

# WINNIPEG REGIONAL HEALTH AUTHORITY

**04/05**  
ANNUAL REPORT



Winnipeg Regional  
Health Authority  
*Caring for Health*

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



# WRHA



Winnipeg Regional  
Health Authority

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MESSAGE FROM

**MR. NEIL FAST**

**BOARD CHAIR WINNIPEG REGIONAL HEALTH AUTHORITY**

I'm pleased and honoured to be writing my first letter as Chair of the WRHA Board of Directors at an exciting time in our region. As you'll see later in this report, we have a new Mission, Vision and Values statement, which was adopted in 2004. Its six key areas – Prevention & Promotion, Treatment & Support, Research & Education, Accountability, the Community and Staff – will guide the WRHA Board, its staff and partners as we work together to provide the best possible health care.

We also have a number of new Board Members who've just recently joined us (brief biographies are also included in this report). Please join me in extending our thanks to them for taking on that task. I'd also like to take this opportunity to thank our out-going Board Members for their work over the course of their term with the Board.

As the WRHA enters its sixth year, we are entering a new phase in our development. As we move forward in creating centres of excellence and expertise – cardiac, neuro-surgery, trauma and orthopedics to name a few, we are also working to strengthen partnerships both with the community and acute-care sites. The role of the region is also evolving, especially in the areas of Patient Safety, Aboriginal Health Services and Human Resources.

Finally, we will continue to identify and implement new and better ways to manage, co-ordinate and deliver health care in order to make the best use of precious health care dollars and better serve the public.



MESSAGE FROM

## DR. BRIAN POSTL

PRESIDENT & CEO WINNIPEG REGIONAL HEALTH AUTHORITY

The year 2004 saw significant changes in health care, both nationally and regionally – especially in three areas.

The first is Patient Safety. The release of the Baker-Norton Report (Adverse Events and Patient Safety in Canadian Health Care) forever changed the way Canadian patients, their families, health care providers and administrators view the system.

The increased prominence the issue of Patient Safety is now receiving tells us that the work of the WRHA in this area needs to continue and expand. One of the latest developments was the recruitment of several members of the public to our new Patient Advisory Committee – believed to be a national first – because the voices of patients and their families need to be heard if we are to properly address this topic.

The second area to draw both national and regional attention is Aboriginal Health Services and Human Resources. They continue to be one of our Board's key priorities. Nationally, Canada's

First Ministers and Aboriginal Leaders also agreed on the need for an action plan to improve health services for all Aboriginal peoples. They acknowledged that although improvements have been achieved, the health status of Aboriginal peoples in Canada continues to lag behind that of other Canadians.

Finally, there is the issue of timely access to health care. Regionally, we've made considerable progress in the area of cardiac surgery as well as adding significant capacity in the area of orthopedics. Nationally the Provinces, Territories and Federal Government are working together to identify benchmarks and indicators, a task I was asked and agreed to help facilitate. But in this, as in all areas, more work needs to be done.

I look forward to your feedback and input as we continue to address these issues.

# COMMITMENT





# BOARD OF DIRECTORS

## MR. NEIL EAST – BOARD CHAIR

- Has been Vice-Chair of the WRHA Board of Directors since 2000
- Former Board member of the Health Sciences Centre
- Former Chair of the Concordia Hospital Board of Directors

## DR. JOHN WADE – BOARD VICE-CHAIR

- Health care consultant
- Former Dean of Medicine at the University of Manitoba
- Former Deputy Minister of Health

## DR. AB CHUDLEY

- Chair, WRHA Medical Staff Council
- Professor in the Departments of Pediatrics and Child Health, and Biochemistry and Medical Genetics at the University of Manitoba
- Medical Director of the Program in Genetics and Metabolism
- Has served on many Boards locally and nationally

## MR. JIM DERKSEN

- Consultant on disabilities issues
- Has worked with many groups including the Manitoba League of Persons with Disabilities
- Was also the provincial coordinator for the International Decade of Disabled Persons

## MR. LOUIS DRUWE

- Retired assistant superintendent of the Division scolaire franco-manitobaine
- Was involved in the development of the Francophone Early Childhood Development Initiative

## MR. ALLAN FINEBLIT, Q.C.

- Chief Executive Officer of The Law Society of Manitoba
- Former Director of Public Prosecutions for the Province of Manitoba
- Former Executive Director of Manitoba Legal Aid

## MR. JEAN-PAUL GOBEIL

- Winnipeg-based Chartered Accountant and Certified Management Consultant
- Retired after 35 years in public practice as an auditor and consultant
- Has worked with non-governmental agencies on training missions in Columbia, China, Senegal and Tunisia

## MR. NELSON KEEPER

- Elected Councilman, Vice Chief 20 years
- Health portfolio for six years
- Business owner

## FATHER FRED OLDS

- Priest at St. Bernadette's Parish
- Former Chaplain at Misericordia and St. Boniface General Hospitals
- Former Board Chair of North East Child and Family Services

## MS. LORRAINE SIGURDSON

- National Representative with the Canadian Union of Public Employees
- Vice-President for the Manitoba Federation of Labour since 1989
- Former Commissioner of the Manitoba Human Rights Commission

## MS. CAROLYN STRUTT

- Director, Community Mental Health for the Winnipeg Regional Health Authority
- Former Executive Director, Canadian Mental Health Association Winnipeg Region
- Former member of Winnipeg Regional Mental Health Council and Provincial Advisory Committee on Mental Health

## MS. BELINDA VANDENBROECK

- Executive Director of Wabung Abinoonjiiag
- Bachelor of Arts degree in Native Studies and Psychology
- Has served on many community-based organizations in the city

## MS. GAIL WYLIE

- Executive Director of Healthy Start for Mom and Me
- Developed the Healthy Baby program and is an expert on issues dealing with early years and population health

## MR. BEN ZAIDMAN

- Former Chair of the Seven Oaks School Division
- Life member of the Division's Scholarship's Foundation
- Former Chair of the Public Schools Finance Board

## THE WRHA BOARD OF DIRECTORS

wishes to extend its appreciation to the departing members, Patti Sullivan, Shirley Delaquis, Don Onofriechuk, Mary Scott, Jane M. Smith and Betty Edel.  
*Thank you for your commitment and contribution.*

# BOARD GOVERNANCE

Within the Winnipeg Regional Health Authority there are:

- six Acute Care Hospitals;
- Pan Am Surgery Centre;
- three sites that blend long-term care with some acute services;
- St. Amant Centre;
- The Rehabilitation Centre for Children;
- 29 Personal Care Homes;
- the community programs of Home Care, Public Health and Mental Health;
- and a variety of Community Agencies.

In total these facilities and programs represent the 27,000 people who work in health care across over 200 sites.

The Winnipeg Regional Health Authority Board directly governs the Health Sciences Centre, Deer Lodge Centre, Pan Am Surgical Centre and the Home Care, Public Health and Community Mental Health Programs. The Board also governs some ancillary services, including Logistics, Food Services and Laundry. All other services (approximately 200) maintain independent Boards of Directors and provide services through Service Purchase Agreements, Operating Agreements and Grants.



## INNOVATION



## MISSION, VISION AND VALUES

THE BOARD OF DIRECTORS SETS THE MISSION, VISION AND VALUES FOR THE WINNIPEG REGIONAL HEALTH AUTHORITY.

### MISSION

The Winnipeg Regional Health Authority's Mission is to promote and protect health and well being by delivering and managing health services in the Winnipeg Region. We will continue to improve health by leading and evaluating the quality of Winnipeg's health services and by building partnerships with the community.

### VISION

We are creating positive change in people's health and well being by leading Winnipeg's health care services and partnering with those who share similar goals. We declare our commitment to the diversity and to the Aboriginal community by implementing actions that address health care needs through the staffing initiatives, active participation in the health system and improved services.

## THE VISION HAS SIX KEY COMPONENTS:

### PREVENTION & PROMOTION

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

### TREATMENT & SUPPORT

We will deliver health care. Services will be accessible and available at the right time in a fair manner. They will be delivered in a compassionate and respectful manner with a focus on safety, at health care facilities or at home by a range of health care providers. Health care services will be innovative, evidence based and cost effective.

### COMMUNITY

We will work with people and organizations in the community to improve health and well being. We will lead and participate in effective partnerships with a broad range of stakeholders. We will listen and respond to the needs of our community.

### STAFF

Staff will reflect the diverse nature of our community and a culture that is based on the values of compassion, trust and service. We will be an organization of people who are proud of their work, are accountable and are recognized, respected, and rewarded.

### ACCOUNTABILITY

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

### RESEARCH AND EDUCATION

We share responsibility with academic institutions in developing new knowledge, innovation, and educating health care providers to meet today and tomorrow's needs of our community.



# WE VALUE...





## CARING

- Compassionate care across the health care continuum;
- An inclusive health care culture in which individual and population diversity are recognized and respected;
- Leadership that promotes and supports community commitment to health and well being; and
- High quality of work life.

## EXCELLENCE

- High quality and service excellence;
- The use of scientific knowledge, evidence, research and innovation to achieve best practice;
- Continuous improvement and willingness to change; and
- Continual learning, knowledge creation and professional growth.

## INNOVATION

- Proactive approaches to health care innovation and improvement that are grounded in experience, evidence and best practice; and
- Creativity and initiative in addressing health care priorities.

## COLLABORATION

- Partnerships across a broad spectrum, including health care providers, research and educational institutions;
- Government and community to improve health and well being;
- Positive leadership that fosters mutual trust, cooperation and respect;
- Teamwork and constructive problem solving; and
- Recognition of the qualities and accomplishments of those who work or volunteer in health care.

## ACCOUNTABILITY

- Integrity reflected in the work and interactions of everyone in the organization;
- Transparency and good communication;
- Responsible governance, management and practice;
- Prudent stewardship of resources throughout the organization; and
- Efficiency and timeliness to ensure a safe and responsive health care environment.



## STRATEGIC DIRECTIONS

# STRATEGIC DIRECTIONS

## HIGHLIGHTS AND GOALS

### PREVENTION & PROMOTION



**Recognizing that preventing injury or illness is better than having to treat it, the WRHA continues to work in the areas of prevention and promotion.**

This past year, grounds at all hospitals, and other facilities under the direct control of the WRHA went smoke-free as of July 1<sup>st</sup>. Other hospitals and facilities are following suit this year. The WRHA is now working towards protecting staff who work in clients' homes from second-hand smoke – another proven health risk.

Childhood obesity continues to increase in both the region and province. To address this issue, the WRHA has partnered with the Province, City of Winnipeg and University of Manitoba and developed a strategy to promote physical activity as part of a healthy lifestyle. *Winnipeg In Motion* will launch with a public information campaign and website ([www.winnipeginmotion.ca](http://www.winnipeginmotion.ca)).





## PREVENTION & PROMOTION *continued*

The WRHA's work in the prevention of early childhood tooth decay received The National Health Promotion Award from the Canadian Dental Association. This initiative, done in partnership with numerous organizations, involves both direct contacts with clients as well as educational initiatives. In 2004, this partnership had contacts with 194 community groups. The tools developed for this project – now available on the WRHA website – have been requested and are used by groups from around the globe.

We continue to work with Healthy Child Manitoba, particularly in the Families First and Healthy Baby Programs to improve outcomes for at-risk families.

The Families First program provides intensive home visiting for targeted families to support positive parenting and optimal early childhood development. Every month about five hundred and fifty families benefit from this support.

The Healthy Baby program has WRHA Public Health partnered with numerous community groups to provide nutritional information and support to women and families during the prenatal period and up to the time the infant is one-year-old. Last year, approximately 1,500 new families participated in Health Baby sites across the Winnipeg Health Region.

Probably the most visible prevention work

undertaken by WRHA is its immunization programs. Last year, 37,000 Winnipeggers were immunized against influenza. An additional 1,600 pneumococcal immunizations were provided.

Through the school-based clinics, the WRHA provided 6,000 Grade 4 students with Hepatitis B immunizations. An additional 7,000 students were immunized against other diseases.

## Last year, 37,000 Winnipeggers were immunized against influenza. An additional 1,600 pneumococcal immunizations were provided.

Public Health also investigated six thousand cases of communicable diseases last year. In addition, friends, relatives and other significant contacts who were potentially exposed were interviewed, received education and were referred for medical follow-up and prevention therapy as required.

2004 saw the implementation of a region-wide infection protection and control program. The focus is on preventing spread of infection with a focus on antimicrobial-resistant organisms such as Methicillin Resistant *Staphylococcus Aureus* (MRSA) and Vancomycin Resistant *Enterococcus* (VRE); and *Clostridium difficile*. The fall-out from SARS and the threat of Avian flu resulted in the WRHA adding additional resources to this initiative.

The WRHA also continues to prepare for and respond to all hazards including a pandemic influenza. In 2003, the WRHA approved a Disaster Management Program and adopted Incident Command as the management structure to be used throughout the region in disaster response and recovery operations. Delivery of Incident Command System training and the

conduct of exercises throughout the WRHA will begin this autumn.

The WRHA adopted a position statement on cycling that called for legislation making it mandatory for cyclists of all ages to wear a helmet.

## GOALS

- We will have implemented strategies and initiatives that have reduced the incidence of preventable disease in the ongoing priority areas of tobacco reduction, early childhood development and communicable disease control.



# TREATMENT AND SUPPORT



**When we are unable to prevent injury or illness, the WRHA is committed to providing the best possible treatment in the most appropriate location.**

This has meant a move into more Minimally Invasive Surgeries (MIS), the creation of centres of excellence and expertise as well as increasing the number and types of procedures done in the region.

The opening of two new state-of-the-art arthroplasty suites at Concordia Hospital last year is just one example of a centre of excellence and expertise. Now, all the most complicated arthroplasty surgeries take place at Concordia and the number of procedures has increased. Winnipeg's Health Sciences Centre as well as the Pan Am Clinic is also embracing MIS technology – which often allows patients to go home the day of their surgery and reduces the likelihood of hospital-acquired infection.

The acquisition of the most advanced PET scanner in the world cemented HSC's position as an international leader in neurosurgery. The addition next year of an on-site cyclotron will further build on that reputation by allowing HSC to further expand the work of the PET. Last year saw the announcement of the Institute for Advanced Medicine, a new medical research institute to be constructed at the HSC. HSC's Children's Hospital continued to build its reputation as a national leader by expanding the types of surgeries that can now be performed in areas such as urology, plastic and neurosurgeries.



## TREATMENT & SUPPORT *continued*

Work towards creating a centre of excellence for cardiac care at St. Boniface General Hospital continues. This past year saw the start of construction of the two-floor Bergen Cardiac Care Centre that will house state of art diagnostics and interventional cardiology specialty services. Planning is also underway on the capital projects recommended in a review of the program. A full leadership team is now in place with a Medical Director and leaders in Cardiology, Cardiac Surgery and Cardiac Anaesthesia. The team has implemented another recommendation from the review – that the wait list be centrally managed and be no more than ten percent of the program's annual volumes.

As a result of a review of our Emergency Program, the WRHA has initiated a number of changes aimed at improving the care patients receive in our Emergency Departments.

One of the most visible was the hiring of reassessment nurses for all sites. It is their job to ensure that patients, who have to wait, wait safely. The nurses, on during the 12-hour peak period, do this by reassessing waiting patients and communicating with them and their families on an ongoing basis to learn of any change in their health status or of any concerns or other issues they may have.

Patients who leave the Health Sciences Centre's Emergency Department or the Misericordia Hospital's Urgent Care Centre before seeing a doctor, now receive a follow-up phone call from staff at the Provincial Call Centre to ensure that whatever condition prompted them to visit Emergency, has been resolved. This program will also be expanded to the other sites.

This past year saw the successful introduction of a Minor Treatment Stream at Health Sciences Centre Emergency where patients who can be seen and dealt with quickly, now are. This service is in the process of being expanded to other sites.

**We will have applied best practice measures and evidence in order to provide a range of innovative treatments and services in the region.**

Triage nurses at all sites now have two functioning electronic triage stations in their Emergency Departments to support them in their work.

However, the work in our ERs continues. The purchase of an Emergency Department Tracking System has received approval and the WRHA is now in the process of securing a vendor. The first site will be the HSC's new Emergency Department scheduled to open in 2006 as part of the Critical Services

Redevelopment Project, and will then be expanded across the region.

Health Links/Info Santé is still helping those who aren't sure if they should go to an Emergency room. Last year it marked its 10<sup>th</sup> anniversary with an expansion of its services and received more than 200 thousand calls from across the province. Services are now available 24 hours a day, seven days a week in more than 110 languages.

Not only do nurses who staff the line answer callers' health questions, they can also refer them to an appropriate facility or agency including the new Pan Am Minor Injury Clinic. The Clinic,

launched to help ease the demands on the region's Emergency Department, has expanded both its hours and the types of procedures it can perform.

The role of the Pan Am Clinic will continue to expand with the installation of the first MRI in the province to be located outside of a hospital. It is also developing its role as a teaching institute with a research element as well as partnerships with the business community to supply clients with sports-related equipment.



## TREATMENT & SUPPORT *continued*

Wait Times were front and centre both regionally and nationally last year, as a result of the First Ministers' Health Accord. Regionally, enormous improvements have been made in the area of cardiac surgery. As well, volumes for orthopedic and pediatric dental surgeries increased. The WRHA is committed to continue working on and participating in the Provincial Wait List Strategy that is being developed as a result of the Accord.

The WRHA Rehabilitation and Geriatric Programs continue their work to reduce length of stay and improve overall quality of care. The Long Term Care portfolio continues to develop new services and care practices that enhance the quality of life for Personal Care Home residents, including a comprehensive wound care strategy.

The WRHA is also increasing access to intravenous care and respiratory therapy so that Personal Care Home clients suffering from dehydration or respiratory distress can be treated without having to be transferred to an Emergency Department.

The WRHA tendered its clinical pharmacy and drug distribution for the PCH Program to community providers. A new, automated drug distribution system is being implemented. For the first time, actual drug costs in 04/05 were lower than the previous year as a result of a number of initiatives in this area.

The WRHA strives to provide care in a culturally appropriate setting. Our Aboriginal Health Services Program's efforts have resulted in targeted approaches to culturally appropriate services. Community Care, Renal Health, Women's Health and Palliative Care, have focused efforts on specific initiatives that address the needs of the Aboriginal populations. Spiritual Care departments at some facilities have Elders on staff to meet the Spiritual and Cultural Care needs of inpatients. In joint collaboration between AHS and the Spiritual Care department, the Health Sciences Centre has established an Aboriginal Traditional Wellness Clinic on site where clients are able to consult with a Traditional Healer on an appointment-basis.

The region's French Language Services program is designed to assist the WRHA in promoting and providing health services in French by recruiting bilingual staff and offering services in both official languages.

e-Health, as an integrated Information and Technology department, is moving forward with several projects to improve the efficiency of operations and support of decision-making. One example is the Health Information Systems Project, an integrated, electronic patient record. Implementation has started at St. Boniface General Hospital, with the intention to proceed in the future with other sites.

During the 2004/2005 fiscal year, the WRHA partnered with Diagnostic Services of Manitoba Inc. (DSM) to co-manage an integrated system of laboratory and diagnostic services in rural

and northern Manitoba. Starting in April 2005 management of the system reverted to DSM. This service system will reduce the need for duplicate tests, reducing work and costs, while encouraging an environment where best practice standards can be followed.

## GOALS

- We will have provided coordinated entry systems so that the public's ability to navigate our health care services is enhanced.
- Access to health care services in Winnipeg will be more closely matched to the needs of the community.
- We will have applied best practice measures and evidence in order to provide a range of innovative treatments and services in the region.
- We will have reduced length of stay to meet targeted benchmarks.
- We will have reduced waiting times for selected service areas to within established standards.
- We will demonstrate transparency and openness in our dealings with the public, clients and families.
- We will evolve a culture and system that focuses on learning and collaborative improvement where patient safety is the primary focus for all staff.



# COMMUNITY





# COMMUNITY



**The role the community plays in the delivery of health continues to increase as health care providers, patients and family members recognize that getting services while remaining in the community when possible is better for patients and is a better use of health care dollars as well. Connecting with the community continues to be a priority with the WRHA in order to ensure we are meeting its needs.**

Last year, more than 90 community members were involved with six CHACs that provided direct feedback to the WRHA Board of Directors on topics such as childhood obesity, bullying and issues affecting seniors. This year, 45 new members join the Councils.

All CHAC reports can be found on the WRHA website at: [http://www.wrha.mb.ca/howcare/commdev/health\\_reports.php](http://www.wrha.mb.ca/howcare/commdev/health_reports.php)

The WRHA's Community-based Mental Health Programs provide a comprehensive recovery-oriented approach to meeting the mental health needs within the region. The Crisis Program continues to expand to meet the challenges of those in acute distress. This year, a Brief Therapy Treatment Team and the Community Psychiatrist on Call Consultative Service were added to complement the Crisis Stabilization and Mobile Crisis Units.

The region remains a national leader in the provision of Home Care, providing services that range from nursing to counseling, meal preparation, light house-keeping, assessments for both occupational therapy and physiotherapy as well as respite care. Eighty-five percent of clients assessed for Home Care were eligible and received services. At the end of December 2004, there were more than 13,000 clients receiving home care services.

2004 saw the official opening of the region's first ACCESS Centre – ACCESS River East and the approval of the second, ACCESS Transcona. ACCESS Centres

are a key development in providing coordinated efforts for community services. As a partner with other community and government agencies, the WRHA is committed to improving community-based treatment, prevention, and health promotional activities. Construction on ACCESS Transcona has begun and is scheduled to open in 2006.

Street Connections Outreach Workers and Public Health Nurses continue to reach out to some of the most vulnerable in our community. The Harm Reduction Strategy was expanded in 2004 to include Safer Crack Use kits in addition to its needle exchange, the provision of condoms as well as education and treatment for many street people including sex trade workers. Over the last year, Street Connections contacts increased 17 per cent.

The MTS White Pages telephone book now includes a bilingual, integrated and comprehensive listing of health services in the WRHA. It also provides a description of some of the services currently available and includes an Emergency Room User Guide.

The WRHA web site ([www.wrha.mb.ca](http://www.wrha.mb.ca)) provides citizens with listings of services provided in the Winnipeg Region, content on WRHA operations and activities, and additional valuable information.

## GOALS

- We will clearly present and make widely available WRHA information about health, health issues and system performance.
- A comprehensive process will be in place that incorporates public input and client feedback into the WRHA strategic plan – 2/3 of poll respondents will agree that the WRHA is listening to the concerns of citizens.

# STAFF



# STAFF



**The ability of the WRHA to provide needed health services is dependent upon having a workforce that reflects its community, is highly skilled, and has the support of the organization and community.**

- The Aboriginal Human Resources Initiative works to enhance the development of a representative workforce in health care. Employment positions for Aboriginal students and youth have doubled to expose a growing number of future professionals to the vast array of opportunities within the WRHA. New information resources, collaboration with community-based organizations, and the long-standing Aboriginal Cultural Awareness Workshop have improved the understanding of the health care system about the diversity of the Aboriginal community.
- The region continues to work to recruit and retain the best and the brightest health care professionals. The WRHA Regional Recruitment Specialist contacts past and recent graduates of our programs in order to encourage them to stay or return to Manitoba. Not only does this include physician specialists, it has recently been expanded to target both nurses and allied health professionals, focusing primarily on the areas with the greatest need. The WRHA has also started to intensify its cross-Canada recruitment efforts.
- The Staff Appreciation and Recognition Program is continually developing new programs and enhancing existing ones to recognize the work of its staff.

- Long Service Awards, Staff to Staff and Team Appreciation through the StAR Card Program and Workplace Wellness activities helps to contribute to a sense of being a valued member of the organization.
- The WRHA's 23 community offices and sites as well as the corporate offices have all established Workplace Health and Safety Committees with equal representation from Management and Staff. It is the mandate of these groups to work cooperatively towards the resolution of safety and health issues.
- The WRHA is also launching a 27-month Healthy Workplace Project funded through Health Canada, to facilitate health promotion and disease prevention among our 27,000 employees.

## GOALS

- We will support individual WRHA staff and teams as they develop a culture of compassionate care.
- We will provide a safer and healthier work environment so that the number of claims and lost time will be comparable or less than similar organizations.
- We will have developed a workforce in the WRHA that more accurately reflects the cultural diversity of the region and where respect and tolerance is expected and understood.

# ACCOUNTABILITY



**First and foremost, the WRHA is accountable to the public through its volunteer Board of Directors made up of community members appointed by government.**

- Their monthly meetings are open to the public and the agendas and minutes of those meetings are posted on the WRHA website ([www.wrha.mb.ca](http://www.wrha.mb.ca)). As well, the WRHA Board has adopted a policy that calls on the WRHA to be accountable, fair and transparent. Their Mission, Vision and Values are included in the front of this report.
- The WRHA is also accountable to the general public through its Annual General Meeting, this Annual Report and our Community Health Advisory Councils.
- On specific topics, the region is also held accountable to the public, government and the media through the various requests for information made through the FIPPA process (*Freedom of Information and Protection of Privacy Act*). In 2004 alone, the WRHA processed 137 requests on topics ranging from the length of a wait list (most now posted on Manitoba Health's website – <http://www.gov.mb.ca/health/waitlist/index.html>), to the amount spent on nursing overtime to the number of vacancies in any one program.
- The WRHA's Regional Integrated Patient Safety Strategy (RIPSS) is also holding the region accountable through its newly formed Patient Safety Advisory Council (PSAC) – still in its formative stage. The PSAC is comprised of community members who have experienced a safety issue or had a family member experience one. Some of the experiences include misdiagnoses, medication errors and other adverse events. This group will help guide the work of the Patient Safety Initiative.
- In 2004, the WRHA became the first region in Canada to publicly report on occurrences that resulted in an adverse outcome for patients, clients, residents and staff. This report will be released annually and the most recent is posted on the WRHA website.
- The Critical Clinical Occurrence reporting process, which requires health care providers and staff to report adverse events internally, also holds the WRHA accountable to the public by obliging all staff to disclose the event to the patient and/or their family.
- The WRHA recognizes the importance of continuing and expanding this work and so has dedicated more resources to it. Starting this fall training safety investigators will begin their work assisting and analyzing the investigations into Critical Clinical Occurrences. As well, it will continue its work to educate both the public and staff through regular communications, interactions with the media and speaking engagements.
- Finally, each acute care site has a Patient Representative to help the public deal with any issues/questions they may have, that they have been unable to resolve elsewhere.
- The WRHA's Annual Patient Safety Conference – held in partnership with numerous other groups – helps the WRHA learn what is going on at the national and international scene related to patient safety. It is also another opportunity to answer questions from the public about our own initiatives.
- Every year, the Canadian Council on Health Services Accreditation has health care professionals from across the country review and evaluate WRHA programs and service areas with regards to national standards. The results of the survey help WRHA to make system and process improvements.





## ACCOUNTABILITY *continued*

- The WRHA is committed to being accountable to the public about its decisions, activities, priorities and policies. The WRHA recognizes that it is only by being accountable that the public can fully understand the health care system and the challenges it faces.

## GOALS

- We will have implemented clinical information systems that will improve the management of our resources and people.
- We will have implemented an integrated and comprehensive business system that will improve the way we manage spending and assess effectiveness.
- We will have implemented funding guidelines that support equity and best practice in all WRHA programs and sites.
- We will have incorporated performance agreements that reflect WRHA strategic directions as part of our contractual agreements with providers.
- We will have developed an integrated Regional Health Planning model that facilitates priority setting and decision-making.





# RESEARCH AND EDUCATION



# RESEARCH AND EDUCATION



**Providing the best practice in prevention and promotion, treatment and support, and accountability requires validated research data and educational resources.**

The WRHA is committed to expanding the region's research and educational activities. Benefits will include improved clinical services, new training opportunities, and groundbreaking discoveries.

Last year saw the announcement of the new Institute of Advanced Medicine to be built on the grounds of the Health Sciences Centre. The Institute – later renamed the Siemens Institute for Advanced Medicine in recognition of a \$3.5 million dollar gift to the project – will focus on developing technological advancements in neurosciences, infectious diseases, advanced imaging and medical informatics, as well as exciting new advanced surgical techniques that will help recruit and retain the best clinicians and researchers.

Plans for the new Institute include a Simulation Centre that health care students and providers can use to develop their skills in a safe environment. The WRHA and the U of M will jointly manage this Simulation Centre with participation by other partners.

## GOALS

- Excellence will have been fostered in knowledge management by providing leadership, encouragement and support to both clinical and non-clinical areas.
- We will have responded to the rapid rate of change by supporting current and future staff in acquiring the educational/academic opportunities that will provide them with the required skills and knowledge.
- We will have fostered partnerships that build a strong academic and research role across the 4 CIHR pillars (bench to bedside) in the WRHA.
- We will have multidisciplinary education in both the academic and workplace environment.

SUMMARIZED FINANCIAL STATEMENTS OF  
**WINNIPEG REGIONAL HEALTH AUTHORITY**  
MARCH 31, 2005

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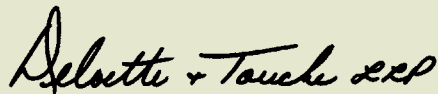
### AUDITORS' REPORT

To the Directors of  
Winnipeg Regional Health Authority

The accompanying summarized statement of financial position and statement of operations are derived from the complete financial statements of the Winnipeg Regional Health Authority as at March 31, 2005 and for the year then ended on which we expressed an opinion without reservation in our report dated June 22, 2005. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.



CHARTERED ACCOUNTANTS

Winnipeg, Manitoba  
June 22, 2005

# WINNIPEG REGIONAL HEALTH AUTHORITY

## Summarized Statement of Operations

For the year ended March 31, 2005

(in thousands of dollars)

### REVENUE

	2005	2004
Manitoba Health operating income	\$ 1,524,117	\$ 1,435,483
Other income	52,489	47,883
Amortization of deferred contributions, capital	20,999	21,884
Recognition of deferred contributions, future expenses	2,234	8,799
	<b>1,599,839</b>	<b>1,514,049</b>

### EXPENSES

Direct operations	777,322	726,268
Amortization of capital assets	21,247	22,111
Interest	7,336	9,936
Increase in employee future benefits	-	16,566
	<b>805,905</b>	<b>774,881</b>

### FACILITY FUNDING

Acute care facility funding	533,336	499,279
Long term care facility funding	212,745	199,253
Community health agency funding	23,293	20,731
Adult day care facility funding	2,582	2,354
Long term care community therapy services	636	698

### GRANT FUNDED

Grants to facilities and agencies	16,043	15,606
	<b>1,594,540</b>	<b>1,512,802</b>

### OPERATING SURPLUS

Non-insured services net surplus	5,299	1,247
	<b>1,306</b>	<b>3,093</b>

### OPERATING AND NON-INSURED SERVICES SURPLUS

Unfunded increase in pre-retirement liability	6,605	4,340
	<b>(3,051)</b>	<b>-</b>

### NET SURPLUS

	\$ 3,554	\$ 4,340
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APPROVED BY THE BOARD

\_\_\_\_\_  
PAUL GOBEIL  
Director

\_\_\_\_\_  
NEIL EAST  
Director



# WINNIPEG REGIONAL HEALTH AUTHORITY

## Summarized Statement of Financial Position

As at March 31, 2005

(in thousands of dollars)

	2005	2004
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash and marketable securities	\$ 92,864	\$ 69,544
Accounts receivable	41,633	39,382
Inventory	6,359	7,087
Prepaid expenses	3,087	2,419
Sinking fund reserve	-	47,340
Employee benefits recoverable from Manitoba Health	78,675	78,709
	<b>222,618</b>	244,481
<b>CAPITAL ASSETS</b>	<b>397,346</b>	338,238
<b>OTHER ASSETS</b>	<b>134,360</b>	134,409
	<b>\$ 754,324</b>	\$ 717,128
<b>LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities	\$ 96,617	\$ 89,564
Employee benefits payable	79,384	78,763
Current portion of long-term debt	11,700	53,869
	<b>187,701</b>	222,196
<b>LONG-TERM DEBT AND DEFERRED CONTRIBUTIONS</b>		
Long-term debt	49,649	60,928
Employee future benefits payable	85,566	82,515
Specific purpose funds	34,749	32,910
Deferred contributions	355,152	280,793
Nurse recruitment and retention fund	5,088	4,921
	<b>717,905</b>	684,263
<b>NET ASSETS</b>	<b>36,419</b>	32,865
<b>COMMITMENTS AND CONTINGENCIES</b>		
	<b>\$ 754,324</b>	\$ 717,128

## WINNIPEG REGIONAL HEALTH AUTHORITY

### Supplementary Information

As at March 31, 2005

(unaudited)

(amounts in thousands of dollars)

## 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 Authority adheres to these coding guidelines.

The most current definition of administrative costs determined by CIHI includes: General Administration (including Acute/Long-Term Care/Community Administration, Patient Relations, Community Needs Assessment, Risk Management, Quality Assurance, and Executive costs), Finance, Human Resources, Labour Relations, Nurse/Physician Recruitment and Retention, and Communications. In prior years, the figures presented incorrectly included Nursing Administration and omitted Communications. The prior year figures below have been restated accordingly.

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) adheres to CIHI definitions with the exception that employee benefits have been excluded to improve comparability with other Manitoba regional health authorities. An indicator including benefits has also been presented below.

Administrative costs and percentages for the Authority (including hospitals, non-proprietary personal care homes and community health agencies) are:

	<u>2005</u>	<u>2004</u>
Administrative costs (benefits excluded)	<b>\$ 66,707</b>	\$ 67,764
Administrative cost % (benefits excluded)	<b>4.8%</b>	5.2%
Administrative costs (benefits included)	<b>\$ 83,109</b>	\$ 81,679
Administrative cost % (benefits included)	<b>6.0%</b>	6.2%

# WRHA



Winnipeg Regional  
Health Authority

*Caring for Health*

Office régional de la  
santé de Winnipeg

*À l'écoute de notre san*



Winnipeg Regional  
Health Authority

*Caring for Health*

Office régional de la  
santé de Winnipeg

*À l'écoute de notre santé*



**WRHA**

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