



focus on service...  
our commitment

Annual Report 2020-2021

# focus on service... our commitment

At Southern Health-Santé Sud we aim to master the art of Service.

It is our commitment,

a choice we make at every touchpoint, in everything we do because at its very core, the spirit of service to others is about enhancing human wellbeing.

It is in health that we have the capacity to pursue this noble calling... A sacred privilege as a Service Delivery Organization.

Our culture, our mindset, our vocation, our finest work is to serve, to make a difference in the lives of others and in the world...

It is about caring, connectedness, presence, engagement and involvement with our patients, clients and residents, our leaders, our staff, our communities, our volunteers, our partners, our colleagues and our stakeholders.

And so, we serve with our hearts, our hands and our minds guided by our vision, mission and our core values...

Together leading the way for a healthier tomorrow with

**integrity | compassion | excellence | respect**



Together we acknowledge that Southern Health-Santé Sud is located on the original lands of Treaty 1 and Treaty 3 territory and on the homelands of the Métis Nation. We respect the treaties that were made on these territories and acknowledge the harms and mistakes of the past. We dedicate ourselves to move forward collaboratively in partnership with First Nations, Métis, and Inuit peoples in the spirit of reconciliation.

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This report is available in alternative format upon request.

# Letter of Transmittal & Accountability

September 30, 2021

Honourable Audrey Gordon  
Minister of Health and Seniors Care

Dear Minister:

On behalf of the Board of Directors of Southern Health-Santé Sud, we respectfully submit our 2020-2021 Annual Report.

The document was prepared under the Board of Directors' direction and in accordance with the Regional Health Authority Act and directions provided by the Minister of Health and Seniors Care. In compliance with appropriate legislative authority and government requirements, all material, economic and fiscal implications known as of September 30, 2021 have been considered in preparing this Annual Report. The Board of Directors has approved this report.



Sincerely,

Abe G. Bergen  
Board Chair  
Southern Health-Santé Sud



# About Us

**27 025**  
square km

**211 896**  
residents

**20%**  
past 10-year  
growth

**20**  
rural  
municipalities

**8**  
municipalities

**7**  
First Nation  
communities

**6**  
towns/villages

**4**  
cities



An important gateway to the province from the U.S. international border, Southern Health-Santé Sud stretches from the 49<sup>th</sup> parallel up to the Trans-Canada Highway, from the Ontario border to Winnipeg, and then follows the southwest edge of Lake Manitoba down to the Pembina escarpment in the west.

Southern Health-Santé Sud provides health care services to residents across the region, as well as others beyond the boundaries who need access to services we offer. Committed to quality care, we maintain an accredited status, upholding the standards required by Accreditation Canada.

Today, 211 896 people live here tracing their ancestries to one or more ethnic groups. Southern Health-Santé Sud is proud of its multi-cultural heritage. Indigenous presence in the region can be traced over thousands of years.

Provincially mandated as a designated bilingual regional health authority, Southern Health-Santé Sud respects the linguistic duality of Canada and undertakes to provide bilingual health care services to its francophone population.

A thriving region and the most populated of the rural health regions in Manitoba, Southern Health-Santé Sud ranks as one of the fastest-growing areas in the province. Over the past decade, it has grown by 20%, a growth rate which is the highest in the province. Two factors have played major roles in this impressive population growth: the region's above average birth rate, and a strong immigration movement from overseas and elsewhere in Canada.

There are 4 cities, 6 towns and villages, 8 municipalities, 20 rural municipalities, 1 unorganized territory, over 60 Hutterite colonies, numerous Métis and Francophone communities, a growing large Mennonite population as well as many other cultures. There are 7 First Nations communities: Long Plain First Nation, Dakota Plains Wahpeton First Nation, Swan Lake First Nation, Roseau River Anishinabe First Nation, Sandy Bay Ojibway First Nation, Dakota Tipi First Nation and Buffalo Point First Nation.

# Comprehensive Access

Southern Health-Santé Sud is committed to providing health services to all residents of the region regardless of where they live. The following listing is an inventory of the communities where health centres and sites are physically located. In some communities there can be more than one health centre or site. Services provided by Shared Health/Soins communs, independent, or affiliate organizations are identified in teal.



## 11 Acute Care Centres

Altona | Carman | [Crystal City](#) | Morris | Notre-Dame-de-Lourdes  
Portage la Prairie | St. Pierre-Jolys | Ste-Anne | Steinbach | Swan Lake  
Winkler



## 27 Long Term Care Facilities and Transitional Care

Altona | Carman | Emerson | Gladstone | [Grunthal](#) | MacGregor  
Manitou | [Morden](#) | Morris | [Niverville](#) | Notre-Dame-de-Lourdes  
[Pilot Mound](#) | Portage la Prairie | St. Claude | St. Pierre-Jolys  
Ste-Anne | Steinbach (+1 affiliate) | Vita | [Winkler](#)



## 37 Medical Clinics (includes medical clinics, teen clinics, & QuickCare)

Altona | Carman | [Crystal City](#) | [Elie](#) | Emerson | [Falcon Lake](#)  
[Ginew](#) | Gladstone | [Île-des-Chênes](#) | [La Salle](#) | [MacGregor](#)  
Manitou | [Marius](#) | [Miami](#) | [Morden](#) | [Morris](#) | [Niverville](#)  
Notre-Dame-de-Lourdes | [Portage la Prairie](#) | Somerset | St. Claude  
St. Jean-Baptiste | St. Pierre-Jolys | [Ste-Anne](#) | [Steinbach](#) | Swan Lake  
Vita | [Winkler](#)



## 19 Home Care Offices

Altona | Carman | [Crystal City](#) | Gladstone | MacGregor | Manitou  
Morden | Niverville | Notre-Dame-de-Lourdes | Portage la Prairie  
Sprague | St. Claude | St. Jean-Baptiste | St. Pierre-Jolys | Starbuck  
Ste-Anne | Steinbach | Vita | Winkler



## 18 Mental Health Offices and Facilities

Altona | Carman | [Crystal City](#) | Gladstone | La Salle | MacGregor  
Manitou | Morden | Morris | Niverville | Notre-Dame-de-Lourdes  
Portage la Prairie | Sprague | St. Pierre-Jolys | Ste-Anne | Steinbach  
Swan Lake | Vita | Winkler



### 20 Public Health-Healthy Living Offices

Altona | Carman | Elie | Gladstone | La Salle | MacGregor | Morris Niverville | Pilot Mound | Portage la Prairie | Rosenort | Somerset Sprague | St. Claude | St. Jean-Baptiste | St. Pierre-Jolys | Ste. Anne Steinbach | Vita | Winkler



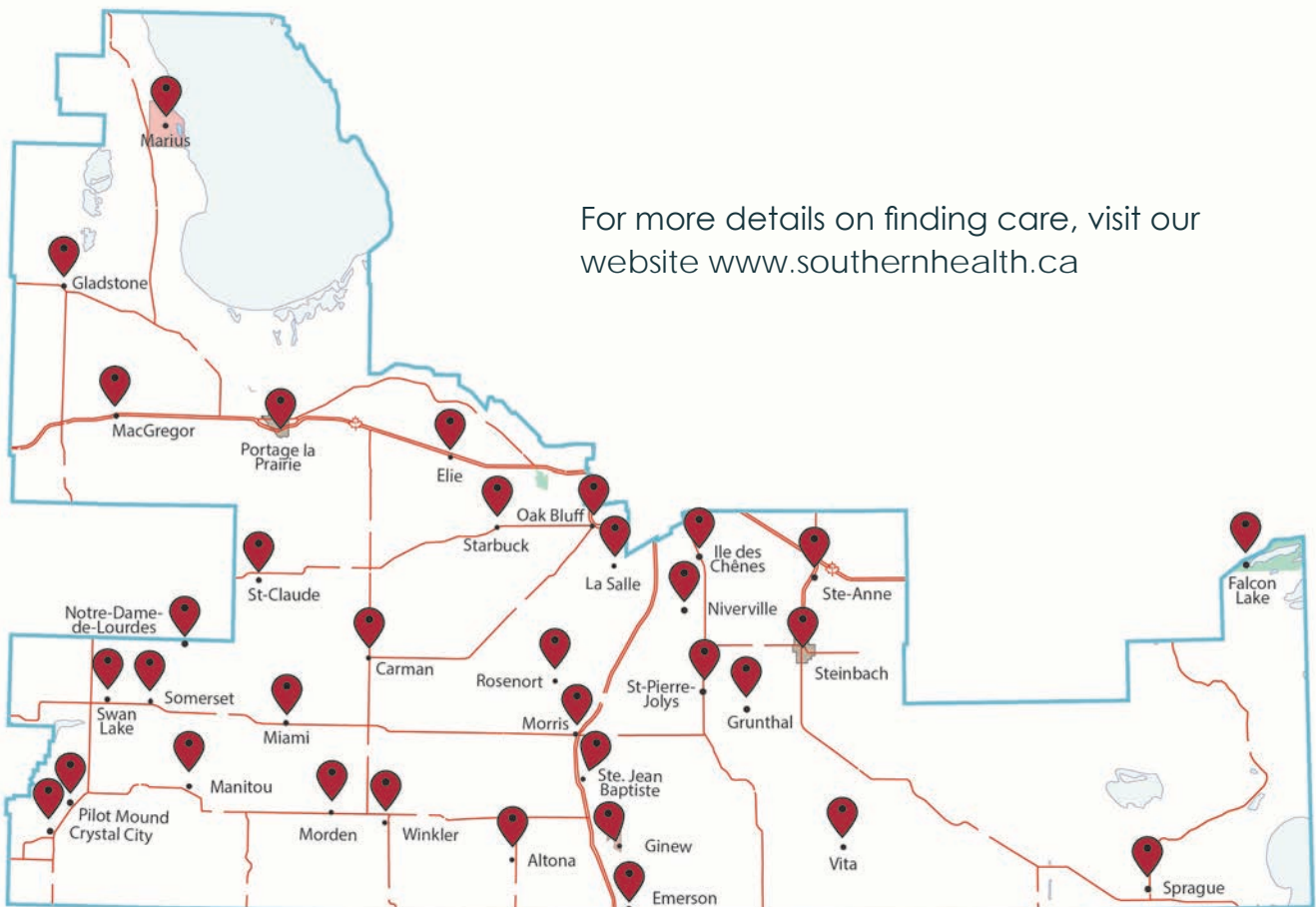
### 15 Telehealth Sites

Altona | Carman | Gladstone | Notre-Dame-de-Lourdes Portage la Prairie | Sprague | St. Claude | St. Jean-Baptiste St. Pierre-Jolys | Ste. Anne | Steinbach | Swan Lake | Vita | Winkler



### 20 Emergency Medical Services Sites (Shared Health/Soins communs)

Altona | Carman | Crystal City | Elie | Falcon Lake | Gladstone Île-des-Chênes | MacGregor | Manitou | Morden | Morris | Niverville Notre-Dame-de-Lourdes | Oak Bluff | Portage la Prairie St. Pierre-Jolys | Ste. Anne | Steinbach | Swan Lake | Vita | Winkler



For more details on finding care, visit our website [www.southernhealth.ca](http://www.southernhealth.ca)



# Message from the Board Chair

## Focus on service...

### Our deep and abiding commitment...

Every year the Annual Report seeks to highlight the significant events of the past fiscal year. Of course, in 2020 the world's focus was very much on the pandemic... as it assuredly was for us in Southern Health-Santé Sud. Nevertheless, as we reflect upon this challenging time, we can still choose to focus on the positive and be grateful.

At no time has our commitment been more evident than what we have witnessed in the past year when the demands of the COVID-19 pandemic were and continue to be unlike anything we have experienced before. Throughout the organization we saw the very finest examples of service to one another. The boundless dedication, the empathy, the tireless efforts and sacrifices during such stressful times move us beyond words. A simple 'thank you' may seem too modest, however it comes from deep within, a humble, sincere acknowledgement and appreciation of everyone. To the thousands of employees, medical staff and volunteers and to the community for its support, thank you so very much.

It's no exaggeration to say that the pandemic has impacted everyone, for some more so than others. Our thoughts are with all of those affected, and we offer our heartfelt condolences to all those who have lost loved ones during these trying times.

Despite its disruption, COVID-19 has uncovered silver linings: innovation, collaboration, opportunities to introduce or expand the use of technology, new ways of getting things done and countless lessons learned. Ours is an institution of healing and in healing we need to seize on the positives we can take from 2020-21 as we go forward into this new decade.

Indeed, as we end this fiscal year, there are some encouraging signs ahead... with the vaccination efforts there is optimism for the future; and closer to home, some exciting and noteworthy capital projects that will be realized. The Boyne Lodge personal care home in Carman is progressing well and is expected to be completed in the spring. The expansion of Rest Haven personal care home in Steinbach is also moving ahead and should be completed by late fall 2021.



## BOARD COMMITTEE MEMBERSHIP 2020-2021

As we close the book on fiscal 2020-21 and conclude Southern Health-Santé Sud's ninth year, I am pleased to report to you that, as in past years, we continue to perform well financially, on track within the regular operating budget. Acknowledging unexpected costs, like those associated with COVID-19, the Manitoba government is providing some funding to address the COVID-19 related costs.

While it has always remained a distinct pleasure and privilege to chair the Board of Directors, COVID-19 has made governing uniquely challenging. Much of the work we do as a Board relies on relationship building, critical conversations, substantive and insightful dialogue, and face-to-face interactions amongst ourselves and within the community. Overnight the pandemic changed our traditional ways of doing our work, and we learned to connect virtually to address our board responsibilities.

I would like to convey my sincere thanks to those Directors whose terms concluded for their individual and collaborative contributions. We extend a warm welcome to incoming board members. We hope to have the opportunity to physically meet with them in this coming year. On behalf of the Board of Directors, I would also like to acknowledge and thank our CEO Jane Curtis and her leadership team for navigating our organization through these difficult times.

Service is where we see the value of others, where we elevate them, and where we truthfully find ourselves. In Southern Health-Santé Sud we are surrounded by those in need of our compassion, our respect, our integrity and our excellence. The last year tested us, but I believe that in doing so, it has demonstrated who we are.



Abe G. Bergen  
Board Chair  
Southern Health-Santé Sud

### Audit Committee

Pam Plaster (Chair),  
Committee of the Whole

### Policy Review Committee

Pat Brennan (Chair),  
Ramona Coey,  
Justin Bohemier,  
Bill Osachuk, and  
Dawn Coubrough.

### Community Engagement Committee

Dr. Desmond  
Leen (Chair),  
Adam  
Monteith,  
Terrie Porter,  
Todd Nichols,  
Peter  
Veldhuis,  
and Dawn  
Coubrough.

### Regional Medical Advisory Committee (RMAC)

Ramona Coey

### Finance Committee

Adam Monteith  
(Chair), Committee  
of the Whole

### Quality & Patient Safety Committee

Ramona Coey (Chair),  
Pat Brennan and Pam Plaster

### Executive Committee Committee of the Whole

# Board of Directors



**Abe Bergen**  
Chair, Kleefeld



**Terrie Porter**  
Vice Chair,  
Portage la Prairie



**Justin Bohémier**  
Lorette



**Patricia Brennan**  
Oak Bluff



**Ramona Coey**  
Lorette



**Dawn Coubrough**  
Gladstone



**Dr. Desmond Leen**  
Niverville



**Adam Monteith**  
Morden



**Todd Nichols**  
Dominion City



**William Osachuk**  
Gardenton



**Pam Plaster**  
Oak Bluff



**Peter Veldhuis**  
Elm Creek

## Board Members Retired in 2020-21:

Sincere thanks to Debbie Iverson, Debbi Bergner-Fortier, and Konrad North whose terms concluded in 2020-21 for their individual and collaborative contributions.

# Governance

Appointed by the Minister of Health and Seniors Care and in accordance with the Manitoba Regional Health Authorities Act, the Board of Directors is directly accountable for delivering, administering and allocating resources for health services to meet the needs of Southern Health-Santé Sud. By accepting this responsibility, Boards are accountable to the Minister such that actions and decisions must be aligned with the government's mandate and provincial plans, priorities, direction, and fiscal realities. The Board ensures that the region works closely with other service delivery organizations (SDOs) and with government to ensure that Manitobans receive timely, appropriate and seamless service to reflect the best possible integration and cooperation among service providers.

## Governance and Service

Our healthcare system is deeply rooted in the concept of servant leadership. It is a leadership model that focuses on the strength and value of teamwork and partnership with those you serve. The Board of Directors has a mandate and strives to build the culture of servant leadership by engaging in meaningful dialogue with stakeholders and by preparing agendas that concentrate on what matters to those they serve. Moving forward with a strategy for People-Centred Care is a key element to that work and the Board of Directors is providing the strategic oversight for this initiative. You can learn more about the strategy on page 33.

## Governance and Forward-Thinking

The Board of Directors also has a mandate to look ahead to ensure the organization is prepared for the future. Although few people could have predicted the COVID-19 pandemic experienced in the past year, it was the strategic planning and quick identification of priority areas that helped the organization remain focused on moving forward. It provided a high-level roadmap for immediate circumstances. In the near future, the Board will begin preparation of the region's next Strategic Plan. It is an intensive culmination of the Board's ongoing work at the board table and in the community.



Members of the public are eligible to apply for appointment to the Board of Directors. Nomination forms and information are available at Southern Health-Santé Sud regional offices, or online at [www.gov.mb.ca/health/rha/forms.html](http://www.gov.mb.ca/health/rha/forms.html) and may be submitted directly to a Service Delivery Organization office or to the Minister of Health and Seniors Care.

## Governance Highlights from 2020-2021

The Board of Directors had a year filled with new experiences. Like others across our province and beyond, the use of virtual technology for meetings quickly became the norm. With ongoing evaluation and improvement efforts, the Board of Directors has seen much success and engagement in their monthly meetings. October 2020 also saw Southern Health-Santé Sud's very first virtual Annual Public Meeting. Although discussed in previous years, it took a pandemic to make it all possible. This platform allowed a livestream of the event to be offered from anywhere if someone wanted to view it, plus a recording to be posted to our website following the event. A greater reach to a wider audience was made possible through this approach.

The Board of Directors joined many others from our communities and undertook a staff appreciation initiative to demonstrate their support to staff for their tireless efforts throughout the pandemic.





# Message from the CEO

## That I may be of service...

If one were to ask healthcare workers in Southern Health-Santé Sud what inspires them to go to work every day despite all the challenges, the difficult and trying times and the emotional upheavals, I would say that for the majority, this is what their answer would be: that I may be of service...

Among the many traits we have in common, none seem stronger than our shared commitment to serve. And through this extraordinary past year that spirit of service never waned... It simply grew stronger.

2020-2021. A year like no other. COVID-19 has tested us in ways we couldn't anticipate; raising far more questions than answers—a steep learning curve for all of us, frontline as well as those working resolutely behind the scenes. Indeed, it seems something new or different came to us just about every day. Through it all, surrounded by suffering and loss as well as concern for their own personal safety, our staff, physicians and volunteers have risen to the challenge, working tirelessly and unconditionally, with grace and resolve and through teamwork and care. The stamina, the giving, the agility, the incredible response, simply going beyond...

They honor us all as they continue to walk the high road of integrity, compassion, respect and excellence, the underpinnings of our focus on service.

The year also reminded us of the fundamental role that healthcare occupies in society; that we are, as well, part of a bigger story. The provincial coordination of Service Delivery Organizations (SDOs), Shared Health and Manitoba Health has been crucial. With the pace and scale of changes necessitated by the pandemic it became evident that no one can do this work alone. As we look to our partners and to the big picture, we see the health system's response has been truly provincial. Working together we can marshal our resources and leverage our clinical expertise, best practices and efforts to respond and to put into action the necessary changes in a timely fashion.

From the very beginning we established a COVID-19 Command Centre and worked unsparingly to protect our clients, staff, physicians, volunteers and the community. Although we are navigating through uncharted territory with this pandemic, our teams quickly rallied together and leapt into action to implement a response plan. This rapidly evolving public health emergency meant we had to respond and adapt swiftly, reorganizing and reinventing in record time (See page 24).

Although COVID-19 made 2020-21 a tumultuous year, we don't want it to overshadow other noteworthy happenings. In 2017 we embarked on a significant multi-year provincial Health System Transformation and since then we have continued working hard on the change process. In particular, this fiscal year, we worked closely with provincial organizations and other partners to realign with a new standardized organizational and leadership structure across Manitoba. It is intended that this realignment will provide the level of coordination and integration required to effectively implement the provincial Clinical and Preventive Services Plan as well as ensuring the seamless transition of patients across the health continuum. (for more on "SDO re-alignment" see page 17.)

As conveyed in last year's report over 100 leaders throughout the organization came together with the Board of Directors in the fall of 2019 to challenge and reorient our thinking about people-centred care (PCC). Acknowledging that being of service is not only about what you do, but how you do it. A lot our thinking this year centered on making a difference in the role of "how we do

it". And so, to a great extent our focus in 2020-21 was on the development of a regional strategy to spread the culture of PCC by introducing the concept of asking, "What matters to you?", a well-known global movement. To support the strategy a suite of tools was designed. The Southern Health-Santé Sud method is intended to be a simple yet profoundly engaging approach to shared decision-making with clients and their families — the foundation for co-creating health (See page 33).

As it has been said, character is defined in difficult times. One of the great stories coming out of the COVID-19 crisis is how leadership flourished in our region. If there's one thing the challenges of the past year have shown us, it is that in Southern Health- Santé Sud everyone is a leader. It's true! At a time of great ambiguity, anxiety and turmoil, not only did staff accept the challenge, they showed creativity, courage and decisiveness in adapting quickly to a huge amount of change, jumping into the fray and making things happen. It is a privilege to serve with such servant-leaders. On that note, we are both proud and excited to see progress on the establishment of a Leadership Framework Working Group initiated by leaders from all areas, ages and backgrounds within Southern Health-Santé Sud. Providing an opportunity to collaborate in a multidisciplinary team environment, the framework is designed to build and support a culture of collective leadership within the ranks where all feel empowered. With equity and diversity as guiding principles, all interested staff are encouraged to consider this opportunity. Exceptionally talented people leading the way!

During times of uncertainty, we don't want to take our eyes off the importance of sustainability. With incremental funding for COVID-19 deficit costs, we are pleased to once again deliver solid financial and operating results in fiscal year 2020-21 (See page 50). Our financial performance reflects the underlying strength and discipline that we have realised since the very first days of Southern Health-Santé Sud. We remain committed to building on that strength.



We acknowledge the Board of Directors in its work. The pandemic has brought home the importance of the board's role in guiding and supporting the organization through challenging times. It has amplified the importance of having a strong and respective governance process and a shared understanding of the organization's purpose and strategy. While we rely on the Board to set the tone, to show solidarity with the organization and to continue its thoughtful deliberations, we also understand that, in some ways, COVID-19 has made the job more demanding. We remain committed to working with the Board in determining the path forward.

To our community partners we thank you. The letters, signs, and videos inspire us. We can only continue our work with your loyal support and everything you do to mitigate the spread of the virus. In doing so you also protect the health and safety for all of us. We remain

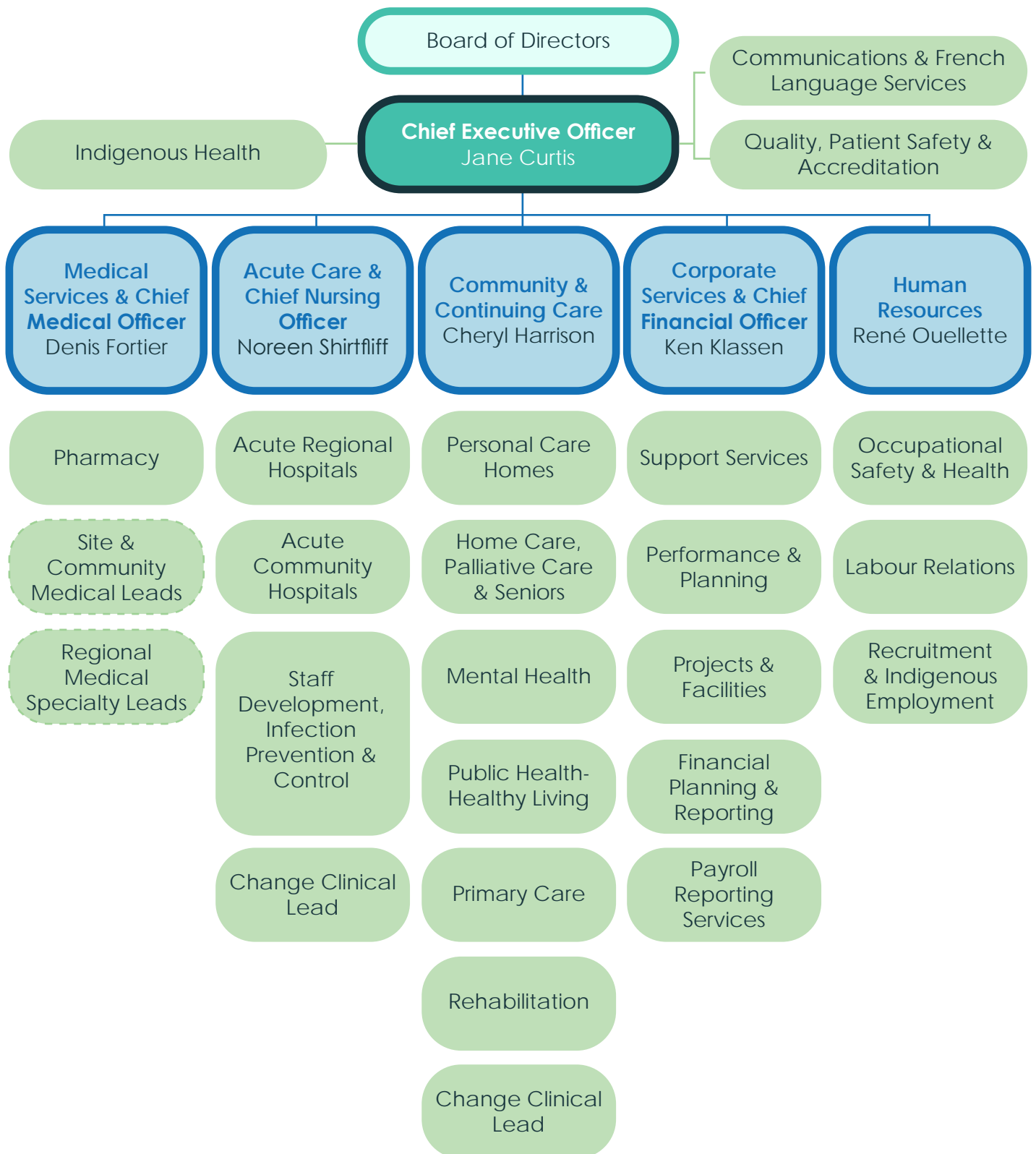
mindful of the profound impact of this disease on everyone and our heart aches for those who have lost loved ones.

What awaits us in the near future? What will change? Will it be for the better? There are many uncertainties, unknowns and while we cannot dismiss the difficulties and disruptions caused by the COVID-19 pandemic, we will one day reflect back on these times and see the remarkable things that did also evolve from this crisis...

The resilience, the collaboration, the ingenuity and the will to see beyond conventional thinking and to re-imagine with purpose—the catalyst to overcome the obstacles and move swiftly into new opportunities, new solutions. We have seen it here in Southern Health-Santé Sud. With a good measure of hope, as the transformation continues, we know we can do it.

Jane Curtis  
Chief Executive Office  
Southern Health-Santé Sud

# Organizational Structure





# SDO Re-alignment

“ Service Delivery Organization (SDO) realignment is the process of changing how organizations are structured and operate to enable an enhanced local focus on the delivery of health services, while planning and some support services are centralized within Shared Health to ensure consistency across the province. By adopting a similar structure with unique qualities, SDOs will fulfill their mandate to deliver standardized high-quality care and services to the communities and clients they each serve, while integrating their operations efficiently across a single provincial health system.”

Manitoba Health and Seniors Care, 2020

Work to transform Southern Health-Santé Sud’s organizational structure in 2020 involved shifts in leadership and management structures including the organizational design and the roles, responsibilities, titles, classifications and functions of leaders:

**Acute Care as well as Community & Continuing Care portfolios** replace the region’s previous geographic areas (north, east, west). Organizational levels support the provincial Clinical & Preventive Services Plan (CPSP). The new model fosters a continued community stakeholder engagement structure.

The **Medical Leadership structure** allows flexibility in bridging the provincial structure with local and regional clinical operations and leadership levels as well as with services/communities. Medical Lead roles interface with SDO functions and work across boundaries.

**Quality, Patient Safety & Accreditation, Communications & French Language Services, and Indigenous Health** report directly to the CEO — our commitment to diversity, continuous quality improvement, integrating quality and safety into all health services. Accreditation processes will shift to be coordinated provincially.

As mirrored across SDOs, **Corporate Services** include Corporate Financial Management, Financial Planning and Budget, Performance and Business Planning, Facilities and Project Management, Support Services, Disaster Management and Payroll.

**Change Clinical Lead** positions support clinical service change commitments, as determined in Manitoba’s CPSP.

# Challenges & Future Directions

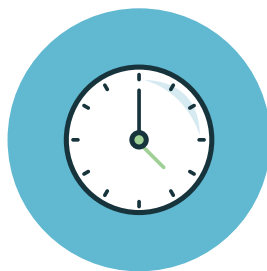
## Challenges

Southern Health-Santé Sud participates in ongoing risk identification, assessment, management, mitigation and monitoring work alongside all other Service Delivery Organizations in Manitoba. Program, regional and provincial-level risks are reviewed regularly with mitigation strategies and action plans rolled out as required. The top six risks identified by Southern Health-Santé Sud for 2020-2021 were as follows:



### Health System Changes

Changes across the health system may lead to uncertainty in roles and functions, and challenges in how these changes are effectively managed.



### Access & Equitable Care

Challenges to accessing consistent care, due to increased wait times and patient flow may impact the provision of equitable health services.



### Information Systems

Challenges related to information systems may impede efficiency and safety in the provision of health services.



### Community & Partner Relations

Community and partner relations may be impacted due to impending changes across the health system.



### Workforce Shortages

Workforce shortages due to aging workforce, absenteeism and recruitment/retention challenges (exacerbated during the COVID-19 pandemic) may impact the delivery of health services and succession planning for leadership.



### Financial Challenges

Increased costs along with financial uncertainty and decreased operating revenue may impact health services.

## Update on Health System Transformation

In 2017, Manitoba launched a Health System Transformation designed to improve access and quality of health services across the province. This work included a commitment to plan provincially, reduce duplicate services and better coordinate the delivery of patient care.

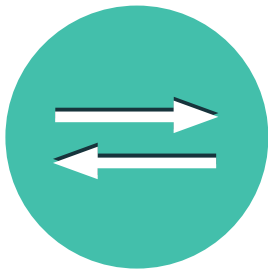
Wave One Health System Transformation focused on the consolidation and realignment of responsibilities across health organizations, the creation of Shared Health and a number of provincial shared services, and the development of Manitoba's Clinical and Preventive Services Plan.

In early 2020, Manitoba, like much of the globe, was required to pivot to focus on the immediate demands resulting from the unprecedented COVID-19 pandemic.

### COVID-19

The COVID-19 pandemic has made many of our health system challenges far more evident, placing a spotlight on access, reliability and wait times. It has also demonstrated the effectiveness of working together as an integrated health system and the opportunities that exist within the realm of virtual care.

Manitoba's COVID-19 response has incorporated many of the principles of Health System Transformation and Clinical and Preventive Services Planning, including better coordination, improved information sharing and increased adoption of virtual tools to support patients safely, closer to home.



#### Coordination

The creation of an integrated Incident Command included leadership from the department, SDOs and provincial clinical and operational leadership in the planning and implementation of provincially coordinated and integrated solutions.



#### Information Sharing

The pandemic accelerated work to implement a patient portal used to access lab results, with initial efforts focused on making COVID-19 test results accessible online and later including immunization records in the secure online portal.



#### Virtual Care

The health system shifted to offering virtual care wherever appropriate and prioritized the adoption of remote home monitoring technology, allowing clinicians to support COVID-19 patients safely outside the hospital environment.

The pandemic also emphasized the need for bolstering health human resources across Manitoba as well as areas where a lack of provincial coordination and inconsistency in services or access to care creates inequities.

Transformation Management Teams have supported a wide variety of COVID-19 response initiatives in the past year, including: procurement of personal protective equipment, case and contact tracing in support of Public Health, rapid stand-up of virtual tools including an online results portal for COVID-19 test results and vaccination records, and support for operational and clinical leaders in all SDOs across a range of projects.

### Wave Two Transformation

Wave Two Transformation efforts continued wherever possible, however, timelines of several projects were impacted while others were accelerated where a benefit to Manitoba's COVID-19 response could be achieved.

Initiatives vital to the long-term improvement and sustainability of our health system were prioritized to progress during this time. This included refreshed SDO leadership structures and functions to achieve better consistency, collaboration and coordination across organizations, while enabling SDOs to shift their focus to the localized delivery and improvement of health services.

In spring 2021, Bill 10, the Regional Health Authorities Amendment Act (Health System Governance and Accountability) will become law. A foundational enabler of Transformation, the new Health System Governance and Accountability Act creates a truly provincial health system for Manitoba, identifying a Provincial Health Authority (Shared Health) and a Provincial Cancer Authority (Cancer Care Manitoba) and clearly defining Regional Health Authority responsibilities for the delivery of health services to their local population in line with Manitoba's first Clinical and Provincial Services Plan.

The department of Health Seniors and Active Living (now two separate departments: Health and Seniors Care and Mental Health, Recovery and Wellness) underwent a similar transformation, establishing clear responsibility for commissioning, accountability and funding of health services. Fundamental steps were also taken to consolidate provincial data management and public health oversight and planning within a single entity.

This work has been beneficial throughout the pandemic response and was incorporated early into the integrated approach to our provincial incident command.



## Clinical and Preventive Services Plan

At the center of Manitoba's Health System Transformation is the development of the province's first Clinical and Preventive Services Plan (CPSP), a roadmap to improved access, shorter wait-times and better health outcomes for Manitobans.

Detailed planning to support the implementation of Manitoba's Clinical and Preventive Services Plan has slowed as attention shifted to COVID-19 response. However, progress has still been made along the way, with Manitoba's Provincial Budget for 2021 including the largest capital health investment in Manitoba's history of \$812 million in improvements to support the plan's goals of Better Care, Sooner. These improvements will be the cornerstone of Manitoba's Provincial Clinical Network, creating geographic networks of care that will deliver more services locally, modernizing the delivery of care at home and in the community and improving the quality of care and patient outcomes. Investments will include new and renovated infrastructure with increased capacity to allow the health system to better meet the needs of patients.

While COVID-19 has been the primary focus of the health system throughout 2020 and into 2021, clinical leaders have remained engaged in this transformational work to validate data, offer feedback and inform the acceleration of projects to support COVID response.

We're keeping what is working and building upon it with patient-focused solutions prioritized across three areas of work:



### Provincial Clinical Network

Delivering more services locally – using existing clinical services better, and investing in people, equipment and infrastructure



### Home and Community Care Modernization

Modernizing and standardizing how we deliver home and community care



### Targeted Practice Improvements

Finding and fixing the clinical areas where we must improve the quality of care and patient outcomes

Over the coming months when the demands of the pandemic have eased, this work will continue, with information sessions and consultations to keep communities, health care providers and the public informed. Sessions will focus on how communities and the health system can work together to provide better care for all Manitobans.

# Strategic Framework



## Our Vision

Together leading the way for a healthier tomorrow.

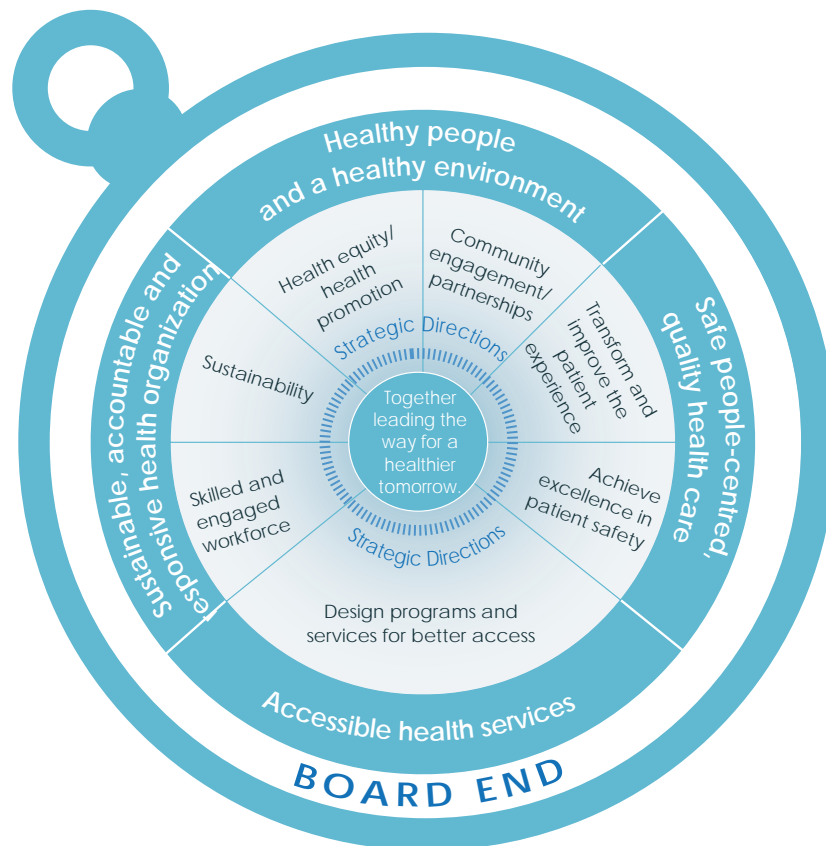
## Our Mission

To support people and communities in achieving optimal health by providing innovative, sustainable and quality health services.



## Values

Integrity Compassion Excellence Respect



Visit our [website](#) to access the 2016-2021 Strategic Health Plan.

# Achievement Highlights

Despite the unprecedented circumstances of a global pandemic, so much has been accomplished in Southern Health-Santé Sud this fiscal year. What we did and the impact of what we did in 2020-21 reflects, in an exceptional way, the full amount of our core values, our vision, our mission, our Board Ends and most of all our long-standing commitment of service...

Being ready. Being there.

Being strong. Responding. Adapting.

Performing. Supporting. Protecting.

Collaborating. Transforming.

**Focused on service. Always.**

# The Pandemic Experience: Our Commitment to Service, Always

When it comes to achievements in Southern Health-Santé Sud, 2020-2021 is a story of altruism, dedication and first-rate teamwork — a story to tell, one that chronicles the remarkable efforts of our organization during an extraordinary time... a powerful testimonial of **our commitment**.

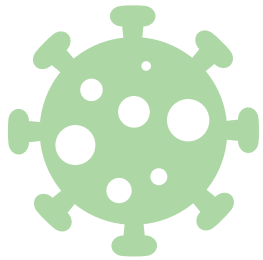
COVID-19 was initially declared a “global emergency” in early 2020 by the World Health Organization (WHO). By February 2020, a Manitoba Incident Command Structure was struck, and Southern Health-Santé Sud worked closely with Manitoba officials, Shared Health and other Service Delivery Organizations (SDOs) to monitor the evolving situation and to ensure readiness. Actively involved in a provincially-coordinated alert and response plan, our Incident Command Structures were activated in early March...

Our focus quickly rerouted from urgent preparation to action as the WHO declared the novel coronavirus outbreak a global pandemic on March 11, 2020. While COVID-19 challenged healthcare systems around the world, teams across our region swung into action. It was all hands on deck:

- With the safety of staff predominant in our planning, we provided them with pertinent training and wellness supports. Frontline workers were educated on the appropriate use of Personal Protective Equipment (PPE) and on techniques to minimize the risk of contamination as well as precautions to take for different levels of care.
- With the province, we worked on the procurement of an adequate and sustainable quantity of necessary equipment and supplies, especially of PPE.
- A COVID-19 Information and Planning Section was created on the Health Provider Site of our website as a central point of information that linked to the most current information.
- Our response was restructured to meet the needs of an event that had impacts on every site and program. It meant reorganizing, repositioning, relocating and reassigning roles, people and equipment. It meant researching, redesigning spaces and distances and adding screening processes. It meant increased cleaning and disinfecting of high touch areas, mounting hand sanitizer stations at entrance and exit points, changing traffic control flows, having additional on-site security and screener positions as needed.



- Whilst doing table top exercises, Incident Command constantly adapted to the changing pandemic levels from yellow to critical red and the shifting of impacts from one program to another.
- Our teams mobilized quickly to operate Testing Sites in Steinbach, Morden and Portage la Prairie.
- Preparation for the largest vaccine roll out in history has been a race against this deadly virus, which initially focused on personal care home residents and expanded to the general population with the opening of a supersite in Morden, as well as several pop up clinics across the region.
- Incident Command remained activated all year. Operating as one system with a shared sense of responsibility, we worked closely with Manitoba Health and Seniors Care, Shared Health and other SDOs on the COVID-19 contact tracing response, at times having daily meetings to allocate work across the regions.



**4 928**

Total cases in SH-SS  
April 1, 2020 to  
March 31, 2021

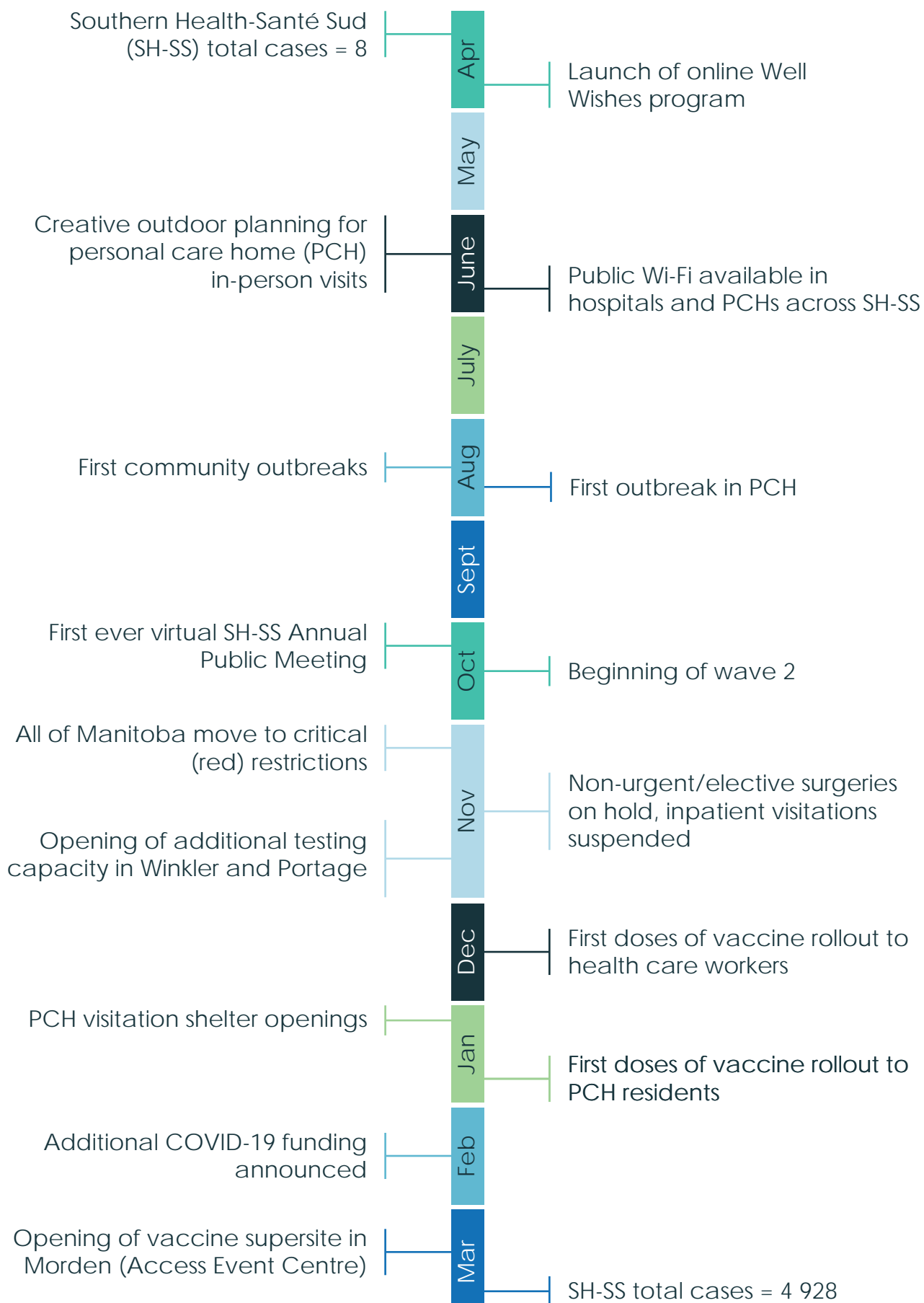
- ..... **143** total deaths
- ..... **396** total hospitalizations
- ..... **62** ICU stays



**Total COVID-19 Cases by District**

- 12 to 69
- 70 to 170
- 171 to 382
- 383 to 530
- 531 to 1131

# Key Pandemic Timeline





143\*

In Southern Health-Santé Sud  
we remember those we lost to the pandemic  
and we remember those left behind.

Husbands, wives, mothers, fathers, daughters,  
sons, siblings, grandparents, friends, neighbors,  
co-workers and colleagues. Each one not just  
one person, but a community connected to  
that one person who is gone.

We take a moment to commemorate them.

*\* Number of residents who have died due to  
COVID-19 by March 31, 2021.*

# Silver Linings Ahead...

By any account, this fiscal year will long be remembered as one of the most challenging. In times of crisis, we often search for the silver lining in the dark cloud. Undeniably, the COVID-19 cloud is different, daunting, and while the pandemic occupied much of our attention, it also called upon us to rise to the challenge, to explore and rethink the possibilities, to do things differently. As they say, "Necessity is the mother of invention."

The point is not to discount the tragic consequences, but to **focus** on the positive things that did emerge and to create a recovery built on those. We believe there are fundamental and lasting changes that will come about from our experiences in 2020-21.


## Virtual Transitions

With mandated physical distancing and limitation of gatherings, physical access to facilities and programs was restricted across the region and the province. Acknowledging that having internet access can help clients feel less isolated Southern Health-Santé Sud upgraded its WiFi infrastructure and increased remote access requirements adding new access points. The Wide Area Network was upgraded in 29 sites and guest wireless access was enabled in 32 sites, in conjunction with the addition of smartphones and tablets, to support virtual visits and enhance remote-work environments.

Telework, telecommuting, telemedicine... far-reaching fast-forward changes in how we now work and interact with colleagues and clients in their care. Overnight video conferencing, remote work, virtual huddles and consultations became the new normal. COVID-19 prompted the spread of dynamic virtual teams!

While maintaining continuity of service, technology also provided an excellent way of minimizing the transmission risk of COVID-19, as well as, improving accessibility and reaching clients from a wider geographic area:

- Teams and Zoom were approved for use by professionals across the region allowing them to have virtual face-to-face discussions and group sessions in Mental Health, Chronic Disease Education and many other programs and services.
- Regional Cancer Program follow-up visits were conducted virtually with many positive outcomes including a significant decrease in hospital visits, as well as, permitting physicians to identify those that still required a face-to-face visit.



More staff participated in **French language training** due to classes now being offered virtually.



- Approximately one-half of physician visits are now conducted virtually or by phone.
- A new Southern Health-Santé Sud Social Media platform which includes [Facebook](#), [Instagram](#) and [Twitter](#) now provides an effective engagement opportunity to connect with stakeholders and the general public in a meaningful and timely manner. A formalized integrated structure with Shared Health communications ensures the ability to complement regional messaging with provincially-driven messaging.
- And of course, the annual meeting as seen below! Southern Health-Santé Sud's 8th Annual Public Meeting was held on October 9, 2020 via a first-ever virtual platform where participants from almost 70 online connections across the region and even the nation received highlights from the past year.



The pandemic response leaves a legacy in technological infrastructure, one which will have long-term benefits. We hope to see a future that combines the best of virtual and physical interaction.



## Lifting Spirits

“We’ve been really looking at ways for people to connect with each other. It’s sort of like a virtual hug.”  
- Jane Curtis, CEO

“

Although the pandemic increased social isolation for everyone it has especially heightened it for seniors, so to enable that important contact with loved ones several personal care homes in the region were equipped with bright welcoming all season visitation room/shelters. Some sites were able to accommodate a visit room indoors, while others had outdoor shelters built with an enclosed link to the personal care home. Residents are given direct access to the shelter while visitors come in from an opposite outside door, so there’s no risk to other residents. Depending upon the level of provincial COVID-19 restrictions, the shelters allowed for a number of guests per resident for 30 minutes at a time. Visitors were screened and required to wear masks for the entire time, while practicing physical distancing.

With the application of physical distancing due to COVID-19 and acknowledging the importance of having clients stay in touch with significant others, Southern Health-Santé Sud launched an online communications platform called [“Well Wishes”](#). At the click of a button, personalized messages can be sent to patients and residents to brighten their day.



Indoor visitation room at Douglas Campbell Lodge (Portage la Prairie).

## Building Change



Rethinking, reimagining, reshaping, reinventing... The pandemic has resulted in numerous new and modified patient care protocols that, while driven by the response to the pandemic, are ones that improved the overall delivery of care. For instance, EMS introduced multi dose inhalers for the treatment of bronchoconstriction, as well as, alternate and more effective airway control devices, and enhanced online medical control process for complex care patient issues. The implementation of the Communicable Disease Investigation (CDI) module in the electronic public health record known as Public Health Information Management System (PHIMS) is another example. The pandemic has caused us to re-examine some of our ways and we have become resourceful in doing so.

## Personal Protective Equipment

We have learned significant lessons about personal protective equipment (PPE); N95 Fit Testing; importance of meeting standards; examining sustainability issues—observing expiry dates on masks, dusting masks, stock levels; ongoing education on the use of and ensuring compliance with their proper use. In conjunction with the Province of Manitoba, we are now better prepared for future novel disease outbreaks.



Hospitals and personal care homes had **fewer gastrointestinal and respiratory outbreaks** than we typically experience in the fall and winter.

### In conclusion...

In difficult times we look to each other. On a scale not seen before, the pandemic compelled teams across Southern Health-Santé Sud and indeed, across the province to pull together, sharing information, tearing down silos, mobilizing resources, innovating, pooling collective efforts and leveraging the diversity of skills and talents to find solutions in a rapidly changing and complex situation.

Although the services of the COVID-19 testing sites and Respiratory Assessment Clinic will likely not be needed in the long term, the positive outcomes of planning, developing and implementing these programs in partnership with communities will continue.

Our greatest lesson? COVID-19 caused us to reflect on the importance of working together. Although the pandemic may remain on our radar screen for a while, with a positive forward look and continuing to be flexible and nimble in implementing our processes and decisions we can move through a difficult period to one of collective healing and shared wellbeing for the future.

# Rapid Access to Addictions Medicine

## Bringing Hope to People When They Need It Most

Officially opening its doors in October 2021, the new Rapid Access to Addictions Medicine (RAAM) clinic in Portage la Prairie is providing people in Southern Health-Santé Sud with timely access to evidence-based treatment and assistance for those struggling with high-risk substance use and addictions.

RAAM clinics are also for people who may have substance-related health issues, such as hepatitis, pancreatitis, infections, among others.

The Clinics are intended to be outpatient facilities. Those seeking to use the services will meet with a range of experienced professionals who can provide support to individuals and their families in their journey through recovery and healing. This includes people who want to try medical assistance to reduce or stop their substance use. If people are wanting to be connected in the community, the clinic will also facilitate the process and help in navigating the health system.

The RAAM clinic is an easy to access, walk-in clinic that people can visit without an appointment or formal referral – they can just show up during clinic hours with their Manitoba Health card. There are currently two afternoon walk-in clinics each week. In addition, nurses and counsellors will be available for appointments with registered patients from 8:30-4:30 Monday to Friday.

RAAM clinics don't offer detox beds or inpatient treatment and are not for people needing urgent medical attention for physical problems or mental health symptoms, agitation, active risk of harm to self or others, or requiring police/security involvement.

The Portage RAAM clinic is the sixth one launched in the province. Southern Health-Santé Sud recognizes the government's commitment to enhance supports for Manitobans struggling with addiction. A RAAM centralized hub has also been established in Winnipeg to provide provincial support, mentorship, training, recruitment and collaboration for all RAAM clinics in Manitoba.





# Focusing on People

In the field of healthcare, the terms patient, resident or client are often interchanged. You may be familiar with the phrases Patient-Centred Care and People-Centred Care. These are in fact very different from one another.

The World Health Organization uses the following definition of People-Centred Care:

“ Care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. People-centred care extends the concept of patient-centred care to individuals, families, communities and society. Whereas patient-centred care is commonly understood as focusing on the individual seeking care — the patient — people-centred care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.”

At Southern Health-Santé Sud, People-Centred Care is embedded in the Board ENDS to demonstrate the significance of this work. It is a goal always worth striving for, an ongoing process that is never fully completed.

Throughout the COVID-19 pandemic, there have been giant strides taken in People-Centred Care. A few noteworthy examples:

- Free public Wi-Fi was launched in all sites/facilities. This was in response to family and friends need for connection
- New tools and resources were designed with the help of community members to help support future engagement efforts
- Members of the public joined planning teams as equal contributing members to work on time-limited projects
- Southern Health-Santé Sud joined the world of social media to engage more openly with a wider audience
- Regular and ongoing meetings occurred with First Nation stakeholders to determine the best course of action to address the specific needs of their communities throughout the pandemic

The journey of People-Centred Care continues to evolve in Southern Health-Santé Sud. A larger campaign titled “What Matters to You” will be rolling out in the months and years to come to bring even a greater focus on building engagement and partnership with all those the region serves.



# Flu Immunizations: A Collective Approach

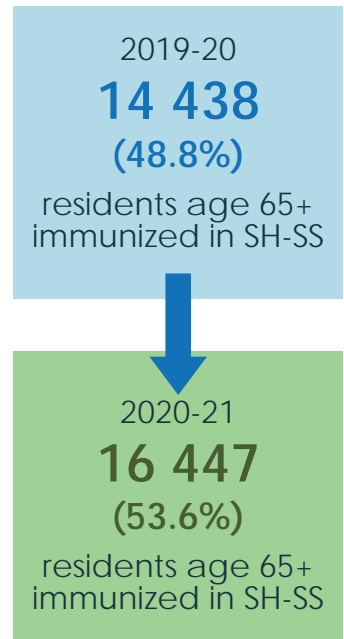
Service is reflected in our long-standing efforts to protect our communities.

On any given year, people aged 65 years and older are at greater risk of serious complications from the flu. For that reason, national targets aim to achieve 80% annual influenza vaccination rates for this age group by 2025 – a target that our region, similar to the province, unfortunately fell far below in 2019-2020 with only 48.8% of adults aged 65+ years vaccinated. The importance of influenza vaccination was further pronounced in 2020, with a greater risk of experiencing severe outcomes related to COVID-19.

Planning safe and efficacious mass immunizations, especially during a pandemic, is complex. Accordingly, Southern Health-Santé Sud convened an interdisciplinary regional working group to design a well-coordinated approach for improving immunization rates in the region. With representation from nearly every program area, and focused on improving flu vaccine awareness and accessibility, the teams worked hard striving to remove barriers to access:

- Setting a regional target to achieve 55% immunization rates among older adults 65 years and older.
- Advertising influenza immunization clinics on our social media platforms for the first time.
- Offering flu vaccines at more points of care, including within primary care (e.g. Quick Care Clinic Community Health nurses and nurse practitioners), mental health, and acute care.
- Home care nurses offering vaccines to clients in home and at treatment clinics.
- Special working group for long-term care to ensure highest possible coverage in this high-risk population.
- Public Health-Healthy Living ran 55 advertised flu clinics in 42 communities and 21 unadvertised or outreach flu clinics throughout the region, including in some assisted living and supportive housing complexes.

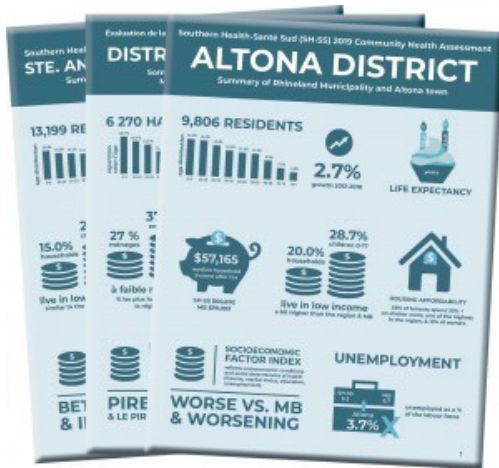
We came close to reaching our regional target seeing an increase of about 2,000 Southern Health-Santé Sud residents aged 65 years and older immunized compared to the previous year. Provincially, the combination of public health measures resulted in a single case of Influenza reported since September.



# Focusing on Communities

Community Health Assessments (CHAs) play a fundamental role in health care planning. Last year, Southern Health-Santé Sud celebrated the release of our 2019 CHA: a product of true collaboration across the province. The [full report](#) is a comprehensive source of rich information about the health of the population in the Region. Identifying priority health needs, the CHA forms the basis of our strategic plan and helps inform programs and services.

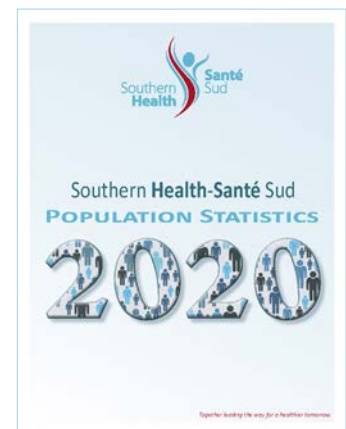
We also acknowledge that beyond what we can achieve within a health care system, health starts where we live, learn, work, and play. Our [commitment](#) to foster healthy people and healthy environments led us to find new ways to share what we learned from the CHA with communities in our region.



Southern Health-Santé Sud is a richly diverse region and every district has unique strengths and needs. Recognizing that to be effective, data has to be easily accessible and understood, the region designed infographic district summaries for all 23 districts in Southern Health-Santé Sud. Available on our [public website](#) each summary provides key highlights [focusing](#) on their most relevant data from the 2019 CHA.

Access to local health data supports planning that is responsive to communities' unique needs to ensure that resources are used to maximize health improvement. Southern Health-Santé Sud programs, such as Public Health-Healthy Living, and community organizations are using tailored summaries for poverty reduction work and grant applications – equipping communities with tools to promote health and address health inequities.

The Southern Health-Santé Sud region is the fastest growing region in the province. The Population Statistics Report is updated annually and includes detail down to the district level, and trends related to population changes over time. [Click here](#) to find updated population statistics.



# Enhanced School-Based Mental Health & Addictions

Piloted in Portage la Prairie and Hanover school divisions as well as in Brandon, the Manitoba government invested in a three-year project announced in early 2020 to enhance access to school-based mental health and addictions supports. In partnership with school divisions, Manitoba Health and Seniors Care, and the Addictions Foundation of Manitoba, teams provide mental health services directly in schools and support students with complex mental health and addictions needs.

As of October 2020, two Southern Health-Santé Sud Mental Health & Addictions Nurses work at schools in the Portage la Prairie and Hanover school divisions alongside existing school-based clinical teams within an interagency collaborative care model.

As members of the Enhanced School-Based Mental Health and Addictions (ESBMHA) team, the Nurses provide direct clinical service to students and their families; safety and stabilization

planning and consultation for students; and work towards developing capacity for early identification of mental health and addiction concerns within the school and respective school division.

This approach creates an integrated, highly individualized plan that includes the co-ordination of existing services, as well as the development of new or non-traditional supports to address complex emotional and behavioural challenges.

Studies suggest that an increasing number of children and youth experience significant mental health issues. The initiative enables families to access a range of services to help their children. The goal is to reach more children sooner, reducing the need for more complex care in the future. Based on the outcomes of these investments, it is anticipated the project may be scaled up to more teams in the future.



In 2016, the Manitoba Centre for Health Policy published [The Mental Health of Manitoba's Children report](#) which found 14% of children in Manitoba are living with at least one mental disorder - making it the most common health problem in childhood.

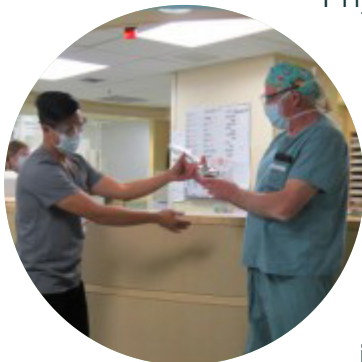
# Focus on Service: Staff Awards

## CEO Career Achievement Award



The CEO Career Achievement Award honours a Southern Health-Santé Sud employee or service provider with 25 years or more of continuous service, whose passion for their work, sustained positive attitude and high personal ethic has earned them the greatest respect of their peers. The employee or service provider will have made significant contributions to Southern Health-Santé Sud within the scope of their position and fostered wellness in the workplace. Congratulations to this year's recipient: **Eileen Vodden**. Eileen has held a variety of leadership roles, most recently as Regional Director - Acute Care, until her recent retirement.

## Physician Emeritus Award



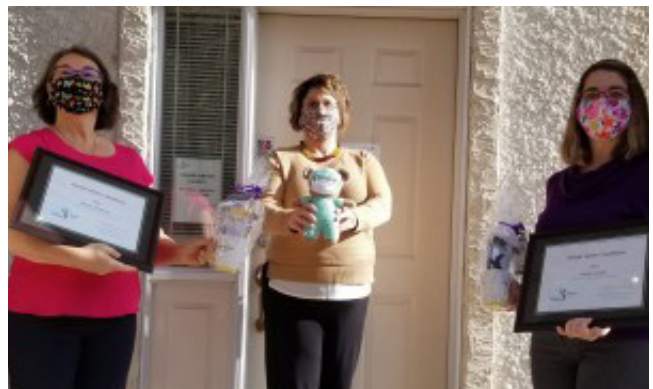
Physician Emeritus is an annual honorary designation conferred upon physicians by their peers to acknowledge and recognize the lifetime contributions and accomplishments over their professional careers in Southern Health-Santé Sud. The Regional Medical Advisory Council chooses a deserving recipient upon recommendation or nomination of a colleague or committee within the region. Congratulations to this year's recipient: **Dr. Jim Price**. Dr. Price has been a physician for over 37 years and is currently serving as the medical director for the Emergency Department in Portage District General Hospital.

## 2020 Patient Safety Champions

In honour of the 2020 Canadian Patient Safety Week theme “COVID-19”, the Patient Safety Champions awards recognized staff members exceptional efforts to prevent the spread of COVID-19. Employees are nominated for their outstanding efforts by their peers. Congratulations to this year’s recipients: **Infection Prevention and Control team (Ginette Lafrenière and Shelly Rempel), Karen Yanchycki, and the Pharmacy Staff at Portage District General Hospital.**



**Karen Yanchycki** (middle), with Jenna Bolton and Noreen Shirliff (left-right)



**Ginette Lafrenière** (left) and **Shelly Rempel** (right) with Ales Morga.



**Portage District General Hospital Pharmacy Staff**

## 2020 Quality Service Awards

Quality Service Awards recognize extraordinary achievements and contributions of employees that extend their efforts beyond day-to-day performance duties by sharing gifts of compassion, patience, kindness and professionalism with clients and colleagues. Employees are nominated for their outstanding service by their peers.

Congratulations to this year's recipients: **Sandra Aerssens Young**, **Michèle Martel**, and **Tiffany Thunder**.



**Sandra Aerssens Young**  
Regional Manager Labour  
Relations (Human Resources)



**Michèle Martel**  
Public Health Nurse (St. Pierre)



**Tiffany Thunder**  
Primary Care Nurse/Chronic  
Disease Nurse (Sprague)

# Capital Projects



Boyne Lodge great room

## Personal Care Home Construction in Carman and Steinbach

The new 79-bed Boyne Lodge addition (pictured below) is expected to be completed in May 2021, with residents moving to the new building in June. There will be seven small house units of 10 residents, and an additional unit of 9 residents that contains a bariatric room. As part of phase 2 of the project, the current Boyne Lodge building will be renovated, and will provide an additional 26 personal care home rooms along with Southern Health-Santé Sud office space and a bistro anticipated to open in late 2022. Southern Health-Santé Sud is working in partnership with Boyne Care Holdings to provide personal care home operations in the community as part of a larger seniors care campus.



Boyne Lodge Personal Care Home

Construction on the Rest Haven personal care home expansion in Steinbach (pictured on the following page) continued in 2020-2021. Now closed-in, exterior and interior work continues from exterior brickwork, to drywall, to paint, and resident lift system installations. As the new build continues, renovations of the existing building have progressed well with the completion of the chapel, multi-purpose room, staff dining, and production kitchen. Construction of the new building is expected to wrap by January 2022, at which time it will grow from 60 to 143 beds allowing space for more people to stay closer to home for long-term personal care.





Rest Haven Nursing Home

### Additional Projects

In collaboration with Shared Health/Soins communs, 2020-2021 saw the construction of three Emergency Medical Services (EMS) stations: in Morris (completed, pictured left), Portage la Prairie (in progress, pictured right), and Crystal City (in progress).



# By the Numbers

## Workforce Demographics



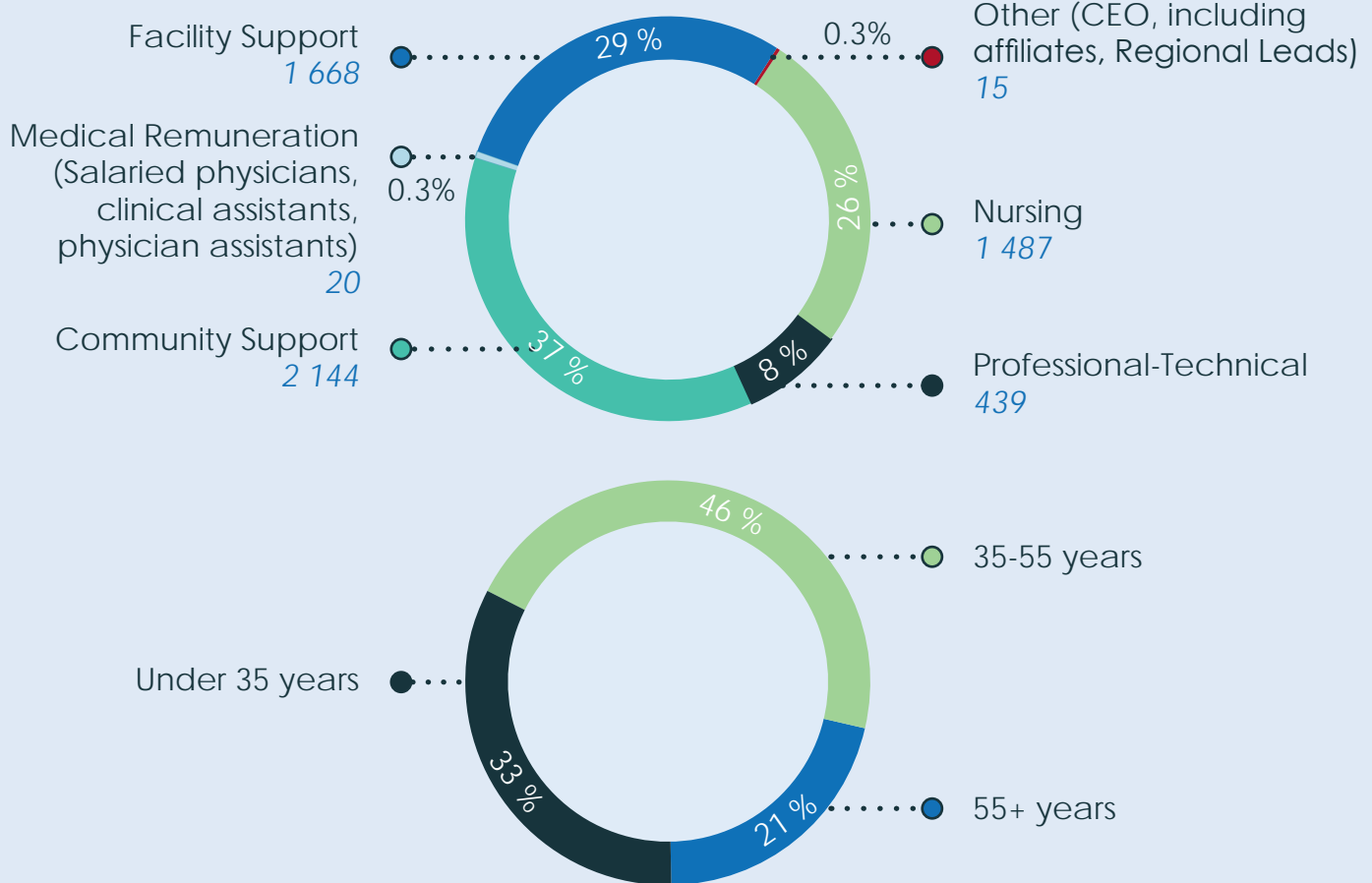
4 506

### Southern Health-Santé Sud Employees

Includes full-time, part-time,  
& casual positions

1 267

### Employees of Affiliate Health Corporations & Community-Owned Not for Profit\*



\* **Affiliate Health Corporations:** Eden Mental Health Centre, Menno Home for the Aged, Prairie View Lodge, Rest Haven Nursing Home, Rock Lake Health District Hospital, Rock Lake Health District Personal Care Home, Salem Home Inc., Tabor Home Inc., Villa Youville Inc.  
**Community-Owned Not for Profit:** Heritage Life Personal Care Home.

# Wait Times in 2020

The impact of the global pandemic on wait times in 2020 has been significant. For many months, surgeries and access to services had to be put on hold to respond to increasing pressures in acute services. The road ahead will be that of recovery as we work together provincially to address the backlog. Some examples of strategies include:

- Shifting surgical procedures from inpatient to day surgery where appropriate
- Optimization of bed utilization to address patient flow including daily review of open beds, admissions, transfers, and repatriation.
- Hospital-based case coordinators added to three regional centres to facilitate patient flow through focused discharge planning with Home Care program.
- Increasing OR activity throughout summer months and beyond
- Implement recommendations of Mental Health Virgo report

## Cataract Surgeries

Median wait times - PDGH



**26 weeks**

23 weeks in Oct 2019

## Total Hip Replacement

Median wait times - BTHC



**16 weeks**

33 weeks in Oct 2019

## Knee Replacement

Median wait times - BTHC



**19 weeks**

54 weeks in Oct 2019

## Physiotherapy

Outpatient priority 1



**32 weeks**

15.6 weeks in Oct 2019

## Audiology Outpatient

Priority 1 school-age



**22 weeks**

12.3 weeks in Oct 2019

## Personal Care Homes

Wait times 1 228 beds



**26.9 weeks**

26.1 weeks in 17/18-18/19

## Mental Health

Referral to assessment



**29 weeks**

12.1 weeks in Oct 2019

## Mental Health

Assessment to treatment



**10 weeks**

3.7 weeks in Oct 2019

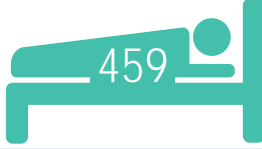


## Language Access Interpreter Services

Number of requests  
Coordinated for 12 languages in 2020-21

**97 requests**

15 requests in 2019-20

# Facility Stats

|                                    | Southern Health-<br>Santé Sud   | 3 Regional Hospitals<br>(BRHC, BTHC &<br>PDGH)   | Acute Community<br>Hospitals &<br>Transitional Care                                     |
|------------------------------------|---|--|---|
| Acute Care Beds<br>(Total #)       |  459 |  258 |  201 |
| Average<br>Occupancy               | <b>71.4%</b><br>79.7% in 2019-20  | <b>70.3%</b><br>83.5% in 2019-20   | <b>71.7%</b><br>75.5% in 2019-20  |
| Overnight Hospital<br>Stay         | <b>9 707</b><br>9 346 in 2019-20  | <b>7 857</b><br>7 628 in 2019-20   | <b>1 850</b><br>1 718 in 2019-20  |
| Average Length of<br>Stay (days)   | <b>57.1</b><br>14 in 2019-20  | <b>9.0</b><br>9.5 in 2019-20   | <b>67.4</b><br>32.8 in 2019-20  |
| Day Surgery Cases                  | <b>6 431</b><br>8 321 in 2019-20  | <b>4 710</b><br>5 508 in 2019-20   | <b>1 721</b><br>2 813 in 2019-20  |
| Births in Facility                 | <b>1 754</b><br>1 844 in 2019-20  | <b>1 598</b><br>1 716 in 2019-20   | <b>156</b><br>128 in 2019-20  |
| Emergency<br>Department Visits     | <b>77 457</b><br>100 791 in 2019-20   | <b>49 612</b><br>66 276 in 2019-20   | <b>27 845</b><br>34 515 in 2019-20  |
| Alternate Levels of<br>Care (days) | <b>38 944</b><br>58 851 in 2019-20  | <b>7 301</b><br>14 934 in 2019-20  | <b>31 643</b><br>41 917 in 2019-20  |

# Communication Stats 2020

20% increase in number of website sessions

47% increase in Google map hits within website to find location of services

27% increase in media calls

80 posts on social media platforms reaching over 900 followers

357 more website subscribers

2500 messages received through our website form ([info@southernhealth.ca](mailto:info@southernhealth.ca))



# French Language Services

In spite of the challenges brought on by the COVID-19 pandemic, Southern Health-Santé Sud remains on course with solid community engagement opportunities and achievement of strategic initiatives. A continued focus on exploring and discovering new and innovative possibilities contributed to accomplishing the goals within our 2017-2021 FLS Strategic Plan.

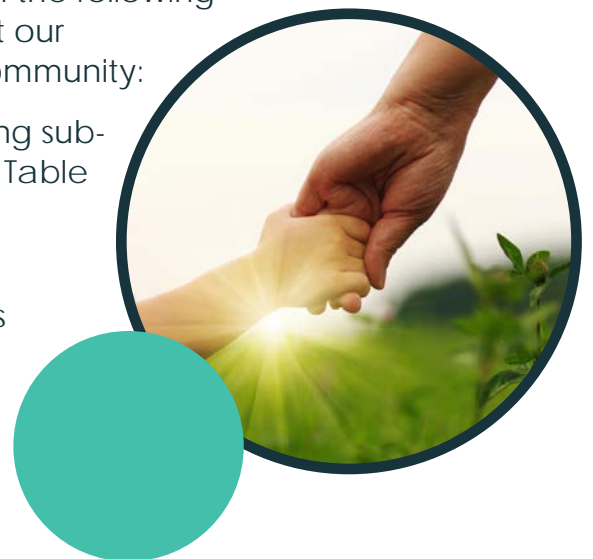
## Engaged Communities & Partners

Over the course of 2020-2021, Southern Health-Santé Sud actively participated in several provincial initiatives including, but not limited to the following:

- A consultation led provincially by the Société de la francophonie manitobaine, the Conseil de développement économique du Manitoba and the Association des municipalités bilingues. The goal of this work informed the development of an integrated strategy for rural development in the Manitoba francophone community, with a focus to optimize the delivery of services in French.
- A survey to inform a research study entitled *“French-language Mental Health services in Manitoba, New Brunswick and Ontario: Evaluation and Optimization of Active Offer”*, conducted by an interdisciplinary research group (GRIPOAS) on the active offer of French-language services
- A survey intended to support a provincial study coordinated by Santé en français (Manitoba), in collaboration with the Francophone Immigration Network (RIF) health and social service working group. This work helped to identify any gaps in the context of the provision of health services in French to immigrants.

Southern Health-Santé Sud continued to participate in the following standard stakeholder/partner meetings which support our mandate to effectively serve our French language community:

- Santé en français: Table des gestionnaires, including sub-working committees, i.e. Annual General Meeting; Table de concertation rurale du Sud
- Francophone Affairs Secretariat
- Shared Health: various provincial Communications tables; Provincial Language Access Committee
- Société de la Francophonie manitobaine: Annual General Meeting





## Active Offer in Action

Newly launched this year, Southern Health-Santé Sud's bilingual presence on various social media platforms (Facebook, Instagram and Twitter) now provides an effective engagement opportunity to connect with stakeholders and the community in a meaningful and timely manner. A regional policy and standard operating procedures guide the rollout, including principles related to FLS communications.

With the organizational realignment taking place as part of Manitoba's Health System Transformation, the Communications/FLS leadership role was maintained as part of our new organizational structure. Maintaining this integrated role is effective in sustaining continued regional bilingual communications. In this context, principles to guide translation of titling related to SDO organizational alignment were developed.

Bilingual communications was evidenced throughout the regional COVID-19 response. This included setting up after hours translation to support urgent requests.

All positions in Mon équipe santé have been filled, including two kinesiologists (based in Ste. Anne and St. Claude). The Social Work Team works collaboratively with all My Health Teams and has expanded to include community-based social workers. In addition, Southern Health-Santé Sud has signed a contract with the Centre Renaissance Centre in Winnipeg to secure French language psychology services.

As a means to support staff pursuing French language training, the French Phrase of the Week was launched in designated bilingual sites who are provided with a weekly 'frame of knowledge' so staff can complement their learning journey.

## Strong FLS Policy & Administrative Framework

We've come at the end of our multi-year regional Strategic Plan as well as the 2017-2021 FLS Strategic Plan. A detailed evaluation of our 2017-2021 FLS Strategic Plan was prepared and presented to the Table de concertation rurale du Sud.

Strategic planning timelines and expectations are guided as a legislative requirement under the RHA Act. To ensure a coordinated and integrated approach within the health sector, regional and provincial planning must align. Given the current transformation of the provincial health care system coupled with the impending release of the Clinical & Preventive Services Plan (CPSP), the existing regional health plan has been extended into the next

fiscal year. Similarly, this approach was endorsed provincially for the Southern Health-Santé Sud multi-year FLS Strategic Plan, extending the current planning document with new additional short-term initiatives into the 2021-2022 fiscal year.

Due to the pandemic, there has been a significant increase in the demand of interpreter services. Southern Health-Santé Sud has updated its Language Access Policy along with its tools to incorporate audio-visual (Zoom, Teams) capacity for virtual health services appointments.

Our current payroll system includes an FLS module that ensures we can collect data and monitor staff in designated bilingual positions. Monitoring is supported through these mechanisms:

- Generated by the payroll department, bi-weekly automated reports provide updates on activity to designated bilingual positions;
- Bi-weekly automated payroll reports are reviewed and monitored by the FLS Unit; and
- Informed by payroll reporting, the FLS Unit works closely with hiring managers to ensure continued adherence to hiring processes and the need for further orientation.

Data is entered into the audit tool and analysed each pay period where consistent analysis monitors:

- That the French Language Assessment has been conducted as part of the hiring process;
- That a checklist was used as part of the hiring process – this in instances where designated bilingual positions are filled by incumbents who do not meet the bilingual proficiency; and
- Français en milieu de santé (FMS) participants who have successfully completed training.

Informed by this audit tool, overall year-end analysis helps to identify whether further orientation is required in certain sites or programs.

A focus to standardize client experience survey questions related to offer and delivery of services (questions, analysis, reporting) continues, although efforts were halted due to the pandemic response.

### Success in FLS Recruitment & Retention

Southern Health-Santé Sud implemented new targeted recruitment strategies including collaboration with various community economic development groups throughout the region. Local municipalities have been instrumental in our recruitment efforts throughout the pandemic, supporting us to reach the public and promoting various employment opportunities in Southern Health-Santé Sud.

The introduction of social media through various platforms as a means to recruit has contributed to building our network, enhancing recruitment and engagement efforts with the public, educational institutions, students currently enrolled in health studies, community partners and clients as well as stakeholder groups.

As part of scheduled quality control management, hiring procedures were updated to reflect current processes.

Southern Health-Santé Sud continues to collaborate with various stakeholders such as Santé en français, the Université de Saint-Boniface (USB), the Consortium national de formation en santé (CNFS) and the MB Healthcare Providers Network in planning various recruitment initiatives. However, due to the pandemic, most of these have been suspended for the time being, including the yearly regional bus tour in targeted rural sites with nursing students.





Southern Health-Santé Sud participated in three (3) in-province virtual career fairs and hosted seven (7) classroom presentations promoting job opportunities within the region. In partnership with Santé en français, Southern Health-Santé Sud also participated in one (1) out-of-province virtual career fair with a focus on bilingual recruitment of nursing and allied positions for areas where there is a high concentration of French-speaking population.

In addition, seven (7) “Ma carrière en santé” presentations hosted by Santé en français were offered to high school students across the region. The Recruitment & Retention Team shared the Santé en français website link for this presentation with the Division Scolaire Franco-Manitobaine (DSFM) who, in turn, forwarded it to all high school teachers and student counsellors to share with their students, with the intent of promoting careers in health care, including a focus on immersion schools.

Position posting profiles for designated bilingual positions were reviewed to support accurate and standardized postings in both official languages. Also, a tracking and reporting mechanism has been developed as part of the hiring process to capture data regarding bilingual capacity by incorporating a self-declaration language proficiency question on the employee profile form.

|   | Southern Health-Santé Sud<br>(March 2021) | Villa Youville Ste-Anne<br>(March 2021) | TOTAL<br>(combined) |
|---|---|---|---------------------|
|   | Positions                                 | Positions                               | Positions           |
| Designated Bilingual positions (DBP)    | 584                                       | 117                                     | 701                 |
| DBPs filled by bilingual incumbents     | 317                                       | 89                                      | 406                 |
| DBPs filled by non-bilingual incumbents | 218                                       | 25                                      | 243                 |
| DBPs - vacant                           | 49  | 3                                       | 52                  |

**Challenges**

The most significant challenges in regards to FLS continue to be:

- Bilingual staffing shortages: evidence supports that the number of designated bilingual positions far exceeds our region’s capacity relative to bilingual high schools graduates; bilingual staff may not necessarily choose to fill a designated bilingual position;
- Geographic distances among the French-speaking population;
- Access to data on French-speaking populations, acknowledging that there has been progress on these efforts in the past few years;
- Awareness and understanding of Active Offer by the public and the staff (ongoing turnover);
- Assessing and evaluating client experience regarding FLS; and
- Capacity to capture francophone clients at intake.

# Financial Information

In compliance with The Public Sector Compensation Disclosure Act of Manitoba, interested parties may obtain copies of the Southern Health-Santé Sud public sector compensation disclosure (which has been prepared for the purpose and certified by its auditor to be correct) and contains the amount of compensation it pays or provides in the most recent calendar year for each of its officers and employees whose compensation is \$75,000.00 or more.

Please [click here](#) for the statement of Public Sector Compensation Disclosure Report. The complete set of financial statements and the auditor's report are available by contacting:

Chief Executive Office, Southern Health-Santé Sud  
180 Centenaire Dr, Southport MB R0H 1N1

Toll free: 1-800-742-6509  
or access online at [www.southernhealth.ca](http://www.southernhealth.ca)

## REPORT OF THE INDEPENDENT AUDITOR ON THE CONDENSED FINANCIAL STATEMENTS

To the Board of Directors of  
Southern Health-Santé Sud

### Opinion

The condensed financial statements, which comprise the condensed statement of financial position as at March 31, 2021 and the condensed statement of operations and accumulated surplus for the year then ended, are derived from the audited financial statements of Southern Health-Santé Sud for the year ended March 31, 2021.

In our opinion, the accompanying condensed financial statements are a fair summary of the audited financial statements.

### Condensed Financial Statements

The condensed financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the condensed financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon. The condensed financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

### The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 22, 2021.

### Management's Responsibility for the Condensed Financial Statements

Management is responsible for the preparation of the condensed financial statements.

### Auditor's Responsibility

Our responsibility is to express an opinion on whether the condensed financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, Engagements to Report on Summary Financial Statements.



Chartered Professional Accountants

August 13, 2021  
Winnipeg, Manitoba

# Audited Condensed Financial Statements

## Statement of Financial Position

|  | 2021           | 2020           |
|--|----------------|----------------|
| <b>Financial Assets</b>  |                |                |
| Cash and short term investments  | \$ 71 452 759  | \$ 64 845 665  |
| Accounts receivable, net   | 5 232 865      | 4 014 890      |
| Accounts receivable - external partners  | 1 942 567      | 1 769 199      |
| Accounts receivable - Manitoba Health and Seniors Care - vacation entitlements   | 8 276 616      | 8 276 616      |
| Accounts receivable - Manitoba Health and Seniors Care - retirement entitlements | 8 845 020      | 8 845 020      |
|  | 95 749 827     | 87 751 389     |
| <b>Liabilities</b>   |                |                |
| Accounts payable and accrued liabilities   | 25 646 202     | 23 164 816     |
| Accounts payable - Manitoba Health and Seniors Care                              | 808 404        | 810 225        |
| Unearned revenue   | 9 231 689      | 6 978 301      |
| Accrued vacation benefit   | 18 143 926     | 17 732 172     |
| Accrued sick leave benefit   | 5 066 795      | 5 594 044      |
| Accrued retirement   | 18 220 800     | 18 254 809     |
| Accrued retirement - Affiliate organizations                                     | 3 130 824      | 3 033 319      |
| Long-term debt   | 150 733 996    | 129 708 516    |
|  | 230 982 635    | 205 276 203    |
| <b>NET DEBT</b>  | (135 232 807)  | (117 524 813)  |
| <b>Non-Financial Assets</b>  |                |                |
| Inventory  | 1 927 315      | 1 866 321      |
| Prepaid expenses   | 717 037        | 957 142        |
| Tangible capital assets  | 245 459 881    | 220 527 409    |
| <b>Total Non-Financial Assets</b>  | 248 104 233    | 223 350 872    |
| <b>ACCUMULATED SURPLUS</b>   | \$ 112 871 425 | \$ 105 826 058 |

Note<sup>1</sup> Management is responsible for the preparation of the financial statements. The statements presented include only the statement of financial position and the statement of operations and accumulated surplus. They do not include the statement of changes in net debt, the statement of cash flows or the notes to the financial statements.

## Statement of Operations and Accumulated Surplus

|   | Actual 2021    |               |                | Budget 2021    | Actual 2020    |
|---|----------------|---------------|----------------|----------------|----------------|
|   | Operating      | Capital       | Total          | Total          | Total          |
| <b>Revenue</b>                                |                |               |                |                |                |
| Manitoba Health and Seniors Care              | \$ 312 035 952 | \$ 15 065 052 | \$ 327 101 004 | \$ 341 721 123 | \$ 333 125 232 |
| Other Province of Manitoba departments        | 23 600 403     | -             | 23 600 403     | 1 593 500      | 3 115 796      |
| Government of Canada                          | 430 462        | -             | 430 462        | 544 050        | 500 336        |
| Non-global patient and resident income        | 13 935 043     | -             | 13 935 043     | 15 614 700     | 14 327 859     |
| Other income                                  | 11 892 626     | 184 625       | 12 077 251     | 12 383 148     | 14 141 229     |
| Interest                                      | 921 697        | -             | 921 697        | 1 000 000      | 2 031 300      |
| Donations                                     | 591 390        | 5 938 852     | 6 530 242      | 629 400        | 2 564 131      |
| Ancillary operations                          | 2 392 527      | -             | 2 392 527      | 2 477 400      | 2 501 344      |
|   | 365 800 100    | 21 188 529    | 386 988 630    | 375 963 321    | 372 307 226    |
| <b>Expenses</b>                               |                |               |                |                |                |
| Acute care services                           | 122 838 502    | 6 489 613     | 129 328 115    | 123 421 651    | 129 056 853    |
| Long term care services                       | 59 207 276     | 2 668 571     | 61 875 847     | 58 169 847     | 55 540 336     |
| Medical remuneration                          | 32 373 442     | -             | 32 373 442     | 33 766 084     | 30 919 017     |
| Community based therapy services              | 8 124 761      | -             | 8 124 761      | 7 949 700      | 7 562 192      |
| Community based mental health services        | 8 927 150      | -             | 8 927 150      | 9 318 150      | 8 845 052      |
| Community based home care services            | 43 120 333     | -             | 43 120 333     | 45 017 352     | 44 482 511     |
| Community based health services               | 25 915 540     | 237 144       | 26 152 685     | 24 142 780     | 22 881 046     |
| Emergency response services                   | -              | 182 719       | 182 719        | 204 800        | 206 974        |
| Regional health authority undistributed       | 15 594 509     | 4 452 944     | 20 047 453     | 25 391 827     | 21 754 139     |
| Affiliated organizations                      | 47 877 361     | 412           | 47 877 772     | 45 196 850     | 47 141 603     |
| Ancillary operations                          | 1 821 226      | 111 758       | 1 932 984      | 2 305 200      | 1 973 249      |
|   | 365 800 100    | 14 143 162    | 379 943 262    | 374 884 241    | 370 362 972    |
| <b>Surplus Before Restructuring</b>           | -              | 7 045 368     | 7 045 368      | 1 079 080      | 1 944 255      |
| Restructuring gain                            | -              | -             | -              | -              | 1 182 047      |
| <b>Surplus for the Year</b>                   | -              | 7 045 368     | 7 045 368      | 1 079 080      | 3 126 302      |
| <b>Accumulated Surplus, Beginning of Year</b> |                |               | 105 826 058    | 105 826 058    | 102 699 756    |
| <b>Accumulated Surplus, End of Year</b>       |                |               | \$ 112 871 426 | \$ 106 905 138 | \$ 105 826 058 |

# Administrative Cost Reporting

## Administrative Costs

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. Southern Health-Santé Sud adheres to these coding guidelines.

Administrative costs as defined by CIHI, include:

**Corporate** functions including: Acute, Long Term Care and Community Administration; General Administration and Executive Costs; Board of Trustees; Planning and Development; Community Health Assessment; Risk Management; Internal Audit; Finance and Accounting; Communications; Telecommunications; and Mail Service

**Patient Care-Related** costs including: Patient Relations; Quality Assurance; Accreditation; Utilization Management; and Infection Control

**Human Resources & Recruitment** costs including: Personnel Records; Recruitment and Retention (general, physicians, nurses and staff); Labour Relations; Employee Compensation and Benefits Management; Employee Health and Assistance Programs; Occupational Health and Safety

## Administrative Cost Percentage Indicator

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) also adheres to CIHI guidelines.

Figures presented are based on data available at time of publication. Restatements, if required to reflect final data or changes in the CIHI definition, will be made in the subsequent year.

## Provincial Health System Administrative Costs and Percentages

2020-21

| Region                                      | Corporate             | Patient-Care Related | Human Resources & Recruitment | Total Administration  |
|---|-----------------------|----------------------|-------------------------------|-----------------------|
| Interlake-Eastern Regional Health Authority | 3.12%                 | 0.58%                | 2.11%                         | 5.81%                 |
| Northern Health Region                      | 3.42%                 | 0.93%                | 1.09%                         | 5.44%                 |
| Prairie Mountain Health                     | 2.26%                 | 0.34%                | 1.08%                         | 3.68%                 |
| Southern Health-Santé Sud                   | 3.06%                 | 0.20%                | 0.90%                         | 4.16%                 |
| CancerCare Manitoba                         | 1.68%                 | 0.45%                | 0.71%                         | 2.84%                 |
| Winnipeg Regional Health Authority          | 2.83%                 | 0.61%                | 1.06%                         | 4.50%                 |
| Shared Health                               | 3.21%                 | 0.30%                | 0.54%                         | 4.05%                 |
| <b>Provincial - Percent</b>                 | <b>2.89%</b>          | <b>0.47%</b>         | <b>0.94%</b>                  | <b>4.30%</b>          |
| <b>Provincial Totals</b>                    | <b>\$ 154 819 266</b> | <b>\$ 25 267 919</b> | <b>\$ 50 569 113</b>          | <b>\$ 230 656 298</b> |

2019-20

| Region                                      | Corporate             | Patient-Care Related | Human Resources & Recruitment | Total Administration  |
|---|-----------------------|----------------------|-------------------------------|-----------------------|
| Interlake-Eastern Regional Health Authority | 3.34%                 | 0.59%                | 2.28%                         | 6.21%                 |
| Northern Health Region                      | 3.85%                 | 0.75%                | 1.09%                         | 5.69%                 |
| Prairie Mountain Health                     | 2.42%                 | 0.35%                | 1.14%                         | 3.91%                 |
| Southern Health-Santé Sud                   | 3.07%                 | 0.27%                | 1.09%                         | 4.43%                 |
| CancerCare Manitoba                         | 1.81%                 | 0.56%                | 0.74%                         | 3.11%                 |
| Winnipeg Regional Health Authority          | 2.84%                 | 0.60%                | 1.12%                         | 4.56%                 |
| Shared Health                               | 2.44%                 | 0.31%                | 0.44%                         | 3.19%                 |
| <b>Provincial - Percent</b>                 | <b>2.74%</b>          | <b>0.48%</b>         | <b>0.99%</b>                  | <b>4.21%</b>          |
| <b>Provincial Totals</b>                    | <b>\$ 142 456 475</b> | <b>\$ 24 825 243</b> | <b>\$ 51 169 197</b>          | <b>\$ 218 450 915</b> |

## Health System Transformation

Manitoba's Health System Transformation includes initiatives that improve patient access and the quality of care experienced by Manitobans while establishing a health system that is both equitable and sustainable. As transformation projects and initiatives are planned and implemented, opportunities to re-invest administrative efficiencies in patient care are sought out and prioritized.

Under the Regional Health Authorities Act of Manitoba, health authorities must ensure their corporate administrative costs do not exceed a set amount as a percentage of total operation costs (2.99% in WRHA; 3.99% in Rural; 4.99% in Northern).

Across Manitoba, within all Service Delivery Organizations with the exception of Shared Health, which assumed responsibility for planning and coordination to support health services throughout the COVID-19 pandemic, administrative costs decreased as a percentage of total operating costs.

## Southern Health-Santé Sud Administrative Costs

| For year to Date Ending:                  | Mar-21               |              | Mar-20               |              |
|---|----------------------|--------------|----------------------|--------------|
|   | \$                   | %            | \$                   | %            |
| Corporate                                 | 11 218 038           | 3.06%        | 10 874 654           | 3.07%        |
| Patient care related costs                | 731 424              | 0.20%        | 943 123              | 0.27%        |
| Recruitment/Human Resources related costs | 3 284 065            | 0.90%        | 3 858 760            | 1.09%        |
| <b>Total administrative costs</b>         | <b>\$ 15 233 527</b> | <b>4.16%</b> | <b>\$ 15 676 537</b> | <b>4.43%</b> |



# Public Interest Disclosure Whistleblower Protection

The Public Interest Disclosure - Bill 34 (Whistleblower Protection Act) gives employees and others a clear process for disclosing concerns about significant and serious wrongdoing in the Manitoba public service and provides protection from reprisal. The Act (Bill 34) is not intended to deal with routine operational or human resource matters. Employees who have concerns about such matters should follow existing procedures to deal with these issues. The law applies to employees and officers at all levels of provincial departments, Offices of the Legislative Assembly and government bodies including Regional Health Authorities.

As per subsection 18 of the Act, and in terms of reporting procedures, the following is the Whistleblower Protection Report.

**Southern Health-Santé Sud**  
Whistleblower Reporting  
180 Centenaire Dr, Southport MB R0H 1N1  
T 204-428-2720

| Reporting Period<br>April 2020-March 2021  |   |
|--|---|
| Disclosures received (Subsection 18 (2a))  | 0 |
| Investigations commenced (Subsection 18 (2b))  | 0 |
| Finding of wrongdoing/ recommendations/corrective actions taken (Subsection 19 (2b)) | 0 |

# Accountability Provisions

The Regional Health Authorities Act includes provisions related to improved accountability and transparency and to improved fiscal responsibility and community involvement.

As per Sections 22.1 and 51: Employment contracts have been established for the CEO and all Senior Leaders of the organization. These contracts contain all terms and conditions of employment as set out by the Minister.

As per Section 38.1: The CEO expense report for the period ending March 31, 2021 can be found by accessing the [Plans and Reports](#) section of the website.

As per Section 23 (2c.1): Southern Health-Santé Sud’s 2016-2021 Strategic Plan took effect April 1, 2016 and can be found by accessing the [Plans and Reports](#) section of the website.

As per Sections 23.1 (2): Results of the final Accreditation Canada report for Southern Health-Santé Sud can be found by accessing the website [Plans and Reports](#) section of the website.

# FIPPA Requests

The Freedom of Information and Protection of Privacy Act (FIPPA) provides the legislative framework for information and privacy rights in Manitoba. The main purposes of FIPPA are Access to Information and Protection of Privacy. FIPPA applies to all records in the custody or under the control of a public body such as Southern Health-Santé Sud.

FIPPA ensures that an individual's right of access to any record maintained by the public body is responded to in compliance with the Act.

As mandated by FIPPA, Southern Health-Santé Sud has a consistent and controlled process for individuals to obtain access to information maintained by the Region and to permit or refuse such access in accordance with the legislation.

Southern Health-Santé Sud has eight (8) FIPPA policies that provide direction to ensure FIPPA applications are managed accurately and timely in accordance with FIPPA legislation.

Increased volumes of FIPPA applications and the complexity of the applications vary from year to year. (see table)

## Southern Health-Santé Sud

Regional Officer - Privacy & Access

Box 470, 94 Principale St | La Broquerie MB R0A 0W0

T 204-424-2320

| Requests                                     | 2020 | 2019 | 2018 | 2017 | 2016 |
|--|------|------|------|------|------|
| Total requests received                      | 75   | 65   | 48   | 90   | 46   |
| # of requests granted full or partial access | 60   | 40   | 37   | 85   | 44   |
| % of requests granted                        | 80%  | 62%  | 77%  | 94%  | 96%  |

| Type of Requests  | 2020 | 2019 | 2018 | 2017 | 2016 |
|-------------------|------|------|------|------|------|
| Media             | 8    | 1    | 20   | 34   | 4    |
| Political Parties | 40   | 13   | 11   | 34   | 26   |
| Other             | 27   | 51   | 17   | 22   | 16   |



FIPPA facilitates the building and maintaining of positive relationships between Southern Health-Santé Sud and the media, political parties, public and staff. It is important for us to protect the privacy of the applicant, provide accurate and relevant information, in addition to, ensuring the applicants are responded to in a timely manner according to the legislation.

## FIPPA Topics



27

Human Resources



10

Clinical Data



8

Administrative/  
Operational



3

Funding/  
Sustainability



5

Long Term Care



7

Emergency  
Department

# Acronyms

|                    |   |
|--------------------|---|
| <b>BRHC</b>        | Bethesda Regional Health Centre             |
| <b>BTHC</b>        | Boundary Trails Health Centre               |
| <b>CDI</b>         | Communicable Disease Investigation          |
| <b>CEO</b>         | Chief Executive Office                      |
| <b>CHA</b>         | Community Health Assessment                 |
| <b>CPSP</b>        | Clinical Preventive Services Plan           |
| <b>CT/CAT Scan</b> | Computerized tomography scan                |
| <b>EMS</b>         | Emergency Medical Services                  |
| <b>FIPPA</b>       | Freedom of Informationa and Privacy Act     |
| <b>ICU</b>         | Intensive care unit                         |
| <b>MRI</b>         | Magnetic resonance imaging                  |
| <b>PCC</b>         | People centred care                         |
| <b>PCH</b>         | Personal care home                          |
| <b>PDGH</b>        | Portage District General Hospital           |
| <b>PHIMS</b>       | Public Health Information Management System |
| <b>PPE</b>         | Personal protective equipment               |
| <b>RAAM</b>        | Rapid Access to Addictions Medicine         |
| <b>RMAC</b>        | Regional Medical Advisory Committee         |
| <b>SDO</b>         | Service Delivery Organization               |
| <b>SH-SS</b>       | Southern Health-Santé Sud                   |
| <b>U.S.</b>        | United States of America                    |
| <b>WHO</b>         | World Health Organization                   |

# Contact us

## Regional Office - La Broquerie

Box 470, 94 Principale St | La Broquerie MB R0A 0W0

T 204-424-5880 | F 204-424-5888

## Regional Office - Morden

3 30 Stephen St | Morden MB R6M 2G3

T 204-822-2650 | F 204-822-2649

## Regional Office - Notre-Dame-de-Lourdes

Box 190, 40 Rogers St | Notre-Dame-de-Lourdes MB R0G 1M0

T 204-248-7250 | F 204-248-7255

## Regional Office - Southport

180 Centenaire Dr | Southport MB R0H 1N1

T 204-428-2720 | F 204-428-2779

## Careers - Human Resources Recruitment & Retention

Box 470, 94 Principale St | La Broquerie MB R0A 0W0

T 204-424-6045 | 1-800-742-6509 | [humanresources@southernhealth.ca](mailto:humanresources@southernhealth.ca)

## Careers - Physician Recruitment

Box 190, 40 Rogers St | Notre Dame de Lourdes MB R0G 1M0

T 204-248-2759 | [physicianresources@southernhealth.ca](mailto:physicianresources@southernhealth.ca)

## Media Inquiries

Box 470, 94 Principale St | La Broquerie MB R0A 0W0

T 204-424-2329

For more information on our health services, visit: [www.southernhealth.ca](http://www.southernhealth.ca)




Email: [info@southernhealth.ca](mailto:info@southernhealth.ca)

Toll Free: 1-800-742-6509



[www.southernhealth.ca](http://www.southernhealth.ca)

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