WRHA Annual Report

2020-21

September 30, 2021

Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg

Contents

Traditional Territories Acknowledgement

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

Who is the WRHA?

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

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

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

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

Our Region

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

Our People and Facilities

Among the largest employers in Manitoba, the WRHA employs more than 14,000 people. With an annual operating budget of $1.9 billion, the WRHA is the largest 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 a total of $66.59 million in the 2020-21 fiscal year. The services of these community health agencies are focused on the delivery of primary care. Mental health services are typically embedded in the primary care services. Specialty services provided include pre- and post-natal care, HIV treatment, crisis intervention, occupational therapy, rehabilitation services, diabetes education and sexuality education.

Grant-Funded Agencies

The WRHA funded 74 additional agencies a total of $14.84 million in the 2020-21 fiscal year. These agencies deliver services in the following program areas: cardiac rehabilitation, community development, home care, housing support services, mental health, primary care, disabilities services, senior centres and other support services to seniors.

Organizational changes

November 10, 2020, Krista Allen left her role as Lead, Acute Care and Chief Nursing Officer. Mary Anne Lynch filled the position in the interim.

December 28th, 2020, Gary Williment left his role as Chief Human Resources Officer. Brent Kreller filled the position in the interim.

February 23, 2021, Mary Anne Lynch accepted the role of Lead, Acute Care and Chief Nursing Officer permanently.

A current diagram of the organizational chart is available at:
https://wrha.mb.ca/about/organizational-structure/

WINNIPEG REGIONAL HEALTH AUTHORITY

650 Main Street
Winnipeg, MB
R3B 1E2
Phone: (204) 926-7000
Fax: (204) 926-7007
www.wrha.mb.ca

Health Service Facilities Operating Within the WRHA
(from April 1, 2020 to March 31, 2021)

TWO ACUTE CARE HOSPITALS
St. Boniface General Hospital (Tertiary)
Grace Hospital (Winnipeg West Integrated Health and Social Services)

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

FIVE HEALTH CENTRES
Churchill Health Centre
Deer Lodge Centre
Misericordia Health Centre
Riverview Health Centre
St.Amant

PERSONAL CARE HOMES (PCH)
38 PCHs
10 supportive housing providers

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

WALK-IN CONNECTED CARE AND ACCESS CENTRES
Community-Based Health and Social Services (WRHA and Department of Families Community-Based Services).

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

KEY PARTNERS AND HEALTH RELATIONSHIPS
Government of Manitoba
- Department of Families (including Social Services, Child Protection, Housing and Income Assistance – Winnipeg Integrated Services)
- Manitoba Health, Seniors and Active Living

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

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

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

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

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

Health Services Message from the President and CEO

This past fiscal year, ending March 31, 2021, was a very challenging one, not just for the WRHA, but for the health system as a whole, as we saw the first and second waves of the COVID-19 pandemic reach our region.

The pandemic has greatly affected the health care sector, and as a result, much of our work this year has been focused on fighting the virus and managing the impacts of the pandemic on health care service delivery.

The WRHA once again played a critical role in the provincial Incident Command response, which was struck for a second time in October 2020 at the beginning of the second wave. Leadership and management from across our sites and program areas were actively involved in coordinating with other health regions, Shared Health and the province to ensure we were all able to communicate, plan and respond as the pandemic evolved.

An early success in our pandemic response was the rapid shift to virtual care across the community, which continued throughout the second wave. Last year, a number of our community health and primary care practitioners were able to transform their services to a virtual model to maintain access to care while protecting the safety of providers and their patients and clients. We expanded the use of this model this past year. The virtual model of care saw a reduction in cancelled appointments and increased visit capacity, and it presents a potential framework for how we can continue to improve access to these services in the future.

Another major component of our work throughout the pandemic has been human resource management. This year, we have continued to redeploy resources to areas of critical need such as our Emergency Departments and Intensive Care Units (ICUs) as well as COVID-19 testing capacity within the community in order to address the increased demand to care for patients with COVID-19. In order to maintain safe, high-quality care, we have conducted skills assessments on an ongoing basis, and carefully matched skill sets to patient needs when executing redeployments. We have also developed specific critical care education and training for staff who are new to these areas, as well as provided direct support from managers and supervisors during their transition. Along with our public health team, staff from across our community health sites and programs were also redeployed to successfully operationalize and staff testing sites, COVID-19 assessment clinics, and do case and contact tracing work.

The extraordinary contributions and dedication of physicians, nurses, allied health professionals, and all support staff across the organization have been central to the success of our pandemic response—our survival of the first and second waves rested on their shoulders. Keeping the people we serve, as well as their colleagues and peers, safe and healthy has not been easy, and both our organization and our community owe a debt of gratitude for all they've done.

Their role on the front line of the pandemic comes with enormous pressure, and has taken a serious toll mentally, physically and emotionally on health care workers. This has resulted in struggles with staffing, and has increased the strain on health human resources across the system.

Our goal throughout this year has been to ensure staff are supported in their work, and patient care is not impacted. While there were successes, there was also a great deal of hardship across our organization and community. Some staff left their positions or profession as a result

of the stress. Many families lost loved ones, and struggled with restrictions. Patients, clients, residents and their families also had to contend with measures taken to get them care when our system was overloaded. We continue to evaluate where we could have done better, and how we can ensure we do better going forward.

As we look ahead to the coming year, we will stay focused on responding to the pandemic together as a system, continue to support one another, and when the time comes, successfully transitioning to a post-pandemic environment. We need to not only heal, but continue to grow into our role as a Service Delivery Organization. While we were able to successfully initiate the reconfiguration of our Finance and Corporate services portfolio this year, several other components of the Provincial Health System Transformation Plan were delayed as a result of the pandemic. Work has already begun to move Phase II of the plan forward in order to improve our ability to meet the needs of everyone we serve.

I must also recognize and thank Vickie Kaminski, our outgoing President and CEO, who drove much of this work prior to my arrival in May 2021. None of us could have predicted the events of the past year, but Vicki provided remarkable leadership for the WRHA, guiding the organization through an unprecedented crisis and providing an extraordinary service to the people of Winnipeg and Manitoba. Thank you, Vickie, for your dedication and commitment to our community.

Finally, I would like to acknowledge and thank our Board of Directors, whose efforts and guidance throughout the past year have been crucial to our success in navigating such a challenging time.

Once again, I extend my sincere thanks to all staff and physicians across the region, whose dedication to patients, clients and residents has never wavered despite incredibly difficult circumstances. I would also like to thank the community, who have continued to do their part to protect and support each other during this unprecedented time.

Sincerely,

Mike Nader
President and CEO, WRHA

Un message de la PDG au sujet des services de santé

L'année fiscale qui vient de s'écouler le 31 mars 2021 a été des plus difficiles, non seulement pour l'ORSW, mais également pour l'ensemble du réseau de la santé puisque les première et deuxième vagues de la pandémie de COVID-19 ont touché notre région.

La pandémie a grandement affecté le secteur des soins de santé de façon disproportionnée et, par conséquent, une grande partie de notre travail de cette année a consisté à lutter contre les méfaits du virus et à contrer les conséquences de la pandémie sur la prestation des services de santé.

L'ORSW a une fois de plus joué un rôle de premier plan dans le système de commandement des interventions en cas d'incident, qui a été sollicité pour la deuxième fois en octobre 2020, soit au début de la deuxième vague. Les cadres dirigeants et les gestionnaires de tous nos établissements et secteurs de programme ont collaboré activement à la coordination avec les autres régions sanitaires, Soins communs Manitoba et la province, afin de veiller à ce que nous soyons tous en mesure de communiquer, de planifier et de réagir à l'évolution de la pandémie.

Un des premiers succès de notre réaction à la pandémie a été le passage rapide aux soins en mode virtuel dans toute la collectivité, qu'on a maintenu en place tout au long de la deuxième vague. L'an dernier, un certain nombre de nos praticiens en santé communautaire et en soins primaires ont pu adopter un modèle virtuel d'offre du service, de sorte qu'on a pu préserver l'accès aux soins tout en protégeant la sécurité des fournisseurs, de leurs patients et de leurs bénéficiaires. Nous avons exploité ce modèle encore davantage l'an dernier. Le modèle virtuel a permis de réduire le nombre de rendez-vous annulés et d'augmenter le nombre possible de consultations. Nous pourrons prendre appui sur ce modèle pour continuer d'améliorer l'accès à ces services dans les années à venir.

La gestion des ressources humaines a été un autre élément important de nos accomplissements durant la pandémie. Cette année, nous avons continué de déplacer des ressources vers des secteurs dont les besoins avaient été mis à rude épreuve, comme les services d'urgence et les services de soins intensifs (SSI), et avons amélioré notre capacité de dépistage de la COVID-19 dans la collectivité. Cela nous a permis de répondre à la demande multipliée par les cas de COVID-19. En vue de maintenir la sécurité et l'excellente qualité des soins, nous avons évalué en permanence les compétences et, au moment de faire ces déplacements de ressources, nous avons soigneusement apparié les ensembles de compétences aux besoins des patients. Nous avons également mis au point une formation propre aux soins intensifs à l'intention des employés pour qui ces domaines étaient moins familiers, et les responsables et superviseurs leur ont procuré un soutien direct durant leur transition. Le personnel de l'ensemble de nos établissements et programmes de santé communautaire ainsi que notre équipe de santé publique ont également fait l'objet d'une répartition permettant de faire fonctionner les postes de dépistage, d'évaluation de la COVID-19 et de recherche des cas et contacts, et de les doter en personnel.

Les contributions extraordinaires et le dévouement des médecins, des infirmières, des professionnels paramédicaux et de tout le personnel de soutien de l'organisme ont été essentiels au succès de notre lutte contre la pandémie. Nous leur devons notre survie aux première et deuxième vagues. Il n'a pas été facile de maintenir nos gens en sécurité et en bonne santé, ainsi que leurs collègues et leurs pairs. Notre collectivité tout comme notre organisme a accumulé toute une dette de gratitude compte tenu de ce qu'ils ont accompli.

Ce sont les travailleurs de la santé qui, en première ligne de la pandémie, ont subi la pression énorme qui s'exerçait sur leur propre santé mentale, physique et émotionnelle. Cette situation a compliqué la dotation en personnel et a eu des répercussions sur les ressources humaines en santé de l'ensemble du réseau.

Notre objectif tout au long de cette année a été de soutenir le personnel et lui permettre de continuer à offrir les mêmes soins aux patients. Alors qu'il y a eu des succès, on a aussi vécu beaucoup d'épreuves à l'échelle de notre organisation et notre communauté. Certains membres du personnel ont quitté leur poste ou leur profession à cause du stress. Beaucoup de familles ont perdu des êtres chers et ont lutté contre les restrictions. Les patients, clients, résidents et leurs familles ont eu à faire face aux mesures prises pour leur offrir des soins quand notre système était surchargé. Nous continuons à évaluer les aspects que nous aurions pu améliorer et comment on peut mieux faire à l'avenir.

L'année qui vient nous amènera à rester concentrés sur la lutte contre la pandémie à l'échelle du réseau. Nous continuerons de nous soutenir mutuellement et, le moment venu, nous réussirons la transition vers un milieu post-pandémique. Nous devons non seulement guérir, mais aussi continuer de croître dans notre rôle d'organisme de prestation de services. Même si nous avons pu amorcer avec succès la reconfiguration de notre portefeuille de services financiers et généraux cette année, la pandémie a retardé plusieurs autres éléments du plan de transformation du réseau provincial de la santé. Nous avons déjà entamé l'application de la phase II du plan, qui vise à améliorer notre capacité de répondre aux besoins de chacun de nos bénéficiaires.

Je me dois également de reconnaître et remercier M^me^ Vickie Kaminski, notre présidente-directrice générale sortante, qui avait dirigé une grande partie de ce travail avant mon arrivée en mai 2021. Aucun d'entre nous n'aurait pu prédire ce que nous réservait la dernière année, mais M^me^ Kaminski a fait preuve d'un leadership remarquable au profit de l'ORSW, guidant l'organisme à travers une crise sans précédent et fournissant un service extraordinaire à la population de Winnipeg et du Manitoba. Merci M^me^ Kaminski pour votre dévouement et votre engagement envers notre collectivité.

Enfin, j'aimerais reconnaître notre conseil d'administration qui par leurs efforts et leurs conseils au cours de cette dernière année a été indispensable à notre réussite en naviguant ce temps difficile.

Je tiens également à remercier sincèrement tout le personnel et les médecins de la région, dont le dévouement envers les patients, les bénéficiaires et les résidents n'a jamais flanché malgré des circonstances incroyablement difficiles. Je tiens aussi à remercier la communauté qui a continué a apporté leur contribution pour se protéger et s'appuyer mutuellement dans cette période sans précédent.

Je vous prie d'agréer mes salutations distinguées.

Cordialement,

Mike Nader
PDG, ORSW

Message from the Board Chair

It has been an incredibly difficult year, as the COVID-19 pandemic has continued to greatly impact not just the health care sector, but all aspects of our lives.

I would like to start by thanking all WRHA staff and leadership for your incredible work during this time. Since the start of the pandemic, you have continued to deliver safe, high-quality care to all our patients, clients and residents, and have directly supported the health of our community despite the challenges we are all facing.

I would also like to acknowledge that the pandemic has been a time of loss and difficulty for many of the people we serve. We remain committed to learning from these challenges and improving the services we provide.

Vickie Kaminski, WRHA outgoing President & CEO, led us through the first two waves of the pandemic. I thank her for her dedication, commitment and leadership through the COVID-19 response, and her work to maintain the provision of safe health care to the people we serve. On behalf of the Board, I welcome Mike Nader, who took on the role of President and CEO in May 2021.

I would also like to extend a particular acknowledgement to our current and outgoing Board members for their contributions and service. Current Board members are Shannon Stefanson (Vice-Chair), Bill Baines, Dawn Daudrich, Kyla Gibson, Vera Houle, Frank Koch-Schulte, Kiran Kumedan, Donald Lepp, Jennifer Moncrieff, Dr. Judith Scanlan, Lauren Stone, Maj. Gordon Taylor, and Dr. Nobby Woo. In 2020-21, Wayne McWhirter (Chair) and Lisa Pormeister were outgoing from the Board.

Throughout this time, the WRHA has continued its commitment to working with our partners to advance the provincial health services transformation plan. The evolution of the WRHA's new role as a Service Delivery Organization has seen many changes associated with transformation, including departmental re-alignments, Clinical and Preventative Services planning, and the transfer of services to Shared Health.

Going forward, we will continue to focus on the consistent and sustainable provision of safe, high-quality health care services that promote the best possible patient outcomes across all levels of our health care system.

Thank you again to all of our staff and Executive for your hard work and contributions over the past year, and to our community who continues to support that work and one another.

Sincerely,

Patricia Solman, CPA
Board Chair, WRHA

Un message du président du conseil d'administration

Quelle année difficile nous venons de traverser! La pandémie de COVID-19 a continué d'exercer un impact considérable non seulement sur le secteur des soins de santé, mais aussi sur tous les aspects de notre vie.

Je voudrais commencer par remercier tout le personnel et les cadres dirigeants de l'ORSW pour le travail incroyable qu'ils ont accompli durant cette période. Depuis le début de la pandémie, vous avez continué d'offrir des soins d'excellente qualité dans des conditions sécuritaires, à tous nos patients, bénéficiaires et résidents, et vous avez directement veillé à maintenir notre collectivité en bonne santé malgré les défis que nous avions tous à relever.

J'aimerais reconnaître que la pandémie a été une période marquée par de fortes pertes et difficultés pour beaucoup de gens que nous desservons. Nous demeurons déterminés d'apprendre des défis et des obstacles et d'améliorer les services que nous fournissons.

Madame Vickie Kaminski, présidente-directrice générale sortante de l'ORSW, a assuré la direction de l'organisme pendant les deux premières vagues de la pandémie. Je la remercie pour son dévouement, son engagement et son leadership tout au long de notre lutte contre la COVID-19, et d'avoir assuré une prestation sécuritaire des soins de santé à notre population. Au nom du conseil d'administration, je souhaite la bienvenue à monsieur Mike Nader, qui est devenu président-directeur général en mai 2021.

Je tiens également à remercier tout particulièrement les membres actuels et sortants du conseil d'administration pour leurs contributions et leurs services. Les membres actuels du conseil sont M^{me} Shannon Stefanson (vice-présidente), M. Bill Baines, M^{me} Dawn Daudrich, M^{me} Kyla Gibson, M^{me} Vera Houle, M. Frank Koch-Schulte, M^{me} Kiran Kumedan, M. Donald Lepp, M^{me} Jennifer Moncrieff, M^{me} Judith Scanlan, M^{me} Lauren Stone, major Gordon Taylor et D^{r} Nobby Woo. M. Wayne McWhirter (président) et M^{me} Lisa Pormeister ont quitté le conseil en 2020-21.

Pendant tout ce temps, l'ORSW a maintenu son engagement de collaboration avec ses partenaires en vue de mettre en œuvre le plan provincial de transformation des services de santé. L'évolution du nouveau rôle de l'ORSW en tant qu'organisme de prestation de services a donné lieu à de nombreux changements associés à cette transformation, y compris des réalignements ministériels, la planification des services cliniques et préventifs, et le transfert de services à Soins communs Manitoba.

Nous continuerons à nous concentrer sur la prestation constante et durable de services de santé sûrs et d'excellente qualité, qui favorisent l'obtention des meilleurs résultats possible pour les patients à tous les paliers de notre réseau de la santé.

Encore une fois, merci à tous les membres du personnel et de la direction pour leur travail acharné et leurs contributions tout au long de l'année qui vient de s'écouler. Merci aussi à notre communauté qui continue à soutenir ce travail et s'appuyer les uns les autres.

Je vous prie d'agréer mes salutations distinguées.

Cordialement,

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

Letter of Transmittal and Accountability

It is my pleasure to present the annual report of the WRHA for the fiscal year ended March 31, 2021.

This annual report was prepared under the Board's direction, in accordance with the *Regional Health Authorities Act* and directions provided by the Minister of Health, Seniors and Active Living. All material, including economic and fiscal implications known as of July 31, 2021, has been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted,

Patricia Solman, CPA
Board Chair, WRHA

Board Members

Board members serving from April 1, 2020 to March 31, 2021:

Patricia Solman (Chair)

Shannon Stefanson (Vice-Chair)

Dr. Nobby Woo (Exofficio)

Bill Baines

Dawn Daudrich

Kyla Gibson

Vera Houle

Frank Koch-Schulte

Kiran Kumedan

Donald Lepp

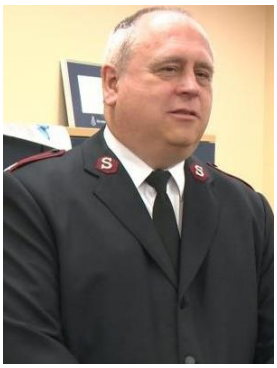
Wayne McWhirter (outgoing)

Jennifer Moncrieff

Lisa Pormeister (outgoing)

Dr. Judith Scanlan

Lauren Stone



Gordon Taylor

WINNIPEG REGIONAL HEALTH AUTHORITY 2016 TO 2021

STRATEGIC PLAN

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg

VISION

Healthy People

Vibrant Communities

Equitable Care for All

MISSION

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

VALUES

DIGNITY - as a reflection of the self-worth of every person

CARE - as an unwavering expectation of every person

RESPECT - as a measure of the importance of every person

EQUITY - promote conditions in which every person can achieve their full health potential

ACCOUNTABILITY - as being held responsible for the decisions we make

STRATEGIC DIRECTION

OPERATIONAL STRATEGIES

CARING FOR HEALTH

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg

OFFICE RÉGIONAL DE LA SANTÉ DE WINNIPEG 2016 - 2021

PLAN STRATÉGIQUE

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / *À l'écoute de notre santé*

VISION

Des gens en santé

Des communautés dynamiques

Des soins équitables pour tous

MISSION

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

VALEURS

DIGNITÉ - Le Reflet de l'estime de Soi de Chaque Personne

SOINS - Une Attente Inébranlable de Chaque Personne

RESPECT - La Mesure de l'importance de Chaque Personne

ÉQUITÉ - Favoriser les Conditions dans Lesquelles Chaque Personne Puisse Réaliser son Plein Potentiel de Santé

RESPONSABILITÉ - Prendre la Responsabilité des Décisions que l'on Prend

ORIENTATION STRATÉGIQUE

- AMÉLIORER L'EXPÉRIENCE DU PATIENT
- AMÉLIORER LA QUALITÉ ET L'INTÉGRATION
- FAIRE PARTICIPER LE PUBLIC
- FAIRE AVANCER LA RECHERCHE ET L'ÉDUCATION
- DÉVELOPPER LA DURABILITÉ
- ENGAGER LES FOURNISSEURS DE SERVICE

STRATÉGIES OPÉRATIONNELLES

- AMÉLIORER LE FLUX DES PATIENTS
- GÉRER LES RESSOURCES
- AMÉLIORER L'ENGAGEMENT

Public Compensation Disclosure

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

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

This report, which has been prepared for this purpose and audited by an external auditor, contains the amount of compensation it pays or provides in the corresponding calendar year for each of its officers and employees whose compensation is $75,000 or more.

The report only includes the compensation paid to individuals employed by the facilities and services directly owned and operated by the region, including Grace Hospital, Victoria Hospital, Deer Lodge Centre (DLC), Pan Am Clinic, Community Areas Services, Churchill Health Centre, and the River Park Gardens and the Middlechurch Home of Winnipeg personal care homes (PCH).

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

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

Christina Von Schindler

The Public Interest Disclosure (Whistleblower Protection) Act Annual Report

June 21, 2021

The *Public Interest Disclosure (Whistleblower Protection) Act*

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

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

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

The following is a summary of disclosures received by the Winnipeg Regional Health Authority for fiscal year 2020 – 2021:

Information Required Annually (by Section 18 of the Act)	Fiscal Year 2020-21
The number of disclosures received, and the number acted on and not acted on. *Paragraph 18(2)(a)*	• NIL
The number of investigations commenced as a result of a disclosure. *Paragraph 18(2)(b)*	• NIL

In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Paragraph 18(2)(c)*	• NIL

Enterprise Risk Management

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

This year:

- The ERM process continued to be rolled out throughout the WRHA.
- Sites' risks to achieve regional priorities were integrated into corporate risks.
- Priority risks were folded into the WRHA's annual operating plan.
- Risks associated with COVID-19 were included in WRHA risk management processes.

Current ERM priority areas for the WRHA include:

- Implementation of Clinical Consolidation;
- Achievement of a Balanced Budget;
- Improvement of Quality and Patient Safety;
- Improvement of Patient Flow;
- Corporate Governance and Leadership;
- Business Continuity and Crisis Management;
- Infrastructure Maintenance and Renovation;
- Recruiting and Retention of Qualified Non-Union Management;

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

Critical Incident Process

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

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

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

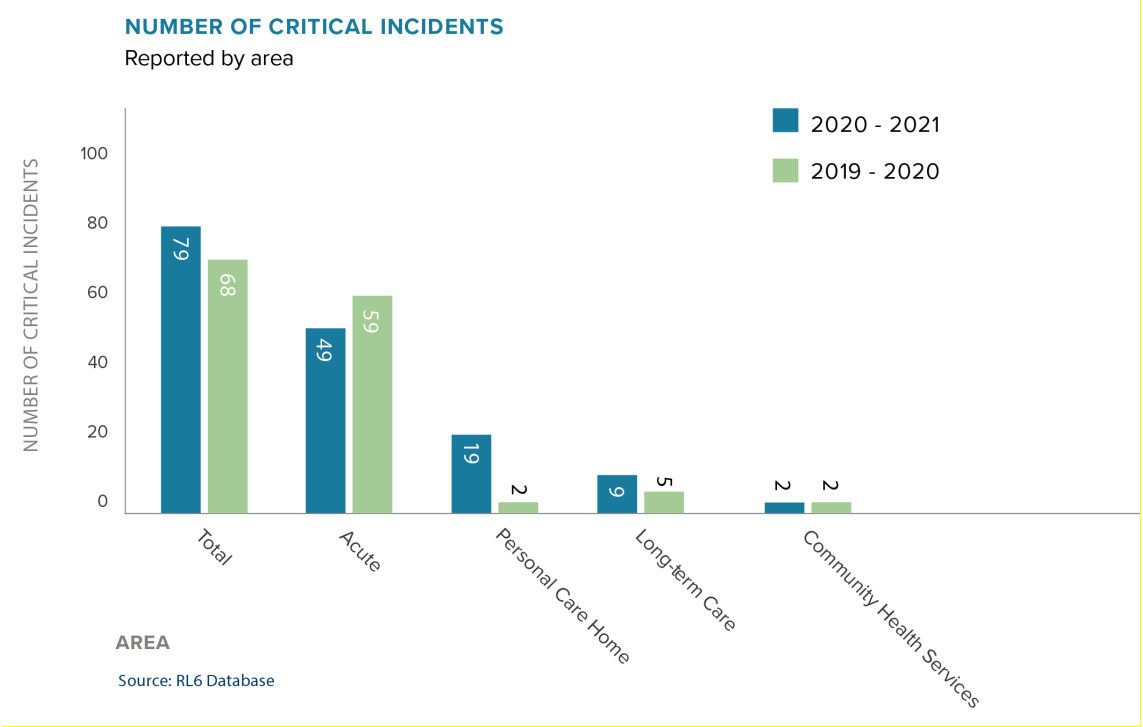
Examples may include receiving the wrong medication or the wrong dose of a medication, the failure of medical equipment or a breakdown in communication between health-care providers resulting in serious harm to a patient, client or resident.

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

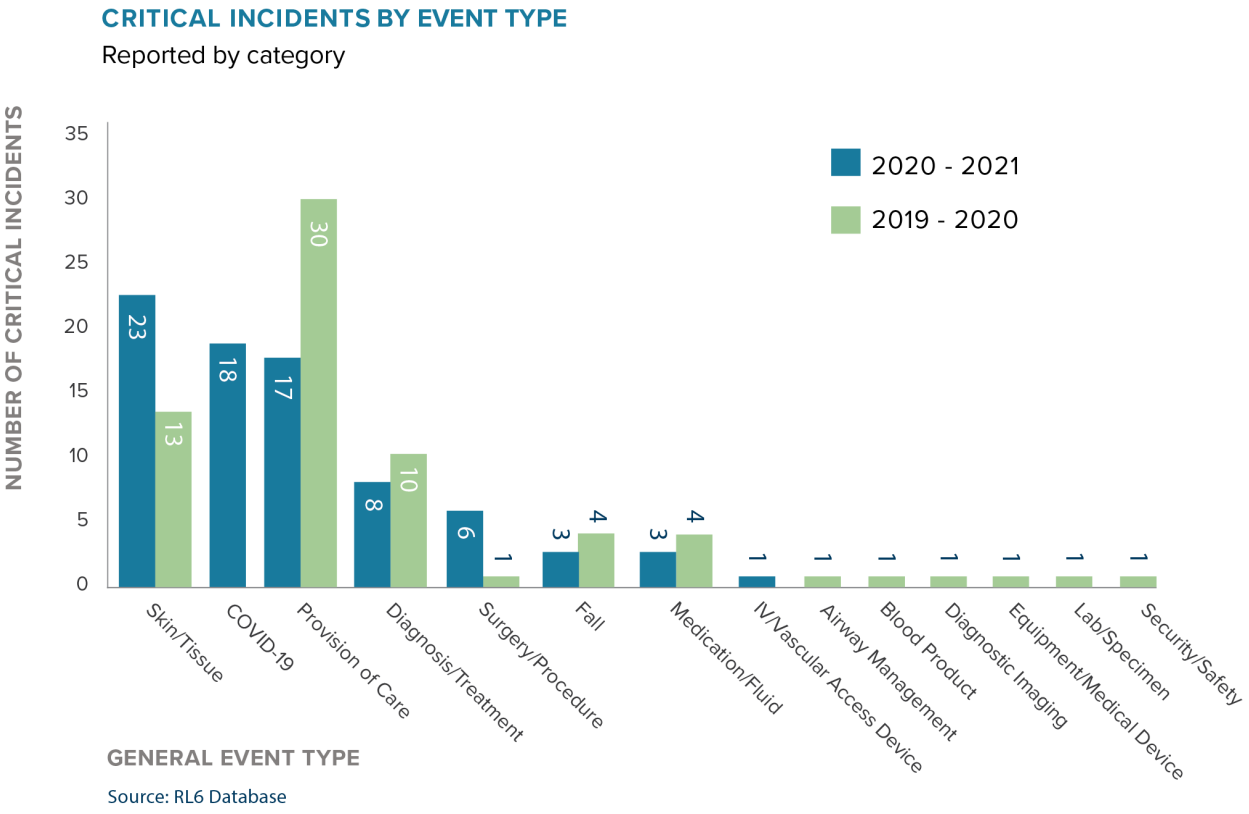
Our goal is to continuously improve our communication with patients and families to ensure they are provided with the information they need while maintaining confidentiality. This includes sharing the findings when a Critical Incident review has been completed.

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

The chart below highlights the number of critical incidents, by area, reported in the fiscal years of 2019-20 and 2020-21.



The chart below highlights the number of Critical Incidents, by event type, in the fiscal years of 2019-20 and 2020-21.



Client Relations

The Client Relations team:

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

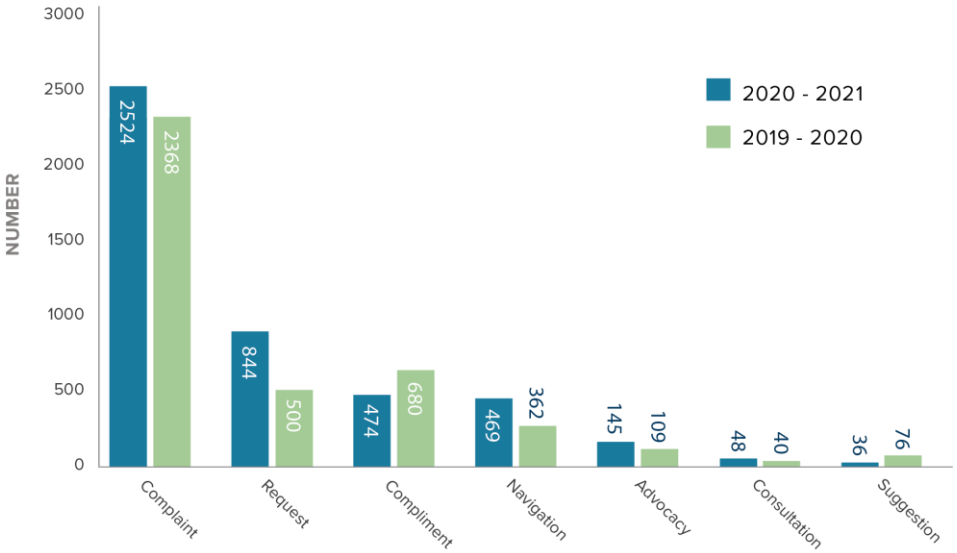
Client Relations receives feedback from the public in the form of compliments, complaints and suggestions for improvement. With recent and planned changes to health-care operations, Client Relations is able to assist citizens in navigating health services in the Winnipeg Health Region. We provide flexible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

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

WINNIPEG REGIONAL HEALTH AUTHORITY CLIENT RELATIONS

Phone: (204) 926-7825
Fax: (204) 940-6623
E-mail: clientrelations@wrha.mb.ca
Monday – Friday from 8:30 a.m. – 4:30 p.m.

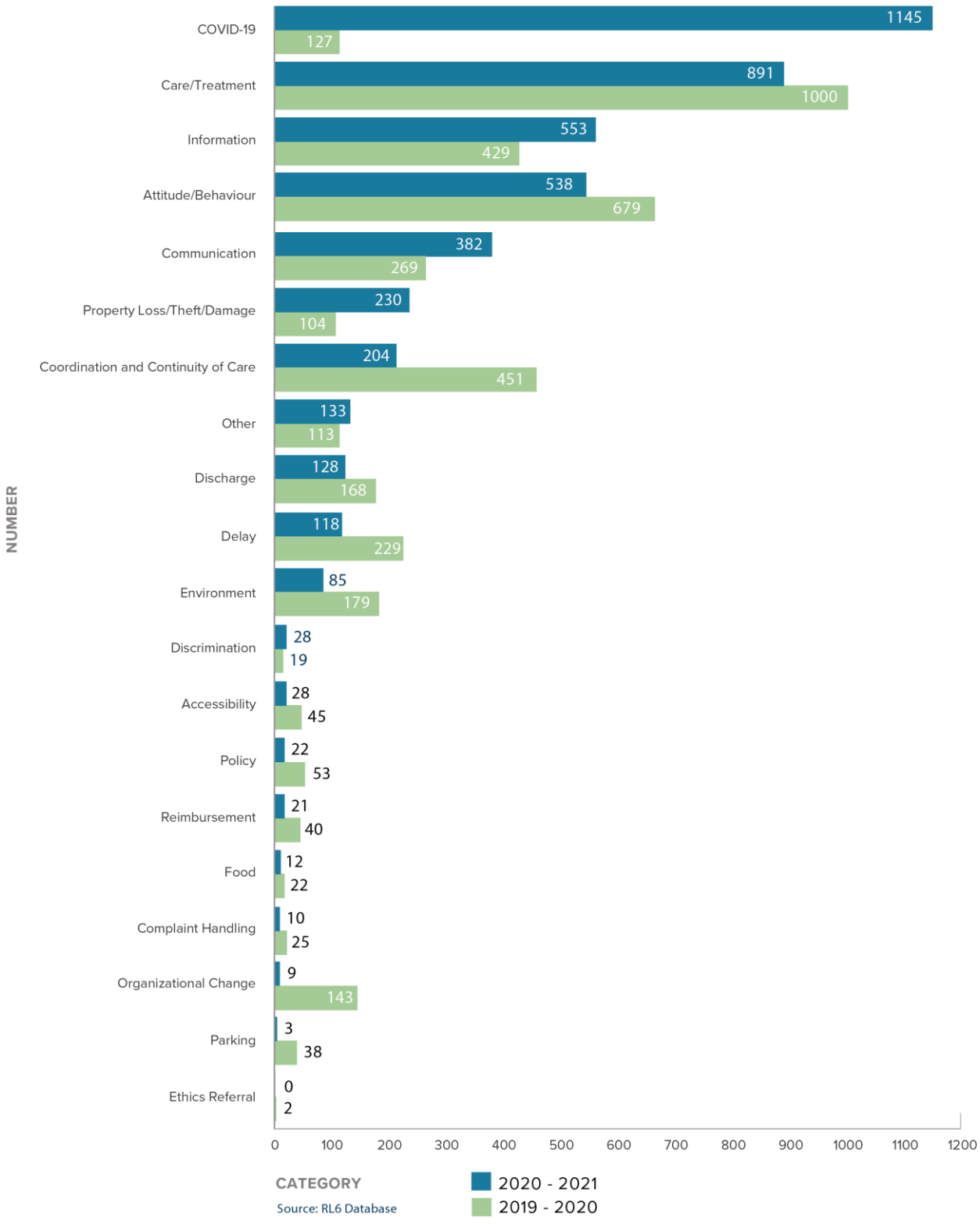
NUMBER AND CLASSIFICATION OF CALLS TO CLIENT RELATIONS
Grouped by Classification



Source: RL6 Database

NUMBER AND TYPE OF COMPLAINT

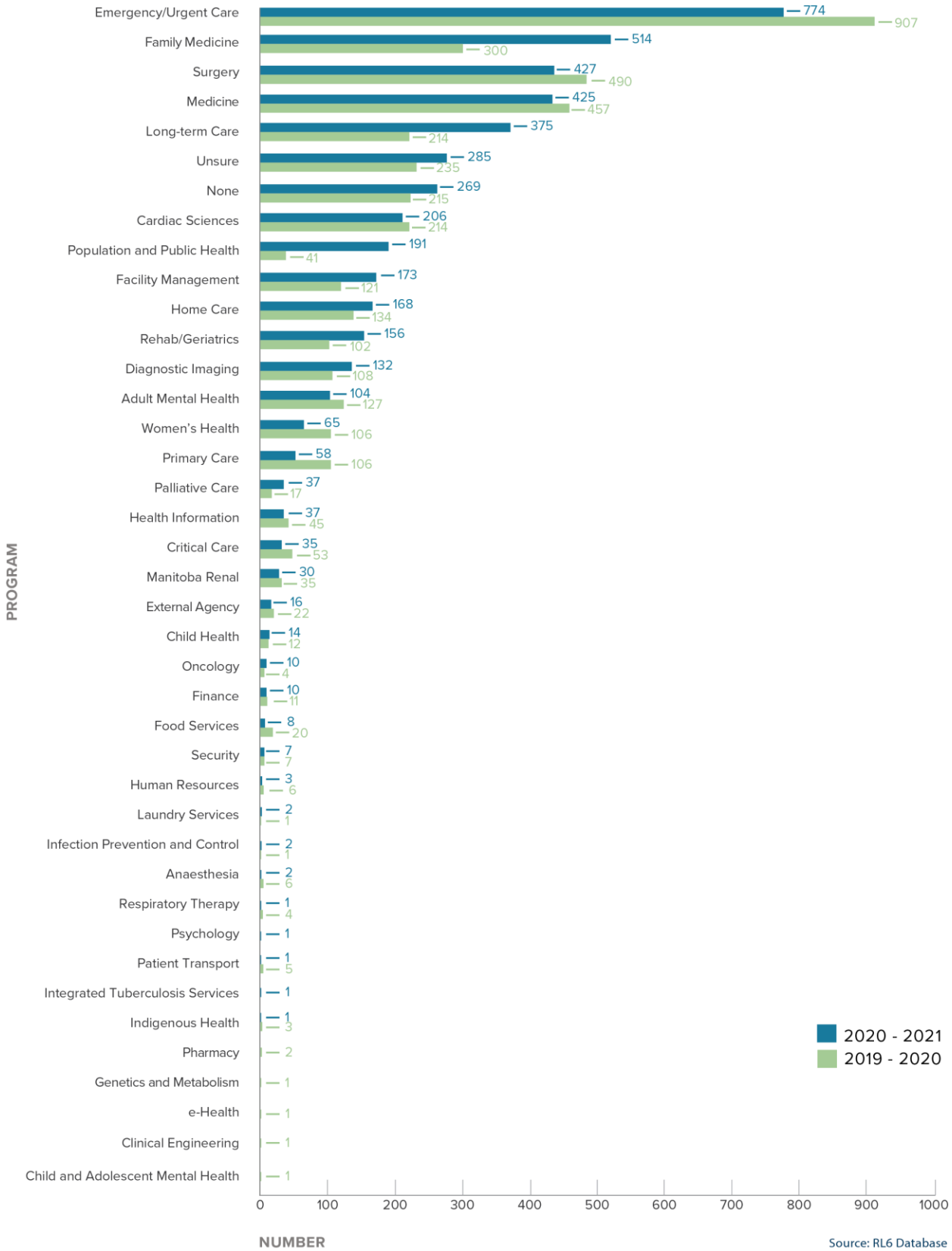
Grouped by Category



Source: RL6 Database

NUMBER OF COMPLAINTS BY PROGRAM

Grouped by Program



Source: RL6 Database

Statistics

URGENT CARE VISITS

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

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

HOME CARE CLIENTS RECEIVING SERVICES[1]

2020-21	2019-20	2018-19	2017-18
18,029	18,411	16,127	15,219

Source: WRHA home care program.

[1]Excludes clients under assessment but not yet receiving services: 2020/21 = 746; 2019/20 = 506; 2018/19 = 422; 2017/18 = 351

TOTAL BIRTHS AND DELIVERIES

Births[1]	2020-21	2019-20	2018-19	2017-18
Births (including stillbirths) -SBGH	4,631	5,759	5,651	5,832
Home Birth Midwife	48	32	33	33
Birth Centre	296	233	242	185
Total Births	4,975	6,024	5,926	6,050

Source: Discharge Abstract Database (DAD). Home and birth centre births provided by WRHA midwifery services.
[1]Births represent the number of babies born. Stillbirths are included. Babies born before arrival to hospital are excluded. The newborn abstract is used for the calculation.

Deliveries[1]	2020-21	2019-20	2018-19	2017-18
Deliveries by physician - SBGH	4,599	5,591	5,504	5,666
Deliveries by midwife - SBGH	50	46	55	66
Total deliveries	4,649	5,637	5,559	5,732

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

MAIN OPERATING ROOM (OR) SURGICAL CASES[1]

Inpatient	2020-21	2019-20	2018-19	2017-18
WRHA Acute Sites	11,138	13,807	14,073	14,330
MHC	187	182	188	206
Pan Am Clinic	-	-	-	-
Total	11,325	13,989	14,261	14,536

Day Surgery	2020-21	2019-20	2018-19	2017-18
WRHA Acute Sites	9,689	12,856	14,351	14,137
MHC	8,414	13,553	11,614	11,820
Pan Am Clinic	3,240	3,490	3,350	3,322
Total	21,343	29,899	29,315	15,142

Total	2020-21	2019-20	2018-19	2017-18
WRHA Acute Sites	20,827	26,663	28,424	28,467
MHC	8,601	13,735	11,802	12,026
Pan Am Clinic	3,240	3,490	3,350	3,322
Total	32,668	43,888	43,576	29,678

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

PROCEDURE VOLUMES (RELATED TO WAIT TIME TRACKING)

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

[1]Sourced from DAD.
[2]Sourced from SIMS via WRHA Surgery Program. Includes Primary, Hemi and Revision.
[3]Sourced from SIMS via WRHA Surgery Program. Includes Primary and Revisions.

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

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

Source: Provincial Health Contact Centre.

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

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

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

b) *Clerical staff, working under the supervision of Registered nurses, and trained to screen patients for COVID-19 and provide them COViD-19 test results.*

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

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

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

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

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

[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.

TOTAL NUMBER OF RESIDENTS IN PCHs

	2020-21	2019-20	2018-19	2017-18
Winnipeg PCH in RHC and DLC	465	435	449	427
Winnipeg Non-Proprietary PCH	2,905	3,007	2,967	2,980
Winnipeg Proprietary PCH	1,887	1,965	1,895	1,993
Rural Proprietary PCH[1]	364	367	367	367
Total	5,621	5,774	5,678	5,767

Source: MIS data extracted from DSS Datamart

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

WRHA HOSPITAL STATISTICS (HSC Winnipeg removed from all years)

TOTAL WRHA

Key Statistic:	2020-21	2019-20	2018-19	2017-18
Number of Beds[1]	2,274	2,265	2,292	2,398
Average Occupancy[2]	85.26%	92.30%	91.50%	91.00%
Emergency Department/Urgent Care Visits[3]	173,281	199,066	195,148	184,012
Emergency Department/Urgent Care Visits Admitted (with % in brackets)[3]	19,658 (11.34%)	21,925 (11.01%)	22,876 (11.72%)	22,072 (11.99%)
Left Without Being Seen (with % in brackets)[3]	6,126 (3.51%)	12,981 (6.52%)	9,617 (4.93%)	9,267 (5.04%)
Total Number of Inpatient Discharges[4, 9]	38,724	45,001	45,438	45,344
Average Length of Stay (LOS)[4, 9]	9.22	9.11	8.88	9.47
Total Number of Day Surgery Cases[4, 9]	33,260	40,732	41,879	N/A[12]
Percentage of Alternate Level of Care (ALC) Days[4, 9]	6.78%	8.30%	9.30%	13.90%
Acute LOS: Expected Length of Stay (ELOS) Ratio[4,11]	1.16	1.20	1.17	1.16
Hospital Standardized Mortality Ratio[5]	111	105	109	107
Hospital Readmission Rate Within 30 Days of Discharge[7]	8.6%	8.7%	8.9%	8.5%
Clostridium Difficile Rate (per 10,000 pt days)[8]	Note 8	1.72	2.13	2.12
Methicillin-Resistant Staphylococcus Aureus (MRSA) Rate (per 10,000 pt days)[8]	Note 8	3.70	5.06	3.48

St. Boniface General Hospital

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

Concordia Hospital

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

Victoria General Hospital

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

Grace Hospital

Key Statistic:	2020-21	2019-20	2018-19	2017-18
Number of Beds[1]	236	227	216	235
Average Occupancy[2]	82.86%	93.98%	93.46%	88.42%
Emergency Department Visits[3]	32,863	39,487	37,707	32,785
Emergency Department Visits Admitted (with % in brackets)[3]	5,724 (17.42%)	6,242 (15.81%)	5,280 (14.00%)	4,271 (13.03%)
Left Without Being Seen (with % in brackets)[3]	1,172 (3.57%)	1,696 (4.30%)	1,442 (3.82%)	1,483 (4.52%)
Total Number of Inpatient Discharges[4, 9]	8,782	10,258	8,759	7,365
Average LOS[4, 9]	7.85	7.86	8.43	9.53
Total Number of Day Surgery Cases[4]	5,477	7,632	7,353	6,960
Percentage of ALC Days[4, 9]	5.17%	6.19%	7.76%	11.17%
ALOS: ELOS Ratio[4, 11]	1.16	1.16	1.20	1.25
Hospital Standardized Mortality Ratio[5]	126	130	128	113
Hospital Readmission Rate Within 30 Days of Discharge[7]	8.7%	8.5%	9.0%	8.1%
Clostridium Difficile Rate (per 10,000 pt days)[8]	Note 8	3.54	4.5	4.42
MRSA Rate (per 10,000 pt days)[8]	Note 8	4.84	5.27	2.6

Seven Oaks General Hospital

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

Churchill Health Centre

Key Statistic:	2020-21	2019-20	2018-19	2017-18
Number of Beds[1]	27	27	27	27
Average Occupancy[6]	21.80%	39.28%	35.77%	32.46%
Emergency Department Visits[6]	1,065	1,452	1,411	1,106
Emergency Department Visits Admitted (with % in brackets)[6]	41 (3.85%)	47 (3.24%)	77 (5.46%)	56 (5.06%)[4]
Left Without Being Seen (with % in brackets)[6]	2 (0.19%)	15 (1.03%)	6 (0.43%)	N/A
Total Number of Inpatient Discharges[4]	67	94	112	116
Average LOS[4]	22.22	6.57	7.97	16.76
Total Number of Day Surgery Cases[4]	110	219	264	275
Percentage of ALC Days[4]	0%	0%	0%	0%
ALOS: ELOS Ratio[4]	0.69	1.15	0.99	0.95
Hospital Standardized Mortality Ratio[5]	152	N/A	212	48
Hospital Readmission Rate Within 30 Days of Discharge[7]	18.4%	17.1%	7.8%	8.0%
Clostridium Difficile Rate (per 10,000 pt days)[8]	Note 8	N/A	N/A	N/A
MRSA Rate (per 10,000 pt days)[8]	Note 8	N/A	N/A	N/A

[1]Source: WRHA Annual Bed Map as of April 1 of the applicable fiscal year. WRHA figures include all hospitals as well as DLC, RHC, MHC and Manitoba Adolescent Treatment Centre (MATC). Excludes bassinets and any beds designated as LTC beds. 2020-21 beds included 30 temporary beds which were closed in August 2021.
[2]Source: DSS Datamart. Occupancy rates: Excludes newborn days, bassinets, community hospice days and beds. Daily Licensed Beds and Midnight Census.
[3]Source: DSS Datamart. Excludes Pan Am MIC visits, Churchill emergency visits.
[4]Source: DAD
[5]Source: CIHI Your Health System: Insight Tool, note: Churchill low volume
[6] Source: DSS Datamart. Previous years' values retroactively changed to match new methodology.

[7]*Source: CIHI Your Health System: Insight Tool. Overall Readmission by Place of Service, risk-adjusted rates.*

[8]*Rates provided by WRHA Regional Infection Control. Includes MHC, RHC and DLC in the WRHA total. Infection Prevention and Control focus shifted in 2020-21 to support COVID-19 work, summarization of Clostridium Difficile and MRSA will be delayed and not available in time for annual report.*
[9]*Includes all facility types (hospice, forensic psychiatry, pediatrics). Excludes rehabilitation services.*
[10]*Emergency Departments converted to urgent care centers on*

a) *Oct. 3, 2017: Victoria Hospital;*
b) *June 3, 2019: Concordia Hospital;*
c) *Jul 22, 2019: Seven Oaks General Hospital.*

[11]*Excludes Grace Hospice*

French Language Services

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

Bilingual employees of the region provide service and support to clients, patients, residents, and their families across the region every day. The principles of 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 expanding access to French-language services throughout the WRHA.

WRHA French Language Services 2018-21 Multi-Year Strategic Plan:
The 2020-21 fiscal year marks the third year of the *WRHA FLS 2018-2021 Multi-Year Strategic Plan*. The following is an overview of the strategic directions:

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

2020-21 WRHA FLS Annual Report Evaluation and Notable Achievements:

Leadership

- Formal adoption and adherence to the Ottawa Declaration was sought in 2020-2021. As a first step, the Ottawa Declaration was approved by WRHA Executive Council on June 6, 2020 and was presented to all regional leadership tables for information purposes. The next step is to seek formal adoption by the Board of Directors in 2021-2022.
- Four of the five Internal WRHA FLS policies were updated in September 2021 to keep policies updated and relevant.

- WRHA FLS Advisory Committee was maintained to provide advice and guidance on matters pertaining to policies, programs and practices involving FLS.
- Maintained FLS as a standing agenda item at the WRHA Executive Council to ensure accountability and to address areas of concern in a timely manner.
- Participated on provincial committees to develop strategies to build a bilingual workforce and to broaden the human resources recruitment and retention plan.

Enhance Patient Experience

- Maintained work with the Official Languages Questions Provincial Initiative Working Group to ensure consistent practice in terms of identifying, documenting, and tracking the language of preference/primary language of the patient, client or resident at admission, discharge and transfer points within the system by setting regional practice standards and mandatory implementation.
- All designated WRHA bilingual/francophone facilities, programs, services and agencies have been reminded of their FLS obligations through the distribution of one region-wide memo and in-person meetings.
- The Centre de santé Saint-Boniface (CDS) Bilingual Family Physicians group maintained subacute inpatient work at Victoria General Hospital (VGH). An average of four identified French-speaking patients are on the designated unit at VGH. It is foreseeable a service agreement between VGH/WRHA and CDS for 2021-2022 will be agreed upon, thus increasing continuity of care in French.
- To better serve Francophone patients, the Victoria General Hospital (VGH) is updating all wayfinding to both French and English, thus increasing bilingualism at the only designated bilingual urgent care and subacute facility in the WRHA. Completion of the initiative is scheduled for 2021.
- Launched a public campaign to promote the right French services at the right place called *"Les soins voulus en français"* "My Right Care - How to Access Health and Social Services in French in Winnipeg". The interactive resource, targeted towards Francophones and allies, explains where bilingual services are located within the WRHA. The resource was widely distributed on the WRHA website, social media, and print copies to key locations.
- In collaboration with the Victoria General Hospital (VGH), the FLS department established a process for translating all content of the VGH website in a systematic manner. The bilingual version of the VGH website was launched in September 2020, with all the content in both Official Languages.

Engage Service Providers

- All WRHA employees are subjected to take the Active Offer and French-language services training module prior to commencing employment to enhance their linguistic and cultural competencies. As of March 31, 2021, there were 1,824 employees who completed the training.
- The WRHA FLS department worked collaboratively with the Université de Saint-Boniface's School of Nursing and Health Studies and the School of Social Work to create a focused plan for bilingual practicums to be held in Winnipeg.
- Developed two cultural activities themed *Festival du Voyageur* and *Semaine de la Francophonie* to enhance belongingness and to cultivate a bilingual work environment.

2020-21 WRHA FLS Operational Overview:

French-Language Proficiency Evaluations

- All language proficiency testing – speaking, listening, reading, and writing – is done internally, and the WRHA FLS department occasionally provides services to other independent bilingual or francophone agencies and service delivery organizations.
- Due to increased awareness of FLS policy requirements, hiring managers are requesting French-language proficiency evaluations before the position is offered.

Translations

- New or revised patient/client and public information (i.e., education materials, pre-/post-op surgical information, surveys, pamphlets, brochures, advertising, etc.) is systematically translated according to FLS policy obligations.
- In the 2020-21 fiscal year, 230,548 words have been translated, representing 380 documents.
- Since 2003, nearly 2.6 million words have been translated, representing almost 3,750 documents.

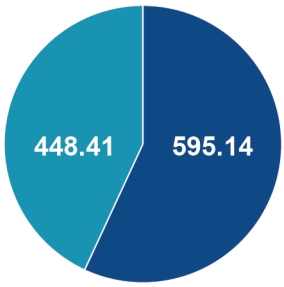
Training

- During the 2020-21 fiscal year, 95 employees attended French-language evening courses, 2 employees participated in the French-language tutoring program, 20 employees attended FLS daytime workshops (*conversation circle only – due to pandemic*), approximately 300 employees attended FLS and Active Offer Orientation Sessions, and 1,824 employees completed the online Active Offer and French Language Services Training module on LMS.
- The FLS department also has a comprehensive French-Language Resource Centre, which includes access to the two top individual learning systems and a multitude of other resources (i.e., dictionaries, books, DVDs, CDs, etc.).

Regional Recruitment Results

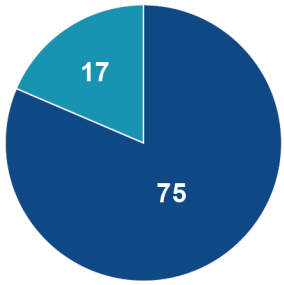
1043.55 total designated bilingual positions (FTE) as of March 31, 2021

- FTE filled successfully
- FTE under filled or remained vacant



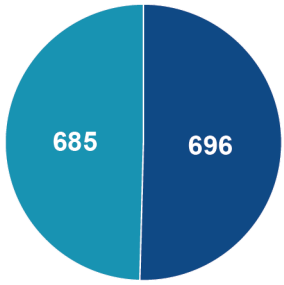
Recruitment for designated bilingual positions from April 1, 2020, to March 31, 2021

- FTE filled successfully
- FTE under filled or remained vacant



Total bilingual capacity as of March 31, 2021

- Number of employees in designated bilingual positions
- Number of other bilingual employees



Services en langue française

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

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

Plan stratégique pluriannuel 2018-2021 des services en français de l'ORSW :
L'exercice 2020-2021 marque la troisième année du plan stratégique pluriannuel 2018-2021 des SLF de l'ORSW. Voici un aperçu des orientations stratégiques :

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

Évaluation du rapport annuel des Services en langue française de l'ORSW pour 2019-2020, et principales réalisations de l'année

Leadership

- En 2020-2021, on a sollicité l'adoption officielle de la Déclaration d'Ottawa ainsi que l'adhésion à la Déclaration. Dans un premier temps, le conseil exécutif de l'ORSW a approuvé la Déclaration d'Ottawa le 6 juin 2020, puis en a informé

tous les forums de leadership régionaux. La prochaine étape consistera à demander au conseil d'administration de l'adopter officiellement en 2021-2022.

- En septembre 2021, on a mis à jour quatre des cinq politiques internes des SLF de l'ORSW, de sorte que les politiques demeurent à jour et pertinentes.
- On a conservé le comité consultatif sur les SLF de l'ORSW, en vue de solliciter ses conseils et des orientations sur les questions concernant les politiques, programmes et pratiques relatives aux SLF.
- Les SLF vont demeurer en permanence à l'ordre du jour du conseil exécutif de l'ORSW, à des fins de responsabilisation et de discussion en temps opportun des sujets de préoccupation.
- On a participé à des comités provinciaux chargés d'élaborer des stratégies de dotation en main-d'œuvre bilingue et d'expansion du plan de recrutement et de maintien en poste des ressources humaines.

Amélioration de l'expérience des patients

- On a poursuivi la collaboration avec le groupe de travail du projet provincial portant sur les langues officielles, en vue de l'adoption de marches à suivre cohérentes pour demander et consigner la langue principale ou préférée des patients, bénéficiaires ou résidents à l'admission, et d'en faire un suivi à la sortie et aux points de transfert dans le réseau de la santé, et ce, par la mise en œuvre de normes de pratique régionales et d'une application obligatoire.
- On a remis une note de service dans le cadre de réunions en personne ou on l'a fait parvenir dans la région à tous les établissements, programmes, services et organismes désignés bilingues ou francophones de l'ORSW, en guise de rappel de leurs obligations en matière de SLF.
- Le groupe de médecins de famille bilingues du Centre de santé Saint-Boniface (CDS) a poursuivi son travail auprès des patients hospitalisés en soins subaigus à l'Hôpital général Victoria (HGV). On trouve en moyenne quatre patients s'identifiant comme francophones dans le service désigné de l'HGV. On prévoit conclure une entente de service entre l'HGV, l'ORSW et le CDS en 2021-2022, ce qui favorisera d'autant plus la continuité des soins en français.
- En vue d'offrir un meilleur service aux patients francophones, l'Hôpital général Victoria (HGV) est en train de mettre à jour tous les panneaux de signalisation en français et en anglais, améliorant ainsi le bilinguisme dans le seul établissement de soins d'urgence mineure et subaigus désigné bilingue de l'ORSW. Le projet doit prendre fin en 2021.
- On a lancé une campagne de publicité visant à promouvoir le fait d'offrir les services voulus en français à l'endroit voulu, intitulée Les soins voulus en français, Comment accéder aux services de santé en français à Winnipeg.Cette ressource interactive, destinée aux francophones et à leurs proches, explique où se trouvent les services bilingues au sein de l'ORSW. La ressource a été

largement distribuée sur le site Web de l'ORSW, dans les médias sociaux et en version imprimée dans des lieux stratégiques.

- En collaboration avec l'Hôpital général Victoria (HGV), les SLF ont mis en place une procédure de traduction systématique de tout le contenu du site Web de l'HGV. La version bilingue du site Web de l'HGV a été lancée en septembre 2020, avec tout son contenu dans les deux langues officielles.

Mobilisation des prestataires de services

- Tous les employés de l'ORSW doivent suivre le module de formation intitulé Active Offer and French-language services (Offre active et services en langue française) avant de commencer à y travailler, afin d'améliorer leurs compétences linguistiques et culturelles. Au 31 mars 2021, 1 824 employés avaient suivi cette formation.
- Les SLF de l'ORSW ont activement collaboré avec l'École des sciences infirmières et des études de la santé et l'École de travail social de l'Université de Saint-Boniface, en vue d'élaborer un plan ciblé pour les stages bilingues qui prendront place à Winnipeg.
- On a mis au point deux activités culturelles, lesquelles se rapportent au Festival du Voyageur et la Semaine de la francophonie, afin de renforcer le sentiment d'appartenance et de cultiver un milieu de travail bilingue.

Aperçu des activités des SLF de l'ORSW en 2020-2021 :

Évaluations des compétences en langue française

- Tous les tests de compétence linguistique (parler, écouter, lire, écrire) sont offerts à l'interne, et le service des SLF de l'ORSW fournit occasionnellement des services à d'autres agences bilingues ou francophones et organismes de prestation de services indépendants.
- En raison de la sensibilisation accrue aux exigences de la politique des SLF, les gestionnaires d'embauche demandent des évaluations des compétences linguistiques en français avant d'offrir le poste.

Traductions

- Les nouveaux renseignements et les révisions de ces renseignements destinés aux patients, aux bénéficiaires et au public (c'est-à-dire le matériel éducatif, les directives chirurgicales préopératoires et postopératoires, les sondages, les dépliants, les brochures, la publicité, etc.) sont systématiquement traduits en vertu de la politique des SLF.
- Au cours de l'exercice 2020-2021, on a fait traduire 230 548 mots, ce qui représente 380 documents.
- Depuis 2003, près de 2,6 millions de mots ont été traduits, ce qui représente près de 3 750 documents.

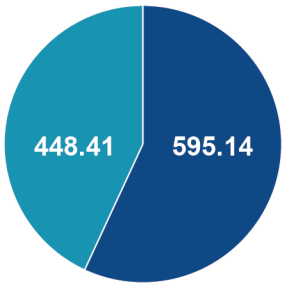
Formation

- Durant l'exercice 2020-2021, 95 employés ont suivi des cours du soir sur l'apprentissage du français, 2 employés ont participé au programme de tutorat en français, 20 employés ont participé aux ateliers de jour des SLF (cercle de conversation uniquement en raison de la pandémie), environ 300 employés ont participé aux séances d'orientation sur l'offre active et les SLF, et 1 824 employés ont suivi le module de formation en ligne intitulé Active Offer and French Language Services du système de gestion de la formation.
- Les SLF disposent également d'un centre de ressources exhaustives en français, qui comprend l'accès aux deux excellents systèmes individuels de formation et à une multitude d'autres ressources (c'est-à-dire des dictionnaires, des livres, des DVD, des CD, etc.)

Résultats du recrutement régional

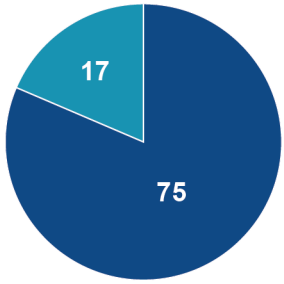
1043.55 postes désignés bilingues en tout (ÉTP) au 31 mars 2021

- ÉTP pourvus avec succès
- ÉTP insuffisamment pourvus en encore vacants



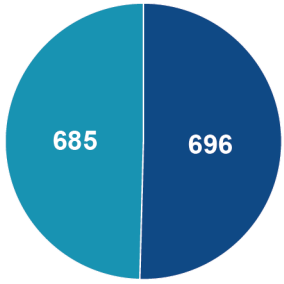
Recrutement pour des postes désignés bilingues entre le 1er avril 2020 et le 31 mars 2021

- ÉTP pourvus avec succès
- ÉTP insuffisamment pourvus en encore vacants



Capacité bilingue totale au 31 mars 2021

- Employés occupant des postes désignés bilingues
- Autres employés capables d'occuper un poste désigné bilingue



Financials

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

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

WINNIPEG REGIONAL HEALTH AUTHORITY

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING
SUMMARIZED CONSOLIDATED FINANCIAL STATEMENTS
MARCH 31, 2021

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

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

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

Mike Nader
President & Chief Executive Officer

Kim Sharman
Interim Chief Financial Officer

Independent auditors' report

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

Opinion

The summarized consolidated financial statements, which comprise the summarized consolidated statement of financial position as at March 31, 2021 and the summarized consolidated statement of operations and accumulated surplus for the year then ended, are derived from the audited consolidated financial statements of the Winnipeg Regional Health Authority for the year ended March 31, 2021.

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

Summarized Consolidated Financial Statements

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

The Audited Consolidated Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited consolidated financial statements in our report dated June 22, 2021.

Management's Responsibility for the Summarized Consolidated Financial Statements

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

Auditor's Responsibility

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

Deloitte LLP

Chartered Professional Accountants
June 22, 2021
Winnipeg, Manitoba

Summarized Consolidated Statement of Financial Position

As at March 31 (in thousands of dollars)

	2021	2020
FINANCIAL ASSETS		
Cash	**$ 66,142**	$ 66,421
Accounts receivable	**85,317**	71,191
Investments	**41,277**	37,640
Employee benefits recoverable from Manitoba Health and Seniors Care	**51,972**	51,972
Employee future benefits recoverable from Manitoba Health and Seniors Care	**19,892**	19,892
	264,600	247,116
LIABILITIES		
Bank indebtedness	**$ 87,913**	$ 48,394
Accounts payable and accrued liabilities	**188,891**	212,790
Unearned Revenue	**63,327**	59,760
Employee benefits payable	**91,397**	88,487
Employee future benefits payable	**127,775**	129,994
Long-term debt	**929,801**	965,256
	1,489,104	1,504,681
NET DEBT	**(1,224,504)**	(1,257,565)
NON-FINANCIAL ASSETS		
Inventory	**26,390**	24,193
Prepaid expenses	**5,513**	5,979
Tangible capital assets, net	**1,638,680**	1,694,710
	1,670,583	1,724,882
TOTAL NET ASSETS	**$ 446,079**	$ 467,317
Total net assets is comprised of:		
Accumulated surplus	**448,016**	473,946
Accumulated remeasurement losses	**(1,937)**	(6,629)
	$ 446,079	$ 467,317

P Solman

Patricia Solman, CPA, CA
Chair, Board of Directors

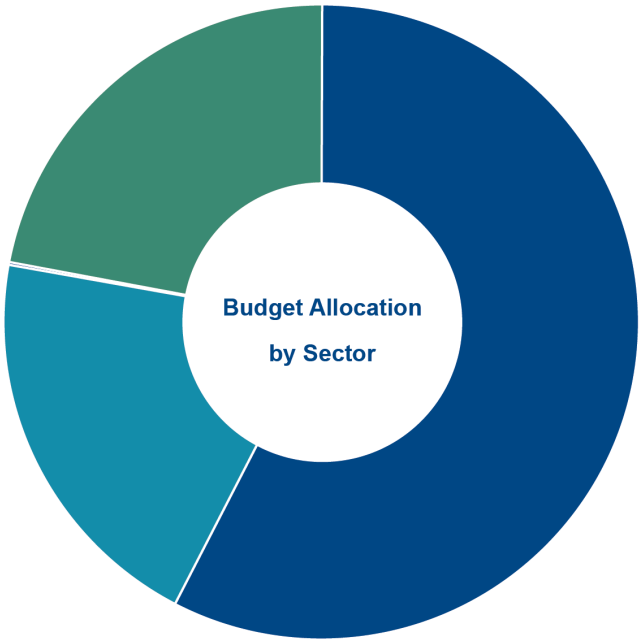
Frank Koch-Schulte
Treasurer

Summarized Consolidated Statement of Operations and Accumulated Surplus

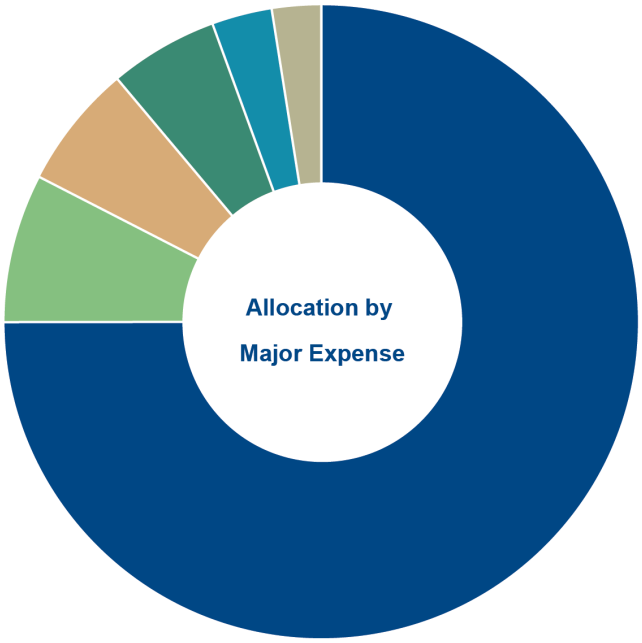
For the year ended March 31 (in thousands of dollars)

	2021			2021	2020
	Core Operations	**Capital Operations**	**Actual Total**	**Budget Total**	Actual Total
REVENUE					
Manitoba Health and Senior Care grants	**$ 1,944,427**	**$ 102,794**	**$ 2,047,221**	**$ 2,090,026**	**$ 2,026,086**
Grants from other provincial government sources	**90,697**		**90,697**	**5,757**	5,985
Other capital grants	**-**	**10,910**	**10,910**	**2,189**	**27,022**
Patient and resident income	**44,664**	-	**44,664**	**45,000**	**47,332**
Recoveries from external sources	**28,902**	-	**28,902**	**13,000**	**27,603**
Investment income	**183**	-	**183**	1,675	**1,634**
Other income	**4,994**	-	**4,994**	5,462	**7,764**
	2,113,867	**113,704**	**2,227,571**	**2,163,109**	**2,143,426**
EXPENSES					
Acute care	**909,590**	**126,078**	**1,035,668**	**997,402**	**1,032,290**
Community care	**453,541**	**6,131**	**459,672**	**440,000**	**440,647**
Long-term care	**524,820**	**4,382**	**529,202**	**480,000**	**477,728**
Medical remuneration	**223,582**	**-**	**223,582**	**266,335**	**225,096**
	2,111,533	**136,591**	**2,248,124**	**2,183,737**	**2,175,761**
INSURED SERVICES & SURPLUS (DEFICIT)	**2,334**	**(22,887)**	**(20,553)**	**(20,628)**	**(32,335)**
NON-INSURED SERVICES					
Non-insured services income	**35,389**	**5,580**	**40,969**	**41,935**	**41,935**
Non-insured services expenses	**37,723**	**6,301**	**44,024**	**39,632**	**39,632**
NON-INSURED SERVICES (DEFICIT) SURPLUS	**(2,334)**	**(721)**	**(3,055)**	**2,303**	**2,303**
DEFICIT BEFORE RESTRUCTURING	**$ -**	**$ (23,608)**	**$ (23,608)**	**$ (18,325)**	**$ (30,032)**
IMPACT OF RESTRUCTURING TRANSACTION	**(2,322)**	**-**	**(2,322)**		**(16,556)**
DEFICIT FOR THE YEAR	**$ (2,322)**	**$ (23,608)**	**$ (25,930)**	**$ (18,325)**	**$ (46,588)**
ACCUMULATED SURPLUS, BEGINNING OF YEAR			**473,946**		**520,534**
ACCUMULATED SURPLUS, END OF YEAR			**$ 448,016**		**$ 473,946**

Budget Allocation by Sector and Major Expense



- Acute 58%
- Community care 20%
- Long-term care 22%



- Wages and benefits 75%
- Other costs 7%
- Amortized assets 6%
- Medical supplies 5%
- General supplies and contracted out services 3%
- Pharmaceuticals 3%

Administrative Cost Reporting

Administrative Costs

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

The most current definition of administrative costs determined by CIHI includes: General Administration (including Acute/Long-term Care/Community Administration, Patient Relations, Community Needs Assessment, Risk Management, Quality Assurance, and Executive costs), Finance, Human Resources, Labour Relations, Nurse/Physician Recruitment and Retention, and Communications.

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

At the request of Manitoba Health, the presentation of administrative costs has been modified to include new categorizations in order to increase transparency in financial reporting. These categories and their inclusions are as follows:

Corporate
Includes: General Administration, Acute Care/Long-term Care/Community Services Administration, Executive Offices, Board of Trustees, Planning and Development, Community Health Assessment, Risk Management, Internal Audit, Finance and Accounting, Communications, Telecommunications, and Mail Service.

Recruitment and HR (Human Resources)
Includes: Personnel Records, Recruitment and Retention (General, Physicians, Staff, and Nurses), Labour Relations, Employee Compensation and Benefits Management, Employee Health and Assistance Programs, Occupational Health and Safety, and Provincial Labour Relations Secretariat.

Patient Care Related
Includes: Utilization Management, Cancer Standards and Guidelines, Patient Relations, Infection Control, Quality Assurance (Medical, Nursing, and Other), and Accreditation.

Administrative Cost Percentage Indicator

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

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

Administrative Cost and Percentages for Provincial Regions

2020-21

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.12%	0.58%	2.11%	**5.81%**
Northern Regional Health Authority	3.42%	0.93%	1.09%	**5.44%**
Prairie Mountain Health	2.26%	0.34%	1.08%	**3.68%**
Southern Health Santè-Sud	3.06%	0.20%	0.90%	**4.16%**
CancerCare Manitoba	1.68%	0.45%	0.71%	**2.84%**
Winnipeg Regional Health Authority	2.83%	0.61%	1.06%	**4.50%**
Shared Health	3.21%	0.30%	0.54%	**4.05%**
Provincial - Percent	**2.89%**	**0.47%**	**0.94%**	**4.30%**
Provincial - Totals	**$154,819,266**	**$25,267,919**	**$50,569,113**	**$230,656,298**

2019-20

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.34%	0.59%	2.28%	**6.21%**
Northern Regional Health Authority	3.85%	0.75%	1.09%	**5.69%**
Prairie Mountain Health	2.42%	0.35%	1.14%	**3.91%**
Southern Health Santè-Sud	3.07%	0.27%	1.09%	**4.43%**
CancerCare Manitoba	1.81%	0.56%	0.74%	**3.11%**
Winnipeg Regional Health Authority	2.84%	0.60%	1.12%	**4.56%**
Shared Health	2.44%	0.31%	0.44%	**3.19%**
Provincial - Percent	**2.74%**	**0.48%**	**0.99%**	**4.21%**
Provincial - Totals	**$142,456,475**	**$24,825,243**	**$51,169,197**	**$218,450,915**

Health System Transformation

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

Under the Regional Health Authorities Act of Manitoba, health authorities must ensure their corporate administrative costs do not exceed a set amount as a percentage of total operation costs (2.99% in WRHA; 3.99% in Rural; 4.99% in Northern).

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

Administrative Costs and Percentages for the WRHA

(including hospitals, non-proprietary PCHs and community health agencies)
For the year ended March 31, 2021 (in thousands of dollars)

2020

	Acute Care Facilities and Corporate Office		PCHs and Community Health Agencies		Total	
	$	**%**	**$**	**%**	**$**	**%**
Corporate	**$ 47,084**	**2.42%**	**$ 16,746**	**5.29%**	**$ 63,830**	**2.83%**
Recruitment and Human Resources	**21,312**	**1.10%**	**2,665**	**0.86%**	**$ 23,977**	**1.06%**
Patient Care Related	**13,586**	**0.70%**	**134**	**0.04%**	**$ 13,720**	**0.61%**
	$ 81,982	**4.22%**	**$ 19,545**	**6.19%**	**$ 101,527**	**4.50%**
Net Operating Expenses	**$2,039,796**		**$ 313,747**		**$ 2,259,357**	

2020

	Acute Care Facilities and Corporate Office		PCHs and Community Health Agencies		Total	
	$	%	$	%	$	%
Corporate	$ 50,526	2.48%	$ 15,738	5.40%	$ 66,264	2.84%
Recruitment and Human Resources	23,428	1.15%	2,654	0.91%	$ 26,082	1.12%
Patient Care Related	13,771	0.68%	128	0.04%	$ 13,899	0.60%
	$ 87,725	4.31%	$ 18,520	6.35%	$ 106,245	4.56%
Net Operating Expenses	$ 2,039,796		$ 291,673		$ 2,331,469	

Under the *Regional Health Authorities Act* of Manitoba, the Authority must ensure that its corporate cost do not exceed 2.99 per cent of the total operating costs of the Authority for the fiscal year. The Authority is in compliance with this requirement with a corporate cost of 2.83 per cent (2020 – 2.84 per cent).