and her physician discussing her renal health and goals of care.

"... a video scenario was filmed ...demonstrating a conversation of a Cree person and her physician discussing her renal health and goals of care..."

Centre on Aging Lab

In June 2012, Deer Lodge Centre officially opened the Centre on Aging Lab. The lab is managed by the University of Manitoba Centre on Aging which has developed a national and international reputation for excellence in research.

The Centre of Aging Lab at Deer Lodge will participate in the Canadian Longitudinal Study of Aging (CLSA). The CLSA has been launched to investigate the complexities of the aging process with a view to improving our understanding of the transitions and trajectories of aging. The CLSA is a Canada-wide, 20-year follow-up study of 50,000 people between the ages of 45 and 85 years via a network of 11 aging centres across Canada.

This initiative comes at an opportune time as baby boomers move into late middle-age and retirement, a demographic shift that has created a critical need for aging research to inform and influence interventions, programs and policies, and to promote healthy aging for today's and tomorrow's seniors. This research will be valuable for future interventions and policies to improve public health, increase our lifespan and quality of life ,and to promote a sustainable health care system for the future.

The establishment of the centre also reinforces Deer Lodge as a Centre of Excellence in the area of gerontology.

Nursing Quality

National Nursing Quality Report

In 2013, long term care facilities in the Winnipeg Health Region – Deer Lodge Centre, River Park Gardens and Simkin Centre – participated as pilot sites for the National Nursing Quality Report conducted by the Nursing Health Services Research Unit from the University of Toronto in partnership with the Canadian Nurses Association and the Canadian Patient Safety Institute.

The intent of the report project is to pilot and evaluate a new patient outcomes monitoring system for health professionals, essentially tracking how patients' health is affected during and after care, with a focus on nursing care. Using clinical, financial and statistical data, the project will help the WRHA make important clinical and health policy decisions that will retain a sustainable health system along with improved patient health outcomes.

Long term care facilities were selected for the pilot project based on their ability to provide electronic data for the report. Eight provinces are participating in the study with other participating sites involving acute and community health services.

S.T.R.I.V.E. for better flu vaccine

(SURVEILLANCE TEAM RESEARCH ON INFLUENZA VACCINE EFFECTIVENESS)

Together with Manitoba Health, the WRHA is part of STRIVE, a major national influenza effort that aims to keep tabs on the flu as it circulates through Canada.

STRIVE counts influenza cases in British Columbia, Alberta, Manitoba, Ontario and Quebec, and looks at how effective the current vaccine is against the flu strains in circulation. The information gathered by STRIVE can be used to help better predict what kind of virus may circulate next year, and help health-care officials better respond to influenza outbreaks.

In Winnipeg, research is conducted by the Region's Population and Public Health surveillance team, which tracks 45 different diseases and other trends daily. The surveillance team, in collaboration with Cadham Provincial Laboratory, issues weekly flu reports, noting how many case of influenza A and B are in the Region, along with how many people are reporting to hospitals with flu-like illnesses. They also work with the hospitals' Emergency, ICU and other departments, along with physicians in the community.

In the past, it often took two to three years for data on vaccine effectiveness in any given flu season to be available to scientists and health-care providers. STRIVE has helped by painting a picture of how influenza affects the population as a whole, by doing testing among average-risk people. It also provides health officials quicker access to information about emerging outbreaks, allowing them to take proactive measures such as allotting more hospital beds for influenza patients and stocking anti-viral medication.

"...Knowing when a player can return to sport – or to other activities – is one of the big mysteries of concussions. ..."

WRAPPING OUR HEADS AROUND CONCUSSION

New research underscores the fact that concussions are not just a temporary injury and that there is much more to learn about how they affect the brain.

One of the first steps in the effort to learn more about concussions was taken in July when the Pan Am Clinic sent surveys to more than 15,000 amateur hockey players, parents and coaches to get a better handle on the prevalence of concussions and how they were being treated within the health-care system.

With support from the Winnipeg Jets Foundation, the Clinic surveyed 7,443 Manitoba hockey players aged 13 to 21, 6,627 hockey parents and 1,392 coaches. Preliminary data from 700 responses indicated 46 per cent of those who responded to the survey suffered concussions last season; 26 per cent went to an emergency department; 35 per cent sought treatment in their doctor's office, while 23 per cent went to a sports medicine clinic.

Dr. Jeff Leiter, Albrechtsen Research Chair at the Pan Am Clinic and Executive Director of the Pan Am Clinic Foundation, cautions that the numbers aren't complete enough to provide an estimate of the concussion rate among players. It's likely that players (or parents of players) affected by concussions would be much more likely to respond to a survey than those who weren't injured. But even so, the early response indicates that concussions affect a large number of young athletes – and the health-care system needs to prepare for a growing number of patients as awareness of concussions increases.

Leiter says data gathered through the clinic's survey will help the Region prepare for the surge in new patients. "If we're going to set up a concussion treatment program, how many people are we going to expect to see?" asks Leiter, who played university and minor league hockey before getting his Master's in sport biomechanics and a PhD in anatomy.

In addition to understanding how to better diagnose and treat concussions, Dr. Peter MacDonald, Head of Orthopedics with Pan Am Clinic and Leader of Orthopedics for the Winnipeg Health Region, believes research will also lead to changes in the game at the youth level, and may influence the current debate on the age at which body checking is allowed in hockey. As well, he says, growing understanding may lead to new rules for penalizing all contact to the head – accidental as well as intentional.

The Pan Am research also looks into the impact of concussions, asking participants how long it took them to return to play, if they missed school as a result of their concussion and how much school they missed.

Knowing when a player can return to sport – or to other activities – is one of the big mysteries of concussions. Pan Am staff members hope their research will help them get a better handle on both recovery times and predicting which kinds of impacts are most likely to cause concussions.

Medical isotopes are necessary for medical imaging equipment used in mapping cancerous tumours and other disease.

A PIPE DREAM TO SUPPLY SUSTAINABLE ISOTOPES

Medical isotopes are necessary for medical imaging equipment used in mapping cancerous tumours, and other diseases. Currently, medical isotopes are produced in nuclear reactors like Chalk River using enriched uranium as the raw material. The Chalk River facility will be decommissioned by federal authorities in 2016, resulting in a predicted void in supply.

In 2010, with funding from the Federal Non-Nuclear Isotope Supply Program and Natural Resources Canada, Prairie Isotope Production Enterprise Inc. (PIPE), a partnership between HSC, WRHA, University of Winnipeg, and Acsion Industries, moved forward a project at the Kleysen Institute of Advanced Medicine to commercially develop a new, safer, more affordable and reliable way to produce medical isotopes for the Canadian market. Under the leadership of Dr. Mang'era, PIPE has demonstrated that high-quality isotopes for medical imaging can be produced without using radioactive materials or generating radioactive waste. Using linear electron accelerator technology, this new method will produce little waste – unlike a nuclear reactor. Producing the isotopes locally also minimizes the distance the isotopes have to travel and lowers the half-life deterioration that occurs over time with radioactive substances.

Demand for isotopes is high all over the world, so it's likely that innovation here will not only benefit patients in Manitoba, but will also benefit health care everywhere.

Women's Heart Health Initiative

St. Boniface Hospital, in partnership with St. Boniface Hospital Foundation and the WRHA's Cardiac Sciences Program, announced the creation of the Women's Heart Health Initiative (WHHI). The goal of the WHHI is to foster opportunities for increased research and education into cardiovascular disease in women that will lead to better patient care and help raise public awareness. On March 7, 2013, more than 350 women and health care providers gathered for the Heart of a Woman conference, a WHHI event, to learn about topics related to heart disease in women.

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6. BUILDING SUSTAINABILITY

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

Creating a path for sustainable health care without cutting resources that focus on patients, clients, and residents, is an incredible challenge.

To sustain the level of care in an aging society with limited budgets, the health region must change and adapt how it delivers the services and resources to the people they care for. In other words, how to make it better without sacrificing a focus on health and wellness delivery?

Building sustainability in health care is not just about efficiency and best use of resources, it is in part changing the culture in the health care environment and in the community. Within the Winnipeg Health Region, here are a few examples of how we're working to do that.

New Model of Care at Grace Hospital

Grace Hospital is employing an integrated model of care, using nurse practitioners, to provide a more comprehensive and consistent care plan that follows patients in the hospital and in the community.

...continued next page

New Model of Care continued...

The opening of the 10-bed Short Stay Unit (SSU) at the Grace officially kicked off this new model of care. The unit is staffed by Licensed Practical Nurses and led by Nurse Practitioners. Its patients are primarily those 65 years and older who present to Grace Emergency.

Many of these patients have complex health concerns that may involve professionals from social work, home care, physiotherapy, occupational therapy, or wound care specialists. Patients require more monitoring and additional support to get them back to health; accordingly, they require health service inside and outside of the hospital setting.

To facilitate this extensive care, nurse practitioners in the unit split their shifts at the SSU and St. James Community Clinic (until ACCESS Winnipeg West is completed) which provides continuity for care at both the hospital and in the community. Care plans for patients are coordinated and communicated thanks to eHealth's Electronic Medical Records systems, which electronically track patient health records.

While the SSU NP project is in its pilot phase, it's already reaping sustainable results, addressing wait times in the emergency department, bed capacity issues in acute care and enhancing primary care in the community.

... the Winnipeg Health Region celebrates the way nurses lead, collaborate and influence people's health...

Program Budgeting and Marginal Analysis

The WRHA has implemented a Program Budgeting and Marginal Analysis (PBMA) approach to help guide resource allocation decisions. It is a formal priority-setting process used to guide resource allocation (or funding) decisions.

PBMA approaches resource allocation questions by assessing the net impact of possible changes to the current configuration of services. This assessment involves comparing benefits lost through disinvestments in some areas with the benefits gained from the investment of resources in other services. Benefits are measured by assessing each proposed service change (disinvestment or investment) against a set of criteria developed specifically for this process. These criteria link directly with the mandate, objectives and strategic priorities of WRHA.

One of the foundational values of the PBMA approach is the principles of ethics and fairness. This means ensuring all areas of the organization equally and fairly identify areas for investment and disinvestment for equal consideration.

The PBMA process is different than other efficiency and sustainability efforts and, in particular, those related to health system transformation. The focus of PBMA is on how to change programs and services on the margins. This means considering the impact of benefits gained/lost to the population compared to marginal investments/disinvestments. In the end, this process helps the organization extract maximum value from limited or static resources.

Business Process Solution Project

The Business Process Solution Project is a major, multi-year business infrastructure project that standardizes current business processes and systems under a single SAP environment (SAP is enterprise software designed to manage business operations and customer relations). Fiscal 2012-13 marked a major milestone for BPSP with the go-live of the Phase 1 HR/Payroll system. On May 3, some 12,000 staff received their first electronic payment deposit statement via Canada Post's epost website. With the new electronic pay statement, staff receive up-to-date information on their pay and benefits, vacation time and hours worked, while eliminating the cost of paper and delivery of pay stubs.

Future phases of the BPSP will enable more efficiencies and ability for appropriate staff to access real-time information on warehouse and inventory management that can be shared between business areas across the region. Having access to this information on a single-source system will be essential to allocating resources when and where they are needed most.

LEAN Process Improvement

The Project Management Department of the WRHA continues to promote the LEAN process improvement methodology to departments, units, programs, and facilities across the region. The LEAN process is a way for staff in the region to step back and look at how their operations may be wasting time or resources, how processes can be improved, and how teams within their work environment can work together to make sustainable changes.

The principles of LEAN involve making 'little changes' over time to culminate in significant enhancements in operations, or to add up to more time or quality focused on patient, client, resident care.

Reducing Length of Stay

Deer Lodge Centre was experiencing extensive Length of Stay (LOS) issues in its adult inpatient Assessment and Rehabilitation program in 2011-12. Using LEAN tools and methodologies it was not only able to reduce its length of stay rates, but also enhance interprofessional collaboration among staff and increase job satisfaction.

An interprofessional team – a cross section of health professionals involved in patient-centred care – used the "Six Sigma' quality improvement methodology commonly used in healthcare sector, to improve processes and eliminate waste. Using diagrams, process maps, charts and histograms, the team was able to understand root causes of inefficiencies and ineffective processes in their interprofessional care plans and discharge planning processes. "Plan-Do-Study-Act" cycles were then used to develop, test, and implement solutions, then a control plan was developed to sustain those solutions.

As a result the project reduced unnecessary Length of Stay for patients by 17 per cent (2012-13 over 2011-12), increase discharges and transfers by 9 per cent and was able to increase admissions to the program by 8 per cent without additional resources.

Drug Cost Reduction

Over the last 10 years, the Personal Care Home Drug Program has made a priority initiatives to reduce the overall cost of medications in WRHA Personal Care Homes (PCHs) while optimizing quality of care for residents. These initiatives have resulted in a reduction in annual drug costs of over $2 million during this period. Drug cost savings have been realized through both a decline in the cost of individual medications and a reduction in the number of medications taken by residents in PCHs.

The cost of medications used in PCHs has declined despite a steady increase in the acuity of PCH residents and the advent of many expensive drugs. A partnership between the WRHA Long Term Care Program and WRHA Logistics has led to tendering of high volume and cost driver medications. Increased availability of generic medications and early adoption of these generic medications has also contributed to reduced drug costs.

By decreasing the amount of medication that residents in PCHs are taking, drug costs, as well as adverse outcomes, are minimized. Interdisciplinary quarterly medication reviews by the prescriber, pharmacist and nurse include the reassessment of all of the residents' medication to assess if they continue to need them. As well, medications are reviewed to identify if equally effective, less expensive alternatives are available. Position papers developed by the Long Term Care Medical Directors have guided changes in practice to promote appropriate prescribing.

The savings recouped from reduced PCH drug costs have been reinvested in initiatives to improve resident care (e.g. transportation to dialysis; cancer treatments and constant care; creation of nurse practitioner positions). The WRHA Long Term Care Program will continue to identify and implement strategies to ensure the PCH residents receive safe, effective and appropriate medications.

OVERSTAY REDUCTION INITIATIVE REDUCING HOSPITAL DISCHARGE DELAYS

When a patient who is medically stable but delayed from being discharged from a hospital due to non-medical reasons, this is referred to as an 'overstay.' Overstays are a burden not only to the health care system, as they tie up patient flow and increase wait times for certain health services, they are also a burden to patients who prefer to be home rather than in a hospital.

Dr. Dan Roberts, head of the Internal Medicine program at WRHA and Head of the Department of Internal Medicine at the University of Manitoba Faculty of Medicine, worked with a data analyst who reviewed some 30,000 hospital admission records from an electronic database. The review indicated that most people were admitted, treated and discharged in a timely manner, but some were not.

Roberts discovered that seven per cent of patients stayed an average of 25 days longer than necessary. Those seven per cent who stayed more than 10 days or more also accounted for 80 per cent of total overstay days.

Roberts brought in industrial engineer Linda Hathout as project manager and a team of health care providers as a working group to look at the data and come up with solutions to reduce overstays in hospitals.

The team developed the Overstay Reduction Initiative. It involves patients being assessed within 24 hours of admission to the hospital. They are interviewed by a nurse, and asked six questions that give a picture of their mental and physical health, their home conditions, their family support and how they would deal with an emergency situation. In subsequent days, clinical information is also compiled from their medical chart.
Once the data on each patient is collected and analyzed, green, yellow or red stickers are attached to the patient's chart, indicating whether they will need discharge planning help.

Green patients are cleared to leave hospital when medically able. Yellow patients require some caution on the part of the staff, who will work on their discharge planning.

Red patients are assigned to a transition co-ordinator, who, as part of the allied health team, works with all the team members ensuring the required consultations are completed from the allied health-care team: physiotherapy, occupational therapy, social work or home care. The transition co-ordinator makes a recommendation to the doctors once they feel the patient is ready to be discharged. It is a collaborative and streamlined approach that directs the right care to the patients who need them. The initiative was implemented at the Grace Hospital in July 2012 and at St. Boniface Hospital in November, 2012. It was also rolled out at the Victoria Hospital in February, 2013 and at Health Sciences Centre in May, 2013, and is already garnering impressive results with more patients able to go home earlier and beds freed for incoming patients.

Capital Projects Completed or Underway

The following facilities are currently under construction in the Winnipeg Health Region or completed this fiscal year:

- Women's Hospital *(construction underway)*
- Diagnostics Imaging Building, with STARS helicopter landing pad on rooftop
- Canad Inns Hotel on HSC campus *(completed)*
- Mental Health Crisis Response Centre *(completed)*
- Grace Hospital Emergency Department *(construction underway)*
- ACCESS Winnipeg West *(at Grace Hospital, target for completion early 2014)*
- ACCESS NorWest *(opened 2013)*
- ACCESS St. Boniface, St.Vital, and Fort Garry *(RFPs released)*
- Seven Oaks General Hospital Access to Care Clinic *(completed)*
- Misericordia Health Centre *(construction ongoing on Phase 1)*
- McGregor QuickCare Clinic *(opened 2012)*
- St. Boniface QuickCare Clinic *(opened 2012)*
- Children's Dental Clinic *(reopened at HSC following upgrades and new equipment installs)*
- Specialized Services for Children and Youth (SSCY) *(under construction)*

ADMINISTRATION AND GOVERNANCE

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

As outlined in the governance model, the functions of the Board fall under three categories:

FIDUCIARY:

Focusing on the legal responsibilities of oversight and stewardship of the region.

STRATEGIC:

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

GENERATIVE:

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

The WRHA Board follows 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 Winnipeg Regional Health Authority, its stakeholders, and people they provide care for.

A copy of the Winnipeg Health Region Board Governance Manual is available on the Winnipeg Regional Health Authority website:

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

Board Membership

The Minister of Health names the members of the Board of Directors. As well, the Minister appoints the Board Chair and may appoint the Vice Chair. Board directors are selected based on their skill set, trust, expertise and community representation. Directors collectively, must possess knowledge in relation to health, community development, business, finance, law, government, the organization of employees and the interests of residents, clients and patients.

The Regional Health Authorities Act allows for a maximum of 21 directors, the Winnipeg Health Region presently has 20 directors. The Winnipeg Regional Health Authority 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 put forth nominations from which the Minister selects the new board appointments. Of the positions, three are nominated by the non-devolved community hospitals (Seven Oaks General Hospital, Victoria General Hospital and Concordia General Hospital), and one is nominated by the Salvation Army. The balance of the Board positions are selected to provide appropriate community representation.

Past serving board members

Dr. John Wade, chair
Marc Labossiere, vice chair
Rick Frost
Vera Derenchuk (VICTORIA GENERAL HOSPITAL REP)
Bob Minaker (SEVEN OAKS GENERAL HOSPITAL REP)
Gemma Dalayoan
Suzanne Hrynyk
Dr. Kurt Skakum

Current members

Dr. Jerry Gray, Board Chair
Bruce Thompson
Joan Dawkins
Doris Koop
Josee Lemoine
Jeff Cook
Robert Freedman
Sheila Carter
Elaine Bishop
Dr. Myrle Ballard
Joanne Biggs (SALVATION ARMY REPRESENTATIVE)
Reg Kliewer (CONCORDIA HOSPITAL REPRESENTATIVE)
John Hickes (RANKIN INLET, NUNAVUT)
David Daley (CHURCHILL)
Verna Flett (CHURCHILL)
Dr. Tunji Fatoye (MEDICAL REPRESENTATIVE)
Jennifer Faulder
Dr. Jean Friesen
Stuart Greenfield
Dr. Rob Santos
Mr. Craig Stahlke

Board decisions are outlined in the minutes of the board meetings and posted for public viewing at **www.wrha.mb.ca**

CHAC Reports

Each year, the board is required to review and approve the issues to be addressed by the Community Health Advisory Councils. Council members were asked to share their ideas for future topics and presented them to the board along with the associated deliverables and potential time frames.

In 2012/13, members of the six Community Health Advisory Councils examined the topics:

- Promoting Advance Care Planning
- Sustainability of our Health Care System

A report back to the Community Health Advisory Councils in May 2013 was also created by the WRHA to inform CHAC members of how their input and suggestions in their reports have influenced decisions and activity by the WRHA, the Board, and other health stakeholders.

Copies of these and past reports are available on the Winnipeg Health Region website at: **www.wrha.mb.ca/about/chac/reports.php**

Public Interest Disclosure (Whistleblower Protection) Act

A disclosure made by a Winnipeg Health Region employee in good faith, in accordance with the Whistleblower Protection Act, and with a reasonable belief that wrongdoing has been or is about to be committed, is considered to be a disclosure, regardless if the subject matter constitutes wrongdoing. The Winnipeg Health Region established a Designated Officer to oversee whistleblower reports, and has a web page on the staff intranet website "Insite" for submitting or responding to a disclosure. As well, staff can talk to their manager if they choose.

All disclosures brought to the attention of the Designated Officer receive careful and thorough review to determine if action is required under the Act. As of this annual report publishing:

- Two disclosures were received by the Designated Officer.
- One disclosure was reviewed, assessed, and determined to not fall within the criteria under the Act. As such, it did not require further investigation by the Designated Officer.
- One disclosure was reviewed, assessed, and determined to not fall within the responsibilities of the Designated Officer of the WRHA. The disclosure was forwarded to the Designated Disclosure Officer of Manitoba Health.

Requests for Information

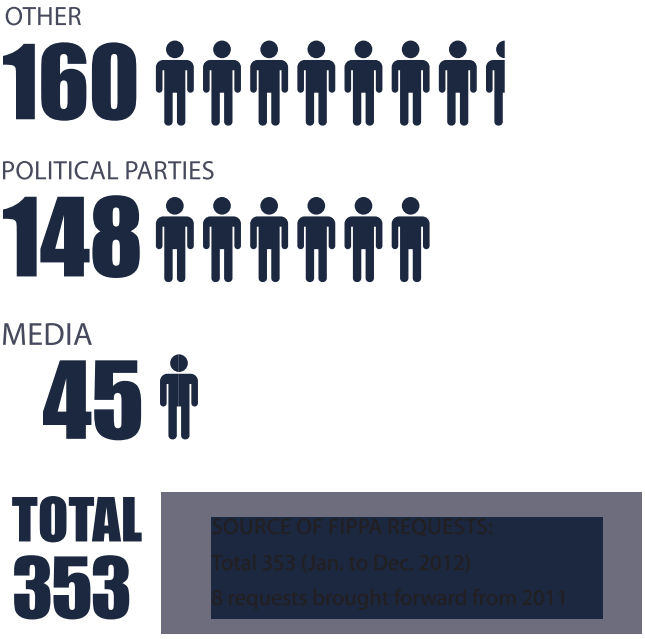
The Winnipeg Regional Health Authority continues to meet its responsibility to provide information to members of the public through accessible sources. This includes maintaining an open and transparent flow of information between the Winnipeg Regional Health Authority and the public while considering all aspects of privacy and confidentiality of clients. The Winnipeg Regional Health Authority Chief Privacy Officer (CPO) responds to requests made via the Freedom of Information and Protection of Privacy Act (FIPPA).

Requests for information can be submitted via our website at **www.wrha.mb.ca /contact/infoaccess_fippa.php.**

RESIDENTS CAN ALSO CONTACT:

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

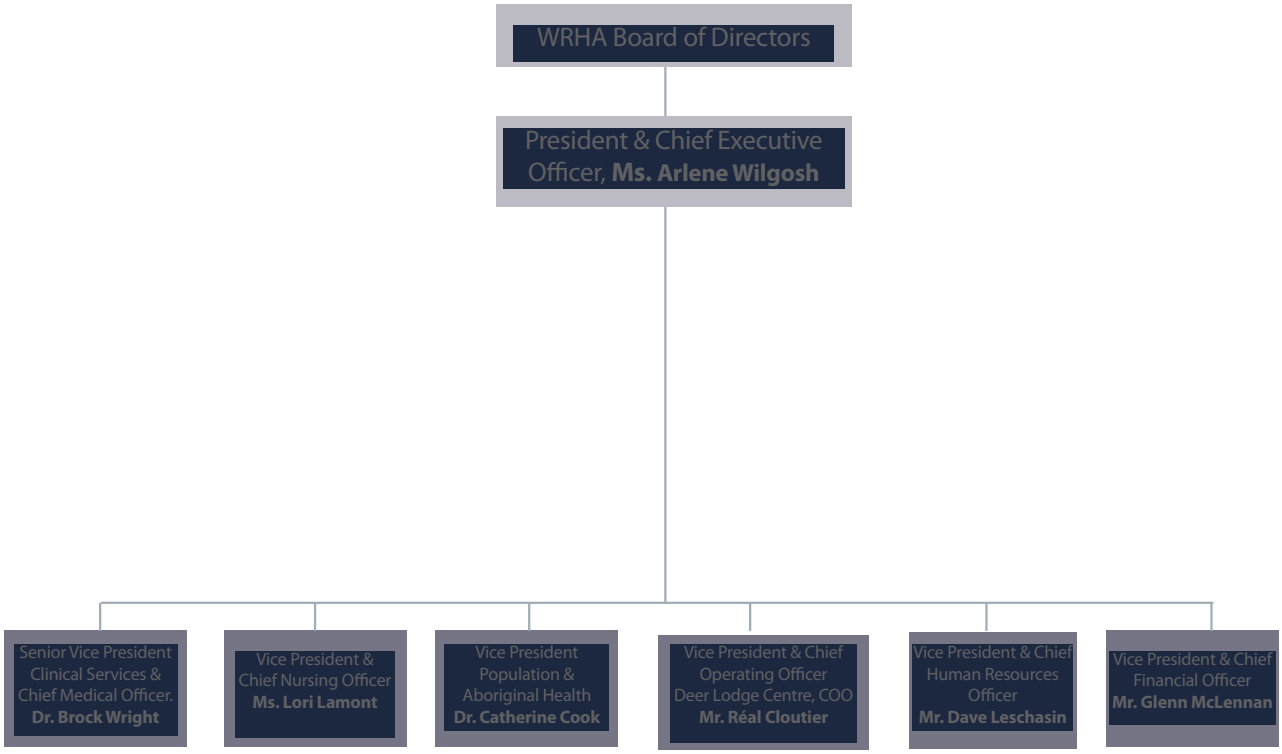
CHART OF FIPPA REQUESTS



SOURCE OF FIPPA REQUESTS:
Total 353 (Jan. to Dec. 2012)
8 requests brought forward from 2011

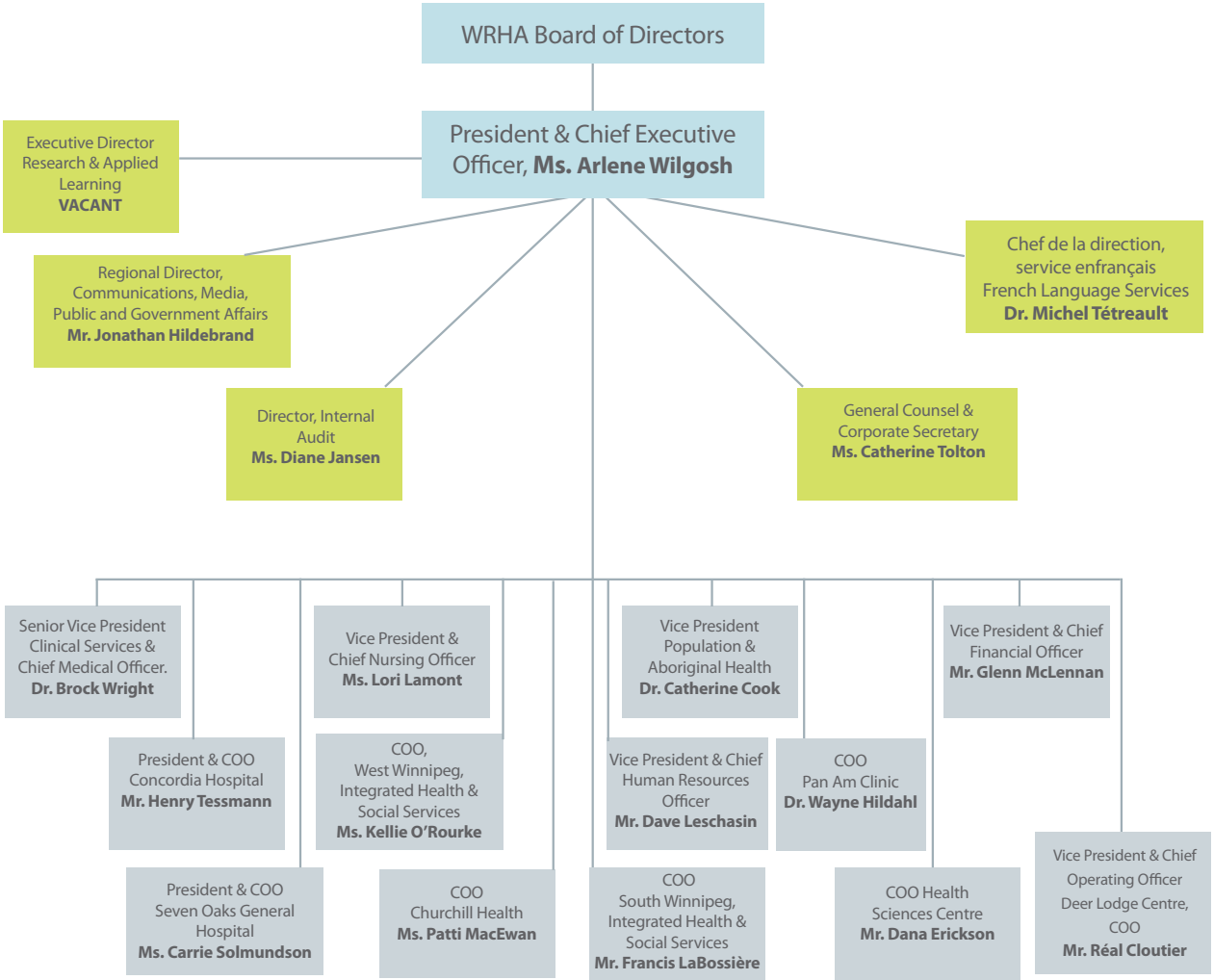
ORGANIZATIONAL STRUCTURE - 2013

WINNIPEG REGIONAL HEALTH AUTHORITY
Senior Executive Organizational Structure



ORGANIZATIONAL STRUCTURE - 2013

WINNIPEG REGIONAL HEALTH AUTHORITY
Corporate and Program Structure: Overview

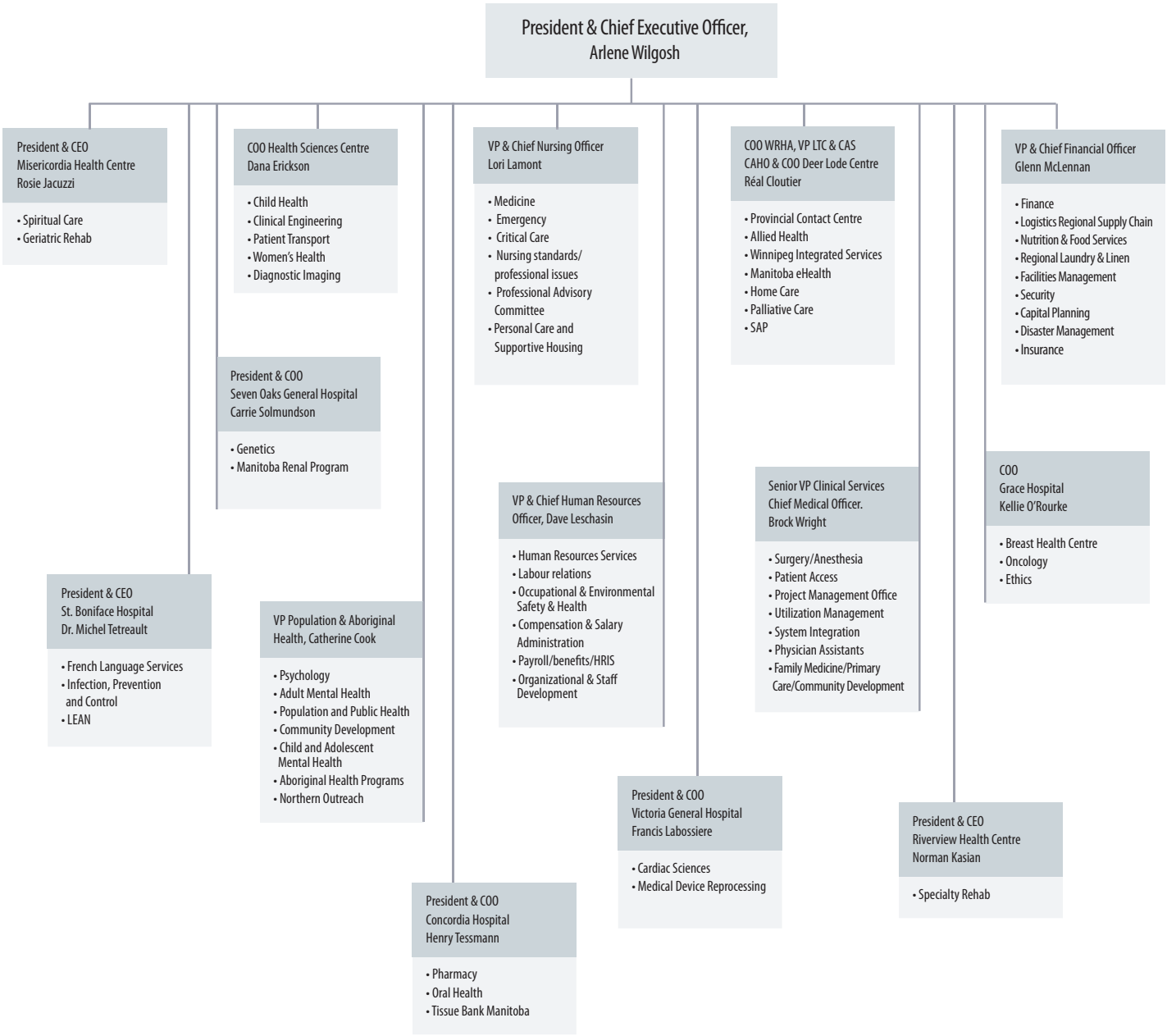


ORGANIZATIONAL CHANGES:

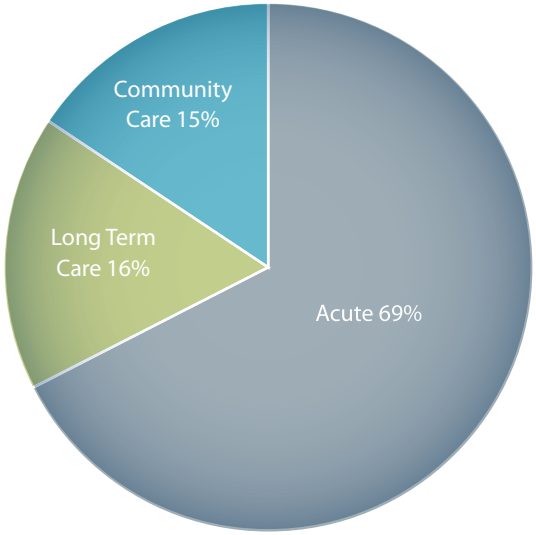
The most significant change to the Winnipeg Regional Health Authority organizational structure in 2012-13 involved the appointment of Dr. Jerry Gray as Chair of the WRHA Board of Directors in place of outgoing Chair Dr. John Wade. As well, senior management representation for the Churchill region has been assigned to Ms. Patti MacEwan as COO, Churchill Health. The organizational structure of the Winnipeg Health Region also saw a change to the Vice President and Chief Human Resources Officer position with the addition of Mr. Dave Leschasin. Mr. Glenn McLennan has assumed the Vice President and Chief Financial Officer role. Dr. Mike Moffatt retired from the Executive Director Research & Applied Learning role. Mr. Dana Erickson assumed the HSC COO position following an acting capacity.

ORGANIZATIONAL STRUCTURE - 2013

WINNIPEG REGIONAL HEALTH AUTHORITY
COO and Vice Presidents:
Programmatic Responsibilities

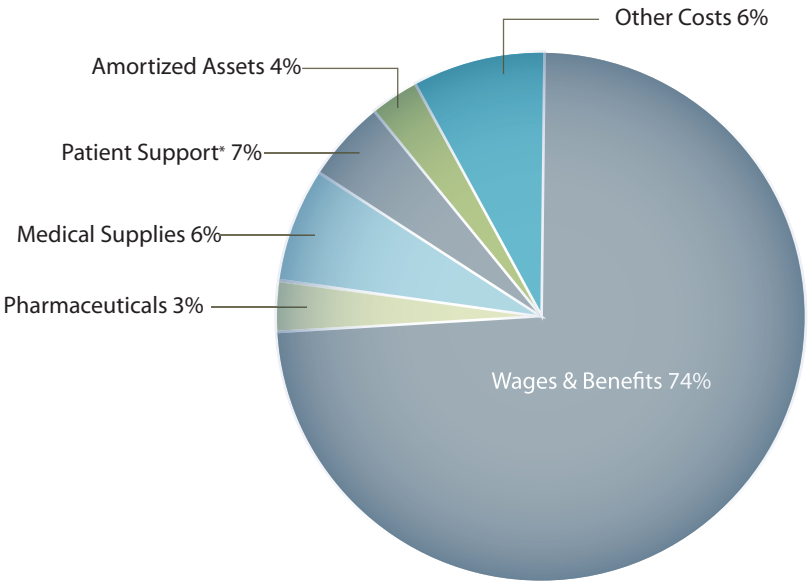


Budget Allocation by Sector



Cost by Major Expense

*Patient Support includes items or services such as: housekeeping, linen, laundry, food and referred-out services.



Letter of Transmittal and Accountability

It is my pleasure to present the Annual Report of the Winnipeg Regional Health Authority for the fiscal year ended March 31, 2013.

The 2012/13 Annual Report of the Winnipeg Regional Health Authority was prepared under the direction of the Board of Directors in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health.

All material economic and fiscal implications have been considered in preparing this report. The Winnipeg Regional Health Authority Board of Directors has approved the content of this report for publication.

Respectfully submitted,

DR. JERRY GRAY
Board Chair – Winnipeg Regional Health Authority

REPORT OF THE INDEPENDENT AUDITOR
ON THE SUMMARIZED CONSOLIDATED FINANCIAL STATEMENTS

To the Directors of
Winnipeg Regional Health Authority

The accompanying summarized consolidated financial statements, which comprise the consolidated statement of operations and consolidated statement of financial position, are derived from the audited consolidated financial statements of the Winnipeg Regional Health Authority [the "Authority"] for the years ended March 31, 2013 and 2012, and April 1, 2011. We expressed an unmodified audit opinion on those financial statements in our report dated September 24, 2013.

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

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

Auditors' responsibility
Our responsibility is to express an opinion on the summarized consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, "Engagements to Report on Summary Financial 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 years ended March 31, 2013 and 2012, and as at April 1, 2011 are a fair summary of those consolidated financial statements.

.....
Winnipeg, Canada,
September 24, 2013.

Ernst & Young LLP

Chartered Accountants

SUMMARIZED CONSOLIDATED STATEMENTS OF OPERATIONS

FOR THE YEARS ENDED MARCH 31 (IN THOUSANDS OF DOLLARS)

	2013	2012
REVENUE		(Restated)
Manitoba Health operating income	$ 2,386,750	$ 2,303,890
Other income	111,408	113,151
Amortization of deferred contributions, capital	74,413	66,511
Recognition of deferred contributions, future expenses	18,699	12,871
	2,591,270	2,496,423
EXPENSES		
Direct operations	2,152,491	2,080,523
Interest	527	722
Amortization of capital assets	80,381	72,162
	2,233,399	2,153,407
FACILITY FUNDING		
Long term care facility funding	294,949	284,735
Community health agency funding	40,318	38,067
Adult day care facility funding	3,254	3,249
Long term care community therapy services	764	735
GRANT FUNDING		
Grants to facilities and agencies	27,223	19,993
	2,599,907	2,500,186
OPERATING DEFICIT	(8,637)	(3,763)
NON-INSURED SERVICES		
Non-insured services income	75,085	82,451
Non-insured services expenses	70,939	80,296
NON-INSURED SERVICES SURPLUS	4,146	2,155
SURPLUS (DEFICIT) FOR THE YEAR	$ (4,491)	$ (1,608)

REG KLIEWER
Treasurer

DR. JERRY GRAY
Board Chair

SUMMARIZED CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

(IN THOUSANDS OF DOLLARS)

	as at Mar. 31, 2013	as at Mar. 31, 2012 (Restated)	as at Apr. 1, 2011 (Restated)
ASSETS			
CURRENT			
Cash and cash equivalents	$ 154,803	$ 89,560	$ 40,519
Accounts receivable	98,826	163,459	171,200
Inventory	31,666	30,470	29,163
Prepaid expenses	12,651	12,327	13,511
Investments	10,560	6,099	7,182
Employee benefits recoverable from Manitoba Health	78,957	78,957	78,957
	387,463	380,872	340,532
CAPITAL ASSETS, NET	1,437,462	1,352,277	1,212,058
OTHER ASSETS			
Employee future benefits recoverable from Manitoba Health	82,499	82,499	82,499
Investments	61,450	64,205	55,931
Accounts held in trust	4,434	4,853	3,576
Nurse recruitment and retention fund	4,870	4,169	3,512
	$ 1,978,178	$ 1,888,875	$ 1,698,108
LIABILITIES, DEFERRED CONTRIBUTIONS & NET ASSETS			
CURRENT			
Accounts payable and accrued liabilities	$ 209,922	$ 215,955	$ 200,954
Demand Loans	-	-	18,000
Employee benefits payable	103,303	97,340	95,712
Current portion of long term debt	45,215	47,345	50,898
	358,440	360,640	365,564
NON-CURRENT			
Long term debt	20,527	24,948	27,918
Employee future benefits payable			
Accrued retirement entitlement	177,753	170,512	162,361
Sick leave liability	35,336	34,876	34,876
Accounts held in trust	4,434	4,853	3,576
Deferred contributions	1,326,978	1,233,261	1,043,077
Nurse recruitment and retention fund	4,870	4,169	3,512
	1,569,898	1,472,619	1,275,320
COMMITMENTS AND CONTINGENCIES			
NET ASSETS	49,423	55,616	57,224
ACCUMULATED REMEASUREMENT GAINS	417	-	-
	$ 1,978,178	$ 1,888,875	$ 1,698,108

WINNIPEG REGIONAL HEALTH AUTHORITY
SUPPLEMENTARY INFORMATION

AS AT MARCH 31, 2013 (UNAUDITED) (THOUSANDS OF DOLLARS)

ADMINISTRATIVE COSTS

The Canadian Institute of Health Information ("CIHI") defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The Authority adheres to these coding guidelines. The most current definition of administrative costs determined by CIHI includes: General Administration (including Acute/Long-term Care/Community Administration, Patient Relations, Community Needs Assessment, Risk Management, Quality Assurance, and Executive costs), Finance, Human Resources, Labour Relations, Nurse/Physician Recruitment and Retention, and Communications.

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

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, Acute Care/ Long-term Care/Community Services Administration, Executive Offices, Board of Trustees, Planning and Development, Community Health Assessment, Risk Management, Internal Audit, Finance and Accounting, Communications, Telecommunications, and Mail Service.

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

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

2013

	Acute Care Facilities and Corporate Office		Personal Care Homes & Community Health Agencies		TOTAL	
	$	**%**	**$**	**%**	**$**	**%**
Corporate	55,326	2.23%	13,616	5.71%	68,941	2.54%
Recruitment & Human Resources	22,891	0.92%	1,841	0.77%	24,733	0.91%
Patient Care Related	17,343	0.70%	19	0.01%	17,362	0.64%
TOTAL	**$ 95,560**	**3.85%**	**$ 15,476**	**6.49%**	**$ 111,036**	**4.09%**

2012*

	Acute Care Facilities and Corporate Office		Personal Care Homes & Community Health Agencies		TOTAL	
	$	%	$	%	$	%
Corporate	53,966	2.27%	14,379	6.12%	68,345	2.62%
Recruitment & Human Resources	23,065	0.97%	1,237	0.53%	24,302	0.93%
Patient Care Related	16,400	0.69%	18	0.01%	16,418	0.63%
TOTAL	**$ 93,431**	**3.93%**	**$ 15,634**	**6.66%**	**$ 109,065**	**4.18%**

**The 2013 figures presented are based on preliminary data available at time of publication. Restatements were made to the 2012 figures to reflect final data that was submitted after publication date and for the removal of Telehealth information (previously included in Patient Care Related category above).*

2012/13 OPERATING RESULTS
MANITOBA eHEALTH (INCLUDING MANITOBA TELEHEALTH)

Statement of Income for the Year Ended March 31, 2013
(UNAUDITED, IN THOUSANDS OF DOLLARS)

	2013	2012
REVENUE		
Manitoba Health operating income	$ 67,471	$ 61,798
Recoveries	14,968	13,847
	82,439	75,645
EXPENSES		
Salaries, wages and employee benefits	45,197	42,017
Data communications	1,711	2,240
License fees	3,247	2,821
Hardware and software maintenance	18,020	17,462
Building and ground expense	2,668	2,724
Maintenance and other	11,339	8,105
	82,182	75,369
OPERATING SURPLUS	257	276
Manitoba Health operating income reduction	(257)	(276)
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 there items are recorded outside of eHealth operations.

STATISTICS APPENDIX

1) Includes newborns, stillbirths and deaths.

2) Acute includes palliative care in-patients at SBH and RHC

3) Rehab represents inpatients in Rehab Program beds (RHC, DLC, SOGH, HSC, SBGH) and Orthopedic-Rehab beds (GH and CH)

4) Chronic care patients discharged from DLC and RHC. This data includes chronic care respite beds. Chronic care data ceased being submitted to DAD on April 1, 2012. Prior to April 1, 2012 chronic care patients that required an acute service interruption resulted in a discharge from chronic care and an admission to acute care. Beginning April 1, 2012 chronic care patients requiring an acute service interruption were no longer discharged from chronic care resulting in a decrease in discharges from chronic care beginning in 2012/13 with no impact on acute care discharges.

5) Hospice includes Grace Hospice only

6) Grace ETU and HSC Forensic Unit

7) Includes only those cases which met the Manitoba Health criteria for submission of a Day/Night Care abstract to Manitoba Health and CIHI and is a subset of the total Day/Night care visits at WRHA acute sites.

8) Excludes clients under assessment but not yet receiving services: 2012/13 = 268; 2011/12 = 497; 2010/11 = 356.

9) 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.

10) Includes stillbirths. Excludes home births.

11) WRHA DAD DSS

12) WRHA DAD DSS

13. a. WRHA Primary Care Program. b. Stats for 2011/12 are from Dec. 5 to March 31, which coincides with the opening of the Birth Centre.

14) Includes cases where the patient is booked and prepared in the gamma knife frame, goes through the MRI exam, but the gamma knife procedure is abandoned due to the size of the tumor.

15) Assumes 100% bed occupancy of PCH beds at RHC and DLC per the WRHA bed map. Includes Central Park Lodge - Valley View, Extendicare - Hillcrest Place, Extendicare - Red River Place, St. Adolphe Personal Care Home and Tudor House Personal Care Home proprietary PCHs that are located outside the Winnipeg geographic region but which Manitoba Health funds through the WRHA Long Term Care Program.

16) Includes Mobile Crisis Services contacts and Crisis Stabilization Unit requests for service, crisis calls and the number of client's days.

17) Includes Counseling, Group therapy and Consultation Services provided by Shared Care (Counselors, Psychiatry and Psychology), Brief Treatment, Co-Occurring Disorder Outreach, Psychiatric Urgent Referral Clinic.

18) Includes all referrals received at Centralized Mental Health Access for Community Mental Health Services.

19) Includes new and continued Geographic based Community Mental Health clients.

20) Includes new and continued clients of Co-Occurring Disorders Outreach, Forensics, Intensive Case Management, Program for Assertive Community Treatment, Health Coordination, Cross Cultural, Clinical Specialist, Transition Services, Housing Services and Specialized Contracts.

21) The Provincial Health Contact Centre (PHCC), an internationally-recognized state of the art contact centre that technologically supports health and social services delivery in Manitoba in consultation with the Winnipeg Regional Health Authority and Manitoba Health. The PHCC operates almost 40 inbound and outbound calling programs, handling over 450,000 calls a year in 110 languages. The PHCC's clinical calling programs includes the Breastfeeding Hot line, the Chronic Disease Management of Congestive Heart Failure, Health Links - Info Santé and various public health services such as the Influenza Symptom Triage Service. Inbound and outbound calling programs in support of health and social delivery in Manitoba are undertaken through arrangements with various programs including: the WRHA Home Care Program, Family Services and Housing, Employment Income and Assistance. The PHCC operates out of the Misericordia Health Centre.

22) Health Links - Info Santé, a WRHA service leveraging the PHCC technology, is a 24-hour, 7-day a week telephone information service. The program is staffed by registered nurses with the knowledge to provide over-the-phone consultation related to health care questions and concerns.

23) The number of calls where a client spoke with a health care professional.

24) 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.

25) An outbound call program delivered through the PHCC to determine if an individual who left a WRHA emergency room without being seen is still in need of medical attention or has already had their situation addressed.

26) After Hours Central Intake Program services WRHA programs to manage both clinical and non-clinical resources for clients. As a service provided through PHCC, it handles inbound and outbound calling to process after hours needs of clients in programs like Home Care, Family Services and Housing and Employment Income and Assistance.

27) After Hours Central Intake Program services WRHA programs to manage both clinical and non-clinical resources for clients. As a service provided through PHCC, it handles inbound and outbound calling to process after hours needs of clients in programs like Home Care, Family Services and Housing and Employment Income and Assistance.

28. Telehealth is the use of information technology to link patients to medical specialists and other healthcare professionals via a high-speed, secure video link. These counts exclude Cancer Care Manitoba (CCMB) and Manitoba Health.

a) Includes services such as specialist consultation, discharge planning and case-conferencing.

b) Supports rural physicians and other healthcare providers by providing quality professional educational programs. Education for patients, families and the public are also available.

c) Used as an alternative venue for administrative meetings to save time, resources and risks due to travel.

d) Available to link patients with their families when medical needs have kept them apart for an extended period of time.

Source: Senior Program Operations Manager, Manitoba Telehealth

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

30. a) Data Source: HPECD. The calendar year is defined using the infant's date of birth. Data includes residents of the Winnipeg Health Region, as defined by permanent residence status. Data cleansing is not complete for 2012.

b) Data Source: Chlamydia and Gonorrhea: CDC Branch, Public Heatlh Division, Manitoba Health, June 2013; Infectious Syphilis: WRHA Syphilis Survellience Database. These numbers reflect the total number of reported infections and not the total number of clients, i.e. a single person may have more than one infection during the same period of time. Infectious syphilis includes incubating, primary, secondary and early-latent cases. All data reflects residents of the Winnipeg Health Region.

c) Data Source: iPHIS, WRHA. Data includes residents of the Winnipeg Heatlh Region and are limited to a case status of clinical, probably or confirmed. H1N1 and SRI became notifiable effective April 1, 2009. Data is limited to cases; contacts are not included.

d) Data Source: Prenatal Referral Log 2008 - 2012. Logs are kept by calendar year. Prenatal referral data effective January 1, 2008. Includes referrals sent to WRHA central intake, grouped by community area which the referral was sent to.

e) New client visits include first visits for education or employment purposes, new travel destinations, yelllow fever only, malaria prescription only, and immunization only.

f) Data source: FFHV Caseload Summary 2008-2012. Reflects number of families (eary and late entry) supported in March 31 of each year. 2012/2013 as of Dec. 31, 2012 most current data available.

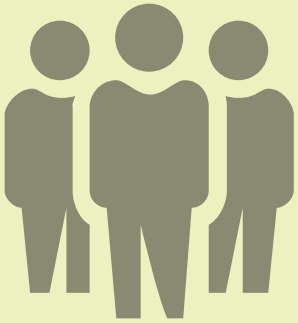
g) Public Health Administered Vaccine includes seasonal influenza and H1N1 immunizations provided by the PHNs in each of the 12 community areas, Travel Health and the Healthy Sexuality Harm Reduction (HSHR) Team. The seasonal influenza campaign typically runs from October through to December during the year; Travel Health provides seasonal influenza year round. The seasonal influenza campaign for 2009/2010 was condensed into a 3 day mass clinic (Oct 14/09 - Oct 16/09). Since the fall of 2010, mass immunization campaigns have been held in all 12 community areas over a four day period with additional clinics held on Saturdays. H1N1 vaccine administration was first introduced in 2009/2010.

h) School-based immunizations include the number of HBV, HPV, Tdap, MenC and Varicella (before 2010/11) immunizations given. For HBV and HPV, the 1st dose totals do not include catch up numbers (i.e.. only students eligible to receive their 1st dose of HBV/HPV within the given year and were provided immunization are included in the total; students who have received their first dose during the 2nd or 3rd dose clinics or students in other grades who have received their catch up 1st dose of HBV/HPV are not included). HPV administration was first introduced in 2008/2009 school year. The total number of school based immunizations reflected for each school year reflect 1st dose totals only. They do not include catch up numbers or reflect the full series for each of HBV and HPV. In 2010/11 Varicella immunization was discontinued.

care for all

WINNIPEG REGIONAL HEALTH AUTHORITY

annual report 2013



www.wrha.mb.ca

Winnipeg Regional Health Authority

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Winnipeg, MB, R3B 1E2

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Winnipeg Regional Health Authority
Caring for Health

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