



Annual Report

2002/03

Every act of **caring** heals.



Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé

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Our Annual Report highlights some of the initiatives currently underway and the challenges we face.



Our Message

Letter from Board Chair

Winnipeggers, in fact all Canadians, continue to demand more accountability about health care, from front line staff, administrators and politicians. It is a positive move, but one that comes with several challenges.

As a Health Care Authority we have to be transparent, more responsive and look for change while continuing to ensure the privacy, dignity and rights of patients and clients to timely and competent care.

The Board of Directors of the Winnipeg Regional Health Authority recognizes that their role is to ensure that the WRHA meets public expectations and improves health status. The Board also recognizes the complexity of the task we face as the entire Canadian health care system struggles to define and measure expected standards of care.

This year, the Board and senior management worked diligently to define measurable outcomes in our strategic plan. These are consistent with national and provincial benchmarks. We also engaged the community in identifying health priorities through the initiation of six Community Health Advisory Councils. As well, we applaud staff for the development of the *Aspire!* health and wellness newsletter.

This year has also presented a number of challenges for the region. While we work on initiatives like the Critical Services Redevelopment Project at Health Sciences Centre, the ACCESS model and the Gamma Knife, we also addressed issues around cardiac care and wait list management. Regardless of the approach, it is clear that people in the health system are building improvements into everything they do.

Through focus groups, staff have told us that we should emphasize the WRHA's role as a caring and professional service delivery organization, so the message *Caring for Health* has been adopted as our tagline. From a Board perspective, this represents providing the people who work within the region with clear direction on our vision of health care, as well as expected standards regarding the quality, quantity and nature of care.

Our Annual Report highlights some of the initiatives currently underway and the challenges we face. We believe this helps to meet the public's demand for increased accountability. It is being presented to the Minister of Health and to the public, not as a list of services, but as an indication of our vision of the future of health care in Winnipeg.



Patti Sullivan
Board Chair

Patti Sullivan
Board Chair

Letter from the CEO

Over the last five years, the delivery of health care has undergone major changes. It is expected the rate and scope of that change will continue to increase over the next five.

This is a remarkable pace, but it is similar to changes faced by health regions across the country. The primary drivers of change in our region are: efficiency and effectiveness; patient, resident client and staff safety; providing the right care in the right place at the right time; and technology and innovation.

The ABC Project is increasing the efficiency of the delivery of health services in Winnipeg. The WRHA's quality improvement program is helping us define our effectiveness, by measuring outcomes, as well as activity. The Winnipeg Health region is leading the country in some of our safety initiatives. We are quickly developing new processes to enhance our understanding of error and risk. As more innovations such as minimally invasive surgery, robotic procedures and computer-assisted care become available we will continue to refine the way we deliver services, to make the best use of our skills, equipment and infrastructure.

Much of this change will occur in a period of tighter fiscal restraints in response to shifting global economies and the impact they will have on our local economy.

Yet, with all this activity, the public consistently asks if we can make services easier to find and the system easier to understand. To address this challenge, the WRHA has launched a series of new initiatives to assist Winnipeggers in accessing the range of available health care services. The ENCOMPASS database (www.wrha.mb.ca), the expansion of the Health Links call centre, our new newsletter and better health listings in next year's phone book will help meet this need.

We will continue to lead changes within the health system and in the ways we serve and engage people, as we persist in our efforts to better serve the public.



Dr. Brian Postl
President and
Chief Executive
Officer

Dr. Brian Postl
President and Chief Executive Officer

WRHA Board of Directors 2002

Patti Sullivan, Chair

C.B. Neil Fast, Vice-Chair

Ms. Cynthia E. Bird

Shirley Delaquis

Betty Edel

Jean-Paul Gobeil

Father Fred Olds

Don Onofriechuk

Mary Scott

Lorraine Sigurdson

Jane Smith

Margaret Steele

Carolyn Strutt

Dr. John Wade

Dr. Shaun Lucash



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*This year has
seen many
challenges and
accomplishments.*



Prevention and Promotion

Strategic Direction

We will lead with innovative and cost-effective health education and injury prevention programs. We will have a holistic approach that embraces all factors that influence health. We will have a community of people who contribute to their own health and well-being.

Challenges

As the WRHA develops and implements prevention and promotion strategies, we want to rely on the best available evidence that our efforts will have the short and long term impacts we strive for. Like all health services, prevention and promotion strategies compete with other priorities in the health region. By developing partnerships, we can maximize our effectiveness and better reach people in their daily lives. This requires commitment and collaboration with numerous partners, which takes time to fully develop.

Accomplishments

In 2002/2003, the WRHA was able to move forward on several key initiatives:

Under the tobacco reduction strategy, we supported the City of Winnipeg Smoking Regulation By-Law and initiated a smoke-free policy for health care facilities in the Winnipeg health region. The end goal remains to reduce exposure to second-hand tobacco smoke and to reduce tobacco use overall.

For more information about smoking cessation, visit the WRHA Web site at www.wrha.mb.ca

The Tap Water Scald prevention project was another of the many prevention efforts of the WRHA with the goal of providing information to families, to reduce tap water temperatures – thus reducing scald burns from hot tap water. Over 95% of public health and home care clients found the information provided to them by their health care provider helpful, and over three quarters of public health clients with "unsafe" hot water took action to lower the temperature.

For more information on preventing tap water scalds, visit the WRHA Web site at www.wrha.mb.ca

An Asthma Strategy aims to provide information and access to expertise to health care providers, patients and their families to support better management of asthma, to improve patients' lifestyles and decrease reliance on health services.

Future Directions

As we move into the next fiscal year, key prevention and promotion components include:

- a renewed commitment to healthy living. The Healthy Living Strategy will rely upon external partnerships with organizations committed to reducing child obesity levels, increasing physical activity levels across age categories and providing the public with timely information on how to improve and maintain their health and wellness.
- continued support for initiatives such as smoking prevention and cessation, seniors fall prevention, diabetes control, suicide prevention and promoting healthy schools.

Measuring Results

Smoking rates across Manitoba decreased from 26% in 2001 to 21% in 2002.

Of public health clients who were found to have unsafe hot water temperatures, 75% took action to reduce their water temperature.

Survey highlights:

There are good programs in place for injury prevention:

	2001	2002	2003
Strongly or moderately agree	46%	49%	56%
Strongly or moderately disagree	25%	19%	19%



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Treatment and Support

Strategic Direction

We will deliver the health care you need. These services will be accessible and available in a fair and timely manner, delivered at health care facilities or at home by a range of health care providers. We will meet or exceed provincial and national standards. We will be innovative and cost-effective.

Challenges

Every health region works to strike the balance between the services people need, the services they want and what the community can afford. One of the ways to manage that balance is through the use of waiting lists. The Winnipeg Regional Health Authority is making decisions about health services that are based on evidence of need and benefit, and best value to the community. Because of the size and complexity of the health system, any new initiative must include considerations for the time and costs of change.

Accomplishments

Four major themes were focused upon 2002/2003. They are: efficiency and effectiveness through the Achieving Benchmarks through Collaboration (ABC) project; patient, resident and client safety; and the integration and consolidation of services.

ABC Project

Data from across the country has consistently shown that per capita Winnipeg uses more staff hours for in-hospital care than some other jurisdictions in the country. There are more personal care home beds and more home care services per capita than other regions. Yet staff continue to be busy and the demands for services remains high. The combination of these factors indicate a need for significant process reform.

The ABC Project is implementing eight initiatives and 36 projects to bring health services in Winnipeg to performance levels in line with its peers across Canada.



We will meet or exceed provincial and national standards.



The Goals of the ABC Project are:

- To ensure that by 2007, health services in the WRHA will be at the Canadian benchmarks on the indicators defined within the External Reviews.
- To improve patient outcomes and patient flow.
- To increase productivity.
- To achieve system wide opportunities.
- To reinvest in targeted areas.
- To enhance our collective skills, our partnerships and our abilities to evolve, in order to meet the changing needs of patients, residents and staff.

Patient, Resident and Client Safety

The WRHA is taking deliberate steps to promote and implement systemic changes to enhance safety for the patients, residents and clients it serves. Moving from a culture of blaming to learning is at the forefront of these changes. Strong emphasis has already been placed on the reporting of errors when they happen or reporting problems that may lead to a future error. Staff and physicians have been encouraged to report errors without fear of reprisal. While reporting helps to identify and alert the system to problem areas in care and service delivery, understanding the reason for the error is even more critical.

The WRHA has instituted management practices to support and assure effective monitoring to help identify problems, raise awareness of patient safety issues and promote and foster improvements.

Investment in new technologies will help reduce errors. For example, computerized drug order entry reduces the number of times an order is rewritten until it is filled.

Integrating Services

Every year, people who work in health care in Winnipeg become more familiar with one another, as program teams and others work across sites on planning, setting standards and supporting the delivery of services.

This integration helps patients, residents and clients, as health care providers create better ways to work together and provide service.

The Winnipeg Integrated Services Initiative (WISI) takes this planning beyond health services. As ACCESS models are being planned in Winnipeg communities, WRHA and Family Services and Housing are defining new ways to bring services together to better serve their clients.

For more information on the WISI project, visit the WRHA Web site at www.wrha.mb.ca

Plans for the Future

Construction of the Critical Services Redevelopment Project continues at Health Sciences Centre—the largest-ever health services capital project in Manitoba. Due for completion in 2006, the four floors of the CSRP will be connected to existing HSC buildings at all levels.

For more information on CSRP, visit the WRHA Web site at www.wrha.mb.ca

Winnipeg's Health Sciences Centre will be Canada's first centre for Gamma Knife surgery. One of the more high profile Minimally Invasive Surgery techniques, Gamma Knife can replace brain surgery in the treatment of some brain disorders. The Gamma Knife is a precise device that uses gamma rays—a type of radiation—to selectively destroy brain tumors and blood vessel abnormalities deep within the brain.

Safety

The future of patient safety includes fostering and supporting more open communication among caregivers. This will include daily safety briefings between staff and their supervisors, and regular senior leader walkabouts to assist in identifying problems before they happen.

Cardiac Care

An external review of Cardiac Care in Winnipeg has just been completed and implementation of the recommendations is underway.

For recommendations of the review, visit the WRHA Web site at www.wrha.mb.ca

Measuring Results

Health Services in Winnipeg are well coordinated:

	2001	2002	2003
Strongly or moderately agree	41%	46%	51%
Strongly or moderately disagree	48%	42%	40%

Of people who used emergency services, how would you personally rate your experience?

	2001	2002	2003
Excellent	17%	21%	22%
Good	25%	27%	29%
Fair	25%	27%	29%
Poor	33%	32%	26%

In 1998/1999, 51,022 CT scans were performed in Winnipeg.

The wait time for electives was approximately nine weeks.

In 2002/2003, 71,513 CT scans were performed.

The wait time for electives was approximately ten weeks.

New scanners are faster, more efficient and provide better results. Better technology provides more information to physicians, prompting more requests for scans. While the wait time has stayed almost the same, more people are being seen, and they are receiving the latest standard of care.

For more information on the Western Canada Wait List Project, visit the Web site at www.wcwl.org

The median wait time for all cardiac surgery patients in 2002/2003 was 14 days.

The cardiac surgery waiting list as of March 31, 2003 was 100 patients or 9.2% of the total surgeries performed in the region. This compares well with the nationally recommended standard of 10%.

Winnipeg Regional Health Authority ranked third overall of 57 regions in the *Maclean's* magazine report, published in the June 16, 2003 issue. Last year Winnipeg ranked 16th.

For more information, visit the *Maclean's* Web site at www.macleans.ca



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We will deliver a culture at the WRHA that is based on the values of compassion, trust and exceptional service.

Staff

Strategic Direction

We will deliver a culture at the WRHA that is based on the values of compassion, trust and exceptional service. We will be an organization of staff who are proud of their work and are recognized, respected and rewarded.

Challenges

In Winnipeg, 27,000 people work together to deliver health services. Many work for different employers and serve different population groups. Some work in hospitals, some in community centres and people's homes, and some in long term care. The challenge in this environment is to help people recognize our similarities and seek opportunities to make the most of them, while respecting the unique knowledge that experience brings, and the distinct culture of each organization within the WRHA.

Accomplishments

The WRHA has begun the process of reviewing job classifications across the health system with the long term objective of harmonizing wages for similar work.

A joint union/management committee has been working to retool the full-time/part-time nursing staff ratios across the region to maximize continuity of care, enhance quality of work life and stabilize staffing patterns.

The Aboriginal Human Resource Initiative is building partnerships in the community and working with individuals and the health system, to create opportunities and environments that support increased representation of Aboriginal peoples within the WRHA workforce.

For more information on the AHRI, visit the Web site at www.wrha.mb.ca/ahri

A region-wide staff satisfaction survey was undertaken for the first time, the results of which are currently being finalized. The conclusions of this survey will be useful to address regional as well as local site issues.

In September of 2002, the WRHA began an Organizational Development and Wellness Initiative, recognizing that the dynamics of teams, organizational change and external factors place a continuous stress on the health system and the people who work within it. This initiative focuses on the continued development of structures and processes to support workplace wellness, with emphasis on organizational cultures.

For more information on ODW, visit the WRHA Web site at www.wrha.mb.ca

During focus groups with staff in 2002, we asked what the WRHA represented for them, and what they thought the organization should represent on their behalf. Staff consistently said that the health system should reflect caring and professionalism both internally and with the public. As a result, the WRHA launched *Caring for Health*—an initiative that reflects this perspective on health care, in all our formal communications with staff and the public, as appropriate.

A regional Occupational Health and Wellness unit was established to support and coordinate programming across all sites to ensure our workplaces are healthy and safe. Focusing on prevention and rehabilitation, the initiative partners with health care unions to promote healthy cultures.

Plans for the Future

Redefining full-time/part-time ratios for nursing and nursing related positions across the region will be a priority for the coming year.

Continuing the amalgamation of Human Resource departments, policies and procedures will increase efficiency and effectiveness in the service of staff and sites.

Workforce planning assesses retirement and graduation rates, among other factors, to predict the supply and demand for health care providers over the coming years, allowing for better long term planning.

Measuring Results

- 95% of patients who responded to a survey at one hospital rated the caring and concern of nurses as good or excellent/very good. 91% rated the caring and concern of doctors as good or excellent/very good.
- 64% of staff who responded to a regional survey either agreed or strongly agreed to the statement "Overall, I am very satisfied with my job."
- The RN projection model developed by WRHA for workforce planning in 2000, proved accurate to within 1.6% in its predictions for 2001. The has been expanded to include the province.



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*The WRHA answers
an average of
three to five media
queries per day.*

Accountability

Strategic Direction

We will be accountable to the community and report our plans and results. Funded member organizations will be accountable to us.

Challenges

In order to establish and maintain accountability to the public, any organization must have systems to measure performance in ways that are consistent across sites and over time, and relevant to the people receiving the information and to the people collecting the information as they work.

Accomplishments

All programs in the WRHA report to the WRHA Quality Council, which reports to the Board on quality improvement initiatives, risk management and patient/client safety. A comprehensive program exists to evaluate standards of care and service delivery.

A Planning and Policy Office was established to better integrate business plans across the region. A policy framework is evolving that aligns policies regionally and provides a framework for the development, revision and monitoring of policies.

An ABC initiative is recommending organizational changes designed to support clear accountabilities across the continuum of care.

An enhanced Web site will serve as a vehicle for sharing information with the public.

Community Health Advisory Councils provide a link from the WRHA Board of Directors into the Community Areas.

The WRHA answers an average of three to five media queries per day on topics from health and wellness to service delivery and financial accountability. To read the news releases, visit the WRHA Web site at www.wrha.mb.ca

An enhanced complaints management program helps sites, staff and the public to improve the health system by learning and sharing information. For more information on complaints processes, visit the WRHA Web site at www.wrha.mb.ca

The Organizational Development and Wellness Initiative has taken an accountability approach in working with teams across the health system to develop agreements that support individuals to count on each other to fulfill their defined priorities. For more information on ODW, visit the WRHA Web site at www.wrha.mb.ca

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In 2002/2003 the WRHA set out to improve public education and access to information regarding health issues.

Community Involvement and Collaboration

Strategic Direction

We will work with people and organizations in the community to improve health and well-being. We will lead with effective partnerships with other health care providers, the government and the public. We will listen to your suggestions and concerns.

Challenges

Working with partner organizations often means building partnerships to meet the needs of each organization. The increasing demand for health information has been a challenge. On one hand we were challenged to determine which health information is most useful and on the other how to deliver that information in the most effective way. Infrastructure has been and remains a stumbling block to sharing information in the health care sector.

Accomplishments

In 2002/2003, the WRHA set out to improve public education and access to information regarding health issues, trends and developments, and build ways to gain public input into setting health priorities. We took time this year to identify and establish effective community partnerships to better deliver health information. We also implemented a number of volunteer community committees.

To address the demand for health information, the WRHA has taken on a number of initiatives to provide information in a better way. We partnered with CONTACT Community Information to create and deliver a database listing of all of WRHA's services, sites and programs. The database, called ENCOMPASS, is available for public use via the WRHA Web site at www.wrha.mb.ca. Those who don't have access to the Internet can call Health Links at 788-8200 or speak to information staff in WRHA community health offices and hospitals.

The WRHA continues to work with Manitoba Health and Health Links to expand the 24-hour, 7-day-a-week triage service health information phone line.

Health Services Near You
Encompass

The WRHA Newsletter, *Interactions*, formerly a staff newsletter has been expanded to include health and program information in a new publication named *Aspire!*. Targeted at both staff and public, *Aspire!* is available throughout the city in community health offices, hospitals and some clinics. For more information about *Aspire!*, visit the WRHA Web site at www.wrha.mb.ca

More and more people are going on-line to seek health information, so we are rebuilding our Web site to provide information to the public on-line.

Gaining Public Input

This year the WRHA established six Community Health Advisory Councils to represent the 12 community areas in Winnipeg. Comprised of volunteers from the public, the Councils act as a direct voice from the community to the WRHA Board of Directors. For more information about Community Health Advisory Councils, visit the WRHA Web site at www.wrha.mb.ca

On an on-going basis, the WRHA engages in population-based consultations to gain input from the community at large and from users of the health system. For example, this year, mental health consumers were consulted as part of the Mental Health External Review Steering Committee planning process.

Plans for the Future

The newspaper *Aspire!* is being produced on a quarterly basis and a review will be done to see that the information being provided is useful to public and staff. The distribution continues to be expanded.

As the Community Health Advisory Councils become further established, it will be their role to review specific health issues to provide input to the Board about their communities. The Councils recently completed their first reports to the Board, focusing on Child Health in their areas. The Health Authority is working with partners on strategies to address the issues that have been identified. For more information about the CHAC report, visit the WRHA Web site at www.wrha.mb.ca

Measuring Results

Response to the initial edition of *Aspire!* has been very positive, with numerous requests to submit articles, run advertisements and increase distribution through waiting areas and other public venues.

Hits to the WRHA Web site continue to increase.

Of the public surveyed in 2003, 60% agreed that the WRHA works in partnership with family services, educational organizations and not-for-profit groups.

The WRHA does a good job of listening to the concerns of citizens:

	2001	2002	2003
Strongly or moderately agree	37%	39%	48%
Strongly or moderately disagree	44%	38%	40%



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Financial Statements

Statement of Operations

For the 12 months ended March 31, 2003
(in thousands of dollars)

	<u>2003</u>	<u>2002</u> (Restated)
REVENUE		
Manitoba Health operating income	\$1,308,023	\$1,177,069
Other income	35,054	30,305
Amortization of deferred contributions		
Capital assets	19,024	21,020
Future expenses	4,265	1,140
	1,366,366	1,229,534
EXPENSES		
Direct operations	630,279	597,389
Amortization of capital assets	19,095	21,047
Interest — long term	17,629	17,457
Increase in future employee benefits	20,326	13,654
	687,329	649,547
FACILITY FUNDING		
Acute care facility funding	472,194	449,596
Long term care facility funding	166,013	91,874
Community health agency funding	21,366	20,779
Adult day care facility funding	2,345	2,320
Long term care community therapy services	863	628
GRANT FUNDING		
Grants to facilities and agencies	16,210	14,291
	1,366,320	1,229,035
OPERATING SURPLUS	46	499
Add		
Non-insured services net revenue	2,196	1,971
NET SURPLUS	\$ 2,242	\$ 2,470

Statement of Financial Position

As at March 31, 2003
(in thousands of dollars)

	<u>2003</u>	<u>2002</u> (Restated)
ASSETS		
CURRENT		
Cash and marketable securities	\$ 72,716	\$ 64,298
Accounts receivable	55,151	44,858
Inventory	7,064	6,725
Prepaid expenses	2,544	4,356
Employee benefits recoverable from Manitoba Health	68,134	53,245
	<u>205,609</u>	173,482
CAPITAL ASSETS, net	292,313	283,151
OTHER ASSETS	162,279	149,224
	<u>\$660,201</u>	\$605,857
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 89,814	\$ 82,585
Employee benefits payable	68,779	53,245
Current portion of long term debt	14,471	12,135
	<u>173,064</u>	147,965
LONG TERM DEBT AND DEFERRED CONTRIBUTIONS		
Long term debt	224,767	224,059
Future employee benefits payable	68,388	62,778
Specific purpose funds	31,322	26,911
Deferred contributions	135,542	119,739
Nurse recruitment and retention fund	7,106	6,635
	<u>640,189</u>	588,087
NET ASSETS	20,012	17,770
	<u>\$660,201</u>	\$605,857

In accordance with the Public Sector Compensation Disclosure Act, requests to inspect or receive copies of salary information may be forwarded to the Winnipeg Regional Health Authority, to the attention of the Director, Access and Privacy. There is an administrative fee of \$20.00 to obtain a copy of the information.

For full financial statements, visit the WRHA Web site at www.wrha.mb.ca

Auditors' Report

To the Directors of Winnipeg Regional Health Authority

We have audited the statement of financial position of Winnipeg Regional Health Authority (the "Authority") as at March 31, 2003 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2003 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants

Deloitte & Touche LLP.

Deloitte & Touche LLP

Winnipeg, Manitoba

June 16, 2003

Management's Responsibility for Financial Reporting

The accompanying financial statements are the responsibility of management and have been approved by the Authority. The financial statements were prepared in accordance with Canadian generally accepted accounting principles and of necessity include some amounts that are based on estimates and judgements.

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 & Touche LLP provides an independent audit of the 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 fairness of the financial statements prepared by management.

Dr. Brian D. Postl
President and Chief Executive Officer

Paul A. Kochan, FCA
Vice-President Finance and Corporate
Services and Chief Financial Officer



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Contact Us

Thank you for taking the time to read this brief report. We are working to be more accessible to you. Please call us with your comments, questions or requests for more information at (204) 926-7000. You can fax us at (204) 926-7007, find us on the Web at www.wrha.mb.ca, or send a letter to:

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