REGIONAL HEALTH ADVISORY COUNCIL STRATEGIC PLANNING UPDATE

SEPTEMBER 21, 2022

Welcome & Introduction

Interlake–Eastern
Regional Health Authority

ACKNOWLEDGEMENT OF TRADITIONAL TERRITORIES

Interlake-Eastern Regional Health Authority delivers health-care services on First Nation Treaty Territories 1, 2, 3 and 5 and on the homeland of the Red River Métis Nation.

We respect that First Nations treaties were made on these territories, acknowledge harms and mistakes, and we dedicate ourselves to collaborate in partnership with First Nations, Inuit and Red River Métis peoples in the spirit of reconciliation.

Interlake–Eastern
Regional Health Authority

Regional Health Advisory Council
Community Membership Participation

Local Health Involvement Group (LHIG) Member	Vacant
Local Health Involvement Group (LHIG) Member	Shawna Cromie
ALEXANDER, R.M.	Deputy Mayor/Councillor Mac Kinghorn
ARBORG, Town	Mayor, Peter Dueck
ARMSTRONG R.M.	
ASHERN, Town (belongs to RM of West Interlake)	
BEAUSEJOUR, Town	Councillor, Candice Holigroski
BIFROST-RIVERTON, R.M.	Deputy Reeve, Colin Bjarnason
BROKENHEAD, R.M.	Councillor, Sean Michaels
COLDWELL, R.M.	Deputy Reeve, Virgil Johnson
DUNNOTTAR, Village	Councillor, David Oberding
FISHER RIVER, R.M.	Reeve, Shannon Pyziak
GIMLI, R.M.	
GRAHAMDALE, R.M.	
LAC DU BONNET, R.M.	
LAC DU BONNET, Town	Ted Mathers

PINAWA, L.G.D.	Mayor, Blair Skinner
POWERVIEW - PINE FALLS, Town	Deputy Mayor, Lorie Finkbeiner
REYNOLDS, R.M.	Reeve, Trudy Turchyn
ROCKWOOD, R.M.	Councillor, Lyle Willis
ROSSER, R.M.	Reeve, Frances Smee
SELKIRK, City	
SPRINGFIED, R.M.	
ST. ANDREWS, R.M.	Councillor, Russ Garvie
ST. CLEMENTS, R.M.	Councillor, Scott Spicer
ST. LAURENT, R.M	Reeve, Cheryl Smith
STONEWALL, Town	Mayor, Clive Hinds
TEULON, Town	Mayor, Anna Pazdzierski
VICTORIA BEACH, R.M.	
WEST INTERLAKE, R.M. (Eriksdale & Ashern)	Reeve, Arnthor Jonasson
WHITEMOUTH, R.M.	Councillor, Manny Sikkenga
WINNIPEG BEACH, Town	Mayor, Tony Pimentel
WOODLANDS, R.M.	Councillor, Orval Procter
WEST ST. PAUL, R.M.	Mayor, Cheryl Christian

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THE REGIONAL HEALTH ADVISORY COUNCIL

- Strategic steering committee progress will be reported to the Regional Health Advisory Council

- Currently the Council meets quarterly to:
  - review progress towards achieving priorities of the strategic plan

  - ensure a regional approach is applied to the health-care needs of people in Interlake-Eastern RHA

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Today's Meeting Package

- Agenda

Need meeting materials?

Visit www.ierha.ca > About Us > Community Involvement > Strategic Plan > Regional Health Advisory Council

Or contact **ccole@ierha.ca**

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Agenda

1. **Welcome**   Marion Ellis
2. **Traditional Land Acknowledgment**   Michele Polinuk
3. **Community Membership Participation**   Marion Ellis
4. **Review Agenda**   Marion Ellis
5. **Strategic Goals – Strategic Steering Committees**

    5.1 Healthcare System Coordination and Integration   Dr. Charles Penner

    5.2 Primary and Community Care Transformation   Kate Hodgson

    5.3 Mental Health and Addictions   Kate Hodgson

    5.4 Indigenous Population and Vulnerable Populations   Paul Barnard

    5.5 Health Human Resources   Brent Kreller

    5.6 Innovation and Technology   Dorothy Forbes

6. **Meeting Feedback - Polls**   Marion Ellis
7. **Next Meeting**   Marion Ellis

    Wednesday, January 25, 2023 @ 5:00 p.m.

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Integrated and Coordinated Health Care

September 21, 2022

Regional Health Advisory Council

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A Year in Review

Workstreams and sub-goals were identified:

- Workstream #1: Service Excellence
    - Endoscopy Waitlist Reduction Targeted Practice Improvement (formerly called Central Intake for Endoscopy, but the goals have been redefined)
    - Improve Early Diagnosis of Cancer by CancerCare Manitoba Screening
    - Decrease Incidence of Sexually Transmitted Blood Borne Infections in IERHA
    - Emergency Response Services and Acute Care Interface (newly added in June 2022)

- Workstream #2: Communication
    - Improve Communication between Hospital Care and Community Care
    - Improve Communication between Public Health and Emergency Department

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Other Integration and Coordination Work

- Providing acute medical withdrawal services in Ashern
- Work on ED flow improvements with acute care and the ED
- Increase services in Selkirk Quick Care
- Improvement of coordination of primary care services in Ashern
- Inpatient echocardiography services in Selkirk
- Pain clinic development
- 2nd CT scanner for Selkirk

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Integrated and Coordinated Health Care

QUESTIONS/COMMENTS

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Primary and Community Care Transformation

September 21, 2022

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A Year in Review

Workstream 1 – Primary Care

❑ Implemented e-Consult in all RHA Clinics – e-Consult is a secure web-based application that allows primary care providers to consult specialists for advice, recommendations, and/or diagnosis of non-urgent health related conditions

❑ Chronic Disease Nurses offering Spirometry in communities throughout the region

❑ Shared Electronic Medical Record (EMR) with First Nations communities - Brokenhead, Sagkeeng, Lake Manitoba, Little Saskatchewan, and Pinaymootang First Nations, and Percy E Moore Clinic (Hodgson)

Workstream 2 – Public Health

❑ Priority has been to respond to Covid-19 initiatives both provincial and regional, including contact tracing and immunization

❑ 2 vacant Harm Reduction Coordinator positions filled

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A Year in Review cont.

Workstream 3 – Home Care

❑ Completed program review to evaluate services and identify areas for improvement and efficiencies

- Implemented "Cluster" care schedules for staff
- Created and hired Nursing Supervisors
- Created and hired two new Hospital Based Home Case-Coordinators (Stonewall & Gimli)

Workstream 4 – Long Term Care

❑ Implementation of the Recommendations from the "Maples Personal Care Home Covid 19 Outbreak External Review" (Stevenson Report)

- Provincial Pandemic Plan implemented in all Personal Care Homes (PCH), including affiliates
- E-chart implemented in 14 of 16 PCH
- Infection Prevention & Control positions for Long-term Care created and posted; in recruitment process
- Completed an analysis of current Allied Health resources at each site to ensure all residents in PCH have access to allied health resources including Rehab services (OT, PT, Rehab Aide), Dietitian, Spiritual Care, and Social Work

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What work is underway?

Workstream 1 – Primary Care

❑ Implementation of Direct Access to Psychiatry – November 2022

❑ On-going collaborative planning with physicians to offer extended hours clinic

Workstream 2 – Public Health

❑ Covid-19 recovery is in process to re-evaluate priorities and action plans

❑ Pop-up clinics scheduled to offer Covid-19 (incl. boosters) and Flu Vaccine

❑ Expanding Harm Reduction outreach programming throughout the region

❑ Planning for the distribution of Naloxone kits at Public Health Offices

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What work is underway?

Workstream 3 – Home Care

❑ Expand housing options for patients/clients requiring alternate levels of care and appropriate housing

- ▪ Development of 2 regional Transitional Care Beds in Stonewall – renovations underway

Workstream 4 – Long Term Care

❑ On-going implementation of Stevenson Recommendations

- ▪ Finalizing new Housekeeping FTE/funding allocation in all Personal Care Homes (PCH)

- ▪ Analysis of current staffing levels for distribution of newly funded FTE to meet provincial staffing guidelines

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Primary and Community Care Transformation

QUESTIONS/COMMENTS

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Mental Health and Addictions

September 21, 2022

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A Year in Review

Workstream 1 - Equitable Access & Coordination

❑ Implementation of Rural Telepsychiatry – available to all rural acute care sites

❑ Developed an internal regional escalation process for patients requiring acute mental health services

Workstream 2 - Mental Well-being & Chronic Disease Prevention

❑ Expanded Rapid Access to Addictions Medicine program in Selkirk - low barrier access to addictions medicine service

- 5 RAAM clinics in Manitoba under Provincial RAAM Hub model

- RAAM Selkirk Clinic opened in Nov/2018 – 1.0 nurse. 0.2 physician, 0.5 counselor

- Clinic serving Selkirk area and other rural communities

- Demand for service exceeded availability of appointments limits quickly - turning away average of 6 clients per month in 2021

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A Year in Review

Workstream 2 - Mental Well-being & Chronic Disease Prevention cont.

- Average of 100 clients enrolled – patient safety concerns growing
- First IERHA/AFM expansion proposal 2021 – declined
- Second IERHA expansion proposal in 2022 – approved in June 2022
  - New permanent funding value of $475k per year
  - New RAAM Clinic staff: 2.0 nurses, 0.6 Nurse Practitioner, 0.2 physician, 0.5 counselor and 0.5 clinic admin – all positions filled September 12, 2022
  - 1 day per week assessment service increased to 5 days per week
  - Clinic panel capacity normal max from 75 pts to 200 pts
  - Enables development of RAAM mobile and RAAM virtual services
  - Enables further development of pathways from ED to RAAM clinic

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August 9, 2022: Announcement with Minister

Province of Manitoba News Release: Manitoba Government Commits $538,000 to Expand Opiate Agonist Addictions Treatment in Interlake

Attending the announcement (from left to right): IERHA CEO Marion Ellis; Minister of Mental Health and Community Wellness Sarah Guillemard; Clinical Team Manager of Mental Health and Addictions Kelley Bartmanovich and IERHA Board Chair Glen West

A Year in Review cont.

Workstream 3 - Quality & Innovation

❑ Approval received to integrate all mental health crisis services onto shared Electronic Medical Record (EMR) system

❑ Crisis Stabilization Unit introduced option of virtual beds – provides option for care to those who can't attend in person (i.e. family/child-care needs, etc.)

Workstream 4 - Governance & Accountability

❑ Recently implemented OQ Measures software in the Child & Adolescent program – OQ Measures is a tool that allows clinicians to review patient-reported data and adjust ongoing treatment for faster more quantifiable results.

❑ Introduced weekly Multi-disciplinary Team Consultation (MTC) process with participation from psychiatrist, psychologist, and Clinical Team Manager to provide case reviews and recommendations as requested by Community Mental Health Workers

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A Year in Review cont.

Workstream 4 - Governance & Accountability cont.

❑ Re-established the Clinical Specialist role to provide expertise and leadership in the areas of clinical practice, consultation, inter-professional collaboration, education and training, program planning, and research

Workstream 5 - Indigenous Partnership & Wellness

❑ Scheduled regular psychiatry consults to Ashern Hodgson & Area My Health Team

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What work is underway?

Workstream 1 – Equitable Access & Coordination

❑ Analyze time of referral patterns, waitlist volume, clinician caseload

❑ Provide volume and wait time data to the Provincial Clinical Team and Department to match resources with need

Workstream 2 – Mental Well-being & Chronic Disease Prevention

❑ Implementing 4 month Pilot Project - Cognitive Behavior Group Therapy for Youth with Anxiety

Workstream 3 – Quality & Innovation

❑ Building a capacity plan to offer Trauma-informed care and Trauma Treatment

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What work is underway?

Workstream 4 - Governance & Accountability

❑ Program looking to launch patient experience and program planning survey with clients

Workstream 5 - Indigenous Partnership & Wellness

❑ Support Sagkeeng First Nation to launch a 5 bed non-medical Withdrawal Management Unit

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Mental Health and Addictions
QUESTIONS/COMMENTS

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A Year in Review – Achievements to Date

Developed Charter Plan with revised/additional Workstreams (Sept 2022)

Recruitment

- Partnering with Schools inventory of courses and communication of them; increasing number of agencies available; Treaty days (4); foundation set for school visits/career fairs in fall 2022; securing graduates of courses held in our area (Arborg LPN)

Retention

- Visible leadership; removing pebbles

Employee Development

- Leadership succession plan launch

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A Year in Review – Achievements to Date

Employee Development

- Leadership succession plan launch

Healthy Workforce

- Safe Work Certification initial mock audit completed; development and promotion of one stop shop of employee well being resources

Transformation

- AFM staff have fully joined, HR/Payroll staff to SH ongoing

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What work is underway?

Recruitment

- Securing additional LPN courses (BK/ME meet with MB Health Sept), high school visits (3+ scheduled involving ops leaders); improve job posting platform (Comms – inserting videos, why work here etc. that will also be used on our, social media platforms)

Retention

- Accreditation/wellness survey (closes Oct), Meeting with leaders of each area (HR, fall 2022), relaunch of thank you cards (Oct), recognize anniversary dates (HR monthly)

Employee Development

- (BK) Leadership development – currently 50% of identified leaders have a development plan, target 90%

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What work is underway?

Healthy Workforce

- Certification preparation, currently 56% ready for targeted audit in Feb/March 2023

Transformation

- (BK) Final phase of slotting, titling, 13 HR/payroll staff to HRSS SAP system.

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Health Human Resources
QUESTIONS/COMMENTS

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Providing a snapshot of new service expansion and new service partnerships with indigenous health partners in the IERHA

Examples:

- Ashern/Hodgson Indigenous My Health Team – New robotic rehab service
- Primary Care Access Closer to Home – Today's gains, tomorrow's challenges
- Medical Withdrawal Management Service – New service opportunity

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IERHA Strategic Direction for Indigenous Health Partnerships and Health Equity

- IERHA Strategic Plan – with Indigenous Health pillar and associated strategic plan committee to help monitor/report on firm actions

- IERHA Indigenous Health Advisory Committee – with 5 year strategic plan and 4 pillars of focus

- New Department of Mental Health and Community Wellness 5 Year 'Roadmap' – with "Indigenous partnerships" as one of five pillars

- Alignment with Clinical Preventative Services Plan (CPSP), Peachy Report and Virgo Report

-

Governance support and alignment in systems strategy development to chase operational improvements in Indigenous health – not always the case

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Ashern/Hodgson Indigenous My Health Team

- 15 My Health Teams (MyHT) in Manitoba

- First indigenous MyHT in Manitoba

- Physicians/Community Partners collaborate on identifying service gaps, build a service plan to help close gaps, add MyHT providers, supervise service delivery, progress and outcomes

- Current clinics: Lake MB, Little Sask, Pinaymootang, Ashern, Fisher Branch and Hodgson – all with shared instance of electronic medical records (EMR)

- MyHT has added "community based" two mental health workers, chronic disease nurse – challenged in recruitment for physiotherapist and rehabilitation aide

- New partnership with MyHT, U of M and Riverview Health Centre to introduce 'first in Manitoba' robotic rehab service in community

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Rural Robotic Rehab Pilot Project

- Modeled after demonstration projects in northern Sask and AB

- Physiotherapist (PT) is in community on initial assessments and follow-ups 2 days/week

- Rehab Aide (RA) is in community 5 days per week

- PT and RA are working together virtually through robotic rehab service 3 days per week

- Robotic rehab has visual, audio, measurement on concurrent motor and cognitive tasks

- Partners, funding and space in place - finalizing agreements and equipment ordering – February 2023 target start

- Riverview provides PT service, MyHT provides space, equipment and RA, U of M provides project clinical oversight and support

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Pilot Project: Technology optimization, care closer to home, health equity and partnering
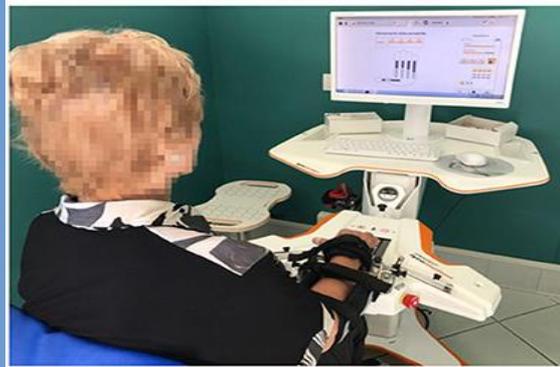
Primary Care Access Closer to Home

Historical On-Reserve Jurisdictions:

- Federal – public health, home care, mental health, maternal health

- Province – primary care but not on-reserve, only off-reserve

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- Recent new community health centre investments: Lake MB, Pinaymootang, Sagkeeng, Brokenhead ... more scheduled

Today:

- FN clinics – Sagkeeng, Brokenhead (shared IERHA Health Service outrEMR)

- Ongomiizwin each clinics – Peguis, Fisher River, Kinonjeoshtegon (shared IERHA EMR implementation in Hodgson)

- IERHA outreach clinics on-reserve - Black River, Lake MB, Little Sask, Pinaymootang (shared IERHA EMR)

- Other IERHA outreach clinics – Gypsumville, Grand Marais, Seymourville (shared IERHA EMR)

Journey of Persistence, Partnerships and Potential in Offering Primary Care Access Closer to Home

Elements to start (today):

- Space
- Providers
- Admin
- Technology – connectivity
- Electronic Medical Records (EMR)
- Integration with community team

Elements to optimize (tomorrow):

- Access to increased diagnostics
- Access to pharmacy
- Expanded access to EMR for other community team members and for more clinics
- Clinic providers supply to match community demand
- Increased care integration/teamwork

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A helpful perspective on jurisdictions in health care when partnering on care closer to home
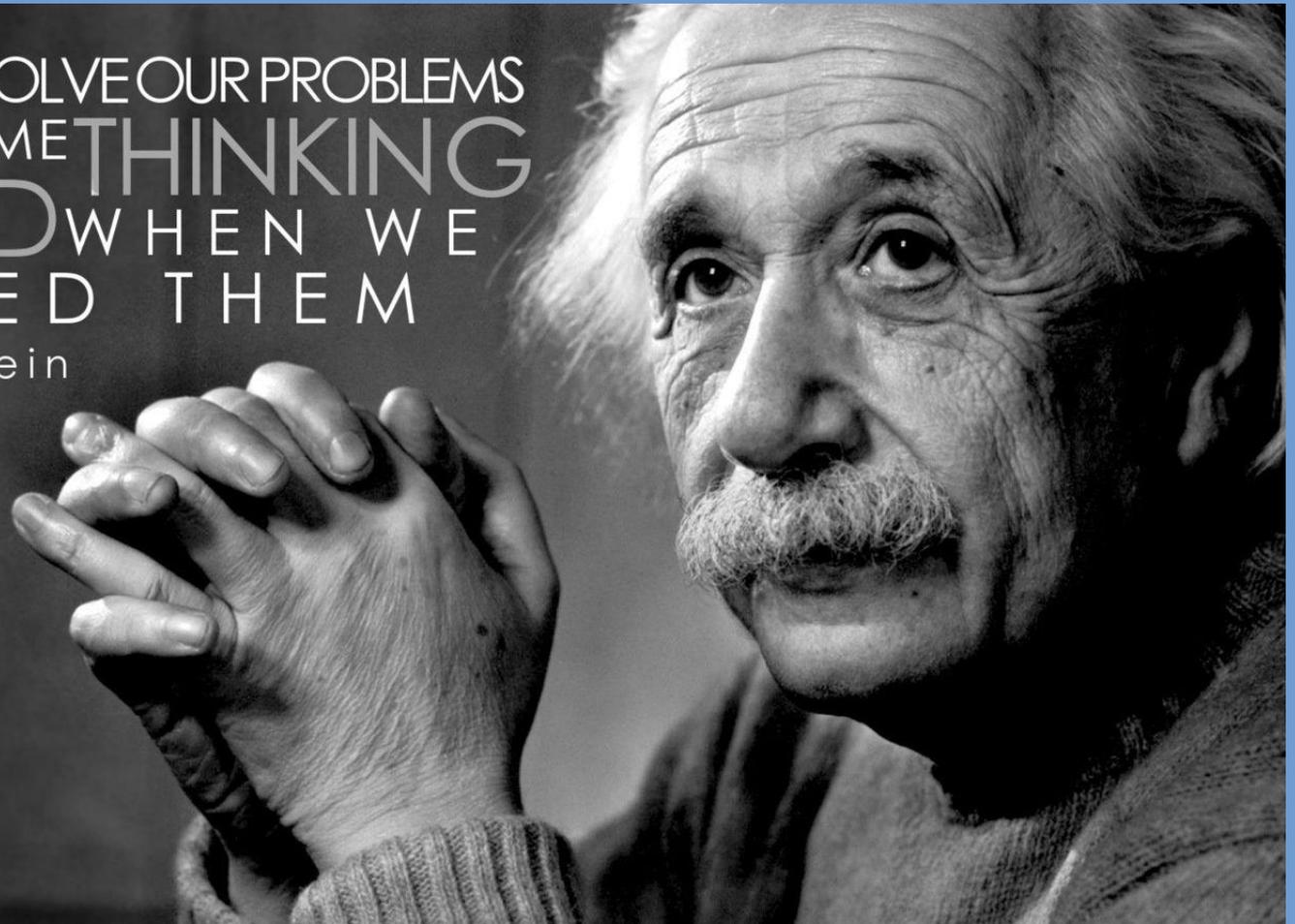
Medical Withdrawal Management Service (WMS) Beds in Ashern Hospital

- Currently only medical WMS in Manitoba is at Winnipeg HSC – 11 bed unit serving all of province – transportation and geography a rural SDO access barrier
- Medical WMS has 24 hour physician coverage, oxygen, suction, wrap around team of supports, pathways to community and treatment
- 4 rural SDOs asked for proposals by new department of mental health and community wellness - $2.75M new provincial funding available for expansion of rural medical WMS
- Core Criteria: located to meet community needs and be able to stand up in current fiscal year (staffing being key concern)

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IERHA Medical WMS Proposal

- 3 highest volume IERHA EDs with substance use presentations: Ashern, Pine Falls and Selkirk

- Ashern selected for proposal – need, community partners, physician and nursing staffing, future new space

- 4 SDOs proposal reviews with provincial clinical team, and RAAM provincial Hub with funding recommendations to department

- IERHA medical WMS proposal: 2 bed unit in Ashern Hospital, 2.8 nurses, 0.2 physician lead, 0.5 traditional healer, 0.5 peer counselor, 1.0 social worker and 1.0 RAAM/MHLN nurse

- $784k new permanent funding value in proposal

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IERHA proposal status and next steps

- Recent discussion with senior leadership from new department (MHCW) and Shared Health confirming details and verbal project approval with MHCW project contact for IERHA implementation

- Next steps: MHCW finance review/process, project funding letter and implementation plan

- Schedule: expectation of 3-4 month window from funding letter to new medical 2 bed WMS start up (expected March 2023)

- IERHA proposal feedback stood apart – focused on building a hub/spoke from a rural facility (not a regional facility) where service needed most

- *** first traditional healer as part of an integrated IERHA direct service delivery team – exciting! ☺

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Specialty service, care closer to home, health equity, integrated care with traditional healing

Pokers in the Fire (with roots in strategy) . . .

- RAAM mobile and RAAM virtual (hub/spoke from RAAM Selkirk)
- Rural Mobile WMS in community
- FN community direct access to rural tele-psychiatry
- Direct access to psychiatry from FN community primary care outreach clinics
- Expanding access to point of care testing and phlebotomy services in FN primary care outreach clinics
- Commitment to shared leadership model development with Giigewigamig First Nation Health Authority at the Pine Falls Health Complex – a first

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Indigenous and Vulnerable (Aging) Populations

QUESTIONS/COMMENTS

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Innovation & Technology SSC: Year in Review

1. Strengthen Foundation for Technology	Improve understanding and use of technology and provide reliable infrastructure.
2. Optimize Operations	Enhance analytics and performance measurement
3. Transform Care	Strengthen engagement with patients, clinicians, and other stakeholders
4. Innovative Culture	Develop the people, skills and system to enable continuous quality improvement and safety
5. Digital Health	Adapt electronic medical records that will enable clinical workflow.
6. Advanced Analytics	We will use new and innovative data analysis and reporting tools to support quality improvement

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Innovation & Technology SSC: Year in Review

Significant achievements and progress among four different projects!!!

1. High Alert Medication Standardization
2. Endoscopy Waitlist Reduction/Standard Form
3. Provincial Dictation Implementation
4. Provincial Hand Hygiene Auditing

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Innovation & Technology SSC: Year in Review

1. Strengthen Foundation for Technology

Improve understanding and use of technology and provide reliable infrastructure

- 1.1 Provincial VOIP Project, 1.2 Microsoft 365, 1.3 SD Wide Area Network, 1.4 Secure Network

2. Optimize Operations

Enhance analytics and performance measurement

- 2.1 High Alert Medication Standardization, 2.2 Primary Care Digital Enhancements *CPSP*

3. Transform Care

Strengthen engagement with patients, clinicians, and other stakeholders

- 3.1 Endoscopy Covid Waitlist Reduction/Standard Endoscopy Form, 3.2 Same Day Surgery, 3.3 Virtual Visits and Collaboration *CPSP*, 3.4 Patient Engagement Platform *CPSP*

4. Innovative Culture

Develop people, skills and system to enable continuous quality improvement and safety

- 4.1 Patient Experience Surveys, 4.2 Provincial Quality Improvement, 4.3 Remote Home Monitoring *CPSP*, 4.4 Capital Facilities Planning *CPSP*, 4.5 Provincial Pharmacy Project *CPSP*

5. Digital Health

Adapt electronic medial records that will enable clinical workflow

- 5.1 Electronic Patient Record *CPSP*, 5.2 Provincial Home Care Record *CPSP*, 5.3 Provincial Dictation Implementation, 5.4 SRHC Outpatient Clinic EPR Enhancement

6. Advanced Analytics

Use new and innovative data analysis / reporting tools to support quality improvement

- 6.1 Provincial Hand Hygiene Auditing, 6.2 Provincial Critical Occurrence Reporting (RL6), 6.3 Surgical Waitlist and Management *CPSP*, 6.4 Data Benchmarking

More about 2021-2022 Achievements

2. Optimize Operations

High Alert Medication Standardization

- High alert medication have a heightened risk of causing significant patient harm when they are used in error.
- A Manitoba environmental scan showed there were 88 different High Alert Medications (HAMS) listed in the various health regions policies.
- The HAM Task Force is made up of a wide range of representatives (including nursing and pharmacy) to work on a standardization process (the HAM list now contains 57 medications).
- With consistent HAMs across the entire province this is one of the many strategies to safeguard patient harm and reduce medication errors.
- 75% Final stages of approving the High Alert Medication guidelines and list

3. Transform Care

Endoscopy Waitlist Reduction/Standard Form

- Provincially addressing long endoscopy wait times due to Covid service cancellations/ reductions
- There are two parts to this project: (1) review current intake of new referrals and (2) waitlist redirection of cases currently waiting for endoscopy
- 85% Endoscopy Waitlist Reduction Roll-Out Completed

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More about 2021-2022 Achievements

5. Digital Health

- Provincial project to replace technical systems used in health-care facilities, including replacing current voice dictation and transcription services with more modern systems.
- Dictation, transcription and voice-recognition services are used by health-care providers to write reports.
- The new systems will be compatible with other existing systems, will decrease turnaround times to improve patient care and will be standardized across the province.
- 80% of Provincial Dictation Project implementation within IERHA (live in acute care and currently planning for community/primary care roll out)

6. Advanced Analytics

- A provincial working group was formed to develop standards and tools for hand hygiene compliance monitoring data collection and reporting
- IERHA piloting auditing software over summer months at SHRC with formal roll-out in Fall 2022 by training auditors at the sites.
- 35-40% of the provincial work has been completed, with the current focus in acute care and phase two looking at community

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Innovation and Technology

MANITOBA INVESTS OVER $6 MILLION TO SUPPORT TECHNICAL SYSTEM UPGRADES FOR PROVINCIAL HEALTH-CARE FACILITIES

– – –

New Systems to Provide Support to Essential Clinical, Health and Social Services, Help Health-Care Providers Improve Patient Care and Protect Manitobans: Stefanson

The province is investing over $6.5 million over three years to replace technical systems used in health-care facilities, including replacing current voice dictation and transcription services with more modern systems and upgrading the Provincial Health Contact Centre (PHCC)'s triage, call-recording and telephone systems, Health and Seniors Care Minister Heather Stefanson announced today.

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Manitoba Gover...

Diagnostic and Surgical Recovery Task Force

Every Manitoban deserves access to quality health care, when they need it. The COVID-19 pandemic put unprecedented stress on the provincial health care system, resulting in longer wait times for many critical services. The Manitoba government is committed to restoring and improving the system, so that patients get the care they need sooner.

In December 2021, the Manitoba government established the Diagnostic and Surgical Recovery Task Force to address waitlists for diagnostic and surgical procedures, and other related services affected by the COVID-19 pandemic.

Supported by experts from across Canada, the team of highly respected local healthcare professionals identify and implement short and long-term solutions to improve surgical and diagnostic waitlists and make

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About HandyAudit

"The main benefit of this auditing platform is the ability to show the health care worker their compliance score generated by the software after the auditor has marked the touches. This feedback is the most meaningful way to elicit practice changes."
- Amanda Preachuk, IP&C Coordinator

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What work is underway?

A total of 12 Initiatives/projects underway or scheduled to begin or wrap-up over the next 6-12 months, including:

1. Provincial VOIP Phone Project (Ashern) – nearing completion
2. Software-Defined Wide Area Network – in-progress
3. Secure Network/Cyber Risk Mitigation – in-progress
4. High Alert Medication Standardization – nearing completion
5. Same Day Surgery – in-progress
6. Patient Experience Surveys - *newly initiated*

4. Innovative Culture

Patient Experience Surveys

Task: Working provincially on standardization/modernization of collecting patient experience data. Internally, developing action plans and quality improvement with input from clients/patients/ partners.

Timeline: Initiated in Spring 2022, on-going project planning.

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What work is underway?

A total of 12 Initiatives/projects underway or scheduled to begin or wrap-up over the next 6-12 months, including:

7. Provincial Hand Hygiene Auditing – in-progress

8. Data Benchmarking & Performance Monitoring - *newly initiated*

9. Provincial Dictation Implementation – nearing completion

10. Transformation Management Office - Digital Support – scheduled to begin in late 2022

11. Surgical Waitlist and Information Management (SWIM) – in-progress

12. Digital Supports for Integrated Access – scheduled to begin in late 2022

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6. Advanced Analytics

Data Benchmarking & Performance Monitoring

Task: Establishment of an IERHA Data Management Network Team, which will include an environmental scan on data availability, limitations, etc. within SDO, and centralizing data for dissemination and reporting. Participating in data benchmarking activities with external stakeholders to allow our region to compare to our organizations performance across Canada.

Timeline: Initiated in August 2022, on-going project planning.

Looking Ahead to the Future

Sept 2022 and beyond:

- Continue to monitor progress on the 13 projects currently underway or in-progress

- A total of 10 other initiatives/existing projects and proposals flagged for 2023-2026, which include:

  - Clinical Preventative Service Plan Digital Enabling Projects

    - Digital Capital Enhancements linked to Ashern and Selkirk Regional Health Centre expansions

    - Patient Portal (Access to medical information, test results, etc.)

    - Virtual Visits and Collaboration Platform

  - Target Practice Improvement Projects

  - Provincial Occurrence Reporting System

  - Quality Improvement Training

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Closing Comments for all SSC

SSC Next Steps:

- On-going reassessment/adding details into the road map/Gantt Chart
- Progress updates on identified projects
- Monitoring the milestone activities
- Engaging with internal and external stakeholders over duration of the strategic plan

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Innovation and Technology
QUESTIONS/COMMENTS

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Over to you!

FEEDBACK ON TONIGHT'S MEETING

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Next Steps

Regional Health Advisory Council

Next meeting:

Wednesday, January 25, 2023 @ 5:00 p.m.

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Questions/Comments?
Please email us at CEOstrategy@ierha.ca