

TODAY VS. FUTURE

Shifting Services from Winnipeg to Rural and Northern Communities

Surgery	
Today	In the future...
<p>Approximately 75 per cent of all Manitoba in-patient and day surgeries occur in Winnipeg and more than half of all rural and northern patients travel outside their region to access these types of procedures.</p> <p>At the same time, operating rooms across the province are not operating to full capacity; some shut down at noon.</p>	<p>Consistent standards of service will be established and monitored to ensure providers have the skills and the tools to provide more specialized services outside Winnipeg. Surgeon rotation and anesthesia provider coverage will support the ability to provide more surgeries at sites with unused operating room capacity.</p>

Critical Care	
Today	In the future...
<p>In Manitoba, 80 per cent of critical care services are provided in Winnipeg. Paramedics transporting critical care patients often need to bypass Brandon Regional Health Centre on the way to Winnipeg.</p> <p>While Brandon has the only intensive care unit outside of Winnipeg, it also has the longest length of stay.</p>	<p>Brandon’s ability to support critical care and acute medicine will be enhanced. A 24-7 admitting service and Internal Medicine Clinical Teaching Unit will expand capacity and use of virtual home monitoring will support reduced readmissions.</p> <p>This will reduce the number of patients who have to be transferred or transported to Winnipeg and support earlier discharge.</p> <p>Across the plan, 2,500 fewer patient trips to Winnipeg are expected as care is provided closer to home.</p>

Child Health – Neonatal	
Today	In the future...
<p>Since 2012-13, admissions to NICUs in Winnipeg have increased by 10 per cent.</p> <p>Of the total number of infant patients admitted, it was found that up to two-thirds could be appropriately and safely cared for in a Level 1 or 2 nursery.</p>	<p>Through planning, intermediate sites will be identified and built up with the support, resources, and skilled staff to support a Level 1 or 2 nursery.</p> <p>This will allow young babies and their families to receive care closer to home or return home sooner following care provided at a provincial hub.</p> <p>Technology that is already in use in some parts of the province to support care to young and small babies, their families and care providers will be expanded. Support will be available from specialists who are linked to integrated primary care teams.</p>

Shifting Services from Institutions to the Community

Community Services and Home Care	
Today	In the future...
<p>A hip replacement patient may be kept in hospital following surgery while waiting for space or an appointment with in-home care like IV therapy to treat an infection. Wait lists for in-home IV are reported to be seven to 14 days.</p>	<p>With a focus on building up services in the community, more home care nurses will have the training and support needed to provide care like in-home and community IV therapy. This will allow patients to return home sooner with support and freeing up inpatient bed capacity.</p>

Rehabilitation	
Today	In the future...
<p>Cardiac care is a specialized service provided in Winnipeg by a specialized team.</p> <p>Depending on the rehabilitation and support services available in your home region, you may stay in Winnipeg following your procedure.</p>	<p>The most specialized cardiac services will continue to be provided by specialists at the provincial Cardiac Hub.</p> <p>Through improved integration between specialists and primary care providers across the province, and enhanced access to rehabilitation and home monitoring, patients will be able to return home faster.</p>

Chronic Disease	
Today	In the future...
<p>Following an acute episode, chronic disease specialists are able to remotely monitor patients with chronic conditions (congestive heart failure, diabetes).</p> <p>Strategic discharge plans are made to ensure appropriate support through a combination of in-person and virtual visits.</p> <p>Patients are able to return home sooner, with appropriate care.</p>	<p>Access to this service will be expanded, enabling an additional 800 Manitobans to be discharged home sooner, with the support they need to manage their chronic condition.</p>

Shifting Services from Travel-Intensive to Patient-Centred Approach

eConsult	
Today	In the future...
<p>Patients with a specific medical complaint will see their primary care provider who will make a referral to a specialist. Patients will wait for an appointment, see the specialist, go for necessary tests and wait for results or followup.</p> <p>In some specialty areas, eConsult is already reducing the number of steps involved for a patient. In dermatology, a patient with a rash on their arm will see their family doctor who will take a photo, order any required tests and upload the information to a secure web-based portal.</p> <p>A specialist (dermatologist) receives and reviews the information, sending their response and any recommendations back within 24 hours.</p>	<p>eConsult will be expanded to other specialty areas, reducing the need to travel for specialty appointments and associated follow up in some circumstances and reducing wait times for both patients and providers.</p>

Screening and Prevention	
Today	In the future...
<p>Patient access to prevention and screening services varies depending on location. For example, screening for colorectal cancer via endoscopy has significant gaps across priority populations and regions. Forty per cent of the endoscopy in Winnipeg is provided to patients from outside the city limits.</p>	<p>Planning will identify district sites, where appropriate, that will see enhanced capacity to support procedures like endoscopy closer to home.</p> <p>Across the plan, 21,000 days of care will be shifted from Winnipeg to local communities.</p>

Health Human Resources – Recruitment and Training	
Today	In the future...
<p>Recruitment is done across all regions and communities, often separately with little or no co-ordination.</p> <p>Some communities and regions work to attract physicians and other health-care professionals, often competing with each other for the same pool of staff including new graduates.</p>	<p>As site and provider roles are clearly outlined, the understanding of gaps in the provincial workforce will improve. A provincial health human resources plan will co-ordinate recruitment provincially based on where specific providers are needed and the skills they will need. Post-secondary and training institutions will also understand areas of need and be able to target education programs.</p>