

Together We Care.



Winnipeg Regional Health Authority
2022/23 Annual Report

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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, 2023.

This annual report was prepared under the Board's direction in accordance with The Health System Governance and Accountability Act and directions provided by the Minister. All material, including economic and fiscal implications known as of July 31, 2023, have been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted,

A handwritten signature in black ink that reads "Netha Dyck". The signature is fluid and cursive, with the first name "Netha" and last name "Dyck" clearly distinguishable.

Dr. Netha Dyck
Board Chair, WRHA

Traditional Territories Acknowledgement

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.

Our Region



750,000

Residents from the City of Winnipeg, Churchill and East and West St. Paul are served by the Winnipeg Health Region.

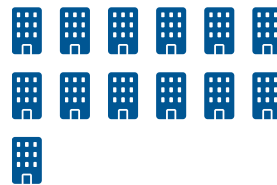
\$2.2 BILLION ANNUAL BUDGET

Helps to operate or fund over 200 health service facilities and programs across the region.

18,000

Employees work for the Winnipeg Health Region and its associated operating entities, making it among the largest employers in Manitoba.

13 COMMUNITY HEALTH AGENCIES



Were funded by the WRHA, totaling \$71.31 million in the 2022/23 fiscal year.

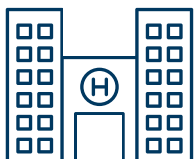


76 GRANT-FUNDED AGENCIES

Received funding from the WRHA, totaling \$18.20 million in the 2022/23 fiscal year.

25+ KEY PARTNERS & HEALTH RELATIONSHIPS

Across educational institutions, community organizations, health regions, Indigenous organizations and municipal and provincial governments.



2 Acute Hospitals

5 Health Centres

10 Supportive Housing Providers

3 Community Hospitals

37 Personal Care Homes

7 ACCESS Centres & Walk-In Connected Care Clinics

For more information about the Winnipeg Health Region, please visit wrha.mb.ca/about.

Message from the CEO

The past several years have been a period of significant change, stress and challenge for the healthcare system in Manitoba.

Throughout the past fiscal year, we focused on defining how we want to move forward. Over the course of 18 months, we met with thousands of people including representatives from community organizations and service delivery partners, as well as staff, patients, clients, residents and members of the public to get their feedback and insights into what was most important to them, and how we can improve the services we deliver.

The plan we developed reflects what we heard: we will invest in, listen to and empower every team member to achieve their best health and performance; consistently provide the highest quality care experience; deliver an effective and efficient healthcare system today and for generations to come; and support everyone we serve in achieving their full health and well-being potential.

Our strategic plan will serve as our roadmap for the next five years as we carry out our mission to deliver the best health services to every person we serve, and achieve our vision of healthy people, thriving communities and partners in care.

Of course, the challenges we're facing did not suddenly disappear as we developed the new strategic plan. There was a lot of good work throughout the year to address issues of particular concern. We've continued to work with the provincial Diagnostic and Surgical Recovery Taskforce to implement strategies to address the backlog and have been able to increase how many procedures we're performing, contributing to reducing or eliminating the wait times for a number of these procedures. Our work to address access and flow across the system is ongoing, and while it is still not where we want it to be, we have made improvements in 90th percentile ED wait times since the work began as well as year over year. We have also focused on transitioning patients from hospital to community and have increased the number of long-stay patients being discharged.



We've also been working to provide the information necessary to drive people to the appropriate place for their needs and take some of the pressure off of Urgent Care and Emergency Departments. In the fall of 2022, we began posting current wait time information for Walk-In Connected Care Clinics on myrightcare.ca, in addition to partnering with medimap.ca to add wait times for other walk-in clinics across the region. From October 2022 to March 2023, the myrightcare.ca home page was viewed more than 1,700,000 times. The wait times pages for the walk-in clinics and Walk-In Connected Care Clinics were viewed 300,000 and 120,000 times, respectively.

Even before the plan was complete, we began to make progress toward achieving the regional goals it defines. We've successfully rolled out daily safety huddles at the unit level across our acute care sites.

The huddles allow staff to identify and address any safety risks that may impact patients or themselves, which in turn helps promote a culture of safety, reporting and continuous improvement across the Winnipeg Health Region, and provide higher quality care.

Much of the work outlined in the plan is dependent on our ability to recruit, train and retain staff. One initiative that has been successful in helping us do this is the Uncertified Home Care Attendant training program. In early 2023, we began offering the four-week paid training program with the goal of educating and hiring 300 new home care staff, and have already begun to see reductions in home care visit cancellations and the home care staff vacancy rate.

Improving access to and the quality of home care services is one part of our work to support the Manitoba Seniors and Long-term Care Strategy, the goal of which is to ensure everyone in our community can age well. An excellent example of where this is already happening in our long-term care sector is at Park Manor Care Home. One staff member recently marked 50 years of service working at the home, and I was honoured to join a birthday celebration for eight centenarians ranging from 100 to 110 years old. It's clear that Park Manor is providing a great environment for both staff and residents, and as a result, they are able to enjoy a great quality of life, no matter their age.

On their own, none of these initiatives will solve the issues we're facing. Many of these issues are complicated and challenging and require a collective effort across the broader social system to address. However, the benefits from each initiative move us in the right direction, and we are starting to make some progress. In an effort to be open and transparent, we have launched a publicly available online dashboard where we track our progress towards our goals on a quarterly basis. This plan exists in large part as a result of your advice and guidance, and the dashboard supports our accountability to you as we work to implement it.

I would like to extend my thanks to the executive and senior leadership teams who have worked tirelessly to guide our organization and sites through the past year. We have had a number of new team members join us and I would like to welcome Tara-Lee Procter, who was appointed Regional Lead, Health Services – Community and Continuing Care, and thank Gina Trinidad for her contributions in the role. I'd also like to welcome Carrie Fruehm, Rachel Ferguson and Ray Sanchez, who were appointed Chief Operating Officers of Concordia Hospital, Grace Hospital and Victoria Hospital, respectively.

I would like to acknowledge and thank our Board of Directors, whose invaluable efforts and guidance have helped us navigate the challenges of the past year. I'd also like to welcome Dr. Netha Dyck as the Chair of the Board and thank Pat Solman for her work as the outgoing Chair.

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 achieving our goal to provide the best health services to every person we serve.

Sincerely,

A handwritten signature in black ink, appearing to read 'MN', with a stylized flourish at the end.

Mike Nader
President & CEO, WRHA

Message du président-directeur général

Les dernières années ont réservé leur lot de défis au réseau manitobain de la santé, avec les changements et le stress qu'on a connus.

Tout au long du dernier exercice, nous avons tenté de définir la direction que nous voulons prendre à partir de maintenant. Pendant 18 mois, nous avons parlé à des milliers de personnes, notamment des représentants d'organismes communautaires et des partenaires de la prestation de services, de même que des membres du personnel, des patients, des bénéficiaires, des résidents et des membres du public, afin de recueillir leurs commentaires et leurs idées sur ce qui est le plus important pour eux et sur la façon dont nous pourrions améliorer nos services.

Nous avons donc élaboré un plan qui reflète ce que nous avons entendu : nous investirons dans chaque membre de l'équipe, nous l'écouterons et nous lui donnerons les moyens d'être en meilleure santé possible et de donner son plein rendement; nous offrirons systématiquement des soins de la meilleure qualité; nous mettrons en place un réseau de santé efficace et efficient dès maintenant et pour les générations à venir; nous aiderons chacun de nos bénéficiaires à réaliser tout son potentiel en matière de santé et de bien-être. Notre plan stratégique nous servira de feuille de route pour les cinq prochaines années, alors que nous nous acquitterons de notre mission, à savoir offrir les meilleurs services de santé possible à chacun de nos bénéficiaires, et concrétiser notre vision de

gens en bonne santé, de collectivités épanouies et de partenariats au chapitre des soins.

Bien entendu, les difficultés ne se sont pas évaporées du jour au lendemain durant l'élaboration de notre nouveau plan stratégique. Tout au long de l'année, nous avons accompli un travail considérable pour résoudre les problèmes particulièrement préoccupants. Nous avons poursuivi notre collaboration avec le Groupe de travail provincial sur le rétablissement des services chirurgicaux et diagnostiques pour la mise en œuvre de stratégies visant à rattraper nos retards. Nous avons réussi à augmenter le nombre d'interventions réalisées, ce qui a contribué à réduire ou éliminer les délais d'attente pour un certain nombre d'interventions. Nous poursuivons toujours nos efforts d'amélioration de l'accès aux soins et du cheminement dans le réseau. Même si nous n'avons pas encore obtenu les résultats souhaités, nous avons réduit depuis le début de ce travail, et d'une année à l'autre, les délais d'attente au 90e percentile des services d'urgence. Nous avons également étudié la question du transfert de patients hospitalisés vers la collectivité, et augmenté le nombre de congés chez ceux qui subissaient une hospitalisation prolongée.

Nous nous sommes également efforcés de renseigner les gens de façon à les orienter vers l'endroit qui convient le mieux à leurs besoins, et à diminuer les pressions exercées sur les services d'urgence et de soins

d'urgence mineure. À l'automne 2022, nous avons commencé à afficher des renseignements sur lessoinsvoulus.ca à propos des délais d'attente aux cliniques de soins de continuité sans rendez-vous, en plus d'établir un partenariat avec medimap.ca pour l'ajout des délais d'attente à d'autres cliniques sans rendez-vous de la région. La page d'accueil de lessoinsvoulus.ca a été consultée plus de 1 700 000 fois d'octobre 2022 à mars 2023. Les pages sur les délais d'attente aux cliniques sans rendez-vous ont été consultées 300 000 fois et celles sur les délais d'attente aux cliniques sans rendez-vous de soins de continuité 120 000 fois.

Nous avons commencé à progresser dans la réalisation des objectifs régionaux du plan avant même d'avoir fini de l'élaborer. Nous avons réussi à organiser des réunions quotidiennes relatives à la sécurité à l'échelle des services de tous nos établissements de soins actifs. Ces réunions permettent aux membres du personnel de détecter et d'éliminer tout risque pour leur propre sécurité ou celle des patients. Par conséquent, cette démarche contribue à la promotion d'une culture axée sur la sécurité, le signalement et l'amélioration constante, et ce, dans toute la région sanitaire de Winnipeg, ce qui permettra d'améliorer la qualité des soins.

Une grande partie du travail décrit dans le plan dépend de notre capacité à recruter, former et retenir le personnel. Le programme de formation de préposés des soins à domicile non agréés a favorisé cette capacité. Au début de l'année 2023, nous avons commencé à proposer ce programme de formation rémunérée de quatre semaines, en vue de former et d'embaucher 300 nouveaux préposés aux soins à domicile. Nous avons déjà commencé à constater une réduction des annulations de visite et du taux de postes vacants de ces préposés.

L'amélioration de l'accès aux services de soins à domicile et de leur qualité fait partie de notre travail de soutien de la Stratégie provinciale pour les aînés et les soins de longue durée, dont l'objectif est de faire en sorte que notre collectivité soit un endroit où bien vieillir pour tous. Le Park Manor Care Home est un excellent exemple de ce qui se passe déjà dans le secteur des soins de longue durée. Un membre du personnel a récemment fêté ses 50 années de service au sein de l'établissement, et j'ai eu l'honneur de participer à une célébration d'anniversaire pour huit centenaires de 100 à 110 ans. On peut en déduire que Park Manor constitue un milieu de travail et un milieu de vie qui procure au personnel et aux résidents de tout âge une excellente qualité de vie.

Aucun de ces projets ne résoudra nos problèmes à lui seul. Nombre d'entre eux sont compliqués et difficiles à résoudre et nécessitent un effort collectif de la part de tous les membres du réseau social. Toutefois, les avantages offerts par chaque projet nous permettent de réaliser des progrès et de rester sur la bonne voie. Dans un souci d'ouverture et de transparence, nous avons conçu un tableau de bord en ligne accessible au public, afin de procéder à un suivi trimestriel des progrès accomplis dans la réalisation de nos objectifs. Ce sont en grande partie vos points de vue et vos orientations qui ont inspiré le plan, et le tableau de bord nous permet de vous rendre compte des efforts que nous déployons pour le mettre en œuvre.

Je tiens à remercier l'équipe de direction et les cadres supérieurs qui ont œuvré sans compter à l'orientation de notre organisme et de nos établissements au cours de l'année qui vient de s'écouler. Plusieurs nouveaux membres se sont joints à notre équipe et j'aimerais souhaiter la bienvenue à Mme Tara-Lee Procter, nommée responsable


régionale des services de santé pour les soins communautaires et de longue durée, et remercier Mme Gina Trinidad pour sa contribution à ce poste. Je souhaite également la bienvenue à Mme Carrie Fruehm, Mme Rachel Ferguson et M. Ray Sanchez, nommés chefs des opérations à l'Hôpital Concordia, l'Hôpital Grace et l'Hôpital Victoria, respectivement.

Je veux remercier notre conseil d'administration, dont l'orientation et les efforts inestimables nous ont aidés à relever les défis de l'année dernière. J'aimerais également souhaiter la bienvenue à la Dre Netha Dyck à titre de présidente du conseil d'administration, et remercier Mme Pat Solman pour ses services à titre de présidente sortante.

Enfin, je tiens à saluer l'ensemble du personnel et des médecins de la région, dont le dévouement envers leurs tâches et nos bénéficiaires a été essentiel à l'atteinte de notre objectif, qui est d'offrir les meilleurs services de santé possible à chacun de nos bénéficiaires.

Je vous prie d'agréer mes salutations distinguées.

Le président-directeur général de l'ORSW.

A handwritten signature in black ink, appearing to read 'M. Nader', with a stylized, cursive script.

Mike Nader

Message from Board the Chair

The WRHA Board focused its efforts this past year in making improvements in how care is delivered to our community and in developing a new strategic plan that will guide us through the next five years.

I would like to thank all staff, managers and the WRHA executive and senior leadership teams for their continued exceptional work and dedication throughout this past year. Your valued skills, knowledge and commitment have been crucial to ensuring we can keep our community safe and healthy during an incredibly demanding time.

Our key priority for those we serve continues to be access to care, including Emergency and Urgent Care wait times and surgical and diagnostic testing backlogs.

The WRHA Board and WRHA Executive and Senior Leadership teams worked diligently over the past year to address the barriers and make progress in improving access to care. We are also strongly focused on building relationships and working in partnership with First Nations, Inuit, Métis Peoples to create a culturally safe environment in which Indigenous patients, clients, residents, staff and community members can thrive.

Our new strategic plan for 2023-28 focuses on how we will continue to improve in the areas that are most important to you. We engaged extensively with the public, staff, partners and stakeholders to listen, learn and ensure our plan was informed by those perspectives. Our mission is to deliver the best health services to every person we serve. Our strategic plan will guide us through the work of improving our organization, our partnerships and our delivery of quality health services. It will enable us to achieve our vision of healthy people, thriving communities and partners in care.



I would also like to extend a particular acknowledgement to our current and outgoing Board members for their contributions and invaluable service. Our current Board members are Adekunle Ajisebutu, Julie Bubnick, Dr. Glen Drobot, Vanessa Everett, Frank Koch-Schulte, Brenda McInnes, Dr. Scott Mundle, Jeff Neufeld, Patricia Ramage, Mark Stewart and Carole Urias. The outgoing members in 2022-23 included Pat Solman (Chair), Bill Baines, Dawn Daudrich, Jennifer Moncrieff and Lauren Stone.

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,

A handwritten signature in black ink that reads "Netha Dyck". The script is cursive and fluid, with the first name "Netha" and last name "Dyck" clearly distinguishable.

Dr. Netha Dyck
Chair, WRHA Board of Directors

Message de la présidente du conseil d'administration

L'an dernier, le conseil d'administration de l'ORSW s'est efforcé d'améliorer l'offre de soins à la collectivité, et d'élaborer un nouveau plan stratégique qui nous guidera au cours des cinq prochaines années.

Je voudrais remercier tout le personnel, les gestionnaires, les cadres et les équipes de direction de l'ORSW pour leur travail exceptionnel et leur dévouement durant l'année qui vient de s'écouler. Nous n'aurions pu nous passer de vos compétences, de vos connaissances et de votre engagement pour assurer la sécurité et la santé des membres de notre collectivité durant une période qui s'est avérée extrêmement exigeante.

Nous continuons d'accorder la priorité à l'accès aux soins pour nos bénéficiaires, ce qui comprend la réduction des délais d'attente aux services d'urgence et de soins d'urgence mineure, de même que des retards au chapitre des interventions chirurgicales et des examens diagnostiques.

Le conseil d'administration de l'ORSW de même que ses cadres supérieurs et ses équipes de direction se sont vraiment efforcés d'éliminer les obstacles à l'accès aux soins, et de réaliser des progrès à cet égard. L'établissement de bonnes relations et de partenariats avec les Premières Nations, les Inuits et les Métis fait également partie de nos priorités, en vue de créer un milieu

adapté à la réalité culturelle dans lequel les patients, les bénéficiaires, les résidents, le personnel et les membres autochtones de la collectivité puissent s'épanouir.

Notre nouveau plan stratégique pour 2023 à 2028 met l'accent sur les mesures qui nous permettront de nous améliorer dans les domaines qui sont les plus importants pour vous. Nous avons abondamment consulté le public, le personnel, nos partenaires et des parties prenantes de façon à les écouter et à apprendre d'eux, et nous assurer d'élaborer un plan éclairé par leurs points de vue. Nous avons pour mission d'offrir les meilleurs services de santé possible à chacun de nos bénéficiaires. Notre plan stratégique nous guidera dans l'amélioration de notre organisme, de nos partenariats et de notre prestation de services de santé de qualité. Il nous permettra de concrétiser notre vision de gens en bonne santé, de collectivités épanouies et de partenariats au chapitre des soins.

Je tiens également à remercier tout particulièrement les membres actuels et sortants du conseil d'administration pour leurs contributions et leurs services inestimables. Les membres actuels du conseil sont M. Adekunle Ajisebutu, Mme Julie Bubnick, le Dr Glen Drobot, Mme Vanessa Everett, M. Frank Koch-Schulte, Mme Brenda McInnes, le Dr Scott Mundle, M.

Jeff Neufeld, Mme Patricia Ramage, M. Mark Stewart et Mme Carole Urias. Les membres sortants en 2022-2023 sont Mme Pat Solman (présidente), M. Bill Baines, Mme Dawn Daudrich, Mme Jennifer Moncrieff et Mme Lauren Stone.

Je veux aussi remercier notre collectivité pour son appui constant. L'ORSW et son conseil d'administration continueront de faire tout en leur pouvoir pour veiller à ce que tous ses bénéficiaires puissent accéder à des soins sûrs et de grande qualité, à l'endroit et au moment où ils en ont besoin.

Je vous prie d'agréer mes salutations distinguées.

La présidente du conseil d'administration de l'ORSW,

A handwritten signature in black ink that reads "Netha Dyck". The script is cursive and fluid.

Netha Dyck, MD

Board Members

ADENKUNLE AJISEBUTU

Appointed June 2022

BILL BAINES

Term ended March 31, 2023

JULIE BUBNICK

Appointed June 2022

DAWN DAUDRICH

Term ended March 31, 2023

GLEN DROBOT

Medical Staff

NETHA DYCK

Appointed Vice Chair March 2022

Appointed Chair April 2023

VANESSA EVERETT

Appointed June 2022

FRANK KOCH-SCHULTE

Board member since May 2020

BRENDA MCINNES

Appointed March 2022

JENNIFER MONCRIEFF

Term ended March 2023

SCOTT MUNDLE

Board member since April 2021

JEFF NEUFELD

Appointed March 2023

PATRICIA RAMAGE

Appointed March 2022

PAT SOLMAN

Chair, resigned February 2023

MARK STEWART

Appointed November 2022

LAUREN STONE

Resigned February 2023

CAROLE URIAS

Appointed March 2022

For more information about the WRHA Board of Directors, including biographies, please visit wrha.mb.ca/about/board/members.

2023–28 Strategic Plan

Our Mission

WE PROVIDE THE BEST HEALTH CARE TO EVERY PERSON WE SERVE.

Our Vision

HEALTHY PEOPLE. THRIVING COMMUNITIES. PARTNERS IN CARE.

Our Values

COMPASSION

We listen first, and offer respect, kindness and empathy to find the best ways to help.

COLLABORATION

We work together from the start as diverse teams and communities to make better health and well-being possible for everyone.

INCLUSIVITY

We recognize, respect and learn from the unique needs and contributions of every person in our community.

ACCOUNTABILITY

We hold ourselves and others responsible for actions and results.

INTEGRITY

We demonstrate honesty and transparency in everything we say and do.

EQUITY

We work together to promote conditions and remove barriers so every person can achieve their full health potential.

Our Priorities & Goals

OUR TEAM

Invest in, listen to and empower every team member to achieve their best health and performance.

OUR CARE

Consistently provide the highest quality care experience anywhere.

OUR SYSTEM

Deliver an effective and efficient healthcare system today and for generations to come.

FOR ALL

Support everyone we serve in achieving their full health and well-being potential.

For more information about the WRHA 2023–28 Strategic Plan, please visit wrha.mb.ca/theplan.

Overview

From the beginning of the planning process for the 2023-28 Strategic Plan, we recognized that the key to its success would be involving the people we work with and serve in determining our priorities and goals. This plan demonstrates our commitment to collaborating and supporting one another, as well as our community.

In a successful healthcare system, every individual's voice matters. As a means of being transparent and accountable to our community, the Winnipeg Regional Health Authority has created a landing page showcasing key performance indicators (KPIs) and notable achievements in line with our 2023-28 Strategic Plan.

Our commitment is to provide quarterly progress updates through a publicly accessible dashboard. We highly value your feedback on the data and stories shared, and encourage you to attend our public town halls. By working together effectively, we can put the strategic plan into action.

Outcomes

These are our priorities for the next five years as defined by the community, aimed at creating a healthier and stronger healthcare system.

Our dashboard will include six KPIs that will act as a tool to track progress over the five-year period covered by the strategic plan. These metrics will be updated every quarter with the latest data.

- **OUR TEAM**
 - **OUR CARE**
 - **OUR SYSTEM**
 - **FOR ALL**
-

Drivers

Every year, our senior executive team creates regional goals for their portfolio areas that are in line with strategic priorities. These regional goals are used to make annual operating plans, which are jointly developed by every service partner and facility in the region to ensure a coordinated and aligned approach.

As we achieve our milestones, we will publish updates referred to as "narratives." These narratives will provide a deeper understanding of the story behind the numbers and highlight the initiatives in the region that contribute to improved performance.

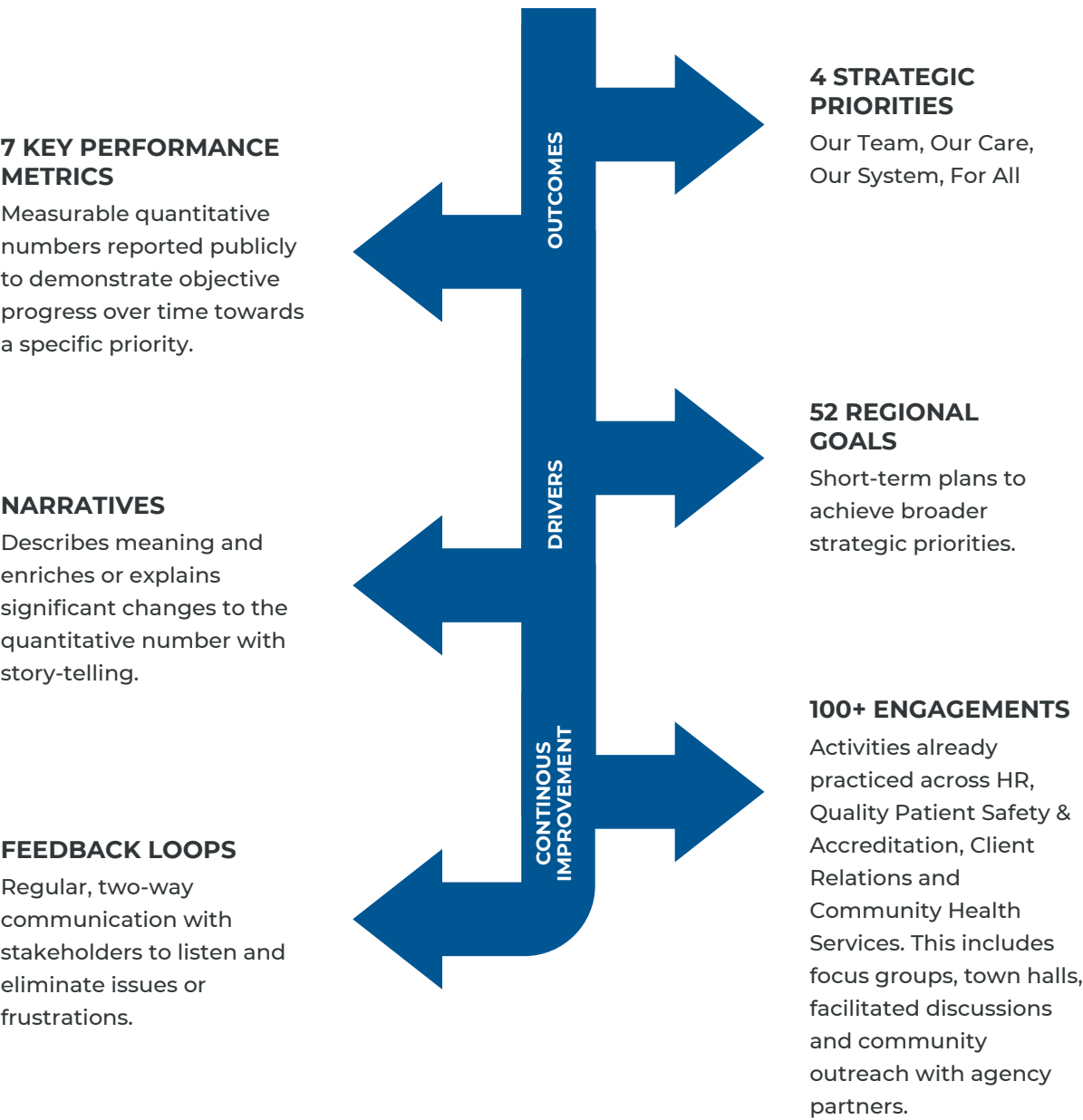
12
**SERVICE AREA / FACILITY
ANNUAL OPERATING PLANS**

57
REGIONAL GOALS

Continuous Improvement

To solve the complicated challenges facing healthcare in a post-pandemic era, people must be at the centre of problem-solving. When we strive for targets such as reduced hiring and operational costs, improved trust with our community and growth in access to programs and services, we are an organization that listens and encourages engagement with stakeholders—employees, patients and the public—to participate in the decision-making process.

Every interaction our employees, patients and the public have with our healthcare system tells us something about their expectations. For us to continuously improve care delivery, we must intentionally create ways to listen to what they tell us about their experiences. These feedback loops point to issues that need our attention to ensure we deliver on our promise to provide the best health care to every person we 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, 2022.

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 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 Sciences 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 are not included in the WRHA report.

If you have any questions, please contact me at (204) 806-5238 or cvonschindler@sharedhealthmb.ca.



CHRISTINA VON SCHINDLER
Chief Privacy Officer, Shared Health

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 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 2022/23:

<p>The number of disclosures received, and the number acted on and not acted on.</p>	<ul style="list-style-type: none"> • One disclosure was received through management and assessed. It referred to a non-devolved organization with their own governance body and an official investigation already started. Therefore, no grounds for opening a parallel whistleblower investigation at WRHA. • Another disclosure has been received from a former employee that was dismissed under the allegation that it happened when the individual requested access to certain information. However, upon preliminary investigation with HR, it was observed that the employee was undergoing performance issues, ultimate reason for the denial of access and subsequent dismissal. No grounds for opening a formal whistleblower investigation.
<p><i>Paragraph 18(2)(a)</i></p>	<ul style="list-style-type: none"> • A disclosure was received and assessed in discussion with hospital leadership of a non-devolved organization. It was related to a situation to be dealt with under the Respectful Workplace Policy, so it was referred to the Director of HR at the corresponding facility. Not entitled to a whistleblower case. • A disclosure was received alleging personal misconduct. The case was referred to HR, who immediately communicated with the individual under potential misconduct, and have the situation addressed. No further investigation was required.
<p>The number of investigations commenced as a result of a disclosure.</p>	<p>NIL</p>
<p><i>Paragraph 18(2)(b)</i></p> <p>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.</p>	<p>NIL</p>
<p><i>Paragraph 18(2)(c)</i></p>	

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.

Current ERM priority areas for the WRHA include:

- Clinical Consolidation, Clinical Services Preventative Plan (CPSP) & Transformation;
- 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; and
- 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:

1. is serious and undesired, such as death, disability, injury or harm, an unplanned admission to hospital or unusual extension of a hospital stay, and
2. 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

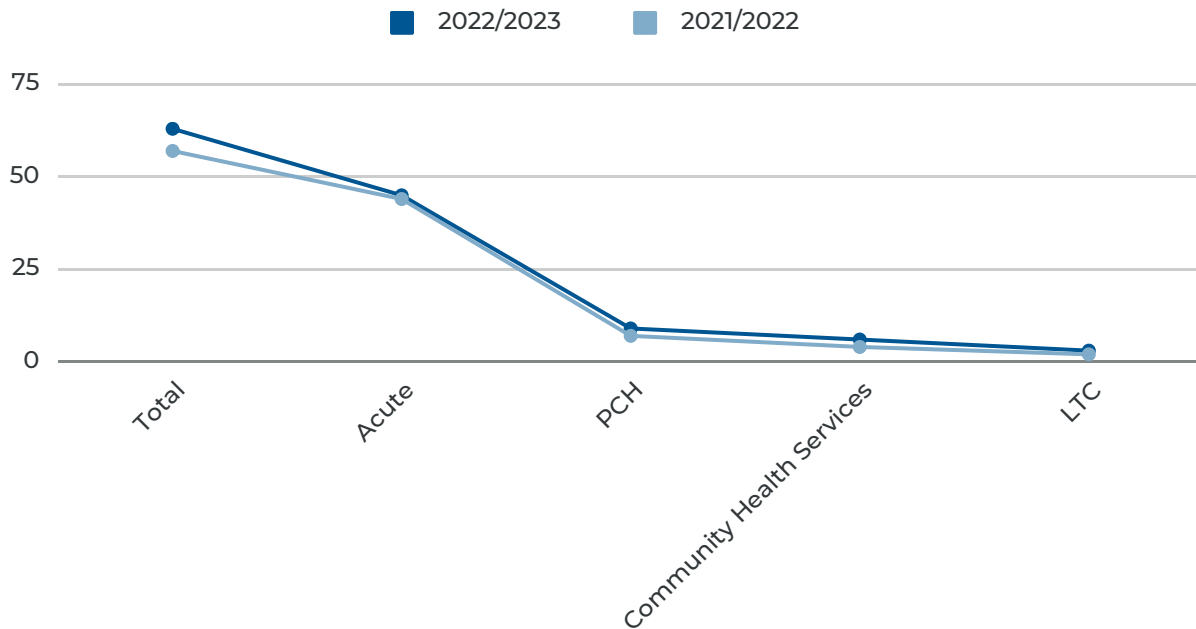
transparency, which includes providing support to those reporting events and disclosure with patients and their families when a critical incident occurs.

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.

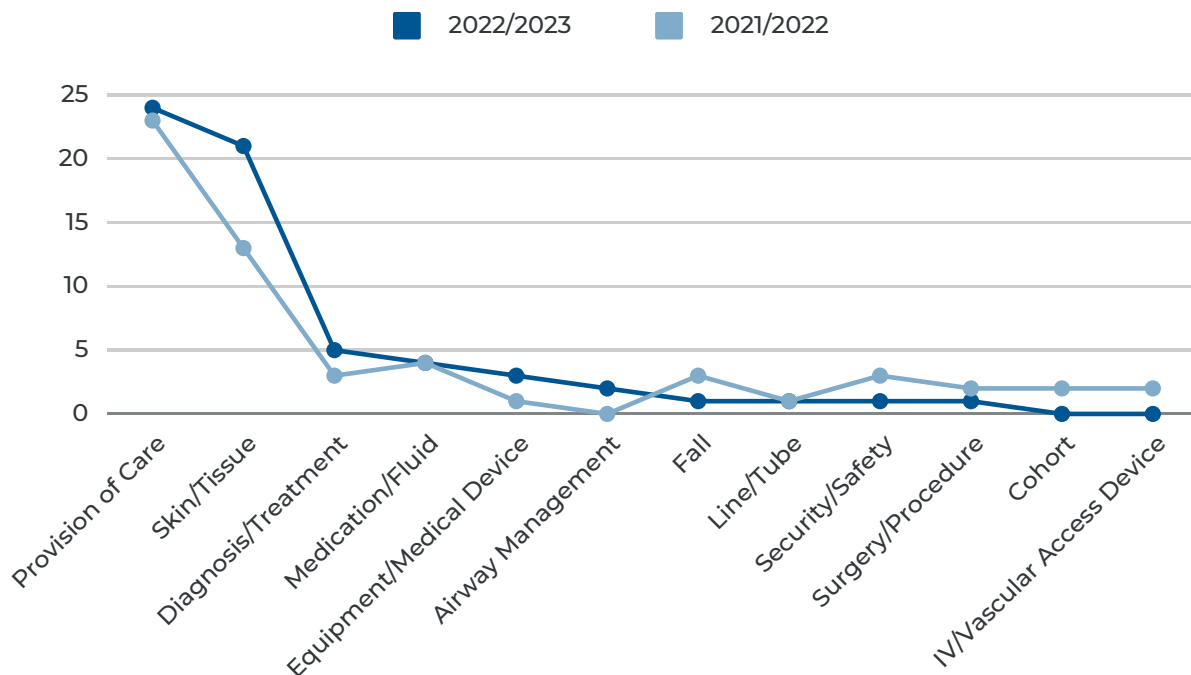
We understand that although serious, a critical incident is an opportunity for learning. A comprehensive review of a critical incident may include information from the patient medical record, professional literature, interviews with health-care providers and experts and meetings with the patient and 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 2021/22 and 2022/23.

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 healthcare services.

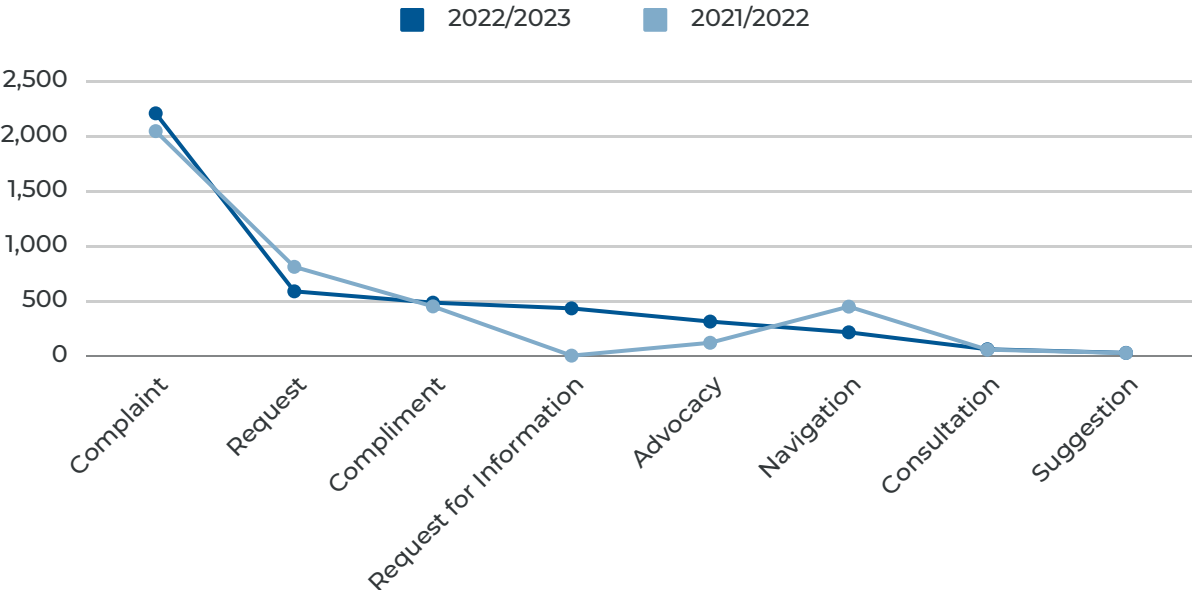
The client relations team receives feedback from the public in the form of compliments,

complaints and suggestions for improvement. With recent and planned changes to healthcare 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.

Number and Classification of Calls to Client Relations

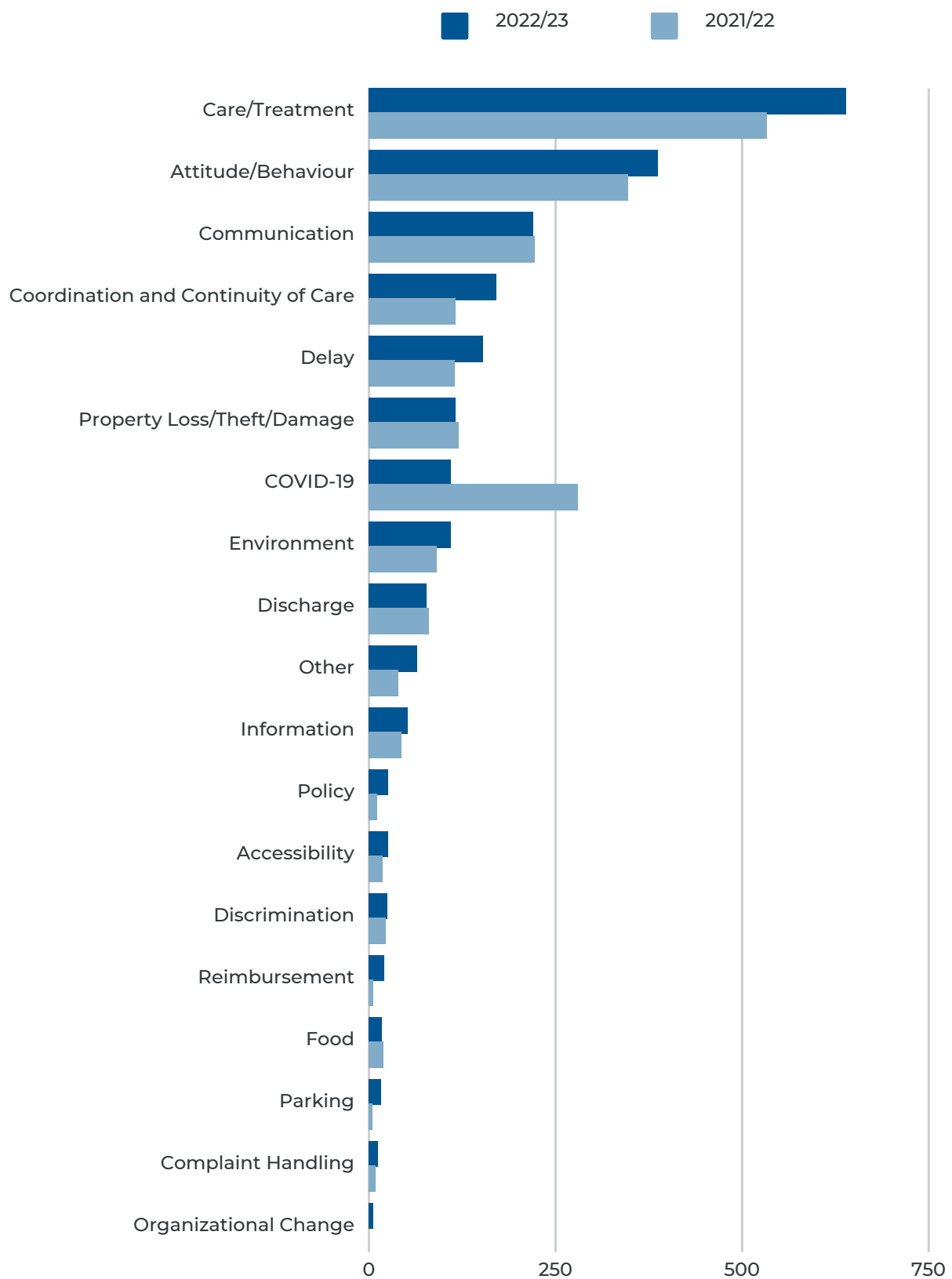
GROUPED BY CLASSIFICATION



Note: A new category of "requests for information" were added at the end of March 2022. These are calls to client relations that are resolved within a single point of contact.

Number and Type of Complaint

GROUPED BY CATEGORY



Number of Complaints by Program

GROUPED BY PROGRAM

Program	2022/23	2021/22
Emergency/Urgent Care	612	527
Surgery	223	261
Home Care	196	60
Family Medicine	188	263
Medicine	179	163
Cardiac Sciences	123	112
Long Term Care	118	131
Unsure	96	100
Adult Mental Health	75	42
Facility Management	71	40
Diagnostic Imaging	56	58
None	51	59
Rehab/Geriatrics	49	39
Primary Care	32	25
Manitoba Renal	27	19
Women's Health	19	41
Security	19	12
Critical Care	13	18
Finance	12	2
Health Information	11	12
Palliative Care	10	8
External Agency	7	11
Population & Public Health	6	19
Food Services	4	10
Respiratory Therapy	2	0
Pharmacy	2	0
Oncology	2	0
Infection Prevention & Control	2	1
Anaesthesia	2	6
Capital Planning	1	0
Ethics	1	0
Psychology	0	2
Patient Transport	0	2
Indigenous Health	0	1
Human Resources	0	1
Child Health	0	2

Statistics

Urgent Care Visits					
	2022/23	2021/22	2020/21	2019/20	2018/19
Victoria Urgent Care	40,787	39,833	36,843	43,425	42,528
Concordia Urgent Care	28,865	27,965	27,076	26,501	N/A
Seven Oaks Urgent Care	37,749	34,467	34,538	26,438	N/A
Pan Am Minor Injury Clinic	48,961	50,666	41,686	56,093	57,039
Total	156,362	152,931	140,143	152,457	99,567

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 Jun 3, 2019, Concordia emergency department converted to an urgent care centre.

³ As of Jul 22, 2019, Seven Oaks emergency department converted to an urgent care centre.

Home Care Clients Receiving Services					
	2022/23	2021/22	2020/21	2019/20	2018/19
Number of clients receiving services¹	18,480	18,418	18,029	18,411	16,127

Source: WRHA home care program.

¹ Excludes clients under assessment but not yet receiving services: 2022/23 = 870; 2021/22 = 920; 2020/21 = 746; 2019/20 = 506; 2018/19 = 422; 2017/18

Births ¹					
	2022/23	2021/22	2020/21	2019/20	2018/19
Births (Including Stillbirths) – St. Boniface Hospital	4,341	4,813	4,669	5,759	5,651
Home Birth Midwife	37	41	48	32	33
Ode'imín (Birth Centre)	178	218	296	233	242
Total Births	4,556	5,072	5,013	6,024	5,926

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					
	2022/23	2021/22	2020/21	2019/20	2018/19
Deliveries by Physician – St. Boniface Hospital	4,316	4,730	4,599	5,591	5,504
Deliveries by Midwife – St. Boniface Hospital	130	71	50	46	55
Total Deliveries	4,446	4,801	4,649	5,637	5,559

Source: DAD

¹ Deliveries represent the number vaginal deliveries and cesarean sections in hospital.

MAIN OPERATING ROOM (OR) SURGICAL CASES¹

Inpatient					
	2022/23	2021/22	2020/21	2019/20	2018/19
WRHA Acute Sites	12,980	11,572	11,138	13,807	14,073
MHC	156	163	187	182	188
Pan Am Clinic	-	-	-	-	-
Total	13,136	11,735	11,325	13,989	14,261
Day Surgery					
	2022/23	2021/22	2020/21	2019/20	2018/19
WRHA Acute Sites	13,384	10,347	9,689	12,856	14,351
MHC	11,375	7,215	8,414	13,553	11,614
Pan Am Clinic	3,699	2,924	3,240	3,490	3,350
Total	28,458	20,486	21,343	29,899	29,315
Total					
	2022/23	2021/22	2020/21	2019/20	2018/19
WRHA Acute Sites	26,364	21,919	20,827	26,663	28,424
MHC	11,531	7,378	8,601	13,735	11,802
Pan Am Clinic	3,699	2,924	3,240	3,490	3,350
Total	41,594	32,221	32,668	43,888	43,576

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					
	2022/23	2021/22	2020/21	2019/20	2018/19
Therapeutic Interventions on the Heart and Related Structures, excluding Coronary Artery Bypass Graft (CABG) ¹	2,454	2,498	2,127	2,396	2,208
CABG ¹	502	447	446	530	498
Joint Surgery:					
WRHA Hip Replacements ²	1,592	1,652	1,585	1,919	1,786
WRHA Knee Replacements ³	1,733	1,555	1,578	2,273	2,196
Cataract Adults – Misericordia Health Centre	6,516	5,474	6,673	10,941	9,564
WRHA Pediatric Dental (Includes Churchill)	868	586	567	1050	993

¹ Source from DAD

² Sourced from SIMS via WRHA Surgery Program. Includes primary, hemi and revisions.

³ Sourced from SIMS via WRHA Surgery Program. Includes primary and revisions.

Total Number of Residents in Personal Care Homes (PCH)					
	2022/23	2021/22	2020/21	2019/20	2018/19
Winnipeg PCH in Riverview Health Centre and Deer Lodge Centre	415	465	465	435	449
Winnipeg Non-Proprietary PCH	2,992	2,911	2,905	3,007	2,967
Winnipeg Proprietary PCH	1,714	1,764	1,887	1,965	1,895
Rural Proprietary PCH ¹	359	361	364	367	367
Total	5,480	5,501	5,621	5,774	5,678

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 SERVICES PROVIDED THROUGH THE PROVINCIAL HEALTH CONTACT CENTRE (PHCC)¹

Note: 2022/23 data is not available due to a technology update. Data will be available again for the next annual reporting process.

	Inpatient				
	2022/23	2021/22	2020/21	2019/20	2018/19
Health Links–Info Santé² (Client Calls Answered Live)	N/A	612,431	359,110	91,146	94,223
Health Links–Info Santé (Outbound Calls)³	N/A	65,336	-	5,815	1,254
Left But Not Seen⁴ (Follow-up Contacts)	N/A	N/A	-	3,437	2,167
After Hours Central Intake Program⁵ (Client Calls Answered Live)	N/A	172,082	135,115	153,875	134,761
After Hours Central Intake Program (Outbound Calls)	N/A	222,745	175,640	212,055	202,876
TeleCARE TélésOINS Manitoba⁶ (Client Calls Answered Live)	N/A	-	-	532	548
TeleCARE TélésOINS Manitoba (Outbound Calls)	N/A	-	-	6,743	9,184
Dial-a-Dietitian⁷ (Client Calls Answered Live)	N/A	-	-	1,332	1,411
Dial-a-Dietitian (Outbound Calls)	N/A	-	-	682	656
Triple P Positive Parenting Program⁸ (Client Calls Answered Live)	N/A	-	58	347	323
Triple P Positive Parenting Program (Outbound Calls)	N/A	-	163	748	865

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 eg. - 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:

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

WRHA HOSPITAL STATISTICS (HSC REMOVED FROM ALL YEARS)

Total WRHA					
Key Statistic	2022/23	2021/22	2020/21	2019/20	2018/19
Number of Beds ¹	2,244	2,244	2,274	2,265	2,292
Average Occupancy ²	94.58%	91.37%	85.31%	93.26%	91.89%
Emergency Department/Urgent Care Visits ³	179,393	178,962	173,281	199,066	195,148
Emergency Department/Urgent Care Visits Admitted ³	19,337	19,384	19,658	21,925	22,876
(%)	(10.7%)	(10.83%)	(11.34%)	(11.01%)	(11.72%)
Left Without Being Seen ³	19,942	14,995	6,126	12,981	9,617
(%)	(11.0%)	(8.37%)	(3.51%)	(6.52%)	(4.93%)
Total Number of Inpatient Discharges ^{4,9}	39,528	39,281	38,724	45,001	45,438
Average Length of Stay (LOS) ^{4,9}	10.09	9.91	9.22	9.11	8.88
Total Number of Day Surgery Cases ^{4,9}	41,010	33,611	33,260	40,732	41,879
Percentage of Alternate Level of Care (ALC) Days ^{4,9}	8.98%	7.44%	6.78%	8.30%	9.30%
Acute LOS: Expected Length of Stay (ELOS) Ratio ^{4,11}	1.26	1.17	1.16	1.20	1.17
Hospital Standardized Mortality Ratio ⁵	104	111	111	105	109
Hospital Readmission Rate Within 30 Days of Discharge ⁷	7.2%	7.9%	8.6%	8.7%	8.9%
Clostridium Difficile Rate (per 10,000 pt days) ⁸	2.43	1.81	2.64	1.72	2.13
Methicillin-Resistant Staphylococcus Aureus (MRSA) Rate (per 10,000 pt days) ⁸	see note 8	see note 8	3.68	3.70	5.06
Methicillin-Resistant Staphylococcus Aureus (MRSA) Infection Rate (per 10,000 pt days) ⁸	1.10	1.06	2.35	2.28	4.90

St. Boniface Hospital					
Key Statistic	2022/23	2021/22	2020/21	2019/20	2018/19
Number of Beds ¹	464	464	473	447	458
Average Occupancy ²	91.68%	90.67%	83.08%	92.62%	91.57%
Emergency Department Visits ³	40,783	42,333	41,961	46,920	48,266
Emergency Department Visits Admitted ³	9,175	9,420	9,507	9,715	9,053
(%)	(22.5%)	(22.25%)	(22.66%)	(20.71%)	(18.76%)
Left Without Being Seen ³	5,244	4,364	1,711	3,130	2,329
(%)	(12.9%)	(10.31%)	(4.08%)	(6.67%)	(4.83%)
Total Number of Inpatient Discharges ⁴	19,835	20,281	20,171	23,218	22,469
Average LOS ⁴	7.67	7.29	6.71	6.64	6.61
Total Number of Day Surgery Cases ⁴	14,121	12,664	11,431	13,586	12,932
Percentage of Alternate Level of Care (ALC) Days ⁴	2.78%	2.13%	2.67%	3.83%	5.47%
ALOS: ELOS Ratio ⁴	1.10	1.10	1.10	1.10	1.07
Hospital Standardized Mortality Ratio ⁵	126	122	120	110	104
Hospital Readmission Rate Within 30 Days of Discharge ⁷	7.4%	7.7%	8.8%	9.2%	9.1%
Clostridium Difficile Rate (per 10,000 pt days) ⁸	3.45	1.91	3.07	2.54	2.83
MRSA Rate (per 10,000 pt days) ⁸	see note 8	see note 8	3.93	3.60	5.54
MRSA Infection Rate (per 10,000 pt days) ⁸	2.24	0.86	2.27	1.77	3.63

Concordia Hospital					
Key Statistic	2022/23	2021/22	2020/21	2019/20	2018/19
Number of Beds¹	164	164	176	192	183
Average Occupancy²	99.00%	92.90%	85.33%	91.09%	92.82%
Emergency Department Visits³	N/A	N/A	N/A	4,975	28,011
Emergency Department Visits Admitted³	N/A	N/A	N/A	583	3,805
(%)	-	-	-	(11.72%)	(13.58%)
Emergency Department Left Without Being Seen³	N/A	N/A	N/A	365	1,820
(%)	-	-	-	(7.34%)	(6.5%)
Urgent Care Visits^{3,10}	28,865	27,965	27,076	26,501	N/A
Urgent Care Visits Admitted^{3,10}	1,951	1,709	1,785	1,755	N/A
(%)	(6.8%)	(6.11%)	(6.59%)	(6.62%)	-
Urgent Care Left Without Being Seen^{3,10}	3,378	2,210	939	1,922	N/A
(%)	(11.7%)	(7.9%)	(3.47%)	(7.25%)	-
Total Number of Inpatient Discharges⁴	5,780	5,192	5,020	6,016	6,857
Average LOS⁴	10.19	10.98	10.25	10.21	8.93
Total Number of Day Surgery Cases⁴	3,902	2,758	3,322	4,308	4,437
Percentage of Alternate Level of Care (ALC) Days⁴	11.14%	12.20%	13.44%	10.96%	7.38%
ALOS: ELOS Ratio⁴	1.25	1.27	1.30	1.28	1.22
Hospital Standardized Mortality Ratio⁵	68	72	83	81	110
Hospital Readmission Rate Within 30 Days of Discharge⁷	5.6%	6.9%	7.9%	8.4%	9.8%
Clostridium Difficile Rate (per 10,000 pt days)⁸	2.52	2.15	3.81	1.17	1.27
MRSA Rate (per 10,000 pt days)⁸	see note 8	see note 8	1.71	4.69	7.63
MRSA Infection Rate (per 10,000 pt days)⁸	1.01	0.18	1.14	1.17	2.23

Victoria General Hospital					
Key Statistic	2022/23	2021/22	2020/21	2019/20	2018/19
Number of Beds¹	194	194	194	194	139
Average Occupancy²	99.44%	96.20%	92.49%	98.24%	99.20%
Emergency Department Visits^{3,10}	N/A	N/A	N/A	N/A	N/A
Emergency Department Visits Admitted^{3,10}	N/A	N/A	N/A	N/A	N/A
(%)	-	-	-	-	-
Emergency Department Left Without Being Seen^{3,10}	N/A	N/A	N/A	N/A	N/A
(%)	-	-	-	-	-
Urgent Care Visits^{3,10}	40,787	39,833	36,843	43,425	42,528
Urgent Care Visits Admitted^{3,10}	1,984	1,642	1,624	1,515	739
(%)	(4.9%)	(4.12%)	(4.41%)	(3.49%)	(1.74%)
Urgent Care Left Without Being Seen^{3,10}	3,827	3,093	1,166	2,496	1,235
(%)	(9.4%)	(7.76%)	(3.16%)	(5.75%)	(2.90%)
Total Number of Inpatient Discharges⁴	2,951	2,858	2,675	2,615	1,736
Average LOS⁴	20.83	20.33	20.97	23.00	26.55
Total Number of Day Surgery Cases⁴	12,057	9,992	10,165	11,962	12,035
Percentage of Alternate Level of Care (ALC) Days⁴	13.22%	15.44%	13.22%	16.86%	23.62%
ALOS: ELOS Ratio⁴	1.39	1.29	1.29	1.41	1.25
Hospital Standardized Mortality Ratio⁵	58	93	89	82	82
Hospital Readmission Rate Within 30 Days of Discharge⁷	9.6%	10.6%	8.8%	7.7%	8.1%
Clostridium Difficile Rate (per 10,000 pt days)⁸	1.99	1.03	1.68	0.43	0.71
MRSA Rate (per 10,000 pt days)⁸	see note 8	see note 8	1.07	1.15	2.13
MRSA Infection Rate (per 10,000 pt days)⁸	1.14	0.29	0.31	0.57	0.71

Grace Hospital					
Key Statistic	2022/23	2021/22	2020/21	2019/20	2018/19
Number of Beds ¹	227	227	236	227	216
Average Occupancy ²	91.06%	88.75%	82.86%	93.91%	93.26%
Emergency Department Visits ³	31,209	34,364	32,863	39,487	37,707
Emergency Department Visits Admitted ³	4,838	5,580	5,724	6,242	5,280
(%)	(15.5%)	(16.24%)	(17.42%)	(15.81%)	(14.0%)
Left Without Being Seen ³	3,121	2,392	1,172	1,696	1,442
(%)	(10.0%)	(6.96%)	(3.57%)	(4.3%)	(3.82%)
Total Number of Inpatient Discharges ^{4,9}	8,497	8,739	8,782	10,258	8,759
Average LOS ^{4,9}	8.92	8.39	7.85	7.86	8.43
Total Number of Day Surgery Cases ^{4,9}	7,343	6,648	5,477	7,632	7,353
Percentage of Alternate Level of Care (ALC) Days ^{4,9}	4.79%	4.60%	5.17%	6.19%	7.76%
ALOS: ELOS Ratio ^{4,11}	1.26	1.20	1.16	1.16	1.20
Hospital Standardized Mortality Ratio ⁵	131	135	126	130	128
Hospital Readmission Rate Within 30 Days of Discharge ⁷	6.4%	8.2%	8.7%	8.5%	9.0%
Clostridium Difficile Rate (per 10,000 pt days) ⁸	4.01	3.35	5.29	3.54	4.5
MRSA Rate (per 10,000 pt days) ⁸	see note 8	see note 8	7.19	4.84	5.27
MRSA Infection Rate (per 10,000 pt days) ⁸	0.13	1.93	4.48	1.06	1.93

Seven Oaks General Hospital					
Key Statistic	2022/23	2021/22	2020/21	2019/20	2018/19
Number of Beds¹	208	208	208	218	308
Average Occupancy²	99.69%	98.71%	94.54%	100.11%	94.38%
Emergency Department Visits³	N/A	N/A	N/A	11,320	38,636
Emergency Department Visits Admitted³	N/A	N/A	N/A	954	3,999
(%)	-	-	-	(8.43%)	(10.35%)
Emergency Department Left Without Being Seen³	N/A	N/A	N/A	1,302	2,791
(%)	-	-	-	(11.5%)	(7.22%)
Urgent Care Visits^{3,10}	37,749	34,467	34,538	26,438	N/A
Urgent Care Visits Admitted^{3,10}	1,327	1,033	1,018	1,161	N/A
(%)	(3.5%)	(2.99%)	(2.95%)	(4.39%)	-
Urgent Care Left Without Being Seen^{3,10}	4,360	2,936	1,136	2,070	N/A
(%)	(11.5%)	(8.51%)	(3.29%)	(7.83%)	-
Total Number of Inpatient Discharges⁴	2,358	2,107	2,009	2,800	5,505
Average LOS⁴	21.02	24.05	21.80	18.95	13.27
Total Number of Day Surgery Cases⁴	3,391	1,340	2,755	3,025	4,858
Percentage of Alternate Level of Care (ALC) Days⁴	12.94%	13.63%	15.32%	12.89%	12.16%
ALOS: ELOS Ratio⁴	1.53	1.52	1.44	1.43	1.32
Hospital Standardized Mortality Ratio⁵	64	69	87	80	102
Hospital Readmission Rate Within 30 Days of Discharge⁷	11.7%	10.3%	8.6%	7.4%	7.7%
Clostridium Difficile Rate (per 10,000 pt days)⁸	0.92	1.07	0.97	0.77	2.03
MRSA Rate (per 10,000 pt days)⁸	see note 8	see note 8	3.48	4.49	5.18
MRSA Infection Rate (per 10,000 pt days)⁸	0.92	1.60	3.90	1.80	5.48

Churchill Health Centre					
Key Statistic	2022/23	2021/22	2020/21	2019/20	2018/19
Number of Beds ¹	27	27	27	27	27
Average Occupancy ⁶	16.76%	25.93%	21.82%	39.28%	35.77%
Emergency Department Visits ⁶	1,271	1,709	1,065	1,371	1,363
Emergency Department Visits Admitted ⁶	62	53	41	37	70
(%)	(4.9%)	(3.1%)	(3.85%)	(2.7%)	(5.14%)
Left Without Being Seen ⁶	12	10	2	10	4
(%)	(0.9%)	(0.59%)	(0.19%)	(0.73%)	(0.29%)
Total Number of Inpatient Discharges ⁴	107	104	67	94	112
Average LOS ⁴	9.74	7.31	22.22	6.57	7.97
Total Number of Day Surgery Cases ⁴	196	222	110	219	264
Percentage of Alternate Level of Care (ALC) Days ⁴	0%	0%	0%	0%	0%
ALOS: ELOS Ratio ⁴	1.00	0.78	0.69	1.15	0.99
Hospital Standardized Mortality Ratio ⁵	59	N/A	152	N/A	212
Hospital Readmission Rate Within 30 Days of Discharge ⁷	20.4%	26.8%	18.4%	17.1%	7.8%
Clostridium Difficile Rate (per 10,000 pt days) ⁸	N/A	N/A	N/A	N/A	N/A
MRSA Rate (per 10,000 pt days) ⁸	N/A	N/A	N/A	N/A	N/A
MRSA Infection Rate (per 10,000 pt days) ⁸	N/A	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 Deer Lodge Centre (DLC), Riverview Health Centre (RHC), Misericordia Health Centre (MHC) and Manitoba Adolescent Treatment Centre (MAT). 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 Minor Injury Clinic visits, Churchill Health Centre emergency department visits.

⁴ Source: DAD

⁵ Source: CIHI Your Health System: Insight Tool, reflecting crude (unadjusted) rates. note: Churchill low volume

⁶ Source: DSS Datamart.

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; data prior to 2021/22 includes HSC. In 2022/23, the MRSA rate per 10,000 days indicator was replaced with the MRSA infection rate per 10,000 pt days.

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

¹⁰ Emergency departments converted to urgent care centers: Victoria General Hospital (October 3, 2017); Concordia Hospital (June 3, 2019); Seven Oaks General Hospital (July 22, 2019).

¹¹ Excludes Grace Hospice.

French Language Services (FLS)

The French Language Services (FLS) mandate is to assist the WRHA in promoting and providing health services in French in accordance with WRHA FLS policies, the French-Language Services Policy of the government of Manitoba and related regulations established under the legislation governing Manitoba's regional health authorities.

WRHA bilingual employees 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. We remain committed to increasing access to French language services across the Winnipeg Health Region.

WRHA French Language Services Strategic Directions	
Our Team	FLS plays a leadership role in empowering and supporting bilingual service providers by expanding on available learning opportunities and tools.
Our Care	The impact upon the Francophone community is considered and integrated into operational decision-making, and available resources are allocated to best serve the Francophone community.
Our System	The availability of services in French is increased through recruitment and retention strategies. Efficiencies are maximized and outputs are standardized through provincially led initiatives.
For All	Enhance services to Francophones through public consultation as well as engagement with internal and external partners.

2022/23 FLS Notable Achievements

INVOLVE THE PUBLIC

- Held a consultation with the Francophone community to gather input for the development of a Strategic Engagement Plan.
-

ENHANCE PATIENT EXPERIENCE

- WRHA and Victoria Hospital formally adopted the Ottawa Declaration, which encourages health care facilities to improve their French-language services.
 - Participated in regional and provincial committees to represent Francophone health and develop strategies to enhance the delivery of services.
 - Maintained WRHA FLS Advisory Committee to provide advice and guidance on matters of policies, programs and practices involving FLS.
 - Carried out compliance monitoring over the phone to ensure Active Offer was met.
 - Partnered with Language Access to publish an internal article about language accessibility.
-

ENGAGE SERVICE PROVIDERS

- Worked with Université de Saint-Boniface's School of Nursing and Health Studies on an event where representatives from WRHA sites presented their establishment as an opportune place for students to complete their practicums.
 - Maintained a regular presence in the WRHA staff newsletter to cultivate a bilingual work environment.
 - Led conversation circles with employees to allow them to practice speaking French in a relaxed environment.
-

BUILD SUSTAINABILITY

- Leveraged external partnerships to enhance the visibility and recruitment of entry-level or difficult-to-fill bilingual positions.
 - Participated in career fairs and updated recruitment resources.
-

IMPROVE QUALITY & INTEGRATION

- Developed a strategic plan for FLS for 2023-2028.
- Gathered data on designated bilingual employees and other bilingual capacity to garner a picture of the overall bilingual capacity across the region.
- Collected data from designated bilingual facilities regarding current service practices for the French-speaking population, which serves to pinpoint areas of improvements and identify effective practices that can be duplicated.

2022/23 FLS Operational Overview



159,100

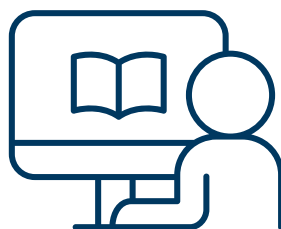
Words translated in the 2022/23 fiscal year, totaling 309 documents

53 PROFICIENCY EVALUATIONS

Completed to support hiring into designated bilingual positions

98 EMPLOYEES ATTENDED TRAINING

At Université de Saint-Boniface or through a private tutor



221

Total hours logged for the online Rosetta Stone learning program



941 DESIGNATED BILINGUAL POSITIONS

Regional bilingual capacity is slightly lower than last year due to health care transformation

43%

Of designated bilingual positions were filled by bilingual incumbents

Regional Bilingual Capacity	2022/23	2021/22
Number of Designated Bilingual Positions	941	1010
Number of Designated Bilingual Positions Filled with Bilingual Incumbents	409	467
Number of Designated Bilingual Positions Filled with Non-Bilingual Incumbents (Underfill)	532	543

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

Services en langue française

Les Services en langue française (SLF) de l'Office régional de la santé de Winnipeg (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 afférant, 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. Nous sommes toujours déterminés à accroître l'accès aux services en français dans l'ensemble de l'ORSW.

Priorités stratégiques des SLF de l'ORSW

Notre équipe	SLF jouent un rôle de leadership pour responsabiliser et soutenir les fournisseurs de services bilingues en intensifiant les possibilités d'apprentissage et en concevant de nouveaux outils.
Nos soins	L'impact sur la communauté francophone est pris en compte et intégré dans la prise de décision opérationnelle, et les ressources disponibles sont allouées pour mieux servir la communauté francophone.
Notre système	La disponibilité des services en français est accrue grâce à des stratégies de recrutement et de rétention. Les gains d'efficacité sont maximisés et les résultats sont normalisés grâce à des initiatives dirigées au niveau provincial.
Pour tous	Améliorer les services aux francophones par la consultation publique ainsi que l'engagement avec les partenaires internes et externes.

Principales réalisations des SLF pour 2022/23

IMPLIQUER LE PUBLIC

- Une consultation a eu lieu avec la communauté francophone afin de recueillir des perspectives pour l'élaboration d'une stratégie d'engagement pour la région.
-

AMÉLIORATION DE L'EXPÉRIENCE DES PATIENTS

- L'ORSW et l'Hôpital Victoria ont tous deux formellement adopté la Déclaration d'Ottawa sur l'accès aux services de santé et aux services sociaux dans les deux langues officielles.
 - Participation à des comités régionaux et provinciaux pour représenter la santé des francophones et élaborer des stratégies pour améliorer la prestation des services.
 - On a conservé le comité consultatif sur les SLF de l'ORSW, en vue de solliciter ses conseils et des orientations sur les questions concernant les politiques, programmes et pratiques relatives aux SLF.
 - La surveillance de la conformité de l'offre active par téléphone a été effectuée.
 - Partenariat avec Accès linguistique pour publier un article sur l'accessibilité en matière de langue.
-

MOBILISATION DES PRESTATAIRES DE SERVICE

- Les SLF de l'ORSW ont activement collaboré avec l'École des sciences infirmières et des études de la santé pour offrir un événement où des représentants de divers sites de l'ORSW ont pu présenter leur établissement comme un lieu privilégié pour les étudiants afin de compléter leurs stages.
 - Présence régulière dans le bulletin interne pour cultiver un environnement de travail bilingue.
 - Animation de cercles de conversation avec les employés pour leur donner l'occasion de s'exercer à parler français dans une ambiance détendue.
-

DÉVELOPPER LA VIABILITÉ

- Les SLF a misé sur des partenariats externes pour améliorer la visibilité et le recrutement de postes bilingues débutants ou difficiles à pourvoir.
 - Participation à des salons de l'emploi et mise à jour des ressources de recrutement.
-

AMÉLIORER LA QUALITÉ ET L'INTÉGRATION

- Un plan stratégique pour les SLF couvrant la période 2023-2028 a été élaboré.
- Les données sur les employés désignés bilingues et la capacité bilingue supplémentaire ont été recueillies pour dresser un portrait de la capacité bilingue globale dans la région.
- Les données ont été recueillies auprès d'établissements désignés bilingues en ce qui a trait aux pratiques actuelles en matière de services à la population d'expression française. Ceci servira à déterminer où des améliorations sont nécessaires et quelles pratiques efficaces peuvent être reproduites.

Aperçu des activités des SLF en 2022/23



159,100

mots traduits au cours de l'exercice 2022/23, représentant un total de 309 documents

53 ÉVALUATIONS LINGUISTIQUES

effectuées pour soutenir l'embauche des postes désignés bilingues

98

EMPLOYÉS ONT SUIVI DE LA FORMATION

à l'Université de Saint-Boniface ou par l'intermédiaire d'un tuteur privé



221

heures totales enregistrées pour le programme d'apprentissage en ligne Rosetta Stone



941 POSTES DÉSIGNÉS BILINGUES

qui représentent une capacité bilingue régionale légèrement inférieure à celle de l'année dernière en raison de la transformation des soins de santé

43%

des postes désignés bilingues ont été remplis par des candidats bilingues

Résultats du recrutement régional	2022/23	2021/22
Postes désignés bilingues	941	1010
Postes désignés bilingues remplis de titulaires bilingues	409	467
Nombre de postes désignés bilingues comblés par des titulaires non bilingues	532	543

Il existe une capacité à l'extérieur des postes désignés bilingues. Des mesures pour capturer ces données seront entreprises lors de l'exercice stratégique 2023-2028.

Financials

Management's Responsibility for Financial Reporting Summarized Consolidated Financial Statements

March 31, 2023

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, MAB
President & Chief Executive Officer



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

Report of the Independent Auditor on the Summarized Consolidate Financial Statements

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, 2023 and the summarized consolidated statement of operations and accumulated deficit for the year then ended, are derived from the audited consolidated financial statements of Winnipeg Regional Health Authority (the "Authority") for the year ended March 31, 2023.

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 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 6, 2023.

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.

The signature of Deloitte LLP is written in a cursive, handwritten style.

Chartered Professional Accountants

Winnipeg, Manitoba
July 6, 2023

Summarized Consolidated Statement of Financial Position

As at March 31, 2023
(in thousands of dollars)

	2023	2022 Restated
FINANCIAL ASSETS		
Cash	\$ 88,817	\$ 37,134
Accounts receivable	208,456	274,286
Investments	30,923	29,355
Employee benefits recoverable from Manitoba Health	51,972	51,972
Employee future benefits recoverable from Manitoba Health	19,892	19,892
	400,060	412,639
LIABILITIES		
Bank indebtedness	89,321	111,477
Accounts payable and accrued liabilities	352,991	306,846
Unearned revenue	63,665	70,088
Employee benefits payable	93,570	93,390
Employee future benefits payable	123,366	126,095
Long-term debt	343,302	896,028
Asset retirement obligation liability	79,199	94,260
	1,145,414	1,698,184
NET DEBT	(745,354)	(1,285,545)
NON-FINANCIAL ASSETS		
Inventory	31,640	27,174
Prepaid expenses	5,462	4,266
Tangible capital assets, net	650,606	1,604,019
	687,708	1,635,459
COMMITMENTS AND CONTINGENCIES		
TOTAL NET (LIABILITIES) ASSETS	\$ (57,646)	\$ 349,914
Total net (liabilities) assets are comprised of:		
Accumulated (deficit) surplus	(58,275)	350,032
Accumulated remeasurement gains (losses)	629	(118)
	\$ (57,646)	\$ 349,914



Dr. Netha Dyck, RN, EdD, CHE, I-FCNEI, I-FCAN
Chair, Board of Directors



Brenda McInnes, CPA, CA
Treasurer

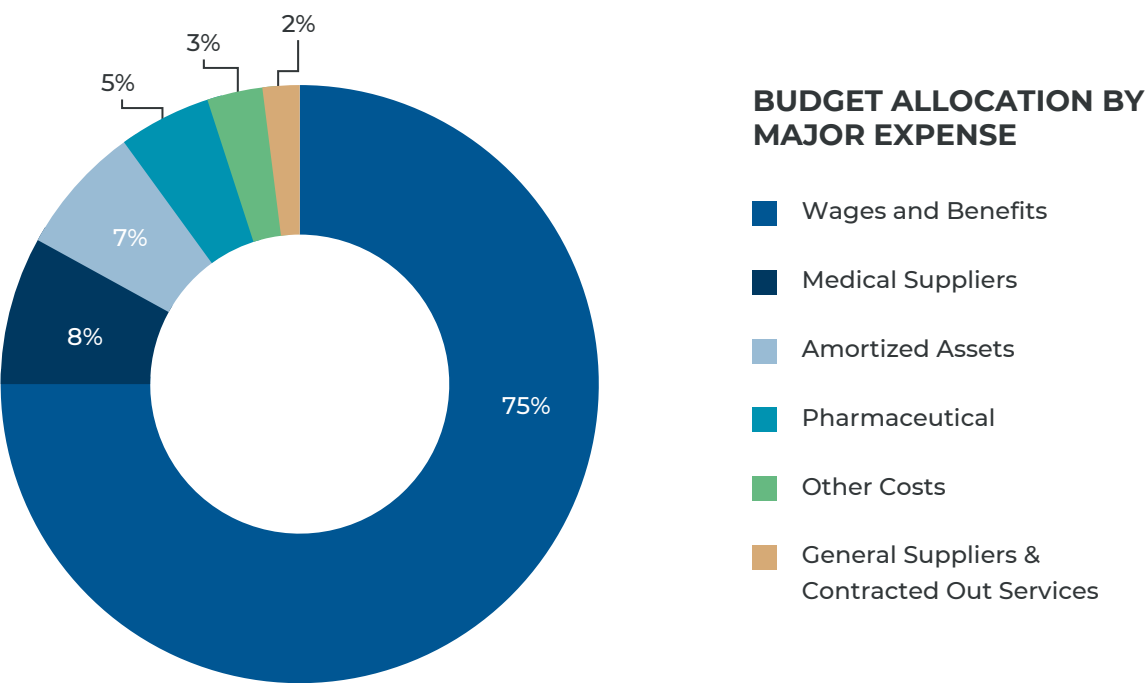
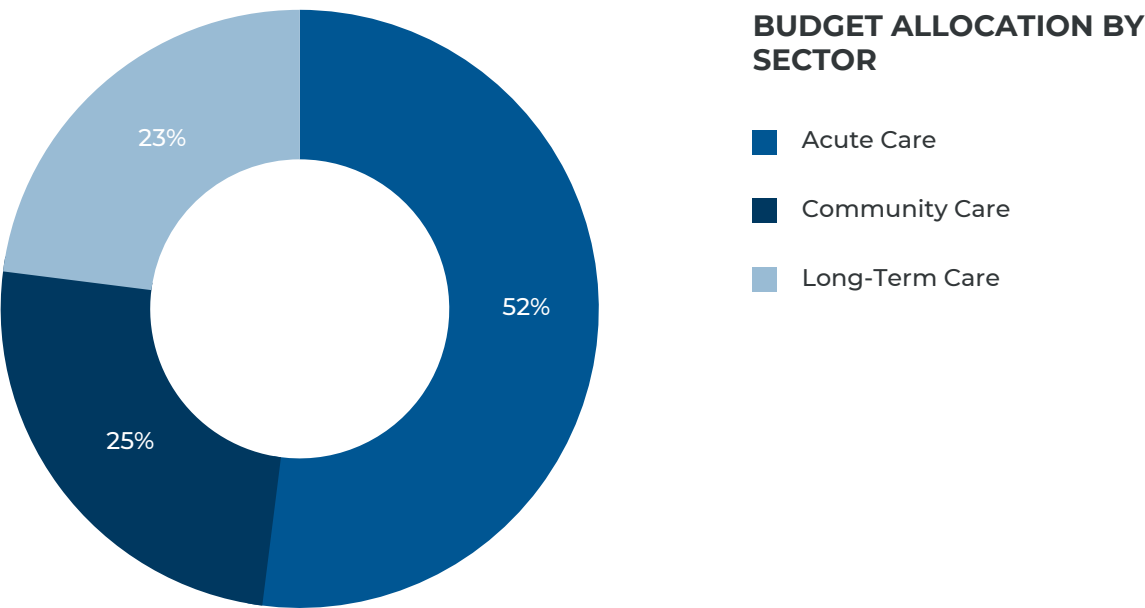
Summarized Consolidated Statement of Operations and Accumulated Deficit

For the year ended March 31, 2023
(in thousands of dollars)

	2023			2023	2022 Restated
	Core Operations	Capital Operations	Actual Total	Budget Total	Actual Total
REVENUE					
Manitoba Health grants	\$ 2,078,873	\$ 54,487	2,133,360	\$ 1,958,024	\$ 2,282,814
Grants from other provincial government sources	94,689	-	94,689	94,496	102,757
Other capital grants	-	5,171	5,171	20,000	4,844
Patient and resident income	43,630	-	43,630	31,159	45,594
Recoveries from external sources	29,404	-	29,404	36,335	27,187
Investment income	1,401	-	1,401	475	608
Other income	11,866	-	11,866	10,000	8,382
	2,259,863	59,658	2,319,521	2,150,489	2,472,186
EXPENSES					
Acute care	982,295	65,592	1,047,887	938,187	1,165,669
Community Care	469,803	5,636	475,439	536,970	506,008
Long-term care	557,327	4,378	561,705	473,353	592,993
Medical remuneration	245,150	-	245,150	216,271	235,249
	2,254,575	75,606	2,330,181	2,164,781	2,499,919
INSURED SERVICES (DEFICIT) SURPLUS	5,288	(15,948)	(10,660)	(14,292)	(27,733)
NON-INSURED SERVICES					
Non-insured services income	49,818	-	49,818	45,000	47,356
Non-insured services expenses	55,106	651	55,757	39,632	53,846
NON-INSURED SERVICES (DEFICIT) SURPLUS	(5,288)	(651)	(5,939)	5,368	(6,490)
DEFICIT BEFORE RESTRUCTURING	-	(16,599)	(16,599)	(8,924)	(34,223)
IMPACT OF RESTRUCTURING TRANSACTIONS	(2,594)	(389,114)	(391,708)	-	-
DEFICIT FOR THE YEAR	\$ (2,594)	\$ (405,713)	(408,307)	\$ (8,924)	\$ (34,223)
ACCUMULATED SURPLUS, BEGINNING OF THE YEAR			350,032		448,016
Impact on opening accumulated surplus on adoption of new accounting standards			-		(63,761)
ACCUMULATED (DEFICIT) SURPLUS, END OF YEAR			(58,275)		\$ 350,032

Note: Several programs and assets were transferred to and from the WRHA during the 2022/23 fiscal year. The largest of these was the Health Sciences Centre, which moved to Shared Health. Most of these transfers were approved by the Government of Manitoba by way of Order in Council on June 22, 2022, as part of the health system transformation. Based on the valuation of the related assets and liabilities involved in all transfers, the WRHA experienced a net restructuring loss of \$391.7 million which drove a significant deficit after restructuring for the 2022/23 year.

Budget Allocation by Sector and Major Expenses



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 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

2022/23				
Region	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.12%	0.77%	1.83%	5.72%
Northern Regional Health Authority	3.51%	0.99%	1.20%	5.70%
Prairie Mountain Health	2.71%	0.37%	0.77%	3.85%
Southern Health Santé-Sud	2.96%	0.26%	1.16%	4.38%
CancerCare Manitoba	2.05%	0.61%	0.60%	3.26%
Winnipeg Regional Health Authority	2.60%	0.50%	0.80%	3.90%
Shared Health	5.41%	1.15%	1.78%	8.34%
Provincial – Percent	3.37%	0.67%	1.12%	5.16%
Provincial – Totals	\$ 197,361,150	\$ 38,799,561	\$ 65,324,313	\$ 300,485,024

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 Santé-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

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.

Across Manitoba, within all Service Delivery Organizations with the exception of Winnipeg Regional Health Authority, administrative costs increased as a percentage of total operating costs.

WRHA Administrative Costs

For Year to Date Ending:	March 2023		March 2022	
	\$	%	\$	%
Corporate	67,620,550	2.60	68,669,736	2.69
Patient-Care Related Costs	12,995,386	0.50	14,012,279	0.55
Recruitment/Human Resources Related Costs	20,865,798	0.80	29,139,248	1.14
Total Administrative Costs	101,481,733	3.90	111,821,263	4.38

The public can access the full audited financial statements by visiting our [Annual Reports page](#) or contacting:

Winnipeg Regional Health Authority, Director of Finance

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Ph: 204-926-8134

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