



PRAIRIE MOUNTAIN HEALTH
SANTÉ PRAIRIE MOUNTAIN



TABLE OF CONTENTS

Letter of Transmittal _____	2
Board Governance _____	3
Executive Message _____	5
Organizational Structure _____	8
Annual Report Overview _____	9
PMH Communications _____	10
About PMH _____	11

STRATEGIC DIRECTIONS

-Capacity Building _____	13
-Health System Sustainability _____	18
-Improved Health Status & Reducing Health Disparities _____	23
-Health System Innovation _____	25
-Improved Access to Care _____	29
-Capital Projects _____	33
-Improved Service Delivery _____	36
French Language Services _____	40

FINANCIAL POSITION

-Auditor's Report _____	41
-Consolidated Statement of Financial Position _____	42
-Consolidated Statement of Operations _____	43
-Expenditure by Program/Service _____	44
-Administrative Costs _____	46
-Provincial Administrative Costs _____	48
-Health System Transformation _____	49

REPORTING & ACCOUNTABILITY

-Expense Reporting _____	50
-Public Compensation Disclosure _____	50
-Whistleblower Protection _____	50
-Accountability Provisions _____	50

LETTER OF TRANSMITTAL

We are pleased to present the annual report for Prairie Mountain Health (PMH) for the fiscal year ended March 31, 2020 as approved by the Board of Directors. The 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 (MHSAL). All material, economic and fiscal implications known as of March 31, 2020 have been considered in preparing this annual report. This report reviews the actions and initiatives of PMH for the fiscal year April 1, 2019 to March 31, 2020.

As with all health care organizations, the period ahead will continue to present many opportunities as well as challenges. With the assistance of our staff, our community partners, MHSAL and Shared Health we will continue to work towards our Vision and Mission. Health care, as we have known it in Manitoba, continues changing. This health system transformation will ensure consistent, quality health care is available to all Manitobans within a system that is safe, reliable and sustainable in the long term. Although these changes will take time, this continues to be a tremendous opportunity to refocus our system and better meet the needs of all Manitobans.

The changes underway are very important, but change can make things stressful for community members and patients as the transformation moves ahead. Manitobans can be assured that our staff will continue to provide excellent patient care throughout the transformation process. PMH, along with MHSAL and Shared Health, are committed to continued dialogue with our community, our patients and our staff as this journey unfolds.

In early 2020, COVID-19 was rising to the top of everyone's priority planning lists. As developments shifted rapidly, sometimes hour by hour, we remained steadfast in our commitment to communicate with our staff and stakeholders in a timely manner. The region quickly established an Incident Command Structure around COVID that was connected with the provincial structure to ensure effective, efficient coordination and collaboration. This is an unprecedented time which has required unprecedented effort on everyone's part – we thank our internal and external stakeholders as we continue this journey.

To the Board of Directors and Executive Management Team – thank you for your leadership over the past year. To our staff – thank you for your contribution each and every day to ensuring the best possible care and service is provided within PMH. To our community partners – thank you for working with us, challenging us and supporting us as we work towards our Vision of *“Health and Wellness for All”*.

Respectfully submitted,



Lee Jebb, Chair, Board of Directors



Penny Gilson, CEO, Prairie Mountain Health

BOARD GOVERNANCE



2019/2020 Board of Directors-*Prairie Mountain Health Board of Directors, clockwise from left: Murray Parrott (Franklin), Gwendolyn Drul (Oakburn), Wanda Sandy (Canupawakpa), Sandra Berry (Russell), Lon Cullen (Brandon), Lee Jebb, Chair, (Brandon), Wade Schott (Roblin), and Mark Frison, Vice-Chair (Brandon). Missing from the picture are Cheryl Bjornson (Ste. Rose) and Duane Whyte (Swan River).*

Prairie Mountain Health (PMH) operates under the direction of a Board, appointed by the Minister of Health, Seniors and Active Living. The Board's mandate and responsibilities arise from the *Regional Health Authorities Act*. The Act provides the legislated responsibility and authority to plan, manage, deliver, monitor and evaluate health services within the region. The Board does this in a variety of ways, including providing sufficient oversight measures and ensuring the organization's accountability by monitoring and evaluating its performance. This includes interacting and communicating with its stakeholders and partners, which includes the general public. Although Board members reside in various communities throughout the health region, they represent the entire region at the Board table.

The PMH Board conducts 10 meetings per year, which are held in-person or virtually through Skype for Business.

The Board is responsible for establishing the Regional Strategic Priorities, contained within the Strategic Plan. Strategic priorities are constant over a five-year period, however, associated indicators, performance measures and major initiatives are monitored and revised annually by the Board.

In 2019/2020, the PMH Board of Directors returned to their previous committee structure for Finance and Audit with Quality and Patient Safety continuing as a Committee of the Whole. The Board convened a special ad hoc committee of the Board during 2019/2020—the Public Engagement Committee. This group of Board members looked at opportunities for greater engagement with our community.

Ethics Committee: The mandate of the Regional Ethics Committee is to foster an ethical climate within PMH and promote the integration of ethical practice. The membership of the committee is comprised of employees representing various disciplines, community members with specific expertise (i.e. law, religion, education, medicine) the PMH Board of Directors, the Executive Management Team and patients or family members. The members of this committee are appointed by the PMH Board of Directors and serve in an advisory capacity to the Board and organization in regards to key ethical topics, scenarios and issues.

Stakeholder/Health Partner

Consultation: PMH continued its focus on partnerships, visibility, linkage and communication within and across the region. Executive Management Team members, along with PMH Board members, participated in the region’s annual stakeholder tour undertaken in May/June 2019. There were visits in 10 First Nation communities, and 12 key community stakeholder meetings, 11 physician group meetings and over 40 general staff meetings were held across the region.



PMH 2018/2019 Annual General Meeting in Brandon

EXECUTIVE MESSAGE



Executive Management Team 2019/2020- Back left to right: Dr. Shaun Gauthier, Gerry Gattinger, Debbie Poole and Kerry Takvam. Front left to right: Lara Bossert, Glenda Short, Michelle McKay, Penny Gilson and Liliana Rodriguez. (For portfolio/roles, refer to Page 8.)

PMH Executive Management Team is pleased to report on the fiscal year April 1, 2019- March 31, 2020.

COVID-19

As we entered a new calendar year in 2020, COVID-19 was just a few weeks away from exploding worldwide. In early March, the World Health Organization declared COVID-19 a pandemic, and instantly our health care systems across the country were transformed, on high alert and readiness. The first presumptive cases in Manitoba were declared March 12, just as we were in the final month of our 2019/2020 fiscal year. PMH activated its Incident Command Structure (ICS) and joined a health-led effort both provincially and nationally. The ICS system provides effective coordination, preparedness, implementation and response, at a high level, to manage urgent events. PMH was working with provincial groups for a few weeks prior to the first case in Manitoba to begin our response plan.

We are so extraordinarily proud of our physicians, staff and volunteers who stepped up to meet the ever-changing demands brought about by these unprecedented times — the first global pandemic in over a century. While many Manitobans were being told at the start of the pandemic to stay home, our health care staff continued to show up to work to make sure our clients, patients and residents received the care they needed. A sincere thank you to all who continued to rise above and beyond to ensure our sites, facilities, programs and services continued providing high quality care and service.

Health System Transformation

Manitoba released its Clinical and Preventive Services Plan in December 2019. Nearly 3,000 Manitobans, including hundreds of front-line providers, clinical experts and operational leaders from across the province, including from PMH, have contributed their ideas and feedback to building a system that is equipped to meet the needs of a growing and changing population in a sustainable way. Shared Health is a provincial organization responsible for leading the planning and coordinating the integration of patient-centred clinical and preventive health services across Manitoba. The plan can be viewed on the Shared Health website at <https://sharedhealthmb.ca/about/publications-and-transparency/>

2019/2020 Financial Position

The region's audited financial statements showed an operating deficit of \$5.765 million. The operating deficit is mainly related to increased costs incurred as a result of staff vacancies in our hospitals and personal care homes. The region continues to work towards reducing costs by managing vacancies, reducing travel and other discretionary spending. *(More information on the region's financial position can be found on Pages 42/43.)*

Community Health Assessment

Manitoba is taking bold steps to improve access to care, quality of services and patient outcomes. Clinical leaders and health system experts from across the province are working on a provincial approach to the planning and delivery of better health care for Manitobans. This work is supported by clinical data and evidence, including the information presented in the regional Community Health Assessments (CHAs).

PMH completed the fifth overall comprehensive CHA and its second since the region was formed in 2012. The CHA is a dynamic, ongoing process undertaken to identify the strengths and needs of a community. It enables community-wide establishment of health priorities and facilitates collaborative action planning directed at reducing health disparities, improving community health status and quality of life. *(More information on Page 18.)*

Accreditation

PMH was preparing for another national accreditation survey in May 2020, however, in light of COVID-19 travel restrictions and pandemic planning becoming a top priority, the on-site survey was postponed. The accreditation survey will be rescheduled for the spring of 2021.

Capital Projects

The \$23-million Dauphin Regional Health Centre Emergency Department (ED) and Special Care Unit Redevelopment Project, which commenced in the spring of 2017, was completed in 2019. The new ED is over three times larger than previous space and improves patient flow while helping staff work more efficiently. The \$16.8 million Brandon Regional Health Centre Redevelopment Project, which commenced in 2016, was completed in May 2019. The multi-phased redevelopment saw an additional 12 medical inpatient rooms, as well as a renewed Pediatric Unit featuring spacious single rooms and a new playroom. (More information on Page 33).

Emergency Response Services

In November 2019, the Province announced additional investments to hire more paramedics and acquire new ambulances, based on recommendations of the 2013 EMS review. Shared Health secured 10 new equivalent full-time positions for PMH communities which include positions in Russell and Swan River. Of the 65 new ambulances announced provincially, 27 were replacement ambulances set for PMH region.

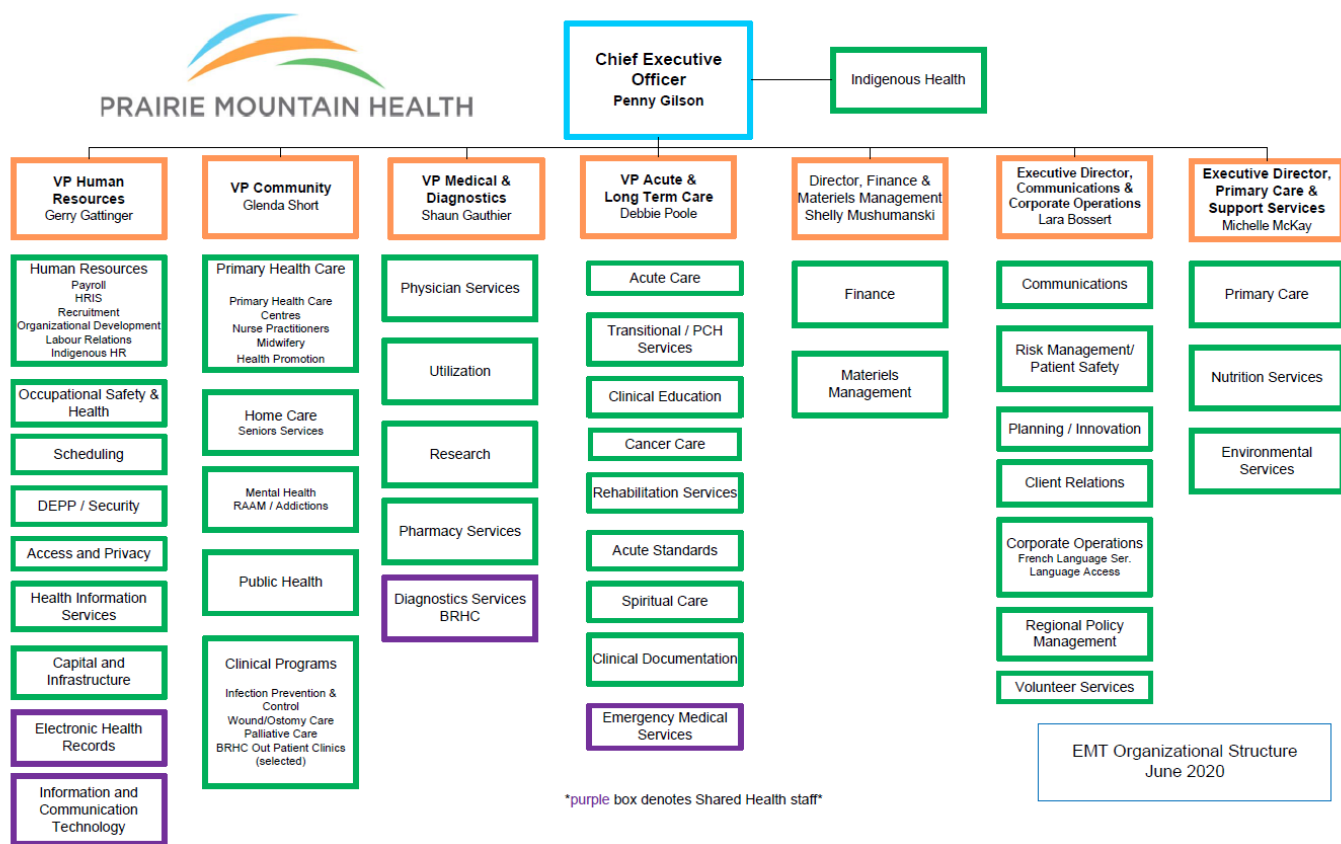
Volunteer Appreciation

PMH is supported by over 1,400 volunteers across the region as well as volunteer individuals, groups and organizations that make significant contributions that benefit health care within our communities. As part of National Volunteer Week in April 2019, PMH asked for submissions to recognize volunteer contributions throughout the year within the health region. Submissions were featured in the April 2019 PMH monthly newsletter 'Health Plus'. PMH can't say thank you enough to all who invest their time and energy to improve our communities and health care sites.

Our Thanks

In closing, on behalf of Executive Management Team and our Regional Leadership Team, we sincerely thank our staff, physicians, volunteers and Board members for the dedication and commitment you bring to your work. We remain as committed as ever to working towards our region's Vision of "Health and Wellness for All."

ORGANIZATIONAL STRUCTURE



Changes to Top Five Levels of Organizational Chart

Organizational restructuring occurred in 2020 as a result of attrition. The Executive Director Finance and Materiels Management retired and the Executive Director Information, Capital and Infrastructure assumed a position with Shared Health. The Director of Primary Health Care also retired. These positions were not replaced pending health system transformation work on Service Delivery Organization (SDO) structures. Responsibilities were assumed by:

- VP Human Resources
 - Assumed responsibility for Health Information Services, Access & Privacy, Capital & Infrastructure, Disaster Management & Security
- Executive Director Primary Care and Support Services
 - Assumed responsibilities of former Director Primary Health Care
- Director of Finance
 - Assumed responsibility for Materiels Management
- The Emergency Response Services Medical Director has moved to Shared Health.

ANNUAL REPORT OVERVIEW

VISION: Health and Wellness for All

MISSION: Together, we promote and improve the health of people in our region through the delivery of innovative and client-centered health care

VALUES: Integrity, Accountability, Equity, Respect, Responsiveness, Engagement



Strategic Priorities 2016-2021

- Capacity Building
- Health System Innovation
- Health System Sustainability
- Improved Access
- Improved Service Delivery
- Improved Health Status and Reducing Health Disparities



This Annual Report describes actions and operations from the Strategic Plan priorities for 2019/2020, the fourth year of the PMH 2016-2021 Strategic Plan. Every five years health authorities review and revise their Strategic Plan in response to trends in demographics, health status, and health service use as well as provincial government priorities. The latest comprehensive Community Health Assessment (CHA), which was released in December of 2019, will serve as a valuable resource for future strategic and operational planning.

Focus Areas

- Improving client flow, including emergency department wait times
- Improving the health services experience for our patients, residents, and clients
- Improving safety of health services for our patients, residents and clients
- Achieving affordable and sustainable health spending

In 2020/21 fiscal year, PMH will continue to focus efforts on these four areas which contribute to achieving the goals of the PMH 2016-2021 Strategic Plan and align with provincial strategies to improve effectiveness and efficiency. PMH remains an active participant in health system transformation, including implementation of the Manitoba Clinical and Preventive Services Plan.

PMH COMMUNICATIONS

The region continued to improve internal and external communication processes in 2019/2020. These include:

Health Plus—a free subscription-based electronic newsletter which has greatly reduced the need for printed copies saving both the environment and cost. Those wishing to subscribe to the Health Plus monthly newsletter can visit the PMH website to register.

PMH website—provides easy access to current news, events, public alerts, information about programs and services, as well as career opportunities.

Social media—“Like” Prairie Mountain Health on Facebook and follow us on Twitter@PrairieMtHealth and Instagram @prairiemthealth

Staff Intranet—ensures staff can easily find policies, health program and service information, directory assistance, education updates and career information. The weekly electronic staff newsletter, *Prompt* is also linked to the Intranet.

Digital signage— electronic messaging exists in Brandon, Dauphin, Swan River and Virden. Plans to expand the service to other community sites are under review.

PMH communication plan— internal and external evaluations continue regarding the effectiveness of the region’s communication methods.



ABOUT PMH

Prairie Mountain Health spans an area from the 53rd parallel in the north to the United States border in the south and from the Saskatchewan border across to Lake Manitoba to the east. It covers an area of 64,800 square kilometres.

This land is defined as the traditional territories of the Cree, Dakota, Ojibway, Oji-Cree and homelands of the Métis. Acknowledging traditional territories and treaties confirms recognition and respect for the Indigenous populations, past and present.

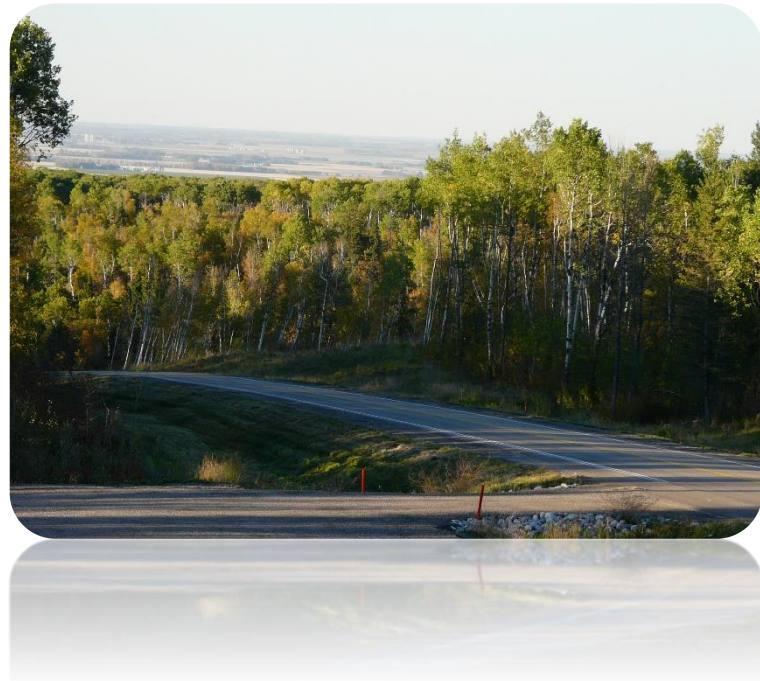
There are 14 First Nation communities situated in the geographical area of PMH. The First Nation communities of Ebb & Flow, Keeseekoowenin, O-Chi-Chak-Ko-Sipi and Skownan are signatory to Treaty # 2 that was signed in 1871. Gambler First Nation, Pine Creek, Rolling River, Sapotaweyak Cree Nation, Tootinaowaziibeeng, Waywayseecappo and Wuskwi Sipiik are signatory to Treaty # 4 that was signed in 1874.

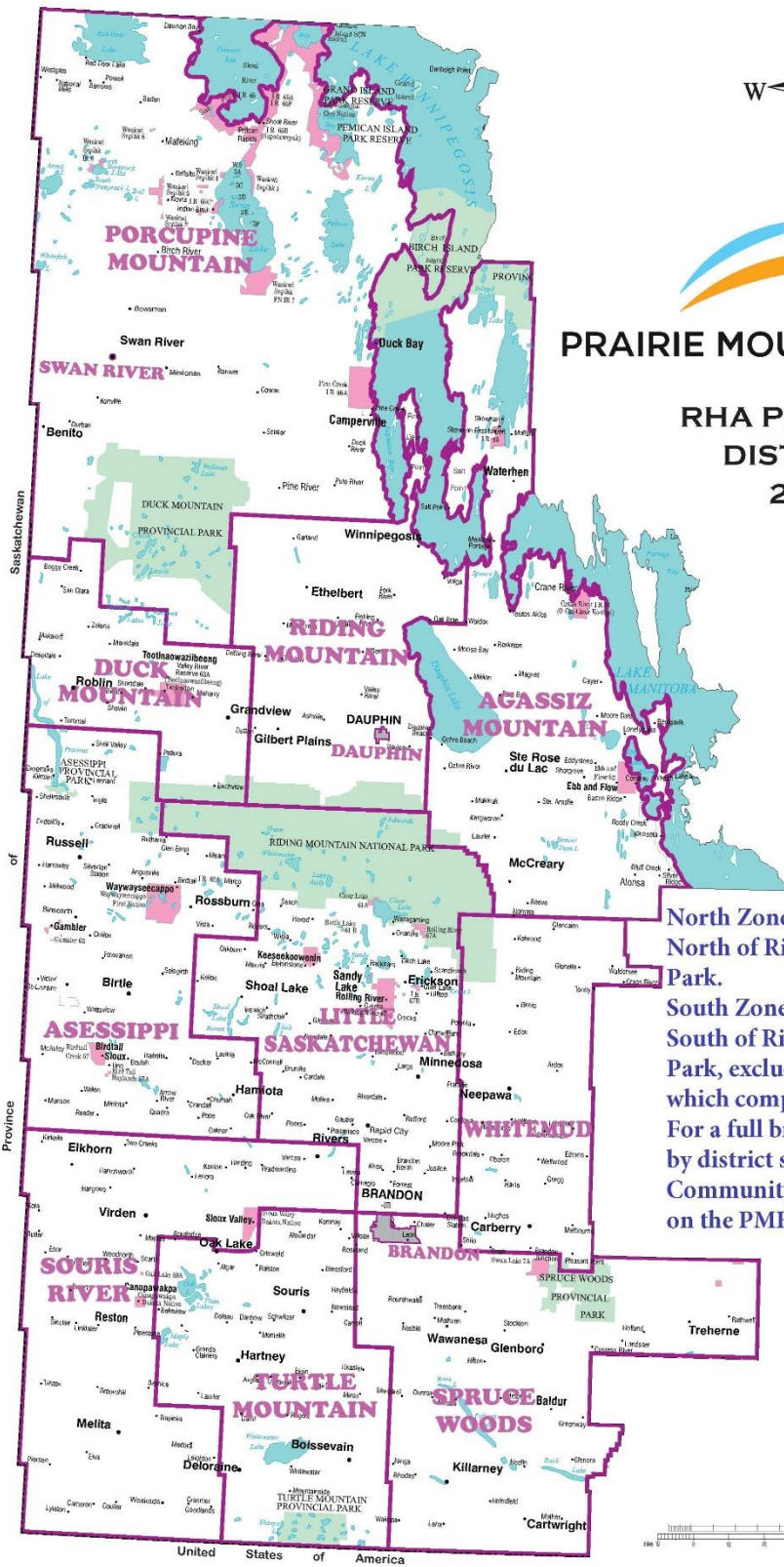
The Dakota First Nation communities of Birdtail Sioux, Sioux Valley and Canupawakpa are not a part of the numbered treaties. However, they are recognized as having occupation of territories within Manitoba and have secured alliances and arrangements with the Crown.

The Manitoba Métis Federation (MMF) is represented by seven regions with a provincial Métis population of well over 120,000. The MMF-Southwest and MMF-Northwest regions are within the boundaries of PMH with a small pocket of several northern Métis Locals/communities affiliated to MMF's The Pas Region.

PMH is home to 34 Hutterite communities, all of which are located south of Riding Mountain National Park.

There are two designated Francophone communities; St. Lazare in the district of Assiniboia and Ste. Rose in the district of Agassiz Mountain. There is also a significant French speaking community on and around the Canadian Forces Base Shilo.





PRAIRIE MOUNTAIN HEALTH

RHA PLANNING DISTRICTS 2020

North Zone is made up of all districts North of Riding Mountain National Park.
 South Zone is comprised of all districts South of Riding Mountain National Park, excluding the city of Brandon, which comprises Brandon Zone.
 For a full breakdown of municipalities by district see Appendix 3 in the Community Health Assessment found on the PMH internet.

REPROMAP
 Ph: 204-636-3584 Fax: 204-701-2685
 email: reprovmap@reprovmap.com
 www.reprovmap.com
 100 Main Street South 750 Box 770 Dauphin, MB S0N 0S0

Capacity Building

-Establish a sustainable workforce that meets future needs of PMH

-Create a positive and safe work environment

Recruitment Initiatives (Nursing/Allied Health)

PMH participated in over 30 career fairs at colleges, universities, high schools and community events. In addition, presentations about employment opportunities in PMH were given to various student groups and organizations by recruitment staff.

Students from various disciplines continue to complete clinical experiences in facilities and programs throughout the region. Job shadows, credit hour programs, and Take Our Kid to Work Day are all great opportunities for exposure to the health care system that happen throughout the year.



Nursing students are a critical part of the Region's annual recruitment. New graduates have the opportunity to apply into Rural Graduate Nurse Mentorship positions or vacant nursing opportunities.

The 2019 Home for the Summer Program saw a total of 10 students throughout Mental Health, Public Health, Pharmacy, Health Information Services, and Therapy Services and four medical students. This program provides post-secondary students with meaningful summer employment while fulfilling project driven work identified by the region.

The Rural International Educated Nurse (IEN) Registered Nurse Initiative has 10 students completing the Red River College Bridging Program. Upon completion of the clinical component in PMH and after successful licensure as a Registered Nurse, they are eligible for employment throughout the Region.

Rural Interest Group Medical Students

In partnership with the Manitoba Health Care Providers Network and Max Rady College of Medicine, Faculty of Sciences, Prairie Mountain Health hosted the annual University of Manitoba medical student Rural Interest Group (RIG) in January 2020. The RIG weekend promotes the benefits of practicing medicine in rural communities and lifestyle opportunities that exist. A total of 48 first and second-year medical students split their time between clinical workstations located at BRHC and Country Meadows Personal Care Home in Neepawa. Medical students put their skills to the test with a range of tasks including suturing, casting and airway management. The STARS Mobile Education Unit was on hand in Brandon while in Neepawa students toured the Neepawa Medical Clinic.



"These RIG trips are very accessible to us as med students and are a wonderful weekend to get away, try a bunch of skills, meet staff at the hospitals and explore the region a little bit" (U of M medical student, Brandon Sun).

Photo credit: Neepawa Banner

For the first time, PMH provided university and college students, enrolled in health-related programs in Winnipeg, the opportunity to participate in a bus tour that stopped in Brandon and Carberry. Nursing students joined medical students participating in the clinical stations and the occupational therapy, physiotherapy and pharmacy students shadowed providers within respective departments.



Rural Week Medical Students

To provide students with first-hand experience and promote the benefits of living in rural areas, PMH hosted 35 first-year University of Manitoba Medical Students during the annual Rural Week initiative. During the week each student was assigned to a different community, which included Brandon, Dauphin, Hamiota, Killarney, Minnedosa, Neepawa, Rivers, Russell, Souris, Ste. Rose, Swan River, Treherne and, for the first time Winnipegosis.

“We really appreciate the opportunity to highlight communities, medical facilities and work in rural Manitoba” (PMH Executive Director of Primary Care and Support Services, Michelle McKay).

Ventures



Ventures is a work training program offered through Mental Health Services that provides vocational skills assessment and training, primarily for individuals with severe and persistent mental health issues. The aim of the program is to help individuals experience recovery as defined by the individual through the achievement of personal goals.

Ventures was in a unique position to provide meaningful and timely responses to the COVID-19 pandemic for PMH and the province. Building on the service delivery model, clients’ vocational expertise and available equipment, program staff and clients mobilized to produce several products including plexi-glass reception barriers for program areas in Mental Health Services and laminated

signage for the region. At the request of Shared Health, the program also created cleanable plastic specimen boxes to transport blood samples to Westman Regional Laboratory. These specimen boxes have since been produced for every regional health authority in the province. As well as Saskatchewan Health in Regina.



The opportunity to have a meaningful role in PMH's response to COVID-19 has been a reaffirming experience for clients. The importance of their work is evident and, as one client proudly stated, "Wow! I thought we'd be making a few boxes but our work is going out to all of Manitoba!"

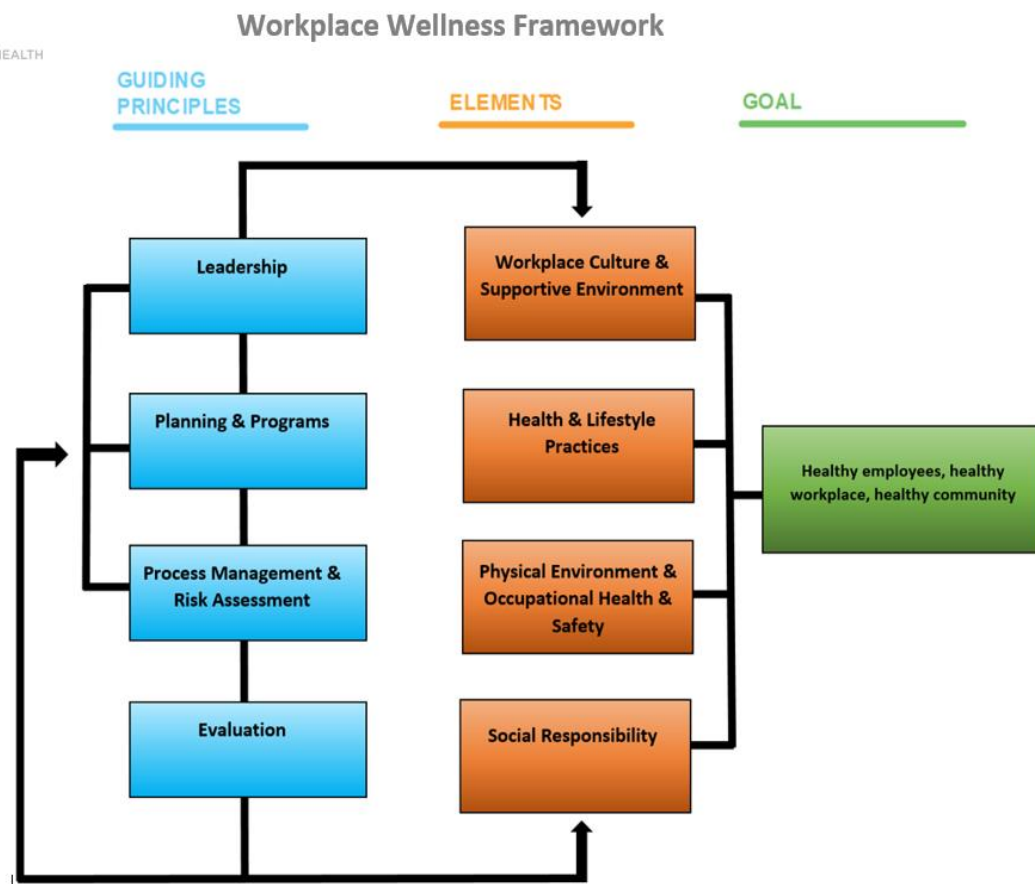
Parkland Crossing

Founded on strong partnerships between several community organizations, including PMH, Dauphin's Parkland Crossing is a unique facility committed to addressing health inequities experienced by many community residents through a population health approach to service delivery. This former Residential School has been transformed into a community hub that offers housing options, fitness and nutrition classes, access to Public Health services, social support networks, indoor playground, family centre, food bank, spiritual support and counselling services.



Employee Wellness Committee

The Regional Employee Wellness Committee has set a new goal of "healthy employees, healthy workplace, healthy community". The committee's framework was changed to add "Social Responsibility" as one of the four elements. Social Responsibility involves supporting the organization's commitment to diversity, environmental sustainability and ethical practices both within the workplace and in our communities. The framework shown below guides activities and initiatives offered throughout the year and provides a measure in which to gauge success in reaching established goals. An activity that illustrates the latest element is the Community Contribution Contest. The goal was to gauge the amount of hours staff volunteered in the community on a monthly basis. The total number of submitted hours was 5,352 hours, suggesting our staff volunteer over 64,000 hours annually in their communities!



Health System Sustainability

-Drive innovative, cost-effective and efficient planning that facilitates appropriate use of resources.

Community Health Assessment (CHA)



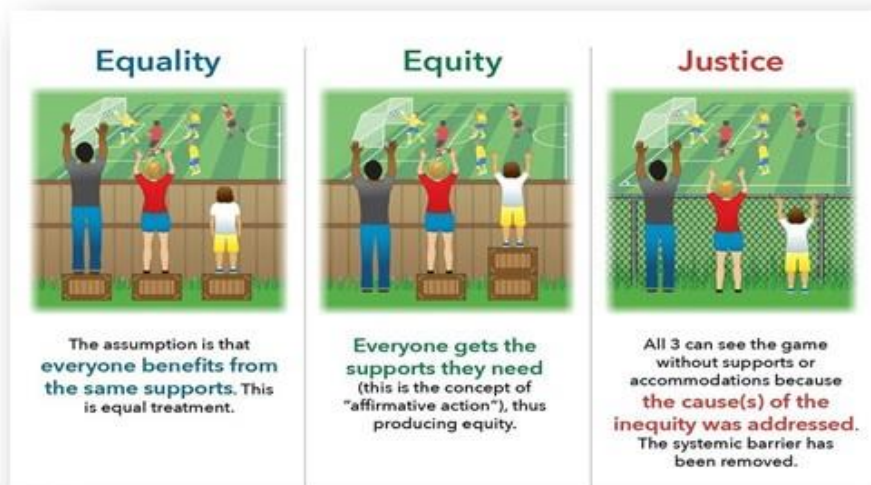
CHA involves the on-going collection and examination of data to better understand the health needs and assets of the people that live in PMH. Access to local health data supports planning for policies and programs that are responsive to communities' unique needs.

A CHA is an important Population and Public Health surveillance process that provides baseline information about how healthy we are, the factors

that affect our health, and how we use the health care system. The process also tracks health outcomes over time, identifies opportunities for health promotion and disease prevention, and describes the conditions that contribute to health disparities. One of the strengths of the process is that it presents data from several time periods to reflect health trends over time to identify areas needing priority action.

New to the 2019 CHA report are story boxes called, “A Closer Look” which provide additional regional context. There are interesting stories about health issues in our region, new programs and initiatives, and community activities. As well, a deeper examination of health inequities that we know exist in the region is included.

Many terms are used to describe differences in health among population groups including “disparities”, “inequalities”, and “inequities”. See Introduction section of CHA for more information. The concept of Health Equity is illustrated here:



Some highlights from the 2019 CHA report include:

Mind the Gap



Inequity in health status is evident across PMH, with some segments of the population experiencing a higher burden of illness. The health status of residents is largely driven by the social determinants of health, particularly income, with individuals living in lower income areas having higher rates of physical and mental illnesses. There are notable disparities between PMH's healthiest districts and the least healthy.

Premature mortality rate is considered the single best indicator of the overall health status of a region's population and need for healthcare. North zone residents are over 1.2 times more likely to die before the age of 75 than residents of the South zone; this disparity gap has persisted over time. Brandon Downtown residents are more than twice as likely to die prematurely as residents of Brandon West End; this gap has widened at the district level. In urban settings (Brandon and Winnipeg), low income residents are almost three times as likely to die prematurely as high income residents. In rural settings, low income residents are over twice as likely to die prematurely as high income residents. The inequities between low and high income Manitobans has not improved over time.

Prairie Mountain Health has a growing population, which is projected to continue increasing, particularly in the senior population. The Indigenous population is growing at a faster rate than that of all other residents of PMH. Another growing population in PMH are newcomers to Canada.



PMH has the lowest median household income in the province. More than a quarter of children in the North Zone of PMH live in low income families and children in downtown Brandon are two and a half times as likely to live in a low income family as children in Turtle Mountain district.



The prevalence of substance use disorder (including alcohol and/or drug dependence) is significantly higher in PMH than the provincial average. Substance use is associated with alcohol poisoning, violence, injuries and deaths, and prolonged use may lead to a number of acute and chronic disease conditions.

In the North zone, a significantly higher proportion of pregnant women do not receive adequate prenatal care, which can place both the mother and infant at risk. Pregnant teenagers are less likely to receive early prenatal care and more likely to experience negative health outcomes, depressive disorders, and reduced educational opportunities. Encouragingly, in PMH there have been significant decreases in the rates of teenage pregnancy and teenage births in recent years.





PMH residents are living longer, with male and female life expectancy increasing significantly over time. Circulatory diseases and cancer account for more than half of all deaths.

The prevalence of mood and anxiety disorders remains the highest in the province, with more than 34,000 adults in PMH diagnosed with a condition. Only half of those prescribed antidepressants receive the recommended follow-up.



Five-year cancer survival rates in PMH are the best in the province. Breast cancer incidence is significantly lower than the provincial average, whilst the colorectal incidence rate is significantly higher. Although the incidence of prostate cancer is significantly lower, the proportion of prostate cancer diagnosed at a later stage, along with the mortality rate are significantly higher for PMH residents than the province.

Cardiovascular disease is a major cause of death and disability in the region. Almost a quarter of PMH adults



live with hypertension or high blood pressure. Significant disparities exist, with residents of the North zone almost twice as likely to live with cardiovascular disease or experience a heart attack or stroke as others in the region.

Health professionals will often refer clients to another provider due to the complexity, obscurity, or seriousness of a condition. Referrals to other health care professionals are significantly lower for PMH residents than the provincial average. Specialist care is particularly important in rural areas where clients use specialist services less frequently due to access issues. Less than half of PMH



residents report that the level of coordination between their regular health care provider and other health professionals is 'excellent/very good'.

Telehealth Usage/Virtual Care

Virtual Care services help residents access the care they need closer to home and support medical staff with timely access to Specialists. Some virtual services used in region are MBTelehealth, MyMBT Video, MyMBT Messaging, eConsult, eChart and Telestroke.



During 2019/2020 PMH was the largest user of MBTelehealth in the province with 12,476 telehealth events, 86.7% of those being clinical in nature. Dauphin Regional Health Centre was the most utilized rural site for all of Manitoba. Telehealth helps to reduce travel costs and time spent away from work or home, provide access to health services not available in clients home community and give clients the ability to have family members participate in their appointment if they so choose.

MyMBT Messaging helps facilitate care coordination between health-care providers by offering secure text messaging and image sharing from the user's computer or mobile device. There were 26 users of this service in PMH in 2019/2020.

eConsult is a referral service provided by MBTelehealth. Referring providers submit digital images via MBT's secure scheduling system to a specialist which enables the specialist to provide a diagnosis and treatment recommendations directly back to the referring care provider. PMH had 15 referring sites with 31 actively referring providers. Prairie Mountain eConsult referrals represented 16.1% of all eConsult referrals in Manitoba during the 2019/2020 fiscal year. East Parkland Medical Group in Ste. Rose du Lac was the largest user of this service with 61 eConsult referrals.

eChart is a secure electronic system that allows authorized health-care providers access to patient health information when needed. Information available in eChart includes patient demographics, drug prescriptions, lab results, immunizations, and x-ray reports and images. As of March 31, 2020, PMH Region had a total of 104 sites and 1,643 user accounts provisioned for eChart access.

Telestroke

Stroke is one of the leading causes of adult disability and death. It is estimated that 1.9 million brain cells die every minute after the onset of a stroke therefore the time factor to treat a stroke victim is critical. The

Telestroke program is a collaborative partnership between the Manitoba government, Regional Health Authorities, Shared Health, and the Heart and Stroke Foundation of Manitoba to help provide specialized emergency care to stroke patients in rural communities.

Telestroke is a 24/7 emergency telemedicine application, using videoconferencing and CT image sharing technology, which allows ED physicians from Dauphin or Brandon to access stroke specialists to assist with diagnosis of the patient's condition, and recommend a plan of care. In 2019 the service was accessed 93 times by physicians in the region.

Expansion of Brandon Kidney Health Unit



The Manitoba Renal Program is a complex service delivery model with four Kidney Health Clinics and 16 Local Renal Health Centres located throughout the province. There is one Kidney Health Clinic in PMH at the Brandon Regional Health Centre (BRHC). Clinic staff oversee the hemodialysis, peritoneal dialysis and home hemodialysis programs. Dialysis services are also delivered in three Local Renal Health Centres (dialysis units) located in Dauphin, Swan River and

Russell. These three centres are part of the Manitoba Renal Program and Health Sciences Centre in Winnipeg provides oversight of clients using these local centres.

In 2019, the Kidney Health Unit at the BRHC (Hemodialysis Unit) expanded capacity to meet the growing needs of patients who require hemodialysis. The hemodialysis unit enhanced available resources by offering treatment on Sundays, when the unit was not in use. This expansion allowed the existing dialysis unit to add 18 more patients. Renal disease is an increasing concern in the province and the cost associated with building new treatment space can be lessened by using the Sunday model. The unit has once again reached capacity and PMH is exploring additional space.

Services at the Local Renal Health Centre in Dauphin also expanded with the addition of an evening shift. A total of 12 additional spaces, increasing patient capacity from 24 to 36, will be staged to accommodate training of nursing staff. The unit is expected to be fully operational in 2020.

IMPROVED HEALTH STATUS & REDUCING HEALTH DISPARITIES

-Identify targeted areas to reduce inequities and collaborate to improve health status

Baby Friendly Initiative

Prairie Mountain Health promotes and supports efforts towards making breastfeeding a priority and the normal nutritional choice for babies. PMH is actively working toward a Baby Friendly Initiative (BFI) designation, with a target date for Baby Friendly Accreditation of 2022. BFI is a coordinated program that enables facility and community to protect, promote and support breastfeeding. A Baby Friendly facility strengthens and demonstrates commitment to family-centred care, increasing family and staff satisfaction with care.



Regionally BFI is promoted through online education that all PMH staff are required to complete. Currently approximately 28% of staff have completed the course since its release in 2016.

Brandon Regional Health Centre, the primary birthing centre in PMH, has joined a National BFI Quality Improvement (QI) Collaborative Project with 15 healthcare organizations and 27 hospital sites across Canada led by the Breastfeeding Committee for Canada. More than 42,000 babies, or approximately 11% of all Canadian births, will be impacted annually by this project.

Over a period of 28 months, the participating hospital teams will meet face to face and join virtual webinars to learn and share improvement strategies. Hospitals have been provided with tools to collect data regularly and share results within the Collaborative with the spirit of 'all share, all learn'.

Post-secondary Health Services

In response to a significant increase in sexually transmitted blood borne infections (STBBI) in Manitoba and recent findings from a research study conducted by faculty at Brandon University (BU) and Université de Saint-Boniface, PMH partnered with BU to deliver on-site primary care to post-secondary students including those from other countries. The intent of this initiative is to improve access to primary care and provide education for at-risk individuals using a harm reduction approach.

BU nursing students, as part of a community health practicum, collaborated with 7th Street Health Access Centre by gathering information to support the development and implementation of a walk-in clinic, staffed by a nurse practitioner, which opened in November 2019. Services are available on a weekly basis and include access to physical examinations, birth control, pap tests, prenatal care, medical prescriptions, mental health support, STBBI testing and treatment, and 2STLGBTQ+ health support. In addition, a public health nurse is available once per month to provide testing and treatment for chlamydia and gonorrhoea. Health promotion displays and interactive activities on topics pertinent to the target population such as use of stimulants, vaping and addictions are also offered. Although clinic services were suspended in early March 2020 as a result of the COVID-19 pandemic, students continued to seek primary health care services through the nurse practitioner at the 7th Street Health Access Centre location.

Health System Innovation

-Advance a culture of quality improvement and spread of innovation

Health IM

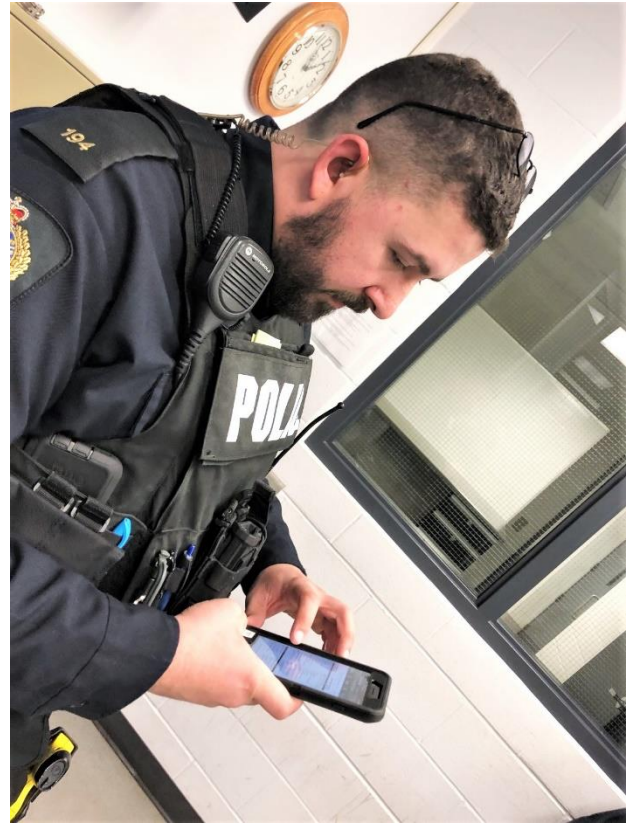
HealthIM is a resource available to Canadian Police Services to improve their crisis response and reduce the risk of harm. It utilizes a digitalized version of the interRAI brief mental health screener which allows for a secure connection with an Emergency Department. The goal of *HealthIM* is to reduce apprehension rates, decrease hospital wait time and enhance the care provided to citizens in distress.

Officers utilize *HealthIM* during encounters with individuals with unmanaged mental health challenges who are in an acute state of crisis.

HealthIM provides seamless, collaborative engagement between our clients, our community partners, and interagency programs. It allows for community partnerships to continue to look for innovative ways to ultimately assist an individual

through their mental health or crisis situation during contact with the police. Through *HealthIM*, Brandon Police Service, BRHC and Mental Health Services have established a new pathway to facilitate assessment based on observations by police officers, an assessment of the potential risks, and support a direct referral when needed.

The system provides evidence-based screening and supports a more empathetic response in conjunction with local healthcare and community mental health agencies.



Chronic Obstructive Pulmonary Disease (COPD) System of Care

On December 10, 2019, Shared Health presented the provincial Chronic Obstructive Pulmonary Disease (COPD) System of Care initiative with a Health Innovation Award for Patient-Centred Care. The award celebrates initiatives that have directly resulted in improvements to front-line services which are seen and felt by patients and the public.

The goal of the COPD System of Care is to improve patient experience of those living with COPD through patient engagement, self-management, skill development, and enhanced integration and transitions between community and acute care services. Prairie Mountain Health along with Winnipeg, Northern and Interlake-Eastern RHAs are currently involved in the initiative. In PMH, the initiative is currently underway at Brandon Regional Health Centre and Swan Valley Health Centre with anticipated spread to other communities.



Pamela McTavish, PMH lead on the COPD System of Care initiative, accepts provincial recognition along with Earl Baron, patient partner.

Sedative Deprescribing Initiative

In early 2019, PMH launched a new initiative focused on benzodiazepine prescribing among community-dwelling seniors, clients for whom a sedative is initiated while in hospital and residents in personal care homes. The intent of this client-centered deprescribing education program is to:

- enhance understanding about the risks associated with sedative and hypnotic medications
- explore alternative interventions with health care providers
- engage patients in shared decision making about specific medication use

The project focused on inter-disciplinary teams including the MyHealth Teams (Brandon and Swan River), nurse practitioners and acute care pharmacy staff. Many primary health care providers have now embraced the program. In acute care settings, Pharmacy Services developed a process to identify clients for whom a sedative was initiated in hospital. Where appropriate, sedative use is discontinued at the time of discharge and information provided regarding non-pharmaceutical alternatives. It is anticipated that this will reduce the number of community dwelling seniors with inappropriate benzodiazepine use.

The sedative deprescribing initiative was also integrated into the nursing education curriculum at Brandon University. In the fall of 2019, nursing students, as part of a community health practicum, collaborated with

Dr. E. Rhynold to develop and implement an interactive class for 3rd year nursing students using a case study model and PMH resources.

According to student feedback below, it was a significant learning opportunity with the potential to inform their future nursing practice.

“This sedation lab changed my attitude regarding sedatives by making me realize that it is not generally safe for anyone. Before the lab, I was thinking of sedatives/hypnotics as essential especially for older adults because it promotes more sleep for them. I also thought the benefits of the medications outweighed the risks. However, I was wrong. After the lab, I feel I should be promoting a sleep routine for my patients instead of relying on the pills to make them sleep.”



Dr. Elizabeth Rhynold

“I found the information packages helpful because it gave me an extensive list of how to promote sleep and also listed the negative side effects of sedatives and hypnotics. I can use this information in providing health teaching to my patients not only for older adults but for any age.”

Enhanced Recovery after Surgery

Enhanced Recovery after Surgery (ERAS) is a collaborative project between the Canadian Patient Safety Institute and BRHC that highlights best practices for colorectal surgery and consists of a number of evidence-based principles that support better outcomes for colorectal surgical patients including:

- an improved patient experience
- reduced length of stay
- decreased complication rates
- fewer hospital readmission

ERAS uses an interdisciplinary, holistic approach to caring for surgical patients and challenges traditional surgical care practices. Patient and family teaching, nutrition, mobilization, anesthesia, and medication protocols have been updated to include international best practices.

Fundamental to the success of the protocol is the education and participation of patients and families. It is vital they understand their active contribution to their care to enhance their recovery. Teaching takes place in the Preoperative Assessment Clinic and prepares the patient for their surgery and what to expect. Since the protocols were introduced in January 2020, numerous patients have followed the pathway with great success.

In addition to enhanced patient satisfaction, data from all elective colorectal surgeries show a reduced length of hospital stay with no increase in readmissions or complications. Dr. Ahweng has noted that with each discharge, another patient “leaves with a smile on their face!”

In 2019, the ERAS project was awarded the 2019 John Wade Patient Safety Initiatives Grant of \$7,500. The grant recognizes projects in communities which advance the practice, awareness and knowledge of patient safety. Funds from the awarded grant are

being used towards patient engagement kits that contain information and tools to help patients understand how they can prepare and optimize themselves for surgery.

The core team members implementing the protocol at Brandon Regional Health Centre (BRHC) include Dr. Andrew Ahweng (General Surgeon), Jessica Brunskill (Clinical Educator), Peter Loeppky (Surgical Care Team Manager), Katrina Shih (Surgical Clinical Resource Nurse), and Angie Allen (Decision Support Analyst).



BRHC Enhanced Recovery after Surgery Project

IMPROVED ACCESS TO CARE

-Facilitate access to the right services at the right time by helping clients advance through the health system

-Reduce barriers to access for remote and/or vulnerable populations

Harm Reduction

Prairie Mountain Health continues to enhance regional harm reduction services to address a significant increase in sexually transmitted and blood borne infections (STBBI). On February 15, 2019, the Acting Chief Medical Officer of Health for the Province issued an order for Public Health Nurses to implement the most current Communicable Disease Management Protocols for chlamydia, gonorrhoea and syphilis. This order came as a result of collaboration between Manitoba Health, Seniors and Active Living and the College of Registered Nurses of Manitoba and allows for designated Public Health Nurses to offer STBBI testing and treatment to clients.

Public Health Nurses across PMH have undergone training in STBBI testing and harm reduction and may now directly order screening and diagnostic tests and provide treatment for chlamydia, gonorrhoea and syphilis as indicated. It is expected that this will increase access and reduce barriers for vulnerable populations leading to more timely diagnosis and management, which, along with effective counselling, can cure and/or manage many of these infections; minimize their negative consequences; and, reduce their spread.



In October of 2019, Public Health (PH) initiated efforts to develop a new mobile harm reduction unit, using a decommissioned ambulance, to enhance community care for underserved populations through outreach support. Nursing students from Brandon University, in collaboration with PH, conducted a comprehensive assessment of best practices, existing service models, client needs and required resources to inform an implementation plan for PMH. The *Community Connections* unit was launched in January 2020 and is based in Brandon. The program offers testing, treatment and harm reduction supplies in the City of Brandon and surrounding communities including to date, Neepawa, Killarney, Virden and Erickson with plans to visit Rivers, Dauphin and Russell in the summer of 2020.



In mid-June, Elder Mr. Frank Tacan from the Sioux Valley Dakota Nation led a blessing of the van and services. A number of new harm reduction positions were also secured for the region. In addition to the Harm Reduction Coordinator, based in Dauphin, PMH secured four Outreach Public Health nurse term positions and an Administrative Support position to provide community-based harm reduction services. These positions are located in Swan River, Dauphin, Minnedosa and Brandon.

The Manitoba Harm Reduction Network added Engagement Facilitator positions to Brandon and Dauphin and increased services to Swan River. A Brandon Harm Reduction Network was established and held its first meeting in early February 2020. There are currently 39 members. A Brandon Peer Advisory Council was also established to provide the client perspective in the development and implementation of harm reduction activities. A total of 43 peers have attended meetings and shared their insights. They have also been actively engaged in a project to place sharps containers throughout the city, consult on a safer supply distribution and potential consumption site, network with community partners as well as attend local events. The Swan Valley Peer Advisory Council has been very active in the area for the last few years. A Peer Network was established in Dauphin and recruitment for an Engagement Facilitator position is underway.

Brandon Emergency Department Wait Time Project

Wait time is an important component of access, particularly in urgent situations. In response to client concerns, the Emergency Department in Brandon set up a system using red chairs. The chairs are reserved for patients that are waiting for triage, which determines the urgency of their care needs. This provides a visual cue for staff that these patients still need to be assessed. This approach was later adopted at the Dauphin Emergency Department.

As one of the busiest Emergency Departments in PMH, Brandon Regional Health Centre has been monitoring the time it takes to be seen by a physician. In an effort to further improve care and reduce waiting time for patients, a fast track initiative was developed to assist with moving patients with less acute situations more quickly through the assessment process.

If patients with less serious care needs can be seen quickly, Emergency Department staff will have more time to care for patients who require complex care.

Mental Health Liaison Nurses at Dauphin Regional Health Centre (DRHC)

As part of the expansion of the DRHC Emergency Department (ED) two part-time Mental Health Liaison Nurses were hired in July of 2019. These positions are the first dedicated on-site mental health resources within an ED in Prairie Mountain Health. They function as part of a collaborative care team for individuals with a variety of mental health and/or substance use issues providing consultations, assessments, treatment, facilitating hospital admissions and providing short-term follow-up. This is a positive step forward to improving mental health supports.

Mental Health Patient Engagement

The Prairie Mountain Health Recovery Champions Committee includes people with a lived experience of mental illness. The purpose of the committee is to assist mental health services in becoming more recovery-orientated. The committee provides valuable feedback to mental health services in the development of PMH policies, forms and resources, including their recent involvement in a Client's Rights and Responsibilities form.

Strongest Families Institute

Child and Adolescent Mental Health offers three different tiers of mental health programs and services based on need and acuity. The first tier is less intensive with group options such as Teen Health Clinics and Group Therapy. Services under this tier have expanded to include virtual support (through the new provincially funded Strongest Families Institute) to clients and families seeking help for a variety of issues impacting health and well-being. Timely care is provided to families through teaching skills using a unique distance coaching approach by phone and Internet in the comfort and privacy of their own home. This provides family-centered care that is customized to their needs. Military families in the region are also able to access this service directly through Canadian Forces Base Shilo.

Withdrawal Treatment Beds in Brandon

The Province of Manitoba expanded addiction services within PMH, in partnership with Community Health and Housing Association (CHHA), through the addition of six residential in Brandon, flexible-length, non-medical withdrawal support beds suitable for individuals living with substance use disorders. The majority of those seeking support identified methamphetamine as the primary substance however, opioids, alcohol, cannabis and other stimulants were also identified as key concerns.



Strong working relationships have been established between the CHHA Withdrawal Support Services team, Brandon Rapid Access to Addictions Medicine (RAAM) Clinic team and 7th Street Health Access Centre primary care providers to promote collaborative care.

Ketamine Project

The Centre for Adult Psychiatry (CAP), in partnership with the Pharmacy Department, Department of Psychiatry, Department of Anesthesia and the Operating Room department, now provides intravenous ketamine therapy at the Brandon Regional Health Centre (BRHC). This medication therapy is available for clients with a major depressive episode that have not responded adequately to other forms of therapy. Ketamine therapy for treating depression is restricted to the mental health program and must be prescribed by a psychiatrist. BRHC is the only site outside of Winnipeg currently offering this treatment in the province.

Weight to Well-Being

Taking the focus off the scale and toward overall well-being, the *Weight to Well-Being* program offers a comprehensive lifestyle intervention program. It consists of seven sessions that focus on weight stigma, health at every size, eating for joy and mindfulness, goal setting, physical activity, as well as sleep and stress management. Clients can self-register or be referred by their primary care provider. A dietitian follows up with the client three months after completion of the program to offer support. The pilot program has been well-received and there are plans to continue in a modified format due to COVID-19.

MRI Wait times

With the opening of a second MRI unit in the region in late 2018, the wait time to have a MRI in PMH facilities has steadily dropped, ranging from 17 to 21 weeks in 2018/2019 to between 10 to 16 weeks in 2019/2020.

During 2019/2020 Dauphin completed 2,845 scans whilst 9,871 were completed in Brandon. The new scanner has improved access and reduced travel times for residents in the North zone who require this diagnostic service. It has also reduced the number of inter-facility transfers required for Dauphin patients who would previously have been transferred to another site and allows for short same day trips for patients from surrounding facilities. Since the opening of the Dauphin unit there has been a significant reduction in wait times at Brandon Regional Health Centre. For the full wait time report visit the PMH website “About Us” section <https://www.prairiemountainhealth.ca/about-us>



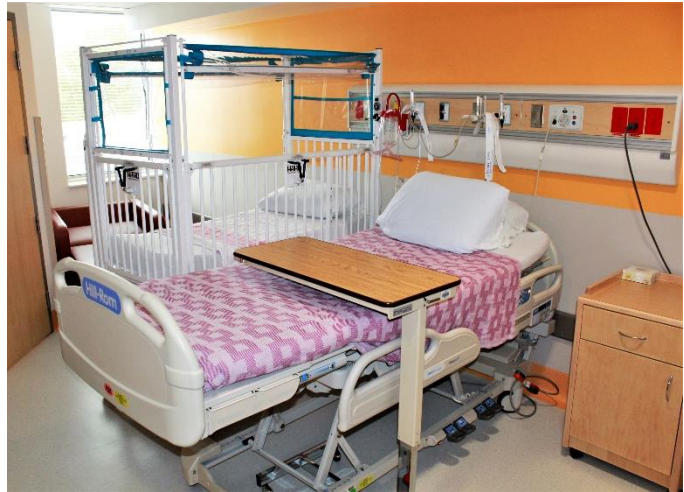
CAPITAL PROJECTS

Brandon Regional Health Centre (BRHC) Redevelopment

In 2019/2020, the \$16.8 million BRHC Redevelopment Project was officially completed. Work on the project began in 2016 and was undertaken in four phases.

The first phase involved relocating the pediatric unit and physiotherapy space from the hospital's fifth floor to newly developed areas on the second floor. The Westman Dreams for Kids Pediatric Unit opened for patients and families at the end of May 2017. The new-look pediatric unit now features seven spacious single rooms, a new playroom, an examination/clinic space and rooms for nutrition, medication and storage. Safety features include alarmed exit doors, swipe access cards for staff and video surveillance.

Work on the project's later phases involved the medical unit on the fourth and fifth floors of the health centre. The medical unit is used for the complex care of patients with acute cardiac, respiratory, neurological, renal and gastrointestinal disorders. Other patients served in the medical unit include oncology patients and those suffering from mental health and addictions issues. Renovations created 12 additional medical beds in primarily single-patient rooms with washrooms, as well as expanded and improved areas for storage, staff work and family support. Accessible shower areas, upgraded nurse call systems, the installation of card swipe access and the creation of an isolation room were also built to enhance patient safety.



BRHC Redevelopment Project Recognition Event- Provincial, regional and community officials participated in construction completion celebrations on May 30, 2019. From back left: Greg Nesbitt, MLA for Riding Mountain, Reg Helwer, MLA for Brandon West and Len Isleifson, MLA for Brandon East. Front left are: Manitoba Health, Seniors and Active Living Minister Cameron Friesen, Catheryn Pedersen, PMH Board Chair and Peggy Turnbull, Chair, BRHC Foundation.

Additionally, upgrades have been made to the BRHC roof, electrical and mechanical systems.

“The BRHC is the largest facility within PMH and a key hub for patients, families, and residents within an area that spans western Manitoba,” said Penny Gilson, PMH Chief Executive Officer. “These upgrades have further enhanced patient care and we certainly thank the BRHC Foundation for its outstanding work on the Room for Renewal Campaign.”

The province invested nearly \$15.8 million toward the project, with the remaining \$1.1 million for the project coming from the BRHC Foundation’s Rooms for Renewal campaign and PMH.

Dauphin Regional Health Centre (DRHC) Redevelopment

In 2019/2020, the \$23-million DRHC Emergency Department (ED) and Special Care Unit (SCU) Redevelopment Project, which commenced in the spring of 2017, was completed. The last phase of the four-phase project finished in November 2019 when the new front entrances and front vehicle ramp opened to the public. Work began in early 2017 with the plan to construct a 16,000-sq.-ft.

emergency department in multiple phases. In the first phase of the project, the health centre’s existing ED was temporarily relocated within the building to allow for major renovations. There was also a temporary entrance created once renovations on the ED space commenced in late 2017. This resulted in both the regular back and front entrances being closed for lengthy time-periods.



The new ED, which is three times larger than the previous space, began operating in late July 2019. Some of the other notable improvements included:

- enhanced treatment, exam and observation rooms;
- a decontamination room;
- a new pedestrian access ramp at the back entrance of the facility; and
- an enclosed ambulance garage which allows patients to be moved directly from an ambulance into the ED without going outside or through public waiting areas.

“The DRHC is the second largest hospital within our health region and with the redevelopment complete, we’ve provided for a modernized, quality space for our patients and health-care staff,” stated Penny Gilson,

PMH CEO. “This new space improves patient-flow, patient access and many security upgrades also provide a safer environment for everybody.”

The original emergency department was built in 1985.



DRHC Redevelopment Project Recognition Event- Provincial, regional and community officials participated in construction completion celebrations on November 15, 2019. From left to right: Lee Jebb, Prairie Mountain Health Board Chair, Reg Helwer, Minister of Central Services, Alyson Schmidt, DRHC Clinical Resource Nurse, Dr. Trina Mathison, Jean Ann Fisher, DRHC Care Team Manager, Petra Huschenbett, DRHC Care Team Manager, Brad Michaleski, Dauphin MLA and Len Isleifson, Legislative Assistant to the Minister of Health, Seniors and Active Living.



IMPROVED SERVICE DELIVERY

-Advance patient/family engagement and the culture of client safety

-Improve health service delivery for Indigenous residents

Under One Roof (Dauphin)

In early 2019 the Crisis Prevention Task Force Inc. was formed in Dauphin in response to some of the challenges the community including increased food bank use, lack of affordable housing, increased substance use, stigma, child poverty and lack of after-hours services. The Task Force researched existing services offered in the community of Dauphin to avoid duplication, and identify gaps and opportunities for improvement. Through additional research and meetings the task force concluded that poverty was a thread running through addictions, hunger and homelessness, which lead to increased crime, and growing mental health and public health needs. A poverty simulation workshop was held to increase awareness of the challenges face by people dealing with poverty.



As a result of that project, the *Under One Roof* initiative was launched in partnership with First United Church in November of 2019 with the support of Dauphin and District Community Foundation. This project was focused on bringing services to people after hours with easy access and the offer of a good meal.

The project began offering a hot meal at the United Church Auditorium once a week since November 2019 and adapted to pandemic requirements by continuing to provide meals through delivery services. The initiative has supported a Rent Smart workshop series; two clinics to assist clients with obtaining identification that facilitates access to banking, jobs, and other services; and partnered with South Parkland Child Coalition to provide child minding and child development assessments.

Meeting clients where they are at in the health spectrum, PMH provides outreach services here including vaccinations, sexually transmitted and blood borne infection (STBBI) testing and treatment, provision of harm reduction supplies, mental health supports, and other public health program/service information.

Home Care Attendant Education Program

Patient and public engagement refers to opportunities where patients, families and members of the public are encouraged to be active partners at all levels of the health system. This includes their own clinical and self-management journey, as well as providing input into decisions that shape health programs, policies, evaluation and research. The Home Care program recently partnered with a client to review the education provided to the Home Care Attendants (HCA) during their Education Day and again during the Skills Testing Day. The goal was to help improve safe working practices and the overall Home Care client's experience. Feedback from the client has been incorporated into the education program to share with new hires and with current staff during refresher courses on an ongoing basis. During the follow up evaluation, the client stated, *"Now that I have attended the Education Day I feel that part of the experience has been to see what the HCA role involves but also to share in the "experience" piece as to what the role looks like from a client perspective."*

Discharge planning

An essential part of discharge planning is connecting with local resources in the community to support the care needs of patients returning home. Ongoing work continues in PMH to improve connections with First Nation Home and Community Care Programs. PMH acknowledges the First Nation community nurses/health providers who champion and work in-partnership to improve discharge planning for clients who intersect provincial and federal health services. Prior to COVID-19, there were several regional opportunities to plan for ongoing awareness and promotion of improved discharge planning. Resources developed include a poster for PMH with contact information of First Nation Health Centres and a display board for regional events. Existing resources shared by First Nation nurses included: a checklist with essential questions to consider when planning a discharge for a patient from a First Nation community, a presentation that describes some of the challenges associated with discharge planning, and a flowchart to support discharge planning.

While COVID-19 continues to challenge us to find new ways of keeping the lines of communication open, PMH is committed to improve discharge planning for First Nation clients living in these communities through established pathways like Services to Services meetings. Improved discharge planning remains a standing agenda item at these meetings.

Cognitive Behaviour Therapy with Mindfulness

Cognitive Behaviour Therapy with Mindfulness (CBTm) is an educational program developed by clinicians at the University of Manitoba. Weekly 90-minute classes are offered for four consecutive weeks and topics include mindfulness, principles of cognitive and behavioural therapies, managing anger, assertiveness, problem solving, goal setting, principles of healthy living including nutrition, sleep, and physical activity and evidence-based self-help resources. Launched in April 2019 to address the growing need for services, this

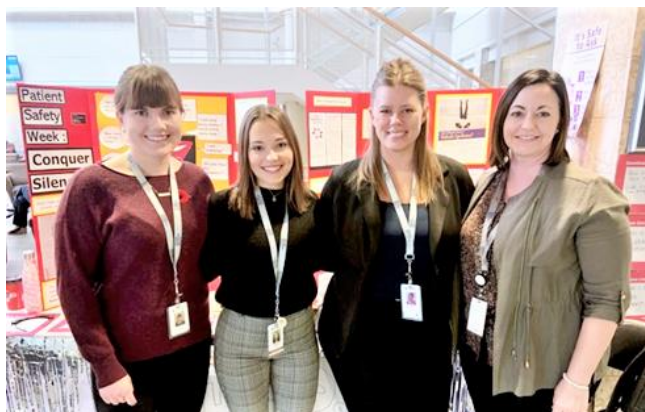
approach is part of a service model in which individuals seeking help are offered the least intensive service option first and only move to more intensive levels of care if required.

The CBTm program was initially trialed in Dauphin, then expanded to a number of communities with MB Telehealth sites including Swan River, Ste. Rose du Lac, Ethelbert and Grandview. CBTm classes in Brandon were initially trialed at Western Medical Clinic followed by the Town Centre through Mental Health Services. The Brandon Clinic was added in January 2020.

The Clinical Psychologists serving as Program Leads for this initiative received grant funding to complete an evaluation of the effectiveness and acceptability of the CBTm classes for both clients and staff of Mental Health Services. Although CBTm classes and related evaluation activities were suspended in March 2020 due to COVID-19 restrictions, participant feedback has been positive and early observations of symptom-related data suggest that those who complete the series of classes experience a reduction in symptoms of depression and anxiety.

Patient Safety Week

Canadian Patient Safety Week (CPSW) is an annual national campaign that aims to make the public aware that asking questions can have a large impact on reducing errors while receiving health-care services. Lack of communication between patients and providers, between staff in health-care facilities/programs, and between public and policymakers are the main contributing factors to these types of incidents.



BU Nursing Students with Patient Safety Week

During CPSW 2019 (October 28 – November 1), the theme was “Conquer Silence.” As part of a community health practicum, Brandon University (BU) nursing students promoted the need for patients, families, and health care providers to ‘speak up’ in the moment when something looks wrong, feels wrong, or is wrong. The students provided information on patient safety in the Brandon Regional Health Centre lobby. The aim was to inform visitors, patients and staff that it is safe to ask questions when receiving or providing health care services. When patients are included in decisions and have the proper education about their care, both patient safety and health outcomes improve.

Steppin' Up with Confidence Plus

In 2019, Manitoba Health Seniors and Active Living provided funding to each health region to implement a community falls prevention exercise program for seniors. Prairie Mountain Health chose to enhance the existing *Steppin' Up with Confidence* program, a volunteer, peer-led exercise program, to promote participant strength and balance to reduce their risk for falls. Classes include cardiovascular, lower and upper body and core muscle strength, endurance, flexibility and balance exercises and are available for 60 minutes, twice per week with home exercise programs as well. The program also offers education regarding falls prevention topics such as Home Safety Checklists, medication deprescribing, safety equipment and foot and eye care. The program was renamed *Steppin' Up With Confidence Plus* to reflect the emphasis on strength and balance.

A 16-week pilot project was delivered between April-August 2019 through Primary Health Care. Eight community leaders were trained and 45 residents participated at the three pilot sites, which included Killarney, Roblin and Parkview Seniors Co-op in Brandon. The program evaluation plan examined accessibility, effectiveness and sustainability, and findings reveal positive results overall.



Going forward, program staff will examine the barriers to program delivery as experienced by some trained Peer Leaders and opportunities for established programs to share their experiences with developing sites.

FRENCH LANGUAGE SERVICES

In December 2018, the first French Language Services (FLS) plan for Prairie Mountain Health received approval from the Minister of Health, Seniors and Active Living and the Minister Responsible for Francophone Affairs. The FLS Plan seeks an integrated approach in ensuring and improving access to health services in French in the Prairie Mountain Health region.

A FLS Steering Committee is in place to guide the work to achieve four main objectives:

- PMH will develop an environment that encourages and supports all staff in their efforts to provide French language services.
- PMH will identify the strengths and weaknesses of its FLS delivery capacity with the objective of improving service delivery.
- PMH will ensure written and electronic documents are available in both official languages. Appropriate bilingual signage will be visible in facilities/properties within PMH.
- PMH will ensure that a francophone lens is used when planning for new or existing facilities, programs, services and initiatives.

In 2019/20, the work of the FLS Committee continued with a focus on identifying bilingual capacity within PMH, development of FLS policies, Active Offer training for staff and creation of a translation strategy for PMH documents.

AUDITOR'S REPORT

Report of the Independent Auditor on the Summary Consolidated Financial Statements

To the Board of Directors of Prairie Mountain Health:

Opinion

The summary consolidated financial statements, which comprise the summary consolidated statement of financial position as at March 31, 2020, and the summary consolidated statements of operations, remeasurement gains and losses, changes in net debt and cash flows for the year then ended, and related notes, are derived from the audited consolidated financial statements of Prairie Mountain Health and its subsidiaries (the "Organization") for the year ended March 31, 2020.

In our opinion, the accompanying summary consolidated financial statements are a fair summary of the audited consolidated financial statements for the year ended March 31, 2020.

Summary Consolidated Financial Statements

The summary consolidated financial statements do not contain all the disclosures required by Canadian Public Sector Accounting Standards. Reading the summary 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 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 24, 2020.

Management's Responsibility for the Summary Consolidated Financial Statements

Management is responsible for the preparation of the summary consolidated financial statements in accordance with Canadian Public Sector Accounting Standards.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary 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 Standards (CAS) 810, Engagements to Report on Summary Financial Statements.

Brandon, Manitoba

June 24, 2020

MNP LLP

Chartered Professional Accountants

MNP

Prairie Mountain Health
Consolidated Statement of Financial Position
As at March 31
(in thousands of dollars)


	2020	2019
FINANCIAL ASSETS		
Cash and cash equivalents	\$ 63,994	\$ 78,927
Accounts receivable (Note 4)	8,769	8,964
Investments (Note 7)	8,481	8,453
Due from Manitoba Health (Note 5)	34,689	39,163
Loan receivable (Note 6)	.91	125
Other assets	298	282
	116,322	135,914
LIABILITIES		
Demand loans (Note 9)	\$ -	\$ 27
Accounts payable and accrued liabilities (Note 10)	34,605	40,123
Unearned revenue (Note 14)	21,029	23,074
Employee benefits payable (Note 11)	32,380	34,119
Employee future benefits payable (Note 11)	42,143	45,428
Capital lease (Note 13)	254	412
Long-term debt (Note 12)	153,199	156,157
	283,610	299,340
NET DEBT	\$ (167,288)	\$ (163,426)
OTHER ASSETS		
Inventories held for use	5,157	4,855
Prepaid expenses	3,154	1,921
Capital assets (Note 8)	291,995	301,697
	300,306	308,473
ACCUMULATED SURPLUS	\$ 133,018	\$ 145,047
ACCUMULATED SURPLUS IS COMPRISED OF:		
Accumulated capital and operating surplus (deficit)	127,690	139,028
Restricted (Note 17)	5,525	6,037
Accumulated remeasurement losses	(197)	(18)
	\$ 133,018	\$ 145,047

Commitments and contingencies (Note 20)

Subsequent events (Note 28)

Approved on behalf of the Board

 Director

 Director

The accompanying notes are an integral part of these consolidated financial statements

Prairie Mountain Health
Consolidated Statement of Operations
For the year ended March 31
(in thousands of dollars)

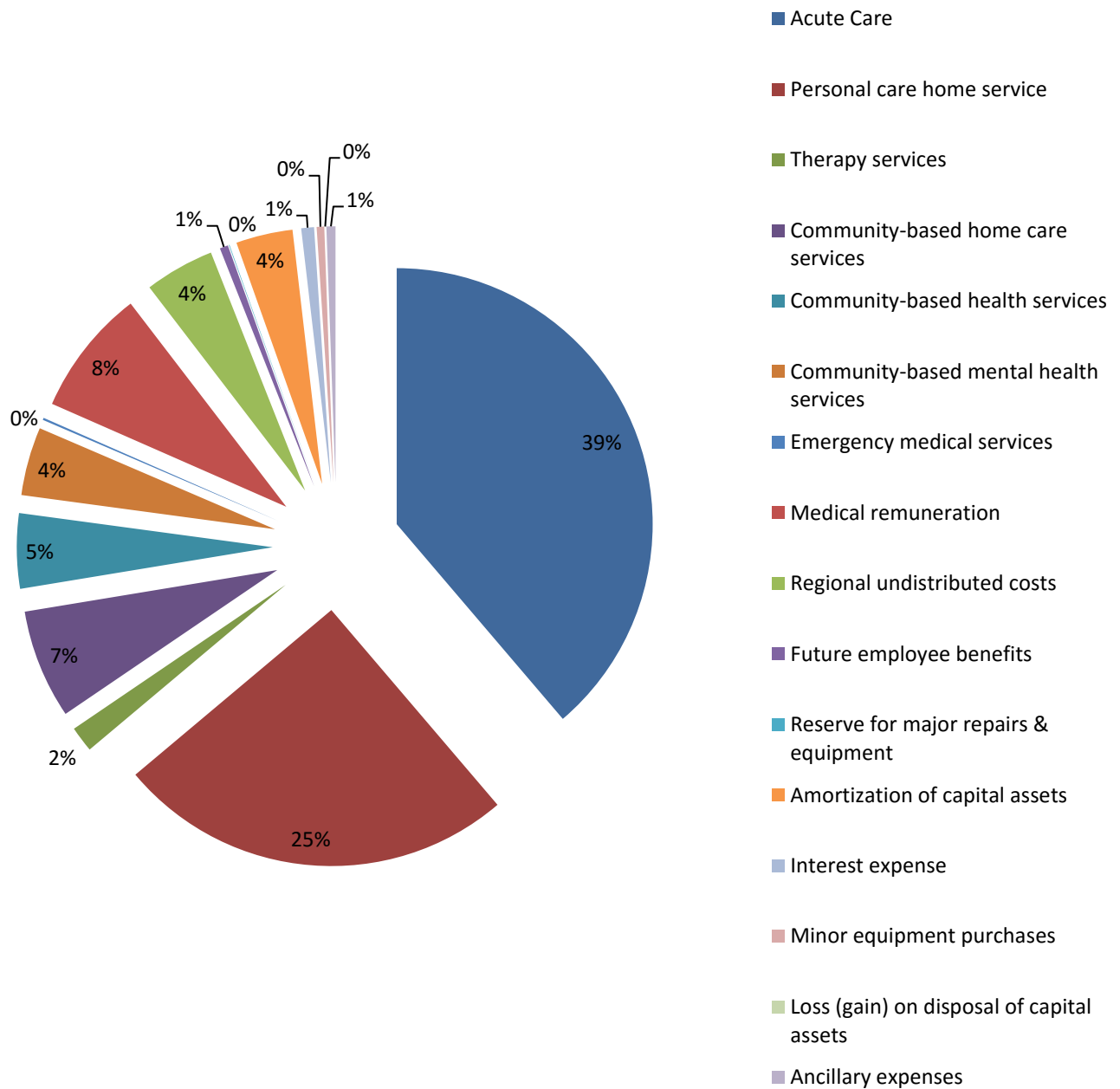
	Budget 2020		Actual 2020		Actual 2019
	Total	Operating	Capital	Total	Total
	(Note 16)				
REVENUE					
Manitoba Health income (Note 18)	\$ 503,091	\$ 481,784	\$ 19,355	\$ 501,139	\$ 557,031
Separately funded programs	4,182	3,706	-	3,706	4,164
Authorized/residential charges	33,553	35,239	-	35,239	35,070
Non-insured income	2,734	2,011	-	2,011	3,384
Other income	11,978	13,244	2,870	16,114	16,024
Investment income	1,547	2,007	-	2,007	1,923
	557,085	537,991	22,225	560,216	617,596
EXPENSES					
Acute care services	\$ 217,988	\$ 223,186	\$ -	\$ 223,186	\$ 231,750
Personal care home services	137,467	144,678	-	144,678	143,528
Therapy services	9,362	9,332	-	9,332	8,965
Community based home care services	40,186	39,705	-	39,705	39,984
Community based health services	27,686	27,281	-	27,281	26,472
Community based mental health services	24,728	24,860	-	24,860	24,188
Emergency medical services	482	775	-	775	31,194
Medical remuneration	47,367	46,103	-	46,103	44,875
Regional undistributed costs	25,904	25,386	-	25,386	34,583
Future employee benefits	3,500	3,025	-	3,025	3,022
Reserve for major repairs and equipment	126	221	-	221	972
Amortization of capital assets	16,431	-	20,640	20,640	20,605
Interest expense	4,660	-	4,632	4,632	4,746
Loss (gain) on disposal of capital assets	-	-	(3)	(3)	(30)
Minor equipment purchases	2,315	-	2,741	2,741	2,549
	558,202	544,552	28,010	572,562	617,403
SURPLUS (DEFICIT)	\$ (1,117)	\$ (6,561)	\$ (5,785)	\$ (12,346)	\$ 193
ANCILLARY OPERATIONS					
Ancillary income	\$ 2,533	\$ 3,601	\$ -	\$ 3,601	\$ 3,201
Ancillary expenses - other	1,799	2,805	-	2,805	2,496
Ancillary expenses - amortization of capital assets	439	-	479	479	451
ANCILLARY SURPLUS (DEFICIT)	295	796	(479)	317	254
SURPLUS (DEFICIT) FOR THE YEAR	\$ (822)	\$ (5,765)	\$ (6,264)	\$ (12,029)	\$ 447
ACCUMULATED SURPLUS (DEFICIT), BEGINNING OF YEAR		2,515	142,532	145,047	144,600
ACCUMULATED SURPLUS (DEFICIT), END OF YEAR		\$ (3,250)	\$ 136,268	\$ 133,018	\$ 145,047

The accompanying notes are an integral part of these consolidated financial statements

A complete set of financial statements, which includes the accompanying 'Notes' listed as part of the previous two pages, can be found on the Prairie Mountain Health website, under the 'About Us' section—Regional Reports. (www.prairiemountainhealth.ca)

EXPENDITURE BY PROGRAM/SERVICE

Expenditure by Program/Service 2019-20



See next page for total expenditures in dollars and related percentages

EXPENDITURE BY PROGRAM/SERVICE

2019/2020 (in thousands of dollars)

Acute Care	223,186	38.8%
Personal care home service	144,678	25.1%
Therapy services	9,332	1.6%
Community-based home care services	39,705	6.9%
Community-based health services	27,281	4.7%
Community-based mental health services	24,860	4.3%
Emergency medical services	775	0.1%
Medical remuneration	46,103	8.0%
Regional undistributed costs	25,386	4.4%
Future employee benefits	3,025	0.5%
Reserve for major repairs & equipment	221	0.0%
Amortization of capital assets	20,640	3.6%
Interest expense	4,632	0.8%
Minor equipment purchases	2,741	0.5%
Loss (gain) on disposal of capital assets	(3)	0.0%
Ancillary expenses	3,284	0.6%
Total Expenses	<u>575,846</u>	<u>100%</u>

ADMINISTRATIVE COSTS 2019/2020

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. **Prairie Mountain Health** adheres to these coding guidelines. Administrative costs as defined by CIHI, include:

Corporate functions including: Acute, Long Term Care and Community Administration; General Administration and Executive Costs; Board of Trustees; Planning and Development; Community Health Assessment; Risk Management; Internal Audit; Finance and Accounting; Communications; Telecommunications; and Mail Service.

Patient Care-Related costs including: Patient Relations; Quality Assurance; Accreditation; Utilization Management; and Infection Control.

Human Resources & Recruitment costs including: Personnel Records; Recruitment and Retention (general, physicians, nurses and staff); Labour Relations; Employee Compensation and Benefits Management; Employee Health and Assistance Programs; Occupational Health and Safety.

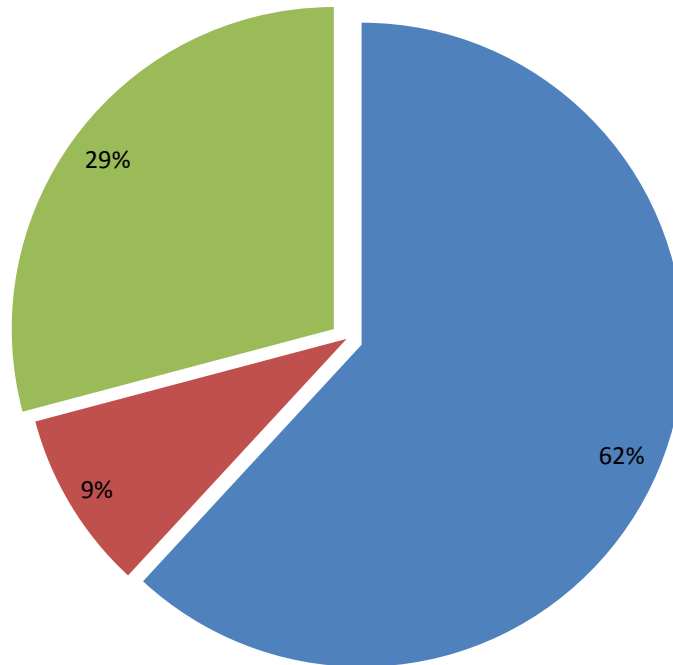
Administrative Cost Percentage Indicator

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

Across Manitoba, as broad Health System Transformation initiatives were implemented through 2019/2020 Administrative costs declined as a percentage of total operating costs for the health system as a whole (including regional health authorities and CancerCare Manitoba).

Administrative Costs 2019/20

■ Corporate
 ■ Patient Care Related
 ■ Human Resources & Recruitment



Prairie Mountain Health Administrative Costs						
For Year to Date Ending:	2020-March		2019-March		2018-March	
Corporate	\$13,688,713	2.42%	\$14,017,875	2.31%	\$13,934,963	2.39%
Patient-care related costs	\$1,991,257	.35%	\$2,072,311	0.34%	\$2,146,506	0.37%
Recruitment/Human Resources related costs	\$6,446,234	1.14%	\$7,112,836	1.17%	\$7,634,198	1.31%
TOTAL Administrative costs	\$22,126,204	3.91%	\$23,203,022	3.82%	\$23,715,667	4.07%

Provincial Health System Administrative Costs and Percentages

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 Santé-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
2018/19				
REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.00%	0.50%	2.07%	5.57%
Northern Regional Health Authority	3.98%	0.66%	1.20%	5.84%
Prairie Mountain Health	2.31%	0.34%	1.17%	3.82%
Southern Health Santé-Sud	2.94%	0.25%	0.96%	4.16%
CancerCare Manitoba	2.10%	0.66%	0.70%	3.45%
Winnipeg Regional Health Authority	2.58%	0.58%	0.97%	4.13%
Shared Health	3.76%	0.60%	1.30%	5.66%
Provincial - Percent	2.73%	0.51%	1.06%	4.31%
Provincial - Totals	\$ 133,559,455	\$ 25,149,251	\$ 51,917,064	\$ 210,625,769

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, as broad Health System Transformation initiatives were implemented through 2019/20, **administrative costs declined as a percentage of total operating costs for the health system as a whole** (including regional health authorities and CancerCare Manitoba).

The activation of Shared Health as a provincial organization responsible for leading the planning and coordinating the integration of patient-centred clinical and preventive health services across Manitoba involved the establishment of a leadership team to support health system transformation initiatives. Leadership transitioned in advance of staff and operational budgets, resulting in an increase to the administrative cost ratio for 2018/19 which as a percentage has decreased and normalized in 2019/20 with the transition in April 2019 of program budgets associated with the ongoing operation of departments, sites and services. This included Health Sciences Centre Winnipeg, provincial diagnostic services, digital health and emergency medical services and patient transport.

As Health System Transformation projects proceed, organizational changes across all health service delivery organizations in the time to come will allow for enhanced focus in patient-care and human resources and recruitment areas, while holding the line or further reducing administrative costs as a percentage of total operating costs.

Reporting and Accountability

Expense Reporting

The Regional Health Authorities (RHA) Act (section 38.1) requires that RHAs publish on their website expenses paid to, and on behalf of, the CEO of the health authority, as well as the senior officers of each health corporation (non-devolved hospitals and personal care homes) located within the health region. This requirement also applies to Shared Health, CancerCare Manitoba, and the Addictions Foundation of Manitoba. The CEO Expense Report for period ending March 31, 2020 can be found by accessing the PMH website –About Us section.

Public Compensation Disclosure

In compliance with the Public Sector Compensation Disclosure Act of Manitoba interested parties may obtain copies of the Prairie Mountain Health public sector compensation disclosure (which has been prepared for this 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 \$75,000 or more. This information, along with the complete set of financial statements, including the auditor's report, is available on the PMH website.

Whistleblower Protection

The Public Interest Disclosure (Whistleblower Protection) Act came into effect April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoings) 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. As per reporting requirements regarding Section 18 of the Act, *PMH did not receive any disclosures in 2019/2020 under the legislation, therefore, no investigations commenced as a result.*

Accountability Provisions

The Regional Health Authorities Act includes provisions related to improved accountability and transparency and to improved fiscal responsibility and community involvement.

As per Sections 22 and 51

The establishment by the Minister of terms and conditions of employment (compensation, etc.) to be included in the employment contract of the chief executive officer and designated senior officers of a regional health authority. *Employment contracts have been established for the CEO and all Senior Leaders of the organization. These contracts contain all terms and conditions of employment as set out by the Minister.*

As per Section 23 (2c)

The preparation, implementation and posting on the website and updating of the regional health authority's strategic plan. *Prairie Mountain Health's 2016-2021 Strategic Plan, that took effect the first day of the new fiscal year (April 1, 2016) is posted to the PMH website.*

As per Sections 23.1 and 54

The establishment by the Minister of requirements relating to accreditation of a regional health authority and the accreditation participation in RHA accreditation of health corporations and certain health care organizations and publishing of the results. *PMH has been continuing efforts related to Accreditation. Results of recent Accreditation Canada surveys can be found on the region's website.*

CONTACT Prairie Mountain Health

Mail: 192 - 1st Avenue, West
Souris, MB R0K 2C0

Phone: 204-483-5000

Toll Free: 888-682-2253

Email: pmh@pmh-mb.ca

www.prairiemountainhealth.ca



@PrairieMtHealth