# HEALTH BEST PRACTICES

*The Manitoba Regional Health Authority External Review Committee*

*2008*

# *HEALTH BEST PRACTICES*

As part of the terms of reference for the external review of Manitoba Regional Health Authorities (RHA), the Manitoba Regional Health Authority External Review Committee prepared this document to identify some areas where Manitoba RHAs and non-devolved facilities have demonstrated leadership and innovation (that is, best practices) in improving their services.

This document is an inventory of best practices provided to the Review Committee by the CEOs of Regional Health Authorities and non-devolved facilities who were asked to provide examples of best practices that their region had implemented. It was also requested that they indicate whether each one has been validated as a best practice by an external reviewer such as the Canadian Council for Health Services Accreditation or another recognized external organization.

This document is intended for use by Manitoba RHAs and non-devolved facilities to enable information sharing of their best practices.

Included in this document are lists and descriptions of best practices currently in use throughout Manitoba as submitted by the respective RHAs and non-devolved facilities. Some descriptions have been abridged due to length.

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## *SECTION A* – REGIONAL HEALTH AUTHORITY BEST PRACTICES

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
|---|---|---|---|
| A1 | ASSINIBOINE | **Cross Training of Staff in Laboratory/ Diagnostic Imaging** Cross training of lab and X-ray staff in both laboratory and diagnostic imaging disciplines | This was a best practice identified by the Canadian Council on Health Services Accreditation (CCHSA). In rural Manitoba many lab & x-ray staff are trained in both laboratory and diagnostic imaging disciplines. This is not unique to the ARHA but rather common in all small lab & diagnostic imaging units across Manitoba. Cross training in this area improves service delivery because activity in most of these small sites would not justify the additional staff that would be needed to cover both disciplines. |
| A2 | ASSINIBOINE | **EMS Staff Partnering with Community Groups** EMS staff utilizing downtime to improve service delivery and promote safe practices in the community | This was identified as a best practice by CCHSA. Emergency Medical Services (EMS) staff are not required to be out on calls all of the time so on their down time they participate in health promotion activities such as checking seniors homes for safety risks (Home Healthy Safety Checks); injury prevention activities such as bicycle safety, farm safety, water safety, etc.; and distributing ERIK kits to seniors homes (these kits contain information that is valuable for emergency responders and is kept on the fridge). This improves service delivery by using a valuable resource to its fullest potential and improves health outcomes by preventing injuries; etc. |
| A3 | ASSINIBOINE | **Primary Health Care Tools** Use of new format to effectively plan and evaluate primary health care services | This refers to the ARHA developed Primary Health Care Lens and One Window approach tools which were referenced in the Canadian Primary Health Care Facilitation Guide published from the multi-jurisdictional collaboration - a Primary Health Care Transition Fund initiative. This Lens and One Window Approach can be used to effectively plan and evaluate primary health care services. They can improve service delivery by ensuring that the best possible service solution is implemented and evaluated. |
| A4 | ASSINIBOINE | **Standardized Acute and Long Term Care Charting Package** Standardization of charting package across region | At the time of regionalization there were numerous charting packages used at the various sites across the Assiniboine region. The region has standardized the charting package and worked with professional bodies to ensure that the packages met all of the necessary requirements from a documentation perspective. This was externally validated by the College of Physicians and Surgeons of Manitoba when they did reviews of the hospitals throughout the region. This improves service delivery in that staff working at multiple sites now have the same charting package and it consistently meets documentation requirements from a liability perspective. |

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| A5 | ASSINIBOINE | **EMS Alternate Route to Maintenance of Licensure** Provides assistance in ensuring EMS staff are able to maintain licensure and promotes ongoing staff development | This is a program developed to allow EMS staff to maintain their licensure by completing ongoing modules rather than having to sit exams every three years. By placing computers in all EMS stations staff do not have to leave the region but can meet the requirements for maintenance of licensure right at home. This improves service delivery because training/licensing requirements can be one of the biggest hurdles to recruitment and retention. This makes it easier for providers to maintain their license which positively impacts recruitment and retention. This was externally validated by Manitoba Health. |
| A6 | ASSINIBOINE | **EMTech Web Based Training Program** Promotes a more user friendly approach to training | This is a web based training program for Emergency Medical Technicians. Individuals can now take most of the training to become an EMTech right from their home computers if they wish. Again this facilitates recruitment and retention by making the training more accessible. This is the first web based training program developed in Manitoba and it was externally validated by Manitoba Health. |
| A7 | ASSINIBOINE | **Quality Framework** Decision making tool for acute care facilities | This is a framework used to assess acute care facilities according to quality, accessibility and affordability indicators. Sites are scored based on the objective indicators and the scores are used to guide resource allocation decisions, i.e., those with higher scores will receive scarce resources first. This has been used to guide human resource allocation decisions (i.e., physicians) and capital allocation decisions (i.e. major capital projects; equipment). This has been externally validated by Manitoba Health. |
| A8 | ASSINIBOINE | **Mentoring of International Medical Graduates** Additional method of assessing/training IMGs | In response to concerns faced by the region regarding the knowledge and skills of some new International Medical Graduates the ARHA began a further assessment and mentoring process. This has been externally validated by Manitoba Health and the College of Physicians and Surgeons to the extent that this has now been adopted as part of the provincial assessment process. This improves service delivery by ensuring that new physicians have the necessary knowledge and skills to practice safely in rural independent practice. |

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| A9 | ASSINIBOINE | **Upgrading of EMS Skills**<br>Creates the availability of emergency response skills when/where there is no emergency service facility readily available | This was referenced as a best practice by the College of Physicians and Surgeons in their summary of hospital reviews. This speaks to enhancing EMS service in communities when acute/ER services have had to be shifted. For example, in Erickson the region shifted acute/ER services in 2003 due to a lack of physicians. The result was that the region enhanced EMS service in the area both in terms of dedicated staff and skill sets. This improves service delivery by ensuring timely emergency response when the emergency department is no longer available. |
| A10 | ASSINIBOINE | **Community Education Program**<br>Enhances communication of important information to community | This was referenced by the College of Physicians and Surgeons in their summary of hospital reviews that was submitted to the Deputy Minister. Given the ongoing service challenges coupled with communication challenges in rural areas (i.e., weekly versus daily newspapers), the ARHA has developed effective means of communicating very important information to the public. Not unique to Erickson, the region now uses a combination of radio ads; mail drops (into every mail box in the effected area); posters; and news releases to communicate with the public. The detailed mail drop into every mail box has been very positively evaluated by the public. This improves service delivery by ensuring people of the region are aware of what services can be accessed and where they can be accessed. |
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| A11 | BRANDON | **Aboriginal Workforce Initiative**<br>Promotes recruitment and retention of Aboriginal people in the health care system | In September of 2003, the BRHA signed a partnership agreement with local aboriginal groups and other stakeholders to establish a long term human resources strategy to build its aboriginal workforce. Strategies were formulated to provide education about careers in health care, increase cultural awareness within the BRHA, proactively recruit aboriginal people with an interest in health careers, and retain aboriginal staff within a culturally competent environment. To date, BRHA has hired 126 Aboriginal staff, signed partnership agreements with 16 organizations, established an Aboriginal staff circle, instituted Elder visitations, established the position of Aboriginal Spiritual Care Worker, provided space for gatherings and ceremonies, and instituted cultural awareness training for staff. This initiative resulted in the recruitment of a variety of fully competent Aboriginal candidates to professional and paraprofessional positions within the organization, and it has increased the awareness and competency of the organization to positively affect the overall health status of the Aboriginal population. This is a population health approach from the aboriginal people's perspective. Recognition has been received from the Manitoba government, several local and regional Aboriginal organizations, and the Aboriginal workforce participation initiative. |

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| A12 | BRANDON | **Common Cause for Mental Health Group** Multi-disciplinary approach to assist individuals and provide continuity of service for individuals living with mental and emotional health issues. | The Common Cause for Mental Health group is a coalition of health and social service organizations and clients with mental health experience who share common goals for the development of social policy, community culture, and supportive conditions to enhance the lives of residents living with mental and emotional health conditions. The team has client and provider representation from a variety of BRHA services and partner organizations who work together to advocate for improvements to aspects of the system that would otherwise be at risk of becoming ineffective. The group has worked on a peer-to-peer support program to provide peer support from experienced service recipients to others who identify a need for support from people with similar experiences. |
| A13 | BRANDON | **Organization of Mental Health** Organization of mental health services into an integrated continuum has provided easier access and coordination across programs. | Excerpt from the report of the Standing Committee on Social Affairs, Science and Technology (Kirby Report).<br>"During its cross-country hearings, the Committee was impressed by testimony that described the integrated provision of community-based services and supports in Brandon, Manitoba. Further investigation by Committee researchers, who visited Brandon during the summer of 2005, confirmed the Committee's initial impression that Brandon stands out as an example of how hard work and careful planning can yield effective results. While it cannot serve as a template or uniform model, many valuable lessons can be learned from Brandon's success in integrating mental health services, lessons that can be creatively applied throughout the country." (Additional commentary can be found on pages 105 - 108; Chapter 5.3.1 of the Final Report of The Standing Senate Committee on Social Affairs, Science and Technology: "Out Of The Shadows At Last"; *Transforming Mental Health, Mental Illness and Addiction Services in Canada*).<br>The organizing of mental health services into an integrated continuum has provided easier access and coordination across programs. The range of community supports has also enabled more than 100 (average 130) individuals with severe and persistent mental illness to live successfully outside of an institutional setting. |
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| A14 | BURNTWOOD | **Health Circus** Creation of a festive event where children can have fun while being assessed and immunized | Burntwood RHA implemented the idea of having a health circus to enable the assessment of children entering into Kindergarten including: hearing, eye, dental and speech screening; growth and development assessment; and immunizations. Meeting these needs in a group and providing the service on a Saturday is a very efficient way to target the school entry population.<br>The health circus idea involves staff dressing up in costumes and having educational games/activities to make this community focused event fun and educational while still meeting the above mentioned needs. The Health Circus has been delivered intermittently for approximately the past 30 years. |

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| A15 | BURNTWOOD | **Advanced Access Model of Patient Scheduling**<br>Streamlining of patient appointments with demand in order to allow quicker access to services | The advanced access model of patient scheduling is based on the core principle that if the capacity to provide patient appointments balances the demand for appointments, patients calling to see their physician can be offered an appointment the same day.<br>Advanced Access involves understanding and balancing of supply and demand, reducing the number of appointment types, developing contingency plans to sustain the system, reducing and shaping the demand for visits and increasing effective supply.<br>The impact on improving health outcomes or service delivery is:<br>- Better patient access to services<br>- Maximum utilization of staff, and practitioners working at their full scope of practice<br>- Better clinical outcomes<br>- More patients able to access health care services<br>- High provider satisfaction - Today's work is done today<br>- Better utilization of financial resources.<br>With close to a 40% rate of no-shows in the clinic, Advanced Access reduces enormous inefficiency. The Region's population carries tremendous social burdens as well as physical illness. To obtain immediate access is believed to be the most effective way to meet the needs of this population. Since BRHA has begun Advanced Access, it has been able to accommodate from 500 to 1000 more visits per month than in the previous system. |
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| A16 | CENTRAL | **French Language Services**<br>Facilitation of need for French language services in the health system within region | **2007 Ronald Duhamel Award**<br>An effective service delivery model for the French-speaking communities spread across the region needed to take into consideration the geographic distance between these communities. The RHA Central has been facilitating an approach to integrate the delivery of French Language Services within the RHA's existing organizational framework with the following components:<br>- Collaborative planning and consultation with the Central Region French-speaking community: The Table de concertation regionale du Centre (Table) represents the francophone community in Central Region.<br>- L'Équipe de santé bilingue: L'Équipe de santé bilingue was established to provide bilingual services to promote primary health care, prevent illnesses, care for common illnesses and manage ongoing health problems. The Équipe de santé bilingue is composed of individual resources from across the region. While the team is composed of bilingual resources, team members can be based out of designated and/or non-designated sites across the Region. Access to a variety of services is facilitated through the *Équipe de santé bilingue*. Within this model, the client is the focus of all actions and the RHA Central is supported by community participation to ensure that client needs are met. ***Continued on nest page.*** |

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| A16 | CENTRAL | **French Language Services**<br>Facilitation of need for French language services in the health system within region | **2007 Ronald Duhamel Award *Continued***<br>-TéléSanté Manitoba (TSM): Utilizing the MBTelehealth network, the RHA Central Mobile Primary Health Care Team's outreach program extends its services and offers valuable educational opportunities to health care professionals. TéléSanté project locations complement proposed practice locations for the Francophone Family Residency Program. Within the RHA Central's service delivery model, interactive videoconferencing is a useful tool providing the region's residents with improved access to health care services in French. |
| A17 | CENTRAL | **National Hand Hygiene Campaign**<br>Promotion of hand hygiene amongst health staff and public | RHA Central was selected by the Canadian Public Health Association for pilot testing of the National Hand Hygiene Campaign.<br>In June 2007, Canada's Hand Hygiene Campaign and its theme – "Stop! Clean Your Hands" was introduced during the National Education Conference of the Community and Hospital Infection Control Association-Canada (CHICA). There was a call for submissions to pilot the tool kit resources with 10 sites to be selected across the country. RHA Central was selected as a site because it exhibited evidence of senior level commitment and support for hand hygiene; it had an established approach for hand hygiene indicating a readiness to implement the pilot tools; and its hand hygiene program was integrated across the continuum representing a variety of organizations (e.g., community, acute, long term care).<br>The focus on an integrated approach to hand hygiene has resulted in measurable benefits. Pre and post campaign audits revealed a 20% increase in the availability of resources to practice good hand hygiene, up to 10% improvement in hand hygiene technique for staff (especially in acute care facilities) and a steady increase in use of hand sanitizers by the public.<br>Having the opportunity to provide feedback on the new National Hand Hygiene tools/program has enabled the sharing of knowledge gained with organizations developing the National Campaign. This tool kit has also been shared with all the Medical Officers of Health for Manitoba as reference material for their own RHA campaigns. |
| A18 | CENTRAL | **Spiritual Care Advisory Committee**<br>Creation of a committee to develop standards to address spiritual care | The Spiritual Care Advisory Committee developed a set of standards (based on the Canadian Council on Health Services Accreditation survey standards) and completed the CCHSA survey process using these standards as a tool. CCHSA recognized the work of the committee as a best practice. |

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| A19 | CHURCHILL | **Partnership with the Northern Medical Unit**<br>Provides access to a full continuum of physician services for residents who may otherwise not have access. | In its 2005 Accreditation Report the CCHSA stated the following:<br>"The organization is commended for its continued partnership with the Northern Medical Unit. Through that partnership, the organization has maintained access to quality physicians' services equal to facilities in much larger locations. Because of this partnership, the residents of Churchill and Nunavut have access to a full continuum of physician services. This model of primary care services would benefit rural and remote areas across the country". |
| A20 | CHURCHILL | **Mental health outpatient program** | A referral system has been established with the northern communities involving a multidisciplinary case management approach including discharge planning for patients and an ongoing consultation resource for mental health workers in northern communities. |
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| A21 | INTERLAKE | **EMS Disaster Planning in Selkirk**<br>EMS provide diabetic home care clients insulin injections, when travel is not possible for home care staff, due to winter weather and road conditions | Qualified Selkirk EMS staff provide diabetic home care clients insulin injections when travel is not possible for home care staff due to winter weather and road conditions. They travel by snowmobile if required.<br>This ensures essential services are provided to clients. This is a CCHSA commendation. |
| A22 | INTERLAKE | **Home Care Case Reviews**<br>Ensures clients were matched to appropriate care and home care staffing resources were being appropriately utilized. | Although home care case reviews are scheduled to be done on a regular basis, case and resource coordinator staffing issues impact on timeliness. The region conducted a comprehensive review of 1500 home care cases to ensure appropriate care plans were in place.<br>This is a CCHSA commendation. |

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| A23 | INTERLAKE | **Program Consolidation**<br>Consolidation of programs to improve quality, patient safety, better ensure staff expertise and improve staff retention and recruitment and improve cost effectiveness. | Consolidation of regional surgical and obstetrical programs at Selkirk General to improve quality, patient safety, better ensure staff expertise and improve staff retention and recruitment and improve cost effectiveness. Also consolidated a number of small services formerly spread throughout the region to create more effective regional programs (e.g., infection control and education). |
| A24 | INTERLAKE | **Partnerships and Community Engagement**<br>Partnering with community organizations in order to share information and pro-active approaches to health promotion and disease prevention | The region has done extensive work in the development of partnerships to achieve common mandates for the prevention of chronic diseases. The region joined with the Alliance for the Prevention of Chronic Disease, Canadian Cancer Society (Manitoba Division), Cancer Care Manitoba and the Heart and Stroke Foundation to form the "Partners in Planning for Healthy Living". This coalition builds and learns together to increase capacity and to use evidence to take action. As a result, a regional youth survey was conducted in cooperation with the Interlake school divisions in order to assess and baseline activities related to chronic disease (smoking, nutrition, exercise). The information is shared with communities and stakeholders in order to engage others into action.<br>The RHA received an award from the Alliance for Prevention of Chronic Disease for its emphasis and work in health promotion. |
| A25 | INTERLAKE | **Development of Regional Pharmacy Service**<br>Development of hospital pharmaceutical service | The region had a high dependency on retail pharmacists to provide hospital services. The region established a regional service, with the primary base out of Selkirk, with the provision of satellite services to all hospital sites. This has provided a more stable and consistent service with improved focus on clinical aspects. A regional formulary has been developed through a regional pharmacy and therapeutics committee and consistent regional policy has been developed to ensure improved patient safety and consistent application of pharmacy practices across the region. |

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| A26 | INTERLAKE | **EMS – Regional Program**<br>Training of human resources in a mix of pre-hospital disciplines in order to allow for the creation of permanent full time positions. | The region recognized early in regionalization that the former ambulance system, sustained through a mixed voluntary / employment model, was not sustainable in the long run. The region developed a regional service that established permanent positions to create employment opportunities, which along with a good regional training program, has provided a relatively stable and well trained pre-hospital service. This has decreased vulnerability to having EMS staff continually move out of the region. This continuity better assures better trained people, better quality service and better pre-hospital patient care. |
| A27 | INTERLAKE | **Injury Prevention (seniors)**<br>Pro-active program that decreases falls for seniors and enhances patient safety. | A falls prevention program "Stepping up with Confidence" was directed to seniors in the region, as it was identified that there was a high rate of injuries related to fall in the seniors' population. With the assistance from Manitoba in Motion, the University of Manitoba and the WRHA, a program was developed and initial training was provided in order to develop a "train the trainer" model. This allows the RHA to provide this falls prevention program through a number of venues including Adult Day Programs and Seniors Resource Programs. |
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| A28 | NOR-MAN | **Framework for Ethical Decision Making** | The NOR-MAN Regional Health Authority Framework for Ethical Decision Making is a three-step process which facilitates a systematic and thorough examination of a situation. It encourages the incorporation of new or additional information as it is introduced to the review.<br>**Step 1: Collect Information and Identify the Problem / Issue**<br>Determine the facts of the situation.<br>Identify the ethical components.<br>Identify the people involved, and those who need to be involved. . State the problem / issue / dilemma as 'clearly as possible.'<br>**Step 2: Clarify and Evaluate**<br>Seek to clarify the issue / dilemma by considering the ethical principles which impact the issue. This can serve to clarify the fundamental nature of the dilemma.<br>The series of questions under the four headings surrounding the framework are useful to determine the facts of the situation, particularly in a clinical situation.<br>Professional codes of ethics of the care providers directly involved in the issue must be considered and value conflicts identified. Social and cultural expectations must be explored and identified. Legal requirements are considered to determine compliance with existing laws and policies. ***Continued on nest page.*** |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| A28 | NOR-MAN | **Framework for Ethical Decision Making** | ***Continued***<br>The values and beliefs of those involved as well as the values of the NORMAN Regional Health Authority are identified and considered. Actual or potential value conflicts are identified. Throughout this step, previous information is considered in light of new data.<br>**Step 3: Action and Review**<br>A range of possible actions is identified and possible consequences/outcomes of these actions are analyzed.<br>Clearly outline the responsibilities of participants.<br>A decision is made and action taken.<br>The outcomes of the decision are evaluated and amendments made as appropriate. |
| A29 | NOR-MAN | **Workplace Integration of New Nurses Program (WINN)**<br>Integrating new nurses to improve retention. | New nursing graduates must be successfully integrated into the workplace and into their profession. A positive integration into the workplace increases the likelihood of long-term retention of professional nurses and it is the responsibility of the organization to facilitate this critical process.<br>The Workplace Integration of New Nurses (WINN) program of the NOR-MAN Regional Health Authority is designed to provide the required supports to new nurses during the initial employment period. It contains several components that together will address those elements that have been shown to impact successful transition to the workplace and address the long-term career needs of professional nurses.<br>The WINN program of the NOR-MAN RHA consists of the following components:<br>Transition Facilitator<br>Nursing Competency Development<br>Group or Cohort Support<br>Professional and Career Development |

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| A30 | NOR-MAN | **Documentation of Patient Care**<br>Charting by exception | When first introduced in the early 1990's, Charting By Exception (CBE) raised concerns among nurses as it advocated a departure from the long held tenet "if it wasn't charted then it wasn't done". Charting By Exception has now become one of several documentation systems, that when implemented properly, addresses both the legal and practice standards which must be considered.<br>CBE is a shorthand method of documentation rather than an absence of documentation. The client is evaluated against well-defined standards, norms or outcomes and progress towards the outcomes. The premise upon which CBE is based is "all observations fall within expected limits or all care standards have been met unless the care giver has documented otherwise".<br>The key components of CBE are:<br>• Standards of Care or Standard Care Plans/Protocols that articulate assessment norms and explicit care activities.<br>• Flow sheets record care provided according to the established protocols and findings from assessments or observations that fall within established ranges.<br>• Interventions or findings that fall outside the expected ranges or protocols are highlighted in the narrative record or progress notes.<br>Charting By Exception has a number of advantages over other charting systems. Due to its streamlined nature, the most significant advantage is the potential redirection in time spent on documentation. Also, those variances needing intervention stand out clearly. Patient outcomes are clearly identified and measured, which supports continuity of care and promotes ongoing quality monitoring. A central advantage to adopting CBE as the regional system is that the transition to Care Maps or Clinical Pathways is simplified as CBE is the charting model upon which they are based.<br>The disadvantages of CBE as a system stem from the initial time and resources required to develop and implement the standards/protocols and an ongoing commitment to ensure that they remain current, reflecting best practice principles. The "standard" care plan must be modified to reflect the individual needs of the patient and revised as the patient's status changes.<br>Charting By Exception, when properly developed and implemented, supports nurses in demonstrating that the Standards of Practice are satisfied. |

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| A31 | NOR-MAN | **Ethics Lens for Policy Review** | A template or method to guide policy authors in ensuring that the NOR-MAN RHA Ethical Principles and Values are reflected in the policy or procedure being developed.<br>During the process of policy development, or upon completion of the first draft of the policy, ask the 10 questions in the Lens. If the question doesn't apply, indicate N/A.<br>The completed "LENS" should accompany the Policy during its approval process. |

| QUESTIONS | YES | NO | COMMENTS (If yes, How? If no, Why not?) |
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| 1. Does the policy reflect honesty, respect and truthfulness in its content and intent? | | | |
| 2. Does the policy promote free and informed choices on the part of our clients? | | | |
| 3. Does the policy reflect unique or specific cultural considerations? | | | |
| 4. Does the policy protect the right and need for confidentiality? | | | |
| 5. Does the policy consider the unique needs of individuals, agencies and communities in its content and/or intent? | | | |
| 6. Does the policy reflect innovation, cost-effectiveness and evidence-based best practices citing relevant references? | | | |
| 7. Does the policy address the needs and contributions of all stakeholders? | | | |
| 8. Does the policy address the legal requirements associated with the content and/or its intent? | | | |
| 9. Does the policy clearly outline proper accountability and prudent expenditure of public funds? | | | |
| 10. Is the policy consistent with, and supportive of, professional codes if ethics? | | | |

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| A32 | NOR-MAN | **Quality Scorecard** | NRHA developed a Quality Scorecard that has received national and provincial attention. Many of the other RHAs throughout Canada has adopted the model.. The Region received a best practice commendation from the Canadian Council for Health Services Accreditation (CCHSA) during its Accreditation in April 2001. NRHA was the first region in Canada to be listed on the CCHSA web site as a "Best Practice Example" and CCHSA is also showcasing this model as part of their education sessions. In developing the scorecard, the goal was to ensure alignment with current processes including the Region's Strategic Plan, its CQI Process, CCHSA requirements and Manitoba's Health Performance Measurement Framework. A Quality Scorecard is published four times a year in one of four areas: Work Life, Responsiveness, System Competency and Client/ Community Focus. |
| A33 | NOR-MAN | **Community Health Assessment Report**<br>Use of multi-disciplinary teams and integrated client records to create more seamless health care across disciplines. | Funding from the Primary Health Care Transition Fund enabled the RHA to move forward with the development and implementation of a Primary Health Care Strategy designed to address the health needs of the individuals and communities serviced by the NRHA. The NOR-MAN Regional Health Authority believes that Primary Health Care is the most appropriate care by the most appropriate provider. The strategy consisted of interrelated activities by integrated teams designed to support individuals and communities in their efforts to achieve their optimal health and well-being in a complex health and social environment and where resources are finite.<br>Implementation consisted of two phases – Phase one was integration of all community health staff into multidisciplinary client centered teams through role and responsibility re-alignment (i.e., Infant and Child Health Team, Youth and Women's Health Team, Men's Health Team and Senior's Health Team). Phase two was implementation of the C.A.R.E.S. model (Comprehensive Assessment Referral and Entry System) for case management of clients with multiple needs.<br>Two additional initiatives became evident during the transition phases and these were implemented over the past two years: establishment of a comprehensive, integrated client record between all services under the PHC umbrella (this meant combining the client records from at least seven other programs into one comprehensive record); and establishment of a PHC Database to record the workload and services provided through the PHC Centres. |

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| A34 | NORTH EASTMAN | Long Term Care Program Specifically Related to Falls Management | A quote from a CCHSA Report states: "The Falls Management Program is excellent in that it has been introduced not to decrease the number of falls but to manage them. This program arose out of recognizing there were many individuals that had the potential to become mobile. However, to do so would require additional expertise as well as perhaps assuming potential risks. As part of introducing the program a great deal of explanation took place with the staff, residents and families. Instruction on how to manage falls was given and in some cases appliances and protective devices were purchased. Hip protectors were used for some and a number of special walkers were purchased. A special logo in the form of a falling star was designed to identify individuals at risk of falling. This successful program has allowed for increased mobilization of many individuals whom would otherwise be immobile. While falls have actually increased, a review indicates that injuries have decreased." |
| A35 | NORTH EASTMAN | Integrated Strategic Planning, Indicator Analysis and Risk Management and Safety | North Eastman Health Association developed and implemented an Integrated Quality Management Program that integrates the following core processes: risk management, quality, utilization, financial, and human resources. The Strategic Plan articulates the four Board Ends and four Strategic Priorities that the organization will be pursuing. The Strategic Plan integrates planning and operations into one plan. This plan is in full alignment with Manitoba Health Broad Topics and Goals, and the Canadian Council on Health Services Accreditation quality dimensions.<br>NEHA's Strategic Plan is deployed throughout the organization through Corporate Strategies and Team Actions. It is the integration of teamwork and performance excellence, along with strategic planning and organizational accountability that result in positive outcomes evidenced by sustainable improvements in care and service delivery. The Strategic Plan provides the framework for NEHA's Performance Measurement System with results documented in the Corporate Scorecard and Dashboard of Performance Indicators. Analyzing team and organizational performance is essential to the Quality Management system and therefore linking this information to corporate strategies and determining changes needed to respond is of strategic importance. Two reports that facilitate this analysis include: Utilization Indicator Analysis and Risk Management Indicator Analysis Reports. |
| A36 | NORTH EASTMAN | Manitoba Quality Network Award of Excellence, Gold Level | The North Eastman Health Association was awarded the Manitoba Quality Network – Award of Excellence, Gold Level. It is the only Manitoba Regional Health Authority to be awarded this prestigious award. The criteria for the Award include application and integration within the organization of the following key quality criteria: Leadership, Planning, Customer/Client Focus, People Focus, Process Management, Supplier/Partner Focus and Organizational Performance. |

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| A37 | NORTH EASTMAN | **Strategic Planning on a Regional Basis** | NEHA has frequently been asked to share its integrated strategic planning process provincially, including a presentation at the Provincial Board of Directors Education Day (February 2006) and the Regional Health Authorities of Manitoba Planning Network and the Quality and Risk Management Network. |
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| A38 | PARKLAND | **Disability Management Program**<br>Pro-active approach to working with a patient's disability which focuses on a patient's capabilities during a time of illness or injury | The Parkland Regional Health Authority (PRHA) Disability Management Program is a workplace program that is designed to facilitate employees who are ill or injured through a coordinated effort that focuses on the individual's capabilities versus inabilities and addresses the individual's needs, the workplace conditions, and the legal responsibilities. The PRHA's Disability Management Program passed the International Disability Management Standards Council (IDMSC) consensus-based disability management audit conducted in November 2006. This is the first healthcare organization in the world and the first employer in the Province of Manitoba to be certified by Council.<br>The Disability Management Program focuses on an individual's capabilities during a period of illness or injury. By establishing a return-to-work program the individual is able to regain health and return to work to full duties in a shortened time frame. This approach benefits the employee, the family, the co-worker, the patient, and the organization.<br>Within six months of establishing the Disability Management Program, PRHA's Workers Compensation Benefits were reduced by 17%, a cost-saving of $230,000. |
| A39 | PARKLAND | **HERO Clubs**<br>Psychiatric rehabilitation model with a focus on employment and social isolation which includes the provision of necessary support systems to achieve positive outcomes. | HERO stands for Helping Everyone Reach Out. The HERO clubs in the Parkland are a loose adaptation of the Clubhouse model in Psychiatric Rehabilitation. The originator of the Clubhouse model was Fountain House in New York. The focus was on employment where self-help support involved in the process of the clubhouse enabled employment.<br>There are three clubhouses within the Parkland RHA offering consumer directed activities and fellowship to mental health consumers. They promote empowerment of persons with severe and persistent mental illness in the Parkland Region, particularly in the areas of social isolation and employment. The Parkland RHA supports clubhouses financially and logistically.<br>The Manitoba Schizophrenia Society has honored the founder of the original Parkland Club House/ HERO Club with an award.. The HERO club model was also presented at a national Psychosocial Rehabilitation Conference in Winnipeg.<br>The model has been adopted in Assiniboine R.H.A. and there is now a HERO club in Russell. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| A40 | PARKLAND | **Risk Factor and Complication Assessment (RCFA)**<br>Program that assesses and addresses risk factors for Type 2 diabetes | Risk Factor and Complication Assessment (RFCA) are screening and prevention activities implemented by RFCA-trained health care professionals (MDs, RDs, RNs, LPNs) through physician offices, PRHA programs (Diabetes Education Resource, Primary Health Care Center) and community groups. Risk Factor Assessment is a periodic assessment of risk for developing Type 2 diabetes and other chronic diseases using an RFA Questionnaire. Diabetes Complication Assessment is an annual complication screening for people with diabetes, provided within the context of a comprehensive diabetes health plan and includes assessment of lab results (weight, waist circumference, blood pressure, glucose, lipid profile, albumin creatinine ratio), nutrition screen, physical activity screen, foot assessment, depression screen, and smoking and immunization status. The program guidelines and training were defined by the Diabetes and Chronic Diseases Unit of Manitoba Health and modified to better suit the realities of rural Public Health practice.<br>RFCA activities are based on the Manitoba Diabetes Care Recommendations, piloted initially as part of the Burntwood Regional Diabetes Program Demonstration Project in 1999 – 2002. Evidence indicates that Type 2 diabetes can be prevented or onset delayed through lifestyle interventions and long-term complications of diabetes can either be prevented or delayed by regular complication assessment and timely intervention. Manitoba Health Regional Diabetes Program Evaluation Committee requested PRHA's participation at a meeting in August 2007 to discuss data collection for the evaluation framework. In their September 2006 RDP provincial summary prepared by EPI Research, Inc ,the following benefits were highlighted: 1 – increased awareness of RDP in general; 2 – increased ties to First Nations communities, 3 – increased integration through teams which improved access to and consistency of care; and 4 – enhanced training in assessment resulting in improved quality of care from health professionals. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| A41 | SOUTH EASTMAN | **Immunization Competency**<br>Program that ensures all Public Health Nurses have the education/ training and skills to provide immunization in the best way possible. | There are currently no standardized processes within the province to ensure "immunization competency," although there are recommendations developed by Manitoba Health and other jurisdictions with regards to best practices. The South Eastman Health program for Immunization Competency testing of Public Health Nurses (PHNs) was adapted from Immunization Competency Programs used in other regional and provincial health jurisdictions (Winnipeg Regional Health Authority, Parkland Regional Health Authority, and BC Centre for Disease Control Immunization Competency Program).<br>Although the process does not include anything new or different from any other competency program, it gathered all of the existing best practices and created a process that ensures all Public Health Nurses have the education/training and skills to provide immunization in the best way possible.<br>The program has two sections: the Self Learning Module, and the Immunization Skills checklist.<br>Upon completion of the Immunization Competency program, the PHN will be able to achieve learning objectives related to the subject areas, and demonstrate the knowledge and skills necessary to provide safe and effective immunization programs.<br>The Immunization Competency program is evidence-based and fully congruent with the standards of public health practice adopted and followed by all Canadian provinces and territories. The question format has been externally validated by the Public Health Agency of Canada and desired responses are validated by agreement among multiple national sources, e.g., PHAC, Canadian Immunization Guide, 7th ed., Manitoba Health, Canadian Pediatric Society. |
| A42 | SOUTH EASTMAN | **Risk Factor and Complication Assessment (RCFA)**<br>Program that assesses and addresses risk factors for Type 2 diabetes (also used in Parkland) | First introduced in 2004-05, by the Manitoba Health – Diabetes and Chronic Disease Unit, Risk Factor Assessment is a periodic assessment of risk factors for individuals at risk of developing type 2 diabetes and other chronic diseases. Complication Assessment is an annual complication screening assessment for individuals with diabetes provided within the context of a comprehensive diabetes health plan. The goal is the early identification and intervention of risk factors and/or complications to prevent and/or delay the progression of a chronic disease. "Assessors" are trained by a regional train-the-trainer team utilizing standardized resources developed by the Manitoba Health - Diabetes and Chronic Disease Unit.<br>Assessments are based on externally validated "best practice" as per the Manitoba Diabetes Care Recommendations (2006) and the 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Implementation of assessments has been guided by the general principles of chronic disease prevention and management based on individual client needs, principles of adult learning and regional resources. ***Continued on next page.*** |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| A42 | SOUTH EASTMAN | **Risk Factor and Complication Assessment (RCFA)**<br>Program that assesses and addresses risk factors for Type 2 diabetes (also used in Parkland) | ***Continued***<br>The Risk Factor and Complication Assessment process has had an impact on improving service delivery as it has promoted partnerships and collaboration between health care providers and diabetic care teams working towards the best possible health outcomes for individuals at risk of or experiencing diabetes and other chronic disease. Care has become more coordinated and individuals are encouraged to become equal partners in their health care thus promoting individual responsibility for health comes. It has increased awareness in the general population regarding healthy living practices. For those who have chosen to participate, risk factors and/or complications are being identified earlier and clients are being offered intervention at an earlier rate than previously. The program is still in infancy phase but has much potential to significantly impact health outcomes. It is too early in implementation and data is too limited to reliably measure individual health outcomes regarding prevention/delay of chronic disease. |
| A43 | SOUTH EASTMAN | **Mental Health Advisory Council**<br>Creation of a regional council to address mental health issues and provide linkages between the RHA and community. | Established in April 2007, the South Eastman Mental Health Advisory Council has a diverse membership from across the region, with an emphasis on consumers of Mental Health Services and their family members or other support persons. This Council consists of approximately 12 members, of whom no more than two shall be employed by the Regional Mental Health Program. The purpose of the Council is to provide advice and feedback to South Eastman Health/Santé Sud-Est management from the perspective of mental health consumers, family members and other support persons.<br>Currently in Manitoba, provincial policy requires evidence of citizen involvement into service development, but these approaches are also purported to be a key element of mental health system transformation federally and internationally as recognized in the public documents *International Pathways to Mental Health System Transformation: Strategies and Challenges, 2007*, as well as the Canadian Senate report, *Out of the Shadows at Last, Senator Michael Kirby, 2006.*<br>As the South Eastman Mental Health Advisory Council has been established only recently, the impact on improving health outcomes in this region regarding mental health and population health overall is yet to be measured. However, it is anticipated that this approach will provide key information from consumers, families and natural supports that ensure current services and those under development are citizen focused and individualized as per current “Best Practice”. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| A44 | WRHA | **Integrated Risk Management Framework** | The WRHA's Integrated Risk Management Framework is a model that is well researched, developed and articulated at the senior levels of this organization. This comprehensive framework incorporates elements of business risk, resource risk and compliance risk, allowing for a full 360 degree identification, assessment and addressing of all risk issues for a complex organization. The model allows the region to combine the monitoring of both quality improvement and risk management activities, and will give each team in the region the tools to assess the potential risks and impacts. Using various industry standards, as well as the accreditation standards as a guide, steps to manage each risk area have been carefully identified. While still in its formative stages, the WRHA is currently educating and implementing this model throughout the region and firm processes have been built into this framework for monitoring and reporting on the outcomes of this framework, including a risk mapping process and a risk report card to the board. |
| A45 | WRHA | **Interactive Voice Response technology** | The WRHA's use of the Interactive Voice Response technology since 2002 to conduct a staff satisfaction survey is a low-cost, user-friendly, anonymous and confidential method that has eliminated the need for data entry for a large population. Since the survey does not need to be printed, it was administered in 4 languages, including English, French, Tagalog and Ojibwa. Questions in the survey are easily modified. An implementation team was assembled and a communication strategy, including posters was used, which significantly increased the numbers of participants. For example, in 2004, 27,000 staff were surveyed in two and half months, demonstrating the speed and ease of the technology. Building on the results of this last survey, a toolkit of the results of the survey is being planned and implemented. |
| A46 | WRHA | **The Critical Care patient transfer process** | The Critical Care team uses a patient transfer process that is a well-planned and safe way to transfer patients between sites. This is used for clients that may require tertiary critical care services or specialized diagnostics or therapeutics at a different site. A respiratory technologist (RT) accompanies clients to the transfer site and back if they are indeed returned. Each RT has been trained using mannequin simulation, and each is capable of advanced cardiac life support including intubations if needed. The team partners with EMS to ensure that the program is effective. |
| A47 | WRHA | **Health assessment information for service planning** | The web posting of the health assessment information including the breakdown by geographical service area has been posted in a user-friendly way and several programs and teams across the region have used this information for service planning. The Library Services' House Call program is of note. This organized service reaches out to staff to provide them with assistance and makes them aware of the services that the library provides. This has increased awareness of Library Services, and has led to increasingly sophisticated use of library services, by both clinical and administrative staff. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| A48 | WRHA | **Quality initiatives for mental health** | The Adult Mental Health team has identified, communicated and implemented six quality initiatives in an extremely comprehensive manner. The six initiatives are: reduced incidents of aggressive behaviours, reduced use of seclusion rooms, increased consumer and family satisfaction, streamlined access to the community mental health program, and reduced caseloads for community mental health workers. The team has actively educated and coached all staff on these initiatives and the tracking and reporting systems have been clearly identified. Each will be monitored, with analysis of the data collected to identify further improvements. |
| A49 | WRHA | **Tap water scalds intervention project** | WRHA initiated a tap water scalds intervention project in response to the identified increase in the number of children with hot water scalds or burns. The project had both a focused educational and interventional component. Education and intervention was delivered by health care professionals in the course of their visits to homes clients, giving the project a population-wide educational component. Materials included training information for staff, as well as promotional materials. An evaluation showing the effectiveness of the interventions was completed. |
| A50 | WRHA | **Support for research activities** | The Psychology Team's support for research activities has been established as a cultural and organizational expectation. This team is involved in advanced psychological research and a number of projects have been in place for a long time, spearheading national standards. The national cadre of renowned researchers includes four from Winnipeg. The publication of a number of studies is evidence of this team's exemplary research orientation. |
| A51 | WRHA | **Community Area Quality Steering Committee** | The creation of a Community Area Quality Steering Committee to coordinate and integrate the activities of 12 community area health centres is a good practice. This team represents the integration of both Winnipeg's community health services staff as well as family services programs, which further extends the continuum of health and wellness. The team used the accreditation process to foster integration between frontline staff from both health and family services, and its first priority was to allow staff to get to know each other and understand the commonalities and differences each had in working with the community. The process by which this team undertook not only the self-assessment process, but also the continuing integration of both health and social service programming was extremely comprehensive and very patient and client/community focused. The process and the team itself demonstrated tremendous benefit for the communities served. This has laid the ground work for more integration at the leadership level, as health and family services continue to look for ways to further integrate services. The team itself has achieved a collaborative approach to identify and respond to the needs of the 12 community areas it represents. After completing the self assessment and survey process, the team is strongly encouraged to follow up and act on the identified areas for improvement listed in this report. |

## Health Best Practices

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| A52 | WRHA | **Dedicated community facilitator** | The employment of a dedicated community facilitator in several community areas and community health centres has provided an effective link and connection to the community served. The position supports community development, community capacity building, quality initiatives and population health and supports the work of public health. In addition to these key functions, this role provides key linkages and education in the community around the determinants of health and wellness, highlights service availability in the community, and often provides key input/advocacy in terms of strategic planning. The various community areas have been tenacious and creative in their ability to secure funding for this critical role. Staff are very supportive of the position and recognize its benefits to both the CHCs the populations in each community area. |
| A53 | WRHA | **Medication management** | WRHA has implemented a new model for the provision of pharmacy services in personal care homes based on the selection of two community providers through a competitive process. It is done in collaboration with personal care home representatives. The demonstrated outcomes include safer medication distribution systems, reduced drug costs, enhanced education, improved pharmacy collaboration, and increased accountability for services. |
| A54 | WRHA | **Improving health of children with asthma and diabetes** | The Child Health team uses effective, evidence-based programs for children with diabetes, namely DER-CA and Maestro, and these have significantly improved outcomes. Research done in these areas has gained international recognition. As well, there is an effective educational and motivational program that has improved the lives of children with asthma and their caregivers. |

## *SECTION B* – REGIONAL HEALTH AUTHORITY BEST PRACTICES – NON-DEVOLVED FACILITIES

**(Note: not all facility best practices have been validated by external organizations. Nevertheless, there is value in presenting any program or activity that has been successful).**

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| **B1** | **SEVEN OAKS GENERAL HOSPITAL** | **Environmental Stewardship Strategy** | Seven Oaks Environmental Stewardship Strategy includes practical action to conserve resources and raise staff awareness to make environmental stewardship part of the organizational culture. The strategy was developed through a best practices review from other jurisdictions. The most promising ideas for action in various sectors (water, energy, transportation, solid waste, eliminating toxins, green procurement) were combined to make a comprehensive strategy. Activities to date have included extensive energy, water, and waste audits to identify conservation targets, a environmental purchasing policy, an extensive solid waste reduction and recycling program, a water re-use project that diverts RO reject water from Dialysis for other uses, a drive to eliminate mercury from the facility, and a healthy transportation program that has tripled the number of employees who take the bus to get to work.<br>Seven Oaks strategy has been externally validated with certification by the Building Owners Management Association Go Green program, which requires auditing, and a commitment to follow through with conservation opportunities. Seven Oaks was also asked to present about its Environmental Strategy at the 2006 Canadian Pollution Prevention Conference hosted by the Canadian Council of Ministers of the Environment.<br>Eco-efficiency, more efficient of resources including operating funding is a core principle in the activities undertaken by the Environmental Stewardship Strategy. The Water Re-use project, for instance, is expected to pay for the amount invested in less than five years through savings in water and sewer charges. Other energy and water conservation activities will likewise result in net savings in operating costs.<br>The Environmental Stewardship Strategy at Seven Oaks is based on best practices from various other hospitals. |
| **B2** | **SEVEN OAKS GENERAL HOSPITAL** | **Health Promotion and Disease Prevention** | Seven Oaks Hospital has made a conscious and comprehensive effort to make health promotion and disease promotion a priority alongside acute care. The Wellness Institute is a self-supporting medical fitness facility that offers clinically integrated programs (Cardiac Rehabilitation, Pulmonary Rehabilitation, Renal exercise, diabetes education, etc.) risk reduction programs (smoking cessation, weight management, nutrition counseling) injury prevention, rehabilitation and healthy workplace programming for businesses, as well as health education, outreach and adult and kids fitness programs.<br>***Continued on next page.*** |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| B2 | SEVEN OAKS GENERAL HOSPITAL | Health Promotion and Disease Prevention | ***Continued*** <br> The Wellness Institute is a self-funding non-profit enterprise of Seven Oaks General Hospital. Revenue generating programs help to stabilize revenue neutral programming and offset the costs for health education and outreach programs that are offered at no or low cost. Other exemplary health promotion and disease prevention efforts include a Community Respiratory Centre with a focus on better asthma management, a Day Hospital with stroke rehabilitation and related services, a lifestyles program for people with mental health issues, and renal education programming in Dialysis. <br> External validation of the Wellness Institute includes a multi-year longitudinal study (WISER) of members conducted by the University of Manitoba Health Human Performance and Leisure Institute. WI has also been externally validated through its 2005 receipt of the Medical Fitness Association Distinguished Achievement award; a process, which includes detailed examination of the facility's programs, policies, community benefit and performance (including financial). <br> The WISER study showed that despite having more initial health challenges than either the national average or the study's control group, WI members are more active, eat healthier, are less likely to smoke and are hospitalized or seen at an emergency less often. The effectiveness of clinical integration has been demonstrated with the Cardiac Rehabilitation program offered at Seven Oaks/Wellness Institute. The national benchmark for participation in Cardiac Rehabilitation by Acute M.I. patients is 15 to 25%, and Winnipeg's CR program has a 28% participation rate, but 100 % of Seven Oaks AMI patients are referred and 40% participate. The Community Respiratory Centre, which similarly "recruits" patients who have been seen at ER or admitted to Seven Oaks, has also demonstrated that those patients are much less likely to return to Emergency or be admitted once they have been taught to control their asthma. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| B3 | SEVEN OAKS GENERAL HOSPITAL | Healthy Organization Strategy | The health and well being of the workforce and the quality of the healthcare work environment has a profound impact on the efficiency and quality of healthcare delivery. In 2000, Seven Oaks General Hospital (SOGH), led by the Wellness Institute, launched a team-driven, comprehensive and coordinated Healthy Organization Strategy in response to recruitment and retention issues identified in its strategic plan. Specifically, SOGH employed a highly skilled and experienced but aging workforce, and was experiencing a high vacancy rate, excessive sick time, and lost time/high costs due to Worker Compensation claims.<br>**A multi-disciplinary team (Healthy Organization Strategy Team) was established to develop a multifaceted and targeted strategy to improve the quality of work life of health care employees.**<br>This strategy has been shared with many organizations through local and national conference presentations, articles in the media, and numerous awards. For example, awards include the Top 100 Employer (2005, 2006, and 2007) from MacLean's Magazine, two Human Resource Leadership awards from the Human Resource of Manitoba Association and the Best Employer for 50+ Canadians (2005, 2006 and 2007) and Best Employer in Manitoba 2008. |
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| B4 | ST. AMANT | Connecting facility clinical disciplines and regional counterparts | **1. The connection between the facility clinical disciplines and their counterparts in the Region, for learning and development of best practices"**<br>St. Amant's Program leaders in the WRHA funded programs participate on Program teams (e.g., Child Health Program, Long Term Care Program) within the region, to ensure that the St. Amant site's program is coordinated with the strategic directions, priorities and processes of the regional. In addition although services are organized at this site and regionally by program rather than clinical departments, clinical leaders are encouraged to attend regional meetings of the leaders within their disciplines. The intent is to ensure consistency in delivery models, standards and outcome measures within the discipline, across all regional sites. It also provides an opportunity for clinical leaders to share information about emerging best practices in their disciplines.<br>**2."The interdisciplinary team involvement of the facility medical director and physicians and their connection with their Regional counterparts.**<br>An annual interdisciplinary Individual Planning process is in place for reviewing the goals of each resident and their support needs. This is an interdisciplinary process that includes the key team members who support the resident, including their physician. The only on-site physician is the part-time Medical Director who has no direct clinical responsibilities for residents. Each resident has a primary physician who makes rounds weekly as part of their practice. ***Continued on next page.*** |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| B4 | ST. AMANT | **Connecting facility clinical disciplines and regional counterparts** | ***Continued***<br>The physician's annual health care review is coordinated to occur just prior to the Individual Planning meeting for a client.<br>This allows the physician to participate in the Annual Planning process with other members of the team, by being able to review the outcomes of all team members' prior goals when formulating a health care plan for the upcoming year. The medical director is responsible for ensuring that the Individual Planning process allows for physician input that is coordinated with other team members. The Medical Director attends regional meetings of his counterparts to contribute to the formation of regional medical policies and practices and to communicate those to the sites organized medical staff.<br>**3. The significant amount of controlled research conducted within the facility and the many connections to the University of Manitoba/academia.**<br>St. Amant has created a Research Centre on developmental disability and autism. The Centre now consists of three lead researchers whose salaries are co-funded with three different faculties (Arts – Psychology, Nursing, and Human Ecology) at the University of Manitoba. These researchers have created research networks across Canada and the USA. The infrastructure funding to support St. Amant's portion of salaries has been provided by the Winnipeg Foundation and the St. Amant Foundation, with the latter preparing to sustain these expenses permanently. Over the past five years the research team has received over $1.7 million in national research grants, published over thirty papers in scientific journals and given over 70 presentations at national and international conferences. Research topics are broad including include autism causation, health care access, health care practitioner attitudes to disabilities, enabling preference communication in the profoundly disabled, supporting families, etc. A community advisory group was recently established to ensure relevance of research to the population of concern and to maximize opportunities for knowledge translation. The research centre has created a strong linkage at St. Amant between researcher and practitioner that helps ensure that practices of practitioners are evidence-informed and that practitioners work within an evidence-based culture. This has been achieved with no WRHA or Provincial government support and would be very difficult for others sites to replicate.<br>**4. In prior accreditation surveys, there was very positive acknowledgement of the interdisciplinary resident care planning model, the specializations developed related to challenging behaviour and nutrition, and the clear and comprehensive policies related to resident restraint.** |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| B5 | TABOR HOME | **Reference tool**<br>Form and procedures for Code Yellow Program for missing residents | Tabor Home developed a tool to make identifying information, including photographs, immediately available to staff when a resident goes missing. The information sheet identifies the resident profile on the front and code yellow procedures on the back. This tool is particularly useful for the identification of vulnerable clients who may be disoriented or in various stages of dementia. In an environment of high staff turn over and heavy employment of casual staff, this quick reference sheet gives all staff efficient access to necessary information. |
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| B6 | SALEM HOME | **Controlling Drug Costs** | Since 1992, Salem Home has worked diligently to manage its drug costs. The costs are consistently lower than the provincial or regional average, even with the costly psychotropic drugs used on the Special Care Unit. The Director of Resident Care Services and Resident Care Managers work with the physicians to ensure they understand their prescribing patterns and the costs attached to the drugs prescribed.<br>The Pharmacy and Therapeutics Committee meets quarterly where a review of the actual drug costs occurs, both at a facility level and at the unit level. Occasionally, case studies are presented where actual medications are reviewed in relation to the disease process of the case. As part of the review, the question is asked if a less costly drug can be substituted for the prescription with the same end result. This is an enlightening exercise for the physicians as they may not be conscious of their prescribing patterns.<br>When physicians become aware of what they are prescribing and for what diagnosis, they are also more cognizant of what is appropriate for the residents' health. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| B7 | SALEM HOME | Management of behaviourally challenged residents in PCH's | In 1986, Manitoba Health – Long Term Care Division funded two Special Care Units (SCUs) in the Province. One located at Salem Home, the other at Bethania Personal Care Home in Winnipeg. These Units were implemented because of the frequency in which residents were behaviourally challenged, and difficult to manage in a personal care home setting. The SCU is a Behavioral Modification Unit for residents living in Personal Care Homes, or those paneled for admission to a PCH. Individuals who demonstrate aberrant or aggressive/violent behaviours come to the SCU for a designated time where an assessment is made of what triggers the behaviours with staff working with the resident to address them. The primary goal is for residents to return to their original living environment and live safely.<br>The complement of staff for this unit includes a General Practitioner, Psychiatrist, Psychologist, Registered Psychiatric Nurses, and specially trained Health Care Attendants.<br>An Outreach Consultant initially meets with the referring facility staff to understand what the behavioural issues are. If it is determined that the resident cannot be managed in the referring facility with outreach supports, they are admitted to the Special Care Unit via a special panel process, and when a vacancy occurs. Upon discharge, SCU staff or the Outreach Worker attend the referring facility on the resident's first day of return to ensure the staff receive the appropriate information necessary to care for the resident.<br>The Special Care Unit received a "Good Practice" designation from the Canadian Council of Health Services Accreditation in 2003. |
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| B8 | HOLY FAMILY HOME | Incident Reporting, Monitoring and Tracking Processes | Holy Family Home Occurrence Management Reporting conforms to the Manitoba Health and WRHA protocols for reporting and managing occurrences, critical occurrences, and critical clinical occurrences to:<br>(a) Ensure timely and factual reporting and investigating of occurrences.<br>(b) Ensure follow up and review of all occurrences in order to learn from the occurrence and to recommend quality and risk management improvements to diminish the chance of a recurrence, hence promote a culture of safety.<br>(c) Establish and maintain a formal process for communicating information regarding occurrences to WRHA and to external bodies and/or organizations as appropriate. |
| B9 | HOLY FAMILY HOME | Bill of Rights Interpretation Manual | This is a tool which assists in putting the residents' Bill of Rights into common/everyday practice and interaction (For example - respecting privacy put it into an action - by knocking on the door before entering). The Interpretation Manual is on all units and in all departments and is accessible for all staff. The Unit Team Leaders and Department Managers work with their respective staff in providing ongoing direction and guidance with regards to the Residents' Bill of Rights. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| B10 | HOLY FAMILY HOME | Pre-Admission Orientation Session | The Holy Family Home Pre-admission Orientation Program is offered to applicants on the waiting list and their family members. This program provides an overview of the Home's programs and services, by way of a tour of the Home and a power-point presentation. It also provides the opportunity for participants to receive emotional support in preparation for admission to the Home. Evaluation forms are provided to participants at the end of each session. Comments are positive indicating the information supports the admission process and clients are more familiar with what to expect. This has resulted in a more positive response to the transition to long term care. Survey feedback has resulted in subsequent changes to the presentation. |
| B11 | HOLY FAMILY HOME | Bilingual (Ukrainian And English) Telephone Information Line | The Information Help Line has been operating since November 1998. All incoming calls have been answered in both English and Ukrainian. The Help Line operates from Monday to Friday, 9:00 a.m. to 4:00 p.m., on a cell phone, which can be answered at any time during the posted hours. After hours callers can leave a message and their call will be returned the next working day. The Help Line provides a link between the facility and the community regarding health, wellness, education, and the need for service. The Social Work Department answers these calls and provides the most appropriate information available. If necessary, other departments are contacted to obtain the information required to meet the needs of the caller. Calls are tracked and the organization receives approximately 110 calls per year. The process is beneficial to the facility and the community by providing an easily accessible communication tool.<br>Information with respect to the Help Line is advertised on posters, which have been distributed throughout the Ukrainian community. A follow-up letter was also sent to all churches to remind the parishioners of the Help Line in the Church Bulletins. Posters were also displayed in various Ukrainian businesses such as the Ukrainian Voice, Winnipeg Textiles and Oseredok. The information regarding the Help Line was also sent in the Carpathia Credit Union's mail out to their members. On a regular basis, an announcement regarding the Holy Family's Information Help Line has run continuously on the Ukrainian Program, Kontact, since the implementation of this service. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| **B12** | **CALVARY PLACE PCH** | **Multi-dose multi-pac medication system** | Calvary Place was the second Winnipeg Personal Care Home (following Lion's Manor) to contract with Alentex after tender to provide an automated medication distribution system. This system provides all of a Resident's periodic drug requirements in a plastic bag with pictures, drug names and dosages all in one container attached to other pouches for other prescribed times in a roll in a plastic box, in a rolling cart for each unit<br>This system was recognized by CCHSA as a best practice in all subsequent site reports. It was also recognized by the WRHA as it led to their tendering and implementation of this technology to all the Winnipeg PCHs.<br>There was a significant reduction in medication errors at Calvary Place for both the pharmacy and the nurses. There was increased satisfaction with the system by the nurses and there was a 20 minute reduction in the time to complete rounds by the nurses. This translates into improved heath outcomes for Residents on this system. |
| **B13** | **CALVARY PLACE PCH** | **Regional Distribution System automated food services system** | Calvary Place PCH is one of the newer PCH sites recently constructed in 2000. The Province and the Region saved $1,000,000 in capital costs by deleting a kitchen and adopting the new Cook-Chill Food delivery Cart system with assembly at the Regional Food Services Delivery system owned by the Region. This system has been recognized as a best practice by subsequent CCHSA site reports.<br>There is better food safety control in the RDF assembly facility than would be provided on site. There is far more variety of food items available. There are savings in purchasing very large quantities of food in the RDF (6,000 meals per day). There are no cooks required on-site at Calvary Place. Food is prepared and distributed by trained food handlers for every meal on each shift. There has been very reliable uninterrupted delivery service even in winter storm conditions. |
| **B14** | **CALVARY PLACE PCH** | **Disaster Management Tote Kits** | The WRHA Region Disaster Management Program developed a PCH Incident Command System complete with documentation, training and vests. Calvary Place coordinated assembly, printing, copying and group purchase of the tote kits for all the PCHs and even all the Hospitals at a cost of only $200.00 per set for each site. There are five totes that hold all the vests and documentation and clip boards for the five command sections at each site. The totes are 53 litre file plastic containers on wheels, that are colour coordinated, that help keep the contents organized, and standardized across the Region, ready for emergency use.<br>This system was recognized as a best practice by the CCHSA site reports.<br>Standardization across the sites is improved as staff move from site to site. Acquisition of the totes by every facility at the same time was a tremendous achievement over common practice. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| B15 | LUTHER HOME | Integrated scheduling and payroll software | Luther Home is one of the first organizations in Manitoba to introduce the QHR integrated scheduling and payroll software. It replaced an outdated scheduling program and a reliance on an external payroll provider. By implementing this system, all employees are scheduled on the system and the system then uses that information to generate payroll. This eliminates all of the errors that come from having to enter data multiple times, converting time cards into payroll inputs, etc. The error rate plummeted and the number of hours required to run payroll was reduced from in excess of 20 hours per week to less than 2. Additionally, the Home was able to introduce several enhancements that virtually no other facility is able to offer. For example: it recently added an online component that allows staff to access their payroll information, bank status, etc., on line and soon will be introducing an on-line leave management process. |
| B16 | LUTHER HOME | Use of Momentum Electronic Health Record Software | Luther Home was the first home in Manitoba to fully utilize the Momentum electronic health record software together with the MDS assessment software. As a result, Luther Home has been able to marry the MDS requirements with the health record and the care planning process. The electronic health record has had a tremendous impact on the quality of care. Information is more readily available, tasks are scheduled consistently and care is better organized. |
| B17 | LUTHER HOME | Real Time Location System | Real Time Location System is a state-of-the-art nurse call system that utilizes both RFID and infrared technology. Residents can call for help anywhere in the building, unlike the call systems that might have a 6 foot tether. Because the system tracks the location of all residents, staff and equipment, the data has become invaluable in managing a variety of quality initiatives within the organization. |
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| B18 | GOLDEN LINKS LODGE | Wound Care | Wound care guidelines have been defined by the region based on best practice evidence. Core education has been made available to facility staff. Wound care expertise has been developed within the facility and policies have been adapted to reflect the current practice. Specialized equipment is available from the region upon consultation with the regional Clinical Nurse Specialist. Wound and skin breakdown are routinely monitored as part of the quality program. |
| B19 | GOLDEN LINKS LODGE | Restraint Practice | Restraint practice is based on best practice evidence, supported by Manitoba Health policy. Routine monitoring has been integrated into the quality program, and they regularly report utilization practice to WRHA. Education is provided to staff, and the policies are communicated to families. Audits are conducted on the restraint practice including antipsychotic utilization. Restraint use has decreased and interdisciplinary approaches have been adopted by the facility. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| B20 | SAINT BONIFACE GENERAL HOSPITAL | Health Care Ethics Service | The Health Care Ethics Service primarily provides clinical, organizational and research ethics consultation to patients/residents, families, health care professionals, students pursuing undergraduate and graduate degrees in health care disciplines and administrative and governance personnel associated with the Catholic Health Corporation of Manitoba (CHCM). In addition, on a cost recovery basis, the Health Care Ethics Service provides episodic consultation services to organizations external to the CHCM (e.g., regional health authorities, hospitals, personal care homes and primary health agencies).<br>The Health Care Ethics Service is available for consultation twenty-four hours a day/ seven days a week. This service commitment is achieved through the employment of two full-time Clinical Ethicists.<br>In the clinical context, the role of the Clinical Ethicist consists of engaging parties (e.g., patients and/ or families, clinical teams, surrogate decision makers, etc.) in ethical discourse, or conversation, about ethically complex health care decisions that are anticipated and/or required in the care of a particular patient.<br>The Clinical Ethicist's role may focus solely on facilitation of discussion in the face of ethical uncertainty. The Clinical Ethicist's role may also include mediation and/ or negotiation in situations where the parties involved hold conflicting views regarding the appropriateness of the options available to address the patient's situation. |
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| B21 | DINSDALE PERSONAL CARE HOME (SALVATION ARMY) | Restorative Care in Long Term Care | The project demonstrated the effectiveness of a Restorative Care program designed specifically for long term care residents. A Restorative Care program of this type requires no special equipment, is easily implemented and does not depend on highly skilled professional staff.<br>Staff and family members continue to notice improvements in functional ability and psychological well-being, and many of the residents view their program as an important part of their daily routine.<br>Through a collaborative team approach, both the facility staff and therapist will be better equipped to meet the complex needs and expectations of individuals who live in long term care. |
| B22 | DINSDALE PERSONAL CARE HOME (SALVATION ARMY) | Spiritual Assessment Tool | The Spiritual Assessment is a tool to gather pertinent information to discover what level of spiritual understanding an individual is at during their time of admission to a Long Term Care facility. This information will provide entry points for discussion around spiritual issues. It will help to determine the spiritual health of the resident and the impact it has on their present realities. The assessment will help the Chaplain and Health Care Professionals to understand how religious and spiritual beliefs and community can be used as a resource to help them better cope with change, heal and grow. It is important to understand how integrating one's values and beliefs are interwoven with the behaviour of daily life. |

| BP# | RHA | SUMMARY | BEST PRACTICE DESCRIPTION |
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| **B23** | **DINSDALE PERSONAL CARE HOME (SALVATION ARMY)** | **Basket Care Program** | This program provides for a comfort basket to be taken to a resident's room when they are nearing the end of life. It is for the comfort of the resident and the family.<br>BASKET CONTENTS:<br>CD player, CDs, Music brings calmness to the soul and spirit. i.e. nature reflections, soft piano music.<br>Books, Care Notes<br>Topics of the Care Notes are: Losing Someone Close, Sharing Your Grief, Easing Your Loss, Dealing with Guilt after a Loved One's Death, Talking with your kids- When a grandparent dies.<br>Rosary Prayer, Prayer Beads, Cookies (individually wrapped) for family, China Coffee mugs, Candy Jar<br>Families have said how much they have appreciated these small gestures during those difficult days.<br>The items are easy to provide and can be used in a variety of settings. |
| **B24** | **DINSDALE PERSONAL CARE HOME (SALVATION ARMY)** | **Staff Appreciation Activities** | The senior management team takes responsibility for putting together various types of activities to enhance the morale of the staff and to show appreciation for the commitment to quality work.<br>The value of carrying out these appreciation activities has shown a positive response from staff. The little things done for staff improve morale and are noticed by the residents and others. |