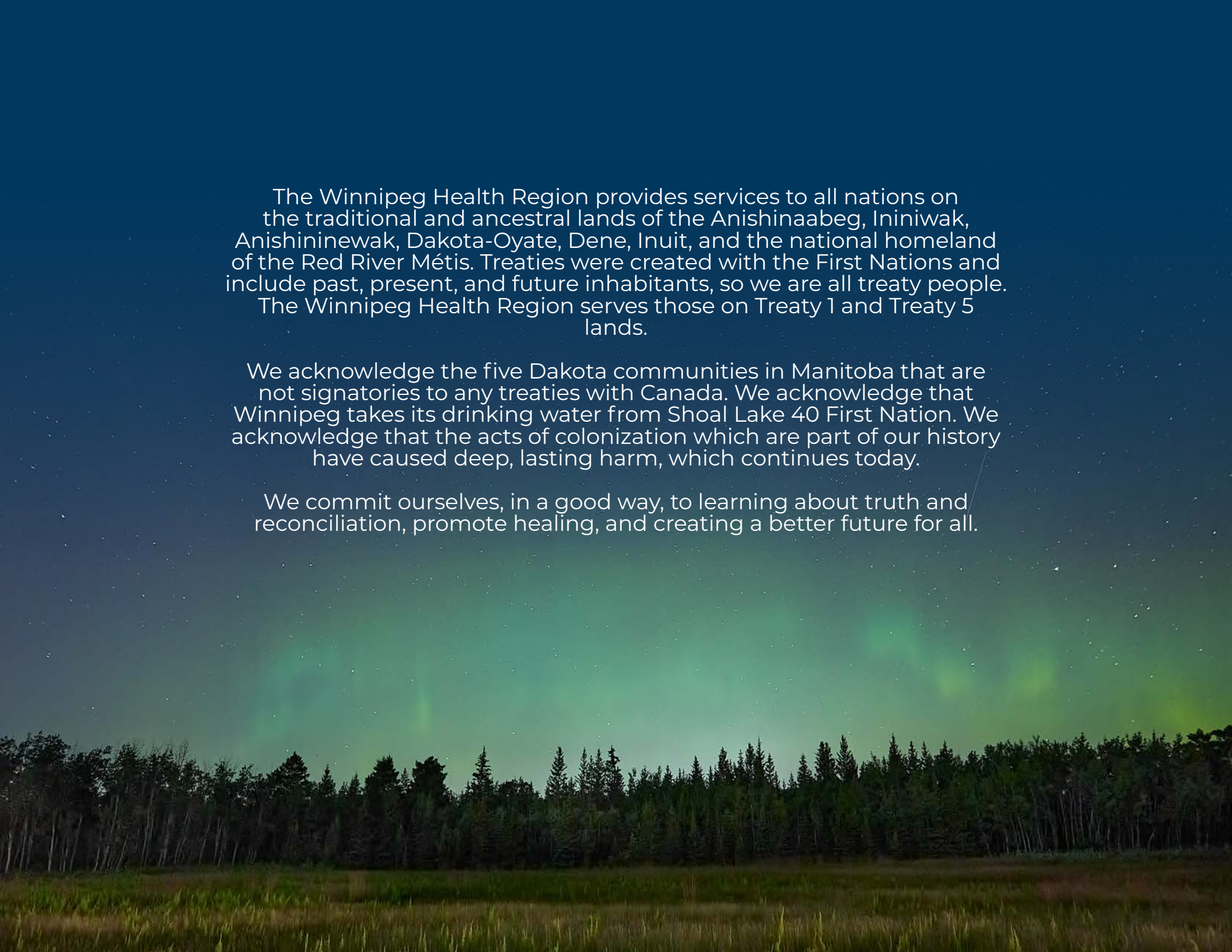
WRHA Annual Report 2024/25

Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg



The Winnipeg Health Region provides services to all nations on the traditional and ancestral lands of the Anishinaabeg, Ininiwak, Anishininewak, 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. The 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, promote healing, and creating a better future for all.

Table of Contents

Message from the President & CEO

Jane Curtis
President & CEO

Hi everyone, my name is Jane Curtis, and in February of 2025 I joined the WRHA as the Interim President & CEO. I have worked in healthcare for over 30 years in several different positions across Manitoba. Having started as a dietitian, I learned firsthand the importance of collaboration, team building, and earning trust with everyone we work with. This is what I hope to bring to the WRHA, and I believe that leaning into and living our values will be essential to helping us do this. Not all of this work will be easy, but it is how we will create a truly people-centered and sustainable organization. I have no doubt we will succeed together.

Looking back on the past year, I'm encouraged by the progress we've made together and the many accomplishments we can celebrate as an organization. Although the health care system continues to bring challenges, we've taken meaningful steps forward to strengthen our care and support the health and wellbeing of our staff, patients, clients, residents, and community.

As we enter Year Two of our Strategic Plan, we continue to build on the priorities we set together, guided by our mission, vision, and values. Our goals remain focused on strengthening recruitment and retention, supporting a healthy and engaged workforce, and fostering a safe and inclusive workplace. We are also working to enhance quality and safety, deliver care more efficiently and sustainably, and expand services closer to home. At the heart of this work is our commitment to helping everyone reach their full health and wellbeing potential by providing high-quality, culturally safe care and removing barriers to access.

A healthy, engaged workforce is vital to delivering quality care and supporting strong communities. In fall/winter 2024, 59.8 per cent of staff took part in the Employee Opinion Survey, which showed an overall engagement score of 68.7 per cent, a 2.5 per cent increase from 2021. Staff also had more ways to share feedback this year, including quarterly town halls, monthly executive blogs, and ongoing "always-on" surveys.

Although vacancy rates are improving, maintaining staffing levels remains a challenge throughout the system. In-house training of uncertified health care Aides continued throughout 2024/25, delivering 14 cohorts and graduating 122 individuals into the workforce. An additional 99 health care aides (HCAs) graduated from the Bridging Program and many more were in-progress at year-end.

Our patients, clients and residents, staff and community deserve a strong, safe and responsive health system. During 2024/25, we enhanced options and alternatives for minor health-care concerns, including opening Extended Hours Primary Care Clinics at the Grace, Concordia, and Victoria Hospitals, and a Minor Illness and Injury Clinic at the Misericordia Health Centre. Late evening and weekend appointments were expanded, and many clinics now offer online booking through medinav.ca. These efforts aim to make accessing care for minor health concerns

convenient, so Emergency Department and Urgent Care capacity is preserved for more serious conditions.

This past year saw important investments to improve access and flow across the health system. New inpatient, critical care, transitional, and personal care home beds were added, helping to reduce wait times, ease emergency department pressures, and ensure patients and residents receive care in the most appropriate setting. Surgical capacity was also expanded at Grace Hospital, positioning them to complete more hip, knee, and urology procedures so people can access the care they need sooner. Planning is underway for the expansion of Victoria Hospital's Urgent Care to a full Emergency Department, while ongoing work with the Lower Wait Times and System Improvement Team is targeting system-wide improvements to reduce delays and support patients more effectively.

At the same time, efforts to strengthen financial sustainability are helping ensure resources are used wisely and reinvested into care. A new Fiscal Sustainability Council is coordinating initiatives to reduce overtime and allocate resources more efficiently. Additionally, an enhanced focus was placed on revenue opportunities, specifically aimed at increasing revenue from preferred accommodations, resulting in revenues of $1.8 million in 2024/25.

As part of our commitment to build culturally inclusive work and care environments under the For All priority, we began the work of co-developing an Indigenous Health Strategy, as outlined in our strategic plan. Throughout fall 2024 and winter 2025, outreach and engagement with over 50 Indigenous-led and Indigenous-serving partner organizations occurred as the first step in this work. A 'What We Heard' report was created and will be used to identify key strategic priorities in collaboration with our partners.

We also continue to collect voluntary race, ethnicity and Indigenous identify data at registration, and piloted the Manitoba Indigenous Cultural Safety training, *Giga mino ganawenimaag Anishinaabeg* (We Will Take Good Care of the People).

Looking ahead, key system investments, such as opening an expanded Emergency Department at St. Boniface Hospital in fall 2025, the conversion of the Urgent Care at Victoria General Hospital to an Emergency Department, and expansions in primary care options are expected to stabilize and reduce wait times. We also look to prioritize implementation of a formalized anti-racism policy, expand culturally appropriate services, and increase access to anti-racism training for health-care employees and improve diversity in the health workforce.

I want to extend my heartfelt thanks to our leadership team and senior executives, whose guidance and tireless efforts have supported our sites, programs, and my own transition into this role over the past year.

I am also deeply grateful to Mike Nader, our outgoing President and CEO, who led the WRHA with dedication since May 2021. His leadership, including steering the organization through the challenges of the COVID-19 pandemic, laid the groundwork for much of the progress we continue today. Thank you, Mike, for your commitment to our community.

My thanks also go to our Board of Directors, whose insight and guidance have been invaluable.

Most importantly, I want to recognize all our staff and physicians across the region. Your dedication to patients, clients, and residents is at the heart of everything we do.

Sincerly,

Jane Curtis, President & CEO

Message du président-directeur général

Bonjour à tous! Je m'appelle Jane Curtis et en février 2025, je me suis jointe à l'Office régional de la santé de Winnipeg en tant que présidente par intérim et directrice générale. Je travaille dans le domaine des soins de santé depuis plus de 30 ans et j'ai occupé plusieurs postes différents partout au Manitoba. J'ai commencé ma carrière d'abord comme diététiste, rôle qui m'a permis d'apprendre l'importance de collaborer, de renforcer l'esprit d'équipe et de gagner la confiance de tous nos collègues. C'est ce que j'espère apporter à l'ORSW et je crois que nous appuyer sur nos valeurs sera essentiel pour y arriver. Ce ne sera pas chose facile, mais c'est la façon de vraiment créer une organisation centrée sur la personne et durable. Je suis persuadée que nous réussirons ensemble.

En repensant à l'année dernière, je suis fière des progrès que nous avons réalisés ensemble et des nombreuses réalisations que nous pouvons célébrer. Bien que le système de soins de santé continue d'apporter des défis, nous avons pris des mesures significatives pour renforcer nos soins et appuyer la santé et le bien-être de notre personnel, des patients, des clients, des résidents et de la communauté.

Alors que nous entamons la deuxième année de notre plan stratégique, nous continuons de prendre appui sur les priorités que nous avons fixées ensemble, en étant guidés par notre mission, notre vision et nos valeurs. Nos objectifs demeurent les mêmes, soit de renforcer le recrutement et la rétention et promouvoir une main-d'œuvre en bonne santé et engagée, ainsi qu'un milieu de travail sécuritaire et inclusif. Nous travaillons également à améliorer la qualité et la sécurité, à prodiguer des soins de façon plus efficace et durable et à fournir des services plus près du domicile. Au cœur de ce travail est notre engagement à aider toutes les personnes à réaliser leur plein potentiel en matière de santé et de bien-être en leur prodiguant des soins de haute qualité et culturellement sûrs et en éliminant les obstacles à l'accès.

Une main-d'œuvre en bonne santé et engagée est essentielle pour fournir des soins de qualité et renforcer les collectivités. À l'automne/l'hiver 2024, 59,8 % des membres du personnel ont répondu à un sondage d'opinion des employés, lequel a démontré un score d'engagement global de 68,7 %, ce qui représente une hausse de 2,5 % par rapport à 2021. Le personnel avait également d'autres façons de partager leurs commentaires cette année, notamment des assemblées publiques trimestrielles, des blogues mensuels de la direction et des sondages en continu.

Bien que les taux de postes vacants s'améliorent, le maintien des effectifs demeure un défi dans l'ensemble du système. La formation à l'interne d'aide en soins de santé non certifiés s'est poursuivie tout au long de 2024/25, avec 14 cohortes et 122 diplômés ayant intégré la main-d'œuvre. De plus, 99 autres aides en soins de santé ont complété le programme de transition et de nombreux autres poursuivaient leur formation à la fin de l'année.

Nos patients, clients, résidents, membres du personnel, ainsi que nos communautés méritent un système de soins de santé solide, sécuritaire et réceptif. Au cours de 2024/25, nous avons amélioré les options et les solutions de rechange pour les préoccupations de santé mineures, y compris l'ouverture de cliniques de soins primaires à heures d'ouverture prolongées aux hôpitaux Grace, Concordia et Victoria. Par ailleurs, une clinique de blessures et maladies mineures a été ouverte au Centre de santé Misericordia. Les rendez-vous en soirée et durant les fins de semaine ont été prolongés et de nombreuses cliniques offrent maintenant la prise de rendez-vous en ligne par l'entremise de medinav.ca. Ces efforts visent à rendre l'accès aux soins plus convivial pour des préoccupations de santé mineures afin que la capacité des services d'urgence et des centres d'urgence mineure soit préservée pour les problèmes de santé plus graves.

Au cours de l'année écoulée, d'importants investissements ont été réalisés pour améliorer l'accès et la circulation des patients dans l'ensemble du système de soins de santé. De nouveaux lits ont été ajoutés pour les hospitalisations, les soins actifs, les soins transitoires et les foyers de soins de longue durée, afin de réduire les temps d'attente et les pressions sur nos services d'urgence, et de s'assurer que les patients et les résidents reçoivent des soins dans

le milieu le plus approprié. La capacité chirurgicale a également été augmentée à l'Hôpital Grace, permettant ainsi de procéder à un plus grand nombre de chirurgies des hanches et des genoux et à effectuer plus de procédures urologiques. Par conséquent, les patients peuvent accéder aux soins dont ils ont besoin plus rapidement. La planification est en cours pour l'expansion des soins d'urgence mineure à l'Hôpital Victoria afin d'en faire un service d'urgence complet. Entre-temps, le travail se poursuit pour réduire les temps d'attente, entreprendre des améliorations systémiques et appuyer les patients plus efficacement.

Parallèlement, des efforts pour renforcer la viabilité financière aident à s'assurer que les ressources sont utilisées de façon judicieuse et réinvesties dans les soins de santé. Un nouveau comité d'évaluation de la viabilité financière coordonne les initiatives visant à réduire les heures supplémentaires et à allouer les ressources de façon plus efficace. De plus, on a mis davantage l'accent sur les occasions de revenus, particulièrement les occasions permettant d'augmenter les revenus, particulièrement par l'augmentation des revenus d'hébergement préférentiel, ce qui a produit des revenus de 1,8 million de dollars en 2024/25.

Dans le cadre de notre engagement à créer un milieu de travail et de soins culturellement sûrs et inclusifs qui concorde avec notre vision Priorité pour tous, nous avons commencé à élaborer conjointement une stratégie de santé pour les Autochtones, comme il est souligné dans notre plan stratégique. Au cours de l'automne 2024 et de l'hiver 2025, comme première étape dans ce travail, des activités de sensibilisation et d'engagement ont eu lieu auprès de plus de 50 organisations partenaires dirigées par des Autochtones et desservant ces derniers. Un rapport sur « Ce que nous avons entendu » a été élaboré et sera utilisé pour cerner les priorités stratégiques clés en collaboration avec nos partenaires.

Nous continuons de recueillir des données sur la race, l'ethnicité et l'identité autochtone lors de l'inscription (divulgation volontaire), et nous avons mis sur pied le projet pilote de formation sur la sécurité culturelle des Autochtones, *Giga mino ganawenimaag Anishinaabeg* (« Nous prendrons bien soin des gens »).

Dans un regard vers l'avenir, des investissements clés comme l'ouverture d'un service d'urgence agrandi à l'Hôpital Saint-Boniface à l'automne 2025, la conversion des soins d'urgence mineure en un service d'urgence complet à l'Hôpital général Victoria, et les expansions des options de soins primaires devraient stabiliser et réduire les temps d'attente. Nous accorderons également la priorité à la mise en place d'une politique formelle de lutte contre le racisme, à l'expansion des services culturellement appropriés et à l'augmentation de l'accès à la formation antiracisme pour les employés des soins de santé et à l'amélioration de la diversité au sein de la main-d'œuvre.

Je tiens à offrir mes sincères remerciements à notre équipe de direction et aux cadres supérieurs dont les conseils et les efforts inlassables ont appuyé nos établissements, nos programmes et ma propre transition dans ce nouveau rôle au cours de la dernière année.

Je suis également profondément reconnaissante envers Mike Nader, notre président et directeur général sortant, qui a dirigé l'ORSW avec dévouement depuis mai 2021. Son leadership, qui nous a permis entre autres de relever les défis liés à la pandémie de la COVID-19, a préparé le terrain pour les progrès que nous continuons de réaliser aujourd'hui. Merci Mike pour ton engagement au sein de notre communauté.

Je tiens aussi à remercier notre conseil d'administration dont les points de vue et les conseils ont été précieux.

Et surtout, je souhaite remercier tous les membres du personnel et les médecins de partout dans la région. Votre dévouement envers les patients, clients et résidents est au cœur de tout ce que nous faisons.

Cordialement,

Jane Curtis
Président - Directeur général

Message from the Chair, WRHA Board of Directors

Dr. Marcia Anderson
Board Chair

The WRHA Board of Directors remained focused this year on strengthening how care is experienced and delivered in our community. Our work has been guided by a commitment to ensuring safe, high-quality, and culturally respectful care for every person we serve.

Throughout the year, Board members connected directly with staff, patients, and the community. Site tours at Concordia Hospital and Pan Am Health Centre offered insight into the care and services being delivered, while participation in patient and family engagement meetings strengthened our focus on listening and learning. The Board also joined public town halls, where we heard from the community, and extended thanks to WRHA staff for all of their hard work.

Board members were proud to take part in the first cohort of *Giga mino ganawenimaag Anishinaabeg* (We Will Take Good Care of the People) Indigenous Cultural Safety Training. This important learning deepens our understanding and reinforces our responsibility to advance cultural safety across the region. We also supported and reviewed consultations on dignity in care, as well as reports on engagement with First Nations, Métis, and Inuit governments, organizations, and partners; critical steps in shaping an inclusive health system.

As always, the WRHA Board takes seriously its role in ensuring sound governance and stewardship of health-care resources. We remain committed to supporting an engaged workforce, advancing equitable access to care, and fostering partnerships that strengthen our health-care system.

I would like to extend a special acknowledgment to our outgoing Board members for their invaluable contributions in promoting effective governance, ensuring prudent financial management, and providing outstanding service. Our outgoing Board members include Tessa Blaikie Whitecloud, Dr. Scott Mundle (Vice Chair), Frank Koch-Schulte, Carole Urias, Vanessa Everett, Adekunle Ajisebutu, and Brenda McInnes (Treasurer). Thank you for your service.

On behalf of the WRHA Board of Directors, I would like to thank our staff, physicians, leadership teams, and community partners for their ongoing dedication. Together, we are working toward our shared vision of healthy people, thriving communities, and strong partnerships in care.

Sincerely,

Dr. Marcia Anderson
Chair, WRHA Board of Directors

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

Cette année, le conseil d'administration de l'ORSW a continué de mettre l'accent sur l'amélioration de l'expérience et de la prestation des soins dans notre communauté. Notre travail s'appuyait sur un engagement à offrir à chaque personne que nous servons des soins sécuritaires, de qualité supérieure et respectueux de sa culture.

Tout au long de l'année, les membres du conseil d'administration ont communiqué directement avec le personnel, les patients et la communauté. Les visites de l'Hôpital Concordia et de la Clinique Pan Am nous ont permis de mieux comprendre les soins et les services offerts, tandis que notre participation à des réunions de mobilisation des patients et des familles a fortifié la priorité que nous accordons à l'écoute et à l'apprentissage. Le conseil d'administration a également pris part à des assemblées publiques au cours desquelles nous avons entendu les commentaires de membres de la communauté et nous avons remercié le personnel de l'ORSW pour tout son travail acharné.

Les membres du conseil d'administration étaient fiers de faire partie de la première cohorte de la formation sur la sécurité culturelle autochtone *Giga mino ganawenimaag Anishinaabeg* (« Nous prendrons bien soin des gens »). Cet apprentissage important nous a permis d'approfondir notre compréhension et renforce notre responsabilité d'accroître la sécurité culturelle dans la région. Nous avons également soutenu et examiné les consultations sur la dignité dans les soins, ainsi que les rapports sur la mobilisation avec des gouvernements, des organisations et des partenaires des Premières Nations, des Métis et des Inuits. Ce sont des étapes essentielles pour mettre en place un système de santé inclusif.

Comme toujours, le conseil d'administration de l'ORSW prend au sérieux son rôle d'assurer une saine gouvernance et intendance des ressources en soins de santé. Nous demeurons déterminés à soutenir une main-d'œuvre engagée, à promouvoir l'accès équitable aux soins et à favoriser des partenariats qui solidifient notre système de soins de santé.

Je tiens à remercier tout particulièrement les membres sortants de notre conseil d'administration pour leur contribution inestimable à la promotion d'une gouvernance efficace, à la gestion financière prudente et à la prestation d'un service exceptionnel. Les membres sortants de notre conseil d'administration sont Tessa Blaikie Whitecloud, le Dr Scott Mundle (vice-président), Frank Koch-Schulte, Carole Urias, Vanessa Everett, Adekunle Ajisebutu, et Brenda McInnes (trésorière). Nous vous remercions pour votre service.

Au nom du conseil d'administration, je tiens à remercier notre personnel, nos médecins, nos équipes de direction et nos partenaires communautaires pour leur dévouement continu. Ensemble, nous travaillons à la concrétisation de notre vision commune d'une population en bonne santé, de communautés prospères et de partenariats solides en matière de soins.

Cordialement,

Dr. Marcia Anderson
Présidente, Conseil d'administration de l'ORSW

Letter of Transmittal & Accountability

Dear Minister,

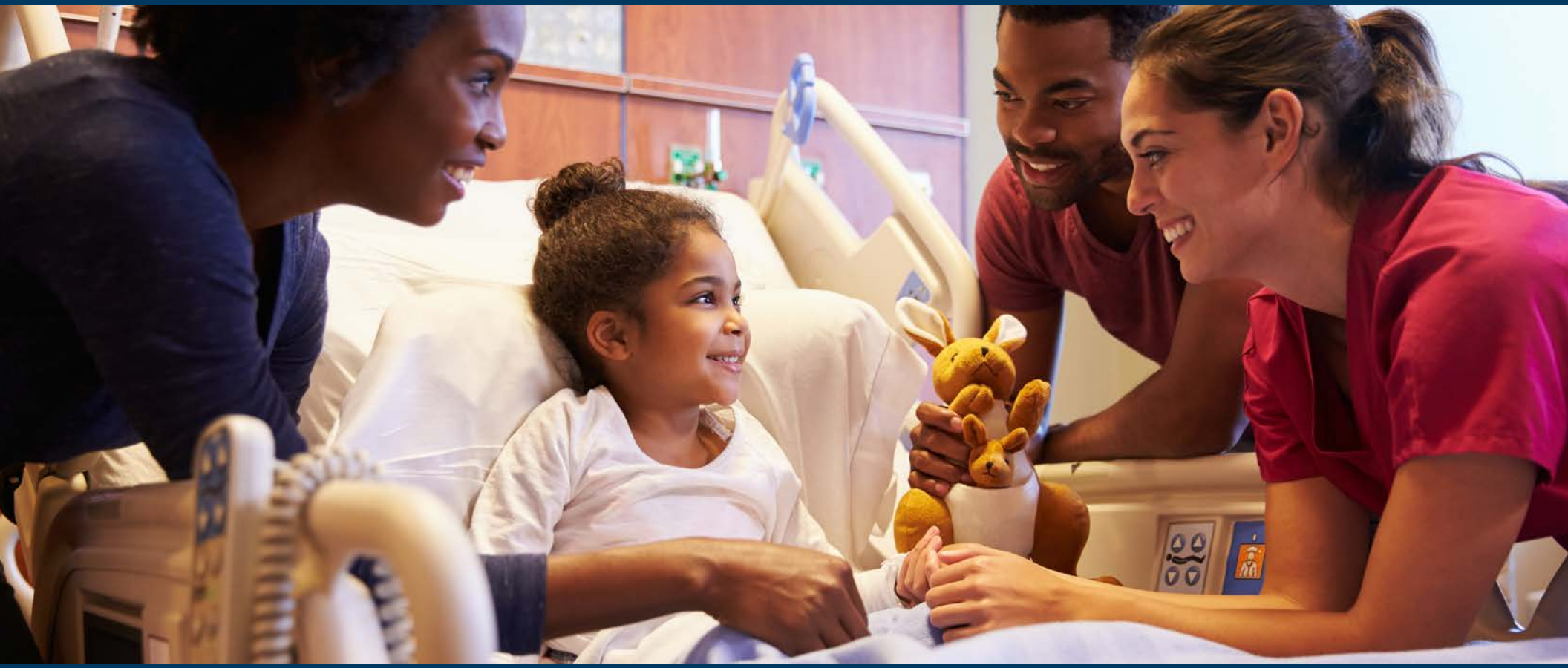
We have the honour to present the annual report for the Winnipeg Regional Health Authority, for the fiscal year ended March 31, 2025.

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 September 30 have been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted on behalf of the Winnipeg Regional Health Authority.

Dr. Marcia Anderson
Chair, WRHA Board of Directors

Board Governance



Board of Directors

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.

Board Members (April 1, 2024 to March 31, 2025)

Dr. Marcia Anderson
Board Chair

Dr. Netha Dyck
Past Chair

Mark Stewart
Board Member

MJ Brownscombe
Vice Chair

Jeff Neufeld
Board Member

Mala Sachdeva
Treasurer

Patricia Ramage
Board Member

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

Outgoing Board Members

Dr. Scott Mundle
Vice Chair

Brenda McInnes
Treasurer

Adekunle Ajisebutu
Board Member

Vanessa Everett
Board Member

Frank Koch-Schulte
Board Member

Carole Urias
Board Member

Tessa Blaikie Whitecloud
Board Member

Board Activities and Evaluation

During the 2024/25 fiscal year, Board members participated in the first cohort of *Giga mino ganawenimaag Anishinaabeg* (We Will Take Good Care of the People) Indigenous Cultural Safety Training. Additionally, the Board members attended site tours at Concordia Hospital and Pan Am Health Centre and learned about health services.

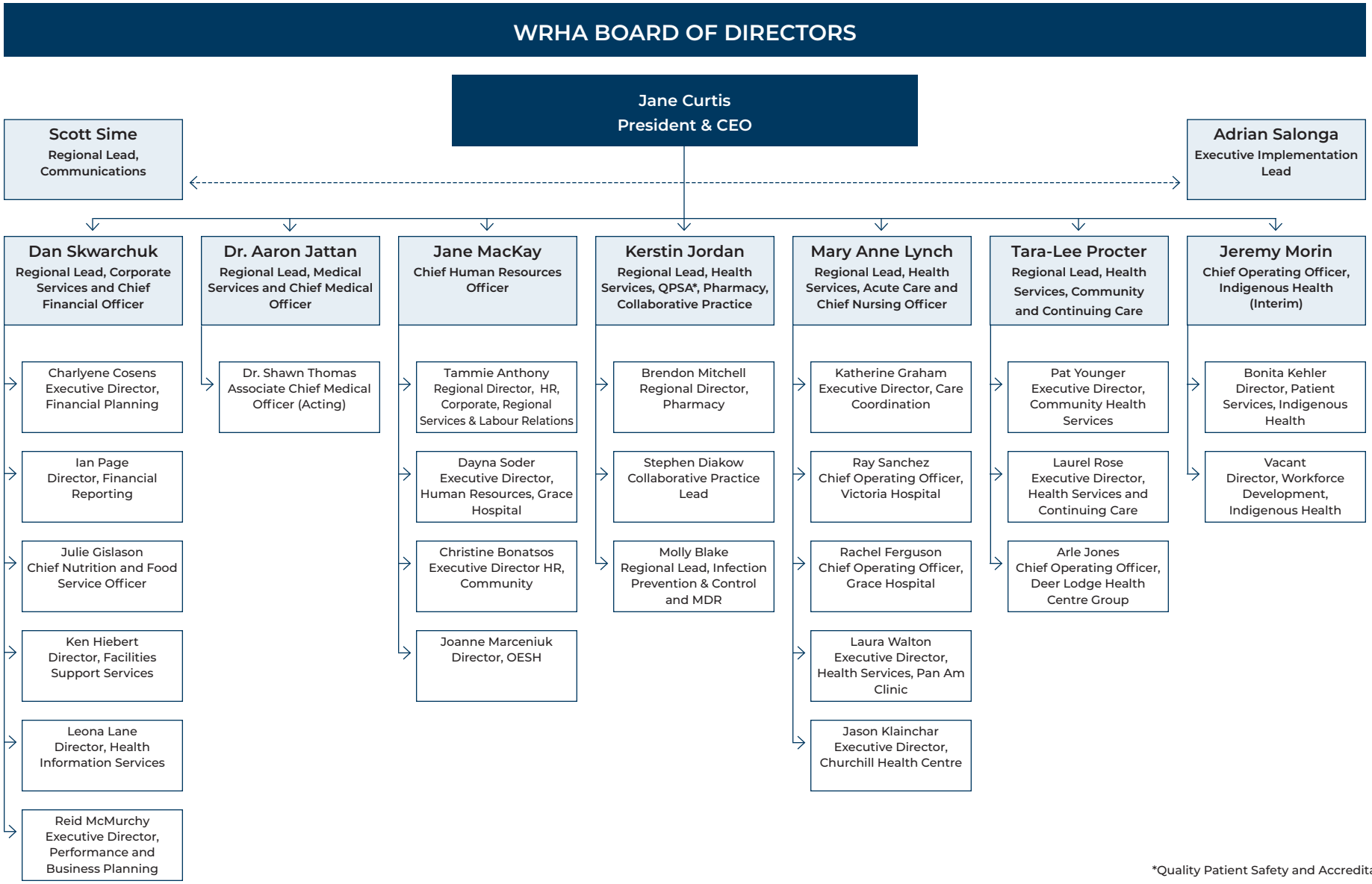
The Board Chair and other Board members also participated in several consultations and events. This included:

- Participation from the Board Chair and other members in Public Town Halls.
- Greetings from the Board Chair at Staff Town Halls.
- Greetings from the Board Chair at the WRHA's Long-Term Service Awards event.
- Participation at WRHA's patient and family engagement meeting.
- Support and review of dignity in care consultations.
- Support and review of reports from management engagement with First Nations, Metis, Inuit governments, organizations and partners.

The Board's performance is evaluated through several ongoing processes to ensure accountability and continuous improvement. These include monthly board meeting effectiveness surveys, one-on-one meetings between the Board Chair and members, and an annual board assessment survey. The Board also completes Accreditation Canada's Governance Functioning Tool and Self-Assessment; conducts exit interviews with outgoing members; and undertakes an annual Audit Committee Self-Assessment.

Organizational Structure

Organizational Chart



*Quality Patient Safety and Accreditation

Summary of Changes

In February 2025, Jane Curtis was appointed Interim President & CEO for the WRHA, replacing Mike Nader who had served as President & CEO since May 2021. Jane is a proven health system leader who previously served as the CEO for Southern Health-Santé Sud for eight years.

For more information or to provide feedback, please visit: www.wrha.mb.ca/contact-us.

Our Region at a Glance

Our Region

The WRHA serves residents of the City of Winnipeg, as well as the northern community of Churchill and the rural municipalities of East and West St. Paul, representing a total population of more than 850,000. The WRHA also provides health-care support and specialty referral services to nearly half a million Manitobans who live beyond these boundaries, as well as residents of northwestern Ontario and Nunavut, who often require the services and expertise available within the WRHA.

Our People and Facilities

Among the largest employers in Manitoba, the WRHA and its associated operating entities have over 19,500 employees. With an annual budget of $2.4 billion, the WRHA is the largest regional health authority in the province and operates or funds over 200 health service facilities and programs.

Community Health Agencies

The WRHA funded 13 community health agencies for a total of $89.67 million in the 2024/2025 fiscal year. The services of these community health agencies are focused on the delivery of primary care along with other specialty services.

Grant-Funded Agencies

The WRHA funded 76 additional agencies for a total of $23.1 million in the 2024/25 fiscal year. These agencies deliver services in the following program areas: cardiac rehabilitation, community development; home care; housing support services; mental health; primary care; disabilities services; senior centres; and support services to seniors, which include congregate meal programs, tenant resource coordinators, senior resource coordinators, senior centres, and specialized services.

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

Accomplishments

Strategic Plan Overview

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.

ACCOUNTABILITY

We hold ourselves and others responsible for actions and results.

COLLABORATION

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

INTEGRITY

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

INCLUSIVITY

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

EQUITY

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

Our Priorities and Goals

Manitoba Health, Seniors and Long Term Care requires service delivery organizations in Manitoba to align their priorities and goals the the immediate priorities of the provincial government:

- Workforce Culture, Retention, Recruitment, and Training
- Electronic Medical Records
- Improved Access
- Emergency Department Performance
- Primary and Community Care
- Financial Sustainability
- Health Equity and Indigenous Health

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 www.wrha.mb.ca/theplan.

Strategic Plan Progress

OUR TEAM

An engaged and healthy workforce is essential to supporting healthy people and communities, and is a critical part of providing the best health services to everyone we care for. This priority aligns with Manitoba Health, Seniors and Long-Term Care's immediate priority of Workforce Culture, Retention, Recruitment and Training.

Key Initiatives

Employee Feedback

The Employee Opinion Survey was completed in fall/winter 2024 with a participation rate of 59.8 per cent and overall engagement score of 68.7 per cent (+2.5 per cent improvement over 2021). This survey informs unit-specific action plans for improving job satisfaction and culture in the work environment.

Additional opportunities were created for employee feedback and engagement through constructive dialogue with staff via quarterly staff town halls, monthly executive blogs authored by members of senior management, and "always-on" staff feedback surveys.

Safety & Security

Safety and security measures were enhanced at facilities across the WRHA, including hiring institutional safety officers at St. Boniface and Victoria Hospitals, as well as investments in enhanced security camera coverage, lighting installation, alarm upgrades, and parkade renovations at several health-care facilities.

MASH Certification

The WRHA continued its system-wide Manitoba Association of Safety in Healthcare (MASH) certification to reduce preventable harm and foster safe work environments. Audits completed in 2024/25 included River Park Gardens Personal Care Home, Concordia Hospital and Concordia Place, as well as preparatory audits at Middlechurch Personal Care Home, and the WRHA Corporate & Community business area.

Educational Opportunities for Nursing Students

Experiential work placements for third- and fourth-year nursing students via the Undergraduate Nurse Employee program were supported, creating opportunities to work alongside health-care teams and showcase fulfilling careers in medical, surgical and mental health settings.

Equity, Diversity, Inclusion, and Belonging

An Equity, Diversity, Inclusion and Belonging Advisory Committee with dedicated staff resources to implement recommendations on 24-month project assignment was created to support an inclusive, culturally safe and healthy work environment.

Challenges and Future Direction

Expansion of services and the growing demands of an aging population continue to place significant pressure on the health-care system across many areas. While vacancy rates have shown some improvement, maintaining adequate staffing levels remains a persistent challenge. Our recent employee opinion survey highlighted that ongoing staffing and vacancy issues are key contributors to staff burnout. Unfilled positions and increased workloads negatively impact employee well-being, engagement, capacity, and retention. Addressing these concerns through targeted follow-ups will enable us to develop and implement effective strategies to manage and mitigate these adverse effects on our workforce.

To strengthen retention and workforce engagement, our efforts will focus on reducing non-clinical workloads of clinical staff, supporting the provincial Health-care Retention and Recruitment Office through local initiatives, continuing to deliver experiential placements for student learners, and collaborating with the provincial Well-being Team to improve wellness supports. These strategies are designed to foster a sustainable, resilient workforce culture, while addressing critical staffing vacancies within the health-care system.

OUR CARE

We continue to place our patients, clients and residents, staff and community at the centre of all we do. They deserve a strong, safe and responsive health system that empowers them to become advocates for their health and well-being, while fostering a collaborative approach to improving our health system. This priority aligns with Manitoba Health, Seniors and Long-Term Care's immediate priority of primary and community care.

Key Initiatives

Primary Care

Options and alternatives for treating minor health-care concerns outside of the Emergency Department were increased, including Extended Hours Primary Care Clinics at the Grace, Concordia and Victoria Hospitals, and a Minor Illness and Injury Clinic at the Misericordia Health Centre.

Late evening and weekend appointments at five Walk-In Connected Care clinics continued to be offered with augmented nurse practitioner staffing, with same-day and next-day appointments available to book online at medinav.ca. Collectively, these outpatient clinics make accessing care for minor health concerns convenient and accessible, while preserving Emergency Department and Urgent Care capacity for more serious conditions.

With the support of additional staffing, the WRHA Family Doctor Finder program processed 31,519 new registrations and matched 28,095 individuals with a primary care provider in 2024/25. Outreach wait times were reduced from eight to 10 weeks in 2023 to under a week by the end of 2024/25. Ultimately, this ensures a better client experience and more timely connection to a primary care provider.

Home Care

In-house training of Uncertified Health Care Aides continued throughout 2024/25, delivering 14 cohorts and graduating 122 individuals into the workforce. An additional 99 Health Care Aides graduated from the Bridging Program and many more were in-progress at year-end. The Bridging Program fast-tracks learning over a period of 24 weeks for individuals to become a certified health care Aide.

Work continued to optimize scheduling functionality in home care through implementation of an update to Alayacare from Mobile Procura, a smartphone-based web application that enables real-time scheduling, sharing of required client information, and safety check-ins for staff working in the community.

Long Term Care in Churchill

Long term care beds in Churchill were renovated as part of a capital investment at the Churchill Health Centre with the goal of providing improved care and a home-like environment for residents of northern Manitoba that are unable to live independently in the community.

Challenges and Future Direction

As the population of Manitoba grows, primary and community-based health-care services have pressures from increased volume that are exacerbated by health inequities, mental health and addictions, homelessness, and an aging population experiencing co-morbidities later in life. This results in increased pressures on community health services and use of Emergency Departments for acute health-care needs and/or under-diagnosed conditions that worsen until hospitalization becomes necessary. The expectations of people to age in place and have access to health services in their community are also factors shaping demand. Future directions include scaling primary care models to increase system capacity and address health concerns proactively; creating environments that retain primary care professionals; and increasing scheduling efficiencies in home care and enhancing accessibility of alternatives for minor illness and injury.

OUR SYSTEM

To deliver an effective and efficient health-care system today and for generations to come, we must innovate and optimize our service delivery in collaboration with our partners, patients, clients, residents and the public. This priority aligns with Manitoba Health, Seniors and Long-Term Care's immediate priorities of Emergency Department Performance, Improved Access, and Financial Stability.

Key Initiatives

Improved Access

Inpatient bed expansion initiatives in medicine and surgical areas were completed, which created 67 new hospital beds in Winnipeg, 36 at St. Boniface Hospital, and 31 at Grace Hospital. These expansions reduce access block and wait times in the emergency departments by expanding access to inpatient care and help ensure patients receive care in appropriate settings

Two additional critical care beds at St. Boniface Hospital were opened, with four new critical care beds expected to be opened in 2025/26 – two each at the Grace and St. Boniface Hospitals.

Eight respite beds at Misericordia Health Centre and 22 rehabilitation beds at Deer Lodge Centre were converted to transitional care beds for clients that require extended recovery time and restorative care following an acute surgical and/or medical admission.

Renovations were completed at Holy Family Home to open 26 interim personal care home beds, supporting residents and families as they transition from the hospital to a personal care home environment.

Emergency Department Performance

Throughout the year, the WRHA contributed leadership and operational resources to the Lower Wait Times and System Improvement Team. This team is actively addressing root causes of excessive wait times by improving inpatient ward efficiency, reducing access block in the Emergency Department, and augmenting services, such as Community IV Therapy.

The planning, design, and construction tender phases that will see the expansion and conversion of the Victoria Hospital Urgent Care to an Emergency Department were initiated, with plans to renovate the existing Urgent Care in 2027 and expand in subsequent years.

Surgical capacity at Grace Hospital was added, positioning the service to deliver an additional 100 orthopedic (hip & knee replacements) and 105 urology cases in 2025-26. Expanded surgical activity ensures Manitobans have timely access to procedures that improve health and quality of life.

Financial Stability

A Fiscal Sustainability Council with leadership representation across the health-care system was established to coordinate sustainability efforts, including curbing overtime costs, minimizing supply chain waste, and exploring revenue enhancement opportunities, all while prioritizing collective impacts to patients, services and operational excellence.

During the year, the WRHA worked with Shared Health Supply Chain Management to onboard favourable contract opportunities, increase contract compliance when purchasing supplies/services, and better manage inventories for reduced waste (e.g. centralize inventory storage in home care service areas).

An enhanced focus was placed on revenue opportunities, specifically increasing capture of preferred accommodations (i.e. situations where client preference is expressed for a semi-private or private hospital room). This resulted in revenues of $1.8 million in 2024/25 to re-invest in health service delivery.

Challenges and Future Direction

Emergency department performance continues to be impacted by surges in demand during respiratory season, challenges to discharge, and staffing shortages in critical areas of the health-care system. Wait times are above provincial targets and efforts to augment staffing for new and/or expanded programs frequently encounter recruitment challenges. The challenges in Emergency Departments are also related to the complexity of the “flow” of individuals across sectors of the system, such as hospital, home care, personal care home and rehabilitation services, and the coordination required to ensure needs are met and aligned at each stage. Looking ahead, key system investments, such as opening an expanded Emergency Department at St. Boniface Hospital in fall 2025 and the conversion of the Urgent Care at Victoria General Hospital to an Emergency Department are expected to stabilize and reduce wait times, strengthening the WRHA’s response to periods of increased demand.

Rising costs of health care, including inflation across labour and non-labour categories, financial impacts of recent collective bargaining agreements, and aging health infrastructure continue to pressure the health-care system’s fiscal sustainability. Alongside quality improvement activities, the WRHA is advancing a Strategic Opportunities Development Plan and long-range Capital Development Plan. These analyses will guide investment decisions over a 20-year horizon, aligned with population growth and service needs, ensuring infrastructure and spending remains responsive, efficient, and sustainable.

There are many people and communities who face barriers to accessing health services in our region, and we need to do more to better understand, anticipate, and meet the needs of the diverse populations we serve. This priority aligns with Manitoba Health, Seniors and Long-Term Care's immediate priority of Health Equity and Indigenous Health.

Key Initiatives

Engagement with Indigenous-led and Indigenous-serving partner organizations to co-develop an Indigenous Health Strategy

Through partnership and engagement with First Nations, Métis and Inuit-led organizations and communities, as well as the WRHA Indigenous Health Team, the WRHA is co-developing an Indigenous Health Strategy to build health services that better serve Indigenous peoples.

In spring 2024, a cross-functional project team was created to support the WRHA's Indigenous Health Services team to identify and facilitate an Indigenous-led Advisory Committee structure to guide and oversee the strategy's development, informed by meaningful engagement and rooted in community perspectives.

Throughout fall 2024 and winter 2025, outreach and engagement with over 50 Indigenous-led and Indigenous-serving partner organizations occurred as part of intentional efforts to strengthen relationships and listen to the lived experiences of Indigenous communities and community organizations. A report entitled 'What We Heard' was created to summarize the feedback and will be used to identify key strategic priorities in collaboration with our partners.

Manitoba Indigenous Cultural Safety Training

The Manitoba Indigenous Cultural Safety training *Giga mino ganawenimaag Anishinaabeg* (We Will Take Good Care of the People) was piloted, with priority access for frontline staff interfacing with patients, clients, residents, and the public. The Manitoba-specific modules support learners to:

1. understand how to provide culturally safe health-care for Indigenous patients;
2. build practical skills to apply Indigenous cultural safety in their jobs; and,
3. create a strategy to address racism and integrate inclusive practices into daily work.

Racial, Ethnic and Indigenous Identity Data Collection

To align with the Truth and Reconciliation Commission's Call to Action #19, the WRHA continued the voluntary collection of Race, Ethnicity, and Indigenous identify data at registration. This data will help measure gaps in access, experience and outcomes amongst underserved populations. The goal is to be able to respond to the gaps by addressing racism and other barriers in the system to improve quality and patient safety.

Patient and Family Advisors

A patient and family advisor community was formalized. The advisory community has a mandate of creating meaningful engagement opportunities for patients, clients, residents and families, which range from small process changes to broader, strategic initiatives. Approximately 50 advisors accrued 375 volunteer hours in 2024/25, participating in advisory councils, leadership interview panels and fast feedback opportunities to inform health-care decision-making through the lens of a patient (examples include: input on communication materials, evaluation plans, and policy development).

Challenges and Future Direction

Addressing systemic racism and health inequities for Indigenous peoples remains a critical priority, as Indigenous-specific racism is pervasive in health care. In alignment with the Truth and Reconciliation Commission's Calls to Action and provincial work on disrupting racism, future efforts will prioritize implementation of a formalized anti-racism policy, expand culturally appropriate services, increase access to anti-racism training for health-care employees and improve diversity in the health workforce. These initiatives aim to advance system-wide cultural changes, supporting an inclusive workplace environment and culturally safe health-care system.

Outcomes and Performance Measures

We continue to measure a broad range of factors that reflect the priorities outlined in our strategic plan. These measures help us track progress, evaluate outcomes, and guide decisions that strengthen our health system and improve the care and services we provide.

Measure	2022/23 Actual	2023/24 Actual	2024/25 Actual
The 90th percentile of Emergency Department / Urgent Care wait times. Nine out of 10 patients experienced shorter wait times than this time, while one in 10 waited longer.	7.6 hours	9.3 hours	10.3 hours
Per cent of clients visiting the Emergency Department that leave before seeing a physician	11.1%	13.9%	15.4%
Total Number of Inpatient Discharges	39,528	39,708	38,466
Average length of stay (LOS) in days for inpatients	10.09	10.18	10.89
Per cent of days occupying a hospital bed in which the patient doesn't require intensity of resources and services provided (alternate level of care)	8.98%	7.97%	6.98%
Per cent of individuals with three or more episodes of care for mental health and substance use, amongst all those with at least one episode in a given year	12.2%	10.6%	Not available at time of reporting[1]
Number of home care clients receiving services (excludes clients under assessment, but not yet receiving services)	18,480	17,621	17,850
Direct service visits delivered by home care (includes nursing and HCA)	5,480,177	5,773,407	6,051,991
Per cent of long-term care residents with worsened pressure ulcers	2.5%	3.0%	Not available at time of reporting[2]
Hospitalizations for conditions where appropriate ambulatory care prevents or reduces the need for admission	211 per 100,000	204 per 100,000	Not available at time of reporting[3]

[1]For more information, please visit www.cihi.ca/en/indicators/repeat-hospital-stays-for-mental-health-and-substance-use
[2]For more information, please visit www.cihi.ca/en/indicators/worsened-pressure-ulcer-in-long-term-care
[3]For more information, please visit www.cihi.ca/en/indicators/ambulatory-care-sensitive-conditions-hospitalizations

Enterprise Risk Management

The WRHA 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 health-care system.

Risk-informed decision-making has been embedded across the key initiatives identified above, with enterprise risks that include health human resources, patient access to services (i.e. acute care, primary care, community care), safety events, stakeholder/rightsholder relations, and fiscal management actively mitigated by senior management and monitored for effectiveness via quarterly updates to Board sub-committees.

Objectives of the WRHA's Enterprise Risk Management 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 likelihoody, 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, which is submitted to Manitoba Health each year. This process ensures resources are strategically allocated to address key risk areas.

Risk mitigation plans in the ERM priority areas for the WRHA are constantly being developed, implemented, and assessed for effectiveness.

At an individual project level, risk mitigation plans are integrated into workplans and reviewed by project sponsors for their ability to address enterprise risk exposures affecting the organization. For example, augmenting services via bed expansion initiatives are contingent on recruitment. This health human resources risk was mitigated by bolstering recruitment efforts on social channels, offering rotations that deliver improved work-life balance, and implementing premiums that encourage employees to work and/or flex up to full-time hours. The WRHA's ERM Plan ultimately benefits the health-care system and the patients, clients and residents we serve, as it enables proactive recognition and intervention to address anticipated risk events.

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 Care
- Aligning Priorities Across the Health Care System
- Relationship with Indigenous-Led Organizations

Accreditation Overview

Accreditation

Accreditation is an ongoing process of assessing health care services against national standards of excellence to identify what is being done well and what needs to be improved. Under The Health System Governance and Accountability Act, all health authorities must be accredited by an approved accreditation body and maintain accreditation at all times.

The WRHA has a team of quality and accreditation consultants within the Quality, Patient Safety and Accreditation team that works with representatives and leads from sites and sectors across the region to prepare and coordinate for surveyor visits from Accreditation Canada.

In May 2025 the WRHA will shift to a new annual accreditation model. Previously, the WRHA operated under a four-year accreditation cycle, where one large accreditation surveyor visit would occur every four years. Under the new model, smaller surveyor visits will occur annually, with surveyors from Accreditation Canada visiting every May.

As the last four-year visit from Accreditation Canada occurred in September 2021, a bridging survey was conducted in September 2024 to ensure continuity of oversight and continuous improvement around the accreditation standards with the transition to the new model.

Evidence submissions required from the 2024 visit will be completed in fall 2025. The WRHA is prepared for the first annual survey in May 2025. Preparation for the May 2026 visit is underway, and unmet criteria from previous surveys are used to inform ongoing improvement activities.

Highlights from the September 2024 bridging survey:

- 40 locations were visited across the WRHA, including hospitals, health centres, ACCESS centres, personal care homes, clinics, and more
- 16 sets of standards were used in the assessment
- All sites and services were deemed accredited on the report, with 94.8 per cent of all criteria met

For more information about accreditation, or to view the bridging survey results in the 2025 Accreditation Report, please visit www.wrha.mb.ca/quality-improvement/accreditation.

Patient Safety

Quality Improvement & Patient Safety

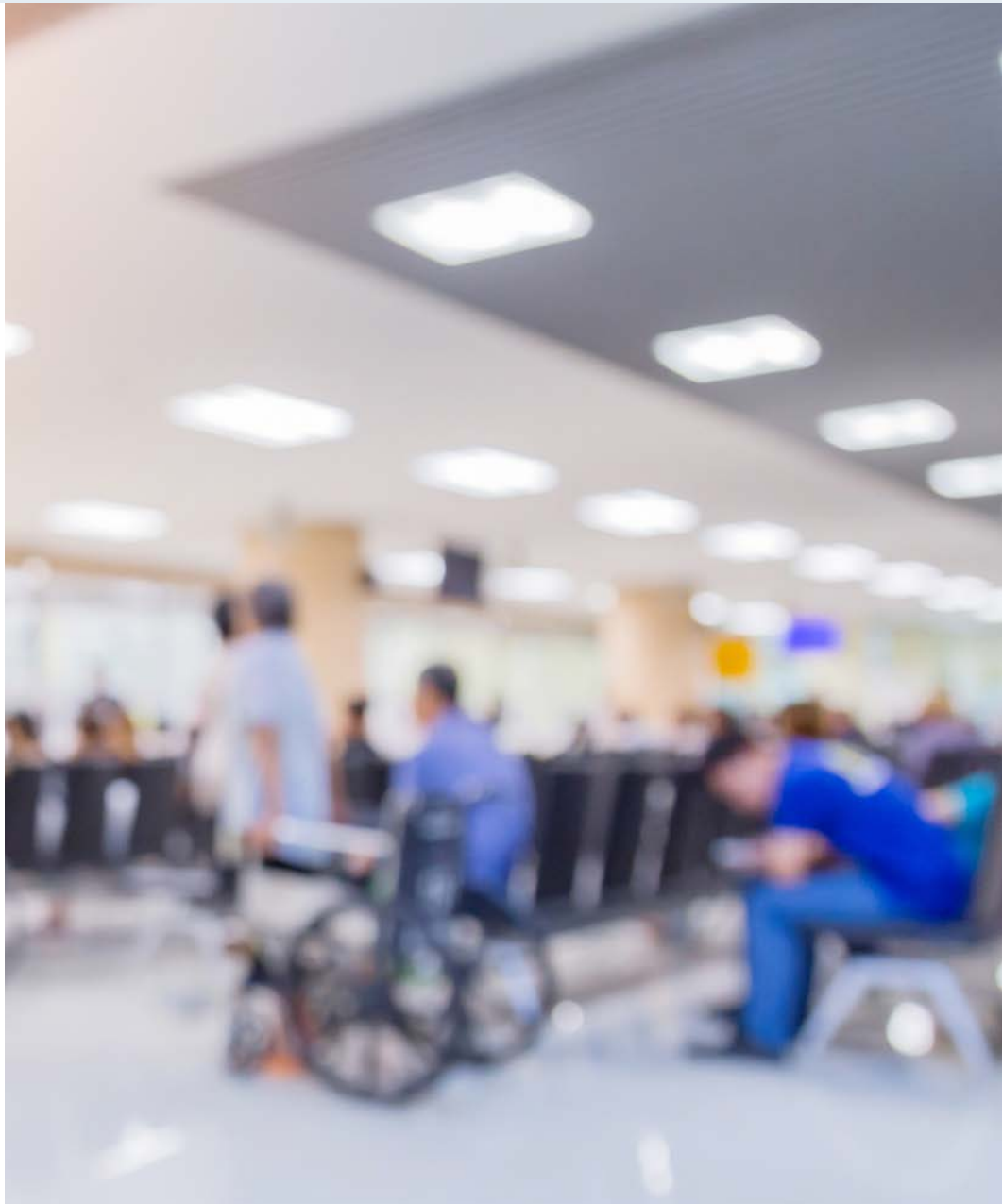
Quality Improvement and Patient Safety is about looking for opportunities to improve just as much as it is about making the improvements themselves.

Quality Improvement and Patient Safety are essential pillars of a high-functioning health system. This work is not only about implementing changes, but also about continually seeking opportunities to enhance how care is delivered. In the Winnipeg health region, we recognize that patient safety is a continuous journey, one where each step forward shapes a new path toward safer, more effective care.

Key Areas of Focus:

- **Client Relations:** We actively receive and respond to feedback from clients and families to improve the care experience.
- **Patient Safety:** We manage patient safety events and critical incidents to identify risks and implement safer practices.
- **Clinical Audits:** We analyze data against evidence-based standards to guide and refine clinical practice.
- **Accreditation:** We participate in independent evaluations to ensure the quality and safety of the services we provide.
- **Reporting & Learning System:** We work with a web-based tool used to report and manage feedback, patient safety events, and learning opportunities.
- **Education & Workshops:** We offer training to staff focused on patient safety principles and quality improvement methodologies.

For more information about the Quality Improvement & Patient Safety, please visit www.wrha.mb.ca/quality-improvement.



Critical Incident Review Process

When unintended incidents and harm involving patients occur, it is crucial that they are investigated, and lessons are learned to prevent future incidents and harm.

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:

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

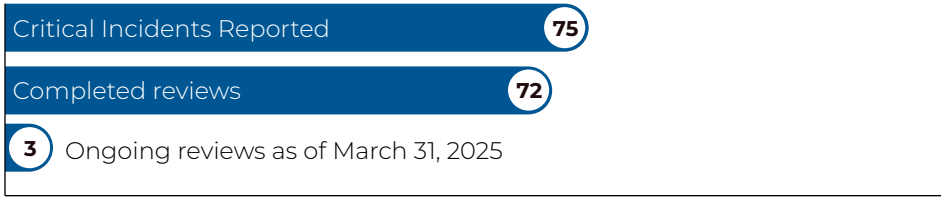
Examples may include receiving the wrong medication or the wrong dose of a medication, the failure of medical equipment, or a breakdown in communication between health-care providers resulting in serious harm to a patient, client, or resident.

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.

2024/25 Critical Incidents



During the 2024/25 fiscal year a total of 75 critical incidents were reported. Of those, 72 completed reviews and final reports within the fiscal year, and three were ongoing as of March 31, 2025.

Several actions were taken over the course of the 2024/25 fiscal year in response to critical incident reviews:

- The region implemented enhanced communication tools and processes for use within teams and when communicating with families.
- The region reviewed guidelines and provided staff education on updated guidelines.
- The region implemented a set of escalation processes.
- The region enhanced monitoring compliance in the following areas:
  - pressure injury prevention strategies
  - falls prevention strategies
  - processes related to the use of equipment
  - processes related to the use of medications
  - patient monitoring and escalation processes

Statistics

Urgent Care Visits

	2024/25	2023/24	2022/23	2021/22	2020/21
Victoria Urgent Care[1]	37,506	40,245	40,787	39,833	36,843
Concordia Urgent Care[2]	32,196	31,313	28,865	27,965	27,076
Seven Oaks Urgent Care[3]	37,341	38,169	37,749	34,467	34,538
Pan Am Minor Injury Clinic	44,442	45,572	48,961	50,666	41,686
Total	151,485	155,299	156,362	152,931	140,143

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

Home Care Clients Receiving Services

	2024/25	2023/24	2022/23	2021/22	2020/21
Number of clients receiving services[1]	17,850	17,621	18,480	18,418	18,029

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]	2024/25	2023/24	2022/23	2021/22	2020/21
Births (including stillbirths) SBH	4,236	4,527	4,341	4,813	4,669
Home birth midwife	37	39	37	41	48
Ode'imin (Birth Centre)	185	187	178	218	296
Total births	4,458	4,753	4,556	5,072	5,013

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]	2024/25	2023/24	2022/23	2021/22	2020/21
Deliveries by physician–SBH	4,132	4,490	4,316	4,730	4,599
Deliveries by midwife–SBH	166	134	130	71	50
Total deliveries	4,298	4,624	4,446	4,801	4,649

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

Main Operating Room (OR) Surgical Cases[1]

Inpatient	2024/25	2023/24	2022/23	2021/22	2020/21
WRHA Acute Sites	11,775	13,329	12,980	11,572	11,138
MHC	147	127	156	163	187
Pan Am Clinic	-	-	-	-	-
Total	11,922	13,456	13,136	11,735	11,325

Day Surgery	2024/25	2023/24	2022/23	2021/22	2020/21
WRHA Acute Sites	17,271	14,642	13,384	10,347	9,689
MHC	13,091	13,550	11,375	7,215	8,414
Pan Am Clinic	3,714	3,586	3,699	2,924	3,240
Total	34,076	31,778	28,458	20,486	21,343

Total	2024/25	2023/24	2022/23	2021/22	2020/21
WRHA Acute Sites	29,046	27,971	26,364	21,919	20,827
MHC	13,238	13,677	11,531	7,378	8,601
Pan Am Clinic	3,714	3,586	3,699	2,924	3,240
Total	45,998	45,234	41,954	32,221	32,668

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	2024/25	2023/24	2022/23	2021/22	2020/21
Therapeutic interventions on the heart and related structures, excluding CABG[1]	3,063	2,831	2,454	2,498	2,127
CABG (Coronary Artery Bypass Graft)[1]	598	481	502	447	446
Joint Surgery:					
WRHA Hip Replacements[2]	2,509	2,315	1,592	1,652	1,585
WRHA Knee Replacements[3]	3,297	2,859	1,733	1,555	1,578
Cataract - Adults MHC	10,106	10,448	6,516	5,474	6,673
WRHA Pediatric Dental (includes Churchill)	723	1,153	868	586	567

[1] Source: DAD
[2] Source: SIMS via WRHA Surgery Program. Includes Primary, Hemi, and Revision.
[3] Source: IMS via WRHA Surgery Program. Includes Primary and Revisions.

Total Number of Residents in Personal Care Homes

	2024/25	2023/24	2022/23	2021/22	2020/21
Winnipeg PCH in RHC and DLC	432	424	415	416	438
Winnipeg Non-Proprietary PCH	2,992	3,004	2,992	2,905	2,905
Winnipeg Proprietary PCH	1,714	1,734	1,714	1,764	1,887
Rural Proprietary PCH [1]	359	359	359	361	364
Total	5,497	5,521	5,480	5,446	5,594

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]

Inpatient	2024/25	2023/24	2022/23*	2021/22	2020/21
Health Links - Info Santé[2] - Client calls answered Live	79,709	66,553	12547 [9]	612,431	359,110
Health Links - Info Santé - Outbound Calls[3]	12,125	16,673	3968 [9]	65,336	-
COVID-19 Client calls answered live	262 [13]	5568	1479 [9]	-	-
Left But Not Seen[4] - Follow-up Contacts	Program suspended	Program suspended	Program suspended	Program suspended	Program suspended
After Hours Central Intake Program[5] - Client calls answered Live	156,717	71,402 [11]	60,221 [10]	172,082	135,115
After Hours Central Intake Program - Outbound Calls	94,607	76,733 [12]	54,672 [10]	222,745	175,640
TeleCARE TéléSOINS Manitoba[6] - Client calls answered Live	49	48	7 [9]	-	-
TeleCARE TéléSOINS Manitoba - Outbound Calls	156	104	493 [9]	-	-
Dial a Dietitian[7] - Client calls answered Live	695	640	147 [9]	-	-
Dial a Dietitian - Outbound Calls	419	316	191 [9]	-	-
Triple P Positive Parenting Program[8] - Client calls answered Live	Program terminated	Program terminated	Program terminated	Program terminated	58
Triple P Positive Parenting Program - Outbound Calls	Program terminated	Program terminated	Program terminated	Program terminated	163

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...
Registered Nurses with the knowledge to provide over-the-phone triage, assessment and care advice. 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 permanantly lost. Only partial Q4 data is available: Data is from Jan 17th 2023 (Inception date for ODCC Telephonoy 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 availble. 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)

[13] Covid 19 Line discontinued May 2024.

Hospital Statistics

WRHA Hospital Statistics (HSC Removed From All Years)

Total WRHA

Key Statistic	2024/25	2023/24	2022/23	2021/22	2020/21
Number of Beds[1]	2,242	2,244	2,244	2,244	2,274
Average Occupancy[2]	93.23%	94.85%	94.58%	91.37%	85.31%
Emergency Department/Urgent Care Visits[3]	179,623	180,108	179,393	178,962	173,281
Emergency Department/Urgent Care Visits Admitted (with % in brackets)[3]	20,138 (11.2%)	19,240 (10.7%)	19,337 (10.7%)	19,384 (10.8%)	19,658 (11.3%)
Left Without Being Seen (with % in brackets)[3]	27,347 (15.2%)	24,985 (13.9%)	19,942 (11.0%)	14,995 (8.4%)	6,126 (3.5%)
Total Number of Inpatient Discharges[4, 9]	38,466	39,722	39,528	39,281	38,724
Average Length of Stay (LOS)[4, 9]	10.89	10.18	10.09	9.91	9.22
Total Number of Day Surgery Cases[4, 9]	46,520	43,483	41,010	33,611	33,260
Percentage of Alternate Level of Care (ALC) Days[4, 9]	6.98%	7.97%	8.98%	7.44%	6.78%
Acute LOS: Expected Length of Stay (ELOS) Ratio[4, 11]	1.25	1.20	1.21	1.17	1.16
Hospital Standardized Mortality Ratio[5]	122	115	104	111	111
Hospital Readmission Rate Within 30 Days of Discharge[7]	7.7%	7.2%	7.2%	7.9%	8.6%
Clostridioides Difficile Rate (per 10,000 pt days)[8]	see note 8	2.54	2.43	1.81	2.64
Methicillin-Resistant Staphylococcus Aureus (MRSA) Rate (per 10,000 pt days)[8]	see note 8	see note 8	see note 8	see note 8	see note 8
Methicillin-Resistant Staphylococcus Aureus (MRSA) Infection Rate (per 10,000 pt days)[8]	see note 8	1.24	1.10	1.06	2.35

All notes are located at the end of the Hospital Statistics section.

St. Boniface Hospital

Key Statistic	2024/25	2023/24	2022/23	2021/22	2020/21
Number of Beds[1]	455	464	464	464	473
Average Occupancy[2]	89.67%	94.40%	91.68%	90.67%	83.08%
Emergency Department Visits[3]	39,564	39,405	40,783	42,333	41,961
Emergency Department Visits Admitted (with % in brackets)[3]	9352 (23.7%)	8,928 (22.7%)	9,175 (22.5%)	9,420 (22.2%)	9,507 (22.7%)
Left Without Being Seen (with % in brackets)[3]	7,374 (18.6%)	7,025 (17.8%)	5,244 (12.9%)	4,364 (10.3%)	1,711 (4.1%)
Total Number of Inpatient Discharges[4]	20,082	20,096	19,835	20,281	20,171
Average LOS[4]	8.01	7.64	7.67	7.29	6.71
Total Number of Day Surgery Cases[4]	15,897	14,919	14,121	12,664	11,431
Percentage of Alternate Level of Care (ALC) Days[4]	3.05%	2.97%	2.78%	2.13%	2.67%
ALOS: ELOS Ratio[4]	1.09	1.08	1.10	1.10	1.10
Hospital Standardized Mortality Ratio[5]	133	131	126	122	120
Hospital Readmission Rate Within 30 Days of Discharge[7]	7.5%	7.1%	7.4%	7.7%	8.8%
Clostridioides Difficile Rate (per 10,000 pt days)[8]	see note 8	4.16	3.45	1.91	3.07
MRSA Rate (per 10,000 pt days)[8]	see note 8	see note 8	see note 8	see note 8	3.93
MRSA Infection Rate (per 10,000 pt days)[8]	see note 8	1.84	2.24	0.86	2.27

All notes are located at the end of the Hospital Statistics section.

Concordia Hospital

Key Statistic	2024/25	2023/24	2022/23	2021/22	2020/21
Number of Beds[1]	168	164	164	164	176
Average Occupancy[2]	85.12%	100.21%	99.00%	92.90%	85.33%
Urgent Care Visits[3, 10]	32,196	31,313	28,865	27,965	27,076
Urgent Care Visits Admitted (with % in brackets)[3, 10]	2,539 (7.9%)	2,247 (7.2%)	1,951 (6.8%)	1,709 (6.1%)	1,785 (6.6%)
Urgent Care Left Without Being Seen (with % in brackets)[3, 10]	3,520 (10.9%)	3,918 (12.5%)	3,378 (11.7%)	2,210 (7.9%)	939 (3.5%)
Total Number of Inpatient Discharges[4]	5,749	6,298	5,780	5,192	5,020
Average LOS[4]	10.73	9.94	10.19	10.98	10.25
Total Number of Day Surgery Cases[4]	5,789	4,447	3,902	2,758	3,322
Percentage of Alternate Level of Care (ALC) Days[4]	10.57%	11.04%	11.14%	12.20%	13.44%
ALOS: ELOS Ratio[4]	1.27	1.21	1.25	1.27	1.30
Hospital Standardized Mortality Ratio[5]	73	71	68	72	83
Hospital Readmission Rate Within 30 Days of Discharge[7]	7.6%	5.3%	5.6%	6.9%	7.9%
Clostridioides Difficile Rate (per 10,000 pt days)[8]	see note 8	1.14	2.52	2.15	3.81
MRSA Rate (per 10,000 pt days)[8]	see note 8	see note 8	see note 8	see note 8	1.71
MRSA Infection Rate (per 10,000 pt days)[8]	see note 8	0.16	1.01	0.18	1.14

All notes are located at the end of the Hospital Statistics section.

Victoria General Hospital

Key Statistic	2024/25	2023/24	2022/23	2021/22	2020/21
Number of Beds[1]	194	194	194	194	194
Average Occupancy[2]	102.06%	99.40%	99.44%	96.20%	92.49%
Urgent Care Centre Visits [3, 10]	37,506	40,245	40,787	39,833	36,843
Urgent Care Visits Admitted (with % in brackets)[3, 10]	1,790 (4.8%)	1,822 (4.5%)	1,984 (4.9%)	1,642 (4.1%)	1,624 (4.4%)
Urgent Care Left Without Being Seen (with % in brackets)[3, 10]	6,719 (17.9%)	4,767 (11.8%)	3,827 (9.4%)	3,093 (7.76%)	1,166 (3.2%)
Total Number of Inpatient Discharges[4]	2,693	2,719	2,951	2,858	2,675
Average LOS[4]	23.37	22.84	20.83	20.33	20.97
Total Number of Day Surgery Cases[4]	12,751	12,389	12,057	9,992	10,165
Percentage of Alternate Level of Care (ALC) Days[4]	12.90%	13.57%	13.22%	15.44%	13.22%
ALOS: ELOS Ratio[4]	1.38	1.36	1.39	1.29	1.29
Hospital Standardized Mortality Ratio[5]	92	88	58	93	89
Hospital Readmission Rate Within 30 Days of Discharge[7]	7.9%	10.1%	9.6%	10.6%	8.8%
Clostridioides Difficile Rate (per 10,000 pt days)[8]	see note 8	1.27	1.99	1.03	1.68
MRSA Rate (per 10,000 pt days)[8]	see note 8	see note 8	see note 8	see note 8	1.07
MRSA Infection Rate (per 10,000 pt days)[8]	see note 8	1.84	1.14	0.29	0.31

All notes are located at the end of the Hospital Statistics section.

Grace Hospital

Key Statistic	2424/25	2023/24	2022/23	2021/22	2020/21
Number of Beds[1]	247	227	227	227	236
Average Occupancy[2]	96.48%	93.77%	91.06%	88.75%	82.86%
Emergency Department Visits[3]	30,810	30,976	31,209	34,364	32,863
Emergency Department Visits Admitted (with % in brackets)[3]	5,133 (16.7%)	4,994 (16.1%)	4,838 (15.5%)	5,580 (16.24%)	5,724 (17.42%)
Left Without Being Seen (with % in brackets)[3]	3,961 (12.9%)	3,688 (11.9%)	3,121 (10.0%)	2,392 (6.96%)	1,172 (3.57%)
Total Number of Inpatient Discharges[4, 9]	7,667	8,269	8,497	8,739	8,782
Average LOS[4, 9]	11.02	9.33	8.92	8.39	7.85
Total Number of Day Surgery Cases [4, 9]	8,742	7,812	7,343	6,648	5,477
Percentage of Alternate Level of Care (ALC) Days [4, 9]	4.31%	4.85%	4.79%	4.60%	5.17%
ALOS: ELOS Ratio[4, 11]	1.27	1.29	1.26	1.20	1.16
Hospital Standardized Mortality Ratio[5]	151	139	131	135	126
Hospital Readmission Rate Within 30 Days of Discharge[7]	7.7%	7.1%	6.4%	8.2%	8.7%
Clostridioides Difficile Rate (per 10,000 pt days)[8]	see note 8	3.30	4.01	3.35	5.29
MRSA Rate (per 10,000 pt days)[8]	see note 8	see note 8	see note 8	see note 8	7.19
MRSA Infection Rate (per 10,000 pt days)[8]	see note 8	0.61	0.13	1.93	4.48

All notes are located at the end of the Hospital Statistics section.

Seven Oaks General Hospital

Key Statistic	2024/25	2023/24	2022/23	2021/22	2020/21
Number of Beds[1]	208	208	208	208	208
Average Occupancy[2]	102.40%	99.30%	99.69%	98.71%	94.54%
Urgent Care Centre Visits [3, 10]	37,341	38,169	37,749	34,467	34,538
Urgent Care Visits Admitted (with % in brackets)[3, 10]	1,287 (3.4%)	1,249 (3.3%)	1,327 (3.5%)	1,033 (3.0%)	1,018 (2.9%)
Urgent Care Left Without Being Seen (with % in brackets)[3, 10]	5,773 (15.5%)	5,587 (14.6%)	4,360 (11.5%)	2,936 (8.5%)	1,136 (3.3%)
Total Number of Inpatient Discharges[4]	2,234	2,264	2,358	2,107	2,009
Average LOS[4]	21.89	21.31	21.02	24.05	21.80
Total Number of Day Surgery Cases[4]	3,341	3,758	3,391	1,340	2,755
Percentage of Alternate Level of Care (ALC) Days[4]	10.28%	12.46%	12.94%	13.63%	15.32%
ALOS: ELOS Ratio[4]	1.70	1.56	1.53	1.52	1.44
Hospital Standardized Mortality Ratio[5]	104	90	64	69	87
Hospital Readmission Rate Within 30 Days of Discharge[7]	11.8%	12.5%	11.7%	10.3%	8.6%
Clostridium Difficile Rate (per 10,000 pt days)[8]	see note 8	1.85	0.92	1.07	0.97
MRSA Rate (per 10,000 pt days)[8]	see note 8	see note 8	see note 8	see note 8	3.48
MRSA Infection Rate (per 10,000 pt days)[8]	see note 8	0.93	0.92	1.60	3.90

All notes are located at the end of the Hospital Statistics section.

Churchill Health Centre

Number of Beds[1]	27	27	27	27	27
Average Occupancy[6]	21.05%	11.39%	16.76%	25.93%	21.82%
Emergency Department Visits[6]	2,206	1,344	1,271	1,709	1,065
Emergency Department Visits Admitted (with % in brackets)[6]	37 (1.7%)	41 (3.1%)	62 (4.9%)	53 (3.1%)	41 (3.9%)
Left Without Being Seen (with % in brackets)[6]	9 (0.7%)	9 (0.7%)	12 (0.9%)	10 (0.6%)	2 (0.2%)
Total Number of Inpatient Discharges[4]	41	76	107	104	67
Average LOS[4]	5.37	10.07	9.74	7.31	22.22
Total Number of Day Surgery Cases[4]	158	158	196	222	110
Percentage of Alternate Level of Care (ALC) Days[4]	0%	0%	0%	0%	0%
ALOS: ELOS Ratio[4]	0.82	1.06	1.00	0.78	0.69
Hospital Standardized Mortality Ratio[5]	n/a	102	59	n/a	152
Hospital Readmission Rate Within 30 Days of Discharge[7]	9.5%	23.1%	20.4%	26.8%	18.4%
Clostridium Difficile Rate (per 10,000 pt days)[8]	see note 8	see note 8	see note 8	see note 8	see note 8
MRSA Rate (per 10,000 pt days)[8]	see note 8	see note 8	see note 8	see note 8	see note 8
MRSA Infection Rate (per 10,000 pt days)[8]	see note 8	see note 8	see note 8	see note 8	see note 8

[1] Source: WRHA Annual Bed Map as of April 1 of the applicable fiscal year. WRHA figures include all hospitals as well as DLC, RHC, MHC and Manitoba Adolescent Treatment Centre (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(FSI Bed Map) and Midnight Census.
[3] Source: DSS Datamart. Excludes Pan Am MIC visits, Churchill emergency visits.
[4] Source: DAD; excludes newborn, cadaver and stillborn
[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. Due to staffing issues all surveillance reporting is on hold, 08/15/2025. 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 on Oct. 3, 2017 Victoria, June 3, 2019 Concordia, Jul 22, 2019 Seven Oaks.
[11] Excludes Grace Hospice

French Language Services

French Language Services (FLS)

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.

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.

2024/25 WRHA FH Notable Achievements:

- Developed and launched a mandatory Active Offer training course to educate employees on its importance, practical implementation, and how to proactively offer services in French to better support the Francophone community.
- Developed and distributed Active Offer tools, including a tent card with phonetic and extended scripts, to support staff in providing proactive French-language services.
- Developed and launched a point-of-contact survey to assess satisfaction with French Language services in all designated bilingual facilities.
- Monitored Active Offer compliance through in-person visits and phone audits to ensure consistent delivery of French-language services.
- Maintained a regular presence in the internal newsletter and organized staff activities to foster a supportive, bilingual work environment.
- Presented the Health in French Excellence Award to recognize an employee's outstanding advocacy for French-language services in health care.
- Collaborated with Université de Saint-Boniface's School of Nursing and Health Studies to host an event connecting WRHA sites with students seeking senior practicum placements.
- Participated in career fairs and updated recruitment materials to better attract and inform bilingual candidates.
- Served on regional, provincial, and community committees to represent the WRHA Francophone Health perspective and contribute to strategies that enhance service delivery.
- Maintained the WRHA Francophone Health Advisory Committee to provide advice and guidance on policies, programs, and practices involving service delivery in French.

Number of Designated Bilingual Positions	942	937.6	This slight variation is most likely due to Home Care centralization.
Number of Designated Bilingual Positions Filled with Bilingual Incumbents	437	431.9	This number reflects the programs that reported back on their HR Data.
Number of Designated Bilingual Positions Filled with Non-Bilingual Incumbents (Underfill)	488	490.7	

*There is capacity outside of designated bilingual positions.

115,101

Words translated in the 2024/25 fiscal year, totaling **194** documents.

42

Proficiency evaluations completed to support hiring into designated bilingual positions.

75

Employees attended training with Université de Saint-Boniface.

431.9

Designated **bilingual positions** were filled by bilingual incumbents.

389

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

27

Discussion groups were held for employees to practice speaking French.

Santé des francophones

Santé des francophones de l'Office régional de la santé de Winnipeg (ORSW) a pour mandate 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

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 :

- Développement et lancement d'un cours de formation obligatoire sur l'offre active afin d'informer les employés de son importance, de sa mise en œuvre pratique et de la manière d'offrir des services en français de manière proactive afin de mieux soutenir la communauté francophone.
- Développement et distribution d'outils de l'offre active, y compris une carte de tente avec des textes phonétiques, afin d'aider le personnel à fournir des services proactifs en français.
- Développement et lancement d'un sondage de point de contact pour évaluer la satisfaction des services en français dans tous les établissements désignés bilingues.
- Surveillance de la conformité à l'offre active par des visites en personne et des vérifications par téléphone afin d'assurer une prestation cohérente des services en français.
- Maintien d'une présence régulière dans le bulletin d'information interne et organisation d'activités pour le personnel afin de cultiver un environnement de travail favorable et 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 évènement 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 pour mieux attirer et informer les candidats bilingues.
- 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.

Postes désignés bilingues	942	937.6	Cette légère variation est très probablement due à la centralisation des soins à domicile.
Postes désignés bilingues remplis de titulaires bilingues	437	431.9	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	490.7	

*Il y a de la capacité en dehors des postes désignés bilingues.

115,101

mots traduits au cours de l'exercice 2024/25 fiscal, représentant un total de **194** documents.

42

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

75

Employés ont suivi de la formation à l'université de saint-boniface.

431.9

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

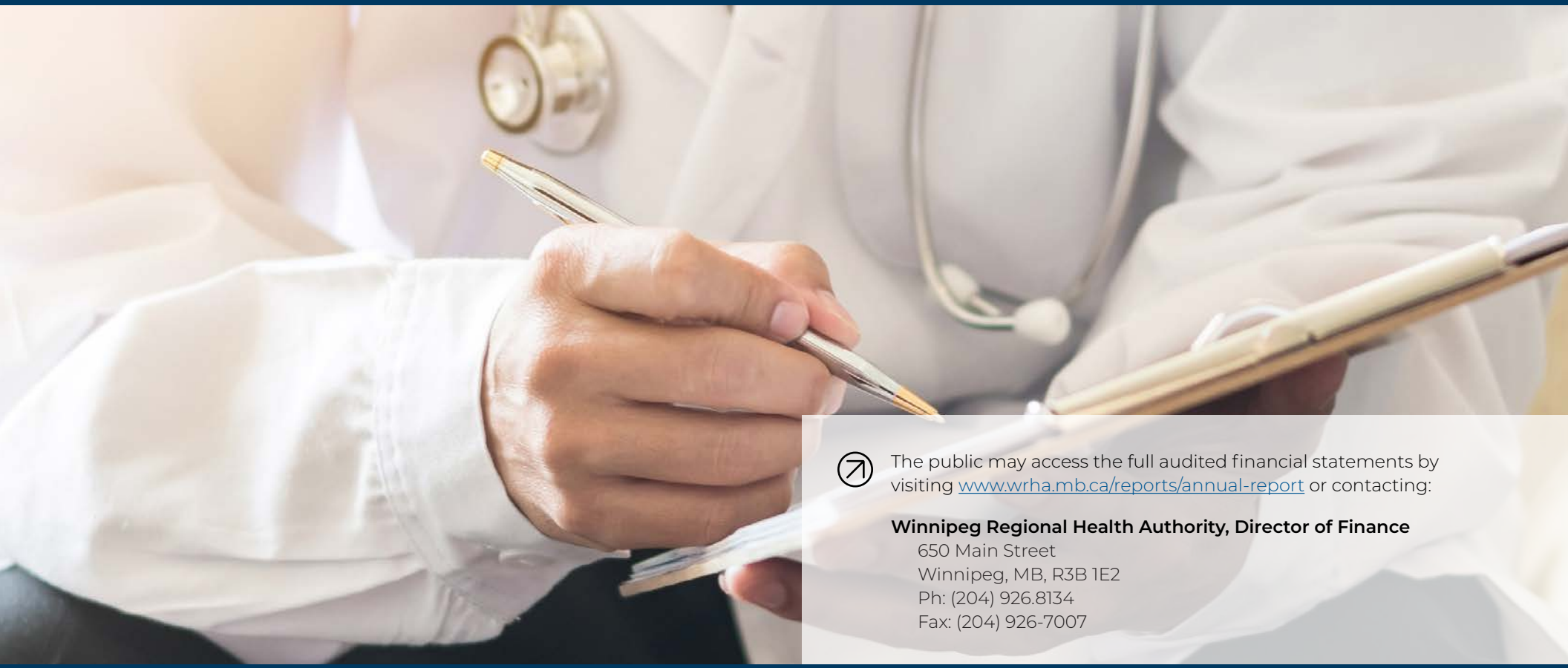
389

Des postes désignés bilingues ont été remplis par des candidats bilingues.

27

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

Financial Information



The public may access the full audited financial statements by visiting www.wrha.mb.ca/reports/annual-report or contacting:

Winnipeg Regional Health Authority, Director of Finance
650 Main Street
Winnipeg, MB, R3B 1E2
Ph: (204) 926.8134
Fax: (204) 926-7007

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, 2025

WINNIPEG REGIONAL HEALTH AUTHORITY

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING
SUMMARIZED CONSOLIDATED FINANCIAL STATEMENTS
MARCH 31, 2025

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.

The Office of the Auditor General 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.

Jane Curtis
Interim President & Chief Executive Officer

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

Auditor General
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To the Legislative Assembly of Manitoba
To the Board of Directors of Winnipeg Regional Health Authority

Opinion

We have audited the consolidated financial statements of the Winnipeg Regional Health Authority, which comprise the consolidated statement of financial position as at March 31, 2025, and the consolidated statement of operations and accumulated surplus, the consolidated statement of change in net debt, the consolidated statement of remeasurement gains and losses, and the consolidated statement of cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of Winnipeg Regional Health Authority as at March 31, 2025, and its consolidated results of operations and accumulated deficit, its consolidated change in net debt, its consolidated remeasurement gains and losses, and its consolidated cash flows for the year then ended in accordance with Canadian public sector accounting standards (PSAS).

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the consolidated financial statements* section of our report. We are independent of Winnipeg Regional Health Authority in accordance with the ethical requirements in Canada that are relevant to our audit of the consolidated financial statements, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other matter

The consolidated financial statements of Winnipeg Regional Health Authority for the year ended March 31, 2024, were audited by another auditor who expressed an unmodified opinion on those statements on June 25, 2024.

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Responsibilities of management and those charged with governance for the consolidated financial statements

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

In preparing the consolidated financial statements, management is responsible for assessing Winnipeg Regional Health Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless an intention exists to liquidate Winnipeg Regional Health Authority or to cease operations, or there is no realistic alternative but to do so.

Those charged with governance are responsible for overseeing Winnipeg Regional Health Authority's financial reporting process.

Auditor's responsibilities for the audit of the consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Winnipeg Regional Health Authority's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Winnipeg Regional Health Authority's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause Winnipeg Regional Health Authority to cease to continue as a going concern.
- Evaluate the overall presentation, structure, and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Winnipeg Regional Health Authority to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Office of the Auditor General

Office of the Auditor General
Winnipeg, Manitoba
June 26, 2025

WINNIPEG REGIONAL HEALTH AUTHORITY
Summarized Consolidated Statement of Financial Position
As at March 31, 2025
(in thousands of dollars)

	2025	2024
FINANCIAL ASSETS		
Cash	$ **77,826**	$ 43,954
Accounts receivable	**216,742**	272,445
Investments	**33,920**	29,560
Employee benefits recoverable from Manitoba Health, Seniors and Long-Term Care	**51,409**	51,409
Employee future benefits recoverable from Manitoba Health, Seniors and Long-Term Care	**19,661**	19,661
	399,558	417,029
LIABILITIES		
Bank indebtedness	**-**	109,133
Accounts payable and accrued liabilities	**398,574**	407,420
Unearned revenue	**52,664**	55,670
Employee benefits payable	**106,409**	100,001
Employee future benefits payable	**125,658**	123,658
Debt	**506,603**	375,193
Asset retirement obligation liability	**56,199**	48,906
	1,246,107	1,219,981
NET DEBT	**(846,549)**	(802,952)
NON-FINANCIAL ASSETS		
Inventory	**34,414**	32,447
Prepaid expenses	**8,984**	7,629
Tangible capital assets, net	**714,574**	688,549
	757,972	728,625
TOTAL NET LIABILITIES	$ **(88,577)**	$ (74,327)
Total net liabilities are comprised of:		
Accumulated deficit	**(89,881)**	(75,873)
Accumulated remeasurement gains	**1,304**	1,546
	$ **(88,577)**	$ (74,327)

Dr. Marcia Anderson, MD
Chair, Board of Directors

Mala Sachdeva, CPA, CA
Treasurer

WINNIPEG REGIONAL HEALTH AUTHORITY

Summarized Consolidated Statement of Operations and Accumulated Surplus

For the year ended March 31, 2025
(in thousands of dollars)

	2025			2025	2024 - Restated
	Core Operations	Capital Operations	Actual Total	Budget Total	Actual Total
REVENUE					
Manitoba Health, Seniors and Long-Term Care grant	$ 2,393,045	$ 47,996	$ 2,441,041	$ 2,294,755	$2,294,633
Grants from other provincial government sources	104,925	-	104,925	100,272	105,855
Other capital grants	-	7,192	7,192	4,697	6,223
Patient and resident income	55,048	-	55,048	43,216	52,802
Recoveries from external sources	34,441	-	34,441	35,282	36,334
Investment income	3,383	-	3,383	475	1,558
Other income	15,432	-	15,432	20,356	4,007
	2,606,274	55,188	2,661,462	2,499,053	2,501,412
EXPENSES					
Acute care	1,144,370	34,449	1,178,819	1,154,491	1,092,436
Community care	538,531	4,398	542,929	509,580	519,907
Long-term care	649,885	4,845	654,730	585,065	632,050
Medical remuneration	303,422	-	303,422	261,184	279,003
	2,636,208	43,692	2,679,900	2,510,320	2,523,396
INSURED SERVICES (DEFICIT) SURPLUS	(29,934)	11,496	(18,438)	(11,267)	(21,984)
NON-INSURED SERVICES					
Non-insured services income	32,193	-	32,193	29,118	28,880
Non-insured services expenses	27,761	2	27,763	24,494	24,494
NON-INSURED SERVICES (DEFICIT) SURPLUS	4,432	(2)	4,430	4,624	4,386
(DEFICIT) SURPLUS FOR THE YEAR	$ (25,502)	$ 11,494	$ (14,008)	$ (6,643)	$ (17,598)
ACCUMULATED DEFICIT, BEGINNING OF YEAR			(75,873)	(75,873)	(58,275)
ACCUMULATED DEFICIT, END OF YEAR			$ (89,881)	$ (82,516)	$ (75,873)

WINNIPEG REGIONAL HEALTH AUTHORITY

Notes to the Summarized Consolidated Financial Statements
March 31, 2025
(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, 2025 and for the year then ended, except as described in the following paragraphs. Some prior year balances have been restated to allow for comparability of presentation.

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.

Public Compensation Disclosure

In compliance with The Public Sector Compensation Disclosure Act of Manitoba, interested parties may obtain copies of the Winnipeg Regional Health Authority public sector compensation disclosure (which has been prepared for the purpose and certified by its auditor to be correct) and contains the amount of compensation it pays or provides in the corresponding fiscal year for each of its officers and employees whose compensation is $85,000 or more.

Copies may be obtained online at www.wrha.mb.ca/reports/public-compensation-disclosure.

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 Science Centre is included in the Shared Health report.

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

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

If you have any questions, please contact me at (204) 794-2876 or vgural@sharedhealthmb.ca

Valerie Gural

Interim Chief Privacy Officer, Shared Health

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; and 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 the 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

Region	Corporate		Patient-Care Related		Human Resources & Recruitment		Total Administration	
	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24
Interlake-Eastern Regional Health Authority	2.25%	2.76%	0.78%	0.97%	1.50%	1.64%	4.53%	5.37%
Northern Regional Health Authority	3.33%	3.42%	1.03%	1.10%	0.94%	0.98%	5.30%	5.50%
Prairie Mountain Health	2.20%	2.36%	0.45%	0.42%	0.77%	0.83%	3.42%	3.61%
Southern Health Santè-Sud	2.54%	2.49%	0.48%	0.46%	1.16%	1.11%	4.18%	4.06%
CancerCare Manitoba	1.96%	1.73%	0.72%	0.72%	0.56%	0.54%	3.24%	2.99%
Winnipeg Regional Health Authority	2.25%	3.12%	0.61%	0.63%	0.79%	1.04%	**3.65%**	4.79%
Shared Health[1]	1.50%	2.14%	1.09%	0.81%	1.68%	1.43%	4.27%	4.38%
Provincial – Percent	**2.07%**	**2.60%**	**0.76%**	**0.70%**	**1.12%**	**1.16%**	**3.95%**	**4.46%**
Provincial – Totals	**$149,799,827**	**$167,041,173**	**$55,326,795**	**$4,691,858**	**$81,532,670**	**$74,480,820**	**$286,659,292**	**$286,213,851**

[1]2023/24 has been restated for Shared Health for comparative purposes. In 2024/25, Shared Health reclassified several program areas from administrative to operational. These programs relate to project management resources that support Manitoba Health, Seniors and Long-Term Care in the delivery of government priorities. 2023/24 has been restated for the reclassification of the project management resources only, as the largest program impacting the indicator. The 2023/24 indicator for Shared Health was previously reported as 5.36%.

WRHA Administrative Costs

	2024/25 Fiscal Year		2023/24 Fiscal Year	
	Dollar ($)	**Percentage (%)**	**Dollar ($)**	**Percentage (%)**
Corporate	62,066,200	2.25%	69,236,348	3.12%
Patient Care Related	16,796,378	0.61%	13,983,979	0.63%
Human Resources & Recruitment	21,839,703	0.79%	22,939,158	1.04%
TOTAL Administrative Costs	**100,702,281**	**3.65%**	**106,159,486**	**4.79%**

Public Interest Disclosure

Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act (PIDA) 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 counseling 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.

Information Required Annually (by Section 18 of the Act)	Fiscal Year 2024-25
The number of disclosures received, and the number acted on and not acted on. **Paragraph 18(2)(a)**	Number of Disclosures Received: One (1) Number of Disclosures Acted on: Zero (0) Number of Disclosures Not Acted on: One (1) Summary of disclosure received: • A disclosure was received from a staff member alleging a co-worker had disposed of patient clothing rather than repairing the garments. The decision was made not to investigate as the matter raised would be more appropriately dealt with according to procedures under a collective/employment agreement – Section 21(1)(f). The matter was referred to the site human resources for management.
The number of investigations commenced as a result of a disclosure. **Paragraph 18(2)(b)**	NIL
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. **Paragraph 18(2)(c)**	NIL

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Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg