



PRAIRIE MOUNTAIN HEALTH
SANTÉ PRAIRIE MOUNTAIN

Annual Report 2021 - 2022



Health and Wellness for All

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This report is available in alternative format upon request.

LETTER OF TRANSMITTAL

We have the honour to present the annual report for Prairie Mountain Health (PMH) for the fiscal year ended March 31, 2022. 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 and Seniors Care. All material, including economic and fiscal implications known as of March 31, 2022 have been considered in preparing this annual report. This report reviews the actions and initiatives of PMH for the fiscal year April 1, 2021 to March 31, 2022. The Board of Directors has approved this report.

The COVID-19 pandemic continued to dominate the vast majority of our activities, planning, and implementation of services throughout the fiscal year. Through the ongoing challenges of COVID-19, we remained steadfast in our commitment in providing the best care we could and in communicating with our staff and stakeholders in as timely manner as possible. Our regional Incident Command Structure remained connected and aligned to the COVID-19 provincial structure to ensure effective, consistent, efficient coordination and collaboration in all pandemic priority areas. Many staff were reassigned or redeployed to various teams and services to directly assist in the battle against the pandemic.

We cannot provide enough thanks our volunteers, organizations, businesses and other stakeholders who provided additional support wherever and whenever they could. How fortunate we all are to be backed by proud and caring Manitobans! We sincerely thank all our internal and external stakeholders for their patience, guidance and support throughout the last year as we worked through this very difficult period in health care.

Amidst pandemic activities, health system transformation in Manitoba continued. Health system transformation is ongoing, and work towards refocusing our system to better meet the needs of all Manitobans lies ahead. PMH, along with Manitoba Health and Shared Health will keep the communication lines open with communities, clients and staff as this journey unfolds.

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 in 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,



Lon Cullen,
Chair, Board of Directors



Brian Schoonbaert,
CEO, Prairie Mountain Health

CEO MESSAGE

On behalf of our entire Executive Team, management, staff, physicians and volunteers, I want to sincerely thank everyone for acknowledging the very difficult circumstances we were again navigating through due to the continued impacts from the worldwide COVID-19 pandemic. The past two years have challenged each and every one of us. We have had to adapt in an ever-changing environment with circumstances that shifted operational matters on a weekly and even daily basis.



First and foremost, to our staff I say thank you. Working through the pandemic has added extra complexities, extra stress, additional precautions and added uncertainties. Through your extraordinary efforts, we have continued to persevere and meet the challenges head on —providing care to our clients, patients and residents, and compassion and support to co-workers. Throughout the year, we heard countless incredible stories of our staff who worked the extra shift, stayed a little longer to help, or sat and held someone’s hand when they were lonely and unsure. Efforts like that might go unseen, but to someone it made all the difference in the world. We have had retired staff come back to help us in a time of need, especially within our immunization program when COVID vaccine roll-out was going full steam.

Our health region, like all others, was forced to think outside of the box. In the summer of 2021, we were trying new approaches, with pop-up vaccine clinics in accessible places, including shopping mall parking lots, Farmer’s markets and even beaches and campgrounds. Our Executive Team could not be more proud of all the innovative approaches attempted throughout 2021-2022. *(More information on Page 28.)*

I want to thank our volunteers. PMH is blessed with a volunteer enrollment of approximately 1100 volunteers supporting personal care homes, acute care and community programs across the region! Although the pandemic severely limited where and how volunteers could be used within facilities in 2021-2022, work was underway towards the end of the fiscal year to see how they could be safely integrated back into our facilities once guidelines and restrictions were able to accommodate them.

We have many volunteer Boards, Foundations, Auxiliaries and Meals on Wheels programs; all whom work tirelessly to aid in the delivery of health services across the region. These volunteers have contributed well over 40,000 hours annually to support health care. We sincerely thank them all.

A thank you to all of our Accreditation Teams and leaders who worked over the past year to ensure we were ready for our Accreditation Review. Although originally delayed by the pandemic, we eventually proceeded with the required surveys and reviews and we were pleased to receive our national accreditation designation—our second since the health region formed in 2012. *(More information on Page 24.)*

2021-2022 Financial Position

Prairie Mountain Health's audited financial statements show an operating surplus of \$290 thousand dollars for the 2021-2022 fiscal year. The COVID-19 pandemic continued to pose challenges throughout the year. Additional expenditures were incurred in many areas such as extra Personal Protective Equipment and other supplies, additional cleaning and distancing measures, COVID-19 testing and contact tracing and outbreaks in Personal Care Homes. Efforts were made to keep additional costs to a minimum by redeploying staff where possible. The global effects of the pandemic on the economy and resulting inflation caused supply prices to increase significantly. Staffing shortages, most notably in nursing, but also in many other employment groups, resulted in significant increases in overtime and agency costs.

The resulting financial position is a minimal surplus, mainly related to Ancillary Operations, which are activities that are not funded by the Province (for example Elderly Persons Housing units and parking lots). *(More information on the region's financial position can be found on Page 38.)*

Our Year Ahead

Over the next year, we will continue to work towards a new normal as the pandemic changes. The PMH Board and Executive Team will continue to advance our regional strategic goals in coordination with the province and Shared Health and continue with our strong health planning processes and community engagement opportunities.

We remain as committed as ever to working towards our region's Vision of "Health and Wellness for All". Of course, moving forward as a health region is not possible without the commitment and expertise of our dedicated staff. Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read "B. Schoonbaert", written over a horizontal line.

Brian Schoonbaert
Prairie Mountain Health
Chief Executive Officer

Message du CEO

Au nom de notre équipe complète de cadres supérieurs, de la direction, du personnel, des médecins et des bénévoles, je tiens à tous vous remercier sincèrement d'avoir reconnu les circonstances très difficiles dans lesquelles nous sommes de nouveau retrouvés en raison des répercussions encore actuelles de la pandémie de COVID-19. Ces deux dernières années ont été extrêmement difficiles à surmonter pour chacun d'entre nous. Il nous a fallu nous adapter dans une situation en constante évolution, dont les circonstances nous ont amenés à modifier notre mode de fonctionnement d'une semaine à l'autre, voire d'un jour à l'autre.

D'abord et avant tout, je veux remercier l'ensemble du personnel. Notre travail s'est complexifié durant la pandémie; le stress a augmenté; les incertitudes se sont accrues et il a fallu appliquer des précautions supplémentaires. Mais nous avons persévéré grâce à vos efforts hors du commun, et nous avons relevé les défis de front en prodiguant des soins à nos bénéficiaires, nos patients et nos résidents, en faisant preuve de compassion envers nos collègues et en leur apportant notre soutien. Tout au long de l'année, nos employés nous ont fait part d'événements à peine croyables, ayant eu à accepter des quarts de travail supplémentaires; à rester un peu plus longtemps pour aider; à assurer une présence compatissante auprès d'une personne affectée par l'incertitude et un sentiment d'isolement. On ne remarque pas toujours de tels gestes, mais ils peuvent faire toute la différence pour certains. Des employés retraités sont revenus nous aider au besoin, notamment dans le cadre de notre programme d'immunisation au moment où l'administration massive du vaccin anti-COVID-19 battait son plein.

Notre région sanitaire, comme toutes les autres, s'est vue obligée de sortir des sentiers battus. À l'été 2021, nous avons mis à l'essai de nouvelles façons de faire, en organisant des centres temporaires de vaccination à des endroits accessibles, y compris les stationnements de centres commerciaux, les marchés de producteurs et même les plages et les terrains de camping. Notre équipe de direction ne peut ressentir plus de fierté en songeant à toutes les méthodes innovantes mises à l'essai tout au long de 2021-2022. (Rendez-vous à la page 28 pour de plus amples renseignements.)

Je tiens à remercier nos bénévoles. Santé Prairie Mountain a la chance de disposer des services d'environ 1 100 bénévoles qui œuvrent dans les foyers de soins personnels, les établissements de soins actifs et les programmes communautaires de toute la région! Même si, en 2021-2022, la pandémie a grandement limité le nombre d'endroits et d'interventions permettant aux bénévoles de se rendre utiles sur place, nous avons tenté en fin d'exercice de les réintégrer d'une façon ou d'une autre dans nos établissements, tout en veillant à leur sécurité, une fois que les directives et restrictions l'ont permis.

De nombreux conseils d'administration, fondations, auxiliaires et programmes de repas à domicile font appel à des bénévoles qui s'efforcent tous sans relâche de soutenir la prestation de services de santé dans la région. Ces bénévoles ont consacré plus de 40 000 heures par année au soutien des soins de santé. Nous les remercions tous sincèrement.

Nous remercions nos équipes et nos responsables de la préparation à l'agrément pour le travail accompli durant l'année qui vient de s'écouler, veillant à ce que nous soyons prêts pour notre examen menant à l'obtention de l'agrément. Même si la pandémie a retardé ces efforts, nous avons fini par réaliser les études et revues nécessaires, et nous avons eu le bonheur de nous voir accorder l'agrément à l'échelle nationale, pour la

deuxième fois depuis la formation de la région sanitaire en 2012. (Rendez-vous à la page 24 pour de plus amples renseignements.)

Situation financière en 2021-2022

Les états financiers vérifiés de Santé Prairie Mountain (SPM) révèlent un excédent d'exploitation de 290 mille dollars pour l'exercice 2021-2022. La pandémie de COVID-19 n'a pas cessé de poser des défis tout au long de l'année. Nous avons eu des dépenses supplémentaires dans plusieurs secteurs, dont l'équipement de protection personnelle, l'entretien ménager, les mesures de distanciation sociale, les tests de dépistage, la recherche des contacts et les éclosions dans les foyers de soins personnels. Nous avons tenté de limiter le plus possible les coûts supplémentaires qu'elle entraînait en réaffectant le personnel autant que possible. Les effets globaux de la pandémie sur l'économie et l'inflation qui a suivi se sont traduits par une augmentation importante des prix des fournitures. La pénurie de personnel, surtout en soins infirmiers, mais aussi dans d'autres secteurs de notre main d'œuvre a beaucoup augmenté les dépenses relatives aux heures supplémentaires et aux agences.

La situation financière se caractérise donc par un léger excédent, principalement lié aux activités auxiliaires de fonctionnement, lesquelles ne sont pas financées par la province (par exemple, le logement pour personnes âgées et les parcs de stationnement). (Rendez-vous à la page 38 pour de plus amples renseignements à ce sujet.)

L'année qui vient

Cette année, nous continuerons d'établir une nouvelle normalité selon l'évolution de la pandémie. Le conseil d'administration et l'équipe de direction de SPM continueront de faire avancer la réalisation de nos objectifs stratégiques régionaux en collaboration avec le gouvernement provincial et Soins communs Manitoba. Nous maintiendrons nos rigoureuses procédures de planification en matière de santé et exploiterons les occasions de mobilisation communautaire.

Nous sommes toujours aussi déterminés à œuvrer à la concrétisation de notre vision pour la région : « La santé et le bien-être pour tous ». Naturellement, nous ne pourrions progresser en tant que région sanitaire sans l'engagement et l'expertise de notre personnel dévoué. Nous vous remercions pour votre collaboration. Vos efforts contribuent à offrir quotidiennement des services à nos patients, nos résidents et nos bénéficiaires.

Veuillez agréer l'expression de mes salutations distinguées.

Le président-directeur général de Santé Prairie Mountain,

A handwritten signature in blue ink, appearing to read 'B. Schoonbaert', written over a horizontal line.

Brian Schoonbaert

BOARD GOVERNANCE

Prairie Mountain Health (PMH) operates under the direction of a Board of Directors, appointed by the Minister of Health. 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.

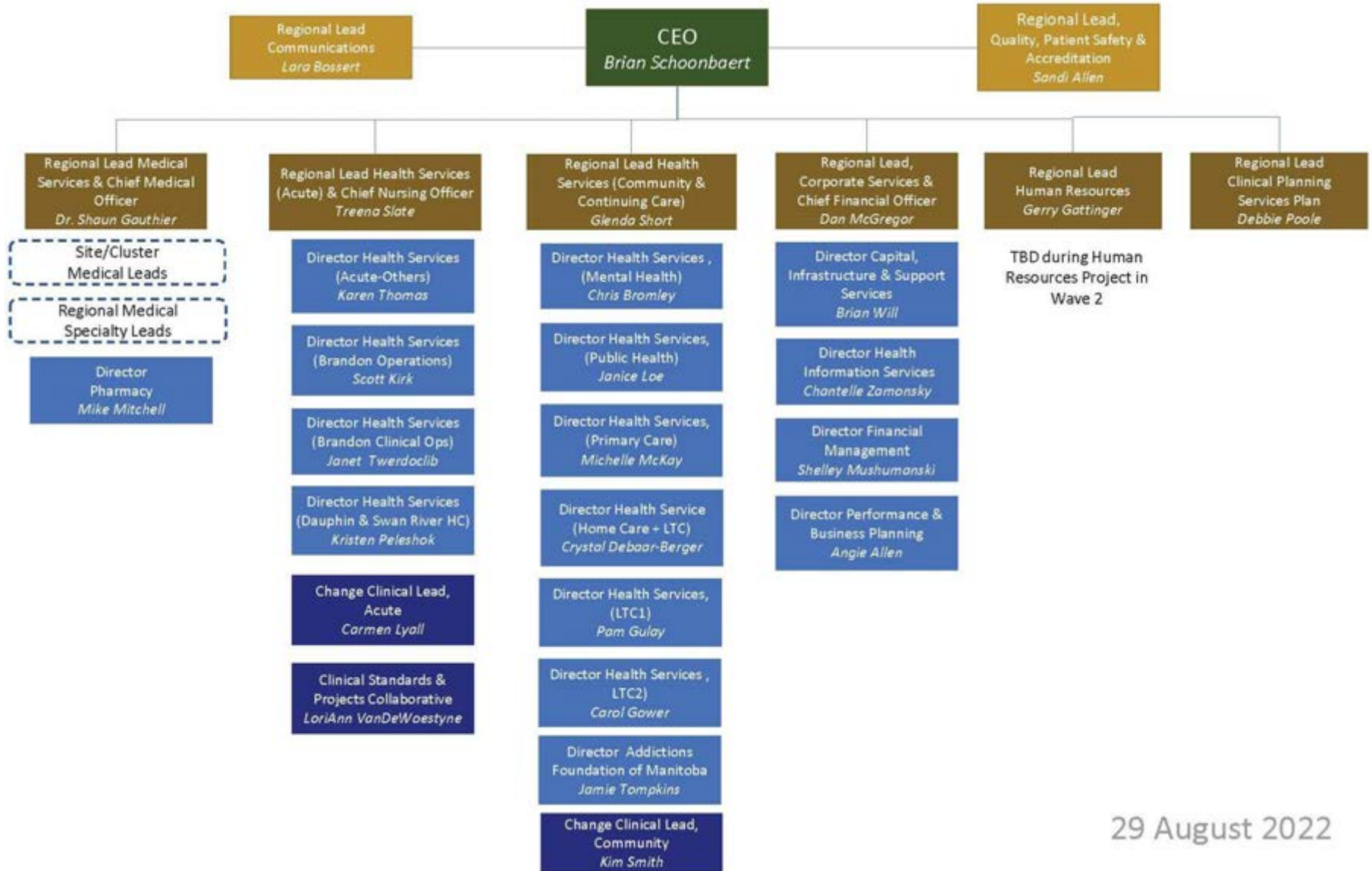
The PMH Board of Directors conducts 10 meetings per year, which due to the COVID-19 pandemic in 2021-2022, were held by virtual means.

The Board is responsible for establishing the regional strategic priorities, contained within the Strategic Plan. Associated indicators, performance measures and major initiatives are monitored and revised annually by the Board. Normally, strategic priorities are constant over a five-year period; however, due to the COVID-19 pandemic and Health System Transformation, the PMH Strategic Plan priority period was extended by a year ending in 2022.

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 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: Due to the COVID-19 pandemic, many community and individual site visits were postponed in 2021-2022. Where necessary, meetings that could be held virtually were scheduled as required.

ORGANIZATIONAL CHART



29 August 2022

Organizational Structure 2021-2022

Restructuring continued in 2021-2022 through health system transformation and Service Delivery Organization (SDO) alignment. The most significant changes to note include:

- Brian Schoonbaert assumed the Chief Executive Officer position on June 1, 2021.
- Debbie Poole was appointed to the Regional Lead – Clinical Planning Services Plan effective June 21, 2021.
- Treena Slate assumed the Regional Lead – Health Services Acute and Chief nursing Officer effective June 21, 2021.
- Dan McGregor was appointed to the Regional Lead Corporate Services & Chief Financial Officer on August 16, 2021.
- In April 2022, the Director Addictions Services transferred from the Addictions Foundation of Manitoba (along with AFM staff) to Prairie Mountain Health, reporting to the Regional Lead Health Services – Community and Continuing Care.

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 PLANNING:

The extraordinary circumstances of a pandemic posed many challenges to healthcare delivery over the past years. 2022 marks a transition as we

adjust and define a new normal. We will also transition and plan for a renewed vision, mission, strategies and values to guide our organization into an improved future state in the upcoming years. While planning efforts are underway to create and release a new strategic plan, this report highlights some of the significant contributions towards meeting our current goals of:

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



PMH COMMUNICATIONS

The region continued to improve internal and external communication processes in 2021-2022, these include:

Health Plus—a 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.

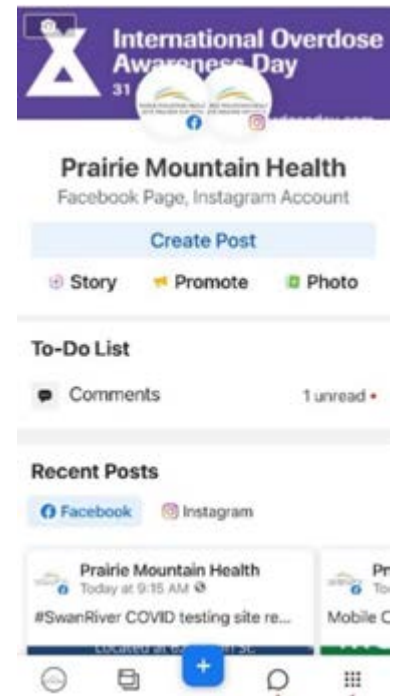
PMH Website—provides easy access to current news, events, public alerts, information about programs and services, as well as career opportunities.

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.



PMH Digital Signage



PMH Social Media



8.4K

FOLLOWERS



1304

FOLLOWERS



1991

FOLLOWERS



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.

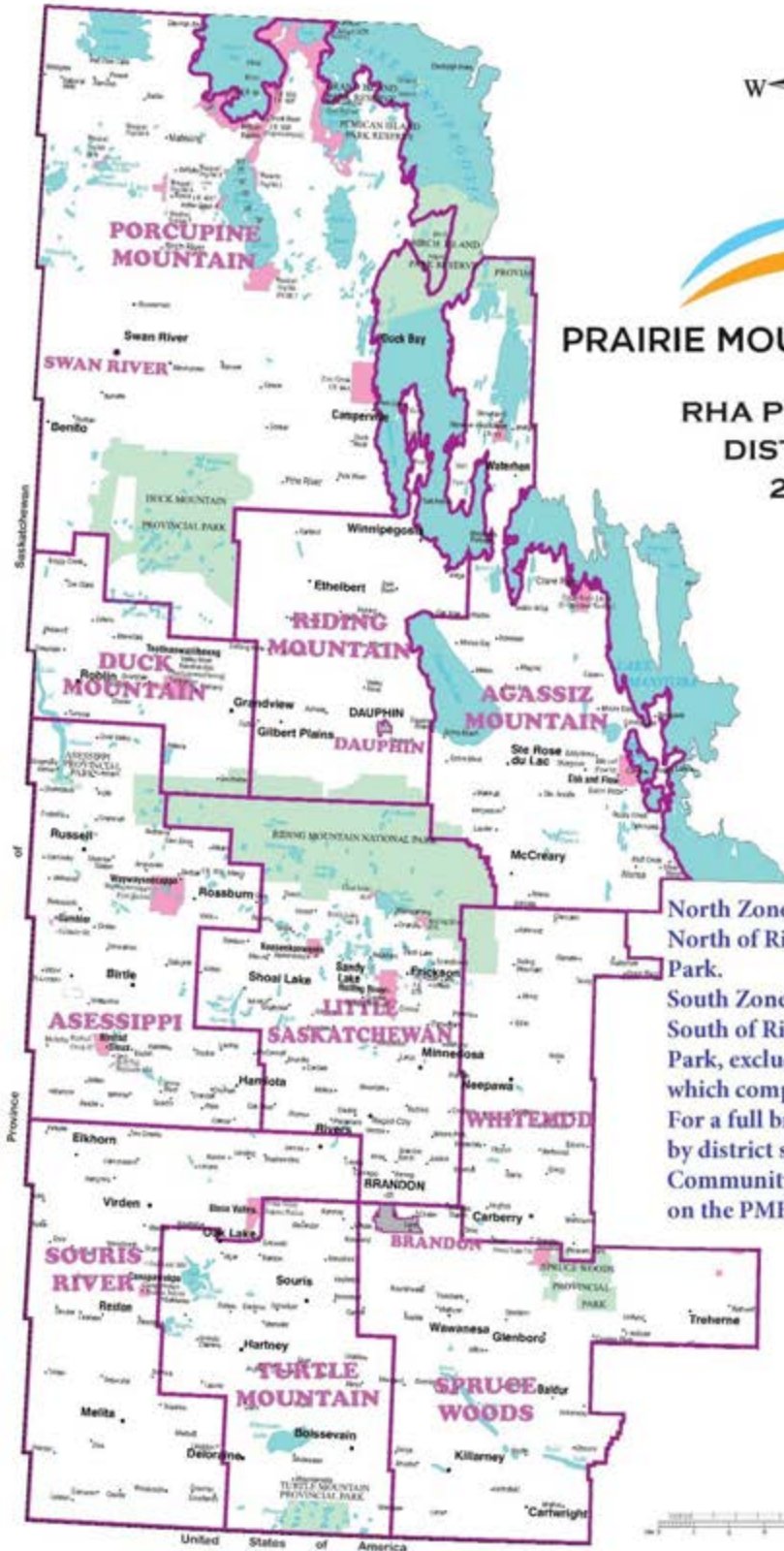
The Dakota First Nation communities of Birdtail Sioux, Sioux Valley and Canupawakpa are not a part of the numbered treaties. However, they are recognized as having occupation of territories within Manitoba and have secured alliances and arrangements with the Crown.

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 in Shilo.

As of September 2022, Prairie Mountain Health had approximately 7,500 employees (not including affiliates and contract physicians).



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.

REPRMAP
 1st Floor, 1000-10th Ave. S. Regina, SK S4R 0V8
 Email: reprov@reprov.com
 Website: www.reprov.com

Capacity Building

Establish a sustainable workforce that meets future needs of PMH

Create a positive and safe work environment

Recruitment Initiatives

While Recruitment initiatives continue to be a priority, there have been challenges with finding new and innovative ways to connect and share health care opportunities that are open within PMH. The Recruitment Team saw an increase of a full-time permanent role to the department, which allowed for extra support to Managers.

Focusing on student engagement allowed various disciplines the opportunity to complete clinical experiences throughout facilities in the Region. Accommodating students in practical experiences continued to play a key role in future recruitment. Virtual presentations were made to various health related classrooms to discuss employment opportunities upon graduation.

Advertising played an important role in ensuring vacancies were published throughout various mediums given that in-person events were limited. Social media platforms, university and college websites, local newspaper publications, career posters and other job placement websites were utilized to reach out in order to increase the workforce.

Micro-credential Health Care Support Worker training was provided to candidates that were interested in working as untrained Health Care Aides. The 7-day training developed the basic knowledge and skills students needed to work as untrained Health Care Aide. The January 2022 cohort saw 24 students participate.

The 2021 Home for the Summer Program saw a total of 15 students throughout Mental Health, Health Information Services, Therapy Services, Recruitment, COVID-19, and Health Promotion pursue a summer career. These opportunities allow post-secondary students to work in meaningful summer employment while fulfilling project driven work identified by the Region.

Career opportunities can also be viewed on posters in facilities throughout the Region and on the PMH website (www.pmh-mb.ca/careers).

Licensing Support for Internationally Educated Nurses

Additionally, a new initiative was made available to provide financial and process support for internationally educated nurses (IENs) looking to become licensed in Manitoba. The initiative provides up to \$23,000 per approved IEN to help cover a variety of costs that come with obtaining licensure in the province. This includes funding for clinical competence assessments and bridge training, as well as other related expenses such as living allowance, transportation and child care. All applicants require an evaluation to ensure they meet criteria before being approved for the funding.

Access to Primary Care: Nurse Practitioners

Enhancing access to primary care within PMH is a goal that is always top of mind in ongoing health planning. One way the health region has successfully moved forward with enhancing services involves building up a strong Nurse Practitioner complement. Nurse Practitioners continue to make valuable contributions meeting the primary care needs of our residents.



Nurse Practitioners in Melita (l-r) Stacy Downey and Ashley Mitchell.

Nurse Practitioners (NPs) are Registered Nurses who have taken additional education and training at the Masters level. They have undergone a minimum of six years of formal education and have a wealth of experience to draw from. NPs provide a holistic approach to care and take time to become familiar with their clients' needs and health care goals. Much of what is offered falls under the 'health equity' lens, whether it be within some physician clinics in more rural, remote areas, or with services provided on the mobile clinic (primary care bus) that travel to some Indigenous communities.

As of March 31, 2022, 21 dedicated Nurse Practitioners were working across the region which included three new NPs being recruited toward the latter part of 2021-2022.

"Often, we are meeting clients in areas where they are at, or close to where they are at and it affords some additional time to look at a whole host of things. That can range from treatment options, family circumstances, reviewing best coverage/cost effective possibilities that exist for prescriptions and what other aspects of an individual's health care journey might be preventing them to improving upon their overall health and wellness", stated Diane Ciprick, PMH Manager of Primary Health Care.

PMH educates the general public about the services NPs can provide. Ciprick stated NPs can assess and order any required diagnostic tests, interpret the test results, and develop a treatment plan including ordering medications or treatments. If their assessment indicates that the client would benefit from additional care, they refer to allied health professionals (e.g. Physiotherapy). Referrals can also be made to specialists like obstetricians or to other service providers (e.g. social services).

NPs pride themselves in providing not only care for existing conditions but also working with clients to promote health through regular screening and education.

Of course, COVID-19 caused some adjustments in the provision of overall care. NPs have remained focused on providing primary care to clients throughout the COVID pandemic in innovative ways such as virtual care via telephone or video-conferencing when necessary. PMH is fortunate to have a wealth of expertise to help address the primary care needs of our population.

(Listing of NP locations and appointment information can be found here <https://www.pmh-mb.ca/nurse-practitioners>)

PMH Partners with ACC in Dietary Aide Program

In partnership with PMH, Assiniboine Community College offered an 18-week Dietary Aide Program that began in July 2021. Students completing the online program, developed with guidance and feedback from PMH Nutritional Services, would receive a Document of Achievement and be well-prepared to work as a Dietary Aide.

Dietary Aides within PMH work closely with Cooks and Registered Dietitians and play a vital role as part of the healthcare team by assisting with all aspects of food service assembly, production, distribution and ware washing. As there are high vacancy rates for dietary positions in PMH, the program benefits interested learners who could make an easier transition into the workforce.

Physician Recruitment Initiatives

Prairie Mountain Health (PMH) continues ongoing efforts to recruit physicians to the region. One of the initiatives the region utilizes as part of its overall recruitment strategy is the provincial Medical Licensure Program for International Medical Graduates (MLPIMG). The International Medical Graduates (IMG) Program assists foreign-trained doctors in obtaining their medical license to be able to practice as a primary care (family) physician in Manitoba.

“Over the past year, the region sponsored five physicians to participate in the IMG Program,” said Brian Schoonbaert, PMH CEO. “After much consideration, doctors that successfully graduated from the program were strategically placed at various sites within PMH communities (or nearby areas) that require additional sufficient physician resources.”

In 2021-2022, these communities included Killarney, Minnedosa, Roblin and Swan River. In return for regional sponsorship, IMG doctors agree to practice in their respective communities for four years. The Program is supported by the University of Manitoba —Max Rady College of Medicine, the College of Physicians and Surgeons of Manitoba and Manitoba Health and Seniors Care.

Medical Students Rural Week

There were 35 first-year medical students from the University of Manitoba’s (U of M) Max Rady College of Medicine (Rady Faculty of Health Sciences) that participated in “Rural Week” within PMH region in 2021/2022. The medical students were assigned to 11 communities which included Brandon, Dauphin, Hamiota, Killarney, Neepawa, Russell, Souris, Ste. Rose, Swan River, Treherne and Virden.

Rural Week— coordinated annually by the Department of Family Medicine, Shared Health (Manitoba HealthCare Providers Network) and rural regional health authorities —provides medical students with an opportunity to gain first-hand experience of how rural and northern Manitoba medical practices function. It also promotes the many benefits of working and living in a rural/northern Manitoba area.

Students participate in a variety of rural physician practices, and in most cases, tagged along with a physician to see how their days unfolded.



Rural Week in Virden: From (l-r) Liam Grenier (Winnipeg), Dr. Hani Daoud and Adam Kinnear (Portage).

As a result of the COVID 19 pandemic, some aspects of the initiative were scaled back, most notably, any local event or activity that would have been held to informally introduce medical students to individual communities. However, the students received some assignments that allowed them to explore communities on their own.

Home for the Summer Program

The Home for the Summer initiative saw 11 first and second-year medical students hired in the region. The students were from PMH communities including Dauphin, Neepawa, Melita/Virden, Minnedosa, Swan River, and Brandon. They worked with various physician preceptors for 5-10 weeks. PMH had virtual meetings with the residents over lunch to discuss opportunities within the region.

Physician Recruitment Specialists/Residents

In 2021-2022, PMH recruited two internal medicine specialists to the Region, one in Neepawa and one in Brandon. Two physicians completed their IMG practice-ready assessment to provide radiology services and one physician from Ontario was recruited into a hospitalist position in Brandon. Two physician assistants and one Clinical Assistant were recruited into positions in Brandon during the year. As well, five graduates from the Residency Programs within the region commenced positions within the Region during the year.

Employee Wellness Committee

The overall goal of the Regional Employee Wellness Committee is: "healthy employees, healthy workplace, healthy community". Throughout 2021-2022, and in the midst of the pandemic, the Employee Wellness Committee remained committed to supporting the mental health of our employees. The Committee continued to ensure staff could access the most current resources to support their mental health wellness throughout a very challenging year. The PMH Employee Wellness Committee organized or promoted a number of events, activities and educational opportunities all focused on the overall health and wellbeing of our hard working and dedicated staff. Some of these included:

- A bike riding challenge and a "try a new fitness activity" promotion encouraged staff to get more active.
- An online "Community Fair" provided staff with an opportunity to submit photos of art, photography, gardening, crafts, Indigenous art, etc. to share their talents-with over 200 submissions!
- Various educational opportunities were hosted or promoted throughout the year including Blue Monday, Smoking Cessation, Difficult Conversations and Respectful Workplace.
- Anti-bullying and the message of being kind to others was promoted on Pink Shirt Day.
- Funding from staff who participated in casual day was offered to departments/sites via an Employee Wellness activity grant application process. Many of the submitted applications focused on providing staff with a fun, stress relieving activity such as a staff BBQ, bowling or a paint night.



Staff and family enjoyed a special PMH day at Asessippi Ski Hill near Russell.



Top: PMH 'rocks' activity. Above, Grow/Wear a moustache for 'Movember'.

Health System Sustainability

Develop regional infrastructure and processes

Critical Incident Stress Management for Pandemic Response

Working in healthcare is often times stressful, let alone when in the midst of a pandemic and being surrounded by those who are sick or dying. The province identified the difficulties experienced by health-care providers and began a peer to peer support training program called Critical Incident Stress Management (CISM) for Pandemic Response. The Peer Support team is comprised of 14 PMH staff who come from all different professional designations, PMH departments and subsequent programs, including Mental Health, Primary Care, Public Health, Nutrition Services, Long Term Care, Oncology, Health Promotion and Home Care. These personnel from both direct service and management offered either virtual or in person sessions to both individuals and sites dealing with COVID-19 outbreaks.

The sessions were informal and encouraged attendees to share their personal stories and experiences. Available resources such as the Employee Assistance Program and stress management techniques were shared. The CISM-Pandemic Response committee members were also supported with opportunities through the sharing of information and opportunities to debrief.

In June of 2021 two members of the peer support team took Post-Traumatic Stress Management training from Nor'West Community Co-op Community Health in Winnipeg and were able to offer coping groups to staff in PMH. This included Compassionate Care Coping Groups which focus on decreasing stress and anxiety and increasing resiliency within teams. These groups were offered starting at the end of June. In total, 101 peer support sessions and 25 Compassionate Care Coping Groups were provided reaching 566 staff.

COVID testing

COVID-19 testing options continued to be made available throughout 2021-2022, however, toward the end of the year preparations were being made to wind down operations at larger designated testing sites in Brandon and Dauphin. PMH COVID testing site locations in Swan River, Camperville and Waterhen closed as of March 20, 2022 as did the Brandon testing site location operated by Dynacare at the Brandon Keystone Centre.

With COVID-19 testing guidelines changing and shifting to more rapid antigen testing, the region continued to adjust messaging to access testing for the general public and staff.

Dialysis Capacity increased at Russell Health Centre

With the support of Manitoba Health and the Manitoba Renal Program (MRP), dialysis services within Russell Health Centre (HC) expanded from 12 treatment spots to 24 to further enhance regional efforts to provide additional dialysis options. By doubling the treatment capacity in Russell, additional patients can be moved to a spot closer to home for this life-sustaining treatment.



***Pictured L-R:** Patsy Chuhai, Felicia Slimmon, Delilah Beischer, Anna Lungal. Photo courtesy of Russell Banner.*

PMH was able to internally increase staffing levels to accommodate increased capacity within the Russell HC. The region expresses thanks and appreciation to the dialysis unit staff for voluntarily increasing their work hours so the expansion could proceed. The expansion will see the dialysis unit increase its days of operation from three to six and provide as many as 72 dialysis treatments every week.

There are four hemodialysis treatment sites within PMH region. They include the Brandon RHC, Dauphin RHC, Russell HC and the Swan Valley Health Centre in Swan River. There are over 200 people receiving hemodialysis service within PMH. All patients start hemodialysis in Winnipeg or Brandon. Patients are then assessed by MRP to receive treatment at a local renal health centre (rural dialysis unit) in or near their community.

IMPROVED HEALTH STATUS & REDUCING HEALTH DISPARITIES

Partner to address social determinants of health and inequities

PMH Mobile Clinic

Operations on the Mobile Clinic continued through the COVID-19 pandemic with a shift to some appointments being virtual. Staffed daily by a nurse practitioner and registered nurse and a driver, the PMH Mobile Clinic provides on the spot primary care for people living in or near Birdtail Sioux Nation, Ebb and Flow First Nation, Keeseekoowenin Ojibway Nation and O-Chi-Chak-Ko-Sipi First Nation. The 'clinic on wheels' provides the full range of primary care services, such as physical exams, diagnostic tests, immunizations, referrals, and family care.



In addition to regular primary health care appointments, the Mobile Clinic was engaged in COVID efforts providing vaccine, doing testing, redeploying staff, as well as physically attending pop-up vaccine locations in campsites and mall parking lots for visibility.

The Mobile Clinic team managed to successfully complete a Client Experience Survey this year despite the challenges. A review of the 'top 3 priorities' was completed; the team is committed to: ensuring they introduce themselves to clients where appropriate before providing care; ensuring clients have a full understanding of the conversations that were had; and including family/support systems in client care if they desire; these priorities will continue to strengthen service delivery.

The 2021-2022 winter season created challenging road conditions that caused an increase in cancellations. Our partners in the First Nation communities we serve were very accommodating and understanding, and wherever possible, provisions were made to provide services virtually if the Mobile Clinic was not physically present in the community. The communities worked hard with these short notice cancellations to make sure their members were aware of any changes.

Overall, the Mobile Clinic (MC) visited the four communities it serves 151 times this year with a total of 2,489 client encounters. Despite an increase of cancellations and a decline in the number of clients seen in the MC

communities, we are seeing an increase in the acuity of appointments. Many individuals would not have accessed health services for serious ailments without the mobile clinic being in the community. This speaks to the trust that has been established by Mobile Clinic staff with their clients and the compassionate care they provide. Comments shared in the recent Client Experience Survey include: “Really enjoyed being seen at the mobile clinic. They took time to explain things and made sure I understood.” “Love the staff and the convenience of the Mobile Clinic. So beneficial! Excellent Service!”

Community Partnerships



PMH values our collaborative partnerships in service delivery and community engagement. There have been several exciting new opportunities connect and engage our partners over this past year.

The Region is a key partner in the development and implementation of the Integrated Youth Service – Huddle Brandon. Led locally by Westman Youth for Christ, Brandon Friendship

Centre and the Career and Employment Youth Services (CEYS), Huddle Brandon is a place for youth aged 12 – 29 to access a full range of services including Mental Health and Addictions Services. PMH has committed the co-location of staff and clinical advisory support from Mental Health Services, Addictions Services, and Primary Care. Currently, PMH has a Nurse Practitioner, Community Mental Health Worker and Community Addictions Worker (AFM at the time of Agreement) providing services. This transformational service delivery model for youth focuses on meeting youth where they are at and providing low barrier/easy access to needed services.

Through the Rapid Access to Addiction Medicine (RAAM) Service, PMH works collaboratively with Community Health and Housing Association (CHHA) to deliver community withdrawal managements services – working to improve the care pathways between service delivery agencies for addictions medicine. CHHA was able to add Supportive Recovery Housing to their services through a connection with Shared Health over this past year of which PMH is a panel member for operations.

PMH departments of Public Health, Primary Care and Mental Health worked closely with community partners to support individuals experiencing homelessness in our community to safety isolate when having symptoms or exposure to COVID-19. Wrap around services were organized between agencies to support these individuals. These services include meals, access to care and 24/7 on call services.

Meet off Main Swan River

Meet off Main was founded in Swan River in August 2021 in partnership with Swan Valley Inter-Agency, Community Mobilization, Red Road Compass and PMH My Health Team members.

The program's intent has been to offer a safe welcoming familiar space for those experiencing addiction and poverty, not only to have some of their most basic needs met, but also increase their knowledge and relationships with essential service providers.



Regular interactions occur between those who access the space and providers such as addictions support, community social worker support, community mobilization, as well as public and community health nursing outreach.

Community support through volunteers who assist with kitchen duties, as well as meal donations, are integral to the success of the program. Support is offered by other programs, businesses and the Faith communities. Those who use the space regularly express gratitude and appreciation for having a space in the community as well as thoughtfully prepared meals and donations just for them.

As of March 31, 2022, the site had been accessed by over 900 visits by over 89 unique visitors.

Expansion of the program is expected in 2023 with the support of the Reaching Home Grant by Brandon Neighborhood Renewal.

Indigenous Patient Advocacy Initiative

In 2021-2022, PMH continued to strengthen the Indigenous Patient Advocate initiative. The initiative supports Indigenous patients that seek or who are accessing care at the Brandon Regional Health Centre or other Health Centres in PMH. The region includes 14 First Nation communities and two Metis Federations based in Dauphin and Brandon. During the last year, there was one position designated to the initiative in PMH. Another position is being posted for the Virden, Russell and Hamiota area in 2022-2023.

Leah Phillips is proud to be the very first to hold the position of Indigenous Patient Advocate within PMH. She says she takes her role as being a support to families very seriously.

“Being supportive to families is just being there for them and listening to them. Not being rushed or have the families perceive that you are not genuine. When I am with patients and families it is about what they want, not about anything else. I tell families and patients when they ask what I do, I just say that I am there for you, if you need anything just get in touch with me Phillips stated.

An Indigenous Patient Advocate also assists in family meetings, discharge planning, travelling to First Nation communities for ‘Service to Service’ meetings, accessing services and further facilitation of Spiritual and Cultural care.

Traditions, culture and respect are very much at the forefront of the advocacy role. PMH remains committed to educating staff on Indigenous ways and any related staff training that is needed on an ongoing basis. With the patient advocacy role, keeping Indigenous partner dialogue open is very important as well as being dedicated to building and maintaining relationships.

Phillips indicated that end of life care is very prominent in this advocacy role and there are some key principles to keep in mind when conversations can be very difficult given the circumstances.

“End of life is the final stage, when a person is transitioning to go to the spirit world, so family is very important. When COVID restrictions were in the red zone, families were not able to be with their loved ones at the time. You had to look at other ways such as Facetime, Zoom, and other technology. We looked at all options and tried to take care of family members so that nursing staff would be able to continue focus on providing the best possible care.”

Phillips says the times her work comes full circle make her realize all the efforts are worthwhile.

“I still get phone calls from previous patients and their families to let me know how they are doing. It is a good feeling knowing that you have helped someone when they were either not able to, or they needed a helping hand.”



Indigenous patient advocate Leah Phillips meets with BRHC leadership monthly to discuss concerns and find solutions in order to provide continuity of care with patients and their families.

Health System Innovation

Develop a culture of quality improvement

Plan based on experience, evidence and best practice

Accreditation

In 2021-2022, PMH received its national accreditation designation—the second since the health region was formed in 2012—following assessment activities and surveys that were scheduled in two parts last year due to the COVID-19 pandemic. Accreditation Canada affirmed the health region met 93.1% of the overall Qmentum quality improvement program criteria measures and is now accredited until 2024. Further evidence of quality improvement efforts will be submitted in 2022-2023.



Some highlights noted within the final report included:

- The survey team evaluated PMH programs and services against 21 standards sets across 42 locations in multiple programs.
- The review involved eight surveyors virtually and eight who visited PMH on site from across Canada. During these visits Accreditation Canada surveyors interacted with numerous staff, physicians, clients, Board members, public stakeholders and families and observed processes.
- Surveyors provided positive feedback on Health System Transformation, facility led-developments, Indigenous Health initiatives and a strong ethics framework, to name a few.
- Aspects that were noted to have impacted PMH operations included COVID and Human Resource challenges and health transformation.
- Community partners offered insight on PMH strengths and opportunities for improvement.

An information section on the PMH staff intranet site houses all key documents and provides opportunity for staff to see the latest news and updates regarding the Accreditation journey. This includes final detailed reports on required organizational practices as well as the complete accreditation report.

In compliance with provincial regulations, complete accreditation results are posted on the PMH website under the “about us” (Regional Reports) section or you can view the full report [here](#)



PRAIRIE MOUNTAIN HEALTH

Feature: Telehealth

In the spring of 2002, a state-of-the-art camera system that enables consultation and connection with specialists in Winnipeg, was first introduced to our health care leaders and local physicians. This technology would reduce the need for patients to travel, or be transported for care, and enhance access to specialized services. In March 2002, MBTelehealth became operational in Brandon, Killarney, Russell, Dauphin and Swan River. These sites were initially equipped to conduct X-ray consults with Winnipeg specialists.

Twenty years later – there are 204 MBTelehealth sites across the province now part of the integrated system, including 29 communities within Prairie Mountain Health, 67 First Nations and Inuit communities across the province, and Winnipeg’s Frontier School Division. The capabilities of MBTelehealth have expanded to allow for more virtual consult opportunities in other specialized areas, such as mental health, stroke, neurology and rehabilitation services. Since its establishment in the Parkland communities, Dauphin and Swan River have been consistent top users of MBTelehealth, saving patients thousands of kilometres of unnecessary travel for care.



General Surgeons Dr. Milos Vuksanovic and Dr. Mark Forsyth at Dauphin Regional Health Centre

Dr. Mark Forsyth, a general surgeon at Dauphin Regional Health Centre, grew up in western Manitoba and understands the challenges that rural residents face when it comes to accessing specialized care. That’s why he primarily uses MBTelehealth for patient consults.

“Many of our patients aren’t able to drive or have poor vision so travelling, even to Dauphin, from other areas, isn’t physically possible,” said Dr. Forsyth. “We have a large percentage of patients with diabetic foot problems, so they are connected to Winnipeg specialists in Infectious Disease and foot specialists that can see the wounds on their feet without driving a great distance to get them assessed. If they have foot issues, they are likely to have driving issues, so it’s certainly more patient-friendly.”



For colleague Dr. Milos Vuksanovic, a general surgeon working in Prairie Mountain Health for over 10 years, he believes MBTelehealth provides the right platform for appointments not requiring physical examination.

“For endoscopy patients, they don’t need to drive all the way here for a quick 15-minute appointment,” said Vuksanovic. “That’s why MBTelehealth is invaluable. It saves patients time, travel and expenses.”

While the use of digital tools accelerated in response to the COVID-19 pandemic, patients have been experiencing the benefits of MBTelehealth for the past two decades. James Price, a client who has used the service for virtual visits with a Winnipeg internal medicine physician, sees the benefits – especially as gas prices continue to increase.

“It certainly beats the lengthy commute to Winnipeg during unpredictable weather and road conditions, not to mention the gas savings and extended time away from my work and everyday life for an in-person medical appointment. It’s just efficient and effective!” stated James Price.

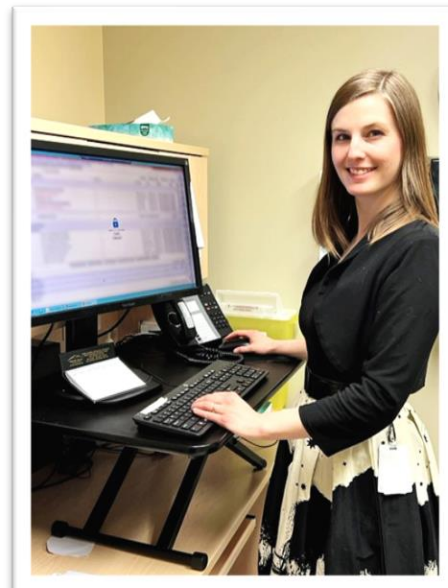
Neurosurgery is another area that has greatly benefitted by the ability to connect local physicians or patients to Winnipeg specialists via MBTelehealth.

Dr. Joseph Silvaggio is a Neurosurgery specialist who has been practicing in Manitoba for the past 19 years. He says within his practice, MBTelehealth helps facilitate first-time consultations and some follow-up visits with patients who live in rural and northern parts of the province.

"MBTelehealth has facilitated specialized and subspecialty Neurosurgical care for the last 20 years. Without this important service, leading-edge care would be much more challenging to deliver and, frankly, unavailable in certain situations. In essence, MBTelehealth has made it so a patient in Churchill has the same access to Neurosurgical consultation as a patient in Winnipeg," Silvaggio said.

Ensuring better access to care for northern and Indigenous communities has been an important priority when expanding MBTelehealth services across the province.

Dr. Leah Koetting, a Swan River physician who has been practicing since 2016, is able to connect patients in the Swan River Valley area, including several Indigenous and northern communities and two First Nation communities in Camperville and Sapotaweyak with enhanced care opportunities.



"Some communities we serve are relatively isolated and when individuals have complex conditions that require timely access to care,

MBTelehealth is another tool in the toolbox that we can use to improve health disparities and eliminate barriers for patients and families, regardless of where they live and work," Koetting stated.

Across Manitoba, there were 17,491 MBTelehealth sessions in 2021/22, of these 17,113 were clinical virtual appointments. Over the past five years, more than 134,500 MBTelehealth sessions have been held, saving an estimated 85.5 million kilometres of travel and amounting to roughly \$36 million savings in travel.

A number of digital health tools have been implemented as part of our health system response to the COVID-19 pandemic. Digital health is – and will continue to be – a key component of Manitoba’s commitment to improving health services for all the populations we serve.

Client Satisfaction

Hearing the Voice of the Customer is important to PMH and helps ensure we are Client-Centered and incorporating the patient/family voice and making improvements in the delivery of care and service.

PMH surveys almost all Programs and services at least every two years. MB Health operates a Client Experience survey in acute care on an on-going bases, and we use the results to create site level reports to help inform activities to improve the patient experience. PMH strives for a 75% “excellence” rating and many programs achieve that level. Results from surveys are used on team/department level actions plans and are shared with Accreditation Quality and Required Organizational Practice (ROP) Teams.

A public report is created from the Broad categories of the PMH Declaration of Patient Values and its posted on the public website. See link [PMHQuarterly_CEQ_Report_03-01-2022.pdf \(prairiemountainhealth.ca\)](https://www.prairiemountainhealth.ca/PMHQuarterly_CEQ_Report_03-01-2022.pdf)

IMPROVED ACCESS TO CARE

Facilitate client-centered flow through the entire health care system

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

COVID-19 Vaccine sites in PMH

In 2021-2022, PMH continued efforts to support access to COVID-19 vaccines to those who met eligibility requirements. When 5-11-year-olds became eligible to receive the vaccine towards the end of November 2021, PMH attempted to make our two fixed sites (Dauphin and Brandon) more welcoming for young ones. There were therapy dogs that came to the clinics, different mascots in attendance, and a message support wall created where heartfelt messages from youth were posted.



The Region continued to find many ways, creative in several cases, to bring vaccine opportunities to residents throughout the region. Staff provided immunizations at Farmer’s Markets, Flea Markets, car shows, shopping mall parking lots, the Community Connections Van and even beaches and campgrounds.



In conjunction with the Brandon Friendship Centre, the Urban Indigenous Clinic was very supportive providing meals to those who came to a clinic as well as organizing games for children to make them feel more comfortable.

The fixed vaccine super-sites in Brandon and Dauphin were winding down toward the end of March 2022. The Region continued to plan ahead for more pop-up vaccine clinics to help continue vaccination efforts going forward.



Peer Connections Support Program within PMH

In June of 2019, five Peer Support Workers began new roles offering Peer Support in Dauphin, primarily through the Dauphin Regional Health Centre's Emergency Department and the Parkland Mental Health Centre. Peer Support Workers, trained and certified, use their 'lived experience' with the challenges and obstacles of managing mental health issues to connect with and support those seeking service with their own challenges. The focus is on shared experience, and support through compassion, empathy, and creating a safe and welcoming space for those feeling isolated and diminished. The program offers support to the family members and other natural supports of people seeking support as well.

In the summer of 2021, the pilot project expanded to include service to all areas of the DRHC, and a wider connection to the Dauphin community. The success of the pilot, measured by the 262 unique individuals who accessed services and 1082 connections in 2021 alone, has resulted in continuation of the program with plans to further expand within PMH in 2022.



PRAIRIE MOUNTAIN HEALTH

FEATURE: Renal Nursing Training

More than 9,000 Manitobans, in communities located across our vast province, rely upon the care and support of the hundreds of highly skilled nurses who work within the Manitoba Renal Program.

Lindy Koutecky is a Licensed Practical Nurse working in Swan River. A new mom, Koutecky was attracted to the opportunity that the Manitoba Nephrology Nursing Course (MNNC) offers to expand her specialized skills and provide a much-needed service in her home community without having to leave her home and family to participate in the required training. The MNNC, which is offered remotely, allowed her to complete the training program through a combination of online training and hands-on clinical practice in the Swan River dialysis unit, where she would work upon completion.

“Being able to complete the first part of the course virtually allowed me to expand my skills and knowledge without having to leave my young family for weeks, a requirement that would have made me much less likely to pursue this opportunity,” said Koutecky. “As an added bonus, the hands-on clinical practice was in the dialysis unit in Swan River, which allowed me to develop my skills close to home and to begin developing relationships with experienced staff already working in the unit.”

The combined nine-week MNNC program (an initial six weeks being a combination of virtual theory presentations and hands-on clinical practice in the hemodialysis unit followed by three weeks of preceptorship with an experienced hemodialysis nurse) is designed to allow for successful nurses to transition into the role of independent clinical practice as a new hemodialysis nurse.

“It was great to be able to practice my skills on the dialysis unit where I would be working and to begin to build good relationships with our patients and their families, who we see regularly.”



Swan River LPNs Lindy Koutecky (l) and Angie Marzolf (r).

For Koutecky, it also allowed for her to train and learn alongside nurse mentors who would soon be her colleagues, including Angie Marzolf, an LPN in Swan River and clinical lead for the course. In this role, Marzolf has helped train two nurses in Swan River for work in the dialysis unit, work that Marzolf herself thoroughly enjoys.

“I get to know my patients very well on a personal level and relate to their history,” said Marzolf. “These relationships are helpful when you’re trying to educate them or to connect with them. I like being on a specialized unit because you can do your job well.”

Marzolf remains a strong advocate for nurses who may wish to expand their skills to consider renal nursing. The success of the Manitoba Nephrology Nursing Course is playing out in rural and remote communities across Manitoba as nurses looking to expand their skills train and learn alongside experienced renal nurses. It’s a story of mentorship and opportunity but also one that supports access to specialized patient care closer to home for many Manitobans with chronic kidney disease.

Dauphin Regional Health Centre LPN Edilyn Ann Campos was mentored through the MNCC by a fellow program graduate from Selkirk.

“By doing the clinical part of the course remotely in the local centre it gave me the advantage to become familiar faster with the hemodialysis routine and patients,” said Campos. “I believe earlier integration with the facility and staff promotes a healthy working environment and most importantly helps me gain a patient's trust.”

Since the MNNC training began to be offered remotely in August 2020, 12 nurses from communities across Manitoba have completed the training and are working to support patient care in Dauphin, Swan River, Ashern, Pine Falls and at Boundary Trails Health Centre.

IMPROVED SERVICE DELIVERY

Improve client safety throughout the Region

Develop client-centered optimal models of service delivery



PRAIRIE MOUNTAIN HEALTH

Feature: Swan Valley My Health Team

Did you know that Prairie Mountain Health has two My Health Teams (MyHT) in the region, and one of them serves patients and clients in the Swan River Valley?

The Swan Valley MyHT commenced in 2017, following the footsteps of the region's other successful multi-disciplinary team in Brandon, which was established in 2015.

Each My Health Team (MyHT) is uniquely developed to meet the community's needs and is constantly evolving as needs are identified in the community. Each team is governed by a Steering Committee that is comprised of MyHT leaders and providers, including physicians, who meet regularly to consider the needs of the community and determine which providers are best suited to meet those needs. The goals of the My Health Team are:

- improve access and timeliness of primary care services;
- provide more seamless transitions of care between providers;
- enhance collaboration, information and resource sharing between providers and community organizations; and
- encourage the use of appropriate allied health services.

In short, the MyHT goal is to get patients to the right provider at the right time, the first time. The team initially included a Primary Care Outreach Nurse, Mental Health Shared Care Counselor, Primary Health Care Provider Assistant, Community Pharmacist, and an Administrative Assistant. Since then, the team has expanded to include a Community Social Worker, Community Addictions Peer Support Facilitator (CAPSF) and Chronic Disease Management Nurse (LPN). We are excited to welcome a new team member, a Nurse Practitioner, who will be providing direct primary care services in Sapotaweyak three days per week.

This team of professionals are located primarily within the Swan Valley Primary Care Centre (SVPCC) and provide outreach to serve clients in their homes, community settings, and remote locations such as

Sapotaweyak and Wuskwi Siphik First Nations. All providers accept self-referrals from individuals in the community and any other health-care provider.

“Working with the My Health Team has been great as it has increased services provided within the community which strongly benefits the people living here,” said Sevanna Delaronde, Nurse in Charge, Sapotaweyak Cree Nation Health Authority.

“Transportation into Swan River is an ongoing barrier to health care so the My Health Team improves accessibility by providing care right in the community,” Delaronde added.

Other services provided by the MyHT include the Primary Care Outreach Clinic (PCOC), which involves Physicians, our PCOC nurse and CAPSF. This clinic offers Opioid Agonist Therapy, harm reduction education and supplies and coordination of treatments for Hepatitis C, HIV and Sexual Transmitted and Blood Borne Infections to vulnerable populations.

The MyHT is constantly looking for ways to meet the community’s needs and has recently formed partnerships with community organizations such as the Canadian Mental Health Association (CMHA) and Meet off Main. These collaborations assist in making our services more accessible and more approachable to at-risk and marginalized populations.

Rene Dietz-Hart is a Community Addictions Peer Support Facilitator at Swan Valley MyHT. She supports and advocates for clients who may be struggling with navigating the health care system and their own health care.

“I make referrals to other health care providers such as the My Health Team Providers, Community Mental Health Workers, Community Public Health Nurse and Addictions Foundation of Manitoba, to name a few,” Dietz-Hart said.



The Swan Valley My Health Team (l-r) Tammy Rolla, Community Mental Health Worker; Brittany Schroeder, Community Pharmacist; Andrea Keller, Community Health Nurse; Lee-Anne Campbell, Primary Care Outreach Nurse; Charlotte Sauder, Community Social Worker; Rene Dietz-Hart, Community Addictions Peer Support Facilitator.

“I also assist with applications for Withdrawal Support Services or detox centers, addictions treatment centres, Secured Certificate of Indian Status, Rental Applications and arranging transportation. I encourage clients to continue with Primary Care at any stage of their journey, whether they are actively using substances or in a stage of recovery. I support anyone of any age struggling with addictions to have an encouraging support person through all stages of their journey.”

Tammy Rolla is a Mental Health Worker as part of MyHT. Rolla says she provides brief treatment/counselling, including confidential therapeutic support to patients experiencing depression, anxiety, situational crisis or difficulty coping with multiple life stressors.

Another important team component is the Primary Care Pharmacist —a role filled by Brittany Schroeder.

“My professional goal is to provide patient centered care for best medication management. I work not only with the primary care provider, but with the patient to ensure medication management aligns with patients’ goal of care while maximizing cost-effectiveness,” Schroeder stated.

The Swan Valley My Health Team also features a Community Social Worker who provides support to patients to effectively navigate and connect to various programs and services including health and government *i.e.* *Employment Income and Assistance, Canada Pension, Housing, Child and Family Services etc.*

The Community Social Worker also assists with enhancing life skills, problem solving, stress management, grief, abuse, domestic violence, parenting, job search, budgeting, communication and more.

For more information about My Health Teams visit www.gov.mb.ca/health/primarycare/homeclinic/index.html

Respiratory Clinics

PMH continued with its dedicated Respiratory Clinics in Brandon, Dauphin, Swan River, Neepawa and Russell throughout 2021-2022, the only region in the Province to do so. Staffed by a physician and a nurse, and respiratory therapist in some locations, the clinics served patients with respiratory symptoms of less than two weeks such as sore throat, runny nose, earache, cough and congestion, who felt they need to be seen by a physician, but did not require emergency care.

As COVID case counts had begun to decrease, and with immunization eligibility increasing in the latter part of the year, the decision was made to begin to wind down remaining clinics in early April 2022. Following the closures, people were advised they could still seek non-urgent medical attention with their health care providers. Since being established in late 2020, nearly 4,700 patients were seen at the Respiratory Clinics across the region.

CAPITAL/SAFETY & SECURITY INITIATIVES



In November, 2019, Manitoba's Clinical and Preventive Services Plan was released. This five-year plan outlines new approaches to health care that continue to guide improvements to access, quality and patient outcomes for all Manitobans. The recommendations in the plan are based on clinical evidence and leading practice that will evolve our health system to meet the needs of a growing and changing population. They support decisions and guide investments, as we work to build upon existing services and resources to create an integrated and effective provincial health system.

In 2021-2022, PMH was delighted to be included in major cornerstone capital projects announced for the Region. Highlights include:

- **Neepawa Health Centre** – A new hospital with approximately 60 beds will be constructed that will provide a variety of services such as Emergency Care, Surgical Care, Ambulatory Care, Chemotherapy and Hemodialysis.
- **Brandon Regional Health Centre**– A new 16-bed Intensive Care Unit, approximately 30 additional medical beds as well as an expansion to the Neonatal Intensive Care Unit.
- **Westman Cancer Care Centre**- Additional exam space will be constructed and a second linear accelerator added. Space for a 'Centre of Hope' for counselling and recovery patients to have additional supports and resources will also be part of renovations.
- **Dauphin Regional Health Centre**– a new Endoscopy and Chemotherapy space as well as nine additional inpatient beds. The new Endoscopy Suite and Chemotherapy area will be constructed in the former temporary Emergency Department space. For the additional nine beds, seven of these will be on medicine and two on surgery.

PMH has also been working with Shared Health on three additional smaller renovations planned for Emergency Departments (EDs) in Virden, Killarney and Souris. These renovations will remodel the EDs so that they can provide:

- Dedicated space for registration and triage for those attending the Emergency Department. This will provide greater privacy but also better sight lines for the staff to view patients and the waiting area to better meet the expectations of the Brian Sinclair Report.
- Refreshed treatment spaces (e.g.: new paint, flooring, etc.);
- A more defined waiting room area/space to further follow recommendations in the Sinclair Report;
- Improved wayfinding for those arriving at the Emergency Department and for those coming to visit inpatients;



The kitchen at Roblin Health Centre underwent renovations during the summer of 2021.

It's expected that construction will begin in the fall of 2022.

Our staff and physicians have been very engaged in these projects and additional communication with the public was planned for mid-2022.

During the past year, all of the projects were underway with schematic design – meaning that the final decisions on what each project entails would continue during the next fiscal year (2022-2023).



St. Paul's Personal Care Home in Dauphin received new shingles in the Fall of 2021.

In addition, PMH has over 40 Safety and Security projects, of which 50% are improving life safety systems. Life safety systems include fire alarms, sprinkler systems, patient elopement alarms, nurse call systems and infant abduction alarms to name some examples.



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 2021-2022, the work of the FLS Committee continued with a focus on identifying bilingual capacity within PMH, development of FLS policies and Active Offer training for staff.

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, 2022, and the summary consolidated statements of operations, remeasurement gains and losses, changes in net financial assets (net debt) and cash flows for the year then ended, are derived from the audited consolidated financial statements of Prairie Mountain Health (the "Region") for the year ended March 31, 2022.

In our opinion, the accompanying summary consolidated financial statements are a fair summary of the audited consolidated financial statements, in accordance with Canadian generally accepted auditing standards.

Summary Consolidated Financial Statements

The summary consolidated financial statements do not contain all the disclosures required by Canadian generally accepted auditing 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 summary 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, 2022.

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 generally accepted auditing 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 22, 2022

Chartered Professional Accountants



ACCOUNTING > CONSULTING > TAX
1401 PRINCESS AVENUE, BRANDON MB, R7A 7L7
1.800.446.0890 T: 204.727.0661 F: 204.726.1543 MNP.ca

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

	2022	2021
FINANCIAL ASSETS		
Cash and cash equivalents	\$ 51,552	\$ 69,305
Accounts receivable	7,435	6,535
Investments	9,357	9,287
Due from Manitoba Health and Seniors Care	96,812	44,943
Other assets	292	298
	165,448	130,368
LIABILITIES		
Accounts payable and accrued liabilities	\$ 78,506	\$ 45,693
Unearned revenue	26,222	24,449
Employee benefits payable	33,314	32,723
Employee future benefits payable	40,188	41,254
Capital lease	97	177
Long-term debt	137,770	142,537
	316,097	286,833
NET DEBT	\$ (150,649)	\$ (156,465)
OTHER ASSETS		
Inventories held for use	5,487	5,530
Prepaid expenses	1,557	2,547
Capital assets	266,456	276,754
	273,500	284,831
ACCUMULATED SURPLUS	\$ 122,851	\$ 128,366
ACCUMULATED SURPLUS IS COMPRISED OF:		
Accumulated capital and operating surplus (deficit)	117,373	122,661
Restricted	5,312	5,287
Accumulated remeasurement gains (losses)	166	418
	\$ 122,851	\$ 128,366

Approved on behalf of the Board



Director



Director

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)

Prairie Mountain Health

Summary Consolidated Statement of Operations For the year ended March 31 (in thousands of dollars)

	Budget 2022 Total	Actual 2022			Actual 2021 Total
		Operating	Capital	Total	
REVENUE					
Manitoba Health and Seniors Care revenue	\$ 488,146	\$ 558,805	\$ 18,929	\$ 577,734	\$ 503,058
Mental Health and Community Wellness	30,523	30,653	-	30,653	30,523
Separately funded programs	1,836	1,493	-	1,493	1,386
Authorized/residential charges	35,708	35,566	-	35,566	35,465
Non-insured income	1,684	1,769	-	1,769	1,610
Other income	13,003	14,871	1,541	16,412	14,142
Investment income	596	854	-	854	671
	571,496	644,011	20,470	664,481	586,855
EXPENSES					
Acute care services	\$ 225,953	\$ 270,921	\$ -	\$ 270,921	\$ 229,079
Personal care home services	145,733	176,062	-	176,062	151,955
Therapy services	9,681	9,500	-	9,500	9,259
Community based home care services	40,181	40,423	-	40,423	38,011
Community based health services	30,369	36,167	-	36,167	29,950
Community based mental health services	26,102	27,886	-	27,886	25,101
Emergency medical services	-	95	-	95	439
Medical remuneration	47,139	41,590	-	41,590	46,364
Regional undistributed costs	20,090	37,885	-	37,885	30,109
Future employee benefits	3,500	3,309	-	3,309	3,523
Reserve for major repairs and equipment	121	155	-	155	46
Amortization of capital assets	20,572	-	19,827	19,827	20,915
Interest expense	5,143	-	4,935	4,935	5,398
Loss (gain) on disposal of capital assets	-	-	(13)	(13)	(29)
Minor equipment purchases	3,286	-	1,197	1,197	1,195
	577,870	643,993	25,946	669,939	591,315
SURPLUS (DEFICIT)	\$ (6,374)	\$ 18	\$ (5,476)	\$ (5,458)	\$ (4,460)
ANCILLARY OPERATIONS					
Ancillary income	\$ 2,710	\$ 3,053	\$ -	\$ 3,053	\$ 3,151
Ancillary expenses - other	1,837	2,781	-	2,781	2,905
Ancillary expenses - amortization of capital	-	-	329	329	438
ANCILLARY SURPLUS (DEFICIT)	873	272	(329)	(57)	(192)
SURPLUS (DEFICIT) FOR THE YEAR	\$ (5,501)	\$ 290	\$ (5,805)	\$ (5,515)	\$ (4,652)
ACCUMULATED SURPLUS (DEFICIT), BEGINNING OF YEAR		(2,865)	131,231	128,366	133,018
ACCUMULATED SURPLUS (DEFICIT), END OF YEAR		\$ (2,575)	\$ 125,426	\$ 122,851	\$ 128,366

Prairie Mountain Health

Summary Consolidated Statement of Change in Net Assets (Debt)

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

	<i>Budget</i> 2022	<i>Actual</i> 2022	Actual 2021
Surplus (Deficit) for the year	\$ (5,501)	\$ (5,515)	\$ (4,652)
Acquisition of tangible capital assets	-	(9,858)	(8,566)
Amortization of tangible capital assets	20,572	20,156	21,353
Loss (gain) on sale of tangible capital assets	-	(13)	(70)
Proceeds on sale of tangible capital assets	-	13	2,524
Decrease (increase) of inventory	-	43	(373)
Decrease (increase) of prepaid expense	-	990	607
Change in Net Assets (Debt)	\$ 15,071	\$5,816	\$10,823
Net Assets (Debt), beginning of year		\$ (156,465)	\$ (167,288)
Net Assets (Debt), end of year		\$ (150,649)	\$ (156,465)

Summary Consolidated Statement of Remeasurement Gains (Losses)

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

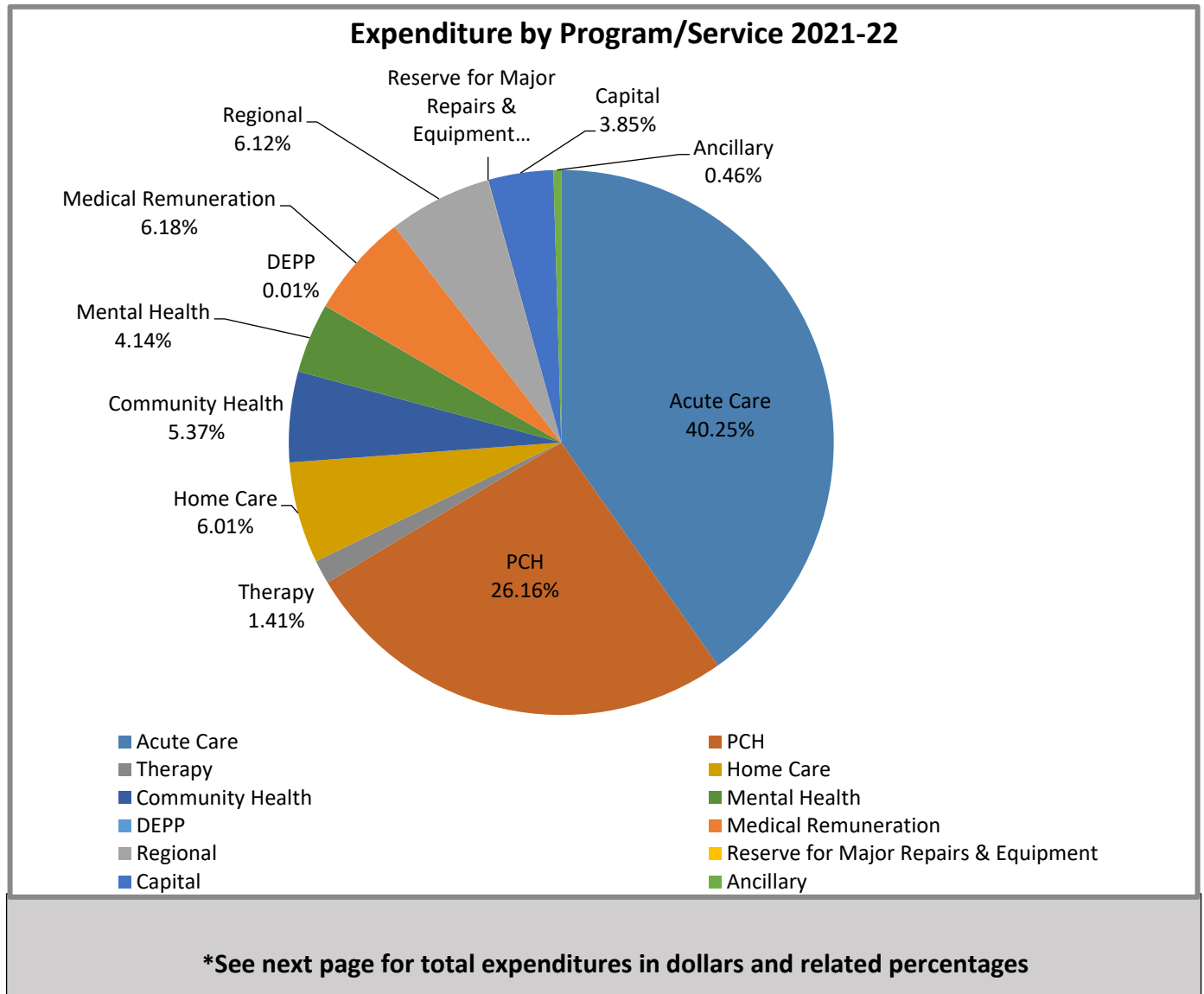
	2022	2021
Accumulated remeasurement gains (losses) at beginning of year	\$ 418	\$ (197)
Unrealized gains (losses) attributable to:		
Portfolio investments	(252)	615
Accumulated remeasurement gains (losses) at end of year	\$ 166	\$ 418

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

	2022	2021
OPERATING TRANSACTIONS		
Excess (shortfall) of revenue over expenses	\$ (5,515)	\$ (4,652)
Adjustments to determine net cash provided by (used in) operating activities		
Loss (gain) on disposal of capital assets	(13)	(70)
Amortization of capital assets	20,156	21,353
Changes in non-cash operating working capital items:		
Accounts receivable	(900)	2,234
Due from Manitoba Health and Seniors Care	(51,869)	(10,254)
Loan receivable		91
Inventories held for use	43	(373)
Prepaid expenses	990	607
Other long term assets	6	-
Accounts payable and accrued liabilities	32,813	11,088
Unearned revenue	1,773	3,420
Employee future benefits	(475)	(546)
	(2,991)	22,898
CAPITAL TRANSACTIONS		
Proceeds on disposal of capital assets	13	2,524
Cash used to acquire capital assets	(9,858)	(8,566)
	(9,845)	(6,042)
INVESTING TRANSACTIONS		
Portfolio investment transactions	(70)	(806)
FINANCING TRANSACTIONS		
Repayment of loans and advances	(4,847)	(10,739)
NET CHANGE IN CASH	(17,753)	5,311
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	69,305	63,994
	\$ 51,552	\$ 69,305
Supplementary Information		
Interest received	\$ 854	\$ 671
Interest paid	4,935	5,398

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

2021-2022 (in thousands of dollars)

Acute Care	270,921	40.25%
Personal care home service	176,062	26.16%
Therapy services	9,500	1.41%
Community-based home care services	40,423	6.01%
Community-based health services	36,167	5.37%
Community-based mental health services	27,886	4.14%
Emergency medical services	95	0.01%
Medical remuneration	41,590	6.18%
Regional undistributed costs	37,885	5.63%
Future employee benefits	3,309	0.49%
Reserve for major repairs & equipment	155	0.02%
Amortization of capital assets	19,827	2.95%
Interest expense	4,935	0.73%
Minor equipment purchases	1,197	0.18%
Loss (gain) on disposal of capital assets	(13)	0.0%
Ancillary expenses	3,110	0.46%
Total Expenses	673,049	100%

ADMINISTRATIVE COSTS 2021-2022

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 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.

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.

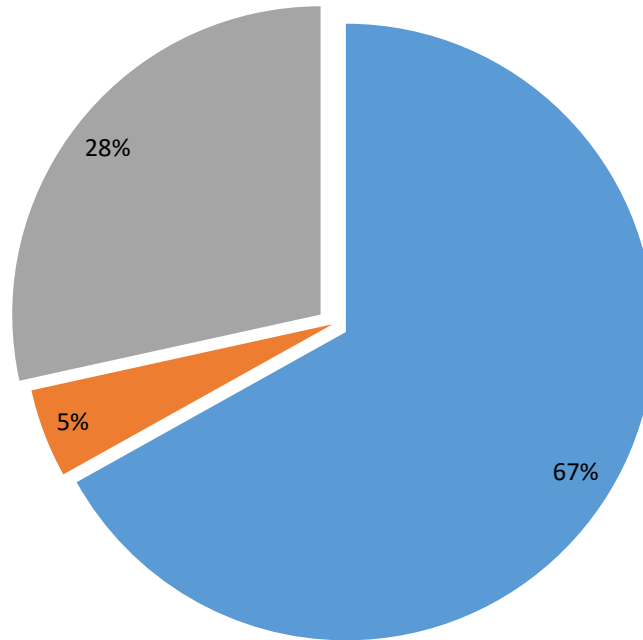
Under the Regional Health Authorities Act of Manitoba, health authorities must ensure their corporate administrative costs do not exceed a set amount as a percentage of total operation costs (2.99% in WRHA; 3.99% in Rural; 4.99% in Northern).

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.

The breakdown for Prairie Mountain Health appears on the next page.

PMH Administrative Costs 2021-22

■ Corporate ■ Patient Care Related ■ Human Resources & Recruitment



For Year to Date Ending:	2022-March		2021-March		2020-March	
Corporate	\$15,369,375	2.32%	\$13,219,303	2.26%	\$13,688,713	2.42%
Patient-care related costs	\$1,069,251	0.16%	\$1,972,879	0.34%	\$1,991,257	0.35%
Recruitment/Human Resources related costs	\$6,534,055	0.99%	\$6,302,747	1.08%	\$6,446,234	1.14%
TOTAL Administrative costs	\$22,972,965	3.47%	\$21,494,928	3.68%	\$22,126,204	3.91%

**Provincial breakdown of administrative costs are on next page.*

Provincial Health System Administrative Costs and Percentages

2021/22

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	2.92%	0.63%	1.93%	5.48%
Northern Regional Health Authority	3.48%	0.93%	1.12%	5.53%
Prairie Mountain Health	2.32%	0.16%	0.99%	3.47%
Southern Health Santé-Sud	2.60%	0.25%	0.84%	3.69%
CancerCare Manitoba	1.70%	0.47%	0.70%	2.87%
Winnipeg Regional Health Authority	2.69%	0.55%	1.14%	4.38%
Shared Health	3.48%	0.44%	0.45%	4.37%
Provincial - Percent	2.88%	0.47%	0.93%	4.28%
Provincial - Totals	\$ 175,559,392	\$ 28,641,532	\$ 56,439,789	\$ 260,640,713

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 Santé-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

Clinical and Preventive Services Plan

Detailed planning to support the implementation of [Manitoba's Clinical and Preventive Services Plan](#) continued over the past year, with several initiatives established to support health system response to COVID-19. This included expanded virtual care options, secure online portals for test results and immunization information, and a provincial approach to increasing surgical and critical care capacity.

Further steps were also taken to progress Manitoba's Provincial Clinical Network in line with guidance from local teams of clinical and operational experts. Detailed work has been underway to build up care locally and to plan how services and resources will be used in smarter, modern ways with well-integrated health care teams and hubs that are staffed and equipped to meet the needs of Manitoba patients.

This means, Manitobans will have access to:

- **Care closer to home:** more access to quality and equitable care at home or in the community, with less need to travel for services.
- **Enhanced virtual care options**, when appropriate and safe to do so.
- **More surgical capacity** at designated sites in the community or closer to home.
- **Clearer pathways for providers and patients** to access specialized care.

As part of these efforts, the Government of Manitoba announced a historic \$812 million capital investment in building, expanding and renovating health-care facilities, including:

- a \$70-million investment to expand and renovate the Brandon Regional Health Centre and Western a Manitoba Cancer Centre, establishing Brandon as Manitoba's intermediate hub for western Manitoba.
- construction of a new \$283-million hospital in Portage la Prairie that offers more inpatient beds, expanded medical and surgical capacity and a modern emergency department.
- a \$32-million expansion of Bethesda Regional Health Centre in Steinbach that will include additional acute care inpatient beds and expanded medical capacity including a new renal dialysis unit.
- a \$64.4-million expansion of Boundary Trails Health Centre in the Morden/Winkler area that adds new acute-care inpatient beds and provides larger, more modern spaces for patient-care programs.
- \$31.6-million to expand surgical services, renovate the emergency department and add up to 30 new inpatient beds at Selkirk Regional Health Centre.
- renovations totaling \$5 million at Dauphin General Hospital that allow for more endoscopies and cancer treatments.
- construction of a \$127-million health centre in Neepawa that will include more acute care inpatient beds, an expanded emergency department and enhanced spaces for a number of programs as well as the addition of dialysis services; and
- a \$10.8 million renovation and expansion of services at Lakeshore General Hospital in Ashern that will include an expanded emergency department with additional treatment space and a planned increase of up to 12 inpatient beds to meet the area's growing local health needs.

These improvements will lay the foundation for the Provincial Clinical Network, building up local service delivery, enhancing and expanding services available outside Winnipeg, modernizing the delivery of care at home and in the community, and ultimately leading to improved access, quality and patient outcomes experienced by Manitobans.

An important component of the planning for these projects is engagement with key partners and stakeholders, as well as communities these new and renovated facilities will serve. Initial opportunities for engagement have focused on early capital planning efforts, including meaningful and collaborative discussions with local Indigenous partners, site health leadership, and key stakeholders. Further details on the projects and additional opportunities for input will occur over the coming year with specific emphasis on connecting with local health-care workers, patients and their families to inform service delivery planning.

Over the coming months, detailed planning to support successful implementation of the Clinical and Preventive Services Plan will continue with an ongoing commitment to information sharing and clear communication.

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, 2022 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 2021/2022 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 Manitoba Health, the Region's Strategic Plan had been extended to cover the period until 2022.*

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. Due to COVID-19, the region's second accreditation survey was rescheduled for the first of two parts in May 2021. More information on PMH accreditation will be provided in next year's Annual Report. Results of recent Accreditation Canada surveys can be found on the region's website.*

CONTACT Prairie Mountain Health

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www.prairiemountainhealth.ca