

# WRHA Annual Report

2018-19



September 30, 2019



Winnipeg Regional  
Health Authority

Office régional de la  
santé de Winnipeg

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## Who is the WRHA?

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

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

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

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

### Our Region

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

### Our People and Facilities

Among the largest employers in Manitoba, the WRHA employs more than 28,000 people. With an annual operating budget of nearly \$2.7 billion, the WRHA is the largest health authority in the province, and operates or funds over 200 health service facilities and programs.

### Organizational changes

**September 17, 2018**, Mr. Gary Williment accepted the position of Chief Human Resources Officer reporting to then interim President and CEO, Réal Cloutier. Gary transitioned into the role until Dave Leschasin's retirement.

**October 24, 2018**, the WRHA's Board of Directors announced that they had chosen Réal Cloutier to be the organization's new President and CEO, effective immediately. Réal had previously been the interim President and CEO.

**November 1, 2018**, Lori Lamont became the Vice-President, Nursing and Health Professions and Chief Operating Officer. Lori had previously been the interim Vice-President, Nursing and Health Professions and Chief Operating Officer.

**December 21, 2018**, Dave Leschasin officially retired from his role as Chief Human Resources Officer.

A current diagram of the organizational chart is available at <http://www.wrha.mb.ca/about/files/OrgChart.pdf>.

## **Health Service Facilities Operating Within the WRHA**

(from April 1, 2018 to March 31, 2019)

### **THREE ACUTE CARE HOSPITALS**

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

### **THREE COMMUNITY HOSPITALS**

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

### **FIVE HEALTH CENTRES**

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

### **PERSONAL CARE HOMES (PCH)**

38 PCHs  
10 supportive housing providers

### **COMMUNITY-BASED HEALTH**

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

### **WALK-IN CONNECTED CARE AND ACCESS CENTRES**

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

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

### **KEY PARTNERS AND HEALTH RELATIONSHIPS**

#### Government of Manitoba

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

#### Educational Institutions

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

#### Municipal Government

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

#### Community Partners

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

#### Health Partners

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

#### Indigenous Organizations

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

## **Community Health Agencies**

The WRHA funded 13 community health agencies a total of \$55.45 million in the 2018-19 fiscal year. The services of these community health agencies are focused on the delivery of primary care. Mental health services are typically embedded in the primary care services. Specialty services provided include pre- and post-natal care, HIV treatment, crisis intervention, occupational therapy, rehabilitation services, diabetes education and sexuality education.

## **Grant-Funded Agencies**

The WRHA funded 79 additional agencies a total of \$61.42 million in the 2018-19 fiscal year. These agencies deliver services in the following program areas: cardiac rehabilitation, community development, home care, housing support services, mental health, primary care, disabilities services, senior centres and other support services to seniors.

## **WINNIPEG REGIONAL HEALTH AUTHORITY**

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## Health Services Message from the President and CEO

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To define 2018-19 as a “year of change” would be an understatement. A “foundational shift” might be a more appropriate way of terming it. When we designed the Healing Our Health System plan, the goal was to modernize the system and improve how health care is delivered in Winnipeg. In other words, it was no small feat. The plan includes some of the most significant changes to our system in decades, and as we now approach the finish line when it comes to implementing these changes, let us take a brief moment to exhale, to observe and to celebrate what we have achieved already.

We are now seeing tangible, positive changes to the system. We have seen dramatic improvements in geriatric care, from support for individuals to enter transitional housing to more varied care options in the community. This has contributed to a historic low in the number of alternative-level-of-care (ALC) patients waiting in our hospitals. We have seen improvements in our ED wait times – although we recognize we still have work to do in this area, including assuring that admitted patients move from the ED in a timely manner. Most importantly, these changes are meant to improve the overall quality and safety of patient care, as the roles of hospitals are better defined, and as we match resource levels to be consistent with those roles. These system changes are intended to get our patients the right care, in the right place, the first time around.

Over the past two years, the clinical consolidation of our EDs has certainly piqued the public’s interest, and that may create the perception that it remains the only thing we are focused on. But that is not the reality. In fact, we are examining – and focusing on – areas of greater need for our patients and across the system as a whole.

In November 2018, the WRHA and the province together announced more than \$5.3 million to increase the number of hip replacements, knee replacements and cataract surgeries, which will ensure at least 1,000 more hip and knee replacement surgeries are performed over the next year, and will fund at least 2,000 additional cataract surgeries within the same period. These important investments will make it possible for patients to access these high-demand services sooner.

In November 2018, we announced, along with the province, \$3.2 million in funding for additional neonatal intensive care unit (NICU) resources, setting the table to hire 30 new NICU nurses, and adding 11 new beds for newborns. Then, in January 2019, we announced \$2.3 million annually to hire more baseline staff to accommodate an increase in the number of births on the obstetrics units at SBGH and HSC. We also successfully transitioned our IV therapy services to Misericordia Health Centre in 2018-19, which allowed us to expand the program’s reach.

Finally, Priority Home, Rapid Response Nursing and transitional care beds have decreased the number of individuals waiting in hospital for a PCH bed, from a previous average of 75 to 100 patients now down to an average of about 20. This has resulted in a minimum of 55 additional acute-care beds being made available across the system, and has allowed for the opening of SNU/SNBU beds at Holy Family Home.

From a safety and reporting perspective, the WRHA increased monitoring of trends and themes with respect to potential and verified critical incidents and occurrences. These trends are monitored to help target more in-depth reviews of potential issues. Other areas of focus for quality and safety include recognizing patient deterioration, reducing risks during transfers, reducing health-care-acquired infections and preventing and reducing workplace injuries and illness.

As we move forward with these and other initiatives, it remains imperative that the WRHA works with our provincial partners to address all areas of the system that need improvement and to address gaps in reaching national performance benchmarks.

The WRHA has been deeply involved with the health care transformation that continues both here in Winnipeg and across Manitoba. As part of the Transformation Leadership Team, I am proud to contribute to efforts to improve our provincial health system. Many resources have shifted from the WRHA to support these system changes, including the transfer of HSC to Shared Health, which occurred in April 2019.

For the second fiscal year in a row, we have also met our balanced budget mandate. This is significant given the number of years of operating deficits we had seen in the past. I am grateful to all who helped in achieving our mandate to balance our budget.

None of our work could be done without a tremendous level of support from our Board of Directors. Their time, insight and guidance demonstrate an excellent level of engagement. The Board plays a pivotal role in our operations, and I thank them for their efforts.

I extend my appreciation to my colleagues in Shared Health and the other RHAs across this great province. Despite being separated geographically, we remain connected by our dedication to reshaping the health-care system, and to delivering patient care of the highest quality. I am also appreciative of the strong collaboration we have with MHSAL, and for the support provided by Minister Cameron Friesen, the Deputy Minister of Health, Seniors and Active Living, and other leaders in the department.

Our own WRHA executives, along with site and program leaders, are owed a great deal of gratitude. Every day, they are faced with the demands of implementing and guiding our system reorganization, while still running the day-to-day operations. Finally, I remain immensely proud of our staff and physicians, for their dedication to delivering quality patient care and their contribution to improving the system. I have tried throughout the year to reach out directly, to share my thanks and extend my deep satisfaction with their achievements. I can only succeed in my role with the contribution of many.

Sincerely,

**Réal Cloutier**  
President and CEO, WRHA

## **Message du PDG par intérim sur les services de santé**

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C'est peu dire que de qualifier l'année 2018-2019 « d'année du changement ». La décrire comme une « refonte fondamentale » serait plus approprié. Lorsque nous avons conçu notre plan Guérir notre système de santé, notre objectif était de moderniser le système et d'améliorer la prestation des soins de santé à Winnipeg. Autrement dit, tout un défi. Le plan comprenait certains changements parmi les plus importants apportés à notre système au cours des dernières décennies et maintenant que nous nous approchons de la ligne d'arrivée, soit la mise en œuvre de ces changements, prenons le temps de respirer à fond, d'observer et de célébrer nos réalisations jusqu'à présent.

Nous constatons maintenant des changements tangibles et positifs à notre système. Nous avons observé des améliorations importantes au chapitre des soins aux personnes âgées, qu'il s'agisse de l'appui aux personnes qui passent à un logement de transition ou aux options de soins plus variées dans la communauté. Ainsi, le nombre de patients en niveau de soins alternatif qui attendent dans nos hôpitaux n'a jamais été aussi bas. Des réductions des délais d'attente dans les services d'urgence ont été observées – bien que nous reconnaissions avoir encore du travail à faire dans ce domaine, notamment veiller à ce que les patients admis à l'hôpital quittent le service d'urgence dans un délai convenable. De manière plus importante, ces changements visent l'amélioration de la qualité générale et de la sécurité des soins des patients, à mesure que les rôles des hôpitaux sont mieux définis et que les niveaux de ressources allouées correspondent à ces rôles. L'objectif de ces changements est d'offrir à nos patients les bons soins, au bon endroit, du premier coup.

Au cours des deux dernières années, la consolidation clinique de nos services d'urgence a suscité l'intérêt du public, ce qui peut donner lieu à la perception qu'il s'agit de la seule chose dont nous nous occupons. Ce n'est pas la réalité. En fait, nous examinons – et nous nous concentrons – sur les domaines de besoins les plus importants pour nos patients, à travers la totalité du système.

En novembre 2018, l'ORSW et la province ont annoncé que plus de 5,3 millions de dollars seraient alloués à l'augmentation du nombre de chirurgies de remplacement de la hanche, de remplacement du genou et de la cataracte, ce qui signifie que plus de 1 000 chirurgies supplémentaires de la hanche et du genou seront réalisées l'année prochaine et qu'au moins 2 000 chirurgies additionnelles de la cataracte seront effectuées au cours de la même période. Ces investissements importants permettront aux patients d'avoir accès plus rapidement à ces interventions, pour lesquelles la demande est élevée.

En novembre 2018, nous avons annoncé, avec la province, 3,2 millions de dollars de financement pour accroître les ressources des soins intensifs néonataux, ouvrant la voie au recrutement de 30 nouvelles infirmières en soins intensifs néonataux et à l'ajout de 11 nouveaux lits pour nouveau-nés. Puis, en janvier 2019, nous avons annoncé un investissement annuel de 2,3 millions de dollars, pour accroître le nombre d'employés de base et faire face à l'augmentation du nombre de naissance dans les services d'obstétrique de l'Hôpital Saint-Boniface et du Centre des sciences de la santé. Le transfert de nos services de thérapie intraveineuse au Centre de santé Misericordia a eu lieu en 2018-2019, ce qui a permis d'accroître la portée du programme.

Enfin, Votre chez vous – Notre priorité, les services infirmiers d'intervention rapide et les lits pour les soins de transition ont permis la réduction du nombre de personnes qui attendent à l'hôpital qu'un lit se libère dans un foyer de soins de longue durée, d'une moyenne antérieure de 75 à 100 patients, à une moyenne actuelle d'environ 20 patients. Par conséquent, un minimum de 55 lits de soins de courte durée supplémentaires est donc disponible dans le système de santé, ce qui a permis la création de lits pour les besoins spéciaux et les besoins comportementaux spéciaux au foyer Holy Family.

En ce qui concerne la sécurité et la production de rapports, l'ORSW a augmenté la surveillance des tendances et des thèmes en ce qui concerne la survenue d'incidents critiques possibles et avérés. Cette surveillance permet de cibler des examens plus approfondis des problèmes éventuels. Les autres questions d'intérêt en matière de qualité et de sécurité comprennent la reconnaissance de la détérioration des patients, la réduction des risques pendant les transferts, la réduction des infections contractées dans le cadre des soins de santé, ainsi que la prévention et la réduction des blessures et des maladies en milieu de travail.

Devant la progression de ces mesures et autres initiatives, il demeure impératif que l'ORSW travaille avec ses partenaires provinciaux afin d'examiner tous les domaines du système qui ont besoin d'être améliorés et pour combler les écarts dans les seuils de performance nationaux.

L'ORSW joue un grand rôle dans la transformation des soins de santé qui se poursuit tant à Winnipeg que dans l'ensemble du Manitoba. À titre de membre de l'équipe de direction de la transformation, je suis fier de contribuer aux efforts en vue de l'amélioration de notre système de santé provincial. De nombreuses ressources ont été transférées de l'ORSW pour appuyer ces changements, y compris le transfert en avril 2019 du Centre des sciences de la santé à Soins communs.

Pour la deuxième année financière consécutive, nous avons également respecté notre mandat de budget équilibré. Il s'agit d'un fait important, à la lumière de toutes les années de déficit opérationnel du passé. Je tiens à remercier tous ceux qui ont contribué à la réalisation de ce mandat d'équilibre budgétaire.

Notre travail ne pourrait pas être accompli sans l'incroyable appui de notre conseil d'administration. Le temps consacré par ses membres, leurs conseils et leur orientation témoignent d'un niveau d'engagement exceptionnel. Le conseil d'administration joue un rôle clé dans nos opérations et je remercie ses membres de leurs efforts.

Je tiens à exprimer mon appréciation envers mes collègues de Soins communs et des autres offices régionaux de la santé à travers la province. Bien que géographiquement séparés, nous restons unis par notre dévouement à remanier le système de soins de santé et à offrir aux patients des soins de la plus haute qualité. J'apprécie également notre grande collaboration avec le ministère de la Santé, des Aînés et de la Vie active, de même que le soutien du ministre Friesen, du sous-ministre de la Santé et de nombreux autres dirigeants du ministère.

Nous avons également une grande dette de reconnaissance envers nos propres dirigeants, ceux de l'ORSW, ainsi que les gestionnaires d'emplacements et de programmes. Chaque jour, ces personnes font face à des demandes pour la mise en œuvre et l'orientation de la réorganisation de notre système, tout en assurant le maintien des activités quotidiennes. Pour conclure, je demeure très fier de notre personnel et de nos médecins qui prodiguent avec dévouement des soins de qualité et qui contribuent à l'amélioration de notre système de santé. J'ai tenté pendant l'année de communiquer directement avec eux pour les remercier et leur dire ma grande satisfaction face à leurs réalisations. Je ne peux réussir dans mes capacités, qu'avec la contribution de toutes ces personnes.

Je vous prie d'agrérer mes sincères sentiments.

**Réal Cloutier**

Président-directeur général de l'ORSW par intérim



## **Message from the Board Chair**

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On April 7, 2017 we announced the Healing our Health System plan: the biggest change in a generation for the health system in Winnipeg. At the time of this writing the major elements of the plan are now complete marking a significant milestone in the history of the WRHA.

Phase II of this plan was not without challenges and disruption to our system. Despite that, there is no question our region's health system was long overdue for modernization. There have been many changes to better align services to meet patient need and make best use of resources while honouring the contribution of the many partners that make up the WRHA. While change is not easy, the commitment of the people, teams and organizations that have worked through them together is admirable. We appreciate the focus on patient care and safety that unites us all.

In keeping with its oversight role, the Board has continued its emphasis on monitoring quality, performance and risk. Each of these areas has undergone improvements. The region has developed a quality dashboard and has improved its risk register in order to provide more insight into the region overall. Emergency department wait times are one of the items monitored and they have shown some improvement, as compared with previous years, despite the significant changes and disruptions that have occurred. The Board has been assured that as the system adjusts to the changes, the region will see improved wait times resulting from patients receiving the right care in the right place at the right time.

Local Health Involvement Groups, comprised of community members from all walks of life, provided the Board advice on two connected topics in mental health this year. Their delivery of an interim report enabled early incorporation of the first part of their work for both the Board and operations within the region.

I am pleased to report that the WRHA met its mandate to balance its operating budget again this year. While the system is transitioning to new accounting standards that will ultimately serve the provincial system better, regardless of the accounting rules used, the operating budget was balanced for the 2018-19 fiscal year.

The annual Board retreat this year focused on governance and the connection and interdependency between the Board and executive leadership. The alignment and support each part of the organization provides to the other is essential for the region to meet its mandate and be true to its shared values.

The Board thanks the executive and clinical leaders who have committed to, and are working towards, the improvement the region's culture. Together they strive to build a culture that respects and includes the input and experience of staff and physicians who provide care in our system. As our role as a service delivery organization is more clearly defined within the new provincial system, the region is able to provide better care and an improved experience for those rely on our services.

Members of the Board of Directors contribute a significant amount of their volunteer time to the WRHA. It has been a privilege to serve with them and benefit from their experience, insight and wisdom.

Wayne McWhirter, Vice-chair  
Jan Byrd  
Catherine Harris  
Kiran Kumedan  
Jennifer Moncrieff  
Judith Scanlan  
Dr. Alaa Awadalla (ex officio)

Bill Baines  
Dawn Daudrich  
Vera Houle  
Donald Lepp  
Bryce Matlashewski  
Shannon Stefanson

This year we thank retiring members Derek Johannson (Vice Chair), Victor Giesbrecht and Gord Steeves for their vision, hard work and dedication.

This year was more demanding than most, and I would like to personally thank every board member for their support, thoughtful contribution and commitment to the improvement of our health system.

The Board completed a search for a permanent President and CEO in 2018, and was very pleased to hire Réal Cloutier into the position. Coupled with his time leading the WRHA in the interim role, he has been a trusted leader of our organization through this time of unprecedented change. On behalf of the Board, I would like to express our sincere appreciation for the leadership, commitment and integrity he brings to his role that has influenced the culture of the WRHA in a positive way with staff and our partner organizations.

Finally, I would like to thank Minister Cameron Friesen for his steadfast commitment toward improving the health system for the people of Winnipeg and our province.

I speak for all of us on the WRHA Board of Directors when I say it's an honour and a privilege to serve in this capacity.

Sincerely,  
**Karen Dunlop**  
Board Chair, WRHA

## **Message de la présidente du conseil d'administration**

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Le 7 avril 2017, nous avons annoncé le lancement du plan Guérir notre système de santé, qui représente le plus grand changement depuis une génération pour le système de santé, à Winnipeg. Au moment d'écrire ces lignes, les principaux éléments du plan sont maintenant réalisés, marquant ainsi une étape importante dans l'histoire de l'ORSW.

La phase II de ce plan n'a pas été sans défi et dérangement, mais la modernisation de notre système était attendue depuis longtemps. De nombreux changements ont été apportés en vue d'une meilleure harmonisation des services, et ce, dans le but de répondre aux besoins des patients et d'optimiser l'utilisation des ressources, tout en reconnaissant la contribution des nombreux partenaires qui forment l'ORSW. Bien que le changement ne soit pas facile, l'engagement des personnes, des équipes et des organisations au cours de cette période transitoire a été admirable. Nous apprécions l'intérêt porté aux soins aux patients et à leur sécurité, ce qui nous unit tous.

Fidèle à son rôle de surveillance, le conseil d'administration a continué de se concentrer sur le contrôle de la qualité, du rendement et des risques. Chacun de ces domaines a fait l'objet d'améliorations. Nous avons mis au point un tableau de bord de la qualité des services et avons amélioré notre registre des risques afin de fournir un aperçu plus complet de la région dans son ensemble. Les délais d'attente dans les services d'urgence constituent l'un des éléments surveillés, et ils connaissent une certaine amélioration par rapport aux années précédentes, en dépit des changements importants et des perturbations survenues. Le conseil d'administration a reçu l'assurance qu'à mesure que le système s'adaptera aux changements, les délais d'attente seront réduits du fait que les patients recevront les bons soins, au bon endroit et au bon moment.

Des groupes locaux de participation en matière de santé, composés de membres de la communauté provenant de tous les horizons, ont donné au conseil d'administration des avis sur deux sujets reliés en santé mentale cette année. Leur rapport intérimaire a permis d'intégrer très tôt la première partie de leurs travaux, pour le bénéfice du conseil et des interventions dans la région.

Je suis ravi d'annoncer que cette année encore, l'ORSW a rempli son mandat consistant à équilibrer son budget de fonctionnement. Alors que le système fait la transition vers de nouvelles normes comptables qui conviendront mieux au système provincial à la longue, le budget a été équilibré pour l'exercice 2018-2019, peu importe les règles comptables utilisées.

Cette année, le conseil d'administration a consacré sa séance de réflexion à la gouvernance, et au lien et l'interdépendance entre le conseil et l'équipe de la haute direction. L'alignement et le soutien que chaque partie de l'organisation fournit à l'autre sont essentiels pour que la région puisse remplir son mandat et respecter ses valeurs mutuelles.

Le conseil d'administration remercie les dirigeants et chefs de cliniques qui s'engagent à améliorer la culture de la région. Ensemble, ils s'efforcent de créer une culture qui respecte et intègre les contributions et l'expérience du personnel et des médecins qui prodiguent des soins au sein de notre système. Comme notre rôle en tant qu'organisation de prestation de services est plus clairement défini dans le nouveau système provincial, la région est en mesure de fournir de meilleurs soins et une expérience enrichie aux personnes qui comptent sur nos services.

Les membres du conseil d'administration consacrent bénévolement beaucoup de temps à l'ORSW. Collaborer avec eux a été un privilège, nous permettant de profiter de leur expérience, leur perspicacité et leur sagesse.

Wayne McWhirter, vice-président  
Jan Byrd  
Catherine Harris  
Kiran Kumadan  
Jennifer Moncrieff  
Judith Scanlan  
Dr. Alaa Awadalla (d'office)

Bill Baines  
Dawn Daudrich  
Vera Houle  
Donald Lepp  
Bryce Matlashewski  
Shannon Stefanson

Nous remercions les membres sortants, Derek Johannson (vice-président), Victor Giesbrecht et Gord Steeves, pour leur vision, leur travail assidu et leur dévouement.

Cette année a été l'une des plus exigeantes jusqu'à présent, et je tiens à remercier personnellement tous les membres du conseil d'administration pour leur soutien, leur contribution réfléchie et leur engagement pour l'amélioration de notre système de santé.

Le conseil d'administration a achevé sa recherche d'un président-directeur général permanent en 2018, et c'est avec plaisir qu'il a confié le poste à Réal Cloutier. En plus d'avoir dirigé l'ORSW par intérim pendant quelque temps, il a su inspirer la confiance au cours de cette période de changement sans précédent. Au nom du conseil, je souhaite exprimer ma sincère reconnaissance pour le leadership, l'engagement et l'intégrité qu'il apporte à son rôle, influençant ainsi la culture de l'ORSW de manière positive auprès du personnel et de nos organisations partenaires.

Enfin, je tiens à remercier le ministre Cameron Friesen pour son engagement indéfectible pour l'amélioration du système de santé conçu pour les habitants de Winnipeg et de notre province.

Je parle au nom du conseil d'administration de l'ORSW quand je dis que c'est un honneur et un privilège de siéger à ce poste.

Je vous prie d'agrérer mes sincères sentiments.

**Karen Dunlop**

Présidente de l'ORSW

## **Letter of Transmittal and Accountability**

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It is my pleasure to present the annual report of the WRHA for the fiscal year ended March 31, 2019.

This annual report was prepared under the Board's direction, in accordance with the *Regional Health Authorities Act* and directions provided by the Minister of Health, Seniors and Active Living. All material, including economic and fiscal implications known as of July 31, 2019, has been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted,

**Karen Dunlop**

Board Chair, WRHA

## Board Members

Board members serving from April 1, 2018 to March 31, 2019:



**Karen Dunlop (Chair)**



**Wayne McWhirter  
(Vice-chair)**



**Dr. Alaa Awadalla,  
Exofficio**



**Bill Baines**



**Jan Byrd**



**Dawn Daudrich**



**Victor Giesbrecht**



**Raquel Godin**



**Stuart Greenfield**



**Maj. Catherine Harris**



**Vera Houle**



**Derek Johannson**



**Kiran Kumedan**



**Donald Lepp**



**Bryce Matlashewski**



**Jennifer Moncrieff**



**Dr. Judith Scanlan**



**Gord Steeves**



**Shannon Stefanson**

# STRATEGIC PLAN

## VISION



Healthy People



Vibrant Communities



Equitable Care for All

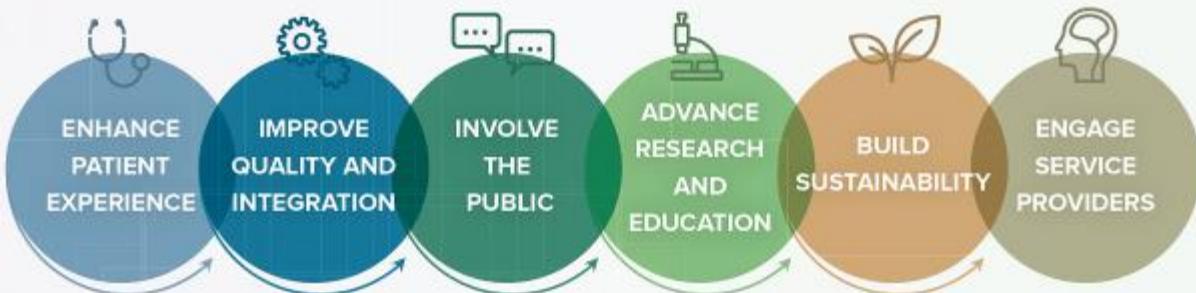
## MISSION

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

## VALUES

**DIGNITY** - as a reflection of the self-worth of every person**CARE** - as an unwavering expectation of every person**RESPECT** - as a measure of the importance of every person**EQUITY** - promote conditions in which every person can achieve their full health potential**ACCOUNTABILITY** - as being held responsible for the decisions we make

## STRATEGIC DIRECTION



## OPERATIONAL STRATEGIES



# PLAN STRATÉGIQUE

## VISION



Des gens en santé



Des communautés dynamiques



Des soins équitables pour tous

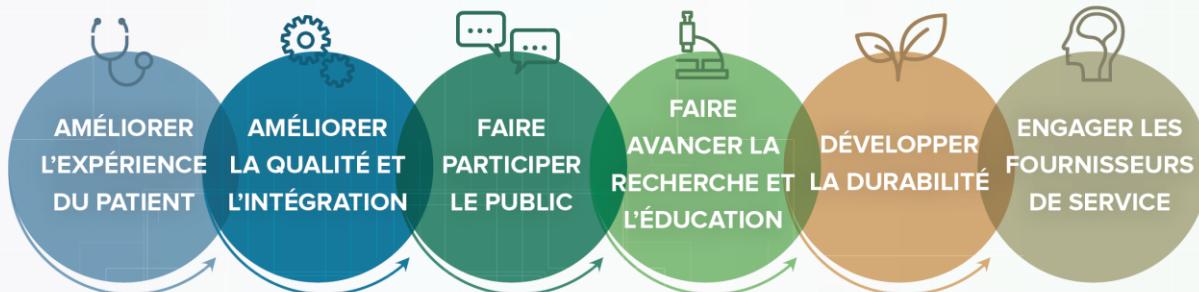
## MISSION

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

## VALEURS

**DIGNITÉ**- Le Reflet de l'estime de Soi de Chaque Personne**SOINS** - Une Attente Inébranlable de Chaque Personne**RESPECT** - La Mesure de l'importance de Chaque Personne**ÉQUITÉ**- Favoriser les Conditions dans Lesquelles Chaque Personne Puisse Réaliser son Plein Potentiel de Santé**RESPONSABILITÉ**- Prendre la Responsabilité des Décisions que l'on Prend

## ORIENTATION STRATÉGIQUE



## STRATÉGIES OPÉRATIONNELLES



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## Public Compensation Disclosure

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

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

This report, which has been prepared for this purpose and audited by an external auditor, contains the amount of compensation it pays or provides in the corresponding calendar year for each of its officers and employees whose compensation is \$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 HSC Winnipeg, Grace Hospital, Victoria General Hospital (VGH), Deer Lodge Centre (DLC), Pan Am Clinic, Manitoba eHealth, Community Areas Services, Churchill Health Centre and River Park Gardens.

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

# The Public Interest Disclosure (Whistleblower Protection) Act Annual Report

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May 7, 2019

## The Public Interest Disclosure (Whistleblower Protection) Act

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

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

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

The following is a summary of disclosures received by the Winnipeg Regional Health Authority for fiscal year 2018 – 2019:

Information Required Annually (by Section 18 of the Act)	Fiscal Year 2018-19
The number of disclosures received, and the number acted on and not acted on. <i>Paragraph 18(2)(a)</i>	<ul style="list-style-type: none"><li>• NIL</li></ul>
The number of investigations commenced as a result of a disclosure. <i>Paragraph 18(2)(b)</i>	<ul style="list-style-type: none"><li>• NIL</li></ul>

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.

*Paragraph 18(2)(c)*

- NIL

## Our Stories

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### New emergency room making a difference at Grace Hospital

Opened in May, 2018, the Grace Hospital's new, state-of-the-art emergency department (ED) represents a dramatic improvement on its predecessor, which was Winnipeg's oldest.

At 38,000 square feet, the \$43.8-million ED is more than five times the size of the one it replaced and features an open-concept design, a large ambulance bay that can reduce patient off-load times, an increased number of assessment and treatment rooms and spaces, as well as a physical connection to the ACCESS Winnipeg West Walk-In Connected Care (WICC) clinic.

The new ED is designed to provide the highest quality care to patients, both now and in the future. It will assist us as we continue to implement the Healing our Health System plan for clinical consolidation as the Grace is now one of three acute care facilities in our region (St. Boniface and HSC Winnipeg being the others).

Grace's new ED is a critical element of the WRHA's Healing our Health System plan, designed to provide better care sooner, help reduce wait times, improve patient safety and build a more sustainable health-care system for future generations.

In a statement made just prior to the opening, WRHA President and CEO Réal Cloutier said, “We know patients are waiting too long for the right care, stay in the emergency department or hospital longer than necessary and often have to travel between sites for care. This facility furthers our effort to concentrate services in the right locations to help reduce wait times and the need to transfer patients, and will build on the improvements already achieved in phase one of the Healing Our Health System Plan.”

This new ED has increased capacity at Grace Hospital to address emergency care needs, complementing upgrades at St. Boniface General Hospital to handle increased patient loads.

“The new emergency department gives our staff the ability to help patients more quickly in much improved space,” said Kellie O’Rourke, chief operating officer, Grace Hospital. “Everything we do is focused on creating the best patient experience, so the more connected and better equipped we are, the better we are able to help people seeking care.”

Funding for the renovation included a \$5-million community contribution, \$3.2 million of which came from a generous donation, made in November, 2015, to the Grace Hospital Foundation from Winnipeg philanthropists Edward and Marge Danylchuk. At the time, it was the largest gift ever made by an individual to a community hospital in Winnipeg.

In addition to its benefits to patients and their families, the new ED has also impressed health care staff working to meet their needs.



Registered nurse Trisha Knight, Program Director Critical Care and Emergency at Grace says, “You just kind of enjoy your day a little bit more because you have that added physical space and openness. You see staff more engaged and happier because the environment is more inviting.”

Shelley Keast, Executive Director, Clinical Services & Chief Nursing Officer, agrees, adding that accompanying changes in work flow processes are successfully supporting the betterment of patient care.

“Even on our more hectic days there is a peace to the pace,” she says, a circumstance she attributes to the ED’s natural light and functional layout.

Registered nurse Stacy Wiebe says that the new ED’s improved layout and added space has proven to be a benefit to families.

“In our old ED we didn’t have the space for family,” she says. “Now we have room for chairs, and for information boards where we list the names of the nurses and doctor caring for the patient. There is also room for information about discharge planning, which is a lot more patient- and family-centered than what we had before.”

Six months after the new ED opened staff enjoyed their first winter with a large, climate-controlled ambulance bay. The new bay can house three ambulances simultaneously and patients are fully protected from the elements when transferring from the ambulance to ED. The new bay can accommodate the Major Incident Response Vehicle (MIRV), which is used for mass casualty transports or for evacuations of large facilities.

For patients with less urgent health concerns, the new ED is physically connected to ACCESS Winnipeg West’s Walk-In Connected Care (WICC) clinic, where care is provided by nurse practitioners, physician assistants and registered nurses. The proximity of the WICC clinic helps divert patients with less urgent concerns from the ED.



## **Additional funding for increase in hip and knee replacements and cataract surgeries**

On November 22, the Manitoba government announced an investment of more than \$5.3 million to significantly increase the number of hip replacements, knee replacements and cataract surgeries in Manitoba in 2019.

More than 4,100 hip and knee replacements and 12,900 cataract surgeries were performed in Manitoba in 2017-18. The new investment will ensure at least 1,000 more hip and knee replacement surgeries are performed in 2019, a number which represents a nearly 25 per cent increase. The new investment will also fund at least 2,000 additional cataract surgeries next year, a 16-per cent increase, he adds.

Additional cataract surgeries will take place at Misericordia Health Centre while additional hip and knee surgeries will be performed at Concordia Hospital, Grace Hospital, Health Science Centre Winnipeg and the Boundary Trails Health Centre in southern Manitoba.

Increasing the number of hip and knee replacement surgeries and cataract surgeries was previously recommended by the Wait Times Reduction Task Force as a means to reduce wait times for care.

"The reality is that we are seeing an increased and sustained demand for these procedures as our population ages," says Dr. Jack McPherson, Co-Chair of the Priority Procedure Wait Times Reduction Committee of the Wait Times Reduction Task Force. "We are very pleased the Government of Manitoba adopted our recommendation, and believe it will significantly augment the progress we have made to date in completing more procedures and ultimately reducing the amount of time patients currently wait."

The funding announcement was part of the province's work to improve how care is delivered in Manitoba. Innovative changes implemented since 2016 include offering cataract surgeries using freezing rather than sedation to patients who meet the clinical criteria, offering same-day hip surgery to reduce long hospital stays and implementing a hip and knee clinic to reduce the number of people referred for surgery.

## Community Intravenous program (CIVP) consolidated

The Community Intravenous program (CIVP) has consolidated their service at Misericordia Health Centre (MHC) as part of the Healing Our Health System plan. The program relocated and began serving clients on November 28, 2018.

The move better supports CIVP to bring together an interprofessional team of infectious disease physicians, nurses, pharmacists and administrative staff to care for clients in one place.

"For the first time, we're bringing all areas of this service together," says Gina Trinidad, Chief Health Operations Officer, Continuing Care and Community with the WRHA. "The opportunity for our interprofessional teams to work together in the same space will greatly increase collaboration and efficiency, ultimately providing even better care to our clients sooner."

The new location also provides on-site diagnostic imaging and lab services that weren't available at their previous sites.

Benefits of the new location include:

- Improved and increased physical space for treatment areas for specialized care needs, including additional private exam rooms and an isolation room;
- Access to diagnostic imaging and lab services available at MHC, which may prevent return visits to an emergency department or urgent care;
- More accessible to clients while remaining in a central location, increased parking and access to bus routes; and
- Proximity to infectious disease clinics where most referrals come from (HSC Winnipeg and St. Boniface Hospital).

"Moving to MHC has enabled the program to move towards a centralized hub model," Trinidad says. "We are actively working with MHC, a provider of specialized ambulatory programs, as it delivers this important home care service to the community."

As part of the home care program, CIVP helps people who need antibiotics intravenously (by vein) in their home or at an on-site clinic. The program also offers a satellite infusion clinic at ACCESS Transcona.

## Riverview Health Centre's \$8.5-million Alzheimer Centre of Excellence nears completion

Riverview Health Centre recently announced the completion of its new Alzheimer Centre of Excellence (ACE), an \$8.5-million redevelopment of its Alzheimer's care unit.

Fully funded by donations to the Riverview Health Centre Foundation, the renovation transformed the existing space into one that provides state-of-the-art care incorporating evidence-based best practices gleaned from a 2014 worldwide study in dementia and Alzheimer's care. That evidence showed that the physical environment within long-term care can positively impact the quality of life of personal care home residents, specifically those with cognitive impairment.

The renovated care area has a total of four 15-person care pods with room for 60 residents. Each care pod is divided in three to allow typical resident interactions to take place in even smaller groups of five.

Designed to reduce negative stimulation for residents and create a sense of home, these pods will particularly benefit Alzheimer's and dementia patients who exhibit reactive behaviours. From special, circadian lighting to address sleep issues, to the individualized "front doors" leading to each resident's room, to the sensory stimulation elements and the cloud patterned LED light panelled ceiling, this facility is designed to feel more like home and less like an institutional environment.

Moving away from an institutional environment to a smaller setting with focused enhancements, such as those incorporated within the new pods at Riverview, can contribute to better socialization, easier navigation, and positive impacts on cognitive function while minimizing stress and increasing comfort.

Riverview is also working with the University of Manitoba to study how a change in environmental conditions and use of technology, pre- and post-change, affects the quality of life of residents, while also assessing impacts on care providers in supporting those residents. We look forward to those research findings.

As our population ages, we look to innovative solutions such as this to prepare for the increased demands that will be placed on our health-care system. Projects like the Alzheimer's Centre of Excellence position us to better meet the needs of this population by exploring a different approach to caring for individuals with Alzheimer's and other forms of dementia. We congratulate Riverview Health Centre and its Foundation for successfully completing this important initiative.

## \$7-million Victoria General Hospital upgrade enhances mental health care

Newly renovated mental health in-patient units at Victoria General Hospital (VGH) welcomed their first clients in December 2018, representing a significant milestone in the reorganization of mental health services in Winnipeg. The expanded mental health in-patient units at VGH can now accommodate 75 clients.

VGH underwent \$7 million in renovations, as the facility joined Health Sciences Centre Winnipeg and St. Boniface Hospital as one of Winnipeg's three Centres of Excellence for Mental Health, offering the full spectrum of care to mental health clients.

By concentrating specific services in the right locations, sites can develop areas of focus and provide more effective and timely patient care. This move enhances on-site access to psychiatric consultations, provides better access to on-site treatment and counselling spaces and reduces the need for client transfers between facilities.

The changes affect only adult mental health services. There has been no change with respect to child and adolescent services.

In addition to the three Centres of Excellence, all Winnipeg emergency and urgent care departments continue to offer care to clients who present with mental health concerns, and will have new patient pathways created to accommodate consults at those sites.

The renovation at VGH saw the relocation of 54 existing in-patient beds from Seven Oaks General Hospital and Grace General Hospital to the facility. This mobilization of patients and staff was the largest such mobilization in the WRHA's history.

The renovated space at VGH has been constructed to upgraded standards, and will provide a more comfortable environment for clients and their visitors to better serve clients' needs.

The WRHA Adult Mental Health Program provides an integrated and comprehensive range of mental health services and supports across the health care continuum that promotes recovery. Through collaboration and partnership across various health, social service and community sectors, the program strives to promote mental health and well-being for all, to reduce inequities and the impact of mental health problems and to work towards sustainability of mentally healthy individuals and communities.

The program provides a range of mental health services in both community and hospital settings, and is committed to providing a responsive and inclusive system aimed to restore, promote and maintain mental health and well-being for the Winnipeg population.

## Nos témoignages



### Un nouveau service d'urgence qui fait la différence à l'Hôpital Grace

Ouvert en mai 2018, le nouveau service d'urgence de pointe de l'Hôpital Grace constitue une amélioration considérable par rapport à son prédécesseur, le plus ancien de Winnipeg.

D'une superficie de 38 000 pieds carrés, le service d'urgence à aire ouverte de 43,8 millions de dollars représente plus de cinq fois la taille de celui qu'il a remplacé, et comprend une vaste rampe pour ambulances, ce qui permet de réduire le temps de déchargement des patients, un nombre accru de salles d'évaluation et de traitement, ainsi qu'un accès direct vers la clinique de soins de continuité sans rendez-vous du Centre d'accès Winnipeg Ouest.

Le nouveau service d'urgence est conçu pour fournir aux patients des soins de la plus haute qualité, aujourd'hui et à l'avenir. Il nous aidera à poursuivre la mise en œuvre du plan Guérir notre système de santé qui comprend une consolidation des services cliniques, l'hôpital Grace étant désormais l'un des trois établissements de soins aigus de notre région (avec l'Hôpital général Saint-Boniface et le Centre des sciences de la santé).

Ce service d'urgence, élément essentiel du plan Guérir notre système de santé de l'ORSW, a pour but de fournir de meilleurs soins plus rapidement, de réduire les temps d'attente, d'améliorer la sécurité des patients, et d'instaurer un système de soins de santé plus durable pour les générations futures.

Juste avant l'ouverture du service d'urgence, le président directeur-général de l'ORSW, Réal Cloutier, a déclaré: « Nous savons que les patients attendent trop longtemps pour obtenir les soins dont ils ont besoin, qu'ils séjournent à l'urgence ou à l'hôpital plus longtemps que nécessaire, et qu'ils doivent souvent se déplacer d'un établissement à l'autre pour obtenir des soins. Ce projet s'inscrit dans le cadre des efforts que nous déployons pour concentrer les services aux bons endroits afin de réduire les temps d'attente et les transferts de patients. Il vient renforcer les améliorations déjà réalisées au cours de la première phase du plan Guérir notre système de santé. »

En fait, le service d'urgence a permis d'accroître la capacité de l'Hôpital Grace à répondre aux besoins en matière de soins d'urgence, et des améliorations ont également été apportées à l'Hôpital général Saint-Boniface pour faire face à l'augmentation du nombre de patients.

« Grâce au nouveau service d'urgence, notre personnel est en mesure d'aider les patients plus rapidement dans des locaux grandement améliorés », a affirmé Kellie O'Rourke, chef de l'exploitation de l'Hôpital Grace. « Tous nos efforts sont axés sur l'amélioration de l'expérience du patient. Ainsi, plus nous sommes connectés et mieux nous sommes équipés, plus nous sommes en mesure d'aider les personnes qui ont besoin de soins. »



Les améliorations ont été financées par le biais d'une contribution communautaire de 5 millions de dollars, dont 3,2 millions provenaient d'un généreux don fait en novembre 2015 à la Fondation de l'Hôpital Grace par Edward et Marge Danylchuk, philanthropes de Winnipeg. À l'époque, il s'agissait du plus important don jamais versé par des particuliers à un hôpital communautaire de Winnipeg.

Outre ses avantages pour les patients et leurs familles, le nouveau service d'urgence a également impressionné le personnel de santé qui doit répondre à leurs besoins.

Trisha Knight, infirmière autorisée et directrice du programme des soins critiques et d'urgence à l'Hôpital Grace est d'avis que « L'ajout d'espace physique et ouvert rend la journée de travail un peu plus agréable. Le personnel est plus motivé et heureux en raison du milieu plus attrayant. »

Par ailleurs, Shelley Keast, infirmière en chef et directrice exécutive des services cliniques, partage cet avis tout en ajoutant que les modifications apportées aux processus de flux de travail contribuent efficacement à l'amélioration des soins aux patients.

« Même lors de nos journées les plus mouvementées, le rythme est toutefois plus serein », a-t-elle dit. Elle attribue ce phénomène à la lumière naturelle et à l'aménagement fonctionnel du service d'urgence.

L'infirmière autorisée, Stacy Wiebe, a souligné pour sa part que la disposition améliorée et l'ajout d'espace se sont avérés bénéfiques pour les familles.

« Dans l'ancien service d'urgence, il n'y avait pas de place pour les familles. Maintenant, il y a des fauteuils et des tableaux sur lesquels sont inscrits les noms des infirmières et des médecins qui s'occupent des patients. Il y a même de la place pour des renseignements sur la planification de la sortie, ce qui est beaucoup plus centré sur le patient et la famille qu'auparavant. »



Six mois après l'ouverture du service d'urgence, le personnel a pu vivre son premier hiver avec une vaste rampe pour ambulances à température contrôlée. Celle-ci peut abriter trois ambulances simultanément, et les patients sont totalement protégés des éléments lors de leur transfert depuis l'ambulance au service d'urgence. Elle peut également accueillir le véhicule de secours en cas d'incident majeur, utilisé pour le transport d'un grand nombre de blessés ou pour l'évacuation de grandes installations.

Les patients ayant des problèmes de santé moins urgents sont invités à se rendre à la clinique de soins de continuité sans rendez-vous du Centre d'accès Winnipeg Ouest, qui est directement reliée au service d'urgence, où les soins sont prodigués par des infirmières praticiennes, des médecins-adjoints et des infirmières autorisées. La proximité de la clinique permet de réorienter les patients dont les besoins sont moins pressants vers des soins autres que ceux offerts par le service d'urgence.

## **Un financement accru pour les chirurgies de la hanche, du genou et de la cataracte**

Le 22 novembre 2018, le gouvernement du Manitoba a annoncé un investissement de plus de 5,3 millions de dollars afin d'augmenter de façon significative le nombre de remplacements de la hanche et du genou et de chirurgies de la cataracte.

En 2017-2018, plus de 4 100 remplacements de la hanche et du genou ont été réalisés au Manitoba, ainsi que 12 900 chirurgies de la cataracte. Ce nouvel investissement permettra 1 000 remplacements de la hanche et du genou supplémentaires en 2019, ce qui représente une hausse de près de 25 %. Il financera aussi au moins 2 000 chirurgies de la cataracte en plus l'année prochaine, soit une hausse de 16 %.

Les chirurgies de la cataracte supplémentaires se feront au Centre de santé Misericordia, tandis que les chirurgies de la hanche et du genou seront effectuées à l'Hôpital Concordia, à l'Hôpital Grace, au Centre des sciences de la santé, à Winnipeg, et au Centre de santé Boundary Trails, dans le sud du Manitoba.

L'augmentation du nombre de remplacements de la hanche et du genou et de chirurgies de la cataracte avait été antérieurement recommandée par le groupe de travail sur la réduction des délais d'attente, en tant que moyen de réduire ces délais pour obtenir des soins.

« En réalité, nous observons une demande accrue et soutenue de ce genre d'interventions en raison du vieillissement de la population, a expliqué le Dr Jack McPherson, coprésident du comité de réduction des délais d'attente pour les procédures prioritaires, du groupe de travail sur la réduction des délais d'attente. Nous sommes très heureux de voir que le gouvernement du Manitoba a adopté notre recommandation, et nous croyons qu'elle accélérera les progrès que nous avons accomplis jusqu'ici, en nous permettant d'effectuer plus d'interventions et de parvenir ainsi à réduire les délais d'attente des patients. »

L'annonce de ce financement s'inscrit dans le cadre des efforts déployés par la Province en vue d'améliorer la prestation des soins au Manitoba. Parmi les pratiques innovantes mises en œuvre depuis 2016, mentionnons l'application d'un gel anesthésiant, au lieu de la sédation, pour les chirurgies de la cataracte chez les patients qui répondent aux critères cliniques, l'offre d'une chirurgie d'un jour de remplacement de la hanche afin de limiter les séjours prolongés à l'hôpital, et la mise en place d'une clinique de la hanche et du genou pour réduire le nombre de personnes envoyées en chirurgie.

## Consolidation du programme de soins intraveineux

Le Programme communautaire de soins intraveineux (PCSI) a regroupé ses services au Centre de santé Misericordia (CSM), et ce, dans le cadre du plan Guérir notre système de santé. Ce programme est au service des clients depuis le 28 novembre 2018.

Le changement permet de mieux appuyer le PCSI en mobilisant au même endroit une équipe spécialisée dans les maladies infectieuses, qui comprend des médecins, des infirmier(ère)s, des pharmacien(ne)s et du personnel administratif.

« Pour la première fois, nous regroupons tous les volets de ce service, a expliqué Gina Trinidad, chef de l'exploitation des soins continus et communautaires auprès de l'Office régional de la santé de Winnipeg. Le fait que notre équipe interprofessionnelle puisse travailler dans un même endroit renforcera considérablement la collaboration et l'efficacité, tout en permettant de fournir de meilleurs soins aux clients, plus rapidement. »

Le nouvel emplacement dispose aussi de services d'imagerie diagnostique et de laboratoire, qui ne se trouvaient pas dans les anciens lieux.

Le regroupement présente notamment les avantages suivants :

- Espace physique amélioré et plus vaste pour des locaux de traitement répondant aux besoins de soins spécialisés, y compris un plus grand nombre de salles d'examen et une chambre d'isolement.
- Accès aux services d'imagerie diagnostique et de laboratoire du CSM, ce qui peut éviter des visites subséquentes dans un service d'urgence ou un centre de soins d'urgence mineure.
- Lieu plus accessible pour les clients (tout en demeurant central), davantage de places de stationnement et accès aux lignes d'autobus.
- Proximité des cliniques pour maladies infectieuses d'où viennent la plupart des clients (Centre des sciences de la santé de Winnipeg et Hôpital de Saint-Boniface).

« Emménager au CSM a permis au programme de progresser vers un modèle de soins centralisés, a ajouté Mme Trinidad. Nous travaillons activement avec le CSM, fournisseur de programmes de soins ambulatoires spécialisés, parce qu'il offre cet important service de soins à domicile au sein de la communauté. »

Dans le cadre du Programme de soins à domicile, le PCSI vient en aide aux gens qui ont besoin d'antibiotiques par voie intraveineuse chez eux ou en clinique. Le programme met aussi à disposition une clinique satellite de perfusion au centre d'accès Transcona.

## **Le Centre d'excellence Alzheimer de 8,5 millions de dollars faisant partie du Centre de santé Riverview est presque terminé**

Le Centre de santé Riverview a récemment annoncé l'achèvement de son nouveau Centre d'excellence Alzheimer, unité de soins réaménagée pour personnes atteintes de la maladie d'Alzheimer, dont les travaux de rénovation se chiffrent à 8,5 millions de dollars.

Entièrement financée par des dons versés à la Fondation du Centre de santé Riverview, la modernisation a transformé l'espace existant en un lieu offrant des soins de pointe intégrant les meilleures pratiques factuelles et tirées d'une étude mondiale de 2014 sur les soins prodigués aux personnes souffrant de démence et de la maladie d'Alzheimer. L'étude a montré que l'environnement physique peut avoir une incidence positive sur la qualité de vie des résidents des foyers de soins de longue durée, en particulier ceux ayant une déficience cognitive.

L'espace rénové compte quatre zones de soins pouvant accueillir 15 personnes, pour un total de 60 résidents. Chaque zone se divise en trois pour permettre l'interaction en groupes de cinq, ce qui est encore plus intime.

Conçues pour réduire les stimulations négatives pour les résidents et créer un sentiment d'appartenance, ces zones seront particulièrement profitables aux personnes qui présentent un comportement réactif. Depuis l'éclairage particulier basé sur le cycle circadien et visant à atténuer les troubles de sommeil, en passant par les « portes d'entrée » individualisées menant à la chambre de chaque résident, jusqu'aux éléments de stimulation sensorielle et aux luminaires de plafond LED en forme de nuage, le décor donne l'impression d'être chez soi plutôt que dans une institution.

S'éloigner d'un environnement institutionnel pour un milieu plus petit avec des améliorations ciblées, telles que celles intégrées dans les nouvelles zones, peut contribuer à une meilleure socialisation, à une circulation plus facile et à des impacts positifs sur la fonction cognitive, tout en minimisant le stress et en améliorant le confort.

Le Centre de santé Riverview collabore également avec l'Université du Manitoba pour étudier à quel point la qualité de vie des résidents peut être influencée par un changement des conditions environnementales et de l'utilisation de la technologie, et évaluer aussi les impacts sur les prestataires de soins qui s'occupent de ces résidents. Nous attendons avec impatience les résultats de cette recherche.

À mesure que notre population vieillit, nous nous tournons vers des solutions novatrices comme celle-ci afin de nous préparer aux demandes croissantes auxquelles notre système de soins de santé devra faire face. Des projets tels que le Centre d'excellence Alzheimer nous permettent de mieux répondre aux besoins de cette population, en explorant une approche différente en matière de prise en charge des personnes atteintes de la maladie d'Alzheimer et d'autres formes de démence. Nous félicitons le Centre de santé Riverview et sa fondation d'avoir mené à bien cette initiative importante.

## **Les travaux de rénovation de l'Hôpital Victoria se chiffrent à 7 millions de dollars contribuent à améliorer les soins de santé mentale**

Les unités de soins de santé mentale nouvellement rénovées à l'Hôpital Victoria ont accueilli leurs premiers clients en décembre 2018, ce qui représente une étape importante dans la réorganisation des services de santé mentale à Winnipeg. Les unités agrandies de soins psychiatriques peuvent désormais héberger 75 personnes.

L'Hôpital Victoria a subi des travaux de rénovation s'élevant à 7 millions de dollars, faisant de cet établissement l'un des trois centres d'excellence en santé mentale, avec le Centre des sciences de la santé de Winnipeg et l'Hôpital Saint-Boniface. Ces derniers offrent une gamme complète de soins aux clients qui présentent des troubles de santé mentale.

En concentrant certains services dans les endroits appropriés, les établissements peuvent développer des domaines d'intérêt et fournir des soins avec plus d'efficacité et de rapidité. Ce changement améliore l'accès sur place à des services de consultation en psychiatrie, fournit un meilleur accès aux services de traitement et de counseling, et réduit les transferts de clients entre établissements.

Les changements touchent seulement les services de santé mentale pour adultes. Aucun changement n'a été apporté aux services destinés aux enfants et aux adolescents.

En plus des trois centres d'excellence, tous les centres de soins d'urgence mineure et services d'urgence de Winnipeg continueront à fournir des soins aux clients qui présentent des problèmes de santé mentale. De nouveaux parcours cliniques seront créés pour recevoir des patients en consultation dans ces établissements.

Les travaux de rénovation ont mené à la délocalisation de 54 lits, depuis les hôpitaux Seven Oaks et Grace vers l'Hôpital Victoria. Ce déplacement de patients et de personnel est le plus important de l'histoire de l'ORSW.

Les nouveaux locaux de l'Hôpital Victoria ont été aménagés selon des normes renforcées, et permettront d'offrir plus de confort aux clients et aux visiteurs, et ce, dans le but de mieux répondre aux besoins de chacun.

Le programme de santé mentale pour adultes de l'ORSW offre un éventail complet et intégré de services et mesures de soutien en psychiatrie dans tout le continuum de soins qui favorisent le rétablissement. Grâce à la collaboration et à des partenariats entre divers secteurs de la santé, du service social et du soutien communautaire, le programme s'efforce de promouvoir la santé mentale et le bien-être de tous, et de réduire les inégalités et les répercussions des problèmes de santé mentale, tout en progressant vers le maintien des gens et des communautés en bonne santé mentale.

Enfin, ce programme permet de fournir tout un éventail de services psychiatriques, aussi bien en milieux communautaires qu'hospitaliers, et d'instaurer un système réactif et inclusif visant à rétablir, à promouvoir et à maintenir la santé mentale et le bien-être de la population de Winnipeg.

## Enterprise Risk Management

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

This year:

- The ERM process continued to be rolled out throughout the WRHA;
- Priority risks were folded into the WRHA's annual operating plan.

Current ERM priority areas for the WRHA include:

- Implementation of Clinical Consolidation
- Achievement of a Balanced Budget
- Improvement of Quality and Patient Safety
- Improvement of Patient Flow
- Readiness for Transformation of the Health-Care System
- Corporate Governance and Leadership
- Business Continuity Management
- Infrastructure Maintenance and Renovation
- Recruiting and Retention of Qualified Non-Union Management

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

## Critical Incident Process

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

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

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

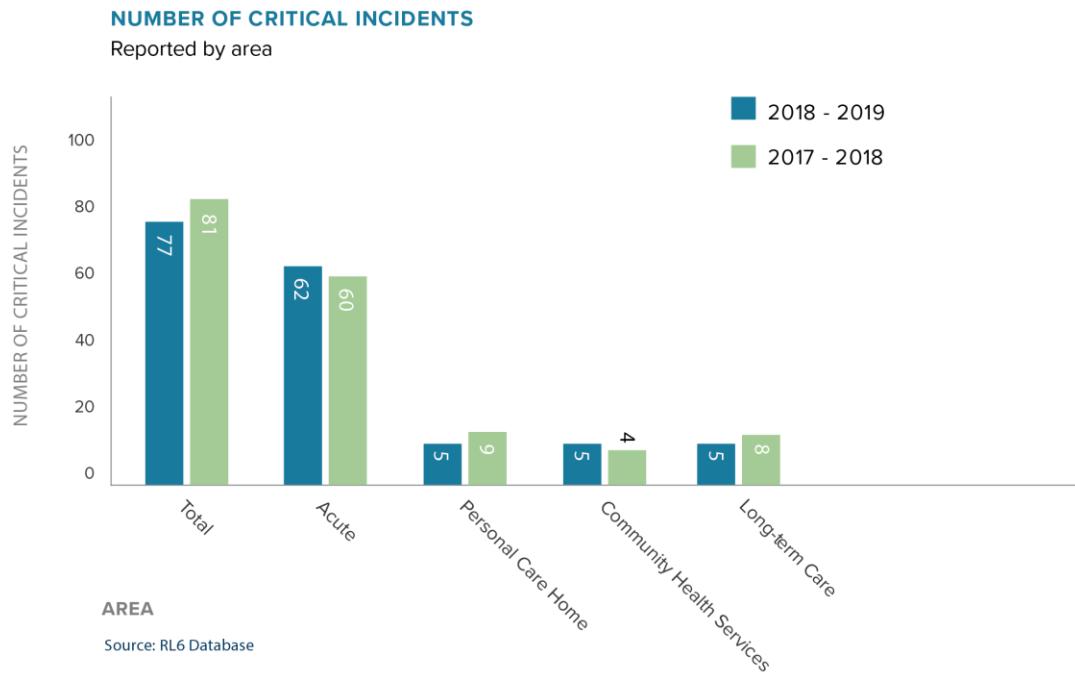
Examples may include receiving the wrong medication or the wrong dose of a medication, the failure of medical equipment or a breakdown in communication between health-care providers resulting in serious harm to a patient, client or resident.

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

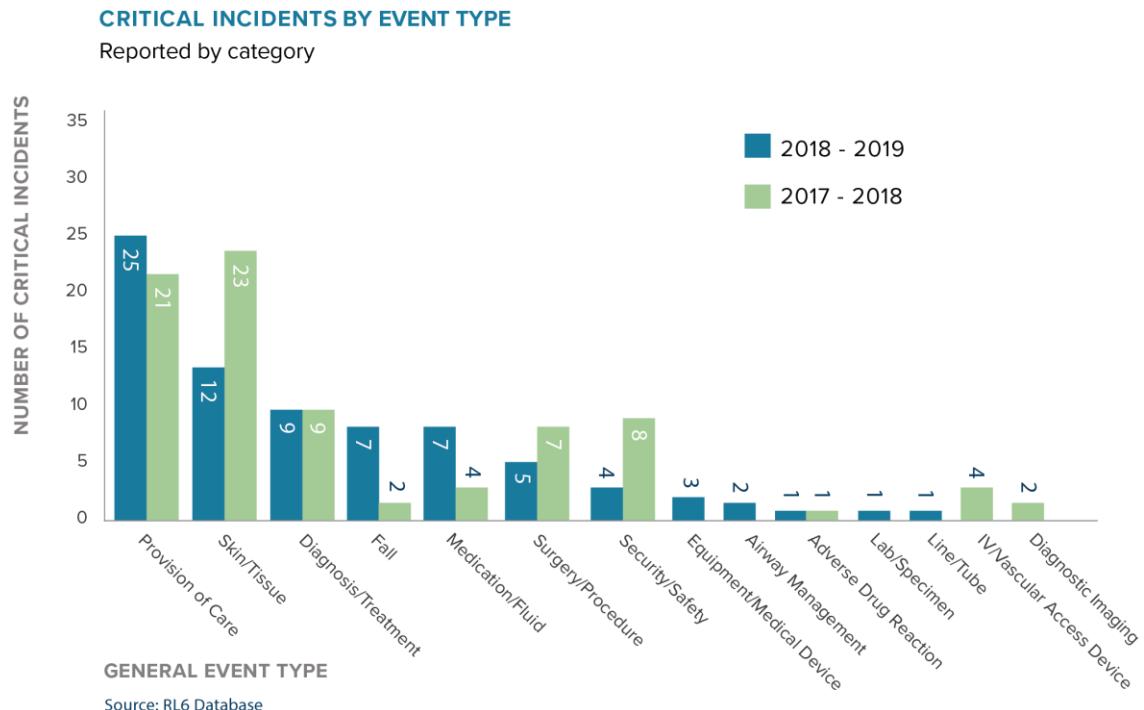
Our goal is to continuously improve our communication with patients and families to ensure they are provided with the information they need while maintaining confidentiality. This includes sharing the findings when a Critical Incident review has been completed.

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

The chart below highlights the number of critical incidents, by area, reported in the fiscal years of 2017-18 and 2018-19.



The chart below highlights the number of Critical Incidents, by event type, in the fiscal years of 2017-18 and 2018-19.



# Client Relations

The Client Relations team:

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

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

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

## WINNIPEG REGIONAL HEALTH AUTHORITY CLIENT RELATIONS

Phone: (204) 926-7825

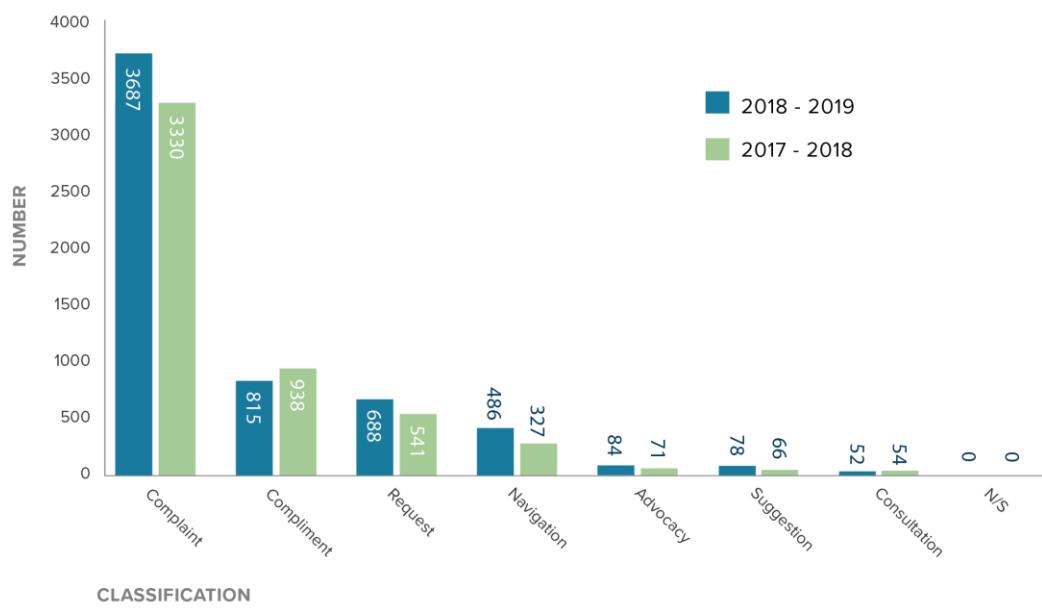
Fax: (204) 940-6623

E-mail: [clientrelations@wrha.mb.ca](mailto:clientrelations@wrha.mb.ca)

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

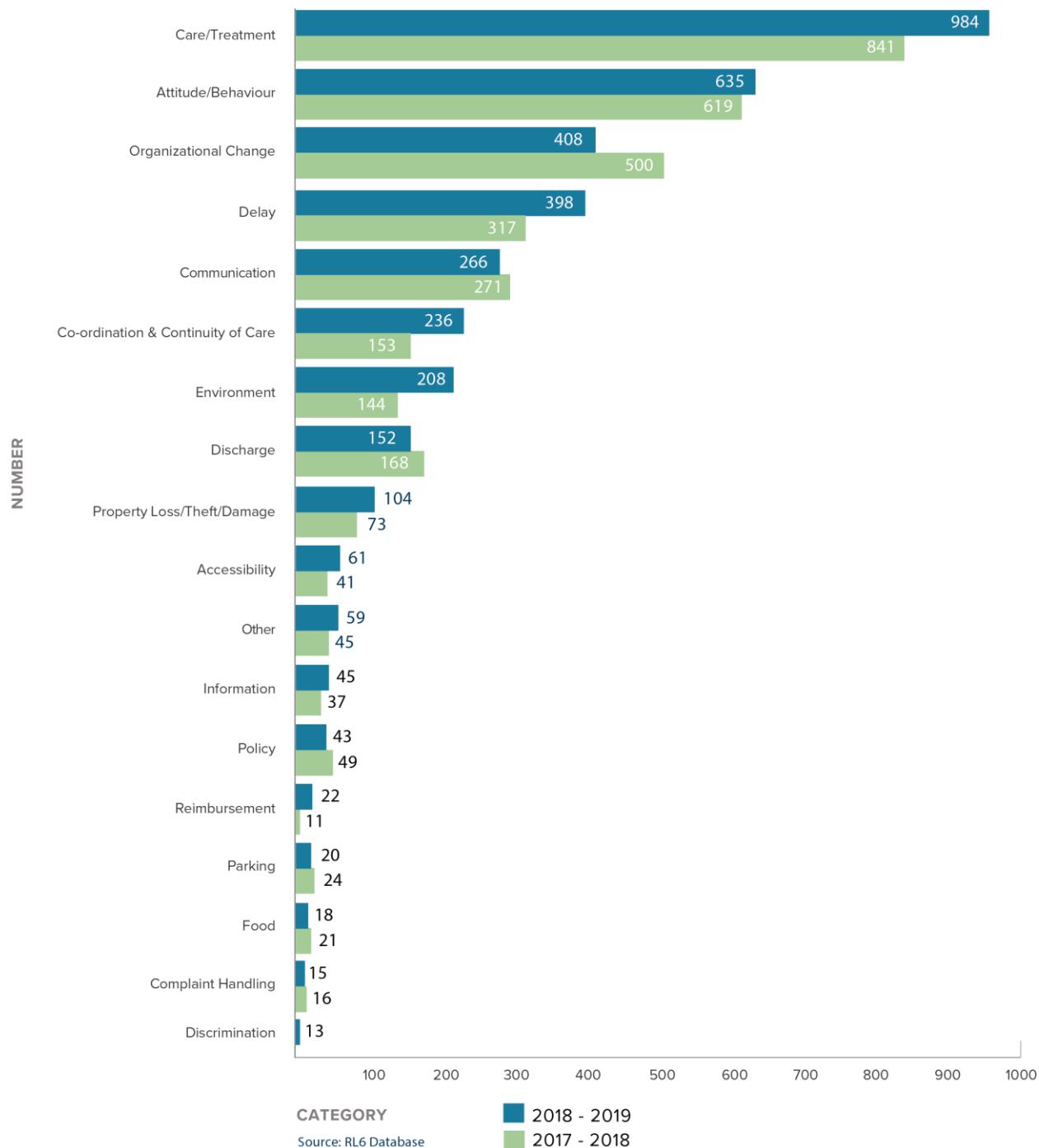
### NUMBER AND CLASSIFICATION OF CALLS TO CLIENT RELATIONS

Grouped by Classification



## NUMBER AND TYPE OF COMPLAINT

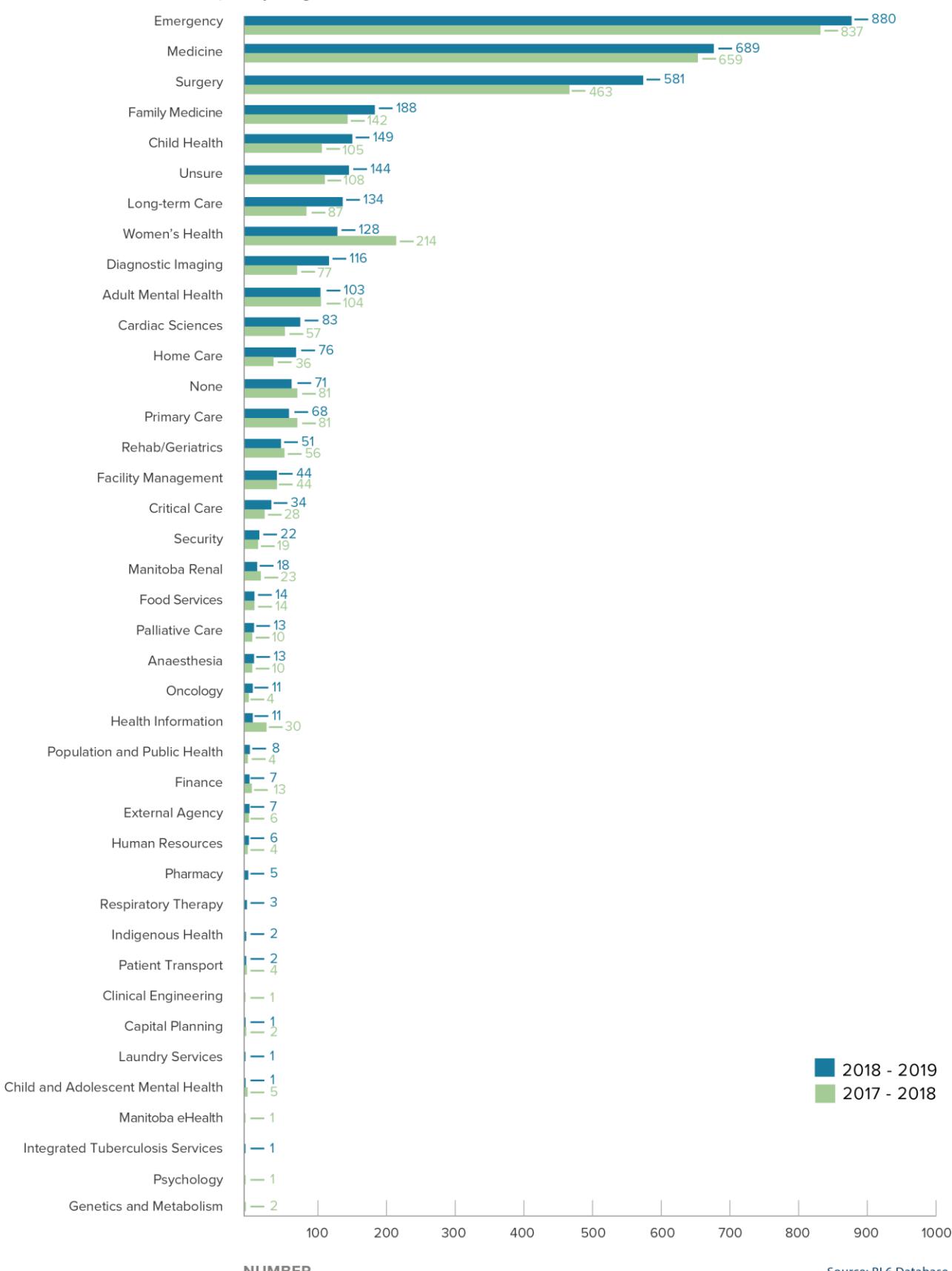
Grouped by Category



## PROGRAM

### NUMBER OF COMPLAINTS BY PROGRAM

Grouped by Program



Source: RL6 Database

## Statistics

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### URGENT CARE VISITS

	2018 - 19	2017 - 18	2016 - 17	2015 - 16
MHC Urgent Care	NA	16,301	38,614	39,027
VGH Urgent Care <sup>1</sup>	42,589	20,075	N/A	N/A
Pan Am Minor Injury Clinic	57,039	57,633	57,832	60,160
Total	99,628	94,009	96,446	99,187

Source: Pan Am visits reported through SAP, urgent care visits from EDIS.

<sup>1</sup> As of Oct. 3, 2017, Victoria's emergency department converted to an urgent care centre.

### HOME CARE CLIENTS RECEIVING SERVICES<sup>1</sup>

2018 - 19	2017 - 18	2016 - 17	2015 - 16
16,127	15,219	14,751	14,254

Source: WRHA home care program.

<sup>1</sup> Excludes clients under assessment but not yet receiving services: 2018/19 = 422; 2017/18 = 351; 2016/17 = 325 clients; 2015/16 = 345 clients

### TOTAL BIRTHS AND DELIVERIES

Births <sup>1</sup>	2018 - 19	2017 - 18	2016 - 17	2015 - 16
Births (including stillbirths)	11,351	11,870	11,478	11,475
Home Birth Midwife	33	33	26	34
Birth Centre	242	185	204	163
Total Births	11,626	12,088	11,708	11,672

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

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

<b>Deliveries<sup>1</sup></b>	<b>2018 - 19</b>	<b>2017 - 18</b>	<b>2016 - 17</b>	<b>2015 - 16</b>
Deliveries by physician	11,014	11,500	11,047	10,956
Deliveries by midwife	151	163	174	206
Total deliveries	11,165	11,663	11,221	11,162

Source: DAD.

<sup>1</sup> Deliveries represent the number vaginal and cesarean section births in hospital. The mother's abstract is used.

## MAIN OPERATING ROOM (OR) SURGICAL CASES<sup>1</sup>

<b>Inpatient</b>	<b>2018 - 19</b>	<b>2017 - 18</b>	<b>2016 - 17</b>	<b>2015 - 16</b>
WRHA Acute Sites	22,991	22,964	23,669	22,949
MHC	188	206	407	463
Pan Am Clinic	-	-	-	-
Total	23,179	23,170	24,076	23,412

<b>Day Surgery</b>	<b>2018 - 19</b>	<b>2017 - 18</b>	<b>2016 - 17</b>	<b>2015 - 16</b>
WRHA Acute Sites	22,207	22,804	23,341	23,407
MHC	12,070	11,981	11,466	11,480
Pan Am Clinic	3,378	3,697	3,793	3,734
Total	37,655	38,482	38,600	38,621

<b>Total</b>	<b>2018 - 19</b>	<b>2017 - 18</b>	<b>2016 - 17</b>	<b>2015 - 16</b>
WRHA Acute Sites	45,198	45,768	47,010	46,356
MHC	12,258	12,187	11,873	11,943
Pan Am Clinic	3,378	3,697	3,793	3,734
Total	60,834	61,652	62,676	62,033

Source: DAD.

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

## PROCEDURE VOLUMES (RELATED TO WAIT TIME TRACKING)

Inpatient and Day Surgeries	2018 - 19	2017 - 18	2016 - 17	2015 - 16
All (Therapeutic interventions on the heart and related structures, excluding CABG)	2,557	2,695	2,682	2,539
CABG (Coronary Artery Bypass Graft)	489	614	588	628
Joint Surgery:				
Primary Hip Replacements	1,701	1,535	1,512	1,477
Primary Knee Replacements	2,036	1,818	1,760	1,686
Cataract - Adults	9,654	9,337	9,062	9,159
Pediatric Dental (includes Churchill)	1,345	1,356	1,478	1,532

Source: Cardiac procedures from DAD; Joint Surgeries from WRHA surgery program; Cataracts from MHC patient records system and pediatric dental from PARTT database

## GAMMA KNIFE PROCEDURES

2018 - 19	2017 - 18	2016 - 17 <sup>1</sup>	2015 - 16 <sup>1</sup>
668	493	507	551

Source: SAP

<sup>1</sup> 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 due to the size of the tumor.

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

Inpatient	2018 - 19	2017 - 18	2016 - 17	2015 - 16
Health Links - Info Santé - Client calls answered Live <sup>1</sup>	94,223	99,500	95,969	100,277
Health Links - Info Santé - Outbound Calls <sup>2</sup>	1,254	1,421	980	1,054
Left But Not Seen - Follow-up Contacts	2,167	2,495	4,566	6,427
After Hours Central Intake Program - Client calls answered Live	134,761	141,449	160,237	153,749
After Hours Central Intake Program - Outbound Calls	202,876	206,029	209,412	195,480
TeleCARE Manitoba - Client calls answered Live	548	608	610	527
TeleCARE Manitoba - Outbound Calls <sup>3</sup>	9,184	8,743	9,362	8,179
Dial-a-Dietitian - Client calls answered Live <sup>4</sup>	1,411	1,330	1,357	1,367
Dial-a-Dietitian - Outbound Calls	656	774	800	799
Positive Parenting Program (Triple P) - Client calls answered Live <sup>5</sup>	323	500	565	550
Positive Parenting Program (Triple P) - Outbound Calls <sup>6</sup>	865	971	1,195	1,125

<sup>1</sup> The number of calls where a client spoke with a health-care professional.

<sup>2</sup> 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).

<sup>3</sup> The number of calls where a client spoke with a health-care professional.

<sup>4</sup> Total number of follow-up contacts to clients already in contact with TeleCARE TélÉSOINS Manitoba Nurse (i.e. those contacts serviced in the above line).

<sup>5</sup> The number of calls where a client spoke with a registered dietitian.

<sup>6</sup> Total number of follow-up contacts to clients already in contact with registered dietitian staff (i.e. those contacts serviced in the above line).

## TOTAL NUMBER OF RESIDENTS IN PCHs

	2018 - 19	2017 - 18	2016 - 17	2015 - 16
Winnipeg PCH in RHC and DLC <sup>1</sup>	449	427	463	463
Winnipeg Non-Proprietary PCH	2,967	2,980	2,992	2,965
Winnipeg Proprietary PCH	1,896	1,993	2,030	2,025
Rural Proprietary PCH <sup>2</sup>	367	367	366	366
Total	5,679	5,767	5,851	5,819

Source: WRHA long-term care program.

<sup>1</sup> Assumes 100 per cent bed occupancy of PCH beds at RHC and DLC.

<sup>2</sup> Includes proprietary PCHs that are located outside the Winnipeg geographic region but which Manitoba Health funds through the WRHA long-term care program. Includes Central Park Lodge - Valley View, Extendicare - Hillcrest Place and Extendicare - Red River Place.

## DIAGNOSTIC IMAGING

2018 - 19	WRHA Acute Sites	MHC	Pan Am Clinic	Other <sup>1</sup>	Total
CT Scans	141,240	8327	-	-	149,567
Ultrasounds	115,030	8574	-	-	123,604
X-Rays	304,065	4965	-	3254	312,284
Mammograms <sup>2</sup>	3198	-	-	-	3,198
Nuclear Medicine	24,385	-	-	-	24,385
PET	1,909	-	-	-	1,909
MRI	62,353	-	9,003	-	71,531
Bone Density	7,440	-	-	-	7,440
Angiography	8,797	-	-	-	8,797
Cardiac Angiography	13,958	-	-	-	13,958
Total Diagnostic Imaging Procedures	682,375	21866	9178	3254	716,673

2017 - 18	WRHA Acute Sites	MHC	Pan Am Clinic	Other <sup>1</sup>	Total
CT Scans	133,053	6,543	-	-	139,596
Ultrasounds	113,360	8,191	-	-	121,551
X-Rays	296,975	10,738	-	3,426	311,139
Mammograms <sup>2</sup>	1783	-	-	-	1,783
Nuclear Medicine	22,960	-	-	-	22,960
PET	1,979	-	-	-	1,979
MRI	59,818	-	9,003	-	68,821
Bone Density	7,287	-	-	-	7,287
Angiography	7,692	-	-	-	7,692
Cardiac Angiography	13,653	-	-	-	13,653
<b>Total Diagnostic Imaging Procedures</b>	<b>658,560</b>	<b>25,472</b>	<b>9,003</b>	<b>3,426</b>	<b>696,461</b>

2016-17	WRHA Acute Sites	MHC	Pan Am Clinic	Other <sup>1</sup>	Total
CT Scans	126,730	7,329	-	-	134,059
Ultrasounds	120,610	8,830	-	-	129,440
X-Rays	298,701	19,490	-	3,546	321,737
Mammograms <sup>2</sup>	4,678	-	-	-	4,678
Nuclear Medicine	22,981	-	-	-	22,981
PET	1,992	-	-	-	1,992
MRI	53,384	-	9,278	-	62,662
Bone Density	7,656	-	-	-	7,656
Angiography	6,051	-	-	-	6,051
Cardiac Angiography	13,295	-	-	-	13,295
<b>Total Diagnostic Imaging Procedures</b>	<b>656,078</b>	<b>35,649</b>	<b>9,278</b>	<b>3,546</b>	<b>704,551</b>

2015-16	WRHA Acute Sites	MHC	Pan Am Clinic	Other <sup>1</sup>	Total
CT Scans	114,725	6,567	-	-	121,292
Ultrasounds	109,750	8,259	-	-	118,009
X-Rays	291,070	19,919	-	3,277	314,266
Mammograms	3,147	-	-	-	3,147
Nuclear Medicine	21,699	-	-	-	21,699
PET	1,836	-	-	-	1,836
MRI	49,835	-	9,369	-	59,204
Bone Density	6,883	-	-	-	6,883
Angiography	5,274	-	-	-	5,274
Cardiac Angiography	13,281	-	-	-	13,281
Total Diagnostic Imaging Procedures	617,500	34,745	9,369	3,277	664,891

Source: WRHA diagnostic imaging program

<sup>1</sup> Other includes RHC and DLC.

<sup>2</sup> Includes HSC Winnipeg and Breast Health Centre.

## WRHA HOSPITAL STATISTICS

### TOTAL WRHA

Key Statistic:	2018 - 19	2017 - 18	2016 - 17	2015 - 16
Number of Beds <sup>1</sup>	3,061	3,160	3,192	3,188
Average Occupancy <sup>2</sup>	91.20%	92.00%	92.20%	90.00%
Emergency Department/Urgent Care Visits <sup>3</sup>	337,270	284,097	291,277	279,915
Emergency Department/Urgent Care Visits Admitted (with % in brackets) <sup>3</sup>	37,956 (11.98%)	36,182 (12.7%)	34,068 (11.70%)	32,853 (11.74%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	18,983 (5.99%)	16,653 (5.86%)	19,898 (6.83%)	20,906 (7.47%)
Total Number of Inpatient Discharges <sup>4, 9</sup>	87,281	87,160	84,387	82,797
Average Length of Stay (ALOS) <sup>4, 9</sup>	7.78	8.14	8.64	8.45
Total Number of Day Surgery Cases <sup>4, 9</sup>	65,741	66,214	65,060	63,198
Percentage of Alternate Level of Care (ALC) Days <sup>4, 9</sup>	7.72%	10.96%	12.80%	10.27%
ALOS: Expected Length of Stay (ELOS) Ratio <sup>4</sup>	1.12	1.12	1.14	1.14
Hospital Standardized Mortality Ratio <sup>5</sup>	100	103	114	116
Hospital Readmission Rate Within 30 Days of Discharge <sup>7</sup>	8.10%	7.70%	7.20%	7.10%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	2.58	2.38	2.87	3.96
Methicillin-Resistant Staphylococcus Aureus (MRSA) Rate (per 10,000 pt days) <sup>8</sup>	6.27	4.69	5.77	5.61

## Health Sciences Centre Winnipeg

<b>Key Statistic:</b>	<b>2018 - 19</b>	<b>2017 - 18</b>	<b>2016 - 17</b>	<b>2015 - 16</b>
Number of Beds <sup>1</sup>	769	762	777	775
Average Occupancy <sup>2</sup>	91.50%	91.70%	91.80%	88.50%
Emergency Department Visits <sup>3</sup>	121,526	120,093	114,923	110,524
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	15,062 (12.39%)	14,300 (11.91%)	13,282 (11.56%)	12,762 (11.55%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	9,366 (7.71%)	7,882 (6.52%)	7,313 (6.36%)	7,020 (6.35%)
Total Number of Inpatient Discharges <sup>4, 9</sup>	36,183	35,924	34,162	33,544
ALOS <sup>4, 9</sup>	7.2	7.2	7.6	7.59
Total Number of Day Surgery Cases <sup>4, 9</sup>	23,498	22,629	21,498	19,980
Percentage of Alternate Level of Care (ALC) Days <sup>4, 9</sup>	5.15%	6.35%	7.15%	5.31%
ALOS: ELOS Ratio <sup>4</sup>	1.1	1.09	1.12	1.1
Hospital Standardized Mortality Ratio <sup>5</sup>	116	116	119	112
Hospital Readmission Rate Within 30 Days of Discharge <sup>7</sup>	7.50%	7.50%	7.40%	7.20%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	3.55	2.95	3	5.28
MRSA Rate (per 10,000 pt days) <sup>8</sup>	8.89	7.37	12.52	11.78

## St. Boniface General Hospital

Key Statistic:	2018 - 19	2017 - 18	2016 - 17	2015 - 16
Number of Beds <sup>1</sup>	458	477	493	477
Average Occupancy <sup>2</sup>	92.20%	92.20%	95.30%	93.40%
Emergency Department Visits <sup>3</sup>	48,325	45,917	42,239	40,156
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	4,000 (10.35%)	7,957 (17.33%)	6,748 (15.98%)	6,592 (16.42%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	2,329 (4.82%)	2,210 (4.81%)	3,549 (6.03%)	3,351 (8.34%)
Total Number of Inpatient Discharges <sup>4, 9</sup>	28,125	27,573	26,218	25,913
ALOS <sup>4, 9</sup>	5.86	6.12	6.42	5.94
Total Number of Day Surgery Cases <sup>4, 9</sup>	13,485	14,391	14,773	14,771
Percentage of Alternate Level of Care (ALC) Days <sup>4, 9</sup>	5.46%	8.57%	8.97%	6.84%
ALOS: ELOS Ratio <sup>4</sup>	1.1	1.03	1.05	1.05
Hospital Standardized Mortality Ratio <sup>5</sup>	95	97	116	102
Hospital Readmission Rate Within 30 Days of Discharge <sup>7</sup>	7.60%	7.20%	6.70%	6.70%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	2.83	2.69	3.34	4.98
MRSA Rate (per 10,000 pt days) <sup>8</sup>	5.54	4.27	3.12	4.13

## Concordia Hospital

<b>Key Statistic:</b>	<b>2018 - 19</b>	<b>2017 - 18</b>	<b>2016 - 17</b>	<b>2015 - 16</b>
Number of Beds <sup>1</sup>	183	185	185	185
Average Occupancy <sup>2</sup>	93.10%	90.70%	98.50%	96.60%
Emergency Department Visits <sup>3</sup>	28,025	27,957	30,515	29,608
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	3,807 (13.58%)	3,987 (14.26%)	3,568 (11.69%)	3,420 (11.55%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	1,820 (6.49%)	1,823 (6.52%)	2,834 (9.29%)	3,311 (11.18%)
Total Number of Inpatient Discharges <sup>4, 9</sup>	6,859	6,602	6,205	5,867
ALOS <sup>4, 9</sup>	8.93	9.46	10.99	11.3
Total Number of Day Surgery Cases <sup>4, 9</sup>	4,521	4,656	4,539	4,351
Percentage of Alternate Level of Care (ALC) Days <sup>4, 9</sup>	7.18%	15.29%	18.05%	17.71%
ALOS: ELOS Ratio <sup>4</sup>	1.2	1.1	1.16	1.14
Hospital Standardized Mortality Ratio <sup>5</sup>	101	99	97	109
Hospital Readmission Rate Within 30 Days of Discharge <sup>7</sup>	9.10%	9.10%	8.30%	8.30%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	1.27	1.63	3.45	3.2
MRSA Rate (per 10,000 pt days) <sup>8</sup>	7.63	4.72	4.2	3.66

## Victoria General Hospital

<b>Key Statistic:</b>	<b>2018 - 19</b>	<b>2017 - 18</b>	<b>2016 - 17</b>	<b>2015 - 16</b>
Number of Beds <sup>1</sup>	140	195	195	193
Average Occupancy <sup>2</sup>	97.80%	95.60%	92.20%	93.90%
Emergency Department Visits <sup>3, 10</sup>	n/a	16,797	32,056	31,079
Emergency Department Visits Admitted (with % in brackets) <sup>3, 10</sup>	n/a	1,451 (8.64%)	3,144 (9.81%)	2,889 (9.3%)
Emergency Left Without Being Seen (with % in brackets) <sup>3, 10</sup>	n/a	816 (4.86%)	2,324 (7.25%)	2,639 (8.49%)
Urgent Care Centre Visits <sup>3, 10</sup>	42,589	20,075	n/a	n/a
Urgent Care Visits Admitted (with % in brackets) <sup>3, 10</sup>	737 (1.73%)	232 (1.16%)	n/a	n/a
Urgent Care Left Without Being Seen (with % in brackets) <sup>3, 10</sup>	1,235 (2.9%)	495 (2.47%)	n/a	n/a
Total Number of Inpatient Discharges <sup>4, 9</sup>	1,736	3,431	5,408	5,196
ALOS <sup>4, 9</sup>	26.55	17.52	13.21	12.48
Total Number of Day Surgery Cases <sup>4, 9</sup>	12,140	11,014	10,772	10,473
Percentage of Alternate Level of Care (ALC) Days <sup>4, 9</sup>	23.61%	18.84%	20.44%	18.48%
ALOS: ELOS Ratio <sup>4</sup>	1.2	1.33	1.21	1.23
Hospital Standardized Mortality Ratio <sup>5</sup>	72	92	132	158
Hospital Readmission Rate Within 30 Days of Discharge <sup>7</sup>	10.80%	9.30%	6.70%	6.80%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	0.71	3.06	1.85	3.02
MRSA Rate (per 10,000 pt days) <sup>8</sup>	2.13	1.87	2.71	2.57

## Grace Hospital

<b>Key Statistic:</b>	<b>2018 - 19</b>	<b>2017 - 18</b>	<b>2016 - 17</b>	<b>2015 - 16</b>
Number of Beds <sup>1</sup>	216	235	235	251
Average Occupancy <sup>2</sup>	93.30%	88.40%	86.30%	81.50%
Emergency Department Visits <sup>3</sup>	37,732	32,786	30,072	27,237
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	5,282 (14.00%)	4,271 (13.03%)	3,381 (11.24%)	3,422 (12.56%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	1,442 (3.82%)	1,823 (6.52%)	1,859 (6.18%)	1,414 (5.19%)
Total Number of Inpatient Discharges <sup>4, 9</sup>	8,760	7,410	6,536	6,610
ALOS <sup>4, 9</sup>	8.44	10.02	11.37	11.65
Total Number of Day Surgery Cases <sup>4, 9</sup>	7,442	7,190	7,185	7,187
Percentage of Alternate Level of Care (ALC) Days <sup>4, 9</sup>	7.45%	10.55%	17.04%	13.81%
ALOS: ELOS Ratio <sup>4</sup>	1.2	1.2	1.25	1.28
Hospital Standardized Mortality Ratio <sup>5</sup>	117	102	128	141
Hospital Readmission Rate Within 30 Days of Discharge <sup>7</sup>	8.20%	7.70%	6.20%	6.80%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	4.5	4.42	5.3	6.41
MRSA Rate (per 10,000 pt days) <sup>8</sup>	5.27	2.6	3.8	2.4

## Seven Oaks General Hospital

<b>Key Statistic:</b>	<b>2018 - 19</b>	<b>2017 - 18</b>	<b>2016 - 17</b>	<b>2015 - 16</b>
Number of Beds <sup>1</sup>	308	308	308	308
Average Occupancy <sup>2</sup>	96.00%	94.20%	97.00%	93.50%
Emergency Department Visits <sup>3</sup>	38,656	40,547	41,472	41,311
Emergency Department Visits Admitted (with % in brackets) <sup>3</sup>	4,000 (10.35%)	4,216 (10.4%)	3,945 (9.51%)	3,768 (9.12%)
Left Without Being Seen (with % in brackets) <sup>3</sup>	2,791 (7.22%)	2,439 (6.02%)	3,019 (7.28%)	3,171 (7.68%)
Total Number of Inpatient Discharges <sup>4, 9</sup>	5,505	6,103	5,721	5,535
ALOS <sup>4, 9</sup>	13.27	13.66	15.08	14.88
Total Number of Day Surgery Cases <sup>4, 9</sup>	4,390	6,053	6,070	5,997
Percentage of Alternate Level of Care (ALC) Days <sup>4, 9</sup>	12.08%	21.54%	23.17%	16.37%
ALOS: ELOS Ratio <sup>4</sup>	1.3	1.24	1.2	1.22
Hospital Standardized Mortality Ratio <sup>5</sup>	94	97	90	94
Hospital Readmission Rate Within 30 Days of Discharge <sup>7</sup>	8.30%	8.20%	8.10%	8.00%
Clostridium Difficile Rate (per 10,000 pt days) <sup>8</sup>	2.03	1.6	2.84	2.35
MRSA Rate (per 10,000 pt days) <sup>8</sup>	5.18	5.38	4.31	4.23

## Churchill Health Centre

Key Statistic:	2018 - 19	2017 - 18	2016 - 17	2015 - 16
Number of Beds <sup>1</sup>	27	27	27	27
Average Occupancy <sup>6</sup>	35.80%	32.50%	36.1%	38.0%
Emergency Department Visits <sup>6</sup>	1,174	1,106	957 <sup>(6)</sup>	1,165 <sup>(6)</sup>
Emergency Department Visits Admitted (with % in brackets) <sup>6</sup>		56 (5.06%) <sup>(4)</sup>	56 (5.85%) <sup>(4)</sup>	52 (4.46%) <sup>(4)</sup>
Left Without Being Seen (with % in brackets) <sup>6</sup>		n/a	n/a	n/a
Total Number of Inpatient Discharges <sup>4, 9</sup>	113	117	137	132
ALOS <sup>4, 9</sup>	7.91	16.64	5.99	4.67
Total Number of Day Surgery Cases <sup>4, 9</sup>	265	281	223	439
Percentage of Alternate Level of Care (ALC) Days <sup>4, 9</sup>	0%	0%	0%	0%
ALOS: ELOS Ratio <sup>4</sup>	1	0.94	0.98	1.04
Hospital Standardized Mortality Ratio <sup>5</sup>	0	44	51	43
Hospital Readmission Rate Within 30 Days of Discharge <sup>7</sup>	50.00%	9.5%	10.0%	16.5%
Clostridium Difficile Rate (per 10,000 pt days) <sup>6</sup>	n/a	n/a	n/a	n/a
MRSA Rate (per 10,000 pt days) <sup>6</sup>	n/a	n/a	n/a	n/a

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

<sup>2</sup> Source: Admission-Discharge-Transfer Database/SAP. Occupancy rates: Excludes newborn days, bassinets and community hospice days and beds.

<sup>3</sup> Source: EDIS. HSC Winnipeg includes both Adult and Children's Emergency visits.

<sup>4</sup> Source: DAD.

<sup>5</sup> Source: CIHI Your Health System: Insight Tool, reflecting crude (unadjusted) rates. HSC Winnipeg data excludes Children's.

<sup>6</sup> Source: Churchill Health Centre.

<sup>7</sup> Source: CIHI Your Health System: Insight Tool. All years have been updated to reflect crude (unadjusted) rates.

<sup>8</sup> Rates provided by WRHA Regional Infection Control. Includes MHC, RHC and DLC in the WRHA total, as they are included in WRHA acute care surveillance.

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

<sup>10</sup> As of Oct. 3, 2017, Victoria's emergency department converted to an urgent care centre.

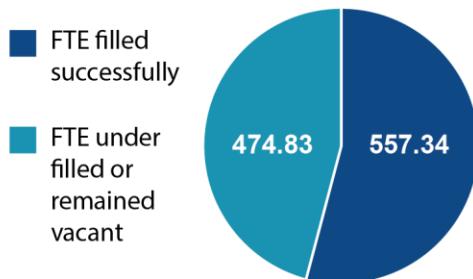
## French Language Services

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

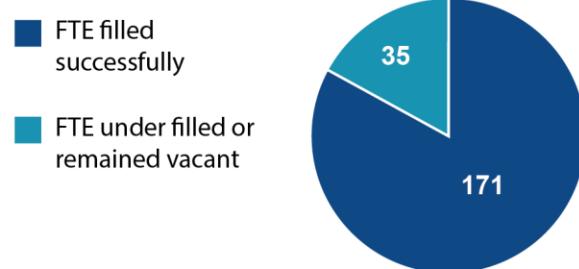
Bilingual employees of the WRHA provide service and support to clients, patients, residents and their families across the region every day. The principles of an active offer must be respected to ensure service in French is evident, readily available, publicized, accessible and of comparable quality to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

### Recruitment Results

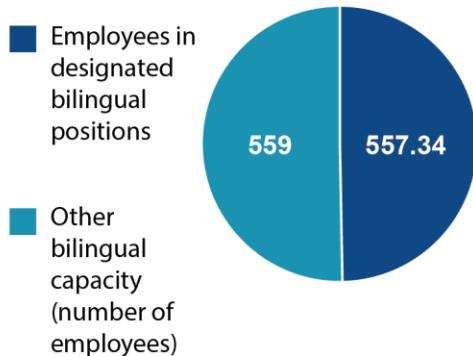
Total designated bilingual positions as of March 31, 2019



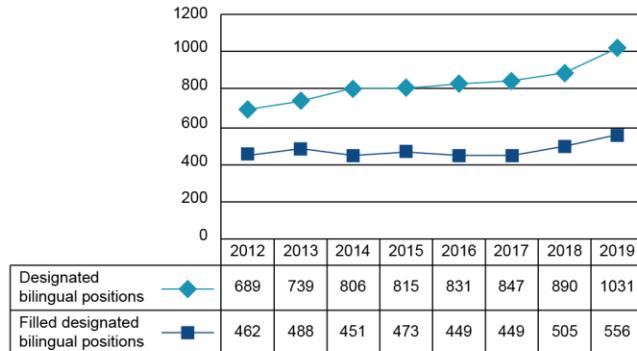
Recruitment for designated bilingual positions from April 1, 2018, to March 31, 2019



Total bilingual capacity as of March 31, 2019



Number of designated bilingual positions by year as of March 31, 2019



All linguistic testing – speaking, listening, reading and writing – is done internally, and the WRHA FLS department occasionally provides services to other agencies such as St.Amant, Centre de santé Saint-Boniface, University of Manitoba's Department of Family Medicine and Southern Health-Santé Sud.

Due to increased awareness, compliance of managers to test before the position is offered is higher. There is also an increase in occurrences where one or more candidates are tested before interviews take place to eliminate the need for an interview if the bilingualism component isn't met.

The mental health and social services agencies such as Manitoba Adolescent Treatment Centre reported the highest number of filled DBP (designated bilingual positions) with eighty-three per cent (83%) and followed closely by WRHA Corporate and Community where the reported number was seventy-nine per cent (79%). On the other end of the spectrum, the acute care facilities like St. Boniface Hospital, Victoria General Hospital and HSC Winnipeg Children's Hospital reported the lowest number of filled DBP at thirty-five per cent (35%).

### Translations

- All new patient/client and public information is regularly translated as per FLS policy (education materials; pre- and post-op surgical information; surveys; and pamphlets, brochures, advertising videos, etc.);
- Since 2003, over 2.1 million words have been translated, representing almost 3,500 documents.

### Training

- FLS also has a comprehensive resource centre, which includes access to the two top individual learning systems. Five employees actively pursued language training via these programs. Additionally, the FLS intranet site has links to eight credible online programs for employees of all levels to access.

### WRHA French Language Services 2018-2021 Multi-Year Strategic Plan:

The 2018-2019 fiscal year marks the first year of the WRHA's fourth multi-year FLS Plan. The following is an overview of the WRHA FLS 2018-2021 Multi-Year Strategic Plan.

WRHA French Language Services 2018 to 2021 STRATEGIC PLAN		
MISSION	VISION	VALUES
Providing leadership and support to enhance the effective delivery of health-care services to Winnipeg's francophone population.	The Winnipeg Health Region envisions a health-care system in which designated bilingual or francophone facilities, programs, services and agencies ensure an active offer and effective delivery of services to francophones in French.	<b>DIGNITY</b> – as a reflection of the self-worth of every person <b>CARE</b> – as an unwavering expectation of every person <b>RESPECT</b> – as a measure of the importance of every person <b>EQUITY</b> – promote conditions in which every person can achieve their full health potential <b>ACCOUNTABILITY</b> – as being held responsible for the decisions we make

STRATEGIC DIRECTION	DEFINITION	OPERATIONAL STRATEGIES
<b>Leadership</b>	FLS plays a leadership role in the enhancement of services in French to francophone clients.	<ul style="list-style-type: none"> <li>An annual process brings community, health-care leaders and other key stakeholders to review the role, priorities and progress, and adjust FLS operational plans to ensure appropriate alignment with the Winnipeg Health Region, Government of Manitoba and francophone community needs;</li> <li>Winnipeg Health Region Boards, leadership and management will be actively involved in the development, the realization and the evaluation of a successful, evidence-informed FLS plan;</li> <li>The internal FLS department accountability process is reviewed and defined;</li> <li>A review of existing WRHA FLS policies and update or create new policies and protocols as needed;</li> <li>Implementation of the multi-year FLS strategic plan.</li> </ul>
<b>Enhance Patient Experience</b>	The impact upon the francophone community is considered and integrated into all operational decision-making, and service delivery will be seamless and equitable.	<ul style="list-style-type: none"> <li>A process is applied to identify francophone clients, track them and match them with the appropriate bilingual facilities/providers;</li> <li>Bilingual employees are easily identifiable and accessible;</li> <li>Consistent Active Offer of services in French throughout the Winnipeg Health Region;</li> <li>Ensuring bilingual information is available to the public and promote the use of bilingual signage;</li> <li>The Clinical Services Plan (Healing our Health System) will inform changes to FLS delivery;</li> <li>Community engagement: Maintain and seek out new community partnerships;</li> <li>The identified recommendations of <i>Projet aînés</i> are implemented.</li> </ul>
<b>Engage Service Providers</b>	Bilingual service providers will be engaged and supported in their role to deliver direct care in French to francophone clients.	<ul style="list-style-type: none"> <li>Strategies to build a bilingual workforce are built into a broader regional human resources recruitment and retention plan;</li> <li>Increase overall bilingual capacity at all designated and non-designated facilities, programs, services and agencies;</li> <li>Existing bilingual employees are supported in their roles and other employees are provided multiple opportunities to learn or improve their French and a bilingual work environment is cultivated;</li> <li>Data needs are determined and data gaps are identified.</li> </ul>

## Leadership

- WRHA FLS Advisory Committee was created to provide advice and guidance on matters pertaining to policies, programs and practices involving FLS.
- The WRHA FLS department was clearly defined in the WRHA organizational chart and reinstated as a support service under the COO and VP, Nursing and Health Professionals.
- Four of the five WRHA FLS policies have been revised after the WRHA FLS department reviewed and analyzed several FLS policies from other RHAs, Government of Manitoba and out-of-province organizations;
- The WRHA department participated in several regional and provincial committees to represent FLS and to ensure the principles are respected. FLS has also incorporated itself in the 2019-2021 WHRA Accessibility Plan with two operational strategies.

## **Enhance Patient Experience**

- WRHA FLS contributed to the creation of a new component for the Emergency Response Information Kit, also known as E.R.I.K.
- The WRHA FLS department attended site orientations and onboarding for new staff at a number of locations in the region.
- The WRHA FLS department created two interactive videos for employees in designated bilingual positions (DBP) and for managers that manage employees in DBP which is mandatory upon hire.
- The WRHA FLS co-ordinated the creation of a French and English LMS course (online) on the Active Offer of FLS that is tailored to health and social services. The official launch to be held in summer 2019.
- The WRHA FLS department has had several meetings to discuss the issue of developing and implementing standardized questions regarding language and official languages for all regional sites, programs, services and agencies.
- All designated WRHA bilingual/francophone facilities, programs, services and agencies have been reminded of their FLS obligations.
- Designations completed at Victoria General Hospital. Since October 1, 2018, 81.25 FTE have been formally designated as bilingual.

## **Engage Service Providers**

- The WRHA FLS department created a communications plan that was approved by the WRHA Corporate Communications department for the 2018-2019 fiscal year.
- The WRHA FLS department, in collaboration with HRSS, created two integrated DBP reports: Generate successful candidate and job posting reports (FLS Successful Candidate Report and FLS Job Posting Report), which allows identifying the bilingual staff in SAP.
- The WRHA FLS department created a new webpage on the FLS website called Bilingual Employment Opportunities to encourage existing employees with the bilingual capacity to apply for DBP via the monthly FLS newsletter in the employment opportunities section.
- The WRHA FLS department worked collaboratively with the Université de Saint-Boniface's School of Nursing and Health Studies and the School of Social Work to create a focused plan for bilingual practicums to be held in Winnipeg.
- The WRHA FLS department met every designated bilingual facility, program, service and agency in 2018 to discuss FLS plans and to determine areas of poor recruitment and retention of designated bilingual staff.
- The WRHA FLS department launched a survey to determine existing capacity and future training needs.
- The WRHA FLS department repackaged the FLS Bits and Bites and conducted additional research to create a series of research documents called FLS Tidbits.
- The WRHA FLS department reached out to francophone organizations and businesses who would like to participate in the WRHA StAR Employee Recognition program.

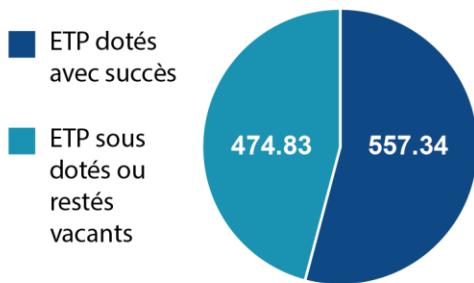
## Services en langue française

Les services en langue française de l'ORSW ont pour mandat d'aider l'ORSW à promouvoir et à fournir des services de santé en français, conformément à ses propres politiques sur le sujet, aux politiques sur les services en langue française du gouvernement du Manitoba et aux règlements établis en vertu de la législation régissant les offices régionaux de la santé du Manitoba.

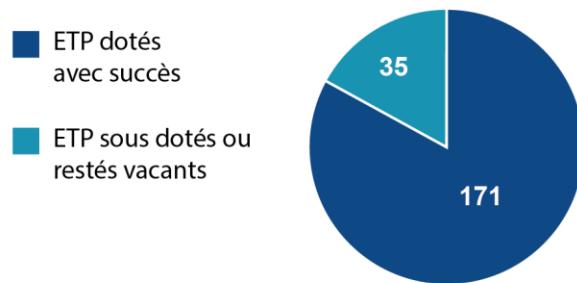
Chaque jour, d'un bout à l'autre de la région, les employés bilingues de l'ORSW fournissent des services et du soutien aux clients, aux patients ainsi qu'aux résidents et à leurs familles. Les principes d'une offre active doivent être respectés pour garantir des services en français manifestes, facilement disponibles, publicisés, accessibles et de qualité comparable à celle des services en anglais. Refléter la présence des deux langues officielles est essentiel à la culture et au caractère de notre région, que ce soit par les renseignements importants destinés aux patients, le matériel éducatif, les formulaires de consentement, les sites Web, la publicité, la signalisation ou la reconnaissance des donateurs.

### Résultats de recrutement

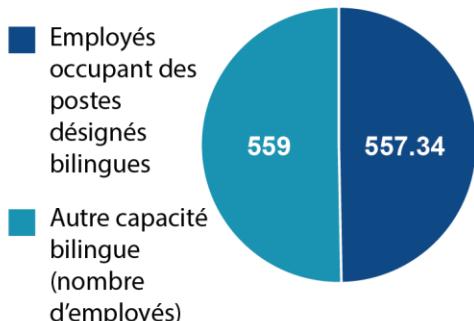
Nombre total de postes désignés bilingues au 31 mars 2019



Recrutement pour les postes désignés bilingues entre le 1er avril 2018 et le 31 mars 2019



Capacité bilingue totale au 31 mars 2019



Nombre de postes désignés bilingues par an, au 31 mars 2019



Tous les tests linguistiques – parole, écoute, lecture et écriture – sont effectués à l’interne, et les services en langue française de l’ORSW offrent occasionnellement un soutien à d’autres organismes, comme St.Amant, le Centre de santé Saint-Boniface, la Faculté de médecine familiale de l’Université du Manitoba et Southern Health-Santé Sud.

En raison d’une sensibilisation accrue, les gestionnaires sont de plus en plus enclins à faire passer des tests avant que le poste ne soit offert. On note également une augmentation du nombre de fois où un ou plusieurs candidats sont testés avant la tenue d’entrevues, ce qui permet d’éliminer ces dernières si la composante « bilinguisme » n’est pas remplie.

Ce sont les organismes de santé mentale et de services sociaux, tels que le Manitoba Adolescent Treatment Centre, qui ont déclaré le plus grand nombre de postes désignés bilingues dotés (83 %), suivis de près par l’administration centrale de l’ORSW (79 %). À l’autre extrémité du spectre, les établissements de soins de courte durée, comme l’Hôpital Saint-Boniface, l’Hôpital général Victoria et l’Hôpital pour enfants de Winnipeg, ont déclaré le nombre le plus faible (35 %).

### Traductions

- Tout nouveau matériel d’information destiné aux patients/clients et au public est régulièrement traduit conformément à la politique sur les services en langue française (documents éducatifs, renseignements sur les soins pré et post-opératoires, sondages, dépliants, brochures, vidéos publicitaires, etc.).
- Depuis 2003, plus de 2,1 millions de mots ont été traduits, ce qui représente près de 3 500 documents.

### Formation

- Les services en langue française disposent aussi d’un centre de ressources complet, qui comprend l’accès aux deux systèmes les plus performants d’apprentissage individuel. Cinq employés ont activement suivi une formation linguistique grâce à ces programmes. De plus, le site intranet des services en langue française contient des liens vers huit programmes en ligne fiables destinés aux employés de tous les niveaux.

### Plan stratégique pluriannuel des services en langue française de l’ORSW pour 2018-2021 :

L’exercice 2018-2019 constitue la première année du quatrième plan stratégique pluriannuel des services en langue française de l’ORSW. Voici un aperçu du plan 2018-2021 :

## Plan stratégique des services en langue française de l'ORSW 2018-2021

MISSION	VISION	VALEURS
Fournir leadership et appui pour améliorer l'efficacité de la prestation de services de santé à la population francophone de Winnipeg.	L'ORSW envisage un système de santé dans lequel les établissements, programmes, services et organismes désignés bilingues ou francophones garantissent une offre active et une prestation efficace de services aux francophones.	<b>DIGNITÉ</b> – reflet de la valeur propre à chacun <b>SOINS</b> – attente inconditionnelle de chacun <b>RESPECT</b> – mesure de l'importance accordée à chacun <b>ÉQUITÉ</b> – promotion des conditions dans lesquelles chacun peut atteindre son plein potentiel en matière de santé <b>RESPONSABILISATION</b> – responsabilité de chacun à l'égard des décisions prises

ORIENTATION STRATÉGIQUE	DÉFINITION	STRATÉGIES OPÉRATIONNELLES
Leadership	Les services en langue française jouent un rôle de premier plan dans l'amélioration des services offerts aux clients francophones.	<ul style="list-style-type: none"> <li>Un processus annuel amène la communauté, les dirigeants du secteur de la santé et d'autres intervenants clés à examiner le rôle, les priorités et les progrès, et à ajuster les stratégies opérationnelles des services en langue française de manière à ce qu'elles correspondent aux besoins de l'ORSW, du gouvernement du Manitoba et de la communauté francophone;</li> <li>Le conseil d'administration, les gestionnaires et les cadres de l'ORSW participeront activement à l'élaboration, à la réalisation et à l'évaluation d'un plan prometteur et réfléchi;</li> <li>Le processus de responsabilisation interne des services en langue française est révisé et défini;</li> <li>Les politiques existantes sur les services en langue française de l'ORSW seront passées en revue et mises à jour, et de nouvelles politiques et protocoles seront créés, au besoin;</li> <li>Le plan stratégique pluriannuel des services en langue française sera mis en œuvre.</li> </ul>
Améliorer l'expérience du patient	L'impact sur la communauté francophone est pris en compte et intégré dans tous les processus décisionnels opérationnels. La prestation de services sera transparente et équitable.	<ul style="list-style-type: none"> <li>Un processus permettra l'identification et le suivi des clients francophones, pour les mettre en contact avec les ressources bilingues appropriées (établissements et prestataires);</li> <li>Les employés bilingues sont facilement identifiables et accessibles;</li> <li>L'offre active de services en français doit être uniforme au sein de l'ORSW;</li> <li>Les renseignements bilingues doivent être accessibles au public et la signalisation bilingue doit être privilégiée;</li> <li>Le plan de services cliniques (<i>Guérir notre système de santé</i>) guidera l'évolution de la prestation des services en langue française;</li> <li>Dans le cadre de l'engagement communautaire, il faudra maintenir et rechercher de nouveaux partenariats;</li> <li>Les recommandations visant le <i>Projet aînés</i> sont mises en œuvre.</li> </ul>
Engager les prestataires de services	Les prestataires de services bilingues seront engagés et soutenus dans leur rôle consistant à fournir des soins directs en français aux clients francophones.	<ul style="list-style-type: none"> <li>Les stratégies visant à constituer une main-d'œuvre bilingue s'inscrivent dans un plan régional élargi de recrutement et de maintien en poste des ressources humaines;</li> <li>Il faudra augmenter la capacité bilingue globale dans tous les établissements, programmes, services et organismes désignés et non désignés;</li> <li>Les employés bilingues existants sont soutenus dans leur rôle, et les autres employés se voient offrir de nombreuses occasions d'apprendre le français ou d'en améliorer leur connaissance, ce qui contribue à cultiver un environnement de travail bilingue;</li> <li>Les besoins et les lacunes en matière de données sont cernés.</li> </ul>

## **Leadership**

- Le comité consultatif sur les services en langue française de l'ORSW a été créé pour fournir conseils et orientation sur les questions relatives aux politiques, aux programmes et aux pratiques concernant ces services.
- Les services en langue française de l'ORSW ont été clairement définis dans son organigramme et rétablis en tant que services de soutien relevant de la vice-présidente et directrice de l'exploitation à l'ORSW, personnel infirmier et professionnels en soins de santé.
- Quatre des cinq politiques sur les services en langue française de l'ORSW ont été révisées après qu'on ait examiné et analysé plusieurs politiques sur le sujet, qui sont en vigueur dans d'autres offices régionaux de la santé, au gouvernement du Manitoba et dans certains organismes de l'extérieur de la province.
- L'ORSW a siégé à plusieurs comités régionaux et provinciaux pour représenter les services en langue française et veiller à ce que les principes soient respectés. Ces services se sont également intégrés d'eux-mêmes dans le plan d'accèsibilité 2019-2021 de l'ORSW grâce à deux stratégies opérationnelles.

## **Améliorer l'expérience du patient**

- Les services en langue française de l'ORSW ont contribué au remaniement de la Trousse d'information sur les situations d'urgence (TISU).
- Les services en langue française de l'ORSW ont participé à des séances d'orientation et d'accueil des nouveaux employés dans plusieurs endroits de la région.
- Les services en langue française de l'ORSW ont créé deux vidéos interactives destinées aux employés occupant des postes désignés bilingues et aux gestionnaires qui les dirigent. Ces vidéos doivent être visionnées au moment de l'embauche.
- Les services en langue française de l'ORSW ont coordonné la réalisation d'un cours en français et en anglais (en ligne) portant sur l'offre active de ces services, et adapté aux services de santé et aux services sociaux. Le lancement officiel aura lieu à l'été 2019.
- Les services en langue française de l'ORSW ont tenu plusieurs réunions afin de discuter de l'élaboration et de la mise en œuvre de questions normalisées concernant le langage et les langues officielles pour tous les établissements, programmes, services et organismes régionaux.
- On a rappelé que tous les établissements, programmes, services et organismes désignés bilingues de l'ORSW étaient assujettis à des obligations en matière de services en langue française.
- Depuis le 1<sup>er</sup> octobre 2018, 81,25 ETP sont officiellement désignés bilingues à l'Hôpital général Victoria.

## **Engager les prestataires de services**

- Les services en langue française de l'ORSW ont créé un plan de communication qui a été approuvé par son Service des communications pour l'exercice 2018-2019.
- Les services en langue française de l'ORSW, en collaboration avec les Services de soutien en ressources humaines (SSRH), ont produit deux rapports intégrés sur les postes désignés bilingues, à savoir *FLS Successful Candidate Report* et *FLS Job Posting Report*, ce qui permet d'identifier le personnel bilingue grâce au logiciel SAP.
- Les services en langue française de l'ORSW ont créé une nouvelle page Web sur les offres d'emploi bilingues, sur le site Web des services en langue française, afin d'encourager les employés bilingues à postuler un poste désigné bilingue par l'entremise du bulletin mensuel des services en langue française, dans la section des offres d'emploi.
- Les services en langue française de l'ORSW ont travaillé en collaboration avec l'École des sciences infirmières et des études de la santé ainsi qu'avec l'École de travail social de l'Université de Saint-Boniface dans le but de créer un plan ciblé pour les stages bilingues qui auront lieu à Winnipeg.
- En 2018, les services en langue française de l'ORSW ont rencontré les responsables de tous les établissements, programmes, services et organismes désignés bilingues afin de discuter de plans en matière de services en langue française et de déterminer les zones dans lesquelles le recrutement et le maintien d'employés désignés bilingues méritent une attention particulière.
- Les services en langue française de l'ORSW ont effectué un sondage visant à déterminer la capacité existante et les besoins futurs en matière de formation.
- Les services en langue française de l'ORSW ont restructuré les *FLS Bits and Bites* et ont mené des recherches supplémentaires pour réaliser une série de documents de recherche intitulés *FLS Tidbits*.
- Les services en langue française de l'ORSW ont contacté les organismes et entreprises francophones intéressés à participer à son programme de reconnaissance des employés.

## Financials

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The Province of Manitoba requested health-care organizations, including the Winnipeg Regional Health Authority (the Authority) to change their basis of accounting to be consistent with the province and simplify the inclusion of our results into the provincial reporting and budgeting. On April 1, 2018, the Authority fully adopted the Canadian Public Sector Accounting Standards (PSAS), which required a restatement of the prior fiscal year financial results.

The most significant changes as a result of adopting this basis of accounting include:

- A change in the timing of when revenue related to capital items is recognized;
- Long-term debt held with the province associated with the financing of capital equipment and projects is included in the consolidated statement of financial position; and
- The Authority's budget is now presented on the consolidated statement of operations along with current year and comparative year actual amounts.

The surplus reported in the 2018 consolidated financial statements and in the 2018 Annual Report was \$420,000 for the year ended March 31, 2018. Upon restatement under PSAS, the operations for the year ended March 31, 2018 are now reported as a deficit of \$18,635,000. The difference is due to the change in the timing of revenue recorded related to funded capital assets. Previously, capital revenue was recorded over the useful life of the asset and offset the amortization expense for each funded asset. Under PSAS, capital revenue is either recorded all up front or based on the timing of the receipt of the funding and no longer offsets the amortization expense of the asset. As the revenue associated with funded assets is no longer synchronized with the expenses of the assets, the activity of the funded capital assets has an impact on the organization's overall bottom line.

The Authority adopted the PSAS financial statement format for the 2019 consolidated financial statements. On the Consolidated Statement of Operations, the Authority presents core operations separate from capital operations in order to highlight the impacts of the timing differences in revenue recognition related to the capital operations. Core operations include the services and deliverables that the Authority is expected to provide along with the associated operating funding provided for the year. The Authority is expected to balance to budget for core operations each year. Capital operations presents the activity associated with funded capital including the funding received and the depreciation and interest expenses related to those assets. These capital activities continue over the life of the assets and will balance over time but not in any particular year. For the year ended March 31, 2019, the Consolidated Statement of Operations highlights that more capital revenue was recorded in the year than interest and depreciation expense, resulting in a capital operations surplus of \$3,735,000. Core operations had a modest surplus of \$948,000, highlighting that the Authority was able to provide its services within the resources available.

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

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

## **Independent auditors' report**

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

### **Opinion**

The summarized consolidated financial statements, which comprise the summarized consolidated statement of financial position as at March 31, 2019 and the summarized consolidated statement of operations and accumulated surplus for the year then ended, are derived from the audited consolidated financial statements of the Authority for the year ended March 31, 2019.

In our opinion, the accompanying summarized consolidated financial statements are a fair summary of the audited consolidated financial statements.

### **Summarized Consolidated Financial Statements**

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

### **The Audited Consolidated Financial Statements and Our Report Thereon**

We expressed an unmodified audit opinion on the audited consolidated financial statements in our report dated July 23, 2019.

### **Management's Responsibility for the Summarized Consolidated Financial Statements**

Management is responsible for the preparation of the summarized consolidated financial statements.

### **Auditor's Responsibility**

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



Chartered Professional Accountants  
July 23, 2019  
Winnipeg, Manitoba

## Summarized Consolidated Statement of Financial Position

**As at March 31** (in thousands of dollars)

	2019	2018
	(Restated)	
<b>FINANCIAL ASSETS</b>		
Cash	\$ 68,804	\$ 78,897
Accounts receivable	93,343	143,421
Investments	41,189	35,723
Employee benefits recoverable from Manitoba Health, Seniors and Active Living	78,957	78,957
Employee future benefits recoverable from Manitoba Health, Seniors and Active Living	74,415	74,415
	<b>356,708</b>	411,413
<b>LIABILITIES</b>		
Bank indebtedness	\$ 31,471	\$ 94,347
Accounts payable and accrued liabilities	200,201	203,501
Unearned Revenue	92,853	91,161
Employee benefits payable	128,091	129,898
Employee future benefits payable	200,715	205,148
Long-term debt	966,066	989,414
	<b>1,619,397</b>	1,713,469
<b>NET DEBT</b>	<b>(1,262,689)</b>	(1,302,056)
<b>NON-FINANCIAL ASSETS</b>		
Inventory	44,171	46,055
Prepaid expenses	16,044	17,698
Tangible capital assets, net	1,721,381	1,753,983
	<b>1,781,596</b>	1,817,736
<b>TOTAL NET ASSETS</b>	<b>\$ 518,907</b>	\$ 515,680
Total net assets is comprised of:		
Accumulated surplus	520,534	516,799
Endowments	1,876	2,179
Accumulated remeasurement losses	(3,503)	(3,298)
	<b>\$ 518,907</b>	\$ 515,680

..... Karen Dunlop, RN BN LLB  
Chair, Board of Directors

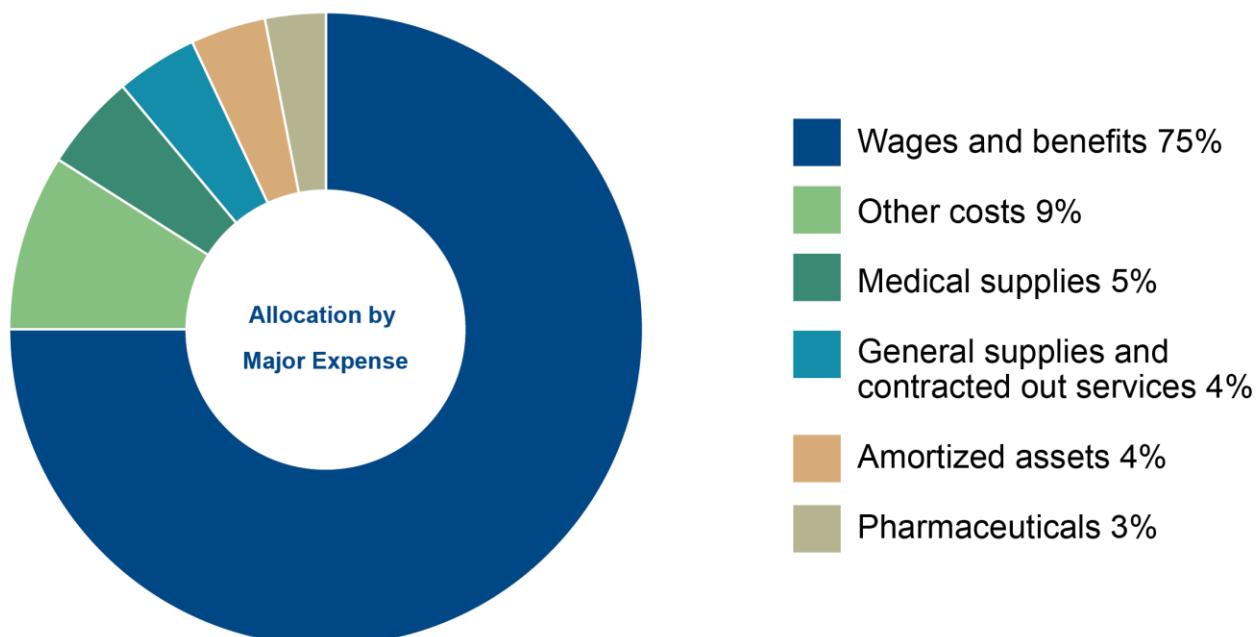
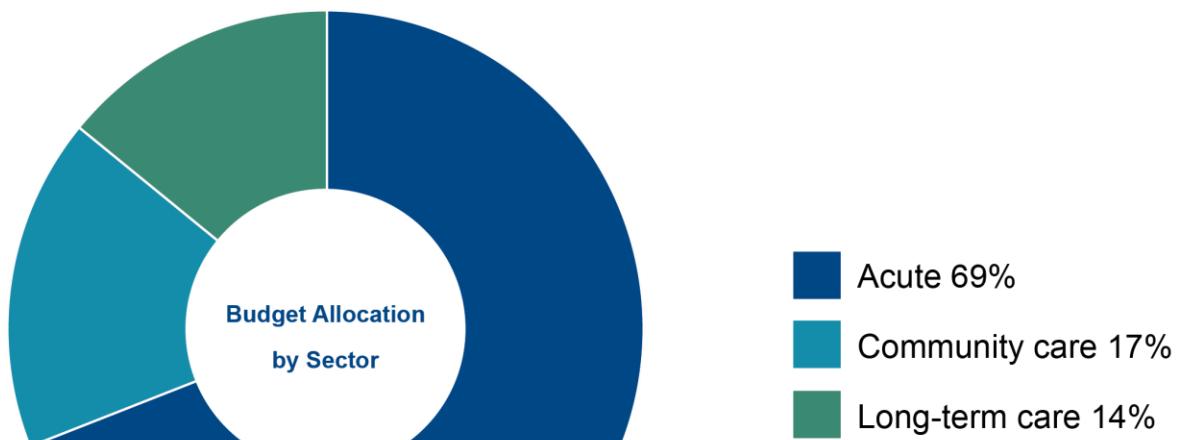
..... Victor Giesbrecht, MBA CPA CGA  
Treasurer

## Summarized Consolidated Statement of Operations and Accumulated Surplus

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

	2019			2019	2018
	Core Operations	Capital Operations	Actual Total	Budget Total	Actual Total
					(Restated)
<b>REVENUE</b>					
Manitoba Health, Seniors and Active Living grants	\$ 2,748,969	\$ 116,759	\$ 2,865,728	\$ 2,796,040	\$ 2,829,045
Other capital grants	-	13,102	13,102	7,000	6,024
Separately funded primary health programs	5,700	-	5,700	5,362	4,852
Patient and resident income	50,996	-	50,996	51,666	48,353
Recoveries from external sources	46,743	-	46,743	48,207	54,221
Investment income	1,529	-	1,529	275	275
Other income	5,499	-	5,499	6,484	6,427
Recognition of unearned revenue	15,872	-	15,872	11,666	15,332
	2,875,308	129,861	3,005,169	2,926,700	2,964,529
<b>EXPENSES</b>					
Acute care	1,779,981	119,360	1,899,341	1,852,798	1,892,613
Community care	431,865	3,981	435,846	450,937	437,029
Long-term care	390,545	1,667	392,212	385,536	392,924
Medical remuneration	278,379	-	278,379	265,188	268,454
	2,880,770	125,008	3,005,778	2,954,459	2,991,020
<b>INSURED SERVICES (DEFICIT) SURPLUS</b>	(5,462)	4,853	(609)	(27,759)	(26,491)
<b>NON-INSURED SERVICES</b>					
Non-insured services income	66,250	-	66,250	62,197	68,911
Non-insured services expenses	59,840	2,066	61,906	53,214	61,055
<b>NON-INSURED SERVICES SURPLUS (DEFICIT)</b>	6,410	(2,066)	4,344	8,983	7,856
<b>SURPLUS (DEFICIT) FOR THE YEAR</b>	\$ 948	\$ 2,787	\$ 3,735	\$ (18,776)	\$ (18,635)
ACCUMULATED SURPLUS, BEGINNING OF YEAR			516,799		535,434
<b>ACCUMULATED SURPLUS, END OF YEAR</b>			\$ 520,534		\$ 516,799

## Budget Allocation by Sector and Major Expense



## Administrative Cost Reporting

### Administrative Costs

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

Administrative costs as defined by CIHI, include:

**Corporate** functions including: acute, long-term care and community administration; general administration and executive costs; board of trustees; planning and development; community health assessment; risk management; internal audit; finance and accounting; communications; telecommunications; and mail service.

**Patient Care-Related** costs including: patient relations; quality assurance; accreditation; utilization management; and infection control.

**Human Resources and Recruitment** costs including: personnel records; recruitment and retention (general, physicians, nurses and staff); labour relations; employee compensation and benefits management; employee health and assistance programs; occupational health and safety.

### Administrative Cost Percentage Indicator

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

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

Across Manitoba, as broad Health System Transformation initiatives were implemented through 2018-19, **administrative costs declined as a percentage of total operating costs for the health system as a whole** (including regional health authorities and CancerCare Manitoba).

## Administrative Cost and Percentages for Provincial Regions

**2018-19**

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

**2017-18**

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.11%	0.65%	1.92%	<b>5.68%</b>
Northern Regional Health Authority	4.10%	0.60%	1.24%	<b>5.94%</b>
Prairie Mountain Health	2.39%	0.37%	1.31%	<b>4.07%</b>
Southern Health Santé-Sud	3.00%	0.20%	1.10%	<b>4.30%</b>
CancerCare Manitoba	2.50%	0.70%	0.80%	<b>4.00%</b>
Winnipeg Regional Health Authority	2.74%	0.61%	1.03%	<b>4.38%</b>
Shared Health	N/A	N/A	N/A	<b>N/A</b>
Diagnostic Services Manitoba	2.03%	0.65%	0.73%	<b>3.41%</b>
<b>Provincial - Percent</b>	<b>2.76%</b>	<b>0.55%</b>	<b>1.11%</b>	<b>4.42%</b>
<b>Provincial - Totals</b>	<b>\$ 132,791,818</b>	<b>\$ 26,519,709</b>	<b>\$ 53,375,256</b>	<b>\$ 212,686,783</b>

## Shared Health Activation

The activation of Shared Health as a provincial organization responsible for leading the planning and co-ordinating the integration of patient-centred clinical and preventive health services across Manitoba involved the establishment of a leadership team to support health system transformation initiatives. This included leadership responsible for the departments, sites and services that would transition to Shared Health in April 2019.

Leadership transitioned in advance of staff and operational budgets, resulting in an increase to the administrative cost ratio for 2018-19.

Beginning April 1, 2019, program budgets associated with the ongoing operation of departments, sites and services, including Health Sciences Centre Winnipeg, provincial diagnostic services, digital health and emergency medical services and patient transport, among others, transitioned to Shared Health. These movements will decrease and normalize the administrative cost ratio for Shared Health in 2019-20.

## Health System Transformation

Decision-making within Manitoba's Health System Transformation is rooted in principles that require initiatives to both enhance the patient experience and align with the strategic direction of a future health system that is sustainable and effective, that reduces overlap and duplicate processes, improves accountability and responsibility and achieves efficiencies that are able to be reinvested in front-line patient care.

Under the *Regional Health Authorities Act* of Manitoba, health authorities must ensure their corporate administrative costs do not exceed a set amount as a percentage of total operation costs (2.99 per cent in WRHA; 3.99 per cent in Rural; 4.99 per cent in Northern). Simplification of the overall health system, including holding the line or further reducing administrative costs as a percentage of total operation costs will continue to be a focus of transformation initiatives in 2019-20.

**Administrative Costs and Percentages for the WRHA**  
 (including hospitals, non-proprietary PCHs and community health agencies)  
**For the year ended March 31, 2019** (in thousands of dollars)

	2019					
	Acute Care Facilities and Corporate Office		PCHs and Community Health Agencies		Total	
	\$	%	\$	%	\$	%
Corporate	\$ 64,094	2.30%	\$ 14,921	5.27%	\$ 79,015	2.58%
Recruitment and Human Resources	27,348	0.98%	2,502	0.88%	\$ 29,850	0.97%
Patient Care Related	17,558	0.63%	134	0.05%	\$ 17,692	0.58%
	<b>\$ 109,000</b>	<b>3.92%</b>	<b>\$ 17,557</b>	<b>6.20%</b>	<b>\$ 126,557</b>	<b>4.13%</b>
<b>Net Operating Expenses</b>	<b>\$2,782,174</b>		<b">\$ 283,426</b">		<b">\$ 3,065,600</b">	

	2018					
	Acute Care Facilities and Corporate Office		PCHs and Community Health Agencies		Total	
	\$	%	\$	%	\$	%
	(Restated)			(Restated)		
Corporate	\$ 67,720	2.47%	\$ 14,635	5.39%	\$ 82,355	2.74%
Recruitment and Human Resources	28,759	1.05%	2,331	0.86%	\$ 31,090	1.03%
Patient Care Related	18,109	0.66%	143	0.05%	\$ 18,252	0.61%
	<b>\$ 114,588</b>	<b>4.18%</b>	<b>\$ 17,109</b>	<b>6.30%</b>	<b>\$ 131,697</b>	<b>4.38%</b>
<b>Net Operating Expenses</b>	<b>\$2,738,522</b>		<b>\$271,578</b>		<b>\$ 3,010,100</b>	

Under the *Regional Health Authorities Act* of Manitoba, the Authority must ensure that its corporate cost do not exceed 2.99 per cent of the total operating costs of the Authority for the fiscal year. The Authority is in compliance with this requirement with a corporate cost of 2.58 per cent (2018 – 2.74 per cent).

## Digital Health Statement of Operations

Statement of income for the year ended March 31, 2019 (in thousands of dollars)

	<b>2019</b>	<b>2018</b>
<b>REVENUE</b>		
Manitoba Health funding	\$ 86,718	\$ 87,621
Recoveries	9,600	10,193
<b>TOTAL REVENUE</b>	<b>96,318</b>	97,814
<b>EXPENSES</b>		
Salaries, wages and employee benefits	50,397	52,101
Data communications	2,203	2,199
License fees	11,216	11,000
Hardware and software maintenance	20,874	21,782
Buildings and ground expense	3,585	3,424
Miscellaneous and other	7,777	6,878
<b>TOTAL EXPENSES</b>	<b>96,052</b>	97,384
<b>OPERATING SURPLUS</b>	<b>266</b>	430
Manitoba Health operating income reduction	-	(430)
<b>SURPLUS FOR THE YEAR</b>	<b>\$ 266</b>	\$ -

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 Digital Health operations.