

Manitoba Health, Seniors and Active Living

**Annual Report
2016 - 2017**





**MINISTER
OF HEALTH, SENIORS AND ACTIVE LIVING**

Room 302
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

Her Honour the Honourable Janice C. Filmon, C.M., O.M.
Lieutenant Governor of Manitoba
Room 235, Legislative Building
Winnipeg, Manitoba
R3C 0V8

May it Please Your Honour:

I have the privilege of presenting for the information of Your Honour the Annual Report of Manitoba Health, Seniors and Active Living for the fiscal year ending March 31, 2017.

Respectfully submitted,

(Original signed by)

Kelvin Goertzen,
Minister of Health, Seniors and Active Living





**MINISTRE
DE LA SANTÉ, DES AÎNÉS ET DE LA VIE ACTIVE**

Bureau 302
Palais législatif
Winnipeg (Manitoba) R3C 0V8
CANADA

Son Honneur l'honorable Janice C. Filmon, C.M., O.M.
Lieutenante-gouverneure du Manitoba
Palais législatif, bureau 235
Winnipeg (Manitoba)
R3C 0V8

Madame la Lieutenante-Gouverneure,

J'ai l'honneur de vous présenter, à titre d'information, le rapport annuel du ministère de la Santé, des Aînés et de la Vie active du Manitoba pour l'exercice se terminant le 31 mars 2017.

Le tout respectueusement soumis.

Le ministre de la Santé, des Aînés et de la Vie active,

«*Original signé par*»

Kelvin Goertzen





Health, Seniors and Active Living
Deputy Minister of Health, Seniors and Active Living
Winnipeg MB R3C 0V8

Honourable Kelvin Goertzen
Minister of Health, Seniors and Active Living

Dear Minister:

I am pleased to present for your approval the 2016/17 Annual Report of Manitoba Health, Seniors and Active Living (MHSAL) and the 2016/17 Annual Report of the Manitoba Health Services Insurance Plan.

Respectfully submitted,

(Original signed by)

Karen Herd
Deputy Minister of Health, Seniors and Active Living





Santé, Aînés et Vie active

Sous-ministre de la Santé, des Aînés et de la Vie active
Winnipeg (Manitoba) R3C 0V8

Monsieur Kelvin Goertzen
Ministre de la Santé, des Aînés et de la Vie active

Monsieur le Ministre,

J'ai l'honneur de soumettre à votre approbation le rapport annuel 2016-2017 du ministère de la Santé, des Aînés et Vie active du Manitoba ainsi que le rapport annuel 2016-2017 du Régime d'assurance-maladie du Manitoba.

Le tout respectueusement soumis.

La sous-ministre de la Santé, des Aînés et de la Vie active,

«Original signé par»

Karen Herd



Table of Contents

Minister's Letter	2
Deputy Minister's Letter	4
Preface/Introduction	
Report Structure	8
Role and Mission	8
Organization Chart effective March 31, 2017	12
Administration and Finance	
Minister's Salary	14
Executive Support.....	14
Finance	15
Legislative Unit	19
Provincial Policy and Programs	
Administration	20
Information Systems	22
Provincial Drug Programs.....	24
Corporate Services	25
Capital Planning.....	27
Drug Management Policy Unit.....	29
Cadhams Provincial Laboratory Services	31
Health Workforce Secretariat	
Administration	32
Contracts and Negotiations	32
Health Human Resource Planning	34
Fee-For-Service/Insured Benefits.....	36
Public Health and Primary Health Care	
Administration	37
Public Health.....	38
Federal/Provincial Policy Support.....	43
Aboriginal and Northern Health Office.....	44
Primary Health Care	45
Regional Policy and Programs	
Administration	47
Health Emergency Management.....	48
Provincial Cancer and Diagnostic Services.....	51
Continuing Care.....	53
Acute, Tertiary and Specialty Care.....	55
Chief Provincial Psychiatrist	58

Table of Contents

Healthy Living and Seniors

Active Living and Healthy Populations	59
Seniors and Healthy Aging Secretariat	62
Mental Health and Spiritual Health	64
Tobacco Control and Cessation	66
Addictions Policy and Support	67
Addictions Foundation of Manitoba	68

Health Services Insurance Fund

Funding to Health Authorities	70
Provincial Health Services	74
Medical	79
Pharmacare	80

Capital Funding	80
------------------------------	----

Costs Related to Capital Assets	82
--	----

Capital Investments	83
----------------------------------	----

Financial Report Summary Information Part 1

Manitoba Health, Seniors and Active Living

Reconciliation Statement	84
Expenditure Summary	85
Revenue Summary by Source	97
Five Year Expenditure and Staffing Summary by Appropriation	98
Health Services Insurance Plan Five-Year Expenditure Summary	99

Financial Report Summary Information Part 2

Health Services Insurance Plan

Summary of Estimates	100
Management Report	101
Auditor's Report	102
Statement of Financial Position as at March 31, 2017	103
Statement of Operations and Accumulated Surplus and Net Debt	104
Statement of Cash Flow	105
Notes to the Financial Statements for the Year ending of March 31, 2017	106
Auditor's Report – Schedule of Public Sector Compensation Disclosure	110
<i>The Public Sector Compensation Disclosure Act – Schedule of Payments</i>	111

APPENDIX I Summary of Statutes Responsibility – Minister of Health, Seniors and Active Living	128
--	-----

APPENDIX II Legislative Amendments in 2016/17	132
--	-----

APPENDIX III Performance Reporting	134
---	-----

APPENDIX IV <i>The Public Interest Disclosure (Whistleblower Protection) Act</i>	137
---	-----

APPENDIX V Sustainable Development	138
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Preface/Introduction

Report Structure

This Annual Report is organized in accordance with the Manitoba Health, Seniors and Active Living appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2017. It provides information on the department as well as the Manitoba Health Services Insurance Fund.

The report includes information at the Main and Sub-Appropriation levels related to the department's strategic direction, actual results, financial performance and variances. A five-year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*. And the report on any disclosures of wrongdoing, as directed under *The Public Interest Disclosure (Whistleblower Protection) Act*, has been included in Appendix IV.

Role and Mission

The Vision of the department is:

Healthy Manitobans through an appropriate balance of prevention and care.

The Mission of the department is:

To meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time.

To achieve its mission, the department has identified priorities for the health system to focus efforts to build and sustain a provincial health system that is results-oriented, integrated and aligned, and meets the needs of Manitobans. These priorities are:

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

In fulfilling its role, the department provides or funds the delivery of the most-complex and publicly-visible social program provided by the Manitoba government. The program is delivered partially by the department and partially through grant agencies, arm's-length health authorities, independent physicians, or other service providers who are paid through fee-for-service or alternate means. It is a complex combination of insured benefits, funded services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly-regulated but privately-provided services such as proprietary personal care homes.

The department has a stewardship role to ensure that service providers such as regional health authorities, CancerCare Manitoba, Diagnostic Services Manitoba, the Addictions Foundation of Manitoba, and over 100 service delivery organizations (primarily non-profit organizations) are accountable to provide high-quality services at a reasonable cost to Manitobans. This role is accomplished through resource allocation; legislation and regulations; planning and strategic direction; policy and standards; and performance monitoring, reporting, and management to achieve results.

The department manages direct operations such as Selkirk Mental Health Centre, Cadham Provincial Laboratory, and three provincial nursing stations. As well, the department is responsible for Pharmacare, insured benefits, fee-for-service physician services and other non-devolved health services.

The department promotes and supports its mandate through engagement with Manitobans and community organizations. The department provides leadership and policy support designed to influence the conditions that promote active living and well-being across all sectors of the population. It is important to consider that many factors outside the health care system affect the health of Manitobans, such as family history, gender, culture, education, employment, income, the environment, coping skills and social support networks. “Health” is not merely the absence of disease. It embraces complete physical, mental and social well-being.

Organization Chart

This annual report is organized in accordance with the department’s appropriation structure, which reflects the organization chart as of March 31, 2017.

The organization of appropriations that follow in this document may or may not align directly to the organization chart due to differences in timing of budget and other planning cycles.

Préface-introduction

Structure du rapport

Ce rapport annuel est organisé selon la structure des crédits de la Santé, des Aînés et de la Vie active du Manitoba, telle qu'elle figure dans le budget des dépenses principal de la Province du Manitoba pour l'exercice terminé le 31 mars 2017. Les renseignements qu'on y trouve concernent le ministère et le Fonds d'assurance-maladie du Manitoba.

Le rapport fournit également des renseignements sur les budgets principaux et les postes secondaires, en regard de l'orientation stratégique du ministère, des résultats réels, des rendements et des écarts financiers. Un tableau des dépenses et des effectifs rajustés du ministère pour les cinq dernières années figure également dans le rapport, de même que les notes explicatives des écarts au chapitre des recettes et des dépenses.

Dans une section financière distincte, on trouve les états financiers vérifiés du régime d'assurance-maladie du Manitoba. Conformément aux dispositions de la *Loi sur la divulgation de la rémunération dans le secteur public*, ils s'accompagnent du calendrier des paiements. Un rapport sur toute divulgation d'actes répréhensibles, tel que le prévoit la *Loi sur les divulgations faites dans l'intérêt public (protection des divulgateurs d'actes répréhensibles)*, a été ajouté à l'Annexe IV.

Rôle et mission

La vision du ministère est la suivante :

Une population manitobaine en santé grâce à une offre équilibrée de services de prévention et de soins de santé.

Sa mission est la suivante :

Répondre aux besoins en matière de santé des particuliers, des familles et de leurs collectivités en dirigeant un système de santé publique durable qui favorise le bien-être de la population et lui offre des soins appropriés quand et où il faut.

Pour remplir sa mission, le ministère a établi des priorités de façon que le système de santé soit axé sur les résultats, harmonieusement intégré, et qu'il réponde aux besoins de la population de la province. Ces priorités sont les suivantes :

- **Renforcement des capacités**
- **Innovation dans le système de santé**
- **Viabilité du système**
- **Amélioration de l'accès aux soins**
- **Prestation améliorée des services**
- **Amélioration de l'état de santé et réduction des disparités parmi la population**

En remplissant son rôle, le ministère administre le programme social du gouvernement du Manitoba qui est le plus complexe et qui a le plus de visibilité auprès du public. La prestation de ce programme est assurée en partie par le ministère et en partie par des organismes de financement, des offices de la santé indépendants et des médecins indépendants ou d'autres fournisseurs de services rémunérés à l'acte ou par d'autres moyens. Il s'agit d'un agencement complexe de services assurés, de services financés offerts par l'entremise d'établissements publics, tels les centres hospitaliers communautaires de soins primaires et les centres hospitaliers universitaires de soins tertiaires, et de services réglementés par des organismes publics mais offerts par des organismes privés tels les foyers de soins personnels privés.

Le ministère assume un rôle de gérance et veille à ce que les fournisseurs de services, notamment les offices régionaux de la santé, Action cancer Manitoba, Diagnostic Services Manitoba, la Fondation manitobaine de lutte contre les dépendances et plus d'une centaine d'organismes de prestation de services (essentiellement des organismes à but non lucratif), offrent à la population manitobaine des services de grande qualité et à un coût raisonnable. Il s'acquitte de ce rôle dans le cadre des fonctions suivantes :

affectation des ressources; législation et réglementation; planification et orientation stratégique; établissement de politiques et de normes; surveillance, communication et gestion du rendement pour atteindre les résultats.

Le ministère assure directement l'exploitation de certains établissements, notamment du Centre de santé mentale de Selkirk, du Laboratoire provincial Cadham et de trois postes provinciaux de soins infirmiers. Il est également chargé du Régime d'assurance-médicaments, des services assurés, des services de médecins rémunérés à l'acte et d'autres services de santé non dévolus.

Le ministère fait la promotion de son mandat en se rapprochant de la population manitobaine et des organisations communautaires. Il fournit le leadership et le soutien stratégique nécessaires de façon à influencer sur les conditions qui favorisent la vie active et le bien-être dans tous les secteurs de la population. Il est important de se rappeler que toutes sortes de facteurs extérieurs au système de soins de santé affectent la santé des Manitobains, comme les antécédents familiaux, le sexe, la culture, l'éducation, l'emploi, le revenu, l'environnement, la capacité d'adaptation et les réseaux de soutien social. La « santé » n'est pas simplement l'absence de maladie. Elle englobe tout ce qui est bien-être physique, mental et social.

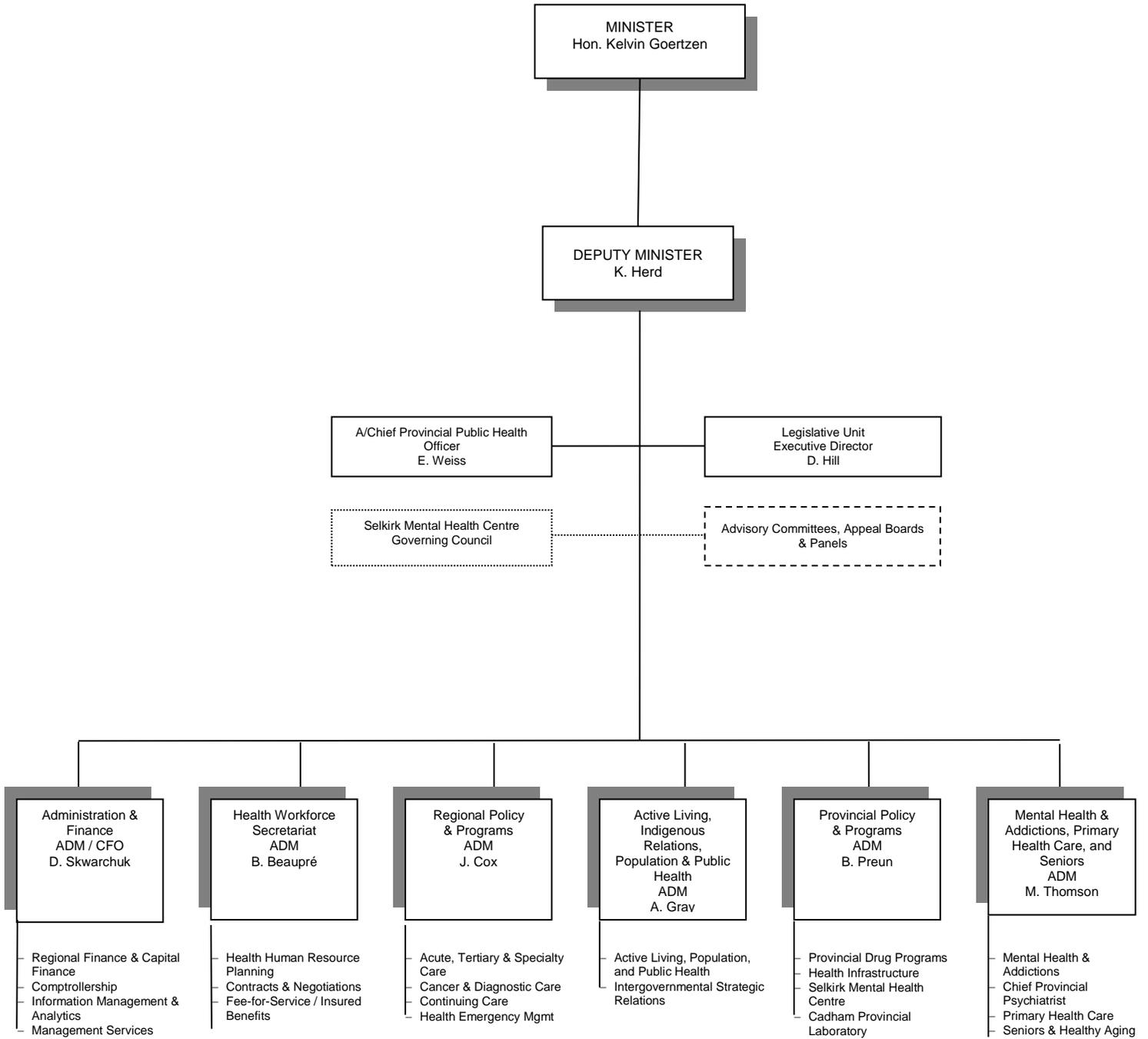
Organigramme

La structure du rapport annuel correspond à celle des postes budgétaires du ministère, telle qu'elle se reflète dans l'organigramme établi au 31 mars 2017.

L'organisation des crédits budgétaires qui se trouvent dans le présent document peut ne pas s'aligner directement à l'organigramme en raison de divergences entre la synchronisation du budget et autres cycles de planification.

MANITOBA HEALTH, SENIORS AND ACTIVE LIVING ORGANIZATION CHART

As of March 31, 2017



Innovation as a foundation of our work

Administration and Finance

Minister's Salary

The objectives were:

In accordance with the goals and strategic priorities established by the Premier and Cabinet:

- To provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans.

1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2016/17 \$(000's)		2016/17 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	56	1.00	51	5	
Other Expenditures					
Total Sub-Appropriation	56	1.00	51	5	

Executive Support

The objectives were:

- To provide executive support to the Minister of Health, Seniors and Active Living in achieving objectives through strategic leadership, management, policy development, program determination, and administration of the department's and broadly defined health services delivery system.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2016/17 \$(000's)		2016/17 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	1,288	15.00	1,087	201	1
Other Expenditures	128		218	(90)	
Total Sub-Appropriation	1,416	15.00	1,305	111	

Explanation Number:

1. Primarily due to miscellaneous salaries over-expenditures.

Finance

Administration and Finance is comprised of the following:

**Comptrollership
Regional and Capital Finance
Information Management and Analytics
Management Services**

Comptrollership

The objectives were:

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and, through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- To ensure that financial reporting for the department is efficient, accurate and consistent.
- To ensure an equitable personal care home rate structure and a level of revenue that partially offsets the total cost of long-term care for RHAs through the management of the assessment and appeal process.
- To provide financial advice and testing support on information technology systems for the department.

The expected and actual results for 2016/17 included:

1. Effective and efficient use of tangible and fiscal resources for departmental programs and external agencies consistent with the established priorities of the department and government.
 - Based on Department priorities, established guidelines and policies, Manitoba Health, Seniors and Active Living was able to effectively and efficiently utilize the tangible and financial resources of the department to provide relevant budgets to departmental programs, regional health authorities and external agencies.
2. Efficient and accurate preparation of annual planning and reporting documents, ex: Estimates, Quarterly Financial reports and other financial reports or documents.
 - Estimates, estimates supplement, quarterly financial reports, the Annual Report and other financial reports or documents were prepared in accordance with legislative requirements, Treasury Board and senior management requirements within established deadlines.
3. Efficient, accurate information provided to government on the fiscal status of the department.
 - Monthly and quarterly financial reports, the Annual Report and other financial reports or documents on the fiscal status of Manitoba Health, Seniors and Active Living were prepared in a timely manner.
4. Equitable rate structure for the Residential Charges Program.
 - Through management of rate assessment and the review of residential charges policies to provide for a more efficient appeal process for all long term care clients, Manitoba Health, Seniors and Active Living was able to provide for an equitable rate structure for the residential charges program.
5. Efficient and effective use of information technology systems to support the information requirements of the department.
 - Through the use of information technology systems such as the SAP general ledger and the SAP medical claims processing system, Manitoba Health, Seniors and Active Living was able to provide timely payments to vendors and timely reports for decision making.

Regional and Capital Finance

The objectives were:

- To provide expertise, consultation and analysis to departmental programs, health authorities and agencies to facilitate a common understanding of financial information, legislative and reporting requirements and methodologies.
- To develop and monitor processes that enable the department to set expectations and assess financial results of health authorities and other health organizations.
- To provide distribution of funds to health authorities and other health organizations in accordance with departmental priorities and legislation.
- To monitor health authorities' and other health organizations' financial and operational results including in-year variance reports and future year Estimates projections.
- To ensure the timely collection of financial, statistical and performance management information from the health authorities in accordance with provincial and national reporting requirements.
- To manage capital funding for approved capital needs in a timely and cost-effective manner and in accordance with policy.
- To work with health authorities and health organizations to lead and/or support quality improvements that result in efficiencies in resource allocation and program delivery to help ensure sustainability of the health care system.

The expected and actual results for 2016/17 included:

1. Consistent and reliable financial reporting to the department from health authorities, other health organizations and other agencies.
 - Received financial forecast reports, Management Information Systems (MIS) submissions, completed financial templates and other reports regarding identification of required deliverables on monthly, quarterly and annual timelines as established by Manitoba Health, Seniors and Active Living.
 - Analyzed financial reporting received from the health authorities and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.
Continually reviewed processes for efficiencies and improvement opportunities.
2. Efficient, accurate and consistent financial reporting of the Health Services Insurance Fund.
 - Aligned internal processes and timelines with critical reporting deadlines to ensure timely submission of information.
 - Provided accurate and consistent financial reporting of the Manitoba Health Services Insurance Fund through financial reporting documents in an efficient manner to meet reporting deadlines.
3. Allocation of resources to health authorities, other health organizations and other agencies consistent with established priorities of the department.
 - Reviewed financial requirements of health authorities and other agencies against established priorities of the department in order to allocate resources.
4. Financial expertise and direction provided to health authorities, other health organizations and agencies in support of various departmental projects and initiatives, including capital funding requirements.
 - Provided financial expertise and analysis to various internal and external stakeholders.
 - Responded to *ad hoc* requests on a timely basis from various stakeholders.
 - Provided financial consultation to various committees and working groups.
 - Responded to *ad hoc* queries from stakeholders and organizations and produced analyses and briefings focusing specifically on financial impacts.
5. Accurate and timely funding of capital expenditures to health authorities and other health organizations in accordance with policy.
 - Provided approved funding to health authorities in a timely and accurate manner.
 - Initiated debt repayment on outstanding approved borrowings upon project completion.
 - Managed outstanding debt to minimize cost within a conservative risk portfolio.

6. Department programs, the health authorities, researchers, public organizations and the general public have access to financial information for accountability, operational, planning evaluation and research needs.
 - Financial and statistical information was received from entities, analyzed, compiled, and delivered to stakeholders and organizations in accordance with provincial and national reporting requirements and has been made available as requested.

Information Management and Analytics

The objectives were:

- To ensure the timely collection of statistical, clinical and performance management information from the health authorities in accordance with provincial and national reporting requirements.
- To lead in the area of information management, reporting, and analytics of health information to inform and support the strategic functions of the department and the health authorities, including public accountability.
- To coordinate and support health research-related activities and ensure the appropriate use of health information in accordance with privacy legislation.

The expected and actual results for 2016/17 included:

1. Department programs, the health authorities, researchers, public organizations and the general public have access to health care information for accountability, operational, planning, evaluation and research needs.
 - Continued development and maintenance of databases to support internal and third-party information requirements, including provision of data to organizations such as: the Manitoba Centre for Health Policy, CancerCare Manitoba, the Canadian Institute for Health Information, the Public Health Agency of Canada and Statistics Canada.
 - Facilitated access to data and statistics by providing leadership, information/consultation, support and training within the department and the RHAs on a wide variety of health information matters.
 - Participated in provincial and national committees and working groups, including providing leadership to several data quality and health indicator committees.
 - Produced several health system reports, including the Annual Statistics report, the Population Report, standard reports for the RHAs, as well as weekly, monthly and annual statistical reporting on the department website.
 - Responded to ad hoc data requests from stakeholders and organizations and produced specific analyses and briefings for health data and research publications.
 - Provided data and statistical support to various committees.
2. Data infrastructure, policies and agreements are in place to support the appropriate collection, management, use and disclosure of health information, in accordance with *The Personal Health Information Act* and other applicable legislation.
 - Developed policies, processes and procedures for the use of data for health research.
 - Implemented data sharing agreements, researcher agreements and researcher agreement renewals with key organizations involved in health research.
3. A provincial health system performance management tool that allows the collection and sharing of key high priority system indicators across the health authorities and the department is in place.
 - Continued to provide access to health system performance information to all health authorities, the department and the Deputy Minister's office through the Provincial Health System Performance Indicator Portal (PHSPIP).
 - Paused on the development of a Phase Two scope, due to dependencies on the recommendations from the Provincial Clinical Services Plan report and the Health System Sustainability & Innovation Review.
4. A process is in place to manage ongoing extracts of electronic medical record patient activity from physician clinics and to return Comparative Analytic Reports to support data quality and improved patient outcomes.
 - The EMR Repository currently maintains extracts from nearly 200 Primary Care clinics.

- Comparative Analytic Reports continued to be distributed to clinics submitting regular EMR extracts. The reports focused on selected chronic diseases and completeness of information regarding monitoring activities related to clinical practice guidelines.
 - Additional reports were provided specifically to Physician Integrated Network clinics every six months, distributed along with the main reports but narrowing the focus to only enrolled patients receiving care within the sites.
5. An integrated, coordinated approach by the department to health research activities is in place.
- Provided expert data and administrative support to the Health Information Privacy Committee established under *The Personal Health Information Act (PHIA)*.
 - Provided ongoing coordination and support to the contractual relationship between the department and the Manitoba Centre for Health Policy, including the development of the annual research agenda.
 - Undertook partnership activities related to health services policy research in accordance with Research Manitoba.
 - Participated in the Research Improvement Through Harmonization in Manitoba (RITHIM) initiative with Research Manitoba intended to look for opportunities to streamline both the application and review process for health research in Manitoba in the area of clinical trials, biobanks, and data intensive research.
6. An Information Management and Analytics Study and accompanying work plan that will guide the province's direction, priorities and investments in relation to the information needed to support delivery of care and inform optimal health system performance is under way.
- Reviewed and validated the final study report, which identified a vision for how the healthcare system will organize, collect, manage and share key information to better support patient care, program planning, funding, performance management and research within the system.
 - Provided a presentation of results to the Health Senior Leadership Council. These results will inform a provincial roadmap and action plan for work in this area over the next 3-5 years.
 - These recommendations will be reviewed in light of more recent initiatives within the public healthcare system and look for opportunities to align efforts to maximum advantage/effect.

Management Services

The objectives were:

- To lead, facilitate and coordinate key management functions within the department, such as: strategic planning and alignment; regional health planning; proposal review; governance; accountability; risk management; and organization performance management.
- To provide leadership and coordination for several department processes, such as: preparation and distribution of the department's Supplementary Information for Legislative Review and Annual Report, responses to ministerial correspondence, briefing material for legislative sessions, and administrative supports for the governance of health-related agencies, boards, and committees.

The expected and actual results for 2016/17 included:

1. Improved engagement and capacity for department planning and alignment activities, including risk management and performance management.
- Provided strategic coordination and led processes to better align work across the department to advance health system priorities and goals.
 - Strengthened risk management practices in the department and promoted integration of risk management with other department planning processes.
 - Provided leadership and project management support to the Health Sustainability and Innovation Review.
 - Introduced the draft Value for Money (VfM) Framework as a reference for helping achieve performance improvements in the health system as well as enhancing population health outcomes while improving overall sustainability.
 - Coordinated the department's review, approval, and oversight of implementation for funding proposals, including the development of resource materials and coaching support to department staff.

- Provided new employee orientation on the department and the health system overall for new department staff.
2. Strengthened health system planning, governance and accountability.
 - Provided planning guidelines and ensured that all health authority annual health plans complied with department guidelines.
 - Coordinated departmental responsibilities for reorganization of the regional health authority boards and facilitated the orientation of all new and returning board members to ensure clarity of roles and responsibilities in support of government's expectations and priorities.
 - Coordinated the development of the Minister's mandate letters to regional health authorities, CancerCare Manitoba, Diagnostic Services Manitoba, and the Addictions Foundation of Manitoba. The letters set out expectations of conduct and strategic direction as board members. The mandate letters also serve as a basis for resetting accountability roles and relationships in order to meet the expectations of Manitobans.
 - Through the review of health authorities' year-end accountability monitoring documents, confirmed that health authorities have taken action in response to governance expectations.
 - Provided coordination, coaching, and resources to support performance management and accountability practices and processes.
 - Monitored health authority/health organization Chief Executive Officer/Designated Senior Officer expense reporting and ensured the reports complied with legislated guidelines.
 - Provided guidelines and ensured that health authority annual reports complied with department guidelines.
 3. Documentation and processes coordinated by the branch meet relevant standards and guidelines, including timelines.
 - Coordinated the preparation of the department's Supplementary Information for Legislated Review (SILR) within government's guidelines.
 - Coordinated the preparation of the department's Annual Report within government's guidelines.
 - Coordinated the department's responses to ministerial correspondence.
 - Coordinated administrative processes for appointments to health-related agencies, boards and committees.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	7,094	97.75	7,035	59	
Other Expenditures	856		980	(124)	
Total Sub-Appropriation	7,950	97.75	8,015	(65)	

Legislative Unit

The objectives were:

- To provide leadership, advice and support to the department on the development of new or amended legislation and regulations.
- To co-ordinate the department's response to requests for access to information under *The Freedom of Information and Protection of Privacy Act* (FIPPA).
- To provide education and training on and respond to enquiries under *The Personal Health Information Act* (PHIA).

The expected and actual results for 2016/17 included:

1. Development and coordination of statutes and regulations that provide a sound legislative base for meeting the mission of the department.

Legislative Proposals:

- There were two health-related statutes amended, enacted or partially proclaimed for the fiscal year 2016/2017 (details outlined in Appendix II):

Regulatory Amendments:

- Assisted in the development of required regulation amendments to ten regulations under various health related legislation (see Appendix II for details).
 - Assisted in the development of one new regulation (see Appendix II for details).
2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.
 - This was met as outlined in item Number 1 above.
 3. Accurate and timely information provided to internal and external clients about legislation, including *The Personal Health Information Act*, and the legislative process.
 - Accurate and timely information was provided. Among other activities in the area, staff of the Unit provided 14 informational presentations on *PHIA* and *FIPPA* to organizations and Manitoba Health, Seniors and Active Living staff over the course of the year.
 4. Implementation of Labour Mobility obligations for the regulated health professions.
 - Worked with regulatory bodies with respect to meeting their labour mobility obligations.
 5. Requests for access to information under *The Freedom of Information and Protection of Privacy Act* are dealt with in accordance with the Act.
 - *The Freedom of Information and Protection of Privacy Act* (FIPPA):
 - There were 108 responses to FIPPA requests for information. These numbers are based on a calendar year.

1(d) Legislative Unit

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	622	7.00	529	93	
Other Expenditures	156		286	(130)	
External Agencies	425		518	(93)	
Total Sub-Appropriation	1,203	7.00	1,333	(130)	

Provincial Policy and Programs

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of the department with a focus on:
 - Information Communications Technology (ICT), including Manitoba eHealth
 - Provincial Drug Programs
 - Capital Planning
 - Corporate Services, including Web Services, French Language Services, the Manitoba Health Appeal Board, the Mental Health Review Board, and the Protection for Persons in Care Office
 - Cadham Provincial Laboratory Services (CPL)
 - Selkirk Mental Health Centre (SMHC)
- To provide direction and oversee improved effectiveness and efficiency of designated department program delivery and as it relates to the broader health care system.

The expected and actual results for 2016/17 included:

1. Strategic directions consistent with the department's priorities, with respect to provincially funded drug benefits, the provincial health capital program, and ICT systems.
 - Capital Planning and ICT initiatives were overseen and delivered by the healthcare delivery system to achieve the identified project objectives, the overall strategic objectives of the department and in alignment with Government direction.
 - Electronic data interchange between the department, Manitoba eHealth, regional health authorities, health care providers and other government departments and jurisdictions continue to be completed in an effective and secure manner.
 - Renovations, improvements, upgrades and functional changes to existing facilities and systems have been completed in a timely fashion, in priority sequence, and in accordance with business rules and requirements.
 - Implementation of improvements in ICT governance and planning with the intent of improving and enhancing the ICT services across the healthcare sector continues.
 - The department continues to be an active participant within the pan-Canadian Pharmaceutical Alliance. Strategically, this enables the department to provide value to the broader health care systems and to improve patient care by negotiating drug reimbursement collectively to:
 - Increase access to clinically effective and cost effective drug treatment options
 - Improve consistency of drug funding decisions
 - Achieve consistent and lower drug costs; and
 - Reduce duplication of effort and improve use of resources.
 - In 2016, the department became the lead jurisdiction for the Multi-Stakeholder Steering Committee on Drug Shortages (MSSC). The MSSC is a collaboration of federal/ provincial/territorial governments, industry, group purchasing organizations, distributors and health professional associations to advance collaborative work on drug shortages. The MSSC is supporting current initiatives including:
 - mandatory reporting of drug shortages by manufacturers which is expected to be implemented in 2016. Currently, manufacturers voluntarily report drug shortages at www.drugshortages.ca
 - an MSSC working group focused on Contingency Planning – improvements along the supply chain, e.g. industry proactively sharing information on therapeutic alternatives and alternate suppliers with provinces and territories; and
 - an MSSC working group focused on contracting practices – working with industry to examine and strengthen contracting practices.
 - Within Ancillary Programs, the department began a detailed evaluation of current policies, billing procedures, and regulations to ensure that listing and funding of current and new devices are evidence-based, cost-effective, and consistent between programs where appropriate.
2. Equitable and appropriate utilization of provincially-funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
 - Provincial Drug Programs (PDP) administered the Manitoba Drug Benefits and Interchangeability Formulary. Updates on the amendments to the Formulary were provided in five bulletins that were communicated to the pharmacists and physicians of Manitoba.
 - The listing of new generic molecules through the pan-Canadian Pharmaceutical Alliance process on the Formulary enabled Manitobans to access additional lower-cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
 - Processed 259,141 Pharmacare applications: 66,690 families received Pharmacare benefits to Provincial Drug Programs.
3. Improved laboratory screening and response programs, quality public health laboratory results and productive collaborations with stakeholders.
 - Increased and improved screening and detection of enteric viral disease and sexually transmitted and blood borne infections, and increased newborn screening.
 - Streamlined laboratory processes to delivery more timely public health lab services and proactive communication of results.
 - Continued collaborations and analysis which inform provincial and international-level policies and control programs.

4. Service delivery at SMHC and as part of the broader health care system that reflects the Centre's core values of hope, respect and excellence.
 - SMHC continues working towards implementing best practice programs and services, which includes implementing a new strategic plan and producing a role statement that identifies the programs and services it should provide in the future.
5. Effective administration of *The Protection for Persons in Care Act* and oversight with respect to French Language Services policies and other related Corporate Services policies that promote equitable access to health services.
 - French Language Services were provided through the department, in an accessible and satisfactory manner to the French speaking public of Manitoba. For example, the Manitoba Health Appeal Board (MHAB) provided appeal hearings in the French language upon request.
 - Efficient inquiry and investigation by the Protection for Persons in Care Office of reports of alleged patient abuse and neglect.
 - Improved awareness by health care facilities and the general public of the process for reporting patient abuse and neglect.
 - The Mental Health Review Board and the Manitoba Health Appeal Board held hearings and rendered decisions in a timely manner.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	282	3.00	246	36	
Other Expenditures	72		50	22	
Total Sub-Appropriation	354	3.00	296	58	

Information Systems

The objectives were:

- Provide and facilitate strategic Information and Communication Technology (ICT) solutions to support the objectives and priorities of the department and the broader provincial health ICT system with the intent of enabling an integrated provincial system that is seamless, user friendly and responsive to patient and provider needs.
- Provide leadership, project oversight, policy direction and advice to Manitoba eHealth and the publicly funded health system on the ICT strategy and initiatives.
- Coordinate and align departmental ICT projects with the priorities of the department.
- Provide and maintain key departmental information systems.
- Facilitate ICT awareness and education for department staff in order to create more knowledgeable ICT consumers.
- Ensure that departmental ICT systems, processes and procedures are compliant with both departmental and the Government of Manitoba ICT security policies.
- Identify record, track and plan for mitigating ICT risks that affect the provincial health system.

The expected and actual results for 2016/17 included:

1. Building upon progress to date, continue the design and implementation of a provincial ICT governance model that has appropriate accountability and authority to make, implement and manage ICT decisions and investments.
 - Continued to refine and enhance provincial structure for strategic leadership and oversight of ICT planning and oversight, governance and delivery including the development of a portfolio management based approach to ICT investment.
 - Liaised with MHSAL branches and programs to identify scope and secure approval for future department ICT initiatives over a one (1) and three (3) year time horizon. Initiated an analysis of longer term systems requirement in support of a provincial strategic infrastructure plan.

2. Establishment of integrated decision-making authorities based on clear and aligned roles and responsibilities, a defined scope of authority for decision-making focusing on enabling success for stakeholders and achieving value, efficiency and increased effect within the health system.
 - Worked with Manitoba eHealth and Manitoba Growth Enterprise and Trade - Business Transformation and Technology (BTT) to secure project implementation and delivery services as required for department initiatives and to support greater integration and standardization within Manitoba's digital healthcare system.
 - Initiated work to address and reduce long term storage costs related to healthcare records and storage while commensurately enhancing information management and analytics capacity to support evidence based decision making.
3. Strategic governance will establish expectations and conditions to enable success for stakeholders and operational governance will translate expectations into operational execution resulting in process governance, which manages and improves performance of ICT processes.
 - Worked in cooperation with Manitoba eHealth to develop a Portfolio Based Management approach for the prioritization and progression of ICT investments needed to support provincial health care applications and shared services.
4. ICT initiatives are appropriately scoped, resourced and supported to achieve the identified project objectives and the overall strategic objectives of the department.
 - Ensured that \$38,320,000.00 in ICT investments/expenditures were made in an effort to grow and enhance Manitoba's digital healthcare system.
 - Liaised with MHSAL branches and programs to identify scope and secure approval for future healthcare system information sharing requirements/initiatives.
5. Electronic data interchange between the department, Manitoba eHealth, health authorities, health providers and other government departments and jurisdictions will be effective, secure and appropriate.
 - Continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
6. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules and requirements that achieve an increasingly provincially integrated digital health care solution.
 - Oversaw and completed the upgrading of the Provincial Electronic Patient Record (EPR) System and Emergency Department Information System (EDIS) and with the intent of increasing system capacity and reliability in the delivery of direct acute patient care.
 - Continued to support an annual ICT Infrastructure Renewal Program managed by Manitoba eHealth which focuses on the execution of a consistent and coherent approach to replacing and upgrading old, obsolete and failing technical infrastructure in Manitoba's health information systems operating environment.
 - Provided consultation and project management services to department initiatives to ensure appropriate resourcing and solution delivery including significant efforts to update and sustain departmental ICT systems supporting critical administrative systems and information management and analytical capability.
7. Necessary data and information are accessible for department staff to achieve corporate goals and objectives.
 - Continued to coordinate and facilitate the management and expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.
8. Manitoba eHealth ICT solutions and operations support the strategic objectives of the department, the regional health authorities and the publicly funded health sector.
 - Continued to work with Manitoba eHealth to appropriately define strategic health ICT objectives and initiatives.
 - Completed the development of a Manitoba eHealth Strategic ICT Plan intended to build upon the forthcoming Provincial Preventative and Clinical Services Plan which will serve to offer the healthcare system improved quality of choice for investments resulting in enhanced return on

investment as well as a master plan to provide both the longer-term vision and the shorter-term flexibility.

- Exercised oversight and due diligence on over twenty-one (21) provincial ICT projects totalling \$222,650,600.00. Ensured ongoing review and monitoring for budget, scope and time as well as return on investment and value for money.

2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	3,863	55.20	4,433	(570)	
Other Expenditures	147		173	(26)	
Provincial Program Support Cost	3,851		4,870	(1,019)	1
Total Sub-Appropriation	7,861	55.20	9,476	(1,615)	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Provincial Drug Programs

The objectives were:

- To manage and administer sustainable drug programs that provide Manitobans with access to eligible drug benefits as prescribed by *The Prescription Drugs Cost Assistance Act*, *The Pharmaceutical Act* and *The Health Services Insurance Act*.

The expected and actual results for 2016/17 included:

1. Access to cost-effective medications for Manitobans.
 - Manitoba Health, Seniors and Active Living continues to support:
 - the Common Drug Review, and the pan-Canadian Oncology Drug Review, which are national processes for evidence-based reviews and listing recommendations of new chemical entities including oncology drugs; and
 - the pan-Canadian Pharmaceutical Alliance, an initiative whereby jurisdictions conduct joint provincial/territorial negotiations for brand name drug products being considered for reimbursement to achieve greater value for publicly funded drug programs and patients.
 - Provincial Drug Programs administered the Manitoba Formulary. Updates on the amendments to the Manitoba Formulary were provided in five bulletins which were communicated to pharmacists and physicians in Manitoba.
 - The listing of new generic drugs on the Manitoba Formulary enabled Manitobans to access additional lower cost generic medications. Generic drug submission requirements ensures generic drug pricing in Manitoba is equitable with other Canadian jurisdictions.
 - Provincial Drug Programs representatives participated on advisory committees to the Canadian Agency for Drugs and Technologies in Health, and advisory committees to the pan-Canadian Oncology Drug Review. Committee members also facilitated effective jurisdictional sharing of pharmaceutical information.
 - The Manitoba Drug Standards and Therapeutics Committee reviewed drug submissions, to provide recommendations on drug interchangeability and to discuss the therapeutic and economic value of various drug benefits
2. Coordination and monitoring of ongoing initiatives to enhance patient safety, to optimize patient care and to improve of the quality of drug prescribing and dispensing processes.
 - MHSAL has Service Purchase Agreements with the College of Physicians and Surgeons of Manitoba (CPSM) (to undertake work through The Manitoba Prescriber Education and Audit Process [MPEAP]) and with the CPhM (to administer the Manitoba Prescribing Practices Program [MPPP]).
 - The current MPEAP Agreement focuses on six (6) key areas: standards, education, partnerships, audit process, capacity improvement, and communications.

- MPEAP has evolved into a quality assurance process, administered by the CPSM, that includes the following components:
 - Tools and audit processes to monitor and promote compliance with current medical prescribing standards; and
 - A review process whereby the CPSM reviews, at the request of the Minister of Health, Seniors and Active Living or his delegate pursuant to *The Prescription Drugs Cost Assistance Act*, the prescribing practices of any prescriber whom the Minister or his delegate identifies for purposes of such review.
 - The MPPP provides service relating to narcotics and controlled substances including providing physicians with prescription pads, historically called “Triplicates”. CPhM also provides direction to pharmacists relating to filling these prescriptions.
3. Financial assistance to Manitobans for eligible drug benefits.
- Provided benefit coverage for Manitobans enrolled in income-based Pharmacare, the Employment and Income Assistance Program, the Personal Care Home Drug Program, the Home Cancer Drug Program and the Palliative Care Drug Program.
 - Processed 259,141 Pharmacare applications; with 66,690 families receiving Pharmacare benefits.
 - Processed 57,144 requests through the Exception Drug Status Program.
 - Enrolled 975 families in the Deductible Instalment Payment Program for Pharmacare.
 - Provided benefits for 62,831 families through Ancillary Services and the Prosthetic and Orthotic Program.
 - Maintained the Home Cancer Drug (HCD) Program in collaboration with CancerCare Manitoba (CCMB). The Provincial Oncology Drug Program is operated at CCMB sites across Manitoba and provides intravenous chemotherapy agents, interferon (Intron A), immunosuppressants for bone marrow transplant patients, and prostate cancer hormone therapies. The HCD Program supports CCMB patients at home. Access to eligible cancer drugs and specific supportive drugs designated on the HCD Program Drug Benefits List are provided to cancer patients at no cost to the patient.
 - 8,628 patients benefited from the HCD program in 2016/17, up from 8,202 in 2015/16.
 - The Provincial Drug Programs Review Committee met on a monthly basis to review requests for benefit coverage through the Exception Drug Status process.
 - Continued collaboration with Manitoba Hydro to provide eligible Pharmacare beneficiaries the option to pay their annual Pharmacare deductible in monthly instalments through the Deductible Instalment Payment Program.
4. Implementation of strategies to ensure sustainability of provincial drug programs.
- Implemented approvals for benefit coverage for new drugs added to the Manitoba Formulary through the Exception Drug Status Office with criteria for use established through the utilization management agreements (UMA) with manufacturers.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual		Estimate		Variance Over(Under) Expl. No.
	2016/17 \$(000's)	FTE	2016/17 \$(000's)		
Salaries and Employee Benefits	2,007	43.00	2,612	(605)	1
Other Expenditures	650		467	183	
Total Sub-Appropriation	2,657	43.00	3,079	(422)	

Explanation Number:

1. Primarily due to miscellaneous salaries under-expenditures.

Corporate Services

The objectives were:

- To manage enquiries and investigations into alleged abuse and neglect of patients in designated health care facilities, reported to the Protection for Persons in Care Office (PPCO) in accordance with the legislative requirements of *The Protection for Persons in Care Act*.

- To provide a consultative, advisory and administrative link among bilingual-designated regional health authorities, external agencies funded by the department, and the public in matters relating to French Language Services (FLS).
- To provide assistance and guidance to department staff concerning the FLS policy, the Active Offer policy and the translation and publication of French documents.
- To develop, deliver and maintain all information, online services and applications related to the department's public-facing websites.
- To manage departmental compliance with and accommodation activities in support of the Manitoba Policy on Access to Government.
- To support the Manitoba Health Appeal Board in providing an appeal process for the public on certain decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, the Hepatitis C Assistance Program and the Home Care Program.
- To support the provision of a review process through the Mental Health Review Board for the admission or treatment of a patient in a psychiatric facility as required by *The Mental Health Act*.

The expected and actual results for 2016/17 included:

1. Efficient enquiry and investigation by the PPCO of reports of alleged patient abuse and neglect.
 - All reports received were reviewed and if there were reasonable grounds to believe that a patient was, or was likely to be, abused or neglected an investigation was initiated.
 - Operational processes continued to be reviewed and improvements implemented to make the handling of reports more efficient and timely while ensuring alignment with The Protection for Persons in Care Act.
 - Directions were issued following investigations where opportunities to improve patient safety were identified.
 - Cases of founded abuse and neglect were referred to the Adult Abuse Registry Committee as required by legislation and regulations.
2. Improved awareness by health care facilities and the general public of the process for reporting patient abuse and neglect.
 - The PPCO provided education to facilities and the public through presentations on The Protection for Persons in Care Act. During the 2016-17 fiscal year the PPCO provided a total of 46 presentations to groups within Manitoba. Included in these presentations were PPCO's first presentations via Tele-Health.
 - Information for the public was made available on the PPCO website and brochures.
3. The Active Offer policy in use in all public-facing areas of the department.
 - A narrated French Language Services and Active Offer presentation is available in the online portion of the new employee orientation posted on the MHSAL intranet.
 - In-person French Language Services and Active Offer presentations are done on a bi-annual basis for Insured Benefits staff given they have the highest client service front-line role in the department.
4. Provision of FLS through the department, in an accessible and satisfactory manner to the French speaking public of Manitoba.
 - No FLS complaints concerning the department were received in 2016/17.
 - Website hits on French pages are just over 404,000, an increase of nearly 25% over the previous fiscal year.
5. The department's public documents, in paper or electronic format, produced in French within five-to-ten business days.
 - 91% of documents were produced in French within five to ten business days.
6. Regularly reviewed and updated existing websites and new web-based information developed to provide ongoing support to the department.
 - Developed, delivered and maintained all information, online services and applications related to the department's public-facing websites.
 - Increased public access to the department's online information, as measured by website analytics.
 - Managed compliance with and accommodation activities in support of the Manitoba Policy on Access to Government.

7. Compliance with Manitoba Policy on Access to Government.
 - The department has an Accessibility Plan that is implemented through the support of accessibility working group and an accessibility coordinator.

8. The Mental Health Review Board and the Manitoba Health Appeal Board hold hearings and render decisions in a timely manner.
 - The MHAB opened and processed 117 appeal files and held 62 appeal hearings during the 2016-2017 fiscal year. The hearings were for the following types of appeals:
 - 22 Authorized Charges
 - 28 Insured Benefits
 - 12 Home Care Services
 - 62 total

 - The Mental Health Review Board (MHRB) processed 314 review hearing applications.
 - A total of 108 hearings were held:
 - 79 review hearings were by application; and
 - 29 hearings were automatically set as required by legislation.
 - Hearings were held within 21 days as required by *The Mental Health Act*.
 - Decisions were rendered independently by the board and rationale was provided to all parties following each hearing.

 - Some applications did not proceed to a hearing because the patient:
 - was discharged from hospital;
 - withdrew their application;
 - had a change of status, resolving the issue; or
 - made an application regarding issues that didn't actually apply to them or were not applicable to their actual hospital status at the time

 - Reasons for canceling scheduled hearings were:
 - the patient was discharged on or before the hearing date;
 - the patient's status changed on or before the hearing date; of
 - the patient withdrew his or her application on or before the hearing date.

2(d) Corporate Services

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,745	20.00	1,415	330	1
Other Expenditures	786		612	174	
Total Sub-Appropriation	2,531	20.00	2,027	504	

Explanation Number:

1. Primarily due to miscellaneous salaries over-expenditures.

Capital Planning

The objectives were:

- To oversee development and implementation of the provincial health capital program and advise government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The expected and actual results for 2016/17 included:

1. A capital plan that supports the department's population health objectives.

- Planning, development and where necessary closure was initiated on several aspects of the multi-year strategic capital plan to address the operational service needs of the provincial health system. This included:
 - Completion of the Brian Sinclair Inquest Recommendations feasibility study including recommendations for consideration in the development and refurbishment of emergency room departments across the province;
 - development of initial recommendation to government for the development of an increase in the number of personal care home beds within the province;
 - Assessment and prioritization of fire safety retrofit projects (sprinkler systems and related fire safety equipment) in accordance with the Fire Safety Task Force Recommendations for personal care homes; and
 - Assessment of policy gaps in the capital planning and project delivery process.
- 2. Health capital projects that are defined and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
 - A multi-year strategic capital plan was progressed in a manner which reflected government goals and priorities as well as aligning with regional service requirements based on evidence based information, CSA standards for health care facilities, and technical standards that inform current professional practice.
 - An external consultant continued to progress a phased risk assessment of all personal care homes and health centres in the province to inform a prioritized sprinkler and related fire safety equipment installation plan
- 3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost-sharing.
 - Continued to utilize a competitive, fair and transparent process to secure consultant and construction services for all healthcare facility capital projects.
- 4. Efficient and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.
 - Completed the annual update on program information and cost data on all approved and constructed major capital projects as well as on annual maintenance and repair projects.
- 5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
 - The Provincial Green Building Policy for Government of Manitoba Funded Projects was applied to all 2016/17 major capital projects. The policy was applicable to site selection, design, new construction and for renovation projects. Power Smart, LEED, or Green Globes rating systems are employed to validate achieving the requirements of these programs.
 - Where possible and economical, successfully incorporated “ground source energy” systems to conserve energy and reduce operating costs in new Emergency Medical Service facilities as well as in other capital projects.
 - Fundamental and enhanced building and systems commissioning continued as part of all capital projects. This process ensured achievement of the owner’s long-term operating expense and sustainability goals.

Capital Projects completed during the 2016/2017 fiscal year included the following.

- Specialized Services for Children and Youth
- ACCESS Fort Garry
- ACCESS St. Boniface
- Lunder Primary Care Clinic
- St. Boniface General Hospital - Cardiac Care
- Grace Hospital - New Magnetic Resonance Imaging Suite
- Misipawistik Cree Nation New Health Centre - Grand Rapids
- Bethesda Health Centre - Main Entrance Redevelopment
- Health Sciences Centre Heliport
- St Rose du Lac Primary Medical Centre

- Thompson Youth Crisis Centre - Hope North Centre
 - Thompson General Hospital Chemotherapy Upgrades
- In addition to the major projects completed and initiated, an additional one hundred twenty-four (124) Safety and Security/maintenance projects were approved throughout the province.

2(e) Capital Planning

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	728	11.00	924	(196)	
Other Expenditures	71		135	(64)	
Total Sub-Appropriation	799	11.00	1,059	(260)	

Drug Management Policy Unit

The objectives were:

- To provide provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, coordinated, cost-efficient, effective, equitable, and sustainable publicly funded drug benefits across the continuum of care in Manitoba.

The expected and actual results for 2016/17 included:

1. Effective management of pharmaceutical expenditures to ensure sustainable and equitable publicly funded drug benefits.
 - As of April 1, 2016, the pan-Canadian Pharmaceutical Alliance has set the price point for eighteen of the most common drugs at 18% of the equivalent brand name product.
 - Actual Pharmacare drug costs for 2016/17 were 0.82% lower than 2015/16 actuals and were 3.4% lower the 2016/17 budgeted amount. For the Home Cancer Drug Program, actual drug costs for 2016/17 were 20.8% higher than 2015/16 actuals and were 46.7% above the 2016/17 budget amount.
 - A Manitoba Health, Seniors and Active Living-CancerCare Manitoba (CCMB) Accountability Working Group, with representatives from CCMB, Regional and Capital Finance (Manitoba Health, Seniors and Active Living), Regional Policy and Programs, and Provincial Drug Programs was established and met on a regular basis to discuss Provincial Oncology Drug Programs (PODP) and the Home Care Drug Program (HCD) expenditures to improve forecasting and tracking.
 - The “Home Cancer Drug (HCD) Program”—a program for Manitobans diagnosed with cancer—that allows access to eligible outpatient oral cancer and specific supportive drugs at no cost to the patient, continued in 2016/17. There were 8,628 individuals registered in the HCD Program in 2016/17 (up from 8,202 in 2015/16), and it is estimated that there were savings to these individuals of \$6.34 million in deductibles.
2. Development and implementation of integrated, evidence-based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and ensure sustainable and equitable publicly funded drug benefits.
 - The Drug Management Policy Unit (DMPU) continued to support the Manitoba Pediatric Insulin Pump (MPIP) Program for Manitoba youth under the age of 18 years with Type 1 Diabetes. Through a funding agreement, access to insulin pumps is provided by the Winnipeg Regional Health Authority, Child Health Program Diabetes Education Resource for Children and Adolescents. In its first year of operation (2012/2013), the MPIP Program provided 23 pumps and associated training. Up to March 31, 2017, a total of 158 pumps have been purchased and user training completed through the MPIP Program.
 - In 2016/17, an additional 40 brand drugs were added to the Manitoba Formulary as either a new product or as a line extension (new indication or new dosage/format) though utilization management agreements (UMAs) that were completed with product suppliers, while 188 new generic Drug Identification Numbers were added to the provincial formulary.

3. Ongoing establishment of forums and opportunities for collaboration among providers, prescribers, patients, F/P/T partners, and industry to advance positive health outcomes.
 - Manitoba is an active participant in the pan-Canadian Pharmaceutical Alliance (pCPA) that worked towards expanding the number of brand name drugs considered for reimbursement, and obtained better value for generic drugs. The pan-Canadian approach capitalizes on the combined negotiating power of public drug plans across multiple provinces and territories, and aims to increase access to drug treatment options, achieve lower drug costs and consistent pricing, and improve consistency of coverage criteria across Canada.
 - The department coordinated the meetings of the Manitoba Monitored Drugs Review Committee, an external, expert drug and therapeutics advisory committee established to help identify patterns or trends surrounding the prescribing, dispensing and use of monitored drugs and make recommendations to the Minister of Health, Seniors and Active Living in order to optimize patient care. The Committee includes representatives from the College of Physicians and Surgeons of Manitoba, the College of Pharmacists of Manitoba, the College of Registered Nurses of Manitoba, the Manitoba College of Family Physicians and Doctors Manitoba.
4. Accountability for public funds paid to pharmacy owners who provide prescription drugs/products and related pharmaceutical services to Manitobans enrolled in the various provincial drug programs.
 - The Drug Management Policy Unit (DMPU) continues to execute Pharmacy Agreements with all community pharmacies in Manitoba. This agreement formalizes the existing business relationship between MHSAL and pharmacy owners.
 - Both the Pharmacy Agreement and Pharmacy Claims Audit Policy (which outlines the process for conducting audits) is intended to ensure appropriate accountability for public funds paid to pharmacy owners who provide prescription drugs/products and related pharmaceutical services to Manitobans who are enrolled in the various provincial drug programs.
5. Compliance with the terms and conditions under which pharmacy owners are granted access to the department's Drug Programs Information Network (DPIN).
 - The Drug Management Policy Unit (DMPU) sets out the terms and conditions under which pharmacy owners are granted access to the department's Drug Program Information Network (DPIN) in the Pharmacy Agreements that are executed with all community pharmacies in Manitoba.
6. Effective development and implementation of integrated policies and initiatives to facilitate appropriate management of non-drug benefit programs and to ensure the sustainability and the equitable funding of these programs.
 - Provincial Drug Programs administers a number of non-drug benefits programs including Ancillary Programs (Prosthetics & Orthotics, Children's Hearing Aids, Breast Prostheses, etc.) and the Portable Oxygen Program. The Drug Management Policy Unit (DMPU) is currently reviewing the policies and related operations of all these non-drug benefit programs.

2(f) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	644	8.00	724	(80)	
Other Expenditures	346		262	84	
External Agencies	329		329	-	
Total Sub-Appropriation	1,319	8.00	1,315	4	

Cadham Provincial Laboratory Services

The objectives were:

- To provide public health laboratory services that contribute to strategic population health improvements.
- Improve disease detection, characterization and control with timely and specific distribution of laboratory information to practitioners and stakeholders.
- To work openly with stakeholders to develop productive collaborations in public health practice, education and research, locally and nationally.
- To improve laboratory productivity and plan for future technological/scientific needs.

The expected and actual results for 2016/17 included:

1. Provision of responsive public health laboratory services to government departments, regional health authorities, CancerCare Manitoba, health practitioners, medical laboratories and other stakeholders.
 - Assisted regional health authorities in understanding the use and distribution of use of recommended screening tests in their catchment areas.
 - Provided access to and advice on Zika Virus testing for returning travelers who were pregnant.
 - Assisted affected areas with enhanced screening protocols for selected sexually transmitted and blood-borne infections (STBBI) among pregnant women.
2. Increased/improved uptake for recommended screening programs.
 - Screening for most STBBI experienced a significant increase in 2016/17.
 - Non-invasive prenatal testing was made available to highest risk pregnant mothers.
 - The number of newborns screened for metabolic disease increased in 2016.
3. Improved response to outbreak investigations, leading to increased detection of preventable disease.
 - Rapid testing for Mumps Virus using rapid molecular genetic techniques was extensively used during periods of increased mumps activity in 2016/17.
 - Finalized development of a rapid molecular genetic technique suitable to outbreak support for detection of disease due to pertussis and parapertussis.
 - Improved detection rate of enteric viruses during outbreak investigations.
4. Population demographic monitoring included in strategic planning.
 - Estimated impact of a generation-based targeted screening program on disease control efforts, using a variety of planning assumptions.
 - Incorporated impact of increased exotic-disease testing of refugees arriving in Manitoba.
5. Refinement of public health protocols, plans and disease control strategies.
 - Contributed to work on the Reportable Disease Regulation and to specific communicable disease protocols including: seasonal influenza, diphtheria, syphilis, Severe Acute Respiratory Illness (SARI), Creutzfeld-Jacob Disease, Group B Streptococcus invasive disease of the newborn.
 - Assisted in the development and distribution of national guidelines including for the laboratory testing of Heater-Cooler devices, for Zika Virus and for the reporting of extremely drug resistant organisms.
6. Productive collaborations on externally funded research.
 - Sentinel surveillance for Human Papillomavirus causing cervical dysplasia and cancer with partners from CancerCare Manitoba, medical labs and the University of Manitoba.
 - Assisted several researchers to complete multiple streams of research, resulting in collaborative publication of 18 academic articles and 25 abstract presentations.
 - Assisted local researchers in obtaining over \$1 million in research grant funding.
7. Improved reporting effectiveness through refinement of information services delivered through the Public Health Laboratory Information Management System.
 - Introduced an automated and timely Infection Prevention and Control notification system for Manitoba inpatient facilities in Winnipeg and Interlake-Eastern RHAs.
 - Optimized fax delivery of reports to remote health facilities in advance of any potential postal strike.

2(g) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	10,188	100.50	9,257	931	
Other Expenditures	8,247		8,298	(51)	
Total Sub-Appropriation	18,435		17,555	880	

Health Workforce Secretariat

Administration

The Health Workforce Secretariat is comprised of four primary functional areas: Health Human Resource Planning, Medical Staff Recruitment and Administration, Contracts and Negotiations, and Fee-for-Service/Insured Benefits.

Administration is responsible for the overall operations of the Health Workforce Secretariat.

The objectives were:

- Enhanced integration of the four primary areas of the Health Workforce Secretariat, as well as increased coordination of their functions in relation to associated internal and external stakeholders and partners.

The expected and actual results for 2016/17 included:

1. Effective leadership and management of the Health Workforce Secretariat.
 - Coordination of Health Workforce Secretariat resources to support the provincial Clinical and Preventive Services Plan
2. Functional integration of all areas of the Health Workforce Secretariat, including operational management and oversight of health workforce related activities of the Secretariat's key stakeholders and partners.
 - Coordination of the Health Workforce Secretariat resources to support the development of new models to recruit and retain physicians within interprofessional team-based models of care
 - Engagement in the work of the pan-Canadian Committee on Health Workforce
 - Engagement with stakeholders in the development of health human resource plans
 - Coordinating strategic alignment across the Health Workforce Secretariat in alignment with departmental and health system goals and objectives.

3(a) Administration

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	307	7.80	842	(535)	
Other Expenditures	406		184	222	
Total Sub-Appropriation	713	7.80	1,026	(313)	

Contracts and Negotiations

Contracts and Negotiations develops objectives and mandate requests for bargaining with physicians and other health care professionals, conducts negotiations with professional associations and unions to settle general contract and collective agreement terms and administers related remuneration agreements.

The objectives were:

- To develop appropriate funding and remuneration arrangements with medical and medical-related professionals and organizations within the context of an integrated provincial health human resource framework.
- To represent the department in negotiations concerning fee-for-service and alternate funded remuneration for medical and medical-related practitioners.
- To administer both fee-for-service and alternate funded agreements/arrangements for these practitioners.
- To work with the Labour Relations Secretariat and the regional health authorities (RHAs), Diagnostic Services Manitoba (DSM) and CancerCare Manitoba, and review, assess and advise on collective bargaining issues relating to the nursing; professional/technical and paramedical; maintenance and trades; and support sectors.
- To provide support for departmental initiatives, including primary care initiatives, such as My Health Teams, the inter-professional team demonstration initiative and comprehensive care; the Cancer Patient Journey; and other new initiatives and objectives through the review and development of medical and medical-related remuneration arrangements.

The expected and actual results for 2016/17 included:

1. Continued administration and interpretation of the current Master Agreement between the Government of Manitoba and Doctors Manitoba in support of RHA, DSM and other system stakeholders' service delivery.
 - Continued to analyze and work through issues related to the administration of the Master Agreement such as the development of comprehensive care management tariffs, the implementation of other new tariffs, improvements to service provision in northern and rural areas, and work directed at enhancing the performance and sustainability of the health care system as agreed by the parties to the 2015 Doctors Manitoba Master Agreement.
2. Renewal of agreements with other medical-related health practitioner groups as they expire.
 - Engaged in negotiations with the Physician and Clinical Assistants of Manitoba (PCAM) acting on behalf of Physician Assistants and Clinical Assistants employed by Prairie Mountain Health, and with the Manitoba Association of Optometrists, in an effort to renew their respective agreements.
3. Uninterrupted delivery of medical services.
 - Continued to work with regional health authorities and other health system stakeholders to manage issues related to staffing vacancies, resource reallocation, emergency room coverage, and service contracts for specific physician groups to ensure continued provision of medical services throughout the province.
4. Work together with the Labour Relations Secretariat to develop positions and strategies for negotiations with nursing; professional/technical and paramedical; support and maintenance; and trades staff to renew their agreements as they expire.
 - Worked with the Labour Relations Secretariat, which has since been renamed Provincial Health Labour Relations Services (PHLRS) and bargains on behalf of healthcare employers in their negotiations with these sectors. The following agreements were settled in 2015/16:
 - Agreements have been reached with all six Professional/Technical locals represented at the central table by the Manitoba Government and General Employees' Union (MGEU). Central table agreements are in place until March 31, 2018.
5. Continued development and refinement of remuneration models for the existing and emerging health care delivery system.
 - Conducted reviews of compensation rates, tariffs and models for physicians in the province related to work being done to enhance the performance and sustainability of the health care system with a view to realizing medical and other health care system efficiencies over the term of the 2015 Master Agreement.

3(b) Contracts and Negotiations

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	798	8.00	674	124	
Other Expenditures	93		183	(90)	
Total Sub-Appropriation	891	8.00	857	34	

Health Human Resource Planning

Health Human Resource Planning (HHRP) is an integrated policy unit within the Health Workforce Secretariat, which focuses on providing strategic analysis with respect to the supply and utilization of health providers within the provincial health system, as well as the impact of system initiatives and programs in its evaluation of health human resource management and planning.

Health Human Resource Planning facilitates recruitment and retention activities through targeted policy initiatives and resource allocations.

The objectives were:

- To provide policy direction and departmental leadership in the development of health human resource policy, planning and monitoring. This includes supply, utilization, legislation and workforce strategies for all health care providers to support the delivery of health care in Manitoba.
- To provide policy advice, at the provincial level, on funding and compensation mechanisms, policies, innovations, concept models, and related structures to facilitate optimum delivery of services by health providers in a cost-effective and efficient manner.

The expected and actual results for 2016/17 included:

1. Sustain a continued intake of health professionals into all current education programs commensurate with health system needs.
 - Provide labour market information to Manitoba Education and Training in support of current education and training programs in Manitoba institutions and to secure Interprovincial Agreements for dedicated education seats in other provinces for targeted professions.
 - Continued to work with educational institutions to monitor the education and training program needs for health professionals in the province, including student enrolments in the current education programs. In addition, recruitment efforts continue regarding various educational initiatives, including accessibility to training programs, to attract students to health care professions within Manitoba.
2. Optimize the number of health professionals working in Manitoba.
 - Between the 2015 and 2016 calendar years, the change in the number of medical and nursing professionals registered to practice in Manitoba was as follows:
 - Physician count increased by 20 from 2,748 in 2015 to 2,768 in 2016.
 - Registered Nurse (RN) count increased by 135 from 13,547 to 13,682.
 - Nurse Practitioner (NP) count increased by 15 from 172 to 187.
 - Registered Psychiatric Nurse (RPN) count increased by 18 from 1,017 to 1035.
 - Licensed Practical Nurse (LPN) count increased by 46 from 3,355 to 3,401.
 - Supported the development of the Provincial Clinical and Preventive Services Plan that included recommendations with respect to optimizing the configuration and number of health care professionals working in Manitoba.
 - Administered the Nurses Recruitment and Retention Fund (NRRF) and the Physician Recruitment and Retention Program.
 - Initiated planning to develop a provincial recruitment service.
 - Initiated the Rural Physician Recruitment and Retention Advisory Committee in collaboration with stakeholders including the Association of Manitoba municipalities.
 - Worked with key stakeholders to support the process of qualification recognition for internationally educated nurses (IENs) necessary for professional registration and entrance into the health workforce:

- Worked with the College of Registered Nurses of Manitoba (CRNM), The University of Manitoba (UM), and Red River College (RRC) to support the transition of the Clinical Competence Assessment (CCA) from the Health Sciences Centre to the UM. As a result, MHSAL shifted funding from the CCA as a program to reimbursement of IENs for the cost of the assessment.
 - MHSAL transitioned the Clinical Competence Assessment (CCA) for Licensed Practical Nurses (LPNs) and the Practical Nurse Qualification Recognition bridging program from a pilot to ongoing provincial programming. MHSAL oversight and funding supports Assiniboine Community College (ACC) to deliver this programming on behalf of the College of Licensed Practical Nurses of Manitoba (CLPNM).
 - MHSAL produced a slide deck to orient IENs to the three nursing disciplines and the associated recognition processes required to work as a nurse in Manitoba.
 - MHSAL convened meetings with key stakeholders to discuss process issues and opportunities with respect to the timely integration of IENs into the Manitoba health workforce.
 - MHSAL facilitated a Rural IEN RN (Registered Nurse) Pilot Project to recruit IENs to Southern Health-Santé Sud and Prairie Mountain Health. The IENs were supported to complete regulator referred bridging (the Bridging Program for IENs at RRC) and to relocate to the regions in exchange for a three year Return of Service (ROS) commitment.
 - MHSAL continued to fund and oversee the development of Diagnostic Services Manitoba's Manitoba Internationally Educated Medical Laboratory Technologist Bridging Program. In exchange for tuition support, successful IEMLTs complete a three year ROS with DSM.
 - Due to health system re-alignment and budgetary constraints, the Exam Preparation Series for International Pharmacy Graduates, the Manitoba Assessment and Gap Training Program for Internationally Educated Midwives, and the Integration Service for Internationally Educated Health Professionals (aka the IEN Qualification Recognition Navigator) programs were terminated following the expiration of Health Canada's Internationally Educated Health Professionals Initiative and the associated contribution agreement with Manitoba.
3. HHRP participation in analysis of scope of practice resulting from *The Regulated Health Professions Act* implementation process.
- Provided advice as part of a stakeholder consultation with respect to the proposed nursing regulations under *The Regulated Health Professions Act*.
 - Provided advice with respect to the proposed changes to the regulations under *The Midwifery Act*.
4. Support regional health authority attendance at health professional recruitment events.
- HHRP is committed to sustaining RHA attendance at health professional recruitment events locally, nationally and internationally. Participation in these events is determined strategically and in consultation with RHAs and other stakeholders, and in order to address program and regional HHR demands.
 - In support of ongoing provincial nursing recruitment, the NRRF continued to support regional recruiter attendance at several nursing career fairs in 2016/17 resulting in increased awareness of nursing employment opportunities and actual new employees to several regions.
 - In support of ongoing provincial medical recruitment, HHRP continued to support attendance at several medical career fairs in 2016/17 resulting in increased awareness of medical practice opportunities in Manitoba.
5. Improve health system input into the decision-making process for the allocation of education seats for health professionals.
- Specific to physicians entering their Post-Graduate Medical Education, MHSAL has had direct participation with the College of Medicine in the allocation of first year residency positions.
 - Worked with MET to address needs with respect to ultrasound technicians and echocardiography technicians.
 - Continued to fund the Max Rady College of Medicine International Medical Graduate Program.

6. Inform system stakeholders of the impact of current department objectives on the health human resources of the current system.
 - Performed consultations with educational institutions, regulators, RHAs and government departments to inform and assess the current demands on the supply of health professionals resulting from implementing department objectives.

3(c) Health Human Resource Planning

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	809	13.00	950	(141)	
Other Expenditures	216		325	(109)	
External Agencies	5		5	-	
Total Sub-Appropriation	1,030	13.00	1,280	(250)	

Fee-For-Service / Insured Benefits

The objectives were:

- To manage primary administrative aspects of the fee-for-service (FFS) remuneration system, including negotiation of and amendments to the Manitoba Physicians' Manual.
- To administer most aspects of the insured health services and benefits program, including the registration of Manitoba residents for provincial health plan coverage, FFS claims processing, inter-provincial reciprocal billing agreements, hospital abstracts, out-of-province claims, out-of-province transportation subsidies, practitioner registry, audit and investigation of fee-for-service billings and third party liability recoveries for insured services.

The expected and actual results for 2016-17 included:

1. A sustainable Insured Benefits program in Manitoba in accordance with legislative requirements.

Registration/Client Services

- Visits to the Client Services counter increased from 48,691 in 2015/16 to 53,087 in 2016/17. Client Services handled 198,861 telephone enquiries.
- Issued 262,341 Manitoba Health Registration Certificates and processed 222,498 address changes.
- 45,622 net new Personal Health Identification Numbers (PHIN) were issued in Manitoba with 16,225 new certificates issued to 18-yr-olds receiving their own individual registration numbers for the first time as adults, in addition to 82,654 status changes (ex. births, deaths, marriages and separations).
- Customers who visited the department's website opted to use an "online form" in 11,466 instances to submit their request for a change to their Manitoba Health registration certificate.

Medical Claims

- Received and adjudicated claims for 27.8 million medical services, 640,170 optometric services, 1,028,062 chiropractic services and 7,249 oral surgery services.
- Processed claims for 287,320 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Inter-Provincial Reciprocal Agreement.

Out-of-Province Claims

- Adjudicated 918 requests from Manitoba specialists on behalf of their patients for coverage of services outside of Manitoba.
- Provided \$1.2 million in travel subsidies to 359 patients for 46 international (USA) and 485 domestic trips.
- Adjudicated 7,809 physician claims, 2,760 outpatient visits and 2,392 inpatient days for emergency care outside of Canada.
- Paid \$13 million to other provinces and territories in accordance with the Interprovincial Reciprocal Billing Agreement for physician's fees (excluding Quebec physicians) and \$38 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.

- Recoveries received by the department as a result of reciprocal billings to other provinces and territories for care provided to their residents totalled \$17.8 million for physicians fees (excluding Quebec physicians) and \$60.4 million for hospital services.
 - Represented the department in 19 hearings of the Manitoba Health Appeal Board.
2. Customer-focused service for patients and health care providers who are informed of and receive payment for insured benefits to which they are entitled under the provincial health plan.
- Manitoba Health Registration Certificates were issued, on average, within 7 business days of the receipt of the application.
 - Registration/Client Services achieved a time frame of 10 minutes on average in assisting clients in person and a time frame of 2 minutes for clients visiting the express service counter for simple address changes and replacement of Manitoba Health Registration Certificates.
 - A new claims processing system was implemented to modernize claims processing and improve system efficiencies.

3(d) Fee-for-Service / Insured Benefits

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2016/17 \$(000's)		2016/17 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	6,172	105.50	5,688	484	
Other Expenditures	1,407		1,106	301	1
Total Sub-Appropriation	7,579	105.50	6,794	785	

Explanation Number:

1. Primarily due to miscellaneous operating over-expenditures.

Public Health and Primary Health Care

Administration

The objectives were:

- Represent the government of Manitoba on federal/provincial/territorial (F/P/T), inter-provincial and inter-jurisdictional health issues.
- Build capacity in the public health and primary care systems to:
 - Effect evidence-informed, innovative and sustainable system advancements;
 - Improve access to efficient, quality, patient-centered service;
 - Reduce health disparities and support Manitobans to maintain or improve their health status;
 - Improve access to coordinated health and social supports for the most vulnerable populations, including: young families, seniors, individuals with mental health issues, individuals who are homeless or at risk of homelessness, and individuals who are frequent users of acute health services.

The expected and actual results for 2016/17 included:

- Development, implementation and evaluation of policies, strategies, programs and services for Manitobans that address:
 1. Aboriginal health
 - Continued strengthening relationships with First Nations organizations to leverage opportunities to work collaboratively on issues that impact health outcomes for First Nations people.
 - Supported strategic alliances with federal counterparts to discuss collaboration on program and service planning that would improve Indigenous health outcomes in northern and remote communities.
 - Increased understanding on key issues that impact Indigenous health such as the social determinants of health, jurisdictional ambiguities, and the importance of cultural competency and safety within the indigenous context.

2. Care provision at provincial nursing stations
 - Oversaw continued enhancements to capital, health human resources planning and improved service delivery at the three provincial nursing stations. Continued community engagement and ongoing dialogue regarding health and health care with the three communities in collaboration with Northern Regional Health Authority.
3. Chronic disease prevention and management
 - Provided leadership and strategic direction on policies and strategies for health promotion and chronic disease prevention and management.
4. Maternal and child health care
 - Co-chaired a multi-sectoral and multi-jurisdictional working group on infant mortality whose mandate it is to identify initiatives to reduce infant mortality in Manitoba.
5. Primary care
 - Provided leadership and support for the participation and collaboration of partners and stakeholders in improving access, comprehensiveness to and quality of primary health care for Manitobans.
6. Public health
 - Provided leadership and support to promote integrated and comprehensive population and public health policies, programs and services throughout Manitoba. Disease prevention and control, health promotion, surveillance, health protection and response to public health issues and emergencies were focus areas of population and public health planning and coordination.
7. Underserved communities and most vulnerable populations.
 - Maintained and strengthened relationships with organizations and agencies who deliver services to populations who are marginalized.
 - Ensured that a health equity perspective (a reduction in unfair systemic health gaps across populations caused by the social conditions in which people live) was used to inform ongoing work of the division.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	291	2.45	232	59	
Other Expenditures	142		122	20	
Total Sub-Appropriation	433	2.45	354	79	

Public Health

The objectives were:

- To monitor and report on the health status of Manitobans.
- To ensure compliance with the standards and regulations of *The Public Health Act*.
- To strengthen and sustain the health of all Manitobans by promoting health equity and addressing the social determinants of health.
- To provide provincial leadership, strategic direction and coordination within the scope of public health including, but not limited to, population health, health equity, communicable disease, infection prevention and control, epidemiology, surveillance, environmental health, injury prevention, health promotion, health protection, and public health practice and programs.

- To provide public health intelligence (i.e. collection, analysis, and interpretation of data; review of research and information) to guide government departments, regional health authorities (RHAs) and health organizations in the planning, development and evaluation of public health policies, programs and strategies.
- To detect, assess and address public health risks and emerging public health issues.
- To lead and coordinate planning and responses to public health emergencies.

The expected and actual results for 2016/17 included:

1. Enhancement of existing tools and protocols (i.e. notifiable disease reporting forms, databases, dissemination tools) to collect and analyze surveillance information that informs and supports public health service providers, planners and policy makers.
 - Continued to deploy electronic immunization registry as part of a public health information management system including module related to adverse events following immunizations.
 - Developed framework and processes to identify, evaluate, and improve Surveillance Unit's processes including backlogs and workflows.
 - Created a standard form layout to improve comparability and data entry processes for all forms used in the Surveillance Unit. Some examples of form improvements include mumps case investigation form, HIV investigation form, and development of a naloxone kit tracking form.
 - Improved processes through the development of collaborative relationships with stakeholder organizations involved in data provision for surveillance.
 - Collaboratively updated the case form for the notification of sexually transmitted and blood-borne infections with regional involvement.
 - Continued to develop an Enhanced Filing System to create one system of filing for all communicable diseases
 - Modified various data entry protocols to increase efficiencies within the sexually-transmitted infections database.
 - Initiated or revised outdated archive schedules for a range of communicable diseases with the assistance of Archives Manitoba.
2. Development, testing and validation of scientific methodologies that improve epidemiology and surveillance systems in Manitoba.
 - Worked with the Canadian Chronic Disease Surveillance System (Public Health Agency of Canada) to explore data relating to nutrition and chronic disease. This helped expand departmental knowledge on the scientific methodologies used to analyze co-morbidities as well as nutrient data from population health surveys.
 - Worked with the Vaccine and Drug Evaluation Centre at the University of Manitoba to better understand the effectiveness of the quadrivalent human papillomavirus vaccine against anogenital warts and cervical dysplasia.
 - Developed a new surveillance system to monitor opioid misuse and overdose in Manitoba using an aggregate data model built using information from a wide range of stakeholders.
 - Conducted applied epidemiological research projects in collaboration with a variety of stakeholders to provide evidence for decision-making in response to stakeholder needs and requests
3. Dissemination of information in the 2015 Health Status of Manitobans Report.
 - The 2015 Health Status of Manitobans Report was presented at three regional health authorities' 2016 Annual General Meetings, at the University of Manitoba Centre on Aging Symposia in the Winnipeg and Brandon regions, and at the Medical Congress of Medical Laboratory Science conference. Discussions occurred through the University of Manitoba Office of Inter-professional Collaboration.
 - Over 300 copies of the report have been distributed to multiple stakeholders across the province, including the City of Winnipeg libraries, rural senior and health care centres, Healthy Child Manitoba and the Healthy Baby program.
 - The Report was downloaded 25,142 times from January to March 2016, and 3,808 times in 2016/17.
 - Efforts to use the information in the 2015 Report to inform decision making are ongoing.

4. Consistent and effective applications of regulations under *The Public Health Act* with public health best practice, national standards and program needs.
 - In process of reviewing, updating and amending the Recreational Camps Regulation, Swimming Pool and Other Water Recreational Facilities Regulation, Food and Food Handling Establishment Regulation.
 - Reviewing the need for the development and implementation of a personal services regulation.
 - Reviewing all regulation, guidelines and related best practice documents to align with the requirements of the Red Tape Review initiative.
5. Development of effective structures, processes and indicators (across government departments) to address and track action to reduce inequalities and inequities in health.
 - Drafting a Chief Provincial Public Health Officer Position Statement on health equity.
6. Development of tools and organization of educational events (i.e. Health in All Policies, Report on Health Status of Manitobans, Public Health Nurse Standards of Practice).
 - In collaboration with Manitoba Agriculture, hosted the inaugural International One Welfare Conference attended by 147 delegates and presenters from Canada and international.
 - In collaboration with the National Collaborating Centre for Infectious Diseases, marked World Tuberculosis (TB) Day (March 24, 2017) by inviting participants from within MHSAL as well as from other departments – Justice (Community Safety, Corrections), Families (Housing), Cadham Provincial Laboratory, Northern Health Region, the Winnipeg Regional Health Authority, Indigenous and Northern Affairs Canada, Health Canada - First Nations and Inuit Health Branch, and Public Health Agency of Canada, and from NGOs – Nananadewigamig, Diagnostic Services Manitoba, Canadian Red Cross and the Manitoba Lung Association to discuss concrete, innovative actions that can be taken to reduce TB and its effects in northern Manitoba where it is endemic.
 - Identified a number of tools for development in the next fiscal year to support the implementation and use of the Public Health Nurse Standards of Practice ex. online prenatal education program, documentation processes and indicators.
7. Monitoring of specific indicators of inequalities in health status of Manitobans.
 - Delivered two cross-departmental workshops to explore Health in All Policies as an approach to improve population health and wellbeing and reduce inequities.
 - Collaborated with other branches and departments to provide evidence to inform decision-making regarding system changes for high frequency users of the justice system.
8. Completion of and support to use the provincial Population and Public Health Strategy.
 - Planning underway for each of the Units of the Branch using the Population and Public Health framework, focus areas and strategic approaches.
9. Completion of and support to implement, monitor and evaluate the Provincial Public Health Nursing Standards for prenatal, postpartum and early childhood.
 - Identifying indicators of successful implementation of the standards.
 - Initiated process of developing forms and tools to support implementation.
10. Collaboration in and contribution to multi-jurisdictional working groups to ensure consistent, evidence-informed and effective Manitoba action (i.e. Blueprint for a Federated System for Public Health Surveillance in Canada, Ebola Virus Disease Collaborative Care Working Group).
 - Contributed to federal Antimicrobial Resistance (AMR) Framework.
11. Improved coordination of service delivery and provincial consistency.
 - To ensure consistent reporting of suspected rabies exposures to MHSAL, consulted with and worked collaboratively with Health Links - Info Santé to phase out an old form being used that does not comply with current reporting processes.
 - Completed updated Guidelines for the Prevention and Control of Antibiotic Resistant Organisms (AROs)

12. Reduction of burden of vaccine preventable diseases.
 - Introduced publicly funded Human Papillomavirus (HPV) vaccine coverage for boys in Grade 6, with a 3 year catch up program.
13. Implementation of province-wide immunization monitoring and inventory management system.
 - Implemented the Adverse Events Following Immunization module in connection to Manitoba's Immunization Registry.
14. Relevant, evidence-informed decision support available.
 - Provided regular reports on communicable and non-communicable diseases within Manitoba to various stakeholders. For example, every other week, an internal report is distributed to Medical Officers of Health to provide an overview of regional activity for communicable diseases.
 - Respond to data requests by internal and external partners to ensure they have accurate and timely data for evidence-based decision-making.
15. Participation in appropriate applied research projects.
 - Collaborated with external stakeholders such as Cadham Provincial Laboratory, the National Microbiology Laboratory, Health Canada, the University of Manitoba, the Public Health Agency of Canada, the Centre for Global Public Health, and the Bruyere Institute. Project topics included (but are not limited to) HIV, opioids, poison control, outbreak notifications, Zika virus, and immunizations. Funding for the projects can be external to government (e.g. research based) or provided by federal organizations.
16. Provision of provincial strategic direction on enhanced STBBI prevention, treatment and surveillance working within the department and with RHAs and other stakeholders.
 - Establishment of a Provincial STBBI outbreak management working group to forecast, monitor and address STBBI related outbreaks through inter-regional collaborative approaches. STBBIs are also reported upon in other areas of the Annual Report, including Healthy Living and Healthy Populations Branch. In future, with realignment, this will be reported together.
17. Improved coordination of service delivery for public health inspection services.
 - Implemented an electronic working alone system for field public health inspectors
 - Developed and implemented a new food establishment risk assessment tool to assist public health inspectors in assigning priorities to food premises that is used to determine the minimum number of annual routine inspections per establishment and gain overall inspection efficiencies.
18. Enhancements made to the Food Safety Program and the Public Health Inspection Program.
 - Developed and implemented a policy for responding to verbally abusive and uncooperative callers and clients to assist and guide staff when dealing with uncooperative clients.
 - Amended the Food and Food Handling Regulation to better support current food handling practices. Worked directly with the retail food industry to support new and innovative food handling practices and to implement the regulatory amendments.
 - Developed and implemented the Artificial Lake Safety Guidelines and Inspection Checklist utilizing evidence informed decision making in the recommendations to reduce the risk of drowning, as well as reducing the risk of waterborne illness.
 - Updated internal working policies to reflect current practices.
 - In process of conducting complete reviews of the Food and Food Handling Establishment Regulation, Recreational Camps Regulation, Swimming Pools and Other Recreational Facilities Regulation to better support current practices and align with the Red Tape Review initiative.
19. Identification and management of communicable diseases, environmentally-mediated diseases, public health practice and programs, and infection prevention and control using evidence-informed policies, protocols, standards and guidelines.
 - Completed new or updated communicable disease management protocols for:
 - Severe Acute Respiratory Infection (SARI) and Emerging Respiratory Pathogens;
 - Creutzfeld-Jakob Disease (CJD)
 - Tularemia (*Francisella tularensis*)
 - Botulism
 - Seasonal Influenza

- Diphtheria
 - Streptococcal Group B Invasive Disease of the Newborn
 - Anaplasmosis
 - Babesiosis
 - Q Fever (*Coxiella burnetii*)
- Completed updated Guidelines for the Prevention and Control of Antibiotic Resistant Organisms (AROs)
 - Managed a provincial outbreak of Mumps, including communications to health care providers, sports organizations, day cares and schools.
 - Led an Outbreak Response Team to actively monitor meningococcal B (MenB) disease in the province with the view to implementing public health measures should the need arise. Based on local epidemiology, coordinated planning for a MenB immunization program for infants from several affected communities and immediate surrounding areas, implemented as of April 2017.
20. Coordinated inter-sectoral plans and response to public health emergencies.
- Preliminary work to establish an incident management system in response to the opioid overdose situation in Manitoba.
 - assisted in drafting the FPT Public Health Response Plan for Biological Events document, which outlines how F/P/T responses to public health events caused by biological agents will be conducted and coordinated and provides greater clarity with respect to the governance mechanisms that support F/P/T response efforts,
 - Completed an update to the Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector's (CPIP) Vaccine Annex, through the Public Health Infrastructure Steering Committee (PHI-SC) and Communicable and Infectious Disease Steering Committee (CID-SC),
 - Initiated (and currently leading) a multi-sectoral team through a Process Mapping Of Enteric Illness in order to understand and improve the flow of enteric illness information from the time a lab report or food borne illness complaint is generated to the time an investigation is completed.
 - Collaborated with Management Services to introduce a method of risk planning and analysis to Public Health Units, beginning with the Surveillance Unit. The analysis generated will form the basis of a unit specific Business Continuity Plan that identifies potential threats, the impacts to services/operations, and will provide a framework for building organizational resilience with the capability to effectively respond to public health emergencies.
21. Effective and timely public communication in regard to health hazards (ex. fire/smoke warnings, health message for extreme weather).
- Issued health hazard communication to both heat and cold weather situations.
 - Worked closely with Environment and Climate Change Canada, Meteorological Services Canada, and Health Canada to implement a new Heat Warning Service for all of Manitoba. This improved Heat Warning Service signals a transition to health evidence-based warning criteria which will increase the consistency of heat warnings and standardize warnings across the province.
 - Led the department in the issuance of the first Cold Bulletin in Manitoba, in response to advancements in the understanding of the health impact of cold temperatures, from both extreme and moderate ranges. The bulletin was issued in tandem with other initiatives occurring at municipal and non-governmental levels, which together supported a holistic approach to developing and implementing interventions to benefit population health. This coordinated response to the hazard of cold reinforced for Manitobans the risk of exposure to cold, and validated organizations at the service provision level, who work to offer additional supports to those most vulnerable.

4(b) Public Health

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	13,408	122.15	13,951	(543)	
Other Expenditures	4,846		5,824	(978)	1
External Agencies	4		12	(8)	
Total Sub-Appropriation	18,258	122.15	19,787	(1,529)	

Explanation Number:

1. Primarily due to under-expenditures in the West Nile Virus Program.

Federal/Provincial Policy Support**The objectives were:**

- To support and assist the Premier by providing briefing material on health-related items for Canada's Premiers and the Council of Western Premiers.
- To support and assist the Minister and the Deputy Minister with all Federal/Provincial/Territorial (F/P/T), Provincial/Territorial (P/T), Western Ministers meetings and federal/provincial files.
- To provide advice and support to the Deputy Minister and leadership within the department on federal, inter-provincial, inter-jurisdictional and other issues.

The expected and actual results for 2016/17 included:

1. Premier, Minister, Deputy Minister, and the department receive policy, organizational and analytic support on all F/P/T and P/T health issues.
 - Participated in weekly and biweekly federal-provincial-territorial teleconferences, providing public health intelligence, policy, organizational, and analytic support of the Deputy Minister and Minister on all pertinent F/P/T and P/T health issues, as requested.
2. Minister is prepared for and supported at the HMM and Western Ministers conferences.
 - Prepared all briefing materials and advisory notes for the Minister in support of the Health Ministers' Meeting (HMM) and Western Ministers conferences.
3. Deputy Minister is prepared for and supported at the CDM and Western Deputy Ministers Meetings, as well as prepared to chair or lead P/T tables.
 - Prepared all briefing materials and advisory notes for the Deputy Ministers in support of their duties at the CDM (Conference of the Deputy Ministers of Health) and Western Deputy Ministers Meetings, and various health forums led by the Deputy Minister.
4. Provision of advice and support that enhances the department's work on F/P/T and P/T health-related issues.
 - Provided consistent proactive advice and support, as well as on a request basis, to the department on all high priority F/P/T and P/T health-related issues. Information for this advice was garnered through participation on a variety of pan-Canadian forums, including those related to the Special Advisory Committee on Opioids, Pan-Canadian Health Organizations (C-Orgs), Indigenous health issues, Canadian Blood Services, and other portfolios as required.
5. Establishment and maintenance of strong and collaborative relationships with pan-Canadian institutions and cooperation that advances initiatives.
 - Fostered and maintained strong and collaborative working relationships with pan-Canadian institutions, C-Orgs, and governments, in order to advance common understandings, policy positions, and communications protocols.

6. Facilitation of issues, meetings, communication and knowledge transfer among the departmental, P/T and F/P/T colleagues as needed.
 - Facilitated and communicated the importance of pertinent health issues through pan-Canadian P/T and F/P/T meetings, and shared knowledge with other jurisdictions, as required, as well as with the Deputy Minister, Minister, and colleagues internal to the MHSAL.

4(c) Federal / Provincial Policy Support

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	489	6.00	500	(11)	
Other Expenditures	28		40	(12)	
Total Sub-Appropriation	517	6.00	540	(23)	

Aboriginal and Northern Health Office

The objectives were:

- To provide timely, evidence-based policy and planning advice that advances the goals and objectives of the department focused on Aboriginal and northern health service delivery.
- To engage, facilitate, or lead strategic relationships and partnerships that address key challenges, barriers, and impediments for Aboriginal and northern health and well-being.
- To transition administrative responsibility for Provincial Nursing Stations (PNS) to the Northern Regional Health Authority (NRHA).

The expected and actual results for 2016/17 included:

1. Development of policies, structures and processes that support coordinated provincial Aboriginal and northern health planning.
 - Continued to provide primary care to the nursing station communities, as per the *Memorandum of Agreement between the Department of National Health and Welfare and the Department of Health of the Province of Manitoba* (also known as the “1964 Agreement”).
2. Establishment and maintenance of strong and collaborative strategic relationships.
 - Sustained existing and developed new collaborative strategic relationships with First Nations governments, communities, and representative organizations.
 - Worked with public health stakeholders, First Nations health authorities, and various northern Indigenous communities with in-community supports and oversight. Leveraged these strong working relationships to collaboratively advocate for appropriate health-related resource allocation to underserved Indigenous communities.
 - Maintained, strengthened, and established strong working relationships with federal, provincial, territorial, and Indigenous partners on Indigenous-related public health matters. Such relationships were characterized by a substantive increase in pan-Canadian policy forums on matters related to Indigenous-health, and the incorporation of Indigenous perspectives on the policy formulation process.
3. A repository of Aboriginal and northern information that increases knowledge and cultural competencies to enhance cultural safety for all relevant partners, i.e. MMF, AMC, and MUIA.
 - Maintain a current Knowledge Bank to strategically house, organize, and access current and relevant public, peer-reviewed, and gray literature in a simple and reliable manner.

4(d) Aboriginal and Northern Health Office

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	670	10.00	758	(88)	
Other Expenditures	214		1,314	(1,100)	1
Total Sub-Appropriation	884	10.00	2,072	(1,188)	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Primary Health Care

The objectives were:

- To enable all Manitobans to access comprehensive and continuous primary care.
- To enhance the primary care system to better meet patient and population needs in Manitoba.
- To coordinate and integrate primary care planning across the department, providers, regional health authorities (RHA), other government departments and organizations.
- To incorporate maternal and child health (including midwifery programs and services) into primary care planning.

The expected and actual results for 2016/17 included:

1. Policies, initiatives, standards and tools for RHAs and family physician practices that support provincial direction on primary care.
 - Progress achieved to align provincial direction on primary care with department policies related to information and communications technology, capital projects, health human resources and information management and analytics.
 - Implemented the Enrolment and Episodic Information Sharing Initiative for the Home Clinic & Provider registration in November and patient enrolment in March, to support physician payment for comprehensive care payment plan effective April 2017. This initiative will help service agencies and clinicians begin to determine who does and does not have continuous primary care, a key description that indicates the health and wellbeing of a population.
 - Developed MyHT (My Health Team) service plans with guidelines for service design and planning including measurement, standards and tools for access, service coordination and outreach to populations with complex care needs to ensure MyHT's develop comprehensive implementation plans which will be comparable across sites.
 - Completion of Electronic Medical Records (EMR) Certification, the process to ensure the various EMR software products are capable of capturing of data. Six EMR products are certified in Manitoba and use standards consistent with provincial direction.
2. Improved and timelier access to comprehensive and continuous primary care services, with an emphasis on those with complex needs, through implementation, operationalization and evaluation of additional QuickCare clinics, mobile clinics, ITDI, Access Centres and primary health care centres, Family Doctor Finder, home clinics and MyHTs across Manitoba.
 - As of March 31, 2017, matched 96 per cent of all registrants without a Primary Care provider (71,728 people) since the Family Doctor Finder program began in July 2013. The program has been able to match a median of 82-86% of registrants within 30 days on a monthly basis over this past year.
 - The three Mobile Clinics in Interlake-Eastern RHA, Prairie Mountain Health (PMH) and Southern Health-Santé Sud continue to reach remote, rural underserved communities in the province, by providing full primary care closer to home. PMH expanded their second route in Fall 2016 to address access gaps identified through the data.
 - Implemented quality improvement in primary care to improve knowledge through training in Advanced Access methodology to reduce delays for appointments and improve office efficiency. Quick care clinics have implemented Lean Projects to review the patient experience and current state to ensure that all patients are seen in a timely manner.

- The Interprofessional Team Demonstration Initiative (ITDI) added 36 new regional health professional positions to work with RHAs and Fee-for-Service (FFS) physicians to increase patient access and broaden services. ITDI has seen significant growth and the number of new patients attached to clinics increased by 9,206 for a total of 20,523 in the past year.
 - With the College of Physicians and Surgeons of Manitoba and Manitoba College of Family Physicians, initiated planning of an Extended/After Hours Pilot to trial a model that considers patient needs, provider workload and integration of existing services in one urban and one rural community site.
3. Refined and integrated primary care policies and initiatives within MyHT to support inter-professional team practice, quality improvement, service coordination and self management.
 - Two MyHTs approved for year three operations (Brandon Area and Steinbach Area), eight MyHTs completed their first full year of operations (six in Winnipeg, Morden/Winker Area, and Portage/Gladstone Area), and one MyHT (Mon équipe santé Linking Francophone Communities) initiated operations for a total of ten. All operational MyHTs have incrementally enhanced primary care services and achieved their specific deliverables. Initiated standards development for service coordination for five key areas: Mental Health and Addictions, Services for Older Adults, Primary Health Care, Public Health, and Chronic Disease Management Services) to be tested and utilized by MyHTs.
 4. Established reporting processes on progress of primary care initiatives.
 - Identified new measures to track progress related to improving access, continuity, and comprehensiveness of primary care in Manitoba. For example, 12.7 % (170,393) of Manitobans are enrolled with a home clinic, or a regular primary care provider (goal is to have 90% of Manitobans enrolled to a Home Clinic by 2020) and 36% (109) of 300 primary care clinics in Manitoba are registered as Home Clinics (goal is to have 80% of primary care clinics registered as Home Clinics by 2020).
 - A Primary Care System Performance Monitoring framework is being developed to support measurement of outcomes, continuous quality improvement efforts, inform program planning and support accountability. This includes a standardized approach to reporting within models of primary care including Quick Care clinics, mobile clinics, home clinics and My Health Teams.
 - Completed the MyHT and ITDI Process Evaluations. The results will inform ongoing implementation to refine and strengthen the initiatives.
 - The Manitoba Primary Care Indicator Advisory Committee was revamped to provide input and advice regarding the revision, development and implementation of existing and new Manitoba Primary Care Quality Indicators (PCQIs) across a variety of primary care settings.
 5. Improved analysis and subsequent planning for supply and demand of primary care providers (including midwives) in the rural and northern RHAs with an emphasis on improving capacity in communities experiencing the greatest access challenges.
 - Completed Annual Primary Care Capacity Planning process with rural and northern regions, including Fee-for-Service clinics, midwives and nurse practitioners that are part of integrated primary health care teams to identify issues, solutions and plans to address the primary care capacity issues. A provincial picture snapshot of all the supply and demand challenges was created and will be used by the Department and RHAs to inform actions to ensure access in primary care is increased or stabilized.
 6. Integration of maternal and child health priorities into primary care policies and service delivery models.
 - Preliminary analysis and consultation with the regional health authorities, University of Manitoba and Manitoba Centre for Health Policy has been initiated to determine how to optimize midwifery services through integration with MyHT. In partnership with Public Health, opportunities to collaborate to better address reproductive health and family planning, prenatal, post-partum and early childhood services were identified. This will inform planning to address gaps in access or coordination of services.

7. Manitobans and their primary care providers will have improved access to tools and supports to better maintain or improve their health and wellness and manage their treatment.
 - Created a high level action plan to inform next steps and guide further detailed planning regarding health information resources, system navigation and personalized health information components of a future Consumer Health Strategy in Manitoba.

4(e) Primary Health Care

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,053	15.00	1,268	(215)	1
Other Expenditures	797		3,969	(3,172)	2
Total Sub-Appropriation	1,850	15.00	5,237	(3,387)	

Explanation Number:

1. Primarily due to miscellaneous salaries under-expenditures.
2. Primarily due to miscellaneous operating under-expenditures.

Regional Policy and Programs

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of the department focusing on:
 - Acute, Tertiary, and Specialty Care
 - Cancer and Diagnostic Care, including Transplant and Transfusion Services
 - Continuing Care
 - Disaster Management Services
 - Emergency Medical Services
 - Office of the Chief Provincial Psychiatrist
- To facilitate integrated health services delivery for Manitobans by liaising with program leadership in other divisions of the department and with other government departments, notably including:
 - Mental Health and Spiritual Health Care
 - Primary Health Care
 - Seniors and Healthy Aging Secretariat
 - Intergovernmental Strategic Relations
- To provide support to the Minister and the health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services Manitoba), through ongoing policy direction and recommendations in planning, implementing, monitoring and evaluating health services for Manitobans.

The expected and actual results for 2016/17 included:

1. The department strategic objectives and priorities are advanced with respect to acute, tertiary, and specialty services, diagnostic and cancer care, continuing care, and emergency medical services and in an integrated manner that benefits Manitobans.
 - Worked with regional health authorities, CancerCare Manitoba and Diagnostic Services Manitoba to provide information to support decision-making on a range of strategic and issue-based matters, designed to improve service delivery.
 - Supported the leadership of Councils to coordinate provincial efforts in the areas of Provincial Quality and Patient Safety, Provincial Continuing Care, Provincial Acute & Specialty Health Services Council
 - Focused planning and implementation efforts on improving access to care and reducing waits for health services, supporting system enhancements in continuing care services including palliative care, and making improvements in the journey from suspicion to treatment for cancer patients.

- Worked with regional health authorities, professional regulatory bodies, and other government departments to prepare for the introduction and delivery of medical assistance in dying in accordance with requirements set out by the Supreme Court of Canada and the provincial standards of practice as established by the College of Physicians and Surgeons of Manitoba.
2. Current and future health services are operated in compliance with legislative and regulatory requirements and supported by evidence-based policy.
 - Fulfilled requirements as established under *The Health Services Insurance Act* including monitoring of Personal Care Home Standards; under *The Regional Health Authorities Act* and *The Manitoba Evidence Act*, *The CancerCare Manitoba Act*, and *The Emergency Medical Response and Stretcher Transportation Act*.
 3. Timely information is provided to the Minister, internal clients and the health authorities to support evidence-based decision-making.
 - Tracked and reported on a variety of data, including wait time and wait list information, emergency medical service response times, and critical incident reports to assist the Minister of Health, Seniors and Active Living, regional health authorities, CancerCare Manitoba and Diagnostic Services Manitoba in their decision-making in matters related to the delivery of safe patient care and program planning, policy and standards.
 4. Public expressions of concern related to service delivery issues are researched and responded to in a timely manner.
 - Timely investigations and responses were provided to enquiries by the public and/or media on behalf of the public.
 - Responses to enquiries via *The Freedom of Information and Protection of Privacy Act (FIPPA)* were provided in a timely and responsive manner.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	367	4.00	321	46	
Other Expenditures	972		933	39	
Total Sub-Appropriation	1,339	4.00	1,254	85	

Health Emergency Management

The objectives were:

Emergency Medical Services

- To provide provincial leadership and expertise enabling the delivery of safe, high quality, efficient, effective and responsive emergency medical services (EMS).
- To ensure the competence of emergency medical response by licensing personnel and ensuring ongoing education for maintenance of competency.
- To provide oversight of EMS by licensing and monitoring medical transport in Manitoba.
- To respond to critical care emergency transport needs by coordinating the operation of the Lifeflight Air Ambulance Program.
- To inform Manitobans and the department about the quality, safety, utilization of, access to, and capacity of health emergency management services.
- To lead and/or promote quality improvement and innovation in the area of EMS.

Office of Disaster Management

- To ensure the health needs of Manitobans are addressed during and after disasters through prevention and mitigation, preparedness, response and recovery activities.
- To enhance capacity for disaster management supporting the use of an incident command structure in developing situations/circumstances.

- To lead and/or promote quality improvement and innovation in all phases of disaster management.

The expected and actual results for 2016/17 included:

Emergency Medical Services

1. Effective administration of The Emergency Medical Response and Stretcher Transportation Act and regulations with respect to licensing providers of land ambulance, air ambulance, stretcher car services and licensing personnel.
 - As of March 31, 2016, there were 3,325 licensed EMS personnel in Manitoba. The breakdown for the personnel license categories are: 2,555 land personnel, 240 aero-medical attendants, 263 pilots, and 267 stretcher attendants.
 - April 1, 2016 – March 31, 2017: 202 new personnel licences were processed.
 - Service Licence provider licences were renewed for 20 Land Ambulance Services, 9 Air Emergency Services, 15 Medical First Response Services, 2 Dispatch centres and 2 stretcher transportation agencies.
 - Processes were in place in the EMS Branch to protect the public for situations when new applicants or licence holders have criminal offences or criminal charges pending or if they are listed on the Manitoba Child Abuse Registry.
 - The Land Emergency Medical Response System Regulation was revised to more closely align with national standards related to personnel licensing.
 - The revised Regulation included the mandate for the Office of the Medical Director and updated the responsibilities of the Provincial Medical Director.
2. Land, air and ambulance services will be in compliance with The Emergency Medical Response and Stretcher Transportation Act and regulations.
 - Annual service license renewal occurred in October 2016 for January 1, 2017. The licensing process included physical inspection of the service's transportation platforms and garages/hangars, to ensure applicants met legislative and regulatory requirements.
 - 47 service providers (which includes land, stretcher, air and medical first response services) received licenses.
 - 53 land ambulance vehicles, 9 stretcher service vehicles, and 14 aircraft were inspected in accordance with the regulations.
3. Competent EMS practitioners delivering safe patient care by adhering to EMS standards, treatment guidelines and treatment protocols and engaging in continuing education.
 - 115 candidates were examined for licensure at the Technician-Emergency Medical Responder level. There were no appeals to the Manitoba Health Appeal Board regarding exam results for 2016/17.
 - 126 Primary Care Paramedics (PCPs) and 18 Advanced Care Paramedics (ACPs) accessed the Canadian Organization of Paramedic Regulators (COPR) entry to practice exam. Participated on COPR which ensures barrier-free mobility and compliance with the Agreement on Internal Trade.
4. Safe medical transportation of Manitoba residents by fixed wing, rotary wing, land ambulance and land stretcher service.
 - Patient transports in Manitoba in 2016/17 included:
 - Fixed wing basic air ambulances: 6,575
 - Rotary wing air ambulance: 325 (plus 81 additional assist Ground EMS – no transport)
 - Southern Air Ambulance Program: 482
 - Lifeflight: 524
 - Rural Ground ambulances: 61,302 *
 - Winnipeg ground ambulances: 53,545 **
 - * Ground ambulance transport data included here is limited to that tracked by the Medical Transportation Coordination Centre (MTCC). It is notable that some rural, or northern services are not yet dispatched by MTCC and their data is not captured here.
 - ** As reported by Winnipeg for 2016 calendar year.

- Life flight air ambulance provided safe transport for 431 seriously ill or injured patients from rural and northern facilities to tertiary centres primarily in Winnipeg, and coordinated the transport of 93 pre-approved Manitoba residents who required medical care not available in Manitoba.
5. Robust and informative data collection and reporting processes and indicators for EMS.
 - Received monthly and annual reports on performance indicators and statistics from the dispatch center.
 - The reports detailed call volumes, types of calls, patient transports for all call acuity types, chute times and response times for land and air services dispatched by MTCC.
 - Analysis of indicators by the department and regional health authorities contributed to ongoing system planning and daily operational management of the EMS system.
 - To ensure public awareness and transparency, the department reported EMS performance and call volume data on the department website.
 6. Current and relevant EMS standards, treatment guidelines and policy.
 - EMS Protocols and Procedures (formerly Emergency Treatment Guidelines) which are made up of evidence based best practice patient care maps, medications and procedures, are the foundation of EMS practice in Manitoba. To date, 200 patient care maps and associated documents have been developed and distributed to EMS services throughout Manitoba.
 - Worked with regional health authorities and EMS service providers to implement the first reduction in ambulance fees paid by Manitoba residents to a maximum flat rate of \$475, and eliminate all surcharges, for primary 9-1-1 calls effective January 1, 2017.
 7. Effective administration of the NPTP that enables RHAs to ensure access to medical services for residents in northern Manitoba.
 - The Northern Patient Transportation Program (NPTP) subsidizes medical transportation costs for eligible Manitoba residents (north of the 53rd parallel west of Lake Winnipeg and north of the 51st east of Lake Winnipeg) to obtain medical or hospital care not available in their home community through transportation of patients to access services as well as transportation of specialist to provide itinerant services.
 - There were a total of 19,967 patient transports subsidized, with the highest volume originating from Thompson, Flin Flon and The Pas.
 8. Manitobans receive timely response to enquiries.
 - Responded to public enquiries in person, by phone, and e-mail within one to five working days.

Office of Disaster Management

1. A disaster management program for the department that meets the requirements of due diligence and internationally recognized best practice (currently, Canadian Standards Association Z1600 Standard on Disaster/Emergency Management and Business Continuity Programs).
 - Assisted the regional health authorities and health service providers with 576 emergency responses. These responses were further managed through the use of the above standard that sets out the protocols of what to do before, during and after emergency and disaster events. Examples of these emergencies included power outages, severe weather events, wild land smoke events causing community evacuations, and communication outages.
2. A fully integrated health incident management system for the department and the RHAs that meets the requirements of due diligence and internationally recognized best practice (currently, National Fire Protection Association 1561 Standard on Incident Management Systems).
 - All five regional health authorities have adopted Incident Management Systems for managing small or large scale emergencies and are in the process of further refining roles through their amalgamations. In addition, the following additional health service providers are also in the process of adopting this standard: CancerCare Manitoba, Cadham Provincial Laboratory, Diagnostic Services Manitoba, Lifeflight Air Ambulance, MTCC, provincial nursing stations, and Selkirk Mental Health Centre.

3. A coordinated and effective preparedness and response structure within the department and the RHAs.
 - Guided the 2016 Refugee Coordination Committee structure to create a common response plan for the refugees that arrived in Manitoba.
 - Assisted with the evacuation of Chemawawin First Nation due to a fire and smoke event that saw 1200 people evacuated to two separate locations in Manitoba.

5(b) Health Emergency Management

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,054	24.00	2,043	11	
Other Expenditures	6,754		5,871	883	1
External Agencies	20		23	(3)	
Total Sub-Appropriation	8,828	24.00	7,937	891	

Explanation Number:

1. Primarily due to the Lifeflight program.

Provincial Cancer and Diagnostic Services

The objectives were:

- To provide provincial leadership and expertise to cancer control and treatment programs and services, diagnostic imaging and laboratory services, and renal, transplant and transfusion services.
- To inform Manitobans and the department about access, capacity and appropriate use of existing and future cancer, diagnostic imaging, laboratory, renal, transplant and transfusion services.
- To lead and/or promote quality improvement and innovation in cancer and diagnostic services.

The expected and actual results for 2016/17 included:

1. Provincial strategies, policies, guidelines and legislation enable standardized province-wide service delivery.
 - CancerCare Manitoba, Diagnostic Services Manitoba (DSM), and health authorities are in compliance with various components of legislation, accreditation, quality and patient safety reporting supporting standardized province-wide service delivery.
 - Ensured sustainability in accreditation for diagnostic and transfusion medicine and transplant services, through engagement and collaborated with accreditation bodies.
 - Provided analysis and advice to advance the delivery of diagnostic magnetic resonance imaging services in Manitoba.
2. Current programs are executed in accordance with established plans, expectations and authorities.
 - Advanced accountability and oversight, through analysis, advise and engagement on plans, in support of a standardized and sustainable province-wide service delivery for cancer, renal, diagnostic, and transplant and transfusion medicine services
 - Advanced accountability, oversight and sustainability of planning for: renal programs in rural and northern communities and monitored impact on urban services; provincial transfusion medicine services; organ and tissue donation and transplantation programs through analysis, advise and engagement with DSM and Canadian Blood Services (CBS) and WRHA Transplant Manitoba (TrM).
 - Developed integrated stakeholder provincial plan and reporting for magnetic resonance imaging services in the province.
3. RHAs, provincial health agencies and stakeholders are informed of provincial priorities, emerging health issues, service gaps and the quality of care.
 - Exercised provincial stewardship in anticipating and identifying emerging diagnostic health and service issues and supported all stakeholders through communicating expectations to address provincial priorities, emerging health issues, service gaps and quality of care.

- Developed and tested a provincial communication protocol to ensure timely communication with Health Canada and provincially/regionally in the event of a shortage in the medical isotope supply chain.
 - Organ and tissue donation provincial priorities were advanced through collaboration, engagement and communication with WRHA TrM, Manitoba Tissue Bank and the Misericordia Eye Bank.
 - Provided advice on national transfusion medicine issues management and initiatives, and development of a tri-jurisdictional (Manitoba, Alberta, Saskatchewan) pilot project for specific blood product utilization.
4. Enhanced quality, transparency and sustainability of health care services.
 - Provided sustainability analysis and advice regarding plans for volume demand for diagnostic imaging, laboratory services and cancer treatment, prevention and survivorship identified by Diagnostic Services Manitoba and CancerCare Manitoba.
 - Participation in the tri-jurisdictional pilot project on specific costly blood product utilization.
 - Advanced legislated quality initiatives related to specimen transport, through engagement and providing advice to Diagnostic Services Manitoba.
 5. New and expanded programs are implemented in accordance with government priorities.
 - Supported Manitoba Renal Program to increase renal capacity for additional patients, including expansion of home modalities in Winnipeg and other local renal health centers within the province.
 - Provided programmatic support to fund an additional radiation oncologist at the Western Manitoba Cancer Centre and the expansion of diagnostic imaging capabilities including the introduction of Cardiac Computed Tomography.
 - Collaborated with Kidney Foundation of Canada, Manitoba Chapter (KFC MB) to revise the Service Purchase Agreement, to include enhancements to the Living Organ Donor Reimbursement Program (LODRP) funding policy in order to further reduce financial barriers and support living organ donation by Manitobans.
 6. Manitobans receive timely response to enquiries.
 - In collaboration with regional health authorities, Diagnostic Services Manitoba, and CancerCare Manitoba responded to system issues and public information enquiries in a timely manner.
 7. Manitobans have timely access to appropriate, quality health care services.
 - Provided oversight, analysis and advice regarding access and supported appropriateness efforts to enhance timely access to appropriate, quality, sustainable diagnostic, renal and cancer services.
 - Provided oversight, analysis and advise regarding prioritization of replacement of specialized equipment for nuclear medicine, radiology, CT/MRI and ultrasound across the province.
 - Provided oversight, analysis and advice for implementation of diagnostic on call service to enhance emergent patient care and enable best use of emergency response resources in rural health authorities undertaken by Diagnostic Services Manitoba.
 - Continued work with the Canadian Blood Agency (CBA) to ensure timely and accurate provision of financial assistance to Manitobans meeting the eligibility criteria for the Multi Provincial Territorial Assistance Program (MPTAP).
 - Participated on the CBA executive committee to facilitate continued provision of appropriate and accurate payment of compassionate assistance grants to Manitobans living with transfusion acquired HIV, and to support the provinces and territories, except Québec, in the management oversight of the program.
 8. Manitoba's interests are identified at decision-making tables.
 - Represented Manitoba and its priorities in committees impacting cancer, renal, diagnostics and transplant and transfusion medicine services, in support of ensuring sustainability of services.
 - Advanced priorities of Manitoba through participation on the CBS Provincial Territorial (PT) Blood Liaison Committee (BLC) and the PT BLC to ensure Manitobans needs for blood and blood products, as well as organ and tissue donation and transplantation are represented and supported.
 - Co-chaired, with Health Canada, and represented Manitoba and its priorities on the Pan-Canadian Multi-Stakeholder Working Group on Medical Isotopes to ensure contingency planning mitigates the impact of potential medical isotopes shortages.
 - Represented Manitoba on the Canadian Partnership Against Cancer Breast, Colorectal, Cervical and Lung Cancer Screening Networks.

5(c) Provincial Cancer and Diagnostic Services

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2016/17 \$(000's)		2016/17 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	726	10.00	884	(158)	
Other Expenditures	274		285	(11)	
Total Sub-Appropriation	1,000	10.00	1,169	(169)	

Continuing Care**The objectives were:**

- To provide provincial leadership and expertise to continuing care programs and services to ensure the delivery of safe, high-quality, efficient, effective and responsive continuing care health services.
- To ensure the provision of safe and quality personal care home services by licensing and monitoring personal care homes operating in Manitoba.
- To inform Manitobans and the department about demand, capacity, access and waits for continuing care health services.
- To lead and/or promote quality improvement and innovation in continuing care services.

The expected and actual results for 2016/17 included:

1. Personal care homes operate in compliance with the Personal Care Homes Standards Regulation as set out under *The Health Services Insurance Act*.
 - Provided leadership and ongoing monitoring of Manitoba's 125 licensed personal care homes (PCH) regarding compliance with PCH Standards, which included completion of on-site standards reviews, follow-up and verification of site action plans to address deficiencies and follow-up PCH-related complaints, with the goal that all twenty-six (26) PCH standards are met over time.
 - Conducted standards reviews to assess compliance with established provincial standards in fifty-one (51) PCHs in the following regional health authorities (RHAs): Northern, Winnipeg, and Interlake Eastern.
 - In addition, forty-four (44) unannounced reviews were conducted in PCHs across the province in the following RHAs: Northern, Winnipeg, and Southern Health-Santé Sud.
2. Eligible personal care homes are licensed.
 - Provided leadership in the annual licensing of the 125 PCHs across the province. There is a total of 9,697 licensed PCH beds in the 125 licensed facilities (March 31, 2017).
3. New and expanded programs in continuing care are implemented in accordance with government priorities.
 - Provided leadership and support of priority initiatives within the continuing care programs/continuums of care. Priority actions in continuing care will ensure that appropriate local support services match the needs of individuals and families along the continuum, including high quality, dignified end-of-life care.
 - Provided leadership in the area of community housing with services. Work continues on the Housing with Health Services Review which will lead to the development of a new framework to identify the best models to allow older adults in the province to remain safely in their communities for as long as possible. Problem solving around the sustainability of elderly persons housing operated by rural RHAs continued.
 - Provided leadership and support to the regions for the development of targeted rehabilitation initiatives with the goal of deferring premature placement in PCH.
 - Provided leadership and support in the implementation of a provincial Safe Resident Handling Charter for the Long Term Care Sector. Goals of the charter include (but not limited to) standardization of safe patient handling training across the province that is compliant with Workplace Safety and Health legislation and best practice and improved safety for staff and residents of personal care homes. The Charter is a multi-phase plan and work is ongoing with the development of staff training resources to be implemented in all regions.

- Provided support to initiatives as outlined in the Manitoba's Framework for Alzheimer's Disease and Other Dementias through a collaborative process with the Development and Implementation Advisory Committee. The Framework outlines recommendations in five key areas that follow the 'responses to dementia' that people would experience in their dementia journey including: raising awareness and understanding; early recognition, initial assessment and diagnosis; management, care and support; end-of-life care; and, research and evaluation.
 - Received the completed report of the Dignity Study within Manitoba's PCHs conducted by the Manitoba Centre for Health Policy and the University of Manitoba's Faculty of Health Sciences - College of Nursing. The study was aimed at improving resident care with a focus on resident driven care while maintaining safety, dignity, and compassion. A review of the study's recommendations with preliminary analysis in terms of low/medium/high investment has been completed. Further collaborative work with the regions is planned to determine next steps.
 - Collaborated with Health Infrastructure Branch and RHAs on the planning to increase the PCH supply in Manitoba in congruence with the 1,200 PCH Bed mandate.
 - Work continued toward licensing six (6) First Nations (FN) PCHs, on an interim basis. The communities involved in this initiative include:
 - Opaskwayak (Rod McGillivray Memorial Care Home in Northern region)
 - Sioux Valley (Dakota Oyate Lodge in Prairie Mountain Health region)
 - Sagkeeng (George M. Guimond Care Centre in Interlake-Eastern region)
 - Oxford House (George Colon Memorial Home in Northern region)
 - Fisher River (Ochekwi Sipi Personal Care Home in Interlake-Eastern region)
 - Peguis (Peguis Senior Centre in Interlake-Eastern region)
 - In collaboration with the three regional health authorities impacted by the FN PCH initiative (noted above) continued to provide education and support regarding the provincial PCH standards.
 - Continued to manage and facilitate an on-going plan to improve access to clinical educational resources and professional supports to facilitate the provision of culturally appropriate palliative care services in rural/remote Manitoba, including Aboriginal communities. Priorities for improving education and training opportunities in palliative care delivery for health care providers, and an action plan for completing the work has been developed.
 - In collaboration with CancerCare Manitoba and provincial palliative care experts, staff provided support into the development of a standardized approach to Advanced Care Planning and Goals of Care at end-of-life that is patient/client centred. Staff are working with other Canadian jurisdictions to discuss opportunities to increase awareness of Advanced Care Planning.
 - Provided leadership and support in the response to the Office of the Auditor General of Manitoba's (OAG) Value-for-Money audit of Home Care, in collaboration with the regional health authorities. The Audit was released in July 2015 and identified 28 recommendations in Home Care. Even though the OAG only conducted their detailed audit on the two RHAs, MHSAL took an "all RHA" approach in accepting and planning the response to the recommendations outlined in the report. Some of the recommendations may not be applicable to all RHAs.
 - OAG Home Care Audit Recommendation 1 has been implemented with the receipt of the *Future of Home Care Services in Manitoba* consultant report in December 2016.
 - Several committees and/or working groups have work underway that address the OAG recommendations. A collaborative and integrated approach in membership has been taken to provide a fulsome response to the recommendations.
4. Relevant policies are reviewed and updated.
- Collaborated with stakeholders on the ongoing review of policies related to continuing care.
 - Home Care provincial policies underwent a surface level review and any reference to Manitoba Home Care Program was removed to accurately reflect the roles and responsibilities of the RHAs and MHSAL.
 - Two new Home Care policies pertaining to six Brian Sinclair Inquest Recommendations have been drafted and one policy - the Home Oxygen Concentrator Program - had significant content updates completed.
 - A review of the Self and Family Managed Care (SFMC) policy is well underway.

5. Manitobans receive timely response to enquiries.
 - Timely investigations and responses were provided to verbal and written enquiries from the public, as well as media issues/expressions of concerns related to health care delivery within Manitoba.
 - A Client Experience database was designed and implemented to document incoming complaints and issues for analysis against key quality and safety performance criteria. Responses included the timely provision of appropriate and relevant information to individuals, within the boundaries of *The Personal Health Information Act (PHIA)* and *The Freedom of Information and Protection of Privacy Act (FIPPA)*, on individual and systemic health care enquiries, including referrals for services and appeal process information.
 - Contributed to investigations led by the *Ombudsman's Office* on an as needed basis and identified policy or program enhancements based on findings.

5(d) Continuing Care

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,042	13.10	1,095	(53)	
Other Expenditures	440		140	300	
Total Sub-Appropriation	1,482	13.10	1,235	247	

Acute, Tertiary and Speciality Care

The objectives were:

- To lead evidence-informed planning and provincial standardization of acute, tertiary and specialty care programs and services to ensure the delivering of safe, high-quality, efficient, effective, acute, tertiary and specialty health services.
- To monitor and evaluate the acute care system's performance as it pertains to quality, safety, cost and service efficiency and effectiveness.
- To inform Manitobans and the department about the quality, safety, utilization of, access to, and capacity of acute, tertiary and specialty health services.
- To lead and/or promote acute, tertiary and specialty health care quality improvement and innovation.

The expected and actual results for 2016/17 included:

1. Health authorities are in compliance with the critical incident reporting requirements of *The Regional Health Authorities Act* and *The Manitoba Evidence Act*.
 - Regional health authorities and other health services organizations have demonstrated compliance with critical incident reporting requirements.
 - One hundred and thirty (130) critical incidents were reported to MHSAL during the fiscal year 2016/17.
 - Reporting on the progress of implementation of recommendations resulting from critical incident reviews continues to be strengthened through revisions in provincial policy and enhanced monitoring.
2. Health system partners and stakeholders are informed of emerging health issues, service gaps, and the quality and safety of care.
 - Participated in and/or led a variety of provincial working groups and councils, including but not limited to:
 - The Wait Times Reduction Task Force committees, whose mandate is to provide recommendations on ways to improve access to emergency departments and priority procedures (hip and knee replacement surgery, cataract surgery, and magnetic resonance imaging).
 - The Provincial Quality and Patient Safety Council, whose mandate is to determine and prioritize actions and plans to advance quality and patient safety within Manitoba.
 - The Provincial Acute & Specialty Health Care Services Council, whose mandate is to provide leadership for acute and specialty health service integration, provincial policy, service improvement and service standardization.

- The provincial specialized equipment committee, whose mandate is to review health service delivery specialized equipment requests and requirements, determine equitable provincial allocation of resources, enhance specialized equipment standardization provincially, and ensure cost efficiency and effectiveness in equipment procurement.
 - The Provincial Patient and Public Engagement Network, whose mandate is to promote and coordinate patient and public engagement across Manitoba. Working groups include: Building Foundations, Family Presence, Local Health Involvement Groups and Acute Care Patient Experience Survey.
 - The Lean Black Belt Network, whose mandate is to collaborate on Lean Six Sigma initiatives, training and networking with representatives from all health authorities and health service organizations.
 - The provincial LEAN Consortium, whose mandate is to support inter-departmental capacity building to implement LEAN strategies and improvements.
 - The Provincial Patient Safety Consultants Network, whose mandate is to ensure shared learnings and standardization of patient safety implementation across health authorities.
 - The Community Health Assessment Network (CHAN), whose mandate is to support a coordinated approach for the RHAs and CancerCare Manitoba in fulfilling the legislated requirement to develop a Community Health Assessment in a five year cycle; participate in collaborative research in the Need to Know Team project at the Manitoba Centre for Health Policy; and monitor access to Youth Health Survey (YHS) data through the YHS Data Access Review Panel.
 - The Provincial Medical Device Reprocessing (MDR) Working Group, whose mandate is to align the implementation of MDR services with provincial and national standards, including enhancement of diagnostic imaging probe reprocessing standards and external review of MDR infrastructure.
 - The Accreditation Working Group, whose mandate is to coordinate and guide regional actions and plans in alignment with Accreditation standards, to advance quality and patient safety within Manitoba.
 - The Audiology Working Group, whose mandate is to provide guidance and support to RHAs in delivering universal newborn hearing screening (UNHS) and ensure consistency, equity, quality and safety in provincially standardized service delivery by partner organizations.
 - The Accessibility Working Group, whose mandate is to develop the department's accessibility plan to ensure compliance with *The Accessibility for Manitobans Act*.
 - Various interdepartmental committees/networks to actively co-operate, coordinate and oversee services related to the health of children including The Fetal Alcohol Spectrum Disorder interdepartmental committee and network, the Unified Referral and Intake System, and the Community Therapy Initiative program.
3. New and expanded programs are implemented in accordance with government priorities.
- Supported development of functional programming and operational requirements for a variety of capital redevelopment projects including the new Women's Hospital, the new Selkirk Regional Health Centre, Brandon medical beds expansion and medical device reprocessing province wide.
 - Collaborated with internal stakeholders to address the health care needs of the transgender population, including a proposal to establish criteria for approving transgender health care providers.
 - Provided support for increased activities of the Western Canadian Children's Heart Network.
 - Implemented the Universal Newborn Hearing Screening program throughout Manitoba in compliance with the *Universal Newborn Hearing Screening Act*.
 - Undertook activities to progress implementation of an Acute Stroke Unit as per the Minister Mandate.
 - Provided support for further regional deployment of Telestroke across Manitoba.
4. Manitobans receive timely response to enquiries.
- Provided timely investigations and responses to public enquiries, media enquiries and enquiries made through *The Freedom of Information and Protection of Privacy Act (FIPPA)*.

5. Current programs are executed in accordance with established policies, plans and authorities.
 - Undertook monitoring, analysis and advisory activities for all areas of acute and specialty health care services, including but not limited to: patient and public engagement, provincial Lean Six Sigma implementation, accreditation, community health assessments, patient safety programs, critical incident reporting, and Brian Sinclair Inquest recommendations to ensure execution in accordance with established policies, plans and authorities.
 - Participated in RHA executive and program leadership discussions and meetings to develop and sustain effective and collaborative working relationships and ensure regional alignment with provincial policies, priorities and objectives.

6. Provincial policy and direction enables consistent service delivery and standards province wide.
 - Provided direction to RHAs and other health services organizations to support consistent adherence to provincial policy and expectation for: specialized equipment management, medical device reprocessing, and implementation of appropriate Emergency Department policies to address recommendations of the Brian Sinclair Inquest.
 - Developed a provincial policy regarding the implementation of patient experience surveys, consistent with best practices, Accreditation Canada requirements, and in compliance with legislation including *The French Language Services Act* and *The Personal Health Information Act*.
 - Developed a provincial policy on Pronouncement of Death to create standardization and consistency in practice to ensure compliance with legislation across RHAs.
 - Initiated a provincial working group to establish consistent inpatient bed categories and definitions for comparable documentation of bed capacity across the province.
 - Provided leadership for the MHSAL Lean Six Sigma Strategy to identify opportunities and support implementation for efficiency and effectiveness in departmental operations.
 - Provided leadership to the Baby Friendly Breastfeeding Committee and support to hospital and community facilities to achieve targets and goals set by the Manitoba Breastfeeding Strategy.
 - Initiated policy development to ensure legislative compliance and/or provincial standardization of acute and specialty health care service delivery requirements for: critical incident reporting and management, appropriate hospital highway signage, Manitoba Accreditation practices, audiology services and cost-recovery for unfunded or uninsured acute care services.
 - Initiated revisions to the Reporting on Community Health Assessment policy to ensure standards are current and support consistent adherence across RHAs.

7. Regional health authorities (RHAs) are in compliance with *The Regional Health Authorities Act* and the associated regulations and guidelines.
 - All RHAs have Local Health Involvement Groups on which RHA residents explore and provide advice on issues that impact the delivery of local health services.
 - All RHAs and other health services organizations have demonstrated compliance with critical incident reporting requirements.
 - All RHAs and agencies are operating according to the accreditation legislation and guidelines.
 - All Health Authorities' Community Health Assessment reports are in accordance with *The Regional Health Authorities Act* and associated regulations.

8. Data is available for program and policy planning.
 - Supported RHAs in establishing and continuing appropriate data collection and reporting methods for wait times for various surgical and medical services.
 - Provided monthly (and ad hoc) wait time and wait list information for 22 adult and 16 pediatric surgical and medical specialties, totaling over 400 pages of reports, to program leads and RHA management.
 - Patient Experience Survey data is available to provide the patient voice for consideration in program and policy planning for acute care facilities
 - Established the Universal Newborn Hearing Screening database to provide information on program management to ensure compliance with legislation.
 - Initiated the Wait Times Reduction Task Force consultations and surveys to obtain input on access to emergency departments and priority procedures from health care system stakeholders and the public.

9. Increased standardization and integration of acute care sector activities across RHAs.
 - Engaged in various provincial working groups and councils to establish provincially consistent policies, enhance health care service standardization, and improve continuity of care across health services organizations.
 - Provided leadership to Provincial Medical Device Reprocessing working group to ensure provincial integration and adherence to consistent standards.
 - Assessed rehabilitation therapy services across the province to determine alignment with required service levels.

10. Increased health system capacity to apply quality improvement processes.
 - Development and delivery of Yellow Belt Lean Six Sigma training for MHSAL staff.
 - Provided regular forums for RHA patient safety consultants to share provincial trends in critical incident reporting and recommendations of critical incident reviews to improve quality of care.
 - Coordinated sharing of information and resources between regional Accreditation Coordinators to ensure alignment of and efficiencies to quality improvement processes.

5(e) Acute, Tertiary and Specialty Care

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,299	31.50	2,402	(103)	
Other Expenditures	1,215		1,473	(258)	1
Total Sub-Appropriation	3,514	31.50	3,875	(361)	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Chief Provincial Psychiatrist

The objectives were:

- To carry out required statutory and non-statutory functions by administering *The Mental Health Act* and the Orders of Committeeship program, providing professional consultation to the health care system, and promoting the recruitment and retention of psychiatrists in the province, in order to promote the health and well-being and to optimize the mental health status of Manitobans.

The expected and actual results for 2016/2017 included:

1. Preservation of patients' rights under *The Mental Health Act*.
 - Continued to promote effective operation of *The Mental Health Act and Regulations*.
 - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
 - Consulted as required with the MHSAL Legislative Unit and Manitoba Justice - Legal Services to assist in the proper interpretation and application of *The Mental Health Act* and regulations.

2. Interpretation and application of *The Mental Health Act*.
 - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
 - Consistently implemented the MHSAL policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services", setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.

3. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
 - Processed 336 Certificates of Incapacity applying for Orders of Committeeship and issued 320 new Orders of Committeeship appointing The Public Guardian and Trustee of Manitoba as committee of the person's property and personal care.
 - Cancelled 11 previous Orders of Committeeship.

- Issued 71 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
 - Pursuant to the Order of Committeeship policy, provided an interview with the Director of Psychiatric Services to persons who submitted a written objection to the Notice of Intent to issue an Order of Committeeship, prior to the appointment of The Public Guardian and Trustee of Manitoba as committee.
 - Maintained required working liaison with the Office of The Public Guardian and Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.
4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
 - Five specialists in psychiatry, who successfully completed their periods of enrollment in the Career Program in Psychiatry, continued to fulfill their return of service commitments in areas of need in Manitoba.
 - Three University of Manitoba residents in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing return of service commitments in areas of need in Manitoba.
 - Provided consultation and advice to relevant agencies regarding the recruitment and retention of psychiatrists in Manitoba.
 5. Consultative liaison with RHAs and other sectors of the health care system.
 - Maintained relevant linkages and appropriate consultation with the regional health authorities regarding various aspects of the mental health system.
 - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy, and the statutory implications of *The Mental Health Act*, to clients, stakeholders and various sectors of the health system.
 6. Tracking of the Orders of Committeeship program and the regulated Forms under *The Mental Health Act*.
 - Continued data entry for the computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
 - Additional computer databases were operational for selected data analysis during the year.

5(f) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	449	2.40	466	(17)	
Other Expenditures	70		53	17	
Total Sub-Appropriation	519	2.40	519	-	

Healthy Living and Seniors

Active Living and Healthy Populations

The objectives were:

- Advance and support strategic partnerships and evidence-based policies and programs that assist all Manitobans to lead the healthiest lives possible, reduce health inequities and thereby contribute to the sustainability of the health care system.

The expected and actual results for 2016/17 included:

1. Engagement of key stakeholders in the promotion of healthy weights.
 - Completed consultations with 21 key food and nutrition stakeholders in Manitoba, including representation from all regional health authorities. A summary report was shared with all participants and will be used to action identified department priorities. This report will foster cross-governmental and provincial wide collaboration on food and nutrition.
2. Continued support to employers that sign on to the Wellness Works campaign.
 - Information support on healthy workplaces continued to be provided to employers online.

3. Engagement and collaboration with provincial, regional and local partners to increase physical activity opportunities in schools, workplaces and communities, including promotion of trails and active transportation.
 - Collaborated with internal and external partners in the health, education, sport, recreation, fitness, early childhood and private sectors to increase physical activity opportunities to:
 - Provide over 11,000 educational and promotional resources.
 - Offer quality leadership training focusing on rural and northern Manitoba, older adult peer leaders, after school providers and physical education teachers.
 - Offer programming and equipment for Indigenous, newcomer and low income children and youth,
 - Support the building and promotion of the Trans Canada Trail (TCT) in Manitoba which is scheduled to be connected by July 1, 2017.
 - Promote and support safe and active transportation for Manitobans of all ages.

4. Development of sustainable food supply initiatives with partners in northern communities, schools and day cares supported with resources to support healthy eating, including measures to reduce sodium in health care facility menus.
 - Continued to support AFFIRM (Affordable Food in Remote Manitoba), a retail subsidy that reduces the cost of milk, fresh fruit and vegetables in remote Northern Manitoba communities without year-round road access, and which are not eligible for the federal Nutrition North Canada (NNC) program.
 - Supported meetings with community leaders in AFFIRM Bayline communities (Thicket Portage, Illford/Warlake, and Pikwitonei) to work collaboratively to develop a community food co-operative using a community development approach.
 - Continued to support the Northern Healthy Foods Initiative by participating on the cross-departmental management committee led by Indigenous and Municipal Relations. Five partner organizations work with over 60 northern communities to increase access to healthy affordable food by building capacity for local production and consumption, encouraging traditional food skills, as well as food and nutrition education, particularly in schools.
 - Continued to support community food security and food literacy activities such as community gardens, community kitchens, and food skill classes through support of Food Matters Manitoba and the West Broadway Good Food Club.
 - Supported healthy eating in child care centres through the Nutrition for Early Learning and Child Care initiative. In partnership with Manitoba Early Learning and Child Care and Dietitians of Canada. Approximately 320 people were reached through a variety of workshops including two webinars and a provincial child care conference. Workshops were formatted to enhance knowledge and skills of the participants on how to create a healthier environment in their facilities.
 - Provided funding and oversight to the Healthy Food in Schools initiative, which is a partnership with Dietitians of Canada to provide practical support for schools to foster healthy eating environments. As part of this initiative website content was updated, a toll-free information line staffed, school site visits were conducted, several educational workshops for school divisions were offered, and the canteen and cafeteria network continued to support nutritional learning and networking. In addition, the Manitoba School Nutrition Action Group was established to strengthen support to schools through providing opportunities to share information and collaborate with regions and non-government agencies.
 - Child Nutrition Council of Manitoba (CNCM) supports 211 breakfast, snack and lunch programs, reaching over 22,000 students. These programs were in 228 schools and 5 Summer Learning programs. CNCM received partial funding for their program from Active Living Population and Public Health (ALPHH) branch and Manitoba Education and Training.
 - Supported the Farm to School Manitoba Healthy Choices Fundraiser that combines promoting consumption of healthy Manitoba vegetables, healthy eating awareness and education, with raising funds for school and day care programs. Peak of the Market and the Manitoba Association of Home Economists were key partners in this program.
 - Worked collaboratively with the federal government and other provincial/territorial representatives to provide direction and guidance to the national healthy eating strategy. Health Canada has assumed a leadership role for discussions with the food industry; increased consumer awareness regarding sodium and reduced sodium levels in packaged foods are the overall goals of this sodium reduction initiative.

5. Initiatives to mitigate unintentional injuries are reflected through the implementation of the provincial injury prevention plan and delivered across Manitoba in collaboration with key stakeholders.
 - Participated in the Technical Advisory Council to provide input from a health and active transportation perspective in the development of a Provincial Road Safety Plan.
 - Collaborated with Manitoba Public Insurance and the Winnipeg Regional Health Authority to develop a rear-facing car seat poster, which was printed and distributed across the province.
 - Completed an evaluation on the Low Cost Bike Helmet Initiative.
 - In partnership with Osteoporosis Canada – Manitoba Chapter, bone health public education and awareness activities were delivered to several audiences including children and adolescents, older adults, health care professionals and the general public.
 - Established a Falls Prevention Advisory Committee with representation from all the regions and from stakeholder branches within the department. The Committee was formed to support planning and guide decisions on falls prevention for the province that will contribute to reduced incidence and impact of falls on individuals in home and community settings.
 - Supported the sharing of evidence-informed falls prevention research, resources, tools, programs and training opportunities to the falls prevention stakeholders; and coordinated the proclamation of the falls prevention week for older adults.
 - In partnership with Winnipeg Regional Health Authority, five evidence-based falls prevention resources were developed to assist regions in the implementation of falls prevention strategies.

6. Initiatives to mitigate poor sexual health outcomes, as reflected in the Healthy Sexuality Action Plan, are delivered throughout Manitoba in collaboration with key stakeholders.
 - Provided annual grant funding to five agencies and one regional health authority to support 13 programs throughout the province that collectively address poor sexual health outcomes due to marginalization.
 - Provided project funding for, and worked collaboratively with, Prairie Mountain Health and Interlake-Eastern Regional Health Authority to establish harm reduction and peer network programming within those regions. These programs decrease the risk of HIV and Hepatitis C transmission through education and awareness, increased access to resources and supplies as well as access to health and social service supports.
 - Developed and implemented the Sexually Transmitted and Blood-Borne Infections (STBBI) Prevention and Harm Reduction framework to support the ongoing work of the provincial STBBI Strategy. The framework utilizes the Health Impact Pyramid to identify interventions that have population level impacts versus those which have individual level impacts.
 - Developed and implemented a data collection tool used to gather regional health information on STBBI specific interventions taking place throughout the province. This allows us to identify focus areas as well as strengths and gaps, which can inform future programming direction.
 - Intradepartmental collaboration to streamline the referral process for accessing insured services relating to gender identity in Manitoba. This has allowed for additional practitioners with expertise in gender identity to be identified and recognized by the province, which has improved services and increased access to care for transgender individuals around the province.

7. Continued engagement and support for communities to design and implement chronic disease prevention initiatives.
 - Provided funding and provincial leadership to communities and rural municipalities across Manitoba. Together, regions submitted over 300 Healthy Together Now (HTN) proposals outlining community level chronic disease prevention efforts. Communities led activities in the areas of healthy eating, physical activity, prevention and reduction of tobacco use, and mental well being that were unique to their region and community.
 - Hosted a Share & Learn forum in Winnipeg that provided training, skill development, use of evidence and HTN community project sharing using a story format. Approximately 170 people participated from 5 health regions, 53 communities, and partner agencies.
 - Hosted a Manitoba Health Promoters Core Competencies Day Workshop that provided professional development opportunities to Regional Health Authority staff in the areas of evaluation and equity. Over 80 participants furthered their understanding of the social determinants of health and the implications to their work in the field of health promotion.
 - Completed a five year (2010-2015) evaluation of HTN which will be used to inform future direction of the program.

8. Continued engagement and collaboration with school divisions, schools and other partners in Manitoba's Healthy Schools Initiative.
 - Partnered with Manitoba Education and Training including the Healthy Child Manitoba Office to represent Manitoba nationally at the Joint Consortium for School Health and to identify and collaborate on health issues such as concussions, equity, evaluation and reconciliation.
 - Provided funding and provincial leadership to the Healthy Schools Initiative, through the provision of grants to all schools in the province.
 - Healthy Schools Initiatives and grants continued to support health promotion activities at the provincial, divisional, independent and First Nation school levels. Collaboration and dissemination of resources for schools continued, with ongoing consultation and support of tools like the Healthy Schools Planner and the revised Positive Mental Health Toolkit. Partnerships with agencies who deliver initiatives such as Active and Safe Routes to School, physical activity promotion in schools and the Body Positive Project have all worked to strengthen and promote wellness in Manitoba schools.

9. Information, resources and support are made available to organizations and Manitobans to prevent and/or mitigate bed bugs.
 - Continued to administer the Non Profit Community Bed Bug grant program. This grant program provided 151 grants to community agencies (109 in Winnipeg and 42 outside of Winnipeg) throughout the province for the prevention, treatment and education about bed bugs.
 - Provided print resources to the public and to Manitoba Housing tenants to raise awareness about prevention and treatment of bed bugs; and provided 19 bed bug educational workshops and presentations.

6(a) Active Living and Healthy Populations

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,372	14.00	1,454	(82)	
Other Expenditures	4,570		5,281	(711)	
External Agencies	195		205	(10)	
Total Sub-Appropriation	6,137	14.00	6,940	(803)	

Seniors and Healthy Aging Secretariat

The objectives were:

- To provide leadership and coordination of provincial policy, programs and legislation related to seniors and healthy aging.
- To engage community partners, manage agreements and build government networks to advance information and resources that promote healthy aging in Manitoba.

The expected and actual results for 2016/17 included:

1. Provincial policies, programs, and legislation better reflect the needs of seniors and take into account recommended practices from across the country.
 - Co-chaired the Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors Caregiver Readiness Working Group, which focused on a range of caregiving issues.
 - Liaised with Federal/Provincial/Territorial Seniors' Officials regarding inter-jurisdictional seniors' issues, and participated in joint initiatives such as the Labour Market Participation and Social Engagement and Social Innovation Working Groups.
 - Disseminated *Social Isolation of Seniors, Volume 1, Understanding the Issue and Finding Solutions* and *Social Isolation of Seniors, Volume 2, Ideas Exchange Event Toolkit* to key stakeholders to inform policy and program development.

2. Increased engagement and collaboration with other government departments to improve collaboration and innovative work practices.
 - Collaborated and consulted within government (municipal, provincial, federal) and regional health authorities to address a number of key issues affecting seniors, including: affordable and accessible housing, transportation, healthy aging, ageism, safety and security, caregiving, support services for seniors, access to primary care and access to community supports that facilitate aging in place.
 - Consulted with the Disabilities Issues Office (Department of Families) regarding implementation of *The Accessibility for Manitobans Act*.
3. Advancement of the Age-Friendly pillars that enhance the physical and social environments in Manitoba.
 - In partnership with the Association of Manitoba Municipalities, sent a letter to communities throughout Manitoba, encouraging participation in the Age-Friendly Manitoba Initiative (AFMI).
 - Provided one AFMI orientation bringing the total number of communities participating in the AFMI to 86.
 - Held three AFMI Consultations to assist communities in developing their age-friendly action plans in order to achieve the Age-Friendly Milestones. Key themes included: housing development; options and opportunities for social inclusion; safety and security; communication; intergenerational opportunities; and transportation options.
 - Held four AFMI Regional Meetings in the Central, Eastern, Interlake and Western districts of the Association of Manitoba Municipalities. Key topics included *The Accessibility for Manitobans Act* and social isolation.
 - Recognized three age-friendly communities for achieving the Age-Friendly Milestones.
 - Attended the second Western Age-Friendly Roundtable Discussion with Saskatchewan, Alberta and British Columbia to highlight AFMI, exchange knowledge and enhance interprovincial relationships to better address the needs of older adults and support Manitoba's age-friendly communities.
4. Increased opportunities for research and knowledge application to Manitoba's older population.
 - Collaborated with the Manitoba Centre for Health Policy on research related to the health status of older adults.
 - Supported the University of Manitoba's Centre on Aging to finalize three research reports, including: *Three Issues Affecting the Health and Well-Being of Seniors in Manitoba: Oral Health, Hearing, and Vision*; *Moving from Ageist to Age-Friendly Policies and Practices in Manitoba*; and *How Active are Older Manitobans?* The reports are available on the Centre on Aging web-site.
5. Increased availability of information, tools and supports for older Manitobans and informal/family caregivers.
 - Revised *A Guide for the Caregiver: Information and Resources for Caregivers*, a resource for caregivers to provide a range of information to assist in navigating the caregiver role.
 - Collaborated with the Continuing Care Branch, to distribute *A Guide for the Caregiver* with home care packages to new clients through the regional health authorities.
 - In partnership with the Canadian Home Care Association, the F/P/T Caregiver Readiness Working Group disseminated the following resources to key stakeholders throughout Manitoba: *Care options, choosing the best plan for you and the person you care for*; *Helping employees balance work and caregiving responsibilities*; *Balancing work and caregiver responsibilities*; and *Caregiver readiness (video)*.
 - Provided funding for A&O: Support Services for Older Adults' Elder Abuse Services and Safe Suite Program, and Clinic's 24-hour Seniors Abuse Support Line.
 - Funded Prevent Elder Abuse Manitoba to increase awareness and facilitate training about elder abuse to a range of stakeholders.
 - Provided funding to help communities plan for World Elder Abuse Awareness Day with events held throughout Manitoba.
 - Funded Transportation Options Network for Seniors (TONS) to inform and educate Manitobans on transportation options that enhance quality of life and promote age-friendly communities.
 - Provided a central source of information and referral through the Seniors Information Line, Seniors and Healthy Aging website, Seniors Guide and other publications, to seniors, their families, informal caregivers, and seniors-serving organizations on programs and services throughout Manitoba.

- Provided referrals to 3,089 telephone enquiries.
 - Distributed 32,838 publications.
6. Increased recognition of the valuable contributions of older Manitobans and informal/family caregivers.
- Provided administrative and consultative support to facilitate the work of the Manitoba Council on Aging and the Caregiver Advisory Committee.
 - Facilitated quarterly meetings of the Manitoba Council on Aging as mandated by *The Manitoba Council on Aging Act*. The committee prioritized the issues of affordable housing with supports, supports for seniors living in the community and seniors using the emergency department.
 - Coordinated the Manitoba Council on Aging Recognition Awards to recognize the outstanding contributions of older Manitobans, and promotion of positive images of aging.
 - Facilitated meetings of the Caregiver Advisory Committee. At these meetings, issues of importance to informal caregivers were identified and explored. The committee prioritized caregiver fatigue and the importance of respite to support caregivers in maintaining their health and well-being.
 - Celebrated Manitoba Caregiver Recognition Day in Manitoba as set out in *The Caregiver Recognition Act*.
 - Funded the Active Living Coalition for Older Adults – Manitoba to serve as the central point of contact to lead and support recognition of Seniors’ and Elders’ Day throughout Manitoba in October.
7. The healthy living and well-being of older Manitobans is improved.
- Provided funding for the Active Living Coalition for Older Adults – Manitoba which supports the delivery of the 55Plus Games (draws approximately 1,000 participants); Active Aging Week; Steppin’ Up and Out with Confidence; 10 Habits to a Healthy Lifestyle; and Healthy Mouth: Key to a Healthy Body.
 - Provided funding to the Manitoba Association of Senior Centres to assist in the development of senior centres, where older adults come together for programs and services that support their independence, health, dignity and encourage their involvement in the community.
 - Provided funding to the Aboriginal Seniors Resource Centre to promote programs that focus on social inclusion and health promotion for Indigenous seniors.

6(b) Seniors and Healthy Aging Secretariat

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	780	9.00	666	114	
Other Expenditures	752		914	(162)	
Total Sub-Appropriation	1,532	9.00	1,580	(48)	

Mental Health and Spiritual Health

The objectives were:

- To provide direction and support toward innovation, evidence-based practice and accountability in the mental health system and spiritual health care system in Manitoba, and to reduce health disparities and advance mental wellness.

The expected and actual results for 2016/17 included:

1. Strengthened integration and coordinated approaches to mental health promotion, prevention, support and treatment for Manitobans, in partnership and collaboration with people with lived experience of mental health problems and illnesses, family members, other government departments, service providers and other partners.
 - Continued collaboration and consultation with persons with lived experience of mental health problems and illnesses, their family members and natural supports through the Perspectives Provincial Mental Health Advisory Council.

- Information was collected from the RHAs to evaluate the uptake and effectiveness of employment training and supports delivered by the RHAs, under the Labour Market Agreement for Persons with Disabilities between the Governments of Canada (GOC) and Manitoba (GOM), whereby GOC provides funding through GOM to RHAs to help clients with mental illness enter and stay in the labour market through access to employment training and skill development.
2. Strong collaboration with a diverse range of stakeholders in policy and program development and in the implementation of provincial strategies.
 - Continued leadership of the Provincial Recovery Champions Committee, which included the formation of regional recovery committees across Manitoba to begin regional system transformation work that aligns with the *Guide to Recovery-Oriented Mental Health System Transformation in Manitoba*.
 - Enhanced the participation of persons with lived experience, family members and natural supports on the Provincial Recovery Champions Committee, to represent the perspectives and needs of those with lived experience of mental health problems and illnesses.
 - Continued leadership of the Provincial Spiritual Health Care Steering Committee, a collaboration with regional health authorities and community partners, to guide delivery of spiritual health care within Manitoba
 3. Evidence-based policies for the health sector that reflect the concerns of priority populations.
 - Continued work in developing a provincial recovery policy to guide regional health authorities and grant-funded mental health agencies toward an evidence-based, recovery-oriented mental health system.
 - Led the engagement of over 50 stakeholders in the development of a Refugee Mental Health Action Plan to address key priority needs for newcomer and refugee mental health.
 - Completed participation in the Mental Health Commission of Canada's three-year research project tracking the adoption of the Psychological Health and Safety Standard.
 4. Program excellence and fiscal accountability of provincially funded mental health programs and services.
 - To ensure strong service delivery and fiscal accountability, continued working with provincially funded mental health agencies to provide mental health programs and services to Manitobans, such as peer support and public education.
 - Increased funding to mental health residential care facilities to prevent further reductions in the number of mental health residential care beds in Manitoba.
 5. Improved access to mental health services for youth with a focus on Indigenous youth.
 - In collaboration with regional health authorities and other external stakeholders, completed the eighth full year of implementation of the Youth Suicide Prevention Strategy with a focus on Indigenous youth.
 - Construction continued on the Hope North Youth Crisis Facility in Thompson, a six-bed facility for youth experiencing a mental health crisis, or who are in need of addictions stabilization under *The Youth Addictions (Support for Parents) Stabilization Act*.
 - Completed the development of professional competencies for the child and adolescent community mental health workforce, in collaboration with the Manitoba Adolescent Treatment Centre and regional health authorities.
 6. Enhanced protective factors and reduced modifiable risk factors with respect to suicide prevention.
 - Continued leadership of the Provincial Suicide Prevention Leadership Committee, a multi-stakeholder committee aimed at reducing suicide among youth, adults and older adults through policy and program initiatives.
 - In the fall 2016, coordinated a Share and Learn conference with stakeholders from across the province to share their best practices in community-based suicide prevention.
 7. Coordinated specific, measurable, attainable, realistic and time-sensitive objectives for a 4 year action plan to guide the delivery of spiritual health care within Manitoba.
 - Established working groups, in collaboration with regional health authorities and community partners, to achieve action plan objectives.

- Collaborated with community partners to create training materials on spiritual health care for health care providers, and identify best practices to assist with strategic planning and service delivery.
 - Initiated a process to update professional competencies for spiritual health care practitioners and enhance clinical training in Manitoba.
8. Continued enhancement of practices for co-occurring mental health and substance use disorders within regional health authorities and provincially funded mental health and addictions services and programs.
 - Merged the two provincial policy branches of Mental Health and Spiritual Health Care and Addictions Policy and Support into the Mental Health and Addictions Branch to integrate mental health and addictions provincial policy and oversight.
 9. Improved coordination, knowledge and skills related to psychosocial planning, response and recovery in provincial emergency management services.
 - Collaborated with the Office of Disaster Management in hosting a stakeholder forum to inform the development of a provincial psychosocial framework outlining roles and responsibilities of key stakeholders in psychosocial and mental health response to disaster.

6(c) Mental Health and Spiritual Health

Expenditures by Sub-Appropriation	Actual 2016/17		Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
	\$(000's)	FTE			
Salaries and Employee Benefits	766	10.00	815	(49)	
Other Expenditures	3,793		4,115	(322)	
Total Sub-Appropriation	4,559	10.00	4,930	(371)	

Tobacco Control and Cessation

The objectives were:

- To further reduce tobacco use by Manitobans, by implementing measures aimed at preventing youth from starting to smoke, protecting non-smokers from exposure to second-hand smoke, helping smokers quit, and denormalizing tobacco products and their use.

The expected and actual results for 2016/17 included:

1. Overall reduction in tobacco use among Manitobans, including fewer young people starting to smoke.
 - Smoking prevalence data for adults indicates that rates continue to fall in Manitoba from 17.4% in 2013 to 14.8% in 2015.
 - Consumption of tobacco continued to decline; the number of cigarettes smoked per day in Manitoba declined from 14.9 per day in 2013 to 10.9 in 2015.
 - Volume of tobacco sales also continued to decline in Manitoba, down 3% in 2015, which is the 5th consecutive year of decline.
 - Survey data indicated that smoking prevalence rates among high school students was 6.9% in 2015. These rates have declined over time, however are still higher than the Canadian average of 3.4%.
2. Continued enforcement of the provisions in *The Non-Smokers Health Protection Act* and sustained compliance with the prohibition on supplying tobacco products to minors.
 - 590 tobacco retailer compliance checks for sales to minors and the display, advertising and promotion restrictions were conducted in 2016/17 with compliance remaining high at over 95%.
 - 14 warnings were issued and 16 charges were laid under the Act.
3. Maintained and strengthened Students Working Against Tobacco (SWAT) teams in Manitoba schools.
 - 30 SWAT teams consisting of over 170 students continued to operate in schools throughout Manitoba. These teams receive bi-annual refresher training sessions to maintain and strengthen their activities in-school.
 - Using a peer to peer model, SWAT teams made interactive and educational presentations to younger students about the harms of tobacco use and encourage them to stay tobacco free.

- This student led model was able to react quickly to a rapidly evolving environment where new and emerging issues such as e-cigarettes, cannabis products and heat-not-burn tobacco products aim to get a new generation of youth hooked on nicotine.

6(d) Tobacco Control and Cessation

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	370	3.00	347	23	
Other Expenditures	731		2,027	(1,296)	1
External Agencies	-		859	(859)	
Total Sub-Appropriation	1,101	3.00	3,233	(2,132)	

Explanation Number:

1. Primarily due to program expansion not occurring as originally planned.

Addictions Policy and Support

The objectives were:

- Provide leadership, support and direction to the addictions system in Manitoba.
- Collaborate with the addictions programs and service providers to:
 - Develop efficient and effective strategies and policies across a continuum from prevention to tertiary care;
 - Provide information, advice and recommendations that support effective planning and decision-making;
 - Identify emerging issues, best practices and evidence-informed programming to assist with service development and strategic planning;
 - Develop and support practices that enhance system accountability;
 - Establish links between addictions service providers and the regional health system.

The expected and actual results for 2016/17 included:

1. Increased consistent reporting from the addictions service providers, including strategic planning that aligns with departmental priorities and addictions service needs of Manitobans.
 - Continued to implement processes to ensure reporting from grant-funded addictions service providers is accurate and timely.
 - Reviewed Addictions Foundation of Manitoba (AFM) Health Plan and agencies' strategic plans as part of the annual process to ensure alignment with department priorities.
2. Fiscal and program accountability of provincially funded addictions programs and services.
 - Implemented new tools to ensure oversight and accountability of grant-funded addictions programs and services.
 - Enhanced service level performance measurement and program evaluation capacity by continued implementation, within addictions service providers, of a post treatment client survey and other evaluation processes.
3. Continued progress for an integrated, accessible, efficient and effective continuum of services to meet the needs of Manitobans struggling with addiction, substance abuse and problematic gambling.
 - Funded the Manitoba Addictions Helpline, launched by AFM in partnership with addictions service providers, to improve service accessibility, coordination and navigation.
4. Increased knowledge and skills in addictions residential treatment programs, community-based treatment programs and continuing care.
 - Funded AFM to lead knowledge exchange initiatives to increase awareness of and access to evidence based practices (ex. training in trauma informed care for the mental health and addictions workforce).

5. Increased collaboration with primary care teams of regional health authorities to engage in screening and early intervention activities.
 - In partnership with Primary Health Care and Mental Health and Spiritual Health Care branches in MHSAL, piloted evidence-based screening, brief intervention and referral processes in the following primary care clinics for persons with mild to moderate substance use disorders:
 - Waywayseecappo First Nation Health Centre, Sagkeeng First Nation Health Centre, Churchill Community Health Centre, Thompson Community Clinic and Nor'West Community Access Centre.
6. Increased collaboration with mental health providers resulting in improved integration of service and strategic planning.
 - A public procurement process was undertaken to hire a consulting team to develop a provincial Mental Health and Addictions Strategy that focuses on access and coordination.
 - Funded AFM to implement the first phase of Trauma Informed Care training to addiction service providers to increase skills to support clients affected by trauma.
7. A responsive and flexible system that improves Manitobans' access to addictions, substance abuse and problematic gambling services in Manitoba.
 - Led a coordinated effort to improve prescription monitoring and surveillance, naloxone distribution and public awareness to address the opiate crisis, including:
 - Support for the WRHA to hire a Coordinator to manage naloxone distribution sites across Manitoba, including the procurement of an initial 390 naloxone kits immediately upon establishment; and
 - Partnered in the launch of a second public awareness campaign concerning the opiate crisis that focused on social media in order to reach a broader population.
8. Existence of evidence-based policies and programming throughout all levels of addictions, substance abuse and problem gambling services.
 - Funded AFM to develop a resource bibliography of evidence used in the development of the Trauma Informed Care training modules.

6(e) Addictions Policy and Support

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	421	3.00	555	(134)	
Other Expenditures	7,136		8,291	(1,155)	
External Agencies	-		171	(171)	
Total Sub-Appropriation	7,557	3.00	9,017	(1,460)	

Addictions Foundation of Manitoba

The Addictions Foundation of Manitoba (AFM) operates in accordance with *The Addictions Foundation Act*. AFM is governed by a Board of Governors whose members are appointed through a Lieutenant Governor's Order in Council. The purpose of the board is to establish organizational direction and vision and to ensure that organizational objectives are attained consistent with the requirements of the Act.

The objectives were:

- Contribute to the health and resilience of Manitobans by providing addictions treatment services and supporting healthy behaviours.

The expected and actual results for 2016/17 included:

1. Ongoing implementation of AFM's four year strategic plan (2013-2017).
 - Continued progress toward achieving strategic objectives including initiating and completing reviews of programs and policies; increasing training and professional development opportunities for staff; and fostering collaborative partnerships with other addictions agencies in Manitoba.

2. Maintain accreditation status.
 - Continued to comply with Accreditation Canada standards and requirements and began preparations for the next Accreditation Canada survey in November 2018.
3. Implementation of the Quality Improvement Services Review to ensure programs continue to be based on evidence-based practices.
 - Continued to implement improvements based on the 2016 Impaired Driver Program Service Review.
 - Initiated a Residential Treatment Service Review.
 - Through AFM's Knowledge Exchange Centre, supported continuous improvement by AFM as well as other addictions service providers through distribution of research and information on evidence-based approaches.
4. Review and update of 30 percent of all policy documents.
 - Completed a review and update of 36% of policy documents and initiated reviews of more policy documents.
5. Clarification of the role of the human resource unit with an enhanced focus on training and performance management.
 - Completed a staff engagement survey with all staff across the agency, which indicated the following priority areas: 1) Professional and Career Development and 2) Communication and Change Management.
 - Continued to review and improve human resource policies and procedures including hiring and performance feedback practices, providing extensive management training and coaching to leaders, and developing internal trainings for staff.
 - The Unit worked in conjunction with the Staff Development and Training unit and the Risk Management and Accreditation Coordinator.
6. Implementation of information technology updates.
 - Continued to sustain an adequate, reliable information technology system capable of servicing an agency of AFM's size and complexity, within available resources.
 - Sought opportunities to implement an electronic client records management system that would connect with the provincial E-Chart to improve efficiencies and effectiveness within the health system.
7. Provision of information, education and support services regarding addictions and substance abuse to clients, partner organizations and the public.
 - Began a series of public forums and educational sessions on fentanyl.
 - Released a public statement on the legalization of non-medical cannabis following internal and external consultations.
 - Continued to provide educational courses and workshops in partnership with the University of Manitoba's Applied Counselling Certificate Program.
 - Provided public education workshops on substance use and addiction in schools, community centres, workplaces and other locations.
 - Continued to provide comprehensive, free, public information on substance use and misuse, problem gambling and related issues in Manitoba, offering up to date, reliable information on resources, issues, trends and research in the addictions field.
8. Provision of residential, community-based and school-based services to Manitobans with issues related to alcohol, drugs and problem gambling.
 - Provided a range of abstinence based and harm reduction services for Manitobans struggling with substance use and/or problem gambling, and those affected by another person's substance use or gambling.
 - Offered services for youth and adults, and gender-specific programming in Winnipeg.
 - Provided residential, community-based and school-based substance use and addictions services through facilities located across Manitoba, including Opioid Replacement Therapy in Winnipeg and Brandon.

9. Enhanced mental health capacity and collaboration with mental health service providers.
 - Continued to work with the Winnipeg Regional Health Authority to provide Co-Occurring Disorders Initiative (CODI) training modules to mental health, addictions and social services systems. A review of the training was also initiated.
 - Continued to lead in the development and implementation of trauma informed care training that will be applied across Manitoba's addiction system.

10. Strengthened partnerships and collaboration with other addictions organizations and community supports.
 - Continued to participate in the Manitoba Addiction Agencies Network (MAAN).
 - Through AFM's Knowledge Exchange Centre, continued to develop and provide trauma informed training modules to addictions agencies.
 - Hosted annual forums/networking days with addictions service providers and other community partners.
 - Led a multi-agency committee to plan and celebrate Manitoba Addictions Awareness Week.
 - Continued to collaborate with co-located organizations, Behavioural Health Foundation and Main Street Project, at River Point Centre to provide a broad spectrum of addictions services in one location.
 - Continued to support Manitobans through the Manitoba Addictions Helpline in accessing addictions treatment services. This service is coordinated with all provincially-funded addiction organizations.

11. Enhanced training of staff for quality improvement in service delivery and improved client and staff safety.
 - Provided several internal trainings (e.g. naloxone) through the Staff Development and Training Unit
 - Progressed on a number of other training initiatives at various stages of development. Trainings have continued to be focused on client and staff safety, confidentiality issues relevant to all job classifications, and new policies and procedures.

6(f) Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	FTE	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Program Delivery	28,483		28,891	(408)	
Problem Gambling Services	3,374		3,374	-	
Less: Third Party Recoveries	(1,633)		(1,633)	-	
Less: Recoveries from Manitoba Lotteries Corporation	(7,474)		(7,474)	-	
Total Sub-Appropriation	22,750	-	23,158	(408)	

Health Services Insurance Fund

The Manitoba Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long-term care, home care, community and mental health and emergency medical response and transportation services. The Fund also provides direct payments to providers of insured services and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program and Pharmacare.

Funding to Health Authorities

- Acute Care Services
- Long-Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Response and Transport Services

Funding to Health Authorities

The objectives were:

- Health authorities (regional health authorities (RHAs), CancerCare Manitoba and Diagnostic Services Manitoba) provide a service delivery system that responsively, efficiently and effectively meets the needs of their populations and is balanced in an affordable and sustainable manner.

The expected and actual results for 2016/17 included:

1. Allocated funds will be utilized in accordance with *The Regional Health Authorities Act*, *The Health Services Insurance Act* and *The CancerCare Manitoba Act*.
 - Funding allocated to health authorities and other agencies was utilized in accordance with *The Regional Health Authorities Act*, *The Health Services Insurance Act* and *The CancerCare Manitoba Act* with respect to the cost of hospital services, medical services and other health services provided in Manitoba.
2. Financial and statistical information will be provided by the health authorities as defined by the department.
 - Health authorities and other agencies complied with the department's financial and statistical reporting requirements through submission of information that included but was not limited to: management information system data, monthly financial forecast reports, annual reports, patient wait time data, program service delivery data, documentation confirming the purchase of ceiling lifts in licensed personal care homes (PCH) consistent with the allocations provided through the PCH Staffing Initiative, and labour vacancy data.
3. RHAs and CancerCare Manitoba undertake legislated accountability measures, including the assessment of health needs, strategic planning, health planning and accreditation.
 - All RHAs and CCMB have posted community health assessment reports in compliance with *The Regional Health Authorities Act*.
 - All RHAs have implemented patient experience surveys as required by Accreditation Canada, to assess the experiences of patients receiving care in their regions.
 - All RHAs have Local Health Involvement Groups (LHIGs) in place.
 - Health authorities commenced their five-year strategic plans and submitted their legislated annual health plans.
 - RHAs and CCMB were in compliance with accreditation regulation and guidelines, including submission of report to government, and public posting of results.
 - All licensed Emergency Medical Services (EMS) agencies submitted operational plans, which detail priorities and strategic direction for the service in the coming year.
4. Implementation of strategic efforts and health plans is planned and managed with consideration to affordability and sustainability.
 - Representatives from all regions participated in the newly formed Accreditation Working Group that supports the development of provincial Accreditation policies and guidelines as well as efficient and coordinated planning to meet Accreditation safety and quality standards.
 - RHAs continued to use community health assessment findings in guiding decision making in service provision.
 - RHAs prepared regional health plans in accordance with provincial guidelines.
 - Representatives from all regions participated in the EMS review task force to continue planning and implementation of strategic efforts recommended by the review, in alignment with regional and department goals.
 - In 2016/17, 29 full time paramedic positions were created across the regions to facilitate the transition to a more sustainable service delivery model with full time, in-station paramedic response capability. The positions are allocated as follows:
 - five positions in Interlake Eastern Regional Health Authority
 - four positions in Prairie Mountain Health
 - 20 positions in Northern Regional Health Authority
 - Collaborative care models that integrate mental health and/or psychologist services in primary health care are currently being used and expanded by RHAs through ACCESS Centres and My Health Teams.

- Representatives from all regions participated in the Home Care Leadership Team that supports the development of a long term plan for Home Care in Manitoba which will in part address the recommendations outlined in the Office of the Auditor General's review of Home Care in Manitoba. The Team was concluded in August 2016.
 - Representatives from all regions participated in the Frank Alexander Inquest Implementation Team for the purpose of overseeing the response to the Recommendations from the Frank Alexander inquest released in May of 2015.
 - Worked with regional health authorities and EMS service providers to implement the first reduction in ambulance fees paid by Manitoba residents to a maximum flat rate of \$475, and eliminate all surcharges, for primary 9-1-1 calls effective January 1, 2017.
5. A service delivery system that meets the needs of Manitobans.
- The Wait Times Reduction Task Force committees were established with the mandate to provide recommendations on ways to improve access to emergency departments and priority procedures (hip and knee replacement surgery, cataract surgery, and magnetic resonance imaging).
 - The Wait Times Reduction Task Force committees initiated consultations and surveys to obtain input on access to emergency departments and priority procedures from health care system stakeholders and the public.
 - The Manitoba Patient Access Network sponsored nine innovative projects designed to increase patient access to healthcare services and/or improve quality of care
 - Renal dialysis capacity was expanded in rural and urban sites to accommodate increased patient numbers.
 - The conversion from film to digital mammography advanced for diagnostic and screening mammography across the province.
 - Continued to support stakeholders through ensuring accountability in the implementation of Manitoba's Cancer Strategy.
 - A communication protocol was developed and tested to ensure timely communication with Health Canada and provincially/regionally in the event of a medical isotope shortage.
 - Exercised system oversight and supported funding to enable expansion of diagnostic imaging services through approval of additional access to Magnetic Resonance Imaging examinations and included new Cardiac Computed Tomography imaging.
 - Provided oversight and accountability through approval to facilitate replacement of aging diagnostic equipment in laboratory and imaging facilities.
 - Provided programmatic collaboration with internal stakeholders to enable a new nursing station in Grand Rapids which provides expanded access to diagnostic imaging and laboratory services and provides Home Hemodialysis opportunity for Manitobans whose water supply is inadequate in their home.
 - Provided programmatic support to expand communication advising Manitobans who may be at risk of osteoporosis how to access Bone Density Screening.
 - Provided provincial oversight and funding to enable the continued implementation of Provincial Laboratory Information System to advance throughout Manitoba to increase patient safety and enhance quality assurance protocols.
 - Participated and Supported the Provincial Audit of MRI Management Practices undertaken by the Office of the Auditor General.
 - The implementation of the Universal Newborn Hearing Screening Program provided consistent and standardized program service delivery across Manitoba at all health facilities with greater than 75 births per annum. Diagnostic assessment available at four sites (Winnipeg (two), Thompson and Brandon) enables accessible and competent service delivery throughout the province.
 - All regions' operational and deployment plans for EMS were developed using statistical analysis of historic call profiles, population and community characteristics, and trends to ensure the service meets the needs of the communities it serves.
 - All RHAs participated in provincial and regional work related to recovery-oriented mental health system and services transformation that focuses on patient centred care.
 - Regions contributed to the planning of PCH bed supply to address the province's PCH requirements to meet the 1,200 PCH bed mandate.
 - All regions contributed to the development of a standardized provincial Safe Resident Handling training program and resources to improve the safety of PCH residents and staff alike by reducing the incidence of resident and staff injury during resident transfer.
 - Nine Supportive Housing Units were opened in Riverton Manitoba in February 2017 providing a housing facility with health service supports.

- Winnipeg Regional Health Authority Hospital Home Teams were concluded owing to a lack of results in meeting intended objectives.
 - Implemented a one year trial for a geriatrician in Prairie Mountain Health to support specialist care for older adults.
 - Implemented a Provincial Palliative Care Program Specialist hosted in Southern Health–Santé Sud to improve palliative care service delivery across the Province in particular in the rural and remote areas.
6. Health authorities are compliant with provincial legislation, departmental policies, standards, reporting requirements and guidelines of core health services.
- Ensured RHAs and other health services organizations were compliant with critical incident reporting legislation and policies.
 - Health authorities either completed or established plans to finalize their response to accountability monitoring requirements.
 - Health authorities complied with legislation associated with the publishing of Chief Executive Officer/Designated Senior Officer annual expenses.
 - Conducted an audit of regional compliance with the Emergency Department Registration, Triage and Waiting Room Monitoring Policy regarding implementation of appropriate Emergency Department policies to address recommendations of the Brian Sinclair Inquest, and provided regional direction for any required follow up action.
 - A Progress Review of Local Health Involvement Groups was undertaken to identify remaining gaps in meeting requirements as identified in legislative Guidelines.
 - Ensured RHAs and organizations were compliant with the reporting requirements with critical occurrence and significant changes of services
 - Ensured implementation of the Universal Newborn Hearing Screening program throughout Manitoba in compliance with the *Universal Newborn Hearing Screening Act*.
 - Ambulance vehicle inspections were completed in all regions to ensure compliance with regulation and standards.
 - Information was collected from the RHAs to evaluate the uptake and effectiveness of employment training and supports delivered by the RHAs, under the *Labour Market Agreement for Persons with Disabilities* between the Governments of Canada (GOC) and Manitoba (GOM), whereby GOC provides funding through GOM to RHAs to help clients with mental illness enter and stay in the labour market through access to employment training and skill development.
 - Monitored and documented compliance with personal care home standards and licensing requirements.

7(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Acute Care Services	2,395,951	2,408,078	(12,127)	1
Long Term Care Services	637,770	644,129	(6,359)	1
Home Care Services	359,121	361,289	(2,168)	1
Community and Mental Health Services	314,255	330,238	(15,983)	1
Emergency Response and Transport Services	114,232	126,716	(12,484)	1
Third Party Recoveries	(18,102)	(17,385)	(717)	
Reciprocal Recoveries	(60,432)	(65,977)	5,545	2
Recoverable from Urban Development Initiatives	(2,000)	(2,000)	-	
Total Sub-Appropriation	3,740,795	3,785,088	(44,293)	

Explanation Number:

1. Funding for some previously announced initiatives was paused in order to financially support existing demand for current Health Authority services.
2. Primarily due to lower volumes, partially offset by higher price

Provincial Health Services

Provincial Health Services is comprised of the following:

Hospital – Out Of Province

The objectives were:

- To provide payment to, or on behalf of, residents of Manitoba for insured hospital services required while temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

The expected and actual results for 2016/17 included:

1. Manitoba residents receive out-of-province coverage for benefits to which they are entitled under the provincial health plan.
 - Benefits in relation to insured hospital services required while temporarily out of the province were provided to residents of Manitoba.
2. The portability requirements of the *Canada Health Act* are fulfilled.
 - The requirement of portability for benefits under the *Canada Health Act* was fulfilled.

Blood Transfusion Services

The objectives were:

- To ensure appropriate funding to the Canadian Blood Services for Manitoba's share of the cost for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To ensure appropriate use of funding by the Canadian Blood Services, Diagnostic Services of Manitoba, regional health authorities and Manitoba physicians in the provision of safe, reliable and appropriate transfusion services to Manitobans.

The expected and actual results for 2016/17 included:

1. Timely and accurate payments to Canadian Blood Services for manufacturing operating costs.
 - Timely and accurate payments of Manitoba's pro-rata share, based on the negotiated annual budget, were provided to Canadian Blood Services for manufacturing operating costs to ensure the timely delivery of safe, reliable and affordable quality blood products to regional health authorities (RHAs), facilities and physicians according to the 1997 Memorandum of Understanding (MOU) signed by the provinces and territories, except Québec.
2. Timely and accurate payments for appropriate transfusion related laboratory testing services required by Manitoba hospitals and physicians.
 - Timely and accurate payments were provided to Canadian Blood Services (Winnipeg Centre) for eligible laboratory services to ensure timely delivery of appropriate transfusion related laboratory testing services to regional health authorities (RHAs), facilities and physicians, based on the signed Operating and Funding Agreement between Canadian Blood Services and the Province of Manitoba.
3. Timely and accurate payments to Canadian Blood Services for appropriate procurement and distribution costs of plasma derived products ordered by Manitoba physicians.
 - Timely and accurate payment of Manitoba's pro-rata share, based on the negotiated annual budget and utilization of plasma derived products, was provided to Canadian Blood Services to ensure delivery of safe, reliable and affordable quality plasma derived products to regional health authorities (RHAs), facilities and physicians.
4. Timely and accurate payments to Canadian Blood Services for accurate maintenance of the organ and tissue donation and transplantation registries.
 - Timely and accurate payments of Manitoba's pro-rata share, based on the negotiated annual budget, were provided to Canadian Blood Services for the accurate maintenance of the organ and tissue donation and transplantation registries.

5. Timely and accurate payments to Manitobans eligible for the MPTAP.
 - Continued work with the Canadian Blood Agency (CBA) to ensure timely and accurate provision of financial assistance to Manitobans meeting the eligibility criteria for the MPTAP.
 - Participated on the CBA executive committee to facilitate continued provision of appropriate and accurate payment of compassionate assistance grants to Manitobans living with transfusion acquired HIV, and to support the provinces and territories, except Québec, in the management oversight of the program.

Federal Hospitals

The objectives were:

- To provide funding for services in two federal hospitals and 22 federal nursing stations.

The expected and actual results for 2016/17 included:

1. Two federal hospitals and 22 federal nursing stations are funded for services provided.
 - Two federal hospitals and 22 federal nursing stations were funded for services provided.

Ancillary Programs

The objectives were:

- To manage and administer payment of benefits for assistive devices as prescribed under The Prosthetic, Orthotic and other Medical Devices Insurance Regulation of *The Health Services Insurance Act*.

The expected and actual results for 2016/17 included:

1. Payment for benefits for eligible Manitobans who require assistive devices for daily living.
 - Financial assistance for the purchase of assistive devices was provided to 62,831 eligible Manitoba families at a total cost of \$21.59 million.
2. Ensure appropriate accountability for public funds paid to suppliers who provide devices and services to Manitobans eligible for Ancillary programs benefits.
 - Initiated consultations with stakeholders, including suppliers, as part of a policy and legislation review that focused on supplier and prescriber accountability, and device efficiency and cost-effectiveness.

Healthy Communities Development

The objectives were:

- To direct health care system resources to more appropriate and less costly alternatives, with a particular emphasis on prevention and health promotion.

The expected and actual results for 2016/17 included:

1. Development of a more effective and affordable health care system through the funding of initiatives.
 - Investments in a number of initiatives designed to promote an effective and sustainable health care system. Specific examples would be activities approved through the Manitoba Patient Access Network and Cross Departmental Coordination Initiatives.

Nurses Recruitment and Retention

The objectives were:

- The Nurses Recruitment and Retention Fund (NRRF) is committed to enhancing the delivery of health services in the province of Manitoba, by addressing issues of nursing supply.

The expected and actual results for 2016/17 included:

1. Improved supply and retention of nurses in Manitoba and increased interest in nursing as a profession through incentive programs and marketing strategies.
 - The NRRF supports with the recruitment and retention of registered nurses (RNs), registered psychiatric nurses (RPNs), licensed practical nurses (LPNs) and nurse practitioners (NPs). The NRRF grants have facilitated recruitment of nurses by offsetting the cost of relocating in order to become registered to work in Manitoba, as well as offering financial support to encourage nurses to work in rural and northern regions and other areas of need to enhance the delivery of health care services across the province. In fiscal year 2016/17, the NRRF provided a total of 544 grants, including:
 - Relocation cost assistance to 172 nurses;
 - The Personal Care Home (PCH) Grant to 151 eligible nurses new to employment in a PCH; and
 - The Conditional Grant to 161 eligible new nursing graduates who chose to work in a rural or northern location, in exchange for a return of service.
 - In 2016/17 a total of 13 nurse practitioner students/graduates were approved to receive the Nurse Practitioner Education Grant in exchange for a return of service in a rural or northern community.
 - The NRRF supported regional recruiter participation in 3 out-of-province nursing recruitment Marskell Caravan Career Fair events:
 - Western Sept 23-25, 2016;
 - Eastern Oct 27-28, 2016; and
 - Central March 9-10, 2017
 - In 2016/17 the NRRF supported the use of funds in order for the Manitoba Centre for Nursing and Health Research (MCNHR) to obtain valuable information about new graduates as they integrate into our health care system at 6 months and 12 months post-graduation.

Manitoba Centre for Health Policy

The objectives were:

- To support policy evaluation and research on priority health issues for the department.
- To support knowledge translation of research findings to decision-makers.

The expected and actual results for 2016/17 included:

1. Five major deliverables that, for the department, provide an analysis and assessment of priority health issues in Manitoba.
 - First Nations Atlas Update
 - Transitions from Pediatric to Adult Services
 - Can We Reduce ICU Use by Identifying Patients at Risk?
 - Prospective Audit and Feedback of Outpatient Antibiotic Prescribing by Manitoba Primary Care Clinicians
 - The Overlap between Child Welfare and the Justice System
2. Two to three workshop days annually, focused on the research findings and policy relevance to the health care system.
 - Winnipeg Regional Health Authority Workshop
 - Winnipeg and Rural Regional Health Authority Workshop
 - Government Workshop

Selkirk Mental Health Centre

The objectives were:

- To provide specialized in-patient mental health and acquired brain injury treatment and rehabilitation to residents of Manitoba whose complex needs cannot be met elsewhere in the provincial health care system.

The expected and actual results for 2016/17 included:

1. Improved patient care treatment and services by implementing recovery-oriented practices and Trauma-Informed Care training.
 - The Trauma Informed Care Team provided three 1-day training sessions for Selkirk Mental Health Centre (SMHC) staff. A total of 81 staff have been trained to provide Trauma Informed Care, with the remaining staff scheduled to be trained in 2017.
 - A presentation on Trauma Informed Care was developed for patients and was given during Mental Health Awareness Week in May 2016.
2. Improved patient care outcomes through the implementation of additional patient care modules in the clinical application system.
 - Clinical Orders module was implemented for doctors, dietitians and speech language pathologists to enter general medical orders such as treatments, blood work, vital signs, and special diets.
 - Medication Orders module was implemented for doctors to prescribe medications for patients which interfaces with the Pharmacy software module and electronic Medication Administration Record, and improves patient safety by eliminating transcription errors and improving legibility of doctors' orders.
 - Electronic Medication Administration Record was implemented which allows nurses to document the administration of the medications prescribed by the doctors. It also provides an auditing and reporting feature to closely monitor inventories, and ensure patients are receiving the correct medications, at the correct dosages, at the correct time.
3. Improved clinical care systems and processes by applying Lean Six-Sigma methodologies and promoting Rapid Improvement Events at the front-line service delivery level.
 - Preventative Maintenance (PM) Clean Up Team - Created up to date medical equipment inventory database (with over 500 items and 30 types of equipment) with work orders for each piece of equipment; strengthened equipment ordering and forecasting process; implemented routine inspections on recurring malfunctioning equipment; developed standardized process for reporting broken equipment; improved equipment backup availability; standardized new equipment arrival process; implemented warranty tracking process and warranty claiming process; held face to face meetings with primary vendors to address repair, servicing and documentation issues and developed a vendor evaluation form; developed a preventative maintenance program and plan for SMHC.
 - Chow Changers – Reduced number of phone and in person interruptions by 93%; reduced time spent making diet changes by 51%, reinvested 99 hours of clerical time annually; implemented “Do Not Disturb” process while loading desserts to ensure patients get the right foods according to their special diets and preferences; reduced time spent loading desserts by 20%; reduced the number of interruptions while loading desserts by 90%; and reduced the total number of safety occurrences by 53.
4. Improved patient and staff safety through advancements in technology.
 - Improved patient safety and food production services through the implementation of a new dietary software program which helps monitor patient diets and food textures, improves meal planning, and streamlines recipe conversions.
5. Improved scheduling processes to reduce overtime and improve staff morale and work/life balance.
 - No progress made due to procurement delays outside of SMHC's control.
6. Continued development of relationships with community partners to increase patient flow-through and improve access to beds.
 - Co-facilitated a forensic services strategic planning session with the Winnipeg Regional Health Authority to improve patient flow between SMHC and the forensic unit at Health Sciences Centre.

- Developed a resource map for SMHC's website to help our community partners and the public know where mental health and brain injury resources are located in the province.
7. Improved coordination and integration within the provincial mental health system by aligning Selkirk Mental Health Centre's services and programs as a continuum of care with regional health authorities and community partners.
 - Developed a Selkirk Health Development Committee to improve the quality of health and wellness in the Selkirk area by facilitating communications between local government offices, the regional health authority, and property developers to align visions, discuss new initiatives, plan projects together and collaborate on new strategies to meet the needs of our common stakeholders.
 8. Development of a new strategic plan that incorporates feedback from its role statement consultation sessions and environmental scan.
 - Held strategic planning sessions with stakeholders, drafted the new strategic plan, then vetted it through patients, families, staff, stakeholders, community partners, regional health authorities and government officials. The plan was formally approved in May 2017.
 9. Alignment and participation in the achievement of provincial goals and priorities.
 - Participated in discussions with KPMG and Health Intelligence Inc. and Associates to help inform government on how to improve healthcare services in the province.
 10. Focused efforts and resources to ensure compliance with Accreditation Canada's required organizational practices and standards, with the goal of meeting or exceeding its current accreditation status.
 - SMHC received Accreditation with Exemplary Standing – the highest level of Accreditation possible. This meant that SMHC met 100% of its Required Organizational Practices (89/89) and 99.1% of its standards (676/682). Achieving the highest level of accreditation is a direct benefit to Manitobans because it assures the public that services provided in these facilities are recognized nationally as exceptionally high quality services.

Immunizing Agents, Biologics and Drugs

The objectives were:

- To ensure security of supply of vaccines and drugs.
- To promote and support immunization programs in Manitoba.

The expected and actual results for 2016/17 included:

1. Secure supply of vaccines and drugs, attained at a cost savings through the national bulk purchasing contracts.
 - Procured sufficient supply to meet demand of the provincial immunization programs.
 - Advanced program planning and product analysis ensured there were no delays in immunization programs in spite of multiple product supply shortages and recalls.
2. Consistent or increased rates of provincial immunization coverage for all publicly funded vaccines.
 - Introduced publicly funded Human Papillomavirus (HPV) vaccine coverage for boys in Grade 6, with a 3 year catch up program.
 - Worked with the immunization providers to ensure that the right people are getting immunized at the right time and the right place.
3. Reduce the burden of sexually-transmitted and blood-borne illnesses as well as vaccine-preventable diseases.
 - Provided publicly funded vaccines and drugs for sexually-transmitted infections. Further efforts to reduce the burden of STBBIs and vaccine preventable disease are reported upon in other areas of the Annual Report, ex: Public Health; and Healthy Living and Healthy Populations.

7(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Out-of-Province	49,527	53,726	(4,199)	1
Blood Transfusion Services	68,941	63,727	5,214	2
Federal Hospitals	2,329	2,579	(250)	
Ancillary Programs	21,586	21,432	154	
Healthy Communities Development	4,418	6,385	(1,967)	
Nursing Recruitment and Retention Initiatives	3,523	3,730	(207)	
Manitoba Centre for Health Policy	2,200	2,200	-	
Selkirk Mental Health Centre	50,386	46,345	4,041	3
Immunizing Agents, Biologics and Drugs	16,946	18,330	(1,384)	
Total Sub-Appropriation	219,856	218,454	1,402	

Explanation Number:

1. Primarily due to lower volumes partially offset by higher price.
2. Primarily due to higher price and volumes.
3. Primarily due to direct patient services.

Medical**The objectives were:**

- To provide payment to, or on behalf of, residents of Manitoba for services insured under the Manitoba Health Services Insurance Plan in respect of fee-for-service claims submitted by physicians (including out-of-province physicians), optometrists, chiropractors and oral and maxillofacial surgeons and licensed dentists.
- To provide funding support through the physician recruitment and retention programs - including the Physician Resource Coordination Office - towards the training, recruitment and retention of physicians in Manitoba.

The expected and actual results for 2016/17 included:

1. Claims were adjudicated in accordance with *The Health Service Insurance Act* and its regulations.
 - Processed and paid approximately 13.8 million claims in relation to approximately 29.6 million services provided by medical practitioners, optometrists, chiropractors, and oral surgeons.
 - Total services included approximately 27.8 million physician services, 640,170 optometric services, 1,028,062 chiropractic services, and 7,249 oral surgery services.
2. Continuation of RHA and University of Manitoba medical school programs funded by the physician recruitment and retention programs.
 - MHSAL continued to fund the University of Manitoba Medical School for first year residency positions up to 148 seats in 2016/17.
 - The Health Workforce Secretariat worked directly with the University of Manitoba Faculty of Health Sciences, College of Medicine, to determine the allotment of funded residency positions in all medical program areas.
 - The Provincial Specialist Recruitment Fund provided forty-seven (47) grants to physicians recruited to specialist positions in Manitoba.
 - The Provincial Specialist Settlement Fund provided forty-seven (47) grants to physicians setting up practice in Manitoba.
 - The Medical Licensure Program for International Medical Graduates (MLPIMG) program trained 20 physicians to practice in under-served areas of Manitoba.
 - The International Medical Graduates Assessment for Conditional Licensure program assessed three (3) physicians.
 - The Non-Registered Specialist Assessment Program (NRSAP) assessed six (6) specialists.

- MHSAL supported the Manitoba Healthcare Provider Network's careers website and participated in physician recruitment events.

7(c) Medical

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Physician Services	1,283,742	1,301,670	(17,928)	1
Other Professionals	30,263	29,792	471	
Out of Province Physicians	32,330	31,328	1,002	
Physician Recruitment and Retention Program	28,949	31,457	(2,508)	1
Third Party Recoveries	(9,870)	(10,003)	133	
Reciprocal Recoveries	(17,894)	(16,121)	(1,773)	2
Total Sub-Appropriation	1,347,520	1,368,123	(20,603)	

Explanation Number:

1. Primarily due to volume decreases, partially offset by higher price.
2. Primarily due to volume decrease.

Pharmacare

The objectives were:

- To fund prescribed pharmaceutical benefits subject to *The Prescription Drugs Cost Assistance Act* and regulations and *The Pharmaceutical Act* and regulations to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

The expected and actual results for 2016/17 included:

1. Payment for eligible pharmaceutical benefits for program beneficiaries.
 - The average Pharmacare benefit per family for 2016/17 increased \$13.43 or 0.37% to \$3,637.03 from \$3,623.60 in 2015/16. There was a decrease (0.26%) in the number of families who received Pharmacare benefits in 2015/16 compared to 2014/15.
 - Deductible rates in 2016/17 ranged from a minimum of \$100 or 3.05% to a maximum of 6.90% for incomes greater than \$75,000. Total family income is reduced by \$3,000 for a spouse and for each dependent less than 18 years of age, where applicable.

7(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures	269,068	267,786	1,282	
Total Sub-Appropriation	269,068	267,786	1,282	

Capital Funding

The objectives were:

- To provide funding for capital projects, specialized and basic equipment purchases, and information technology initiatives approved by the department, in accordance with the department's Capital Plan, for regional health authorities (RHAs), Diagnostic Services Manitoba (DSM), CancerCare Manitoba (CCMB), and Manitoba eHealth (eHealth) through the provision of principal repayment on approved borrowings, outright capital payments, and outright equipment payments.

The expected and actual results for 2016/17 included:

1. Change in principal repayments for approved borrowings in this fiscal year for the acquisition, construction and renovation of physical assets, specialized equipment and information technology to support the infrastructure of the health care system in accordance with the department's Capital Plan as projects are completed.
 - The 2016/17 principal payments decreased by \$11,567,000 from 2015/16 to provide for appropriate principal reduction on approved borrowings for the acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system.
2. Modification in principal repayments as the result of approved borrowings on specific projects being fully repaid.
 - The 2016/17 principal payments net increase was \$1,271,000.
 - The actual 2016/17 principal payments increased by \$3,145,000 offset by approved borrowings being fully repaid by \$1,874,000.
3. Payment for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB on a timely basis and in accordance with approved funding levels.
 - The expected outright payments in 2016/17 for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB were \$17,913,000. Actual payments for approved specialized and basic equipment to RHAs, DSM and CCMB were \$18,859,000 resulting in outright payments of \$946,000 higher than anticipated.
4. Payment of outright funding for approved capital projects to RHAs, DSM and CCMB in accordance with the department's Capital Plan.
 - Total outright payments to RHAs, DSM and CCMB for 2016/17 for approved capital projects were expected to be \$7,700,000. Actual outright payments to RHAs, DSM and CCMB for 2016/17 for approved capital projects were \$6,025,000. Outright funding reduces the need for funding through approved borrowings.

8(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	77,991	93,806	(15,815)	1
Long Term Care	8,967	10,512	(1,545)	1
Community and Mental Health Services	3,743	6,867	(3,124)	1
Total Sub-Appropriation	90,701	111,185	(20,484)	

Explanation Number:

1. Project timelines took longer than initially planned therefore debt repayment did not occur in the manner originally forecasted.

8(b) Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	15,884	14,937	947	
Long Term Care	2,975	2,976	(1)	
Total Sub-Appropriation	18,859	17,913	946	

8(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	4,749	3,950	799	1
Long Term Care	1,276	3,750	(2,474)	2
Total Sub-Appropriation	6,025	7,700	(1,675)	

Explanation Number:

1. Primarily due to increased capital project completions.
2. Primarily due to lower outright cash payments.

8(d) Interest

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	41,047	50,031	(8,984)	1
Long Term Care	4,508	6,236	(1,728)	1
Community and Mental Health Services	2,870	5,122	(2,252)	1
Total Sub-Appropriation	48,425	61,389	(12,964)	

Explanation Number:

1. Project timelines took longer than initially planned therefore interest costs did not occur in the manner originally forecasted.

Costs Related to Capital Assets

The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

The expected and actual results for 2016/17 included:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
 - Amortization of the costs of assets over the useful life of the asset was completed in accordance with pre-established timelines and in accordance with accepted accounting principles.
2. The payment of interest expense on capital investment borrowing.
 - The interest expenses related to capital investment borrowing were paid in accordance with pre-established timelines.

9 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2016/17 \$(000's)	Estimate 2016/17 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Amortization Expense	3,553	3,553	-	
Interest Expense	570	570	-	
Total Sub-Appropriation	4,123	4,123	-	

Capital Investments

The objectives were:

- To ensure the department's Capital Investment Authority reflects the costs for priority health information technology capital initiatives.
- The acquisition of medical-related equipment.

The expected and actual results for 2016/17 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
 - No projects were undertaken in 2016/17.
2. Provision of technology solutions that address health priorities.
 - No projects were undertaken in 2016/17.
3. Upgraded medical equipment.
 - Manitoba Health, Seniors and Active Living acquired new medical equipment to replace obsolete equipment and improve efficiency for its direct clinical operations for Cadham Provincial Laboratory.

Financial Report Summary Information

Part 1

Manitoba Health, Seniors and Active Living Reconciliation Statement April 1, 2016 – March 31, 2017

DETAILS	2016/17 ESTIMATES (\$000s)
2016/17 Main Estimates:	5,989,870
Allocation of Funds from:	
Enabling Appropriations	-
Internal Service Adjustments	196
2016/17 Estimates:	5,990,066

**Manitoba Health, Seniors and Active Living
Expenditure Summary**

for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-1 Administration and Finance				
51	21 1a Minister's Salary	56	75	(19)	
	21-1b Executive Support				
1,087	1 Salaries and Employee Benefits	1,288	1,458	(170)	
218	2 Other Expenditures	128	155	(27)	
	21-1c Finance				
7,035	1 Salaries and Employee Benefits	7,094	7,207	(113)	
980	2 Other Expenditures	856	842	14	
	21-1d Legislative Unit				
529	1 Salaries and Employee Benefits	622	802	(180)	
286	2 Other Expenditures	156	168	(12)	
518	3 External Agencies	425	426	(1)	
10,704	Total Appropriation 21-1	10,625	11,133	(508)	

**Manitoba Health, Seniors and Active Living
Expenditure Summary**

for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-2 Provincial Policy and Programs				
	21-2a Administration				
246	1 Salaries and Employee Benefits	282	278	4	
50	2 Other Expenditures	72	70	2	
	21-2b Information Systems				
4,433	1 Salaries and Employee Benefits	3,863	3,956	(93)	
173	2 Other Expenditures	147	162	(15)	
4,870	3 Provincial Program Support Cost	3,851	5,531	(1,680)	1
	21-2c Provincial Drug Programs				
2,612	1 Salaries and Employee Benefits	2,007	2,183	(176)	
467	2 Other Expenditures	650	622	28	
	21-2d Corporate Services				
1,415	1 Salaries and Employee Benefits	1,745	1,616	129	
612	2 Other Expenditures	786	737	49	

**Manitoba Health, Seniors and Active Living
Expenditure Summary**

for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-2e				
	Capital Planning				
924	1 Salaries and Employee Benefits	728	757	(29)	
135	2 Other Expenditures	71	99	(28)	
	21-2f				
	Drug Management Policy Unit				
724	1 Salaries and Employee Benefits	644	556	88	
262	2 Other Expenditures	346	847	(501)	
329	3 External Agencies	329	329	-	
	21-2g				
	Cadham Provincial Laboratory Services				
9,257	1 Salaries and Employee Benefits	10,188	9,474	714	
8,298	2 Other Expenditures	8,247	7,655	592	
34,807	Total Appropriation 21-2	33,956	34,872	(916)	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

**Manitoba Health, Seniors and Active Living
Expenditure Summary**

for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-3	Health Workforce Secretariat				
21-3a	Administration				
842	1 Salaries and Employee Benefits	307	680	(373)	
184	2 Other Expenditures	406	326	80	
674	21-3b Contracts and Negotiations	798	636	162	
183	1 Salaries and Employee Benefits	93	98	(5)	
	2 Other Expenditures				
950	21-3c Health Human Resource Planning	809	793	16	
325	1 Salaries and Employee Benefits	216	223	(7)	
5	2 Other Expenditures	5	5	-	
	3 External Agencies				
5,688	21-3d Fee-for-Service / Insured Benefits	6,172	5,984	188	1
1,106	1 Salaries and Employee Benefits	1,407	1,219	188	2
	2 Other Expenditures				
9,957	Total Appropriation 21-3	10,213	9,964	249	

Explanation Number:

1. Primarily due to miscellaneous salary over-expenditures.
2. Primarily due to miscellaneous operating over-expenditures.

**Manitoba Health, Seniors and Active Living
Expenditure Summary**

for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-4 Public Health and Primary Health Care				
	21-4a Administration				
232	1 Salaries and Employee Benefits	291	295	(4)	
122	2 Other Expenditures	142	170	(28)	
	21-4b Public Health				
13,951	1 Salaries and Employee Benefits	13,408	12,952	456	
5,824	2 Other Expenditures	4,846	4,644	202	
12	4 External Agencies	4	-	4	
	21-4c Federal / Provincial Policy Support				
500	1 Salaries and Employee Benefits	489	575	(86)	
40	2 Other Expenditures	28	32	(4)	
	21-4d Aboriginal and Northern Health Office				
758	1 Salaries and Employee Benefits	670	495	175	
1,314	2 Other Expenditures	214	894	(680)	1
	21-4e Primary Health Care				
1,268	1 Salaries and Employee Benefits	1,053	1,325	(272)	2
3,969	2 Other Expenditures	797	2,955	(2,158)	3
27,990	Total Appropriation 21-4	21,942	24,337	(2,395)	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditure.
2. Primarily due to miscellaneous salaries under-expenditure.
3. Primarily due to Quality Based Incentive Funding under-expenditures.

**Manitoba Health, Seniors and Active Living
Expenditure Summary**

for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-5	Regional Policy and Programs				
21-5a	Administration				
321	1 Salaries and Employee Benefits	367	364	3	
933	2 Other Expenditures	972	977	(5)	
2,043	Health Emergency Management				
5,871	1 Salaries and Employee Benefits	2,054	2,201	(147)	
23	2 Other Expenditures	6,754	7,005	(251)	
	3 External Agencies	20	16	4	
884	Provincial Cancer and Diagnostic Services				
285	1 Salaries and Employee Benefits	726	912	(186)	
	2 Other Expenditures	274	269	5	
1,095	Continuing Care				
140	1 Salaries and Employee Benefits	1,042	1,042	-	
	2 Other Expenditures	440	405	35	
2,402	Acute, Tertiary and Specialty Care				
1,473	1 Salaries and Employee Benefits	2,299	2,001	298	
	2 Other Expenditures	1,215	1,442	(227)	1
466	Chief Provincial Psychiatrist				
53	1 Salaries and Employee Benefits	449	453	(4)	
	2 Other Expenditures	70	54	16	
15,989	Total Appropriation 21-5	16,682	17,141	(459)	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditure.

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-6 Seniors and Active Living				
	21-6a Healthy Living and Healthy Populations				
1,454	1 Salaries and Employee Benefits	1,372	1,577	(205)	
5,281	2 Other Expenditures	4,570	4,701	(131)	
205	3 External Agencies	195	238	(43)	
	21-6b Seniors and Healthy Aging Secretariat				
666	1 Salaries and Employee Benefits	780	740	40	
914	2 Other Expenditures	752	844	(92)	
	21-6c Mental Health and Spiritual Health				
815	1 Salaries and Employee Benefits	766	908	(142)	
4,115	2 Other Expenditures	3,793	3,771	22	
	21-6d Tobacco Control and Cessation				
347	1 Salaries and Employee Benefits	370	348	22	
2,027	2 Other Expenditures	731	1,521	(790)	1
859	3 External Agencies	-	-	-	
	21-6e Additions Policy and Support				
555	1 Salaries and Employee Benefits	421	432	(11)	
8,291	2 Other Expenditures	7,136	8,429	(1,293)	2
171	3 External Agencies	-	186	(186)	

**Manitoba Health, Seniors and Active Living
Expenditure Summary**
for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-6f Addictions Foundation of Manitoba				
28,891	1 Program Delivery	28,483	27,306	1,177	
3,374	2 Problem Gambling Services	3,374	3,374	-	
(1,633)	3 Less: Third Party Recoveries	(1,633)	(1,633)	-	
(7,474)	4 Less: Recoveries from Manitoba Lotteries	(7,474)	(7,474)	-	
48,858	Total Appropriation 21-6	43,636	45,268	(1,632)	

Explanation Number:

1. Primarily due to under-expenditures in Smoking Cessation Initiatives.
2. Primarily due to the closure of the youth program at Behavioural Health Foundation.

**Manitoba Health, Seniors and Active Living
Expenditure Summary**

for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-7	Health Services Insurance Fund				
21-7a	Funding to Health Authorities				
2,408,078	Acute Care Services	2,395,951	2,356,319	39,632	1
644,129	Long Term Care Services	637,770	621,428	16,342	1
361,289	Home Care Services	359,121	350,181	8,940	1
330,238	Community and Mental Health Services	314,255	318,278	(4,023)	2
126,716	Emergency Response and Transport Services	114,232	118,167	(3,935)	2
(17,385)	Third Party Recoveries	(18,102)	(18,350)	248	
(65,977)	Reciprocal Recoveries	(60,432)	(55,860)	(4,572)	3
(2,000)	Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
21-7b	Provincial Health Services				
53,726	Out of Province	49,527	54,136	(4,609)	3
63,727	Blood Transfusion Services	68,941	64,538	4,403	3
2,579	Federal Hospitals	2,329	2,126	203	
21,432	Ancillary Programs	21,586	16,825	4,761	3
6,385	Healthy Communities Development	4,418	5,933	(1,515)	3
3,730	Nursing Recruitment and Retention Initiatives	3,523	2,605	4	
2,200	Manitoba Centre for Health Policy	2,200	2,200	-	
46,345	Selkirk Mental Health Centre	50,386	47,233	3,153	4
18,330	Immunizing Agents, Biologics and Drugs	16,946	16,998	(52)	

**Manitoba Health, Seniors and Active Living
Expenditure Summary**
for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-7c				
	Medical				
1,301,670	Physician Services	1,283,742	1,204,706	79,036	3
29,792	Other Professionals	30,263	29,210	1,053	
31,328	Out of Province Physicians	32,330	31,233	1,097	
31,457	Physician Recruitment and Retention Program	28,949	27,288	1,661	
(10,003)	Third Party Recoveries	(9,870)	(10,278)	408	
(16,121)	Reciprocal Recoveries	(17,894)	(16,179)	(1,715)	3
	21-7d				
	Pharmacare				
267,786	Other Expenditures	269,068	265,306	3,762	3
5,639,451	Total Appropriation 21-7	5,577,239	5,432,043	145,196	

Explanation Number:

1. Primarily due to increases in base line funding to the RHAs.
2. Primarily due to an accounting adjustment.
3. Primarily due to increased price and volume.
4. Primarily due to direct patient services.

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-8 Capital Funding				
	21-8a Principal Repayments				
93,806	1 Acute Care	77,991	84,149	(6,158)	1
10,512	2 Long Term Care	8,967	12,890	(3,923)	1
6,867	3 Community and Mental Health Services	3,743	3,958	(215)	
	21-8b Equipment Purchases and Replacements				
14,937	1 Acute Care	15,884	15,383	501	
2,976	2 Long Term Care	2,975	2,902	73	
	21-8c Other Capital				
3,950	1 Acute Care	4,749	14,238	(9,489)	2
3,750	2 Long Term Care	1,276	2,134	(858)	2
	21-8d Interest				
50,031	1 Acute Care	41,047	40,826	221	
6,236	2 Long Term Care	4,508	4,964	(456)	
5,122	3 Community and Mental Health Services	2,870	3,120	(250)	
198,187	Total Appropriation 21-8	164,010	184,564	(20,554)	

Explanation Number:

1. Each year, principal and interest is incurred when projects are completed. As a result, actual expenditures vary year over year as projects are completed and debt repayment is initiated.
2. Primarily due to lower outright cash payments.

**Manitoba Health, Seniors and Active Living
Expenditure Summary**
for fiscal year ended March 31, 2017

Estimate 2016/17 \$(000s)	Appropriation	Actual (1) 2016/17 \$(000s)	Actual (2) 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-9				
	Costs Related to Capital Assets				
3,553	21-9a Amortization Expense	3,553	3,498	55	
570	21-9b Interest Expense	570	609	(39)	
4,123	Total Appropriation 21-10	4,123	4,107	16	
5,990,066	Total Appropriation 21	5,882,426	5,763,429	118,997	

Footnotes:

- (1) Actuals for 2016/17 are based on year-end expenditure analysis report dated July 06, 2017.
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2017.

**Manitoba Health, Seniors and Active Living
Revenue Summary by Source**
for fiscal year ended March 31, 2017

Actual ⁽¹⁾ 2016/17 \$(000s)	Actual ⁽²⁾ 2015/16 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.	Source	Actual ⁽¹⁾ 2016/17 \$(000s)	Estimate 2016/17 \$(000s)	Variance \$(000s)	Expl. No.
4,368	4,368	-			4,368	4,368	-	
518	741	(223)	1	a) Labour Market Agreements for People with Disabilities	518	321	197	1
110	132	(22)		b) Drug Treatment Funding Program	110	100	10	
				c) Toll-Free Quitline Numbers on Tobacco Packaging Initiative				
4,996	5,241	(245)		1. Government of Canada:	4,996	4,789	207	
4,342	5,104	(762)	2	a) Sundry	4,342	4,809	(467)	2
9,338	10,345	(1,007)		2. Other Revenue:	9,338	9,598	(260)	
				Total Revenue				

Explanation Number:

- 1 Federal Funding for Drug Treatment Funding Program ended in October 2016
- 2 Miscellaneous under-recoveries

Footnotes:

- (1) Actuals for 2016/17 are based on year-end expenditure analysis report dated July 6, 2017
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2017

**Manitoba Health, Seniors and Active Living
Five Year Expenditure and Staffing Summary by Appropriation**
for years ending March 31, 2013 to March 31, 2017

Appropriation	2012/13 ⁽²⁾		2013/14 ⁽²⁾		2014/15 ⁽²⁾		2015/16 ⁽²⁾		2016/17 ⁽¹⁾	
	FTE	\$(000s)								
21-1 Administration and Finance	124.73	10,301	125.73	10,684	125.75	10,769	125.75	11,133	120.75	10,625
21-2 Provincial Programs and Services	236.68	34,089	236.68	34,422	240.70	34,514	240.70	34,872	240.70	33,956
21-3 Health Workforce Secretariat	134.29	9,214	134.29	10,346	134.30	9,714	134.30	9,964	134.30	10,213
21-4 Public Health and Primary Health Care	151.91	22,860	151.91	25,735	155.60	27,885	155.60	24,337	155.60	21,942
21-5 Regional Policy and Programs	85.02	15,983	85.02	13,792	85.00	16,254	85.00	17,141	85.00	16,682
21-6 Healthy Living and Seniors	30.00	43,679	39.00	41,599	39.00	44,556	39.00	45,268	39.00	43,636
21-7 Health Services Insurance Fund		4,756,478		4,960,710		5,054,755		5,432,043		5,577,239
21-8 Capital Funding		165,900		166,974		174,910		184,564		164,010
21-9 Costs Related to Capital Assets		4,054		5,383		5,383		4,107		4,123
Total Departmental Expenditures	762.63	5,062,558	772.63	5,269,645	780.35	5,378,740	780.35	5,763,429	775.35	5,882,426

Footnotes:

(1) Actuals for 2016/17 are based on year-end expenditure analysis report dated July 06, 2017.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2017.

Manitoba Health Services Insurance Plan Five-Year Expenditure Summary

for years ending March 31, 2013 - March 31, 2017 ⁽¹⁾

Program	2012/13 \$(000s)	2013/14 \$(000s)	2014/15 \$(000s)	2015/16 \$(000s)	2016/17 \$(000s)
Health Authorities and Facilities ⁽²⁾	3,440,062	3,557,027	3,630,471	3,871,412	3,904,805
Medical ⁽³⁾	1,033,443	1,135,291	1,206,774	1,266,031	1,347,520
Provincial Programs ⁽⁴⁾	174,816	179,900	194,978	213,241	219,856
Pharmacare	244,348	240,772	247,612	265,836	269,068
Total	4,892,669	5,112,990	5,279,835	5,616,520	5,741,249

Footnotes:

- (1) *Prior year's comparative figures have been restated where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2017.*
- (2) *Includes Funding to Health Authorities and Capital Funding.*
- (3) *Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.*
- (4) *Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.*

Financial Report Summary Information

Part 2

Manitoba Health Services Insurance Plan

Summary of Estimates

April 1, 2016 – March 31, 2017

DETAILS	2016/17 ESTIMATES (\$000s)
2016/17 Main Estimates:	
Funding to Health Authorities	3,785,088
Provincial Health Services	218,454
Medical	1,368,123
Pharmacare	267,786
Capital Grants	198,187
2016/17 Estimates:	5,837,638

For the year ended March 31, 2017, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

MANAGEMENT REPORT

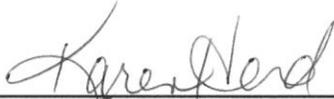
Management of Manitoba Health, Seniors and Active Living is responsible to the Minister of Health, Seniors and Active Living for the integrity and objectivity of the financial statements of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2017 have been prepared in accordance with Canadian public sector accounting standards.

Manitoba Health, Seniors and Active Living maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly presented in accordance with Canadian public sector accounting standards. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee (equivalent) meets to review audit, financial reporting and related matters.

On behalf of the management,



Karen Herd, CA
Deputy Minister of Health, Seniors and Active Living



Dan Skwarchuk, CPA, CGA
Assistant Deputy Minister and
Chief Financial Officer

Winnipeg, Manitoba
June 27, 2017



INDEPENDENT AUDITOR'S REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health, Seniors and Active Living

We have audited the accompanying financial statements of the Manitoba Health Services Insurance Plan, which comprise the statement of financial position as at March 31, 2017 and the statements of operations and accumulated surplus and net debt, and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Manitoba Health Services Insurance Plan as at March 31, 2017 and the results of its operations and its cash flow for the year then ended in accordance with Canadian public sector accounting standards.

Office of the Auditor General
June 27, 2017
Winnipeg, Manitoba

MANITOBA HEALTH SERVICES INSURANCE PLAN**Statement of Financial Position**

As At March 31, 2017

(in thousands of dollars)

	<u>2017</u>	<u>2016</u>
Financial Assets		
Cash	\$ 17,752	\$ 13,180
Funds on deposit with the Province of Manitoba	317,052	364,209
Due from:		
Province of Manitoba	-	2,020
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post employment benefits (Note 4)	128,177	128,177
Other Provinces and Territories	28,231	26,564
Other	4,031	12,918
	<u>616,906</u>	<u>668,731</u>
Liabilities		
Accounts Payable and Accrued Liabilities (Note 5)	290,284	418,891
Due to:		
Province of Manitoba	76,782	-
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post employment benefits (Note 4)	128,177	128,177
	<u>616,906</u>	<u>668,731</u>
Accumulated Surplus and Net Debt	<u>\$ -</u>	<u>\$ -</u>

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Operations and Accumulated Surplus and Net Debt
For the Year Ended March 31, 2017
(in thousands of dollars)

	<u>Budget</u> <u>2017</u>	<u>Actual</u> <u>2017</u>	<u>Actual</u> <u>2016</u>
Revenue			
Province of Manitoba - Grants	\$ 5,837,638	\$ 5,807,315	\$ 5,550,453
Inter-provincial reciprocal recoveries - Hospital	65,977	60,432	55,860
Inter-provincial reciprocal recoveries - Medical	16,121	17,894	16,179
Third party recoveries	27,388	52,496	51,327
Miscellaneous	2,000	4,034	2,649
	<u>5,949,124</u>	<u>5,942,171</u>	<u>5,676,468</u>
Expenses			
Health Authorities and Facilities	4,068,637	4,052,424	3,881,561
Medical	1,394,247	1,376,287	1,293,087
Provincial programs	218,454	219,868	213,281
Pharmacare	267,786	293,592	288,539
	<u>5,949,124</u>	<u>5,942,171</u>	<u>5,676,468</u>
Annual Surplus and Net Debt	-	-	-
Accumulated Surplus and Net Debt, Beginning of Year	<u>-</u>	<u>-</u>	<u>-</u>
Accumulated Surplus and Net Debt, End of Year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Cash Flow
For the Year Ended March 31, 2017
(in thousands of dollars)

	<u>2017</u>	<u>2016</u>
Operating Activities		
Annual Surplus (Deficit)	\$ -	\$ -
Changes in Working Capital:		
Due from:		
Province of Manitoba	2,020	(2,020)
Other Provinces and Territories	(1,667)	11,017
Other	8,887	2,735
Accounts Payable and Accrued Liabilities	(128,607)	(33,060)
Due to:		
Province of Manitoba	76,782	(9,383)
	<u>(42,585)</u>	<u>(30,711)</u>
Decrease in Cash and Funds on deposit	(42,585)	(30,711)
Cash and Funds on deposit with the Province, Beginning of year	377,389	408,100
Cash and Funds on deposit with the Province, End of year	<u>\$ 334,804</u>	<u>\$ 377,389</u>
Consists of:		
Cash	\$ 17,752	\$ 13,180
Funds on deposit with Province of Manitoba	317,052	364,209
	<u>\$ 334,804</u>	<u>\$ 377,389</u>

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2017
(in thousands of dollars)

1. Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of the Health Services Insurance Act. The Plan is not a separate entity with the power to contract in its own name and cannot sue or be sued. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

2. Significant Accounting Policies

a. General

These financial statements have been prepared in accordance with Canadian public sector accounting standards.

b. Revenue Recognition

Funds drawn from Province of Manitoba appropriations (including supplementary estimates or special warrants), net of any funds to be repaid, are recognized as revenue. Revenue from the Province of Manitoba appropriations is accrued when further eligible expenses were incurred or recoveries from provincial departments are due.

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Revenue related to reciprocal recoveries is recognized in the year that the services are provided.

Manitoba Health recovers amounts for hospital and medical services provided to individuals who are covered under other insurance plans, primarily Manitoba Public Insurance. Revenue related to third party recoveries is recognized in the year that the services are provided.

All other revenues are recognized at a gross amount on an accrual basis.

c. Financial Instruments

The financial instruments of the Plan consist of cash, funds on deposit, accounts receivable, accounts payable and accrued liabilities, and amounts due to or from the Province of Manitoba. All of the Plan's financial instruments are carried at cost.

Impaired financial assets are written down to their net recoverable value with the write-down being recognized in the statement of operations.

d. Net Debt

Net Debt is equivalent to accumulated surplus as there are no non-financial assets.

e. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include any allowance for doubtful accounts related to accounts receivable, and the estimation of accrued liabilities related to Health Authorities, Medical Service Claims, Pharmacare Claims, and General.

Actual results could differ from these estimates.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2017
(in thousands of dollars)

f. Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

3. Financial Instrument Risk Management

The Plan has exposure to the following risks from its use of financial instruments: credit; interest rate, and liquidity risk. Based on the Plan's small amount of foreign currency denominated assets, a change in exchange rates would not have a material effect on its Statement of Operations. There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Credit risk

Credit risk is the risk that one party to a financial instrument fails to discharge an obligation and causes financial loss to another party. Financial instruments which potentially subject the Plan to credit risk include cash, funds on deposit, and accounts receivable.

Cash and funds on deposit are not exposed to significant credit risk. Cash is held with a large reputable financial institution and funds on deposit are held by the Province of Manitoba.

Accounts receivable are not exposed to significant credit risk. The majority of the amounts is due from the Province of Manitoba and other provinces and territories; both typically pay in full. No allowance for doubtful accounts is required.

Liquidity risk

Liquidity risk is the risk that the Plan will not be able to meet its financial obligations as they come due.

The Plan manages liquidity risk by maintaining adequate cash balances and by review from the Department of Health to ensure adequate funding will be received to meet its obligations.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2017
(in thousands of dollars)

4. Employee Benefits

The Plan revised, in 2005, its funding arrangements related to vacation pay and post-employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post-employment benefits are earned by employees subsequent to March 31, 2004.

The amount recorded as due from the Province – vacation pay was initially based on the estimated value of the corresponding liability as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to the Plan, an amount equal to the current year's expense for vacation pay entitlements.

The amount recorded as due from the Province – post employment benefits is the value of the corresponding actuarial liability for post-employment costs as at March 31, 2004. There has been no change to the value subsequent to March 31, 2004 because the Province has provided, in its ongoing annual funding to the Plan, an amount equivalent to the change in the post-employment liability including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post-employment liabilities.

5. Accounts Payable and Accrued Liabilities

	2017	2016
Health Authorities and Facilities	\$150,254	\$288,519
Provincial Health Services	4,277	4,735
Medical Service Claims	91,384	81,247
Pharmacare Claims	7,486	6,878
General	36,883	37,512
	\$290,284	\$418,891

6. Expenditures for Hospital, Medical, and Other Health Services

The following table summarizes expenditures including accrual impact during the fiscal year.

Hospital service payments include services that an insured person is entitled under the Plan to receive at any hospital, surgical facility or personal care home without payment except for any authorized charges that he or she may be liable to pay are:

- in-patient services and out-patient services in a hospital and out-patient services in a surgical facility;
- such services in a hospital as may be specified in the regulations as being additional hospital services that an insured person is entitled to receive under the Plan; and
- subject to any special waiting period in respect of personal care prescribed in the regulations, and subject to meeting the admission requirements for the personal care home personal care provided in premises designated as personal care homes.

Medical service payments include all services rendered by a medical practitioner that are medically required but does not include services excepted by the regulations.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2017
(in thousands of dollars)

Other health service payments include chiropractic, optometric, or midwifery services, or to services provided in hospitals by certified oral surgeons, or to the provision of prosthetic or orthotic devices, or to any or all of those services.

	<u>2017</u>	<u>2016</u>
Hospital Services	\$3,294,055	\$3,142,780
Medical Services	1,333,401	1,254,835
Other Health Services	51,849	46,536

7. Economic Dependence

The Plan is economically dependent on the Province of Manitoba for its funding.

8. Related Party Transactions

In addition to those related transactions disclosed elsewhere in these financial statements, the Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

9. The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the Annual Report of Manitoba Health.



INDEPENDENT AUDITOR'S REPORT

To The Legislative Assembly of Manitoba
To the Minister of Health, Seniors and Active Living

We have audited the accompanying Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2017 ("the Schedule"). The Schedule has been prepared by management based on Sections 2 and 5 of the Public Sector Compensation Disclosure Act.

Management's Responsibility for the Schedule

Management is responsible for the preparation of the Schedule in accordance with Sections 2 and 5 of the Public Sector Compensation Disclosure Act and for such internal control as management determines is necessary to enable the preparation of the Schedule that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the Schedule based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Schedule is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Schedule. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Schedule, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the Schedule in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, made by management, as well as evaluating the overall presentation of the Schedule.

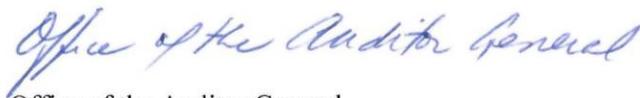
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial information in the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2017 is prepared, in all material respects, in accordance with Sections 2 and 5 of the Public Sector Compensation Disclosure Act.

Basis of Accounting

Without modifying our opinion, we draw attention to the Basis of Accounting Note to the Schedule, which describes the basis of accounting. The Schedule is prepared to assist the entity to meet the requirements of Sections 2 and 5 of the Public Sector Compensation Disclosure Act. As a result, the Schedule may not be suitable for another purpose.



Office of the Auditor General
June 27, 2017
Winnipeg, Manitoba

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Basis of Accounting

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who receives \$50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service, net of any recoveries, sessional fees, and fees for committee meetings.

The payments reported do not include payments that a physician may receive:

- *from alternate sources such as for salary and contract payments, on-call stipends, etc.*
- *for providing services to insured persons (Manitoba residents) when outside of Manitoba for which the Manitoba Health Services Insurance Plan reimburses the health care provider.*
- *for providing services to non-residents of Manitoba (non-insured persons under The Health Services Insurance Act) for which the Manitoba Health Services Insurance Plan receives reimbursement from third parties.*

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- *These data provide only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abbott Burton B	\$233,347	Akintola Olalekan	\$848,864	Ambrose Devon J	\$509,799
Abbu Ganesan P	\$199,796	Akra Mohamed A	\$217,611	Amede Kebede H	\$451,617
Abdelmessih Mary Rose	\$322,886	Aktolun Cumali	\$103,342	Ames David H	\$405,495
Abdulrahman Suleiman	\$343,015	Al-Abbasi Bashar A	\$169,142	Anang Julius B	\$211,258
Abdulrehman A S	\$310,156	Al-Ahbabi Aseel	\$131,681	Anang Polina	\$204,489
Abej Esmail A	\$418,788	Al-Kaabi Atheer	\$486,134	Anashara Fouad H	\$190,880
Abell William R	\$106,444	Al-Kadhaly Mothafar	\$240,483	Anastasiades Lefkos P	\$86,908
Abo Alhayjaa Sahar	\$390,581	Al-Moumen Zakaria	\$855,991	Andani Rafiq	\$92,793
Abrams Elissa M	\$326,899	Alabdoulsalam Tareq	\$139,807	Anderson Brent R	\$314,557
Abujazia Abdurreza	\$613,798	Alai Mehdi	\$115,184	Anderson Brian	\$139,173
Adam Chris J E	\$274,380	Alamian-Harandi K	\$488,481	Anderson Donna M	\$76,796
Adam-Sdrolias H L	\$189,553	Alarakhia Rehana	\$72,484	Anderson Erin	\$78,829
Adduri V R	\$174,446	Albak Russell E	\$280,762	Anderson Jennifer	\$85,513
Adegbesan Adeniyi A	\$332,430	Alevizos Ioannis	\$58,153	Anderson Matthew	\$159,309
Adegboyega Margaret	\$237,392	Alewan Salem	\$95,841	Anderson Ryan A	\$411,180
Adeyemi Moyosoluw	\$76,752	Alexander Ian Scott	\$180,290	Anderson Shelley D	\$200,637
Affii Tarek J	\$1,536,426	Alhrbi Mashaal M	\$745,621	Anderson Tristan A	\$83,654
Afolabi Babafemi	\$79,041	Ali Abdalla M	\$185,610	Anderson Tyler	\$133,146
Ahmad Absar	\$253,849	Ali Kassandra	\$50,249	Andreiw Adam	\$342,508
Ahmad Ejaz	\$740,564	Ali Molud A E	\$473,737	Andrew Chris	\$716,621
Ahmad Suffia N	\$275,266	Ali Mossadeq	\$520,171	Anjola Rasheed O	\$78,852
Ahmed Munir	\$504,094	Ali Tehmina K	\$87,963	Anozie Chiaka B	\$533,569
Ahmed Naseer	\$177,293	Aljafari Alhassan	\$416,276	Ansari Muhammad	\$557,132
Ahmed Shahida	\$222,581	Allan Donald R ³	\$489,660	Anssari Neda	\$304,538
Ahuja Nitin	\$488,137	Allen David W	\$515,309	Antonious Mina Y A	\$213,375
Ahweng Albert	\$194,806	Allen Jessica S	\$100,170	Anttila Lisa K	\$627,362
Ahweng Andrew G	\$1,062,847	Almalky Ammar	\$839,174	Anyadike Ignatius	\$293,658
Aiken Andrew	\$140,659	Almoustadi Waiel A	\$419,908	Aoki Fred Y	\$216,720
Ainley Andrew	\$75,552	Altman Alon	\$719,164	Apoeso Omolola	\$84,301
Ainslie Martha D	\$280,273	Altman Gary N	\$319,128	Appleby Stephanie	\$61,830
Ajao Olarenwaj	\$78,025	Alto Lauri E	\$366,382	Aragola Sanjay	\$543,156
Akinsola Oluwatosi	\$66,439	Amadeo Ryan J J	\$610,027	Araneda Maria C	\$114,318

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Arara Mohammed	\$186,689	Basta Moheb S S	\$62,525	Boktor Hanan	\$180,197
Armas Enriquez Ana T	\$127,162	Battad Anthony B	\$298,550	Bolton David R	\$374,049
Armstrong Brent	\$397,664	Bay Graham H	\$729,275	Bolton James M S	\$91,260
Armstrong Sean ³	\$884,356	Baydock Bradley	\$148,900	Boman Jonathan	\$280,864
Arneja Amarjit S	\$430,256	Bayer Cheryl	\$127,249	Book Brian H	\$112,513
Arneja Jagmit	\$349,682	Beaumont Ian D	\$152,790	Bookatz Brian J	\$307,139
Arnott Peter C	\$278,452	Becker Allan	\$157,380	Booth Frances	\$107,290
Arya Virendra	\$183,126	Becker Marissa	\$76,332	Booth Steven A	\$680,194
Asham Hany A	\$280,583	Beckstead James E	\$127,066	Booy Harold	\$156,693
Ashcroft R P	\$226,664	Bedder Phyllis M	\$355,170	Borkowsky Kent	\$107,431
Ashcroft Rebecca C	\$286,831	Bedi Bhupinder	\$135,954	Boroditsky Alissa	\$107,529
Ashfaq Bushra	\$275,247	Begum Fatema	\$249,359	Boroditsky Lila M	\$120,127
Ashique Asim	\$135,072	Beiko Jason	\$340,690	Boroditsky Mark	\$390,322
Ashton Martin	\$54,233	Beldavs Robert A	\$1,411,539	Boroditsky Michael L	\$456,698
Askarifar Rasool	\$324,520	Bellan Lorne D	\$697,056	Boroditsky Richard S	\$113,419
Asskar Ramzi	\$558,120	Bellas Jonathon	\$265,273	Borrett George F	\$354,901
Assuras George N	\$526,430	Bellisario Tio	\$187,359	Borys Andrew E	\$472,091
Atalla Niveen G	\$380,735	Bello Ahmed B	\$142,553	Botha Adriana	\$176,533
Atkinson Raymond	\$237,033	Benade Elizabeth	\$237,499	Botha Daniel	\$163,006
Avery Maleen R	\$122,149	Benning Harjit S	\$1,294,427	Botkin Alexis A	\$89,565
Avila Flores Francisco ²	\$924,746	Benoit Archie G	\$136,473	Botkin Colin D	\$534,114
Awad Jaklin	\$495,435	Benshaban Lamin	\$357,789	Bourdon Nelson	\$120,184
Awadalla Alaa	\$1,019,046	Benzaglam Ali	\$682,373	Bourque Christoph	\$356,873
Ayinde Wasiu A	\$381,611	Berdusco Randa L	\$304,490	Bovell Frank M	\$469,286
Azer Nivin	\$797,302	Bereznay Oliver	\$426,315	Bow Eric	\$130,372
Azer Nivine N	\$479,695	Bergen Calvin J	\$103,812	Bower Tenley N	\$1,098,655
Aziz Aziz N N	\$551,029	Bergen Jerry	\$256,033	Bowman M Nancy	\$231,999
Azzam Hussam M	\$101,413	Bergman Amanda D	\$286,033	Boyd April J	\$471,054
Azzam Lina	\$298,074	Bergman Elin	\$242,545	Boyko Niki Lee	\$74,968
Babick Andrea P	\$249,683	Bermack Barry A	\$361,134	Bracken John H	\$494,949
Babick Terry R	\$561,287	Bernier Mark	\$723,834	Brackenreed Nolan	\$303,416
Bacily Mervat A	\$386,120	Bernstein Charles N	\$709,879	Bradley Barry D	\$142,022
Badenhorst Frederik	\$344,857	Bernstein Keevin	\$468,725	Bradshaw Candace D	\$335,876
Badesha Kulvir S	\$388,481	Berrington Neil R	\$421,776	Brar Adarshdip	\$179,142
Bagry Hema S	\$494,596	Beshara Eren I A	\$265,529	Brar Kanwaljit	\$372,957
Bailes Michelle	\$204,155	Best Raina L	\$485,175	Braun Chantel M	\$58,276
Baillie Cory	\$687,732	Bhangoo Sandip S	\$297,229	Braun Erwin A	\$233,913
Baker Chandran	\$845,589	Bhangu Manpreet	\$438,017	Braun Jeanelle	\$131,659
Balachandra Bhamini	\$114,311	Bhanot Pradeep	\$141,952	Braun Karen Y	\$263,553
Balageorge Dimitrios	\$333,719	Bhayana Rajinder	\$377,026	Breckman David K	\$406,124
Balcha Berhanu	\$63,738	Bhayana Renu	\$380,506	Breckman Gillian L	\$253,545
Balhaj Abdelaati	\$372,229	Bhuiyan Nazmun N	\$476,902	Bretecher Gilbert J	\$441,200
Balko George	\$309,256	Bhullar Rick S	\$940,903	Brett Matthew J	\$231,928
Ball Frederic	\$331,385	Biala Barbara	\$485,662	Brinkman Ryan J	\$400,961
Ballen Jenifer L	\$294,778	Bialy Maciej B	\$248,821	Brinkman Shauna	\$529,015
Bammekke Femi	\$180,083	Bialy Peter C	\$424,390	Bristow Kristin	\$141,553
Banerji Shantanu	\$157,890	Billinkoff Errol N	\$392,815	Britton Ashley	\$127,358
Banerji Versha	\$153,421	Bilos Richard J	\$182,273	Brodovsky Stephen C	\$854,834
Banmann Darin S	\$289,817	Birk Patricia	\$244,899	Brooker Gary M	\$409,135
Barac Ivan	\$416,114	Birt Douglas	\$90,685	Brown Heather J	\$113,793
Barac Snezana	\$223,273	Bishay Wagdy	\$518,357	Brown Jonathan	\$180,847
Barc Jennine	\$316,368	Bisson Joanne	\$95,041	Brown Robert	\$363,419
Barczak Aleksandr	\$162,691	Bissonnette Arcel	\$373,005	Brownell Laurence	\$55,039
Bard Robert J	\$426,443	Black Denise R	\$83,640	Bruce Kelsey	\$80,544
Baria K	\$245,329	Black G Brian	\$154,864	Brudney Charles S	\$116,157
Barker Mark F	\$683,832	Blackie Karen M	\$84,840	Bruin Sonja	\$96,596
Barkman Jayson M	\$677,932	Blais Ashley	\$152,744	Bruneau Michel R	\$553,463
Barnard Alicia G	\$107,404	Blakley Brian W	\$299,230	Bshouty Zoheir	\$232,325
Barnes Jeffrey G	\$329,066	Blampy Janice R	\$180,844	Buchel Edward W	\$1,112,773
Barnes William R	\$155,672	Blom Lourens J	\$76,902	Buchel Tamara L	\$158,918
Baron Cynthia M	\$261,347	Blouw Erika R	\$123,273	Buchik Glenda M	\$165,375
Baron Kenneth I	\$522,927	Blouw Marcus R	\$248,234	Budolowski Bradley A	\$58,516
Barron Laurie W	\$738,056	Blouw Richard H	\$117,659	Buduhan Gordon	\$520,014
Barske Heather L	\$387,351	Blyth Scott	\$356,637	Bueddefeld H Dieter	\$397,793
Barteaux Brooks	\$156,989	Bock Gerhard W	\$312,119	Buenafe Jay	\$547,314
Bartlett Lloyd C	\$183,465	Bodnarchuk Tavis R	\$328,669	Bueti Giuseppe ³	\$881,418
Bashir Bashir	\$402,684	Boguski Gregory	\$95,199	Buffie Jared	\$59,532
Basson Anel	\$104,838	Bohm Clara J	\$324,332	Buffie Tyler	\$231,962
Basson Hendrik J	\$357,283	Bohm Eric R	\$408,943	Buffo Sequeira Ilan	\$233,610
Basta Ayman F	\$736,792	Bohn James A	\$58,343	Bullard Jared	\$86,047

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Bunge Martin K ²	\$803,519	Chimilar J D	\$59,713	Czarnecka Monika M	\$229,239
Burnell Colin D C	\$582,724	Chin Daniel	\$989,198	Czarnecki Wlodzimie	\$458,709
Burnet Neil M	\$228,217	Chisick Laura B	\$208,240	Czaykowski Piotr M	\$129,109
Burnett C J	\$264,530	Chittal Dervla M	\$126,709	D'Mello Andrea	\$76,869
Burnett Clinton J	\$236,102	Cho Patrick A	\$769,074	Da Silva Laurindo	\$409,222
Burnett Mairi	\$267,116	Chochinov Paul H	\$301,313	Daeninck Paul J	\$192,610
Burnett Margaret	\$197,927	Chodirker Bernard N	\$288,385	Dakshinamurti S S	\$232,512
Burnette David M	\$177,259	Chohan Parmvir S	\$54,716	Dalling Gordon N	\$324,133
Burnside Tyler C	\$80,239	Chopra Amit	\$490,100	Dandekar Anand S	\$461,919
Burron Ian	\$61,935	Choptiany Robert B	\$197,813	Dandekar Masumi S	\$253,154
Burch Danielle	\$55,031	Choptiany Thor I	\$531,694	Dang Tai Huu	\$231,732
Buryom Craig J	\$591,088	Chow Chi leng	\$335,494	Dangerfield Aran L	\$415,083
Bushidi Mbuyu	\$70,824	Chow Herman	\$100,471	Daniels Valsa	\$84,282
Butler James B	\$321,760	Chow Melina	\$90,814	Dao Vi V B	\$136,642
Butler Nicolaas	\$481,390	Chowdhury Amitava D	\$243,667	Daoud Hani M A	\$54,506
Butterworth Gary S	\$53,145	Chowdhury Tumul	\$409,034	Darczewski Irena	\$316,421
Bybel Bohdan	\$69,162	Choy Stephen C	\$281,001	Darnbrough Andrea L	\$402,408
Bychkivska Yaryna	\$243,887	Christodoulou Chris C	\$347,606	Dart Allison B	\$112,152
Bykova Elena	\$294,839	Chubaty Roman A	\$467,513	Dascal Mario A	\$567,469
Bynkoski Stacey A	\$176,624	Chudley David A A	\$234,047	Dashefsky Sidney M ²	\$631,105
Bzura Thomas J	\$289,842	Chung Louis	\$241,993	Davidson J Michael ²	\$5,065,680
Cabrejo-Jones Katherine	\$67,364	Ciecierski Danuta	\$206,675	Davis Michael O	\$511,577
Calderon-Grande Henry E	\$236,796	Cisneros Nestor	\$698,105	Dawe David E	\$237,020
Camoriano Nolas Gerardo D	\$822,736	Clark Ian H	\$314,795	Dawe J Philip	\$81,497
Campbell Barry	\$250,942	Clark Sandra G	\$450,755	Dawood Saif N A	\$277,761
Campbell Garth	\$60,441	Clark Tod A	\$472,586	Daya Jayesh J	\$457,245
Campbell Neil	\$164,739	Clayden Gerald	\$606,864	Daymont Carrie B	\$51,560
Caners Dennis T	\$749,192	Cleghorn Scott A	\$664,631	De Blonde Riley T	\$228,407
Caners Theo	\$164,675	Clendenan Jessica L	\$54,109	De Gussem Els Maria	\$139,998
Cannon John E	\$223,128	Coates Kevin R	\$544,645	De Korompay Victor	\$159,330
Canteenwala Sohrab	\$52,187	Cochrane David	\$115,594	De Moissac Paul C	\$381,938
Cantor Michael J	\$588,262	Cohan Madjid	\$259,211	De Moissac Pierre	\$243,111
Caplan Aubrey H	\$212,978	Cohen Barry A	\$870,796	De Muelenaere Phillip	\$1,438,604
Caplan Deborah C	\$252,749	Collin Marian B	\$241,620	De Rocquigny Andre J	\$595,195
Cappellani Ronald B	\$360,555	Collison Linda M	\$278,271	De Wit Simon L	\$717,745
Carpenter Jean-Loup	\$53,051	Condon Amanda J	\$56,015	Dean Erin C	\$547,490
Carpenter Noah	\$279,496	Connelly Peter	\$175,717	Debnath Pranab K	\$155,175
Cartagena Ricardo A	\$456,192	Connor David D	\$816,637	Debrouwere Roland G	\$386,428
Carter Catherine	\$66,042	Connor Graham T	\$276,488	Decock Candace	\$140,002
Carter Robin	\$336,630	Consunji-Aranet Raquel	\$350,100	Decter Diarmuid	\$498,141
Casey Alan R	\$359,730	Convery Kevin	\$462,449	Dekoninck Theresa	\$81,177
Cassano-Bailey A ²	\$368,864	Coodin Michael G	\$391,314	Delaquis Alyssa C	\$164,600
Caswell Brent	\$189,803	Coodin Shalom Z	\$96,640	Demeter Sandor J ⁴	\$84,298
Caswill Melissa E	\$214,924	Cooke Andrew L	\$217,224	Demas Habtu	\$369,937
Cattani Lynnsey	\$78,271	Coombs Jennifer	\$184,132	Denis James P	\$472,382
Cavallo Dianne	\$428,245	Cooney Mathieu F	\$115,208	Deonarain Sue	\$69,792
Cavers Kenneth J	\$279,965	Corbett Caroline	\$596,647	Deonaraine Linda	\$426,358
Cavett Teresa	\$52,672	Corbett R P	\$70,555	Deong Jean Pui	\$287,049
Chadwick Mairi M	\$694,560	Cordova Juan L	\$273,857	Derendorf Bradley K	\$198,769
Chakraborty Amiya R	\$483,133	Cordova Perez Francisco	\$155,832	Derkatch Sheldon D	\$760,444
Chale Kelly	\$64,626	Corne Stephen I	\$555,724	Derzko Lydia A	\$145,130
Chaloner Wouna	\$239,504	Cowden Elizabeth	\$239,897	Desilets Nichelle	\$368,335
Chan Eng Lyan	\$326,149	Coyle Stephen J	\$290,717	Desmarais G P	\$146,483
Chan Jennifer	\$62,332	Cram David H	\$793,790	Desmond Gerard H	\$390,973
Chan Laura H	\$433,632	Cranston Meghan E	\$338,087	Deutscher Raymond	\$181,962
Chan Timothy	\$262,491	Craton Neil	\$177,742	Dhala Aly	\$181,025
Chapman Leigh	\$1,073,756	Crawford David	\$267,738	Dhaliwal Harbhajan	\$112,332
Chaput Danelle S	\$319,771	Cristante Loris	\$1,550,865	Dhaliwal Jamit S	\$617,574
Charette Miranda	\$164,581	Crockett Maryanne	\$94,043	Dhaliwal Perry	\$181,831
Chatwin Meghan K	\$267,619	Crosby Jason A	\$630,893	Dhaliwal Rumeet	\$97,964
Chawla Sreoshi R	\$90,320	Cross Robert	\$354,565	Dhaliwal Surinder	\$314,247
Chaze Brian F	\$50,448	Crust Louis J	\$89,728	Dhalla Sonny S	\$1,623,465
Chenier Daniel	\$67,143	Csupak Elaine M	\$136,007	Dhanjal Permejet	\$229,448
Chenier Patrick	\$65,776	Cummings Michael L	\$367,187	Dharamsi Nafisa	\$125,785
Cherian Rachel	\$133,292	Cuvelier Geoffrey	\$85,182	Diamond Heather D	\$217,700
Chernish Gregory M	\$82,775	Cuvelier Susan L	\$257,128	Dillon J David	\$411,729
Cheung Lai-Keung	\$121,093	Czajka-Fedirchu Cynthia	\$198,664	Dillon Lisa G	\$131,123
Cheung Paul K-M	\$89,486	Czaplinski Jolanta E	\$147,901	Dillon Tanya	\$91,917
Chew Darren	\$99,744	Czaplinski Kazimierz	\$327,935	Din Shamoon	\$632,924
Chhibba Mani	\$86,314	Czaplinski Peter R	\$199,425	Diocee Rupinder	\$87,616

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Dionne Claire	\$443,969	Eggertson Doug	\$393,279	Fogel Richard B	\$127,147
Dirks Jacquelyn	\$261,548	Eghtedari-Namin Fariba	\$262,841	Fontigny Nadine J	\$371,729
Dissanayake Dilani	\$287,685	Ehsaei Farhad	\$192,430	Forouzandeh Fariba	\$265,596
Dixon Nancy L	\$304,179	Eid Ahmed	\$52,250	Fortin-Verreault Maxime	\$114,496
Dizon Aquilino	\$87,230	El-Gaaly Sherief A	\$336,011	Fotti Chris P	\$264,748
Do Kiet M	\$102,178	El-Matary Wael M M	\$173,664	Fotti Sarah A	\$243,509
Doak Greg J	\$229,838	Elallegy Abed Ali	\$147,369	Fourie Theo	\$501,257
Doan Quy	\$246,007	Elbardsiy Nozahy	\$754,172	Frame Heather	\$344,622
Docking Leanne M	\$359,197	Elbarouni Basem	\$1,189,462	Francois Jose M G	\$74,037
Doerr Jeffrey J	\$384,498	Elcheshen Kimberly	\$70,910	Frankel Matthew S	\$358,475
Dolinka Peter P	\$66,565	Eleff Michael K	\$157,033	Fraser Michael B	\$328,088
Dolynchuk Kenneth N	\$290,088	Elgazzar Reda F	\$200,945	Frechette Chantal	\$163,335
Dominique Francis	\$226,396	Elias Kamelia	\$490,839	Frechette Marc	\$372,116
Domke Heather	\$380,517	Elimban Vinit V	\$142,078	Frechette Sharon C	\$488,468
Domke Sheila	\$257,843	Elkams Sameh N B	\$412,951	Frederick Derrick V	\$78,638
Donnelly John P	\$80,974	Elkhemri A M	\$476,715	Fredette Patrick	\$307,413
Dookeran Ravi	\$2,024,989	Elkin Jonathan	\$289,704	Freedman Jeffrey I	\$111,363
Dornn Bruce	\$223,365	Elkin Mark S	\$344,636	Friesen John	\$245,258
Dow Nathan W	\$331,780	Elliott Jacobi	\$281,667	Friesen Selena	\$71,810
Dowhanik Monica A	\$132,755	Ellis Michael J	\$120,164	Friesen Tyler B	\$260,715
Dowhanik Paul B J	\$173,646	Elves Emmett J	\$757,606	Frohlich Arnold M	\$507,871
Downs A Craig	\$369,668	Emadi Seyed M	\$604,127	Frosk Patrick D	\$169,871
Doyle John	\$92,788	Embil John M A	\$1,092,144	Fung Adrian J	\$158,993
Drachenberg Darrel E	\$871,573	Embree Joanne E	\$119,505	Fung Harold ²	\$996,042
Drain Brighid	\$163,342	Emery C	\$465,946	Funk Duane J	\$286,835
Dressler Gerald R	\$60,133	Emhamed Musbah	\$669,453	Gabor Jonathan	\$381,212
Drew Elizabeth	\$68,197	Encarnacao Cayley	\$85,418	Gabriel Maila	\$106,471
Drewniak Anna	\$233,322	Eng Stanley	\$338,019	Gacutan Sherwin	\$171,274
Drexler Jaroslav	\$534,206	Engel Jeff S	\$601,012	Galenzoski Kerry J	\$69,427
Driedger Janelle	\$99,854	Engelbrecht Stephanus	\$391,708	Galessiere Paul F	\$736,702
Drobot Glen R	\$153,972	England Margaret	\$453,197	Gall Richard M	\$536,834
Du Guoyan	\$125,977	Enns James P	\$733,866	Gallagher Katherine	\$233,540
Du Plessis Marlie M	\$143,879	Erhard Philippe	\$136,657	Garba Sule	\$706,308
Du Plooy Johan	\$334,734	Eschun Gregg M	\$149,392	Garber Lesley	\$627,647
Du Preez Joachim	\$119,632	Eshghi Esfahani Farid	\$741,714	Garber Philip J	\$251,585
Du Toit Linda L	\$166,108	Eskarous Soad	\$525,704	Gard Sherry	\$413,862
Dubberley James	\$344,713	Esmail Amirali M	\$483,150	Garg Manish	\$414,304
Dubey Arbind A	\$198,154	Espenell Ainsley E	\$444,003	Gauthier Shaun W	\$65,267
Dubyna Dale	\$150,981	Esser Clinton M	\$68,050	Gawryluk Marielle	\$104,977
Ducas Diane A	\$209,457	Essig Marco ²	\$618,684	Gdih Gdih A M	\$2,013,279
Ducas John	\$780,703	Ethans Karen D	\$249,313	Geneve Mustafa	\$522,748
Dueck Darrin	\$365,128	Evaniuk Debra A	\$96,008	George Ronald H	\$345,006
Dueck Laura J	\$300,304	Evans Heather	\$109,389	Georgi Michelle	\$100,332
Duerksen Carl	\$672,423	Evans Michele J	\$140,088	Gera Rakesh M	\$764,915
Duerksen Donald R	\$709,406	Ewert Frank J	\$240,952	Gerges Hanan F	\$503,494
Duerksen Kenneth	\$61,551	Ewonchuk Marie J	\$208,845	Gerges Vivian F	\$456,461
Duerksen Mark T	\$348,596	Fainman Shane E	\$372,162	Gergis Enas S	\$402,959
Duff Brian D	\$203,429	Falconer Terry	\$91,279	Gerhold Kerstin	\$121,630
Duke Peter C	\$90,410	Fanella Sergio T	\$118,168	Gerstner Thomas V	\$504,790
Dumatol-Sanchez Jocelyn	\$607,049	Farjalla Tareg G	\$71,446	Gertenstein Robyn J	\$458,755
Duncan Stephen J	\$450,919	Fast Mallory D	\$424,223	Ghalib Muhammad	\$277,116
Dunford Dawn A	\$144,666	Fatoye Adetunji	\$198,735	Ghebray Tesfay M	\$417,294
Dunlop Ross	\$52,013	Feasey Kirk	\$90,060	Ghebrial Maged S N	\$427,255
Dunsmore Sara E	\$790,541	Feierstein Michele	\$201,938	Ghoneim Mostafa S	\$496,490
Duplak Kamila I	\$149,636	Ferguson David A	\$144,163	Ghorpade Nitin	\$689,335
Dupont J O ⁴	\$471,672	Finlayson Nolan A	\$291,666	Ghrooda Esseddeeg	\$532,019
Dutchyshen Kylie	\$63,174	Finney Brett A G	\$468,036	Giannouli Eleni	\$734,928
Dutta Vikas	\$64,601	Fiorentino Elisa J F	\$115,283	Giesbrecht Johanna E	\$74,800
Duval Richard	\$180,513	Fisher Morag	\$57,874	Gilbert Jane	\$312,849
Dyck Andrew J	\$78,739	Fishman Lawrence	\$434,733	Gill Balwinder	\$564,431
Dyck Gordon H	\$631,780	Fitzgerald Michael	\$255,794	Gill Daljit	\$351,350
Dyck Michael P	\$265,809	Fjeldsted Fredrik H	\$411,537	Gill Eunice	\$366,126
Dyson Ashley L	\$151,760	Fleisher Marcia L	\$127,658	Gill Jagroop S	\$529,213
Dzikowski Dana Rae	\$176,544	Fleisher William P	\$172,761	Gillespie Brian	\$728,693
Eaglesham Hugh ²	\$2,354,755	Fleming Fiona L	\$304,042	Gillespie Jamie L	\$281,449
Earl Kevin D G	\$301,741	Fletcher Colin W	\$274,951	Gillette Aleesha	\$241,814
Ebbeling-Treon Lori	\$218,405	Flynn Bryan T	\$344,336	Gillman Lawrence	\$138,902
Edward Girgis	\$462,476	Foda A H	\$52,223	Gillman Mark	\$97,151
Egan Mary M	\$76,690	Foerster David R	\$344,388	Gilmore Jonathan	\$227,054
Egey-Samu Zsolt	\$133,838	Fogel Jordan P	\$347,052	Gilroy Nadin C	\$145,575

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Gingerich Joel R	\$220,385	Gupta Daya K	\$411,238	Hildebrand Brenda C	\$423,571
Gingerich Roger	\$168,363	Gupta Ravi	\$584,951	Hilderman Lorraine	\$237,432
Girard John	\$408,884	Gururajao Sudarshan	\$585,921	Hildes Ripstein G E	\$161,068
Girgis Hossam E	\$382,406	Guzman Randolph	\$818,608	Hill Deborah M	\$67,064
Giuffre Jennifer	\$485,957	Gwozdecki Taras M	\$338,778	Hillman China-Li	\$682,487
Glacken Robert P	\$310,731	Haberman Craig J	\$349,332	Hingwala Jay	\$583,691
Glazner Kathryn A	\$238,367	Haggard Gian G	\$448,526	Hitchon Carol	\$127,090
Glenn David M	\$124,139	Hahlweg Kenneth A	\$281,718	Hlynka Anthony	\$444,029
Glew Wade B	\$315,297	Hai Md Abdul	\$290,525	Ho Juliet	\$111,770
Glezerson Graham	\$585,093	Haiart Dominique	\$227,731	Hobson Douglas E	\$420,607
Globerman Adam S	\$491,696	Haji Salah A	\$121,192	Hochman David J	\$741,850
Glover Pamela G	\$253,011	Hajidiacos Nicholas	\$373,009	Hochman Jordan	\$422,117
Goeke Fredrick	\$323,198	Halbrich Michelle	\$812,691	Hochman Michael	\$331,461
Goerz Paul G	\$121,380	Haleis Ahmed R	\$347,469	Hohl C M	\$181,295
Goldberg Aviva	\$71,671	Haligowski David	\$340,858	Holland-Muter Elizabeth	\$167,122
Goldberg Norman A	\$256,164	Hall Andrew D	\$104,598	Hollingworth Sean	\$58,848
Goldenberg Benjamin	\$115,821	Hallatt David	\$86,258	Holmes Carol	\$157,100
Goldenberg David J	\$455,623	Hamam Al Walid	\$465,764	Holmes John	\$260,752
Gomori Andrew J	\$318,386	Hamedani Ramin	\$581,819	Holyk Brenda	\$75,632
Gonzalez-Pino Fernando	\$166,186	Hameed Kazi A	\$446,067	Homik Lawrence	\$899,996
Gooi Adrian C	\$157,764	Hammell Jennifer	\$257,257	Honiball James J	\$545,916
Gooi Teong H	\$676,145	Hammond Allan W	\$613,721	Hooper Davyd	\$634,057
Goossen Marvin	\$958,464	Hammond Greg W	\$335,481	Hooper Wendy M	\$430,538
Goossen Randolph	\$52,698	Hancock Betty J	\$182,412	Horton Jillian	\$117,602
Gorcharan Chandra	\$112,262	Hanlon-Dearman Ana C	\$171,047	Hosegood Greg	\$93,068
Gordon Jeremy	\$454,542	Hanna Irin	\$227,990	Houston Donald S	\$98,633
Gordon Vallerie	\$290,230	Hanna Marni	\$585,103	Hoy Conrad S	\$129,806
Goubran Ashraf W ²	\$1,009,700	Hanna Nermeen S	\$745,453	Hoy Gerald J	\$170,389
Gouda Faye F	\$423,187	Harding Gregory E	\$780,874	Hoy Murray L	\$203,136
Gould Lisa F	\$610,985	Hardy Brian ²	\$631,309	Hrabarchuk Blair	\$447,387
Goulet Stephen C	\$419,067	Hardy Krista M	\$362,574	Huebert David M	\$483,046
Govender Prakashen	\$356,238	Haresha A	\$556,368	Hughes Peter	\$254,305
Governo Nelson J	\$395,178	Harmer Helen A	\$190,443	Hughes Philip M	\$369,529
Goyal Vishal	\$88,512	Harms Stefan	\$440,254	Humniski Kirstyn L	\$210,337
Goytan Michael J	\$1,547,362	Harrington Michael W	\$226,616	Hunt Daniel A	\$212,815
Grabowski Janet L	\$576,514	Harris Kristin R	\$242,545	Hunt Jennifer	\$474,117
Grace Kevin J	\$326,314	Harris Patricia	\$911,300	Hunter Christoph	\$457,428
Graham Chris P	\$614,407	Harrison Wayne D ²	\$2,054,976	Hunter William M	\$194,560
Graham Kerr	\$437,560	Hartley Duane M	\$385,042	Hurd Carmen	\$208,999
Graham Marjory R	\$273,248	Harwood-Jones Marisa	\$374,833	Hurst Lorne D	\$652,572
Graham Roger	\$103,672	Hasan Mahmud	\$118,943	Husarewycz Marie N	\$163,365
Grass Stephen B	\$463,196	Hasdan Galit	\$441,116	Husarewycz Stephen	\$343,662
Gratton Remy-Mart	\$380,307	Haseeb Sabiha	\$68,385	Hutchison Trevor	\$417,560
Gray Michael G	\$332,857	Hashemi Bitu	\$70,481	Hutfluss George J	\$458,181
Greenberg Howard M	\$527,858	Hashmi Sajjad	\$569,461	Hyman Jeffrey R	\$197,649
Greenberg I David ⁴	\$74,643	Hawaleshka Adrian	\$275,631	Hynes Adrian F	\$417,623
Gregoire Scott A	\$810,130	Hawe Richard D	\$434,598	Iancu Daniela	\$73,350
Gregoryanz Tatiana	\$223,808	Hayakawa Thomas E	\$598,980	Ilchyna Daniel C	\$327,510
Gregson Brian D	\$332,514	Hayday Richard P	\$1,406,406	Ilnyckyj Alexandra	\$542,692
Grenier Debjani	\$219,471	Hayward Jenette F	\$211,730	Ilse Werner K	\$341,748
Grextion Travis J	\$58,017	Hayward Rowland J	\$694,938	Imam Isam E B	\$489,683
Greyling Louw D L	\$275,334	Hebbard Pamela	\$430,270	Inglis Duncan	\$595,317
Griffin Jennifer	\$134,936	Hechler Peter	\$273,239	Ingram Peter F	\$129,335
Griffin Patrick	\$223,106	Hechtenthal Norman	\$180,634	Intrater Howard	\$849,961
Griggs Gordon B	\$218,644	Hedden David R	\$621,489	Ip Wang-Chun	\$76,901
Grimes Ruth B	\$305,527	Hedden John R	\$167,490	Iqbal Irum	\$585,129
Grobler Wilhelmus	\$385,213	Heibesh Suzy G F	\$1,177,262	Iqbal Shaikh	\$155,305
Grocott Hilary P	\$406,059	Heidenreich Wolfgang	\$104,102	Ireland Wilma	\$55,902
Groenewald Louise H	\$155,393	Heinrichs Kristin M	\$287,194	Irving Heather	\$276,663
Groves Lawrence	\$314,069	Helewa Michael E	\$270,936	Irving James E	\$190,222
Grunfeld Alexander	\$416,851	Helewa Ramzi M	\$323,694	Isaac Carey	\$327,219
Gudmundson Catherine	\$365,399	Helms Johan B	\$589,443	Isaacs Robert L	\$169,462
Guindi Nizar S	\$441,748	Henderson Blair	\$1,290,778	Ishak George	\$343,177
Guindy Sherine	\$498,462	Henderson Crystal	\$65,990	Iskander Salah S G	\$450,010
Gujare Pradip E	\$128,216	Henry Douglas W	\$275,324	Iskander Suzan F	\$409,125
Gujral Paramjeet	\$290,408	Henry Stephen F	\$115,574	Islur Avinash	\$588,247
Gulati Harleena	\$219,595	Hercina Chantelle	\$242,714	Ismail Ibrahim	\$144,054
Gupta Aashima	\$356,434	Hicks Cynthia D	\$809,682	Israels Sara J	\$80,687
Gupta Anjali	\$219,245	Hiebert Timothy ⁵	\$52,027	Issaivanan Magimaira	\$90,895
Gupta Chander K	\$62,378	Hiebert Timothy ⁵	\$117,116	Itzkow Benjamin	\$237,106

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Ivey Jeffrey A	\$119,190	Karpinski Martin E	\$582,219	Klaponski Stanka	\$185,361
Iwaasa Kenneth K	\$95,105	Karvelas John	\$256,279	Klassen Donald H	\$250,697
Jabs Marlis	\$94,836	Karvelas Lisa M	\$94,566	Klassen Larry J	\$139,277
Jackson Alan C	\$71,304	Kashefi Hossein	\$534,472	Klassen Norma F	\$270,836
Jackson Andora	\$234,311	Kashin Robert S	\$163,800	Klassen Orla R	\$169,909
Jackson John H	\$51,886	Kashur Rastm M S	\$83,669	Klippenstein Norman L	\$806,663
Jacob Mary V ²	\$1,058,160	Kasper Kenneth D	\$357,509	Klippenstein Peter J	\$265,963
Jacob Thomas K	\$153,027	Kass Malek	\$1,006,732	Kloppers Anton A	\$288,151
Jacob V C	\$541,292	Kassem Wail A	\$207,627	Kloss Randy	\$67,155
Jacobs Johannes	\$525,909	Kassier Karl	\$815,726	Kluke Chris	\$69,552
Jacobsohn Eric	\$263,921	Kassum Shamina	\$73,918	Klym Karen L	\$169,303
Jaeger Claire	\$323,357	Katopodis Christina	\$545,304	Knezic Kathy A	\$239,769
Jagdeo Amit	\$559,277	Katz Guido A	\$369,881	Koczanski Roman	\$165,960
Jain Madhuri	\$710,404	Katz Laurence	\$104,155	Koenig James K	\$1,128,475
Jain Narendra	\$106,819	Katz Michael D	\$839,787	Koensgen Stuart J	\$147,636
Jamal Aleem	\$82,694	Katz Pamela	\$240,401	Koetting Leah	\$94,302
Jamal Shabana	\$266,668	Katz Philip	\$120,074	Kogan Sylvia	\$344,677
James Joann	\$421,746	Kauenhofen Kurt M	\$205,418	Koh Clarissa	\$174,880
Jamora Earl	\$132,319	Kaufmann Anthony M	\$341,640	Kohja Abbas Ali	\$429,599
Janjua Meer M	\$66,504	Kaur Bimal	\$93,373	Kolt Alain M	\$84,906
Jansen Van Rens N	\$663,170	Kaushal Ravi Datt	\$378,450	Kolt Mackenzie	\$68,776
Jassal Davinder	\$624,189	Kaushik Vishal R	\$192,928	Koltek Mark M	\$130,145
Jawanda Gurswinde	\$98,194	Kayler Douglas E	\$607,419	Komenda Benjamin	\$196,401
Jayakumar Sethu M	\$189,015	Kazina Colin J	\$223,116	Komenda Paul V J ³	\$499,182
Jayas Rajat	\$168,618	Kearns Katherine	\$85,513	Kong Anne M C	\$210,917
Jebamani Samuel	\$257,021	Keddy-Grant Jill	\$299,729	Konrad Gerald P	\$59,991
Jellicoe Paul	\$224,300	Keech Adam	\$69,071	Koodoo Stanley R	\$422,919
Jenkins Keith A	\$57,060	Keeper Edward S	\$68,267	Kornelsen Victoria	\$112,111
Jenkinson Dale	\$56,180	Kehler Terence	\$93,799	Kos Gregory P	\$58,479
Jensen Bruce	\$68,910	Keijzer Richard	\$151,195	Kostyk Richard	\$81,714
Jensen Chris W B	\$335,865	Kelleher Barbara E	\$119,881	Kotb Rami	\$137,155
Jensen Derrek M	\$443,160	Kelleher Samantha	\$252,755	Kotecha Yatish	\$405,273
Jhooty Jason M S	\$287,701	Kellen Philippa	\$379,990	Koul Rashmi	\$185,992
Johnson A Wray	\$58,625	Kellen Rodney I	\$662,743	Koulack Joshua	\$849,160
Johnson Bijai	\$482,242	Kemkaran Kenneth	\$541,945	Kousonsavath Ratana	\$152,181
Johnson Charles	\$156,894	Kennedy Maureen F	\$228,916	Koven Sheldon	\$57,327
Johnson Darcy	\$640,998	Kenshil Sana	\$166,027	Kowalchuk Ivan J	\$316,071
Johnson Eric C	\$243,878	Kepron Michael W	\$310,459	Kowalski Stephen E	\$261,913
Johnson Michael G	\$1,214,566	Kerr Lorraine	\$125,333	Kowaluk Bruce A	\$324,124
Johnson Robert G	\$330,850	Kerr Paul D	\$429,694	Koz Lori G	\$246,333
Johnston Christine	\$100,793	Kettner Adrian S	\$172,448	Krahn Curtis	\$318,938
Johnston James B	\$169,715	Keynan Yoav	\$108,682	Krahn James	\$380,844
Johnston Janine L	\$254,540	Khadem Aliasghar	\$740,117	Krahn Marianne	\$122,448
Johnston Stephanie	\$255,057	Khan Ali H	\$449,714	Kramer Matthias	\$274,341
Jolin-Dahel Kheira	\$85,918	Khan Asmat M	\$113,442	Kraut Allen	\$118,972
Jones Jodi Lynn	\$370,763	Khan Ayaz A	\$761,736	Kremer Steven	\$124,116
Jones Julie	\$248,358	Khan Noor M	\$430,725	Kremi John A	\$382,649
Jose Joe M	\$211,934	Khan Sadia A	\$218,671	Kremi Renee Lea	\$664,021
Joshua Julian M	\$345,480	Khan Sadiqa J	\$130,533	Kristjanson Mark	\$57,535
Joundi Mohamed G	\$435,556	Khanahmadi Shahab	\$748,928	Kroeker Bryan	\$131,116
Jovel Ramon E	\$246,935	Khandelwal Ajai S	\$488,511	Kroeker Lloyd R	\$365,109
Jowett Andrew G	\$320,317	Khangura Davinder	\$451,961	Kroft Cara D L	\$165,096
Junaid Asad	\$450,576	Khelil Assil I	\$310,609	Krongold Israel J	\$126,746
Jwely Ahmed M	\$209,798	Khoo Clarence	\$622,659	Krongold Penina	\$284,261
Kabani Amin M ¹	\$280,447	Kidane Biniam	\$184,116	Kruk Robert D	\$499,013
Kadambi Desikan R	\$52,456	Kilada Baher F N	\$514,604	Krzyzaniak Kelly M	\$269,099
Kaderali Zulficar	\$153,213	Kim Christina	\$152,747	Kuegle Peter F X	\$422,561
Kaethler Wilfried	\$355,400	Kim Hae Kwang	\$305,490	Kulbisky Gordon P	\$421,213
Kahanovitch David	\$264,638	Kim Julian O	\$243,868	Kumar Aparna	\$707,932
Kaita Kelly D E	\$599,807	Kimelman Allen L	\$200,709	Kumar Kanwal K	\$283,851
Kakumanu Ankineedu	\$288,196	Kindle Geoffrey	\$1,258,052	Kumar Rajat	\$125,209
Kaldas Nahed N R	\$284,436	King Tara D	\$143,060	Kumbharathi Ravi Babu	\$427,923
Kalichinsky Chrystyna	\$179,874	Kinnear David	\$448,256	Kuo Brian	\$378,439
Kalra Arwin	\$67,577	Kinsley David C	\$522,068	Kuzenko Nina J L	\$93,850
Kalturynk Blake P	\$124,807	Kippen James D	\$661,191	Kyeremateng Doris	\$339,474
Kania Jadwiga	\$783,005	Kippen Robert N	\$311,338	La Rue Leonard B	\$123,298
Kansara Roopesh R	\$180,564	Kirkpatrick Iain D C	\$959,484	Labiaryatne Chamindra	\$145,637
Kanwal Jaswinder	\$475,044	Kirshner Alla	\$379,352	Lacerte Martina M	\$324,111
Kaplan Joel	\$217,465	Kish Scott L	\$204,265	Lach Lori Ann	\$122,112
Karlicki Fern	\$784,824	Kishta Waleed E	\$82,522	Lafournaise Carrie L	\$290,006

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Lage Karen L	\$293,148	Levin Heather	\$420,179	MacDougall Grant	\$598,051
Lalonde Genevieve	\$555,734	Levin Iwan	\$691,146	MacEachern Norman A	\$326,042
Lam David S C	\$358,499	Levy Shauna B	\$324,514	Macek Ralf K W	\$319,648
Lam Herman P ³	\$1,012,626	Lewis Anthony B	\$235,250	Machado De Souza Camila	\$317,828
Lam Shirley	\$58,751	Leylek Ahmet	\$196,000	MacIntosh Ethel L	\$467,733
Lamb Julie A	\$177,588	Li Gordon J	\$484,859	Mackalski Barbara A	\$554,392
Lamba K S	\$322,743	Li Wei	\$118,469	MacKay Michael J	\$205,191
Lambert David A	\$390,165	Lieberman Dianne K	\$353,046	MacKenzie G Scott	\$602,128
Lambrechts Hugo	\$283,389	Light Bruce	\$75,562	Macklem Alan K	\$403,662
Lane Eric S	\$236,064	Lillbeck Chelsea	\$53,134	MacLean Jayda M	\$66,476
Lane Margo A	\$135,778	Lim Siok Hoon	\$72,861	MacLeod Bruce A	\$289,336
Langan John T	\$354,813	Lindenschmidt Richard B	\$451,579	MacMahon Ross G	\$262,842
Langenberger Michael	\$89,226	Lindenschmidt Richard R	\$393,956	MacMillan Michael B	\$426,048
Langridge James K	\$384,904	Lindquist Christoph	\$725,496	MacNair Tracy L	\$1,068,124
Lapierre Harry J R	\$292,745	Lindquist Larry V	\$116,075	MacTavish James W E	\$62,642
Large Gregory	\$358,105	Lindsay Daniel J ²	\$1,405,466	Madi Lubna	\$112,827
Larouche Patricia	\$247,423	Lindsay Deborah A	\$82,093	Madison Adena M	\$448,736
Lau Yan	\$630,566	Lines Jolyon B	\$103,983	Magarrell Cynthia	\$111,789
Laurencelle Richard	\$52,889	Lint Donald W	\$161,455	Magnusson Joshua B	\$99,900
Lautenschlager Earl	\$87,431	Lipinski Grazyna	\$435,445	Maguire Doug	\$638,577
Lautenschlager Jessica E	\$96,713	Lipnowski Stan	\$831,374	Maharaj Ian G	\$356,703
Lavallee Barry	\$189,800	Lipschitz Jeremy	\$954,223	Maharajh Dave A	\$301,646
Law Jaimie R	\$212,493	Littleford Judith A	\$400,475	Mahay Aric	\$328,669
Lawal Waheed	\$113,768	Litvinov Alexey	\$225,169	Mahay Raj K	\$583,562
Laxton J T W	\$238,694	Liu Junliang	\$238,175	Mahdi Tahseen	\$552,035
Lazar Matthew H	\$366,411	Livingstone Cam	\$91,583	Maier Joanne C	\$209,475
Lazareck Samuel L	\$170,356	Lloyd Alissa J	\$414,541	Maiti Soubhik	\$523,266
Lazarus Arie	\$368,188	Lloyd Robert L ²	\$406,582	Makkar Jeetinder	\$157,263
Le Wilson	\$261,657	Lo Evelyn	\$214,675	Maksymiuk Andrew W	\$271,178
Leader Eric	\$74,476	Lobley Jarrett	\$61,645	Maksymowicz Anet	\$291,448
Lebedin Walter W	\$298,553	Lockman Leonard E	\$558,927	Malabanan Edilberto	\$543,397
Lecuyer Nadine S	\$155,737	Loepp Christine	\$226,207	Malchy Brian A	\$77,157
Lee Bonnie D	\$65,748	Loewen Erin D M	\$107,647	Malek-Marzban Peiman	\$1,076,574
Lee Cindy H Y	\$188,436	Loewen Sylvia R	\$190,154	Malekalkalami Azadeh	\$185,546
Lee Francis F	\$351,182	Logan Alison C	\$546,360	Malik Abid I	\$247,404
Lee Gilbert Q	\$298,805	Logsetty Sarvesh	\$370,017	Malik Amrit	\$613,267
Lee Harvey B	\$401,584	Loiselle Joel A	\$233,029	Malik Bittoo S	\$1,016,203
Lee Sandra	\$1,126,658	Long Adrian L	\$1,165,529	Malik Rajnish N	\$648,106
Lee Trevor J	\$386,862	Longstaffe Albert E	\$300,229	Malmstrom Jennifer	\$111,079
Lee Trevor W	\$413,497	Longstaffe James	\$329,321	Malo Steven	\$172,702
Lee Vivian K	\$760,747	Longstaffe Sally	\$67,923	Malouka Abdelma S A	\$93,788
Lee Wilfred	\$148,382	Lopez Gerald	\$74,960	Mammen Thomas	\$512,262
Lee-Chen Beverley	\$231,627	Lopez Mirtha I	\$131,758	Man Ada W Y	\$77,705
Lee-Kwen Johnson	\$87,870	Lopez Gardner L L	\$96,758	Mancer Jasdeep K	\$72,636
Lee-Wing Matthew W	\$961,770	Lorteau Gilles	\$70,573	Mancini Enrico V	\$142,030
Leen Desmond A	\$63,140	Lotocki Robert J	\$175,617	Manishen Wayne J	\$394,604
Lefas Georgia M	\$218,925	Loudon Michael	\$553,396	Manness Robert C	\$202,450
Lefevre Gerald R	\$53,369	Lovat Nicole E	\$123,473	Mansfield John F	\$297,387
Lehmann Heather	\$123,306	Love Howard W	\$50,556	Mansour Hany M S	\$248,946
Lei Benny T C	\$490,298	Lowden Cameron S	\$474,500	Mansouri Behzad	\$1,200,738
Leicht Richard	\$2,548,830	Lu Paul B	\$209,167	Manusow Joshua S	\$452,092
Leitao Darren J	\$380,019	Lucman Tahir S	\$415,287	Marais Francois	\$537,147
Lekic P Charles	\$136,285	Lucy Simon	\$365,470	Marantz Jeffrey ²	\$1,172,765
Leloka C Mathabo	\$419,402	Ludwig Louis	\$264,888	Mare Abraham C	\$376,346
Lemoine Gabriel J	\$119,131	Ludwig Sora M	\$318,182	Marin Samantha	\$139,652
Lemon Kristin	\$88,185	Luk Tse Li	\$320,490	Marks Seth D	\$176,597
Leonhart Michael W	\$242,886	Lukie Brian J	\$459,573	Marles Sandra L	\$96,280
Lepage Elizabeth	\$63,467	Lulashnyk Ben J	\$459,857	Marriott James J	\$196,275
Lepage Matthew	\$122,652	Lum Min Suyin	\$241,482	Marsh David W	\$208,242
Lerner Neal	\$288,790	Luong Erica K Y	\$450,227	Marsh Jonathan	\$543,291
Lesiuk Thomas P	\$183,685	Lynch Joanna M	\$118,939	Marshall Ken	\$54,232
Leslie Howard	\$63,743	Lyons Edward A ²	\$716,912	Marshall Michele	\$95,876
Leslie Oliver J	\$151,378	Lysack David A	\$969,043	Martens David B	\$333,956
Leslie William D ⁴	\$820,013	Mabin Deborah	\$934,747	Martens M Dawn ²	\$4,077,894
Letkeman Richard C	\$178,171	MacDiarmid Andrew L	\$331,700	Martens-Barnes Carolyn	\$169,246
Leung Edward	\$134,606	MacDonald Kelly S	\$129,639	Martin Daniel	\$300,274
Leung Shing Louis P	\$208,482	MacDonald Lindsey	\$148,704	Martin David	\$454,840
Levi Clifford	\$537,971	MacDonald Peter	\$487,154	Martin Kathryn	\$56,253
Levin Brenda L	\$435,570	MacDougall Brendan	\$83,119	Martinez Eddsel R	\$378,216
Levin Daniel P ⁴	\$109,169	MacDougall Eleanor	\$217,687	Maslow Kenny D	\$741,740

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Masoud Ibitsam A	\$583,009	Mestdagh B E	\$134,141	Muirhead Brian	\$249,241
Mathen Mathen K	\$1,323,491	Mestdagh Robert J	\$78,916	Mujawar Quais M	\$154,136
Mathew George	\$518,401	Mestito Dao Irene	\$74,362	Mukty Mahmuda A	\$335,859
Mathieson Angela L	\$387,877	Metcalfe Jennifer	\$59,388	Mulhall Dale	\$97,052
Mathison Trina L	\$328,564	Meyers Michael	\$472,068	Mulholland Conor P	\$221,793
Matsubara Timothy K	\$347,344	Meyrowitz David M	\$219,000	Mullan Michael J	\$61,773
Matthews Chris M	\$257,816	Meza Vargas Maria S	\$489,777	Muller Delgado Hellmuth	\$448,373
Matthews Nicola	\$354,302	Mghazli Claudia	\$81,361	Mundle Scott	\$67,327
Maxin Robert	\$234,509	Mhanni Aizeddin	\$160,193	Munsamy G K	\$402,565
Mayba Ihor I	\$55,445	Mian Muhammad	\$275,088	Murray Garry	\$55,285
Mayba John I	\$1,019,210	Micflikier Allan B	\$2,025,655	Murray Gerard G	\$82,041
Maycher Bruce W ²	\$1,230,013	Migally Samir E B	\$102,600	Murray Ken	\$678,622
Mazek Fawzi R E	\$823,167	Mikhail Samy N F	\$510,345	Muruve Gabriel N	\$266,247
Mazhari Ravesh Amir H	\$624,747	Milambiling Ernesto M	\$92,441	Mustafa Arjowan	\$213,728
Mazur Stephen	\$214,960	Miller David L	\$388,108	Mustapha Shareef F	\$267,832
Mazurat Andrea	\$535,356	Miller Donald M	\$467,187	Muthiah Karuppan	\$683,252
McCammon Richard J	\$103,976	Miller Lisa	\$553,538	Mutter Thomas C	\$325,418
McCannell Melanie G	\$268,129	Miller Tamara L	\$317,650	Muzychuk Mercedes	\$63,026
McCarthy Brendan G	\$402,246	Milligan Brian E	\$404,425	Myers Renelle L	\$241,816
McCarthy Gerard F	\$319,921	Millo Noam Z	\$645,545	Myhre Joel R	\$484,621
McCarthy Timothy G	\$658,009	Milner John F	\$667,850	Mykytiuk Patricia	\$609,045
McClarty Blake M ²	\$1,235,224	Minders Lodewyk	\$555,260	Mysore Muni	\$349,365
McCrae Heather	\$108,462	Minhas Kunal K S	\$1,169,191	Nachtigall Harold	\$69,139
McCrea Kristin	\$385,055	Mink Steven	\$313,066	Nagra Sunil	\$350,053
McDonald Heather D	\$368,757	Mintz Steven L	\$95,208	Naidoo Jenisa ¹	\$34,505,268
McEachern James D	\$561,260	Minuk Darrell	\$57,269	Naidoo Shireen P ¹	\$6,703,734
McElhoes Jason R	\$158,317	Minuk Earl	\$460,662	Nair Unni K	\$233,168
McFadden L R	\$478,783	Minuk Gerald	\$104,859	Narasimhan Sowmya	\$210,344
McFee Colin D	\$61,162	Minuk Leonard A	\$66,197	Narvey E Bruce	\$64,324
McGill Dustin	\$169,916	Miranda Gilbert	\$173,393	Narvey Stefanie	\$111,062
McGinn Greg ²	\$1,164,347	Mis Andrew A	\$567,640	Nashed Maged	\$213,290
McGregor Gregor I	\$236,346	Miskiewicz Laura M	\$183,668	Nasir Mahmood	\$101,552
McGregor Jyoti M	\$305,444	Misra Vasudha	\$490,027	Nason Richard W	\$414,238
McGregor Thomas B	\$220,224	Mitchell Ryan T M	\$81,464	Nasr Nagwa Y I	\$407,743
McIntyre Ian L	\$264,394	Moawad Victor F	\$366,777	Nasser-Sharif M	\$231,103
McIntyre Ian W	\$477,057	Moddemann Diane	\$261,273	Naugler Sharon	\$202,251
McKay Michael A	\$427,619	Modirrousta Mandana	\$245,299	Nause Leanne N	\$287,323
McLeod Heather	\$51,328	Moffatt Dana C M	\$1,032,914	Nawrocka Dorota	\$148,067
McLeod Jaret K	\$194,357	Mohamed Mufta A M	\$928,704	Nayak Jasmir G	\$172,667
McLeod Malcolm	\$222,797	Mohammed Ahmed M E	\$341,310	Nazar-Ul-Iman Saiyed	\$614,292
McMechan Alison	\$69,024	Mohammed Ismail	\$282,245	Nazmy Ragai M E	\$455,104
McMillan Stewart	\$102,886	Moisiuk Sharon E	\$64,310	Nell Antoine M	\$623,042
McMillan Tamara L	\$66,845	Moller Erika E	\$256,814	Nelson Michael	\$85,031
McNaught Jennifer	\$141,959	Moller Liesel	\$358,143	Nemani Sailaja	\$52,222
McNaughton Leslie J	\$230,158	Moller Philip R	\$756,738	Nemeth Peter	\$136,921
McNeill Ann M	\$200,183	Moltzan Catherine	\$321,748	Nepon Jack	\$487,238
McPhee James S	\$235,614	Momoh John T	\$252,102	Nepon Josh	\$309,852
McPhee Lisa C ²	\$1,599,429	Mongru Padma P	\$198,228	Neufeld Donna M	\$218,596
McPherson John A M	\$218,542	Monson Ronald C	\$50,749	Neufeld Gregory M	\$129,877
McPherson Meghan K	\$98,491	Moody Jane K	\$239,842	Neufeld Joanna	\$58,104
McTaggart Dawn Lynn	\$215,839	Mooney Owen T	\$185,349	Neufeld John A	\$81,644
McTavish William G	\$255,888	Moore Ross F	\$271,974	Newman Suzanne	\$245,582
Medd Thomas M	\$190,860	Moosa Alisha	\$80,331	Ng Marcus C	\$337,043
Meen Eric K	\$366,169	Moran De Muller Karen	\$612,024	Nguyen Khai M	\$296,736
Megalli Basali Sherif F	\$480,723	More Christoph	\$62,136	Nguyen Lien	\$272,832
Mehrabi Faranak	\$365,911	Morham Anthony	\$309,636	Nguyen Minh H	\$354,569
Mehta Asita	\$202,024	Morier Gisele S	\$109,336	Nguyen Tai Van	\$354,428
Mehta P G	\$496,992	Morris Amanda F	\$412,032	Nguyen Thang N	\$397,709
Mekhail Ashraf	\$521,843	Morris Andrew L	\$507,838	Nicoll Braden J	\$86,341
Mellon Aaron M	\$576,500	Morris Glenn S	\$248,602	Nigam Rashmi	\$672,399
Melo Alfaro Lindsey C	\$110,066	Morris Margaret	\$204,958	Nijjar Satnam S	\$602,052
Memauri Brett F	\$586,076	Morris Melanie	\$97,309	Nikkel Natalie L	\$52,929
Memon Ghulam	\$479,711	Morrow Adrienne	\$53,593	Niraula Saroj	\$121,555
Memon Rukhsana	\$249,343	Morrow Scott	\$54,087	Njionhou Kemeni M M	\$378,311
Menard Sheila	\$464,894	Mottola Jeffrey C ²	\$628,746	Nkosi Joel E	\$332,703
Menkis Alan H	\$92,897	Mousavi-Sarsari S	\$293,985	Nnabuchi Emmanuel	\$261,301
Menticoglou Savas	\$711,397	Mouton Robert W	\$303,845	Noel Colin	\$604,983
Menzies Robert J	\$364,315	Mowchun Leon	\$241,701	Noel Marie L	\$65,509
Mercier Nicole	\$64,095	Mowchun Neil	\$282,890	Nolan Meagan D	\$251,802
Meredith Melanie J	\$420,119	Mshiu Merlyn	\$516,303	Noseworthy Graham	\$157,056

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Nostedt Michelle	\$474,132	Patel R C	\$508,646	Postl Brian	\$109,124
Nowosad Heather D	\$55,650	Patel S V	\$321,943	Pozeg Zlatko I	\$597,111
Nugent Linda M	\$300,264	Patenaude Amanda F	\$992,555	Prasad Benjamin	\$261,831
Nyhof Harold W	\$67,984	Paterson Corinne R	\$484,393	Preachuk Chris T J	\$1,977,818
Nyomba Balangu L	\$165,873	Pathak Kumar A	\$706,535	Prematilake Suraj P	\$410,166
O'Hagan David B	\$494,875	Pather Adashnee	\$112,699	Prenovault Jean	\$465,052
O'Keeffe Kieran M	\$255,610	Patterson Chad	\$68,187	Pretorius Alexander	\$334,179
Obara Robert	\$337,023	Paul James T	\$203,096	Pretorius Luzelle L	\$86,171
Ochonska Margaret	\$424,489	Paul Niranjani	\$629,317	Price Christoph	\$58,426
Ogaranko C P	\$257,494	Pauls Ryan J	\$432,820	Price James	\$160,347
Ogunlana Dorothy P	\$299,594	Paulson Charles K	\$99,797	Price Russell J	\$217,631
Okoye Chijioke	\$176,691	Pederson Kristen	\$109,639	Prinsloo Jochemus	\$408,014
Old Jason	\$397,804	Peled Elia	\$68,423	Prober Mark Alan	\$228,609
Olin Gerald M	\$51,655	Pelissier Rosalie	\$95,687	Prodan Orest	\$104,595
Oliver Jered	\$97,788	Penner Charles G	\$145,650	Prud'Homme Shannon	\$53,635
Olivier Erin P	\$349,526	Penner Kurt	\$196,330	Psooy Karen J	\$144,511
Olson Robyn L	\$265,263	Penner Stanley B	\$336,539	Puar Ripneet	\$239,388
Olynyk Fred	\$175,007	Penrose Michael	\$447,515	Punter Fiona	\$390,281
Omelan Craig K	\$290,835	Pepelassis Dionysios	\$171,583	Putnins Charles	\$110,519
Omelan Graeme D	\$326,961	Perche Jason M	\$185,247	Puttaert Douglas	\$174,698
Omichinski L Michael	\$564,951	Peretz David	\$773,776	Pylypjuk Christy L	\$566,516
Omodunbi Oladipupo	\$150,517	Perl Eytan J	\$297,184	Pymar Helen C	\$344,229
Omodunbi Oluwatumi	\$51,206	Perlov Jack	\$314,949	Qadir Munir	\$256,906
Ong Aldrich	\$218,781	Permack Sheldon M	\$309,478	Quesada Ricardo	\$371,581
Ong George H	\$361,740	Pernarowski Katherine	\$762,591	Qureshi Bilquis	\$126,163
Onotera Rodney T	\$182,335	Perrett Mark	\$82,147	Qureshi Rizwan	\$290,897
Onyshko Daniel J	\$480,021	Perry Daryl I	\$520,751	Raabe Michael A	\$578,768
Opejin Adetola A	\$109,018	Peschken Christine	\$150,533	Raban Roshan	\$569,177
Oppenheimer Mark W	\$128,893	Peterdy Anne E	\$86,280	Rabson John L R	\$1,148,089
Ormiston John D	\$382,855	Peters Brian	\$659,071	Racette Therese	\$106,238
Orr Pamela	\$104,537	Peters Hein	\$449,425	Radawiec Jocelyn	\$77,211
Osagie Ifeoma W	\$453,321	Petrilli Lori A	\$80,683	Radulovic Dejana	\$979,447
Osei-Bonsu Adelaide	\$395,241	Petropolis Christian	\$349,518	Rafay Mubeen F	\$142,178
Osler F Gigi	\$264,425	Petropolis Maria A T	\$91,332	Raghavendran S	\$384,397
Oswald Tyler W	\$111,871	Pfeifer Leia	\$76,489	Rahimi Eiman	\$157,130
Ota Chidinma	\$320,071	Phillips Michael L	\$279,150	Rahman Jennifer	\$761,558
Owoeye Olabisi I	\$106,666	Pickard Kathleen	\$79,259	Rahman Mohammad	\$80,550
Owusu Nana	\$85,454	Pickering Christine	\$433,799	Raimondi Christina	\$211,151
Pachal Cindy Ann	\$262,688	Pieterse Wickus	\$546,662	Rajamohan Raja R	\$149,071
Pacin Alojz	\$106,156	Pilat Edward J	\$355,673	Rajani Kantilal	\$458,814
Pacin Ondrej	\$283,471	Pilkey Bradley D	\$836,555	Ramadan Abdul N	\$525,112
Pacin Stefan	\$479,575	Pillay P G	\$229,669	Ramgoolam Rajen	\$467,671
Padeanu Florin T	\$227,944	Pinder Michael	\$235,109	Ramsay James A	\$210,821
Paetkau Don	\$209,283	Pinder Tracy	\$56,991	Ramsey Clare D	\$256,707
Palatnick Carrie S	\$497,092	Pinette Gilles D	\$791,603	Randolph Jeanne L	\$86,545
Pambrun Paul	\$110,108	Pinniger Gregory W	\$304,824	Randunne Avanthi	\$650,659
Panaskevich Tatiana	\$776,493	Pinsk Maury N	\$96,440	Randunne Ayodya S	\$621,223
Pandey Anil K	\$213,418	Pintin-Quezada Julio	\$359,882	Ratcliffe Gregory E	\$574,082
Pandian Alagarsam	\$682,609	Pio Anton	\$433,079	Rathod Shrinivas	\$74,256
Pang Eileen G	\$195,095	Pirzada Munir A	\$295,343	Ratwatte Shirantha	\$276,327
Paniak Anita	\$90,071	Pitz Marshall	\$107,184	Raubenheimer J P	\$603,138
Pannu Fazeelat	\$376,844	Plester Jennifer	\$268,982	Rauch Johan F	\$840,620
Papegnies Derek	\$99,645	Plewes Michael E	\$485,501	Ravandi Amir	\$793,827
Papetti Selena	\$248,270	Poettcker Robert J	\$448,803	Raza Irfan	\$437,673
Paquin Francine	\$217,631	Pohl Blane L	\$81,187	Recksiedler Carmen	\$124,994
Paracha Muhammad	\$528,952	Polan Michael	\$68,282	Reda Andrew W	\$102,790
Parham Shelley M	\$156,399	Polimeni Christine	\$146,093	Rehal Ranjodh S	\$219,167
Park Jason	\$479,120	Poliquin Philippe	\$91,712	Rehsia Davinder	\$650,489
Parker Kenneth R	\$344,939	Poliquin Vanessa	\$182,527	Rehsia Navneet S	\$549,831
Parker William R	\$752,278	Pollock Bradley	\$615,637	Rehsia Sabeer S	\$503,822
Parr Grace E D	\$454,252	Ponnampalam Arjuna ¹	\$71,593	Rehsia Sach I	\$285,456
Partap Nadine A	\$80,276	Poole Cody M	\$120,459	Reid Gregory J	\$384,352
Partridge Gordon	\$77,960	Poon Wayne W C	\$265,542	Reimer Darren K	\$249,042
Partyka Joseph W	\$468,332	Pooyania Sepideh	\$485,921	Reimer David J	\$569,884
Paskvalin Mario	\$579,463	Popescu Andra D	\$165,964	Reimer Heinz	\$320,507
Pasterkamp Hans	\$52,870	Popoff Daryl	\$250,404	Reimer Murray B	\$221,194
Patel Leena R	\$250,393	Popowich Shaundra	\$430,637	Reinecke Marina	\$140,245
Patel Nakul G	\$129,456	Porath Nicole	\$203,961	Reinhorn Martin	\$94,118
Patel Praful C	\$803,417	Porhownik Nancy R	\$661,963	Rempel Regina R	\$170,430
Patel Pravin C	\$256,431	Possia Curtis	\$50,469	Renkas Rebecca L	\$102,006

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Reslerova Martina	\$511,046	Ryall Lorne A	\$108,771	Scott Sara	\$305,885
Reyneke Annemie	\$432,701	Ryz Krista S	\$602,768	Seager Mary Jane	\$463,126
Reynolds James L	\$347,688	Saad Vera N	\$142,145	Sefidgar Mehdi	\$470,357
Reynolds Jody J	\$831,403	Saadia Vivien	\$215,246	Seftel Matthew D	\$88,107
Rezazadeh Shadi	\$282,204	Sabapathi Karthik	\$360,477	Segstro Ronald J	\$129,265
Rezk Emad A	\$133,544	Sabeski Lynne M	\$488,130	Seifer Colette M	\$467,808
Rhoma Salahalde	\$864,997	Sadeddin Rola	\$74,780	Seitz Andrew R	\$276,538
Rice Patrick	\$244,627	Saeed Mahwash F	\$123,376	Selaman Mustafa H	\$134,926
Rich Alan D	\$209,535	Saffari Hamideh	\$249,469	Sellers Elizabeth	\$121,182
Richardson Cindy J	\$454,316	Sakla Mary S S	\$458,803	Semus Michael J	\$363,293
Riche Barry ³	\$667,283	Sala Tanya N	\$165,591	Sen Robin	\$200,453
Ridah Dekrayat	\$150,588	Salamon Elizabeth	\$889,667	Serletis Demitre	\$122,675
Rigatto Claudio ³	\$599,066	Salem Fayez	\$644,089	Seshia Jyoti B	\$84,068
Ring Heather	\$501,361	Salib Wagdi W M	\$239,528	Sethi Krishan	\$228,752
Ringaert Ken	\$205,617	Saligheh Armita	\$106,585	Sethi Subash	\$268,315
Rist Jamie Lee	\$82,201	Salman Michael S	\$116,227	Sewell Gary	\$166,363
Ritchie Brian A	\$217,879	Saltel Marc E J	\$356,833	Sexton Laura A	\$183,854
Ritchie Janet	\$279,129	Salter Jennifer	\$270,072	Shah Bharat	\$343,414
Rivard Justin D	\$439,277	Salter-Oliver Belynda A	\$120,757	Shah Pallav J	\$616,923
Rizk Abdalla M	\$325,248	Sam Angela	\$948,409	Shah Syed A A	\$124,843
Roberts Janet R	\$267,802	Sam Diana	\$225,032	Shahzad Seema	\$503,792
Roberts Kris A	\$206,273	Samborski Cory	\$103,367	Shaikh Nasir	\$565,720
Robillard Susan C	\$228,351	Sami Sahar	\$257,115	Shaker Marian	\$757,290
Robinson C Corrine	\$301,537	Samoil Mary F S	\$314,725	Shane Marvin	\$446,105
Robinson Christine	\$386,577	Samuels Lewis	\$528,064	Shanti Mohammad	\$217,932
Robinson David B	\$302,421	Sanders Robert W	\$76,691	Shapiro Sean M	\$70,640
Robinson Debbie J	\$640,573	Sandhu Kernjeet	\$288,486	Shariati Majid	\$503,073
Robinson Gillian	\$100,099	Sandhu Soneet	\$96,718	Shariff Tahara J	\$286,023
Robinson James	\$597,921	Sandhu Sukhbir S	\$446,491	Sharkey James B	\$476,120
Robinson Wesley K	\$362,511	Santdasani Sanjay K	\$335,548	Sharkey Rowan D	\$87,020
Rocha Guillermo	\$1,314,728	Santos Sylvia	\$140,698	Sharma Aditya	\$381,375
Roche Gavin	\$344,693	Saper Jonathan	\$206,904	Sharma Anish	\$133,479
Rodd Celia J	\$123,712	Saran Kanwal D	\$158,158	Sharma Savita	\$79,158
Rodriguez Leyva Delfin	\$670,619	Saranchuk Jeffery W	\$494,100	Shatsky Morley	\$530,618
Rodriguez Marre Ildegul	\$351,025	Sareen Jitender	\$102,959	Shawyer Anna C	\$89,348
Roe Bruce E	\$124,542	Sareen Sanjay	\$411,352	Shell Melanie	\$289,834
Roets Willem G	\$290,928	Sarlas Evangelos	\$209,887	Shelton Nadine H	\$50,624
Rogozinska Ludwika	\$348,006	Sas Alyson P	\$95,475	Shelton Paul A	\$198,900
Rohald Pam	\$502,634	Sasse Sara G	\$264,938	Shenoda Kamal L M	\$417,806
Rolls Rodney E	\$73,572	Sathianathan Christie	\$814,828	Shenouda Mervat	\$358,509
Roman Manal	\$438,640	Saunders Kevin	\$253,305	Shenouda Phebe F S	\$313,547
Roman Nader	\$406,761	Savage Bonita	\$262,360	Shepertycky Martha R	\$626,544
Ronald Suzanne D	\$305,129	Sawchuk Jason P	\$62,840	Sheps Daniel J	\$235,354
Rondeau Jocelyne	\$110,904	Sawyer Jeremy A	\$379,760	Sheps Michael D	\$932,404
Rosario Rosa	\$141,095	Sawyer Scott K	\$127,896	Sherbo Ehren	\$132,926
Rosenblat Kara	\$74,314	Scatliff Robert M	\$301,928	Shiffman Frank H	\$481,892
Rosenthal Peter	\$229,933	Schacter Brent A	\$87,807	Shokri Mohammad	\$560,878
Rosner Bruce	\$76,252	Schacter Gasha I	\$249,976	Shoukry Sahar	\$233,845
Ross F Kath	\$246,908	Schaeffer D	\$75,117	Shuckett Paul	\$319,197
Ross Frederick	\$69,375	Schaffer Stephen A	\$121,803	Shumsky David	\$127,405
Ross James F	\$824,761	Schantz Daryl	\$226,823	Shunmugam Ravendren	\$1,328,375
Ross Jay J	\$76,984	Schellenberg John D	\$263,152	Sickert Helga G	\$184,279
Ross Lonny L	\$346,903	Schellenberg Kerri L	\$71,816	Sidarous Amal M	\$529,815
Ross Timothy K	\$381,174	Schellenberg William C	\$149,981	Siddiqui Faisal S	\$262,423
Rothova Anna	\$392,375	Scherle Kurt	\$55,423	Siddiqui Issar	\$224,289
Roussin Brent C	\$379,448	Schifke Bret K	\$260,250	Sidhom Cherine R	\$594,128
Roux Jan G	\$313,980	Schifke William G	\$232,596	Sidhu Gurveen K	\$179,326
Rowe Richard C	\$255,560	Schledewitz I L	\$59,072	Sidra Geroges Maged E	\$272,864
Roy Danielle	\$402,678	Schmidt Brian J	\$226,995	Sigurdson Eric	\$161,201
Roy Maurice J	\$236,188	Schmidt Daphne	\$74,937	Sigurdson Leif John	\$1,043,738
Ruddock Deanne L	\$294,054	Schneider Carol E	\$304,039	Sikora Felix J	\$370,544
Rumbolt Brian R	\$371,420	Schneider Christoph	\$754,436	Silagy Stewart	\$787,234
Rusen Jack B	\$269,026	Schoeman Adi Mari	\$55,379	Silha Josef	\$1,482,633
Rusen Sara M	\$80,017	Schroeder Alvin N	\$338,660	Silhova Dasa	\$179,803
Rush David N	\$184,821	Schur Natalie K	\$442,697	Silvaggio Joseph	\$140,786
Russell Samantha	\$357,402	Schutt Vivian A	\$324,670	Silver Carla D	\$298,715
Rust Gordon	\$96,691	Schwartz Ilan	\$86,445	Silver Norman A	\$402,164
Rust Len	\$165,563	Schwartz Leonard D	\$425,351	Silver Shane	\$2,134,220
Rutherford Maegan M	\$89,162	Scott Jason	\$625,814	Silverman Richard E	\$263,057
Rutherford Peter	\$59,242	Scott Kristen	\$213,445	Simard-Chiu Leslie A	\$165,580

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Simm James F	\$347,308	Stitz Marshall	\$442,497	Thomson Brent R J	\$114,993
Simons Frances E	\$90,526	Stockl Frank A	\$2,164,041	Thomson Glen T D	\$295,446
Simonsen J Neil	\$158,122	Stoffman Jayson M	\$89,308	Thorlakson Derek	\$211,002
Simonson Don W	\$137,896	Storoschuk Gregory W	\$293,561	Thorlakson Ian J	\$68,882
Sin Tra	\$220,409	Storsley Leroy J	\$698,477	Thorleifson Mullein D	\$523,368
Singal Rohit K	\$360,113	Stoski Roxann M ²	\$503,564	Thwala Andrea B	\$274,117
Singer Marilyn	\$107,365	Strang David G	\$73,415	Timmerman Daniel	\$95,372
Singh Amarjit	\$234,132	Stranges Gregory A	\$413,754	Tischenko Alexander	\$518,592
Singh Gurbalbir	\$554,549	Strank Roydan K	\$382,902	Tissera Ponsuge A	\$906,423
Singh Harminder	\$457,921	Stroescu Daniela V	\$323,295	Tisseverasinghe Annaliese	\$143,691
Singh Neal	\$112,745	Stroh Gregory	\$74,656	Todary Fahmy Yvette	\$281,388
Singh Ramandip	\$190,994	Strong James E	\$58,872	Toews Karen A	\$427,264
Singh Renate G	\$262,479	Stronger Lyle	\$318,649	Toews Matthew E	\$249,062
Singh Ricky D	\$552,347	Strumpher Johann	\$410,522	Tole Gerald D	\$66,853
Singh Robinder	\$77,170	Strzelczyk Jacek ²	\$2,697,445	Toleva Olga I	\$970,337
Singh Shirin	\$172,471	Sud Anil K	\$694,678	Tomy Kerri	\$204,414
Singh Tajinder	\$326,492	Suderman Josiah L	\$114,514	Toole John W P	\$585,998
Singh-Enns Sonia	\$94,146	Sudigala Sushma	\$79,163	Torri Vamsee K	\$165,753
Sinha Meera	\$269,764	Sullivan Michael	\$70,686	Townsend Benjamin	\$71,777
Sinha Sachchida	\$493,004	Sultana Rokhsana	\$53,632	Tran Cuc P	\$465,725
Sivananthan Kamalanay	\$522,714	Suski Lisa	\$54,302	Tran Victor	\$115,451
Skakum Kurt K	\$182,956	Suss Roger	\$63,455	Treki Ibrahim M	\$111,104
Skead Lennard	\$603,996	Susser Moses M	\$191,625	Trepel Simon	\$111,590
Skinner James T	\$70,806	Sutherland Donna E	\$348,896	Trinh Hang	\$173,452
Skrabek Pamela J	\$176,416	Sutherland Eric N	\$547,030	Tsang Dominic	\$404,265
Skrabek Ryan Q	\$706,960	Sutherland Ian Scott	\$331,457	Tsang James F	\$709,968
Sloan Gary W	\$199,300	Sutherland Ian Scott	\$331,457	Tsang Mae Tina	\$233,948
Slutchuk Marvin	\$244,851	Sutherland James G	\$278,065	Tsang Susan T	\$57,641
Smal Samuel J	\$302,373	Sutherland John B ⁴	\$295,880	Tse Wai Ching	\$128,379
Small Elizabeth	\$728,181	Sutter Joan A	\$112,343	Tsuyuki Sean H ²	\$2,056,249
Small Luke	\$92,375	Sutton Ian R	\$564,132	Tufescu Ted	\$627,257
Smil Eva	\$271,761	Swain Kristina	\$212,982	Tulloch Brownel H V	\$232,721
Smith Catherine	\$228,613	Swartz Jo S	\$108,655	Tung Taranjit	\$221,966
Smith John R M	\$113,443	Swenarchuk Gregory	\$74,778	Tunovic Edin	\$337,180
Smith Louis F	\$678,692	Symchych Mark	\$69,164	Turabian B Michael	\$543,851
Smith Riley	\$208,387	Szajkowski Stanley	\$87,302	Turgeon Thomas	\$442,528
Smith Robert G	\$206,785	Szajkowski Terrence	\$291,570	Turner Blaire D	\$290,298
Smith Roy W	\$248,733	Szawjcer David ¹	\$130,261	Turner David R	\$92,379
Smith Shannon	\$145,521	T Jong Geert W	\$175,124	Turner Robert B	\$588,324
Sneath Jason	\$1,609,555	Tadrous Jacquelin	\$217,706	Turner Trent	\$171,428
Snovida Liubov	\$274,076	Tagin Mohamed A	\$86,827	Turner Trent	\$171,428
Sochocki Michael P	\$415,438	Tam James W	\$623,602	Ungarian Jillian	\$209,508
Sodhi Vijay K	\$591,967	Tamayo Mendoza J A	\$457,427	Unger Jason B A	\$227,968
Soile Adeseye A	\$84,271	Tan Edward	\$358,722	Utoko Pawel	\$213,341
Soliman Ayman S M	\$122,268	Tan Lawrence	\$537,708	Uwabor Wisdom O	\$486,572
Soliman Magdi F L	\$760,772	Tan Stephanie	\$149,325	Uys Tharina	\$354,088
Sommer Hillel M	\$350,218	Tangri Navdeep	\$376,477	Uzwshyn Mira	\$129,247
Soni Anita	\$552,112	Tanner Karen L	\$84,626	Van Royce	\$270,342
Soni Nandini R	\$338,969	Tapper Jason A	\$674,783	Van Alstyne Murray	\$476,005
Sookermany Natasha	\$72,312	Taraska Victoria	\$764,254	Van Ameyde Kenneth J	\$232,912
Sookhoo Siuchan	\$945,906	Taraska Vincent A	\$868,216	Van Amstel Leanne L	\$419,646
Speer Margaret	\$302,230	Targownik Laura E	\$339,960	Van Caesele Paul G ¹	\$62,402
Speirs Robert	\$50,409	Tariq Muhammad	\$327,124	Van Dam Averl	\$124,086
Srinathan Sadeesh K	\$357,337	Tassi Hisham	\$189,814	Van De Velde Rochelle	\$340,259
St Goddard Jennifer	\$270,300	Tawadros Elrahe G S	\$477,622	Van Den Heever Jesaja W	\$592,185
St John Philip D	\$351,036	Tawfik Viola L	\$306,423	Van Der Byl Gwynneth	\$223,013
St Vincent Anthony	\$310,463	Taylor Hugh R	\$633,437	Van Der Zweep John	\$656,604
Stanko Lorraine	\$532,511	Taylor Perry D	\$76,992	Van Ineveld Cornelia	\$152,028
Stefanyshen Grant S	\$119,373	Taylor Susan N	\$662,456	Van Jaarsveldt Werner	\$465,080
Steigerwald Sarah	\$184,423	Tegg Tyler	\$329,321	Van Niekerk Etienne	\$281,285
Steinberg Robert J	\$253,510	Tenenbein Marshall	\$450,952	Van Rensburg C Janse	\$428,860
Stelzer Jose	\$308,848	Teo Swee L	\$276,377	Van Rensburg P D Janse	\$506,940
Stephensen Michael C	\$307,530	Theodore Gene M	\$279,769	Van Rooyen M Louis	\$601,547
Stern Sheryl	\$120,328	Therrien Daniel J	\$82,546	Vanderheyden Kara L	\$183,594
Stevenson Laurel E	\$199,821	Thess Bernard A	\$741,861	Vanderwert Ruwani T	\$261,667
Stewart Gregory B	\$66,865	Thiessen Richard J	\$54,365	Vattheuer Annabel	\$102,052
Stimpson Ross	\$85,328	Thille Suzanne M	\$439,967	Velthuysen Elsa E	\$62,711
Stitt Alan	\$67,651	Thomas Shawn T	\$382,338	Venditti Marcello	\$204,956
Stitt Gerald P	\$62,775	Thompson Elizabeth	\$384,297	Vendramelli Mark P	\$184,440
Stitt Robert L	\$100,999	Thompson Susan B	\$239,656	Venkatesan Nithya	\$224,937
		Thompson Thomas R	\$171,630	Venter Dirk J	\$127,572

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2017

Vergis Ashley	\$572,931	West Michael	\$229,857	Wong Stephen G	\$373,700
Verity Shawn D	\$296,525	Wettig Kara B	\$263,268	Wong Turnly	\$447,086
Verma Mradula R	\$528,963	Whetter Ian	\$53,194	Woo Casey	\$447,623
Vernon James	\$506,076	White Bruce K	\$499,940	Woo Nobby	\$766,002
Verrelli Mauro ³	\$524,891	White Graham	\$121,546	Woo Vincent C	\$781,479
Viallet Norbert R	\$430,215	White Sandra	\$124,454	Worden Tyler A	\$90,447
Vicari Denise	\$89,516	White Vaughn P	\$74,621	Wourms Vincent P	\$486,159
Vickar Eric L	\$333,635	Whittaker Danella	\$112,215	Wuerz Terence	\$276,274
Vignudo Silvia	\$167,539	Whittaker Elizabeth	\$268,533	Yaffe Clifford	\$613,644
Villeda Jose A	\$162,914	Wickert Wayne A	\$278,825	Yakub Abu M	\$227,350
Violago Francisco	\$174,717	Wicklrow Brandy A	\$115,244	Yale Robert	\$124,764
Vipulanathan Manohary	\$539,827	Widdifield Hillary E	\$108,106	Yamamoto Kenneth	\$361,564
Vipulanathan V	\$590,312	Wiebe Chris J	\$130,750	Yamashita Michael	\$325,928
Visch Shawn H R	\$206,632	Wiebe Ghita A	\$193,740	Yamsuan Marlen	\$211,143
Visser Gerhardt	\$513,144	Wiebe Kevin	\$127,812	Yankovsky Alexei	\$383,647
Vivian Mark A ²	\$794,278	Wiebe Kim L	\$63,947	Yeung Clement	\$370,787
Vlok Nicolaas	\$403,327	Wiebe Sandra	\$314,409	Ying Stephen M	\$1,056,595
Vo Minh	\$347,394	Wiebe Tannis H	\$344,950	Yip Benson	\$434,485
Vorster Alewyn P	\$85,703	Wiens Anthony V	\$531,700	Young Brent C	\$201,121
Vosoughi Reza	\$279,623	Wiens James J	\$640,275	Young Jeanne	\$206,027
Vosters Nicole K	\$226,278	Wiens John L	\$172,672	Young R Shawn	\$419,056
Vuksanovic Milos V M	\$544,771	Wiesenthal Benjamin	\$145,555	Yu Adelicia	\$732,899
Wadhwa Vikram S	\$539,334	Willelse Pieter	\$761,387	Yuoness Salem A ⁴	\$994,067
Wahba Hanna Talaat W	\$601,427	William Nihad	\$133,521	Zabolotny Brent P	\$394,715
Wakeman M Stewart	\$93,734	Williams Owen R T	\$369,127	Zacharias James ³	\$680,230
Waldman Jeffrey C	\$255,143	Williamson D	\$123,787	Zaharia Mark	\$65,013
Walky Andrew	\$108,447	Williamson Kelvin W	\$612,645	Zahiri Majid	\$61,117
Wallace Sharon E	\$409,693	Willows Jim R	\$534,219	Zaki Amel E	\$351,942
Walters Justin J ³	\$883,343	Wilson Gregory P	\$443,764	Zaki Magdy F	\$571,343
Walters Leslea A	\$366,267	Wilson Murray ²	\$1,984,520	Zarrabian Mohammad	\$263,115
Warden Sarah K	\$96,378	Winistok William	\$82,888	Zeiler Fred	\$769,234
Warkentin Ray	\$411,922	Winning Kyle J	\$461,595	Zetaruk Merrilee	\$73,506
Warnakulasooriy Riviraj	\$75,382	Winogrodzka Christina	\$332,527	Zhang Jason J	\$77,963
Warrack Christoph	\$144,511	Winogrodzki Arthur	\$196,625	Ziada Mohammed	\$57,009
Warraich Naseer	\$353,196	Winzoski T	\$71,184	Ziaei Saba Shahnaz	\$439,152
Warraich Navroop	\$81,113	Wirch M Faye	\$226,848	Zieroth Shelley R	\$167,026
Warrlian R Keith	\$179,198	Wirtzfeld Debrah	\$334,454	Ziesmann Manfred	\$977,237
Warrington Richard	\$305,966	Wiseman Marni C	\$1,527,723	Zimmer Kenneth W	\$435,928
Wasef Mervat S	\$319,599	Wiseman Nathan	\$251,386	Zimmer Leanne	\$119,705
Wasef Nagy S	\$271,382	Woelk Cornelius	\$269,577	Ziomek Anna M	\$279,985
Watters Timothy	\$203,213	Wolfe Kevin B	\$623,931	Zohrab-Beik Amir	\$436,268
Waye Leon R L	\$132,011	Wolfe Scott A	\$494,691	Zoppa Robert	\$610,680
Weihls Ronald	\$88,814	Wong Clint S	\$621,872		
Weiss Andrew D	\$264,807	Wong Harley	\$303,143		
Werier Jonathan	\$415,589	Wong Ralph P W	\$491,964		

Explanatory Notes:

- (1) *Director of a private laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See pages 123-124 for list of facilities).*
- (2) *Director of a private radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See pages 124-126 for list of facilities).*
- (3) *Billings for dialysis services representing the work of more than one physician. (See page 126 for list of facilities).*
- (4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 127 for list of facilities).*
- (5) *Denotes two separate physicians with same first and last names.*

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2017

Laboratory Directors and Facilities

Kabani Amin M

Altona Community Memorial Health Centre
Arborg & District Health Centre
Beausejour Health Centre
Bethesda Hospital - Steinbach
Boissevain Health Centre
Boundary Trails Health Centre - Winkler
Carberry and District Health Centre
Carman Memorial Hospital
Churchill Health Centre
Concordia Hospital
Dauphin Regional Health Centre
Deloraine Health Centre
DeSalaberry District Health Centre - St. Pierre-Jolys
E. M. Crowe Hospital - Eriksdale
Erickson District Health Centre
Flin Flon General Hospital
Gillam Hospital
Glenboro Health Centre
Grace General Hospital
Grandview District Hospital
Hamiota District Health Centre
Health Sciences Centre
Hunter Memorial Hospital - Teulon
Johnson Memorial Hospital - Gimli
Lakeshore General Hospital - Ashern
Leaf Rapids Health Centre
Lorne Memorial Hospital - Swan Lake
Lynn Lake Hospital
Melita Health Centre
Minnedosa Health Centre
Misericordia Health Centre
Morris Hospital
Neepawa Hospital
Notre Dame Hospital
Pinawa Hospital
Pine Falls Health Complex
Portage District General Hospital
Riverdale Health Centre - Rivers
Roblin District Health Centre
Rock Lake Health District Hospital - Crystal City
Russell Health Centre
Selkirk & District General Hospital
Seven Oaks General Hospital
Seven Regions Health Centre - Gladstone
Shoal Lake Strathclair Health Centre
Snow Lake Hospital
Souris Hospital
St. Boniface Hospital
Ste. Anne Hospital
Ste. Rose District Hospital
Stonewall and District Health Centre
Swan Valley Health Centre - Swan River

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2017

	The Pas Health Complex
	Thompson General Hospital
	Tiger Hills Health Centre-Treherne
	Tri-Lake Health Centre-Killarney
	Victoria General Hospital
	Virden Health Centre
	Vita & District Health Centre
	Wawanesa Health Centre
	Westman Regional Laboratory Services Inc.
Naidoo Jenisa	Dynacare (830 King Edward Street)
	Dynacare (790 Sherbrook Street)
	Dynacare (30 Lakewood Boulevard)
Naidoo Shireen P	Ucity Laboratory Services (2200 McPhillips)
	Ucity Laboratory Services (2385 Pembina)
	Ucity Laboratory Services (1020 Lorimer)
	Ucity Laboratory Services (1210 Rothesay Street)
	Ucity Laboratory Services (200 Goulet Street)
	Ucity Laboratory Services (208 Regent Avenue)
	Ucity Laboratory Services (3360 Roblin Blvd)
	Ucity Laboratory Services (343 Tache Avenue)
	Ucity Laboratory Services (355 Ellice Avenue)
	Ucity Laboratory Services (31-First Street, Beausejour, Manitoba)
Ponnampalam Arjuna	CancerCare Manitoba - Hematology Laboratory
Szwajcer David	CancerCare Manitoba - Histocompatibility (HLA)
	CancerCare Manitoba - Cellular Therapy Lab
Van Caesele Paul	Cadham Provincial Laboratory

Radiology Directors and Facilities

Avila Flores Francisco	Brandon Regional Health Centre
	Grandview District Hospital
	Hamiota District Health Centre
	Minnedosa Health Centre
	Neepawa Hospital
	Riverdale Health Centre - Rivers
	Roblin District Health Centre
	Russell Health Centre
	Shoal Lake Strathclair Health Centre
	Ste. Rose District Hospital
	Swan Valley Health Centre - Swan River
Bunge Martin K	Health Sciences Centre- Children's Hospital
	Pritchard Farm X-ray Clinic
	Rothesay X-ray Clinic
	Transcona X-ray Clinic
Cassano-Bailey Alessandr	Seven Oaks General Hospital
Dashefsky Sidney M	Health Sciences Centre
Davidson J Michael	Legacy X-ray Clinic
	Manitoba X-ray Clinic (Concordia)
	Pan Am (WRHA)-Pain Clinic
	Pan Am Clinic (WRHA)-MRI
	Pan Am Clinic- Investors Group Field Location

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2017

Eaglesham Hugh	Pan Am Clinic- MTS Centre location Pan Am Clinic X-ray Pan Am(WRHA)-Operating Room Seven Oaks X-ray Clinic Assiniboine Clinic X-Ray Lakewood Medical Centre Meadowood X-ray Clinic Unicity Laboratory Services SL (1020 Lorimer Boulevard) Unicity Laboratory Services SL (355 Ellice Avenue) Unicity X-ray (Roblin) Winnipeg Clinic
Essig Marco Fung Harold	Health Sciences Centre Boissevain Health Centre Brandon Regional Health Centre Carberry and District Health Centre Deloraine Health Centre Glenboro Health Centre Melita Health Centre Souris Hospital Tiger Hills Health Centre-Treherne Tri-Lake Health Centre-Killarney Virden Health Centre Wawanesa Health Centre
Goubran Ashraf W Hardy Brian	St. Boniface Hospital Health Sciences Centre Prota Clinic Inc
Harrison Wayne D	Brandon Clinic Medical Corporation Clement Block Laboratory and X-ray Services C.W. Wiebe Medical Centre
Jacob Mary V Lindsay Daniel J	Arborg & District Health Centre Beausejour Health Centre Churchill Health Centre Dauphin Regional Health Centre E. M. Crowe Hospital - Eriksdale Flin Flon General Hospital Gillam Hospital Hunter Memorial Hospital - Teulon Johnson Memorial Hospital - Gimli Lac du Bonnet District Health Centre Lakeshore General Hospital - Ashern Lynn Lake Hospital Pinawa Hospital Pine Falls Health Complex Selkirk & District General Hospital Snow Lake Hospital Stonewall & District Health Centre The Pas Health Complex Thompson General Hospital
Lloyd Robert L	Altona Community Memorial Health Centre Bethesda Hospital - Steinbach Boundary Trails Health Centre - Winkler Carman Memorial Hospital DeSalaberry District Health Centre - St. Pierre-Jolys

**Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act**

Schedule of Payments for Fiscal Year Ended March 31, 2017

Lyons Edward A	Lorne Memorial Hospital - Swan Lake
Marantz Jeffrey	Morris Hospital
	Notre Dame Hospital
	Portage District General Hospital
	Rock Lake Health District Hospital - Crystal City
	Seven Regions Health Centre - Gladstone
	Ste. Anne Hospital
	Vita & District Health Centre
	Maples Surgical Centre
	Health Sciences Centre
	Manitoba Clinic
	Mount Carmel Clinic
Martens M Dawn	Radiology Consultants of Winnipeg LTD (Grant)
	Radiology Consultants of Winnipeg Medical Corporation (Main St)
	Radiology Consultants of Winnipeg Medical Corporation (Pembina)
Maycher Bruce W	St. Boniface Hospital
McClarty Blake M	St. Boniface Hospital
McGinn Greg	Manitoba X-ray Clinic (Tache)
McPhee Lisa C	Manitoba X-ray Clinic (Henderson)
	Manitoba X-ray Clinic (Portage)
Mottola Jeffrey C	Health Sciences Centre
	WRHA MRI Clinic
Stoski Roxann M	Concordia Hospital
Strzelczyk Jacek	Deer Lodge Centre
	Grace General Hospital
	St. Amant Centre
Tsuyuki Sean H	Misericordia Health Centre
	Riverview Health Centre
	Tache Facilities Limited
Vivian Mark A	Victoria General Hospital
Wilson Murray	Breast Health Centre
	BreastCheck-CancerCare MB (Brandon)
	BreastCheck-CancerCare MB (Wpg)
	Max Clinic LTD

Dialysis Directors and Facilities

Allan Donald R	Sherbrook Centre Dialysis Unit
Armstrong Sean	SOGH Renal Program
Bueti Giuseppe	HSC Renal Program
Komenda Paul V J	SOGH Home Hemodialysis
Lam Herman P	HSC Central Dialysis Unit
Riche Barry	BHRC Renal Health Program
Rigatto Claudio	Section Head, Section of Nephrology, UofM
Verrelli Mauro	SBH Renal Program
	SBH Peritoneal Dialysis
Walters Justin J	SBH Hemodialysis
Zacharias James	HSC Home Hemodialysis
	Manitoba Local Centres Dialysis Units

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2017

Nuclear Medicine Directors and Facilities

Demeter Sandor
Dupont J O
Greenberg I David
Leslie William

Levin Daniel P
Sutherland John
Yuoness Salem A

Health Sciences Centre
Nuclear Management Company Limited
Seven Oaks General Hospital
St. Boniface Hospital
Victoria General Hospital
Grace General Hospital
Nuclear Management Company Limited
Brandon Regional Health Centre

APPENDIX I – SUMMARY OF STATUTES RESPONSIBILITY

MINISTER OF HEALTH, SENIORS AND ACTIVE LIVING

THE ADDICTIONS FOUNDATION ACT (A60)

- ◆ Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.

THE ANATOMY ACT (A80)

- ◆ Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- ◆ Sets out who is entitled to claim a body.
- ◆ Regulates what can and cannot be done with bodies that are not claimed.

THE CANCERCARE MANITOBA ACT (C20)

- ◆ Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

THE CAREGIVER RECOGNITION ACT (C 24)

The purposes of this Act are:

- ◆ to increase recognition and awareness of caregivers;
- ◆ to acknowledge the valuable contribution they make to society; and
- ◆ to help guide the development of a framework for caregiver recognition and caregiver supports.

THE CHIROPRACTIC ACT (C100)

- ◆ Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

THE MANITOBA COUNCIL ON AGING ACT (c233)

- ◆ The council provides advice to government on matters relating to the aging process and the needs of seniors. It also promotes public understanding about the aging process.

THE DEFIBRILLATOR PUBLIC ACCESS ACT (D22)

- ◆ Allows the designation of public premises required to install publicly accessible defibrillators and establishment of requirements for the testing and maintenance of defibrillators in public premises by the Lieutenant Governor in Council.
- ◆ Requires the registration of defibrillators installed in public premises in a registry including their location and notification by the registrar of emergency 911 response services of the location of registered defibrillators.

THE DENTAL ASSOCIATION ACT (D30)

- ◆ Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

THE DENTAL HEALTH WORKERS ACT (D31)

- ◆ Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

THE DENTAL HEALTH SERVICES ACT (D33)

- ◆ Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

THE DENTAL HYGIENISTS ACT (D34)

- ◆ Authorizes the College of Dental Hygienists to regulate Dental Hygienists.

THE DENTURISTS ACT (D35)

- ◆ Authorizes The Denturists Association to regulate denturists in Manitoba.

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)

(Except with respect to elderly persons' housing units as defined in the Act)

- ◆ Governs the establishment of housing accommodation for the elderly or infirm.

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)

- ◆ Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

THE HEALTH ADMINISTRATION ACT (H20)

- ◆ Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- ◆ Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)

- ◆ Governs the establishment and operation of health and social services districts.
- ◆ No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH CARE DIRECTIVES ACT (H27)

- ◆ Recognizes that mentally capable individuals have the right to consent or refuse to consent to medical treatment even after they are no longer able to participate in decisions respecting their medical treatment.

THE HEALTH SERVICES ACT (H30)

- ◆ Governs the establishment and operation of hospital districts.
- ◆ No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES INSURANCE ACT (H35)

- ◆ Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

THE HEARING AID ACT (H38)

- ◆ Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

THE HOSPITALS ACT (H120)

- ◆ Relates to the operation of hospitals except for private hospitals.

THE HUMAN TISSUE GIFT ACT (H180)

- ◆ Regulates organ and tissue donations in Manitoba.
- ◆ Designates “human tissue gift agencies” that are to be notified when a person has died or is about to die.

THE LICENSED PRACTICAL NURSES ACT (L125)

- ◆ Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

THE MEDICAL ACT (M90)

- ◆ Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)

- ◆ Requires the payment of dues by members and non-members of the Manitoba Medical Association.

THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)

- ◆ Authorizes the College of Medical Laboratory Technologists to regulate Medical Laboratory Technologists.

THE MENTAL HEALTH ACT (M110)

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))

- ◆ Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- ◆ Governs the appointment and powers of Committees for persons who are not mentally competent.

THE MIDWIFERY ACT (M125)

- ◆ Authorizes the College of Midwives of Manitoba to regulate midwives.

THE NATUROPATHIC ACT (N 80)

- ◆ Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

THE NON-SMOKERS HEALTH PROTECTION ACT (N92)

- ◆ Prohibits the sale of tobacco products to children under the age of 18.
- ◆ Prohibits smoking in enclosed public places and prohibits smoking in indoor workplaces where the province has clear jurisdiction subject to certain exceptions.
- ◆ Restricts the advertising and display of tobacco and tobacco related products.

THE OCCUPATIONAL THERAPISTS ACT (O5)

- ◆ Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

THE OCCUPIERS' LIABILITY ACT (O8)
[Section 9.1]

- ◆ Allows the Minister to designate by regulation non-profit organizations that may mark land as a recreational trail.

THE OPTICIANS ACT (O60)

- ◆ Authorizes The Opticians of Manitoba to regulate opticians.

THE OPTOMETRY ACT (070)

- ◆ Authorizes the Manitoba Association of Optometrists to regulate optometrists.

THE PERSONAL HEALTH INFORMATION ACT (P33.5)

- ◆ Protects personal health information in the health system in Manitoba.
- ◆ Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

THE PHARMACEUTICAL ACT (P60)

- ◆ Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- ◆ Allows for the establishment and maintenance of a provincial drug formulary.

THE PHYSIOTHERAPISTS ACT (P65)

- ◆ Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

THE PODIATRISTS ACT (P93)

- ◆ Defines the practice of podiatry and provides for the regulation of the profession.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)

- ◆ Governs the operation and administration of the provincial drug benefit program.

THE PRIVATE HOSPITALS ACT (P130)

- ◆ Governs the licensing and operation of private hospitals.
- ◆ There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)

- ◆ Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- ◆ Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- ◆ Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

THE PSYCHOLOGISTS REGISTRATION ACT (P190)

- ◆ Authorizes the Psychological Association of Manitoba to regulate psychologists.

THE PUBLIC HEALTH ACT(P210)**

- ◆ Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

** (Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Tourism, Culture, Heritage, Sport and Consumer Protection)

THE RADIATION PROTECTION ACT (R5) (unproclaimed)

- ◆ Regulates the installation, operation and maintenance of equipment that emits or detects ionizing radiation and permits authorized persons to apply ionizing radiation; and minimizes unnecessary exposure to ionizing radiation and the risk of overexposure

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- ◆ Governs the administration and operation of regional health authorities.

THE REGISTERED DIETITIANS ACT (R39)

- ◆ Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

THE REGISTERED NURSES ACT (R40)

- ◆ Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- ◆ Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- ◆ Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

THE REGULATED HEALTH PROFESSIONS ACT (R117)

- ◆ Currently, there are 20 statutes dealing with different health professions. The RHPA will replace these statutes and bring all regulated health professions under one umbrella act.

**THE SANATORIUM BOARD OF MANITOBA
ACT (S12)**

- ◆ Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

THE TERRY FOX LEGACY ACT (T45)

- ◆ This Act proclaims the first Monday in August of each year as Terry Fox Day and the second Sunday after Labour Day of each year as Terry Fox Run Day.

**THE TESTING OF BODILY FLUIDS AND
DISCLOSURE ACT (T55)**

- ◆ This Act enables specified persons as listed below, who have come into contact with a bodily fluid of another person to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases. Victims of crime, good Samaritans, firefighters, emergency medical response technicians and peace officers may apply for an order as well as any other person involved in an activity or circumstance prescribed by regulation.

**THE TOBACCO DAMAGES AND HEALTH
CARE COSTS RECOVERY ACT (T70)**

- ◆ Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

**THE UNIVERSAL NEWBORN HEARING
SCREENING ACT (U38)**

- ◆ This Act ensures that parents or guardians of a newborn infant are offered the opportunity to have the infant screened for hearing loss.

**THE YOUTH DRUG STABILIZATION
(SUPPORT FOR PARENTS) ACT (Y50)**

- ◆ Assists parents to deal with a child who has a serious drug problem. They can apply to have the young person taken to a safe and secure facility for up to seven days, where his or her condition will be assessed and stabilized, and a plan for treating the drug abuse will be developed.

APPENDIX II

LEGISLATIVE AMENDMENTS IN 2016 - 2017

A number of health statutes and regulations were amended, enacted or proclaimed in 2016/2017:

The Mental Health Amendment Act received Royal Assent on June 30, 2016. Upon proclamation, the Amendment Act will permit police officers to transfer custody of individuals they bring in for an involuntary assessment under the Mental Health Act to a “qualified” person. A qualified person will be defined in The Mental Health Act to be a person holding a position designated by regulation or who has received training specified by regulation.

The Universal Newborn Hearing Screening Act came into force September 1, 2016. This Act ensures that parents or guardians of a newborn infant are offered the opportunity to have the infant screened for hearing loss.

REGULATIONS:

THE HEALTH SERVICES INSURANCE ACT

- **The Hospitals Services Insurance and Administration Regulation** was amended to adjust the amount of residential/authorized charges for individuals paneled for personal care home placement and chronic care patients in a hospital to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community.
- **The Personal Care Services Insurance and Administration Regulation** was amended to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community.

THE MENTAL HEALTH ACT

- **The Charges Payable by Long Term Care Patients Regulation** was amended to maintain consistency with the changes to the Personal Care Services Insurance and Administration Regulation and the Hospital Services Insurance and Administration Regulation under *The Health Services Insurance Act* in respect of residential/authorized charges.

THE PHARMACEUTICAL ACT

- **The Pharmaceutical Regulation** was amended respecting the vaccines that pharmacists may administer as part of the provincial immunization program, to add the tetanus and diphtheria vaccine to this list and to correct a spelling error; as well as to authorize pharmacists to prescribe a combination product of two ingredients that pharmacists are already authorized to prescribe: Clindamycin and benzoyl peroxide for the treatments of acne vulgaris.
- **The Manitoba Drug Interchangeability Formulary Regulation** was amended to repeal and replace the formulary as required to update it.

THE PUBLIC HEALTH ACT

- **The Food and Food Handling Establishments Regulation** was amended to update and clarify the safe handling requirements in relation to specific foods, including poultry and poultry products, precooked and frozen potentially hazardous foods and ground meats; and, to enable Public Health Inspectors to approve practices respecting the handling of specific foods that deviate from the requirements of the Regulation on a case by case basis under clear administrative policies.
- **The Reporting of Diseases and Conditions Regulation** was amended to require the reporting by laboratories of benign tumors of the brain and central nervous system.

THE REGIONAL HEALTH AUTHORITIES ACT

- **The Regional Health Authorities Boards of Directors Regulation** was amended to reflect the authority of the Minister to revoke the appointment of Directors appointed by the Minister; support the implementation of an open nomination process for Directors on RHA Boards; and set out that RHA Directors are to be appointed based on their knowledge, skills and experience and the needs of the RHA Boards.
- **The Regional Health Authorities Establishment Regulation** was amended to reduce the maximum number of Directors on the Board of each rural RHA from 15 to 12 and of the Winnipeg Regional Health Authority from 21 to 15.
- **The Regional Health Authorities General Regulation** was amended to provide that effective January 1, 2017 the maximum ambulance fee is the lesser of a maximum flat fee of \$475 or the basic loading fee charged as at December 31, 2016. It also prohibits surcharges for Manitoba residents of kilometer fees, basic and advanced life support fees, or non-resident of service area fees. As of April 1, 2017 it further reduced the maximum fee to the lesser of \$425 flat fee or the basic loading fee charged as of December 31, 2016.

THE UNIVERSAL NEWBORN HEARING SCREENING ACT

- **The Newborn Hearing Screening Regulation** is a new regulation which provides that when a regional health authority offers hearing screening services for newborns, the authority must do so in accordance with the Manitoba Universal Newborn Screening Protocol and Guidelines for Supervision of Newborn Hearing Screening Personnel developed by the Department and approved by the Minister of Health, Seniors and Active Living.
In addition, under the regulation:
 - (i) the newborn hearing screeners are required to perform one of the following hearing tests:
 - (a) automated otoacoustic emissions testing; or
 - (b) automated auditory brainstem response testing; and
 - (ii) midwives are authorized to perform the screening tests at facilities where at least 75 births occur each year if they have successfully completed the required education and training and comply with the above-noted Protocol and Guidelines and requirements of *The Midwifery Act*.

APPENDIX III – PERFORMANCE REPORTING

The following section provides information on key performance measures for the department for the 2016-17 reporting year. Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit <http://www.gov.mb.ca/finance/publications/performance.html>
Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

(A)	(B)	(C)	(D)	(E)	(F)
What is being measured and using what indicator?	Why is it important to measure this?	Where are we starting from (baseline measurement)?	What is the 2016/17 result or most recent available data?	What is the trend over time?	Targets, Timeframes, if applicable, and sources of information
Manitobans' access to cardiac surgery through the measurement of median wait times for cardiac bypass surgery by level of urgency.	Timely access to surgical services is important.	As of April 2007, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 5 days Level 2 (Semi-urgent): 11 days Level 3 (Elective): 31 days Overall, 97% of patients received their surgery within the benchmark.	In April 2016, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 6 days Level 2 (Semi-urgent): 15 days Level 3 (Elective): 35 days Overall, 100% of patients received their surgery within the benchmark.	All of the patients continue to receive their cardiac bypass surgery within the national benchmark.	Wait times are calculated based on patients who received surgery during the reporting period. The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-182 days for Level 3 (Elective). <i>Source:</i> Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/surgical/heart.html
Manitobans' access to radiation therapy for cancer through the measurement of median wait times for patients to commence	Timely access to treatment services is important.	The median wait time in April 2007 was 1 week for all cancer types. 93% of patients commenced their	In April 2016, the median wait time for all cancer types was 1.1 week. 100% of patients commenced their	The median wait time continues to be well within the National Benchmark for radiation therapy and all of the patients continue to commence	The National Benchmark and provincial guarantee for radiation therapy is 4 weeks. <i>Source:</i>

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2016/17 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
radiation therapy treatment.		radiation therapy within four weeks (provincial guarantee).	radiation therapy within four weeks (provincial guarantee).	their treatment within the provincial guarantee.	Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/cancer/radiation/index.html
Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	1979 rate: 140 deaths per 100,000 population 2009 rate: 29.3 deaths per 100,000 population	In 2014, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 22.3 deaths per 100,000 population	The AMI mortality rate has declined dramatically in Manitoba and Canada, from approximately 140 deaths per 100,000 in 1979 to 22.3 per 100,000 in 2014.	Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension. <i>Source:</i> Manitoba Health, Seniors and Active Living; Vital Statistics data.
Diabetes prevalence rate as measured by the age- and sex-adjusted proportion of residents, one year and older, living with diabetes.	Prevalence and mortality rates may reflect on the performance of the system with respect to management of diabetes.	1988/89 age- and sex-adjusted prevalence: 3.0% Age- and sex-adjusted prevalence per 100 Manitoba residents: 2004/2005 – 6.3 2005/2006 – 6.6 2006/2007 – 6.9 2007/2008 – 7.1 2008/2009 – 7.3 2009/2010 – 7.5 2010/2011 – 7.8 2011/2012 – 8.0 2012/2013 – 8.3	Age- and sex-adjusted prevalence per 100 Manitoba residents: 2013/2014 – 8.6 <i>Source:</i> Manitoba Health, Seniors and Active Living administrative data <i>*Notes:</i> - Diabetes prevalence rates were calculated using the Canadian Chronic Disease	An increase in prevalence is observed in almost all RHAs, Districts and Winnipeg sub-areas. Prevalence is particularly high in the North, and may be associated with both lower income and a higher proportion of Aboriginal peoples living in that region (MCHP RHA Atlas, 2013).	Better diagnosis and reporting may have resulted in increased incidence. Better education and care may have resulted in the observed increased prevalence.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2016/17 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
		Source: Manitoba Health, Seniors and Active Living administrative data.	Surveillance System (CCDSS) definition.		
<p>Telehealth: # Communities and end points (The higher number of end points indicate that some communities have more than one location equipped.)</p> <p>Utilization by category</p> <p>Utilization rates</p>	Shows the Province's ability to address access to care and education over geographically dispersed communities.	<p>2007/08 Clinical: 4,876 Education: 1,230 Administration: 738 Tele-visit: 33 Other: 248</p> <p>2004/05 4,369 Events</p>	<p>2015/16 Clinical: 21,387 Education: 2,632 Administration: 1,588 Tele-visit: 98 Other: 16</p> <p>2015/16 total utilization 25,721</p> <p>2015/16 total number of sites 166 sites and 317 endpoints</p>	<p>MBT predicts 10 sites to be added in the next fiscal year.</p> <p>Average Annual Growth from 2007/08 to 2015/16 fiscal years): Clinical: 20% Education: 12% Administration: 9% Tele-visit: 18% Other: 2%</p> <p>261% growth in # of events from 2007/08 (7,125) to 2015/16 (25,721)</p>	<p>MBTelehealth Fiscal Utilization Reports from 2003/04 to 2015/16</p> <p>(data accessible from 2006/07)</p> <ul style="list-style-type: none"> • 2006/07: 5,995 • 2007/08: 7,125 • 2008/09: 8,463 • 2009/10: 9,835 • 2010/11: 12,817 • 2011/12: 16,183 • 2012/13: 18,769 • 2013/14: 20,590 • 2014/15: 22,742 • 2015/16: 25,721

APPENDIX IV - The Public Interest Disclosure (Whistleblower Protection) Act

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

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

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

The following is a summary of disclosures received by Manitoba Health, Seniors and Active Living for fiscal year 2016-2017:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2016-2017
The number of disclosures received, and the number acted on and not acted on. <i>Subsection 18(2)(a)</i>	No disclosures were received.
The number of investigations commenced as a result of a disclosure. <i>Subsection 18(2)(b)</i>	No investigations commenced in 2016/17. There were no findings of wrongdoing under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. <i>Subsection 18(2)(c)</i>	No investigations commenced in 2016/17. There were no findings of wrongdoing under the Act.

APPENDIX V - SUSTAINABLE DEVELOPMENT

The Sustainable Development Act (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all departments in the Province of Manitoba in their efforts to attain this goal. For an activity to be sustainable, it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on the department's efforts toward sustainable development as defined under The Act, this Annual Report provides examples of the ongoing progress and accomplishments of Manitoba Health, Seniors and Active Living in incorporating the principles and guidelines of sustainable development. The chosen examples are not all-inclusive, and more detail related to the department's sustainable development activities can be found within each appropriation of the Annual Report.

PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

1. INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS

The department is dedicated to taking actions that foster the principles of integrating the environment and economics into the decision-making process, specifically in the areas of human health and social consequences.

HIGHLIGHTS:

Fee-For-Service/Insured Benefits: provides funding of core health services that are continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfers, out-of-province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.

Regional Policy and Programs: continues to monitor and measure the benefits of services to the public and reports on these activities to the Minister to facilitate decision-making and to ensure that long-term strategies and actions are effective. This division provides direction in northern, rural and urban areas of the province, as well as reporting on specific areas of service, such as patient safety, cardiac services, cancer care, palliative care, home care, long-term care and dialysis.

Provincial Nursing Stations: oversees cost-effective and quality health care to various northern communities through the management of community nursing stations.

Primary Health Care: supports executive management in planning and providing guidance to regional health authorities (RHAs) in implementing cost-effective primary health care initiatives to improve the health of Manitobans and access to services.

Selkirk Mental Health Centre: delivers compassionate, respectful and cost-effective inpatient treatment and rehabilitation services to all residents of Manitoba whose mental health needs cannot be met elsewhere in the health system.

2. STEWARDSHIP

The department is dedicated to implementing policies that facilitate decisions to all of the above elements of a sustainable stewardship. Stewardship is enacted by the minister who administers over 50 Acts. Each Act delegates its authority through regulations, policy development and indirectly through managerial direction to ensure that stewardship of our health system is upheld within standards outlined within the *Canada Health Act*, as well as provincial standards to ensure that the health of Manitobans is optimized. A sample of these acts is listed below. For more detail and information on all the acts that facilitate stewardship, please see the section "Summary of Statutes Responsibility."

HIGHLIGHTS:

The Regional Health Authorities Act: governs the administration and operation of RHAs.

The Personal Health Information Act: protects personal health information collected and used by the health system in Manitoba.

The Public Health Act: provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

The Health Services Insurance Act: governs the administration of the Manitoba Health Services Insurance Plan as it relates to the cost of hospital services, medical services, personal care services and other health services.

The Prescription Drugs Cost Assistance Act: governs the operation and administration of the provincial drug benefit program.

The Caregiver Recognition Act: governs the recognition and development framework for caregivers in Manitoba.

The Non-Smokers Health Protection Act: governs the protection of non-smokers' health.

3. SHARED RESPONSIBILITY AND UNDERSTANDING

The department continually collaborates with health authorities, inter-sectoral organizations, the federal government and stakeholders to better understand the views of others and to facilitate equitable management of our health system. To facilitate shared responsibility and understanding, the department directs its resources through specific units/branches that accommodate these activities in the health system.

HIGHLIGHTS:

Intergovernmental Strategic Relations: supports and promotes the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba. The Aboriginal and Northern Health Office works collaboratively with the federal government, other branches within the department, other provincial departments, RHAs and Aboriginal political/ territorial organizations. This Branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community.

Regional Policy and Programs: participates on RHA committees and maintains communication with all RHAs to ensure the department has an ongoing understanding of the issues and concerns throughout Manitoba.

Health Workforce Secretariat: works in partnership with RHAs, regulatory and professional bodies, the education sector and other stakeholders to support the linkage between health human resource planning and departmental policy. Activities undertaken include the planning, developing, implementing and monitoring of health human resource supply and strategies to address the demands in health service delivery.

Management Services: leads coordination of the department's work with health authorities on governance, health planning, risk management, performance management, and other accountability mechanisms.

4. PREVENTION

Prevention is at the forefront of Manitoba Health, Seniors and Active Living. The department has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health-related threats from impacting the general population. Ultimately, legislation is drafted, created or refined to ensure that prevention measures are in place to make the most positive impact to optimize the health and social well-being of Manitobans.

HIGHLIGHTS:

Active Living, Population and Public Health: influences the conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages.

Cadham Provincial Laboratory: provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced surveillance of infectious diseases to aid in outbreak identification and prevention. Also, state-of-the-art diagnostic testing for bacteria that are antibiotic resistant, toxin producing or cause food poisoning is done to improve infection control in hospitals, personal care homes and the community.

Public Health: provides health surveillance, analysis of public health threats and provides outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. Also, the branch integrates education into the continuum of diabetes prevention, care, research and support. The Public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders. The Chief Provincial Public Health Officer ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, Pandemic Influenza and Avian Influenza, are reviewed and updated. News releases are provided to the public in regard to public health warnings and prevention measures to be taken to lessen the risk of these threats.

Office of Disaster Management: continues to work with RHAs in implementing their disaster management programs. Incident management systems are in place to respond to a variety of emergencies and disasters throughout the province. The Emergency Response Management System has been developed to respond to large-scale health sector emergencies such as pandemic influenza.

Regional Policy and Programs: manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention include: integrated risk management; monitoring of personal care homes; internal disclosure of staff concerns; reporting of critical incidents; health authorities' guide to health services; and reporting significant changes to the Office of the Chief Medical Examiner.

5. CONSERVATION AND ENHANCEMENT

The department is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life and actions and decisions which foster conservation and enhancement of resources.

HIGHLIGHTS:

Health Infrastructure: continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements, such as Leadership in Energy and Environmental Design (LEED) certification for new construction and renovation projects.

Public Health: responds to chemical, microbiological and social public health issues. The Branch monitors and participates in a coordinated response to environmental health issues to Manitobans with a mandate for environmental health risk assessment, food protection, tobacco reduction and dental/oral health.

6. REHABILITATION AND RECLAMATION

The department is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves.

HIGHLIGHT:

Health Infrastructure: oversees infrastructure projects that support investment in state-of-the-art medical equipment, the development of new projects and rehabilitation of aging community facilities.

7. GLOBAL RESPONSIBILITY

The department continues to take actions that foster a global approach to decision making with the goal of identifying and preventing the occurrence of possible adverse effects.

HIGHLIGHTS:

Intergovernmental Strategic Relations: conducts negotiations on cooperative initiatives with pan-Canadian institutions and policy approaches, as well as advises leadership in the planning processes for the development of strategic priorities and directions for the health system.

Public Health: participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality. For example, this office assesses health risk and provides information on various health concerns, such as asbestos in vermiculite insulation.

8. EFFICIENT USE OF RESOURCES

Manitoba's health system accounts for a substantial proportion of the provincial budget and as public expectations on health care services keep rising, costs continue to rise and the sustainability of our publicly-funded system is strained. The department strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision makers.

HIGHLIGHTS:

Health Workforce Secretariat: operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the health authorities and the department's Regional and Capital Finance branch; and provides site orientation visits with participating health authorities.

Provincial Drug Programs: continues to look at efficiencies of the drug review process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.

Funding to Health Authorities: directs expenditures in an efficient and expedient manner. These funds are allocated to provincial-wide appropriations (as per this Annual Report) and to health authorities in accordance with targets established through the estimates process, health planning process, and ministerial direction.

Provincial Health Services: throughout the department, various units are tasked, in some cases along with third parties, to provide services to the public, such as: out-of-province hospital services; blood transfusion services; federal hospitals; ancillary services; healthy community's development; and the Nurses Recruitment and Retention Initiative.

Emergency Medical Services: provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program occurs, and evaluations of licensed emergency medical services, including vehicle, equipment and processes, are conducted.

9. PUBLIC PARTICIPATION

The department strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place, and that processes and procedures foster consensus decision-making approaches.

HIGHLIGHTS:

Legislative Unit: communicates and reviews feedback from stakeholders, including consultations with the public, in regard to many of the proposed amendments to the ministerial Acts.

Mental Health Review Board: hears appeals regarding specific aspects of the admission or treatment of a patient in a psychiatric facility.

Manitoba Health Appeal Board: receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the Minister, the health care community and the community at large.

The Protection for Persons in Care Office: serves as a resource for those working in health facilities, as well as anyone in the general public, who have a duty to report suspected abuse or the likelihood of abuse to the Protection for Persons in Care Office.

Intergovernmental Strategic Relations: ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province of Manitoba and the First Nations and Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern and/or remote communities in Manitoba and those people of Aboriginal descent.

French Language Services: provides availability and accessibility to service and material in French for the French-speaking population of Manitoba.

10. ACCESS TO INFORMATION

The department strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes departmental and provincial information more accessible to the public.

HIGHLIGHTS:

Legislative Unit: continues to provide information and formal presentations on *The Personal Health Information Act* to health information trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public, to assist them in understanding their rights and appeal processes.

Administration and Finance: prepares financial reports and documents such as Supplementary Information for Legislative Review, Quarterly Financial reports, and the Annual Report in accordance with legislative, Treasury Board and senior management requirements.

Health Infrastructure: continues development and maintenance of databases to support internal and third-party information requirements, as well as development of an eHealth infrastructure.

Information Management and Analytics: provides data sources for the department, the Ministers, RHAs and the public which is accessible internally or on the department's website. This includes managing the department's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.

11. INTEGRATED DECISION MAKING AND PLANNING

The department takes necessary measures to establish and amend decision-making and planning processes to make them more efficient and timely, as well as to address and account for inter-generational effects.

HIGHLIGHTS:

- Health System Sustainability is one of six priorities identified for health system planning for the department and broader health system.

Health Infrastructure: works collaboratively with outside agencies to successfully secure funding and manage information systems. This includes integration of decision and planning with multiple organizations to standardize data definitions with vendors and to support health system programs.

12. WASTE MINIMIZATION AND SUBSTITUTION

The department is committed to taking actions that promote the use of substitutes for scarce resources and to reduce, reuse, recycle or recover.

HIGHLIGHTS:

- Ongoing Blue-bin recycling program departmental sites. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff members are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and are recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to all network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic systems to minimize paper copies.

13. RESEARCH AND INNOVATION

The department is active in establishing programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability.

HIGHLIGHTS:

Information Management and Analytics: utilization of a digital dashboard within the department and updated monthly to provide the Ministers and senior management with up-to-date information on key areas such as wait times. Also, the Health Information Gateway, an internal intranet site, was expanded to facilitate department staff access to health publications and data.

Manitoba Centre for Health Policy: continues to provide funding for policy evaluation and research initiatives.

Public Health: continues educational sessions in a variety of settings related to life threatening infections and diseases.

Intergovernmental Strategic Relations: works in collaboration with Aboriginal people who have an interest in entering the health care workforce.

PROCUREMENT GOALS (SECTIONS 14-18)

14. EDUCATION, TRAINING AND AWARENESS

To meet the intent of this goal, the department enacts changes to develop a culture that supports sustainable procurement practices.

HIGHLIGHTS:

- All areas are encouraged to include sustainable development topics in their monthly/quarterly divisional meetings.
- An internal website for sustainable development communication within the department has been developed and is continually updated.
- Government-wide directives on sustainable development initiatives, such as recycling papers and toner cartridges, are continually enforced.
- Staff members are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION

To meet the intent of this goal, the department has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities, as well as providing a safe and healthy working environment for staff.

HIGHLIGHTS:

- Smoking by staff in government buildings and vehicles is prohibited.
- Air quality in work places is continually monitored.

16. REDUCTION OF FOSSIL FUEL EMISSIONS

To meet the intent of this goal, the department needs to reduce fossil fuel emission of its operations and activities.

HIGHLIGHTS:

- Encourage staff to participate in the "Commuter Challenge" initiative aimed at promoting alternate means to commute to work and help reduce gas emissions through cycling, walking, rollerblading, taking the bus or carpooling. Promotion efforts are targeted to department staff on ways individuals can contribute to the efforts against climate change.

17. RESOURCE CONSERVATION

To meet the intent of this goal, the department needs to reduce consumption of resources in a sustainable and environmentally-friendly manner.

HIGHLIGHTS:

Health Infrastructure: works with Manitoba Hydro to ensure that facility construction projects meet standards for energy efficiency and are Power Smart. The main objective is to achieve Power Smart and LEED designation to communities and health centres.

18. COMMUNITY ECONOMIC DEVELOPMENT

To meet the intent of this goal, the department would need to ensure that procurement practices foster and sustain community economic development.