September 30, 2022

WRHA Annual Report

2021/2022

Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg

Contents

Traditional Territories Acknowledgment

The Winnipeg Regional Health Authority (WRHA) acknowledges that it provides health services in facilities located in Treaty One and Treaty Five territories, the homelands of the Métis Nation and the original lands of the Inuit people. The WRHA respects and acknowledges harms and mistakes, and we dedicate ourselves to collaborate in partnership with First Nation, Métis and Inuit people in the spirit of reconciliation.

Who We Are

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 one of Manitoba's two tertiary hospitals: St. Boniface Hospital (SBH), a Catholic teaching hospital housing a spectrum of services, including the Cardiac Sciences Program.

The WRHA's role is defined largely under the Health System Governance and Accountabilities 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 Senior Executive Council and the Senior Executive Leadership Team (SELT).

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 and its associated operating entities have over 18,000 employees. With an annual budget of $2.494 billion, the WRHA is the largest regional health authority in the province and operates or funds over 200 health service facilities and programs.

Community Health Agencies

The WRHA funded 13 community health agencies for a total of $72.23 million in the 2021-2022 fiscal year. The services of these Community Health Agencies are focused on the delivery of primary care along with other specialty services. Mental health services are typically embedded in the primary care services. Specialty services provided include pre- and post-natal care, HIV/ STBBI treatment, Integrated youth services (Youth Hub), crisis intervention, occupational therapy, rehabilitation services, diabetes education, newcomer care, withdrawal management services, Manitoba Trans Health Program, community abortion program, provincial eating disorders program, and sexuality education.

Grant-Funded Agencies

The WRHA funded 76 additional agencies a total of $16.26 million in the 2021-22 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 support services to seniors, which include congregate meal programs, tenant resource coordinators, senior resource coordinators, senior centres, and specialized services.

Organizational Changes

March 2021: Shelley Hopkins left her role as Regional Lead, Corporate Services and Chief Financial Officer. Kim Sharman was appointed to the Interim role.

May 17, 2021: Mike Nader appointed President and CEO.

May 30, 2021: Vicki Kaminski left her role as President and CEO.

May 2021: Jane MacKay appointed Chief Human Resources Officer.

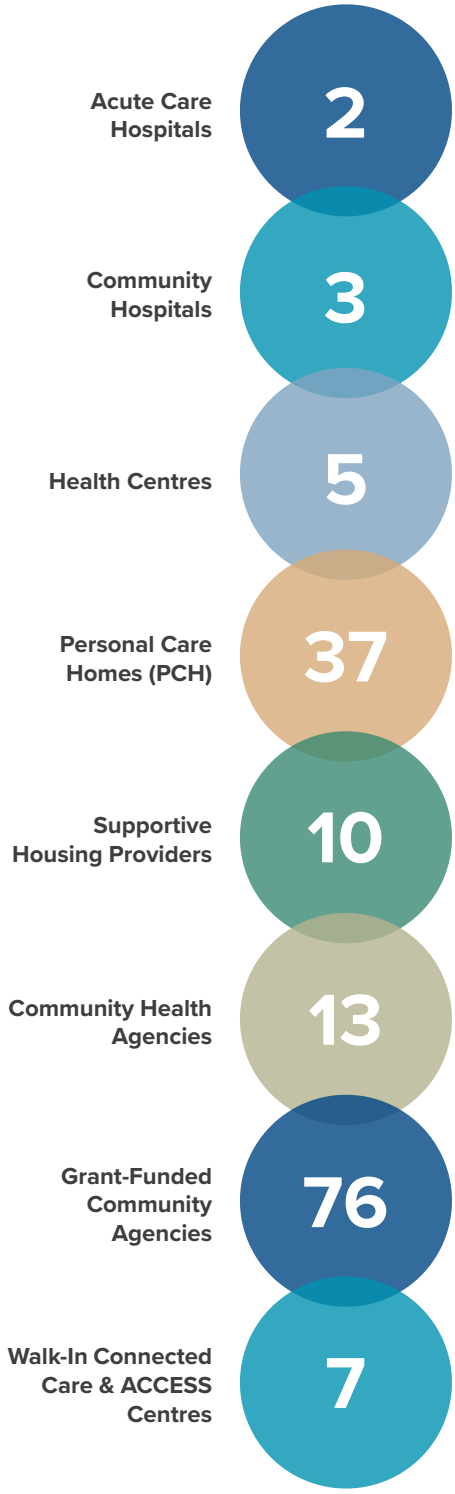
July 2021: Dan Skwarchuk was appointed Regional Lead, Corporate Services and Chief Financial Officer.

December 2021: Dr. Nancy Dixon left her role as Chief Medical Officer. Dr. Ramin Hamedani was appointed to the Interim role.

A current list of the executive leadership of the WRHA is available **here**.

Health Service Facilities Operating Within the WRHA

(from April 1, 2021 to March 31, 2022)



Acute Care Hospitals

- St. Boniface Hospital (Tertiary)
- Grace Hospital (Winnipeg West Integrated Health and Social Services)

Community Hospitals

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

Health Centres

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

Community-Based Health

- Pan Am Clinic

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
  - 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 Métis Federation Inc.

A Message from the President and CEO

It has been said many times before, but the past few years have been incredibly difficult for the health care system. This past fiscal year, ending March 31, 2022, the Delta and Omicron variants reached our region, and a number of systemic challenges that we have been facing for years were brought to the forefront as a result of the pandemic.

While public health restrictions began to lift, COVID-19 was and is still prevalent in the region, and has continued to impact our community, our staff and our system. Many people who had avoided or been unable to receive care throughout pandemic began to, and continue to present to our sites with more acute concerns. Staff have continued to contract COVID-19, which has increased the amount of sick time being used and is impacting health human resources across nearly all sites and program areas.

The challenges we've faced as a result of COVID-19 have added to system pressures that have been ongoing for a number of years, not just in Winnipeg, but across the province and country. Ensuring we have adequate health human resources to meet our community's needs was an area of focus before the pandemic, and the past two years have made staffing shortages, and particularly nursing shortages, an issue that requires immediate attention. Similarly, COVID-19 has greatly increased the diagnostic and surgical backlog across the province, impacting many peoples' ability to receive the care they need in a timely manner.

Some of these issues are also contributing to what are the longest ED wait times that we have seen in years. Staffing shortages have been compounded by illnesses as a result of COVID-19, and there has been an increase in the number and acuity of patients who have not sought care throughout the pandemic. This has impacted our ability to transition patients from our emergency and urgent care departments to other units, which has affected our wait times.

I know that these challenges have caused frustrations with the health care system. However, I want to assure you that as we look forward, addressing these challenges, in particular the wait times issue, the surgical and diagnostic backlog resulting from the pandemic, as well as staffing issues, and ensuring you have access to the best care possible where and when you need it, is our top priority.

Your experiences in the system are crucial to helping us improve it. In the past year, we have made an effort to hear from you, the people we serve, about what is most important to you when it comes to your health, and how our services can better meet your needs.

In the fall of 2021, the WRHA began the process of developing our new strategic plan for the period of 2023-2028. This will be our first strategic plan since the provincial health care system transformation, and in order to ensure it reflects the needs and perspectives of those who use and work within our system, we developed an extensive engagement plan with more than 80 events or meetings to hear from our stakeholders. Our first engagement with the public was through our local health involvement groups, whose focus for their 2021-22 meetings were dedicated to providing input on the WRHA Strategic Plan. We also held a Francophone community consultation meeting, and a number of pre-engagement meetings with priority groups to determine how they wanted to be engaged throughout this process. Engagements with all stakeholders, including staff, the public, community health agencies, and other partners, continued throughout the summer, and the new strategic plan will be released in the fall of 2022.

Outside of our efforts managing the pandemic and its ongoing system impacts, and our work developing a stakeholder engagement strategy for the new strategic plan, Phase II of the Health System Transformation continued after a number of delays. After completing the major parts of transformation that involve the WRHA, we have begun the stabilization process over the past year, and have initiated our standard work in this new structure.

I would like to extend my thanks to the executive and senior leadership teams, who have worked tirelessly to guide our organization and our sites through the past year. I would like to welcome Jane MacKay, who was appointed Chief Human Resources Officer; Dan Skwarchuk, who was appointed VP and Chief Financial Officer; and Dr. Joss Reimer, who joined the WRHA as Regional Lead, Medical Services and Chief Medical Officer. I'd also like to thank Gary Williment, Shelley Hopkins, and Dr. Nancy Dixon for their contributions as the outgoing Chief Human Resources Officer; Regional Lead, Corporate Services and Chief Financial Officer; and Regional Lead, Medical Services and Chief Medical Officer, respectively.

I would like to acknowledge and thank our Board of Directors, whose tireless efforts and guidance have helped us navigate the challenges of the past year.

And finally, I want to recognize all staff and physicians across the region, whose dedication to their work and those we serve has been crucial to our ability to provide the best care possible despite the increasingly difficult circumstances we are facing in the health care system.

You have dedicated your lives to this work—some of you having been here for 35, 40, even 45 years, like Beverly Shier, an audiology assistant who has been with us since 1976—and as we continue to work to address the issues we're currently dealing with, I am proud to be a part of this team.

Sincerely,

Mike Nader
President & CEO, WRHA

Un message du PDG

On l'a répété à maintes reprises, les dernières années ont été extrêmement difficiles pour le réseau de la santé. Le dernier exercice financier, qui s'est terminé le 31 mars 2022, se caractérise par l'arrivée des variants Delta et Omicron dans notre région. En outre, un certain nombre de défis systémiques, auxquels nous devons faire face depuis plusieurs années, ont pris le devant de la scène en raison de la pandémie.

Au moment où le service de santé publique allégeait les restrictions consécutives à la pandémie de COVID-19, celle-ci n'avait pas cessé de se répandre dans la région. Elle continue d'exercer une incidence sur notre collectivité, notre personnel et notre réseau. De nombreuses personnes qui n'avaient pas pu ou voulu recevoir des soins durant la pandémie ont recommencé à se présenter dans nos établissements avec des affections plus actives. Le personnel continue de contracter la COVID-19, ce qui augmente le nombre de congés de maladie utilisés et a des conséquences sur les ressources humaines du domaine de la santé dans presque tous les établissements et secteurs du programme.

Les défis entraînés par la COVID-19 viennent s'ajouter aux pressions déjà exercées sur le réseau depuis un certain nombre d'années, non seulement à Winnipeg, mais aussi à l'échelle de la province et du pays. Déjà avant la pandémie, nous nous préoccupions de la dotation adéquate en personnel du domaine de la santé pour répondre aux besoins de notre collectivité, et les deux dernières années n'ont rien arrangé quant à la pénurie de personnel, notamment pour les soins infirmiers. Il faut y voir sans tarder. De même, l'avènement de la COVID-19 a considérablement aggravé les retards relatifs aux analyses diagnostiques et aux chirurgies dans toute la province, ce qui a empêché de nombreuses personnes de recevoir les soins dont elles avaient besoin en temps opportun.

Certains de ces problèmes contribuent également aux délais d'attente dans les services d'urgence, lesquels n'ont jamais été aussi longs depuis des années. Le nombre d'employés infectés par la COVID-19 a aggravé la pénurie de personnel. Beaucoup de gens ont évité de consulter durant la pandémie, et ce, malgré des affections plus graves. Cela a beaucoup compliqué le transfert des patients de nos services d'urgence et de soins d'urgence mineure à d'autres services, non sans répercussions sur les délais d'attente.

Je sais que ces difficultés ont engendré des frustrations concernant le réseau de la santé. Cependant, je tiens à vous assurer que nous aurons désormais comme priorité absolue de surmonter ces problèmes, notamment ceux des délais d'attente et des retards relatifs aux analyses diagnostiques et aux chirurgies qui découlent de la pandémie, sans négliger la dotation en personnel. Nous veillerons à ce que vous ayez accès aux meilleurs soins possibles là et quand vous en avez besoin.

Vos expériences vécues sont un élément essentiel de la démarche d'amélioration du réseau. L'an dernier, nous nous sommes efforcés d'écouter ce que vous, nos bénéficiaires, aviez à dire de plus important pour vous en matière de santé, et sur la façon dont nos services pourraient le mieux répondre à vos besoins.

À l'automne 2021, l'ORSW a entamé la procédure d'élaboration de son nouveau plan stratégique pour la période de 2023 à 2028. Il s'agira de notre premier plan stratégique depuis la transformation du réseau provincial de la santé. En vue de nous assurer qu'il reflétera les besoins et les points de vue des personnes qui utilisent notre réseau ou y travaillent, nous avons élaboré un plan de consultation de grande envergure, comprenant plus de 80 activités ou rassemblements visant à entendre les propos que nos parties

prenantes ont à exprimer. La première activité publique a pris place par l'intermédiaire de nos groupes locaux de participation en matière de santé, dont l'objectif en 2021-2022 était de commenter le plan stratégique de l'ORSW dans le cadre de leurs réunions. Nous avons également organisé une activité de consultation de la communauté francophone, ainsi qu'un certain nombre de réunions préparatoires avec des groupes prioritaires, afin qu'ils nous disent comment ils souhaitaient être consultés tout au long de la démarche. Les activités de consultation auprès de tous les intervenants, y compris le personnel, le public, les organismes de santé communautaire et d'autres partenaires, se sont poursuivies tout au long de l'été, et le nouveau plan stratégique sera publié à l'automne 2022.

En plus de nos efforts consacrés à la lutte contre la pandémie et ses répercussions ininterrompues sur le réseau, et de notre travail d'élaboration d'une stratégie de consultation des parties prenantes en vue de la préparation du nouveau plan stratégique, nous poursuivons la mise en œuvre de la deuxième phase de transformation du réseau de la santé, après avoir subi plusieurs retards. Une fois les principaux aspects de la transformation faisant intervenir l'ORSW menés à terme, nous avons entamé l'an dernier la démarche de stabilisation et commencé à intégrer notre travail habituel dans cette nouvelle structure.

Je tiens à remercier l'équipe de direction et l'équipe des cadres supérieurs, qui ont œuvré sans relâche à l'orientation de notre organisme et de nos établissements au cours de l'année qui vient de s'écouler. J'aimerais souhaiter la bienvenue à Mme Jane MacKay, nommée principale dirigeante des ressources humaines; à M. Dan Skwarchuk, nommé vice-président et directeur des finances; et à la Dre Joss Reimer, qui s'est jointe à l'ORSW en tant que médecin-chef régional et cadre régional responsable pour les services médicaux. J'aimerais également remercier pour leur contribution M. Gary Williment, (principal dirigeant des ressources humaines sortant), Mme Shelley Hopkins (cadre régionale responsable des services généraux et directrice financière) et la Dre Nancy Dixon (cadre régionale responsable des services médicaux et médecin-chef).

Je tiens aussi à remercier notre conseil d'administration, dont les recommandations et les efforts indéfectibles nous ont permis de relever les défis de l'année qui vient de s'écouler.

Enfin, je souhaite rendre hommage à l'ensemble du personnel et des médecins de la région, dont le dévouement à leur travail et à nos bénéficiaires s'est avéré indispensable à l'offre des meilleurs soins possible dans la situation de plus en plus difficile où se trouve le réseau de la santé.

Vous avez consacré votre vie à ce travail et certains d'entre vous sont ici depuis 35, 40, voire 45 ans, comme c'est le cas de Mme Beverly Shier, une auxiliaire en audiologie qui est avec nous depuis 1976. Je suis fier de faire partie de cette équipe alors que nous tentons toujours de résoudre les problèmes qui nous accablent.

Je vous prie d'agréer mes salutations distinguées.

Cordialement,

Mike Nader
PDG, ORSW

A Message from the Board Chair

It has been another difficult year for the health care system. We have continued to manage the COVID-19 pandemic and its ongoing impacts, and are facing challenges that are affecting how we provide care to our community.

The community's concerns, as we know, are wait times in Emergency and Urgent Care departments and surgical and diagnostic testing backlogs, resulting from the pandemic. Rest assured, these are also the top two priorities for WRHA over the next year.

I would like to thank all our staff, managers, and the executive team for their continued hard work, dedication and valued leadership. It has certainly not been easy to work in health care these past years and months. It is because of you that we have been able to keep our community safe and healthy, and that we will be able to address the issues we are facing.

Going forward, we are also focused on improving in the areas that are most important to you.

We have emerged from the largest part of our transformation, and have fully transitioned to our new role as a Service Delivery Organization in the provincial health care system. As part of this, we are developing a new Strategic Plan for the WRHA for 2023-2028. We have engaged with the public, staff, partners, and stakeholders extensively to listen and learn from their perspectives, and to ensure the plan is informed by those perspectives. This new plan, which will be released November 2022, will be critical in guiding how we address your needs, now and in the coming years.

I would also like to extend a particular acknowledgement to our current and outgoing board members for their contributions and service. Current Board members are Netha Dyck (Vice-Chair), Dr. Glen Drobot, Bill Baines, Dawn Daudrich, Frank Koch-Schulte, Jennifer Moncrieff, Lauren Stone, Brenda McInnes, Patricia Ramage, Carole Urias, Dr. Scott Mundle, Adekunle Ajisebutu, Julie Bubnick, and Vanessa Everett. In 2021-22, Shannon Stefanson, Kyla Gibson, Vera Houle, Kiran Kumedan, Donald Lepp, Gordon Taylor, Dr. Nobby Woo, and Judith Scanlan (May 2022) were outgoing.

Finally, I would like to thank our community for your continued support. The WRHA and its Board of Directors will continue to do everything we can to ensure everyone we serve can access safe, high-quality care when and where they need it.

Sincerely,

P Solman

Patricia Solman, CPA
Board Chair, WRHA

Un message de la présidente du conseil d'administration

Le réseau de la santé vient encore une fois de traverser une année difficile. La pandémie de COVID-19 et ses répercussions encore actuelles ont continué de mobiliser nos efforts, et nous avons à relever des défis qui ont une incidence sur notre façon d'offrir des soins à notre collectivité.

Comme nous le savons, ce qui préoccupe les gens, ce sont les délais d'attente aux services d'urgence et aux services de soins d'urgence mineure, ainsi que les retards engendrés par la pandémie au chapitre des analyses diagnostiques et des chirurgies. Mais sachez que ce sont également les deux principales priorités de l'ORSW pour l'année à venir.

Je tiens à remercier l'ensemble de notre personnel, nos cadres et l'équipe de direction pour leur travail acharné, leur dévouement et leurs précieuses qualités de chefs de file. Le travail dans le domaine des soins de santé a certainement été ardu ces dernières années et ces derniers mois. Par vos efforts, vous nous avez permis de maintenir notre collectivité en sécurité et en bonne santé, et d'affronter les problèmes qui se présentent.

Nous nous efforçons aussi d'améliorer les secteurs qui vous importent le plus à l'avenir.

La plus grande partie de nos activités de transformation est maintenant derrière nous et la transition est terminée vers notre nouveau rôle d'organisme de prestation de services dans le réseau provincial de la santé. Nous en sommes rendus à mettre au point un nouveau plan stratégique de l'ORSW pour 2023 à 2028. Nous avons accordé beaucoup d'attention aux membres du public, à notre personnel, à nos partenaires et à nos intervenants, de sorte à les écouter et à apprendre d'eux, en vue de nous assurer d'élaborer un plan éclairé par leurs points de vue. Ce nouveau plan sera publié en novembre 2022 et s'avérera essentiel pour guider la façon dont nous répondrons à vos besoins, à partir de maintenant et dans les années à venir.

Je tiens également à remercier tout particulièrement les membres actuels et sortants du conseil d'administration, pour leurs contributions et leurs services. Les membres actuels du conseil sont Mme Netha Dyck (vice-présidente), Dr Glen Drobot, M. Bill Baines, Mme Dawn Daudrich, M. Frank Koch-Schulte, Mme Jennifer Moncrieff, Mme Lauren Stone, Mme Brenda McInnes, Mme Patricia Ramage, Mme Carole Urias, Dr Scott Mundle, M. Adekunle Ajisebutu, Mme Julie Bubnick et Mme Vanessa Everett. En 2021-2022, Mme Shannon Stefanson, Mme Kyla Gibson, Mme Vera Houle, Mme Kiran Kumedan, M. Donald Lepp, M. Gordon Taylor, Dr Nobby Woo, et Mme Judith Scanlan (mai 2022) étaient membres sortants.

Enfin, je tiens à remercier notre collectivité pour son soutien constant. L'ORSW et son conseil d'administration continueront de faire tout en leur pouvoir pour veiller à ce que tous nos bénéficiaires puissent accéder à des soins sûrs et de grande qualité là et quand elles en ont besoin.

Je vous prie d'agréer mes salutations distinguées.

Cordialement,

Patricia Solman, CPA
Présidente du conseil d'administration, ORSW

Letter of Transmittal and Accountability

Dear Minister,

We have the honour to present the annual report for the Winnipeg Regional Health Authority, for the fiscal year ended March 31, 2022.

This annual report was prepared under the Board's direction, in accordance with Health System Governance and Accountabilities Act and directions provided by the Minister. All material including economic and fiscal implications known as of July 31, 2022 have been considered in preparing the annual report. The Board has approved this report.

Respectfully Submitted,

Patricia Solman, CPA
Board Chair, WRHA

Board Members

Patricia Solman
(Chair)

Netha Dyck
(Vice-Chair)

Shannon Stefanson
(outgoing)

Dr. Nobby Woo
(outgoing)

Dr. Glen Drobot
(Exofficio)

Bill Baines

Dawn Daudrich

Kyla Gibson
(outgoing)

Vera Houle
(outgoing)

Frank Koch-Schulte

Kiran Kumedan
(outgoing)

Donald Lepp
(outgoing)

Brenda McInnes

Jennifer Moncrieff

Dr. Scott Mundle

Patricia Ramage

Dr. Judith Scanlan
(outgoing)

Lauren Stone

Major Gordon Taylor
(outgoing)

Carole Urias

Strategic Plan

Launch of Five-Year Plan

The WRHA's 2016 – 2021 Strategic Plan is being replaced and refreshed, marking the first strategic plan in our new role as a Service Delivery Organization. Our strategic plan will confirm a set of common values and identify the most important things we need to do to improve our organization, our partnerships, and the health care services we provide.

Step 1	Step 2	Step 3	Step 4	Step 5
Project Kick-Off and Current State Assessment What is the current state of health care nationally and as an organization?	**Engagement Planning** Who do we need to engage in the planning process and how can we best accomplish this?	**Strengths, Challenges, Opportunities, and Threats** What are our strengths as an organization? How can we improve? What are the opportunities and threats in the external environment?	**Gathering Inputs through Engagement** What are our values as an organization? What directions are most important to focus on in the next five years?	**Final Document Development** How do we make the plan come to life and share broadly across the organization?

Stakeholder Engagement

For this plan to work, we must learn from the experiences of others. Everyone has a voice and a perspective worth hearing. We've launched in-depth consultations (Step 4) with eleven key stakeholder groups and have completed the following engagements to inform our five-year strategic plan:

50+
community members engaged in outreach efforts, in partnership with Community Agencies

1,236
responses to our strategic plan community survey

22
site visits with staff, engaging over 500 of our employees

60
patients and family members engaged in three focus groups

12
Indigenous-led organizations engaged as partners in a co-developed engagement process

7
one-on-one meetings with hospital & health centre foundations

87
engagement activities, including a combination of town halls, focus groups, one-on-one meetings, and small group workshops

24-hour
open house for staff with members of WRHA executive team

Current Status and Next Steps

Feedback received during engagement activities is being summarized and will be used as a foundation for two full-day planning sessions, as well as a number of follow-up sessions, with the WRHA senior leadership team and patient partners, scheduled in the fall. This will culminate in publishing our five-year strategic plan in November 2022 (Step 5). We see this strategic plan as a first step in creating a new WRHA that prioritizes two-way listening, sharing, and learning as part of making a difference in our health system and lives of the people we work with and serve.

Public Compensation Disclosure

In accordance with the requirements set out by the provincial Public Compensation Disclosure Act, the Winnipeg Regional Health Authority makes available an audited copy of employees who make more than $75,000 for the calendar year ending December 31, 2021.

Copies may be obtained online **here**.

This report includes the compensation paid to individuals employed by facilities and services directly operated by the WRHA. The hospitals included in this report are the Victoria General Hospital, Grace Hospital, and Deer Lodge Centre. Other facilities and services included in the WRHA report are: Pan Am Clinic, Community Area Services, Churchill Health Centre, River Park Gardens and Middlechurch Home.

St. Boniface Hospital, Riverview Health Centre, Misericordia Health Centre, Seven Oaks General Hospital, and Concordia Hospital are separate legal entities and are not included in the WRHA report. They would have their own reports. Health Science Centre is included in the Shared Health report.

No personal care homes, other than the ones cited above, are included as they are not owned by the WRHA. Other publicly funded personal care homes would have their own reports. The report also excludes St. Amant Centre and other community health agencies governed under separate boards.

Fee for service payments to physicians are paid through Manitoba Health and Seniors Care are not included in the WRHA report.

Christina Von Schindler
Chief Privacy Officer, WRHA

The Public Interest Disclosure (Whistleblower Protection) Act

June 21, 2022

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 counseling 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 2021 – 2022:

Information Required Annually (by Section 18 of the Act)	Fiscal Year 2020-22
The number of disclosures received, and the number acted on and not acted on. **Paragraph 18(2)(a)**	One disclosure was reviewed and assessed. It was determined not to fall within the criteria under the Act. The allegation was related to a potential conflict of interest at a very low-funded agency, and the discloser did not formally proceed with the allegations. Additionally, there was already an independent investigation open.
The number of investigations commenced as a result of a disclosure. **Paragraph 18(2)(b)**	NIL
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

Enterprise Risk Management

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.
- Sites' risks to achieve regional priorities were integrated into corporate risks.
- Priority risks were folded into the WRHA's annual operating plan.
- Risks associated with COVID-19 were included in WRHA risk management processes.

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
- Corporate Governance and Leadership
- Business Continuity and Crisis 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

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.

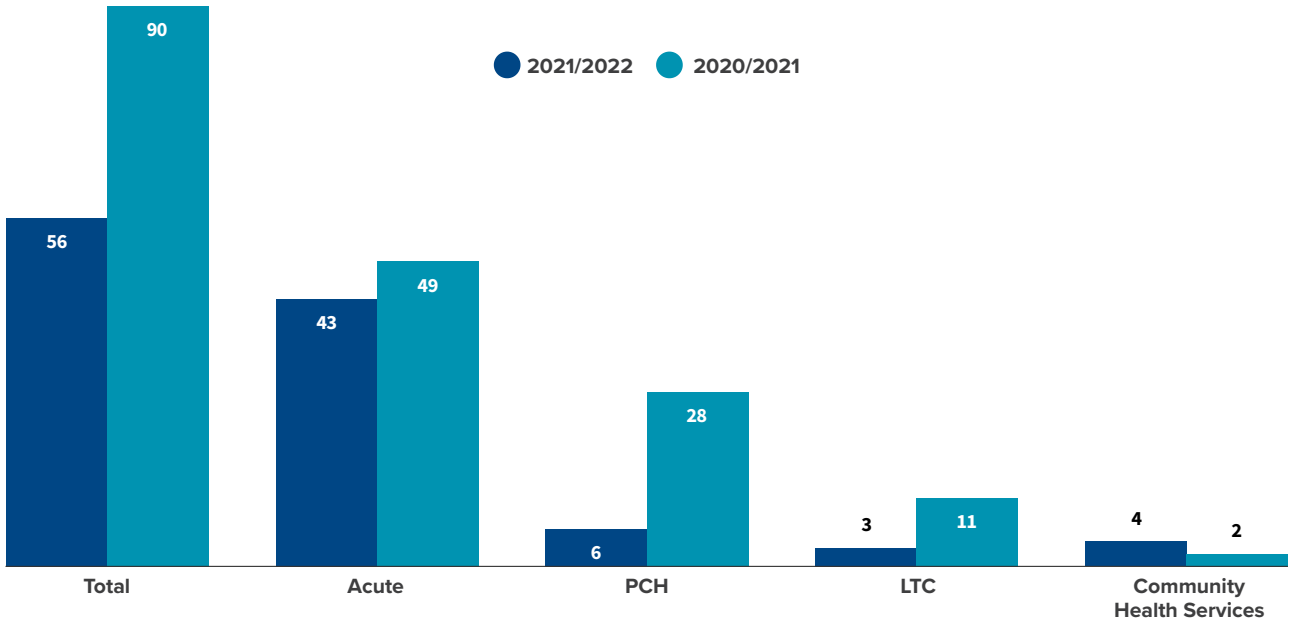
Our goal is to continuously improve our communication with patients and families to ensure they are provided with the information they need while maintaining confidentiality. This includes sharing the findings when a Critical Incident review has been completed.

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 following charts highlight the number of critical incidents by area, and the number of critical incidents by event type, reported in the fiscal years of 2020-21 and 2021-22.

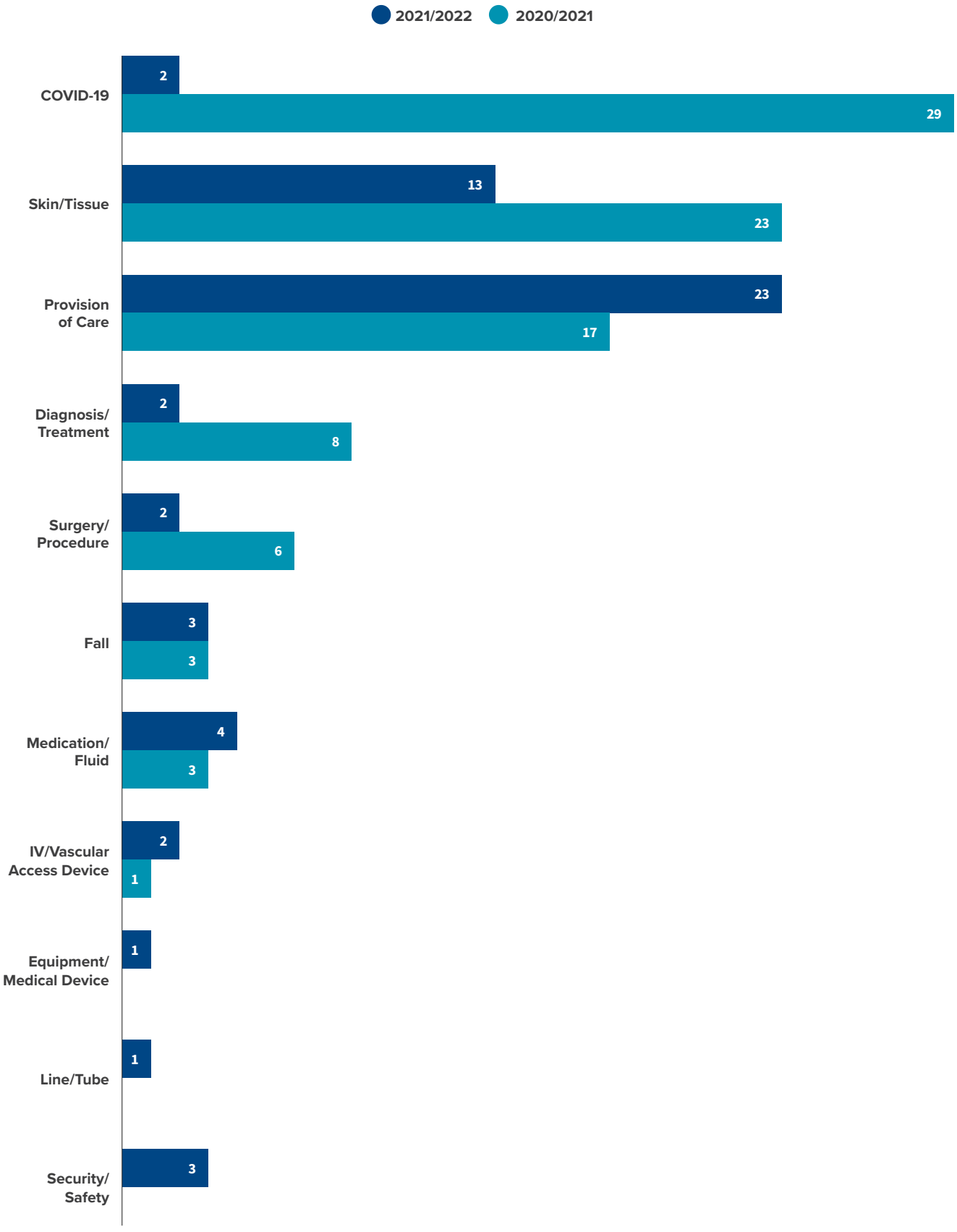
Number Of Critical Incidents

Reported by Area



Critical Incidents by Event Type

Reported by Category



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.

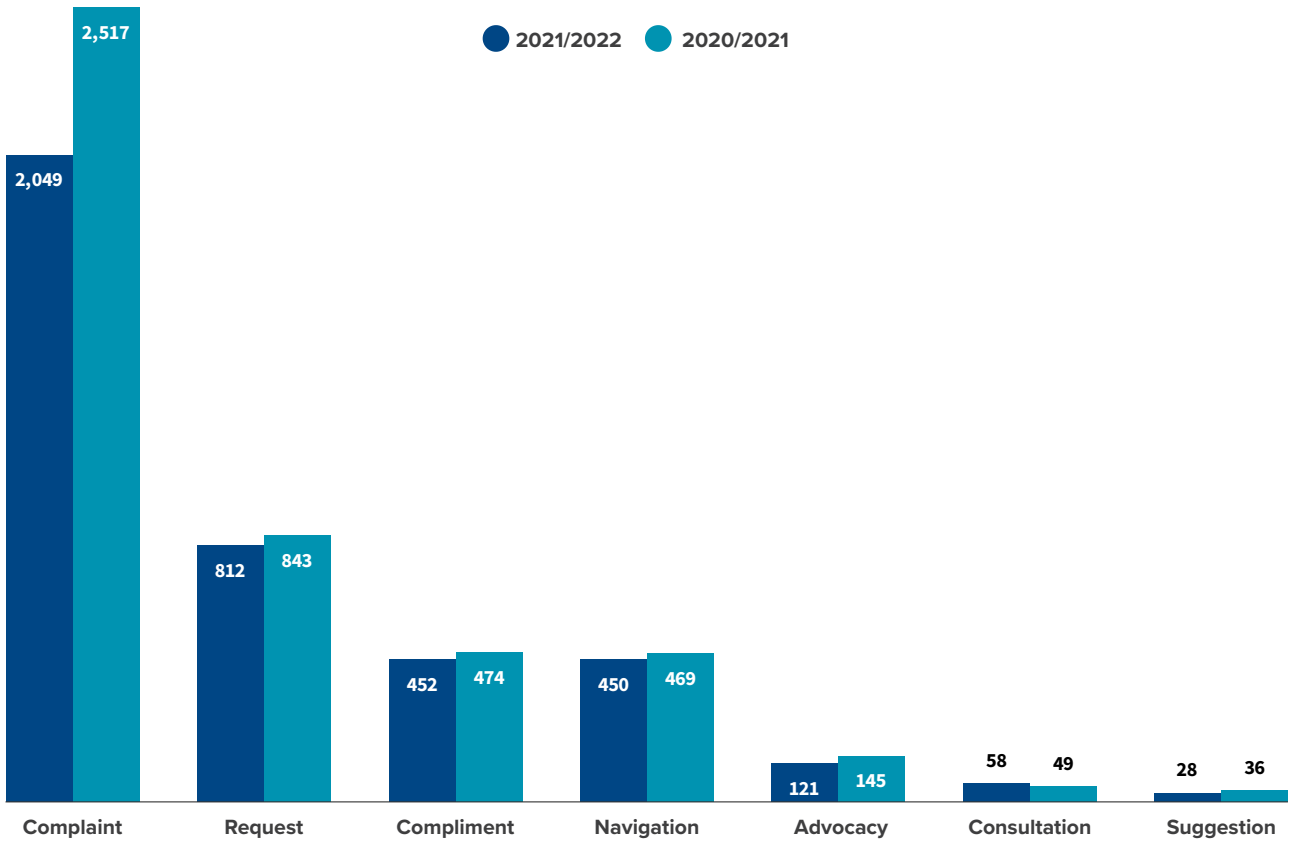
Client Relations receives feedback from the public in the form of compliments, complaints and suggestions for improvement. With recent and planned changes to health-care operations, Client Relations is able to assist citizens in navigating health services in the Winnipeg Health Region. We provide flexible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

WRHA Client Relations
Phone: 204-926-7825
Fax: 204-940-6623
Email: clientrelations@wrha.mb.ca
Monday to Friday from 8:30 a.m. – 4:30 p.m.

Number And Classification Of Calls To Client Relations

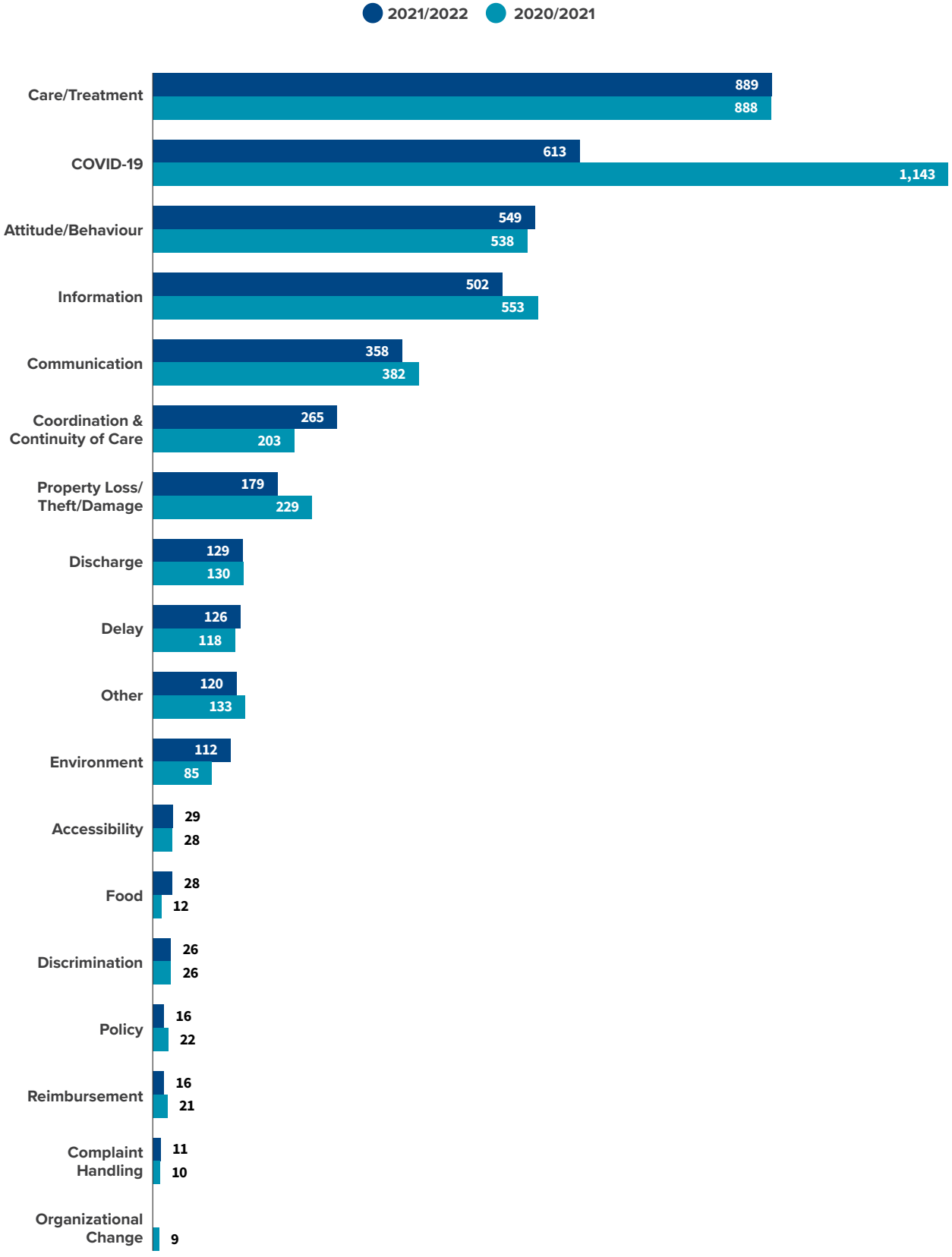
Grouped by Classification



Source: RL6 Database

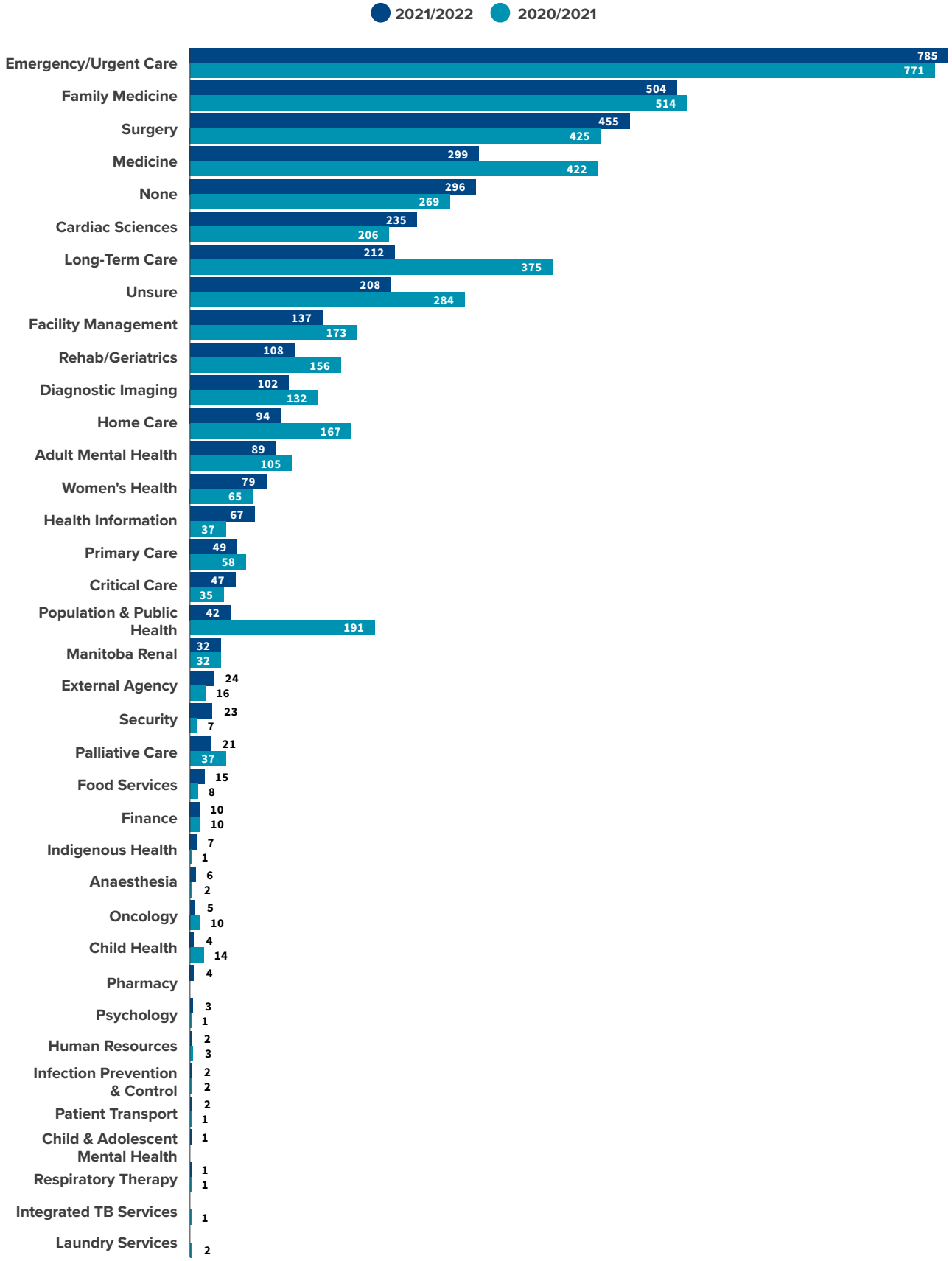
Number And Type Of Complaint

Grouped by Category



Source: RL6 Database

Number Of Complaints By Program



Source: RL6 Database

Statistics

Urgent Care Visits					
	2021/22	2020/21	2019/20	2018/19	2017/18
MHC Urgent Care	N/A	N/A	N/A	N/A	16,301
Victoria Urgent Care[1]	39,833	36,843	43,425	42,528	20,075
Concordia Urgent Care[2]	27,965	27,076	26,501	N/A	N/A
Seven Oaks Urgent Care[3]	34,467	34,538	26,438	N/A	N/A
Pan Am Minor Injury Clinic	50,666	41,686	56,093	57,039	57,633
Total	152,931	140,143	152,457	99,567	94,009

Source: Pan Am visits reported through SAP, urgent care visits from DSS Data Mart.
[1] As of Oct. 3, 2017, Victoria's emergency department converted to an urgent care centre.
[2] As of June 3, 2019, Concordia emergency department converted to an urgent care centre.
[3] As of July 22, 2019, Seven Oak's emergency department converted to an urgent care centre.

Home Care Clients Receiving Services					
	2021/22	2020/21	2019/20	2018/19	2017/18
Number of clients receiving services[1]	18,418	18,029	18,411	16,127	15,219

Source: WRHA home care program.
[1] Excludes clients under assessment but not yet receiving services: 2021/22 = 920; 2020/21 = 746; 2019/20 = 506; 2018/19 = 422; 2017/18 = 351

Total Births And Deliveries

Births[1]					
	2021/22	2020/21	2019/20	2018/19	2017/18
Births (including stillbirths) SBH	4,813	4,669	5,759	5,651	5,832
Home birth midwife	41	48	32	33	33
Ode'imin (Birth Centre)	218	296	233	242	185
Total births	5,072	5,013	6,024	5,926	6,050

Source: Discharge Abstract Database (DAD). Home and birth centre births provided by WRHA midwifery services.
[1] 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.

Deliveries[1]					
	2021/22	2020/21	2019/20	2018/19	2017/18
Deliveries by physician–SBH	4,730	4,599	5,591	5,504	5,666
Deliveries by midwife–SBH	71	50	46	55	66
Total deliveries	4,801	4,649	5,637	5,559	5,732

Source: DAD
[1] Deliveries represent the number of vaginal deliveries and cesarean sections in hospital.

Main Operating Room (OR) Surgical Cases[1]

Inpatient					
	2021/22	2020/21	2019/20	2018/19	2017/18
WRHA Acute Sites	11,572	11,138	13,807	14,073	14,330
MHC	163	187	182	188	206
Pan Am Clinic	-	-	-	-	-
Total	11,735	11,325	13,989	14,261	14,536
Day Surgery					
	2021/22	2020/21	2019/20	2018/19	2017/18
WRHA Acute Sites	10,347	9,689	12,856	14,351	14,137
MHC	7,215	8,414	13,553	11,614	11,820
Pan Am Clinic	2,924	3,240	3,490	3,350	3,322
Total	20,486	21,343	29,899	29,315	15,142
Total					
	2021/22	2020/21	2019/20	2018/19	2017/18
WRHA Acute Sites	21,919	20,827	26,663	28,424	28,467
MHC	7,378	8,601	13,735	11,802	12,026
Pan Am Clinic	2,924	3,240	3,490	3,350	3,322
Total	32,221	32,668	43,888	43,576	29,678

Source: DAD

[1] 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					
	2021/22	2020/21	2019/20	2018/19	2017/18
Therapeutic interventions on the heart and related structures, excluding CABG[1]	2,498	2,127	2,396	2,208	2,120
CABG (Coronary Artery Bypass Graft)[1]	447	446	530	498	613
Joint Surgery:					
WRHA Hip Replacements[2]	1,652	1,585	1,919	1,786	1,612
WRHA Knee Replacements[3]	1,555	1,578	2,273	2,196	1,959
Cataract - Adults MHC	5,474	6,673	10,941	9,564	9,337
WRHA Pediatric Dental (includes Churchill)	586	567	1050	993	1,169

[1] Source: DAD

[2] Source: SIMS via WRHA Surgery Program. Includes Primary, Hemi, and Revision.

[3] Source: IMS via WRHA Surgery Program. Includes Primary and Revisions.

WRHA Services Provided Through The Provincial Health Contact Centre (PHCC)[1]

Inpatient					
	2021/22	2020/21	2019/20	2018/19	2017/18
Health Links - Info Santé[2] - Client calls answered Live	612,431	359,110	91,146	94,223	99,500
Health Links - Info Santé - Outbound Calls[3]	65,336	-	5,815	1,254	1,421
Left But Not Seen[4] - Follow-up Contacts	N/A	-	3,437	2,167	2,495
After Hours Central Intake Program[5] - Client calls answered Live	172,082	135,115	153,875	134,761	141,449
After Hours Central Intake Program - Outbound Calls	222,745	175,640	212,055	202,876	206,029
TeleCARE TéléSOINS Manitoba[6] - Client calls answered Live	-	-	532	548	608
TeleCARE TéléSOINS Manitoba - Outbound Calls	-	-	6,743	9,184	8,743
Dial a Dietitian[7] - Client calls answered Live	-	-	1,332	1,411	1,330
Dial a Dietitian - Outbound Calls	-	-	682	656	774
Triple P Positive Parenting Program[8] - Client calls answered Live	-	58	347	323	500
Triple P Positive Parenting Program - Outbound Calls	-	163	748	865	971

Source: Director Provincial Health Contact Centre

[1] The Provincial Health Contact Centre (PHCC) supports health and social service delivery in Manitoba in partnership with the Winnipeg Regional Health Authority and Manitoba Health and Seniors Care. The PHCC operates 20 inbound and outbound calling programs, handling approximately 670,000 calls a year with access to over the phone interpretation in 110 languages. The PHCC's programs and services support virtual care, triage assessment, care advice, chronic disease management, dietetics, public health support (e.g. animal bite, post-exposure protocol, influenza etc.). Some programs supporting WRHA exclusively include WRHA Home Care Program, Palliative Care, PRIME, Public Health phototherapy, community health services, recovery of records, etc. The PHCC operates out of Misericordia Health Centre.

[2] Health Links - Info Santé, is a 24-hour, 7-day a week telephone information service. The program model of care changed in 2020, staffed by:

[a] Registered Nurses with the knowledge to provide over-the-phone triage, assessment, and care advice.

[b] Clerical staff, working under the supervision of registered nurses, and trained to screen patients for COVID-19 and provide them COVID-19 test results.

[3] Outbound calls for Health Links - Info Santé are counted within Health Links - Info Santé "Answered calls Live". Separate count for outbound calls is not available.

[4] An outbound call program delivered through the PHCC to determine if an individual who left a WRHA emergency room without being seen is still in need of medical attention or has already had their situation addressed. This program has been suspended since early 2020.

[5] After Hours Central Intake Program services WRHA programs to manage both clinical and non-clinical resources for clients. As a service provided through PHCC, it handles inbound and outbound calling to process after hours needs of clients in programs like WRHA Home Care, Palliative Care, PRIME, Public Health phototherapy, community health services recovery of records, etc.

[6] TeleCARE TéléSOINS Manitoba is a telephone-based chronic disease management service that helps Manitobans with heart failure or Type 2 diabetes manage their condition. TeleCARE TéléSOINS Manitoba program was suspended in Mid March 2020 as nursing resources were redirected to support COVID-19 efforts. Call volumes are not available at this time.

[7] Dial-a-Dietitian connects callers to a registered dietitian. Nutrition information is provided verbally and written resources can be mailed directly to the caller. Dial-a- Dietitian program is operational. Due to telephony limitations, it is negatively impacting call volumes. Call volumes are not available at this time.

[8] The Manitoba Parent Line connects callers to trained parent education counselors who provide confidential assistance, information and support for child development issues and many common parenting concerns. Triple P program consultants were redirected to support COVID-19 screening calls mid-March 2020. Funding for this program was ceased in June 2020. Therefore, the program was terminated.

Total Number Of Residents In Personal Care Homes (Pch)					
	2021/22	2020/21	2019/20	2018/19	2017/18
Winnipeg PCH in RHC and DLC	465	465	435	449	427
Winnipeg Non-Proprietary PCH	2,911	2,905	3,007	2,967	2,980
Winnipeg Proprietary PCH	1,764	1,887	1,965	1,895	1,993
Rural Proprietary PCH[1]	361	364	367	367	367
Total	5,501	5,621	5,774	5,678	5,767

Source: MIS data extracted from DSS Datamart

[1] Rural Proprietary PCH results include Brandon Valleyview, Hillcrest Place, Red River Place, and Tudor House Personal Care Home. These PCHs are located outside the Winnipeg geographic region but are funded by Manitoba Health through the WRHA Long-Term Care Program.

WRHA Hospital Statistics (HSC Removed From All Years)

Total WRHA					
Key Statistic	2021/22	2020/21	2019/20	2018/19	2017/18
Number of Beds[1]	2,244	2,274	2,265	2,292	2,398
Average Occupancy[2]	91.37%	85.31%	93.26%	91.89%	90.38%
Emergency Department/Urgent Care Visits[3]	178,962	173,281	199,066	195,148	184,012
Emergency Department/Urgent Care Visits Admitted (with % in brackets)[3]	19,384 (10.83%)	19,658 (11.34%)	21,925 (11.01%)	22,876 (11.72%)	22,072 (11.99%)
Left Without Being Seen (with % in brackets)[3]	14,995 (8.37%)	6,126 (3.51%)	12,981 (6.52%)	9,617 (4.93%)	9,267 (5.04%)
Total Number of Inpatient Discharges[4, 9]	39,281	38,724	45,001	45,438	45,344
Average Length of Stay (LOS)[4, 9]	9.91	9.22	9.11	8.88	9.47
Total Number of Day Surgery Cases[4, 9]	33,611	33,260	40,732	41,879	N/A[12]
Percentage of Alternate Level of Care (ALC) Days[4, 9]	7.44%	6.78%	8.30%	9.30%	13.90%
Acute LOS: Expected Length of Stay (ELOS) Ratio[4, 11]	1.17	1.16	1.20	1.17	1.16
Hospital Standardized Mortality Ratio[5]	111	111	105	109	107
Hospital Readmission Rate Within 30 Days of Discharge[7]	7.9%	8.6%	8.7%	8.9%	8.5%
Clostridium Difficile Rate (per 10,000 pt days)[8]	Note[8]	2.64	1.72	2.13	2.12
Methicillin-Resistant Staphylococcus Aureus (MRSA) Rate (per 10,000 pt days)[8]	Note[8]	3.68	3.70	5.06	3.48

St. Boniface Hospital					
Key Statistic	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Number of Beds[1]	464	473	447	458	477
Average Occupancy[2]	90.67%	83.08%	92.62%	91.57%	92.25%
Emergency Department Visits[3]	42,333	41,961	46,920	48,266	45,914
Emergency Department Visits Admitted (with % in brackets)[3]	9,420 (22.25%)	9,507 (22.66%)	9,715 (20.71%)	9,053 (18.76%)	7,923 (17.26%)
Left Without Being Seen (with % in brackets)[3]	4,364 (10.31%)	1,711 (4.08%)	3,130 (6.67%)	2,329 (4.83%)	2,211 (4.82%)
Total Number of Inpatient Discharges[4]	20,281	20,171	23,218	22,469	21,729
Average LOS[4]	7.29	6.71	6.64	6.61	6.97
Total Number of Day Surgery Cases[4]	12,664	11,431	13,586	12,932	N/A[12]
Percentage of Alternate Level of Care (ALC) Days[4]	2.13%	2.67%	3.83%	5.47%	8.57%
ALOS: ELOS Ratio[4]	1.10	1.10	1.10	1.07	1.06
Hospital Standardized Mortality Ratio[5]	122	120	110	104	106
Hospital Readmission Rate Within 30 Days of Discharge[7]	7.7%	8.8%	9.2%	9.1%	8.8%
Clostridium Difficile Rate (per 10,000 pt days)[8]	Note[8]	3.07	2.54	2.83	2.69
MRSA Rate (per 10,000 pt days)[8]	Note[8]	3.93	3.60	5.54	4.27

Concordia Hospital					
Key Statistic	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Number of Beds[1]	164	176	192	183	185
Average Occupancy[2]	92.90%	85.33%	91.09%	92.82%	90.66%
Emergency Department Visits[3]	N/A	N/A	4,975	28,011	27,948
Emergency Department Visits Admitted (with % in brackets)[3]	N/A	N/A	583 (11.72%)	3,805 (13.58%)	3,986 (14.26%)
Left Without Being Seen (with % in brackets)[3]	N/A	N/A	365 (7.34%)	1,820 (6.50%)	1,823 (6.52%)
Urgent Care Centre Visits[3, 10]	27,965	27,076	26,501	N/A	N/A
Urgent Care Visits Admitted (with % in brackets)[3, 10]	1,709 (6.11%)	1,785 (6.59%)	1,755 (6.62%)	N/A	N/A
Urgent Care Left Without Being Seen (with % in brackets)[3, 10]	2,210 (7.90%)	939 (3.47%)	1,922 (7.25%)	N/A	N/A
Total Number of Inpatient Discharges[4]	5,192	5,020	6,016	6,857	6,602
Average LOS[4]	10.98	10.25	10.21	8.93	9.46
Total Number of Day Surgery Cases[4]	2,758	3,322	4,308	4,437	3,821
Percentage of Alternate Level of Care (ALC) Days[4]	12.20%	13.44%	10.96%	7.38%	15.29%
ALOS: ELOS Ratio[4]	1.27	1.30	1.28	1.22	1.14
Hospital Standardized Mortality Ratio[5]	72	83	81	110	111
Hospital Readmission Rate Within 30 Days of Discharge[7]	6.9%	7.9%	8.4%	9.8%	9.1%
Clostridium Difficile Rate (per 10,000 pt days)[8]	Note[8]	3.81	1.17	1.27	1.63
MRSA Rate (per 10,000 pt days)[8]	Note[8]	1.71	4.69	7.63	4.72

Victoria General Hospital					
Key Statistic	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Number of Beds[1]	194	194	194	139	193
Average Occupancy[2]	96.20%	92.49%	98.24%	99.20%	95.58%
Emergency Department Visits[3, 10]	N/A	N/A	N/A	N/A	16,789
Emergency Department Visits Admitted (with % in brackets)[3, 10]	N/A	N/A	N/A	N/A	1,441 (8.62%)
Emergency Left Without Being Seen (with % in brackets)[3, 10]	N/A	N/A	N/A	N/A	816 (4.86%)
Urgent Care Centre Visits [3, 10]	39,833	36,843	43,425	42,528	20,040
Urgent Care Visits Admitted (with % in brackets)[3, 10]	1,642 (4.12%)	1,624 (4.41%)	1,515 (3.49%)	739 (1.74%)	231 (1.15%)
Urgent Care Left Without Being Seen (with % in brackets)[3, 10]	3,093 (7.76%)	1,166 (3.16%)	2,496 (5.75%)	1,235 (2.90%)	495 (2.47%)
Total Number of Inpatient Discharges[4]	2,858	2,675	2,615	1,736	3,430
Average LOS[4]	20.33	20.97	23.00	26.55	17.53
Total Number of Day Surgery Cases[4]	9,992	10,165	11,962	12,035	10,791
Percentage of Alternate Level of Care (ALC) Days[4]	15.44%	13.22%	16.86%	23.62%	18.89%
ALOS: ELOS Ratio[4]	1.29	1.29	1.41	1.25	1.34
Hospital Standardized Mortality Ratio[5]	93	89	82	82	98
Hospital Readmission Rate Within 30 Days of Discharge[7]	10.6%	8.8%	7.7%	8.1%	8.6%
Clostridium Difficile Rate (per 10,000 pt days)[8]	Note[8]	1.68	0.43	0.71	3.06
MRSA Rate (per 10,000 pt days)[8]	Note[8]	1.07	1.15	2.13	1.87

Grace Hospital					
Key Statistic	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Number of Beds[1]	227	236	227	216	235
Average Occupancy[2]	88.75%	82.86%	93.91%	93.26%	87.98%
Emergency Department Visits[3]	34,364	32,863	39,487	37,707	32,785
Emergency Department Visits Admitted (with % in brackets)[3]	5,580 (16.24%)	5,724 (17.42%)	6,242 (15.81%)	5,280 (14.00%)	4,271 (13.03%)
Left Without Being Seen (with % in brackets)[3]	2,392 (6.96%)	1,172 (3.57%)	1,696 (4.30%)	1,442 (3.82%)	1,483 (4.52%)
Total Number of Inpatient Discharges[4, 9]	8,739	8,782	10,258	8,759	7,365
Average LOS[4, 9]	8.39	7.85	7.86	8.43	9.53
Total Number of Day Surgery Cases[4, 9]	6,648	5,477	7,632	7,353	6,960
Percentage of Alternate Level of Care (ALC) Days[4, 9]	4.60%	5.17%	6.19%	7.76%	11.17%
ALOS: ELOS Ratio[4, 11]	1.20	1.16	1.16	1.20	1.25
Hospital Standardized Mortality Ratio[5]	135	126	130	128	113
Hospital Readmission Rate Within 30 Days of Discharge[7]	8.2%	8.7%	8.5%	9.0%	8.1%
Clostridium Difficile Rate (per 10,000 pt days)[8]	Note[8]	5.29	3.54	4.5	4.42
MRSA Rate (per 10,000 pt days)[8]	Note[8]	7.19	4.84	5.27	2.6

Seven Oaks General Hospital					
Key Statistic	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Number of Beds[1]	208	208	218	308	308
Average Occupancy[2]	98.71%	94.54%	100.11%	94.38%	94.12%
Emergency Department Visits[3]	N/A	N/A	11,320	38,636	40,536
Emergency Department Visits Admitted (with % in brackets)[3]	N/A	N/A	954 (8.43%)	3,999 (10.35%)	4,214 (10.40%)
Left Without Being Seen (with % in brackets)[3]	N/A	N/A	1,302 (11.50%)	2,791 (7.22%)	2,439 (6.02%)
Urgent Care Centre Visits[3, 10]	34,467	34,538	26,438	N/A	N/A
Urgent Care Visits Admitted (with % in brackets)[3, 10]	1,033 (2.99%)	1,018 (2.95%)	1,161 (4.39%)	N/A	N/A
Urgent Care Left Without Being Seen (with % in brackets)[3, 10]	2,936 (8.51%)	1,136 (3.29%)	2,070 (7.83%)	N/A	N/A
Total Number of Inpatient Discharges[4]	2,107	2,009	2,800	5,505	6,102
Average LOS[4]	24.05	21.80	18.95	13.27	13.66
Total Number of Day Surgery Cases[4]	1,340	2,755	3,025	4,858	5,863
Percentage of Alternate Level of Care (ALC) Days[4]	13.63%	15.32%	12.89%	12.16%	21.54%
ALOS: ELOS Ratio[4]	1.52	1.44	1.43	1.32	1.26
Hospital Standardized Mortality Ratio[5]	69	87	80	102	107
Hospital Readmission Rate Within 30 Days of Discharge[7]	10.3%	8.6%	7.4%	7.7%	7.9%
Clostridium Difficile Rate (per 10,000 pt days)[8]	Note[8]	0.97	0.77	2.03	1.6
MRSA Rate (per 10,000 pt days)[8]	Note[8]	3.48	4.49	5.18	5.38

Churchill Health Centre					
Key Statistic	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Number of Beds[1]	27	27	27	27	27
Average Occupancy[6]	25.93%	21.82%	39.28%	35.77%	32.46%
Emergency Department Visits[6]	1,709	1,065	1,371	1,363	61
Emergency Department Visits Admitted (with % in brackets)[6]	53 (3.10%)	41 (3.85%)	37 (2.70%)	70 (5.14%)	4 (6.56%)
Left Without Being Seen (with % in brackets)[6]	10 (0.59%)	2 (0.19%)	10 (0.73%)	4 (0.29%)	0
Total Number of Inpatient Discharges[4]	104	67	94	112	116
Average LOS[4]	7.31	22.22	6.57	7.97	16.76
Total Number of Day Surgery Cases[4]	222	110	219	264	275
Percentage of Alternate Level of Care (ALC) Days[4]	0%	0%	0%	0%	0%
ALOS: ELOS Ratio[4]	0.78	0.69	1.15	0.99	0.95
Hospital Standardized Mortality Ratio[5]	N/A	152	N/A	212	48
Hospital Readmission Rate Within 30 Days of Discharge[7]	26.8%	18.4%	17.1%	7.8%	8.0%
Clostridium Difficile Rate (per 10,000 pt days)[8]	note[8]	N/A	N/A	N/A	N/A
MRSA Rate (per 10,000 pt days)[8]	note[8]	N/A	N/A	N/A	N/A

[1] 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 and any beds designated as long-term care beds. 2020/21 beds included 30 temporary beds which were closed in August 2021. Excludes hospice beds at Grace Hospital.
[2] Source: DSS Datamart. Occupancy rates: Excludes newborn days, bassinets, community hospice days and beds. Daily Licensed Beds and Midnight Census.
[3] Source: DSS Datamart. Excludes Pan Am MIC visits, Churchill emergency visits.
[4] Source: DAD
[5] Source: CIHI Your Health System: Insight Tool, reflecting crude (unadjusted) rates. Note: Churchill low volume.
[6] Source: DSS Datamart. Previous years' values retroactively changed to match new methodology.
[7] Source: CIHI Your Health System: Insight Tool. Overall Readmission by Place of Service, risk-adjusted rates.
[8] Rates provided by WRHA Regional Infection Control. Includes MHC, RHC and DLC in the WRHA total. Infection Prevention and Control focus shifted in 2020/21 to support COVID-19 work, summarization of Cdif and MRSA will be delayed and not available in time for annual report.
[9] Includes all facility types (hospice, forensic psychiatry, pediatrics). Excludes rehabilitation services.
[10] Emergency Departments converted to urgent care centres on Oct. 3, 2017 Victoria, June 3, 2019 Concordia, Jul 22, 2019 Seven Oaks.
[11] Excludes Grace Hospice.

French Language Services

WRHA French Language Services Mandate And Overview

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 French-Language Services Policy, and related 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.

WRHA French Language Services Multi-Year Strategic Plan

The following is an overview of the strategic directions found in the latest Multi-Year Strategic Plan for WRHA FLS.

WRHA French Language Services Strategic Directions	
Leadership	FLS plays a leadership role in the enhancement of services in French to francophone clients.
Enhance Patient Experience	The impact upon the francophone community is considered and integrated into all operational decision-making, and service delivery will be seamless and equitable.
Engage Service Providers	Bilingual service providers will be engaged and supported in their role to deliver direct care in French to francophone clients.

2021-22 WRHA FLS Notable Achievements

Enhance Patient Experience

1. Participated on regional and provincial committees to represent francophone health and develop strategies to enhance the delivery of services.
2. The distribution of designated bilingual positions and the linguistic profile required for each were reviewed.
3. Data on designated bilingual employees and other bilingual capacity was gathered to garner a picture of the overall bilingual capacity across the region.
4. One-on-one active offer training was provided to staff of Misericordia Health Centre and the St. Mary's Road COVID Testing site to enhance reception and wayfinding.
5. Centre de santé Saint-Boniface (CDS) Bilingual Family Physicians group continues to provide subacute inpatient care at Victoria Hospital (VH). There is a daily average of four identified French-speaking patients who receive their care, which is 4.5% of VH total subacute population.
6. Data was gathered from designated bilingual facilities with respect to current practices regarding services for the French-speaking population which will serve to identify where improvements are needed and what effective practices can be replicated.

Engage Service Providers

1. As part of the planning process for the 2023-2028 FLS Strategic Plan, internal and external stakeholders were gathered to discuss strategic priorities and objectives for FLS.
2. Worked collaboratively with Université de Saint-Boniface's School of Nursing and Health Studies on an event where representatives from various WRHA sites could present their establishment as an opportune place for students to complete their practicums.
3. The FLS department leveraged external partnerships to enhance the visibility and recruitment of entry-level or difficult-to-fill bilingual positions.
4. Maintained a regular presence in the internal newsletter to cultivate a bilingual work environment, and a bilingual greeting was added to the CEO's weekly message to employees.
5. Led conversation circles with employees to give them an opportunity to practice speaking French in a relaxed environment.
6. Promoted and awarded the 4th WRHA FLS Champion Award to recognize employees in the Winnipeg Health Region who have helped make the provision of services in French a priority and a success. A total of 10 submissions were received and reviewed by a selection committee.

Leadership

1. WRHA FLS Advisory Committee was maintained to provide advice and guidance on matters pertaining to policies, programs and practices involving FLS.
2. FLS continues to be imbedded as a monthly standing agenda item at the WRHA Executive Council to ensure accountability and to address areas of concern in a timely manner.
3. With the creation of a Francophone Lead position at Shared Health, the opportunity was formed to advance initiatives of provincial interest and realize efficiencies by collaborating with other regional health authorities.
4. The FLS Executive Lead is an integral member of the steering committee for the 2023-2028 WRHA Strategic Plan which is an overarching plan to the FLS Strategic Plan.
5. The FLS Executive Lead reports directly to the WRHA CEO.
6. A consultation was held with the francophone community to review the Declaration of Patient Values which is intended to reflect the values of those receiving services and serves to inform policy and processes within the system.

2021-22 WRHA FLS Operational Overview

French-Language Proficiency Evaluations

All language proficiency testing – speaking, listening, reading and writing – is done internally, and the WRHA FLS department occasionally provides services to other independent bilingual or francophone agencies and service delivery organizations.

Unless the writing component is required for a position, assessments are now being done remotely.

Training

Licenses for Rosetta Stone were added to the FLS department's comprehensive resource centre which includes access to a multitude of other resources (i.e., dictionaries, books, DVDs, CDs, etc.).

Translations

New or revised patient/client and public information (i.e., education materials, pre-/post-op surgical information, surveys, pamphlets, brochures, advertising, etc.) is systematically translated according to FLS policy obligations.

110

Employees attended French-language evening courses or the tutoring program

2,244

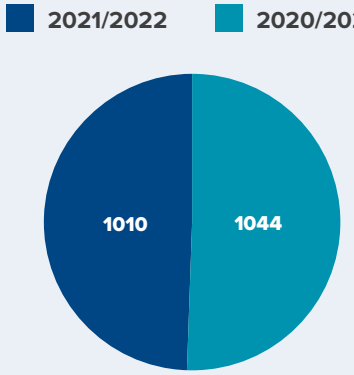
Employees completed the online Active Offer and French Language Services Training module on LMS

149,552

Words were translated, representing 309 documents

Regional Bilingual Capacity

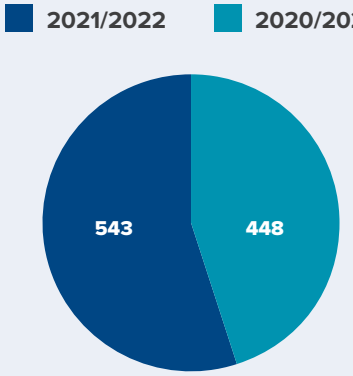
Number Of Designated Bilingual Positions



Variance Explanation

Reduction in number is due to health care transformation which resulted in moving positions to Shared Health. No actual positions were undesignated.

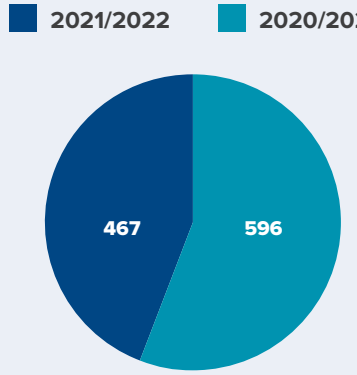
Number Of Designated Bilingual Positions Filled With Non-Bilingual Incumbents (Underfill)



Variance Explanation

This number also includes vacant positions as we do not currently have the capacity to extract the information.

Number Of Designated Bilingual Positions Filled With Bilingual Incumbents



Variance Explanation

This number reflects the programs that reported back on their HR data.

Note: There is capacity outside of designated bilingual positions. Measures to capture this data will be undertaken during the 2023-2028 strategic exercise.

Services en langue française

Mandat et aperçu des services en langue française de l'ORSW

Les Services en langue française (SLF) de l'ORSW ont pour mandat d'aider l'ORSW à promouvoir et offrir des services de santé en français conformément à la politique de SLF de l'ORSW, ainsi qu'à la politique sur les services en français du gouvernement du Manitoba et des règlements y afférent, adoptés en vertu de la législation régissant les offices régionaux de la santé du Manitoba.

Les employés bilingues de la région offrent chaque jour des services et du soutien aux bénéficiaires, aux patients et aux résidents, ainsi qu'à leur famille, dans toute la région. Ils se doivent de respecter les principes de l'offre active, afin de mettre en évidence le fait que des services en français existent, peuvent être dispensés sans délai, et sont publicisés, accessibles et de qualité comparable aux services en anglais. Qu'il s'agisse d'une information essentielle pour les patients, de matériel éducatif, de formulaires de consentement, de sites Web, de publicités, de panneaux de signalisation, de reconnaissances des donateurs ou d'orientations, la mise en évidence des deux langues officielles est essentielle à la culture et au caractère de notre région.

Plan stratégique pluriannuel des services en français de l'ORSW

Voici un aperçu des orientations stratégiques du plan pluriannuel pour les services en français de l'ORSW.

ORIENTATIONS STRATÉGIQUES DES SERVICES EN LANGUE FRANÇAISE DE L'ORSW	
Leadership	Les SLF jouent un rôle de chef de file pour l'amélioration des services en français à l'intention des bénéficiaires francophones.
Amélioration de l'expérience des patients	Les répercussions sur la communauté francophone sont prises en compte et entrent en jeu dans toutes les prises de décision liées aux activités de l'organisme, de sorte que la prestation des services demeure homogène et équitable.
Mobilisation des prestataires de services	Nous mobiliserons les prestataires de services bilingues et les soutiendrons dans leur rôle de fournisseurs de soins en français directement aux bénéficiaires francophones.

Principales réalisations des Services en langue française de l'ORSW pour l'année 2021-2022

Amélioration de l'expérience des patients

1. La participation à des comités régionaux et provinciaux a permis de représenter les francophones au regard de la santé et d'élaborer des stratégies visant à améliorer la prestation des services.
2. Nous avons procédé à l'examen de la répartition des postes désignés bilingues et du profil linguistique requis dans chaque cas.
3. Nous avons recueilli des données sur les employés désignés bilingues et les autres compétences bilingues, afin de dresser un portrait de la capacité bilingue globale de la région.
4. Nous avons offert aux membres du personnel du Centre de santé Misericordia et du poste de dépistage de la COVID-19 du chemin St. Mary une formation personnalisée sur l'offre active visant à améliorer l'accueil et le cheminement des patients dans les services.
5. Le groupe de médecins de famille bilingues du Centre de santé Saint-Boniface (CDS) continue son travail auprès des patients hospitalisés en soins subaigus à l'Hôpital Victoria (HV). On trouve en moyenne quatre patients par jour s'identifiant comme francophones dans le service désigné, ce qui représente 4,5 % de tous les patients hospitalisés en soins subaigus à l'Hôpital Victoria.
6. Nous avons recueilli des données auprès des établissements désignés bilingues en ce qui a trait aux pratiques actuelles en matière de services à la population francophone, ce qui permettra de déterminer les améliorations à apporter et de reproduire les façons de faire qui se sont avérées efficaces.

Mobilisation des prestataires des services

1. Dans le cadre de la procédure d'élaboration du Plan stratégique des SLF pour 2023-2028, nous avons réuni des intervenants internes et externes, en vue de discuter des priorités et des objectifs stratégiques des SLF.
2. Nous avons activement collaboré avec l'École des sciences infirmières et des études de la santé de l'Université de Saint-Boniface à un événement où des représentants de divers sites de l'ORSW ont pu présenter leur établissement comme un endroit opportun où les étudiants peuvent effectuer leurs stages.
3. Nous avons tiré parti des partenariats externes pour augmenter la visibilité des postes de premier échelon ou difficiles à pourvoir et recruter des employés bilingues.
4. Une participation périodique soutenue au bulletin d'information interne a permis d'inspirer un milieu travail bilingue. La salutation du PDG est maintenant bilingue dans son message hebdomadaire aux employés.
5. L'animation d'activités de conversation avec les employés leur a donné l'occasion de s'exercer à converser en français dans un milieu où ils se sentent à l'aise.
6. La promotion et la remise du quatrième Prix du CHAMPION des Services en langue française de l'ORSW a permis de reconnaître les employés de l'Office régional de la santé de Winnipeg qui ont contribué à faire de la prestation de services en français une priorité et un succès. Un comité de sélection a reçu et examiné dix propositions de candidature.

Leadership

1. On a conservé le comité consultatif sur les SLF de l'ORSW, en vue de solliciter ses conseils et des orientations sur les questions relatives aux politiques, programmes et pratiques qui concernent les SLF.
2. Les SLF continuent d'être intégrés en permanence à l'ordre du jour mensuel du conseil exécutif de l'ORSW, à des fins de responsabilisation et de discussion en temps opportun des sujets de préoccupation.
3. La création d'un poste de responsable francophone au sein de l'organisme Soins communs Manitoba a permis de faire avancer des projets à l'échelle provinciale et d'améliorer le rendement par la collaboration avec d'autres offices régionaux de la santé.
4. La chef de direction des SLF est membre à part entière du comité directeur du Plan stratégique de l'ORSW pour 2023-2028, qui est un plan-cadre du plan stratégique des SLF.
5. La chef de direction des SLF relève directement du président-directeur général de l'ORSW.
6. Une consultation de la communauté francophone a permis de réviser la Déclaration des valeurs du patient, qui vise à refléter les valeurs des personnes qui reçoivent les services et à informer les politiques et les procédures au sein du réseau.

Aperçu des activités des SLF de l'ORSW en 2021-2022

Évaluations des compétences en langue française

Tous les tests de compétence linguistique (parler, écouter, lire, écrire) sont offerts à l'interne, et le SLF de l'ORSW fournit occasionnellement des services à d'autres agences bilingues ou francophones et organismes de prestation de services indépendents.

À moins que le volet rédaction ne soit requis pour un poste, les évaluations se font maintenant à distance.

Formation

Des licences pour le programme de langue immersive Rosetta Stone ont été ajoutées au centre de ressources exhaustives du SLF, qui comprend l'accès à une multitude d'autres ressources (c'est-à-dire des dictionnaires, des livres, des DVD, des CD, etc.).

Traductions

Les nouveaux renseignements et les révisions de ces renseignements destinés aux patients, aux bénéficiaires et au public (c'est-à-dire le matériel éducatif, les directives chirurgicales préopératoires et postopératoires, les sondages, les dépliants, les brochures, la publicité, etc.) sont systématiquement traduits en vertu de la politique des SLF.

110

Employés ont suivi les cours du soir de français ou le programme de tutorat.

2,244

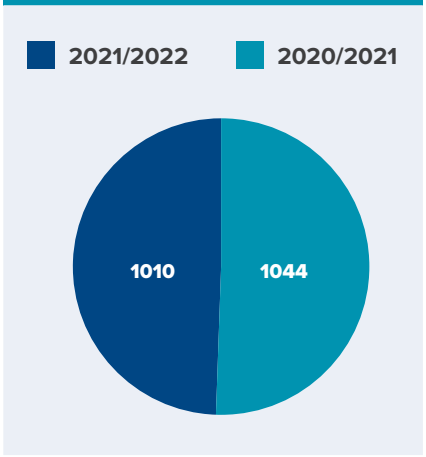
employés ont suivi le module de formation en ligne intitulé Active Offer and French Language Services du système de gestion de la formation.

149,552

mots ont été traduits, ce qui représente 309 documents.

Capacité bilingue régionale

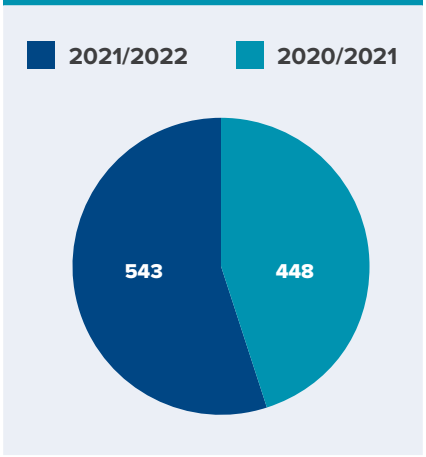
Nombre de postes désignés bilingues



Explication des écarts

La réduction du nombre est due à la transformation des soins de santé qui a entraîné le transfert de postes à Soins communs. Aucun poste n'a été changé en non désigné.

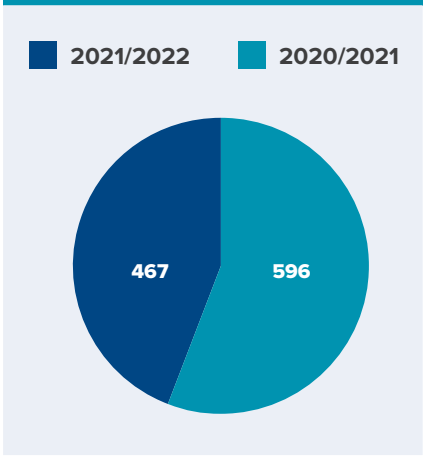
Nombre de postes désignés bilingue Dotés de titulaires non bilingues



Explication des écarts

Ce chiffre comprend également les postes vacants, car nous n'avons pas actuellement la capacité d'extraire les renseignements.

Nombre de postes désignés bilingues dotés de titulaires bilingues



Explication des écarts

Ce chiffre reflète les programmes qui ont rendu compte de leurs données en ressources humaines.

Nous avons une capacité en dehors des postes désignés bilingues. Des mesures visant à saisir ces données seront entreprises au cours de l'exercice stratégique 2023-2028.

Financials

The public can access the full audited financial statements by visiting our **Annual Reports page** or contacting:

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

Management's Responsibility For Financial Reporting Summarized Consolidated Financial Statements

March 31, 2022

The accompanying summarized consolidated financial statements are the responsibility of management and have been approved by the Board of Directors of the Winnipeg Regional Health Authority. The summarized consolidated financial statements were prepared in accordance with Canadian public sector accounting standards as issued by the Public Sector Accounting Board. Of necessity, the summarized consolidated financial statements include some amounts that are based on estimates and judgments.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system is designed to provide management with reasonable assurance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately accounted for and safeguarded.

Deloitte LLP provides an independent audit of the summarized consolidated financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures, which allow them to report on the fair presentation of the summarized consolidated financial statements prepared by management.

Mike Nader, B.Sc., MBA, MA
President & Chief Executive Officer

Dan Skwarchuk, B.Comm (Hons), CPA, CGA
Regional Lead Corporate Services &
Chief Financial Officer

Independent Auditors' Report

To the Board of Directors of the Winnipeg Regional Health Authority

Opinion

The summarized consolidated financial statements, which comprise the summarized consolidated statement of financial position as at March 31, 2022 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 Winnipeg Regional Health Authority for the year ended March 31, 2022.

In our opinion, the accompanying summarized consolidated financial statements are a fair summary of the audited consolidated financial statements prepared in accordance with Canadian public sector accounting standards (PSAS).

Summarized Consolidated Financial Statements

The summarized consolidated financial statements do not contain all the disclosures required by Canadian PSAS. 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 June 23, 2022.

Management's Responsibility For The Summarized Consolidated Financial Statements

Management is responsible for the preparation of the summarized consolidated financial statements in accordance with PSAS.

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.

Deloitte LLP

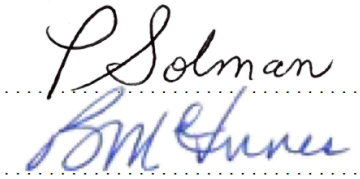
Chartered Professional Accountants

Winnipeg, Manitoba
June 21, 2022

Summarized Consolidated Statement of Financial Position

As at March 31
(In thousands of dollars)

	2022	2021
FINANCIAL ASSETS		
Cash	**$ 37,134**	$ 66,142
Accounts receivable	**274,286**	85,317
Investments	**29,355**	41,277
Employee benefits recoverable from Manitoba Health and Seniors Care	**51,972**	51,972
Employee future benefits recoverable from Manitoba Health and Seniors Care	**19,892**	19,892
	412,639	264,600
LIABILITIES		
Bank indebtedness	**111,477**	87,913
Accounts payable and accrued liabilities	**306,846**	188,891
Unearned revenue	**70,088**	63,327
Employee benefits payable	**93,390**	91,397
Employee future benefits payable	**126,095**	127,775
Long-term debt	**896,028**	929,801
	1,603,924	1,489,104
NET DEBT	**(1,191,285)**	(1,224,504)
NON-FINANCIAL ASSETS		
Inventory	**27,174**	26,390
Prepaid expenses	**4,266**	5,513
Tangible capital assets, net	**1,579,002**	1,638,680
	1,610,442	1,670,583
TOTAL NET ASSETS	**$ 419,157**	$ 446,079
Total net assets is comprised of:		
Accumulated surplus	**419,275**	448,016
Accumulated remeasurement losses	**(118)**	(1,937)
	$ 419,157	$ 446,079



Patricia Solman, CPA, CA
Chair, Board of Directors

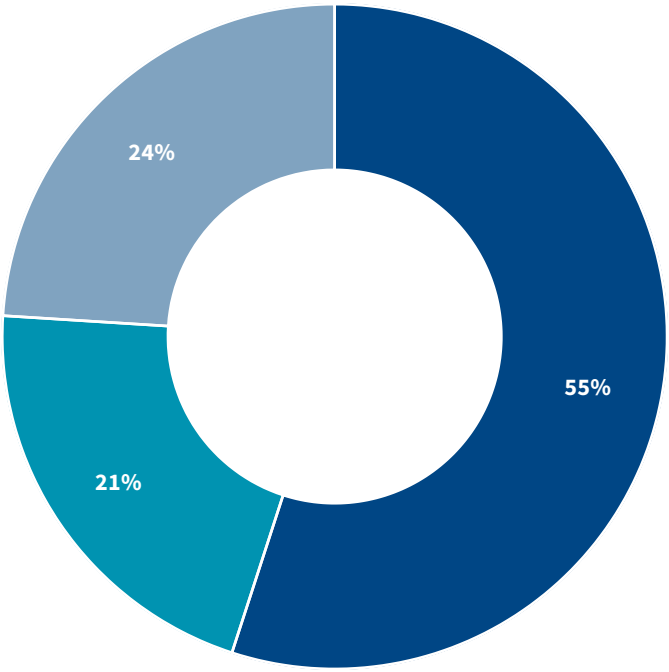
Brenda McInnes, CPA, CA
Treasurer

Summarized Consolidated Statement of Operations and Accumulated Surplus

For the year ended March 31, 2022
(In thousands of dollars)

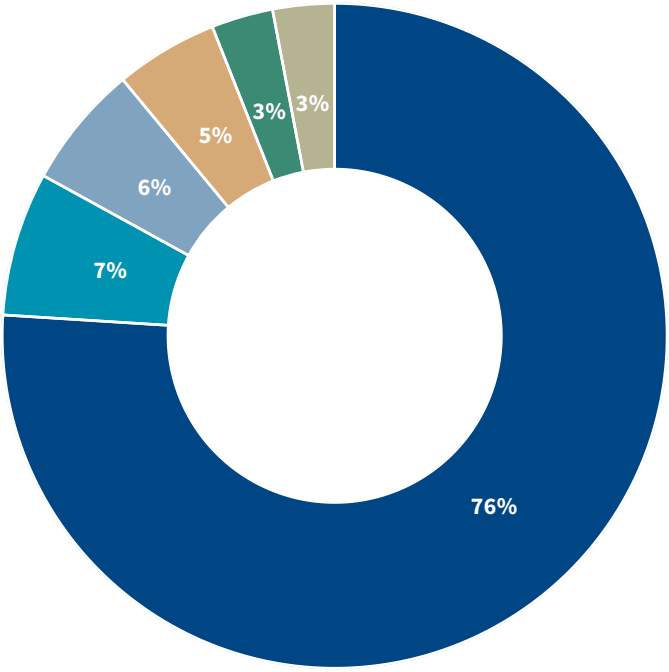
	2022			2022	2021
	Core Operations	Capital Operations	Actual Total	Budget Total	Actual Total
REVENUE					
Manitoba Health and Senior Care grants	**$ 2,178,209**	**$ 104,605**	**$ 2,282,814**	**$ 1,968,356**	$ 2,047,221
Grants from other provincial government sources	**102,757**	**-**	**102,757**	**91,105**	90,697
Other capital grants	**-**	**4,844**	**4,844**	**2,702**	10,910
Patient and resident income	**45,594**	**-**	**45,594**	**55,540**	44,664
Recoveries from external sources	**27,187**	**-**	**27,187**	**16,045**	28,902
Investment income	**608**	**-**	**608**	**2,067**	183
Other income	**8,382**	**-**	**8,382**	**6,741**	4,994
	2,362,737	**109,449**	**2,472,186**	**2,142,556**	2,227,571
EXPENSES					
Acute care	**1,032,546**	**127,641**	**1,160,187**	**985,300**	1,035,668
Community care	**500,074**	**5,934**	**506,008**	**434,662**	459,672
Long-term care	**589,061**	**3,932**	**592,993**	**474,176**	529,202
Medical remuneration	**235,249**	**-**	**235,249**	**263,104**	223,582
	2,356,930	**137,507**	**2,494,437**	**2,157,242**	2,248,124
INSURED SERVICES SURPLUS (DEFICIT)	**5,807**	**(28,058)**	**(22,251)**	**(14,686)**	(20,553)
NON-INSURED SERVICES					
Non-insured services income	**41,880**	**5,476**	**47,356**	**51,757**	40,969
Non-insured services expenses	**47,687**	**6,159**	**53,846**	**39,151**	44,024
NON-INSURED SERVICES (DEFICIT) SURPLUS	**(5,807)**	**(683)**	**(6,490)**	**12,606**	(3,055)
DEFICIT BEFORE RESTRUCTURING	**$ -**	**$ (28,741)**	**$ (28,741)**	**$ (2,080)**	$ (23,608)
IMPACT OF RESTRUCTURING TRANSACTION	**-**	**-**	**-**	**-**	(2,322)
DEFICIT FOR THE YEAR	**$ -**	**$ (28,741)**	**$ (28,741)**	**$ (2,080)**	$ (25,930)
ACCUMULATED SURPLUS, BEGINNING OF YEAR			**448,016**		473,946
ACCUMULATED SURPLUS, END OF YEAR			**$ 419,275**		$ 448,016

Budget Allocation by Sector and Major Expenses



Budget Allocation by Sector

- Acute Care
- Community Care
- Long-Term Care



Budget Allocation by Major Expense

- Wages and Benefits
- Amortized Assets
- Other Costs
- Medical Suppliers
- General Suppliers & Contracted Out Services
- Pharmaceutical

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. 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 & 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 guidelines.

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.

Provincial Health System Administrative Costs and Percentages

	2021/22			
REGION	CORPORATE	PATIENT-CARE RELATED	HUMAN RESOURCES & RECRUITMENT	TOTAL ADMINISTRATION
Interlake-Eastern Regional Health Authority	2.92%	0.63%	1.93%	**5.48%**
Northern Regional Health Authority	3.48%	0.93%	1.12%	**5.53%**
Prairie Mountain Health	2.32%	0.16%	0.99%	**3.47%**
Southern Health Santè-Sud	2.60%	0.25%	0.84%	**3.69%**
CancerCare Manitoba	1.70%	0.47%	0.70%	**2.87%**
Winnipeg Regional Health Authority	2.69%	0.55%	1.14%	**4.38%**
Shared Health	3.48%	0.44%	0.45%	**4.37%**
Provincial – Percent	**2.88%**	**0.47%**	**0.93%**	**4.28%**
Provincial – Totals	**$ 175,559,392**	**$ 28,641,532**	**$ 56,439,789**	**$ 260,640,713**

2020/21				
REGION	CORPORATE	PATIENT-CARE RELATED	HUMAN RESOURCES & RECRUITMENT	TOTAL ADMINISTRATION
Interlake-Eastern Regional Health Authority	3.12%	0.58%	2.11%	**5.81%**
Northern Regional Health Authority	3.42%	0.93%	1.09%	**5.44%**
Prairie Mountain Health	2.26%	0.34%	1.08%	**3.68%**
Southern Health Santè-Sud	3.06%	0.20%	0.90%	**4.16%**
CancerCare Manitoba	1.68%	0.45%	0.71%	**2.84%**
Winnipeg Regional Health Authority	2.83%	0.61%	1.06%	**4.50%**
Shared Health	3.21%	0.30%	0.54%	**4.05%**
Provincial - Percent	**2.89%**	**0.47%**	**0.94%**	**4.30%**
Provincial - Totals	**$ 154,819,266**	**$ 25,267,919**	**$ 50,569,113**	**$ 230,656,298**

Health System Transformation

Manitoba's Health System Transformation includes initiatives that improve patient access and the quality of care experienced by Manitobans while establishing a health system that is both equitable and sustainable. As transformation projects and initiatives are planned and implemented, opportunities to re-invest administrative efficiencies in patient care are sought out and prioritized.

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% in WRHA; 3.99% in Rural; 4.99% in Northern).

Across Manitoba, within all Service Delivery Organizations with the exception of Shared Health, which assumed responsibility for planning and coordination to support health services throughout the COVID-19 pandemic, administrative costs decreased as a percentage of total operating costs.

WRHA Administrative Costs

For Year to Date Ending:	March 2022		March 2021	
	$	%	$	%
Corporate	68,669,736	2.69%	63,829,644	2.83%
Patient care related costs	14,012,279	0.55%	13,719,720	0.61%
Recruitment/Human Resources related costs	29,139,248	1.14%	23,977,191	1.06%
Total Administrative Costs	**$ 111,821,263**	**4.38%**	**$ 101,526,555**	**4.50%**