



Together
We Care



Dear Minister,

We have the honour to present the annual report for the Winnipeg Regional Health Authority for the fiscal year ended March 31, 2024. 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, 2024, have been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted on behalf of the
Winnipeg Regional Health Authority,

A handwritten signature in black ink that reads "Netha Dyck". The signature is written in a cursive, flowing style.

Dr. Netha Dyck
Board Chair, WRHA

WRHA Land Acknowledgement

The Winnipeg Health Region provides services to all nations on the traditional and ancestral lands of the Anishinaabeg, Ininiwak, Anishinewak, Dakota-Oyate, Dene, Inuit, and the national homeland of the Red River Métis. Treaties were created with the First Nations and include past, present, and future inhabitants, so we are all treaty people. Winnipeg Health Region serves those on Treaty 1 and Treaty 5 lands. We acknowledge the five Dakota communities in Manitoba that are not signatories to any treaties with Canada. We acknowledge that Winnipeg takes its drinking water from Shoal Lake 40 First Nation. We acknowledge that the acts of colonization which are part of our history have caused deep, lasting harm, which continues today. We commit ourselves, in a good way, to learning about truth and reconciliation, promoting healing, and creating a better future for all.

WRHA Overview

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.

- \$2.3 billion annual budget helps to operate or fund over 200 health service facilities and programs across the region.
- 13 community health agencies were funded by the WRHA, totaling \$83.95 million in the 2023-2024 fiscal year.
- 78 grant-funded agencies received funding from the WRHA, totaling \$19.04 million in the 2023-2024 fiscal year.
- 25+ key partners and health relationships across educational institutions, community organizations, service delivery organizations, Indigenous organizations and municipal and provincial governments.
- 2 acute hospitals
- 3 community hospitals
- 5 health centres
- 37 personal care homes
- 10 supportive housing providers
- 7 ACCESS Centres & Walk-In Connected Care Clinics

For more information about the Winnipeg health region, please visit wrha.mb.ca/about.

Messages from the President and CEO



As I reflect on this past fiscal year, I am proud to share the progress we have made and what we have accomplished together as an organization. While we continue to face significant challenges across the health care system, this year we have made important strides towards addressing those challenges and improving the health and well-being of staff, patients, clients, residents and the community.

This was Year One of our Strategic Plan, and we set goals that were directly aligned with our mission, vision, values, and priorities we collectively defined. These goals included enhancing recruitment and retention efforts, fostering an engaged and healthy workforce, and creating a supportive, culturally safe workplace. We also aimed to promote a culture of quality and safety to improve outcomes, satisfaction, and public trust in the healthcare system. Additionally, we focused on delivering efficient and effective health services by innovating for sustainability and expanding community-based care. Finally, we committed to supporting everyone we serve in achieving their full health and well-being potential by providing high-quality, culturally safe healthcare experiences and eliminating systemic barriers to care.

Staffing remains one of the primary challenges we face as an organization, but we've achieved significant successes in our recruitment and retention efforts. Under the OUR TEAM priority, we notably strengthened our Home Care Workforce through the in-house Home Care Attendant Training Program, successfully hiring over 300 Home Care Attendants. This initiative reduced the HCA vacancy rate from 23 per cent to 11.6 per cent, resulting in a reduction of cancellations in the Home Care program from five per cent to two per cent, leading to the highest appointment volumes on record, with approximately 424,290 visits monthly.

To effectively improve the health care system for everyone, we know that we need to place the people we serve at the centre of our solutions. One way we've worked towards this goal is through the real-time patient experience survey, under the OUR CARE priority. The

short-form survey, delivered in real-time at the point of care across all sectors, uses AI-enabled experience management technology to give our quality and improvement teams the insights they need to drive changes in care delivery. The pilot also used a closed-loop feedback process, triggering immediate follow up for patients who reported a less-than-satisfactory experience. It also gave us important insight into where we are doing well and the overall average patient experience score was an impressive 8.8 out of 10 for this year.

Another important aspect of addressing challenges across our organization is making the most of the resources we have available to us. Under the OUR SYSTEM priority, we completed a comprehensive staffing and skill mix review. This standardized tool allows us to evaluate the needs of our patients and better understand the skills our teams currently have, or will need to have, to meet those needs. By gathering extensive data from more than 16,000 patient assessments, 500 interviews with interdisciplinary team member across five hospital sites and reviewing the results we took an important first step in addressing the changing needs of our patients and the system as a whole.

As part of our commitment to build culturally inclusive work and care environments under the FOR ALL priority, we welcomed Lynette McDonald to the new Chief Operating Officer, Indigenous Health role on the senior executive team. Reporting directly to me, this leadership role is critical to the success of several initiatives in the Strategic Plan including the co-development of a regional Indigenous Health strategy.

Message from the President & CEO



In addition to our regional priorities and goals outlined in the Strategic Plan, we have continued to support additional new initiatives of the Ministry of Health, Seniors and Long-term Care, including implementing bed expansion projects at Grace and St. Boniface Hospitals and seven-day per week Allied Health staffing announced this year.

My sincere thanks go to our leadership teams and senior executive, who have worked tirelessly to guide our organization, sites, and programs through the past year. In addition to Lynette McDonald, I would like to welcome Dr. Aaron Jattan, who joined us as the Associate Chief Medical Officer.

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

And finally, I want to recognize all our staff and physicians across the region, whose dedication to their work and patients, clients and residents has been crucial to our mission to provide the best health care to every person we serve.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Nader'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Mike Nader
President & CEO

En me penchant sur le dernier exercice financier, je suis fier de vous faire part des progrès que nous avons réalisés et de ce que nous avons accompli ensemble en tant qu'organisation.

Bien que nous continuions d'être confrontés à des difficultés considérables dans l'ensemble du système de soins de santé, nous avons fait d'importantes avancées pour relever ces défis et améliorer la santé et le bien-être du personnel, des patients, des clients, des résidents et de la collectivité.

Nous voici à la fin de la première année de notre plan stratégique. Nous nous étions fixé des objectifs qui s'harmonisaient pleinement avec notre mission, notre vision, nos valeurs et nos priorités, que nous avons définies collectivement. Ces objectifs comprenaient l'intensification des efforts de recrutement et de maintien en poste, la promotion d'un effectif engagé et en santé et la création d'un milieu de travail favorable et sécuritaire sur le plan culturel. Nous désirions également promouvoir une culture axée sur la qualité et la sécurité afin d'améliorer les résultats, la satisfaction et la confiance du public dans le système de santé. De plus, nous nous sommes concentrés sur la prestation de services de santé efficaces et innovants pour assurer la durabilité et en élargissant la portée des soins communautaires. Enfin, nous nous sommes engagés à aider toutes les personnes que nous servons à réaliser leur plein potentiel en matière de santé et de bien-être en offrant des expériences de soins de santé de haute qualité et culturellement sécuritaires et en éliminant les obstacles systémiques aux soins.

La dotation en personnel demeure l'un des principaux défis au sein de notre système, mais nos efforts de recrutement et de maintien en poste se sont soldés par de grandes réussites. Dans le cadre de la priorité NOTRE ÉQUIPE, nous avons notamment accru notre main-d'œuvre dans le secteur des soins à domicile. Grâce au Programme interne de formation des préposés aux soins à domicile, nous avons

embauché plus de 300 préposés aux soins à domicile. Cette initiative a permis de réduire le taux de vacance de ces postes de 23 % à 11,6 %. Par conséquent, les annulations au sein du programme des soins à domicile sont passées de 5 % à 2 %, ce qui a entraîné un volume de rendez-vous sans précédent s'élevant à environ 424 290 visites par mois.

Afin d'améliorer efficacement le système de soins de santé pour tous, nous savons que nous devons placer notre clientèle au centre de nos solutions. Pour atteindre cet objectif, nous avons entre autres effectué un sondage en temps réel sur l'expérience des patients dans le cadre de la priorité NOS SOINS. Le formulaire abrégé de l'enquête, remis en temps réel au point de service dans tous les secteurs, repose sur une technologie de gestion de l'expérience fondée sur l'intelligence artificielle pour donner à nos équipes chargées de la qualité et des améliorations les informations dont elles ont besoin pour apporter des modifications à la prestation de soins. Le projet pilote misait en outre sur un processus de rétroaction en boucle fermée, déclenchant un suivi immédiat auprès des patients se disant moins que satisfaits de leur expérience. Cette initiative nous a également donné un aperçu important des aspects réussis de notre travail et la cote globale moyenne de l'expérience des patients a atteint un impressionnant 8,8 sur 10 cette année.

Par ailleurs, pour surmonter les défis dans notre système, il faut tirer le meilleur parti des ressources dont nous disposons. Dans le cadre de la priorité NOTRE SYSTÈME, nous avons mené un examen exhaustif de la dotation et de l'ensemble des compétences. Grâce à cet outil standardisé, nous avons pu évaluer les besoins de nos patients et mieux comprendre les compétences actuelles et futures qui permettront à nos équipes de répondre à ces besoins. En examinant les résultats des

Message du président-directeur général

données détaillées issues de plus de 16 000 évaluations de patients et de 500 entrevues avec des membres de l'équipe interdisciplinaire dans cinq centres hospitaliers, nous avons franchi une première étape importante pour nous attaquer aux besoins changeants de nos patients et du système dans son ensemble.

Dans le cadre de notre engagement à créer des milieux de travail et de soins inclusifs sur le plan culturel, qui s'inscrit sous la priorité POUR TOUS, nous avons accueilli Lynette McDonald au poste de directrice générale de la santé des Autochtones dans l'équipe de la haute direction. Ce rôle de leadership, qui relève directement de mon poste, est essentiel à la réussite de plusieurs initiatives présentées dans le plan stratégique, y compris l'élaboration conjointe d'une stratégie régionale relative à la santé des Autochtones.

En plus de nos priorités et objectifs régionaux énoncés dans le plan stratégique, nous avons continué de soutenir d'autres nouvelles initiatives du ministère de la Santé, des Aînés et des Soins de longue durée, y compris la mise en œuvre de projets d'ajout de lits aux Hôpitaux Grace et Saint-Boniface et la dotation de professionnels paramédicaux 7 jours par semaine annoncée cette année.

Je remercie sincèrement nos cadres supérieurs et nos équipes de direction, qui ont travaillé sans relâche pour guider notre organisation, nos sites et nos programmes tout au long de la dernière année. En plus de Lynette McDonald, le Dr Aaron Jattan s'est joint à nous à titre de médecin en chef adjoint et j'aimerais lui souhaiter la bienvenue.

Je désire également remercier notre conseil d'administration, dont les efforts et les suggestions inestimables nous ont aidés à relever les défis de la dernière année.

Enfin, je tiens à rendre hommage à tout notre personnel et à nos médecins de la région, dont le dévouement envers leur travail, les patients, les clients et les résidents a été essentiel à notre mission de fournir les meilleurs soins de santé à chaque personne que nous servons.

Cordialement,



Mike Nader

Président-directeur général



The WRHA Board of Directors maintained a strong focus this past year on enhancing how care is delivered and accessed within our community.

I would like to express my deepest gratitude to our dedicated staff, managers, and the WRHA executive and senior leadership teams. The exceptional work and unwavering commitment each of you has shown are the driving forces behind our significant achievements this year. Your leadership, dedication, knowledge, and skills have been invaluable.

A key priority for us is fostering an engaged and healthy workforce, which is critical to the well-being of those we serve. The WRHA Board and Senior Executive Team have worked diligently to strengthen our recruitment and retention efforts. We will continue collaborating closely with provincial partners to build upon the successes of this year.

We are also focused on addressing challenges related to access to care. Significant progress has been made, including the planned opening of new hospital beds as announced by the Ministry of Health, Seniors and Long-Term Care. Additionally, our targeted efforts to improve access to home care services have resulted in significant improvements, further enhancing the support we provide to our community.

Moving forward, we will continue our collaboration with urban Indigenous, First Nations, Inuit, and Métis peoples from the outset, to develop a regional Indigenous Health strategy and implement a regional anti-racism policy. These initiatives are central to our commitment to creating culturally safe work and care environments for all staff, patients, clients, residents, and community members.

As stewards of healthcare funds, the WRHA Board and Senior Executive Team have worked diligently to enhance performance while ensuring resources are applied to the areas of the healthcare system in Winnipeg that will bring the greatest value to all Manitobans.

All of these efforts are integral to fulfilling our mission of providing the best possible health care to every person we serve, and in achieving our vision of healthy people, thriving communities, and partners in care.

I would like to extend a special acknowledgment to our current and outgoing Board members for their invaluable contributions in promoting effective governance, ensuring prudent financial management, and providing outstanding service. Our current Board members are Adekunle Ajisebutu, Dr. Glen Drobot, Vanessa Everett, Frank Koch-Schulte, Brenda McInnes, Dr. Scott Mundle, Jeff Neufeld, Patricia Ramage, Mark Stewart, and Carole Urias. The outgoing member in 2023-24 was Julie Bubnick.

Lastly, I want to thank the community for your continued support. The WRHA and its Board of Directors are committed to ensuring that everyone we serve has access to safe, high-quality care when and where they need it.

Sincerely,

A handwritten signature in black ink that reads "Netha Dyck". The signature is fluid and cursive, written in a professional style.

Dr. Netha Dyck
Chair, WRHA Board of Directors

Message de la présidente du conseil d'administration de l'ORSW

L'an dernier, le conseil d'administration de l'ORSW a fortement concentré son attention sur la poursuite de l'amélioration de la prestation et de l'accessibilité des soins dans notre collectivité.

Je tiens à exprimer ma profonde gratitude au personnel dévoué, aux cadres supérieurs et aux équipes de la haute direction de l'ORSW. Le travail exceptionnel et l'engagement indéfectible de chacun d'entre vous sont les forces motrices de nos réalisations significatives de cette année. Vos capacités de chefs de file, votre dévouement, vos connaissances et vos compétences se sont avérées inestimables.

L'une de nos principales priorités est de favoriser l'engagement et la santé de notre personnel, essentiel au bien-être des personnes qui profitent de nos services. Le conseil d'administration et l'équipe de la haute direction de l'ORSW font preuve de diligence pour renforcer le recrutement et consolider le maintien en poste des effectifs. Nous continuerons de collaborer étroitement avec nos partenaires provinciaux pour exploiter le fruit de ces efforts.

Nous nous efforçons également de relever les défis relatifs à l'accès aux soins. Nous avons réalisé d'énormes progrès, notamment avec l'ajout planifié de nouveaux lits d'hospitalisation, comme l'a annoncé le ministère de la Santé, des Aînés et des Soins de longue durée Manitoba. En outre, notre travail visant l'amélioration de l'accès aux soins à domicile a donné d'excellents résultats, ce qui nous permet de soutenir encore plus les membres de notre collectivité.

Nous allons sans tarder poursuivre notre collaboration avec les populations autochtones urbaines, les Premières Nations, les Inuits et les Métis, en vue d'élaborer une stratégie régionale sur la santé des Autochtones et d'appliquer une politique régionale de lutte contre le racisme. Ces projets sont au cœur de notre engagement à créer des milieux de travail et de soins axés sur la culture pour l'ensemble du personnel, des patients, des bénéficiaires, des résidents et des membres de la collectivité.

En tant que gestionnaires des fonds de santé, le conseil d'administration et l'équipe de direction de l'ORSW ont travaillé avec diligence pour

améliorer le rendement tout en veillant à ce que les ressources soient affectées aux domaines du système de santé de Winnipeg qui apporteront la plus grande valeur à tous les Manitobains et Manitobaines.

Toutes ces entreprises font partie intégrante de notre mission, qui consiste à offrir les meilleurs soins de santé possible à chaque personne qui s'adresse à nos services, et à réaliser notre vision : des gens en bonne santé, des collectivités prospères et des partenariats au chapitre des soins.

Je tiens à remercier tout particulièrement les membres actuels et sortants du conseil d'administration pour leurs contributions inestimables à la promotion d'une gouvernance efficace, à la garantie d'une gestion financière prudente et à la fourniture d'un service exceptionnel. Les membres actuels du conseil d'administration sont M. Adekunle Ajisebutu, Dr Glen Drobot, Mme Vanessa Everett, M. Frank Koch-Schulte, Mme Brenda McInnes, Dr Scott Mundle, M. Jeff Neufeld, Mme Patricia Ramage, M. Mark Stewart et Mme Carole Urias. Le membre sortant de 2023-2024 est Mme Julie Bubnick.

J'aimerais enfin remercier la collectivité pour son appui constant. L'ORSW et son conseil d'administration s'engagent à veiller à ce que chaque personne qui fait appel à nos services ait accès à des soins sécuritaires de qualité supérieure au moment et à l'endroit où ils en ont besoin.

Je vous prie d'agréer l'expression de mes salutations distinguées.

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



Netha Dyck, Ph.D.

Présidente, Conseil d'administration de l'ORSW

The Minister of Health appoints each Board member, but the accountability of the WRHA Board of Directors transcends to the community of residents it serves. The WRHA considers the people of Winnipeg and others who depend on its services as its stakeholders and aims to maximize the health system's contribution to the health, social and economic well-being of Winnipeg residents and others it serves.

Adekunle Ajisebutu – Board Member
Appointed June 2022

Julie Bubnick – Board Member
Resigned January 2024

Dr. Glen Drobot – Medical Staff

Dr. Netha Dyck – Chair, Board of Directors
Appointed Chair April 2023

Vanessa Everett – Board Member
Appointed June 2022

Frank Koch-Schulte – Board Member
Appointed May 2020

Brenda McInnes – Chair, Audit Committee
Appointed March 2022

Dr. Scott Mundle – Vice Chair & Chair,
Quality, Patient Services & Innovation (QPSI)
Committee. Appointed April 2021

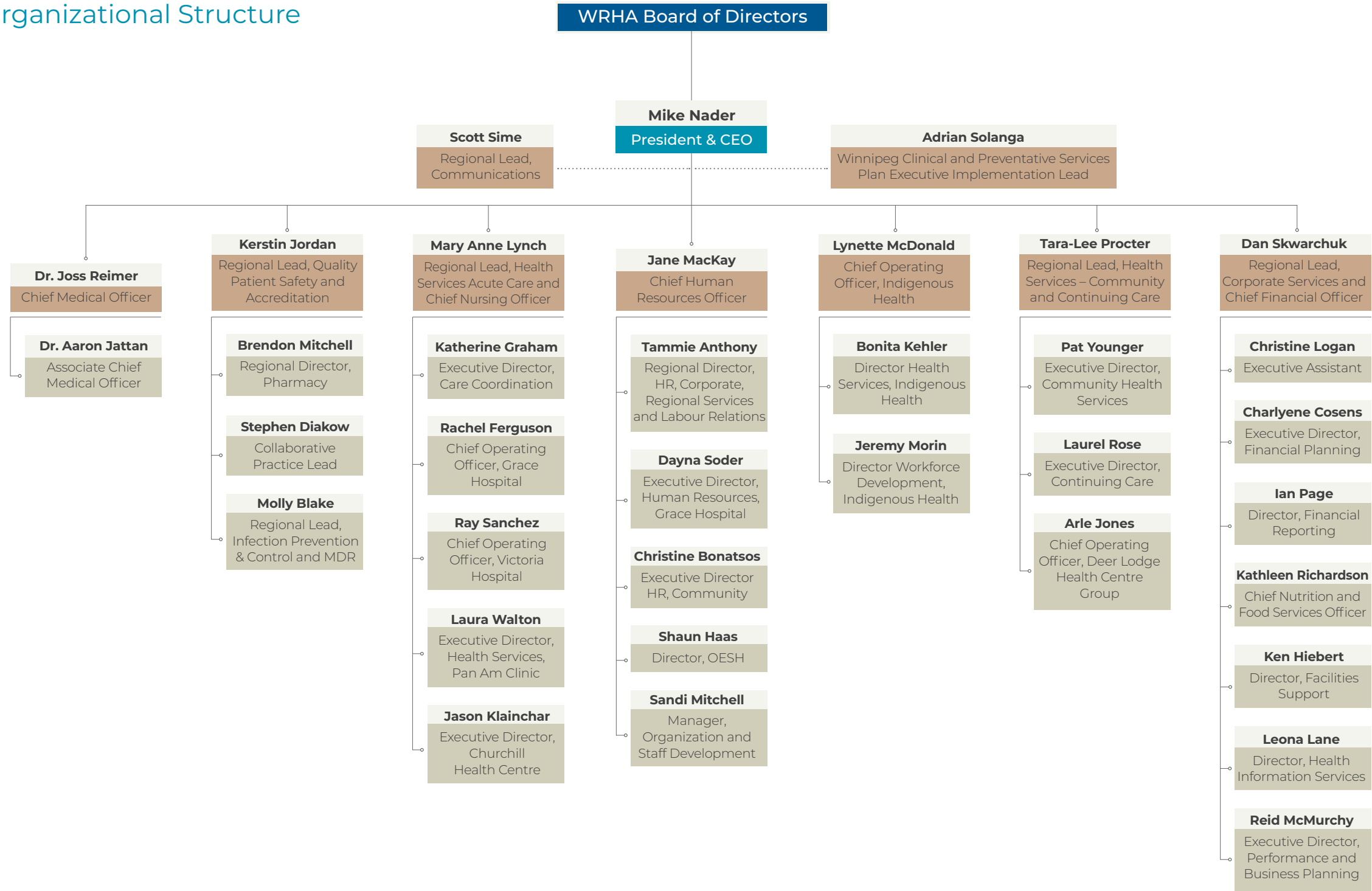
Jeff Neufeld – Board Member
Appointed March 2023

Patricia Ramage – Board Member
Appointed March 2022

Mark Stewart – Board Member
Appointed November 2022

Carole Urias – Chair, Indigenous Health
Committee. Appointed March 2022

WRHA Organizational Structure



Summary of Changes:

- The role of Associate Chief Medical Officer was created and filled as additional administrative support to the CMO while both continue their clinical roles
- To fulfill the goals outlined in our strategic plan, the WRHA created and filled the role of Chief Operating Officer, Indigenous Health, reporting directly to the CEO as part of the executive team. This role leads the Indigenous Health team and will lead the development and implementation of the Indigenous Health strategic plan
- The role of Winnipeg Clinical and Preventative Services Plan Executive Implementation Lead was created and filled to support the implementation of the provincial Clinical and Preventative Health Services plan in the Winnipeg region



Strategic Plan Progress



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.

COMMUNICATION AND TRUST

Each of these values requires a foundation and prioritization of communication and trust.

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 health-care 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. 

Expected Results

To address the systemic challenges facing health care, we know solutions can be found when we place employees and the patients, clients and residents we serve at the heart of problem-solving. The WRHA's 2023/24 operating plan and initiatives included in the strategic plan were developed through extensive engagement with staff, service partners and those we serve. Initiatives undertaken in the prior year include:



Enhancing recruitment and retention, fostering an engaged and healthy workforce and creating a supportive, culturally safe workplace.



Promoting a culture of quality and safety to improve patient, client and resident outcomes, satisfaction and public trust in the health-care system.



Delivering efficient and effective health services by innovating for sustainability and expanding community-based care.



Supporting everyone we serve in achieving their full health and well-being potential by providing high-quality, culturally safe health-care experiences and eliminating systemic barriers to care.

WRHA priorities and initiatives align with the provincial quintuple aim of health care:



improving population health



enhancing care experiences



improving workforce experience



advancing health equity



reducing the cost of care.

Actual Results and Success Factors

To achieve these goals, the WRHA senior executive team identified deliverables that collectively impact immediate priorities identified by MHSLTC, including improved access, workforce culture, retention, recruitment and training, enhancements to primary and community care and Indigenous Health.



WRHA PRIORITY: OUR TEAM

Bolstering the Home Care Workforce:

A significant achievement this year was the revitalization of the home care workforce. As part of a focused recruitment and training initiative, we developed the Uncertified Home Care Attendant Training Program. This program aimed to accelerate the training process and reduce vacancies in the home care program.

Through this initiative, we successfully hired more than 300 uncertified home care attendants and achieved a reduction in cancellations by the region, from five per cent to two per cent. As cancellation rates fall, appointment volumes have increased, delivering more than 424,000 visits monthly or about 1,500 more visits per day than the previous year.



Assessing the Impact of Mandatory

Overtime: To tackle the issue of mandatory overtime, which contributes to staff burnout, we created a tracking mechanism to measure it accurately. Data is being provided to regional service partners monthly, allowing site leadership to identify and address the root causes of mandatory overtime and improve workforce conditions.

The average number of mandated hours per month in 2023/24 was 1,290 hours or 240 occurrences.



Feedback Loops and Listening to Staff: Listening to staff feedback has been another cornerstone of efforts to improve engagement. We implemented numerous strategies to create a responsive and engaging work environment. By analyzing employee opinion survey results in 2021, we formulated action plans and launched an employee exit survey to understand better why staff leave the region. Additionally, we distributed employee pulse surveys and an always-on survey for real-time feedback. These surveys were distributed through quarterly staff town halls and online through the WRHA intranet, Insite. A recurring theme showed the need for greater accessibility to the WRHA leadership team. In response, we began delivering regular executive messages, organized site visits with the executive leadership team and hosted virtual open-office hours to keep staff informed of developments in priority areas for the region. We also maintained a high standard in performance conversations, exceeding the regional target of 80 per cent, and saw a reduction in workforce vacancy rate from 14.5 per cent to 13.5 per cent.

WRHA PRIORITY: OUR CARE



Unit-Based Safety Huddles: We rolled out daily safety huddles, co-led by frontline staff and leadership teams across every unit in the health region. These huddles promote a culture of safety, reporting and continuous improvement. [To ensure the consistency and effectiveness of these huddles, we launched an auditing program to share learnings and best practices across sectors.](#)



Real-Time Experience Survey: We improved our ability to listen and collect real-time feedback through short-form patient experience surveys, delivered at the point of care across all sectors. A pilot project using AI-enabled technology, experience management (XM), gave quality and improvement teams insights they needed to drive change in patient care. [The overall average experience score across all sectors for 2023/24 was 8.8 out of 10.](#)



Focus on Harm and Health Care-Acquired Conditions: Evidence shows pressure injuries often go under-reported in health systems and contribute to unsafe patient conditions. [To reduce pressure injuries across the region, we focused on developing new prevention bundles for nurses and health care aides, complete with scripts to guide conversations during daily safety huddles.](#) Reporting rates of pressure injuries increased, which is a positive finding that demonstrates the region's efforts to promote a culture of safety and reporting. We continue to focus on reducing the incidence of pressure injuries for patients clients, and residents.



Expanded Hours for Walk-In Connected Care Clinics: [We worked to improve access to episodic care outside of emergency/urgent care](#) by allocating funding to expand walk-in hours for prescribers at four regional Walk-In Connected Care Clinics. We also partnered with virtual networking technology to post current wait time information online, giving the public access to a destination to check for walk-in clinic availability in addition to emergency/urgent care wait times. There were nearly five million page views during the fiscal year, with most web traffic being driven by search engines, direct to the landing page or routed via Shared Health.



Access and Flow Initiatives: Despite the region's efforts, we faced challenges with emergency department/urgent care wait times, which increased 22 per cent from July 2023, peaking in December 2023 during an acute respiratory virus season. [Emergency department wait times will continue to be an area of focus as we implement additional bed expansion projects, introduce seven-day per week allied health staffing and expand access to primary care, as announced and funded by Manitoba Health, Seniors and Long-Term Care.](#) We remain committed to addressing these issues with targeted patient access and flow initiatives, including enhanced discharge planning, process improvements, addressing access blocks, reviewing long-stay patients and increasing capacity in the community sector.

WRHA PRIORITY: OUR SYSTEM



Review of Facilities and Leased Space: We are in the process of developing a facilities master capital plan and successfully tendered a leased space review, which is well underway, with a goal of optimizing leased space requirements across the region. [The modernization and rejuvenation of the region's health-care facilities will continue in coming years](#), with the results of the facilities' master capital plan informing ongoing re-development opportunities.



Provincial Bed Map Review: As part of a province-wide review, our clinical leaders, health information management, clinical informatics and finance teams worked together to validate the number of licensed beds in Winnipeg's health-care facilities, confirming space available for overflow and contingency situations. [This collaborative exercise led to the creation of a real-time, provincial view of system capacity \(i.e. inpatient, critical care, emergency\)](#), including the number of licensed beds actively in use, beds closed due to staffing or other constraints and available overflow capacity.



Transparent Allocation of Resources: [We launched a new resource allocation methodology, based on a tool piloted in British Columbia](#), to assist the region in making informed investment decisions. This approach will continue to play an important role in improving the sustainability of the health region and help us achieve a balanced budget moving forward.

WRHA PRIORITY: FOR ALL



Hiring of COO, Indigenous Health: We successfully recruited a Chief Operating Officer (COO) of Indigenous Health to serve on the senior executive team, reporting directly to the WRHA President & CEO. [This leadership role is critical to the success of several initiatives in 2024/25, including the co-development of a regional Indigenous Health strategy and the initiation of an advisory committee with community partners and rights-holders to guide this work.](#)



Anti-Racism Work: The health region participated in the Provincial Racial Climate Survey to learn more about the experiences of racism and perspectives of health-care staff. Survey findings revealed the majority of employees were uncertain of their workplace policy and procedures in place to respond to racism. [Development of a regional anti-racism policy is underway, and input from Indigenous partner organizations will be sought in the coming months as adoption and implementation of the policy begins.](#)



Collection of Race, Ethnicity and Indigenous Identify Data: Manitoba's health service delivery organizations partnered with the Ongomiizwin Indigenous Institute of Health and Healing and the George and Fay Yee Centre for Healthcare Innovation to collect race, ethnicity and Indigenous identify data in regional facilities. [Access to the data is governed by a steering committee and their work will ensure we respond to the needs of the community, by identifying and addressing equity gaps in health care.](#)

Future Directions

Everyone has a voice in a high-performing health-care system. We are committed to finding new and innovative ways to listen to you as we work together to build a resilient, person-centred health region. The goals identified for 2024/25 represent priorities in the WRHA strategic plan, building on the accomplishments we shared from 2023/24.

We will continue to **enhance recruitment and retention** through expansion of the WRHA’s home care training program to include an Indigenous cohort and training for rehabilitation aides. We will continue to work closely with provincial partners on leveraging recruitment tools for health-care professionals. A new employee opinion survey will be delivered this fall and its results will inform department-specific action plans and staff retention strategies. We will support staff career growth by developing customized succession plans to deliver a sustainable model for leadership development in years to come.

We will **build respectful and culturally safe environments**, in part through the roll-out of a new Manitoba Indigenous Cultural Safety Program developed by the University

of Manitoba. We will also hire and train additional safety officers to keep patients and staff safe in our health-care facilities.

We will **deliver passionate, person-centred health care** through a customer service approach that targets the initial moments when patients and employees enter one of the region’s health-care facilities. We are also growing a patient and family advisor network to involve patients, clients and residents in their care and decisions impacting care delivery.

We will **innovate and optimize the delivery of care** with the opening of new beds in our hospitals through access to new funding from Manitoba Health, Seniors and Long-Term Care, and continue to reduce wait times for placement into long-term care by conducting a thorough process review. We continue to advocate for the provincial implementation of an electronic medical record system to make it easier for health-care providers to share information and deliver care.

We will **work in partnership, from the beginning, with urban Indigenous populations** to develop a regional Indigenous

Health strategy and implement a regional anti-racism policy. We also commit ourselves to the reconciliation journey happening in health care by listening and learning alongside Indigenous patients and employees and offering services aligned with the culturally sensitive ways of delivering care.

The WRHA’s **Accreditation Bridging Survey** will take place in September 2024, with several standards surveyed to facilitate the transition to the provincial accreditation process in 2025. Accreditation surveys are a chance to show our organization’s dedication to those we serve and receive feedback on opportunities for improvement and innovation. There will be 12 Accreditation Canada surveyors touring various facilities and programs. They will be meeting with leadership, clinical, and non-clinical staff to learn about our services and how the organization ensures that standards of excellence in health-care service delivery are being met. Patients, clients, residents, families and caregivers are encouraged and welcome to participate in conversations with the surveyors.

Future Directions

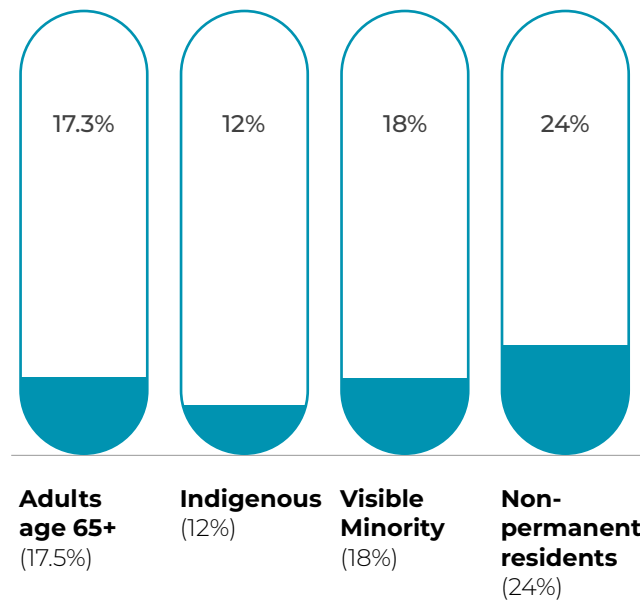
- Enhance recruitment and retention.
- Build respectful and culturally safe environments.
- Deliver Passionate, Person-Centred Health Care.
- Innovate and optimize the delivery of care.
- Work in partnership, from the beginning, with urban indigenous populations.
- Accreditation bridging survey.

Challenges and Considerations

The Winnipeg health region's population is growing, reaching 832,214 as of June 2023, with older adults (65+) making up 17.3 per cent of the population. This growth, along with a rising chronic disease burden and an aging population, compound the increased demand for health services. Winnipeg is home to many diverse communities, including Indigenous (12 per cent), visible minority (18 per cent) and non-permanent resident (24 per cent) populations. Collectively, these social

determinants have a cascading effect on the health region and the services it delivers, contributing to delayed discharges, high resource utilization, increased specialist referrals and inequitable health outcomes. We are committed to working collaboratively with community and government partners to find sustainable, safe and high-quality solutions to deliver health services, despite these challenging circumstances.

Winnipeg's population 832,214 as of June 2023.



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, 2023.

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, Middlechurch Home and Golden West Centennial Lodge.

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 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



Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act (“Act”) came into force in April 2007. This legislation gives individuals, including employees, a clear process for disclosing significant and serious matters in or relating to the Manitoba public service that are potentially unlawful, dangerous to the public or injurious to the public interest and strengthens protection of the disclosing individual 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, as defined under the Act, may be: an act or omission constituting an offence under any act or regulation of the Legislature or the Parliament of Canada; an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee; gross mismanagement, including of public funds or a public asset; or, knowingly directing or counselling a person to commit a wrongdoing as described above. 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 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 public body’s annual report in accordance with Section 29.1 of the Act.

The following is a summary of disclosures received during the 2023-24 fiscal year:

Information Required in the Annual Report <i>(by Section 29.1) of the Act)</i>	Fiscal Year 2023-24
<p><i>The number of disclosures received, and the number acted on and not acted on.</i></p> <p><i>Section 29.1(2)(a)</i> <i>With a summary of the disclosures received</i></p>	<ul style="list-style-type: none"> • Number of disclosures received: Five (5) • Number of disclosures acted on: Zero (0) • Number of disclosures not acted on: Five (5) <p>Summary of each disclosure received:</p> <ul style="list-style-type: none"> • A disclosure was received anonymously alleging personal misconduct and mismanagement of public funds by an executive director-level staff person. After an initial review, the decision was made not to investigate pursuant to the Act as part of the disclosure was not an allegation of wrongdoing under the Act and part of the disclosure was a matter that was more appropriately dealt with according to the procedures under a collective agreement or employment agreement – Section 21(1)(f). The matter was referred to the WRHA HR Director who is investigating the allegations. • A disclosure was received alleging that, as a mismanagement of public funds, a certain group of medical professionals at two sites—one WRHA facility and one non-devolved facility—may have received a reimbursement of both professional licensure fees and professional association fees contrary to the applicable Memorandum of Understanding (“MOU”) pursuant to a Collective Bargaining Agreement (the “CBA”) which sets out only an entitlement to reimbursement of one of the two fees, as and if applicable. This disclosure raised concerns that the same group of medical professionals may have also benefitted from the same misapplication of the MOU at other WRHA and non-devolved facilities. After an initial review, the decision was made not to investigate pursuant to the Act as the disclosure related to a matter that was more appropriately dealt with according to the procedures under a collective agreement or employment agreement – Section 21(1)(f). The WRHA CHRO is working with human resources and finance departments to identify those medical professionals who may have received the incorrect payments and to seek reimbursement from them, as required. • A disclosure was received from a staff member at one non-devolved facility alleging that, as a mismanagement of public funds, a staff member at another non-devolved facility had made decisions, in a conflict of interest, to allow a family member to be hired at the same non-devolved facility. After an initial review, the decision was made not to investigate pursuant to the Act as: the disclosure related to a matter that was more appropriately dealt with according to the procedures under a collective agreement or employment agreement – Section 21(1)(f) – and did not relate to a wrongdoing in or relating to the WRHA – Section 3 – as it related to a non-devolved organization with its own governance body who investigated. The matter was referred to the WRHA CHRO and the Facility CEO, of the non-devolved facility where the staff member alleged to be in a conflict of interest is employed, who investigated the allegations.

Information Required in the Annual Report (by Section 29.1) of the Act	Fiscal Year 2023-24
	<ul style="list-style-type: none"> • A disclosure was received from a staff member at a non-devolved facility alleging disrespectful behaviour and a conflict of interest by their union representative in their representation of the staff member. After an initial review, the decision was made not to investigate pursuant to the Act as: <ul style="list-style-type: none"> a) the part of the disclosure related to a respectful workplace complaint (the “RWC”) is a matter that was more appropriately dealt with according to the procedures under a collective agreement or employment agreement – Section 21(1)(f) – and did not relate to a wrongdoing in or relating to the WRHA – Section 3 – as it related to a non-devolved organization with its own governance body who investigated; and b) the part of the disclosure related to a conflict of interest is a matter that was more appropriately dealt with, initially or completely, according to a procedure provided for under another Act – Section 21(1)(a) – and did not relate to a wrongdoing in or relating to the WRHA – Section 3 – as it related to an organization (union) with its own governance body to investigate this matter. <p>The RWC was deferred to the non-devolved facility where the staff member alleged to have acted disrespectfully is employed, which was already investigating the allegations.</p> <ul style="list-style-type: none"> • A disclosure was received from a staff member at a non-devolved community agency alleging a lack of proper governance framework for their board and senior management, as set out in a report received by the agency from an independent organizational review. After an initial review, the decision was made not to investigate pursuant to the Act as the disclosure did not relate to a wrongdoing in or relating to the WRHA – Section 3 – as it related to a non-devolved organization with its own governance body that investigated and will address the issues noted. However, the WRHA, as a party to service purchase agreement with the non-devolved community agency, did follow up with the board of the community health agency seeking a plan of action to address the recommendations contained in the report.
<p>The number of investigations commenced as a result of a disclosure.</p> <p><i>Section 29.1(2)(b).</i></p>	<ul style="list-style-type: none"> • NIL
<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><i>Section 29.1(2)(c)</i></p>	<ul style="list-style-type: none"> • NIL

The Winnipeg Regional Health Authority follows provincial policy established by Manitoba Health, Seniors and Long Term Care to guide its Enterprise Risk Management (ERM) framework, ensuring effective risk management across the healthcare system.

Key objectives of the ERM framework include:

- 1. Proactive Risk Identification:** The Senior Executive team reviews priority risks annually to align with the current state of the organization, identifying and addressing potential risks through coordinated efforts across departments. A survey of frontline staff conducted in January 2023 served as a key input to inform and validate current ERM priority areas.
- 2. Ensuring Accountability:** Each Executive member tracks changes in risk impact and likelihood quarterly, stewarding resources to effectively manage them. The Board's Sub-Committees, including Quality, Patient Safety, Innovation, Resources, Governance, and Indigenous Health committees, receive regular updates and oversee risk mitigation strategies under the direction of the Audit Committee and Board of Directors.
- 3. Comprehensive Risk Awareness:** An annual workshop and quarterly progress review helps the organization stay informed about emerging or elevated risks, prompting actions throughout the year to effectively manage them.
- 4. Strategic Decision-Making:** Priority risk areas are integrated into the WRHA's Annual Operating Plan, submitted to Manitoba Health each year. This process ensures resources are strategically allocated to address key risk areas.

Current ERM priority areas for the WRHA include:

- Health Care Finances and Sustainability
- Access to Care – Acute & Hospital Services
- Digital Systems, Health Care Technology (e.g. electronic patient record)
- Recruitment and Retention of Health Care Staff
- Safety Incidents involving Patients, Clients, Residents and Service Recipients
- Reputation of Health Care
- Resources for Health Care Business Needs, Delivered through Shared Service Models
- Accountability and Alignment with Service Partners Delivering Care
- Health Inequities of Racialized, Indigenous and Other Marginalized Populations
- Access to Primary Care
- Health and Safety of Health Care Employees
- Access to Home and Community Care
- Transformation of Health Care and Aligning Priorities
- Relationships with Indigenous-Led Organizations

Risk mitigation plans in the above-noted areas are constantly being developed, implemented and assessed for effectiveness. The WRHA's ERM Plan ultimately benefits the healthcare system and the patients, clients and residents, we serve, as it enables proactive recognition and intervention to address anticipated risk events.

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.

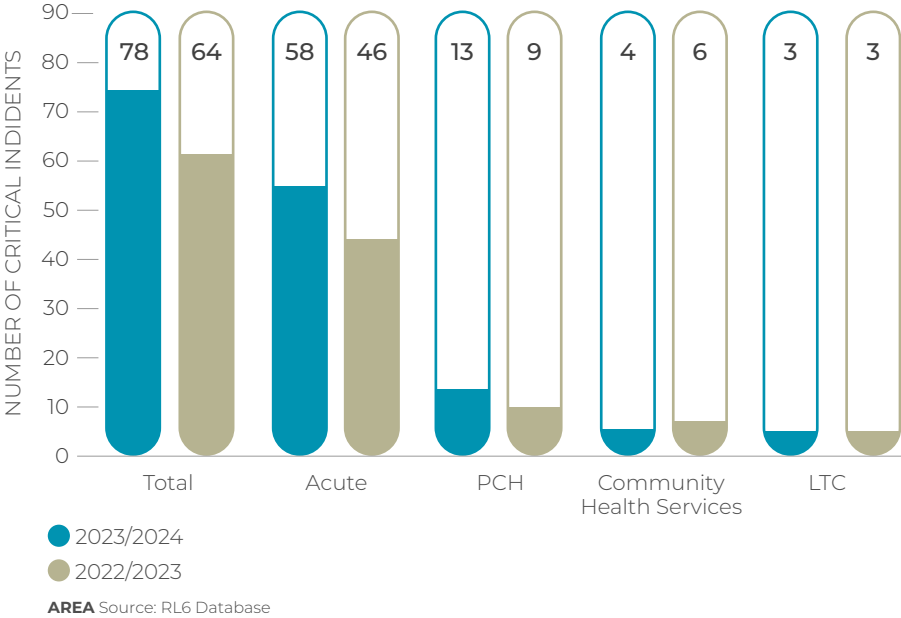
The region recognizes the importance of reporting critical incidents and encourages staff, patients and the public to report any events of concern. We are working to build an organizational culture of trust and transparency, which includes providing support to those reporting events and disclosure with 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 2022-2023 and 2023-2024.

NUMBER OF CRITICAL INCIDENTS – Reported by area



Area	2023/2024	2022/2023
Total	78	64
Acute	58	46
PCH	13	9
Community Health Services	4	6
LTC	3	3

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.

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 health-care operations, the client relations team can assist citizens in navigating health services in the Winnipeg health region. We provide flexible options for sharing concerns and remain impartial throughout the process.

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

Winnipeg Regional Health Authority Client Relations

Hours: Monday to Friday, 8:30 a.m – 4:30 p.m.

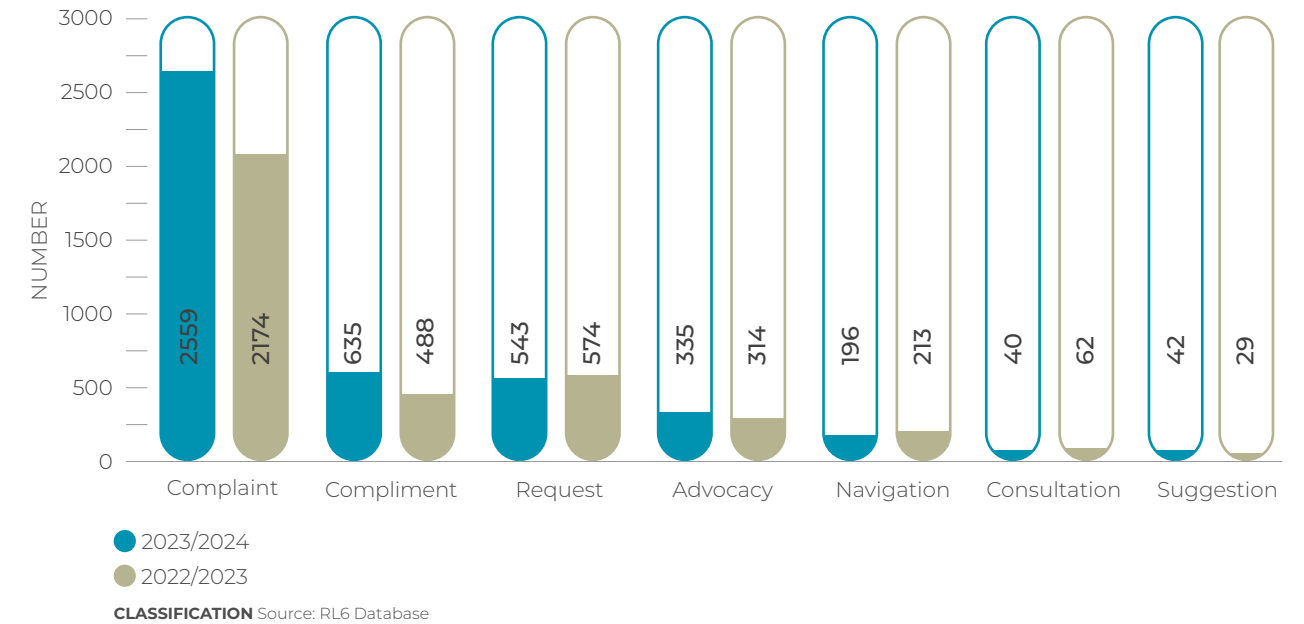
Phone: 204-926-7825

Fax: 204-940-6623

Email: clientrelations@wrha.mb.ca

Web: wrha.mb.ca/contact-us/client-relations 

NUMBER AND CLASSIFICATION OF CALLS TO CLIENT RELATIONS – Grouped by Classification



Classification	2023/2024	2022/2023
Complaint	2559	2174
Compliment	635	488
Request	543	574
Advocacy	335	314
Navigation	196	213
Consultation	40	62
Suggestion	42	29

Urgent Care Visits

	2023/24	2022/23	2021/22	2020/21	2019/20
Victoria Urgent Care ¹	40,245	40,787	39,833	36,843	43,425
Concordia Urgent Care ²	31,313	28,865	27,965	27,076	26,501
Seven Oaks Urgent Care ³	38,169	37,749	34,467	34,538	26,438
Pan Am Minor Injury Clinic	45,572	48,961	50,666	41,686	56,093
Total	155,299	156,362	152,931	140,143	152,457

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

	2023/24	2022/23	2021/22	2020/21	2019/20
Number of clients receiving services ¹	17,621	18,480	18,418	18,029	18,411

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 = 351

Total Births and Deliveries

Births ¹	2023/24	2022/23	2021/22	2020/21	2019/20
Births (including stillbirths)- SBGH	4,527	4,341	4,813	4,669	5,759
Home Birth Midwife	39	37	41	48	32
Ode'imin (Birth Centre)	187	178	218	296	233
Total Births	4,753	4,556	5,072	5,013	6,024

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	2023/24	2022/23	2021/22	2020/21	2019/20
Deliveries by physician-SBGH	4,490	4,316	4,730	4,599	5,591
Deliveries by midwife-SBGH	134	130	71	50	46
Total deliveries	4,624	4,446	4,801	4,649	5,637

Source: DAD

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

Main Operating Room (or) Surgical Cases¹

Inpatient	2023/24	2022/23	2021/22	2020/21	2019/20
WRHA Acute Sites	13,329	12,980	11,572	11,138	13,807
MHC	127	156	163	187	182
Pan Am Clinic	-	-	-	-	-
Total	13,456	13,136	11,735	11,325	13,989

Day Surgery	2023/24	2022/23	2021/22	2020/21	2019/20
WRHA Acute Sites	14,642	13,384	10,347	9,689	12,856
MHC	13,550	11,375	7,215	8,414	13,553
Pan Am Clinic	3,586	3,699	2,924	3,240	3,490
Total	31,778	28,458	20,486	21,343	29,899

Total	2023/24	2022/23	2021/22	2020/21	2019/20
WRHA Acute Sites	27,971	26,364	21,919	20,827	26,663
MHC	13,677	11,531	7,378	8,601	13,735
Pan Am Clinic	3,586	3,699	2,924	3,240	3,490
Total	45,234	41,954	32,221	32,668	43,888

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	2023/24	2022/23	2021/22	2020/21	2019/20
Therapeutic interventions on the heart and related structures, excluding CABG ¹	2,831	2,454	2,498	2,127	2,396
CABG (Coronary Artery Bypass Graft) ¹	481	502	447	446	530
Joint Surgery:					
WRHA Hip Replacements ²	2,315	1,592	1,652	1,585	1,919
WRHA Knee Replacements ³	2,859	1,733	1,555	1,578	2,273
Cataract – Adults MHC	10,448	6,516	5,474	6,673	10,941
WRHA Pediatric Dental (includes Churchill)	1,153	868	586	567	1050

¹ Sourced from DAD

² Sourced from SIMS via WRHA Surgery Program. Includes Primary, Hemi and Revision

³ Sourced from SIMS via WRHA Surgery Program. Includes Primary and Revisions

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

Inpatient	2023/24	2022/23*	2021/22	2020/21	2019/20
Health Links–Info Santé ⁽²⁾ –Client calls answered Live	66,553	12,547 ⁽⁹⁾	612,431	359,110	91,146
Health Links–Info Santé–Outbound Calls ⁽³⁾	16,673	3,968 ⁽⁹⁾	65,336	–	5,815
COVID-19 Client calls answered live	5,568	1,479 ⁽⁹⁾	–	–	–
Left But Not Seen ⁽⁴⁾ –Follow-up Contacts	Program suspended	Program suspended	Program suspended	Program suspended	3,437
After Hours Central Intake Program ⁽⁵⁾ – Client calls answered Live	71,402 ⁽¹¹⁾	60,221 ⁽¹⁰⁾	172,082	135,115	153,875
After Hours Central Intake Program– Outbound Calls	76,733 ⁽¹²⁾	54,672 ⁽¹⁰⁾	222,745	175,640	212,055
TeleCARE TéléSOINS Manitoba ⁽⁶⁾ –Client calls answered Live	48	7 ⁽⁹⁾	–	–	532
TeleCARE TéléSOINS Manitoba – Outbound Calls	104	493 ⁽⁹⁾	–	–	6,743
Dial a Dietitian ⁽⁷⁾ –Client calls answered Live	640	147 ⁽⁹⁾	–	–	1,332
Dial a Dietitian–Outbound Calls	316	191 ⁽⁹⁾	–	–	682
Triple P Positive Parenting Program ⁽⁸⁾ – Client calls answered Live	Program terminated	Program terminated	Program terminated	58	347
Triple P Positive Parenting Program– Outbound Calls	Program terminated	Program terminated	Program terminated	163	748

Source: PHCC Clinical and Quality Initiatives Coordinator

- 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...
 - a) Registered Nurses with the knowledge to provide over-the-phone triage, assessment and care advice.
 - b) The COVID Line Nurse-clerk model was discontinued winter 2022 to 2023. Through 2023 COVID calls were answered by TeleCARE RNs; Dial a Dietitian staff as well as HLIS RNs.
- 3) With inception of ODCC as a Telephony system, Outbound call count can be reported on separately. Please refer to numbers reported in the above chart.**
- 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.

The PHCC Leadership team has initiated re-activation of the TeleCARE program winter/spring 2023
- 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.With Inception of new ODCC Telephony system, call volume is now available. Please refer to numbers reported in the above chart.
- 8) The Manitoba Parent Line connects callers to trained Parent Education Counselors who provide confidential assistance, information & support for child development issues and many common parenting concerns. Triple P program consultants were redirected to support covid screening calls mid March 2020. Funding for this program was ceased in June 2020. Therefore the program was terminated.
- 9) Due to transition from Avaya Cloud to Bell MTS ODCC Telephony system; Q1-Q2-Q3 2022 Data for the HLIS, DaD, TeleCARE program is permanently lost. Only partial Q4 data is available: Data is from Jan 17th 2023 (Inception date for ODCC Telephony system) to March 31st 2023.
- 10) Based on partial data only: Data from After Hours Central Intake program from October 24th 2022 to March 31st 2023.
- 11) Due to transition from Avaya Cloud to Bell MTS ODCC Telephony system; Q1-Q2 2023 Data for the AHCI program is no longer available. Only Partial Q3 data and full Q4 data is available: Data is from October 17th 2023 (Inception date for ODCC Telephony system) to March 31st 2024.
- 12) Stats depicted in the table reflect outbound calls from October 17, 2023 (Implementation date of ODCC fro ACHI), through to March 31, 2024)

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

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 services in French across the Winnipeg Health Region.

WRHA Francophone Health Strategic Directions

Our Team	FH 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.

2023/24 WRHA FH Notable Achievements:

- Adopted a name change from French Language Services to Francophone Health to illustrate our commitment to inclusion and an integrated involvement in the health-care system.
- Monitored compliance in person and over the phone to ensure Active Offer was carried out.
- Launched a linguistic insecurities campaign to encourage employees who are less confident with their speaking ability to use their French.
- Maintained a regular presence in the internal newsletter and hosted activities for employees to cultivate a bilingual work environment.
- Granted the Health in French Excellence Award to honour an employee who has made remarkable efforts in advocating for the French language in the healthcare sector.
- Worked collaboratively with University 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 senior practicums.
- Participated in career fairs and updated recruitment resources.
- Participated on regional, provincial and community committees to represent the WRHA FH perspective and develop strategies to enhance the delivery of services.
- Maintained WRHA FH Advisory Committee to provide advice and guidance on matters pertaining to policies, programs and practices involving service delivery in French.

Regional Bilingual Capacity	2023–2024	2022–2023	Variance explanation
Number of Designated Bilingual Positions	942	941	
Number of Designated Bilingual Positions Filled With Bilingual Incumbents	437	409	This number reflects the programs that reported back on their HR Data.
Number of Designated Bilingual Positions Filled With Non-Bilingual Incumbents (Underfill)	488	532	This number also includes vacant positions as we do not currently have the capacity to extract the information.

*There is capacity outside of designated bilingual positions.

2023/24 WRHA FH Operational Overview:

109,101

words translated in the 2023/24 fiscal year, totaling **147 documents**.

58

proficiency evaluations completed to support hiring into designated bilingual positions.

62

employees attended training with université de Saint-Boniface.

342

total hours logged for the online Rosetta Stone learning program or through a private tutor.

46%

of designated **bilingual positions** were filled by bilingual incumbents.

16

discussion groups were held for employees to practice speaking French.

Santé des francophones de l'Office régional de la santé de Winnipeg (ORSW) a pour mandat d'aider l'ORSW à promouvoir et offrir des services de santé en français conformément à la politique de Santé des francophones de l'ORSW, ainsi que 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 de santé des francophones de l'ORSW

Notre équipe	Santé des francophones joue 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 de Santé des francophones pour 2023/24 :

- Adoption du nom Santé des francophones au lieu de Services en langue française pour illustrer notre engagement envers l'inclusion et une implication intégrée dans le système de santé.
- Surveillance de la conformité de l'offre active par téléphone et en personne.
- Lancement d'une campagne d'insécurité linguistique pour encourager les employés qui sont moins confiants dans leur capacité de parler à utiliser leur français.
- Présence régulière dans le bulletin interne et activités organisées pour les employées afin de cultiver un environnement de travail bilingue.
- Décernement du prix Health in French Excellence Award pour honorer un employé qui a déployé des efforts remarquables dans la défense de la langue française dans le secteur de la santé.
- Collaboration active avec l'École des sciences infirmières et des études de la santé de l'Université Saint-Boniface 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 de consolidation.
- Participation à des foires d'emploi et mise à jour des ressources de recrutement.
- Participation à des comités régionaux, provinciaux et communautaires pour représenter la perspective de Santé des francophones de l'ORSW et élaborer des stratégies pour améliorer la prestation des services.
- Conservation du comité consultatif de Santé des francophones de l'ORSW, en vue de solliciter des conseils et des orientations sur les questions concernant les politiques, les programmes et les pratiques relatives aux services en français.

Aperçu des activités de Santé des francophones en 2023/24 :

109,101
mots traduits au cours de l'exercice 2023/24 fiscal, représentant un total de **147 documents**.

58
Évaluations linguistiques effectuées pour soutenir l'embauche des postes désignés bilingues.

62
Employés ont suivi de la formation à l'Université de Saint-Boniface.

342
heures totales enregistrées pour le programme d'apprentissage en ligne Rosetta Stone ou par l'entremise du tutorat privé.

46%
des postes désignés bilingues ont été remplis par des candidats bilingues.

16
Groupes de discussion ont été organisés pour permettre aux employés de pratiquer à parler le français.

Capacité bilingue régionale	2023-2024	2022-2023	Explication de l'écart
Postes désignés bilingues	942	941	
Postes désignés bilingues remplis de titulaires bilingues	437	409	Ce nombre reflète les programmes qui ont rendu compte de leurs données de ressources humaines.
Nombre de postes désignés bilingues comblés par des titulaires non bilingues	488	532	Ce nombre comprend également les postes vacants puisque nous n'avons pas actuellement la capacité d'extraire l'information.

*Il existe une capacité à l'extérieur des postes désignés bilingues.

Financials





Winnipeg Regional
Health Authority Office régional de la
santé de Winnipeg

Summarized Consolidated Financial Statements of the

WINNIPEG REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2024

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WINNIPEG REGIONAL HEALTH AUTHORITY

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING SUMMARIZED CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2024

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



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REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARIZED CONSOLIDATED 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, 2024 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, 2024.

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 June 25, 2024.

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 25, 2024

WINNIPEG REGIONAL HEALTH AUTHORITY
Summarized Consolidated Statement of Financial Position

As at March 31, 2024
(in thousands of dollars)

	2024	2023
FINANCIAL ASSETS		
Cash	\$ 43,954	\$ 88,817
Accounts receivable	272,445	208,456
Investments	29,560	30,923
Employee benefits recoverable from Manitoba Health	51,409	51,972
Employee future benefits recoverable from Manitoba Health	19,661	19,892
	417,029	400,060
LIABILITIES		
Bank indebtedness	109,133	89,321
Accounts payable and accrued liabilities	407,420	352,991
Unearned revenue	55,670	63,665
Employee benefits payable	100,001	93,570
Employee future benefits payable	123,658	123,366
Long-term debt	375,193	343,302
Asset retirement obligation liability	48,906	79,199
	1,219,981	1,145,414
NET DEBT	(802,952)	(745,354)
NON-FINANCIAL ASSETS		
Inventory	32,447	31,640
Prepaid expenses	7,629	5,462
Tangible capital assets, net	688,549	650,606
	728,625	687,708
TOTAL NET LIABILITIES	\$ (74,327)	\$ (57,646)
Total net liabilities are comprised of:		
Accumulated deficit	(75,873)	(58,275)
Accumulated remeasurement gains	1,546	629
	\$ (74,327)	\$ (57,646)



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



..... Brenda McInnes, CPA, CA
Treasurer

WINNIPEG REGIONAL HEALTH AUTHORITY

Summarized Consolidated Statement of Operations and Accumulated Surplus

For the year ended March 31, 2024

(in thousands of dollars)

	2024			2024	2023
	Core Operations	Capital Operations	Actual Total	Budget Total	Actual Total
REVENUE					
Manitoba Health grants	\$ 2,246,860	\$ 47,773	\$ 2,294,633	\$ 2,070,148	\$ 2,133,360
Grants from other provincial government sources	105,855	-	105,855	94,689	94,689
Other capital grants	-	6,223	6,223	5,171	5,171
Patient and resident income	52,802	-	52,802	43,630	43,630
Recoveries from external sources	49,127	-	49,127	29,040	29,404
Investment income	1,558	-	1,558	475	1,401
Other income	4,007	-	4,007	7,595	11,866
	2,460,209	53,996	2,514,205	2,250,748	2,319,521
EXPENSES					
Acute care	1,087,991	17,238	1,105,229	1,054,916	1,047,887
Community care	514,580	5,327	519,907	475,439	475,439
Long-term care	628,803	3,247	632,050	524,216	561,705
Medical remuneration	279,003	-	279,003	216,271	245,150
	2,510,377	25,812	2,536,189	2,270,842	2,330,181
INSURED SERVICES (DEFICIT) SURPLUS	(50,168)	28,184	(21,984)	(20,094)	(10,660)
NON-INSURED SERVICES					
Non-insured services income	28,880	-	28,880	45,000	49,818
Non-insured services expenses	24,494	-	24,494	39,632	55,757
NON-INSURED SERVICES SURPLUS (DEFICIT)	4,386	-	4,386	5,368	(5,939)
(DEFICIT) SURPLUS BEFORE RESTRUCTURING	\$ (45,782)	\$ 28,184	\$ (17,598)	\$ (14,726)	\$ (16,599)
IMPACT OF RESTRUCTURING TRANSACTIONS	-	-	-	-	(391,708)
(DEFICIT) SURPLUS FOR THE YEAR	\$ (45,782)	\$ 28,184	\$ (17,598)	\$ (14,726)	\$ (408,307)
ACCUMULATED (DEFICIT) SURPLUS, BEGINNING OF YEAR			(58,275)		350,032
ACCUMULATED DEFICIT, END OF YEAR			\$ (75,873)		\$ (58,275)

WINNIPEG REGIONAL HEALTH AUTHORITY
Notes to the Summarized Consolidated Financial Statements
March 31, 2024
(in thousands of dollars)

1. BASIS OF PRESENTATION

These summary financial statements are presented on the same basis as the audited financial statements of the Winnipeg Regional Health Authority (the “Authority”) as at March 31, 2024 and for the year then ended, except as described in the following paragraphs.

The preparation of these summary financial statements requires management to determine the information that needs to be reflected in the summary financial statements so that they are consistent, in all material respects, with or represent a fair summary of the audited financial statements.

These summarized financial statements have been prepared by management using the following criteria:

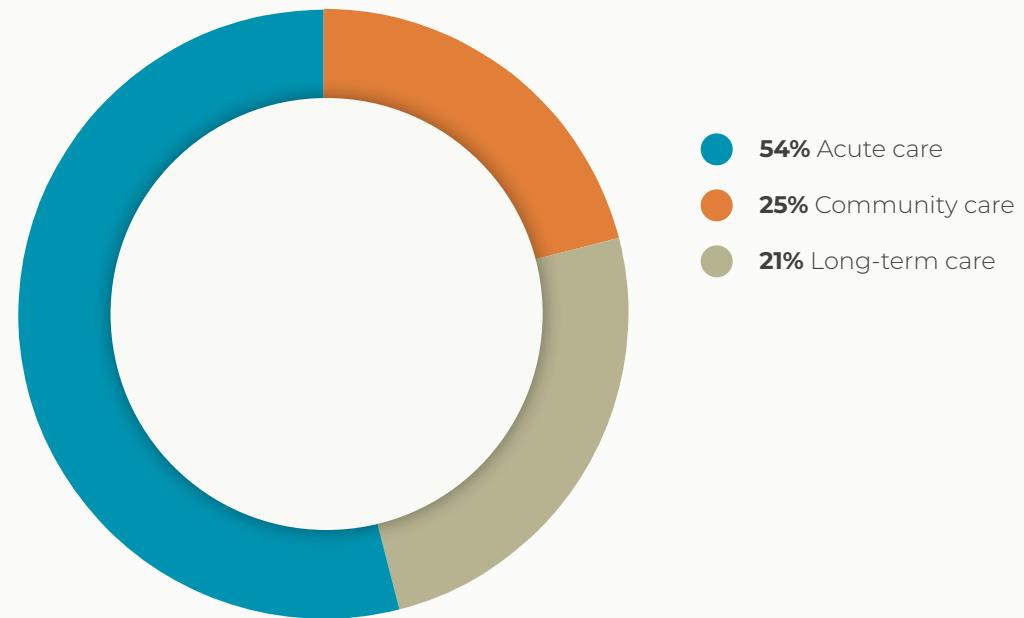
- a) whether information in the summary financial statements is in agreement with the related information in the complete audited financial statements; and
- b) whether, in all material respects, the summary financial statements contain the information necessary to avoid distorting or obscuring matters disclosed in the related complete audited financial statements, including the notes thereto.

Management has determined that the notes and the schedules to the financial statements are not required for general understanding of financial position, results of operations and accumulated surplus, changes in net debt, remeasurement gains, and cash flows of the Authority. These items not included herein, are however, integral parts of the financial statements presented in accordance with Canadian public sector accounting standards.

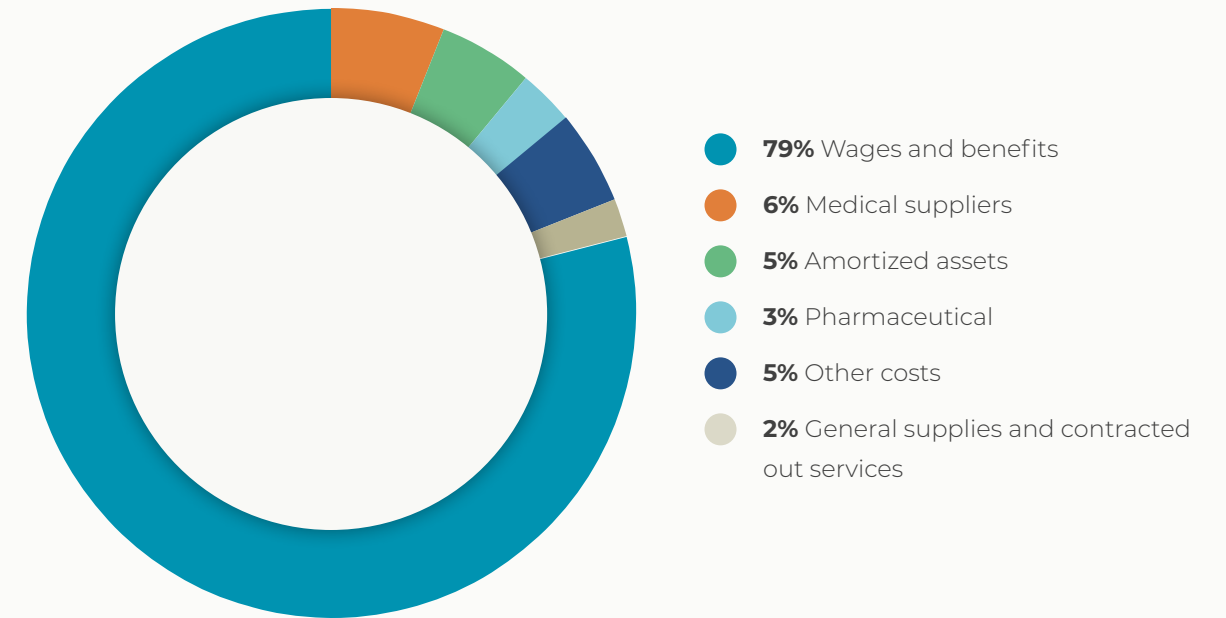
The complete audited financial statements of the Authority are available upon request by contacting the Authority.

Budget Allocation by Sector and Major Expenses

Budget Allocation by Sector



Budget Allocation by 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. 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

2023/24

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	2.76%	0.97%	1.64%	5.37%
Northern Regional Health Authority	3.42%	1.10%	0.98%	5.50%
Prairie Mountain Health	2.36%	0.42%	0.83%	3.61%
Southern Health Santé-Sud	2.49%	0.46%	1.11%	4.06%
CancerCare Manitoba	1.73%	0.72%	0.54%	2.99%
Winnipeg Regional Health Authority	3.12%	0.63%	1.04%	4.79%
Shared Health	3.12%	0.81%	1.43%	5.36%
Provincial-Percent	2.93%	0.70%	1.16%	4.79%
Provincial-Totals	\$ 188,423,034	\$ 44,691,858	\$ 74,480,820	\$ 307,595,712

2022/23

REGION	Corporate	Patient-Care Related	Human Re-sources & Re-cruitment	Total Administration
Interlake-Eastern Regional Health Au-thority	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*	3.06%	0.59%	0.94%	4.59%
Shared Health*	4.02%	0.86%	1.32%	6.20%
Provincial-Percent	3.31%	0.66%	1.10%	5.07%
Provincial-Totals	\$ 196,062,268	\$ 38,809,780	\$ 65,324,313	\$ 300,196,361

*2022/23 has been adjusted for Winnipeg Regional Health Authority and Shared Health for comparative purposes. In 2022/23, WRHA and SH recorded substantial gains/losses for assets transferred from Winnipeg Regional Health Authority to Shared Health. Without the adjustment, total administration was reported last year at 3.90% for WRHA and 7.77% for Shared Health.

WRHA Administrative Costs**

For Year to Date Ending:	Mar-24		Mar-23 restated	
	\$	%	\$	%
Corporate	69,236,348	3.12%	67,620,550	3.06%
Patient care related costs	13,983,979	0.63%	12,995,386	0.59%
Recruitment/Human Resources related costs	22,939,158	1.04%	20,865,797	0.94%
TOTAL Administrative costs	106,159,486	4.79%	101,481,733	4.59%

**The WRHA values above include an extraordinary reduction of \$27,307,080 that relates to the recalculation of Asset Retirement Obligations (AROs) due to changes in the original estimates as management received new and more accurate information. This is a one-time adjustment that does not reflect any in-year income received by the WRHA for 2023-24. The inclusion of this extraordinary amount artificially increases the WRHA's total administrative indicator from 4.73% to 4.79%, noted above for 2023-24.

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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wrha.mb.ca