

*Southwestern Manitoba Health and Long-Term Care Task Force  
Final Report  
December 8, 2017*

Preamble

Nine municipalities of the southwest Manitoba region formed a Task Force in spring of 2017 to address health and long-term care sustainability in their catchment area. The member municipalities included; Boissevain-Morton Municipality, Brenda-Waskada Municipality, Cartwright-Roblin Municipality, Deloraine-Winchester Municipality, Killarney-Turtle Mountain Municipality, Town of Melita, RM of Pipestone, RM of Prairie Lakes and Two Borders Municipality. The scope of the Task Force was to provide recommendations to the nine Councils of the municipalities to consider and if endorsed, after having completed community consultation process in late November of 2017, to be shared with the Minister of Health, Seniors and Active Living. The Task Force worked from the premise that health care requires a regional focus for the member municipalities to help ensure sustainability for all 17,000 citizens in the catchment area.

These recommendations have been prepared by the Task Force, in consultation with local municipal councils, and have included a community consultation process. The Task Force members acknowledge that the recommendations, as they are focussed regionally rather than locally, have caused some angst for local residents which is understandable due to the extensive nature of transformation taking place in health care and long-term care services within Manitoba. Community feedback was invaluable to the Task Force and has been incorporated into the final recommendations.

The Task Force members acknowledge that Manitoba's health care system is undergoing significant innovation and change. Some of this change is driven by the advent of new technologies and treatments, some due to demographic changes over the next 30 years and some due to the fiscal pressures currently faced by the Province of Manitoba. The Task Force members further recognize that while health care is a Provincial responsibility – change of this magnitude reasonably requires a local voice which is best advocated for through local government. This local voice represents one of the three stakeholders in the Health Care system.

The health care system in Canada consists of three main stakeholder groups. Citizens or patients (users of the system), health care professionals and related health care support workers (providers), and government (funders/regulators) represent the “main players” within universal healthcare in Canada. To ensure that health care is sustainable in the long-term Tommy Douglas, the “father” of Canada's Medicare system, indicated we had to move past the first plank of health care in Canada – insured services. The second plank is essentially the stakeholders working together to address the need for prevention or what would be called today “sustainability” through “primary care”. Without all three stakeholder groups working in concert around prevention for long term fiscal sustainability of the system there is a high probability that the social licence required to maintain universal healthcare in Canada could be lost. This effort by the southwest municipalities was simply to provide opportunity to provide voice at the local level for one of the stakeholder groups – citizens.

The consultation process resulted in the Task Force identifying three priorities for the region in relation to health and long-term care services based on local feedback that municipal leaders regularly hear from

their citizens. The consultation process included Task Force members, municipal councils and community round table consultations. The three priorities are; emergency services, access to care and senior's housing and long-term care. Recommendations to address these priorities have been developed to help sustain services to the region focussed around these three priorities.

The Task Force acknowledges that the Province's proposed Shared Health entity has final authority when considering these recommendations from a Provincial scope of planning and delivery. Further, the Task Force acknowledges the important role PMH will play in delivery of all services in the catchment region within the fiscal framework set by the Province including their own consultation process they undertake with their staff and other officials. The recommendations are provided in a manner that is respectful of the fact clinical decisions and patient care will be made by Shared Health. The Task Force remains hopeful that the Province will be mindful of the impact of the on-going and required evolution of healthcare services on the southwest region's social and economic sustainability.

The Task Force, through their due diligence process, has employed the following definitions within the recommendations framework. These definitions, while sensitive and reflective of clinical practice, are not perspective in nature but rather aspirational. The definitions are presented in an aspirational format to assist the reader in understanding the scope in which the recommendations have been made. The Task Force acknowledges that any final scope of practice for the definitions below will be under the authority of Shared Health.

#### *Acute Care Beds*

Direct and more intensive care to manage labour (obstetrics), cure illness or provide definitive treatment of injury. This level of acuity is typically restricted to larger regional hospitals like Brandon, Portage, Boundary Trails (Winkler/Morden) and Steinbach. Acute care, by definition, does not typically take place in smaller rural hospitals in Manitoba.

#### *Transition Care Beds*

Beds utilized within hospital settings for but not limited to palliative care (end of life care that focusses on comfort, pain management and family supports), convalescent care (supportive care for individuals not able to access reasonable supports in home but not acute in nature), rehabilitation care (supportive care for individuals not able to access reasonable supports in home typically after orthopedic surgery), and waiting placement (individuals panelled for long term care waiting for placement in a PCH).

#### *Urgent Care Beds (Alternatively Sub-Acute)*

A new definition of bed type, proposed by local doctors, to provide short term care for observation of patients not presenting clinical acuity at time of admission. Typically, these beds would be utilized by doctors to observe patients prior to conclusive diagnosis of acuity to prevent unnecessary admissions to Brandon (region's acute care centre). These admissions would by nature not last more than 1 to 3 days at which time the patient would continue care in a transition bed, an acute bed (transfer to Brandon) or at home with appropriate family or home care supports.

#### *Emergency Room*

A department in a hospital that provides immediate treatment of acute illnesses and trauma. Data tracking throughout Manitoba, for rural based hospitals, indicate that typically only 20% of emergency

rooms visits meet this definition. The vast majority of visits (approximately 80%) result from lack of appropriate access for non-urgent care medical needs by patients.

#### *Urgent Care Centre*

A department in a health care centre or hospital that provides immediate treatment of urgent medical needs. Urgent care, by definition, is for patients that need immediate care but are not deemed to require emergency care (resuscitation or trauma). Data tracking throughout Manitoba, for rural based hospitals, indicate that the vast majority of ER visits that are non-urgent (approximately 80%) are in fact urgent care visits and not emergent in nature.

#### *Emergency Medical Services*

Services that provide out of hospital acute medical services. This is a collective group of services that include first responder services, paramedical care and ambulance services. With the advent of Primary, Intermediate and Advanced Care Paramedics in Manitoba and growing portable technology in ambulance emergency equipment EMS is staged to meet current Emergency Room care/services in rural Manitoba. This is a process that the Province is currently engaged in and will take time to ensure sufficient trained paramedics are in place throughout Manitoba.

The above definitions and corresponding professional staffing types and levels would rest with Shared Health as they undertake a review of the evolving nature of clinic standards in Manitoba.

#### Recommendations

##### **Priority #1 - Emergency Services**

- To address the concern of EMS response time and coverage due to recent consolidation of paramedic/ambulance locations in Southwest Manitoba, assistance from Manitoba Health is requested in the following ways:
  - The Province provide an education process for citizens on emergency services in the region including; flexible deployment, advancements of emergency care with ambulances, skill set and training of paramedics and coverage patterns.
  - Shared Health use existing ambulance garages in all communities as satellite locations based on call volumes.
  - The Province provide satellite phones in all ambulances to provide assured communication for paramedics' due to inconsistent cell coverage in the region.
  - Manitoba Health report annually call coverage and response times based on flexible deployment to ensure system accountability.
  - That increased coverage by Stars air ambulance for the Southwest region be considered through strategic location or partnership agreements with Saskatchewan.
  - That patient transfer services by air not be reduced in Deloraine or Killarney.
  - That Shared Health move transports between facilities away from ambulance service to stretcher service.
  - That proposed ambulance station closures not take place until full time primary, intermediate and/or advanced care paramedics are marshalled and in place.
- For any municipality wishing to consider a First Responder service, assistance from Manitoba Health is requested in the following ways:

- Reduced regulatory requirements for Level 1 EMT training.
- Volunteer recruitment assistance including but not limited to training costs.
- Assurance that any First Responder system will be integrated into 911 call system.
- In communities that are slated for ambulance station closure capital fund grants be considered for municipalities to access assistance for first responder vehicle purchases.
- To ensure sustainability of existing infrastructure in the region for health care delivery, assistance from Manitoba Health is requested in the following ways:
  - Acknowledging that 80% or greater of visits to Boissevain, Deloraine, Killarney and Melita ER's are urgent or non-urgent in nature – not emergent, and
  - Acknowledging that 911 emergent calls have stronger outcomes with ambulance/paramedic coverage in concert with Brandon ER, and
  - Acknowledging that sustainable staffing through nurse practitioners (with physician support) for Urgent Care locations provides greater opportunity of consistency of service, that
  - Manitoba Health is asked to transform current ER services to Urgent Care services in the following manner upon completion of enhanced EMS services:
    - 12 hours per day in Melita (8 AM to 8 PM)
    - 24 hours per day in Killarney
    - Until the proposed regional Access Care Centre is operational seven days a week that urgent care services be provided for Deloraine and Boissevain on a shared basis in a similar model to shared current ER services.

## **Priority #2 - Access to Care**

- All municipalities continue to have the option to encourage traditional medical clinics
  - Doctor offices where populations sustain same and recruitment is possible
  - Doctor recruitment around collegial and other supports (not financial incentives) as identified by Province
- That Manitoba Health assist with development of an “Access Centre” in Boissevain, to include:
  - Centre of health practitioners
  - Begin with 8 to 5 PM 5 days a week
  - Move to 8 AM to 8 PM 7 days a week as staffing permits
  - Municipal Responsibility (either locally or through WMHCO) for governance with funding from MB Health through current platforms (all insured services to be covered by Manitoba Health on a fee for service basis – not Municipalities)
  - Maintain X-ray service with mobile lab services supported by Melita or Killarney
  - Location to be current Boissevain Health Centre which would evolve to an Access Centre with current acute beds converting to transition and urgent care beds (palliative care, convalescent, waiting placement, rehab, observation, and short stay, etc.).
  - Ensures primary and holistic health care for everyone in the Southwest region in event of decrease in traditional medical clinics based on central location and current remaining economic life of the current Boissevain Health Centre.
- Manitoba Health is requested to assist with the development of mobile Nurse Practitioner Unit to be located in the Access Centre and include:
  - Up to four NP's that would have mobility to visit residents “in-home”

- Service focus would be seniors, remote and home bound residents
  - Continuity of Care Philosophy to be focus
- Manitoba Health is requested to strike a working group to investigate, consider and provide recommendations on a Westman Regional Hospital within the following scope and rationale:
  - Acknowledging that numerous health care facilities will “age out”, in the Westman area, over the next decade it is prudent to begin planning for replacement infrastructure in a fiscally sustainable manner
  - The catchment area for any potential regional facility is recommended to include all area south of PTH #2 to the Canada/US border and all area west of PTH #34 to the Manitoba/Saskatchewan border
  - That any potential regional facility be located on evidenced based rationale in a similar way to Boundary Trails Health Centre
  - That this facility includes regional services similar to Boundary Trails Health Centre to support and sustain Brandon’s “tertiary” services and acute care bed availability provided within Prairie Mountain Health’s catchment area
  - That should a regional health centre be constructed that all community hospitals in the catchment area would be shuttered or repurposed for long term care and/or Access Centre services
- Manitoba Health is requested to consider, during the investigative period for a potential Regional Health Care Centre, transition of existing hospital infrastructure in the region based on the following rationale and suggested path:
  - Recognizing the current practice as well as on-going transformation taking place in smaller rural based hospitals, it is important to acknowledge that most in-patient services for acuity is limited to observation and general care.
  - To acknowledge these changes, provide greater sustainability of services and equip public understanding of the purpose and role of the southwest community hospitals it is proposed that the following transitions be considered –
  - Deloraine
    - Conversion of Acute Care to Transition Care.
    - Inclusion of Urgent Care Beds.
    - Maintaining Cancer Care services, which will require regulatory involvement of Shared Health, for the Southwest region including but not limited to supports required for patient care such as admission to convalescent care, transfers, home care services and public health supports.
    - Ability to maintain collection of specimen draws for testing.
  - Boissevain
    - Conversion of Acute Care to Transition Care.
    - Inclusion of Urgent Care Beds.
    - Creation of an Access Centre within the Health Care Centre for the Southwest region.
    - Ability to maintain collection of specimen draws for testing.

- Melita
  - Conversion of Acute Care to Transition Care
  - Inclusion of Urgent Care Beds.
  - Creation of an Urgent Care Centre (as described earlier) for the western portion of the southwest region.
  - Ability to maintain collection of specimen draws for testing.
  
- Killarney
  - Conversion of Acute Care to Transition Care
  - Inclusion of Urgent Care Beds.
  - Creation of an Urgent Care Centre (as described earlier) for the eastern portion of the southwest region and western portion of Southern Health-Santé Sud catchment area.
  - Maintenance of lab services in Killarney Health Care Centre to service region.

### **Priority #3 - Senior's Housing and Long-Term Care**

- That Manitoba Health acknowledge the importance of Aging in Place in Region. With this commitment, the Municipalities would work towards:
  - Based on Regional basis with all communities working together and in concert to support all population areas in nine-member municipalities in region, with a particular focus for RM's of Brenda-Waskada, Cartwright-Roblin, Pipestone, Prairie Lakes, and Two Borders
  - Evidenced based deployment of repurposing existing infrastructure and/or new infrastructure based on population/demographics including devolution of any existing long-term care facilities Prairie Mountain Health is considering closure back to municipalities where appropriate to offer supportive housing.
  - That Manitoba Health acknowledge the importance of and assist with supportive housing funding particularly for smaller communities in the southwest region to permit residents to remain in their communities of choice.
  - That Manitoba Health provide supportive housing funding for any reduction in long term care beds, on an equivalent basis, where PCH facilities in communities are deemed by PMH to functionally obsolescent.
  - That Manitoba Health instruct PMH to provide a five year notice period before shuttering any long term care facilities that are nearing the end of their useful economic life.
  
- That Manitoba Health provide support for local strengthening of In-Home supports including:
  - Home supports to allow seniors to remain at home beyond traditional home care through a "funding follows resident" system enabling family and/or companion supports through flexibility of resident choice of housing type.
  - Additional local based training of HCA's to grow local health care staff population.
  - Development of Home Support Service Provider by Southwest Municipal Group, should the current Home Care model in Manitoba be re-envisioned, based in Deloraine supported by a transference of funding from existing home care budgets or the

introduction of a “funding follows resident” system for seniors who qualify. Including but not limited to:

- Home Care Attendants
- Companion Care
- Nurse Practitioner supports through mobile delivery
- That the Province support and enable municipalities, working in concert, to develop a strategic program of Assisted Living/Supportive Housing
  - Development of integrated community based assisted living/supportive housing in all southwest communities – particularly smaller communities in the region that either lack long term care or are faced with aging facilities that may not be sustainable due to functional obsolescence in the future.
  - Where possible utilization of existing infrastructure for capital efficiency through repurposing and devolution from PMH surplus assets to community assets (broad municipal involvement/governance)
  - All future decisions of long term care closures, based on PMH being over-bedded for PCH services, be based on evidence for size, location and sustainability

### **Inter-Municipal Cooperation – An Opportunity for Enhanced Partnership**

Acknowledging local municipalities on-going efforts for community sustainability through economic development, consideration through a period of due diligence and community consultation will be undertaken. This potential inter-municipal cooperation is apart from the recommendations to Manitoba Health and would be undertaken as a study in 2018.

The scope of this study would include but not be limited to the following:

- Development of Western Municipal Health Care Not for Profit Organization (WMHCO) or Advisory Council
  - Governance by population base with minimum amount of board members per municipality
  - If required, funding agreement for base costs only and not capital expenditures
    - Capital decisions based on sustainable project development and cost return through fee based service and rental fees of residents– no direct rate payer support.
    - The minimal costs related to the on-going support of operational sustainability of any on going organization or council be funded on a population basis and not exceed a \$1 per resident.
    - That the organization or council also be linked into existing municipal economic development efforts
- Responsible for Communication and Outreach with Western Region Residents
  - Provide information in relation to demographic changes
  - Provide information in relation to changing health care
  - Provide information for increased municipal/local government role to achieve more dynamic response and support of overall health outcomes for region in cooperation with PMH and Manitoba Health

- Acknowledgement and Partnership with Shared Health
  - Working directly with SH as RHA to provide services only for long term delivery models and planning
  - Speaking with collective voice of nine municipalities critical for sustainability of region to ensure citizen voices as a stakeholder group are shared with the Provincial Government.
- Educating and Outreach to regional residents on what Community Sustainability is – How this achieved
  - Health Care Services
  - Housing Development
  - Economic Drivers
- Educating and Outreach to regional residents on opportunities and challenges in relation to Demographics
  - 30 year window on aging population
  - Population movements, trends and sustainability
- Education and Outreach to regional residents on Economic Development Reality for Supporting WMHCO
  - Acknowledging these efforts support economic development
  - Acknowledging these efforts are for sustainability
    - Job growth
    - Property value support
    - Tax base
    - Population sustainability
- Consider the following economic development options for greater health care sustainability through WMHCO
  - Set up training for HCA's in the region on a rotational basis between communities with practicum locations being made locally.
  - If local labs are ever slated for closure consider the opportunity of offering lab and x-ray services by WMHCO as permitted under provincial legislation in Killarney
  - Consider setting up a stretcher service to increase current ambulance service response time in the region and reduce the fiscal costs of higher cost ambulance use for patient transfers
- Work with SH and PMH to determine Net Savings
  - Prior to going to community with any partnership proposal (WMHCO) determine value for money and innovation opportunities with SH.
  - Focus on HR sustainability, governance benefits and sensitivity to community based input.
  - Determine the level and appropriateness of municipal involvement in an area deemed constitutionally as a responsibility of the Province