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Introduction

BACKGROUND ON NORTHERN/RURAL HEALTH RENEWAL

In May 1992, *Quality Health for Manitobans – The Action Plan* was launched. This health-policy document called for a renewal of the health-care system in Manitoba and outlined the following goals:

MANITOBA HEALTH GOALS

- Improve general health status of all Manitobans
- Reduce inequalities in health status
- Establish public policy that promotes health
- Foster behaviour that promotes health
- Foster environments that promote health
- Provide appropriate, effective and efficient health services
- Develop mechanisms to assess and monitor quality of care, utilization and cost-effectiveness
- Foster responsiveness and flexibility in the health-care delivery system
- Promote reasonable public expectations of health care
- Promote delivery of alternative and less expensive services.

Over 13,000 Manitobans, including consumers, service providers, stakeholders and members of the public, participated in discussing the plan and developing implementation strategies. The key message throughout the consultation process was that Manitobans wanted a greater say in how their health services are delivered.

In an effort to respond to this request, Manitoba Health is in the process of decentralizing decision-making for health to regional governance authorities known as Regional Health Authorities (RHAs). The RHAs will have responsibility for regional health planning, within a provincial framework of health. One aspect of the framework is core health services.

What do we mean by core health services?

Core health services include the full range of health services now funded by Manitoba Health and to which all Manitobans must have access. If a core health service is not provided within a region, it must be available in another region or through a program that serves the whole province. As is now the case, not every service will be provided in every community in a health region.

Some core health services will remain the primary responsibility of central agencies or Manitoba Health, as they can be more safely and efficiently administered centrally. Some responsibility with respect to these services may be assigned to RHAs. For example, specialized treatment services such as angiography and radiotherapy will remain the responsibility of central agencies such as the Health Sciences Centre and the Manitoba Cancer Treatment and Research Foundation, but the RHAs will be responsible for ensuring that appropriate referral systems to these services are in place in their regions.

What do core health services include?

They encompass the broad range of services needed to promote health, prevent illness and injury, facilitate diagnosis and provide treatment, care and support as required. They range from health education and promotion to palliation, and are provided for the entire life cycle, from preconception to death.

The list of core health services is a comprehensive continuum, which recognizes the importance of providing population health services. These services are intended to improve the health status of communities and optimize the health of individuals and families.

The list specifies broad core health-service categories and some more narrowly defined required components within the categories. **To meet the core requirement, an RHA must ensure that specified services under each category (and, where applicable, under each more specific component) are provided or made available to residents of the region.**

The planning of health services incorporates the core health services, an ongoing Community Health Needs Assessment (CHNA) and provincial objectives and priorities. The CHNA involves the ongoing collection, analysis and interpretation of information about the health needs, strengths and resources in communities. The goal of the CHNA is to lay the foundation for evidence-based health planning. This will facilitate the selection and prioritization of health policy, services and programs for the region, and ensure the needs of “at risk” (vulnerable) populations are addressed.

Currently, CHNAs are carried out in relation to selected groups and issues. Provincial program and technical support is provided to communities through consultation, the provision of population health profiles and epidemiological services.

Each RHA will be required to conduct an ongoing, comprehensive CHNA for its health region.

The core health services for Northern/Rural Regional Health Authorities are as follows:



1. Health Promotion/Education

2. Health Protection

- 2.1 Communicable disease prevention and control
- 2.2 Mandated environmental health protection services
- 2.3 Medical Officer of Health Services

3. Prevention & Community Health Services

- 3.1 Reproductive health, pregnancy/childbirth and parenting
- 3.2 Services to seniors
- 3.3 Nutrition education
- 3.4 Prevention of injury, chronic diseases and substance abuse/addiction
- 3.5 Family health
- 3.6 Oral health
- 3.7 Hearing services
- 3.8 Diabetes education

4. Treatment, Emergency and Diagnostic Services

- 4.1 Treatment services (acute and chronic care services)
- 4.2 Emergency health services
- 4.3 Diagnostic services

5. Developmental & Rehabilitation Support Services

- 5.1 Rehabilitation therapy
- 5.2 Early childhood intervention

6. Home-Based Care Services

- 6.1 Assessment
- 6.2 Care planning and coordination
- 6.3 Direct services
- 6.4 Process for managing long-term care placement

7. Long-Term Care

- 7.1 General personal care home services
- 7.2 Personal care home services for residents with special needs
- 7.3 Respite care in personal care homes

8. Mental Health Services

- 8.1 Assessment/identification services
- 8.2 Acute care treatment
- 8.3 Mobile crisis intervention services
- 8.4 Crisis stabilization units
- 8.5 Supportive housing option
- 8.6 Self-help and family support
- 8.7 Psycho-social rehabilitation, including vocational services
- 8.8 Intensive case management
- 8.9 Long-term care/treatment capacity
- 8.10 Prevention/promotion and public education services

9. Substance Abuse/Addictions

- 9.1 Detoxification and treatment
- 9.2 Support

10. Palliative Care

- 10.1 Palliative care in hospitals
- 10.2 Palliative care in the home

Many of the core health service categories overlap. Some programs that potentially fall under nutrition education, a core component of Prevention and Community Health Services, logically also fall under the component reproductive health, or the core service categories Health Promotion and Health Protection. For example, pregnancy outreach programs for high-risk mothers incorporate nutritional counselling, health education, substance abuse counselling, prenatal services and disease prevention. Thus, in many cases, it will not be necessary for RHAs to offer independently administered programs for each category or component. Instead, the emphasis should be on providing integrated client services.

Core Health Service Categories and Inventory of Existing Services

This section presents descriptions of the core health service categories and the components that will be required in every region.

Following the description of each core health service category is an inventory of existing health services funded or operated by Manitoba Health.

Each list of existing services also shows the distribution of services. Three levels are defined:

- Services provided in most or all health regions (the services may be provided in one or many communities in a region);
- Services provided in some communities refer to projects funded in individual communities; and
- Services provided through a central site (e.g., Manitoba Health, Manitoba Cancer Treatment and Research Foundation, Health Sciences Centre, etc.).

1. HEALTH PROMOTION/EDUCATION

Health promotion/education is the process of enabling individuals and communities to increase control over and improve their health. It focuses on achieving equity in health by providing equal opportunities and resources to enable people to achieve their optimum health potential. This includes improving life skills, encouraging healthy choices and increasing the opportunities for individuals to make healthy choices. Health promotion/education actions deal with factors in social, economic, physical and other environments that affect the health of Manitobans.

Health promotion/education services will be required in every region. It is expected that public and professional education and community consultation will be an integral component of services in every region.

EXISTING HEALTH PROMOTION/EDUCATION SERVICES

Provided in most or in all health regions:

- Promotion of healthy lifestyles and practices
- Support for community groups
- Promotion of smoke-free environments

Provided in some communities:

- Health promotion in communities, schools and the workplace
- Health promotion with specific groups (e.g., seniors, multicultural groups, healthy communities, street youth)
- Health promotion for specific risk factors (e.g., tobacco control, heart health)

Provided through a central site:

- Support to regions in areas of health promotion/education, research, planning and program development

2. HEALTH PROTECTION

Health protection services safeguard the health and safety of the public. Enforcement of health protection is legislated through the Manitoba *Public Health Act*.

The following components of health protection will be required in every health region:

- **Communicable disease control**
 - Immunization programs
 - Management, control and prevention of communicable diseases (includes investigation to ensure appropriate screening, treatment, follow-up, education, contact tracing, etc.)
 - Timely provision of data to the central site on all matters related to the management, prevention and control of vaccine-preventable and non-vaccine-preventable communicable diseases (e.g., investigation data for specific communicable diseases, as well as outbreaks, vaccine administration data, vaccine adverse-event data, etc.)
 - Outbreak management, control and prevention within the region

■ Medical Officer of Health Services

■ Mandated environment health protection services

- Currently, public health inspection programs are provided by Manitoba Environment and include:
 - inspection of food-handling facilities (restaurants, etc.)
 - approval of plans and inspection of public waterworks, beaches and pools
 - bacteriological and chemical monitoring of public waterworks, beaches and pools
- Investigation of health hazards, food-borne or water-borne diseases

2.1 Communicable Disease Prevention and Control

The Regulations in *The Public Health Act* identify the specific diseases that are notifiable, and specify the authority and powers of officials with regard to communicable diseases, including vaccine-preventable and non-vaccine-preventable diseases (e.g., sexually transmitted diseases, TB, HIV/AIDS, etc.). Central and regional authorities share responsibility for the management, control and prevention of these communicable diseases. This involves immunization, early detection, diagnosis and treatment, follow-up, contact tracing, outbreak prevention and control, professional and public liaison and education, and developing policies and standards.

2.2 Mandated Environmental Health Protection

These services ensure that the people are safe from biological, chemical and social hazards.

2.3 Medical Officer of Health Services

The services of a regional Medical Officer of Health include, but are not limited to, assessing the health status and health threats, ensuring appropriate standards of public health practice and raising issues affecting the health of the residents of the region when necessary.

EXISTING HEALTH PROTECTION SERVICES

2.1 Communicable Disease Prevention and Control

Provided in most or all health regions:

- All services designated as being required
- Identify the need for, and deliver/facilitate, education of the public, professionals, agencies and organizations within the region (e.g., this includes education in schools on issues related to communicable diseases)
- Develop and/or distribute references and resources to meet regional communicable diseases information needs
- Monitor and evaluate regional programs and services
- Participate in research that supports communicable disease control programs

Provided in some health regions:

- Routine laboratory services for communicable diseases

Provided through a central site:

- Development of policies and standards relating to the management, and control and prevention of communicable diseases in Manitoba, as outlined in *The Public Health Act*
- Ensure legislation for control and prevention of communicable diseases is appropriate
- Provincial surveillance for communicable diseases
- Maintenance of provincial communicable disease surveillance registries
- Development and maintenance of the Manitoba Immunization Monitoring System (MIMS), the central provincial computerized data registry for vaccine administration
- Notification, cross-regional and provincial coordination, referral and consultation regarding communicable diseases
- Coordinate activities to manage and control inter-regional, interprovincial and international outbreaks
- Select and arrange for acquiring, storing and distributing selected vaccines

- Select and arrange for acquiring, storing and distributing drugs for treating selected notifiable sexually transmitted diseases, HIV/AIDS and TB
- Needle exchange/condom supply
- Advice to RHAs on prevention, control and management of communicable diseases
- Monitor and evaluate provincial performance in the management, control and prevention of communicable diseases (e.g., vaccine efficacy, immunization rates, rates of various communicable diseases, etc.)
- Services through the central public health Cadham Provincial Laboratory
- Public and professional education. Includes developing and distributing information resources to meet identified provincial needs concerning communicable diseases
- Applied research
- Liaison with provincial agencies and groups on safeguarding the blood supply
- Liaison with national and international disease-monitoring systems

2.2 Mandated Environmental Health Protection Services

Provided in most or all health regions:

- All services designated as being required
- Risk assessment.

Provided through a central site:

- Provincial monitoring of water-borne contaminants
- Consultation and assistance about environmental health-risk assessment
- Coordinating response to provincial outbreaks of disease
- Provincial/federal food standards
- Monitoring water fluoridation levels in municipal water supply
- Environmental risk assessment
- Developing standards and policies related to inter-regional, provincial and national environmental health issues

- Ensure legislation for managing, controlling and preventing environmental health risk
- Coordinating response to inter-regional and national food environmental health outbreaks
- Public awareness campaigns/education for food safety and environmental risk protection
- Monitoring and coordinating inter-regional and national issues
- Coordinating food recalls and risk assessment, food-handler education

3. PREVENTION & COMMUNITY HEALTH SERVICES

Prevention is anticipatory action taken to reduce the likelihood of an undesirable health condition. Prevention and community health services are directed at persons, families and groups in communities who are at risk for developing a health problem, disease or disorder, and at reducing hazardous environments. These services take into account individual, environmental and societal factors that contribute to problem development and that work against problem resolution. They have traditionally been provided by a mix of public, private and volunteer agencies. Traditionally, the public health nurse has played a key role in planning and delivering these services.

The following components of prevention and community health services are required in every region:

- Reproductive health, pregnancy/childbirth and parenting
- Services to seniors
- Nutrition education
- Prevention of injury, chronic diseases and substance abuse/addictions (including tobacco)
- Family health
- Oral health
- Hearing services
- Diabetes education

3.1 Reproductive Health, Pregnancy/Childbirth and Parenting

Reproductive health, pregnancy/childbirth and parenting services support women, men and families at all stages of the life cycle. Goals include promoting healthy sexuality and decision-making, positive adaptation to normal life transitions, healthy pregnancies and positive childbirth experiences, effective parenting and preventing unintended pregnancy, infertility, sexually transmitted disease, low birthweight and child abuse. Reproductive health, pregnancy/childbirth and parenting services encompass counselling, education, outreach and clinical services. Services are provided to the population at large, with particular focus on identifying and addressing the needs of at-risk groups.

3.2 Services to Seniors

The Services to Seniors program assists communities in creating and developing resources that will maintain and/or enhance the physical, psychological and social well-being of older persons in order to support their ability to remain independent. Examples include increasing the range of opportunity for personal development in retirement, promoting wellness-oriented lifestyles and supporting independent living by older adults in their own homes.

3.3 Nutrition Education

The goal is to help people of all ages attain the best possible nutritional health. The services promote healthy eating for optimal growth and development, as well as quality of life, and reduce the risk of nutrition-related diseases such as heart disease and cancer. Specific services include nutrition information for community organizations, health-service providers and the public.

3.4 Prevention of Injury, Chronic Diseases and Substance Abuse/Addictions

Preventable injuries are the leading cause of death in children, youths and young adults. Injury prevention programs promote safe practices, including the use of seatbelts and bicycle helmets, water and traffic safety, and avoiding accidental poisoning. Prevention of injury in seniors deals with issues such as avoiding falls. Programs directed at preventing chronic diseases (e.g., heart disease and stroke, cancer, diabetes, HIV/AIDS and respiratory disease) encourage people to make healthy lifestyle choices, such as healthy eating, smoking reduction and active living.

Prevention programs target those at risk of alcohol abuse, other drug abuse or gambling addiction. Initiatives may include public awareness campaigns, school programs, industry initiatives, programs for seniors and developing appropriate healthy public policy.

3.5 Family Health

The goal is to promote and maintain the optimal level of physical, mental, emotional and social development of all families and age groups (e.g., child, adolescent, adult and elderly). Services include school health, community education, consultation, health promotion and specialized support for children with special needs. They are delivered in a variety of settings, including the home, clinics and family-resource and recreation centres. The services involve the participation of family members, teachers, community support and service providers. Several services are provided in accordance with interdepartmental protocols.

3.6 Oral Health

The goals are to promote dental and oral health and reduce dental and oral disease and oro-facial injuries among all segments of the population. Goals are achieved through pre/postnatal, school health, community education and promotion programs, and consultation with health-care providers. Programs include instruction in personal oral hygiene, nutrition and feeding, injury prevention, tobacco-use reduction and maximizing the benefits of fluoride use. Dental and oral disease and injuries are almost all preventable if education and promotion programs are provided and access to care services is readily available.

3.7 Hearing Services

The goal is to eliminate or reduce the effects of communication disorders related to hearing impairment. Services include identifying, assessing and treating infants, children and adults, as well as providing preventive education, technical aids and support. Early identification and services to children are emphasized.

3.8 Diabetes Education

Diabetes is a major public health issue in Manitoba and is in epidemic proportions in the elderly and First Nations people. Type II diabetes can be prevented.

The goals of the Diabetes Education Resource Program are:

- To help clients and their families make informed choices consistent with a healthy lifestyle
- To improve the knowledge, skills and attitudes of health professionals who deliver health services to people with diabetes
- To facilitate public access to resources for primary prevention of Type II obese diabetes

EXISTING PREVENTION & COMMUNITY HEALTH SERVICES

3.1 Reproductive Health, Pregnancy/Childbirth and Parenting

Provided in most or all health regions:

- Reproductive health and counselling (sexuality, family planning, infertility, menopause)
- Prenatal education and support
- Postpartum follow-up and support
- Parenting education for families (“Nobody’s Perfect,” “Ready or Not” parenting programs)
- Infant growth and development and health counselling for parents
- Promotion of breastfeeding
- Child-abuse prevention and education
- Providing data to central provincial site as required
- Monitoring and evaluating regional programs

Provided in some communities:

- Family resource centres
- Pregnancy counselling

Provided through a central site:

- Planned Parenthood “Facts of Life Line”
- Coordination of provincial initiatives (e.g., midwifery)
- Breast-pump loan program
- Reproductive health supplies
- Provincial surveillance
- Centralized postpartum referral system for rural/northern women delivering in urban setting

3.2 Services to Seniors

Provided in most or all health regions:

- Seniors' centres
- Congregate meals
- Transportation services
- Home-maintenance services
- Shopping
- Prevention/wellness programs
- Information and referral
- Personal emergency response support
- Disability postponement programs

Provided in some communities:

- Fitness programs

Provided through a central site:

- Program support for provincial priorities

3.3 Nutrition Education

Provided in most or all health regions:

- Group and individual nutrition education for expectant parents, seniors and pregnant teens
- Advice to service providers
- Community development activities designed to promote good nutrition and healthy lifestyles
- Congregate meal programs for seniors
- Therapeutic diet counselling by certified diabetes educators and registered dietitians

Provided in some communities:

- Public and professional education

Provided through a central site:

- Facilitation of research projects

3.4 Prevention of Injury, Chronic Diseases and Substance Abuse/Addictions

Provided in most or all health regions:

- Safety and accident prevention
- Addiction prevention and early intervention
- Public education
- Diabetes education resource services

Provided in some communities:

- Heart health projects
- Substance abuse/addictions prevention and education

Provided through a central site:

- AFM substance abuse/addictions information and referral, industry initiatives, employee assistance programs, out-of-the-mainstream youth program, training programs for professionals and others
- Medication Information Line for the elderly
- Community resource agencies (e.g., Manitoba Lung Association, Heart and Stroke Foundation, Canadian Diabetes Association, Kidney Foundation of Manitoba, Canadian Cancer Society, Manitoba Cancer Treatment and Research Foundation, professional agencies)
- Coordination of provincial diabetes prevention guidelines/activities
- Coordination of provincial initiatives
- Facilitation of research projects

3.5 Family Health

Provided in most or all health regions:

- Teachers, parents, students and service provider advice and education

- Support for children with special needs
- Support for families with children at risk
- Intersectoral approaches to creating healthy environments for families and communities

Provided in some communities:

- Adolescent health clinic services
- Early intervention/treatment for families in need
- Culturally appropriate family health services

3.6 Oral Health

Provided in most or all health regions:

- Promotion and prevention in oral health

Provided through a central site:

- Water fluoridation grants for communities
- Provincial monitoring and surveillance of community water-fluoridation programs
- Consultation and referral services
- Research and epidemiology
- Promoting Oral Health Strategy

3.7 Hearing Services

Provided in most or all health regions:

- Audiological assessment on referral
- Assessing individual need for amplification systems
- Fitting and purchase options for hearing devices
- Professional consultation
- Following up high-risk infant hearing

Provided through a central site:

- Selection and repair of hearing service equipment
- Equipment assessment and technology review
- Maintaining high-risk hearing registry
- Program and policy development
- Hearing-impaired program for special-needs children

3.8 Diabetes Education

Provided in most or all health regions:

- Assessment, education and follow-up for people with diabetes and their families
- Professional advice to other health-care providers and communities
- Health professional education
- Public education
- Participation in research projects (e.g., foot screening)
- Maintaining a database system
- Health promotion and prevention activities
- Advocacy
- Diabetes and program-awareness activities

Provided in some health regions:

- Community development activities
- Consultation with First Nations communities

Provided through a central site:

- Pediatric medical adviser
- Adult medical adviser
- Clinical practice guidelines and physician education
- Centralized client information database

- Longitudinal diabetes burden of illness epidemiology study
- Professional education and support
- Grants to children's camp
- Monitoring and evaluation
- Industry coordination
- Liaison with First Nations communities
- Coordinating development and implementation of pilot projects
- Coordinating provincial diabetes strategy
- Children and Adolescent diabetes education resource

4. TREATMENT, EMERGENCY & DIAGNOSTIC SERVICES ¹

4.1 Treatment Services (Acute and Chronic Care)

The purpose of these services is to provide active treatment to reduce the impact of medical conditions or disorders. People generally need acute-care services for short periods of time, in contrast to chronic or continuing care. Chronic-care services provide periodic treatment required for managing longer-term disorders, such as kidney disease and multiple sclerosis.

There are four commonly defined levels of specialization in acute care: primary, secondary, tertiary and quaternary care.

Primary care is a basic level of care and is usually the first contact a person has with a nurse, physician, or other health professional. All regions must provide primary-care services to their residents. These services can be delivered at home, on an outpatient basis, or in residential facilities, clinics or community health centres.

Secondary care is provided by specialist-trained physicians and other health professionals. It is provided in large community and regional hospitals, as well as teaching hospitals. Secondary care comprises emergency, general medical and surgical, psychiatric, pediatric, obstetric and diagnostic services. It will be available to all regions.

Tertiary care refers to more specialized diagnostic and treatment services that are provided on referral from other hospitals or from physicians. Tertiary

1. Note: Fee-for-service practitioners are not included within the context of this document.

services are those that cannot be efficiently or safely provided in most health regions because a large population base is not available to produce the number of cases required to sustain competence among the staff and the sophisticated support services and equipment needed (e.g., open-heart surgery, specialized psychiatric care, radiotherapy services).

Quaternary Services: Refers to the most technically demanding level of acute inpatient care, for people with extremely complex or rare medical conditions who require highly specialized care. The demand for service at this level would be very low; referrals would be made as required, and may be out of province.

Tertiary and quaternary services will not be available in every region, but will be available to all residents of the province through centrally administered teaching hospitals and allied agencies.

4.2 Emergency Health Services

These services will be available in each region. They include hospital emergency department services, ground ambulance and ambulance dispatch services, and emergency health preparedness (including planning and disaster response services).

4.3 Diagnostic Services

Routine diagnostic services will be available in each region. These may include laboratory, EKG and X-ray services. Diagnostic services of a technically demanding or specialized nature, or those with a particularly low volume, may require a central provider to ensure patient safety and cost-effectiveness.

EXISTING TREATMENT SERVICES

4.1 Acute and Chronic Care Services

Provided in most or all health regions:

- Primary acute/chronic inpatient services
- Home-based acute/chronic services
- Childbirth services

Provided in some communities/regions:

- Secondary acute inpatient services
- Quick-response programs

- Physician/nurse services in isolated communities
- District health centres

Provided by a central site:

- Tertiary inpatient services, including:
 - neurosurgery
 - cardio-thoracic surgery
 - transplant services
 - specialized medical, obstetric, pediatric, gynecological and psychiatric services

4.2 Emergency Health Services

Provided in most or all health regions:

- Hospital emergency department services
- First Responder basic life-support response services (non-transporting)
- Basic life-support ambulance and interfacility transport services
- First Responder instruction
- Emergency health medical director services
- Emergency health response services (disaster preparedness)
- Disaster health supplies stockpile
- Critical incident stress management

Provided in some health regions:

- Emergency Medical Attendant level 1 instruction
- Advanced life-support response services
- Basic air ambulance services
- Northern Patient Transportation Program
- Emergency medical response services

Provided by a central site:

- Provincial trauma centre
- Lifeflight air ambulance services

- Air ambulance program and personnel licensing
- Emergency Medical Technician (Basic) curriculum development and program coordination
- Out-of-province emergency care
- Advanced life-support training services
- Ambulance program and personnel licensing
- Ambulance program standards development and maintenance
- Provincial emergency health medical direction
- Manitoba Ambulance Services Medical Advisory Committee
- Transfer of medical function authorizations
- Disaster health training, standards and program evaluation
- Non-ambulance stretcher transportation program licensing
- Emergency health response services when provincial coordination is required (provincial disasters)

4.3 Diagnostic Services

Provided in most or all health regions:

- Prenatal screening, newborn screening
- Cervical screening
- Provision of data to central laboratory for all laboratory reportable diseases
- Routine diagnostic and imaging services

Provided in some regions:

- Advanced diagnostic services (e.g., amniocentesis)
- Breast-cancer screening

Provided through a central site:

- Laboratory and imaging screening programs
- Laboratory surveillance/monitoring
- Technically demanding/specialized services (e.g., MRI, genetic testing)

- Ultra-specialized services provided out of province
- Clinical microbiology, environmental microbiology, hospital/personal care homes infection control, metabolic diseases/chemistry, serology/parasitology, virus detection, etc. services provided by Cadham Provincial Laboratory
- Coordination of screening programs/systems (e.g., breast-cancer screening, prenatal and newborn testing)

5. DEVELOPMENTAL AND REHABILITATION SUPPORT SERVICES

These services help to improve and maintain the functional independence of clients with impaired functioning from injury, chronic disorder or disability. Services are provided in a range of settings, including the home, health-service agencies and as ambulatory and inpatient services in hospitals.

The following components of developmental, rehabilitation and support services must be available to the residents of all regions:

- Rehabilitation therapy
- Early childhood intervention

5.1 Rehabilitation therapy

These services work in partnership with people to restore function and promote independence through treatment, prevention and health-promotion activities. Rehabilitation services are designed to serve persons of all ages who have congenital or acquired physical and/or cognitive disorders. Rehabilitation is directed to improving or maintaining mobility and self-care, and helps people adapt to their altered abilities and the environment in which they live and work. Services include physiotherapy, occupational therapy, audiology, respiratory therapy, speech/language pathology and recreational therapy.

5.2 Early childhood intervention

These services provide identification, assessment, intervention and support to children with disabilities that may impair their functional development. Services are provided in the form of (but are not limited to) physiotherapy, occupational therapy, and speech/language pathology, audiology, nursing and family support.

EXISTING DEVELOPMENTAL AND REHABILITATION SUPPORT SERVICES

5.1 Rehabilitation therapy

Provided in most or all health regions:

- Physiotherapy (home-based service, ambulatory and inpatient services in hospitals)
- Occupational therapy (home-based service, ambulatory and inpatient services in hospitals)
- Audiology
- Respiratory therapy

Provided in some communities:

- Speech pathology (ambulatory and inpatient services)
- Recreational therapy

Provided through a central site:

- Tertiary rehabilitation services for spinal-cord injury, brain injury or stroke, neuromuscular and skeletal disease, arthritis, burns and amputations
- Orthotic and prosthetic devices
- Specialized residential living and care services for people with severe physical and mental disabilities
- Tertiary rehabilitation services, through the Rehabilitation Centre and Children's Hospital Rehabilitation Centre at the Health Sciences Centre, the Children's Rehabilitation Centre (Wellington Crescent, Winnipeg) and Addictions Foundation of Manitoba

5.2 Early childhood intervention

Provided in most or all health regions:

- Identifying and assessing children, collaborative program planning
- Community-based physiotherapy and occupational therapy
- Family support services
- Support for participation in early childhood programs and school program

- Training for service providers, parents

Provided through a central site:

- Specialized services at the Children's Hospital Rehabilitation Centre at the Health Sciences Centre and Rehabilitation Centre for Children (Wellington Crescent, Winnipeg)

6. HOME-BASED CARE SERVICES

Home Care in Manitoba is a comprehensive community-based program that provides essential in-home support to people, regardless of age, who need health-care services or assistance with activities of daily living. Services include multidisciplinary assessment, individual and family counselling, health education, surveillance, nursing services, rehabilitative therapy and a range of personal assistance services.

Established in 1974, the program augments the resources of family and community. It facilitates hospital discharges and emphasizes promotion of care in the home, with special attention to care solutions that enable clients to avoid entering a personal care home system for as long as safely possible.

The following components of Home-Based Care Services must be available to residents of all regions:

- Assessment
- Care planning/coordination
- Direct services
- Process for managing long-term care placement

EXISTING HOME-BASED CARE SERVICES

Provided in most or all health regions:

- Assessment of eligibility for home-based care services and need for care
- Care planning
- Case management
- Coordination of service

- Nursing service
- Therapy assessment
- Health teaching
- Personal care
- Meal preparation
- Respite/family relief
- Access to adult day care
- Cleaning and laundry
- Assessment and facilitation of personal care home placement (e.g., panelling)

Provided through a central site:

- Policy development and compliance monitoring
- Management information system (standardization)
- Program/operational analysis
- Interprovincial liaison

7. LONG-TERM CARE

The goal of long-term care is to increase a person's physical, social and psychological functioning to a maximum level to promote functional independence and improve quality of life or to maintain that level. Care is provided in the least restrictive environment possible to people whose functional capacities are chronically impaired or at risk of impairment.

The following components of long-term care must be available to the residents of all regions:

- General personal care home services
- Personal care home services for persons with special needs (e.g., Alzheimer's)
- Respite care in personal care homes

EXISTING LONG-TERM CARE SERVICES

Provided in all or most health regions:

- Personal care homes
- Adult Day Care Program
- Respite Care Program in personal care homes

Provided in some health regions:

- Chronic care facilities (includes assessment and rehabilitation)
- Community Therapy Services Inc.

Provided through a central site:

- Deer Lodge Centre receives provincial referrals
- Riverview Health Centre receives provincial referral
- Long-Term Care, Manitoba Health, administers the insured personal care home program. It approves funding, and sets and monitors standards for all free-standing personal care homes, chronic-care facilities (Deer Lodge Centre and Riverview Health Centre), the Personal Care Home Drug Program, Adult Day Care Program, the Respite Care Program in personal care homes and Community Therapy Services Inc.

8. MENTAL HEALTH SERVICES

Manitoba's Partnership for Mental Health ensures that those who suffer from mental distress receive the care, services and support they need to live with optimal independence and health status. A model for community-based mental health services has emerged, which is more than just the provision of identical services in different locales. It includes a change in philosophy and values as much as a change in where mental health services are provided.

These values include an emphasis on:

- The working partnership between consumers, their families, service providers and government in planning, developing and delivering services
- The consumer's right of choice
- Providing services in the least restrictive environment as close to a person's home as possible

- Building support networks encompassing family, friends, employers, church and other groups, in recognition of the multidimensional nature of the origin, care and treatment of mental illness
- Accessibility, accountability, coordination and evaluation
- Multidisciplinary service delivery

The target groups are:

- Children and adolescents with mental health problems
- Adults with acute psychiatric care needs
- Adults with severe and persistent mental illness
- Older adults with mental health problems

Policies that guide the development, implementation and evaluation of mental health services are:

- Regionalized services to the extent possible
- Regional Mental Health Councils, which play an instrumental role in the process of determining regional needs and mental health service requirements
- All elements of service delivery (including mental health centres, acute-care settings and a range of community resources) are incorporated into the provincial design of services, according to need
- Patients are relocated from institutional to community-based settings as early as possible
- Training of personnel is recognized as fundamental for strengthening and developing community-based services
- A local presence of specialized resources is required to ensure competent delivery of a spectrum of services

The following components of mental health services must be available to residents of all regions:

- **Assessment and Identification Services** for the identified target groups, including specialized mental health assessment and identification services.
- **Acute-Care Treatment** provides psychiatric care and treatment in an inpatient psychiatric unit of a general hospital.
- **Mobile Crisis Intervention Services** provide screening, psychiatric

assessment, crisis intervention and short-term follow-up services in collaboration with other community resources.

- **Crisis Stabilization Units** provide short-term residential care to voluntary clients who need specialized services in the community but not hospitalization.
- **Supportive Housing Options** help people choose, obtain and keep housing in the community, using itinerant support (casual community caregivers).
- **Self-Help and Family Supports** are provided through formal associations of people with a common disorder or disorders. They provide mutual aid and support within established memberships.
- **Psychosocial Rehabilitation** (including vocational services) is provided through programs for people with severe and persistent mental illness who need development of personal skills and environmental support to sustain community living.
- **Intensive case management**—through this method, long-term flexible support is given to adults with severe, persistent mental illness by addressing their multiple and diverse needs in a coordinated, effective and efficient way to promote their rehabilitation.
- **Long-term care and treatment capacity** includes specialized inpatient care in a provincial mental health centre for patients whose needs cannot be met by other means in the community.
- **Prevention, Promotion and Public-Education Services**—These are advisory and education services to the public and professional groups, provided by self-help organizations and (where appropriate) staff from other mental health programs.

EXISTING MENTAL HEALTH SERVICES

Provided in most or all health regions:

- Assessment and identification services, including follow-up treatment by community mental health services for children and adolescents, adults with acute psychiatric needs, and severe and persistent mental illness, and older adults with mental health problems
- Acute-care treatment (Eastman and Interlake use Selkirk Mental Health Centre and Winnipeg acute-care beds)
- Mobile crisis intervention services (sometimes hours are limited to evenings and weekends)

- Crisis stabilization units (sometimes replaced by safe homes staffed at a paraprofessional level)
- Supportive housing is usually provided through an actual program, but may be provided through itinerant support (casual staff) available to assist with housing needs
- Self-help and family support is provided by self-help groups usually organized as a Self-Help Support Centre
- Psychosocial rehabilitation services are provided through a range of programs, including housing, vocational, social and recreational services
- Intensive case management and employment-support services are provided wherever the number of persons with severe and persistent mental illness is sufficient to warrant a case load
- Prevention, promotion and public education services (includes community trauma teams)

Provided in some communities:

- Safe house, providing paraprofessional or peer support to persons in crisis but not requiring professional care
- Crisis lines, separate from other crisis services
- Community day and ambulatory psychiatric care programs
- Child and adolescent inpatient units and community response resources
- Specialized inpatient psychogeriatric services
- Consumer-run services, including residential, social/recreational and crisis services
- Resource developers and public education coordinators

Provided through a central site:

- Selkirk Mental Health Centre (provincial facility that provides long-term care and rehabilitation, psychogeriatrics and forensics)
- Forensic treatment services
- Eden Mental Health Centre
- Self-help organizations (provincial education for specific mental illnesses)

- Mental Health Administration of Manitoba Health sets overall policy and planning, and develops and monitors standards for mental health services throughout the province. Mental Health Administration is also responsible for coordinating interdepartmental planning related to provincial mental health services. Key policy documents to date include *A New Partnership for Mental Health Reform* (1988), *Vision for the Future - Guiding Principles for Mental Health Reform* (1990) and *Building the Future of Mental Health Services in Manitoba* (1992).
- Central non-government agencies with regional offices
- Mental Health Review Board
- Office of the Chief Provincial Psychiatrist

9. SUBSTANCE ABUSE/ADDICTIONS

The goal of these services is to achieve a healthier society by reducing the abuse of alcohol, other drugs and gambling. Services include assessment, treatment and support services for individuals and families with substance abuse/addiction problems. Preventive substance abuse/addiction programs are another important way to reduce use of alcohol and other drugs, and gambling; these are included under the core category, Prevention and Community Health Services.

The following components of substance abuse/addictions must be available to the residents of all regions:

- Detoxification and treatment
- Support

9.1 Detoxification and Treatment

The goal is to reduce substance abuse/addictions and help individuals and families overcome the associated difficulties (for example, abuse of alcohol, marijuana, heroin, some prescription drugs, hallucinogens and gambling). These services may be offered at some regional sites, but would be coordinated, managed and delivered by the Addictions Foundation of Manitoba (AFM). Treatment services include residential programs, day programs and other community-based programs. Integration of services relies heavily on appropriate assessment services, treatment planning based on individual needs, and accessibility and availability of other community support services.

9.2 Support

In some cases, people participating in treatment need additional supports to allow them to preserve the gains they have made. The most common support required is a temporary residence that is physically safe and free of substance abuse, and where there is assistance to continue treatment. These residences may be in free-standing centres, centres that provide other support or treatment services, or private homes. Other support services would be provided through self-help groups and family support (facilitated by AFM).

More specialized substance abuse services will not be provided in every region but will be available to residents through arrangements with other regions. These include some supportive residential services and intensive treatment in a therapeutic residential environment (for example, St. Norbert Foundation).

EXISTING SUBSTANCE ABUSE/ADDICTIONS SERVICES

9.1 Detoxification/Treatment/Support

Provided in most or all health regions:

- Outpatient assessment and treatment on an individual and group basis
- Early intervention services (education, identification, support, referral)
- Case management (coordination, facilitation, monitoring of treatment plans)
- Consultation
- Training and consultation with service providers and community groups
- Referral systems to substance abuse/addiction services provided through central agencies (AFM)

Provided in some regions:

- Residential centres offering intensive treatment
- Treatment for specific groups (e.g., women, seniors, Aboriginal people, adolescents and youths)
- Intensive non-residential treatment
- School-based counselling services

Provided through a central site:

- Consultation
- AFM provides preventive education, early intervention, treatment and rehabilitation services relating to substance abuse and addiction
- Services may be offered at some regional sites but are coordinated, managed and delivered by AFM

10. PALLIATIVE CARE

These services provide skilled, compassionate interdisciplinary professional and volunteer care for people whose disease does not respond to curative treatment. The goal is the best possible quality of life for individuals and their families. Services must be flexible and integrated, and may be provided at home, in residential care facilities or hospitals. A person may be moved from the home to a care facility for symptom management. A person may also be cared for in the home or in a care facility to provide respite for the primary caregiver.

The following components of palliative care services must be available to residents of all regions:

- Palliative care in hospital
- Palliative care in the home

EXISTING PALLIATIVE CARE SERVICES

Provided in most or all health regions:

- Palliative care in hospitals
- Palliative care in the home

Provided through a central site:

- Riverview Health Centre provides palliative care services on referral
- St. Boniface General Hospital provides palliative care services on referral

Implementing the Core Health Services

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Preparation

Regional Health Authorities are responsible for collecting and analyzing information about the health of their population and about the way they use health services. Much of this will be achieved through the compulsory Community Health Needs Assessment. This information is to be used to set regional objectives and identify priorities and service needs within communities.

Manitoba Health will continue to provide:

- Policy development and implementation
- Program development
- Development and/or distribution of references and resources
- Advice to RHAs/facilities/agencies/departments on request, in regard to program planning and research

RHAs will be required to establish formal communication/consultation networks between themselves and the communities in their region. These networks will be used to obtain public input into the community needs assessment and to ensure that public concerns/issues are brought to the attention of the RHAs on an ongoing basis. The District Health Advisory Councils will play a fundamental role in this regard.

RHAs will also consult and work closely with government departments, agencies and other organizations, such as schools, child and family service agencies, social assistance agencies, the justice system, other RHAs and Manitoba Health, in implementing the core health services.

Planning

RHAs will determine the specific types and levels of core health services and additional health services required in their regions, based on their own community health needs assessment, provincial and local objectives, and priorities

and available resources. The authorities will be responsible for designing their service delivery system in a way that responsively, efficiently and effectively meets the needs of the people in their regions.

Every RHA is responsible for developing a regional health plan that will specify the services the RHA intends to provide and the proposed method of delivery. The plan will also indicate how resources will be allocated in the region and the outcomes expected. Regional health plans will be updated every year and will be approved by the Minister before implementation.

Standards

Throughout the health system, the term “standards” is used for everything from specific rules and regulations to general guidelines and principles. Standards deal with a broad range of issues, from administrative and practice standards to professional and licensing standards.

Manitoba Health will work with health-system stakeholders and RHA boards to review existing standards and develop provincial standards as necessary for providing core services.

The development and refinement of standards will continue as the core service list evolves over time. Ongoing review of compliance with standards will be the joint responsibility of Manitoba Health and RHAs. However, Manitoba Health has the ultimate responsibility for ensuring that the standards for core services are being met.

Standards for core services will build upon existing and emerging standards. This process is in the early stages. As a first step, an inventory of existing standards is being developed. The inventory will be distributed to RHAs when it is complete.

Monitoring and Assessment

Every RHA will monitor and assess the core health services for which it assumes responsibility. Manitoba Health will monitor and assess core services provincially. A consultant from Manitoba Health will be assigned to work with every RHA to provide an essential link between Manitoba Health and the authority. One of the consultant’s main roles will be to facilitate regional and provincial monitoring and assessment of core health services.

Accountability

RHAs are accountable to the Minister and to the residents of their region, from both fiscal and program perspectives. Therefore, the RHAs must develop appropriate administrative mechanisms that clearly demonstrate this accountability to the Minister and the public, and facilitate scrutiny. These must include (but need not be limited to) submitting periodic financial reports and an annual report (including an audited financial statement) to the Minister and holding an annual public meeting at which the annual report and the regional health plan for the forthcoming fiscal year are presented. In addition, every RHA will be required by legislation to submit a regional health plan every year for approval. This plan, among other things, will identify the authority's plans related to strategic planning, goal setting, service provision, budgeting, and community consultation. RHAs may choose additional means to show accountability, as appropriate.