

Manitoba Health, Seniors and Active Living

**Annual Report
2019 - 2020**





**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, 2020.

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 2020.

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 2019/20 Annual Report of Manitoba Health, Seniors and Active Living and the 2019/20 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 2019-2020 du ministère de la Santé, des Aînés et Vie active du Manitoba ainsi que le rapport annuel 2019-2020 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, 2020. 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, 2020), 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 2020. 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.

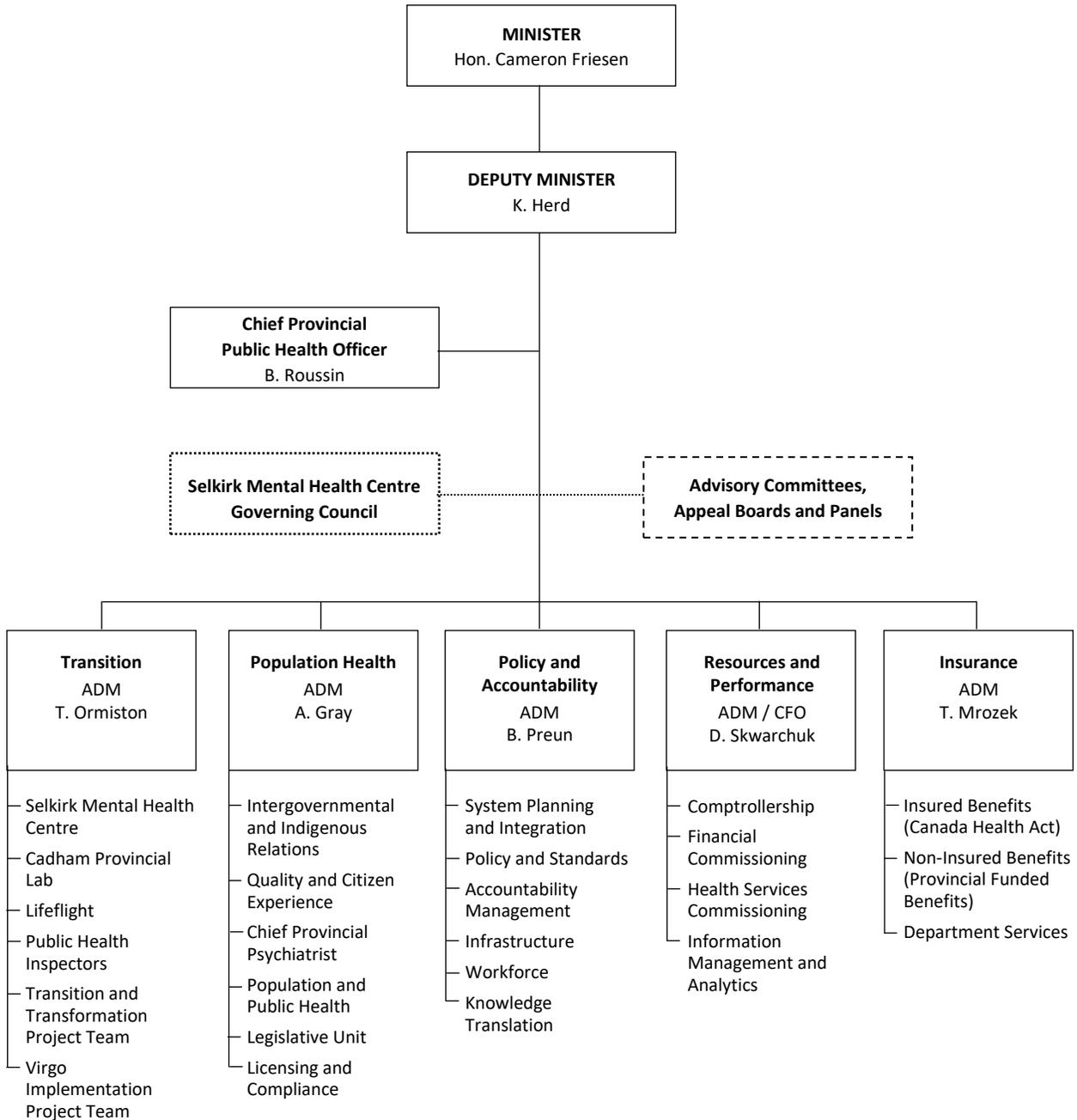
Organigramme

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 2020) 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, 2020



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.
	2019/20 \$(000's)		2019/20 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	41	1.00	42	(1)	
Other Expenditures					
Total Sub-Appropriation	41	1.00	42	(1)	

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.
	2019/20 \$(000's)		2019/20 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	867	15.00	1,146	(279)	1
Other Expenditures	164		218	(54)	
Total Sub-Appropriation	1,031	15.00	1,364	(333)	

Explanation Number:

1. Primarily due to miscellaneous salaries under-expenditures.

Finance

Administration and Finance is comprised of the following:

Comptrollership
Regional and Capital Finance
Information Management and Analytics
Management Services

Comptrollership

The objectives were:

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

The expected and actual results for 2019/20 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, regional health authorities 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 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 2019/20 included:

1. Financial expertise and direction provided to service delivery organizations 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 service delivery organizations and agencies consistent with established priorities of the government.
 - Provided approved funding to service delivery organizations and agencies in a timely and accurate manner.
 - Reviewed financial requirements of service delivery organizations 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 service delivery organizations.
 - Analyzed financial reporting received from service delivery organizations 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 service delivery organizations are accurate and complete.
 - Analyzed financial reporting received from service delivery organizations 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 service delivery organizations and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.

7. Department programs, service delivery organizations, 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 2019/20 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.
 - Designed and developed new COVID-19 operational dashboard to inform system leaders on operational status in key areas and latest severity of the pandemic.
 - 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 and health system stakeholders, 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.
 - Supported the development of performance indicator reporting to the department and service delivery organizations to inform performance and opportunities for quality improvement.
 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.

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 2019/20 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.
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.
 - Provided resources to the health system's leadership to help strengthen performance management and accountability practices and processes.
 - 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.
 - Published the department's SILR and Annual Report to meet the minister's tabling requirements.
 - Coordinated the department's responses to ministerial correspondence.
 - Coordinated the submission of legislative briefing materials.
 - Coordinated administrative processes for appointments to health-related agencies, boards and committees.
4. The Active Offer concept in use in all public-facing areas of the department.
 - Continued to recommend and to monitor departmental uptake of the new online Civil Service Commission's Active Offer training course.
 - Continued monitoring 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.
 - Continued the implementation of the department's multi-year strategic FLS plan through the development of an internal FLS Plan working group.
 - Audit of website indicated compliance to simultaneous posting of English and French. Audit indicated that all public webpages have both languages available.
 - 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.
 - Eighty-four 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 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	6,591	89.35	7,351	(760)	
Other Expenditures	1,254		1,184	70	
Total Sub-Appropriation	7,845	89.35	8,535	(690)	

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 coordinate 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 2019/20 included:

1. Development of new health statutes and regulations and amendments to health statutes and regulations in accordance with government processes and timelines.
 - There were two health-related statutes repealed and two health-related statutes amended in the 2019/20 fiscal year (details outlined in Appendix II).
 - Seven regulations were amended, four regulations were repealed and one new regulation was made under various health related legislation (see Appendix II for details).
2. Development of legislative proposals in accordance with government processes and timelines.
 - The development of legislative proposals in accordance with government processes and timelines was completed as necessary.
3. Accurate and timely information provided to internal and external clients about legislation (including PHIA) and the legislative process.
 - Accurate and timely information was provided. In addition to other activities in this area, staff of the unit responded to 361 external enquiries relating to PHIA.
4. Compliance with Labour Mobility obligations by the regulated health professions.
 - Worked with regulatory bodies as required with respect to meeting their labour mobility obligations.
5. Requests for access to information under FIPPA are dealt with in accordance with the act.
 - There were 212 responses to FIPPA requests for information. These numbers are based on a calendar year (January – December 2019).

1(d) Legislative Unit

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	782	9.00	772	10	
Other Expenditures	135		286	(151)	
External Agencies	459		518	(59)	
Total Sub-Appropriation	1,376	9.00	1,576	(200)	

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 2019/20 included:

1. The Manitoba Health Appeal Board renders decisions in a timely manner, responds to enquiries and provides assistance and direction to the public who call and attend the office.
 - 137 appeal files were processed by MHAB in the 2019/20 fiscal year:
 - 100 new appeal files were opened in the fiscal year
 - 37 appeal files were brought over and processed from the previous fiscal year
 - 54 appeals were scheduled and heard during the 2019/20 fiscal year:
 - 21 Authorized Charge appeals
 - 26 Insured Benefit appeals
 - 6 Home Care appeals
 - 1 appeal under the category of "Other" involved an appeal from a decision of the Winnipeg Regional Health Authority's Northern Patient Transportation Program
 - 41 files were closed without going to a hearing:
 - 16 appeals were withdrawn by the appellant
 - 23 appeals were resolved with an amended decision from Manitoba Health, Seniors and Active Living or the regional health authority
 - 1 file was closed because the appellant failed to actively pursue the appeal
 - 1 file was closed because MHAB did not have jurisdiction to hear the matter
 - 43 appeals have been carried forward to the 2020/21 fiscal year
 - MHAB heard and decided 26 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. The Mental Health Review Board holds hearings within their 21-day legislated mandate and renders decisions in a timely manner.
 - MHRB processed 337 applications for review.
 - 185 hearings were scheduled, 88 were heard
 - 60 hearings were by application
 - 28 hearings were set automatically as required by legislation
 - Decisions were rendered independently by MHRB, who provided the rationale 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 Boards

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2019/20 \$(000's)		2019/20 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	359	6.00	421	(62)	
Other Expenditures	347		253	94	
Total Sub-Appropriation	706	6.00	674	32	

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 2019/20 included:

- Strategic direction consistent with the department's priorities with respect to provincially-funded drug benefits, the provincial health capital program, including buildings, leased space, ICT systems and specialized equipment.
 - Provided oversight of all the categories to ensure Manitoba Health, Seniors and Active Living's strategic direction was understood and implemented within approved authority by the regional health authorities / service delivery organizations.
 - The provincially-funded drug benefits program continued to review and manage formularies and pricing policies with all changes publicly posted.
- Equitable and appropriate utilization of provincially-funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
 - In 2019/20, 61,915 families in Manitoba received a benefit from the Pharmacare program.
 - The average amount that these families received in coverage (above and beyond their deductible portion) was \$4,626.
 - The Drug Program Information Network processed 24,436,221 claims for all provincial drug programs that submit to this network.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	293	3.00	279	14	
Other Expenditures	59		76	(17)	
Total Sub-Appropriation	352	3.00	355	(3)	

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 2019/20 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 repair, renovation and construction of buildings, specialized equipment and ICT.
 - Engaged in discussions with stakeholders to establish scope of work, funding expectations and timelines related to investments.
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 requests for major capital and on-going repairs/replacement related to infrastructure, ICT and specialized equipment repairs and replacement as received from regional health authorities (RHAs) / service delivery organizations (SDOs).
 - 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 2019/20 fiscal year, 18 major projects within capital and ICT plus over 300 individual projects within the infrastructure repair and upgrades and specialized equipment categories. Collectively, an estimated value of \$401.9 million were submitted to MHSAL and progressed.
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 investments of approximately \$227 million in infrastructure, ICT, 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 requirements were known to and complied with by RHAs and SDOs.
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 31 infrastructure/ICT major capital projects valued at approximately \$364,912,000. Of these projects, four ICT projects with a total estimated value of \$52,202,000 were completed. Major capital infrastructure projects are on-going.
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 and 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 Digital Health, 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 regional health authorities / service delivery organizations and the monitoring of the projects to completion.
 - Continued to oversee the annual specialized equipment program including the monitoring of expenditures and completion of delivery/installation.
9. Assurance that necessary data and information are accessible for department staff to achieve corporate goals and objectives.
 - Consulted with other department branches/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 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	3,833	46.20	4,844	(1,011)	1
Other Expenditures	196		318	(122)	
Provincial Program Support Cost	5,360		5,557	(197)	
Total Sub-Appropriation	9,389	46.20	10,719	(1,330)	

Explanation Number:

1. Primarily due to miscellaneous salaries under-expenditures.

Provincial Drug Programs

The objectives were:

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

The expected and actual results for 2019/20 included:

1. Access to cost-effective medications for Manitobans.
 - Manitoba Health, Seniors and Active Living (MHSAL) 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

- 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
 - Provincial Drug Programs continued to administer the Manitoba Formulary. Updates on the amendments to the Manitoba Formulary were provided in four bulletins which were communicated to pharmacists and physicians in Manitoba.
 - The listing of new generic drugs on the Manitoba Formulary enabled Manitobans to access additional lower cost generic medications. Generic drug submission requirements ensures generic drug pricing in Manitoba is equitable with other Canadian jurisdictions.
 - Provincial Drug Programs representatives participated on advisory committees to the Canadian Agency for Drugs and Technologies in Health (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).
 - 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 263,389 Pharmacare applications with 63,869 families receiving Pharmacare benefits.
 - Processed 44,146 requests through the Exception Drug Status Program.
 - Enrolled 872 families in the Deductible Instalment Payment Program for Pharmacare.
 - Provided benefits for 59,782 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.
 - 10,096 patients benefited from the HCD program in 2019/20, up from 9,452 in 2018/19.
 - 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 product listing agreements with manufacturers.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2019/20		Estimate 2019/20		Variance Over(Under) Expl. \$(000's) No.
	\$(000's)	FTE	\$(000's)	\$(000's)	
Salaries and Employee Benefits	2,169	42.50	2,609	(440)	1
Other Expenditures	649		465	184	
Total Sub-Appropriation	2,818	42.50	3,074	(256)	

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 2019/20 included:

1. Management of the provincial pharmaceutical formulary listings and ancillary services and devices.
 - As of April 1, 2019, under the pan-Canadian Pharmaceutical Alliance (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.
 - Actual Pharmacare drug costs for 2019/20 were 1.7 per cent higher than 2018/19 actuals and were 0.3 per cent higher than the 2019/20 budgeted amount. For the Home Cancer Drug Program, actual drug costs for 2019/20 were 22.6 per cent higher than 2018/19 actuals, and were 20.6 per cent above the 2019/20 budgeted amount.
 - 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 met on a regular basis to discuss Provincial Oncology Drug Programs (PODP) and the Home Care Drug Program (HCD) expenditures to improve forecasting and tracking.
 - The “Home Cancer Drug (HCD) Program”—a program for Manitobans diagnosed with cancer—that allows access to eligible outpatient oral cancer and specific supportive drugs at no cost to the patient, continued in 2019/20. There were 10,096 individuals registered in the HCD Program in 2019/20 (up from 9,452 in 2018/19), and it is estimated that there were savings to these individuals of \$9.3 million in deductibles.
 - Actual Ancillary Programs device and service costs for 2019/20 were 6 per cent lower than 2018/19 actuals and were 3.6 per cent higher than the 2018/19 budgeted amount.
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 Shared Health, Child Health Program Diabetes Education Resource for Children and Adolescents. In its first year of operation (2012/2013), the MPIP Program provided 23 pumps and associated training. Up to March 31, 2020, a total of 242 pumps have been purchased and user training completed through the MPIP Program.
 - In 2019/20, an additional 84 brand drugs were added to the Manitoba Formulary as either a new product or as a line extension (new indication or new dosage/format) though product listing agreements that were completed with pharmaceutical companies, while 149 new generic drug identification numbers were added to the provincial formulary.
3. Alignment of provincial pharmaceutical coverage policies with best practice among other F/P/T jurisdictions.
 - Manitoba is an active participant in the pan-Canadian Pharmaceutical Alliance (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 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. This agreement formalizes the existing business relationship between MHSAL and pharmacy owners.
 - Both the Pharmacy Agreement and Pharmacy Claims Audit Policy (which outlines the process for conducting audits) is intended to ensure appropriate accountability for public funds paid to pharmacy owners who provide prescription drugs/products and related pharmaceutical services to Manitobans who are enrolled in the various provincial drug programs.
 5. 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.

2(d) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	611	7.00	647	(36)	
Other Expenditures	126		175	(49)	
External Agencies	329		414	(85)	
Total Sub-Appropriation	1,066	7.00	1,236	(170)	

Health Workforce Secretariat

Administration

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 2019/20 included:

1. Alignment of health workforce policy, planning, funding and oversight with a provincial clinical and preventive services plan.
 - Met with the project team responsible for the development of the Manitoba Clinical and Preventive Services Plan to review the progress of the project as it impacted on health human resource supply. Provided instruction on improved detail and appropriate articulation of costing reflective of considered service delivery.

- Communicated the proposed directional findings of the plan to stakeholders to signal increased reliance on healthcare aides and nurses requiring stakeholder preparation for increased supply of these occupations.
2. Effective leadership and management of the division.
 - Successfully met all assigned government commitments and objectives.
 3. Functional integration of all areas of the division, including alignment of health workforce-related activities of key stakeholders and partners.
 - Coordinated medical service compensation demands with Insured Benefits and Medical Commissioning Unit.
 - Health human resource planning management with service delivery organizations, regulators and post-secondary institutions.

3(a) Administration

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	10	5.80	439	(429)	1
Other Expenditures	402		456	(54)	
Total Sub-Appropriation	412	5.80	895	(483)	

Explanation Number:

1. Primarily due to miscellaneous salaries under-expenditures.

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 Manitoba government 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 2019/20 included:

1. Alignment of labour relations negotiations with public sector compensation mandates.
 - Provided oversight of collective bargaining and workforce contract negotiations in the health sector in fiscal 2019/20.
 - The Physician Master Agreement was renewed in fiscal 2019/20 effective April 1, 2019 to March 31, 2023. The 2019 Physician Master Agreement was renewed in alignment with the current public sector compensation mandate.

2. Administration of the current physician Master Agreement between the Government of Manitoba and Doctors Manitoba in support of service delivery organizations.
 - Continued the administration of the Physician 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 initiatives directed at enhancing the performance and sustainability of the health care system as agreed by the parties to the 2019 Physician Master Agreement.
3. Identification of priorities and development of strategies for renewal of the physician Master Agreement.
 - The Physician Master Agreement was renewed in fiscal 2019/20 effective April 1, 2019 to March 31, 2023. The 2019 Physician Master Agreement is in alignment with the current public sector compensation mandate.
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 (PARIM) and the Manitoba Association of Optometrists:
 - The PARIM Collective Agreement was renewed in fiscal 2019/20 for the period of July 1, 2018 to June 30, 2021.
 - The CancerCare Manitoba Remuneration Agreement was renewed in fiscal 2019/20 for the period of April 1, 2016 to March 31, 2019.
 - The Manitoba Association of Optometrists Agreement was renewed in fiscal 2019/20 for the period of April 1, 2015 to March 31, 2019.
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, compensation models, and service contracts for specific physician groups to ensure continue 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.
 - Provided oversight and support to Provincial Health Labour Relations Services/Shared Health 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.
 - Provided policy oversight and support in collaboration with RHAs to develop and align remuneration models to facilitate health system transformation in Manitoba.

3(b) Contracts and Negotiations

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	569	8.00	722	(153)	
Other Expenditures	91		183	(92)	
Total Sub-Appropriation	660	8.00	905	(245)	

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 2019/20 included:

1. Improved recruitment and retention of healthcare providers aligned with the provincial clinical and preventive services plan.
 - Provided policy direction and departmental leadership in the development of health human resource policy, planning and oversight.
 - 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 Manitoba Clinical and Preventive Services Plan 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. In 2019, there were 2,982 licenced medical practitioners in Manitoba, which is a net increase of 80 from the year prior (Source: College of Physicians and Surgeons of Manitoba's 2019 Annual Report).
 - A tightening of supply was observed in nursing registration and 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 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 Manitoba Clinical and Preventive Services Plan.
 - 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 (CRNM) 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 Manitoba Clinical and Preventive Services Plan.
 - 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 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.
 - Continued to focus internationally educated health professional (IEHP) related activities in alignment with recruitment efforts and workforce integration. Facilitated activities with key stakeholders, including employers, to help IEHPs complete the last steps in professional registration (typically bridging) and integrate successfully into the Canadian health work force. What follows is a summary of programming for the fiscal year:
 - Continued to fund and oversee the Manitoba Internationally Educated Medical Laboratory Technologist (MIEMLT) Bridging Program offered once annually by Shared Health.
 - Supported the delivery of the Communication and Professional Practice for Medical Laboratory Technologists (CPP for MLTs) course that provides essential employability/non-technical skill training critical to effective practice as a medical laboratory technologist in Canada. Delivered by Red River College's Language Training Centre, the course is a pre-requisite for the MIEMLT Bridging Program.
 - Continued to fund and oversee the delivery of the Practical Nurse Qualification Recognition (PNQR) Bridging Program for internationally educated nurses (IENs) seeking licensed practical nurse designation in Manitoba.
 - Funded the development of the Communication and Professional Practice for LPNs course, to be piloted as part of the PNQR Bridging Program in 2020/21.
 - At the request of RHAs, initiated a third intake of the Rural IEN RN Initiative with Prairie Mountain Health and Interlake-Eastern RHA that saw 16 IENs selected. Completion and employment of new nurses will occur in 2020/21. For this intake, Manitoba Training and Employment Services joined the table as a project partner.
 - Completed final year-three evaluation interviews and report of the original Rural IEN RN Pilot project (bridge/gap training support and workplace integration for IENs in exchange for relocation and employment in a rural area. Partners included MHSAL, PMH and SH-SS, Red River College, and the College of Registered Nurses of Manitoba).
 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/Shared Health to improve alignment and streamline services.

3(c) Health Human Resource Planning

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2019/20 \$(000's)		2019/20 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	634	11.00	954	(320)	
Other Expenditures	539		705	(166)	
External Agencies	5		5	-	
Total Sub-Appropriation	1,178	11.00	1,664	(486)	

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 2019/20 included:

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

Registration/Client Services

- Visits to the Client Services counter increased from 56,953 in 2018/19 to 63,447 in 2019/20. Client Services handled 185,233 telephone enquiries.
- Issued 249,941 Manitoba Health Registration Certificates and processed 224,663 address changes.
- 38,161 net new Personal Health Identification Numbers (PHIN) were issued in Manitoba with 15,931 new certificates issued to 18-yr-olds receiving their own individual registration numbers for the first time as adults, in addition to 75,135 status changes (e.g. births, deaths, marriages and separations).
- Customers who visited the department's website opted to use an "online form" in 11,145 instances to submit their request for a change to their Manitoba Health Registration Certificate.
- In addition, 25,927 emails were received through Insured Benefits' general email address (insuredben@gov.mb.ca).

Medical Claims

- Received and adjudicated claims for 30.8 million medical services, 881,572 optometric services, 781,852 chiropractic services and 7,098 oral surgery services.
- Processed claims for 279,278 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 880 requests from Manitoba specialists on behalf of their patients for coverage of services outside of Manitoba.
- Provided \$1.3 million in travel subsidies to 304 patients for 41 international (USA) and 389 domestic trips.
- Adjudicated 6,853 physicians claims, 2,317 outpatient visits and 2,304 inpatient days for emergency care outside of Canada.
- Paid \$12.8 million to other provinces and territories in accordance with the Interprovincial Reciprocal Billing Agreement for physician's fees (excluding Quebec physicians) and \$44.6 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 \$18.3 million for physicians fees (excluding Quebec physicians) and \$64.7 million for hospital services.
- Represented MHSAL in 14 hearings for 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.
 - 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 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	5,006	99.00	5,899	(893)	1
Other Expenditures	1,266		1,106	160	
Total Sub-Appropriation	6,272	99.00	7,005	(733)	

Explanation Number:

1. Primarily due to miscellaneous salaries under-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 2019/20 included:

1. Effective relationships established and evidence of engagement with Indigenous leaders and their respective health and social services staff.
 - Developed in partnership with Shared Health an Indigenous Partnership Strategy and Framework to be used as a guide for Indigenous health engagement and collaboration.

- Participated as a committee member on a number of Indigenous led committees where Indigenous organizations seek to collaborate with the province on health care services.
 - Regularly participated in the Keewatin Tribal Council quarterly forums to bring a provincial health perspective to issues of concern to the Council members.
 - Participated as a senior health leader on a number of COVID-19 pandemic response tables that were focussed on coordinating and managing the pandemic response as it related to Indigenous Manitobans.
2. Provision of quality primary care services in the three provincial nursing stations.
 - Ensured oversight of the service delivery in the three provincial nursing stations (Mosakahiken Cree Nation/Moose Lake, Chemawawin Cree Nation/Easterville, Mispawistik Cree Nation/Grand Rapids).
 - Regularly communicated with the chiefs and council and mayor of the three communities regarding provision of health services.
 3. Delivery of province-wide environmental health services.
 - Strategic oversight of the 10,000 plus routine inspections in 2019.
 - Strategic oversight of evidence informed decision making to adjust service delivery frequencies, program priorities and resource allocation in accordance with staff resource availability.
 4. Timely, evidence-based information is provided to the government and public.
 - Supported the timely communication to the government and public on public health issues such as tick-borne diseases, and West Nile Virus.
 - Supported a provincial influenza communication campaign for Manitobans.
 - Ensured that critical incidents reporting follows legislative public reporting requirements.
 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 provincial leadership on sexually transmitted and blood borne infection (STBBI) prevention, treatment and surveillance to strengthen testing, treatment, harm reduction/prevention, nursing practice, epidemiology, and communications.
 - Provided oversight for several initiatives worked toward achieving a downward trend in provincial smoking prevalence rates.
 - Provincial leadership on problematic substance use and harms issues to ensure a coordinated, provincial response to these complex issues.
 - Supported work on food security and nutrition policies and programs, healthy schools initiatives, active living and transportation initiatives.
 - Provided leadership on a non communicable disease strategy development (e.g. diabetes)
 - Supported regional engagement and policy/program leadership, including financial support for implementing approximately 320 community-led chronic disease initiatives.
 - Supported a targeted approach to delivering pre natal services for families using technology as an effective tool for education.
 6. Strengthened collaboration, capacity building and innovation through work with multi-sectoral partners.
 - Co-led an interdepartmental steering committee with Manitoba Conservation and Climate on environmental health issues that cross departmental responsibilities (e.g. air quality, safe drinking water, lead in soil, environmental impact assessments).
 - Led a provincial tick borne disease collaborative with representation from Lyme advocacy groups, regional and departmental staff.

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.
 - Ensured timely policy support was provided to the deputy minister and minister in preparation for their participation at F/P/T meetings.
 - Supported the deputy minister in her role as deputy minister liaison on pan-Canadian health organizations.
 - Provided health policy support to the premier on issues that were addressed at the Council of the Federation.
8. Program direction and funding to community organizations to deliver outcomes consistent with government and department objectives and within reporting requirements.
 - Ensured that grants to community funded agencies were carried out within government requirements and that organizations were delivering on outcomes as set out in the service agreements.
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 disease and sexually transmitted and blood borne infections, and rapid introduction of large-scale capacity for COVID-19 testing.
 - Streamlined laboratory processes to deliver more timely public health lab services and proactive communication of results.
 - Continued collaboration and research with other public health laboratories and stakeholders to inform provincial, national and international policies and control programs.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	214	2.45	323	(109)	
Other Expenditures	177		122	55	
Total Sub-Appropriation	391	2.45	445	(54)	

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.
 - 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 2019/20 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.
2. Improved epidemiology and surveillance systems in Manitoba.
 - Effective and efficient public health follow-up requires a provincial surveillance system to manage data from both laboratory and public health investigations. With the full implementation of PHIMS within the Epidemiology and Surveillance Unit, a significant step has been taken to improve response times and redirections. The Surveillance Unit began operating in an entirely paperless environment, creating processing and filing efficiencies, and reducing operational costs.
3. Consistent and effective application of regulations under The Public Health Act with public health best practice, national standards and program needs.
 - In cooperation with Manitoba Agriculture and Resource Development, Workplace Safety and Health, and the Liquor Gaming and Cannabis Authority, effectively led and coordinated the enforcement of all COVID-19 Prevention Orders as authorized under The Public Health Act through public advisements, education and communication with business, and onsite assessment and enforcement of the orders.
 - Used national standards and best practices to ensure consistent application of the Dwelling and Buildings Regulation, Food and Food Handling Establishments Regulation, Recreational Camps Regulation, Swimming Pools and Other Recreational Facilities Regulation, Tanning Regulation, and Water Supplies Regulation.
 - Continued participation on the federal/provincial/territorial Committee Food Safety Committee.
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).
 - Resources were enhanced in the regional health authorities to address the sexually transmitted blood borne infection outbreak in Manitoba.
 - Clinical practice standards, documentation forms were developed and implemented throughout Manitoba to support regional capacity building.
5. Report on indicators of inequalities in health status of Manitobans.
 - Participated in the development and implementation of the community health assessment key indicators.
 - Work progressed on identifying the indicators that will be reported on for the 2020 Health Status of Manitobans report.
6. Metrics to monitor the use of the Provincial Public Health Nursing Standards for prenatal, postpartum and early childhood development are in use.
 - Developed a plan for implementation to capture metrics that monitor the standards for prenatal, postpartum and early childhood development.

7. Consistent, evidence-informed policy and programs to address Public Health priorities in Manitoba.
 - Policies and programs are evidence informed with policies being monitored and modified as the evidence evolves.
8. Reduced burden (e.g. health system, incidence, prevalence) of communicable diseases.
 - Led the public health operations of the COVID-19 pandemic response.
 - 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 2019/20, sixteen 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.
 - Implemented the final stage of a process to improve immunization schedule efficiencies in the school based immunization program, initiated in 2015.
 - Oversaw and managed exposures to four 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.
 - Strengthened testing, treatment, harm reduction/prevention, nursing practice, epidemiology, and communications across the province to address STBBIs.
 - Manitoba joined a national syphilis outbreak investigation committee, lead by the public health agency of Canada to address the growing number of STBBIs, with syphilis and congenital syphilis being of particular concern.
10. Effective service delivery of public health inspection services.
 - Due to the COVID-19 pandemic, public health inspections adjusted regular program delivery in order to enforce the Orders under The Public Health Act.
 - Conducted over 10,000 routine inspections in 2019.
 - Using evidence informed decision making adjusted service delivery frequencies, program priorities and resource allocation in accordance with staff resource availability.
11. To effectively deliver a provincial public health inspection service.
 - Due to the COVID-19 pandemic, public health inspections adjusted regular program delivery in order to enforce the Orders under The Public Health Act.
 - Conducted over 10,000 routine inspections in 2019.
 - Using evidence informed decision making adjusted service delivery frequencies, program priorities and resource allocation in accordance with staff resource availability.
12. 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 the department's website:
 - Poliomyelitis
 - Yellow Fever
 - Leprosy
 - Measles (Rubeola)
 - Rabies: Protocol for Management of Human Rabies and Management of Exposures to Animals to Prevent Human Rabies
 - Interim Guidance Public Health Measures – Managing Novel Coronavirus (COVID-19) Cases and Contacts in Community
13. Inter-sectoral plans and response to public health emergencies are in place.
 - A provincial health pandemic response structure was established in February 2020 to effectively respond to the novel Coronavirus.

14. Effective and timely public communication in regards to health hazards (e.g. fire/smoke warnings, health message for extreme weather).
 - Timely public communication occurred on a consistent basis regarding a wide variety of public health hazards (extreme weather advisories, smoke/fire warnings).
15. Smoking prevalence rates continue to trend downward in Manitoba, including fewer young people starting to smoke.
 - Leadership to several initiatives worked toward achieving a downward trend in provincial smoking prevalence rates, including:
 - Support for Manitobans to quit smoking continued including support for the Smoker's Helpline and Manitoba Quits quit to win contest.
 - Support for smoking prevention projects through Health Schools Grants and Healthy Together Now funding.
 - Continued participation on the F/P/T Tobacco Control Liaison Committee and partnership with Health Canada to support the federal 'Consider the Consequences' anti-vaping campaign.
 - Delivery of the Review & Rate program to all Manitoba students in grades 5 - 12, including an online version of the program.
16. Provisions in The Non-Smokers Health Protection Act are enforced and there is sustained compliance with the prohibition on supplying tobacco products to minors.
 - The act was updated on June 3, 2019 to prohibit smoking/vaping of cannabis in indoor and outdoor public places.
17. Expanded youth prevention programming through an increased number of Students Working Against Tobacco (SWAT) teams in the Winnipeg School Division.
 - The program was temporarily paused in 2019/20 while a new process for program delivery was being developed.
18. Smoking prevention and cessation initiatives in regional health authorities are maintained.
 - Programs and services provided with this funding include:
 - Smoking cessation training for healthcare staff
 - Provision of nicotine replacement therapy
 - Support for youth prevention Tobacco Tackle teams in the Northern Health Region
 - Partnership development and program planning with First Nations communities
19. Integrated equity and prevention considerations in government policy; enhanced collaboration across government departments to reflect a whole-of-government approach.
 - Provided an equity analysis and supported the enhancement of population surveillance data and equity identifiers in the 2020 Community Health Assessment (CHA) report.
 - Equity Planning was part of the COVID-19 pandemic response, to identify and mitigate disproportionate impacts of pandemic.
 - Provided analysis and recommendations related to government initiatives using an equity lens including those related to harm reduction, the Healthy Schools initiative, and new guidelines for Healthy Together Now chronic disease prevention initiative.
 - Promoted on-line professional development opportunities (National Collaborating Centres) and knowledge translation through on-line resources.
 - Participated on several inter-departmental Working Groups, including The Poverty Reduction sub Committee and the Gender-based Violence inter departmental committee.
20. Provincial, regional and non-government organizations are engaged in efforts to increase physical activity opportunities in schools and communities.
 - Continued to engage both internal and external stakeholders in the health, education, sport, recreation, fitness, early childhood and private sectors to increase access to quality physical activity. These activities included:
 - continued access to existing online physical activity resources

- provision of quality leadership training to all areas of Manitoba, focusing on older adult peer leaders, northern communities and peer mentors for afterschool programs
 - support for programming and equipment for vulnerable and low income children and youth and;
 - promoted and supported safe and active transportation with a focus on school aged children through Active and Safe Routes to School
21. Advances in active transportation policies has occurred.
- Participated in the Provincial Road Safety Committee to provide data and evidence to inform the Provincial Road Safety Strategy and to reduce injuries and deaths associated with active transportation road use.
22. A provincial food and nutrition framework is in place to enhance coordination, consistency and communication between government departments and other key stakeholders.
- Collaborated with Health Canada to deliver in-person presentations to key stakeholders in Manitoba, including cross department provincial government leadership, Regional Health Authority Public Health Managers and Medical Officers of Health, School and child care stakeholders, front-line staff (dietitians, nurses, health promoters) and community organizations. Approximately 300 health professionals and policy makers attended these presentations which supported greater consistency of Canada Food Guide adoption across the province.
 - For the first time, a communication mechanism was developed with approximately 150 public health dietitians working across all health regions and in non-government organizations, which improved coordination and communication across the province.
 - Public health dietitians and health promoters from each region were engaged on various projects to ensure a cross-Manitoba perspective on food and nutrition issues. HSAL liaised with several departments including Agriculture and Rural Development, Indigenous and Northern Relations, Education and Families to ensure an all of government approach to food and nutrition issues
 - Public health guidelines for vitamin D were developed in collaboration with public health dietitians from all regions to establish coordinated and consistent recommendations for vitamin D in Manitoba.
23. Enhanced food security and nutrition policies and programs.
- Supported healthy eating environments through the following initiatives and partnerships:
 - The AFFIRM (Affordable Food in Rural Remote Manitoba) retail subsidy program lowered the cost of fruits, vegetables and milk in Churchill and Pukatawagan.
 - The Nutrition for Early Learning and Child Care (NELCC) initiative continued to support healthy eating environments in child care facilities throughout Manitoba. NELCC provided support to 115 licensed child care sites reaching approximately 5000 children attending those facilities. Support included hands on workshops with providers and children, menu review, and support with healthy eating environments. NELCC conducted 12 in person workshops and three recorded webinars. The webinars were attended by 158 licensed child care providers with the potential to reach approximately 6000 children attending those facilities.
 - 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 30,500 students in 271 school nourishment programs across the province.
 - Key priorities were identified 2019/20 including strengthening program promotion, information sharing, and improving data management to facilitate program operations and long-term monitoring. 189 schools and 51 licenced child care centres participated in the Farm to School Manitoba Healthy Choice fundraising (F2S) program. There were 509,874 pounds of vegetables sold with approximately 70,911 pounds of the vegetables being donated to local

food banks in Manitoba. Participating groups retain 50 per cent of the sales of the vegetable bundles which equaled \$303,936 for schools and child care facilities.

24. 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.
 - In partnership with the Manitoba Coalition for Safer Waters, 351 personal floatation devices were distributed to 14 northern and remote communities. Through the Community Water Safety Grants Program, 23 communities received nearly \$50,000 in funds to support improved signage, school-based swimming programs and training.
 - Continued to work with all regions, through the Provincial Falls Prevention Advisory Committee, to provide funding and leadership to reduce falls and fall related injuries among older adults:
 - Supported and led the implementation of evidence informed community-based fall prevention exercise programs. Regions have built capacity by training local instructors and programming has been strengthened by including evidence e.g. 40 per cent more focus on balance and strength.
25. Improved collaboration among regional health authorities, 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.
 - Enhanced collaboration from urban, rural and remote areas, government, regional health authorities, Indigenous led organizations, community based organizations and people with lived experience.
 - This broader collaboration contributed to:
 - better understanding of, for purposes of addressing the needs and challenges faced by rural, remote and Northern populations
 - meaningful inclusion and participation of people with lived/living experience in decision making regarding policies and programming that directly impacts them
 - increased inter-jurisdictional collaboration and decision making regarding policies and programs that better support people impacted by STBBIs throughout Manitoba
 - expanded harm reduction programming and access to harm reduction supplies across all five health regions as well as increased outreach and education, services and supports for those most at risk
26. 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 375 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.
 - Planned a Manitoba Health Promoters Core Competencies Day Workshop to provide professional development opportunities to health authority staff and community health developers on the topics of anti-racism and decolonizing public health practice. The event was scheduled for April 2020 and has been postponed due to COVID-19.
27. Improved equity in the provision of healthy schools grants through improved engagement with school divisions, schools and other partners.
 - Developed improved reporting templates and processes for schools and school divisions to complete Healthy Schools Grant reports appropriate to levels of funding received.

- Continued to support health promotion activities and wellness through the Healthy Schools grants at the provincial, divisional, independent and First Nations school levels including the Manitoba First Nations School System.
 - Promoted and maintained online resources for school communities including the Positive Mental Health Toolkit and the Healthy School Planner.
 - Partnered with Manitoba Education to represent Manitoba nationally at the Joint Consortium for School Health and to identify and collaborate on mandate renewal, resource development and cross-jurisdictional collaboration.
 - Collaborated with Manitoba Education to re-distribute an electronic cannabis resource package to school administrators to further support education and prevention efforts at the school level and consulted on the early stages of development for an elementary school age substance use and abuse prevention curriculum supplement.
28. 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 that has expanded to include not only opioids but also crystal methamphetamine and alcohol.
 - Coordinated and collaborated with federal, provincial, regional and community partners and other relevant stakeholders to:
 - Address the root causes of problematic substance use and harms (PSUH), acknowledging the significant intersection with sexually transmitted blood borne diseases and infections (STBBIs) through focused, provincial committee work.
 - Expand access to Manitoba's Provincial Naloxone Distribution Program.
 - Naloxone kits are now available in 107 registered sites across the province, including 28 First Nation Communities.
 - Expanded access to naloxone kits to now include family and friends of individuals who are at risk of opioid overdose.
 - Expand harm reduction education and programming throughout the province.
29. Surveillance data on cannabis impacts readily available to inform public education, harm reduction activities, and other public health program and policy interventions in Manitoba.
- An evaluation of the cannabis surveillance system was completed and results provided clarity on reporting structure. To that end, the cannabis data was embedded in a larger surveillance reporting structure examining problematic substance use and related harms in Manitoba. This also captured opioid use and unintended overdoses.

4(b) Active Living, Population and Public Health

Expenditures by Sub-Appropriation	Actual 2019/20		Estimate 2019/20		Variance Over(Under) Expl. \$(000's) No.
	\$(000's)	FTE	\$(000's)	\$(000's)	
Salaries and Employee Benefits	13,204	127.95	15,550	(2,346)	1
Other Expenditures	7,516		9,128	(1,612)	2
External Agencies	50		221	(171)	
Total Sub-Appropriation	20,770	127.95	24,899	(4,129)	

Explanation Number:

- Primarily due to miscellaneous salaries under-expenditures.
- 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 2019/20 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 and P/T teleconferences; provided policy intelligence, 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.
 - In 2018, the branch provided secretariat and policy support for the minister as lead of the P/T health ministers' table and co-lead of the F/P/T health ministers' table where they agreed to advance five decision items on mental health and addictions, antibiotic overprescribing, Pan-Canadian Collaborative on Health Equipment Procurement, physician compensation, and pharmaceuticals.
 - In 2019, Saskatchewan assumed the health lead and the branch continued to support the minister at the health meeting tables including, but not limited to, the implementation of the 2018 decisions items.
 - The branch supported MHSAL in its P/T co-lead role for both mental health and addictions work and the Pan-Canadian Collaborative on Health Equipment Procurement work.
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.
 - In 2018, the branch provided secretariat and policy support 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. In 2019, Saskatchewan assumed the health lead, and the branch continued to support the deputy minister at the health meeting tables.
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.
 - Attended several collaboration tables to share information and receive information pertinent to COVID-19 preparedness and response such as the Provincial Indigenous COVID-19 Collaboration Meetings, the First Nations Public Health Scenario Planning, and the COVID-19 Northern and Indigenous Partners Meeting. Participation at these tables contributed to response plans that had input from several governments and organizations, which allowed for greater coordination and timely response planning across several jurisdictions.
 - Attended the quarterly Norway House Cree Nation Stakeholder meetings to share and exchange information to inform health planning across several jurisdictions including the federal government, municipal governments, First Nations organizations and the province.
 - Provided policy support to the assistant deputy minister as the senior official for the department, at the Intergovernmental Committee of Manitoba First Nations Health and Social Development, facilitated by the First Nations Health and Social Secretariat of Manitoba (FNHSSM). This included developing and compiling briefing materials and participating at the sub-committee working groups to contribute to the implementation of the intergovernmental annual work plan deliverables. As well, the branch facilitated the funding arrangements and discussions between the department and FNHSSM to ensure that the necessary reporting requirements were submitted.
 - Developed in partnership with Shared Health an Indigenous Partnership Strategic Framework with input from several Indigenous organizations, leadership, and communities to guide engagement and collaboration as it relates to health care planning and services.
 - Participated at Keewatin Tribal Council quarterly health forums.

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 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 house, organize, and access current and relevant public, peer-reviewed, 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 the administration of primary care services to these 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”).
 - Administration and policy support to the assistant deputy minister for the operational oversight of service delivery in the three provincial nursing stations.
 - Daily intake of requests from the nursing stations that require coordination and action from the department or broader health system.
 - Facilitated table-top exercises and scenario planning with nurse practitioner and nurses-in-charge in preparation and response for COVID-19. Emergency planning and response reports were developed.
 - Regular community engagement and ongoing dialogue regarding health and health care in collaboration with the Northern Regional Health Authority (RHA) and Ongomiizwin Health Services.
 - Provided seven days a week access to urgent and immediate administration support for the nurses-in-charge.

4(c) Intergovernmental Strategic Relations

Expenditures by Sub-Appropriation	Actual 2019/20		Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
	\$(000's)	FTE			
Salaries and Employee Benefits	715	11.00	934	(219)	
Other Expenditures	204		686	(482)	1
Total Sub-Appropriation	919	11.00	1,620	(701)	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

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 2019/20 included:

1. Provision of responsive public health laboratory functions to government departments, service delivery organizations, health practitioners, medical laboratories and other stakeholders.
 - Successfully and rapidly launched a detection and surveillance approach for SARS-CoV-2 before its arrival in Manitoba and during its first wave of activity in early 2020. This required a highly coordinated national and provincial effort that drew upon international networks and experiences.
 - Developed a partnership with the National Microbiology Laboratory to provide dried bloodspot screening of hard-to-reach populations to sexually transmitted and blood borne infections (STBBI).
 - Assisted with a steering report of the data related to lead in soil in Winnipeg.
 - Replaced frozen viral transport medium with room temperature stored universal transport medium, only to encounter a global shortage that required Cadham Provincial Laboratory to resume in-house production of the retired frozen product to respond to COVID-19.
2. Increased/improved effectiveness of uptake for recommended screening programs.
 - Expanded screening for syphilis and other STBBI, especially in pregnant persons in order to prevent congenital syphilis. This assisted in identifying and investigating over 2,000 cases of syphilis in 2019.
 - Redesigned pre-transplant test platforms to provide cutting-edge screening to organ donors and their organ recipients.
 - Replaced syphilis titre methodology to a simpler method that more reliably allows for rapid determination of syphilis staging.
3. Improved response to outbreak investigations, leading to improved detection of preventable disease.
 - Investigated a continuing large number of outbreaks this year, with the addition of investigating SARS-CoV-2 for each outbreak.
 - Scaled up throughput for STBBI screening.
4. Population monitoring and surveillance that drives strategic planning and program refinements.
 - Established methodologies to categorize and track different risk indications for COVID-19 testing as the SARS-CoV-2 virus changed in its patterns of distribution.
 - Regularly monitored syphilis testing in infants to have a clear picture of risk to newborns.

5. Timely and effective provincial and national public health protocols, plans and disease control strategies.
 - Contributed to national COVID-19 and Lyme disease and other tick-borne disease detection protocols.
 - Contributed to provincial COVID-19, Influenza, Hepatitis C and Yellow Fever protocols.
6. Improved and informative research, collaborations and public health analysis.
 - Established COVID-19 pooling strategies for testing that were shared internationally.
 - Assisted in developing and testing novel swab types for COVID-19 response.
7. Improved reporting effectiveness through refinement of information services delivered through the Public Health Laboratory Information Management System.
 - With Digital Health, established an electronic feed of public health laboratory results into approved Electronic Medical Records via eHealth_Hub.
 - Established more detailed information feeds to Public Health regarding persons tested for COVID-19, so that test results for health care workers and first responders, among other special groups, could be rapidly identified and managed during wave 1 of SARS-CoV-2 activity.
8. Modern investigative technologies in public health are evaluated, implemented and positively contribute to better health outcomes.
 - Evaluated and put into production a rapid genetic method for detection of enteric pathogens, improving ability to detect and respond to food borne illness outbreaks.

4(d) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	9,998	115.00	10,161	(163)	
Other Expenditures	9,735		8,639	1,096	
Total Sub-Appropriation	19,733	115.00	18,800	933	

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 2019/20 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 Shared Health, regional health authorities (RHAs), CancerCare Manitoba and Shared Health (formerly Diagnostic Services Manitoba) to provide information to support decision-making on a range of policy and strategic and issue-based matters.
 - Focused on establishing policy, planning and accountability efforts to help guide and inform the Manitoba Clinical and Preventive Services Plan, and regional and SDO strategic and operational plans.
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; 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 to assist the minister of Health, Seniors and Active Living, RHAs, CancerCare Manitoba 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 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	312	3.00	252	60	
Other Expenditures	943		933	10	
Total Sub-Appropriation	1,255	3.00	1,185	70	

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 2019/20 included:

Emergency Medical Services (EMS)

1. EMS personnel are educated and examined in accordance with regulatory requirements.
 - Four education agencies are approved to provide emergency medical responder (EMR) education.
 - One hundred and nineteen candidates accessed the entry to practice provincial exam at the EMR level. Forty-nine candidates successfully completed the exam.
 - There were no appeals to the Manitoba Health Appeal Board regarding exam results for the 2019/20 fiscal year.
 - Four educational agencies are approved to provide primary care paramedic (PCP) education.
 - One hundred and forty-four PCPs accessed the Canadian Organization of Paramedic Regulators' (COPR) entry to practice exam. One hundred and nineteen successfully completed the exam.
 - Twenty-three advanced care paramedics (ACP) accessed the COPR entry to practice exam, Seventeen successfully completed the exam.
 - 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, 2020 there were 5,005 licensed EMS personnel in Manitoba. This includes 3,484 land personnel (EMR, PCP, ACP including medical first responder (MFR) and dispatch), 1,041 air personnel (aeromedical attendants, air ambulance pilots), and 480 stretcher attendants.
3. Land and air ambulance services and stretcher car services are inspected and licensed in accordance with regulatory requirements.
 - Annual land air ambulances and stretcher vehicle inspections occurred from May 2019 to October 2019. A total of 15 site inspections occurred in 2019 that included reviews of 37 land EMS units and 2 stretcher units.
 - The department issued 41 licences for 2020: 7 air ambulance licences, 17 land ambulance licences, 14 land medical first response, 2 stretcher service and 2 dispatch.
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 2019/20 unless noted otherwise
 - Fixed wing basic air ambulance: 6,289
 - Rotary wing air ambulance: 500
 - South air ambulance program: 0
 - Lifeflight: 729
 - Rural ground ambulance: 66,216*

*Ground ambulance transport data included here is limited to that tracked by the Medical Transportation Coordinator 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.
 - Received reports on performance indicators and custom queries related to EMS services in Manitoba.
 - Analysis of indicators by the department and Shared Health contributed to ongoing EMS system planning and oversight.
6. Current and relevant EMS standards, policy, protocols and procedures are developed and published.
 - The analysis of current and new standards, policy, protocols and procedures by the department and Shared Health is ongoing as EMS system transitions continues.
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 department and 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, decrease redundancy, red tape and support the transition to paramedic self regulation.
9. Manitobans receive timely response to enquiries.
 - Responded to public enquiries by phone or e-mail within ten working days.
10. Progress is made towards the implementation of the EMS review.
 - Participated in working groups to support progress towards the provincial EMS system under Shared Health in conjunction with health system blueprinting and transformation.
 - Closed out the EMS review task force and transferred further implementation to the Shared Health EMS and patient transportation project.
11. Annual targets for reduction in ambulance user fees is achieved.
 - The maximum annual fee to Manitobans was reduced by 50 per cent of the 2015 average of \$500 to \$250 on April 1, 2019.

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).
 - Progress was made towards implementing the Canadian Standards Association Emergency and Continuity Management Program (Z1600) standards within provincial service delivery organizations (SDOs) and health authorities (HAs). The department continues to facilitate and advise on implementing the standards in partnership with Shared Health.
 - The department engaged with Shared Health and SDOs through the provincial Disaster Management Network focusing efforts on standardizing and aligning provincial health emergency management with identified and emerging best practices.
 - Preparedness, response support, and oversight was provided to a range of governmental partners during health related emergencies and disasters including the COVID-19 pandemic.
2. A resilient department that complies with the Government of Manitoba's Business Continuity Planning Cycle.
 - Developed the departmental business continuity plan (BCP) planning processes and participated on the provincial BCP committee led by Emergency Management and Public Safety division of Manitoba Infrastructure. During the COVID-19 pandemic, the department's emergency

- management role was essential to a whole-of-government approach to BCP and was required to work effectively across departments to anticipate and mitigate critical services disruptions.
- In response to the ongoing pandemic, the department also undertook steps to ensure the continuation of critical services within the department and within the health sector.
 - Department staff supported BCP during service disruptions due to flooding at Addictions Foundation of Manitoba.
 - 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.
3. Health system-wide adoption of formal hazard risk and vulnerability assessment tools.
 - The department provided ongoing supports to the health sector and did concentrated work with Shared Health, regional health authorities, and SDOs to address high priority health-related hazards, many of those identified through provincial or regional hazard risk vulnerability assessments. These risks include flooding, wildfire smoke, and severe weather preparedness (heat waves, tornados, hail and severe thunderstorms).
 4. A standardized health incident management structure implemented across the department and health care delivery organizations.
 - The department worked with Shared Health to develop and implement a new provincially co-led health incident management structure (IC) for COVID-19; the structure had representation from all major components of the health sector including, health care services and delivery, facilities management, equipment and supplies.
 - Department staff facilitated and supported the phases of Manitoba Restart and Recovery amid the COVID-19 pandemic through policy support and emergency management coordination assistance to both Public Health Branch and Manitoba Finance's Workplace Safety and Health.
 5. A cross-provincial and intergovernmental network that facilitates pan-Canadian health disaster management initiatives.
 - The department participated in various cross-provincial and intergovernmental networks to ensure sharing of best practices in health emergency management and to build capacity for cross jurisdictional cooperation in emergencies (e.g. representation on the Canadian Health Emergency Management Directors Committee)
 - Department staff attended a Public Health Agency of Canada national workshop for all provinces and territories to review the new Federal/Provincial/Territorial Public Health Response Plan for Biological Events and discuss Canada's preparedness for a novel influenza. A key focus was how all jurisdictions would work together during a pandemic. This meeting set the groundwork for federal – provincial interactions and coordination during COVID-19.
 - Hosted the third National Canadian Symposium on Wildfire Smoke Communications with representation of stakeholders from across North America. The event shared lessons learned on wildfire smoke events, evidence around interventions, health risks, and forecasting, as well as built a national and International community of practice around smoke risk communications.

5(b) Health Emergency Management

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,897	23.00	2,284	(387)	1
Other Expenditures	12,134		7,057	5,077	2
External Agencies	20		33	(13)	
Total Sub-Appropriation	14,051	23.00	9,374	4,677	

Explanation Number:

1. Primarily due to miscellaneous salaries under-expenditures.
2. 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 an integrated, high quality, safe, efficient, effective and evidence-informed cancer, diagnostic imaging, laboratory, and renal services.

The expected and actual results for 2019/20 included:

1. Service delivery organizations are in compliance with various components of legislation, accreditation, patient safety, quality and patient safety reporting.
 - CancerCare Manitoba (CCMB), Shared Health (formerly Diagnostic Services of Manitoba) and regional health authorities are accredited and in compliance with legislation promoting patient safety, quality and patient safety reporting.
 - In accordance with The Regional Health Authorities Act, CCMB met the requirements for accreditation and community health assessment.
2. Increased system accountability for standardized province-wide service delivery for renal and diagnostic services.
 - Provided ongoing oversight, planning, analysis and advice regarding prioritization of renal and diagnostic services.
3. Enhanced accountability for quality, access, transparency and sustainability of diagnostic and renal healthcare services.
 - Provided ongoing oversight and monitoring of renal and diagnostic services.
 - Provided oversight and supported a review undertaken by the Board of CCMB of their organization. The review was intended to result in a number of recommendations that will help to improve effectiveness and efficiency within the organization to drive sustainability of cancer services for Manitobans.
4. Enhanced planning and oversight to ensure Manitobans have timely access to appropriate, quality diagnostic, renal and cancer services.
 - 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 centers within the province.
 - Supported MRP to increase renal clinic capacity to provide timely access to renal care at local renal centres in Hodgson, Pine Falls, Thompson, Portage la Prairie, Boundary Trails and Winnipeg.
5. Manitobans receive timely response to enquiries.
 - Collaborated with health authorities and service delivery organizations to respond in a timely manner to requests from the public for information or assistance.
6. Evidence informed program, policy, planning and implementation.
 - Consumed and analyzed Canadian Agency for Drugs Technologies in Health reports on emerging health technologies 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.
- 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.
- Consumed and analysed reports regarding the pan-Canadian framework for HPV testing in addition to cancer survivorship to inform policy positions.
- Monitored cancer and diagnostic and renal performance targets and indicators within the provincial performance management framework.
- Provided input of Manitoba's position on the development of the Canadian Strategy for Cancer Control (Canadian Partnership Against Cancer).
- Reviewed and analyzed CancerCare Manitoba's Report on Cancer Service Quality and The Manitoba Cancer Plan to inform ongoing policy development and health system oversight activities.
- Assessed and provided advice on proposals related to new expanded or revised programs and services.

5(c) Cancer and Diagnostic Care

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2019/20 \$(000's)		2019/20 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	701	9.00	853	(152)	
Other Expenditures	232		449	(217)	
Total Sub-Appropriation	933	9.00	1,302	(369)	

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 2019/20 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.
 - Initiated amendment process of the Bilingual and Francophone Facilities and Programs Designation Regulation.
 - Provided oversight and accountability for regional health authorities (RHAs), Shared Health (formerly Diagnostic Services Manitoba) and CancerCare Manitoba's implementation of service enhancements including:
 - Collaborated with RHAs in planning for future service enhancements including the personal care home (PCH) bed supply plans to address the province's PCH requirements to meet the 1,200 PCH bed mandate.
 - Collaborated with RHAs to improve the quality of provincial service delivery.

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.
 - Carried out governance responsibilities, providing policy advice to government on compliance by the public and private healthcare sectors with The Health Services Insurance Act.
 - Oversaw the implementation of a new policy to ensure health system compliance with amendments to The Mental Health Act and The Personal Health Information Act and overtook policy compliance assessments.

3. Health system partners and stakeholders are informed of, and work collaboratively to resolve emerging acute, tertiary and specialty care service issues.
 - Engaged and consulted with health authorities on various policy issues and health system transformation design issues including provision of services to non-insured patients, private surgical services, medical device reprocess, amendments to various acts (The Mental Health Act and The Personal Health Information Act) and implications for acute care facilities.
 - 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 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.
 - Provided policy support for infrastructure activities necessary to establish a stroke unit per the minister's mandate.
 - Design leading to a construction tender under way for renovations to the 5th floor of 735 Notre Dame Avenue (Woman's Pavilion) to support the creation of an integrated model for acute stroke care and rehabilitation. Architectural, nurse-call, electrical, mechanical, and life-safety upgrades to support best practice in clinical care.

5. Government receives advice and recommendations on strategies to improve Manitobans' access to priority procedures and emergency department care.
 - Health plans, in year proposals and community health assessments were analyzed to inform priorities.

6. New, expanded or revised programs are implemented in accordance with government priorities.
 - Provided oversight and support to ensure health system implementation of expansion of services aligned with government priorities, including the:
 - new Women's Hospital and delivery of inpatient and outpatient obstetrical, surgical and medical services
 - expansion of the emergency department at Dauphin Regional Health Centre
 - expansion of echocardiography services at Selkirk Regional Health Centre
 - Provided review and advice to government on operational proposals for various potential capital redevelopment projects.
 - Provided oversight of performance deliverable achievement by expanded acute care programs.
 - Provided oversight of community-based entities in providing healthcare services, improving access to provincial healthcare services.
 - Supported development of functional programming and operational requirements for various capital redevelopment projects.
7. Manitobans receive timely response to enquiries.
 - Collaborated with health authorities and service delivery organizations to respond in a timely manner to requests from the public for information or assistance.
8. Current programs are executed in accordance with established policies, plans and authorities.
 - Undertook monitoring, analysis and advisory activities for all areas of acute and specialty health care services, including but not limited to: wait times for monitored procedures, grant funded agreements, and performance deliverables for contracted surgical programs.
 - 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, a 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 policy advice to government on a variety of acute care issues to inform establishment of policy direction, including but not limited to remuneration within the public healthcare sector, and the provision of healthcare services on a humanitarian basis by the public healthcare sector.
 - Provided direction to RHAs and provincial health service organizations to support consistent adherence to provincial policy direction and expectations on various acute care services.
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 wait time and wait list information for 19 adult and 18 pediatric surgical and medical specialties, totaling over 400 pages of routine reports, to program leads and RHA management.
11. Increased standardization and integration of acute care sector activities across service delivery organizations.
 - Engaged in various provincial working groups to support the establishment of provincially consistent policies, enhance health care service standardization, and improve continuity of care across health service delivery organizations.
12. Increased departmental capacity to apply quality improvement processes.
 - Coordinated Lean-Six Sigma education and provided mentoring to build capacity throughout the department.

- Coordinated several continuous improvement projects with a focus of developing and refining integrated and effective delivery systems that operate efficiently and economically and enhance customer service.

5(d) Acute, Tertiary and Specialty Care

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,906	27.00	2,017	(111)	
Other Expenditures	1,383		1,643	(260)	1
Total Sub-Appropriation	3,289	27.00	3,660	(371)	

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 2019/20 included:

1. Development of a mental health and addictions strategy that focuses on delivery of timely and appropriate access through well-coordinated service delivery.
 - Manitoba Health, Seniors and Active Living (MHSAL) has focused their mental health and addictions strategy work on the recommendations of the March 31, 2018 VIRGO Planning and Evaluation Consultants' report entitled Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans.
 - VIRGO's report includes 125 evidence-based recommendations for improving access to and coordination of mental health and addiction services in Manitoba. Addressing the recommendations of the VIRGO report to strengthen mental health and addiction services is a priority for Manitoba.
 - The VIRGO Implementation Project Team co-ordinated and project-managed a number of initiatives that addressed the recommendations from the VIRGO report.
 - The VIRGO Implementation Project Team is monitoring all 125 VIRGO report recommendations to track whether they have been fully addressed, partially addressed, or not yet addressed.
 - The VIRGO Implementation Project Team has participated in cross-departmental work to monitor and track how strategy recommendations from the VIRGO report align with other strategy recommendations including those from the reports of the Manitoba Advocate for Children and Youth (MACY), and the Illicit Drug Task Force (IDTF). The team is also monitoring which initiatives that have been implemented align with the MACY and IDTF reports.
2. Compliance with legislative and regulatory requirements as supported by evidence-based policy.
 - Collaborated on draft amendments for related legislation and regulations in order to modernize language and support the transition to paramedic self regulation.
 - Improved safety in the system through administration of The Protection for Persons in Care Act. The Protection for Persons in Care office received 2,526 reports of abuse or neglect between April 1, 2019 and March 31, 2020, 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.
 - 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.
 - 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 89 facilities in the Winnipeg Regional Health Authority, Southern Health-Santé Sud, Prairie Mountain Health and the Northern Health Region between April 1, 2019 and March 31, 2020. Additionally, seven unannounced reviews were undertaken in the Interlake-Eastern Regional Health Authority and other regions.
3. Program direction and funding to community organizations to deliver outcomes consistent with government and department objectives and within reporting requirements.
 - In 2019/20, the VIRGO Implementation Project Team worked with other MHSAL branches to commission and oversee the development and implementation of initiatives funded under the 2018-2022 Canada-Manitoba Home and Community Care and Mental Health and Addictions Services Funding Agreement (Bilateral Agreement) (\$20 million made available in 2019/20). These initiatives included:
 - The NorWest youth hub expansion
 - Expansion of specialized trauma counselling at the Laurel Centre and Clinic
 - Enhanced access to mental health assessment and treatment for children and youth at Health Sciences Centre (Phase One)
 - Development of a Rapid Access to Addictions Medicine (RAAM) Hub
 - Support to RAAM clinics – expanded withdrawal management services
 - Newcomer trauma-focused services
 - Implementing the Community-Emergency Department Violence Intervention Program (CEDVIP)

- Adding Supportive Recovery Housing
 - Adding formal peer support in the Winnipeg Crisis Response Centre, Dauphin Emergency Department and the Parkland Mental Health Centre
 - One-time mental health and/or addictions training for the Addictions Foundation of Manitoba, Alzheimer Society of Manitoba, Manitoba Adolescent Treatment Centre, Palliative Manitoba and Prairie Mountain Health
 - One-time capital funding for the Bruce Oake Recovery Centre
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.
 - Contributed advice, leadership and support to the department, other government departments, regional health authorities, Shared Health and other jurisdictions on policy and planning related to seniors and seniors' issues.
 - Active participation in Federal/Provincial/Territorial (FPT) Ministers Responsible for Seniors forums and the working groups exploring national and international practices related to labour force participation of older adults, ageism, and community supports for older adults.
 6. Improved safety in the system through administration of The Protection for Persons in Care Act.
 - As per the requirements of the act, all designated health care facilities report allegations of abuse and neglect to the Protection for Persons in Care Office in a timely manner, and inquiries into all allegations are undertaken by the Protection for Person in Care Office following a detailed review process.
 7. Preservation of patients' right under The Mental Health Act through appropriate interpretation and application of the Act.
 - Continued to promote effective operation of The Mental Health Act and regulations.
 - Responded to numerous inquiries regarding interpretation and practical application of The Mental Health Act.
 - Consulted as required with the 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.
 8. Personal care homes operate in compliance with the Personal Care Homes Standards Regulation as set out under The Health Services Insurance Act.
 - Standard reviews were conducted at 88 facilities in the Winnipeg Regional Health Authority (WRHA), Prairie Mountain Health (PMH), Northern Regional Health Authority and Southern Health Santé-Sud (SHSS) in fiscal year 2019/20.
 - Unannounced reviews were conducted at nine facilities in the WRHA, NRHA, SHSS and Interlake-Eastern Regional Health Authority. The majority of these reviews were undertaken in follow-up to the previous year's standards reviews. This number includes two pre-opening reviews.

6(a) Administration

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	129	2.00	216	(87)	
Other Expenditures	94		70	24	
Total Sub-Appropriation	223	2.00	286	(63)	

Mental Health and Addictions

The objectives were:

- To provide leadership in the development and implementation of a provincial mental health and addictions strategy to increase access to and the coordination of mental health and addictions 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 2019/20 included:

1. Implementation of a provincial mental health and addictions strategy.
 - Manitoba Health, Seniors and Active Living (MHSAL) focused its mental health and addictions strategy work on addressing the recommendations of the March 31, 2018 VIRGO Planning and Evaluation Consultants' report entitled Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans. VIRGO's report includes 125 evidence-based recommendations for improving access to and coordination of mental health and addiction services in Manitoba. Addressing the recommendations of the VIRGO report to strengthen mental health and addiction services is a priority for Manitoba.
 - Some of the changes recommended in the VIRGO report will take longer to implement than others and may require further research and development, and engagement with key partners and stakeholders. In 2019/20, the VIRGO Implementation Project Team coordinated and project-managed a number of initiatives that address or partially address recommendations from the VIRGO report, including:
 - expanding the NorWest Youth Hub to provide additional counselling and psychology services, primary care visits and mental health support group sessions (Recs. 4.1, 4.8, 7.2)
 - establishing flexible-length residential withdrawal management services in Brandon, and piloting mobile withdrawal management services in Winnipeg (Rec. 2.6)
 - increasing withdrawal management beds at Main Street Project and Riverpoint Centre in Winnipeg (Rec. 2.6, 2.17)
 - expanding walk-in mental health services and specialized trauma counselling at Klinik Community Health Centre and the Laurel Centre (Rec. 2.26)
 - enhancing substance use and addiction/mental health services for newcomers with moderate to severe post-traumatic stress disorder (Rec. 2.25)
 - re-establishing the Community-Emergency Department Violence Intervention Program to assist youth presenting with violence-related injuries by providing wraparound care in the community (Rec. 4.9)
 - enhancing access to mental health assessments and treatment for children and youth through Health Sciences Centre Children's Hospital (Rec. 7.2)
 - procuring, through public tender, 70 supportive recovery housing beds to help Manitobans who have received addictions treatment successfully transition back into the community (Recs 2.14, 2.23)
 - increasing supports for Rapid Access to Addictions Medicine (RAAM) clinics, which provide help and referrals for people with substance use and addiction (Recs. 2.12, 2.17)
 - establishing a RAAM Hub to provide coordination, consultation and knowledge translation services for the RAAM clinics (Recs. 2.12, 2.17)
 - providing peer support services in the Winnipeg Crisis Response Centre and Dauphin Regional Health Centre (Rec. 2.10)
 - increasing support for mental health and addictions training and educational programs for staff and the public (Rec. 6.1)
 - providing capital funding for the Bruce Oake Recovery Centre to relieve pressure on other publically funded services (Rec. 2.8)
 - launching an internet-based cognitive behavioural therapy program to help Manitobans cope with anxiety during the pandemic (Rec. 8.3)

- The VIRGO Implementation Project Team continually monitored all of the VIRGO report recommendations. To date, of the 125 VIRGO recommendations, 7 have been fully addressed; 59 have been partially addressed and required additional work to be considered fully addressed; and 59 have not yet been addressed.
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 VIRGO Implementation Project Team participated in cross-departmental work to monitor and track how strategy recommendations from the VIRGO report align with other strategy recommendations including those from the reports of the Manitoba Advocate for Children and Youth (MACY), and the Illicit Drug Task Force (IDTF). The team monitored which initiatives that have been implemented, align with MACY and IDTF reports.
 3. Enhanced financial and program monitoring to increase accountability and effectiveness in the mental health and addictions service sectors.
 - The VIRGO Implementation Project Team worked with other MHSAL branches to develop deliverables, timelines, budgets and reporting expectations for accountability letters which are provided to regional health authorities, service delivery organizations and community organizations when they are provided with funding to provide specific mental health and addictions services. The accountability letters also indicate how the required deliverables link with specific recommendations of the VIRGO report.
 - The VIRGO Implementation Project Team worked with other MHSAL branches to monitor the use of federal funds from the Shared Health Priorities and Emergency Treatment Fund Bilateral Agreements and the Substance Use and Addictions Program.
 4. Increased knowledge and skills across the mental health and addictions service system.
 - The VIRGO Implementation Project Team supported the implementation of several initiatives to enhance capacity by increasing the knowledge and skills of the mental health and addictions work force in Manitoba, and providing education regarding mental health and addictions issues to the public.
 5. Increased capacity in primary care to screen and intervene for substance use and mental health presentations.
 - The VIRGO Implementation Project Team led the implementation of initiatives that will increase capacity in primary care to screen for mental health and addictions issues.
 - Funding was also provided for the development of a Rapid Access to Addictions Medicine (RAAM) hub, which will provide consultation and support to primary care providers and addictions medicine providers at RAAM clinics in Manitoba.
 6. Continued oversight for provincial policy on spiritual health care.
 - Provided policy advice respecting provincial spiritual health care services in Manitoba.
 7. Enhanced access to substance use and addiction services through RAAM clinics.
 - MHSAL expanded RAAM clinic hours in three of the five RAAM clinics in Manitoba. Additional staffing was also provided to all five RAAM clinics.
 - Withdrawal management services were expanded in Winnipeg and Brandon, which enables RAAM clinics to refer individuals for withdrawal management services with fewer delays.

- Funding was provided for the development of a RAAM hub, which will develop and implement RAAM clinic protocols and standard practices, and clinical and safe care pathways, establish substance use and addiction protocols for emergency departments, and provide consultation to primary care providers and RAAM clinics.

6(b) Mental Health and Addictions

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,138	11.80	1,099	39	
Other Expenditures	10,678		11,289	(611)	
External Agencies	55		55	-	
Total Sub-Appropriation	11,871	11.80	12,443	(572)	

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 2019/20 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 372 Certificates of Incapacity applying for Orders of Committeeship and issued 325 new Orders of Committeeship appointing The Public Guardian and Trustee of Manitoba as committee of the person's property and personal care.
 - Cancelled 9 previous Orders of Committeeship.
 - Issued 74 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.
 - Four 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.
 - 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 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 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	484	2.40	479	5	
Other Expenditures	46		53	(7)	
Total Sub-Appropriation	530	2.40	532	(2)	

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 2019/20 included:

1. Relevant provincial policies, programs, and legislation have considered the needs of seniors.
 - Provided leadership to the Age-Friendly Manitoba Initiative.
 - Provided oversight to government funded seniors serving organizations based on identified deliverables.
2. Increased engagement and collaboration with other government departments and service delivery organizations.
 - Forged strong working relationships with Manitoba Government Inquiry to centralize the distribution of information to seniors and connect seniors with resources.

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.
 - Through an agreement with the Manitoba Association of Seniors Centres (MASC) provided one age-friendly orientation in 2019/20.
 - Through this agreement with MASC, the department supported ongoing access to advice and consultation supports to communities in Manitoba to foster age-friendly enhancements and awareness and linkages with health and community services.
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 was 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.
 - In accordance with The Caregiver Recognition Act, the Caregiver Recognition Act Report and Inventory for 2015-2019 was prepared. This increased recognition of the valuable contributions of informal/family caregivers and increased access to information and supports for 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 referrals and access to online information and resources.
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, inquire, 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 issues were identified to support patient safety. Communicated these directions in writing, provided timelines for application, and monitored implementation of directions.
 - The PPCO received 2,526 reports of abuse or neglect between April 1, 2019 and March 31, 2020.
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 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.
 - The PPCO conducted 35 presentations throughout Manitoba in 2019-2020.
 - Presentations were delivered to staff at health care facilities and other sites to inform them of their mandatory reporting requirements under The Protection for Persons in Care Act.

6(d) Seniors and Healthy Aging

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,460	18.80	1,645	(185)	
Other Expenditures	661		862	(201)	
External Agencies	-		83	(83)	
Total Sub-Appropriation	2,121	18.80	2,590	(469)	

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 less-costly 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 across the department, service providers, service delivery organizations, other government departments and organizations.

The expected and actual results for 2019/20 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 13 My Health Teams (MyHTs) operational in four regional health authorities (Winnipeg, Prairie Mountain Health, Southern Health-Santé Sud, and Interlake-Eastern) and two MyHTs in planning phase in Interlake-Eastern and Northern. As of March 31, 2020, 28 per cent of insured residents in Manitoba are enrolled to clinics that are part of a MyHT; 23 per cent of clinics and 42 per cent of primary care providers in Manitoba are part of a MyHT.
 - 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 January 1, 2020, participating clinics have increased patient attachment by 35,116 people since the beginning of the initiative, or 156.1 per cent over the target attachment goal.
 - The process began of transitioning ITDI / MyHT clinics from using attachment data to using the enrolment data for their Patient Gain calculation. The benefits of this transition was that these ITDI clinics will have access to the same enrolment information (from the Home Clinic Portal) that will be used for the Patient Gains calculation and further can be compared to their electronic medical records (EMR) data with the Patient Gains report and other reports from Manitoba Health, Seniors and Active Living (MHSAL) such as the primary care reports for home clinics. This transition supported a key objective of using measurement and continuous quality improvement to improve access to primary care for all Manitobans. By March 31, 2020, all the ITDI and MYHT clinics will be transitioned from attachment to enrolment data.

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 2019 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.
 - Continued to meet with the four rural and northern health authorities and partners to identify and address hotspots within their regions. The PCCP process helps to ensure that the regions have collected the necessary data points to assist them in planning for stable and consistent primary care within their communities.
 - The PCCP process has enabled northern stakeholders, including the regional health authority, Ongomiizwin - Health Services (OHS, formerly the Northern Medical Unit), Amdocs, provincial nursing stations (PNS - operated by MHSAL), First Nations and Inuit Health Branch (federal government) to work 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.
 - As of March 2020, 93.7 per cent of Family Doctor Finder (FDF) registrants since 2013 without regular primary care had been matched to a home clinic. In 19/20, FDF matched 68-69.5 per cent of clients to regular primary care within 25-30 days. Unusual spikes in demand, clinic closures and the sudden departure of primary care providers impacted time frames, with match rates normalizing to above 85 per cent once those issues were addressed.

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 April 1, 2020, 244 clinics in Manitoba have registered as a home clinic; this represents 68 per cent of all 361 clinics in Manitoba or 85 per cent of the 288 eligible clinics in Manitoba and a steady gain from the previous year. The enrolment relationship between a patient and their primary care home clinic has been made for 57 per cent of Manitobans.
 - The Enrollment and Episodic Information Sharing (EEIS) project completed significant information sharing implementations in eChart Manitoba and established a foundational provider registry for Manitoba. Primary care home clinic enrolment status allows eChart users to see a patient's primary care provider and home clinic contact information, improving patient information and coordination of care with episodic, hospital, specialist and interprofessional providers. Home care summaries provide key care and home care contact information, formerly difficult information to find that has been made available to primary care and all eChart Manitoba users. EMR vendors are in the process of creating home clinic (primary care) client summaries which contain basic, key health data elements from patients' primary care provider's EMR that will be made available in eChart Manitoba in the next year. More information sharing improvements and implementations will be made in the third and final stage of the EEIS project starting in 2020.

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 description of primary care models of care in Manitoba, and a preliminary analysis has been completed and this work will serve as the basis for the next level of work, which will include the development of consistent service standards.
 - Selkirk and Steinbach Quick Care Clinics are operational and coordinating their services with primary care services and My Health Teams, respectively. The Walk-in Connected Care clinics (evolved from former Quick Care Clinics) in Winnipeg are operating with a considerable volume of services for the community and, with the exception of one site, are situated and coordinated within the local Access Centre.

- The Prairie Mountain Health, Southern Health-Santé Sud and Interlake-Eastern Regional Health Authority mobile clinics are operational, providing primary care services to rural and remote underserved communities. The mobile clinics are registered home clinics that provide patients with timely access to care, coordinate their care with the healthcare system and manage their records.
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 continue to engage stakeholders, such as community health centres, 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 complex needs medication management, chronic disease and mental health support, enhanced geriatric care, and 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 Comprehensive Care Management (CCM) Tariffs are linked to primary care providers registering as a home clinic and agreeing to meet the home clinic criteria standards. All private practice home clinics have adopted the use of the quality based (blended funding) tariff and approximately 92 per cent of providers registered with those clinics have utilized the tariff and provided the supporting patient data to Manitoba.
 - Management of Mental Health and Substance Use Disorder was added as a new disease cluster eligible under the CCM tariffs, for primary care providers who are providing ongoing, comprehensive and coordinated care of their enrolled patients. The Mental Health and Substance Use Disorder management cluster is included in the CCM tariff as September 1, 2020.
 - The Primary Care Branch, along with Information Management and Analytics (IMA) and Digital Health continued to monitor existing data submitted in support of the CCM tariff and have introduced new metrics to assess the quality of the data, as it is now being used and shared more broadly by the health care system. Notifications and supports have been implemented to ensure primary care providers can improve and update their patient's information that is now being utilized by providers outside their clinic.
 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.
 - Primary health care performance indicators were updated to include access standards that focus on patient panel size, delays, patient visit rate and provider activity. The provincial primary care quality indicators were revised to include a new cluster of indicators focusing on mental health and addiction.
 - The Primary Care Report for Home Clinics was established as a regular quarterly report going to registered home clinics that provides enhanced analytics and information based on the data that home clinics send to MHSAL combined with data from provincial sources. Based on feedback from home clinics and other stakeholders, an enhanced version two was launched in October 2019, with a further enhanced version three planned for April 2021. The reports support clinics, Digital Health and MHSAL to support continuous quality improvement efforts, integrated planning and resource allocation, accountability, program evaluation and quality-based remuneration.
 9. Information and Communications Technology (ICT) strategy is aligned with primary care priorities, in order to support primary care practice and standards and continuity of care. Products such as EMRs are optimized, in order to support patient care, continuous quality improvement efforts and accountability.
 - In partnership with Digital Health, the monitoring of EMR adoption provincially is continuing. As of March 27, 2020, an estimated 78 per cent (280/361) of all primary care clinics are using a Manitoba certified product. For main primary care providers (MRPs) and estimated 92 per cent (1193/1294)

are using a certified EMR, while only 1 per cent are using a non-certified EMR and the remaining 6 per cent are utilizing paper charts.

- There is a total of seven certified vendors in Manitoba, two at the integrated level, four at the standard level with additional optional components and one at the baseline standard level.
- One new EMR Certification Specification was released in 2019/20 – the Home Clinic Client Summary. When implemented in primary care EMRs, sends patient information to be posted in eChart Manitoba that will reduce duplication and improve continuity and coordination of care between Home Clinics and other sectors of the health System. The Home Clinic Client Summary includes key pieces of patient information, such as health conditions, surgeries, procedures and interventions, suspected allergies, prescribed medications, vital signs and family history and is the first time automated primary care information has been made broadly available to the rest of the health system.
- The development of business requirements and an updated certification specific was completed for the Primary Care Quality Indicators Reminder and Data Extract specification, which will update EMRs to align with the provincially approved Mental Health and Substance Use Disorder primary care quality indicators and requirements within the CCM tariff.
- Through the EEIS initiative, home care summaries are now being sent and accessible in eChart Manitoba, meeting a demand from primary care providers to have this care and contact information available in a reliable and easily accessible way.
- Monitoring of primary care clinic integration, use and implementation of technology enhancements was initiated with Digital Health for oversight of ICT efforts and will contribute to the future provincial information management and analytics plan.

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.

- Each MyHT provides community-based engagement with patients and community members, offering a broad range of education, self-management, and group sessions to support patient wellness.

6(e) Primary Health Care

Expenditures by Sub-Appropriation	Actual	FTE	Estimate	Variance	Expl. No.
	2019/20 \$(000's)		2019/20 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	1,094	12.10	1,006	88	
Other Expenditures	257		973	(716)	1
Total Sub-Appropriation	1,351	12.10	1,979	(628)	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

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 2019/20 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 88 facilities in the Winnipeg Regional Health Authority (WRHA), Prairie Mountain Health (PMH), Northern Regional Health Authority (NRHA) and Southern Health-Santé-Sud (SHSS) in fiscal year 2019/20.
 - Unannounced reviews were conducted at 9 facilities in the WRHA, NRHA, SHSS and Interlake-Eastern Regional Health Authority (IERHA). The majority of these reviews were undertaken in follow-up to the previous year's standards reviews. This number includes 2 pre-opening reviews.
2. Eligible PCHs are licensed.
 - Annual review of all PCH licences occurred in October through November 2019 for all 125 PCHs in the province. Unencumbered licenses were issued to all 125 PCHs.
3. New, expanded or revised policies and programs in continuing care are implemented in accordance with government priorities and evidence-based best practices.
 - Collaborated and consulted on the Canadian Institute for Health's Home Care Wait Time Indicator Project and the Canadian Institute for Health funded Home Care Pathways project.
 - Provided review and analysis of existing home care policies to identify governance policy gaps and in preparation for operational policies transfer to Shared Health / regional health authorities (RHA).
 - Completed jurisdictional scans on governance policies and legislation for home care, housing with health services, and palliative care to support government policy advice and decision making.
 - Collaborated with Manitoba Centre for Health Policy and the Government of Alberta on the Translating Research in Elder Care project, comparing long-term care policies in Manitoba and Alberta to inform sector policy and service improvements.
 - Provided policy advice related to the minister's mandate to increase the number of safe spaces accessible by seniors, including supportive community care options, better home care and more supportive housing.
 - Provided policy analysis and advice on implementation of the Canada – Manitoba Bilateral Agreement deliverable pertaining to enhancing rural palliative care services.
 - Concluded audit and follow-up of regional health authority 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.
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.
 - Several committees and/or working groups have work underway to address the OAG recommendations. A collaborative and integrated approach in membership has been taken to provide a fulsome response to the recommendations.
 - 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.
5. Data is available for program and policy planning, implementation and performance monitoring.
 - Continued to summarize and review provincial continuing care program statistical data provided by the health authorities.
 - Collaborated with the health authorities in providing input on the development of pan-Canadian home care wait time indicators as per the Shared Health Priorities initiative.
6. Increased standardization and integration of continuing care sector activities across RHAs.
 - Continued to provide direction for a consistent provincial approach to the RHAs for home care services.

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.
 - Collaborated with health authorities and service delivery organizations to respond in a timely manner to requests from the public for information or assistance.

6(f) Continuing Care

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	995	11.10	1,084	(89)	
Other Expenditures	207		131	76	
Total Sub-Appropriation	1,202	11.10	1,215	(13)	

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.
- 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 2019/20 included:

1. AFM programs and policies are efficient, effective and based on the best available evidence.
 - Engaged and participated in the implementation of Manitoba's mental health and addictions strategy (Virgo Report) and health care transformation.
 - Expanded Opioid Agonist Treatment (OAT) services in Manitoba.
 - Continued work to improve services and clinical pathways for clients with a focus on those individuals consuming methamphetamine.
 - Enhanced public and service provider access to addiction medicine.
2. AFM provides client centred services that aim to meet the needs of Manitobans.
 - Ensured flexibility in adapting to meet the changing needs of Manitobans struggling with substance use, problem gambling and addictions.
 - Offered abstinence-based housing opportunities for Manitobans requiring transitional housing as they transition from addictions treatment back to the community (Winnipeg).
 - Provided non-medical detoxification services (Thompson).
 - Enhanced the professional development of staff, particularly in relation to emerging issues.
 - Enhanced cultural safety practices and staffing diversity within AFM.
 - Improved alignment with Truth and Reconciliation Commission's "Calls to Action" and recommendations of the Manitoba Advocate for Children and Youth.
 - Integrated AFM staff within organizations serving youth.
 - Created unique programming to serve newcomers.
 - Expanded the number of beds within the AFM women's in-house facility (Winnipeg).
 - Continued to reorganize service delivery to reduce waitlists for in-house women's treatment.

3. Programs are accessible to Manitobans and services are well coordinated internally and externally.
 - Continued to provide services and minimized service disruptions despite major flooding of the 1031 and 1041 Portage Avenue facilities in July 2019.
 - Continued to foster and maintain a wide range of community partnerships, including the National Native Alcohol and Drug Abuse Program (NNADAP), Manitoba Justice, Family Services, Manitoba Addiction Agencies Network and with service delivery organizations including regional health authorities (RHAs) and Shared Health.
 - Collaborated with RHAs and Manitoba Health, Seniors and Active Living in further development of the Rapid Access to Addiction Medicine (RAAM) clinics.
 - Provided on-site school-based services through addiction counselors in 39 schools across Manitoba, as well as the University of Manitoba.
 - Established a drug treatment court in the Westman region.
4. Services are provided to over 18,000 admissions of Manitobans receiving treatment for substance use and problem gambling.
 - Provided Manitobans with a range of client-centred substance use, problem gambling and addictions services, including prevention and education, early-intervention, treatment and continuing care in communities in over 28 locations across Manitoba, including in-house treatment services for adults and youth in six treatment centres.
5. Prevention and education sessions are provided to over 36,000 participants.
 - Provided public and service provider education and prevention workshops, webinars, forums and presentations in schools, community organizations, RHAs, post-secondary institutions and workplaces on substance use, problem gambling and addictions issues. Primary topics included methamphetamine and opioids.
 - Offered courses as part of the University of Manitoba's Applied Counselling Certificate Program for students seeking a specialty in addictions.
 - Informed Manitobans about cannabis use, harms and risks in support of a public health and regulated approach to cannabis legalization.
 - Promoted public and service provider access to up-to-date information and resources on substance use, problem gambling and addictions through the Knowledge Exchange Centre.
6. Support Manitobans with navigation, access and coordination of the mental health and addiction system through the Manitoba Addictions Helpline and other access points.
 - Responded to over 5,500 contacts through the Manitoba Addictions Helpline, while receiving close to 15,000 unique page views of the Helpline's website.
7. Continued quality improvement service reviews ensure programs and policies continue to be based on evidence-based practices.
 - Informed decision making through knowledge translation of evidence; client, staff and external stakeholder consultations and focus groups; Accreditation Canada and data and evaluation.
 - Provided data to the provincial "dashboard" pertaining to service access, client experiences, safety and sustainability.
8. Enhanced mental health and primary care capacity within the addictions system and collaboration between addictions, mental health and primary care service providers.
 - Continued to enhance capacity within the addictions system by improving collaboration and clinical pathways between addictions, mental health and primary health care service providers.
9. Increased public awareness and reduced stigma of substance use, problem gambling and addictions.
 - Provided public and service provider education and prevention workshops, webinars, forums and presentations in schools, community organizations, RHAs, post-secondary institutions and workplaces on substance use, problem gambling and addictions issues.
 - Hosted and promoted events during Manitoba Substance Use and Addictions Awareness Week.

6(g) Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	FTE	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Program Delivery	27,422		27,330	92	
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	24,389	-	24,297	92	

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 2019/20 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 to ensure utilization was in accordance with the applicable acts noted above.
 - 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 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 and CCMB implementation of service enhancements including:
 - Collaborated with RHAs in planning for future service enhancements including the personal care home (PCH) bed supply plans to address the province's PCH requirements to meet the 1,200 PCH bed mandate.
 - Collaborated with RHAs to improve the quality of provincial service delivery.
 3. Service delivery organizations' strategic and health planning efforts consider both affordability and sustainability.
 - Provided oversight and monitoring to ensure service delivery organizations (SDOs) incorporate strategies for cost-effective and sustainable health care service delivery:
 - Representatives from all SDOs participated in the accreditation working group that supports the development of provincial accreditation policies and guidelines as well as efficient and coordinated planning to meet accreditation safety and quality standards.
 - SDOs continued to use community health assessment findings to guide decision making in service provision.
 - SDOs began to use the new Manitoba Clinical and Preventive Services plan to guide decision making in service provision.
 - All SDOs prepared annual health plans (strategic and operational plans) in accordance with provincial legislation and guidelines.
 4. Service delivery organizations are compliant with provincial legislation, regulation, policies, directives, standards, reporting requirements and guidelines.
 - Reviewed and updated policy regularly and monitored accountability by SDOs.
 - Communicated government expectations and directions to ensure compliance by SDOs.
 - Ensured SDOs compliance with annual report guidelines and French Language Services Legislation and confirmed publication of annual reports on their website, along with the reporting of CEO expenses.
 - Supported the departmental process of outlining and monitoring success measures for commitments and mandates.
 - Used system level accountability framework to monitor progress to meet identified deliverables, as outlined in continuous service agreements and commissioning letters with external stakeholders.
 - Recommended direction to resolve and clarify system accountability requirements specific to key performance indicator reporting.
 - Provided oversight and monitored progress for various implementations such as renal capacity, diagnostic imaging, hip/knee and cataract, etc.
 - Exercised oversight and monitoring of Service delivery organizations to ensure compliance with legislative, regulatory, standards and reporting requirements.
 5. Service delivery organizations' provision of financial and statistical information is as defined by the department.
 - 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.

7(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Acute Care Services	2,450,833	2,511,632	(60,799)	1
Long Term Care Services	640,128	633,759	6,369	2
Home Care Services	385,666	382,552	3,114	2
Community and Mental Health Services	357,422	347,472	9,950	2
Emergency Response and Transport Services	163,699	146,429	17,270	2
Third Party Recoveries	(20,286)	(17,385)	(2,901)	2
Reciprocal Recoveries	(64,720)	(64,477)	(243)	
Total Sub-Appropriation	3,912,742	3,939,982	(27,240)	

Explanation Number:

1. Primarily due to expenditures not occurring in the manner or timing originally forecasted.
2. Primarily due to re-distribution of the 2019/20 funding within 21-7a.

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 2019/20 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 Canada 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 (RHAs), Shared Health and Manitoba physicians.

The expected and actual results for 2019/20 included:

1. Timely, appropriate and accurate payments to CBS for manufacturing operating costs.
 - Provided accurate and timely payments based on the signoffs by the appropriate authority for CBS related programs. Financial audit performed every year by the Office of Auditor General to confirm accurate and timely payments.
2. Timely, appropriate and accurate payments for appropriate transfusion related laboratory testing services required by Manitoba hospitals and physicians.
 - In accordance with Manitoba's Health System Transformation Program Blueprint, these functions were transferred to Shared Health.
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.
 - The department continued to manage and fund the Living Organ Donor Reimbursement Program (LODRP) program, in collaboration with the Manitoba Branch of The Kidney Foundation of Canada. The program reimburses living organ donors who donate a kidney or partial liver to a Manitoba resident for out-of-pocket expenses they incur during the organ donation process. Donors are reimbursed up to \$5,500 per transplant.
 - In 2019/20, the department reimbursed a total of approximately \$34,500 to donors.
4. Timely, appropriate and accurate payments to Manitobans eligible for the Multi Provincial Territorial Assistance Plan (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.

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 2019/20 included:

1. Department funding for health services was provided to two federal hospitals at Norway House and Hodgson and 22 federal nursing stations.
 - Two federal hospitals and 22 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 2019/20 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 59,782 eligible Manitoba families at a total cost of \$18.22 million.

2. Ensure appropriate accountability for public funds paid to suppliers who provide devices and services to Manitobans eligible for Ancillary Programs benefits.
 - Continued to work with stakeholders, including suppliers, to ensure 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 2019/20 included:

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

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 (MHSAL) 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 2019/20 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.
 - Service delivery organizations have hired approximately 850 nurses since July 1, 2019.
 - Prairie Mountain Health (PMH), Interlake Regional Health Authority (IERHA), Red River College and MHSAL continued to support the rural Internationally Educated Nurses (IEN) Bridging Program in 2019/20. This program supports the training and employment of IENs who will be placed in positions in PMH and IERHA upon completion of their training.
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.
 - NRRF applications and disbursements continued throughout the year.
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.
 - Continued to work with post secondary institutions (PSIs) and nursing colleges to track enrollments and registrations.
 - Worked with PSIs, Shared Health and regional health authorities to promote recruitment and retention activities of nursing professionals as well as future nurses.

- Continued to work with Shared Health on ongoing development and evolution of the Healthcare Providers Network as a key provincial recruitment tool.
4. Increasing demonstration in the health sector of those collaborative activities aimed at supporting optimization of nursing scope of practice.
 - Continued to be supportive of nursing colleges' presentations to employers where scopes of practice are delineated and the associated implications for optimized use of nursing resources are raised.
 - Continued to be supportive of considered and targeted RHA adjustments to nursing position allocations.
 5. Increased awareness of models of both nurse-led and inter-disciplinary client-centred teams.
 - Continued to promote the use of walk-in clinics co-located with access centres, designed to respond to community needs with a range of health professionals and connections to health services.
 - Continued to expand and further develop the Home Clinics and My Health Teams model whose goal is to ensure "accessible, coordinated, comprehensive, and ultimately, consistent quality of care".

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 2019/20 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 some 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 2019/20 included:

1. Improved patient care through strengthened recovery-oriented programs and services.
 - Strategic plans with corresponding action plans for SMHC's six program areas (Acute/Dialectical Behaviour Therapy, Rehabilitation/Forensics, Acquired Brain Injury, Geriatric, Indigenous Services & Spiritual Health and Pharmacy) continued in development in 2019/20. The goal of these strategic plans is to align program level 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 decreased 8.4 per cent from last year and patients that have a substance-use diagnosis decreased 13.5 per cent from last year. Sixty-nine per cent of all patients admitted to SMHC in 2019/20 admitted to substance use in the last year and 34 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, including individual therapeutic sessions, group education sessions including pre-contemplative/contemplative groups, a maintenance group, an introduction to community supports, coping strategies and skill building as well as the Stages of Change using cognitive behavioural therapy (CBT) strategies.
 - In 2019/20, the Geriatric Program continued to see improved patient care outcomes on Dementia Care Areas. DementiAbility methods focused care, implemented in 2018/19, enhances sensory stimulation, relaxation, reminiscing and cognitive stimulation resulting in less frequent exit seeking behaviours and negative interactions. There has been a 47.65 per cent decrease in aggressive behaviour over the past year.
 - Patient and family engagement remained 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. Families continued to be invited to attend these meetings, in person or via tele-conference.
 - Continued to provide Accreditation Canada's validated in-patient, adult mental health Patient Experience Survey. To assist with improving response rates, surveys are now distributed to patients prior to, rather than upon, discharge. Additional strategies will be implemented in 2020/21 to improve response rates.
 - Continued to administer Accreditation Canada's evidence-based and validated Worklife Pulse Survey to staff. An action plan was developed and is being revised to better address staff's feedback.
 - SMHC's Seclusion and Restraint Use© Task Team revised several policies and procedures to reflect our commitment to reduce the number of incidents and hours of seclusion and restraint use. Education on policy changes is expected to be delivered to staff in 2020/21.
 - The Quality and Patient Safety Committee established in 2018/19 continued to provide leadership, support, collaboration and communication regarding quality and patient safety within the organization.
 - Maintained contracts with Manitoba Schizophrenia Society, Anxiety Disorders Association of Manitoba, and the Mood Disorders Association of Manitoba for onsite peer support services in 2019/20. 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.
 - The SMHC Lean strategic plan (2016-2021) is fully operational.
 - Three staff in leadership roles completed the Yellow Belt course work and are at varying stages of completing their Yellow Belt project work.
 - Education Request Process: This project was initiated in 2019/20 to improve efficiencies with the process for staff requests to attend education sessions.
 - Office Moves: This project was initiated in 2019/20 to establish a formal process to support and improve staff office moves.
 - New staff to SMHC continued to receive the Lean 101 education implemented in 2018/19.
 3. Improved scheduling processes to reduce overtime and improve staff morale and work/life balance.
 - Staffing Office transitioned more tasks from paper to electronic, increasing efficiencies. They have implemented overtime reduction strategies with an improved scheduling process.
 - Staffing Office took over most scheduling responsibilities from front line nurses, who are now only involved in mandating overtime. This results in an increase in time spent providing care to patients.

4. Improved coordination and integration within the provincial mental health system by aligning Selkirk Mental Health Centre's services and programs as a continuum of care with regional health authorities and community partners.
 - SMHC's Forensic, Rehabilitation and Geriatric Programs continued to collaborate 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.
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 continues to be reviewed 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 & Safety strategic plan is fully operational and in 2019/20, committee members organized various education sessions for staff.
 - Improved Access to Care – A Human Rights complaint was made due to the inaccessibility to the Administration Building for individuals with physical disabilities on the SMHC campus. SMHC submitted a Request for Service to Accommodation Management Division in 2019/20 to conduct a building assessment.
 - Improved Service Delivery – SMHC was assigned a project manager in 2019/20 from the Interlake Eastern Regional Health Authority (IERHA) to manage anti-ligature retrofits in areas where patients require privacy (e.g. bedrooms, bathrooms, shower/tub rooms). An architectural firm has been hired as the project consultant.
 - Improved Service Delivery – Funding was approved in 2019/20 to convert custodial rooms to medications rooms for three patient care areas. SMHC was assigned a project manager in 2019/20 from the IERHA to manage this project.
 - Improved Service Delivery – Funding was approved in 2019/20 to replace the existing emergency nurse call system for 105 patient care rooms. SMHC was assigned a project manager from the IERHA to manage this project and an engineering firm has been hired as the project consultant in 2019/20.
 - Improved Service Delivery – Funding was approved in 2019/20 to purchase additional surveillance cameras and electronic door locks to ensure the safety of patients, staff and property. SMHC was assigned a project manager in 2019/20 from the IERHA to manage this project.

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 2019/20 included:

1. Secure supply of vaccines and drugs that are attained at a cost savings through the national bulk purchasing contracts.
 - All vaccines and drugs were procured to deliver Manitoba's Immunization and Sexually Transmitted and Blood Borne Infection (STBBI) programs, including through the current syphilis outbreak.
 - The procurement of vaccines through the national bulk purchasing contracts ensured priority of supply to the publicly funded programs in times of shortage and allowed Manitoba to procure the vaccines at lower costs due to economies of scale.
 - As a result of the national bulk procurement purchasing contracts, Manitoba avoided approximately \$23,359,000 in costs compared to the retail list price of the vaccines.
 - Any supply shortages were mitigated.

2. Consistent or increased rates of provincial immunization coverage for publicly-funded vaccines.
 - Manitoba's 2019/20 influenza immunization coverage (26.3 per cent) was the highest since Manitoba began offering the seasonal influenza vaccine to all Manitobans free of charge in 2009/10, resulting in almost 165,000 more Manitobans immunized against influenza.
 - Based on data from the Public Health Information Management System (PHIMS), infant/early childhood vaccine uptake remains stable, while preschool boosters are in slow decline. Uptake of the school immunization program varies; grade 6 vaccine uptake remains relatively stable while grade 8/9 rates continue to decline every year.
 - Manitoba was one of three provinces that received funding from the Public Health Agency of Canada's Immunization Partnership Fund beginning in 2017 to improve childhood vaccine uptake. Immunization coverage rates were mapped to identify geographic areas with low immunization coverage rates. With this information, service delivery organizations and other health care providers were engaged to identify possible causes for lower rates, developed and implemented interventions tailored to their specific population needs. Analysis is in progress.
 - At the end of 2019/20, the COVID-19 pandemic response resulted in the postponement of school immunization programs, as well as a decline in children seeking their recommended immunizations (e.g.: pre-school immunizations); communications to parents and health care providers have encouraged them not to delay immunizations.

7(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Out-of-Province	54,688	49,716	4,972	1
Blood Transfusion Services	74,098	72,301	1,797	
Federal Hospitals	3,311	2,579	732	2
Ancillary Programs	18,217	17,584	633	
Healthy Communities Development	1,222	2,695	(1,473)	3
Nursing Recruitment and Retention Initiatives	3,289	3,730	(441)	4
Manitoba Centre for Health Policy	2,254	2,200	54	
Selkirk Mental Health Centre	49,364	49,408	(44)	
Immunizing Agents, Biologics and Drugs	22,430	20,224	2,206	5
Total Sub-Appropriation	228,873	220,437	8,436	

Explanation Number:

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

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, as well as non fee for service payments to physicians.
- To provide funding support through the physician recruitment and retention programs towards the training, recruitment and retention of physicians in Manitoba.

The expected and actual results for 2019/20 included:

1. Claims will be processed in accordance with The Health Services Insurance Act and its regulations.
 - Received and adjudicated claims for 30.8 million medical services, 881,572 optometric services, 781,852 chiropractic services and 7,098 oral surgery services.
 - Processed claims for 279,278 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Inter-Provincial Reciprocal Agreement.
2. Appropriate administration of non-fee-for-service payments.
 - Provided oversight and policy direction to the non-fee-for-service medical payments managed by Shared Health, including the conclusion of the Physician Master Agreement.
3. 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 Manitoba Clinical and Preventive Services Plan to address optimization of physicians and their indebted inter-disciplinary team practice across Manitoba.
 - The number of physicians continues to rise in the province. As of April 30, 2019, there were 2,982 licenced medical practitioners in Manitoba, which is a net increase of 80 from the year prior (Source: College of Physicians and Surgeons of Manitoba 2019 Annual Report).

7(c) Medical

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Physician Services	1,393,152	1,366,362	26,790	1
Other Professionals	27,746	31,106	(3,360)	2
Out of Province Physicians	33,069	30,378	2,691	3
Physician Recruitment and Retention Program	24,183	25,659	(1,476)	
Third Party Recoveries	(11,306)	(10,003)	(1,303)	4
Reciprocal Recoveries	(18,328)	(16,121)	(2,207)	5
Total Sub-Appropriation	1,448,516	1,427,381	21,135	

Explanation Number:

1. Primarily due to higher volume.
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 2019/20 included:

- 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 2019/20 deductible could not be established on April 1, 2019, because their 2017 income tax information was not available from Canada Revenue Agency.
- Payment for eligible pharmaceutical benefits for program beneficiaries.
 - The average Pharmacare benefit per family for 2019/20 was \$4,881.11.
 - There was a decrease (0.2 per cent) in the number of families who received Pharmacare benefits in 2019/20 compared to 2018/19.
 - Deductible rates in 2019/20 ranged from a minimum of \$100 or 3.17 per cent to a maximum of 7.15 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 2019/20 \$(000's)	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures	287,318	270,042	17,276	1
Total Sub-Appropriation	287,318	270,042	17,276	

Explanation Number:

- Higher volume and higher average drug cost per prescription, offset by lower average dispensing fee.

Capital Funding

The objectives were:

- Provide funding to service delivery organizations (SDOs) 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 2019/20 included:

- 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 2019/20 principal and interest payments decreased by approximately \$7,712,000 and \$1,702,000 respectively from 2018/19 to provide for appropriate principal payments for 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.
 - All 2019/20 principal and interest payments are related to existing loans and there were no new loans.
 - The actual 2019/20 principal repayments decreased by approximately \$7,712,000 that includes \$2,481,000 of principal payments on approved borrowings being fully repaid.
 - The actual 2019/20 interest repayments decreased by approximately \$1,702,000 that includes \$207,000 of interest payments on approved borrowings being fully repaid.
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 2019/20 for the acquisition of approved basic equipment to SDOs and CancerCare Manitoba (CCMB) were approximately \$17,913,000. Actual payments for approved basic equipment to SDOs and CCMB were approximately \$20,764,000 resulting in outright payments of approximately \$3,011,000 higher 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 SDOs and CCMB for 2019/20 for approved capital projects were expected to be \$7,700,000. Actual outright payments to SDOs and CCMB for 2019/20 for approved capital projects were \$20,019,000. Outright funding reduces the need for funding through approved borrowings.

8(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	88,987	91,606	(2,619)	1
Long Term Care	8,545	10,512	(1,967)	2
Community and Mental Health Services	3,758	6,867	(3,109)	2
Total Sub-Appropriation	101,290	108,985	(7,695)	

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 2019/20 \$(000's)	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	17,787	14,937	2,850	1
Long Term Care	2,977	2,976	1	
Total Sub-Appropriation	20,764	17,913	2,851	

Explanation Number:

1. Primarily due to higher outright cash payments due to more equipment purchased than originally planned.

8(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	6,822	7,450	(628)	
Long Term Care	5,612	3,750	1,862	1
Total Sub-Appropriation	12,434	11,200	1,234	

Explanation Number:

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

8(d) Interest

Expenditures by Sub-Appropriation	Actual 2019/20 \$(000's)	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	43,898	45,031	(1,133)	1
Long Term Care	4,750	6,236	(1,486)	1
Community and Mental Health Services	2,281	5,122	(2,841)	1
Total Sub-Appropriation	50,929	56,389	(5,460)	

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 2019/20 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 2019/20 \$(000's)	Estimate 2019/20 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Amortization Expense	1,914	3,693	(1,779)	1
Interest Expense	486	582	(96)	
Total Sub-Appropriation	2,400	4,275	(1,875)	

Explanation Number:

1. Lower amortization expense due to reduction of capital asset pool.

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 2019/20 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
 - In 2019/20 Manitoba Health, Seniors and Active Living (MHSAL) completed a project that supports 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.

Financial Report Summary Information

Part 1

Manitoba Health, Seniors and Active Living Reconciliation Statement April 1, 2019 – March 31, 2020

DETAILS	2019/20 ESTIMATES (\$000s)
2019/20 Main Estimates:	6,187,527
Allocation of Funds from:	
Enabling Appropriations	-
Internal Service Adjustments	11,748
2019/20 Estimates:	6,199,275

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

for fiscal year ended March 31, 2020

Estimate 2019/20 \$(000s)	Appropriation	Actual (1) 2019/20 \$(000s)	Actual (2) 2018/19 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-1 Administration and Finance				
42	21 1a Minister's Salary	41	42	(1)	
	21-1b Executive Support				
1,146	1 Salaries and Employee Benefits	867	1,018	(151)	
218	2 Other Expenditures	164	159	5	
	21-1c Finance				
7,351	1 Salaries and Employee Benefits	6,591	7,077	(486)	
1,184	2 Other Expenditures	1,254	1,124	130	
	21-1d Legislative Unit				
772	1 Salaries and Employee Benefits	782	738	44	
286	2 Other Expenditures	135	154	(19)	
518	3 External Agencies	459	405	54	
	21-1e Appeal Boards				
421	1 Salaries and Employee Benefits	359	431	(72)	
253	2 Other Expenditures	347	327	20	
12,191	Total Appropriation 21-1	10,999	11,475	(476)	

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

for fiscal year ended March 31, 2020

Estimate 2019/20 \$(000s)	Appropriation	Actual (1) 2019/20 \$(000s)	Actual (2) 2018/19 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-2 Provincial Policy and Programs				
	21-2a Administration				
279	1 Salaries and Employee Benefits	293	297	(4)	
76	2 Other Expenditures	59	70	(11)	
	21-2b Health Infrastructure				
4,844	1 Salaries and Employee Benefits	3,833	4,272	(439)	
318	2 Other Expenditures	196	213	(17)	
5,557	3 Provincial Program Support Cost	5,360	4,932	428	
	21-2c Provincial Drug Programs				
2,609	1 Salaries and Employee Benefits	2,169	2,165	4	
465	2 Other Expenditures	649	689	(40)	
	21-2d Drug Management Policy Unit				
647	1 Salaries and Employee Benefits	611	643	(32)	
175	2 Other Expenditures	126	249	(123)	
414	3 External Agencies	329	244	85	
15,384	Total Appropriation 21-2	13,625	13,774	(149)	

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

for fiscal year ended March 31, 2020

Estimate 2019/20 \$(000s)	Appropriation	Actual (1) 2019/20 \$(000s)	Actual (2) 2018/19 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-3 Health Workforce Secretariat				
	21-3a Administration				
439	1 Salaries and Employee Benefits	10	396	(386)	1
456	2 Other Expenditures	402	427	(25)	
	21-3b Contracts and Negotiations				
722	1 Salaries and Employee Benefits	569	603	(34)	
183	2 Other Expenditures	91	86	5	
	21-3c Health Human Resource Planning				
954	1 Salaries and Employee Benefits	634	757	(123)	
705	2 Other Expenditures	539	566	(27)	
5	3 External Agencies	5	5	-	
	21-3d Fee-for-Service / Insured Benefits				
5,899	1 Salaries and Employee Benefits	5,006	5,609	(603)	
1,106	2 Other Expenditures	1,266	1,345	(79)	
10,469	Total Appropriation 21-3	8,522	9,794	(1,272)	

Explanation Number:

1. Primarily due to miscellaneous salaries under-expenditures.

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

for fiscal year ended March 31, 2020

Estimate 2019/20 \$(000s)	Appropriation	Actual (1) 2019/20 \$(000s)	Actual (2) 2018/19 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-4 Active Living, Indigenous Relations, Population and Public Health				
	21-4a Administration				
323	1 Salaries and Employee Benefits	214	213	1	
122	2 Other Expenditures	177	181	(4)	
	21-4b Active Living, Population and Public Health				
15,550	1 Salaries and Employee Benefits	13,204	15,027	(1,823)	
9,128	2 Other Expenditures	7,516	7,939	(423)	
221	4 External Agencies	50	253	(203)	1
	21-4c Intergovernmental Strategic Relations				
934	1 Salaries and Employee Benefits	715	900	(185)	
686	2 Other Expenditures	204	325	(121)	
	21-4d Cadham Provincial Laboratory Services				
10,161	1 Salaries and Employee Benefits	9,998	9,685	313	
8,639	2 Other Expenditures	9,735	8,274	1,461	2
45,764	Total Appropriation 21-4	41,813	42,797	(984)	

Explanation Number:

1. Primarily due to decrease in volume.
2. Primarily due to miscellaneous operating over-expenditures.

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

for fiscal year ended March 31, 2020

Estimate 2019/20 \$(000s)	Appropriation	Actual (1) 2019/20 \$(000s)	Actual (2) 2018/19 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-5 Regional Policy and Programs				
	21-5a Administration				
252	1 Salaries and Employee Benefits	312	143	169	1
933	2 Other Expenditures	943	934	9	
	21-5b Health Emergency Management				
2,284	1 Salaries and Employee Benefits	1,897	2,415	(518)	2
7,057	2 Other Expenditures	12,134	7,931	4,203	3
33	3 External Agencies	20	20	-	
	21-5c Cancer and Diagnostic Care				
853	1 Salaries and Employee Benefits	701	683	18	
449	2 Other Expenditures	232	238	(6)	
	21-5d Acute, Tertiary and Specialty Care				
2,017	1 Salaries and Employee Benefits	1,906	2,125	(219)	2
1,643	2 Other Expenditures	1,383	1,176	207	3
15,521	Total Appropriation 21-5	19,528	15,665	3,863	

Explanation Number:

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

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

for fiscal year ended March 31, 2020

Estimate 2019/20 \$(000s)	Appropriation	Actual (1) 2019/20 \$(000s)	Actual (2) 2018/19 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-6	Mental Health and Addictions, Primary Health Care and Seniors				
21-6a	Administration				
216	1 Salaries and Employee Benefits	129	215	(86)	(86)
70	2 Other Expenditures	94	129	(35)	(35)
21-6b	Mental Health and Addictions				
1,099	1 Salaries and Employee Benefits	1,138	1,178	(40)	(40)
11,289	2 Other Expenditures	10,678	9,889	789	789
55	3 External Agencies	55	55	-	-
21-6c	Chief Provincial Psychiatrist				
479	1 Salaries and Employee Benefits	484	487	(3)	(3)
53	2 Other Expenditures	46	50	(4)	(4)
21-6d	Seniors and Healthy Aging				
1,645	1 Salaries and Employee Benefits	1,460	1,528	(68)	(68)
862	2 Other Expenditures	661	682	(21)	(21)
83	3 External Agencies	-	-	-	-
21-6e	Primary Health Care				
1,006	1 Salaries and Employee Benefits	1,094	1,030	64	64
973	2 Other Expenditures	257	358	(101)	(101)
21-6f	Continuing Care				
1,084	1 Salaries and Employee Benefits	995	1,014	(19)	(19)
131	2 Other Expenditures	207	247	(40)	(40)
21-6g	Addictions Foundation of Manitoba				
27,330	1 Program Delivery	27,422	26,829	593	593
3,533	2 Problem Gambling Services	3,533	3,533	-	-
(1,633)	3 Less: Third Party Recoveries	(1,633)	(1,633)	-	-
(4,933)	4 Less: Recoveries from Manitoba Lotteries	(4,933)	(4,933)	-	-
43,342	Total Appropriation 21-6	41,687	40,658	1,029	

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

for fiscal year ended March 31, 2020

Estimate 2019/20 \$(000s)	Appropriation	Actual (1) 2019/20 \$(000s)	Actual (2) 2018/19 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-7	Health Services Insurance Fund				
21-7a	Funding to Health Authorities				
2,511,632	Acute Care Services	2,450,833	2,449,657	1,176	
633,759	Long Term Care Services	640,128	639,594	534	
382,552	Home Care Services	385,666	385,578	88	
347,472	Community and Mental Health Services	357,422	335,588	21,834	1
146,429	Emergency Response and Transport Services	163,699	144,033	19,666	1
(17,385)	Third Party Recoveries	(20,286)	(23,218)	2,932	2
(64,477)	Reciprocal Recoveries	(64,720)	(66,126)	1,406	
21-7b	Provincial Health Services				
49,716	Out of Province	54,688	60,093	(5,405)	3
72,301	Blood Transfusion Services	74,098	67,158	6,940	2
2,579	Federal Hospitals	3,311	2,825	486	2
17,584	Ancillary Programs	18,217	19,387	(1,170)	
2,695	Healthy Communities Development	1,222	-	1,222	2
3,730	Nursing Recruitment and Retention Initiatives	3,289	3,251	38	
2,200	Manitoba Centre for Health Policy	2,254	2,200	54	
49,408	Selkirk Mental Health Centre	49,364	49,106	258	
20,224	Immunizing Agents, Biologics and Drugs	22,430	18,939	3,491	2
21-7c	Medical				
1,366,362	Physician Services	1,393,152	1,340,117	53,035	2
31,106	Other Professionals	27,746	26,995	751	
30,378	Out of Province Physicians	33,069	32,656	413	
25,659	Physician Recruitment and Retention Program	24,183	24,724	(541)	
(10,003)	Third Party Recoveries	(11,306)	(11,429)	123	
(16,121)	Reciprocal Recoveries	(18,328)	(18,222)	(106)	
21-7d	Pharmaceuticals				
270,042	Other Expenditures	287,318	270,598	16,720	2
5,857,842	Total Appropriation 21-7	5,877,449	5,753,504	123,945	

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 an increase in volume.
3. Primarily due to a decrease in price.

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2020

Estimate 2019/20 \$(000s)	Appropriation	Actual (1) 2019/20 \$(000s)	Actual (2) 2018/19 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-8 Capital Funding				
	21-8a Principal Repayments				
91,606	1 Acute Care	88,987	98,608	(9,621)	1
10,512	2 Long Term Care	8,545	7,033	1,512	1
6,867	3 Community and Mental Health Services	3,758	3,360	398	
	21-8b Equipment Purchases and Replacements				
14,937	1 Acute Care	17,787	14,729	3,058	2
2,976	2 Long Term Care	2,977	3,024	(47)	
	21-8c Other Capital				
7,450	1 Acute Care	6,822	5,573	1,249	2
3,750	2 Long Term Care	5,612	1,500	4,112	2
	21-8d Interest				
45,031	1 Acute Care	43,898	45,920	(2,022)	1
6,236	2 Long Term Care	4,750	4,281	469	
5,122	3 Community and Mental Health Services	2,281	2,431	(150)	
194,487	Total Appropriation 21-8	185,417	186,459	(1,042)	

Explanation Number:

1. Principal and interest payments are provided against loans for new, ongoing, and completed capital projects. The amount and timing of the payments will vary year over year as current loans are paid down and new loans are started as new capital projects commence.
2. Primarily due to higher outright cash payments.

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

for fiscal year ended March 31, 2020

Estimate 2019/20 \$(000s)	Appropriation	Actual (1) 2019/20 \$(000s)	Actual (2) 2018/19 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-9 Costs Related to Capital Assets				
3,693	21-9a Amortization Expense	1,914	3,406	(1,492)	1
582	21-9b Interest Expense	486	562	(76)	
4,275	Total Appropriation 21-9	2,400	3,968	(1,568)	
6,199,275	Total Appropriation 21	6,201,440	6,078,094	123,346	

Explanation Number:

1. Lower amortization expense due to reduction of capital asset pool.

Footnotes:

(1) Actuals for 2019/20 are based on year-end expenditure analysis report dated July 28, 2020.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2020.

Manitoba Health, Seniors and Active Living
Revenue Summary by Source
for fiscal year ended March 31, 2020

Actual ⁽¹⁾ 2019/20 \$(000s)	Actual ⁽¹⁾ 2018/19 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.	Source	Actual ⁽¹⁾ 2019/20 \$(000s)	Estimate 2019/20 \$(000s)	Variance \$(000s)	Expl. No.
				1. Government of Canada:				
4,348	4,348	-		a) Workforce Development Agreement	4,348	4,368	(20)	
45,576	25,514	20,062	1	b) Shared MB Bilateral Agreement	45,576	-	45,576	1
-	100	(100)	2	c) Toll-Free Quitline Numbers on Tobacco Packaging Initiative	-	-	-	
622	-	622	3	d) Emergency Treatment Fund	622	-	622	3
127	-	127	4	e) Substance Use and Addiction Program	127	941	(814)	6
93	-	93	5	f) Willdland Fire Smoke Initiative	93	140	(47)	5
50,766	29,962	20,804		Sub-Total Health Funds	50,766	5,449	45,317	
				2. Other Revenue:				
3,308	3,262	46		a) Sundry	3,308	4,514	(1,206)	7
54,074	33,224	20,850		Total Revenue	54,074	9,963	44,111	

Explanation Number:

- 1 New Federal Funding for the Shared Manitoba Bilateral Agreement
- 2 Federal Funding for the Toll-Free Quitline Numbers on Tobacco Packaging Initiative ended in 2018/19
- 3 New Federal Funding for the Emergency Treatment Fund
- 4 New Federal Funding for the Substance Use and Addiction Program
- 5 New Federal Funding for the Willdland Fire Smoke Initiative
- 6 Due to the delay of Substance Use and Addiction Program
- 7 Miscellaneous under-recoveries

Footnotes:

- (1) Actuals for 2019/20 are based on year-end expenditure analysis report dated July 28, 2020
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2020

Manitoba Health, Seniors and Active Living
Five Year Expenditure and Staffing Summary by Appropriation
for years ending March 31, 2016 to March 31, 2020

Appropriation	2015/16 ⁽²⁾		2016/17 ⁽²⁾		2017/18 ⁽²⁾		2018/19 ⁽¹⁾		2019/20 ⁽¹⁾	
	FTE	\$(000s)								
21-1 Administration and Finance	135.75	11,672	130.75	11,588	126.35	12,116	124.35	11,475	120.35	10,999
21-2 Provincial Policy and Programs	108.70	15,381	108.70	14,804	110.20	14,759	108.20	13,774	98.70	13,625
21-3 Health Workforce Secretariat	132.30	9,892	132.30	10,065	125.80	10,222	125.80	9,794	123.80	8,522
Active Living, Indigenous Relations, Population and 21-4 Public Health	269.60	47,072	269.60	50,148	263.90	45,442	263.90	42,797	256.40	41,813
21-5 Regional Policy and Programs	68.60	13,828	68.60	14,229	65.00	15,227	63.00	15,665	62.00	19,528
Mental Health and Addictions, Primary Health Care 21-6 and Seniors	63.40	43,266	63.40	45,761	61.20	42,959	60.20	40,658	58.20	41,687
21-7 Health Services Insurance Fund		5,330,223		5,647,936		5,761,278		5,753,504		5,877,449
21-8 Capital Funding		185,403		198,187		198,187		186,459		185,417
21-9 Costs Related to Capital Assets		4,744		4,123		4,168		3,968		2,400
Total Departmental Expenditures	778.35	5,661,481	773.35	5,996,841	752.45	6,104,358	745.45	6,078,094	719.45	6,201,440

Footnotes:

(1) Actuals for 2019/20 are based on year-end expenditure analysis report dated July 28, 2020.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2020.

Manitoba Health Services Insurance Plan Five-Year Expenditure Summary

for years ending March 31, 2016 - March 31, 2020 ⁽¹⁾

Program	2015/16 \$(000s)	2016/17 \$(000s)	2017/18 \$(000s)	2018/19 \$(000s)	2019/20 \$(000s)
Health Authorities and Facilities ⁽²⁾	3,871,412	3,904,805	4,009,427	4,051,565	4,098,159
Medical ⁽³⁾	1,266,031	1,347,520	1,306,013	1,394,841	1,448,516
Provincial Programs ⁽⁴⁾	213,241	219,856	229,340	222,959	228,873
Pharmacare	265,836	269,068	274,580	270,598	287,318
Total	5,616,520	5,741,249	5,819,360	5,939,963	6,062,866

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, 2020.*
- (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, 2019 – March 31, 2020

DETAILS	2019/20 ESTIMATES (\$000s)
2019/20 Main Estimates: Funding to Health Authorities Provincial Health Services Medical Pharmacare Capital Grants	3,939,982 220,437 1,427,381 270,042 194,487
2019/20 Estimates:	6,052,329

For the year ended March 31, 2020, 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, 2020 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
July 28, 2020



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 (the Plan), which comprise the statement of financial position as at March 31, 2020, and the statement of operations and accumulated surplus and net debt, and the statement of cash flows 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 Plan as at March 31, 2020, and the results of its operations, changes in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards (PSAS).

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 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 PSAS, 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 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 Plan or to cease operations, or there is no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the 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 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 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
July 28, 2020

MANITOBA HEALTH SERVICES INSURANCE PLAN

Statement of Financial Position

As at March 31, 2020

(in thousands of dollars)

	<u>2020</u>	<u>2019</u>
Financial Assets		
Cash	\$ 40,898	\$ 26,108
Funds on deposit with the Province of Manitoba	596	126,730
Due from:		
Province of Manitoba	92,267	-
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post-employment benefits (Note 4)	128,177	128,177
Other Provinces and Territories	25,275	13,752
Other	1,270	2,029
	<u>410,146</u>	<u>418,459</u>
Liabilities		
Accounts Payable and Accrued Liabilities (Note 5)	160,306	104,485
Due to:		
Province of Manitoba	-	64,134
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post-employment benefits (Note 4)	128,177	128,177
	<u>410,146</u>	<u>418,459</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, 2020
(in thousands of dollars)

	<u>Budget 2020</u>	<u>Actual 2020</u>	<u>Actual 2019</u>
Revenue			
Province of Manitoba - Grants (Note 6)	\$ 6,115,950	\$ 6,134,870	\$ 6,012,243
Inter-provincial reciprocal recoveries - Hospital	64,477	64,720	66,126
Inter-provincial reciprocal recoveries - Medical	16,121	18,328	18,222
Third party recoveries	27,388	58,242	60,635
Miscellaneous	-	503	398
	<u>6,223,936</u>	<u>6,276,663</u>	<u>6,157,624</u>
 Expenses			
Health Authorities and Facilities	4,205,548	4,183,165	4,137,724
Medical	1,453,505	1,478,653	1,424,416
Provincial programs	219,937	228,873	225,129
Pharmacare	344,946	385,972	370,355
	<u>6,223,936</u>	<u>6,276,663</u>	<u>6,157,624</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, 2020
(in thousands of dollars)

	<u>2020</u>	<u>2019</u>
Operating Activities		
Annual Surplus (Deficit)	\$ -	\$ -
Changes in Working Capital:		
Due from:		
Province of Manitoba	(92,267)	-
Other Provinces and Territories	(11,523)	(3,124)
Other	759	870
Accounts Payable and Accrued Liabilities	55,821	(63,391)
Due to:		
Province of Manitoba	(64,134)	(50,655)
	<u>(111,344)</u>	<u>(116,300)</u>
Decrease in Cash and Funds on deposit	(111,344)	(116,300)
Cash and Funds on deposit with the Province, Beginning of year	152,838	269,138
Cash and Funds on deposit with the Province, End of year	<u>\$ 41,494</u>	<u>\$ 152,838</u>
Consists of:		
Cash	\$ 40,898	\$ 26,108
Funds on deposit with Province of Manitoba	596	126,730
	<u>\$ 41,494</u>	<u>\$ 152,838</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, 2020

(in thousands of dollars)

1. Nature of Operations

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

2. Significant Accounting Policies

a. General

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

b. Revenue Recognition

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

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

Manitoba Health, 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. Expenses

All expenses incurred for services received and pharmacare are recognized at a gross amount on an accrual basis.

Grants paid to the Health Authorities are recognized as expenses in the period the transfer is authorized, any eligibility criteria are met, and the amount can be reasonably estimated.

See Note 7 for details.

d. 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.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year Ended March 31, 2020
(in thousands of dollars)

e. Net Debt

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

f. Use of Estimates

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

Actual results could differ from these estimates.

g. 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.

3. Financial Instrument Risk Management

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

Interest rate risk

Interest rate risk is the risk that arises from differences in the timing and amount of cash flows due to changes in interest rates. The financial instrument which potentially subjects the Plan to interest rate risk is funds on deposit.

As funds on deposit are redeemable on demand, the Plan is not subject to significant interest rate risk.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year Ended March 31, 2020
(in thousands of dollars)

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 amount 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.

4. Employee Benefits

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

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

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

MANITOBA HEALTH SERVICES INSURANCE PLAN

Notes to the Financial Statements

For the Year Ended March 31, 2020

(in thousands of dollars)

5. Accounts Payable and Accrued Liabilities

	<u>2020</u>	<u>2019</u>
Health Authorities and Facilities	\$44,944	\$4,067
Provincial Health Services	5,360	6,655
Medical Service Claims	80,738	77,294
Pharmacare Claims	3,006	9,939
General	26,258	6,530
	<u>\$160,306</u>	<u>\$104,485</u>

6. Province of Manitoba – Grants

	<u>Budget</u> <u>2020</u>	<u>Actual</u> <u>2020</u>	<u>Actual</u> <u>2019</u>
Department of Health, Seniors and Active Living	\$6,041,046 *	\$6,062,865	\$5,938,916
Department of Families – Pharmacare Expense			
Recoveries	<u>74,904</u>	<u>72,005</u>	<u>73,327</u>
	<u>\$6,115,950</u>	<u>\$6,134,870</u>	<u>\$6,012,243</u>

* The special warrant for supplementary funding of \$59,531 and internal service adjustments of \$11,283 are not included in the 2020 Budget figures presented.

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

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

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

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

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

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

	<u>2020</u>	<u>2019</u>
Hospital Services	\$3,308,773	\$3,313,005
Medical Services	1,444,192	1,390,566
Other Health Services	45,963	46,382

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year Ended March 31, 2020
(in thousands of dollars)

8. 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.

9. Comparative Figures

Certain of the 2019 comparative figures have been reclassified to conform with the presentation adopted for 2020.



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 (the Plan) for the year ended March 31, 2020 (the schedule).

In our opinion, the financial information in the schedule of the 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 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 notes 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 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 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 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
July 28, 2020

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2020

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	\$502,544	Adelufosi, A O	\$75,093	Aiken, Andrew	\$122,537
Abbu, Ganesan P	\$163,460	Afifi, Tarek J	\$1,472,845	Ainslie, Martha D	\$167,170
Abdelgadir, Ibrahim	\$955,910	Afolabi, Babafemi	\$249,837	Ajao, Monisola	\$200,166
Abdelmessih, M R	\$362,412	Afshar, Narges	\$264,847	Ajao, Olarenwaj	\$304,517
Abdulrahman, S	\$349,782	Agrawal, Veena R	\$303,993	Ajoku, Uchenna	\$103,165
Abdulrehman, A S	\$282,368	Aguayo Bonniard, AJ	\$608,339	Akerele, Oladapo	\$477,586
Abej, Esmail A	\$1,112,474	Ahmad, Absar	\$312,322	Akinsola, Oluwatosi	\$169,583
Abell, William R	\$97,676	Ahmad, Ejaz	\$272,848	Akintola, Olalekan	\$818,984
Abisheva, Gulniyaz	\$752,140	Ahmad, Suffia N	\$315,583	Akra, Mohamed A	\$266,001
Ableman, Rami	\$225,800	Ahmed, Munir	\$482,827	Al-Abbasi, Bashar A	\$324,826
Abo Alhayjaa, Sahar	\$544,916	Ahmed, Musawir	\$256,234	Al-Ahbab, Aseel	\$317,510
Abrams, Elissa M	\$402,645	Ahmed, Naseer	\$216,316	Al-Kaabi, Atheer	\$536,720
Abujazia, Abdurreza	\$523,420	Ahmed, Sana J	\$146,302	Al-Moumen, Zakaria	\$1,052,555
Adam, Chris J E	\$426,702	Ahmed, Shahida	\$290,747	Alabdoulsalam, T	\$359,384
Adam-Sdrolias, H L	\$242,253	Ahuja, Nitin	\$562,526	Alai, Afrouz	\$95,965
Adegbesan, A A	\$874,142	Ahweng, Albert	\$128,033	Alai, Mehdi	\$144,520
Adegboyega, M	\$319,439	Ahweng, Andrew G	\$1,165,296	Alamian-Harandi, K	\$826,252

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2020

(Continued)

Albak, Russell E	\$271,934	Appleby, Stephanie	\$249,876	Balko, George	\$374,878
Alexander, Ian Scott	\$228,600	Arafa, Ramadan	\$204,259	Ball, Frederic	\$333,819
Alhrbi, Mashael M	\$581,950	Aragola, Sanjay	\$550,892	Ballegeer, Trevor A	\$97,873
Ali Nejad, Shahrokh	\$83,121	Araneda, Maria C	\$104,628	Ballen, Jenifer L	\$272,208
Ali, Abdalla M	\$281,802	Arara, Mohammed	\$180,684	Bammeke, Femi	\$169,840
Ali, Cassandra	\$87,361	Archer, Lori Anne	\$285,280	Banerji, Shantanu	\$116,083
Ali, Molud A E	\$562,697	Armstrong, Brent	\$297,776	Banerji, Versha	\$112,998
Ali, Mossadeq	\$411,105	Armstrong, Sean ³	\$790,424	Banman, Jordan	\$256,433
Aljafari, Alhassan	\$541,954	Arya, Virendra	\$712,131	Banmann, Darin S	\$297,326
Allan, Donald R ³	\$406,315	Asham, Hany A	\$507,067	Bansal, Rahul K	\$682,514
Allen, David W	\$1,040,713	Ashcroft, R P	\$252,738	Barac, Ivan	\$454,395
Allen, Jessica S	\$244,531	Ashcroft, Rebecca C	\$78,018	Barac, Snezana	\$207,421
Almalky, Ammar	\$811,649	Ashfaq, Bushra	\$478,148	Barber, Colin	\$231,857
Almoustadi, Waiel A	\$393,171	Askarifar, Rasool	\$411,863	Barc, Jennine	\$281,890
Alshanti, Marwan	\$248,060	Asskar, Ramzi	\$494,196	Barczak, Aleksandr	\$439,717
Altman, Alon	\$504,125	Atalla, Niveen G	\$321,085	Bard, Robert J	\$427,814
Altman, Gary N	\$281,574	Atchison, Tyler J	\$291,429	Barhoum, Wisam	\$123,385
Alto, Lauri E	\$198,767	Atkinson, Raymond	\$85,750	Barker, Mark F	\$727,153
Alto, Meaghan L	\$89,465	Avadhanula, P	\$125,583	Barkman, Jayson M	\$566,415
Amadeo, Ryan J J	\$582,297	Avery, Maleen R	\$150,516	Barnard, Alicia G	\$94,120
Ambrose, Devon J	\$500,293	Avila Flores, F ²	\$903,882	Barnes, Allyson C	\$144,397
Amede, Kebede H	\$339,495	Awad, Jaklin	\$101,541	Barnes, Daniel W	\$229,201
Ames, David H	\$655,471	Awadalla, Alaa	\$877,144	Barnes, Jeffrey G	\$380,962
Anang, Julius B	\$274,485	Ayinde, Wasiu A	\$625,830	Baron, Cynthia M	\$250,595
Anang, Polina	\$77,351	Azad-Armaki, R	\$186,975	Baron, Kenneth I	\$413,553
Anashara, Fouad H	\$101,802	Azer, Nivin	\$1,031,613	Barron, Laurie W	\$548,241
Anderson, Brent R	\$385,109	Azer, Nivine N	\$427,350	Barske, Heather L	\$399,290
Anderson, Brian	\$87,154	Aziz, Aziz N N	\$599,556	Barteaux, Brooks	\$120,239
Anderson, Erin	\$170,738	Aziz, Mina	\$119,971	Bashir, Bashir	\$388,494
Anderson, Matthew	\$167,431	Azzam, Hussam M	\$90,301	Basi, Aman	\$84,236
Anderson, Ryan A	\$517,118	Azzam, Lina	\$250,541	Basra, Gagandeep	\$151,313
Anderson, Tyler	\$242,763	Babick, Andrea P	\$257,967	Bassily, Mena N F	\$833,712
Andreiw, Adam	\$285,417	Babick, Terry R	\$604,519	Basson, Hendrik J	\$318,863
Andrew, Chris	\$752,180	Bacily, Mervat A	\$509,589	Basta, Ayman F	\$753,568
Angus, Trevor J	\$330,325	Badenhorst, Frederik	\$353,371	Basta, Meriam Sa	\$200,804
Anozie, Chiaka B	\$507,304	Badesha, Kulvir S	\$268,741	Basta, Moheb S S	\$667,084
Ansari, Muhammad	\$652,082	Bagry, Hema S	\$466,043	Battad, Anthony B	\$305,510
Ansarian, Hamid R	\$319,918	Baillie, Cory	\$600,376	Bay, Graham H	\$687,726
Anssari, Neda	\$108,915	Baker, Chandran	\$1,007,034	Baydock, Bradley	\$152,680
Anttila, Lisa K	\$603,185	Balageorge, D	\$532,370	Beaumont, Ian D	\$172,004
Aoki, Fred Y	\$177,315	Balchen, Stacey J	\$269,122	Beaupre, Jenwa	\$222,256
Apoeso, Omolola	\$363,081	Balhaj, Abdelaati	\$462,782	Begum, Fatema	\$925,072

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2020

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Beiko, Jason	\$312,543	Birk, Patricia	\$173,282	Botkin, Alexis A	\$308,688
Bejjani, Jimmy	\$128,936	Birt, Douglas	\$117,225	Botkin, Colin D	\$667,934
Beldavs, Robert A	\$1,641,024	Bishay, Wagdy	\$624,527	Bourdon, Nelson	\$108,103
Bellan, Gary	\$133,438	Bisson, Danny S	\$228,076	Bovell, Frank M	\$418,880
Bellan, Lorne D	\$585,448	Bisson, Joanne	\$112,706	Bow, Eric	\$121,367
Bellas, Jonathon	\$290,821	Bissonnette, Arcel	\$263,330	Bower, Tenley N	\$1,339,626
Bellisario, Tio	\$150,560	Black, Denise R	\$90,757	Bowman, M Nancy	\$113,223
Bello, Ahmed B	\$128,386	Black, G Brian	\$140,497	Boyd, April J	\$509,337
Benning, Harbinder	\$757,822	Blackie, Karen M	\$117,007	Boyko, Niki Lee	\$154,016
Benning, Harjit S	\$1,194,657	Blais, Ashley	\$282,525	Bracken, John H	\$425,305
Benning, Rupal S	\$933,165	Blakley, Brian W	\$206,157	Brackenreed, Nolan	\$326,600
Benshaban, Lamin	\$293,933	Blampy, Janice R	\$179,776	Bradshaw, C D	\$359,972
Benton, Aoife D	\$233,263	Blazic, Ivan	\$570,989	Brandes, Lorne J	\$108,999
Benzaglam, Ali	\$910,351	Blelloch, Sarah R	\$376,325	Brar, Adarshdip	\$155,771
Bereznay, Oliver	\$390,272	Blom, Lourens J	\$111,785	Brar, Kiranpree	\$184,328
Bergen, Calvin J	\$142,055	Blouw, Erika R	\$173,902	Bras, James A	\$293,356
Bergen, Jerry	\$233,943	Blouw, Marcus R	\$273,487	Braun, Chantel M	\$205,305
Bergman, Amanda D	\$268,756	Blyth, Scott	\$313,901	Braun, Jeanelle	\$154,356
Bergman, Elin	\$285,583	Bock, Gerhard W	\$222,417	Braun, Karen Y	\$342,649
Bermack, Barry A	\$312,893	Bodnarchuk, Tavis R	\$308,217	Breckman, David K	\$426,821
Bernier, Mark	\$703,497	Boguski, Gregory	\$102,321	Breckman, Gillian L	\$309,788
Bernstein, Charles N	\$763,183	Bohm, Clara J	\$424,430	Brennan, Gerald D	\$357,297
Bernstein, Keevin	\$989,057	Bohm, Eric R	\$543,210	Bretecher, Gilbert J	\$215,129
Berrington, Neil R	\$373,779	Bohn, Ethan T	\$107,956	Brett, Matthew J	\$231,206
Beshara, Eren I A	\$304,744	Boktor, Hanan	\$183,881	Brichacek, Michal	\$137,378
Best, Raina L	\$388,841	Bolton, David R	\$273,431	Brinkman, Ryan J	\$368,316
Bhangoo, Daljit S	\$517,634	Boman, Jonathan	\$232,014	Brinkman, Shauna	\$595,979
Bhangoo, Sandip S	\$382,547	Bonakdar, Hamid R	\$973,622	Bristow, Kristin	\$142,980
Bhangu, Manpreet	\$290,785	Boniel, Avi	\$298,639	Britton, Ashley	\$91,201
Bhanot, Pradeep	\$346,343	Book, Brian H	\$120,562	Brodovsky, S C	\$771,022
Bharj, Amit	\$116,132	Bookatz, Brian J	\$450,128	Bronson, Maria	\$150,461
Bhayana, Rajinder	\$249,735	Booth, Steven A	\$647,303	Brown, Jonathan	\$377,901
Bhuiyan, Nazmun N	\$517,494	Booy, Harold	\$147,700	Brown, Robert	\$427,426
Bhullar Rehsia, A	\$202,514	Borkowsky, Kent	\$133,403	Bruce, Kelsey	\$109,811
Bhullar, Navdeep	\$836,690	Boroditsky, Alissa	\$121,877	Brudney, Charles S	\$194,646
Bhullar, Rick S	\$1,289,802	Boroditsky, Lila M	\$220,839	Bruin, Sonja	\$128,025
Biala, Barbara	\$376,811	Boroditsky, Mark	\$357,747	Bruneau, Michel R	\$572,009
Bialy, Maciej B	\$300,579	Boroditsky, M L	\$344,806	Bryanton, Mark	\$995,204
Bialy, Peter C	\$438,311	Borrett, George F	\$189,251	Bshouty, Zoheir	\$169,444
Bilenki, Sherry	\$196,836	Borys, Andrew E	\$501,396	Buchel, Edward W	\$1,254,825
Billinkoff, Errol N	\$412,689	Botha, Adriana	\$172,996	Buchel, Tamara L	\$227,902
Bilos, Richard J	\$181,173	Botha, Daniel Jo	\$99,290	Buchik, Glenda M	\$105,963

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Buduhan, Gordon	\$547,919	Caswell, Brent	\$165,776	Chung, Louis	\$330,613
Buenafe, Jay	\$823,946	Caswill, Melissa E	\$243,768	Ciecierski, Danuta	\$99,299
Bueti, Giuseppe ³	\$1,054,623	Cattani, Lynnsey	\$267,335	Cisneros, Nestor	\$809,640
Buffie, Tyler	\$232,560	Cavers, Kenneth J	\$263,196	Clark, Ian H	\$335,050
Buffo Sequeira, Ilan	\$218,298	Cazakoff, David Jer	\$81,610	Clark, Sandra G	\$431,885
Bullard, Jared	\$109,797	Chakraborty, A R	\$520,107	Clark, Tod A	\$512,386
Bullen, Tyler J P	\$406,472	Champagne, Sylvie	\$110,003	Clayden, Gerald	\$554,404
Burnell, Colin D C	\$690,237	Chan, David A	\$564,863	Cleghorn, Scott A	\$558,500
Burnett, C J	\$360,974	Chan, Eng Lyan	\$372,778	Cloutier, Justin M	\$354,089
Burnett, Clinton J	\$256,707	Chan, Jennifer	\$82,633	Coates, Kevin R	\$502,984
Burnett, Mairi	\$271,529	Chan, Jessica S	\$161,025	Cochrane, David	\$120,905
Burnett, Margaret	\$149,587	Chan, Laura H	\$457,783	Cogar, Amber	\$363,456
Burnside, Tyler C	\$263,828	Chan, Timothy	\$241,726	Cohen, Barry A	\$910,019
Burron, Ian	\$248,002	Chapman, Leigh	\$1,097,275	Colbourne, Terry	\$188,804
Burym, Craig J	\$610,346	Charette, Miranda	\$308,083	Collin, Marian B	\$277,787
Burzynski, Jeffrey H	\$91,275	Chartier, Blake	\$124,767	Collison, Linda M	\$279,444
Bushidi, Mbuyu	\$669,842	Chatwin, Meghan K	\$292,307	Collister, Mark	\$140,276
Butler, James B	\$281,453	Chavali, Soujanya	\$277,073	Condon, Amanda J	\$75,212
Butler, Nicolaas	\$386,523	Chehadi, Abdel-Kar	\$306,435	Coneys, John G D	\$518,759
Butterworth, S	\$106,345	Chen, Lydia Y X	\$88,608	Connor, David D	\$750,677
Bybel, Bohdan ⁴	\$99,138	Cheng, Loni	\$251,854	Connor, Graham T	\$263,286
Bykova, Elena	\$350,138	Cherian, Rachel	\$137,983	Conrad, Kyle F	\$449,524
Bzura, Thomas J	\$506,940	Chernish, Gregory M	\$99,719	Consunji-Aranet, R	\$215,923
Calderon-Grande, H E	\$292,706	Chernos, Courtney	\$548,310	Convery, Kevin	\$517,448
Camoriano Nolas, G D	\$1,061,225	Cheung, Lai-Keung	\$314,326	Coodin, Michael G	\$446,512
Campbell, Barry	\$240,216	Chin, Daniel	\$931,361	Coodin, Shalom Z	\$93,371
Campbell, Neil	\$189,188	Chisick, Laura B	\$332,642	Cook, Katie A	\$140,418
Caners, Dennis T	\$530,735	Cho, Patrick A	\$730,511	Cooke, Andrew L	\$292,683
Caners, Theo	\$138,634	Chochinov, Paul H	\$385,568	Coombs, Jennifer	\$233,423
Cannon, John E	\$140,968	Chodirker, Bernard N	\$174,394	Cooney, Mathieu F	\$272,493
Cantor, Michael J	\$608,005	Chopra, Amit	\$426,012	Cooney, Megan J	\$208,175
Caplan, Aubrey H	\$168,486	Choptiany, Robert B	\$163,912	Corbett, Caroline	\$689,008
Caplan, Deborah C	\$315,934	Choptiany, Thor I	\$457,018	Cordova, Juan L	\$275,671
Cappellani, Ronald B	\$267,620	Chow, Herman	\$97,910	Cormier, Faith R	\$211,513
Carels, Brennan	\$114,229	Chow, Melina	\$90,277	Corne, Stephen I	\$614,113
Carleton, Alison	\$352,571	Chowdhury, A D	\$250,780	Coyle, Stephen J	\$368,356
Carrick, Kathrin	\$112,361	Chowdhury, Tumul	\$356,575	Cram, David H	\$861,844
Carriere, Chantal J	\$135,427	Choy, Stephen C	\$242,116	Cram, Jordan A	\$377,541
Cartagena, R A	\$468,134	Christiansen, D N	\$376,635	Cranston, Meghan E	\$403,896
Casaclang, Natalie	\$107,144	Christodoulou, C C	\$268,860	Craton, Neil	\$148,974
Casey, Alan R	\$363,235	Chubaty, Roman A	\$515,218	Crawford, David	\$138,262
Cassano-Bailey, A ²	\$574,661	Chudley, David A A	\$261,672	Creek, Kristen	\$84,790

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Crockett, Maryanne	\$76,831	De Gussem, Els M	\$133,209	Dizon, Aquilino	\$77,070
Crook, Lance A	\$420,991	De Moissac, Paul C	\$403,156	Doak, Greg J	\$261,055
Crosby, Jason A	\$748,456	De Muelenaere, P	\$1,196,977	Doan, Quy	\$285,994
Cross, Robert	\$356,670	De Rocquigny, A J	\$725,738	Docking, Leanne M	\$328,123
Crow, Roan	\$368,985	De Wit, Simon L	\$428,275	Dodd, Khushman	\$243,363
Crust, Louis J	\$98,157	Dean, Erin C	\$388,159	Doerr, Jeffrey J	\$210,550
Csupak, Brian E	\$470,222	Debnath, Pranab K	\$153,563	Dolynchuk, K N	\$284,545
Csupak, Elaine M	\$135,996	Debrouwere, R G	\$422,870	Dominique, Francis	\$206,555
Cudmore, Jessica	\$154,817	Decock, Candace	\$153,826	Domke, Heather	\$413,817
Cummings, M L	\$453,614	Decter, Diarmuid	\$777,401	Domke, Sheila	\$377,322
Curtis, Kyle J	\$189,654	Dekoninck, Theresa	\$119,079	Donald, Sean W	\$158,622
Cuvelier, Geoffrey	\$94,777	Delaquis, Alyssa C	\$226,053	Donaleshen, J A	\$1,129,979
Cuvelier, Susan L	\$286,593	Delaquis, Chloe	\$119,824	Donnelly, John P	\$401,776
Czajka-Fedirchu, C	\$215,688	Demeter, Sandor J	\$107,482	Dookeran, Ravi	\$2,370,786
Czaplinski, Jolanta E	\$98,512	Demsas, Habtu	\$324,471	Dornn, Bruce	\$212,396
Czaplinski, K	\$205,025	Denis, James P	\$435,325	Dow, Nathan W	\$237,936
Czaplinski, Peter R	\$227,389	Deonarain, Sue	\$250,602	Dowhanik, Monica A	\$112,547
Czarnecka, M M	\$161,541	Deonarine, Linda	\$380,319	Dowhanik, Paul B J	\$139,689
Czarnecki, W	\$280,833	Deong, Jean Pui	\$272,338	Downey, Angelle D	\$237,711
Czaykowski, Piotr M	\$122,324	Derendorf, Bradley K	\$79,001	Downs, A Craig	\$377,544
D'Mello, Andrea	\$114,208	Derkatch, Sheldon D	\$1,210,957	Drachenberg, D E	\$964,673
Daeninck, Paul J	\$160,118	Derzko, Lydia A	\$181,271	Drain, Brighid	\$75,107
Dakshinamurti, S S	\$265,031	Desautels, Angela D	\$170,963	Drewniak, Anna	\$99,072
Dalling, Gordon N	\$347,523	Desautels, Danielle	\$117,939	Drexler, Jaroslav	\$535,072
Dandekar, Anand S	\$598,687	Desilets, Nichelle	\$189,263	Du Plessis, M M	\$117,842
Dandekar, Masumi S	\$218,387	Desmarais, G P	\$96,230	Du Plooy, Johan	\$166,442
Dang, Tai Huu	\$286,657	Dhala, Aly	\$222,628	Du Preez, Joachim	\$223,934
Dangerfield, Aran L	\$449,204	Dhaliwal, Jamit S	\$625,357	Du Toit, Linda L	\$89,542
Dao, Vi V B	\$168,359	Dhaliwal, Perry	\$429,491	Du, Guoyan	\$100,085
Daoud, Hani M A	\$81,433	Dhaliwal, Rumeet	\$103,601	Du, Lei	\$499,848
Darczewski, Irena	\$318,829	Dhaliwal, Surinder	\$183,948	Dubberley, James	\$365,128
Darnbrough, A L	\$447,621	Dhalla, Sonny S	\$1,443,614	Dubey, Arbind A	\$212,227
Dart, Allison B	\$108,988	Dhanjal, Permjeet	\$245,714	Dubyna, Aaron D	\$112,666
Dascal, Mario A	\$811,412	Dharamsi, Nafisa	\$117,269	Dubyna, Dale	\$184,948
Dashefsky, S M ²	\$541,866	Diamond, Heather D	\$222,637	Ducas, Diane A	\$161,731
Davidson, J Michael ²	\$2,671,535	Dillon, J David	\$637,971	Ducas, John	\$472,955
Davie, Sophie	\$214,529	Dillon, Tanya	\$96,914	Ducas, Robin A	\$638,011
Davies, Jared	\$123,307	Din, Shamoon	\$235,439	Dueck, Darrin	\$355,511
Davis, Michael O	\$547,287	Dionne, Claire	\$403,823	Dueck, Laura J	\$198,871
Dawe, David E	\$126,783	Dirks, Jacquelyn	\$310,850	Duerksen, Carl	\$501,818
Daya, Jayesh J	\$568,647	Dissanayake, Dilani	\$260,117	Duerksen, Donald R	\$745,053
De Blonde, Riley T	\$175,168	Dixon, Nancy L	\$310,811	Duerksen, Mark T	\$363,687

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Duff, Brian D	\$221,427	Elves, Emmett J	\$591,581	Fleisher, Marcia L	\$112,594
Duff, Graham	\$174,972	Embil, John M A	\$1,297,898	Fleisher, William P	\$128,751
Dumatol-Sanchez, J	\$706,042	Embree, Joanne E	\$136,572	Fleming, Fiona L	\$370,738
Duncan, Kaitlin C	\$215,176	Emery, C	\$584,254	Fletcher, Colin W	\$265,311
Duncan, Stephen J	\$508,228	Emhamed, Musbah	\$861,827	Flynn, Bryan T	\$534,565
Dunford, Dawn A	\$127,757	Encarnacao, Cayley	\$113,640	Foerster, David R	\$464,689
Dunsmore, Sara E ³	\$375,915	Eng, Stanley	\$391,614	Fogel, Jordan P	\$455,181
Duplak, Kamila I	\$109,894	Engel, Jeff S	\$628,922	Fogel, Richard B	\$82,980
Durst, Michelle	\$108,174	Engelbrecht, S	\$370,313	Fontigny, Nadine J	\$335,128
Dutta, Vikas	\$497,264	England, Margaret	\$339,940	Forouzandeh, Fariba	\$411,236
Dwilow, Rachel	\$155,061	Enns, James P	\$867,097	Forsyth, Mark D	\$657,740
Dyck, Andrew J	\$378,771	Enns, Kelly	\$78,336	Foster, Rukhsana	\$151,189
Dyck, Gordon H	\$667,207	Erhard, Philippe	\$93,734	Fotti, Christoph	\$321,879
Dyck, Michael P	\$254,116	Eschun, Gregg M	\$179,377	Fotti, Sarah A	\$249,315
Dyson, Ashley L	\$371,411	Eshghi Esfahani, F	\$916,379	Fourie, Theo	\$441,850
Dzikowski, Dana R	\$444,094	Eskarous, Soad	\$535,567	Fox, Shandy	\$304,128
Eaglesham, Hugh ²	\$3,114,128	Esmail, Ali Raza	\$493,904	Frame, Heather	\$312,028
Earl, Kevin D G	\$258,026	Esmail, Amiral M	\$665,780	Frankel, Matthew S	\$682,920
Ebbeling-Treon, Lori	\$133,535	Espenell, Ainsley E	\$404,315	Fraser, Michael B	\$394,186
Ediriwickrama, I	\$430,385	Essig, Marco ²	\$545,282	Frechette, Chantal	\$186,690
Edward, Girgis	\$401,825	Ethans, Karen D	\$285,820	Frechette, Marc	\$307,673
Eghtedari-Namin, F	\$259,700	Etukakpan, Lucy E	\$389,613	Frechette, Sharon C	\$484,264
Ehsaei, Farhad	\$210,112	Evaniuk, Debra A	\$161,065	Frechette, Yannick	\$510,925
El-Beheiry, M H	\$75,620	Evans, Heather	\$109,240	Fredette, Patrick	\$257,873
El-Gaaly, Sherief A	\$346,775	Evans, Michele J	\$118,429	Friesen, Brittny	\$302,381
El-Matary, Wael M M	\$169,347	Ewonchuk, Marie J	\$253,651	Friesen, John	\$123,335
Elalleg, Abed Ali	\$529,551	Eze, Oscar	\$581,506	Friesen, Selena	\$99,315
Elbardisy, Nozahy	\$532,373	Fainman, Shane E	\$362,703	Friesen, Tyler B	\$326,975
Elbarouni, Basem	\$1,157,263	Faisal, Nabih	\$324,911	Frimpong, Daniel O	\$393,885
Elcheshen, Kimberly	\$83,139	Fanella, Sergio T	\$141,926	Frohlich, Arnold M	\$515,642
Eleff, Michael K	\$149,802	Fast, Mallory D	\$123,392	Frosk, Patrick D	\$112,510
Elgazzar, Reda F	\$142,896	Fatoye, Adetunji	\$200,763	Fudge, Jessica	\$291,723
Elgheriani, Ali	\$357,040	Feierstein, Michele	\$174,855	Fulmore, Andrea M	\$136,982
Elias, Kamelia	\$617,635	Felsch, Sheila E	\$240,898	Fulmore, Jonah J N	\$424,998
Elimban, Vinit V	\$289,176	Fenn, Jessica L	\$94,434	Fultz, Benjamin	\$103,271
Elkams, Sameh N B	\$415,694	Ferguson, David A	\$131,844	Fung, Adrian J	\$424,912
Elkhemri, A M	\$595,057	Finlayson, Nolan A	\$254,046	Fung, Harold ²	\$942,633
Elkin, Jonathan	\$334,596	Finney, Brett A G	\$524,959	Funk, Aaron N	\$264,780
Elkin, Mark S	\$345,763	Fiorentino, Elisa J F	\$111,952	Funk, Duane J	\$304,332
Elliott, Jacobi	\$312,329	Fishman, Lawrence	\$415,973	Gabor, Jonathan	\$1,188,051
Elliott, Jason	\$232,661	Fitzgerald, Michael	\$265,047	Gacutan, Sherwin	\$223,928
Ellis, Michael J	\$205,677	Fjeldsted, Fredrik H	\$295,809	Gaiser-Edwards, A	\$76,593

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Galenzoski, Kerry J	\$140,753	Gillman, Lawrence	\$286,593	Graham, Marjory R	\$224,303
Galesiere, Paul F	\$636,468	Gillman, Mark	\$103,488	Graham, Roger	\$99,390
Gall, Richard M	\$720,321	Gilmore, Jonathan	\$431,671	Grass, Stephen B	\$482,680
Gallagher, Katherine	\$183,516	Gilroy, Nadin C	\$102,579	Gratton, Remy-Mart	\$376,316
Garba, Sule	\$484,285	Gingerich, Joel R	\$218,962	Gravelle, Steven	\$397,544
Garber, Lesley	\$670,582	Gingerich, Roger	\$86,511	Gray, Michael G	\$324,865
Garber, Philip J	\$194,766	Girard, John	\$375,248	Gray, Regan C	\$240,892
Garbutt, Lauren	\$283,813	Girgis, Hossam E	\$379,066	Gray, Robin	\$286,652
Gard, Sherry	\$356,918	Giuffre, Jennifer	\$346,580	Gray, Steven W	\$196,767
Gardner, Rachel E	\$439,400	Glacken, Robert P	\$335,163	Green, Susan L	\$155,901
Garg, Manish	\$372,029	Glazner, Kathryn A	\$468,382	Greenberg, H M	\$501,463
Gawryluk, Marielle	\$295,062	Glenn, David M	\$80,095	Gregoire, Scott A	\$1,363,610
Gdih, Gdih A M	\$2,142,358	Glew, Wade B	\$333,567	Gregoryanz, Tatiana	\$252,225
Geisheimer, A R	\$321,995	Globerman, Adam S	\$1,182,239	Grenier, Debjani	\$124,725
Gendi, Mina A R	\$151,025	Globerman, D	\$248,319	Grexton, Travis J	\$108,667
Gendy, Baher M A	\$215,897	Glover, Pamela G	\$292,167	Greyling, Louw D L	\$292,486
George, Ronald H	\$278,297	Goeke, Fredrick	\$318,263	Griffin, Jennifer	\$222,213
Georgi, Michelle	\$75,354	Goerz, Paul G	\$108,064	Griffin, Patrick	\$161,132
Gera, Rakesh M	\$904,942	Goldenberg, B	\$191,400	Grimes, Ruth B	\$276,073
Gerges, George Ra	\$185,066	Goldenberg, David J	\$510,634	Grobler, Wilhelmus	\$371,745
Gerges, Hanan F	\$569,728	Gomori, Andrew J	\$343,160	Grocott, Hilary P	\$426,555
Gerges, Vivian F	\$507,599	Gooi, Teong H	\$722,092	Groenewald, L H	\$183,770
Gergis, Enas S	\$541,217	Goossen, Marvin	\$952,187	Groves, Lawrence	\$286,155
Gergis, Nermin Y	\$120,783	Gorcharan, Chandra	\$97,869	Grunfeld, Alexander	\$334,863
Gerhold, Kerstin	\$138,460	Gordey, Erin E	\$432,054	Gudmundson, C	\$302,475
Gerstner, Thomas V	\$514,187	Gordon, Jeremy	\$396,037	Guenther, Astrid	\$143,685
Gertenstein, Robyn J	\$394,351	Gordon, Vallerie	\$210,741	Guindi, Nizar S	\$493,162
Ghassem Boland, M	\$165,889	Goubran, Ashraf W ²	\$784,831	Guindy, Sherine	\$606,651
Ghebray, Tesfay M	\$340,684	Gouda, Fayez F	\$346,147	Gujral, Paramjeet	\$343,063
Ghebrial, Maged S N	\$419,836	Gould, Lisa F	\$519,589	Gulati, Harleena	\$78,344
Ghoneim, Mostafa S	\$722,644	Goulet, Stephen C	\$381,357	Gupta, Ravi	\$764,085
Ghorpade, Nitin	\$649,608	Gousseau, Michael	\$635,947	Guranda, Mihail	\$387,621
Ghrooda, Esseddeeg	\$520,930	Govender, P	\$385,106	Gururajaroo, S	\$618,100
Giannouli, Eleni	\$470,142	Govender, Prashen	\$173,268	Guzman, Randolph	\$652,397
Gilbert, Jane	\$370,496	Governo, Nelson J	\$489,396	Gwozdecki, Taras M	\$276,167
Gill, Balwinder	\$121,431	Goytan, Michael J	\$1,363,239	Habeeb, Ali Moham	\$268,400
Gill, Daljit	\$1,197,765	Grabowski, Janet L	\$660,588	Haberman, Craig J	\$323,009
Gill, Eunice	\$146,868	Grace, Kevin J	\$334,340	Haggard, Gian G	\$433,879
Gill, Jagroop S	\$483,028	Graham, Chris P	\$596,856	Hahlweg, Kenneth A	\$197,648
Gillespie, Brian	\$821,337	Graham, Clive	\$123,276	Hai, Md Abdul	\$366,975
Gillespie, Jamie L	\$297,884	Graham, Jeffrey R	\$82,245	Haji, Salah A	\$369,807
Gillette, Aleesha	\$270,214	Graham, Kerr	\$419,129	Hajidiacos, Nicholas	\$295,502

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Halbrich, Michelle	\$835,252	Hayward, Jenette F	\$114,709	Hooper, Davyd	\$763,975
Haleis, Ahmed R	\$301,854	Hayward, Rowland J	\$691,627	Hooper, Wendy M	\$409,482
Halogowski, David	\$325,894	Hebbard, Pamela	\$479,513	Horgan, Lee F	\$348,049
Hall, Andrew D	\$104,528	Hechler, Peter	\$244,717	Horton, Jillian	\$84,061
Hamam, Al Walid	\$606,442	Hechtenthal, Norman	\$104,133	Hosegood, Greg	\$111,970
Hamedani, Ramin	\$566,032	Hedden, David R	\$529,024	Hosseini, Boshra	\$519,746
Hameed, Kazi A	\$420,824	Hedden, John R	\$163,242	Houle, Diana A	\$243,951
Hamilton, Holly	\$182,057	Heibesh, Suzy G F	\$1,140,633	Houston, Donald S	\$86,081
Hamilton, Kristin A	\$119,698	Heinrichs, Kristin M	\$333,332	Hoy, Conrad S	\$128,550
Hammell, Jennifer	\$415,808	Helewa, Michael E	\$247,697	Hoy, Gerald J	\$233,832
Hammond, Allan W	\$559,170	Helewa, Ramzi M	\$927,706	Hoy, Murray L	\$395,895
Hammond, Greg W	\$351,844	Helms, Johan B	\$355,456	Hrabarchuk, Blair	\$404,943
Hancock, Betty J	\$147,095	Henderson, Blair	\$1,358,272	Huebert, David M	\$503,938
Hanif, Hasib	\$453,880	Henry, Stephen F	\$698,898	Hughes, Peter	\$225,101
Hanlon-Dearman, A C	\$244,367	Hensel, Jennifer	\$112,827	Hughes, Philip M	\$498,418
Hanna, Irin	\$279,790	Hicks, Cynthia D	\$785,236	Humniski, Kirstyn L	\$196,000
Hanna, Marni	\$546,634	Hiebert, Timothy	\$107,706	Hunt, Daniel A	\$267,395
Hanna, Nermeen S	\$783,909	Hildahl, Erik J	\$140,404	Hunt, Jennifer	\$541,235
Harding, Gregory E	\$732,298	Hildebrand, B C	\$333,447	Hunter, Christoph	\$447,785
Hardy, Brian ²	\$644,504	Hilderman, Lorraine	\$234,835	Hurd, Carmen	\$322,510
Hardy, Krista M	\$326,641	Hildes Ripstein, G E	\$146,345	Hurst, Lorne D	\$579,535
Hardy, Robert J	\$394,177	Hill, Scott	\$550,065	Hurton, Scott M S	\$146,452
Haresha, Abdullati	\$611,704	Hillman, China-Li	\$1,155,500	Hutchison, Trevor	\$381,697
Harlos, Craig H	\$187,323	Hingwala, Jay	\$905,698	Hutfluss, George J	\$390,461
Harmer, Helen A	\$257,431	Hitchcock, William G	\$102,960	Hyman, Jeffrey R	\$271,235
Harms, Stefan	\$427,798	Hitchon, Carol	\$118,465	Hynes, Adrian F	\$261,970
Harrington, M W	\$99,417	Ho, Juliet	\$126,336	Ilchyna, Daniel C	\$358,495
Harris, Kristin R	\$305,645	Ho, Peter	\$581,324	Ilnyckyj, Alexandra	\$631,694
Harris, Patricia	\$800,011	Hoban, Christoph	\$162,160	Ilse, Werner K	\$329,154
Harrison, Wayne D ²	\$2,243,319	Hobson, Douglas E	\$342,314	Imam, Isam E B	\$467,489
Hartley, Duane M	\$446,411	Hochman, David J	\$690,840	Inglis, Duncan	\$705,736
Harwood-Jones, M R	\$420,758	Hochman, Jordan	\$579,886	Inglis, Peter J	\$445,694
Hasdan, Galit	\$401,215	Hochman, Michael	\$452,307	Intrater, Howard	\$1,170,565
Hashemi, Bitia	\$119,060	Hohl, C M	\$296,670	Intwala, Chaitasi	\$234,763
Hashmi, Sajjad	\$499,650	Holland-Muter, E	\$170,768	Iqbal, Irum	\$272,820
Hassan, Taghreed	\$265,185	Holmes, Carol	\$130,342	Iqbal, Shaikh	\$185,981
Haverluck, Brenna L	\$145,400	Holmes, John	\$196,600	Irving, Heather	\$246,396
Hawaleshka, Adrian	\$145,946	Holmes, Signy L	\$811,326	Isaac, Carey	\$360,345
Hawe, Richard D	\$388,091	Holodniak, Anna	\$79,756	Isaacs, Robert L	\$130,528
Hawryluk, Gregory	\$179,039	Homik, Lawrence	\$933,813	Ishak, George	\$581,730
Hayakawa, T E	\$586,695	Honiball, James J	\$529,093	Iskander, Salah S G	\$418,128
Haydey, Richard P	\$1,240,283	Hoo, Aaron	\$76,556	Iskander, Suzan F	\$446,106

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Islur, Avinash	\$264,215	Johnston, Christine	\$103,397	Katz, Guido A	\$336,064
Ismail, Ibrahim	\$79,337	Johnston, Christoph	\$87,123	Katz, Laurence	\$103,175
Itzkow, Benjamin	\$141,190	Johnston, James B	\$107,369	Katz, M Faye	\$222,524
Iwaasa, Kenneth K	\$273,363	Johnston, Janine L	\$241,779	Katz, Matthew	\$235,766
Jabs, Marlis	\$101,341	Johnston, Stephanie	\$401,384	Katz, Michael D	\$885,861
Jackson, Andora	\$164,772	Jones, Donna	\$94,377	Katz, Pamela	\$268,091
Jackson, John H	\$78,310	Jones, Jodi Lynn	\$332,389	Kauenhofen, Kurt M	\$326,119
Jacob, Mary V ²	\$948,844	Jones, Michelle	\$306,939	Kaufmann, A M	\$238,796
Jacob, Thomas K	\$121,925	Jose, Joe M	\$315,883	Kaur, Bimal	\$83,111
Jacob, V C	\$234,191	Joshua, Julian M	\$253,734	Kaushal, Alka	\$165,281
Jacobs, Johannes	\$601,373	Joundi, Mohamed G	\$246,318	Kaushal, Ravi Datt	\$342,621
Jacobsohn, Eric	\$267,486	Jowett, Andrew G	\$300,803	Kaushik, Vishal R	\$266,120
Jaeger, Claire	\$313,032	Junaid, Asad	\$384,651	Kayler, Douglas E	\$288,372
Jagdeo, Amit	\$463,981	Jwely, Ahmed M	\$250,793	Kazina, Colin J	\$142,840
Jain, Madhuri	\$704,820	Kabani, Amin M ¹	\$346,587	Kazmi, Zahid R	\$250,638
Jain, Narendra	\$76,213	Kaderali, Zulfiqar	\$176,334	Kean, Sarah L	\$434,586
Jamal, Aleem	\$195,120	Kaethler, Wilfried	\$195,029	Kearns, Katherine	\$207,397
Jamal, Shabana	\$514,768	Kahanovitch, David	\$267,721	Keddy-Grant, Jill	\$326,877
James, Joann	\$541,725	Kaita, Kelly D E	\$561,565	Keech, Adam	\$89,180
Jamora, Earl	\$129,808	Kakumanu, A	\$304,181	Keeper, Edward S	\$80,065
Janke, Alyssa J	\$181,961	Kaler, Rajpreet	\$139,154	Keijzer, Richard	\$118,500
Jansen Van Rens, N	\$596,968	Kalicinsky, C	\$294,796	Kelleher, Barbara E	\$200,757
Janz, David E	\$345,065	Kaltornyk, Blake P	\$396,482	Kellen, Philippa	\$130,824
Jaramillo-Corre, C	\$367,901	Kania, Jadwiga	\$655,895	Kellen, Rodney I	\$597,460
Jassal, Davinder	\$751,990	Kanjee, Raageen	\$840,574	Kelta, Noha S G	\$246,768
Jastrzebski, Andre	\$1,111,207	Kansara, Roopesh R	\$273,474	Kemkaran, Kenneth	\$435,526
Jattan, Aaron R	\$154,214	Kanwal, Jaswinder	\$661,771	Kennedy, Maureen F	\$217,251
Javellana, Audrey	\$129,052	Kaplan, Joel	\$211,314	Kenneth, Melissa	\$76,661
Jawanda, Gurswinde	\$179,264	Karlicki, Fern	\$368,331	Kepron, Michael W	\$291,602
Jayakumar, Sethu M	\$373,327	Karpinski, Martin E	\$890,536	Kerr, Lorraine	\$113,502
Jayas, Rajat	\$301,063	Karvelas, John	\$268,900	Kerr, Paul D	\$513,613
Jebamani, Samuel	\$208,475	Kashefi, Hossein	\$695,947	Ketawala, Prasanga	\$396,493
Jellicoe, Paul	\$197,994	Kashin, Robert S	\$160,102	Keynan, Yoav	\$163,468
Jenkins, Keith A	\$117,842	Kashur, Rastm M S	\$150,477	Khadem, Aliasghar	\$771,177
Jensen, Derrek M	\$441,610	Kaskamin, Cody E	\$165,518	Khan, Ali H	\$584,222
Jhooty, Jason M S	\$305,054	Kasloff, Ian M	\$281,814	Khan, Noor M	\$367,352
Jilkine, Konstanti	\$220,052	Kasper, Kenneth D	\$367,516	Khan, Sadia A	\$210,271
Johnson, Bijai	\$516,564	Kass, Malek	\$1,059,106	Khanahmadi, S	\$866,427
Johnson, Darcy	\$631,223	Kassem, Wail A	\$256,738	Khandelwal, Ajai S	\$421,259
Johnson, Eric C	\$280,134	Kassier, Karl	\$695,223	Khangura, Davinder	\$508,524
Johnson, Michael G	\$1,218,853	Kassum, Shamina	\$90,797	Khelil, Assil I	\$386,297
Johnson, Robert G	\$356,893	Katopodis, Christina	\$464,265	Khimji, Mohamed	\$303,453

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Khoo, Clarence	\$656,339	Koodoo, Stanley R	\$368,197	Lacerte, Martina M	\$302,860
Khoshnam, Mohsen	\$274,105	Kornelsen, Brady Q	\$353,769	Lach, Lori Ann	\$95,562
Kickbush, Julie	\$496,452	Kosowski, Marco	\$108,860	Lafournaise, Carrie L	\$294,865
Kidane, Biniam	\$600,317	Kostyk, Richard	\$82,294	Lage, Karen L	\$302,485
Kilada, Baher F N	\$483,400	Kotb, Rami	\$99,974	Lalonde, Genevieve	\$178,059
Kim, Christina	\$160,114	Kotecha, Yatish	\$388,324	Lam, Herman P ³	\$1,020,160
Kim, Diane	\$93,651	Koul, Rashmi	\$209,536	Lamb, Julie A	\$218,876
Kim, Hae Kwang	\$297,518	Koulack, Joshua	\$817,050	Lamba, K S	\$380,284
Kim, Julian O	\$205,188	Kowalchuk, Ivan J	\$287,651	Lambert, David A	\$356,442
Kimelman, Allen L	\$227,015	Kowalski, Stephen E	\$223,938	Lambrechts, Hugo	\$243,273
Kimelman, S	\$144,218	Kowaluk, Bruce A	\$442,400	Lander, Matthew	\$328,261
Kindle, Geoffrey	\$1,164,991	Koz, Lori G	\$249,122	Lane, Eric S	\$259,254
King, Tara D	\$111,388	Krahn, Curtis	\$299,603	Lane, Margo A	\$120,701
Kinnear, David	\$485,513	Krahn, James	\$344,581	Langan, John T	\$265,236
Kinsley, David C	\$522,680	Krahn, Marianne	\$110,822	Langrell, Jordan	\$244,023
Kippen, James D	\$1,129,426	Kramer, Matthias	\$295,198	Langridge, James K	\$362,799
Kirkpatrick, Iain D C	\$1,114,676	Kremer, Steven	\$135,262	Lanouette, Danelle S	\$191,149
Kirshner, Alla	\$380,107	Kreml, John A	\$452,366	Lanthier, Claudine	\$370,372
Kish, Scott L	\$215,096	Kreml, Renee Lea	\$821,564	Large, Gregory	\$339,719
Klassen, Donald H	\$209,500	Krishnan, Prakash	\$197,329	Lau, Yan	\$679,461
Klassen, Larry J	\$213,608	Kristjanson, David N	\$110,718	Lautenschlager, J E	\$137,726
Klassen, Norma F	\$271,246	Krocak, Tadeusz	\$807,460	Law, Jaimie R	\$296,789
Klauke, Daniel	\$131,448	Kroeker, Bryan	\$223,699	Lawal, Waheed	\$428,791
Klippenstein, N L	\$780,735	Kroeker, Jordan	\$165,718	Laxton, J T W	\$283,601
Klippenstein, Peter J	\$225,754	Kroeker, Lloyd R	\$332,145	Lazar, Matthew H	\$404,499
Klopp, Annika	\$195,927	Kroft, Cara D L	\$169,845	Lazareck, Samuel L	\$163,259
Klus, Bradley A	\$134,467	Krongold, Israel J	\$273,529	Lazarus, Arie	\$357,770
Klym, Karen L	\$183,446	Krongold, Penina	\$338,296	Le, Wilson	\$405,072
Knezic, Kathy A	\$275,432	Kruk, Robert D	\$343,300	Lecuyer, Nadine S	\$132,590
Knight, Erin M	\$171,727	Krzyzaniak, Kelly M	\$273,544	Lee, Gilbert Q	\$335,267
Koczanski, Roman	\$134,029	Kuegle, Peter F X	\$432,445	Lee, Harvey B	\$377,715
Koenig, James K ²	\$4,009,230	Kulbisky, Gordon P	\$798,717	Lee, Sandra	\$1,065,610
Koensgen, Stuart J	\$113,606	Kumar, Aparna	\$608,626	Lee, Trevor J	\$458,974
Kogan, Sylvia	\$376,131	Kumar, Kanwal K	\$313,439	Lee, Trevor W	\$428,841
Koh, Clarissa	\$159,234	Kumbharathi, Ravi B	\$505,323	Lee, Vivian K	\$665,581
Kohja, Abbas Ali	\$495,551	Kundzicz, Edward	\$126,960	Lee, Wilfred	\$173,378
Koko, Ral	\$547,989	Kuo, Brian	\$313,857	Lee-Chen, Beverley	\$265,917
Koltek, Mark M	\$130,545	Kuzenko, Nina J L	\$217,772	Lee-Wing, M W	\$876,063
Komenda, Paul V J ³	\$608,351	Kwok, Karen S	\$291,515	Leen, Desmond A	\$101,255
Kong, Anne M C	\$234,203	Kyeremateng, Doris	\$278,427	Lefas, Georgia M	\$239,572
Kong, Lynda	\$327,910	La Rue, Leonard B	\$91,078	Lefevre, Gerald R	\$193,137
Konrad, Geoffrey	\$170,790	Labiyaratne, C	\$231,902	Lehmann, Heather	\$206,952

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Lei, Benny T C	\$474,365	Liu, Junliang	\$213,819	MacDonald, Kelly S	\$149,583
Leibl, Marli	\$262,373	Liu, Monica H	\$112,194	MacDonald, Lindsey	\$169,422
Leicht, Richard	\$1,864,578	Liu, Richard Y	\$198,299	MacDonald, Peter	\$483,534
Leitao, Darren J	\$430,301	Livingstone, Cam	\$86,529	MacDougall, B	\$173,433
Leloka, C Mathabo	\$372,139	Llanos, Romeo	\$150,124	MacDougall, Grant	\$664,376
Lemmex, Devin B	\$185,649	Lloyd, Alissa J	\$711,274	Macek, Ralf K W	\$181,704
Lenoski, Stephane	\$406,055	Lloyd, Robert L ²	\$477,492	Machado De Souza, C	\$240,062
Leonhart, Michael W	\$321,407	Lo, Evelyn	\$176,550	MacIntosh, Ethel L	\$381,510
Lepage, Elizabeth	\$88,858	Lockman, Leonard E	\$362,267	MacIntosh, Jason	\$116,631
Lepage, Matthew	\$127,208	Loepp, Christine	\$223,657	MacKalski, B A	\$575,225
Lerner, Neal	\$250,556	Loewen, Calvin G	\$330,508	MacKay, Michael J	\$175,691
Lesiuk, Thomas P	\$180,646	Loewen, Erin D M	\$110,049	MacKenzie, G Scott	\$706,261
Leslie, William D ⁴	\$970,226	Loewen, Sylvia R	\$207,922	Macklem, Alan K	\$286,895
Lesperance, S C L	\$194,457	Logan, Alison C	\$517,189	MacLean, Jayda M	\$86,819
Letkeman, Richard C	\$356,638	Logsetty, Sarvesh	\$340,326	MacLeod, Bruce A	\$322,051
Leung Shing, L P	\$193,243	Loiselle, Joel A	\$213,160	MacMillan, Michael B	\$400,518
Leung, Edward	\$134,850	Long, Adrian L	\$906,371	MacNair, Tracy L	\$1,168,536
Leung, Gabrielle	\$100,250	Longstaffe, Albert E	\$114,074	MacTavish, J W E	\$76,417
Levi, Clifford	\$660,329	Longstaffe, James	\$527,337	Madi, Lubna	\$355,004
Levin, Brenda L	\$485,757	Longstaffe, Robert C	\$95,094	Madison, Adena M	\$439,527
Levin, Daniel P ⁴	\$123,493	Lopez Gardner, L L	\$117,983	Magarrell, Cynthia	\$106,943
Levin, Heather	\$398,831	Lopez, Mirtha I	\$297,883	Magnusson, J B	\$269,527
Levy, Shauna B	\$442,609	Lorteau, Gilles	\$86,734	Maguire, Doug	\$646,599
Lewis, Anthony B	\$346,032	Loudon, Michael	\$652,403	Maharaj, Ian G	\$429,880
Leylek, Ahmet	\$206,298	Love, Michael	\$1,021,846	Maharajh, Dave A	\$290,116
Leylek, Melike L	\$229,696	Low, Allison	\$85,907	Mahay, Aric	\$475,615
Li, Gordon J	\$495,034	Lowden, Cameron S	\$473,064	Mahay, Raj K	\$735,889
Li, William	\$387,442	Lu, Paul B	\$243,723	Mahdi, Tahseen	\$214,402
Light, Bruce	\$88,681	Lucman, Tahir S	\$366,405	Maier, Joanne C	\$187,617
Lim, Siok Hoon	\$129,698	Ludwig, Louis	\$279,536	Maiti, Soubhik	\$625,198
Lindenschmidt, R B	\$531,721	Ludwig, Sora M	\$322,869	Maiti, Sourabh	\$93,993
Lindenschmidt, R R	\$318,447	Luk, Tse Li	\$372,572	Majeau, Ladonna	\$378,203
Lindquist, Christoph	\$990,637	Lukie, Brian J	\$398,539	Maksymiuk, A W	\$143,723
Lindsay, Daniel J ²	\$1,830,452	Lulashnyk, Ben J	\$316,958	Maksymowicz, Anet	\$452,914
Lindsay, Duncan C	\$1,124,640	Lum Min, Suyin	\$234,849	Malabanan, Edilberto	\$594,719
Lint, Donald W	\$155,004	Luqman, Zubair	\$377,373	Malchy, Brian A	\$102,374
Lipinski, Grazyna	\$298,146	Lynch, Joanna M	\$85,450	Malek-Marzban, P	\$1,468,559
Lipnowski, Stan	\$578,557	Lyons, Edward A ²	\$689,114	Malekalkalami, A	\$564,530
Lipschitz, Jeremy	\$926,000	Lysack, David A ²	\$935,296	Malik, Abid I	\$313,482
Lipson, Mark E	\$307,061	Mabin, Deborah	\$564,679	Maliik, Amrit	\$699,976
Littleford, Judith A	\$396,267	MacDiarmid, A L	\$303,943	Malik, Bittoo S	\$1,358,528
Litvinov, Alexey	\$251,151	MacDonald, Karen E	\$112,398	Malik, Rajnish N	\$680,722

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Malik, Shahbaz	\$82,625	Mayba, John I	\$1,143,754	Mehta, P G	\$528,601
Malmstrom, Jennifer	\$86,920	Maycher, Bruce W ²	\$1,738,777	Mejia, Ana Maria	\$80,188
Malo, Steven	\$146,743	Mazur, Stephen	\$151,424	Mekhail, Ashraf	\$598,867
Malouka Abdelma, SA	\$421,517	Mazurat, Andrea ³	\$888,774	Mellon, Aaron M	\$745,545
Mammen, Thomas	\$922,467	McCammon, J R	\$260,649	Melo Alfaro, L C	\$122,444
Man, Ada W Y	\$297,120	McCammon, R J	\$143,662	Memauri, Brett F	\$683,542
Mancini, Enrico V	\$149,482	McCannell, M G	\$118,603	Memon, Ghulam	\$865,394
Manishen, Wayne J	\$393,978	McCarthy, B G	\$371,957	Memon, Rukhsana	\$374,106
Manness, Robert C	\$157,348	McCarthy, Timothy G	\$636,921	Menard, Sheila	\$320,091
Mansfield, John F	\$164,536	McClarty, Blake M ²	\$1,397,371	Mendis, Mary R	\$144,157
Mansour, Ali H	\$193,665	McCrae, Heather	\$116,597	Mendoza, Kenneth R	\$341,491
Mansour, Hany M S	\$390,929	McCrea, Kristin	\$165,764	Menon, Rachna	\$79,559
Mansouri, Behzad	\$522,672	McDonald, H D	\$404,009	Menzies, Kathryn J	\$88,080
Manusow, Joshua S	\$1,669,091	McEachern, J D	\$875,580	Meradje, Katayoun	\$140,068
Marais, Francois	\$544,640	McElhoes, Jason R	\$334,227	Meredith, Melanie J	\$261,759
Marantz, Jeffrey ²	\$1,427,098	McFadden, L R	\$510,554	Meredith, Trevor J	\$390,437
Marantz, Jesse I	\$324,034	McFee, Colin D	\$392,765	Mestito Dao, Irene	\$87,387
March, Justin Ty	\$272,504	McGill, Dustin	\$161,887	Metcalfe, Jennifer	\$473,765
Marcoux, Morgan J	\$108,454	McGinn, Greg ²	\$876,482	Meyers, Michael	\$662,053
Mare, Abraham C	\$362,058	McGregor, Gregor I	\$253,268	Meyrowitz, David M	\$147,633
Marin, Samantha	\$131,677	McGregor, Jyoti M	\$209,589	Mhanni, Aizeddin	\$161,171
Marks, Seth D	\$171,442	McIntosh, Robbie W	\$128,363	Mian, Muhammad	\$302,951
Marriott, James J	\$207,060	McIntyre, Ian L	\$265,830	Mikhail, Samy N F	\$495,060
Marsh, Jonathan	\$449,939	McIntyre, Ian W	\$478,840	Miller, David L	\$326,840
Martens, David B	\$368,621	McKay, Michael A	\$416,556	Miller, Donald M	\$432,797
Martens, M Dawn ²	\$4,330,977	McKay, Savanna D	\$159,396	Miller, Lisa	\$945,850
Martens-Barnes, C	\$109,365	McLean, Norman J	\$461,293	Miller, Tamara L	\$290,357
Martin, Daniel	\$201,230	McLeod, Jaret K	\$182,420	Milligan, Brian E	\$465,572
Martin, David	\$420,481	McLeod, Malcolm	\$279,421	Millo, Noam Z	\$858,189
Martin, Kathryn	\$226,114	McMechan, Alison	\$77,632	Mills, Jeremy J	\$90,367
Martineau, Patrick	\$122,409	McMullen, Amanda J	\$142,978	Milner, John F	\$483,599
Martinez, Eddsel R	\$395,042	McNamee, David A	\$98,131	Minders, Lodewyk	\$556,815
Maslow, Kenny D	\$763,023	McNaught, Jennifer	\$145,239	Minhas, Kunal K S	\$1,217,531
Masoud, Ibtsam A	\$425,776	McNaughton, L J	\$294,384	Mink, Steven	\$165,223
Mathen, Mathen K	\$1,119,093	McPhee, Lisa C ²	\$1,695,038	Mintz, Steven L	\$160,626
Mathew, George	\$670,891	McPherson, J A M	\$103,732	Minuk, Earl	\$411,490
Mathieson, Angela L	\$456,774	McTaggart, Dawn L	\$186,961	Minuk, Leonard A	\$141,356
Mathison, Trina L	\$281,073	McTavish, William G	\$232,776	Miranda, Gilbert	\$79,850
Matsubara, T K	\$366,712	Medd, Thomas M	\$155,371	Mis, Andrew A	\$589,434
Matteliano, Andre A	\$1,041,895	Megalli Basali, S F	\$557,578	Miskiewicz, Laura M	\$178,062
Matthews, Chris M	\$263,114	Mehrabi, Faranak	\$535,625	Misra, Vasudha	\$415,323
Maxin, Robert	\$264,615	Mehta, Asita	\$173,717	Mitchell, Ryan T M	\$530,231

Manitoba Health Services Insurance Plan
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Schedule of Payments for Fiscal Year Ended March 31, 2020

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Moawad, Victor F	\$366,039	Mutter, Thomas C	\$312,652	Nickel, Jarrod E	\$344,537
Moddemann, Diane	\$238,434	Myhre, Joel R	\$430,910	Nicoll, Braden J	\$109,641
Modirrousta, M	\$156,188	Mykytiuk, Patricia	\$738,586	Nigam, Rashmi	\$712,534
Moffatt, Dana C M	\$1,023,222	Mysore, Muni	\$222,551	Nijjar, Satnam S	\$480,973
Mohamed, M A M	\$709,603	Mysore, Priyanka	\$399,648	Niraula, Saroj	\$111,385
Mohammed, A M E	\$585,199	Nagra, Sunit	\$389,926	Nishat, Samina	\$106,752
Mohammed, Ismail	\$100,507	Naidoo, Jenisa ¹	\$39,324,585	Nissan, Ramen	\$83,920
Moller, Erika E	\$262,893	Nair, Shona	\$369,359	Njionhou Kemeni, MM	\$360,146
Moller, Philip R	\$771,784	Nair, Unni K	\$75,048	Nkole, Kelechi	\$175,733
Moltzan, Catherine	\$346,345	Narasimhan, S	\$241,013	Nkosi, Joel E	\$280,276
Momoh, John T	\$295,481	Narvey, Stefanie	\$254,998	Nnabuchi, E	\$338,684
Mongru, Padma P	\$226,369	Nashed, Maged	\$211,932	Noel, Colin	\$620,138
Moody, Jane K	\$175,800	Nasir, Mahmood	\$307,576	Noseir, Matta Sha	\$99,130
Mooney, Owen T	\$154,126	Nasir, Noreen	\$386,313	Noseworthy, Graham	\$170,924
Moore, Ross F	\$228,551	Nasr, Nagwa Y I	\$467,699	Nostedt, Michelle	\$535,052
Moran De Muller, K	\$917,065	Nasser-Sharif, M	\$105,461	Novel, Marino M	\$217,568
More, Christoph	\$235,623	Nasseri, Faranak	\$591,394	Nwankwor, I	\$401,459
Morham, Anthony	\$339,985	Nause, Leanne N	\$86,978	Nyhof, Harold W	\$363,164
Morris, Amanda F	\$453,327	Nawrocka, Dorota	\$198,812	Nyomba, Balangu L	\$217,560
Morris, Andrew L	\$323,933	Nayak, Jasmir G	\$808,303	O'Carroll, Aoife	\$124,772
Morris, Glenn S	\$247,117	Nazar-Ul-Iman, S	\$640,618	O'Hagan, David B	\$498,859
Morris, Margaret	\$206,019	Nelko, Serena	\$182,984	O'Keeffe, Kieran M	\$247,369
Morris, Melanie	\$156,225	Nell, Antoine M	\$769,887	Obara, Robert	\$886,008
Mottola, Jeffrey C	\$1,063,300	Nelson, Tyler	\$175,359	Obayan, Adebola O	\$141,006
Mousavi-Sarsari, S A	\$299,042	Nemani, Sailaja	\$251,251	Oberman, Saul S	\$189,814
Moussa, Nesreen M	\$216,127	Nemeth, Peter	\$132,254	Ochonska, Margaret	\$630,776
Mouton, Robert W	\$271,863	Nepon, Jack	\$368,070	Ogaranko, C P	\$301,805
Mowchun, Leon	\$262,384	Nepon, Josh	\$326,589	Ogunlana, Dorothy P	\$606,268
Mowchun, Neil	\$219,875	Neudorf, Matthew	\$87,950	Okorafor, Ikenna N	\$525,122
Mshiu, Merlyn	\$573,668	Neufeld, Donna M	\$299,289	Okoye, Chijioko	\$199,344
Muirhead, Brian	\$193,408	Neufeld, Gregory M	\$253,385	Okpaleke, Christoph	\$94,431
Mujawar, Quais M	\$315,101	Neufeld, John A	\$186,745	Old, Jason	\$485,761
Mulchey, Kimberley	\$562,609	Newman, Suzanne	\$134,268	Oliver, Jered	\$104,305
Mulhall, Colleen	\$80,616	Ng, Marcus C	\$351,967	Olivier, Erin P	\$436,205
Mulhall, Dale	\$79,671	Nguyen, Lien	\$291,472	Olson, Robyn L	\$258,622
Muller Delgado, H	\$342,190	Nguyen, Mai P	\$305,030	Olynyk, Fred	\$175,062
Muns, Paul	\$93,521	Nguyen, Minh H	\$288,946	Omelan, Craig K	\$299,777
Murray, Ken	\$551,935	Nguyen, Tai Van	\$503,984	Omelan, Graeme D	\$304,650
Mustafa Al-Ghir, H A	\$76,018	Nguyen, Thang N	\$407,444	Omichinski, L M	\$529,235
Mustafa, Arjowan	\$242,244	Nichol, Darrin W	\$306,585	Omodunbi, O	\$449,078
Mustapha, Shareef F	\$261,484	Nichol, Michael P	\$253,747	Omodunbi, O	\$185,222
Muthiah, Karuppan	\$848,471	Nickel, Curtis	\$87,142	Ong, Aldrich	\$163,044

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Ong, George H	\$376,310	Patel, Premal	\$174,322	Pieterse, Wickus	\$577,866
Onita, Ndubuisi	\$408,646	Patel, S V	\$332,945	Pilat, Edward J	\$262,482
Onwurah, Donatus U	\$583,163	Patenaude, A F	\$1,591,198	Pilkey, Bradley D	\$728,617
Onyshko, Daniel J	\$407,663	Paterson, Corinne R	\$319,245	Pinette, Gilles D	\$1,184,079
Opejin, Adetola A	\$79,941	Pathak, Kumar A	\$611,112	Pinniger, Gregory W	\$273,750
Oppenheimer, M W	\$258,428	Paul, James T	\$234,408	Pinsk, Maury N	\$104,107
Orlikow, Evan	\$185,061	Paul, Niranjana	\$524,036	Pintin-Quezada, J	\$278,751
Ormiston, John D	\$450,386	Pauls, Ryan J	\$479,527	Pio, Anton	\$378,384
Orr, Pamela	\$140,654	Paulson, Charles K	\$82,975	Pirzada, Munir A	\$485,274
Orukpe, Airidulu	\$167,613	Pederson, Kristen	\$145,089	Pirzada, Shan	\$564,363
Osagie, Ifeoma W	\$700,957	Peikes, Tyler	\$76,418	Pitz, Marshall	\$94,662
Osei-Bonsu, A	\$353,521	Peitsch, Lorraine	\$207,346	Pitzel, Colleen	\$131,260
Ota, Chidinma	\$441,656	Peled, Elia	\$81,190	Plester, Jennifer	\$257,183
Owusu, Nana	\$83,676	Pelletier, Manon M I	\$87,577	Plett, Michael G	\$75,279
Pachal, Cindy Ann	\$255,534	Peloquin, Christian	\$98,227	Plewes, Michael E	\$674,516
Pacin, Ondrej	\$285,328	Penner, Brittany	\$260,671	Poettcker, Robert J	\$430,297
Pacin, Stefan	\$508,651	Penner, Charles G	\$121,565	Pohl, Blane L	\$230,571
Pagura, Jina	\$87,509	Penner, Kurt	\$167,045	Polimeni, Joseph O	\$132,096
Paige, Dennis J	\$371,288	Penner, Stanley B	\$295,592	Poliquin, Philippe	\$106,275
Palatnick, Carrie S	\$500,849	Penrose, Michael	\$397,460	Poliquin, Vanessa	\$325,977
Palitsky, Daniel J	\$180,519	Pepelassis, D	\$148,275	Pollock, Bradley	\$565,189
Pambrun, Paul	\$99,569	Perche, Jason M	\$391,709	Poole, Cody M	\$213,960
Panaskevich, T	\$731,431	Peretz, David	\$850,628	Poon, Wayne W C	\$276,007
Pandey, Anil K	\$356,485	Perija, Brittany	\$160,891	Pooyania, Sepideh	\$602,575
Pandian, Alagarsam	\$696,166	Perl, Eytan J	\$313,504	Popescu, Andra D	\$132,082
Pang, Eileen G	\$198,695	Permack, Sheldon M	\$347,793	Popeski, Dianne K	\$523,721
Paniak, Anita	\$95,585	Pernarowski, K	\$681,484	Popoff, Daryl	\$246,901
Pannu, Fazeelat	\$498,540	Perrin, David	\$81,316	Popowich, Shaundra	\$419,812
Papegnies, Derek	\$126,386	Perry, Daryl I	\$401,928	Porath, Nicole	\$273,300
Papetti, Selena	\$168,238	Peschken, Christine	\$90,614	Porhownik, Nancy R	\$657,426
Paracha, M	\$595,808	Peters, Brian	\$581,172	Prasad, Benjamin	\$148,813
Paradoski, S	\$288,284	Peters, Hein	\$485,603	Preachuk, Chris T J	\$2,546,898
Parham, Shelley M	\$156,817	Peters, Leah R	\$76,180	Precious, Aribibia	\$136,012
Park, Jason	\$590,888	Petropolis, Christian	\$898,618	Prematilake, Suraj P	\$501,592
Parker, Kenneth R	\$371,241	Petropolis, Maria A T	\$75,722	Prenovault, Jean	\$575,746
Parker, William R	\$517,832	Pfeifer, Leia	\$95,363	Pretorius, Alexander	\$133,021
Parr, Grace E D	\$406,536	Phillips, Michael L	\$308,117	Pretorius, Luzelle L	\$94,717
Partap, Nadine A	\$139,900	Pickard, Kathleen	\$98,095	Preun, Jennifer	\$111,088
Partyka, Joseph W	\$576,674	Pickering, Christine	\$354,256	Price, Russell J	\$388,087
Paskvalin, Mario	\$684,794	Pidsadny, Shelly L	\$81,885	Prinsloo, Jochemus	\$323,315
Patel, Leena R	\$264,334	Pierce, Ryan T	\$95,538	Prober, Mark Alan	\$210,149
Patel, Praful C	\$556,167	Pieterse, Werner	\$391,730	Proctor, Christoph	\$253,576

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Prodan, Orest	\$97,700	Reda, Andrew W	\$372,494	Robinson, Christine	\$371,473
Psooy, Karen J	\$118,162	Reda, John E	\$278,338	Robinson, David B	\$257,790
Puar, Ripneet	\$265,463	Reda, Yousef	\$715,715	Robinson, Debbie J	\$728,670
Pundyk, Katherine	\$78,971	Reed, Jason M	\$383,235	Robinson, James	\$715,113
Punter, Fiona	\$333,129	Rehsia, Davinder	\$573,201	Robinson, Wesley K	\$364,166
Puttaert, Brett D	\$106,016	Rehsia, Navneet S	\$668,737	Rocha, Guillermo	\$1,288,954
Puttaert, Douglas	\$169,923	Rehsia, Sabeer S	\$613,535	Roche, Gavin	\$340,806
Pylypjuk, Christy L	\$371,302	Rehsia, Sach I	\$287,197	Rodd, Celia J	\$107,252
Pymar, Helen C	\$338,590	Reid, Gregory J	\$505,680	Rodrigues, Daniel	\$163,210
Qadir, Munir	\$485,742	Reimer, Darren K	\$242,585	Rodriguez Leyva, D	\$875,445
Quesada, Ricardo	\$353,693	Reimer, David J	\$592,428	Rodriguez Marre, I	\$315,702
Qureshi, Bilquis	\$480,649	Reimer, Heinz	\$186,482	Roe, Bruce E	\$105,977
Raabe, Michael A	\$570,530	Reimer, Murray B	\$221,334	Roets, Willem G	\$284,140
Raban, Roshan	\$503,500	Reinhorn, Martin	\$87,310	Rogozinska, Ludwika	\$263,497
Rabson, John L R	\$1,086,161	Reitmeier, Shayne	\$311,946	Rohald, Pam	\$467,654
Racette, Therese	\$87,843	Rempel, Regina R	\$123,457	Roman, Manal	\$459,412
Racosta, Juan M	\$221,230	Reslerova, Martina	\$688,748	Roman, Nader	\$425,636
Radulovic, Dejana	\$955,818	Retrosi, Giuseppe	\$99,810	Rona, Cesar	\$223,512
Rae, James A	\$190,577	Reyneke, Annemie	\$461,206	Ronald, Suzanne D	\$275,198
Rafay, Mubeen F	\$138,913	Reynolds, James L	\$439,385	Rondeau, Jocelyne	\$128,057
Rafikov, Marat F	\$581,940	Reynolds, Jody J	\$1,094,531	Rosario, Rosa	\$205,072
Raghavendran, S	\$315,002	Rezazadeh, Shadi	\$515,317	Rosenblat, Kara	\$75,720
Rahman, Jennifer	\$638,868	Rezk, Emad A	\$184,088	Rosenfield, Lana A	\$179,043
Raimondi, Christina	\$294,167	Rhoma, Salahalde	\$386,881	Rosenthal, Peter	\$226,180
Ramadan, Abdul N	\$394,023	Ricci Bartol, Maria F	\$221,349	Rosich-Medina, A	\$218,365
Ramgoolam, Rajen	\$421,558	Rice, Patrick	\$284,410	Ross, F Kath	\$277,137
Ramsay, Carey Ant	\$173,712	Richards, Ceri Anne	\$313,616	Ross, James F	\$792,323
Ramsay, James A	\$351,128	Richardson, Cindy J	\$1,359,863	Ross, Lonny L	\$279,385
Ramsey, Clare D	\$384,858	Riche, Barry ³	\$725,645	Ross, Timothy K	\$395,633
Randunne, Avanthi	\$742,163	Riel, Stefan L	\$321,037	Rothova, Anna	\$431,248
Randunne, Ayodya S	\$696,275	Rigatto, Claudio	\$722,913	Rousseau, Skye R	\$293,353
Ratcliffe, Gregory E	\$1,079,070	Rimmer, Emily K	\$151,128	Roussin, Brent C	\$400,193
Rateb, Ahmed	\$420,569	Ring, Heather	\$278,115	Roux, Jan G	\$228,818
Rathod, Shrinivas	\$236,019	Ringaert, Ken	\$123,833	Roy, Danielle	\$532,153
Ratnaparkhe, Sushil	\$1,227,774	Rist, Jamie Lee	\$286,151	Roy, Maurice J	\$218,399
Ratzlaff, Matthew	\$223,325	Ritchie, Janet	\$243,566	Rubin, Tamar	\$168,154
Raubenheimer, J P	\$555,258	Rivard, Justin D	\$571,452	Ruddock, Deanne L	\$314,956
Rauch, Johan F	\$778,615	Rizk, Abdalla M	\$646,265	Rumbolt, Brian R	\$368,457
Ravandi, Amir	\$787,843	Roberts, Janet R	\$215,314	Rusen, Jack B	\$232,198
Ravi Raj, -	\$146,610	Roberts, Kris A	\$226,729	Rush, David N	\$148,368
Raza, Irfan	\$432,951	Robillard, Susan C	\$278,150	Rusk, Richard C	\$182,157
Recksiedler, Carmen	\$95,169	Robinson, C Corrine	\$282,157	Russell, Samantha	\$474,496

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Rust, Len	\$192,260	Sayfee, Siamak	\$89,060	Shanks, Michelle	\$111,419
Rutherford, M M	\$290,567	Scatliff, Robert M	\$357,363	Shanti, Mohammad	\$823,257
Ruzhynsky, Vladimir	\$382,462	Schacter, Gasha I	\$348,821	Shariati, Majid	\$889,941
Ryall, Lorne A	\$118,505	Schaffer, Stephen A	\$163,763	Shariff, Tahara J	\$251,276
Ryz, Krista S	\$660,701	Schantz, Daryl	\$183,240	Sharkey, James B	\$425,577
Saad, Vera N	\$142,534	Schellenberg, A E	\$227,180	Sharma, Aditya	\$343,348
Saadia, Vivien	\$230,825	Schellenberg, J D	\$227,724	Sharma, Deepti	\$99,309
Sabapathi, Karthik	\$342,342	Schifke, William G	\$318,148	Sharma, Savita	\$254,885
Sabeski, Lynne M	\$482,466	Schmidt, Brian J	\$286,248	Sharma, Shelly	\$89,967
Sabri, Armin	\$95,981	Schneider, Carol E	\$394,793	Shatsky, Morley	\$680,523
Sadeddin, Rola	\$91,835	Schneider, Christoph	\$83,067	Shaw, James A	\$344,971
Saeed, Mahwash F	\$86,911	Schoeman, Adi Mari	\$98,301	Shawyer, Anna C	\$243,549
Saffari, Hamideh	\$322,415	Schroeder, Alvin N	\$352,115	Shayani Majd, Shiva	\$82,746
Sakla, Mary S S	\$463,415	Schroeder, F M	\$286,378	Shayegi Nick, Anita	\$724,266
Sala, Tanya N	\$177,981	Schur, Natalie K	\$402,702	Shell, Melanie	\$286,995
Salamon, Elizabeth	\$832,391	Schutt, Vivian A	\$391,269	Shelton, Paul A	\$179,042
Salem, Fayez	\$633,711	Schwartz, Leonard D	\$398,320	Shenoda, Kamal L M	\$470,950
Saighgeh, Armita	\$214,714	Scott, Jason	\$490,223	Shenouda, Mervat	\$389,387
Salman, Michael S	\$86,378	Scott, Sara	\$321,315	Shenouda, P F S	\$270,368
Saltel, Marc E J	\$419,381	Seager, Mary Jane	\$331,458	Shepertycky, M R	\$729,934
Salter, Jennifer	\$330,284	Seaman, Michael K	\$191,738	Sheps, Michael D	\$856,257
Salter, Neil W	\$220,610	Sefidgar, Mehdi	\$726,756	Sherbo, Ehren	\$142,978
Salter-Oliver, B A	\$117,785	Segstro, Ronald J	\$112,377	Shiffman, Frank H	\$487,628
Sam, Angela	\$953,616	Seifer, Colette M	\$441,083	Shobayo, Oladapo F	\$182,995
Sam, Diana	\$228,531	Seitz, Andrew R	\$302,887	Shokri, Ahvan	\$534,492
Samarasena, I G	\$96,472	Sellers, Elizabeth	\$113,302	Shokri, Mohammad	\$763,828
Samborski, Cory	\$121,129	Semus, Michael J	\$309,002	Shoukry, Sahar	\$215,506
Sami, Sahar	\$249,622	Sen, Robin	\$199,829	Shuckett, Paul	\$189,971
Samoil, Mary F S	\$342,744	Sequeira, Alastair	\$384,785	Shumsky, David	\$128,476
Samuels, Lewis	\$743,885	Serletis, Demitre	\$212,971	Shunmugam, R	\$1,255,956
Sandhu, Kernjeet	\$78,299	Sethi, Krishan	\$181,902	Sickert, Helga G	\$232,514
Saran, Kanwal D	\$137,256	Sethi, Subash	\$151,367	Sidarous, Amal M	\$666,325
Saranchuk, J W	\$602,552	Sewell, Gary	\$196,739	Siddiqui, Faisal S	\$315,093
Sareen, Sanjay	\$388,040	Sexton, Laura A	\$93,700	Siddiqui, Issar	\$614,271
Sarlas, Evangelos	\$149,200	Shah, Ashish H	\$1,011,291	Sidhom, Cherine R	\$559,912
Sas, Alyson P	\$108,378	Shah, Bharat	\$348,912	Sidhu, Arshdeep	\$102,854
Sathianathan, C	\$433,865	Shah, Syed A A	\$128,286	Sidhu, Gurveen K	\$166,125
Saunders, Kevin	\$261,297	Shaikh, Nasir	\$748,698	Sidhu, Kirandeep	\$112,715
Savage, Bonita	\$102,653	Shaker, Marian	\$1,085,455	Sidra Gerges, M E	\$403,509
Sawa, Gail F	\$322,808	Shamlou Montaze, AH	\$236,372	Siemens, Jason M	\$101,029
Sawyer, Jeremy A	\$396,839	Shane, Marvin	\$523,841	Sigurdson, Eric	\$97,862
Sawyer, Scott K	\$418,935	Shankar, Jai Jai S	\$420,407	Sigurdson, Leif John	\$1,020,485

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Sikora, Felix J	\$385,522	Small, Luke	\$82,065	Stillwater, Laurence	\$1,472,919
Silagy, Stewart	\$876,964	Smil, Eva	\$230,000	Stitz, Marshall	\$459,363
Silha, Josef	\$1,341,103	Smith, Catherine	\$271,043	Stockl, Frank A	\$2,043,172
Silhova, Dasa	\$283,765	Smith, Erik R	\$351,770	Stoffman, Jayson M	\$89,955
Silvaggio, Joseph	\$293,909	Smith, Kristine	\$368,670	Storoschuk, G W	\$320,883
Silver, Carla D	\$251,461	Smith, Louis F	\$618,817	Storsley, Leroy J	\$812,664
Silver, Norman A	\$514,571	Smith, Riley	\$322,493	Stoski, Roxann M ²	\$541,354
Silver, Shane	\$2,222,178	Smith-Bodiroga, S	\$142,272	Strang, David G	\$148,122
Silverman, Richard E	\$174,790	Sneath, Jason	\$2,036,448	Stranges, Gregory A	\$438,529
Simard-Chiu, L A	\$141,986	Snovida, Lioubov	\$266,952	Strank, Roydan K	\$381,144
Simons, Frances E	\$135,401	Sochocki, Michael P	\$391,728	Stride-Darnley, B	\$80,791
Simonsen, J Neil	\$98,192	Sodhi, Poonam	\$114,215	Stroescu, Daniela V	\$370,010
Simonson, Don W	\$203,056	Sodhi, Vijay K	\$673,156	Stronger, Lyle	\$388,728
Sin, Tra	\$259,009	Soile, Adeseye A	\$154,135	Strumphfer, Johann	\$398,288
Singer, Marilyn	\$113,392	Soliman, Ayman S M	\$133,742	Strzelczyk, Jacek ²	\$3,942,858
Singh, Amarjit	\$191,239	Soliman, Magdi F L	\$815,180	Sud, Anil K	\$702,414
Singh, Gurbalbir	\$344,244	Sommer, Hillel M	\$318,445	Suderman, Josiah L	\$85,550
Singh, Harminder	\$608,287	Soni, Anita	\$688,761	Sudigala, Srinivas	\$77,683
Singh, Maneesha	\$305,456	Soni, Nandini R	\$339,454	Sulaiman, W S S	\$495,269
Singh, Neal	\$125,231	Sonoiki, Taiwo G	\$358,777	Sun, Weiyun	\$131,075
Singh, Prabhjot	\$208,088	Sookermany, N	\$83,777	Sundaresan, M D	\$105,922
Singh, Ramandip	\$204,211	Sookhoo, Siuchan	\$625,491	Suski, Lisa	\$85,164
Singh, Renate G	\$624,260	Sopel, Mryanda	\$269,192	Susser, Moses M	\$186,770
Singh, Ricky D	\$503,005	Soufi, Youcef	\$307,988	Sutherland, Donna E	\$388,444
Singh, Robinder	\$302,221	Souque, Katryn E	\$494,998	Sutherland, Eric N	\$630,953
Singh, Shirin	\$352,751	Speer, Margaret	\$254,966	Sutherland, Ian Scott	\$410,684
Singh, Vikramjit	\$121,991	Speziali, Craig D	\$155,124	Sutherland, James G	\$257,593
Singh-Enns, Sonia	\$100,412	Srinathan, S K	\$356,608	Sutter, Joan A	\$82,455
Sinha, Meera	\$137,317	St Goddard, Jennifer	\$260,858	Sutton, Ian R	\$569,798
Sinha, Sachchida	\$249,649	St John, Philip D	\$270,766	Swartz, Jo S	\$147,552
Sivananthan, G	\$165,055	St Vincent, Anthony	\$259,846	Syed, Ali	\$124,932
Sivananthan, K	\$521,458	Staines, Kenton M	\$306,028	Szajkowski, T	\$348,413
Sivasankar, Raman	\$404,580	Staniforth, Christina	\$307,183	Szwajcer, David ¹	\$115,087
Skakum, Kurt K	\$193,543	Staniforth, Christoph	\$231,804	T Jong, Geert W	\$248,976
Skakum, Ruth	\$109,041	Stanko, Lorraine	\$656,958	Tadrous, Jacquelin	\$355,837
Skead, Lennard	\$517,860	Stasiuk, Allison D	\$341,233	Tagin, Mohamed A	\$142,606
Skinner, James T	\$104,365	Stefanyshen, G S	\$195,445	Tam, James W	\$640,722
Skrabek, Pamela J	\$201,017	Steigerwald, Sarah	\$110,992	Tamayo Mendoza, J A	\$511,083
Skrabek, Ryan Q	\$914,796	Steinberg, Robert J	\$222,435	Tan, Edward	\$278,876
Sloan, Gary W	\$192,180	Stelzer, Jose	\$209,725	Tan, Lawrence	\$459,495
Slutchuk, Marvin	\$262,244	Stephensen, M C	\$346,938	Tandon, Richa	\$466,267
Smal, Samuel J	\$376,219	Stern, Sheryl	\$132,565	Tangri, Navdeep	\$283,063

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Tanner, Karen L	\$282,433	Torri, Vamsee K	\$212,388	Van Jaarsveldt, W	\$492,760
Tapper, Jason A	\$737,050	Tran, Cuc P	\$418,379	Van Lieshout, Marno	\$81,836
Taraska, Victoria	\$819,619	Trepel, Simon	\$243,612	Van Niekerk, Etienne	\$280,806
Taraska, Vincent A	\$682,956	Trinh, Hang	\$168,046	Van Rensburg, C J	\$446,586
Targownik, Laura E	\$122,399	Trivedi, Anurag	\$349,749	Van Rensburg, P D J	\$545,835
Tariq, Muhammad	\$708,298	Trivedi, Sonal	\$130,858	Van Rooyen, M L	\$663,891
Tassi, Hisham	\$213,155	Tsang, Dominic	\$465,683	Van, Royce	\$380,570
Tawfik, Viola L	\$374,810	Tsang, James F	\$852,496	Vanderheyden, K L	\$123,247
Taylor, Hugh R	\$559,888	Tsang, Mae Tina	\$281,134	Vanderhooft, R H	\$83,360
Taylor, Susan N	\$579,745	Tsang, Susan T	\$108,988	Vanderwert, R T	\$159,622
Tegg, Tyler	\$343,731	Tse, Wai Ching	\$106,133	Vattheuer, Annabel	\$86,300
Teillet, Marc E	\$211,088	Tsuyuki, Sean H ²	\$2,329,157	Venditti, Marcello	\$322,962
Tenenbein, Marshall	\$498,938	Tufescu, Ted	\$590,163	Vendramelli, Mark P	\$318,212
Teo, Swee L	\$245,707	Tulloch Brownel, H V	\$78,296	Venkatesan, Nithya	\$234,669
Teskey, Lindsay S	\$207,856	Tunovic, Edin	\$296,907	Venter, Dirk J	\$517,418
Thames, Joyce	\$198,357	Turabian, B Michael	\$427,969	Vergara, Derrick Y	\$128,819
Thess, Bernard A	\$740,023	Turgeon, Thomas	\$566,313	Vergis, Ashley	\$571,694
Thielmann, A	\$93,648	Turner, Blaire D	\$160,687	Verity, Shawn D	\$344,001
Thiessen, Phoebe	\$256,414	Turner, Robert B	\$569,537	Verma, Mradula R	\$467,832
Thille, Suzanne M	\$265,727	Turner, Shelley A	\$142,327	Vermeulen, Sonja L	\$279,709
Thomas, Shawn T	\$400,725	Turner, Trent	\$172,802	Vernon, James	\$729,866
Thompson, D J P	\$328,522	Udow, Sean J	\$187,365	Verrelli, Mauro ³	\$612,435
Thompson, Elizabeth	\$99,836	Uduehi, Ekata A	\$85,853	Viallet, Norbert R	\$493,115
Thompson, Susan B	\$235,051	Ullah, Shahla I	\$548,604	Vickar, Eric L	\$420,492
Thompson, T R	\$198,090	Ungarian, Jillian	\$253,137	Vignudo, Silvia	\$259,385
Thomson, Brent R J	\$119,115	Unger, Jason B A	\$180,788	Villeda, Jose A	\$325,836
Thomson, Glen T D	\$256,762	Usmani, Maaz	\$283,499	Vipulanathan, M	\$571,412
Thorlakson, Derek	\$209,649	Utko, Pawel	\$439,927	Vipulanathan, V	\$413,401
Thorlakson, Ian J	\$133,998	Uwabor, Wisdom O	\$377,600	Visch, Shawn H R	\$227,263
Thorleifson, M D	\$554,007	Uys, Tharina	\$391,103	Visser, Gerhardt	\$463,963
Thwala, Andrea B	\$858,450	Uzwyszyn, Mira	\$127,788	Visser, Robin C H	\$166,729
Tien-Estrada, Joan	\$156,205	Van Alstyne, Murray	\$283,457	Vivian, Mark A ²	\$1,020,717
Tischenko, A	\$643,656	Van Ameyde, K J	\$226,300	Vlok, Nicolaas	\$395,918
Tissera, Ponsuge A	\$975,193	Van Amstel, L L	\$660,303	Vorster, Alewyn P	\$97,087
Tisseverasinghe, A	\$213,731	Van Dam, Averi	\$123,663	Vosoughi, Reza	\$88,429
Today Fahmy, Y	\$342,833	Van De Velde, R	\$444,886	Vosters, Nicole K	\$197,859
Toews, Karen A	\$436,406	Van Den Heever, JW	\$601,083	Vuksanovic, M V M	\$574,353
Toews, Matthew E	\$213,145	Van Der Byl, G	\$228,788	Wachukwu, Chinyere	\$149,771
Toleva, Olga I	\$874,274	Van Der Westhui, LC	\$370,739	Wahba Hanna, T W	\$583,342
Tomy, Kerri	\$175,558	Van Der Zweep, J	\$618,062	Wakeman, M S	\$158,755
Toole, John W P	\$298,225	Van Dijk, Cody	\$99,102	Waldman, Jeffrey C	\$167,420
Torbiak, Lindsay	\$147,098	Van Ineveld, C	\$76,442	Walkty, Andrew	\$104,774

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Wallace, Marc G	\$452,136	Wilson, Gregory P	\$524,756	Zacharias, James ³	\$868,761
Wallace, Sharon E	\$404,072	Wilson, Murray ²	\$2,239,047	Zahiri, Majid	\$520,757
Walmsley, Christoph	\$399,031	Winning, Kyle J	\$562,014	Zaki, Amel E	\$334,577
Walters, Justin J ³	\$835,308	Winogrodzka, C	\$319,131	Zaki, Magdy F	\$669,550
Walters, Leslea A	\$365,577	Winogrodzki, Arthur	\$265,480	Zapata Aldana, E	\$85,678
Wareham, Kristen B	\$378,437	Wirtzfeld, Debrah	\$187,922	Zarrabian, M	\$894,594
Warkentin, Ray	\$344,435	Wiseman, Marni C	\$1,421,354	Zayed, Abdalnass	\$224,584
Warnakulasooriy, R	\$185,476	Wiseman, Nathan	\$303,618	Zeiler, Fred	\$889,446
Warrack, Christoph	\$259,473	Woelk, Cornelius	\$284,137	Zeiler, Frederick	\$137,983
Warraich, Gunwant	\$188,833	Wolfe, Kevin B	\$709,224	Zelenietz, Caleb S G	\$359,316
Warraich, Kanwarjit	\$235,149	Wolfe, Scott A	\$406,944	Zetaruk, Merrilee	\$85,388
Warraich, Naseer	\$368,561	Wong, Clint S	\$654,147	Zhang, Jason J	\$182,939
Warraich, Navroop	\$109,374	Wong, Harley	\$97,149	Zhang, Surong	\$715,882
Warrian, R Keith	\$269,219	Wong, Ralph P W	\$347,503	Ziaei Saba, Shahnaz	\$387,789
Wasef, Mervat S	\$316,036	Wong, Stephen G	\$330,774	Zieroth, Shelley R	\$141,767
Wasef, Nagy S	\$242,073	Wong, Turnly	\$420,632	Ziesmann, Manfred	\$782,357
Watters, Timothy	\$204,695	Woo, Casey	\$452,785	Ziesmann, Markus T	\$342,018
Waye, Leon R L	\$372,052	Woo, Nobby	\$696,903	Zimmer, Kenneth W	\$400,690
Webb, Joanna	\$107,272	Woo, Vincent C	\$912,503	Zimmer, Leanne	\$76,443
Wengel, Tiffany	\$244,547	Woodmass, Jarret	\$525,111	Ziomek, Anna M	\$265,753
Werier, Jonathan	\$377,625	Worden, Tyler A	\$224,332	Zohni, Khaled	\$191,858
Wettig, Kara B	\$423,599	Wourms, Vincent P	\$441,049	Zohrab-Beik, Amir	\$642,806
White, Bruce K	\$439,279	Wuerz, Terence	\$348,360	Zoppa, Robert	\$526,783
White, Graham	\$95,752	Xu, Qi	\$197,504	Zylberman, Melina	\$186,164
White, Sandra	\$136,161	Yaffe, Clifford	\$499,855		
Whittaker, Elizabeth	\$238,300	Yale, Robert	\$138,614		
Wickert, Wayne A	\$171,360	Yamamoto, Kenneth	\$162,704		
Wicklow, Brandy A	\$94,806	Yamashita, Michael	\$649,229		
Wiebe, Chris J	\$146,585	Yamsuan, Marlen	\$177,239		
Wiebe, Kim L	\$141,928	Yang, Lin	\$275,412		
Wiebe, Sandra	\$360,350	Yankovsky, Alexei	\$395,720		
Wiebe, Tannis H	\$358,057	Yaworski, Daniel N	\$102,040		
Wiens, Anthony V	\$560,624	Yehudaiff, Doron	\$214,749		
Wiens, James J	\$743,385	Ying, Stephen M ²	\$1,120,056		
Wiens, John L	\$85,678	Yip, Benson	\$517,209		
Wiesenthal, B	\$144,964	York, Ryan J	\$272,518		
Wild, Kim J	\$443,166	Young, Brent C	\$237,117		
Williams, Christoph	\$181,083	Young, Jeanne	\$254,758		
Williams, J David	\$250,830	Young, R Shawn	\$319,649		
Williamson, D	\$138,775	Yu, Adelia	\$899,553		
Williamson, Kelvin W	\$732,982	Yuoness, Salem A ⁴	\$1,034,063		
Willows, Jim R	\$368,039	Zabolotny, Brent P	\$506,820		

(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 128-129 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 130-132 for list of facilities).*
- (3) *Billings for dialysis services representing the work of more than one physician. (See page 132 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 133 for list of facilities).*

Laboratory Directors and Facilities

Kabani Amin M

Altona Community Memorial Health Centre
Arborg & District Health Centre
Beausejour Health Centre
Bethesda Hospital - Steinbach
Boissevain Health Centre
Boundary Trails Health Centre - Winkler
Carberry and District Health Centre
Carman Memorial Hospital
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
Health Sciences Centre/Transplant Immunology Laboratory
Hunter Memorial Hospital - Teulon

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	Johnson Memorial Hospital - Gimli
	Lakeshore General Hospital - Ashern
	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

(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
Cassano-Bailey Alessandra 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 Sport Manitoba
Eaglesham Hugh	Assiniboine Clinic X-Ray Charleswood X-Ray Clinic Dynacare (1020 Lorimer Boulevard) Dynacare (355 Ellice Avenue) Lakewood Medical Centre Meadowood X-ray Clinic Pembina X-Ray Clinic Winnipeg Clinic
Essig Marco	Health Sciences Centre WRHA MRI Clinic
Fung Harold	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 Harrison Wayne D	St. Boniface Hospital Prota Clinic Inc Brandon Clinic Medical Corporation Clement Block Laboratory and X-ray Services
Jacob Mary V Koenig James K	C.W. Wiebe Medical Centre Pan Am Clinic (315 Chancellor) Pan Am Clinic (300 Portage)

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	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
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)

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	Radiology Consultants of Winnipeg Medical Corporation (Pembina)
Maycher Bruce W	St. Boniface Hospital Mclvor X-Ray Clinic Transcona 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) X-Ray on Corydon
Ying Stephen M	Health Sciences Centre

Dialysis Directors and Facilities

Allan Donald R	HSC Sherbrook Centre Dialysis Unit
Armstrong Sean	SOGH Renal Program
Buetti Giuseppe	HSC Renal Program Section Head, Section of Nephrology, UofM
Dunsmore Sara E	SOGH Peritoneal Dialysis & Renal Clinic
Komenda Paul V J	SOGH Home Hemodialysis
Lam Herman P	HSC Central Dialysis Unit
Mazurat Andrea	SOGH Hemodialysis
Riche Barry	BHRC Renal Health Program
Verrelli Mauro	SBH Renal Program SBH Peritoneal Dialysis
Walters Justin J	SBH Hemodialysis
Zacharias James	HSC Home Hemodialysis Manitoba Local Renal Health Centres

(Continued)

Nuclear Medicine Directors and Facilities

Bybel Bohdan

Leslie William D

Levin Daniel P

Yuoness Salem A

Health Sciences Centre

Seven Oaks General Hospital

St. Boniface Hospital

Victoria General Hospital

Grace General Hospital

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 (C24)

- ◆ 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
 - (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) (repealed effective June 3, 2019)

- ◆ 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) (repealed effective June 3, 2019)

- ◆ 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 (N80)

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

THE OCCUPATIONAL THERAPISTS ACT (O5)

- ◆ 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 (O60)

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

THE OPTOMETRY ACT (O70)

- ◆ 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 2019/20

A number of health statutes and regulations were amended, enacted or proclaimed in 2019/20:

The Dental Health Services Act was repealed effective June 3, 2019.

The Dental Health Workers Act was repealed effective June 3, 2019.

The Mental Health Amendment Act was proclaimed into force effective June 1, 2019.

The Mental Health Amendment and Personal Health Information Amendment Act received Royal Assent and came into force on June 3, 2019.

Regulations:

The Dental Health Services Act

- **The Dental Health Fees Regulation** was repealed effective June 3, 2019.
- **The Dental Health Services Regulation** was repealed effective June 3, 2019.

The Dental Health Workers Act

- **The Board Composition Regulation** was repealed effective June 3, 2019.
- **The Dental Health Workers Regulation** was repealed effective June 3, 2019.

The Emergency Medical Response and Stretcher Transportation Act

- **The Land Emergency Medical Response System Regulation** was amended to:
 - repeal the requirement for compliance by emergency medical response technicians with protocols and procedures approved by the minister and the medical director of Provincial Emergency Medical Response Services (provincial medical director) and add a requirement for technicians to comply with clinical standards established by the provincial medical director in performing delegated medical acts and the code of ethics approved by the minister
 - repeal certain reporting requirements for information that is not required by the department and in relation to staffing of ambulances
 - reflect the role of Shared Health in relation to the provision of land emergency medical response services
 - update the list of equipment that is required to be carried on ambulances
- **The Air Emergency Medical Response System Regulation** was amended to:
 - repeal the requirement for compliance by aeromedical attendants with protocols and procedures approved by the minister and the provincial medical director and add a requirement for aeromedical attendants to comply with clinical standards established by the provincial medical director in performing delegated medical acts and the code of ethics approved by the minister
 - enable the use of single engine aircraft as air ambulances in addition to dual engine aircraft
- **The Stretcher Transportation Services Regulation** was amended to reflect the role of Shared Health in relation to the provision of stretcher transportation services to health care facilities.

The Health Services Insurance Act

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

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

The Mental Health Act

- **The Qualified Persons Designation Regulation** was made. This new regulation sets out the training requirements for a person to act as a “qualified person” under section 15 of the act.

The Pharmaceutical Act

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

The Prescription Drugs Cost Assistance Act

- **The Specified Drugs Regulation** was amended as required to update the list of drugs covered by the Pharmacare Program.

Appendix III – Performance Reporting

The following section provides information on key performance measures for the department for the 2019/20 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 2019/20 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 2020, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 4 days Level 2 (Semi-Urgent): 24 days Level 3 (Elective): 45 days Overall, 100% of patients received their surgery within the benchmark.	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 2020, the median wait time for all cancer types was 1.5 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 2019/20 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 2018, the mortality rate for heart attack (AMI) in Manitoba was 23.2 deaths per 100,000 population	The AMI mortality rate has declined dramatically in Manitoba, from approximately 140 deaths per 100,000 in 1979 to 23.2 per 100,000 in 2018.	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: 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 2015/2016 – 9.1	Age- and sex-adjusted prevalence per 100 Manitoba residents: 2017/2018 – 9.5 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, and prevalence is particularly high in the North (MCHP RHA Atlas, 2018).	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 2019/20 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
		2016/2017 – 9.3 Source: Manitoba Health, Seniors and Active Living administrative data.	Surveillance System (CCDSS) definition.		
Telehealth: # Communities and end points (The higher number of end points indicate that some communities have more than one location equipped.) Utilization by category Utilization rates	Shows the Province's ability to address access to care and education over geographically dispersed communities.	2007/08 Clinical: 4,876 Education: 1,230 Administration: 738 Tele-visit: 33 Other: 248 2004/05 4,369 events	2019/20 Clinical: 29,713 Education: 3,109 Administration: 1,362 Tele-visit: 40 Other: 13 2019/20 total utilization: 34,237 2019/20 total number of sites: 197 sites and 383 endpoints	Manitoba Telehealth (MBT) predicts 10 sites to be added in the next fiscal year. <u>Average Annual Growth from 2007/08 to 2019/20 fiscal years):</u> Clinical: 17% Education: 10% Administration: 5% Tele-visit: 7% Other: 2% 381% growth in # of events from 2007/08 (7,125) to 2019/20 (34,237)	MBT Fiscal Utilization Reports from 2003/04 to 2019/20 (data accessible from 2006/07) <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 <input type="checkbox"/> 2019/20: 34,237

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 2019/20:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2019/20
The number of disclosures received, and the number acted on and not acted on. <i>Subsection 18(2)(a)</i>	No disclosures were received.
The number of investigations commenced as a result of a disclosure. <i>Subsection 18(2)(b)</i>	No investigations were 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 2019/20.

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.

HIGHLIGHTS:

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 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 was 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

HEALTH, SENIORS AND ACTIVE LIVING	Baseline (April 1, 2016)	2016/17 (March 31, 2017)	2017/18 (March 31, 2018)	2018/19 (March 31, 2019)	*2019/20 (March 31, 2020)
Total number of regulatory requirements	115,467	117,623	117,886	108,901	111,368

	2019/20 From 2018/19	*2019/20 From baseline
Net change in total number of regulatory requirements	+2,467	-4,099
% change	+2.3%	-3.5%

- The 2019/20 figure includes changes to regulatory requirements that do not reflect the actual change in regulatory requirements brought about by the department in the fiscal year. Specifically, the reorganization generated a new departmental structure comprising regulatory instruments previously owned by other departments. These transfers resulted in:
 - an increase of three from Department of Justice
 - a decrease of 111 to Department of Families
- The increase in regulatory requirements is a result of the reorganization.
- Additional information is provided in the 2019/20 Manitoba Regulatory Accountability Report at www.manitoba.ca/reduceredtape.

Achievements

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

- The department's count for the period resulting from its own regulatory activity is 108,849 and has resulted in a 3.5 per cent reduction in regulatory documents.
- The department participated on the cross-departmental Regulatory Accountability Working Group in an effort to reduce regulatory requirements.