

Annual Report
2013 | 2014



Moving forward
together

Moving forward with

integrity
compassion
excellence
respect

VISION

Together leading the way for
a healthier tomorrow.



MISSION



To support people and communities in
achieving optimal health by providing
innovative, sustainable and quality
health services.

We Are

Southern **Health-Santé** Sud



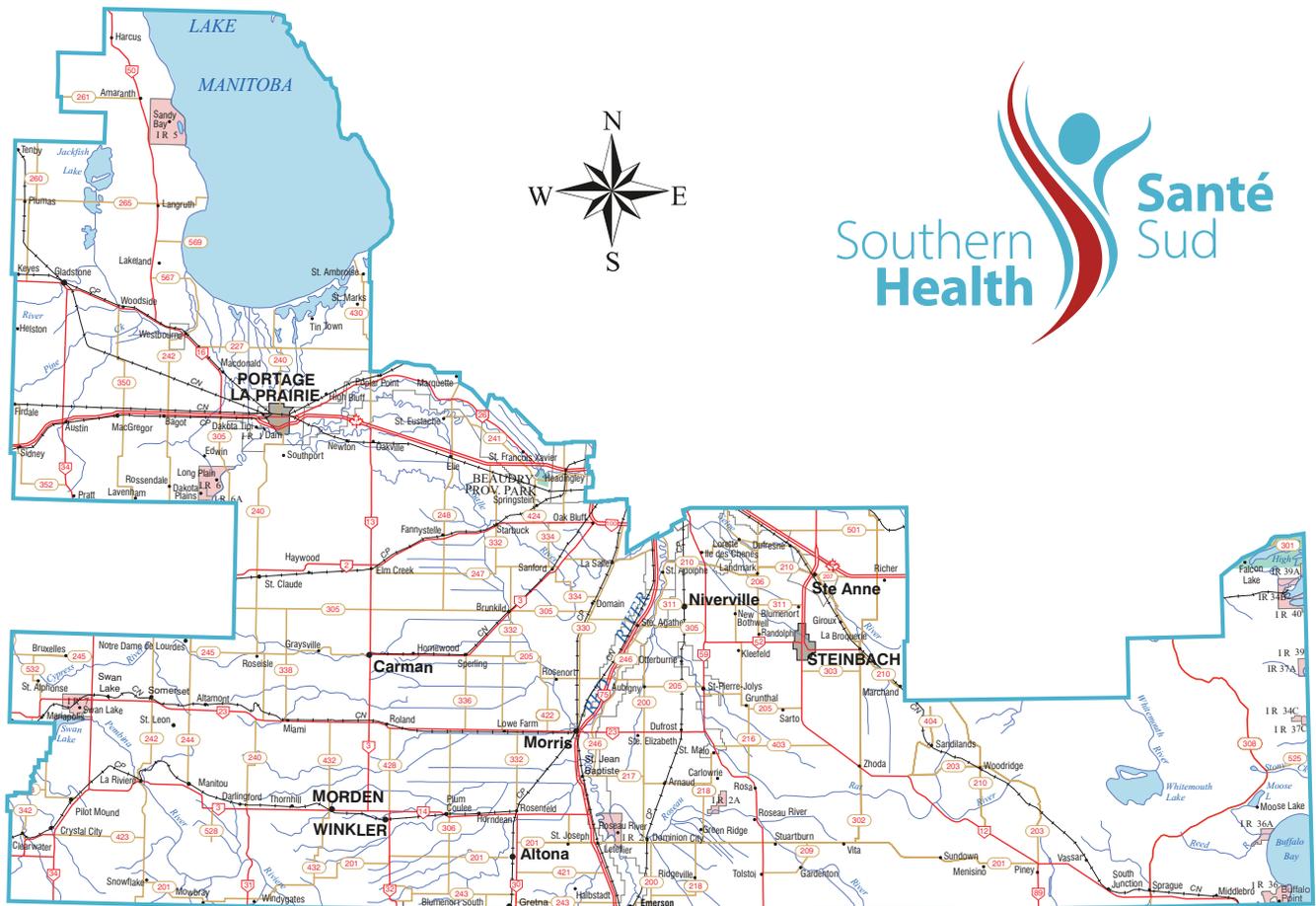
Dr. Holly Hamilton

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About us

Southern Health-Santé Sud



An important gateway to the province from the U.S. international border, Southern Health-Santé Sud covers an expanse of 27,025² kilometres of southernmost Manitoba.

While the eastern part of the region is primarily that of Canadian Shield lakes and forest, the west is predominantly prairie grassland and rolling pastures. At its heart is the Red River Valley, a natural flood plain, which has been flooded repeatedly through the centuries, impacting the lives of the people in the surrounding land. Other major watercourses include the Assiniboine and Whiteshell Rivers. Major flood-control programs such as the Red River Floodway and

diversion on the Assiniboine River and protection by dikes have been undertaken.

As shown in petroglyphs at Bannock Point and in archeological digs in Sandilands Forest Reserve, Native presence in the Region can be traced back to thousands of years ago. Ancient Mound-Builders also left their burial and ceremonial mounds throughout the area to mark their passage and long before the first explorers came to the Region, nomadic Aboriginal tribes roamed the area. Today, seven First Nation communities lie within Southern Health-Santé Sud boundaries.

In the early years of European settlement in southern Manitoba, prior to 1870, the Métis and French settled along the Red and Assiniboine Rivers, and in the Portage la Prairie area an important trading post was established. This was followed by English colonists from Ontario and French-speaking settlers from Quebec. In the mid 1870s, blocks of land were set in reserve for group settlers. “The first Mennonites came to Manitoba in 1874 and settled in the “East Reserve” (Steinbach) located north and east of the Rat River. A second reserve (Rhineland and Stanley) was established west of the Red River, along the US border towards the Pembina Mountains, in 1876.”¹

Today, just over 187,000 people live in Southern Health-Santé Sud tracing their ancestries to one or more ethnic groups including Aboriginal, British, Dutch, French, German (including Mennonites, Hutterites and Kanadiers from

Mexico and South America), Polish, Ukrainian and many others. As a thriving cultural region and the most populated of the rural Regional Health Authorities, Southern Health-Santé Sud ranks as one of the fastest growing areas in the province. Four cities now balance their rural heritage with the amenities of growing urban life. There are 12 towns, 5 villages, 29 municipalities and 1 unorganized territory.

In the 21st century, many of the day-to-day activities and yearly events continue to reflect the rich diversity of cultures, a prosperous agricultural land base, and related processing, service and recreational industries. The pioneering spirit that helped to settle and build this Region lives on, and the capacity for together leading the way for a healthier tomorrow is evident in the vibrant and ambitious modern community that exists today.

¹ Friesen, J. 1963-64. Expansion of Settlement in Manitoba, 1870 – 1900. MHS Transactions, Series 3, 1963-64 season

The Red River



Leading us forward

Board of Directors of
Southern Health-Santé Sud



Denise Harder

Chair, Portage la Prairie



Guy Lévesque

Acting Chair & Vice-Chair,
Ste. Anne



Jean Balcaen

Richer



Paul Cenerini

Notre Dame de Lourdes



Roy Enns

Steinbach



Guy Gagnon

Ste. Agathe



Susan Hart-Kulbaba

Buffalo Point



Don Kuhl

Winkler



Line Leclerc

La Broquerie



Armande LeClair

Letellier



Cheryl McKitrick

Crystal City



Ron Tardiff

Lorette



Daren Van Den Bussche

Portage la Prairie



Leo Van Den Bussche

St. Adolphe



Donna Harasymec

Morden (to Dec 2013)

Leading the way forward

Solid governance

In what has been another extraordinary year, Southern Health-Santé Sud's Board of Directors has worked to ensure that the organization continues to deliver high quality care, while taking steps to *Move Forward* with purpose and "Together leading the way for a healthier tomorrow".

Every day, more than one out of three people in Southern Health-Santé Sud access health care services in the region. People come first. The Board of Directors is committed to modeling an organization-wide culture focused on people-centred care. And as such, our core values, *Integrity, Compassion, Excellence* and *Respect* are integral to our governance practices and performance.

Southern Health-Santé Sud is responsible for providing the administration and delivery of health services to meet the health needs in the region in accordance with *The Regional Health Authorities Act*. The job of the Board is to act in the best interest of the organization, by exercising leadership and organizational direction and ensuring that the business and activities of the region are carried out in accordance with legislation, policies, regulations and bylaws.

Appointed by Manitoba's Minister of Health, the Board of Directors is composed of 15 members who are diverse in terms of experience, backgrounds, skills and perspectives. In 2013-14, a vacancy was created with the departure of Donna Harasymec. As well, while Chairperson Denise Harder took a leave of absence as of January 2014, Guy Lévesque assumes Acting Chair.

The Board holds regular monthly meetings to enable directors to discharge their mandated duties and responsibilities. Special meetings may be held as the need arises. While using Policy Governance principles as a framework, the Board also provides oversight through its membership on various committees:

- ▶ *Executive Committee (committee of the whole)
- ▶ *Audit Committee
- ▶ Policy Review Committee
- ▶ Community Engagement Planning Committee

In addition the Board meets as a whole to enable Board Members to collectively participate in its deliberations on the following committees:

- ▶ *Quality and Patient Safety Committee (committee of the whole)
- ▶ *Finance Committee (committee of the whole)

* *Mandatory committees as per Bylaw #1*

The Board's meeting agendas are structured to provide a framework for members to do oversight, foresight and insight. Specific time is devoted to monitoring, engaging in strategic thinking and having insightful discussions.

Southern Health-Santé Sud held its first Annual Public Meeting October 2013 in Sanford. In addition to regular reports, nearly 120 attendees took part in round table discussions to solicit feedback and suggestions about health care resources, programs and needs in the region.

As noted in last year's annual report, the process to craft Southern Health-Santé Sud's first strategic health plan was in progress. With its completion in 2013-14 and that of the French Language Services Strategic Plan, it became a foundational document for program and service planning. Collectively, our vision, mission, and four Board ENDS give focus and direction in alignment with Manitoba Health's Vision, Mission and Strategic Priorities and Objectives, as shown on page 11.

Leading the way

The Board recognizes that its own development is critical to strong leadership and therefore a deliberate emphasis is placed on performance evaluation and continuous improvement. At the end of fiscal year 2013-14, the Board reviewed its governance objectives and acknowledged that it had significantly moved forward in:

- ▶ Continuing to build a dynamic and competent Board of Directors capable of guiding the organization into the future.
- ▶ Creating an enabling environment to engage the Board in strategic direction and leadership work, creating and aligning vision, mission, Board ENDS and strategic priorities.
- ▶ Planning a robust combination of community engagement processes within a new and changing environment, reaching a greater community and in a larger geographical area.
- ▶ Supporting governance knowledge exchange relating to the health system, services provided, as well as emerging issues to assist in governance oversight role and to make informed decisions and, be an innovative Board.

The Board has also instituted an internal rating system consisting of evaluating the performance of the Board as a whole on an annual basis, as well as a CEO appraisal. A rating process is also done at each Board meeting to measure the performance of the Board against its own policies.

One of the ways that the Board becomes informed and maintains its skills is by devoting additional workshop days on focused topics.

Concentrating on safe, people-centred, quality health care, three workshops were held from June 2013 to April 2014.



“The Board Members all have a true sense of responsibility and dedication to the citizens of the community and their quest for knowledge is amazing. We have to make some tough decisions at the Board level. The educational background acquired at workshops is so valuable and helps guide us in those decisions.”

Denise Harder, Board Chair

Safety a High Governance Priority seeing critical incidents with different eyes

Ensuring patient safety is a team effort involving everyone in the region, says Line Leclerc, a member of the Southern Health-Santé Sud Governing Board. “I think it’s critical that everyone is involved in patient safety, right from the Board, to management and front line staff,” she says. “We’re dealing with people who are at their most vulnerable state. I think we are all on board to make them better as safely as possible. We see that as a top priority.”

“The Board is told as soon as a critical incident takes place and our first responsibility is to ask lots of questions and to continue to ask questions all the way through the review process,” says Leclerc. The next priority is listening and making sure

the patient's voice is front and centre, says Leclerc. "It is not our role to talk to patients directly and in consideration of privacy issues, we never know the names of people involved in critical incidents, but we are committed to getting the patient and the family's story," says Leclerc. "The Board will ask questions about how the family was helped and supported to deal with this critical incident. Research shows that if you involve the family, you reduce the risk of critical incidents because the family is another set of eyes, and another whole body of information about the patient that can help provide them with the best care possible. It allows you to see not just the disease that the patient is suffering from, but the whole person."

Leclerc says it's also important that the Board and everyone in Southern Health-Santé Sud work together to create a culture where nobody feels they can't come forward when they see or know a critical incident has taken place. "Staff, patients, family or anyone else need to be reassured that they can also bring forward those near-misses and, say 'there's a crack in this process, we have to fill' and know that there's no blaming," says Leclerc. "It's a mindset of 'let's see if we can hone our processes so that we are the safest we can be.' I believe everybody is really on board with that."

Quality & Patient Safety when things go wrong

A story-telling Board workshop about quality and patient safety helped to make participants think carefully about their roles and responsibilities in the event that a client was inadvertently harmed while receiving care in the region. The interactive workshop was presented as a series of scenes acted by staff offering opportunities for Board Members to ask questions about the scenarios and get a better understanding of the protocols and procedures in place to deal with an adverse effect to a patient.

The Board came away with a deeper understanding of its role of setting the direction of the organization. Of equal importance is the message that Southern Health-Santé Sud is a compassionate organization which acknowledges and takes full responsibility when mistakes are made. "One of the first things we did as a Board during the workshop scenario was to acknowledge that we made a mistake, we were sorry and that the client had a right to be angry with us," said Denise Harder, Board Chair.

"WE took a serious subject and brought it home in a very real way. We talked about understanding our roles in the patient safety journey and what happens when adverse events occur. We were able to watch the events unfold and ask questions and see how it might affect people. The number one message that came through loud and clear is that Southern Health-Santé Sud is not a blaming organization. There has been a change in culture from the days when people weren't encouraged to come forward. Today, we focus on how to learn from this, versus assigning blame to someone.

It's about what happened in that moment and how do we change whatever the process is that led to that outcome so that it will not happen again."

Denise Harder, Board Chair

People Centredness people first

The Board, together with senior leadership, is exploring ways to try and ensure that the patient voice is always heard. We are looking at what we can do to make sure that whenever we make decisions the patient voice is being heard.

A panel composed of staff in the region shared stories about patient experiences. Keynote speaker Dr. Cornelius Woelk talked about person-centred care and shared his own personal story about a family member and the importance of preserving patient dignity. "He told us about seeking to humanize the care experience, building a relationship between patient and staff. It only takes a 'moment' in the overall scheme of things to make that connection and to try and understand and respect a person's expressed need. It was a reminder that the only reason any of us in health care are here, from the Board to the front line staff, is because there is a person who needs care. We need to make that person feel he or she is important, and make sure that, at no time, do they ever lose their dignity because they are a person right to the end," said Guy Lévesque, Acting Board Chair.

This is a great way to help the Board stay connected to the people of the region we are there for and a tremendous experience for us as Board Members to learn and understand some of the concerns that people in our region have. People really matter and they are at the heart of everything we do.

Don Kuhl, Board Member



Acting Board Chair Guy Lévesque, CEO Kathy McPhail, Executive Director - North Marianne Woods and Portage District General Hospital's Chief of Staff Dr. David Kinnear discuss people centredness during the Board Workshop.

Just like everyone else, Board Members are busy people and they come to meetings with many different thoughts and frames of mind. Part of the workshop was a group exercise that encouraged them to take a "sacred moment" to pause and reflect on their purpose.

You really have to stop and look at the consequences whenever you are making changes or decisions about services or programs and be aware of how it affects the people that the program was made for in the first place. We will be doing this at each Board meeting to resituate ourselves and tap into our mission as a Board. That is very important to us as a Board and workshops like this one just give us more tools to make sure we can do that.

Guy Lévesque, Acting Board Chair

Health Equity we're all in this together

Southern Health-Santé Sud is a large and diverse health region and, overall, the health of most of its residents is good, says information from Manitoba's Centre for Health Policy. But that doesn't mean everyone across the region is equally healthy.

"We also learned that there are always people on the edge of health. We can't take anything for granted; we have to break it down so that when we are working on plans or programs, we can ask 'Who is this going to affect in these areas of lower equity?' 'Is this going to help these areas?'"

Guy Lévesque, Acting Board Chair

We have a pretty healthy population in Southern Health-Santé Sud but, when we drill down into the data, we see that there are pockets within our region that are not all the same - where the health status is very different for a whole variety of reasons.

The Board learned that, just as people have many different stories to tell, so do these statistics. At a workshop, the Southern Health-Santé Sud Governing Board listened to

several anonymous real life stories from within the region. Retold by staff members, these stories brought home the message that not all people have the same access to food, education, jobs or any of the other things many of us take for granted that help us lead happy, healthy and productive lives.

Gaining knowledge about why these pockets exist is the first step in helping to ensure that every person in the region receives equitable health care. To work together as a region, it is essential for the Board, the staff and our leaders to know the whole region and where the pockets of lesser and greater equity are found.

The Board was shown how to look more closely and to discover where the pockets of higher and lower health equities are. Our core values are *integrity, compassion, excellence* and *respect*. These demand that we address health inequities. Not everybody's circumstances are the same, therefore when we look at health care services, it's really about equity and how to balance things a little better so that those that don't have the same opportunity can begin to have those opportunities. In certain circumstances, we sometimes need to approach the same situation differently to be fair.

ambitious goals to move us forward



Manitoba Health, Healthy Living & Seniors

Healthy Manitobans through an appropriate balance of prevention and care.

Priorities & Goals

- ▶ Capacity Building
- ▶ Health System Innovation
- ▶ Health System Sustainability
- ▶ Improved Access to Care
- ▶ Improved Service Delivery
- ▶ Improving Health Status & Reducing Health Disparities Amongst Manitobans

Objectives

- ▶ Cancer Patient Journey
- ▶ Continuing Care Strategy
- ▶ Family Doc for All
- ▶ Wait Times/Access

Board ENDs

Healthy People and Healthy Environment

Strategic priorities

- Promote wellness initiatives
- People supported to take responsibility for their own health and well-being
- People supported throughout their health journey

Accessible Health Services

Strategic priorities:

- Access to appropriate care in appropriate settings
- The health needs of a diverse population are addressed

Safe, People- centred, Quality Health Care

Strategic priorities:

- Safe health care
- Quality innovative health care
- People-centred health care

Sustainable, Accountable and Responsive Health Organization

Strategic priorities:

- Skilled, healthy and safe workforce
- Responsive and innovative organization
- Sustainable and accountable organization
- Communities are engaged

2013-2014

moving forward together, with confidence

A message from the Chair/Vice-Chair of the Board of Directors and the Chief Executive Officer

By many measures, 2013-14 was a successful year for Southern Health-Santé Sud. As the first full fiscal year of operations, it will be remembered as a pivotal year of forward momentum in consolidating programs and services across the region. It has been a large-scale undertaking and we made important strides in shaping a regional network of health professionals who strive to work seamlessly together to provide quality health care.

When we think of the many great things that take place in just one single day in Southern Health-Santé Sud, it's impossible not to be energized about the progress being made. Although change does not always present itself in a spectacular fashion, it's important to take each of those daily success stories and add them up, to appreciate the big differences that do impact on care and improve what we do. This requires a common vision, shared values and a collective regional approach to make our system stronger for the future.

In 2013-14, the amalgamation process continued with a focus on further melding of programs and services. By building best practices, we collectively pursued a distinctive Southern Health-Santé Sud approach to achieving excellence in our quality of care. Through the commitment that runs across the organization, we are now clearly seeing staff *Moving Forward Together*. As we do so, we are also finding ways of transforming our processes to improve how we do things. For example, continuing with the application of Releasing Time to Care and LEAN Six Sigma management practices, Southern Health-Santé Sud is benefitting from many projects that have eliminated waste and inefficiencies

while improving performance so that the best possible customer service is achieved.

While *Moving Forward Together*, the landscape also changed in 2013-14 with the completion of several successful capital projects as shown on page 50 of this report. These facility upgrades and new structures will impact and enhance many aspects of health care delivery in Southern Health-Santé Sud.

Looking Forward, we continue to experience growing demands for services and we anticipate that we will be called upon to do more within existing resources. By making good stewardship a part of daily work and by being efficient and effective in our planning and in everyday operations, we are once again able to end the year in a strong financial position. This enables us to advance efforts in continually improving the quality of care in Southern Health-Santé Sud while providing for overall sustainability.

Guided by our commitment to embrace our role as a people-centred organization, we continue the path forward on deepening our engagement with the community and sharing accountability for health with people in our region. We are involving patients and families as partners in planning for the establishment of patient experience working groups so that Southern Health-Santé Sud can provide for an improved experience of care and better health outcomes. To make sure a person's journey through the healthcare system is as smooth and efficient as possible, community representatives are also participating in the development of primary care networks each individually

known as “My Health Team”. We are finding different and exciting ways to engage with a diverse community. Our two suicide prevention committees are a good example of this through their engagement with various community organizations, agencies, and stakeholders in an effort to promote mental health and wellness and ultimately contribute towards suicide prevention. As well, In the spring of 2013, the first public newsletter for Southern Health–Santé Sud was distributed to all our region’s households featuring articles telling stories through the eyes of our clients ... With our partners, we are *Moving Forward Together* with numerous initiatives including a project with Dakota Ojibway Health Services called “Blurring the Lines”, the Cancer Patient Journey Initiative (CancerCare Manitoba), the Community Health Assessment and many other projects as demonstrated in this Annual Report.

Grounded in our values of *Integrity, Compassion, Excellence and Respect* and fuelled by our vision “Together leading the way for a healthier tomorrow”, we achieved much while managing significant change in 2013-14. This was possible in large part because of the cooperation of many. We are thankful to our community and our partners without whom we could not have achieved the successes of this year. We are exceptionally grateful for their continued generosity and collaboration and are confident that *Moving Forward*

Together, we will continue to make excellent progress. Outstanding performance begins with outstanding people. As always, we asked a lot from employees, physicians and volunteers, and they responded in an amazing way. Their support and resilience in implementing the many changes is tangible proof of their dedication and commitment. We recognize that any success we have is directly attributable to the efforts they make each and every day.

As they generously share a combination of skill, experience and business acumen, Southern Health-Santé Sud Board Members are advancing fresh perspectives and insight to our deliberations. Their diligent work and wise counsel throughout the year have helped move a new organization into a promising future.

It has been said that if everyone is *Moving Forward Together*, then success takes care of itself. Working as one part of a larger system in Manitoba, Southern Health-Santé Sud is committed to collaborating with our partners across the province to achieve shared objectives. Our Board ENDS and strategic priorities mirror those of Manitoba Health, Healthy Living and Seniors. With this kind of alignment, we envision a long-term path to a successful outcome. The stories highlighted in this Annual Report reflect this commitment to advancing our common goals.

Kathy McPhail,

Chief Executive Officer

Denise Harder,

Board Chair

Guy Lévesque,

Acting Board Chair/Vice-Chair



Organization structure

Southern Health-Santé Sud continues to look for opportunities to streamline and reduce administrative costs.

This includes approaches that promote a more team-based administrative model, leadership development and capacity building for staff throughout the organization as well as the utilization of innovative tools/technology for greater efficiencies and productivity. The organizational structure continued to be refined throughout the organization as programs and services were consolidated within a regional framework and, in accordance with the previously established principles:

Population: connecting to people, having a regional presence in the community, building and maintaining relationships to ensure issues are addressed by the RHA in a timely manner.

Providers: connecting with providers, health facilities and sites in our four administrative geographic areas.

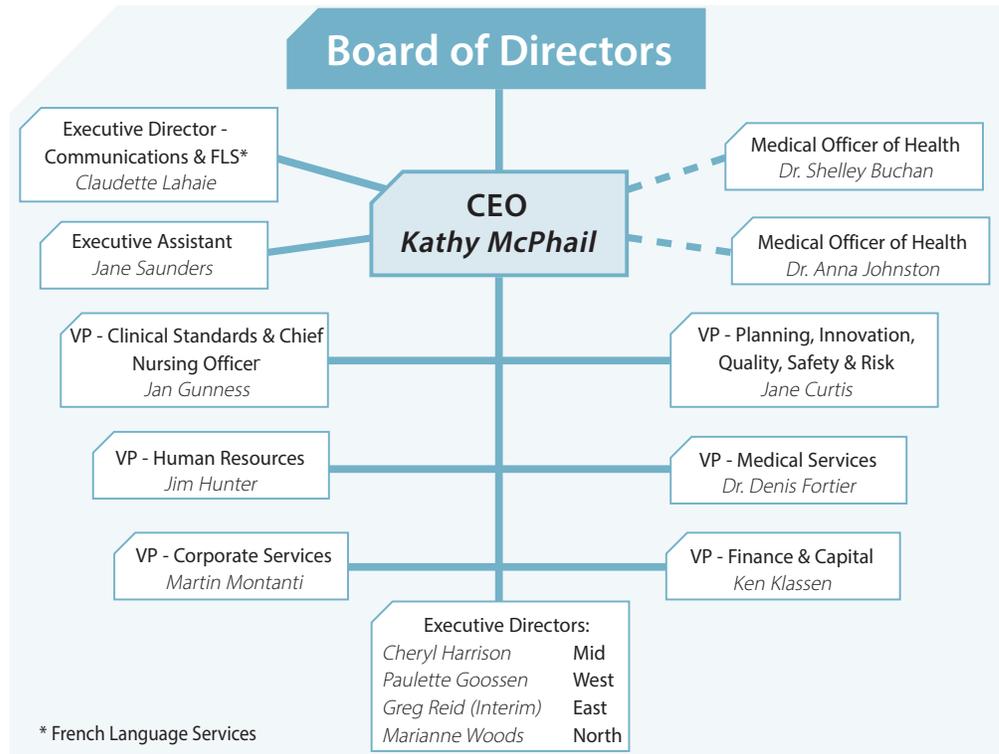
Programs & Services: A regional programming and delivery approach to ensure connectedness, consistency of standards, efficiencies and economies of scale.

Greg Reid assumed the role of interim Executive Director - East, while Deb Taillefer is on secondment with the Manitoba Government.

To provide sustainable medical leadership, the VP - Medical Services developed a model that supports medical leadership for acute care services such as emergency/critical care, surgery, obstetrics and medicine in conjunction with the Chiefs of staff at the three regional health centres. Regionally, medical leadership was also put in place for the programs of palliative care, senior health and mental health. The Cancer Care programs continue to have strong linkages to CancerCare MB through the community cancer care program and the leads of the two regional CancerCare Hubs. This organizational structure also supports the model of the regional centres reporting to the VP - Clinical Standards & Chief Nursing Officer.

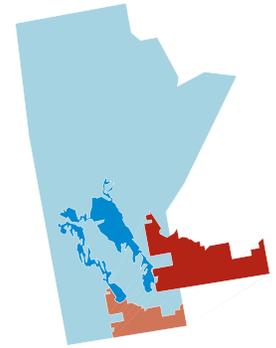
In July 2013, the MOH organizational structure was divided on the basis of geographical areas for the provision of general consultation/support for day-to-day issues, environmental health, public health inspection, etc. In addition, the MOHs began to identify MOH leads for the purposes of program planning, portfolios, projects and meetings including Panorama, travel health, occupational health, Community Health Assessment, Regional Medical Advisory Committee, etc.

Southern Health-Santé Sud



Programs & services

Southern Health–Santé Sud



In collaboration with the community and partners, Southern Health-Santé Sud endeavours to provide access to appropriate services in the appropriate setting as demonstrated by the many programs and services delivered in the region. We strive to deliver a seamless continuum of care that supports our clients at every stage of their lives.

- ▶ **Elderly Persons Housing**
- ▶ **Emergency Medical Services (Ambulance)**
- ▶ **Home Care Services**
 - Adult Day Programs
 - Meals on Wheels
 - Personal Care at Home
 - Respite Care
- ▶ **Medical Clinics**
- ▶ **Medical Officer of Health**
- ▶ **Mental Health**
 - Crisis Stabilization Unit
 - Adult Counseling Services
 - Adult Inpatient Psychiatric Treatment (Eden Mental Health Centre)
 - Child & Youth Services
 - Employment Support Services
 - Housing Support Services
 - Intensive Case Management Services
 - Crisis Response Services
 - Psychiatric Services
 - Safehouse
 - Seniors Mental Health Services/
Mental Health Service for Older Adults
- ▶ **Midwifery**
- ▶ **Nutrition Services**
- ▶ **Palliative Care**
- ▶ **Pharmacy**
- ▶ **Primary Health Care**
 - Chronic Disease Self-Management (Diabetes)
 - Family Doctor Finder
 - Medical Clinics
 - Mobile Clinic
 - Primary Health Care Centres
 - QuickCare Clinic
 - Teen Clinic

- ▶ **Public Health-Healthy Living**
 - Families First
 - Healthy Baby
 - Healthy Living Services
 - Get Better Together
 - Healthy Living Grants
 - Healthy Communities Conference
 - Local Health Promotion
 - TeleCARE Manitoba
 - Public Health Nursing Services
 - Communicable Disease Prevention & Control
 - Immunizations/Child Health Clinic
 - Postpartum & Breastfeeding Support
 - Prenatal Education
 - Reproductive Health
 - School Health
 - Travel Health
 - URIS- Unified Referral Intake System
- ▶ **Rehabilitation**
 - Audiology
 - Occupational Therapy
 - Physiotherapy
 - Speech Language Therapy
- ▶ **Services to Seniors/Congregate Meal Program**
- ▶ **Supports for Seniors in Group Living**

Facility-Based Services

- ▶ **Acute Care**
 - Chemotherapy
 - Emergency Care
 - Extended Treatment/Rehabilitation
 - Hemodialysis
 - Intensive Care
 - Medical Care
 - Obstetrical Care
 - Respiratory Services
 - Surgery / Surgical Care

Affiliate Health Corporations

- Eden Mental Health Centre
- Menno Home for the Aged
- Prairie View Lodge
- Rest Haven Nursing Home
- Rock Lake Health District Hospital
- Rock Lake Health District Personal Care Home
- Salem Home Inc.
- Tabor Home Inc.
- Villa Youville Inc.

Community Owned Not for Profit:

- Heritage Life Personal Care Home
- ▶ **Lab & Imaging Services**
 - Cardiac stress testing
 - Computed Tomography (CT Scans)
 - Electrocardiogram (ECG)
 - Laboratory
 - Magnetic resonance imaging (MRI)
 - Mammography
 - Ultrasound
 - X-ray
- ▶ **Personal Care Homes**
- ▶ **Transitional Care**

Other Services

- Aboriginal Program
- Communications/Media Relations
- Disaster Management
- Finance
- French Language Services
- Handivan Services
- Human Resources
- Information Technology
- Quality of Care & Patient Safety
- Spiritual Health Care
- Support Services
- Telehealth

Communications

our commitment to all

How we communicate is as important as what we communicate. In addition to having developed a logo, a look, guidelines and consolidated processes in our first year, the region has delved deeper in coordinating many more initiatives and projects to align with our Values, Vision, Mission. Following are some of the key accomplishments in 2013-14:

- ▶ Regional posters sharing Southern Health-Santé Sud Values, Vision and Mission have been posted in sites across the region.
- ▶ “To Our Health”, a public newsletter distributed to all households in Southern Health-Santé Sud hit the presses for its first time in Spring 2013. The bi-annual newsletter features a variety of health promotion/prevention and timely stories. A staff newsletter is published every month to reach 5,600 employees.
- ▶ Southern Health-Santé Sud continues to work collaboratively with the media in communicating important news to the community. Recognizing that media messages can efficiently and powerfully increase individuals’ awareness of health topics and motivate people to improve health behaviours, a monthly health promotion-prevention campaign provides messaging through various mediums including newspapers, scheduled radio spots and online coverage.
- ▶ Monthly information bulletins featuring highlights of Board meetings are vetted through the media who feature timely stories related to Southern Health-Santé Sud.
- ▶ Listings in the White Pages of the MTS Phone Listings as well as the *Société franco-manitobaine* directory provide a strong presence of our bilingual name in each of the directories’ 54 communities.
- ▶ Media Screens are essentially “TV screens” publishing bilingual content regarding programs/services and health information and are now fully functional at several sites across the region. Content is dynamic and continuously updated with health promotion/prevention information.
- ▶ Southern Health-Santé Sud coordinated and/or participated in many events throughout the year including ribbon-cutting ceremonies and official openings and support in media documentaries.



- ▶ The Southern Health-Santé Sud website was launched in May 2013. We have received and responded to over 2,500 queries this year through the website.



The success of communications in Southern Health-Santé Sud hinges on the collaborative work with staff and community across the region, working together towards a healthier tomorrow.

We are on a continuous journey to put people first



When we think of moving forward as an organization, we envision doing it together, with you. We believe this will help us do a better job. Every day, the Southern Health-Santé Sud team tries to find new ways to provide those we serve with the best experience possible.

Guided by our core values, we strive to listen to our stakeholders and to make changes that will make a difference. *Together leading the way for a healthier tomorrow* is a bold vision, but it is one that can be achieved by working together.

Southern Health-Santé Sud's 2013-14 Annual Report tells the story of how this happens. You will meet a man who was helped through his Cancer Journey with the support of his family and the CancerCare Hub team. You will hear

about another man who, after losing his mother in a critical incident, decided to become a part of the process to improve things in the system. You will see how Southern Health-Santé Sud is determined to help employees in developing their skills at work. And much more...

On a daily basis in health care, we are privileged to behold and to participate in remarkable stories like these. The stories encapsulate the true success of what we do.

Together leading the way for a healthier tomorrow.

Ever forward
together for

Healthy people and healthy environment



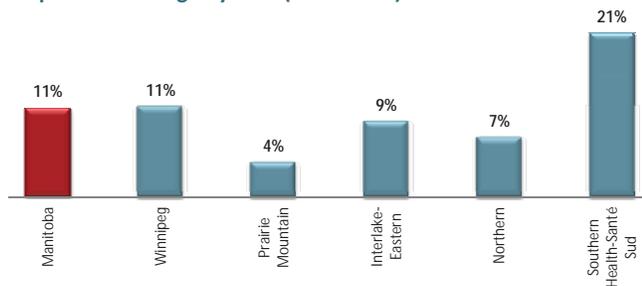
Joanna, Amos & Silas Barkhouse

Strategic priorities

- Promote wellness initiatives
- People supported to take responsibility for their own health and well-being
- People supported throughout their health journey

One of five Regional Health Authorities in the province, Southern Health-Santé Sud brings together a vibrant collage of rich cultures and talented people with histories that run as deep and proud as the flowing waters of the Red River located at its heart. It is the most populated rural region with a recent population estimate at 187,384. With an increase of 2.2% in one year and 21% in a decade from 2003 to 2013 equal to nearly 32,000 residents. Southern Health-Santé Sud also has the fastest regional growth rate in Manitoba which nearly doubles the provincial rate (see **Figure 1**). This is due in part from higher birth rates and as well, from migration into the region from both national and international sources.

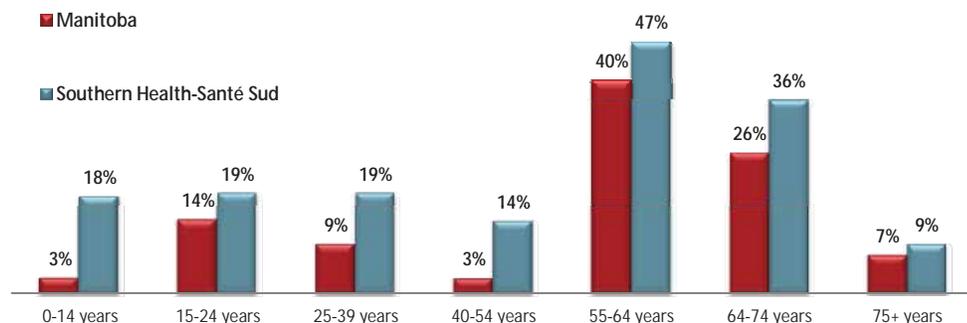
FIGURE 1 Population Change by RHA (2003-2013)



Source: Manitoba Health Population Report, June 2003 and 2013

A higher growth rate is consistent in all age groups and especially evident in the younger population in comparison to Manitoba overall as shown in **Figure 2**.

FIGURE 2 Population Change by Age Groups (2003-2013)

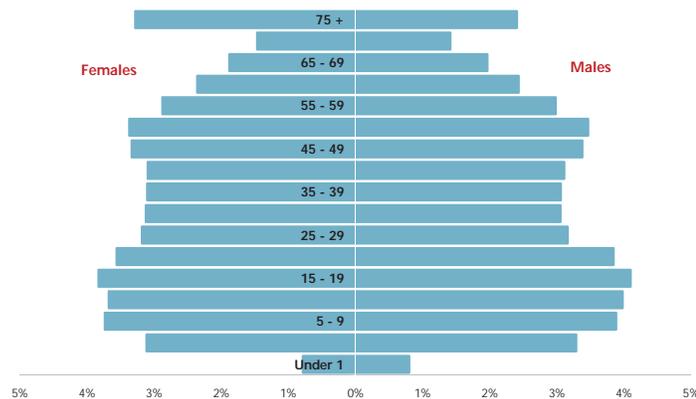


Source: Manitoba Health Population Report, June 2003 and 2013

Planning is underway within Southern Health-Santé Sud for the first Community Health Assessment (CHA) for the whole region. A CHA is updated every five years. The time frame for this next assessment is slightly shorter than usual so that it correlates with the five-year cycle of the region’s strategic planning process, as a source of much of the data.

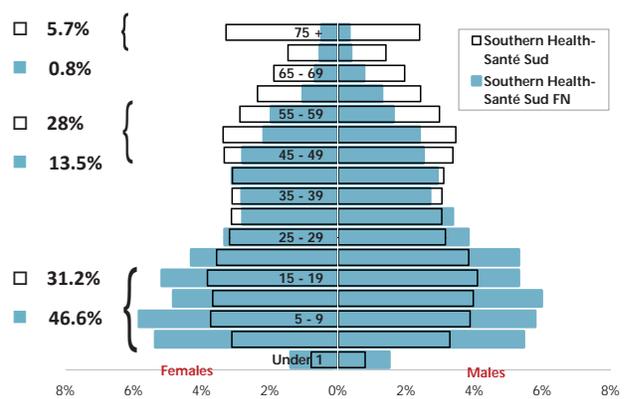
The CHA is the first step in determining the health needs of the region and in providing the foundation of our planning for services and programs. The upcoming CHA will be completed in September 2014 and will also provide input into an updated report that is being prepared by the Chief Public Health Officer on the health status of Manitobans. The following provides a glimpse of some of the information that is being gathered.

FIGURE 3 Southern Health-Santé Sud Population Pyramid, 2013



Source: Manitoba Health Population Report, June 2013

FIGURE 4 Southern Health-Santé Sud First Nations Population Pyramid, 2013



Source: Manitoba Health Population Report, June 2013

Figure 4 shows that the population distribution among First Nations residents living on reserve is very different than for those living off reserve with a very high proportion of residents under the age of 20.

The Equity Balance

As noted in the previous Annual Report, the overall health status of Southern Health-Santé Sud residents overall remains one of the best in Manitoba. Figure 5 shows overall mortality rates for the five Regional Health Authorities in Manitoba and the Manitoba average. At 83.7 years for females and 79 years for males, life expectancy is better than the Manitoba average and is improving. However, good health is not shared equally across the region and disparities exist. Figure 6, which shows the mortality rates for the Southern Health-Santé Sud only, it is evident that there is a lot of variability in the region.

“Not everybody’s circumstances are the same. So when we look at health care services across a large diverse health region, it’s really about equity and how to balance things a little better so that those that don’t have the same opportunity can begin to have those opportunities. In certain circumstances, we sometimes need to approach the same situation differently to be equitable,” says CEO Kathy McPhail.

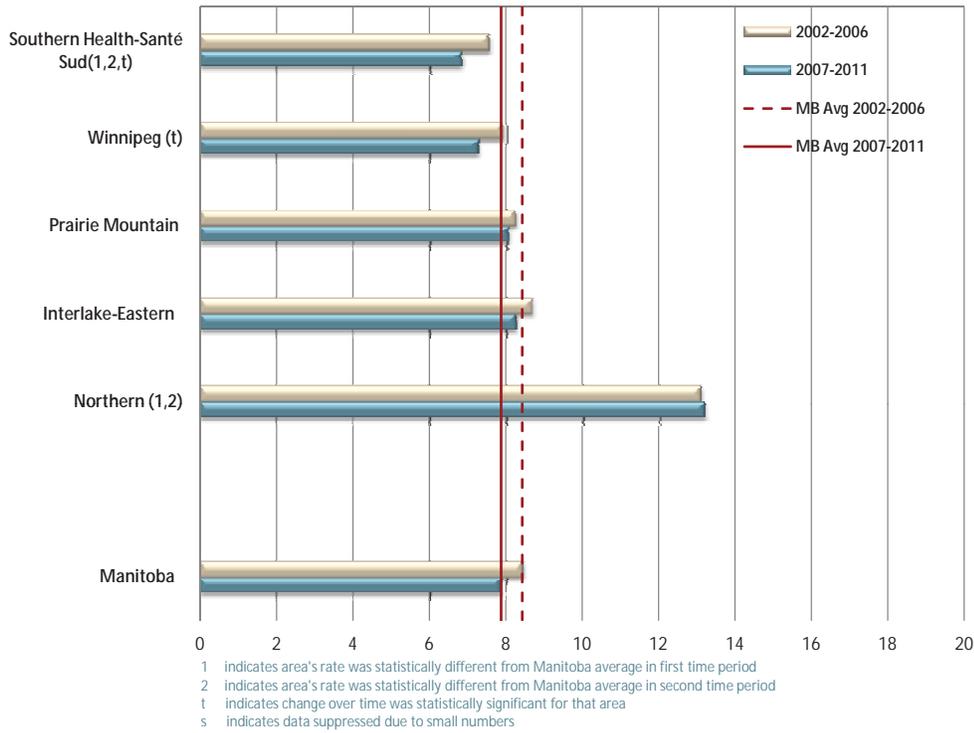
Southern Health-Santé Sud has a vision and mission of “Together leading the way for a healthier tomorrow” and that’s more than just words. McPhail knows that to balance the scale of health equity takes a lot of effort on the part of a lot of people.

There are many dots that have to connect together to make people healthy, says McPhail. “If every child can go to school and graduate with a good education, and there is work available so his or her income level can rise, that means they can buy healthy food like fruits and vegetables to provide better nutrition, they can exercise and be educated about how to become healthier and stay healthy, feel good about themselves and life,” she says.

Health care that is equitable also puts respect, dignity and compassion for the person at its centre. “Our core values are integrity, compassion, excellence and respect,” says McPhail. “Hopefully in all of the work that we do, there are nuggets of each one of those that weaves through. There are many other words behind those words providing definition like ‘the Golden Rule’ which for me is to treat others as you hope to be treated yourself. That, I think, demands of us that we address health inequities.”

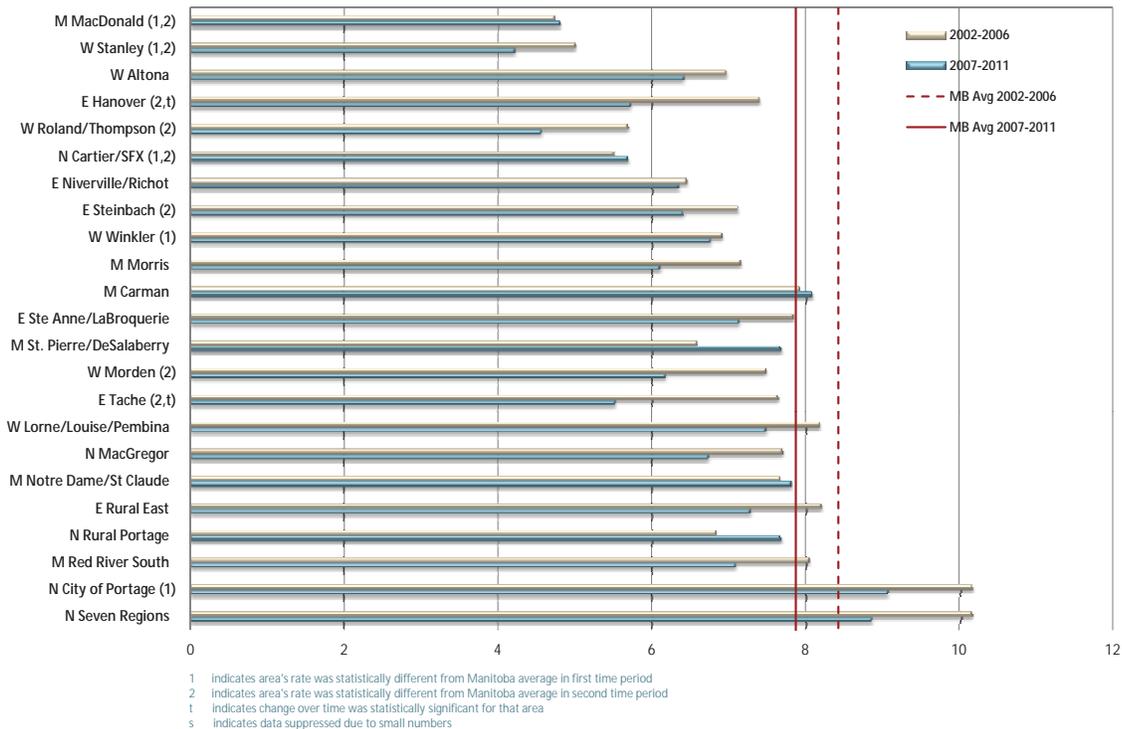
“It’s about where can we build capacity “together” in the community. What community partners are out there and how do we bring them to the table?” says Kathy McPhail, CEO. “What is it that we can bring to a community that they can harness up with something else that is happening so that together we can get a more powerful result?”

FIGURE 5 Total Mortality Rate by RHA , 2002–2006 and 2007 2011
Age- and sex-adjusted average annual rate of death per 1,000 residents per year



Source: Manitoba Centre for Health Policy, RHA Indicators Atlas 2013

FIGURE 6 Total Mortality Rate by District, 2002-2006 and 2007-2011
Age- and sex-adjusted average annual rate of death per 1,000 residents per year



Source: Manitoba Centre for Health Policy, RHA Indicators Atlas 2013

Making Healthy Choices the Easiest Choice

Healthy Living staff is part of the regional Public Health-Healthy Living program. Part of their work is to help individuals and communities develop the skills and resources they need to create environments and conditions that encourage healthy choices.

Often, the need for a project will come from a community or individual, so healthy living facilitators listen and help clients assess the need. “Sometimes we just connect existing resources. For example, if we know of something similar in another community, we enable clients working together and sharing information. Other times, we may see a fit for something that Southern Health-Santé Sud already has – like the Healthy Baby program, so we can also connect them to those regional resources as well,” says Diana Meseyton-Neufeld, Coordinator - Healthy Living.

The ultimate goal is to get them to be self-sufficient so they can build the capacity in their community to carry on without us.

There are five pillars to the healthy living program which support initiatives for tobacco reduction, physical activity, healthy nutrition, injury prevention and mental well-being. These foundational programs can be offered anywhere in the region. For example ‘Get Better Together’ helps people with a chronic disease, such as diabetes, to better manage the disease themselves with the support and advice of other people in the community who are also coping with the same illness.

Southern Health-Santé Sud also offers Healthy Living grants to help set up projects such as after school programs, peer-led tobacco cessation programs for high school students and stroller exercise programs for Mums with new babies.

“As an example, we had a request from a mom who wanted some indoor physical activity in the winter months for pre-school age kids,” says Meseyton-Neufeld. “We connected her with a school that would allow her to use its gym and equipment certain nights of the week. We helped her advertise and she got some families coming out through the winter and is now looking at beginning it again in the fall. It’s a good example of how we can give our time and expertise to build confidence among the individuals in the community so they can take on these things, be successful and be more autonomous.”

“Sometimes all it takes is people with good ideas and passion to come together. They can make real progress and have success because they really do care about the health of their community.”

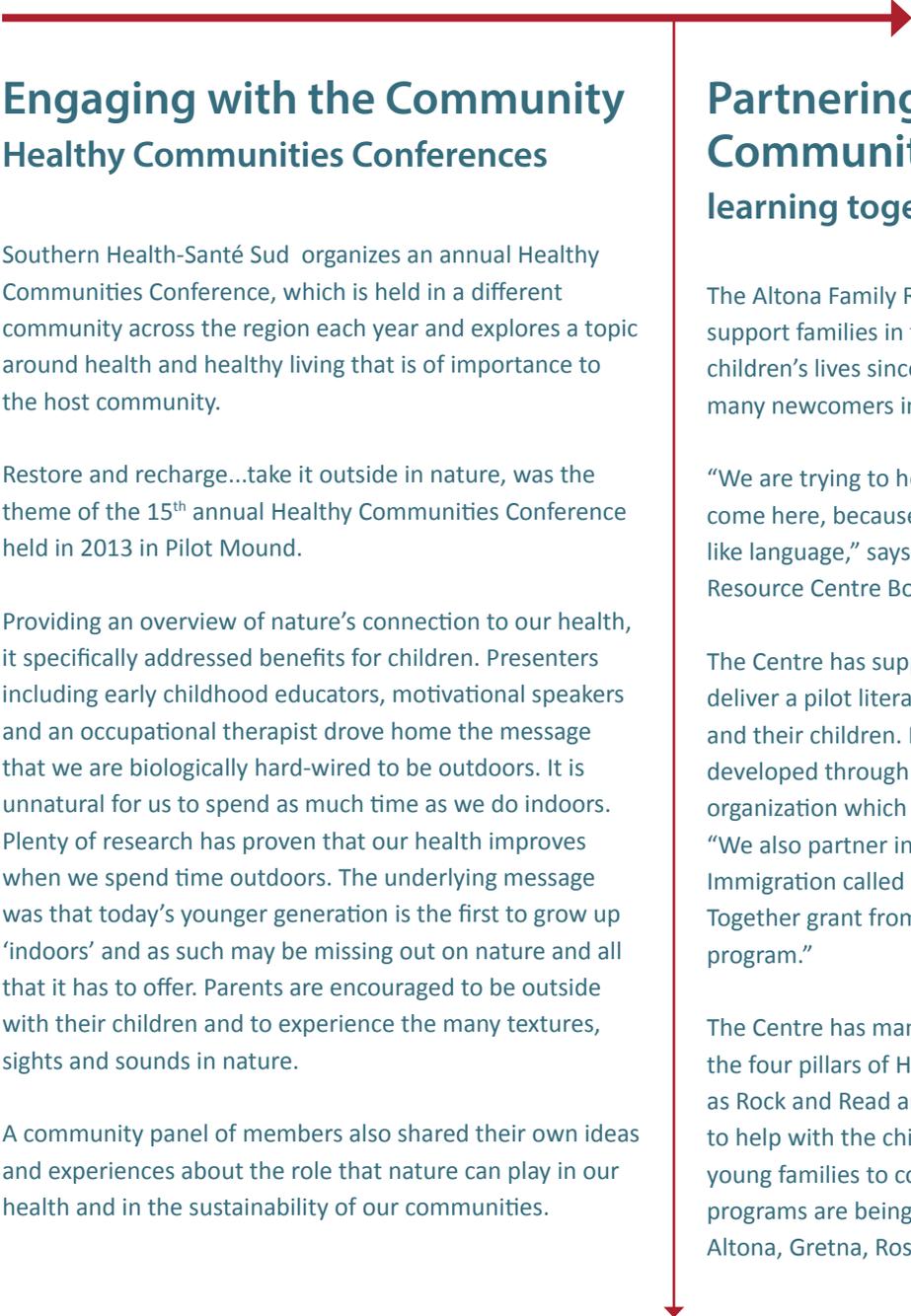
Also there are projects that involve outside partnerships. Southern Health-Santé Sud, the Manitoba Lung Association, and the Portage Collegiate Institute kicked off the “In the Nic-O-Time Challenge” - a youth online challenge to promote tobacco cessation or prevent tobacco use,” says Meseyton-Neufeld. The challenge, which ran for four



Pictured above are: George Koch (Manitoba Lung Association), Peter Saunders (Portage Collegiate Institute) and Dianna Meseyton-Neufeld (Southern Health-Santé Sud)

weeks, had three categories: want to quit, want to cut back and don't want to start. "I am very happy to report that Portage Collegiate Institute's youth health survey data reports that 87% of current students are free of commercial tobacco products!" said Meseyton-Neufeld. "We want to reach out to those students plus students who may be daily or occasional users of cigarettes, flavored cigarillos, e-cigarettes or smokeless tobacco."

Healthy Living continues to be involved in many innovative programs that help people make healthier choices, and Meseyton-Neufeld says she is always amazed by the creativity and passion of the communities and individuals that it partners with. "We always encourage people to base their activities or programs on best practices or, if something is so new and that there's no evidence to support that it works, we encourage them to try it," she says.



Engaging with the Community Healthy Communities Conferences

Southern Health-Santé Sud organizes an annual Healthy Communities Conference, which is held in a different community across the region each year and explores a topic around health and healthy living that is of importance to the host community.

Restore and recharge...take it outside in nature, was the theme of the 15th annual Healthy Communities Conference held in 2013 in Pilot Mound.

Providing an overview of nature's connection to our health, it specifically addressed benefits for children. Presenters including early childhood educators, motivational speakers and an occupational therapist drove home the message that we are biologically hard-wired to be outdoors. It is unnatural for us to spend as much time as we do indoors. Plenty of research has proven that our health improves when we spend time outdoors. The underlying message was that today's younger generation is the first to grow up 'indoors' and as such may be missing out on nature and all that it has to offer. Parents are encouraged to be outside with their children and to experience the many textures, sights and sounds in nature.

A community panel of members also shared their own ideas and experiences about the role that nature can play in our health and in the sustainability of our communities.

Partnering with the Community parents and children learning together

The Altona Family Resource Centre has been helping support families in the first critical five years of their children's lives since the mid 1990's and it's now helping many newcomers in the community.

"We are trying to help groups that might not find it easy to come here, because of whatever barriers they may have, like language," says Dorothy Braun, Chair of the Family Resource Centre Board.

The Centre has supported individuals to train for and deliver a pilot literacy program in 2014-15 for newcomers and their children. Families Together was originally developed through Bookmates, a Manitoba non-profit organization which promotes and supports family literacy. "We also partner in a program with South Central Immigration called Food, Fun and Friends. A Healthy Living Together grant from Southern Health-Santé Sud funds this program."

The Centre has many programs for pre-school kids based on the four pillars of Healthy Child Manitoba. Programs such as Rock and Read and Growing with Mom are designed to help with the child's early development and enable young families to connect with each other. These and other programs are being delivered in the local communities of Altona, Gretna, Rosenfeld and Emerson.

Centre Coordinator, Nina Edbom-Kehler says the Centre is very lucky to have such good partners in Border Land School Division and Southern Health-Santé Sud. The fact that health care providers such as the public health nurse and Coordinator - Families First are just down the hall in the same building means they can often provide answers and help parents on the spot. "As an example, we had some questions about whooping cough not very long ago and I was able to bring some information to the Growing with Mom group," she says. "At the end, there were two moms who got immunized by Public Health on their way out."

Thirty-four percent of the area's preschool children along with a parent attended at least one of the 37 programs offered in the five communities last year. The Centre fundraises and is grateful to its partners, volunteers and loyal community sponsors who help keep the programs running.

"I heard a mother say 'I was so depressed I didn't know what I was going to do.' She said 'you basically saved my life,'" says Braun. "We have a dedicated core group of people who feel the Centre and these programs are critically important and we want to make sure that it continues and grows."

A New Start at the Family Resource Centre

Elida moved to Canada from Kosovo nine years ago. When she and her husband, Kevin, moved from Calgary to Altona with their seven-month-old son, Elon, seven years ago, she knew no-one in the community. "It was very hard for me in the beginning because I didn't know other parents and I didn't know much about parenting," says Elida. It wasn't until Elon was three that she heard about the Altona Family Resource Centre and began to attend programs like *Stay and Play* and *Coffee and Chat*, where she met other moms with young children. "It helped build my confidence. New challenges were coming up and I didn't know if it was normal. But when I started coming to the Centre and heard other moms talking about it, I realized it was OK. It's not only me."

Elida says she learned a lot at the Centre, like how to prepare healthy snacks with simple ingredients that even her picky eater son would eat. Elon is now seven and the friends he made at the Centre have stayed with him in school. "Some people say my kids would not have best friends if it wasn't for the Centre," says Centre Coordinator, Nina Edbom-Kehler. "They come here as one person and then they're making play dates and they develop a network. It's really beautiful."

Elida now brings her second son, Erland to the Centre where she also volunteers and recently took training to help deliver a literacy program called Families Together for newcomers and their children which the Centre hopes to offer soon.



Pictured (lt. to rt.): Dorothy Braun, Elida Stoesz and Nina Edbom-Kehler. The Altona Family Resource Centre has been helping support families in the first critical five years of their children's lives since the mid 1990's and now it's helping many newcomers in the community too.

The Four Pillars of Healthy Child Manitoba

- 1. Learning & Literacy**
Enhancing family literacy through play-based activities for children.
- 2. Capacity Building**
Helping people connect with their community.
- 3. Nutrition & Physical Activity**
Educating parents about healthy and active lifestyles for their child.
- 4. Positive Parenting**
Helping parents nurture healthy development of their children.

Having a Say resident family councils engaging with the health care team

Bernice Vines has been an active member of the Resident Council at the Rock Lake Health District Personal Care Home for the 11 years that she has lived there.

Resident Councils give residents of personal care homes and their family members the chance to have input into decisions about their home and discuss any issues or concerns they may have. Minutes are kept and any concerns raised are sent on to the staff and dealt with. The meetings are also used to pass along compliments. “It’s a chance to thank the staff because they really do look after us,” says Bernice, who often records a thank you in the minutes to the staff for the events, activities and programs they provide for residents.

The Resident Council gives residents the ability to speak and truly engage with their health care team where they live.

Families of residents receive minutes of the previous meeting and an agenda for the next meeting. These give them a chance to keep up with what’s happening and mark their calendars for upcoming events.

Resident Councils are set up a little differently and may be called something different at each site but often the issues raised are similar. A popular topic is food. Susie Franson, an Elder residing at Menno Home for the Aged in Grunthal voiced her concern about food waste at a recent



Bernice Vines (lt.) accompanied in the photo by her daughter-in-law, Leslie Vines.

Neighbourhood Meeting. “There were times when we would leave a meal and I had to turn away and not look at all of the food still sitting on the plates after the meal,” she said. “That really hurt me to see that kind of waste.”

Menno Home for the Aged has since introduced a hot cart called the Suzy Q system that comes to each table. Elders can choose their own meal options and tell staff how much they want.

Having family members involved in resident councils is important, says Heidi Wiebe, Regional Director - Seniors & Palliative Care for Southern Health-Santé Sud. “We value their input,” she says. “A lot of our residents aren’t always able to tell us their needs, so if the family can speak for them and know their concerns are being addressed at the site they know that their loved one is well cared for.”

Ever forward
together for

Accessible health
services



Claudette Lahaie and Carmen Marcotte

Strategic priorities

- Access to appropriate care in appropriate settings
- The health needs of diverse population are addressed

One of the five principles of the Canada Health Act, accessibility is generally defined as the ability of patients to obtain health care services at the right place and the right time, based on need. There are many dimensions of access relating to geography, language, cultural beliefs, jurisdictions, navigation through the system, and availability of health care providers. In collaboration with Manitoba Health, Healthy Living and Seniors, Southern Health-Santé Sud strives to continually improve access by breaking down barriers and implementing people-centred approaches to care that address the needs of the population, and enable patients to be true partners in managing and improving their health.

Alternate Practitioners Improve Primary Health Care Access

It's been five years since nurse practitioners and physician assistants started to appear in primary care clinics, long term care and hospitals across Southern Health-Santé Sud. Today, they are having a great impact in helping improve access to primary health care for residents across the region.

"Every time someone sees a nurse practitioner or a physician assistant in a community setting for a routine check-up or minor ailment, it's freeing up a physician who is then able to tend to more advanced needs of care," says Greg Reid, Interim Executive Director - East for Southern Health-Santé Sud. "They are increasing capacity and access to primary care in a number of ways."

There are currently 14 nurse practitioners positions across the region in various health care settings, such as primary care clinics, long term care or hospital emergency rooms, the QuickCare clinic in Steinbach and the Teen Clinic in Portage la Prairie. The Teen Clinic's goal is to offer access to health services to teens and young adults as well as provide health information and offer respectful, non-judgemental care that is confidential and culturally respectful. Two of the three new nurse practitioners will provide services as part of the new mobile clinic have been hired. Five physician assistants work in the region either in a physician clinic or in assisting surgeons in the operating room.

Physician assistants can obtain medical histories, perform physical examinations, order and interpret laboratory tests, provide some therapeutic procedures, prescribe medication and educate and counsel patients. "Their training prepares them for employment in primary care and other areas including specialty areas like surgical assistance," says Karen Ilychyna, Regional Director - Primary Health Care Integration. "They provide health care with a people-centred approach in the community or hospitals."

Nurse practitioners are registered nurses with advanced education and training who can provide comprehensive health assessments, diagnose health and illness conditions, treat and manage chronic illness following a holistic model of care. They can also order and interpret screening and diagnostic tests, perform minor procedures, prescribe medications and act as a resource to the health care team to provide person-centred care in a variety of settings. "Nurse practitioners are autonomous in their practice and work in a consultative mode with physician colleagues, whereas the physician assistant works in collaboration with a physician," says Ilychyna. "Their training is different. Nurse practitioners train under a nursing model and physician assistants train under a medical model."

"Nurse practitioners and physician assistants are a valued member of the integrated primary health care team. They are helping people receive the care they need when they need it," says Reid. "By allowing each practitioner to practice at full scope of their skill set and training, it allows everybody to be more efficient and should result in better access to care for Manitobans," he says.

Nurse practitioners and a primary care nurse staff the QuickCare Clinic at the Clearspring Shopping Centre in Steinbach which opened in 2012. "Patient experience has been very positive," says Ilychyna. "Clients that are coming through are having their needs met by spending some time with the nurse practitioner to discuss health promotion and illness prevention. Hopefully this will avoid a future trip to the emergency room or to their regular provider," she says. "They really are delivering people-centred care and helping the patient navigate the system so there is a seamless transition of care to the next level of care if that is what that person needs."

The QuickCare Clinic is also generating repeat visits as more people realize that these alternative care professionals can provide more timely care when they need it, says Reid.

“Once people realize that their doctor is not the only person who can check their blood pressure or give them a check-up and that they can be seen in a timely way, they often continue to return for minor medical issues,” he says.

Rehabilitation in the Home

A new Home-based Rehabilitation Research project currently underway in the Morden/Winkler area is hoping to provide data that will help Southern Health-Santé Sud develop programs for the delivery of rehabilitation services in the homes of clients throughout the region.

“The intent of the Home-based Rehabilitation project is to take a sample size of the population living in Southern Health-Santé Sud and to introduce a model of restorative therapy to the clients living in their own homes,” says Jackie Derksen, Regional Director - Rehab Services. “The population served is adult and/or seniors living in the community who demonstrate a need for physiotherapy and occupational therapy to improve their ability to remain living in the community.”

Our hope is that this treatment model of restorative care will improve the physical, functional and psychological function of adults living in the community and help them to continue living successfully in their own homes.

The people participating in the Home-based Rehabilitation Research project live in their own homes and are unable to attend regular outpatient rehabilitation programs.

Most often these individuals are experiencing some type of mobility challenge, weakness, risk for falls or injury, or they may possibly have just been discharged from an acute care setting and still require further home-based rehab to achieve optimal recovery.

Once a person has been referred to the Home-based Rehabilitation program, a physiotherapist and occupational therapist assess the client in his home setting and begin the process of setting goals with the client based on that individual's needs.

This project is totally person-centred and because the goals are specific to the client's needs, the recommended therapy program is developed specifically to help him achieve his goals.

Rehabilitation services are working in collaboration with the home care program in terms of implementing the treatment program. “For clients who are unable to manage their own exercise and/or activity program or do not have family who are able to assist them, home care attendants will provide the necessary support to the client in order to do the program,” says Derksen. “The physiotherapist and occupational therapist will continue to visit regularly to monitor and readjust the program as necessary.”

“To date, we have had very positive responses from the clients,” says Derksen. “They have appreciated the fact that the service occurs within their own homes, that the exercise and/or treatment plan is tailored to their specific needs and that home care attendants are available to assist them when it is required.”

The program which is being run as a research project in conjunction with the University of Manitoba began in October 2013 and will wind up in October 2014. After the project is completed, the data collected will be analyzed.

Derksen says the intent is definitely to develop an enhanced regional program for community-based rehabilitation services. “Once the project data is collated and analyzed, we can determine what the next steps are to ensure a community-based rehabilitation program is implemented throughout Southern Health-Santé Sud that provides the most effective form of rehabilitation for clients living in the community.”

The Cancer Patient Journey - CancerCare Hubs

Accessible care also means that appropriate cancer services are available to those that need them, at the time they are needed and in a way that will help them most. Factors that affect whether or not patients can benefit from available cancer services include cultural and language barriers, geographical distance to care, transportation limitations and availability of a primary care provider to refer the patient to care.

Patients diagnosed with cancer have often described their journey with the illness as frustrating and poorly coordinated with gaps in care and communication. CancerCare Manitoba estimates that for many, the cancer patient journey from when a patient's family doctor first suspects cancer until treatment actually begins, takes anywhere from three to nine months. Delays raise anxiety for patients and their families and may affect clinical outcomes such as requiring more intensive treatment. The Cancer Patient Journey Initiative is a partnership of Manitoba Health, CancerCare Manitoba, Diagnostic Services Manitoba, Regional Health Authorities of Manitoba, Family Physicians and other health care providers.

A second CancerCare Hub in Southern Health-Santé Sud will shortly be operational at Bethesda Regional Health Centre in Steinbach and, if the experience of the region's first Hub at Boundary Trails Health Centre is anything to go by, it too will enhance the patient's journey.

"The Boundary Trails CancerCare Hub navigation services have been receiving a little more than one referral a day in the Morden/Winkler area," says Dr. Denis Fortier, VP - Medical Services.

All referrals to CancerCare Hubs go through a nurse navigator who helps coordinate the first days from suspicion of cancer to first treatment. "The role of the nurse navigators is absolutely crucial – they are the cornerstone of the CancerCare Hub," says Fortier. "They are there to actively assist patients and physicians and families through the actual cancer journey and keep everyone on track to get that person through as soon as possible".

"It's about getting patients to the treatment they need, faster," says Dr. Woelk, Medical Director - Palliative Care for Southern Health-Santé Sud, Medical Director - Boundary Trails Regional Cancer Program Hub and family physician at the C.W. Wiebe Medical Centre in Winkler.

CancerCare Hubs are part of the provincial 60-day cancer patient journey initiative which aims to reduce the time from first suspicion of cancer to first treatment to 60 days or less.



Many of the projects under the 60-day initiative are coordinated by Rapid Improvement Leads who are experts in LEAN, a quality improvement program that is designed to eliminate waste and duplication and improve the efficiency and quality of programs and services .

Another project under the 60-day initiative is a Colonoscopy Project that is underway in Southern Health-Santé Sud and is the first of its kind in Manitoba. "Colonoscopy is a huge part of the screening for colon and rectal cancer and the project is designed to try and reduce the time it takes for patients who have a high suspicion of cancer to have a colonoscopy within 27 days."

"Information is being gathered from surgeons, physicians and anaesthesiologists in the region and the aim is to look at that data and come up with changes to improve the process and wait times," says Jane Curtis, VP - Planning, Innovation, Quality, Patient Safety & Risk for Southern Health-Santé Sud.

"In the fall, we will be going out to do education sessions and clinics, looking at what we call rapid improvement events that will serve to streamline the process," says Curtis.

Take the Time, Take the Test

After Murray Harrison turned 50 last April, along with his birthday cards, he received a colon check kit in the mail in early June. At first, he thought about putting it in the garbage can but his wife is a nurse and he thought, “She’ll shoot me if she finds out”. Today he’s glad he didn’t. He followed the directions and sent it in.

“I’m so glad that I did it,” says Murray. “It saved my life.” As a result of doing the colon check, Murray found out he was in the early stages of colon cancer.

Within weeks, Murray says he was surrounded by a health care team of caring people that treated him like family. “They always called me by my name, I was ‘Murray’, not just a number,” he shares with a smile. “I asked a lot of questions and all the health care providers I saw including my family physician, Dr. Fortier, were so patient. They wanted me to understand everything and so they broke it all down for me.”

A Cancer Patient Navigator with the In Sixty CancerCare program Deb Weir, also helped the family with things such as arranging and reminding them about appointments. She

also followed up on results and made sure nothing was missed, offering all the support and advice that helped take away some of the stress for Murray and his family.

“When we first found out my wife Cheryl and I were going to tell our daughters right away,” says Murray. “At that point we didn’t know a lot so Deb advised us to hold off until we had more information and answers. I’m so glad she told us that because, by the time we told our kids, we had answers, hope and a clearer picture. It saved everyone a lot of stress.”

After a series of chemotherapy and radiation treatments, Murray had surgery in February and is doing well. His advice for others who discover they have cancer is to ask lots of questions, eat right, exercise and keep a positive attitude.

Most importantly, says Murray, is the advice he gives to everybody he talks to: Use the kit. In fact, a few of his friends have recently gone back to their family physician to get another kit to replace the original one they threw in the garbage. “I’ve told everybody and anybody I’ve talked to that when that colon check kit comes in the mail - do not throw it in the garbage. I am grateful for that split second decision to use my ‘special birthday card’. It saved my life.”



Pictured are: Back row (lt. to rt.) is Darcy, Leanne (daughter), Stacey (daughter), Phil. Front row (lt. to rt.): Murray, Koelle (granddaughter) and Cheryl (wife).

Clinic on Wheels

A new “clinic on wheels” – the second in Manitoba - will hit the road in Southern Health-Santé Sud in the Fall.

“The Mobile Clinic will visit some of the communities in the region that do not have regular health care services,” says Karen Ilchyna, Regional Director - Primary Health Care Integration for Southern Health-Santé Sud.

This new “clinic” will give better access to on-the-spot primary health care providers on a regular basis and closer to home for people in areas that don’t have a regular medical clinic or other health care services available in their community.

“The Mobile Clinic will save time and travel costs for people in the area and will provide a full range of services including regular checkups, treatment for minor ailments and management of chronic disease conditions,” says Ilchyna. “Health services will come to them in their local community.” The clinic will be staffed with a nurse practitioner, a registered nurse and a driver. It will also have onboard laboratory services and two fully equipped exam rooms. It will offer immunizations and a variety of health informational resources.

A toll free number will be set up for people to call ahead for appointments at the Mobile Clinic, but same-day appointments will also be available. “The Mobile Clinic could actually be a person’s *home clinic* where they receive most of their health care,” says Ilchyna.

Using innovative ways to deliver health care, such as Mobile Clinics and alternative health care providers, such as nurse practitioners is all part of the overall goal to make sure everyone in Manitoba has access to a primary care provider.

A Mobile Clinic is essentially “a bus” that provides access to local, on the spot primary health care services for people living in Manitoba’s smaller underserved communities. In Southern Health-Santé Sud, this includes the communities of Dominion City, Langruth, Plumus, St. Ambrose and Woodridge. “The bus” is designed to work as a fully functional primary care clinic including two exam rooms, a wheelchair lift and the same medical equipment/technology you would find in any other clinic. A Mobile Clinic can be your “home clinic” where you receive most of your health care.



My Health Team

In June 2013, Robin Reid started her work as the Primary Care Connector for Southern Health-Santé Sud and as part of her new role she has developed a map of clinics across the region to promote networking. The Primary Care Connector Role is a key component toward the 2015 Doc for All provincial objective and an enhancement to a collaborative primary care spectrum of resources in Southern Health-Santé Sud. Primary Care Connectors are a central point of contact to help connect primary care practitioners to regional and provincial resources and will provide a bridge to unattached patients. Their main priority is to get to know the primary care practices in their region and what supports would help them to accept new patients.

Enhancing primary care is central to achieving the long-term vision of high-quality continuous coordinated care for all. Ensuring that all Manitobans have access to a physician, nurse practitioner or pediatrician who will provide them with ongoing primary care is a first step in achieving this vision.

My Health Team, a primary care network, puts the person at the centre of an integrated community of health care providers such as doctors, dietitians, social workers, mental health and public health workers and spiritual health care providers. The Team members all work together to provide the service a person needs whether it's treatment, advice about how to prevent or manage an illness or information about how to stay healthy.

By intentionally connecting all of the providers in My Health Team through the use of electronic records, a person can access any provider anywhere and know that the doctor, nurse practitioner or mental health worker they are speaking to has their full health story in front of them.

"My Health Teams are intended to be coordinated and integrated so that people don't have to tell their health story over and over again," says Karen Ilchyna, Regional Director - Primary Health Care Integration. The concept is that a person may go to a walk-in clinic on Saturday night and then to the doctor the following week and that person's record is automatically transferred so it's up-to-date and available for whoever the person sees next.

Steinbach My Health Team

The Steinbach My Health Team is the first to complete the planning process and the first to be launched in the Province and should be fully implemented over the next few months. "We are working on implementation at the present time and we will be adding a part time mental health clinician, a full-time dietitian, a full-time chronic disease nurse and additional public health nurses," says Fred Pauls, Manager of Steinbach Family Medical.

One of the biggest changes will be a completely integrated system so that all of the primary care providers are working from the same electronic medical records for each person. "It will provide more efficiency and convenience for the patient in scheduling appointments and communication between providers," says Dr. Mark Duerksen, a family physician at Steinbach Family Medical. "It's a collaboration that is going to increase patient access and there will be less duplication of services."

"An initiative involving many community partners, My Health Team will always be a work in progress," says Pauls. "We will continually evaluate the collaborative process and change as necessary to ensure we are achieving the goal of increased patient access and quality of care."

Each My Health Team is unique and designed around the specific needs of the communities it delivers services to. It's structured to build on and connect existing programs and services so that people can have easier and faster access to them. The Team brings together many partners including Southern Health-Santé Sud, the Province of Manitoba, physician clinics and community partners who are collaborating to make sure a person's journey through the healthcare system is as smooth and efficient as possible. "My Health Teams will enhance and expand the level of services for people in the region regardless of which door they arrive at," says Ilchyna. "They will ensure that a person receives high quality primary health care and can see the providers that meet their needs when they need to and as seamlessly as possible."

Appropriate Care in the Appropriate Place

Transitional care is a service provided to clients not requiring 24/7 access to acute medical intervention. Clients admitted to transitional care include individuals who are palliative, waiting personal care home placement or requiring respite care. The health care team may choose to admit other clients to transitional care if appropriate. Transitional Care is offered in 5 sites in Southern Health-Santé Sud: Emerson Health Centre, Seven Regions Health Centre, MacGregor Health Centre, Pembina Manitou Health Centre (PMHC) and Centre de santé St. Claude Health Centre.

When Bert Hall was moved to a transitional care bed in the Pembina Manitou Health Centre, it meant the world to him, say his sons Derryl and Ray. “When they wheeled him into the building, he had a smile on his face that he couldn’t get off,” says Derryl. “He was coming back home.”

Bert had spent six months in Boundary Trails Health Centre between Morden and Winkler and no longer needed acute care. He was unable to return home and was waiting for a personal care home bed to become available. Meanwhile, a transitional care bed became available in Manitou, his home town, and in the facility he had helped build many years ago during his time as a Town councillor.

Transitional care beds help free up acute care beds for people who need them, and the care that a person receives is much the same as they would get in a personal care home. “We don’t treat them any differently from our personal care home residents,” says Jenn Sager, Client Services Manager at PMHC. “They are part of all the programs and services and they can take part in the social activities if they are able. They have the same staff, who soon become like a second family.”

The fact that Bert was able to transition back to Manitou was beneficial for him and his family, many of whom could visit him often, says Derryl. Those family members who were further away however couldn’t phone Bert due to Parkinson’s affecting his voice. Instead, they sent him regular e-mails, which the nurses read to him. “It was the only way that some family members could keep in touch with him and we were really grateful to the staff for doing

that,” says Derryl. “Dad wasn’t getting just personal care - he was getting affectionate personal care.” Bert was later offered a personal care bed across the hallway in the same building and eventually he spent almost two years at PMHC. “Bert had some good, quality time here,” says Sager.

“The family always felt welcomed and even at the very end, Bert was treated with dignity and compassion,” says Derryl. “When we went to clean out Dad’s room there was a long stemmed rose hanging over the hook on the outside of the door. That brought tears to my eyes.” What a fitting gesture for a man whose vision helped make such care possible.



Bert Hall (1920-2014) was happiest when family visited or gathered for special events. Pictured above with Jenn Sager, Client Services Manager at the Pembina Manitou Health Centre.

Taking Charge of Your Health with TeleCARE

Ken Brennan had seen many people go through dramatic life changes due to diabetes, so when at 62 his doctor told him his blood sugar levels were increasing and he could be trending towards becoming diabetic, he decided to take charge of his own health and not end up in that situation.

Brennan's doctor suggested he try TeleCARE, a program where specially-trained nurses regularly phone clients in their own homes who have or are at risk for heart failure or Type 2 diabetes. Nurses provide information, monitoring and education about how they can manage their own care. TeleCARE works in partnership with the person's primary care provider.

Brennan got himself a blood sugar metre and blood pressure machine and Nurse Cindy began to phone him once a month. She taught him how to use the metres, read the results and explain what they mean. Cindy explained to him what is diabetes along with the warning signs and how to control and manage it.

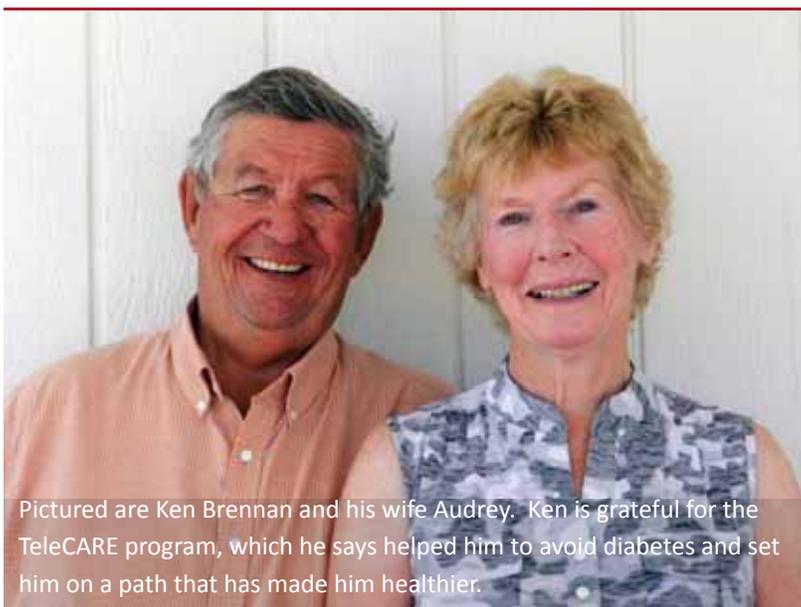
"The journey began at that point," says Brennan. "Cindy connected me with a dietitian and I found out that a lot of the things I thought were good for me weren't good at all in the condition that I was in."

Brennan, along with his wife Audrey, who supported him every step of the way, learned how to change his diet, incorporate more exercise into his lifestyle and track his blood sugar more closely. Brennan ended up losing 34 lbs. over two years and his blood sugar levels are now normal.

Brennan has nothing but good things to say about the TeleCARE program, which he says helped him to avoid diabetes and set him on a path that has made him healthier. "I'm not a diabetic," he says. "But I know this is a process now. I haven't fixed anything. All I've done is maintained a certain health level, so it isn't something that I'm done with. My energy level is up and I know what I have to do to continue to be healthy."

"TeleCARE provides an opportunity for people to feel in control of their life with a chronic illness; the illness does not control them," says Jennifer Baker, Regional Manager - Public Health-Healthy Living for Southern Health-Santé Sud.

That's certainly true in Brennan's case. "It's changed the way I look at things," he says. "I was a skeptic when I first started this process because I didn't have any symptoms. But I have warded off having symptoms by following the process. I have never met Cindy. I don't know what she looks like, but I know I can trust her and the information she gives me. TeleCARE is an excellent example of proactive health care."



Pictured are Ken Brennan and his wife Audrey. Ken is grateful for the TeleCARE program, which he says helped him to avoid diabetes and set him on a path that has made him healthier.

Removing the Barriers

“Blurring the Lines”

Funded by the Health Services Integration Fund, the “Blurring the Lines” project in partnership with Dakota Ojibway Tribal Council (DOTC) is a starting point for the development of a shared vision for improved health and health care experiences for First Nations. The ultimate goal is to improve First Nations health outcomes by enabling opportunities for innovation in the areas of primary health care, program planning and service delivery.



Southern Health-Santé Sud has joined the lead partner Dakota Ojibway Health Services who oversees the 27-month project which is anticipated to be completed in March 2015. By that date, we anticipate the development of ‘formalized’ partnership agreements between Southern Health-Santé Sud and the First Nation communities within our region. We recognize that First Nations health is not the individual responsibility of any one organization; rather, it is the collective responsibility of everyone. The partnership agreement represents an old relationship starting off on a new journey and is planning to build upon the strong and meaningful relationships that currently exist. These agreements will be pivotal in helping us change our conversation about service delivery and utilization from one focused on problems, to one that promotes solutions and possibilities. However, in order to do this, we must first explore how to blur the jurisdictional boundaries and challenges that currently exist in delivering health programs and services. Interviews with service providers in a variety of settings are currently underway and will provide very meaningful information to help the project move forward.

Language Access

While striving for excellence as a designated bilingual Regional Health Authority, Southern Health-Santé Sud also acknowledges that over 69 other languages are spoken by the residents of this diverse region. Approximately 40,000 residents or more than 20% of the population report a mother tongue other than English or French. It is recognized that health outcomes are influenced by language congruence. For some clients in the healthcare system, language barriers may exist that prevent them from accessing the services or care they need. Regardless of the health setting, staff might need to communicate to clients in helping them understand care options, make important medical treatment decisions, or potential side effects of medication.

Our commitment is to provide high quality safe care to every person regardless of their race, ethnicity, culture or English language proficiency. Southern Health-Santé Sud currently manages and coordinates



A volunteer provides TLC to a resident at the Boyne Valley Personal Care Home.

Language Access Interpretation

Services (LAIS) requests on a case-by-case basis and seeks support from the Winnipeg RHA Language Access services. This service ensures access to trained qualified interpreters in 34 different languages and to services over-the-phone in 170 different languages.

In December 2013, Southern Health-Santé Sud accepted the invitation from the Cancer Care Programs Network/Cancer Patient Navigation Services to pilot for rural Manitoba the new health interpreter services via MBTelehealth for oncology outpatients. The pilot phase will run from May 1 to November 30, 2014 and includes evaluation and monitoring components. Once assessment of this pilot phase is complete, the region will research possibilities and options to expand related successes across the region as a whole.

Ever forward
together for

Safe, people-centred, quality health care



Alice McKinney

Strategic priorities

- Safe health care
- Quality innovative health care
- People-centred health care

Quality - a Priority for New Quality Council

Quality is the main focus of the Southern Health-Santé Sud Quality Council, a leadership group established last year. The goal of the new council is to develop policies and integrate services across the region to achieve better outcomes for patients, says Jane Curtis, VP - Planning, Innovation, Quality, Patient Safety & Risk. "It's centred on the clinical services that we provide," says Curtis "We come together to work on our standards, performance targets and health planning."

The Quality Council is made up of regional directors for different clinical areas such as acute care, public health-healthy living, mental health, rehabilitation services, long term care and home care, pharmacy and primary health care.

"This is a quality team and we know that it's not just about each individual service, it's about planning programs and services together," says Curtis.

A team approach is very much central to the work of the Quality Council and a good example of its commitment to work together were the workshops held recently to

develop the annual Health Plan for the region. "We had an interdisciplinary team of leaders together working on the plan," says Curtis.

Although the Council is an internal Southern Health-Santé Sud initiative, it is structured to align with similar provincial structures, says Curtis. "Because we work within a provincial system, we wanted to make sure we had a structure that aligned easily with some of the wider provincial objectives," she says.

Specifically, the Council is currently looking at patient safety and preparing for the upcoming accreditation visit in March 2015. "We are focusing on building a stronger culture of patient safety in our region," says Curtis. "We are looking at ways to be more innovative in our approach to carrying out Southern Health-Santé Sud's strategic priorities and Board ENDs."

With accreditation for the region coming up in March 2015 and the Quality Council is taking it as an opportunity to review standards across different areas, says Curtis. "We will be working on strategies to make sure we are delivering the best services for our clients," she adds.

A Conversation about Quality in Southern Health-Santé Sud

"There are 5,600 employees who work in Southern Health-Santé Sud and each one owns the title of caregiver," says Kathy McPhail, CEO. "Even though one might not see the patient or client on a daily basis, there is a connection and all of us are entrusted with contributing quality to the patient journey."

Members of the regional leadership team joining Kathy McPhail for a conversation on Quality Care included: Darlene Anderson (Regional Quality & Accreditation Coordinator), Marianne Woods (Executive Director - North), Greg Reid (Interim Executive Director - East) and Heidi Wiebe (Regional Director - Seniors & Palliative Care). We agree, "Every day we see how important quality is to all of our staff. It's about giving the best effort you can regardless of what program you work in and really understanding what we are here for."



Pictured lt.-rt.: Darlene Anderson (Regional Quality & Accreditation Coordinator), Marianne Woods (Executive Director - North), Greg Reid (Interim Executive Director - East), Jackie Derksen (Regional Director - Rehab Services) and Heidi Wiebe (Regional Director - Seniors & Palliative Care).

What do we do in our work to ensure we provide quality health services? “Well, we can’t talk about quality and good outcomes without first addressing safety. It is foundational and we want to create an environment that is safe for our patients at each and every encounter, always striving to bring it to a new level of excellence. The first step is recognizing that there are risks in complex systems such as healthcare. Then we need to be aware of those and be honest about the reality that they do exist.”

“Part of that is really emphasizing a focus on excellence while maintaining a focus on people. Every time you begin a task, think about why you are doing it, how you are going to do it and how you can do it differently or better. It’s bringing some of that critical thinking and some of that pride in our work. It becomes what we deliberately make it to be.”

“One of the things that we do is try to develop standardized work flows and processes so that everyone is always working from the same page and from the same perspective so that at least we can say ‘*This is how we do it.*’ And then we check in with staff on a regular basis to see how things are going. We also do some pretty basic things such as chart audits, team meetings, looking at the evidence and establishing our practices in comparison to set standards. But, it’s the collaboration with staff that is key. We need to listen to them and ask, ‘*How can we meet this standard? How can we support you to do that? What does it look like?*’ It must be meaningful to them and we must include them in the quality conversation.”

What does people-centredness mean to us in our jobs?
“It is very much about relationships and about us living

our core values within those relationships. In some respect, it is about meeting people where they are at and acknowledging the patient or client in the care partnership.”

“Back in the day, when some of us started working in health care our interactions with patients were about what the caregiver would ‘do’ for the patient. We are now moving toward a relationship focused approach looking for opportunities to engage with those we serve. We seek to ask, ‘*What do you need from us to make this a better outcome for you?*’ We are finding that the diversity among people in what they want to know is limitless. Some people want to know every detail while others just want a bit of information. So it’s about engaging with people and saying ‘*Let’s talk about your options,*’ letting the patient lead the health conversation. And then we do that within the context of a team and health care goals instead of care providers making all the decisions. Occasionally the patient cannot be there but the conversation should still be client-centred.”

“Sometimes, being transparent also means being upfront about the limitations and resources we have and what we can or cannot do. This does not mean substandard care but is more about supporting and engaging with other service providers. This is a critical part of having an open dialogue to make informed decisions.”

“There are many aspects to quality and some that require much more of our attention. The Southern Health-Santé Sud Board of Directors have made it clear that ‘Safe, people-centred, quality health care is a priority and as leaders we need to model it. We are committed.”

Keep the Customer Front and Centre

Laundry days used to cause much frustration for the staff and residents of Centre de santé St. Claude Health Centre. There was too much laundry, too little laundry, missing laundry, late laundry and the problem of items – like expensive hearing aids – left in pockets that ended up going through the wash and being ruined.

All of these frustrations have been taken away thanks to a recent LEAN project, which carefully evaluated all the processes within the laundry department and made improvements that have made the laundry service more efficient and everyone happier.

“We standardized the work in the laundry department so anybody can do it if need be,” says Mary Heard, Director of Health Services - Carman & Area, who is also a ‘black belt’ – a person who has taken training in the principles of LEAN and is certified to lead LEAN projects. “We re-distributed some tasks which freed up time so that the laundry staff, who had been asking for

more time to do laundry, could do it in the time they had. We looked at every aspect and simplified the way statistics were kept, as well as developing, with input from the staff, a simple, visual sign that we put on every laundry basket to remind them to check pockets before they put clothes into them.”

Heard says the project made a huge difference to everyone and there are a lot fewer complaints from staff and residents, which is a key component of LEAN.

“One of the main principles of LEAN is that we keep the customer at the centre of everything we do,” says Jane Curtis, VP - Planning, Innovation, Quality, Patient Safety & Risk. “That means we are actively looking for ways to get feedback from patients and clients about our services and using that information to help us understand where improvements need to be made,” she says.

LEAN is a regional, quality improvement program that Southern Health-Santé Sud has been involved with for the past four years as part of a provincial initiative. “LEAN is about looking at processes to identify where there might be waste, duplication or confusion and mapping out ways to provide quality, timely health services for our residents in the region,” says Curtis.

There are three black belts and ten green belts across Southern Health-Santé Sud, who all lead LEAN projects. The only difference between them is that black belts receive additional training and their projects are usually larger in scope than green belt projects. Heard is just beginning her first black belt project to evaluate the patient journey through Carman Memorial Hospital’s operating room to see how waiting lists can be reduced, and the whole process can be made more efficient for patients.

LEAN projects usually have a very specific focus. “The scope has to be clearly defined because, if you take on too much, the project may not be as successful as it could be,” says Curtis. “We also have to be aware of how changes we make may have an impact upon other areas to make sure that by solving a problem in one area we’re not creating one in another.” For example, the Releasing Time to Care (RTC) project at Rock Lake Health District Hospital involved the entire staff with the goal of freeing up some nursing time to dedicate to clients.

Projects also have a tight timeframe of 120 days or less to complete, which, says Curtis is effective because it keeps things moving along. “People are more engaged, they’re focused and they don’t get off track,” she says.

There have been a number of LEAN projects completed throughout Southern Health-Santé Sud over the past few years that have looked at things from inventory control in a home care office storeroom, to assessing rehabilitation services or how to better communicate laboratory results. As more projects are done in individual facilities, the results are shared throughout the region and there is an overall effect of quality improvement, says Curtis. “There is a greater understanding of our processes and how, when we make improvements, it can save time, improve the way we deliver a service and can make things clearer for staff who are working in that area,” she says. “A big strength of LEAN is that it’s about a team of providers working together, and it builds awareness of the inter-connectedness of the system, and how all the different parts can be made to flow and work together well.”



Jane Curtis, VP - Planning, Innovation, Quality, Patient Safety & Risk (It.) and Mary Heard, Director of Health Services - Carman & Area (rt.).

Patient Safety is a high priority in all areas of healthcare. Southern Health-Santé Sud Board Members are committed to patient safety and were honoured to present the 2013 awards. Four gift baskets were delivered during Canadian Patient Safety Week. Nominations were accepted regionally from wards, units, departments and programs who consistently take steps to promote patient safety with medications as this year’s theme was Ask. Listen. Talk. “MEDICATIONS CAN BE CONFUSING”.

Learning from Critical Incidents and Near Misses

A critical incident is a significant, unintended event which isn't a result of a person's underlying health condition or any risk in providing health care services to them, i.e. medication being given that wasn't intended for the person. A near miss, sometimes referred to as a close call, is when someone intervenes in time thus preventing an incident.

When an unintentional critical incident or near miss occurs, a thorough review is conducted and it's often found that the incident is related to factors in the healthcare system, says Kristine Hannah, Regional Director - Quality, Patient Safety & Risk. "As an example, in a case of an unintended medication being given to a patient, this may be related to a case where the names of two medications are very similar to each other and the risk of getting them confused is high," she says.

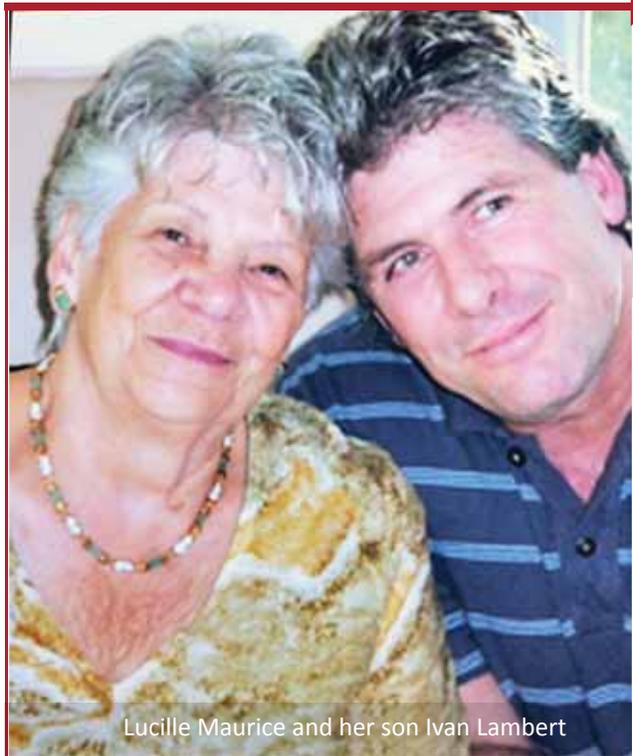
The emphasis is on using a critical incident as a learning experience to gain insight about what happened and what may have contributed to an adverse outcome so as to decrease the chance of something similar happening again in the future. It's very common to find that what happened in a certain site could have happened anywhere. So it's important that any recommendations from the review are implemented beyond the parameters of the site but rather across the province," says Jane Curtis, VP - Planning, Innovation, Quality, Safety & Risk.

Anyone can report a critical incident including a patient, family member, friend or any staff member. Once reported, a Regional Patient Safety Coordinator conducts a review at the site of the incident, gathers information from everyone involved including the patient and family and seeks input from people with expert knowledge such as, for example, the Regional Director - Pharmacy. Once the review is completed, a safety learning summary is prepared which gives a brief overview of what is thought to have happened, what the findings were and offers recommendations to decrease the likelihood of it happening again.

A summary called The Safety Learning Summary is shared with the patient or family involved in the critical incident and the site staff, as well as the senior leadership team. The Southern Health-Santé Sud Governing Board also plays a very active role regarding the review of critical incidents.

Throughout, the patient is the central focus of the critical incident review process. "There is disclosure to the patient and the family regarding what happened, if any new information has been gathered since the incident, and how are we going to help restore patient's trust in health care as best we can," says Hannah. "We provide the patient/family with a contact person should they have any questions or concerns about the review."

The whole critical incident process is transparent to both the patient and the public. "The process is designed to ensure disclosure occurs, that it becomes a learning opportunity and, most importantly, that it helps support the patient/family to heal," says Curtis.



Lucille Maurice and her son Ivan Lambert

Critical incident: a personal story

Ivan Lambert's mother, Lucille Maurice, died unexpectedly 16 hours after being admitted to a hospital in Manitoba in 2007. The hospital conceded that his mother's death was a critical incident and a review found that her death was due to an undiagnosed infection.

Following the review and after speaking with the relevant Senior Leader, protocols were introduced to better identify

infections in people admitted to hospital. “For me, the fact that they thought this is important enough to set protocols in place for patients coming into the hospital to make sure they do not have infections was very positive,” says Ivan Lambert.

Lambert has been asked to provide insights on how to establish a Patient Safety Advisory group that will focus on patient safety. Lambert adds that it’s vital for the voice of the patient or family to be heard, especially when a critical incident does occur, and to be a part of the process of making sure it doesn’t happen again. “I think that our healthcare system needs public support and feedback and it’s important to get input from the patient and/or the family about the care they receive,” says Lambert. “Nowadays, the health system is more receptive to listening to people’s concerns and is much more compassionate about the family member who has lost someone to a critical incident. My experience was awful and I hope it doesn’t happen to anyone else, but that’s why it’s important that we all speak up and whatever comes of it will bring about changes.”

Responding Quickly to Disaster

When a disaster strikes it’s not easy to stay calm and remember what it is that you should do, but those first few seconds can be critical to make sure everyone is safe. The Southern Health-Santé Sud Disaster Response Quick Reference Guide reminds staff of the first few steps they should take in different types of disaster situations.

“The Quick Reference Guide helps staff in those critical first few moments when something happens, when it can be hard to make a decision,” says Larry Skoglund, Regional Disaster Management Officer for Southern Health-Santé Sud. “It gives a gentle reminder to staff about a couple of quick things they should do to get the ball rolling because once they take those first few steps, their training kicks in and they begin to respond and everything falls into place.” Every nursing station in hospitals and personal care homes, administrative offices and facilities across Southern Health-Santé Sud have a copy of the Quick Response Guide, which is in an easy-to-use flip filer that is arranged by colour code.



The Quick Reference Guide helps staff in those critical first few moments when something happens.

There are a total of eleven colours representing different types of disaster. Red, for example indicates a fire, green is an evacuation, blue is a cardiac arrest and grey is a weather related disaster such as a tornado.

As an example, says Skoglund, a code yellow means a person is missing, so that section of the Quick Reference Guide might say first make sure that the person is actually missing. “It suggests they ask the person to report to one of the staff over the PA system and, if that doesn’t happen within two or three minutes, then they should announce the code yellow,” he says.

Skoglund has developed the new Quick Reference Guide and has standardized the colour codes for the entire Southern Health-Santé Sud region, so everyone can easily recognize them and know which code they need to look up. He has also included situations that aren’t a true disaster, but that staff has to deal with on a regular basis, such as power outages.

The number one message in the Quick Reference Guide is that people always come first, says Skoglund. “Getting people out of harm’s way is the priority and is often the first reaction,” he says. “The Quick Reference Guide is, to a large extent, based on common sense but it’s there to help out for those first moments during a disaster when the mind can have a hard time figuring out what to do.”

Regional Home Care provides standardized, quality care

Home care services in Southern Health-Santé Sud are now delivered on a regional basis which means everyone across the region can expect the same quality of service, says Greg Reid, Interim Executive Director - East for Southern Health-Santé Sud. "The main benefit is that we have been able to standardize policies, processes and practices so that, no matter where you live in Southern Health-Santé Sud, you will get the same type, level and quality of home care service."

Home care provides two types of services to communities and facilities such as personal care homes; one is a nursing component and the other is service provided by home care attendants.

Three regional home care hubs have been developed in Bethesda Regional Health Centre, Portage District General Hospital and Boundary Trails Health Centre. The administration, scheduling and coordination of staff for the home care program will now be handled through these hubs which means the reporting structure for staff has also changed. 90 nurses providing services to home care clients are scheduled and coordinated by nursing supervisors located in one of the three hubs and report directly to a Regional Manager - Nursing. "The big benefit is that we can now more easily bring everyone together for education and training," says Reid. "We can make sure that we are standardizing and streamlining the way they get scheduled so it's fair for the nurses and, ultimately, will enhance client care."

The new home care system will create more permanent positions for nurses who will provide more consistent home care services and be better prepared to take on new care requirements as needed, says Reid. "Sometime the new care needs that arise are very time sensitive. As an example, if a client needs insulin injections, they need to be done in a timely fashion," he says. "We are trying to build a stronger infrastructure of permanent staff and still have casual nurses as a backup. At the same time, we are trying to make schedules more focused on work/life balance for our nurses, because we have had a lot of our part-time nurses in smaller communities having to work extended hours."

The 800 home care attendants working in the region will soon be able to access more standardized training to help them enhance their skill sets, says Reid. "The process is underway of standardizing the education for home care



CEO Kathy McPhail and Debbie Harms, Regional Director - Home Care

"Our philosophy in home care is we should never be trying to fit clients into services that we offer, we should always strive to surround clients with our services."

attendants and making it more available to them. There is also on-the-job training so they can do those specific tasks with a client," says Reid. Home care is now organized by functions rather than by geographic areas. "This means that home care managers are now responsible for a specific function for the whole region," says Reid. "For example, we have a manager that oversees case coordination, another manager oversees the direct nursing component, another manager is responsible for operations including all the resource coordinators who coordinate the home care attendants that go to people's homes."

Another major change that has improved efficiency is the Procura electronic scheduling tool, which is used not only to schedule home care attendants in the region, but also keeps track of what tasks they are qualified to do. "If a regional home care coordinator is trying to send out a home care attendant to a client's home to do eye drops, but that person hasn't had the required training, the software says that you are trying to schedule someone for a task they are not trained for," says Reid who adds the region is involved in a pilot project with the Province to use Procura to schedule home care nurses also.

Client satisfaction surveys are held every couple of years and usually have a lot of positive feedback from clients about the home care services they receive. Client Survey results were a big part of making home care a regional program, says Reid. "I think by increasing home care's infrastructure and by standardizing policy, practice and education for staff, we are putting home care in a better place to provide quality client care in a timely manner, he says.

Being Baby Friendly ... caring and excellence go hand in hand

Bethesda Regional Health Centre in Steinbach is Manitoba's first "Baby Friendly" hospital and one of 28 in Canada.

"Baby Friendly" is a global initiative that promotes a range of best practices such as breastfeeding which help keep babies healthy. "Based on evidence and research, breastfeeding is identified as being best for the health of babies," says Tamara Burnham, Client Services Manager - Obstetrics at the Bethesda Regional Health Centre. "There's immunity in the mother's breast milk, and there are many health issues that breastfeeding can help to prevent."

The program isn't promoting breastfeeding as the only option. "If the family can't breastfeed or chooses not to, we teach them the right things about formula feeding, such as making sure they know how to prepare formula and how much to feed," says Burnham.

The program also focuses on important practices like bonding between mother and baby. "It's making sure that baby and mom are skin-to-skin as early as possible after birth and for as much time as possible," says Burnham. "That allows for the transition of baby to breathe air, regulate body temperature, start feeding and bond with mom. If there are factors during delivery that prevent baby from being skin-to-skin with mom, dads and other family members such as grandparents can step in and achieve health benefits with skin-to-skin contact."

Baby Friendly is about providing care that's appropriate to the individual family says Burnham. "There's not a blanket group of practices that work for every mom and every baby and every family," she says. "Baby Friendly is very family-centred and it's helping them make decisions based on sound research and then supporting them with those decisions to provide the best health practices possible for their baby."

Being a "Baby Friendly" centre means everyone is involved. "It's not just something that happens on the baby unit. The entire facility is involved and it's a whole culture to support Baby Friendly practices," says Burnham. "So whether you talk to senior leaders, nurses, doctors, health care aides or the support staff, everybody knows what being Baby Friendly is about and what we're trying to do." "How does the initiative put into action our core values? *Integrity* in caring, *Compassion* is demonstrated through the principles of Baby Friendly Initiative, *Respect* for the dignity of the



Proud parents Tim and Joanna Swynar and baby Eric were very happy with the Baby Friendly approach experienced at Bethesda Regional Health Centre.

family and the voice of the patient and family, *Excellence* in the application of best evidence and practice," adds Kathy McPhail, CEO.

Being "Baby Friendly" also means that the Bethesda Regional Health Centre has been recognized as achieving the standards of best practice that the program sets out and that the concept reaches beyond the facility, says Burnham. "It's not just a practice that happens only in the health centre," she says.

There are regional community staff who are working on being Baby Friendly. When moms are having a baby, the care is delivered across the system and not just at the Bethesda Regional Health Centre. There is a continuum of care that occurs in the community both before and after delivery that includes prenatal classes and contact with clinics and health care providers such as midwives, public health nurses and physicians. The Baby Friendly initiative is all about having health care providers work together to support families.

Baby Friendly Care

Joanna Swynar had baby Eric, her first child, at Bethesda Regional Health Centre on March 4th and says she liked the way the staff encouraged skin-to-skin contact and the way they helped reassure her about some of the things that were happening. "My baby wasn't feeding at first and they made me feel like that was okay," she said. "They would check on the breastfeeding and how we were doing, and they were really good about teaching; every time they came in they were teaching me something."

Ever forward
together for

Sustainable,
accountable and
responsive health
organization



Leonard Goulet with his grandchildren

Strategic priorities

- Skilled, healthy and safe workforce
- Responsive and innovative organization
- Sustainable and accountable organization
- Communities are engaged

What Makes Southern Health-Santé Sud a great place to work

The people who live in Southern Health-Santé Sud know that it's a great place to live and work, but the organization is working hard to make sure that message gets to people outside the region to help recruit and retain new employees.

"We actively encourage people to come into our region to do their practical training," says Jim Hunter, VP - Human Resources. "It's a great recruitment tool because, if we can get them out here for the month or two, and they get into one of our sites and meet our people, and get to feel comfortable, it's a good time to try and recruit them to stay."

Southern Health-Santé Sud uses many tools to recruit new employees, but also to retain existing employees. It's an ongoing challenge for a health region that employs more than 5,600 people and is adding new positions as new programs and services are needed to serve a fast-growing regional population.

"Our over-arching belief is that, if you train people in rural, they will stay in rural," says Hunter. "There are a number of ongoing training and educational initiatives that have been implemented with that in mind in the region over the last few years."

They include the Health Care Aide Certificate for adults and high school students (partnership with the *Division société franco Manitobaine* and the *Université de St. Boniface*) programs, the rural rotating Practical Nursing program and the Licensed Practical Nurse (LPN) to BN (Bachelor's of Nursing) program, all of which are delivered at rural campuses across the region.

Southern Health-Santé Sud has three rural Red River College campuses in Portage la Prairie, Winkler and Steinbach. They continuously run the six-month Health Care Aide Certificate program. "We employ health care aides in our hospitals; they make up the majority of staff in our personal care homes and many also work in home care in the region," says Hunter.

"In conjunction with Robertson College, we have developed a very innovative program designed for people who are working in home care, who have never trained as health care aides, to become certified through the course," says Hunter.

The course recognizes their years of service and gives them further training over a three-month period delivered once a week via the region's Telehealth sites. This means they can train close to home. There have been two courses to date which have graduated around 100 people. "It always makes me feel good when I go to the graduation because it's such a proud moment for many of them," says Hunter.

The two-year LPN to BN program is also run at the Red River College campuses in collaboration with the University of Manitoba which allows LPN's to re-train as Registered Nurses (RN). "At any given time, there are two programs ongoing. All of the LPN's who take them are already working for us, so we give them a leave of absence for the duration of the training, and then they come back and work as RN's for us."

The Practical Nursing program is delivered by Assiniboine Community College and has been held at various rural sites over the past ten years, including Portage la Prairie, Carman, Steinbach and Winkler. The program is hugely popular, says Hunter. "Last Monday, they had the intake for the next course being held in Portage la Prairie. It was advertised in the newspaper that student applications would be accepted starting at 9:00 a.m. on Monday morning. At 7:30 am that morning, before the doors even opened there were 50 people in the line up and the class filled up."

Without these kinds of rural training programs, says Hunter, it would be very difficult to recruit and keep staff. "Many of the people who take these courses have family here and can't go to Brandon or Winnipeg every day to train," he says. "There are also waiting lists in Winnipeg and Brandon for all these programs, so it's vital to us that they are offered here in the region."

As an organization, it's really important that Southern Health-Santé Sud stays true to its values by creating a culture where its employees are encouraged and fully supported to continuously learn so that they can deliver the best care possible.

There are also hundreds of internal training programs offered on a monthly basis that help staff enhance and increase their skill sets. This also encourages people to stay with Southern Health-Santé Sud by allowing them to engage in continuous learning. “We have staff educators all over the region who either provide education or arrange to bring in outside trainers,” says Hunter. “There are hundreds of different programs for every type of employee that cover everything from advanced cardiac life support to safe food handling or non-violent crisis intervention.”

More and more courses and training programs are being offered through the region’s Telehealth sites and online. “We try to take advantage of every mechanism we can to provide education and training for our employees,” says Hunter.

“At the Human Resources level, we are centred on our the employees whether it’s giving them a leave of absence or paid time off to take courses or recognizing their years of service with awards. We believe the best way to retain staff is by caring for the caregiver, which is what we always strive to do,” says Hunter.

New Courier Service Provides Daily Delivery

Getting medical supplies to facilities across a large health care region like Southern Health-Santé Sud isn’t without its challenges, but a new streamlined, regional courier service is making deliveries more timely and efficient.

“We have a daily connection in Morris which takes place around 1:40 pm that connects the region,” says Matt Wilkinson, Regional Manager - Logistics & Supply Chain Management. “With that connection, between our distribution centres, we can send daily supplies within 24 hours to 48 hours notice.”

The courier service moves medical supplies, internal mail, diagnostic tests and results and small packages to facilities. The three main distribution centres situated in Portage la Prairie, Morden/Winkler and Steinbach.

There are several benefits of the new system, first of which is better communications, says Wilkinson. “We have improved the flow of all internal mail which is important in such a large region,” he says. “We can deliver mail between our regional offices in Southport, La Broquerie, Morden and Notre Dame de Lourdes in a much more timely manner.”

It has also helped reduce inventories and manage them more effectively. “Our inventory is now a regional inventory,” says Wilkinson. “We can look at the inventories at our three distribution centres and be strategic about where to stock product. It might be that we don’t have to necessarily stock product in every distribution centre because we have that 24 to 48 hour turnaround time depending on what time of day the request comes in.”

Three courier vans cover a lot of miles every day. One courier covers the west-north route and the west-south route. It begins and ends at Boundary Trails Health Centre and serves facilities in Manitou, Crystal City, Swan Lake, Notre Dame de Lourdes, St. Claude, Portage la Prairie, Carman, Emerson and Altona. It connects in the afternoon at Morris with a second courier that takes the east-south route out of Steinbach and serves La Broquerie, St. Pierre Jolys, St. Malo, Dominion City, Vita and Sprague facilities. A third courier covers the east-north route from Steinbach to the communities of Ste. Anne, Lorette and Niverville.

“Having this service in place has definitely helped to make deliveries within Southern Health-Santé Sud more efficient and effective,” says Wilkinson.



Henry Martens makes daily deliveries on the east-north route

Aboriginal Health High School Internship Program

At the National Quality Conference in Edmonton, Alberta, Accreditation Canada recently recognized Southern Health-Santé Sud's Aboriginal Health High School Internship Program as a leading practice.

Leading practices are worthy of recognition and need to be innovative, creative, client and/or family-centred, sustainable, evaluated and adaptable by other organizations.

The Aboriginal Health High School Internship Program assists in dispelling the myths that some non-aboriginal people may have about aboriginal people while at the same time works to reduce the hidden barriers aboriginal people have to employment by building friendly coexisting relationships with non-aboriginal people. It allows employees the opportunity to meet the aboriginal youth to find that many of the young people they are meeting have dreams and goals in life, are ambitious and hard working.

The region's Aboriginal Health High School Internship Program is profiled on Ivey Business School's website at Western University. This is an interactive and collaborative digital map of innovations across the health care continuum in Canada and around the world. It is an online destination where anyone can share, learn and collaborate all in the name of accelerating the adoption of health care innovation.



Holly Leost, Regional Director -
Aboriginal Employment

Family Medicine Enhanced Distributed Education Centres

Approximately 15 residents go through the Family Medicine Enhanced Distributed Education Centres throughout Southern Health-Santé Sud per year and over 100 medical students do anywhere from 2-6 weeks of clinical clerkship throughout the region. Research has shown that students and residents often return to work where they have experienced positive learning opportunities.

Dr. Brian Postl, DEAN of Faculty of Medicine, along with representatives from the Faculty of Medicine visited Ste. Anne, Steinbach, Boundary Trails Health Centre and Notre Dame de Lourdes sites in early 2014 to become acquainted with the medical training sites and learning environments established in Manitoba. In meeting with various preceptors/administrators of the respective rural and northern health authorities, the objective was to establish ongoing collaborative relationships that will be beneficial in the training of medical students and residents. The visit also served to better understand the geography of various site locations and challenges that may exist in ensuring optimum clinical exposures during the learning experience. As well, it confirms the commitment and shared responsibility of clinical teaching sites for the provision of a safe and satisfactory learning environment for all learners. This includes adequate study space, lounge areas, secure storage facilities, appropriate instructional facilities, and information resources, in compliance with standards of accreditation.

Staff Living our Core Values and Making a Difference

A calendar hangs on the wall of Papa Cred's room at Bethesda Place in Steinbach and each month it is filled with pictures of various members of his family. Being deaf, these images are important to Papa Cred because Denise, his wife of 23 years, his three daughters and their families are his first love.

His second love was the Royal Canadian Navy. Ceredig Richards, (also known as Alfred and Papa Cred to his family), served as a Chief Petty Officer from 1945 to 1955 before being told that he could no longer stay in the navy due to his failing hearing.

Eight years ago, Alfred lost his hearing completely and that led to problems with his balance, but he was determined to continue to communicate with his loved ones who visit him at every opportunity.

Chaplain Larry Hirst decided to help. "I'd been trying to find a better way to communicate with Alfred other than with a whiteboard and a pen because it's so unnatural, it's not like having a real conversation," shared the Chaplain.

He went to see Speech Therapist, Christine Massinon, to ask whether she knew of any technology that could help. She showed him an app on her Smartphone which converts speech to text. A colleague recommended using the same app on an iPad, so Christine rented one for Alfred to try. The iPad app converts spoken words into text and displays the words on the large screen so Alfred can read what people are saying and then respond. "This is much easier and faster than writing it all out in long hand," says Alfred.

"It's made a big difference," says Alfred's daughter Angèle Bernardin. "It's so much easier for the family and medical staff to communicate with him now." Since then, the family has purchased Alfred his own, newer iPad that will also allow him to watch movies and read books, or play games is something he's always loved to do.

Alfred struggled with his hearing for many years but it's never stopped him from doing what he wanted to do. He has a quick mind and a curious nature that was the reason he quit high school in grade 10. With a huge smile and typical wit he says: "I never let school interfere with my education." After leaving the navy, he ran a successful plumbing and heating business for 35 years and when he retired, he set off on a two-year trip around the world all by himself. "I don't consider being deaf a burden," says Alfred. "I consider it an opportunity to close some doors and open new ones."

Using the iPad to better communicate helps Alfred keep his independence, which has always been a strong part of his character and was something he was worried about losing when he first came to live at Bethesda Place almost two years ago. Now though, he's happy with his new home despite the fact that they often serve broccoli, which he's never grown to like, even at the age of 87.



Pictured (lt. to rt.): Denise Richards, Alfred Richards (aka Papa Cred), Chaplain Larry Hirst, Christine Massinon & Angèle Bernardin.

Quality Service Awards

Quality Service Awards were presented to four staff members at the Southern Health–Santé Sud Annual Public Meeting in recognition of the dedication and commitment to the delivery of quality health care in the region. VP - Human Resources, Jim Hunter shared that, “All four employees exemplify the organization’s core values of compassion, integrity, excellence and respect.” He added that what makes the award even more special is that nominations are submitted by their colleagues.



Pictured are the four 2013 Quality Service Award recipients: back row (lt-rt.) Lorri Beer, Kyla McCallum, Brenda Dow; front row (lt-rt) Denise Harder, Chair, Rachelle LeDuc and Kathy McPhail, CEO.



Forward focus building for the future

Over the past few years, a few notable capital projects have been in various planning phases of construction. In the 2013-14 fiscal year, Southern Health-Santé Sud made significant progress towards infrastructure transformation and development.

Centre de bien-être St. Claude & Haywood Wellness Centre

Southern Health-Santé Sud and the community of St. Claude and surrounding area gathered on September 16, 2013 to officially open the Centre de bien-être St. Claude & Haywood Wellness Centre which provides an array of bilingual primary health care services. Lead by the St. Claude Community Development Corporation (CDC) Health Committee, the project was supported by provincial and community contributions as well as involvement by the *Société santé en français* and *Santé en français*.



Participating in the ribbon-cutting ceremony of the official opening of the Centre de bien-être St. Claude & Haywood Wellness Centre were: Mona Spencer (Director of Health Services - Notre Dame, St. Claude & Area); Guy Lévesque (Vice-Chair, Southern Health-Santé Sud); Kathy McPhail (CEO, Southern Health-Santé Sud); Suzanne Fay (Chairperson St. Claude Health Committee); Dr. Gisèle Viens (Physician – St. Claude); Norman Carter (Mayor - Village of St. Claude); Cheryl Harrison (Executive Director – Mid); Diane Poiron-Toupin (Member of the St. Claude Health Committee).

Hôpital Ste-Anne Hospital Surgical Suites

August 29, 2013 marked the official opening of a new 17,000² ft. addition to the Hôpital Ste-Anne Hospital which houses two operating rooms, a scope procedure room, a post-anesthesia care unit, a medical-device reprocessing suite of rooms for cleaning/sterilizing of all reusable items, a family waiting room and new electrical/mechanical rooms. In addition, the location of the original operating rooms was renovated and converted to provide 5,800² ft. of additional staff support areas.



Newly renovated and expanded surgical suites at Hôpital Ste-Anne Hospital.

A new 24-unit Seniors Housing complex at Villa Youville



On September 13, 2013, together with the community of Ste. Anne as well as the Governments of Canada and Manitoba, Southern Health-Santé Sud took part in the celebrations marking the official opening of Villa Youville 24-unit Supporting Housing Complex for seniors in Ste. Anne.

Participating in the ribbon-cutting ceremony were (lt. to rt.): The Honourable Greg Selinger (Premier of Manitoba); Honourable Shelley Glover (Minister of Heritage and Official Languages); Ludger Jubinville (Tenant at the Villa Youville); Sister Juliette Thévenot (Grey Nuns – St. Boniface); Bernard Vermette (Mayor of Ste. Anne) & Kathy McPhail (CEO of Southern Health-Santé Sud).

Heritage Life Personal Care Home in Niverville

On August, 20, 2013, the Heritage Life Personal Care Home official ribbon cutting was held in Niverville. A new 80-bed personal care home will assist to meet the needs of seniors in the region.



Pictured above (lt. to rt.): Steve Fast (Von Ast Construction), Kathy McPhail (CEO, Southern Health-Santé Sud), Greg Fehr (Mayor - Town of Niverville), Wally Pauls (Niverville Senior), Gordon Daman (President, Heritage Life Personal Care Home), Hon. Theresa Oswald (Minister of Health) & Hon. Ron Lemieux (Minister of Tourism, Culture, Sport and Consumer Protection).

Future Directions

- ▶ Work continues on the redevelopment of the Emergency Department of the Bethesda Regional Health Centre and main entrance.
- ▶ The province announced that a new Emergency Medical Services (EMS) station will be built in Île des Chênes to support quality emergency care services, to support decreased response times while helping the region recruit and retain staff more effectively.
- ▶ The province announced it has partnered with the Southern Health-Santé Sud, Bethesda Wellness Inc., Steinbach Family Medical Centre, the City of Steinbach and the Steinbach Campus Foundation to build a new primary care wellness centre in Steinbach.
- ▶ The Tabor Home Inc. personal care home and the Centre de santé - Notre Dame Hospital construction projects are well underway and progressing into various phases of the construction cycle.

Going forward challenges & future direction

As we pursue our vision, mission and Board ENDS, we are confident that the strategic direction we have chosen is sound. While there are challenges, we have a positive outlook for the future. The same challenges identified in last year's Annual Report are again indicated.

A growing population is evidence that Southern Health-Santé Sud is an attractive region for people from around the world. As the demographic landscape changes, we have a more diverse population with the potential to create new ideas, new skills, new markets and a robust workforce. As we recognize the endless potential that diversity offers, we also acknowledge it has its challenges including growing demands on services, health disparities and increased expectations from a larger population base.

Human resource shortages continue to be significant and have an impact on sustainability of programs and services. Since this is felt on a global scale, recruitment and retention will remain a priority for Southern Health-Santé Sud.

Increased complexity in the healthcare system, advances in research, rapid changes in technology and innovative new practices will make change a constant in our administrative and operational activities and will impact on the services provided and how people will work.

Sustainability of the healthcare system continues to be a key focus. Protection of the environment is more prominent on our agendas as we hear news of climate



Honourable Greg Selinger and Dr. F.P. (Pat) Doyle

changes currently occurring. Being able to respond to emerging health threats and disasters in a timely fashion is also essential. Funding-related issues have an effect on all sectors of the system, from aging infrastructure to the development of new initiatives for improved health care.

Over the past year, Southern Health-Santé Sud has been committed to creating a sustainable engagement plan for the region by involving patients and public in a comprehensive, intentional and valuable way for all. We will continue to support our commitment to people-centredness by increasing community engagement opportunities to continually communicate with the users of our services and to enhance patient experiences.

Recent changes to the Regional Health Authorities Act require each health authority to establish Local Health Involvement Groups (LHIGs). These groups will give people from our region an opportunity to explore and discuss a variety of health topics and to provide local input and insights to the Board of Directors. LHIGs will be launched regionally in the next fiscal year.

Partnerships are the key to building capacity in the system. There are opportunities for improvements in the patient experience with several initiatives already taking place. We remain confident in the will of health care providers across the health system to accept the challenge and to move forward in strengthening primary care in our region.

To advance provincial health objectives and Southern Health-Santé Sud goals, we:

- ▶ Continue to build primary care networks “My health Teams”
 - ▶ Continue to implement new practice models such as Advanced Access, Mobile Clinic Care
 - ▶ Implement mental health assessment models to minimize wait lists
 - ▶ Maximize utilization of existing resources through LEAN methodologies
 - ▶ Break down barriers to provide services to persons with complex health needs across remote geographical areas
 - ▶ Develop a surgical program to maximize the surgical capacity across Southern Health-Santé Sud
 - ▶ Continue to implement and expand capacity through CancerCare Hubs
- ▶ Continue to monitor wait times and work on strategies to reduce them
 - ▶ Explore models for nurse practitioners, physician assistants and other alternative care providers
 - ▶ Standardize assessment tools for multi-providers’ usage
 - ▶ Continue to offer cultural education to all staff to promote cultural competency
 - ▶ Promote consistent approaches to professional development and succession planning
 - ▶ Continue to work within our region to optimize the safety, energy efficiency and life cycle panning of buildings
 - ▶ Maintain secure, reliable and sustainable IT infrastructure
 - ▶ Direct more resources towards safe client handling and reducing workplace accidents
 - ▶ Continue to train and educate new staff and provide ongoing educational opportunities
 - ▶ Continue strategies to sustain health care services
 - ▶ Continue to seek and listen to the client/patient voice
 - ▶ Continue to develop a culture of safety and quality care.

Looking ahead, we enter a new fiscal year with a strong commitment to provide exceptional health care to our community and we are confident of our resolve to manage the challenges that exist.



French language services

In two short years, Southern Health-Santé Sud has had many accomplishments related to French Language Services (FLS). Together with the community, we are proud to be leading the way in demonstrating excellence in designing best practices for access to quality, bilingual health care. In 2013, the FLS Strategic Plan was approved by the Board of Directors. Following are highlights of achievements relative to our FLS Strategic Directions:



Engaged Communities and Partners

- ▶ The *Tables de concertation régionales du Centre and Sud-Est* officially represent the region's French-speaking communities. Southern Health-Santé Sud participated in seven separate and/or joint meetings of the *Tables* in 2013-14.
- ▶ The steering committee overseeing the designated Francophone sites of La Broquerie and Ste. Agathe has been reactivated.
- ▶ The Southern Health-Santé Sud public newsletter sharing "our stories" and information on current initiatives is completely bilingual and distributed in the Spring and Fall to 64,000 households.
- ▶ In addition to airing on seven Golden West Radio stations within Southern Health-Santé Sud, monthly promo/prevention radio spots air on French radio station Envol 91.
- ▶ Southern Health-Santé Sud participated in a French documentary '*Viens voir ici*' which is seen by more than 250,000 viewers a week. A special edition was dedicated to feature the humanitarian side of the Hôpital Ste-Anne Hospital.

Active Offer in Action

- ▶ To ensure roll out of a strong bilingual identity, a Graphic Standards Manual provides quality control and design consistency.
- ▶ All stationery, business cards and appointment cards are in bilingual format.
- ▶ All employees are issued bilingual employee name tags. Name tags for French-speaking employees in

designated bilingual positions depict '*Je parle français*'. All other bilingual employees are encouraged to include this same reference.

- ▶ Media releases contain contact coordinates should the media wish to communicate with the region for a French interview.
- ▶ In 2013-14, the FLS Unit coordinated 175 requests for Southern Health-Santé Sud sites, programs and services for translation services.
- ▶ The Southern Health-Santé Sud website which was launched in May 2013 is completely bilingual with identification of bilingual sites for ease of access.
- ▶ Listings in the White Pages of the MTS phone listings provide a strong presence of our bilingual name in the 54 communities listed in the directory.

Strong FLS Policy and Administrative Framework

- ▶ Comprised of staff from various programs, services and sites across the region, the Southern Health-Santé Sud FLS Advisory Committee was established in 2013 to provide advice and guidance on matters pertaining to policies, programs and practices involving the use of French Language Services.
- ▶ Southern Health-Santé Sud FLS policies were completed in 2013-14 with implementation rollout to occur in 2014-15.
- ▶ With the development of FLS policies, a new common framework for the designation of bilingual positions was explored. A regional approach to measure bilingual capacity relative to designation of positions is currently being researched.

Success in FLS Recruitment and Retention

- ▶ Bilingual job postings are distributed through various FLS networks and community employment centres to assist with recruitment efforts.
- ▶ Coordinated through the Southern Health-Santé Sud FLS Unit, *Santé en français* visited schools in 6 communities in our region to help promote careers in health care.
- ▶ Effective April 2013, the *Université de Saint-Boniface* has an agreement with the *Division scolaire franco-manitobaine* to offer Health Care Aide (HCA) Certification to high school students attending the Notre Dame de Lourdes and St. Jean Baptiste high schools. Efforts are underway to expand this agreement to other francophone schools in the region.
- ▶ FLS articles are published in the monthly Staff Newsletter to feature FLS topics and language information material.
- ▶ An FLS component was added to the Internal Portal Service to offer staff access to various resources for FLS including translation services, language training and support, lexicon, miscellaneous tools and information links related to FLS.
- ▶ Forty-three participants took French language services training in 2013-14.

- ▶ “Active Offer ... à la mode” is a new upbeat interactive workshop developed to help participants to better understand the concept of Active Offer. Sessions were held in Ste. Anne, St. Pierre, Notre Dame de Lourdes and St. Claude with 100 participants.
- ▶ A segment on FLS is incorporated within the regional orientation sessions. All staff are required to attend.
- ▶ Southern Health-Santé Sud attended 6 out-of-province career fairs where there is a high concentration of French-speaking population – this with a focus on bilingual recruitment. We have been successful in recruiting 4 individuals.

The three most significant challenges in regards to FLS are bilingual staffing shortages, geographic distances among the French-speaking population and access to data on French-speaking populations. As we acknowledge the challenges in terms of the critical lack of bilingual human resources, the vision that emerges is one of collaborative efforts with the community. We will need to broaden the conversation and learn to share the responsibility with citizens and stakeholders to seek new opportunities and explore different service models for improved effectiveness to be able to respond to the evolving needs of our French-speaking population.



Active Offer session on May 12, 2014 at the Centre de santé Notre Dame where staff participants worked on identifying possible work scenarios relating to 'Active Offer'.

Numbers at a glance

2013 | 2014

Outpatients

Outpatient visits (emergency and ambulatory care clinic) = 115,782

Surgeries

Inpatient and day surgeries in the operating room = 10,107

Cataracts (performed at Portage District General Hospital) = 209

Hip replacements (includes partial) = 210

Knee replacements (includes Oxford) = 195

Births

Newborn admissions = 1,605

May had the highest number of births in the region = 149

October had the lowest number of births in the region = 121

Miscellaneous

Total inpatient discharges = 11,445

Number of acute care beds (incl. transitional care beds) = 485

Number of long term care beds = 1,175

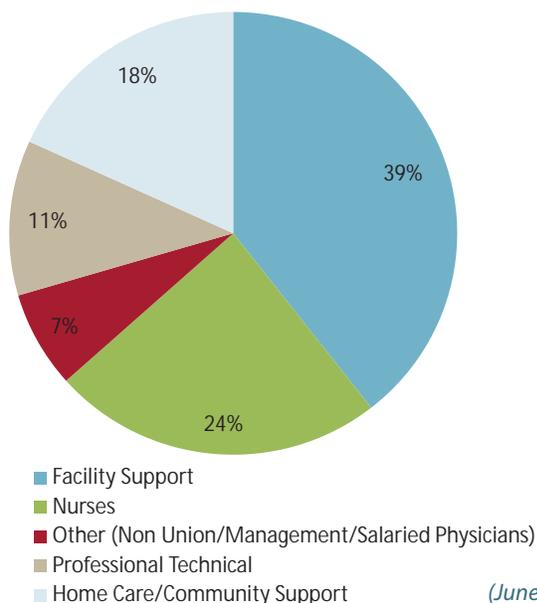
Call volumes for emergency medical services (19 stations) (primary transport) = 9,845

Call volumes for emergency medical services (inter-facility transport) = 6,824

Number of residents that received the flu shot = 30,138

Percentage of highest risk group (65 & older) received the flu shot = 50.9%

Workforce demographics



There are approximately 800 employees employed by Affiliate Health Corporations and a Community Owned Not for Profit site in Southern Health–Santé Sud region.

Affiliate Health Corporations:

- Eden Mental Health Centre
- Menno Home for the Aged
- Prairie View Lodge
- Rest Haven Nursing Home
- Rock Lake Health District Hospital
- Rock Lake Health District Personal Care Home
- Salem Home Inc.
- Tabor Home Inc.
- Villa Youville Inc.

Community Owned Not for Profit:

- Heritage Life Personal Care Home

Administrative cost reporting

We take pride in managing what is entrusted to us and make great effort to apply available resources in the most effective and efficient manner possible.

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) adheres to Canadian Institute for Health Information (CIHI) definitions. Administrative costs and percentages for Southern Health-Santé Sud (including hospitals, non-proprietary personal care homes and community health agencies).

The 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. Southern Health-Santé Sud adheres to these coding guidelines.

At the request of the 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:

Type of Administrative Cost	% of Total Operating Expense	
	2013-14 Southern Health-Santé Sud	2012-13 Consolidated
Patient Care-related	0.2%	0.3%
Human Resources & Recruitment	0.9%	1.0%
Corporate Operations	3.5%	3.5%
Total Administrative Cost	4.6%	4.8%

The administrative costs as a percentage of total operating costs adhere to CIHI definitions:

Patient care-related functions: infection control, patient relations, quality assurance, accreditation, cancer standards and guidelines and bed utilization management.

Recruitment and Human Resources-related functions: recruitment and retention, labour relations, personnel records, employee benefits, payroll, health and assistance programs and occupational health and safety.

Corporate Operations: general administration (executive offices, board of directors, medical directors, administrator of acute, long term and community care, public relations, planning and development, community health assessment, risk management, internal audit), finance (general accounting, accounts receivable, accounts payable and budget control) and communications (telecommunications, visitor information and mail service).



September, 2014

Honourable Erin Selby
Minister of Health

Dear Minister:

On behalf of the Board of Directors of the Southern Health-Santé Sud, we respectfully submit our 2013-2014 Annual Report.

The document was prepared under the Board of Directors' direction and in accordance with the Regional Health Authority Act and directions provided by the Minister of Health. In compliance with appropriate legislative authority and government requirements, all material, economic and fiscal implications known as of September 30, 2014 have been considered in preparing this Annual Report. The Board of Directors has approved this report.

Sincerely,

A handwritten signature in black ink, appearing to be "Denise Harder".

Denise Harder,
Board Chair
Southern Health-Santé Sud

A handwritten signature in black ink, appearing to be "Guy Lévesque".

Guy Lévesque,
Acting Board Chair/Vice-Chair
Southern Health-Santé Sud



Auditor's report

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Report of the Independent Auditor on the Condensed Financial Statements

To the Board of Directors of Southern Health-Santé Sud

The accompanying condensed financial statements, which comprise the non-consolidated statement of financial position as at March 31, 2014 and the non-consolidated statement of operations for the year then ended, is derived from the audited non-consolidated financial statements of Southern Health-Santé Sud for the year ended March 31, 2014. We expressed an unmodified audit opinion on those financial statements in our report dated June 25, 2014. Those financial statements, and the condensed financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The condensed financial statements do not contain all the statements and disclosures required by Canadian public sector accounting standards. Reading the condensed financial statements, therefore, is not a substitute for reading the audited non-consolidated financial statements of Southern Health-Santé Sud.

Management's Responsibility for the Condensed Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on the condensed financial statements based on our procedures, which were conducted in accordance with Canadian Audit Standard 810, *'Engagements to Report on Summary Financial Statements'*.

Opinion

In our opinion, the condensed financial statements derived from the audited non-consolidated financial statements of Southern Health-Santé Sud for the year ended March 31, 2014 are a fair summary of the financial statements, in accordance with Note 1.

Chartered Accountants

August 28, 2014
Winnipeg, Manitoba

Audited condensed financial statements

Non-Consolidated Statement of Financial Position Southern Health–Santé Sud

	March 31, 2014	March 31, 2013 (Re-stated) <i>Note 2</i>
ASSETS		
CURRENT		
Cash and short term investments	\$ 39,467,152	\$ 33,959,971
Accounts receivable, net	2,930,260	7,633,295
Accounts receivable - Manitoba Health	2,394,267	2,638,713
Accounts receivable - contract sites	218,693	102,954
Accounts receivable - Foundations	670,014	1,032,099
Inventories	1,604,239	1,764,025
Prepaid expenses	951,365	1,026,573
Due from Manitoba Health - vacation entitlements	8,839,967	8,839,967
	\$ 57,075,956	\$ 56,997,596
NON-CURRENT		
Due from Manitoba Health - retirement entitlements	11,463,152	11,463,152
Capital Assets	147,802,260	135,922,033
	\$ 216,341,368	\$ 204,382,781
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 18,969,385	18,369,730
Accounts payable - Diagnostic Services Manitoba	798,801	1,502,178
Accrued vacation benefit entitlements	16,797,087	15,958,075
Current portion of long term debt	228,679	287,691
	36,793,952	36,117,674
NON-CURRENT		
Accrued retirement benefit entitlements	17,457,000	17,820,407
Due to contract sites - retirement entitlements	2,744,000	2,772,433
Due to DSM - benefit entitlements	1,282,985	1,360,300
Accrued sick leave benefit entitlements	6,788,420	6,956,088
Long term debt	1,063,685	1,300,285
	29,336,090	30,209,513
DEFERRED CONTRIBUTIONS		
Expenses of future periods	7,308,141	6,352,891
Capital assets	139,454,477	129,744,278
	146,762,618	136,097,169
COMMITMENTS AND CONTINGENCIES		
NET ASSETS		
Invested in capital assets	7,055,419	4,589,779
Internally restricted	90,611	115,315
Unrestricted - Ancillary	2,774,298	2,781,307
Unrestricted	(6,471,620)	(5,527,976)
	3,448,708	1,958,425
	\$ 216,341,368	\$ 204,382,781

Audited condensed financial statements

Non-Consolidated Statement of Operations

Southern Health–Santé Sud

	March 31, 2014	March 31, 2013 (Re-stated) <i>Note 2</i>
Revenue		
Manitoba Health	\$ 311,510,986	\$ 301,628,218
Other government departments	355,432	53,247
Non-global patient and resident income	12,215,063	13,259,324
Other income	9,218,588	8,336,727
Amortization of deferred contributions - expenses of future periods	3,969,860	3,919,018
Amortization of deferred contributions - capital and foundations	6,653,760	6,301,557
Interest and donations	978,455	615,712
Ancillary operations	2,402,515	2,391,488
	\$ 347,304,660	\$ 336,505,291
Expenses		
Acute care services	105,624,040	100,872,633
Long term care services	47,128,039	46,994,420
Medical remuneration	23,775,898	21,641,380
Community-based therapy services	5,206,594	4,437,757
Community-based mental health services	9,185,571	8,926,593
Community-based home care services	37,509,711	37,288,617
Community-based health services	15,398,830	14,427,004
Emergency medical services	13,920,148	12,883,848
Diagnostic services	16,309,280	15,794,452
Regional Health Authority undistributed	21,420,861	22,667,503
Contract sites	40,065,311	35,100,241
Interest on long term debt	143,061	244,686
Pre-retirement leave	1,114,855	2,235,313
Sick leave	(167,668)	38,347
Amortization of capital assets	6,905,920	6,493,778
Major repairs	141,067	171,736
Ancillary operations	2,133,057	1,965,468
	345,814,573	332,183,776
EXCESS OF REVENUES OVER EXPENSES BEFORE MANITOBA HEALTH-SURPLUS CLAWBACK		
	\$ 1,490,087	\$ 4,321,505
MANITOBA HEALTH - SURPLUS CLAWBACK		
	-	(7,869,245)
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES		
	\$ 1,490,087	\$ (3,547,730)

Note 1 Management is responsible for the preparation of the financial statements. The statements presented include only the non-consolidated statement of operations and the non-consolidated statement of financial position. They do not include the non-consolidated statement of changes in net assets, the non-consolidated statement of cash flows, and the notes to the non-consolidated financial statements.

Note 2 Effective April 1, 2013, the Region changed its accounting policy to account for nine contract facilities in which the Region has an economic interest. The Region made the decision not to consolidate these contract facilities which had previously been consolidated and therefore the comparative figures have been restated to reflect this change in accounting policy.

A complete set of financial statements, auditor's reports and the statement of public sector compensation disclosure can be obtained from the Southern Health-Santé Sud by submitting a request letter to:

Chief Executive Officer, Southern Health-Santé Sud, 180 Centenaire Dr, Southport MB R0H 1N1

Toll free: 1-800-742-6509 | visit www.southernhealth.ca

Public interest disclosure reporting

Whistleblower Protection

Public Interest Disclosure - Bill 34 — The Public Interest Disclosure - Bill 34 (Whistleblower Protection Act) gives employees and others a clear process for disclosing concerns about significant and serious wrongdoing in the Manitoba public service, and provides protection from reprisal. The act (Bill 34) is not intended to deal with routine operational or human resource matters. Employees who have concerns about such matters should follow existing procedures to deal with these issues. The law applies to employees and officers at all levels of provincial departments, Offices of the Legislative Assembly and government bodies including Regional Health Authorities.

As per subsection 18 of the Act, and in terms of reporting procedures, the following is the Whistleblower Protection Report.

Whistle Blower Reporting Officer: Jim Hunter

Reporting Period: April 2013 – March 2014

Disclosures received:

Subsection 18(2a) 0 Received

There were no disclosures received from April 2013 to March 2014 therefore there was no action required.

Investigations commenced:

Subsection 18(2b) 0 Commenced

There were no investigations commenced as a result of a disclosure.

Finding of wrongdoing/recommendations/corrective actions taken:

Subsection 19(2b) 0 Findings of Wrongdoing
0 Recommendations
0 Corrective Actions Taken

There were no disclosures received resulting in no investigations or findings of wrongdoing.

Accountability Provisions

Recent amendments to *The Regional Health Authorities Act* include provisions related to improved accountability and transparency and to improved fiscal responsibility and community involvement.

Amendments include:

As per Sections 22 and 51, the establishment by the Minister of terms and conditions of employment (compensation, etc.) to be included in the employment contract of the chief executive officer and designated senior officers of a regional health authority.

Employment contracts have been established for the CEO and all Senior Leaders of the organization. These contracts contain all terms and conditions of employment as set out by the Minister.

As per Section 23 (2c), the preparation, implementation, posting on the website and updating of the regional health authority's strategic health plan.

Southern Health-Santé Sud's Strategic Health Plan 2013-16 was completed in June 2013 and is posted on the website.

As per Sections 23.1 and 54, the establishment by the Minister of requirements relating to accreditation of a regional health authority and the accreditation/participation in RHA accreditation of health corporations and certain health care organizations and publishing of the results.

Southern Health-Santé Sud has completed all requirements related to Accreditation from the previous Regional Health Authorities and is currently preparing for an on-site survey from Accreditation Canada in the spring of 2015.

As per Sections 51.4 and 51.5, the establishment of restrictions on regional health authorities rehiring of the chief executive officer and designated senior officers within one year of termination of employment without prior Ministerial approval, and, in the case of health corporations, the chief executive officer or equivalent (executive director, COO, etc.) without RHA approval.

The Board of Directors of Southern Health-Santé Sud are reviewing its policy regarding relating to rehiring of the chief executive officer and designated senior officers within one year of termination of employment.

ContactUS

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www.southernhealth.ca

or email:

info@southernhealth.ca

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1-800-742-6509



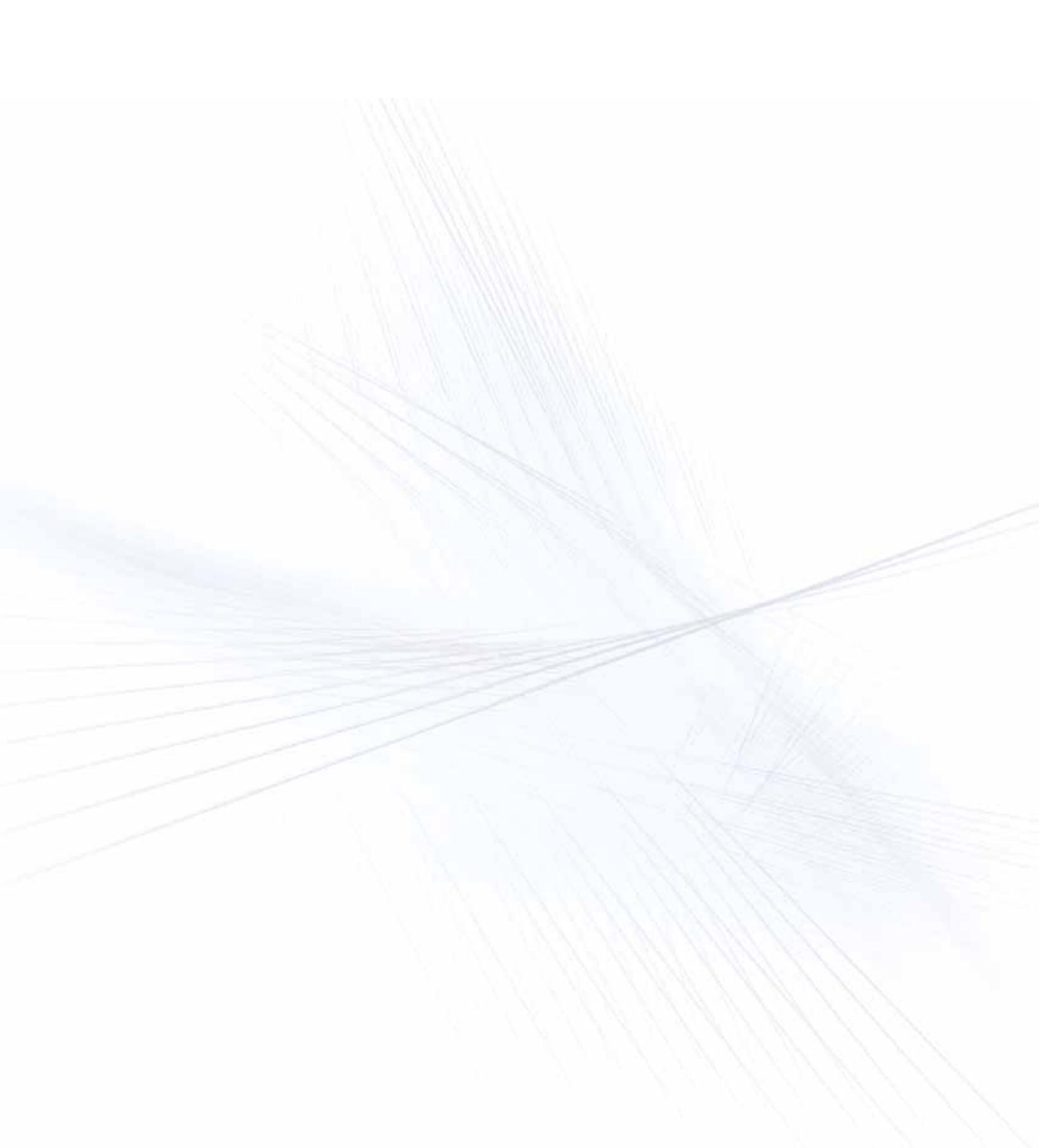


Colours/meaning of logo

The color blue appeals to a sense of service, trust and integrity. It also suggests water and sky (reaching out). Red is the color of energy, vitality and life-force and also signifies the Red River.

Three stylized S shapes represent the most prominent letter within the name. They also depict the Red River, a meeting ground between the two former regions, echoing a spirit of coming together. The river symbolizes water which has a universal life giving role in most cultures and the contiguous shapes demonstrate energy and forward movement.

The symbol also incorporates a human element reaching out and embracing a growing community — evoking the compassionate nature of our service.



Together leading the way for a healthier tomorrow.

www.southernhealth.ca