



## Health and Wellness for All

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# LETTER OF TRANSMITTAL

We have the honour to present the annual report for Prairie Mountain Health (PMH) for the fiscal year ended March 31, 2021. 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, 2021 have been considered in preparing this annual report. This report reviews the actions and initiatives of PMH for the fiscal year April 1, 2020 to March 31, 2021. The Board of Directors has approved this report.

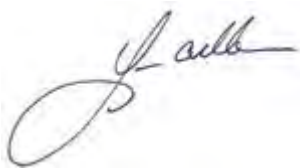
The COVID-19 pandemic continued to dominate the vast majority of our activities, planning, and implementation of services throughout the fiscal year. Through the ongoing challenges of COVID-19, we remained steadfast in our commitment in providing the best care we could and in communicating with our staff 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 thank enough our volunteers, organizations, businesses and other stakeholders who provided additional support wherever 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, Seniors Care and Shared Health will keep the communication lines open with communities, patients 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,  
Acting Chair, Board of Directors



Brian Schoonbaert,  
CEO, Prairie Mountain Health

# CEO MESSAGE

During the past year, and after 20 years of being the Chief Executive Officer within the provincial health regions of Prairie Mountain Health, Assiniboine, and South Westman I made the difficult decision to announce my retirement. I have had the privilege of working in health care in Manitoba for the past 35 years. I started out as a front-line nurse in cancer care (gynecology oncology) and ultimately worked my way into hospital administration and regional leadership.



**PENNY GILSON**

I was part of three health authority amalgamations, all with unique characteristics and circumstances, eventually culminating with the formation of Prairie Mountain Health in 2012. Change is constant and with each reorganization, they were always undertaken with the lens of putting our patients, clients and residents first. Providing better access to coordinated care and care as close to home as possible.

As part of the executive team, we could not be more proud of our staff. In every situation during this past year, staff have risen to the occasion. Working harder, changing work schedules to accommodate, being re-deployed, providing a helping hand without being asked or lending a sympathetic ear are just a few notable examples. While many Manitobans were being told to stay home, our staff showed up to work making sure our health system stayed intact and that our health region residents received the care they required and deserved. Our gratitude is endless.

More change in health care is on the horizon. Improving, simplifying and further coordinating services and programs across health sectors and organizations will continue so as to provide consistent care as close to home as possible. We remain well-positioned to embrace change guided by evidence, best practices and with input from stakeholders and health partners.

In closing, the best part of my journey has been ‘the people’, both those that I cared for and those that I had the honour of working alongside with. I believe there is no group of people more compassionate and dedicated than those who work in health care. I wholeheartedly know that this commitment will never waiver.

Thank you for the opportunity to serve and to be a part of this journey in health care. With much respect, admiration and thanks,

Penny Gilson,  
CEO 2012-2021

# CEO MESSAGE

In May 2021, I had the privilege of being appointed as the new CEO of Prairie Mountain Health. I succeeded Penny Gilson, whom I have worked alongside for several years, especially when we went through the merger of the Assiniboine, Brandon and Parkland health authorities in 2012.

Penny led us through uncharted waters in many instances.

On behalf of Prairie Mountain Health, I extend sincere thanks and appreciation for Penny's long-standing commitment, dedication and strong leadership for our organization. Moving ahead with the vision she helped establish certainly won't be easy, however, our Executive Management Team, having learned a great deal and benefitting from her vast experience, will be proud to carry on what she helped achieve and accomplish on a regional level. We wish her all the best in her retirement.

I am proud to bring with me experience in the provincial health sector over the past few decades. Most recently, from 2012 to 2018, I was the PMH VP of Finance, (CFO), Capital Support Services and Chief Operating Officer of Brandon Regional Health Centre. In 2018, I was seconded to the provincial Transformation Management Office (TMO) working on several projects aligned with the goals and objectives of the initiative.

Over the next year the PMH Board and Executive Team will continue to advance our regional strategic goals in coordination with the province and continue with our strong health planning processes and community engagement opportunities.

Of course, moving forward as a health region is not possible without the commitment and expertise of our dedicated staff. Thank you for your collaborative efforts which help serve our patients, residents and clients each and every day. All the best in the year ahead.

Sincerely,  
Brian Schoonbaert  
PMH CEO



**BRIAN SCHOONBAERT**



# BOARD GOVERNANCE

Prairie Mountain Health (PMH) operates under the direction of a 11-member Board of Directors, appointed by the Minister of Health and Seniors Care. 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 about 10 meetings per year, which due to the COVID-19 pandemic in 2020-2021, 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 now ending in 2022 (as opposed to 2021.)

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

**Stakeholder/Health Partner Consultation:** Due to the COVID-19 pandemic, community and individual site visits were postponed in 2020-2021. Where necessary, any meetings that were required or requested were held by virtual means.

# EXECUTIVE MESSAGE

PMH Executive Management Team is pleased to report on the fiscal year April 1, 2020- March 31, 2021.

The COVID-19 pandemic continued to demand an *'all hands on deck'* approach within our health care system. As the pandemic progressed through various stages throughout the year, it placed an enormous burden on health care staff, physicians, managers and volunteers. We always say that people are our greatest asset and never has that been more true and inspiring as we saw health care providers in all areas step up to face this unprecedented challenge head on. There are not enough ways to say thank you, but we do sincerely thank and appreciate everyone's effort in going above and beyond during trying times.

Although there are so many different aspects regarding the COVID-19 battle we could touch on throughout the year, here are some highlights.

Early on, decisions to plan for anticipated surges within hospitals and a ramp up of testing processes at designated sites were front and centre. Home care policies and procedures were refined, with safety for both home care clients and staff paramount in importance. Human resource planning to divert staff to high priority areas kicked into high gear. Protecting staff and families with processes to follow if one was sick or unwell were streamlined and vastly communicated.

A key priority, and challenge, was securing appropriate personal protective equipment (PPE) for staff. PPE became a familiar refrain throughout not only our own staff, but the general public. Important facial equipment like masks and eye protection, as well as gloves and gowns were top priority processes in limiting risk of transmission within health care settings.



Centralized purchasing and inventory control played a key role in obtaining and distributing everything from PPE to hand sanitizer and cleaning supplies, which were in high demand across the globe. In the face of COVID-19, the PMH Infection Prevention and Control Team handled major challenges and worked at a hectic pace to provide the proper guidance to staff regarding the ever-evolving protocols including PPE, cleaning and disinfection, hand hygiene, and outbreak management for all of our facilities, programs and services. Collaboration with other programs and teams was crucial in keeping our clients and staff safe.

The PMH Occupational Health program supported staff and managers in the ever-evolving world of testing requirements, self-isolation, when/how to return to work from every perspective, including the acute needs of staff and managers who found themselves attached to outbreak situations. Program staff approached their roles with a goal of ensuring the safety of both employees and clients was maintained. Staff screening has dominated the landscape for Occupational Health services with assistance provided through the reassignment of staff into staff screening roles, and in some cases, the return of retired nurses and nurse managers whose services were enlisted for this purpose.



With increased COVID-19 cases mounting, and additional patient volumes expected to add pressure to Emergency Rooms, PMH set up Respiratory Clinics toward the end of 2020. Eventually, five Respiratory Clinics, staffed by a physician, nurse, and in some locations, a respiratory therapist —and supported by clerical assistance—began seeing patients, without a referral, with respiratory symptoms.

Unfortunately, COVID-19 cases spread rapidly in October and November 2020. This hit our most vulnerable populations extremely hard, including residents of our personal care homes. Several serious outbreaks developed, which required unprecedented measures and efforts in order to bring these code red situations under control. This included no-visitation policies and additional staffing supports and re-assignments.

Behind the scenes, but never more important, Public Health faced and met unparalleled challenges. Public health nurses had to prioritize their work daily and delay or postpone other programs and service delivery in order to meet their mandate for communicable disease control-COVID-19 case and contact investigations. They worked collaboratively with other regions and the province to maximize nursing resources and expertise in order to mitigate risk to the public.

Through it all, our health region and provincial health leaders remained in awe of the support we received from individuals, businesses and organizations within our communities. There were too many examples to mention, but donations of supplies and other resources as well as acts of recognition and encouragement courtesy of everything from parades to personalized signs and cards really touched the hearts of all of our staff.



As public health orders were released, visitor restrictions to hospital, personal care homes, and health sites were necessary. Screening at designated entrances to facilities and sites became very important. Finding creative ways to facilitate family contact with hospital patients and personal care home residents was stressful and difficult. Co-visitation (all season) shelters, for personal care homes were constructed and put into use in the latter part of winter that would allow visitation, guided by provincial code red restrictions, in a safe and comfortable environment. Virtual visits and a patient/resident well-wishes program were established to somewhat slightly ease the separation and isolation burden that resulted from visitor restrictions. Enhancements were made by provincial Digital Health to allow even more access to virtual tools for staff including Zoom, Microsoft Teams, and MyMBT video (e-visit). This allowed continued and increased capacity for virtual visits (for clinical events) and collaborative virtual meetings to occur for administrative activities.



As we neared the latter part of the fiscal year, public health was again front and centre involved with an unprecedented vaccine immunization strategy. Getting needles in arms as quickly as possible, became a rallying call, as we looked to finally begin working our way out of the extreme parts of the pandemic. As access to vaccine was scarce early in the year, decisions on priority populations had to be made. Personal Care Home residents were identified as a priority population by the provincial vaccination implementation task force and, in mid-January 2021, PMH began vaccinating long term care residents. By the end of February, all eligible care home residents that consented to receive their vaccine, were immunized with the required two doses of vaccine.

Towards the end of the fiscal year, planning shifted to preparations for vaccinations for other priority populations and vaccine super-sites. There will be more to report on the tremendous efforts involved with those in next year's report.

We remain extraordinarily proud of our staff, physicians and volunteers who stepped up to meet the ever-changing demands brought about by these unprecedented times — the first global pandemic in over a century. Our health care staff never wavered to make sure our clients, patients and residents received care. A sincere thank you to all who continued to rise above and beyond to ensure our sites, facilities, programs and services continued providing high quality care and service.

## Health System Transformation

Over the past year, COVID-19 remained the primary focus of health system leaders, clinical experts and health-care workers in all sectors. However, the Health System Transformation Program continued during 2020/2021, ensuring that initiatives, which were vital to long-term improvement and sustainability of the health system, progressed in a way that allowed ongoing focus and attention to the pandemic response. Shared Health is the provincial organization responsible for leading the planning and coordinating the integration of patient-centred clinical and preventive health services across Manitoba. Throughout the past fiscal year, several PMH managers continued to work alongside the provincial transformation leadership team in the prioritization of projects and future transformational activities. *(More information on transformation can be found on page 43).*

## Recruitment efforts

Due to COVID-19, PMH shifted gears slightly to further embrace participation in virtual career events with Colleges and Universities in order to continue our approach of staying in touch with students. We offered virtual career employment presentations to organizations and advertised through numerous forums, including a strong presence on social media. Despite the pandemic, clinical experiences, a key to student learning, were completed wherever possible. *(For more on recruitment, see page 18).*



## 2020/2021 Financial Position

Prairie Mountain Health's audited financial statements showed a slight operating surplus of \$385 thousand dollars for the 2020/2021 fiscal year. This was a unique year due to the COVID-19 pandemic. Some normal activities were curtailed resulting in reduced costs in certain areas. However, there were many areas in which COVID-19 resulted in expenditures that would not otherwise have been incurred. This included extra PPE 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. Additional funding was received from Manitoba Health to offset incremental COVID-19 costs to the extent that they caused a deficit. The resulting financial position is a minimal surplus, mainly related to Ancillary Operations, which are activities that are not funded by the Province. *(More information on the region's financial position can be found beginning of Page 36.).*

## Capital/Safety and Security initiatives

COVID-19 required thinking outside the box and, in consultation with Manitoba Health, Active Living and Seniors and Shared Health, decisions were made to construct and operationalize co-visitation shelters for provincial personal care homes and care home residents. The all-season shelters were carefully constructed with COVID-19 precautions in mind to allow residents to safely and comfortably participate in social visits with family members and loved ones while adhering to provincial pandemic restrictions. In PMH, there were 29 sites with exterior visitation shelters built and 15 sites that had internal visitation rooms constructed. Each site opened on individual timelines, but visitation generally began inside the shelters in January and February 2021.

During the fiscal year, PMH was hit with various flooding or water issues both inside and outside facilities. From overland flooding in late June 2020, to sprinkler system failures at some sites, our Incident Command system along with the Disaster and Emergency Preparedness Program (DEPP) were called upon to manage these serious and disrupting events. *(More on Page 33).*

## Accreditation

PMH was preparing for its second national accreditation survey in May 2020, however, in light of COVID-19 restrictions, the on-site survey was postponed. The accreditation survey was rescheduled for the spring of 2021. (The region's first-ever regional accreditation survey was held in June 2016).

## Volunteer Appreciation

As efforts to ramp up the health system in response to COVID-19 continued, the anticipated need for volunteers hit new heights. PMH is graced with a volunteer enrollment of approximately 1100 volunteers supporting personal care homes, acute care and community programs across the region! These numbers do not include volunteers participating on Boards, Foundations, Auxiliaries and Meals on Wheels programs; all whom work tirelessly to aid in the delivery of health service across the region. These volunteers have contributed well over 40,000 hours annually to support health care.



**Meals on Wheels volunteers**

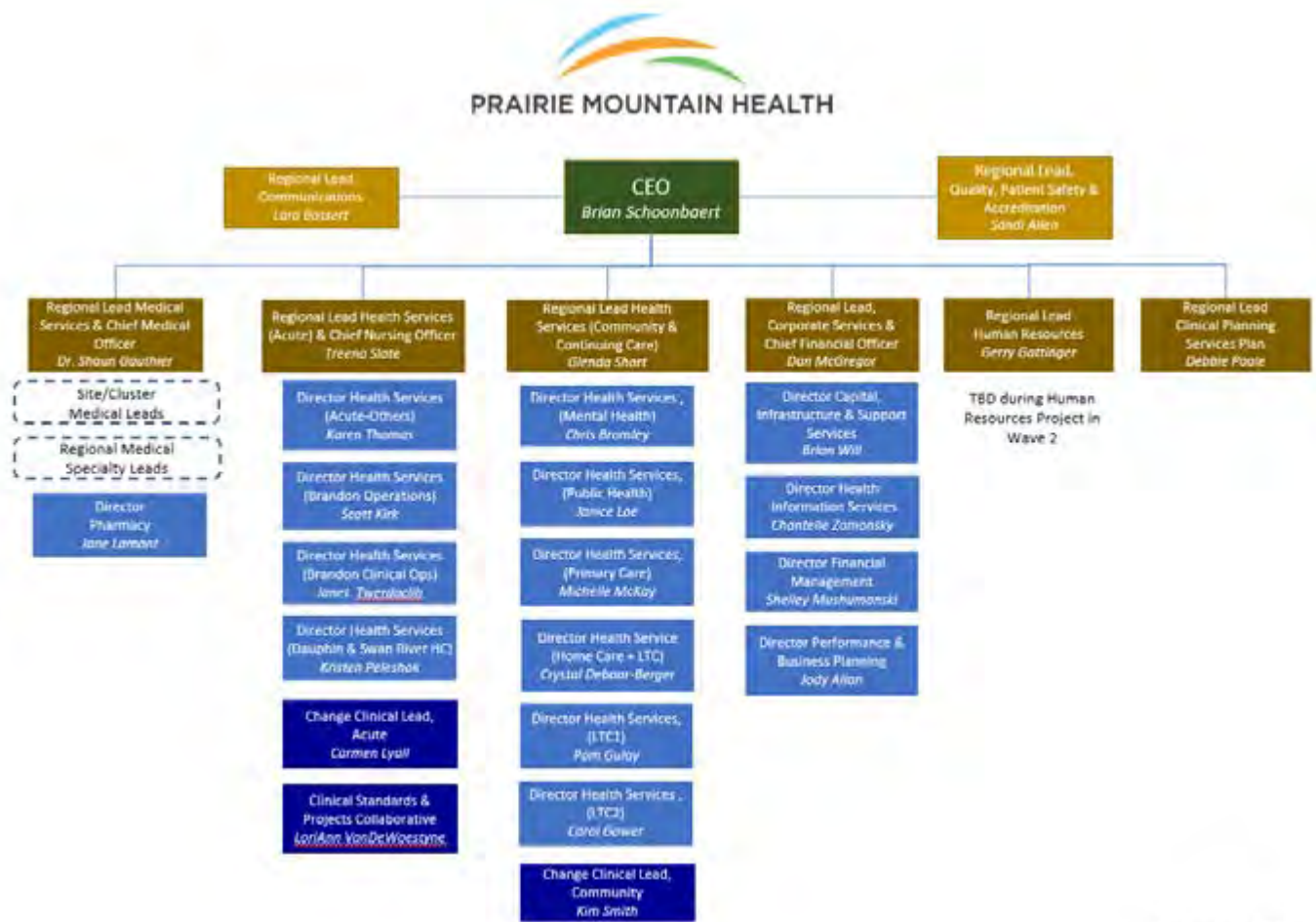
The Provincial Pandemic State of Emergency altered the volunteer program seeing the majority of placements suspended across PMH programs. Measures were activated to support the safe participation of select volunteer involvement. The provincial Help Next Door MB portal was used to post volunteer placement needs. Many citizens stepped up to assist during this time and, where able, supported volunteer placements with wayfinding, screening and stocking/shipping of personal protective equipment. During the pandemic, PMH has seen the support of approx. 20,000 hours in this past year supporting processes in relation to the pandemic response. These hours were served by nearly 150 individuals offering a couple of hours of volunteer service weekly.

## Our Thanks

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



# ORGANIZATIONAL STRUCTURE



September 2021

## Changes to Top Five Levels of Organizational Chart

Restructuring occurred in 2021 through health system transformation and Service Delivery Organization (SDO) alignment. Manitoba’s health organizations participated in a coordinated redesign of administrative and support functions as part of Manitoba’s overall health system transformation. The resulting changes to organizational structure and leadership will ensure a sustainable system that is able to consistently deliver safe, high-quality health care to all Manitobans.

Certain positions, mostly at the senior management level, changed in terms of role, job title, job description, and/or reporting relationships. A consistent approach was applied to ensure similar organizational structures were established across each SDO.



# PRAIRIE MOUNTAIN HEALTH SANTÉ PRAIRIE MOUNTAIN

The most significant change was the division of Acute and Long Term Care, previously the responsibility of the VP Acute & Long Term Care. This position, along with the VP Community were restructured to:

- Regional Lead Health Services (Acute) & Chief Nursing Officer
- Regional Lead Health Service (Community & Continuing Care)

Director positions within the Acute and Long Term Care areas were reorganized in terms of facility responsibility.

- Long Term Care Directors, along with Community Health Directors, now report to the Regional Lead Health Services (Community & Continuing Care). The Home Care Director is now responsible for both Home Care and some Personal Care Homes as Director Health Services (Home Care and Long Term Care).
- Acute Care Directors now report to the Regional Lead Health Services (Acute) & Chief Nursing Officer.

Other Executive level position titles changed:

- The VP Human Resources is now the Regional Lead Human Resources.
- The VP Medical & Diagnostic Services is now Regional Lead Medical Services & Chief Medical Officer
- The Executive Director Communications & Corporate Operations is now the Regional Lead, Communications.
- The Executive Director Primary Care & Support Services is now the Director Health Services (Primary Care).
- A Regional Lead, Corporate Services & Chief Financial Officer position was created, to align with other SDOs.

The Patient Safety, Quality and Planning Portfolio, previously reporting to the Executive Director Communications & Corporate Operations, was divided:

- Patient Safety, Quality, Risk, Accreditation, and Client Relations staff remained with the Quality, Patient Safety and Accreditation Lead (previously Regional Manager Patient Safety, Risk & Client Relations) who now reports to the CEO.
- Director Performance and Business Planning (previously Director Patient Safety, Quality & Planning) and Planning and Innovation staff were moved under the responsibility of the Regional Lead Corporate Services and Chief Financial Officer.

Directors of Capital & Infrastructure, Health Information Services, and the Manager Disaster & Emergency Preparedness, who previously reported to the VP Human Resources, are now under the responsibility of the Regional Lead, Corporate Services & Chief Financial Officer.

- The Directors report to the Regional Lead and the Manager Disaster & Emergency Preparedness reports to the Director Capital, Infrastructure & Support Services.
- Environmental Services and Nutrition Services Regional Managers, previously the responsibility of the Executive Director Primary Care & Support Services, now report to the Director Capital, Infrastructure & Support Services.

# 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 past year has undoubtedly posed challenges in providing and maintaining health care services everywhere. Through it all, the staff of Prairie Mountain Health rose to the occasion by caring for and implementing measures to protect our patients, clients, and residents.

Even though the circumstances were extraordinary, work has continued towards achievement of our goals through the pandemic response. By remaining true to our values of integrity, accountability, equity, respect, responsiveness, and engagement, staff have demonstrated a commitment to serving the public. It has been an incredibly difficult year for health care providers across the spectrum, and their tireless efforts are applauded.

This report highlights some of the significant contributions towards meeting our goals of:

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

The current Strategic Plan was due to expire on May 31, 2021 but given the expectations associated with Health System Transformation and the significance of the Manitoba Clinical and Preventive Services Plan on health system planning for the future, the Board of Directors chose to review and extend the existing Strategic Plan for PMH until June of 2022.



# PMH COMMUNICATIONS

The region continued to improve internal and external communication processes in 2020/2021. 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.

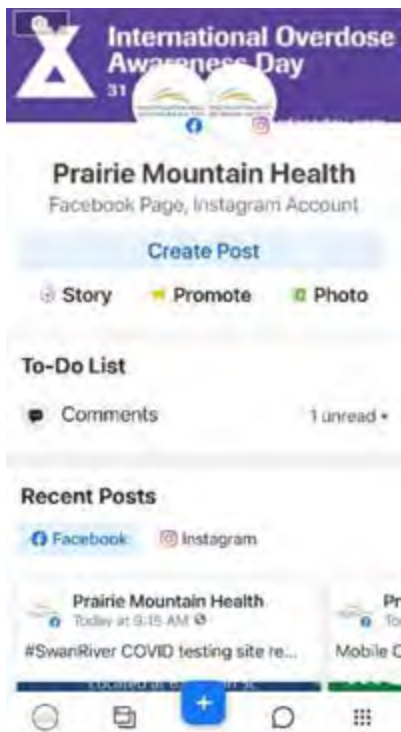
**Social media**—“Like” Prairie Mountain Health on Facebook and follow us on Twitter@PrairieMtHealth and Instagram @prairiemthealth

**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 social media



PMH digital signage





# ABOUT PMH

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

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

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

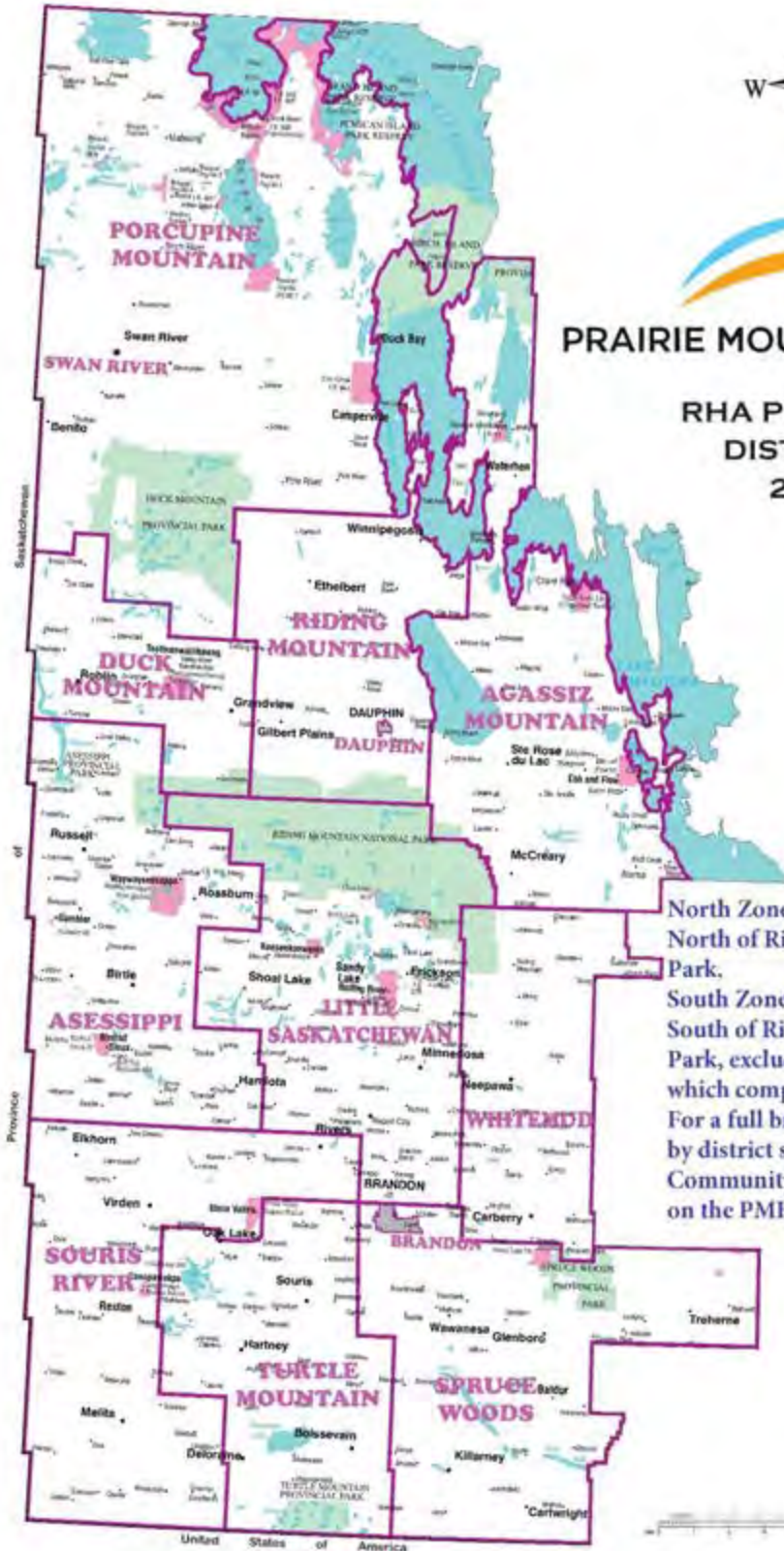
The Dakota First Nation communities of Birdtail Sioux, Sioux Valley and Canupawakpa are not a part of the numbered treaties. However, they are recognized as having occupation of territories within Manitoba and have secured alliances and arrangements with the Crown.

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

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

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





**PRAIRIE MOUNTAIN HEALTH**

**RHA PLANNING DISTRICTS 2020**

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

**REPROMAP**  
 100, 200, 300, 400, 500, 600, 700, 800, 900, 1000  
 2016 Map Set 11-06-17 Scale of 1:100,000

# Capacity Building

Establish a sustainable workforce that meets future needs of PMH

Create a positive and safe work environment

## Recruitment Initiatives (Nursing/Allied Health)

During this fiscal year, PMH participated in virtual career events with colleges and universities in order to stay connected with students. In addition to this, recruitment continued offering virtual career employment presentations to organizations.

Students from various disciplines had the opportunity to complete clinical experiences in facilities throughout the region. PMH acknowledges the importance of ensuring students in health-related fields of studies continue to have the opportunity to complete the clinical components of their program. Accommodating students in practical experiences plays a key role in future recruitment.



Nursing students are a critical part of PMH’s annual recruitment strategy. Engaging with new graduates provides students with the opportunity to apply for Grad Nurse Mentorship positions or vacant nursing opportunities.

The 2020 home for the summer program saw a total of six students who worked in Mental Health, Health Information Services, and Therapy Services departments. In addition, two occupational therapy students, one medical student, and one nursing student completed an interprofessional project related to virtual visits with Therapy Services in PMH. These opportunities allow post-secondary students to engage in meaningful summer employment while completing valuable priorities of the organization.



Advertising played a key role in recruiting into vacant positions throughout this year. Without being able to make in-person connections due to the pandemic, PMH used social media platforms, websites, and local

newspapers to advertise career opportunities. Career opportunities can also be viewed on posters in facilities throughout the region and on the PMH website ([www.pmh-mb.ca/careers](http://www.pmh-mb.ca/careers)).

### **PMH Partners with Health Care Aide program in Dauphin**

Mary Ann Pavlin spent many years as a hairdresser before deciding to enroll in the Health Care Aide (HCA) program at Assiniboine Community College's Dauphin campus. She knew that she loved working with and helping others and wanted to go one step further to assist people with their health care needs. The college provided her with practical skills and knowledge, and the valuable practicum experience at the Dauphin Regional Health Centre (DRHC) put that knowledge to use taking care of patients.

*"The staff made us all feel welcome and really showed us the ropes. The managers were very good to our teacher and even arranged for us to have a spot where we could debrief at the end of each day about how things went."*



Having the opportunity to be a part of the DRHC staff helped her to see the numerous opportunities available throughout PMH. Pavlin appreciates all the educational resources available and the opportunity to work with an interprofessional team. Mary Ann is now working as a Ward Clerk on the medicine floor.

### **Impact of COVID-19 on Clinical Education**

COVID-19 changed the delivery of many programs and services, including Clinical Education. For example, orientation for new clinical employees was previously two days in-person, with plenty of opportunities to engage with one another and participate in group activities in addition to hands-on learning. While not ideal, the switch to online training and video conferencing was necessary.

Where possible, mandatory training for staff changed from in-person sessions to an online format. Skills-based courses required to be taken in-person were offered more often throughout the year and to smaller numbers of students at a time. Educators have identified opportunities for virtual education to increase access and efficiency. Educators worked with the Infection Prevention and Control team to provide Personal Protective Equipment education to the region.

## **My Health Team Partnership with Swan Valley and**

### **Sapotaweyak Cree Nation**

Sapotaweyak Cree Nation is located 115 kilometers north of Swan River, in the north zone of Prairie Mountain Health. Historically, there have been no primary care services in the community and many residents have difficulty travelling to Swan River for health care and medications. A My Health Team was established in Swan Valley in 2017 and a partnership with Sapotaweyak Cree Nation was initiated shortly after to improve access to primary care services on an ongoing basis.

Initially, a physician travelled to the local community health centre on a monthly basis. More recently, an entire team of service providers, including a Social Worker, Mental Health worker, Addictions Counsellor, Peer Support, and a Nurse Practitioner or Physician, now provide weekly supports, in collaboration with local community health staff.

Quality of primary health services was enhanced through an agreement to share an electronic health record between providers in both communities.

The community has shown strong support for this initiative by building two new examination rooms adjacent to the health centre to accommodate the Nurse Practitioner. The relationship with the community has extended beyond the walls of the health centre, resulting in a monthly teen health clinic at the local high school. Enhanced access to primary care services in the community has had many benefits for the area's population.

### **Employee Wellness Committee**

The overall goal of the Regional Employee Wellness Committee is: "healthy employees, healthy workplace, healthy community".

Throughout the pandemic, the Employee Wellness Committee remained committed to supporting the mental health of our employees. In 2020/2021, the Committee continued to ensure staff could access the most current resources to support their mental health wellness throughout a very challenging year. Workplace wellness tips including mental, physical, nutritional and financial wellness strategies, as well as access to programs through the Employee Assistance Plan, are available.



**Dr. Andani, middle, being welcomed to Sapotaweyak Cree Nation.**



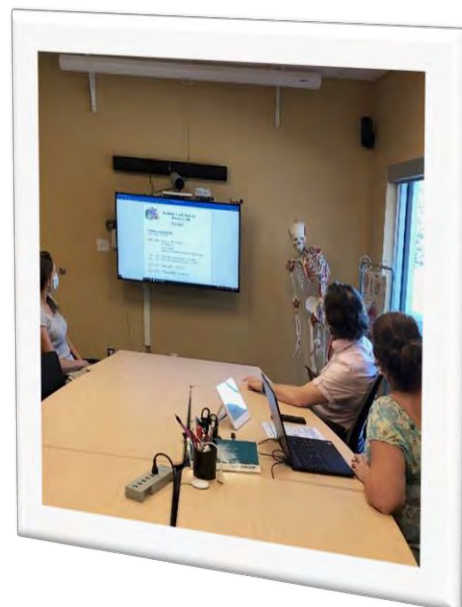
# Health System Sustainability

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

## Virtual Care

Advancements in technology are transforming the delivery of health care, enabling health-care providers across the province to access patient information in a secure and timely manner. This supports better informed decisions about patient care, timely diagnosis and treatment recommendations.

In 2020/21, PMH's MBTelehealth usage accounted for 15% of the provincial utilization and four of PMH sites were amongst the top ten most utilized rural sites; Dauphin Regional Health Centre, Western Manitoba Cancer Centre, Swan Valley Health Centre and Brandon Regional Health Centre. A total of 90% of PMH's usage was for clinical purposes, of which 53% were for oncology appointments.



eConsult is a referral service provided by MBTelehealth. Referring providers submit digital images via MBT's secure scheduling system to a specialist which enables them to provide diagnosis and treatment recommendations directly to the referring primary care provider. In the 2020-2021 fiscal year, PMH had 15 referring sites with 29 actively referring providers. PMH referrals represented 11% of all provincial eConsult referrals.

Virtual care options, including phone and video visits, were introduced during the pandemic to help physicians and patients stay connected. Payment processes were established in consultation with Doctors Manitoba at the very early stages, allowing a seamless transition to virtual care. In-person physician visits were reduced significantly because of this initiative. Virtual care continues to make up over 50% of primary care visits, which allows more patients to remain at home, as recommended by public health officials. In-person visits have continued when clinically required. Doctors Manitoba is actively endorsing the continuation of virtual visits after the pandemic as both clinicians and patients have indicated value in this option, especially in rural and remote areas of the province.

## Respiratory Clinics

Toward the end of 2020, PMH established several Respiratory Clinics throughout the region in response to increased COVID-19 protocols and anticipated additional patient volumes with the seasonal flu and cold season. Brandon was the first community to begin the targeted clinics opening in early November within the Brandon Regional Health Centre (BRHC) followed by the communities of Swan River, Dauphin, Neepawa, and Russell.



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.

Since November 2020, over 1,100 patients have been seen at the Respiratory Clinics across the region.



*“We are set up to see acute, infectious respiratory patients, including those known to be COVID-19 positive. We can do COVID-19 swabs and strep throat testing. In a select few, we can order blood work and chest x-rays,” says Dr. Stacey Kitz, COVID-19 Lead for BRHC ER Services. “The patients are very happy to have a place to get checked in-person, as they don't pass screening criteria to be seen in walk-in, or by their own primary care provider.”*

## Access to COVID-19 Testing

A variety of options for COVID-19 testing were made available throughout PMH to reduce barriers and provide more equitable access for underserved populations. Test sites with regular hours, offering appointments and walk-up services, were established in Brandon, Dauphin, Russell, Neepawa and Swan River. Pop-up clinics were quickly established as needed in rural and First Nation communities, and long-term care facilities to help ensure that clients could access testing and PMH could effectively address COVID-19 hotspots.

A process was established for pre-operative clients to be tested and receive results within 24 hours for surgeries to proceed as planned.

# IMPROVED HEALTH STATUS & REDUCING HEALTH DISPARITIES

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

## Immunization FIT Teams

In late December, provincial planning commenced to deliver the much-anticipated COVID-19 vaccine, with a vaccine clinic “supersite” established at the Keystone Centre in Brandon. Recruitment of retired staff was critical in implementing this initiative. The province partnered with Red River Community College to deliver immunization training to many health care providers.

In collaboration with staff from MB Health Central Services and many other departments, the “supersite” was established, following provincial infection prevention and control measures. Client flow was designed to maximize the number of vaccines given, limit physical contact with others, and minimize the waiting time from registration through immunization.



The response from the community was overwhelming, as appointments were booked rapidly, and vaccine doses added whenever possible in order to deliver as much vaccine as the province could allocate to PMH. At the same time, efforts were underway to immunize PCH residents, hospital patients, and clients living in congregate settings. Focused immunization teams travelled throughout PMH to immunize clients, including those in remote communities.

As vaccine supply increased, enhanced accessibility became the focus. Pop-up vaccine clinics were held in many rural communities and through partnerships with community organizations such as Friendship Centres, Brandon Neighbourhood Renewal Corporation, Sexuality Education Resource Centre, Westman Immigration Services, Under One Roof in Dauphin, and ECHO Housing in Swan River. A pop-up clinic in Dauphin temporarily



became a fixed site, initially operating four days a week to meet the demand. Efforts to support access to the COVID-19 vaccine for all eligible people and resume school-based immunizations remain ongoing.

## **Needs-Based Planning Model for Mental Health and Substance Use/ Addiction Services and Supports**

Almost a third of all adult residents of PMH live with a mental illness and over 8,000 have been diagnosed with a substance use disorder. Mental health and substance use/addictions services and supports have traditionally been funded without a comprehensive planning model to help allocate resources equitably and according to population needs. There is ample evidence that this has contributed to a significant “treatment gap”, such that the current capacity of mental health and substance use/addiction services falls far short of meeting the needs of the population.

PMH is participating in a pilot project to develop a Needs-Based Planning model in conjunction with a team led by Dr. Brian Rush of the Centre for Addiction and Mental Health. Needs-based planning is distinguished from other planning approaches because it determines the required service capacity directly from population health data across the full spectrum of risk and severity.

This approach is expected to lead to better resource allocation for mental health and substance use/addictions services along with strengths-based, evidence-informed substance use treatment systems. This will help improve client outcomes such as reduced harm associated with substance use and improved health and quality of life.

## **Exploring Mental Health Needs and Services in Rural Southwestern Manitoba: A Community Assessment**

In response to several incidents of client self-harm in recent years, the Planning & Innovation department explored the current state of mental health concerns and available services in two rural communities.

The towns of Russell and Virden, and surrounding communities, were chosen because of similarity in size and rural context, situated in different health planning districts, proximity to services in Saskatchewan, and existing relationships with acute mental health services in Brandon. Three First Nation communities served by these health facilities were also included.

Third year psychiatric nursing students from Brandon University were integral to this initiative. They completed a literature review of key issues, developed an interview guide and conducted interviews with stakeholders in both communities, analyzed data and delivered a comprehensive report with recommendations for action.

The report highlights strengths in services including Home Care and Proctor supports, Trauma Counselors in schools, and community programs such as the HERO Club. Several barriers to care were identified including mental health awareness, transportation, access to virtual services, and in some cases, a lack of social supports.

Opportunities for improvement include enhanced communication between service providers, more effective referral and follow-up processes, and additional education/training for staff (i.e., Universal Suicide Assessment Guideline and interventions related to substance use including harm reduction and cultural safety).

### **COVID-19 Outbreak Response for People Experiencing Homelessness**

In January of 2021, a COVID-19 outbreak resulted in a temporary shutdown of the Safe and Warm Shelter in Brandon. A coordinated, collaborative, rapid response was required to ensure homeless individuals affected by the outbreak had a safe and supported place to self-isolate. External partners played an integral role in the collaborative response, including Brandon Neighborhood Renewal Corporation, Manitoba Harm Reduction Network, City of Brandon, Samaritan House, and the Bear Clan.

Individuals who needed minimal supports (e.g., meals and daily wellness checks) could self-isolate at the Alternative Isolation Accommodation sites in Brandon which opened in December 2020. Other accommodations were needed for those who required enhanced supports during their isolation period. To meet this need, the City of Brandon provided a congregate isolation site for homeless COVID-19-positive individuals, and Brandon Neighborhood Renewal Corporation secured a site with separate rooms for close contacts of positive cases. Each site had 24-hour security and a porter aide to deliver meals, provide wellness checks, and much more.

This initiative supported precariously housed individuals and helped to mitigate the risk of COVID-19 transmission to the broader community. When necessary, individuals received additional supports to assist with housing and health needs.

# Health System Innovation

## Advance a culture of quality improvement and spread of innovation

### General visitation within PCH designated shelters

Residents within Personal Care Homes (PCH) have been welcoming loved ones for visits in the province's new CoVisitation shelters. Family and friends are integral to the overall health, well-being and quality of life of residents within PCHs. Balancing the necessary preventative measures whilst maintaining the vital connections that residents have with family members and support systems is a critical component of managing our response to COVID-19.

During provincial Code Red restrictions, the shelters provided an opportunity for PCH residents to visit with a family member. For those PCHs without external all-season CoVisitation shelters, designated internal visitation rooms were developed to support visits with similar precautions in place.



### People-centred care

The provision of people-centred care is a focus for PMH, as patients and families play an important role in their health care journey. Whether through assisting with the development of program materials, reviewing policies, participating in focus groups or completing Client Experience Questionnaires, their feedback helps lead system improvements. One example of an engagement activity is the inclusion of patients and families in the review of the Client Education Package for Home Care in the spring of 2020. The valuable feedback provided will be integrated into the next revision of the package.

# IMPROVED ACCESS TO CARE

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

Reduce barriers to access for remote and/or vulnerable populations

## Peer Support Program: Dauphin Regional Health Centre

In the spring of 2018, consultants presented the Ministry of Health, Seniors and Active Living with a commissioned report entitled, “Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for Manitobans”. Often referred to as the VIRGO Report, numerous recommendations were made regarding improved access to and coordination of addictions services in Manitoba.

Since the release of the report, numerous projects have been funded to address the various recommendations such as the provision of peer support at Winnipeg’s Crisis Response Centre. This involved recruiting people with lived mental health/addictions experience to provide comfort and support to clients and family members.

The peer support model has since expanded to the Dauphin Regional Health Centre (DRHC) and Parkland Mental Health Centre. The Peer Support

Program benefits clients by providing someone who understands their struggles and journey first hand.

This project introduces Manitoba’s first formalized peer support approach in a clinical setting. There has been tremendous uptake of the program, with over 200 individuals accessing peer support through the DRHC emergency department during the first year. One interesting component of the project is the offering of family support to those who are supporting a loved one with mental health/addictions concerns. Another is the continuation of support for four weeks after discharge by a Community Peer Support person to ensure they are managing and are creating connections with other service providers. Individuals sometimes struggle after their hospitalization, and so the extended support can be very helpful. Representatives from the Peer Support Program in Dauphin are also involved with group support sessions held at Parkland Mental Health Centre.



**New Peer Support Workers at Dauphin Regional Health Centre**

## Outreach influenza clinics

Manitoba Health recognized the potential for increased demand for flu vaccinations due to the threat of COVID-19 and recommended increasing flu clinic capacity by 15%. In response, PMH increased the number of appointments at flu clinics in 51 communities throughout the region.

The COVID-19 pandemic protocols created a series of challenges for the delivery of the 2020/21 seasonal influenza immunization program. To address these challenges, specific measures were incorporated to avoid transmission of COVID-19 to staff, clients and volunteers. These measures included cleaning of space between clients, venues that would allow for physical distancing, extended clinic hours, a centralized appointment booking system, and limited use of volunteers.



Creative approaches to outreach were implemented involving PMH programs and community partners throughout the region. For example, opportunities for flu vaccination were integrated into Mental Health, Home Care and Public Health services so that clients who were unable to attend a community clinic could obtain an influenza vaccination while accessing these services. Many community agencies in Brandon, such as the Brandon Friendship Centre, Samaritan House and Westman Immigrant Services also participated in this outreach. Some communities in PMH also offered influenza vaccine through local pharmacies or primary care providers.



# IMPROVED SERVICE DELIVERY

Advance patient/family engagement and the culture of client safety

Improve health service delivery for Indigenous residents

## Collaboration with the Indigenous Community

At the outset of the global pandemic in March 2020, Tribal Health Networks contacted PMH with questions about emergency pandemic planning, sharing of provincial messaging, and federal updates on First Nations community pandemic planning. Cree Nation Tribal Health extended an invitation to plan collectively in the event of a COVID-19 outbreak. In response, a series of PMH bi-weekly Indigenous town hall conference calls were organized.

PMH provided Public Health and administrative support for contact tracing in First Nation communities experiencing outbreaks. PMH staff were invited to teleconferences for service providers when outbreaks occurred in some of these communities. PMH Indigenous Health staff were included in weekly COVID-19 Community and Continuing Care Team meetings.



Staff at Birdtail Sioux Health Centre

Services to Services meetings continued during the pandemic. First Nation Health Centres have been in different stages of operation due to partial or complete community lock-downs and following public health restrictions.

Primary Health Care collaborations have also continued, providing services in different ways in keeping with health restrictions, with managers communicating to Indigenous Health about adaptations to continue services through the pandemic. Of note were the mobile clinic staff, the Nurse Practitioners, and the Chronic Disease Education Program (CDEP) for their dedication to maintaining collaborations.

Birdtail Sioux Health Centre Director Tanya Hanska sent the following message to the outgoing CEO:

*“Penny (Gilson)... You have always kept an open mind to our concerns and have been very supportive to our community. The mobile clinic, service to service meetings, annual stakeholder meetings, and having the CDEP team come in monthly has continued to strengthen our partnership.”*

## Declaration of Patient Values

The Declaration of Patient Values reflects the values that are important to the clients / patients / residents receiving health care services in PMH, as well as those who support them.

PMH's Value statements were created through an extensive process of patient engagement. The values are intended to ensure patients are put first in the provision of care, give clarity to the public on what they can expect from PMH programs and services, and to give patients a voice in the care they receive.

### DECLARATION OF PATIENT VALUES

Prairie Mountain Health is committed to putting patients first by providing quality, patient and family centered care. Our goal is the best possible patient experience. We depend on patients and families to be our partners in achieving this.

Our patients have identified these values as important to them:



<b>DIGNITY, RESPECT, AND TRUST</b>	> Treating me with care and kindness > Taking time to listen and talk with me	> Considering my choices, values, culture and beliefs > Showing compassion
<b>ACCESSIBILITY &amp; RESPONSIVENESS</b>	> Having access to care > Having my concerns taken seriously	> Being cared for in a timely manner > Assistance with the coordination of my healthcare journey
<b>QUALITY</b>	> Using my feedback to improve care and services > Providing me with care that is based on evidence	> Providing me with care that is appropriate for my needs > Keeping me safe while receiving care
<b>INFORMATION SHARING</b>	> Keeping my information confidential and secure > Talking to me about my healthcare options, medications or tests	> Having my health care provider use words I can understand > Having the information needed to make good decisions about my health
<b>PARTICIPATION</b>	> Being as involved in my care as I am able > Taking part in decisions about my care	> Involving of my family / support system > Knowing that my choices are heard and respected

If you have questions or concerns about the Declaration of Patient Values, please contact the Patient Comment Line at 1-800-735-6596

The goal is for these values to become reflected in the day to day practice and decision making throughout the region. To ensure we are meeting these goals, PMH has moved to having all regional Client Experience Surveys (patient satisfaction surveys) start with a standardized group of questions based on the values followed by program specific questions. The results from all surveys are combined and will be posted on PMH's public website ([www.prairiemountainhealth.ca](http://www.prairiemountainhealth.ca)) under the "Your Health Care Experience" button.

Each program conducts a client experience survey every second year on a rotating basis. The programs use the results to help determine priorities and actions to improve their service. For example, based on the Mobile Clinic's last survey, priorities identified are to improve the clinic staff's cultural awareness and to ensure discussions on cultural needs are included as part of their client's overall care. These priorities and actions are reported up to the Executive Management Team and the PMH Board for monitoring.

## Emergency Department Client Experience

In collaboration with the Patient Relations Department, six nursing students from Brandon University collected and reviewed client experience data from emergency department visits, using standardized questions which relate to the Declaration of Patient Values.

The objective was to capture patient experiences in

the emergency departments in Brandon, Dauphin, Killarney, Russell, Ste. Rose du Lac, and Swan River. The surveys were conducted through in-person and telephone interviews. Over 3,800 attempts to conduct interviews were made with 843 surveys completed.

The students analyzed the results and produced technical reports for each facility, an overarching regional report and one based on responses from Indigenous clients. These included the results and recommendations based on evidence-based practices. The results are being used by the facilities to help determine priorities and develop actions to help them meet client expectations. The students spoke highly of their experience.



*"I learned valuable perspectives from patients and aspects that can positively or negatively influence a patient's experience, and I know this knowledge will shape my future nursing practice and the way I will approach each patient and their care."*

*"I learned the importance of communication within a team in order to achieve a goal. Client experiences hold utmost value in order to make improvements within a health care setting. Hearing their experiences has shown me the importance of the small things, such as the tone in your voice, being compassionate, and taking time to listen."*

## National Early Warning System (NEWS2)

PMH is using the National Early Warning System (NEWS2) as an integral part of patient care. The NEWS2 assists staff in recognizing and responding to acute illness and/or acute clinical deterioration with patients 16 years and older.

The NEWS2 is simple and based on normally measured vital signs, oxygen use and new onsets of confusion. Variations from normal values are given a score, which can be used to help communicate possible patient deterioration. The patient's total NEWS2 score initiates guideline recommendations for the frequency of patient monitoring, urgency of clinical review and appropriate clinical environment for ongoing care. Utilizing NEWS2 recognizes the importance of having a standardized, unified provincial system to improve communication using common language, education and training and patient safety.



### **Indigenous Health Patient Advocate**

Since beginning her position as Indigenous Health Patient Advocate at the Brandon Regional Health Centre in March 2021, Leah Phillips has focused on connecting with people and visiting with clients when their families are not able to do so. Leah notes that she is committed to bridging the gap between services, communication and knowledge, and working to create a better understanding for all cultures. Leah, a wife, mother, and Kokum, is a Métis woman who was born and raised in Northern Manitoba. She received her Bachelor of First Nations and Aboriginal Counselling degree from Brandon University and previously worked at the Brandon School Division with the Building Student Success with Indigenous Parents initiative.



**Leah Phillips**

Leah's new position with Prairie Mountain Health represents a unique opportunity to combine a wealth of experience as liaison with Indigenous families in the school system and her longstanding passion for advocacy for under-served individuals and groups. In the Indigenous Health Patient Advocate role, Leah supports families who are unable to see their loved ones when it is needed the most. Leah assists families with implementing traditional medicines and ceremonies into patient care. Leah notes that she sees her position as bridging the gap between Traditional and Western philosophies with regards to medicine and healing as a whole.

# CAPITAL/SAFETY & SECURITY INITIATIVES

There is an expression “when it rains, it pours”. Unfortunately, this was definitely the case within numerous PMH facilities during the fiscal year.

In June, overland flooding during an exceptional rainfall event caused a storm sewer overflow that flooded the Brandon Regional Health Centre basement, causing the elevator controls to be submerged. Luckily, no patient rooms were impacted, but numerous repairs, extensive cleaning, and new flooring were required in the affected areas.

This same storm system resulted in several road closures within PMH’s geographic boundaries; this made getting to work a challenge for many staff and impacted patient transfers to other facilities. Manitoba Emergency Measures Organization was mobilized to coordinate provincial flood responses for this event. Three dams were impacted on the Little Saskatchewan River



**Photo courtesy of Minnedosa Tribune**

system, with a breach occurring in Rapid City. This created a need to close highways and evacuate residents in the community of Rivers. Overland flooding from this storm caused minor damage to the Minnedosa Personal Care Home.

Sprinkler system failures occurred in Carberry and Shoal Lake Health Centres, and Grandview and Rideau Park Personal Care Homes. This resulted in a number of rooms being flooded and the requirement for extensive repairs. Patients were relocated to other rooms or facilities whilst repairs were completed.

Incident Command through the Disaster and Emergency Preparedness Program managed the events and ensured safety. These incidents have resulted in region-wide system improvements and upgrades to mitigate future occurrences. The quick responses by staff at each of the sites reduced the impact of the events, and all involved staff are to be commended.

# 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 2020/2021 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, 2021, 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, and related notes, are derived from the audited consolidated financial statements of Prairie Mountain Health and its subsidiaries (the "Region") for the year ended March 31, 2021.

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 23, 2021.

### 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 23, 2021

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](http://MNP.ca)

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

	2021	2020
<b>FINANCIAL ASSETS</b>		
Cash and cash equivalents	\$ 69,305	\$ 63,994
Accounts receivable	6,535	8,769
Investments	9,287	8,481
Due from Manitoba Health and Seniors Care	44,943	34,689
Loan receivable	-	91
Other assets	298	298
	<b>130,368</b>	<b>116,322</b>
<b>LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 45,693	\$ 34,605
Unearned revenue	24,449	21,029
Employee benefits payable	32,723	32,380
Employee future benefits payable	41,254	42,143
Capital lease	177	254
Long-term debt	142,537	153,199
	<b>286,833</b>	<b>283,610</b>
<b>NET DEBT</b>	<b>\$ (156,465)</b>	<b>\$ (167,288)</b>
<b>OTHER ASSETS</b>		
Inventories held for use	5,530	5,157
Prepaid expenses	2,547	3,154
Capital assets	276,754	291,995
	<b>284,831</b>	<b>300,306</b>
<b>ACCUMULATED SURPLUS</b>	<b>\$ 128,366</b>	<b>\$ 133,018</b>
<b>ACCUMULATED SURPLUS IS COMPRISED OF:</b>		
Accumulated capital and operating surplus (deficit)	122,661	127,690
Restricted	5,287	5,525
Accumulated remeasurement gains (losses)	418	(197)
	<b>\$ 128,366</b>	<b>\$ 133,018</b>

Approved on behalf of the Board

 Director

 Director

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

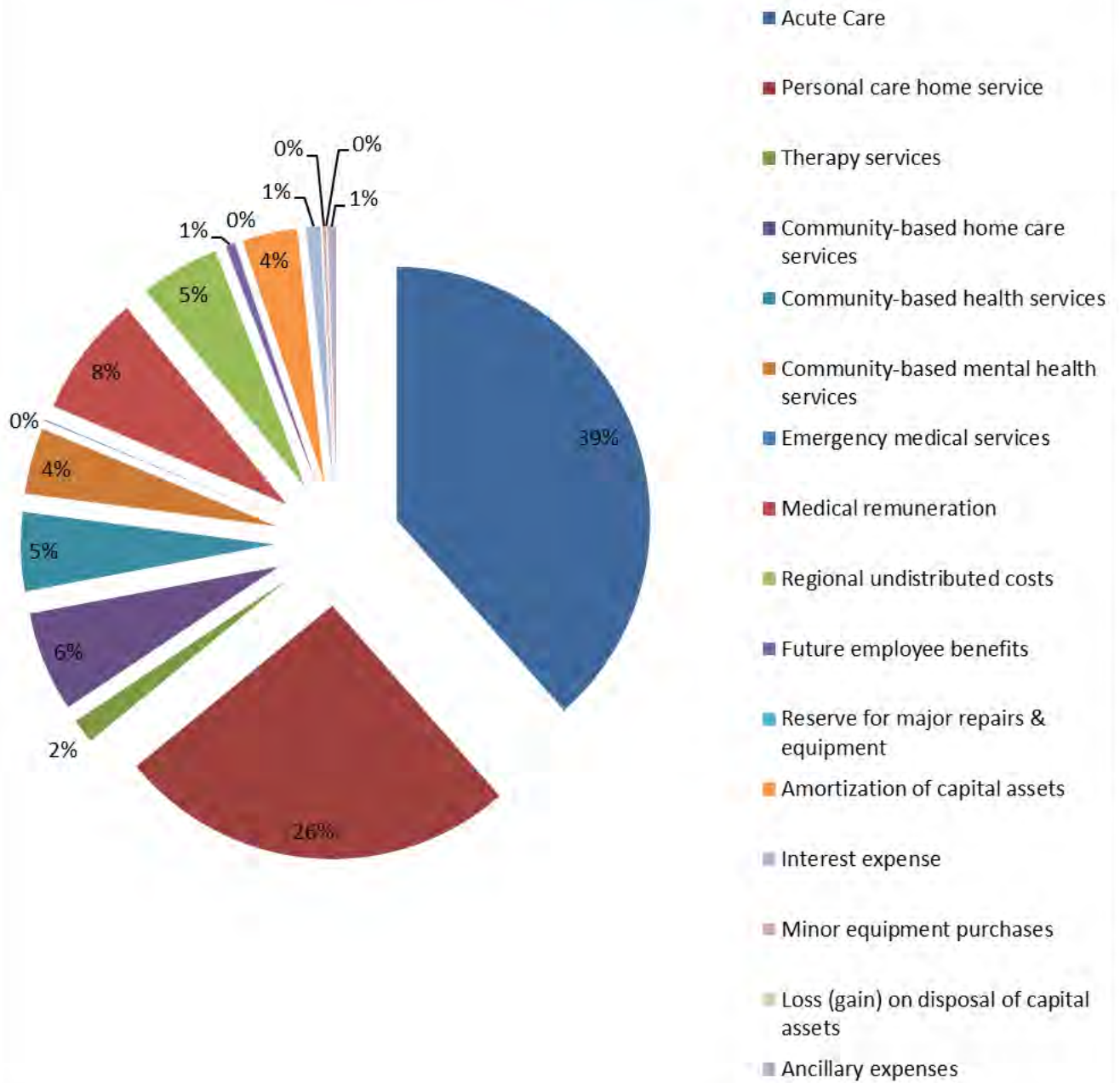
	Budget 2021		Actual 2021		Actual 2020
	Total	Operating	Capital	Total	Total
<b>REVENUE</b>					
Manitoba Health and Seniors Care	\$ 475,327	\$ 482,526	\$ 20,532	\$ 503,058	\$ 501,139
Mental Health, Wellness and Recovery	30,523	30,523	-	30,523	-
Separately funded programs	1,859	1,386	-	1,386	3,706
Authorized/residential charges	30,796	35,465	-	35,465	35,239
Non-insured income	2,084	1,610	-	1,610	2,011
Other income	11,414	11,794	2,348	14,142	16,114
Investment income	903	671	-	671	2,007
	<b>552,906</b>	<b>563,975</b>	<b>22,880</b>	<b>586,855</b>	<b>560,216</b>
<b>EXPENSES</b>					
Acute care services	\$ 219,102	\$ 229,079	\$ -	\$ 229,079	\$ 223,186
Personal care home services	136,131	151,955	-	151,955	144,678
Therapy services	9,613	9,259	-	9,259	9,332
Community based home care services	40,582	38,011	-	38,011	39,705
Community based health services	28,854	29,950	-	29,950	27,281
Community based mental health services	25,963	25,101	-	25,101	24,860
Emergency medical services	357	439	-	439	775
Medical remuneration	47,093	46,364	-	46,364	46,103
Regional undistributed costs	19,702	30,109	-	30,109	25,386
Future employee benefits	3,500	3,523	-	3,523	3,025
Reserve for major repairs and equipment	121	46	-	46	221
Amortization of capital assets	17,047	-	20,915	20,915	20,640
Interest expense	4,585	-	5,398	5,398	4,632
Loss (gain) on disposal of capital assets	-	-	(29)	(29)	(3)
Minor equipment purchases	1,127	-	1,195	1,195	2,741
	<b>553,777</b>	<b>563,836</b>	<b>27,479</b>	<b>591,315</b>	<b>572,562</b>
<b>SURPLUS (DEFICIT)</b>	<b>\$ (871)</b>	<b>\$ 139</b>	<b>\$ (4,599)</b>	<b>\$ (4,460)</b>	<b>\$ (12,346)</b>
<b>ANCILLARY OPERATIONS</b>					
Ancillary income	\$ 2,713	\$ 3,151	\$ -	\$ 3,151	\$ 3,601
Ancillary expenses - other	1,886	2,905	-	2,905	2,805
Ancillary expenses - amortization of capital assets	399	-	438	438	479
<b>ANCILLARY SURPLUS (DEFICIT)</b>	<b>428</b>	<b>246</b>	<b>(438)</b>	<b>(192)</b>	<b>317</b>
<b>SURPLUS (DEFICIT) FOR THE YEAR</b>	<b>\$ (443)</b>	<b>\$ 385</b>	<b>\$ (5,037)</b>	<b>\$ (4,652)</b>	<b>\$ (12,029)</b>
ACCUMULATED SURPLUS (DEFICIT), BEGINNING OF YEAR		(3,250)	136,268	133,018	145,047
<b>ACCUMULATED SURPLUS (DEFICIT), END OF YEAR</b>		<b>\$ (2,865)</b>	<b>\$ 131,231</b>	<b>\$ 128,366</b>	<b>\$ 133,018</b>

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](http://www.prairiemountainhealth.ca))

# EXPENDITURE BY PROGRAM/SERVICE

Expenditure by Program/Service 2020-21



\*See next page for total expenditures in dollars and related percentages

# EXPENDITURE BY PROGRAM/SERVICE

2020/2021 (in thousands of dollars)

Acute Care	229,079	38.5%
Personal care home service	151,955	25.6%
Therapy services	9,259	1.6%
Community-based home care services	38,011	6.4%
Community-based health services	29,950	5.0%
Community-based mental health services	25,101	4.2%
Emergency medical services	439	0.1%
Medical remuneration	46,364	7.8%
Regional undistributed costs	30,109	5.1%
Future employee benefits	3,523	0.6%
Reserve for major repairs & equipment	46	0.0%
Amortization of capital assets	20,915	3.5%
Interest expense	5,398	0.9%
Minor equipment purchases	1,195	0.2%
Loss (gain) on disposal of capital assets	(29)	0.0%
Ancillary expenses	3,343	0.6%
<b>Total Expenses</b>	<b>594,658</b>	<b>100%</b>



# ADMINISTRATIVE COSTS 2020/2021

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.

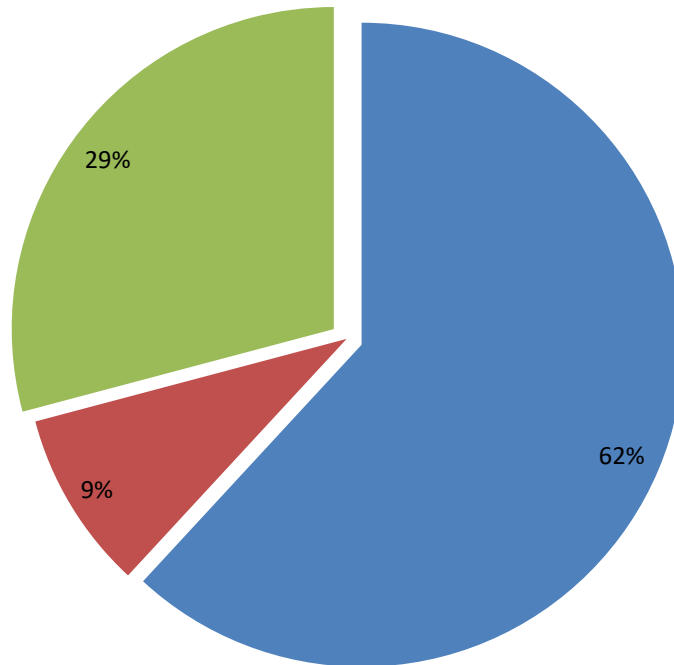
## **Administrative Cost Percentage Indicator**

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.

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

# Administrative Costs 2020/2021

■ Corporate    ■ Patient Care Related    ■ Human Resources & Recruitment



Prairie Mountain Health Administrative Costs						
For Year to Date Ending:	2021-March		2020-March		2019-March	
<b>Corporate</b>	\$13,219,303	2.26%	\$13,688,713	2.42%	\$14,017,875	2.31%
<b>Patient-care related costs</b>	\$1,972,879	.34%	\$1,991,257	.35%	\$2,072,311	0.34%
<b>Recruitment/Human Resources related costs</b>	\$6,302,747	1.08%	\$6,446,234	1.14%	\$7,112,836	1.17%
<b>TOTAL Administrative costs</b>	\$21,494,928	3.68%	\$22,126,204	3.91%	\$23,203,022	3.82%

## Provincial Health System Administrative Costs and Percentages

<b>2020/21</b>				
<b>REGION</b>	<b>Corporate</b>	<b>Patient-Care Related</b>	<b>Human Resources &amp; Recruitment</b>	<b>Total Administration</b>
Interlake-Eastern Regional Health Authority	3.12%	0.58%	2.11%	<b>5.81%</b>
Northern Regional Health Authority	3.42%	0.93%	1.09%	<b>5.44%</b>
Prairie Mountain Health	2.26%	0.34%	1.08%	<b>3.68%</b>
Southern Health Santé-Sud	3.06%	0.20%	0.90%	<b>4.16%</b>
CancerCare Manitoba	1.68%	0.45%	0.71%	<b>2.84%</b>
Winnipeg Regional Health Authority	2.83%	0.61%	1.06%	<b>4.50%</b>
Shared Health	3.21%	0.30%	0.54%	<b>4.05%</b>
<b>Provincial - Percent</b>	<b>2.89%</b>	<b>0.47%</b>	<b>0.94%</b>	<b>4.30%</b>
<b>Provincial - Totals</b>	<b>\$ 154,819,266</b>	<b>\$ 25,267,919</b>	<b>\$ 50,569,113</b>	<b>\$ 230,656,298</b>
<b>2019/20</b>				
<b>REGION</b>	<b>Corporate</b>	<b>Patient-Care Related</b>	<b>Human Resources &amp; Recruitment</b>	<b>Total Administration</b>
Interlake-Eastern Regional Health Authority	3.34%	0.59%	2.28%	<b>6.21%</b>
Northern Regional Health Authority	3.85%	0.75%	1.09%	<b>5.69%</b>
Prairie Mountain Health	2.42%	0.35%	1.14%	<b>3.91%</b>
Southern Health Santé-Sud	3.07%	0.27%	1.09%	<b>4.43%</b>
CancerCare Manitoba	1.81%	0.56%	0.74%	<b>3.11%</b>
Winnipeg Regional Health Authority	2.84%	0.60%	1.12%	<b>4.56%</b>
Shared Health	2.44%	0.31%	0.44%	<b>3.19%</b>
<b>Provincial - Percent</b>	<b>2.74%</b>	<b>0.48%</b>	<b>0.99%</b>	<b>4.21%</b>
<b>Provincial - Totals</b>	<b>\$ 142,456,475</b>	<b>\$ 24,825,243</b>	<b>\$ 51,169,197</b>	<b>\$ 218,450,915</b>

### 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.

# Health System Transformation

In 2017, Manitoba launched a Health System Transformation designed to improve access and quality of health services across the province. This work included a commitment to plan provincially, reduce duplicate services and better coordinate the delivery of patient care.

Wave One Health System Transformation focused on the consolidation and realignment of responsibilities across health organizations, the creation of Shared Health and a number of provincial shared services, and the development of Manitoba's Clinical and Preventive Services Plan.

In early 2020, Manitoba, like much of the globe, was required to pivot to focus on the immediate demands resulting from the unprecedented COVID-19 pandemic.

## COVID-19

The COVID-19 pandemic has made many of our health system challenges far more evident, placing a spotlight on access, reliability and wait times. It has also demonstrated the effectiveness of working together as an integrated health system and the opportunities that exist within the realm of virtual care.

Manitoba's COVID-19 response has incorporated many of the principles of Health System Transformation and Clinical and Preventive Services Planning, including better coordination, improved information sharing and increased adoption of virtual tools to support patients safely, closer to home.



### Coordination

The creation of an integrated Incident Command included leadership from the department, SDOs and provincial clinical and operational leadership in the planning and implementation of provincially coordinated and integrated solutions.



### Information Sharing

The pandemic accelerated work to implement a patient portal used to access lab results, with initial efforts focused on making COVID-19 test results accessible online and later including immunization records in the secure online portal.



### Virtual Care

The health system shifted to offering virtual care wherever appropriate and prioritized the adoption of remote home monitoring technology, allowing clinicians to support COVID-19 patients safely outside the hospital environment.

The pandemic also emphasized the need for bolstering health human resources across Manitoba as well as areas where a lack of provincial coordination and inconsistency in services or access to care creates inequities. Transformation Management Teams have supported a wide variety of COVID-19 response initiatives in the past year, including: procurement of personal protective equipment, case and contact tracing in support of

Public Health, rapid stand-up of virtual tools including an online results portal for COVID-19 test results and vaccination records, and support for operational and clinical leaders in all SDOs across a range of projects.

## **Wave Two Transformation**

Wave Two Transformation efforts continued wherever possible, however, timelines of several projects were impacted while others were accelerated where a benefit to Manitoba's COVID-19 response could be achieved. Initiatives vital to the long-term improvement and sustainability of our health system were prioritized to progress during this time. This included refreshed SDO leadership structures and functions to achieve better consistency, collaboration and coordination across organizations, while enabling SDOs to shift their focus to the localized delivery and improvement of health services.

In May 2021, Bill 10, the Regional Health Authorities Amendment Act (Health System Governance and Accountability) became law. A foundational enabler of Transformation, the new Health System Governance and Accountability Act creates a truly provincial health system for Manitoba, identifying a Provincial Health Authority (Shared Health) and a Provincial Cancer Authority (Cancer Care Manitoba) and clearly defining Regional Health Authority responsibilities for the delivery of health services to their local population in line with Manitoba's first Clinical and Provincial Services Plan.

The department of Health Seniors and Active Living (now two separate departments: Health and Seniors Care and Mental Health, Recovery and Wellness) underwent a similar transformation, establishing clear responsibility for commissioning, accountability and funding of health services. Fundamental steps were also taken to consolidate provincial data management and public health oversight and planning within a single entity.

This work has been beneficial throughout the pandemic response and was incorporated early into the integrated approach to our provincial incident command.

## **Clinical and Preventive Services Plan**

At the center of Manitoba's Health System Transformation is the development of the province's first Clinical and Preventive Services Plan (CPSP), a roadmap to improved access, shorter waits and better health outcomes for Manitobans.

Detailed planning to support the implementation of Manitoba's Clinical and Preventive Services Plan has slowed as attention shifted to COVID-19 response. However, progress has still been made along the way, with Manitoba's Provincial Budget for 2021 including the largest capital health investment in Manitoba's history of \$812 million in improvements to support the plan's goals of *Better Care, Sooner*. These improvements will be the cornerstone of Manitoba's Provincial Clinical Network, creating geographic networks of care that will deliver more services locally, modernizing the delivery of care at home and in the community and improving

the quality of care and patient outcomes. Investments will include new and renovated infrastructure with increased capacity to allow the health system to meet the needs of patients better.

While COVID-19 has been the primary focus of the health system throughout 2020 and into 2021, clinical leaders have remained engaged in this transformational work to validate data, offer feedback and inform the acceleration of projects to support COVID-19 response.

We're keeping what is working and building upon it with patient-focused solutions prioritized across three areas of work:



### **Provincial Clinical Network**

Delivering more services locally – using existing clinical services better, and investing in people, equipment and infrastructure



### **Home and Community Care Modernization**

Modernizing and standardizing how we deliver home and community care



### **Targeted Practice Improvements**

Finding and fixing the clinical areas where we must improve the quality of care and patient outcomes

Over the coming months when the demands of the pandemic have eased, this work will continue, with information sessions and consultations to keep communities, health care providers and the public informed. Sessions will focus on how communities and the health system can work together to provide better care for all Manitobans.

The provincial release of the Clinical and Preventive Services Plan occurred December 2019. The plan can be viewed on the Shared Health website at <https://sharedhealthmb.ca/about/publications-and-transparency/>

# 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, 2021 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 2020/2021 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 and Seniors Care, the Region's Strategic Plan has 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.*

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