CARE FOR ALL

WINNIPEG REGIONAL HEALTH AUTHORITY

ANNUAL REPORT 2015

Winnipeg Regional Health Authority
Caring for Health

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

wrha.mb.ca

Healthy People.

Vibrant Communities.

CARE FOR ALL.

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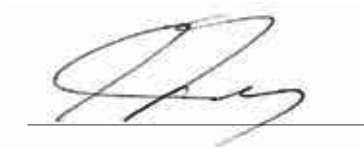
Letter of Transmittal & Accountability

It is my pleasure to present the annual report of the Winnipeg Regional Health Authority for the fiscal year ended March 31, 2015.

This annual report was prepared under the board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material, including economic and fiscal implications known as of July 31, 2015, has been considered in preparing the annual report. The board has approved this report.

Respectfully submitted,



DR. JERRY GRAY

BOARD CHAIR, WINNIPEG REGIONAL HEALTH AUTHORITY

Profile of the Winnipeg Regional Health Authority

The Winnipeg Regional Health Authority is responsible for co-ordinating and delivering health services, and promoting well-being within the Winnipeg and Churchill geographical areas. The Region is home to Manitoba's two tertiary hospitals. The Health Sciences Centre Winnipeg is the Region's largest teaching hospital and is designated the provincial trauma centre. St. Boniface Hospital is a Catholic tertiary hospital, home to the Region's Cardiac Sciences Program.

The Winnipeg Regional Health Authority is governed by a 20-member community board of directors who are appointed by the Minister of Health. The Region's senior management team consists of its chief executive officer and six vice presidents. The Region operates under various legal structures, and in close partnership and co-operation with many health and social service entities, many of which the Region relies on to deliver various health services.

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

OUR REGION

The Winnipeg Regional Health Authority serves residents of the city of Winnipeg as well as the northern community of Churchill, and the rural municipalities of East and West St. Paul, representing a total population of more than 700,000. The Region also provides health-care support and specialty referral services to nearly half a million Manitobans who live beyond these boundaries, as well as residents of northwestern Ontario and Nunavut, who often require the services and expertise available within the Region.

OUR PEOPLE AND FACILITIES

Approximately 28,000 people work within the Region. With an annual operating budget of nearly $2.6 billion, the Winnipeg Regional Health Authority is the largest health authority in Manitoba, and operates or funds more than 200 health service facilities and programs.

HEALTH SERVICE FACILITIES OPERATING WITHIN THE REGION INCLUDE:

TWO TERTIARY HOSPITALS
Health Sciences Centre Winnipeg
St. Boniface Hospital

FOUR COMMUNITY HOSPITALS
Concordia Hospital
Grace Hospital
Seven Oaks General Hospital
Victoria General Hospital

FIVE HEALTH CENTRES
Churchill – J.A. Hildes Northern Medical Unit
Deer Lodge Centre
Misericordia Health Centre
Riverview Health Centre
St.Amant

PERSONAL CARE HOMES
38 personal care homes
12 supportive housing providers

COMMUNITY-BASED HEALTH
12 community health agencies
Rehabilitation Centre for Children
Manitoba Adolescent Treatment Centre
Grant-funded community agencies
Pan Am Clinic
22 community health offices offering programs involving public health, home care and health services including: long-term care, primary care, home care and mental health
QuickCare Clinics

ACCESS CENTRES
River East
Transcona
Downtown
NorWest
Winnipeg West

KEY PARTNERS AND HEALTH RELATIONSHIPS
CancerCare Manitoba
University of Manitoba
Diagnostic Services of Manitoba
Manitoba eHealth
Winnipeg Integrated Services (Manitoba Family Services)
Manitoba Housing & Community Development
Winnipeg Police Service
STARS
Winnipeg Fire Paramedic Service

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Message from the Board Chair

I recently completed my second full year as board chair of the Winnipeg Regional Health Authority. It has been a busy year for the Region and our board of directors.

Last fall, our president and chief executive officer, Ms. Arlene Wilgosh, informed the board of directors of her decision to retire. On behalf of the board, I would like to thank Arlene for her innumerable contributions and distinguished service. Arlene was a strong leader who worked tirelessly to build a regional culture of collaboration and inclusion, and skillfully managed the organization through an incredibly challenging fiscal environment.

We continue to work diligently in finding a new chief executive officer. A special committee of the board has been working with Caldwell Partners to manage the recruitment process. Ms. Lori Lamont has been appointed interim president and chief executive officer until a permanent placement is made. Lori has been with the Winnipeg Regional Health Authority for 17 years, with the last six years in senior leadership positions. I am confident she will provide the leadership necessary to move the Region forward.

Patient safety and ensuring high-quality services remain key priorities of the board, and are monitored regularly. Our board is also committed to ensuring the services provided by the Region are effective, and that key risks to both the organization and the people we serve are appropriately identified and reduced.

As required by Manitoba Health, our board worked closely with management in preparing and submitting to the department a new strategic plan for the five-year period beginning April 1, 2016. The board was actively involved in the strategic planning process. The board participated in and led stakeholder consultations, prioritized issues and approved work done at key milestones. In addition to significant employee and public engagement, the planning process included more than 24 meetings with our Local Health Involvement Groups and patient advisory councils, as well as three public and staff meetings in Churchill.

Our board continues to put a significant emphasis on improving health equity. Our updated Community Health Assessment shows that large health gaps continue to exist in Winnipeg, many of which are due to unfair, unjust and modifiable social circumstances. Our board remains committed to changing health equity outcomes through an increased health equity focus in the planning and provision of health services and through partnerships outside of the health-care sector. As such, health equity has been included as one of our values in our next five-year strategic plan.

I am continually impressed with the hard work of frontline staff across the Region. While we still have more work to do to improve patient flow, all of the work in this area means we are moving toward a truly integrated system of care. I want to thank staff for their commitment and dedication to improving both patient flow and the patient experience. Without you, we would have no health system.

Lastly, I want to recognize outgoing board members Ms. Josée Lemoine, Dr. Tunji Fatoye and Mr. Bob Leonard, and welcome to the board our new members Dr. Pravinsagar Mehta and Mr. Dave Rondeau. Our board continues to be a diverse, passionate and dedicated group. I want to thank all of them for the time they devote to their duties as directors, and for providing effective governance for the organization.

JERRY GRAY, Board Chair

Message du Président du Conseil d'administration

Je viens de terminer ma deuxième année à titre de président de l'Office régional de la santé de Winnipeg. L'année a été chargée pour la Région et le conseil d'administration.

L'automne dernier, notre présidente-directrice générale, Mme Arlene Wilgosh, nous informait qu'elle prenait sa retraite. Au nom du conseil d'administration, je remercie Arlene pour ses innombrables contributions et son service distingué. Arlene a été une chef de file solide qui travaillait sans cesse pour construire une culture régionale de collaboration et d'inclusion, et a géré l'organisme avec doigté dans un environnement fiscal difficile.

Nous continuons à travailler assidûment pour trouver une nouvelle présidente-directrice générale ou un nouveau président-directeur général. Un comité spécial du conseil d'administration travaille avec Caldwell Partners afin de mener la démarche de recrutement. Mme Lori Lamont a été nommée présidente-directrice générale par intérim jusqu'à ce que nous puissions pourvoir le poste de façon permanente. Lori travaille pour l'Office régional de la santé de Winnipeg depuis dix-sept ans, dont les six dernières années à titre de cadre supérieure. Je suis confiant qu'elle saura fournir le leadership nécessaire pour faire progresser la Région.

La sécurité des patients et les services de haute qualité demeurent les priorités du conseil d'administration, et ils sont étudiés régulièrement. Notre conseil d'administration s'engage également à s'assurer que les services fournis par la Région sont efficaces et que les risques principaux, à l'organisme et aux gens que nous servons, sont correctement identifiés et réduits.

Conformément aux exigences de Santé Manitoba, notre conseil d'administration a travaillé étroitement avec la direction pour préparer et déposer au ministère un nouveau plan stratégique quinquennal qui commencera le 1 avril 2016. Nous avons participé activement au processus de planification stratégique. Nous avons participé et mené les consultations des intervenants, établi la priorité des enjeux et approuvé le travail accompli aux étapes clés. En plus d'un important engagement de la part des employés et du public, le processus de planification incluait plus de vingt-quatre réunions avec nos groupes locaux de participation en matière de santé et les conseils consultatifs des patients, ainsi que trois réunions publiques et réunions du personnel à Churchill.

Notre conseil d'administration continue à mettre un accent important sur l'amélioration de l'équité en matière de santé. Notre évaluation de la santé communautaire mise à jour révèle qu'il existe toujours de grandes lacunes en matière de santé à Winnipeg, dont un grand nombre sont dues à des circonstances sociales injustes mais modifiables. Nous demeurons déterminés à changer l'issue de l'équité en matière de santé en insistant davantage sur l'équité en matière de santé dans la planification et la prestation des services de santé et au moyen de partenariats à l'extérieur du secteur des soins de santé. À cet effet, l'équité en matière de santé fera partie de nos valeurs dans le prochain plan stratégique quinquennal.

Je suis constamment impressionné par les efforts de notre personnel de première ligne partout dans la Région. Bien qu'il y ait encore des améliorations à apporter au flux des patients, tout le travail dans ce domaine indique que nous progressons réellement vers un système de soins intégré. Je remercie le personnel pour son engagement et son dévouement envers l'amélioration du flux des patients et de l'expérience du patient. Sans vous, il n'existerait pas de système de santé.

Enfin, je voudrais reconnaître les membres sortants du conseil d'administration : Mme Josée Lemoine, Dr. Tunji Fatoye et M. Bob Leonard. Et je souhaite la bienvenue aux nouveaux membres : Dr. Pravinsagar Mehta et M. Dave Rondeau. Notre conseil d'administration continue à faire preuve de diversité, de passion et de dévouement. Je vous remercie tous pour le temps que vous consacrez à vos fonctions en tant qu'administrateurs et pour votre gouvernance efficace de l'organisme.

JERRY GRAY,
Président du Conseil d'administration

Message from the President & Chief Executive Officer

This has been a year of significant changes and challenges for the Winnipeg Regional Health Authority.

After a lifetime devoted to delivering and administering health care, our president and chief executive officer, Arlene Wilgosh, retired this spring. I want to recognize and thank Arlene for her commitment not only to the Winnipeg Regional Health Authority, but also to the overall health system in Manitoba. Our health region and health care in Manitoba are better today because of her.

I was very humbled to have been asked by the board of directors to assume the role of interim president and chief executive officer. In this role, I have continued our efforts to improve patient flow, increase staff engagement and maintain fiscal accountability and sustainability.

While the risk in Manitoba and Canada was low, the outbreak of Ebola virus in West Africa last year and the positive cases of Ebola confirmed in the United States caused significant concern for staff. As well, Winnipeg is home to Canada's federal microbiology laboratory, making Ebola more local and real for our staff. This required us to quickly plan and prepare to respond to any positive cases of Ebola. A robust effort to prepare was undertaken by staff and health professionals across the Region, including those designated to provide direct care to Ebola patients. As a result, we were well-prepared, and I want to thank all of you for this work.

In December, we experienced a significant spike in emergency department visits and hospital admissions arising from influenza-like illness. Increased acuity levels of those presenting to emergency departments resulted in the admission rate to hospital increasing from about 10 per cent to more than 20 per cent. This created challenges for patient flow, and for frontline staff. I want to thank them for all their efforts in rising to the challenges that this seasonal surge created for the system.

The Winnipeg Regional Health Authority continues to struggle with a challenging fiscal environment. As well, demand for the services we provide continues to increase, as does the acuity of the patients we serve. This underscores how important it is that we continue to be creative and innovate in order to meet the growing demands and requirements within tight budgets.

Lastly, I want to recognize and thank the senior management team. I have a very talented and committed group of very experienced people supporting me in my role as interim president and chief executive officer. Together, we strive to co-ordinate and deliver health services that are safe and high-quality, help people live healthy lives and care for those who cannot care for themselves. Together, we continue to work toward our vision of healthy people, vibrant communities and care for all.

LORI LAMONT,
Interim President & Chief Executive Officer

Message de la Présidente-Directrice Générale

La dernière année a vu d'importants changements et défis au sein de l'Office régional de la santé de Winnipeg.

Après avoir consacré sa vie à prodiguer et gérer les soins de santé, notre présidente-directrice générale, Arlene Wilgosh, a pris sa retraite au printemps. Je voudrais reconnaître et remercier Arlene pour son engagement envers l'Office régional de la santé de Winnipeg et aussi envers le système de santé au Manitoba en général. Notre région sanitaire et les soins de santé au Manitoba sont d'autant meilleurs grâce à elle.

J'ai été très honorée que le conseil d'administration m'ait demandé d'assumer les fonctions de présidente-directrice générale par intérim. Dans le cadre de ce rôle, j'ai poursuivi nos efforts pour améliorer le flux des patients, accroître l'engagement du personnel et maintenir la reddition de compte et la durabilité fiscales.

Même si le risque au Manitoba et au Canada était faible, l'éclosion du virus Ebola en Afrique occidentale l'année dernière et les cas confirmés du virus aux États-Unis ont engendré de vives inquiétudes chez le personnel. En outre, le laboratoire fédéral de microbiologie se trouve à Winnipeg, ce qui a fait du virus Ebola un problème plus local et plus réel pour le personnel. En conséquence, nous étions obligés de rapidement établir un plan et nous préparer à réagir face aux éventuels cas confirmés du virus. Un effort vigoureux a été entrepris par le personnel et les professionnels de santé partout dans la Région, y compris ceux et celles désignés pour fournir les soins directs aux patients éventuellement atteints du virus Ebola. Nous étions donc bien préparés et je vous remercie tous pour votre travail.

Au mois de décembre, nous avons vu une hausse importante des visites aux services d'urgence et d'admissions à l'hôpital en raison de maladies ressemblant à la grippe. Le niveau accru des besoins aigus des personnes se présentant aux services d'urgence a entraîné un taux d'admission à l'hôpital passant de 10 pour cent à plus de 20 pour cent. Cela a créé des défis de flux des patients et pour le personnel de première ligne. Je remercie le personnel d'avoir travaillé avec acharnement pour répondre aux défis qu'a présentés cette hausse soudaine au sein du système.

L'Office régional de la santé de Winnipeg continue à être aux prises avec un environnement fiscal difficile. En outre, la demande des services que nous fournissons continue à augmenter, ainsi que les cas aigus des patients que nous servons. Cela souligne l'importance de continuer à être créatifs et innovateurs afin de répondre aux demandes et aux exigences croissantes tout en respectant des budgets restreints.

Enfin, je voudrais reconnaître et remercier l'équipe de direction supérieure. Je travaille avec un groupe de personnes talentueuses, dévouées et chevronnées qui m'appuient dans mon rôle de présidente-directrice générale par intérim. Ensemble, nous nous efforçons de coordonner et d'assurer la prestation de services de santé sécuritaires et de haute qualité, d'aider les gens à vivre en santé et de prendre soin de ceux et celles qui ne peuvent pas prendre soin d'eux-mêmes. Ensemble, nous travaillons avec acharnement pour réaliser notre vision d'une population en santé, de collectivités dynamiques et de soins pour tous.

LORI LAMONT,
présidente-directrice générale par intérim

Vision, Mission, Values 2011-2016

This year marks the last year of the Region's existing five-year strategic plan. Under the guidance of the board of directors, a new strategic plan has been prepared and submitted to Manitoba Health for the five-year period beginning April 1, 2016 until March 31, 2021.

In 2011, the board of directors approved the current Vision, Mission, Values statement, building upon the priorities from the previous strategic plan. The Region's current five-year plan increased focus on improving the patient experience, enhancing quality and integration and increasing the level of public engagement.

At the request of Manitoba Health, the Winnipeg Regional Health Authority refreshed its strategic plan as part of the 2014-15 Regional Health Plan annual submission process. All six of the Region's strategic directions remained unchanged, but the number of strategic priorities within these directions was reduced from 31 to 10. This increased the Region's focus, and better aligned its work with Manitoba Health in the areas of patient flow and access, primary care, process improvement and long-term care.

OUR VISION

Healthy People, Vibrant Communities, Care for All

OUR MISSION

To co-ordinate and deliver safe and caring services that promote health and well-being

OUR VALUES

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

CARE – as an unwavering expectation of every person

RESPECT – as a measure of the importance of every person

OUR COMMITMENTS

INNOVATION – that fosters improved care, health and well-being

EXCELLENCE – as a standard of our care and service

STEWARDSHIP – of our resources, knowledge and care

Strategic Directions

Focusing on its mission, guided by its values and conscious of its commitments, the Winnipeg Regional Health Authority works to:

1 ENHANCE PATIENT EXPERIENCE

Enhance patient experience and outcomes by listening more carefully to patients and considering their needs when designing and delivering services.

2 IMPROVE QUALITY AND INTEGRATION

Improve access to quality and safe care through improved integration of services and the use of evidence-informed practice.

3 FOSTER PUBLIC ENGAGEMENT

Work with the community to improve its health and well-being by forging partnerships and collaborating with those we serve.

4 SUPPORT A POSITIVE WORK ENVIRONMENT

Enhance quality care by fostering a work environment where employees are valued, supported and accountable and reflect the diverse nature of our community.

5 ADVANCE RESEARCH AND EDUCATION

Work with stakeholders to enhance academic performance through the development of an academic health sciences network where clinical education and research activities are better aligned and integrated.

6 BUILD SUSTAINABILITY

Balance the provision of health-care services within the available resources to ensure a sustainable health-care system.

VISION, MISSION ET VALEURS – 2011-2016

Cette année a marqué la dernière année du plan stratégique quinquennal actuel de la Région. Sous la direction du conseil d'administration, un nouveau plan stratégique a été préparé et déposé à Santé Manitoba pour la période de cinq ans du 1 avril 2016 au 31 mars 2021.

En 2011, le conseil d'administration approuvait l'énoncé actuel de la Vision, Mission et Valeurs, en s'appuyant sur les priorités du plan stratégique précédent. Le plan quinquennal actuel de la Région a mis davantage l'accent sur l'amélioration de l'expérience du patient, l'amélioration de la qualité et l'intégration, et l'augmentation du niveau de l'engagement public.

À la demande de Santé Manitoba, l'Office régional de la santé de Winnipeg a réévalué son plan stratégique dans le cadre du processus de dépôt annuel du Plan de santé de la Région. Les six orientations stratégiques de la Région sont demeurées telles quelles, mais le nombre de priorités stratégiques à l'intérieur de ces orientations a été réduit de 31 à 10. Cela a aiguisé l'attention de la Région et a permis de mieux aligner son travail sur celui de Santé Manitoba dans les domaines du flux des patients et leur accès aux soins, des soins primaires, de l'amélioration du processus et des soins de longue durée.

NOTRE VISION

Une population en santé. Des collectivités dynamiques. Des soins pour tous.

NOTRE MISSION

Coordonner et assurer la prestation de services compatissants et sécuritaires qui favorisent la santé et le bien-être.

NOS VALEURS

DIGNITÉ – le reflet de la valeur de chacun.

COMPASSION – une attente inconditionnelle de chacun.

RESPECT – la mesure de l'importance accordée à chacun.

NOS ENGAGEMENTS

INNOVATION – afin de favoriser l'amélioration des soins, de la santé et du bien-être.

EXCELLENCE – en tant que norme en matière de soins et de services.

SAINE GESTION – de nos ressources, de notre savoir et de nos soins.

ORIENTATIONS STRATÉGIQUES

Concentré sur sa mission, guidé par ses valeurs et conscient de ses engagements, l'Office régional de la santé de Winnipeg s'emploie à :

1 AMÉLIORER L'EXPÉRIENCE DU PATIENT

Améliorer l'expérience des patients et les résultats obtenus en écoutant plus attentivement les patients et en tenant compte de leurs besoins au moment de concevoir et de fournir les services.

2 AMÉLIORER LA QUALITÉ ET L'INTÉGRATION

Améliorer l'accès à des soins sécuritaires de qualité en intégrant mieux les services et en utilisant par la suite les pratiques fondées sur l'expérience.

3 ENCOURAGER LA MOBILISATION DE LA POPULATION

Travailler avec la collectivité pour améliorer sa santé et son bien-être en établissant des partenariats et des associations avec la population desservie.

4 FAVORISER UN MILIEU DE TRAVAIL POSITIF

Améliorer la qualité des soins en créant un milieu de travail dans lequel le personnel est valorisé, appuyé et tenu responsable de ses actes et qui reflète la nature diversifiée de notre collectivité.

5 FAIRE AVANCER LA RECHERCHE ET L'ÉDUCATION

Travailler avec les intervenants pour améliorer le rendement universitaire en constituant un réseau d'établissements d'enseignement en sciences de la santé dans lesquels les activités de formation clinique et de recherche sont mieux harmonisées et intégrées.

6 RENFORCER LA VIABILITÉ

Équilibrer la prestation des services de santé et les ressources disponibles pour assurer la viabilité du système de soins de santé.

Strategic Directions

1 ENHANCE PATIENT EXPERIENCE

ENHANCE PATIENT EXPERIENCE AND OUTCOMES BY LISTENING MORE CAREFULLY TO PATIENTS AND CONSIDERING THEIR NEEDS WHEN DESIGNING AND DELIVERING SERVICES.

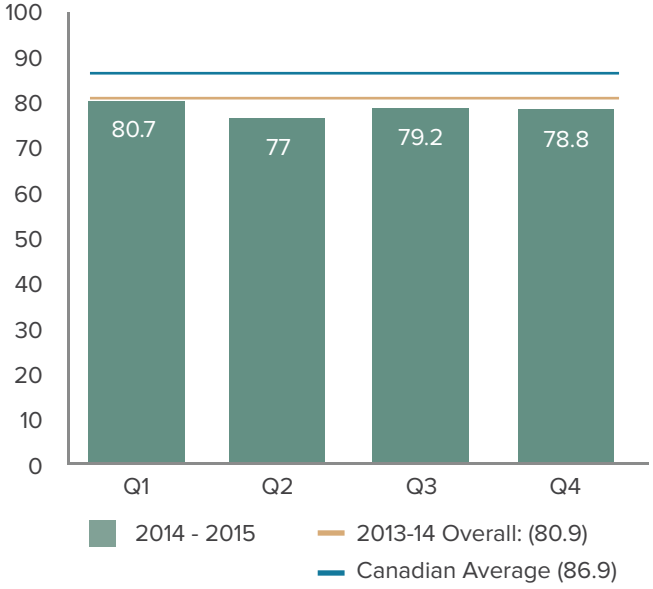
Since January 2013, the Region has partnered with the National Research Corporation of Canada to seek input from people on the care they received in emergency departments and in hospitals within the region. The survey instrument used is validated and approved by Accreditation Canada. The surveys are administered to randomly selected people on a monthly basis. The people selected for the survey receive a survey in the mail with the option of either completing it in paper format or online.

The Region established a target response rate of 25 per cent for surveys sent to emergency department and hospital patients. In 2014-15, the emergency department survey recorded an overall response of 26.6 per cent, and the hospital survey recorded an overall response rate of 29.1 per cent, which slightly exceeded the target.

The surveys capture the key perceptions and input from people about their care experience, provide a measurement indicator from year to year and are used to inform quality improvement initiatives across all sites and programs within the Region.

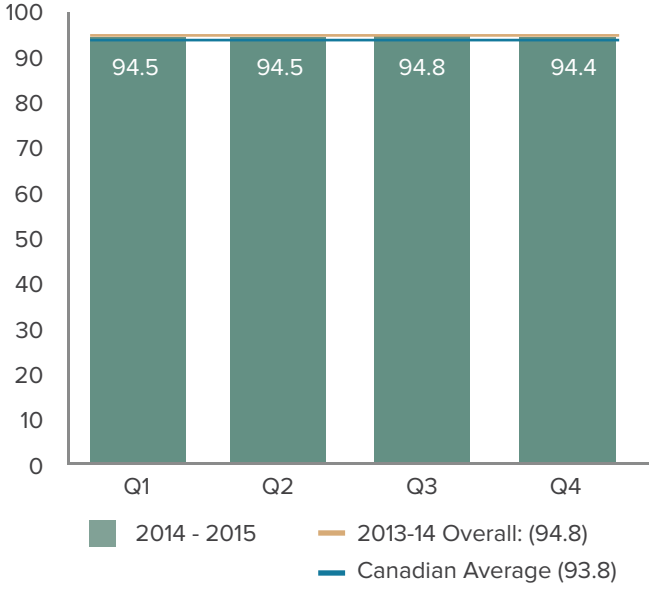
When rating the overall quality of emergency care, the percentage of people who indicated a positive score fluctuated from quarter to quarter, continued to be slightly below the Canadian average and remained at or below last year's overall level. The percentage of people who indicated a positive score when rating the overall quality of their hospital care remained steadily above the Canadian average, and remained consistent with last year's overall level.

Overall Quality of Emergency Department Care, % of Respondents Indicating Positive Score



Source: National Research Corporation Survey Results, 2014-15

Overall Quality of Inpatient Acute Care, % of Respondents Indicating Positive Score



Source: National Research Corporation Survey Results, 2014-15

CANCER PATIENT JOURNEY – IN SIXTY INITIATIVE

The Winnipeg Regional Health Authority continues to assume a major leadership role in the provincial IN SIXTY initiative, seeking to reduce the time from suspicion of cancer to first treatment to no longer than 60 days. This initiative, a major provincial priority, saw the Region lead and support a number of key cancer-related quality improvements.

IN SIXTY
CANCER ACTION

THE REGION WAS ACTIVE IN:

- Co-leading a table of provincial health organizations commonly involved in cancer care services in Manitoba, and also helped lead the project management team overseeing all cancer quality improvement work.
- Participating in the development of new cancer clinical pathways for high-grade prostate cancer and lymphoma. Updates were also made to existing pathways for breast, colorectal and lung cancers. Pathways are to serve as guides for providers on clinical management of cancer patients. Winnipeg Regional Health Authority clinical subject matter experts participated on all of these groups to help develop the optimal evidence-informed clinical pathways.
- Developing a new Winnipeg Cancer Hub, aimed at improving access to primary-care cancer services and enhancing navigation for people with cancer in Winnipeg. This was modelled after previously created Cancer Hub sites across rural and northern Manitoba, also created through the IN SIXTY initiative.
- Leading and participating in numerous rapid improvement events, utilizing LEAN six sigma methodology to help improve flow and eliminate waste related to cancer processes. There were multiple rapid improvement events province-wide, many of which related directly to Region operations. Areas of focus included:
  - Seeking to streamline primary-care referrals for suspected cancer cases, with the goal of having referrals made in 24 hours.
  - Establishing direct referral processes in breast imaging to expedite care and eliminate waiting time for appointments. This included development of a new breast imaging form for patients to move more expeditiously through the health system.
  - Working to help create central intake processes, most notably in endoscopy areas to provide access to the next available endoscopist or surgeon.
  - Creation of new cancer tracker positions who are monitoring progress of cancer care in select areas at both patient and population levels. These roles help to identify any undue delays, and flag any bottleneck or flow issues in cancer care.
  - Improved measurement of cancer intervals and results to help flag where quality improvement efforts need to focus, and help determine whether efforts to date have made an impact.
- Working with Manitoba eHealth and health providers in the development of an electronic cancer-tracking system capable of following people as they progress through their cancer journey. The technology related to the tracking system has been built; however, more work is being done to understand processes related to the cancer journey before being deployed.
- Working with cancer patients, families and providers in the development of Cancer Care in Manitoba Handbook and other related tools. This tool is to be made available to people with cancer to help educate and create preparedness, allow for logging and organization of key treatment facts and dates and provide awareness of other support services.

CATARACT SURGERY INNOVATION

An innovative research study at Misericordia Health Centre's Buhler Eye Care Centre is helping to improve the patient journey for nearly 10,000 Manitobans having cataract surgeries in the coming year.

The interprofessional surgery team conducting the study predicted cataract surgery patients with stable medical conditions could complete a simplified, focused questionnaire which allows for a significantly streamlined care path by eliminating the need for a preoperative history and physical.

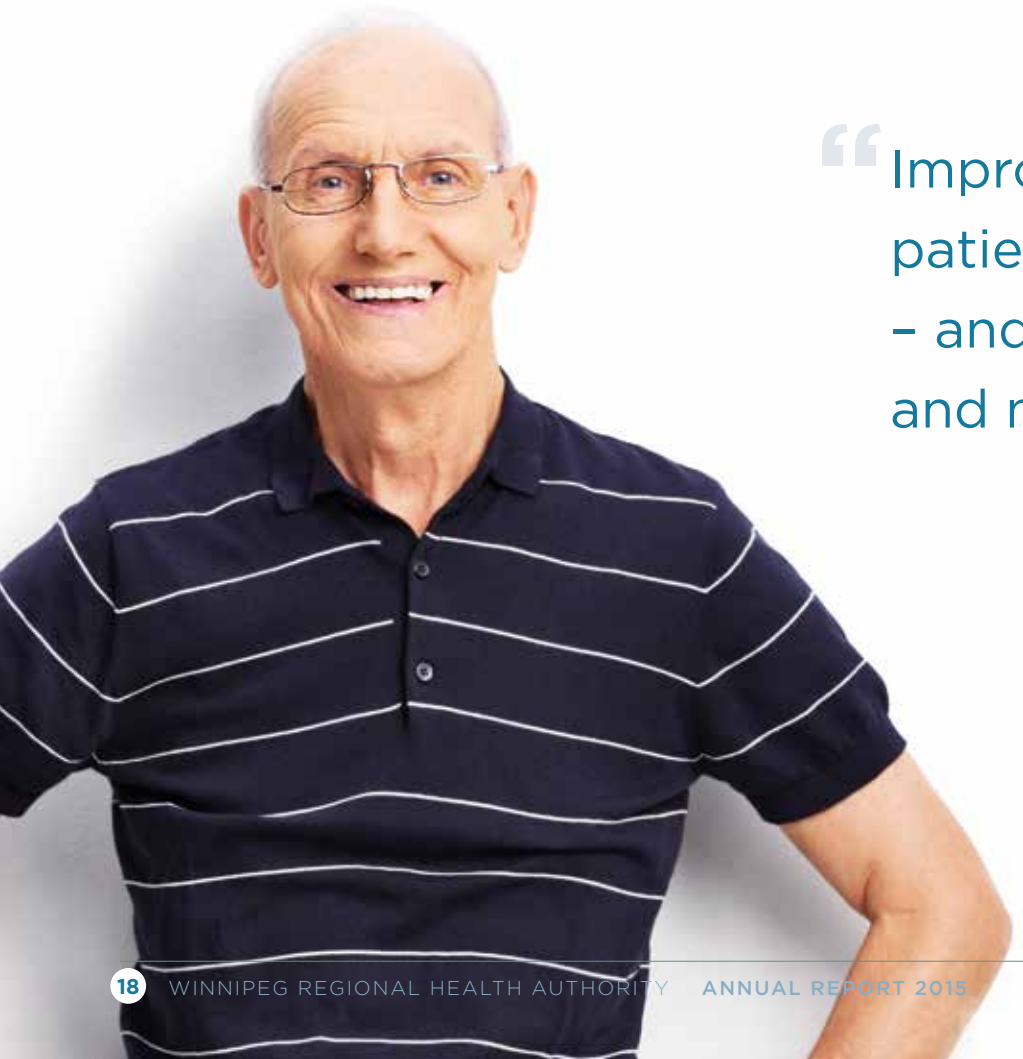
Previously, all cataract surgery patients were required to complete a detailed three-page questionnaire, history and physical exam with a family physician prior to surgery.

The three-page questionnaire was originally designed for patients undergoing general anesthesia. Significant advancements in cataract surgery in the last decade now allow the majority of cataract cases to be performed under topical anesthetic with sedation, so a simplified questionnaire was created.

Having a history and physical meant an additional visit to a patient's family physician. Inevitable delays ensued including booking an appointment with a family physician, waiting for history and physical information to be sent to the ophthalmologist and having follow-up appointments with an ophthalmologist.

These preoperative family physician visits were identified in a cataract wait time assessment study as causing stress and inconveniencing patients, as well as delaying cataract surgery and adding costs to the health-care system.

Patients at higher risk and with new or unstable medical problems continue to see their family doctor before surgery. However, by simplifying the preoperative screening process for medically stable patients, both time and money are saved. At the same time the patient experience is improved.



> "Improving the patient experience – and saving time and money."

misericordia.mb.ca

PATIENT PRIVACY

The Winnipeg Regional Health Authority takes its responsibility to safeguard and protect personal health information seriously. This year, the Region enhanced and modified several of its policies to clarify there is no tolerance for snooping in patient records and files.

Snooping in a personal health record of a patient, client or resident is not permitted under the law, regional policies nor by professional regulatory bodies in the province.

Some examples of snooping include:

- accessing personal health information for people when you are not part of the immediate care team or have not been consulted;
- accessing personal health information of family members, friends or anyone you do not have a work-related purpose to access (please speak with your site privacy officer about appropriate processes in place to access your own personal health information); and
- accessing anyone's personal health information or personal information out of curiosity.

The Winnipeg Regional Health Authority is committed to maintaining the confidentiality and privacy of patient information, and recognizes these are fundamental tenets of health care.

As such, under the enhanced policy structure, an employee found to have snooped in the personal health information of a co-worker, patient, client or resident can expect that disciplinary measures will be applied to the fullest extent possible.

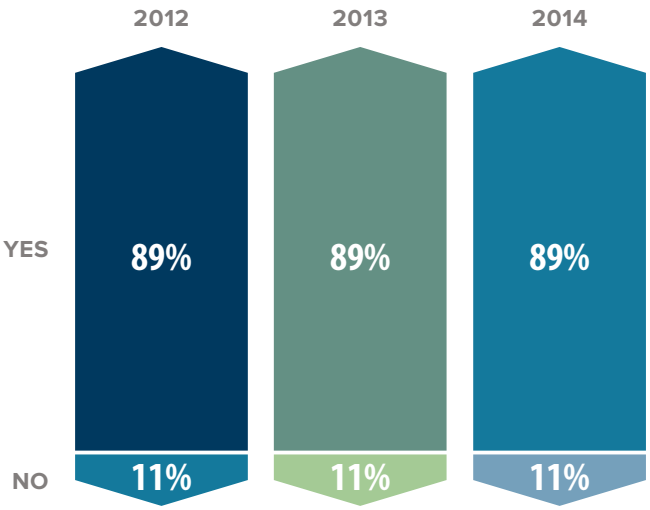
> "There is no tolerance for snooping in patient records and files."

FAMILY DOCTOR ACCESS

Just under 90 per cent of Winnipeg residents surveyed continue to indicate they have a regular family doctor. Unfortunately, more of Winnipeg's residents who do have a family doctor are not always able to get an appointment when they get sick. In 2013, 16 per cent of Winnipeg respondents indicated they were unable to get an appointment with their regular family doctor when they got sick. In 2014, 19 per cent of respondents indicated they were unable to get an appointment. This continues to underscore a need to not only increase access to family doctors and primary care, but also to continue working to establish primary care networks, which better enable family physicians to see more people.

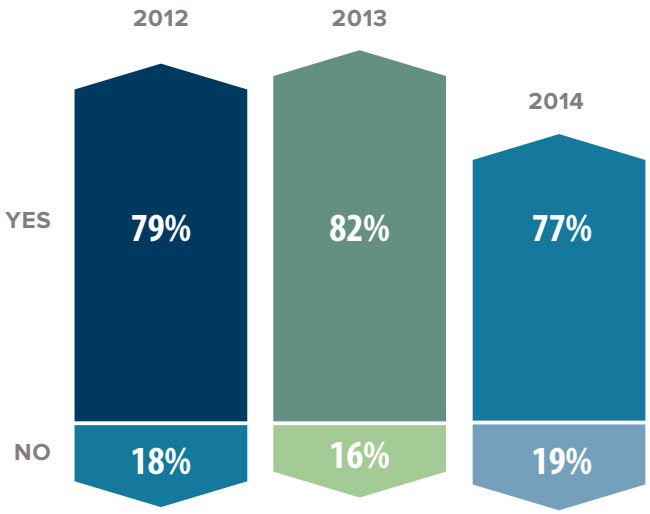
Within the Region, primary care connectors continue to match people with family doctors or other suitable primary care providers through the Family Doctor Finder website and phone line. These services provide an option for those without a regular family doctor or primary care provider to find one. The online registry of care providers accepting new patients is managed by the Winnipeg Regional Health Authority with support from Manitoba Health, and within the Region there are an average of 100 care providers willing to accept new patients in Winnipeg. The online service continues to receive about 400 requests a week, and connected more than 24,200 people with a family doctor or primary care provider over the last year, and has connected more than 26,300 since inception.

DO YOU HAVE A REGULAR FAMILY DOCTOR?



Source: Systems Tracking Report, 2013-14

ARE YOU ABLE TO GET AN APPOINTMENT WITH YOUR REGULAR FAMILY DOCTOR WHEN YOU GET SICK?



Source: Systems Tracking Report, 2013-14

QUICKCARE CLINICS

QuickCare clinics help improve access to quality primary care. These clinics are designed to meet unexpected health-care needs of Winnipeg residents during times when many other clinics are closed. These clinics are staffed by a team of registered nurses and nurse practitioners who can diagnose and treat minor health issues, including prescribing medications.

By operating during weekends, evenings and holidays, QuickCare clinics offer an alternative when regular health-care providers are not available or when a visit to the emergency department is not required. They are not intended to replace regular visits with a person's usual health-care provider.

There are currently three QuickCare clinics operating in Winnipeg, located in the following community areas:

- Point Douglas (363 McGregor Street)
- St. Boniface (17 St. Mary's Road)
- St. Vital (640 Dakota Street)

Three additional clinics are scheduled to open in Winnipeg over the next 18 months:

- Southdale (115 Vermillion Road)
- Seven Oaks (930 Jefferson Avenue)
- St. James (location to be determined)

MyRightCare.ca

> "QuickCare clinics offer an alternative to emergency department visits."

QuickCare clinics - number of patient visits		
	Fiscal Year	
	April 2013-April 2014	April 2014-April 2015
363 McGregor Street (opened January 2012)	20,251	21,865
17 St Mary's Road (opened November 2012, fully operational March 2013)	15,845	18,210
640 Dakota Street (opened January 2015)	N/A	2,497
Total number of visits	**36,096**	**42,572**

FOOD AND NUTRITION SERVICES

More than 2.8 million meals were served to hospital patients and personal care home residents last year across the Winnipeg Regional Health Authority.

The Region's Nutrition and Food Services program strives to provide high-quality, nutritious meals that adhere to high clinical practice and food safety standards. Employees are responsible for providing more than 8,000 customized meals each day to Seven Oaks General Hospital, Victoria General Hospital, Grace Hospital, Concordia Hospital and Concordia Place, Deer Lodge Centre, Misericordia Health Centre and Misericordia Place, Riverview Health Centre, Calvary Place, Meals on Wheels and congregate meal programs.

Menus rotate on a three-week cycle, meeting the needs of 97 diet types. These menus provide a wide variety of foods, including ethnic and religious dietary preferences such as bannock, caribou, Arctic char and selections of kosher, East Indian and vegetarian entrees.

Meals are prepared at the Winnipeg Regional Health Authority's Regional Distribution Facility (RDF), a 47,000-square-foot facility located in the St. Boniface Industrial Park. Leading technology is woven through all of the facility's processes from meal forecasting and procurement, to portioning, meal assembly and delivery. A sophisticated wide-area computer network provides integrated communication between the RDF and the sites it serves.

Food safety and quality audits are performed regularly during the meal assembly process and at all points of delivery. For patients and residents, that equates to routinely high levels satisfaction and an accuracy rate that often exceeds 95 per cent. The RDF is one of the most cost-effective facilities of its kind in Canada.

The Region's Nutrition and Food Services department is comprised of three major areas, including the Clinical Nutrition and Food Service Management programs, and the Manitoba Partnership Dietetic Education Program, which accepts up to 25 post-degree students working to become a registered dietician. The program is the largest post-graduate internship program in Canada.

MORE THAN
2.8 MILLION
MEALS ARE SERVED TO PATIENTS AND RESIDENTS **EVERY YEAR**

MORE THAN
8,000 CUSTOMIZED MEALS
ARE ASSEMBLED AND DELIVERED **EACH DAY**

UP TO
2,000 SANDWICHES
18 DIFFERENT KINDS
ARE MADE DAILY

MEETING THE WINNIPEG REGIONAL HEALTH AUTHORITY'S MEAL PREPARATION NEEDS REQUIRES A
STAFF OF 215
WORKING THREE SHIFTS OVER AN 18-HOUR PERIOD EACH DAY

PERSONAL CARE HOME CAPACITY

The Winnipeg Regional Health Authority has identified a need for additional personal care home capacity within the region. Additional personal care home capacity is not only required to improve patient flow, but also to accommodate a population that is growing older and can no longer remain safely in their own homes.

Currently, the Winnipeg Regional Health Authority has 38 personal care homes totalling 5,706 beds. In an effort to accommodate Winnipeg's aging population, and implement judicial inquest recommendations, the Region has reviewed the existing and forecasted needs for personal care home availability across Winnipeg. Using a provincial standard recommending a capacity of 115 personal care beds per 1,000 people over the age of 75, the Winnipeg Regional Health Authority would require approximately 5,104 additional personal care home beds be built in Winnipeg by the year 2032 in order to meet the growing demands of an aging population.

In an effort to address this need, the Region is working with Manitoba Health on a number of projects to renovate and expand existing personal care homes and build new ones:

- Actionmarguerite will be expanding specialized behavioural care capacity.
- Deer Lodge Centre and Middlechurch Home will be expanding specialized behavioural care capacity.
- Holy Family Personal Care Home will introduce specialized behavioural beds and expand the capacity of the facility to a total of 157 beds.
- Park Manor Care in North East Winnipeg's capacity will be expanded by 120 beds.
- Bridgewater Personal Care Home in South Winnipeg's capacity will be expanded by 120 beds.

wrha.mb.ca/ltc/pch/index.php

NEW AND IMPROVED HEALTH FACILITIES

Several key infrastructure projects are underway across the Winnipeg Regional Health Authority. These capital projects help enhance services and overall patient experiences. Key infrastructure improvements include:

ST. BONIFACE HOSPITAL NEW CARDIAC CARE UNIT

The renovated 4,350-square-foot space will accommodate an eight-bed Acute Cardiac Care Unit including associated support functions. The new unit will provide single-patient rooms with enhanced infection prevention and control, improved safety and security including desired privacy for patients and families. Patient rooms are more generously sized in comparison to the existing space and two rooms will be large enough to accommodate intra-aortic balloon pumps and the fluoroscopy C-arm on the unit.

HEALTH SCIENCES CENTRE WINNIPEG DIAGNOSTIC CENTRE OF EXCELLENCE & HELIPORT

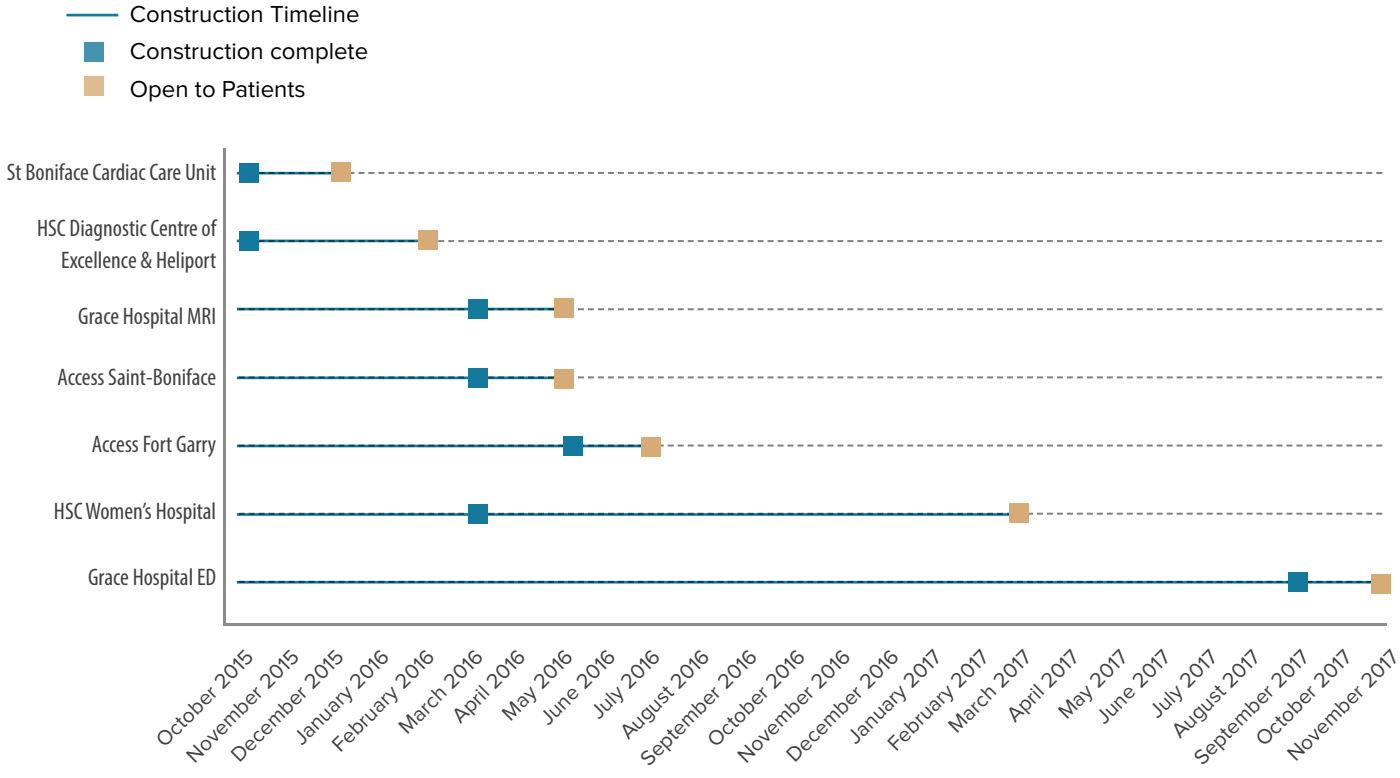
The new, seven-storey, 91,000-square-foot centre will consolidate a variety of equipment into its location including a new pediatric MRI and a new CT scanner, three new adult angiography ORs and a shared adult/pediatric cardiac cath lab. It also consolidates pediatric X-ray, fluoroscopy and ultrasound. It will be the first health facility in Manitoba to have a rooftop heliport with direct elevator access to emergency rooms and operating theatres.

GRACE HOSPITAL MRI BUILDING ADDITION

The Grace will soon become the first community hospital in Winnipeg with MRI equipment, allowing them to perform more than 3,000 scans annually.

CONSTRUCTION TIMELINE

October 2015 - November 2017



ACCÈS/ACCESS SAINT-BONIFACE

ACCESS St. Boniface will offer quality services to French-speaking Manitobans, including primary care services, public health services, mental health services, employment and income assistance services, early learning and child care services, the marketAbilities program, children's disabilities services, community living disability services and home care services. This site will also be the new home of Centre de santé Saint-Boniface.

ACCESS FORT GARRY

ACCESS Fort Garry will offer community-based services including primary care services, public health services, mental health services, employment and income assistance services, the marketAbilities program, children's disabilities services, home care services, home care nursing clinic and audiology and speech language services.

HEALTH SCIENCES CENTRE WINNIPEG NEW WOMEN'S HOSPITAL

The new 390,000-square-foot Women's Hospital will care for mothers, babies and their families in addition to serving as a hub for surgical and consultation services for women of all ages. An expanded neonatal intensive care unit will also be included in this facility.

GRACE HOSPITAL EMERGENCY DEPARTMENT

An all-new 37,000-square-foot emergency department will be located between Grace Hospital and ACCESS Winnipeg West. Patient care will be enhanced with streamlined processes including a minor treatment/fast track area.

URGENT CARE WAITING ROOM TIMES ADDED ONLINE

In September 2013, the Winnipeg Regional Health Authority made available on its website emergency department wait time information. The Region was the first in Manitoba to make this information publicly available in real time.

Wait time information was expanded this year to include the Misericordia Urgent Care. The current status of the waiting room for the Misericordia Urgent Care is updated publicly, in real time, in the same way this information is made available for each of the emergency departments across the Region.

Wait time information is updated every 10 minutes to reflect the most current status of each emergency department waiting room, and provides three different sets of information for each of the Region's six emergency departments:

CURRENT EMERGENCY DEPARTMENT & URGENT CARE CENTRE WAITING ROOM TIMES

September 23, 2015 01:55 PM

Wait times are updated every 5-10 minutes

FACILITY	PATIENTS WAITING	AVERAGE WAIT	LONGEST NON-URGENT WAIT
Concordia Hospital	20	2 : 00 hr mins	6 : 45 hr mins
Grace Hospital	2	0 : 15 hr mins	0 : 30 hr mins
Health Sciences Centre - Adult	12	0 : 45 hr mins	2 : 00 hr mins
Health Sciences Centre - Children's	9	1 : 45 hr mins	3 : 45 hr mins
Misericordia Urgent Care Centre	11	1 : 00 hr mins	2 : 30 hr mins
Seven Oaks General Hospital	1	0 : 00 hr mins	0 : 00 hr mins
St. Boniface Hospital	18	1 : 30 hr mins	3 : 00 hr mins
Victoria General Hospital	7	1 : 00 hr mins	1 : 45 hr mins

PATIENTS WAITING – This shows the number of patients in the waiting room who have been registered and triaged, but are waiting to get into a treatment space.

AVERAGE WAIT – This shows the average wait time (from time of patient registration in the computer system to the time that the web page was last updated) for all patients currently in the waiting room as of the web page update time.

LONGEST NON-URGENT WAIT – This shows the longest any one patient currently in the waiting room has been waiting (from time of patient registration in the computer system to the time that the web page was last updated).

> "The Region was the first in Manitoba to make emergency wait time information publicly available in real time."

wrha.mb.ca/wait-times/index.php

2 IMPROVE QUALITY AND INTEGRATION

IMPROVE ACCESS TO QUALITY AND SAFE CARE THROUGH IMPROVED INTEGRATION OF SERVICES AND THE USE OF EVIDENCE-INFORMED PRACTICE.

STARS INTEGRATION

STARS began providing emergency response services in Manitoba on a full-time basis in 2011. In August 2014, the Winnipeg Regional Health Authority assumed responsibility for the operational relationship with STARS.

Since this time, the Winnipeg Regional Health Authority has been working closely with STARS, the Medical Transportation Co-ordination Centre and the Office of the EMS Medical Director to move forward with recommendations arising from the Clinical Oversight Panel chaired by Dr. Brian Postl.

The Winnipeg Regional Health Authority and STARS leadership continue to work together and remain focused on more fully integrating STARS into the health system. Increasing scene and inter-facility transport call volumes to help improve operational efficiency and contribute to ongoing maintenance of clinical competency has also been a priority. STARS is now pre-alerted and activated earlier on during emergencies which have resulted in a greater number of missions and inter-facility transports by STARS.

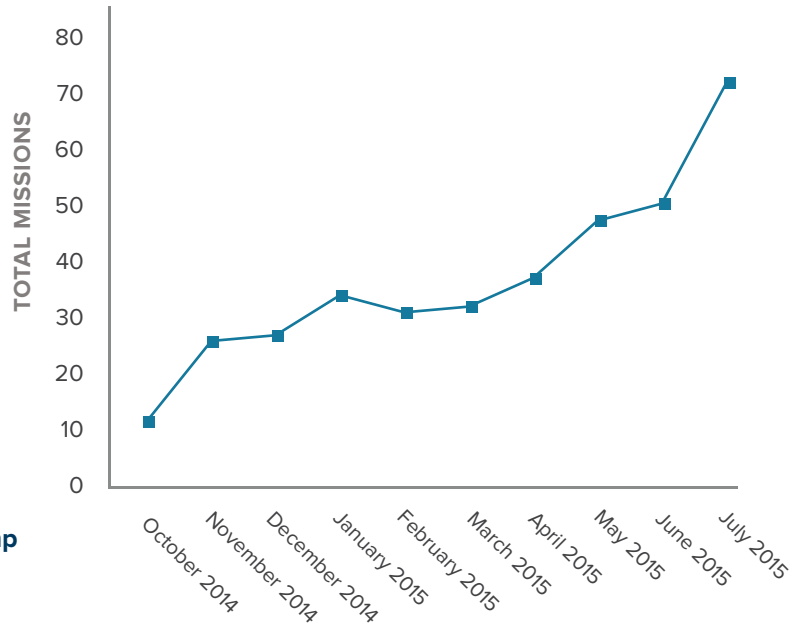
In addition, STARS delivers rapid advanced response to rural and remote areas to help stabilize and support critically ill patients. Pre-alerting and activating STARS earlier better enables the health system to get this specialized medical care to patients more quickly.

Work to design and operationalize a pediatric transport team is ongoing. The respiratory therapist component of the pediatric specialty team is now working with LifeFlight, and will complete training and orientation with STARS in the fall. The pediatric nursing component of the specialty team remains under development. When fully operational, the pediatric specialty team will ultimately support all modes of inter-facility transport for children throughout the province whether transported by ground, airplane or helicopter.

wrha.mb.ca/healthinfo/reports/stars.php

MONTHLY STARS MISSIONS

October 2014 - July 2015



Source: STARS/Winnipeg Regional Health Authority database

EBOLA VIRUS DISEASE

The outbreak of Ebola virus disease in West Africa in the fall of 2014 required the Winnipeg Regional Health Authority, like health systems across North America, to plan and prepare for the possibility of responding locally to positive cases of Ebola.

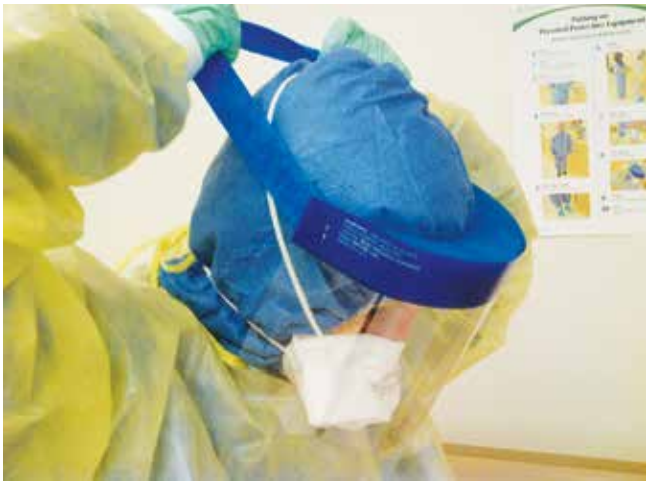
The Region's planning and preparation to handle positive cases of Ebola was made more urgent when the Public Health Agency of Canada announced plans to repatriate members of a National Microbiology Laboratory mobile lab team back to Manitoba in September 2014. There was a risk that team members had been exposed to individuals with Ebola symptoms. Fortunately, none of those returning developed Ebola. Shortly thereafter, a positive case of Ebola was confirmed in the United States by the Centres for Disease Control and Prevention, and health professionals who treated that individual were also confirmed to have Ebola.

Despite the public health risk of Ebola in Canada and Manitoba being very low, the Region undertook significant planning and preparation in a very short period of time.

These efforts included:

- Actively monitoring the outbreak in consultation with the Public Health Agency of Canada;
- Updating and aligning regional infection control standards with what was being recommended as best practice when responding to Ebola cases;
- Designating the Health Sciences Centre Winnipeg as the only site within Manitoba to receive any suspected case of Ebola;
- Renovating treatment rooms at the Health Sciences Centre Winnipeg to safely accommodate Ebola patients;
- Designating teams of health professionals to provide direct care to Ebola patients;
- Ensuring the proper personal protective equipment was stocked and available to staff across the Region as well as the province;
- Training staff how to safely apply and remove protective equipment in the rare event that it had to be used;
- Co-ordinating and helping define response protocols for emergency services and inter-facility transport; and
- Seeking travel history of patients presenting at emergency departments, primary care offices and clinics with symptoms possibly consistent with Ebola as recommended by the Public Health Agency of Canada.

> "The Region undertook significant planning and preparation to handle possible positive cases of Ebola."

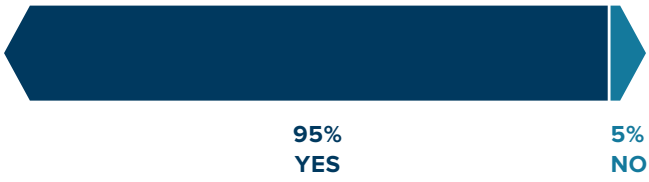


BOIL WATER ADVISORY – CITY OF WINNIPEG

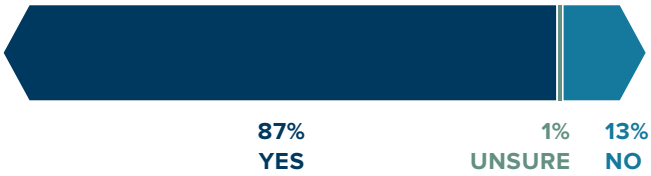
In January 2015, the Winnipeg Regional Health Authority's medical officer of health issued a boil water advisory for the City of Winnipeg. This was the second time a boil water advisory had been issued for the City of Winnipeg. Boil water advisories are issued based on regulations and standards established by both federal and provincial governments. The Winnipeg Regional Health Authority continues to work with the provincial departments of Health, Conservation and Water Stewardship, together with the City of Winnipeg, to co-ordinate communication efforts and process with respect to issuing and communicating boil water advisories.

A key objective for the Winnipeg Regional Health Authority is to ensure the public is notified as effectively as possible when an advisory has been issued, and that recommendations from health officials to reduce risks to health are understood, accepted and followed by the public. Following the boil water advisory in January 2015, Winnipeg residents were asked if they were aware of the boil water advisory, and if they boiled their tap water as recommended by health officials. Nearly all respondents (95 per cent) indicated they were aware of the boil water advisory, and among those who were aware of the advisory more than four in five (87 per cent) indicated they boiled their water as recommended by health officials. These results suggest solid awareness levels of boil water advisories and strong compliance with recommendations from health officials, but they also underscore gaps in the event the public water supply in Winnipeg is ever contaminated.

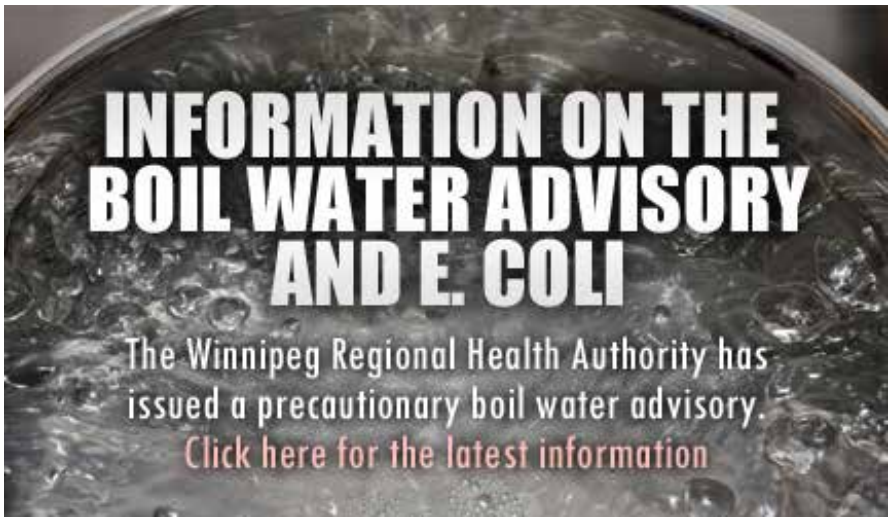
BEFORE TODAY, WERE YOU AWARE OF THE BOIL WATER ADVISORY THAT WAS ISSUED IN WINNIPEG THIS PAST JANUARY?



DURING THE TIME THIS ADVISORY WAS IN PLACE, DID YOU BOIL YOUR TAP WATER OR USE BOTTLED WATER FOR DRINKING, COOKING OR BRUSHING TEETH, AS RECOMMENDED BY HEALTH OFFICIALS?



Source: Probe Research Omnibus Survey



CRITICAL INCIDENT REVIEW PROCESS

A key component of the Winnipeg Regional Health Authority's quality improvement efforts is the critical incident review process.

There are times in the delivery of health services when something unexpected happens to a patient, resident or client that causes them unintended, serious harm. When this happens, it is essential for the health system to acknowledge what happened, investigate it and make any necessary changes to improve the system.

What constitutes a critical incident, as well as many aspects of the process, is legally defined by *The Regional Health Authorities Act*.

The Act defines a critical incident as:

- An unintended event that occurs when health services are provided to an individual and results in a consequence to him or her that:
  - is serious and undesired, such as death, disability, injury or harm, unplanned admission to hospital or unusual extension of a hospital stay, and;
  - does not result from the individual's underlying health condition or from a risk inherent in providing health services.

Some examples of a critical incident might include:

- Being operated on the wrong side or site.
- Receiving the wrong medicine or wrong dose of a medicine that results in serious harm to the patient, resident or client.
- "Breakdowns" in communication during transitions of care that result in serious harm to the individual.

Many aspects of the critical incident process in Manitoba are confidential. In order to learn from these incidents, staff and the public need to trust that they can disclose and talk about them honestly and truthfully in a confidential, non-judgmental manner. While the Region is committed to maintaining confidentiality, it recognizes the need to also be open with patients or their families when a medical error occurs, sharing with them the findings from the investigation, including the facts about what happened.

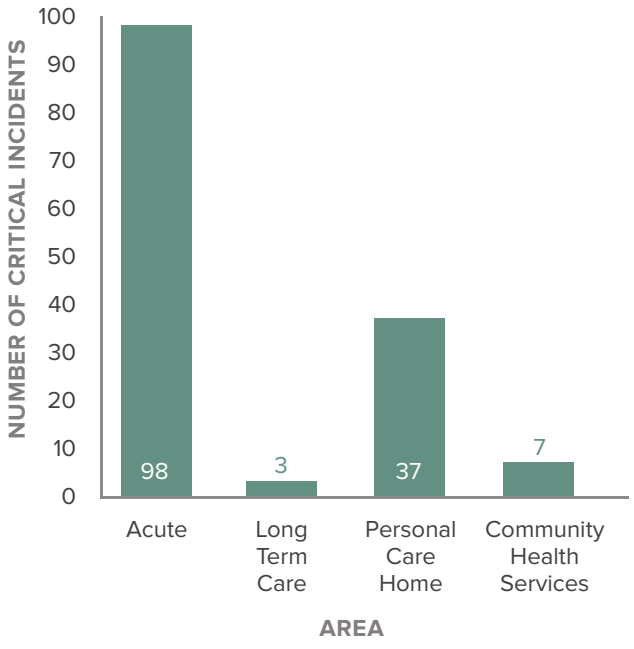
This helps promote an organizational culture of trust and transparency, where those reporting critical incidents can do so without fear of reprisal, and where the overall focus is on safety and improvement.

The chart below highlights the number of critical incidents reported in fiscal year 2014-15, totalling 145 critical incidents reported across the Region.

The majority of critical incidents reported continue to be related to skin/tissue (pressure ulcers) and falls, as shown below.

wrha.mb.ca/healthinfo/patientsafety/criticalincident/index.php

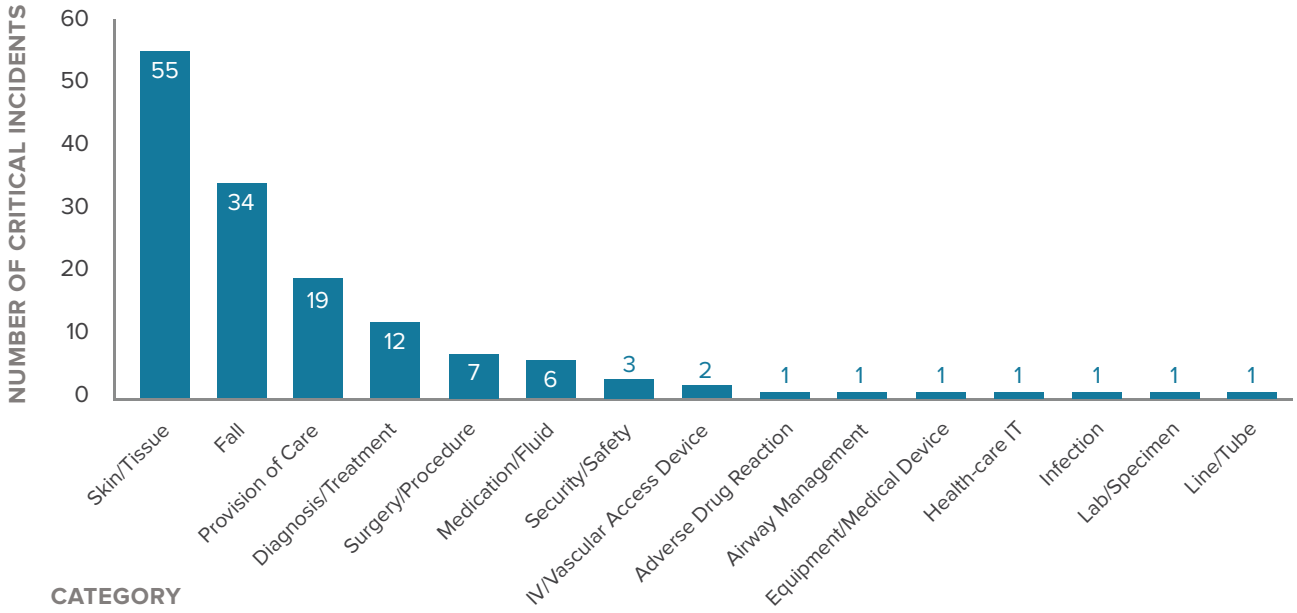
NUMBER OF CRITICAL INCIDENTS, 2014-15
reported by area



Source: RL6 Database

CATEGORY OF CRITICAL INCIDENTS, 2014-15

reported by category



Source: RL6 Database

BRIAN SINCLAIR INQUEST REPORT & RECOMMENDATIONS

In December 2014, the judicial inquest report into the death of Mr. Brian Sinclair was released. The report included 63 recommendations that addressed various issues identified as contributing to Mr. Sinclair's death. The inquest concluded in June 2014 after a total of 40 hearing days in which 82 witnesses provided testimony. The Winnipeg Regional Health Authority accepted the inquest report and its recommendations.

Immediately following Mr. Sinclair's death in 2009, the Winnipeg Regional Health Authority and Health Sciences Centre Winnipeg implemented several changes to address issues that were identified immediately, including:

- Patients entering Health Sciences Centre Winnipeg's emergency room are now better identified and tracked;
- Once in the waiting room, everyone there – patients, their family members and friends – are checked on regularly;
- Roles and responsibilities of staff within the department have been further clarified;
- Primary care clinics sending patients directly to an emergency department are expected to call ahead to let doctors and nurses know a patient is on their way; and
- Physical upgrades to Health Sciences Centre Winnipeg's emergency department were also made.

The Winnipeg Regional Health Authority is currently working with the Province of Manitoba on implementing the recommendations.

RL6 SOFTWARE IMPLEMENTATION

In 2013, the Region began implementation of the RL6: Risk system, which reports and manages critical incidents and occurrences.

Over the last year, Misericordia Health Centre, Riverview Health Centre, St. Boniface Hospital and the majority of personal care homes have implemented the software. They join Victoria General Hospital, Seven Oaks General Hospital, Concordia Hospital, Deer Lodge Centre, Community Health Services and Grace Hospital, all of which currently use RL6.

Data from RL6: Risk is shared with appropriate regional committees to promote learning and improvement. The ultimate goal of the new system is to improve patient care and safety. It enables staff and leaders to engage in various types of reviews while still providing the necessary legal privilege required for critical incidents. RL6: Risk also makes it possible to significantly streamline the critical incident review process.

The software is robust and has many benefits, including:

EFFICIENCY

Duplication of effort has been eliminated through direct staff entry. This has entirely eliminated the data entry function.

TIMELY ACCESS TO INFORMATION

Managers/directors are provided with an alert notifying them of an occurrence. The alerts are sent automatically every six hours.

ENHANCED REPORTING CAPABILITIES

The system allows for real-time reporting. Automated reports, both standard and customized, can be sent to users on a schedule pre-determined by the user.

STRENGTHENED ACCOUNTABILITY

The new system promotes accountability by notifying managers/directors of unopened and inactive occurrences.

PROMOTION OF INFORMATION SHARING

Sensitive fields can be protected and event details can be shared with ease.

FILE LINKING CAPABILITY

The system has the ability to link files that share similar traits. This allows a manager to review or analyze a cluster of files (e.g. events where medications could have contributed to a fall or incidents involving the same patient).

IMPROVING PATIENT FLOW

Improving patient flow continues to be the priority for the Winnipeg Regional Health Authority.

Patient flow describes how people move and transition between various components of the health system, regardless of where or how they happened to enter the system.

Patients transitioning properly across various components of the health system are patients who are getting the right care, in the right place, at the right time.

When the health system is not moving patients efficiently, it can result in extended waits in emergency rooms and ambulance bays, and when waits across the system – in emergency rooms or elsewhere – get to be too long, the quality of the care provided begins to diminish.

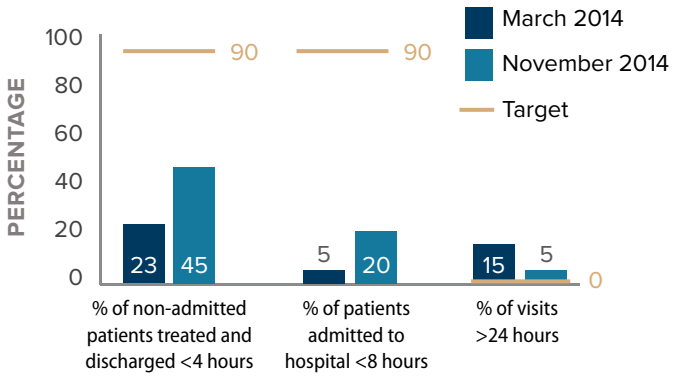
There are many factors affecting the movement of patients as they transition across various health services. Three factors have been identified as requiring greater support to improve patient flow within the Region:

- Timely clinical decision-making and flow in the emergency department;
- Hospital occupancy levels and inpatient flow; and
- Timely access to primary and supportive care in the community.

Last year, the Region focused its improvement efforts on the four- and eight-hour targets specifically at the Health Sciences Centre Winnipeg and Grace Hospital while continuing to engage all parts of the organization and all hospitals on the 24-hour target.

Prior to sharp increases in the volume and acuity of patients arriving at emergency departments in December 2014, patient flow at the Grace Hospital significantly improved between March 2014 and November 2014.

GRACE HOSPITAL



Source: Emergency Department Information System

Between March and November, overall visits to the Grace Hospital emergency department increased. At the same time that volume was increasing, Grace Hospital's left without being seen rate decreased significantly from 10 per cent in March to three per cent in November. Not only was Grace Hospital able to make significant improvements to patient flow during this time, they were also able to make these improvements during a time when patient volume was increasing. More importantly, fewer of the patients seeking care at the Grace Hospital were leaving without receiving it. While more work needs to be done to sustain flow improvements at the Grace Hospital and across the Winnipeg Regional Health Authority, improvements in key areas have been made.

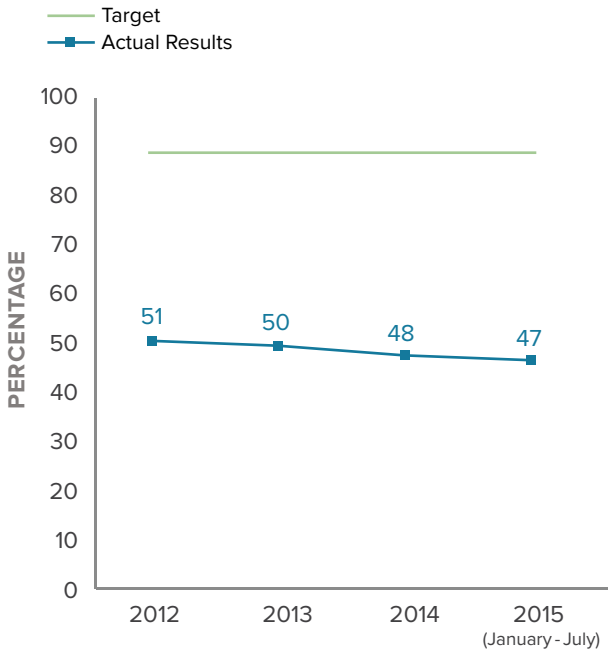
To date, key efforts to improve patient flow across the Region have included:

- Requiring all clinical programs and acute care sites to establish plans to meet daily patient demand requirements to support admissions from the emergency department;
- Working with Manitoba Health to identify capital projects in the community and long term care to build system capacity in key areas affecting patient flow;
- Establishing innovative models of care such as the personal care unit and the community and clinical decision unit at the Health Sciences Centre which help address high volumes of admitted people waiting for either a personal care home space or a hospital bed;
- Introducing the transitional support care program which provides 24-hour transitional care support to participants in an effort to assist them in managing their health and housing issues so they are able to transition into a permanent housing setting; and
- Continuing the public awareness campaign called MyRightCare to promote the many health service options available to the public other than emergency departments.

MyRightCare.ca

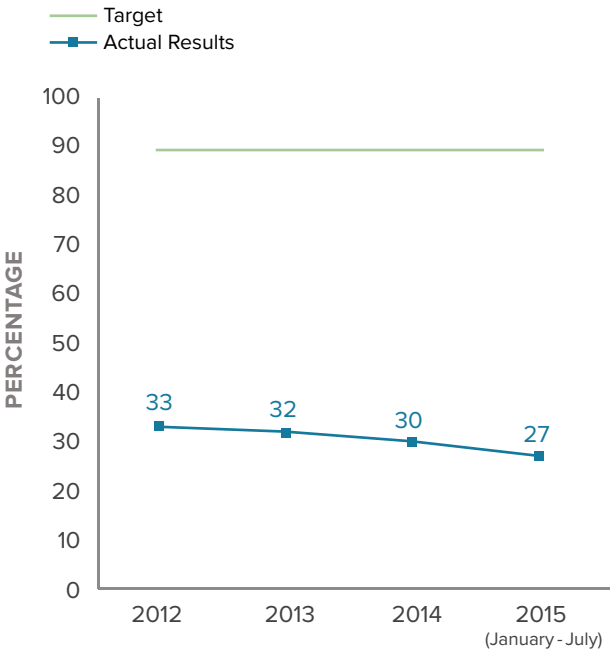
WINNIPEG REGIONAL HEALTH AUTHORITY PATIENT FLOW TARGETS

2015 GOAL: TREAT AND DISCHARGE 90 PER CENT OF NON-ADMITTED EMERGENCY ROOM PATIENTS WITHIN FOUR HOURS.



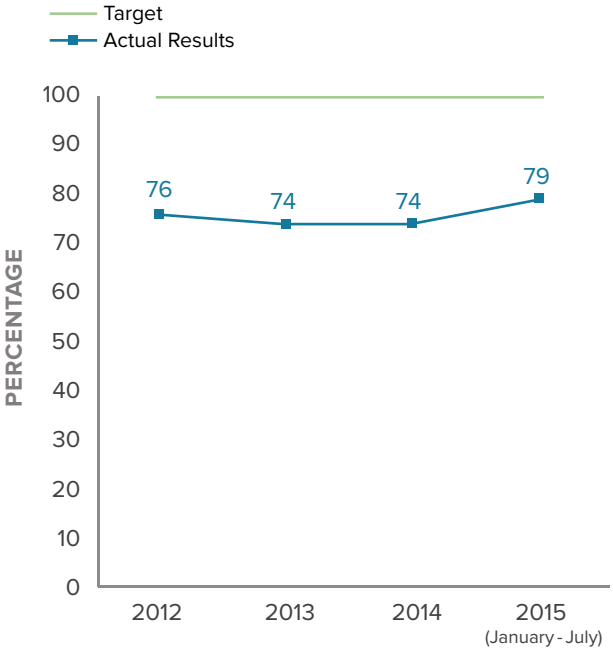
Source: Emergency Department Information System

2015 GOAL: FIND A BED FOR 90 PER CENT OF EMERGENCY ROOM PATIENTS WHO HAVE BEEN ADMITTED TO HOSPITAL WITHIN EIGHT HOURS.



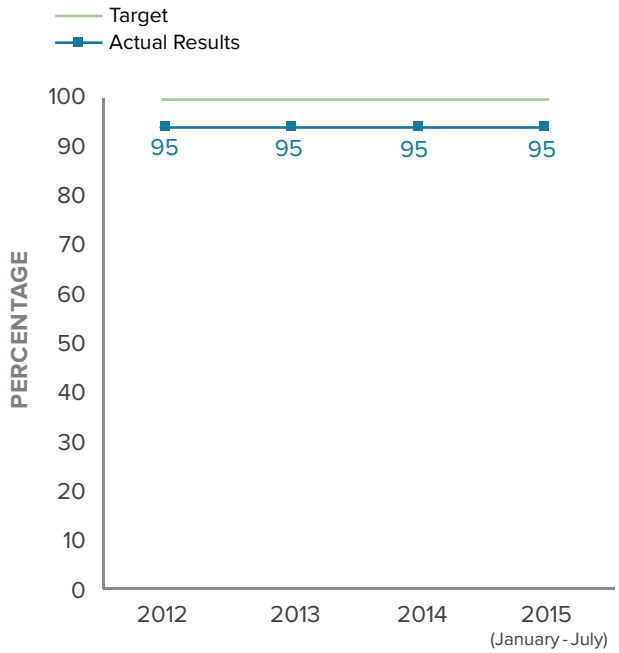
Source: Emergency Department Information System

2015 GOAL: ALL AMBULANCES ARE ABLE TO UNLOAD PATIENTS AT HOSPITALS WITHIN 60 MINUTES.



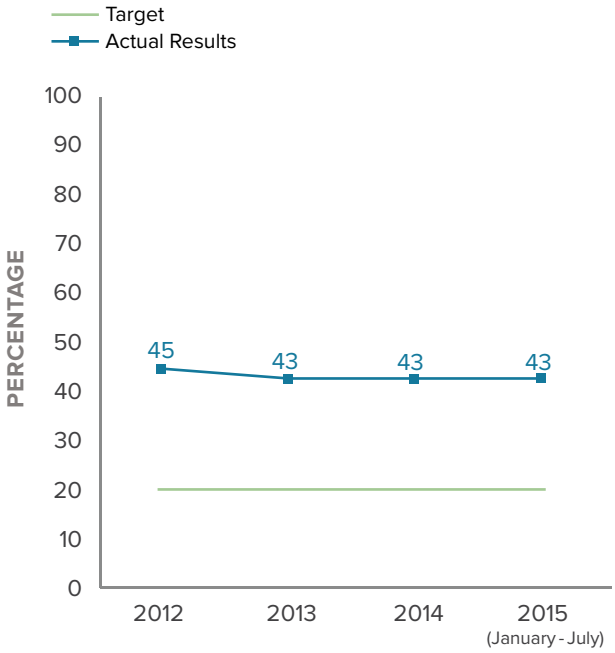
Source: Emergency Department Information System

2015 GOAL: NO PATIENT, ADMITTED TO HOSPITAL OR NOT, IS TO REMAIN IN AN EMERGENCY DEPARTMENT LONGER THAN 24 HOURS.



Source: Emergency Department Information System

2015 GOAL: ENSURE THE NUMBER OF NON-EMERGENCY PATIENTS ATTENDING HOSPITAL EMERGENCY ROOMS DOES NOT EXCEED 20 PER CENT.



Source: Emergency Department Information System

HAND HYGIENE COMPLIANCE

Hand hygiene is the single most effective way to prevent the spread of infections. Infections picked up within the health-care setting can decrease patient health outcomes and increase their length of stay. Health-care providers move between patients and residents and from room to room while administering care, which provides many chances for germs to be spread by hands. Good hand hygiene protects patients, residents, clients and staff by reducing the spread of micro-organisms.

Trained monitors measure compliance across departments and different areas of care throughout the Region. Compliance rates are recorded as percentages and categorized by reporting area, by facility and by health-care worker category (e.g. nurses, physicians, dietary, housekeeping).

The goal is to continuously improve hand hygiene compliance, aiming for a minimum compliance rate of 80 per cent with a target of 100 per cent compliance. The information on page 37 shows hand hygiene compliance rates for various professions across the Region. Compliance rates appear to have levelled out in recent months but show an overall improvement compared with previous years. Some individual units have made great improvements in compliance where others have had smaller gains.

Regionally, compliance rates remain below the 80 per cent minimum compliance target. While physicians continue to report the lowest level of compliance among clinical professionals, compliance among physicians has significantly improved from a low of 28 per cent in the first quarter of 2012-13 to as high as 75 per cent in the third quarter of 2014-15.

In an effort to improve upon compliance rates, a number of acute sites across the Region have initiated facility-based campaigns to raise awareness of the importance of hand hygiene. Concordia Hospital and Health Sciences Centre Winnipeg are two examples of these facility-based campaigns.

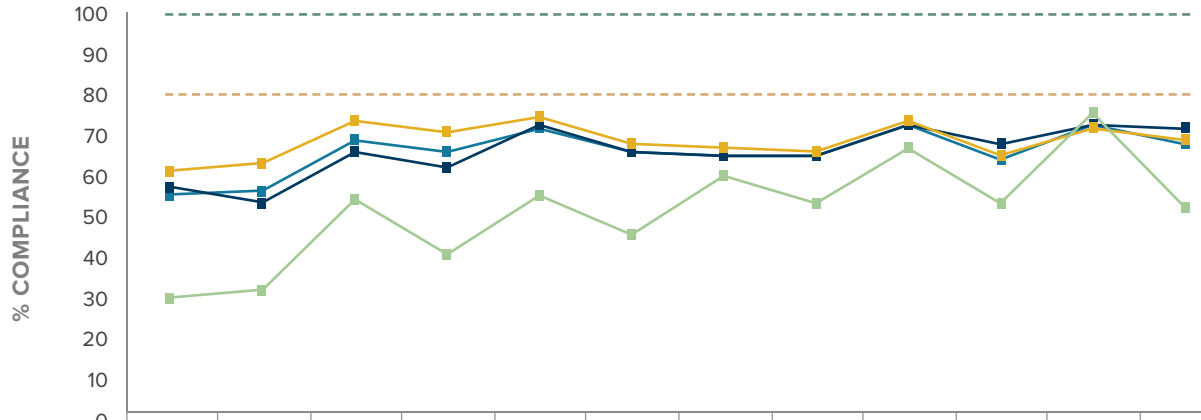
Concordia Hospital is conducting a quality improvement initiative for hand hygiene. The initiative focuses on “the four moments of hand hygiene” with a concentration on the most common patient-care scenarios. The importance of hand hygiene will be communicated through education sessions, posters with new images and language, cue cards and individual hand sanitizers for each staff member.

The Health Sciences Centre Winnipeg has enlisted the participation of unit staff to audit the four moments of hand hygiene in their care areas. These peer-auditors help to champion hand hygiene on their units and provide the data necessary to post unit-specific compliance rates, as well as facility-wide rates, on public televisions around Health Sciences Centre, including the emergency department and eating areas.

Hand hygiene supplies and products are available throughout sites across the Region for staff, patients, residents, clients and visitors. All hand hygiene compliance results are provided to staff and are posted publicly on the Region’s website.

wrha.mb.ca/prog/ipc/hand-hygiene.php

HAND HYGIENE AUDITING RESULTS IN THE REGION BY FACILITY/AREA (INCLUDES COMMUNITY)



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2012 - 13				2013 - 14				2014 - 15			
Physicians	28%	30%	53%	39%	54%	44%	59%	52%	66%	52%	75%	51%
Nurse	60%	62%	73%	70%	74%	67%	66%	65%	73%	64%	71%	68%
Health-care Aide	56%	52%	65%	61%	72%	65%	64%	64%	72%	67%	72%	71%
ALL	54%	55%	68%	65%	71%	65%	66%	64%	72%	63%	72%	67%
Goal	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Infection Prevention and Control Hand Hygiene Audits

> “Hand hygiene is the single most effective way to prevent the spread of infections.”

EMERGENCY PARAMEDIC IN THE COMMUNITY PROGRAM

Beginning in 2009, the Winnipeg Fire Paramedic Service and the Winnipeg Regional Health Authority undertook a project that began placing a paramedic on-site at the Main Street Project to provide medical assessments, primary care and emergency care for clients throughout the facility. The project has been successful not only in mitigating negative outcomes for persons detained under The Intoxicated Persons Detention Act, but also in significantly reducing overall frequency of 911 responses to the facility and transports to hospital. The paramedics also provide much needed primary care (wound care, HIV screening) to a population that can otherwise be challenging to serve.

Building upon the success of this initial project, the Emergency Paramedics In the Community (EPIC) program extended the concept introduced at the Main Street Project to a mobile platform where paramedics move from a traditional model of episodic, emergent care response (e.g. a traditional 911 response that nearly always results in transport to an emergency department) to one focused on health promotion and illness prevention. This is achieved through service integration and collaboration with various community organizations, social service agencies and other health-care professionals. This work has resulted in reduced dependence on emergency departments and has bridged many gaps in health services.

In March of 2015, the EPIC model was utilized in responding to a Norovirus outbreak at the Seine River Retirement Residence. This outbreak resulted in an initial surge of individuals being transported to Victoria General Hospital's emergency department. These surges can create significant patient flow challenges for acute care centres. EPIC paramedics were dispatched to the residence to work in collaboration with public health, home care and infection prevention and control to help determine whether care for affected residents could be managed on-site rather than transporting to hospital. These efforts resulted in significantly fewer residents being transported to hospital allowing residents to remain in their homes and providing reassurance to residents and their families.

3 FOSTER PUBLIC ENGAGEMENT

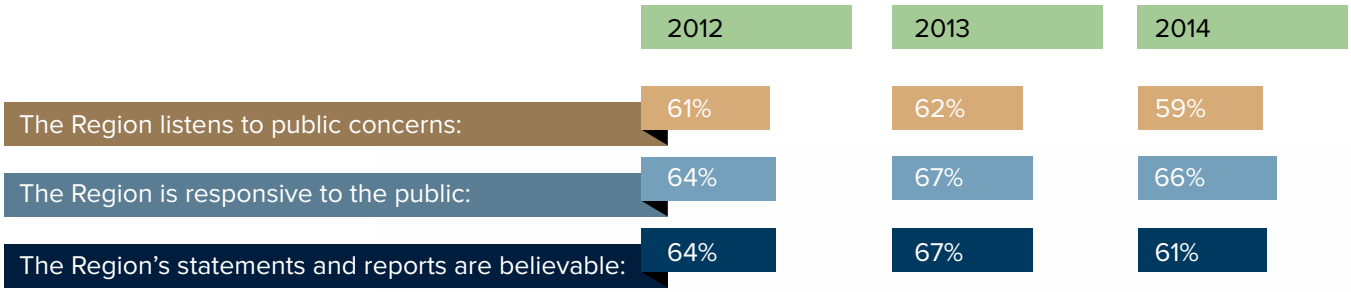
WORK WITH THE COMMUNITY TO IMPROVE ITS HEALTH AND WELL-BEING BY FORGING PARTNERSHIPS AND COLLABORATING WITH THOSE WE SERVE.

Community engagement continues to be important to the Winnipeg Regional Health Authority. It better enables the Region to tailor its programs and services to the emerging needs of people, families and its health system partners.

Public and patient engagement within the Region exists across a continuum – from the individual or patient level of engagement, all the way to the system level where there is broader public engagement.

Across this continuum, the Region strives for effective communication, meaningful consultation and active participation with the public and its many partners. As such, there are numerous ways for people, their family members and members of the public to share their views and provide feedback on the services the Region provides, or their experiences with the health system overall.

PERCENTAGE OF RESPONDENTS WHO STRONGLY OR SOMEWHAT AGREE WITH THE FOLLOWING STATEMENTS:



Source: Systems Tracking Report, 2013-14

"There are numerous ways for the public to share their views and provide feedback on services."

CLIENT RELATIONS

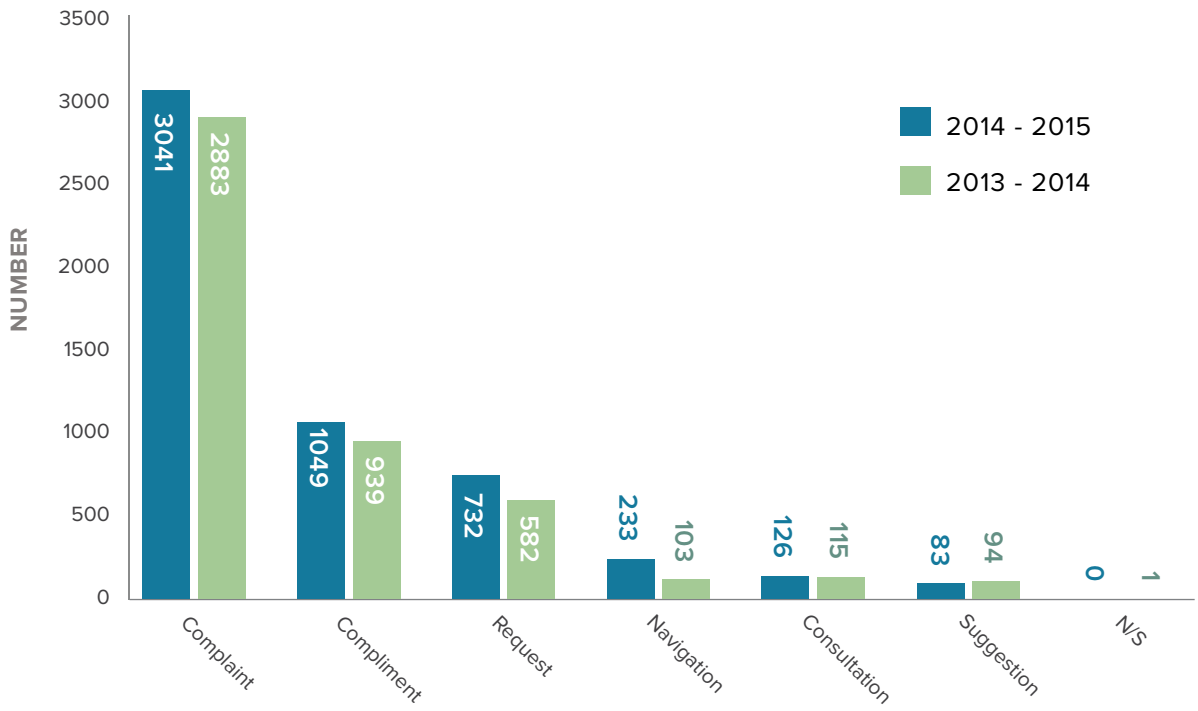
At the individual level of engagement, the Winnipeg Regional Health Authority's Client Relations service provides an accessible way for the public to share any concerns or compliments with the Region regarding their personal experiences receiving care within the Region, or the care received by a family member or friend. It is a key way in which the Region listens and responds to the public. Every week, the Client Relations line averages between 75 and 100 calls.

Feedback received through Client Relations is kept confidential, and is used together with other data to improve patient care and health services across the Region.

Client Relations can be reached at:

Winnipeg Regional Health Authority Client Relations
Phone: 204-926-7825
Fax: 204-940-1974
E-mail: ClientRelations@wrha.mb.ca
Monday – Friday from 8:30 a.m. – 4:30 p.m.

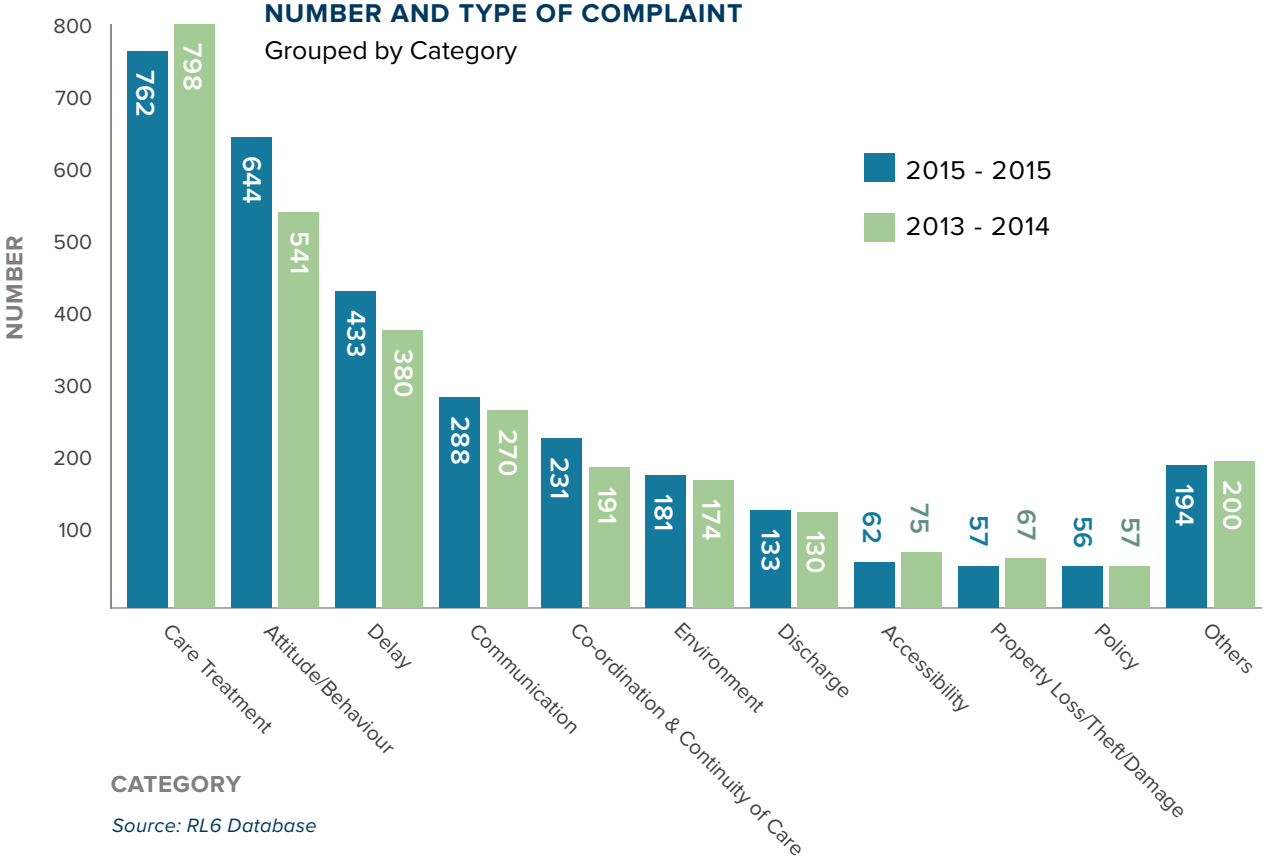
NUMBER AND CLASSIFICATION OF CALLS TO CLIENT RELATIONS
Grouped by Classification



Source: RL6 Database

NUMBER AND TYPE OF COMPLAINT

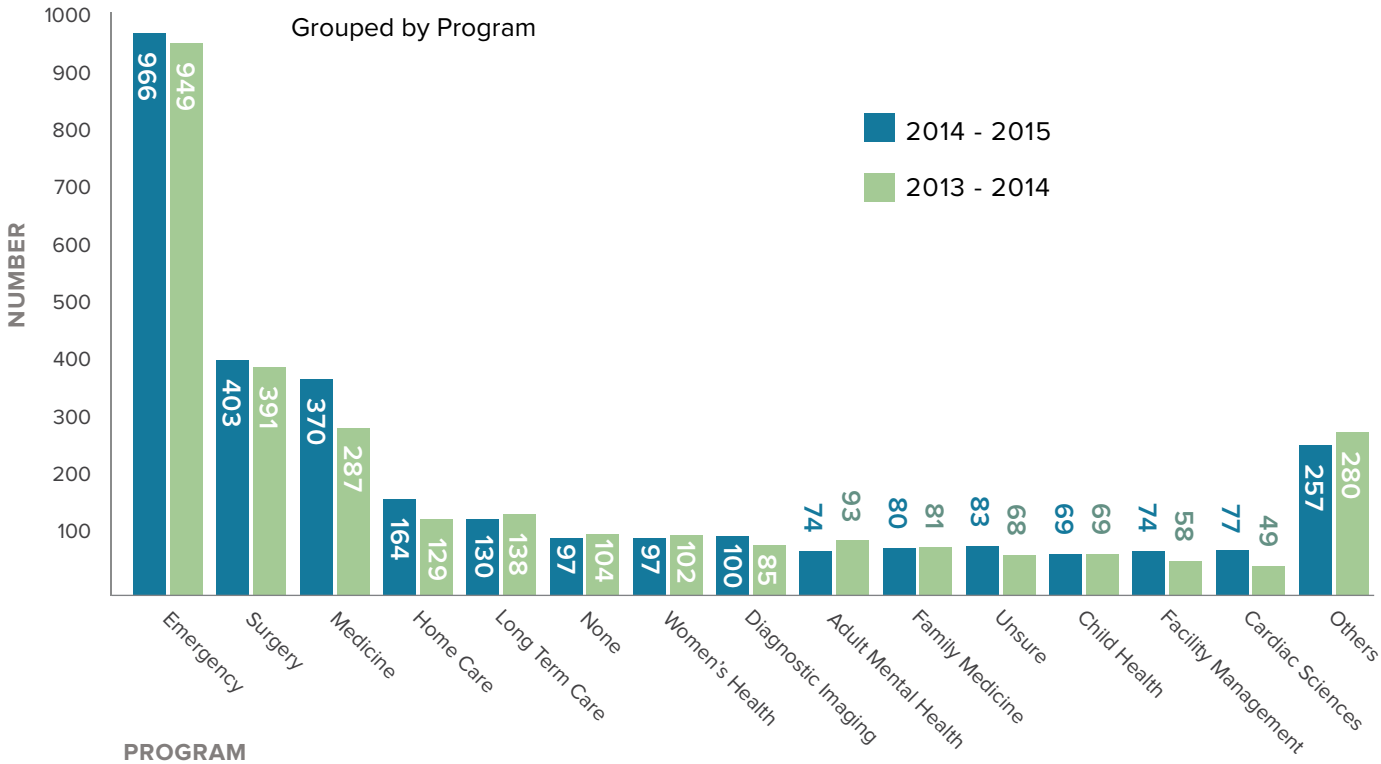
Grouped by Category



Source: RL6 Database

NUMBER OF COMPLAINTS BY PROGRAM

Grouped by Program



Source: RL6 Database

UNITED WAY PARTICIPATION

The Winnipeg Regional Health Authority is a long-time supporter of the United Way. Last year, 33 sites across the Region participated in the annual United Way campaign, raising $166,540 for the United Way and an additional $12,458 in donor-directed giving to other registered charities for a grand total of $178,998. The Winnipeg Regional Health Authority is one of the top 50 workplaces supporting the United Way.

Last year 23 per cent of Winnipeg Regional Health Authority employees participated in the workplace campaign. Out of 50 workplaces who participate in United Way campaigns, the Winnipeg Regional Health Authority placed 13th for the highest employee achievement, with 35 leaders (those donating $1,200 to $4,999) and three major donors (those donating $5,000 and up).

In addition to pledging campaign contributions, employees have also participated in three Day of Caring events:

- In December, Winnipeg Regional Health Authority hosted a Holiday Family Feast for the families who attend the Freight House Recreation Centre. More than 80 people enjoyed a traditional family dinner with turkey and all the trimmings.
- In March, the Winnipeg Regional Health Authority hosted a Day of Caring for young moms at NorWest on Alexander by treating them to lunch, a new hairstyle, manicure, jewelry and an opportunity to shop as much as they wanted from the racks of carefully organized donated clothing and accessories.
- In April, the Winnipeg Regional Health Authority hosted Day of Caring for the children at Marymound School, by treating them to pizza and snacks, a gift certificate for a hairstyle, manicure and a chance to shop from carefully organized teenage-appropriate donated clothing and accessories.

> “The Winnipeg Regional Health Authority is one of the top 50 workplaces supporting the United Way.”

LOCAL HEALTH INVOLVEMENT GROUPS

Understanding the priorities of community members and gaining their perspectives on health services is an integral part of providing the most appropriate services to the community in the locations, and at times, that are most convenient to them.

Local Health Involvement Groups (LHIGs) are the largest ongoing public engagement initiative in the Region. These groups provide advice on topics that are established in collaboration with the Winnipeg Regional Health Authority board and senior leadership. Every year, 90 citizens volunteer on the six groups which represent the following geographic areas of Winnipeg:

1. St. James-Assiniboia/Assiniboine South
2. River East/Transcona (includes East St. Paul)
3. Seven Oaks/Inkster (includes West St. Paul)
4. St. Boniface/St. Vital
5. Downtown/Point Douglas
6. River Heights/Fort Garry

wrha.mb.ca/about/engagement/

This past year, LHIG members provided input to the Region's 2016-21 strategic plan as part of a broad public and staff engagement process to highlight issues that matter most to communities across the city. Other community programs involved in this project included members of the Region's program advisory and patient and family advisory council.

In March, LHIGs and members of both advisory councils also worked to build a regional declaration of patient values. Over the next year, this important work will be shared throughout the Region – first with health-care teams and then to the public.

For the last two years, LHIG consultations have also taken place in Churchill. Members of the northern community participated in a day-long workshop to learn about and provide important, firsthand feedback on health indicators for their community. They also helped to create a community profile for Churchill. This past spring, community members and staff shared their perspectives about what they felt were priorities for the Churchill Health Centre over the next five years.

This year, more than 70 people applied to participate in LHIGs during the annual recruitment offered in June. Orientation will take place in September, and each LHIG will meet four times between October and April to explore and provide feedback on health-related projects important to their communities.

HEALTH EQUITY

The Winnipeg Regional Health Authority first outlined its commitment to promoting health equity in a 2012 position statement. The following year, the Health for All: Building Winnipeg's Health Equity Action Plan was created to guide further discussions, planning and action. New and ongoing efforts to promote health equity in the region include:

- Specific emphasis in the new strategic plan (2016-21)
- A focus on health equity in the Community Health Assessment released in 2015
- A committee which facilitates region-wide action based on the framework for understanding and addressing health equity
- Focusing on an equity priority population for regional accreditation
- Partnering with the Centre for Global Public Health to develop and apply a framework for equity in patient flow
- Reorienting specific program and service activities to promote health equity in care, such as the Partners for Inner-city Integrated Prenatal Care project and the Poverty Tool in primary care
- Expanding learning and engagement opportunities for staff
- Presenting the Public Health program's planning approach at several national conferences
- Developing strong working relationships with community and regional initiatives such as the Winnipeg Poverty Reduction Council, the Plan to End Homelessness, Peg (Winnipeg's community indicator system) and Food Matters Manitoba as a new signatory to the Manitoba Food Charter
- Consideration of the Truth and Reconciliation report calls to action to inform ongoing efforts in Indigenous health promotion, including traditional healing within health care and strengthening Aboriginal Health Programs

Health equity promotion involves multiple solutions that modify the systems and structures that can close large gaps in health outcomes. In partnership with community members, stakeholders and government sectors, the Region remains committed to preventing human suffering, increasing quality of life and avoiding preventable costs.

WHAT IS HEALTH EQUITY?

Health equity means that all people have the opportunity to reach their full health potential and should not be disadvantaged from attaining it because of social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstances.

OUR COMMITMENT

The Winnipeg Regional Health Authority is committed to changing health equity outcomes through an increased health equity focus in the services we provide, the way we conduct our planning and operations, in providing knowledge and decision-making support to others, and in real partnerships and committed relationships outside the health care sector.

wrha.mb.ca/about/healthequity

Health for All
WE'RE ALL IN THIS TOGETHER

END HOMELESSNESS INITIATIVE

The Winnipeg Regional Health Authority is an active member and partner of the Community Task Force to End Homelessness. The Task Force was struck in December 2012 by the Poverty Reduction Council, under the umbrella of the United Way. The Task Force includes members of Winnipeg's business community and health and social service organizations.

The Task Force was united by one goal: to review the reality for many people who are homeless on any given night. During that same night, up to 1,000 people sleep in single-room occupancy hotels and 1,400 people stay with relatives, friends or in some form of temporary accommodation.

In April 2014, the Task Force announced its plan to end homelessness and released a 10-year plan to achieve that goal.

The Task Force has now moved on one of its key recommendations – creating an organization to help implement the plan. End Homelessness Winnipeg has now been formed and has a board made up of various community stakeholders. As a founding partner, the Region has a permanent seat on that board. The board is now undertaking a search for the founding CEO who will lead the organization and its important mandate. Funding partners include the Department of Housing and Community Development, the City of Winnipeg, the United Way of Winnipeg and the Winnipeg Regional Health Authority.

The effort to end homelessness is seamlessly intertwined with both the Region's plan to address health equity gaps, and its mission to provide health care to people living within Winnipeg and its surrounding communities.

wrha.mb.ca/homeless

> "The Region is a major participant in the plan to end homelessness."

4 SUPPORT A POSITIVE WORK ENVIRONMENT

ENHANCE QUALITY CARE BY FOSTERING A WORK ENVIRONMENT WHERE STAFF ARE VALUED, SUPPORTED AND ACCOUNTABLE, AND REFLECT THE DIVERSE NATURE OF OUR COMMUNITY.

EMPLOYEE ENGAGEMENT SURVEY

In June 2013, the Winnipeg Regional Health Authority undertook its first region-wide employee engagement survey. The survey was conducted by AON Hewitt, a human resources consulting firm, which allows employees to provide feedback anonymously and confidentially and the Region to compare its level of employee engagement with other leading-edge organizations either internal or external to health care.

Employee engagement matters because engaged and disengaged employees impact health care in powerful ways.

The initial survey in 2013 provided a baseline for engagement levels throughout the Region. In October 2014, employees were surveyed again.

Participation and engagement were up in 2014. Once again, responses showed a strong correlation between management effectiveness/engagement and employee engagement levels. The top two drivers of engagement in need of attention – managing performance and recognition – are driven by managers.

Since managers set a very powerful tone within their workplace, employees with more highly effective managers tended to be more engaged. The reverse is also true – when employees feel their manager is ineffective, they are more likely to be actively disengaged.

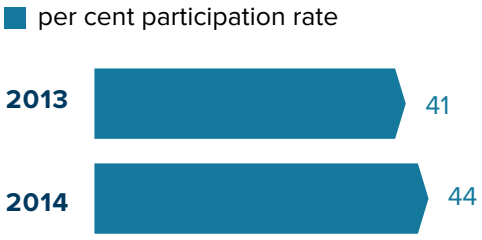
This reinforced the Region's action strategy to focus its engagement efforts on managers. It also encouraged senior leadership to emphasize the setting of priorities, to prevent the burnout and overburdening of managers and employees.

Managers were encouraged to share results with their team, and open the floor for creative brainstorming for solutions to further improve the workplace. Managers were also encouraged to identify areas with the lowest engagement scores, start conversations about the issues and create a plan to address and improve the situation. Detailed action plans are now in place across a number of sites within the Region.

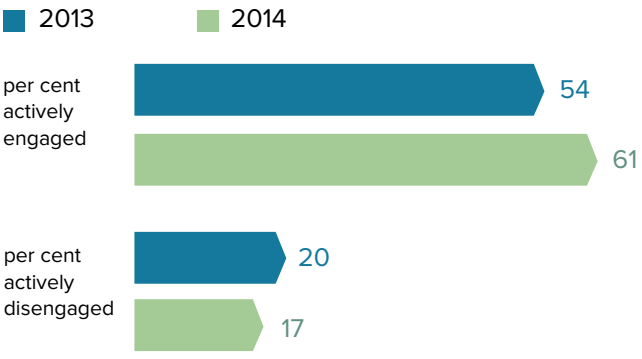
The AON Hewitt engagement survey is undertaken annually. The next survey is scheduled in October 2015.

wrha.mb.ca/survey

SURVEY RESPONSE RATES



OVERALL ENGAGEMENT LEVELS:



Source: AON Hewitt Survey Results

JOB EVALUATION & SALARY STRUCTURE REVIEW

In 2014, the Winnipeg Regional Health Authority initiated a job evaluation and salary structure review of non-union positions.

Working with AON Hewitt, the Region is in the midst of designing and developing what will become a new job and salary framework for the organization. Employee representatives from across the Region are actively participating in this review to ensure the framework is designed to address the Region's unique challenges and needs.

The job evaluation and salary structure review will help ensure:

- internal equity across the Region for all non-union jobs;
- a clear, consistent and efficient process for defining and valuing work;
- a compensation program that is competitive in the marketplace;
- all employees have consistent information about their job accountabilities, and what is expected of them in their job;
- all staff have a clear awareness of potential paths for career growth and development; and
- the Region is aligning itself with the best practices of highly successful organizations.

We anticipate that final results from the Review will be available in the fall of 2015.

wrha.mb.ca/review

5 ADVANCE RESEARCH AND EDUCATION

WORK WITH STAKEHOLDERS TO ENHANCE ACADEMIC PERFORMANCE THROUGH THE DEVELOPMENT OF AN ACADEMIC HEALTH SCIENCES NETWORK WHERE CLINICAL EDUCATION AND RESEARCH ACTIVITIES ARE BETTER ALIGNED AND INTEGRATED.

INNOVATION AND LEAN SIX SIGMA TRAINING

The Winnipeg Regional Health Authority continues to train its staff in LEAN methodology. To date, over 130 individuals across the Region have received white, yellow and green belt training in LEAN process improvement methodology. This training helps drive innovation and quality improvement across the Region, culminating in dozens of innovations designed to enhance the delivery of care, ranging from initiatives to reduce wait time for surgeries and help people take more control over their own health, to the creation of a surgical safety checklist, improvements to patient discharges from emergency departments and the development of falls assessments and checklists.

A key aspect of the Region's innovation efforts is that they be driven by frontline health-care workers and those who have direct contact with patients, clients and residents.

As well, the Region uses Accreditation Canada's eight dimensions of quality when evaluating whether to implement change, including whether the new idea will increase access to services, whether it puts patients and families first and whether it is achieving the right results while making the most of current resources.

> "This training helps drive innovation and quality improvement across the Region."

PAN AM CONCUSSION CLINIC

The Pan Am Concussion program was officially opened to patient referrals at the MTS Iceplex in October 2014.

This referral program is the only provincial government-funded program of its kind in Canada, and offers the highest standard of specialized care to children and adolescents with concussion and traumatic brain injuries. The program is a unique partnership between the Winnipeg Regional Health Authority, the Pan Am Clinic, Pan Am Clinic Foundation, Health Sciences Centre, University of Manitoba and the Winnipeg Jets True North Sports and Entertainment/Foundation.

Led by Pan Am Clinic neurosurgeon Dr. Michael Ellis, the clinical team of traumatic brain injury specialists includes experts in neurosurgery, neuropsychology, physiotherapy, sports medicine, exercise science, athletic therapy, adolescent psychiatry, neurology, neuroradiology, neuro-ophthalmology and orthopedic surgery. In addition, scientists from the Pan Am Clinic Foundation, Children's Hospital Research Institute of Manitoba and the Kleysen Institute for Advanced Medicine comprise the Canada North Concussion Network (a multi-disciplinary team of researchers dedicated to achieving advances in the diagnosis, understanding and management of concussion).

Since opening, the Pan Am Concussion program has provided consolidated, multi-disciplinary care to more than 500 new concussion patients from as far away as Thunder Bay, Ontario and Churchill, Manitoba. By working with community leaders in education, medicine and organized sports, the program has also launched several initiatives that are firsts in Manitoba including:

- a medically supervised Return-to-Learn Program;
- a standardized Emergency Department Concussion Education Discharge Form; and
- the Winnipeg Minor Hockey Concussion Protocol.

Comprehensive concussion education materials targeting patients, athletes, coaches and teachers have also been made available to all Manitobans. The clinical program continues to receive recognition nationally as a model for future pediatric concussion programs in Canada, and feedback from patients, parents and coaches has been positive.

In addition to clinical care, the Pan Am Concussion program and Canada North Concussion Network have undertaken significant research. Working together, 13 manuscripts have been accepted for publication in peer-reviewed medical journals ranging in focus from classification and management of post-concussion syndrome, to validation of sideline concussion assessment tools, to the effect of pediatric concussion on mental health outcomes, to the development of a novel magnetic resonance imaging stress test for the diagnosis of post-concussion syndrome. Several additional projects have also been submitted for publication and have been accepted for presentation at national and international medical conferences. The results of these studies have had an important impact on improving the evidence-based health care of concussion patients throughout the province.

6 BUILD SUSTAINABILITY

BALANCE THE PROVISION OF HEALTH-CARE SERVICES WITHIN THE AVAILABLE RESOURCES TO ENSURE A SUSTAINABLE HEALTH-CARE SYSTEM.

This was another challenging fiscal year for the Winnipeg Regional Health Authority. Financial accountability remains a key expectation of all staff within the Region. To this end, a significant effort is being made to strengthen the Region's financial management culture.

In October 2013, the Region implemented a restriction on hiring into either new or existing staff vacancies to ensure staffing costs are managed to the greatest extent possible. This hiring restriction continues.

In accordance with a directive from Manitoba Health, out-of-province travel continues to be restricted, and pre-approval for any out-of-province travel remains in place.

The following tools and practice changes continue to be used across the Region in an effort to contain costs and find efficiencies while still focusing on delivering high-quality and safe patient care:

- utilization of LEAN management techniques
- minimization of discretionary expenditures to the greatest extent possible
- vacancy management without negatively affecting patient services and safety
- exploration of potential new revenue sources to offset existing costs
- actively distributing key financial and statistical information to managers and decision-makers
- implementing expenditure restrictions across the organization

BUSINESS PROCESS SOLUTIONS PROJECT

In 2009, the provincial government approved the initial funding for the Winnipeg Regional Health Authority's comprehensive Business Process Solutions Project (BPSP). This project is a complex, multi-phase initiative to replace multiple, facility-specific administrative business systems handling human resources, payroll, finance and supply chain with one common, integrated system. Now nearing its completion, the project will see SAP – a leading enterprise applications product used by more than 92,000 businesses and health-care organizations throughout the world – implemented across the Winnipeg Regional Health Authority.

The region-wide implementation of SAP helps support the efficient delivery of health-care services in a number of ways including:

- System automation will reduce time spent on administration, allowing a greater focus on the management of patient care
- System integration will create a full view of resources across the region and will build a foundation to better link resource inputs with health-care outcomes
- A single common business system will provide a more sustainable and secure business environment

The system is built on a central database shared by all facilities and program areas. As new information is entered into the system, it is automatically captured by other related business functions. This increases efficiency while reducing the potential for mistakes and provides an accurate picture of what is taking place throughout the region at any given moment.

The project's first phase, which was completed in 2012, included the installation of a number of SAP business processes in selected facilities across the region including the Health Sciences Centre, Pan Am Clinic and corporate and support functions including Manitoba eHealth, Laundry Services and the Regional Distribution Facility.

Phase 2 of the project, currently underway and scheduled for completion in the second quarter of 2016, has involved implementing and extending SAP functionality beyond the Phase 1 sites to other facilities across the Region. In 2015, SAP was implemented at the St. Boniface, Victoria, Grace and Concordia hospitals, as well as the Riverview, Misericordia and

Churchill health centres. SAP was also implemented within the Community Health Services program, including the Home Care and Mental Health programs and the Manitoba Tuberculosis Program.

As BPSP enters its final stages, SAP will be implemented at Seven Oaks General Hospital, Deer Lodge Centre, River Park Gardens Personal Care Home and the Manitoba Adolescent Treatment Centre. In 2016, SAP will be extended for the Health Sciences Centre Winnipeg's supply chain and accounts payable functions (conversions of its finance and human resources functions are already complete). This will also include new functionality to support regional contract management and the ordering process for home care clients. Plans for implementation at the Middlechurch Home of Winnipeg will be finalized and implemented at a later date.

Through the region-wide implementation of SAP, the Winnipeg Regional Health Authority is able to unite its major business functions under a single, integrated system better suited to managing the health-care demands of the 21st century. Through the implementations completed thus far, the Winnipeg Regional Health Authority is already experiencing increased visibility, efficiency and accountability across its many facilities and programs.

ENTERPRISE RISK MANAGEMENT

The Winnipeg Regional Health Authority has implemented an enterprise risk management (ERM) process to identify, monitor and manage risks that may impact the achievement of its strategic directions.

Key risks were initially determined and assessed in 2011-12 and are updated annually by the Region's senior management team.

The last update was conducted in March 2015. Senior management noted improvements in several risk areas including:

- Timely access to the appropriate level of treatment/ care in the appropriate setting
- Integration of services across the continuum of care
- Contracts, payments and delivery of services for physicians
- Development as a learning organization with a strong patient safety culture
- Timely access to accurate and relevant information to support decision-makers
- Public engagement

Current ERM priority areas for the Winnipeg Regional Health Authority include:

- Timely access to the appropriate level of treatment/ care in the appropriate setting
- Maintenance of infrastructure and equipment
- Information technology that supports the achievement of the Region's strategic directions
- Sustainable workforce – engage, develop, retain and reward our workforce
- Financial stability – obtain the maximum value/ services from available funding
- Innovation and management of new initiatives

The ERM process was recently extended to the long term care program (pilot site). Risks were identified and assessed for likelihood and impact.

The Healthcare Insurance Reciprocal of Canada (HIROC) Risk Assessment Checklist tool is also used to assess risks at the tertiary and community hospitals. All sites (except Grace Hospital) have completed their third year in the program. Each site has selected three higher-risk areas to work on.

Risk mitigation plans are currently being developed for each priority risk area to guide risk management activities.

> "significant effort is being made to strengthen the Region's financial management culture"

Community Health Assessment

Regional health authorities are required to regularly assess and report on the health needs of its population. Every five years, the Winnipeg Regional Health Authority updates and publishes a Community Health Assessment. The most recent update and report was undertaken in 2014 and released in 2015.

The Community Health Assessment report provides an intensively researched snapshot of where the Winnipeg community currently stands in relation to a broad range of key health indicators. The Region's Community Health Assessment also describes population and community characteristics, health status and determinants of health, as well as health-care access, utilization and quality across the region.

The Community Health Assessment indicates the population within the Winnipeg Regional Health Authority is growing, and that the proportion of seniors will increase from 14 per cent in 2012 to 20 per cent in 2042. The report identifies that inequalities in health status remain across geographical areas. Generally, higher-income communities record better health status than lower income communities. Residents in lower-income communities are more likely to die at an earlier age, and are more likely to be diagnosed and treated for chronic diseases such as hypertension, diabetes and ischemic heart disease.

To help reduce these health disparities, the Winnipeg Regional Health Authority board of directors continues to put a significant emphasis on improving health equity, and has identified it as a value in its next five-year strategic plan.

The Community Health Assessment contains a wealth of other information about the Winnipeg Regional Health Authority's population and health status.

wrha.mb.ca/research/cha/reports.php

Governance & Administration

ACCREDITATION STATUS

The Regional Health Authorities Act requires all health authorities to be accredited and maintain an accredited status.

The Winnipeg Regional Health Authority continues to maintain its accredited status following an Accreditation Canada visit in April 2013 and June 2014, meaning it has succeeded in meeting the fundamental requirements of Accreditation Canada's Qmentum accreditation program.

The next Accreditation Canada visit is scheduled in April 2016.

wrha.mb.ca/about/accreditation.php

GOVERNANCE

The board of directors is the governing body of the Winnipeg Regional Health Authority. Their mandate is to provide governance over the business of the region and oversee its service delivery, quality of care, innovation and financial transactions. The board has responsibility not only for governance, but also leadership and direction, oversight of performance, conditions and constraints, financial sustainability, knowledge of stakeholder expectations, needs and concerns and acting in the best interests of the organization.

As outlined in the Region's governance manual, the functions of the board fall under three key categories:

FIDUCIARY – Focuses on the legal responsibilities of oversight and stewardship of the Region.

STRATEGIC – Focuses on planning and issue resolution, particularly around resources, programs and services.

GENERATIVE – Focuses on creative thinking and bringing personal insight to problem-solving at the board level.

To this end, the Winnipeg Regional Health Authority board of directors has five active board committees. These committees and members from the board include:

ABORIGINAL HEALTH & HUMAN RESOURCES COMMITTEE – Sheila Carter (chair), Jeff Cook, Elaine Bishop, Verna Flett, Jean Friesen, Doris Koop

QUALITY, PATIENT SAFETY & INNOVATION COMMITTEE – Joanne Biggs (chair), Elaine Bishop, Jeff Cook, Joan Dawkins, Stuart Greenfield, Doris Koop, Rob Santos

AUDIT COMMITTEE – Reg Kliewer (chair), Craig Stahlke, Bruce Thompson

RESOURCES COMMITTEE – Bruce Thompson (chair), Myrle Ballard, Jennifer Faulder, Bob Freedman, Reg Kliewer

GOVERNANCE COMMITTEE – Jerry Gray (chair), Joanne Biggs, Sheila Carter, Reg Kliewer, Bruce Thompson

The Region adheres to a comprehensive governance manual. The manual outlines the governance model, detailing the board's purpose, mandate and functionality as it relates to the relationship and stewardship of the Region, its stakeholders and the people it serves.

wrha.mb.ca/about/board/files/GovernanceManual.pdf

BOARD OF DIRECTORS MEMBERSHIP

The Minister of Health appoints members to regional health authority boards. As well, the Minister appoints the board chair and may appoint the vice-chair. The Region and the Minister of Health have developed a joint nomination process that is focused on the development of a skills-based board. Both the Region and government nominate candidates from which the Minister selects the new board appointees. Of the available board positions, two are nominated by non-devolved community hospitals (Seven Oaks General Hospital and Concordia Hospital), and one is nominated by the Salvation Army. Board directors are selected based on their skill set, trust, expertise and community representation. Collectively, directors must possess knowledge in relation to health, community development, business, finance, law, government, the organization of employees and the interests of residents, clients and patients.

The Regional Health Authorities Act allows for a maximum of 21 directors. The Region currently has 20 directors.

Members of the public are eligible to apply to or be nominated for appointment to the board. Application/nomination forms are available on the Manitoba government website.

gov.mb.ca/government/abc/application.html

Application/nomination forms are also available by contacting:

Agencies, Boards and Commissions
Legislative Building
450 Broadway
Winnipeg, MB R3C 0V8
Email: agenbrdcom@leg.gov.mb.ca
Phone: 204-945-1883
Fax: 204-948-4705

CURRENT & OUTGOING BOARD MEMBERS

PAST SERVING BOARD MEMBERS:

JOSÉE LEMOINE
TUNJI FATOYE
BOB LEONARD

CURRENT BOARD MEMBERS:

JERRY GRAY, CHAIR

- Dean Emeritus and Senior Scholar, the I.H. Asper School of Business, University of Manitoba
- Management consultant specializing in strategic planning and organizational development

REG KLIEWER, VICE-CHAIR

- Senior Vice-President, Finance, Palliser Furniture
- Chartered Accountant

MYRLE BALLARD

- Research Associate and Instructor at the Natural Resources Institute, University of Manitoba
- PhD in natural resources and environmental management

JOANNE BIGGS

- Sessional instructor at Booth University College
- Retired Officer in Salvation Army

ELAINE BISHOP

- Former Executive Director of the North Point Douglas Women's Centre
- Chair of the Board of Directors of Mount Carmel Clinic

SHEILA CARTER

- Director of the Manitoba Métis Federation Health and Wellness department
- Former First Nations health programs and services, Health Canada, Medical Services Branch

JEFF COOK

- Occupational Therapist
- Chair of the Canadian Cancer Society - Manitoba Division Board of Directors

JOAN DAWKINS

- Executive Director, Women's Health Clinic
- Former Community Area Director for Downtown and Point Douglas, Winnipeg Regional Health Authority/ Family Services & Housing

JENNIFER FAULDER

- Provincial Issues Management and Communications Officer, Addictions Foundation of Manitoba

VERNA FLETT

- Deputy Mayor with the Town of Churchill
- School Counsellor for the Duke of Marlborough School in Churchill

ROBERT FREEDMAN

- Former CEO Jewish Federation of Winnipeg
- Former Executive Director, Legal Aid Manitoba

JEAN FRIESEN

- Associate Professor of History at the University of Manitoba
- Member of the Speakers' Bureau of the Treaty Relations Commission of Manitoba

STUART GREENFIELD

- President, SMG Development
- Past Chair, Seven Oaks General Hospital

DORIS KOOP

- Executive Director of the Vision Impaired Resource Network (VIRN)
- Consulting, Events Specialist and Marketing. Actively involved in the community with a special interest in active living for people with disabilities.

CONNIE KRAHENBIL

- Community member in the Town of Churchill
- Appointed to the Addictions Foundation of Manitoba Board of Directors in 2008

ROB SANTOS

- Associate Secretary to Healthy Child Committee of Cabinet, Government of Manitoba
- Assistant Professor of Community Health Sciences at the University of Manitoba

CRAIG STAHLKE

- Secretary-Treasurer of Pembina Trails School Division
- Certified Management Accountant

BRUCE THOMPSON

- Retired Sales Manager with Manitoba Blue Cross
- Former member of the River Heights/ Fort Garry Community Health Advisory Committee

DAVE RONDEAU

- Retired French immersion public school teacher from River East Transcona School Division
- Former member of the Administrative Council of Les Éducatrices et éducateurs francophones du Manitoba.

PRAVINSAGAR MEHTA

- Physician Bed Manager in Family Practice and Attending Physician in Geriatric Medicine at St. Boniface Hospital
- Former President of Doctors Manitoba

PUBLIC SECTOR COMPENSATION DISCLOSURE

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

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

This report, which has been prepared for this purpose and audited by an external auditor, contains the amount of compensation it pays or provides in the corresponding calendar year for each of its officers and employees whose compensation is $50,000 or more.

The report only includes the compensation paid to individuals employed by the facilities and services directly owned and operated by the Region including the Health Sciences Centre Winnipeg, Grace Hospital, Victoria General Hospital, Deer Lodge Centre, Pan Am Clinic, Manitoba eHealth, Community Areas Services, Churchill Health Centre and River Park Gardens.

St. Boniface Hospital, Riverview Health Centre, Misericordia Health Centre, Seven Oaks General Hospital, Concordia Hospital and personal care homes other than River Park Gardens and the Middlechurch Home of Winnipeg are separate legal entities. As such, they generate and make available their own disclosure reports.

PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION ACT)

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service and strengthens protection from reprisal.

The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

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

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

THE FOLLOWING IS A SUMMARY OF DISCLOSURES RECEIVED BY THE WINNIPEG REGIONAL HEALTH AUTHORITY FOR FISCAL YEAR 2014-15:

Information Required Annually *(per Section 18 of The Act)*	**Fiscal Year 2014 – 2015**
The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)*	• Four disclosures were received by the Winnipeg Regional Health Authority Designated Officer. • One disclosure was reviewed and assessed and it was determined to not fall within the responsibilities of the Designated Officer of the Winnipeg Regional Health Authority. The disclosure was forwarded to the Department of Family Services. • One disclosure was reviewed and assessed and it was determined to not fall within the responsibilities of the Designated Officer of the Winnipeg Regional Health Authority. The College of Physicians is reviewing the matter. • One disclosure was reviewed and assessed and was determined to not fall within the criteria under the Act. As such, it did not require further investigation by the Designated Officer. • One disclosure was reviewed and assessed and it was determined that further investigation by the Designated Officer was warranted.
The number of investigations commenced as a result of a disclosure. *Subsection 18(2)(b)*	• One investigation was commenced by the Designated Officer as a result of the disclosures received.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	• NIL. The one investigation commenced by the Designated Officer as a result of the disclosures received did not result in a finding of wrongdoing.

Internal Audit

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT (FIPPA)

The Winnipeg Regional Health Authority continues to meet its responsibility to provide information to members of the public. This includes maintaining an open and transparent flow of information between the Region and the public while considering all aspects of privacy and confidentiality of patients, clients and residents.

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

wrha.mb.ca/contact/infoaccess_fippa.php

2014						
Total Requests Received	Total Requests Processed	# of Requests Granted Full or Partial Access	% of Total	Type of Request		
				Media	Political Parties	Other
240	225*	188	84	12	207	21

* 15 requests were either transferred, withdrawn or carried forward

2013						
Total Requests Received	Total Requests Processed	# of Requests Granted Full or Partial Access	% of Total	Type of Request		
				Media	Political Parties	Other
186	183 *	136	74	30	129	27

* 3 requests were either transferred, withdrawn or carried forward

2012						
Total Requests Received	Total Requests Processed	# of Requests Granted Full or Partial Access	% of Total	Type of Request		
				Media	Political Parties	Other
353	312*	297	95	45	148	160

* 41 requests were either transferred, withdrawn or carried forward

2011						
Total Requests Received	Total Requests Processed	# of Requests Granted Full or Partial Access	% of Total	Type of Request		
				Media	Political Parties	Other
243	215*	185	86	48	168	27

* 28 requests were either transferred, withdrawn or carried forward

Source: Access + Privacy Office

FRENCH LANGUAGE SERVICES REPORT

The fiscal year 2014-15 marks the second year of the Winipeg Regional Health Authority's third five-year French Language Services (FLS) Plan. The following are key accomplishments, grouped according to strategic priority.

ENHANCE FRANCOPHONE PATIENT EXPERIENCE:

Enhance the experience of Francophones within the health-care system by identifying gaps in Active Offer, promoting the availability of service in French, and encouraging their use.

- Quarterly FLS Round Tables were created for supervisors/managers of designated programs to discuss common issues of concern, develop strategies and share across the region's facilities, programs, services and agencies. Topics discussed to date: the reality of the Active Offer; orienting, recognizing and retaining designated staff; and how to hire for hard-to-fill positions.
- FLS participated in identifying bilingual health and social services in the re-launch of the Health Services Directory online.
- A document was developed for managers to inform them how to incorporate a discussion about successful Active Offer into an employee's yearly evaluation and how to respond to various issues of concern.
- FLS worked with the Conseil des francophones 55 + and la Fédération des aînés franco-manitobains to deliver a basic message about where patients, clients and residents can receive services in French and what to do if they do not receive an Active Offer. The aforementioned organizations were asked to participate in the development of a French Language Services brochure aimed at the senior population.
- The "Objectives" advertisement series was developed for La Liberté. To date, three ads have highlighted key objectives of FLS and how the Region is addressing them.
- La VOIX, a quarterly newsletter from FLS, was created for the general public to keep them up to date on FLS goals and activities. It is distributed via community offices and designated sites as well as in La Liberté.
- Work continued on a simple language policy and guidelines.

IMPROVE QUALITY AND INTEGRATION:

Improve access to quality and safe care via the three principles of continuity of care: Informational continuity, relational continuity and management continuity.

- All designated programs are now required to outline the process they use to identify a client's official language of choice in their annual reports submitted to the Region's FLS program. The information is used to track an increase or decrease in the number of people requesting service in French.
- The use of Language Access interpreters was tracked throughout the Region to determine where the service was used the most. This data will help establish the need to designate additional sites across the Region as bilingual sites. As required by the amended Regional Health Authorities Act, FLS worked with all designated bilingual and francophone facilities to ensure a proper notice of designation was posted in accordance to guidelines.
- Three additional cultural diversity workshops were offered to promote greater cultural awareness of our francophone immigrant clients.

FOSTER PUBLIC ENGAGEMENT:

Develop greater grassroots connections with francophone populations and community groups served by the Winnipeg Regional Health Authority to better understand their needs with the overall goal to improve their health and well-being.

- FLS worked with the Table de concertation urbaine of Santé en français to develop a proposal for a bilingual component to the Local Health Involvement Group.
- FLS attended various community events (with information kiosks) to solicit in-person feedback regarding client/patient experiences.

SUPPORT A POSITIVE WORK ENVIRONMENT:

Continue to develop a work environment that incorporates a francophone culture where bilingual employees are valued and supported.

- The introduction of designated bilingual staff to their new roles was enhanced to ensure more active support and input from the hiring manager as well as providing a clear understanding of the program's expectation for newly hired bilingual staff.
- A 10-hour individual tutoring program was developed and offered to newly hired employees in a designated bilingual role to ensure they have the linguistic confidence to immediately succeed in their new role.
- One-on-one orientations are now required for designated bilingual staff within the first two weeks of employment to ensure immediate integration into their positions. They are also available to bilingual staff in non-designated roles as well as unilingual staff in designated roles.
- The FLS component of the regional orientation program was updated and is provided on a monthly basis to all new corporate and community staff.
- A Decision Tree was developed for human resources and manager reference to assist in complex hiring decisions.

- FLS attended the Volunteer Manitoba Fair to promote careers in health care to French-speaking volunteers.
- A regional FLS contest – "Three Weeks of French" – was designed to encourage those learning French or working in French to use it more actively in their day-to-day life.
- FLS developed "Simple comme Bonjour," an internal staff campaign, to encourage all bilingual staff to use their French regardless of where they work.

ADVANCE EDUCATION AND RESEARCH:

Work with stakeholders to further develop bilingual capacity within the region and align education to practice.

- A new Tools of the Trade/Vocabulary Builder workshop was developed.
- FLS implemented a Language Partners program to allow staff to pair up with co-workers with whom they can speak and practise French.
- A presentation was prepared for Winnipeg Regional Health Authority staff who may be considering applying to a designated bilingual position to explain expectations of the roles and the hiring process.
- FLS made a successful case for the integration of language capacity questions into the annual Aon Hewitt Staff Engagement Survey; in October 2014, 14 per cent of staff across the region self-declared as bilingual.

BUILD SUSTAINABILITY

Continually review FLS programs and processes to ensure relevance and best efficiencies of time and financial resources.

- FLS worked with Regional Human Resources to ensure the new SAP online-recruitment tool will respect FLS requirements and that associated process changes will be integrated into the human resources procedures manual for designated positions.

STATISTICAL INFORMATION:

RECRUITMENT:

In 2014-15, 40 designated bilingual positions (DBP) were posted. Of those, 28 were filled with bilingual incumbents. Of the remaining 12, 11 were filled by anglophones and one position was left unfilled. Nine of the 11 positions filled by anglophones were home care attendants and home support workers.

DESIGNATED BILINGUAL POSITIONS:

In the 2014-15 fiscal year, 74 per cent of corporate and community positions were filled by a bilingual incumbent. Of 154.4 equivalent full-time bilingual positions, 114.9 were filled by bilingual incumbents.

TRAINING:

One-hundred seventy-five employees pursued at least one form of language training: evening language courses; cultural diversity workshops; one-day immersion; five-day immersion; language training workshops; tutoring; language partners; or online/ software-based learning.

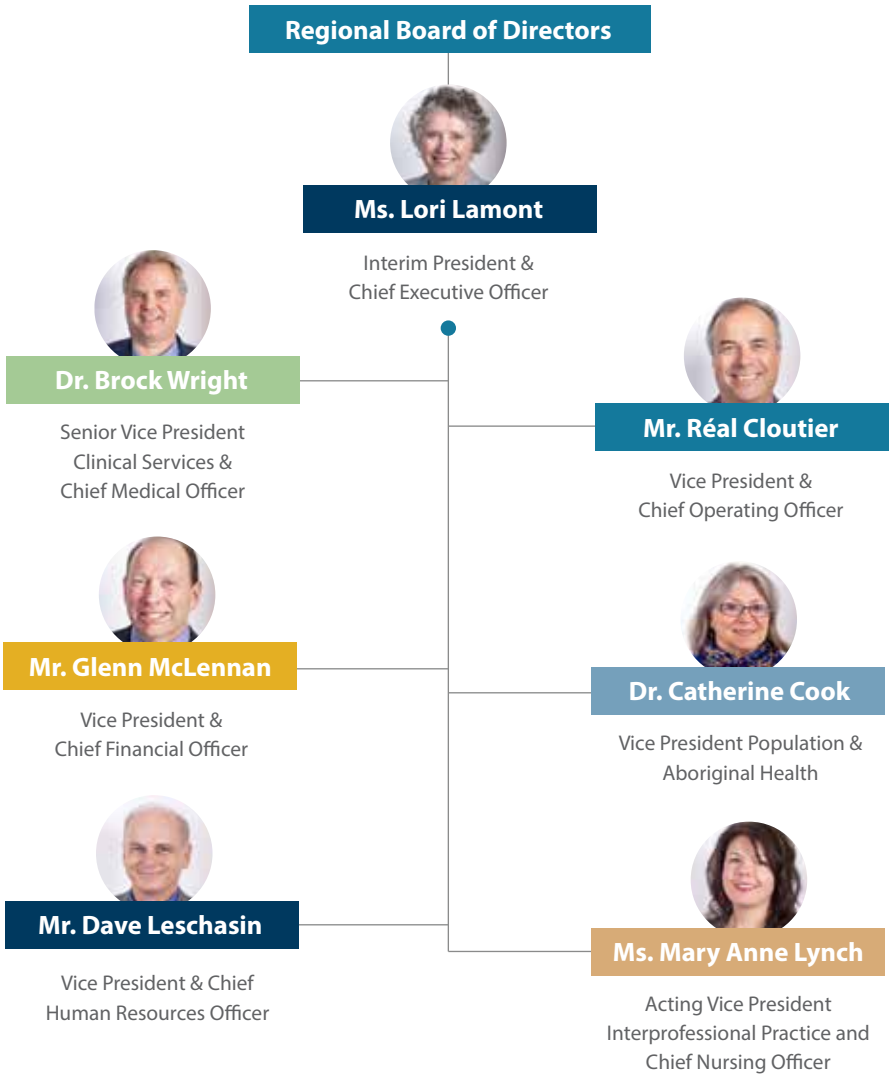
TRANSLATION:

- 237 documents were translated by Santé en français on behalf of the Region, for a total of 133,186 words.
- FLS also self-funds the translation of key documents to non-designated programs that have a significant French clientele to assist in an informal Active Offer.

CHALLENGES:

1. FLS has experienced ongoing difficulty filling specialized designated positions such as palliative care nurses and nurse practitioners.
2. Filling all designated home care attendant positions has also been a challenge as bilingual HCAs may not necessarily choose a designated bilingual assignment if it does not suit their schedule or transportation arrangement.
3. FLS continues to highlight the importance of FLS policies and the Active Offer concept as a regional priority for all management and senior management.

SENIOR EXECUTIVE ORGANIZATIONAL STRUCTURE



ORGANIZATIONAL CHANGES

The senior executive management structure of the Winnipeg Regional Health Authority remains unchanged from last year. It is led by its president and chief executive officer and six vice-presidents. Several personnel changes, however, were made to the senior executive structure. Ms. Arlene Wilgosh, president and chief executive officer, announced in November 2014 her decision to retire, and left the organization effective May 29, 2015. Lori Lamont was appointed interim president and chief executive officer until a permanent president and chief executive officer is appointed by the board of directors. Mary Anne Lynch was appointed acting vice-president interprofessional practice and chief nursing officer to fill the vacancy left by Ms. Lamont's interim appointment.

Three hospital chief operating officers announced their retirement last year: Mr. Francis LaBossiére of Victoria General Hospital, Mr. Henry Tessmann of Concordia Hospital and Ms. Patti MacEwan of Churchill Health Centre. These positions have been filled. The new chief operating officer for Concordia Hospital is Ms. Valerie Wiebe. The new chief operating officer for Victoria General Hospital is Ms. Catherine Robbins. The new chief operating officer for Churchill Health Centre is Ms. Laura Wessman.

Statistical Highlights

URGENT CARE VISITS

	2014 - 15	2013 - 14	2012 - 13
Misericordia Urgent Care	38,590	41,109	43,375
Pan Am Minor Injury Clinic	59,325	55,151	58,163
Total	97,518	96,290	101,538

Source: Financial Management Information System (FIMIS)

HOME CARE CLIENTS[1] RECEIVING SERVICES

2014 - 15	2013 - 14	2012 - 13
14,037	14,011	14,020

Source: Compiled from Community Office Statistics by the Home Care Program Analyst
1) Excludes clients under assessment but not yet receiving services: 2014/15 =277 clients; 2013/14 = 199 clients; 2012/13 = 268 clients; 2011/12 = 497 clients; 2010/11 = 356 clients; 2009/10 = 367 clients; 2008/09 = 315 clients

TOTAL BIRTHS AND DELIVERIES

	2014 - 15		2013 - 14		2012 - 13	
	# Deliveries[1]	# Births[2]	# Deliveries[1]	# Births[2]	# Deliveries[1]	# Births[2]
Hospital Physician	10,847	10,927	10,922	11,014	10,852	10,938
Hospital Midwife	157	306	168	292	181	319
Home Birth Midwife	35	35	36	36	55	55
Birth Centre	152	152	164	164	132	132
Total	11,191	11,420	11,290	11,506	11,220	11,444

Source: Winnipeg Regional Health Authority DAD DSS - The statistics for all of the years have been updated to reflect what currently resides in the system.
(1) Deliveries represents the number of vaginal and Cesarean section births coded on the mother's abstract.
(2) Births represents the number of babies born. The newborn abstract is used for the calculation. Stillbirths are included. Babies born before arrival are excluded.

MAIN OPERATING ROOM (OR) SURGICAL CASES[1]

INPATIENT	2014 - 15	2013 - 14	2012 - 13
Winnipeg Regional Health Authority Acute Sites	23,963	23,216	23,376
Misericordia Health Centre	498	512	576
Pan Am Clinic	-	-	-
Total	24,461	23,728	23,952

DAY SURGERY	2014 - 15	2013 - 14	2012 - 13
Winnipeg Regional Health Authority Acute Sites	23,187	23,639	24,351
Misericordia Health Centre	11,497	11,940	11,215
Pan Am Clinic	3,818	3,873	3,887
Total	38,502	39,452	39,453

TOTAL	2014 - 15	2013 - 14	2012 - 13
Winnipeg Regional Health Authority Acute Sites	47,150	46,855	47,723
Misericordia Health Centre	11,995	12,452	11,791
Pan Am Clinic	3,818	3,873	3,887
Total	62,963	63,180	63,401

Source: Winnipeg Regional Health Authority DAD DSS - The statistics for all of the years have been updated to reflect what currently resides in the system.

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

PROCEDURE VOLUMES (RELATED TO WAIT TIME TRACKING)

INPATIENT	2014 - 15	2013 - 14	2012 - 13
All (Therapeutic Interventions on the heart and related structures, excl CABG)	2,068	2,115	2,122
CABG (Coronary Artery Bypass Graft)	598	569	635
Joint Surgery:			
Primary Hip Replacements	1,540	1,372	1,418
Primary Knee Replacements	1,627	1,750	1,595
Cataract - Adults	9,213	9,673	9,050
Pediatric Dental	1,707	1,831	1,884

Source: Winnipeg Reagional Health Authority DAD DSS - The statistics for all of the years have been updated to reflect what currently resides in the system.

GAMMA KNIFE PROCEDURES

2014 - 15[1]	2013 - 14[1]	2012 - 13[1]
459	475	401

Source: Financial Management Information System (FIMIS)
1) Includes cases where the patient is booked and prepared in the gamma knife frame, goes through the MRI exam, but the gamma knife procedure is abandoned to due the size of the tumor.

WINNIPEG REGIONAL HEALTH AUTHORITY SERVICES PROVIDED THROUGH THE PROVINCIAL HEALTH CONTACT CENTRE (PHCC)[1]

INPATIENT	2014 - 15	2013 - 14	2012 - 13
Health Links - Info Santé[2] - Client calls answered Live [3]	108,997	122,328	139,935
Health Links - Info Santé - Outbound Calls [4]	1,205	1,039	1,426
Left But Not Seen - Follow-up Contacts [5]	7,495	6,047	8,361
After Hours Central Intake Program - Client calls answered Live [6]	153,488	152,738	147,239
After Hours Central Intake Program - Outbound Calls [6]	176,988	178,251	178,951
TeleCARE Manitoba - Client calls answered Live [7]	632	660	786
TeleCARE Manitoba - Outbound Calls [8]	9,045	9,021	10,449
Dial a Dietitian - Client calls answered Live [9]	1,342	1,358	1,167
Dial a Dietitian - Outbound Calls [10]	666	1,003	932
Triple P Positive Parenting Program - Client calls answered Live [11]	677	668	828
Triple P Positive Parenting Program - Outbound Calls [12]	1,234	1,180	1,552

1) The Provincial Health Contact Centre (PHCC), an internationally-recognized state of the art contact centre that technologically supports health and social services delivery in Manitoba in consultation with the Winnipeg Regional Health Authority and Manitoba Health. The PHCC operates almost 40 inbound and outbound calling programs, handling over 450,000 calls a year in 110 languages. The PHCC's clinical calling programs includes the Breastfeeding Hotline, the Chronic Disease Management of Congestive Heart Failure, Health Links - Info Santé and various public health services such as the Influenza Symptom Triage Service. Inbound and outbound calling programs in support of health and social delivery in Manitoba are undertaken through arrangements with various programs including: the Winnipeg Regional Health Authority Home Care Program, Family Services and Housing, Employment Income and Assistance. The PHCC operates out of the Misericordia Health Centre.
2) Health Links - Info Santé, a Winnipeg Regional Health Authority service leveraging the PHCC technology, is a 24-hour, seven-day a week telephone information service. The program is staffed by registered nurses with the knowledge to provide over-the-phone consultation related to health care questions and concerns..
3) The number of calls where a client spoke with a health care professional.
4) Total number of follow-up contacts to clients already in contact with Health Links - Info Santé staff, i.e. those contacts serviced in line 1.
5) An outbound call program delivered through the PHCC to determine if an individual who left a Winnipeg Regional Health Authority emergency room without being seen is still in need of medical attention or has already had their situation addressed.
6) After Hours Central Intake Program services Winnipeg Regional Health Authority programs to manage both clinical and non-clinical resources for clients. As a service provided through PHCC, it handles inbound and outbound calling to process after hours needs of clients in programs like Home Care, Family Services and Housing and Employment Income and Assistance.
7) The number of calls where a client spoke with a health care professional.
8) Total number of follow-up contacts to clients already in contact with TeleCARE Manitoba staff, i.e. those contacts serviced in the above line.
9) The number of calls where a client spoke with a registered dietitian.
10) Total number of follow-up contacts to clients already in contact with registered dietitian staff, i.e. those contacts serviced in the above line.
11) The number of calls where a client spoke with a social worker. This service was operational for one month (March 2011).
12) Total number of follow-up contacts to clients already in contact with Triple P Positive Parenting staff, i.e. those contacts serviced in the above line.

TOTAL NUMBER OF RESIDENTS IN PERSONAL CARE HOMES (PCH) - AT MARCH 31, 2010

	2014 - 15	2013 - 14	2012 - 13
Winnipeg PCH in Riverview and Deer Lodge [1]	431	463	463
Winnipeg Non-Proprietary PCH [2]	-	2,987	2,989
Winnipeg Proprietary PCH	2,032	2,042	2,022
Rural Proprietary PCH [3]	367	362	408
Total	2,830	5,854	5,882

1) Assumes 100 per cent bed occupancy of PCH beds at RHC and DLC per the Winnipeg Regional Health Authority bed map.
2) Non-Proprietary PCH statistics unavailable at time of publication.
3) Includes Central Park Lodge - Valley View, Extendicare - Hillcrest Place, Extendicare - Red River Place, St. Adolphe Personal Care Home and Tudor House Personal Care Home proprietary PCHs that are located outside the Winnipeg geographic region but which Manitoba Health funds through the Winnipeg Regional Health Authority Long Term Care Program.
Source: Director of Finance LTC and Program Director, PCH Program

DIAGNOSTIC IMAGING

2014/15	WRHA Acute Sites	Misericordia Health Centre	Pan Am Clinic	Other[1]	Total
CT Scans	109,050	6,711	-	-	115,761
Ultrasounds	103,669	8,731	-	-	112,400
X-Rays	285,001	18,857	-	3,326	307,184
Mammograms	2,440	-	-	-	2,440
Nuclear Medicine	21,317	-	-	-	21,317
PET	1,741	-	-	-	1,741
MRI	49,553	-	9,187	-	58,740
Bone Density	6,436	-	-	-	6,436
Angiography	5,363	-	-	-	5,363
Cardiac Angiography	12,710	-	-	-	12,710
Total Diagnostic Imaging Procedures	597,280	34,299	9,187	3,326	644,092

2013/14	WRHA Acute Sites	Misericordia Health Centre	Pan Am Clinic	Other[1]	Total
CT Scans	105,596	6,625	-	-	112,221
Ultrasounds	97,165	8,124	-	-	105,289
X-Rays	284,701	19,967	-	3,238	307,906
Mammograms	2,881	-	-	-	2,881
Nuclear Medicine	22,044	-	-	-	22,044
PET	1,681	-	-	-	1,681
MRI	47,628	-	9,492	-	57,120
Bone Density	6,740	-	-	-	6,740
Angiography	5,294	-	-	-	5,294
Cardiac Angiography	13,083	-	-	-	13,083
Total Diagnostic Imaging Procedures	586,813	34,716	9,492	3,238	634,259

2012/13	WRHA Acute Sites	Misericordia Health Centre	Pan Am Clinic	Other[1]	Total
CT Scans	100,217	6,468	-	-	106,685
Ultrasounds	96,654	8,755	-	-	105,409
X-Rays	284,686	20,440	-	3,282	308,408
Mammograms	3,059	-	-	-	3,059
Nuclear Medicine	22,784	-	-	-	22,784
PET	1,487	-	-	-	1,487
MRI	46,784	-	9,357	-	56,141
Bone Density	6,145	-	-	-	6,145
Angiography	5,210	-	-	-	5,210
Cardiac Angiography	12,999	-	-	-	12,999
Total Diagnostic Imaging Procedures	580,025	35,663	9,357	3,282	628,327

Source: Diagnostic Imaging Program
1) Other includes Riverview Health Centre, Deer Lodge and Maples Surgical Centre.

WINNIPEG REGIONAL HEALTH AUTHORITY HOSPITAL STATISTICS

TOTAL WINNIPEG REGIONAL HEALTH AUTHORITY

Key Statistic:	2014 - 15	2013 - 14	2012 - 13
Number of Beds [1]	3205 [10]	3166	3172
Average Occupancy [2]	93.59%	88.63%	86.62%
Emergency Department Visits [3]	278,638	268,380	228,361
Emergency Department Visits Admitted (with % in brackets) [3]	28,444 (12.66%)	31,148 (11.61%)	27,615 (12.09%)
Left Without Being Seen (with % in brackets) [3]	20,139 (8.97%)	19,486 (7.26%)	23,378 (10.24%)
Percentage of Alternate Level of Care (ALC) Days [4]	11.79%	12.66%	12.84%
ALOS: ELOS Ratio [5]	1.1	1.07	1.05
Hospital Standardized Mortality Ratio [6]	114	112	104
Hospital Readmission Rate Within 30 Days of Discharge [7]	unavailable	7.9%	7.9
Clostridium Difficile Rate (per 10,000 pt days) [8]	unavailable	2.67	2.02
MRSA Rate (per 10,000 pt days) [9]	unavailable	5.18	4.49

HEALTH SCIENCES CENTRE

Key Statistic:	2014 - 15	2013 - 14	2012 - 13
Number of Beds [1]	771	759	755
Average Occupancy [2]	92.64%	86.65%	81.25%
Emergency Department Visits [3]	108,259	99,954	52,861
Emergency Department Visits Admitted (with % in brackets) [3]	12,868 (11.89%)	12,170 (12.18%)	8,698 (16.45%)
Left Without Being Seen (with % in brackets) [3]	7,021 (6.49%)	6,093 (6.10%)	6,052 (11.45%)
Percentage of Alternate Level of Care (ALC) Days [4]	5.29%	7.86%	7.40%
ALOS: ELOS Ratio [5]	1.07	1.070	1.042
Hospital Standardized Mortality Ratio [6]	118	103	104
Hospital Readmission Rate Within 30 Days of Discharge [7]	unavailable	9.0%	6.9
Clostridium Difficile Rate (per 10,000 pt days) [8]	unavailable	2.57	2.47
MRSA Rate (per 10,000 pt days) [9]	unavailable	10.77	7.66

ST. BONIFACE HOSPITAL

Key Statistic:	2014 - 15	2013 - 14	2012 - 13
Number of Beds [1]	472	472	472
Average Occupancy [2]	93.74%	84.02%	86.44%
Emergency Department Visits [3]	39,061	38,939	41,009
Emergency Department Visits Admitted (with % in brackets) [3]	6,334 (16.22%)	6,233 (16.01%)	6,292 (15.34%)
Left Without Being Seen (with % in brackets) [3]	3,582 (9.17%)	3,350 (8.60%)	3,941 (9.61%)
Percentage of Alternate Level of Care (ALC) Days [4]	7.57%	7.06%	7.20%
ALOS: ELOS Ratio [5]	1.01	0.963	0.956
Hospital Standardized Mortality Ratio [6]	104	100	93
Hospital Readmission Rate Within 30 Days of Discharge [7]	unavailable	7.7%	5.8
Clostridium Difficile Rate (per 10,000 pt days) [8]	unavailable	4.67	2.48
MRSA Rate (per 10,000 pt days) [9]	unavailable	3.65	5.14

CONCORDIA HOSPITAL

Key Statistic:	2014 - 15	2013 - 14	2012 - 13
Number of Beds [1]	185	185	185
Average Occupancy [2]	95.59%	94.10%	92.51%
Emergency Department Visits [3]	31,805	33,662	34,059
Emergency Department Visits Admitted (with % in brackets) [3]	3,499 (11.00%)	3,354 (9.96%)	3,379 (9.92%)
Left Without Being Seen (with % in brackets) [3]	3,931 (12.36%)	2,834 (8.42%)	3,546 (10.41%)
Percentage of Alternate Level of Care (ALC) Days [4]	19.61%	19.79%	19.73%
ALOS: ELOS Ratio [5]	1.04	1.027	1.022
Hospital Standardized Mortality Ratio [6]	98	114	100
Hospital Readmission Rate Within 30 Days of Discharge [7]	unavailable	7.5%	8
Clostridium Difficile Rate (per 10,000 pt days) [8]	unavailable	0.95	0.81
MRSA Rate (per 10,000 pt days) [9]	unavailable	1.89	1.77

VICTORIA GENERAL HOSPITAL

Key Statistic:	2014 - 15	2013 - 14	2012 - 13
Number of Beds [1]	193	203	203
Average Occupancy [2]	97.46%	93.52%	94.43%
Emergency Department Visits [3]	31,736	31,176	30,927
Emergency Department Visits Admitted (with % in brackets) [3]	2.819 (8.88%)	2,727 (8.75%)	2,548 (8.24%)
Left Without Being Seen (with % in brackets) [3]	2,548 (8.03%)	1,724 (5.53%)	2,757 (8.91%)
Percentage of Alternate Level of Care (ALC) Days [4]	25.41%	21.47%	22.30%
ALOS: ELOS Ratio [5]	1.16	1.135	1.116
Hospital Standardized Mortality Ratio [6]	147	146	122
Hospital Readmission Rate Within 30 Days of Discharge [7]	unavailable	6.7%	6.3
Clostridium Difficile Rate (per 10,000 pt days) [8]	unavailable	2.93	1.48
MRSA Rate (per 10,000 pt days) [9]	unavailable	3.08	2.52

GRACE HOSPITAL

Key Statistic:	2014 - 15	2013 - 14	2012 - 13
Number of Beds [1]	257	239	239
Average Occupancy [2]	90.26%	89.70%	88.86%
Emergency Department Visits [3]	25,372	23,742	24,694
Emergency Department Visits Admitted (with % in brackets) [3]	3,334 (13.14%)	3,083 (12.99%)	2,958 (11.98%)
Left Without Being Seen (with % in brackets) [3]	1,728 (6.81%)	2,216 (9.33%)	3,844 (15.57%)
Percentage of Alternate Level of Care (ALC) Days [4]	15.30%	18.73%	17.40%
ALOS: ELOS Ratio [5]	1.23	1.183	1.167
Hospital Standardized Mortality Ratio [6]	119	127	114
Hospital Readmission Rate Within 30 Days of Discharge [7]	unavailable	6.6%	6.2
Clostridium Difficile Rate (per 10,000 pt days) [8]	unavailable	4.56	3.98
MRSA Rate (per 10,000 pt days) [9]	unavailable	4.19	2.7

SEVEN OAKS GENERAL HOSPITAL

Key Statistic:	2014 - 15	2013 - 14	2012 - 13
Number of Beds [1]	308	299	299
Average Occupancy [2]	99.90%	95.13%	91.82%
Emergency Department Visits [3]	41,152	40,907	44,811
Emergency Department Visits Admitted (with % in brackets) [3]	3,531 (8.58%)	3,581 (8.75%)	3,740 (8.35%)
Left Without Being Seen (with % in brackets) [3]	3,132 (7.61%)	3269 (7.99%)	3,238 (7.23%)
Percentage of Alternate Level of Care (ALC) Days [4]	14.88%	18.72%	20.79%
ALOS: ELOS Ratio [5]	1.25	1.182	1.172
Hospital Standardized Mortality Ratio [6]	117	111	106
Hospital Readmission Rate Within 30 Days of Discharge [7]	unavailable	7.2%	7.3
Clostridium Difficile Rate (per 10,000 pt days) [8]	unavailable	1.07	0.91
MRSA Rate (per 10,000 pt days) [9]	unavailable	3.51	4.05

CHURCHILL HEALTH CENTRE [8]

Key Statistic:	2014 - 15	2013 - 14	2012 - 13
Number of Beds [1]	28	28	28
Average Occupancy [2]	39.54%	12.00%	14.00%
Emergency Department Visits [3]	1,253	1,492	1,492
Emergency Department Visits Admitted (with % in brackets) [3]	84 (7%)	90 (6%)	112 (8%)
Left Without Being Seen (with % in brackets) [3]	41 (37%)	10 (1%)	30 (2%)
Percentage of Alternate Level of Care (ALC) Days [4]	38.30%	31.00%	16.00%
ALOS: ELOS Ratio [5]	0.83	1.070	1.097
Hospital Standardized Mortality Ratio [6]	0	104	53
Hospital Readmission Rate Within 30 Days of Discharge [7]	unavailable	11.8%	11.1
Clostridium Difficile Rate (per 10,000 pt days) [8]	0	0	0
MRSA Rate (per 10,000 pt days) [9]	2	0	0

1) Sourced from Winnipeg Regional Health Authority Bed Map for FY2014/15
2) Beds Sourced from Official Bed Map at April 1 2015 / Bed Days Sourced from FIMIS from 2014-2015 FY
3) Source: EDIS Decision Support. HSC data includes both Adult and Children's Emergency Visits.
4) Source: DAD DSS
5) Source: DAD DSS
6) Source: CIHI eReporting HSMR Reports. FY1415 data is available only up to Q3.
7) Churchilll data was supplied by Supervisor/Privacy Officer HIS Churchill Health Centre.
8) Unable to provide data for this indicator.
9) Unable to provide data for this indcator.
10) Includes Deer Lodge Centre, Misericordia, Riverviivew Health Centre, Manitoba Adolescent Treatment Centre

Financial Statements

REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARIZED CONSOLIDATED FINANCIAL STATEMENTS

To the directors of the Winnipeg Regional Health Authority

We have audited the accompanying consolidated financial statements of the Winnipeg Regional Health Authority (the "Authority"), which comprise the consolidated statement of financial position as at March 31, 2015, and the consolidated statements of operations, changes in net assets, remeasurement gains and losses and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

MANAGEMENT'S RESPONSIBILITY FOR THE CONSOLIDATED FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Authority's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Winnipeg Regional Health Authority as at March 31, 2015, and the results of its operations and changes in its net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Winnipeg, Canada
June 23, 2015

Ernst & Young LLP
Chartered Accountants

SUMMARIZED CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT MARCH 31

(IN THOUSANDS OF DOLLARS)

	2015	2014
ASSETS		
CURRENT		
Cash and cash equivalents	**$ 15,924**	$ 97,552
Accounts receivable	**221,238**	140,907
Inventory	**31,624**	31,062
Prepaid expenses	**13,762**	16,395
Investments	**8,753**	14,852
Employee benefits recoverable from Manitoba Health, Healthy Living and Seniors	**78,957**	78,957
	370,258	379,725
CAPITAL ASSETS, NET	**1,671,934**	1,558,470
OTHER ASSETS		
Employee future benefits recoverable from Manitoba Health, Healthy Living and Seniors	**82,499**	82,499
Investments	**61,099**	101,729
	$ 2,185,790	$ 2,122,423
LIABILITIES AND NET ASSETS		
CURRENT		
Bank indebtedness	**$ 52,875**	$ -
Accounts payable and accrued liabilities	**262,209**	253,803
Deferred contributions, future expenses	**55,192**	86,686
Employee benefits payable	**109,604**	106,736
Current portion of long-term debt	**42,763**	51,508
	522,643	498,733
NON-CURRENT		
Long-term debt	**33,573**	24,929
Employee future benefits payable	**223,097**	221,079
Deferred contributions, capital	**1,400,295**	1,336,078
	1,656,965	1,582,086
NET ASSETS	**10,144**	43,277
ACCUMULATED REMEASUREMENT LOSSES	**(3,962)**	(1,673)
	$ 2,185,790	$ 2,122,423

Dr. Jerry Gray, Board Chair

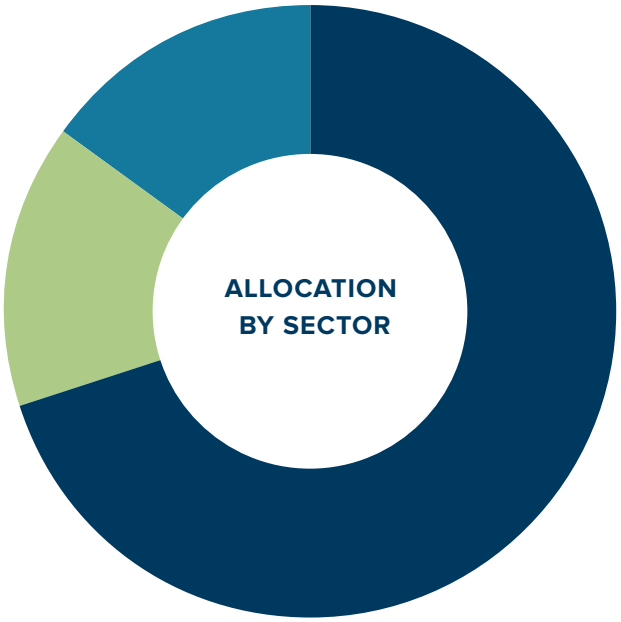
Reg Kliewer, Treasurer

SUMMARIZED CONSOLIDATED STATEMENT OF OPERATIONS FOR THE YEAR ENDED MARCH 31

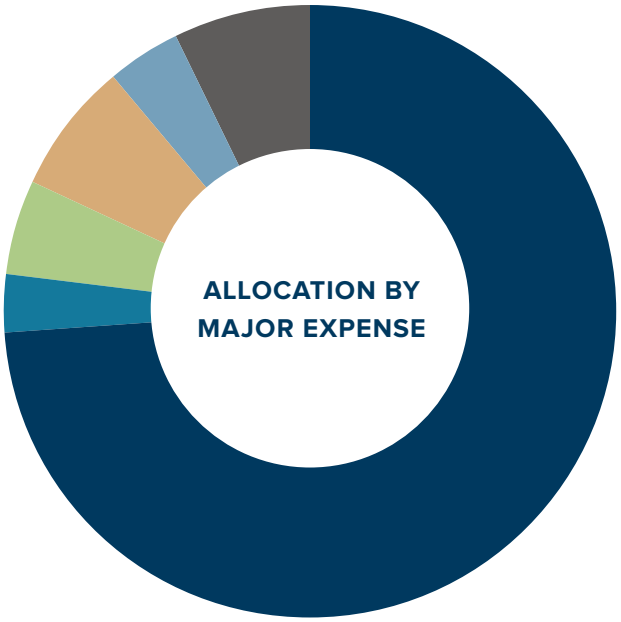
(IN THOUSANDS OF DOLLARS)

	2015	2014
REVENUE		
Manitoba Health, Healthy Living and Seniors operating income	**$2,537,413**	$2,476,900
Separately funded primary health programs	**4,775**	4,789
Patient and resident income	**44,052**	44,248
Recoveries from external sources	**61,536**	55,528
Investment income	**2,816**	3,301
Other revenue	**5,794**	2,814
Amortization of deferred contributions, capital	**84,086**	77,058
Recognition of deferred contributions, future expenses	**51,170**	32,743
	2,791,642	2,697,381
EXPENSES		
Direct operations	**2,335,931**	2,250,394
Interest	**880**	488
Amortization of capital assets	**101,062**	86,925
	2,437,873	2,337,807
FACILITY FUNDING		
Long-term care facility funding	**299,733**	296,082
Community health agency funding	**46,074**	43,855
Adult day care facility funding	**2,954**	3,185
Long-term care community therapy services	**827**	1,219
GRANT FUNDING		
Grants to facilities and agencies	**36,453**	29,878
	2,823,914	2,712,026
OPERATING DEFICIT	**(32,272)**	(14,645)
NON-INSURED SERVICES		
Non-insured services income	**66,094**	66,922
Non-insured services expenses	**59,158**	61,915
NON-INSURED SERVICES SURPLUS	**6,936**	5,007
DEFICIT FOR THE YEAR	**$ (25,336)**	$ (9,638)

BUDGET ALLOCATION BY SECTOR & MAJOR EXPENSE



- Acute 70%
- Community Care 15%
- Long Term Care 15%



- Wages and Benefits 74%
- Pharmaceuticals 3%
- Medical Supplies 5%
- General Supplies & Contracted Out Services 7%
- Amortized Assets 4%
- Other Costs 7%

Winnipeg Regional Health Authority Department of Finance

ADMINISTRATIVE COSTS REPORT

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

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.

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

At the request of Manitoba Health, the presentation of administrative costs has been modified to include new categorizations in order to increase transparency in financial reporting. These categories and their inclusions are as follows:

CORPORATE

Includes: General Administration Costs: Executive Offices, Board of Directors, Local Health Involvement Groups, Public Relations, Planning & Development, Community Health Assessment, Risk Identification & Management, Claims Management and Internal Audit. **Finance Costs**: General Accounting, Accounts Receivable, Accounts Payable, and Budget Control. **Communications Costs:** Telephone, Paging, Monitors, Telex, Fax and Mail Services.

RECRUITMENT & HUMAN RESOURCES

Includes: Payroll, Human Resources, Personnel Records, Staff Recruitment & Retention (general, physicians and nurses), Employee Compensation & Benefits, Labour Relations, Employee Health, Employee Assistance Programs, Occupational Health & Safety and Provincial Labour Relations Secretariat.

PATIENT CARE RELATED

Includes: Visitor Information, Utilization Management, Patient Relations, Privacy Office, Infection Control, Quality Assurance and Accreditation.

ADMINISTRATIVE COSTS AND PERCENTAGES FOR THE REGION

(INCLUDING HOSPITALS, NON-PROPRIETARY PERSONAL CARE HOMES AND COMMUNITY HEALTH AGENCIES), FOR THE YEAR ENDED MARCH 31
(IN THOUSANDS OF DOLLARS)

	2015					
	Acute Care Facilities & Corporate Office		**Personal Care Homes & Community Health Agencies**		**Total**	
	$	**%**	**$**	**%**	**$**	**%**
Corporate	**$59,604**	**2.29%**	**$12,595**	**5.23%**	**$72,199**	**2.54%**
Recruitment & Human Resources	**26,654**	**1.02%**	**1,975**	**0.82%**	**28,629**	**1.01%**
Patient Care	**18,120**	**0.69%**	**1**	**0.00%**	**18,120**	**0.64%**
TOTAL	**$104,738**	**4.00%**	**$14,571**	**6.05%**	**$118,948**	**4.19%**

	2014					
	Acute Care Facilities & Corporate Office		Personal Care Homes & Community Health Agencies		Total	
	$	%	$	%	$	%
	(Restated)		(Restated)		(Restated)	
Corporate	$56,627	2.20%	$13,715	5.54%	$70,342	2.49%
Recruitment & Human Resources	23,376	0.91%	2,009	0.81%	25,385	0.90%
Patient Care	17,337	0.67%	21	0.01%	17,358	0.62%
TOTAL	$97,340	3.78%	$15,745	6.36%	$113,085	4.01%

The 2015 figures presented are based on preliminary data available at time of publication.

Restatements were made to the 2014 figures to reflect the final data that was submitted after the publication date.

MANITOBA EHEALTH OPERATING RESULTS FOR THE YEAR ENDED MARCH 31

(IN THOUSANDS OF DOLLARS)

	2015	2014
REVENUE		
Manitoba Health operating income	**$ 74,736**	$ 70,609
Recoveries	**12,565**	16,558
	87,301	87,167
EXPENSES		
Salaries, wages and employee benefits	**46,916**	45,252
Data communications	**2,177**	2,251
License fees	**6,160**	5,208
Hardware and software maintenance	**20,833**	18,675
Buildings and ground expense	**2,784**	2,783
Miscellaneous and other	**8,325**	12,656
	87,195	86,825
OPERATING SURPLUS	**106**	342
Manitoba Health operating income reduction	**(106)**	(342)
SURPLUS FOR THE YEAR	**$ -**	$ -

The above results are exclusive of items such as employee future benefits and the revenue and expenses related to capital assets, as these items are recorded outside of eHealth operations.

Healthy People.

Vibrant Communities.

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Winnipeg Regional Health Authority
Caring for Health

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