Manitoba Health, Seniors and Active Living

Annual Report
2017 - 2018

Manitoba

MINISTER
OF HEALTH, SENIORS AND ACTIVE LIVING

Room 302
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

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

May it Please Your Honour:

I have the privilege of presenting for the information of Your Honour the Annual Report of Manitoba Health, Seniors and Active Living for the fiscal year ending March 31, 2018.

Respectfully submitted,

(Original signed by)

Cameron Friesen,
Minister of Health, Seniors and Active Living

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

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

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

Madame la Lieutenante-Gouverneure,

J'ai l'honneur de vous présenter, à titre d'information, le rapport annuel du ministère de la Santé, des Aînés et de la Vie active du Manitoba pour l'exercice se terminant le 31 mars 2018.

Le tout respectueusement soumis.

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

«Original signé par»

Cameron Friesen

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

Honourable Cameron Friesen
Minister of Health, Seniors and Active Living

Dear Minister:

I am pleased to present for your approval the 2017/18 Annual Report of Manitoba Health, Seniors and Active Living and the 2017/18 Annual Report of the Manitoba Health Services Insurance Plan.

Respectfully submitted,

(Original signed by)

Karen Herd
Deputy Minister of Health, Seniors and Active Living

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

Monsieur Cameron Friesen
Ministre de la Santé, des Aînés et de la Vie active

Monsieur le Ministre,

J'ai l'honneur de soumettre à votre approbation le rapport annuel 2017-2018 du ministère de la Santé, des Aînés et Vie active du Manitoba ainsi que le rapport annuel 2017-2018 du Régime d'assurance-maladie du Manitoba.

Le tout respectueusement soumis.

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

«Original signé par»

Karen Herd

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Preface/Introduction

Report Structure

This annual report is organized in accordance with the Manitoba Health, Seniors and Active Living appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2018. It provides information on the department as well as the Manitoba Health Services Insurance Fund.

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

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

Role and Mission

The vision of the department is:

> **Healthy Manitobans through an appropriate balance of prevention and care.**

The mission of the department is:

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

In fulfilling its role, the department primarily funds the delivery of the most complex and publicly visible social program provided by the Manitoba government. The program is delivered through arm's-length service delivery organizations (SDOs), grant agencies, independent physicians, and other service providers who are paid through fee-for-service or alternate means. A small portion of the program is delivered directly by the department (i.e. Cadham Provincial Laboratory, three northern nursing stations, and Selkirk Mental Health Centre). As well, the department administers Pharmacare, insured benefits, fee-for-service physician services, and other non-devolved health services. It is a complex combination of insured benefits, funded services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly-regulated but privately-provided services such as proprietary personal care homes.

The department has a policy, planning, funding and oversight role to ensure that SDOs (including but not limited to regional health authorities, CancerCare Manitoba, Addictions Foundation of Manitoba, and over 100 primarily non-profit organizations) are accountable to provide high-quality services at a reasonable cost to Manitobans. This role is accomplished through resource allocation; legislation and regulations; planning and strategic direction; policy and standards; and performance monitoring, reporting, and management to achieve results.

The department promotes and supports its mandate through engagement with Manitobans and community organizations. The department provides leadership and policy support designed to influence the conditions that promote active living and well-being across all sectors of the population. It is important to consider that many factors outside the health care system affect the health of Manitobans. Other determinants of health include access to affordable healthy foods, transportation, family history, gender, culture, education,

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

Organization Chart

This annual report is organized in accordance with the department’s appropriation structure, which reflects the organization chart as of March 31, 2018.

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

Préface-introduction

Structure du rapport

Le présent rapport annuel suit la structure des crédits de Santé, Aînés et Vie active Manitoba, comme il est indiqué dans le Budget des dépenses principal de la Province du Manitoba pour l'exercice terminé le 31 mars 2018. Les renseignements qu'on y trouve concernent le ministère et le Fonds d'assurance-maladie du Manitoba.

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

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

Rôle et mission

La vision du ministère est la suivante :

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

Sa mission est la suivante :

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

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

Le ministère joue un rôle dans l'élaboration de politiques, la planification, le financement et la surveillance afin que les organismes de prestation de services (dont les offices régionaux de la santé, Action cancer Manitoba, Fondation manitobaine de lutte contre les dépendances et plus d'une centaine d'organismes de prestation de services, essentiellement des organismes à but non lucratif) offrent à la population manitobaine des services de grande qualité et à un coût raisonnable. Il s'acquitte de ce rôle dans le cadre des fonctions suivantes : affectation des ressources; législation et réglementation; planification et orientation stratégique; établissement de politiques et de normes; surveillance, communication et gestion du rendement pour atteindre les résultats.

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

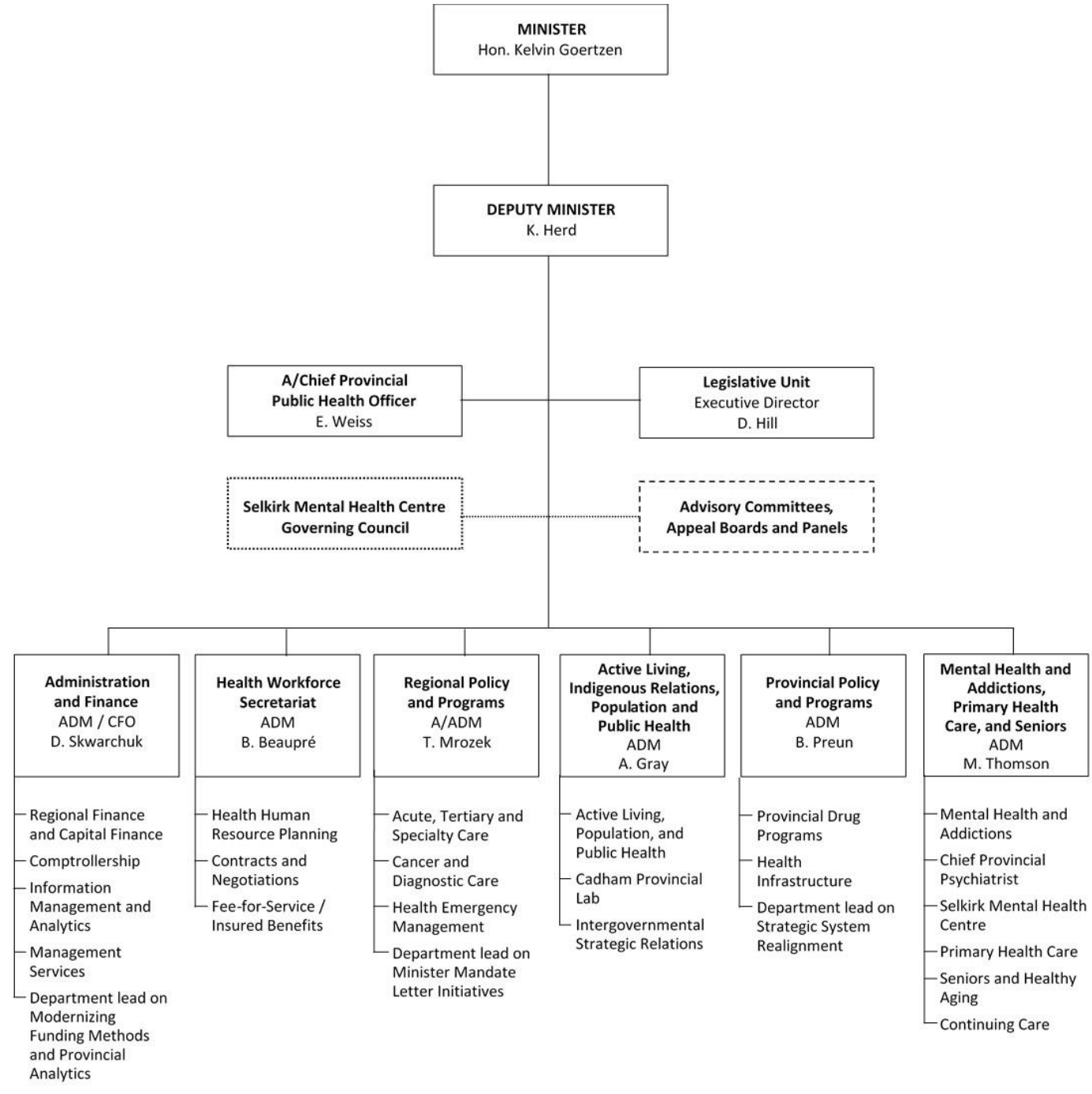
Organigramme

La structure du rapport annuel correspond à celle des postes budgétaires du ministère, telle qu'elle se reflète dans l'organigramme établi au 31 mars 2018.

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

Manitoba Health, Seniors and Active Living Organization Chart

As of March 31, 2018



Innovation as a foundation of our work

Administration and Finance

Minister's Salary

The objectives were:
In accordance with the goals and strategic priorities established by the premier and cabinet:

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

1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	41	1.00	42	(1)	
Other Expenditures					
Total Sub-Appropriation	**41**	**1.00**	**42**	**(1)**	

Executive Support

The objectives were:

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

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	963	15.00	1,079	(116)	
Other Expenditures	143		218	(75)	
Total Sub-Appropriation	**1,106**	**15.00**	**1,297**	**(191)**	

Finance

Administration and Finance is comprised of the following:

Comptrollership
Regional and Capital Finance
Information Management and Analytics
Management Services

Comptrollership

The objectives were:

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

The expected and actual results for 2017/18 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 the tangible and financial resources of the department to provide relevant budgets to departmental programs, regional health authorities and external agencies.

2. Efficient and accurate preparation of annual planning and reporting documents, e.g.,: estimates, quarterly financial reports and other financial reports or documents.
    - Estimates, estimates supplement, quarterly financial reports, the annual report and other financial reports or documents were prepared in accordance with legislative requirements, Treasury Board and senior management requirements within established deadlines.

3. Efficient, accurate information provided to government on the fiscal status of the department.
    - Monthly and quarterly financial reports, the annual report and other financial reports or documents on the fiscal status of the department were prepared in a timely manner.

4. Equitable rate structure for the Residential Charges Program.
    - Through management of rate assessment and the review of residential charges policies to provide for a more efficient appeal process for all long-term care clients, the department was able to provide for an equitable rate structure for the residential charges program.

5. Efficient and effective use of information technology systems to support the information requirements of the department.
    - Through the use of information technology systems such as the SAP general ledger and the SAP medical claims processing system, the department was able to provide timely payments to vendors and timely reports for decision making.

Regional and Capital Finance

The objectives were:

- To provide financial expertise, consultation and analysis to ensure there is a common understanding of financial and legislative requirements necessary to align the department's financial planning processes with strategic priorities of government.
- To provide fair and equitable distribution of funds to health authorities and other health organizations in accordance with government priorities and legislation.
- To manage funding from a provincially cost-effective lens to achieve the balance between health and fiscal policy.
- To ensure the timely reporting of financial, statistical and performance management information to stakeholders in accordance with provincial and national reporting requirements.

The expected and actual results for 2017/18 included:

1. 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.
    - Provided financial expertise and analysis to various internal and external stakeholders.
    - Responded to ad hoc requests on a timely basis from various stakeholders.

2. Financial recommendations identify risks and opportunities and are based on solid financial analysis and rigor.
    - Provided financial consultation to various committees and working groups.
    - Responded to ad hoc queries from stakeholders and organizations and produced analyses and briefings focusing specifically on financial impacts.

3. Allocation of resources to health authorities, other health organizations and agencies consistent with established priorities of the government.
    - Provided approved funding to health authorities in a timely and accurate manner.
    - Reviewed financial requirements of health authorities and other agencies against established priorities of the department in order to allocate resources.
    - Initiated debt repayment on outstanding approved borrowings upon project completion.
    - Managed outstanding debt to minimize cost within a conservative risk portfolio.

4. Assurance that best practices are being conducted within the business operations of health authorities and other health organizations.
    - 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.

5. Assurance that the financial position of the health authorities and other health organizations are accurate and complete.
    - 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.

6. Ensure spending aligns with authorities provided.
    - 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.

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

8. Complete, consistent and reliable financial and statistical reporting that can be used to inform current performance and future strategic planning of the health system.
    - Received financial forecast reports, Management Information Systems (MIS) submissions, completed financial templates and other reports regarding identification of required deliverables on monthly, quarterly and annual timelines as established by the department.
    - Analyzed financial reporting received from the health authorities and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.

Information Management and Analytics

The objectives were:

- To ensure the timely collection of accurate and standardized statistical, clinical, survey and performance management information from the health authorities in accordance with provincial and national reporting requirements.
- To provincially lead in the area of information management, reporting, and analytics of health information to support quality care and evidence informed decision making of the department and the health authorities, and includes public accountability.
- To coordinate and support health research-related activities and ensure the appropriate use of health information in accordance with privacy legislation.

The expected and actual results for 2017/18 included:

1. Department programs, the health authorities, researchers, public organizations and the general public have access to the relevant health care information for accountability, operational, planning, evaluation and research needs.
    - Continued development and maintenance of databases to support internal and third-party information requirements, including provision of data to organizations such as: Manitoba Centre for Health Policy, 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 regional health authorities (RHAs) on a wide variety of health information matters.
    - Participated in provincial and national committees and working groups, including providing leadership to several data quality and health indicator committees.
    - Produced several health system reports, including the Annual Statistics Report, the Population Report, standard reports for the RHAs, as well as weekly, monthly and annual statistical reporting on the department website.
    - Responded to ad hoc data requests from stakeholders and organizations and produced specific analyses and briefings for health data and research publications.
    - Provided data and statistical support to various committees.

2. Data infrastructure, policies and agreements are in place to support the appropriate collection, management, use and disclosure of health information, in accordance with The Personal Health Information Act and other applicable legislation.
    - Developed policies, processes and procedures for the use of data for health 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 the health authorities and the department is in place.
   - Continued to provide access to health system performance information to all health authorities, the department and the deputy minister's office through the Provincial Health System Performance Indicator Portal (PHSPIP).

4. A process is in place to manage ongoing extracts of electronic medical record patient activity from physician clinics and to return innovative, customized reports to support data quality and improved patient outcomes.
   - Received and maintained extracts from more than 200 primary care clinics in the electronic medical record (EMR) repository.
   - Initiated the development of primary care reports for registered home clinics focusing on patient enrolment, clinic activity and quality of care.

5. An integrated, coordinated approach by the department to health research activities is in place.
   - Provided expert data and administrative support to the Health Information Privacy Committee established under The Personal Health Information Act.
   - Provided ongoing coordination and support to the contractual relationship between the department and Manitoba Centre for Health Policy, including the development of the annual research agenda.
   - Undertook partnership activities related to health services policy research in accordance with Research Manitoba.
   - Participated in the Research Improvement Through Harmonization in Manitoba (RITHIM) initiative with Research Manitoba to streamline both the application and review process for health research in Manitoba in the area of clinical trials, biobanks, and data intensive research.

6. Recommendations from the Information Management and Analytics Study and an accompanying work plan will guide the province's direction, priorities and investments in relation to the information needed to support delivery of care and inform optimal health system performance.
   - Identified a preliminary work plan for a provincial information management and analytics service as part of the overall health services transformation initiative.
   - Developed a provincial information management and analytics working group.
   - Completed a business modelling process to develop the target state for a provincial service.
   - Undertook a health system capacity inventory to identify opportunities for reducing duplication of efforts and streamlining resources to deliver a provincial service.

Management Services

The objectives were:

- To lead, facilitate and coordinate key management functions within the department, such as: strategic planning and alignment; regional health planning; proposal review; governance; accountability; risk management; and organization performance management.
- To provide leadership and coordination for several department processes, such as: preparation and distribution of the department's Supplementary Information for Legislative Review and Annual Report, responses to ministerial correspondence, briefing material for legislative sessions, and administrative supports for the governance of health-related agencies, boards, and committees.
- To provide assistance and guidance to department staff concerning the French Language Services (FLS) policy, the active offer of services and the translation and publication of French material to allow the French-speaking community to access comparable government services in the language of the laws of Manitoba.
- To provide a consultative, advisory and administrative link among bilingual-designated regional health authorities, external agencies funded by the department, and the public in matters relating to French

Language Services (FLS) so that services in French are evident, readily available and easily accessible to the general public, and of comparable quality to those offered in English.

- To provide assistance and guidance to department staff concerning the FLS policy, the Active Offer policy and the translation and publication of French documents.
- To manage departmental compliance with and accommodation activities in support of the Manitoba Policy on Access to Government.

The expected and actual results for 2017/18 included:

1. Improved engagement and capacity for department planning and alignment activities, including risk management and performance management.
    - Provided strategic coordination and led processes to align work across the department to advance health system and department goals.
    - Continued to facilitate risk management planning in the department and promoted integration of risk management with other department planning processes.
    - Continued to facilitate the department's review, approval, and oversight of implementation for funding proposals, including the development of resource materials and coaching support to department staff.
    - Provided employee orientation on the department and the health system for new department staff.

2. Strengthened health system planning, governance and accountability.
    - Facilitated the development of new health system goals, performance targets, and initial reporting to health system leaders.
    - Provided planning guidelines to service delivery organizations and ensured that all health authority annual health plans complied with those guidelines.
    - Provided resources to the health system's leadership to help strengthen performance management and accountability practices and processes.
    - Monitored health authority/health organization chief executive officer/designated senior officer expense reporting and ensured the reports complied with legislated guidelines.
    - Provided guidelines and ensured that health authority annual reports complied with government legislation and department guidelines.

3. Requirements for correspondence, legislative session briefing material, and board appointments are met within the form and timelines required by the minister's office.
    - Coordinated the department's responses to ministerial correspondence.
    - Coordinated administrative processes for appointments to health-related agencies, boards and committees.
    - Published the department's Supplementary Information for Legislative Review and annual report to meet the minister's tabling requirements.

4. The Active Offer concept in use in all public-facing areas of the department.
    - A narrated French Language Services and Active Offer presentation is available in the online portion of the employee orientation posted on the department's intranet site.
    - Bilingual signage is available on the main floor where the majority of public interactions occur.

5. Provision of FLS through the department, in an accessible and satisfactory manner to the French speaking public of Manitoba.
    - Prepared a multi-year strategic French Language Services plan for the department as a foundation for future service provision.
    - Worked with the Francophone Affairs Secretariat and Santé en français to identify and address opportunities for improved service provision.
    - Website hits on French pages were just over 892,000, an increase of 121% over the previous fiscal year.

6. The department's public documents, in paper or electronic format, produced in French within five-to-ten business days.
   - 92% of documents were produced in French within five to ten business days.

7. Compliance with Manitoba Policy on Access to Government.
   - Continued implementation of the department's accessibility plan to make department locations accessible and compliant with current accessibility legislation.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	7,033	94.35	7,306	(273)	
Other Expenditures	1,049		1,248	(199)	**1**
Total Sub-Appropriation	**8,082**	**94.35**	**8,554**	**(472)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Legislative Unit

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Development of new health statutes and regulations and amendments to health statutes and regulations in accordance with government processes and timelines.
   - There was one health-related statute amended for the fiscal year 2017/18 (details outlined in Appendix II).
   - Assisted in the development of required regulation amendments to 11 regulations under various health related legislation (see Appendix II for details).

2. Development of legislative proposals in accordance with government processes and timelines.
   - The development of legislative proposals in accordance with government processes and timelines was completed as necessary.

3. Accurate and timely information provided to internal and external clients about legislation, including PHIA, and the legislative process.
   - Accurate and timely information was provided. Among other activities in the area, staff of the unit provided 16 informational presentations on PHIA and FIPPA to organizations and department staff over the course of the year.

4. Compliance with Labour Mobility obligations by the regulated health professions.
   - Worked with regulatory bodies with respect to meeting their labour mobility obligations.

5. Requests for access to information under FIPPA are dealt with in accordance with the act.
   - There were 223 responses to FIPPA requests for information. These numbers are based on a calendar year.

1(d) Legislative Unit

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	642	7.00	601	41	
Other Expenditures	132		286	(154)	
External Agencies	403		518	(115)	
Total Sub-Appropriation	**1,177**	**7.00**	**1,405**	**(228)**	

Provincial Policy and Programs

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of the department with a focus on:
  - Health Infrastructure, including Manitoba eHealth
  - Provincial Drug Programs
  - Cadham Provincial Laboratory Services
  - Selkirk Mental Health Centre (SMHC)
  - Manitoba Health Appeal Board
  - Mental Health Review Board
- To provide direction and oversee improved economy, efficiency and effectiveness, and value for money in investments of designated department program delivery and as it relates to the broader health care system.

The expected and actual results for 2017/18 included:

1. Strategic directions consistent with the department's priorities, with respect to provincially funded drug benefits, the provincial health capital program, and ICT systems.
   - The department continued to be an active participant within the pan-Canadian Pharmaceutical Alliance. Strategically, this enabled the department to provide value to the broader health care systems and to improve patient care by negotiating drug reimbursement collectively to:
     - increase access to clinically effective and cost effective drug treatment options
     - improve consistency of drug funding decisions
     - achieve consistent and lower drug costs, and
     - reduce duplication of effort and improve use of resources.
   - The department continued to be the lead jurisdiction for the Multi-Stakeholder Steering Committee on Drug Shortages (MSSC). The MSSC is a collaboration of federal/ provincial/territorial governments, industry, group purchasing organizations, distributors and health professional associations to advance collaborative work on drug shortages. The MSSC is supporting current initiatives including:
     - mandatory reporting of drug shortages by manufacturer, and
     - an MSSC Federal/Provincial/Territorial working group focused on improving the process for assignment of Tier 3 drug shortage status (i.e. actual drug shortages with no available therapeutic alternatives in Canada or the most critical drug shortages tier).
   - Capital Planning and ICT initiatives were overseen to achieve the identified project objectives and the overall strategic objectives of the department.
   - Renovations, improvements, upgrades and functional changes to existing facilities and systems were completed as approved in a timely fashion, in priority sequence, and in accordance with business rules and requirements.

- Manitoba investments in capital infrastructure and eHealth ICT solutions and operations aligned to the strategic objectives of government.

2. Equitable and appropriate utilization of provincially funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
   - Provincial Drug Programs (PDP) administered the Manitoba Drug Benefits and Interchangeability Formulary. Updates on the amendments to the Manitoba Formulary were provided in six bulletins that were communicated to the pharmacists and physicians of Manitoba.
   - The listing of new generic molecules through the pan-Canadian Pharmaceutical Alliance process on the Manitoba Formulary enabled Manitobans to access additional lower-cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
   - Processed 262,528 Pharmacare applications; with 65,511 families receiving Pharmacare benefits.

3. Improved population health through refined public health laboratory screening and response programs, quality public health laboratory results and analyses, and effective multijurisdictional collaborations.
   - Increased and improved screening and detection of sexually transmitted and blood borne infections, and increased newborn screening.
   - Streamlined laboratory processes to delivery more timely public health lab services and proactive communication of results.
   - Continued collaboration and analysis which informed provincial and international-level policies and control programs.

4. Service delivery at SMHC and as part of the broader health care system that reflects the Centre's core values of hope, respect and excellence.
   - Regular meetings were conducted with Forensic, Rehabilitation and Geriatric Programs and regional health authorities to align visions, discuss new initiatives, plan projects together and collaborate on new strategies to meet the needs of patients and streamline admissions, discharges and transfers.

5. Improved safety in the system through administration of supporting processes designed to resolve claims disputes, and protection of the rights of individuals under The Mental Health Act.
   - Hearings were held and decisions were rendered in a timely manner.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	287	3.00	268	19	
Other Expenditures	78		50	28	
Total Sub-Appropriation	**365**	**3.00**	**318**	**47**	

Health Infrastructure

The objectives were:

- Provide leadership in the development of Information and Communication Technology (ICT) services that support an integrated provincial health care system that is seamless, user friendly and responsive to patient and provider needs.
- Deliver a provincial ICT strategic plan based on measurable health outcomes but is also economically sustainable, efficient and effective.
- Provide oversight and accountability of strategic ICT plan project delivery.
- Ensure transparency within ICT decision making and alignment between business strategy, investments and capabilities.

- Ensure that ICT operations are maintained and overseen, projects are planned and delivered and that ICT risks are assessed and mitigated.
- Coordinate and align internal departmental ICT projects within provincial ICT strategy.
- Maintain key departmental ICT systems.
- Evaluate and transfer provincial ICT systems, where possible, to Manitoba eHealth.
- Ensure that departmental ICT systems, processes and procedures are compliant with both departmental and the Government of Manitoba ICT security policies.
- Facilitate ICT awareness and education for department staff.
- To develop, deliver and maintain all information, online services and applications related to the department's public-facing websites.
- To provide and increase public access to information about the department's programs, services and activities via its internet sites.
- To oversee development and implementation of the provincial health capital program and advise central government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The expected and actual results for 2017/18 included:

1. Implementation of a provincial ICT governance model.
    - As an ongoing component of the health system transformation, the establishment of Provincial ICT Governance model has been integrated within Shared Health.

2. Ratification of a Memorandum of Understanding/Service Level Agreement between the department and the Winnipeg Regional Health Authority.
    - As an ongoing component of the health system transformation, the establishment of Memorandum of Understanding related to the ongoing operations and administration of Manitoba eHealth was no longer required. An ICT Governance model is in the process of development as an integral component of Shared Health.

3. Promulgation of a provincial strategic ICT capital plan.
    - The department developed and sought approval from government for strategic investment in ICT across the province for 2018/19.
    - Worked with Manitoba eHealth and Manitoba Growth, Enterprise and Trade - Business Transformation and Technology (BTT) to secure project implementation and delivery services as required for department initiatives and to support greater integration and standardization within Manitoba's digital healthcare system.

4. Provision of strategic guidance to establish expectations and conditions to enable success for healthcare ICT stakeholders.
    - Continued to work with Manitoba eHealth to develop a portfolio based management approach for the prioritization and progression of ICT investments needed to support provincial health care applications and shared services.

5. Secured and sustained government funding to support the execution of the provincial strategic ICT capital plan.
    - Ensured that government approval of investments totalling $33,300,000 in ICT infrastructure to remediate systems which are no longer supported, possess no viable maintenance agreement and/or are off warranty were made to enable the continued and ongoing delivery of health care programs.
    - Advanced $33,990,000 in provincial ICT projects in conjunction with clinical service providers, health care delivery organizations and decision-makers with the intent of continuing the development of provincial ICT systems that enable healthcare practitioners and decision makers to share information across the continuum of a patient's care.

6. Delivery of electronic data interchange and information sharing between the department, Manitoba eHealth, regional health authorities, health providers and other government departments and jurisdictions.
   - Continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.

7. Provision of upgrades and functional changes to existing systems in a timely, prioritized sequence.
   - Continued to oversee the upgrading of the Provincial Electronic Patient Record (EPR) System, Emergency Department Information System (EDIS) and Provincial Laboratory Information System (PLIS) and with the intent of increasing system capacity and reliability in the delivery of direct acute patient care.
   - Continued to oversee an annual ICT Infrastructure Renewal Program managed by Manitoba eHealth which focuses on the execution of a consistent and coherent approach to replacing and upgrading old, obsolete and failing technical infrastructure in Manitoba's health information systems operating environment.
   - Provided 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.

8. Assurance that necessary data and information are accessible for department staff to achieve corporate goals and objectives.
   - Continued to coordinate and facilitate the management and expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.

9. Regularly reviewed and updated existing websites and new web-based information developed to provide ongoing support to the department.
   - Developed, delivered and maintained all information, online services and applications related to the department's public-facing websites.
   - Managed compliance with and accommodation activities in support of the Manitoba Policy on Access to Government.

10. Increased public access to the department's online information, as measured by website analytics.
    - Increased public access to the department's online information, as measured by website analytics.

11. A capital plan that supports the department's population health objectives.
    - Facilitated the minister's mandate to increase the number of personal care home beds within the province.
    - Assessed and prioritized fire safety retrofit projects (sprinkler systems and related fire safety equipment) in accordance with the Fire Safety Task Force Recommendations for personal care homes.
    - Assessed policy gaps in the capital planning and project delivery process.

12. Health capital projects that are defined and implemented in accordance with government direction and, with regional need and best practices, appropriate standards (program, design and construction), approved scope and time line, and negotiated cost limits.
    - A multi-year strategic capital plan was progressed in a manner which reflected government goals and priorities as well as aligning with regional service requirements based on evidence based information, CSA standards for health care facilities, and technical standards that inform current professional practice.
    - An external consultant continued to progress a phased risk assessment of all personal care homes and health centres in the province to inform a prioritized sprinkler and related fire safety equipment installation plan.

13. Transparent and equitable application of policies related to procurement practices, construction, department funding and community cost-sharing.
    - Continued to utilize a competitive, fair and transparent process to secure consultant and construction services for all healthcare facility capital projects.
    - Developed and promulgated interim guidance for the development and construction of personal care homes.

14. Efficient and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements, emerging program standards and models, capital financing and development of appropriate program and policy options.
    - Developed discussion on asset management for consideration by healthcare leadership which is focussed on the adoption of a provincial approach to asset management for healthcare facility infrastructure.

15. Plan for the construction of 1,200 personal care home beds.
    - Continued to progress the development of personal care home proposals across the province with the intent of meeting the government's established mandate.

16. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
    - The Provincial Green Building Policy for Government of Manitoba Funded Projects was applied to all 2017/18 major capital projects. The policy was applicable to site selection, design, new construction and for renovation projects. Power Smart, LEED, or Green Globes rating systems were employed to validate achieving the requirements of these programs.
    - Fundamental and enhanced building and systems commissioning continued as part of all capital projects. This process ensured achievement of the owner's long-term operating expense and sustainability goals.
    - Capital Projects completed during the 2017/18 fiscal year included the following:
        - Powerview-Pine Falls Health Complex - Primary Health Care and Traditional Healing Centre
        - Selkirk Regional Health Centre
        - Ste. Rose du Lac Primary Health Centre
        - Morden/Tabor Personal Care Home
        - Notre Dame de Lourdes Health Centre, and
        - Grace General Hospital Emergency Department Redevelopment.
    - In addition to the major projects completed and initiated, an additional 122 Safety and Security/maintenance projects were approved throughout the province.

2(b) Health Infrastructure

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	4,467	57.20	4,842	(375)	
Other Expenditures	212		318	(106)	
Provincial Program Support Cost	4,917		4,870	47	
Total Sub-Appropriation	**9,596**	**57.20**	**10,030**	**(434)**	

Provincial Drug Programs

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Access to cost-effective medications for Manitobans.
    - The department continued to support:
        - the Common Drug Review and the pan-Canadian Oncology Drug Review, which are national processes for evidence-based reviews and listing recommendations of new drugs or existing drugs approved for new indications, including oncology drugs, and
        - the pan-Canadian Pharmaceutical Alliance, an initiative whereby jurisdictions conduct joint provincial/territorial negotiations for drug products being considered for reimbursement to achieve greater value for publicly funded drug programs and patients.
    - Provincial Drug Programs administered the Manitoba Formulary. Updates on the amendments to the Manitoba Formulary were provided in six bulletins which were communicated to pharmacists and physicians in Manitoba.
    - The listing of new generic drugs on the Manitoba Formulary enabled Manitobans to access additional lower cost generic medications. Generic drug submission requirements ensures generic drug pricing in Manitoba is equitable with other Canadian jurisdictions.
    - Provincial Drug Programs representatives participated on advisory committees to the Canadian Agency for Drugs and Technologies in Health (CADTH) Common Drug Review and pan-Canadian Oncology Drug Review. Committee members also facilitated effective jurisdictional sharing of pharmaceutical information.
    - The Manitoba Drug Standards and Therapeutics Committee reviewed drug submissions, to provide recommendations on drug interchangeability and to discuss the therapeutic and economic value of various drug benefits.

2. Coordination and monitoring of ongoing initiatives to enhance patient safety, to optimize patient care and to improve the quality of drug prescribing and dispensing processes.
    - The department maintained service purchase agreements with the College of Physicians and Surgeons of Manitoba (CPSM) to undertake work through The Manitoba Prescriber Education and Audit Process (MPEAP) and with the College of Pharmacists of Manitoba (CPhM) to administer the Manitoba Prescribing Practices Program (MPPP).
    - The current MPEAP Agreement focused on six key areas: standards, education, partnerships, audit process, capacity improvement, and communications.
    - MPEAP evolved into a quality assurance process, administered by the CPSM, that included the following components:
        - tools and audit processes to monitor and promote compliance with current medical prescribing standards
        - a review process whereby the CPSM reviews, at the request of the minister or the minister's delegate pursuant to The Prescription Drugs Cost Assistance Act, the prescribing practices of any prescriber whom the minister or the minister's delegate identifies for purposes of such review
    - The MPPP provided service relating to narcotics and controlled substances including providing physicians with prescription pads, historically called "Triplicates". CPhM also provided direction to pharmacists relating to filling these prescriptions.

3. Financial assistance to Manitobans for eligible drug benefits.
    - Provided benefit coverage for Manitobans enrolled in income-based Pharmacare, the Employment and Income Assistance Program, the Personal Care Home Drug Program, the Home Cancer Drug Program and the Palliative Care Drug Program.
    - Processed 262,528 Pharmacare applications with 65,511 families receiving Pharmacare benefits.
    - Processed 54,442 requests through the Exception Drug Status Program.
    - Enrolled 972 families in the Deductible Instalment Payment Program for Pharmacare.
    - Provided benefits for 57,562 families through Ancillary Services and the Prosthetic and Orthotic Program.
    - Maintained the Home Cancer Drug (HCD) Program in collaboration with CancerCare Manitoba (CCMB). The Provincial Oncology Drug Program is operated at CCMB sites across Manitoba and provides intravenous chemotherapy agents, interferon (Intron A), immunosuppressants for bone

marrow transplant patients, and prostate cancer hormone therapies. The HCD Program supports CCMB patients at home. Access to eligible cancer drugs and specific supportive drugs designated on the HCD Program Drug Benefits List are provided to cancer patients at no cost to the patient.
- 8,942 patients benefited from the HCD program in 2017/18, up from 8,628 in 2016/17.
- The Provincial Drug Programs Review Committee met on a monthly basis to review requests for benefit coverage through the Exception Drug Status process.
- Continued collaboration with Manitoba Hydro to provide eligible Pharmacare beneficiaries the option to pay their annual Pharmacare deductible in interest-free monthly instalments as part of their Manitoba Hydro energy bill.

4. Implementation of strategies to ensure sustainability of provincial drug programs.
   - Implemented approvals for benefit coverage for new drugs added to the Manitoba Formulary through the Exception Drug Status Office with criteria for use established through the utilization management agreements with manufacturers.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,193	43.00	2,641	(448)	**1**
Other Expenditures	679		493	186	
Total Sub-Appropriation	**2,872**	**43.00**	**3,134**	**(262)**	

Explanation Number:

1. Primarily due to miscellaneous salaries under-expenditures.

Appeal Boards

The objectives were:
- To support the Manitoba Health Appeal Board (MHAB) in providing an independent appeal process for the public on certain decisions made under The Health Services Insurance Act, The Emergency Medical Response and Stretcher Transportation Act, The Mental Health Act, the Hepatitis C Assistance Program and the Home Care Program.
- To support the Mental Health Review Board (MHRB) in providing an independent review process ensuring a person's rights under The Mental Health Act are protected.

The expected and actual results for 2017/18 included:
1. The Manitoba Health Appeal Board renders decisions in a timely manner, responds to inquiries and provides assistance and directions to the public who call and attend the office.
   - 173 appeal files were processed by MHAB in the 2017-2018 fiscal year:
     - 139 new appeal files were opened in the fiscal year
     - 34 appeal files were carried over and processed from the previous fiscal year
   - 59 appeals were scheduled and heard during the 2017-2018 fiscal year:
     - 21 Authorized Charge appeals
     - 26 Insured Benefits appeals
     - 8 Home Care appeals
     - 1 Hepatitis C appeal
     - 1 Personal Care Home Placement appeal, and
     - 2 appeals under the category of "Other"
   - 72 files were closed without going to a hearing:
     - 24 appeals were withdrawn by the appellant
     - 39 appeals were resolved with an amended decision from the department or the regional health authority
     - 4 files were closed because the appeal was filed prematurely

- 3 files were closed because the appellant failed to actively pursue the appeal, and
- 2 files were closed because MHAB did not have jurisdiction to hear the matter.

- 42 appeal files have been carried forward to the 2018-2019 fiscal year.
- MHAB heard and decided 26 Motion Orders with respect to requests for extensions of time to file an appeal beyond the 30-day time set out in The Health Services Insurance Act.

2. The Mental Health Review Board holds hearings within their 21 day legislated mandate and renders decisions in a timely manner.
   - The Mental Health Review Board (MHRB) processed 339 applications for a review.
     - A total of 96 hearings were held:
       - 69 hearings were by application, and
       - 27 hearings were set automatically as required by legislation.
     - Decisions were rendered independently by MHRB and the rationale was provided to all parties following each hearing.
   - Applications that did not proceed to a hearing were largely the result of the patient:
     - being discharged from hospital,
     - withdrawing their application,
     - having a change of status, resolving the issue, or having made an application regarding issues that did not actually apply to them.

2(d) Appeal Boards

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	487	6.00	405	82	
Other Expenditures	426		253	173	
Total Sub-Appropriation	**913**	**6.00**	**658**	**255**	

Drug Management Policy Unit

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Management of the provincial pharmaceutical formulary listings and ancillary services and devices.
   - As of April 1, 2017, a one year bridging period for the pan-Canadian Pharmaceutical Alliance (pCPA) Generics Initiative was in place. Under the bridging agreement, the price of six molecules was further reduced from 18% to 15% of the brand reference price.
   - Actual Pharmacare drug costs for 2017/18 were 0.31% higher than 2016/17 actuals and were 4.1% higher than the 2017/18 budgeted amount. For the Home Cancer Drug Program, actual drug costs for 2017/18 were 15.7% higher than 2016/17 actuals, but were 1.9% below the 2017/18 budgeted amount.
   - A Manitoba Health, Seniors and Active Living-CancerCare Manitoba (CCMB) Accountability Working Group, with representatives from CCMB, Regional and Capital Finance (Manitoba Health, Seniors and Active Living), Regional Policy and Programs, and Provincial Drug Programs was established and met on a regular basis to discuss Provincial Oncology Drug Programs (PODP) and the Home Care Drug Program (HCD) expenditures to improve forecasting and tracking.
   - The “Home Cancer Drug (HCD) Program”- a program for Manitobans diagnosed with cancer - that allows access to eligible outpatient oral cancer and specific supportive drugs at no cost to the patient, continued in 2017/18. There were 8,942 individuals registered in the HCD Program in

2016/17 (up from 8,628 in 2016/17), and it is estimated that there were savings to these individuals of $7.65 million in deductibles.
- Actual Ancillary Programs device and service costs for 2017/18 were 5.1% higher than 2016/17 actuals and were 17.5% higher than the 2017/18 budgeted amount.

2. Management of pharmaceutical, ancillary services, and related expenditures.
   - The Drug Management Policy Unit (DMPU) continued to support the Manitoba Pediatric Insulin Pump (MPIP) Program for Manitoba youth under the age of 18 years with Type 1 diabetes. Through a funding agreement, access to insulin pumps was provided by the Winnipeg Regional Health Authority, Child Health Program Diabetes Education Resource for Children and Adolescents. In its first year of operation (2012/2013), the MPIP Program provided 23 pumps and associated training. Up to March 31, 2018, a total of 196 pumps have been purchased and user training completed through the MPIP Program.
   - In 2017/18, an additional 89 brand drugs were added to the Manitoba Formulary as either a new product or as a line extension (new indication or new dosage/format) though utilization management agreements (UMAs) that were completed with pharmaceutical companies, while 203 new generic drug identification numbers (DINs) were added to the Manitoba Formulary.

3. Alignment of provincial pharmaceutical coverage policies with best practice among other F/P/T jurisdictions.
   - Manitoba was an active participant in the pCPA that works towards expanding the number of brand name drugs considered for reimbursement, and obtained better value for generic drugs. The pan-Canadian approach capitalizes on the combined negotiating power of public drug plans across multiple provinces and territories, and aims to increase access to drug treatment options, achieve lower drug costs and consistent pricing, and improve consistency of coverage criteria across Canada.
   - The department coordinated the meetings of the Manitoba Monitored Drugs Review Committee, an external, expert drug and therapeutics advisory committee established to help identify patterns or trends surrounding the prescribing, dispensing and use of monitored drugs and make recommendations to the minister in order to optimize patient care. The committee includes representatives from the College of Physicians and Surgeons of Manitoba, the College of Pharmacists of Manitoba, the College of Registered Nurses of Manitoba, the Manitoba College of Family Physicians and Doctors Manitoba.

4. Accountability for public funds paid to pharmacy owners who provide prescription pharmaceuticals/products and related pharmaceutical services.
   - DMPU continued to execute pharmacy agreements with all community pharmacies in Manitoba. This agreement formalizes the existing business relationship between the department and pharmacy owners.
   - Both the Pharmacy Agreement and Pharmacy Claims Audit Policy (which outlines the process for conducting audits) ensured appropriate accountability for public funds paid to pharmacy owners who provide prescription drugs/products and related pharmaceutical services to Manitobans who were enrolled in the various provincial drug programs.

5. Accountability for public funds paid to providers for ancillary services and devices.
   - DMPU set out the terms and conditions under which pharmacy owners were granted access to the department's Drug Program Information Network (DPIN) in the Pharmacy Agreements that were executed with all community pharmacies in Manitoba.

2(e) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	784	8.00	697	87	
Other Expenditures	137		177	(40)	
External Agencies	414		414	-	
Total Sub-Appropriation	**1,335**	**8.00**	**1,288**	**47**	

Cadham Provincial Laboratory Services

The objectives were:

- To provide public health laboratory services that strategically contributes to population health improvements.
- To improve disease detection, characterization and control through a leveraged model of surveillance 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 services.

The expected and actual results for 2017/18 included:

1. Provision of responsive public health laboratory services to government departments, regional health authorities, CancerCare Manitoba, health practitioners, medical laboratories and other stakeholders.
    - Assisted affected areas with enhanced screening protocols for selected sexually-transmitted and blood-borne infections (STBBI) amongst pregnant women.
    - Assisted public health practitioners with enhanced surveillance and management support for prevalent post-infectious conditions.

2. Increased/improved effectiveness of uptake for recommended screening programs.
    - Screening for most STBBI experienced an increase in 2017/18.
    - The number of newborns screened for metabolic diseases increased in 2017.
    - Improved uptake of fecal occult blood screening in 2017.

3. Improved response to outbreak investigations, leading to improved detection of preventable disease.
    - Maintained streamlined laboratory response and surveillance for ongoing mumps virus activity.
    - Migrated influenza outbreak response to rapid nucleic acid detection format, which greatly improves the sensitivity of detection and speeds public health response.

4. Population monitoring and surveillance drives strategic planning and program refinements.
    - Sought out local and expected rates of hemoglobinopathy and congenital immunodeficiency conditions to inform proposed approaches.
    - Examined the interaction between populations with different STBBIs based on laboratory screening information to discern trends in exposure and potential risk for infection.
    - Assisted provincial and federal partners in the assembly of 90-90-90 data for Manitoba.

5. Timely and effective provincial and national public health protocols, plans and disease control strategies.
    - With national partners in the Canadian Public Health Laboratory Network, established the first Canadian guidelines on culture-independent testing.

- Contributed to work on The Reportable Diseases Regulation and to specific communicable disease protocols including: seasonal influenza, cholera, Chlamydia trachomatis, Hepatitis B virus, invasive disease due to Group A Streptococcus, and the provincial enteric illness protocol.

6. Improved and informative research, collaborations and public health analysis.
   - Evaluated historical use of laboratory testing for latent tuberculosis infection to assist in establishing target populations and protocols that optimize scarce resource utilization.
   - Evaluated historical sexually transmitted infection screening trends to better define the likelihood of infection and to inform priority setting.

7. Improved reporting effectiveness through refinement of information services delivered through the Public Health Laboratory Information Management System.
   - Improved infection prevention and control (IP&C) reporting to include measles, mumps, varicella and hepatitis A, encompassing a broader number of inpatient units.
   - Included IP&C reporting to CancerCare Manitoba run centres.
   - Eliminated duplicate reporting streams introduced by referring laboratories.
   - Updated public health notification reports to more closely align with processes and terms used in surveillance.

8. Modern investigative technologies in public health are evaluated, implemented and positively contribute to better health outcomes.
   - Culture-independent platform for gastroenteric investigations was studied to determine impact on public health investigations and disease detection. Positive findings are likely to lead to future improvements in speed and accuracy of both patient care and public health/food safety investigation.
   - Whole genome sequencing, a method of microbial genetic fingerprinting, was piloted and completed in partnership with the National Microbiology Laboratory. Manitoba was the first province to completely convert a portion of its enteric food safety investigation protocols to this new global standard.

2(f) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	9,720	115.00	9,629	91	
Other Expenditures	8,855		8,119	736	
Total Sub-Appropriation	**18,575**		**17,748**	**827**	

Health Workforce Secretariat

Administration

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

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

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Effective leadership and management of the Health Workforce Secretariat.
   - Coordination of Health Workforce Secretariat resources to support provincial health workforce priorities.

2. Functional integration of all areas of the Health Workforce Secretariat, including operational management and alignment of health workforce related activities of the Secretariat's key stakeholders and partners.
   - Coordinated Health Workforce Secretariat resources to support the development of new models to recruit and retain health care providers within inter-professional team-based models of care throughout the province.
   - Coordinated planning to prepare for the implementation of bargaining unit restructuring in the publicly funded health sector.
   - Engaged in the work of the Pan-Canadian Committee on Health Workforce.
   - Engaged with stakeholders in the development of health human resource plans based on inter-professional team-based models of care.
   - Coordinated strategic alignment across the Health Workforce Secretariat in alignment with departmental and health system goals and objectives.

3(a) Administration

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	340	6.80	704	(364)	
Other Expenditures	417		184	233	
Total Sub-Appropriation	**757**	**6.80**	**888**	**(131)**	

Contracts and Negotiations

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Continued administration of the current physician Master Agreement between the Government of Manitoba and Doctors Manitoba in support of RHA, DSM and other system stakeholders' service delivery.
   - Continued administration of the Master Agreement including, the implementation of new tariffs, improvements to service provision in northern and rural areas, implementation of consolidation

changes and work directed at enhancing the performance and sustainability of the health care system as agreed by the parties to the 2015 Doctors Manitoba Master Agreement.

2. Renewal of agreements with other medical related health practitioner groups as they expire to ensure continued service provision by these health care provider groups.
   - Engaged in negotiations with CancerCare Manitoba and the Manitoba Association of Optometrists in an effort to renew their respective agreements.

3. Uninterrupted delivery of medical services within the province.
   - Continued to work with RHAs and other health system stakeholders to manage issues related to staffing vacancies, resource reallocation, service coverage, and service contracts for specific physician groups to ensure continued provision of medical services throughout the province.

4. Work together with Manitoba Healthcare Providers Network, Provincial Health Labour Relations Services to develop positions and strategies for negotiations with nursing, professional technical paramedical, support and maintenance and trades staff to renew their agreements as they expire.
   - Prepared for proclamation of the Health Sector Bargaining Unit Review Act.
   - Collaborated with Provincial Health Labour Relations Services to prepare for upcoming negotiations.

5. Continued development and refinement of remuneration models for the existing and emerging healthcare delivery system.
   - Worked with the RHAs to align remuneration models with health system transformation.

3(b) Contracts and Negotiations

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	664	8.00	699	(35)	
Other Expenditures	154		183	(29)	
Total Sub-Appropriation	**818**	**8.00**	**882**	**(64)**	

Health Human Resource Planning

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 2017/18 included:

1. A sustained intake 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.
   - Liaised with Manitoba Education and Training, Growth Enterprise and Trade to inform health profession education planning and labour market programs for health professionals.
   - Provided governance and oversight for health related education clinical placement needs which continued to increase. In Manitoba in 2017/18, there were 69 programs with clinical placements registered with over 5,000 students.

2. Passing scope of practice regulations for regulated health professions that provide efficient and cost effective service options within the health system.
   - Provided analyses of the effects of regulatory change on health human resources, including the College of Registered Nurses of Manitoba's preparations for transition to The Regulated Health Professions Act.
   - Ensured educational institutions are ready to support self-regulation of paramedics.

3. Incremental change to the models of care, including service delivery and practitioner mix, commensurate with the implementation of the Provincial Clinical and Preventive Services Plan.
   - Undertook work to confirm current practitioner mix in the long-term care setting with a view to inform the optimization of service models.
   - Provided analysis and options for consideration for the expansion of the practitioner mix of MyHealthTeam members.
   - Provided policy, planning and oversight regarding initiatives submitted by the regional health authorities.

4. Increased numbers of health professionals recruited from outside Manitoba.
   - 119 out of 187 physicians granted registration from the College of Physicians and Surgeons of Manitoba (CPSM) in 2017 received their qualifications outside of Manitoba (source: CPSM).
   - 203 out of 686 new registered nurse registrants in 2017 received their initial nursing education outside of Manitoba (source: College of Registered Nurses of Manitoba).

5. Improved efficiency of the licensure process for internationally educated health professionals through the increased participation of employers.
   - Developed the Communication and Professional Practice for Medical Laboratory Technologists pilot project that provided employability/non-technical skill training for communication and professional practice in the Canadian health care context.
   - Evaluated a pilot project that partnered with rural health employers to provide gap training to internationally educated nurses in exchange for relocation and employment in a rural area to address resource maldistribution.

6. Implementation of a provincial physician recruitment service.
   - Transitioned the physician recruitment program and administration of medical grants to the Manitoba Health Care Providers Network to improve alignment and streamline services.

3(c) Health Human Resource Planning

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	757	12.00	913	(156)	
Other Expenditures	195		355	(160)	
External Agencies	5		5	-	
Total Sub-Appropriation	**957**	**12.00**	**1,273**	**(316)**	

Fee-For-Service / Insured Benefits

The objectives were:

- To manage primary administrative aspects of the fee-for-service (FFS) remuneration system, including negotiation of and amendments to the Manitoba Physician's Manual.
- To administer most aspects of the insured health services and benefits program, including the registration of Manitoba residents for provincial health plan coverage, FFS claims processing, inter-provincial reciprocal billing agreements, hospital abstracts, out-of-province claims, out-of-province

transportation subsidies, practitioner registry, audit and investigation of fee-for-service billings, and third party liability recoveries for insured services. This includes providing policy direction in the development of service improvements, 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 2017/18 included:

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

   Registration/Client Services
   - Visits to the Client Services counter increased from 53,087 in 2016/17 to 60,766 in 2017/18. Client Services handled 178,945 telephone enquiries.
   - Issued 268,785 Manitoba Health registration certificates and processed 205,238 address changes.
   - 43,853 net new personal health identification numbers (PHIN) were issued in Manitoba with 16,433 new certificates issued to 18-yr-olds receiving their own individual registration numbers for the first time as adults, in addition to 87,973 status changes (e.g., births, deaths, marriages and separations).
   - Customers who visited the department's website opted to use an "online form" in 11,199 instances to submit their request for a change to their Manitoba Health registration certificate.

2. Customer-focused service for patients and health care providers who are informed of and receive payment for insured benefits to which they are entitled under the provincial health plan.
   - Manitoba Health registration certificates were issued, on average, within 7 business days of the receipt of the application.
   - Registration/Client Services achieved a time frame of 10 minutes on average in assisting clients in person and a time frame of 2 minutes for clients visiting the express service counter for simple address changes and replacement of Manitoba Health registration certificates.

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

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	5,603	101.00	5,793	(190)	
Other Expenditures	1,347		1,106	241	**1**
Total Sub-Appropriation	**6,950**	**101.00**	**6,899**	**51**	

Explanation Number:

1. Primarily due to miscellaneous operating over-expenditures.

Active Living, Indigenous Relations, Population and Public Health

Administration

The objectives were:

- Advance strategic partnerships with Indigenous health organizations and their leaders to collaboratively address health disparities within Indigenous populations.
- Provide strategic leadership to advance objectives and priorities of the department using a population and public health approach to improve the health and wellness of the population; thereby contributing to the overall sustainability of the health care system.
- Develop and support tobacco control and smoking cessation through legislation and support of initiatives aimed at preventing youth smoking, public protection from second hand smoke and helping smokers to quit.

- Support the province's healthcare system by supporting communities, regional health authorities, and other sectors such as education that focus on improving Manitobans' well-being and health status; through reducing health inequities and addressing the underlying risk factors of poor health.
- Provide leadership and ensure coordination of effective responses to emerging health issues such as opioid misuse and overdose management.
- Oversight and leadership to ensure effective service delivery of environmental health services.
- Oversight and leadership to ensure effective provision of primary health services at three northern nursing stations.
- Build capacity in the public health system to:
  - Effect evidence-informed, innovative and sustainable system advancements;
  - Improve access to efficient, quality, patient-centered services;
  - Improve access to coordinated health and social supports for the most vulnerable populations.
- Represent the department at federal/provincial/territorial (F/P/T), inter-provincial and inter-jurisdictional planning tables.

The expected and actual results for 2017/18 included:

1. Effective relationships established and evidence of engagement with Indigenous leaders and their respective health and social services staff.
   - Continued strengthening relationships with First Nations organizations to leverage opportunities for working in collaboration on issues impacting First Nations health outcomes.
   - Supported strategic alliances with First Nations and federal partners to further First Nations-led health and social services programming.
   - Increased understanding on key issues that impact Indigenous health such as social determinants of health, jurisdictional ambiguities, and the importance of cultural competency and safety within the Indigenous context.

2. Provision of quality primary care services in the three provincial nursing stations.
   - Oversight of service delivery in the nursing station communities.
   - Regular community engagement and ongoing dialogue regarding health and health care in collaboration with the Northern Health Region.

3. Delivery of environmental health services province-wide.
   - Oversight of the delivery of public health inspection services, public health emergency preparedness and of timely and effective public communication regarding health hazards.

4. Evidence-based and timely information is provided to the government and public.
   - Oversight of the execution of timely and evidence-informed public communication on issues such as environmental health, communicable disease surveillance, opioid and substance use and abuse, non-communicable disease surveillance (e.g. chronic diseases), tick borne illnesses including Lyme disease.

5. Provision of strategic leadership, and collaborative planning using a population health approach in the areas of:
   - Non-communicable diseases (chronic diseases) prevention and management
   - Active living initiatives, health promotion and disease prevention
   - Tobacco control and cessation
   - Maternal and child health care
   - Public health
   - Services to underserviced and vulnerable populations
   - Provided leadership and strategic direction on policies and strategies for health promotion and non-communicable disease prevention and management.
   - Co-chair a multi-sectoral and multi-jurisdictional working group on infant mortality whose mandate is to identify initiatives to reduce infant mortality in Manitoba.

6. Strengthened collaboration and capacity building and innovation through work with multi-sectoral partners.
   - Co-chaired the Intergovernmental Committee on First Nations Health and Social Development that includes First Nations partners and federal government departments.
   - Participation on a multi-jurisdictional working group (First Nations and Health Canada) to develop information sharing agreements for the deployment of a public health management information system throughout Manitoba.
   - Chaired a working group of Manitoba Lyme advocates and departmental staff that provides outreach, education, and communication to Manitobans on tick borne illnesses.

7. Effective relationships with F/P/T partners on a broad spectrum of population health issues that result in pan-Canadian approaches to these issues.
   - Participated on pan-Canadian steering committee on antimicrobial resistance that produced a national framework document on antimicrobial resistance.
   - Participated on the F/P/T Problematic Substance Use and Harms working group that shares information and best practices to develop policy for programs and services for individuals affected by with substance use and harms.
   - Participated on an F/P/T special advisory committee on the epidemic of opioid overdoses.

8. Program direction and funding to community organizations to deliver outcomes consistent with government and department objectives and within reporting requirements.
   - Oversight of funding to community organizations who deliver services in the areas of health promotion (including mental wellness initiatives, physical activity, food and nutrition), smoking cessation, healthy sexuality initiatives.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	207	3.45	311	(104)	
Other Expenditures	192		122	70	
Total Sub-Appropriation	**399**	**3.45**	**433**	**(34)**	

Active Living, Population and Public Health

The objectives were:

- To monitor and report on the health status of Manitobans.
- To ensure compliance with the standards and regulations of The Public Health Act and The Non-Smokers Protection Act.
- To provide provincial leadership using a population health approach that focuses on health equity, health promotion and prevention, communicable disease control, infection prevention and control, epidemiology, surveillance, environmental health, health protection, and public health practice and programs.
- To provide public health intelligence (e.g. collection, analysis, and interpretation of population data; review of research and information) to guide government departments, regional health authorities (RHAs) and health organizations in the planning, development and evaluation of public health policies, programs and strategies.
- To detect, assess and address public health risks and emerging public health issues.
- To effectively deliver a provincial environmental health service.
- To lead and coordinate planning and responses to public health emergencies.

- To provide leadership on policies, programs and evidence-based practice that advance health and wellness of Manitobans, reduce health inequities and thereby contribute to the sustainability of the health care system.
- To further reduce tobacco use by Manitobans, by implementing measures aimed at preventing youth from starting to smoke, protecting non-smokers from exposure to second-hand smoke, helping smokers quit, and de-normalizing tobacco products and their use.

The expected and actual results for 2017/18 included:

1. Enhancement of existing tools and protocols (e.g. notifiable disease reporting forms, databases, dissemination tools) to collect and analyze surveillance information that informs and supports public health service providers, planners and policy makers.
    - In partnership with regional and federal stakeholders, revised existing surveillance forms and processes used in "case and contact" follow-up for reportable diseases to ensure consistent and relevant data collection and reporting.
    - All lab data is now directly entered into the Public Health Information Management System, which is a secure and PHIA-compliant system.

2. Development, testing and validation of scientific methodologies that improve epidemiology and surveillance systems in Manitoba.
    - Continued implementation of the Public Health Information Management System for surveillance of selected communicable diseases.
    - Contributed to federal surveillance for areas like opioid overdoses, cannabis surveillance, and non-communicable diseases.
    - Developed the framework for a cannabis surveillance system (using the model developed through the recent opioid surveillance system) to enable monitoring of cannabis post-legalization.

3. Consistent and effective applications of regulations under The Public Health Act with public health best practice, national standards and program needs.
    - Initiated review of the Dwellings and Building Regulation, Food and Food Handling Establishment Regulation, Recreational Camps Regulation and Swimming Pools and Other Water Recreational Facilities Regulation to ensure they align with current best practices, national and international standards, program and practice needs.

4. Development of tools and organization of educational events (e.g. Health in All Policies, Report on Health Status of Manitobans, Public Health Nurse Standards of Practice) for multi-sectoral partners.
    - There has been continued uptake, development and implementation of the Provincial Public Health Nursing Standards for prenatal, postpartum and early childhood development practice across RHAs. This has included communication with RHAs and multi-sectoral partners such as Manitoba Education and Training, FNIHB and Public Health Agency of Canada. Education has focused on developing local capacity and will extend to webinars for all public health nursing staff.

5. Monitoring of specific indicators of inequalities in health status of Manitobans.
    - Contributed to the updating of reportable indicators for the community health assessment (CHA) in four categories (demographic information on communities, social determinants of health, health status and health care utilization) to determine progress in meeting the population needs.
    - Indicators of inequalities in health status were included in contribution to various interdepartmental working groups e.g. poverty reduction sub-committee.
    - Participated in a national Canadian Institute for Health Information (CIHI) working group for indicators to measure equity.

6. Metrics developed for the usage of the Provincial Public Health Nursing Standards for prenatal, postpartum and early childhood development.
    - Over the course of 2017/18, all RHAs contributed to the development of documentation forms and supporting practice guidelines specific to each focus area. The documents were piloted and are

close to being complete. The next step is full provincial implementation. Metrics have been drafted and are included in implementation.

7. Collaboration with and contribution to multi-jurisdictional working groups to ensure consistent, evidence-informed and effective Manitoba action (e.g. Anti-microbial resistance steering committee).
   - Participated on the National Vaccine Supply Working Group to obtain consensus on vaccine contracts; and to address security of vaccine supply as well as quality of supply issues. During 2017-18, because of this work, there were no interruptions to the Hepatitis B publicly funded immunization program despite a national shortage of Hepatitis B vaccine, which affected supply to the private market.
   - Contributed to a federal/provincial/territorial analysis of Lyme disease in Canada (2009 - 2015) to guide prevention, recognition and treatment and thereby minimize its impact in Canada (and Manitoba). The analysis was published in the October 5th, 2017 edition of the Canada Communicable Disease Report.
   - Contributed to the Public Health Agency of Canada's STBBI Framework for Action entitled: "Reducing the Health Impact of Sexually-transmitted and Blood-borne Infections in Canada by 2030: A Pan-Canadian Framework for Action". This framework provides an overarching frame to guide the STBBI response in Canada to address STBBIs in line with the global targets of eliminating HIV, viral hepatitis and sexually transmitted infections (STIs) as public health threats by 2030.

8. Reduction of burden of vaccine-preventable diseases.
   - Several initiatives are underway to reduce the burden of vaccine-preventable diseases in Manitoba, including (but not limited to):
     - Leading a three-year project, funded by the Public Health Agency of Canada through the Immunization Partnership Fund. This project will identify areas of unimmunized and under-immunized populations in geographic areas in the province to inform the development of tailored approaches to increase vaccine acceptance. The expected outcome will be an increase in immunization coverage rates and a reduction in vaccine-preventable diseases.
     - Implementing new and/or expanding existing evidence-informed immunization programs, as determined by evolving surveillance and scientific advances, and thereby reducing the burden of vaccine preventable diseases. Example: effective April 2017, the Meningococcal B (Men B) Immunization Program was expanded to include infant's two years of age of younger living in three First Nations. This program was expanded as a direct result of the increasing Men B cases in the communities among infants. Since the program was launched, no Men B cases among infants have been reported in the province.

9. Implementation of province-wide immunization monitoring and inventory management system.
   - Continued the development and use of the Public Health Information Management System for immunizations and vaccine management across the five regional health authorities. This information management system afforded the Active Living, Population and Public Health Branch enhanced oversight and control over its provincial vaccine inventory. The result is more effective and efficient alignment of health care provider supply with public demand and allowed the department to more accurately reconcile flu vaccine doses ordered versus doses shipped in previous years.

10. Provision of provincial leadership on Sexually Transmitted Blood Borne Infection prevention, treatment and surveillance.
    - Developed communication materials relating to ongoing STBBI outbreaks for public and health care providers. These materials contain key surveillance messages and advice.
    - Provided provincial leadership as a member of the Manitoba HIV Collective Impact Network (CIN) Stewardship committee and served as the co-lead of the CIN Prevention Node. The prevention planning sessions for the CIN brought together key provincial stakeholders to promote relationship building; and develop a work and evaluation plan for the 18/19 fiscal year, and beyond.
    - Provided leadership in advancing harm reduction initiatives in Manitoba as a means to prevent and/or reduce the transmission of sexually transmitted and blood-borne infections, including HIV and Hepatitis C.

11. Effective service delivery of public health inspection services.
    - Conducted 17,598 public health field inspections of the following types in 2017/18:
        - Care Facilities (including day cares and group homes) – 934 inspections
        - Food premises – 13,522 inspections (mobile 535, food retail 2178, restaurants 10,240, temporary food establishments 569)
        - Personal Services Establishments – 113 inspections
        - Recreational Camps – 56 inspections
        - Swimming Pools – 1,397 inspections
        - Complaints investigated – 1,576

12. Identification and management of communicable diseases, non-communicable diseases as well as infection prevention and control using evidence-informed policies, protocols, standards and guidelines.
    - Provided education to the public about tick borne illnesses including Lyme Disease in collaboration with community stakeholders.
    - Revised several of the department's protocols to address specific infection prevention and control issues (e.g. C. difficile protocol, Routine Practices and Additional Precautions).
    - Completed and posted the Malaria and Tetanus protocols to the Communicable Disease Management website.
    - Eight other protocols initiated or advanced in their collaborative and informed development.
    - In collaboration with the Manitoba Quality and Patient Safety Council developed:
        - reporting process of health care worker hand hygiene compliance monitoring
        - reporting process for specific health care associated infections
        - provincial policy framework on best practices for infection prevention and control

13. Coordinated inter-sectoral plans and response to public health emergencies.
    - Participated in the development of relevant public health emergency preparedness (PHEP) indicators to measure performance in Canada, guide quality improvement.
    - Contributed to the development of a conceptual framework for PHEP in Canada that identifies the essential elements of a resilient public health system.

14. Effective and timely public communication in regard to health hazards (e.g. fire/smoke warnings, health message for extreme weather).
    - Worked closely with Environment and Climate Change Canada, Meteorological Services Canada, and Health Canada to implement, evaluate, and adapt a new heat warning service for Manitoba. The new heat warning service has health evidence-based warning criteria, which increases the consistency of heat warnings and standardizes warnings across the province.

15. Stronger engagement and collaboration with provincial, regional and non-government organizations to increase physical activity opportunities in schools, workplaces and communities, including promotion of trails and advancements in active transportation policies.
    - Partnered with internal and external partners in the health, education, sport, recreation, fitness, early childhood and private sectors to increase physical activity opportunities by:
        - providing over 6,650 educational and promotional resources
        - offering quality leadership training focused on rural and northern Manitoba, older adult peer leaders, peer mentors for afterschool programs, and physical education teachers
        - offering programs and equipment for Indigenous, newcomer and low-income children and youth
        - supporting trail promotion in Manitoba and the completion of the Trans Canada Trail – Manitoba portion
        - promoting and supporting safe and active transportation for Manitobans of all ages

16. Development of a provincial food and nutrition framework, which includes stronger collaboration between government departments and non-government organizations, increased opportunities for public-private partnerships, continued information, funding and policy support to schools and day cares,

and collaborative development of guidelines for healthy eating environments in health care facilities, and government offices.

- Communicated with all schools about how to consult with their local public health inspector to assist with the planning and use of food preparation spaces and facilities to ensure safe food handling practices.
- Laid the groundwork for the development of a provincial food and nutrition framework by engaging with over 20 community food and nutrition stakeholders; conducting a jurisdictional scan of the food and nutrition frameworks across Canada and consulting with other jurisdictions. The goal of the framework is a coordinated and consistent approach to public health nutrition across the province and identification of evidenced informed nutrition priorities for Manitoba.
- Supported healthy eating environments through the following initiatives and partnerships:
    - The Nutrition for Early Learning and Child Care initiative reached 759 childcare providers through workshops and webinars, and over 245 children and 60 childcare providers through 20 site visits, which included hands-on cooking activities.
    - The Healthy Food in Schools initiative provided support to schools through over 40 consultations directly with schools, educational workshops for school divisions, the development of a provincial schools nutrition action group to coordinate efforts of dietitians working in schools, and continued nutritional support for a canteen/cafeteria network between school cafeterias and canteen conveners.
    - In partnership with the Child Nutrition Council of Manitoba, supported over 3.7 million meals and snacks served to just under 24,000 students in approximately 240 nourishment programs across the province.
    - Over 200 schools and 61 child care centres participated in the Farm to School Manitoba Healthy Choice fundraising program. 41,029 bundles of vegetables were sold and the participating schools and daycares retained $286,045. Peak of the Market and the Manitoba Association of Home Economists were key partners in this program.

17. Improved collaboration and data collection among regional health authorities, non-government organizations and the community to prevent unintentional injuries or deaths such as falls, drowning and head injuries.
    - Facilitated a coordinated and consistent approach to the prevention of falls in Manitoba through the Falls Prevention Advisory Committee, with representation from all health regions. Five evidence-informed tools were developed and disseminated (in partnership with Winnipeg Regional Health Authority) to support implementation of fall prevention strategies.
    - Identified opportunities to improve injury and fall prevention data collection, quality and gaps.
    - In partnership with the Manitoba Coalition for Safer Waters, 363 personal flotation devices were distributed to 16 communities and 30 communities received $49,000 in funds to support the Community Water Safety Grants Program. Programs supported a wide range of initiatives from improved signage and site development, to school-based swimming programs and training programs for rural facilities. Close to 1,000 public displays and education events took place to increase awareness and knowledge of water safety.
    - Collaborated in efforts to reduce collision-related fatalities and injuries. Participated in the Provincial Road Safety Committee (PRSC) as well as two technical committees (Cannabis/Impaired Driving Working group and the Vulnerable Road User/Active Transportation working group) to ensure collaboration amongst key road safety stakeholders.

18. Improved collaboration among regional health authorities, non-government organizations and the community to identify priorities and mitigate poor sexual health outcomes among vulnerable populations, including reduced incidence of STBBIs, increased access to harm reduction supplies and resources, and reduced wait-times for services.
    - Participated in the prevention of poor sexual health outcomes due to marginalization and/or reduce STBBIs due to substance use by providing annual grant funding to five agencies and one regional health authority to support 13 programs throughout the province.

- Provided provincial leadership to ensure consistent approach to delivering harm reduction services throughout the province by working with the four rural health regions, federal partners and community experts.
- Supported and worked collaboratively with Prairie Mountain Health, Interlake-Eastern Health Authority and Southern Health-Santé-Sud to establish or build on harm reduction and peer network programming. These programs decrease the risk of HIV and Hepatitis C transmission through education and awareness, increased access to resources and supplies as well as access to health and social service supports.

19. Strong regional engagement and policy/program leadership, including financial support for implementing approximately 320 community-led chronic disease initiatives; improved data collection of community projects and outcomes related to healthy eating, physical activity, tobacco cessation and mental well-being.
    - Provided funding and provincial leadership to regions, communities and rural municipalities across Manitoba in implementing the chronic disease prevention initiative Healthy Together Now (HTN) program. Together, regions approved 290 HTN proposals for community level chronic disease prevention initiatives. Communities led activities, unique to their region and community, in the areas of mental well-being, physical activity, nutrition and prevention and reduction of tobacco use.
    - Hosted a provincial Share & Learn workshop in Winnipeg focused on reconciliation. The workshop provided education, training, skill development, and community project sharing using a story format. Approximately 130 people participated from each health region and partner agencies and departments.
    - Hosted a Manitoba Health Promoters Core Competencies Day Workshop with a focus on evaluation and equity. The positively evaluated workshop provided professional development opportunities to health authority staff and community health developers. Over 90 participants furthered their understanding on the social determinants of health and social return on investment evaluation and the implications to their work in the field of health promotion.
    - Implemented a new online database developed to streamline applications, approvals, monitoring and evaluation of the Healthy Together Now initiative.

20. Improved equity in the provision of healthy schools grants; improved engagement with school divisions, schools and other partners using evidence informed practices and tools; and improved data collection from schools to reflect the impact on overall school health.
    - Partnered with Manitoba Education and Training including the Healthy Child Manitoba Office to represent Manitoba nationally at the Joint Consortium for School Health and to identify and collaborate on health issues such as reconciliation, equity, evaluation and resource development.
    - Provided funding and provincial leadership to the Healthy Schools Initiative, through the provision of grants to all schools in the province.
    - A first time grant was provided to the newly formed Manitoba First Nations School System to support health promotion within 10 schools.
    - Healthy schools initiatives and grants continued to support health promotion activities at the provincial, divisional, and independent and First Nations school levels. Activities included dissemination of resources to schools, consultation and support to use tools such as the Healthy Schools Planner and the revised Positive Mental Health toolkit. Partnerships with agencies who deliver initiatives such as Active and Safe Routes to School and physical activity promotion in schools have worked to strengthen and promote wellness in Manitoba school communities.
    - Healthy schools supported and facilitated a new pilot of the APPLE Schools program in the Swan Valley School Division. Two K-8 schools within Swan Valley will benefit from dedicated school health facilitators and evidence based health promotion programming in the areas of mental wellness, nutrition and physical activity for the next three years.
    - Collaborated with the Addictions Foundation of Manitoba to distribute a cannabis resource package for school administrators, teachers and parents to all Manitoba schools in anticipation of the upcoming federal legalization legislation.

21. Continued downward trend in smoking prevalence rates in Manitoba, including fewer young people starting to smoke.
    - Manitoba's smoking prevalence rates have been steadily declining from 25% in 2001 to 18% in 2016 and daily smoking has declined from 20% to 13% over that same time period for people ages 12+.

22. Continued enforcement of the provisions in The Non-Smokers Health Protection Act and sustained compliance with the prohibition on supplying tobacco products to minors.
    - Continued to enforce The Non-Smokers Health Protection Act through a compliance program with tobacco retailers focused on preventing tobacco sales to minors. In 2017/18, 321 compliance checks were conducted with four charges laid for sales to minors and four for sales of single cigarettes.

23. Expanded youth prevention programming through an increased number of Students Working Against Tobacco (SWAT) teams in Winnipeg School Division One.
    - SWAT teams were active throughout 2017/18. However, for 2018/19 this program will go through a review and revision to shift focus on educating and preventing youth from using cannabis. Existing SWAT teams and their schools can continue to be active and will be provided with some support and resources from the Tobacco Control and Cessation Unit.

24. Maintenance of smoking prevention and cessation initiatives in regional health authorities.
    - The department has funding agreements in place with all regional health authorities to undertake smoking prevention and cessation initiatives.
    - For 2017/18, these included funding nicotine replacement therapy products (the patch) to smokers through health care facilities in the regions and supporting school-based smoking prevention programs in northern schools.

4(b) Active Living, Population and Public Health

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	15,174	134.45	15,123	51	
Other Expenditures	8,335		11,075	(2,740)	**1**
External Agencies	328		426	(98)	
Total Sub-Appropriation	**23,837**	**134.45**	**26,624**	**(2,787)**	

Explanation Number:

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

Intergovernmental Strategic Relations

The objectives were:

- To provide briefing material and analysis on health-related items for Manitoba's premier in his role as a member of the Council of Federation (CoF) and Council of Western Premiers (CoWP).
- To provide briefing material, analysis, and advice to the minister and the deputy minister for all federal/provincial/territorial (F/P/T), provincial/territorial (P/T) meetings and federal/provincial files.
- To provide advice and logistical support to the deputy minister and leadership within the department on federal, inter-provincial, inter-jurisdictional and other issues.
- To provide timely, evidence-based policy and planning advice that advances the goals and objectives of the department regarding Indigenous health.
- To provide strategic policy advice, organizational and analytical support to short-term research functions and linkages with other provincial departments on F/P/T and P/T health related issues.

- To engage, facilitate, or lead strategic relationships and partnerships that address key challenges, barriers, and impediments for Indigenous and northern health and well-being.
- To provide oversight in the provisions of primary care service in the provincial nursing stations (PNS).

The expected and actual results for 2017/18 included:

1. Premier, minister, deputy minister, and the department receive policy, organizational and analytic support on all F/P/T and P/T health issues.
   - Participated in weekly and biweekly F/P/T teleconferences; provided intelligence, policy, organizational, and analytic support to the deputy minister and minister on all pertinent F/P/T and P/T health matters.

2. Minister is prepared for, and supported with staff as necessary, at the Health Ministers' Meeting (HMM).
   - Prepared all briefing materials and advisory notes for the minister in support of the HMM and conference calls.

3. Deputy minister is prepared for - and supported with staff as necessary at - the CDM, as well as prepared to chair or lead P/T tables.
   - Prepared all briefing materials and advisory notes for the deputy minister in support of the deputy minister's duties at the CDM and other health forums.

4. Establishment and maintenance of strong and collaborative relationships with pan-Canadian institutions and cooperation that advances initiatives on behalf of the Manitoba government.
   - Fostered and maintained working relationships with pan-Canadian institutions, pan-Canadian health organizations, governments, and stakeholders in order to advance common understandings, policy positions, and communications protocols.

5. Transfer of knowledge among the departmental, P/T and F/P/T colleagues as needed.
   - Provided policy support to the department on all F/P/T and P/T health-related issues. Evidence informed policy support through participation on a variety of pan-Canadian forums, including those related to the Special Advisory Committee on Opioids, Indigenous health, Canadian Blood Services.

6. Policies, structures and processes that support coordinated provincial Indigenous and northern health planning.
   - Participated as a partner on the Inter-governmental Committee of First Nations Health and Social Development.
   - Participated on First Nations-led planning tables to better inform provincial health service delivery in communities.

7. Strong and collaborative strategic relationships.
   - Sustained existing and developed new collaborative relationships with First Nations governments, communities, and representative organizations.
   - Worked with various health stakeholders, First Nations, Métis, Inuit communities and organizations to promote equity through incorporating Indigenous perspectives into policy and promote appropriate health related resource partnerships with indigenous communities.

8. A repository of Indigenous and northern health information that increases knowledge and cultural competencies to enhance cultural safety for all relevant partners, e.g., MMF, AMC, and MUIA.
   - Provided advice to branches within the department regarding culturally appropriate best practices. These practices have been informed by Indigenous communities themselves via their representative organizations/partners.
   - Maintained a knowledge bank to strategically house, organize, and access current and relevant public, peer-reviewed, and gray literature in a simple and reliable manner.

9. To ensure that people living in Mosakahiken Cree Nation, a.k.a. Moose Lake, Chemawawin Cree Nation, a.k.a. Easterville, and Misipawaistik Cree Nation, a.k.a. Grand Rapids continue to receive and have access to provincial health services in compliance with a memorandum of agreement (MOA) with the federal government.
    - Continued to provide primary care to the nursing stations communities, as per the Memorandum of Agreement between the Department of National Health and Welfare and the Department of Health of the Province of Manitoba (also known as the "1964 Agreement").

4(c) Intergovernmental Strategic Relations

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	923	13.00	997	(74)	
Other Expenditures	212		686	(474)	
Total Sub-Appropriation	**1,135**	**13.00**	**1,683**	**(548)**	

Regional Policy and Programs

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of the department focusing on:
    - Acute, Tertiary, and Specialty Care
    - Cancer and Diagnostic Care, including Transplant and Transfusion Services
    - Continuing Care
    - Health Emergency Management; including Emergency Medical Services and Disaster Management
- To facilitate integrated health services delivery for Manitobans by liaising with program leadership in other divisions of the department, notably including the following branches:
    - Mental Health and Addictions
    - Primary Health Care
    - Seniors and Healthy Aging
    - Intergovernmental Strategic Relations
- To provide support to the minister and the health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services Manitoba) through ongoing policy direction and recommendations in planning, implementation, monitoring and evaluation, and public reporting of results of health services.

The expected and actual results for 2017/18 included:

1. The department strategic objectives and priorities are advanced with respect to acute, tertiary, and specialty services, diagnostic and cancer care, continuing care, and emergency medical services and in an integrated manner that improves patient's experience, health outcomes for Manitobans, and demonstrates value.
    - Worked with regional health authorities (RHAs), CancerCare Manitoba and Diagnostic Services Manitoba to provide information to support decision-making on a range of strategic and issue-based matters, designed to improve service delivery.
    - Supported the leadership of councils to coordinate provincial efforts in the areas of quality and patient safety, continuing care, and acute and specialty health services.
    - Focused planning and implementation efforts on improving access to care and reducing waits for health services and supporting system enhancements.

- Worked with system stakeholders to lead the development of a policy framework to support the successful integration of medical assistance in dying (MAiD) in Manitoba, based on federal legislation.
- Implemented phase 3 of the ambulance fee reduction, reducing fees from an average of $500 per primary transport to a maximum flat rate of $340 per primary transport, as per the ambulance fee mandate.
- Undertook activities to progress implementation of an acute stroke unit as per the stroke unit mandate.
- Collaborated with Health Infrastructure branch and RHAs on the planning to increase the PCH supply in Manitoba as per the 1,200 PCH bed mandate.
- Submitted the Wait Times Reduction Task Force recommendations—to improve access to emergency departments and priority procedures—to the minister on November 21, 2017 as per the wait times mandate.

2. Current and future health services are operated in compliance with legislative and regulatory requirements and supported by evidence-based policy.
   - Fulfilled requirements as established under The Health Services Insurance Act, The Regional Health Authorities Act, The Manitoba Evidence Act, The CancerCare Manitoba Act, and The Emergency Medical Response and Stretcher Transportation Act.

3. Timely information is provided to the minister, internal clients and the health authorities to support evidence-based decision-making.
   - Tracked and reported on a variety of data, including wait time and wait list information, emergency medical service response times, and critical incident reports to assist the minister, regional health authorities, CancerCare Manitoba and Diagnostic Services Manitoba in their decision-making in matters related to the delivery of safe patient care and program planning, policy and standards.

4. Public expressions of concern related to service delivery issues are researched and responded to in a timely manner.
   - Provided timely investigations and responses to enquiries by the public and/or media on behalf of the public.
   - Provided responses to enquiries via The Freedom of Information and Protection of Privacy Act in a timely and responsive manner.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	287	4.00	349	(62)	
Other Expenditures	973		933	40	
Total Sub-Appropriation	**1,260**	**4.00**	**1,282**	**(22)**	

Health Emergency Management

The objectives were:

Emergency Medical Services (EMS)

- To provide provincial leadership and expertise to ensure competence of EMS personnel and delivery of EMS services in accordance with The Emergency Medical Response and Stretcher Transportation Act and regulations.
- To lead evidence-informed provincial planning, policy and legislation development, and standardization of EMS services to enable the provision of safe, quality, efficient, effective and responsive EMS to Manitobans.
- To inform Manitobans and the department about demand, capacity, access and waits for EMS services.

- To lead and promote quality improvement and innovation in the area of EMS.
- To lead evidence informed/best practice clinical treatment of patients and quality assurance through the provincial Office of the Medical Director.
- To respond to critical care medical evacuation needs by coordinating the operation of the Lifeflight Air Ambulance Program.

Office of Disaster Management
- To ensure the health needs of Manitobans are addressed during and after disasters through prevention and mitigation, preparedness, response and recovery activities.
- To enhance capacity for disaster management supporting the use of an incident management structure in developing situations/circumstances.
- To lead and/or promote quality improvement and innovation in all phases of disaster management.

The expected and actual results for 2017/18 included:

Emergency Medical Services

1. EMS personnel are educated and examined in accordance with regulatory requirements.
    - Approved four education agencies to provide emergency medical responder (EMR) education.
    - Approved three education agencies to provide primary care paramedic (PCP) education.
    - Approved two educational agencies to provide advanced care paramedic (ACP) education.
    - 86 candidates accessed the EMS branch entry-to-practice exam at the emergency medical responder level. 69 candidates successfully completed the exam. There were no appeals to the Manitoba Health Appeal Board regarding exam results for 2017/18.
    - 139 PCPs accessed the Canadian Organization of Paramedic Regulators (COPR) entry-to-practice exam, 122 successfully completed the exam. 26 ACPs accessed the COPR entry to practice exam, 24 successfully completed the exam. The EMS branch continued to hold a position on the COPR board to ensure barrier-free professional mobility and compliance with the Agreement on Internal Trade.

2. EMS personnel of land ambulance, air ambulance, medical dispatch and stretcher car services are licensed.
    - As of March 31, 2018, there were 3,864 licensed EMS personnel in Manitoba. This included 3,048 land personnel (EMR, PCP, ACP); 509 air personnel (aeromedical attendants, air ambulance pilots) and 305 stretcher attendants.
    - From April 1, 2017 to March 31, 2018, 470 new personnel licenses were processed.
    - 19 land EMS service licenses issued effective January 1, 2018 to December 31, 2018; 15 medical first response services; 8 air EMS; 2 dispatch centres; and 2 stretcher transportation services.

3. Land and air ambulance services and stretcher car services are inspected and licensed in accordance with regulatory requirements.
    - Annual land and air ambulances and stretcher vehicle inspections occurred from April 2017 to June 2017.
    - 52 land ambulances, 10 aircraft and 10 stretcher vehicle inspections were completed and all were deemed to be in accordance with the regulatory requirements.

4. Timely medical transportation is provided by fixed wing, rotary wing, land ambulance and land stretcher service.
    - Patient transports in Manitoba in 2017/18 included:
        - Fixed wing basic air ambulances: 6,295
        - Rotary wing air ambulance: 397 (plus 36 additional transport with ground EMS)
        - South Air Ambulance Program: 266
        - Lifeflight: 555
        - Rural ground ambulances: 61,889*
        - Winnipeg ground ambulances: 51,770**

*Ground ambulance transport data included here is limited to that tracked by the medical transportation coordination centre (MTCC). Some rural, or northern services are not yet dispatched by MTCC and, thus, their data is not captured here.
**As reported by Winnipeg for 2017 calendar year.

- Lifeflight provided safe transport for 412 seriously ill or injured patients from rural and northern facilities to tertiary centers primarily in Winnipeg. Lifeflight arranged and coordinated the transport of 143 Manitoba residents who required medical care not available in Manitoba.

5. EMS performance indicator data is collected, monitored and reported quarterly and annually.
   - Received monthly and annual reports on performance indicators and statistics for rural EMS from the dispatch center, and an annual report was received from the Winnipeg Fire Paramedic Service.
   - The reports detailed call volumes, types of calls, patient transports for all call acuity types, chute times and response times for land and air services dispatched by MTCC and similar data from Winnipeg.
   - Analysis of indicators by the department and regional health authorities contributed to ongoing system planning and daily operational management of the EMS system.
   - As recommended in the 2013 EMS review and to ensure public awareness and transparency, the department continued to support performance and call volume data on the EMS branch website.

6. Current and relevant EMS standards, policy, protocols and procedures are developed and published.
   - EMS protocols and procedures which represent evidence based, best practice patient care, medications and procedures, are the foundation of EMS practice in Manitoba. As of March 31, 2018 215 patient care maps and associated documents were developed and distributed to EMS services throughout Manitoba.

7. EMS personnel adhere to provincial standards, protocols and procedures.
   - The provincial medical director investigated reported incidents related to adherence to provincial standards, protocols and procedures.

8. Legislation and policies governing EMS are reviewed and updated.
   - Collaborated on draft amendments to both The Land Emergency Medical Response System Regulation and The Air Emergency Medical Response System Regulation in order to decrease redundancy, red tape and support the transition to paramedic self regulation.

9. Manitobans receive timely response to enquiries.
   - Responded to public enquiries in person, by phone, and email within ten working days.

10. Progress is made towards the implementation of the EMS review.
    - Provided analysis to support the announcement of 60 additional full time paramedic positions for rural Manitoba to reduce reliance on part time and on-call personnel.
    - Provided analysis to support the announcement of consolidation of low volume EMS stations with full time sites in rural communities to increase reliability of service and improve response times for emergency calls.

11. Annual targets for reduction in ambulance user fees is achieved.
    - Implemented the third phase of ambulance fee reductions, reducing fees from an average of $500 per emergency transport, to a maximum flat rate of $340 per emergency transport.

Office of Disaster Management

1. A disaster management program for the department that meets the requirements of due diligence and internationally recognized best practice (currently, Canadian Standards Association Z1600 Standard on Disaster/Emergency Management and Business Continuity Programs).
   - Ensured maintenance of appropriate health care service delivery during 669 non-routine events through overseeing and/or coordinating the regional health authorities (RHAs), Diagnostic Services

Manitoba, Cadham Provincial Laboratory, Selkirk Mental Health Centre, CancerCare Manitoba, northern nursing stations, Manitoba Hydro, BellMTS, and relevant provincial and federal government partners.
- Provided oversight and coordination across all hazards through the phases of mitigation, preparedness, response, and recovery.
- Managed events included power outages, communication outages, severe weather events, security events, water boil advisories, rapid information requests, potential media inquiries, and wild land fire and smoke events causing community evacuations.

2. A fully integrated health incident management system for the department and the RHAs that meets the requirements of due diligence and internationally recognized best practice (currently, National Fire Protection Association 1561 Standard on incident management systems).
   - Supported regional health authorities to refine their incident management.
   - Non-regional health authority organizations involved in health care delivery - including Active Living, Population and Public Health branch, Emergency Medical Services branch, Selkirk Mental Health Centre, Cadham Provincial Laboratory, northern nursing stations, and Diagnostic Services Manitoba - adopted an incident management system to manage disruptions.
   - Identified incident commanders for each of the department's critical functions as a part of departmental business continuity planning.

3. A coordinated and effective preparedness and response structure within the department and the RHAs.
   - Guided the development of a health system opioid response structure (HSOR) within the department that facilitated improved intra and inter-departmental coordination of the provincial opioid response by bringing together mental health and addictions, public health practitioners, Manitoba Justice, and other provincial level organizations involved in opioid prevention and treatment activities.
   - Coordinated inter-departmental and inter-governmental information sharing and joint issues management from a health perspective to meet the needs of up to 2,000 wildfire evacuees from Sapotaweyak Cree Nation, Little Grand Rapids and Pauingassi First Nation. This included cross-collaboration with provincial partners such as Manitoba Emergency Measures Organization, Manitoba Sustainable Development, and Manitoba Emergency Social Services and federal partners such as First Nations Inuit Health branch, Public Health Agency of Canada, Canadian Armed Forces, and Indigenous Services Canada and their contracted agent, Canadian Red Cross.

5(b) Health Emergency Management

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,180	23.00	2,118	62	
Other Expenditures	7,900		6,927	973	**1**
External Agencies	20		23	(3)	
Total Sub-Appropriation	**10,100**	**23.00**	**9,068**	**1,032**	

Explanation Number:

1. Primarily due to increased Lifeflight transportation costs.

Provincial Cancer and Diagnostic Services

The objectives were:

- To lead evidence-informed planning for provincial policy and provincial standardization of services of cancer, diagnostic imaging, diagnostic laboratory, renal, service to ensure the delivery of safe, high quality, efficient and effective care to Manitobans.

- To monitor and evaluate the cancer and diagnostic services system performance as it pertains to quality, safety, cost and service efficiency and effectiveness.
- Inform Manitobans and the department about access, capacity and appropriate use of existing and future cancer, diagnostic imaging, laboratory, and renal services.
- To lead and/and or promote an integrated, high quality, safe, efficient, effective and evidence-informed cancer, diagnostic imaging, laboratory, renal services.

The expected and actual results for 2017/18 included:

1. CancerCare Manitoba (CCMB), Diagnostic Services Manitoba (DSM), and regional health authorities are in compliance with various components of legislation, accreditation, patient safety, quality and patient safety reporting.
    - CCMB, DSM and regional health authorities were accredited and were in compliance with legislation promoting patient safety, quality and patient safety reporting.
    - Collaborated with stakeholders to support a provincial quality approach in diagnostic and transfusion medicine accreditation.

2. Increased standardized province-wide service delivery for cancer, renal and diagnostic services.
    - Provided oversight, collaborated with stakeholders and monitored on progress on the Office of the Auditor General (OAG) audit for management of magnetic resonance imaging (MRI) services.
    - Advanced accountability and oversight, through analysis, advice and engagement, in support of a standardized and sustainable province-wide service delivery for cancer, renal, diagnostic, and transplant and transfusion medicine services.
    - Advanced accountability, oversight and recommendations to promote sustainability of planning for cancer, renal programs in urban, rural and northern communities.
    - Exercised provincial stewardship in anticipating and identifying emerging cancer, diagnostics and renal health service issues and supported all stakeholders through communicating expectations to address provincial priorities, emerging health issues, service gaps and quality of care.

3. Enhanced quality, access, transparency and sustainability of cancer, diagnostic and renal healthcare services.
    - Provided analysis and advice regarding the sustainability of volume demand for diagnostic imaging, laboratory services and cancer treatment, prevention and survivorship identified by DSM and CCMB.
    - Collaborated to support expansion of the number of oncologists providing treatment in Manitoba.
    - Collaborated with the Canadian Cancer Society to supply grant funding for a transportation program to ensure patients receive transportation to cancer treatment and appointments no matter where they live in the province.
    - Collaborated with Kidney Foundation of Canada, Manitoba Chapter (KFC MB) to advance timely home hemodialysis utility reimbursement and to revise the service purchase agreement, to include enhancements to the Living Organ Donor Reimbursement Program (LODRP) funding policy in order to further reduce financial barriers and support living organ donation by Manitobans.
    - Participated in a health equity (underserved populations) committee to assist in a provincial perspective on building better partnerships for improved access to and a model of collaborative cancer control for underserved populations.
    - Participated in the review and planning for renovations to rural community cancer program sites.
    - Participated in a lung cancer screening advisory committee to review opportunities for low dose computed tomography in the screening of lung cancer for high-risk patients.
    - Provided programmatic analysis to advance community assisted renal dialysis services to provide support for those who are unable to manage tasks associated with performing home based treatments, including a growing frail elderly population in nursing homes to reduce the need for both in-centre dialysis and transportation to receive treatment.
    - Provided oversight to monitor the deliverables associated with the implementation of the provincial laboratory information system (PLIS) to improve patient safety and enhance quality assurance.

4. Manitobans have timely access to appropriate, quality diagnostic, renal and cancer services.
    - Provided programmatic policy advice to increase access though the addition of two new magnetic resonance imaging facilities (Selkirk Regional Health Centre, and Pediatric MRI at Diagnostic Centre of Excellence in Winnipeg).
    - Provided programmatic policy advice to increase access through additional IV chemotherapy capacity and expanded space at the new Selkirk Regional Health Centre.
    - Provided programmatic policy advice to advance additional MRI capacity in northern Manitoba at Dauphin Regional Health Centre.
    - Provided programmatic policy advice to advance additional regional and community cancer hub staff in northern Manitoba.
    - Provided oversight, analysis and advice to support appropriateness efforts to enhance timely access to appropriate, quality, sustainable diagnostic, renal and cancer services.
    - Provided policy advice and supported funding for the Manitoba Renal Program to increase renal capacity and expand home modalities in Winnipeg. Brandon and other local renal health centres, including a new community assisted peritoneal dialysis to assist individuals who require assistance to utilize home modalities.
    - Provided policy advice to support Manitoba Renal Program to increase renal clinic capacity to provide timely access to renal care.
    - Provided analysis and policy advice to advance the delivery of diagnostic magnetic resonance imaging services in Manitoba.
    - Provided oversight and accountability regarding the replacement of linear accelerators for radiation treatment at CCMB.
    - Provided oversight and accountability to complete the conversion from film to digital mammography including mobile in the province.
    - Collaborated with CCMB and DSM in the expansion of molecular testing in Manitoba.
    - Participated and provided advice to support a formal cancer drug approval and accountability process for IV and oral chemotherapy.

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

6. Data is available for program and policy planning and implementation.
    - Provided oversight to monitor performance, financial and statistical reporting of cancer, diagnostic imaging volumes, wait times, laboratory testing turnaround time, and service purchase agreement with external stakeholders.
    - Participated and informed the work of the Canadian Association of Drugs Technology in Health related to issues in emerging health technologies including evidence of clinical, cost effectiveness including implementation guidelines.
    - Participated and provided advice in a review on equity and diversity with the Canadian Institute for Health Research as it relates to policy planning for underserved populations.
    - Monitored cancer, diagnostic and renal performance targets and indicators within the provincial performance management framework.
    - Participated in the Canadian Institute for Health Information’s radiation and IV chemotherapy treatment wait time benchmark analysis and performance management framework.
    - Developed a comprehensive and integrated set of performance indicators regarding clinical outcomes for the provincial oncology drug program.
    - Assessed and provided advice on proposals related to new expanded or revised programs and services.
    - Participated and provided provincial perspective in a pan Canadian framework for human papilloma virus testing in addition to cancer survivorship to guide future funding.

5(c) Provincial Cancer and Diagnostic Services

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	727	9.00	840	(113)	
Other Expenditures	258		449	(191)	
Total Sub-Appropriation	**985**	**9.00**	**1,289**	**(304)**	

Continuing Care

The objectives were:

- To lead evidence-informed planning, provincial policy, and provincial standardization of continuing care programs and services to ensure the delivery of safe, quality, efficient, effective and responsive continuing care health services.
- To ensure the provision of safe and quality personal care home services by licensing and monitoring personal care homes operating in Manitoba.
- To monitor and evaluate the continuing care sector's performance as it pertains to quality, safety, cost and service efficiency and effectiveness.
- To inform Manitobans and the department about demand, capacity, access and waits for continuing care health services.
- To lead and/or promote quality improvement and innovation in continuing care services.

The expected and actual results for 2017/18 included:

1. Personal care homes (PCH) operate in compliance with the Personal Care Homes Standards Regulation as set out under The Health Services Insurance Act.
    - Provided leadership and ongoing monitoring of Manitoba's 125 licensed PCHs regarding compliance with PCH standards, which included completion of on-site standards reviews, follow-up and verification of site action plans to address deficiencies and follow-up PCH-related complaints, with the goal that all 26 PCH standards are met over time.
    - Conducted standards reviews to assess compliance with established provincial standards in 84 PCHs in the following regional health authorities (RHAs): Northern, Prairie Mountain Health, Southern Health-Santé Sud, and Winnipeg.
    - In the 2017 calendar year, 25 unannounced PCH reviews were conducted in Interlake-Eastern and Winnipeg RHAs.

2. Eligible personal care homes are licensed.
    - Provided leadership in the annual licensing of the 125 PCHs across the province. There is a total of 9,725 licensed PCH beds in the 125 licensed facilities (March 31, 2018).
    - From January 1 to March 31, 2018, 124 unencumbered licences were issued while one licence was placed under review.

3. New, expanded or revised programs in continuing care are implemented in accordance with government priorities.
    - Provided leadership and support of priority initiatives within continuing care programs/continuums of care. Priority actions in continuing care will ensure that appropriate local support services match the needs of individuals and families along the continuum, including high quality, dignified end-of-life care.
    - Provided leadership in the area of community housing with health services. Assisted in the review and analysis of proposals for new, innovative models of community housing with health services in an effort to identify models that allow older adults in the province to remain safely in their communities as long as possible.

- Provided leadership and support in the implementation of a provincial safe resident handling charter for the long-term care sector (the charter). Goals of the charter included (but not limited to) standardization of safe resident handling training across the province that is compliant with Workplace Safety and Health legislation and best practice and improved safety for staff and residents of personal care homes. The charter is a multi-phase plan and work is ongoing with the development of staff training resources to be implemented in all regions.
- Provided oversight to dementia education initiatives in Manitoba and represented the department in the development of a national dementia strategy.
- Worked with system stakeholders to lead the development of a policy framework to support the successful integration of medical assistance in dying (MAiD) in Manitoba, based on federal legislation.
- Collaborated with Health Infrastructure branch and RHAs on the planning to increase the PCH supply in Manitoba in congruence with the 1,200 PCH Bed mandate.
- Work continued to support the six First Nations (FN) elder care homes in meeting provincial standards and providing quality care that meets the needs of residents. The FN communities involved include:
  - Opaskwayak (Rod McGillivary Memorial Care Home in Northern region)
  - Sioux Valley (Dakota Oyate Lodge in Prairie Mountain Health region)
  - Sagkeeng (George M. Guimond Care Centre in Interlake-Eastern region)
  - Oxford House (George Colon Memorial Home in Northern region)
  - Fisher River (Ochekwi Sipi Personal Care Home in Interlake-Eastern region)
  - Peguis (Peguis Senior Centre in Interlake-Eastern region)
- In collaboration with the three regional health authorities impacted by the FN PCH initiative (noted above), continued to provide education and support regarding the provincial PCH standards.
- Monitored the on-going plan to improve access to clinical educational resources and professional supports to deliver palliative/end-of-life training to health care professionals throughout the province, with a particular focus on rural and Indigenous communities.
- Provided input and analysis into the creation of national indicators for assessing quality palliative/end-of-life care service delivery.
- In collaboration with all regional health authorities, participated in the planning of a review of home care equipment requirements and logistics. The outcome of this project will inform the development of the Provincial Home Care Equipment Policy, establish provincial standardization and improve health system efficiencies.
- Participated in the work to support system integration under the Service Coordination Advisory Committee lead by Primary Health Care branch.
- Participated as a stakeholder to develop Primary Health Care branch`s Manitoba Telehomecare Clinical/Business plan.
- Provided leadership to the Joint Provincial Service Excellence Working Group tasked with providing recommendations for improving the quality of home care services in Manitoba. Membership included representatives from the government, the employers and the union.
- Participated in the oversight and planning of the expansion of the electronic home care record (EHCR) in Prairie Mountain Health and the updating of the EHCR in Winnipeg Regional Health Authority (WRHA).
- Provided oversight in new home care programs launched in the WRHA including Priority Home and Rapid Response Nursing. Both programs involve short-term, intensive support to assist individuals to remain in their communities and avoid premature/unnecessary long term care placements, hospitalizations, and emergency department visits.

4. Increased planning, oversight and service delivery improvements in Home Care occur that address the recommendations of the Office of the Auditor General report on Home Care.
   - Provided leadership and support in the Year 2 response to the Office of the Auditor General of Manitoba's (OAG) value-for-money audit of home care, in collaboration with the RHAs. The audit was released in July 2015 and identified 28 recommendations in home care. Even though the OAG only conducted its detailed audit on the two RHAs, the department took an "all RHA" approach in

accepting and planning the response to the recommendations outlined in the report. Some of the recommendations may not be applicable to all RHAs.
- Several committees and/or working groups have work underway that address the OAG recommendations. A collaborative and integrated approach in membership has been taken to provide a fulsome response to the recommendations.

5. Relevant policies are developed, reviewed and updated.
   - Collaborated with stakeholders on the ongoing review of policies related to continuing care.
   - Developed a provincial policy on medical assistance in dying (MAiD) to provide direction regarding a number of policy considerations to support health system stakeholders in the delivery of the service.
   - Two new home care policies pertaining to six Brian Sinclair Inquest Recommendations are in final draft and the Home Oxygen Concentrator Program had policy revisions based on implementation feedback.
   - A review of the Self and Family Managed Care (SFMC) policy has occurred and is nearing completion.

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

7. Data is available for program and policy planning and implementation.
   - Work continued to summarize and review provincial continuing care program statistical data provided by the regional health authorities.
   - Work completed with Regional and Capital Finance branch and Canadian Institute for Health Information (CIHI) to clarify the data definitions of home care MIS codes used by the regional health authorities (RHAs) and the department.

8. Increased standardization and integration of continuing care sector activities across RHAs.
   - Work continued to provide direction for a consistent provincial approach to the RHAs in the development of home care operational policies and standards for the EHCR, staff scheduling, clinical and administrative services.

5(d) Continuing Care

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,042	13.10	1,130	(88)	
Other Expenditures	239		140	99	
Total Sub-Appropriation	**1,281**	**13.10**	**1,270**	**11**	

Acute, Tertiary and Specialty Care

The objectives were:
- To lead evidence-informed planning, provincial policy, and provincial standardization of acute, tertiary and specialty care programs and services to ensure the delivery of safe, quality, efficient and effective care to Manitobans.
- To monitor and evaluate the acute care system's performance as it pertains to quality, safety, cost and service efficiency and effectiveness.

- To inform Manitobans and the department about the quality, safety, utilization of, access to, and capacity of acute, tertiary and specialty health services.
- To lead and/or promote acute, tertiary and specialty health care quality improvement and innovation.

The expected and actual results for 2017/18 included:

1. Health authorities are in compliance with various components of The Regional Health Authorities Act including accreditation, patient safety, community consultation, health service delivery, and quality and patient safety reporting.
    - All regional health authorities (RHAs) had local health involvement groups in place.
    - Health authorities and provincial health service organizations demonstrated compliance with critical incident reporting requirements.
        - 143 critical incidents were reported to the department during the fiscal year 2017/18.
        - Reporting on the progress of implementation of recommendations resulting from critical incident reviews continued to be strengthened through revisions in provincial policy and enhanced monitoring.
    - All health authorities' community health assessment reports were in compliance with The Regional Health Authorities Act and associated regulations.
    - All RHAs and agencies operated according to the accreditation legislation and guidelines.

2. Health authorities are in compliance with various Manitoba legislation and regulations, including but not limited to The Hospital Act, The Health Services Insurance Act, The Universal Newborn Hearing Screening Act, The Apology Act and The Regulatory Health Professions Act.
    - Regional audiology departments submitted data on an annual basis to show compliance to the Universal Newborn Hearing Screening (UNHS) legislation. Data collected was compiled and presented publicly through the UNHS page on the department's website.

3. Health system partners and stakeholders are informed of, and work collaboratively to resolve emerging acute, tertiary and specialty care service issues.
    - Participated in and/or led a variety of provincial working groups and councils, including but not limited to:
        - The Manitoba Quality and Patient Safety Council, whose mandate is to determine and prioritize actions and plans to advance quality and patient safety within Manitoba.
        - The Wait Times Reduction Task Force, whose mandate was to provide recommendations on ways to improve access to emergency departments and priority procedures (hip and knee replacement surgery, cataract surgery, and magnetic resonance imaging).
        - The pan-Canadian Collaborative on Health Equipment Procurement, whose mandate is inter-jurisdictional collaboration to maximize efficiencies in procurement of basic and specialized health equipment.
        - The Patient and Public Engagement Network, whose mandate is to promote, support, and evaluate patient and public engagement activities across the system, and is comprised of representatives of all health services organizations.
        - The Medical Device Reprocessing Working Group (MDR), whose mandate is to align the implementation of MDR services with provincial and national standards.
        - The Accessibility Working Group, whose mandate is to complete the department's accessibility plan to ensure compliance with the Accessibility for Manitobans Act.
        - Regional audiology managers, who meet quarterly to discuss current issues within audiology services throughout the province.
        - The Community Health Assessment Network (CHAN), whose mandate is to support a coordinated approach for the RHAs and CancerCare Manitoba in fulfilling the legislated requirement to conduct a community health assessment to assess the strengths and health needs of Manitobans. CHAN membership has expanded to include Shared Health and Addictions Foundation of Manitoba.
        - The Accreditation Working Group, whose mandate is to share tools and resources, and to coordinate and guide regional actions and plans in alignment with accreditation standards, to advance quality and patient safety within Manitoba.

4. Progress towards establishment of an acute stroke unit occurs.
   - Undertook activities to progress implementation of an acute stroke unit as per the minister`s mandate.

5. Government receives advice and recommendations on strategies to improve Manitobans' access to priority procedures and emergency department care.
   - The Wait Times Reduction Task Force, whose mandate was to provide recommendations on ways to improve access to emergency departments and priority procedures (hip and knee replacement surgery, cataract surgery, and magnetic resonance imaging), submitted its final report to the minister on November 21, 2017.

6. New, expanded or revised programs are implemented in accordance with government priorities.
   - Provided support for increased activities of the Western Canadian Children's Heart Network.
   - Established criteria for department use in determining approved referring providers for insured transgender surgical services.
   - Supported development of functional programming and operational requirements for various capital redevelopment projects.

7. Manitobans receive timely response to enquiries.
   - Provided timely investigations and responses to public enquiries, media enquiries and The Freedom of Information and Protection of Privacy Act (FIPPA) enquiries.

8. Current programs are executed in accordance with established policies, plans and authorities.
   - Supported the work of the Wait Times Reduction Task Force, by facilitating consultations and meetings, and ensuring the membership had the information and resources required to deliver on their mandate to advise on ways to improve access to emergency departments and priority procedures.
   - Participated in RHA program leadership discussions and meetings to develop and sustain effective and collaborative working relationships and ensure regional alignment with provincial policies, priorities and objectives.
   - Undertook monitoring, analysis and advisory activities for all areas of acute and specialty health care services, including but not limited to: wait times for monitored procedures, grant contribution agreements with the Canadian Paraplegic Association Manitoba, performance deliverables for bariatric and cardiac surgical programs, accreditation, and community health assessments.

9. Provincial policy and direction enables consistent service delivery and standards province wide.
   - Provided direction to RHAs and provincial health care organizations to support consistent adherence to provincial policy and expectation for specialized and emergent equipment management and medical device reprocessing.
   - Manitoba accreditation guidelines ensure legislative compliance and provincial standardization of acute and specialty health care service delivery requirements for accreditation practices.
   - Reporting on community health assessment policy revisions ensure standards are current and support consistent adherence across RHAs.

10. Data is available for program and policy planning.
    - Supported RHAs in establishing and continuing appropriate data collection and reporting methods for wait times for various surgical and medical services.
    - Provided monthly (and ad hoc) wait time and wait list information for 22 adult and 16 pediatric surgical and medical specialties, totaling over 400 pages of reports, to program leads and RHA management.
    - Completed and analyzed the results of the Wait Times Reduction Task Force consultations and surveys, to obtain input on access to emergency departments and priority procedures from health care system stakeholders and the public.
    - Provided each RHA and the department with access to provincial UNHS data.

- Led CHAN participation in collaborative research in the Need to Know Team project at the Manitoba Centre for Health Policy, and in monitoring access to Youth Health Survey (YHS) data through the YHS Data Access Review Panel.

11. Increased standardization and integration of acute care sector activities across RHAs.
    - Engaged in various provincial working groups and councils to establish provincially consistent policies, enhance health care service standardization, and improve continuity of care across health service delivery organizations.
    - Provided leadership to Provincial Medical Device Reprocessing working group to ensure provincial integration and adherence to consistent standards.
    - Provided leadership to a provincial working group to establish consistent inpatient bed categories and definitions for comparable documentation of bed capacity across the province.
    - Provided leadership to the Audiology Working Group to reduce inconsistencies in access and programs between regions.
    - Initiated CHAN work to produce provincial reports integrating community health assessment (CHA) data and findings from all regions to support clinical and preventive services planning work.

12. Increased departmental and health system capacity to apply quality improvement processes.
    - Provided leadership to the work of the Manitoba Quality and Patient Safety Council, whose mandate is to determine and prioritize actions and plans to advance quality and patient safety within Manitoba.
    - The Provincial Patient Safety Consultants Network continues to meet to ensure shared learning from patient safety events.
    - Coordinated sharing of information and resources between regional accreditation coordinators to ensure alignment of and efficiencies to quality improvement processes.

5(e) Acute, Tertiary and Specialty Care

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,322	30.00	2,274	48	
Other Expenditures	1,292		1,483	(191)	
Total Sub-Appropriation	**3,614**	**30.00**	**3,757**	**(143)**	

Mental Health and Addictions, Primary Health Care, and Seniors

Administration

The objectives were:

- To provide strategic leadership and direction to advance and support the objectives and priorities of the department throughout the province by focusing on improving the health of the population, and contributing to the overall sustainability of the health care system.
- To promote the health and well-being of the seniors' population, with partners in government and communities to improve access to information, services and environments for a population that is growing, and where maintenance and improvement of quality of life and positive health status is paramount in delaying the need for continuing care and other government services.
- To provide direction and support to the Office of Protection for Persons in Care to ensure the requirements of The Protection for Persons in Care Act are fulfilled.
- To develop a mental health and addictions strategy focused on improving coordination and access to services supporting children, youth, adults, families and caregivers in Manitoba.
- To provide policy direction to the Addictions Foundation of Manitoba as the largest addiction service provider in the province.

- To support the development of an integrated primary care system where service entities, service providers, regional health authorities and organizations work together to improve access to community based health services for all Manitobans, but in particular patients with complex needs and vulnerable population groups.
- To provide policy direction and oversight of the application of The Mental Health Act in the province.
- To provide policy direction and oversight of funding to non-government organizations as partners in seniors' programming, addictions and mental health and primary health care programs and services.
- To address new and emerging health issues such as fentanyl and other opioids, legalization of marijuana aimed at harm prevention and risk reduction for Manitobans.

The expected and actual results for 2017/18 included:

1. Development of a mental health and addictions strategy which focuses on delivery of timely and appropriate access through well-coordinated service delivery.
    - Virgo Planning and Evaluation Inc. was to undertake the development of a strategy. Activities towards the development of the Manitoba Mental Health and Addictions (MHA) Strategy took place throughout 2017/18.
    - The final report, "Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for All Manitobans", was submitted by the consultants on March 30, 2018.

2. Compliance with legislative and regulatory requirements as supported by evidence-based policy.
    - The department prepared for the introduction of legislation addressing the legalization of recreational cannabis.
    - The department worked closely with provinces and territories to advise federal officials on the development of legislation and regulations.

3. Program direction and funding to community organizations to deliver outcomes consistent with government and department objectives and within reporting requirements.
    - The department provided oversight and accountability functions to community-based, provincial agencies that, under service purchase agreements, provided information and delivered programming for seniors, addictions and mental health services.

4. Provision of strategic leadership, and collaborative planning in primary care.
    - As of March 2018, there were 11 My Health Teams (MyHTs) operational in three regional health authorities (Winnipeg Regional Health Authority (RHA), Prairie Mountain Health and Southern Health-Santé Sud) and 4 MyHTs in planning phases in Interlake-Eastern RHA and Prairie Mountain Health. As of March 2018, 24% of insured residents in Manitoba were enrolled to clinics that are part of a MyHT; 16% of clinics and 26% of primary care providers in Manitoba were part of a MyHT.
    - MyHTs have engaged new stakeholders, such as community health centres, CancerCare Manitoba, Addictions Foundation of Manitoba and First Nation communities through the use of engagement plans to expand services available to the public. As a result, numerous health services are being provided in a more coordinated and integrated manner, such as follow-up care provided following cancer treatment, complex needs medication management, chronic disease and mental health support, and enhanced geriatric care.
    - Phase two of MyHT evaluation - focused on governance, funding, and other structural issues - was completed and findings will be used to adapt MyHTs and monitor implementation.

5. Evidence-based and timely information is provided to the government and public.
    - The department provided evidence-based information and policy development in the areas of mental health and addictions, primary health care, seniors, continuing care and new policy areas such as legal retail cannabis. This involved analysis of available data, literature review and incorporation of new and developing practices in all fields.
    - Responded to public enquiries with evidence-based information.

6. Provincial policies, programs, services and legislation reflect the needs of the seniors' population and reflect promising practices.
   - Provided leadership and support to priority government initiatives regarding seniors and healthy aging perspectives.
   - Contributed advice, leadership and support to the department, other government departments, and regional health authorities on policy and planning related to seniors.
   - Co-chaired the Federal/Provincial/Territorial (F/P/T) Ministers responsible for Seniors Labour Force Participation of Older Workers working group, which focused on an international review of promising practices.
   - Liaised with F/P/T Seniors' Officials regarding inter-jurisdictional seniors' issues, participated in joint initiatives and the Social Inclusions and Forum Re-visioning working groups.

7. Improved safety in the system through administration of The Protection for Persons in Care Act.
   - The Protection for Persons in Care Office (PPCO) followed a detailed review process to receive, inquire, and investigate reports of abuse and neglect in designated health care facilities.
   - Communicated with facilities, alleged abusers, and patients/families on the results of investigations.
   - Issued directions to facilities where additional focus or changes were identified to support patient safety. Communicated these directions in writing, provided timelines for application, and monitored implementation of the directions.
   - The PPCO received 2,359 reports of abuse or neglect.
   - Conducted 26 presentations throughout Manitoba.
   - Presentations were delivered to staff at health care facilities to inform them of their mandatory reporting requirements under the Protection for Persons in Care Act.
   - Presentations were delivered to students in health sector programs and the general public on the Protection for Persons in Care Act and reporting process.

8. Preservation of patients' right under The Mental Health Act through appropriate interpretation and application of the Act.
   - Continued to promote effective operation of The Mental Health Act and Regulations.
   - Responded to numerous enquiries regarding interpretation and practical application of The Mental Health Act.
   - Consulted as required with the MHSAL Legislative Unit and Manitoba Justice Civil Services to assist in the proper interpretation and application of The Mental Health Act and Regulations.

6(a) Administration

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	238	2.00	206	32	
Other Expenditures	121		70	51	
Total Sub-Appropriation	**359**	**2.00**	**276**	**83**	

Mental Health and Addictions

The objectives were:

- To advance access to services for Manitobans including prevention, early intervention, treatment and continuing care, and effectively coordinated and integrated with the health and related service systems.
- To provide leadership, direction and support to ensure a mental health and addictions system in Manitoba that is evidence-based, effective, sustainable and accountable.
- To provide leadership, direction and support in advancing spiritual health care in Manitoba.

The expected and actual results for 2017/18 included:

1. Development of a provincial mental health and addictions strategy.
    - The department contracted with Virgo Planning and Evaluation Inc. to develop a strategy. Activities towards the development of the Manitoba mental health and addictions (MHA) strategy took place throughout 2017/18.
    - The final report, "Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for All Manitobans", was submitted by the consultants on March 30, 2018.
    - The strategy was developed following an intensive public and stakeholder engagement effort including:
        - Analysis of over 275 documents provided by stakeholders and also collected and utilized population, health and service data.
        - Over 80 scheduled consultations took place from June to September 2017 in locations across the province including Winnipeg, St Norbert, Winkler, Interlake, Brandon, Portage la Prairie, Sagkeeng First Nation, Thompson and The Pas.
        - In October 2017, over 600 individuals were invited to information validation events.
        - Online surveys were available from September 18 - October 13, 2018. Over 3,800 surveys were completed by stakeholders including the public, persons with lived experience, and service providers.
        - A series of final validation events were held in February 2018. VIRGO met with persons with lived experience and family members, Indigenous leaders, immigrants and refugees, and other key stakeholders.

2. Development of an action plan to integrate mental health and addictions systems in Manitoba that:
    - is informed by an external consultant and multiple stakeholders
    - improves province-wide access to programs and services
    - ensures coordination of services for Manitobans
    - provides role clarity for all stakeholders in the system
    - identifies measurable outputs and outcomes
    - The strategy, which was informed by an external consultant and multiple stakeholders, focuses on improving access and coordination across the province.

3. Enhanced financial and outcome monitoring to increase accountability and effectiveness in the mental health and addictions service sectors.
    - Provided oversight to agencies to ensure they implement the recommendations of Manitoba Finance Internal Audit regarding Addictions Foundation of Manitoba (AFM), Native Addictions Council of Manitoba, and Two Ten Recovery, Inc, increasing the accountability of provincially-funded grant services.
    - Common annual service level performance measurement processes continued to be utilized in residential treatment and withdrawal management facilities.
    - Continued monitoring of funded mental health and addictions agencies continued through regular financial and program reports, to ensure accountability. Reviewed reports for achievement of expected outcomes and value for money.
    - Met quarterly with mental health and addictions funded agencies to provide a forum for discussion about opportunities for increased effectiveness and collaboration.

4. Increased knowledge and skills across the mental health and addictions service system.
    - Supported and promoted a recovery-oriented mental health and additions system in Manitoba through continued leadership of the Provincial Recovery Champions Committee.
    - Promoted information and education aimed at reducing suicide among youth, adults and older adults through policy and program initiatives, under the continued leadership of the multi-stakeholder Provincial Suicide Prevention Leadership Committee.
    - Created and promoted the dissemination of suicide prevention resource materials to educate service providers and community members who support youth, adults, and older adults who may be at risk of suicide, through collaboration with community partners.

- Promoted suicide prevention and treatment across the north through the operation of the Hope North Youth Crisis Facility in Thompson, a six-bed facility funded by the department, for youth experiencing a mental health crisis or who need addictions stabilization.
- Continued operation by AFM of the Manitoba Addiction Knowledge Exchange Centre (MAKE.ca), offering a knowledge exchange physical library/site, and a knowledge exchange website.
- Continued development of the Suicide Prevention Gatekeeper Training Guidance document, occurred with the goal of dissemination in 2018-2019 to enhance the knowledge and skills of organizations and community members to recognize the signs and symptoms of mental health problems and illnesses, and respond to persons at risk of suicide.
- Provision of certification training in Applied Suicide Intervention Skills Training (ASIST) for selected youth serving providers to deliver workshops for staff and community partners to recognize signs and symptoms of suicidal ideation and intervene appropriately.
- Presentations on the mentoring, education and tools for addictions; primary health integration models and the Rapid Access to Addiction Medicine (RAAM) Clinics by their developers were made to addiction service stakeholders in Manitoba.

5. Increased capacity in primary care to screen and intervene for substance use and mental health presentations.
   - A screening, brief intervention and referral (SBIR) pilot in several primary health care sites ended in 2016 when federal Drug Treatment Funding Program funding concluded. The SBIR process continued to be offered in 2017/18 as an option for primary health care My Health Teams through the Year Three application process.

6. Coordination of spiritual health care action plan with the health service delivery system to enhance capacity to meet the spiritual health and wellness needs of Manitobans, with the following results:
   - enhanced collaboration with provincial and regional stakeholders through the provincial working table
   - completed evidence based business case for spiritual health services to enhance understanding of its value to the health care system and mental health recovery
   - developed public and regional educational resources to enhance knowledge of best-practices and skills training
   - Continued coordination of the Provincial Spiritual Health Care Committee, a collaboration with regional health authorities and community partners, which supports the health care system's ability to address the spiritual health and wellness needs of Manitobans facing health challenges.
   - Continued collaboration with community partners to develop and disseminate best practice resources on spiritual health care to assist with strategic planning and service delivery. New resources include an online spiritual health care toolkit.
   - Updated professional competencies for spiritual health care practitioners and training resources on the spiritual dimension of health.
   - Completed research on evidence for the value of spiritual health practices to the health care system, and in contributing toward mental health recovery, through a collaborative partnership with stakeholders.
   - Completed a three-year spiritual health care action plan resulting in an enhanced capacity of Manitoba's health care system to meet the spiritual health and wellness needs of Manitobans.

6(b) Mental Health and Addictions

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	911	10.80	981	(70)	
Other Expenditures	9,674		10,999	(1,325)	**1**
External Agencies	55		226	(171)	
Total Sub-Appropriation	**10,640**	**10.80**	**12,206**	**(1,566)**	

Explanation Number:

1. Primarily due to the closure of the youth program at Behavioural Health Foundation.

Chief Provincial Psychiatrist

The objectives were:

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

The expected and actual results for 2017/18 included:

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

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

3. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
    - Processed 329 Certificates of Incapacity applying for Orders of Committeeship and issued 301 new Orders of Committeeship appointing the public guardian and trustee of Manitoba as committee of the person's property and personal care.
    - Cancelled 16 previous Orders of Committeeship.
    - Issued 63 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside Manitoba.
    - Pursuant to the Order of Committeeship policy, provided an interview with the director of psychiatric services to persons who submitted a written objection to the Notice of Intent to issue an Order of Committeeship, prior to the appointment of the public guardian and trustee of Manitoba as committee.
    - Maintained required working liaison with the Office of the Public Guardian and Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.

4. Enhanced recruitment and retention of psychiatrists for underserviced areas of Manitoba.
    - Four specialists in psychiatry, who successfully completed their periods of enrollment in the Career Program in Psychiatry, continued to fulfill their return of service commitments in areas of need in Manitoba.
    - Two University of Manitoba residents in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing return of service commitments in areas of need in Manitoba.
    - Provided consultation and advice to relevant agencies regarding the recruitment and retention of psychiatrists in Manitoba.

5. Consultative liaison with RHAs and other sectors of the health care system.
    - Maintained relevant linkages and appropriate consultation with the regional health authorities regarding various aspects of the mental health system.
    - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy, and the statutory implications of The Mental Health Act, to clients, stakeholders and various sectors of the health system.

6. Tracking of the Orders of Committeeship program and the regulated forms under The Mental Health Act.
    - Continued data entry for the computer databases for The Mental Health Act and the Orders of Committeeship Program.
    - Additional computer databases were operational for selected data analysis during the year.

6(c) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	502	2.40	485	17	
Other Expenditures	47		53	(6)	
Total Sub-Appropriation	**549**	**2.40**	**538**	**11**	

Seniors and Healthy Aging

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Relevant provincial policies, programs, and legislation have considered the needs of seniors.
    - Provided leadership and support to priority government initiatives and the inclusion of seniors and healthy aging perspectives.
    - Contributed advice, leadership and support to the department, other government departments, and regional health authorities (RHA) on policy and planning related to seniors.
    - Co-chaired the Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors Labour Force Participation of Older Workers working group, which focused on an international review of promising practices.
    - Liaised with F/P/T Seniors' Officials regarding inter-jurisdictional seniors' issues, participated in joint initiatives and the Social Inclusions and Forum Re-visioning working groups.

2. Increased engagement and collaboration with other government departments and regional health authorities.
    - Worked collaboratively within government (municipal, provincial, federal) and RHAs on issues affecting seniors, including: affordable and accessible housing, transportation, healthy aging, ageism, elder abuse/safety and security, caregiving, support services for seniors, access to primary care and access to community supports that facilitate aging in place.
    - Engaged with RHAs to strengthen provincial elder abuse prevention networks, awareness and materials.

3. Advancement of age-friendly initiatives, including identification of new age-friendly communities, and enhanced physical and social environments for seniors in communities throughout Manitoba.
    - Provided two Age-Friendly Manitoba Initiative (AFMI) orientation and consultation sessions bringing the total number of communities participating in the AFMI to 88.
    - Assisted communities in developing age-friendly action plans in order to achieve the Age-Friendly Milestones, promote evaluation and expand options to support aging in community.
    - Coordinated four Connecting Community Days for age-friendly communities within the RHAs boundaries. The theme for these events was healthy build environments.
    - Participated in the Western Age-Friendly Roundtable Discussion with Saskatchewan, Alberta and British Columbia to enhance interprovincial relationships, understand and address the needs of older adults and support Manitoba's age-friendly communities.

4. Increased access to information and supports for older Manitobans and informal/family caregivers.
    - Provided oversight to funded partners to deliver programs and services that enhance the quality of life of older Manitobans and promote age-friendly communities.
    - Managed funding partnerships to ensure a continuum of elder abuse supports, awareness and training activities were available within Manitoba, including: Age and Opportunity: Support Services for Older Adults' Elder Abuse Services and Safe Suite Program, Klinic's 24-hour Seniors Abuse Support Line, and Prevent Elder Abuse Manitoba. Prevent Elder Abuse Manitoba assisted in planning over 100 events to recognize World Elder Abuse Awareness Day throughout Manitoba.
    - Participated in F/P/T working groups to develop three targeted supplements on social isolation and a report on promising initiatives for labour force participation of older workers that will be released publically in 2018/19.

5. Increased recognition of the valuable contributions of older Manitobans and informal/family caregivers.
    - Between April and December 2017, provided administrative and consultative support to facilitate the work of the Manitoba Council on Aging and the Caregiver Advisory Committee. The work of these two groups ceased with the introduction of Bill 10 The Boards, Committees, Councils and Commissions Streamlining Act on December 4, 2017.
    - Coordinated the 2017 Manitoba Council on Aging Recognition Awards to recognize the outstanding contributions of older Manitobans, and promotion of positive images of aging.
    - Provided oversight and funding to the Active Living Coalition for Older Adults – Manitoba to serve as the central point of contact to lead and support recognition of Seniors' and Elders' Day throughout Manitoba in October.

6. Older Manitobans have awareness of services and programs that can support their health and well-being.
    - Provided a central source of information and referral through the Seniors Information Line, Seniors and Healthy Aging website, Seniors Guide and other publications, to seniors, their families, informal caregivers, and seniors-serving organizations on programs and services throughout Manitoba.
    - Provided referrals to 2,158 telephone and online enquiries, and distributed 13,066 publications.

7. Enhanced patient safety through the efficient 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.
    - The PPCO followed a detailed review process to receive, inquire, and investigate reports of abuse and neglect in designated health care facilities.
    - Communicated with facilities, alleged abusers, and patients/families on the results of investigations.
    - Issued directions to facilities where additional focus or changes were identified to support patient safety. Communicated these directions in writing, provided timelines for application, and monitored implementation of the directions.
    - The PPCO received 2,359 reports of abuse or neglect in the 2017/18 fiscal year.

8. Persons who commit abuse or neglect patients are placed on the Adult Abuse Registry.
    - The PPCO applied a comprehensive review process to complete investigations to determine if abuse or neglect occurred. Where appropriate, and in accordance with the provisions of The Protection for Persons in Care Act, referrals of persons alleged to have abused or neglected a patient are made to the Adult Abuse Registry Committee for review and consideration.

9. Improved awareness by health care facilities and the general public of the process for reporting patient abuse and neglect.
    - Conducted 26 presentations throughout Manitoba.
    - Presentations were delivered to staff at health care facilities to inform them of their mandatory reporting requirements under The Protection for Persons in Care Act.
    - Presentations were delivered to students in health sector programs and the public on The Protection for Persons in Care Act and reporting process.

6(d) Seniors and Healthy Aging

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,380	17.80	1,443	(63)	
Other Expenditures	795		862	(67)	
External Agencies	-		83	(83)	
Total Sub-Appropriation	**2,175**	**17.80**	**2,388**	**(213)**	

Primary Health Care

The objectives were:

- To build an integrated primary care system, where service entities and organizations work towards a common set of measurable service standards, to support improved health outcomes and a shift towards less costly community based health services.
- To improve access to care, with an emphasis on ensuring that care is comprehensive and continuous and addresses the needs of patients with complex needs and vulnerable population groups.
- To provide leadership and direction to support policy alignment for an integrated approach to primary care planning, implementation and evaluation across the department, service providers, regional health authorities, other government departments and organizations.

The expected and actual results for 2017/18 included:

1. A plan to enhance the virtual primary care networks, with a long-term goal of delivering high-quality primary care across all communities.
    - As of March 2018, there were 11 My Health Teams (MyHTs) operational in three regional health authorities (Winnipeg Regional Health Authority (RHA), Prairie Mountain Health and Southern Health-Santé Sud) and 4 MyHTs in planning phases in Interlake-Eastern RHA and Prairie Mountain Health. As of March 2018, 24% of insured residents in Manitoba were enrolled to clinics that are part of a MyHT; 16% of clinics and 26% of primary care providers in Manitoba were part of a MyHT.
    - MyHTs engaged new stakeholders, such as community health centres, CancerCare Manitoba, Addictions Foundation Manitoba and First Nation communities through the use of engagement plans to expand services available to the public. As a result, numerous health services were being provided in a more coordinated and integrated manner, such as follow-up care provided following cancer treatment, complex needs medication management, chronic disease and mental health support, and enhanced geriatric care.
    - Phase two of MyHT evaluation - focused on governance, funding, and other structural issues - was completed and findings will be used to adapt MyHTs and monitor implementation.

- The Inter-Professional Team Demonstration Initiative (ITDI) supported the integration of 47 non-physician clinicians into 33 primary care private practices to create inter-professional teams with the goal of improving access for patients and capacity and enhanced service at the clinics. As of December 30, 2017, participating clinics increased patient attachment by 24,861 people since the beginning of the initiative, or 7.4% over the target attachment goal.
- The Extended Hours Demonstration Initiative, a collaboration of many partners (College of Physicians and Surgeons Manitoba, Manitoba College of Family Physicians, Shared Health, Manitoba Clinical Leadership Council, and the department), piloted a potential model of extended/after-hours care, both in an urban and a rural context through a network of primary care. As of March 2018, pilot implementation and preliminary data analysis were completed and the working group developed the final report.
- Advanced Access (AA) training supports primary care providers to address operational efficiencies while focusing on continuity of care, team optimization, best clinical care practices and a culture of continuous improvement in primary care. Staff from seven primary care clinics and regional programs were trained this year bringing the total of clinics/programs trained in AA to approximately 80. An evaluation has been conducted to inform the improvement of the AA training program.

2. Province wide analysis of root causes and subsequent strategic solutions, (including a better understanding of supply and demand) will identify rural/northern communities experiencing the greatest challenges for Manitobans to access.
   - The 2017 Annual Provincial Roll-up Report for Primary Care Capacity Planning (PCCP) was completed; the report reflects data and analysis of the supply and demand challenges across all rural communities, identifies the communities experiencing the greatest challenges are identified. A highlight from this year for northern Manitoba includes stakeholder agreement on which priority hot spots in the north should be addressed first.

3. The time it takes to match a registrant without a provider to a regular primary care provider will continue to be reduced as system capacity increases.
   - Between April 2017 and March 2018, Family Doctor Finder (FDF) matched 81% of program registrants to a family doctor or nurse practitioners within 30 days, and implemented a plan with regional stakeholders to improve results. At the beginning of 2018, this metric changed to monitoring the percentage of people matched in 25 days, reducing the ideal wait time by another 5 days. The success of this model is due to the service itself, but also to provider capacity being increased through initiatives like MyHT, ITDI, primary care capacity planning, etc.

4. Continue to engage primary care clinics, to operate as Home Clinics providing patients with access to continuous and comprehensive primary care. Policy analysis and research will have informed the technical solution for a standard primary care summary (or care plan) and episodic clinical information sharing.
   - As of March 1, 2018, 216 clinics in Manitoba have registered as a Home Clinic; this represents 60% of all 362 clinics in Manitoba or 79% of the 275 eligible clinics (clinics with an EMR) in Manitoba. This has more than doubled since March 24, 2017, when 101 clinics were registered. This represents a growth of 114% since 2016/17.

5. Service standards for different models of primary care and inter-professional providers will be developed to support an integrated primary care system.
   - The analysis and description of the current primary care models of care in Manitoba was developed. The analysis highlighted that primary care services are currently offered in Manitoba through the following models of care: fee-for-service clinics, community health centers, access centers, walk-in connected care clinics, quick care clinics, mobile clinics, regional health authority managed/led centers, provincial nursing stations (on-reserve) and on-reserve health services, hybrid models.
   - In Winnipeg, the quick care model of care evolved to walk-in continuity care clinics that are more aligned with access centers. Selkirk and Steinbach Quick Care Clinics were operational and were coordinating services with primary care services and MyHT respectively.

6. Prioritize service planning and policy development to address system-wide gaps and inefficiencies through improved integration and coordination of services between program areas.
   - MyHT Priority 4 Service Plan Template was developed to assist MyHTs identify their most vulnerable and complex population and then develop processes to identify and leverage existing services or resources through expanded partnerships to support service coordination and efficiency.

7. Funding and remuneration models will have been developed that encourage delivery of care according to home clinic standards as well as participation in primary care networks including support for interprofessional team models and encouragement for delivery organizations to assign providers to appropriate roles within each model.
   - The comprehensive care management tariff (CCM) was introduced. This new tariff is significant because it is monitoring achieved health outcomes and not just activity by the provider. The tariff requires registration as a home clinic, enrolment of patients in a provincial database and submission of quality (patient care) indicators. These requirements are foundational to establishing home clinic standards which emphasize continuous and coordinated care in primary care.

8. A monitoring, evaluation and quality improvement framework will have been drafted to support measurement in primary care.
   - A preliminary primary care performance monitoring system structure was drafted and is in a consultation phase.

9. ICT products are successfully delivered to support primary care priorities, such as patient enrolment, secure communication and information sharing between providers and patients, electronic medical record (EMR) adoption, in order to support continuous quality improvement efforts, integrated planning, resource allocation, accountability, and quality-based remuneration.
   - EMR adoption reached over 76% of primary care clinics and 81% of primary care providers. Priority is now being placed on better defining standards to improve EMR uptake and use to the full extent (EMR optimization and utilization).

10. Communication tools have been developed and distributed to the public and primary care stakeholders to increase awareness about the types of primary care services available and the best use of each.
    - A stakeholder engagement and education plan to engage and inform all stakeholders, including the public, about the initiatives and strategies of the branch regarding advancing primary care was developed. Initial implementation includes the development of communication tools for clinics to help patients better understand the relationship and benefits of being a part of a Home Clinic.

6(e) Primary Health Care

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,130	14.10	1,175	(45)	
Other Expenditures	280		3,621	(3,341)	**1**
Total Sub-Appropriation	**1,410**	**14.10**	**4,796**	**(3,386)**	

Explanation Number:

1. Primarily due to decrease in the Quality Based Incentive Funding program and miscellaneous operating under-expenditures.

Addictions Foundation of Manitoba

The objectives were:

- To improve the health and resilience of Manitobans through substance use prevention, early intervention, harm reduction, education, treatment and aftercare;
- To assist Manitobans to access the most appropriate substance use treatment and support;

- To provide public awareness of Addictions Foundation of Manitoba (AFM) and other services;
- To operate treatment centres and provide evidence-based addictions treatment in residential and community-based settings; and
- To collaborate with other agencies, groups and associations including mental health and the broader health system to provide coordinated services to Manitobans.

The expected and actual results for 2017/18 included:

1. AFM programs are based on evidence and best practices.
    - Continued with the first phase of a province-wide residential service review to ensure efficient and effective services at intake and assessment levels. Improvement initiatives have been implemented as the review progresses. The results of this review will also benefit other service areas, such as community-based treatment. A core component of the review is the implementation of evidence informed practices and policies to improve:
        - occupancy rates
        - internal and external coordination
        - processes and structures
        - medical services
        - client wait times, "no shows", access to services, engagement and retention
    - Twenty-five out of the total 26 Impaired Driver Program evidenced-informed service review recommendations were in progress, ongoing or complete.
    - Continued to have a central role in informing service providers and the public on cannabis and evolving drug-related crises including methamphetamine and opioids (including fentanyl).
    - Continued to provide reviews of evidence to inform decision making regarding policy and practice at AFM and Manitoba Addiction Agencies Network organizations.

2. 17,000 Manitobans will receive substance use treatment and 30,000 will receive education and support.
    - 17,914 admissions were recorded to AFM substance use treatment programs (not including problem gambling).
    - Over 30,318 individuals participated in prevention and education services.

3. Implementation of a quality improvement services review process to ensure programs continue to be based on evidence-based practices.
    - Continued with the residential service review to improve "value for money" and client centred service delivery. (Refer to "1" above: AFM programs are based on evidence and best practices.)
    - Continued to implement the recommendations of the Impaired Driver Program review.
    - Continued work on implementing the recommendations of the Internal Audit Report by Manitoba Finance, Internal Audit & Consulting Services, of AFM's financial management practices. To date 92 of the 149 recommendations have been implemented; there is significant progress on 31; 17 have made some progress; and nine have made no progress due to timing considerations.
    - Expanded the capacity of women's services.
    - Continued to improve professional development opportunities for AFM staff, including the areas of trauma-informed care, brief intervention techniques, cognitive behavioural therapy, mindfulness, mental health and cultural competency.
    - Continued to strengthen medical services with existing resources.
    - Participated in a review of province wide opioid treatment through the Opioid Review Working Group, and supported the use of Suboxone as a first line treatment option for Manitobans.
    - Provided comprehensive naloxone training to AFM staff.
    - Continued to prepare for Accreditation Canada certification in November 2018.
    - Completed a review and update of 47% of policy documents and initiated reviews of more policy documents.

4. Strong partnerships with other addictions agencies, groups and associations.
    - Continued collaboration with the Manitoba Addiction Agencies Network (MAAN) to develop innovative solutions to improve outcomes for clients, contain costs, fill service gaps and provide

efficient and effective services. One example is the design and implementation of Trauma Informed Care training modules for all MAAN agencies.

- Continued provision of the provincial Manitoba Addictions Helpline.
- Continued to inform decision making relating to the legalization of cannabis. AFM also began a comprehensive prevention and education campaign targeting various service providers and the public, including the distribution of bi-lingual cannabis information packages to schools throughout Manitoba.
- Developed and provided training on cannabis to Manitoba Liquor and Lotteries staff.
- Continued to provide educational courses and workshops in partnership with the University of Manitoba's Applied Counselling Certificate Program as well as the faculties of Medicine, Nursing and Pharmacy.
- Provided public education workshops on substance use and addiction in schools, community centres, workplaces and other locations.
- Continued to expand and maintain partnerships with psychiatric facilities, hospitals, withdrawal management facilities, clinics and various other institutions.
- Continued work towards linking Manitoba's e-Chart, the province's electronic health record, with the AFM medical staff.

5. Enhanced mental health capacity within the addictions system and collaboration between addictions and mental health service providers.
   - The residential service review includes improving collaboration with mental health services and systems and enhancing mental health capacity within AFM.
   - Provided expertise and support to clinicians from the mental health, primary care and addictions sectors in the development of clinical pathways for treatment of those involved with methamphetamines.
   - Began to develop partnerships with mental health services to address gaps in knowledge, such as collaborating with the Winnipeg Regional Health Authority's Crisis Services Program on professional development workshops and training.
   - Completed an internal mental health and addictions strategy consultation with AFM staff to identify service strengths and challenges.
   - Continued to participate in review of the co-occurring disorders training process.

6(f) Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	FTE	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Program Delivery	29,659		29,954	(295)	
Problem Gambling Services	3,374		3,374	-	
Less: Third Party Recoveries	(1,633)		(1,633)	-	
Less: Recoveries from Manitoba Liquor and Lotteries Corporation	(7,604)		(7,604)	-	
Total Sub-Appropriation	**23,796**	**-**	**24,091**	**(295)**	

Health Services Insurance Fund

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

Funding to Health Authorities

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

Funding to Health Authorities

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Health authorities' utilization of allocated funds is in accordance with The Regional Health Authorities Act, The Health Services Insurance Act, The CancerCare Manitoba Act.
    - Funding allocated to CancerCare Manitoba (CCMB) and Diagnostic Services Manitoba (DSM) was utilized in accordance with The Health Services Insurance Act and The CancerCare Manitoba Act with respect to the cost of medical services and other health services provided in Manitoba.

2. Health authorities' component of the provincial service delivery system meets the needs of Manitobans by being responsive and effective.
    - Provided funding oversight and accountability for RHA, DSM and CCMB implementation of service enhancements including:
        - Expansion of renal dialysis capacity in rural and urban sites to accommodate increased patient numbers.
        - Implementation of Manitoba's provincial laboratory information system to advance throughout Manitoba to increase patient safety and enhance quality assurance protocols.
        - Expansion of diagnostic imaging services through approval of additional access to magnetic resonance imaging (MRI) examinations.
        - Conversion from film to digital mammography advanced for diagnostic and screening mammography across the province.
        - Implementation of Manitoba's cancer strategy.
        - Enhanced palliative care training for front-line staff including those working within home care and PCHs.
        - Implementation of a revised Home Care Home Oxygen Program, including clinical protocols and administrative standards in compliance with revised provincial policy.
        - WRHA implementation of priority home in November 2017 to support individuals at home who might otherwise be prematurely placed into long-term care, by providing intensive, rehabilitative services for up to 90 days.
        - WRHA implementation of rapid response nursing, which provides short-term intensive nursing services in the client's home, with a goal to avoid re-admission to hospital or emergency department.
        - WRHA implementation of the transitional care environment, which is a short-term supportive environment to explore the potential for the client to return home, with the goal of reducing

length of stay in acute care and the number of individuals awaiting personal care home PCH placement from acute care.

- Ensured the Manitoba Patient Access Network provided prioritized funding for two innovative RHA projects designed to increase patient access to healthcare services and/or improve quality of care.
- 60 full-time paramedic positions were approved across the province to facilitate the transition to a more sustainable service delivery model with full time, in-station paramedic response capability. The positions are allocated as follows:
  - 26 positions in Interlake-Eastern Regional Health Authority
  - 24 positions in Prairie Mountain Health
  - 10 positions in Southern Health-Santé Sud

3. Health authorities' strategic and health planning efforts consider both affordability and sustainability.
   - Provided oversight and monitoring to ensure RHAs incorporate strategies for cost-effective and sustainable health care service delivery:
     - Representatives from all RHAs participated in the EMS review task force to continue planning and implementation of strategic efforts recommended by the review, in alignment with regional and department goals.
     - RHAs were consulted regarding planned changes in the number and location of ambulance stations as recommended in the provincial EMS review.
     - Advancement of recommendations of the Office of the Auditor General regarding management of MRI services in Manitoba.
     - RHAs participated in the Department's review of home care scheduling practices in their region, worked towards implementing scheduling principles wherever possible, and provided feedback to the report written by the Joint Committee to Optimize Scheduling Practices.
     - Representatives from all RHAs 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.
     - RHAs continued to use community health assessment findings to guide decision making in service provision.
     - RHAs participated in the Wait Times Reduction Task Force, whose mandate was to provide recommendations on ways to improve access to emergency departments and priority procedures (hip and knee replacement surgery, cataract surgery, and magnetic resonance imaging), and in the final report submitted to the Minister of Health, Seniors and Active Living on November 21, 2017.
     - All health authorities prepared annual health plans in accordance with provincial guidelines.

4. Health authorities are compliant with provincial legislation, regulation, policies, directives, standards, reporting requirements and guidelines.
   - Ambulance vehicle and aircraft inspections were completed in all RHAs to ensure compliance with regulation and standards.
   - RHAs, DSM and CCMB were compliant with legislation and policies regarding critical incident reporting, critical occurrence reporting, significant changes of services reporting, posting of community health assessment reports, accreditation report submission and public posting, and implementation and operations of Local Health Involvement Groups.
   - Monitored and documented compliance with PCH standards and licensing requirements. For 2018, 124 unencumbered licences were issued while one licence was placed under review.
   - Health authorities complied with accountability monitoring requirements, including the completion and posting of annual reports and chief executive officer/designated senior officer expense reports.

5. Health authorities' provision of financial and statistical information is as defined by the department.
   - Health authorities and other agencies complied with the department's financial and statistical reporting requirements through submission of information that included but was not limited to: management information system data, monthly financial forecast reports, annual reports, patient wait time data, program service delivery data, documentation confirming the purchase of ceiling

lifts in licensed PCH consistent with the allocations provided through the PCH Staffing Initiative, and labour vacancy data.

- EMS programs complied with required financial and statistical information through annual operational plans submitted to the department, as well as through regular operational reporting via the Medical Transportation Coordination Centre.
- Service statistics are received from the FASD Network and the Unified Referral and Intake System to support consistent and standardized service delivery across Manitoba.

7(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Acute Care Services	2,442,468	2,458,061	(15,593)	**1**
Long Term Care Services	637,759	641,747	(3,988)	**1**
Home Care Services	380,508	359,769	20,739	**2**
Community and Mental Health Services	329,140	355,770	(26,630)	**1**
Emergency Response and Transport Services	133,222	146,962	(13,740)	**1**
Third Party Recoveries	(19,422)	(17,385)	(2,037)	**2**
Reciprocal Recoveries	(59,191)	(63,977)	4,786	**3**
Recoverable from Urban Development Initiatives	-	-	-	
Total Sub-Appropriation	**3,844,484**	**3,880,947**	**(36,463)**	

Explanation Number:

1. Funding for some activities was paused in order to support existing demand for current Health Authority services.

2. Primarily due to higher price and volume.

3. 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 2017/18 included:

1. Manitoba residents receive out-of-province coverage for benefits to which they are entitled under the provincial health plan.
   - Benefits in relation to insured hospital services required while temporarily out of the province were provided to residents of Manitoba.

2. The portability requirements of the Canada Health Act are fulfilled.
   - The requirement of portability for benefits under the Canada Health Act was fulfilled.

Transplant and Transfusion Services

The objectives were:

- To ensure evidence-informed planning for provincial policy and provincial standardization of services of transplant and transfusion service.
- To ensure the delivery of safe, high quality, efficient and effective transplant and transfusion services to Manitobans.
- To ensure appropriate use of funding by the Canadian Blood Services, Diagnostic Services Manitoba, regional health authorities and Manitoba physician's in the provision of safe, reliable and appropriate transfusion services to Manitobans.
- To inform Manitobans and the department about access, capacity and appropriate use of existing and future transplant and transfusion services.
- To promote an integrated, high quality, safe, efficient, effective and evidence-informed transplant and transfusion services.
- To ensure appropriate funding to the Canadian Blood Services for Manitoba's share of the cost for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec) and maintenance of national organ and tissue donation and transplantation registries.

The expected and actual results for 2017/18 included:

1. Enhanced accountability mechanisms that enable greater standardized province-wide service delivery for transplant and transfusion services.
    - Provided accountability, program analysis and oversight to support standardized province-wide transplant and transfusion services in Manitoba.
    - Provided oversight and program analysis to support accountability at a national level (including through representation on the Provincial/Territorial Blood Liaison Committee).

2. Timely and accurate payments to Canadian Blood Services (CBS) for appropriate procurement and distribution costs of plasma derived products ordered by Manitoba physicians; and the maintenance of the organ and tissue donation and transplantation registries.
    - Provided monitoring and oversight to support timely and accurate payments of Manitoba's pro-rata share (based on the negotiated annual budget) to CBS.
    - Timely and accurate payments of Manitoba's pro-rata share, based on the negotiated annual budget, provided to Canadian Blood Services (CBS) for manufacturing operating costs to ensure the timely delivery of safe, reliable and affordable quality blood products to RHAs, facilities and physicians according to the 1997 memorandum of understanding signed by the provinces and territories, except Québec.
    - Timely and accurate payments provided to CBS (Winnipeg Centre) for eligible laboratory services to ensure timely delivery of appropriate transfusion related laboratory testing services to RHAs, facilities and physicians, based on the signed operating and funding agreement between CBS and the province of Manitoba.

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

4. Timely and accurate payments to Canadian Blood Services for manufacturing operating costs.
    - Participated on the CBA executive committee to facilitate continued provision of appropriate and accurate payment of compassionate assistance grants to Manitobans living with transfusion acquired HIV, and to support the provinces and territories, except Québec, in the management oversight of the program.
    - Continued work with the CBA to ensure timely and accurate provision of financial assistance to Manitobans meeting the eligibility criteria for the Multi-Provincial/Territorial Assistance Plan (MPTAP).

5. Timely and accurate payments for appropriate transfusion related laboratory testing services required by Manitoba hospitals and physicians.
    - Continued work with the CBA to ensure timely and accurate provision of financial assistance to Manitobans meeting the eligibility criteria for the MPTAP.
    - Participated on the CBA executive committee to facilitate continued provision of appropriate and accurate payment of compassionate assistance grants to Manitobans living with transfusion acquired HIV, and to support the provinces and territories, except Québec, in the management oversight of the program.

6. Manitobans have timely access to appropriate, quality transplant and transfusion services.
    - Provided oversight to ensure timely access to appropriate, quality transplant and transfusion services in Manitoba.

7. Manitobans receive timely response to enquiries.
    - In collaboration with system stakeholders, Manitobans received timely responses to enquiries.

8. Program oversight is undertaken in accordance with government priorities.
    - Provided policy advice as appropriate and represented Manitoba in the Provincial and Territorial Blood Liaison Committee (PTBLC) and worked with local stakeholders to ensure Manitoba government's priorities were reflected in decisions made.

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 2017/18 included:

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

Ancillary Programs

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Payment for benefits for eligible Manitobans who require assistive devices for daily living.
    - Financial assistance for the purchase of assistive devices was provided to 57,562 eligible Manitoba families at a total cost of $22.68 million.

2. Ensure appropriate accountability for public funds paid to suppliers who provide devices and services to Manitobans eligible for Ancillary Programs benefits.
    - Initiated consultations with stakeholders, including suppliers, as part of a policy and legislation review that focused on supplier and prescriber accountability, and device efficiency and cost-effectiveness.

Healthy Communities Development

The objectives were:

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

The expected and actual results for 2017/18 included:

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

Nursing Recruitment and Retention Initiatives

The objectives were:

- To monitor the effectiveness of various initiatives and the appropriate supply of nurses, Manitoba Health, Seniors and Active Living continues to collect and monitor 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.
- Continued commitment of the Nurses Recruitment and Retention Fund (NRRF) in order to enhance the delivery of health services in the province of Manitoba, by addressing a sustainable nursing supply.

The expected and actual results for 2017/18 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.
    - Monitored vacant nursing positions reported by regional health authorities.
    - Increased demonstration in the health sector of collaborative activities aimed at supporting optimization of nursing scope of practice (SoP), specifically, active collaboration with RHAs to ensure readiness for more appropriate registered nurse skill mix in acute, community and long term care settings in preparation for the implementation of The Regulated Health Professions Act (RHPA).

2. Equitable access to NRRF financial assistance programs by eligible nurses as evidenced by ongoing tracking and analysis of uptake, and ongoing NRRF grant policy review.
    - Facilitated the disbursement of NRRF grants that offset the cost of relocating in order to become registered to work in Manitoba, and offered financial support to encourage nurses to work in rural and northern regions and other areas of need to enhance the delivery of health care services across the province.
    - In fiscal year 2017/18, NRRF disbursed a total of 493 grants, including: relocation cost assistance to 128 nurses; the personal care home (PCH) grant to 154 eligible nurses new to employment in a PCH; and the conditional grant to 159 eligible new nursing graduates who chose to work in a rural or northern location, in exchange for a return of service.

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.
    - Undertook a survey to understand more about the participation, engagement and effectiveness of regional continuing education committees.

- Increased awareness of models of both nurse-led and inter-disciplinary client-centred teams, and the promotion of Health Sciences Placement Network (HSPnet) utilization to coordinate more effective clinical placements.

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 2017/18 included:

1. Five major deliverables annually that for the department, provide an analysis and assessment of priority health issues in Manitoba.
    - Identified three major deliverables:
        - RHA Atlas 2018
        - Gastrointestinal Endoscopy Utilization in Manitoba
        - First Nations Children Atlas

2. Two to three workshop days 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 to bring together the three groups that had historically met separately; specifically, the Winnipeg Regional Health Authority Workshop, the Winnipeg and Rural Regional Health Authority Workshop and the Government Workshop, for a whole of government (and health authorities) approach to the social determinants of health.

Selkirk Mental Health Centre

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Improved patient care through strengthened recovery-oriented programs and services.
    - Strategic plans have been developed for 2/5 operational departments (Quality, Risk and Innovation; Security Services) and 1/5 programs (Acquired Brain Injury) to ensure work is aligned with the organization's strategic plan and every department is working towards strengthening recovery-oriented programs and services.
    - An internal review report comparing Dr. Marianne Farkas' Psychiatric Rehabilitation Assessment Report and SMHC's current state was completed. Psychosocial Rehabilitation (PSR) principles and practices is mandatory training for new and existing staff.
    - SMHC maintained contracts with Manitoba Schizophrenia Society, Anxiety Disorders Association of Manitoba, and Mood Disorders Association of Manitoba for onsite peer support services. As of March 31, 2018, there were three peer support workers who supported patients.
    - A groups programing review report was completed to ensure the groups are meeting the needs of patients and assisting them in their recovery journey. The recommendations from this report are planned to be implemented in the 2018/19 fiscal year.
    - In 2017/18, an addictions in mental health Environmental Scan was completed that focused on current supports, practices, resources, integrated treatment and recommendations to improve existing substance use services. SMHC also established partnerships with the Interlake-Eastern Regional Health Authority, Winnipeg Regional Health Authority, St. Raphael Wellness Centre and the Addictions Foundation of Manitoba to ensure additions programs and services are aligned with industry standard and better integrated within the mental health system.

- The Resident Assessment Instrument for Mental Health (RAI-MH) and Mental Health and Addictions Quality Initiative (MHAQI) 2017/18 comparative scorecard were used to demonstrate positive clinical outcomes for patients during their stay at SMHC:
  - 57.5% of clients had an improvement in the self-care index score from admission to discharge. This rate was consistent with the national average of 59.9%.
  - 81.1% of patients had reported improvements or marked improvements at discharge. This rate was consistent with the national average of 81.9%.
  - 3% of patients were readmitted to the facility within 30 days of discharge.
- Patients and families were engaged in the recovery planning process in a timely manner. Patients were encouraged and reminded to attend their recovery planning sessions by treatment team members. Families were sent invitations to request attendance at recovery planning sessions on admission or if there is a change in recovery plan date.
- The family satisfaction survey was administered and the patient satisfaction survey was administered to patient on discharge to determine if programs and services were meeting needs. The results of the 2017/18 satisfaction surveys will be analyzed and shared with patients, families, and staff in 2018/19.

2. Improved clinical care systems and processes by applying Lean Six-Sigma methodologies and promoting Rapid Improvement Events at the front-line service delivery level.
   - New employee orientation: This project was dedicated to improving the new employee orientation process. Results included improving the new employee checklists and the health and safety checklist, and creating an orientation handbook for Allied Health (social work, occupational therapists, physiotherapists) within the facility.
   - Return to Work: A project was completed to improve the return-to-work process. The project reduced the average length of time to return an injured worker to productive employment from 14.6 days to 1.3 days and the number of steps in the process from 22 to 12. In addition, Worker's Compensation Board (WCB) direct costs were significantly reduced by one-third per month. Improvement initiatives included developing guidelines, clarifying roles and responsibilities, developing forms and templates, delivering training sessions for managers (five completed as of March 31, 2018) and regular meetings with human resource consultants, directors, and ergonomics occupational therapist.

3. Improved scheduling processes to reduce overtime and improve staff morale and work/life balance.
   - The program managers and coordinators of patient services implemented bi-weekly meetings to pre-emptively review and revise the schedule to reallocate resources, assign benefits, and assign training days to help reduce overtime.
   - Vacancy management practices were introduced as measures to address overtime costs in the facility. Orientation costs continued to be reduced.

4. Improved coordination and integration within the provincial mental health system by aligning Selkirk Mental Health Centre's services and programs as a continuum of care with regional health authorities and community partners.
   - Regular meetings were conducted with Forensic, Rehabilitation and Geriatric Programs and regional health authorities to align visions, discuss new initiatives, plan projects together and collaborate on new strategies to meet the needs of patients and streamline admissions, discharges and transfers.

5. Implementation of a new strategic plan that incorporates feedback from its role statement consultation sessions and environmental scan.
   - The 2016-2021 strategic plan was developed and implementation of the 2016-2021 operational plan continued.

6. Alignment and participation in the achievement of provincial goals and priorities.
   - Participated in discussions with Virgo Consulting Team to help inform government on how to improve access and coordination of mental health and addiction services in Manitoba.
   - Advanced work on Truth and Reconciliation Commission of Canada: Calls to Action that are relevant to SMHC.

Immunizing Agents, Biologics and Drugs

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Secure supply of vaccines and drugs, attained at a cost savings through the national bulk purchasing contracts.
   - Achieved an overall savings of $21M, compared to retail prices, using the bulk procurement process through Public Services and Procurement Canada for publicly-funded vaccines and Public Health drugs.

2. Consistent or increased rates of provincial immunization coverage for all publicly funded vaccines.
   - As per the final weekly seasonal influenza surveillance reports for the 2016/17 and 2017/18 seasons, respectively, the percentage of Manitoba residents immunized with the seasonal influenza vaccine increased from 22.2% to 22.5%.
   - The Department supported the regions to make changes to the school immunization programs to increase vaccine uptake in the adolescent (grade 8/9) immunization program in the 2017/18 school year. For example, to improve the uptake rates, some regions moved their program from grade 9 to grade 8 where the consent and uptake is higher.
   - The expansion of the HPV immunization to boys in 2016/17 with a 3-cohort catch-up has resulted in an increased number of doses of HPV vaccine administered compared to the previous year.

7(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Out-of-Province	50,992	52,716	(1,724)	
Blood Transfusion Services	74,767	64,601	10,166	**1**
Federal Hospitals	3,048	2,579	469	**2**
Ancillary Programs	22,677	19,303	3,374	**1**
Healthy Communities Development	1,966	2,498	(532)	**3**
Nursing Recruitment and Retention Initiatives	3,565	3,730	- (165)	
Manitoba Centre for Health Policy	2,200	2,200	-	
Selkirk Mental Health Centre	50,490	50,020	470	
Immunizing Agents, Biologics and Drugs	19,635	18,330	1,305	
Total Sub-Appropriation	**229,340**	**215,977**	**13,363**	

Explanation Number:

1. Primarily due to higher price and volume.

2. Primarily due to higher volumes.

3. Primarily due to decreased price and volume.

Medical

The objectives were:

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

The expected and actual results for 2017/18 included:

1. Claims will be adjudicated in accordance with The Health Services Insurance Act and its regulations.
    - Processed and paid approximately 13.9 million claims in relation to approximately 30.9 million services provided by medical practitioners, optometrists, chiropractors, and oral surgeons.
    - Total services included approximately 29.2 million physician services, 685,729 optometric services, 828,835 chiropractic services, and 7,415 oral surgery services.

2. Review of physician recruitment and retention programs for improvement with respect to physician utilization and deliverables.
    - The department continued to fund the University of Manitoba Medical School for first-year residency positions up to 148 seats in 2017/18.
    - The Health Workforce Secretariat worked directly with the University of Manitoba Faculty of Health Sciences, College of Medicine, to determine the allotment of funded residency positions in all medical program areas.
    - The Provincial Specialist Recruitment Fund provided sixty-five (65) grants to physicians recruited to specialist positions in Manitoba.
    - The Provincial Specialist Settlement Fund provided sixty-five (65) grants to physicians setting up practice in Manitoba.
    - The Medical Licensure Program for International Medical Graduates (MLPIMG) trained 20 physicians to practice in under-served areas of Manitoba.
    - The International Medical Graduates Assessment for Conditional Licensure program assessed three physicians.
    - The Non-Registered Specialist Assessment Program (NRSAP) assessed ten specialists.
    - The department provided financial and policy support for the Manitoba Healthcare Provider's Network (MHPN) careers website and MHPN's participation in physician recruitment events.

3. Continuation of regional health authority and University of Manitoba medical school programs funded by the physician recruitment and retention programs.
    - Distributed medical education programs in Boundary Trails, Dauphin, Steinbach, Portage la Prairie and Brandon.
    - The northern remote and bilingual education streams continued to support family medicine physicians to train in rural and northern Manitoba.

7(c) Medical

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Physician Services	1,252,850	1,336,376	(83,526)	**1**
Other Professionals	26,701	27,807	(1,106)	
Out of Province Physicians	30,143	30,378	(235)	
Physician Recruitment and Retention Program	24,745	27,226	(2,481)	**2**
Third Party Recoveries	(11,167)	(10,003)	(1,164)	**2**
Reciprocal Recoveries	(17,260)	(16,121)	(1,139)	
Total Sub-Appropriation	**1,306,012**	**1,395,663**	**(89,651)**	

Explanation Number:

1. Primarily due to physicians' billings came in lower than projected, partially offset by higher price.

2. 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 2017/18 included:

1. Payment for eligible pharmaceutical benefits for program beneficiaries.
    - The average Pharmacare benefit per family for 2017/18 increased $36.63 or 1.0% to $3,673.66 from $3,637.03 in 2016/17.
    - There was a 1.7% decrease in the number of families who received Pharmacare benefits in 2017/18, as compared to 2016/17.
    - Deductible rates in 2017/18 ranged from a minimum of $100 or 3.05% to a maximum of 6.90% for incomes greater than $75,000. Total family income was reduced by $3,000 for a spouse and for each dependent less than 18 years of age, where applicable.

7(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	274,579	265,838	8,741	**1**
Total Sub-Appropriation	**274,579**	**265,838**	**8,741**	

Explanation Number:

1. Primarily due to higher price.

Capital Funding

The objectives were:

- To provide funding to the regional health authorities (RHAs), Diagnostic Services Manitoba (DSM), CancerCare Manitoba (CCMB), and Manitoba eHealth (eHealth) 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 repayment on approved borrowings, outright capital payments and outright equipment.

The expected and actual results for 2017/18 included:

1. Increase principal repayments for approved borrowings in this fiscal year for the acquisition, construction and renovation of physical assets, specialized equipment and information technology to support the infrastructure of the health care system in accordance with the department's Strategic Capital Plan as projects are completed.
    - The 2017/18 principal payments increased by $4,845,000 from 2016/17 to provide for appropriate principal reduction on approved borrowings for the acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system.

2. Modify principal repayments as the result of approved borrowings on specific projects being fully repaid.
    - The 2017/18 principal payments net decrease was $785,000.
    - The actual 2017/18 principal payments increased by $1,800,000 offset by approved borrowings being fully repaid by $2,585,000.

3. Payment for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB on a timely basis and in accordance with approved funding levels.
    - The expected outright payments in 2017/18 for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB were $17,913,000. Actual payments for approved specialized and basic equipment to RHAs, DSM and CCMB were $18,192,000, resulting in outright payments of $279,000 higher than anticipated.

4. Payment of outright funding for approved capital projects to RHAs, DSM and CCMB in accordance with the department's Strategic Capital Plan.
    - Total outright payments to RHAs, DSM and CCMB for 2017/18 for approved capital projects were expected to be $7,700,000. Actual outright payments to RHAs, DSM and CCMB for 2017/18 for approved capital projects were $6,126,000. Outright funding reduces the need for funding through approved borrowings.

8(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	83,679	93,806	(10,127)	**1**
Long Term Care	7,546	10,512	(2,966)	**1**
Community and Mental Health Services	3,537	6,867	(3,330)	**1**
Total Sub-Appropriation	**94,762**	**111,185**	**(16,423)**	

Explanation Number:

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

8(b) Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	14,193	14,937	(744)	
Long Term Care	3,999	2,976	1,023	**1**
Total Sub-Appropriation	**18,192**	**17,913**	**279**	

Explanation Number:

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

8(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	4,113	3,950	163	
Long Term Care	2,013	3,750	(1,737)	**1**
Total Sub-Appropriation	**6,126**	**7,700**	**(1,574)**	

Explanation Number:

1. Primarily due to lower outright cash payments as a result of timing of the completion of projects.

8(d) Interest

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	38,825	50,031	(11,206)	**1**
Long Term Care	4,166	6,236	(2,070)	**1**
Community and Mental Health Services	2,874	5,122	(2,248)	**1**
Total Sub-Appropriation	**45,865**	**61,389**	**(15,524)**	

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 2017/18 included:
1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
   - Amortization of the costs of assets over the useful life of the asset was completed in accordance with pre-established timelines and in accordance with accepted accounting principles.

2. The payment of interest expense on capital investment borrowing.
   - The interest expenses related to capital investment borrowing were paid in accordance with pre-established timelines.

9 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2017/18 $(000's)	Estimate 2017/18 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Amortization Expense	3,597	3,668	(71)	
Interest Expense	570	500	70	
Total Sub-Appropriation	**4,167**	**4,168**	**(1)**	

Capital Investments

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

The expected and actual results for 2017/18 included:
1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
   - No projects were undertaken in 2017/18.

2. Provision of technology solutions that address health priorities.
   - No projects were undertaken in 2017/18.

3. Upgraded medical equipment.
   - No projects were undertaken in 2017/18.

Financial Report Summary Information Part 1

Manitoba Health, Seniors and Active Living
Reconciliation Statement
April 1, 2017 – March 31, 2018

DETAILS	2017/18 ESTIMATES ($000s)
2017/18 Main Estimates:	6,104,877
Allocation of Funds from:	
Enabling Appropriations	-
Internal Service Adjustments	20
2017/18 Estimates:	**6,104,897**

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2018

Estimate 2017/18 $(000s)		Appropriation	Actual (1) 2017/18 $(000s)	Actual (2) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-1	**Administration and Finance**				
42	21 1a	Minister's Salary	41	56	(15)	
	21-1b	Executive Support				
1,079		1 Salaries and Employee Benefits	963	1,288	(325)	
218		2 Other Expenditures	143	128	15	
	21-1c	Finance				
7,306		1 Salaries and Employee Benefits	7,033	7,174	(141)	
1,248		2 Other Expenditures	1,049	1,118	(69)	
	21-1d	Legislative Unit				
601		1 Salaries and Employee Benefits	642	622	20	
286		2 Other Expenditures	132	156	(24)	
518		3 External Agencies	403	425	(22)	
11,298		**Total Appropriation 21-1**	**10,406**	**10,967**	**(561)**	

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2018

Estimate 2017/18 $(000s)		Appropriation	Actual (1) 2017/18 $(000s)	Actual (2) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-2	**Provincial Policy and Programs**				
	21-2a	Administration				
268		1 Salaries and Employee Benefits	287	282	5	
50		2 Other Expenditures	78	72	6	
	21-2b	Health Infrastructure				
4,842		1 Salaries and Employee Benefits	4,467	4,750	(283)	
318		2 Other Expenditures	212	229	(17)	
4,870		3 Provincial Program Support Cost	4,917	3,851	1,066	**1**
	21-2c	Provincial Drug Programs				
2,641		1 Salaries and Employee Benefits	2,193	2,172	21	
493		2 Other Expenditures	679	715	(36)	
	21-2d	Appeal Boards				
405		1 Salaries and Employee Benefits	487	463	24	
253		2 Other Expenditures	426	387	39	
	21-2e	Drug Management Policy Unit				
697		1 Salaries and Employee Benefits	784	644	140	
177		2 Other Expenditures	137	246	(109)	
414		3 External Agencies	414	429	(15)	
	21-2f	Cadham Provincial Laboratory Services				
9,629		1 Salaries and Employee Benefits	9,720	10,188	(468)	
8,119		2 Other Expenditures	8,855	8,247	608	
33,176		**Total Appropriation 21-2**	**33,656**	**32,675**	**981**	

Explanation Number:

1. Primarily due to miscellaneous operating over-expenditures.

Manitoba Health, Seniors and Active Living
Expenditure Summary
for fiscal year ended March 31, 2018

Estimate 2017/18 $(000s)		Appropriation	Actual (1) 2017/18 $(000s)	Actual (2) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-3	**Health Workforce Secretariat**				
	21-3a	Administration				
704		1 Salaries and Employee Benefits	340	310	30	
184		2 Other Expenditures	417	406	11	
	21-3b	Contracts and Negotiations				
699		1 Salaries and Employee Benefits	664	798	(134)	
183		2 Other Expenditures	154	93	61	
	21-3c	Health Human Resource Planning				
913		1 Salaries and Employee Benefits	757	809	(52)	
355		2 Other Expenditures	195	238	(43)	
5		3 External Agencies	5	5	-	
	21-3d	Fee-for-Service / Insured Benefits				
5,793		1 Salaries and Employee Benefits	5,603	6,172	(569)	
1,106		2 Other Expenditures	1,347	1,407	(60)	
9,942		**Total Appropriation 21-3**	**9,482**	**10,238**	**(756)**	

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2018

Estimate 2017/18 $(000s)		Appropriation	Actual (1) 2017/18 $(000s)	Actual (2) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-4	**Active Living, Indigenous Relations, Population and Public Health**				
	21-4a	Administration				
311		1 Salaries and Employee Benefits	207	291	(84)	
122		2 Other Expenditures	192	142	50	
	21-4b	Active Living, Population and Public Health				
15,123		1 Salaries and Employee Benefits	15,174	14,857	317	
11,075		2 Other Expenditures	8,335	9,724	(1,389)	**1**
426		4 External Agencies	328	284	44	
	21-4c	Intergovernmental Strategic Relations				
997		1 Salaries and Employee Benefits	923	1,159	(236)	
686		2 Other Expenditures	212	242	(30)	
28,740		**Total Appropriation 21-4**	**25,371**	**26,699**	**(1,328)**	

Explanation Number:

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

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2018

Estimate 2017/18 $(000s)		Appropriation	Actual (1) 2017/18 $(000s)	Actual (2) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-5	**Regional Policy and Programs**				
	21-5a	Administration				
349		1 Salaries and Employee Benefits	287	367	(80)	
933		2 Other Expenditures	973	972	1	
	21-5b	Health Emergency Management				
2,118		1 Salaries and Employee Benefits	2,180	2,054	126	
6,927		2 Other Expenditures	7,900	6,990	910	**1**
23		3 External Agencies	20	20	-	
	21-5c	Provincial Cancer and Diagnostic Services				
840		1 Salaries and Employee Benefits	727	726	1	
449		2 Other Expenditures	258	438	(180)	
	21-5d	Continuing Care				
1,130		1 Salaries and Employee Benefits	1,042	1,042	-	
140		2 Other Expenditures	239	440	(201)	
	21-5e	Acute, Tertiary and Specialty Care				
2,274		1 Salaries and Employee Benefits	2,322	2,300	22	
1,483		2 Other Expenditures	1,292	1,215	77	
16,666		**Total Appropriation 21-5**	**17,240**	**16,564**	**676**	

Explanation Number:

1. *Primarily due to increased Lifeflight transportation costs.*

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2018

Estimate 2017/18 $(000s)		Appropriation	Actual (1) 2017/18 $(000s)	Actual (2) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-6	**Mental Health and Addictions, Primary Health Care and Seniors**				
	21-6a	Administration				
206		1 Salaries and Employee Benefits	238	270	(32)	
70		2 Other Expenditures	121	101	20	
	21-6b	Mental Health and Addictions				
981		1 Salaries and Employee Benefits	911	1,188	(277)	
10,999		2 Other Expenditures	9,674	10,074	(400)	
226		3 External Agencies	55	55		
	21-6c	Chief Provincial Psychiatrist				
485		1 Salaries and Employee Benefits	502	468	34	
53		2 Other Expenditures	47	70	(23)	
	21-6d	Seniors and Healthy Aging				
1,443		1 Salaries and Employee Benefits	1,380	1,657	(277)	**1**
862		2 Other Expenditures	795	788	7	
83		3 External Agencies	-	-	-	
	21-6e	Primary Health Care				
1,175		1 Salaries and Employee Benefits	1,130	1,053	77	
3,621		2 Other Expenditures	280	775	(495)	
	21-6f	Addictions Foundation of Manitoba				
29,954		1 Program Delivery	29,659	28,632	1,027	
3,374		2 Problem Gambling Services	3,374	3,374	-	
(1,633)		3 Less: Third Party Recoveries	(1,633)	(1,633)	-	
(7,604)		4 Less: Recoveries from Manitoba Lotteries	(7,604)	(7,474)	(130)	
44,295		**Total Appropriation 21-6**	**38,929**	**39,398**	**(469)**	

Explanation Number:

1. Primarily due to miscellaneous salaries under-expenditures.

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2018

Estimate 2017/18 $(000s)		Appropriation	Actual (1) 2017/18 $(000s)	Actual (2) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-7	**Health Services Insurance Fund**				
	21-7a	Funding to Health Authorities				
2,458,061		Acute Care Services	2,442,468	2,395,806	46,662	**1**
641,747		Long Term Care Services	637,759	637,770	(11)	
359,769		Home Care Services	380,508	359,121	21,387	**1**
355,770		Community and Mental Health Services	329,140	318,271	10,869	**1**
146,962		Emergency Response and Transport Services	133,222	119,598	13,624	**1**
(17,385)		Third Party Recoveries	(19,422)	(18,102)	(1,320)	
(63,977)		Reciprocal Recoveries	(59,191)	(60,432)	1,241	
	21-7b	Provincial Health Services				
52,716		Out of Province	50,992	49,527	1,465	
64,601		Blood Transfusion Services	74,767	68,941	5,826	**2**
2,579		Federal Hospitals	3,048	2,329	719	**3**
19,303		Ancillary Programs	22,677	21,586	1,091	
2,498		Healthy Communities Development	1,966	1,476	490	
3,730		Nursing Recruitment and Retention Initiatives	3,565	3,523	42	
2,200		Manitoba Centre for Health Policy	2,200	2,200	-	
50,020		Selkirk Mental Health Centre	50,490	50,761	(271)	
18,330		Immunizing Agents, Biologics and Drugs	19,635	16,946	2,689	**2**

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2018

Estimate 2017/18 $(000s)		Appropriation	Actual (1) 2017/18 $(000s)	Actual (2) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-7c	Medical				
1,336,376		Physician Services	1,252,850	1,283,121	(30,271)	**4**
27,807		Other Professionals	26,701	30,263	(3,562)	**5**
30,378		Out of Province Physicians	30,143	32,330	(2,187)	**4**
27,226		Physician Recruitment and Retention Program	24,745	28,949	(4,204)	**5**
(10,003)		Third Party Recoveries	(11,167)	(9,870)	(1,297)	**2**
(16,121)		Reciprocal Recoveries	(17,260)	(17,894)	634	
	21-7d	Pharmacare				
265,838		Other Expenditures	274,579	269,068	5,511	**2**
5,758,425		**Total Appropriation 21-7**	**5,654,415**	**5,585,288**	**69,127**	

Explanation Number:

1. *Primarily due to increases in base line funding to the RHAs, including non-medical salary increases and capital operating annualizations.*
2. *Primarily due to increase in price and volume.*
3. *Primarily due to increase in volume.*
4. *Primarily due to lower volume of fee-for-service claims.*
5. *Primarily due to amendment to program.*

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2018

Estimate 2017/18 $(000s)		Appropriation	Actual (1) 2017/18 $(000s)	Actual (2) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-8	**Capital Funding**				
	21-8a	Principal Repayments				
93,806		1 Acute Care	83,679	77,991	5,688	**1**
10,512		2 Long Term Care	7,546	8,967	(1,421)	**1**
6,867		3 Community and Mental Health Services	3,537	3,743	(206)	
	21-8b	Equipment Purchases and Replacements				
14,937		1 Acute Care	14,193	15,884	(1,691)	**2**
2,976		2 Long Term Care	3,999	2,975	1,024	**3**
	21-8c	Other Capital				
3,950		1 Acute Care	4,113	4,749	(636)	**2**
3,750		2 Long Term Care	2,013	1,276	737	**3**
	21-8d	Interest				
50,031		1 Acute Care	38,825	41,047	(2,222)	**1**
6,236		2 Long Term Care	4,166	4,508	(342)	
5,122		3 Community and Mental Health Services	2,874	2,870	4	
198,187		**Total Appropriation 21-8**	**164,945**	**164,010**	**935**	

Explanation Number:

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

Manitoba Health, Seniors and Active Living

Expenditure Summary

for fiscal year ended March 31, 2018

Estimate 2017/18 $(000s)		Appropriation	Actual (1) 2017/18 $(000s)	Actual (2) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-9	**Costs Related to Capital Assets**				
3,668	21-9a	Amortization Expense	3,597	3,553	44	
500	21-9b	Interest Expense	570	570	-	
4,168		**Total Appropriation 21-10**	**4,167**	**4,123**	**44**	
6,104,897		**Total Appropriation 21**	**5,958,611**	**5,889,962**	**68,649**	

Footnotes:

(1) Actuals for 2017/18 are based on year-end expenditure analysis report dated July 11, 2018.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2018.

Manitoba Health, Seniors and Active Living
Revenue Summary by Source
for fiscal year ended March 31, 2018

Actual (1) 2017/18 $(000s)	Actual (1) 2016/17 $(000s)	Increase (Decrease) $(000s)	Expl. No.	Source	Actual (1) 2017/18 $(000s)	Estimate 2017/18 $(000s)	Variance $(000s)	Expl. No.
				1. Government of Canada:				
4,368	4,368	-		a) Labour Market Agreements for People with Disabilities	4,368	4,368	-	
-	518	(518)	1	b) Drug Treatment Funding Program	-	-	-	
99	110	(11)		c) Toll-Free Quitline Numbers on Tobacco Packaging Initiative	99	100	(1)	
4,467	**4,996**	**(529)**		**Sub-Total Health Funds**	**4,467**	**4,468**	**(1)**	
				2. Other Revenue:				
3,632	4,342	(710)	2	a) Sundry	3,632	4,409	(777)	2
8,099	**9,338**	**(1,239)**		**Total Revenue**	**8,099**	**8,877**	**(778)**	

Explanation Number:

1 Federal Funding for Drug Treatment Funding Program ended in October 2016

2 Miscellaneous under-recoveries

Footnotes:

(1) Actuals for 2017/18 are based on year-end expenditure analysis report dated July 11, 2018

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2018

Manitoba Health, Seniors and Active Living
Five Year Expenditure and Staffing Summary by Appropriation
for years ending March 31, 2014 to March 31, 2018

Appropriation	2013/14 [2] FTE	2013/14 [2] $(000s)	2014/15 [2] FTE	2014/15 [2] $(000s)	2015/16 [2] FTE	2015/16 [2] $(000s)	2016/17 [2] FTE	2016/17 [2] $(000s)	2017/18 [1] FTE	2017/18 [1] $(000s)
21-1 Administration and Finance	126.73	11,017	126.75	11,106	125.75	11,165	121.75	10,967	117.35	10,406
21-2 Provincial Policy and Programs	226.68	33,462	230.70	33,378	240.70	32,733	230.70	32,675	232.20	33,656
21-3 Health Workforce Secretariat	134.29	10,346	134.30	9,714	134.30	9,748	134.30	10,238	127.80	9,482
21-4 Active Living, Indigenous Relations, Population and Public Health	152.91	24,701	156.60	26,757	155.60	27,875	156.60	26,699	150.90	25,371
21-5 Regional Policy and Programs	82.62	13,266	82.60	15,723	85.00	15,427	82.60	16,564	79.10	17,240
21-6 Mental Health and Addictions, Primary Health Care and Seniors	49.40	43,002	49.40	46,385	39.00	48,603	49.40	39,398	47.10	38,929
21-7 Health Services Insurance Fund		4,963,413		5,063,060		5,326,353		5,585,288		5,654,415
21-8 Capital Funding		166,974		174,910		185,403		164,010		164,945
21-9 Costs Related to Capital Assets		5,383		5,383		4,744		4,123		4,167
Total Departmental Expenditures	772.63	5,271,564	780.35	5,386,416	780.35	5,662,051	775.35	5,889,962	754.45	5,958,611

Footnotes:

(1) Actuals for 2017/18 are based on year-end expenditure analysis report dated July 11, 2018.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2018.

Manitoba Health Services Insurance Plan
Five-Year Expenditure Summary

for years ending March 31, 2014 - March 31, 2018 [1]

Program	2013/14 $(000s)	2014/15 $(000s)	2015/16 $(000s)	2016/17 $(000s)	2017/18 $(000s)
Health Authorities and Facilities [2]	3,557,027	3,630,471	3,871,412	3,904,805	4,009,427
Medical [3]	1,135,291	1,206,774	1,266,031	1,347,520	1,306,013
Provincial Programs [4]	179,900	194,978	213,241	219,856	229,340
Pharmacare	240,772	247,612	265,836	269,068	274,580
Total	**5,112,990**	**5,279,835**	**5,616,520**	**5,741,249**	**5,819,360**

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, 2018.

(2) Includes Funding to Health Authorities and Capital Funding.

(3) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(4) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

Financial Report Summary Information Part 2

Manitoba Health Services Insurance Plan
Summary of Estimates
April 1, 2017 – March 31, 2018

DETAILS	2017/18 ESTIMATES ($000s)
2017/18 Main Estimates:	
Funding to Health Authorities	3,880,947
Provincial Health Services	215,977
Medical	1,395,663
Pharmacare	265,838
Capital Grants	198,187
2017/18 Estimates:	**5,956,612**

For the year ended March 31, 2018, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

MANAGEMENT REPORT

Management of Manitoba Health, Seniors and Active Living is responsible to the Minister of Health, Seniors and Active Living for the integrity and objectivity of the financial statements of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2018 have been prepared in accordance with Canadian public sector accounting standards.

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

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

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

On behalf of the management,

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

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

Winnipeg, Manitoba
June 28, 2018

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of the Manitoba Health Services Insurance Plan, which is comprised of the statement of financial position as at March 31, 2018 and the statements of operations and accumulated surplus and net debt, and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

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

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

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

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

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of the Manitoba Health Services Insurance Plan as at March 31, 2018 and the results of its operations and its cash flow for the year then ended in accordance with Canadian public sector accounting standards.

Office of the Auditor General

Office of the Auditor General
June 28, 2018
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Financial Position
As At March 31, 2018
(in thousands of dollars)

	2018	2017
Financial Assets		
Cash	**$ 21,996**	**$ 17,752**
Funds on deposit with the Province of Manitoba	**247,142**	**317,052**
Due from:		
Province of Manitoba - vacation pay (Note 5)	**121,663**	**121,663**
Province of Manitoba - post employment benefits (Note 5)	**128,177**	**128,177**
Other Provinces and Territories	**28,668**	**28,231**
Other	**4,436**	**4,031**
	552,082	**616,906**
Liabilities		
Accounts Payable and Accrued Liabilities (Note 6)	**187,453**	**290,284**
Due to:		
Province of Manitoba	**114,789**	**76,782**
Province of Manitoba - vacation pay (Note 5)	**121,663**	**121,663**
Province of Manitoba - post employment benefits (Note 5)	**128,177**	**128,177**
	552,082	**616,906**
Accumulated Surplus and Net Debt	**$ -**	**$ -**

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, 2018
(in thousands of dollars)

	Budget 2018	Actual 2018	Actual 2017
Revenue			
Province of Manitoba - Grants (Note 7)	**$ 6,018,786**	**$ 5,890,973**	**$ 5,873,135**
Inter-provincial reciprocal recoveries - Hospital	**63,977**	**59,191**	**60,432**
Inter-provincial reciprocal recoveries - Medical	**16,121**	**17,260**	**17,894**
Third party recoveries	**27,388**	**55,778**	**52,496**
Miscellaneous	**-**	**1,481**	**4,034**
	6,126,272	**6,024,683**	**6,007,991**
Expenses			
Health Authorities and Facilities	**4,160,496**	**4,088,662**	**4,052,424**
Medical	**1,421,787**	**1,335,299**	**1,376,287**
Provincial programs	**215,977**	**229,340**	**219,868**
Pharmacare	**328,012**	**371,382**	**359,412**
	6,126,272	**6,024,683**	**6,007,991**
Annual Surplus and Net Debt	**-**	**-**	**-**
Accumulated Surplus and Net Debt, Beginning of Year	**-**	**-**	**-**
Accumulated Surplus and Net Debt, End of Year	**$ -**	**$ -**	**$ -**

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, 2018
(in thousands of dollars)

	2018	2017
Operating Activities		
Annual Surplus (Deficit)	$ -	$ -
Changes in Working Capital:		
Due from:		
Province of Manitoba	-	2,020
Other Provinces and Territories	(437)	(1,667)
Other	(405)	8,887
Accounts Payable and Accrued Liabilities	(102,831)	(128,607)
Due to:		
Province of Manitoba	38,007	76,782
	(65,666)	(42,585)
Decrease in Cash and Funds on deposit	(65,666)	(42,585)
Cash and Funds on deposit with the Province, Beginning of year	334,804	377,389
Cash and Funds on deposit with the Province, End of year	$ 269,138	$ 334,804
Consists of:		
Cash	$ 21,996	$ 17,752
Funds on deposit with Province of Manitoba	247,142	317,052
	$ 269,138	$ 334,804

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

1. Nature of Operations

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

2. Adoption of New Accounting Standards

New accounting standards that apply to government components, PS 2200, Related Party Disclosure and PS 3420, Inter-Entity Transactions, PS 3210, Assets, and PS 3320, Contingent Assets, became effective April 1, 2017. The Plan adopted these accounting standards in the current year, resulting in a revised accounting policy for related party transactions which is presented in Note 3 f.

3. Significant Accounting Policies

a. General

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

b. Revenue Recognition

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

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

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

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

c. Financial Instruments

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

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

d. Net Debt

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

e. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include any allowance for doubtful

accounts related to accounts receivable, and the estimation of accrued liabilities related to Health Authorities, Medical Service Claims, Pharmacare Claims, and General.

Actual results could differ from these estimates.

f. Related Party Transactions

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

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

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

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

4. Financial Instrument Risk Management

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

Credit risk

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

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

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

Liquidity risk

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

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

(in thousands of dollars)

5. Employee Benefits

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

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

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

6. Accounts Payable and Accrued Liabilities

	2018	2017
Health Authorities and Facilities	**$53,861**	$150,613
Provincial Health Services	**8,517**	4,277
Medical Service Claims	**88,306**	96,934
Pharmacare Claims	**9,175**	7,486
General	**27,594**	30,974
	$187,453	$290,284

7. Province of Manitoba – Grants

	Budget 2018	**Actual 2018**	Actual 2017
Department of Health, Seniors and Active Living	$5,956,612	$5,819,360	$5,807,315
Department of Families – Pharmacare Expense Recoveries	62,174	71,613	65,820
	$6,018,786	**$5,890,973**	$5,873,135

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

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

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

- in-patient services and out-patient services in a hospital and out-patient services in a surgical facility;
- 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

(in thousands of dollars)

- 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.

	2018	2017
Hospital Services	**$3,274,363**	$3,294,055
Medical Services	**1,302,572**	1,333,401
Other Health Services	**49,378**	51,849

9. Economic Dependence

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

10. 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.

11. Comparative Figures

Certain of the 2017 comparative figures have been reclassified to conform with the presentation adopted for 2018.

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2018 ("the Schedule"). The Schedule has been prepared by management based on Section 5 of the Public Sector Compensation Disclosure Act.

Management's Responsibility for the Schedule
Management is responsible for the preparation of the Schedule in accordance with 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.

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

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

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

Opinion
In our opinion, the financial information in the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2018 is prepared, in all material respects, in accordance with Section 5 of the Public Sector Compensation Disclosure Act.

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

Office of the Auditor General

Office of the Auditor General
June 28, 2018
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2018

Basis of Accounting

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

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

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

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

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

Persons reading these data should understand that:

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

Abbott Burton B	$334,883	Ahmed Naseer	$188,160	Ali Abdalla M	$203,551
Abbu Ganesan P	$175,544	Ahmed Shahida	$272,382	Ali Kassandra	$73,936
Abdelmessih M R	$319,088	Ahuja Nitin	$488,696	Ali Molud A E	$460,944
Abdulrahman S	$378,817	Ahweng Albert	$105,929	Ali Mossadeq	$482,939
Abdulrehman A S	$298,278	Ahweng Andrew G	$1,184,477	Ali Nejad Shahrokh	$82,095
Abej Esmail A	$941,875	Aiken Andrew	$111,133	Aljafari Alhassan	$516,408
Abell William R	$97,867	Ainley Andrew	$50,605	Allan Donald R[3]	$460,631
Abisheva G	$255,477	Ainslie Martha D	$254,274	Allen David W	$456,212
Abo Alhayjaa S	$362,330	Ajao Monisola	$185,275	Allen Jessica S	$230,482
Aboulhoda Alaa S	$51,245	Ajao Olarenwaj	$307,389	Almalky Ammar	$825,730
Abrams E M	$363,028	Akerele Oladapo	$300,636	Almoustadi Waiel A	$398,048
Abujazia Abdurreza	$656,507	Akinpelu Fadeke O	$61,942	Alshanti Marwan	$99,693
Adam Chris J E	$240,916	Akinsola Oluwatosi	$171,336	Altman Alon	$701,267
Adam-Sdrolias H L	$245,579	Akintola Olalekan	$819,594	Altman Gary N	$324,203
Adduri V R	$153,129	Akra Mohamed A	$295,486	Alto Lauri E	$255,067
Adegbesan A A	$763,544	Al-Abbasi Bashar A	$310,068	Amadeo Ryan J J	$537,168
Adegboyega M	$307,297	Al-Ahbabi Aseel	$199,610	Ambrose Devon J	$546,332
Adelufosi Adegoke O	$63,084	Al-Kaabi Atheer	$519,019	Amede Kebede H	$466,172
Adeyemi M	$55,299	Al-Kadhaly Mothafar	$84,811	Ames David H	$519,671
Adl Golchin O	$52,068	Al-Moumen Zakaria	$892,848	Anand Jacquelin	$59,921
Afifi Tarek J	$1,420,926	Alabdoulsalam Tareq	$138,974	Anang Julius B	$215,293
Afolabi B	$98,962	Alai Mehdi	$124,417	Anang Polina	$199,095
Aguayo Bonniard A J	$430,639	Alamian-Harandi K	$702,470	Anashara Fouad H	$171,515
Ahluwalia Romy R	$72,114	Alarakhia Rehana	$119,809	Andani Rafiq	$124,578
Ahmad Absar	$260,081	Albak Russell E	$298,389	Anderson Brent R	$387,179
Ahmad Ejaz	$622,314	Alewan Salem	$129,607	Anderson Brian	$101,933
Ahmad Suffia N	$286,153	Alexander Ian Scott	$209,933	Anderson Erin	$93,917
Ahmed Munir	$485,585	Alhrbi Mashael M	$1,079,756	Anderson Matthew	$191,589

(Continued)

Anderson Ryan A	$467,097	Balhaj Abdelaati	$377,288	Bergen Calvin J	$65,176
Anderson Shelley D	$59,487	Balko George	$352,059	Bergen Jerry	$271,072
Anderson Tristan A	$74,429	Ball Frederic	$308,642	Bergman Amanda D	$244,953
Anderson Tyler	$182,139	Ballegeer Trevor A	$100,522	Bergman Elin	$270,400
Andreiw Adam	$280,395	Ballen Jenifer L	$257,389	Bermack Barry A	$361,801
Andrew Chris	$764,092	Bammeke Femi	$186,870	Bernier Mark	$769,449
Anozie Chiaka B	$380,629	Banerji Shantanu	$98,659	Bernstein Charles N	$690,356
Ansari Muhammad	$578,481	Banerji Versha	$131,109	Bernstein Keevin	$588,933
Ansarian Hamid R	$175,943	Banmann Darin S	$279,439	Berrington Neil R	$400,776
Anssari Neda	$244,544	Bansal Rahul K	$251,667	Beshara Eren I A	$241,854
Antonious Mina Y A	$131,111	Barac Ivan	$419,671	Best Raina L	$449,149
Anttila Lisa K	$708,757	Barac Snezana	$241,635	Bhangoo Sandip S	$289,707
Anyadike Ignatius	$300,160	Barc Jennine	$303,999	Bhangu Manpreet	$382,119
Aoki Fred Y	$170,164	Barczak Aleksandr	$319,061	Bhanot Pradeep	$195,924
Apoeso Omolola	$255,316	Bard Robert J	$472,470	Bhayana Rajinder	$339,107
Appleby Stephanie	$345,541	Baria K	$105,901	Bhayana Renu	$384,737
Aragola Sanjay	$530,806	Barker Mark F	$693,289	Bhuiyan Nazmun N	$334,481
Araneda Maria C	$113,828	Barkman Jayson M	$681,760	Bhullar Rick S	$1,319,337
Arara Mohammed	$157,552	Barnard Alicia G	$105,334	Biala Barbara	$424,565
Armstrong Brent	$400,219	Barnes Allyson C	$123,793	Bialy Maciej B	$284,228
Armstrong Sean[3]	$1,899,728	Barnes Daniel W	$204,070	Bialy Peter C	$484,035
Arneja Amarjit S	$452,449	Barnes Jeffrey G	$279,850	Billinkoff Errol N	$382,520
Arneja Jagmit	$338,293	Barnes William R	$147,665	Bilos Richard J	$225,398
Arya Virendra	$200,374	Baron Cynthia M	$213,059	Birk Patricia	$192,953
Asham Hany A	$469,635	Baron Kenneth I	$517,104	Birt Douglas	$116,231
Ashcroft R P	$215,555	Barron Laurie W	$678,730	Bishay Wagdy	$584,894
Ashcroft Rebecca C	$271,577	Barske Heather L	$381,661	Bisson Joanne	$90,405
Ashfaq Bushra	$347,904	Barteaux Brooks	$104,847	Bissonnette Arcel	$410,228
Ashique Asim	$81,775	Bartlett Lloyd C	$145,379	Biswas Trisha	$73,260
Ashton Martin	$50,399	Bashir Bashir	$356,019	Black Denise R	$82,969
Askarifar Rasool	$374,359	Bassily Mena N F	$246,789	Black G Brian	$123,301
Asskar Ramzi	$565,763	Basson Anel	$120,777	Blackie Karen M	$84,216
Assuras George N	$482,100	Basson Hendrik J	$426,760	Blais Ashley	$255,815
Atalla Niveen G	$372,692	Basta Ayman F	$661,601	Blakley Brian W	$285,323
Atchison Tyler J	$198,181	Basta Moheb S S	$362,274	Blampy Janice R	$177,399
Atesok Kivanc	$78,541	Battad Anthony B	$348,651	Blazic Ivan	$259,490
Atkinson Raymond	$231,366	Bay Graham H	$615,648	Blom Lourens J	$116,868
Atluri Vani P	$95,635	Baydock Bradley	$179,417	Blouw Erika R	$291,710
Avadhanula Prabhath	$82,123	Beaumont Ian D	$147,427	Blouw Marcus R	$254,217
Avery Maleen R	$111,366	Becker Allan	$122,934	Blyth Scott	$314,813
Avila Flores F[2]	$898,686	Becker Marissa	$54,533	Bock Gerhard W	$216,025
Awad Jaklin	$532,347	Beckstead James E	$68,924	Bodnarchuk Tavis R	$297,491
Awadalla Alaa	$997,051	Bedder Phyllis M	$337,621	Boguski Gregory	$101,970
Ayinde Wasiu A	$333,868	Bedi Bhupinder	$106,097	Bohm Clara J	$468,034
Azer Nivin	$865,976	Begum Fatema	$754,000	Bohm Eric R	$450,084
Azer Nivine N	$524,778	Beiko Jason	$268,051	Boktor Hanan	$143,156
Aziz Aziz N N	$440,382	Beldavs Robert A	$1,507,082	Bolton David R	$338,846
Azzam Lina	$416,679	Bellan Lorne D	$614,592	Bolton James M S	$98,374
Babick Andrea P	$240,424	Bellas Jonathon	$285,010	Boman Jonathan	$292,489
Babick Terry R	$578,362	Bellisario Tio	$172,947	Bonakdar Hamid R	$127,167
Bacily Mervat A	$388,976	Bello Ahmed B	$178,088	Book Brian H	$120,986
Badenhorst Frederik	$355,192	Benade Elizabeth	$134,730	Bookatz Brian J	$360,112
Badesha Kulvir S	$332,054	Benning Harjit S	$1,170,412	Boon Laurie E	$59,937
Bagry Hema S	$495,971	Benning Rupal S	$339,221	Booth Steven A	$639,475
Bailes Michelle	$258,083	Benoit Archie G	$83,603	Borkowsky Kent	$116,013
Baillie Cory	$686,442	Benshaban Lamin	$309,507	Boroditsky Alissa	$120,205
Baker Chandran	$877,686	Benton Aoife D	$83,364	Boroditsky Lila M	$175,759
Balachandra Bhamini	$168,896	Benzaglam Ali	$705,718	Boroditsky Mark	$411,433
Balageorge Dimitrios	$412,484	Berdusco Randa L	$321,166	Boroditsky Michael L	$459,140
Balcha Berhanu	$51,137	Bereznay Oliver	$411,169	Boroditsky Richard S	$76,204

(Continued)

Borrett George F	$295,784
Borys Andrew E	$521,789
Botha Adriana	$203,481
Botha Daniel	$133,126
Botkin Alexis A	$145,536
Botkin Colin D	$653,192
Bourdon Nelson	$114,268
Bourque Christoph	$357,702
Bovell Frank M	$374,576
Bow Eric	$111,262
Bower Tenley N	$1,303,523
Bowman M Nancy	$186,228
Boyd April J	$456,854
Bracken John H	$451,346
Brackenreed Nolan	$324,610
Bradshaw Candace D	$357,316
Brandes Lorne J	$104,251
Brar Adarshdip	$173,298
Brar Kanwaljit	$140,194
Brar Kiranpree	$125,383
Braun Chantel M	$70,422
Braun Erwin A	$53,051
Braun Jeanelle	$143,806
Braun Karen Y	$318,974
Breckman David K	$444,351
Breckman Gillian L	$304,046
Brennan Gerald D	$74,098
Bretecher Gilbert J	$260,769
Brett Matthew J	$221,896
Brinkman Ryan J	$432,029
Brinkman Shauna	$235,782
Bristow Kristin	$131,043
Britton Ashley	$159,217
Brodovsky Stephen C	$790,735
Brooker Gary M	$423,369
Brown Heather J	$116,824
Brown Jonathan	$260,044
Brown Robert	$367,488
Brown Tanya	$59,446
Bruce Kelsey	$102,582
Brudney Charles S	$206,322
Bruin Sonja	$114,142
Bruneau Michel R	$574,920
Bryanton Mark	$63,815
Bshouty Zoheir	$277,249
Buchel Edward W	$1,126,875
Buchel Tamara L	$189,793
Buchik Glenda M	$154,852
Buduhan Gordon	$541,439
Bueddefeld H Dieter	$342,067
Buenafe Jay	$861,013
Bueti Giuseppe[3]	$934,188
Buffie Tyler	$219,786
Buffo Sequeira Ilan	$233,981
Bullard Jared	$93,011
Bullen Tyler J P	$303,685
Bunge Martin K[2]	$683,896
Burnell Colin D C	$660,321
Burnet Neil M	$208,245
Burnett C J	$328,187
Burnett Clinton J	$243,318
Burnett Mairi	$305,049
Burnett Margaret	$195,677
Burnside Tyler C	$211,048
Burron Ian	$97,484
Burym Craig J	$606,366
Bushidi Mbuyu	$599,582
Butler James B	$296,523
Butler Nicolaas	$508,663
Bybel Bohdan[4]	$74,939
Bykova Elena	$271,946
Bynkoski Stacey A	$238,987
Bzura Thomas J	$333,226
Calderon-Grande H E	$251,230
Camoriano Nolas G D	$895,332
Campbell Barry	$265,072
Campbell Garth	$52,307
Campbell Neil	$167,736
Caners Dennis T	$717,555
Caners Theo	$138,450
Cannon John E	$172,832
Cantor Michael J	$585,253
Caplan Aubrey H	$201,962
Caplan Deborah C	$301,004
Cappellani Ronald B	$372,825
Carpenter Noah	$105,974
Carrick Kathrin	$62,333
Cartagena Ricardo A	$473,376
Carter Robin	$110,480
Casaclang Natalie	$54,994
Casey Alan R	$308,063
Cassano-Bailey A[2]	$593,001
Caswell Brent	$188,695
Caswill Melissa E	$232,806
Cattani Lynnsey	$213,287
Cavallo Dianne	$486,877
Cavers Kenneth J	$269,550
Cavett Teresa	$57,784
Cenkowski Marta J	$180,937
Chadwick Mairi M	$399,261
Chakraborty Amiya R	$507,153
Chaloner Wouna	$202,987
Chan David A	$167,465
Chan Eng Lyan	$351,545
Chan Jennifer	$56,896
Chan Jessica S	$51,635
Chan Laura H	$420,620
Chan Ming Ka	$51,924
Chan Timothy	$213,038
Chapman Leigh	$869,015
Charette Miranda	$293,642
Chatwin Meghan K	$283,930
Chaze Brian F	$57,437
Chen Lydia Y X	$77,594
Cherian Rachel	$140,185
Chernish Gregory M	$99,831
Cheung Anene	$146,321
Cheung Lai-Keung	$116,052
Cheung Paul K-M	$69,272
Chimilar J D	$56,835
Chin Daniel	$976,480
Chisick Laura B	$61,214
Chittal Dervla M	$127,933
Cho Patrick A	$781,928
Chochinov Paul H	$333,984
Chodirker Bernard N	$208,973
Chopra Amit	$460,361
Choptiany Robert B	$174,163
Choptiany Thor I	$535,748
Chow Chi Ieng	$56,319
Chow Herman	$106,393
Chow Melina	$90,845
Chowdhury Amitava D	$251,773
Chowdhury Tumul	$457,190
Choy Stephen C	$263,529
Christodoulou Chris C	$302,757
Chubaty Roman A	$428,298
Chudasama Sushil	$50,930
Chudley David A A	$272,263
Chung Louis	$287,878
Ciecierski Danuta	$185,692
Cisneros Nestor	$665,986
Clark Ian H	$255,566
Clark Sandra G	$470,732
Clark Tod A	$477,900
Clayden Gerald	$617,541
Cleghorn Scott A	$630,966
Clendenan Jessica L	$81,441
Cleven Raegan D	$306,433
Coates Kevin R	$582,098
Cochrane David	$110,260
Cohen Barry A	$728,452
Collin Marian B	$243,941
Collison Linda M	$280,643
Connelly Peter	$159,659
Connor David D	$803,260
Connor Graham T	$222,398
Consunji-Aranet R	$358,853
Convery Kevin	$487,579
Coodin Michael G	$428,134
Coodin Shalom Z	$109,056
Cooke Andrew L	$243,334
Coombs Jennifer	$190,289
Cooney Mathieu F	$243,089
Cooney Megan J	$227,310
Corbett Caroline	$645,740
Cordova Juan L	$268,508
Cordova Perez Francisco	$151,682
Corne Stephen I	$714,892
Cossoy Michael	$55,677
Cowden Elizabeth	$180,895
Coyle Stephen J	$328,625
Cram David H	$816,887
Cranston Meghan E	$355,175
Craton Neil	$130,916
Crawford David	$205,653
Creek Kristen	$104,384
Cristante Loris	$692,802
Crockett Maryanne	$101,576
Crook Lance A	$81,113

(Continued)

Crosby Jason A	$696,488	Derendorf Bradley K	$149,955	Dubberley James	$378,265
Cross Howard G	$70,618	Derkatch Sheldon D	$1,247,101	Dubey Arbind A	$240,610
Cross Robert	$359,255	Derzko Lydia A	$142,498	Dubyna Dale	$208,040
Crust Louis J	$97,256	Desautels Angela D	$108,619	Ducas Diane A	$176,732
Csupak Elaine M	$150,233	Desautels Danielle	$71,346	Ducas John	$603,343
Cummings Michael L	$416,635	Desilets Nichelle	$374,116	Dueck Darrin	$351,922
Cuvelier Geoffrey	$94,383	Desmarais G P	$96,758	Dueck Laura J	$309,099
Cuvelier Susan L	$301,128	Desmond Gerard H	$377,343	Duerksen Carl	$702,275
Cyr-Hornick Annie	$51,773	Dhala Aly	$229,568	Duerksen Donald R	$723,264
Czajka-Fedirchu Cynthia	$234,804	Dhaliwal Harbhajan	$76,818	Duerksen Mark T	$367,280
Czaplinski Jolanta E	$122,869	Dhaliwal Jamit S	$519,258	Duff Brian D	$226,111
Czaplinski Kazimierz	$261,058	Dhaliwal Perry	$394,177	Duke Peter C	$61,806
Czaplinski Peter R	$210,322	Dhaliwal Rumeet	$107,155	Dumatol-Sanchez J	$559,040
Czarnecka Monika M	$223,370	Dhaliwal Surinder	$157,054	Duncan Stephen J	$499,600
Czarnecki Wlodzimie	$350,720	Dhalla Sonny S	$1,428,456	Dunford Dawn A	$173,616
Czaykowski Piotr M	$97,335	Dhanjal Permjeet	$251,627	Duplak Kamila I	$108,768
Da Silva Laurindo	$328,726	Dharamsi Nafisa	$131,715	Duprat Christine	$62,346
Daeninck Paul J	$155,777	Dillon J David	$481,204	Durcan Anne M	$69,859
Dakshinamurti Sowmya S	$247,203	Dillon Lisa G	$128,110	Dutta Vikas	$242,680
Dale Catherine	$55,201	Dillon Tanya	$93,901	Duval Richard	$124,734
Dalgliesh Blair C	$78,031	Din Shamoon	$479,618	Dyck Andrew J	$243,175
Dalling Gordon N	$303,504	Diocee Rupinder	$50,633	Dyck Gordon H	$648,431
Dandekar Anand S	$444,863	Dionne Claire	$418,237	Dyck Michael P	$279,461
Dandekar Masumi S	$113,040	Dirks Jacquelyn	$267,707	Dyson Ashley L	$336,696
Dang Tai Huu	$217,528	Dissanayake Dilani	$283,911	Eaglesham Hugh[2]	$2,443,904
Dangerfield Aran L	$418,869	Dixon Nancy L	$324,535	Earl Kevin D G	$265,093
Dao Vi V B	$162,030	Dizon Aquilino	$81,308	Earle Lisa	$58,366
Daoud Hani M A	$56,965	Doak Greg J	$215,648	Edward Girgis	$468,997
Darczewski Irena	$327,752	Doan Quy	$256,692	Egan Mary M	$90,679
Darnbrough Andrea L	$407,635	Docking Leanne M	$331,607	Egey-Samu Zsolt	$77,891
Dart Allison B	$87,194	Doerr Jeffrey J	$343,022	Eggertson Doug	$364,579
Dascal Mario A	$704,323	Dolinka Peter P	$125,309	Eghtedari-Namin F	$219,411
Dashefsky S M[2]	$553,621	Dolynchuk Kenneth N	$222,739	Ehsaei Farhad	$179,038
Davidson J Michael[2]	$4,966,099	Dominique Francis	$209,318	El-Gaaly Sherief A	$324,400
Davis Michael O	$588,090	Domke Heather	$423,798	El-Gabalawy Hani S	$76,183
Dawe David E	$161,432	Domke Sheila	$325,983	El-Matary Wael M M	$170,140
Dawood Saif N A	$268,794	Donaleshen Jeniva A	$419,838	Elallegy Abed Ali	$396,977
Daya Jayesh J	$484,115	Donnelly John P	$57,487	Elbardisy Nozahy	$609,924
De Blonde Riley T	$252,760	Dookeran Ravi	$2,180,881	Elbarouni Basem	$1,011,483
De Gussem Els Maria	$127,041	Dornn Bruce	$211,696	Elcheshen Kimberly	$83,319
De Korompay Victor	$161,787	Dow Nathan W	$359,798	Eleff Michael K	$151,659
De Moissac Paul C	$370,340	Dowhanik Monica A	$106,686	Elgazzar Reda F	$177,474
De Moissac Pierre	$215,368	Dowhanik Paul B J	$149,818	Elias Kamelia	$495,223
De Muelenaere Phillip	$1,186,244	Downey Angelle D	$225,670	Elimban Vinit V	$391,155
De Rocquigny Andre J	$646,546	Downs A Craig	$389,473	Elkams Sameh N B	$400,287
De Wit Simon L	$675,704	Doyle John[1]	$89,352	Elkhemri A M	$484,099
Dean Erin C	$481,594	Drachenberg Darrel E	$802,750	Elkin Jonathan	$307,924
Deane Karen	$78,686	Drain Brighid	$215,830	Elkin Mark S	$340,529
Debnath Pranab K	$131,158	Dressler Gerald R	$55,362	Elliott Jacobi	$331,083
Debrouwere Roland G	$368,981	Drew Elizabeth	$71,688	Ellis Michael J	$137,279
Decock Candace	$153,040	Drewniak Anna	$393,621	Elves Emmett J	$744,669
Decter Diarmuid	$608,544	Drexler Jaroslav	$515,778	Emadi Seyed M	$64,165
Dekoninck Theresa	$83,673	Dreyer C	$64,142	Embil John M A	$911,463
Delaquis Alyssa C	$225,437	Driedger Janelle	$106,878	Embree Joanne E	$112,601
Demeter Sandor J[4]	$80,413	Du Guoyan	$105,228	Emery C	$521,900
Demsas Habtu	$388,182	Du Lei	$133,197	Emhamed Musbah	$757,117
Denis James P	$510,954	Du Plessis Marlie M	$143,831	Encarnacao Cayley	$144,302
Deonarain Sue	$185,548	Du Plooy Johan	$291,371	Eng Stanley	$412,512
Deonarine Linda	$431,669	Du Preez Joachim	$149,070	Engel Jeff S	$605,067
Deong Jean Pui	$303,655	Du Toit Linda L	$139,580	Engelbrecht Stephanus	$354,223

(Continued)

England Margaret	$428,792	Frohlich Arnold M	$503,514	Giuffre Jennifer	$503,479
Enns James P	$777,037	Frosk Patrick D	$132,909	Glacken Robert P	$317,736
Erhard Philippe	$136,443	Fulmore Jonah J N	$54,270	Glazner Kathryn A	$404,342
Eschun Gregg M	$142,157	Fung Adrian J	$54,030	Glenn David M	$94,151
Eshghi Esfahani Farid	$797,195	Fung Harold[2]	$930,845	Glew Wade B	$318,035
Eskarous Soad	$539,512	Funk Aaron N	$109,307	Globerman Adam S	$1,055,574
Esmail Ali Raza	$248,843	Funk Duane J	$254,871	Globerman Dobrochna	$61,105
Esmail Amirali M	$602,130	Gabor Jonathan	$455,428	Glover Pamela G	$315,906
Espenell Ainsley E	$424,971	Gabriel Maila	$137,564	Goeke Fredrick	$313,101
Essig Marco[2]	$698,778	Gacutan Sherwin	$188,690	Goerz Paul G	$110,205
Ethans Karen D	$235,855	Galenzoski Kerry J	$160,679	Goldberg Aviva	$62,920
Evaniuk Debra A	$89,572	Galessiere Paul F	$710,300	Goldberg Norman A	$221,872
Evans Heather	$117,244	Gall Richard M	$610,782	Goldenberg Benjamin	$144,949
Evans Michele J	$140,180	Gallagher Katherine	$198,905	Goldenberg David J	$479,022
Ewert Frank J	$198,637	Garba Sule	$655,217	Gomori Andrew J	$370,762
Ewonchuk Marie J	$227,431	Garber Lesley	$641,154	Gooi Teong H	$862,633
Fainman Shane E	$315,531	Garber Philip J	$239,352	Goossen Marvin	$932,931
Falconer Terry	$89,452	Gard Sherry	$369,259	Goossen Randolph	$68,541
Fanella Sergio T	$134,686	Gardner Rachel E	$205,556	Gorcharan Chandra	$107,718
Farjalla Tareg G	$54,573	Garg Manish	$365,216	Gordon Jeremy	$443,841
Fast Mallory D	$412,337	Gauthier Shaun W	$75,499	Gordon Vallerie	$256,140
Fatoye Adetunji	$181,515	Gawryluk Marielle	$174,044	Goubran Ashraf W[2]	$913,188
Feasey Kirk	$52,911	Gdih Gdih A M	$2,260,524	Gouda Fayez F	$391,089
Feierstein Michele	$191,014	Gendi Mina A R	$59,717	Gould Lisa F	$582,506
Felsch Sheila E	$168,438	Gendy Baher M A	$77,547	Goulet Stephen C	$284,409
Ferguson David A	$126,807	Geneve Mustafa	$186,375	Gousseau Michael	$192,021
Finlayson Nolan A	$328,450	George Ronald H	$290,614	Govender Prakashen	$362,276
Finney Brett A G	$485,378	Georgi Michelle	$98,762	Govender Prashen	$82,367
Fiorentino Elisa J F	$113,684	Gera Rakesh M	$880,897	Governo Nelson J	$440,940
Fisher Morag	$57,957	Gerges Hanan F	$609,331	Goyal Vishal	$55,138
Fishman Lawrence	$437,485	Gerges Vivian F	$472,354	Goytan Michael J	$1,514,356
Fitzgerald Michael	$269,506	Gergis Enas S	$502,180	Grabowski Janet L	$585,099
Fjeldsted Fredrik H	$369,121	Gergis Nermin Y	$90,991	Grace Kevin J	$325,094
Fleisher Marcia L	$136,054	Gerhold Kerstin	$137,207	Graham Chris P	$554,418
Fleisher William P	$164,913	Gerstner Thomas V	$452,972	Graham Kerr	$423,068
Fleming Fiona L	$312,285	Gertenstein Robyn J	$450,379	Graham Marjory R	$257,833
Fletcher Colin W	$272,004	Ghalib Muhammad	$495,464	Graham Roger	$102,667
Flynn Bryan T	$510,822	Ghebray Tesfay M	$324,030	Grant Rachael A	$198,493
Foda A H	$74,394	Ghebrial Maged S N	$448,136	Grass Stephen B	$474,255
Foerster David R	$365,949	Ghoneim Mostafa S	$643,647	Gratton Remy-Mart	$367,509
Fogel Jordan P	$511,120	Ghorpade Nitin	$644,103	Gravelle Steven	$144,001
Fogel Richard B	$80,264	Ghrooda Esseddeeg	$488,299	Gray Michael G	$326,903
Foidart Stephane	$106,894	Giannouli Eleni	$744,458	Gray Regan C	$120,175
Fontigny Nadine J	$380,375	Gilbert Jane	$397,763	Gray Steven W	$82,230
Forouzandeh Fariba	$269,097	Gill Balwinder	$619,518	Greenberg Howard M	$508,398
Fotti Chris P	$321,546	Gill Daljit	$562,998	Greenberg I David[4]	$62,163
Fotti Sarah A	$280,795	Gill Eunice	$346,838	Gregoire Scott A	$823,873
Fourie Theo	$504,700	Gill Jagroop S	$467,508	Gregoryanz Tatiana	$261,797
Frame Heather	$342,879	Gillespie Brian	$744,520	Grenier Debjani	$203,162
Francois Jose M G	$57,273	Gillespie Jamie L	$273,426	Grexton Travis J	$107,398
Frankel Matthew S	$494,563	Gillette Aleesha	$228,422	Greyling Louw D L	$251,373
Fraser Michael B	$382,373	Gillman Lawrence	$235,640	Griffin Jennifer	$68,844
Frechette Chantal	$178,194	Gillman Mark	$104,312	Griffin Patrick	$175,283
Frechette Marc	$336,582	Gilmore Jonathan	$364,726	Griggs Gordon B	$68,972
Frechette Sharon C	$483,227	Gilroy Nadin C	$59,881	Grimes Ruth B	$273,958
Fredette Patrick	$316,350	Gingerich Joel R	$192,644	Grobler Wilhelmus	$439,390
Freedman Jeffrey I	$66,541	Gingerich Roger	$89,817	Grocott Hilary P	$406,377
Friesen John	$197,976	Ginther David N	$81,992	Groenewald Louise H	$176,180
Friesen Selena	$91,210	Girard John	$384,100	Groves Lawrence	$341,108
Friesen Tyler B	$285,362	Girgis Hossam E	$398,825	Grunfeld Alexander	$382,789

(Continued)

Gudmundson Catherine	$316,259	Hayward Jenette F	$117,316	Hunter William M	$160,307
Guindi Nizar S	$467,376	Hayward Rowland J	$690,332	Hurd Carmen	$218,506
Guindy Sherine	$584,301	Hebbard Pamela	$423,814	Hurst Lorne D	$572,922
Gujare Pradip E	$133,021	Hechler Peter	$261,057	Husarewycz Marie N	$167,386
Gujral Paramjeet	$251,291	Hechtenthal Norman	$183,530	Husarewycz Stephen	$315,253
Gupta Aashima	$311,398	Hedden David R	$615,041	Husch Alanna	$53,051
Gupta Daya K	$153,044	Hedden John R	$152,402	Hutchison Trevor	$391,150
Gupta Ravi	$620,660	Heibesh Suzy G F	$1,176,679	Hutfluss George J	$411,095
Gurney-Dunlop T S	$57,668	Heidenreich Wolfgang	$109,977	Hyman Jeffrey R	$243,396
Gururajarao S	$596,213	Heinrichs Kristin M	$264,859	Hynes Adrian F	$344,815
Guzman Randolph	$778,993	Helewa Michael E	$195,828	Iancu Daniela	$74,222
Gwozdecki Taras M	$297,501	Helewa Ramzi M	$690,334	Ilchyna Daniel C	$312,428
Haberman Craig J	$332,397	Helms Johan B	$507,290	Ilnyckyj Alexandra	$512,717
Haggard Gian G	$435,434	Henderson Blair	$1,227,140	Ilse Werner K	$335,835
Hahlweg Kenneth A	$241,608	Henderson Crystal	$72,993	Imam Isam E B	$499,783
Hai Md Abdul	$288,628	Hennessey Hooman	$126,042	Inglis Duncan	$564,967
Haiart Dominique	$154,118	Henry Douglas W	$220,567	Inglis Peter J	$169,933
Haji Salah A	$358,752	Henry Stephen F	$152,034	Intrater Howard	$862,710
Hajidiacos Nicholas	$278,618	Hensel Jennifer	$79,622	Ip Wang-Chun	$138,804
Halbrich Michelle	$833,328	Hercina Chantelle	$189,969	Iqbal Irum	$500,194
Haleis Ahmed R	$360,517	Hicks Cynthia D	$807,010	Iqbal Shaikh	$143,683
Haligowski David	$310,337	Hiebert Timothy	$66,629	Irving Heather	$270,433
Hall Andrew D	$85,185	Hildebrand Brenda C	$400,965	Irving James E	$97,830
Hallatt David	$58,013	Hilderman Lorraine	$240,886	Isaac Carey	$332,626
Hamam Al Walid	$505,047	Hildes Ripstein G E	$148,372	Isaacs Robert L	$175,981
Hamedani Ramin	$482,938	Hillman China-Li	$894,275	Ishak George	$463,339
Hameed Kazi A	$442,306	Hingwala Jay	$797,588	Iskander Salah S G	$428,406
Hamilton Holly	$93,486	Hitchon Carol	$69,248	Iskander Suzan F	$402,485
Hamilton Kristin A	$95,176	Hlynka Anthony	$258,624	Islur Avinash	$402,941
Hammell Jennifer	$184,189	Ho Juliet	$119,511	Ismail Ibrahim	$174,500
Hammond Allan W	$581,806	Hobson Douglas E	$430,605	Israels Sara J	$87,985
Hammond Greg W	$362,411	Hochman David J	$667,419	Issaivanan Magimaira	$62,624
Hancock Betty J	$140,465	Hochman Jordan	$483,725	Itzkow Benjamin	$229,315
Hanlon-Dearman A C	$220,166	Hochman Michael	$462,298	Ivey Jeffrey A	$58,602
Hanna Irin	$268,295	Hohl C M	$195,172	Iwaasa Kenneth K	$119,275
Hanna Marni	$573,273	Holland-Muter E	$199,063	Jabs Marlis	$108,450
Hanna Nermeen S	$874,410	Holmes Carol	$159,377	Jackson Alan C	$89,494
Harding Gregory E	$791,244	Holmes John	$249,327	Jackson Andora	$221,401
Hardy Brian[2]	$796,292	Holyk Brenda	$89,559	Jackson John H	$58,596
Hardy Krista M	$343,662	Homik Lawrence	$940,329	Jacob Mary V[2]	$1,099,138
Haresha A	$626,260	Honiball James J	$549,406	Jacob Thomas K	$156,974
Harlos Craig H	$152,107	Hooper Davyd	$623,849	Jacob V C	$441,748
Harmer Helen A	$156,195	Hooper Wendy M	$512,153	Jacobs Johannes	$562,735
Harms Stefan	$426,905	Hootkani Alireza	$53,257	Jacobsohn Eric	$259,803
Harrington Michael W	$149,322	Horton Jillian	$172,743	Jaeger Claire	$337,672
Harris Kristin R	$242,421	Horvath Jeffrey F	$53,801	Jagdeo Amit	$751,394
Harris Patricia	$871,649	Hosegood Greg	$95,170	Jain Madhuri	$621,654
Harrison Wayne D[2]	$2,015,948	Hosseini Boshra	$285,101	Jain Narendra	$98,326
Hartley Duane M	$439,890	Houston Donald S	$114,378	Jamal Aleem	$156,998
Harwood-Jones M R	$421,821	Hoy Conrad S	$125,458	Jamal Shabana	$358,917
Hasan Mahmud	$143,889	Hoy Gerald J	$169,421	James Joann	$550,251
Hasdan Galit	$374,048	Hoy Murray L	$218,312	Jamora Earl	$128,718
Haseeb Sabiha	$80,249	Hrabarchuk Blair	$432,965	Janke Alyssa J	$105,547
Hashemi Bita	$126,166	Huebert David M	$490,004	Jansen Van Rens N	$650,292
Hashmi Sajjad	$652,034	Hughes Peter	$220,098	Jassal Davinder	$622,855
Hastir Arvind	$125,826	Hughes Philip M	$417,494	Jastrzebski Andre	$174,367
Hawaleshka Adrian	$201,769	Humniski Kirstyn L	$69,535	Jattan Aaron R	$69,983
Hawe Richard D	$373,028	Hunt Daniel A	$204,415	Javellana Audrey	$173,755
Hayakawa Thomas E	$479,514	Hunt Jennifer	$496,720	Jawanda Gurswinde	$116,430
Haydey Richard P	$1,342,134	Hunter Christoph	$464,397	Jayakumar Sethu M	$434,346

(Continued)

Jayas Rajat	$266,736	Kaufmann Anthony M	$251,188	Koensgen Stuart J	$128,517
Jebamani Samuel	$259,579	Kaur Bimal	$65,739	Kogan Sylvia	$368,649
Jellicoe Paul	$232,152	Kaushal Ravi Datt	$536,122	Koh Clarissa	$196,732
Jenkins Keith A	$101,636	Kaushik Vishal R	$378,227	Kohja Abbas Ali	$434,686
Jensen Chris W B	$263,935	Kayler Douglas E	$528,559	Kolt Alain M	$50,557
Jensen Derrek M	$474,871	Kazina Colin J	$117,038	Koltek Mark M	$141,154
Jhooty Jason M S	$299,964	Kearns Katherine	$122,297	Komenda Benjamin	$103,789
Johnson Bijai	$489,523	Keddy-Grant Jill	$314,748	Komenda Paul V J[3]	$456,134
Johnson Charles	$142,998	Keech Adam	$88,237	Kong Anne M C	$226,561
Johnson Darcy	$646,866	Keeper Edward S	$52,384	Koodoo Stanley R	$398,087
Johnson Eric C	$249,878	Kehler Terence	$59,728	Kosowski Marco	$80,044
Johnson Michael G	$1,413,751	Keijzer Richard	$104,425	Kostyk Richard	$101,110
Johnson Robert G	$324,527	Kelleher Barbara E	$163,993	Kotb Rami	$104,518
Johnston Christine	$107,333	Kellen Philippa	$192,797	Kotecha Yatish	$414,438
Johnston James B	$132,167	Kellen Rodney I	$631,905	Koul Rashmi	$196,290
Johnston Janine L	$266,979	Kemkaran Kenneth	$542,018	Koulack Joshua	$877,259
Johnston Stephanie	$325,493	Kennedy Maureen F	$226,307	Kousonsavath Ratana	$65,985
Jolin-Dahel Kheira	$220,787	Kenshil Sana	$242,252	Koven Sheldon	$50,128
Jones Jodi Lynn	$386,256	Kepron Michael W	$274,580	Kowalchuk Ivan J	$333,474
Jones Julie	$252,721	Kerr Lorraine	$116,375	Kowalski Stephen E	$247,027
Jones Michelle	$132,174	Kerr Paul D	$492,472	Kowaluk Bruce A	$393,082
Jose Joe M	$277,398	Kettner Adrian S	$213,246	Koz Lori G	$224,620
Joshua Julian M	$282,445	Keynan Yoav	$170,334	Krahn Curtis	$308,558
Joundi Mohamed G	$346,083	Khadem Aliasghar	$750,823	Krahn James	$377,927
Jovel Ramon E	$201,584	Khan Ali H	$553,819	Krahn Marianne	$117,800
Jowett Andrew G	$320,140	Khan Ayaz A	$616,739	Kramer Matthias	$243,566
Junaid Asad	$408,832	Khan Noor M	$397,497	Kraut Allen	$87,801
Jwely Ahmed M	$277,180	Khan Sadia A	$234,205	Kremer Steven	$136,116
Kabani Amin M [1]	$277,611	Khanahmadi Shahab	$798,086	Kreml John A	$453,262
Kaderali Zulfiqar	$145,449	Khandelwal Ajai S	$537,628	Kreml Renee Lea	$696,655
Kaethler Wilfried	$336,677	Khangura Davinder	$586,870	Kristjanson Mark	$59,009
Kahanovitch David	$361,786	Khazen Hakimeh	$111,094	Kroeker Bryan	$298,543
Kaita Kelly D E	$555,635	Khelil Assil I	$332,767	Kroeker Lloyd R	$346,367
Kakumanu Ankineedu	$262,525	Khoo Clarence	$593,976	Kroft Cara D L	$151,057
Kaldas Nahed N R	$84,371	Kidane Biniam	$495,140	Krongold Israel J	$195,304
Kalicinsky Chrystyna	$205,281	Kilada Baher F N	$552,597	Krongold Penina	$316,299
Kalra Arwin	$71,159	Kim Christina	$134,794	Kruk Robert D	$372,065
Kalturnyk Blake P	$100,428	Kim Hae Kwang	$318,450	Krzyzaniak Kelly M	$247,104
Kania Jadwiga	$838,363	Kim Julian O	$189,722	Kuegle Peter F X	$419,061
Kansara Roopesh R	$252,329	Kimelman Allen L	$193,101	Kulbisky Gordon P	$847,762
Kanwal Jaswinder	$569,052	Kindle Geoffrey	$1,096,232	Kumar Aparna	$700,617
Kaplan Joel	$222,691	King Tara D	$90,669	Kumar Kanwal K	$252,411
Karlicki Fern	$347,956	Kinnear David	$457,591	Kumar Rajat	$80,037
Karpinski Martin E	$717,376	Kinsley David C	$512,992	Kumbharathi Ravi B	$495,080
Karvelas John	$279,489	Kippen James D	$959,264	Kuo Brian	$323,027
Karvelas Lisa M	$87,957	Kirkpatrick Iain D C	$916,008	Kuzenko Nina J L	$305,099
Kashefi Hossein	$596,580	Kirshner Alla	$383,024	Kyeremateng Doris	$332,448
Kashin Robert S	$161,219	Kish Scott L	$227,493	La Rue Leonard B	$126,607
Kashur Rastm M S	$463,486	Kishta Waleed E	$60,482	Labiyaratne C	$140,890
Kasper Kenneth D	$290,946	Klassen Donald H	$215,927	Lacerte Martina M	$274,109
Kass Malek	$811,795	Klassen Larry J	$151,659	Lach Lori Ann	$109,628
Kassem Wail A	$203,965	Klassen Norma F	$257,586	Lafournaise Carrie L	$296,051
Kassier Karl	$760,653	Klippenstein Norman L	$758,022	Lage Karen L	$277,062
Kassum Shamina	$90,453	Klippenstein Peter J	$336,565	Lalonde Genevieve	$172,123
Katopodis Christina	$157,720	Kloppers Anton A	$399,549	Lam David S C	$163,519
Katz Guido A	$420,016	Klus Stephanie	$117,298	Lam Herman P[3]	$842,412
Katz Laurence	$109,862	Klym Karen L	$162,117	Lamb Julie A	$190,911
Katz Michael D	$839,540	Knezic Kathy A	$232,624	Lamba K S	$375,811
Katz Pamela	$248,004	Koczanski Roman	$157,146	Lambert David A	$361,578
Kauenhofen Kurt M	$318,059	Koenig James K	$1,007,926	Lambrechts Hugo	$207,435

(Continued)

Lander Debra A	$62,830	Lewis Anthony B	$279,437	Maakamedi Hendrick	$101,579
Lane Eric S	$270,363	Leylek Ahmet	$256,860	Mabin Deborah	$772,301
Lane Margo A	$102,091	Leylek Melike L	$220,066	MacDiarmid Andrew L	$372,896
Langan John T	$348,326	Li Gordon J	$489,100	MacDonald Kelly S	$99,247
Langridge James K	$372,591	Lieberman Dianne K	$373,759	MacDonald Lindsey	$211,175
Large Gregory	$385,342	Light Bruce	$71,084	MacDonald Peter	$464,284
Larouche Patricia	$256,176	Lillbeck Chelsea	$50,680	MacDougall Brendan	$124,171
Lau Yan	$662,312	Lim Siok Hoon	$82,682	MacDougall Eleanor	$207,034
Lautenschlager J E	$149,185	Lindenschmidt R B	$510,784	MacDougall Grant	$599,673
Lavallee Barry	$154,336	Lindenschmidt R R	$362,209	Maceachern Norman A	$258,191
Lavitt Gail	$57,912	Lindquist Christoph	$1,125,858	Macek Ralf K W	$212,516
Law Jaimie R	$214,595	Lindsay Daniel J[2]	$1,822,950	Machado De Souz Camila	$204,819
Lawal Waheed	$158,394	Lint Donald W	$152,924	MacIntosh Ethel L	$400,985
Laxton J T W	$274,629	Lipinski Grazyna	$379,554	Mackalski Barbara A	$580,024
Lazar Matthew H	$353,447	Lipnowski Stan	$772,183	MacKay Michael J	$168,900
Lazareck Samuel L	$168,829	Lipschitz Jeremy	$929,478	MacKenzie G Scott	$599,628
Lazarus Arie	$329,512	Littleford Judith A	$481,514	MacKlem Alan K	$436,975
Le Wilson	$275,156	Litvinov Alexey	$170,676	MacLean Jayda M	$103,041
Leary Courtney	$85,213	Liu Junliang	$241,960	MacLeod Bruce A	$340,975
Lebedin Walter W	$270,352	Liu Monica H	$176,715	MacMahon Ross G	$257,167
Lecuyer Nadine S	$149,479	Livingstone Cam	$93,459	MacMillan Michael B	$419,632
Lee Bonnie D	$73,452	Llanos Romeo	$129,867	MacNair Tracy L	$1,182,095
Lee Cindy H Y	$143,945	Lloyd Alissa J	$186,343	MacTavish James W E	$79,415
Lee Francis F	$100,421	Lloyd Robert L[2]	$513,918	Madi Lubna	$168,786
Lee Gilbert Q	$319,766	Lo Evelyn	$229,222	Madison Adena M	$464,558
Lee Harvey B	$418,912	Lockman Leonard E	$625,516	Magarrell Cynthia	$114,056
Lee Sandra	$1,048,547	Loepp Christine	$211,674	Magnusson Joshua B	$230,564
Lee Trevor J	$363,241	Loewen Erin D M	$106,653	Maguire Doug	$564,458
Lee Trevor W	$392,727	Loewen Sylvia R	$218,008	Maharaj Ian G	$585,666
Lee Vivian K	$747,323	Logan Alison C	$562,404	Maharajh Dave A	$288,784
Lee Wilfred	$189,257	Logsetty Sarvesh	$328,437	Mahay Aric	$411,301
Lee-Chen Beverley	$251,333	Loiselle Joel A	$251,183	Mahay Raj K	$644,613
Lee-Kwen Johnson	$84,466	Long Adrian L	$1,055,970	Mahdi Tahseen	$387,508
Lee-Wing Matthew W	$851,510	Longstaffe Albert E	$260,681	Maier Joanne C	$223,758
Lefas Georgia M	$317,265	Longstaffe James	$431,722	Maiti Soubhik	$541,154
Lefevre Gerald R	$125,474	Longstaffe Sally	$117,352	Maksymiuk Andrew W	$265,557
Lehmann Heather	$192,204	Lopez Gerald	$51,053	Maksymowicz Anet	$508,589
Lei Benny T C	$485,333	Lopez Mirtha I	$239,139	Malabanan Edilberto	$552,671
Leicht Richard	$2,484,590	Lopez Gardner L L	$93,200	Malchy Brian A	$77,674
Leitao Darren J	$370,662	Lorteau Gilles	$85,285	Malek-Marzban Peiman	$1,107,227
Lekic P Charles	$84,767	Lotocki Robert J	$174,619	Malekalkalami Azadeh	$266,767
Leloka C Mathabo	$368,582	Loudon Michael	$584,251	Malik Abid I	$338,704
Lemon Kristin	$51,331	Lovat Nicole E	$316,222	Malik Amrit	$494,264
Lenoski Stephane	$178,770	Love Howard W	$53,779	Malik Bittoo S	$981,248
Leonhart Michael W	$403,107	Love Michael	$387,099	Malik Rajnish N	$636,444
Lepage Matthew	$138,421	Lowden Cameron S	$469,643	Malmstrom Jennifer	$89,702
Lerner Neal	$259,846	Lu Paul B	$220,893	Malo Steven	$170,165
Lesiuk Thomas P	$146,526	Lucman Tahir S	$379,343	Malouka Abdelma Saber	$481,178
Leslie Oliver J	$161,388	Lucy Simon	$343,879	Mammen Thomas	$861,311
Leslie William D[4]	$1,058,457	Ludwig Louis	$259,066	Man Ada W Y	$180,027
Lesperance Sarah C L	$118,914	Ludwig Sora M	$309,197	Mancini Enrico V	$149,548
Letkeman Richard C	$143,133	Luk Tse Li	$336,395	Manishen Wayne J	$374,142
Leung Edward	$140,366	Lukie Brian J	$472,501	Manness Robert C	$194,789
Leung Shing Louis P	$236,642	Lulashnyk Ben J	$410,983	Manoly Imthiaz	$95,176
Levi Clifford	$523,106	Lum Min Suyin	$220,252	Mansfield John F	$265,438
Levin Brenda L	$466,709	Luong Erica K Y	$215,641	Mansour Hany M S	$354,268
Levin Daniel P[4]	$109,868	Luqman Zubair	$203,238	Mansouri Behzad	$1,005,953
Levin Heather	$447,842	Lynch Joanna M	$89,514	Manusow Joshua S	$1,184,228
Levin Iwan	$652,220	Lyons Edward A[2]	$707,603	Marais Francois	$513,580
Levy Shauna B	$306,566	Lysack David A	$908,060	Marantz Jeffrey[2]	$1,160,662

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Marantz Jesse I	$171,695	McNaught Jennifer	$125,554	Mohamed Mufta A M	$771,790
Mare Abraham C	$409,603	McNaughton Leslie J	$285,471	Mohammed Ahmed M E	$440,486
Marin Samantha	$150,587	McPhee Lisa C[2]	$1,557,805	Mohammed Ismail	$268,865
Marks Seth D	$174,201	McPherson John A M	$204,025	Moller Erika E	$303,859
Marles Sandra L	$64,758	McPherson Meghan K	$60,526	Moller Liesel	$102,936
Marriott James J	$177,669	McTaggart Dawn Lynn	$211,400	Moller Philip R	$651,929
Marsh David W	$206,463	McTavish William G	$228,066	Moltzan Catherine	$321,761
Marsh Jonathan	$494,992	Medd Thomas M	$145,350	Momoh John T	$305,844
Marshall Michele	$86,834	Megalli Basali Sherif F	$447,221	Mongru Padma P	$210,738
Martens David B	$327,036	Mehrabi Faranak	$331,244	Moody Jane K	$240,333
Martens M Dawn[2]	$4,272,442	Mehta Asita	$199,140	Mooney Owen T	$147,183
Martens-Barnes C	$141,416	Mehta P G	$536,953	Moore Ross F	$262,846
Martin Daniel	$233,480	Mekhail Ashraf	$641,983	Moran De Muller Karen	$1,095,746
Martin David	$473,919	Mellon Aaron M	$533,597	More Christoph	$56,350
Martin Kathryn	$202,624	Melnyk Steven F	$64,645	Morham Anthony	$353,531
Martinez Eddsel R	$393,259	Melo Alfaro Lindsey C	$109,370	Morris Amanda F	$359,788
Maslow Kenny D	$707,059	Memauri Brett F	$582,815	Morris Andrew L	$429,749
Masoud Ibitsam A	$498,765	Memon Ghulam	$582,852	Morris Glenn S	$263,249
Mathen Mathen K	$1,188,665	Memon Rukhsana	$222,039	Morris Margaret	$223,114
Mathew George	$593,050	Menard Sheila	$442,252	Morris Melanie	$82,580
Mathieson Angela L	$354,001	Mendoza Kenneth R	$99,084	Mottola Jeffrey C[2]	$999,984
Mathison Trina L	$297,320	Menon Rachna	$177,236	Mousavi-Sarsari S-A	$383,714
Matsubara Timothy K	$350,129	Menticoglou Savas	$736,964	Mouton Robert W	$285,518
Matteliano Andre A	$179,825	Menzies Robert J	$68,888	Mowchun Leon	$226,345
Matthews Chris M	$268,387	Meradje Katayoun	$117,037	Mowchun Neil	$241,850
Matthews Nicola	$234,057	Meredith Melanie J	$323,909	Mshiu Merlyn	$493,571
Maxin Robert	$264,366	Meredith Trevor J	$222,288	Muirhead Brian	$229,263
Mayba John I	$1,059,307	Mestdagh B E	$83,503	Mujawar Quais M	$207,100
Maycher Bruce W[2]	$1,204,096	Mestdagh Robert J	$53,889	Mukty Mahmuda A	$316,682
Mazek Fawzi R E	$477,594	Mestito Dao Irene	$80,965	Mulhall Dale	$95,007
Mazhari Ravesh Amir H	$367,427	Metcalfe Jennifer	$297,565	Mulhall Tom	$55,184
Mazur Stephen	$217,749	Meyers Michael	$432,970	Mulholland Conor P	$246,665
Mazurat Andrea	$1,067,502	Meyrowitz David M	$207,821	Muller Delgado H	$464,079
McCammon Richard J	$120,564	Mhanni Aizeddin	$130,628	Mundle Scott	$64,812
McCannell Melanie G	$54,240	Mian Muhammad	$281,526	Munsamy G K	$180,895
McCarthy Brendan G	$356,882	Micflikier Allan B	$680,230	Murray Gerard G	$82,194
McCarthy Gerard F	$411,014	Mikhail Samy N F	$506,650	Murray Ken	$553,588
McCarthy Timothy G	$646,567	Miller David L	$316,675	Muruve Gabriel N	$221,481
McClarty Blake M[2]	$1,236,715	Miller Donald M	$471,578	Mustafa Arjowan	$327,568
McCrae Heather	$61,212	Miller Lisa	$681,325	Mustapha Shareef F	$250,472
McCrea Kristin	$396,084	Miller Tamara L	$291,831	Muthiah Karuppan	$933,129
McDonald Heather D	$420,053	Milligan Brian E	$466,635	Mutter Thomas C	$322,735
McEachern James D	$734,105	Millo Noam Z	$624,678	Muzychuk Mercedes	$73,772
McElhoes Jason R	$284,794	Milner John F	$626,658	Myhre Joel R	$462,090
McFadden L R	$522,493	Minders Lodewyk	$568,895	Mykytiuk Patricia	$665,161
McGill Dustin	$166,792	Minhas Kunal K S	$1,055,774	Mysore Muni	$291,688
McGinn Greg[2]	$911,497	Mink Steven	$275,860	Nagra Sunit	$393,588
McGregor Gregor I	$190,905	Mintz Steven L	$65,866	Naidoo Jenisa[1]	$26,891,035
McGregor Jyoti M	$234,038	Minuk Earl	$461,818	Naidoo Shireen P[1]	$5,123,290
McGuire Catherine	$85,958	Minuk Gerald	$129,343	Nair Shona	$224,766
McIntyre Ian L	$284,482	Minuk Leonard A	$145,965	Nair Unni K	$195,534
McIntyre Ian W	$495,963	Miranda Gilbert	$103,011	Narasimhan Sowmya	$221,084
McKay Michael A	$444,646	Mis Andrew A	$534,294	Narvey Stefanie	$93,402
McKay Savanna D	$71,895	Miskiewicz Laura M	$180,852	Nashed Maged	$197,480
McLean Norman J	$508,921	Misra Vasudha	$433,245	Nasir Mahmood	$144,014
McLeod Jaret K	$177,263	Mitchell Ryan T M	$368,845	Nasir Noreen	$93,232
McLeod Malcolm	$271,381	Moawad Victor F	$352,777	Nason Richard W	$384,089
McMechan Alison	$71,348	Moddemann Diane	$280,373	Nasr Nagwa Y I	$478,857
McMillan Stewart	$69,600	Modirrousta Mandana	$273,974	Nasser-Sharif M	$160,180
McMillan Tamara L	$80,186	Moffatt Dana C M	$1,042,076	Nasseri Faranak	$84,221

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Naugler Sharon	$196,498	Onotera Rodney T	$97,732	Perche Jason M	$334,761
Nause Leanne N	$64,230	Onyshko Daniel J	$403,424	Peretz David	$714,944
Nawrocka Dorota	$167,874	Opejin Adetola A	$123,634	Perl Eytan J	$268,525
Nayak Jasmir G	$557,322	Oppenheimer Mark W	$223,077	Perlov Jack	$205,003
Nazar-Ul-Iman Saiyed	$636,485	Ormiston John D	$405,103	Permack Sheldon M	$308,614
Nazmy Ragai M E	$133,741	Orr Pamela	$94,943	Pernarowski Katherine	$394,812
Nell Antoine M	$727,524	Osagie Ifeoma W	$493,708	Perrett Mark	$51,173
Nelson Michael	$102,266	Osei-Bonsu Adelaide	$359,425	Perry Daryl I	$514,071
Nemani Sailaja	$155,103	Osler F Gigi	$223,935	Peschken Christine	$147,130
Nepon Jack	$456,998	Oswald Tyler W	$54,994	Peters Brian	$663,308
Nepon Josh	$407,838	Ota Chidinma	$453,496	Peters Hein	$471,963
Neudorf Matthew	$129,949	Owusu Nana	$77,706	Peters Leah R	$105,677
Neufeld Donna M	$277,094	Pachal Cindy Ann	$278,417	Petropolis Christian	$827,235
Neufeld Gregory M	$217,060	Pacin Alojz	$87,962	Petropolis Maria A T	$235,644
Newman Suzanne	$228,333	Pacin Ondrej	$271,788	Pfeifer Leia	$61,576
Ng Marcus C	$366,222	Pacin Stefan	$488,779	Phillips Michael L	$298,936
Nguyen Khai M	$232,501	Padeanu Florin T	$235,020	Pickard Kathleen	$82,398
Nguyen Lien	$246,768	Paetkau Don	$136,459	Pickering Christine	$245,372
Nguyen Minh H	$341,335	Palatnick Carrie S	$490,037	Pieterse Werner	$70,591
Nguyen Tai Van	$466,697	Pambrun Paul	$118,551	Pieterse Wickus	$503,210
Nguyen Thang N	$406,175	Panaskevich Tatiana	$842,522	Pilat Edward J	$277,482
Nichol Darrin W	$143,971	Pandey Anil K	$297,944	Pilkey Bradley D	$804,066
Nichol Michael P	$331,615	Pandian Alagarsam	$746,552	Pinette Gilles D	$841,885
Nickel Jarrod E	$188,347	Pang Eileen G	$205,410	Pinniger Gregory W	$240,996
Nicoll Braden J	$102,308	Paniak Anita	$101,219	Pinsk Maury N	$100,971
Nigam Rashmi	$692,704	Pannu Fazeelat	$306,029	Pintin-Quezada Julio	$351,501
Nijjar Satnam S	$523,460	Papegnies Derek	$128,231	Pio Anton	$426,107
Niraula Saroj	$121,181	Papetti Selena	$170,829	Pirzada Munir A	$377,691
Njionhou Kemeni M M	$454,797	Paquin Francine	$205,260	Pitz Marshall	$92,733
Nkosi Joel E	$304,429	Paracha Muhammad	$607,044	Plester Jennifer	$340,816
Nnabuchi Emmanuel	$307,445	Paradoski Samantha	$138,284	Plewes Michael E	$545,839
Noel Colin	$553,123	Parham Shelley M	$120,968	Poettcker Robert J	$440,217
Nolan Meagan D	$154,576	Park Jason	$464,742	Pohl Blane L	$258,031
Noseworthy Graham	$177,810	Parker Kenneth R	$330,077	Polimeni Christine	$106,493
Nostedt Michelle	$465,551	Parker William R	$713,507	Polimeni Joseph O	$67,866
Nugent Linda M	$137,822	Parr Grace E D	$539,667	Poliquin Philippe	$78,394
Nunes Carneiro Marta	$58,906	Partap Nadine A	$134,813	Poliquin Vanessa	$281,749
Nwankwor Ikedinach	$138,078	Partyka Joseph W	$531,946	Pollock Bradley	$619,698
Nyhof Harold W	$129,475	Paskvalin Mario	$555,472	Ponnampalam A[1]	$66,207
Nyomba Balangu L	$180,567	Patel Leena R	$254,937	Poole Cody M	$185,212
O'Hagan David B	$463,392	Patel Praful C	$862,505	Poon Wayne W C	$265,705
O'Keeffe Kieran M	$255,894	Patel Pravin C	$86,884	Pooyania Sepideh	$504,221
Obara Robert	$663,080	Patel R C	$432,290	Popescu Andra D	$199,121
Ochonska Margaret	$537,831	Patel S V	$317,553	Popoff Daryl	$234,261
Ogaranko C P	$231,713	Patenaude Amanda F	$1,315,353	Popowich Shaundra	$424,002
Ogunlana Dorothy P	$591,542	Paterson Corinne R	$458,693	Porath Nicole	$199,547
Okoye Chijioke	$194,532	Pathak Kumar A	$556,045	Porhownik Nancy R	$770,931
Old Jason	$401,362	Paul James T	$192,292	Postl Brian	$96,846
Oliver Jered	$92,320	Paul Niranjan	$715,422	Pozeg Zlatko I	$61,667
Olivier Erin P	$353,149	Pauls Ryan J	$486,986	Prasad Benjamin	$234,652
Olson Robyn L	$259,652	Paulson Charles K	$127,766	Preachuk Chris T J	$2,137,026
Olynyk Fred	$174,343	Pederson Kristen	$101,781	Prematilake Suraj P	$453,765
Omelan Craig K	$297,424	Peled Elia	$75,901	Prenovault Jean	$448,113
Omelan Graeme D	$244,547	Pelissier Rosalie	$56,582	Pretorius Alexander	$208,091
Omichinski L Michael	$536,796	Penner Brittany	$107,594	Pretorius Luzelle L	$102,224
Omodunbi Oladipupo	$261,147	Penner Charles G	$143,789	Price Russell J	$398,541
Omodunbi Oluwatumi	$150,354	Penner Kurt	$205,868	Prinsloo Jochemus	$295,956
Ong Aldrich	$192,645	Penner Stanley B	$320,712	Prober Mark Alan	$226,963
Ong George H	$417,080	Penrose Michael	$373,623	Prodan Orest	$106,127
Onoferson Ronel R	$51,800	Pepelassis Dionysios	$137,165	Prud'Homme Shannon	$66,367

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Psooy Karen J	$146,967	Retrosi Giuseppe	$118,134	Rousseau Skye R	$71,222
Puar Ripneet	$250,423	Reyneke Annemie	$431,497	Roussin Brent C	$367,392
Pundyk Katherine	$95,417	Reynolds James L	$379,153	Roux Jan G	$320,035
Punter Fiona	$335,410	Reynolds Jody J	$930,559	Rowe Richard C	$203,594
Putnins Charles	$115,551	Rezazadeh Shadi	$617,095	Roy Danielle	$436,935
Puttaert Douglas	$184,406	Rezk Emad A	$189,653	Roy Maurice J	$268,646
Pylypjuk Christy L	$416,032	Rhoma Salahalde	$825,564	Rubin Tamar	$146,630
Pymar Helen C	$364,236	Rhynold Elizabeth	$64,138	Ruddock Deanne L	$306,975
Qadir Munir	$393,897	Rice Patrick	$238,401	Rumbolt Brian R	$402,672
Quesada Ricardo	$356,490	Rich Alan D	$70,840	Rusen Jack B	$316,195
Qureshi Bilquis	$203,030	Richardson Cindy J	$434,047	Rusen Sara M	$77,081
Raabe Michael A	$577,710	Riche Barry[3]	$727,517	Rush David N	$171,461
Raban Roshan	$553,538	Ridah Dekrayat	$140,226	Russell Samantha	$342,826
Rabson John L R	$1,140,628	Riel Stefan L	$185,682	Rust Gordon	$65,049
Racette Therese	$106,428	Rigatto Claudio[3]	$645,955	Rust Len	$163,308
Radawiec Jocelyn	$71,660	Rimmer Emily K	$108,554	Rutherford Beverly E	$63,322
Radulovic Dejana	$911,983	Ring Heather	$502,784	Rutherford Maegan M	$213,761
Rae James A	$193,528	Ringaert Ken	$150,288	Ruzhynsky Jennifer	$106,628
Rafay Mubeen F	$133,606	Rist Jamie Lee	$166,316	Ruzhynsky Vladimir	$111,100
Rafikov Marat F	$243,226	Ritchie Brian A	$105,208	Ryall Lorne A	$116,187
Raghavendran S	$415,920	Ritchie Janet	$295,444	Ryz Krista S	$136,136
Rahimi Eiman	$73,407	Rivard Justin D	$458,087	Saad Vera N	$143,586
Rahman Jennifer	$595,970	Rizk Abdalla M	$566,776	Saadia Vivien	$234,978
Raimondi Christina	$256,257	Roberts Janet R	$244,954	Sabapathi Karthik	$373,572
Rajani Kantilal	$113,781	Roberts Kris A	$229,917	Sabeski Lynne M	$475,478
Ramadan Abdul N	$423,109	Robillard Susan C	$247,742	Sabri Armin	$51,687
Ramgoolam Rajen	$486,244	Robinson C Corrine	$284,523	Sadeddin Rola	$63,182
Ramsay James A	$282,183	Robinson Christine	$403,374	Saeed Mahwash F	$290,663
Ramsey Clare D	$253,292	Robinson David B	$296,958	Saffari Hamideh	$280,083
Randolph Jeanne L	$68,161	Robinson Debbie J	$755,566	Saint-Hilaire Melanie	$156,214
Randunne Avanthi	$726,912	Robinson Gillian	$55,655	Sakla Mary S S	$460,405
Randunne Ayodya S	$666,259	Robinson James	$612,320	Sala Tanya N	$192,972
Rasool Amera	$87,029	Robinson Wesley K	$339,115	Salamon Elizabeth	$881,465
Ratcliffe Gregory E	$1,105,539	Rocha Guillermo	$1,336,414	Salem Fayez	$573,874
Rathod Shrinivas	$194,157	Roche Gavin	$345,681	Saligheh Armita	$143,150
Ratnapala Harankaha	$54,085	Roche Kate T	$59,964	Salman Michael S	$82,887
Ratwatte Shirantha	$298,535	Rodd Celia J	$101,420	Saltel Marc E J	$442,915
Raubenheimer J P	$596,633	Rodriguez Leyva D	$872,677	Salter Jennifer	$295,793
Rauch Johan F	$811,712	Rodriguez Marre I	$314,024	Salter-Oliver B A	$130,443
Ravandi Amir	$618,772	Roe Bruce E	$91,039	Sam Angela	$739,204
Raza Irfan	$534,669	Roets Willem G	$297,472	Sam Diana	$229,039
Recksiedler Carmen	$64,061	Rogozinska Ludwika	$291,244	Samborski Cory	$135,978
Reda Andrew W	$263,506	Rohald Pam	$425,466	Sami Sahar	$247,596
Reda Yousef	$248,909	Rolls Rodney E	$76,527	Samoil Mary F S	$302,513
Rehal Ranjodh S	$98,164	Roman Manal	$457,676	Samuels Lewis	$564,864
Rehsia Davinder	$653,183	Roman Nader	$421,214	Sandhu Kernjeet	$223,169
Rehsia Navneet S	$560,219	Ronald Suzanne D	$399,331	Sandhu Soneet	$63,013
Rehsia Sabeer S	$528,634	Rondeau Jocelyne	$185,649	Sandhu Sukhbir S	$434,184
Rehsia Sach I	$99,034	Rosario Rosa	$95,050	Santdasani Sanjay K	$155,805
Reid Gregory J	$391,989	Rosenblat Kara	$73,836	Santos Sylvia	$81,760
Reimer Darren K	$236,247	Rosenfield Lana A	$70,960	Saper Jonathan	$297,153
Reimer David J	$587,684	Rosenthal Peter	$246,313	Saran Kanwal D	$131,995
Reimer Heinz	$269,953	Rosner Bruce	$75,187	Saranchuk Jeffery W	$533,453
Reimer Murray B	$223,670	Ross F Kath	$254,617	Sareen Jitender	$74,301
Reinecke Marina	$134,655	Ross Frederick	$84,209	Sareen Sanjay	$466,454
Reinhorn Martin	$95,163	Ross James F	$877,697	Sarlas Evangelos	$134,979
Rempel Regina R	$151,886	Ross Jay J	$129,025	Sas Alyson P	$92,612
Renkas Rebecca L	$91,749	Ross Lonny L	$271,635	Sathianathan Christie	$758,144
Renner Eberhard	$50,962	Ross Timothy K	$414,187	Saunders Kevin	$272,220
Reslerova Martina	$488,975	Rothova Anna	$398,695	Savage Bonita	$251,784

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Sawchuk Jason P	$94,865	Shawyer Anna C	$213,294	Skakum Kurt K	$219,374
Sawyer Jeremy A	$387,303	Shayani Majd Shiva	$91,818	Skakum Ruth	$58,137
Sawyer Scott K	$183,675	Shell Melanie	$361,334	Skead Lennard	$639,799
Sayfee Siamak	$58,060	Shelton Nadine H	$65,954	Skinner James T	$88,028
Scatliff Robert M	$272,166	Shelton Paul A	$203,229	Skrabek Pamela J	$176,522
Schaap-Fogler Michal	$93,102	Shenoda Kamal L M	$453,433	Skrabek Ryan Q	$749,201
Schacter Brent A	$54,136	Shenouda Mervat	$353,338	Sloan Gary W	$206,114
Schacter Gasha I	$250,368	Shenouda Phebe F S	$333,117	Slutchuk Marvin	$247,850
Schaffer Stephen A	$132,962	Shepertycky Martha R	$621,809	Smal Samuel J	$349,672
Schantz Daryl	$211,867	Sheps Daniel J	$302,903	Small Elizabeth	$675,798
Schellenberg John D	$274,557	Sheps Michael D	$944,282	Small Luke	$97,845
Scherle Kurt	$63,998	Sherbo Ehren	$130,282	Smil Eva	$310,594
Schifke Bret K	$106,083	Shiffman Frank H	$522,613	Smith Catherine	$245,904
Schifke William G	$282,157	Shobayo Oladapo F	$91,776	Smith John R M	$194,628
Schmidt Brian J	$180,454	Shokri Mohammad	$616,626	Smith Louis F	$648,050
Schmidt Daphne	$66,832	Shoukry Sahar	$211,450	Smith Riley	$334,229
Schneider Carol E	$318,109	Shuckett Paul	$205,632	Smith Roy W	$257,965
Schneider Christoph	$1,060,023	Shumsky David	$136,251	Smith Thomas D	$116,103
Schroeder Alvin N	$333,836	Shunmugam R	$1,324,408	Smith-Bodiroga S	$133,671
Schroeder Francis M	$207,610	Sickert Helga G	$304,394	Sneath Jason	$1,594,058
Schur Natalie K	$460,292	Sidarous Amal M	$552,441	Snovida Lioubov	$266,010
Schutt Vivian A	$401,555	Siddiqui Faisal S	$262,601	Sochocki Michael P	$462,621
Schwartz Leonard D	$449,927	Siddiqui Issar	$421,444	Sodhi Poonam	$59,186
Scott Jason	$502,588	Sidhom Cherine R	$710,731	Sodhi Vijay K	$549,652
Scott Kristen	$69,959	Sidhu Gurveen K	$218,025	Soile Adeseye A	$185,074
Scott Sara	$309,924	Sidra Gerges Maged E	$375,553	Soliman Ayman S M	$133,833
Seager Mary Jane	$453,759	Sigurdson Eric	$131,448	Soliman Magdi F L	$778,896
Sefidgar Mehdi	$518,194	Sigurdson Leif John	$1,029,502	Sommer Hillel M	$344,321
Seftel Matthew D	$71,664	Sikora Felix J	$389,925	Soni Anita	$435,233
Segstro Ronald J	$118,190	Silagy Stewart	$842,617	Soni Nandini R	$323,818
Seifer Colette M	$389,249	Silha Josef	$1,535,382	Sonoiki Taiwo G	$158,373
Seitz Andrew R	$310,573	Silhova Dasa	$230,455	Sookhoo Siuchan	$616,390
Selaman Mustafa H	$144,388	Silvaggio Joseph	$169,278	Speer Margaret	$296,836
Sellers Elizabeth	$108,640	Silver Carla D	$300,598	Speziali Craig D	$50,180
Semus Michael J	$331,173	Silver Norman A	$425,299	Sprange Ashleigh	$68,981
Sen Robin	$211,944	Silver Shane	$2,228,369	Srinathan Sadeesh K	$357,334
Senez Michelle	$124,504	Silverman Richard E	$194,491	St Goddard Jennifer	$186,884
Sequeira Alastair	$166,306	Simard-Chiu Leslie A	$152,776	St John Philip D	$319,402
Serletis Demitre	$192,831	Simm James F	$226,618	St Vincent Anthony	$293,449
Sethi Krishan	$178,614	Simons Frances E	$98,189	Stanko Lorraine	$513,791
Sethi Subash	$207,499	Simonsen J Neil	$113,419	Stefanyshen Grant S	$128,822
Sewell Gary	$186,238	Simonson Don W	$185,125	Steigerwald Sarah	$265,094
Sexton Laura A	$198,289	Sin Tra	$219,897	Steinberg Robert J	$256,918
Shah Ashish H	$320,501	Singal Rohit K	$315,397	Stelzer Jose	$312,543
Shah Bharat	$354,391	Singer Marilyn	$111,144	Stephensen M C	$326,521
Shah Pallav J	$468,346	Singh Amarjit	$226,702	Stern Sheryl	$113,346
Shah Syed A A	$114,871	Singh Amrinder	$179,120	Stevenson Laurel E	$87,762
Shahzad Seema	$492,728	Singh Gurbalbir	$394,826	Stillwater Laurence	$896,401
Shaikh Nasir	$565,717	Singh Harminder	$428,329	Stitt Robert L	$60,872
Shaker Marian	$811,275	Singh Neal	$120,647	Stitz Marshall	$421,327
Shane Marvin	$439,730	Singh Ramandip	$165,051	Stockl Frank A	$2,080,043
Shanti Mohammad	$228,113	Singh Renate G	$474,526	Stoffman Jayson M	$84,730
Shariati Majid	$578,659	Singh Ricky D	$473,729	Storoschuk Gregory W	$312,904
Shariff Tahara J	$309,262	Singh Robinder	$146,265	Storsley Leroy J	$621,315
Sharkey James B	$505,412	Singh Shirin	$197,660	Stoski Roxann M[2]	$516,782
Sharma Aditya	$317,293	Singh-Enns Sonia	$97,562	Strang David G	$105,408
Sharma Anirudh	$102,824	Sinha Meera	$253,302	Stranges Gregory A	$362,077
Sharma Savita	$123,983	Sinha Sachchida	$438,967	Strank Roydan K	$366,094
Sharples Alistair	$68,616	Sivananthan K	$548,930	Stroescu Daniela V	$346,247
Shatsky Morley	$464,645	Sivasankar Raman	$147,862	Stroh Gregory	$154,958

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Stronger Lyle	$303,038	Thwala Andrea B	$351,570	Vanderwert Ruwani T	$82,528
Strumpher Johann	$395,660	Tien-Estrada Joan	$174,749	Vattheuer Annabel	$85,936
Strzelczyk Jacek[2]	$2,842,775	Tischenko Alexander	$597,157	Velthuysen Elsa E	$187,584
Sud Anil K	$505,824	Tissera Ponsuge A	$912,450	Venditti Marcello	$254,397
Suderman Josiah L	$78,483	Tisseverasinghe A	$190,047	Vendramelli Mark P	$247,437
Sudigala Sushma	$84,249	Todary Fahmy Yvette	$338,863	Venkatesan Nithya	$156,696
Sullivan Michael	$54,194	Toews Karen A	$409,442	Venter Dirk J	$426,899
Sultana Roksana	$56,568	Toews Matthew E	$218,962	Vergis Ashley	$677,320
Sun Weiyun	$169,349	Toleva Olga I	$882,343	Verity Shawn D	$312,428
Suski Lisa	$57,664	Tomy Kerri	$185,111	Verma Mradula R	$532,161
Susser Moses M	$196,559	Toole John W P	$523,873	Vermeulen Sonja L	$66,293
Sutherland Donna E	$374,906	Torri Vamsee K	$137,573	Vernon James	$536,562
Sutherland Eric N	$601,281	Tran Cuc P	$424,959	Verrelli Mauro[3]	$832,675
Sutherland Ian Scott	$320,027	Tran Victor	$94,131	Viallet Norbert R	$466,987
Sutherland James G	$276,721	Treki Ibrahim M	$77,725	Vicari Denise	$53,999
Sutherland John B[4]	$479,918	Trepel Simon	$132,220	Vickar Eric L	$424,970
Sutter Joan A	$91,653	Trinh Hang	$174,199	Vignudo Silvia	$192,799
Sutton Ian R	$538,785	Trivedi Anurag	$255,500	Villeda Jose A	$331,439
Swartz Jo S	$123,887	Trivedi Sonal	$219,192	Vipulananthan M	$560,896
Szajkowski Stanley	$91,951	Tsang Dominic	$455,705	Vipulananthan V	$601,655
Szajkowski Terrence	$314,282	Tsang James F	$635,313	Visch Shawn H R	$215,983
Szwajcer David[1]	$106,142	Tsang Mae Tina	$241,037	Visser Gerhardt	$495,053
T Jong Geert W	$126,412	Tsang Susan T	$65,979	Vivian Mark A[2]	$984,568
Tadrous Jacquelin	$336,309	Tse Wai Ching	$127,883	Vlok Nicolaas	$380,401
Tagin Mohamed A	$111,989	Tsuyuki Sean H[2]	$1,869,549	Vorster Alewyn P	$100,810
Tam James W	$397,065	Tufescu Ted	$621,857	Vosoughi Reza	$306,358
Tamayo Mendoza J A	$487,410	Tulloch Brownel H V	$168,120	Vosters Nicole K	$238,184
Tan Edward	$364,098	Tung Taranjit	$113,955	Vuksanovic M V M	$535,503
Tan Lawrence	$458,412	Tunovic Edin	$298,296	Wadhwa Vikram S	$125,915
Tan Stephanie	$67,729	Turabian B Michael	$533,561	Wahba Hanna T W	$635,052
Tangri Mani	$112,268	Turgeon Thomas	$435,131	Wakeman M Stewart	$93,983
Tangri Navdeep	$436,501	Turner Blaire D	$161,328	Waldman Jeffrey C	$244,919
Tanner Karen L	$319,827	Turner David R	$80,993	Walkty Andrew	$105,121
Tanner Stacy	$84,219	Turner Robert B	$570,080	Wallace Sharon E	$394,775
Tapper Jason A	$685,328	Turner Trent	$149,751	Walters Justin J[3]	$804,499
Taraska Victoria	$841,422	Udow Sean J	$101,431	Walters Leslea A	$387,439
Taraska Vincent A	$892,767	Ungarian Jillian	$257,904	Warden Sarah K	$98,721
Targownik Laura E	$348,761	Unger Jason B A	$187,977	Wareham Kristen B	$56,100
Tariq Muhammad	$332,248	Utko Pawel	$263,300	Warkentin Ray	$359,233
Tassi Hisham	$161,887	Uwabor Wisdom O	$362,395	Warnakulasooriy R	$78,085
Tawadros Elrahe G S	$538,627	Uys Tharina	$409,015	Warrack Christoph	$225,629
Tawfik Viola L	$333,076	Uzwyshyn Mira	$136,152	Warraich Naseer	$403,396
Taylor Hugh R	$596,383	Van Royce	$299,191	Warraich Navroop	$109,671
Taylor Susan N	$639,114	Van Alstyne Murray	$375,302	Warrian R Keith	$313,395
Tegg Tyler	$268,077	Van Amstel Leanne L	$491,794	Warrington Richard	$341,405
Teillet Marc E	$167,878	Van Caeseele P G[1]	$64,115	Wasef Mervat S	$326,740
Tenenbein Marshall	$468,347	Van Dam Averi	$129,239	Wasef Nagy S	$288,641
Teo Swee L	$254,406	Van De Velde R	$317,806	Watters Timothy	$208,803
Theodore Gene M	$280,546	Van Den Heever J W	$563,198	Waye Leon R L	$191,051
Thess Bernard A	$714,073	Van Der Byl G	$227,451	Webb Joanna	$56,918
Thille Suzanne M	$311,024	Van Der Zweep John	$659,295	Weihs Ronald	$55,684
Thomas Shawn T	$394,632	Van Dijk Cody	$82,567	Wengel Tiffany	$145,529
Thompson Dylan J P	$123,477	Van Ineveld Cornelia	$98,899	Werier Jonathan	$394,124
Thompson Elizabeth	$171,817	Van Jaarsveldt Werner	$442,629	West Michael	$201,270
Thompson Susan B	$250,358	Van Niekerk Etienne	$288,464	Wettig Kara B	$296,050
Thompson Thomas R	$209,861	Van Rensburg C Janse	$449,842	White Bruce K	$445,578
Thomson Brent R J	$113,537	Van Rensburg P D J	$568,916	White Graham	$105,680
Thomson Glen T D	$262,000	Van Rooyen M Louis	$615,427	White Sandra	$135,232
Thorlakson Derek	$208,695	Vanderheyden Kara L	$187,894	Whittaker Danella	$75,972
Thorleifson Mullein D	$555,376	Vanderhooft R H	$191,597	Whittaker Elizabeth	$252,542

(Continued)

Wickert Wayne A	$255,247
Wicklow Brandy A	$105,059
Wiebe Chris J	$92,951
Wiebe Ghita A	$228,177
Wiebe Kevin	$65,931
Wiebe Kim L	$158,612
Wiebe Sandra	$370,190
Wiebe Tannis H	$349,507
Wiens Anthony V	$553,153
Wiens James J	$618,266
Wiens John L	$113,262
Wiesenthal Benjamin	$143,096
Wild Kim J	$221,704
Willemse Pieter	$579,998
William Nihad	$206,402
Williams Owen R T	$76,632
Williamson D	$124,831
Williamson Kelvin W	$602,325
Willows Jim R	$554,797
Wilson Gregory P	$460,647
Wilson Murray[2]	$1,831,606
Winning Kyle J	$505,561
Winogrodzka Christina	$324,635
Winogrodzki Arthur	$230,132
Winzoski T	$52,173
Wirch M Faye	$230,861
Wirtzfeld Debrah	$359,888
Wiseman Marni C	$1,559,795
Wiseman Nathan	$210,522
Woelk Cornelius	$318,401
Wolfe Kevin B	$601,521
Wolfe Scott A	$414,710
Wong Clint S	$705,890
Wong Harley	$289,158
Wong Ralph P W	$387,019
Wong Stephen G	$357,022
Wong Turnly	$441,588
Woo Casey	$450,550
Woo Nobby	$776,268
Woo Vincent C	$914,759
Worden Tyler A	$140,254
Wourms Vincent P	$486,918
Wuerz Terence	$320,137
Xu Yang	$55,361
Yaffe Clifford	$608,950
Yakub Abu M	$169,048
Yale Robert	$133,232
Yamamoto Kenneth	$284,854
Yamashita Michael	$638,415
Yamsuan Marlen	$212,786
Yankovsky Alexei	$439,475
Yaworski Daniel N	$70,765
Yeung Clement	$348,330
Ying Stephen M[2]	$1,121,956
Yip Benson	$439,409
York Ryan J	$64,935
Young Brent C	$233,664
Young Jeanne	$203,763
Young R Shawn	$401,284
Yu Adelicia	$719,796
Yuoness Salem A[4]	$1,063,661
Zabolotny Brent P	$357,965
Zacharias James[3]	$627,343
Zahiri Majid	$219,832
Zaki Amel E	$339,934
Zaki Magdy F	$553,701
Zarrabian M	$999,550
Zeiler Fred	$815,011
Zeiler Frederick	$53,201
Zelenietz Caleb S G	$270,418
Zetaruk Merrilee	$99,532
Zhang Jason J	$170,110
Ziaei Saba Shahnaz	$365,504
Zieroth Shelley R	$173,216
Ziesmann Manfred	$799,722
Zimmer Kenneth W	$427,381
Zimmer Leanne	$107,748
Ziomek Anna M	$224,829
Zohrab-Beik Amir	$516,300
Zoppa Robert	$578,143

(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 page 122-123 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 page 124-126 for list of facilities).*
(3) *Billings for dialysis services representing the work of more than one physician. (See page 126 for list of facilities).*
(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 126 for list of facilities).*

Laboratory Directors and Facilities

Doyle John	CancerCare Manitoba - Hematology Laboratory
Kabani Amin M	Altona Community Memorial Health Centre
	Arborg & District Health Centre
	Beausejour Health Centre
	Bethesda Hospital - Steinbach
	Boissevain Health Centre
	Boundary Trails Health Centre - Winkler
	Carberry and District Health Centre
	Carman Memorial Hospital
	Churchill Health Centre
	Concordia Hospital
	Dauphin Regional Health Centre
	Deloraine Health Centre
	DeSalaberry District Health Centre - St. Pierre-Jolys
	E. M. Crowe Hospital - Eriksdale
	Flin Flon General Hospital
	Gillam Hospital
	Gladstone Health Centre
	Glenboro Health Centre
	Grace General Hospital
	Grand Rapids Nursing Station
	Grandview District Hospital
	Hamiota District Health Centre
	Health Sciences Centre
	Hunter Memorial Hospital - Teulon
	Johnson Memorial Hospital - Gimli
	Lakeshore General Hospital - Ashern
	Leaf Rapids Health Centre
	Lorne Memorial Hospital - Swan Lake
	Lynn Lake Hospital
	Melita Health Centre

(Continued)

	Minnedosa Health Centre
	Misericordia Health Centre
	Morris Hospital
	Neepawa Hospital
	Notre Dame Hospital
	Notre-Dame 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 Hospital
	Souris Hospital
	St. Boniface Hospital
	Ste. Anne Hospital
	Ste. Rose District Hospital
	Stonewall and District Health Centre
	Swan Valley Health Centre - Swan River
	The Pas Health Complex
	Thompson General Hospital
	Tiger Hills Health Centre-Treherne
	Tri-Lake Health Centre-Killarney
	Victoria General Hospital
	Virden Health Centre
	Vita & District Health Centre
	Westman Regional Laboratory Services Inc.
Naidoo Jenisa	Dynacare (830 King Edward Street)
	Dynacare (790 Sherbrook Street)
	Dynacare (30 Lakewood Boulevard)
Naidoo Shireen P	Unicity Laboratory Services (2200 McPhillips)
	Unicity Laboratory Services (2385 Pembina)
	Unicity Laboratory Services (1020 Lorimer)
	Unicity Laboratory Services (1210 Rothesay Street)
	Unicity Laboratory Services (200 Goulet Street)
	Unicity Laboratory Services (208 Regent Avenue)
	Unicity Laboratory Services (3360 Roblin Blvd)
	Unicity Laboratory Services (343 Tache Avenue)
	Unicity Laboratory Services (355 Ellice Avenue)
	Unicity Laboratory Services (31-First Street, Beausejour, Manitoba)
Ponnampalam Arjuna	CancerCare Manitoba - Hematology Laboratory
Szwajcer David	CancerCare Manitoba - Histocompatibility (HLA)
	CancerCare Manitoba - Cellular Therapy Lab
Van Caeseele P G	Cadham Provincial Laboratory

(Continued)

Radiology Directors and Facilities

Avila Flores F	Brandon Regional Health Centre
	Grandview District Hospital
	Hamiota District Health Centre
	Minnedosa Health Centre
	Neepawa Hospital
	Riverdale Health Centre - Rivers
	Roblin District Health Centre
	Russell Health Centre
	Shoal Lake Strathclair Health Centre
	Ste. Rose General Hospital
	Swan Valley Health Centre - Swan River
Bunge Martin K	Health Sciences Centre- Children's Hospital
	Pritchard Farm X-ray Clinic
	Rothesay X-ray Clinic
	Transcona X-ray Clinic
Cassano-Bailey Alessandr	Seven Oaks General Hospital
Dashefsky Sidney M	Health Sciences Centre
Davidson J Michael	Legacy X-ray Clinic
	Manitoba X-ray Clinic (Concordia)
	Pan Am (WRHA 300 Portage Ave)
	Pan Am Clinic-(315 Chancellor Matheson Rd)
	Pan Am Clinic X-ray
	Pan Am Clinic (WRHA)-MRI
	Pan Am(WRHA)-Operating Room
	Pan Am Clinic- Pain Clinic
	Seven Oaks X-ray Clinic
Eaglesham Hugh	Assiniboine Clinic X-Ray
	Dynacare (1020 Lorimer Boulevard)
	Dynacare (355 Ellice Avenue)
	Dynacare (Roblin)
	Lakewood Medical Centre
	Meadowood X-ray Clinic
	Pembina X-Ray Clinic
	Winnipeg Clinic
Essig Marco	WRHA MRI Clinic
Fung Harold	Boissevain Health Centre
	Carberry and District Health Centre
	Deloraine Health Centre
	Glenboro Health Centre
	Melita Health Centre
	Souris Hospital
	Tiger Hills Health Centre-Treherne
	Tri-Lake Health Centre-Killarney
	Virden Health Centre
	Wawanesa Health Centre
Goubran Ashraf W	St. Boniface Hospital
Hardy Brian	Health Sciences Centre

(Continued)

	Prota Clinic Inc
Harrison Wayne D	Brandon Clinic Medical Corporation
	Clement Block Laboratory and X-ray Services
Jacob Mary V	C.W. Wiebe Medical Centre
Lindsay Daniel J	Arborg & District Health Centre
	Beausejour Health Centre
	Churchill Health Centre
	Dauphin Regional Health Centre
	E. M. Crowe Hospital - Eriksdale
	Flin Flon General Hospital
	Gillam Hospital
	Grand Rapids Nursing Station
	Hunter Memorial Hospital - Teulon
	Johnson Memorial Hospital - Gimli
	Lac du Bonnet District Health Centre
	Lakeshore General Hospital - Ashern
	Lynn Lake Hospital
	Pinawa Hospital
	Pine Falls Health Complex
	Selkirk Regional Health Centre
	Snow Lake Hospital
	Stonewall & District Health Centre
	The Pas Health Complex
	Thompson General Hospital
Lloyd Robert L	Altona Community Memorial Health Centre
	Bethesda Hospital - Steinbach
	Boundary Trails Health Centre - Winkler
	Carman Memorial Hospital
	DeSalaberry District Health Centre - St. Pierre-Jolys
	Lorne Memorial Hospital - Swan Lake
	Morris Hospital
	Notre Dame Hospital
	Portage District General Hospital
	Rock Lake Health District Hospital - Crystal City
	Seven Regions Health Centre - Gladstone
	Ste. Anne Hospital
	Vita & District Health Centre
Lyons Edward A	Maples Surgical Centre
Marantz Jeffrey	Health Sciences Centre
	Manitoba Clinic
	Mount Carmel Clinic
Martens M Dawn	Radiology Consultants of Winnipeg LTD (Grant)
	Radiology Consultants of Winnipeg Medical Corporation (Main St)
	Radiology Consultants of Winnipeg Medical Corporation (Pembina)
Maycher Bruce W	St. Boniface Hospital
	McIvor X-Ray Clinic
McClarty Blake M	St. Boniface Hospital

(Continued)

McGinn Greg	Manitoba X-ray Clinic (Tache)
McPhee Lisa C	Manitoba X-ray Clinc (Henderson)
	Manitoba X-ray Clinic (Portage)
Mottola Jeffrey C	Health Sciences Centre
	WRHA MRI Clinic
Stoski Roxann M	Concordia Hospital
Strzelczyk Jacek	Grace General Hospital
	St. Amant Centre
	Deer Lodge Centre
Tsuyuki Sean H	Misericordia Health Centre
	Riverview Health Centre
	Tache Facilities Limited
Vivian Mark A	Victoria General Hospital
Wilson Murray	Breast Health Centre
	BreastCheck-CancerCare MB (Brandon)
	BreastCheck-CancerCare MB (Wpg)
	Max Clinic LTD
Ying Stephen M	Health Sciences Centre

Dialysis Directors and Facilities

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

Nuclear Medicine Directors and Facilities

Bybel Bohdan	Health Sciences Centre
	Seven Oaks General Hospital
Demeter Sandor	Health Sciences Centre
Greenberg I David	Seven Oaks General Hospital
Leslie William	St. Boniface Hospital
	Victoria General Hospital
Levin Daniel P	Grace General Hospital
Sutherland John	Nuclear Management Company Limited
Yuoness Salem A	Brandon Regional Health Centre

APPENDIX I - SUMMARY OF STATUTES RESPONSIBILITY
MINISTER OF HEALTH, SENIORS AND ACTIVE LIVING

THE ADDICTIONS FOUNDATION ACT (A60)
- creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances

THE ANATOMY ACT (A80)
- provides for the appointment of an inspector of anatomy and sub-inspectors
- sets out who is entitled to claim a body
- regulates what can and cannot be done with bodies that are not claimed

THE CANCERCARE MANITOBA ACT (C20)
- creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer

THE CAREGIVER RECOGNITION ACT (C 24)
The purposes of this act are:
- to increase recognition and awareness of caregivers
- to acknowledge the valuable contribution they make to society
- to help guide the development of a framework for caregiver recognition and caregiver supports

THE CHIROPRACTIC ACT (C100)
- authorizes The Chiropractors' Association to regulate chiropractors in Manitoba

THE MANITOBA COUNCIL ON AGING ACT (c233)
- the council provides advice to government on matters relating to the aging process and the needs of seniors. It also promotes public understanding about the aging process

THE DEFIBRILLATOR PUBLIC ACCESS ACT (D22)
- allows the designation of public premises required to install publicly accessible defibrillators and establishment of requirements for the testing and maintenance of defibrillators in public premises by the lieutenant governor in council
- requires the registration of defibrillators installed in public premises in a registry including their location and notification by the registrar of emergency 911 response services of the location of registered defibrillators

THE DENTAL ASSOCIATION ACT (D30)
- allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba

THE DENTAL HEALTH WORKERS ACT (D31)
- allows dental health workers such as dental hygienists to be registered so that they can provide services under The Dental Health Services Act

THE DENTAL HEALTH SERVICES ACT (D33)**
- allows the minister to make arrangements to provide preventive and treatment dental services to certain persons designated by the lieutenant governor in council

**There is currently no program established under this act.

THE DENTAL HYGIENISTS ACT (D34)
- authorizes the College of Dental Hygienists to regulate dental hygienists

THE DENTURISTS ACT (D35)
- authorizes The Denturists Association to regulate denturists in Manitoba

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)
(Except with respect to elderly persons' housing units as defined in the act)
- governs the establishment of housing accommodation for the elderly or infirm

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)
- regulates the emergency medical response services and personnel and the stretcher transportation services and personnel

THE HEALTH ADMINISTRATION ACT (H20)
- provides certain authority for the minister 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)

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

THE HEALTH CARE DIRECTIVES ACT (H27)

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

THE HEALTH SECTOR BARGAINING UNIT REVIEW ACT (29) (not yet proclaimed)

- This act deals with bargaining units and collective bargaining in Manitoba's health sector.
- The act establishes a fixed number of bargaining units for each health region in the province and for each province-wide health employer.
- A commissioner will be appointed to determine the composition of the bargaining units.
- Once a bargaining agent is selected, the act provides that the collective agreement governing the most employees in the bargaining unit to which that bargaining agent is a party will become the basis for negotiating a new collective agreement governing all employees in the unit.
- The act also establishes an employers' organization for each health region, for the sole purpose of collective bargaining. It requires the minister to appoint one or more representatives to bargain on behalf of those organizations and on behalf of the province-wide health employers.

THE HEALTH SERVICES INSURANCE ACT (H35)

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

THE HEARING AID ACT (H38)

- provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints

THE HOSPITALS ACT (H120)

- relates to the operation of hospitals except for private hospitals

THE HUMAN TISSUE GIFT ACT (H180)

- regulates organ and tissue donations in Manitoba
- designates "human tissue gift agencies" that are to be notified when a person has died or is about to die

THE LICENSED PRACTICAL NURSES ACT (L125)

- authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses

THE MEDICAL ACT (M90)

- authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)

- requires the payment of dues by members and non-members of the Manitoba Medical Association

THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)

- authorizes the College of Medical Laboratory Technologists to regulate medical laboratory technologists

THE MENTAL HEALTH ACT (M110)

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

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

THE MIDWIFERY ACT (M125)

- authorizes the College of Midwives of Manitoba to regulate midwives

THE NATUROPATHIC ACT (N 80)

- authorizes the Manitoba Naturopathic Association to regulate naturopaths

THE NON-SMOKERS HEALTH PROTECTION AND VAPOUR PRODUCTS ACT (N92)

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

THE OCCUPATIONAL THERAPISTS ACT (05)

- authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists

THE OCCUPIERS' LIABILITY ACT (08) [Section 9.1]

- allows the minister to designate by regulation non-profit organizations that may mark land as a recreational trail

THE OPTICIANS ACT (060)

- authorizes The Opticians of Manitoba to regulate opticians

THE OPTOMETRY ACT (070)

- authorizes the Manitoba Association of Optometrists to regulate optometrists

THE PERSONAL HEALTH INFORMATION ACT (P33.5)

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

THE PHARMACEUTICAL ACT (P60)

- authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies
- allows for the establishment and maintenance of a provincial drug formulary

THE PHYSIOTHERAPISTS ACT (P65)

- authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists

THE PODIATRISTS ACT (P93)

- defines the practice of podiatry and provides for the regulation of the profession

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)

- governs the operation and administration of the provincial drug benefit program

THE PRIVATE HOSPITALS ACT (P130)

- The act governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)

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

THE PSYCHOLOGISTS REGISTRATION ACT (P190)

- authorizes the Psychological Association of Manitoba to regulate psychologists

THE PUBLIC HEALTH ACT(P210)**

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

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

THE RADIATION PROTECTION ACT (R5) (unproclaimed)

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

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- governs the administration and operation of regional health authorities

THE REGISTERED DIETITIANS ACT (R39)

- authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians

THE REGISTERED NURSES ACT (R40)

- authorizes the College of Registered Nurses of Manitoba to regulate registered nurses

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists

THE REGULATED HEALTH PROFESSIONS ACT (R117)

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

THE SANATORIUM BOARD OF MANITOBA ACT (S12)

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

THE TERRY FOX LEGACY ACT (T45)

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

THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT (T55)

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

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

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

THE UNIVERSAL NEWBORN HEARING SCREENING ACT (U38)

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

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

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

APPENDIX II - LEGISLATIVE AMENDMENTS IN 2017/18

A number of health statutes and regulations were amended, enacted or proclaimed in 2017/18:

The Non-Smokers Health Protection Amendment Act (E-Cigarettes) was proclaimed into force on October 1, 2017, the amendments to the act:

- changed the name of the act to The Non-Smokers Health Protection and Vapour Products Act
- prohibit the sale of e-cigarettes and vapour products to minors
- prohibit the use of e-cigarettes in enclosed public spaces and other places where smoking is prohibited with exceptions similar to those currently allowed for smoking
- place restrictions on the display, advertising and promotion of e-cigarettes and vapour products, similar to the restriction in place for tobacco products

REGULATIONS:

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 Homes Standards Regulation** was amended to provide that medication requiring refrigeration must be kept in a refrigeration unit for medication storage consistent with the College of Pharmacists of Manitoba Practice Directions.

- **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 Chiropractic Services Insurance Regulation** was amended to:
  - reduce, effective June 1, 2017, the maximum number of insured chiropractic services in a calendar year from 12 to 7
  - reduce, effective June 1, 2017, the amount of the benefits to be paid in respect of insured chiropractic services provided by a chiropractor

THE MENTAL HEALTH ACT

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

THE NON-SMOKERS HEALTH PROTECTION AND VAPOUR PRODUCTS ACT

- **The Non-Smokers Health Protection and Vapour Products Regulation** was amended to:
  - define criteria that must be met for business to meet the definition of a “vapour product shop” in the act
  - Similar to the exemption provided to tobacconists in relation to in-store display, advertising and promotion of tobacco products, exempt vapour product shops from the prohibition on in-store display, advertising and promotion of e-cigarettes and vapour products if: minors are not allowed in their premises and any display, advertising or promotion of vapour products is not visible from outside the shop.

- outline the restrictions on product and price signage for e-cigarettes and vapour products in stores other than vapour products shops that meet the above-noted requirements to be exempted from the prohibition on the in-store display, advertising and promotion of vapour products

- **The Documentation for Verifying Age Regulation** was amended to:
  - update the regulation to refer to the new name of the act, "The Non-Smokers Health Protection and Vapour Products Act"
  - allow e-cigarette and vapour product vendors to use the same documents for verification of proof of age as tobacco vendors now use
  - repeal from the list of acceptable age verification documents the reference to "An identification card issued by the Manitoba Liquor Control Commission", as the Manitoba Liquor Control Commission no longer issues these identification cards. These cards are no longer accepted as proof of age for entry into licensed premises such as bars.

THE PHARMACEUTICAL ACT

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

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT

- **The Prescription Drugs Payment of Benefits Regulation** was amended to**:**
  - increase the deductible rates that clients must pay before the Pharmacare Program will cover the costs of their eligible prescription drugs
  - cap the professional fee that is paid by Pharmacare in relation to the dispensing of prescription drugs that are covered by Pharmacare

THE REGIONAL HEALTH AUTHORITIES ACT

- **The Regional Health Authorities (General) Regulation** was amended to provide that, effective April 1, 2017, the cap on land ambulance fees charged to Manitoba residents is reduced to the lesser of $425 or the basic loading fee charged by an ambulance service operator as of December 31, 2016.

THE REGISTERED NURSES ACT

- **The Registered Nurses Regulation** was amended to:
  - allow the College of Registered Nurses of Manitoba Board to specify by policy the number of attempts that graduate nurses have to pass the national examination
  - remove the requirement for a course of instruction to be taken by those who fail the examination twice

APPENDIX III – PERFORMANCE REPORTING

The following section provides information on key performance measures for the department for the 2017/18 reporting year. Performance indicators in departmental annual reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

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

(A)	(B)	(C)	(D)	(E)	(F)
What is being measured and using what indicator?	**Why is it important to measure this?**	**Where are we starting from (baseline measurement)?**	**What is the 2017/18 result or most recent available data?**	**What is the trend over time?**	**Targets, Timeframes, if applicable, and sources of information**
Manitobans' access to cardiac surgery through the measurement of median wait times for cardiac bypass surgery by level of urgency.	Timely access to surgical services is important.	As of April 2007, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 5 days Level 2 (Semi-urgent): 11 days Level 3 (Elective): 31 days Overall, 97% of patients received their surgery within the benchmark.	In April 2018, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 8 days Level 2 (Semi-Urgent): 26 days Level 3 (Elective): 61 days Overall, 97% of patients received their surgery within the benchmark.	Nearly all patients continue to receive their cardiac bypass surgery within the national benchmark.	Wait times are calculated based on patients who received surgery during the reporting period. The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43 - 182 days for Level 3 (Elective). Source: Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/surgical/heart.html

(A)	(B)	(C)	(D)	(E)	(F)
What is being measured and using what indicator?	**Why is it important to measure this?**	**Where are we starting from (baseline measurement)?**	**What is the 2017/18 result or most recent available data?**	**What is the trend over time?**	**Targets, Timeframes, if applicable, and sources of information**
Manitobans' access to radiation therapy for cancer through the measurement of median wait times for patients to commence radiation therapy treatment.	Timely access to treatment services is important.	The median wait time in April 2007 was 1 week for all cancer types. 93% of patients commenced their radiation therapy within four weeks (provincial guarantee).	In April 2018, the median wait time for all cancer types was 1.6 weeks. 100% of patients commenced their radiation therapy within four weeks (provincial guarantee).	The median wait time continues to be well within the National Benchmark for radiation therapy and all of the patients continue to commence their treatment within the provincial guarantee.	The National Benchmark and provincial guarantee for radiation therapy is 4 weeks. Source: Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/cancer/radiation/index.html
Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	1979 rate: 140 deaths per 100,000 population 2009 rate: 29.3 deaths per smandal100,000 population	In 2016, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 20.3 deaths per 100,000 population	The AMI mortality rate has declined dramatically in Manitoba and Canada, from approximately 140 deaths per 100,000 in 1979 to 20.3 per 100,000 in 2016.	Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension. Source: Manitoba Health, Seniors and Active Living; Vital Statistics data.
Diabetes prevalence rate as measured by the age- and sex-adjusted proportion of residents, one year and older, living with diabetes.	Prevalence and mortality rates may reflect on the performance of the system with respect to management of diabetes.	1988/89 age- and sex-adjusted prevalence: 3.0% Age- and sex-adjusted prevalence per 100 Manitoba residents: 2004/2005 – 6.3 2005/2006 – 6.6 2006/2007 – 6.9	Age- and sex-adjusted prevalence per 100 Manitoba residents: 2015/2016 – 9.1 Source: Manitoba Health, Seniors and Active Living administrative data	An increase in prevalence is observed in almost all RHAs, Districts and Winnipeg sub-areas. Prevalence is particularly high in the North, and may be associated with both lower income and a higher proportion of	Better diagnosis and reporting may have resulted in increased incidence. Better education and care may have resulted in the observed increased prevalence.

(A)	(B)	(C)	(D)	(E)	(F)
What is being measured and using what indicator?	**Why is it important to measure this?**	**Where are we starting from (baseline measurement)?**	**What is the 2017/18 result or most recent available data?**	**What is the trend over time?**	**Targets, Timeframes, if applicable, and sources of information**
		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 Source: Manitoba Health, Seniors and Active Living administrative data.	*Notes: - Diabetes prevalence rates were calculated using the Canadian Chronic Disease Surveillance System (CCDSS) definition.	Aboriginal peoples living in that region (MCHP RHA Atlas, 2013).	
Telehealth: # Communities and end points (The higher number of end points indicate that some communities have more than one location equipped.) Utilization by category Utilization rates	Shows the Province's ability to address access to care and education over geographically dispersed communities.	2007/08 Clinical: 4,876 Education: 1,230 Administration: 738 Tele-visit: 33 Other: 248 2004/05 4,369 Events	2017/18 Clinical: 23,628 Education: 3,004 Administration: 1,536 Tele-visit: 34 Other: 21 2017/18 total utilization 28,223 2017/18 total number of sites 184 sites and 357 endpoints	MBT predicts **10** sites to be added in the next fiscal year. **Average Annual Growth from 2007/08 to 2017/18 fiscal years):** Clinical: 18% Education: 11% Administration: 7% Tele-visit: 7% Other: 6% 296% growth in # of events from 2007/08 (7,125) to 2017/18 (28,223)	MBTelehealth Fiscal Utilization Reports from 2003/04 to 2017/18 (data accessible from 2006/07) □ 2006/07: 5,995 □ 2007/08: 7,125 □ 2008/09: 8,463 □ 2009/10: 9,835 □ 2010/11: 12,817 □ 2011/12: 16,183 □ 2012/13: 18,769 □ 2013/14: 20,590 □ 2014/15: 22,742 □ 2015/16: 25,721 □ 2016/17: 27,473 □ 2017/18: 28,223

APPENDIX IV – THE PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION) ACT

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

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

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

The following is a summary of disclosures received by Manitoba Health, Seniors and Active Living for fiscal year 2017/18:

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

APPENDIX V - SUSTAINABLE DEVELOPMENT

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

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

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

PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

1. INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS

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

HIGHLIGHTS:

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

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

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

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

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

2. STEWARDSHIP

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

HIGHLIGHTS:

The Regional Health Authorities Act: governs the administration and operation of regional health authorities (RHAs).

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

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

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

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

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

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

3. SHARED RESPONSIBILITY AND UNDERSTANDING

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

HIGHLIGHTS:

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

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

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

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

4. PREVENTION

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

HIGHLIGHTS:

Active Living, Population and Public Health: influences the conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages. It also provides health surveillance, analysis of public health threats and provides outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based

diabetes management. Also, the branch integrates education into the continuum of diabetes prevention, care, research and support. Active Living, Population and Public Health branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders. The chief provincial public health officer ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, pandemic influenza and avian influenza, are reviewed and updated. News releases are provided to the public in regard to public health warnings and prevention measures to be taken to lessen the risk of these threats.

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

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

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

5. CONSERVATION AND ENHANCEMENT

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

HIGHLIGHTS:

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

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

6. REHABILITATION AND RECLAMATION

The department is committed to the repair of damage or the reclamation of the environment and to consider the need for rehabilitation and reclamation in future decisions and actions.

HIGHLIGHT:

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

7. GLOBAL RESPONSIBILITY

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

HIGHLIGHTS:

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

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

8. EFFICIENT USE OF RESOURCES

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

HIGHLIGHTS:

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

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

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

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

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

9. PUBLIC PARTICIPATION

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

HIGHLIGHTS:

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

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

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

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

Intergovernmental Strategic Relations: ensures that dialogue continues between the public and Indigenous organizations, the Manitoba government and the First Nations and Inuit Health Branch –

Health Canada, to ensure that decisions are made that benefit northern and/or remote communities in Manitoba as well as indigenous members of the population.

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

10. ACCESS TO INFORMATION

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

HIGHLIGHTS:

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

Administration and Finance: prepares financial reports and documents such as supplementary information for legislative review, quarterly financial reports, and the annual report in accordance with legislative, Treasury Board and senior management requirements.

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

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

11. INTEGRATED DECISION MAKING AND PLANNING

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

HIGHLIGHTS:

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

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

12. WASTE MINIMIZATION AND SUBSTITUTION

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

HIGHLIGHTS:

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

13. RESEARCH AND INNOVATION

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

HIGHLIGHTS:

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

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

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

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

PROCUREMENT GOALS (SECTIONS 14-18)

14. EDUCATION, TRAINING AND AWARENESS

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

HIGHLIGHTS:

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

15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION

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

HIGHLIGHTS:

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

16. REDUCTION OF FOSSIL FUEL EMISSIONS

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

HIGHLIGHTS:

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

17. RESOURCE CONSERVATION

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

HIGHLIGHTS:

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

18. COMMUNITY ECONOMIC DEVELOPMENT

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

APPENDIX VI – REGULATORY ACCOUNTABILITY AND RED TAPE REDUCTION

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

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

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

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

Regulatory Requirements

	Baseline (April 1, 2016)	**2016/17 (March 31, 2017)**	**2017/18 (March 31, 2018)**
Total number of regulatory requirements [1]	116,188	117,623	118,4901

	2016/17 from baseline	**2017/18 from baseline**
Net change in total number of regulatory requirements [1]	1,435	2,302
% change	1.2%	2.0%

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

[1]Although additional regulatory requirements were introduced for system improvements and public health and patient outcome improvements such as enhanced non-smoking protection for Manitobans, primary care services and communicable disease control, many other regulatory requirements were eliminated in order to reduce administrative burden on Manitobans as well as internal costs for government.

Achievements

Since April of 2016, the department's achievements in working toward reducing regulatory requirements and eliminating red tape included:

- Representing the department on the cross-departmental Regulatory Accountability Working Group
- Leading collection of department inventory of regulatory materials to set a baseline benchmark for Manitoba Health, Seniors and Active Living regulatory requirements
- Developing legislative amendments that reduced outdated and ineffective regulatory requirements to be part of The Red Tape Reduction and Government Efficiency Act, 2017; including:
    - Repealing the outdated Health Services Act and the regulations under the Act

Additionally, the following achievements contributed to assisting Manitobans:

- Amending The Non-Smokers Health Protection and Vapour Products Act and regulations under the Act to restrict the use of e-cigarettes in enclosed public places and indoor workplaces and other places, with further amendments to prohibit the smoking and vaping of cannabis in the above mentioned places
- Amending the Regional Health Authorities (General) Regulation under The Regional Health Authorities Act to reduce land ambulance fees for Manitobans effective January 1, 2017, with further reductions effective April 1, 2017, and April 1, 2018
- Modernizing the Emergency Medical Services Protocols and Procedures to support the provision of effective, quality care to patients by paramedics