

Manitoba Health, Seniors and Active Living

**Annual Report
2018 - 2019**





**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, 2019.

Respectfully submitted,

(original signed by)

Cameron Friesen,
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.
Lieutenant-gouverneure du Manitoba
Palais législatif, bureau 235
Winnipeg (Manitoba)
R3C 0V8

Madame la Lieutenant-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 2019.

Le tout respectueusement soumis.

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

«*Original signé par*»

Cameron Friesen





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

Honourable Cameron Friesen
Minister of Health, Seniors and Active Living

Dear Minister:

I am pleased to present for your approval the 2018/19 Annual Report of Manitoba Health, Seniors and Active Living and the 2018/19 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 Cameron Friesen
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 2018-2019 du ministère de la Santé, des Aînés et Vie active du Manitoba ainsi que le rapport annuel 2018-2019 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



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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, 2019. 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. 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.

In fulfilling its role, the department primarily funds the delivery of the most complex and publicly visible social program provided by the Manitoba government. The program is delivered through arm's-length service delivery organizations (SDOs), grant agencies, independent physicians, and other service providers who are paid through fee-for-service or alternate means. A small portion of the program is delivered directly by the department (e.g. Cadham Provincial Laboratory, three northern nursing stations, and Selkirk Mental Health Centre). As well, the department administers Pharmacare, insured benefits, fee-for-service physician services, and other non-devolved health services. 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 policy, planning, funding and oversight role to ensure that SDOs (including but not limited to regional health authorities, CancerCare Manitoba, Addictions Foundation of Manitoba, and over 100 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 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. Other determinants of health include access to affordable healthy foods, transportation, family history, gender, culture, education,

employment, income, the environment, and social support networks. “Health” is not merely the absence of disease. It embraces complete physical, mental and social well-being.

Organization Chart

Manitoba Health, Seniors and Active Living refocused its mandate by strengthening its focus on policy, planning, funding and oversight. The organization chart (as of March 31, 2019), reflects an organizational redesign process that began implementation on January 7, 2019.

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

Le présent rapport annuel suit la structure des crédits de Santé, Aînés et Vie active Manitoba, comme il est indiqué dans le Budget des dépenses principal de la Province du Manitoba pour l'exercice terminé le 31 mars 2019. 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.

En remplissant son rôle, le ministère finance principalement la prestation du programme social du gouvernement du Manitoba qui est le plus complexe et qui a le plus de visibilité auprès du public. Le programme est offert par des organismes indépendants de prestation de services, des organismes de financement, des médecins indépendants, et d'autres fournisseurs de services rémunérés à l'acte ou par d'autres moyens. Une petite partie du programme est offert directement par le ministère (p. ex. Laboratoire provincial Cadham, trois postes de soins infirmiers du Nord et le Centre de santé mentale de Selkirk). De plus, le ministère gère le Régime d'assurance-médicaments, les services assurés, les services de médecins rémunérés à l'acte et d'autres services de santé non dévolus. 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 entités publiques, mais offerts par des organismes privés tels les foyers de soins personnels privés.

Le ministère joue un rôle dans l'élaboration de politiques, la planification, le financement et la surveillance afin que les organismes de prestation de services (dont les offices régionaux de la santé, Action cancer Manitoba, 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 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. Parmi les autres déterminants de la santé, on trouve l'accès à des aliments sains abordables, le transport, les antécédents familiaux, le sexe, la culture, l'éducation, l'emploi, le revenu, l'environnement 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.

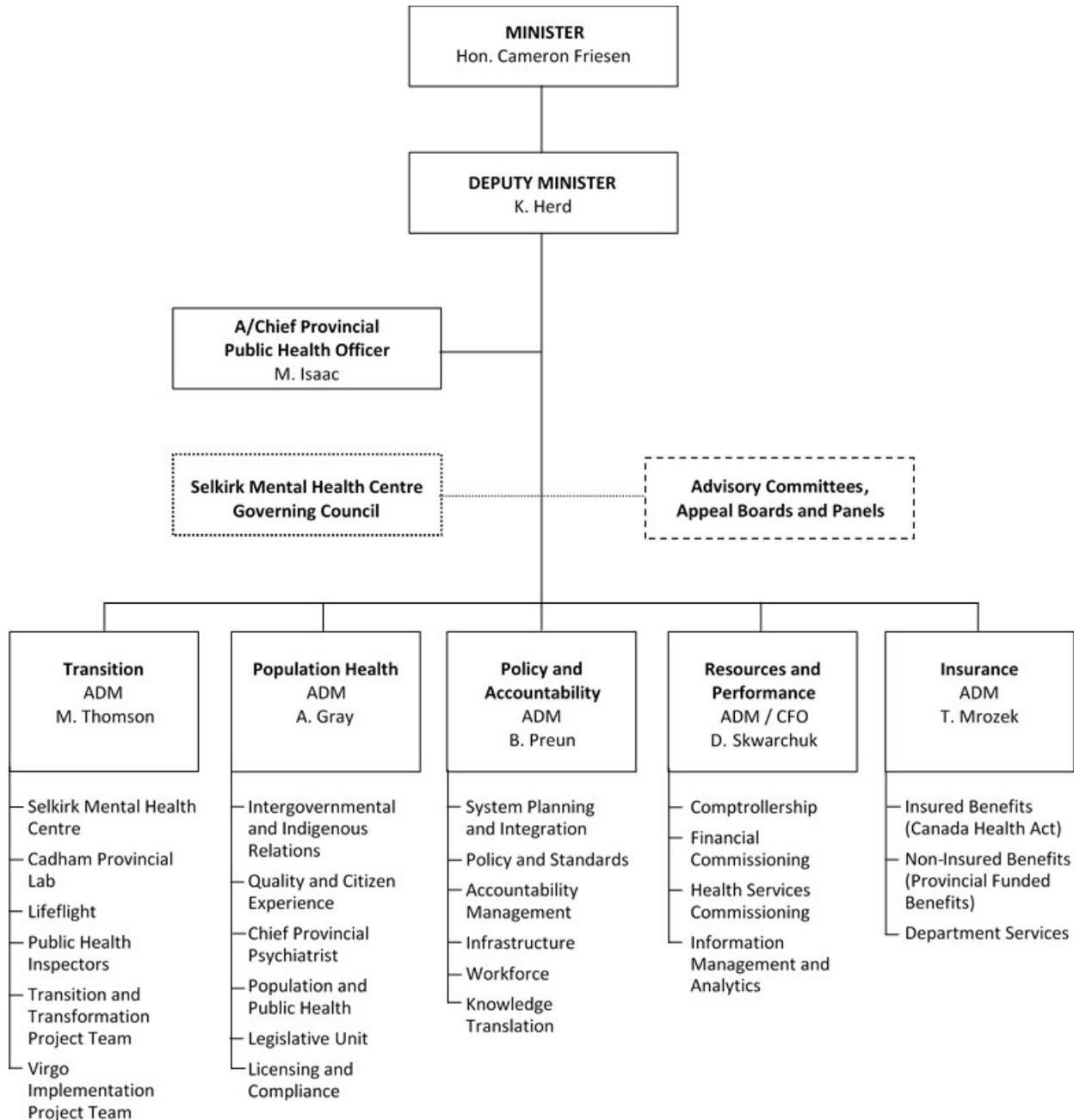
Organigramme

Le ministère de la Santé, des Aînés et de la Vie active a recentré son mandat en mettant plus l'accent sur les politiques, la planification, le financement et la surveillance. L'organigramme (au 31 mars 2019) reflète un processus de restructuration organisationnelle qui a commencé à être mis en œuvre le 7 janvier 2019.

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, 2019



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.
	2018/19 \$(000's)		2018/19 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	42	1.00	42	-	
Other Expenditures					
Total Sub-Appropriation	42	1.00	42	-	

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.
	2018/19 \$(000's)		2018/19 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	1,018	15.00	1,098	(80)	
Other Expenditures	159		218	(59)	
Total Sub-Appropriation	1,177	15.00	1,316	(139)	

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 regional health authorities (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 2018/19 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 (MHSAL) was able to effectively and efficiently utilize the tangible and financial resources of the department to provide relevant budgets to departmental programs, RHAs and external agencies.
2. Efficient and accurate preparation of annual planning and reporting documents, e.g.: 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 MHSAL 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, MHSAL 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, MHSAL was able to provide timely payments to vendors and timely reports for decision making.

Regional and Capital Finance

The objectives were:

- To provide financial expertise, consultation and analysis to ensure there is a common understanding of financial and legislative requirements necessary to align the department's financial planning processes with strategic priorities of government.
- To provide fair and equitable distribution of funds to service delivery organizations (SDOs) in accordance with government priorities and legislation.
- To manage funding from a provincially cost-effective lens to achieve the balance between health and fiscal policy.
- To ensure the timely reporting of financial, statistical and performance management information to stakeholders in accordance with provincial and national reporting requirements.
- To modernize approaches to funding health care services in Manitoba in driving for better accountability and performance.

The expected and actual results for 2018/19 included:

1. Financial expertise and direction provided to SDOs and agencies in support of various government projects and initiatives, specifically for operating, medical and 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.
2. Financial recommendations identify risks and opportunities and are based on solid financial analysis and rigor.
 - 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.
3. Allocation of resources to SDOs and agencies consistent with established priorities of the government.
 - Provided approved funding to SDOs and agencies in a timely and accurate manner.
 - Reviewed financial requirements of SDOs and other agencies against established priorities of the department in order to allocate resources.
 - Initiated debt repayment on outstanding approved borrowings upon project completion.
 - Managed outstanding debt to minimize cost within a conservative risk portfolio.
4. Assurance that best practices are being conducted within the business operations of SDOs.
 - Analyzed financial reporting received from SDOs and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.
5. Assurance that the financial position of the SDOs are accurate and complete.
 - Analyzed financial reporting received from SDOs and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.
6. Ensure spending aligns with authorities provided.
 - Analyzed financial reporting received from SDOs and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.
7. Department programs, SDOs, 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.

8. Complete, consistent and reliable financial and statistical reporting that can be used to inform current performance and future strategic planning of the health system.
 - 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.

Information Management and Analytics

The objectives were:

- To lead, standardize and enforce consistent information management practices in Manitoba across all health delivery locations collecting provincial data, to ensure the timely collection of accurate and high-quality data.
- To establish and operate an analytics planning function to interface with digital health functions to provide direction on current and future analytical needs related to new/enhanced ICT systems and ensure alignment in these domains with provincial priorities.
- To create and deliver a unified health analytics platform leveraged on a unified enterprise data warehouse in support of all decision makers in the province. This will enable greater utilization of analytics to monitor and drive system performance.
- To support areas of the province with current limited analysis capability, thereby providing better support in decision-making.
- To coordinate and support health research-related activities and ensure the appropriate use and disclosure of health information in accordance with privacy legislation.

The expected and actual results for 2018/19 included:

1. Departmental programs, service delivery organizations, researchers, public organizations and the general public have access to relevant, timely and trusted health care information for accountability, operations, planning, evaluation, performance management and research.
 - Continued development and maintenance of databases to support internal and third-party information requirements, including provision of data to organizations such as: Manitoba Centre for Health Policy (MCHP), CancerCare Manitoba, Canadian Institute for Health Information, 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 to the health authorities 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 health authorities, as well as weekly, monthly and annual statistical reporting on the department's 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. Infrastructure, policies and governance 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 system planning, monitoring and evaluation and to support 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 for the collection and sharing of key performance indicators across service delivery organizations and the department is in place and is being used to monitor priority areas of the healthcare system.
 - 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).
 4. 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.
 - Provided ongoing coordination and support to the contractual relationship between the department and MCHP, 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 to streamline both the application and review process for health research in Manitoba in the area of clinical trials, biobanks, and data intensive research.
 - Consolidated research access so that departmental administrative datasets are solely available through the MCHP to increase the security of research processes while refocusing branch resources on core functions.

Management Services

The objectives were:

- To lead, facilitate and coordinate key management functions within the department, such as: strategic planning and alignment; 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 (SILR) and Annual Report, responses to ministerial correspondence, briefing material for legislative sessions, and administrative and coordination support for the governance of health-related agencies, boards, and committees.
- To provide assistance and guidance to department staff concerning the French Language Services (FLS) policy, the active offer of services and the translation and publication of French material to allow the French-speaking community to access comparable government services in the language of the laws of Manitoba.
- To provide a consultative, advisory and administrative link among bilingual-designated service delivery organizations, external agencies funded by the department, and the public in matters relating to FLS so that services in French are evident, readily available and easily accessible to the public, and of comparable quality to those offered in English.
- 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 manage departmental compliance with and accommodation activities in support of the Manitoba Policy on Access to Government.

The expected and actual results for 2018/19 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 align work across the department to advance health system and department goals.

- Continued to facilitate risk management planning in the department and promoted integration of risk management with other department planning processes.
 - Continued to facilitate 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 employee orientation on the department and the health system for new department staff.
2. Strengthened health system planning, governance and accountability.
 - Provided planning guidelines to service delivery organizations and ensured that all health authority annual health plans complied with those guidelines.
 - Co-led the development and introduction of a new performance management system for all health authorities.
 - Provided resources to the health system's leadership to help strengthen performance management and accountability practices and processes.
 - Coordinated continuing education sessions for health authority boards and board chairs.
 - 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 government legislation and department guidelines.
 3. Requirements for SILR, Annual Report, correspondence, legislative session briefing material, and board appointments are met within the form and timelines required by the minister's office.
 - Coordinated the department's responses to ministerial correspondence.
 - Coordinated administrative processes for appointments to health-related agencies, boards and committees.
 - Published the department's SILR and Annual Report to meet the minister's tabling requirements.
 4. The Active Offer concept in use in all public-facing areas of the department.
 - Created awareness of the new online Civil Service Commission's Active Offer training course and an initial completion rate of 11.8 per cent was reached by the end of the fiscal year.
 - Introduced quarterly monitoring of the department's Active Offer compliance as part of the implementation of the department's multi-year FLS plan.
 5. Provision of FLS through the department, in an accessible and satisfactory manner to the French speaking public of Manitoba.
 - Initiated implementation of the department's multi-year strategic FLS plan.
 - Improved procedures for the simultaneous posting of English and French material on the department's websites. This also included a review of the 1,000 most visited webpages that led to improvements in the number of these pages translated.
 - Worked with the Francophone Affairs Secretariat and Santé en français to identify and address opportunities for improved service provision.
 6. The department's public documents, in paper or electronic format, produced in French within five-to-ten business days.
 - 98.2 per cent of translation requests were completed within the target timeframes.
 7. Department's compliance with the Manitoba Policy on Access to Government.
 - Continued implementation of the department's accessibility plan to make department locations accessible and compliant with current accessibility legislation.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	7,129	93.35	7,393	(264)	
Other Expenditures	1,124		1,184	(60)	
Total Sub-Appropriation	8,253	93.35	8,577	(324)	

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 2018/19 included:

1. Development of new health statutes and regulations and amendments to health statutes and regulation in accordance with government processes and timelines.
 - Amended three health-related statutes for the fiscal year 2018/19 (details outlined in Appendix II).
 - Assisted in the development of required regulation amendments to 24 regulations under various health related legislation (see Appendix II for details).
2. Development of legislative proposals in accordance with government processes and timelines.
 - Developed legislative proposals in accordance with government processes and timelines, as necessary.
3. Accurate and timely information provided to internal and external clients about legislation, including PHIA, and the legislative process.
 - Provided accurate and timely information. Among other activities in the area, provided 13 informational presentations on PHIA and FIPPA to organizations and departmental staff over the course of the year.
4. Compliance with Labour Mobility obligations by the regulated health professions.
 - Worked with regulatory bodies to meet their labour mobility obligations.
5. Requests for access to information under FIPPA are dealt with in accordance with the act.
 - Responded to 239 FIPPA requests for information. These numbers are based on a calendar year.

1(d) Legislative Unit

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	655	7.00	619	36	
Other Expenditures	154		286	(132)	
External Agencies	405		518	(113)	
Total Sub-Appropriation	1,214	7.00	1,423	(209)	

Appeal Boards

The objectives were:

- To support the Manitoba Health Appeal Board (MHAB) in providing an independent 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 Mental Health Review Board (MHRB) in providing an independent review process ensuring a person's rights under The Mental Health Act are protected.

The expected and actual results for 2018/19 included:

1. MHAB renders decisions in a timely manner, responds to enquiries and provides assistance and direction to the public who call and attend the office.
 - 157 appeal files were processed by MHAB in the 2018/19 fiscal year:
 - 113 new appeal files were opened in the fiscal year
 - 44 appeal files were brought over and processed from the previous fiscal year
 - 52 appeals were scheduled and heard during the 2018/19 fiscal year:
 - 29 Authorized Charge appeals
 - 15 Insured Benefit appeals
 - 7 Home Care appeals
 - 1 appeal under the category of "Other" involved an appeal from a decision of the Winnipeg Regional Health Authority's Medical Assistance in Dying Program (MAiD)
 - 68 files were closed without going to a hearing:
 - 24 appeals were withdrawn by the appellant
 - 34 appeals were resolved with an amended decision from Manitoba Health, Seniors and Active Living or the regional health authority
 - 5 files were closed because the appeal was filed prematurely
 - 3 files were closed because the appellant failed to actively pursue the appeal
 - 2 files were closed because MHAB did not have jurisdiction to hear the matter
 - 37 appeals have been carried forward to the 2019/20 fiscal year
 - MHAB heard and decided 21 Motion Orders with respect to requests for extensions of time to file an appeal beyond the 30-day time set out in The Health Services Insurance Act.
2. MHRB holds hearings within its 21-day legislated mandate and renders decisions in a timely manner.
 - MHRB processed 345 applications for review.
 - A total of 86 hearings were held:
 - 60 hearings were by application
 - 26 hearings were set automatically as required by legislation
 - Decisions were rendered independently by MHRB and the rationale was provided to all parties following each hearing.
 - Applications that did not proceed to a hearing were largely the result of the patient:
 - being discharged from hospital
 - withdrawing their application
 - having a change of status, resolving the issue, or
 - having made an application regarding issues that did not actually apply to them

1(e) Appeal Board

Expenditures by Sub-Appropriation	Actual		Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
	2018/19 \$(000's)	FTE			
Salaries and Employee Benefits	431	6.00	414	17	
Other Expenditures	327		253	74	
Total Sub-Appropriation	758	6.00	667	91	

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:
 - Health Infrastructure, including Manitoba eHealth
 - Provincial Drug Programs
- To provide direction and oversee improved economy, efficiency and effectiveness, and value for money in investments of designated department program delivery and as it relates to the broader health care system.

The expected and actual results for 2018/19 included:

1. Strategic direction consistent with the department's priorities, with respect to provincially-funded drug benefits, the provincial health capital program, including buildings, leased space and ICT systems.
 - Funded infrastructure initiatives achieved the identified project objectives and the overall strategic objectives of the department.
 - 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 policy.
 - Implementation of improvements in infrastructure governance and planning with the intent of improving and enhancing the infrastructure services across the healthcare sector continued.
 - The department continued to be an active participant within the pan-Canadian Pharmaceutical Alliance (pCPA). Strategically, this enabled 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
 - reduce duplication of effort and improve use of resources
 - The department continued to be the lead jurisdiction for the Multi-Stakeholder Steering Committee on Drug Shortages (MSSC). The MSSC is a collaboration of federal/provincial/territorial (F/P/T) 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
 - an MSSC F/P/T working group focused on improving the process for assignment of Tier 3 drug shortage status (e.g., actual drug shortages with no available therapeutic alternatives in Canada or the most critical drug shortages tier)
2. Equitable and appropriate utilization of provincially-funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
 - Provincial Drug Programs administered the Manitoba Drug Benefits and Interchangeability Formulary. Updates on the amendments to the Formulary were provided in six bulletins that were communicated to the pharmacists and physicians of Manitoba.
 - The listing of new generic molecules through the pCPA 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 271,918 Pharmacare applications with 63,970 families receiving Pharmacare benefits.

2(a) Administration

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2018/19 \$(000's)		2018/19 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	297	3.00	275	22	
Other Expenditures	70		76	(6)	
Total Sub-Appropriation	367	3.00	351	16	

Health Infrastructure

The objectives were:

- Provide strategic level leadership for health infrastructure through planning, policy and oversight for the physical assets needed to provide health services and the accompanying technologies needed to deliver healthcare services.
- Oversee development and implementation of the provincial health capital program and advise central government on health-based infrastructure policy and program requirements to support population health objectives while concurrently ensuring the long-term sustainability of health facilities and information and communications technology (ICT) across Manitoba.
- Develop, deliver and maintain all information, online services and applications related to the department's public-facing websites with the intent of providing and increasing public access to information about the department's programs, services and activities via its internet sites.

The expected and actual results for 2018/19 included:

1. Provision of strategic guidance for infrastructure investment to establish expectations and conditions to enable success for stakeholders.
 - Progressed a cross-functional approach to planning and delivery of infrastructure including investments in renovation and construction of buildings, ICT and specialized equipment.
 - Engaged in discussions with stakeholders to establish reasonable scope of work and funding expectations.
2. Development of multi-year infrastructure plans which support provincial population health objectives and are sustainable and sufficiently-flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
 - Reviewed prioritized lists of infrastructure, ICT and specialized equipment repairs and replacement received from regional health authorities (RHAs), and provided advice to inform government decision-making for investment.
3. Planning, development and completion of infrastructure based projects across the multi-year strategic capital plan to address the operational service needs of the provincial health system.
 - For the 2018/19 fiscal year, 26 projects with an estimated value of \$478,848,000 were submitted to the department and progressed. Another 6 projects were in the early review stage plus 2 projects had been withdrawn from the plan following review.
4. Secured and sustained government funding to support the execution of the provincial strategic infrastructure/ICT capital plan that is both defined and implemented in accordance with government direction and with regional need and best practices, appropriate standards (program, design and construction), approved scope and timeline, and negotiated cost limits.
 - Oversaw the implementation of government approved investments of approximately \$249,050,000 in infrastructure, ICT and specialized equipment.
 - Facilitated the department's response to access Transformation Capital/Idea Fund. Five innovative health-related initiatives targeted at improving healthcare processes and health outcomes for Manitobans were approved for implementation.

5. Transparent and equitable application of policies related to procurement practices, infrastructure development, infrastructure sustainment, departmental funding and community cost-sharing.
 - Provided oversight and guidance to ensure that RHAs knew of and complied with procurement requirements.
6. Efficient and accurate information on the departmental infrastructure program including accurate forecasting of maintenance requirements, emerging program standards and models, capital financing and development of appropriate program and policy options.
 - Provided oversight on 43 infrastructure/ICT capital projects valued at approximately \$975,150,000. Of these projects, 3 projects with a total estimated value of \$72,870,600 were completed.
 - Initiated exploration for the development of an asset management framework for healthcare system infrastructure which will allow for the accurate and timely reporting of current conditions and schedule for addressing repairs or replacement.
7. Delivery of electronic data interchange and information sharing between the department, Shared Health, service delivery organizations, health providers and other government departments and jurisdictions.
 - Continued to facilitate infrastructure to support the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
8. Provision of upgrades and functional changes to existing infrastructure in a timely, prioritized sequence.
 - Continued to oversee the annual ICT Infrastructure Renewal Program managed by eHealth which focuses on the execution of a risk-based approach to replacing and upgrading old, obsolete and failing technical infrastructure in Manitoba's health information systems operating environment.
 - Provided policy, planning and project management oversight supporting 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.
 - Continued to oversee the annual safety and security program including the review of the prioritized list of potential projects from the RHAs and the monitoring of the projects to completion.
9. Assurance that necessary data and information are accessible for department staff to achieve corporate goals and objectives.
 - Consulted with other program areas to ensure that all proposed projects fit with the department's planned priorities.
 - Continued to manage, maintain and provide security of the department systems and processes in support of user's access to information and in compliance with required availability targets.
10. Regularly reviewed and updated existing websites, which include new web-based information developed to provide ongoing support to the department, with the intent of increasing public access to the department's online information, as measured by website analytics.
 - Developed, delivered and maintained all information, online services and applications related to the department's public-facing websites.

2(b) Health Infrastructure

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2018/19 \$(000's)		2018/19 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	4,272	55.20	4,813	(541)	
Other Expenditures	213		318	(105)	
Provincial Program Support Cost	4,932		4,953	(21)	
Total Sub-Appropriation	9,417	55.20	10,084	(667)	

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 2018/19 included:

1. Access to cost-effective medications for Manitobans.
 - The department continued 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 drugs or existing drugs approved for new indications, including oncology drugs, and
 - the pan-Canadian Pharmaceutical Alliance, an initiative whereby jurisdictions conduct joint provincial/territorial negotiations for drug products being considered for reimbursement to achieve greater value for publicly funded drug programs and patients.
 - Administered the Manitoba Formulary. Updates on the amendments to the Manitoba Formulary were provided in six 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.
 - Participated on advisory committees to the Canadian Agency for Drugs and Technologies in Health (CADTH) Common Drug Review and 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 the quality of drug prescribing and dispensing processes.
 - The department maintained service purchase agreements with the College of Pharmacists of Manitoba (CPhM) to administer the Manitoba Prescribing Practices Program (MPPP).
 - The MPPP provided service relating to narcotics and controlled substances including providing physicians with prescription pads, historically called “triplicates”. CPhM also provided 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 271,918 Pharmacare applications with 63,970 families receiving Pharmacare benefits.
 - Processed 45,612 requests through the Exception Drug Status Program.
 - Enrolled 937 families in the Deductible Instalment Payment Program for Pharmacare.
 - Provided benefits for 61,519 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.
 - 9,452 patients benefited from the HCD program in 2018/19, up from 8,942 in 2017/18.

- 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 interest-free monthly instalments as part of their Manitoba Hydro energy bill.
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.
 - Updated Specified Drugs Regulations regarding coverage of biologics and biosimilars to promote use of clinically and cost-effective treatments for specific diseases and/or conditions.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2018/19 \$(000's)		2018/19 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	2,165	43.00	2,705	(540)	1
Other Expenditures	689		465	224	
Total Sub-Appropriation	2,854	43.00	3,170	(316)	

Explanation Number:

1. Primarily due to miscellaneous salaries under-expenditures.

Drug Management Policy Unit

The objectives were:

- Ensure sustainable and equitable publicly-funded pharmaceutical and ancillary programs.

The expected and actual results for 2018/19 included:

1. Management of the provincial pharmaceutical formulary listings and ancillary services and devices.
 - As of April 1, 2018, under the pan-Canadian Pharmaceutical Agreement (pCPA) Generics Initiative, 67 of the most commonly prescribed drugs in Canada were priced at approximately 10 to 18 per cent of the equivalent brand name product.
 - In 2018/19, an additional 91 brand drug identification numbers (DINs) were added to the Manitoba Formulary as either a new product or as a line extension through product listing agreements (PLAs) that were completed with pharmaceutical companies, while 359 new generic DINs were added to the provincial formulary.
2. Management of pharmaceutical, ancillary services, and related expenditures.
 - 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 (2012/13), the MPIP Program provided 23 pumps and associated training. Up to March 31, 2019, a total of 230 pumps have been purchased and user training completed through the MPIP Program.
 - 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 2018/19. There were 9,452 individuals registered in the HCD Program in 2018/19 (up from 8,842 in 2016/17), and it is estimated that there were savings to these individuals of \$7.96 million.
 - A Manitoba Health, Seniors and Active Living (MHSAL)-CancerCare Manitoba (CCMB) Accountability Working Group, with representatives from CCMB, Regional and Capital Finance

(MHSAL), Regional Policy and Programs, and Provincial Drug Programs continued to meet on a regular basis to discuss Provincial Oncology Drug Programs and HCD expenditures to improve forecasting and tracking.

3. Alignment of provincial pharmaceutical coverage policies with best practice among other F/P/T jurisdictions.
 - Manitoba is an active participant in the pCPA that works 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 pharmaceuticals/products and related pharmaceutical services.
 - Continued to execute pharmacy agreements with all community pharmacies in Manitoba. These agreements formalize 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) are 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. Accountability for public funds paid to providers for ancillary services and devices.
 - Set 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.
 - Ongoing work to establish consistency across regulations, policies and procedures to ensure accountability regarding the coverage of ancillary services and devices such as prosthetics and orthotics.

2(d) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	643	7.00	630	13	
Other Expenditures	249		175	74	
External Agencies	244		414	(170)	
Total Sub-Appropriation	1,136	7.00	1,219	(83)	

Health Workforce Secretariat

Administration

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

Administration is responsible for the overall operations of the Health Workforce Secretariat (the Secretariat) and leadership in the integration of these health workforce functions.

The objectives were:

- To provide leadership in the integration of health human resource planning, negotiations and the administration of fee-for-service and insured benefits to support development of a sustainable health workforce providing high quality health services to Manitobans.

The expected and actual results for 2018/19 included:

- Development of new and innovative team-based approaches to improve recruitment and retention of health care providers in Manitoba.
 - The application of new practice models has been advanced within current system planning to support recruitment of healthcare providers.
- Alignment of health workforce policy, planning and oversight with a provincial clinical and preventive services plan.
 - Prepared for and transitioned to a focused policy, planning and oversight role. The receipt of a provincial clinical and preventive services plan is anticipated in 2019/20.
- Effective leadership and management of the Health Workforce Secretariat.
 - Clear direction was provided to the system through the transition period.
- Functional integration of all areas of the Health Workforce Secretariat, including operational management and alignment of health workforce-related activities of the Secretariat's key stakeholders and partners.
 - The division's functions have been transferred into a single branch while maintaining activities related to key stakeholders.

3(a) Administration

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2018/19 \$(000's)		2018/19 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	396	6.80	451	(55)	
Other Expenditures	427		456	(29)	
Total Sub-Appropriation	823	6.80	907	(84)	

Contracts and Negotiations

The objectives were:

- To oversee collective bargaining and workforce contract negotiations in the health sector to ensure alignment with public sector bargaining mandates.
- To serve as the liaison between the government of Manitoba and the health system regarding health labour relations matters.
- To develop appropriate funding and remuneration arrangements with physicians, optometrists, chiropractors, and dentists and oral surgeons providing in-hospital services in the context of an

integrated provincial health human resource framework that aligns with the government's priority of a sustainable and innovative publicly-funded health care system.

- To represent the department, and to act on behalf of health care organizations, 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 Manitoba Healthcare Providers Network, Provincial Health Labour Relations Services and service delivery organizations, and oversee collective bargaining issues relating to the nursing, professional/technical and paramedical, maintenance and trades, and support sectors.

The expected and actual results for 2018/19 included:

1. Alignment of labour relations negotiations with public sector compensation mandates.
 - Negotiations on behalf of smaller health care employers took place in alignment with the current public sector mandate.
2. Administration of the current physician Master Agreement between the Government of Manitoba and Doctors Manitoba in support of service delivery organizations.
 - Continued administration of the Master Agreement including the implementation of new tariffs, improvements to service provision in northern and rural areas, implementation of changes related to health system transformation 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.
3. Identification of priorities and development of strategies for renewal of the physician Master Agreement.
 - Worked to develop a negotiation framework for renewal of the physician Master Agreement that aligns with the current public sector mandate, as well as the work being done to transform the health care system in Manitoba.
4. Renewal of expiring agreements with other medical-related health practitioner groups to ensure continued service provision by these health care provider groups.
 - Engaged in negotiations with oncologists who provide services to CancerCare Manitoba, Professional Association of Residents and Interns of Manitoba, and the Manitoba Association of Optometrists in an effort to renew their respective agreements so as to ensure continued services provision to Manitobans.
5. Uninterrupted delivery of medical services within the province.
 - Continued to work with regional health authorities (RHAs) and other health system stakeholders to manage issues related to staffing vacancies, resource reallocation, service coverage, and service contracts for specific physician groups to ensure continued provision of medical services throughout the province.
6. Alignment of labour relations strategies for negotiations with nursing, professional technical paramedical, support and maintenance and trades staff between the department and the health system.
 - Worked to support Provincial Health Labour Relations Services in implementing The Health Sector Bargaining Unit Review Act so that negotiations with these sectors can take place once the bargaining units have been restructured.
7. Continued development and refinement of remuneration models for the existing and emerging healthcare delivery system.
 - Worked with RHAs to develop and align remuneration models with the health system transformation that is taking place within the health care system.

3(b) Contracts and Negotiations

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	603	8.00	737	(134)	
Other Expenditures	86		183	(97)	
Total Sub-Appropriation	689	8.00	920	(231)	

Health Human Resource Planning

The objectives were:

- To provide policy direction and departmental leadership in the development of health human resource policy, planning and oversight. Policy direction and departmental leadership includes supply, utilization, legislation and workforce strategies for all health care providers to support the delivery of health care in Manitoba.
- To provide provincial-level policy advice on funding and compensation mechanisms, policies, innovation, 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 2018/19 included:

1. Improved recruitment and retention of healthcare providers aligned with the provincial clinical and preventive services plan.
 - Partnered with the regional health authorities (RHAs) to sustain 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 health human resource (HHR) demands.
 - In collaboration with Shared Health and the RHAs, consultation occurred to ensure that recruitment and retention initiatives were aligned with the Provincial Clinical and Preventive Services Plan (PCPSP) to address optimization of all health professionals and their intended inter-disciplinary team practice across Manitoba.
 - The number of physicians continues to rise in the province. As at April 30, 2018, there were 2,902 licenced medical practitioners in Manitoba, which is a net increase of 78 from the year prior (Source: College of Physicians and Surgeons of Manitoba's Annual Report).
 - A tightening of supply was observed in all categories of nursing registration. Overall, vacancy rates have seen a reduction, but demands continue to exist, particularly in rural and remote locations.
 - Continued to administer the Nurses Recruitment and Retention Fund in support of ongoing provincial nursing recruitment.
2. A sustained intake of potential health professionals into all current education programs commensurate with health system needs resulting in an optimum number of health professionals graduating and working in Manitoba.
 - Provided advice to the Department of Education and Training regarding seat allocations for health care disciplines commensurate with the health care system's requirements.
 - Provided advice to health system leaders regarding the supply of health care professionals. In collaboration with Shared Health, extensive consultation was initiated in order to ensure workforce planning (including the supply of health care professionals) was in alignment with the PCPSP.
 - In collaboration with education and practice leaders, provided governance and oversight for health related quality clinical education placement needs, more strategically aligned with priority population needs, and position vacancies.

3. Scope of practice regulations for regulated health professions provide efficient and cost-effective service options within the health system.
 - In collaboration with key health system stakeholders, provided advice and support in order to work towards achievement of full implementation of outstanding regulatory changes required by the College of Registered Nurses of Manitoba transition under The Regulated Health Professions Act.
 - In collaboration with the College of Registered Psychiatric Nurses of Manitoba (CRPNM), initiated the validation process, involving key stakeholder consultations, related to CRPNM proposed reserved acts that would be authorized upon transition under The Regulated Health Professions Act.
 - In collaboration with Shared Health, initiated discussions related to the work to ensue with key stakeholders (including educators and employer practice leaders) to support self-regulation of paramedics, as they work towards transition under The Regulated Health Professions Act.
4. Incremental change to the models of care, including service delivery and practitioner mix, commensurate with the implementation of the PCPSP.
 - In collaboration with Shared Health, contributed to the analysis of evidence to support decisions regarding most effective care models and respective interdisciplinary health teams that are intended to address population health needs and priorities.
 - Provided analysis and options for consideration for the expansion of the practitioner mix of MyHealthTeam members.
 - Provided policy, planning and oversight regarding initiatives submitted by the RHAs.
5. Improved efficiency and effectiveness of the licensure process for Internationally Educated Health Professionals through the increased participation of employers.
 - Supported the refinement of the Communication and Professional Practice for Medical Laboratory Technologists course that provides essential employability/non-technical skill training for communication and professional practice as a medical laboratory technologist in the Canadian health care context. Completion of the course, delivered by the Language Training Centre of Red River College, is now a pre-requisite for application to the Manitoba Internationally Educated Medical Laboratory Technologist Bridging Program offered once annually by Shared Health.
 - Continued to fund and oversee the delivery of the Clinical Competence Assessment and Practical Nurse Qualification Recognition Bridging Program for internationally educated nurses (IENs) seeking designation as licensed practical nurses in Manitoba.
 - Supported the completion of a second intake of the Rural IEN Registered Nurses Initiative with Prairie Mountain Health (PMH) that saw an additional 20 IENs become nurses, relocate and practice in PMH.
 - Completed year two interviews/evaluation post Rural IEN Registered Nurses Pilot Project where MHSAL, rural health employers, Red River College, and with the support of the College of Registered Nurses of Manitoba, provided gap training and workplace integration support to IENs in exchange for relocation and employment in a rural area, in order to address health human resource mal-distribution.
 - Continued to shift the focus of programming for Internationally Educated Health Professionals (IEHPs) to more closely align with recruitment efforts and workforce integration. Worked with key stakeholders, including employers, to facilitate programming to help IEHPs complete the last steps in professional registration (typically bridging) to integrate successfully into the Canadian health workforce.
6. Implementation of a provincial physician recruitment program.
 - Transitioned the physician recruitment program and administration of medical grants to the Manitoba Health Care Providers Network to improve alignment and streamline services.
 - Participated in the provincial Rural Physician Recruitment and Retention Advisory Committee.

3(c) Health Human Resource Planning

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	757	12.00	939	(182)	
Other Expenditures	566		705	(139)	
External Agencies	5		5	-	
Total Sub-Appropriation	1,328	12.00	1,649	(321)	

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 Physician's 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. Ongoing work includes developing policy in the areas of service improvement, legislative changes, and benefit plan design to support the department's goals and priorities in the delivery of health care.

The expected and actual results for 2018/19 included:

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

Registration/Client Services

- Visits to the Client Services counter decreased from 60,766 in 2017/18 to 56,953 in 2018/19. Client Services handled 178,688 telephone enquiries.
- Issued 251,816 Manitoba Health registration certificates and processed 198,265 address changes.
- 38,779 net new personal health identification numbers (PHINs) were issued in Manitoba with 16,109 new certificates issued to 18 year olds receiving their own individual registration numbers for the first time as adults, in addition to 91,645 status changes (e.g., births, deaths, marriages and separations).
- Customers who visited the department's website opted to use an "online form" in 12,024 instances to submit their request for a change to their Manitoba Health registration certificate.
- 21,727 emails were received through Insured Benefits' general email address (insuredben@gov.mb.ca).

Medical Claims

- Received and adjudicated claims for 29.8 million medical services, 778,054 optometric services, 768,936 chiropractic services and 7,081 oral surgery services.
- Processed claims for 282,146 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 861 requests from Manitoba specialists on behalf of their patients for coverage of services outside of Manitoba.
- Provided \$1.1 million in travel subsidies to 323 patients for 52 international (USA) and 397 domestic trips.

- Adjudicated 7,126 physician claims, 2,462 outpatient visits and 2,287 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 \$45.6 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
 - Recoveries received by Manitoba Health, Seniors and Active Living (MHSAL) as a result of reciprocal billings to other provinces and territories for care provided to their residents totalled \$18.2 million for physicians fees (excluding Quebec physicians) and \$66.1 million for hospital services.
 - Represented MHSAL in 10 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.

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

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2018/19 \$(000's)		2018/19 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	5,609	101.00	5,902	(293)	
Other Expenditures	1,345		1,106	239	1
Total Sub-Appropriation	6,954	101.00	7,008	(54)	

Explanation Number:

1. Primarily due to miscellaneous operating over-expenditures.

Active Living, Indigenous Relations, Population and Public Health

Administration

The objectives were:

- Advance strategic partnerships with Indigenous health organizations and their leaders to collaboratively address health disparities within Indigenous populations.
- Provide strategic leadership to advance the department's objectives and priorities using a population and public health approach to improve the health and wellness of the population, thereby contributing to the overall sustainability of the health care system.
- Develop and support tobacco control and smoking cessation through legislation and support of initiatives aimed at preventing youth smoking, public protection from second-hand smoke and helping individuals who smoke to quit.
- Support the province's healthcare system by supporting communities, regional health authorities, and other sectors, such as education, that focus on improving Manitobans' well-being and health status; through reducing health inequities and addressing the underlying risk factors of poor health.
- Provide leadership and ensure coordination of effective responses to emerging health issues such as opioid misuse and overdose management.
- Oversight and leadership to ensure effective service delivery of environmental health services.
- Oversight and leadership to ensure effective provision of primary health services at three northern nursing stations.
- Build capacity in the public health system to:
 - Effect evidence-informed, innovative and sustainable system advancements

- Improve access to efficient, quality, patient-centered services
- Improve access to coordinated health and social supports for the most vulnerable populations
- Represent the department at federal/provincial/territorial (F/P/T), inter-provincial and inter-jurisdictional planning tables.
- Leadership in and delivery of public health laboratory system functions that improve health and mitigate negative consequences of transmissible disease.

The expected and actual results for 2018/19 included:

1. Effective relationships established and evidence of engagement with Indigenous leaders and their respective health and social services staff.
 - Continued strengthening relationships with First Nations organizations to leverage opportunities for working in collaboration on issues impacting First Nations health outcomes.
 - Supported strategic alliances with First Nations and federal partners to further First Nations led health and social services programming.
 - Increased understanding on key issues that impact Indigenous health such as social determinants of health, jurisdictional ambiguities, and the importance of cultural competency and safety within the Indigenous context.
 - Continued liaison with chief and council, mayors in the northern communities of Moose Lake, Easterville and Grand Rapids where the department delivers primary care services at nursing stations.
2. Provision of quality primary care services in the three provincial nursing stations.
 - Oversight of service delivery in the nursing station communities.
 - Regular community engagement and ongoing dialogue regarding health and health care in collaboration with the Northern Regional Health Authority (RHA) and Ongomiizwin Health Services.
3. Delivery of province-wide environmental health services.
 - Oversight of the delivery of public health inspection services, oversight of public health emergency preparedness and oversight of timely and effective public communication regarding health hazards.
 - Collaboration with Department of Sustainable Development on environmental issues such as lead in soils and radon.
4. Timely, evidence-based information is provided to the government and public.
 - Oversight of the execution of timely and evidence informed public communication on issues such as environmental health, communicable disease surveillance, opioid and substance use and abuse, non communicable disease surveillance (e.g., chronic diseases), tick borne illnesses including Lyme disease.
5. Provision of strategic leadership and collaborative planning using a population health approach in the areas of:
 - Non-communicable diseases (chronic diseases) prevention and management
 - Active living initiatives, health promotion and disease prevention
 - Tobacco control and cessation
 - Maternal and child health care
 - Public health
 - Services to underserved and vulnerable populations
 - Provided leadership and strategic direction on policies and strategies for health promotion and non-communicable disease prevention and management.
6. Strengthened collaboration, capacity building and innovation through work with multi-sectoral partners.
 - Co-chaired the Intergovernmental Committee on First Nations Health and Social Development that includes First Nations partners and federal government departments.
 - Chaired a working group of Manitoba Lyme advocates and departmental staff that provides outreach, education, and communication to Manitobans on tick borne illnesses.

7. Effective relationships with F/P/T partners on a broad spectrum of population health issues that result in pan-Canadian approaches to these issues.
 - Participated on a pan-Canadian Steering Committee on Antimicrobial Resistance that produced a national framework document on antimicrobial resistance, and continues to develop an action plan for implementation.
 - Participated on the F/P/T Problematic Substance Use and Harms working group that shares information and best practices to develop policy for programs and services for individuals affected by with substance use and harms.
 - Participated on an F/P/T Special Advisory Committee on the Epidemic of Opioid Overdoses.
 - Participation on the Public Health Network Council, an F/P/T group of public health professionals who effectively work together to strengthen public health in Canada.
8. Program direction and funding to community organizations to deliver outcomes consistent with government and department objectives and within reporting requirements.
 - Oversight of funding to community organizations who deliver services in the areas of health promotion (including mental wellness initiatives, physical activity, food and nutrition), smoking cessation, healthy sexuality initiatives.
9. Improved population health through refined public health laboratory screening and response, quality public health laboratory results and analyses, and effective multi-jurisdictional collaborations.
 - 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(a) Administration

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	213	3.45	350	(137)	
Other Expenditures	181		122	59	
Total Sub-Appropriation	394	3.45	472	(78)	

Active Living, Population and Public Health

The objectives were:

- Provide provincial leadership using a population health approach and a focus on health equity to fulfill the core functions of surveillance, health promotion, disease and injury prevention, health protection, as well as public health emergency preparedness and response through:
 - Ensuring compliance with the legislation, standards and regulations of The Public Health Act and The Non-Smokers Protection Act.
 - Monitoring and reporting on the health status of Manitobans.
 - Detecting, assessing, communicating and addressing public health risks and emerging public health issues.
 - Providing leadership on policies, programs and evidence-based practice that advance health and wellness of Manitobans and reduce health inequities, thereby, contributing to the sustainability of the health care system.
 - Providing public health intelligence (e.g., collection, analysis, and interpretation of population data; review of research and information) to guide government departments and service delivery

organizations in the planning, development and evaluation of public health policies, programs and strategies.

- Delivering a provincial environmental health service.
- Planning and coordinating responses to public health emergencies.
- Reporting, detecting, preventing, responding, and managing outbreaks using integrated and evidence-informed strategies to reduce the burden of communicable diseases in Manitoba.
- Reducing commercial 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 individuals who smoke to quit, and de-normalizing tobacco products and their use.

The expected and actual results for 2018/19 included:

1. Enhanced existing tools and protocols (e.g., 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 work in partnership with regional and federal stakeholders, to revise existing forms with the goal of making them more clinically appropriate and useful within the Public Health Information Management System (PHIMS).
 - Both investigation and lab data is now directly entered into PHIMS, a secure and PHIA-compliant system, which completes the transition for the Epidemiology and Surveillance Unit to PHIMS. Previously, the Unit was operating in more than a dozen non-PHIA compliant databases.
2. Improved epidemiology and surveillance systems in Manitoba.
 - Effective and efficient public health follow-up requires a provincial surveillance system to manage both laboratory and investigation forms. With the full implementation of PHIMS within the Epidemiology and Surveillance Unit, a significant step has been taken to improve response times and redirections.
3. Consistent and effective application of regulations under The Public Health Act with public health best practice, national standards and program needs.
 - In conjunction with Manitoba Agriculture, reviewed provincial food safety legislation with the goal to make changes to the Food and Food Handling Establishments Regulation and minor changes to The Public Health Act.
 - In conjunction with Manitoba Agriculture, started a process to develop an Abattoirs Regulation and amend The Public Health Act, as required.
 - Developed infection control measures for personal service establishments in Manitoba.
4. Enhanced capacity in the Public Health workforce in Manitoba (e.g., Health in All Policies, Report on Health Status of Manitobans, Public Health Nurse Standards of Practice).
 - Inventory of public health workforce completed. Working to identify opportunities to enhance public health workforce.
 - Held two Rabies Sample Collector Recruitment and Training Sessions during the 2018/19 fiscal year, in order to enhance sample collection capacity in rural and remote areas of the province, improving service provided by the Provincial Rabies management program in those areas.
 - Documentation forms associated with the public health nurse standards were completed and are being implemented in all regions.
5. Report on indicators of inequalities in health status of Manitobans.
 - Contributed to community health assessment (CHA) in the identification of indicator data related to determinants of health, health status and health care utilization by region.
 - Ensured that indicators of inequalities in health status were included in various interdepartmental working groups e.g., Poverty Reduction Sub-Committee.

6. Metrics to monitor the use of the Provincial Public Health Nursing Standards for prenatal, postpartum and early childhood development are in use.
 - Forms for consistent provincial documentation were developed with evidence based guidelines to support their use. All regional health authorities (RHAs) have or are in the process of implementing the new forms.
7. Consistent, evidence-informed policy and programs to address Public Health priorities in Manitoba.
 - Public health programs and policies were reviewed regularly to ensure they are informed by current evidence and best practice.
 - The department worked with the RHAs to discuss and develop consistency among service delivery organizations. This was done during monthly provincial teleconferences and two in person meetings in 2018/19.
8. Reduced burden (e.g., health system, incidence, prevalence) of communicable diseases.
 - Continued development of the Tick-borne Disease Collaborative Care Service intended to streamline, coordinate and improve the care of patients presenting with possible late Lyme disease and/or other emerging tick-borne diseases.
 - Continued to lead multi-stakeholder efforts to minimize the burden posed by West Nile virus, including surveillance, risk assessment, public education and mosquito control. In 2018/19, 16 communities participated in the provincial cost-shared larviciding program. In response to surveillance data, targeted communications were deployed on multiple occasions to raise awareness and encourage adoption of prevention measures to minimize the risk of exposure.
 - Updated eligibility criteria were implemented for publicly funded tetanus, diphtheria and acellular pertussis (Tdap) vaccine.
 - Transitioned the publicly-funded Human Papillomavirus (HPV) Vaccine Program from a 4-valent to a 9-valent vaccine; the new vaccine protects against 5 additional high-risk virus types.
 - Oversaw and managed exposures to 12 rabies-infected animals using established policies and procedures and thus prevented the transmission of rabies virus to humans.
9. Provincial leadership on Sexually Transmitted and Blood Borne Infection prevention, treatment and surveillance has been provided.
 - Manitoba Health Seniors and Active Living's (MHSAL), Public Health Branch (PH) collaborated with partners across and outside the health sector and RHAs to provide a coordinated response to address the rise in STBBIs. Some actions included:
 - The acting chief provincial public health officer signed an order as the authorizing mechanism for public health nurses to treat uncomplicated syphilis, chlamydia and gonorrhoea under The Regulated Health Professions Act
 - Syphilis treatment protocol was updated and changes were made to ordering forms to ensure that appropriate medications were dispensed
 - Updated syphilis management tool
10. Effective service delivery of public health inspection services.
 - Agreed to the need for the development of a long-term public health inspector recruitment and retention strategy.
 - Reviewed all public health inspector service delivery programs to ensure maximum program efficiency and effectiveness.
11. Evidence-informed policies, protocols, standards and guidelines are in place to manage communicable diseases, including infection prevention and control.
 - The following protocols and guidelines were completed and posted to MHSAL's website:
 - Hepatitis B
 - Hepatitis B Newborn Prophylaxis
 - Enteric Illness
 - Plague

- Cholera
 - Integrated Post-Exposure Prophylaxis
 - Guidelines for the Prevention and Control of Antimicrobial Resistant Organisms
 - Surveillance Definitions for MRSA, VRE and CPE
 - Brucellosis
 - Clostridioides difficile Infection
 - Chlamydia
12. Inter-sectoral plans and response to public health emergencies are in place.
 - Within the health system transformation, began considering how response plans will be adjusted.
 13. Effective and timely public communication in regards to health hazards (e.g., fire/smoke warnings, health message for extreme weather).
 - Communication bulletins were routinely disseminated to increase public awareness of health hazards when they came up. These included flood forecasts this past spring, fire/smoke warnings, and extreme weather advisories.
 14. Smoking prevalence rates continue to trend downward in Manitoba, including fewer young people starting to smoke.
 - Results from the most recent Canadian, Tobacco, Alcohol and Drugs Survey showed the overall smoking rate for Manitobans aged 15+ remained the same from 2015 to 2017. Rates continued to decline for Manitobans aged 25+, however, the rate increased for youth and young adults aged 15 to 24. Manitoba continues to monitor the upward trends in youth vaping behaviours and any potential impact on smoking rates for this age group.
 15. Provisions in The Non-Smokers Health Protection Act are enforced and there is sustained compliance with the prohibition on supplying tobacco products to minors.
 - 865 compliance checks were completed in 2018/19. Compliance remains very high.
 16. Expanded youth prevention programming through an increased number of Students Working Against Tobacco (SWAT) teams in the Winnipeg School Division.
 - In 2018/19 there were 18 active SWAT teams across Manitoba.
 17. Smoking prevention and cessation initiatives in RHAs are maintained.
 - Annual funding was provided to the RHAs to maintain smoking prevention and cessation activities in 2018/19, with a notable expansion of cessation services in the Winnipeg RHA. In 2018/19, MHSAL entered into a 3 year pilot project focused on providing nicotine replacement therapy (NRT) for smokers wishing to quit in the Winnipeg region. Three regions have made progress on their cessation support programming by increasing the number of staff to provide NRT to smokers wanting to quit and building relationships with First Nations communities in order to help support commercial tobacco reduction use.
 18. Integrated equity and prevention considerations in government policy; enhanced collaboration across government departments to reflect a whole-of-government approach.
 - A formal submission was made as part of the consultation process for developing the new provincial poverty reduction strategy. Health was named as one of six priority areas in the March 2019 release of Manitoba's new *Poverty Reduction Strategy: Pathways to a Better Future* as part of "working together to improve health outcomes and standard of living".
 - Provided analysis and recommendations to various unit, branch and cross-departmental initiatives using an equity lens including: The AFFIRM (Affordable Food in Remote Manitoba) program addressing food insecurity in the North, the Healthy Schools initiative, the Gender-based Violence Interdepartmental working group, health impact analysis as part of environmental impact assessments and the Healthy Together Now Guideline review process.
 - A Chief Provincial Public Health Officer's Statement on Health Equity was developed and released. It states that substantial improvements in the overall health of Manitobans can be realized by

reducing the excess burden of ill health among socially and economically disadvantaged populations through policy, program and service decision-making at all levels.

19. Provincial, regional and non-government organizations are engaged in efforts to increase physical activity opportunities in schools and communities.
 - Partnered with internal and external stakeholders in the health, education, sport, recreation, fitness, early childhood and private sectors to increase physical activity opportunities by:
 - providing educational and promotional resources
 - offering quality leadership training focusing on rural and northern Manitoba, older adult peer leaders, peer mentors for afterschool programs, and physical education teachers
 - offering programming and equipment for Indigenous, newcomer and low income children and youth
 - promoting and supporting safe and active transportation for Manitobans of all ages
20. Advances in active transportation policies has occurred.
 - Influenced active transportation policy through participation on the Provincial Road Safety Committee in the development and implementation of the Provincial Road Safety Strategy.
 - Supported the Active and Safe Routes to School initiative through partnership with the Green Action Centre and the Department of Sustainable Development.
21. A provincial food and nutrition framework is in place to enhance coordination, consistency and communication between government departments and other key stakeholders.
 - The development of a food and nutrition framework has been delayed.
22. Enhanced food security and nutrition policies and programs.
 - Supported healthy eating environments through the following initiatives and partnerships:
 - Increased AFFIRM retail subsidy on fruits, vegetables and milk in Churchill from \$1.20 to \$1.60 per kilogram while the rail line was not operational.
 - The Nutrition for Early Learning and Child Care (NELCC) initiative continued to support healthy eating environments in child care facilities throughout Manitoba. NELCC reached a total of 635 child care providers through workshop delivery and webinars; and reached 710 children and approximately 150 child care providers through cooking activities and site visits.
 - The Healthy Food in Schools initiative provided support to schools through direct consultations, educational workshops for school divisions, and by leading the provincial schools nutrition action group to coordinate efforts of dietitians working in schools. Dietitians of Canada is a key partner in both the Nutrition for Early Learning and Child Care and the Healthy Food in Schools initiatives.
 - In partnership with the Child Nutrition Council of Manitoba, supported over 4.5 million meals and snacks served to approximately 28,000 students in 259 school nourishment programs across the province.
 - Over 200 schools and 54 licenced child care centres participated in the Farm to School Manitoba Healthy Choice fundraising program. There were 524,915 pounds of vegetables sold with approximately 72,975 pounds of the vegetables being donated to local food banks in Manitoba. Participating groups retain 50 per cent of the money collected from the sales of the vegetable bundles, this equaled \$313,751 being retained by schools and child care facilities. Peak of the Market and the Manitoba Association of Home Economists were key partners in this program.
 - Worked with Health Canada to provide five educational opportunities on the revised Canada's Food Guide which reached approximately 300 health professionals, educators, provincial government staff from various departments and other key stakeholders in Manitoba.

23. Improved collaboration, services, and data collection among regional health authorities, non-government organizations and the community to prevent unintentional injuries or deaths such as falls, drowning and head injuries.
- Facilitated a coordinated approach to the prevention of falls in Manitoba through the Falls Prevention Advisory Committee (FPAC), with representation from all health regions.
 - In partnership with the Manitoba Coalition for Safer Waters, 164 personal flotation devices (PFDs) were distributed to 9 communities and 23 communities received \$51,370 in funds to support the Community Water Safety Grants Program. Programs supported a wide range of initiatives from improved signage and site development, to school-based swimming programs and training programs for rural facilities.
 - Participated in the Provincial Road Safety Committee (PRSC) as well as two technical committees (Cannabis/Impaired Driving working group and the Vulnerable Road User/Active Transportation Working group) to ensure collaboration amongst key road safety stakeholders in efforts to reduce collision-related fatalities and injuries.
 - Worked in collaboration with all five RHAs to develop a consistent, standardized and evidence-informed fall prevention exercise pilot program to be delivered in the community in 2019.
24. Improved collaboration among RHAs, non-government organizations and the community to identify priorities and mitigate poor sexual health outcomes among vulnerable populations, including reduced incidence of STBBIs, increased access to harm reduction supplies and resources.
- Provided annual grant funding to five agencies and four regional health authorities to support 16 programs throughout the province that collectively address poor sexual health outcomes due to marginalization and/or reduce STBBIs due to substance use.
 - Provided provincial leadership in bringing together four rural health regions, federal partners and community experts to ensure a consistent approach to delivering harm reduction services throughout the province.
 - Supported and worked collaboratively with all five regional health authorities to establish or build on harm reduction and peer network programming. 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.
25. Coordinated effort to address non-communicable disease that maximizes resources and prevention efforts in support of improving health outcomes. Strong regional engagement and policy/program leadership, including financial support for implementing approximately 320 community-led chronic disease initiatives; improved data collection of community projects and outcomes related to healthy eating, physical activity, tobacco cessation and mental well-being.
- Provided funding and provincial leadership to regions, communities and rural municipalities across Manitoba in implementing the chronic disease prevention initiative Healthy Together Now (HTN) program. Together, regions approved approximately 300 HTN proposals outlining community level chronic disease prevention efforts. Communities led activities in the areas of mental well-being, physical activity, nutrition and prevention and reduction of tobacco use that were unique to their region and community.
 - Hosted a Manitoba Health Promoters Core Competencies Day Workshop that provided professional development opportunities to health authority staff and community health developers in the topics of evaluation and equity. Over 80 participants furthered their understanding on the social determinants of health and social return on investment evaluation and the implications to their work in the field of health promotion.
26. Improved equity in the provision of healthy schools grants through improved engagement with school divisions, schools and other partners.
- Engaged with school division stakeholders through a formal survey process and developed analysis of past use of funds to guide the development of enhanced Healthy Schools Grant Guidelines.
 - Continued to support health promotion activities and wellness through the Healthy Schools grants at the provincial, divisional, independent and First Nations 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.

- Partnered with Manitoba Education and Training to represent Manitoba nationally at the Joint Consortium for School Health and to identify and collaborate on health issues such as reconciliation, equity, mandate renewal, and resource development.
- Partnered with Manitoba Education and Training to distribute an electronic cannabis resource package to school administrators to further support education and prevention efforts at the school level.

27. Coordinated inter-sectoral and inter-jurisdictional plan and coordinated response to reduce the harms of use and abuse of opioids and other problematic substances in Manitoba, including: reduced barriers to harm reduction services and treatment programs; enhanced surveillance data on the prevalence and impacts of opioids and other problematic substances; evidence-informed public education, harm reduction and other public health policy and program interventions.

- Continued to address the serious issue of opioid use and misuse in the province through a broader health system response (Manitoba Problematic Substance Use and Harms committee) that has expanded to include other substances such as opioids, crystal methamphetamine, cannabis and alcohol. Coordinated and collaborated with provincial and regional partners and other relevant stakeholders to:
 - Expand access to Manitoba’s Provincial Naloxone Distribution program - Naloxone kits are now available in 90 registered sites across the province, including 28 First Nations communities
 - Improve data collection to better target interventions - the Surveillance of Opioid Use and Overdose in Manitoba baseline report and all quarterly reports have been released.
 - Provide specialized education for service providers and parents - partnered with the federal government and the College of Physicians and Surgeons of Manitoba (CPSM) to increase access to opioid replacement therapy (ORT) prescriber training and ORT treatment availabilities.
 - Improve prescription drug monitoring to prevent prescription drug misuse - worked with CPSM to implement the standard of practice for prescribing opioids for chronic non-cancer pain - Manitoba continued to collaborate with and participate on the F/P/T Scientific Advisory Committee on the Epidemic of Opioid Overdoses and the F/P/T Problematic Substance Use and Harms Committee.

28. Surveillance data on cannabis impacts readily available to inform public education, harm reduction activities, and other public health program and policy interventions in Manitoba.

- The Surveillance of Opioid Use and Overdose in Manitoba baseline report and all quarterly reports have been released.

4(b) Active Living, Population and Public Health

Expenditures by Sub-Appropriation	Actual 2018/19		Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
	\$(000's)	FTE			
Salaries and Employee Benefits	15,027	133.45	15,811	(784)	
Other Expenditures	8,592		10,310	(1,718)	1
External Agencies	253		426	(173)	
Total Sub-Appropriation	23,872	133.45	26,547	(2,675)	

Explanation Number:

1. Primarily due to lower transmission risks in the West Nile Virus program and other miscellaneous under-expenditures.

Intergovernmental Strategic Relations

The objectives were:

- Ensure policy support and analysis is provided on health-related items for Manitoba's Premier for the Council of Federation (CoF), and the Council of Western Premiers (CoWP).
- Compile briefing material and provide policy support to the minister and deputy minister for federal/provincial/territorial (F/P/T), provincial/territorial (P/T) meetings and federal/provincial files to advance Manitoba's health priorities at intergovernmental tables.
- Provide strategic policy advice and logistical support to the minister, deputy minister and leadership within the department on federal, inter-provincial, and inter-jurisdictional health matters.
- Provide timely, evidence-based policy and planning support that advances the goals and objectives of the department regarding Indigenous health respecting reconciliation principles.
- Engage, facilitate, or lead strategic relationships and partnerships with stakeholders to address key challenges, barriers, and impediments for Indigenous and northern health, well-being and equity. This work includes providing oversight in the provision of primary care services in the Provincial Nursing Stations (PNS), in compliance with the Memorandum of Agreement (MOA) with the federal government.
- Work to establish partnerships and collaboration that promote reconciliation in accordance with the Truth and Reconciliation Commission recommendations and in consideration of the United Nations Declaration on the Rights of Indigenous People (UNDRIP).

The expected and actual results for 2018/19 included:

1. Manitoba's premier, along with the minister and deputy minister, and the department of Manitoba Health, Seniors, and Active Living (MHSAL) receives policy support and coordination of F/P/T and P/T health matters.
 - Participated in weekly and biweekly F/P/T teleconferences; provided intelligence, policy, organizational and analytic support and coordination to the deputy minister and minister on all pertinent F/P/T and P/T health matters.
2. During 2018, the branch supports the minister to lead the P/T health ministers' table and co-lead (with the federal minister) the F/P/T health ministers' table.
 - Provided secretariat support (including agendas and all briefing materials) for the minister as lead of the P/T health ministers' table and co-lead of the F/P/T health ministers' table.
3. During 2018, the branch supports the deputy minister to lead the P/T health deputy ministers' table and co-lead (with the federal deputy minister) the F/P/T health deputy ministers' table.
 - Provided secretariat support (including agendas and all briefing materials) for the deputy minister as lead of the P/T health deputy ministers' table and co-lead of the F/P/T health deputy ministers' table.
4. Strong, collaborative and strategic relationships with pan-Canadian institutions that advance key initiatives on behalf of the Manitoba government.
 - Fostered and maintained working relationships with pan-Canadian institutions, pan-Canadian health organizations, governments, and stakeholders in order to advance common understandings, policy positions, and communications protocols.
5. Improved policies, structures and processes that support coordinated provincial Indigenous and northern health planning and oversight.
 - Involved in several activities that involved supporting coordinated provincial Indigenous and northern health planning. These activities keep the minister's and deputy minister's office apprised and informed of upcoming matters.
 - Helped to maintain and strengthen existing relationships with Manitoba Indigenous organizations to ensure their health needs and well-being are being met.

6. A repository of Indigenous and northern health information that increases knowledge, cultural competencies, and enhances cultural safety for all relevant partners that address reconciliation.
 - Provided advice and expertise to branches within the department and Shared Health regarding culturally safe and appropriate best practices and research. These practices are informed by Indigenous communities themselves via their representative organizations/partners.
 - Maintained a knowledge bank to strategically house, organize, and access current and relevant public, peer-reviewed and gray literature and research in a simple and reliable manner.
7. Continued access to provincial health services for residents living in Mosakahiken Cree Nation and the Moose Lake Community; Chemawawin Cree Nation and the Community of Easterville; and Misipawistik Cree Nation and the Town of Grand Rapids in compliance with the Memorandum of Agreement (MOA) with the federal government.
 - Continued to provide primary care to the nursing stations 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”).

4(c) Intergovernmental Strategic Relations

Expenditures by Sub-Appropriation	Actual 2018/19		Estimate 2018/19	Variance Over(Under)	Expl. No.
	\$(000's)	FTE	\$(000's)	\$(000's)	
Salaries and Employee Benefits	900	12.00	929	(29)	
Other Expenditures	325		686	(361)	
Total Sub-Appropriation	1,225	12.00	1,615	(390)	

Cadham Provincial Laboratory Services

The objectives were:

- To provide public health laboratory functions that strategically contribute to population health improvements.
- To improve disease detection, characterization and control through a leveraged model of surveillance, investigation and detection.
- To inform public health practice, and to provide education and research, in order to control disease and sustain a well-trained and inter-connected public health workforce.
- To improve laboratory productivity and plan future technological/scientific needs in order to achieve efficient and effective public health responses.

The expected and actual results for 2018/19 included:

1. Provision of responsive public health laboratory (PHL) functions to government departments, service delivery organizations, health practitioners, medical laboratories and other stakeholders.
 - Assisted affected areas with enhanced screening protocols for selected sexually-transmitted and blood-borne infections (STBBIs), predominantly amongst pregnant women.
 - Assisted public health practitioners with enhanced surveillance and management support for prevalent post-infectious conditions.
 - Introduced routine genetic detection of common enteric pathogens for submissions to the PHL.
2. Increased/improved effectiveness of uptake for recommended screening programs.
 - Screening for all STBBIs experienced an increase in 2018/19.
 - The number of newborns screened for metabolic diseases increased in 2018.
 - Improved uptake of fecal occult blood screening in 2018.
3. Improved response to outbreak investigations, leading to improved detection of preventable disease.
 - Maintained streamlined laboratory response and surveillance for ongoing mumps virus activity.

- Migrated influenza outbreak response to rapid nucleic acid detection format, which greatly improves the sensitivity of detection and speeds public health response.
 - Introduced routine whole-genome sequencing of enteric pathogens to better link food and water-borne disease clusters.
4. Population monitoring and surveillance that drives strategic planning and program refinements.
 - Examined the interaction between populations with different STBBIs based on laboratory screening information to discern trends in exposure and potential risk for infection.
 - Provided weekly, and as needed, respiratory virus activity reports to health systems and public health leaders.
 5. Timely and effective provincial and national public health protocols, plans and disease control strategies.
 - Contributed to work on The Reportable Diseases Regulation and to specific communicable disease protocols including: syphilis, seasonal influenza, cholera, Chlamydia trachomatis, and the post-exposure protocol.
 6. Improved and informative research, collaborations and public health analysis.
 - Evaluated historical sexually transmitted infection screening trends to better define the likelihood of infection and to inform priority setting.
 - Evaluated real-time sexually transmitted information to inform real-time resources needs for increased activity.
 7. Improved reporting effectiveness through refinement of information services delivered through the Public Health Laboratory Information Management System.
 - Improved infection prevention and control (IP&C) reporting to include measles, mumps, varicella and hepatitis A, encompassing a broader number of inpatient units, and to follow more efficient lines of IP&C communication.
 - Eliminated laboratory information system rules that were redundant, needless or inefficient.
 - Updated public health notification reports to more closely align with processes and terms used in surveillance.
 8. Modern investigative technologies in public health are evaluated, implemented and positively contribute to better health outcomes.
 - Whole genome sequencing, a method of microbial genetic fingerprinting, was routinely introduced in partnership with the National Microbiology Laboratory. Manitoba was the first province to completely convert its enteric food safety investigation protocols to this new global standard.

4(d) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual		Estimate		Variance Over(Under) Expl. No.
	2018/19 \$(000's)	FTE	2018/19 \$(000's)	\$(000's)	
Salaries and Employee Benefits	9,685	115.00	9,851	(166)	
Other Expenditures	8,274		8,467	(193)	
Total Sub-Appropriation	17,959	115.00	18,318	(359)	

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 dialysis, transplant and transfusion services
 - health emergency management
- To facilitate coordinated and integrated strategic provincial planning for health services for Manitobans by liaising with program leadership in other divisions of the department, notably including the following branches:
 - Continuing Care
 - Mental Health and Addictions
 - Primary Health Care
 - Active Living, Population, and Public Health
 - Intergovernmental Strategic Relations
- To provide support to the minister and service delivery organizations through ongoing policy direction and oversight of, and public reporting on outcomes of, health services.
- To ensure progress and status of implementation of minister's mandate letter initiatives.

The expected and actual results for 2018/19 included:

1. The department's strategic objectives and priorities are advanced with respect to acute, tertiary, and specialty services, cancer and diagnostic care, and emergency medical services and in an integrated manner that improves patient's experience, health outcomes for Manitobans, and demonstrates value.
 - Worked with regional health authorities, CancerCare Manitoba (CCMB) and Shared Health (formerly 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 health system leadership, provincial quality and patient safety, and provincial acute and specialty health services.
 - Focused planning and implementation efforts on improving access to care and reducing waits for health services and supporting system enhancements.
 - Completed implemented of the ambulance fee reduction, reducing fees from an average of \$500 per primary transport to a maximum flat rate of \$250 per primary transport, as per the ambulance fee mandate.
 - Undertook activities to progress implementation of an acute stroke unit as per the stroke unit mandate.
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 service delivery organizations 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, regional health authorities, CancerCare Manitoba (CCMB) and Shared Health (formerly 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 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	174	4.00	323	(149)	
Other Expenditures	934		933	1	
Total Sub-Appropriation	1,108	4.00	1,256	(148)	

Health Emergency Management

The objectives were:

Emergency Medical Services (EMS)

- To provide provincial leadership and expertise to ensure competence of EMS personnel and delivery of EMS services in accordance with The Emergency Medical Response and Stretcher Transportation Act and regulations.
- To lead evidence-informed provincial planning, policy and legislation development to support the provision of safe, quality, efficient, effective and responsive EMS to Manitobans.
- To inform Manitobans and the department about demand, capacity, access and waits for EMS services.
- To lead evidence-informed/best-practice clinical treatment of patients and quality assurance through the provincial Office of the Medical Director.
- To respond to critical care medical evacuation needs by coordinating the operation of the Lifeflight Air Ambulance Program.

Office of Disaster Management

- To coordinate the department's overall health disaster management mitigation, preparedness, response and recovery efforts.
- To support an effective cross-provincial and intergovernmental approach to health disaster management.
- To ensure robust business continuity plans (BCPs) are developed across departmental branches.
- To establish provincial standards for Emergency and Continuity Management Program.
- To lead and promote continuous quality improvement and innovation in all phases of health disaster management.

The expected and actual results for 2018/19 included:

Emergency Medical Services

1. EMS personnel are educated and examined in accordance with regulatory requirements.
 - 4 education agencies were approved to provide emergency medical responder (EMR) education.
 - 118 candidates accessed the entry to practice provincial exam at the emergency medical responder level. 72 candidates successfully completed the exam.
 - There were no appeals to Manitoba Health Appeal Board regarding exam results for the 2018/19 fiscal year.
 - 4 educational agencies were approved to provide primary care paramedic (PCP) education
 - 169 PCPs accessed the Canadian Organization of Paramedic Regulators' (COPR) entry to practice exam. 98 successfully completed the exam.

- 35 advanced care paramedics (ACP) accessed the COPR entry to practice exam, 22 successfully completed the exam. Of note, a candidate from Winnipeg Fire Paramedic Education Academy received the highest mark in Canada on the COPR ACP exam and was recognized for the accomplishment.
 - The EMS Branch holds a position on the COPR board, which ensures barrier-free professional mobility and compliance with the Agreement on Internal Trade.
2. EMS personnel of land ambulance, air ambulance, and medical dispatch and stretcher car services are licensed.
 - As of March 31, 2019 there were 3,956 licensed EMS personnel in Manitoba. This includes 3,110 land personnel (EMR, PCP, ACP including MFR and dispatch); 506 air personnel (aeromedical attendants, air ambulance pilots) and 338 stretcher attendants.
 - From April 1, 2018 to March 31, 2019, 483 new personnel licenses were processed and 1,064 personnel licenses were renewed.
 - Service licenses issued effective January 1, 2019 to December 31, 2019 for 18 land EMS; 15 medical first responder services; 7 air EMS; 2 dispatch centres; and 2 stretcher transportation services.
 3. Land and air ambulance services and stretcher car services are inspected and licensed in accordance with regulatory requirements.
 - Annual land and air ambulances and stretcher vehicle inspections occurred from May 2018 to July 2018.
 - 52 land ambulances, 11 aircraft and 11 stretcher vehicle inspections were completed and all were deemed to be in accordance with the regulatory requirements.
 4. Timely medical transportation is provided by fixed wing, rotary wing, land ambulance and land stretcher service.
 - Manitoba patient transport data below is for fiscal 2018/19 unless noted otherwise:
 - Fixed wing basic air ambulances: 6,389
 - Rotary wing air ambulance: 391
 - South Air Ambulance Program: 7
 - Lifeflight: 584
 - Rural ground ambulances: 63,982 *

*Ground ambulance transport data included here is limited to that tracked by the Medical Transportation Coordination Centre (MTCC). It is notable that Winnipeg and some northern services are not yet dispatched by MTCC and their data is not captured here.
 5. EMS performance indicator data is collected, monitored and reported quarterly and annually.
 - The branch received monthly and annual reports on performance indicators and statistics for rural EMS from MTCC dispatch centre.
 - 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.
 6. Current and relevant EMS standards, policy, protocols and procedures are developed and published.
 - EMS protocols and procedures which represent evidence based, best practice patient care, medications and procedures, are the foundation of EMS practice in Manitoba. To date, 332 patient care maps and associated documents have been developed and distributed to EMS services throughout Manitoba.
 7. EMS personnel adhere to provincial standards, protocols and procedures.
 - Incidents or concerns related to adherence to provincial standards, protocols and procedures are investigated by the provincial medical director and appropriate remediation completed.

8. Legislation and policies governing EMS are reviewed and updated.
 - Collaborated on draft amendments to both The Land Emergency Medical Response System Regulation and The Air Emergency Medical Response System Regulation in order to modernize language and equipment lists, decrease redundancy, red tape and support the transition to paramedic self regulation.
9. Manitobans receive timely response to enquiries.
 - Responded to public enquiries in person, by phone, and e-mail within 10 working days.
10. Progress is made towards the implementation of the EMS review.
 - Provided analysis to support the announcement of 35 additional full time paramedic positions for rural Manitoba to reduce reliance on part time and on-call personnel.
 - Provided analysis to support the planning and building phases regarding optimization of EMS bases in rural communities to increase reliability of service and improve response times for emergency calls.
 - Participated in working groups to support progress towards centralized governance of provincial EMS under Shared Health in conjunction with health system blueprinting and transformation.
11. Annual targets for reduction in ambulance user fees is achieved.
 - On April 1, 2018, the fee was reduced to \$340 which represents the third step reduction towards the goal of reducing fees by 50 per cent of the 2015 average of \$500.

Office of Disaster Management

1. A best practices-informed health disaster management program for the health system that complies with the Canadian Standards Association Emergency and Continuity Management Program (Z1600).
 - Ensured maintenance of appropriate health care service delivery during 533 non-routine events through overseeing and/or coordinating the regional health authorities (RHAs), Shared Health (formerly Diagnostic Services Manitoba), Cadham Provincial Laboratory, Selkirk Mental Health Centre, CancerCare Manitoba, northern nursing stations, Manitoba Hydro, BellMTS, and relevant provincial and federal government partners.
 - Coordinated communications amongst multiple agencies and the health system concerning power outages, communication outages, severe weather events, security events, water boil advisories, rapid information requests, potential media inquiries, and wild land fire and smoke events causing community evacuations.
2. A resilient department that complies with the Government of Manitoba's Business Continuity Planning Cycle.
 - Business continuity planning including establishing incident commanders for each of the department's critical functions was completed.
 - Business continuity plans were successfully utilized business continuity plans for an internal building issue which had impact to departmental operations.
 - Exercised a mass notification system in preparation for implementation in the department.
3. Health system-wide adoption of formal hazard risk and vulnerability assessment tools.
 - Provided oversight and coordination across all hazards through the phases of prevention, mitigation, preparedness, response, and recovery.
 - Created a geographic information system based hazard risk and vulnerability assessment tool for RHA and non-RHA organizations involved in health care delivery.
4. A standardized health incident management structure implemented across the department and health care delivery organizations.
 - Supported RHAs to refine their incident management structures.
 - Worked with Shared Health in developing a new incident management structure in relation to the spring flooding to identify the change in roles and responsibilities and how they would impact the health system.

5. A cross-provincial and intergovernmental network that facilitates pan-Canadian health disaster management initiatives.
 - Co-ordinated inter-departmental and inter-governmental information sharing and joint issues management from a health perspective to meet the needs of up to 2,600 wildfire evacuees from Lynn Lake, Kinonjeoshtegon First Nation, Sapotaweyak Cree Nation, Little Grand Rapids, Pauingassi First Nation and Marcel Colomb First Nation.

5(b) Health Emergency Management

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,415	23.00	2,252	163	
Other Expenditures	7,931		6,917	1,014	1
External Agencies	20		33	(13)	
Total Sub-Appropriation	10,366	23.00	9,202	1,164	

Explanation Number:

1. Primarily due to price for transportation being higher than originally budgeted in HSAL.

Cancer and Diagnostic Care

The objectives were:

- To undertake provincial role in policy, planning, funding and oversight of cancer, diagnostic imaging, diagnostic laboratory, and renal services, ensuring the delivery of safe, high quality, efficient and effective care to Manitobans which includes:
 - Leading evidence-informed planning for provincial policy and provincial standardization of services.
 - Monitoring and evaluating the cancer and diagnostic services system performance as it pertains to quality, safety, cost and service efficiency and effectiveness.
 - Informing Manitobans and the department about access, capacity and appropriate use of existing and future cancer, diagnostic imaging, laboratory, and renal services.
 - Stewarding integrated, high quality, safe, efficient, effective and evidence-informed cancer, diagnostic imaging, laboratory, and renal services.

The expected and actual results for 2018/19 included:

1. Service delivery organizations are in compliance with various components of legislation, accreditation, patient safety, quality and patient safety reporting.
 - CancerCare Manitoba, Shared Health (formerly Diagnostic Services Manitoba) and regional health authorities (RHAs) were accredited and were in compliance with legislation promoting patient safety, quality and patient safety reporting.
2. Increased system accountability for standardized province-wide service delivery for renal and diagnostic services.
 - Monitored progress of integrated stakeholder provincial plan and reporting for standardized magnetic resonance imaging (MRI) services in the province.
 - Advanced accountability and oversight, through analysis, advice and engagement, 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 cancer, renal programs in urban, rural and northern communities.
 - Exercised provincial stewardship in anticipating and identifying emerging cancer, 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.

3. Enhanced accountability for quality, access, transparency and sustainability of diagnostic and renal healthcare services.
 - Provided sustainability analysis and advice regarding plans for volume demand for diagnostic imaging, laboratory services and cancer treatment, prevention and survivorship identified by Shared Health and CCMB.
 - Contracted with, and provided oversight to the Canadian Cancer Society (CCS) for a transportation program to ensure patients receive transportation to cancer treatment and appointments no matter where they live in the province.
 - Collaborated with Kidney Foundation of Canada, Manitoba Chapter (KFC MB) to advance timely home hemodialysis utility reimbursement and improve delivery of the Living Organ Donor Reimbursement Program (LODRP).
 - Provided oversight to renovations to rural community cancer program sites.
 - Provided analysis regarding recommendation regarding low dose computed tomography in the screening of lung cancer for high-risk patients.
 - Provided programmatic support to advance community assisted renal dialysis services to provide support for those who are unable to manage tasks associated with performing home based treatments, including a growing frail geriatric population in nursing homes, reducing the need for both in-centre dialysis and transportation to receive treatment.
 - Sponsored, and provided oversight for a diagnostic imaging outpatient clinic in addition to the implementation of human papillomavirus (HPV) reflex testing in Manitoba funded through the Transformation Capital Fund.

4. Enhanced planning and oversight to ensure Manitobans have timely access to appropriate, quality diagnostic, renal and cancer services.
 - Provided programmatic support to increase access through the addition of a new MRI facility in northern Manitoba at Dauphin Regional Health Centre.
 - Provided analysis and oversight in consideration of CAR-T immunotherapy for the treatment of adult and pediatric patients with lymphoma.
 - Provided oversight, analysis and advice regarding prioritization of replacement of specialized equipment for diagnostic imaging, laboratory and renal dialysis services across the province.
 - Provided oversight, analysis and advice regarding access and supported appropriateness efforts to enhance timely access to appropriate, quality, sustainable diagnostic, renal and cancer services.
 - Supported Manitoba Renal Program (MRP) to increase renal capacity for additional patients, including expansion of home modalities in Winnipeg and Norway House and other local renal health centres within the province.
 - Supported MRP to increase renal clinic capacity to provide timely access to renal care.
 - Provided analysis and advice to advance the delivery of diagnostic magnetic resonance imaging services in Manitoba.
 - Provided oversight and analysis regarding the replacement of linear accelerators for radiation treatment at CCMB.
 - Provided oversight and accountability in the finalization from film to digital mammography including mobile in the province.
 - Provided oversight and accountability through approval, to facilitate replacement of aging diagnostic and treatment equipment in laboratories, cancer facilities and imaging facilities.
 - Undertook analysis and oversight of CCMB and Shared Health regarding proposals for molecular testing in Manitoba.
 - Provided analysis and oversight regarding cancer drug approvals, its process and for intravenous (IV) and oral chemotherapy.

5. Manitobans receive timely response to enquiries.
 - In collaboration with RHAs, Shared Health, CCMB and provincial health agencies, responded to system issues and public information enquiries in a timely manner.

6. Evidence informed program and policy planning and implementation.
 - Provided oversight to monitor performance, financial and statistical reporting of cancer, diagnostic imaging volumes, wait times, laboratory testing turn around time, and service purchase agreements with external stakeholders.
 - Consumed and analysed Canadian Agency for Drugs Technologies in Health reports on emerging health technologies such as evidence of clinical, cost effectiveness, including implementation guidelines, to inform policy positions.
 - Consumed and analysed reports of the Canadian Institute for Health Research as it relates to policy planning for the underserved, to inform policy positions.
 - Monitored cancer, diagnostic and renal performance targets and indicators within the provincial performance management framework.
 - Consumed and analysed reports of the Canadian Institute for Health Information on radiation, IV chemotherapy treatment wait time benchmark analysis and performance management framework, to inform policy positions.
 - Assessed and provided advice on proposals related to new expanded or revised programs and services.
 - Consumed and analysed reports regarding the pan-Canadian framework for HPV testing in addition to cancer survivorship to inform policy positions.

5(c) Cancer and Diagnostic Care

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	683	9.00	824	(141)	
Other Expenditures	238		449	(211)	
Total Sub-Appropriation	921	9.00	1,273	(352)	

Acute, Tertiary and Specialty Care

The objectives were:

- To lead evidence-informed planning, provincial policy, and provincial standardization of acute, tertiary and specialty care programs and services to ensure the delivery of safe, quality, efficient and effective care to Manitobans.
- 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 2018/19 included:

1. Service delivery organizations are in compliance with various components of The Regional Health Authorities Act including accreditation, patient safety, community consultation, health service delivery, and quality and patient safety reporting.
 - All regional health authorities (RHAs) had local health involvement groups in place.
 - RHAs and provincial health service organizations demonstrated compliance with critical incident reporting requirements.
 - 125 critical incidents were reported to the department during the fiscal year 2018/19.
 - Reporting on the progress of implementation of recommendations resulting from critical incident reviews continued to be strengthened through revisions in provincial policy and enhanced monitoring.
 - All RHAs were in compliance with the community health assessment reporting requirements, as required by The Regional Health Authorities Act and associated regulations.

- All RHAs and agencies operated according to the accreditation legislation and guidelines.
2. Service delivery organizations are in compliance with various Manitoba legislation and regulations, including but not limited to The Hospital Act, The Health Services Insurance Act, The Universal Newborn Hearing Screening Act, The Apology Act and The Regulatory Health Professions Act.
 - Regional audiology departments submitted data on an annual basis to show compliance to the Universal Newborn Hearing Screening (UNHS) legislation. Data collected was compiled and presented publicly through the UNHS page on the department's website.
 3. Health system partners and stakeholders are informed of, and work collaboratively to resolve emerging acute, tertiary and specialty care service issues.
 - Participated in and/or led a variety of provincial working groups and councils, including but not limited to:
 - The Manitoba Quality and Patient Safety Council, whose mandate is to determine and prioritize actions and plans to advance quality and patient safety within Manitoba.
 - The pan-Canadian Collaborative on Health Equipment Procurement, whose mandate is inter-jurisdictional collaboration to maximize efficiencies in procurement of basic and specialized health equipment.
 - The Patient and Public Engagement Network, whose mandate is to promote, support, and evaluate patient and public engagement activities across the system, and is comprised of representatives of all health services organizations.
 - The Medical Device Reprocessing Working Group (MDR), whose mandate is to align the implementation of MDR services with provincial and national standards.
 - The Accessibility Working Group, whose mandate is to complete the department's accessibility plan to ensure compliance with The Accessibility for Manitobans Act.
 - Regional audiology managers, who meet quarterly to discuss current issues within audiology services throughout the province.
 - 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 conduct a community health assessment to assess the strengths and health needs of Manitobans. CHAN membership has expanded to include Shared Health and Addictions Foundation of Manitoba.
 - The Accreditation Working Group, whose mandate is to share tools and resources, and to coordinate and guide regional actions and plans in alignment with accreditation standards, to advance quality and patient safety within Manitoba.
 4. Progress towards establishment of an acute stroke unit occurs.
 - Undertook activities to progress implementation of an acute stroke unit as per the minister's mandate.
 5. Government receives advice and recommendations on strategies to improve Manitobans' access to priority procedures and emergency department care.
 - Undertook activities to support the progression of the Provincial Clinical and Preventive Services Plan.
 - Supported government's activity in establishing additional priority procedure volumes to improve access to care.
 6. New, expanded or revised programs are implemented in accordance with government priorities.
 - Provided support for increased activities of the Western Canadian Children's Heart Network.
 - Established criteria for department use in determining approved referring providers for insured transgender surgical services.
 - Supported development of functional programming and operational requirements for various capital redevelopment projects.

7. Manitobans receive timely response to enquiries.
 - Provided timely investigations and responses to public enquiries, media enquiries and The Freedom of Information and Protection of Privacy Act (FIPPA) enquiries.
8. Current programs are executed in accordance with established policies, plans and authorities.
 - Participated in RHA program leadership discussions and meetings to develop and sustain effective and collaborative working relationships and ensure regional alignment with provincial policies, priorities and objectives.
 - Undertook monitoring, analysis and advisory activities for all areas of acute and specialty health care services, including but not limited to: wait times for monitored procedures, grant funded agreements, performance deliverables for bariatric and cardiac surgical programs, patient safety, accreditation, and community health assessments.
9. Provincial policy and direction enables consistent service delivery and standards province wide.
 - Provided direction to RHAs and provincial health service organizations to support consistent adherence to provincial policy and expectation for medical device reprocessing.
 - Undertook an audit of provincial policy HCS200.29, Emergency Department Registration, Triage and Waiting Room Monitoring Policy, in all RHAs. This policy was established to ensure appropriate oversight, monitoring and auditing activities of emergency department waiting room and triage processes, as per the recommendations of the Brian Sinclair Inquest.
 - Provided policy advice to government on a variety of acute care issues, and similarly, government policy direction to the RHAs on a variety of such issues.
 - Collaborated with partner government departments and operators of the Unified Referral and Intake System (URIS) to create provincial standards to keep children with special health conditions safe in community programs.
10. 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 15 pediatric surgical and medical specialties, totaling over 400 pages of reports, to program leads and RHA management.
 - Continued to refine and improve RHA data collection associated UNHS.
 - Led CHAN participation in collaborative research in the Need to Know Team project at the Manitoba Centre for Health Policy.
11. Increased standardization and integration of acute care sector activities across service delivery organizations.
 - 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 service delivery organizations.
 - Provided leadership to Provincial Medical Device Reprocessing Working Group to ensure provincial integration and adherence to consistent standards.
 - Provided leadership to a provincial working group to establish consistent inpatient bed categories and definitions for comparable documentation of bed capacity across the province.
 - Provided leadership to the Audiology Working Group to reduce inconsistencies in access and programs between regions.
 - Initiated CHAN work to produce provincial reports integrating community health assessment data and findings from all regions to support clinical and preventive services planning work.
12. Increased departmental and health system capacity to apply quality improvement processes.
 - Provided leadership to the work of the Manitoba Quality and Patient Safety Council, whose mandate is to determine and prioritize actions and plans to advance quality and patient safety within Manitoba.

- Provided coordination of the Provincial Patient Safety Consultants Network to ensure shared learning from patient safety events.
- Coordinated sharing of information and resources between regional accreditation coordinators to ensure alignment of and efficiencies to quality improvement processes.

5(d) Acute, Tertiary and Specialty Care

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2018/19 \$(000's)		2018/19 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	2,125	28.00	2,166	(41)	
Other Expenditures	1,176		1,403	(227)	1
Total Sub-Appropriation	3,301	28.00	3,569	(268)	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Mental Health and Addictions, Primary Health Care, and Seniors

Administration

The objectives were:

- To provide strategic leadership and direction to advance and support the objectives and priorities of the department throughout the province by focusing on improving the health of the population and contributing to the overall sustainability of the health care system.
- To promote the health and well-being of the seniors' population, with partners in government and communities to improve access to information, services and health supporting environments. As this population continues to increase over the next several years, strategies to maintain the health and well-being and improvement of quality of life is paramount in delaying the need for continuing care and other government services.
- To lead evidence-informed planning, provincial policy, and provincial standardization of continuing care programs and services to ensure the delivery of safe, quality, efficient, effective and responsive continuing care health services.
- To provide direction and support to the Office of Protection for Persons in Care to ensure the requirements of The Protection for Persons in Care Act are fulfilled.
- To build an integrated primary care system, based on less-costly community-based health services, where service delivery entities and organizations work towards a common set of measurable service standards to support improved health outcomes.
- To develop a mental health and addictions strategy focused on improving coordination and access to services supporting children, youth, adults, families and caregivers in Manitoba.
- To provide policy direction to the Addictions Foundation of Manitoba as the largest addiction service provider in the province.
- To support the development of an integrated primary care system where service entities, service providers, and service delivery organizations work together to improve access to community based health services for all Manitobans but, in particular, vulnerable population groups and patients with complex needs.
- To provide policy direction and oversight of the application of The Mental Health Act in the province.
- To provide policy direction and oversight of funding to non-government organizations as partners in seniors' programming, addictions and mental health and primary health care programs and services.
- To address new and emerging health issues, such as the harmful use of opioids and other substances and the legalization of marijuana through policies and initiatives that emphasize harm prevention and risk reduction for Manitobans.

The expected and actual results for 2018/19 included:

1. Development of a mental health and addictions strategy that focuses on delivery of timely and appropriate access through well-coordinated service delivery.
 - In May 2018, the report commissioned by the province *Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans*, also known as the Virgo report, was released to the public. A series of initiatives were planned and approved for implementation in 2018/19 that aligned with the recommendations of the Virgo strategy.
2. Compliance with legislative and regulatory requirements as supported by evidence-based policy.
 - Manitoba Health, Seniors and Active Living (MHSAL) and partner departments continued to develop evidence-based policy options to support use of recreational cannabis in a manner consistent with maintaining health and well-being of Manitobans. Planning of initiatives to address opioid use and overdose were initiated, involving regional and other community service providers, including police and justice officials.
3. Program direction and funding to community organizations to deliver outcomes consistent with government and department objectives and within reporting requirements.
 - MHSAL provided funding, supported by service agreements for front-line service delivery in addictions and mental health, primary care and seniors' programming.
4. Provision of strategic leadership and collaborative planning in primary care.
 - MHSAL continued to support access to continuous and comprehensive primary care, including the ongoing support and development of My Health Teams, preparation of a report on recruitment and retention of primary care providers across the province and ongoing operation of the Family Doctor Finder program.
5. Evidence-based provincial policies, programs, services and legislation reflect the needs of the seniors' population and reflect promising practices.
 - MHSAL liaised with other departments, across provinces and with the health system on issues impacting the seniors' population, oversight to funded partners in support of elder abuses, awareness and training was undertaken. Involvement in policy development reflecting labour force decisions for the older population and core community supports to age in the community was undertaken. Information sharing through telephone and online enquiries regarding services for seniors was continued.
6. Improved safety in the system through administration of The Protection for Persons in Care Act.
 - The Protection for Persons in Care office received 2,675 reports of abuse or neglect between April 1, 2018 and March 31, 2019, relating to vulnerable Manitobans in health care facilities. Response to these reports included undertaking detailed review processes to determine if abuse or neglect had occurred, communication with families and facilities and providing direction to facilities where changes were identified to support patient safety.
7. Preservation of patients' right under The Mental Health Act through appropriate interpretation and application of the act.
 - The Office of the Chief Provincial Psychiatrist responded to enquiries, consulted with service delivery organizations and practitioners in the regions, and provided training and educational sessions for facilities with responsibility under The Mental Health Act.
8. Personal care homes operate in compliance with the Personal Care Homes Standards Regulation as set out under The Health Services Insurance Act.
 - MHSAL undertook standards reviews in 37 facilities in the province in the Winnipeg Regional Health Authority and the Interlake-Eastern Regional Health Authority in 2018/19. Additionally, 28 unannounced reviews were undertaken in the other three regions, Southern Health-Santé Sud, Prairie Mountain Health and Northern to follow up previous reviews and in response to complaints.

6(a) Administration

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2018/19 \$(000's)		2018/19 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	215	2.00	212	3	
Other Expenditures	129		70	59	
Total Sub-Appropriation	344	2.00	282	62	

Mental Health and Addictions

The objectives were:

- To provide leadership in the development and implementation of initiatives focused on provincial mental health and addictions strategy to increase access to and coordination of mental health and addiction services for Manitobans.
- To provide provincial leadership through policy direction and oversight in advancing mental health and addictions system that is recovery-oriented, evidence-based, effective, sustainable and accountable.
- To provide leadership through policy direction and oversight in advancing spiritual health care.

The expected and actual results for 2018/19 included:

1. Development and implementation of a provincial mental health and addictions strategy.
 - In April 2017, VIRGO Planning and Evaluation Consultants Inc. began the development of a provincial strategy for the purpose of improving access to and coordination of mental health and addiction services in Manitoba. In May 2018, VIRGO's report, entitled *Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans*, was made available to the public.
 - The VIRGO report contains 125 evidence-based recommendations to enhance access to quality services by increasing co-ordination and improving the use of technology to ensure equitable access for Manitobans across the province.
 - Implementing VIRGO's report has included identifying actions that can be taken immediately, as well as recommendations that require planning but that may be achieved in the short-term, and those that require system or structural-level changes to achieve their full effect.
 - Some of the changes recommended in the VIRGO report will take longer to implement than others and may require further research and development, along with the engagement of key partners and stakeholders. However, a number of recommendations have been completely or partially addressed through the following initiatives in 2018/19:
 - opening five Rapid Access to Addictions Medicine (RAAM) clinics (Rec 2.17)
 - doubling the number of treatment beds for women at the Addictions Foundation of Manitoba's (AFM) Portage Avenue site from 12 to 24 (Rec 2.15)
 - signing on to Canada's Emergency Treatment Fund to establish flexible-length withdrawal management and stabilization services, including recovery beds, in Winnipeg and Brandon (Rec 2.6, 2.8, 7.3)
 - opening a fourth Program of Assertive Community Treatment (PACT) team in Winnipeg to support adults in the community who are experiencing difficulties as a result of living with a mental illness (Rec 2.19)
 - equipping paramedics with olanzapine to treat agitated patients at risk of developing meth psychosis (Rec 6.1)
 - partnering with Bell Let's Talk to contribute \$1 million over the next five years to the Strongest Families Institute to expand mental health services for children, youth and their families (Rec 4.1)
 - adding addictions psychiatry consultation services to the RACE (Rapid Access to Consultative Expertise) service (Rec 6.4, 8.5)

- enhancing access to addictions medication coverage for Suboxone, Naltrexone and Acamprosate through the Manitoba Pharmacare program (Rec 1.5, 2.27)
 - partnering with the College of Physicians and Surgeons of Manitoba to increase training for prescribers who can administer opiate replacement therapy (Rec 2.17)
 - introducing legislation to enable consent to share information with family members and loved ones (Rec 2.4)
 - adding six mental health inpatient beds to support patients with co-occurring mental illness and addiction challenges, at Health Sciences Centre (Rec 2.16)
 - increasing the number of psychiatrists practicing in Manitoba through additional training opportunities. The additional psychiatrists in the system have resulted in reduced wait times for psychiatric consultation. Winnipeg Regional Health Authority (WRHA) also developed a Geriatric Psychiatry Training Program to specialize to increase access to geriatric specialists (Rec 6.1)
 - signing a bilateral agreement with the federal government for funding for home and community care, and mental health and addiction services (Rec 7.3, 7.1)
 - implementing changes recommended in AFM's internal review to improve occupancy at their residential treatment programs from 84 per cent occupancy in April 2017 to 99 per cent occupancy in October 2018 (Rec 8.7)
 - conducting a formal review of the practice and impact of Manitobans being sent out of province for complex substance use and addiction and co-occurring disorders treatment, to explore alternate options for services within Manitoba (Rec 8.8)
 - using a whole-of-government approach to implementing recommendations (Rec 1.1)
 - establishing the VIRGO Implementation Project Team within Manitoba Health, Seniors and Active Living with dedicated staff focused on implementing the VIRGO strategy, including those projects/activities that include a strong inter-sectoral, cross-governmental component (Rec 10.3)
2. Development of an action plan to integrate mental health and addictions systems in Manitoba that:
 - is informed by an external consultant using best evidence, provincial consultation and system and service utilization, and performance
 - improves province-wide access to services
 - ensures coordination of services for Manitobans
 - provides role clarity for all stakeholders in the system
 - identifies measurable outputs and outcomes
 - The process to create a Provincial Mental Health and Addiction Program, recommended in the VIRGO report, by transitioning existing mental health and addiction services that have a provincial scope under Shared Health, has commenced, beginning with WRHA programs including PsychHealth Centre, Crisis Response Centre, and Crisis Stabilization Unit.
 3. Enhanced financial and program monitoring to increase accountability and effectiveness in the mental health and addictions service sectors.
 - Supported and monitored provincially funded mental health and addiction agencies to ensure accountability and continuous improvement in service delivery by establishing or maintaining service expectations, evaluation processes, and reporting relationships.
 4. Increased knowledge and skills across the mental health and addictions service system.
 - Contracted with the College of Physicians and Surgeons of Manitoba for the provision of training across Manitoba for eligible service providers (e.g., physicians, nurse practitioners, and pharmacists) to ensure competency in delivering opiate replacement therapy (e.g., medications including suboxone and methadone) to Manitobans with opioid use disorder.
 - Supported the training of qualified persons in healthcare facilities to receive custody of patients in need of an involuntary medical examination or psychiatric assessment, so that police can return to their duties in community, in accordance with amendments to The Mental Health Act.

5. Increased capacity in primary care to screen and intervene for substance use and mental health presentations.
 - Co-ordinated opportunities for enhanced collaboration between primary care providers and mental health and addiction service providers related to substance use, mental health and health promotion, prevention and early intervention.
6. Continued support to the provincial spiritual health care action plan.
 - Collaborated with key stakeholders to advance a bio-psycho-social-spiritual approach to the delivery of health services.
 - Collaborated with key stakeholders to enhance spiritual health understanding and competency among mental health and addiction service providers.

6(b) Mental Health and Addictions

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,178	11.80	1,092	86	
Other Expenditures	10,283		10,999	(716)	
External Agencies	55		226	(171)	
Total Sub-Appropriation	11,516	11.80	12,317	(801)	

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 2018/2019 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 enquiries regarding interpretation and practical application of The Mental Health Act.
 - Consulted as required with the department's Legislative Unit and the Legal Services branch of Manitoba Justice 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 department's 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 425 Certificates of Incapacity applying for Orders of Committeeship and issued 370 new Orders of Committeeship appointing The Public Guardian and Trustee of Manitoba as committee of the person's property and personal care.
 - Cancelled 22 previous Orders of Committeeship.

- Issued 89 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.
 - Two 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 regional health authorities (RHAs) and other sectors of the health care system.
- Maintained relevant linkages and appropriate consultation with the RHAs 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.

6(c) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	487	2.40	475	12	
Other Expenditures	50		53	(3)	
Total Sub-Appropriation	537	2.40	528	9	

Seniors and Healthy Aging

The objectives were:

- To provide leadership and coordination of provincial policy, programs and legislation that advance the health and well-being of Manitoba seniors.
- To partner with government, service delivery organizations and communities in the advancement of age-friendly initiatives.
- To conduct inquiries and investigations into alleged abuse and neglect of patients, in accordance with the legislative requirements of The Protection for Persons in Care Act, to enhance patient safety in designated health facilities.

The expected and actual results for 2018/19 included:

1. Relevant provincial policies, programs, and legislation have considered the needs of seniors.
 - Provided leadership and support to government initiatives and the inclusion of seniors and healthy aging perspectives.
 - Contributed advice, leadership and support to the department, other government departments, and regional health authorities (RHA) on policy and planning related to seniors.
 - Co-chaired the Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors Labour Force Participation of Older Workers working group that developed a report *Understanding the Impact of Public Policies and Programs on the Labour Force Decisions of Older Workers*.
 - Liaised with F/P/T seniors' officials regarding inter-jurisdictional seniors' issues, and participated in working groups to research the housing needs of seniors, and core community supports to age in community.
2. Increased engagement and collaboration with other government departments and service delivery organizations.
 - Worked collaboratively within government (municipal, provincial, federal) and RHAs on issues affecting seniors, including: affordable and accessible housing, transportation, healthy aging, ageism, elder abuse/safety and security, caregiving, support services for seniors, access to primary care and access to community supports that facilitate aging in place.
 - Engaged with RHAs to strengthen provincial elder abuse networks, awareness and materials.
3. Advancement of age-friendly initiatives, including identification of new age-friendly communities, and enhanced physical and social environments for seniors in communities throughout Manitoba.
 - Provided two Age-Friendly Manitoba Initiative (AFMI) orientations and three consultation sessions bringing the total number of communities participating in the AFMI to 90.
 - Assisted communities in developing age-friendly action plans in order to achieve the Age-Friendly Milestones, promote evaluation and expand options to support aging in community.
 - Coordinated a set of Connecting Community Days for age-friendly communities within the Northern RHA with other senior serving organizations.
4. Increased access to information and supports for older Manitobans and informal/family caregivers.
 - Provided oversight to funded partners to deliver programs and services that enhance the quality of life of older Manitobans and promote age-friendly communities.
 - Managed funding partnerships to ensure a continuum of elder abuse supports, awareness and training activities were available within Manitoba.
 - Participated in F/P/T working groups to develop three reports that will be publically released in 2019: *Understanding the Impact of Public Policies and Programs on the Labour Force Decisions of Older Workers*, *Housing Needs of Seniors*, and *Core Community Supports to Age in Community*.
5. Increased recognition of the valuable contributions of older Manitobans and informal/family caregivers.
 - Provided oversight and funding to Active Aging in Manitoba to serve as the central point of contact to lead and support recognition of Seniors' and Elders' Day throughout Manitoba in October.
6. Older Manitobans have awareness of services and programs that can support their health and well-being.
 - In cooperation with Manitoba Government Inquiry, provided a central source of information and referral through the Seniors and Healthy Aging website and other online resources to seniors, their families, informal caregivers, and seniors-serving organizations on programs and services throughout Manitoba.
 - Supported access to online information and resources, provided referrals to 1,289 telephone and online enquiries, and distributed 4,310 publications.

7. Enhanced patient safety through the efficient inquiry and investigation by the Protection for Persons in Care Office of reports of alleged patient abuse and neglect and the issuance of binding directions to address identified concerns or areas of improvement.
 - The Protection for Persons in Care Office (PPCO) followed a detailed review process to receive, enquire, and investigate reports of abuse and neglect in designated health care facilities.
 - Communicated with facilities, alleged abusers, and patients/families on the results of investigations.
 - Issued directions to facilities where additional focus or changes were identified to support patient safety. Communicated these directions in writing, provided timelines for application, and monitored implementation of the directions.
 - The PPCO received 2,675 reports of abuse or neglect between April 1, 2018 and March 31, 2019.
8. Persons who abuse or neglect patients are placed on the Adult Abuse Registry.
 - The PPCO applied a comprehensive review process to complete investigations to determine if abuse or neglect has occurred. Where appropriate, and in accordance with the provisions of The Protection for Persons in Care Act, referrals of persons alleged to have abused or neglected a patient were made to the Adult Abuse Registry Committee for review and consideration.
9. Improved awareness by health care facilities and the general public of the process for reporting patient abuse and neglect.
 - Conducted 42 presentations throughout Manitoba.
 - Presentations were delivered to staff at health care facilities to inform them of their mandatory reporting requirements under The Protection for Persons in Care Act.
 - Presentations were delivered to department other provincial government staff, and the general public on The Protection for Persons in Care Act and the reporting process.

6(d) Seniors and Healthy Aging

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,528	18.80	1,602	(74)	
Other Expenditures	682		862	(180)	
External Agencies	-		83	(83)	
Total Sub-Appropriation	2,210	18.80	2,547	(337)	

Primary Health Care

The objectives were:

- To build an integrated primary care system, where service entities and organizations work towards a common set of measurable service standards to support improved health outcomes and a shift towards community based health services.
- To improve access to care, with an emphasis on ensuring that care is comprehensive and continuous and addresses the needs of Manitobans with social and/or medical complexities, and who may be high users of the health system.
- To provide leadership and direction to support policy alignment for an integrated approach to primary care planning, implementation, evaluation, and oversight with the department, service providers, service delivery organizations, other government departments and organizations.

The expected and actual results for 2018/19 included:

1. Manitobans will have improved access to high-quality continuous and comprehensive primary care, delivered by My Health Teams. These teams will have expanded the number of providers and services available through integration and co-ordination of existing resources.

- There are 12 My Health Teams (MyHTs) operational in three regional health authorities (RHAs) (Winnipeg, Prairie Mountain Health and Southern Health-Santé Sud) and 2 MyHTs in planning phase in Interlake-Eastern RHA. As of January 2019, 24 per cent of insured residents in Manitoba are enrolled to clinics that are part of a MyHT; 17 per cent of clinics and 27 per cent of primary care providers in Manitoba are part of a MyHT.
 - Phase 2 of MyHT evaluation was completed. The findings from the Phase 2 MyHT evaluation were used for the improvement of the MyHT program in general and more specifically for the development of performance measurement guidelines for the MyHTs.
 - The Interprofessional Team Demonstration Initiative (ITDI) is fully implemented and has supported the integration of 47 non-physician clinicians into 33 primary care private practices to create interprofessional teams with the goal of improving access for patients and capacity and enhanced service at the clinics. As of March 31, 2019, participating clinics have increased patient attachment by 31,926 people since the beginning of the initiative, or 41.9 per cent over the target attachment goal.
2. Manitobans living in rural and remote communities will have improved access to stable primary care as the number of communities experiencing challenges in recruiting and retaining primary care providers' decrease and sustainable strategic solutions implemented.
 - The 2018 Annual Provincial Roll-up Report for Primary Care Capacity Planning (PCCP) was completed. The report captures the supply and demand challenges across all rural communities in Manitoba and identifies root causes and strategic solutions.
 - Northern stakeholders including Northern RHA, Ongomiizwin - Health Services (OHS, formerly the Northern Medical Unit), Amdocs, provincial nursing stations (PNS - operated by Manitoba Health, Seniors and Active Living), First Nations and Inuit Health Branch (federal government), have come together on a regular basis to prioritize gaps and work to address them.
 3. The time it takes to match Family Doctor Finder registrants without a regular primary care provider to regular primary care will continue to be reduced as system capacity increases through targeted policy development and collaborative planning with RHAs.
 - Between April 2018 and March 2019, Family Doctor Finder (FDF) matched 72 per cent of program registrants to regular primary care within 30 days, and 59 per cent within 25 days (program target for 2020). As of March 2019, 94.6 per cent of program registrants since 2013 without regular primary care had been matched to a home clinic.
 4. The number of Manitobans that have access to continuous and comprehensive primary care will increase as the number of clinics operating as Home Clinics increase and episodic information sharing is implemented between primary care and other parts of the health system.
 - As of March 1, 2019, 233 clinics in Manitoba have registered as a Home Clinic; this represents 65 per cent of all 358 clinics in Manitoba or 82 per cent of the 284 eligible clinics in Manitoba. This has more than doubled since March 24, 2017, when 101 clinics registered.
 5. The different models of primary care and inter-professional care will be identified and standards developed to better support alignment of models to ensure that the primary care system is responsive and meets the health needs of Manitobans.
 - The analysis and description of the current primary care models of care in Manitoba has been developed. The analysis highlighted that primary care services are currently offered in Manitoba through the following models of care: fee-for-service clinics, community health centres, access centres, walk-in connected care clinics, quick care clinics, mobile clinics, RHA managed/led centres, provincial nursing stations (on-reserve) and on-reserve health services and various hybrid models. Included in this description were the service features, governance and funding associated with the various models, along with proposed service standards, to be consistent across all of the models.
 - In Winnipeg, the quick care model of care has evolved to walk-in connected care clinics that are more aligned with access centres. Selkirk and Steinbach Quick Care Clinics are operational and coordinating their services with primary care services and MyHTs respectively.

- The three mobile clinics in Manitoba (Prairie Mountain Health, Southern Health-Santé Sud and Interlake-Eastern RHA), have recorded 31,311 patient's visits since the inception in November 2013 (8,388 in 2018/19) increasing access to primary care in rural and remote underserved communities.
6. Support smoother transition between different health services along the continuum of care – with a particular focus on high users of the health system and those with social/medical complexities – through enhanced coordination and outreach efforts within My Health Teams.
 - MyHTs have engaged new stakeholders, such as community health centres, CancerCare Manitoba, Addictions Foundation of Manitoba and First Nations communities through the use of engagement plans to expand services available to the public. As a result, numerous health services are being provided in a more coordinated and integrated manner, such as cancer shared follow up care, complex needs medication management, chronic disease and mental health support, enhanced geriatric care, occupational therapy.
 7. Funding and remuneration models will have been developed that encourage delivery of care according to Home Clinic standards, participation in My Health Teams and other models of inter-professional teams in primary care.
 - Manitoba's new Comprehensive Care Management (CCM) Tariffs have been adopted by 225 clinics and 909 providers. The adoption rate of the new quality based (blended funding) tariff sits at 82 per cent and 78 per cent, respectively.
 8. Manitobans will have access to information to understand and evaluate the performance of the primary care system, as the primary care monitoring system is developed and public reporting begins.
 - The Primary Health Care Branch's scorecard is regularly updated and information on key performance indicators are shared with relevant stakeholders.
 - The Primary Care Report for Home Clinics with enhanced primary care analysis data was established in July 2018 and continues as an ongoing quarterly report to support continuous quality improvement efforts, integrated planning and resource allocation, accountability, program evaluation and quality-based remuneration.
 9. ICT strategy is aligned with primary care priorities, in order to support primary care practice and standards and continuity of care. Products such as Electronic Medical Record are optimized, in order to support patient care, continuous quality improvement efforts and accountability.
 - In partnership with eHealth, the monitoring of electronic medical records (EMR) adoption provincially is continuing. As of February 20, 2019, an estimated 73 per cent (262/360) of all primary care clinics and 87 per cent (1059/1214) of all primary care most responsible providers (MRP) clinicians in Manitoba are using a certified product, 7 per cent are using a non-certified product and 6 per cent are using paper.
 - Through the Enrolment and Episodic Information Sharing initiative, Manitobans' enrolment status is now available in eChart, including the contact information for current and previous primary care home clinic and main primary care provider.
 10. Manitobans' awareness of primary care will have increased resulting in informed use of available health care services, contributing to a shift towards less costly community based services.
 - A public and provider education brochure describing home clinics and MyHTs and their benefits was developed for broad distribution at all home clinics.
 - A consultation was completed with MHSAL team members to identify a comprehensive list of stakeholders and to identify potential barriers and alternative options for communication and engagement.

6(e) Primary Health Care

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,030	13.10	1,142	(112)	
Other Expenditures	358		973	(615)	
Total Sub-Appropriation	1,388	13.10	2,115	(727)	

Continuing Care

The objectives were:

- To lead evidence-informed planning, provincial policy, and provincial standardization of continuing care programs and services to ensure the delivery of safe, quality, efficient, effective and responsive continuing care health services.
- To ensure the provision of safe and quality personal care home (PCH) services by licensing and monitoring PCHs operating in Manitoba.
- To monitor and evaluate the continuing care sector's performance as it pertains to quality, safety, cost and service efficiency and effectiveness.
- 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 2018/19 included:

1. PCHs operate in compliance with the Personal Care Homes Standards Regulation as set out under The Health Services Insurance Act.
 - Standard reviews were conducted at 37 facilities in Winnipeg Regional Health Authority (WRHA) and Interlake-Eastern Regional Health Authority (IERHA) in the 2018/19 fiscal year.
 - Unannounced reviews (URs) were conducted at 28 facilities in Southern Health-Santé Sud, Prairie Mountain Health (PMH) and Northern Regional Health Authority (NRHA) in the 2018 calendar year. The majority of these reviews were undertaken in follow-up to the previous year's standards reviews. One review was in response to issues/complaints and three reviews were in response to a combination of follow-up and concerns expressed.
2. Eligible PCHs are licensed.
 - Annual review of all PCH licences occurred in October through November 2018 for all 125 PCHs in the province. Unencumbered licences were issued to 124 PCHs. One PCH had an existing licence with conditions continued.
3. New, expanded or revised policies and programs in continuing care are implemented in accordance with government priorities and evidence-based best practices.
 - A pilot project associated with completing URs for general standards follow-up was conducted in the WRHA between January and March 2019. Among key objectives of this project was the solicitation of feedback about the delivery of care services directly from residents, families and staff. Commenced analysis of feedback.
 - Provided leadership and support of priority initiatives within continuing care programs/continuum 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 health services. Assisted in the review and analysis of proposals for new, innovative models of community housing with health services in an effort to identify models that allow older adults in the province to remain safely in their

- communities as long as possible. Intermediate care options for individuals requiring housing with health services, but not a PCH, were further explored/developed.
- Provided leadership to the Joint Provincial Service Excellence Working Group and submitted the Working Group's recommendations report for improving the quality of home care services in Manitoba.
 - Collaborated with the Department of Finance to simplify the process for claiming the Primary Caregiver Tax Credit by removing complicated paperwork. The requirement to complete an application for pre-approval by the RHAs or Department of Families was eliminated. These improvements are a result of a continuous improvement Lean exercise, making it easier for caregivers to access the credit.
 - Provided oversight to dementia education initiatives in Manitoba and represented the department in the development of a national dementia strategy.
 - Undertook audit of regional health authority (RHA) compliance with the provincial Medical Assistance in Dying (MAiD) policy framework, which provides direction regarding expectations for RHA policies and protocols related to MAiD, congruent with federal legislation.
 - Monitored the on-going plan to improve access to clinical educational resources and professional supports to deliver palliative/end-of-life training to health care professionals throughout the province, with a particular focus on rural and Indigenous communities.
 - Provided input and analysis into the creation of the National Palliative Care Framework, including indicators for assessing quality palliative/end-of-life care service delivery.
 - Participated in the oversight, planning and execution of Phase 1 of the implementation of the electronic home care record (EHCR) in PMH (Feb 2019) and the updating of the EHCR in the WRHA (Nov 2018). Authored a proposal for Phase 2 of EHCR to expand to the remaining RHAs.
 - Provided oversight in new home care programs launched in the WRHA including Priority Home and Rapid Response Nursing. Both programs involve short-term, intensive support to assist individuals to remain in their communities and avoid premature/unnecessary long-term care placements, hospitalizations, and emergency department visits.
4. Increased planning, oversight and service delivery improvements in home care occur that address the recommendations of the Office of the Auditor General (OAG) report on Home Care.
 - Provided leadership and support into the final report to the OAG value-for-money audit of home care, in collaboration with the RHAs. The audit was released in July 2015 and identified 28 recommendations in home care.
 - 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.
 5. Data is available for program and policy planning, implementation and performance monitoring.
 - Maintained the Personal Care Home Standards database and has access to WRHA data through the Canadian Institute for Health Information Continuing Care Reporting System.
 - Continued to summarize and review provincial continuing care program statistical data provided by the RHAs.
 - Collaborated with RHAs and eHealth in providing input on the development of pan-Canadian home care wait time indicator as per Shared Health's priorities.
 - Analyzed past Manitoba Health Appeal Board decisions related to home care and created a repository of information to inform future home care policy development.
 6. Increased standardization and integration of continuing care sector activities across RHAs.
 - Province-wide implementation of a single pharmacy service provider to all PCHs (with a few exceptions) in 2018.
 - Continued to provide direction for a consistent provincial approach to the RHAs for home care services.
 - Reviewed and analyzed the self and family managed care policy and rate guidelines.
 - Drafted new home care policies pertaining to Brian Sinclair Inquest Recommendations Report.

- Completed work on Frank Alexander Inquest Report, including a provincial behavioural support guideline for all RHAs. The final report has been submitted to Manitoba Ombudsman.

7. Manitobans receive timely response to enquiries.

- Provided timely investigations and responses to verbal and written enquiries from the public, as well as media issues/expressions of concern related to health care delivery within Manitoba.
- Contributed to investigations led by the ombudsman's office on an as needed basis and identified policy or program enhancements based on findings.

6(f) Continuing Care

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	FTE	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,014	12.10	1,072	(58)	
Other Expenditures	247		131	116	
Total Sub-Appropriation	1,261	12.10	1,203	58	

Addictions Foundation of Manitoba

The objectives were:

- To improve the health and resilience of Manitobans through prevention and education, early intervention, harm reduction, treatment and continuing care for persons experiencing substance use and problem gambling;
- To continuously improve the efficiency, effectiveness and economy of Addictions Foundation of Manitoba (AFM) administration and services;
- To ensure client and staff safety;
- To provide evidence-based addictions treatment services in residential and non-residential settings; and
- To collaborate with other agencies, groups and associations, including mental health and the broader health system, to provide coordinated services to Manitobans.

The expected and actual results for 2018/19 included:

1. AFM programs and policies are efficient, effective and based on the best available evidence.
 - Completed phase one (Intake, Assessment and Admission) of the adult Residential Services Review (RSR) and commenced phase two (Treatment). This initiative includes improving accessibility, modifying the continuum of care within a tiered system and improving family engagement within AFM's service delivery model.
 - Sustained and monitored provincial occupancy standards and service enhancements of phase one of the RSR.
 - Developed of a provincial Intake, Assessment and Admission framework.
 - Maintained women's in-house treatment beds from 12-24 with existing resources (Winnipeg).
 - Explored options to address resource limitations and provide evidenced based practice.
 - Rapid Access to Addictions Medicine (RAAM) continued enhancement of:
 - collaboration between the health authorities and AFM
 - pathways between AFM and RAAM clinics
 - Reorganized youth services to improve access and quality of care, including in-house treatment, school and community based services. This includes embedding AFM youth staff into community, Indigenous and mental health organizations.
 - Increased flexibility and mobility of AFM community based services to improve accessibility and client engagement.
 - Increased the role profile of addiction medicine and opioid agonist treatment within AFM and the health care system.

2. Programs are accessible to Manitobans and services are well coordinated internally and externally.
 - Continuation of RSR.
 - Strengthened working relationships and clinical pathways with primary health care, mental health services and allied sectors through various initiatives.

3. Services are provided to the 18,000 admissions of Manitobans receiving addictions treatment and education and support is provided to an additional 40,000 Manitobans.
 - With a provincial lens - provided Manitobans a range of client-centred substance use, problem gambling and addictions services, including prevention and education, early-intervention, non-medical withdrawal management, RAAM clinics, treatment, continuing care and transitional housing in over 28 locations across Manitoba.
 - Prevention education consultants provided public education workshops, training and presentations to schools, workplaces, service providers, post-secondary institutions and communities.
 - The Knowledge Exchange Centre includes Manitoba's largest library specializing in substance use, problem gambling and addictions. With new on-line technology there have been noticeable increases in Manitobans accessing library resources.

4. Support Manitobans with navigation, access and coordination of the mental health and addiction system through the Manitoba Addictions Helpline and other access points.
 - Sustained and further developed service enhancements of phase one of the RSR.
 - Maintained and strengthened pathways with RAAM clinics.
 - Increased case management within AFM's service delivery model.
 - Increased flexibility and mobility of AFM community based services to improve accessibility and client engagement.

5. Continued quality improvement service reviews ensure programs and policies continue to be based on evidence-based practices.
 - Completed requirements as advised by Accreditation Canada 2019 report, including a strategic plan.
 - Sustained and monitored phase one service enhancements, begin phase two of the RSR.
 - Implemented recommendations of the Community Pathways Program review (e.g., extended in-house treatment stays).
 - Improved post-treatment client outcome follow-up surveys and collection methods to inform decision making about addictions treatment.
 - Reviewed and applied recommendations of the Virgo Report, Truth and Reconciliation Commission and the Manitoba Advocate for Children and Youth.
 - Informed the reviews with the support of the Manitoba Addictions Knowledge Exchange.
 - All 26 Impaired Driver Program service review recommendations are in progress, are ongoing or have been completed.

6. Enhanced mental health and primary care capacity within the addictions system and collaboration between addictions, mental health and primary care service providers.
 - Continued with expansion of opioid agonist treatment (OAT) "community of practice" projects throughout Manitoba.
 - Link to pathways established by RAAM clinic development and other initiatives for youth and adults.
 - Continued to engage with various collaboration projects with primary care and mental health sectors.

7. Increased public awareness of substance use, problem gambling and addictions.
 - Provided the public in-person and webinar based educational sessions on various topics - primarily alcohol, methamphetamine, opioids and cannabis.
 - Maintained and promoted AFM social media presence.
 - Maintained and promoted:
 - "Weeding out the Facts" website on the risks and harms of cannabis use

- Public education via the AFM and provincial website
- Informed the public on current issues through media outreach.
- Based on emerging issues, provided a provincial public awareness campaign for youth.

6(g) Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2018/19 \$(000's)		2018/19 \$(000's)	Over(Under) \$(000's)	
Program Delivery	26,829		27,124	(295)	
Problem Gambling Services	3,533		3,533	-	
Less: Third Party Recoveries	(1,633)		(1,633)	-	
Less: Recoveries from Manitoba Liquor and Lotteries Corporation	(4,933)		(4,933)	-	
Total Sub-Appropriation	23,796	-	24,091	(295)	

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:

- Regional health authorities (RHAs), CancerCare Manitoba and Shared Health provide a service delivery system that responsively, efficiently and effectively meets the needs of Manitobans in an affordable and sustainable manner.

The expected and actual results for 2018/19 included:

1. Service delivery organizations' utilization of allocated funds is in accordance with The Regional Health Authorities Act, The Health Services Insurance Act and The CancerCare Manitoba Act.
 - Provided oversight of funding utilization by RHAs, CancerCare Manitoba (CCMB) and Shared Health (formerly Diagnostic Services Manitoba) to ensure utilization was in accordance with The Health Services Insurance Act and The CancerCare Manitoba Act.
 - Timely and accurate payments of Manitoba's pro-rata share, based on the negotiated annual budget, provided to Canadian Blood Services (CBS) for manufacturing operating costs to ensure the timely delivery of safe, reliable and affordable quality blood products to RHAs, facilities and physicians according to the 1997 Memorandum of Understanding signed by the provinces and territories, except Quebec.
 - Timely and accurate payments provided to CBS (Winnipeg Centre) for eligible laboratory services to ensure timely delivery of appropriate transfusion related laboratory testing services to RHAs,

- facilities and physicians, based on the signed Operating and Funding Agreement between CBS and the province.
- 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).
2. Service delivery organizations' component of the provincial service delivery system meets the needs of Manitobans by being responsive and effective.
- Provided oversight and accountability for RHAs, Shared Health (formerly Diagnostic Services Manitoba) and CCMB implementation of service enhancements including:
 - Replacement of aging equipment in surgical, laboratory and imaging facilities.
 - Enhanced palliative care training for front-line staff including those working within home care and personal care homes (PCH).
 - Facilitated regional development of policies and protocols respecting the implementation of Medical Assistance in Dying (MAiD) in their RHAs, based on provincial policy direction.
 - Implementation of the provincial Electronic Home Care Record (EHCR) Phase 1 Project for Winnipeg RHA and planning for new implementation in Prairie Mountain Health.
 - Oversight and evaluation of Priority Home (PH) pilot activities to determine appropriateness for extension in other RHAs.
 - Support to and oversight of health authority Emergency Medical Services (EMS) operational and deployment plans 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.
 - Collaborated with RHAs in planning for future service enhancements including:
 - PCH bed supply plans to address the province's PCH requirements to meet the 1,200 PCH bed mandate.
 - Funding to RHAs for dementia education to PCH staff.
 - Development of the Telehomecare Clinical/Business plan.
 - Collaborated with RHAs to improve the quality of provincial service delivery including:
 - The standardized provincial Safe Resident Handling training program to reduce the incidence of resident and staff injury during resident transfer.
 - The Joint Provincial Service Excellence Working Group, mandated to make recommendations to improve the quality of home care services in Manitoba.
 - Provincial collaboration to optimize home care equipment standardization and logistics.
 - The Joint Committee to Optimize Scheduling Practices, mandated to review home care scheduling practices, and guide implementation of scheduling principles in regional programs.
 - Addition of addictions psychiatry to Rapid Access to Consultative Expertise (RACE) to expand and enhance access to early psychiatry advice for family physicians in Manitoba.
 - Enhanced access to addictions medication making treatment more readily available to Manitobans in need.
 - Addition of six mental health inpatient beds to support patients with co-occurring mental illness and addiction challenges.

7(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Acute Care Services	2,449,161	2,466,680	(17,519)	1
Long Term Care Services	639,594	644,270	(4,676)	2
Home Care Services	385,578	365,822	19,756	2
Community and Mental Health Services	332,892	348,422	(15,530)	2
Emergency Response and Transport Services	144,033	150,425	(6,392)	2
Third Party Recoveries	(23,218)	(17,385)	(5,833)	2
Reciprocal Recoveries	(66,126)	(64,477)	(1,649)	3
Total Sub-Appropriation	3,861,914	3,893,757	(31,843)	

Explanation Number:

1. Primarily due to expenditures not occurring in the manner or timing originally forecasted.
2. Primarily due to re-distribution of the 2018/19 funding within 21-7a.
3. Primarily due to higher price.

Provincial Health Services

Provincial Health Services is comprised of the following:

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.

The expected and actual results for 2018/19 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.

Transplant and Transfusion Services

The objectives were:

- To undertake provincial efforts in policy, planning, funding and oversight for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec) and the maintenance of national organ and tissue donation and transplantation registries provided by Canadian Blood Services (CBS).
- To undertake provincial efforts in policy, planning, funding and oversight to support the appropriate provision of safe, reliable and appropriate transfusion services to Manitobans undertaken by CBS, regional health authorities, Shared Health and Manitoba physicians.

The expected and actual results for 2018/19 included:

1. Timely, appropriate and accurate payments to CBS for manufacturing operating costs.
 - Provided monitoring and oversight to support timely and accurate payments of Manitoba's pro-rata share (based on the negotiated annual budget) to CBS.
2. Timely, appropriate and accurate payments for appropriate transfusion related laboratory testing services required by Manitoba hospitals and physicians.
 - Continued work with the Canadian Blood Agency (CBA) to ensure timely and accurate provision of financial assistance to Manitobans meeting the eligibility criteria for 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 human immunodeficiency viruses (HIV), and to support the provinces and territories, except Quebec, in the management oversight of the program.
3. Timely, appropriate and accurate payments to CBS for appropriate procurement and distribution costs of plasma-derived products ordered by Manitoba physicians; and the maintenance of the organ and tissue donation and transplantation registries.
 - Provided monitoring and oversight to support timely and accurate payments of Manitoba's pro-rata share (based on the negotiated annual budget) to CBS.
4. Timely, appropriate and accurate payments to Manitobans eligible for MPTAP.
 - Continued work with CBA to ensure timely and accurate provision of financial assistance to Manitobans meeting the eligibility criteria for MPTAP.
 - Participated on CBA's 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 Quebec, 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 2018/19 included:

1. Department funding for health services is provided to two federal hospitals at Norway House and Hodgson and 22 federal nursing stations.
 - 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 2018/19 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 61,519 eligible Manitoba families at a total cost of \$19.39 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 fiscally prudent alternatives, with a particular emphasis on prevention and health promotion.

The expected and actual results for 2018/19 included:

1. Development of a more effective and affordable health care system through the funding of initiatives.
 - Investments in initiatives designed to promote an effective and sustainable health care system were made.

Nursing Recruitment and Retention Initiatives

The objectives were:

- To monitor the effectiveness of recruitment and retention initiatives and the appropriate supply of nurses, Manitoba Health, Seniors and Active Living provides oversight for the collection and monitoring of information in several areas, including the registration data of the three nursing regulatory colleges, nursing education and training data, and provincially-funded nursing position data from health sector employers.
- To enhance the delivery of health services in the province of Manitoba, by maintaining a sustainable nursing supply which is aligned with both clinical and preventive services planning priorities, and health system transformation.
- To promote and support full scope of practice of nurses to better align nursing resources within both increasingly complex needs, and newly-emerging models of care.
- To continue to advance and identify where appropriate, health human resources for innovative models of inter-professional, client-centred teams.

The expected and actual results for 2018/19 included:

1. Optimized supply and retention of nurses in Manitoba as evidenced by a reduction in vacant nursing positions, and fulfilling of priority geographic and or health service delivery/program targets.
 - A tightening of nursing supply across all nursing categories has been observed. This is related to smaller increases in all categories of nursing registration. Overall, vacancy rates have seen a reduction, but demands continue to exist in rural and remote locations.
2. Effective access and utilization to NRRF financial assistance programs by eligible nurses and health system employers, as evidenced by ongoing tracking and analysis of uptake (including a reduction in vacant health priority nursing positions), and ongoing NRRF review.
 - Extensive review of access and utilization of current financial assistance programs was undertaken. In alignment with Provincial Clinical and Preventive Services Plan (PCPSP) development, steps toward strategic re-profile of financial support towards initiatives to address nursing position vacancies and geographic disparities was initiated.
3. Increased awareness of the nursing profession as evidenced by monitoring enrolment in nursing education, and tracking of awareness raising communication modalities and marketing strategies.
 - Enrolment in nursing education programs has remained stable.
 - Review of student attrition across education programs was initiated in order to establish collaborative strategies to address consistent volumes of nurses qualified to enter practice.

4. Increasing demonstration in the health sector of those collaborative activities aimed at supporting optimization of nursing scope of practice.
 - In collaboration with nursing educators, employers and regulators, activities were undertaken across the province to educate and raise awareness of optimal nursing scope of practice, including new and emerging roles enabled through The Regulated Health Professions Act.
5. Increased awareness of models of both nurse-led and inter-disciplinary client-centred teams.
 - In collaboration with Shared Health, extensive consultations were initiated in order to plan for the integration of effective models of care within the PCPSP to facilitate the optimization of nursing scope of practice for all categories of nurses.

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 2018/19 included:

1. Provide financial support to the University of Manitoba to maintain the operations of the Manitoba Centre for Health Policy including the data repository containing more than 90 datasets and for the department to obtain analysis from the Manitoba Centre for Health Policy on key public policy questions.
 - Provided financial support for the Manitoba Centre for Health Policy.
2. One workshop day annually, focused on the research findings and policy relevance to the health care system and the broader social determinants of health.
 - One consolidated workshop was developed and delivered for the health authorities and government departments as part of a whole-system approach to the social determinants of health.

Selkirk Mental Health Centre

The objectives were:

- To provide specialized inpatient 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 2018/19 included:

1. Improved patient care through strengthened recovery-oriented programs and services.
 - Strategic and action plans for the five operational departments at Selkirk Mental Health Centre (SMHC) (Quality, Risk and Innovation; Security Services; Support Services; Education Services and Health Information Services and Technology) were approved in 2018/19. The development of strategic and action plans for SMHC's six program areas (Acute/Dialectical Behaviour Therapy; Rehabilitation/Forensics, Acquired Brain Injury;, Geriatric;, Indigenous Services and Spiritual Health; and Pharmacy) began in 2018/19, aligning program goals with the organization's strategic plan, with an emphasis on strengthening recovery-oriented programs and services.
 - The Resident Assessment Instrument for Mental Health (RAI-MH) data identifies that patients using substances or that have a substance-use diagnosis increased 50 per cent from the previous year. Seventy-four per cent of all patients admitted to SMHC in 2018/19 admitted to substance use in the last year and 37 per cent of admitted patients have a substance-use diagnosis. To address these statistics, SMHC's Addictions in Mental Health Team (AIMH) delivered a wide variety of harm reduction based services which empower the individual to develop personalized substance reduction goals that are meaningful, supportive and strength based.
 - In 2018/19, a thorough review of SMHC's Geriatric Program and best-practice research was completed resulting in the reorganization and restructuring of patient care areas to be diagnosis

specific. As a result, the new dementia patient-care area's environments were altered significantly using DementiAbility to enhance sensory stimulation, relaxation, reminiscing and cognitive stimulation. Initial results of changes have shown a decrease in exit seeking behaviours and a decrease in negative interactions among patients.

- Patient and family engagement remains a constant and integral component of the patient-centred care delivered at SMHC. Patients are encouraged and reminded by treatment team members to attend their recovery planning meetings and families continue to be invited to attend these meetings.
 - Continued to provide Accreditation Canada's validated in-patient, adult mental health Patient Experience Survey to patients upon discharge. Response rates continue to be significantly low, however, opportunities to improve responses are being investigated.
 - Held an Accreditation kick-off meeting with management team in 2018/19 to begin formal preparations for the 2020 Accreditation Canada survey.
 - Administered Accreditation Canada's evidenced-based and validated Worklife Pulse Survey tool to staff in 2018/19. Results were reviewed with SMHC's extended management team and a draft action plan has been developed which will be distributed to all SMHC staff in 2019/20.
 - Re-established a Seclusion and Restraint Reduction Task Team in 2018/19 using the Six Core Strategies for Reducing Seclusion and Restraint Use© framework. The 2018/19 data indicates a reduction in seclusion incidents and events but an increase in restraints incidents and hours. SMHC remains committed to reducing the number of incidents and hours of seclusion and restraint use.
 - Established the Quality and Patient Safety Committee for the purpose to provide leadership, support, collaboration and communication regarding quality and patient safety within the organization. Leaders have learned how to access restraint tracker data for more comprehensive analysis, and have reviewed current medication reconciliation processes to improve efficiencies while promoting patient safety.
 - Maintained contracts with the Manitoba Schizophrenia Society, the Anxiety Disorders Association of Manitoba, and the Mood Disorders Association of Manitoba for onsite peer support services in 2018/19. There are currently three peer support workers who support patients at SMHC.
2. Improved clinical care systems and processes by applying Lean Six-Sigma methodologies and promoting rapid improvement events at the front-line service delivery level.
- SMHC's Lean strategic plan (2016-2021) is fully operational.
 - The Program Orientation Process project was completed in 2018/19 to reduce duplication of information provided for new employees between Education Services and Program Orientation. This project achieved a 25 per cent reduction in duplication and developed consistent content for new staff working in all program areas.
 - The Environmental Hygiene project was implemented in 2018/19 to improve environmental cleaning practices to ensure compliance with Infection Control/Best Practices standards.
 - Project work continued with the goal of achieving audit results of 80 per cent or higher in 2019/20.
 - Lean 101 education was implemented at New Employee Orientation in 2018/19
3. Improved scheduling processes to reduce overtime, improve staff morale and work/life balance.
- Vacancy management practices continued as measures to address overtime costs in the facility. SMHC continues to hire into a staffing float pool which addresses short-term vacancies examples being sick days and vacation coverage.
 - Program managers and coordinators of patient services met bi-weekly to pre-emptively review and revise the schedule to reallocate resources, review requests for use of benefits, and assign training days to help reduce overtime.
 - Secured partial funding to begin implementation of workforce management software with the goal of having software fully operational in 2019/20.
4. Improved coordination and integration within the provincial mental health system by aligning SMHC's services and programs as a continuum of care with regional health authorities and community partners.
- SMHC's Forensic, Rehabilitation and Geriatric Programs collaborated with regional health authorities to align visions, discuss new initiatives and plan projects in a concerted effort to

- challenge past practices to meet the demands of the evolving provincial mental health system. Winnipeg Regional Health Authority's PACT psychiatrist is providing patient care to in-patients of SMHC identified as appropriate for discharge to PACT with the goal of improving patient flow.
- Continued to build on existing relationships with community partners such as the Addictions Foundation of Manitoba (AFM), St. Raphael Wellness Centre, Winnipeg Regional Health Authority (RHA), Interlake-Eastern RHA, City of Selkirk and other agencies. SMHC is a member of the "Do it Better, Do it Safer" Selkirk Harm Reduction Network.
5. Implementation of a new strategic plan that incorporates feedback from its role statement consultation sessions and environmental scan.
 - SMHC's 2016-2021 strategic plan is fully operational and will be reviewed in 2019/20 to ensure alignment with provincial priorities and goals.
 6. Alignment and participation in the achievement of provincial goals and priorities.
 - Capacity building – SMHC's Psychological Health and Safety strategic plan is fully operational and in 2018/19, and education sessions for staff were implemented.
 - Improved service delivery – An expansion of the Environmental Hygiene Lean Project was initiated in 2018/19 with the goal to review the current environmental cleaning program at SMHC. For implementation in 2019/20.
 - Improved service delivery – Renovations were completed in 2018/19 in the control room at SMHC. This space is now equipped with state-of-the-art monitoring equipment that allow for enhanced monitoring to ensure the safety of patients and staff.
 - Improved service delivery – Funding was approved in 2018/19 for anti-ligature retrofits in areas where patients require privacy (e.g., bedrooms, bathrooms, shower/tub rooms).

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 2018/19 included:

1. Secure supply of vaccines and drugs that are attained at a cost savings through the national bulk purchasing contracts.
 - As a result of the bulk procurement process through Public Services and Procurement Canada for publicly-funded vaccines and Public Health Drugs, Manitoba achieved an overall savings of \$19.5 million compared to retail prices.
2. Consistent or increased rates of provincial immunization coverage for publicly-funded vaccines.
 - As part of Manitoba Health, Seniors and Active Living's Childhood Immunization Rates Project, funded by the Public Health Agency of Canada:
 - Partnered with internal and external stakeholders to coordinate and deliver Knowledge Exchange forums in the five health regions in Manitoba on childhood immunization rates.
 - Supported planning and implementation of local district-level interventions to improve immunization coverage in areas with lower immunization rates.

7(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Out-of-Province	60,093	49,716	10,377	1
Blood Transfusion Services	67,158	71,101	(3,943)	2
Federal Hospitals	2,825	2,579	246	
Ancillary Programs	19,387	17,584	1,803	3
Healthy Communities Development	2,168	2,498	(330)	4
Nursing Recruitment and Retention Initiatives	3,251	3,730	(479)	5
Manitoba Centre for Health Policy	2,200	2,200	-	
Selkirk Mental Health Centre	49,106	50,020	(914)	
Immunizing Agents, Biologics and Drugs	18,939	19,724	(785)	
Total Sub-Appropriation	225,127	219,152	5,975	

Explanation Number:

1. Primarily due to higher price.
2. Primarily due to lower price offset by higher volume.
3. Primarily due to higher volumes.
4. Primarily due to lower price and volume.
5. Primarily due to lower volumes.

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 dentists.
- To provide funding support through the physician recruitment and retention programs towards the training, recruitment and retention of physicians in Manitoba. This funding is managed by the Health Human Resource Planning Branch of the Health Workforce Secretariat in collaboration with the Manitoba Healthcare Providers Network.

The expected and actual results for 2018/19 included:

1. Claims were processed in accordance with The Health Services Insurance Act and its regulations.
 - Received and adjudicated claims for 29.8 million medical services, 778,054 optometric services, 768,936 chiropractic services and 7,081 oral surgery services.
 - Processed claims for 282,146 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Inter-Provincial Reciprocal Agreement.
2. Implementation of a provincial physician recruitment and retention program in alignment with a provincial clinical and preventive services plan resulting in improved retention of physicians in Manitoba.
 - Partnered with the regional health authorities (RHAs) to sustain 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 health human resource demands.
 - In collaboration with Shared Health and the RHAs, consultation occurred to ensure that recruitment and retention initiatives were aligned with the Provincial Clinical and Preventive Services Plan to

address optimization of physicians and their intended inter-disciplinary team practice across Manitoba.

- The number of physicians continues to rise in the province. As at April 30, 2018, there were 2,902 licenced medical practitioners in Manitoba, which is a net increase of 78 from the year prior (Source: College of Physicians and Surgeons of Manitoba's Annual Report).

7(c) Medical

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Physician Services	1,339,598	1,372,483	(32,885)	1
Other Professionals	26,995	31,106	(4,111)	2
Out of Province Physicians	32,656	30,378	2,278	3
Physician Recruitment and Retention Program	24,779	25,714	(935)	
Third Party Recoveries	(11,429)	(10,003)	(1,426)	4
Reciprocal Recoveries	(18,222)	(16,121)	(2,101)	5
Total Sub-Appropriation	1,394,377	1,433,557	(39,180)	

Explanation Number:

1. Primarily due to volume decreases, partially offset by higher price.
2. Primarily due to lower price and volume.
3. Primarily due to higher reciprocal payments.
4. Primarily due to higher price and volume.
5. Primarily due to higher price.

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 2018/19 included:

1. Effective and efficient administration, monitoring and updating of the Pharmacare application and enrollment process.
 - Continued improvement in efficient and effective administration of Pharmacare application processing with the daily validation of income data with Canada Revenue Agency.
 - Streamlined communication to Option A Pharmacare applicant families for whom the 2018/19 deductible could not be established on April 1, 2018, because their 2016 income tax information was not available from Canada Revenue Agency.
2. Payment for eligible pharmaceutical benefits for program beneficiaries.
 - The average Pharmacare benefit per family for 2018/19 increased \$1,143.61 or 31.1 per cent to \$4,817.27 from \$3,673.66 in 2017/18.
 - There was a decrease (2.4 per cent) in the number of families who received Pharmacare benefits in 2018/19 compared to 2017/18.
 - Deductible rates in 2018/19 ranged from a minimum of \$100 or 3.09 per cent to a maximum of 6.98 per cent 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 2018/19 \$(000's)	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures	271,039	268,692	2,347	1
Total Sub-Appropriation	271,039	268,692	2,347	

Explanation Number:

1. Primarily due to higher price.

Capital Funding

The objectives were:

- Provide funding to service delivery organizations for major capital projects, safety and security projects, specialized and basic equipment purchases, and information technology initiatives approved by the department, in accordance with the department's strategic capital plan, through the provision of principal and interest repayment on approved borrowings, outright capital payments and outright equipment.

The expected and actual results for 2018/19 included:

1. Increased principal and interest 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 strategic capital plan as projects are completed.
 - The 2018/19 principal and interest payments increased by \$14,239,000 and \$6,767,000 respectively from 2017/18 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. Modified principal and interest repayments on existing approved borrowings due to projects being fully repaid or added.
 - The actual 2018/19 principal repayments increased by \$18,333,000 offset by approved borrowings being fully repaid of \$4,094,000.
 - The actual 2018/19 interest payments increased by \$12,618,000 offset by \$5,851,000 of payments that concluded with fully repaid borrowings.
3. Payment for the acquisition of approved specialized and basic equipment to service delivery organizations on a timely basis and in accordance with approved funding levels.
 - The expected outright payments in 2018/19 for the acquisition of approved specialized and basic equipment to regional health authorities (RHAs), Shared Health (formerly Diagnostic Services Manitoba) and CancerCare Manitoba (CCMB) were \$17,913,000. Actual payments for approved specialized and basic equipment to RHAs, Shared Health and CCMB were \$17,753,000 resulting in outright payments of \$160,000 lower than anticipated.
4. Payment of outright funding for approved projects to service delivery organizations in accordance with the department's strategic capital plan.
 - Total outright payments to RHAs, Shared Health (formerly Diagnostic Services Manitoba) and CCMB for 2018/19 for approved capital projects were expected to be \$7,700,000. Actual outright payments to RHAs, Shared Health and CCMB for 2018/19 for approved capital projects were \$7,073,000. Outright funding reduces the need for funding through approved borrowings.

8(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	98,608	93,806	4,802	1
Long Term Care	7,033	10,512	(3,479)	2
Community and Mental Health Services	3,360	6,867	(3,507)	2
Total Sub-Appropriation	109,001	111,185	(2,184)	

Explanation Number:

1. Primarily due to the earlier completion of capital projects.
2. 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 2018/19 \$(000's)	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	14,729	14,937	(208)	
Long Term Care	3,024	2,976	48	
Total Sub-Appropriation	17,753	17,913	(160)	

8(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	5,573	3,950	1,623	1
Long Term Care	1,500	3,750	(2,250)	2
Total Sub-Appropriation	7,073	7,700	(627)	

Explanation Number:

1. Primarily due to higher outright cash payments as a result of earlier timing related to completion of projects.
2. Primarily due to lower outright cash payments as a result of timing related to delayed completion of projects.

8(d) Interest

Expenditures by Sub-Appropriation	Actual 2018/19 \$(000's)	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	45,920	50,031	(4,111)	1
Long Term Care	4,281	6,236	(1,955)	1
Community and Mental Health Services	2,431	5,122	(2,691)	1
Total Sub-Appropriation	52,632	61,389	(8,757)	

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 2018/19 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 2018/19 \$(000's)	Estimate 2018/19 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Amortization Expense	3,406	3,770	(364)	
Interest Expense	562	577	(15)	
Total Sub-Appropriation	3,968	4,347	(379)	

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 2018/19 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
 - In 2018/19 Manitoba Health, Seniors and Active Living (MHSAL) initiated a project to support a secure, paperless, Public Health Information Act (PHIA) compliant environment that provides storage of electronic documents and epidemiological databases/datasets with the intent of supporting real time epidemiological analysis.
2. Provision of technology solutions that address health priorities.
 - Investments are being made in a public health surveillance data and storage efficiency system.
3. Upgraded medical equipment.
 - MHSAL acquired new medical equipment to replace obsolete equipment and improve efficiency for its direct clinical operations for Cadham Provincial Laboratory and Selkirk Mental Health Centre.

**Manitoba Health, Seniors and Active Living
Reconciliation Statement
April 1, 2018 – March 31, 2019**

DETAILS	2018/19 ESTIMATES (\$000s)
2018/19 Main Estimates: Allocation of Funds from: Enabling Appropriations Internal Service Adjustments	6,160,360 - -
2018/19 Estimates:	6,160,360

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

for fiscal year ended March 31, 2019

Estimate 2018/19 \$(000s)	Appropriation	Actual (1) 2018/19 \$(000s)	Actual (2) 2017/18 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-1 Administration and Finance				
42	21 1a Minister's Salary	42	41	1	
	21-1b Executive Support				
1,098	1 Salaries and Employee Benefits	1,018	963	55	
218	2 Other Expenditures	159	143	16	
	21-1c Finance				
7,393	1 Salaries and Employee Benefits	7,129	7,150	(21)	
1,184	2 Other Expenditures	1,124	1,049	75	
	21-1d Legislative Unit				
619	1 Salaries and Employee Benefits	655	642	13	
286	2 Other Expenditures	154	132	22	
518	3 External Agencies	405	403	2	
	21-1e Appeal Boards				
414	1 Salaries and Employee Benefits	431	487	(56)	
253	2 Other Expenditures	327	426	(99)	
12,025	Total Appropriation 21-1	11,444	11,436	8	

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

for fiscal year ended March 31, 2019

Estimate 2018/19 \$(000s)	Appropriation	Actual (1) 2018/19 \$(000s)	Actual (2) 2017/18 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-2 Provincial Policy and Programs				
	21-2a Administration				
275	1 Salaries and Employee Benefits	297	287	10	
76	2 Other Expenditures	70	68	2	
	21-2b Health Infrastructure				
4,813	1 Salaries and Employee Benefits	4,272	4,467	(195)	
318	2 Other Expenditures	213	227	(14)	
4,953	3 Provincial Program Support Cost	4,932	4,921	11	
	21-2c Provincial Drug Programs				
2,705	1 Salaries and Employee Benefits	2,165	2,193	(28)	
465	2 Other Expenditures	689	687	2	
	21-2d Drug Management Policy Unit				
630	1 Salaries and Employee Benefits	643	667	(24)	
175	2 Other Expenditures	249	135	114	
414	3 External Agencies	244	414	(170)	
14,824	Total Appropriation 21-2	13,774	14,066	(292)	

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

for fiscal year ended March 31, 2019

Estimate 2018/19 \$(000s)	Appropriation	Actual (1) 2018/19 \$(000s)	Actual (2) 2017/18 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-3 Health Workforce Secretariat				
	21-3a Administration				
451	1 Salaries and Employee Benefits	396	340	56	
456	2 Other Expenditures	427	417	10	
	21-3b Contracts and Negotiations				
737	1 Salaries and Employee Benefits	603	664	(61)	
183	2 Other Expenditures	86	154	(68)	
	21-3c Health Human Resource Planning				
939	1 Salaries and Employee Benefits	757	757	-	
705	2 Other Expenditures	566	503	63	
5	3 External Agencies	5	5	-	
	21-3d Fee-for-Service / Insured Benefits				
5,902	1 Salaries and Employee Benefits	5,609	5,603	6	
1,106	2 Other Expenditures	1,345	1,347	(2)	
10,484	Total Appropriation 21-3	9,794	9,790	4	

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

for fiscal year ended March 31, 2019

Estimate 2018/19 \$(000s)	Appropriation	Actual (1) 2018/19 \$(000s)	Actual (2) 2017/18 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-4 Active Living, Indigenous Relations, Population and Public Health				
	21-4a Administration				
350	1 Salaries and Employee Benefits	213	207	6	
122	2 Other Expenditures	181	192	(11)	
	21-4b Active Living, Population and Public Health				
15,811	1 Salaries and Employee Benefits	15,027	15,058	(31)	
10,310	2 Other Expenditures	8,592	8,320	272	
426	4 External Agencies	253	328	(75)	
	21-4c Intergovernmental Strategic Relations				
929	1 Salaries and Employee Benefits	900	871	29	
686	2 Other Expenditures	325	212	113	
	21-4d Cadham Provincial Laboratory Services				
9,851	1 Salaries and Employee Benefits	9,685	9,720	(35)	
8,467	2 Other Expenditures	8,274	8,855	(581)	
46,952	Total Appropriation 21-4	43,450	43,763	(313)	

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

for fiscal year ended March 31, 2019

Estimate 2018/19 \$(000s)	Appropriation	Actual (1) 2018/19 \$(000s)	Actual (2) 2017/18 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-5 Regional Policy and Programs				
	21-5a Administration				
323	1 Salaries and Employee Benefits	174	287	(113)	
933	2 Other Expenditures	934	973	(39)	
	21-5b Health Emergency Management				
2,252	1 Salaries and Employee Benefits	2,415	2,180	235	
6,917	2 Other Expenditures	7,931	7,900	31	
33	3 External Agencies	20	20	-	
	21-5c Cancer and Diagnostic Care				
824	1 Salaries and Employee Benefits	683	882	(199)	
449	2 Other Expenditures	238	258	(20)	
	21-5d Acute, Tertiary and Specialty Care				
2,166	1 Salaries and Employee Benefits	2,125	2,167	(42)	
1,403	2 Other Expenditures	1,176	1,217	(41)	
15,300	Total Appropriation 21-5	15,696	15,884	(188)	

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

for fiscal year ended March 31, 2019

Estimate 2018/19 \$(000s)	Appropriation	Actual (1) 2018/19 \$(000s)	Actual (2) 2017/18 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-6	Mental Health and Addictions, Primary Health Care and Seniors				
212	21-6a Administration				
70	1 Salaries and Employee Benefits	215	238	(23)	8
	2 Other Expenditures	129	121	8	
1,092	21-6b Mental Health and Addictions				
10,999	1 Salaries and Employee Benefits	1,178	990	188	609
226	2 Other Expenditures	10,283	9,674	609	
	3 External Agencies	55	55		
475	21-6c Chief Provincial Psychiatrist				
53	1 Salaries and Employee Benefits	487	502	(15)	3
	2 Other Expenditures	50	47	3	
1,602	21-6d Seniors and Healthy Aging				
862	1 Salaries and Employee Benefits	1,528	1,496	32	
83	2 Other Expenditures	682	795	(113)	
	3 External Agencies	-	-		
1,142	21-6e Primary Health Care				
973	1 Salaries and Employee Benefits	1,030	1,051	(21)	78
	2 Other Expenditures	358	280	78	
1,072	21-6f Continuing Care				
131	1 Salaries and Employee Benefits	1,014	1,042	(28)	17
	2 Other Expenditures	247	230	17	
27,124	21-6g Addictions Foundation of Manitoba				
3,533	1 Program Delivery	26,829	29,659	(2,830)	159
(1,633)	2 Problem Gambling Services	3,533	3,374	159	-
(4,933)	3 Less: Third Party Recoveries	(1,633)	(1,633)	-	2,671
	4 Less: Recoveries from Manitoba Lotteries	(4,933)	(7,604)	2,671	
43,083	Total Appropriation 21-6	41,052	40,317	735	

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

for fiscal year ended March 31, 2019

Estimate 2018/19 \$(000s)	Appropriation	Actual (1) 2018/19 \$(000s)	Actual (2) 2017/18 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-7 Health Services Insurance Fund				
	21-7a Funding to Health Authorities				
2,466,680	Acute Care Services	2,449,161	2,446,281	2,880	1
644,270	Long Term Care Services	639,594	637,759	1,835	
365,822	Home Care Services	385,578	380,508	5,070	1
348,422	Community and Mental Health Services	332,892	329,201	3,691	1
150,425	Emergency Response and Transport Services	144,033	133,222	10,811	1
(17,385)	Third Party Recoveries	(23,218)	(19,422)	(3,796)	2
(64,477)	Reciprocal Recoveries	(66,126)	(59,191)	(6,935)	2
	21-7b Provincial Health Services				
49,716	Out of Province	60,093	50,992	9,101	3
71,101	Blood Transfusion Services	67,158	74,767	(7,609)	4
2,579	Federal Hospitals	2,825	3,048	(223)	
17,584	Ancillary Programs	19,387	22,625	(3,238)	5
2,498	Healthy Communities Development	2,168	1,966	202	
3,730	Nursing Recruitment and Retention Initiatives	3,251	3,565	(314)	
2,200	Manitoba Centre for Health Policy	2,200	2,200	-	
50,020	Selkirk Mental Health Centre	49,106	50,490	(1,384)	
19,724	Immunizing Agents, Biologics and Drugs	18,939	19,635	(696)	
	21-7c Medical				
1,372,483	Physician Services	1,339,598	1,252,533	87,065	2
31,106	Other Professionals	26,995	26,701	294	
30,378	Out of Province Physicians	32,656	30,143	2,513	3
25,714	Physician Recruitment and Retention Program	24,779	23,642	1,137	
(10,003)	Third Party Recoveries	(11,429)	(11,167)	(262)	
(16,121)	Reciprocal Recoveries	(18,222)	(17,260)	(962)	
	21-7d Pharmicare				
268,692	Other Expenditures	271,039	271,751	(712)	
5,815,158	Total Appropriation 21-7	5,752,457	5,653,989	98,468	

Explanation Number:

1. Primarily due to increases in base line funding to the Service Delivery Organizations including non-medical salary increases and capital operating annualizations.
2. Primarily due to increase in price and volume.
3. Primarily due to increase in price.
4. Primarily due to decrease in price.
5. Primarily due to decrease in price and volume.

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

for fiscal year ended March 31, 2019

Estimate 2018/19 \$(000s)	Appropriation	Actual (1) 2018/19 \$(000s)	Actual (2) 2017/18 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-8	Capital Funding				
21-8a	Principal Repayments				
93,806	1 Acute Care	98,608	83,679	14,929	1
10,512	2 Long Term Care	7,033	7,546	(513)	
6,867	3 Community and Mental Health Services	3,360	3,537	(177)	
14,937	21-8b Equipment Purchases and Replacements	14,729	14,193	536	
2,976	1 Acute Care	3,024	3,999	(975)	2
	2 Long Term Care				
3,950	21-8c Other Capital	5,573	4,113	1,460	3
3,750	1 Acute Care	1,500	2,013	(513)	2
	2 Long Term Care				
	21-8d Interest				
50,031	1 Acute Care	45,920	38,825	7,095	1
6,236	2 Long Term Care	4,281	4,166	115	
5,122	3 Community and Mental Health Services	2,431	2,874	(443)	2
198,187	Total Appropriation 21-8	186,459	164,945	21,514	

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.
3. Primarily due to higher outright cash payments.

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

for fiscal year ended March 31, 2019

Estimate 2018/19 \$(000s)	Appropriation	Actual (1) 2018/19 \$(000s)	Actual (2) 2017/18 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-9 Costs Related to Capital Assets				
3,770	21-9a Amortization Expense	3,406	3,597	(191)	
577	21-9b Interest Expense	562	570	(8)	
4,347	Total Appropriation 21-10	3,968	4,167	(199)	
6,160,360	Total Appropriation 21	6,078,094	5,958,357	119,737	

Footnotes:

(1) Actuals for 2018/19 are based on year-end expenditure analysis report dated June 28, 2019.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2019.

Manitoba Health, Seniors and Active Living
Five Year Expenditure and Staffing Summary by Appropriation
for years ending March 31, 2015 to March 31, 2019

Appropriation	2014/15 ⁽²⁾		2015/16 ⁽²⁾		2016/17 ⁽²⁾		2017/18 ⁽²⁾		2018/19 ⁽¹⁾	
	FTE	\$(000s)								
21-1 Administration and Finance	133.75	11,441	133.75	11,525	128.75	11,434	124.35	11,436	122.35	11,444
21-2 Provincial Policy and Programs	108.70	16,577	108.70	15,381	108.70	14,804	110.20	14,066	108.20	13,774
21-3 Health Workforce Secretariat	134.30	9,866	134.30	9,956	134.30	10,126	127.80	9,790	127.80	9,794
21-4 Active Living, Indigenous Relations, Population and Public Health	269.60	46,248	269.60	48,006	269.60	51,015	263.90	43,763	263.90	43,450
21-5 Regional Policy and Programs	69.60	14,526	69.60	13,916	69.60	14,322	66.00	15,884	64.00	15,696
21-6 Mental Health and Addictions, Primary Health Care and Seniors	63.40	42,070	63.40	44,343	63.40	45,811	61.20	40,317	60.20	41,052
21-7 Health Services Insurance Fund		5,065,106		5,328,489		5,647,278		5,653,989		5,752,457
21-8 Capital Funding		174,910		185,403		198,187		164,945		186,459
21-9 Costs Related to Capital Assets		5,383		4,744		4,123		4,167		3,968
Total Departmental Expenditures	779.35	5,386,127	779.35	5,661,763	774.35	5,997,100	753.45	5,958,357	746.45	6,078,094

Footnotes:

(1) Actuals for 2018/19 are based on year-end expenditure analysis report dated June 28, 2019.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2019.

Manitoba Health Services Insurance Plan Five-Year Expenditure Summary

for years ending March 31, 2015 - March 31, 2019 ⁽¹⁾

Program	2014/15 \$(000s)	2015/16 \$(000s)	2016/17 \$(000s)	2017/18 \$(000s)	2018/19 \$(000s)
Health Authorities and Facilities ⁽²⁾	3,630,471	3,871,412	3,904,805	4,009,427	4,048,373
Medical ⁽³⁾	1,206,774	1,266,031	1,347,520	1,306,013	1,394,377
Provincial Programs ⁽⁴⁾	194,978	213,241	219,856	229,340	225,127
Pharmacare	247,612	265,836	269,068	274,580	271,039
Total	5,279,835	5,616,520	5,741,249	5,819,360	5,938,916

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, 2019.*
- (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.*

Manitoba Health Services Insurance Plan

Summary of Estimates

April 1, 2018 – March 31, 2019

DETAILS	2018/19 ESTIMATES (\$000s)
2018/19 Main Estimates: Funding to Health Authorities Provincial Health Services Medical Pharmacare Capital Grants	3,893,757 219,152 1,433,557 268,692 198,187
2018/19 Estimates:	6,013,345

For the year ended March 31, 2019, 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, 2019 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, 2019



Auditor General
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To the Legislative Assembly of Manitoba

To the Minister of Health, Seniors and Active Living

Opinion

We have audited the financial statements of the Manitoba Health Services Insurance Plan, which comprise the statement of financial position as at March 31, 2019, and the statements of operations and accumulated surplus and net debt, and cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Manitoba Health Services Insurance Plan as at March 31, 2019, and the results of its operations and its cash flow for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Manitoba Health Services Insurance Plan in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is responsible for assessing the Manitoba Health Services Insurance Plan's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless an intention exists to liquidate the Manitoba Health Services Insurance Plan or to cease operations, or there is no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Manitoba Health Services Insurance Plan's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Manitoba Health Services Insurance Plan's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Manitoba Health Services Insurance Plan's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Manitoba Health Services Insurance Plan to cease to continue as a going concern.
- Evaluate the overall presentation, structure, and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Office of the Auditor General

Office of the Auditor General
Winnipeg, Manitoba
June 27, 2019

MANITOBA HEALTH SERVICES INSURANCE PLAN

Statement of Financial Position

As At March 31, 2019

(in thousands of dollars)

	<u>2019</u>	<u>2018</u>
Financial Assets		
Cash	\$ 26,108	\$ 21,996
Funds on deposit with the Province of Manitoba	126,730	247,142
Due from:		
Province of Manitoba - vacation pay (Note 5)	121,663	121,663
Province of Manitoba - post employment benefits (Note 5)	128,177	128,177
Other Provinces and Territories	13,752	10,628
Other	<u>2,029</u>	<u>2,899</u>
	<u>418,459</u>	<u>532,505</u>
Liabilities		
Accounts Payable and Accrued Liabilities (Note 6)	104,485	167,876
Due to:		
Province of Manitoba	64,134	114,789
Province of Manitoba - vacation pay (Note 5)	121,663	121,663
Province of Manitoba - post employment benefits (Note 5)	<u>128,177</u>	<u>128,177</u>
	<u>418,459</u>	<u>532,505</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, 2019
(in thousands of dollars)

	<u>Budget</u> 2019	<u>Actual</u> 2019	<u>Actual</u> 2018
Revenue			
Province of Manitoba - Grants (Note 7)	\$ 6,075,519	\$ 6,012,243	\$ 5,890,973
Inter-provincial reciprocal recoveries - Hospital	64,477	66,126	59,191
Inter-provincial reciprocal recoveries - Medical	16,121	18,222	17,260
Third party recoveries	27,388	60,635	55,778
Miscellaneous	-	398	1,481
	<u>6,183,505</u>	<u>6,157,624</u>	<u>6,024,683</u>
 Expenses			
Health Authorities and Facilities	4,173,806	4,137,724	4,088,662
Medical	1,459,681	1,424,416	1,335,299
Provincial programs	219,152	225,129	229,340
Pharmacare	<u>330,866</u>	<u>370,355</u>	<u>371,382</u>
	<u>6,183,505</u>	<u>6,157,624</u>	<u>6,024,683</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, 2019

(in thousands of dollars)

	<u>2019</u>	<u>2018</u>
Operating Activities		
Annual Surplus (Deficit)	\$ -	\$ -
Changes in Working Capital:		
Due from:		
Province of Manitoba	-	-
Other Provinces and Territories	(3,124)	17,603
Other	870	1,132
Accounts Payable and Accrued Liabilities	(63,391)	(122,408)
Due to:		
Province of Manitoba	(50,655)	38,007
	<u>(116,300)</u>	<u>(65,666)</u>
Decrease in Cash and Funds on deposit	(116,300)	(65,666)
Cash and Funds on deposit with the Province, Beginning of year	269,138	334,804
Cash and Funds on deposit with the Province, End of year	<u>\$ 152,838</u>	<u>\$ 269,138</u>
Consists of:		
Cash	\$ 26,108	\$ 21,996
Funds on deposit with Province of Manitoba	126,730	247,142
	<u>\$ 152,838</u>	<u>\$ 269,138</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, 2019
(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. New Accounting Standard

A new accounting standard, PS 3430, Restructuring transactions, became effective April 1, 2018. There were no transactions in the current year to which this accounting standard applied.

3. 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, Seniors and Active Living 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

MANITOBA HEALTH SERVICES INSURANCE PLAN

Notes to the Financial Statements

For the Year ended March 31, 2019

(in thousands of dollars)

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.

f. Related Party Transactions

All Province of Manitoba created departments, agencies and crown corporations are related parties of the Plan based on common control. The Plan enters into transactions with these entities in the normal course of business.

Key management personnel and their close family members are related parties. They are identified as the Minister and Deputy Minister of Manitoba Health, Seniors and Active Living, and their spouses, and any controlled businesses.

Related party transactions are recorded at the exchange amount. Material transactions, in aggregate, or balances are disclosed separately.

Manitoba Health, Seniors and Active Living provides administrative services to the Plan at no charge. The cost of these services include a portion of the salaries and benefits of departmental staff and other expenses. Management has not estimated the cost of these services and these unallocated costs are not recognized in the financial statements.

4. Financial Instrument Risk Management

The Plan has exposure to the following risks from its use of financial instruments: credit and liquidity risk. The Plan is not subject to significant interest rate risk, a risk that arises from differences in the timing and amount of cash flows due to changes in interest rates. The value of funds on deposit is not significantly affected as they are redeemable on demand. 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 Manitoba Health, Seniors and Active Living 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, 2019

(in thousands of dollars)

5. 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.

6. Accounts Payable and Accrued Liabilities

	2019	2018
Health Authorities and Facilities	\$4,067	\$52,378
Provincial Health Services	6,655	8,517
Medical Service Claims	77,294	88,306
Pharmacare Claims	9,939	9,175
General	6,530	9,500
	<u>\$104,485</u>	<u>\$167,876</u>

7. Province of Manitoba – Grants

	Budget	Actual	Actual
	2019	2019	2018
Department of Health, Seniors and Active Living	\$6,013,345	\$5,938,916	\$5,819,360
Department of Families – Pharmacare Expense			
Recoveries	<u>62,174</u>	<u>73,327</u>	<u>71,613</u>
	<u>\$6,075,519</u>	<u>\$6,012,243</u>	<u>\$5,890,973</u>

8. 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;

MANITOBA HEALTH SERVICES INSURANCE PLAN

Notes to the Financial Statements

For the Year ended March 31, 2019

(in thousands of dollars)

- 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.

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.

	2019	2018
Hospital Services	\$3,313,005	\$3,274,363
Medical Services	1,390,566	1,302,572
Other Health Services	46,382	49,378

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, Seniors and Active Living.

10. Comparative Figures

Certain of the 2018 comparative figures have been reclassified to conform with the presentation adopted for 2019.



Auditor General
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To The Legislative Assembly of Manitoba

To the Minister of Health, Seniors and Active Living

Opinion

We have audited the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2019 ("the schedule").

In our opinion, the financial information in the schedule of the Manitoba Health Services Insurance Plan is prepared, in all material respects, in accordance with Section 5 of *The Public Sector Compensation Disclosure Act*.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Schedule* section of our report. We are independent of the Manitoba Health Services Insurance Plan in accordance with the ethical requirements that are relevant to our audit of the schedule in Canada, and we have fulfilled our other responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter: Basis of Accounting

We draw attention to the Note to the schedule, which describes the basis of accounting. The schedule is prepared to assist the entity to meet the requirements of Section 5 of *The Public Sector Compensation Disclosure Act*. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

Management is responsible for the preparation of the schedule in accordance with Section 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.

Those charged with governance are responsible for overseeing the Manitoba Health Services Insurance Plan's financial reporting process.

Auditor's Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial information.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedule, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Manitoba Health Services Insurance Plan's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba

June 27, 2019

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2019

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 \$75,000 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	\$448,273	Ahmed, Musawir	\$186,973	Alhrbi, Mashaël M	\$126,552
Abbu, Ganesan P	\$230,868	Ahmed, Naseer	\$209,934	Ali, Abdalla M	\$228,395
Abdelgadir, Ibrahim	\$399,770	Ahmed, Shahida	\$278,847	Ali, Kassandra	\$91,076
Abdelmessih, M R	\$339,061	Ahuja, Nitin	\$511,025	Ali, Molud A E	\$425,520
Abdulrahman, S	\$349,137	Ahweng, Albert	\$232,397	Ali, Mossadeq	\$463,857
Abdulrehman, A S	\$313,643	Ahweng, Andrew G	\$1,127,746	Ali Nejad, Shahrokh	\$76,427
Abej, Esmail A	\$1,064,821	Aiken, Andrew	\$95,733	Aljafari, Alhassan	\$535,832
Abisheva, Gulniyaz	\$600,880	Ainslie, Martha D	\$200,348	Allan, Donald R ³	\$382,022
Abo Alhayjaa, Sahar	\$527,749	Ajao, Monisola	\$227,116	Allen, David W	\$511,572
Abrams, Elissa M	\$413,466	Ajao, Olarenwaj	\$326,324	Allen, Jessica S	\$270,003
Abujazia, Abdurreza	\$545,479	Akerele, Oladapo	\$400,349	Almalky, Ammar	\$715,505
Adam, Chris J E	\$272,911	Akinsola, Oluwatosi	\$172,723	Almoustadi, Waiel A	\$385,669
Adam-Sdrolias, H L	\$255,092	Akintola, Olalekan	\$874,540	Alshanti, Marwan	\$282,166
Adduri, V R	\$82,420	Akra, Mohamed A	\$310,843	Altman, Alon	\$650,737
Adegbesan, A A	\$618,267	Al-Abbasi, Bashar A	\$383,944	Altman, Gary N	\$308,123
Adegboyega, M	\$285,873	Al-Ahbab, Aseel	\$142,135	Alto, Lauri E	\$278,842
Afifi, Tarek J	\$1,442,719	Al-Kaabi, Atheer	\$505,585	Alto, Meaghan L	\$86,255
Afolabi, Babafemi	\$141,651	Al-Moumen, Zakaria	\$1,017,066	Amadeo, Ryan J J	\$544,514
Aguayo Bonniard, AJ	\$605,121	Alabdoulsalam, T	\$154,562	Ambrose, Devon J	\$464,264
Ahmad, Absar	\$166,125	Alai, Mehdi	\$105,159	Amede, Kebede H	\$405,602
Ahmad, Ejaz	\$386,881	Alamian-Harandi, K	\$783,424	Ames, David H	\$567,686
Ahmad, Suffia N	\$292,426	Albak, Russell E	\$260,488	Anang, Julius B	\$241,674
Ahmed, Munir	\$459,250	Alexander, Ian Scott	\$164,157	Anang, Polina	\$189,925

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2019

(Continued)

Anashara, Fouad H	\$160,026	Baillie, Cory	\$709,590	Benton, Aoife D	\$201,017
Andani, Rafiq	\$106,461	Baker, Chandran	\$901,810	Benzaglam, Ali	\$835,803
Anderson, Brent R	\$369,734	Balageorge, D	\$485,694	Bereznay, Oliver	\$385,096
Anderson, Brian	\$99,358	Balchen, Stacey J	\$235,736	Bergen, Calvin J	\$123,523
Anderson, Matthew	\$171,365	Balhaj, Abdelaati	\$349,886	Bergen, Jerry	\$263,126
Anderson, Ryan A	\$497,564	Balko, George	\$355,619	Bergman, Amanda D	\$91,735
Anderson, Tyler	\$227,119	Ball, Frederic	\$293,597	Bergman, Elin	\$274,655
Andreiw, Adam	\$316,101	Ballegeer, Trevor A	\$98,110	Bermack, Barry A	\$352,274
Andrew, Chris	\$745,524	Ballen, Jenifer L	\$276,708	Bernier, Mark	\$799,811
Angus, Trevor J	\$177,508	Bammeke, Femi	\$175,580	Bernstein, Charles N	\$759,502
Anozie, Chiaka B	\$487,139	Banerji, Shantanu	\$136,788	Bernstein, Keevin	\$809,413
Ansari, Muhammad	\$639,282	Banerji, Versha	\$118,332	Berrington, Neil R	\$408,878
Ansarian, Hamid R	\$260,243	Banmann, Darin S	\$324,746	Beshara, Eren I A	\$292,535
Anssari, Neda	\$291,318	Bansal, Rahul K	\$651,210	Best, Raina L	\$405,034
Anttila, Lisa K	\$613,038	Barac, Ivan	\$351,266	Bhangoo, Daljit S	\$132,972
Anyadike, Ignatius	\$178,872	Barac, Snezana	\$221,424	Bhangoo, Sandip S	\$339,562
Aoki, Fred Y	\$192,576	Barc, Jennine	\$301,569	Bhangu, Manpreet	\$392,226
Apoeso, Omolola	\$360,994	Barczak, Aleksandr	\$371,239	Bhanot, Pradeep	\$262,924
Appleby, Stephanie	\$426,454	Bard, Robert J	\$482,177	Bharj, Amit	\$117,229
Arafa, Ramadan	\$101,779	Barhoum, Wisam	\$79,819	Bhayana, Rajinder	\$280,033
Aragola, Sanjay	\$571,921	Baria, K	\$91,051	Bhayana, Renu	\$214,503
Araneda, Maria C	\$119,137	Barker, Mark F	\$707,490	Bhuiyan, Nazmun N	\$519,970
Arara, Mohammed	\$165,289	Barkman, Jayson M	\$691,593	Bhullar, Navdeep	\$99,214
Archer, Lori Anne	\$112,247	Barnes, Allyson C	\$248,249	Bhullar, Rick S	\$1,286,901
Armstrong, Brent	\$376,556	Barnes, Daniel W	\$323,989	Biala, Barbara	\$428,554
Armstrong, Sean ³	\$1,391,134	Barnes, Jeffrey G	\$374,739	Bialy, Maciej B	\$346,964
Arneja, Amarjit S	\$206,709	Baron, Cynthia M	\$228,688	Bialy, Peter C	\$447,973
Arneja, Jagmit	\$102,128	Baron, Kenneth I	\$495,903	Billinkoff, Errol N	\$380,467
Arya, Virendra	\$342,322	Barron, Laurie W	\$593,255	Bilos, Richard J	\$210,736
Asham, Hany A	\$498,431	Barske, Heather L	\$407,023	Birk, Patricia	\$189,445
Ashcroft, R P	\$252,873	Bartheaux, Brooks	\$109,447	Birt, Douglas	\$129,472
Ashcroft, Rebecca C	\$319,691	Bashir, Bashir	\$351,356	Bishay, Wagdy	\$601,515
Ashfaq, Bushra	\$413,429	Basra, Gagandeep	\$123,963	Bisson, Joanne	\$106,448
Askarifar, Rasool	\$345,799	Bassily, Mena N F	\$575,499	Bissonnette, Arcel	\$373,692
Asskar, Ramzi	\$542,363	Basson, Anel	\$136,350	Biswas, Trisha	\$136,494
Assuras, George N	\$181,447	Basson, Hendrik J	\$415,878	Black, Denise R	\$102,895
Atalla, Niveen G	\$353,463	Basta, Ayman F	\$608,408	Black, G Brian	\$124,727
Atchison, Tyler J	\$298,157	Basta, Moheb S S	\$762,472	Blackie, Karen M	\$96,398
Atkinson, Raymond	\$247,806	Battad, Anthony B	\$211,507	Blais, Ashley	\$305,295
Avadhanula, P	\$213,803	Bay, Graham H	\$646,109	Blakley, Brian W	\$244,283
Avery, Maleen R	\$105,630	Baydock, Bradley	\$166,186	Blampy, Janice R	\$180,357
Avila Flores, F ²	\$921,734	Beaumont, Ian D	\$161,465	Blazic, Ivan	\$582,540
Awad, Jaklin	\$541,940	Beaupre, Jenwa	\$178,579	Blelloch, Sarah R	\$221,875
Awadalla, Alaa	\$1,006,742	Becker, Allan	\$141,183	Blom, Lourens J	\$156,135
Ayinde, Wasiu A	\$368,909	Bedder, Phyllis M	\$171,078	Blouw, Erika R	\$139,074
Azer, Nivin	\$958,579	Bedi, Bhupinder	\$96,175	Blouw, Marcus R	\$239,365
Azer, Nivine N	\$519,450	Begum, Fatema	\$898,637	Blyth, Scott	\$248,378
Aziz, Aziz N N	\$510,101	Beiko, Jason	\$308,075	Bock, Gerhard W	\$122,731
Aziz, Mina	\$84,617	Bejjani, Jimmy	\$126,692	Bodnarchuk, Tavis R	\$321,118
Azzam, Hussam M	\$103,375	Beldavs, Robert A	\$1,517,665	Boguski, Gregory	\$96,168
Azzam, Lina	\$282,706	Bellan, Lorne D	\$575,089	Bohm, Clara J	\$573,336
Babick, Andrea P	\$288,822	Bellas, Jonathon	\$310,894	Bohm, Eric R	\$532,519
Babick, Terry R	\$526,165	Bellisario, Tio	\$170,807	Boktor, Hanan	\$189,979
Bacily, Mervat A	\$441,229	Bello, Ahmed B	\$123,793	Bolton, David R	\$329,160
Badenhorst, Frederik	\$351,120	Benning, Harbinder	\$355,094	Bolton, James M S	\$93,138
Badenhorst, Lynette	\$87,765	Benning, Harjit S	\$1,174,761	Boman, Jonathan	\$286,504
Badesha, Kulvir S	\$259,237	Benning, Rupal S	\$728,925	Bonakdar, Hamid R	\$604,343
Bagry, Hema S	\$424,952	Benshaban, Lamin	\$321,452	Boniel, Avi	\$86,216

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2019

(Continued)

Book, Brian H	\$121,954	Bullard, Jared	\$99,997	Cherian, Rachel	\$140,996
Bookatz, Brian J	\$394,087	Bullen, Tyler J P	\$446,435	Chernish, Gregory M	\$87,916
Booth, Steven A	\$621,370	Bunge, Martin K ²	\$456,365	Chernos, Courtney	\$204,932
Booy, Harold	\$77,220	Burnell, Colin D C	\$733,180	Cheung, Anene	\$201,421
Borkowsky, Kent	\$119,545	Burnet, Neil M	\$164,615	Cheung, Lai-Keung	\$179,860
Boroditsky, Alissa	\$121,734	Burnett, C J	\$340,804	Cheung, Paul K-M	\$92,956
Boroditsky, Lila M	\$221,088	Burnett, Clinton J	\$244,064	Chin, Daniel	\$877,938
Boroditsky, Mark	\$408,968	Burnett, Mairi	\$318,165	Chisick, Laura B	\$255,799
Boroditsky, M L	\$386,535	Burnett, Margaret	\$168,850	Chittal, Dervla M	\$117,679
Borrett, George F	\$296,280	Burnside, Tyler C	\$172,677	Cho, Patrick A	\$726,324
Borys, Andrew E	\$507,247	Burron, Ian	\$116,505	Chochinov, Paul H	\$370,086
Botha, Adriana	\$154,937	Buryrn, Craig J	\$626,905	Chodirker, Bernard N	\$241,051
Botkin, Alexis A	\$173,056	Bushidi, Mbuyu	\$621,744	Chopra, Amit	\$494,626
Botkin, Colin D	\$703,452	Butler, James B	\$318,622	Choptiany, Robert B	\$171,703
Bourdon, Nelson	\$109,339	Butler, Nicolaas	\$475,833	Choptiany, Thor I	\$505,332
Bourque, Christoph	\$364,556	Butterworth, S	\$148,425	Chow, Herman	\$97,338
Bovell, Frank M	\$332,975	Bybel, Bohdan ⁴	\$110,836	Chow, Melina	\$81,633
Bow, Eric	\$135,480	Bykova, Elena	\$275,518	Chowdhury, A D	\$275,044
Bower, Tenley N	\$1,355,837	Bynkoski, Stacey A	\$224,362	Chowdhury, Tumul	\$487,652
Bowman, M Nancy	\$162,183	Bzura, Thomas J	\$411,042	Choy, Stephen C	\$280,585
Boyd, April J	\$510,412	Calderon-Grande, HE	\$270,322	Christiansen, D N	\$147,669
Boyko, Niki Lee	\$128,848	Camoriano Nolas, GD	\$929,691	Christodoulou, C C	\$308,323
Bracken, John H	\$495,683	Campbell, Barry	\$284,600	Chubaty, Roman A	\$452,872
Brackenreed, Nolan	\$280,237	Campbell, Neil	\$180,575	Chudley, David A A	\$255,356
Bradshaw, C D	\$383,831	Caners, Dennis T	\$581,971	Chung, Louis	\$257,422
Brandes, Lorne J	\$135,165	Caners, Theo	\$141,740	Ciecierski, Danuta	\$181,218
Brar, Adarshdip	\$188,530	Cannon, John E	\$135,903	Cisneros, Nestor	\$650,150
Brar, Kiranpree	\$275,034	Cantor, Michael J	\$614,103	Clark, Ian H	\$264,607
Braun, Chantel M	\$155,177	Caplan, Aubrey H	\$182,208	Clark, Sandra G	\$455,448
Braun, Jeanelle	\$140,540	Caplan, Deborah C	\$306,032	Clark, Tod A	\$585,421
Braun, Karen Y	\$340,865	Cappellani, Ronald B	\$317,088	Clayden, Gerald	\$569,312
Breckman, David K	\$444,561	Carleton, Alison	\$349,894	Cleghorn, Scott A	\$578,234
Breckman, Gillian L	\$316,196	Carrick, Kathrin	\$93,162	Cleven, Raegan D	\$81,576
Bretechter, Gilbert J	\$238,856	Cartagena, RA	\$480,138	Coates, Kevin R	\$492,235
Brett, Matthew J	\$215,052	Carvalho Perron, L B	\$90,700	Cochrane, David	\$110,151
Brinkman, Ryan J	\$378,109	Casaclang, Natalie	\$112,305	Cohen, Barry A	\$801,918
Brinkman, Shauna	\$531,095	Casey, Alan R	\$371,753	Collin, Marian B	\$263,139
Bristow, Kristin	\$151,948	Cassano-Bailey, A ²	\$552,415	Collison, Linda M	\$269,308
Britton, Ashley	\$107,262	Caswell, Brent	\$193,948	Coneys, John G D	\$204,782
Brodovsky, S C	\$785,475	Caswill, Melissa E	\$217,335	Connelly, Peter	\$147,761
Brooker, Gary M	\$414,370	Cattani, Lynnsey	\$259,515	Connor, David D	\$819,240
Brown, Jonathan	\$327,540	Cavers, Kenneth J	\$261,778	Connor, Graham T	\$221,523
Brown, Robert	\$369,261	Chakraborty, A R	\$406,165	Conrad, Kyle F	\$269,018
Brown, Tanya	\$83,296	Chaloner, Wouna	\$146,016	Consunji-Aranet, R	\$319,778
Bruce, Kelsey	\$102,265	Chan, David A	\$424,962	Convery, Kevin	\$537,169
Brudney, Charles S	\$175,742	Chan, Eng Lyan	\$351,341	Coodin, Michael G	\$448,758
Bruin, Sonja	\$130,814	Chan, Jennifer	\$76,008	Coodin, Shalom Z	\$106,673
Bruneau, Michel R	\$574,273	Chan, Jessica S	\$293,635	Cooke, Andrew L	\$291,205
Bryanton, Mark	\$979,435	Chan, Laura H	\$440,850	Coombs, Jennifer	\$210,876
Bshouty, Zoheir	\$278,649	Chan, Timothy	\$277,629	Cooney, Mathieu F	\$220,524
Buchel, Edward W	\$1,531,031	Chapman, Leigh	\$1,215,716	Cooney, Mathew J	\$275,172
Buchel, Tamara L	\$165,079	Charette, Miranda	\$314,217	Corbett, Caroline	\$689,046
Buchik, Glenda M	\$127,968	Chartier, Blake	\$93,659	Cordova, Juan L	\$268,891
Buduhan, Gordon	\$581,819	Chatwin, Meghan K	\$280,435	Cordova Perez, F	\$147,594
Buenafe, Jay	\$812,587	Chavali, Soujanya	\$221,099	Corne, Stephen I	\$509,073
Bueti, Giuseppe ³	\$828,692	Chehadi, Abdel-Kar	\$333,996	Cossoy, Michael	\$75,931
Buffie, Tyler	\$245,453	Chen, Lydia Y X	\$86,064	Coutts, Mary E	\$77,211
Buffo Sequeira, Ilan	\$231,416	Cheng, Loni	\$115,286	Coyle, Stephen J	\$332,717

Manitoba Health Services Insurance Plan
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Cram, David H	\$773,836	Demsas, Habtu	\$331,607	Du Preez, Joachim	\$180,981
Cram, Jordan A	\$204,354	Denis, James P	\$198,368	Du Toit, Linda L	\$101,498
Cranston, Meghan E	\$355,141	Deonarain, Sue	\$274,987	Dubberley, James	\$373,933
Craton, Neil	\$153,675	Deonaraine, Linda	\$417,454	Dubey, Arbind A	\$231,551
Crawford, David	\$219,401	Deong, Jean Pui	\$305,261	Dubyna, Dale	\$204,055
Creek, Kristen	\$186,792	Derendorf, Bradley K	\$99,610	Ducas, Diane A	\$181,262
Crockett, Maryanne	\$78,910	Derkatch, Sheldon D	\$977,003	Ducas, John	\$727,671
Crook, Lance A	\$342,741	Derzko, Lydia A	\$164,330	Ducas, Robin A	\$576,316
Crosby, Jason A	\$731,161	Desautels, Angela D	\$321,483	Dueck, Darrin	\$355,258
Cross, Robert	\$336,342	Desautels, Danielle	\$111,807	Dueck, Laura J	\$221,256
Crust, Louis J	\$88,486	Desilets, Nichelle	\$336,193	Duerksen, Carl	\$688,098
Csupak, Brian E	\$298,976	Desmarais, G P	\$94,757	Duerksen, Donald R	\$774,010
Csupak, Elaine M	\$132,639	Desmond, Gerard H	\$186,891	Duerksen, Mark T	\$408,666
Cudmore, Jessica	\$239,797	Dhala, Aly	\$264,337	Duff, Brian D	\$212,567
Cummings, ML	\$417,386	Dhaliwal, Harbhajan	\$89,310	Dumatol-Sanchez, J	\$646,956
Cuvelier, Geoffrey	\$117,697	Dhaliwal, Jamit S	\$668,461	Duncan, Kaitlin C	\$83,630
Cuvelier, Susan L	\$284,095	Dhaliwal, Perry	\$522,711	Duncan, Stephen J	\$500,399
Czajka-Fedirchu, C	\$244,161	Dhaliwal, Rumeet	\$107,936	Dunford, Dawn A	\$158,534
Czaplinski, Jolanta E	\$112,606	Dhaliwal, Surinder	\$234,300	Dunsmore, Sara E ³	\$828,771
Czaplinski, K	\$208,626	Dhalla, Sonny S	\$1,286,593	Duplak, Kamila I	\$108,843
Czaplinski, Peter R	\$205,961	Dhanjal, Permjeet	\$257,715	Duprat, Christine	\$86,609
Czarnecka, MM	\$178,612	Dharamsi, Nafisa	\$132,916	Durcan, Anne M	\$78,431
Czarnecki, W	\$328,114	Dillon, J David	\$503,549	Dutta, Vikas	\$210,274
Czaykowski, Piotr M	\$110,327	Dillon, Lisa G	\$103,739	Dyck, Andrew J	\$287,333
D'mello, Andrea	\$101,992	Dillon, Tanya	\$94,819	Dyck, Gordon H	\$670,568
Da Silva, Laurindo	\$96,993	Dionne, Claire	\$440,578	Dyck, Michael P	\$292,408
Daeninck, Paul J	\$171,397	Dirks, Jacquelyn	\$282,504	Dyson, Ashley L	\$295,417
Dakshinamurti, S S	\$249,737	Dissanayake, Dilani	\$271,312	Dzikowski, Dana R	\$214,658
Dalling, Gordon N	\$286,742	Dixon, Nancy L	\$606,692	Eaglesham, Hugh ²	\$2,829,983
Dandekar, Anand S	\$599,883	Dizon, Aquilino	\$79,589	Earl, Kevin D G	\$275,547
Dandekar, Masumi S	\$220,612	Doak, Greg J	\$246,545	Ebbeling-Treone, Lori	\$174,772
Dang, Tai Huu	\$206,998	Doan, Quy	\$270,772	Edward, Girgis	\$379,676
Dangerfield, Aran L	\$422,636	Docking, Leanne M	\$329,155	Eggertson, Doug	\$207,075
Dao, Vi V B	\$171,344	Doerr, Jeffrey J	\$315,146	Eghtedari-Namin, F	\$232,766
Darczewski, Irena	\$283,473	Dolynchuk, K N	\$238,105	Ehsaei, Farhad	\$193,388
Darnbrough, A L	\$157,674	Dominique, Francis	\$233,357	El-Beheiry, M H	\$83,665
Dart, Allison B	\$102,274	Domke, Heather	\$389,437	El-Gaalay, Sherief A	\$314,717
Dascal, Mario A	\$751,705	Domke, Sheila	\$302,331	El-Gabalawy, Hani S	\$83,775
Dashefsky, S M ²	\$615,415	Donald, Sean W	\$253,560	El-Matary, Wael M M	\$168,934
Davidson, J Michael ²	\$3,757,862	Donaleshen, J A	\$867,194	Elallegay, Abed Ali	\$446,134
Davis, Michael O	\$590,391	Donnelly, John P	\$378,925	Elbardsiy, Nozahy	\$485,741
Dawe, David E	\$251,410	Dookeran, Ravi	\$2,437,902	Elbarouni, Basem	\$1,362,166
Daya, Jayesh J	\$522,846	Dornn, Bruce	\$200,278	Eleff, Michael K	\$180,002
De Blonde, Riley T	\$228,228	Dow, Nathan W	\$249,592	Elgazzar, Reda F	\$192,685
De Gussem, E M	\$152,072	Dowhanik, Monica A	\$139,513	Elgheriani, Ali	\$140,189
De Moissac, Paul C	\$489,664	Dowhanik, Paul B J	\$160,968	Elias, Kamelia	\$576,359
De Moissac, Pierre	\$176,983	Downey, Angelle D	\$340,837	Elimban, Vinit V	\$327,451
De Muelenaere, P	\$1,296,202	Downs, A Craig	\$367,202	Elkams, Sameh N B	\$391,809
De Rocquigny, A J	\$743,695	Doyle, John ¹	\$109,259	Elkhemri, A M	\$540,113
De Wit, Simon L	\$755,984	Drachenberg, DE	\$855,010	Elkin, Jonathan	\$306,142
Dean, Erin C	\$483,954	Drain, Brighid	\$246,730	Elkin, Mark S	\$382,520
Debnath, Pranab K	\$140,880	Drewniak, Anna	\$275,702	Elliott, Jacobi	\$325,322
Debrouwere, R G	\$390,309	Drexler, Jaroslav	\$488,374	Elliott, Jason	\$212,707
Decock, Candace	\$149,852	Driedger, Janelle	\$115,460	Ellis, Michael J	\$155,096
Decter, Diarmuid	\$728,363	Du, Guoyan	\$85,573	Elves, Emmett J	\$700,289
Dekoninck, Theresa	\$100,252	Du, Lei	\$431,924	Elzinga, Kate E	\$100,798
Delaquis, Alyssa C	\$266,757	Du Plessis, Marlie M	\$147,132	Embil, John M A	\$1,128,741
Demeter, Sandor J	\$121,714	Du Plooy, Johan	\$276,551	Embree, Joanne E	\$123,120

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Emery, C	\$608,241	Fredette, Patrick	\$251,745	Gilmore, Jonathan	\$469,683
Emhamed, Musbah	\$809,821	Friesen, Brittney	\$202,843	Gilroy, Nadin C	\$112,219
Encarnacao, Cayley	\$121,090	Friesen, John	\$217,361	Gingerich, Joel R	\$213,375
Eng, Stanley	\$391,475	Friesen, Tyler B	\$305,873	Girard, John	\$400,041
Engel, Jeff S	\$751,824	Frimpong, Daniel O	\$195,803	Girgis, Hossam E	\$401,867
Engelbrecht, S	\$387,401	Frohlich, Arnold M	\$524,533	Giuffre, Jennifer	\$267,133
England, Margaret	\$375,744	Frosk, Patrick D	\$167,665	Glacken, Robert P	\$352,686
Enns, James P	\$491,998	Fulmore, Andrea M	\$138,799	Glazner, Kathryn A	\$489,505
Erhard, Philippe	\$102,912	Fulmore, Jonah J N	\$455,077	Glenn, David M	\$78,181
Eschun, Gregg M	\$176,869	Fung, Adrian J	\$257,844	Glew, Wade B	\$323,295
Eshghi Esfahani, F	\$722,134	Fung, Harold ²	\$928,915	Globerman, Adam S	\$1,186,595
Eskarous, Soad	\$526,651	Funk, Aaron N	\$183,503	Globerman, D	\$221,508
Esmail, Ali Raza	\$459,025	Funk, Duane J	\$247,934	Glover, Pamela G	\$350,002
Esmail, Amirali M	\$633,815	Gabor, Jonathan	\$616,973	Goeke, Fredrick	\$326,436
Espenell, Ainsley E	\$421,909	Gacutan, Sherwin	\$204,288	Goerz, Paul G	\$112,016
Essig, Marco ²	\$692,963	Gaiser-Edwards, A	\$154,578	Goldberg, Norman A	\$132,971
Ethans, Karen D	\$291,937	Galenzoski, Kerry J	\$154,372	Goldenberg, B	\$205,484
Evaniuk, Debra A	\$148,297	Galessiere, Paul F	\$782,944	Goldenberg, David J	\$498,532
Evans, Heather	\$104,422	Gall, Richard M	\$671,869	Gomori, Andrew J	\$345,756
Evans, Michele J	\$133,739	Gallagher, Katherine	\$249,384	Gooi, Teong H	\$518,213
Ewonchuk, Marie J	\$190,438	Garba, Sule	\$660,459	Goossen, Marvin	\$922,472
Eze, Oscar	\$161,145	Garber, Lesley	\$646,042	Gorcharan, Chandra	\$106,138
Fainman, Shane E	\$360,956	Garber, Philip J	\$230,063	Gordey, Erin E	\$189,964
Falconer, Terry	\$77,497	Gard, Sherry	\$418,550	Gordon, Jeremy	\$433,269
Fanella, Sergio T	\$123,632	Gardner, Rachel E	\$354,114	Gordon, Vallerie	\$205,476
Fast, Mallory D	\$305,571	Garg, Manish	\$439,319	Goubran, Ashraf W ²	\$718,535
Fatoye, Adetunji	\$194,526	Gauthier, Shaun W	\$76,600	Gouda, Fayez F	\$394,462
Feierstein, Michele	\$202,727	Gawryluk, Marielle	\$324,899	Gould, Lisa F	\$512,710
Ferguson, David A	\$145,958	Gdih, Gdih A M	\$2,278,773	Goulet, Stephen C	\$348,038
Finlayson, Nolan A	\$361,493	Gendi, Mina A R	\$82,830	Gousseau, Michael	\$568,155
Finney, Brett A G	\$562,476	Gendy, Baher M A	\$264,384	Govender, Prakashen	\$384,524
Fiorentino, Elisa J F	\$111,718	George, Ronald H	\$279,839	Govender, Prashen	\$170,165
Fishman, Lawrence	\$464,147	Georgi, Michelle	\$100,338	Governo, Nelson J	\$465,449
Fitzgerald, Michael	\$271,735	Gera, Rakesh M	\$916,720	Goytan, Michael J	\$1,536,903
Fjeldsted, Fredrik H	\$373,775	Gerges, Hanan F	\$648,020	Grabowski, Janet L	\$628,667
Fleisher, Marcia L	\$124,825	Gerges, Vivian F	\$499,069	Grace, Kevin J	\$336,532
Fleisher, William P	\$165,661	Gergis, Enas S	\$486,544	Graham, Chris P	\$581,570
Fleming, Fiona L	\$312,326	Gergis, Nermin Y	\$88,282	Graham, Clive	\$95,102
Fletcher, Colin W	\$267,824	Gerhold, Kerstin	\$170,049	Graham, Kerr	\$438,489
Flynn, Bryan T	\$487,530	Gerstner, Thomas V	\$461,437	Graham, Marjory R	\$282,985
Foda, A H	\$93,064	Gertenstein, Robyn J	\$428,854	Graham, Roger	\$99,992
Foerster, David R	\$421,041	Ghalib, Muhammad	\$372,525	Grass, Stephen B	\$499,911
Fogel, Jordan P	\$366,621	Ghebray, Tesfay M	\$355,835	Gratton, Remy-Mart	\$377,343
Fogel, Richard B	\$83,196	Ghebrial, Maged S N	\$454,612	Gravelle, Steven	\$233,377
Fontigny, Nadine J	\$376,072	Ghoneim, Mostafa S	\$618,491	Gray, Michael G	\$340,655
Forouzandeh, Fariba	\$358,554	Ghorpade, Nitin	\$595,067	Gray, Regan C	\$211,356
Forsyth, Mark D	\$409,921	Ghrooda, Esseddeeg	\$476,967	Gray, Robin	\$142,152
Fotti, Chris P	\$338,380	Giannouli, Eleni	\$612,638	Gray, Steven W	\$185,610
Fotti, Sarah A	\$250,725	Gilbert, Jane	\$366,878	Greenberg, H M	\$607,108
Fourie, Theo	\$459,953	Gill, Balwinder	\$519,075	Gregoire, Scott A	\$1,166,860
Fox, Shandy	\$268,072	Gill, Daljit	\$1,073,475	Gregoryanz, Tatiana	\$249,976
Frame, Heather	\$338,661	Gill, Eunice	\$182,438	Grenier, Debjani	\$202,052
Frankel, Matthew S	\$606,774	Gill, Jagroop S	\$418,611	Grextan, Travis J	\$88,870
Fraser, Michael B	\$389,819	Gillespie, Brian	\$740,431	Greyling, Louw D L	\$253,098
Frechette, Chantal	\$187,307	Gillespie, Jamie L	\$295,707	Griffin, Jennifer	\$216,287
Frechette, Marc	\$296,895	Gillette, Aleesha	\$256,424	Griffin, Patrick	\$195,039
Frechette, Sharon C	\$443,233	Gillman, Lawrence	\$252,621	Grimes, Ruth B	\$297,790
Frechette, Yannick	\$101,369	Gillman, Mark	\$98,223	Grobler, Wilhelmus	\$404,295

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Grocott, Hilary P	\$416,081	Hastir, Arvind	\$298,498	Hoy, Gerald J	\$175,314
Groenewald, L H	\$175,035	Haverluck, Brenna L	\$99,716	Hoy, Murray L	\$272,390
Groves, Lawrence	\$317,484	Hawaleshka, Adrian	\$169,844	Hrabarchuk, Blair	\$440,859
Grunfeld, Alexander	\$250,133	Hawe, Richard D	\$379,432	Huebert, David M	\$455,900
Gudmundson, C	\$323,228	Hawryluk, Kelsey	\$94,501	Hughes, Peter	\$192,418
Guindi, Nizar S	\$474,432	Hayakawa, T E	\$566,543	Hughes, Philip M	\$440,450
Guindy, Sherine	\$578,780	Haydey, Richard P	\$1,190,392	Humniski, Kirstyn L	\$171,985
Gujral, Paramjeet	\$105,017	Hayward, Rowland J	\$666,077	Hunt, Daniel A	\$237,046
Gulati, Harleena	\$221,848	Hebbard, Pamela	\$514,541	Hunt, Jennifer	\$484,478
Gupta, Aashima	\$168,963	Hechler, Peter	\$224,628	Hunter, Christoph	\$470,692
Gupta, Ravi	\$718,228	Hechtenthal, Norman	\$134,963	Hurd, Carmen	\$273,226
Guranda, Mihail	\$202,333	Hedden, David R	\$668,089	Hurst, Lorne D	\$637,381
Gururajaroo, S	\$557,740	Hedden, John R	\$157,914	Husarewycz, M N	\$88,487
Guzman, Randolph	\$851,664	Heibesh, Suzy G F	\$1,111,954	Husarewycz, S	\$206,575
Gwozdecki, Taras M	\$310,759	Heinrichs, Kristin M	\$297,446	Husch, Alanna	\$90,368
Haberman, Craig J	\$334,665	Helewa, Michael E	\$243,953	Hutchison, Trevor	\$319,303
Haggard, Gian G	\$427,957	Helewa, Ramzi M	\$794,549	Hutfluss, George J	\$454,862
Hahlweg, Kenneth A	\$229,719	Helms, Johan B	\$440,167	Hyman, Jeffrey R	\$236,937
Hai, Md Abdul	\$275,303	Henderson, Blair	\$1,237,590	Hynes, Adrian F	\$365,383
Haji, Salah A	\$296,262	Henry, Stephen F	\$701,021	Hyun, Eric	\$119,245
Hajidiacos, Nicholas	\$288,046	Hensel, Jennifer	\$120,553	Iancu, Daniela	\$107,368
Halbrich, Michelle	\$853,175	Hercina, Chantelle	\$127,662	Ilchyna, Daniel C	\$382,412
Haleis, Ahmed R	\$209,013	Hicks, Cynthia D	\$807,400	Ilnyckyj, Alexandra	\$550,560
Haligowski, David	\$308,695	Hiebert, Timothy	\$87,930	Ilse, Werner K	\$349,749
Hall, Andrew D	\$95,814	Hildahl, Erik J	\$81,188	Imam, Isam E B	\$524,748
Hamam, Al Walid	\$555,692	Hildebrand, B C	\$352,808	Inglis, Duncan	\$667,935
Hamedani, Ramin	\$563,431	Hilderman, Lorraine	\$235,138	Inglis, Peter J	\$349,914
Hameed, Kazi A	\$443,518	Hildes Ripstein, G E	\$145,722	Intrater, Howard	\$997,503
Hamilton, Holly	\$193,263	Hill, Deborah M	\$83,470	Iqbal, Irum	\$347,513
Hamilton, Kristin A	\$114,009	Hill, Scott	\$207,684	Iqbal, Shaikh	\$144,075
Hammeil, Jennifer	\$313,194	Hillman, China-Li	\$987,009	Irving, Heather	\$303,236
Hammond, Allan W	\$620,795	Hingwala, Jay	\$892,265	Isaac, Carey	\$353,875
Hammond, Greg W	\$407,835	Hitchcock, William G	\$83,199	Isaac, Kathryn	\$201,684
Hancock, Betty J	\$169,173	Hitchon, Carol	\$110,500	Isaacs, Robert L	\$153,151
Hanif, Hasib	\$113,880	Ho, Juliet	\$115,417	Ishak, George	\$513,734
Hanlon-Deerman, AC	\$272,383	Ho, Peter	\$272,285	Iskander, Salah S G	\$453,781
Hanna, Irin	\$287,452	Hoban, Christoph	\$84,124	Iskander, Suzan F	\$438,617
Hanna, Marni	\$619,518	Hobson, Douglas E	\$416,979	Islur, Avinash	\$332,618
Hanna, Nermeen S	\$986,490	Hochman, David J	\$681,495	Ismail, Ibrahim	\$151,664
Harding, Gregory E	\$811,372	Hochman, Jordan	\$496,491	Israels, Sara J	\$92,327
Hardy, Brian ²	\$776,732	Hochman, Michael	\$499,734	Issaivanan, M	\$86,608
Hardy, Krista M	\$371,920	Hohl, C M	\$178,089	Itzkow, Benjamin	\$172,307
Haresha, A	\$656,016	Holland-Muter, E	\$174,423	Iwaasa, Kenneth K	\$209,130
Harlos, Craig H	\$118,583	Holmes, Carol	\$143,886	Jabs, Marlis	\$105,217
Harmer, Helen A	\$195,893	Holmes, John	\$234,723	Jackson, Alan C	\$126,467
Harms, Stefan	\$405,598	Holyk, Brenda	\$79,893	Jackson, Andora	\$200,274
Harrington, M W	\$124,028	Homik, Lawrence	\$868,298	Jacob, Mary V ²	\$973,184
Harris, Kristin R	\$298,884	Honiball, James J	\$580,627	Jacob, Thomas K	\$134,568
Harris, Patricia	\$825,508	Hooper, Davyd	\$721,471	Jacob, V C	\$311,912
Harrison, Wayne D ²	\$2,083,068	Hooper, Wendy M	\$495,483	Jacobs, Johannes	\$592,778
Hartley, Duane M	\$454,455	Hootkani, Alireza	\$84,199	Jacobsohn, Eric	\$290,116
Harwood-Jones, M R	\$411,952	Horgan, Lee F	\$348,602	Jaeger, Claire	\$348,787
Hasan, Mahmud	\$96,666	Horton, Jillian	\$147,512	Jagdeo, Amit	\$613,107
Hasdan, Galit	\$364,450	Hosegood, Greg	\$107,738	Jain, Madhuri	\$591,905
Haseeb, Sabiha	\$101,481	Hosseini, Boshra	\$530,554	Jain, Narendra	\$81,685
Hashemi, Bitu	\$139,874	Houle, Diana A	\$85,656	Jamal, Aleem	\$136,564
Hashmi, Sajjad	\$544,956	Houston, Donald S	\$92,112	Jamal, Shabana	\$454,616
Hassan, Taghreed	\$152,607	Hoy, Conrad S	\$125,877	James, Joann	\$524,506

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Jamora, Earl	\$120,148	Kass, Malek	\$927,659	Klassen, Donald H	\$214,712
Janke, Alyssa J	\$174,690	Kassem, Wail A	\$227,647	Klassen, Larry J	\$170,326
Jansen Van Rens, N	\$562,310	Kassier, Karl	\$446,789	Klassen, Norma F	\$285,508
Janz, David E	\$227,085	Kassum, Shamina	\$117,645	Klippenstein, N L	\$764,930
Jaramillo-Corre, C	\$336,771	Katopodis, Christina	\$491,235	Klippenstein, Peter J	\$385,013
Jassal, Davinder	\$666,304	Katz, Guido A	\$295,948	Klopp, Annika	\$267,896
Jastrzebski, Andre	\$731,476	Katz, Laurence	\$120,227	Klus, Bradley A	\$107,169
Jattan, Aaron R	\$151,555	Katz, M Faye	\$242,752	Klym, Karen L	\$163,588
Javellana, Audrey	\$312,028	Katz, Michael D	\$1,006,279	Knezic, Kathy A	\$256,780
Jawanda, Gurswinde	\$180,882	Katz, Pamela	\$259,555	Knight, Erin M	\$179,634
Jayakumar, Sethu M	\$352,876	Kauenhofen, Kurt M	\$272,999	Koczanski, Roman	\$143,579
Jayas, Rajat	\$300,576	Kaufmann, A M	\$262,172	Koenig, James K ²	\$2,326,417
Jebamani, Samuel	\$241,236	Kaur, Bimal	\$82,489	Koensgen, Stuart J	\$120,480
Jellicoe, Paul	\$250,774	Kaushal, Ravi Datt	\$361,983	Koetting, Leah	\$146,766
Jenkins, Keith A	\$126,164	Kaushik, Vishal R	\$170,359	Kogan, Sylvia	\$348,172
Jensen, Derrek M	\$474,107	Kayler, Douglas E	\$495,144	Koh, Clarissa	\$178,586
Jhooty, Jason M S	\$315,602	Kazina, Colin J	\$147,041	Kohja, Abbas Ali	\$426,889
Jilkine, Konstanti	\$111,675	Kean, Sarah L	\$469,330	Koko, Ral	\$144,972
Johnson, Bijai	\$470,183	Kearns, Katherine	\$161,173	Koltek, Mark M	\$132,675
Johnson, Darcy	\$652,112	Keddy-Grant, Jill	\$345,498	Komenda, Paul V J ³	\$846,299
Johnson, Eric C	\$246,411	Keech, Adam	\$97,266	Kong, Anne M C	\$238,358
Johnson, Michael G	\$1,188,007	Keijzer, Richard	\$118,706	Kong, Lynda	\$195,316
Johnson, Robert G	\$354,140	Kelleher, Barbara E	\$136,997	Koodoo, Stanley R	\$395,423
Johnston, Christine	\$104,026	Kellen, Philippa	\$160,014	Kornelsen, Brady Q	\$149,232
Johnston, James B	\$103,018	Kellen, Rodney I	\$601,210	Kosowski, Marco	\$117,063
Johnston, Janine L	\$289,838	Kemkaran, Kenneth	\$474,189	Kostyk, Richard	\$110,857
Johnston, Stephanie	\$416,829	Kennedy, Maureen F	\$221,079	Kotb, Rami	\$125,793
Jones, Donna	\$107,302	Kepron, Michael W	\$284,475	Kotecha, Yatish	\$378,460
Jones, Jodi Lynn	\$340,332	Kerr, Lorraine	\$106,183	Koul, Rashmi	\$227,218
Jones, Julie	\$133,711	Kerr, Paul D	\$494,098	Koulack, Joshua	\$835,242
Jones, Michelle	\$234,393	Ketawala, Prasanga	\$121,791	Kowalchuk, Ivan J	\$305,435
Jose, Joe M	\$341,845	Kettner, Adrian S	\$127,417	Kowalski, Stephen E	\$213,391
Joshua, Julian M	\$254,592	Keynan, Yoav	\$135,672	Kowaluk, Bruce A	\$446,884
Joundi, Mohamed G	\$353,563	Khadem, Aliasghar	\$773,562	Koz, Lori G	\$284,428
Jowett, Andrew G	\$289,929	Khan, Ali H	\$495,699	Krahn, Curtis	\$321,797
Junaid, Asad	\$439,061	Khan, Noor M	\$378,088	Krahn, James	\$357,279
Jwely, Ahmed M	\$324,206	Khan, Sadia A	\$236,257	Krahn, Marianne	\$130,187
Kabani, Amin M ¹	\$234,763	Khanahmadi, S	\$851,462	Kramer, Matthias	\$261,719
Kaderali, Zulfiqar	\$219,893	Khandelwal, Ajai S	\$417,257	Kremer, Steven	\$128,703
Kaethler, Wilfried	\$293,996	Khangura, Davinder	\$583,130	Kreml, John A	\$440,898
Kahanovitch, David	\$399,769	Khelil, Assil I	\$387,245	Kreml, Renee Lea	\$823,584
Kaita, Kelly D E	\$604,109	Khimji, Mohamed	\$194,869	Kroczak, Tadeusz	\$353,167
Kakumanu, A	\$350,609	Khoo, Clarence	\$619,893	Kroeker, Bryan	\$177,686
Kalicinsky, C	\$175,185	Kickbush, Julie	\$228,198	Kroeker, Jordan	\$113,833
Kalturnyk, Blake P	\$96,465	Kidane, Biniam	\$637,702	Kroeker, Lloyd R	\$346,362
Kania, Jadwiga	\$743,387	Kilada, Baher F N	\$555,912	Kroft, Cara D L	\$168,407
Kanjee, Raageen	\$358,952	Kim, Christina	\$154,921	Krongold, Israel J	\$168,745
Kansara, Roopesh R	\$266,808	Kim, Hae Kwang	\$314,876	Krongold, Penina	\$281,019
Kanwal, Jaswinder	\$633,400	Kim, Julian O	\$279,348	Kruk, Robert D	\$328,097
Kaplan, Joel	\$223,179	Kimelman, Allen L	\$218,659	Krzyzaniak, Kelly M	\$288,062
Karlicki, Fern	\$300,202	Kindle, Geoffrey	\$1,209,074	Kuegle, Peter F X	\$451,340
Karpinski, Martin E	\$763,776	King, Tara D	\$117,565	Kulbisky, Gordon P	\$930,052
Karvelas, John	\$229,111	Kinnear, David	\$504,768	Kumar, Aparna	\$661,201
Karvelas, Lisa M	\$103,629	Kinsley, David C	\$544,166	Kumar, Kanwal K	\$468,254
Kashefi, Hossein	\$688,789	Kippen, James D	\$1,050,036	Kumbharathi, Ravi B	\$629,764
Kashin, Robert S	\$158,070	Kirkpatrick, Iain D C	\$1,048,151	Kundzicz, Edward	\$100,509
Kashur, Rastm M S	\$349,578	Kirshner, Alla	\$378,998	Kuo, Brian	\$339,671
Kasper, Kenneth D	\$376,678	Kish, Scott L	\$208,355	Kurtovic, Silvia	\$89,297

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Kuzenko, Nina J L	\$318,254	Lesiuk, Thomas P	\$174,963	Lucman, Tahir S	\$376,580
Kwok, Karen S	\$244,492	Leslie, Oliver J	\$116,516	Lucy, Simon	\$312,075
Kyeremateng, Doris	\$313,702	Leslie, William D ⁴	\$1,254,328	Ludwig, Louis	\$314,505
La Rue, Leonard B	\$125,969	Lesperance, S C L	\$215,241	Ludwig, Sora M	\$353,333
Labiyyaratne, C	\$156,055	Letkeman, Richard C	\$299,577	Luk, Tse Li	\$366,084
Lacerte, Martina M	\$338,383	Leung, Edward	\$150,825	Lukie, Brian J	\$473,733
Lach, Lori Ann	\$111,310	Leung Shing, L P	\$214,690	Lulashnyk, Ben J	\$323,219
Lafournaise, Carrie L	\$299,873	Levi, Clifford	\$635,003	Lum Min, Suyin	\$269,819
Lage, Karen L	\$316,545	Levin, Brenda L	\$468,054	Luong, Erica K Y	\$125,122
Lalonde, Genevieve	\$535,745	Levin, Daniel P ⁴	\$122,128	Luqman, Zubair	\$504,830
Lam, Herman P ³	\$812,026	Levin, Heather	\$421,500	Lynch, Joanna M	\$79,083
Lamb, Julie A	\$189,794	Levin, Iwan	\$233,001	Lyons, Edward A ²	\$766,230
Lamba, K S	\$306,180	Levy, Shauna B	\$397,690	Lysack, David A ²	\$979,495
Lambert, David A	\$405,921	Lewis, Anthony B	\$316,716	Maakamedi, H	\$105,099
Lambrechts, Hugo	\$240,264	Leylek, Ahmet	\$209,824	Mabin, Deborah	\$712,833
Lander, Matthew	\$206,237	Leylek, Melike L	\$201,218	MacDiarmid, A L	\$271,994
Lane, Eric S	\$259,752	Li, Gordon J	\$513,030	MacDonald, Kelly S	\$102,200
Lane, Margo A	\$107,671	Li, William	\$129,332	MacDonald, Lindsey	\$142,779
Langan, John T	\$322,536	Light, Bruce	\$133,908	MacDonald, Peter	\$536,584
Langridge, James K	\$391,787	Lim, Siok Hoon	\$124,097	MacDougall, B	\$139,882
Lanouette, Danelle S	\$141,357	Lindenschmidt, R B	\$549,639	MacDougall, Eleanor	\$98,402
Lanthier, Claudine	\$377,996	Lindenschmidt, R R	\$373,361	MacDougall, Grant	\$586,055
Large, Gregory	\$375,883	Lindquist, Christoph	\$826,162	MacEachern, N A	\$136,615
Lau, Yan	\$691,597	Lindsay, Daniel J ²	\$1,992,276	Macek, Ralf K W	\$180,458
Launcelott, S	\$80,494	Lindsay, Duncan C	\$580,567	Machado De Souza, C	\$395,724
Lautenschlager, J E	\$139,291	Lint, Donald W	\$181,170	MacIntosh, Ethel L	\$513,955
Lavallee, Barry	\$145,920	Lipinski, Grazyna	\$356,065	MacKalski, B A	\$607,160
Law, Jaimie R	\$224,646	Lipnowski, Stan	\$691,519	MacKay, Michael J	\$187,141
Lawal, Waheed	\$247,634	Lipschitz, Jeremy	\$970,921	MacKenzie, G Scott	\$593,005
Laxton, J T W	\$209,843	Littleford, Judith A	\$404,427	MacKlem, Alan K	\$461,551
Lazar, Matthew H	\$343,529	Litvinov, Alexey	\$218,446	MacLeod, Bruce A	\$321,608
Lazareck, Samuel L	\$170,450	Liu, Junliang	\$233,882	MacMillan, Michael B	\$376,347
Lazarus, Arie	\$354,634	Liu, Monica H	\$254,254	MacNair, Tracy L	\$1,259,289
Le, Wilson	\$376,693	Livingstone, Cam	\$90,285	Madi, Lubna	\$259,818
Lebedin, Walter W	\$222,393	Llanos, Romeo	\$149,753	Madison, Adena M	\$478,489
Lecuyer, Nadine S	\$157,585	Lloyd, Alissa J	\$496,972	Magarrell, Cynthia	\$102,755
Lee, Cindy H Y	\$297,650	Lloyd, Robert L ²	\$551,679	Magnusson, J B	\$257,385
Lee, Gilbert Q	\$311,655	Lo, Evelyn	\$200,600	Maguire, Doug	\$565,752
Lee, Harvey B	\$392,692	Lockman, Leonard E	\$496,634	Maharaj, Ian G	\$415,491
Lee, Sandra	\$1,098,192	Loepp, Christine	\$234,685	Maharajah, Dave A	\$308,536
Lee, Trevor J	\$432,886	Loewen, Erin D M	\$100,743	Mahay, Aric	\$429,067
Lee, Trevor W	\$454,953	Loewen, Sylvia R	\$227,268	Mahay, Raj K	\$686,386
Lee, Vivian K	\$694,495	Logan, Alison C	\$582,945	Mahdi, Tahseen	\$268,083
Lee, Wilfred	\$185,530	Logsetty, Sarvesh	\$425,409	Maier, Joanne C	\$201,751
Lee-Chen, Beverley	\$223,314	Loiselle, Joel A	\$232,330	Maiti, Soubhik	\$639,966
Lee-Wing, M W	\$847,378	Long, Adrian L	\$953,752	Majeau, Ladonna	\$104,106
Leen, Desmond A	\$76,784	Longstaffe, Albert E	\$292,645	Maksymiuk, A W	\$247,983
Lefas, Georgia M	\$382,743	Longstaffe, James	\$329,528	Maksymowicz, Anet	\$239,255
Lefevre, Gerald R	\$214,425	Longstaffe, Sally	\$129,112	Malabanan, Edilberto	\$586,228
Lehmann, Heather	\$179,207	Lopez, Mirtha I	\$282,861	Malchy, Brian A	\$183,312
Lei, Benny T C	\$500,711	Lopez Gardner, L L	\$135,862	Malek-Marzban, P	\$1,145,101
Leicht, Richard	\$1,813,024	Lorteau, Gilles	\$90,102	Malekalkalami, A	\$456,639
Leitao, Darren J	\$380,720	Lotocki, Robert J	\$119,788	Malik, Abid I	\$331,138
Leloka, C Mathabo	\$400,885	Loudon, Michael	\$622,871	Malik, Amrit	\$512,152
Lenoski, Stephane	\$281,922	Love, Michael	\$1,185,587	Malik, Bittoo S	\$1,109,005
Leonhart, Michael W	\$356,465	Low, Allison	\$88,770	Malik, Rajnish N	\$612,037
Lepage, Matthew	\$121,036	Lowden, Cameron S	\$482,580	Malmstrom, Jennifer	\$90,701
Lerner, Neal	\$256,493	Lu, Paul B	\$233,742	Malo, Steven	\$146,007

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Malouka Abdelma, SA	\$429,183	McGregor, Jyoti M	\$277,315	Modirrousta, M	\$208,961
Mammen, Thomas	\$986,133	McIntyre, Ian L	\$292,203	Moffatt, Dana C M	\$1,059,129
Man, Ada W Y	\$268,368	McIntyre, Ian W	\$485,586	Mohamed, M A M	\$849,752
Mancini, Enrico V	\$156,352	McKay, Michael A	\$505,557	Mohammed, A M E	\$630,515
Manishen, Wayne J	\$373,880	McLean, Norman J	\$507,963	Mohammed, Ismail	\$249,141
Mann, Amrinder	\$78,434	McLeod, Jaret K	\$215,108	Moller, Erika E	\$266,233
Manness, Robert C	\$168,347	McLeod, Malcolm	\$318,677	Moller, Philip R	\$762,093
Manoly, Imthiaz	\$106,822	McNamee, David A	\$86,354	Moltzan, Catherine	\$351,945
Mansfield, John F	\$204,800	McNaught, Jennifer	\$126,136	Momoh, John T	\$267,606
Mansour, Ali H	\$142,510	McNaughton, L J	\$292,059	Mongru, Padma P	\$226,408
Mansour, Hany M S	\$393,281	McPhee, Lisa C ²	\$1,685,441	Moody, Jane K	\$202,930
Mansouri, Behzad	\$689,732	McPherson, J A M	\$207,670	Mooney, Owen T	\$130,355
Manusow, Joshua S	\$1,561,323	McTaggart, Dawn L	\$198,118	Moore, Ross F	\$254,764
Marais, Francois	\$518,915	McTavish, William G	\$218,949	Moran De Muller, K	\$796,001
Marantz, Jeffrey ²	\$1,451,278	Medd, Thomas M	\$159,181	Morham, Anthony	\$344,083
Marantz, Jesse I	\$300,332	Megalli Basali, S F	\$516,799	Morris, Amanda F	\$191,843
Mare, Abraham C	\$370,307	Mehrabi, Faranak	\$520,741	Morris, Andrew L	\$360,368
Marin, Samantha	\$165,326	Mehta, Asita	\$206,744	Morris, Glenn S	\$239,872
Marks, Seth D	\$172,002	Mehta, P G	\$541,750	Morris, Margaret	\$217,506
Marriott, James J	\$202,072	Mekhail, Ashraf	\$653,816	Morris, Melanie	\$162,981
Marsh, Jonathan	\$509,730	Mellon, Aaron M	\$725,652	Morrisette, Anita	\$113,783
Marshall, Michele	\$77,343	Melo Alfaro, L C	\$120,186	Mottola, Jeffrey C	\$1,141,261
Martens, David B	\$353,916	Memauri, Brett F	\$687,744	Mousavi-Sarsari, SA	\$284,710
Martens, M Dawn ²	\$4,384,019	Memon, Ghulam	\$940,105	Mouton, Robert W	\$268,822
Martens-Barnes, C	\$123,806	Memon, Rukhsana	\$242,121	Mowchun, Leon	\$223,510
Martin, Daniel	\$216,521	Menard, Sheila	\$304,991	Mowchun, Neil	\$213,097
Martin, David	\$508,842	Mendis, Mary R	\$99,023	Mshiu, Merlyn	\$551,318
Martin, Kathryn	\$182,124	Mendoza, Kenneth R	\$292,142	Muirhead, Brian	\$185,029
Martinez, Eddsel R	\$373,648	Menon, Rachna	\$116,105	Mujawar, Quais M	\$279,663
Maslow, Kenny D	\$714,240	Meradje, Katayoun	\$159,287	Mukty, Mahmuda A	\$204,758
Masoud, Ibitsam A	\$459,210	Meredith, Melanie J	\$356,255	Mulchey, Kimberley	\$152,649
Mathen, Mathen K	\$1,047,542	Meredith, Trevor J	\$455,086	Mulhall, Dale	\$82,383
Mathew, George	\$641,910	Mestito Dao, Irene	\$77,199	Mulholland, Conor P	\$274,339
Mathieson, Angela L	\$257,938	Metcalfe, Jennifer	\$383,192	Muller Delgado, H	\$418,841
Mathison, Trina L	\$287,567	Meyers, Michael	\$442,613	Murray, Ken	\$529,286
Matsubara, T K	\$357,621	Meyrowitz, David M	\$190,082	Mustafa, Arjowan	\$236,476
Matteliano, Andre A	\$742,650	Mian, Muhammad	\$285,620	Mustapha, Shareef F	\$266,876
Matthews, Chris M	\$273,817	Mikhail, Samy N F	\$490,910	Muthiah, Karuppan	\$1,568,268
Maxin, Robert	\$224,913	Miller, David L	\$322,460	Mutter, Thomas C	\$297,871
Mayba, John I	\$1,105,363	Miller, Donald M	\$451,213	Myhre, Joel R	\$450,652
Mayer, Bruce W ²	\$1,377,969	Miller, Lisa	\$902,239	Mykytiuk, Patricia	\$652,106
Mazur, Stephen	\$197,821	Miller, Tamara L	\$309,294	Mysore, Muni	\$304,964
McCammon, J R	\$139,956	Milligan, Brian E	\$406,162	Nagra, Sunit	\$403,726
McCammon, R J	\$156,120	Millo, Noam Z	\$770,861	Naidoo, Jenisa ¹	\$39,085,456
McCannell, M G	\$222,484	Milner, John F	\$588,425	Nair, Shona	\$387,229
McCarthy, B G	\$384,864	Minders, Lodewyk	\$575,345	Nair, Unni K	\$88,285
McCarthy, Timothy G	\$688,566	Minhas, Kunal K S	\$1,446,735	Narasimhan, S	\$266,290
McClarty, Blake M ²	\$1,342,437	Mink, Steven	\$179,268	Narvey, Stefanie	\$158,985
McCrae, Heather	\$122,684	Minuk, Earl	\$469,386	Nashed, Maged	\$219,291
McCrea, Kristin	\$429,984	Minuk, Gerald	\$140,068	Nasir, Mahmood	\$157,055
McDonald, H D	\$391,593	Minuk, Leonard A	\$167,370	Nasir, Noreen	\$191,152
McEachern, J D	\$901,431	Miranda, Gilbert	\$102,393	Nason, Richard W	\$264,985
McElhoes, Jason R	\$307,745	Mis, Andrew A	\$580,708	Nasr, Nagwa Y I	\$457,255
McFadden, L R	\$501,412	Miskiewicz, Laura M	\$164,140	Nasser-Sharif, M	\$110,251
McFee, Colin D	\$349,190	Misra, Vasudha	\$433,187	Nasseri, Faranak	\$148,703
McGill, Dustin	\$159,958	Mitchell, Ryan T M	\$542,531	Naugler, Sharon	\$172,799
McGinn, Greg ²	\$1,022,752	Moawad, Victor F	\$376,317	Nause, Leanne N	\$290,144
McGregor, Gregor I	\$258,829	Moddemann, Diane	\$318,256	Nawrocka, Dorota	\$178,770

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Nayak, Jasmir G	\$623,857	Omodunbi, Oladipupo	\$408,880	Penner, Stanley B	\$331,079
Nazar-Ul-Iman, S	\$646,164	Omodunbi, Oluwatumi	\$189,350	Penrose, Michael	\$417,341
Nelko, Serena	\$195,347	Ong, Aldrich	\$233,464	Pepelassis, D	\$152,507
Nell, Antoine M	\$804,560	Ong, George H	\$375,991	Perche, Jason M	\$350,930
Nelson, Michael	\$79,103	Onwurah, Donatus U	\$499,677	Peretz, David	\$949,756
Nemani, Sailaja	\$194,095	Onyshko, Daniel J	\$417,003	Perl, Eytan J	\$310,172
Nemeth, Peter	\$87,259	Oppenheimer, M W	\$226,641	Permack, Sheldon M	\$312,630
Nepon, Jack	\$383,983	Ormiston, John D	\$445,906	Pernarowski, K	\$634,669
Nepon, Josh	\$371,150	Orr, Pamela	\$131,942	Perry, Daryl I	\$547,352
Neudorf, Matthew	\$95,618	Orukpe, Airidulu	\$165,534	Peschken, Christine	\$144,080
Neufeld, Donna M	\$273,064	Osagie, Ifeoma W	\$288,906	Pesun, Igor J	\$77,250
Neufeld, Gregory M	\$275,436	Osei-Bonsu, A	\$372,092	Peters, Brian	\$652,216
Neufeld, John A	\$88,734	Osler, F Gigi	\$88,441	Peters, Hein	\$519,040
Newman, Suzanne	\$138,737	Ota, Chidinma	\$295,743	Peters, Leah R	\$82,478
Ng, Marcus C	\$353,234	Owusu, Nana	\$91,847	Petropolis, Christian	\$904,510
Nguyen, Khai M	\$171,679	Pachal, Cindy Ann	\$275,926	Petropolis, Maria A T	\$384,729
Nguyen, Lien	\$245,699	Pacin, Ondrej	\$275,090	Pfeifer, Leia	\$90,691
Nguyen, Mai P	\$105,081	Pacin, Stefan	\$483,627	Phillips, Michael L	\$310,314
Nguyen, Minh H	\$346,323	Padeanu, Florin T	\$149,513	Pickering, Christine	\$270,691
Nguyen, Tai Van	\$484,895	Pagura, Jina	\$142,389	Pieterse, Werner	\$197,263
Nguyen, Thang N	\$328,327	Paige, Dennis J	\$209,656	Pieterse, Wickus	\$589,385
Nichol, Darrin W	\$318,439	Palatnick, Carrie S	\$529,411	Pilat, Edward J	\$220,161
Nichol, Michael P	\$340,203	Pambrun, Paul	\$121,175	Pilkey, Bradley D	\$881,364
Nickel, Curtis	\$130,297	Panaskevich, T	\$817,605	Pinette, Gilles D	\$961,328
Nickel, Jarrod E	\$344,942	Pandey, Anil K	\$289,493	Pinniger, Gregory W	\$264,301
Nicoll, Braden J	\$105,741	Pandian, Alagarsam	\$741,983	Pinsk, Maury N	\$83,654
Nigam, Rashmi	\$668,559	Pang, Eileen G	\$210,134	Pintin-Quezada, J	\$352,336
Nijjar, Satnam S	\$506,994	Paniak, Anita	\$107,410	Pio, Anton	\$419,673
Niraula, Saroj	\$120,616	Pannu, Fazeelat	\$429,813	Pirzada, Munir A	\$491,009
Njionhou Kemeni, MM	\$386,826	Papegnies, Derek	\$132,999	Pirzada, Shan	\$139,287
Nkosi, Joel E	\$306,241	Papetti, Selena	\$249,845	Pitz, Marshall	\$89,723
Nnabuchi, E	\$366,806	Paquin, Francine	\$237,078	Plester, Jennifer	\$330,967
Noel, Colin	\$613,167	Paracha, M	\$549,477	Plewes, Michael E	\$613,362
Noseworthy, Graham	\$181,448	Paradoski, S	\$270,400	Poettcker, Robert J	\$415,798
Nostedt, Michelle	\$315,331	Parham, Shelley M	\$135,800	Pohl, Blane L	\$278,591
Novel, Marino M	\$124,117	Park, Jason	\$501,360	Polimeni, Joseph O	\$130,734
Nwankwor, I	\$420,557	Parker, Kenneth R	\$348,520	Poliquin, Philippe	\$93,661
Nyhof, Harold W	\$151,666	Parker, William R	\$485,507	Poliquin, Vanessa	\$246,289
Nyomba, Balangu L	\$217,948	Parr, Grace E D	\$488,259	Pollock, Bradley	\$553,324
O'Carroll, Aoife	\$131,282	Partap, Nadine A	\$169,270	Poole, Cody M	\$213,699
O'Hagan, David B	\$522,731	Partyka, Joseph W	\$541,414	Poon, Wayne W C	\$262,732
O'Keefe, Kieran M	\$245,843	Paskvalin, Mario	\$800,661	Pooyania, Sepideh	\$563,170
Obara, Robert	\$918,151	Patel, Leena R	\$253,670	Popescu, Andra D	\$195,016
Obayan, Adebola O	\$145,969	Patel, Praful C	\$781,011	Popeski, Dianne K	\$433,378
Ochonska, Margaret	\$578,234	Patel, R C	\$288,728	Popoff, Daryl	\$223,769
Ogaranko, C P	\$261,176	Patel, S V	\$325,802	Popowich, Shaundra	\$442,650
Ogunlana, Dorothy P	\$512,849	Patenaude, A F	\$1,523,417	Porath, Nicole	\$230,018
Okonkwo, Maureen	\$141,410	Paterson, Corinne R	\$419,237	Porhownik, Nancy R	\$593,210
Okorafor, Ikenna N	\$487,652	Pathak, Kumar A	\$529,825	Prabhakar, Sharad	\$76,744
Okoye, Chijioke	\$182,696	Paul, James T	\$280,899	Prasad, Benjamin	\$192,095
Old, Jason	\$417,100	Paul, Niranjan	\$605,593	Preachuk, Chris T J	\$2,510,015
Oliver, Jered	\$92,288	Pauls, Ryan J	\$486,661	Prematilake, Suraj P	\$478,543
Olivier, Erin P	\$393,685	Paulson, Charles K	\$112,603	Prenovault, Jean	\$505,082
Olson, Robyn L	\$262,290	Pederson, Kristen	\$115,655	Pretorius, Alexander	\$151,694
Olynyk, Fred	\$174,208	Peitsch, Lorraine	\$220,117	Price, Russell J	\$380,406
Omelan, Craig K	\$314,952	Penner, Brittany	\$252,304	Prinsloo, Jochemus	\$324,551
Omelan, Graeme D	\$344,918	Penner, Charles G	\$124,321	Prober, Mark Alan	\$227,187
Omichinski, L M	\$524,312	Penner, Kurt	\$215,892	Proctor, Christoph	\$155,990

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
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Prodan, Orest	\$97,478	Reyneke, Annemie	\$466,679	Rusen, Jack B	\$301,427
Psooy, Karen J	\$133,438	Reynolds, James L	\$425,021	Rush, David N	\$96,028
Puar, Ripneet	\$278,861	Reynolds, Jody J	\$1,016,782	Rusk, Richard C	\$100,187
Punter, Fiona	\$365,584	Rezazadeh, Shadi	\$542,941	Russell, Samantha	\$446,062
Putnins, Charles	\$99,725	Rezk, Emad A	\$179,734	Rust, Len	\$183,527
Puttaert, Douglas	\$166,727	Rhoma, Salahalde	\$544,004	Rutherford, M M	\$93,446
Pylypjuk, Christy L	\$198,286	Ricci Bartol, Maria F	\$172,526	Ruzhynsky, Jennifer	\$284,261
Pymar, Helen C	\$337,430	Rice, Patrick	\$280,336	Ruzhynsky, Vladimir	\$382,879
Qadir, Munir	\$361,835	Richards, Ceri Anne	\$166,446	Ryall, Lorne A	\$116,577
Quesada, Ricardo	\$359,868	Richardson, Cindy J	\$507,869	Ryz, Krista S	\$621,035
Qureshi, Bilquis	\$436,718	Riche, Barry ³	\$632,588	Saad, Vera N	\$150,013
Raabe, Michael A	\$570,251	Riel, Stefan L	\$301,842	Saadia, Vivien	\$224,487
Raban, Roshan	\$545,474	Rigatto, Claudio ³	\$1,238,274	Sabapathi, Karthik	\$383,006
Rabson, John L R	\$1,095,109	Rimmer, Emily K	\$119,778	Sabeski, Lynne M	\$490,166
Racette, Therese	\$96,789	Ring, Heather	\$432,170	Sabri, Armin	\$102,545
Racosta, Juan M	\$81,695	Ringaert, Ken	\$121,222	Sadeddin, Rola	\$84,103
Rados, Lawrence	\$75,843	Rist, Jamie Lee	\$366,742	Saeed, Mahwash F	\$342,084
Radulovic, Dejana	\$952,776	Ritchie, Brian A	\$88,950	Saffari, Hamideh	\$292,782
Rae, James A	\$282,862	Ritchie, Janet	\$209,613	Saint-Hilaire, M	\$140,049
Rafay, Mubeen F	\$123,262	Rivard, Justin D	\$529,093	Sakla, Mary S S	\$460,325
Rafikov, Marat F	\$527,895	Rizk, Abdalla M	\$668,639	Sala, Tanya N	\$213,716
Raghavendran, S	\$396,133	Roberts, Janet R	\$223,497	Salamon, Elizabeth	\$903,864
Rahimi, Eiman	\$140,131	Roberts, Kris A	\$177,953	Salem, Fayez	\$656,672
Rahman, Jennifer	\$608,235	Robillard, Susan C	\$267,932	Saligheh, Armita	\$286,059
Raimondi, Christina	\$248,812	Robinson, C Corrine	\$269,516	Salman, Michael S	\$83,505
Ramadan, Abdul N	\$346,123	Robinson, Christine	\$200,497	Saltel, Marc E J	\$381,918
Ramgoolam, Rajen	\$467,610	Robinson, David B	\$288,147	Salter, Jennifer	\$348,881
Ramsay, James A	\$316,660	Robinson, Debbie J	\$671,184	Salter, Neil W	\$148,241
Ramsey, Clare D	\$325,225	Robinson, James	\$713,740	Sam, Angela	\$1,077,097
Randunne, Avanthi	\$751,605	Robinson, Wesley K	\$329,481	Sam, Diana	\$223,337
Randunne, Ayodya S	\$675,330	Rocha, Guillermo	\$1,327,751	Samborski, Cory	\$127,165
Ratcliffe, Gregory E	\$1,086,989	Roche, Gavin	\$328,599	Sami, Sahar	\$269,617
Rateb, Ahmed	\$99,870	Rodd, Celia J	\$116,784	Samoil, Mary F S	\$280,490
Rathod, Shrinivas	\$258,284	Rodriguez Leyva, D	\$867,432	Samuels, Lewis	\$608,833
Ratnapala, H	\$77,940	Rodriguez Marre, I	\$308,067	Sandhu, Kernjeet	\$87,322
Ratnaparkhe, Sushil	\$584,784	Roe, Bruce E	\$76,052	Sandhu, Sukhbir S	\$216,021
Ratwatte, Shirantha	\$243,742	Roets, Willem G	\$272,269	Saper, Jonathan	\$145,046
Raubenheimer, J P	\$555,122	Rogozinska, Ludwika	\$306,117	Saran, Kanwal D	\$155,026
Rauch, Johan F	\$731,407	Rohald, Pam	\$372,978	Saranchuk, J W	\$580,017
Ravandi, Amir	\$866,405	Roman, Manal	\$483,334	Sareen, Sanjay	\$432,266
Ravi Raj, -	\$272,356	Roman, Nader	\$456,328	Sartas, Evangelos	\$127,352
Raza, Irfan	\$387,602	Ronald, Suzanne D	\$334,714	Sas, Alyson P	\$90,314
Recksiedler, Carmen	\$113,240	Rosario, Rosa	\$106,658	Sathianathan, C	\$681,358
Reda, Andrew W	\$452,906	Rosenfield, Lana A	\$325,258	Saunders, Kevin	\$295,614
Reda, Yousef	\$610,301	Rosenthal, Peter	\$250,522	Savage, Bonita	\$229,140
Reed, Jason M	\$174,467	Ross, F Kath	\$267,251	Sawa, Gail F	\$185,208
Rehsia, Davinder	\$662,696	Ross, James F	\$898,184	Sawchuk, Jason P	\$75,806
Rehsia, Navneet S	\$615,865	Ross, Lonny L	\$315,822	Sawyer, Jeremy A	\$407,393
Rehsia, Sabeer S	\$552,760	Ross, Timothy K	\$385,995	Sawyer, Scott K	\$189,339
Reid, Gregory J	\$472,403	Rothova, Anna	\$456,338	Scatliff, Robert M	\$404,691
Reimer, Darren K	\$225,479	Rousseau, Skye R	\$262,948	Schaap-Fogler, M	\$102,685
Reimer, David J	\$582,773	Roussin, Brent C	\$381,456	Schacter, Gasha I	\$340,899
Reimer, Heinz	\$248,837	Roux, Jan G	\$292,877	Schaffer, Stephen A	\$153,233
Reimer, Murray B	\$181,735	Roy, Danielle	\$413,190	Schantz, Daryl	\$206,395
Reinhorn, Martin	\$91,147	Roy, Maurice J	\$239,761	Schellenberg, A E	\$418,417
Rempel, Regina R	\$209,031	Rubin, Tamar	\$104,078	Schellenberg, JD	\$222,736
Reslerova, Martina	\$589,004	Ruddock, Deanne L	\$324,309	Scherle, Kurt	\$82,063
Retrosi, Giuseppe	\$132,795	Rumbolt, Brian R	\$407,762	Schifke, William G	\$263,513

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Schmidt, Brian J	\$251,152	Shiffman, Frank H	\$521,793	Slutchuk, Marvin	\$271,254
Schmidt, Daphne	\$83,135	Shobayo, Oladapo F	\$158,639	Smal, Samuel J	\$380,700
Schneider, Carol E	\$461,698	Shokri, Ahvan	\$211,643	Small, Luke	\$83,383
Schneider, Christoph	\$1,312,680	Shokri, Mohammad	\$642,157	Smil, Eva	\$289,333
Schroeder, Alvin N	\$323,554	Shoukry, Sahar	\$215,068	Smith, Catherine	\$285,185
Schroeder, F M	\$256,435	Shuckett, Paul	\$196,996	Smith, John R M	\$135,757
Schur, Natalie K	\$461,166	Shumsky, David	\$129,482	Smith, Kristine	\$128,806
Schutt, Vivian A	\$417,321	Shunmugam, R	\$1,344,035	Smith, Louis F	\$662,590
Schwartz, Leonard D	\$492,879	Sickert, Helga G	\$202,905	Smith, Riley	\$345,397
Scott, Jason	\$459,014	Sidarous, Amal M	\$573,968	Smith, Roy W	\$232,030
Scott, Kristen	\$166,612	Siddiqui, Faisal S	\$308,053	Smith-Bodiroga, S	\$146,009
Scott, Sara	\$301,414	Siddiqui, Issar	\$575,378	Sneath, Jason	\$1,783,712
Seager, Mary Jane	\$438,322	Sidhom, Cherine R	\$640,748	Snovida, Lioubov	\$263,383
Sefidgar, Mehdi	\$545,370	Sidhu, Gurveen K	\$170,390	Sochocki, Michael P	\$293,931
Seftel, Matthew D	\$95,709	Sidra Gerges, M E	\$434,036	Sodhi, Poonam	\$113,394
Segstro, Ronald J	\$169,859	Sigurdson, Eric	\$130,331	Sodhi, Vijay K	\$519,619
Seifer, Colette M	\$441,609	Sigurdson, Leif John	\$1,117,602	Soile, Adeseye A	\$185,920
Seitz, Andrew R	\$322,967	Sikora, Felix J	\$460,288	Soliman, Ayman S M	\$138,007
Selaman, Mustafa H	\$104,740	Silagy, Stewart	\$866,443	Soliman, Magdi F L	\$859,025
Sellers, Elizabeth	\$114,384	Silha, Josef	\$1,543,806	Sommer, Hillel M	\$360,017
Semus, Michael J	\$288,055	Silhova, Dasa	\$282,794	Soni, Anita	\$514,358
Sen, Robin	\$202,247	Silvaggio, Joseph	\$151,715	Soni, Nandini R	\$321,628
Sequeira, Alastair	\$313,124	Silver, Carla D	\$286,147	Sonoiki, Taiwo G	\$364,104
Serletis, Demitre	\$248,873	Silver, Norman A	\$480,106	Sookhoo, Siuchan	\$648,969
Sethi, Krishan	\$198,040	Silver, Shane	\$2,341,413	Sopel, Mryanda	\$125,549
Sethi, Subash	\$179,218	Silverman, Richard E	\$245,224	Souque, Katryn E	\$227,216
Sewell, Gary	\$193,154	Simard-Chiu, L A	\$150,475	Speer, Margaret	\$279,073
Sexton, Laura A	\$188,220	Simm, James F	\$129,233	Speziali, Craig D	\$136,443
Shah, Ashish H	\$1,002,188	Simons, Frances E	\$155,406	Sprange, Ashleigh	\$95,282
Shah, Bharat	\$336,888	Simonsen, J Neil	\$99,055	Srinathan, SK	\$450,585
Shah, Syed A A	\$116,995	Simonson, Don W	\$204,581	St Goddard, Jennifer	\$289,005
Shahzad, Seema	\$136,906	Sin, Tra	\$221,951	St John, Philip D	\$270,965
Shaikh, Nasir	\$598,432	Singal, Rohit K	\$107,268	St Vincent, Anthony	\$267,856
Shaker, Marian	\$882,296	Singer, Marilyn	\$121,591	Staines, Kenton M	\$231,827
Shamlou M M, A H	\$77,717	Singh, Amarjit	\$214,630	Stanko, Lorraine	\$508,007
Shane, Marvin	\$472,910	Singh, Amrinder	\$79,741	Stasiuk, Allison D	\$110,159
Shankar, Jai Jai S	\$268,055	Singh, Gurbalbir	\$412,351	Stefanyshen, G S	\$113,290
Shanks, Michelle	\$128,840	Singh, Harminder	\$571,697	Steigerwald, Sarah	\$385,486
Shanti, Mohammad	\$434,489	Singh, Narinder	\$324,655	Steinberg, Robert J	\$252,689
Shariati, Majid	\$774,067	Singh, Neal	\$119,560	Stelzer, Jose	\$321,604
Shariff, Tahara J	\$341,194	Singh, Prabhjot	\$117,319	Stephensen, M C	\$309,595
Sharkey, James B	\$446,002	Singh, Ramandip	\$205,505	Stern, Sheryl	\$143,297
Sharma, Aditya	\$326,978	Singh, Renate G	\$536,161	Stevenson, Laurel E	\$177,288
Sharma, Savita	\$161,889	Singh, Ricky D	\$574,254	Stillwater, Laurence	\$1,440,633
Sharples, Alistair	\$91,400	Singh, Robinder	\$209,729	Stitz, Marshall	\$437,309
Shatsky, Morley	\$615,472	Singh, Shirin	\$260,314	Stockl, Frank A	\$2,196,850
Shaw, James A	\$255,524	Singh-Enns, Sonia	\$96,907	Stoffman, Jayson M	\$91,918
Shawyer, Anna C	\$217,653	Sinha, Meera	\$251,982	Storoschuk, G W	\$346,108
Shayani Majd, Shiva	\$168,148	Sinha, Sachchida	\$419,101	Storsley, Leroy J	\$788,487
Shayegi Nick, Anita	\$269,935	Sivananthan, K	\$554,150	Stoski, Roxann M ²	\$563,303
Shell, Melanie	\$279,795	Sivasankar, Raman	\$406,044	Strang, David G	\$236,823
Shelton, Paul A	\$188,706	Skakum, Kurt K	\$203,487	Stranges, Gregory A	\$391,735
Shenoda, Kamal L M	\$435,091	Skakum, Ruth	\$81,467	Strank, Roydan K	\$386,274
Shenouda, Mervat	\$372,694	Skead, Lennard	\$508,299	Stroescu, Daniela V	\$392,025
Shenouda, P F S	\$317,304	Skinner, James T	\$115,355	Stronger, Lyle	\$337,196
Shepertycky, M R	\$712,514	Skrabek, Pamela J	\$186,739	Strumphier, Johann	\$442,534
Sheps, Michael D	\$1,027,050	Skrabek, Ryan Q	\$924,319	Strzelczyk, Jacek ²	\$3,686,163
Sherbo, Ehren	\$135,504	Sloan, Gary W	\$177,205	Sud, Anil K	\$661,663

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Suderman, Josiah L	\$83,822	Tischenko, A	\$642,827	Venditti, Marcello	\$402,987
Sulaiman, W S S	\$406,871	Tissera, Ponsuge A	\$1,004,314	Vendramelli, Mark P	\$269,162
Sun, Weiyun	\$351,726	Tisseverasinghe, A	\$285,676	Venkatesan, Nithya	\$247,401
Sundaresan, M D	\$267,575	Todary Fahmy, Y	\$378,641	Venter, Dirk J	\$495,171
Susser, Moses M	\$197,481	Toews, Karen A	\$422,055	Vergis, Ashley	\$669,612
Sutherland, Donna E	\$420,580	Toews, Matthew E	\$191,258	Verhulst, Fleur V	\$88,155
Sutherland, Eric N	\$640,436	Toleva, Olga I	\$1,019,575	Verity, Shawn D	\$347,650
Sutherland, Ian Scott	\$365,548	Tomy, Kerri	\$186,305	Verma, Mradula R	\$514,914
Sutherland, James G	\$267,478	Toole, John W P	\$408,597	Vermeulen, Sonja L	\$279,781
Sutherland, John B ⁴	\$87,612	Torri, Vamsee K	\$146,132	Vernon, James	\$627,721
Sutter, Joan A	\$93,522	Tran, Cuc P	\$394,415	Verrelli, Mauro ³	\$539,127
Sutton, Ian R	\$590,115	Trepel, Simon	\$132,475	Viallet, Norbert R	\$461,571
Swartz, Jo S	\$184,483	Trinh, Hang	\$180,824	Vickar, Eric L	\$409,907
Syed, Ali	\$93,301	Trivedi, Anurag	\$313,442	Vignudo, Silvia	\$180,865
Szajkowski, T	\$332,371	Trivedi, Sonal	\$178,752	Villeda, Jose A	\$320,772
Szwajcer, David ¹	\$116,906	Tsang, Dominic	\$430,528	Vipulanathan, M	\$586,677
T Jong, Geert W	\$151,975	Tsang, James F	\$785,575	Vipulanathan, V	\$521,339
Tadrous, Jacquelin	\$404,708	Tsang, Mae Tina	\$239,926	Visch, Shawn H R	\$213,932
Tagin, Mohamed A	\$76,383	Tsang, Susan T	\$95,194	Visser, Gerhardt	\$524,386
Tam, James W	\$564,095	Tse, Wai Ching	\$134,132	Vivian, Mark A ²	\$1,235,273
Tamayo Mendoza, J A	\$510,906	Tsuyuki, Sean H ²	\$2,146,341	Vlok, Nicolaas	\$397,165
Tan, Edward	\$373,496	Tufescu, Ted	\$628,287	Vorster, Alewyn P	\$93,182
Tan, Lawrence	\$548,777	Tulloch Brownel, H V	\$113,198	Vosoughi, Reza	\$399,776
Tangri, Navdeep	\$494,810	Tunovic, Edin	\$318,319	Vosters, Nicole K	\$134,600
Tanner, Karen L	\$332,789	Turabian, B Michael	\$512,307	Vuksanovic, M V M	\$515,653
Tanner, Stacy	\$82,344	Turgeon, Thomas	\$544,639	Wahba Hanna, T W	\$641,876
Tapper, Jason A	\$713,805	Turner, Blaire D	\$305,183	Wakeman, M S	\$93,332
Taraska, Victoria	\$823,822	Turner, Robert B	\$558,627	Waldman, Jeffrey C	\$141,399
Taraska, Vincent A	\$806,406	Turner, Trent	\$168,272	Walkty, Andrew	\$107,033
Targownik, Laura E	\$377,149	Udow, Sean J	\$159,214	Wallace, Marc G	\$205,929
Tariq, Muhammad	\$382,202	Ullah, Shahla I	\$274,526	Wallace, Sharon E	\$381,675
Tassi, Hisham	\$185,257	Ungarian, Jillian	\$232,546	Walmsley, Christoph	\$249,890
Tatineni, Ranjit K	\$78,172	Unger, Jason B A	\$212,656	Walters, Justin J ³	\$945,422
Tawadros Elrahe, G S	\$368,059	Utko, Pawel	\$253,357	Walters, Leslea A	\$376,828
Tawfik, Viola L	\$415,665	Uwabor, Wisdom O	\$413,621	Warden, Sarah K	\$245,512
Taylor, Hugh R	\$638,885	Uys, Tharina	\$425,619	Wareham, Kristen B	\$117,841
Taylor, Susan N	\$643,198	Uzwyshyn, Mira	\$122,128	Warkentin, Ray	\$321,882
Tegg, Tyler	\$312,082	Van, Royce	\$337,020	Warnakulasooriy, R	\$111,199
Teillet, Marc E	\$176,625	Van Alstyne, Murray	\$290,568	Warrack, Christoph	\$264,712
Tenenbein, Marshall	\$502,889	Van Ameyde, K J	\$231,989	Warraich, Gunwant	\$192,449
Teo, Swee L	\$353,034	Van Amstel, L L	\$635,577	Warraich, Kanwarjit	\$208,547
Thess, Bernard A	\$769,130	Van Caesele, P G ¹	\$81,998	Warraich, Naseer	\$435,015
Thielmann, A	\$101,100	Van Dam, Averi	\$124,280	Warrian, R Keith	\$300,243
Thiessen, Phoebe	\$133,923	Van De Velde, R	\$390,382	Warrington, Richard	\$90,608
Thille, Suzanne M	\$388,745	Van Den Heever, JW	\$578,726	Wasef, Mervat S	\$314,832
Thomas, Shawn T	\$409,614	Van Der Byl, G	\$247,150	Wasef, Nagy S	\$291,039
Thomas, Sunu	\$81,266	Van Der Zweep, J	\$548,441	Watters, Timothy	\$197,098
Thompson, D J P	\$393,828	Van Dijk, Cody	\$89,834	Waye, Leon R L	\$479,118
Thompson, Elizabeth	\$283,647	Van Jaarsveldt, W	\$500,590	Webb, Joanna	\$89,539
Thompson, Susan B	\$241,492	Van Niekerk, Etienne	\$303,821	Wengel, Tiffany	\$247,166
Thompson, T R	\$237,729	Van Rensburg, C J	\$427,180	Werier, Jonathan	\$374,165
Thomson, Brent R J	\$125,730	Van Rensburg, P D J	\$546,908	West, Michael	\$265,051
Thomson, Glen T D	\$262,207	Van Rooyen, M L	\$605,845	Wettig, Kara B	\$373,171
Thorlakson, Derek	\$191,034	Vanderheyden, K L	\$199,932	White, Bruce K	\$523,112
Thorlakson, Ian J	\$90,775	Vanderhooft, R H	\$159,981	White, Graham	\$116,925
Thorleifson, M D	\$571,749	Vanderwert, R T	\$148,874	White, Sandra	\$131,783
Thwala, Andrea B	\$674,465	Vattheuer, Annabel	\$80,391	Whittaker, Elizabeth	\$232,729
Tien-Estrada, Joan	\$152,377	Velthuysen, Elsa E	\$128,020	Wickert, Wayne A	\$249,608

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Wicklow, Brandy A	\$114,221	Yuoness, Salem A ⁴	\$1,106,222
Wiebe, Chris J	\$95,954	Zabolotny, Brent P	\$539,978
Wiebe, Ghita A	\$147,644	Zacharias, James ³	\$726,888
Wiebe, Kim L	\$140,171	Zahiri, Majid	\$470,745
Wiebe, Sandra	\$362,321	Zaki, Amel E	\$363,362
Wiebe, Tannis H	\$335,213	Zaki, Magdy F	\$621,304
Wiens, Anthony V	\$571,227	Zarrabian, M	\$887,223
Wiens, James J	\$699,100	Zayed, Abdalnass	\$136,370
Wiens, John L	\$105,760	Zeiler, Fred	\$843,167
Wiesenthal, B	\$153,497	Zelenietz, Caleb S G	\$388,261
Wild, Kim J	\$416,951	Zetaruk, Merrilee	\$97,799
Willemse, Pieter	\$233,777	Zhang, Jason J	\$188,766
William, Nihad	\$176,071	Zhang, Surong	\$359,131
Williamson, D	\$136,519	Ziaei Saba, Shahnaz	\$428,722
Williamson, Kelvin W	\$661,255	Zieroth, Shelley R	\$193,526
Willows, Jim R	\$409,788	Ziesmann, Manfred	\$924,887
Wilson, Gregory P	\$482,341	Zimmer, Kenneth W	\$420,250
Wilson, Ian R	\$99,876	Ziomek, Anna M	\$265,270
Wilson, Murray ²	\$1,606,364	Zohni, Khaled	\$154,189
Winning, Kyle J	\$591,615	Zohrab-Beik, Amir	\$608,893
Winogrodzka, C	\$321,780	Zoppa, Robert	\$588,417
Winogrodzki, Arthur	\$244,468		
Wirtzfeld, Debrah	\$411,141		
Wiseman, Marni C	\$1,381,284		
Wiseman, Nathan	\$282,448		
Woelk, Cornelius	\$297,430		
Wolfe, Kevin B	\$589,245		
Wolfe, Scott A	\$377,965		
Wong, Clint S	\$694,542		
Wong, Harley	\$136,186		
Wong, Ralph P W	\$356,101		
Wong, Stephen G	\$356,106		
Wong, Turnly	\$401,006		
Woo, Casey	\$439,842		
Woo, Nobby	\$679,599		
Woo, Vincent C	\$938,945		
Woodmass, Jarret	\$200,349		
Worden, Tyler A	\$203,356		
Wourms, Vincent P	\$450,147		
Wuerz, Terence	\$317,554		
Xu, Qi	\$158,931		
Xu, Yang	\$80,441		
Yaffe, Clifford	\$559,440		
Yakub, Abu M	\$75,179		
Yale, Robert	\$132,859		
Yamamoto, Kenneth	\$330,671		
Yamashita, Michael	\$596,952		
Yamsuan, Marlen	\$202,802		
Yang, Lin	\$233,953		
Yankovsky, Alexei	\$377,031		
Yaworski, Daniel N	\$81,967		
Ying, Stephen M ²	\$1,118,647		
Yip, Benson	\$470,137		
York, Ryan J	\$222,783		
Young, Brent C	\$234,321		
Young, Jeanne	\$292,654		
Young, R Shawn	\$365,132		
Yu, Adelia	\$742,800		

(Continued)

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 120-121 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 122-124 for list of facilities).*
- (3) *Billings for dialysis services representing the work of more than one physician. (See pages 124-125 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 125 for list of facilities).*

Laboratory Directors and Facilities

Doyle John
Kabani Amin M

CancerCare Manitoba - Hematology Laboratory
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
Centre de Sante Notre-Dame Health Centre
Churchill Health Centre
Concordia Hospital
Dauphin Regional Health Centre
Deloraine Health Centre
DeSalaberry District Health Centre - St. Pierre-Jolys
E. M. Crowe Hospital - Eriksdale
Flin Flon General Hospital
Gillam Hospital
Gladstone Health Centre
Glenboro Health Centre
Grace General Hospital
Grand Rapids Nursing Station
Grandview District Hospital
Hamiota District Health Centre
Health Sciences Centre/Transplant Immunology Laboratory
Hunter Memorial Hospital - Teulon

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Schedule of Payments for Fiscal Year Ended March 31, 2019

(Continued)

	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
	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 Regional Health Centre
	Seven Oaks General Hospital
	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
	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
	Westman Regional Laboratory Services Inc.
Naidoo Jenisa	Dynacare (830 King Edward Street)
	Dynacare (790 Sherbrook Street)
	Dynacare (30 Lakewood Boulevard)
Szwajcer David	CancerCare Manitoba - Histocompatibility (HLA)
	CancerCare Manitoba - Cellular Therapy Lab
Van Caesele P G	Cadham Provincial Laboratory

(Continued)

Radiology Directors and Facilities

Avila Flores F	Grandview District Hospital Hamiota District Health Centre Riverdale Health Centre Roblin District Health Centre Russell Health Centre Shoal Lake - Strathclair Health Centre Ste. Rose General Hospital Swan Valley Health Centre
Bunge Martin K	Health Sciences Centre- Children's Hospital Transcona X-ray Clinic
Cassano-Bailey Alessandr Dashefsky S M Davidson J Michael	Seven Oaks General Hospital Health Sciences Centre Legacy X-ray Clinic Manitoba X-ray Clinic (Concordia) Seven Oaks X-ray Clinic
Eaglesham Hugh	Assiniboine Clinic X-Ray Charleswood X-Ray Clinic Dynacare (1020 Lorimer Boulevard) Dynacare (355 Ellice Avenue) Dynacare (Roblin Boulevard) Lakewood Medical Centre Meadowood X-ray Clinic Pembina X-Ray Clinic Winnipeg Clinic X-Ray on Corydon
Essig Marco Fung Harold	WRHA MRI Clinic Boissevain Health Centre Carberry and District Health Centre Deloraine Health Centre Glenboro Health Centre Melita Health Centre Minnedosa Health Centre Neepawa Health Centre Souris Hospital Tiger Hills Health Centre-Treherne Tri-Lake Health Centre-Killarney Virden Health Centre
Goubran Ashraf W Hardy Brian	St. Boniface Hospital Health Sciences Centre Prota Clinic Inc

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(Continued)

Harrison Wayne D	Brandon Clinic Medical Corporation Clement Block Laboratory and X-ray Services
Jacob Mary V	C.W. Wiebe Medical Centre
Koenig James K	Pan Am Clinic (315 Chancellor) Pan Am Clinic (300 Portage) Pan Am Clinic (75 Poseidon)
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 Grand Rapids Nursing Station 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 Regional Health Centre 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 Centre de Sante Notre-Dame Health Centre DeSalaberry District Health Centre - St. Pierre-Jolys Gladstone Health Centre Lorne Memorial Hospital - Swan Lake Morris Hospital Portage District General Hospital Rock Lake Health District Hospital - Crystal City Ste. Anne Hospital Vita & District Health Centre
Lyons Edward A	Maples Surgical Centre
Lysack David A	Brandon Regional Health Centre

Manitoba Health Services Insurance Plan
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(Continued)

Marantz Jeffrey	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 McIvor X-Ray Clinic
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)
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) Canadian Diagnostic Imaging X-Ray (Atlantic Medical) Max Clinic LTD
Ying Stephen M	Health Sciences Centre

Dialysis Directors and Facilities

Allan Donald R	HSC Sherbrook Centre Dialysis Unit
Armstrong Sean	SOGH Renal Program
Bueti Giuseppe	HSC Renal Program
Dunsmore Sara E	SOGH Peritoneal Dialysis & Renal Clinic
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

(Continued)

Walters Justin J
Zacharias James

SBH Hemodialysis
HSC Home Hemodialysis
Manitoba Local Centres Dialysis Units

Nuclear Medicine Directors and Facilities

Bybel Bohdan

Health Sciences Centre
Seven Oaks General Hospital

Leslie William D

St. Boniface Hospital

Levin Daniel P
Sutherland John B

Victoria General Hospital

Grace General Hospital

Yuoness Salem A

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 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)

- ◆ This act proclaims the first Tuesday of April every year as Caregiver Recognition Day to increase recognition and awareness of caregivers and to acknowledge the valuable contribution they make to society.
- ◆ sets out general principles relating to caregivers and requires departments and government agencies to promote and awareness and understanding of them and give them due in developing, implementing, providing or evaluating caregiver supports
- ◆ requires the minister to prepare a report every two years that includes
 - (a) a review of the progress being made in furthering the purposes of this act;
 - (b) a description and analysis of caregivers' needs and existing government and other caregiver supports; and
 - (c) an inventory of caregiver supports available to Manitobans.
- ◆ The minister must table the report in the Legislature and publish it on a government website.

THE CHIROPRACTIC ACT (C100)

- ◆ provides for the regulation of chiropractors by the Manitoba Chiropractors Association

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)

- ◆ provides for the regulation of dentists and dental assistants by the Manitoba Dental Association

THE DENTAL HEALTH WORKERS ACT (D31)

- ◆ allows dental health workers to be registered so that they can provide services under The Dental Health Services Act

THE DENTAL HEALTH SERVICES ACT (D33)

- ◆ allows the minister to make arrangements to provide preventive and treatment dental services to certain persons designated by the lieutenant governor in council.

THE DENTAL HYGIENISTS ACT (D34)

- ◆ provides for the regulation of dental hygienists by the College of Dental Hygienists

THE DENTURISTS ACT (D35)

- ◆ provides for the regulation of denturists by the Denturists Association

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 stretcher transportation services and personnel

THE HEALTH ADMINISTRATION ACT (H20)

- ◆ provides certain authority for the minister 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

THE HEALTH CARE DIRECTIVES ACT (H27)

- ◆ sets out the requirements for health care directives in Manitoba

THE HEALTH SECTOR BARGAINING UNIT REVIEW ACT (29)

- ◆ This act enables the streamlining of bargaining units and collective agreements in Manitoba's health sector.

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 that are insured under the Plan

THE HEARING AID ACT (H38)

- ◆ provides for a Hearing Aid Board to license 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 for the purposes of obtaining direction from the individual or his or her representative with respect to organ and tissue donation

THE LICENSED PRACTICAL NURSES ACT (L125)

- ◆ provides for the regulation of licensed practical nurses by the College of Licensed Practical Nurses of Manitoba

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)

- ◆ provides for the regulation of medical laboratory technologists by the College of Medical Laboratory Technologists of Manitoba

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
- ◆ provides for the appointment of a chief provincial psychiatrist

THE MIDWIFERY ACT (M125)

- ◆ provides for the regulation of midwives by the College of Midwives of Manitoba

THE NATUROPATHIC ACT (N 80)

- ◆ provides for the regulation of naturopaths by the Manitoba Naturopathic Association

THE OCCUPATIONAL THERAPISTS ACT (05)

- ◆ provides for the regulation of occupational therapists by the Association of Occupational Therapists of Manitoba

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 (060)

- ◆ provides for the regulation of opticians by the Opticians of Manitoba

THE OPTOMETRY ACT (070)

- ◆ provides for the regulation of optometrists by the Manitoba Association of Optometrists

THE PERSONAL HEALTH INFORMATION ACT (P33.5)

- ◆ establishes a common set of rules governing the collection, use, disclosure of personal health information by trustees as defined in the act and requirements respecting security safeguards for personal health information

THE PHARMACEUTICAL ACT (P60)

- ◆ provides for the regulation of pharmacists and pharmacies by the College of Pharmacists of Manitoba
- ◆ Allows for the establishment and maintenance of an interchangeable drug formulary

THE PHYSIOTHERAPISTS ACT (P65)

- ◆ provides for the regulation of physiotherapists by the College of Physiotherapists of Manitoba

THE PODIATRISTS ACT (P93)

- ◆ provides for the regulation of podiatrists by the College of Podiatrists of Manitoba

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 neglect or potential abuse or neglect of patients in hospitals or residents in personal care homes, or individuals in hospital geriatric day programs, 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)

- ◆ provides for the regulation of psychologists by the Psychological Association of Manitoba

THE PUBLIC HEALTH ACT(P210)**

- ◆ provides the powers and authority necessary to support public health programs and enforcement of regulations made under the act in respect of public health matters
- ◆ provides for the appointment of the chief provincial public health officer, medical officers of health, public health inspectors and public health nurses.

** (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 Justice)

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)

- ◆ provides for the regulation of registered dietitians by the College of Dietitians of Manitoba

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- ◆ provides for the regulation of registered psychiatric nurses by the College of Registered Psychiatric Nurses of Manitoba

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- ◆ provides for the regulation of registered respiratory therapists by the Manitoba Association of Registered Respiratory Therapists

THE REGULATED HEALTH PROFESSIONS ACT (R117)

- ◆ Currently, there are 18 statutes dealing with different health professions. The act will replace these statutes and bring all regulated health professions under one umbrella.

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 SMOKING AND VAPOUR PRODUCTS CONTROL ACT (S150) (formerly The Non-Smokers Health Protection and Vapour Products Act)

- ◆ Prohibits the sale of tobacco, e-cigarettes and tobacco and vapour products to children under the age of 18.
- ◆ Prohibits smoking and vaporizing of tobacco, vapour products and cannabis, in enclosed public places and in indoor workplaces subject to certain exceptions.
- ◆ Prohibits the smoking and vapourizing of cannabis in outdoor public places subject to certain exceptions.
- ◆ Restricts the display, advertising and promotion of tobacco and tobacco related products and e-cigarettes and vapour products.

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 2018/19

A number of health statutes and regulations were amended, enacted or proclaimed in 2018/19:

The Non-Smokers Health Protection and Vapour Products Amendment Act (Prohibiting Cannabis Consumption in Outdoor Public Places) was proclaimed into force effective October 17, 2018.

THE MEDICAL ACT was repealed effective January 1, 2019.

THE REGISTERED NURSES ACT was repealed effective May 31, 2018.

REGULATIONS:

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT

- **The Air Emergency Medical Response Systems Regulation** was amended to:
 - update outdated equipment lists to ensure all modern equipment is accounted for
 - update provisions for aeromedical attendant licensing including primary care paramedics, respiratory therapists and registered nurses
 - repeal the requirement for all aeromedical attendants to be employed by the air emergency medical response system that operates the air ambulance
 - update outdated language referring to the delegation of medical functions by the medical director of an air emergency medical response system to an aeromedical attendant
 - require that transport reports be in the form approved by the minister
- **Ministerial exemption Order No. 18** was made to continue to enable firefighters to drive ambulances when the emergency medical response personnel are unable to drive because they must attend to the needs of a patient.

THE ESSENTIAL SERVICES ACT (HEALTH CARE)

- **The Designated Employers Regulation** was amended to designate Shared Health Inc. as an employer for the purposes of the act.

HEALTH SECTOR BARGAINING UNIT REVIEW ACT

- **The Health Sector Bargaining Unit Review Regulation** was enacted. The regulation defines the terms “community sector” and “facilities sector” which are used, but not defined, in the act, and slots health sector employers into one of the six employers organizations established by the act for the purposes of collective bargaining.

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 Residency and Registration Regulation** was amended to repeal the provisions providing for coverage of international students and their dependents under the Manitoba Health Services Insurance Plan.

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 Facilities Designation Regulation** was amended to reflect the current names of hospitals and health centres, in which areas have been designated as psychiatric facilities, and in the areas designated as psychiatric facilities to reflect changes that have occurred or are to occur in the delivery of mental health services.

THE SMOKING AND VAPOUR PRODUCTS CONTROL ACT (formerly The Non-Smokers Health Protection and Vapour Products Control Act)

- **The Smoking and Vapour Products Control Regulation** was amended to provide for exceptions to the prohibition in the act of the smoking and vapourizing of cannabis in outdoor public places in relation to medical cannabis and multiple unit residential buildings.

THE PERSONAL HEALTH INFORMATION ACT

- **The Personal Health Information Regulation** was amended to change the reference to Diagnostic Services of Manitoba Inc. to Shared Health Inc.

THE PHARMACEUTICAL ACT

- **The Manitoba Drug Interchangeability Formulary Regulation** was amended to repeal and replace the formulary as required to update it.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT

- **The Prescription Drugs Payment of Benefits Regulation** was amended to increase the deductible rates that clients must pay before the Pharmacare Program will cover the costs of their eligible prescription drugs.

THE REGIONAL HEALTH AUTHORITIES ACT

- **The Regional Health Authorities (General) Regulation** was amended to provide that effective April 1, 2019 the cap on land ambulance fees charged to Manitoba residents is reduced from \$340 to the lesser of \$250 or the basic loading fee charged by an ambulance service operator as of December 31, 2016.
- **The Critical Incidents Regulation** was amended to change the reference to Diagnostic Services of Manitoba Inc. to Shared Health Inc.

THE REGULATED HEALTH PROFESSIONS ACT

- **The College of Registered Nurses of Manitoba General Regulation** was made to transition the profession of registered nursing to The Regulated Health Professions Act. The new regulation:
 - establishes the membership classes and sets out the registration and licensure requirements for registered nursing
 - sets out the continuing competency requirements for registered nurses
 - sets out the standards of practice for the profession
 - sets out the requirements for professional incorporation
 - sets out the titles that may only be used by members of the profession
- **The Practice of Registered Nursing Regulation** was enacted to transition the profession of registered nursing to The Regulated Health Professions Act. The new regulation:
 - continues the College of Registered Nurses of Manitoba
 - sets out the scope of practice of the profession
 - sets out the reserved acts authorized for the profession
- **The Practice of Paramedicine Regulation** was enacted to establish the College of Paramedics of Manitoba and a scope of practice for paramedics; and designate the profession under the act.
- **The College of Physicians and Surgeons of Manitoba General Regulation** was enacted to establish a regulatory college and a scope of practice for the medical profession which provides for such matters as:
 - the classes of membership for physicians and surgeons, physician assistants and clinical assistants
 - information to be contained on the register and what information will be available to the public

- information to be required to be filed by applicants for registration with the CPSM, including criminal record checks, child abuse registry and vulnerable persons registry record checks
- the issue of annual certificates of practice to members and renewal requirements including regular criminal and abuse registry checks
- continuing competency requirements including participation in a physician achievement review program
- the content of the physician profiles that are available to the public
- **The Practice of Medicine Regulation** was enacted to transition the medical profession to The Regulated Health Professions Act. The new regulation:
 - continues the College of Physicians and Surgeons of Manitoba
 - sets out the scope of practice of the profession
 - sets out the reserved acts authorized for the profession
- **The College of Physicians and Surgeons of Manitoba Standards of Practice Regulation** was enacted. This new regulation sets out standards of practice for the medical profession.
- **The Regulated Health Professions (General) Regulation** was amended to:
 - repeal the reference to medical corporations under The Medical Act, as these corporations became health profession corporations under The Regulated Health Professions Act
 - enable non-health profession corporation to continue to engage registered nurses and physicians to provide health care
- **Regulated Health Professions (Ministerial) Regulation** was amended to exempt the College of Physicians and Surgeons of Manitoba from the restriction in the act on publishing information on the Internet relating to disciplinary matters where a member of the College suffers from an ailment, emotional disturbance or addiction.

THE YOUTH DRUG STABILIZATION (SUPPORT FOR PARENTS) ACT

- **The Stabilization Facility Designation Regulation** was amended to update the list of designated stabilization facilities for the purposes of the act to include the Hope North Recovery Centre for Youth in Thompson, Manitoba.

Appendix III – Performance Reporting

The following section provides information on key performance measures for the department for the 2018/19 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) 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 2018/19 result or most recent available data?	(E) What is the trend over time?	(F) 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 2019, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 6 days Level 2 (Semi-Urgent): 36 days Level 3 (Elective): 49 days Overall, 92% of patients received their surgery within the benchmark.	Nearly all 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> Health Services 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 2019, the median wait time for all cancer types was 1.6 weeks. 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 2018/19 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.	Health Services 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 (AMI) 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 2017, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 16.2 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 16.2 per 100,000 in 2017.	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 2013/2014 – 8.6 2014/2015 – 8.8	Age- and sex-adjusted prevalence per 100 Manitoba residents: 2016/2017 – 9.3 Source: 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 regional health authorities (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 2018/19 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
		2015/2016 – 9.1 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>2018/19 Clinical: 26,790 Education: 3,338 Administration: 1,477 Tele-visit: 39 Other: 14</p> <p>2018/19 total utilization 31,658</p> <p>2018/19 total number of sites 192 sites and 381 endpoints</p>	<p>Manitoba Telehealth (MBT) predicts 10 sites to be added in the next fiscal year.</p> <p><u>Average Annual Growth from 2007/08 to 2018/19 fiscal years):</u> Clinical: 17% Education: 11% Administration: 6% Tele-visit: 8% Other: 2%</p> <p>344% growth in # of events from 2007/08 (7,125) to 2018/19 (31,658)</p>	<p>MBT Fiscal Utilization Reports from 2003/04 to 2018/19</p> <p>(data accessible from 2006/07)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2006/07: 5,995 <input type="checkbox"/> 2007/08: 7,125 <input type="checkbox"/> 2008/09: 8,463 <input type="checkbox"/> 2009/10: 9,835 <input type="checkbox"/> 2010/11: 12,817 <input type="checkbox"/> 2011/12: 16,183 <input type="checkbox"/> 2012/13: 18,769 <input type="checkbox"/> 2013/14: 20,590 <input type="checkbox"/> 2014/15: 22,742 <input type="checkbox"/> 2015/16: 25,721 <input type="checkbox"/> 2016/17: 27,473 <input type="checkbox"/> 2017/18: 28,223 <input type="checkbox"/> 2018/19: 31,658

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 2018/19:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2018/19
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 investigation was commenced.
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>	There were no findings of wrongdoing under the act.

Appendix V – Sustainable Development

Manitoba Health, Seniors and Active Living is committed to the principles and guidelines of sustainable development and works to incorporate them in department activities, programs and business practices.

The following activities continued throughout 2018/19.

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 regional health authorities (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. This branch works collaboratively with the federal government, other branches within the department, other provincial departments, RHAs and Indigenous political/ territorial organizations. This branch is Manitoba's key resource on Indigenous health issues with respect to the development of policy, strategies, initiatives and services for the Indigenous community.

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

Health Workforce Secretariat: works in partnership with service delivery organizations, 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 service delivery organizations 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. It also 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. Active Living, Population and 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.

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.

Office of Disaster Management: continues to work with service delivery organizations 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.

Active Living, Population and 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 the repair of damage or the reclamation of the environment and to consider the need for rehabilitation and reclamation in future decisions and actions.

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.

Active Living, Population and 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 communities' 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, concerning 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 Indigenous organizations, the Manitoba government 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 as well as Indigenous members of the population.

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 information, databases 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 minister, 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 at 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 minister 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.

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

Intergovernmental Strategic Relations: works in collaboration with Indigenous 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 strives to ensure that procurement practices foster and sustain community economic development.

Appendix VI – Regulatory Accountability and Red Tape Reduction

Manitoba Health, Seniors and Active Living is committed to implementing the principles of regulatory accountability as set out in The Regulatory Accountability Act. The department works to achieve balance with regulatory requirements, identify the best options for them, assess their impact and incorporate them in department activities, programs and in the development of all regulatory instruments.

A regulatory requirement is a requirement in a regulatory instrument for a person to take an action in order to:

- access a program or service offered by the government or a government agency
- carry on business, or
- participate in a regulated activity

Regulatory accountability provides a framework to create a transparent, efficient and effective regulatory system. Red tape reduction aims to remove the regulatory requirements that are unclear, overly prescriptive, poorly designed, redundant, contradictory or antiquated. Not all regulatory requirements create red tape.

Regulatory Requirements

	Baseline (April 1, 2016)	2016/17 (March 31, 2017)	2017/18 (March 31, 2018)	2018/2019 (March 31, 2019)
Total number of regulatory requirements	115,742	117,178	118,092	109,107

	2018/19 from 2017/18	2018/19 From baseline
Net change in total number of regulatory requirements	-8,985	-6,635
% change	-7.6%	-5.7%

Note: The information in the tables above includes that of any special operating agencies (SOAs) or other agencies that report to the minister.

- 2018/19 data includes program transfers and other adjustments.
- The transition from a manual data collection system to that of an automatic system in 2018/19 may have impacted statistics reported in previous periods.
- For additional information, please refer to the Manitoba Regulatory Accountability Report at www.manitoba.ca/reducedredtape.

Achievements

The department's achievements in working toward reducing regulatory requirements and eliminating red tape included:

- Representing the department on the cross-departmental Regulatory Accountability Working Group.
- Developing legislative amendments that streamlined the approval process for regulations made by the council of the College of Pharmacists of Manitoba.

- The transition of the College of Physicians and Surgeons of Manitoba and the College of Registered Nurses of Manitoba to The Regulated Health Professions Act, which is umbrella legislation to provide an updated, consistent framework for the regulation of regulated health professions. This also included the repeal of The Registered Nurses Act and The Medical Act.

Additionally, the following achievements contributed to assisting Manitobans:

- Amending The Smoking and Vapour Products Control Act to prohibit the smoking and use of e-cigarettes to consume cannabis in outdoor public places, subject to certain exceptions specified by regulation under the act.
- Amending the Regional Health Authorities (General) Regulation under The Regional Health Authorities Act to reduce land ambulance fees for Manitobans effective April 1, 2019.