

Schedule A1: Services, including Performance and Reporting
Manitoba Health, Seniors and Long-Term Care

Version: 2025/26 2.0 June 12, 2025 (and as of April 1, 2025)

1. Alignment to Provincial Health System Planning

a) Provincial Health System Strategic Plan

The Provincial Health System Strategic Plan outlines the strategic direction for the department and the health system as a whole. The HA strategic and operational plans are to align with the strategic directions in this schedule. It is expected that the HA will show objectives in its strategic and operational plan that shows alignment and plans to work toward implementing these strategic directions.

- Emergency Department Performance
- Improved Access
- Indigenous Health
- Workforce Culture, Retention, Recruitment, and Training
- Primary and Community Care
- Electronic Medical Records
- Fiscal Sustainability

Further information and/or clarification to these priorities and related goals/objectives will be provided to the HA from time to time by the department.

b) Minister's Mandate

Mandate letters include the objectives that each minister will work to accomplish on behalf of government. This direction to the Minister informs the priority work within the department, the health system, and each HA. The department will advise the HA of Minister's mandate commitments that are applicable to the HA and the HA is expected to align its efforts to support the achievement of these mandate commitments. This may be communicated through a mandate letter from the Minister to the HA's board or through other means.

2. Services

The HA will provide the Services, as described further below in this Schedule, in a manner consistent with the provincial planning and mandates, prescribed standards, policies and guidelines established by Manitoba, clinical standards established by the PHA, and the terms of this Agreement.

Any change to this Schedule shall include consultation between the parties and take into consideration its funding impact, human resources, quality of services, and health outcomes of the population of the region within the framework of the principles set out in the Agreement.

a) Core Services

The following core services outline the minimum mandated health services to be delivered by the HA. If a change is required to the core services for the HA, the Health Authority Health Services Delivery and Clinical Standards Policy will apply. The following reflects the policy's approved list as of December 2, 2024.

- **Acute Care facilities – based on facility type**
 - Urgent, Emergency, Critical Care and Acute Medicine
 - Surgery and Anesthesia
 - Cases that require moderate complexity and acuity
 - Cancer and Palliative Care
 - Renal/Dialysis Care
 - Allied Health and Rehabilitation Services inpatient (primarily stroke, acquired brain injury and geriatric)
 - Physiotherapy
 - Speech Language therapy
 - Audiology
 - Occupational Therapy
 - Social Work
 - Respiratory Therapy
 - Rehabilitation Assistants
 - Spiritual Care
 - Women and Childrens' health services
 - Obstetrics
 - Level 2 Nursery
 - Gynecological procedures and surgeries
 - Women's Mental Health
 - Reproductive Health
 - Primary Pediatric Care
 - Inpatient Mental Health and Addictions
 - Tier 2 – Low need, early intervention and self-management services
 - Tier 3 – Moderate need, services targeted to moderate MHA needs
 - Tier 4 – Moderate to severe need, intensive and specialized services
 - Cardiovascular
 - Neuroscience
- **Ambulatory and Outpatient Services**
- **Pharmacy**
- **Long Term Care Facilities**
 - Delivery or support the delivery of Personal Care Homes
 - Personal Care Home services for residents with special needs
 - Long Term Care Access Centre
 - Respite care in select Personal Care Home(s)
- **Substance Abuse/Addictions**
- **Primary and Community Care**
 - Primary care

- Contribute to primary care monitoring, information management and recording
 - Participate in My Health Teams in partnership with fee for service clinics and community organizations – trustee of financial processes and human resource management
 - Inter-professional Team Demonstration Initiative – trustee of position funding and human resource management
 - Deliver Family Doctor Finder service
 - Operation of Walk In connected Care
 - Enhanced primary care (hospital-based or hospital adjacent)
- Midwifery
- Prevention and mgmt. of chronic disease
- Non physician led – Community health centres
- Contract/salaried primary care physician services
- Primary care support to Long Term Care and Home Care
- Access Centres
- **Community Health Services**
 - Rehabilitation Support Services
 - Speech Therapy
 - Audiology
 - Early Childhood interventions
- **Home based Care Services (Home Care)**
 - Assessments
 - Care planning coordination
 - Direct services
 - Supplies and equipment to support early discharge

- **Population and Public Health**

Regional public health services are upstream and prevention focused, encompass a holistic approach to health, address the structural and social determinants of health, and use an population health approach. The services are:

- based on the principles of social justice, human rights, and equity,
- founded in relationships with individuals, families, local organizations, communities, and partners,
- guided by First Nations, Metis, and Inuit collaboration and leadership;
- trauma informed, culturally safe, and evidence-informed.

Core Population and Public Health Services include:

- Population Health Assessment
- Prevention and Control of Communicable Diseases
- Immunization
- Healthy Parenting and Early Childhood Development
- Healthy Sexuality and Reproductive Health
- Harm Reduction and Substance Use Prevention
- Public Health Emergency Preparedness and Response
- Healthy Public Policy

- Health Promotion
- Environmental Health

b) Provincial Planning and Mandates

The HA is expected to contribute to the implementation of the following provincial planning and mandates that have been prioritized for the duration of this schedule, under the direction of the PHA.

Not available at this time for 2025/26.

The PHA is expected to provide further information and/or clarification on the provincial planning and mandates as may be required.

c) Provincial Clinical Pathways/Models of Care/Procedures/Protocols

The HA is expected to provide the core services identified above in 2(a) in a manner that is consistent with the following provincial clinical pathways, models of care, procedures and protocols:

- Provincial Guidance documents for Population and Public Health Staff
- Case management practice expectations, as outlined in the Provincial Public Health Nursing Standards: Prenatal, Postpartum, and Early Childhood
- Communicable Disease Protocols
- Surveillance Forms for public health reporting and investigation
- Immunization Program Manual and associated requirements
- Vaccine Eligibility criteria
- Vaccine Safety procedures
- Vaccine-Preventable Respiratory Illnesses – Information for Health Care Professionals

All these documents are available on the Manitoba Health, Seniors and Long-Term Care website.

- Provincial Cancer Standards for Radiation Therapy
- Provincial Clinical Standards for Breast Cancer – Suspicion, Diagnosis and Management
- Colposcopy Standards

d) Directives/Policies/Standards and Guidelines

The following directives apply to the HA:

- Accreditation Directive – Provincial Accreditation Model (November 2022)
- Directions as provided in capital/equipment, health services, and medical remuneration accountability letters as received during the year

The following policies apply to the HA (<https://web2.gov.mb.ca/health/policies/index.html>):

Policy Number	Policy Title
Admin 5.28	French Language Services Plan Reporting Policy
GSP 1000.6	Sinclair Pediatric Cardiac Inquest (2000)
GSP 1000.7	Thomas Implementation Report (2005)
GSP 1000.8	Thomas Implementation Report (2008)
HCS 207 (repeat of GSP 1000.12)	Home Care Program Administrative Manual
GSP 1000.14	Manual for Feeding and Swallowing Management in Long-Term Care Facilities
GSP 1000.15	Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes
HCS 200.1	Board Governance and Accountability
HCS 200.2	Critical Incident Reporting and Management Policy
HCS 200.3	Health Authorities Guide to Health Service
HCS 200.4	Risk Management
HCS 200.5	Internal Disclosure of Staff Concerns
HCS 200.7	Reporting of Significant Changes to the Office of the Chief Medical Examiner
HCS 200.8	Quality Audits
HCS 200.10	Collection of Alternative Level of Care (ALC) and Non-ALC Delays (NAD)
HCS 200.14	Critical Occurrence (CO) Reporting and Management Policy
HCS 200.15	Manitoba Pediatric Insulin Pump Program
HCS 200.16	Bidding & Award of Construction Tenders
HCS 200.17	Patient Access Data Submission Policy
HCS 200.19	Home Cancer Drug Program Policy
HCS 200.21	Selection of Consultant Services
HCS 200.23	Policy on Outsourcing and Admixing Pharmaceutical Products for Use in Manitoba
HCS 200.25	Medical Device Reprocessing: Transportation of Medical Devices
HCS 200.26	Medical Device Reprocessing: Single-use Medical Devices
HCS 200.28	Human Resources French Language Policy for Health Care Services
HCS 200.29	Emergency Department Registration, Triage and Waiting Room Monitoring Policy
HCS 200.30	Patient Experience Survey Policy
HCS 200.31	Medical Assistance in Dying (MAiD)
HCS 200.32	Pronouncement of Death (POD)
HCS 200.33	Personal Health Information Disclosure Due to Risk of Serious Harm
HCS 200.34	Acquisition or Lease of Real Property
HCS 200.35	Provincial Health Authority Oversight of Construction, Renovation and Expansion of Facilities Policy
HCS 200.36	Disposition of Real Property Policy

HCS 200.37	Basic and Medical Equipment Acquisition Policy
HCS 205.3	Nursing Services Guideline
HCS 205.6	Personal Care Home (PCH) Resident Transportation
HCS 205.7	Personal Care Homes: Admission and Separation
HCS 207.2	General Eligibility
HCS 207.3	Service Level Policy
HCS 207.4	Engagement of Family Members to Provide Non-professional Home Care Services Within the Self and Family Managed Care Program
HCS 207.5	Self and Family Managed Care Program (SFMCP)
HCS 207.7	Home Oxygen Concentrator Program
HCS 207.9	Equipment and Supplies
HCS 207.10	Respite Care Provided in the Home
HCS 207.11	Therapy Services
HCS 207.12	Off Site Services
HCS 207.13	Service Delivery
HCS 207.14	Personal Care Services
HCS 207.15	Meal Preparation Services
HCS 207.16	Household Maintenance and Laundry Service
HCS 207.17	Nursing Services
HCS 207.18	Access to Alternate Care Environments
HCS 207.19	Respite Care in Personal Care Home
HCS 207.20	Support Services to Seniors (SSSs) Senior Centers (SCs) and Tenant Resource Programs (TRP)
HCS 207.21	Dialysis Provided in the Home
HCS 207.22	Home Ostomy Program
HCS 207.23	Adult Day Programs
HCS 207.24	Home Nutrition Program
HCS 207.25	Home Care Intravenous Therapy (IV Therapy)
HCS 207.26	Companion Care
HCS 207.27	Palliative Care in the Home
HCS 207.28	Manitoba Wheelchair Program (Power Wheelchairs)
HCS 207.29	Manitoba Wheelchair Program (Manual Wheelchairs)
HCS 215.1	Violence in the Workplace - Nursing
HCS 215.2	Violence in the Workplace – Other Health Care Workers
HCS 215.3	Provincial Injury Reduction
HCS 215.4	Provincial Scope of Practice for Nurses
HCS 215.5	Violence Prevention Program for Health Care Workers in Manitoba
HCS 225.1	Manitoba Ambulance Services Program - Funding for Interfacility Transportation
ITM 405.3	IT Project Control, Monitoring, and Evaluation

ITM 405.5

Computer, Information and Communications Technology and Equipment Acquisition Policy

For the policies, initial monitoring exercises are targeted for one year after implementation; routine monitoring exercises are targeted for every five years once compliance is established.

The following standards apply to the HA:

- Families First Program Standards

The following guidelines apply to the HA:

- Capital Plan Guidelines
- Strategic and Annual Operating Plan Guidelines
- Annual Report Guidelines
- Provincial Unified Referral and Intake System (URIS) guidelines as listed on the Manitoba government [website](#)

3. Health Capital

The HA is accountable for the delivery of the capital plan as authorized by the Department.

a) Safety and Security Projects approved for the HA:

Refer to **Exhibit 3A – Health capital**, to be attached to this Schedule.

b) Capital Projects under \$250K approved for the HA:

Refer to **Exhibit 3B – Health capital**, to be attached to this Schedule.

c) The Provincial Health Authority is responsible for managing the following approved construction, renovation, and expansion projects over \$250K on behalf of the HA:

Refer to **Exhibit 3C – Health capital**, to be attached to this Schedule.

d) Medical Equipment approved for the HA:

Refer to **Exhibit 3D – Health capital**, to be attached to this Schedule.

e) Information Communications and Technology (ICT) approved for the HA:

Refer to **Exhibit 3E – Health capital**, to be attached to this Schedule.

4. Reporting Requirements

Under the Act, Manitoba may require a health authority to provide any information, reports, returns and financial statements for the purposes of:

- monitoring or evaluating
 - i) the provision of health services or administrative and support services, or
 - ii) compliance with the HA’s accountability agreement;
- conducting research or planning that relates to the provision of health services or the payment for health services; and,
- the administration of the Act.

Information or a report, return or financial statement must be provided within the time and in the form specified by Manitoba.

In addition, there are reporting requirements under other legislation in addition to the Act that apply to the HA.

The following reporting requirements are for ease of reference and are not intended to reflect all reporting requirements and, in accordance with the Act, Manitoba may require additional reporting by the HA as required. Manitoba will advise in writing if any of these reporting requirements and/or due dates are altered in-year.

a) Compliance Reporting and Controls

The health authority is to submit the following compliance control reports:

Report Name/Type	Timeline
Strategic Plan	As per dates specified in guidelines
Annual Operating Plan	As per dates specified in guidelines
Risk Plan	June 30, 2025
Reports required under The Public Sector Compensation Disclosure Act	July 28, 2025
Accreditation	Within 60 days of receiving a final report regarding accreditation
Service Interruption Reporting	In accordance with policy
Critical Occurrence Reporting	In accordance with policy
Critical Incident Reporting	In accordance with policy
CEO/DSO Expense Reporting	May 31, 2025
SDO Annual Report	September 29, 2025
Capital Project Status Reports	15 th of each month
Capital Project Closeout/End Reports	Upon project completion
Annual Medical Equipment Procurement Status Report	January 15, 2026

Medical Equipment Lease	September 2, 2025
Capital Property Sites Lease Schedule	September 2, 2025

b) Financial Reporting

The health authority will provide Manitoba with the following reports and financial statements:

Report Name/Type	Timeline
Monthly Summary Forecast Reports including Briefing Notes and Board Reports	June 24, 2025 July 24, 2025 August 25, 2025 September 24, 2025 October 24, 2025 November 24, 2025 December 23, 2025 January 26, 2026 February 24, 2026 March 24, 2026
Cash Position and Cash Projection Reports	June 24, 2025 July 24, 2025 August 25, 2025 September 24, 2025 October 24, 2025 November 24, 2025 December 23, 2025 January 26, 2026 February 24, 2026 March 24, 2026
Accounts Receivable and Accounts Payable Templates	July 31, 2025 August 29, 2025 November 28, 2025 February 27, 2026
Medical Remuneration Templates	July 31, 2025 August 29, 2025 November 28, 2025 February 27, 2026
Fiscal Year End Reporting Requirements	For the fiscal 2025/26 year end, separate communication will be forwarded to the SDO outlining detailed requirements specific to this fiscal year.
Basic Equipment Funding Expenditure	May 30, 2025

c) Service Results & Outcomes Reporting

The health authority is to submit the following service results and outcomes reports:

Report Name/Type	Timeline
Wait Time and Wait List Reporting	Emergency: Daily. All others: Monthly, by 15 th , or as required from time to time
Other Required Reporting: <ul style="list-style-type: none"> • Health workforce data • Data to support medical claims and other physician remuneration • Electronic Medical Record (EMR) activity data • Respiratory virus surveillance related data Any other data as required by Manitoba to support public and internal reporting	As requested from time to time
Canadian Institute of Health Information (CIHI) required data submissions: <ul style="list-style-type: none"> • Discharge Abstract Database (DAD) • National Ambulatory Care Reporting System (NACRS) • National Rehabilitation Reporting System (NRS) • Ontario Mental Health Reporting System (OMHRS) • Management Information System (MIS) • interRAI data (home care, long term care, etc.) Any other CIHI submissions as required by Manitoba	DAD - due monthly, by 40 days after end of the month; final deadline June 30, 2025 NACRS: final fiscal year deadline June 30, 2025, or as requested NRS: quarterly: May 15, 2025, August 15, 2025, November 15, 2025, February 14, 2026 MIS - due monthly, by end of the subsequent month; final period 14 submission by July 31, 2025. CCRS: quarterly; May 31, 2025, August 31, 2025, November 28, 2025, February 27, 2026 IRRS: quarterly; April 30, 2025, July 31, 2025, October 31, 2025, January 31, 2026 All others: As requested from time to time
Service reporting required by Manitoba or CIHI	As required by Manitoba or CIHI
Service Delivery Organization Performance Dashboard Self-Reported Indicators (Level 1 and 2 as required)	Monthly, as set out in the Manitoba Health, Seniors and Long-Term Care System Performance Management Cycle schedule
Continuing Care - Supportive Housing	30th of each Month (27th for February 2026)
Continuing Care - Long Term Care	May 28, 2025 August 28, 2025 November 28, 2025 February 28, 2026
Continuing Care - Supportive Services to Seniors	April 30, 2025 July 30, 2025 October 30, 2025 January 30, 2026

Continuing Care - Palliative Care	April 30, 2025 July 30, 2025 October 30, 2025 January 30, 2026
Continuing Care - Home Care	July 15, 2025
Hospital Bed Maps: <ul style="list-style-type: none"> Hospital bed map (acute, rehab, mental health, ED, etc.) as reported through the Provincial Bed Map Database Personal care home bed map (long term care) Nursing stations Other bed maps or location/facility listings as required by Manitoba	Hospital: in real-time as changes to the hospital bed configuration occur PCH: monthly, by the end of each month All other: as requested from time to time
Provincial Data Repository (PDR) required data submissions: any electronic data feeds required by Manitoba to support enhancement of the PDR	As required by Manitoba through consultation with Digital Shared Services
Communicable Disease reporting	As per Communicable Disease Protocols
Immunization Program reporting	As per Immunization Program Manual
COVID-19 Vaccine reporting	As per COVID-19 Vaccine Information for Health Care Professionals
Report requirements as outlined in individual Accountability Letters	As per specific Accountability Letters

5. Performance Improvement

a) Indicators/Measures for the focus of Performance Improvement

The department, in the context of the Minister’s Mandate and strategic directions, has identified the following performance measures as priorities for the HA to demonstrate performance improvement:

- Hospital Harm
- Hand Hygiene Compliance
- Reduce Emergency Department wait times to 3.9 hours by March 31, 2026
- Median ED Length of Stay (LOS) (admitted only)
- Median ED Length of Stay LOS (non-admitted)
- Inpatient Length of Stay (LOS) (Average days)
- Alternate Levels of Care (ALC) (% of days)
- Improve Positive Inpatient experience ratings to 69% by March 31, 2026
- Maintain 2025/26 Summary health expenditures for Manitoba within a to be determined percentage over 2024/25
- Overtime (% of worked hours)

Further measures for reporting may be developed in-year through work with the HAs and the department, and these will be communicated directly with HAs. The HA will work with the support

of the department, to advance all identified priorities aligned with the processes and responsibilities set out in the Performance Management Framework.

The HA, in the context of its Strategic and Operational Plan, has identified the following performance measures as further priorities for demonstrating performance improvement:

Specific measures not available for 2025/26.

b) Minimum Service Levels

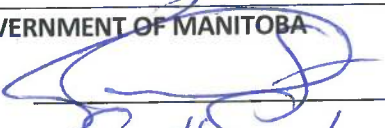

Within the funding provided in Schedule B the HA is expected to meet the following minimum performance levels for services:

Winnipeg Regional Health Authority - Minimum Services Levels 2025/26		
Service	Volume	Location
Cataracts	11,000	Misericordia Health Centre
Coronary artery bypass graft (CABG)	425	St. Boniface Hospital
All other cardiac surgery	726	St. Boniface Hospital
Hip and knee replacement (elective)	4,790	Concordia Hospital and Grace Hospital
Pain management clinics	8,136	Pan Am Clinic
Pediatric dental surgery	762	Misericordia Health Centre
Pediatric dental surgery	387	Churchill Health Centre
Sleep studies	3,710	Misericordia Health Centre
Cardiac electrophysiology	480	St. Boniface Hospital

These are minimum service level expectations as of April 1, 2025 and the HA, within its global budget, may allocate additional resources to provide more volume of these services in the year. Service levels are not capped by Manitoba at these levels and no service delivery site within the HA is to be advised that these are maximum levels set by the province.

6. Annual Operating Plan

The HA in its 2025/26 Annual Operating Plan has outlined its context and approach to meeting the above service, reporting and performance requirements within the available funding and allocations provided for in Schedule B. The Annual Operating Plan is attached as **Exhibit 6 – Annual Operating Plan**. Where there are inconsistencies between the exhibit and the HA’s Accountability Agreement and 2025/26 Schedules, the accountability agreement and annual schedules prevail.

GOVERNMENT OF MANITOBA	WINNIPEG REGIONAL HEALTH AUTHORITY
By: 	By: 
Name: <u>Scott Sinclair</u>	Name: <u>Marcia Anderson</u>
Title: Minister of Health, Seniors and Long-Term Care or delegate	Title: Board Chair

Winnipeg Regional Health Authority

Schedule A2: Services, including Performance and Reporting

Housing, Addictions and Homelessness

Version: 2025/26 1.0 February 5, 2025

Schedule A2 is not intended to restate Housing, Addictions and Homelessness (HAH) content that is included in the Manitoba Health, Seniors and Long-Term Care Schedule A1 and applies to both departments. Schedule A2 is intended to capture additional content and requirements that are unique to HAH.

1. Alignment to Provincial Health System Planning

a) Provincial Health System Strategic Plan

The Provincial Health System Strategic Plan outlines the strategic direction for the department and the health system as a whole. The HA strategic and operational plans are to align with the strategic directions in this schedule. It is expected that the HA will show objectives in its strategic and operational plan that indicate alignment and plans to work toward implementing these strategic directions. This includes continuing work to help achieve an addictions and mental health system that is coordinated and accessible for all Manitobans.

Manitoba is committed to applying a harm reduction approach, including pathways to recovery, to reduce the health, social and economic harms that may occur as a result of substance use. Initiatives are focused on more timely access to wrap-around coordinated care for all age groups, including priority populations such as children and youth, and Indigenous populations.

b) Minister's Mandate

Mandate letters include the objectives that each minister will work to accomplish on behalf of government. This direction to the Minister informs the priority work within the department, the health system, and each HA. The department will advise the HA of Minister's mandate commitments that are applicable to the HA and the HA is expected to align its efforts to support the achievement of these mandate commitments. This may be communicated through a mandate letter from the Minister to the HA's board or through other means.

2. Services

The HA will provide the Services, as described further below in this Schedule, in a manner consistent with provincial planning and mandates, prescribed standards, policies and guidelines established by Manitoba, clinical standards established by the PHA, and the terms of this Agreement.

Any change to this Schedule shall include consultation between the parties and take into consideration its funding impact, human resources, quality of services, and health outcomes of the population of the region within the framework of the principles set out in the Agreement.

Winnipeg Regional Health Authority

a) Core Services

HA will ensure availability of core mental health and addiction services (defined by needs-based planning) to meet regional population needs across the lifespan. If services are not available in the region (ie. specialty services), the HA must develop and facilitate pathways to access provincial services.

The core services defined below are in alignment with the National Needs Based Planning mental health, substance use, and addictions framework. If a change is required to the inventory of the core services for the HA, the Health Authority Health Services Delivery and Clinical Standards Policy will apply. The following reflects the policy's approved list as of December 2, 2024.

Community Treatment and Support Services

- Bed-Based Recovery Supports
 - Long-term bed-based Mental Health Recovery/Transitional Housing
 - Supported Housing
- Comprehensive MH/SU Specific Services
 - Home/Mobile WMS
 - MH/SU Community Services
- Intensive MH/SU Services
 - Community Bed-based WMS
 - Community SU Intensive Bed-based Treatment (*Men's and Women's Intensive In-house Addictions Treatment Program*)
 - Community-based Intensive Day or Evening Treatment Services (Men's Intensive Day Program)

Acute and Specialized Services

- Hospital Bed-Based Acute Care
- Hospital bed-based Tertiary Care OR Disorder-specific/complex hospital bed-based

Mental Health, Early Intervention, and Harm Reduction

- Early mental health intervention programs
- Suicide Prevention
- Harm Reduction services that align with the Supply Distribution and Community Engagement standards that were developed by Provincial Population and Public Health
- Healthy sexuality

b) Provincial Planning and Mandates

The HA is expected to contribute to the implementation of the following provincial planning and mandates projects that have been prioritized for the duration of this schedule, under the direction of the PHA.

Not available at this time for 2025/26.

Winnipeg Regional Health Authority

The PHA is expected to provide further information and/or clarification on provincial planning and mandates as may be required.

c) Provincial Clinical Pathways/Models of Care/Procedures/Protocols

The HA is expected to provide the core services identified above in 2(a) in a manner that is consistent with the following provincial clinical pathways, models of care, procedures and protocols:

Not available for 2025/26.

d) Directives/Policies/Standards and Guidelines

Applicable directives may be outlined in Manitoba Health, Seniors and Long-Term Care - Schedule A1 Section 2(d). In addition, the following Manitoba Housing, Addictions and Homelessness directives apply to the HA:

Not available for 2025/26.

Applicable policies may be outlined in Manitoba Health, Seniors and Long-Term Care - Schedule A1 Section 2 (d). In addition, the following Manitoba Housing, Addictions and Homelessness policies apply to the HA (<https://web2.gov.mb.ca/health/policies/index.html>):

Policy Number	Policy Title
HCS 210.1	Provincial Abuse Policy for Psychiatric Facilities
HCS 210.2	Consumer Participation in Mental Health Services Planning, Implementation and Evaluation
HCS 210.3	Family Member and Natural Support Participation in Mental Health Service Planning, Implementation and Evaluation
HCS 210.5	Provincial Policy for Service to Individuals with Co-occurring Mental Health and Substance Use Disorders
HCS 210.6	Order of Committeeship Issued by the Director of Psychiatric Services
HCS 210.7	Communication of Public Committeeship Status

Applicable standards may be outlined in Manitoba Health, Seniors and Long-Term Care - Schedule A1 Section 2 (d). In addition, the following Manitoba Housing, Addictions and Homelessness standards apply to the HA:

- Withdrawal Management Services Standards
 - Standard 1: Accessibility of Services
 - Standard 2: Seamless Referrals
 - Standard 3: Screening
 - Standard 4: Intake
 - Standard 5: Waitlist Management
 - Standard 6: Assessment
 - Standard 7: Safety

Winnipeg Regional Health Authority

- Standard 8: Orientation
 - Standard 9: Withdrawal Management Treatment and Programming
 - Standard 10: Treatment, Wellness and Recovery Planning
 - Standard 11: Monitoring and Evaluation
 - Standard 12: Transition Planning
 - Standard 13: Reducing Risk
 - Standard 14: Aftercare Treatment and Supports
- Bed-Based Substance Use Services Standards
 - Standard 1: Screening and Assessment
 - Standard 2: Informed Decision Making
 - Standard 3: Community Supports
 - Standard 4: Safety
 - Standard 5: Orientation and Settling into the Residence
 - Standard 6: Bed-Based Programming
 - Standard 7: Treatment, Wellness & Recovery Planning
 - Standard 8: Monitoring and Evaluation
 - Standard 9: Transition Planning
 - Standard 10: Reducing Risk of Recurrence
 - Standard 11: Aftercare, Treatment and Supports
- Administrative & Clinical Standards
 - Standard 1: Governance
 - Standard 2: Organization and Management
 - Standard 3: Regulations, Policies, and Procedures
 - Standard 4: Evidence Informed Practices
 - Standard 5: Data Collection and Utilization
 - Standard 6: Participant's Records
 - Standard 7: Staff Experience and Qualifications
 - Standard 8: Occupational Health and Safety
 - Standard 9: Risk Management
 - Standard 10a: Medication Management – Withdrawal Management Services
 - Standard 10b: Bed-Based Medication Management

Applicable guidelines may be outlined in Manitoba Health, Seniors and Long-Term Care - Schedule A1 Section 2 (d). In addition, the following Manitoba Housing, Addictions and Homelessness guidelines apply to the HA:

Not available for 2025/26.

3. Health Capital

The HA is accountable for the delivery of the capital plan as authorized by the Department.

Winnipeg Regional Health Authority

a) Safety & Security Projects approved for the HA:

Refer to **Exhibit 3A – Health capital**, to be attached to this Schedule.

b) Capital Projects under \$250K approved for the HA:

Refer to **Exhibit 3B – Health capital**, to be attached to this Schedule.

c) The Provincial Health Authority is responsible for managing the following approved construction, renovation, and expansion projects over \$250K on behalf of the HA:

Refer to **Exhibit 3C – Health capital**, to be attached to this Schedule.

d) Medical Equipment approved for the HA:

Refer to **Exhibit 3D – Health capital**, to be attached to this Schedule.

e) Information Communications and Technology (ICT) approved for the HA:

Refer to **Exhibit 3E – Health capital**, to be attached to this Schedule.

4. Reporting Requirements

Under the Act, Manitoba may require a health authority to provide any information, reports, returns and financial statements for the purposes of:

- monitoring or evaluating
 - i) the provision of health services or administrative and support services, or
 - ii) compliance with the HA's accountability agreement;
- conducting research or planning that relates to the provision of health services or the payment for health services; and,
- the administration of the Act.

Information or a report, return or financial statement must be provided within the time and in the form specified by Manitoba.

In addition, there are reporting requirements under other legislation in addition to the Act that apply to the HA.

Winnipeg Regional Health Authority

In addition to the applicable reporting requirements outlined in Manitoba Health, Seniors and Long-Term Care - Schedule A1 Section 4, the following are reporting requirements as set out by Manitoba Housing, Addictions and Homelessness. The following reporting requirements are for ease of reference and are not intended to reflect all reporting requirements and, in accordance with the Act, Manitoba may require additional reporting by the HA as required.

a) Compliance Reporting and Controls

The health authority is to submit the following compliance control reports:

None applicable for 2025/26.

Addictions treatment services are to be delivered in a manner that supports addressing the recommendations put forward by the Office of the Auditor General. The HA is required to work with Shared Health to submit the required applicable reporting through the Addictions Treatment Services in Manitoba Audit Report – Auditor General Manitoba.

b) Financial Reporting

The health authority will provide Manitoba with the following reports and financial statements:

None applicable for 2025/26.

c) Service Results & Outcomes Reporting

The health authority is to submit the following service results and outcomes reports:

Report Name/Type	Timeline
Combined Mental Health and Addictions Dashboard: <ul style="list-style-type: none"> • Addictions (bed count) • Adult MH • Child and Adolescent • Specialty Services 	April 30, 2025 July 31, 2025 October 31, 2025 January 31, 2026
Accountability and Performance Management Framework via Shared Health Data Exchange Portal	April 30, 2025 July 31, 2025 October 31, 2025 January 31, 2026
Addictions Treatment Services in Manitoba Audit Report – Auditor General Manitoba	Quarterly to the Addictions Treatment Services Audit Joint Steering Committee

Winnipeg Regional Health Authority

5. Performance Improvement

a) Indicators/Measures for the focus of Performance Improvement

The department, in the context of its Provincial Strategic Plan, Minister's Mandate, and Accountability and Performance Framework (APMF), has identified the following mental health and addictions performance measures as priorities for the HA to demonstrate performance improvement:

- median wait times for community mental health and substance use services
- median wait times for hospital in/outpatient mental health and substance use visits
- number and rate of community mental health and substance use services visits

Each indicator requires reporting at the service platform level and where appropriate at the sub-service platform level for all programs offered by the HA or on behalf of the HA through a Service Purchase Agreement with an agency. Through the bilateral agreement with Canada, Manitoba is expected to report on median wait times for community mental health and substance use services and expects HAs to work with HAH to fulfill reporting obligations. The HA will complete reporting through the Shared Health Data Exchange Portal whereas other indicator reporting will continue to be collected through other existing reporting pathways.

The APMF is iterative and will evolve over the course of the fiscal year. Other indicators for reporting may be developed in-year through work with the HAs and the department.

The HA, in the context of its Strategic & Operational Plan, has identified the following performance measures as further priorities for demonstrating performance improvement:

Not available for 2025/26.

b) Minimum Service Levels



Within the funding provided in Schedule B the HA is expected to meet the following minimum performance levels for services:

Not available for 2025/26.

6. Annual Operating Plan

The HA in its 2025/26 Annual Operating Plan has outlined its context and approach to meeting the above service, reporting and performance requirements within the available funding and allocations provided for in Schedule B. The Annual Operating Plan is attached as **Exhibit 6 – Annual Operating Plan**. Where there are inconsistencies between the exhibit and the HA's Accountability Agreement and 2025/26 Schedules, the accountability agreement and annual schedules prevail.

Winnipeg Regional Health Authority

GOVERNMENT OF MANITOBA By:  Name: <u>Scott Sinclair</u> Title: Minister of Health, Seniors and Long-Term Care or delegate	WINNIPEG REGIONAL HEALTH AUTHORITY By:  Name: <u>Marcia Anderson</u> Title: Board Chair
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Winnipeg Regional Health Authority

Schedule B: Funding and Allocations

Version: 2025/26 1.0 February 5, 2025

The Government's overall HA funding allocations for the period April 1, 2025 – March 31, 2026 are set out in the following tables, in this Schedule. It is expected that the HA will work with the Service Providers to achieve any targeted savings contained within the funding allocations.

1.1. Operational Funding

- a) Manitoba will provide the operational funding to the HA as set out in this Schedule, which will be amended on an annual basis.
- b) In the event that the HA receives funding for anything related to the Services, other than as set out in this Schedule, from any other provincial or federal government department or any third party including a foundation or ancillary services, the HA shall disclose to the Department the details of the source of such funding and how the funding is related to the Services.
- c) The parties will establish a process to review on an annual basis the funding provided to the HA as set out in this Schedule, the level of Services being provided by the HA, and any related issues.

1.2. Capital Projects, Medical Equipment, Safety & Security, Information and Communications Technology



- a) In accordance with the policy issued by the Department, the HA will submit proposals for capital projects, safety and security, the acquisition of medical equipment and information and communications technology projects to the Provincial Health Authority (PHA), which will review them and determine if they will be included in the Provincial Health Capital Plan to be submitted to the Minister for approval.
- b) The Department will utilize established processes to allow the HA access, on an equitable basis, to capital funding from the Department for equipment, building safety and security.

Evaluation, Audit and Review

For this purpose, Manitoba can inspect, copy and audit the accounts and records of the HA, and shall share the results of its Audit with the HA as such results are applicable to the HA, and with the PHA.

Exhibit A – Funding Directives is attached to this Schedule for use in the HA interpreting the funding allocations.

Exhibit B – Funding Allocations is attached to this Schedule.

GOVERNMENT OF MANITOBA By:  Name: <u>Scott Satchell</u> Title: Minister of Health, Seniors and Long-Term Care or delegate	WINNIPEG REGIONAL HEALTH AUTHORITY By:  Name: <u>Marcia Anderson</u> Title: Board Chair
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Winnipeg Regional Health Authority

Schedule C: HA Mission, Vision, and Values

Version: 2025/26 1.0 February 5, 2025

1. Mission

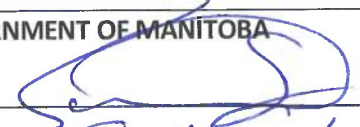

Provide the best healthcare to every person we serve

2. Vision

Healthy People. Thriving Communities. Partners in Care.

3. Values

- Compassion
- Collaboration
- Integrity
- Equity
- Inclusivity
- Accountability

GOVERNMENT OF MANITOBA By:  Name: <u>Scott Sorock</u> Title: Minister of Health, Seniors and Long-Term Care or delegate	WINNIPEG REGIONAL HEALTH AUTHORITY By:  Name: <u>Marcia Anderson</u> Title: Board Chair
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Winnipeg Regional Health Authority

Schedule D: Shared Services

Version: 2025/26 2.0 June 12, 2025

Preamble:

In accordance with the Health Services Governance and Accountability Act (“Act”), the Health Authority (HA) will receive Shared Services from the Provincial Health Authority (PHA) and Manitoba (the Shared Service Providers). The Shared Services are intended to deliver value to the Health System and to provide a capability that is equivalent to, or exceeds the capability of, the HA delivering the service independently.

Each Shared Service will have a Terms of Service describing the service and setting out the service commitments (including service levels), service conditions, escalation process, governance for planning and delivery, and costs and recoveries.

Costs for Shared Services will be reported in a manner that supports accountability and cooperation between Health Authorities and Shared Service Providers to improve delivery of health-care services; and support understanding the health system through clear and equitable alignment of costs with the delivery of health services.

Funding for Shared Services may be allocated to the Shared Service Provider and reported to the HA or provided to the HA and recovered by the Shared Service Provider (or combination thereof) as documented in the Terms of Service.

The performance of Shared Services will be reviewed by Manitoba in accordance with its policies and through ongoing performance improvement processes.

Shared Services

Under the Act, the HA is required to participate in specific provincial administrative and support services, as determined by the Minister and administered, delivered or provided for by the PHA. The HA is also required to participate in the Provincial Information Management and Analytics Services provided by Manitoba. The provincial administrative and support services and the Provincial Information Management and Analytics Services are designated as “Provincial Shared Services”. Service Providers that have a service purchase agreement (“SPA”) with a HA must participate in the Provincial Shared Services designated as mandatory for Service Providers, unless otherwise permitted in accordance with the SPA.

Under the Act, a regional health authority is required to administer, deliver or provide regional administrative and support services determined by the Minister within its health region. These are designated as “Regional Shared Services”.

Separate from the Provincial Shared Services, and the Regional Shared Services, the HA may also choose to participate in additional administrative and support services provided by the PHA, and may expect Terms of Service as part of that participation.

Winnipeg Regional Health Authority

1. The following are the Provincial Shared Services provided by the Provincial Health Authority:

Provincial Shared Service	Mandatory for Service Providers (Y/N)
Digital Health Shared Services	N
Supply Chain Management Shared Services	N
Human Resources Shared Services	N

2. The Provincial Information Management and Analytics Services provided by Manitoba Health, Seniors and Long-Term Care are mandatory for HAs and not mandatory for Service Providers.

3. The available Terms of Service for Provincial Shared Services are attached as Exhibit A. The Shared Service Providers will provide the Terms of Service for the remaining Provincial Shared Services to the HA and, if applicable, to Service Providers, when they are finalized.



4. The HA shall ensure that Service Providers that have an SPA with the HA participate in the Mandatory Provincial Shared Services, unless otherwise permitted in accordance with the SPA. The Shared Service Providers will ensure that the Service Providers are notified in writing of any substantive changes to the Terms of Service for the Provincial Shared Services in which they are participating.

5. If the HA has issues with a Provincial Shared Service, the HA shall follow the escalation process defined in the Terms of Service and if the issue cannot be resolved through that process, the HA may refer the issue to Manitoba Health, Seniors and Long-Term Care for resolution.

6. The following are the Regional Shared Services:

- Health Information Services and Management
- Access and Transition
- Financial Planning and Reporting
- Quality Patient Safety and Accreditation
- Facility Support Services
- Laundry Services
- Food and Nutrition Services

7. The HA shall ensure that the Terms of Service for the Regional Shared Services are provided to the Service Providers that are participating in the Regional Shared Services.

<p>GOVERNMENT OF MANITOBA</p> <p>By: </p> <p>Name: <u>Scott Anderson</u></p> <p>Title: Minister of Health, Seniors and Long-Term Care or delegate</p>	<p>WINNIPEG REGIONAL HEALTH AUTHORITY</p> <p>By: </p> <p>Name: <u>Marcia Anderson</u></p> <p>Title: Board Chair</p>
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