

**CLINICAL CONSOLIDATION  
RECOMMENDATIONS**

Dr. David Peachey's report, entitled *Assessing Phase Two*, makes 17 recommendations. They are numbered for convenience but are not prioritized:

It is recommended that a comprehensive risk assessment of the Winnipeg region be undertaken by Shared Health and include all hospital and clinical programs (and updated existing risk assessments), focused on patient safety and optimal patient flow, and that a regional plan be derived accordingly:

1. It is recommended that the current bed mapping be reviewed at the hospital sites as an interim measure and be re-established according to the regional risk assessment.
2. It is recommended that full analytic resources be sited at Shared Health.
3. It is recommended that a detailed plan be established to ensure all elements of the immediate plan are in place, assigned and built into an accountability framework.
4. Early clinical governance is required for the province, protecting academic appointments where applicable; it is recommended that clinical governance be provincial in scope, sited at Shared Health and replace existing clinical governance roles at WRHA.
5. It is recommended that a Nursing Resource Task Force be struck immediately and be constituted by representation of three members from Manitoba Nurses Union and two members from each of Shared Health and WRHA, and an independent chair, with decisions to be made by consensus and a reporting accountability to the deputy minister of health, seniors and active living.
6. It is recommended that the original concept in the *2017 Clinical and Preventive Services Plan* be protected at this time, namely, active emergency departments at Health Sciences Centre, St. Boniface Hospital and once community hospital (Grace Hospital), and urgent care centres at each of Concordia Hospital, Victoria General Hospital and Seven Oaks General Hospital.
7. The timing of opening additional urgent care centres is not yet precise; however, the opening of urgent care at Concordia Hospital is a priority; the opening of urgent care at Seven Oaks General Hospital will depend on the results and conclusion of regional risk assessment.
8. It is recommended that the processes for implementation, as advanced by the National Health Service England, be the foundation of a regional implementation strategy.
9. It is recommended that the Accountable Care Unit be encouraged across the region and also integrated with MyHealthTeams and evaluated as part of that model.

10. It is recommended that the PECS model be funded on a priority basis in the province and that it be sited, initially and pending reassessment, at Concordia Hospital.
11. The term 'subacute care' has offered operational confusion without value identified by health-care providers or administrators; the literature definition is not helpful either, namely, "specialized multidisciplinary care in which the primary need for care is optimization of the patient's functioning and quality of life;" in keeping with strongly expressed opinions, it is recommended that subacute care not be used as a level of care classification in the region until a consensus opinion can be attained across all hospital sites.
12. It is recommended that Walk-In Connected Care (WICC) not be expanded beyond the current sites.
13. There is value in the role of house medical officer (HMO); further development of this role requires explicit role affirmations and stabilized funding, pending either re-evaluation or the implementation of an alternative model of care; it is recommended that the HMO role be stabilized and then expanded according to the needs assessment.
14. It is not recommended that two additional beds be opened in the Advanced Coronary Care Unit.
15. It is valid to expand the number of alternative funding models for a number of disciplines and to redevelop the methodology for developing the scale and relationships to a fee-for-service model, with physician work defined as time intensity, where intensity is a factor of knowledge and judgment, technical skills, risk and stress, and communication skills.
16. It is recommended that the needs assessment that underpinned the *2017 Clinical and Preventive Services Plan* be refreshed and maintained in real time.
17. It is recommended that the final step in this revised phase be its full regional operationalization.