

**Budget 2021**

# **Main Estimates Supplement**

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## **Budgets complémentaires**

**2021/22**

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**MANITOBA HEALTH  
AND SENIORS CARE**

**SANTÉ ET SOINS  
AUX PERSONNES ÂGÉES  
MANITOBA**

**MAIN ESTIMATES  
SUPPLEMENT  
2021-2022**

**Department of  
Health and Seniors Care**

**BUDGET  
COMPLÉMENTAIRE  
2021-2022**

**Ministère de la  
Santé et des Soins aux  
personnes âgées**



# Minister's Message and Executive Summary

This document has been produced by Manitoba Health and Seniors Care as a supplement to the Printed Estimates of Expenditure. It is intended to provide background information on the department and complements the information already contained in the Printed Estimates of Expenditure.

The contents of this document are organized into five parts. The first part provides an overview of the ministry including its strategy roadmap, strategic priorities, objectives and initiatives. The second part provides financial information on staffing and expenditures. The third part provides information on the amount of money the department requires, the spending and allocation plan, and how expenses will flow throughout the fiscal year. The fourth part provides a risk analysis overview. The fifth part provides the statutory responsibilities of the minister and a standard glossary of terms.

Recently implemented across the Manitoba government, balanced scorecards foster operational improvements by reinforcing transparency, urgency, alignment and accountability. They have been added to the redesigned Supplement to identify key priorities for each department that staff will work towards, with appropriate performance measures.

With the Supplement redesigned to be a business plan that focuses on strategic priorities, departments can then take steps to create operating plans that further identify how strategic priorities will translate into day-to-day operations. The performance results of these operations will be shared at the end of the fiscal year in the department's annual report.

As you use this document, I hope you're able to take the time to reflect on the challenging and important work our government has undertaken to improve the efficiency of our health care system, while providing Manitobans with the timely, quality care they deserve.

We will continue to invest in health care and build a provincial system that achieves better results and better meets the needs of Manitobans.

"original signed by"

Heather Stefanson,  
Minister of Health and Seniors Care

## Message du Ministre et Sommaire executive

Le présent document a été produit par le ministère de la Santé et des Soins aux personnes âgées en tant que supplément à la version imprimée du Budget des dépenses. Il contient des renseignements généraux au sujet du Ministère et vient compléter l'information fournie dans la version imprimée du Budget des dépenses.

Le contenu de ce document est structuré en cinq parties. La première partie fournit un aperçu du ministère incluant sa feuille de route de stratégie, ses priorités stratégiques, ses objectifs et ses initiatives. La deuxième partie fournit des renseignements financiers sur la dotation en personnel et les dépenses. La troisième partie fournit des renseignements sur le montant d'argent nécessaire au ministère, le plan de dépenses et de répartition et la façon dont les frais seront engagés tout au long de l'exercice financier. La quatrième partie offre un aperçu de l'analyse de risques. Et la cinquième partie décrit les responsabilités législatives du ministère et présente un glossaire.

Les tableaux de bord équilibrés, récemment mis en œuvre à l'échelle du gouvernement du Manitoba, favorisent les améliorations opérationnelles en consolidant la transparence, l'urgence, l'harmonisation et l'obligation de rendre des comptes. Ils ont été ajoutés au supplément révisé pour définir les grandes priorités de chaque ministère et les mesures de rendement correspondantes.

Le supplément a été revu de manière à servir de plan d'activités axé sur les priorités stratégiques. Les ministères peuvent prendre des mesures pour créer un plan de fonctionnement décrivant la façon dont ils adapteront leurs activités courantes à ces priorités. Les mesures de rendement de ces activités seront publiées à la fin de l'exercice dans le rapport annuel du Ministère.

Nous espérons qu'en utilisant ce document, vous pourrez prendre le temps de réfléchir au travail exigeant et essentiel entrepris par le gouvernement pour améliorer l'efficacité de notre système de santé tout en offrant en temps opportun à la population manitobaine les soins de qualité qu'elle mérite.

Nous continuerons d'investir dans les soins de santé et de bâtir un système qui répond au mieux aux besoins de la population manitobaine et lui offre une meilleure qualité de vie.

«original signé par»

Heather Stefanson,  
Ministre de la Santé et des Soins aux personnes âgées

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## Ministry Description

Manitoba Health and Seniors Care has leadership roles in policy, planning, funding and oversight to ensure that service delivery organizations (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 achieve better results for Manitobans.

In addition to its policy, planning, funding and oversight functions, the department also currently manages direct operations and is responsible for Pharmacare, insured benefits, fee-for-service physician services and other non-devolved health services (e.g. Cadham Provincial Laboratory, public health clinical leadership, Chief Provincial Public Health Office and provincial nursing stations, etc.).

The department has undergone significant transformational change since 2019 and is currently involved in a process to update its strategic plan in 2021, including its vision and values. This comprehensive plan will support an increased focus on results and outcomes within the department, assuring Manitobans that there is appropriate health system oversight.

The department has identified areas of focus to align and integrate the work of government and the provincial health system. It is working to support our minister's mandates; report on government's balanced scorecard and other public sector transformation activities; improve the health of the population; and work with the health system to manage pandemic response. The department is working with our health SDOs to fulfil our roles in policy, planning, funding and oversight to support access to health services, positive client/patient experiences, safe health services and a sustainable health system.

Public health clinical leadership is provided by the department for the health system ensuring an integrated approach to public health programs, services and epidemiology. Public health and the chief provincial public health officer focus on the prevention, monitoring and control of diseases for all Manitobans.

## Description du ministère

Le ministère de la Santé et des Soins aux personnes âgées du Manitoba joue des rôles de premier plan en matière de politiques, de planification, de financement et de surveillance afin de veiller à ce que les organismes de prestation de services comme les offices régionaux de la santé, Action cancer Manitoba, et Soins communs et plus d'une centaine d'autres fournisseurs de services (principalement des organismes sans but lucratif) sont responsables de fournir des services de première qualité à un coût abordable afin que la population manitobaine obtienne de meilleurs résultats.

En plus de ses fonctions en matière de politiques, de planification, de financement et de surveillance, le ministère gère également actuellement les opérations directes et est responsable du Régime d'assurance-médicaments, des paiements à l'acte et services assurés pour des services médicaux et d'autres services en santé non délégués (p. ex., Laboratoire provincial Cadham, leadership clinique de la santé publique, médecin hygiéniste en chef, postes de soins infirmiers, etc.).

Depuis 2019, le ministère a subi une transformation importante et est actuellement engagé dans un processus de mise à jour de son plan stratégique en 2021, y compris de sa vision et de ses valeurs. Ce plan global accordera une plus grande attention aux résultats au sein du ministère, ce qui permettra de garantir à la population manitobaine une surveillance appropriée du système de santé.

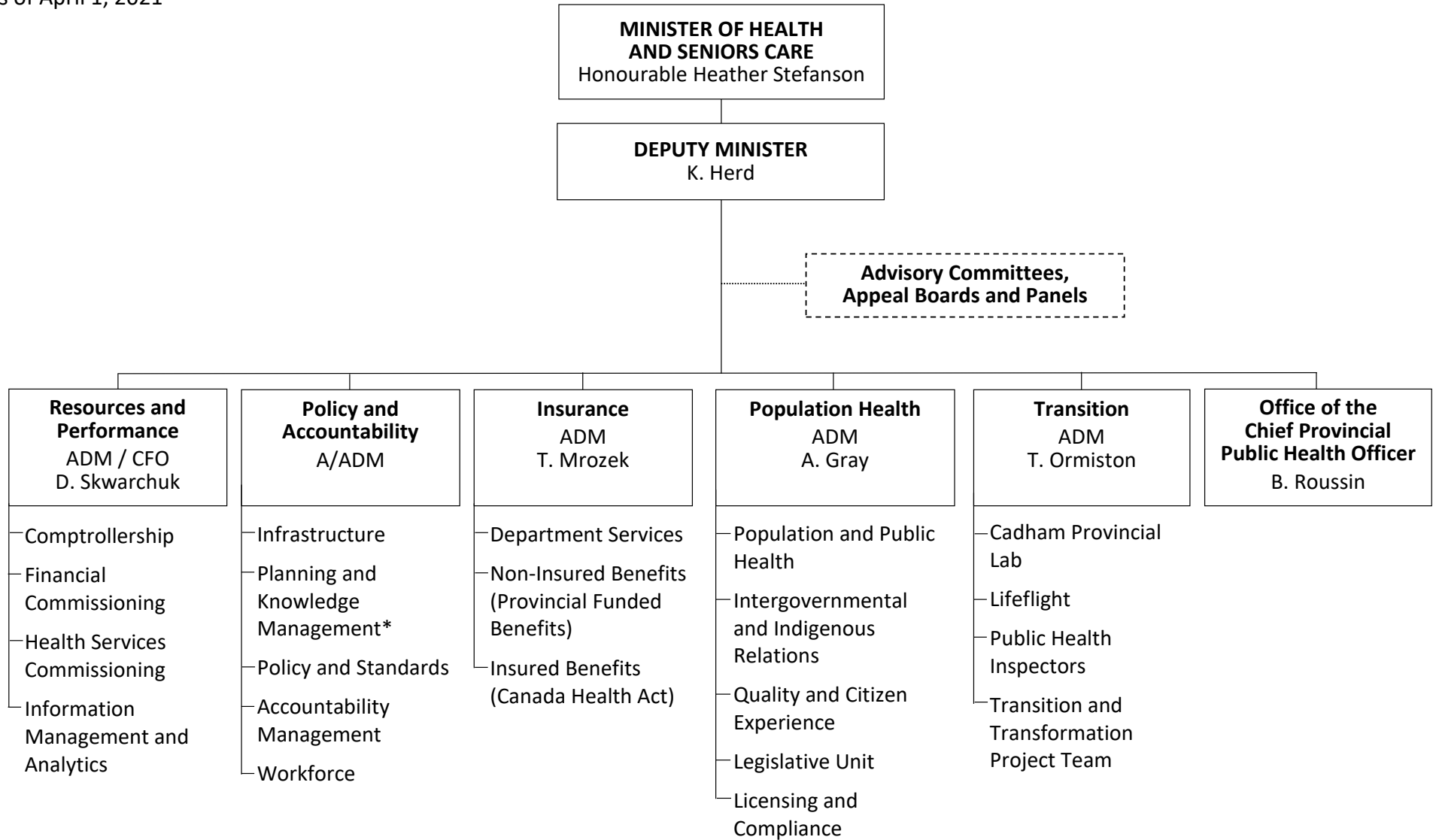
Le ministère a défini des axes prioritaires pour harmoniser et intégrer des travaux du gouvernement et du système de santé provincial. Il s'efforce de soutenir les mandats de notre ministre, de rédiger des rapports sur les tableaux de bord équilibrés du gouvernement et d'autres activités de transformation du secteur public, d'améliorer la santé de la population et de travailler avec le système de santé pour gérer les interventions face à la pandémie. Afin de remplir son rôle en matière de politiques, de planification, de financement et de surveillance, le ministère travaille avec les organismes de prestation de services pour favoriser l'accès aux services de santé, offrir une expérience positive aux clients et aux patients, ainsi que des services de santé sécuritaires et un système de santé durable.

Le ministère fournit le leadership clinique de la santé publique au système de santé afin d'assurer une approche intégrée en matière de programmes et de services de santé publique et d'épidémiologie. La santé publique et le médecin hygiéniste en chef se concentrent sur la prévention, la surveillance et le contrôle des maladies pour tous les Manitobains.



# Organization Structure

As of April 1, 2021



\*formerly known as System Planning and Integration

# Strategy Map

## Manitoba Health and Seniors Care

The department is currently developing a new strategic plan. This strategy map will be updated for the 2022/23 Supplement to reflect the department's new vision, values and areas of focus.

### VISION

Healthy Manitobans through an appropriate balance of prevention and care.

### MISSION

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.



#### QUALITY OF LIFE

Improving outcomes for Manitobans

- Create Conditions to Improve Quality of Life
- Advance Reconciliation



#### WORKING SMARTER

Delivering client-centred services

- Foster and Advance Innovation
- Reduce Red Tape
- Involve Manitobans in Decision Making
- Be Transparent



#### PUBLIC SERVICE

Fostering client-service excellence

- Enhance Client Services
- Build our Capacity to Deliver
- Advance Inclusion
- Strengthen Respect in our Workplaces



**VALUE FOR MONEY**  
Protecting Manitoba's Bottom Line

- Provide Value for Money

# Schéma stratégique

## Santé et Soins aux personnes âgées Manitoba

Le ministère est en voie d'élaborer un nouveau plan stratégique. Cette carte stratégique sera mise à jour en vue du Supplément de 2022-2023 afin de refléter la vision, les valeurs et les domaines d'intervention renouvelés du ministère.

### VISION

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

### MISSION

Pour veiller à ce que les patients, les familles et les personnes âgées du Manitoba aient accès à des soins de santé de qualité dans des délais raisonnables, là où ils habitent, par le biais d'un système de soins de santé viable et responsable.



#### QUALITÉ DE VIE

Améliorer les résultats pour les Manitobains

- Créer des conditions qui permettent d'améliorer la qualité de vie
- Faire progresser la réconciliation



**OPTIMISATION DES RESSOURCES**  
Protéger les résultats financiers du Manitoba

- Dépenser judicieusement



**GESTION PLUS INGÉNIEUSE**  
Fournir des services axés sur le client

- Favoriser et promouvoir l'innovation
- Réduire la bureaucratie
- Faire participer les Manitobains à la prise de décisions
- Faire preuve de transparence



**FONCTION PUBLIQUE**  
Favoriser l'excellence du service à la clientèle

- Améliorer les services aux citoyens
- Renforcer notre capacité d'exécution
- Favoriser l'inclusion
- Renforcer le respect dans nos milieux de travail

# Strategic Priorities, Objectives and Initiatives

Manitoba Health and Seniors Care is currently in the process of developing its new strategic plan. Departmental objectives have not been included and performance measures are included for some initiatives. The department's 2022/23 Supplement, informed by its strategic plan, will be formatted to include the balanced scorecard.

## Create Conditions to Improve Quality of Life

- **The response to the COVID-19 pandemic is the key activity during 2021/22.**

In addition to COVID-19 response, the department is proceeding with the following activities and initiatives:

- **Immunization rates (influenza).** Prevention of respiratory illness, including influenza, remains an important priority for the department. Processes to ensure flu vaccine is distributed to more than 1,000 sites across the province to be accessible to the public to continue to maintain and improve immunization rates for the upcoming year.
- **Health Status of Manitobans Report.** Under The Public Health Act, the chief provincial public health officer must provide the minister with a report on the health status of Manitobans at least once every five years. The next Health Status of Manitobans report will be released in 2021/22. The report will provide current information and data about the overall health of people living in Manitoba and factors that might be preventing good health.
- **Sexually transmissible and blood-borne infections.** Reducing sexually transmissible and blood-borne infections (STBBI) remains a strategic focus for the public health system working collaboratively with community and health system partners.
- **Health System Transformation.** The department and the health sector are continuing in their efforts to ensure the health system is more patient-focused, safe and operates more efficiently and sustainable in the long-term. The department will continue to lead the system change, through policy support and planning, funding and performance requirements, oversight and accountability. Specific activities underway in 2021/22:
  - **Continue the Planning and Implementation of Manitoba's Clinical and Preventive Services Plan.**
  - **Shared/Support Services** – work will continue to establish customer-focused, consistent and coordinated Shared Services, as identified in the health system

transformation blueprint including services such as human resources, supply chain, capital planning and clinical engineering.

- **Implementation of the Governance Review** recommendations which will guide the establishment of the permanent board of Shared Health.
- **Invest in capital improvements to strengthen health care delivery.** The department continues to invest in improvements to health facilities, Information Communications Technology (ICT) and equipment required to provide healthcare services.

The 2021/22 fiscal year capital program includes:

- **Acute Stroke Unit** construction at Health Sciences Centre
  - **Boyne Lodge and Rest Haven Personal Care Home** construction projects
  - **St. Boniface General Hospital Redevelopment**
  - The capital improvements to support the implementation of Manitoba's Clinical and Preventive Services Plan
  - Life Safety projects to support fire safety in inpatient and resident settings
  - Advancing projects identified previously, that have been delayed or put on hold due to Health System Transformation and COVID-19.
- **Wait Times:**
    - Emergency Department Waits.** One of the indicators currently being monitored as part of the Health System Transformation is wait times. Wait times, specifically emergency department wait times, have been identified as a primary indicator of public access to the Manitoba health care system.
    - Hip, knee and cataract volume/waits.** Another indicator currently being monitored is certain priority procedures to deal with the impacts of the backlog caused by COVID-19 and to reduce waits for surgery.
    - St. Boniface General Hospital Redevelopment.** The department will oversee and support the redevelopment of the St. Boniface Hospital Emergency Department. The project will further aid efforts to address emergency department wait times in Winnipeg.
  - **Seniors strategy.** In alignment with Manitoba's Clinical and Preventive Services Plan, a seniors strategy will be developed to support healthy aging and to enable seniors to age in place and/or settings of their choosing.
  - **Personal care home licensing.** Commence analysis of current personal care home licensing process, standards and review processes to ensure currency and applicability to the changing needs of long-term care residents and learnings from the Maples investigation. This work will support the provision of safe and quality personal care home services and will maintain a robust licensing and monitoring regime in Manitoba.

## Advance Reconciliation

- **Report on advancement of central government plan.** Increase the number of staff who participated in reconciliation-related learning or activities to increase awareness of reconciliation. The Path to Reconciliation Act formalizes Manitoba's commitment to advancing reconciliation, as guided by the Calls to Action of the Truth and Reconciliation Commission.
- **Implementing the Indigenous partnership strategic framework.** As part of Wave One health system transformation, an Indigenous Partnership strategic framework was developed. Work to use the framework in Wave Two transformation projects will include collaboration from the department, Shared Health, and a Shared Health led Indigenous Leadership Council. The strategic framework will help guide how to authentically engage Indigenous leaders and communities to ensure that health system transformation work includes Indigenous voices.

## Foster and Advance Innovation

- **Idea Fund.** Continue to action innovative ideas from the health sector and from health-care workers. Quality improvement proposals to the Idea Fund from health system leaders, clinical experts and front-line staff are improving service delivery and patient care, as well as having positive impacts on preventive health measures, local access to care, and consistent services for Manitobans.
- **Allow pharmacists to write prescriptions for UTIs.** The department plans to make changes to allow pharmacists to assess patients and prescribe drugs to treat uncomplicated, recurrent urinary tract infections (UTIs) in non-pregnant women. The changes required include regulatory amendments (to enable pharmacists to provide these assessments) and an education program to be developed by the College of Pharmacists of Manitoba (which pharmacists would be required to complete before being able to provide these assessments). Most women are able to accurately self-diagnose, and with additional training, community pharmacists are expected to more rapidly assess and deploy treatment – ultimately improving patient quality of life.

## Reduce Red Tape

- **Annual report from regulatory accountability database, regulatory instruments and regulatory requirements.** Reduce the number of regulatory requirements within existing acts, regulations, policies and forms. Red tape creates unnecessary provincial rules and processes for local governments, businesses, organizations and residents; reducing steps helps create an effective, efficient and transparent regulatory system. Establishing the baseline number of regulatory requirements in a regulatory instrument is a necessary step to monitor and measure changes made over time. This

measurement also helps in identifying the administrative burden experienced by stakeholders in complying with provincial regulatory requirements.

Target: 2.5 per cent reduction; 105,869 requirements.

## **Involve Manitobans in Decision Making**

- **Shared Health conducted client and citizen engagement in redesign of health system.** Manitoba's Clinical and Preventive Services Plan was developed by – and for – Manitobans. Nearly 300 Manitoba health care experts and more than 3,000 community leaders and health care providers contributed to recommendations that will make sure all Manitobans can easily access the care they need. To ensure patients know where to go for care and providers know where to find the advice they need, Manitoba Health and Seniors Care (MHSC) has delegated responsibility to Shared Health who will be responsible for leading efforts to listen to the advice of clinical leaders, front-line providers and Manitoba communities and to sharing information related to investments and patient-focused solutions to improve care. MHSC will continue to monitor and oversee Shared Health to ensure the voice of Manitobans is reflected in health system improvements.

## **Be Transparent**

- **Proactive disclosure.** Identify and release health-related documents and reports, such as evaluation results for posting to Open MB website. Providing information of public interest supports the government's commitment to openness, transparency and accountability.
- **Public release of standards reviews of personal care homes.** Regularly post new personal care home standards review reports to the Info MB website. This increases public access to these reports which supports increased health system transparency and accountability.
- **Public reporting.** Expand and enhance public reporting on the activities, results, and outcomes of the provincial health system. Providing broader access to this information will contribute to the openness, transparency, and accountability of the department.

## **Enhance Client Services**

- **Manitobans have access to timely, accurate and credible information.** Monitor Ask Health volume, turnaround time and satisfaction. AskHealth responds to public inquiries on behalf of the premier, minister and other senior officials, thus ensuring Manitobans have access to timely, accurate and credible information about their health system.

- **French Language Services.** Build further bilingual capacity in the department and strengthen its ability to provide French language services to the public, as part of a multi-year strategic plan. These efforts will help ensure that the department continues to serve and respond to the needs of Manitoba's francophone population.

## Build our Capacity to Deliver

- **Staff development and learning.** Ensure managers promote continuous learning opportunities for staff by supporting them in developing learning plans, having regular development conversations, and providing them with funding and time required to support formal learning. Managerial support in facilitating additional training opportunities for public servants helps them further develop the skills they need to modernize, innovate, and meet the needs of Manitobans.
- **Meet the capital budget.** The Manitoba government has pledged a \$2 billion spending commitment in the health sector to Manitobans, which largely includes capital investments for projects of key strategic priority (e.g. St. Boniface General Hospital Emergency Department Redevelopment). Target: for 2021/22 is \$292.5 million.
- **Ensure health sector COVID-19 costs are funded in a timely way.** In 2020/21, the department implemented a timely quarterly reimbursement process and this is planned to continue during the remainder of the pandemic.

## Advance Inclusion

- **Employee engagement and satisfaction survey.** Ensure managers promote continuous learning opportunities for staff by supporting them in developing learning plans, having regular development conversations, and providing them with funding and time required to support formal learning. Managerial support in facilitating additional training opportunities for public servants helps them further develop the skills they need to modernize, innovate, and meet the needs of Manitobans.

## Strengthen Respect in our Workplaces

- **Respectful Workplace Training** for staff.
- **Employee engagement and satisfaction survey.** Ensure the department fosters and provides a workplace culture that is respectful and inclusive. The department will review the employee engagement survey and identify strategies to reach the identified target.



- **Per cent of positive respect Employee Perspectives Program responses (treated respectfully in the work environment).** This measure will be reflective of employee's perception of a respectful workplace environment. Target: 70 per cent.
- **Per cent of positive respect Employee Perspectives Program responses (access to respectful workplace resources and supports).** This measure will be reflective of employee's perception of a respectful workplace environment. Target: 70 per cent.

## Provide Value for Money

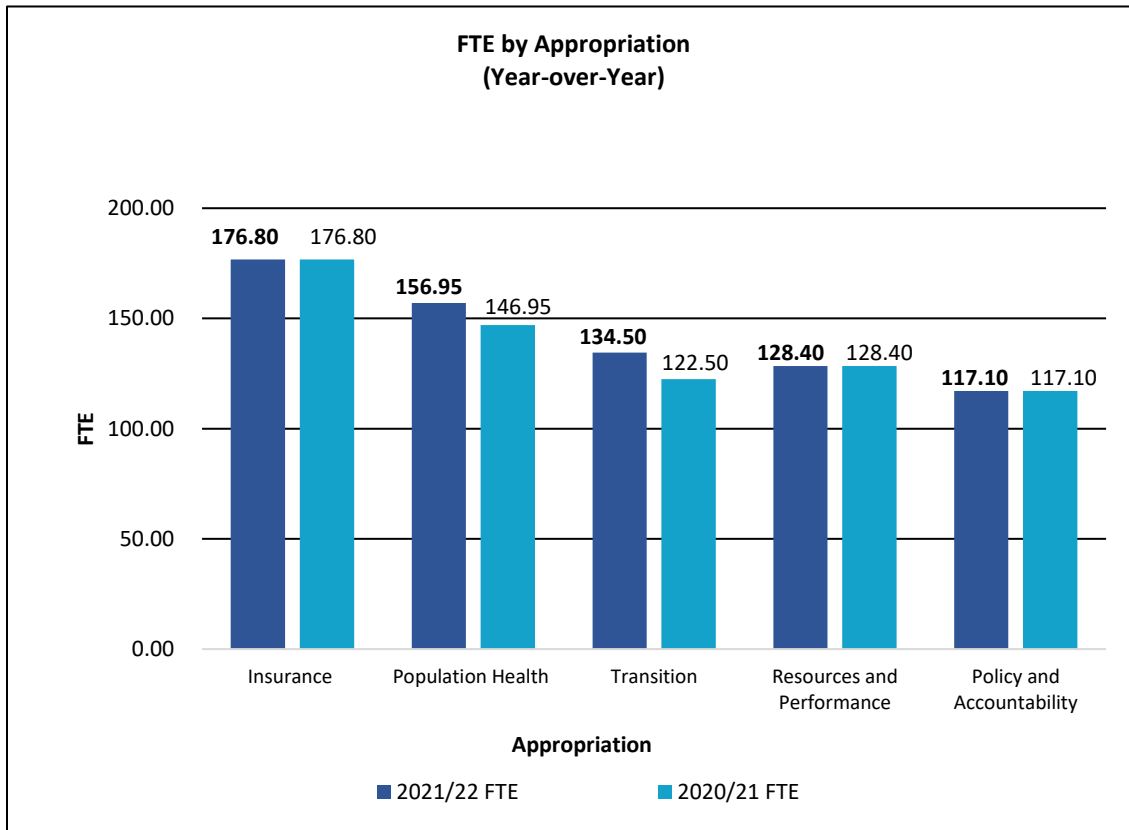
- **Supply chain improvement.** Manitoba will continue to seek to make strides in the realm of supply chain improvement including, but not limited to, provincial contracting practices. Health transformation efforts overseen through the department will continue to work on the design and development of clinical standards and common products and services that will be used in the course of care. It will also seek to more formally establish supply chain functions as a true shared service not only for the health sector, but all-of-government health purchases at large. It is anticipated that contracting improvements will generate over \$2.5 million in savings for the 2021/22 fiscal year.
- **Digital Health efficiencies.** The department will commission a number of key quality improvements in the digital health environment that are anticipated to achieve value for money, thereby making greater resources available for front line services. Some of the improvements include: consolidation of data centres, standardization of solutions for identity and access management, contracting in the realm of telephony, and general improvement in end user computing. Savings are anticipated to be in excess of \$2.1 million for the 2021/22 fiscal year.
- **Paper reduction.** The reduction in redundancy, waste and inefficiency will contribute to government's commitment to provide value for money. The amount of paper used is a lead indicator for unnecessary paper-related operating expenditure. Target: 6 per cent reduction.

# Staffing

## Full Time Equivalent (FTE) by Appropriation

	<u>2021/22</u> FTE	<u>2020/21</u> FTE
Resources and Performance	<b>128.40</b>	128.40
Policy and Accountability	<b>117.10</b>	117.10
Insurance	<b>176.80</b>	176.80
Population Health	<b>156.95</b>	146.95
Transition	<b>134.50</b>	122.50
	<b>713.75</b> <sup>(1)</sup>	691.75

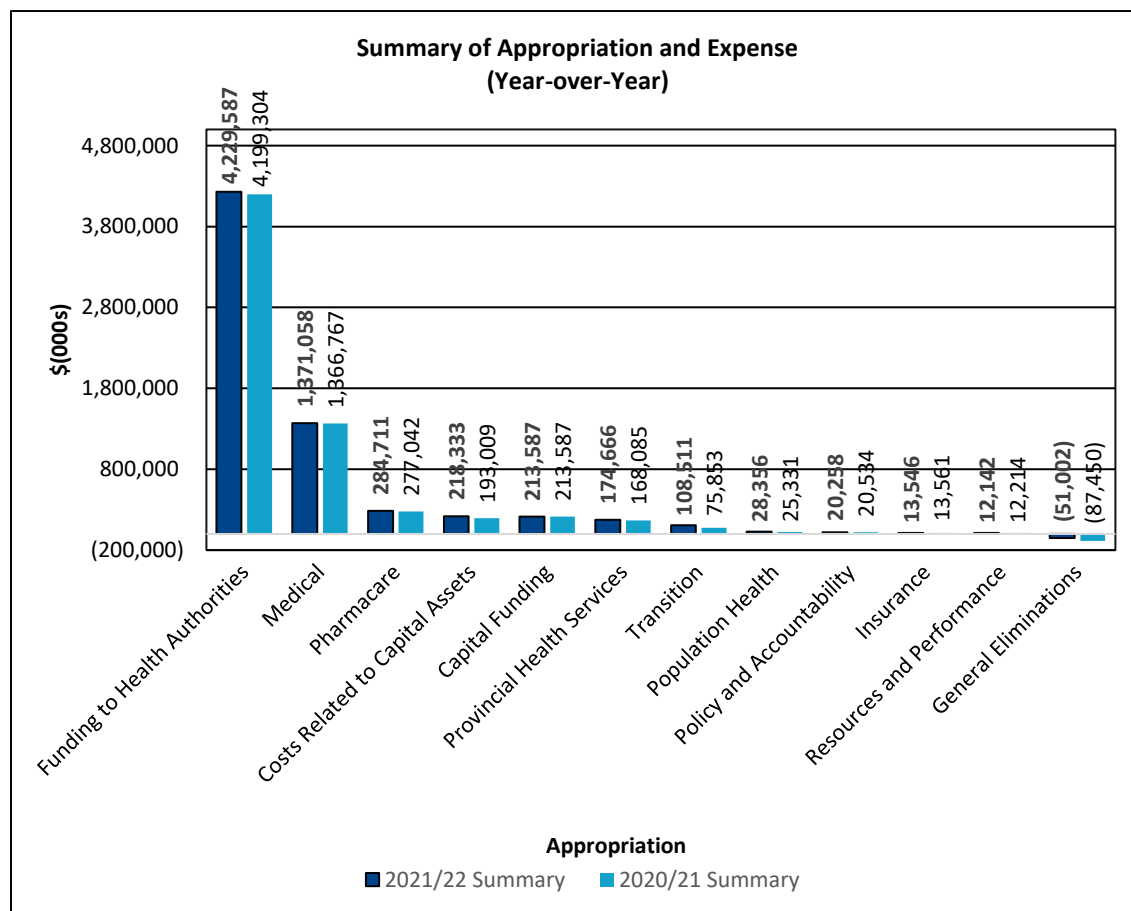
<sup>1</sup> Full-Time Equivalent Position (FTEs) increase is primarily due to Public Health Inspectors and Cadham Provincial Laboratory (CPL) positions to support public health inspections and volume increases at CPL.



# Expenditure Summary

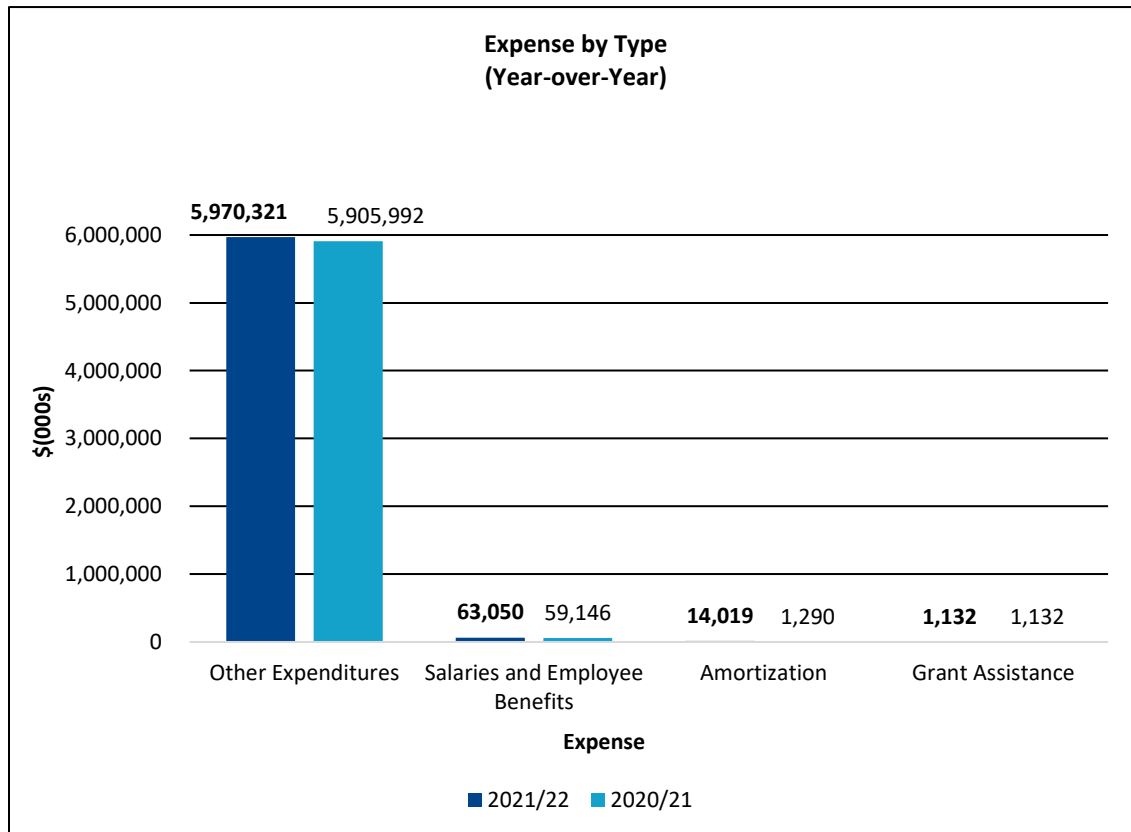
## Summary of Appropriation and Expense

	Part A- Operating	Other Reporting Entities	Consolidation and Other Adjustments	2021/22 Summary \$(000s)	2020/21 Summary \$(000s)
Resources and Performance	12,142	-	-	<b>12,142</b>	12,214
Policy and Accountability	20,258	-	-	<b>20,258</b>	20,534
Insurance	13,546	-	-	<b>13,546</b>	13,561
Population Health	28,356	-	-	<b>28,356</b>	25,331
Transition	108,511	-	-	<b>108,511</b>	75,853
Funding to Health Authorities	3,807,668	951,671	(529,752)	<b>4,229,587</b>	4,199,304
Provincial Health Services	174,666	-	-	<b>174,666</b>	168,085
Medical	1,371,058	-	-	<b>1,371,058</b>	1,366,767
Pharmacare	284,711	-	-	<b>284,711</b>	277,042
Capital Funding	213,587	-	-	<b>213,587</b>	213,587
Costs Related to Capital Assets	14,019	204,314	-	<b>218,333</b>	193,009
General Eliminations	-	-	(51,002)	<b>(51,002)</b>	(87,450)
	6,048,522	1,155,985	(580,754)	<b>6,623,753</b>	6,477,837



## Expense by Type

	<u>2021/22</u> <u>\$ (000s)</u>	<u>2020/21</u> <u>\$ (000s)</u>
Salaries and Employee Benefits	<b>63,050</b>	59,146
Other Expenditures	<b>5,970,321</b>	5,905,992
Grant Assistance	<b>1,132</b>	1,132
Amortization	<b>14,019</b>	1,290
	<u><b>6,048,522</b></u>	<u>5,967,560</u>



## Summary of Capital Investments and Loans

	Part B - Capital Investment	Part C - Loans and Guarantees	Part D - Other Reporting Entities Capital Investment
General Assets	1,305	-	-
Health Capital Program	-	-	292,458
	<b>1,305</b>	-	<b>292,458</b>

## Program and Financial Operating Information – Part A

	<u>2021/22</u> <u>\$(000s)</u>	<u>2020/21</u> <u>\$(000s)</u>
<b>Resources and Performance (21.1)</b>		
<p>Oversees health system fiscal resourcing and organizational performance through formal approaches to commissioning of programs and services from service delivery organizations via accountability agreements. Leads and manages the provincial information management and analytics shared service.</p>		
<b>Sub-Appropriations</b>		
Minister's Salary	42	42
Executive Support	1,445	1,405
Administration	325	306
Comptrollership	2,098	2,060
Financial Commissioning	2,234	2,378
Health Services Commissioning	1,559	1,621
Information Management and Analytics	4,439	4,402
	<u>12,142</u>	<u>12,214</u>
<b>Expense by Type</b>		
Salaries and Employee Benefits	10,526	10,598
Other Expenditures	1,178	1,178
Grant Assistance	438	438
	<u>12,142</u>	<u>12,214</u>

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### Policy and Accountability (21.2)

Supports government in developing policy objectives for the healthcare delivery system, and implements and oversees government direction. Oversees department, system, workforce and infrastructure planning across the healthcare delivery system.

#### Sub-Appropriations

Administration	348	345
Infrastructure	11,284	11,255

System Planning and Integration	2,938	2,828
Policy and Standards	3,098	3,304
Accountability Management	1,289	1,283
Workforce	1,301	1,519
	<u>20,258</u>	<u>20,534</u>
<b>Expense by Type</b>		
Salaries and Employee Benefits	9,324	9,256
Other Expenditures	10,782	11,126
Grant Assistance	152	152
	<u>20,258</u>	<u>20,534</u>

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### Insurance (21.3)

Establishes and administers benefits as prescribed by the Canada Health Act as well as provincially funded benefits as prescribed by The Health Services Insurance Plan, The Pharmaceutical Act and The Prescription Drug Cost Assistance Act. Establishes and monitors department administrative policies, processes and standards.

#### Sub-Appropriations

Administration	315	292
Department Services	2,093	2,140
Non-Insured Benefits	4,195	4,183
Insured Benefits	6,943	6,946
	<u>13,546</u>	<u>13,561</u>

#### Expense by Type

Salaries and Employee Benefits	11,224	11,239
Other Expenditures	1,908	1,908
Grant Assistance	414	414
	<u>13,546</u>	<u>13,561</u>

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## Population Health (21.4)

Oversees population and public health leadership to advance the health of the population, including disease prevention and control. Ensures department work is conducted on new or on amended statutes and regulations, requests for information on The Freedom of Information and Protection of Privacy Act, engagement with Indigenous leaders and organizations, health systems compliance with applicable provincial legislation, policies and standards to ensure safe environments for patients are maintained, health systems quality, and federal and provincial relations.

### Sub-Appropriations

Administration	351	348
Population and Public Health	19,831 <sup>(1)</sup>	17,260
Intergovernmental and Indigenous Relations	1,131	1,112
Quality and Citizen Experience	2,399	2,414
Office of the Chief Provincial Public Health Officer	975 <sup>(2)</sup>	486
Legislative Unit	1,704	1,746
Licensing and Compliance	1,965	1,965
	<b>28,356</b>	<b>25,331</b>
<b>Expense by Type</b>		
Salaries and Employee Benefits	20,660	17,268
Other Expenditures	7,601	7,968
Grant Assistance	95	95
	<b>28,356</b>	<b>25,331</b>

<sup>1</sup> Increase related to Public Health Inspectors and Medical Officer of Health positions and funding.

<sup>2</sup> Increase related to contractual obligations.

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## Transition (21.5)

Oversees and manages current operations of service delivery structures, staff and related functions of Cadham Provincial Laboratory. Leads the department's transformation towards the new mandate of policy, planning, funding, and oversight.



**Sub-Appropriations**

Transition	<b>6,826</b>	6,879
Cadham Provincial Laboratory Services	<b>20,685</b>	18,974
Health System Capacity Enablement	<b>40,000</b> <sup>(1)</sup>	-
Health Transformation	<b>31,000</b> <sup>(2)</sup>	40,000
Priority Procedures Wait Times Reduction	<b>10,000</b>	10,000
	<b>108,511</b>	75,853

**Expense by Type**

Salaries and Employee Benefits	<b>11,316</b>	10,785
Other Expenditures	<b>97,162</b>	65,035
Grant Assistance	<b>33</b>	33
	<b>108,511</b>	75,853

<sup>1</sup> Increase to support pandemic backlog across the health sector with quality programming and enhanced service capacity.

<sup>2</sup> Anticipated efficiencies generated from the implementation of transformational initiatives.

**Funding to Health Authorities (21.6)**

The source of funding to health authorities to provide acute, long term care, home care, community and emergency response and transportation services that responsively, efficiently, and effectively meet the needs of Manitobans in an affordable and sustainable manner.

**Sub-Appropriations**

Acute Care Services - Funding to Service Delivery Organizations	<b>2,477,350</b> <sup>(1)</sup>	2,490,512
Long-Term Care Services - Funding to Service Delivery Organizations	<b>653,873</b> <sup>(2)</sup>	643,754
Home Care Services - Funding to Service Delivery Organizations	<b>392,720</b> <sup>(3)</sup>	386,163
Community Health Services - Funding to Service Delivery Organizations	<b>192,816</b>	191,674
Emergency Response and Transport Services - Funding to Service Delivery Organizations	<b>179,182</b> <sup>(2)</sup>	167,729
Third Party Recoveries - Hospitals	<b>(21,477)</b>	(21,477)
Reciprocal Recoveries - Hospitals	<b>(66,796)</b>	(65,059)
	<b>3,807,668</b>	3,793,296

**Expense by Type**

Other Expenditures	<u>3,807,668</u>	<u>3,793,296</u>
	<b>3,807,668</b>	<b>3,793,296</b>

<sup>1</sup> Health sustainability and innovation partially offset by price and volume increases.

<sup>2</sup> Price and volume increases.

<sup>3</sup> Price and volume increases partially offset by health sustainability and innovation.

**Provincial Health Services (21.7)**

Provincial health-related programming and services, which include Out-of-Province, Blood Transfusion Services, Federal Hospitals, Ancillary Programs, Nursing Recruitment and Retention Initiatives, the Manitoba Learning Health System Network, and Immunizing Agents, Biologics and Drugs.

**Sub-Appropriations**

Out-of-Province	<b>58,179</b> <sup>(1)</sup>	54,902
Blood Transfusion Services	<b>63,998</b>	64,900
Federal Hospitals	<b>2,579</b>	2,579
Ancillary Programs	<b>18,898</b>	17,798
Nursing Recruitment and Retention Initiatives	<b>3,730</b>	3,730
Manitoba Learning Health System Network	<b>3,750</b>	3,750
Immunizing Agents, Biologics and Drugs	<b>23,532</b> <sup>(1)</sup>	20,426
	<u><b>174,666</b></u>	<u>168,085</u>

**Expense by Type**

Other Expenditures	<u><b>174,666</b></u>	<u>168,085</u>
	<b>174,666</b>	<b>168,085</b>

<sup>1</sup> Price and volume increases.

## Medical (21.8)

Provides 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. Provides support through the physician recruitment and retention programs towards the training, recruitment and retention of physicians in Manitoba.

### Sub-Appropriations

Fee-For-Service	<b>879,847</b> <sup>(1)</sup>	876,038
Alternate Funding	<b>431,516</b>	430,573
Other Professionals	<b>31,106</b>	31,106
Out-of-Province Physicians	<b>34,574</b>	33,358
Physician Recruitment and Retention Program	<b>25,586</b>	25,586
Third Party Recoveries - Medical	<b>(12,136)</b>	(12,136)
Reciprocal Recoveries - Medical	<b>(19,435)</b>	(17,758)
	<b>1,371,058</b>	<b>1,366,767</b>
<b>Expense by Type</b>		
Other Expenditures	<b>1,371,058</b>	<b>1,366,767</b>
	<b>1,371,058</b>	<b>1,366,767</b>

<sup>1</sup> Price increases.

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## Pharmacare (21.9)

Provides for 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. Includes prescribed pharmaceutical benefits provided under the Department of Families' Health Services program for social assistance participants.

**Sub-Appropriations**

Drug Programs	<b>362,603</b> <sup>(1)</sup>	355,910
Drug Expenditures Incurred by the Department of Families	<b>(77,892)</b>	<b>(78,868)</b>
	<b>284,711</b>	277,042

**Expense by Type**

Other Expenditures	<b>284,711</b>	277,042
	<b>284,711</b>	277,042

<sup>1</sup> Price and volume increases.

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**Capital Funding (21.10)**

Provides to health authorities for principal repayment on approved borrowing, equipment purchases, other capital expenditures, and interest.

**Sub-Appropriations**

Principal Repayments	<b>128,163</b>	128,163
Equipment Purchases and Replacements	<b>17,913</b>	17,913
Other Capital	<b>7,700</b>	7,700
Interest	<b>59,811</b>	59,811
	<b>213,587</b>	213,587

**Expense by Type**

Other Expenditures	<b>213,587</b>	213,587
	<b>213,587</b>	213,587

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**Non-Appropriated Expense**

**Costs Related To Capital Assets (Non-Voted) (NV 21.11)**

Provides for costs related to capital assets.

**Expense by Type**

Amortization Expense	<u>14,019</u>	(1)	<u>1,290</u>
	<b>14,019</b>		<b>1,290</b>

<sup>1</sup> Increase due to new capital requirements offset by retired assets.

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# Appendices

## Statutory Responsibilities of the Minister of Health and Seniors Care

Manitoba Health and Seniors Care's mission 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.

The department operates under the authority of the following acts of the Consolidated Statutes of Manitoba:

The Anatomy Act (A80)  
The CancerCare Manitoba Act (C20)  
The Chiropractic Act (C100)  
The Defibrillator Public Access Act (D22)  
The Dental Association Act (D30)  
The Dental Hygienists Act (D34)  
The Denturists Act (D35)  
The Elderly and Infirm Persons' Housing Act (E20)  
(except with respect to elderly persons' housing units as defined in the act)  
The Emergency Medical Response and Stretcher Transportation Act (E83)  
The Health Administration Act (H20)  
The District Health and Social Services Act (H26)  
The Health Care Directives Act (H27)  
The Health Bargaining Unit Review Act (H29)  
The Health Services Insurance Act (H35)  
The Hearing Aid Act (H38)  
The Hospitals Act (H120)  
The Human Tissue Gift Act (H180)  
The Licensed Practical Nurses Act (L125)  
The Manitoba Medical Association Dues Act (M95)  
The Medical Laboratory Technologists Act (M100)  
The Midwifery Act (M125)  
The Naturopathic Act (N80)  
The Occupational Therapists Act (O5)  
The Occupiers' Liability Act (section 9.1) (O8)  
The Opticians Act (O60)  
The Optometry Act (O70)  
The Personal Health Information Act (P33.5)  
The Pharmaceutical Act (P60)  
The Physiotherapists Act (P65)  
The Podiatrists Act (P93)

The Prescription Drugs Cost Assistance Act (P115)  
The Private Hospitals Act (P130)  
The Protection for Persons in Care Act (P144)  
The Psychologists Registration Act (P190)  
The Public Health Act (P210)  
The Radiation Protection Act (unproclaimed) (R34)  
The Regional Health Authorities Act (R5)  
The Registered Dietitians Act (R39)  
The Registered Psychiatric Nurses Act (R45)  
The Registered Respiratory Therapists Act (R115)  
The Regulated Health Professions Act (R117)  
The Sanatorium Board of Manitoba Act (S12)  
The Testing of Bodily Fluids and Disclosure Act (T55)  
The Tobacco Damages and Health Care Costs Recovery Act (T70)  
The Universal Newborn Hearing Screening Act (U38)

## Glossary

**Alignment** – The process of enabling all employees to see how their day-to-day actions are consistent with the values of the organization and how living those values is contributing to overall success. Creating alignment ensures employees are working toward the common goal, or vision.

**Balanced scorecard** – A scorecard is a business tool that shows what an organization wants to achieve (its broad priorities), and includes actions it needs to focus on to be successful. It also includes visual updates, such as the use of the colours red, yellow and green, to easily communicate progress made in each priority area. Red means “not on target,” yellow means “near target,” and green means “on target.” The ‘balance’ in a balanced scorecard refers to broadening traditional performance measures to not only include financial measures, but also customer, employee and process measures, which all play a part in helping an organization progress towards achieving its priorities.

**Cascading** – This is the process of developing aligned scorecards throughout an organization. Each level of the organization will develop scorecards, based on the objectives and measures they can influence from the group to whom they report. Cascading allows every employee to demonstrate a contribution to overall organizational objectives.

**Initiatives** – These are the specific programs, activities, projects, or actions an organization will undertake to meet performance targets. Initiatives are often projects or events that aim to improve a process or an outcome in one of the four perspectives.

**Measure** – A measure is a standard used to evaluate and communicate performance against expected results. Measures are normally quantitative in nature, capturing numbers, dollars, percentages, and so on. Reporting and monitoring measures helps an organization gauge progress toward effective implementation of strategy.

**Mission statement** – A mission statement defines the core purpose of the organization — why it exists, and reflects employees’ motivations for engaging in the organization’s work. Effective missions are inspiring, long-term in nature, and easily understood and communicated. The provincial Mission Statement is “Manitoba: Measuring Progress.”

**Objective** – The objective is a concise statement describing the specific things an organization must do well to execute its strategy. Objectives often begin with an action verb such as increase, reduce, improve, or achieve. Strategy Maps are comprised entirely of objectives. “Strengthen respect in our workplace” is an example of an objective on the government Strategy Map.

**Perspective** – In balanced scorecard language, perspective refers to a category of performance objectives (the highest category of measures that sub-measures or key performance indicators tie into). The standard four perspectives are (Financial, Client, Internal Process, and Employee Learning and Growth).



**Regional health authority** – A regional health authority is the organization that is responsible for oversight of the provision of health care in the area of Manitoba for which it is responsible. This includes oversight of personal care homes, hospitals, community health agencies and offices, and long-term care centres. Regional health authorities receive funding from the Manitoba government each year to pay for the delivery of health service, and report through a board of directors directly to the minister, both equally accountable to the public. There are five regional health authorities in Manitoba: Interlake-Eastern, Northern Health Region, Prairie Mountain Health, Southern Health-Santé Sud and Winnipeg.

**Shared Health** – Created in June 2017, this provincial organization will provide coordinated planning, standard setting and governance for the province’s health care system. Shared Health will be responsible for coordinating both clinical (e.g. Manitoba Clinical and Preventive Services Plan) and non-clinical services (e.g. laboratory services, diagnostic imaging, emergency medical services, patient transport, e-Health, logistics and procurement).

**Strategy** – This represents the broad priorities adopted by an organization in recognition of its operating environment and in pursuit of its mission. Situated at the centre of the balanced scorecard system, all performance objectives and measures should align with the organization’s strategy.

**Strategy map** – The strategy map is a one-page visual representation of what must be done well to execute strategy. Strategy maps reflect performance objectives spanning the four perspectives, combining to tell the organization’s strategic story.

**Target** – The target represents the desired result of a performance measure. They provide organizations with feedback about performance.

**Values** – Values represent the deeply-held beliefs of the organization, which are demonstrated through the day-to-day behaviours of all employees. An organization’s values make an open proclamation about how it expects everyone to behave. Values should endure over the long-term and provide a constant source of strength for an organization.

**Vision** – A powerful vision provides everyone in the organization with a shared mental framework that helps give form to the often abstract future that lies ahead. Effective visions provide a word picture of what the organization intends to ultimately become — which may be 5, 10, or 15 years in the future. This statement should contain as concrete a picture of the desired state as possible, and also provide the basis for formulating strategies and objectives. The vision serves as the guiding statement for the work being done. It should answer why the work being done is important.