

WRHA Annual Report

2019-20



September 30, 2020



Winnipeg Regional
Health Authority

Office régional de la
santé de Winnipeg

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Who is the WRHA?

The Winnipeg Regional Health Authority (WRHA) co-ordinates and delivers health services and promotes well-being within the Winnipeg and Churchill geographical areas. The WRHA is home to one of Manitoba's two tertiary hospitals: St. Boniface General Hospital (SBGH), a Catholic teaching hospital housing a spectrum of services, including the Cardiac Sciences Program.

The WRHA's role is defined largely under the *Regional Health Authorities Act*. In carrying out its responsibilities in the provision and delivery of health-care services, it directly manages or contracts with others to provide a wide range of health-care services. The WRHA collaborates with community, government and other health partners to protect and enhance the health and well-being of our community. It also relies on a dedicated team of health-care professionals and support staff to achieve its mission.

The WRHA is governed by a community board of directors appointed by the Minister of Health. Its integrated leadership model includes the Executive Council, the Senior Operations Leadership Council (SOLC) and the Clinical Program Council (CPC).

The WRHA maintains an accredited status, meaning it has succeeded in meeting the fundamental requirements of Accreditation Canada's Qmentum accreditation program.

Our Region

The WRHA serves residents of the city of Winnipeg, as well as the northern community of Churchill and the rural municipalities of East and West St. Paul, representing a total population of more than 750,000. The WRHA also provides health-care support and specialty referral services to nearly half a million Manitobans who live beyond these boundaries, as well as residents of northwestern Ontario and Nunavut, who often require the services and expertise available within the WRHA.

Our People and Facilities

Among the largest employers in Manitoba, the WRHA employs more than 14,000 people. With an annual operating budget of \$1.9 billion, the WRHA is the largest health authority in the province and operates or funds over 200 health service facilities and programs.

Community Health Agencies

The WRHA funded 13 community health agencies a total of \$57.41 million in the 2019-20 fiscal year. The services of these community health agencies are focused on the delivery of primary care. Mental health services are typically embedded in the primary care services. Specialty services provided include pre- and post-natal care, HIV treatment, crisis intervention, occupational therapy, rehabilitation services, diabetes education and sexuality education.

Grant-Funded Agencies

The WRHA funded 74 additional agencies a total of \$14.5 million in the 2019-20 fiscal year. These agencies deliver services in the following program areas: cardiac rehabilitation, community development, home care, housing support services, mental health, primary care, disabilities services, senior centres and other support services to seniors.

Organizational changes

June 13, 2019, Dr. Bruce Roe left his position as the Vice-President and Chief Medical Officer for the WRHA. Dr. Ainslie Mihalchuk became interim Chief Medical Officer.

September 27, 2019, Lori Lamont left her position as Chief Operating Officer and Vice-President Nursing and Health Professions for the WRHA. Her portfolio was distributed to other executive members.

December 16, 2020, Dr. Nancy Dixon became interim Chief Medical Officer for the WRHA. There was a one-week overlap with Dr. Ainslie Mihalchuk for the transition.

December 20, 2019, Dr. Ainslie Mihalchuk left her role as interim Chief Medical Officer for the WRHA.

January 6, 2020, Vickie Kaminski became the President and Chief Executive Officer for the WRHA. There was a one-week overlap with Réal Cloutier for the transition.

January 10, 2020, Réal Cloutier officially retired as the WRHA's President and Chief Executive Officer.

February 4, 2020, Dr. Nancy Dixon accepted the permanent position of Chief Medical Officer for the WRHA.

A current diagram of the organizational chart is available at:

<https://wrha.mb.ca/about/organizational-structure/>

WINNIPEG REGIONAL HEALTH AUTHORITY

650 Main Street
Winnipeg, MB
R3B 1E2
Phone: (204) 926-7000
Fax: (204) 926-7007
www.wrha.mb.ca

Health Service Facilities Operating Within the WRHA

(from April 1, 2019 to March 31, 2020)

TWO ACUTE CARE HOSPITALS

St. Boniface General Hospital (Tertiary)
Grace Hospital (Winnipeg West Integrated Health and Social Services)

THREE COMMUNITY HOSPITALS

Concordia Hospital
Seven Oaks General Hospital
Victoria General Hospital (South Winnipeg Integrated Health and Social Services)

FIVE HEALTH CENTRES

Churchill Health Centre
Deer Lodge Centre
Misericordia Health Centre
Riverview Health Centre
St. Amant

PERSONAL CARE HOMES (PCH)

38 PCHs
10 supportive housing providers

COMMUNITY-BASED HEALTH

13 community health agencies
Manitoba Adolescent Treatment Centre
Pan Am Clinic
79 grant-funded community agencies

WALK-IN CONNECTED CARE AND ACCESS CENTRES

Community-Based Health and Social Services (WRHA and Department of Families Community-Based Services).

- Access Downtown
- Access River East/Transcona
- Walk-In Connected Care Access Fort Garry
- Walk-In Connected Care McGregor
- Walk-In Connected Care Access NorWest
- Walk-In Connected Care Access St. Boniface
- Walk-In Connected Care Access Winnipeg West

KEY PARTNERS AND HEALTH RELATIONSHIPS

Government of Manitoba
Department of Families (including Social Services, Child Protection, Housing and Income Assistance – Winnipeg Integrated Services)
Manitoba Health, Seniors and Active Living

Educational Institutions
University of Manitoba
University of Winnipeg
Université de Saint-Boniface
Red River College

Municipal Government
City of Winnipeg (including the Winnipeg Fire and Paramedic Service, Winnipeg Police Service)
Town of Churchill

Community Partners
End Homelessness Winnipeg
United Way of Winnipeg
Santé en Français
Downtown Winnipeg BIZ
Winnipeg Chamber of Commerce
Manitoba Council of Health Care Unions (MCHCU)

Health Partners
Shared Health
CancerCare Manitoba
Tissue Bank Manitoba
Transplant Manitoba
Northern Regional Health Authority
Prairie Mountain Health
Southern Regional Health Authority
Interlake-Eastern Regional Health Authority

Indigenous Organizations
Assembly of Manitoba Chiefs
Southern Chiefs' Organization Inc.
Manitoba Keewatinowi Okimakanak Inc. (MKO)
Manitoba Metis Federation Inc.

Health Services Message from the President and CEO

This past year was significant for the WRHA and our entire health care system, well beyond the COVID-19 outbreak that occurred near the end of this fiscal year.

First, we completed the major elements of the Healing Our Health System Plan, culminating with the final phase of consolidation that involved the opening of the urgent care centre in Seven Oaks General Hospital.

To realize the full potential of our modernized system, work began in earnest on two major initiatives to improve the timeliness and quality of the health care services we offer.

This work included the formation of the Task Force to Address Access Block. The group focused on identifying opportunities to consistently connect patients with timely care once they present to hospital. The group started with a comprehensive review of primary systems and procedures designed several small-scale pilots to test new processes. Some of this work was put on hold during the COVID-19 outbreak but daily reports continue to be shared and reviewed by health leaders who collaborate constantly to address individual areas of congestion. We will continue piloting new strategies in the coming year, as well as building on proven effective initiatives.

Another set of initiatives we have focused on relate to our nursing workforce. This past year the Nursing Workforce Strategy and Working Group launched with a mandate to improve nursing recruitment and reduce the amount of overtime and agency work we have relied on. Some significant progress has been made, including reducing the time it takes to bring new nurses on board – to date we have seen our onboarding time cut in half from an average of 46 days to approximately 20 days. In addition, adjustments are being made to our specialty education programs, including increased intakes for key areas such as the critical care nursing orientation program.

This year also saw the creation of a provincial dashboard for the WRHA and all provincial Service Delivery Organizations (SDOs). The dashboard tracks important performance metrics, allowing a more consistent and timely view of key areas such as accessibility, safety, budget and patient experience. This dashboard is an essential tool to make the most of our new health care system for our patients, clients, residents and staff. It also serves to improve accountability at all levels of the organization.

In the midst of so much change and important work, we were faced with an unprecedented challenge with the arrival of COVID-19. It is important again to recognize and thank each and every staff member serving in health care for their courage during those first few weeks after the virus was detected here; for their responsiveness as the situation evolved quickly and for the flexibility they continue to demonstrate as we learn to live with this virus.

As the coordinated response to the pandemic came together, we began to get a sense of the possibility a redesigned Manitoba health care system can offer. The coordination of not only WRHA sites and service providers but other regional health authorities, Shared Health and Manitoba Health all came together and began to solidify our newly defined roles. The level of collaboration, commitment and organization demonstrated the improvements the Provincial Health System Transformation Plan will bring, not only for our system but more importantly for every Manitoban.

We will continue to work with our partners in the implementation of the transformation plan this year as part of our unyielding commitment to provide the highest level of safe and quality care possible to every patient, client and resident we serve.

I must recognize two people who drove much of this work before my arrival as CEO in January of 2020; outgoing President and CEO, Réal Cloutier, and past Board Chair, Karen Dunlop. Réal was a dedicated, long-serving member of our executive team, and we thank him for his service and all of the contributions he has made to this organization and to health service delivery across the province. Karen, likewise, had a passion for health services and was the driving force needed behind the changes that took us through consolidation and we are grateful for all of her hard work.

My first few months as CEO have certainly been challenging, but I am grateful to be a part of this team and be a part of such innovative work being conducted across our region and our province with the singular goal of building a safe, high-quality and sustainable health care system that will serve Manitobans now and for generations to come.

Sincerely,

Vickie Kaminski

President and CEO, WRHA

Un message de la PDG au sujet des services de santé

La dernière année a été importante pour l'Office régional de la santé de Winnipeg (ORSW) et notre système de soins de santé au complet, bien au-delà de l'écllosion de COVID-19 qui est survenue vers la fin de l'exercice.

D'abord, nous avons terminé les principaux éléments de notre plan *Guérir notre système de santé*, des efforts qui ont culminé avec la dernière étape de la restructuration : l'ouverture du centre d'urgence mineure de l'Hôpital général Seven Oaks.

Pour réaliser le plein potentiel de notre système modernisé, les travaux se sont intensifiés dans le cadre de deux grandes initiatives, en vue d'améliorer l'actualité et la qualité des services de soins de santé que nous offrons.

Ces travaux comprenaient la formation d'un groupe de travail pour aborder la question du bloc d'accès. Le groupe s'est attardé à cerner les possibilités de diriger systématiquement les patients vers des soins en temps opportun à leur arrivée à l'hôpital. Le groupe a commencé par un examen exhaustif des principaux systèmes et procédures et la conception de plusieurs petits essais pilotes pour tester les nouvelles procédures. Certains de ces travaux ont été mis en veilleuse pendant la pandémie de COVID-19, mais des rapports quotidiens continuent d'être partagés et examinés par des dirigeants de la santé qui collaborent constamment pour remédier aux zones de congestion individuelles. Nous continuerons de mettre à l'essai de nouvelles stratégies au cours de l'année à venir, en plus d'améliorer les initiatives qui ont fait leurs preuves.

Un autre ensemble d'initiatives sur lesquelles nous nous sommes concentrés concernent notre personnel infirmier. Au cours de la dernière année, une stratégie et un groupe de travail sur le personnel infirmier ont été créés, le mandat étant d'améliorer le recrutement du personnel infirmier et de réduire le recours aux heures supplémentaires et aux agences de placement. D'importants progrès ont été accomplis, y compris la réduction du délai d'intégration des nouveaux membres du personnel infirmier. À ce jour, notre période d'intégration a été coupée de moitié, passant d'une moyenne de 46 jours à environ 20 jours. En outre, des modifications sont en train d'être apportées à nos programmes d'enseignement spécialisé, y compris une augmentation des inscriptions dans des domaines clés comme le Programme de formation en sciences infirmières avec spécialisation en soins intensifs.

Cette année, nous avons également assisté à la création d'un tableau de bord provincial pour l'ORSW et pour tous les prestataires de services provinciaux. Le tableau de bord surveille d'importants paramètres de rendement, ce qui permet une perspective plus cohérente et opportune de domaines clés comme l'accessibilité, la sécurité, le budget et l'expérience des patients. Ce tableau de bord est un outil essentiel pour optimiser notre nouveau système de soins de santé pour nos patients, nos clients, nos résidents et notre personnel. Il sert également à améliorer l'imputabilité à tous les niveaux de l'organisation.

Au milieu d'une période de grands changements et d'importants travaux, nous avons dû relever un défi sans précédent à l'arrivée de la COVID-19. Encore une fois, il est important de reconnaître et de remercier tous les membres du personnel qui œuvrent dans le domaine des soins de santé pour leur courage pendant ces premières semaines après la détection du virus ici; pour leur réactivité au fil de l'évolution rapide de la situation et pour la souplesse dont ils continuent de faire preuve à mesure que nous apprenons à vivre avec ce virus.

À mesure que la réponse coordonnée à la pandémie prenait forme, nous avons commencé à avoir une idée des possibilités que peut offrir un système de soins de santé remanié du Manitoba. La coordination non seulement des sites de l'ORSW et des prestataires de services, mais aussi d'autres offices régionaux de la santé, de Soins communs et de Santé Manitoba, a pris forme et a commencé à solidifier nos nouveaux rôles redéfinis. Le niveau de collaboration, d'engagement et d'organisation démontrait les améliorations qu'apportera le Plan de transformation du système de santé provincial, non seulement pour notre système, mais surtout pour tous les Manitobains.

Nous allons continuer de collaborer avec nos partenaires en vue de mettre en œuvre le plan de transformation cette année dans le cadre de notre engagement inébranlable à fournir le plus haut niveau possible de soins sûrs et de qualité à tous les patients, clients et résidents que nous servons.

Dans ce contexte, je me dois remercier deux personnes qui ont accompli une large part de ces travaux avant mon arrivée en tant que PDG en janvier 2020 : le PDG sortant Réal Cloutier et l'ancienne présidente du conseil d'administration Karen Dunlop. Réal a longtemps été un membre dévoué de notre équipe de la direction, et nous le remercions de son service et de toutes les contributions qu'il a apportées à cette organisation et à la prestation de services de santé dans la province. Karen avait elle aussi une passion pour les services de santé et a été la force motrice nécessaire pour apporter les changements qui nous ont permis de traverser la restructuration, et nous lui sommes reconnaissants pour tout son travail acharné.

Mes premiers mois en tant que PDG ont certes été difficiles, mais je suis reconnaissante de faire partie de cette équipe et de participer à des travaux aussi novateurs dans toute notre région et notre province, dans le seul but de bâtir un système de soins de santé sûr, de grande qualité et durable qui servira les Manitobains aujourd'hui et pour les générations à venir.

Cordialement,

Vickie Kaminski
PDG, ORSW

Message from the Board Chair

It's been three years since we first announced the Winnipeg Regional Health Authority (WRHA) Healing our Health System plan: a significant and substantial health system shift that was completed this fiscal year 2019/20 with the opening of the Urgent Care Centre at Seven Oaks General Hospital.

The work done by all WRHA staff, Executive and our Board these last few years to execute the Healing our Health System plan has been no small task, and I'd be remiss not to take this opportunity to thank the Board Chair who was in place to see that through. Ms. Karen Dunlop was at the helm of the Board from 2016 and saw those changes through until she stepped down in December of 2019. We are grateful for all of Ms. Dunlop's contributions and the passion with which she supported the work done to complete the Healing our Health System plan.

More than anything, I want to acknowledge our gratitude to all WRHA staff and Executive who worked through disruption and significant change while continuing to deliver excellent care to all the patients, clients and residents in their charge.

In December of last year, we celebrated the 30-plus-year career of outgoing WRHA President and CEO, Mr. Real Cloutier. Mr. Cloutier spent the vast majority of his career in health care with more than 30 years with the WRHA, even before it was so named! He leaves behind an optimism and a legacy that we hope to carry on with the Board and I know lives on in the executive team he's left behind, which is led by Ms. Vickie Kaminski who has come on as the succeeding President and CEO of the organization starting in January 2020.

This past year has also brought about a fair amount of change for our Board, including the addition of four new members to our team. I'd also like to extend a particular acknowledgement to our outgoing Board members listed below for their contributions and their service:

Current Board Members:

Shannon Stefanson (Vice-Chair)
Bill Baines
Dawn Daudrich
Kyla Gibson
Vera Houle
Frank Koch-Schulte
Kiran Kumedan
Donald Lepp
Jennifer Moncrieff
Lisa Pormeister
Dr. Judith Scanlan

Outgoing Board Members (2019-20)

Karen Dunlop, Chair
Jan Byrd
Victor Giesbrecht
Dr. Alaa Awadalla
Maj. Catherine Harris
Bryce Matlashewski, Vice-Chair

Along with leadership changes, last December also brought with it some new provincial innovations for our system. At the end of 2019, the province shared with Manitoba's Health Regions their Provincial Health Services Transformation plan. This plan will ensure consistency in areas like data collection, reporting, procurement, planning and governance, to allow each region to operate as a Service Delivery Organization and focus the provision of safe, consistent and high-quality health-care services that promote the best possible patient outcomes.

In keeping with our shift in role and our continued work with Shared Health, 2019-20 saw staff and positions representing nearly one-third of the WRHA's budget transfer to Shared Health to support many of the staff and functions that have transitioned to that organization. The WRHA has gone into 2020-21 with an operating budget of \$1.9 billion.

There is one final but important topic I'd like to acknowledge here. While COVID-19 hit Manitoba quite late into our last fiscal year, its impact on all of our lives has and continues to be tremendous. In health care, WRHA staff represents the first line of defense against the virus and have done an admirable job throughout this extraordinary time. I'd like to thank all staff within the WRHA for meeting this challenge head on and for learning how best to live with this virus while continuing to offer safe, quality health services that continue to be needed each and every day.

It is that quality and safety of our patients that continues to be a central focus for our Board as we move into 2021 and grow fully into our role as a service delivery organization. Our commitment to those important elements is only strengthened as we see the challenges that have arisen for individuals during the pandemic.

On behalf of WRHA Board of Directors, I thank all WRHA staff for their courage and determination over this last year and I want to say it's an honour and a privilege to serve in this capacity.

Sincerely,
Wayne McWhirter
Board Chair, WRHA

Un message du président du conseil d'administration

Il y a maintenant trois ans que nous avons annoncé le plan *Guérir notre système de santé* de l'Office régional de la santé de Winnipeg (ORSW). Cette importante transformation du système de santé a eu lieu au cours de l'exercice 2019-2020, avec l'ouverture du centre d'urgence mineure de l'Hôpital général Seven Oaks.

Le travail effectué par l'ensemble du personnel, la direction et le conseil d'administration de l'ORSW au cours des dernières années afin de mettre à exécution le plan *Guérir notre système de santé* n'a pas été une mince affaire, et je me dois de profiter de l'occasion pour remercier la présidente du conseil d'administration sortante, qui a supervisé ce projet. Mme Karen Dunlop était aux commandes du conseil d'administration depuis 2016 et a veillé à ce que ces changements soient apportés jusqu'à ce qu'elle quitte ses fonctions en décembre 2019. Nous sommes reconnaissants de toutes les contributions de Mme Dunlop et de la passion avec laquelle elle a soutenu le travail effectué pour terminer le plan *Guérir notre système de santé*.

Par-dessus tout, je tiens à exprimer notre reconnaissance à tous les membres du personnel et de la direction de l'ORSW, qui ont continué de travailler malgré les perturbations et les grands changements, tout en continuant d'offrir d'excellents soins à tous les patients, clients et résidents dont ils avaient la charge.

En décembre dernier, nous avons célébré la carrière de plus de 30 ans du président et PDG sortant de l'ORSW, M. Réal Cloutier. M. Cloutier a passé la majeure partie de sa carrière dans le domaine des soins de santé et cumule plus de 30 ans d'expérience au sein de l'ORSW, où il travaillait avant même que l'organisme soit officiellement baptisé! Il nous lègue un optimisme et un héritage que nous espérons poursuivre avec le conseil d'administration, et qui continuent de toute évidence au sein de l'équipe de la direction qu'il a quittée. Cette équipe est dirigée par Mme Vickie Kaminski, qui a accepté d'assumer le rôle de présidente et PDG entrante de l'organisation à compter de janvier 2020.

Au cours de la dernière année, les choses ont beaucoup bougé au sein de notre conseil d'administration, y compris l'ajout de quatre nouveaux membres à notre équipe. Je tiens également à remercier tout spécialement les membres sortants de notre conseil d'administration ci-dessous pour leurs contributions et leur service :

Membres actuels du conseil d'administration :

Shannon Stefanson (vice-présidente)
Bill Baines
Dawn Daudrich
Kyla Gibson
Vera Houle
Frank Koch-Schulte
Kiran Kumedan
Donald Lepp
Jennifer Moncrieff
Lisa Pormeister
Dr. Judith Scanlan

Membres sortants du conseil d'administration (2019-20)

Karen Dunlop, présidente
Jan Byrd
Victor Giesbrecht
Dr. Alaa Awadalla
Maj. Catherine Harris
Bryce Matlashewski, Vice-Chair

En plus des changements survenus au sein de la direction, un certain nombre d'innovations provinciales ont également vu le jour en décembre au sein de notre système. À la fin de 2019, la province a partagé son plan de transformation des services de santé provinciaux avec les régions sanitaires du Manitoba. Ce plan assurera l'uniformité des aspects comme la collecte de données, la production de rapports, l'approvisionnement, la planification et la gouvernance, afin de permettre à chaque région de fonctionner comme un prestataire de services et de se concentrer sur la prestation de services de soins de santé sûrs, uniformes et de grande qualité, qui encouragent les meilleurs résultats possible pour les patients.

Conformément à notre rôle révisé et à notre collaboration soutenue avec Soins communs, l'année 2019-2020 a vu des employés et des postes représentant près du tiers du budget de l'ORSW être transférés à Soins communs afin d'appuyer un grand nombre des employés et des fonctions qui ont été transférés à cet organisme. L'ORSW a démarré l'année 2020-2021 avec un budget de fonctionnement de 1,9 milliard de dollars.

Enfin, j'aimerais aborder un dernier sujet, mais non le moindre. Bien que la COVID-19 ait frappé le Manitoba plutôt tard au cours du dernier exercice, ses effets dans nos vies ont été énormes et continuent de l'être. Dans le milieu des soins de santé, le personnel de l'ORSW représente la première ligne de défense contre le virus et il a fait un travail admirable tout au long de cette période hors de l'ordinaire. J'aimerais remercier l'ensemble du personnel de l'ORSW pour avoir relevé ce défi de front et pour avoir appris à vivre avec ce virus tout en continuant à offrir des services de santé sûrs et de qualité qui demeurent nécessaires au quotidien.

Cette qualité et la sécurité de nos patients demeurent la préoccupation centrale de notre conseil d'administration à l'approche de 2021, à mesure que nous nous habituons pleinement à notre rôle de prestataire de services. Notre engagement envers ces éléments importants ne fait que se renforcer à mesure que nous voyons les difficultés qu'ont dû surmonter les personnes pendant la pandémie.

Au nom du conseil d'administration de l'ORSW, je remercie tous les membres du personnel de l'ORSW pour leur courage et leur détermination au cours de la dernière année, et je tiens à vous dire que c'est un honneur et un privilège pour moi d'assumer ce rôle.

Cordialement,

Wayne McWhirter

Président du conseil d'administration, ORSW

Letter of Transmittal and Accountability

It is my pleasure to present the annual report of the WRHA for the fiscal year ended March 31, 2020.

This annual report was prepared under the Board's direction, in accordance with the *Regional Health Authorities Act* and directions provided by the Minister of Health, Seniors and Active Living. All material, including economic and fiscal implications known as of July 31, 2020, has been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted,

Wayne McWhirter
Board Chair, WRHA

Board Members

Board members serving from April 1, 2019 to March 31, 2020:



**Wayne McWhirter
(Chair)**



**Shannon Stefanson
(Vice-Chair)**



**Dr. Alaa Awadalla,
Exofficio (outgoing)**



Bill Baines



**Jan Byrd
(outgoing)**



Dawn Daudrich



**Karen Dunlop
(outgoing)**



Kyla Gibson



**Victor Giesbrecht
(outgoing)**



**Maj. Catherine Harris
(outgoing)**



Vera Houle



Kiran Kumedan



Donald Lepp



**Bryce Matlashewski
(outgoing)**



Jennifer Moncrieff



Dr. Judith Scanlan



Gord Steeves



Lauren Stone



Dr. Nobby Woo

STRATEGIC PLAN

VISION



Healthy People



Vibrant Communities



Equitable Care for All

MISSION

To co-ordinate and deliver **QUALITY, caring services** that promote **HEALTH & well-being.**

VALUES



DIGNITY - as a reflection of the self-worth of every person



CARE - as an unwavering expectation of every person



RESPECT - as a measure of the importance of every person



EQUITY - promote conditions in which every person can achieve their full health potential



ACCOUNTABILITY - as being held responsible for the decisions we make

STRATEGIC DIRECTION



OPERATIONAL STRATEGIES



PLAN STRATÉGIQUE

VISION



Des gens en santé



Des communautés dynamiques



Des soins équitables pour tous

MISSION

Coordonner et offrir des services de soins de **qualité** qui favorisent **la santé** et **le bien-être.**

VALEURS



DIGNITÉ - Le Reflet de l'estime de Soi de Chaque Personne



SOINS - Une Attente Inébranlable de Chaque Personne



RESPECT - La Mesure de l'importance de Chaque Personne

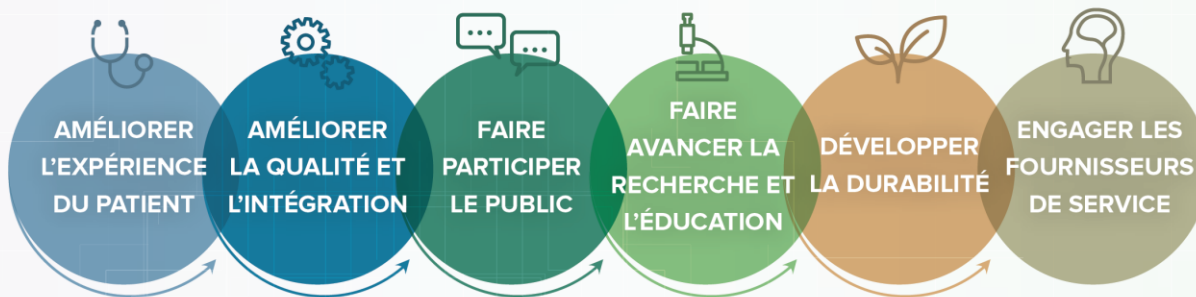


ÉQUITÉ - Favoriser les Conditions dans Lesquelles Chaque Personne Puisse Réaliser son Plein Potentiel de Santé

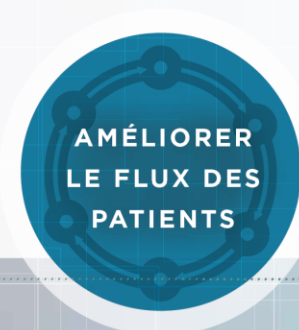


RESPONSABILITÉ - Prendre la Responsabilité des Décisions que l'on Prend

ORIENTATION STRATÉGIQUE



STRATÉGIES OPÉRATIONNELLES



Public Compensation Disclosure

In compliance with The Public Sector Compensation Disclosure Act of Manitoba, interested parties may obtain copies of the WRHA public sector compensation disclosure by contacting:

Winnipeg Regional Health Authority Chief Privacy Officer
Winnipeg Regional Health Authority
650 Main Street
Winnipeg, MB, R3B 1E2
Phone: (204) 926-7049
Fax: (204) 926-7007

This report, which has been prepared for this purpose and audited by an external auditor, contains the amount of compensation it pays or provides in the corresponding calendar year for each of its officers and employees whose compensation is \$75,000 or more.

The report only includes the compensation paid to individuals employed by the facilities and services directly owned and operated by the region, including Grace Hospital, Victoria General Hospital (VGH), Deer Lodge Centre (DLC), Pan Am Clinic, Community Areas Services, Churchill Health Centre and River Park Gardens.

Saint Boniface Hospital (SBGH), Riverview Health Centre (RHC), Misericordia Health Centre (MHC), Seven Oaks General Hospital (SOGH), Concordia Hospital (Concordia) and PCHs other than River Park Gardens and the Middlechurch Home of Winnipeg (Middlechurch) are separate legal entities. As such, they generate and make available their own disclosure reports.

The Public Interest Disclosure (Whistleblower Protection) Act Annual Report

April 20, 2020

The Public Interest Disclosure (Whistleblower Protection) Act

The *Public Interest Disclosure (Whistleblower Protection) Act* (“Act”) came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counselling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department’s annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by the Winnipeg Regional Health Authority for fiscal year 2019-20:

Information Required Annually (by Section 18 of the Act)	Fiscal Year 2019-20
<p>The number of disclosures received, and the number acted on and not acted on.</p> <p><i>Paragraph 18(2)(a)</i></p>	<ul style="list-style-type: none"> • Three disclosures were received by the Designated Officer of the WRHA. <ul style="list-style-type: none"> • One disclosure was reviewed and assessed not as wrongdoing but potential misconduct; however, it has been investigated following standard procedures.

	<ul style="list-style-type: none"> • The second disclosure was reviewed and assessed as potential wrongdoing. It has been accordingly investigated by WRHA officers. • The third one was reviewed and assessed, and it was determined not to fall within the criteria under the Act. As such, it did not require further investigation.
<p>The number of investigations commenced as a result of a disclosure.</p> <p><i>Paragraph 18(2)(b)</i></p>	<ul style="list-style-type: none"> • TWO
<p>In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken.</p> <p><i>Paragraph 18(2)(c)</i></p>	<ul style="list-style-type: none"> • NIL – None of the two investigations were confirmed as wrongdoing. <ul style="list-style-type: none"> • The first investigation was treated as misconduct. It has been verified that a system entry issue resulted in over invoicing services to WRHA internal clients for a three-month-period. The system has been corrected and the clients were credited for the difference. The discloser has been informed with the results of the investigation. • The second one was investigated along with Patient Safety in consultation with a Subject Matter Expert as a potential wrongdoing. The result of the review found that serious harm, rising to the level of a Critical Incident, did not occur in this case. The site would follow up on potential learning through an Occurrence review. The discloser has been informed with the results of the investigation.

Enterprise Risk Management

The WRHA uses an Enterprise Risk Management (ERM) process to identify, monitor and manage risks that may impact the achievement of its corporate objectives.

This year:

- The ERM process continued to be rolled out throughout the WRHA.
- Sites' risks to achieve regional priorities were integrated into corporate risks.
- Priority risks were folded into the WRHA's annual operating plan.

Current ERM priority areas for the WRHA include:

- Implementation of Clinical Consolidation;
- Achievement of a Balanced Budget;
- Improvement of Quality and Patient Safety;
- Improvement of Patient Flow;
- Corporate Governance and Leadership;
- Business Continuity and Crisis Management;
- Infrastructure Maintenance and Renovation; and
- Recruiting and Retention of Qualified Non-Union Management.

Risk mitigation plans are constantly being developed for these areas to guide risk management activities.

Critical Incident Process

A key part of the WRHA's commitment to quality improvement and patient safety is the Critical Incident review process.

In Manitoba, a Critical Incident is defined in legislation as an unintended event that occurs when health services are provided to an individual and results in a consequence to him or her that:

- a. is serious and undesired, such as death, disability, injury or harm, an unplanned admission to hospital or unusual extension of a hospital stay, and
- b. does not result from the individual's underlying health condition or from a risk inherent in providing health services.

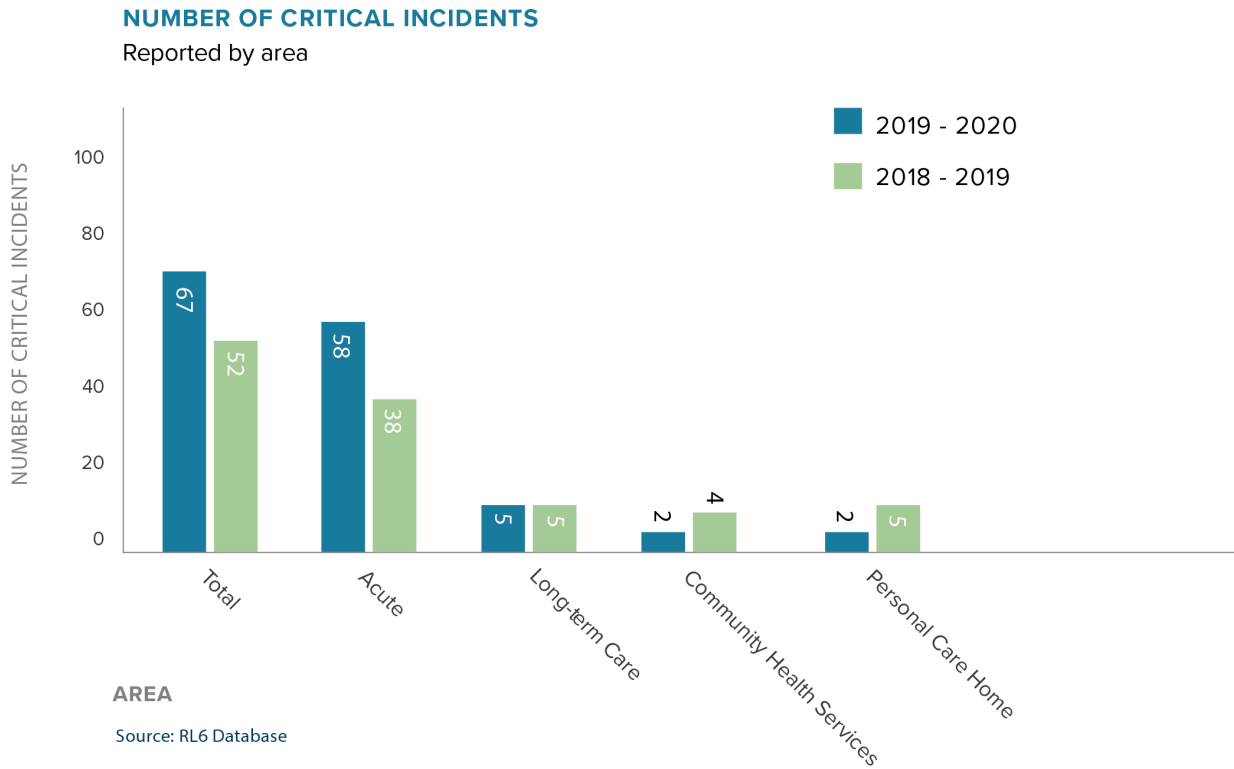
Examples may include receiving the wrong medication or the wrong dose of a medication, the failure of medical equipment or a breakdown in communication between health-care providers resulting in serious harm to a patient, client or resident.

The region recognizes the importance of reporting Critical Incidents and encourages staff, patients and the public to report any events of concern. We are working to build an organizational culture of trust and transparency, which includes providing support to those reporting events and disclosure with patients and their families when a Critical Incident occurs.

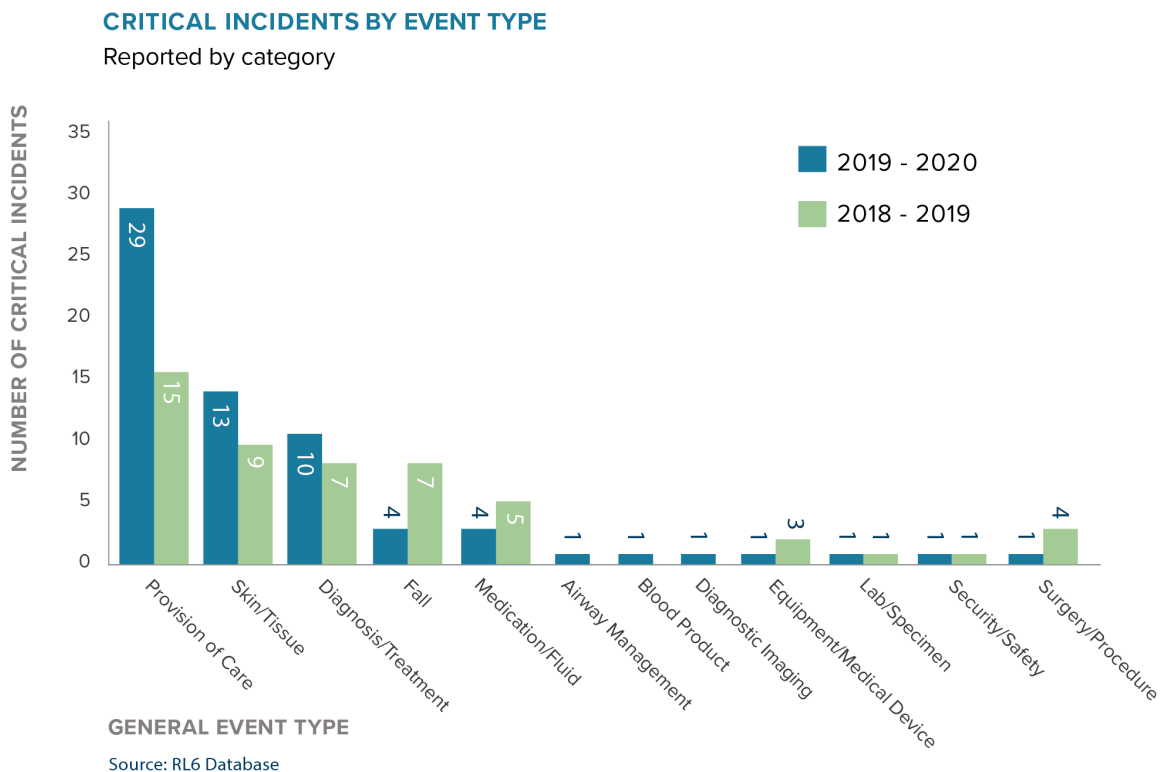
Our goal is to continuously improve our communication with patients and families to ensure they are provided with the information they need while maintaining confidentiality. This includes sharing the findings when a Critical Incident review has been completed.

We understand that although serious, a Critical Incident is an opportunity for learning. A comprehensive review of a Critical Incident may include information from the patient medical record, professional literature, interviews with health-care providers and experts and meetings with the patient and family. The goal is to understand and learn from the system factors that led to the incident and to recommend strategies to prevent similar incidents in the future. The Critical Incident review is completed within 88 business days.

The chart below highlights the number of critical incidents, by area, reported in the fiscal years of 2018-19 and 2019-20.



The chart below highlights the number of Critical Incidents, by event type, in the fiscal years of 2018-19 and 2019-20.



Client Relations

The Client Relations team:

- Manages feedback from the public;
- Meets with clients and families as part of working through the feedback process;
- Provides support to staff;
- Administers educational staff workshops;
- Provides consultation to staff who are seeking resources on managing a client complaint in their area; and
- Works on projects that engage the public regarding health-care services.

Client Relations receives feedback from the public in the form of compliments, complaints and suggestions for improvement. With recent and planned changes to health-care operations, Client Relations is able to assist citizens in navigating health services in the WRHA. We provide flexible options for sharing concerns and remain impartial throughout the process.

Feedback received is kept confidential and is used together with other data to improve patient care and health services across the region.

WINNIPEG REGIONAL HEALTH AUTHORITY CLIENT RELATIONS

Phone: (204) 926-7825

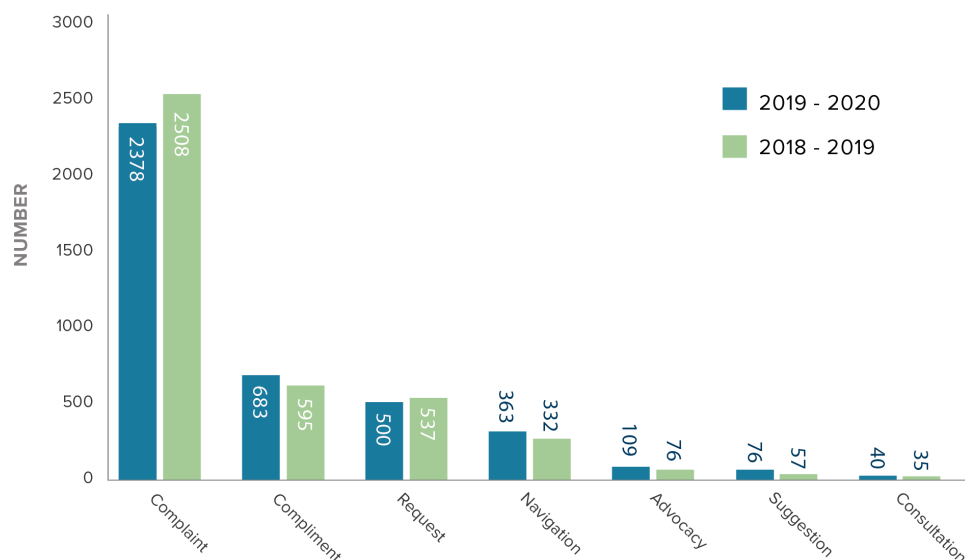
Fax: (204) 940-6623

Email: clientrelations@wrha.mb.ca

Monday – Friday from 8:30 a.m. – 4:30 p.m.

NUMBER AND CLASSIFICATION OF CALLS TO CLIENT RELATIONS

Grouped by Classification

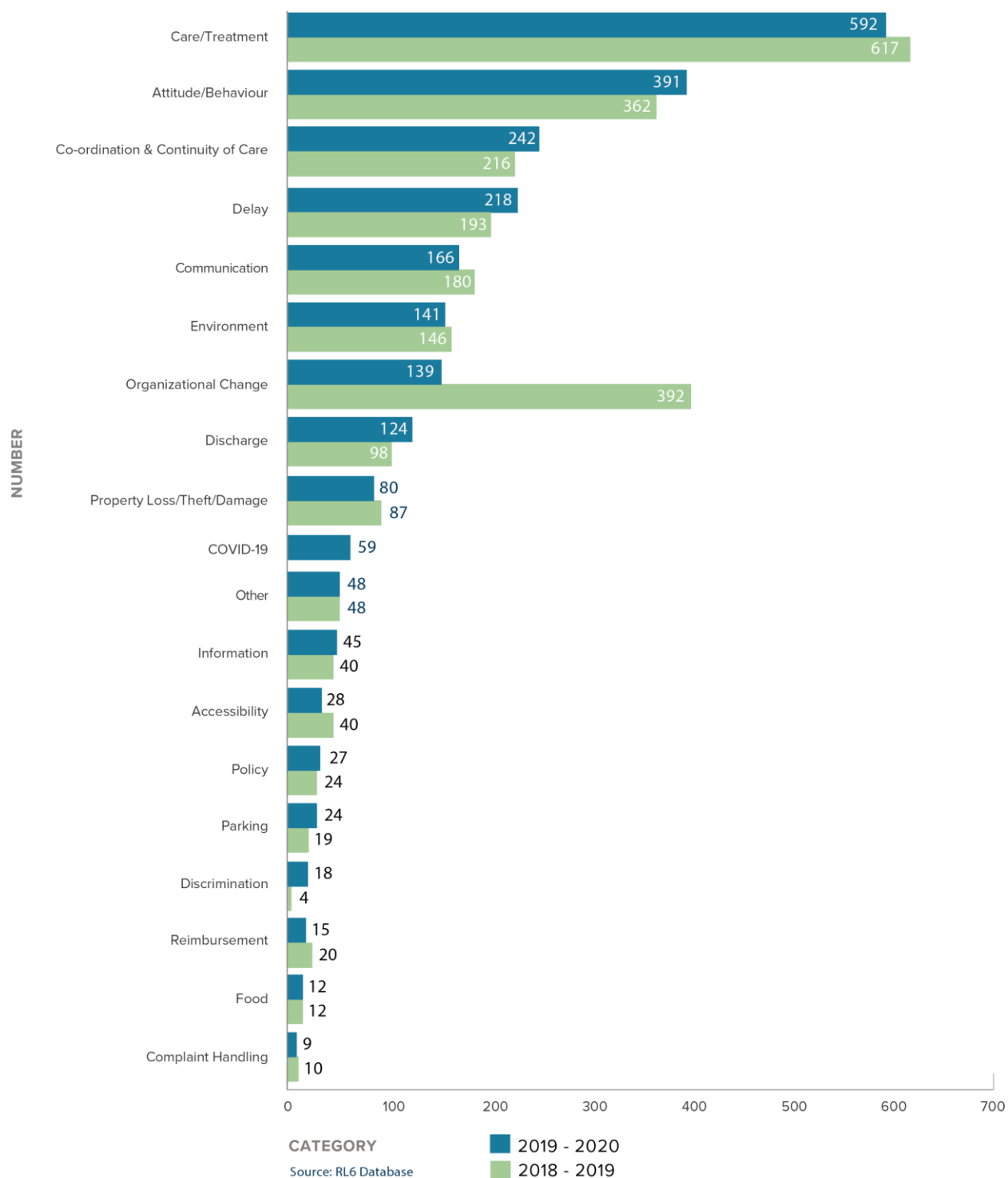


CLASSIFICATION

Source: RL6 Database

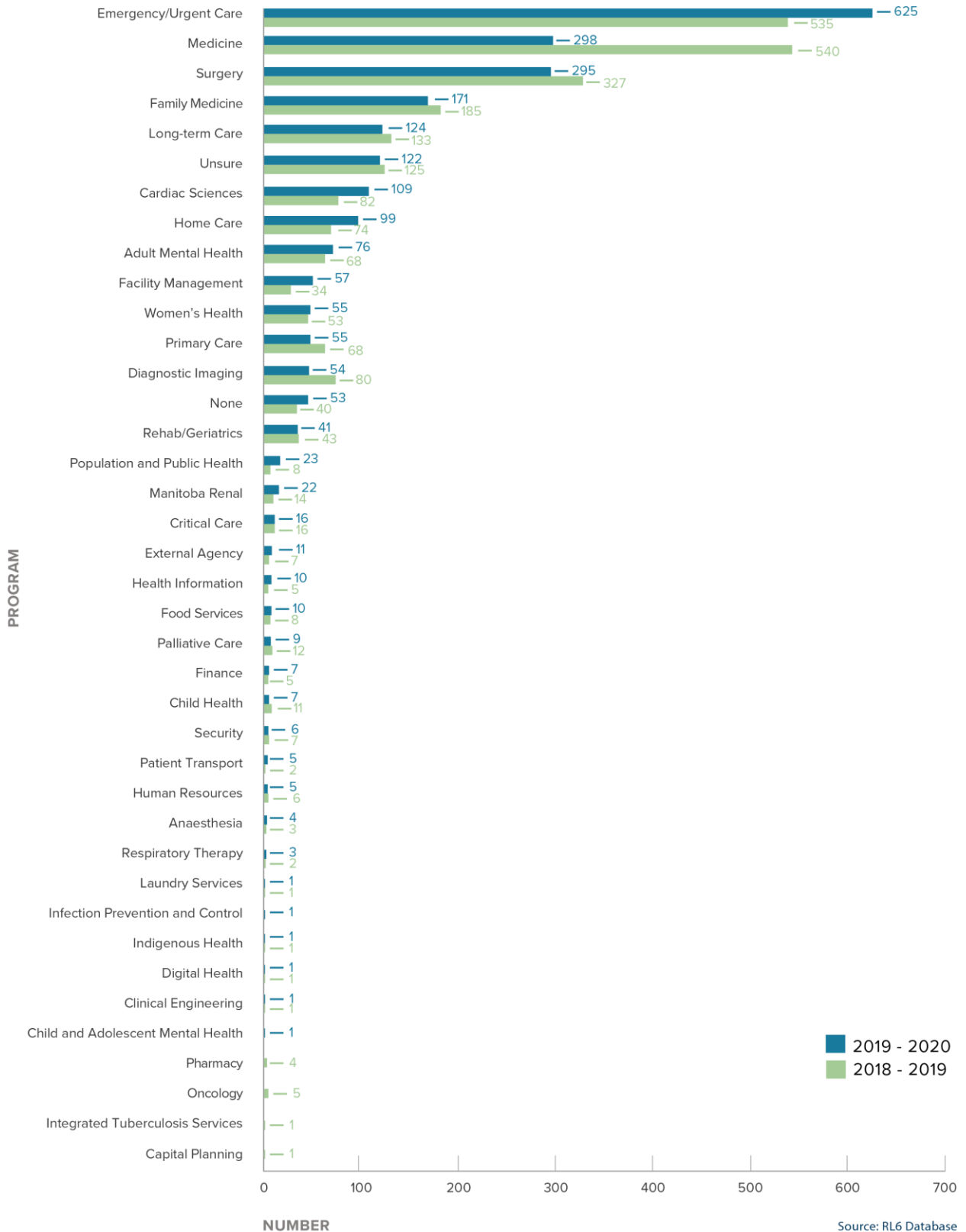
NUMBER AND TYPE OF COMPLAINT

Grouped by Category



NUMBER OF COMPLAINTS BY PROGRAM

Grouped by Program



Source: RL6 Database

Statistics

URGENT CARE VISITS

	2019 - 20	2018 - 19	2017 - 18	2016 - 17
MHC Urgent Care ¹	N/A	N/A	16,301	38,614
VGH Urgent Care ²	43,425	42,528	20,075	N/A
Concordia Urgent Care ³	26,501	N/A	N/A	N/A
Seven Oaks Urgent Care ⁴	26,438	N/A	N/A	N/A
Pan Am Minor Injury Clinic	56,093	57,039	57,633	57,832
Total	152,457	99,567	94,009	96,446

Source: Pan Am visits reported through SAP, urgent care visits from DSS Data Mart.

¹ As of DATE, MHC urgent care centre closed.

² As of Oct. 3, 2017, Victoria's emergency department converted to an urgent care centre.

³ As of Jun 3, 2019, Concordia emergency department converted to an urgent care centre.

⁴ As of Jul 22, 2019, Seven Oaks emergency department converted to an urgent care centre.

HOME CARE CLIENTS RECEIVING SERVICES¹

2019 - 20	2018 - 19	2017 - 18	2016 - 17
18,411	16,127	15,219	14,751

Source: WRHA home care program.

¹ Excludes clients under assessment but not yet receiving services: 2019/20 = 506; 2018/19 = 422; 2017/18 = 351.

TOTAL BIRTHS AND DELIVERIES

Births ¹	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Births (including stillbirths) - SBGH	5,759	5,651	5,832	5,682
Home Birth Midwife	32	33	33	26
Birth Centre	233	242	185	204
Total Births	6,024	5,926	6,050	5,912

Source: Discharge Abstract Database (DAD). Home and birth centre births provided by WRHA midwifery services.

¹ Births represent the number of babies born. Stillbirths are included. Babies born before arrival to hospital are excluded. The newborn abstract is used for the calculation.

Deliveries ¹	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Deliveries by physician - SBGH	5,591	5,504	5,666	5,522
Deliveries by midwife - SBGH	46	55	66	54
Total deliveries	5,637	5,559	5,732	5,576

Source: DAD.

¹ Deliveries represent the number vaginal deliveries and cesarean sections in hospital.

MAIN OPERATING ROOM (OR) SURGICAL CASES¹

Inpatient	2019 - 20	2018 - 19	2017 - 18	2016 - 17
WRHA Acute Sites	13,807	14,073	14,330	15,150
MHC	182	188	206	408
Total	13,989	14,261	14,536	15,558

Day Surgery	2019 - 20	2018 - 19	2017 - 18	2016 - 17
WRHA Acute Sites	12,856	14,351	N/A ²	15,386
MHC	13,553	11,614	11,820	11,378
Pan Am Clinic	3,490	3,350	3,322	3,729
Total	29,899	29,315		30,493

Total	2019 - 20	2018 - 19	2017 - 18	2016 - 17
WRHA Acute Sites	26,663	28,424	N/A ²	30,536
MHC	13,735	11,802	12,026	11,786
Pan Am Clinic	3,490	3,350	3,322	3,729
Total	43,888	43,576		46,051

Source: DAD.

¹ Represents inpatient and day surgery cases that had at least one surgery in a site's main operating room (OR). For some cases, more than one surgical procedure or main OR trip may have been done during an episode and/or admission; however, only one surgical case is counted per admission for this analysis.

² 2017/18 data quality issues discovered, Digital Health looking into, unable to report at the time of publication.

PROCEDURE VOLUMES (RELATED TO WAIT TIME TRACKING)

Inpatient and Day Surgeries	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Therapeutic interventions on the heart and related structures, excluding CABG ¹	2,396	2,208	2,120	2,262
CABG (Coronary Artery Bypass Graft) ¹	530	498	613	589
Joint Surgery:				
WRHA Hip Replacements ²	1,919	1,786	1,612	1,558
WRHA Knee Replacements ³	2,273	2,196	1,959	1,911
Cataract - Adults MHC	10,941	9,564	9,337	9,062
WRHA Pediatric Dental (includes Churchill)	1050	993	1,169	1,123

¹Sourced from DAD.

²Sourced from SIMS via WRHA Surgery Program. Includes Primary, Hemi and Revision.

³Sourced from SIMS via WRHA Surgery Program. Includes Primary and Revisions.

WRHA SERVICES PROVIDED THROUGH THE PROVINCIAL HEALTH CONTACT CENTRE (PHCC)

Inpatient	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Health Links - Info Santé ⁽²⁾ - Client calls answered Live ⁽³⁾ , (16)	91,146	94,223	99,500	95,969
Health Links - Info Santé - Outbound Calls ^{(4),(16)}	5,815	1,254	1,421	980
Left But Not Seen - Follow-up Contacts ⁽⁵⁾	3,437	2,167	2,495	4,566
After Hours Central Intake Program - Client calls answered Live ⁽⁶⁾	153,875	134,761	141,449	160,237
After Hours Central Intake Program - Outbound Calls ⁽⁶⁾	212,055	202,876	206,029	209,412
TeleCARE TéléSOINS Manitoba ⁽⁷⁾ - Client calls answered Live ^{(8),(17)}	532	548	608	610
TeleCARE TéléSOINS Manitoba - Outbound Calls ^{(9),(17)}	6,743	9,184	8,743	9,362
Dial a Dietitian ⁽¹⁰⁾ - Client calls answered Live ^{(11),(18)}	1,332	1,411	1,330	1,357
Dial a Dietitian - Outbound Calls ^{(12),(18)}	682	656	774	800
Triple P Positive Parenting Program ⁽¹³⁾ - Client calls answered Live ^{(14),(19)}	347	323	500	565
Triple P Positive Parenting Program - Outbound Calls ^{(15),(19)}	748	865	971	1,195

Source: Provincial Health Contact Centre.

²Health Links - Info Santé, a WRHA service leveraging the PHCC technology, is a 24-hour, seven-day a week telephone information service. The program is staffed by registered nurses with the knowledge to provide over-the-phone consultation related to health-care questions and concerns.

³The number of calls where a client spoke with a health-care professional.

⁴Total number of follow-up contacts to clients already in contact with Health Links - Info Santé staff, i.e. those contacts serviced in line 1.

⁵An outbound call program delivered through the PHCC to determine if an individual who left a WRHA emergency room without being seen is still in need of medical attention or has already had their situation addressed.

⁶After Hours Central Intake Program services WRHA programs to manage both clinical and non-clinical resources for clients. As a service provided through PHCC, it handles inbound and outbound calling to process after hours needs of clients in programs like WRHA Home Care.

⁷TeleCARE TélésOINS Manitoba is a telephone-based chronic disease management service that helps Manitobans with heart failure or Type 2 diabetes manage their condition.

⁸The number of calls where a client spoke with a TeleCARE TélésOINS Manitoba Nurse.

⁹Total number of follow-up contacts to clients already in contact with TeleCARE TélésOINS Manitoba Nurse, i.e. those contacts serviced in the above line.

¹⁰Dial-a-Dietitian connects callers to a Registered Dietitian. Nutrition information is provided verbally, and written resources can be mailed directly to the caller.

¹¹The number of calls where a client spoke with a Registered Dietitian.

¹²Total number of follow-up contacts to clients already in contact with Registered Dietitian staff, i.e. those contacts serviced in the above line

¹³The Manitoba Parent Line connects callers to trained Parent Education Counsellors who provide confidential assistance, information and support for child development issues and many common parenting concerns.

¹⁴The number of calls where a client spoke with Parent Education Counsellors.

¹⁵Total number of follow-up contacts to clients already in contact with Triple P Parent Education Counsellors, i.e. those contacts serviced in the above line.

¹⁶Due to COVID, call volumes in the month of March was higher than our phone system could handle.

¹⁷TeleCARE TélésOINS Manitoba program was suspended in mid-March 2020 to accommodate COVID-19 related calls. Call volumes are not available for this month.

¹⁸Dial-a- Dietitian program was suspended in mid-March 2020 to accommodate COVID-19-related calls. Call volume for March 2020 is for partial month.

¹⁹Triple P program consultants were pulled to attend COVID-19 screening calls. Call volumes were impacted due to COVID-19 in March 2020.

TOTAL NUMBER OF RESIDENTS IN PCHs

	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Winnipeg PCH in RHC and DLC	435	449	427	463
Winnipeg Non-Proprietary PCH	3,007	2,967	2,980	2,992
Winnipeg Proprietary PCH	1,965	1,895	1,993	2,030
Rural Proprietary PCH ¹	367	367	367	366
Total	5,774	5,678	5,767	5,851

Source: WRHA long-term care program.

¹Rural Proprietary PCH results include Brandon Valleyview, Hillcrest Place, Red River Place and Tudor House Personal Care Home. These PCHs are located outside the Winnipeg geographic region but are funded by Manitoba Health through the WRHA Long-term Care Program.

WRHA HOSPITAL STATISTICS (HSC Winnipeg removed from all years)

TOTAL WRHA

Key Statistic:	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Number of Beds ¹	2,265	2,292	2,398	2,415
Average Occupancy ²	92.3%	91.50%	91.00%	93.49%
Emergency Department/Urgent Care Visits ³	199,066	195,148	184,012	176,311
Emergency Department/Urgent Care Visits Admitted (with % in brackets) ³	21,925 (11.01%)	22,876 (11.72%)	22,072 (11.99%)	20,742 (11.76%)
Left Without Being Seen (with % in brackets) ³	12,981 (6.52%)	9,617 (4.93%)	9,267 (5.04%)	12,584 (7.14%)
Total Number of Inpatient Discharges ^{4, 9}	45,001	45,438	45,344	44,465
Average Length of Stay (LOS) ^{4, 9}	9.11	8.88	9.47	10.07
Total Number of Day Surgery Cases ^{4, 9}	40,732	41,879	N/A ¹²	41,977
Percentage of Alternate Level of Care (ALC) Days ^{4, 9}	8.30%	9.30%	13.90%	16.00%
Acute LOS: Expected Length of Stay (ELOS) Ratio ^{4, 11}	1.20	1.17	1.16	1.2
Hospital Standardized Mortality Ratio ⁵	105	109	107	122
Hospital Readmission Rate Within 30 Days of Discharge ⁷	8.7%	8.9%	8.5%	7.8%
Clostridium Difficile Rate (per 10,000 pt days) ⁸	1.72	2.13	2.12	2.82
Methicillin-Resistant Staphylococcus Aureus (MRSA) Rate (per 10,000 pt days) ⁸	3.70	5.06	3.48	2.98

St. Boniface General Hospital

Key Statistic:	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Number of Beds ¹	447	458	477	493
Average Occupancy ²	92.62%	91.57%	92.25%	96.49%
Emergency Department Visits ³	46,920	48,266	45,914	42,236
Emergency Department Visits Admitted (with % in brackets) ³	9,715 (20.71%)	9,053 (18.76%)	7,923 (17.26%)	6,718 (15.91%)
Left Without Being Seen (with % in brackets) ³	3,130 (6.67%)	2,329 (4.83%)	2,211 (4.82%)	2,549 (6.04%)
Total Number of Inpatient Discharges ⁴	23,218	22,469	21,729	20,521
Average LOS ⁴	6.64	6.61	6.97	7.34
Total Number of Day Surgery Cases ⁴	13,586	12,932	N/A ¹²	13,796
Percentage of ALC Days ⁴	3.83%	5.47%	8.57%	8.96%
ALOS: ELOS Ratio ⁴	1.10	1.07	1.06	1.10
Hospital Standardized Mortality Ratio ⁵	110	104	106	126
Hospital Readmission Rate Within 30 Days of Discharge ⁷	9.2%	9.1%	8.8%	8.2%
Clostridium Difficile Rate (per 10,000 pt days) ⁸	2.54	2.83	2.69	3.34
MRSA Rate (per 10,000 pt days) ⁸	3.60	5.54	4.27	3.12

Concordia Hospital

Key Statistic:	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Number of Beds ¹	192	183	185	185
Average Occupancy ²	91.09%	92.82%	90.66%	98.52%
Emergency Department Visits ³	4,975	28,011	27,948	30,508
Emergency Department Visits Admitted (with % in brackets) ³	583 (11.72%)	3,805 (13.58%)	3,986 (14.26%)	3,567 (11.69%)
Left Without Being Seen (with % in brackets) ³	365 (7.34%)	1,820 (6.50%)	1,823 (6.52%)	2,834 (9.29%)
Urgent Care Centre Visits ^{3, 10}	26,501	N/A	N/A	N/A
Urgent Care Visits Admitted (with % in brackets) ^{3, 10}	1,755 (6.62%)	N/A	N/A	N/A
Urgent Care Left Without Being Seen (with % in brackets) ^{3, 10}	1,922 (7.25%)	N/A	N/A	N/A
Total Number of Inpatient Discharges ⁴	6,016	6,857	6,602	6,205
Average LOS ⁴	10.21	8.93	9.46	10.99
Total Number of Day Surgery Cases ⁴	4,308	4,437	3,821	4,430
Percentage of ALC Days ⁴	10.96%	7.38%	15.29%	18.05%
ALOS: ELOS Ratio ⁴	1.28	1.22	1.14	1.22
Hospital Standardized Mortality Ratio ⁵	81	110	111	105
Hospital Readmission Rate Within 30 Days of Discharge ⁷	8.4%	9.8%	9.1%	8.6%
Clostridium Difficile Rate (per 10,000 pt days) ⁸	1.17	1.27	1.63	3.45
MRSA Rate (per 10,000 pt days) ⁸	4.69	7.63	4.72	4.2

Victoria General Hospital

Key Statistic:	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Number of Beds ¹	194	139	193	195
Average Occupancy ²	98.24%	99.20%	95.58%	95.56%
Emergency Department Visits ³	N/A	N/A	16,789	32,050
Emergency Department Visits Admitted (with % in brackets) ³	N/A	N/A	1,441 (8.62%)	3,139 (9.79%)
Left Without Being Seen (with % in brackets) ³	N/A	N/A	816 (4.86%)	2,324 (7.25%)
Urgent Care Centre Visits ^{3, 10}	43,425	42,528	20,040	N/A
Urgent Care Visits Admitted (with % in brackets) ^{3, 10}	1,515 (3.49%)	739 (1.74%)	231 (1.15%)	N/A
Urgent Care Left Without Being Seen (with % in brackets) ^{3, 10}	2,496 (5.75%)	1,235 (2.90%)	495 (2.47%)	N/A
Total Number of Inpatient Discharges ⁴	2,615	1,736	3,430	5,407
Average LOS ⁴	23	26.55	17.53	13.21
Total Number of Day Surgery Cases ⁴	11,962	12,035	10,791	10,691
Percentage of ALC Days ⁴	16.86%	23.62%	18.89%	20.44%
ALOS: ELOS Ratio ⁴	1.41	1.25	1.34	1.25
Hospital Standardized Mortality Ratio ⁵	82	82	98	145
Hospital Readmission Rate Within 30 Days of Discharge ⁷	7.7%	8.1%	8.6%	6.7%
Clostridium Difficile Rate (per 10,000 pt days) ⁸	0.43	0.71	3.06	1.85
MRSA Rate (per 10,000 pt days) ⁸	1.15	2.13	1.87	2.71

Grace Hospital

Key Statistic:	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Number of Beds ¹	227	216	235	235
Average Occupancy ²	93.98%	93.46%	88.42%	86.27%
Emergency Department Visits ³	39,487	37,707	32,785	30,057
Emergency Department Visits Admitted (with % in brackets) ³	6,242 (15.81%)	5,280 (14.00%)	4,271 (13.03%)	3,377 (11.24%)
Left Without Being Seen (with % in brackets) ³	1,696 (4.30%)	1,442 (3.82%)	1,483 (4.52%)	1,858 (6.18%)
Total Number of Inpatient Discharges ^{4, 9}	10,258	8,759	7,365	6,475
Average LOS ^{4, 9}	7.86	8.43	9.53	10.86
Total Number of Day Surgery Cases ^{4, 9}	7,632	7,353	6,960	7,011
Percentage of ALC Days ^{4, 9}	6.19%	7.76%	11.17%	17.99%
ALOS: ELOS Ratio ^{4, 11}	1.16	1.20	1.25	1.33
Hospital Standardized Mortality Ratio ⁵	130	128	113	142
Hospital Readmission Rate Within 30 Days of Discharge ⁷	8.5%	9.0%	8.1%	6.8%
Clostridium Difficile Rate (per 10,000 pt days) ⁸	3.54	4.5	4.42	5.3
MRSA Rate (per 10,000 pt days) ⁸	4.84	5.27	2.6	3.8

Seven Oaks General Hospital

Key Statistic:	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Number of Beds ¹	218	308	308	308
Average Occupancy ²	100.11%	94.38%	94.12%	97.02%
Emergency Department Visits ³	11,320	38,636	40,536	41,460
Emergency Department Visits Admitted (with % in brackets) ³	954 (8.43%)	3,999 (10.35%)	4,214 (10.40%)	3,941 (9.51%)
Left Without Being Seen (with % in brackets) ³	1,302 (11.50%)	2,791 (7.22%)	2,439 (6.02%)	3,019 (7.28%)
Urgent Care Centre Visits ^{3, 10}	26,438	N/A	N/A	N/A
Urgent Care Visits Admitted (with % in brackets) ^{3, 10}	1,161 (4.39%)	N/A	N/A	N/A
Urgent Care Left Without Being Seen (with % in brackets) ^{3, 10}	2,070 (7.83%)	N/A	N/A	N/A
Total Number of Inpatient Discharges ⁴	2,800	5,505	6,102	5,721
Average LOS ⁴	18.95	13.27	13.66	15.08
Total Number of Day Surgery Cases ⁴	3,025	4,858	5,863	5,826
Percentage of ALC Days ⁴	12.89%	12.16%	21.54%	23.17%
ALOS: ELOS Ratio ⁴	1.43	1.32	1.26	1.25
Hospital Standardized Mortality Ratio ⁵	80	102	107	98
Hospital Readmission Rate Within 30 Days of Discharge ⁷	7.4%	7.7%	7.9%	7.7%
Clostridium Difficile Rate (per 10,000 pt days) ⁸	0.77	2.03	1.6	2.84
MRSA Rate (per 10,000 pt days) ⁸	4.49	5.18	5.38	4.31

Churchill Health Centre

Key Statistic:	2019 - 20	2018 - 19	2017 - 18	2016 - 17
Number of Beds ¹	27	27	27	27
Average Occupancy ⁶	39.28%	35.77%	32.46%	36.10%
Emergency Department Visits ⁶	1,452	1,411	1,106	957 ⁽⁶⁾
Emergency Department Visits Admitted (with % in brackets) ⁶	47 (3.24%)	77 (5.46%)	56 (5.06%) ⁽⁴⁾	56 (5.85%) ⁽⁴⁾
Left Without Being Seen (with % in brackets) ⁶	15 (1.03%)	6 (0.43%)	N/A	N/A
Total Number of Inpatient Discharges ⁴	94	112	116	136
Average LOS ⁴	6.57	7.97	16.76	6.01
Total Number of Day Surgery Cases ⁴	219	264	275	223
Percentage of ALC Days ⁴	0%	0%	0%	0%
ALOS: ELOS Ratio ⁴	1.15	0.99	0.95	1.05
Hospital Standardized Mortality Ratio ⁵	n/a	212	48	61
Hospital Readmission Rate Within 30 Days of Discharge ⁷	17.1%	7.8%	8.0%	8.1%
Clostridium Difficile Rate (per 10,000 pt days) ⁶	N/A	N/A	N/A	N/A
MRSA Rate (per 10,000 pt days) ⁶	N/A	N/A	N/A	N/A

¹Source: WRHA Annual Bed Map as of April 1 of the applicable fiscal year. WRHA figures include all hospitals as well as DLC, RHC, MHC and Manitoba Adolescent Treatment Centre (MATC). Excludes bassinets.

²Source: DSS Datamart. Occupancy rates: Excludes newborn days, bassinets, community hospice days and beds. Daily Licensed Beds and Midnight Census.

³Source: DSS Datamart. Excludes Pan Am MIC visits, Churchill emergency visits.

⁴Source: DAD.

⁵Source: CIHI Your Health System: Insight Tool, reflecting crude (unadjusted) rates.

⁶Source: ADT Data Mart. Churchill Health Centre for FY 2016/17 and FY 2017/18.

⁷Source: CIHI Your Health System: Insight Tool. Overall Readmission by Place of Service, risk-adjusted rates.

⁸Rates provided by WRHA Regional Infection Control. Includes MHC, RHC and DLC in the WRHA total.

⁹Includes all facility types (hospice, forensic psychiatry, pediatrics). Excludes rehabilitation services.

¹⁰Emergency Departments converted to urgent care centers on Oct. 3, 2017 Victoria, June 3, 2019 Concordia, Jul 22, 2019 Seven Oaks.

¹¹Excludes Extended treatment unit and Grace Hospice.

¹²2017/18 data quality issues discovered, Digital Health looking into, unable to report at the time of publication.

French Language Services

WRHA French Language Services Mandate and Overview:

The mandate of WRHA French Language Services (FLS) is to assist the WRHA in promoting and providing health services in French in accordance to the WRHA FLS policies, the Government of Manitoba French-Language Services Policy and related regulations established under the legislation governing the Regional Health Authorities of Manitoba.

Bilingual employees of the WRHA provide service and support to clients, patients, residents and their families across the region every day. The principles of an active offer must be respected to ensure service in French is evident, readily available, publicized, accessible and of comparable quality to services in English. From essential patient information and educational materials, consent forms, websites and advertising to signage, donor recognition and wayfinding, reflecting both official languages is essential to our region's culture and character.

WRHA French Language Services 2018-21 Multi-Year Strategic Plan:

The 2019-20 fiscal year marks the second year of the *WRHA FLS 2018-2021 Multi-Year Strategic Plan*. The following is an overview of the strategic directions:

WRHA French Language Services Strategic Directions	
Leadership	FLS plays a leadership role in the enhancement of services in French to francophone clients.
Enhance Patient Experience	The impact upon the francophone community is considered and integrated into all operational decision-making, and service delivery will be seamless and equitable.
Engage Service Providers	Bilingual service providers will be engaged and supported in their role to deliver direct care in French to francophone clients.

2019-20 WRHA FLS Annual Report Evaluation and Notable Achievements:

Leadership

- WRHA FLS Advisory Committee was maintained to provide advice and guidance on matters pertaining to policies, programs and practices involving FLS.
- The WRHA COO and VP position was dissolved and the WRHA FLS department was redefined as a Regional Support Service under the responsibility of the CAO, South Winnipeg Integrated Health and Social Services (SWIHSS).
- FLS has been embedded as a monthly standing agenda item at the WRHA Executive Council to ensure accountability and to address areas of concern in a timely manner.

- Participated in the Accreditation Canada (AC) recognition pilot program for the HSO Standard: Access to Health and Social Services in Official Languages at St. Boniface Hospital in October 2019. Used the AC Recognition Program pilot results to develop best practices and improvement plans to address areas of improvement.
- The FLS department developed and distributed a semi-annual accountability report to external stakeholders and to the francophone community in February 2020.
- Participated on provincial committees to develop strategies to build a bilingual workforce and to broaden the human resources recruitment and retention plan.
- FLS framework called “Promoting French Language Services – Operational Considerations” was completed and approved by WRHA Senior Leadership for distribution to the WRHA employees.

Enhance Patient Experience

- Launched the new orientation training module on Active Offer and French-language services on the LMS in July 2019. Subsequently, it was approved as a mandatory training module for all new WRHA and Shared Health employees through the mandatory New Employee Orientation (NEO 2020) as of March 2020. All WRHA employees are now subject to take the *Active Offer and French-language Services* training module prior to commencing employment to enhance the patient experience. As of March 31, 2020, there were 1,043 employees who completed the training.
- All designated WRHA bilingual/francophone facilities, programs, services and agencies have been reminded of their FLS obligations through the distribution of two region-wide memos and in-person meetings.
- As of January 2020, the Centre de santé Saint-Boniface (CDS) Bilingual Family Physicians group has resumed subacute inpatient work at Victoria General Hospital (VGH). An average of four identified French-speaking patients are on the designated unit at VGH. It’s foreseeable a service agreement between VGH/WRHA and CDS for 2020-2021 will be agreed upon, thus increasing continuity of care in French.
- To better identify and serve francophone patients, an active offer is made at VGH’s urgent care triage. VGH has also identified three physicians with bilingual capacity willing to meet the needs of francophone patients, thus increasing bilingual services in South Winnipeg when combined with the CDS physicians.
- A public campaign and resource document called “My Right Care - How to Access Health and Social Services in French in Winnipeg” has been developed, but not yet widely distributed to the public, stakeholders and service providers. The resource, targeted towards the francophones, will explain where bilingual services are located within the WRHA.
- In collaboration with WRHA Communications, the FLS department established a process for translating all content of the new WRHA website in a systematic manner. The new WRHA website was launched in March 2020, with most of the content in both official languages.

- The Long-Term Care Access Centre (LTCAC) Data for Panel form now includes the opportunity to identify a client's preferred language for services.
- The Hospital Social Work Assessment form for Long-Term Care (LTC) from a hospital setting added questions related to language, and a question specifically on preferred service language (French or English).

Engage Service Providers

- The first WRHA French Language Services Annual Leadership Forum took place in December 2019 at St. Boniface Hospital and had over 45 managers and directors in attendance. The Forum was intended to innovate, integrate and motivate regional leadership to think freely and unconventionally about FLS.
- The WRHA FLS department worked collaboratively with the Université de Saint-Boniface's School of Nursing and Health Studies and the School of Social Work to create a focused plan for bilingual practicums to be held in Winnipeg.
- The FLS department established partnerships to enhance the recruitment of entry-level or difficult to fill bilingual positions with the Bilingual Service Centers (BSC) of Winnipeg, Conseil de développement économique du Manitoba's (CDEM) employability program Premier Choix (Employment Service) and Plurielles Manitoba's employability program.
- Developed two cultural activities themed Festival du Voyageur and Semaine de la francophonie to enhance belongingness and to cultivate a bilingual work environment;
- Enhanced, promoted and awarded the third WRHA FLS Champion Award to recognize employees in the WRHA who have helped make the provision of services in French a priority and a success. A total of 14 submissions were received and reviewed by a selection committee.

2019-20 WRHA FLS 2019-20 Operational Overview:

French-Language Proficiency Evaluations

- All language proficiency testing – speaking, listening, reading and writing – is done internally, and the WRHA FLS department occasionally provides services to other independent bilingual or francophone agencies and service delivery organizations.
- Due to increased awareness of FLS policy requirements, hiring managers are requesting French-language proficiency evaluations before the position is offered.

Translations

- New or revised patient/client and public information (i.e., education materials, pre-/post-op surgical information, surveys, pamphlets, brochures, advertising, etc.) is systematically translated according to FLS policy obligations.
- In the 2019-20 fiscal year, 194,823 words have been translated, representing 303 documents.

- Since 2003, over 2.4 million words have been translated, representing almost 3,750 documents.

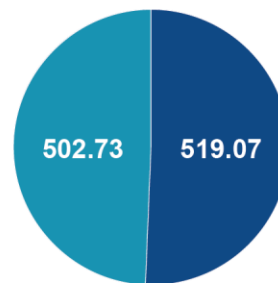
Training

- During the 2019-20 fiscal year, 119 employees attended French-language evening courses, nine employees participated in the French-language tutoring program, 110 employees attended FLS daytime workshops (Vocabulary Builder, Immersion Day and Cultural Diversity), approximately 620 employees attended FLS and Active Offer Orientation Sessions, and 1,043 employees completed the online Active Offer and French Language Services Training module on LMS.
- The FLS department also has a comprehensive French-Language Resource Centre, which includes access to the two top individual learning systems and a multitude of other resources (i.e., dictionaries, books, DVDs, CDs, etc.).

Regional Recruitment Results

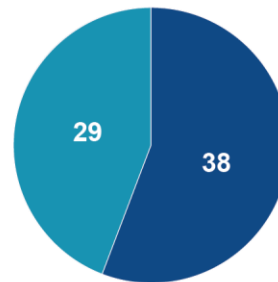
Total designated bilingual positions as of March 31, 2020

- FTE filled successfully
- FTE under filled or remained vacant



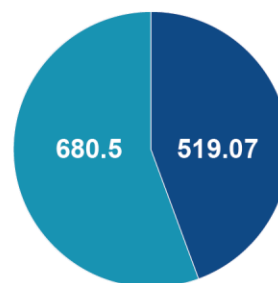
Recruitment for designated bilingual positions from April 1, 2019, to March 31, 2020

- FTE filled successfully
- FTE under filled or remained vacant



Total bilingual capacity as of March 31, 2020

- Employees in designated bilingual positions
- Other bilingual capacity (number of employees)



Services en langue française

Mandat et aperçu des Services en langue française de l'ORSW

Les Services en langue française (SLF) de l'ORSW ont le mandat d'aider l'ORSW à faire la promotion et assurer la prestation de services de santé en français, conformément aux politiques des SLF de l'ORSW, à la politique du gouvernement du Manitoba sur les services en français et aux règlements afférents, en conformité avec les lois qui gouvernent les Offices régionaux de la santé du Manitoba.

Les employés bilingues de l'ORSW offrent quotidiennement, dans l'ensemble de la région, des services et du soutien aux clients, aux patients, aux résidents et à leur famille. Les principes de l'offre active doivent être respectés pour veiller à ce que les services en français soient manifestes, facilement disponibles, publicisés, accessibles et de qualité comparable aux services en anglais. Qu'il s'agisse de documentation et de renseignements essentiels pour les patients, de formulaires de consentement, de sites Web, de publicité, de panneaux d'affichage et d'orientation ou de reconnaissance des donateurs, la présence des deux langues officielles est essentielle à la culture et à la nature de notre région.

Plan stratégique pluriannuel 2018-21 des Services en langue française de l'ORSW

L'année financière 2019-20 est la deuxième année du *Plan stratégique pluriannuel 2018-21 des SLF de l'ORSW*. Voici un aperçu de l'orientation stratégique de l'organisme :

Orientation stratégique des services en langue française de l'ORSW	
Leadership	Les SLF agissent comme chef de file de l'amélioration des services en français offerts à la clientèle francophone.
Amélioration de l'expérience des patients	Les répercussions sur la communauté francophone sont prises en considération et intégrées à toutes les décisions opérationnelles, pour une prestation homogène et équitable des services.
Mobilisation des fournisseurs de services	Des fournisseurs de services bilingues seront engagés et appuyés dans leur rôle de prestataires de soins de santé directs aux clients francophones.

Évaluation du rapport annuel et événements marquants des SLF de l'ORSW en 2019-20

Leadership

- Le Comité consultatif des SLF de l'ORSW a été maintenu pour fournir des conseils et une orientation sur des questions de politiques, de programmes et de pratiques concernant les services en français.

- On a supprimé les postes de chef de l'exploitation et de vice-président et les SLF de l'ORSW ont été redéfinis comme services régionaux de soutien sous la responsabilité du chef de l'administration, Soins intégrés et Services sociaux de Winnipeg-Sud.
- Les SLF ont été ajoutés comme sujet mensuel à l'ordre du jour du Conseil exécutif de l'ORSW, afin de garantir la responsabilité et pour aborder rapidement les sujets de préoccupation.
- En octobre 2019, l'organisme a participé au programme pilote de reconnaissance d'Agrément Canada, Organisation des normes en santé : accès aux soins de santé et aux services sociaux dans les langues officielles, à l'Hôpital Saint-Boniface. Les résultats du programme pilote ont servi à mettre au point les pratiques exemplaires et les plans de perfectionnement des domaines à améliorer.
- En février 2020, les SLF ont rédigé un rapport semi-annuel de responsabilisation, qui a été distribué aux intervenants et à la communauté francophone.
- L'organisme a pris part à des comités provinciaux pour mettre au point des stratégies visant à accroître la main-d'œuvre bilingue et élargir le plan de recrutement et de rétention des ressources humaines.
- Le cadre des SLF, nommé « Promotion des services en langue française – considérations organisationnelles », a été approuvé par la haute direction de l'ORSW en vue de sa distribution aux employés de l'organisme.

Amélioration de l'expérience des patients

- Le nouveau module d'orientation sur l'offre active et les services en langue française a été lancé sur la plateforme d'apprentissage en ligne en juillet 2019. Il a par la suite été approuvé comme module de formation obligatoire pour tous les nouveaux employés de l'ORSW et de Soins communs, en mars 2020. Pour améliorer l'expérience des patients, tous les employés de l'ORSW doivent maintenant suivre le module de formation *Offre active et services en langue française* avant de commencer à travailler. En date du 31 mars 2020, 1 043 employés avaient complété la formation.
- On a rappelé à tous les établissements, programmes, services et agences de l'ORSW désignés bilingues/francophones leurs obligations en matière de services en français, par l'envoi de deux notes de service à l'ensemble de la région, ainsi que par des réunions en personne.
- En janvier 2020, le groupe de médecins de famille bilingues du Centre de santé Saint-Boniface a repris ses activités auprès des patients hospitalisés en soins subaigus à l'Hôpital général Victoria. L'unité désignée de l'Hôpital général Victoria compte en moyenne quatre patients identifiés comme étant francophones. Il est probable qu'une entente de service soit conclue entre l'Hôpital général Victoria/ORSW et le Centre de santé Saint-Boniface pour 2020-2021, ce qui augmenterait la continuité des soins en français.

- Pour identifier plus facilement les patients francophones et les servir, on propose une offre active au poste de triage des soins d'urgence mineure de l'Hôpital général Victoria. Cet établissement a également identifié trois médecins en mesure de travailler dans les deux langues, qui sont prêts à répondre aux besoins des patients francophones, ce qui permet, en association avec les médecins du Centre de santé Saint-Boniface, d'accroître les services bilingues dans Winnipeg-Sud.
- Un document-ressource de sensibilisation publique intitulé « Les soins voulus – Comment accéder aux services de santé en français à Winnipeg » a été mis au point, mais n'a pas encore été distribué au public, aux intervenants et aux fournisseurs de services. Cette ressource s'adresse aux francophones et explique où trouver des services bilingues au sein de l'ORSW.
- En collaboration avec le Service des communications de l'ORSW, les SLF ont mis en place un système pour la traduction systématique de l'ensemble du contenu du nouveau site Web de l'ORSW. Le nouveau site Web a été lancé en mars 2020, la plupart du contenu étant dans les deux langues officielles.
- Le formulaire de données pour le comité du Centre d'accès aux soins de longue durée permet maintenant d'identifier la langue dans laquelle le client préfère recevoir ses services.
- Le formulaire hospitalier d'évaluation de services sociaux pour les soins de longue durée comprend maintenant des questions sur la langue de prestation des services de choix (français ou anglais).

Mobilisation des fournisseurs de service

- Le premier Forum annuel de leadership des Services en langue française de la région sanitaire de Winnipeg, qui a eu lieu en décembre 2019 à l'Hôpital Saint-Boniface, rassemblait plus de 45 gestionnaires et directeurs. Le but du forum était l'innovation, l'intégration et la motivation, pour encourager les dirigeants régionaux à penser de façon libre et non conventionnelle en ce qui concerne les services en français.
- Les SLF de l'ORSW ont travaillé en collaboration avec l'École des sciences infirmières et des études de la santé et l'École de travail social de l'Université de Saint-Boniface, afin de créer un plan ciblé de stages pratiques bilingues à Winnipeg.
- Afin d'accroître le recrutement pour les postes bilingues de premier échelon ou difficiles à pourvoir, les SLF ont établi des partenariats avec les Centres de services bilingues de Winnipeg, le programme d'emploi Premier Choix du Conseil de développement économique du Manitoba, ainsi qu'avec le programme d'employabilité de Pluri-elles Manitoba.
- Deux activités culturelles dans le cadre du Festival du Voyageur et de la Semaine de la francophonie ont été créées pour susciter un sentiment d'appartenance et cultiver un environnement de travail bilingue.
- On a amélioré, promu et alloué le troisième Prix du champion, qui reconnaît les employés de l'ORSW ayant contribué à faire de la prestation des services en français une priorité et une réussite. Au total, 14 soumissions ont été reçues et évaluées par un comité de sélection.

Aperçu opérationnel des SLF de l'ORSW pour 2019-20

Évaluations des compétences en langue française

- Tous les tests d'évaluation langagière — oral, écoute, lecture et écrit — sont effectués à l'interne, et les SLF de l'ORSW fournissent à l'occasion des services à d'autres agences indépendantes de prestation de services bilingues ou francophones.
- Grâce à la sensibilisation accrue aux exigences de la politique des services en français, les gestionnaires qui embauchent demandent une évaluation des compétences en français avant d'offrir un poste à une personne.

Traductions

- Les renseignements nouveaux ou revus à l'intention des patients et des clients, ainsi que l'information pour le public (documents éducatifs, renseignements préchirurgicaux et postchirurgicaux, sondages, dépliants, brochures, publicités, etc.) sont systématiquement traduits, conformément aux dispositions de la politique sur les services en français.
- Au cours de l'année financière 2019-20, 194 823 mots ont été traduits, ce qui représente 303 documents.
- Depuis 2003, plus de 2,4 millions de mots ont été traduits, soit près de 3 750 documents.

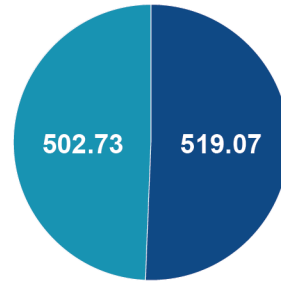
Formation

- Pendant l'année financière 2019-20, 119 employés ont pris des cours de français le soir, neuf employés ont participé à des programmes de tutorat en langue française, 110 employés ont pris part à des ateliers de jour des SLF (Accroissement du vocabulaire, Immersion de jour et Diversité culturelle), environ 620 employés ont participé à des séances d'orientation sur les services en français et l'offre active et 1 043 employés ont complété le module de formation sur l'offre active et les services en français, sur la plateforme d'apprentissage en ligne.
- Les SLF disposent également d'un Centre de ressources en langue française exhaustif, qui comprend l'accès à deux systèmes d'apprentissage supérieurs et à une multitude d'autres ressources (dictionnaires, livres, DVD, CD, etc.).

Résultats du recrutement régional

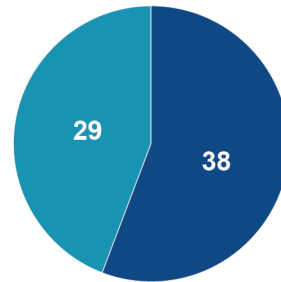
Total des postes désignés bilingues
au 31 mars 2020

- ÉTP pourvus avec succès
- ÉTP insuffisamment pourvus ou encore vacants



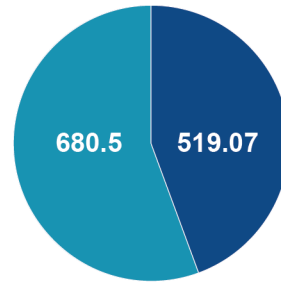
Recrutement pour des postes désignés bilingues
entre le 1er avril 2019 et le 31 mars 2020

- ÉTP pourvus avec succès
- ÉTP insuffisamment pourvus ou encore vacants



Capacité bilingue totale au 31 mars 2020

- Employés occupant des postes désignés bilingues
- Autre capacité bilingue (nombre d'employés)



Financials

Health System Transformation

Manitoba's Health System Transformation Program is guiding the phased implementation of broad health-system changes aimed at improving the quality, accessibility and efficiency of health-care services province-wide. As part of the transformation, Shared Health, a provincial organization, was created and given the responsibility for leading the development of a provincial clinical and preventive services plan, delivering certain province-wide health services and supports and establishing centralized administrative and business functions for Manitoba health organizations. As a result, a number of departments, programs and facilities were transitioned from the Winnipeg Regional Health Authority (the Authority) to Shared Health.

As of April 2019, Shared Health assumed operational responsibilities for the following divisions and departments of the Authority:

- Health Sciences Centre Winnipeg (insured services and ancillary operations)
- Digital Health (formerly Manitoba eHealth)
- Diagnostic & Non-invasive Cardiac Services
- Emergency Medical Services
- Patient Transport
- Certain corporate and administrative functions

This initial transition included a transfer of approximately \$900 million of annual operating funding from the Authority to Shared Health. A Government of Manitoba order under legislation is expected which will allow for the transfer of the associated tangible capital assets and related liabilities for the above divisions and departments. The amount of the capital transfer will be determined at the date the Order in Council is finalized. A financial summary of the initial transition is shown below:

	2020	2019		
	Core Operations	Core Operations	Transferred Operations	Adjusted Total
Revenue				
Provincial grants	\$ 1,931,246	\$ 2,756,416	\$ (848,102)	\$ 1,908,314
Patient and resident income	47,332	51,146	(9,808)	41,338
Other income	37,001	67,746	(35,192)	32,554
	<u>2,015,579</u>	<u>2,875,308</u>	<u>(893,102)</u>	<u>1,982,206</u>
Expenses				
Compensation	1,317,469	1,928,306	(605,140)	1,323,166
Medical and other supplies	188,525	275,850	(115,071)	160,779
Other expenses	129,120	239,164	(129,910)	109,254
Amortization	4,599	9,146	(4,280)	4,866
Facility and grant funding	384,380	428,304	(42,528)	385,776
	<u>2,024,093</u>	<u>2,880,770</u>	<u>(896,929)</u>	<u>1,983,841</u>
Insured Services Deficit	(8,514)	(5,462)	3,827	(1,635)
Non-insured Services Surplus	3,429	6,410	(4,000)	2,410
Surplus Before Restructuring	(5,085)	948	(173)	775
Impact of Restructuring	(16,556)	-	-	-
Surplus for the Year	<u>\$ (21,641)</u>	<u>\$ 948</u>	<u>\$ (173)</u>	<u>\$ 775</u>

Impact of COVID-19

In March 2020, the World Health Organization declared coronavirus COVID-19 a global pandemic. This contagious disease outbreak, which has continued to spread, and any related adverse public health developments, has adversely affected workforces, economies and financial markets globally, potentially leading to an economic downturn. It has also disrupted the normal operations of many businesses, including the Authority's. At the current time, it is not possible to reliably estimate the duration and impact that these events may have on the Authority's future financial results because of the uncertainties about future developments.

The public can access the full audited financial statements by visiting <http://www.wrha.mb.ca/healthinfo/reports/annual.php> or contacting:

Winnipeg Regional Health Authority, Director of Finance
650 Main Street
Winnipeg, MB, R3B 1E2
Phone: (204) 926-8134
Fax: (204) 926-7007

WINNIPEG REGIONAL HEALTH AUTHORITY

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING SUMMARIZED CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2020

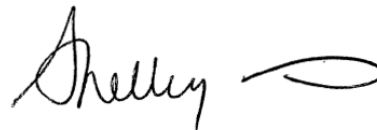
The accompanying summarized consolidated financial statements are the responsibility of management and have been approved by the Board of Directors of the Winnipeg Regional Health Authority. The summarized consolidated financial statements were prepared in accordance with Canadian public sector accounting standards as issued by the Public Sector Accounting Board. Of necessity, the summarized consolidated financial statements include some amounts that are based on estimates and judgments.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system is designed to provide management with reasonable assurance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately accounted for and safeguarded.

Deloitte LLP provides an independent audit of the summarized consolidated financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures, which allow them to report on the fair presentation of the summarized consolidated financial statements prepared by management.



Vickie Kaminski
President & Chief Executive Officer



Shelley Hopkins, CPA, CMA
Chief Financial Officer

Independent auditors' report

To the Board of Directors of the Winnipeg Regional Health Authority,

Opinion

The summarized consolidated financial statements, which comprise the summarized consolidated statement of financial position as at March 31, 2020 and the summarized consolidated statement of operations and accumulated surplus for the year then ended, are derived from the audited consolidated financial statements of the Winnipeg Regional Health Authority for the year ended March 31, 2020.

In our opinion, the accompanying summarized consolidated financial statements are a fair summary of the audited consolidated financial statements prepared in accordance with Canadian public sector accounting standards (PSAS).

Summarized Consolidated Financial Statements

The summarized consolidated financial statements do not contain all the disclosures required by Canadian PSAS. Reading the summarized consolidated financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited consolidated financial statements and the auditor's report thereon. The summarized consolidated financial statements and the audited consolidated financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited consolidated financial statements.

The Audited Consolidated Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited consolidated financial statements in our report dated July 8, 2020.

Management's Responsibility for the Summarized Consolidated Financial Statements

Management is responsible for the preparation of the summarized consolidated financial statements in accordance with PSAS.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summarized consolidated financial statements are a fair summary of the audited consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Deloitte LLP

Chartered Professional Accountants

July 8, 2020

Winnipeg, Manitoba

Summarized Consolidated Statement of Financial Position

As at March 31 (in thousands of dollars)

	2020	2019
FINANCIAL ASSETS		
Cash	\$ 66,421	\$ 68,804
Accounts receivable	71,191	93,343
Investments	37,640	41,189
Employee benefits recoverable from Manitoba Health, Seniors and Active Living	51,972	78,957
Employee future benefits recoverable from Manitoba Health, Seniors and Active Living	19,892	74,415
	247,116	356,708
LIABILITIES		
Bank indebtedness	\$ 48,394	\$ 31,471
Accounts payable and accrued liabilities	212,790	200,201
Unearned Revenue	59,760	92,853
Employee benefits payable	88,487	128,091
Employee future benefits payable	129,994	200,715
Long-term debt	965,256	966,066
	1,504,681	1,619,397
NET DEBT	(1,257,565)	(1,262,689)
NON-FINANCIAL ASSETS		
Inventory	24,193	44,171
Prepaid expenses	5,979	16,044
Tangible capital assets, net	1,694,710	1,721,381
	1,724,882	1,781,596
TOTAL NET ASSETS	\$ 467,317	\$ 518,907
Total net assets is comprised of:		
Accumulated surplus	473,946	520,534
Endowments	-	1,876
Accumulated remeasurement losses	(6,629)	(3,503)
	\$ 467,317	\$ 518,907



Wayne McWhirter, FCPA, FCA
Chair, Board of Directors



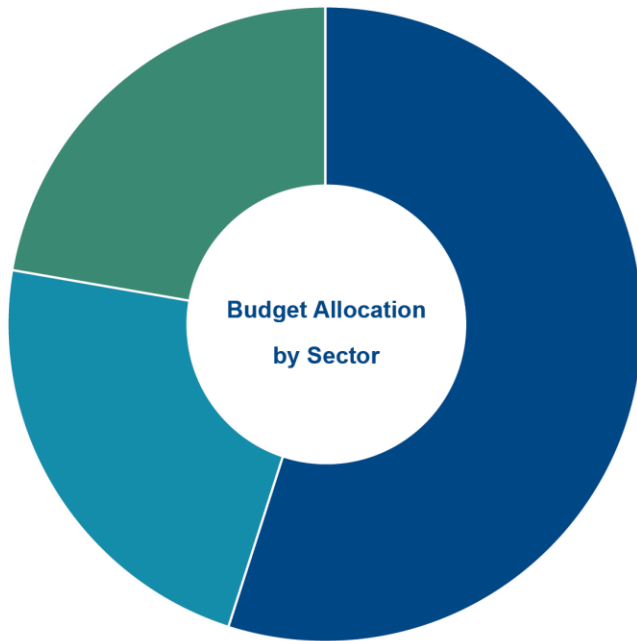
Kyla Kramps, CPA, CA, CBV
Treasurer

Summarized Consolidated Statement of Operations and Accumulated Surplus

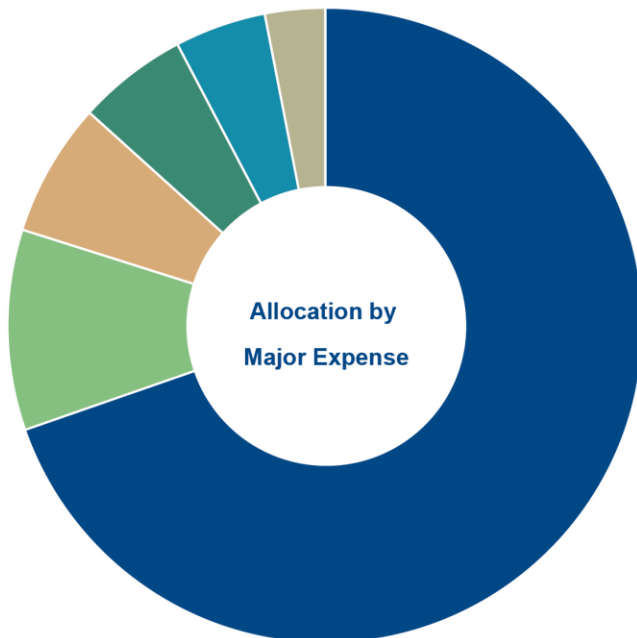
For the year ended March 31 (in thousands of dollars)

	2020			2020	2019
	Core Operations	Capital Operations	Actual Total	Budget Total	Actual Total
REVENUE					
Manitoba Health, Seniors and Active Living grants	\$ 1,925,261	\$ 100,825	\$ 2,026,086	\$ 2,000,429	\$ 2,867,475
Other capital grants	-	27,022	27,022	-	13,102
Separately funded primary health programs	5,985	-	5,985	4,851	5,700
Patient and resident income	47,332	-	47,332	49,606	51,146
Recoveries from external sources	27,603	-	27,603	27,381	49,668
Investment income	1,634	-	1,634	1,600	1,529
Other income	7,764	-	7,764	7,812	16,549
	2,015,579	127,847	2,143,426	2,091,679	3,005,169
EXPENSES					
Acute care	1,014,271	144,907	1,159,178	1,079,797	1,938,189
Community care	430,705	5,225	435,930	435,000	435,250
Long-term care	354,021	1,536	355,557	360,000	353,960
Medical remuneration	225,096	-	225,096	228,000	278,379
	2,024,093	151,668	2,175,761	2,102,797	3,005,778
INSURED SERVICES (DEFICIT) SURPLUS	(8,514)	(23,821)	(32,335)	(11,118)	(609)
NON-INSURED SERVICES					
Non-insured services income	36,585	5,350	41,935	41,663	66,250
Non-insured services expenses	33,156	6,476	39,632	37,719	61,906
NON-INSURED SERVICES SURPLUS (DEFICIT)	3,429	(1,126)	2,303	3,944	4,344
(DEFICIT) SURPLUS BEFORE RESTRUCTURING	\$ (5,085)	\$ (24,947)	\$ (30,032)	\$ (7,174)	\$ 3,735
IMPACT OF RESTRUCTURING TRANSACTION	16,556	-	16,556		-
(DEFICIT) SURPLUS FOR THE YEAR	\$ (21,641)	\$ (24,947)	\$ (46,588)	\$ (7,174)	\$ 3,735
ACCUMULATED SURPLUS, BEGINNING OF YEAR			520,534		516,799
ACCUMULATED SURPLUS, END OF YEAR			\$ 473,946		\$ 520,534

Budget Allocation by Sector and Major Expense



- Acute 55%
- Community care 24%
- Long-term care 21%



- Wages and benefits 74%
- Other costs 8%
- Amortized assets 6%
- Medical supplies 5%
- General supplies and contracted out services 4%
- Pharmaceuticals 3%

Administrative Cost Reporting

Administrative Costs

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The Winnipeg Regional Health Authority adheres to these coding guidelines.

Administrative costs as defined by CIHI, include:

Corporate functions including: Acute, Long Term Care and Community Administration; General Administration and Executive Costs; Board of Trustees; Planning and Development; Community Health Assessment; Risk Management; Internal Audit; Finance and Accounting; Communications; Telecommunications; and Mail Service

Patient Care-Related costs including: Patient Relations; Quality Assurance; Accreditation; Utilization Management; and Infection Control

Human Resources & Recruitment costs including: Personnel Records; Recruitment and Retention (general, physicians, nurses and staff); Labour Relations; Employee Compensation and Benefits Management; Employee Health and Assistance Programs; Occupational Health and Safety

Administrative Cost Percentage Indicator

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) also adheres to CIHI guidelines.

Figures presented are based on data available at time of publication. Restatements, if required to reflect final data or changes in the CIHI definition, will be made in the subsequent year.

Administrative Cost and Percentages for Provincial Regions

2019-20

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.34%	0.59%	2.28%	6.21%
Northern Regional Health Authority	3.85%	0.75%	1.09%	5.69%
Prairie Mountain Health	2.42%	0.35%	1.14%	3.91%
Southern Health Santé-Sud	3.07%	0.27%	1.09%	4.43%
CancerCare Manitoba	1.81%	0.56%	0.74%	3.11%
Winnipeg Regional Health Authority	2.84%	0.60%	1.12%	4.56%
Shared Health	2.44%	0.31%	0.44%	3.19%
Provincial - Percent	2.74%	0.48%	0.99%	4.21%
Provincial - Totals	\$ 142,456,475	\$ 24,825,243	\$ 51,169,197	\$ 218,450,915

2018-19

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.00%	0.50%	2.07%	5.57%
Northern Regional Health Authority	3.98%	0.66%	1.20%	5.84%
Prairie Mountain Health	2.31%	0.34%	1.17%	3.82%
Southern Health Santé-Sud	2.94%	0.25%	0.96%	4.16%
CancerCare Manitoba	2.10%	0.66%	0.70%	3.45%
Winnipeg Regional Health Authority	2.58%	0.58%	0.97%	4.13%
Shared Health	3.76%	0.60%	1.30	5.66%
Provincial - Percent	2.73%	0.51%	1.06%	4.31%
Provincial - Totals	\$ 133,559,455	\$ 25,149,251	\$ 51,917,064	\$ 210,625,769

Health System Transformation

Manitoba's Health System Transformation includes initiatives that improve patient access and the quality of care experienced by Manitobans while establishing a health system that is both equitable and sustainable. As transformation projects and initiatives are planned and implemented, opportunities to re-invest administrative efficiencies in patient care are sought out and prioritized.

Under the *Regional Health Authorities Act* of Manitoba, health authorities must ensure their corporate administrative costs do not exceed a set amount as a percentage of total operation costs (2.99% in WRHA; 3.99% in Rural; 4.99% in Northern). Across Manitoba, as broad Health System Transformation initiatives were implemented through 2019/20, **administrative costs declined as a percentage of total operating costs for the health system as a whole** (including regional health authorities and CancerCare Manitoba).

The activation of Shared Health as a provincial organization responsible for leading the planning and coordinating the integration of patient-centred clinical and preventive health services across Manitoba involved the establishment of a leadership team to support health system transformation initiatives. Leadership transitioned in advance of staff and operational budgets, resulting in an increase to the administrative cost ratio for 2018/19 which as a percentage has decreased and normalized in 2019/20 with the transition in April 2019 of program budgets associated with the ongoing operation of departments, sites and services. This included Health Sciences Centre Winnipeg, provincial diagnostic services, digital health and emergency medical services and patient transport.

As Health System Transformation projects proceed, organizational changes across all health service delivery organizations in the time to come will allow for enhanced focus in patient-care and human resources and recruitment areas, while holding the line or further reducing administrative costs as a percentage of total operating costs.

Administrative Costs and Percentages for the WRHA

(including hospitals, non-proprietary PCHs and community health agencies)

For the year ended March 31, 2020 (in thousands of dollars)

	2020					
	Acute Care Facilities and Corporate Office		PCHs and Community Health Agencies		Total	
	\$	%	\$	%	\$	%
Corporate	\$ 50,526	2.48%	\$ 15,738	5.40%	\$ 66,264	2.84%
Recruitment and Human Resources	23,428	1.15%	2,654	0.91%	\$ 26,082	1.12%
Patient Care Related	13,771	0.68%	128	0.04%	\$ 13,899	0.60%
	\$ 87,725	4.31%	\$ 18,520	6.35%	\$ 106,245	4.56%
Net Operating Expenses	\$2,039,796		\$ 291,673		\$ 2,331,469	
	2019					
	Acute Care Facilities and Corporate Office		PCHs and Community Health Agencies		Total	
	\$	%	\$	%	\$	%
Corporate	\$ 64,094	2.30%	\$ 14,921	5.26%	\$ 79,015	2.58%
Recruitment and Human Resources	27,348	0.98%	2,502	0.88%	\$ 29,850	0.97%
Patient Care Related	17,558	0.63%	134	0.05%	\$ 17,692	0.58%
	\$ 109,000	3.91%	\$ 17,557	6.19%	\$ 126,557	4.13%
Net Operating Expenses	\$2,782,174		\$283,426		\$ 3,065,600	

Under the *Regional Health Authorities Act* of Manitoba, the Authority must ensure that its corporate cost do not exceed 2.99 per cent of the total operating costs of the Authority for the fiscal year. The Authority is in compliance with this requirement with a corporate cost of 2.84 per cent (2019 – 2.58 per cent).