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ANNUAL REPORT  
RAPPORT ANNUEL

Manitoba Health  
and Seniors Care

Santé et Soins aux  
personnes âgées Manitoba





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**MINISTER  
OF HEALTH AND SENIORS CARE**

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 and Seniors Care for the fiscal year ending March 31, 2021.

Respectfully submitted,

“original signed by”

Audrey Gordon,  
Minister of Health and Seniors Care





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**MINISTRE  
DE LA SANTÉ ET DES SOINS AUX PERSONNES ÂGÉES**

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

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

Madame la Lieutenante-Gouverneure,

J'ai l'honneur de vous présenter, à titre d'information, le rapport annuel du ministère de la Santé et des Soins aux personnes âgées du Manitoba pour l'exercice se terminant le 31 mars 2021.

Je vous prie d'agréer, Madame la Lieutenante-Gouverneure, l'expression de mon profond respect.

«Original signé par»

La ministre de la Santé et des Soins aux personnes âgées,  
Audrey Gordon





**Health and Seniors Care**  
Deputy Minister of Health and Seniors Care  
Winnipeg MB R3C 0V8

**Honourable Audrey Gordon**  
**Minister of Health and Seniors Care**

Dear Minister:

I am pleased to present for your approval the 2020/21 Annual Report of Manitoba Health and Seniors Care and the 2020/21 Annual Report of the Manitoba Health Services Insurance Plan.

Respectfully submitted,

“original signed by”

Karen Herd  
Deputy Minister of Health and Seniors Care





**Santé et des Soins aux personnes âgées**

Sous-ministre de la Santé et des Soins aux personnes âgées  
Winnipeg (Manitoba) R3C 0V8

**Madame Audrey Gordon**  
**Ministre de la Santé et des Soins aux personnes âgées**

Madame la Ministre,

J'ai l'honneur de soumettre à votre approbation le rapport annuel 2020-2021 du ministère de la Santé et des Soins aux personnes âgées du Manitoba ainsi que le rapport annuel 2020-2021 du Régime d'assurance-maladie du Manitoba.

Je vous prie d'agréer, Madame la Ministre, l'expression de mon profond respect.

«Original signé par»

La sous-ministre de la Santé et des Soins aux personnes âgées,  
Karen Herd



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## Preface/Introduction

### Report Structure

This annual report is organized in accordance with the Manitoba Health and Seniors Care appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2021. This report provides information on the department as well as the Manitoba Health Services Insurance Fund.

This 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 ensure Manitoban patients, families, and seniors have access to quality, timely health care wherever they live through a health care system that is sustainable and accountable.**

In fulfilling its role, the department provides the policy direction, planning, funding and oversight of 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 and three northern nursing stations). As well, the department administers Pharmacare, insured benefits, fee-for-service physician services, and other non-devolved health services. It is 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 such as regional health authorities, CancerCare Manitoba and Shared Health and over 100 other service providers (primarily not-for-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 various SDOs. The department provides leadership and policy support designed to influence the conditions that promotes the health of the public 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.

The department also provides public health clinical leadership and ensures that a provincial public health system delivers to Manitobans on core public health priorities such as pandemics and communicable disease prevention. Public health services and programs will continue to be aligned with the broader health system.

## **Organization Chart**

In fiscal year 2020/21, Manitoba Mental Health, Wellness and Recovery was created. Manitoba Health, Seniors and Active Living also created a focused area for seniors care and is now known as Manitoba Health and Seniors Care.

The organization chart (as of March 31, 2021) reflects this change and includes the updated duties and functions confirmed on January 5, 2021.

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 et Soins aux personnes âgées Manitoba, comme il est indiqué dans le Budget des dépenses principal de la Province du Manitoba pour l'exercice terminé le 31 mars 2021. 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, ces derniers s'accompagnent du calendrier des paiements. Un rapport de toutes les divulgations d'actes répréhensibles a été ajouté à l'Annexe IV, tel que stipulé dans la Loi sur les divulgations faites dans l'intérêt public (protection des divulgateurs d'actes répréhensibles).

### 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 :

**Veiller à ce que les patients, familles et personnes âgées du Manitoba, où qu'ils résident, aient accès en temps opportun à des soins de santé de qualité par l'entremise d'un système de soins de santé durable et responsable.**

En remplissant son rôle, le ministère gère l'orientation, la planification, le financement et la surveillance du programme social le plus complexe et le plus visible publiquement de tous les programmes offerts par le gouvernement du Manitoba. Le programme est offert par l'entremise d'organismes indépendants de prestation de services, d'organismes de financement, de médecins indépendants, et d'autres fournisseurs de services rémunérés à l'acte ou par d'autres moyens. Une petite partie du programme est offerte directement par le ministère (p. ex. le Laboratoire provincial Cadham et les trois postes de soins infirmiers du Nord). 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 des politiques, la planification, le financement et le contrôle, afin de garantir que les organismes de prestation de services tels que les offices régionaux de la santé, Action cancer Manitoba, Soins communs et une centaine d'autres fournisseurs de services (principalement des organismes sans but lucratif) assument la responsabilité d'offrir à la population manitobaine des services de haute qualité à un coût abordable. 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 et l'appuie par le biais d'un dialogue continu avec la population manitobaine et les divers organismes de prestation de services. Il fournit la direction et le soutien stratégique nécessaires pour influencer sur les conditions qui promeuvent une bonne santé 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, citons 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 « bonne santé » n'est pas simplement l'absence de maladie. Elle englobe tout ce qui est bien-être physique, mental et social.

Le ministère offre également un leadership clinique dans le domaine de la santé publique et garantit la prestation à la population manitobaine d'un système de santé publique axé sur les priorités essentielles dans le domaine de la santé publique, tel la gestion des pandémies et la prévention des maladies transmissibles. Les services et programmes de santé publique continueront d'être harmonisés avec ceux du système général de soins de santé.

## **Organigramme**

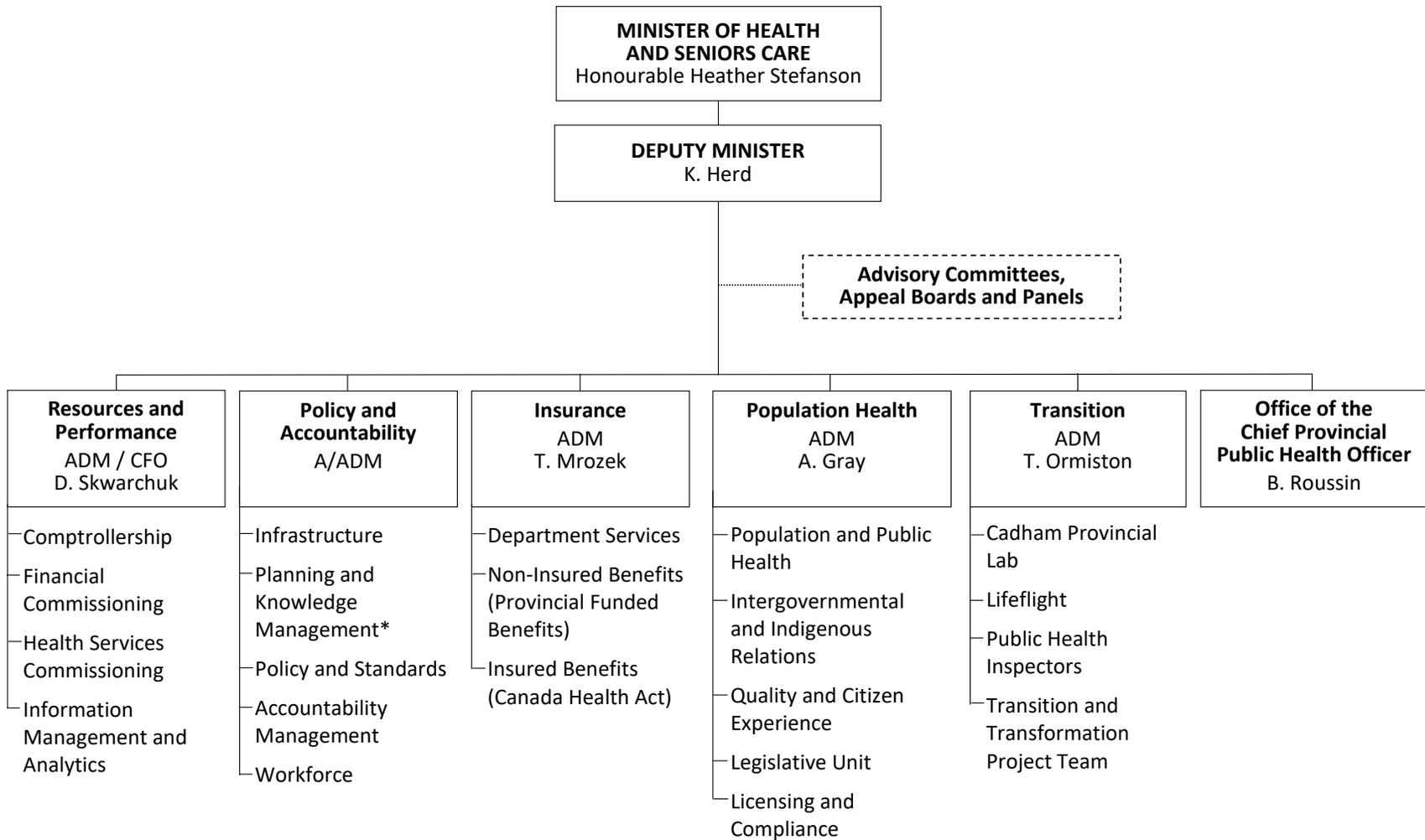
Le ministère de la Santé mentale, du Mieux-être et du Rétablissement du Manitoba a été créé lors de l'exercice 2020-2021. Le ministère de la Santé, des Aînés et de la Vie active a d'autre part établi une nouvelle priorité portant sur les soins aux personnes âgées et est maintenant connu sous le nom de ministère de la Santé et des Soins aux personnes âgées.

L'organigramme (en date du 31 mars 2021) reflète ce changement et comprend les attributions mises à jour et confirmées le 5 janvier 2021.

L'organisation des crédits dans ce document peut ne pas correspondre exactement à l'organigramme en raison des décalages existants entre le budget et divers autres cycles de planification impliqués.

# Manitoba Health and Seniors Care Organization Chart

As of March 31, 2021



\*formerly known as System Planning and Integration, and Knowledge Translation

## Resources and Performance

### 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	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Salaries and Employee Benefits	42	1.00	42	-	
<b>Total Sub-Appropriation</b>	<b>42</b>	<b>1.00</b>	<b>42</b>	<b>-</b>	

### Executive Support

**The objectives were:**

- To provide executive support to the minister of Health and Seniors Care 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	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Salaries and Employee Benefits	1,192	16.00	1,188	4	
Other Expenditures	139		217	(78)	
<b>Total Sub-Appropriation</b>	<b>1,331</b>	<b>16.00</b>	<b>1,405</b>	<b>(74)</b>	

## Administration

### The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of the department with focus on:
  - commissioning of key health programs and services with service delivery organizations (SDOs)
  - funding programs and services in an innovative and modernized manner
  - provision of data, information, and analytical expertise to the health care system in supporting evidence informed decision making
- To provide direction and oversee improved economy, efficiency, effectiveness, and value for money in investments of designated program delivery as it relates to the broader health care system.

### The expected and actual results for 2020/21 included:

1. Effective delivery in health programs and services through more accountable means in funding and oversight.
  - Renewed annual commissioning letters to SDOs to reinforce accountabilities to the department that included, but were not limited to, alignment to government mandates, provincial health performance dashboard, and minimum priority procedure volumes to be delivered.
  - Instituted new COVID-19 expenditure tracking processes, and mechanisms for reimbursement of demonstrable incremental COVID costs across the health sector.
2. Optimized mechanisms through which health programs and services are commissioned, leading to allocative and technical efficiency and economy.
  - Designed, developed, and executed new innovative request for supply arrangements with numerous providers of services related to wait times and priority procedures.
  - Oversaw major funding transfers and fiscal restructuring of large SDOs as it related to Manitoba's Health System Transformation Program.
3. Improved decision making through the provision of timely and accurate data, information, and analysis.
  - Established virtual working teams of information management and analytics personnel across Manitoba health organizations as a precursor to formalization of shared service.
  - Supported decision makers at large (administrators, clinicians, evaluators, researchers, epidemiologists, etc.) in their health decision making needs through a multitude of analytical means as part of the shared service.
  - Lead in the analytical support to Manitoba's COVID planning and response. This included various operational and public dashboard reporting related to the pandemic and response. It also included the design and development of epidemiological modeling of Manitoba's actual and projected COVID experience.

### 1(c) Administration

Expenditures by Sub-Appropriation	Actual 2020/21 \$(000s)	FTE	Authority 2020/21 \$(000s)	Variance Over(Under) Expl. \$(000s)	No.
Salaries and Employee Benefits	276	3.00	280	(4)	
Other Expenditures	18		26	(8)	
<b>Total Sub-Appropriation</b>	<b>294</b>	<b>3.00</b>	<b>306</b>	<b>(12)</b>	

## Comptrollership

### The objectives were:

- To provide evidence informed 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, consistent and in accordance with Canadian Generally Accepted Accounting Principles (GAAP) and the accounting standards issued by the Public Sector Accounting Board (PSAB).
- To provide financial advice and testing support on information technology systems for the department.

### The expected and actual results for 2020/21 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, the department was able to effectively and efficiently utilize its tangible and financial resources 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, Annual Report and other financial reports or documents on the fiscal status of the department were prepared in a timely manner.
4. 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, the department was able to provide timely payments to vendors and timely reports for decision making.

### 1(d) Comptrollership

Expenditures by Sub-Appropriation	Actual	FTE	Authority	Variance	Expl.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Salaries and Employee Benefits	1,403	19.60	1,443	(40)	
Other Expenditures	141		179	(38)	
Grant Assistance	372		438	(66)	
<b>Total Sub-Appropriation</b>	<b>1,916</b>	<b>19.60</b>	<b>2,060</b>	<b>(144)</b>	

## Financial Commissioning

### The objectives were:

- To design departmental commissioning methods and overall modernization of funding approaches through research and knowledge synthesis.
- To provide fair and equitable distribution of funds to health authorities and other health organizations in accordance with government priorities and legislation.
- To develop and maintain financial commissioning policy and procedures in alignment with government requirements.

- To provide fiscal oversight, through monitoring and reporting the effective and efficient use of resources of all health entities, in collaboration with Health Services Commissioning Branch.

**The expected and actual results for 2020/21 included:**

1. Engage consultant to define the Manitoba model for commissioning and accountability framework.
  - Engaged consultant to work with the department and defined the Manitoba model for commissioning and accountability framework.
2. Expand capacity within the branch through training and strategic hiring aimed at building commissioning design, and value for money expertise.
  - Expanding capacity within the branch aimed at building commissioning design and value for money expertise delayed as a result of COVID-19.
3. Financial expertise and direction provided to health authorities, other health organizations and agencies in support of various government projects and initiatives, specifically for operating, medical and capital funding requirements including recommendations for investment and disinvestment.
  - Provided financial expertise and analysis to various internal and external stakeholders.
  - Responded to ad hoc requests on a timely basis from various stakeholders.
4. Financial recommendations identifying risks and opportunities are based on evidence, 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 focused specifically on financial impacts.
5. Enhanced accountability mechanisms designed to increase oversight and stewardship of financial resources as a result of stronger legislation, policy and accountability agreements.
  - Enhanced reporting tools and increased frequency of reporting to increase oversight and stewardship of financial resources.
6. Assurance that the financial position of the health authorities and other health organizations are accurate, complete, and align with authorities provided by way of external audited financial statements.
  - 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. Complete, consistent, and reliable financial reporting that can be used to inform current performance and future strategic planning of the health system and enhance accountability through public reporting.
  - 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 the department.
  - Analyzed financial reporting received from health authorities and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.

**1(e) Financial Commissioning**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	1,599	24.00	2,285	(686)	1
Other Expenditures	38		93	(55)	
<b>Total Sub-Appropriation</b>	<b>1,637</b>	<b>24.00</b>	<b>2,378</b>	<b>(741)</b>	

*Explanation Number:*

1. Primarily due to miscellaneous salaries under-expenditure.

## Health Services Commissioning

### The objectives were:

- To design, build, implement, and sustain a health services commissioning process within the governance of the Health System Transformation Program.
- To advance improvements in defined health system outcomes, results, and strategic policy aims through health services commissioning and stronger performance management practices related to commissioned services.
- To facilitate the development of capacity within the department and the health system to have the knowledge and ability to fulfil commissioning-related functions and processes within the context of the new legislative framework and approved commissioning design.
- To foster strong working relationships with partners and stakeholders in the health services commissioning process, including other branches of the department, health authorities, and service providers.

### The expected and actual results for 2020/21 included:

1. A commissioning and accountability framework is developed and implementation is initiated.
  - A framework was developed and preliminary work to enable implementation was undertaken.
2. Information is provided to department staff and health system stakeholders on the introduction of commissioning health services and related functions/processes.
  - Information was developed and shared in various venues with department staff and health system stakeholders on the introduction of commissioning and accountability.
3. The first phase of accountability agreements is introduced to health authorities and appropriate oversight is conducted.
  - Health authority leadership is aware of the expectations associated with an introduction of accountability agreements, and engagement has occurred to review key components with senior stakeholders.
4. Commissioning letters are issued, as required, and appropriate oversight is conducted.
  - Annual commissioning letters were issued in 2020/21 and monitoring of deliverables was undertaken.
5. Operation of the first phase of the health system performance management system and dashboard is sustained and opportunities for improvement are assessed and implemented, as appropriate.
  - The health system performance dashboards were produced on a monthly basis and used by health system leadership to assess performance against targets. Feedback from health system leadership was reviewed and actioned as required.
6. The department is supported in the cascading of the government's dashboard to department operations.
  - Developmental work to support cascading the balanced scorecard to the department level was initiated, including identification of interim measures and aligning performance planning activities to the department's strategy development.
7. Development of common templates for service purchase agreement schedules is initiated.
  - This transformation-related work was placed on hold for 2020/21 to accommodate the health system's response to the COVID-19 pandemic. Regional health authorities applied their existing formats for agreement schedules with service providers.

8. Continuing service agreements and grants with approved service providers are in place and appropriate oversight is conducted.
  - Agreements were renewed with grant-funded agencies to set out deliverables, funding, and reporting expectations associated with delivering a variety of services for Manitobans on behalf of government. The branch also undertook monitoring activities based on the agreements.

#### 1(f) Health Services Commissioning

Expenditures by Sub-Appropriation	Actual 2020/21 \$(000s)	FTE	Authority 2020/21 \$(000s)	Variance Over(Under) \$(000s)	Expl. No.
Salaries and Employee Benefits	338	15.60	(651)	989	1
Other Expenditures	12		91	(79)	
<b>Total Sub-Appropriation</b>	<b>350</b>	<b>15.60</b>	<b>(560)</b>	<b>910</b>	

*Explanation Number:*

1. The 2020/21 Authority includes a virement transfer of \$1,861.0 from 21-1F to 21-7C for various COVID-19 related expenditures.

## 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.
- To leverage the discipline and expertise of epidemiology and surveillance to translate and mobilize data and knowledge to support immediate actions by the provincial public health system.

### The expected and actual results for 2020/21 included:

1. Departmental programs, service delivery organizations (SDOs), 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, developed and maintained COVID-19 operational dashboards and other reports 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 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 SDOs 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 SDOs to inform performance and opportunities for quality improvement.
  4. Enhanced tools and protocols (e.g. notifiable disease reporting forms, databases, and dissemination tools) are in place 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.
  5. An integrated, coordinated approach by the department to health research activities is in place.
    - Provided expert 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.

#### **1(g) Information Management and Analytics**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual</b>	<b>FTE</b>	<b>Authority</b>	<b>Variance</b>	<b>Over(Under) Expl. No.</b>
	<b>2020/21 \$(000s)</b>		<b>2020/21 \$(000s)</b>	<b>Over(Under) \$(000s)</b>	
Salaries and Employee Benefits	4,176	46.00	3,830	346	
Other Expenditures	286		572	(286)	
<b>Total Sub-Appropriation</b>	<b>4,462</b>	<b>46.00</b>	<b>4,402</b>	<b>60</b>	

# Policy and Accountability

## Administration

### The objectives were:

- To oversee system level accountability aligned to legislation.
- To provide strategic leadership to advance and support the objectives and priorities of the department with a focus on health infrastructure.
- 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.
- To provide leadership and oversight to the branches within the Policy and Accountability Division.
- To provide strategic leadership and advice which advances the objectives and priorities of government.
- To provide strategic leadership to advance and support the objectives and priorities of the department with a focus on department and health system planning (including Manitoba's Clinical and Preventive Services Plan [MCPSP]).
- To provide strategic direction and oversee legislated requirements such as the French Language Services Plan, annual reports and other governance policies.

### The expected and actual results for 2020/21 included:

1. Development of system level accountability framework aligned to legislation and regulation.
  - Developed a Project Charter for the accountability framework that was approved by all applicable branches within the department. Further work on the framework was put on hold as a result of staff being redeployed to assist with COVID-19 efforts.
  - Progressed the development of planning processes and policies to align to the legislation and regulation providing direction regarding approval for the acquisition of equipment and real property.
2. Initial implementation of accountability structures and processes.
  - Informed stakeholders of the updated processes and policies, and provided stakeholders with an opportunity for input.
  - Implementation was put on hold as staff were re-deployed for COVID-19 efforts.
3. Effective resolution of system accountability issues.
  - Established the Capital Program Development Oversight Committee to identify and resolve any issues arising during the capital planning and implementation phases.
  - Reviewed and resolved issues as identified.
4. Infrastructure initiatives are appropriately scoped, resourced and supported to achieve the identified project objectives and the overall strategic objectives of the department.
  - Provided oversight and guidance to ensure that requirements were known and understood by Shared Health and service delivery organizations.
  - Provided funding for 13 new capital projects including the St. Boniface General Hospital Emergency Department Redevelopment, Personal Care Home (PCH) Visitation Shelters and projects directly related to MCPSP.
  - Provided funding for 15 new information and communication technology (ICT) projects to support province-wide solutions.
  - Provided ongoing oversight for capital and ICT projects with a total project value of approximately \$490 million.

5. Electronic data interchange between the department, Shared Health, regional health authorities, health care providers and other government departments and jurisdictions continue to be completed in an effective, secure and appropriate manner.
  - 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.
  - Continued to operate over 42 systems to benefit Manitobans.
6. Renovations, improvements, upgrades and functional changes to existing facilities and systems have been completed in a timely fashion, in priority sequence, and in accordance with business rules and requirements.
  - Continued oversight of 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 oversight of 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 oversight of the annual specialized equipment program including the monitoring of expenditures and completion of delivery/installation.
7. Necessary data and information have continued to be made accessible for department staff to achieve corporate goals and objectives.
  - Systems and applications necessary to provide healthcare information and data are maintained and operational 24 hours a day, seven days per week.
8. Manitoba investments in infrastructure solutions and operations support the strategic objectives of the department, the regional health authorities and the publicly funded health sector.
  - Investment in capital and ICT projects totalling \$76 million was made to support a provincial digital health platform as well as projects such as the Acute Stroke Unit at Health Sciences Centre and additional PCH beds in Steinbach and Carmen.
  - Provided funding and oversight for safety and security and specialized equipment projects throughout the province with a total investment of \$67 million in 2020/21.
9. Continued implementation of improvements in infrastructure governance and planning with the intent of improving and enhancing the infrastructure services across the healthcare sector.
  - Initiated the implementation of the annual capital planning cycle to ensure funding is appropriately allocated based on provincial priorities.
10. Improved consistency in direction within and between branches.
  - On behalf of Policy and Accountability Division, Policy and Standards Branch initiated development of a departmental policy framework, to ensure consistent processes and standards for preparing policy advice, and for developing policies.
  - Performed regular review of ongoing projects within the branch and with other branches such as Financial Commissioning.
11. Health system policy is transparent, accountable, aligned with best practice and congruent with government policy direction, supporting attainment of a sustainable and efficient health system.
  - Provided advice on policy gaps requiring direction/addressment on policy issues across the spectrum of health care services.
  - Proposed revisions to existing policies and drafted new health system governance policies, standards and procedures.

- Provided policy orientation and support across the department to enhance policy capacity and design.
  - Enhanced reporting and auditing processes under governance policies for the health care system.
  - Supported health system response to COVID-19 pandemic through leading the establishment of COVID visitation shelters and through representing Manitoba on federal / provincial / territorial personal protective equipment (PPE) committees, including coordinating establishment of whole of government standards and protocols for PPE allocation, utilization, contingency planning and realignments across government.
  - Continued oversight and guidance to ensure that requirements were known to and complied with by Shared Health and service delivery organizations.
12. The department is compliant with and advances progress towards completion of government objectives and priorities.
- Advanced projects that aligned with MCPSP including those that promote care closer to home and virtual care.
13. Strategic direction supports alignment across and integration between planning, policy, funding and oversight.
- Revised the strategic planning process and initiated development of a new strategic plan for the department.
  - Continued to provide policy planning and oversight of the health human resource planning work being carried out by Shared Health to ensure alignment with provincial priorities for the health system.
  - 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 stakeholders regularly to establish scope of work, funding expectations and timelines related to investment.
14. Oversight of MCPSP that ensures implementation as outlined.
- Oversaw department staff in their role as liaisons with Shared Health and Transformation Management Office teams to ensure MCPSP is implemented as planned.
  - Provided general oversight of MCPSP and ensured alignment of system initiatives with MCPSP priorities. Work in this area has been focused on supporting sprint projects that are planned for the post-pandemic period.
  - Supported Infrastructure projects aligned with MCPSP and promoted them within the department and to central government for approval.

**2(a) Administration**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	185	3.00	279	(94)	
Other Expenditures	44		66	(22)	
<b>Total Sub-Appropriation</b>	<b>229</b>	<b>3.00</b>	<b>345</b>	<b>(116)</b>	

## Infrastructure

### The objectives were:

- To provide strategic level leadership for health infrastructure through planning, policy and oversight for the physical assets, and information and communication technologies needed to deliver health care services and for long-term sustainability of infrastructure.
- To oversee development and implementation of the health capital program and advise government on infrastructure policy and program requirements to support health care objectives.

### The expected and actual results for 2020/21 included:

1. Continue the provision of strategic guidance for infrastructure investment to establish expectations and conditions within 2020/21 capital program including adoption of a cross-functional approach to planning and delivery of infrastructure and projects. Oversight of the development of multi-year infrastructure plans which support health objectives and are sustainable and sufficiently flexible to meet changing needs and requirements of innovation.
  - Provided oversight of the province's critical infrastructure, healthcare infrastructure (capital and safety and security projects), information and communication technology (ICT) and specialized equipment plans.
  - Provided funds to regional health authorities to address their prioritized list of infrastructure, ICT and specialized equipment repairs and replacement.
  - Initiated monthly Capital Program Development Oversight Committee meetings to provide opportunities to discuss integrated planning approaches among service delivery organizations (SDOs).
2. Oversight of health infrastructure planning, development and completion of infrastructure based projects across the multi-year strategic capital plan. Support government decision-making and funding for 60 capital program projects with an estimated expenditure of \$291,200,000. Ensure transparent and equitable application of policies related to procurement practices, infrastructure development, infrastructure sustainment, departmental funding and community cost-sharing. Initiate the development of policy to support the implementation of an asset management framework for healthcare system infrastructure which will allow for the accurate and timely reporting of current conditions and schedule for addressing repairs or replacement.
  - For the 2020/21 fiscal year, 38 of the 60 program projects were underway, submitted or undergoing internal department review. Five of the 60 program projects were deferred awaiting the results of the Bannatyne Campus Master Plan, two projects were deferred awaiting the outcome of the Seniors Strategy and three projects, directly related to Manitoba's Clinical and Preventive Services Plan, will move forward in the 2021/22 fiscal year.
  - Total spending for 2020/21 was \$143,796,000, which is less than 50 per cent of expected spending. The explanation for the less than expected spending is two-fold: Some of the anticipated projects were underway with planning and design but not in the construction phase, which is the majority of the expected spending. A significant portion of the original forecast was allocated to health system transformation projects, which were re-profiled into two projects; facility shifts/new facilities project and health system transformation projects. The facility shifts/new facilities project received full approval in 2020/21 and is proceeding, which moved the expected spending further into the fiscal year. The health system transformation projects will be coming forward for approval in 2021/22.
  - Oversight to ensure projects are approved at the appropriate authority level and delivered in accordance with current policies and practises occurred.
  - Policy review and development focused on requirements related to Bill 10 and the implementation of The Regional Health Authorities Act.
  - An asset management framework is being developed in conjunction with Department of Central Services' initiative to procure a common, government-wide asset management tool.

3. Continue 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.
  - Maintained compliance of the established service levels (one to three days) for the provision of new access, or changes to access, for the 5,000+ users across the health system who rely on departmental online systems and information.
  - In conjunction with Digital Health, the information protection centre (Business Transformation and Technology), and federal security agencies, reviewed, assessed intelligence and responded to potential cyber threat(s) targeting the Canadian health sector and associated organizations, taking appropriate actions to remediate risk to departmental systems, information and users.
  - Provided oversight, review and direction to other departmental branches/areas with regards to the secure development of policy and programs to ensure the continued protection of health information.
  - Provided oversight, direction and support for the administration of the department's Health Information Protection program with a focus on cybersecurity and user/data access auditing.

## 2(b) Infrastructure

Expenditures by Sub-Appropriation	Actual	FTE	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Salaries and Employee Benefits	3,334	46.90	4,203	(869)	1
Other Expenditures	7,023		3,322	3,701	2
<b>Total Sub-Appropriation</b>	<b>10,357</b>	<b>46.90</b>	<b>7,525</b>	<b>2,832</b>	

*Explanation Number:*

1. Primarily due to miscellaneous salaries under-expenditure.
2. The 2020/21 Authority includes a virement transfer of \$4,120.0 from 21-2B to 21-7C for various COVID-19 related expenditures.

## System Planning and Integration

### The objectives were:

- To align innovative and evidence informed planning across the system to ensure components of the health system are integrated and are working together for maximum impact by leading, facilitating and coordinating key planning functions such as strategic and operations planning, governance, and risk management.
- To support the development of a departmental strategic plan.
- To provide leadership and coordination for several department processes, such as preparation and distribution of the department's Main Estimates Supplement and Annual Report, and administrative and coordination support for the governance of health-related agencies, boards, and committees.
- To implement the department's French Language Services (FLS) Plan and provide consultative and advisory support and guidance to health related service delivery organizations.
- To ensure provincial health system compliance with government's statutory requirements.

### The expected and actual results for 2020/21 included:

1. Completion of the planning framework resulting in strengthened health system planning, governance and accountability.
  - Prioritized the development of the strategic plan portion of work within the planning framework by obtaining feedback from employees throughout the department, as well as stakeholders. Work on the development of a comprehensive planning framework remains incomplete due to competing priorities.

2. Improved engagement and capacity for department planning and alignment activities, including risk management and performance management.
  - An iterative approach was taken within the department in the development of a new strategic plan. Team meetings were held at the staff and leadership levels to support the development of a plan that will be cascaded through the department.
3. Service delivery organizations' strategic and operational plans are aligned to provincial policies and also the MCPSP.
  - In collaboration with and input from service delivery organization's representatives on the Planning and Enterprise Risk Management (PAERM) Committee, strategic and operational guidelines were revised to include linkages and alignment to planning documents across the health system, including MCPSP.
4. Health system plans are used to inform commissioning activities and accountability agreements in a timely manner.
  - Coordinated and analyzed strategic and operational plans submitted by service delivery organizations to inform commissioning activities on core financial requirements, future year price/pressure volumes, identification of new projects and services, new and ongoing capital builds, safety and security needs and specialized equipment needs required of the health system.
5. Requirements for the Main Estimates Supplement and Annual Report are met, as required by legislation.
  - Published the department's Main Estimates Supplement and Annual Report to meet the minister's tabling requirements.
6. Improved awareness of The Francophone Community Enhancement and Support Act requirements throughout the department.
  - Lead and coordinated the department's implementation of The Francophone Community Enhancement and Support Act and Manitoba's FLS Policy by continued implementation of the department's multi-year strategic FLS Plan.
  - Continued monitoring of the department's Active Offer compliance as part of the implementation of the department's multi-year FLS plan.
  - Continued monitoring of timely translation of departmental documents and communication in both official languages as part of the implementation of the department's multi-year FLS plan.
  - Submitted the department's Annual Report on French Language Services 2020/21 to the Francophone Affairs Secretariat as per legislative requirements.

## **2(c) System Planning and Integration**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) Expl. \$(000s)</b>	<b>No.</b>
Salaries and Employee Benefits	577	9.00	797	(220)	
Other Expenditures	334		409	(75)	
Grant Assistance	667		768	(101)	
<b>Total Sub-Appropriation</b>	<b>1,578</b>	<b>9.00</b>	<b>1,974</b>	<b>(396)</b>	

## **Policy and Standards**

### **The objectives were:**

- To inform and support government decision-making on health system policy, standards and objectives through the provision of policy advice and development.

- To lead the development of governance and department health policy and standards to ensure sustainment of and accountability to government direction.
- To obtain and maintain information on health system policy and program activities nationally and internationally to inform health system innovations and best practices.
- To monitor policy compliance within the health system in order to ensure adherence to standards and achievement of policy objectives.
- To guide and support department branches through the policy development cycle to ensure consistent and complementary policy design and alignment.
- To lead the establishment and execution of the provincial health policy framework in order to standardize and build department capacity in policy development and implementation.

**The expected and actual results for 2020/21 included:**

1. Alignment of health system policies with transformation efforts by providing comprehensive policy advice and recommendations to government.
  - Provided advice as policy issues arose and escalated issues identified as policy gaps requiring direction across the spectrum of health care services including e.g. insured, non-insured and ancillary benefits, mental health and addictions services, seniors care, interprovincial agreements, emergency medical services, and Manitoba's Clinical and Preventive Services Plan (MCPSP).
  - Transitioned operational responsibilities for policies and clinical oversight to Shared Health and regional health authorities.
  - Prepared policy options to enact supports for the rural palliative and hospice care component of the bilateral agreement to advance efforts of Health System Transformation and government's mandate to improve health services to Manitobans by adding capacity to support service delivery closer to home and to create more safe spaces for older adults.
  - Conducted policy analysis on federal legislation respecting conversion therapy and advice for alignment with provincial policy direction.
  - Represented Manitoba on Committee of Federal/Provincial/Territorial Officials Responsible for Seniors, and the Federal/Provincial/Territorial Coordinating Committee on Dementia table and provided policy analysis and advice on related topics concerning older adults and individuals with Alzheimer's Disease and related dementias and their caregivers.
  - Developed alternative care options for mental health residential care clients, in collaboration with Department of Families and Winnipeg Regional Health Authority.
  - Led establishment of COVID-19 visitation shelters including oversight of capital coordination and reporting, execution of lease agreements, providing advice for decisions on execution and implementation, oversight of compliance, established reporting and assessment mechanisms.
  - Represented Manitoba on federal/provincial/territorial personal protective equipment (PPE) committees, provided policy advice and analysis on health system PPE requirements, changes, and provisions. Coordinated establishment of whole of government standards and protocols for PPE allocation, utilization, contingency planning and realignments across government.
2. Strengthened government and department health policies and standards to ensure sustainment of and accountability of government direction.
  - Engaged with interprovincial partners on the Western Canadian Children's Heart Network to enable and align the implementation and delivery of pediatric cardiac services to Manitoba patients.
  - Provided policy support across the department on policy development and revisions to ensure alignment with government direction.
  - Provided support to Priorities and Planning by providing information and policy advice to advance government's development of a Seniors Health and Continuing Care Strategy.
3. Alignment of health system policy with current best practices, government direction, and MCPSP.
  - Provided oversight to ensure alignment of health system policy with current best practices, government direction, and MCPSP.
  - Provided oversight of Personal Health Information Disclosure policy implementation across health authorities in emergency and medicine environments.

- Conducted policy analysis and prepared policy advice on alignments and implications to provincial policy related to the implementation of MCPSP Home and Community Care Modernization projects.
  - Collaborated with Digital Health (Shared Health) to align departmental standards for The Personal Health Information Act security safeguards with legislation and recommendations of the Office of the Auditor General, resulting in the advancement of a proposal to respond to recommendations.
  - Provided advice and analysis to ensure alignment of provincial legislation and standards of practice for the authorization of cannabis by eligible practitioners, with applicable federal cannabis legislation.
4. Health policies are current, up-to-date and aligned with health system requirements.
    - Provided advice to propose revisions to existing policies and to drafted new health system governance policies, procedures, and supporting forms, including policies linked with The Regional Health Authorities Act, to address implications of Bill 10.
    - Reviewed the department policy inventory with branches to confirm branch ownership in the transformed state, and to identify needs to change, revise, or rescind departmental policies.
    - Reviewed Federal Bill C-7: An Act to Amend the Criminal Code for Medical Assistance in Dying (MAiD) legislation for provincial policy implications.
  5. Improved reporting and awareness with respect to policies, adherence to standards, and achievement of policy objectives.
    - Transitioned health authority reporting under the Workforce Development Agreement to electronic reporting and engaged with health authorities to enhance reporting quality.
    - Worked with Manitoba Justice and health authorities to implement Qualified Persons and adherence to The Mental Health Amendment Act.
    - Reviewed continuing service agreements (CSAs) for grant funded organizations providing mental health and addiction supports to Manitobans to ensure alignment with provincial direction and adherence to expected deliverables.
    - Monitored ongoing quarterly reporting of Mifegymiso (medical abortion) utilization.
    - Engaged clinicians and monitored annual patient data for the Universal Newborn Hearing Screening (UNHS) program.
    - Continued implementation of and stewarding of the Northwestern Ontario-Manitoba Memorandum of Understanding and the Manitoba-Saskatchewan agreement, including annual financial reconciliation and volume monitoring.
    - Reviewed home care appeals and prepared advice on alignments and interpretation of provincial home care policy.
  6. Department-wide efficient and accurate policy audit processes.
    - Developed draft standardized policy compliance monitoring and auditing processes. Provided consultation on policy audit processes across the department.
    - Audited Personal Health Information Disclosure Policy implementation in emergency and mental health environments, with high compliance reported across environments and health authorities.
    - Audited implementation of the Communication of Public Committeeship Status policy in alignment with the Brian Sinclair Inquest Recommendations.
    - Reviewed provincial MAiD policy and audited service delivery organization policies to ensure congruence with federal legislation.
  7. Improved engagement, consistency, and capacity of department branches in health policy development, design, and implementation.
    - Engaged branches and department leadership networks in consultations on newly developed processes for policy advice and development, in development of a departmental policy framework.
    - Engaged with other branches to begin to increase departmental capacity for policy development through the policy support role.

8. Approval of a policy and standards framework for the department.
  - Convened a working group of department staff to develop a departmental policy framework with contributions from various branch perspectives.
  - Developed a Policy Prioritization Tool, which was approved for use across the department.
  - Drafted standardized processes for preparation of policy advice and for policy development across the department.
9. Effective and efficient use of tangible tools and resources for policy design and development.
  - Drafted tools (process narratives, roles and responsibilities, templates, standards) for the full spectrum of policy development processes.
  - Pilot tested the Policy Prioritization Tool for implementation department-wide.
10. Department staff are educated on policy development design and implementation.
  - Conducted branch-to-branch presentations to connect each branch with policy support work and to identify current policy issues within each branch.
  - Conducted department integration discussions to consult in development of standardized processes, branch roles and responsibilities for providing policy advice and monitoring policy compliance.
  - Conducted staff development on policy analysis, advice, and the policy development cycle.

## 2(d) Policy and Standards

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) Expl. \$(000s)</b>	<b>No.</b>
Salaries and Employee Benefits	1,338	23.00	1,749	(411)	
Other Expenditures	681		1,157	(476)	
<b>Total Sub-Appropriation</b>	<b>2,019</b>	<b>23.00</b>	<b>2,906</b>	<b>(887)</b>	

## Accountability Management

### The objectives were:

- To develop a system level accountability framework for Manitoba's health system.
- To provide stewardship, evaluation and oversight of system level results and outcomes and the associated risks.

### The expected and actual results for 2020/21 included:

1. An initial system level accountability framework aligned to the legislation is developed.
  - A Project Charter for the accountability framework was developed and approved internally and by other applicable branches within the department. Further work on the framework was put on hold as a result of staff being redeployed to assist with COVID-19 efforts.
2. Define and begin to assume a role to oversee system level results and outcomes management.
  - Role definition was initiated, a Project Charter for the accountability framework was developed and approved internally and by other applicable branches within the department. Further work was put on hold as a result of staff being redeployed to assist with COVID-19 efforts.
3. Provide advice on system level challenges in achieving system level results and outcomes, and other accountability matters.
  - Provided oversight and accountability function by reviewing completeness of the executive compensation of service delivery organizations against the requirements set out in The Regional Health Authorities Act.

## 2(e) Accountability Management

Expenditures by Sub-Appropriation	Actual	FTE	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Salaries and Employee Benefits	1,046	18.10	1,398	(352)	1
Other Expenditures	314		353	(39)	
<b>Total Sub-Appropriation</b>	<b>1,360</b>	<b>18.10</b>	<b>1,751</b>	<b>(391)</b>	

*Explanation Number:*

1. Primarily due to miscellaneous salaries under-expenditure.

## Workforce

### The objectives were:

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

### The expected and actual results for 2020/21 included:

1. A sustained intake and graduation of potential health professionals into all current education programs commensurate with health system needs with the result of 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 Manitoba's Clinical and Preventive Services Plan (MCPSP).
  - 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.
  - Participated in Committee on Health Workforce and various subcommittees at the national level to engage in strategic discussion and information sharing and to plan action on priority issues.
2. Scope of practice regulations for regulated health professions that provide efficient and cost effective service options within the health system is ready for legislative introduction.
  - In collaboration with the Legislative Unit and key health system stakeholders, provided advice and support for regulatory changes related to the ongoing transition to The Regulated Health Professions Act.
3. Incremental change to the models of care, including service delivery and practitioner mix, commensurate with the implementation of MCPSP.
  - In collaboration with Shared Health, contributed to the analysis of evidence to support decisions regarding most effective care models and respective interdisciplinary health teams that are intended to address population health needs and priorities.
  - Provided analysis and recommendations regarding appropriate scope of practice for paramedics following transition to The Regulated Health Professions Act.
  - Provided analysis and recommendations regarding appropriate service mix for long-term care facilities following the release of the Maples Personal Care Home Report.

- Collaborated with Shared Health, regional health authorities and system stakeholders on the implementation of MCPSP.
  - 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 regional health authorities (RHAs).
4. Increased numbers of health professionals recruited from outside Manitoba.
- Provided policy direction and departmental leadership in the development of health human resource policy, planning and oversight.
  - Limited attendance at health professional recruitment events due to COVID-19 pandemic. Participation in these events is expected to resume in 2021/22. Departmental attendance will be determined strategically and in consultation with RHAs and other stakeholders, and in order to address program and regional health human resource demands as they arise.
  - Continued consultation with Shared Health and the RHAs for the purposes of ensuring that recruitment and retention initiatives were aligned with MCPSP, and to address optimization of all health professionals and their intended inter-disciplinary team practice across Manitoba.
  - The number of physicians continued to rise in the province. In 2020, there were 3,029 licensed medical practitioners in Manitoba, which is a net increase of 47 from the year prior (Source: College of Physicians & Surgeons of Manitoba's 2020 Annual Report).
  - Continued to administer the Nurses Recruitment & Retention Fund in support of ongoing provincial nursing recruitment.
  - Worked with the Manitoba Health Care Providers Network and Shared Health on the operation of the physician recruitment program and administration of medical grants.
5. Improved efficiency 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. The following is a summary of programming for the 2020/21 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, which is delivered by Assiniboine Community College in Winnipeg. PNQR now includes the Communication and Professional Practice for LPNs course, delivered for ACC by Red River College's Language Training Centre.
    - The third intake of the Rural IEN RN Initiative, a collaborative project with numerous stakeholders including Prairie Mountain Health and Interlake-Eastern RHA, was completed with 15 new nurses entering Manitoba's health workforce. For this intake, Manitoba Training and Employment Services joined the table as a project partner.
    - Facilitated a cross departmental alignment working group to identify barriers and enablers and begin work to streamline processes for IEHP, and specifically IENs. Partners include Manitoba Health and Seniors Care; Manitoba Economic Development and Jobs; Manitoba Advanced Education, Skills and Immigration; as well as Red River College's School of Education, Arts and Sciences.

## 2(f) Workforce

Expenditures by Sub-Appropriation	Actual	FTE	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Salaries and Employee Benefits	556	9.00	586	(30)	
Other Expenditures	755		848	(93)	
Grant Assistance	60		85	(25)	
<b>Total Sub-Appropriation</b>	<b>1,371</b>	<b>9.00</b>	<b>1,519</b>	<b>(148)</b>	

## Knowledge Translation

### The objectives were:

- To coordinate departmental and health system responses to various audits, investigations, inquiries, inquests, and other external reviews.
- To facilitate the departmental proposal review process which ensures health system funding proposals are evidence-based, due diligence has been undertaken, and proposals are aligned with government priorities and health plans.
- To report department and health system progress on government commitments.
- To facilitate and monitor departmental compliance with The Regulatory Accountability Act.
- To conduct broad horizon scanning for emerging issues, trends, evidence, and best practices concerning health care governance and service delivery.

### The expected and actual results for 2020/21 included:

1. Timely, accountable departmental and health system responses to various audits, investigations, inquiries, inquests, and other external reviews.
  - Coordinated, monitored and reported on all outstanding recommendations from existing audits, investigations, inquiries, inquests, and external reviews to ensure that health system recommendations were implemented as required. This included responsibilities related to the progress and status of the 21 recommendations contained within six reports from the Manitoba Advocate for Children & Youth.
  - Coordinated the department's responses to the Maples Personal Care Home COVID-19 Outbreak Report (2021) by engaging with service delivery organizations, for profit and not-for-profit personal care home operators, and personal care home associations to develop a plan to implement recommendations.
2. Demonstrated due diligence and alignment with government priorities and health plans in the review of proposals.
  - Facilitated the department's intake and review of proposals, including the development of resource materials and coaching support to department staff.
3. Continued progress on government commitments.
  - Continued to monitor and track government commitments, including the following:
    - providing through the Idea Fund, innovative ideas from the health sector including frontline health care workers
    - implementing a comprehensive plan for health transformation that included the completion of Manitoba's Clinical and Preventive Services Plan
    - enhancing emergency medical services (EMS) to rural Manitobans by focusing on improvement of rural workforce, response times and standardization of EMS care
    - improving doctor recruitment and retention; a cumulative net total of 127 new physicians having been registered by the College of Physicians and Surgeons of Manitoba since 2018
    - establishing a dedicated provincial stroke unit

4. Departmental compliance with The Regulatory Accountability Act.
  - Reduced the number of regulatory requirements within existing acts, regulations, policies and forms to create an effective, efficient and transparent regulatory system.
5. Integration of evidence and learning from emerging issues, trends, and best practices in health system planning, policy, funding and oversight.
  - Developed and implemented a department structure and process for policy and funding analysis and advice to support implementation of MCPSP initiatives.
  - Examined initial feasibility of alternative processes to improve how information is captured, organized, and accessed within the department.
  - Initiated an examination into horizon scanning best practices that could be implement into branch operations.
  - Developed an industry analysis of the department and health system. This living document reviews and summarizes key reports and identifies stakeholders and emerging trends to support the branch and department towards a deeper understanding of influences on the health system.

## 2(g) Knowledge Translation

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) Expl. \$(000s)</b>	<b>No.</b>
Salaries and Employee Benefits	708	14.30	1,046	(338)	1
Other Expenditures	20		576	(556)	
<b>Total Sub-Appropriation</b>	<b>728</b>	<b>14.30</b>	<b>1,622</b>	<b>(894)</b>	

*Explanation Number:*

1. Primarily due to miscellaneous salaries under-expenditure.

## Insurance

### Administration

#### The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of the department with a focus on:
  - insured benefits
  - non-insured benefits
  - internal and external customer service
  - corporate and facility support

#### The expected and actual results for 2020/21 included:

1. A sustainable Insured Benefits program in Manitoba administered in accordance with legislative requirements.
  - Issued 205,330 Manitoba Health Registration Certificates and processed 185,256 address changes.
  - Issued 31,234 net new Personal Health Identification Numbers (PHIN) in Manitoba with 15,898 new certificates issued to 18-yr-olds receiving their own individual registration numbers for the first time as adults, in addition to 58,497 status changes (e.g. births, deaths, marriages and separations).
  - Received and adjudicated claims for 27.9 million medical services, 575,530 optometric services, 698,142 chiropractic services and 5,449 oral surgery services.
  - Processed claims for 188,535 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Inter-Provincial Reciprocal Agreement.

- Handled 130,659 telephone enquiries made to Client Services. Visits to the Client Services counter decreased from 56,953 in 2018/19 to zero 2020/21 as the Client Services area has been closed due to the pandemic.
2. Equitable and appropriate utilization of provincially-funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
    - 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.
    - Added an additional 78 brand drugs to the Manitoba Formulary as either a new product or as a line extension (new indication or new dosage/format) through product listing agreements that were completed with pharmaceutical companies, while 314 new generic Drug Identification Numbers were added to the provincial formulary.
    - Established 267,653 Pharmacare deductibles with 65,499 families receiving Pharmacare benefits.
  3. Continuous improvement through development and alignment of administrative policies, processes and standards.
    - Chaired Department Integration Network to provide departmental functional integration on all strategic departmental work, including sharing of key information necessary for branches to effectively work as one cohesive departmental team working towards a common objective.
    - Chaired Department Operations Network to identify, develop, implement, monitor and evaluate operational policies, standards, and processes with the goal to improving departmental operations.
  4. Sustained employee wellness, engagement and diversity/inclusion efforts.
    - Launched website that includes resource that focus on employee wellbeing and health, stress management, and workforce resiliency.
    - Provided lunchtime meditation and mindfulness sessions, adapted for the virtual environment.
    - Established balanced scorecard measures related to advancing reconciliation through education and training.
    - Continued implementation of the department's accessibility plan to make department locations accessible and compliant with current accessibility legislation.
  5. Efficient and timely corporate and facility support.
    - Ensured Manitobans have access to timely, accurate and credible information about their health system, by responding to public inquiries on behalf of the premier, minister and other senior officials, developing ministerial (and other senior official) speaking notes and creating and managing content on the departments website.
    - Coordinated ministerial board appointment process.
    - Enacted workplace measures to ensure compliance with public health COVID-19 protocols.

### 3(a) Administration

Expenditures by Sub-Appropriation	Actual 2020/21 \$(000s)	FTE	Authority 2020/21 \$(000s)	Variance Over(Under) Expl. \$(000s)	No.
Salaries and Employee Benefits	288	3.00	253	35	
Other Expenditures	40		39	1	
<b>Total Sub-Appropriation</b>	<b>328</b>	<b>3.00</b>	<b>292</b>	<b>36</b>	

## Department Services

### The objectives were:

- To provide leadership and coordination of department solutions and continuous improvement efforts that improve efficiency, consistency, integration and effectiveness in the culture, capacity and results of department.
- To provide administrative leadership and coordination for several department processes, including responses to ministerial correspondence and public enquiries, briefing material for legislative sessions, appointments to health-related agencies, boards, and committees, French language translation and accessibility coordination, as well as department orientation and training sessions for staff.
- To support the Manitoba Health Appeal Board 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 ensure staff have adequate space and equipment to do their jobs by providing facilities management services such as building-related contracts and security, building-related projects, and telecommunication requests.
- To plan and coordinate activities to promote workplace and employee engagement, diversity and wellness activities.
- To 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.

### The expected and actual results for 2020/21 included:

1. Processes and policies that enable the optimal functioning of the department.
  - Chaired and provided administrative support to the Department Operations Network, whose role is to identify, develop, implement, monitor and evaluate operational policies, standards, and processes with the goal to improving departmental operations.
  - Introduced a logging and tracking process related to space and equipment.
2. A workplace that meets the needs of staff, visitors, and clients.
  - Coordinated the department's implementation of COVID-compliant workplace guidelines.
  - Provided logistical and technological support to flexible work arrangements.
3. Engaged and supported staff in the department.
  - Coordinated initiatives aimed to recognize and support employees, including:
    - regular communications from the deputy minister and assistant deputy ministers
    - virtual events to recognize staff who have met long service milestones
    - executive leadership's approval of webcam purchases for all staff
    - committee support to the Worker Care Team, which coordinates special events, offers regular mindfulness sessions, and has an interactive webpage which offers information and resources to support worker wellbeing and health, stress management and workforce resiliency
4. Timely responses to Manitoban's enquiries about the health system.
  - Coordinated the department's responses to ministerial and executive leadership correspondence.
5. Board appointments are met within the form and timelines required by the minister's office.
  - Coordinated administrative processes for appointments to health-related agencies, boards and committees.
6. Compliance with the Manitoba Policy on Access to Government.
  - Ensured department locations are accessible and compliant with current accessibility legislation.
  - Continued to perform accessibility check on all public-facing documents on the department's website.

- Continued to monitor and update the department's website in preparation for the future accessibility standard in information and communications technology.
7. Timely responses to requests for translation of the department's public-facing documents, in paper or electronic format.
    - Established a dedicated translation mailbox to ensure timely responses.
    - Achieved translation turnaround-time targets for a majority of requests.
  8. Appropriate oversight of the Manitoba Health Appeal Board's administrative processes.
    - Aligned staffing and technology resources to ensure access and responsiveness during COVID restrictions.
    - Maintained appropriate board composition and complement to ensure ongoing functioning.
  9. Up-to-date and relevant information clearly articulated on the department website.
    - Regularly reviewed and updated existing websites 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.

### 3(b) Department Services

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	1,462	24.00	1,689	(227)	
Other Expenditures	312		293	19	
<b>Total Sub-Appropriation</b>	<b>1,774</b>	<b>24.00</b>	<b>1,982</b>	<b>(208)</b>	

### Non-Insured Benefits

#### The objectives were:

- To meet annual financial targets and develop policies for ongoing financial sustainability.
- To manage and maintain drug and/or device formularies that provide the greatest number of appropriate and evidence-based products for the greatest number of Manitobans, at the lowest possible price.
- To execute product listing agreements with drug and/or device manufacturers for products listed on various drug and/or device formularies.
- To administer and manage all aspects of Non-Insured Benefits' claims processing.
- To ensure an equitable personal care home rate structure and a level of revenue that partially offsets the total cost of long-term care for regional health authorities through the management of the assessment and appeal process.
- To recommend policies and/or amendments associated with The Pharmaceutical Act, The Prescription Drugs Cost Assistance Act, or The Health Services Insurance Act, including their respective regulations.

#### The expected and actual results for 2020/21 included:

1. Ongoing effective administration of benefit plans and programs within established budgets.
  - 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 (HCD) Program and the Palliative Care Drug Program.
  - Continued to support the pan-Canadian Pharmaceutical Alliance (pCPA), 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.

- 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.
  - 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 (PLAs) with manufacturers.
  - Participated in a five-year pCPA initiative that came into effect on April 1, 2018 and reduced the prices of 67 of the most commonly prescribed drugs (pan-Canadian Select Molecules) in Canada.
  - Represented Non-Insured Benefits Branch on a Manitoba Health and Seniors Care - CancerCare Manitoba (CCMB) Accountability Working Group to discuss Provincial Oncology Drug Programs and the Home Cancer Drug (HCD) Program expenditures and to improve forecasting and tracking.
  - Maintained the HCD Program in collaboration with 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.
    - There were 10,335 individuals registered in the HCD Program in 2020/21 (up from 10,096 in 2019/20), and it is estimated that there were savings to these individuals of \$10.6 million in deductibles.
2. Continued incorporation of population needs, changing demographics, pipeline forecasts, market entry timelines, utilization rates, and global market forces within financial forecasts for drug and/or devices.
- Added an additional 78 brand drugs to the Manitoba Formulary as either a new product or as a line extension (new indication or new dosage/format) through PLAs that were completed with pharmaceutical companies.
  - Added 314 new generic Drug Identification Numbers to the Manitoba Formulary.
  - 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, 2021, a total of 279 pumps have been purchased and user training completed through the MPIP Program.
3. Continued alignment of MMDRC's, MDSTC's, and PDPRC's recommendations and advice with overall health system needs.
- Supported the work of the Manitoba Monitored Drugs Review Committee (MMDRC), which is an advisory committee of experts that helps to identify patterns or trends that might indicate inappropriate prescribing, dispensing, abuse or misuse of monitored drugs and makes recommendations to the minister of Health and Seniors Care in order to optimize patient care. The work of this committee contributes to the delivery of a safe, effective and efficient health care system.
  - Supported the work of the Manitoba Drug Standards and Therapeutics Committee (MDSTC), which reviewed drug submissions, provides recommendations on drug interchangeability and discusses the therapeutic and economic value of various drug benefits.
  - Supported the work of the Provincial Drug Programs Review Committee (PDPRC), which met on a monthly basis to review requests for benefit coverage through the Exception Drug Status process.
  - Maintained service purchase agreements with the College of Pharmacists of Manitoba (CPhM) to administer the Manitoba Prescribing Practices Program (MPPP). The MPPP provided service relating to narcotics and controlled substances including providing physicians with prescription pads, historically called "triplicates". CPhM also provided direction to pharmacists relating to filling these prescriptions.

4. Continued alignment of health professional prescribing decisions with Canadian Agency for Drugs and Technologies in Health (CADTH) recommendations.
  - 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.
  - Participated on advisory committees to CADTH Common Drug Review and pan-Canadian Oncology Drug Review. Committee members also facilitated effective jurisdictional sharing of pharmaceutical information.
5. Effective management of internal processes and procedures for professional clinical review and/or adjudication of requests for coverage of drugs listed with specific clinical coverage criteria.
  - Processed 38,190 requests through the Exception Drug Status Program.
6. Continued identification and assessment of clinical and financial risks associated with drug shortages.
  - Continued to participate on the Multi-Stakeholder Steering Committee (MSSC) on Drug Shortages. The MSSC is a collaboration of federal/provincial/territorial governments, industry, group purchasing organizations, distributors and health professional associations to advance collaborative work on drug shortages. The MSSC supports initiatives including mandatory reporting of drug shortages by manufacturers, and improving the process for assignment of Tier 3 drug shortage status (e.g., actual drug shortages with no available therapeutic alternatives in Canada or the most critical drug shortages tier).
  - Managed and mitigated COVID-related shortages through advice provided by the Manitoba Drug Shortages Committee, with membership from the College of Pharmacists of Manitoba and Pharmacists Manitoba.
7. Continued compliance with government administrative policies, standards regarding legal liabilities, appropriate spending authorities, and accountabilities within all agreements.
  - Continued to execute pharmacy agreements with all community pharmacies in Manitoba. This agreement formalizes the existing business relationship between the department and pharmacy owners.
  - Maintained 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 through both the pharmacy agreement and Pharmacy Claims Audit Policy (which outlines the process for conducting audits).
8. Increased integration of enrollment and/or registration policies, processes, and procedures that meets the needs of Manitobans and are accessible to Manitobans with special needs and/or disabilities.
  - Continued ongoing efforts to improve service delivery related to enrollment and registration. In 2020/21, the branch closed its in-person service counter and managed all client services by phone, email, or other electronic options.
9. Continued assurance of appropriate turn-around-time for claims processing and accountability for these timelines to public stakeholders.
  - Monitored claim and application received dates to ensure turn-around-time remained within appropriate levels throughout 2020/21. Due to COVID, some turn-around-time delays were experienced but returned to appropriate timelines by the end of the fiscal year through management of online services.
10. Continued assurance that changes to external and/or internal policies that affect Manitoba's access to benefits, their ability to apply for benefits, or with regards to understanding those benefits, are appropriately communicated and addressed.
  - 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.
  - Enrolled 812 families in the Deductible Instalment Payment Program for Pharmacare.

11. Enhanced alignment of provincial pharmaceutical coverage policies with best practice among other federal/provincial/territorial jurisdictions.
- Participated on pCPA which is an alliance of the provincial, territorial and federal governments that collaborates on a range of public drug plan initiatives to increase and manage access to clinically effective and affordable drug treatments. One of pCPA's key roles is to conduct joint negotiations for brand name and generic drugs in Canada in order to achieve greater value for publicly funded drug programs and patients through its combined negotiating power. Its objectives are to increase access to clinically effective and cost-effective drug treatment options; achieve consistent and lower drug costs for participating jurisdictions; reduce duplication of effort and improve use of resources; and improve consistency of decisions among participating jurisdictions.
  - Coordinated the meetings of the MMDRC an external, expert drug and therapeutics advisory committee established to help identify patterns or trends surrounding the prescribing, dispensing and use of monitored drugs and make recommendations to the minister of Health and Seniors Care 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.
12. Continued assurance of an equitable rate structure for the Residential Charges Program.
- Provided an equitable rate structure for the Residential Charges Program through the management of rate assessment and the review of residential charges policies to provide for a more efficient appeal process for all long-term clients.

**3(c) Non-Insured Benefits**

Expenditures by Sub-Appropriation	Actual	FTE	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Salaries and Employee Benefits	2,900	49.00	3,229	(329)	
Other Expenditures	630		540	90	
Grant Assistance	329		414	(85)	
<b>Total Sub-Appropriation</b>	<b>3,859</b>	<b>49.00</b>	<b>4,183</b>	<b>(324)</b>	

**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. This includes providing policy development 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 2020/21 included:**

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

**Registration/Client Services**

- Handled 130,659 telephone enquiries. Visits to the Client Services counter decreased from 56,953 in 2018/19 to zero in 2020/21 as the Client Services area was closed due to the pandemic.
- Issued 205,330 Manitoba Health Registration Certificates and processed 185,256 address changes.

- Issued 31,234 net new Personal Health Identification Numbers (PHIN) in Manitoba with 15,898 new certificates issued to 18-yr-olds receiving their own individual registration numbers for the first time as adults, in addition to 58,497 status changes (e.g. births, deaths, marriages and separations).
- Customers who visited the department’s website opted to use an “online form” in 22,084 instances to submit their request for a change to their Manitoba Health Registration Certificate.
- Received 82,310 emails through Insured Benefits’ general mailbox.

**Medical Claims**

- Processed medical claims in accordance with The Health Services Insurance Act and its regulations.
- Received and adjudicated claims for 27.9 million medical services, 575,530 optometric services, 698,142 chiropractic services and 5,449 oral surgery services.
- Processed claims for 188,535 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 492 requests from Manitoba specialists from coverage of services outside of Manitoba.
- Provided \$1,585,922 in travel subsidies to 175 patients for 10 international and 202 domestic trips.
- Adjudicated 3,809 physician claims, 1,141 outpatient visits and 1,795 inpatient days for emergency care outside of Canada.
- Paid \$7.6 million to other provinces and territories in accordance with the Interprovincial Reciprocal Billing Agreement for physician’s fees (excluding Quebec physicians) and \$27.4 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- Recoveries received by Manitoba Health as a result of reciprocal billings to other provinces and territories for care provided to their residents totalled \$12.1 million for physicians fees (excluding Quebec physicians) and \$38.1 million for hospital services.
- Represented Manitoba Health and Seniors Care in seven hearings of the Manitoba Health Appeal Board.

2. Customer-focused service for patients and health care providers who are informed of and receive payment for insured benefits to which they are entitled under the provincial health plan.
  - Issued Manitoba Health Registration Certificates, on average, within 10 to 15 business days of the receipt of the application.
  - Registration/Client Services achieved a time frame of five minutes on average in assisting clients over the phone. The Registration/Client Services front counter was closed to the public due the COVID-19 pandemic.

**3(d) Insured Benefits**

Expenditures by Sub-Appropriation	Actual	FTE	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Salaries and Employee Benefits	4,782	98.80	4,340	442	1
Other Expenditures	1,091		1,036	55	
<b>Total Sub-Appropriation</b>	<b>5,873</b>	<b>98.80</b>	<b>5,376</b>	<b>497</b>	

*Explanation Number:*

1. The 2020/21 Authority includes a virement transfer of \$1,570.0 from 21-3D to 21-7C for various COVID-19 related expenditures.

# Population Health

## Administration

### The objectives were:

- To advance strategic partnerships with Indigenous health organizations to collaboratively address health disparities.
- To provide oversight and leadership to ensure effective primary care service delivery in the three provincial nursing stations.
- To 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, and reduce the gaps faced by populations with the greatest inequities.
- To foster strong relationships to advance quality improvement and citizen experience.
- To support the provision of legislative, regulatory and licensing oversight.
- To support the functions of the Protection for Persons in Care Office.
- To provide policy and strategic support to department officials, deputy minister and minister regarding health issues that span pan-Canadian (federal, provincial, and territorial) jurisdictions.

### The expected and actual results for 2020/21 included:

1. Effective relationships established and evidence of engagement with Indigenous organizations.
  - 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.
  - 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. Primary health services delivered in 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, Misipawistik Cree Nation/Grand Rapids).
  - Ensured regular communication and collaboration with the chiefs and council and mayor of the three communities regarding the COVID-19 pandemic response.
3. Evidence of strategic leadership and collaborative planning using a population health approach in key population and public health priorities.
  - Led a group of partners (service delivery organizations, not for profit community based organizations, Indigenous partners) to address the high rates of sexually transmitted and blood borne infections in Manitoba.
  - Co-led an interdepartmental steering committee with Manitoba Conservation and Climate on environmental health issues that cross-departmental responsibilities (i.e. air quality, safe drinking water, lead in soil, environmental impact assessments).
  - Led a provincial tick borne disease collaborative table with representation from Lyme advocacy groups, regional and departmental staff;
4. Evidence of strategic relationships developed to advance quality improvement and citizen experience.
  - Participated on a federal/provincial/territorial senior officials network that focused on patient safety and quality assurance practices and innovations.
  - Represented the department on the Canadian Patient Safety Institute Board of Directors.
5. Strategic engagement at the federal/provincial/territorial and provincial/territorial tables.
  - Ensured timely policy support was provided to the deputy minister and minister in preparation for their participation at federal/provincial/territorial 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 on the agenda at the Council of the Federation.

#### 4(a) Administration

Expenditures by Sub-Appropriation	Actual 2020/21 \$(000s)	FTE	Authority 2020/21 \$(000s)	Variance Over(Under) Expl. \$(000s)	No.
Salaries and Employee Benefits	214	3.00	271	(57)	
Other Expenditures	126		77	49	
<b>Total Sub-Appropriation</b>	<b>340</b>	<b>3.00</b>	<b>348</b>	<b>(8)</b>	

## Population and Public Health

### The objectives were:

- To provide provincial public health leadership, system oversight, and program functions that aim to improve the overall health status of all Manitobans and reduce the gaps in health faced by populations with the greatest inequities. This is accomplished through planning, policy, and services based on national and internationally recognized core public health functions.

### The expected and actual results for 2020/21 included:

1. Public health intelligence informed decisions and strategies that guide public health practice.
  - Provided guidelines on how to achieve compliance with public health objectives related to COVID-19 in retail, personal services and food handling sectors.
  - Provided regular input and advice on experience of public health inspectors in forming public health orders.
  - Initiated legislative change that enabled increased access to naloxone through community organizations, health agencies and retailers. The Take Home Naloxone program was enhanced to provide more free naloxone kits to friends and family of people who use drugs. These policy and program changes were made to address the significant increase in overdose events and deaths during the COVID-19 pandemic.
  - Continued leadership provided to the COVID-19 Incident Command structure, including command and section tables (Public Health Operations, Infection Prevention, Control and Public Health Measures).
  - Continued clinical and operational leadership and participation with the COVID-19 Vaccine Implementation Task Force.
  - Developed a robust and time sensitive surveillance system to monitor for adverse events following immunization (AEFIs) in response to the COVID-19 vaccine campaign.
  - Continued to lead multi-stakeholder efforts to minimize the burden posed by West Nile virus, including surveillance, risk assessment, public education and mosquito control.
  - Oversaw and managed exposures to rabies-infected animals using established policies and procedures and, thus, prevented the transmission of rabies virus to humans.
2. Evidence-informed policies, protocols, standards and guidelines were implemented in public health practice.
  - Developed COVID-19 related practice guidelines for industry for the following sectors: swimming pools, hair salons, nail salons, food handling establishments including restaurants and grocery stores.
  - 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.

- Continued analysis and development of standards and guidelines as part of the ongoing COVID-19 pandemic response, including interim guidance public health measures – managing COVID-19 cases and contacts in community, workplace cluster guidance and screening tools (e.g., online, Health Links-Info Santé, etc.).
  - Developed COVID-19 Vaccine: Clinical Practice Guidelines for practitioners.
  - Developed informational materials (e.g., factsheets) and forms (e.g., vaccine consent form) to inform the public and obtain informed consent for COVID-19 vaccination.
  - Supported the continued work of the Tick Borne Collaborative Care Service ('Lyme Clinic'). The clinic has seen 92 patients despite the challenges posed by the ongoing COVID-19 pandemic.
3. Promoted and protected the health of populations with attention to reducing inequities when responding to public health issues.
- Approached food as an essential service throughout the pandemic to ensure that food banks, soup kitchens were open while restaurants or other establishments were closed. Developed guidelines for this sector.
  - Used stakeholder (i.e. health regions, Race Ethnicity and Indigeneity Working Group) data and research to assess and mitigate inequities in COVID-19 impacts. Examples include targeted communications to at risk groups, shifting vaccine delivery models to reach underserved populations and advocacy for paid sick leave to support individuals directed to self-isolate/ isolate and, thereby, limit further COVID-19 transmission.
  - Provided funding and oversight to health regions and community agencies to support the implementation of the Sexually Transmitted and Blood-Borne Infections (STBBI) Strategy, harm reduction policies and programming, and outreach and education programming to minimize poor sexual health outcomes for vulnerable populations.
  - Expanded the high-dose flu vaccine eligibility criteria for Manitobans 65 years of age and added additional congregate settings (e.g., assisted living, supportive housing, corrections, etc.) and those living in remote/isolated locations including north of the 53 parallel as well as First Nations communities.
4. Key partnerships/collaborations enabled action to respond to emerging/emergent public health issues.
- Developed COVID-19 approaches as part of the enforcement strategy in partnership with Department of Agriculture and Resource Development, Workplace Safety and Health, Department of Justice, Manitoba Government Inquiry, etc.
  - Developed and implemented COVID-19 food safety approaches with Manitoba Restaurant and Foodservices Association and Direct Farm Manitoba (farmers markets).
  - Continued engagement, participation and information sharing with federal/provincial/territorial partners in response to ongoing COVID-19 pandemic, including public health measures, immunization programs and monitoring of AEFIs to ensure safe rollout of novel COVID-19 vaccines.
  - Provided support and expertise to service delivery organizations and government departments (i.e. Education, Families, Justice, etc.) in response to ongoing COVID-19 pandemic.
  - Continued engagement with Shared Health regarding the implementation of changes to the Public Health Information Management System (PHIMS) necessary for all aspects of reporting and documentation of COVID-19 vaccines, to guide decision making of practitioners, report on population coverage and provide records of vaccination to the public.
  - Continued engagement with Doctors Manitoba, Pharmacists Manitoba, the College of Pharmacists of Manitoba and their respective memberships, to initiate and continue participation in the COVID-19 Immunization Program.
  - Collaborated and engaged with service delivery organizations and other relevant stakeholders on the planning and implementation of the Provincial Seasonal Influenza Program to ensure accessibility of the flu vaccine for all Manitobans six months of age and older.
  - Continued collaboration and engagement with key stakeholders in response to increasing rates of STBBIs and overdose events and deaths related to opioid misuse. This includes work on enhancing the response for those individuals impacted by the syndemic of STBBIs and harms related to substance use especially in the presence of the COVID-19 pandemic.

- Leveraged relationships with the City of Winnipeg to maintain adult mosquito surveillance capacity in 14 rural communities in southern Manitoba to allow for timely assessment of West Nile virus risk and determine appropriate response.
5. Multiple approaches used to increase awareness of population health issues.
- Participated in supporting active monitoring through door stop visits, compliance/wellness checks, etc.
  - Developed guidelines and education materials regarding community points of contact (e.g. airports to ensure passengers are aware of local Manitoba public health orders, self-isolation requirements, etc.)
  - Consulted with and supported Communications Services Manitoba to disseminate information via the internet, fact sheets and social media campaigns. As part of the ongoing COVID-19 response, materials have been translated into 20 languages.
  - Improved public awareness of the seasonal flu vaccine program by way of the development of a new flu campaign that encouraged Manitobans to add a layer of protection for not only themselves but also to protect those around them as well with the intent to reduce the burden of illness.
  - Increased the visibility of where the flu vaccine was available by developing the Flu Shot Finder interactive map on the department's internet site whereby individuals could enter their address and find a location close to their home where the flu vaccine was available. Changes to the seasonal flu campaign and potentially the impact of COVID-19, resulted in a 15 per cent increase in uptake compared to 2019/20.

#### 4(b) Population and Public Health

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	12,232	91.95	11,858	374	
Other Expenditures	4,770		5,119	(349)	
Grant Assistance	-		95	(95)	
<b>Total Sub-Appropriation</b>	<b>17,002</b>	<b>91.95</b>	<b>17,072</b>	<b>(70)</b>	

## Intergovernmental and Indigenous Relations

### The objectives were:

- To ensure policy support and analysis is provided on health-related items for Manitoba's Premier for the Council of the Federation (CoF) and the Council of the Western Premiers (CoWP).
- To 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.
- To provide strategic policy advice and logistical support to the minister and deputy minister, and leadership within the department on federal, inter-provincial, and inter-jurisdictional health matters.
- To provide timely, evidence-based policy and planning support that advances the goals and objectives of the department regarding Indigenous health.
- To promote and foster relationships of mutual respect and trust, collaborate and strive to achieve authentic engagement with Indigenous leaders and Indigenous organizations, as well as the Northern Affairs communities, to support the health and well-being of Manitoba's Indigenous and northern residents within the provincial health system.
- To provide oversight in delivering primary care services in the provincial nursing stations (PNS), in compliance with the memorandum of agreement (MOA) with the federal government.
- To work to establish partnerships and collaboration that promote reconciliation in accordance with The Truth and Reconciliation Commission (TRC) recommendations and The Path to Reconciliation Act.

**The expected and actual results for 2020/21 included:**

1. Manitoba's premier, along with the minister, deputy minister and departmental staff receive policy support and coordination of F/P/T and P/T health matters.
  - Conducted bi-weekly calls with Intergovernmental Affairs to share information from provincial and territorial health officials and the provincial health system to support the development of agendas and briefing materials for the First Ministers Meetings.
  - Reviewed all correspondence that F/P/T governments receive commonly and identified when a common response might be appropriate for the F/P/T governments.
  - Led informational requests from other P/Ts on a variety of health subject matters, and coordinated the department seeking information from other P/Ts on a variety of health matters. In 2020/21, these information requests were predominantly focused on COVID-19 pandemic response and management.
2. During 2020, supported the minister to lead the P/T health ministers' table and co-lead (with the federal minister) the F/P/T health ministers' table.
  - Supported the minister at the P/T and the F/P/T tables.
3. During 2020, supported the deputy minister at the P/T health deputy ministers' table and the F/P/T health deputy ministers' table.
  - Continued to provide policy support at these tables. Due to COVID-19, there was a significant increase in meetings between F/P/T health deputy ministers. For example, a typical meeting schedule for F/P/T deputy ministers of health is 10 - 12 conferences annually. In 2020, there were 73 conferences, over a 500 per cent increase in volume.
4. Strong, collaborative and strategic relationships with pan-Canadian institutions that advance key initiatives on behalf of the Manitoba government.
  - Supported the F/P/T nomination and governance process at the Annual General Meetings for the Pan-Canadian Health Organizations.
  - Supported the F/P/T meeting agenda process, including annual general meetings to include updates and budget approvals for the Pan-Canadian Health Organizations as required. Pan-Canadian Health Organizations include Canadian Institute for Health Information, Mental Health Commission of Canada, Canadian Patient Safety Institute, Canadian Centre on Substance Use and Addiction, Canada Health Infoway, Canadian Partnership Against Cancer, Canadian Foundation for Health Care Improvement, and the Canadian Agency for Drugs and Technologies in Health.
5. Improved policies, structures and processes that support coordinated provincial Indigenous and northern health planning.
  - Participated on behalf of the ministry on the following partnership tables formed to support the coordination and collaboration for pandemic planning, response and management:
    - Provincial Indigenous First Nation, Metis, Inuit COVID-19 Collaboration table chaired by Shared Health.
    - COVID-19 Northern and Indigenous Partners Meetings chaired by Northern Regional Health Authority.
    - COVID-19 Communicable Disease Health Emergency Planning table chaired by First Nation Inuit Health Branch.
  - Participated and provided policy support at the collaborative tables with Indigenous leaders to foster information sharing at the community level.
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.
  - Received, and shared with networks, a number of resources and information related to reconciliation, such as virtual online training related subject matter, Indigenous cultural and traditional teachings and learnings delivered by local and regional Indigenous service providers.

7. Supported departmental initiatives that advance cultural safety and the principles of The Truth and Reconciliation Commission and The Path to Reconciliation Act.
  - Worked with Department Services Branch and Health Services Commissioning Branch to inform an indicator for the balanced scorecard measure to advance recommendation #57: Professional Development and Training for Public Servants, “We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal-Crown relations”.
  - Worked with other government departments on interdepartmental working groups:
    - The Truth and Reconciliation Commission Call to Action #57 Training working group led by the Civil Service Commission
    - Indigenous and Northern Relation’s Path to Reconciliation Strategy inter-departmental working group
    - Indigenous and Northern Relation’s Elders Protocol working group
  
8. 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 MOA with the federal government.
  - As a result of COVID-19, the provincial nursing stations moved to emergencies only and appointment care to maintain a safe working environment as well as a safe space for patient care.
  - Pandemic supports provided to assist with the response:
    - Pandemic and scenario planning in collaboration with communities, health centers and the nursing stations.
    - Clinical and operational site visits to monitor and support nursing stations with the COVID-19 response.
    - Supported community based COVID-19 testing, case management, contact tracing, and active daily monitoring.
    - Supported provincial and regional alternative isolation accommodations.
    - Pandemic vaccination clinic planning.
    - Regular communication regarding public health measures.
    - Regular provider and community calls with partners for a timely response.

#### 4(c) Intergovernmental and Indigenous Relations

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) Expl. \$(000s)</b>	<b>No.</b>
Salaries and Employee Benefits	622	7.00	603	19	
Other Expenditures	150		509	(359)	
<b>Total Sub-Appropriation</b>	<b>772</b>	<b>7.00</b>	<b>1,112</b>	<b>(340)</b>	

## Quality and Citizen Experience

### The objectives were:

- To promote and support excellent client service and citizen experience in those services delivered by the department.
- To advance the department’s capacity to engage the public to provide input to policy and process in congruence with best practice and government wide principles.
- To oversee health system quality, including patient safety, people-centered care, and patient experience.

**The expected and actual results for 2020/21 included:**

1. Services delivered by the department are responsive and foster positive citizen experience.
  - Supported and assisted the department with public COVID communications, inquires and common messaging.
  - Monitored department activity related to French Language Services.
2. Department processes support and facilitate engagement with the public.
  - Supported provincial patient experience survey activity.
  - Represented the department on national health engagement committees and other provincial/regional health sector working groups to advance engagement opportunities and best practices in Manitoba.
  - Provided advice to the department, branches and COVID related working groups on public engagement opportunities and planning.
  - Supported and assisted in family engagement efforts related to the Maples Personal Care Home Review and recommendations.
3. Policy directives and reporting mechanisms are in place to ensure that the health system is providing quality health services to Manitobans.
  - Worked with Shared Health and accreditation organizations to move towards a provincial systemic approach to accreditation in Manitoba's health system.
  - Engaged with patient safety representatives from regional health authorities, external stakeholders and Shared Health to ensure reporting alignment with legislation and policy.
  - Established a COVID focused patient safety working group to review and support consistent reporting processes.
  - Represented Manitoba and collaborated with provincial and national partners/groups and federal/provincial/territorial committees to ensure alignment with national patient safety standards, policies and legislation, and to support research and best practices in patient engagement.

**4(d) Quality and Citizen Experience**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) Expl. \$(000s)</b>	<b>No.</b>
Salaries and Employee Benefits	630	8.00	696	(66)	
Other Expenditures	1,649		1,718	(69)	
<b>Total Sub-Appropriation</b>	<b>2,279</b>	<b>8.00</b>	<b>2,414</b>	<b>(135)</b>	

**Chief Provincial Public Health Officer**

**The objectives were:**

- To provide coordinated and integrated public health leadership to the public health services and programs at the regional and provincial levels. In addition to the roles and responsibilities outlined in The Public Health Act, such as the Report on the Health Status of Manitobans, the major areas of focus include health promotion and protection for the identification, prevention and control of diseases that affect population health overall, and health inequities that affect our province's most vulnerable population groups. The chief provincial public health officer (CPPHO) works in collaboration with Population and Public Health Branch to assist government, community, and health professionals in the planning and response to public health issues and emergencies.

**The expected and actual results for 2020/21 included:**

1. Applicable duties, responsibilities and requirements of The Public Health Act are met.
  - Issued public health orders under section 67 of The Public Health Act in response to the threat to public health caused by the COVID-19 pandemic.

- Due to the COVID-19 pandemic, the Report on the Health Status of Manitobans, required in 2020 under The Public Health Act, was deferred to 2021.
2. Effective support of government partners related to public health issues.
    - Led Manitoba's COVID-19 pandemic response as co-incident commander.
    - Provided public health advice to inform government's COVID-19 response.
    - Provided advice and leadership to other government departments to support the development of their COVID-19 response plans.
  3. Appropriate recommendations related to healthy public policy.
    - Recommended that naloxone for emergency use be changed to an unscheduled drug to remove barriers to accessing the drug.
      - Naloxone is a non-prescription drug that temporarily reverses opioid overdose. It can be administered by injection or intranasal.
      - Regulatory changes were made to make naloxone for emergency use an unscheduled drug so that it can be accessed or sold without professional supervision from a health care provider in any retail location and through the Take Home Naloxone program.
      - The regulatory changes are consistent with a recommendation from the Virgo report, on increasing the capacity for harm reduction services and the implementation of a more co-ordinated provincial distribution program.
    - Engaged with healthcare providers in Manitoba to provide clarification on the treatment of syphilis in pregnancy and recommended that treatment be started without delay as it is essential to the prevention of congenital syphilis.
  4. Integration of public health practice into the health care system.
    - Established an incident command system to respond to the syndemic of sexually transmitted and blood-borne infections, particularly syphilis, and substance related harms.

#### **4(e) Chief Provincial Public Health Officer**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) Expl. \$(000s)</b>	<b>No.</b>
Salaries and Employee Benefits	468	1.00	232	236	
Other Expenditures	8		22	(14)	
<b>Total Sub-Appropriation</b>	<b>476</b>	<b>1.00</b>	<b>254</b>	<b>222</b>	

## **Legislative Unit**

### **The objectives were:**

- To facilitate the development of new or amended health statutes and regulations to meet the government's legislative agenda.
- To provide timely, accurate information in relation to health statutes and regulations to internal and external stakeholders and the public.
- To co-ordinate the department's response to requests for access to information under The Freedom of Information and Protection of Privacy Act (FIPPA) to meet the department's responsibilities under FIPPA.
- To manage the online version of The Personal Health Information Act (PHIA) training modules for departmental management and staff and external stakeholders to support compliance with PHIA.

**The expected and actual results for 2020/21 included:**

1. New health statutes and amendments to existing health statutes are developed to meet the government's legislative agenda.
  - There were four statutes amended in the 2020/21 fiscal year (see Appendix II for details).
2. New health regulations and amendments to health regulations are developed, as required.
  - Thirteen regulations were amended, one regulation was repealed, one regulation was repealed and replaced and two new regulations were made under various health related legislation (see Appendix II for details).
3. Timely, accurate information is provided in relation to health statutes and regulations.
  - Accurate and timely information was provided. In addition to other activities in this area, staff of the unit responded to 1,005 external enquiries relating to PHIA.
4. The department meets its responsibilities under FIPPA in responding to requests for access to information under FIPPA.
  - There were 225 responses to FIPPA requests for information. These numbers are based on a calendar year.
5. Up-to-date online PHIA training modules are available for departmental management and staff and external stakeholders to support compliance with PHIA.
  - The online PHIA training modules for external stakeholders was completed by 4,819 people.

**4(f) Legislative Unit**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>FTE</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	880	15.00	55	825	1
Other Expenditures	85		264	(179)	
<b>Total Sub-Appropriation</b>	<b>965</b>	<b>15.00</b>	<b>319</b>	<b>646</b>	

*Explanation Number:*

1. The 2020/21 Authority includes a virement transfer of \$1,427.0 from 21-4F to 21-7C for various COVID-19 related expenditures.

**Licensing and Compliance**

**The objectives were:**

- To support department activities and the health system by providing policy and planning advice relating to licensing and standards for personal care homes (PCHs)/beds, emergency medical response systems/services (EMS), and the protection of persons in care.
- To ensure continuity of services and care, oversee the annual provincial licensing of PCHs and EMS, including processes to monitor and assess license applications and renewals.
- To ensure licensed PCH and EMS systems comply with provincial operating requirements, policies, and standards.
- In administering The Protection for Persons in Care Act (PPCA), work with the operators of designated health care facilities to protect patients from abuse or neglect.

**The expected and actual results for 2020/21 included:**

1. Data on allegations of abuse and neglect, PCH standards and EMS performance is available for program and policy planning, implementation and performance monitoring.
  - Received 2,282 reports of abuse or neglect between April 1, 2020 and March 31, 2021.

2. PCHs are licensed and operated in compliance with the Personal Care Homes Standards Regulation as set out under The Health Services Insurance Act.
  - All 125 PCHs eligible for licensure received either a scheduled standards review as per the normal planning cycle of standards reviews and unannounced reviews for 2021, or a modified standards review. In March 2020, the review schedule was suspended due to the onset of the COVID-19 pandemic. As a result of the pandemic's impact on PCHs, a new schedule and modified process for evaluating compliance was implemented in July 2020 to ensure compliance with the PCH standards as set out in PCH Standards Regulation.
  - PCH review reports for 2020 were posted online for public access.
3. Applications for new or amended PCH licenses are assessed for compliance with PCH standards and recommendations for licensing are prepared.
  - All 125 PCHs eligible for licensure were issued an unencumbered license effective for the 2021 calendar year. No new licenses related to new PCH builds or expanded/reduced bed size were issued.
4. Land and air ambulance services and stretcher care services are inspected and licensed in accordance with regulatory requirements.
  - A total of 32 services were licenced for calendar year 2021 as follows:
    - 14 medical first response agencies
    - 10 land EMS services with 120 sites including all Shared Health resources
    - 2 stretcher services
    - 6 air ambulance services
  - Inspections of 20 services were completed in 2020/21, including more than 40 sites, 60 land units and 15 aircraft.
5. Legislation and polices governing EMS response systems are reviewed and updated.
  - Contributed to changes in regulations under The Emergency Medical Response and Stretcher Transportation Act.
6. EMS response standards, policy, protocols and procedures are developed and aligned with current legislation and regulations.
  - Worked with Shared Health and the College of Paramedics of Manitoba throughout 2020/21 to determine which agency was best suited to own various polices and standards of the previous EMS Branch as our roles developed under health transformation.
7. Enhanced patient safety through the inquiry and investigation by the Protection for Persons in Care Office (PPCO) of reports of alleged patient abuse and neglect and the issuance of binding directions to address identified concerns or areas of improvement.
  - Followed a detailed review process to receive, inquire, and investigate reports of alleged 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.
8. Persons who abuse or neglect patients are referred to the Adult Abuse Registry Committee.
  - PPCO unit 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.
  - PPCO unit delivered six presentations throughout Manitoba 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.

#### 4(g) Licensing and Compliance

Expenditures by Sub-Appropriation	Actual 2020/21 \$(000s)	FTE	Authority 2020/21 \$(000s)	Variance Over(Under) Expl. \$(000s)	No.
Salaries and Employee Benefits	1,594	20.00	1,802	(208)	
Other Expenditures	56		163	(107)	
<b>Total Sub-Appropriation</b>	<b>1,650</b>	<b>20.00</b>	<b>1,965</b>	<b>(315)</b>	

## Transition

### Administration

#### The objectives were:

- To provide planning and oversight of the current provincial services delivered by public health inspectors (PHIs) and licensing of paramedics for service delivery (structures, staff and related functions) in the interim of any transitions to Shared Health and/or service delivery organizations (SDOs) and the College of Paramedics of Manitoba (COPM), guided by the health system transformation blueprint and roadmap plans and government authorities.
- To provide leadership and coordination for the transition of service delivery from the department to Shared Health, SDOs, and COPM.

#### The expected and actual results for 2020/21 included:

1. Continuation of operations and planning of the current provincial services delivered by PHIs and licensing of paramedics, in the interim of implementation for any transitions within the health system transformation blueprint and roadmap plans and government authorities.
  - In December 2020, legislation came into force that established the College of Paramedics of Manitoba as a self-regulating profession under The Regulated Health Professions Act. Paramedics are now members of interdisciplinary care teams that deliver services consistent with Manitoba's Clinical and Preventive Services Plan; a key component of the Health System Transformation blueprint and roadmap.
2. Provision of leadership and coordination to facilitate the transition of service delivery from the department to Shared Health, SDOs, and COPM.
  - The Transition Division continued to provide leadership and coordination to facilitate the transition of service delivery from the department to Shared Health and SDOs related to LifeFlight, EMS, Cadham Provincial Lab and Selkirk Mental Health Centre (SMHC). SMHC was identified to be part of the new department, Mental Health, Wellness and Recovery, in January 2021 as an interim move. The Transition Division continued to oversee the work to transition SMHC to Shared Health as per the Health System Transformation blueprint.

## 5(a) Transition

Expenditures by Sub-Appropriation	Actual	FTE	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Salaries and Employee Benefits	596	7.50	638	(42)	
Other Expenditures	12,964		6,208	6,756	1
Grant Assistance	5,612		33	5,579	2
<b>Total Sub-Appropriation</b>	<b>19,172</b>	<b>7.50</b>	<b>6,879</b>	<b>12,293</b>	

*Explanation Number:*

1. Primarily due to price for transportation being higher than originally budgeted
2. Primarily due to accounting adjustment on the valuation of the allowance for doubtful accounts.

## 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 2020/21 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. This required a highly coordinated national and provincial effort that drew upon international networks and experiences. Since January 2020, Cadham Provincial Laboratory reported over 300,000 COVID-19 tests, and performed countless more.
  - 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.
  - Advised disease control authorities, and several bodies and levels of government on many facets related to detection of SARS-CoV-2 and the systems and infrastructure needed to respond.
  - Maintained all core public health services including the response to ongoing outbreaks in sexually-transmitted and blood borne disease.
2. Increased/improved effectiveness of uptake for recommended screening programs.
  - Commenced universal newborn screening for severe combined immunodeficiency (SCID).
  - Collaborated with Shared Health to establish a COVID-safe plan for maternal serum screening that preserved diagnostic imaging capacity and provided superior screening functions.
  - Assisted personal care homes in the training and introduction of routine staff surveillance for COVID-19 using weekly rapid antigen testing.
3. Improved response to outbreak investigations, leading to improved detection of preventable disease.
  - Established a broader base of outbreak coordination and investigation that included special investigation of non-outbreak exposure investigations.

- Launched routine whole genome sequencing (WGS) of SARS-CoV-2 isolates to monitor the appearance and distribution of variants of concern.
  - Developed and implemented an in-house designed screening assay to more rapidly determine the presence of SARS-CoV-2 variants of concern.
  - Regularly monitored syphilis testing in infants to have a clear picture of risk to newborns.
4. Population monitoring and surveillance that drives strategic planning and program refinements.
    - Performed and produced a number of COVID-19 seroprevalence reports to monitor the population exposure to SARS-CoV-2.
    - Provided daily reports of all-source COVID-19 testing findings, positivity and volume to rapidly assess overall and more refined information to public health officials.
    - Continued to monitor for the presence or emergence of other respiratory viruses, in particular maintaining vigilance for influenza and respiratory syncytial virus, the usual causes of annual outbreaks of more severe respiratory infection. Performed more influenza testing in the 2020/21 influenza season than ever before.
  5. Timely and effective provincial and national public health protocols, plans and disease control strategies.
    - Assisted or led in the development and/or review of numerous COVID-19 related protocols, guidelines, statements and other online and print resources.
  6. Improved and informative research, collaborations and public health analysis.
    - Led ground-breaking research on SARS-CoV-2 infectiousness on culture and possible utility by infection control and public health personnel.
    - Partnered with key community partners such as homeless shelters and Winnipeg Fire and Paramedic Service to respond to COVID-19 testing needs in vulnerable populations, which assisted in assessing the incidence of disease in these populations and need for more urgent services.
    - Assisted local business in providing specifications and development of new diagnostic products in response to shortages of supply during the COVID pandemic.
    - Trained several other labs in Manitoba on basic SARS-CoV-2 detection techniques, pooling and other efficient processing and lab epidemiology processes, in response to the COVID-19 pandemic.
    - Partnered with the National Microbiology Laboratory to evaluate several COVID-19 rapid test kits and in some cases rapidly determine suitability for use.
  7. Improved reporting effectiveness through refinement of information services delivered through the Public Health Laboratory Information Management System.
    - With partners in Digital Health, established rapid report standards and protocols for SARS-CoV-2 lab results, including streaming of results into the COVID portal.
    - Refined SARS-CoV-2 lab results to meet common international travel report requirements.
    - Introduced 'reason for test' population analysis of COVID-19 testing trends through use of powerful tools in the Cadham Provincial Laboratory Lab Information Management System environment.
    - Partnered with Government of Manitoba contractors to implement a 'Bot' able to electronically read requisitions and limit manual data entry of SARS-CoV-2 test requests.
  8. Modern investigative technologies in public health are evaluated, implemented and positively contribute to better health outcomes.
    - Evaluated several rapid test methods and made recommendations for acquisition or use, including providing training to non-laboratory health care professionals, for use in outreach sites.
    - Successfully evaluated and implemented pooling methods for SARS-CoV-2 detection that preserved reagent and lab supplies at a time of mass global shortage.
    - Established multiple SARS-CoV-2 detection platforms such that supply chain disruption was minimized, and blended workflow as much as possible into existing systems.
    - Whole Genome Sequencing of virus was rapidly expanded and validated for tracking SARS-CoV-2. Previously, Manitoba had only been using this technology for tracking causes of foodborne illness.

### 5(b) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual	FTE	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Salaries and Employee Benefits	11,373	115.00	10,147	1,226	
Other Expenditures	11,048		8,827	2,221	1
<b>Total Sub-Appropriation</b>	<b>22,421</b>	<b>115.00</b>	<b>18,974</b>	<b>3,447</b>	

Explanation Number:

1. Primarily due to miscellaneous operating over-expenditures.

### Health Transformation

#### The objectives were:

- To support the ongoing needs of health system transformation in transforming Manitoba's health system to drive for better quality care, improved health outcomes, and enhanced resource utilization and efficiency.

#### The expected and actual results for 2020/21 included:

1. Continued investment in health infrastructure and health services leads to improved access to necessary care.
  - Manitoba's Clinical and Preventive Services Plan detailed implementation planning and engagement with all service delivery organizations (SDOs), including the establishment of implementation teams within each SDO to support the recommendations and opportunities outlined in the clinical plan.
  - Targeted Practice Improvements implementation began which resulted in improved utilization of blood products that saw two hospitals (Health Sciences Centre and Grace General Hospital) receiving a national Choosing Wisely Designation.
  - Passage and Royal Assent of The Regional Health Authorities Amendment Act (Health System Governance and Accountability) which consolidated administrative services related to health care and centralized the delivery of certain health services across Manitoba.
  - Completed first phase of SDO re-alignment that saw senior leadership levels re-aligned to ensure consistency in accountability and responsibilities across SDOs.
  - Achieved a net financial benefit of \$23.7 million across the health system and \$60.5 million in net financial benefits since start of Transformation.
  - Throughout 2020, more than 70 Transition Management Office and Digital Health Project Management Office staff were temporarily redeployed to support the province's COVID-19 pandemic response. These staff and contract resources, assisted in a wide variety of initiatives including supply chain, contact tracing, vaccine distribution and clinics, public health contact centre expansions, personal care home staffing, testing and assessment sites and support for Occupational and Environmental Safety and Health.

### 5(c) Health Transformation

Expenditures by Sub-Appropriation	Actual	FTE	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Other Expenditures	17,125		35,444	(18,319)	1
<b>Total Sub-Appropriation</b>	<b>17,125</b>	<b>-</b>	<b>35,444</b>	<b>(18,319)</b>	

Explanation Number:

1. Primarily due to delays in program implementation as a result of the COVID-19. The 2020/21 Authority includes a virement transfer of \$4,556.0 from 21-5C to 21-7C for various COVID-19 related expenditures.

## Priority Procedures Wait Times Reduction

### The objectives were:

- To provide additional volumes of services for priority procedures, including procedures such as hip, knee, and cataract surgeries, to reduce wait times for Manitobans.

### The expected and actual results for 2020/21 included:

1. Increased volumes of services for priority procedures and reduced time for those waiting for priority procedures.
  - Wait times for a range of procedures were impacted by the disruption in health services associated with the health system's response to the COVID-19 pandemic. One-time and ongoing investments in services were made to directly mitigate the impact on wait times in the short-term for some procedures and, in other cases, allowed for an expansion of both short-term and long-term capacity in the system to support the reduction of wait times.
  - Funded additional capacity to mitigate wait times in key priority surgical and diagnostic procedure areas including hips and knees, diagnostic ultrasound, computed tomography (CT) and magnetic resonance imaging (MRI).
  - Procured services through a Request for Supply Arrangement to specifically address surgical and diagnostic backlogs associated with COVID-19. Services began in September 2020 and included echocardiogram exams, cataracts, urology procedures, orthopaedic spine procedures, foot and hand surgeries, ear/nose/throat procedures, and general surgery.

### 5(d) Priority Procedures Wait Times Reduction

Expenditures by Sub-Appropriation	Actual	FTE	Authority	Variance	Expl. No.
	2020/21 \$(000s)		2020/21 \$(000s)	Over(Under) \$(000s)	
Other Expenditures	7,394		10,000	(2,606)	1
<b>Total Sub-Appropriation</b>	<b>7,394</b>	<b>-</b>	<b>10,000</b>	<b>(2,606)</b>	

*Explanation Number:*

1. Primarily due to miscellaneous operating under-expenditures.

## 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, CancerCare Manitoba (CCMB) 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 2020/21 included:

1. Service delivery organizations' (SDOs) 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, CCMB and Shared Health to ensure utilization was in accordance with the applicable acts noted above.
2. SDOs' component of the provincial service delivery system meets the needs of Manitobans by being responsive and effective.
  - Collaborated with SDOs in planning for future service enhancements in building on an integrated health system.
  - Collaborated with SDOs to ensure health system was able to support the needs of the COVID-19 response in all sectors.
3. SDOs' strategic and health planning efforts consider both affordability and sustainability.
  - Provided oversight and monitoring to ensure 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. SDOs are compliant with provincial legislation, regulation, policies, directives, standards, reporting requirements and guidelines.
  - Reviewed 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.
  - 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 SDOs to ensure compliance with legislative, regulatory, standards and reporting requirements.
5. SDOs' provision of financial and statistical information is as defined by the department.
  - Received monthly financial 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 and Seniors Care.

## 6(a) Funding to Health Authorities

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Other Expenditures				
Acute Care Services	2,619,612	3,091,455	(471,843)	1
Long Term Care Services	696,065	644,721	51,344	1
Home Care Services	380,237	387,983	(7,746)	2
Community Health Services	237,799	180,611	57,188	2
Emergency Response and Transport Services	175,825	174,986	839	
Third Party Recoveries	(18,477)	(21,477)	3,000	3
Reciprocal Recoveries	(38,075)	(65,059)	26,984	4
<b>Total Sub-Appropriation</b>	<b>4,052,986</b>	<b>4,393,220</b>	<b>(340,234)</b>	

*Explanation Number:*

1. The 2020/21 authority included Supplementary Authority of \$600.0M from Internal Service Adjustments to support COVID-19 support programs in the department.
2. Primarily due to re-distribution of the 2020/21 funding within 21.6a
3. Primarily due to lower price and volume.
4. Primarily due to lower volume.

## 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, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

#### The expected and actual results for 2020/21 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 temporary out of province were provided to residents of Manitoba.
2. The portability requirements of the Canada Health Act are fulfilled.
  - The requirement of portability for benefits under the Canada Health Act was fulfilled.

## Blood Transfusion Services

#### The objectives were:

- To undertake policy, planning, funding, oversight and support to interprovincial coordination for the provision of a safe, reliable and adequate blood, blood product and organ and tissue donation supply for Manitobans.

- To undertake policy, funding and oversight of safe, reliable and appropriate transfusion services to Manitobans.

**The expected and actual results for 2020/21 included:**

1. Manitobans have sustainable access to appropriate transfusion and transplant products and services.
  - Participated on the Provincial and Territorial Blood Liaison Committee and the Conference of Deputy Ministers to provide oversight of Canadian Blood Services (CBS) to ensure the timely delivery of safe, reliable and affordable quality blood products to health authorities, facilities and physicians according to the 1997 Memorandum of Understanding signed by the provinces and territories (PT), except Quebec.
  - Participated on the Canadian Blood Agency 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 PT, except Quebec, in the management oversight of the Multi Provincial Territorial Assistance Program (MPTAP).
  - Participated on the Organ Donation and Transplantation Collaborative to collaborate on a Canada Health Infoway led initiative to develop a pan-Canadian data and performance system for organ donation and transplantation, improving consistency/quality of data, allowing more donors and recipients to be matched.
  - Monitored transplant services provided in Manitoba, including kidney transplants, pre and post transplant care and donor work ups, and monitored the transplant program in its development and implementation of transplant related policies and procedures.
  - Established a streamlined procedure to approve and administer out of province pre and post transplant care for Manitoba patients.
2. Manitoba expenditures on transfusion and transplant services and products are accurate and accountably executed.
  - Provided accurate and timely payments based on the signoffs by the appropriate authority for CBS blood services and products. Financial audit performed every year by the Office of Auditor General to confirm accurate and timely payments.
  - Provided monitoring and oversight to support timely and accurate payments of Manitoba's pro-rata share (based on the negotiated annual budget) to CBS.
  - Tracked quarterly transplantation and donation volumes performed in Manitoba and out of province to support timely and accurate out of province reimbursement.

## **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 2020/21 included:**

1. Provision of medical services at federal hospitals located in Norway House and Hodgson and the 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 2020/21 included:**

1. Payment for benefits for eligible Manitobans who require assistive devices for daily living.
  - Provided benefits for 54,278 families through Ancillary Services and the Prosthetic and Orthotic Program.
2. Ensure appropriate accountability for public funds paid to suppliers.
  - Continued to work with stakeholders, including suppliers, to ensure supplier and prescriber accountability, and device efficiency and cost-effectiveness.
3. Establish and monitor appropriate turn-around-time for Ancillary Programs claims processing.
  - Provided reimbursement to suppliers and clients who sought benefits under the Prosthetic and Orthotic Program within, on average, 45 - 60 days of receipt of a standard claim.

**Nursing Recruitment and Retention Initiatives****The objectives were:**

- To monitor the effectiveness of recruitment and retention initiatives and the appropriate supply of nurses, the department 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 2020/21 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.
  - The COVID-19 pandemic placed a significant unforeseen strain on nursing resources in Manitoba and prevented the achievement of reduced nursing vacancies. Engaged with Shared Health and regional health authorities to mitigate nursing shortages across the province.
  - While nursing registrations have been relatively stable in recent years, significant demand for more resources continue to exist, particularly in rural and remote locations. As part of an overall effort to increase recruitment efforts focused on northern Manitoba's needs, work began on the development of the Northern Nursing Senior Practicum Opportunity. This project will provide support for Bachelor of Nursing students who choose to complete their final senior practicum placement in the Northern Health Region.
  - Continued efforts to reach an equilibrium of nurse supply through a range of ongoing recruitment and retention initiatives, and by commencing work on expanding the number of available seats in Manitoba's post-secondary nursing programs.
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.
  - Focused on providing guidance and policy approval as Shared Health is now responsible for administration of NRRF and related review activities.
  - Collaborated with Shared Health to ensure that NRRF is operating in a manner consistent with departmental policies and nursing recruitment goals.

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 (RHAs) 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 2020/21 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.

## Immunizing Agents, Biologics and Drugs

### The objectives were:

- To ensure security of supply of vaccines and drugs.

### The expected and actual results for 2020/21 included:

- Secure supply of vaccines and drugs that are attained at a cost savings through the national bulk purchasing contracts, and distributed to meet program needs.
  - Achieved an overall savings of \$22.4 million, compared to retail prices, as a result of the bulk procurement process through Public Services and Procurement Canada for publicly-funded vaccines and public health drugs.
  - Provided support and expertise to the Vaccine Task Force to secure and manage distribution of COVID-19 vaccines, the largest immunization program in Manitoba history.
  - Focused vaccine distribution to the various channels of service providers through multiple channels (e.g. primary care providers, supersites, pharmacies, pop-up clinics) to reach more Manitobans.
  - Distributed nearly 6,300 naloxone kits to registered distribution sites in 2020, an approximate 300 per cent increase compared to 2019 when 1,699 kits were distributed. The increase in demand for naloxone kits reflects both policy changes that have allowed kits to be more easily accessible, and the unintended consequences related to the COVID-19 pandemic that has resulted in an increase in harms related to substance use.

### 6(b) Provincial Health Services

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Other Expenditures				
Out-of-Province	37,030	54,902	(17,872)	1
Blood Transfusion Services	64,848	64,900	(52)	
Federal Hospitals	924	2,579	(1,655)	2
Ancillary Programs	18,247	17,798	449	
Nursing Recruitment and Retention Initiatives	3,274	3,730	(456)	
Manitoba Centre for Health Policy	-	3,750	(3,750)	3
Immunizing Agents, Biologics and Drugs	22,152	20,426	1,726	
<b>Total Sub-Appropriation</b>	<b>146,475</b>	<b>168,085</b>	<b>(21,610)</b>	

#### Explanation Number:

- Primarily due to lower volume, partially offset by higher price.
- Primarily due to lower volume.
- No funding agreement in effect for fiscal year 2020-21.

## 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 2020/21 included:

1. Claims will be processed in accordance with The Health Services Insurance Act and its regulations.
  - Processed and paid approximately 14.4 million claims in relation to approximately 29.4 million services provided by medical practitioners, optometrists, chiropractors, and oral surgeons.
  - Total services included approximately 27.9 million physician services, 575,730 optometric services, 698,142 chiropractic services, and 5,449 oral surgery services.
2. Appropriate administration of non-fee-for-service payments.
  - Provided oversight to the service delivery organizations that continue to monitor and enforce the terms of physician Master Agreement and its approximately 70 service specific agreements.
3. Implementation of a provincial physician recruitment and retention program in alignment with Manitoba's Clinical and Preventive Services Plan resulting in improved retention of physicians in Manitoba.
  - Manitoba has a total of 3,029 physicians registered with the College of Physicians and Surgeons of Manitoba. This represents a net increase of 47 physicians over the previous year.

### 6(c) Medical

Expenditures by Sub-Appropriation	Actual 2020/21 \$(000s)	Authority 2020/21 \$(000s)	Variance Over(Under) \$(000s)	Expl. No.
Other Expenditures				
Fee-For-Service	852,294	876,038	(23,744)	1
Alternate Funding	444,608	430,797	13,811	2
Other Professionals	22,802	31,106	(8,304)	3
Out-of-Province Physicians	22,404	33,358	(10,954)	3
Physician Recruitment and Retention Program	24,013	25,659	(1,646)	
Third Party Recoveries	(10,441)	(12,136)	1,695	1
Reciprocal Recoveries	(12,126)	(17,758)	5,632	3
<b>Total Sub-Appropriation</b>	<b>1,343,554</b>	<b>1,367,064</b>	<b>(23,510)</b>	

#### Explanation Number:

1. Primarily due to lower price and volume.
2. Primarily due to incremental COVID-19 costs.
3. Primarily due to lower volume.

## 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 2020/21 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.
  - Completed communication with all Option A Pharmacare applicant families for whom the 2020/21 deductible could not be established on April 1, 2020, because their 2018 income was not available from Canada Revenue Agency or taxpayer information did not match Pharmacare records by December 31, 2020, three months earlier than previous benefit year.
  - Processed complete Pharmacare Application and Consent Authorizations within 45 days of receipt, and provided expedited processing on request.
- Payment for eligible pharmaceutical benefits for program beneficiaries.
  - Established 267,653 Pharmacare deductibles with 65,499 families receiving Pharmacare benefits.
- Establish and monitor appropriate turn-around-time for Pharmacare claims processing.
  - Processed Pharmacare claims primarily via the Drug Programs Information Network (DPIN), which provides real time adjudication of Pharmacare reimbursement to patients and pharmacies.

### 6(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2020/21 \$(000s)	Authority 2020/21 \$(000s)	Variance Over(Under) \$(000s)	Expl. No.
Other Expenditures				
Regular Drug Program	316,507	313,448	3,059	1
Oral Cancer Drugs	49,034	42,462	6,572	1
Drug Expenditures Incurred by the Department of Families	(67,959)	(78,868)	10,909	2
<b>Total Sub-Appropriation</b>	<b>297,582</b>	<b>277,042</b>	<b>20,540</b>	

#### Explanation Number:

- Primarily due to higher price and volume.
- Primarily due to lower recoveries due to lower price and volume.

## Capital Funding

### The objectives were:

- To 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 2020/21 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 capital plan as projects are completed.
  - The 2020/21 principal and interest payments increased by \$18,992,000 and \$3,202,000 respectively from 2019/20 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.
- Modified principal and interest repayments on existing approved borrowings due to projects being fully repaid or added.
  - 2020/21 principal and interest payments related to new and existing loans.
  - The actual 2020/21 principal repayments increased by \$18,992,000 that includes \$903,000 of principal payments on approved borrowings being fully repaid.
  - The actual 2020/21 interest repayments increased by \$3,202,000 that includes \$209,000 of interest payments on approved borrowings being fully repaid.
- Payment for the acquisition of approved specialized and basic equipment to health authorities and other health organizations on a timely basis and in accordance with approved funding levels.
  - The expected outright payments in 2020/21 for the acquisition of approved basic equipment to SDOs and CancerCare Manitoba (CCMB) were \$17,913,000. Actual payments for approved basic equipment to SDOs and CCMB were \$18,260,000 resulting in payments of \$347,000 higher than anticipated.
- Payment of outright funding for approved projects to health authorities and other health organizations in accordance with the department's strategic capital plan.
  - Total outright payments to SDOs and CCMB for 2020/21 for approved capital projects were expected to be \$7,700,000. Actual payments to SDOs and CCMB for 2020/21 for approved capital projects were \$40,248,000. Outright funding reduces the need for funding through approved borrowings.

### 7(a) Principal Repayments

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Acute Care	106,443	110,784	(4,341)	1
Long Term Care	10,778	10,512	266	
Community Health Services	3,060	6,867	(3,807)	1
<b>Total Sub-Appropriation</b>	<b>120,281</b>	<b>128,163</b>	<b>(7,882)</b>	

#### Explanation Number:

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

**7(b) Equipment Purchases and Replacements**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Acute Care	15,099	14,937	162	
Long Term Care	3,161	2,976	185	
<b>Total Sub-Appropriation</b>	<b>18,260</b>	<b>17,913</b>	<b>347</b>	

**7(c) Other Capital**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Acute Care	19,543	23,284	(3,741)	1,2
Long Term Care	20,705	3,750	16,955	3
<b>Total Sub-Appropriation</b>	<b>40,248</b>	<b>27,034</b>	<b>13,214</b>	

*Explanation Number:*

1. Primarily due to higher outright cash payments for equipment purchases to support COVID pandemic patients.
2. The 2020/21 Authority includes a virement transfer of \$13.534M from sub-appropriations as follows: 21-1F - \$1,861.0; 21-2B - \$4,120.0; 21-3D - \$1,570.0; 21-4F - \$1,427.0 and 21-5C - \$4,556.0
3. Primarily due to higher outright cash payments to provide visitation shelters at personal care homes during the COVID pandemic.

**7(d) Interest**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2020/21 \$(000s)</b>	<b>Authority 2020/21 \$(000s)</b>	<b>Variance Over(Under) \$(000s)</b>	<b>Expl. No.</b>
Acute Care	47,178	48,453	(1,275)	
Long Term Care	6,202	6,236	(34)	
Community Health Services	752	5,122	(4,370)	1
<b>Total Sub-Appropriation</b>	<b>54,132</b>	<b>59,811</b>	<b>(5,679)</b>	

*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 2020/21 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 budget for interest expense related to capital investment borrowings was transferred to Public Debt.

## 8 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2020/21 \$(000s)	Authority 2020/21 \$(000s)	Variance Over(Under) \$(000s)	Expl. No.
Amortization Expense	7,705	1,290	6,415	1
<b>Total Sub-Appropriation</b>	<b>7,705</b>	<b>1,290</b>	<b>6,415</b>	

### Explanation Number:

1. Primarily due to over expenditure related to purchase of personal care homes external visitation shelters during the COVID pandemic.

## Capital Investment

### 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 2020/21 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
  - No projects were undertaken in 2020/21.
2. Provision of technology solutions that address health priorities.
  - No projects were undertaken in 2020/21.
3. Upgraded medical equipment.
  - Manitoba Health and Seniors Care acquired new medical equipment to replace obsolete equipment and improve efficiency for its direct clinical operations for Cadham Provincial Laboratory.
4. Provision of external visitation shelters that create safe spaces for visitation for residents in personal care homes as a result of the COVID-19 Pandemic.
  - Manitoba Health and Seniors Care acquired external visitation shelters to provide areas for personal care home residents to visit with loved ones in a safe, accessible and controlled environment.

## Other Reporting Entities Capital Investment

### The objectives were:

- To provide for the development or enhancement of strategic infrastructure, equipment, and information technology systems.

### The expected and actual results for 2020/21 included:

1. Continued investment in the health system through the completion of planned project timelines for strategic infrastructure, equipment, and information technology systems.
  - The expected investments in the health system was \$101,211,000 for continuing projects. Total actual payments consisting of approved borrowings and cash was \$133,935,000 resulting in payments of \$32,724,000 higher than anticipated.
2. New investment in the health system through the completion of planned project timelines for strategic infrastructure, equipment, and information technology systems.
  - The expected investments in the health system was \$190,006,000 for new projects. Total actual payments consisting of approved borrowings and cash was \$8,861,000 resulting in payments of \$181,145,000 lower than anticipated.

# Financial Report Summary Information

# Part 1

## MANITOBA HEALTH AND SENIORS CARE RECONCILIATION STATEMENT April 1, 2020 - March 31, 2021

DETAILS	2020/21 ESTIMATES (\$ 000s)
2020/21 MAIN ESTIMATES	5,968,111
Allocation of funds from: Enabling Appropriations	-
Internal Service Adjustments	605,800
2020/21 ESTIMATE:	6,573,911

**Manitoba Health and Seniors Care  
Expenditure Summary**

**For the fiscal year ended March 31, 2021 with comparative figures for the previous fiscal year (\$000s)**

Estimate 2020/21	Appropriation	Actual (1) 2020/21	Actual (2) 2019/20	Increase (Decrease)	Expl. No.
	<b>21-1 RESOURCES AND PERFORMANCE</b>				
42	(a) Minister's Salary	42	41	1	
	(b) Executive Support				
1,188	Salaries and Employee Benefits	1,192	979	213	
217	Other Expenditures	139	163	(24)	
	(c) Administration				
280	Salaries and Employee Benefits	276	319	(43)	
26	Other Expenditures	18	13	5	
	(d) Comptrollership				
1,443	Salaries and Employee Benefits	1,403	1,414	(11)	
179	Other Expenditures	141	295	(154)	
438	Grant Assistance	372	386	(14)	
	(e) Financial Commissioning				
2,285	Salaries and Employee Benefits	1,599	1,697	(98)	
93	Other Expenditures	38	48	(10)	
	(f) Health Services Commissioning				
(651)	Salaries and Employee Benefits	338	642	(304)	
91	Other Expenditures	12	58	(46)	
	(g) Information Management and Analytics				
3,830	Salaries and Employee Benefits	4,176	3,431	745	1
572	Other Expenditures	286	142	144	
<b>10,033</b>	<b>Subtotal 21-1</b>	<b>10,032</b>	<b>9,628</b>	<b>404</b>	

**Explanation Number:**

1. Primarily due to additional staffing resources for the COVID-19 pandemic.

**Footnotes:**

(1) Actuals for 2020/21 are based on year-end expenditure analysis report dated September 9, 2021.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2021.

Manitoba Health and Seniors Care  
Expenditure Summary

For the fiscal year ended March 31, 2021 with comparative figures for the previous fiscal year (\$000s)

Estimate 2020/21	Appropriation	Actual (1) 2020/21	Actual (2) 2019/20	Increase (Decrease)	Expl. No.
<b>21-2 POLICY AND ACCOUNTABILITY</b>					
	(a) Administration				
279	Salaries and Employee Benefits	185	293	(108)	
66	Other Expenditures	44	50	(6)	
4,203	Infrastructure	3,334	3,790	(456)	
3,322	Salaries and Employee Benefits	7,023	6,960	63	
	Other Expenditures				
	(c) System Planning and Integration				
797	Salaries and Employee Benefits	577	540	37	
409	Other Expenditures	334	654	(320)	
768	Grant Assistance	667	667	-	
	(d) Policy and Standards				
1,749	Salaries and Employee Benefits	1,338	1,494	(156)	
1,157	Other Expenditures	681	760	(79)	
	(e) Accountability Management				
1,398	Salaries and Employee Benefits	1,046	1,136	(90)	
353	Other Expenditures	314	298	16	
	(f) Workforce				
586	Salaries and Employee Benefits	556	635	(79)	
848	Other Expenditures	755	655	100	
85	Grant Assistance	60	78	(18)	
	(g) Knowledge Translation				
1,046	Salaries and Employee Benefits	708	911	(203)	
576	Other Expenditures	20	22	(2)	
<b>17,642</b>	<b>Subtotal 21-2</b>	<b>17,642</b>	<b>18,943</b>	<b>(1,301)</b>	

Footnotes:

- (1) Actuals for 2020/21 are based on year-end expenditure analysis report dated September 9, 2021.  
(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2021.

Manitoba Health and Seniors Care  
Expenditure Summary

For the fiscal year ended March 31, 2021 with comparative figures for the previous fiscal year (\$000s)

Estimate 2020/21	Appropriation	Actual (1) 2020/21	Actual (2) 2019/20	Increase (Decrease)	Expl. No.
	<b>21-3 INSURANCE</b>				
	(a) Administration				
253	Salaries and Employee Benefits	288	312	(24)	
39	Other Expenditures	40	48	(8)	
1,689	Department Services	1,462	1,582	(120)	
293	Salaries and Employee Benefits	312	423	(111)	
	Other Expenditures				
	(c) Non-Insured Benefits				
3,229	Salaries and Employee Benefits	2,900	3,030	(130)	
540	Other Expenditures	630	818	(188)	
414	Grant Assistance	329	329	-	
	(d) Insured Benefits				
4,340	Salaries and Employee Benefits	4,782	4,790	(8)	
1,036	Other Expenditures	1,091	1,106	(15)	
<b>11,833</b>	<b>Subtotal 21-3</b>	<b>11,834</b>	<b>12,438</b>	<b>(604)</b>	

Footnotes:

(1) Actuals for 2020/21 are based on year-end expenditure analysis report dated September 9, 2021.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2021.

Manitoba Health and Seniors Care  
Expenditure Summary

For the fiscal year ended March 31, 2021 with comparative figures for the previous fiscal year (\$000s)

Estimate 2020/21	Appropriation	Actual (1) 2020/21	Actual (2) 2019/20	Increase (Decrease)	Expl. No.
<b>21-4</b>	<b>POPULATION HEALTH</b>				
(a)	Administration				
271	1 Salaries and Employee Benefits	214	214	-	
77	2 Other Expenditures	126	136	(10)	
	Population and Public Health				
11,858	Salaries and Employee Benefits	12,232	10,550	1,682	1
5,119	Other Expenditures	4,770	4,874	(104)	
95	Grant Assistance	-	-	-	
	Intergovernmental and Indigenous Relations				
603	Salaries and Employee Benefits	622	642	(20)	
509	Other Expenditures	150	54	96	
	Quality and Citizen Experience				
696	Salaries and Employee Benefits	630	707	(77)	
1,718	Other Expenditures	1,649	1,688	(39)	
	Chief Provincial Public Health Officer				
232	Salaries and Employee Benefits	468	-	468	
22	Other Expenditures	8	4	4	
	Legislative Unit				
55	Salaries and Employee Benefits	880	1,052	(172)	2
264	Other Expenditures	85	83	2	
	Licensing and Compliance				
1,802	Salaries and Employee Benefits	1,594	1,731	(137)	
163	Other Expenditures	56	12	44	
<b>23,484</b>	<b>Subtotal 21-4</b>	<b>23,484</b>	<b>21,747</b>	<b>1,737</b>	

Explanation Number:

1. Primarily due to additional staffing resources for the COVID-19 pandemic.
2. Primarily due to miscellaneous salaries under-expenditures.

Footnotes:

- (1) Actuals for 2020/21 are based on year-end expenditure analysis report dated September 9, 2021.
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2021.

Manitoba Health and Seniors Care  
Expenditure Summary

For the fiscal year ended March 31, 2021 with comparative figures for the previous fiscal year (\$000s)

Estimate 2020/21	Appropriation	Actual (1) 2020/21	Actual (2) 2019/20	Increase (Decrease)	Expl. No.
	<b>21-5 TRANSITION</b>				
	(a) Transition				
638	Salaries and Employee Benefits	596	451	145	
6,208	Other Expenditures	12,964	11,678	1,286	1
33	Grant Assistance	5,612	20	5,592	2
	(b) Cadham Provincial Laboratory Services				
10,147	Salaries and Employee Benefits	11,373	9,998	1,375	3
8,827	Other Expenditures	11,048	9,735	1,313	4
	(c) Health Transformation				
35,444	Other Expenditures	17,125	-	17,125	5
	(d) Priority Procedure Wait Times Reduction				
10,000	Other Expenditures	7,394	-	7,394	6
<b>71,297</b>	<b>Subtotal 21-5</b>	<b>66,112</b>	<b>31,882</b>	<b>34,230</b>	

Explanation Number:

1. Primarily due to miscellaneous operating over-expenditures.
2. Primarily due to accounting adjustment on the valuation of the allowance for doubtful accounts.
3. Primarily due to additional staffing resources for the COVID-19 pandemic.
4. Primarily due to COVID-19 operating expenditures.
5. Primarily due to Health Transformation initiatives.
6. Primarily due to priority procedures wait-time reduction and COVID-19 backlog initiatives.

Footnotes:

- (1) Actuals for 2020/21 are based on year-end expenditure analysis report dated September 9, 2021.
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2021.

Manitoba Health and Seniors Care  
Expenditure Summary

For the fiscal year ended March 31, 2021 with comparative figures for the previous fiscal year (\$000s)

Estimate 2020/21	Appropriation	Actual (1) 2020/21	Actual (2) 2019/20	Increase (Decrease)	Expl. No.
<b>21-6 HEALTH SERVICES INSURANCE FUND</b>					
(a) Funding to Health Authorities					
3,091,455	Acute Care Services	2,619,612	2,404,473	215,139	1
644,721	Long Term Care Services	696,065	640,128	55,937	1
387,983	Home Care Services	380,237	377,265	2,972	2
180,611	Community Health Services	237,799	251,064	(13,265)	3
174,986	Emergency Response and Transport Services	175,825	164,682	11,143	2
(21,477)	Third Party Recoveries	(18,477)	(20,286)	1,809	
(65,059)	Reciprocal Recoveries	(38,075)	(64,720)	26,645	3
(b) Provincial Health Services					
54,902	Out of Province	37,030	55,132	(18,102)	3
64,900	Blood Transfusion Services	64,848	66,697	(1,849)	
2,579	Federal Hospitals	924	3,311	(2,387)	3
17,798	Ancillary Programs	18,247	18,264	(17)	
3,730	Nursing Recruitment and Retention Initiatives	3,274	3,289	(15)	
3,750	Manitoba Centre for Health Policy	-	3,875	(3,875)	4
20,426	Immunizing Agents, Biologics and Drugs	22,152	22,430	(278)	
(c) Medical					
876,038	Fee-For-Service	852,294	909,776	(57,482)	3
430,797	Alternate Funding	444,608	422,345	22,263	3
31,106	Other Professionals	22,802	27,746	(4,944)	5
33,358	Out of Province Physicians	22,404	33,069	(10,665)	3
25,659	Physician Recruitment and Retention Program	24,013	24,183	(170)	
(12,136)	Third Party Recoveries	(10,441)	(11,306)	865	
(17,758)	Reciprocal Recoveries	(12,126)	(18,328)	6,202	3
(d) Pharmacare					
313,448	Regular Drug Program	316,507	315,118	1,389	
42,462	Oral Cancer Drugs	49,034	51,205	(2,171)	6
(78,868)	Drug Expenditures Incurred by the Department of Families	(67,959)	(72,005)	4,046	7
<b>6,205,411</b>	<b>Subtotal 21-6</b>	<b>5,840,597</b>	<b>5,607,407</b>	<b>233,190</b>	

Explanation Number:

1. Primarily due to Covid-19 operating costs and price and volume increases offset by health sustainability and innovation.
2. Primarily due to price and volume increases offset by health sustainability and innovation.
3. Primarily due to a decrease in volume.
4. No funding agreement in effect for fiscal year 2020-21
5. Primarily due to a decrease in price and volume.
6. Primarily due to higher recoveries from Utilization Management Agreement rebates, partially offset by higher price and volume.
7. Primarily due to lower recoveries from the Department of Families due to lower price, partially offset by higher volume.

Footnotes:

- (1) Actuals for 2020/21 are based on year-end expenditure analysis report dated September 9, 2021.
- (2) Prior years comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2021.

Manitoba Health and Seniors Care  
Expenditure Summary

For the fiscal year ended March 31, 2021 with comparative figures for the previous fiscal year (\$000s)

Estimate 2020/21	Appropriation	Actual (1) 2020/21	Actual (2) 2019/20	Increase (Decrease)	Expl. No.
	<b>21-7 CAPITAL FUNDING</b>				
	(a) Principal Repayments				
110,784	Acute Care	106,443	88,987	17,456	1
10,512	Long Term Care	10,778	8,545	2,233	1
6,867	Community Health Services	3,060	3,758	(698)	1
	(b) Equipment Purchases and Replacements				
14,937	Acute Care	15,099	17,787	(2,688)	2
2,976	Long Term Care	3,161	2,977	184	
	(c) Other Capital				
23,284	Acute Care	19,543	6,822	12,721	3
3,750	Long Term Care	20,705	5,612	15,093	4
	(d) Interest				
48,453	Acute Care	47,178	43,898	3,280	
6,236	Long Term Care	6,202	4,750	1,452	1
5,122	Community Health Services	752	2,281	(1,529)	1
<b>232,921</b>	<b>Subtotal 21-7</b>	<b>232,921</b>	<b>185,417</b>	<b>47,504</b>	

Explanation Number:

1. Each year, principal and interest is incurred when projects are completed. As a result, actual expenditures vary year over year as projects are completed and debt repayment is initiated.
2. Primarily due to lower outright cash payments.
3. Primarily due to higher outright cash payments for equipment purchases to support COVID pandemic patients.
4. Primarily due to higher outright cash payments to provide visitation shelters at personal care homes during the COVID pandemic.

Footnotes:

- (1) Actuals for 2020/21 are based on year-end expenditure analysis report dated September 9, 2021.
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2021.

**Manitoba Health and Seniors Care  
Expenditure Summary**

For the fiscal year ended March 31, 2021 with comparative figures for the previous fiscal year (\$000s)

Estimate 2020/21	Appropriation	Actual (1) 2020/21	Actual (2) 2019/20	Increase (Decrease)	Expl. No.
	<b>21-8</b>				
	<b>COSTS RELATED TO CAPITAL ASSETS</b>				
1,290	(a) Amortization Expense	7,705	1,522	6,183	
<b>1,290</b>	<b>Subtotal 21-8</b>	<b>7,705</b>	<b>1,522</b>	<b>6,183</b>	
<b>6,573,911</b>	<b>Total Appropriation 21</b>	<b>6,210,327</b>	<b>5,888,984</b>	<b>321,343</b>	

*Explanation Number:*

1. Primarily due to over expenditure related to purchase of personal care homes external visitation shelters during the COVID pandemic.

*Footnotes:*

- (1) Actuals for 2020/21 are based on year-end expenditure analysis report dated September 9, 2021.
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2021.

**Manitoba Health and Seniors Care  
Revenue Summary by Source**  
For fiscal year ended March 31, 2021

Actual <sup>(1)</sup> 2020/21 \$(000s)	Actual <sup>(2)</sup> 2019/20 \$(000s)	Increase (Decrease) \$(000s)	Expi. No.	Source	Actual <sup>(1)</sup> 2020/21 \$(000s)	Estimate 2020/21 \$(000s)	Variance \$(000s)	Expi. No.
45,364	45,576	(212)	1	<b>Government of Canada:</b>	45,364	45,560	(196)	5
1,174	-	1,174	2	a) Shared MB Bilateral Agreement	1,174	-	1,174	6
3,650	-	3,650	3	b) Infoway-COVID Virtual Care	3,650	-	3,650	7
-	93	(93)	4	c) Safe Restart Agreement (SRA) Data Management	-	140	(140)	8
<b>50,188</b>	<b>45,669</b>	<b>4,519</b>		d) Willdland Fire Smoke Initiative	<b>50,188</b>	<b>45,700</b>	<b>4,488</b>	
10,869	2,094	8,775	9	<b>Sub-Total Health Funds</b>	10,869	2,534	8,335	9
<b>61,057</b>	<b>47,763</b>	<b>13,294</b>		<b>Other Revenue:</b>	<b>61,057</b>	<b>48,234</b>	<b>12,823</b>	
				a) Sundry				
				<b>Total Revenue</b>				

*Explanation Number:*

- 1 Decreased Federal Funding for the Shared Manitoba Bilateral Agreement
- 2 New Federal Funding for the Infoway-COVID Virtual Care
- 3 New Federal Funding for the Safe Restart Agreement (SRA) Data Management
- 4 Funding for the Willdland Fire Smoke Initiative ended in 2019/20
- 5 Decreased Federal Funding for the Shared Manitoba Bilateral Agreement
- 6 New Federal Funding for the Infoway-COVID Virtual Care
- 7 New Federal Funding for the Safe Restart Agreement (SRA) Data Management
- 8 Funding for the Willdland Fire Smoke Initiative ended in 2019/20
- 9 New funding for Alternate Isolation Accomodations (\$4,472), and due to the closure of the Provincial Drug Program Open Ledger (\$3,914)

*Footnotes:*

- (1) Actuals for 2020/21 are based on year-end expenditure analysis report dated July 8, 2021
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2021

**Manitoba Health and Seniors Care  
Five Year Expenditure and Staffing Summary by Appropriation**  
For years ending March 31, 2017 to March 31, 2021

Appropriation	2016/17 <sup>(2)</sup>		2017/18 <sup>(2)</sup>		2018/19 <sup>(2)</sup>		2019/20 <sup>(2)</sup>		2020/21 <sup>(1)</sup>	
	FTE	\$(000s)								
21-1 Resources and Performance	130.60	11,776	126.20	11,286	124.20	11,072	120.35	9,628	128.40	10,032
21-2 Policy and Accountability	133.30	20,649	134.80	20,320	132.80	20,585	98.70	18,943	117.10	17,642
21-3 Insurance	183.30	11,440	176.80	12,370	176.80	12,822	123.80	12,438	176.80	11,834
21-4 Population Health	159.15	29,517	153.45	24,504	153.45	25,189	256.40	21,747	146.95	23,484
21-5 Transition	129.10	26,923	125.50	28,348	123.50	27,698	62.00	31,882	122.50	66,112
21-6 Health Services Insurance Fund	-	5,317,645		5,391,938		5,403,234	58.20	5,607,407	-	5,840,597
21-7 Capital Funding	-	234,707		271,808		314,650	-	185,417	-	232,921
21-8 Costs Related to Capital Assets	-	37,191		36,301		36,488	-	1,522	-	7,705
<b>Total Departmental Expenditures</b>	<b>735.45</b>	<b>5,689,848</b>	<b>716.75</b>	<b>5,796,875</b>	<b>710.75</b>	<b>5,851,738</b>	<b>719.45</b>	<b>5,888,984</b>	<b>691.75</b>	<b>6,210,327</b>

**Footnotes:**

(1) Actuals for 2020/21 are based on year-end expenditure analysis report dated September 9, 2021.

(2) Prior years comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2021.

**Manitoba Health Services Insurance Plan  
Five-Year Expenditure Summary**

For years ending March 31, 2017 - March 31, 2021 <sup>(1)</sup>

<b>Program</b>	<b>2016/17 \$(000s)</b>	<b>2017/18 \$(000s)</b>	<b>2018/19 \$(000s)</b>	<b>2019/20 \$(000s)</b>	<b>2020/21 \$(000s)</b>
Health Authorities and Facilities <sup>(2)</sup>	3,904,805	4,009,427	4,051,565	4,098,159	4,285,870
Medical <sup>(3)</sup>	1,347,520	1,306,013	1,394,841	1,448,516	1,343,554
Provincial Programs <sup>(4)</sup>	219,856	229,340	222,959	228,873	146,731
Pharmacare	269,068	274,580	270,598	287,318	297,582
<b>Total <sup>(5)</sup></b>	<b>5,741,249</b>	<b>5,819,360</b>	<b>5,939,963</b>	<b>6,062,866</b>	<b>6,073,737</b>

**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, 2021.*
- (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.*
- (5) *Actuals are based on the year-end audited financial statements of the Manitoba Health Service Insurance Plan dated July 8, 2021.*

**Manitoba Health Services Insurance Plan  
 Summary of Estimates  
 April 1, 2020 – March 31, 2021**

DETAILS	2020/21 ESTIMATES (\$000s)
<p><b>2020/21 Main Estimates:</b>                      Funding to Health Authorities 3,793,220                      Provincial Health Services 168,085                      Medical 1,367,064                      Pharmacare 277,042                      Capital Grants 213,587</p>	
<p><b>2020/21 Estimates:</b></p>	<p><b>5,818,998</b></p>

For the year ended March 31, 2021, 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 and Seniors Care is responsible to the Minister of Health and Seniors Care 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, 2021 have been prepared in accordance with Canadian public sector accounting standards.

Manitoba Health and Seniors Care 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 and Seniors Care



Sandra Henault, CPA, CMA, BA  
A/Assistant Deputy Minister and  
Chief Financial Officer

Winnipeg, Manitoba  
August 30, 2021



Auditor General  
MANITOBA

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**INDEPENDENT AUDITOR'S REPORT**

To the Legislative Assembly of Manitoba  
To the Minister of Health and Seniors Care

***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, 2021, 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, 2021, 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.

***Emphasis of Matter***

We draw attention to Note 1 to the financial statements, On November 6, 2020, the Budget Implementation and Tax Statutes Amendment Act dissolved the Manitoba Health Services Insurance Fund established under *The Health Services Insurance Act*, effective April 1, 2021. As a result, the duties of the Plan were assigned to the Minister of Health and Seniors Care, and all assets and liabilities were transferred to the Department of Health and Seniors Care on April 1, 2021. Our opinion is not modified in respect of this matter.

***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.



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*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 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.
- 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 8, 2021

## MANITOBA HEALTH SERVICES INSURANCE PLAN

### Statement of Financial Position

As at March 31, 2021

(in thousands of dollars)

	<u>2021</u>	<u>2020</u>
<b>Financial Assets</b>		
Cash	\$ 32,563	\$ 40,898
Funds on deposit with the Province of Manitoba	363	596
Due from:		
Province of Manitoba	121,189	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	10,020	25,275
Other	3,247	1,270
	<u>417,222</u>	<u>410,146</u>
<b>Liabilities</b>		
Accounts Payable and Accrued Liabilities (Note 5)	167,382	160,306
Due to:		
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post-employment benefits (Note 4)	128,177	128,177
	<u>417,222</u>	<u>410,146</u>
<b>Accumulated Surplus and Net Debt</b>	<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, 2021  
(in thousands of dollars)

	<u>Budget 2021</u>	<u>Actual 2021</u>	<u>Actual 2020</u>
<b>Revenue</b>			
Province of Manitoba - Grants (Note 6)	\$ 6,134,256	\$ 6,461,545	\$ 6,134,870
Inter-provincial reciprocal recoveries - Hospital	65,059	38,075	64,720
Inter-provincial reciprocal recoveries - Medical	17,758	12,126	18,328
Third party recoveries	33,613	71,795	58,242
Miscellaneous	-	366	503
	<u>6,250,686</u>	<u>6,583,907</u>	<u>6,276,663</u>
<b>Expenses</b>			
Health Authorities and Facilities	4,271,327	4,525,196	4,183,165
Medical	1,457,600	1,427,343	1,478,653
Provincial programs	244,717	222,950	228,873
Pharmacare	277,042	408,418	385,972
	<u>6,250,686</u>	<u>6,583,907</u>	<u>6,276,663</u>
<b>Annual Surplus and Net Debt</b>	-	-	-
<b>Accumulated Surplus and Net Debt, Beginning of Year</b>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Accumulated Surplus and Net Debt, End of Year</b>	<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, 2021  
(in thousands of dollars)

	<u>2021</u>	<u>2020</u>
<b>Operating Activities</b>		
Annual Surplus (Deficit)	\$ -	\$ -
Changes in Working Capital:		
Due from:		
Province of Manitoba	(28,922)	(92,267)
Other Provinces and Territories	15,255	(11,523)
Other	(1,977)	759
Accounts Payable and Accrued Liabilities	7,076	55,821
Due to:		
Province of Manitoba	-	(64,134)
	<u>(8,568)</u>	<u>(111,344)</u>
<b>Decrease in Cash and Funds on deposit</b>	<b>(8,568)</b>	<b>(111,344)</b>
<b>Cash and Funds on deposit with the Province, Beginning of year</b>	<b>41,494</b>	<b>152,838</b>
<b>Cash and Funds on deposit with the Province, End of year</b>	<b><u>\$ 32,926</u></b>	<b><u>\$ 41,494</u></b>
<b>Consists of:</b>		
Cash	\$ 32,563	\$ 40,898
Funds on deposit with Province of Manitoba	363	596
	<u>\$ 32,926</u>	<u>\$ 41,494</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, 2021**  
**(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.

On November 6, 2020, the Budget Implementation Tax Statutes Amendment Act (BITSA) dissolved the Manitoba Health Services Insurance Fund established under *The Health Services Insurance Act*, effective April 1, 2021. As a result, the duties of the Plan were assigned to the Minister of Health and Seniors Care, and all assets and liabilities were transferred to the Department of Health and Seniors Care on April 1, 2021.

The following notes and policies will not apply beyond the dissolution date.

**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 and Seniors Care 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.

**MANITOBA HEALTH SERVICES INSURANCE PLAN**  
**Notes to the Financial Statements**  
**For the Year Ended March 31, 2021**  
**(in thousands of dollars)**

**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.

**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 and Seniors Care, 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 and Seniors Care 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.

**MANITOBA HEALTH SERVICES INSURANCE PLAN**  
**Notes to the Financial Statements**  
**For the Year Ended March 31, 2021**  
**(in thousands of dollars)**

**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.

**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 and Seniors Care 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

**MANITOBA HEALTH SERVICES INSURANCE PLAN**  
**Notes to the Financial Statements**  
**For the Year Ended March 31, 2021**  
(in thousands of dollars)

annual funding to the Plan, an amount equivalent to the change in the post-employment liability including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post-employment liabilities.

**5. Accounts Payable and Accrued Liabilities**

	<b>2021</b>	2020
Health Authorities and Facilities	<b>\$75,682</b>	\$44,944
Provincial Health Services	<b>5,697</b>	5,360
Medical Service Claims	<b>70,237</b>	80,738
Pharmacare Claims	<b>5,338</b>	3,006
General	<b>10,428</b>	26,258
	<b><u>\$167,382</u></b>	<u>\$160,306</u>

During the 2020/21 fiscal year, a contingent liability was recognized in accounts payable and accrued liabilities in the statement of financial position for wage settlements related to expired collective agreements. The amount recorded is an estimate, which may be subject to change. The extent of the liability accrued is not being disclosed pending completion of labour negotiations.

Significant expenditures were incurred by MHSIP as part of the response to combat COVID-19. It is anticipated that Manitoba Health and Seniors Care will perform audit procedures subsequent to year-end that may result in a revised settlement for these expenditures.

**6. Province of Manitoba – Grants**

	<b>Budget</b>	<b>Actual</b>	Actual
	<b>2021</b>	<b>2021</b>	<b>2020</b>
Department of Health and Seniors Care	\$5,740,130 *	\$6,073,736	\$6,062,865
Department of Mental Health, Wellness and Recovery			
Recoveries	315,258 **	319,849	0
Department of Families – Pharmacare Expense			
Recoveries	<u>78,868</u>	<u>67,960</u>	<u>72,005</u>
	<b><u>\$6,134,256</u></b>	<b><u>\$6,461,545</u></b>	<u>\$6,134,870</u>

\* The special warrant for supplementary funding of \$600,000 and internal service adjustments of \$5,800 are not included in the 2021 Budget figures presented.

\*\* Reallocation of budget from Health and Seniors Care based on the subsequent creation of the new department of Mental Health, Wellness and Recovery in 2021.

**MANITOBA HEALTH SERVICES INSURANCE PLAN**  
**Notes to the Financial Statements**  
**For the Year Ended March 31, 2021**  
(in thousands of dollars)

**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.

	<b>2021</b>	2020
Hospital Services	<b>\$3,565,653</b>	\$3,308,773
Medical Services	<b>1,373,891</b>	1,444,192
Other Health Services	<b>41,049</b>	45,963

**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 and Seniors Care.

**9. Subsequent Events**

**Transfer of Assets and Liabilities to the Department of Health and Seniors Care**

Bill 2, BITSA from the 3<sup>rd</sup> Session of the 42<sup>nd</sup> Manitoba Legislature, received Royal Assent on November 6, 2020, dissolving the Plan. All assets and liabilities of the Plan were transferred to the Department of Health and Seniors Care on April 1, 2021.



Auditor General  
MANITOBA

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**INDEPENDENT AUDITOR'S REPORT**

To The Legislative Assembly of Manitoba  
To the Minister of Health and Seniors Care

*Opinion*

We have audited the Schedule of Payments of the Manitoba Health Services Insurance Plan (the Plan) for the year ended March 31, 2021 (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 Plan 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.



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*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 8, 2021

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**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:*

- *This Schedule provides 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	\$547,285	Adegbesan, A A	\$865,075	Ahweng, Albert	\$136,907
Abbu, Ganesan P	\$225,505	Adegboyega, M	\$303,107	Ahweng, Andrew G	\$1,260,215
Abdallateef, Y H	\$285,897	Afifi, Tarek J	\$1,452,921	Aiken, Andrew	\$86,790
Abdelgadir, Ibrahim	\$703,385	Afolabi, Babafemi	\$201,453	Ainslie, Martha D	\$150,808
Abdelmessih, M R	\$158,464	Afshar, Narges	\$389,485	Ajao, Monisola	\$172,377
Abdulrahman, S	\$310,470	Agrawal, Veena R	\$239,289	Ajao, Olarenwaj	\$217,395
Abdulrehman, A S	\$230,850	Aguayo Bonniard, AJ	\$580,785	Ajoku, Uchenna	\$289,616
Abej, Esmail A	\$1,143,331	Ahmad, Absar	\$326,344	Akerele, Oladapo	\$429,144
Abisheva, Gulniyaz	\$650,533	Ahmad, Ejaz	\$507,033	Akinsola, Oluwatosi	\$149,906
Ableman, Rami	\$98,840	Ahmad, Suffia N	\$302,288	Akintola, Olalekan	\$867,039
Abo Alhayjaa, Sahar	\$507,178	Ahmed, Munir	\$434,506	Akra, Mohamed A	\$229,173
Aboulhoda, Alaa S	\$93,095	Ahmed, Musawir	\$238,090	Al-Abbasi, Bashar A	\$359,324
Abrams, Elissa M	\$406,130	Ahmed, Naseer	\$214,036	Al-Ahbabi, Aseel	\$337,829
Abujazia, Abdurreza	\$395,663	Ahmed, Sana J	\$78,202	Al-Allaq, Yaseen	\$231,248
Adam, Chris J E	\$426,255	Ahmed, Shahida	\$245,903	Al-Kaabi, Atheer	\$455,700
Adam-Sdrolias, H L	\$229,178	Ahuja, Nitin	\$488,870	Al-Moumen, Zakaria	\$1,052,468

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Alabdoulsalam, T	\$85,102	Aquin, Trevor	\$211,051	Bammeke, Femi	\$180,867
Alai, Mehdi	\$104,444	Arafa, Ramadan	\$174,056	Banerji, Versha	\$143,433
Alamian-Harandi, K	\$714,899	Aragola, Sanjay	\$498,789	Banman, Jordan	\$248,345
Albak, Russell E	\$301,500	Araneda, Maria C	\$92,680	Banmann, Darin S	\$275,570
Alexander, Ian Scott	\$258,039	Arara, Mohammed	\$230,884	Bansal, Rahul K	\$679,390
Alhrbi, Mashael M	\$254,642	Archer, Lori Anne	\$267,166	Barac, Ivan	\$422,776
Ali, Abdalla M	\$239,284	Armstrong, Brent	\$329,409	Barac, Snezana	\$126,404
Ali, Molud A E	\$555,977	Armstrong, Sean <sup>3</sup>	\$1,228,466	Barber, Colin	\$528,658
Ali, Mossadeq	\$344,551	Arya, Virendra	\$733,388	Barc, Jennine	\$289,881
Aljafari, Alhassan	\$607,213	Asham, Hany A	\$523,820	Barczak, Aleksandr	\$210,609
Alkhatib, Loiy	\$78,722	Ashcroft, R P	\$188,040	Bard, Robert J	\$266,474
Allan, Donald R <sup>3</sup>	\$423,520	Ashcroft, Rebecca C	\$225,225	Barker, Mark F	\$544,103
Allen, David W	\$887,453	Ashfaq, Bushra	\$590,341	Barkman, Jayson M	\$499,584
Allen, Jessica S	\$236,772	Askarifar, Rasool	\$529,387	Barnard, Alicia G	\$88,153
Almalky, Ammar	\$649,050	Asskar, Ramzi	\$338,969	Barnes, Daniel W	\$85,100
Almoustadi, Waiel A	\$415,369	Atalla, Niveen G	\$271,890	Barnes, Jeffrey G	\$413,815
Alshanti, Marwan	\$254,293	Atchison, Tyler J	\$267,008	Baron, Cynthia M	\$265,891
Altman, Alon	\$503,308	Avila Flores, F <sup>2</sup>	\$992,699	Baron, Kenneth I	\$380,994
Altman, Gary N	\$247,577	Awadalla, Alaa	\$878,079	Barron, Laurie W	\$380,467
Alto, Meaghan L	\$108,986	Ayinde, Wasiu A	\$620,945	Barske, Heather L	\$340,825
Amadeo, Ryan J J	\$596,958	Azad-Armaki, R	\$115,594	Bartaux, Brooks	\$126,168
Ambrose, Devon J	\$446,950	Azer, Nivin	\$950,062	Bashir, Bashir	\$434,596
Amede, Kebede H	\$254,013	Azer, Nivine N	\$271,878	Basra, Gagandeep	\$196,764
Ames, David H	\$596,085	Aziz, Aziz N N	\$423,339	Bassily, Mena N F	\$745,098
Anang, Julius B	\$266,100	Azzam, Hussam M	\$134,007	Basson, Anel	\$116,257
Anang, Polina	\$125,256	Azzam, Lina	\$299,019	Basson, Hendrik J	\$300,229
Anderson, Brent R	\$330,087	Babick, Andrea P	\$275,439	Basta, Ayman F	\$574,555
Anderson, Erin	\$150,304	Babick, Terry R	\$618,366	Basta, Meriam Sa	\$389,862
Anderson, Matthew	\$116,847	Bacily, Mervat A	\$528,560	Basta, Moheb S S	\$472,817
Anderson, Ryan A	\$448,800	Badenhorst, Frederik	\$280,985	Battad, Anthony B	\$235,365
Anderson, Tyler	\$160,234	Badenhorst, Lynette	\$96,086	Bay, Graham H	\$760,944
Andreiw, Adam	\$265,780	Badesha, Kulvir S	\$248,521	Baydock, Bradley	\$136,879
Andrew, Chris	\$733,205	Bagry, Hema S	\$444,347	Beaumont, Ian D	\$143,339
Angus, Trevor J	\$325,152	Baillie, Cory	\$564,156	Beaupre, Jenwa	\$228,117
Anozie, Chiaka B	\$527,854	Baker, Chandran	\$870,281	Bedi, Prabhjot	\$139,991
Ansari, Muhammad	\$618,766	Balageorge, D	\$353,608	Begum, Fatema	\$873,300
Ansarian, Hamid R	\$327,178	Balchen, Stacey J	\$177,618	Beiko, Jason	\$278,055
Anssari, Neda	\$376,725	Balhaj, Abdelaati	\$382,455	Beldavs, Robert A	\$1,367,969
Anttila, Lisa K	\$592,580	Balko, George	\$339,425	Bellan, Gary	\$186,145
Aoki, Fred Y	\$162,953	Ball, Frederic	\$371,928	Bellan, Lorne D	\$505,457
Apoeso, Omolola	\$351,228	Ballegeer, Trevor A	\$93,375	Bellas, Jonathon	\$259,030
Appleby, Stephanie	\$510,304	Ballen, Jenifer L	\$279,118	Bellisario, Tio	\$125,851

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Bello, Ahmed B	\$95,941	Blais, Ashley	\$208,503	Bradshaw, C D	\$363,505
Benning, Harbinder	\$580,843	Blakley, Brian W	\$192,745	Brainch, Navjot Ka	\$138,588
Benning, Harjit S	\$807,443	Blampy, Janice R	\$164,874	Brandes, Lorne J	\$106,100
Benning, Rupal S	\$731,351	Blazic, Ivan	\$613,690	Brar, Adarshdip	\$181,636
Benshaban, Lamin	\$202,019	Blelloch, Sarah R	\$355,238	Brar, Kiranpreet	\$99,450
Benzaglam, Ali	\$972,002	Blom, Lourens J	\$98,213	Bras, James A	\$299,385
Bereznay, Oliver	\$341,797	Blouw, Erika R	\$178,396	Braun, Chantel M	\$145,441
Bergen, Jerry	\$199,009	Blouw, Marcus R	\$185,928	Braun, Jeanelle	\$150,632
Bergman, Amanda D	\$296,754	Blyth, Scott	\$260,580	Braun, Karen Y	\$385,295
Bergman, Elin	\$279,463	Bock, Gerhard W	\$128,676	Breckman, David K	\$404,454
Bermack, Barry A	\$254,915	Bodnarchuk, Tavis R	\$284,007	Breckman, Gillian L	\$341,991
Bernier, Mark	\$604,243	Bogle, Andrew Co	\$174,319	Brennan, Gerald D	\$259,335
Bernstein, Charles N	\$822,781	Bohm, Clara J	\$397,783	Bretecher, Gilbert J	\$267,618
Bernstein, Keevin	\$990,396	Bohm, Eric R	\$459,265	Brett, Matthew J	\$229,308
Berrington, Neil R	\$422,400	Bohn, Ethan T	\$345,529	Brichacek, Michal	\$336,573
Beshara, Eren I A	\$321,020	Boktor, Hanan	\$194,485	Brinkman, Ryan J	\$354,558
Best, Raina L	\$328,020	Bolton, David R	\$234,005	Brinkman, Shauna	\$573,949
Bhangoo, Daljit S	\$548,438	Bolton, James M S	\$89,410	Bristow, Kristin	\$124,125
Bhangoo, Gurjit Si	\$127,313	Boman, Jonathan	\$241,640	Brodovsky, S C	\$771,066
Bhangoo, Sandip S	\$282,496	Bonakdar, Hamid R	\$996,938	Bronson, Maria	\$91,132
Bhangu, Manpreet	\$447,599	Boniel, Avi	\$738,655	Brown, Alastair	\$100,514
Bhanot, Pradeep	\$248,881	Book, Brian H	\$108,552	Brown, Jonathan	\$404,025
Bharj, Amit	\$115,183	Bookatz, Brian J	\$362,179	Brown, Leah Anne	\$125,045
Bhayana, Rajinder	\$175,680	Booth, Steven A	\$749,102	Brown, Robert	\$379,947
Bhuiyan, Nazmun N	\$341,582	Borkowsky, Kent	\$102,362	Bruce, Kelsey	\$89,844
Bhullar Rehsia, A	\$202,518	Boroditsky, Alissa	\$115,945	Brudney, Charles S	\$183,599
Bhullar, Matthew J	\$123,950	Boroditsky, Mark	\$366,314	Bruin, Sonja	\$123,939
Bhullar, Navdeep	\$596,077	Boroditsky, M L	\$350,605	Bruneau, Michel R	\$542,214
Bhullar, Rick S	\$1,107,905	Borrett, George F	\$228,148	Bryanton, Mark	\$952,503
Biala, Barbara	\$172,060	Borys, Andrew E	\$491,996	Buchel, Edward W	\$1,130,733
Bialy, Maciej B	\$268,769	Botha, Adriana	\$149,106	Buchel, Tamara L	\$203,130
Bialy, Peter C	\$452,154	Botha, Daniel Jo	\$89,584	Buchik, Glenda M	\$109,117
Bilenki, Sherry	\$270,822	Botkin, Alexis A	\$127,837	Buchko, Kristyn A	\$128,888
Billinkoff, Errol N	\$243,837	Botkin, Colin D	\$608,011	Buduhan, Gordon	\$492,436
Bilos, Richard J	\$228,669	Bourdon, Nelson	\$90,012	Bueddefeld, Derek E	\$827,030
Bishay, Wagdy	\$581,689	Bovell, Frank M	\$274,585	Buenafe, Jay	\$811,317
Bisson, Danny S	\$176,897	Bower, Tenley N	\$746,701	Bueti, Giuseppe <sup>3</sup>	\$1,019,043
Bisson, Joanne	\$83,152	Boyd, April J	\$392,733	Buffie, Tyler	\$191,394
Bissonnette, Arcel	\$145,520	Boyd, Ryan Davi	\$177,679	Buffo Sequeira, Ilan	\$227,299
Black, Denise R	\$86,867	Boyko, Niki Lee	\$109,433	Bullen, Tyler J P	\$438,895
Black, G Brian	\$111,349	Bracken, John H	\$421,689	Burkett, Brittany	\$88,515
Blackie, Karen M	\$91,949	Brackenreed, Nolan	\$319,981	Burnell, Colin D C	\$502,010

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Burnett, C J	\$245,353	Charette, Miranda	\$132,792	Colish, Jane	\$154,417
Burnett, Clinton J	\$242,222	Chartier, Blake	\$102,726	Collin, Marian B	\$301,339
Burnett, Margaret	\$89,806	Chatwin, Meghan K	\$267,753	Collison, Linda M	\$225,636
Burnside, Tyler C	\$275,650	Chavali, Soujanya	\$265,667	Collister, Mark	\$238,958
Burron, Ian	\$197,748	Chehadi, Abdel-Kar	\$373,022	Coneys, John G D	\$451,453
Buryrn, Craig J	\$519,547	Chen, Lydia Y X	\$107,232	Connor, David D	\$727,683
Bushidi, Mbuyu	\$721,137	Cheng, Loni	\$250,845	Connor, Graham T	\$178,727
Butler, James B	\$281,342	Cherian, Rachel	\$116,733	Conrad, Kyle F	\$387,501
Butler, Nicolaas	\$361,887	Chernos, Courtney	\$466,668	Convery, Kevin	\$565,635
Bybel, Bohdan <sup>4</sup>	\$103,877	Cheung, Anene	\$151,024	Coodin, Michael G	\$443,396
Bykova, Elena	\$332,409	Cheung, Lai-Keung	\$229,322	Coodin, Shalom Z	\$93,862
Bynkoski, Stacey A	\$93,253	Cheung, Paul K-M	\$128,600	Cook, Katie A	\$337,166
Bzura, Thomas J	\$412,106	Chin, Daniel	\$852,196	Cooke, Andrew L	\$299,985
Calderon-Grande, H E	\$182,710	Chisick, Laura B	\$289,043	Coombs, Jennifer	\$191,454
Camoriano Nolas, G D	\$1,144,615	Cho, Patrick A	\$663,674	Cooney, Mathieu F	\$179,421
Campbell, Barry	\$246,560	Chochinov, Paul H	\$352,999	Corbett, Caroline	\$707,978
Campbell, Jennifer	\$123,708	Chodirker, Bernard N	\$119,705	Cordova, Juan L	\$237,052
Campbell, Neil	\$165,893	Chopra, Amit	\$478,589	Cormier, Faith R	\$263,019
Caners, Dennis T	\$523,485	Choptiany, Robert B	\$193,525	Corne, Stephen I	\$485,991
Caners, Theo	\$114,230	Choptiany, Thor I	\$504,184	Coutts, Mary E	\$117,991
Cantor, Michael J	\$506,805	Chow, Herman	\$108,236	Coyle, Stephen J	\$432,963
Caplan, Aubrey H	\$136,908	Chow, Melina	\$76,658	Cram, David H	\$933,349
Caplan, Deborah C	\$248,015	Chowdhury, A D	\$242,072	Cram, Jordan A	\$354,200
Cappellani, Ronald B	\$232,760	Choy, Stephen C	\$300,445	Cranston, Meghan E	\$349,901
Caravatto Baras, F	\$90,951	Christiansen, D N	\$326,456	Craton, Neil	\$158,007
Carels, Brennan	\$90,638	Christodoulou, C C	\$255,228	Creek, Kristen	\$163,812
Carleton, Alison	\$303,727	Chubaty, Roman A	\$468,982	Crockett, Maryanne	\$87,391
Cartagena, R A	\$377,918	Chudley, David A A	\$221,817	Crook, Lance A	\$321,382
Casey, Alan R	\$295,173	Chung, Louis	\$262,519	Crosby, Jason A	\$727,015
Cassano-Bailey, A <sup>2</sup>	\$517,936	Cisneros, Nestor	\$711,030	Cross, Robert	\$307,889
Caswell, Brent	\$156,996	Clark, Ian H	\$239,141	Crow, Roan	\$481,277
Caswill, Melissa E	\$92,671	Clark, Sandra G	\$411,445	Crust, Louis J	\$75,384
Cattani, Lynnsey	\$263,083	Clark, Tod A	\$555,267	Csupak, Brian E	\$465,285
Cavers, Kenneth J	\$176,070	Clayden, Gerald	\$418,768	Csupak, Elaine M	\$131,523
Cazakoff, David Jer	\$111,281	Cleghorn, Scott A	\$499,228	Cudmore, Jessica	\$293,753
Chakraborty, A R	\$464,247	Cleven, Raegan D	\$350,982	Cummings, M L	\$434,441
Champagne, Sylvie	\$76,644	Cloutier, Justin M	\$542,432	Curtis, Kyle J	\$292,487
Chan, David A	\$375,516	Coates, Kevin R	\$566,566	Cuvelier, Geoffrey	\$117,654
Chan, Eng Lyan	\$389,804	Cochrane, David	\$113,012	Cuvelier, Susan L	\$182,059
Chan, Laura H	\$392,105	Cogar, Amber	\$313,822	Czajka-Fedirchu, C	\$189,682
Chan, Timothy	\$113,884	Cohen, Barry A	\$947,849	Czaplinski, K	\$191,310
Chapman, Leigh	\$995,406	Colbourne, Terry	\$237,279	Czaplinski, Peter R	\$270,781

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Czaykowski, Piotr M	\$103,891	Derendorf, Bradley K	\$79,977	Drexler, Jaroslav	\$462,950
D'mello, Andrea	\$86,493	Derkatch, Sheldon D	\$1,052,784	Du Plessis, Marlie M	\$86,464
Daeninck, Paul J	\$162,404	Derzko, Lydia A	\$167,951	Du Preez, Joachim	\$111,373
Dakshinamurti, S S	\$233,307	Desautels, Angela D	\$204,962	Du Toit, Linda L	\$125,840
Dale, Ryan Jonn	\$156,770	Desautels, Danielle	\$119,153	Du, Lei	\$166,309
Dalling, Gordon N	\$355,748	Desilets, Nichelle	\$199,091	Dubberley, James	\$316,484
Dandekar, Anand S	\$525,235	Desmarais, G P	\$92,170	Dubey, Arbind A	\$232,622
Dandekar, Masumi S	\$210,635	Dhala, Aly	\$263,978	Dubyna, Aaron D	\$197,828
Dang, Tai Huu	\$307,793	Dhaliwal, Jamit S	\$563,804	Dubyna, Dale	\$185,566
Dangerfield, Aran L	\$444,572	Dhaliwal, Perry	\$411,551	Ducas, Diane A	\$122,748
Dao, Vi V B	\$149,397	Dhaliwal, Surinder	\$175,498	Ducas, John	\$213,806
Darczewski, Irena	\$358,342	Dhalla, Sonny S	\$1,261,334	Ducas, Robin A	\$588,398
Darnbrough, A L	\$384,735	Dhanjal, Permjeet	\$159,099	Dueck, Darrin	\$333,792
Dart, Allison B	\$124,174	Dharamsi, Nafisa	\$106,263	Duerksen, Carl	\$503,895
Dascal, Mario A	\$820,005	Diamond, Heather D	\$237,933	Duerksen, Donald R	\$666,265
Dashefsky, Sidney M	\$586,494	Dillon, J David	\$658,540	Duerksen, Mark T	\$394,893
Davidson, J Michael <sup>2</sup>	\$2,140,545	Dillon, Tanya	\$84,361	Duff, Brian D	\$200,821
Davie, Sophie	\$340,215	Din, Shamoon	\$302,430	Duff, Graham	\$383,030
Davies, Jared	\$240,607	Dionne, Claire	\$407,965	Dumatol-Sanchez, J	\$714,292
Davis, Michael O	\$478,858	Dirks, Jacquelyn	\$241,847	Duncan, Stephen J	\$442,000
Dawe, David E	\$106,262	Dissanayake, Dilani	\$255,598	Dundas, Jennifer	\$174,117
Daya, Jayesh J	\$492,109	Doak, Greg J	\$279,412	Dunford, Dawn A	\$145,031
De Gussem, Els M	\$79,546	Doan, Quy	\$292,185	Dunsmore, Sara E <sup>3</sup>	\$307,783
De Moissac, Paul C	\$374,684	Docking, Leanne M	\$318,299	Duplak, Kamila I	\$78,883
De Muelenaere, P	\$1,239,959	Dodd, Khushman	\$212,314	Durcan, Anne M	\$84,416
De Rocquigny, A J	\$598,923	Doerr, Jeffrey J	\$147,082	Dutta, Vikas	\$588,275
De Wit, Simon L	\$178,375	Dolynchuk, K N	\$220,534	Dwilow, Rachel	\$156,773
Dean, Erin C	\$347,964	Dominique, Francis	\$104,488	Dyck, Alexander	\$209,035
Deane, Karen	\$92,540	Domke, Heather	\$390,243	Dyck, Andrew J	\$459,928
Deane, Shannon	\$92,523	Domke, Sheila	\$351,520	Dyck, Gordon H	\$678,449
Debnath, Pranab K	\$170,582	Donald, Sean W	\$77,582	Dyck, Michael P	\$289,248
Debrouwere, R G	\$453,639	Donaleshen, J A	\$700,972	Dyck, Stephanie	\$450,285
Decock, Candace	\$141,301	Donnelly, John P	\$338,561	Dyson, Ashley L	\$86,539
Decter, Diarmuid	\$599,597	Dookeran, Ravi	\$2,060,557	Dzikowski, Dana R	\$329,466
Dekoninck, Theresa	\$98,470	Dornn, Bruce	\$163,122	Eaglesham, Hugh <sup>2</sup>	\$2,268,519
Delaquis, Alyssa C	\$205,393	Dow, Nathan W	\$257,963	Earl, Kevin D G	\$231,076
Delaquis, Chloe	\$276,538	Dowhanik, Monica A	\$100,736	Ediriwickrama, I	\$709,800
Demeter, Sandor J	\$84,744	Downey, Angelle D	\$226,512	Edward, Girgis	\$312,275
Demsas, Habtu	\$299,764	Downs, A Craig	\$365,499	Eghtedari-Namin, F	\$248,164
Denis, James P	\$389,681	Doyle, John <sup>1</sup>	\$99,483	Eguaoje, Victoria	\$102,985
Deonarain, Sue	\$276,718	Drachenberg, D E	\$760,508	Ehsaei, Farhad	\$142,034
Deonaraine, Linda	\$301,805	Drewniak, Anna	\$305,284	El-Gaaly, Sherief A	\$328,312

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

El-Matary, Wael M M	\$149,915	Eze, Oscar	\$569,910	Friesen, Brittney	\$378,437
Elallegy, Abed Ali	\$388,787	Fainman, Shane E	\$272,423	Friesen, Selena	\$76,580
Elbardisy, Nozahy	\$504,275	Fainstein, Rachel E	\$248,404	Friesen, Tyler B	\$326,134
Elbarouni, Basem	\$1,166,658	Faisal, Nabiha	\$327,813	Frimpong, Daniel O	\$301,388
Eleff, Michael K	\$168,959	Fanella, Sergio T	\$110,789	Frohlich, Arnold M	\$477,370
Elgazzar, Reda F	\$126,635	Fanous, Vivian Ja	\$77,190	Frosk, Patrick D	\$95,814
Elgheriani, Ali	\$328,606	Fatoye, Adetunji	\$186,806	Fudge, Jessica	\$220,733
Elias, Evan D	\$376,922	Feierstein, Michele	\$200,663	Fulmore, Andrea M	\$250,934
Elias, Kamelia	\$462,707	Felsch, Sheila E	\$254,237	Fulmore, Jonah J N	\$439,762
Elimban, Vinit V	\$290,478	Fenn, Jessica L	\$120,964	Fultz, Benjamin	\$89,576
Elkams, Sameh N B	\$339,672	Ferguson, David A	\$112,108	Fung, Adrian J	\$205,532
Elkhemri, A M	\$456,041	Finlayson, Nolan A	\$298,520	Fung, Harold <sup>2</sup>	\$732,538
Elkin, Jonathan	\$340,569	Finney, Brett A G	\$418,477	Funk, Aaron N	\$259,874
Elkin, Mark S	\$361,597	Fiorentino, Elisa J F	\$103,717	Funk, Duane J	\$186,393
Elliott, Jacobi	\$341,268	Fishman, Lawrence	\$333,286	Gabor, Jonathan	\$982,429
Elliott, Jason	\$177,818	Fitzgerald, Michael	\$219,024	Gacutan, Sherwin	\$179,162
Ellis, Michael J	\$108,137	Fjeldsted, Fredrik H	\$304,018	Gaiser-Edwards, A	\$230,131
Elves, Emmett J	\$480,998	Fleisher, Marcia L	\$119,803	Galessiere, Paul F	\$579,369
Embil, John M A	\$1,172,785	Fleisher, William P	\$113,494	Gall, Richard M	\$526,650
Embree, Joanne E	\$88,198	Fleming, Fiona L	\$184,595	Gan, Kenman	\$99,931
Emery, C	\$595,487	Fletcher, Colin W	\$293,142	Garba, Sule	\$281,095
Emhamed, Musbah	\$732,944	Flynn, Bryan T	\$494,043	Garber, Lesley	\$622,538
Encarnacao, Cayley	\$100,674	Foerster, David R	\$305,083	Garber, Philip J	\$124,165
Eng, Stanley	\$357,099	Fogel, Jordan P	\$436,791	Garbutt, Lauren	\$318,073
Engel, Jeff S	\$421,348	Fogel, Richard B	\$78,210	Gard, Sherry	\$462,497
Engelbrecht, S	\$311,283	Fontigny, Nadine J	\$307,937	Gardner, Rachel E	\$482,902
England, Margaret	\$120,538	Forouzandeh, Fariba	\$382,434	Garg, Manish	\$373,061
Enns, James P	\$765,184	Forsyth, Mark D	\$578,129	Gawryluk, Marielle	\$291,822
Eschun, Gregg M	\$128,261	Foster, Rukhsana	\$344,740	Gdih, Gdih A M	\$3,027,832
Eshghi Esfahani, F	\$732,889	Fotti, Christoph	\$306,223	Geisheimer, A R	\$147,318
Eskarous, Soad	\$422,367	Fotti, Sarah A	\$237,433	Gendi, Mina A R	\$177,324
Esmail, Ali Raza	\$360,038	Fourie, Theo	\$486,178	Gendy, Baher M A	\$195,784
Esmail, Amirali M	\$512,218	Fox, Shandy	\$394,893	George, Ronald H	\$183,132
Espenell, Ainsley E	\$382,663	Frame, Heather	\$329,402	George, Silvia E	\$135,898
Essig, Marco <sup>2</sup>	\$608,534	Frankel, Matthew S	\$574,471	Gera, Aman	\$234,930
Ethans, Karen D	\$241,395	Fraser, Michael B	\$313,772	Gera, Rakesh M	\$631,883
Etukakpan, Lucy E	\$575,890	Frechette, Chantal	\$168,979	Gerges, George Ra	\$418,305
Evaniuk, Debra A	\$121,815	Frechette, Marc	\$330,999	Gerges, Hanan F	\$357,650
Evans, Devon C R	\$406,212	Frechette, Sharon C	\$459,737	Gerges, Vivian F	\$463,047
Evans, Heather	\$87,274	Frechette, Yannick	\$587,785	Gergis, Enas S	\$574,167
Evans, Michele J	\$141,047	Fredette, Patrick	\$217,566	Gergis, Nermin Y	\$156,866
Ewonchuk, Marie J	\$246,391	Freedman, Jeffrey I	\$170,256	Gerhold, Kerstin	\$144,951

**Manitoba Health Services Insurance Plan**  
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**(Continued)**

Gerstner, Thomas V	\$467,131	Gouda, Fayez F	\$368,102	Gupta, Ravi	\$544,007
Gertenstein, Robyn J	\$464,885	Gould, Lisa F	\$496,122	Guranda, Mihail	\$354,320
Gharra, Mohammed	\$152,311	Goulet, Stephen C	\$297,697	Gururajaroo, S	\$629,407
Ghassem Boland, M	\$183,491	Gousseau, Michael	\$464,112	Guzman, Randolph	\$621,303
Ghebray, Tesfay M	\$249,222	Govender, Prakashen	\$372,722	Gwozdecki, Taras M	\$292,304
Ghebrial, Maged S N	\$194,572	Govender, Prashen	\$172,636	Habeeb, Ali Moham	\$705,668
Ghoneim, Mostafa S	\$704,409	Governo, Nelson J	\$365,150	Haberman, Craig J	\$339,809
Ghorpade, Nitin	\$780,389	Govia, Rachelle	\$75,509	Haggard, Gian G	\$369,430
Ghrooda, Esseddeeg	\$519,447	Goytan, Michael J	\$1,151,607	Hahlweg, Kenneth A	\$127,355
Giannouli, Eleni	\$291,643	Grabowski, Janet L	\$648,629	Hai, Md Abdul	\$97,179
Gilbert, Jane	\$343,451	Grace, Kevin J	\$314,954	Haji, Salah A	\$165,560
Gill, Daljit	\$114,149	Graham, Chris P	\$511,429	Hajidiacos, Nicholas	\$234,262
Gill, Eunice	\$185,355	Graham, Jeffrey R	\$143,620	Halbrich, Michelle	\$593,870
Gill, Harpreet	\$127,873	Graham, Kerr	\$404,185	Haleis, Ahmed R	\$243,445
Gill, Jagroop S	\$425,969	Graham, Roger	\$123,777	Haligowski, David	\$324,661
Gillespie, Brian	\$633,039	Grass, Stephen B	\$483,921	Hamam, Al Walid	\$517,543
Gillespie, Jamie L	\$247,419	Gratton, Remy-Mart	\$401,173	Hamedani, Ramin	\$644,093
Gillette, Aleesha	\$388,501	Gravelle, Steven	\$423,590	Hameed, Kazi A	\$321,078
Gillman, Lawrence	\$275,638	Gray, Michael G	\$246,489	Hamilton, Holly	\$177,035
Gillman, Mark	\$83,655	Gray, Regan C	\$235,552	Hammell, Jennifer	\$380,819
Gilmore, Jonathan	\$349,432	Gray, Robin	\$272,773	Hammond, Allan W	\$674,578
Gingerich, Joel R	\$170,246	Green, Susan L	\$141,981	Hammond, Greg W	\$266,533
Girard, John	\$376,758	Greenberg, H M	\$318,469	Hancock, Betty J	\$182,879
Girgis, Hossam E	\$401,048	Gregoire, Scott A	\$1,225,173	Hancock, Kyle C	\$135,343
Giuffre, Jennifer	\$551,689	Gregory, Kalyn	\$89,199	Hanlon-Dearman, A C	\$204,722
Glacken, Robert P	\$285,346	Gregoryanz, Tatiana	\$203,074	Hanna, Irin	\$271,622
Glazner, Kathryn A	\$406,314	Grenier, Debjani	\$126,626	Hanna, Marni	\$569,543
Glew, Wade B	\$373,812	Grexton, Travis J	\$80,727	Hanna, Nermeen S	\$719,672
Globerman, Adam S	\$1,126,761	Greyling, Louw D L	\$350,911	Hannah, John Effa	\$157,501
Globerman, D	\$220,183	Griffin, Jennifer	\$193,575	Hansen, Tawnya M	\$426,652
Glover, Pamela G	\$204,354	Griffin, Patrick	\$131,336	Hanson, Christian	\$163,399
Goeke, Fredrick	\$222,919	Grimes, Ruth B	\$248,302	Harding, Gregory E	\$777,611
Goerz, Paul G	\$100,128	Grobler, Wilhelmus	\$381,396	Hardy, Brian <sup>2</sup>	\$498,002
Goldenberg, B	\$198,798	Grocott, Hilary P	\$519,652	Hardy, Krista M	\$299,811
Goldenberg, David J	\$466,547	Groenewald, L H	\$205,684	Hardy, Robert J	\$385,108
Gomori, Andrew J	\$284,553	Grunfeld, Alexander	\$333,112	Haresha, Abdullati	\$652,001
Gooi, Teong H	\$782,757	Gudmundson, C	\$266,637	Harlos, Craig H	\$192,994
Goossen, Marvin	\$906,456	Guenther, Astrid	\$263,384	Harmer, Helen A	\$215,800
Gordey, Erin E	\$469,493	Guindi, Nizar S	\$311,555	Harms, Stefan	\$347,007
Gordon, Jeremy	\$421,700	Guindy, Sherine	\$593,255	Harrington, M W	\$118,044
Gordon, Vallerie	\$170,407	Gujral, Paramjeet	\$294,926	Harris, Kristin R	\$286,951
Goubran, Ashraf W <sup>2</sup>	\$720,660	Gupta, Kamal Kis	\$144,907	Harris, Patricia	\$751,906

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Harrison, Wayne D <sup>2</sup>	\$1,742,820	Ho, Peter	\$376,304	Ilse, Werner K	\$219,151
Hartley, Duane M	\$458,526	Hoban, Christoph	\$408,444	Imam, Isam E B	\$357,371
Harwood-Jones, M R	\$428,394	Hobson, Douglas E	\$283,999	Inglis, Duncan	\$624,747
Hasdan, Galit	\$349,720	Hochman, David J	\$691,067	Inglis, Peter J	\$485,512
Hashmi, Sajjad	\$486,047	Hochman, Jordan	\$529,299	Ingram, Peter F	\$83,534
Hassan, Taghreed	\$449,755	Hochman, Michael	\$454,417	Intrater, Howard	\$1,059,815
Hastir, Arvind	\$346,839	Hohl, C M	\$243,004	Intwala, Chaitasi	\$445,480
Haverluck, Brenna L	\$175,048	Holland-Muter, E	\$162,743	Iqbal, Irum	\$273,395
Hawaleshka, Adrian	\$187,606	Holmes, Carol	\$121,728	Iqbal, Shaikh	\$120,300
Hawe, Richard D	\$411,257	Holmes, Signy L	\$1,185,840	Irving, Heather	\$134,974
Hawryluk, Gregory	\$205,142	Holodniak, Anna	\$86,363	Isaac, Carey	\$361,314
Hayakawa, T E	\$587,869	Homik, Lawrence	\$798,661	Ishak, George	\$596,508
Haydey, Richard P	\$1,240,570	Honiball, James J	\$581,152	Iskander, Salah S G	\$336,797
Hayes, Christoph	\$418,062	Hooper, Davyd	\$734,790	Iskander, Suzan F	\$393,334
Hayward, Jenette F	\$79,235	Hooper, Wendy M	\$289,931	Ismail, Ibrahim	\$120,354
Hayward, Rowland J	\$674,630	Horgan, Lee F	\$415,944	Israels, Sara J	\$108,384
Hebbard, Pamela	\$444,331	Hosegood, Greg	\$77,207	Issaivanan, M	\$122,211
Hechler, Peter	\$229,144	Hosseini, Boshra	\$581,989	Iwaasa, Kenneth K	\$305,300
Hechtenthal, Norman	\$125,321	Houle, Diana A	\$192,018	Jabs, Marlis	\$128,638
Hedden, David R	\$566,752	Houston, Donald S	\$92,916	Jackson, Andora	\$345,459
Hedden, John R	\$215,500	Hoy, Conrad S	\$143,305	Jacob, Mary V <sup>2</sup>	\$875,797
Heendeniya, Amila C	\$358,394	Hoy, Gerald J	\$508,692	Jacob, Thomas K	\$152,093
Heibesh, Suzy G F	\$1,134,632	Hoy, Murray L	\$587,179	Jacob, V C	\$109,371
Heinrichs, Kristin M	\$294,727	Hrabarchuk, Blair	\$284,220	Jacobs, Johannes	\$584,521
Helewa, Michael E	\$136,875	Huebert, David M	\$296,215	Jacobsohn, Eric	\$298,012
Helewa, Ramzi M	\$849,997	Hughes, Peter	\$148,577	Jaeger, Claire	\$418,596
Henderson, Blair	\$1,123,161	Hughes, Philip M	\$459,280	Jagdeo, Amit	\$636,460
Henein, Matta Mak	\$108,349	Humniski, Kirstyn L	\$137,077	Jain, Madhuri	\$764,251
Henry, Stephen F	\$727,172	Hunt, Daniel A	\$212,734	Jamal, Aleem	\$109,363
Hercina, Chantelle	\$142,429	Hunt, Jennifer	\$454,860	Jamal, Shabana	\$540,864
Hicks, Cynthia D	\$651,425	Hunter, Christoph	\$326,351	James, Joann	\$562,602
Hicks, Wayne	\$258,187	Hunter, William M	\$128,644	Jamora, Earl	\$106,765
Hiebert, Timothy	\$99,698	Hurd, Carmen	\$351,960	Janke, Alyssa J	\$167,185
Hildahl, Erik J	\$103,309	Hurst, Lorne D	\$526,971	Janower, Amber M	\$203,000
Hildebrand, B C	\$286,365	Hurton, Scott M S	\$313,271	Jansen Van Rens, N	\$530,739
Hilderman, Lorraine	\$227,959	Hutchison, Trevor	\$343,294	Janz, David E	\$414,556
Hildes Ripstein, G E	\$133,554	Hutfluss, George J	\$358,267	Jaramillo-Corre, C	\$353,453
Hill, Scott	\$557,187	Hyman, Jeffrey R	\$253,181	Jassal, Davinder	\$754,284
Hillman, China-Li	\$1,071,624	Hynes, Adrian F	\$231,028	Jastrzebski, Andre	\$1,135,863
Hingwala, Jay	\$585,638	Ilchyna, Daniel C	\$352,945	Jattan, Aaron R	\$88,234
Hitchon, Carol	\$113,380	Iliriani, Klevis	\$83,765	Javellana, Audrey	\$285,396
Ho, Juliet	\$125,344	Ilnykyj, Alexandra	\$569,033	Jayakumar, Sethu M	\$442,293

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Jayas, Rajat	\$200,382	Kansara, Roopesh R	\$242,793	Ketawala, Prasanga	\$348,449
Jayas, Ravi	\$81,263	Kanwal, Jaswinder	\$665,156	Keynan, Yoav	\$123,536
Jebamani, Samuel	\$155,316	Kaplan, Joel	\$177,242	Khadem, Aliasghar	\$774,543
Jellicoe, Paul	\$202,812	Karlicki, Fern	\$311,811	Khan, Ali H	\$541,558
Jenkins, Keith A	\$123,920	Karpinski, Martin E	\$823,109	Khan, Noor M	\$327,633
Jensen, Derrek M	\$317,611	Karvelas, John	\$279,850	Khan, Sadia A	\$209,536
Jhooty, Jason M S	\$342,490	Kashefi, Hossein	\$682,913	Khanahmadi, S	\$821,855
Jilkine, Konstanti	\$215,700	Kashin, Robert S	\$141,817	Khandelwal, Ajai S	\$391,995
Johnson, Bijai	\$437,252	Kasi, Anushuya	\$255,066	Khangura, Davinder	\$427,246
Johnson, Darcy	\$443,417	Kaskamin, Cody E	\$99,070	Khelil, Assil I	\$387,429
Johnson, Eric C	\$263,190	Kasloff, Ian M	\$534,289	Khimji, Mohamed	\$300,853
Johnson, Michael G	\$1,202,722	Kasper, Kenneth D	\$362,125	Khoo, Clarence	\$595,933
Johnson, Robert G	\$345,009	Kass, Malek	\$866,708	Khoshnam, Mohsen	\$438,781
Johnston, Christine	\$85,521	Kassem, Wail A	\$208,232	Kickbush, Julie	\$340,374
Johnston, Christoph	\$159,774	Kassier, Karl	\$656,414	Kidane, Biniam	\$517,261
Johnston, James B	\$127,242	Kassum, Shamina	\$134,059	Kilada, Baher F N	\$356,328
Johnston, Janine L	\$206,722	Katopodis, Christina	\$495,309	Kim, Christina	\$142,548
Johnston, Stephanie	\$222,226	Katz, Guido A	\$300,920	Kim, Diane	\$77,874
Jones, Donna	\$88,357	Katz, Laurence	\$94,998	Kim, Hae Kwang	\$343,608
Jones, Jodi Lynn	\$313,121	Katz, Matthew	\$265,776	Kim, Julian O	\$176,401
Jones, Michelle-	\$143,857	Katz, Michael D	\$817,182	Kimelman, Allen L	\$209,844
Jong, Benjamin	\$76,903	Katz, Pamela	\$240,420	Kimelman, S	\$164,139
Jordaan, Esaias En	\$102,739	Kauenhofen, Kurt M	\$265,767	Kindle, Geoffrey	\$1,173,426
Jose, Joe M	\$243,842	Kaufmann, A M	\$203,475	King, Tara D	\$96,884
Joshua, Julian M	\$182,578	Kaur, Bimal	\$89,798	Kinnear, David	\$460,408
Joundi, Mohamed G	\$180,168	Kaushal, Alka	\$283,104	Kinsley, David C	\$504,369
Jowett, Andrew G	\$298,746	Kaushal, Ravi Datt	\$415,712	Kippen, James D	\$1,158,315
Junaid, Asad	\$280,399	Kaushik, Vishal R	\$531,019	Kirkpatrick, Iain D C	\$1,030,253
Jwely, Ahmed M	\$245,777	Kayler, Douglas E	\$177,762	Kirshner, Alla	\$433,406
Kabani, Amin M <sup>1</sup>	\$292,382	Kean, Sarah L	\$387,613	Kish, Scott L	\$202,204
Kaderali, Zulfiqar	\$151,651	Kearns, Katherine	\$217,025	Klassen, Donald H	\$191,964
Kaethler, Wilfried	\$236,135	Keddy-Grant, Jill	\$335,096	Klassen, Larry J	\$238,389
Kahanovitch, David	\$219,329	Keeper, Edward S	\$76,533	Klassen, Norma F	\$303,017
Kaita, Kelly D E	\$563,472	Keijzer, Richard	\$108,851	Klauke, Daniel	\$117,450
Kakumanu, A	\$328,879	Kelleher, Barbara E	\$171,246	Klippenstein, N L	\$669,841
Kaler, Rajpreet	\$148,833	Kellen, Rodney I	\$106,178	Klippenstein, Peter J	\$331,060
Kalicensky, C	\$130,950	Kelta, Noha S G	\$604,696	Klopp, Annika	\$220,523
Kalkat, Harmandee	\$173,369	Kemkaran, Kenneth	\$536,951	Klym, Karen L	\$200,273
Kalturnyk, Blake P	\$194,609	Kennedy, Maureen F	\$180,569	Knezic, Kathy A	\$261,069
Kandeel, Tarek M	\$191,003	Kenneth, Melissa	\$84,163	Knickle, Corey Joh	\$156,588
Kania, Jadwiga	\$649,995	Kerr, Lorraine	\$96,224	Knight, Erin M	\$163,033
Kanjee, Raageen	\$779,242	Kerr, Paul D	\$436,682	Koczanski, Roman	\$133,337

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Koenig, James K <sup>2</sup>	\$3,671,884	Kuegle, Peter F X	\$389,726	Lee, Gilbert Q	\$309,300
Koensgen, Stuart J	\$113,028	Kulbisky, Gordon P	\$895,843	Lee, Harvey B	\$315,873
Koetting, Leah	\$98,430	Kumar, Aparna	\$539,576	Lee, Sandra	\$994,862
Kogan, Sylvia	\$316,540	Kumbharathi, Ravi B	\$564,461	Lee, Trevor J	\$412,817
Koh, Clarissa	\$193,522	Kundzicz, Edward	\$108,733	Lee, Trevor W	\$449,890
Koh, Denise	\$540,543	Kuo, Brian	\$301,925	Lee, Vivian K	\$691,589
Kohja, Abbas Ali	\$610,969	Kuzenko, Nina J L	\$205,509	Lee, Wilfred	\$154,281
Koko, Ral	\$541,583	Kwok, Karen S	\$107,251	Lee-Chen, Beverley	\$290,360
Koltek, Mark M	\$133,954	Kyeremateng, Doris	\$268,373	Lee-Wing, M W	\$750,343
Komenda, Paul V J <sup>3</sup>	\$722,607	Labiyaratne, C	\$346,519	Leen, Desmond A	\$161,612
Kong, Anne M C	\$266,015	Lacerte, Martina M	\$286,814	Lefas, Georgia M	\$241,851
Kong, Lynda	\$81,770	Lafournaise, Carrie L	\$325,032	Lefevre, Gerald R	\$135,334
Konrad, Geoffrey	\$408,813	Lage, Karen L	\$286,371	Lehmann, Heather	\$206,315
Koodoo, Stanley R	\$313,102	Lalonde, Genevieve	\$307,407	Lei, Benny T C	\$446,133
Kornelsen, Brady Q	\$352,723	Lam, Herman P <sup>3</sup>	\$964,484	Leibl, Marli	\$116,197
Kotb, Rami	\$100,075	Lamai, Olabimpe	\$77,320	Leicht, Richard	\$1,704,312
Kotecha, Yatish	\$366,714	Lamb, Julie A	\$288,692	Leitao, Darren J	\$420,425
Koul, Rashmi	\$220,472	Lamba, K S	\$298,755	Leloka, C Mathabo	\$165,825
Koulack, Joshua	\$792,811	Lambert, David A	\$345,751	Lemmex, Devin B	\$351,181
Kowalchuk, Ivan J	\$301,507	Lambrechts, Hugo	\$214,003	Lenoski, Stephane	\$506,822
Kowalski, Stephen E	\$236,394	Lander, Matthew	\$294,678	Leonhart, Michael W	\$304,272
Kowaluk, Bruce A	\$354,593	Lane, Eric S	\$248,579	Lepage, Matthew	\$105,678
Koz, Lori G	\$320,557	Lane, Margo A	\$153,099	Lerner, Neal	\$191,074
Krahn, Curtis	\$327,433	Langan, John T	\$164,628	Lesiuk, Thomas P	\$84,608
Krahn, James	\$285,103	Langrell, Jordan	\$559,703	Leslie, William D <sup>4</sup>	\$903,872
Krahn, Marianne	\$120,204	Langridge, James K	\$319,399	Letkeman, Richard C	\$202,000
Kramer, Matthias	\$189,364	Lanouette, Danelle S	\$217,183	Leung Shing, L P	\$175,858
Kremer, Steven	\$144,130	Lanthier, Claudine	\$105,845	Leung, Edward	\$102,989
Kreml, John A	\$449,619	Large, Gregory	\$308,443	Leung, Gabrielle	\$187,011
Kreml, Renee Lea	\$885,426	Lau, Yan	\$698,076	Levi, Clifford	\$668,729
Krishnan, Prakash	\$195,853	Launcelott, S	\$323,623	Levin, Brenda L	\$404,743
Kristjanson, David N	\$224,022	Lautenschlager, J E	\$116,481	Levin, Heather	\$269,989
Kroczak, Tadeusz	\$841,785	Law, Jaimie R	\$252,282	Levy, Shauna B	\$397,998
Kroeker, Bryan	\$185,650	Lawal, Waheed	\$622,217	Lewis, Anthony B	\$272,095
Kroeker, Daniel	\$88,720	Laxton, J T W	\$250,504	Leylek, Ahmet	\$196,279
Kroeker, Jordan	\$146,014	Lazar, Matthew H	\$383,908	Leylek, Melike L	\$376,849
Kroeker, Lloyd R	\$275,183	Lazareck, Samuel L	\$147,190	Li, Gordon J	\$472,160
Kroft, Cara D L	\$177,620	Lazarus, Arie	\$319,303	Li, William	\$373,192
Krongold, Penina	\$256,598	Le, Wilson	\$394,522	Light, Bruce	\$92,011
Kruk, Robert D	\$320,845	Leblanc, Nicholas	\$89,382	Lim, Siok Hoon	\$142,631
Krulicki, Hartley	\$232,967	Lecuyer, Nadine S	\$113,002	Lindenschmidt, R B	\$508,118
Krzyzaniak, Kelly M	\$288,174	Lee, Cindy H Y	\$196,188	Lindenschmidt, R R	\$306,532

**Manitoba Health Services Insurance Plan**  
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**(Continued)**

Lindquist, Christoph	\$931,631	Lukie, Brian J	\$352,439	Makar, Bryce	\$109,934
Lindsay, Daniel J <sup>2</sup>	\$1,459,178	Lulashnyk, Ben J	\$276,156	Maksymiuk, A W	\$128,134
Lindsay, Duncan C	\$1,150,730	Lum Min, Suyin	\$224,359	Maksymowicz, Anet	\$212,672
Ling, Justin W	\$190,469	Luqman, Zubair	\$456,626	Malabanan, Edilberto	\$437,957
Lint, Donald W	\$146,897	Lynch, Joanna M	\$113,080	Malek-Marzban, P	\$1,304,366
Lipinski, Grazyna	\$298,807	Lyons, Edward A <sup>2</sup>	\$674,255	Malekalkalami, A	\$316,068
Lipnowski, Stan	\$530,941	Lysack, David A <sup>2</sup>	\$967,672	Malik, Abid I	\$192,123
Lipschitz, Jeremy	\$808,175	Lytwyn, James Rei	\$370,993	Malik, Amrit	\$579,303
Lipson, Mark E	\$180,046	Mabin, Deborah	\$163,312	Malik, Bittoo S	\$1,274,576
Littleford, Judith A	\$371,052	MacDiarmid, A L	\$290,524	Malik, Rajnish N	\$655,498
Litvinov, Alexey	\$124,780	MacDonald, Karen E	\$289,965	Malo, Steven	\$120,793
Liu, Junliang	\$215,102	MacDonald, Lindsey	\$115,000	Mammen, Thomas	\$986,179
Liu, Monica H	\$316,945	MacDonald, Peter	\$544,430	Man, Ada W Y	\$311,527
Liu, Richard Y	\$406,427	MacDougall, B	\$110,905	Mancini, Enrico V	\$111,330
Liu, Shuangbo	\$366,332	MacDougall, Grant	\$582,328	Manishen, Wayne J	\$294,656
Llanos, Romeo	\$145,670	Macek, Ralf K W	\$129,593	Mann, Amrinder	\$88,327
Lloyd, Alissa J	\$769,137	Machado De Souza, C	\$337,806	Manness, Robert C	\$200,199
Lloyd, Robert L <sup>2</sup>	\$347,013	MacIntosh, Ethel L	\$333,062	Mansfield, John F	\$154,506
Lo, Evelyn	\$128,969	MacIntosh, Jason	\$161,962	Mansour, Hany M S	\$389,772
Lobato De Faria, R	\$123,286	MacKalski, B A	\$470,266	Mansouri, Behzad	\$713,107
Lockman, Leonard E	\$346,612	MacKay, Michael J	\$137,095	Manusow, Joshua S	\$1,888,962
Loepp, Christine	\$208,210	MacKenzie, G Scott	\$640,013	Marais, Francois	\$566,467
Loewen, Calvin G	\$404,283	MacKenzie, Lauren J	\$148,068	Marantz, Jeffrey <sup>2</sup>	\$1,242,510
Loewen, Erin D M	\$93,183	MacLean, Jayda M	\$77,851	Marantz, Jesse I	\$319,533
Loewen, Sylvia R	\$201,934	MacLeod, Bruce A	\$355,097	March, Justin Ty	\$414,939
Logan, Alison C	\$176,809	MacMillan, Michael B	\$360,255	Marcoux, Morgan J	\$137,870
Logsetty, Sarvesh	\$418,241	MacNair, Tracy L	\$1,007,974	Mare, Abraham C	\$358,408
Loiselle, Joel A	\$169,775	Madi, Lubna	\$347,476	Marin, Samantha	\$127,706
Lone, Sadia J	\$96,685	Madison, Adena M	\$475,411	Marks, Seth D	\$146,461
Long, Adrian L	\$810,914	Magarrell, Cynthia	\$83,561	Marriott, James J	\$191,069
Longstaffe, James	\$427,622	Magnusson, J B	\$236,361	Marsh, Jonathan	\$449,880
Longstaffe, Robert C	\$333,282	Maguire, Doug	\$541,097	Marshall, Alexis	\$222,118
Lopez Gardner, L L	\$89,728	Maharaj, Ian G	\$437,982	Martens, David B	\$348,141
Lopez, Apryl	\$168,550	Maharajh, Dave A	\$241,155	Martens, M Dawn <sup>2</sup>	\$3,670,135
Lopez, Mirtha I	\$302,180	Mahay, Aric	\$432,222	Martens-Barnes, C	\$121,314
Loudon, Michael	\$640,394	Mahay, Raj K	\$634,238	Martin, Daniel	\$83,241
Love, Michael	\$852,814	Mahdi, Tahseen	\$132,677	Martin, David	\$472,970
Lowden, Cameron S	\$529,906	Mahon, Kendra E	\$168,064	Martin, Kathryn	\$199,012
Lu, Paul B	\$237,100	Maier, Joanne C	\$173,709	Martinez, Eddsel R	\$341,055
Ludwig, Louis	\$220,395	Maiti, Soubhik	\$508,245	Maslow, Kenny D	\$513,511
Ludwig, Sora M	\$228,866	Maiti, Sourabh	\$445,203	Masoud, Ibtsam A	\$430,576
Luk, Tse Li	\$354,111	Majeau, Ladonna	\$394,332	Mathen, Mathen K	\$1,008,113

**Manitoba Health Services Insurance Plan**  
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Mathew, George	\$586,330	McTavish, William G	\$160,846	Moawad, Victor F	\$316,857
Mathieson, Angela L	\$331,785	Medd, Thomas M	\$118,048	Moddemann, Diane	\$226,973
Mathison, Trina L	\$340,422	Megalli Basali, S F	\$458,776	Modirrousta, M	\$128,469
Matsubara, T K	\$312,863	Mehrabi, Faranak	\$83,230	Moffatt, Dana C M	\$995,380
Matteliano, Andre A	\$1,083,129	Mehta, Asita	\$167,647	Mohamed, M A M	\$732,840
Matthews, Chris M	\$292,984	Mehta, P G	\$458,586	Mohammed, A M E	\$651,994
Maxin, Robert	\$124,574	Mekhail, Ashraf	\$311,054	Moller, Erika E	\$247,962
Mayba, John I	\$1,298,806	Mellon, Aaron M	\$641,237	Moller, Philip R	\$753,309
Maycher, Bruce W <sup>2</sup>	\$1,586,988	Melo Alfaro, L C	\$80,120	Moltzan, Catherine	\$322,031
Mazur, Stephen	\$127,815	Memauri, Brett F	\$602,973	Momoh, John T	\$136,974
Mazurat, Andrea <sup>3</sup>	\$901,291	Memon, Ghulam	\$687,926	Mongru, Padma P	\$248,588
McCammion, J R	\$236,673	Memon, Rukhsana	\$661,398	Monkman, Lisa M	\$86,534
McCammion, R J	\$97,209	Menard, Chantalle	\$87,301	Moody, Jane K	\$180,536
McCannell, M G	\$204,410	Menard, Sheila	\$348,257	Mooney, Owen T	\$133,027
McCarthy, B G	\$372,800	Mendoza, Kenneth R	\$246,647	Moore, Ross F	\$140,997
McCarthy, Timothy G	\$542,160	Meradje, Katayoun	\$78,132	Moran De Muller, K	\$1,244,019
McClarty, Blake M <sup>2</sup>	\$1,298,039	Meredith, Trevor J	\$421,446	More, Christoph	\$101,213
McCrea, Kristin	\$150,491	Mestito Dao, Irene	\$75,595	Morham, Anthony	\$86,052
McDonald, H D	\$315,002	Metcalfe, Jennifer	\$388,419	Morris, Amanda F	\$438,141
McEachern, J D	\$996,575	Mewhort, Holly	\$144,786	Morris, Andrew L	\$305,162
McElhoes, Jason R	\$328,389	Mhanni, Aizeddin	\$244,374	Morris, Glenn S	\$177,501
McFadden, L R	\$317,492	Mian, Muhammad	\$106,010	Morris, Margaret	\$241,830
McFee, Colin D	\$356,762	Mikhail, Samy N F	\$375,477	Morris, Melanie	\$186,197
McGill, Dustin	\$162,616	Millar, Kyle A	\$83,035	Morrow, Christoph	\$210,789
McGinn, Greg	\$107,349	Miller, David L	\$249,323	Mott, Shelley M	\$100,865
McGregor, Gregor I	\$256,879	Miller, Donald M	\$425,372	Mottola, Jeffrey C	\$1,073,296
McGregor, Jyoti M	\$200,454	Miller, Jacob B	\$100,245	Mousavi-Sarsari, S A	\$185,155
McIntyre, Ian L	\$268,816	Miller, Lisa	\$896,302	Moussa, Nesreen M	\$318,908
McIntyre, Ian W	\$412,316	Milligan, Brian E	\$399,877	Mouton, Robert W	\$255,614
McKay, Michael A	\$375,308	Millo, Noam Z <sup>2</sup>	\$709,197	Mowchun, Leon	\$231,020
McKinnon, Andrew	\$131,434	Mills, Jeremy J	\$105,713	Mowchun, Neil	\$79,621
McLean, Norman J	\$541,144	Milner, John F	\$396,036	Mshiu, Merlyn	\$441,031
McLeod, Jaret K	\$116,151	Minders, Lodewyk	\$494,277	Muirhead, Brian	\$161,675
McLeod, Malcolm	\$185,491	Minhas, Kunal K S	\$1,163,873	Mujawar, Quais M	\$244,239
McMahon, Kristin L	\$130,597	Mink, Steven	\$111,274	Mulchey, Kimberley	\$347,447
McMillan, Stewart	\$80,650	Mintz, Steven L	\$105,060	Mulhall, Dale	\$82,113
McMullen, Amanda J	\$128,178	Minuk, Earl	\$286,544	Muller Delgado, H	\$129,989
McNamee, David A	\$120,546	Minuk, Leonard A	\$113,819	Munika, Ming	\$229,516
McNaught, Jennifer	\$127,249	Mis, Andrew A	\$463,334	Muns, Paul	\$247,608
McNaughton, L J	\$269,113	Miskiewicz, Laura M	\$160,628	Murray, Ken	\$412,655
McPhee, Lisa C <sup>2</sup>	\$1,379,393	Misra, Vasudha	\$146,091	Mustafa Al-Ghir, H A	\$738,964
McTaggart, Dawn L	\$206,450	Mitchell, Ryan T M	\$361,876	Mustafa, Arjowan	\$253,116

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Mustapha, Shareef F	\$255,068	Nicoll, Braden J	\$108,670	Omichinski, L M	\$582,292
Muthiah, Karuppan	\$728,378	Nigam, Rashmi	\$558,121	Omodunbi, Oladipupo	\$380,454
Mutter, Thomas C	\$330,768	Nijjar, Satnam S	\$422,659	Omodunbi, Oluwatumi	\$156,693
Myhre, Joel R	\$494,485	Nikel, Katarina	\$89,365	Omoike, Iziegbe O	\$117,558
Mykytiuk, Patricia	\$701,334	Niraula, Saroj	\$101,815	Ong, Aldrich	\$180,457
Mysore, Muni	\$263,819	Nishat, Samina	\$219,895	Ong, George H	\$259,483
Mysore, Priyanka	\$792,595	Nissan, Ramen	\$141,456	Onita, Ndubuisi	\$375,839
Nagra, Sunit	\$461,402	Njionhou Kemeni, MM	\$302,725	Onwurah, Donatus U	\$534,563
Naidoo, Jenisa <sup>1</sup>	\$41,096,870	Nkole, Kelechi	\$400,713	Onyshko, Daniel J	\$324,506
Nair, Shona	\$277,573	Nkosi, Joel E	\$337,314	Oppenheimer, M W	\$274,486
Narasimhan, S	\$156,122	Nnabuchi, E	\$258,828	Orlikow, Evan	\$399,928
Narvey, Stefanie	\$170,370	Noble, Rachel Lu	\$166,471	Ormiston, John D	\$378,025
Nashed, Maged	\$191,706	Noel, Colin	\$634,768	Orr, Pamela	\$121,785
Nasir, Mahmood	\$603,723	Noseir, Matta Sha	\$257,620	Orukpe, Airidulu	\$175,286
Nasir, Noreen	\$397,264	Noseworthy, Graham	\$140,388	Osagie, Ifeoma W	\$756,004
Nason, Richard W	\$112,045	Nostedt, Michelle	\$522,229	Osei-Bonsu, A	\$315,850
Nasr, Nagwa Y I	\$354,257	Novel, Marino M	\$289,310	Osler, F Gigi	\$156,650
Nasseri, Faranak	\$161,447	Nwankwor, I	\$366,125	Osuorah, Donatus I	\$136,990
Nause, Leanne N	\$220,194	Nyhof, Harold W	\$429,450	Ota, Chidinma	\$362,564
Nawrocka, Dorota	\$129,360	Nyomba, Balangu L	\$160,526	Pachal, Cindy Ann	\$242,891
Nayak, Jasmir G	\$710,794	O'Carroll, Aoife	\$116,708	Pacin, Ondrej	\$213,991
Nazar-Ul-Iman, S	\$605,020	O'Hagan, David B	\$498,908	Pacin, Stefan	\$491,339
Nelko, Serena	\$158,459	O'Keefe, Kieran M	\$249,339	Pagura, Jina	\$269,013
Nell, Antoine M	\$776,755	O'Neil, Liam J	\$136,558	Paige, Dennis J	\$341,809
Nelson, Michael	\$101,656	Obara, Robert	\$761,287	Palatnick, Carrie S	\$585,123
Nelson, Tyler	\$227,847	Obayan, Adebola O	\$79,431	Palitsky, Daniel J	\$281,526
Nemani, Sailaja	\$351,607	Oberman, Saul S	\$260,025	Panaskevich, T	\$547,068
Nemeth, Peter	\$118,838	Ochonska, Margaret	\$771,726	Pandey, Anil K	\$319,803
Nepon, Jack	\$337,197	Ogaranko, C P	\$298,945	Pandian, Alagarsam	\$759,915
Nepon, Josh	\$293,065	Ogunlana, Dorothy P	\$410,751	Pang, Eileen G	\$219,278
Neufeld, Donna M	\$208,868	Okorafor, Ikenna N	\$609,516	Pannu, Fazeelat	\$350,781
Neufeld, Gregory M	\$220,097	Okoye, Chijioko	\$253,299	Papegnies, Derek	\$111,226
Neufeld, John A	\$170,002	Okpaleke, Christoph	\$88,104	Papetti, Selena	\$79,277
Newman, Suzanne	\$125,379	Ola, Opeyemi B	\$128,012	Paquin, Francine	\$241,422
Ng, Marcus C	\$298,461	Olayemi, Funmilayo	\$209,804	Paracha, M	\$549,111
Nguyen, Lien	\$171,749	Old, Jason	\$422,531	Paradis, Danielle	\$120,912
Nguyen, Mai P	\$384,307	Oliver, Jered	\$79,745	Paradoski, S	\$247,266
Nguyen, Tai Van	\$312,740	Olivier, Erin P	\$333,677	Parham, Shelley M	\$118,751
Nguyen, Thang N	\$303,027	Olson, Robyn L	\$233,022	Park, Jason	\$470,317
Nichol, Darrin W	\$258,457	Olynyk, Fred	\$178,438	Parker, Kenneth R	\$260,627
Nichol, Michael P	\$242,780	Omelan, Craig K	\$237,613	Parker, William R	\$316,727
Nickel, Jarrod E	\$322,305	Omelan, Graeme D	\$300,260	Partap, Nadine A	\$142,882

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Partyka, Joseph W	\$641,745	Pilat, Edward J	\$359,898	Psooy, Karen J	\$113,486
Paskvalin, Mario	\$822,608	Pilkey, Bradley D	\$766,936	Puar, Ripneet	\$241,654
Patel, Leena R	\$102,587	Pinette, Gilles D	\$1,065,477	Pundyk, Katherine	\$149,383
Patel, Praful C	\$587,159	Pinniger, Gregory W	\$262,814	Punter, Fiona	\$379,542
Patel, Premal	\$357,943	Pinsk, Maury N	\$96,315	Puttaert, Douglas	\$144,515
Patel, S V	\$343,889	Pintin-Quezada, J	\$236,602	Pylypjuk, Christy L	\$370,120
Patenaude, A F	\$1,807,623	Pio, Anton	\$413,228	Pymar, Helen C	\$284,757
Pathak, Kumar A	\$605,785	Pirzada, Munir A	\$406,822	Qadir, Munir	\$315,891
Paul, James T	\$186,483	Pirzada, Shan	\$611,279	Quesada, Ricardo	\$278,232
Paul, Niranjan	\$219,281	Pitz, Marshall	\$100,031	Qureshi, Bilquis	\$463,282
Pauls, Ryan J	\$466,533	Pitzel, Colleen	\$168,429	Raabe, Michael A	\$500,266
Paulson, Charles K	\$87,228	Plester, Jennifer	\$140,306	Raban, Roshan	\$463,587
Pederson, Kristen	\$122,828	Plett, Michael G	\$109,559	Rabson, John L R	\$929,467
Peikes, Tyler	\$142,703	Plewes, Michael E	\$583,197	Racette, Therese	\$89,712
Peitsch, Lorraine	\$205,279	Poettcker, Robert J	\$517,617	Racosta, Juan M	\$123,266
Peloquin, Christian	\$95,290	Pohl, Blane L	\$138,920	Radulovic, Dejana	\$843,071
Penner, Brittany	\$266,988	Polimeni, Joseph O	\$108,717	Rae, James A	\$303,502
Penner, Charles G	\$120,442	Poliquin, Vanessa	\$248,734	Rafay, Mubeen F	\$115,696
Penner, Kurt	\$152,100	Pollock, Bradley	\$541,723	Rafikov, Marat F	\$564,229
Penner, Stanley B	\$197,237	Poole, Cody M	\$183,887	Raghavendran, S	\$276,671
Penrose, Michael	\$388,158	Poon, Wayne W C	\$240,869	Rahman, Jennifer	\$431,545
Pepelassis, D	\$157,125	Pooyania, Sepideh	\$593,896	Raiisi, Setareh	\$114,524
Perche, Jason M	\$436,903	Popescu, Andra D	\$214,187	Raimondi, Christina	\$301,769
Peretz, David	\$707,940	Popeski, Dianne K	\$596,539	Ramadan, Abdul N	\$330,738
Perija, Brittany	\$278,404	Popoff, Daryl	\$186,852	Ramgoolam, Rajen	\$480,958
Perl, Eytan J	\$265,151	Popowich, Shaundra	\$335,780	Ramsay, Carey Ant	\$355,837
Permack, Sheldon M	\$331,701	Porath, Nicole	\$207,596	Ramsay, James A	\$341,125
Pernarowski, K	\$370,349	Porhownik, Nancy R	\$323,364	Ramsey, Clare D	\$239,781
Perrin, David	\$179,412	Prasad, Benjamin	\$146,717	Randhawa, Nirmal K	\$123,108
Perry, Daryl I	\$353,438	Preachuk, Chris T J	\$2,562,691	Randunne, Avanthi	\$800,911
Perveen, Sadia	\$183,219	Precious, Aribibia	\$298,154	Randunne, Ayodya S	\$739,216
Peschken, Christine	\$103,545	Prematilake, Suraj P	\$454,997	Rasool, Amara	\$412,576
Peters, Brian	\$572,225	Prenovault, Jean	\$529,706	Ratcliffe, Gregory E	\$1,123,605
Peters, Hein	\$514,216	Pretorius, Alexander	\$124,864	Rateb, Ahmed	\$261,357
Petropolis, Christian	\$784,740	Pretorius, Luzelle L	\$99,816	Rathod, Shrinivas	\$194,413
Petropolis, Maria A T	\$226,826	Preun, Jennifer	\$178,857	Ratna, Sayoan	\$75,613
Phillips, Michael L	\$316,278	Price, Russell J	\$356,827	Ratnapala, H	\$85,954
Pickering, Christine	\$189,627	Price, Shandis L	\$84,456	Ratnaparkhe, Sushil	\$857,859
Pidsadny, Shelly L	\$77,327	Prinsloo, Jochemus	\$259,369	Ratzlaff, Matthew	\$378,913
Pierce, Ryan T	\$178,070	Prober, Mark Alan	\$228,376	Raubenheimer, J P	\$590,820
Pieterse, Werner	\$146,945	Proctor, Christoph	\$221,500	Rauch, Johan F	\$712,724
Pieterse, Wickus	\$537,084	Prodan, Orest	\$79,653	Ravandi, Amir	\$658,659

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Ravi Raj, -	\$376,397	Roberts, Lesley Fi	\$87,876	Russell, Samantha	\$447,094
Raza, Irfan	\$364,594	Robertson, R Le	\$199,412	Rust, Len	\$137,176
Reda, Andrew W	\$347,927	Robillard, Susan C	\$273,989	Rutherford, M M	\$365,333
Reda, John E	\$238,027	Robinson, C Corrine	\$334,929	Ruzhynsky, Jennifer	\$239,327
Reda, Yousef	\$639,305	Robinson, Christine	\$329,946	Ruzhynsky, Vladimir	\$351,700
Reed, Jason M	\$464,575	Robinson, David B	\$268,623	Ryall, Lorne A	\$100,922
Rehsia, Davinder	\$308,960	Robinson, Debbie J	\$457,462	Ryz, Krista S	\$807,751
Rehsia, Navneet S	\$499,427	Robinson, James	\$580,087	Saad, Vera N	\$99,198
Rehsia, Sabeer S	\$575,491	Robinson, Wesley K	\$312,408	Saadia, Vivien	\$210,794
Rehsia, Sach I	\$295,953	Rocha, Guillermo	\$1,137,867	Sabapathi, Karthik	\$275,677
Reid, Gregory J	\$461,784	Roche, Gavin	\$350,374	Sabeski, Lynne M	\$391,794
Reimer, Darren K	\$209,656	Rodrigues, Daniel	\$512,252	Saeed, Mahwash F	\$305,583
Reimer, David J	\$558,789	Rodriguez Leyva, D	\$930,397	Saffari, Hamideh	\$87,093
Reimer, Heinz	\$115,007	Rodriguez Marre, I	\$378,488	Saganski, Emily	\$180,142
Reimer, Murray B	\$262,107	Roe, Bruce E	\$99,264	Sakla, Mary S S	\$447,088
Reitmeier, Shayne	\$555,223	Roets, Willem G	\$320,655	Sala, Tanya N	\$199,251
Rempel, Regina R	\$131,283	Rogozinska, Ludwika	\$325,827	Salamon, Elizabeth	\$783,132
Reslerova, Martina <sup>3</sup>	\$459,192	Rohald, Pam	\$474,659	Salem, Fayez	\$723,020
Reyneke, Annemie	\$372,539	Roman, Manal	\$463,760	Saltel, Marc E J	\$413,202
Reynolds, James L	\$372,632	Roman, Nader	\$455,140	Salter, Jennifer	\$325,473
Reynolds, Jody J	\$878,242	Rona, Cesar	\$486,767	Salter, Neil W	\$237,176
Rezazadeh, Shadi	\$466,940	Ronald, Suzanne D	\$111,563	Salter-Oliver, B A	\$100,628
Rezk, Emad A	\$88,068	Rondeau, Jocelyne	\$108,187	Sam, Angela	\$1,078,597
Rhoma, Salahalde	\$313,219	Rosario, Rosa	\$255,897	Sam, Diana	\$201,008
Ricci Bartol, Maria F	\$179,293	Rosenfield, Lana A	\$192,619	Samarasena, I G	\$332,199
Rice, Patrick	\$183,846	Rosenthal, Peter	\$222,162	Samborski, Cory	\$94,542
Richards, Ceri Anne	\$306,015	Ross, F Kath	\$344,561	Sami, Sahar	\$220,336
Richards, Michael D	\$162,382	Ross, James F	\$770,267	Samoil, Mary F S	\$319,774
Richardson, Cindy J	\$600,212	Ross, Lonny L	\$181,494	Samuels, Lewis	\$759,096
Riche, Barry	\$164,226	Ross, Timothy K	\$356,636	Saran, Kanwal D	\$165,082
Richelle, Jacquelin	\$194,987	Rothova, Anna	\$133,253	Saranchuk, J W	\$553,810
Riel, Stefan L	\$436,958	Rousseau, Skye R	\$273,116	Sareen, Sanjay	\$412,405
Rigatto, Claudio	\$449,672	Roux, Jan G	\$201,908	Sarlas, Evangelos	\$126,360
Rimmer, Emily K	\$133,433	Roy, Danielle	\$610,411	Sarpong, Simon K	\$153,524
Ring, Heather	\$287,823	Roy, Maurice J	\$221,446	Sas, Alyson P	\$79,124
Ringaert, Ken	\$159,752	Rozbacher, Adrian	\$187,673	Sathianathan, C	\$641,571
Rist, Jamie Lee	\$372,078	Ruddock, Deanne L	\$361,079	Saunders, Kevin	\$257,180
Ritchie, Janet	\$193,659	Rumbolt, Brian R	\$335,715	Savage, Bonita	\$83,684
Rivard, Justin D	\$508,456	Rusen, Jack B	\$230,660	Sawa, Gail F	\$282,763
Rizk, Abdalla M	\$500,706	Rusen, Sara M	\$86,317	Sawyer, Jeremy A	\$481,497
Roberts, Janet R	\$164,408	Rush, David N	\$127,867	Sawyer, Scott K	\$280,874
Roberts, Kris A	\$193,368	Rusk, Richard C	\$255,729	Sayfee, Siamak	\$75,251

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Scatliff, Robert M	\$350,851	Shankar, Jai Jai S	\$525,730	Silha, Josef	\$1,048,273
Schacter, Gasha I	\$333,243	Shanti, Mohammad	\$797,175	Silhova, Dasa	\$260,835
Schaffer, Stephen A	\$134,054	Shariati, Majid	\$806,872	Silvaggio, Joseph	\$264,259
Schantz, Daryl	\$224,215	Shariff, Tahara J	\$209,564	Silver, Carla D	\$247,788
Schellenberg, A E	\$490,455	Sharkey, James B	\$589,667	Silver, Norman A	\$651,891
Schellenberg, J D	\$203,001	Sharma, Aditya	\$271,082	Silver, Shane	\$2,175,642
Schifke, William G	\$299,525	Sharma, Deepti	\$268,759	Simard-Chiu, L A	\$165,823
Schmidt, Brian J	\$362,828	Sharma, Savita	\$148,315	Simons, Frances E	\$123,278
Schmidt, Daphne	\$76,148	Sharma, Shelly	\$90,839	Simonsen, J Neil	\$90,019
Schneider, Carol E	\$344,507	Shatsky, Morley	\$683,768	Simonson, Don W	\$192,682
Schroeder, Alvin N	\$338,696	Shaw, James A	\$169,744	Sin, Tra	\$260,495
Schroeder, F M	\$281,202	Shawyer, Anna C	\$293,008	Singer, Marilyn	\$108,906
Schur, Natalie K	\$434,435	Shayegi Nick, Anita	\$731,385	Singh, Amarjit	\$134,598
Schutt, Vivian A	\$414,885	Shell, Melanie	\$219,553	Singh, Gurbalbir	\$290,090
Schwartz, Leonard D	\$411,846	Shelton, Paul A	\$167,997	Singh, Harminder	\$589,432
Scott, Jason	\$466,824	Shenoda, Kamal L M	\$368,667	Singh, Maneesha	\$298,168
Scott, Kristen	\$206,019	Shenouda, Mervat	\$371,425	Singh, Neal	\$98,015
Scott, Sara	\$356,249	Shenouda, P F S	\$243,492	Singh, Prabhjot	\$168,829
Scott-Herridge, Joel	\$301,738	Shepertycky, M R	\$443,647	Singh, Ramandip	\$206,324
Seager, Mary Jane	\$97,579	Sheps, Michael D	\$885,210	Singh, Renate G	\$682,725
Seaman, Michael K	\$443,990	Sherbo, Ehren	\$120,126	Singh, Ricky D	\$478,243
Sefidgar, Mehdi	\$642,254	Shiffman, Frank H	\$454,404	Singh, Robinder	\$273,687
Segstro, Ronald J	\$121,952	Shobayo, Oladapo F	\$107,818	Singh, Shirin	\$421,050
Seifer, Colette M	\$433,235	Shokri, Ahvan	\$598,964	Singh, Vikramjit	\$79,778
Seitz, Andrew R	\$274,396	Shokri, Mohammad	\$525,744	Singh-Enns, Sonia	\$89,107
Sellers, Elizabeth	\$101,754	Shoukry, Sahar	\$130,375	Siqueira Brigli, Felipe	\$76,583
Semus, Michael J	\$200,162	Shuckett, Paul	\$144,451	Sivananthan, G	\$203,626
Sen, Robin	\$210,951	Shumsky, David	\$102,042	Sivananthan, K	\$394,757
Sequeira, Alastair	\$391,299	Shunmugam, R	\$1,278,076	Sivasankar, Raman	\$503,187
Serletis, Demitre	\$237,359	Sickert, Helga G	\$228,244	Skakum, Kurt K	\$187,222
Sethi, Krishan	\$205,770	Sidarous, Amal M	\$567,182	Skakum, Ruth	\$171,246
Sethi, Subash	\$104,778	Siddiqui, Faisal S	\$228,172	Skead, Lennard	\$432,979
Sewell, Gary	\$162,298	Siddiqui, Issar	\$497,419	Skinner, James T	\$87,397
Sexton, Laura A	\$147,552	Sidhom, Cherine R	\$400,473	Skrabek, Pamela J	\$185,415
Shaffer, Seth	\$341,971	Sidhu, Gurveen K	\$208,376	Skrabek, Ryan Q	\$765,871
Shah, Ashish H	\$886,040	Sidhu, Kirandeep	\$223,359	Sloan, Gary W	\$173,182
Shah, Bharat	\$296,398	Sidra Gerges, M E	\$320,045	Slutchuk, Marvin	\$281,748
Shah, Syed A A	\$159,569	Siemens, Jason M	\$176,513	Smal, Samuel J	\$406,117
Shaikh, Nasir	\$595,073	Sigurdson, Eric	\$89,038	Small, Luke	\$75,772
Shaker, Marian	\$1,460,035	Sigurdson, Leif John	\$1,016,675	Smil, Eva	\$81,103
Shamlou Montaze, AH	\$315,247	Sikora, Felix J	\$385,441	Smith, Catherine	\$233,163
Shane, Marvin	\$227,010	Silagy, Stewart	\$926,478	Smith, Erik R	\$240,993

**Manitoba Health Services Insurance Plan**  
**The Public Sector Compensation Disclosure Act**  
Schedule of Payments for Fiscal Year Ended March 31, 2021

**(Continued)**

Smith, Kristine	\$311,517	Stitz, Marshall	\$424,954	Tatineni, Ranjit K	\$79,368
Smith, Louis F	\$775,291	Stockl, Frank A	\$1,942,673	Tawfik, Viola L	\$324,416
Smith, Riley	\$388,086	Stoffman, Jayson M	\$122,809	Taylor, Hugh R	\$501,603
Sneath, Jason	\$2,314,982	Storoschuk, G W	\$296,643	Taylor, Susan N	\$558,632
Snovida, Lioubov	\$222,835	Storsley, Leroy J	\$772,823	Tegg, Tyler	\$363,754
Sochocki, Michael P	\$329,382	Stoski, Roxann M <sup>2</sup>	\$495,802	Teillet, Marc E	\$188,909
Sodhi, Poonam	\$112,974	Strang, David G	\$219,757	Tenenbein, Marshall	\$487,423
Sodhi, Vijay K	\$519,513	Stranges, Gregory A	\$497,357	Teo, Swee L	\$208,329
Soile, Adeseye A	\$77,352	Strank, Roydan K	\$328,442	Teskey, Lindsay S	\$200,390
Soliman, Bishoy Sa	\$76,817	Stride-Darnley, B	\$83,441	Thames, Joyce	\$306,416
Soliman, Magdi F L	\$807,670	Stroescu, Daniela V	\$417,646	Thess, Bernard A	\$628,233
Sommer, Hillel M	\$326,686	Stronger, Lyle	\$352,258	Thielmann, A	\$163,885
Soni, Anita	\$630,407	Strumpher, Johann	\$413,450	Thiessen, Phoebe	\$250,701
Soni, Nandini R	\$326,499	Strzelczyk, Jacek <sup>2</sup>	\$3,486,440	Thille, Suzanne M	\$159,044
Sonoiki, Taiwo G	\$387,084	Sud, Anil K	\$397,538	Thomas, Shawn T	\$384,571
Sookermany, N	\$75,808	Suderman, Josiah L	\$76,090	Thomas, Sunu	\$81,973
Sookhoo, Siuchan	\$673,721	Sulaiman, W S S	\$418,610	Thompson, Elizabeth	\$329,760
Sopel, Mryanda	\$269,681	Suski, Lisa	\$82,686	Thompson, Susan B	\$189,335
Soufi, Youcef	\$509,144	Susser, Moses M	\$155,818	Thompson, T R	\$198,154
Souque, Katryn E	\$163,399	Sutherland, Donna E	\$416,564	Thomson, Brent R J	\$137,727
Spangelo, Lisa Mich	\$240,481	Sutherland, Eric N	\$548,699	Thomson, Glen T D	\$225,137
Speer, Margaret	\$259,877	Sutherland, Ian Scott	\$309,411	Thoren, Jacalyn	\$89,137
Speziali, Craig D	\$124,477	Sutherland, James G	\$279,164	Thorington, K M	\$88,757
Spooner, Aaron J	\$143,590	Sutton, Ian R	\$666,593	Thorlakson, Derek	\$125,606
Springman, Maegan	\$166,647	Syed, Ali	\$115,302	Thorlakson, Ian J	\$146,725
Srinathan, S K	\$292,903	Szajkowski, T	\$346,947	Thorleifson, M D	\$554,332
St Goddard, Jennifer	\$237,841	Szwajcer, David <sup>1</sup>	\$125,409	Thwala, Andrea B	\$548,165
St John, Philip D	\$219,845	T Jong, Geert W	\$230,860	Tien-Estrada, Joan	\$249,655
St Vincent, Anthony	\$202,133	Tadrous, Jacquelin	\$330,584	Ting, Tommy W	\$324,490
Staines, Kenton M	\$513,853	Tagin, Mohamed A	\$108,509	Tischenko, A	\$573,180
Staniforth, Christina	\$312,436	Tam, James W	\$584,366	Tissera, Ponsuge A	\$910,592
Staniforth, Christoph	\$266,208	Tamayo Mendoza, J A	\$471,478	Tisseverasinghe, A	\$257,203
Stanko, Lorraine	\$555,282	Tan, Edward	\$256,028	Titus, Roselin T	\$84,666
Stasiuk, Allison D	\$427,244	Tan, Lawrence	\$377,645	Tkaczyk, Nicholas	\$232,482
Stefanyshen, G S	\$236,418	Tandon, Richa	\$666,632	Todary Fahmy, Y	\$305,907
Steigerwald, Sarah	\$455,497	Tangri, Navdeep	\$136,438	Toews, Karen A	\$435,377
Steinberg, Robert J	\$127,448	Tanner, Karen L	\$122,425	Toews, Matthew E	\$220,770
Stelzer, Jose	\$266,323	Tapper, Jason A	\$678,666	Toleva, Olga I	\$656,845
Stephensen, M C	\$388,459	Taraska, Victoria	\$761,858	Tomy, Kerri	\$158,480
Stern, Sheryl	\$119,499	Taraska, Vincent A	\$1,005,105	Toole, John W P	\$200,464
Stevenson, Laurel E	\$209,251	Tariq, Muhammad	\$535,751	Toop, Alexa	\$134,812
Stillwater, Laurence	\$1,160,406	Tassi, Hisham	\$162,660	Torbiak, Lindsay	\$352,630

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Torri, Vamsee K	\$77,515	Van Rensburg, C J	\$429,115	Walters, Justin J <sup>3</sup>	\$836,773
Tran, Cuc P	\$411,345	Van Rensburg, P D J	\$490,229	Walters, Leslea A	\$313,198
Trepel, Simon	\$137,193	Van Rooyen, M L	\$680,297	Wang, Angus N	\$133,484
Trinh, Hang	\$226,775	Van, Royce	\$334,482	Wanigasekara, W	\$171,752
Trivedi, Anurag	\$432,888	Vancura, David	\$227,941	Warden, Sarah K	\$147,151
Trivedi, Sonal	\$100,409	Vanderheyden, K L	\$131,222	Wareham, Kristen B	\$329,455
Tsang, Dominic	\$431,867	Vanderhooft, Luke J	\$194,797	Warkentin, Ray	\$352,171
Tsang, James F	\$800,191	Vanderhooft, R H	\$163,779	Warnakulasooriy, R	\$180,218
Tsang, Mae Tina	\$190,882	Vattheuer, Annabel	\$76,700	Warrack, Christoph	\$303,237
Tsang, Susan T	\$81,544	Venditti, Marcello	\$254,007	Warraich, Gunwant	\$165,198
Tse, Wai Ching	\$99,931	Vendramelli, Mark P	\$258,467	Warraich, Kanwarjit	\$308,340
Tsuyuki, Sean H <sup>2</sup>	\$2,232,080	Venkatesan, Nithya	\$160,228	Warraich, Naseer	\$373,835
Tufescu, Ted	\$592,939	Venter, Dirk J	\$541,262	Warraich, Navroop	\$81,988
Tunovic, Edin	\$277,260	Vergara, Derrick Y	\$383,269	Warrian, R Keith	\$104,551
Turabian, B Michael	\$85,112	Vergis, Ashley	\$682,841	Warrian, William G	\$75,061
Turgeon, Thomas	\$394,783	Verity, Shawn D	\$312,711	Wasef, Mervat S	\$295,355
Turner, Blaire D	\$249,923	Vermeulen, Sonja L	\$172,996	Wasef, Nagy S	\$189,416
Turner, Robert B	\$416,703	Vernon, James	\$616,609	Watters, Timothy	\$149,558
Turner, Shelley A	\$131,616	Verrelli, Mauro <sup>3</sup>	\$629,212	Waye, Leon R L	\$414,183
Turner, Trent	\$154,242	Viallet, Norbert R	\$430,479	Webb, Joanna	\$99,262
Udow, Sean J	\$173,666	Vickar, Eric L	\$485,384	Weeratunga, B	\$240,875
Ullah, Shahla I	\$477,694	Vignudo, Silvia	\$95,963	Wengel, Tiffany	\$249,437
Ungarian, Jillian	\$246,871	Villeda, Jose A	\$295,692	Werier, Jonathan	\$315,635
Unger, Jason B A	\$208,071	Vipulanathan, M	\$473,043	Weselake, Sara Vict	\$124,639
Usmani, Maaz	\$129,530	Vipulanathan, V	\$295,890	Wettig, Kara B	\$379,429
Utko, Pawel	\$311,348	Virdi, Paramvir	\$207,553	Wheeler, Jeffrey	\$192,276
Uwabor, Wisdom O	\$347,078	Visch, Shawn H R	\$228,017	White, Bruce K	\$341,513
Uys, Tharina	\$337,536	Visser, Gerhardt	\$382,759	White, Sandra	\$127,089
Uzwysghyn, Mira	\$84,669	Visser, Robin C H	\$422,868	Whittaker, Elizabeth	\$241,113
Van Alstyne, Murray	\$307,394	Vivian, Mark A <sup>2</sup>	\$879,822	Wicklows, Brandy A	\$99,693
Van Ameyde, K J	\$101,247	Vlcek, Lubomir	\$91,121	Wiebe, Chris J	\$115,767
Van Amstel, L L	\$608,117	Vlok, Nicolaas	\$363,857	Wiebe, Kim L	\$132,209
Van Dam, Averi	\$122,836	Vosters, Nicole K	\$139,533	Wiebe, Sandra	\$343,219
Van De Velde, R	\$418,158	Vuksanovic, M V M	\$514,437	Wiebe, Tannis H	\$307,140
Van Den Heever, JW	\$525,721	Wachukwu, Chinyere	\$310,442	Wiens, Anthony V	\$561,978
Van Der Westhui, LC	\$364,428	Wahba Hanna, T W	\$498,425	Wiens, James J	\$641,178
Van Der Zweep, J	\$464,241	Wakeman, M S	\$145,752	Wiesenthal, B	\$129,571
Van Deventer, S	\$84,135	Waldman, Jeffrey C	\$216,105	Wild, Kim J	\$475,875
Van Dijk, Cody	\$111,711	Walkty, Andrew	\$92,609	Wilkie, W Clarke	\$86,853
Van Ineveld, C	\$87,714	Wallace, Marc G	\$688,638	William, Nihad	\$99,820
Van Jaarsveldt, W	\$485,948	Wallace, Sharon E	\$316,547	Williams, Christoph	\$150,234
Van Niekerk, Etienne	\$280,689	Walmsley, Christoph	\$367,448	Williams, J David	\$242,579

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Williamson, D	\$115,669	Young, R Shawn	\$190,971
Williamson, Kelvin W	\$751,402	Yu, Adelia	\$983,667
Willows, Jim R	\$118,834	Yuoness, Salem A <sup>4</sup>	\$1,130,465
Wilson, Andrea Ga	\$134,131	Zabolotny, Brent P	\$354,141
Wilson, Gregory P	\$489,358	Zaborniak, Karver M	\$92,016
Wilson, Murray <sup>2</sup>	\$1,651,809	Zacharias, James <sup>3</sup>	\$780,805
Winning, Kyle J	\$410,980	Zahiri, Majid	\$244,167
Winogrodzka, C	\$363,451	Zaki, Amel E	\$310,875
Winogrodzki, Arthur	\$291,730	Zaki, Magdy F	\$595,742
Wiseman, Marni C	\$1,382,494	Zarrabian, M	\$769,213
Wiseman, Nathan	\$244,770	Zeiler, Fred	\$766,980
Woelk, Cornelius	\$264,359	Zelenietz, Caleb S G	\$402,740
Wolfe, Kevin B	\$598,722	Zhang, Jason J	\$169,767
Wolfe, Scott A	\$329,489	Zhang, Surong	\$732,793
Wong, Clint S	\$642,015	Ziaei Saba, Shahnaz	\$300,970
Wong, Ralph P W	\$337,199	Zieroth, Shelley R	\$140,002
Wong, Stephen G	\$315,695	Ziesmann, Manfred	\$504,454
Wong, Turnly	\$299,565	Ziesmann, Markus T	\$315,140
Wong, Veronica	\$118,752	Zimmer, Kenneth W	\$326,099
Woo, Casey	\$386,058	Ziomek, Anna M	\$266,445
Woo, Nobby	\$598,132	Zohni, Khaled	\$201,390
Woo, Vincent C	\$957,952	Zohrab-Beik, Amir	\$175,262
Woodmass, Jarret	\$506,999	Zoppa, Robert	\$127,005
Woodrow, Lindsey	\$84,175	Zylberman, Melina	\$292,721
Worden, Tyler A	\$271,338		
Wourms, Vincent P	\$478,454		
Wuerz, Terence	\$298,523		
Xu, Qi	\$222,113		
Yaffe, Clifford	\$278,367		
Yale, Robert	\$93,490		
Yamamoto, Jennifer	\$90,367		
Yamamoto, Kenneth	\$92,741		
Yamashita, Michael	\$707,321		
Yamsuan, Marlen	\$210,474		
Yang, Lin	\$252,955		
Yankovsky, Alexei	\$318,991		
Yaworski, Daniel N	\$113,782		
Yehudaiff, Doron	\$369,846		
Ying, Stephen M <sup>2</sup>	\$1,093,423		
Yip, Benson	\$255,043		
York, Ryan J	\$257,468		
Young, Brent C	\$235,602		
Young, Jeanne	\$244,176		

*(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 112-113 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 114-116 for list of facilities).*
- (3) *Billings for dialysis services representing the work of more than one physician. (See pages 116-117 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 117 for list of facilities).*

**Laboratory Directors and Facilities**

Doyle John  
Kabani Amin M

CancerCare Manitoba - Hematology Lab  
Altona Community Memorial Health Centre  
Arborg & Districts Health Centre  
Beausejour Hospital  
Bethesda Regional Health Centre - Steinbach  
Boissevain Health Centre  
Boundary Trails Health Centre - Winkler  
Carberry Plains Health Centre  
Carman Memorial Hospital  
Centre de Sante Notre-Dame Health Centre  
Churchill Health Centre  
Concordia Hospital  
Dauphin Regional Health Centre  
Deloraine Health Centre  
De Salaberry District Health Centre  
E. M. Crowe Hospital - Eriksdale  
Flin Flon General Hospital  
Gillam Hospital  
Gladstone Health Centre  
Glenboro Health Centre  
Grace Hospital  
Grand Rapids Nursing Station  
Grandview District Hospital  
Hamiota District Health Centre  
Health Sciences Centre  
HSC - 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 General Hospital
	Neepawa Health Centre
	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 Health Centre
	Souris Health Centre
	St. Boniface Hospital
	Ste. Anne Hospital
	Ste. Rose General Hospital
	Stonewall & 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

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**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 Seven Oaks General Hospital
Cassano-Bailey A Davidson J Michael	Legacy X-ray Clinic Manitoba X-ray Clinic (Concordia) Munroe X-ray Clinic Seven Oaks X-ray Clinic Sport Manitoba
Eaglesham Hugh	Assiniboine X-ray Clinic 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 Plains Health Centre Deloraine Health Centre Glenboro Health Centre Melita Health Centre Minnedosa Health Centre Neepawa Health Centre Souris Health Centre 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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*(Continued)*

Lindsay Daniel J	Pan Am Clinic (75 Poseidon) Pan Am Clinic WRHA (75 Poseidon) Arborg & District Health Centre Beausejour Hospital Churchill Health Centre Dauphin Regional Health Centre E. M. Crowe Memorial 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 Health Centre Stonewall & District Health Centre The Pas Health Complex Thompson General Hospital
Lloyd Robert L	Altona Community Memorial Health Centre Bethesda Regional Health Centre - Steinbach Boundary Trails Health Centre - Winkler Carman Memorial Hospital Centre de Sante Notre-Dame Health Centre De Salaberry District Health Centre Lorne Memorial Hospital - Swan Lake Morris General Hospital Portage District General Hospital Rock Lake Health District Hospital - Crystal City Ste. Anne Hospital Vita & District Health Centre
Lyons Edward A Lysack David A Marantz Jeffrey	Maples Surgical Centre Brandon Regional Health Centre Health Sciences Centre Manitoba Clinic Mount Carmel Clinic
Martens M Dawn	Radiology Consultants of Winnipeg (Grant) Radiology Consultants of Winnipeg (Main) Radiology Consultants of Winnipeg (Pembina)
Maycher Bruce W	St. Boniface Hospital

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*(Continued)*

McClarty Blake M	Mclvor X-ray Clinic
McPhee Lisa C	Transcona X-ray Clinic
	St. Boniface Hospital
	Manitoba X-ray Clinic (Tache)
	Manitoba X-ray Clinic (Henderson)
	Manitoba X-ray Clinic (Portage)
Millo Noam Z	Health Sciences Centre
	Shared Health – Diagnostic Services
Stoski Roxann M	Concordia Hospital
Strzelczyk Jacek	Deer Lodge Centre
	Grace General Hospital
	St. Amant
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
Bueti Giuseppe	HSC Renal Program
	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
Reslerova Martina	SBH Peritoneal Dialysis
Verrelli Mauro	SBH Renal Program
	Section of Nephrology, UofM
Walters Justin J	SBH Hemodialysis

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Zacharias James

HSC Home Hemodialysis  
Manitoba Local Renal Health Centres

**Nuclear Medicine Directors and Facilities**

Bybel Bohdan

Health Sciences Centre  
Seven Oaks General Hospital

Leslie William D

St. Boniface Hospital  
Victoria General Hospital

Yuoness Salem A

Brandon Regional Health Centre

## **Appendix I – Summary of Statutes Responsibility Minister of Health and Seniors Care**

### **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 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 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 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.

#### **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 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.

## Appendix II – Legislative Amendments in 2020/21

A number of health statutes and regulations were amended, enacted or proclaimed in 2020/21:

**The Emergency Medical Response and Stretcher Transportation Amendment Act** – The following parts of this act were proclaimed into force effective December 1, 2020: section 1; clause 2(a) insofar as it repeals the definition "emergency medical response technician"; sections 4 and 5, and clauses 13(1)(a) and (b) in order to enable the amendments to be made to the regulations under the act to discontinue licensing and regulation by the department of paramedics, emergency medical responders, aeromedical attendants, stretcher attendants and air ambulance pilots.

**The Optometry Act** – Amendments to this act included in The Budget Implementation and Tax Statutes Amendment Act, 2020 to enable the practice of optometry to be carried on by a registered optometrist through a professional corporation were proclaimed into force effective February 16, 2021.

**The Public Health Act** was amended effective April 15, 2020 to enable new prohibitions or requirements to be made in a public health emergency order to prevent the spread of a communicable disease. Measures to assist in the enforcement of public health emergency orders were also added.

The amendments also enable persons, in addition to public health officials, to be authorized by regulation to enforce the act and orders made under it. In addition, the amendments provide that orders made under the act are not subject to The Statutes and Regulations Act and that orders made under the act that are directed to the public at large may be published on a government website.

**The Regulated Health Professions Act** was amended effective April 15, 2020 to allow a regulated health profession college to reregister former members, without complying with the usual registration requirements, if the minister notifies the college that a threat to public health exists and their assistance is required.

### Regulations:

#### **The Emergency Medical Response and Stretcher Transportation Act**

- **The Land Emergency Medical Response System Regulation** was amended to:
  - repeal provisions relating to the licensing and regulation of emergency medical responders and paramedics by the department effective December 1, 2020, the date on which the new College of Paramedics of Manitoba assumed responsibility to regulate the profession of paramedicine under The Regulated Health Professions Act
  - provide that emergency medical responders and paramedics registered with and authorized to practice by the College of Paramedics of Manitoba may provide emergency medical response services
- **The Air Emergency Medical Response System Regulation** was amended to:
  - repeal provisions relating to the licensing and regulation by the department of aeromedical attendants and air ambulance pilots as aeromedical attendants are health professionals regulated by health profession regulatory colleges and air ambulance pilots are licensed by Transport Canada
  - set out the qualifications for air ambulance pilots and aeromedical attendants
- **The Stretcher Transportation Services Regulation** was amended to repeal provisions relating to the licensing of stretcher attendants by the department and to set out the qualifications for stretcher attendants.

#### **The Health Services Insurance Act**

- **The Hospital Services Insurance and Administration Regulation** was amended to adjust the amount of residential/authorized charges for individuals paneled for personal care home placement and chronic care patients in a hospital to account for cost of living increases for such individuals and

their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community.

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

#### **The Mental Health Act\***

- **The Charges Payable by Long Term Care Patients Regulation** was amended to increase the financial threshold for the waiver of payment of all or part of the authorized charge payable by a long term care patient in a psychiatric facility.

#### **The Pharmaceutical Act**

- **The Manitoba Drug Interchangeability Formulary Regulation** was repealed and replaced with an updated regulation.
- **The Pharmaceutical (General Matters) Regulation** was amended to exclude naloxone, when indicated by Health Canada for emergency use, from the definition of “drug” for the purposes of The Pharmaceutical Act to enable it to be sold at retail locations that are not pharmacies and supplied through the Take Home Naloxone Program without the involvement of a regulated health professional.
- **The Pharmaceutical Regulation** was amended to enable naloxone, when indicated by Health Canada for emergency use, to remove the limitation on where naloxone kits can be displayed in pharmacies.
- **The Prescribed Drugs Regulation** was repealed as the matters dealt with in the regulation are now dealt with in the Pharmaceutical (General Matters) Regulation.

#### **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.

#### **The Public Health Act**

- **The Additional Enforcement Personnel Regulation** was made under the act effective May 14, 2020 to authorize officials listed in the regulation to enforce emergency health hazard orders and public health emergency orders issued under the act, in addition to public health officials.

The regulation was amended effective November 5, 2020 to expand the list of officials with authority to enforce emergency health hazard orders and public health emergency orders issued under the act.

The regulation was amended effective December 3, 2020 to extend the repeal date of the regulation from December 31, 2020 to June 30, 2021 due to the status of the COVID-19 pandemic in Manitoba.

#### **The Regulated Health Professions Act**

- **The Practice of Paramedicine Regulation** was amended to enable the College of Paramedics of Manitoba to become fully operational and assume responsibility to regulate the profession of paramedicine effective December 1, 2020. This included amendments to facilitate the transition of paramedics from regulation by the department under The Emergency Medical Response and Stretcher Transportation Act to regulation by the college. The amendments also set out the reserved acts that members of the profession are authorized to perform subject to terms and conditions on the performance of reserved acts set out in the College of Paramedics of Manitoba General Regulation made by the council of the college under the act.

- **The College of Paramedics of Manitoba General Regulation** was made under the act to deal with operational and practice issues necessary to enable the College of Paramedics of Manitoba to become fully operational and assume responsibility to regulate the profession of paramedicine effective December 1, 2020, including:
  - (i) registration and certificate of practice requirements
  - (ii) terms and conditions on the performance of reserved acts by members of the college
  - (iii) requirements for the delegation of reserved acts
  - (iv) continuing competency program requirements
  - (iv) standards of practice for the profession
  - (vi) requirements respecting health profession corporations established by members of the College
  
- **The College of Registered Nurses of Manitoba General Regulation** was amended to extend to May 31, 2022, the transitional period for registered nurses to qualify for designation in a new role as a registered nurse (authorized prescriber).
  
- **The Regulated Health Professions (General) Regulation** was amended to:
  - enable for-profit entities to continue to engage emergency medical responders and paramedics to provide services when the profession transitioned to regulation by the College of Paramedics of Manitoba
  - amend the definition of a “drug” under the act to exclude naloxone, when indicated by Health Canada for emergency use, to enable it to be sold in retail stores that are not pharmacies and supplied to individuals through the Take Home Naloxone Program without the involvement of a regulated health professional

\*Note that responsibility for The Mental Health Act was transferred to the Minister of Mental Health, Wellness and Recovery in February 2021. However, the regulatory amendment noted was made effective August 1, 2020.

## Appendix III – Performance Reporting

The following section provides information on key performance measures for the department for the 2020/21 reporting year. Performance indicators in departmental Annual Reports are intended to complement financial results and be informed by the balanced score card 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>

(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 2020/21 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
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  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% 2016/2017 – 9.3% 2017/2018 – 9.5%  Source: Manitoba Health and Seniors Care administrative data.	Age- and sex-adjusted prevalence per 100 Manitoba residents:  2018/19 - 9.8%  Source: Manitoba Health and Seniors Care  *Notes: - Diabetes prevalence rates were calculated using the Canadian Chronic Disease Surveillance System (CCDSS) definition.	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 2020/21 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
<p>Telehealth: # Communities and end points (The higher number of end points indicate that some communities have more than one location equipped.)</p> <p>Utilization by category</p> <p>Utilization rates</p>	<p>Shows the Province's ability to address access to care and education over geographically dispersed communities.</p>	<p>2007/08 Clinical: 4,876 Education: 1,230 Administration: 738 Tele-visit: 33 Other: 248</p> <p>2004/05 4,369 events</p>	<p>2020/21 Clinical: 21242 Education: 1172 Administration: 498 Tele-visit: 7 Other: 1122930</p> <p>2020/21 total utilization: 22930</p> <p>2020/21 total number of sites: 200 sites and 390 endpoints</p>	<p>Manitoba telehealth (MBT) predicts 10 sites to be added in the next fiscal year</p> <p>Average Annual Growth from 2007/08 to 2020/21 fiscal year Clinical: 17% Education: 10% Administration: 5% Tele-visit 7% Other: 2%</p>	<p>MBT Fiscal Utilization Reports from 2003/04 to 2019/20</p> <p>(data accessible from 2006/07)</p> <ul style="list-style-type: none"> <li>• 2006/07: 5,995</li> <li>• 2007/08: 7,125</li> <li>• 2008/09: 8,463</li> <li>• 2009/10: 9,835</li> <li>• 2010/11: 12,817</li> <li>• 2011/12: 16,183</li> <li>• 2012/13: 18,769</li> <li>• 2013/14: 20,590</li> <li>• 2014/15: 22,742</li> <li>• 2015/16: 25,721</li> <li>• 2016/17: 27,473</li> <li>• 2017/18: 28,223</li> <li>• 2018/19: 31,658</li> <li>• 2019/20: 34,237</li> <li>• 2020/21: 22,930</li> </ul>

(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 2020/21 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Emergency department/urgent care centre wait times	Timely access to services in a timely manner across the province helps to ensure appropriate patient care and promote positive health outcomes.	Annual emergency department/urgent care centre time to physician initial assessment (90th percentile, in hours):  2018/19 – 4.2 2019/20 – 4.7	2020/21 – 3.9	Wait times increased in 2019/20 but decreased in 2020/21.	The COVID pandemic in 2020/21 resulted in significantly fewer emergency department/urgent care centre visits that year, which may have contributed to reduced wait times.  The provincial target for this wait time was 3.2 hours.  Data Source Emergency Department Information Systems (EDIS) and/or National Ambulatory Care Reporting System (NACRS)

(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 2020/21 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Number of eliminated regulatory requirements, represented as a percentage of the department total	Reduction of red tape or regulatory requirements shows a decrease in the administrative burden experienced by stakeholders. It is important to the operations of government and service provision to the citizens of Manitoba.	115,467 regulatory requirements (April 1, 2016)  108,901 regulatory requirements (March 31, 2019)	111,368 regulatory requirements representing a 2.3 % increase in 2019/2020.	Downward trend over time.	Target: 2.5% Annual Reduction  Source: The Regulatory Accountability Database (RAD via department Regulatory Accountability Regulators)
Priority Procedures (surgical) wait time reduction • Cataract	Access to services is important to understanding the effectiveness of the health system.	Cataract Annual median wait times (in weeks)  <u>Cataracts (Winnipeg):</u> 2009/10 – 11 2010/11 – 10 2011/12 – 11 2012/13 – 12 2013/14 – 11 2014/15 – 11 2015/16 – 13 2016/17 – 14 2017/18 – 14 2018/19 – 14 2019/20 – 14	<u>Cataracts</u> 2020/21 – 14  *Notes: Provincial wait times for cataract surgeries are not available, but ~85% of those procedures are completed in Winnipeg.	Wait times appear to have remained stable over the last five years. The COVID pandemic in 2020/21 resulted in more variable wait times than in previous years.	Cataract surgeries are performed at 6 sites across 3 regional Health authorities  The national benchmark for hip/knee surgeries is 26 weeks, and for cataract surgeries is 16 weeks.

(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 2020/21 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information												
Response time for Translation requests of department's public-facing documents, in paper or electronic format.	It is important to offer equal services to Francophone Manitobans	<p>2018/19 Translation log is in use. Requests submitted: 112</p> <p>Average length of time for the department to submit request to Translation Services: 10 days</p> <p>98.2% of translation requests were completed within the target timeframes.</p> <table border="1" data-bbox="716 967 1060 1279"> <thead> <tr> <th>Translation Requests</th> <th>Average of Translation Services' Turnaround (days)</th> </tr> </thead> <tbody> <tr> <td>5 days</td> <td>5.91</td> </tr> <tr> <td>10 days</td> <td>8.77</td> </tr> <tr> <td>21 days</td> <td>18.25</td> </tr> <tr> <td>Rush</td> <td>0.67</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Translation Requests	Average of Translation Services' Turnaround (days)	5 days	5.91	10 days	8.77	21 days	18.25	Rush	0.67			<p>Number of Requests submitted: 137</p> <p>Average Length of time for the department to submit a request to Translation Services: 1 day</p> <p>86.6% of translation requests were completed within the target timeframes, representing an 11.6% decrease from the previous report. Of the 18 non-acceptable turnaround times: eight come from one request (July 14th), one comes from requests over 5000 words, seven come from requests that are one day overdue, and only two come from requests that do not fit the standard pattern. Ignoring the seven one-day overs and those outliers from the one day in July, we have a 97.5% acceptable turnaround time, which is less than a one per cent difference compared with the 2018/19 report.</p>	There was a decline in the turnaround time in all three categories. At the same time, the percentage of requests returned outside of the expected window increased from 1.8% to 2.5%.	<p><b>Timeframe</b> 1-500 words 5 days 501-3000 words 10 days 3001 and more words 21 days</p> <p>Source FLS annual report</p>
Translation Requests	Average of Translation Services' Turnaround (days)																
5 days	5.91																
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(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 2020/21 result or most recent available data?		(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information								
			<table border="1"> <tr> <th>Translation Requests</th> <th>Average of Translation Services' Turnaround (days)</th> </tr> <tr> <td>5 days</td> <td>2.8</td> </tr> <tr> <td>10 days</td> <td>7.7</td> </tr> <tr> <td>21 days</td> <td>15.5</td> </tr> </table>	Translation Requests	Average of Translation Services' Turnaround (days)	5 days	2.8	10 days	7.7	21 days	15.5			
Translation Requests	Average of Translation Services' Turnaround (days)													
5 days	2.8													
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21 days	15.5													
<p>COVID case numbers total. % hospitalized % requiring ICU care</p>	<p>Understanding the impact of a pandemic will promote understanding of the impact on the health system and support future planning.</p>	<p>Since the beginning of COVID-19 pandemic (i.e., March 12, 2020)</p>	<p>2020/2021 – Hospitalization Data up to and including June 17, 2021 since March 12, 2020</p> <p>COVID Cases to date: 55098</p> <p>COVID Hospitalizations to date: 3735</p> <p>COVID ICU admissions to date: 830</p>		<p><b>March 2020</b> Cases Reported: 132 % Hospitalized: 6.1 % ICU: 3.8 <b>April 2020</b> Cases Reported: 146 % Hospitalized: 11.6 % ICU: 5.5 <b>May 2020</b> Cases Reported: 17 % Hospitalized: 17.6 % ICU: 5.9 <b>June 2020</b> Cases Reported: 30 % Hospitalized: 0 % ICU: 0 <b>July 2020</b> Cases Reported: 97 % Hospitalized: 9.3 % ICU: 7.2</p>	<p>Sources:</p> <ul style="list-style-type: none"> <li>Public Health Information System (PHIMS) COVID-19 surveillance data</li> <li>Admissions, Discharge &amp; Transfer (ADT) data</li> </ul>								

(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 2020/21 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
				<p><b>August 2020</b> Cases Reported: 818 % Hospitalized: 3.7 % ICU: 0.6</p> <p><b>September 2020</b> Cases Reported: 793 % Hospitalized: 5.0 % ICU: 1.8</p> <p><b>October 2020</b> Cases Reported: 4123 % Hospitalized: 6.3 % ICU: 1.2</p> <p><b>November 2020</b> Cases Reported: 10967 % Hospitalized: 7.0 % ICU: 1.4</p> <p><b>December 2020</b> Cases Reported: 7731 % Hospitalized: 8.0 % ICU: 1.3</p> <p><b>January 2021</b> Cases Reported: 4187 % Hospitalized: 7.1 % ICU: 1.5</p> <p><b>February 2021</b> Cases Reported: 2221 % Hospitalized: 8.9 % ICU: 1.7</p> <p><b>March 2021</b> Cases Reported: 2290 % Hospitalized: 7.2 % ICU: 2.0</p>	

## 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 and Seniors Care for fiscal year 2020/21:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2020/21
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 – Regulatory Accountability and Red Tape Reduction

Manitoba Health and Seniors Care 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.

### Manitoba Health and Seniors Care's total, net change and percentage change of regulatory requirements for 2020-2021

#### Regulatory requirements

	April 1, 2020	March 31, 2021
Total number of regulatory requirements	111,012	112,039
Net change	-	-2,218
Percentage change	-	-2.00%

- 'Total number of regulatory requirements' includes transfers of regulatory requirements in and out of the department in 2020/21.
- 'Net change' includes the changes (sum of decreases and increases) in regulatory requirements undertaken by the department in 2020/21 and is net of transfers of regulatory requirements in and out of the department.
- 'Percentage change' includes percentage changes in regulatory requirements undertaken by the department in 2020/21 and is net of transfers of regulatory requirements in and out of the department.

#### 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 112,039 and has resulted in a 2.0 per cent reduction in regulatory documents.
- Portions of The Emergency Medical Response and Stretcher Transportation Amendment Act were proclaimed into force and regulatory amendments were made to discontinue licensing and regulation of paramedics and emergency medical responders by the department when the College of Paramedics of Manitoba assumed authority to regulate the profession of paramedicine to avoid duplicate licensing/regulation.
- Licensing of stretcher attendants by the department was discontinued as it was felt such licensing was unnecessary.
- Manitoba Health and Seniors Care discontinued overlapping licensing and regulation of aeromedical attendants and air ambulance pilots as they are regulated by health profession regulatory colleges and licensed by Transport Canada.

- Land and air emergency medical response systems and stretcher transportation services continue to be licensed and regulated by the department.
- The department participated on the cross-departmental Regulatory Accountability Working Group in an effort to reduce regulatory requirements.