

Final Report
Of
The Review and Implementation
Of
The Report of the Pediatric Cardiac Surgery Inquest
Released Fall 2008

INTRODUCTION

This Report provides a summary of actions taken and progress made on the recommendations of the Review and Implementation Committee (The Committee) for the Report of the Manitoba Pediatric Cardiac Surgery Inquest (Thomas Report).

As background, the mandate of the Committee was to advise the Minister of Health and the Government of Manitoba on the appropriate follow-up actions on each of the findings and recommendations made by Associate Judge Murray Sinclair at the Pediatric Cardiac Surgery Inquest. The Thomas Report released on May 24, 2001, acknowledged and reported on the work that had already been started by many organizations, as the Sinclair Inquest proceeded, and following the release of the Inquest Report.

The organizations affected by the recommendations are the Health Sciences Centre (HSC), all regional health authorities (RHAs), the College of Physicians and Surgeons of Manitoba (CPSM), the Office of the Chief Medical Examiner (OCME) and Manitoba Health and Healthy Living (MHHL). Although not specifically referenced in the Thomas Report, CancerCare Manitoba (CCMB), the Addictions Foundation of Manitoba (AFM) and Selkirk Mental Health Centre (SMHC) were included in the monitoring program as part of the province-wide approach taken by MHHL.

In February 2002, MHHL began a process to develop provincial policies for key areas of the recommendations. This involved a number of working groups with representatives from the RHAs, CCMB, AFM, SMHC, experts from other organizations as well as MHHL staff. These policies have now been implemented, and in some cases updated to reflect ongoing progress to meet the expectations of the recommendations. RHAs, CCMB, AFM, SMHC and MHHL continue to comply with the policies where applicable.

In summary, Health Authorities* have fully addressed and incorporated the recommendations into their day to day operations as required. As such, this document will serve as the final report of the recommendations to the Ministers of Health, all stakeholder organizations, and Manitoba constituents. It is important to note that many of the recommendations require ongoing and long term commitment from all stakeholders to ensure that the health system improvements intended by the recommendations are sustained into the future.

**Health Authorities: For purposes of the provincial policies and this Report, "Health Authorities" includes all regional health authorities, CancerCare Manitoba, the Addictions Foundation of Manitoba and Selkirk Mental Health Centre.*

Thomas Recommendations – Final Report June 15, 2008

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1. Human Resource Processes	
(1) Steps be taken to expedite and better coordinate the physician recruitment and selection process among the organizations involved so that promising candidates are not lost.	Complete - Recruitment and selection process is clearly defined in the Medical Staff By-law that was approved April 2005. Implementation of the Physician Resource Coordination Office (PRCO), operating out of Manitoba Health and Healthy Living (MHHL). PRCO aides and coordinates recruitment efforts of regional health authorities (RHA's). New website developed and launched for physician recruitment. Provides information and linkage to expert advice within the PRCO.
(2) Contracts and letters of appointments of physicians should require a notice period for departures and that any breach of this requirement be included in letters of reference for positions elsewhere.	Complete - The Medical Staff by-law, Section 4.9.1 requires a minimum of 90 days notice, and this notice period is outlined in letters of offer. The Winnipeg Regional Health Authority (WRHA) continues to notify references of physicians who do not provide adequate notice.
(3) Formal search committees be used for all hospital hirings. Such search committees should be multidisciplinary including physicians, nurses and other relevant health personnel.	Complete - The Medical Staff by-law, Section 5.3 identifies the requirement for multi-disciplinary search committees for all medical staff as appropriate – the size of the search committee is dependent on the particular position. All other staff hired in the region are hired through Human Resource Departments where formal processes are in place.
(4) A number of strategies be used in the recruitment and selection process to determine willingness and demonstrated capacity of physicians and surgeons to work in a team context.	Complete - The ability of a physician to work in a team setting is explored during the selection process both in interviews and in reference checks. The Selection Committee is comprised of multi-disciplinary staff, responsible for reviewing the qualifications of an applicant for appointment, bringing their relevant perspectives to working in a team setting.
(5) "Junior" surgeons shadow their senior colleagues and that formal mentoring relationships be developed.	Complete - Junior surgeons continue to be buddied with more experienced surgeons. As well, the WRHA and Medical Staff Representatives have initiated a broader mentorship program to extend mentorship activities into other programs.
(6) Manitoba Health and Healthy Living (MHHL) identify anomalies in the fee schedules for physicians and surgeons that do not support provincial health priorities and seek approval for a bargaining strategy to correct those anomalies in advance of fee negotiations with the Manitoba Medical Association (MMA).	Complete - In 2003, parties participated in an arbitration process to determine an overall award for fee-for-service physician services. A parallel process to achieve a negotiated settlement was undertaken. The settlement reached in 2004 provided for salary increases, after hour premiums, fee and income disparities in specialties and maternity and parental benefits.
(7) All health care institutions in the Province have written orientation policies and programs and that participation in such programs be mandatory for all new personnel, including physicians.	Complete – All health authorities have written policies regarding staff orientation. The WRHA has a written Orientation Policy - 20.30.240 that all newly hired permanent full-time or part-time employees of the WRHA must attend an orientation session during the first six months of employment. Letters of offer for physicians and independent contracts with physicians include the requirement to attend orientation sessions. A written orientation program exists for staff and physicians. Attendance is tracked at orientation sessions for both staff and physicians. Follow-up for non-attendance is completed. Canadian Council on Health Services Accreditation (CCHSA) Human Resource (HR) Standards provide an evaluation of this and surveyors also observe/review a percentage of personnel files when visiting.

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<p>(8) MHHL and the WRHA review staffing levels for pathologists at Health Sciences Centre (HSC) in light of the issue of timely autopsy reports raised in the Sinclair Report. This recommendation must be acted upon in conjunction with the recommendation on possible changes to the death review process conducted by the Office of the Chief Medical Examiner (OCME).</p>	<p>Complete – Overall Provincial Physician recruitment and retention strategies remain strongly supported recognizing the National strategies. Diagnostic Services of Manitoba (DSM) implemented pathology Laboratory Information System in 2007. This has resulted in some productivity gains, and there may be opportunities for further gains with work restructuring planned for the future. There have been significant increases in requests for pathology testing. DSM has been successful in hiring pathologists to vacant positions in the past two (2) years. Seven (7) Pathologists have been hired resulting in two (2) net new positions (positions lost due to retirement and resignations). DSM will be doing an assessment in the near future of pathology staffing needs with respect to current and projected workload. Discussions with the Chief Medical Examiner (CME) will be part of that assessment. DSM continues to request additional pathologist positions through the annual WRHA Regional Health Planning process as National strategies exist and Recruitment and Retention strategies are being undertaken across the Provinces.</p>
<p>2. Accountability and Quality</p>	
<p>(9) Each Program Management division developed an “accountability map” which designates responsibilities and traces the lines of reporting back to the Chief Operating Officer (COO) of HSC.</p>	<p>Complete - Organization charts showing physician lines of accountability have been developed and are reviewed/updated regularly. As well, reporting relationships in the Child Health Program have been clarified.</p>
<p>(10) Further implementation of the Program Management model at HSC through clear assignment of costs and the generation of performance information along program lines is recommended.</p>	<p>Complete - A Program Management Structure is in place at HSC. Enhancements are ongoing with regionalization and consolidation of services. This model of service aligns with the WRHA Program Management Structure.</p>
<p>(11) On a cyclical basis, the HSC evaluate the performance of its program teams to ensure that they are functioning on the basis of shared leadership and the full utilization of the disciplinary expertise of all members.</p>	<p>Complete - A Nursing Leadership Council has been established both at the HSC and at the WRHA. This Council has a mandate of guiding the professional image and leadership practices of nurses in both formal and informal leadership/management positions. Focus is on the education, research and administrative domains of nursing. This Council also reports directly to the HSC Executive. The voices of nurses are well represented at this forum. Nursing Luncheons with clinical practice nurses continue on a monthly basis with the Vice-President/Chief Nursing Officer (VP/CNO) and other members of the HSC Executive. This venue provides a safe environment for nurses to articulate their concerns regarding clinical practice, patient safety and the professional practice environment. A regional Nursing Leadership Council is also operational providing opportunities for discussion and input by nurses across the region to be coordinated and acted upon. Also implemented at the regional level and inclusive of all professions, a Professional Advisory Committee (PAC), a senior patient care committee of health care professionals of the WRHA, has been established that is advisory on policy related to patient/client/resident care issues. A regional Allied Health Leadership Council, Medical Executive Committee (on medical matters), and a regional Nursing Leadership Council all report to the national PAC. The Community Management Committee and Personal Care Home Executive Directors Council also provide representation to PAC. Scope and function of PAC is clearly documented in the Committee’s Terms of Reference. Integrating Nursing into the Program Team is achieved by giving Nursing a stronger voice and presence at all levels.</p>

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(12) HSC examine the means to encourage more physicians to participate in courses on teamwork and conflict management. This would involve, in part, examination of alternative remuneration arrangements for physicians.	Complete - The HSC, in conjunction with the University of Manitoba, has set-up conflict resolution/management courses. Incentives for physician participation have included having the activity certified as Category 1 hours, continued professional development for Fellows of the Royal College of Physicians and Surgeons of Canada and members of the College of Family Physicians of Canada. The Registration Fee was set at a very low level, as it was believed a "free course" would lack credibility with physicians. Regarding teamwork at a Management Level, the HSC Chief Medical Officer (CMO) has assisted physician managers in attending physician management courses by offsetting some of their expenses as needed.
3. Risk Management	
(13) HSC authorities are commended for the creation in January 2001 of the Nursing Practice Council and recommends that the Council become a key source of advice on nursing practice issues throughout the institution.	Complete - A Nursing Practice Council (NPC) exists at HSC with a direct reporting relationship to the HSC Executive through the VP/CNO. Restructuring of the Council enhanced the time dedicated to the Council on the part of nurses. There is now a greater ability to guide nursing practice and to have a voice. This new structure involves 1-3 nurses from each Program Team at the Centre with a dedicated day long meeting six (6) days per year. In addition, each Program has a Program Nursing Practice Committee that meets monthly and guides the nursing practice in each program area; these Program Committees are represented by their respective chairs on the Centre-Wide NPC. All Winnipeg Hospitals have Nursing Practice Councils in place. There is also a fully functioning regional Nursing Leadership Council (NLC) that reports to the regional Professional Advisory Committee. NPCs have been established Provincially throughout the region, serving as decision-makers and advisors in matters that directly impact nursing practice, education and research.
(14) Leadership of HSC gives serious and sustained attention to changing the climate and culture of the institution as a more prominent part of an integrated strategy for organizational change.	Complete - HSC Executive meets weekly, for strategic discussion of ongoing organizational change discussed at each meeting. Core principles such as fostering a culture of hope and respect have been supported through numerous workshops designed and provided for staff. All initiatives developed through the Executive conform to the core principles of patient centered care, and this principle is supported through the work of other committees of senior leadership at the site, such as the Patient Services Committee. The Executive actively supports and plans for a monthly Manager Forum - a two (2) hour interactive session, available to any manager or director on site, where issues of organizational change and improvement are presented and discussed in a café setting. Executive regularly hosts staff forums in each clinical program on a rotating basis to hear reports of current issues and concerns. The information from the 2004 WRHA Staff Satisfaction survey results were used in planning the Employee Assistance group education sessions for 2005-07 by the Joint EAP Advisory Committee with representation from Management and Unions. The feedback from the survey was also used to enhance the Staff Star Reward and Recognition program. The Staff Satisfaction survey was conducted again in 2007 to monitor changes in employee needs around work life and to monitor changes in employee needs and concerns. Regionally, the 2007 Staff Satisfaction Survey results provide an overview on how staff that responded view their employment in healthcare in the region. Responses were received from staff in the WRHA Corporate and Community, Hospitals, Long Term Care Facilities, Personal Care Homes and Community Agencies. Each facility/area received their own specific survey results. Comparisons will and have been made using the data received in all three (3) surveys. Results were shared with staff via special edition newsletters, posters, and the WRHA Intranet.

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	<p>Regionally, in 2004 the Human Resources Team received Leading Practice* status in the use of Interactive Voice Response Technology to conduct a staff satisfaction survey.</p> <p><i>*Leading Practices</i> are noteworthy practices carried out by the organization and tied to the standards. Whereas strengths are recognized for what they contribute to the organization, leading practices are notable for what they could contribute to the field. (CCHSA)</p>
<p>(15) Part of the cultural change process within HSC involves recognition of the inevitability of medical errors and other untoward events and an acceptance of the need to learn from such developments.</p>	<p>Complete – Regionally many initiatives are underway to promote a culture change at the health services delivery sites. Open communication is supported through such activities as Patient Safety Huddles, Management Walkabouts and the active presence of Patient Safety Consultants and Patient Relations personnel at each of the acute care delivery sites. In order to facilitate broader learning by health care providers, Critical Incident Learning Summaries with systemic learning potential are circulated broadly by the WRHA Patient Safety Team. The 24-Hour Critical Incident Reporting line has also evolved to become a reporting and support line where there is appropriate ongoing support available to patients and families, and staff member(s), including physician(s) involved.</p> <p>Health Authorities continue to address quality improvement in their regions. New (November 1, 2006) legislative requirements for the reporting and management of critical incidents promote the adoption of a just culture versus blame orientation as a corporate value. Health Authorities continue to send staff to patient safety conferences, locally, provincially, and nationally and internationally web-cast offerings.</p> <p>The Manitoba Institute for Patient Safety (MIPS) sponsored Culture of Safety research and facilitated Culture of Safety Surveys for all regions. Regions are now analyzing results and developing action plans to address opportunities for improvements.</p>
<p>(16) The new (2001) critical incident reporting policy within HSC be strengthened by including protection against reprisal for individuals who raise legitimate, reasonably based concerns.</p>	<p>Complete - WRHA Policy 10.50.040 Critical Incident Management and Learning was revised in 2006 to reflect the new provincial legislative requirements. The policy includes a standard definition of the term Critical Incident (CI) and outlines a detailed process for identifying, reporting, assessing, managing and investigating critical incidents. With the goal of encouraging a culture of reporting, the WRHA supports individuals who report a CI in good faith.</p> <p>In addition, WRHA Policy #20.50.100 – Internal Disclosure of Employee Concerns provides protection against reprisal for individuals who raise concerns in good faith.</p> <p>All Health Authorities have implemented a policy on CI reporting based on the new legislation for reporting and management of critical incidents.</p> <p>Manitoba Health and Healthy Living (MHHL) has implemented a provincial level reporting, tracking and review system for CI's and critical occurrences (COs). The provincial Policy for Internal Staff Disclosure speaks to the process and protections against reprisal for individuals who raise legitimate, reasonably based concerns. This policy was updated in 2006.</p>
<p>(17) HSC, working with appropriate WRHA staff, develop a multi-year cycle of quality audits of specific clinical and support service areas.</p>	<p>Complete - The WRHA established a regional Clinical Audit Team in 2001. Since its inception, the team has completed 98 audits for 18 different clinical program teams. Within that total, there have been 12 audits conducted for the Child Health Program alone.</p>
<p>(18) Funding for the proposed Child Health Program Quality Initiative is supported and recommended.</p>	<p>Complete - The Child Health Program is facilitating many quality initiatives championed through their Quality Team as well as through with other partners. Established in 2002, the Child Health Team received Leading Practice* status in the area of</p>

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	<p>improving the lives of children with asthma and diabetes.</p> <p>The Child Health Quality Team continues to improve the lives of children, the majority of whom are Aboriginal, to ensure they receive the best possible care through quality initiatives by minimizing medication errors, establishment of a Rapid Response Team, reducing OR cancellations and improving Pediatric Surgical patient flow, addressing access (increase in pediatric day patients and increase in procedure sedation in Pediatric Day Unit (PDU) from 2005-2007, and wait times through implementation of the Utilization Management Tool. The Child Health Team works closely with the Canadian Intensive Care Unit (ICU) Collaborative, to implement processes to reduce Ventilator Associated Pneumonia (VAP) and reducing central venous line blood stream infections (BSIs).</p> <p><i>*Leading Practices</i> are noteworthy practices carried out by the organization and tied to the standards. Whereas strengths are recognized for what they contribute to the organization, leading practices are notable for what they could contribute to the field. (CCHSA)</p>
<p>(19) The elements of a sound risk management system exists at HSC. The Review Committee recommends that stronger risk management strategies and better information on different types of risk be developed.</p>	<p>Complete - The WRHA Leadership and Partnership Team received Leading Practice* status from CCHSA survey on integrated risk management. The framework developed recognizes WRHA's responsibility to manage risk, not only in the clinical areas, but across business support functions, resource areas (i.e HR) and compliance requirements (i.e. regulatory, professional standards). The development of this framework along with Internal Audit involvement in facilitating risk assessments throughout the organization is a key means to communicate and educate management and staff about risk management and the tools available to conduct risk assessments. WRHA Internal Audit has facilitated risk assessments to complete the corporate risk profile on all areas of risk facing the WRHA and has employed the risk management methodology to assist in decision-making processes related to various clinical and non-clinical areas.</p> <p><i>*Leading Practices</i> are noteworthy practices carried out by the organization and tied to the standards. Whereas strengths are recognized for what they contribute to the organization, leading practices are notable for what they could contribute to the field. (CCHSA)</p>
<p>4. Patient Experience</p>	
<p>(20) HSC authorities explore ways to make the patient experience less intimidating and more supportive.</p>	<p>Complete -Patients are supported and invited to participate in Critical Incident reviews with the assistance of the Patient Representatives. HSC Executive have hosted full-day Hope Workshops on seven (7) occasions since 2006 where staff and physicians are invited to explore the themes of Hope as a cornerstone of the environment and approach that the patient experience is built on. All managers have attended full day workshops on creating a Respectful workplace, both to enhance the staff experience and the environment into which patients and their families enter.</p> <p>A regional intake process for Compliments and Concerns is used. Improvements continue with changes being made to Winnipeg Health Services Directory offering an Intake Line for Compliments and Concerns, as well as a brief explanation of process. Organization of listings in this Directory has been improved making it easier for public to navigate. Similar improvements are underway related to the WRHA Website. Patient Representative contact information is distributed to patients and visible at sites via posters and directional signage to office locations within most sites.</p> <p>Aboriginal (First Nations and Métis) Health Programs has regionalized access to trained health language interpreters at all sites in the WRHA. We have on board a regional patient advocate and have partnered with the Assembly of Manitoba Chiefs (AMC) on the hiring of a regional patient advocate focusing on First Nations issues. Ongoing evaluation of health service delivery processes have allowed enhanced communication and referral process developments that focus on patient safety and quality of</p>

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	care and an enhanced focus on culturally appropriate services including access to Traditional Healing Clinics, Spiritual Elder services and the Language Access/Interpreters Program in hospital facilities.
(21) The Patient’s Representative Office at HSC should be more visible, should act as a neutral intermediary between patients and hospital personnel, should track patient complaints over time, and should report directly to the Vice-President and Chief Nursing Officer (VP/CNO).	Complete - The PRO is located on the HSC site in the Patient Safety and Quality (PS&Q) Department, and the staff report directly to the Director, PS&Q, who is also a member of the HSC Executive team. The Patient Representative Office (PRO) at HSC is staffed by two (2) full-time client relations managers and 1 FT intake co-coordinator/database analyst. Information about the Patient Representative is available in the handbooks that are given out to all admitted patients at HSC. Additional sources of information are through the Unit staff, posters located throughout the site, and the telephone directories. The PRO responds directly to between 200 – 250 complaints per month; primarily through direct contact from patients/families, and to a lesser extent through referral from HSC staff. The role of the Patient Representative has been to facilitate resolution of complaints by seeking multiple perspectives on the issue and by bringing these perspectives together whenever possible to facilitate shared resolution. All data related to complaints is tracked and reported using a regional intake process for complaints and concerns. Reporting is done quarterly, to the Executive and to the program directors. Regionally, there is an individual at each WRHA hospital with patient representative responsibilities. Patient Representatives are involved in disclosure and follow-up with patients and families who have been involved in a Critical Incident. Patient Representatives have researched involving patients and families in process improvement initiatives, and more widespread training for staff in client relations, with a proposed plan submitted.
(22) Accountability of Chief Operating Officer (COO) of HSC to the WRHA Board of Directors be reviewed to ensure that the Board is setting broad policy direction for the hospital and is providing sufficient scrutiny of hospital operations to assure itself that competent, safe, effective and ethical care is being provided.	Complete - The COO of HSC is also a WRHA Vice-President and the WRHA Chief Medical Officer. Having a dual role at the site and the region supports and strengthens the accountability to the WRHA Board of Directors. The COO of HSC provides regular reports to the Programs and Services Committee of the WRHA Board of Directors. The WRHA Board has a governance manual that it is currently reviewing and revising. It includes a section on board self-assessment and evaluation. The WRHA Mission, Vision & Values are foundational to the WRHA Ethics Strategic Plan where its primary goal is to foster an ethical climate throughout the WRHA. Ethics Strategies include Education, Ethics Consultation & Resource, Organizational Ethics and Research Ethics, each aligned with one or more of the WRHA Values: Caring, Excellence, Innovation, Collaboration & Accountability.
(23) HSC authorities are commended for their continuing efforts to improve its informed consent policy and to educate employees about its contents and requirements. The Review Committee recommends that the informed consent policy at HSC become the model for adoption within regional health authorities (RHAs) and/or health facilities throughout the Province.	Complete - The WRHA Informed Consent policy is a Level 1 policy (A WRHA Regional Policy applicable to all WRHA governed sites and facilities including hospitals and personal care homes, and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement). The WRHA Informed Consent policy is based on the original HSC consent policy and has been fully implemented at the HSC. All regions have Informed Consent policies in place.
(24) Concept of handbook of patients’ rights is not supported, instead recommends that MHHL produce and distribute “A Guide to Manitoba Health Services”. The proposed guide would contain information such as: the principals of <i>The Canada Health Act</i> , a listing of health services which are insured or not insured within the province, the right of patients to	Complete - An Info Health Guide to Health Services in Manitoba has been established. Improvements continue with changes being made to Winnipeg Health Services Directory offering an Intake Line for Compliments and Concerns, as well as a brief explanation of process. Organization of listings in this Directory have been improved making it easier for public to navigate. Similar improvements are underway related to the WRHA Website. The most recent improvement related to the Intake Line for Compliments and Concerns was made available in June 2008 Edition of

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informed consent, the provincial policy on out-of-province travel for medically necessary care, an outline of the delivery structure for health care services and an office location, telephone number and web site where additional information and answers to questions can be found.	the Winnipeg Health Services Directory. A link of the Info Health Guide to health services in Manitoba has been placed on the WRHA internet website.
(25) That all RHAs and/or facilities produce a similar guide to services and a contact point for questions and complaints.	Complete - See recommendations #24 and #27. An Info Health Guide for Health Services in Manitoba covers all RHAs for the province of Manitoba. Sites and services are clearly identified.
(26) Performance measurement and performance reporting on surgical and program outcomes is endorsed. However, cautions are noted in that there are inherent and analytical problems with such activities and significant financial costs involved in creating computer-based information structures. MHHL should play a lead role in collaborating with other stakeholders in the system to establish priorities in this area.	Complete - Processes are in place to test integrity of data as it is collected. Data oversight and data quality teams focus on ensuring that the data are reliable and of high quality. Examples of where this data is used are in completion of a corporate risk profile, liaising with the Manitoba Centre for Health Policy (MCHP) in reporting, and with Required Organizational Practices (ROPs) embedded within the CCHSA standards. The WRHA is involved in activities aimed at standardizing definition of data elements nationally so that comparisons can be made and valid benchmark targets set. This work is being done via the Canadian Institute for Health Information (CIHI). Planning and incremental enhancements relative to information technology is strongly supported by the department in collaboration with system stakeholders.
(27) The proposed Guide to Manitoba's Health Services should indicate clearly that out of province travel to receive medically necessary services is not an unqualified right. The Guide should provide a contact location for information on conditions of eligibility and the nature of the financial support for out-of-province travel.	Complete - Info Health Guide to Health Services in Manitoba (inclusive of all RHAs) provides information to individuals so that they can make the best use of health services available to them and their family. The guide describes what those services are, how to find them and where to get more information, including out-of-province medical referrals.
(28) HSC and other hospitals in Manitoba develop policies on internal disclosure as part of a broader strategy to promote cultures and climates of openness and creative problem solving in which individuals can raise legitimate, and reasonably-based concerns without the fear of reprisal.	Complete - The WRHA Internal Disclosure of Employee Concerns policy – 20.50.100 was approved in July 2003. Four (4) Disclosure officers were named and a communication plan implemented to advise staff and management. In April 2008 the Internal Disclosure of Employee Concerns policy was merged with the new provincial Whistleblower requirements pursuant to <i>The Public Interest Disclosure Whistleblower Act</i> and a new policy called Disclosure of Staff Concerns. This policy will be brought to WRHA senior management for approval. In advance of the policy, the legislated requirements have been broadly communicated in accordance with the <i>Act</i> . Information and forms are available on the WRHA Intranet site for staff. The provincial Internal Disclosure of Staff Concerns Policy has been revised (2006) to reflect the new (2006) legislative requirements surrounding the reporting and management of critical incidents. This policy continues to promote a culture and climate of openness and creative problem solving in which individuals can raise legitimate, and reasonably based concerns without the fear of reprisal. <i>The Public Interest Disclosure (Whistleblower Protection) Act</i> was recently proclaimed (2007) into law. The <i>Act</i> provides a process for disclosing significant and serious wrongdoing in the public service and provides reprisal protection.
(29) MHHL monitor the development of internal disclosure policies and their operations within hospitals and the experience with whistleblower	Complete - This is addressed in recommendation #28 noted above.

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<p>laws in other jurisdictions. If after 5 years, there are continuing problems and complaints involving a lack of responsiveness by hospitals to concerns raised by their staff, MHHL should at that point consider the adoption of a <i>Whistleblower Act</i> for the health field or the public sector in general.</p>	
<p>5. Office of the Chief Medical Examiner (OCME)</p>	
<p>(30) MHHL through the RHAs should direct hospitals to notify the Office of the Chief Medical Examiner (OCME) of “significant changes” to programs and of program reviews prompted by hospital-related deaths.</p>	<p>Complete - The Provincial Policy Reporting of Significant Changes to the Office of the Chief Medical Examiner (OCME) has been adopted and integrated within all RHA operations.</p>
<p>(31) The Review Committee Supports the OCME’s efforts to improve tracking of hospital-related deaths, but further steps in this direction should be integrated with the development of a computer-based information infrastructure for the overall health system.</p>	<p>Complete - Diagnostic Services of Manitoba (DSM) continues to evolve as evidenced by the planning and incremental implementation of a Lab Information System (LIS) to enhance reporting for pathology services. LIS project completed after eight (8) successful site implementations – the last being Seven Oaks General Hospital Pathology. All Winnipeg DSM labs are now connected through the LIS, and in the Fall of 2007 the entire LIS server infrastructure was updated to further stabilize the application and ensure capacity for future growth.</p>
<p>(32) A review of the role, number and location of Medical Examiner Investigators (MEIs)* based upon the outcome of the current fee dispute between the Department of Justice and the MMA representing MEI’s.</p> <p><i>*June 2001 – Note error in recommendations which should probably read Medical Examiners, not MEIs.</i></p>	<p>Complete - Negotiations between the MMA and MHHL (on behalf of Manitoba Justice) occurred in 2002. The fee dispute is over. A list of Medical Examiners (MEs) is kept up to date.</p>
<p>(33) No change in the employment status of pathologists.</p>	<p>Complete – See # 32. Furthermore, The OCME has MEs within in all major areas of the province. In areas without a ME, an investigator from Winnipeg works with local physicians.</p>
<p>(34) Endorsement of the recommendation that the OCME develop guidelines for pathologists on the conduct of autopsies to ensure that all relevant perspectives are included.</p>	<p>Complete – Guidelines for conducting autopsies are in place. Periodic reviews of whether the guidelines are being followed and guidelines themselves are undertaken.</p>
<p>(35) The OCME conduct a process analysis of the steps involved with its investigations and autopsies to determine whether a “re-engineered process” could maximize productivity and expedite the autopsy process.</p>	<p>Complete – Autopsies have been consolidated at HSC and St. Boniface General Hospital (SBGH). Efficiencies in completion of autopsies have been achieved. The improved process is continuing to be more efficient. Ongoing review of process for autopsies continues to ensure time-frames for completion are maintained.</p>
<p>6. College of Physicians and Surgeons of Manitoba (CPSM)</p>	
<p>(36) The College of Physicians and Surgeons of Manitoba (CPSM) adopt a more pro-active education strategy to promote awareness of the role that</p>	<p>Complete – Since 2004, a toll-free telephone number has been established for public to contact the CPSM. Disciplinary action is posted to the website within a few days of the decision, which has promoted timely communication. Updated College Standards</p>

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the College plays within Manitoba's health care system, including its role in dealing with complaints about physician behavior and its disciplinary powers.	By-Law permits approved Standards Committee at any level in the system to refer out an issue or a physician to disciplinary side of the CPSM when they feel there is a risk to the public. The referral can be to the Registrar, to another regulatory body, or to an appropriate administrative process (e.g. Director of Nursing, Medical Director). Modifications to the complaints process has resulted in communication to a physician early on, which streamlines the process, promotes quicker response time and is more user-friendly. A new appeals process, which permits separate appeals committee which is smaller – has streamlined process and there is a quicker response time.
(37) The CPSM Code of Conduct be modified to include a duty on the part of physicians to inform patients and others about the role of the College and the availability of the complaint process.	Complete – See # 36.
(38) CPSM work with MHHL and other interested groups to develop a system of "physician profiles" describing the education, experience, training, awards, disciplinary history and other information deemed relevant for each physician practicing in Manitoba. In the context and format for physician profiles, a balance must be found between the public's right to know and easy access to information with the right of physicians to a measure of privacy and to an accurate, balanced and fair interpretation of their history of medical practice.	Complete - The Physician Profiles web site was launched by the College of Physicians and Surgeons on October 31, 2005. It is located at www.cpsm.mb.ca . The College is responsible for operating this website and the associated telephone service, and maintaining the information presented. MHHL and the College have negotiated a funding agreement for the Physician Profiles program.
(39) CPSM proceed to develop a more formal program of continuing medical education for its members.	Complete – As of 2004 - Continuing professional development is a form of revalidation. Members must report to the CPSM if they have done a minimum of 100 hours of continuing medical education over 2 years, which is reported publicly.
(40) CPSM adopt the Physician Achievement Review process used in Alberta to incorporate both peer review and patient input into the evaluation of physician performance.	Complete - In regard to a regulation regarding continuing competence – we amended <i>The Medical Act</i> in 2007 to allow the CPSM to proceed on this. MHHL are waiting for direction from the CPSM on what they want included in the program. The model they are going to choose is yet to be confirmed.
(41) The CPSM, in consultation with MHHL, develop over the next (5) five years a program for the periodic recertification of doctors as means of ensuring quality practice and maintaining public confidence and trust in the profession.	Complete - The CPSM are proposing a process of revalidation rather than certification, items being discussed are mandatory continual professional development either through the Royal College of Physicians and Surgeons or through the College of Family Physicians of Canada. There is nation wide interest in this process.
7. Western Canadian Children's Heart Network (WCCHN)	
(42) For the immediate future, there should be no restart of the pediatric cardiac surgery at HSC. Pediatric cardiac surgery programs are costly to support in terms of programming funding. Fiscal resources that would be	Complete - Capital Health is now home to the Western Canadian Children's Heart Network (WCCHN), based at the Stollery Children's Hospital/University of Alberta Hospital, Edmonton. The WCCHN coordinates the delivery of pediatric cardiac services to residents of British Columbia, Alberta, Saskatchewan, and Manitoba. This Network is a positive way for the western

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utilized for a Manitoba pediatric surgery program should be redirected to support the Western Canadian Children's Heart Network (WCCHN).	provinces to collaborate and make the best use of available resources and expertise.
(43) The Province of Manitoba continue to support and play a lead role in the development of the WCCHN as basis for providing high-quality pediatric cardiac surgery to Manitobans.	Complete - The WCCHN receives an annual grant of \$80,000.00 from MHHL to support the work undertaken by this Network.
(44) In the development of the WCCHN, attention be paid to the needs of families in terms of the concerns raised above. Patient experience and patient satisfaction should be a larger component of the formal in-depth evaluation scheduled to take place several years after the launch of the program.	Complete - The WCCHN was established in 2000 to link expertise between 5 western paediatric cardiac centres and improve interprovincial cooperation and partnership. Over the past year, WCCHN established several subcommittees to ensure the Network's 6 core objectives. One of the subcommittees is the Family Advisory Committee. Families work together in the development, ongoing operation and evaluation of the WCCHN. They act as an advocate for children with heart disease and their families. They provide evaluative feedback and proper changes to current Network activities and also provide advice on the development and operations of the Network. Proposed Family Committee initiatives for future years: establishing out-of-province funding and developing a parents' rights handbook. The committee meets quarterly via telehealth.
(45) The WCCHN be seen as a possible model for extension of collaboration with pediatric surgical programs in eastern Canada and for other specialty programs where Manitoba could benefit from participation in interprovincial programs.	Complete – Similar models of Centres of Excellence have been established in Manitoba i.e. The Gamma Knife Neurosurgery Site of Excellence in 2003. This is a shared Canadian Program that treats patients from within the province as well as out of province.
8. Manitoba Health and Healthy Living (MHHL)	
(46) The regional model adopted in 1997 delegates significant authority, resources and managerial direction of health care service to the 12 RHA Boards and the Chief Executive officers (CEOs) who report to them. The review Committee recommends that the regionalization process be completed to include all health facilities.	Complete - An external of review of regionalization in Manitoba has been completed (2007-2008). The report highlighted some of the strengths of Manitoba's health-care system and numerous improvements achieved directly related to the implementation of regionalization, as well as identifying several best practices that have resulted in improved patient care. The province has committed to immediate action to extend some of these innovations across Manitoba including expansion of the Advanced Access model of patient scheduling (that ensures patients can see a doctor on a timely basis) and, expansion of the physician resource co-ordination office to include recruitment and retention of nurses and other allied health disciplines. A full copy of the report is available on the MHHL website. All non-devolved health services in the province have entered into service purchase agreements with their respective RHAs. These services are involved in the management teams, quality assurance and the accreditation process for the region.
(47, 48) There remain areas of overlap and duplication between the provincial policy determination, standards setting and monitoring role that reduce efficiency and blur accountability. An initiative is underway to more clearly align responsibilities within the provincial - RHA relationship. The Review Committee urges the completion of this initiative to serve as the basis for clearer direction and sounder accountability framework within the regional health care model.	Complete - An Accountability Framework has been drafted by MHHL Accountability Support Branch (ASB) and it is in final stages of review before being released. This Framework has been used to update the document <i>Achieving Accountability</i> . Upon Ministerial direction and approval, public release of this material will be done.

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(49) MHHL is in transition, moving away from a significant role in the direct management of service delivery and towards a new role that focuses on policy frameworks, provincial-wide planning, standards-setting, performance measurement and evaluation as a basis for ensuring that all Manitobans have fair and consistent access to competent and safe health care. To perform in its new role, MHHL needs to be reorganized and to develop new kinds of knowledge and skills among its employees.	Complete – Since 2004, MHHL structure has been strengthened to improve accountability mechanisms within the health services system. MHHL employees are encouraged and supported by Management to participate in professional development activities. Organization and Staff Development (OSD) opportunities are regularly posted on the Government intranet. Staff are approved where appropriate/feasible for participation at workshops and conferences. Other examples of staff development activities include/are not limited to The Portal Project, Manitoba Health Role Profiling Project, Provincial Health Conference, Leadership Development Workshop Series, and Corporate Learning Sessions.
(50) The Review Committee supports recent actions and further proposals for reform put forward to the Government of Manitoba by the Minister of Health and the Deputy Minister (DM) of the Department.	Complete – As of 2004, see #49.
(51) The Review Committee supports the work of the provincial taskforce developing a health information strategy as a basis for the creation of an information rich context for better informed policy-making, management and risk avoidance.	Complete – As of 2004, the health technology strategy document is complete. A plan for operationalization is underway.
(52) Within a year of the release of this report, the Minister of Health, with the support of the Department of Health, prepare a status report on actions taken to date within the various institutions to implement the recommendations. This status report should be made public and be tabled in the Manitoba legislature.	Complete – The initial progress report (Year 1) for the period June 1, 2001 to June 1, 2002 was tabled in the legislature and released publicly by the Minister of Health.
(53) Lawyers representing the families urged the Review Committee to remove the current protection against disclosure of standards committees' proceedings. This would require amendments to both <i>The Medical Act</i> and <i>The Evidence Act</i> . Since <i>The Evidence Act</i> is the responsibility of the Minister of Justice, the Review Committee recommends further study of the issue by the Departments of Justice and Health.	Complete - All Health Authorities have implemented a policy on critical incident reporting based on the new (2006) legislation for reporting and management of critical incidents. The legislation is designed to ensure that analysis and opinions are kept confidential and protect the rights of individuals affected by a particular incident to know what has happened to them by requiring that they be fully informed of the facts relating to the incident. In addition, the amendments to <i>The Manitoba Evidence Act</i> prohibit the use of Critical Incident Review Committee (CIRC) information in legal proceedings. It will be up to the entity in question to ensure that the information of a CIRC is maintained and used in a manner consistent with this privilege. Through the amendments, the work of Standards Committees will continue to be protected from use/disclosure in legal proceedings. This protection has also been extended to the work of CIRC's.