



# in transformation

**2018-2019**  
Annual Report

*Together leading the way for a healthier tomorrow.*



## in transformation

We are in a moment of significant transformation, on a journey towards realizing a collective vision of improvement in the health system in our province, reimagining health care.

Expanding our horizons, we can take pride in the past while planning the future.

Though we come from a time of remarkable achievements, we are on the brink of realizing new possibilities and important breakthroughs.

With a blueprint for the future, we can:

- ✓ Look at the broader health system and reflect on current functions to find novel approaches in the delivery of care.
- ✓ Design strong yet flexible structures capable of adapting to changing needs and circumstances.
- ✓ Link to the magnificent challenges while looking for opportunities.
- ✓ Innovate. Try the different, the new.

We are part of a bigger story.

Southern Health-Santé Sud seizes the opportunity to work collaboratively with our patients, clients and residents, our leaders, our staff, our communities, our volunteers, our partners, our colleagues and our stakeholders. We work hand in hand with our partners in this transition to identify pathways and solutions for responsive and patient-centred care for Manitobans.

Guided by our strong core values,  
we will get “there” together  
with

INTEGRITY | COMPASSION | EXCELLENCE | RESPECT

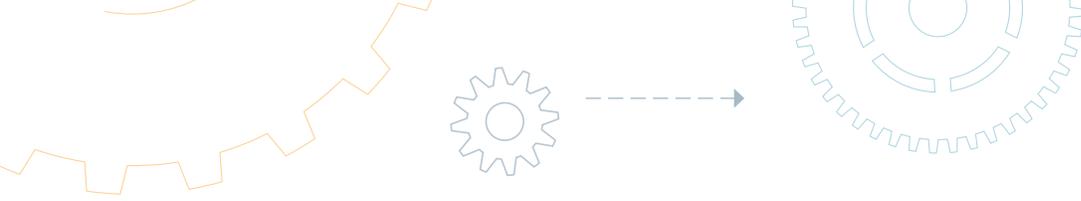
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This report is available in alternative format upon request.

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. We also recognize that Southern Health-Santé Sud is diverse, is comprised of multiple cultures, and is a designated bilingual region.





# Letter of Transmittal & Accountability

September 30, 2019

Honourable Cameron Friesen  
Minister of Health, Seniors and Active Living

Dear Minister:

On behalf of the Board of Directors of Southern Health-Santé Sud, we respectfully submit our 2018-2019 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, Seniors and Active Living. In compliance with appropriate legislative authority and government requirements, all material, economic and fiscal implications known as of September 30, 2019 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

Southern Health-Santé Sud covers an expanse of 27,025 km<sup>2</sup> of southernmost Manitoba. 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.

People all over the world have, and continue to, make their home in this region. Native presence in the province can be traced over thousands of years. Long before the first explorers came to the region, nomadic Indigenous tribes roamed the area. As European settlers arrived in the area, the Ojibway and Chippewa relied on the strength of their cultural identity to adapt to new conditions.

Today, 204 274 people live here tracing their ancestries to one or more ethnic



groups. Southern Health-Santé Sud is proud of its multi-cultural heritage. 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 Regional Health Authorities 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, 4 towns, 1 village, 7 municipalities, 20 rural municipalities, 1 unorganized territory, 52 Hutterite colonies, 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.

## Access to a wide range of Programs & Services

In collaboration with the community and partners, Southern Health-Santé Sud endeavours to provide access to appropriate services in the appropriate setting as demonstrated by the many programs and services delivered in the region. We strive to deliver a seamless continuum of care that supports our clients at every stage of their lives.



- CancerCare/Cancer Navigation Services
- Elderly Persons Housing
- Emergency Medical Services (Ambulance)
- Home Care
  - Adult Day Programs
  - Meals on Wheels
  - Personal Care at Home
  - Respite Care
  - Treatment Clinics
- Medical Clinics
- Medical Officer of Health
- Mental Health
  - Adult Counselling Services
  - Adult Inpatient Psychiatric Treatment (Eden Mental Health Centre)
  - Child & Adolescent Services
  - Crisis Services
  - Intensive Case Management Services
  - Mental Health Promotion, Housing and Supports
  - Psychiatry Services
  - Seniors Consultation Team
  - Shared Care
- Midwifery
- Nutrition Services
- Palliative Care/End of Life
- Pharmacy
- Primary Health Care
  - Chronic Disease Education
  - Family Doctor Finder
  - Medical Clinics
  - Mobile Clinic
  - My Health Teams
  - Nurse Practitioners
  - Primary Health Care Centres
  - QuickCare Clinic
  - Teen Clinics
- Public Health-Healthy Living
  - Families First
  - Healthy Baby
  - Healthy Living Services
    - Get Better Together
    - Healthy Communities Conference
    - Healthy Living Grants
    - Local Health Promotion
    - TeleCARE Manitoba
  - Public Health Nursing Services
    - Communicable Disease Prevention & Control
    - Early Childhood Development & Parenting
    - Harm Reduction
    - Immunizations/Child Health Clinic
    - Prenatal, Postpartum & Breastfeeding Support
    - Reproductive Health
    - School Health
  - URIS-Unified Referral Intake System

- Rehabilitation
  - Audiology
  - Occupational Therapy
  - Physiotherapy
  - Speech Language Therapy
- Services to Seniors/Congregate Meal Program
- Supports for Seniors in Group Living

### Other Services

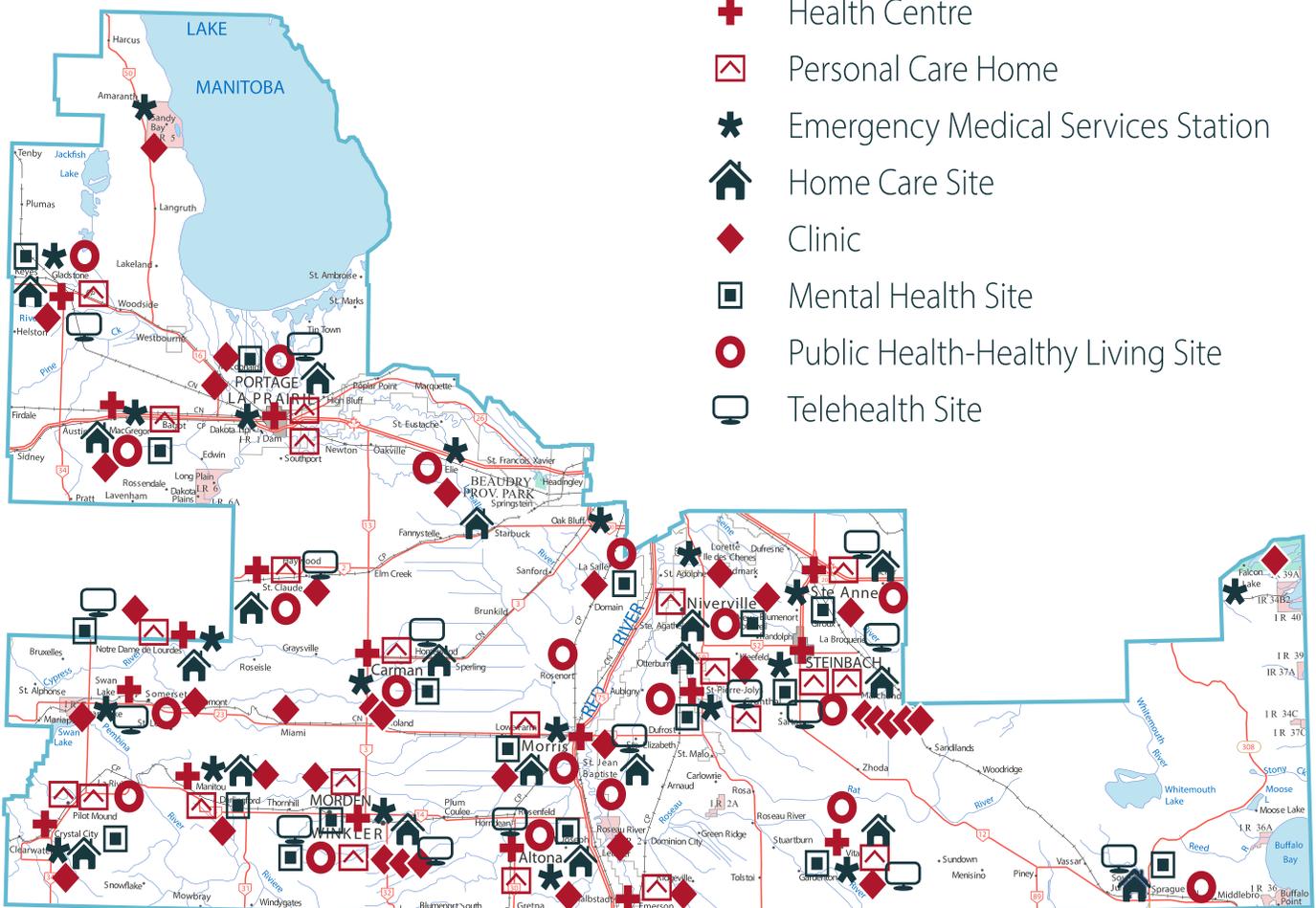
- Indigenous Health
- Corporate Communications/Media Relations
- Disaster Management
- Finance
- French Language Services
- Human Resources
- Information and Communication Technology (ICT)
- Quality of Care & Patient Safety
- Spiritual Health Care
- Support Services
- Telehealth

### Facility-based Services

- Acute Care
  - CancerCare/Cancer Navigation Services
  - Emergency Care
  - Extended Treatment/Rehabilitation
  - Hemodialysis
  - Medical Care
  - Obstetrical Care
  - Outpatient Services
  - Respiratory Services
  - Special Care Unit
  - Surgery/Surgical Care
- Affiliate Health Corporations
- Community-owned not for profit
- Lab & Imaging Services
  - Cardiac stress testing
  - Computed Tomography (CT Scans)
  - Electrocardiogram (ECG)
  - Laboratory
  - Magnetic Resonance Imaging (MRI)
  - Mammography
  - Ultrasound
  - X-ray
- Personal Care Homes
- Transitional Care

# Comprehensive Access

 Health Centres <b>18</b> <small>includes Eden Mental Health Centre</small>	 Personal Care Homes <b>22</b>	 Emergency Medical Services Stations <b>20</b>
 Home Care Sites <b>19</b>	 Mental Health Sites <b>18</b>	 Clinics <b>37</b> <small>Medical Clinics, Teen Clinics &amp; QuickCare</small>
 Public Health-Healthy Living Sites <b>20</b>	 Telehealth Sites <b>16</b>	



-  Health Centre
-  Personal Care Home
-  Emergency Medical Services Station
-  Home Care Site
-  Clinic
-  Mental Health Site
-  Public Health-Healthy Living Site
-  Telehealth Site

# Board of Directors



**Abe Bergen**  
Chair, Kleefteld



**Cheryl McKittrick**  
Vice-Chair, Crystal City



**Debbi Bergner-Fortier**  
Letellier



**Patricia Brennan**  
Oak Bluff



**Ramona Coey**  
Lorette



**Elin Czeranko**  
Langruth



**Debbie Iverson**  
Carman



**Dr. Desmond Leen**  
Niverville



**Konrad Narth**  
Zhoda



**William Osachuk**  
Gardenton



**Terrie Porter**  
Portage la Prairie

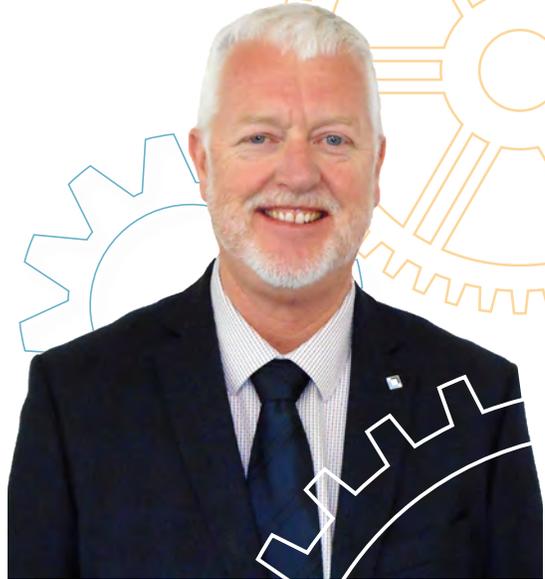


# Message from the Board Chair

These are special times for health care in Manitoba as we move forward with plans for broad system changes across the province. We are indeed in transformation.

On behalf of the Board of Directors, I am proud to say that Southern Health-Santé Sud continues to play a vital role in this important and historic work, collaborating with its partners on a host of activities that will improve the quality, accessibility and efficiency of services. With noteworthy achievements under our belt, we in rural Manitoba are seizing the opportunity to demonstrate our unique perspectives and expertise, offering sound solutions in the process and influencing the future of health care in this great province.

While such significant change can be complex and challenging, the Board continues to encourage staff to participate in this transition, provincially as well as internally. It is our distinct pleasure to see the exceptional commitment of staff in their efforts to support the transformation whilst giving expression to Southern Health-Santé Sud's vision ***Together leading the way for a healthier tomorrow.*** Their focus, tenacity and resilience are key enablers to our success in moving forward. I would also like to acknowledge Jane Curtis, CEO and her leadership team whose experience and wisdom have been invaluable in this transformational journey.

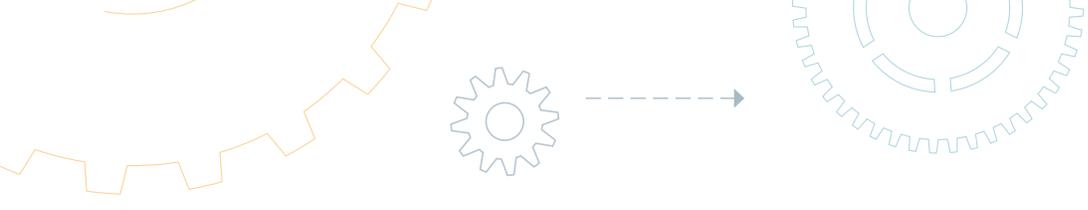


**Abe G. Bergen**  
Board Chair

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In 2018-2019, Southern Health-Santé Sud maintained its position as a fiscally sound regional health authority. Since amalgamation of Regional Health Authorities, Southern Health-Santé Sud has delivered a balanced position for the seventh consecutive year! It is a notable achievement reflecting a solid organizational performance overall and providing a firm basis for future sustainability.

In terms of population growth, 2018 was also a milestone year for Southern Health-Santé Sud as it crossed the 200,000-threshold mark, a 20% increase in the last decade. Attributed to mostly increased immigration and high birth rates, it is one of the strongest population growths in the province. It is projected to continue at a compelling rate, evidence that the Region is an attractive place for people from around the world. We recognize the importance of working with the community to extend our reach and to build capacity across the region.



In times of formative change, good governance is critical in keeping all of us on course. Recognizing its role in setting the tone for the organization, the Board is steadfast in its commitment to robust governance practices and to the highest standards of accountability and transparency. To ensure we are addressing that adequately and in our pursuit of operational excellence, we continue the accreditation process. Our work in preparing for a review in 2019 demonstrates that Southern Health-Santé Sud is a fundamentally strong organization where our focus on high-quality health services and patient-centred care is the cornerstone of everything we do.

Once again, it has been an extraordinary privilege and responsibility to chair this

well-respected organization. While it remains well-balanced with a diversity of backgrounds, skill and experience, the Board of Director's composition continued to evolve over the year, with the appointment of two new directors, Debbie Bergner-Fortier and William Osachuk. Sadly, as previously reported, we lost an esteemed colleague, Judith Siemens in May 2018. I extend our sincere gratitude to all our committed colleagues for their hard work and dedication during this time of change.

In terms of health care, we are all inextricably linked. It therefore behooves us to collaborate with our strategic partners across the province as we focus on delivering long-term outcomes for all. Our collective energy, expertise and a shared vision of Manitoba's Health System Transformation Program Blueprint will serve us well in transition.

Abe G. Bergen  
Board Chair



Southern Health-Santé Sud



# Governance: Leading in Times of Change

Appointed by the Minister of Health, Seniors and Active Living and in accordance with the Manitoba Regional Health Authorities Act (see Future Directions on p. 15), 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.

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 regional health authority office or to the Minister of Health, Seniors and Active Living.



## Board Committee Membership 2018-2019

### Audit Committee

The Board agreed to continue meeting as 'Audit Committee of the Whole' for the two regular meetings per year: (1) to review the Scope of Audit; (2) to receive the Audited Financial Statements

### Policy Review Committee

Pat Brennan (Chair), Abe Bergen, Ramona Coey, Debbie Iverson and Terrie Porter

### Community Engagement Planning Committee

Debbie Iverson (Chair), Elin Czeranko, Dr. Desmond Leen and Cheryl McKittrick

### Regional Medical Advisory Committee (RMAC)

Ramona Coey

### Finance Committee

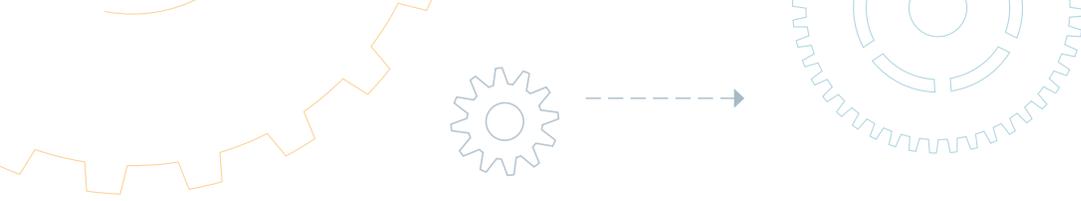
Committee of the Whole

### Quality & Patient Safety Committee

Committee of the Whole

### Executive Committee

Committee of the Whole



The Board has a formal schedule of ten regular monthly meetings planned to oversee the affairs of the organization and exercise its fiduciary and strategic responsibilities. Meetings and locations are posted on the website and are open to the public. Special and/or additional meetings are convened as the need arises. To assist in fulfilling its responsibilities, the Board has established additional committees, each with its respective terms of reference.

To provide a solid foundation for integrity in addressing the dynamic nature of its health care leadership role, the Board combines the basic principles of Policy Governance® with other well-known governance practices. Within this framework, directors ensure that they function in three modes of governance: oversight (fiduciary), insight (generative) and foresight (strategic).

### Oversight or fiduciary mode...

The Board is concerned with its stewardship role where it fosters accountability, sets policy and monitors organizational performance. In addition to its fundamental role in the oversight of quality, safety and risk, the Board is responsible for the mandate, resources and the achievement of results and sustainable performance of Southern Health-Santé Sud while ensuring that the organization complies with applicable legislation, regulations, provincial policies and ministerial directives.

While exercising effective direction and oversight of the organization through the Chief Executive Officer, the Board of

Directors of Southern Health-Santé Sud has a number of mechanisms to ensure monitoring of performance indicators, compliance with policy and effective board performance. These mechanisms come in the form of:

- different types of dashboards (i.e.: Financial, Risk and Board END Governance Monitoring dashboards),
- reports (i.e. Auditor's report, Accreditation reports) and
- regular evaluation tools/reports (i.e. monthly meeting evaluations, board skills matrix)

### Notable **Oversight** Activities in 2018-2019

The Policy Review Committee met a total of three times in 2018-2019. In doing so, they were able to make recommendations to the Board for updates/amendments to more than 15 of its policies as per the Terms of Reference. These changes and updates reflect current practices, provincial requirements and alignment to provincial direction.

As Manitoba moves to an integrated health service delivery framework, the oversight role of Manitoba Health, Seniors and Active Living (MHSAL) to monitor outcomes, measure performance and hold the health care delivery system to account for the services they provide to Manitobans, will strengthen. The Ministry's ability to determine the success of service delivery organizations in implementing and delivering commissioned services to Manitobans will be aided by the creation of consistent performance dashboards, reporting frameworks and accountability mechanisms.



Reviewing dashboards is a regular practice of the Southern Health-Santé Sud Board of Directors. An extensive process is in place to ensure that the Board ENDS and strategic directions of the organization are monitored. Indicators are chosen and regularly reviewed by the regional Decision Support Team based on best practice, availability and reliability. Dashboards are presented on a quarterly basis to help monitor each Board END. The Decision Support Team works with directors and managers to collect appropriate qualitative and quantitative data to populate the report. Action plans are requested from teams when indicators are below targets. The Senior Leadership Team presents the final reports to the Board which are also made available to staff. Performance dashboards will enable regular monitoring of progress on key health system priorities such as wait times, safety, sustainability and patient experience.

### Insight or generative mode...

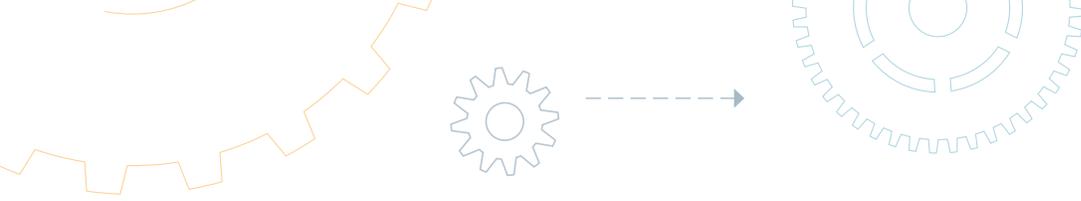
The Board reflects on situations impacting Southern Health-Santé Sud and on organizational purpose ensuring there is a culture of ongoing innovation and quality

improvement. At each of its encounters, the Board participates in open dialogue, critical inquiry, inquisitive brainstorming and learning opportunities to infuse diverse perspectives in board discourse. The collection of diverse ideas and perspectives is an invaluable tool in helping the Board of Directors accomplish its mandate.

### Notable **Insight** Activities in 2018-2019

Community engagement continued to be an important mechanism for the collection of community perspectives. Engagement opportunities in 2018-2019 included:

- participating in the planning and chairing of all Local Health Involvement Group meetings in the region
- developing the agenda and planning for the Annual Public Meeting in October 2018
- participating in a variety of Board education sessions internally and provincially
- starting a stakeholder inventory to increase engagement opportunities in 2019-2020



Insightful discussions continue to play an important role as a Board agenda item. Monthly dialogue is framed around Accreditation Canada’s Governance Standards to ensure compliance and ongoing familiarity.

### Foresight or strategic role...

Board Directors are the keepers of core values and need to have a future outlook to ensure the organization is moving towards a sustainable vision while being mission-oriented. In its planning work and in concert with the Minister’s mandate letter, the Board ensures that Southern Health-Santé Sud operates in the interests of all Manitobans which are better served when there is operational and strategic alignment within one provincial health system.

### Notable Foresight Activities in 2018-2019

A Board workshop was held in November 2018 in Carman, Manitoba. The focus of the meeting was to gain a better understanding of the population which the Board serves. A particular focus was on health equity and hearing stories from immigrants in our region. This provided a strong foundation for understanding some of the current realities and future considerations of regional health needs.

At its March meeting, the Board invited Ian Shaw to present an update on behalf of the work related to Health System Transformation. CEO’s and Board Chairs of affiliate organizations across the region were invited to participate to help create a common understanding and build partnerships related to future provincial directions.



2018 Fall Board Workshop - Health Equity and Stories from Immigrants



# Challenges & Critical Success Factors

Leading and continuously striving for excellence in uncertain times undoubtedly has its unique challenges and opportunities. It is critical to identify them so mitigation strategies can be put into place and success factors can be leveraged.

Critical success factors during Health System Transformation include:

## **Patient & Public Engagement Opportunities:**

Strong partnerships are critical during significant change. Being able to hear from as many patients, public, stakeholders and staff as possible is more important than ever. Building on our culture of transparency and integrity, we will continue to enhance engagement strategies and create opportunities for dialogue and consultation.

## **Consistent Messaging:**

Consistent, reliable and updated communication about Health System Transformation is a challenge but a key to success. This critical success factor has been identified as a provincial challenge and has created stronger working relationships between provincial communication networks.

## **Staff Engagement:**

Many staff are participating in transformation projects and provincial work. This creates pressure for teams to manage additional workloads but also creates an environment for mentorship and team capacity building.

## **Future Directions**

The Manitoba government is introducing amendments to The Regional Health Authorities Act and other legislation to provide the necessary legislative framework for the health system transformation. In the next fiscal year, Bill 10 will rename The Regional Health Authorities Act as The Health System Governance and Accountability Act to reflect the role of the legislation in the organization, management and oversight of the provincial health care system.

In particular, the proposed legislation will create a robust accountability framework for all health authorities that identifies services, funding and performance measures. It will also enable government to transfer provincial responsibilities relating to the delivery of health services to a health authority and to transfer operations, activities and property from one health authority to another if necessary.

The Act will include Shared Health as a provincial health authority setting out its responsibilities, duties and authority including:

- the development and regular updating of a provincial clinical and preventive services plan for service delivery across the health system;
  - the development of a provincial health human resources plan and a provincial health capital plan;
  - the provision of administrative and clinical support services to regional health authorities and other service delivery organizations;
  - the delivery of provincial health services; and
  - the development and regular updating of clinical standards for the delivery of health services to provide consistent standards across the system.
- 

# Message from the CEO & Senior Leadership Team

Fiscal year 2018-2019 in Southern Health-Santé Sud is a reflection of an important new reality for health care in Manitoba: “a new vision for the province, focused on the patient and their family as the centre of a holistic, culturally sensitive, evidence-based health care delivery system”.

It has been said that transformation isn't a future event but rather a present-day activity. Indeed, along with our partners across the province, we are fully immersed in a multi-year continuous improvement process to strengthen health care to build a sustainable system for the future. Essentially, our predominant story this year is a narrative about being *in transformation*, taking us into 2019-2020 and beyond.

Carefully sequenced over several years, the full impact of such a major transformation cannot be told to scale from one single year's results; however, the Senior Leadership Team and I are proud to share an account of the past year's events and accomplishments throughout this report.

We will remember 2018-2019 as the year the province released the **Blueprint for Change**, the foundational document for Manitoba's health system transformation and the guidepost for much of our critical thinking, decision-making and planning. Describing the target state of the health



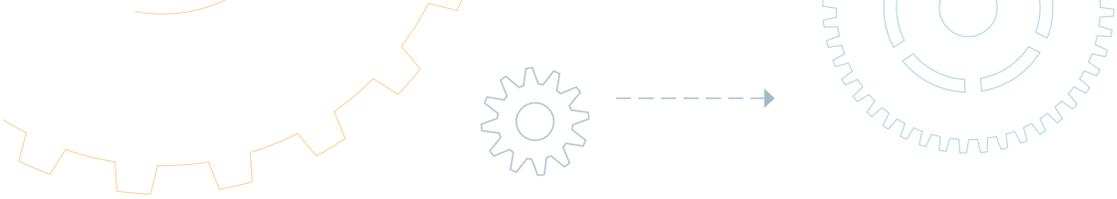
**Jane Curtis**  
Chief Executive Officer

system, the blueprint “outlines the role of each health organization, the functions it will perform in the target state and how organizations will interact with each other to achieve a more aligned and responsive health system for Manitobans.”

At Southern Health-Santé Sud, we have a bias for progress... We are all in.

The Senior Leadership Team is entirely committed to having our staff actively engaged in the provincial transformation.

The consequential impact of the changes we make at this critical juncture will be profound and will play out for years to come. It is critical that we be involved, making sure our timeless core values and our expertise are reflected in the decisions and the actions we take.



Change is not new to us. We know that Southern Health-Santé Sud is good at 'getting better'. As a learning organization, we practice improvement everyday! Espousing a distinctive Southern Health-Santé Sud *can-do* culture, we have been on a forward momentum to being and doing the best we can in this important time of transformation. And so, this year's background story truly is about our staff, physicians and volunteers who strive to share the best of themselves, who have the courage to willingly take on the challenges ahead, rising above the complexities that transformation can sometimes bring. Our success is directly attributable to the "behind the scenes" work each and every day, 24 hours a day, 7 days a week. Pulling through and going the extra mile, their work never stops. Our staff's contribution has been exceptional.

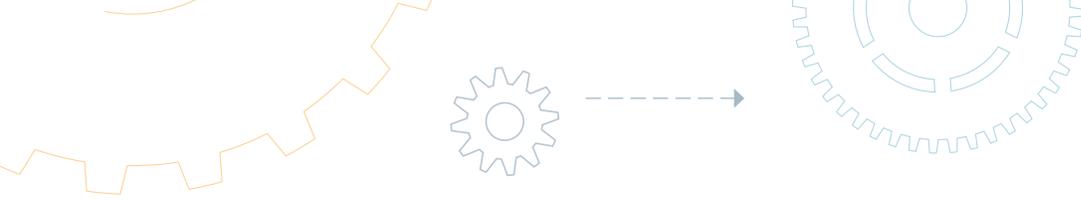
Last year, it was acknowledged that, in a fundamental realignment of the system, changes would be significant and would require a temporary but formal program. Accordingly, a Manitoba Health, Seniors and Active Living (MHSAL) Transformation Program was established to guide the planning and implementation of change. This included the creation of a Transformation Management Office (TMO), to leverage the knowledge and skills of employees.

Early on, this year, staff, managers, directors and executives who were interested in participating on project work and assisting in the development plans were invited to submit their Expression of Interest to work directly on the transformation projects. Over

50 staff and physicians in Southern Health-Santé Sud are now currently involved in the transformation work, some as members of project teams while others were seconded to the TMO office from areas such as Finance, Information Communication & Technology, Quality, Patient Safety & Risk and others.

Not only does this present a unique opportunity for bringing Southern Health-Santé Sud's voice to the 'table' and actively participate in better defining our role but, as well, it has been integral in learning and understanding the provincial landscape. Given the extended absence of key people who are serving in a different capacity in the transformation process, we acknowledge that adjustments are required back at the site or the office as their peers adapt to accommodate temporary leaves and ensure that it's 'business as usual' on the home front. Plans relating to the redistribution of workloads were developed and shared throughout the organization. As we continue with the transformation and project teams proceed with their work, we anticipate further secondments. It is always good to know that our combined efforts will become part of the overall success of this grand project.

Although the transformation has preoccupied us in many ways, at the deepest level the most vital fact about our story this year has been our unrelenting focus on clients and our insistence on providing quality services. In our pursuit of excellence in patient care, we consistently challenge ourselves to improve with each Accreditation survey cycle. As described later in this report (page 42) we are undergoing a thorough Accreditation self-assessment



process in preparation of a review which occurs in May 2019.

As noted by Board Chair, Abe Bergen, we are a rapidly growing and diverse region. Hence, we embrace our role as a people-centred organization continuing the path forward on strengthening our engagement with the community and sharing accountability for health with people in our region – to ensure the best possible health care experience for those in our care. The thrust to achieve progress together is on pace, enabling us to advance efforts in continually improving the quality of care while providing for overall sustainability.

Investing for the future, we continue managing our resources and operations diligently and responsibly, constantly looking for ways to strengthen our culture of accountability where everyone has a role in making the organization efficient and effective. Our financial status is, of course, an important indicator of achievement and once again in Southern Health-Santé Sud, we have had a year of solid performance that bodes well for future sustainability efforts.

Fiscal year 2018-2019 has been a challenging yet gratifying year for all of us. With Manitoba's Blueprint for Change in our hands, we have the opportunity to all become architects for the future. One thing we have ascertained is that transformation never stops and that is a positive thing because there is always a desire to improve and get better. "We are part of a bigger story" as our inside cover says. Transition is happening and our annual report reflects this.

Southern Health-Santé Sud's mission is "to support people and communities in achieving optimal health by providing innovative, sustainable and quality health services". The breadth and depth of our statement of purpose indeed mirrors the goals of the health care transformation in Manitoba. We dare to imagine, anticipating that the collective strength of our provincial partners on this journey will drive our shared aspirations to greater heights.

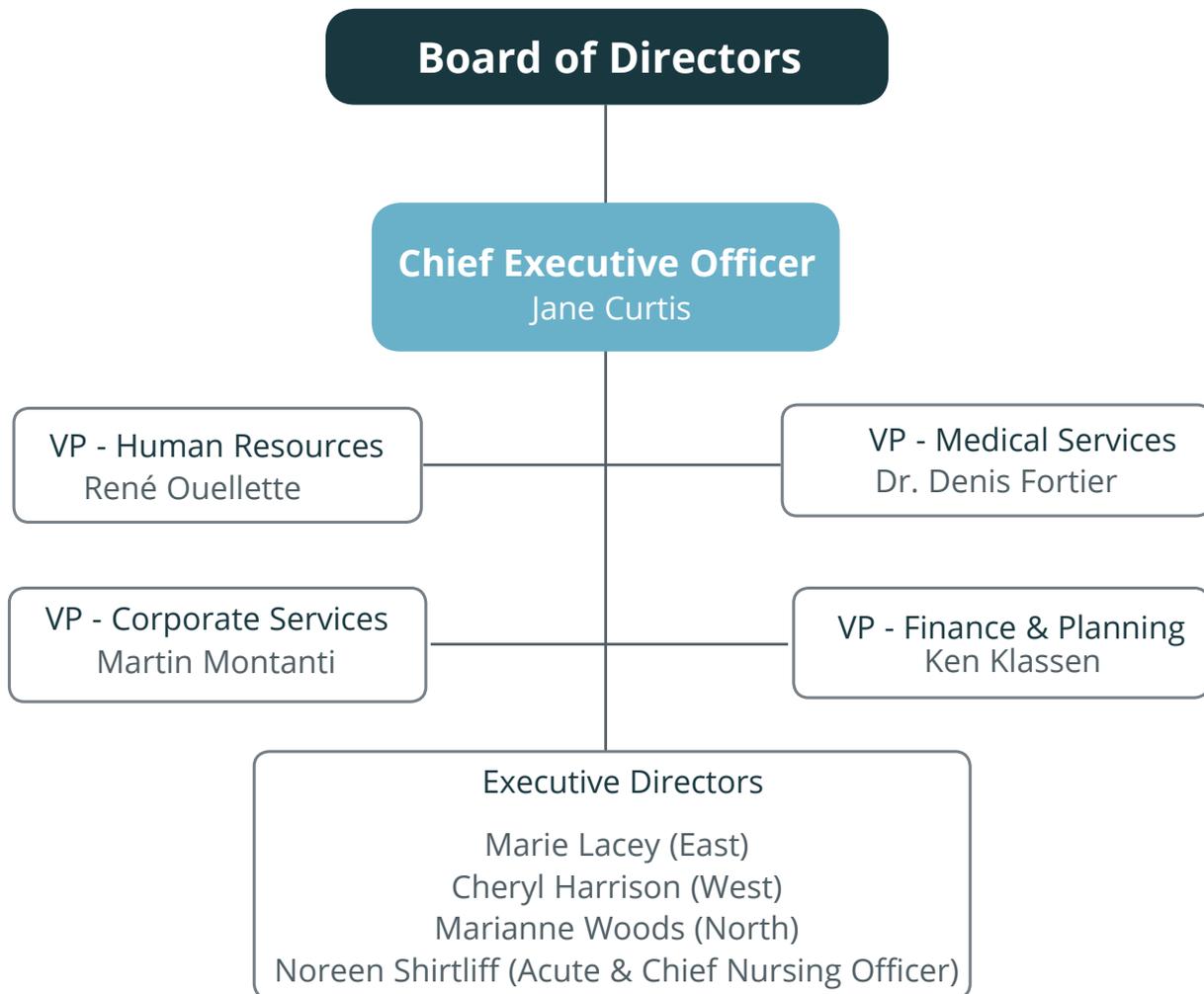
Jane Curtis  
Chief Executive Officer  
Southern Health-Santé Sud



Senior Leadership Team:

Pictured (lt. to rt): Dr. Michael Routledge, Cheryl Harrison, Martin Montanti, Jane Curtis, Marianne Woods, Marie Lacey René Ouellette, Ken Klassen, Noreen Shirtliff, Dr. Denis Fortier

# Organizational Structure



March 2019

Effective January 28, 2019, the administrative areas were reduced to three: East, West and North.

Noreen Shirliff transitioned into the role of Chief Nursing Officer and Executive Director Acute for the three regional health centres (Bethesda Regional Health Centre, Boundary Trails Health Centre, and Portage District General Hospital).

# Our Strategic Framework

## Our Vision

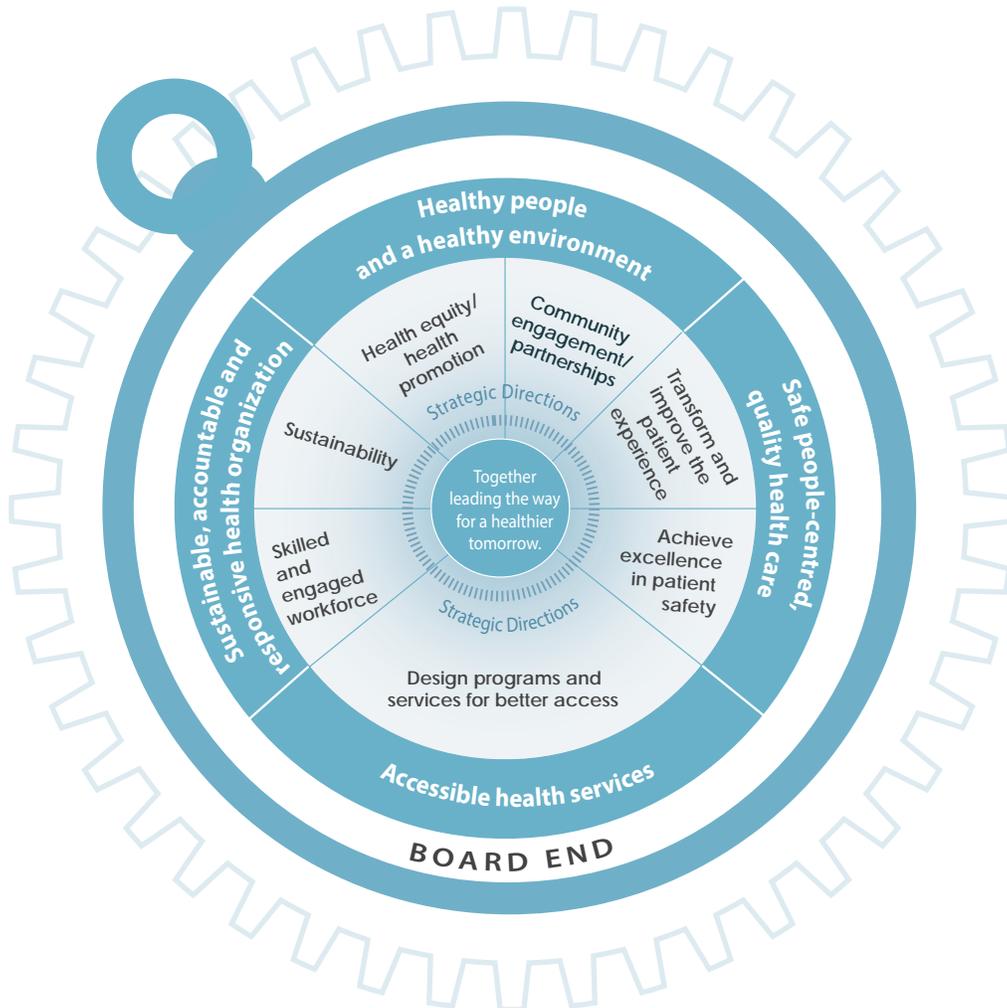
Together leading the way for a healthier tomorrow.

## Our Mission

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

## Our Values

Integrity Compassion Excellence Respect



Four overarching Board ENDS provide a framework for elaborating Strategic Directions in the 2016-2021 Strategic Health Plan.

# Strategic Directions | 2016-2021



**Optimize community engagement partnership opportunities through purposeful alignment with our vision.**

Acknowledge that we all share the accountability for our own health as well as that of our community and that we can all contribute in some way to achieve better health outcomes.



**Strengthen and focus our commitment on health equity and health promotion.**

Embrace our community's diversity and strive to ensure health gains are shared by everyone in our region.



**Design programs and services for better access and optimal service delivery.**

Provide the right care at the right time in the right place by the right provider throughout the patient journey.



**Transform and improve the patient experience.**

Through our dedication to people-centredness and inspiration from our patients and families.



**Achieve excellence in patient safety.**

Focus on quality and inspiration from our patients and families.



**Pursue sustainability through a diligent focus on continuous program review and evaluation.**

Recognize the need for organization-wide fiscal responsibility and stewardship within the context of a rapidly expanding population and increasing demand for services.



**Attract and retain a skilled and engaged workforce.**

Engage with our employees, volunteers and physicians to provide for a progressive, respectful and safe work environment.

Aligning our planning with provincial strategies, Southern Health-Santé Sud's story in 2018-2019 is very much an account of collaborative work with key partners across the province. Providing a clear view of the overall health system transformation journey toward more integrated and effective health service delivery, Manitoba's blueprint for change is a road map for how we will move forward towards in achieving our strategic directions and fulfillment of our Board ENDS.

While continuing to focus on delivering excellent patient care, in 2018-2019 we focused on orienting our planning efforts with the blueprint and with provincial projects.

## Our story

Southern Health-Santé Sud's story in 2018-2019, as told in the following pages, is one of alignment with provincial strategies. It is a shared account with our partners across Manitoba, as seen through the lens of broad health-system changes. Our strategic focus and our achievements and results are fully intermingled with the provincial transformation process which has become part of the day-to-day fabric of our work.

Throughout this report, information on the Health System Transformation has been adapted from published documents.

See <https://www.gov.mb.ca/health/hst/>

**people**



**access**



**care**



**system**



# Our Board END Commitments



We all share accountability for our health and that of our community. Southern Health-Santé Sud commits to strengthening its partnerships and connecting with others in our region and across the province. We join our efforts in discovering innovative solutions to health challenges, addressing health disparities and creating new opportunities. While embracing our communities' diversity, we strive to ensure health gains are shared by all.



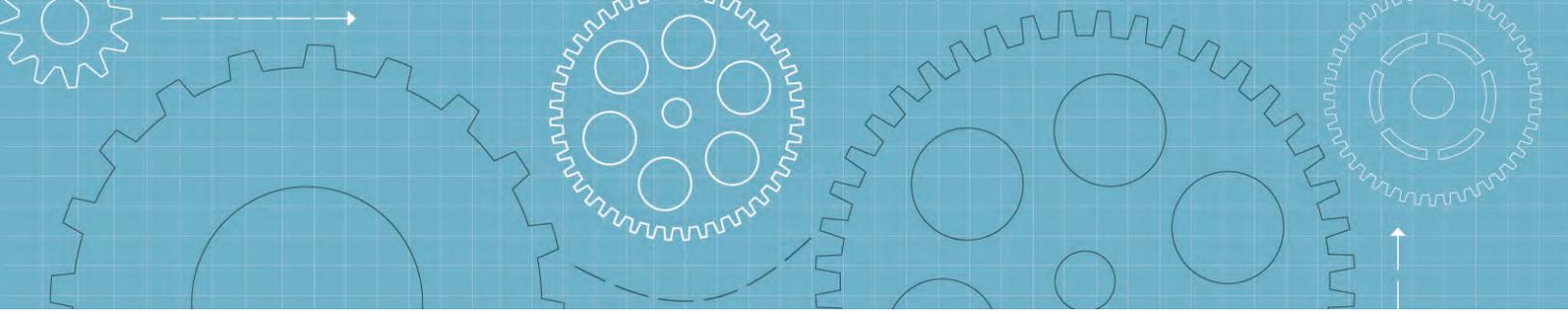
To meet shifting needs in a diverse community that continues to grow and change, we must think differently in our approach to the delivery of accessible health care. Southern Health-Santé Sud residents want to have access to the right care, at the right time in the right place. To this end, in a coordinated way with other health authorities and with government, we will “work to ensure that Manitobans receive timely, appropriate and seamless service that reflects the best possible integration and cooperation among service providers”.



There is new vision for health services in Manitoba which focuses on the patient and their family as the centre of a holistic, culturally sensitive, evidence-based health care system. Building upon our core values of integrity, compassion, excellence and respect, Southern Health-Santé Sud is committed to fostering and supporting a culture of quality and safety. We support a collaborative and coordinated environment that promotes innovation and the development of quality improvement competency, skills and processes.



To meet the needs of the present without compromising the future, we must adapt how we deliver services including redirecting resources to where they can be utilized most efficiently and effectively. Southern Health-Santé Sud is proud to build on its strong legacy of fiscal strength and sustainability as well as providing a progressive, respectful and safe work environment, and a talented workforce. We will work with our partners in realigning and refocusing the system “to better meet the needs of Manitobans – reducing duplication, ensuring coordination and consistency and above all else, improving patient care and the overall sustainability of our health care system.”



## What Drives the Transformation?

Health care is the most important - and the most expensive - service provided by the Government of Manitoba. We also face significant challenges in meeting the public's expectations of our health system within available resources. Regional health authorities were created in 1997 to better manage health care services closer to the patient. The number and types of health care providers needed to provide care have changed over time - but the health care system has not modernized in response.

Numerous studies of Manitoba's health system have concluded that Manitoba's system is overly complex. In many cases, it acts as a barrier to effective and efficient delivery of services. Complexity affects patient care because it is fractured between organizations. It also increases costs because of inefficiency, overlap and duplication in administrative and support processes. There are many good things within Manitoba's health care system, but they require greater coordination. The lack of role clarity amongst organizations has contributed to situations where we've had duplication of effort in some areas and gaps in others.

The Health System Sustainability and Innovation Review (HSIR) recommendations, along with the Peachey report, Wait Times Task Force Report, 2013 EMS Review and the Virgo Report on Mental Health and Addictions, resulted in the identification of areas of opportunity for both health outcomes and system sustainability. They provided data and information about what the system does well for patients and areas where improvements could, and should, be made.

A quarter of Manitoba's population lives outside the province's urban centres yet a significant percentage of Manitoba's health care providers work in urban settings, while nearly all specialists are located in Winnipeg. Services are planned and delivered via the five regional health authorities (RHAs) each with varied population growth rates, average age and social determinants of health. Disease prevalence and health status also vary by region though incidence of chronic disease and the percent of the population over 60 are both on the rise across the province.

This misalignment of resources and population need creates inconsistent access to services and challenges the sustainability of operations and consistent availability of clinicians resulting in high volumes of patients being transferred to Winnipeg for specialized care. Health care providers and their patients struggle in our current system to overcome the barriers of distance, time and expense.

**What does all this mean?** The HSIR report concluded that significant system performance improvements cannot be achieved without structural and organizational reform that engages stakeholders in the development and support of strategies.



## In Southern Health-Santé Sud...

The Board of Directors supports the achievement of Health System Transformation by:

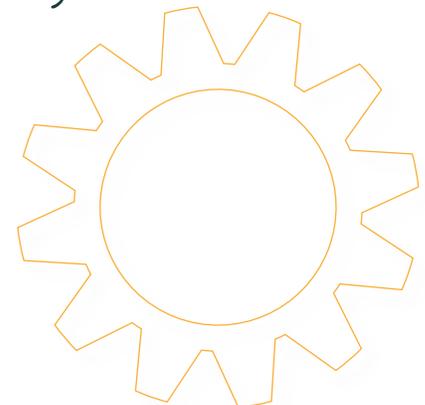
- setting a standing agenda item for Health System Transformation updates on every monthly Board meeting
- receiving daily media scans to keep up with announcements, impact to community, etc.
- participating in working groups or providing feedback to provincial initiatives (for example, a governance plan for patient safety)
- supporting and encouraging the CEO to participate in the Transformation Leadership Team
- encouraging Board Member participation at provincial education events
- ongoing environmental scans and considering impacts of decisions on provincial context

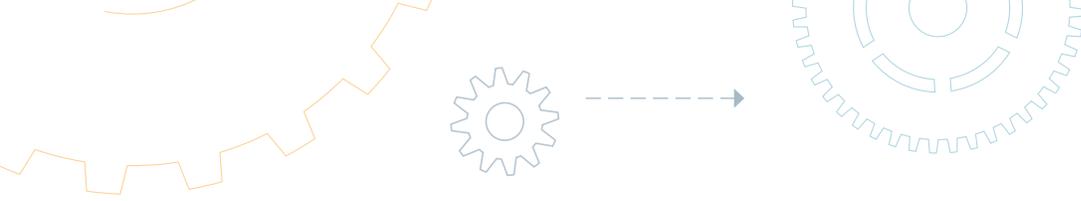
The Board of Directors supports the achievement of Health System Transformation externally through Community Engagement efforts such as:

- inviting CEOs and Board Members from affiliate sites to an annual get together for updates on Health System Transformation and networking
- providing Health System Transformation updates at all Local Health Involvement Group meetings
- ensuring ongoing and consistent messaging to the public via the Annual Public Meeting
- coordinating communication and working alongside provincial partners to ensure consistent messaging in regards to Health System Transformation

While recognizing the challenges that may accompany us in a significant transformation journey, we also welcome the opportunities it will bring.

*We have begun the journey and we are talking about it...*





When asked what priority lens Senior Leadership keeps its eye on this climate of transformation and ongoing change, the response resonated clearly in a unified voice...

## Communicate, Communicate, Communicate

Understanding that communication and community engagement are integral to the Board of Directors' governance model, the Southern Health-Santé Sud Communications Plan provides a framework for the delivery of effective communications for the organization, striving to achieve objectives where:

- Community, stakeholders and staff are engaged and informed.
- An overarching framework of communication and policies guide the organization by providing principles, objectives, desired outcomes, strategies and effective tools and tactics.
- Internal and external communications and community engagement are integrated, well-coordinated, effectively managed and responsive to the diverse information and communication needs of the population.
- Clarity, consistency, coordination and alignment with provincial messaging is adhered to, acknowledging that we remain committed to partnering throughout the provincial health transformation journey in Manitoba.

### Framework to help keep the Course

Covering an area over 27 025 square kilometers, Southern Health-Santé Sud communicates with a wide variety of stakeholders who may have different levels of awareness of the Region's work. Our approach is built on a platform of best practices and proactive processes, such as:

- Working collaboratively with the province, Shared Health and other health organizations to deliver consistent messaging and support with transformation and change management.
- Continuing to enhance community confidence and trust in Southern Health-Santé Sud sites, programs and services – information, education and engagement.
- Maintaining solid working relationships with the news media.

The key to successful communication, across this vast and diverse region, is embedded within Southern Health-Santé Sud's organizational structure. Intentionally designed to ensure a local presence in the community, this helps to build and maintain healthy relationships with people, communities and key stakeholders.



Within the Region's overall boundaries, the responsibility for oversight of operations and administration of health services is allocated to three defined administrative geographic areas. In addition to overseeing programs and services, a Senior Leader provides leadership for each of the three areas. Always with a lens to engage with the community, formal local and community stakeholder groups are in place including RHA representation and enable and empower communities to positively and successfully engage with the organization. Through local stakeholder groups, communities can take up issues themselves, thus creating strong local voices.

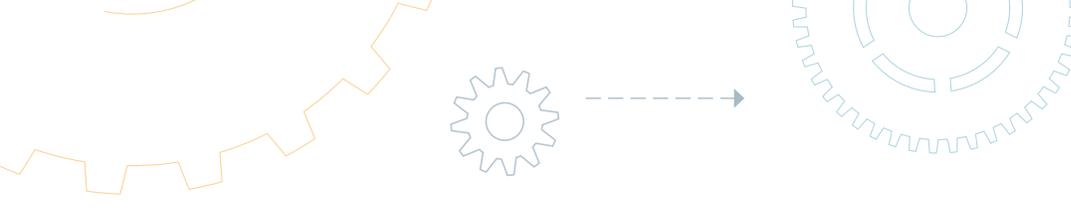
Individuals, families and members of the public are also encouraged to be active members in all levels of the health system this: in their own clinical care and self-management, as well as providing input into decisions that shape health programs, policies, evaluation and research. We have several engagement opportunities based on any stakeholder's area of interest, lived experience and availability including but not limited to:

- Local Health Involvement Groups
- CancerCare Hub Patient Experience Advisors
- Mental Health Advisory Committee
- Sharing Your Patient Story
- Participating on quality project teams
- Document review group
- Manitoba Institute for Patient Safety Volunteer Program
- Local Stakeholder Groups

**The Communication Plan was overseen and approved by the Board of Directors at its June 2018 meeting.**

**The Communication Plan is complimented with an annual Team Action Plan which serves as a roadmap and a repository of actions completed. The Team Action Plan is a reference to the Communication Team, as well as, to staff throughout the organization.**





# Local Health Involvement Groups

## Talking Health System Transformation

### What we heard...

- A cookie-cutter system will not work. There are special circumstances and nuances in our communities that will need to be recognized.
- Rural health care has a lot to be proud of and celebrated. There are many strengths that can be leveraged in the transformation work.
- Public and patient engagement is critical to success in the short term and evaluating success in the long term.
- The cost of the current health system is alarming to communities. Change is inevitable for sustainability.
- Community members want more information on the role of Shared Health and the rest of the organizations. There hasn't been clear communication so far.
- Communities will really start getting interested in the transformation work when it means changes in their local facilities. Until then, the impact is fairly minimal.
- Working with government to get approvals along the transformation will help make adjustments if needed.
- If staff members are well-informed, then the public will be well-informed. We need to have ongoing and clear communication with staff.
- Changes need to be accompanied by education for communities about why and how the changes will be made.
- Community leaders will be important partners if engaged in the work of the transformation.

**Current state:** Work is ongoing on a large variety of projects. Health System Transformation will be a three to five-year process in the province of Manitoba. Currently, specialty teams are working to create the first ever Provincial Clinical & Preventative Services Plan (due summer 2019) which will guide much of the clinical and specialty service design in the years ahead.

**Future state:** The goals of Health System Transformation are about delivering excellent patient care, being well-organized, being accessible to all Manitobans and being sustainable for future generations.

**Board Commitment:** We acknowledge during the transformation of the health system, these partnerships will be a critical element to its success.

Because of the LHIG consultations, as a Board, we commit to strengthening relationships with our community partners by:

- creating additional engagement tools to help Board members and senior leaders spread information about Health System Transformation to community groups
- increasing Board visibility at local stakeholder and community groups
- sharing current information about Health System Transformation with community/stakeholders groups

# Annual Public Meeting

## Communicating Health Transformation

“A very innovative, informative, engaging and productive meeting” said Patti Hacault, reporter for The Times. “Southern Health-Santé Sud made valuable steps towards their mandate of building a culture of caring.”

Attending the regional health authority's 6<sup>th</sup> Annual Public Meeting October 10, 2018 in Portage la Prairie, approximately 90 participants attended to hear about the Transformation... what it means and why it's happening.

Guests included Ian Shaw from the Transformation Management Office and Dr. Brock Wright from Shared Health who joined a panel along with CEO, Jane Curtis and Southern Health-Santé Sud Board Chair, Abe Bergen. Panelists responded to questions from the audience about health system transformation and the future of health services in Manitoba. Panelists answered questions with some very thoughtful prerogative thinking and a very clear picture of a vision for the future. The information was very well presented.

Although the focus of the evening was to share information about the transformation, Chairperson Abe Bergen also reported on Southern Health-Santé Sud's previous year 2017-2018 and summed it up as the year of 'connecting': “We have been connecting more than ever with counterparts from across the province, making sure our work is connected to the work of other departments and connecting with our communities and stakeholders

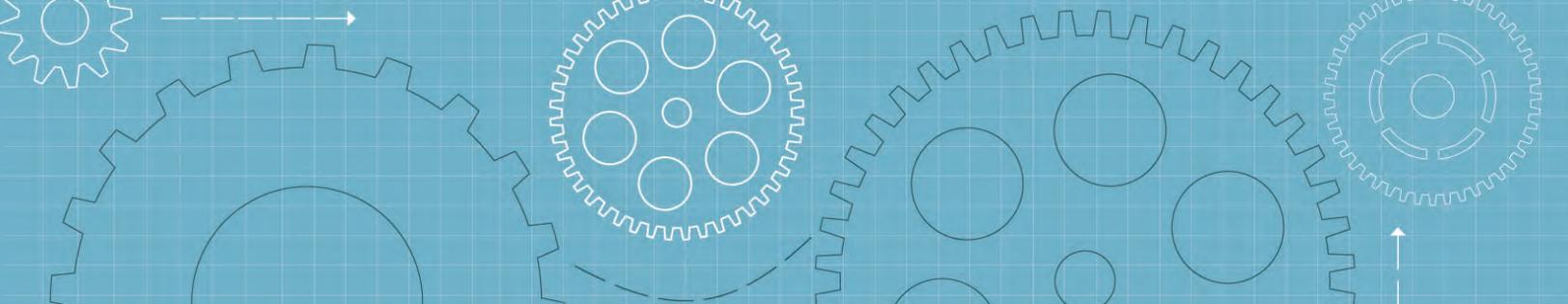


Annual Public Meeting (From lt. to rt.): Abe Bergen (Board Chair), Jane Curtis (CEO), Dr Brock Wright (Shared Health CEO), Ian Shaw

as decisions are being made about health services.”

“In times of transformation, we know that our purpose is more important than ever: we must provide safe and quality patient care and stay committed to our vision of ***Together leading the way to a healthier tomorrow.*** We must also recognize that we are all leaders in times of transformation and the culture and track record of this region can be a very positive influence.”

Jane Curtis, CEO spoke of the resiliency of the staff.” Change is never easy but I have seen you stay focused on your purpose while still being flexible and adaptable. It is more important than ever to recognize the opportunities we have before us. Patient care is absolutely central to this organization and to health care in this province. That will always be our mandate.”



# One Health System

The health system transformation requires solid foundational planning. The Manitoba Health, Seniors and Active Living (MHSAL) **Transformation Program** has been established to guide the thoughtful planning and phased implementation of broad health system changes.

The government of Manitoba created a **Transformation Management Office** (TMO) to guide the implementation of the transformation and leverage the knowledge, skills and enthusiasm of employees. The TMO closely monitors progress, opportunities and challenges across all projects to ensure progress remains on track.

## Service Delivery Organizations

Shared Health (the provincial health authority), the cancer authority and the regional health authorities are all service delivery organizations accountable to the Minister of Health, Seniors and Active Living. Each service delivery organization has specific roles and responsibilities related to their function and will continue to be responsible for the delivery of local health care services.

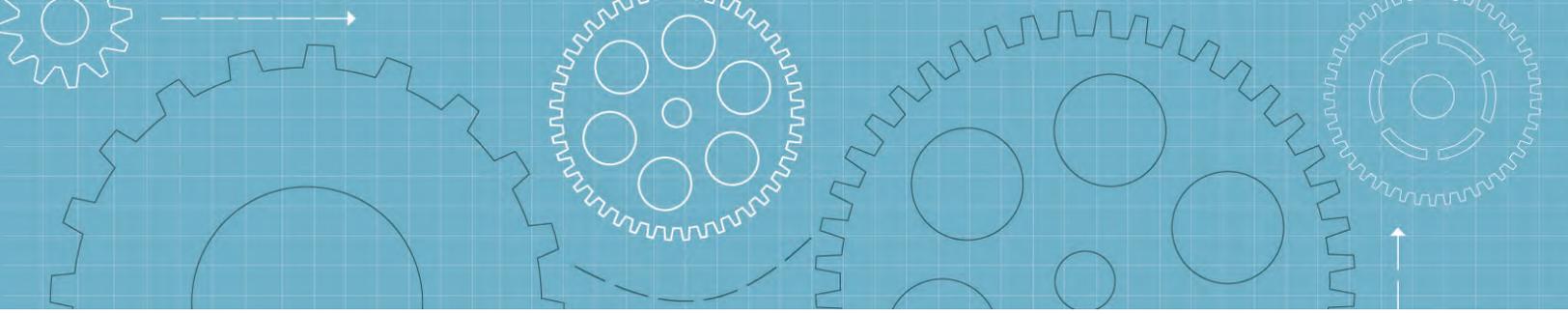
Services will be coordinated and consistent across organizations. Sites with clear accountability and understanding of “who” is responsible for the care of a special

population or delivery of a particular service, as well as, where intersecting patient pathways exist will ensure the seamless transition of patients across the health continuum.

**Shared Health** is also responsible for key provincial planning responsibilities in addition to its role as a service delivery organization.

Some provincial services have already moved under the umbrella of Shared Health this fiscal year, including Emergency Medical Services, Information and Communications Technology and Diagnostics.

Southern Health-Santé Sud will work closely with Shared Health to deliver quality health care services that meet the needs of our residents. “We have the opportunity to make some changes to the health system that will help us keep up with new treatments and the latest medical interventions,” says CEO, Jane Curtis. “There’s been a recognition in the system for a while that changes need to be made to provide a simpler system where the parts work together seamlessly. These changes will provide better services, not just for today, but to meet the needs of our residents in the future.”

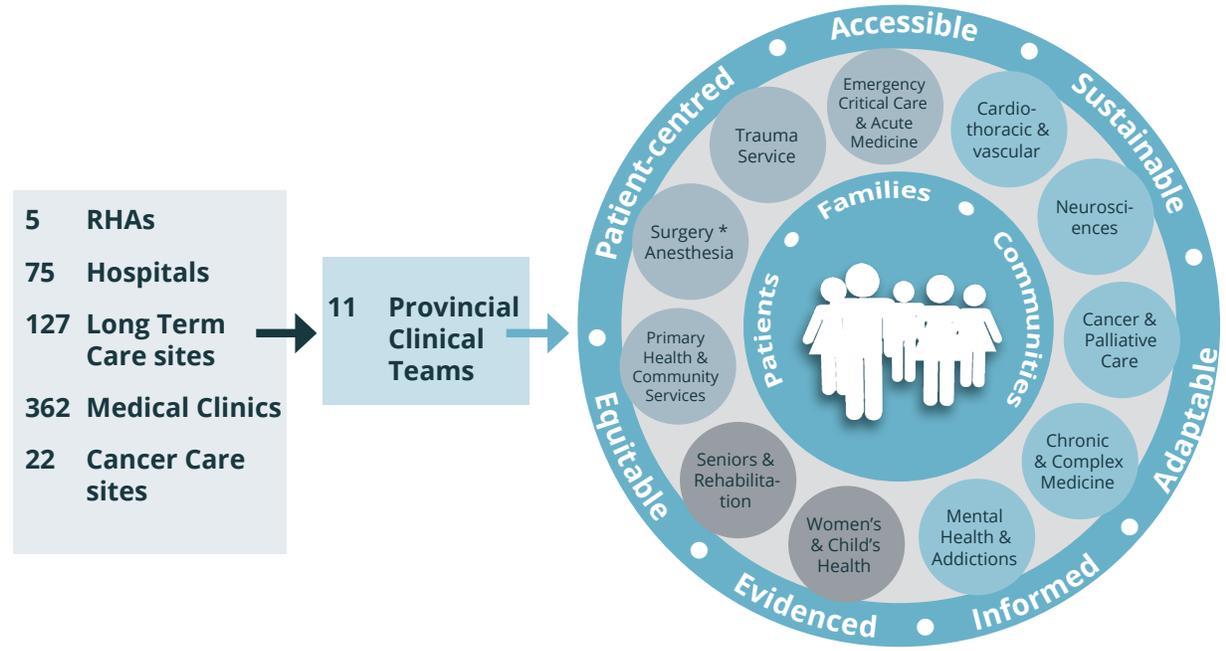


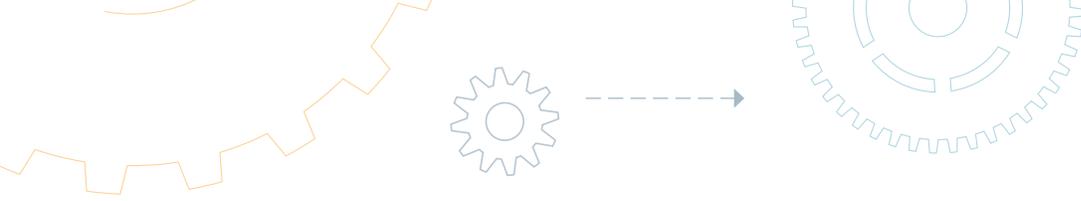
# A Provincial Clinical & Preventative Services Plan: Doing it together

To support a better-connected and coordinated provincial planning process that will allow clinical service consolidation and consistent standards of care across the province, health authorities are engaged with Shared Health in the development of the province's clinical and preventive services plan (PCPSP). The PCPSP are founded on the idea that health care needs are always changing, taking into account how patients move through and across the continuum of health care services throughout their lifetimes.

Co-led by a combination of urban, rural and northern clinical leaders, over 450 health care providers from different professional backgrounds, health organizations and communities across Manitoba are engaged in teams to develop the plan. Eleven teams, organized around specialty areas of care have reviewed data, models of care and outcomes, analyzed the needs of specialized populations and assessed opportunities to improve access, coordination and quality of care.

One Integrated Provincial Clinical & Preventative Services Plan





This work has involved a close look at Manitoba's population, resulting in a better understanding of the challenges facing Manitoba patients and health care providers. Teams then model the typical patient journey along the continuum of care, looking at the key areas – points of access, early intervention, care coordination and location of care. This approach helps to develop a robust understanding of influencing factors related to how and where care is provided, the current standards of service and established provider roles. Teams then propose future state models, giving consideration to key life stages,

population health priorities and service delivery realities, including the most appropriate location for patients to receive quality service, based on need, acuity and geography.

Cross-clinical working groups with expertise in Indigenous Health, Quality and Patient Safety, Digital Health, Diagnostics and Emergency Medical Services and Patient Transport are working across all teams to ensure the recommendations are integrated into a provincial plan that is appropriate for the needs, acuity and geography of Manitoba's population.

## Staff prepare for clinical & preventive services planning

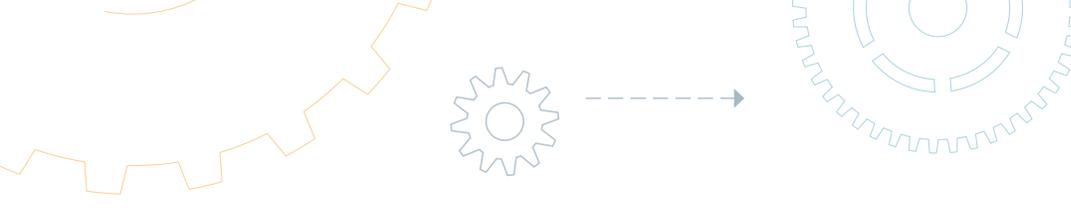
The PCSPC will include recommendations for service changes in rural Manitoba based on population need. Southern Health-Santé Sud staff from across the region are actively participating on the Provincial Clinical Teams, applying their clinical knowledge and expertise while providing their insight regarding the realities of delivering care in rural Manitoba which may not always be appropriately captured in available data.

To support provincial efforts and taking their responsibilities as members of the province's clinical teams earnestly, the Southern Health-Santé Sud's Regional Medical Advisory Committee, executive directors and regional representatives on the provincial teams met early in the year to prepare for their work. The region acknowledges that matching regional structures with provincial structures will only help with the sharing of information, engagement and improved decision-making.

In designing a regional feedback dialogue mechanism around clinical services planning, it was determined that there could be multiple communication requirements. To best support team representatives in their roles, different structures will be necessary at different times and for various purposes.

Southern Health-Santé Sud representatives on 11 Provincial Clinical Teams

<b>Emergency, Critical Care, Acute Medicine</b>	<b>Primary Health &amp; Community Services</b>	<b>Women &amp; Child Health</b>
<b>Dr. Ed Tan</b> (Co-Chair) Chief of Staff - Portage District General Hospital	Dr. Fran Bérard Family Physician - Centre de santé Notre-Dame Health Centre	<b>Dr. Chantal Frechette</b> (Co-Chair) Family Physician - Hôpital Ste-Anne Hospital
<b>Cheryl Harrison</b> Executive Director - West	Karen Ilchyna Regional Director - Primary Health Care	<b>Jo-Anne Marion</b> Director of Health Services - Bethesda Regional Health Centre
<b>Kyle MacNair</b> Director of Health Services - Boundary Trails Health Centre	Dr. Amanda Lints-Martindale Psychologist	<b>Stephanie Verhoeven</b> Regional Director - Public Health-Healthy Living
<b>Surgery &amp; Anesthesia</b>	<b>Mental Health &amp; Addictions</b>	<b>Dr. Jennifer St. Goddard</b> Family Physician - Anesthetist & Medical Director Anesthesia - Portage District General Hospital
<b>Eileen Vodden</b> (Co-Chair) Regional Director - Acute Care	<b>Tiina Lehtonen-Cordell</b> Regional Director - Mental Health & Spiritual Care	<b>Nancy Klassen</b> Client Services Manager - Rehab Services (Occupational Therapy)
<b>Dr. Elizabeth Thompson</b> General Surgeon - Boundary Trails Health Centre	<b>Trauma Services</b>	<b>Seniors &amp; Rehabilitation</b>
<b>Dr. Bernard Thess</b> Medical Director - Surgery - Portage District General Hospital	Karen Ilchyna Regional Director - Primary Health Care	<b>Heidi Wiebe</b> Regional Director - Seniors, Palliative Care & CancerCare
<b>Dr. Remy Gratton</b> Family Physician/Anesthetist - Bethesda Regional Health Centre	Scott Noble Regional Director - EMS	<b>Dr. Brian Duff</b> Family Physician (Morden)
<b>Dr. Ben Lulashnyk</b> Family Physician/Anesthetist - Boundary Trails Health Centre	<b>Chronic &amp; Complex Medicine</b>	<b>Debbie Harms</b> Regional Director - Home Care
<b>Cardiothoracic &amp; Vascular</b>	<b>Chantelle D'Andreamatteo</b> Regional Manager - Primary Health Care Integration	<b>Cancer &amp; Palliative Care</b>
<b>Rachelle Leduc</b> Respiratory Therapist - Portage District General Hospital	<b>Neurosciences</b>	<b>Dr. Cornie Woelk</b> (Co-Chair) Medical Director of Palliative care - Boundary Trails Health Centre
	Dr. Christo Minnaar Chief of Staff - Bethesda Regional Health Centre	<b>Kyle MacNair</b> Director of Health Services - Boundary Trails Health Centre & Regional Director - Pharmacy
	Diane Reimer Client Services Manager - Rehab - Bethesda Regional Health Centre	<b>Dr. Brett Finney</b> Family Physician/FPON - Portage District General Hospital



# Declaration of Patient Values

Southern Health-Santé Sud staff is always committed to improving the patient experience for everyone. As an organization, we depend on patients to partner with us to achieve this goal.

The Declaration of Patient Values is a result of various community engagement activities where patients and members of the public selected the following values and actions. These values complement Southern Health-Santé Sud's core values of Integrity, Compassion, Excellence and Respect.



“It is the loyalty, professionalism and dedication of staff that really make the difference to patients’ quality of care and experience.”

## ACCESS TO CARE & SUPPORT



### means:

- when I am sick or in pain, I am not kept waiting too long for services
- I am provided with information and options so I can make the best decision for me
- my family and support system are partners in my care

## CONTINUITY OF CARE & TRANSITIONS



### means:

- I know what my next steps are when I leave an appointment
- when my health issue is not resolved, don't give up on me - help me find other alternatives
- I'm not forgotten when I transition into another provider's care

## SAFETY



### means:

- when the stakes are high, there are processes or tools in place for double-checking
- appropriate and necessary equipment is available for safe care
- my care providers ensure that I understand what they tell me

## TRUST



### means:

- my care providers are open and honest with me about what lies ahead
- respectful and empathetic communication
- I am listened to and my concerns are taken seriously

# Manitoba Clinical Leadership Council

*A sober, second voice*

The establishment of a strong clinical leadership voice began under the guidance of a Manitoba Clinical Leadership Council (MCLC) chaired by Dr. Denis Fortier, VP of Medical Services for Southern Health-Santé Sud.

The MCLC is a bit like the Senate; it provides a sober, second voice before making final decisions or revisions to clinical services in Manitoba, says Fortier. The MCLC includes the Chief Medical Officers from all of the five regional health authorities, Shared Health and Cancer Care Manitoba, as well as nurses, other health practitioners such as physiotherapists, and representatives from the College of Nursing, College of Physicians and Surgeons of Manitoba and University of Manitoba's Rady Faculty of Health Sciences. "We have a good cross-section of people at the table from various parts of the health system and we also have a balance of people from rural and urban settings," says Fortier, who estimates he spends about 30 percent of his time

**"We have an opportunity to explore how we can better coordinate and integrate clinical and preventative services as seamlessly as possible across the province."**

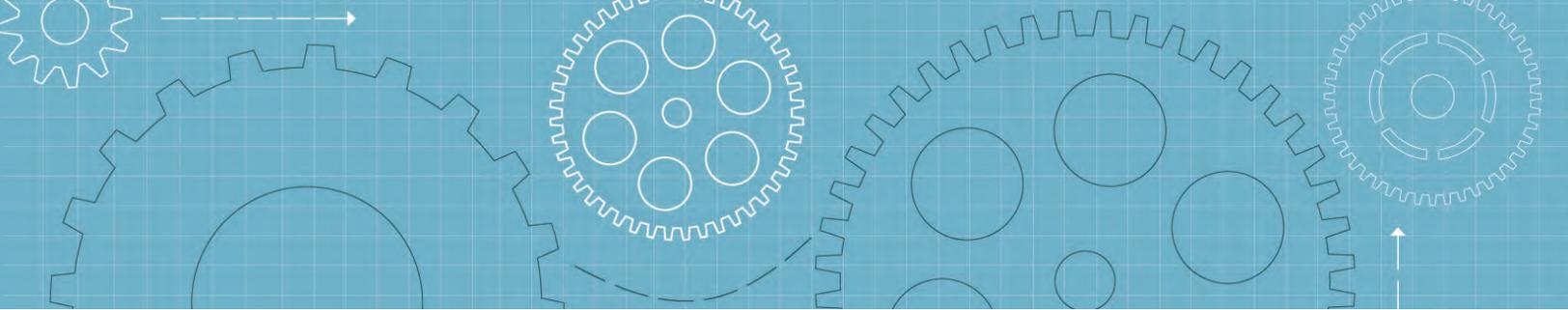


**Dr. Denis Fortier**  
Vice-President - Medical Services

involved in provincial transformation work.

The MCLC is a fairly new entity that has been meeting for just over a year, and is still trying to define its role and responsibilities. Fortier's ongoing role as Chair is to continue to challenge the Council to redefine itself as the transformation process unfolds. "We are in the process of beginning to define ourselves," says Fortier. "There are a lot of clinical and governance issues across the province that are being looked at by the regions and Shared Health, and we need to see where that process lands before we can figure out what the final role of MCLC will be."

As Chair of MCLC, Fortier also sits on the Executive Committee of Shared Health, the new provincial organization, in an advisory capacity.



The 11 provincial clinical teams that are currently assessing areas for health care across the province report their recommendations directly to MCLC, through Shared Health which will review them and identify any areas that might need revisiting before endorsing the new Provincial Clinical and Preventative Services Plan.

“We have an opportunity to explore how we can better coordinate and integrate clinical and preventative services as seamlessly as possible across the province,” says Fortier. “It makes sense that instead of having each region working and planning independently of each other, that we work together to coordinate and prioritize projects and make it easier to access funding because we will know which ones are the most important to provide the most benefit across the province.”

## Redefining Possible: Project Advisory Teams

Several advisory groups have been established for each work stream, comprised of clinical providers and administrative leaders from across the province. These groups are overseeing engagement and planning activities to ensure necessary systems and processes are in place to support and sustain changes before they are made.

Advisory teams have been established for most projects to support the TMO in overseeing the initiatives. These advisory teams consist of participants from across the system selected because of their knowledge or role in existing operations project. Early in 2018, a call for expressions of interest was issued for staff, managers, directors and executives to work directly on transformation projects. Encompassing province-wide integration of health services, project deliverables must include a “patient first” approach, respect for people and culture, a maintained focus on quality and safety and evidence-based decision making.

- Transition Workforce to Shared Health Functions – **Dr. Denis Fortier**
- Supply Chain Management Shared Services Planning and Implementation – **Martin Montanti**
- Human Resources Shared Services Planning and Implementation – **René Ouellette**
- Clinical and Preventive Services Planning – **Kristy Radke**
- Provincial Information Management and Analytics Shared Service – **Ales Morga and Shelley Emerson**
- Provincial Health Systems Performance Management – **Jane Curtis**
- Quality and Patient Safety & Accreditation – **Jane Curtis**



## People are at the Heart of Southern Health-Santé Sud

At the very heart of the organization is the people who work to provide health care services. It is therefore important that human resources (HR) policies, salaries and benefits across the province are consistent so that they can all do their job well.

René Ouellette, Southern Health-Santé Sud's Vice President - Human Resources, is co-leading the project team, which also has representatives from across the five health regions, as well as from Shared Health, the new provincial umbrella health organization which will eventually implement the new HR-related policies across the whole provincial health care system.

Everyone involved in this large project is an expert in the HR field and their core focus is having integrated policies that benefit the whole health care system, not just one organization or region.

Currently, unions represent employees in 192 bargaining units all over the province. Those bargaining units are being restructured and amalgamated into a maximum of 42. Under Bill 29, Regional Health Authorities and Shared Health can each have a maximum of 7 bargaining units. After amalgamation, there can only be one union representing the employees in each bargaining unit. Employees will have the opportunity to vote to determine which union will

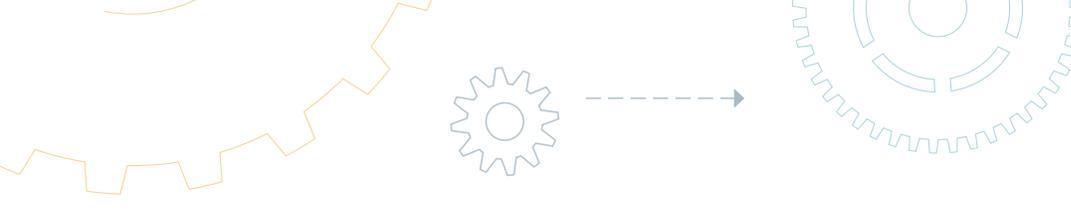


**René Ouellette**  
Vice-President - Human Resources

represent them. The unions and employees have committed to avoiding anything that would have a disruptive impact on services to patients and their families during the voting process. As important as the votes are, it is also very important that the process does not become a distraction from everyone's job responsibilities.

"Transformation is a once in a generation change," says Ouellette. "It's rewarding to work collaboratively with one's peers to integrate HR policies, making the system simpler and more efficient for employees and administrators, and easier for everyone across Manitoba to access appropriate and better health care."

With almost 50 000 people working in health care in over 300 locations across Manitoba, it's a huge job for the seven-person project team that is assessing hundreds of HR policies from Manitoba's health regions and trying to make them more streamlined and consistent.



# Standardizing the Supply Chain

For many years, Martin Montanti, Southern Health-Santé Sud's Vice President - Corporate Services, has been saying that the health care supply chain can benefit from a shared services model that is led provincially, but delivered locally.

Montanti can now put that theory to the test by working as part of the Provincial Supply Chain Management Shared Services advisory team, which has been developing a strategic plan for managing all four components of the supply chain - contracting, purchasing, warehousing and transportation - on a shared, provincial basis.

Facilitated by an independent consultant, representatives from all five health regions, CancerCare and Shared Health have been comparing demographics, usage statistics and supply inventories to come up with recommendations about how to ensure everyone has the same products to provide the same services.

As an example, in order for sutures used in operating rooms to be the same, it makes sense to offer a contract for the supply of sutures for the entire province instead of each region sourcing different types from different manufacturers.

The advisory team brought together people with many different skills sets from finance to nursing. The goal is to enhance the quality of health care in our region, and provincially,

by making sure that every patient, client, resident and stakeholder gets the same quality standard and service by simplifying and streamlining supply chain processes.

The advisory team has submitted its recommendations to the provincial government and is awaiting approval before moving on to the implementation phase.



**Martin Montanti**  
Vice-President - Corporate Services





## Partnerships with Indigenous People

Southern Health-Santé Sud is a recognized leader in partnering with Indigenous people to provide holistic health care services that are inclusive and respectful of their cultural and spiritual needs and preferences.



Three years ago, the region was proud to sign the first Indigenous Health Partnership Agreement in Manitoba with our First Nations, Metis and Inuit people and communities. We are beginning to incorporate traditional healing practices such as smudging ceremonies and sharing circles at our facilities and developed a cultural resource toolkit that Accreditation Canada recognizes as a leading practice.

As part of the health care transformation process, Indigenous health program leaders are sharing our experiences and leading practices as we work collaboratively across the province to develop an Indigenous partnership strategy.

We are excited about the possibilities of this inclusive transformation process and are anxious to spread the success of the traditional healing practices and other initiatives to other regions of Manitoba.

The key to our successes has been engaging meaningfully with Indigenous communities and being open and willing to listen, learn and act with humility. Together, we want to create a health care environment where Indigenous people in communities and families feel safe and respected. We want to ensure that we bring their voices to the table

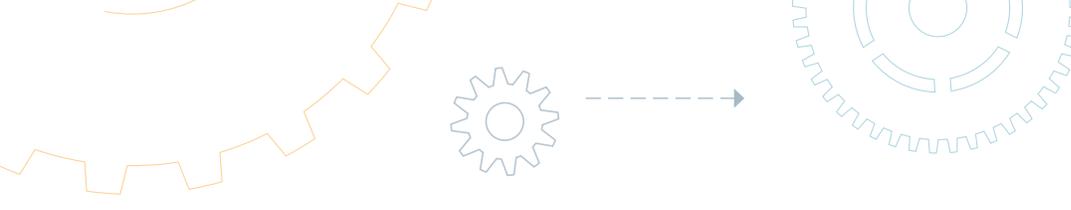
as we move forward. We are creating a new way of doing business, one that ensures that all of us have input into decisions that affect all of us.

We are also proud of the national award-winning internship program that helps indigenous students explore careers in health care. Offered in the region since 2009, more than 80 percent of the 200 students who have attended the program are still in school or have graduated from Grade 12.

“As we continue to work towards fulfilling the recommendations of the Truth and Reconciliation Commission, and as part of the transformation, we realize it’s a shared journey that must draw on the past in order to be successful in creating a strong and healthy future together,” says Marianne Woods, Executive Director-North.



**Marianne Woods**  
Executive Director - North



## Southern Health-Santé Sud Finance Team Pulls Together

Four members of Southern Health-Santé Sud's finance department have spent the last year working on health system transformation projects. After expressing interest in being a part of the process, the Transformation Management Office invited them to serve on the provincial Finance Advisory Team, which has been gathering and consolidating financial information for different project areas from across the province. The team's work to date has included some priority projects such as ambulance services and information and communications technology.

Southern Health-Santé Sud is fully supportive of their involvement and recognizes the whole team effort, as those left behind worked hard to help cover the workload of their colleagues seconded on either a full-time or part-time basis. We are also grateful to the many other staff members from finance who volunteered to serve on various committees supporting the Advisory Teams.

Our region has a strong culture of efficiency, sustainability and improvement and there was great value in being able to share some of the things we have done, but also to learn from others across the province. Those who were involved have a desire to learn and develop professionally, and involvement in the Advisory Team provided a valuable learning opportunity that benefited them personally. This not only helps the current transformation process, but also brings new knowledge and skills back to our organization.



**Ken Klassen**  
Vice-President - Finance & Planning

Having so many people away from their desks meant our finance team had to make a few internal changes, but it was also an opportunity for us to look at how we were doing things and find ways to streamline processes, which resulted in efficiency gains in areas like the budget process and financial reporting.

Overall, we are proud of the extensive knowledge and skills of our employees across the organization who continue to contribute in a meaningful way to the transformation process. There are opportunities for more efficient processes and cost savings in many areas, and while we had already explored some of those options, there is much more that we can do as part of a provincial system.



## Making Sense of the Data

To lay the foundation for planning work in the various projects, the Transformation Management Office focused on the development of a robust, data-based analysis of the current state of Manitoba's health system.

In our modern world, we collect a lot of data but it's not always accessible or presented in a way that is easy to understand. That's why, Southern Health-Santé Sud's Director of Planning & Evaluation, Ales Morga, set out in the spring of 2018 to condense information from the 600-page Peachey report – Clinical & Preventative Services Planning in Manitoba.

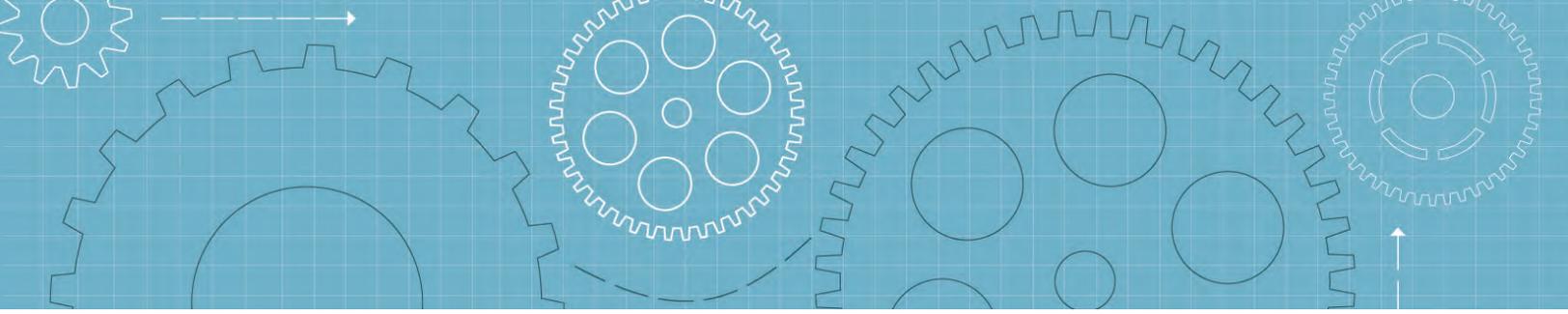
The aim was to produce a shorter summary, with additional findings from the region's Community Health Assessment (CHA) that would provide helpful background about its demographics, facilities and services for Southern Health-Santé Sud representatives serving on one of the three new Provincial Clinical Teams set up to review primary, emergency and surgical care.

Once the provincial health authority 'Shared Health' saw the organized and easy-to-read reports, it asked Morga to bring together the Community Health Assessment Network from all of the health regions in Manitoba to work collaboratively as a group and produce similar reports with a provincial focus.

The comprehensive reports discussed national and regional trends and the social determinants of health, analyzing the results from each region's CHA to help provide some context about factors that contribute to health such as access to medical practitioners and services, wait times, volumes of hospital visits, health care expenditures and quality of care across each region.

Besides being useful documents in themselves, the process has set a new collaborative, provincial direction to guide the development of Community Health Assessments in the future. It was a great learning opportunity for everyone involved and emphasized the importance of having solid, timely data to help inform the Health System Transformation process.





## On the Horizon: Accreditation Canada Survey



**ACCREDITATION  
AGRÉMENT  
CANADA**

Transformation is about finding ways to build on what we do well, to improve in areas where we should do better, and to stop the things that are not working. In fact, Accreditation is essentially a transitional process.

In times of transition, we can never lose sight of what matters most. Southern Health-Santé Sud prepared for an on-site visit from Accreditation Canada surveyors to take place on May 5-10, 2019. We will have an opportunity to open the door to 13 surveyors and showcase the wonderful work our staff do on an ongoing daily basis. We want to demonstrate our commitment to providing and improving safe, quality health care.

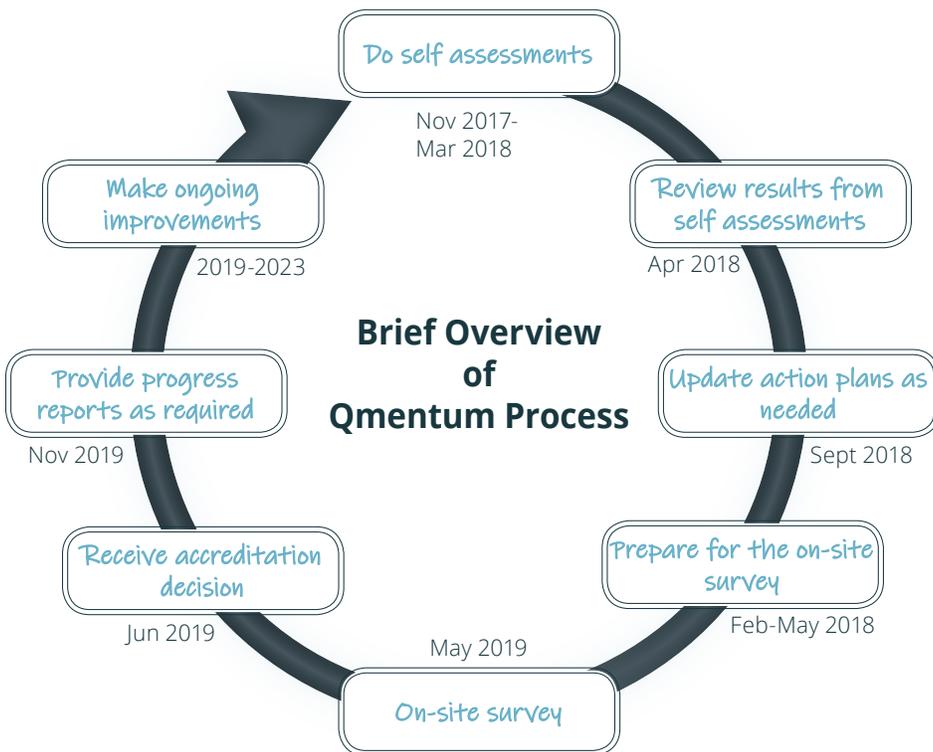
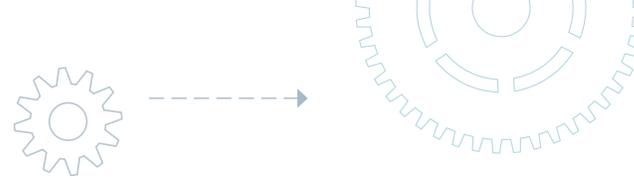
Needless to say, there is always preparation to occur when visitors come to our home!

The process used for Accreditation is called the Qmentum Process. The process has a four-year cycle. The evaluation process is divided into two steps: a self-evaluation and a formal on-site evaluation. As shown in the diagram on the next page, we have been working on the self-evaluation piece of the Qmentum process. Surveys have been sent out to all levels of the organization:

- boards (affiliate organizations participate in this journey too!);
- staff (feedback is received on their work life and how patient safety is viewed);
- clients (feedback was requested from clients in acute, long term care, home care, primary care and mental health).

**“A sustainable, simplified, consistent provincial approach to accreditation, continuous improvement, enhanced quality patient care and the availability of safe and consistent service delivery across all service delivery organizations will be achieved through the establishment of a provincial framework that incorporates leading practices and the input of patients and their loved ones.”**

**Quality, Patient Safety and Accreditation Transformation project**



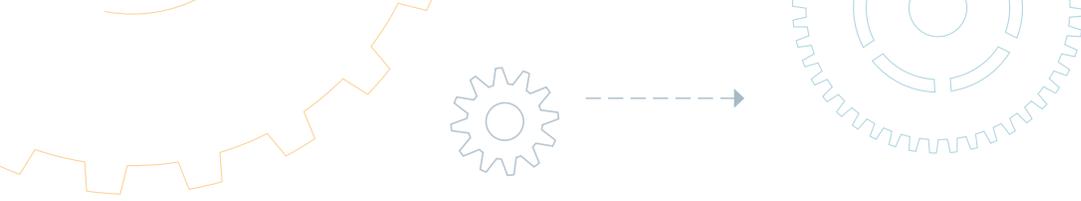
### Why be accredited?

There are several reasons, including that it is a mandatory requirement by Manitoba legislation. More importantly, it improves health system performance, promotes safety as an organizational culture, identifies risks and areas of improvement, recognizes quality and safety practices and, it increases credibility with the public! It is also a requirement in order to have students from universities use our organization as a placement. Students bring lots of energy to our organization – and we want to be an organization that promotes ‘learning’.

We also receive staff feedback through surveys about the standards set out by Accreditation Canada, the national and international benchmarks which we strive to achieve! They are categorized into Core standards (governance, leadership, medication management and Infection, Prevention & Control) and Service Standards (acute, long term care, primary, mental health, critical care, population health, telehealth, obstetrics, emergency department, emergency medical services, ambulatory care, rehabilitation, cancer care, home care, public health and reprocessing). Are we implementing the standards at all our sites and communities around the region? How well are we doing it? We analyze this feedback and set goals to improve the care we provide in our region.

Southern Health-Santé Sud values input from staff, board members, clients, patients, families who provide us with information on what they believe about care in both facilities and communities. We are a learning organization. We understand we can only improve if we ask for feedback from both the people we serve and the people who provide the service!

As we now look to the future in the midst of a provincial transformation, we know that getting better is contingent on our ability to learn and to spark the capacity for creating new and innovative approaches throughout the health care continuum.



## Scope of Practice: Putting the theory into practice

Southern Health-Santé Sud currently has 12 physician or clinical assistants and 21 nurse practitioners working in various locations across the region. Some are in acute care or surgical settings, others are providing primary health care at medical, QuickCare or mobile clinics. They perform many different roles but all of these practitioners are helping to improve services so that people in our region have access to safe, effective health care.

A nurse practitioner is a registered nurse who has taken additional training and is able to work unsupervised at a higher level of practice, handling many primary care needs that, in the past, patients would have seen a physician for. In the region, we have developed a successful model that allows our nurse practitioners to collaborate with physicians and to consult with them on issues that fall outside of their scope of practice.

Physician assistants have taken a university program and completed a practical internship. They work under the supervision of a physician who, in many cases, helps them to develop specialized, technical skills and focus on a particular practice, for example assisting with neurosurgery.

More recently, the region has started to explore paramedicine, which allows emergency medical services personnel like paramedics to help with some basic primary health care such as taking blood pressure or doing follow up home visits.

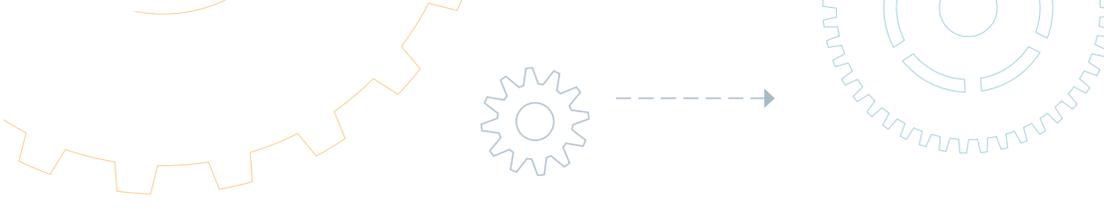
The Regulated Health Professions Act (RHPA), is encouraging all health care professionals in

“We need to make sure that the right links between primary care and acute care services exist and also to ensure that people living with chronic disease have referral patterns to get the right care as quickly as possible in the right place. The key in any health system is to making it work in the best possible way is to get the most of out of your workforce to actually allow them to act work at the top of their licenses where they can fully contribute to health outcomes by providing care that they are capable of providing. Grappling with role definitions and scopes of practice will provide some solutions to the challenges we face.”

**Dr. Rohan Hammett, Asia Pacific  
Healthcare Lead Partner with Deloitte Inc**

Canada to look at whether they can expand their scope of practice. This is in-step with the transformation process in Manitoba, that is also looking at ways to improve access and ensure trained medical staff can work to their full abilities.

“When we challenge organizations and individuals to work to the top of their scope, it makes for more meaningful contribution and work,” says Dr. Denis Fortier, Vice President - Medical Services. “If we can succeed to extend people’s scope of practice, and make sure that people are confident in their skills at that level, we can better serve our populations closer to home because we’re going to have more options to provide the right care.”



# Emergency Medical Services – A Move to 24/7 Staffing

Professionally-trained paramedics today are able to perform many life-saving activities and are critical to providing a rapid, effective response to emergency calls in Southern Health-Santé Sud. A move to 24/7 staffing means “in-house” paramedics are able to respond from the ambulance as they are moving around. The new system will be predictable, responsive and have sustainable care.”

As of January 2019, eight new paramedic positions were implemented at the Altona and Boundary Trails Emergency Medical Services (EMS) stations. This investment by the province ensures highly-skilled professionals are available for emergency dispatch and response at all times of the day, any day of the week. This initiative realizes the conversion of the current standby night staffing model for the Altona EMS station replaced with a 24/7 in-house staffing model, and for the Boundary Trails station, resulting in a second staffed ambulance on a 24/7 basis.

The creation of additional paramedic positions to support the movement provincially to a 24/7 EMS staffing model is an ongoing initiative that has to date, resulted in the creation of 28 new full-time paramedic positions in Southern Health-Santé Sud over the past three-year

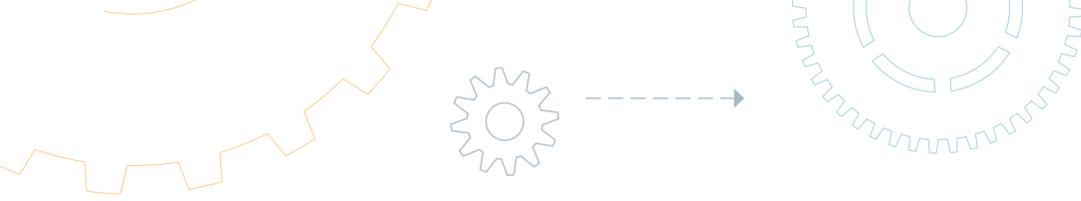
period and 143 full-time paramedic positions province-wide. To ensure access to consistent, reliable health care in the community, this change in staffing models resulted in:

- improved response times to calls for EMS service,
- enhancement of the workforce in terms of additional primary care paramedics in the system and
- reduced fatigue for paramedic staff and increased EMS system resources.

Professionally-trained paramedics today are able to perform many life-saving activities for patients in medical emergencies and are critical to providing a rapid, effective response to emergency calls in Southern Health-Santé Sud.

The Medical Transportation Coordination Centre (MTCC) in Brandon is responsible for the dispatch and positioning of the province’s emergency medical services outside of Winnipeg.

Work is ongoing to support the transition of EMS and Patient Transport services to a provincial model with integrated service delivery, provincially defined and applied policies, and centralized clinical and operational governance with Shared Health.



As transformation project work continues, the day-to-day operations of EMS and Patient Transport will continue to be managed as per the current regional and program structures. Formal guidelines to ensure operational decisions such as project initiatives, staffing, capital purchases and contracts are aligned with transformation initiatives have been developed and made available to service delivery organizations in early 2019.



## A Collaboration Initiative

### *In times of change*

The construction planning of new EMS stations in the communities of Portage la Prairie and Selkirk reflects how effective partnerships have the potential to deliver meaningful results for communities. The planning and construction of these two stations is significant not only in terms of the size of each the respective station but also in the joint approach that the two regions have undertaken.

In undertaking this joint planning process, the regions are leveraging their collective expertise in terms of knowledge of system needs and design, along with the project management and construction talents. Designing these stations with as many commonalities as possible, the intent is to achieve efficiencies in design, cost and project management that would not be possible if each region were to plan and construct in isolation.

Unlike previous EMS station construction in the region, the new Portage Station will be designed as a state-of-the-art regional hub station. It will be much larger in size than any other existing stations and will contain features such as designated training areas, office space for some members of the regional EMS management and Superintendent staff, as well as garage space for multiple ambulances. The project will enhance our efforts to continue delivering emergency services with the highest degree of expertise and professionalism.

With the movement of EMS to a provincial program, initiatives such as this will be key in terms of building a consistent inventory of infrastructure to support program delivery.



## Actively Engaged in Physician recruitment and retention...

Manitoba's move to provincial workforce planning, recruitment and retention, the development of a provincial strategy for bilingual human resources and ongoing work to consolidate bargaining units will enable the expanded scope of practice for service providers.

### Human Resources Shared Service (HRSS) Planning and Implementation

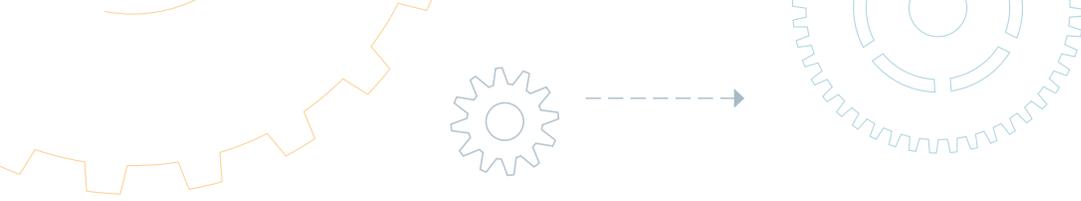
#### Family Medicine Resident Retreat

Hosted in September 2018, family medicine residents from the Department of Family Medicine Max Rady College of Medicine met for three days in Portage la Prairie for their annual retreat where they obtained a first-hand view of future practice options. Taking place each year, the event features a job fair, continuing medical education, and networking. The job fair component is attended by a variety of physician employers and support businesses, including regional health authorities, clinics, communities and even financial institutions. Provincial experts and local physicians from the Portage Clinic provided continuing medical education throughout the retreat.

As part of the welcome reception, the local Spirit Horse Drum Group performed and Brian Clyne did a Hoop and Traditional Dance. The Fairholme Colony opened their home for the regional dinner and entertained the group with singing. Hutterite history and current status was also shared, providing a tour of the colony.

#### Rural Week

Working with staff, clinics, physician leaders, and community members, Southern Health-Santé Sud hosted Rural Week in May 2018. Rural Week is a one-week learning experience for all first-year medical students enrolled in the Faculty of Medicine at the University of Manitoba. Students get first-hand experience and exposure to rural and northern medicine and life. It is an opportunity for participating communities to showcase and promote themselves. Each student's experience was unique; participating in a mock scenario, presenting to the local high school, meeting with different leaders in the community, visiting local farms, as well as checking out some of the local attractions.



## Rural Interest Group

The Rural Interest Group consists of first- and second-year medical students from the University of Manitoba who are interested in pursuing a career in rural health care. Hosted by Steinbach Family Medical and Southern Health-Santé Sud, 30 students came to Steinbach in April 2018 for a day of workshops aimed at promoting the benefits of practicing medicine in rural communities. Participating in clinical workstations, students were able to put their skills to the test doing everything from sutures, to putting casts on their colleagues, as well as, learning obstetrical techniques. Students also toured the Bethesda Regional Health Centre and the community of Steinbach.

## Clinical Teaching Units

Since 2009, the University of Manitoba has put in place Clinical Teaching Units (CTUs) in rural Manitoba in the hopes that by teaching family medicine residents rural family medicine it will give us a well-rounded physician, many of whom might choose to live and work in rural Manitoba. There are four such units in Southern Health-Santé Sud located in the communities of Morden/Winkler, Notre Dame de Lourdes/Ste. Anne (bilingual stream), Portage la Prairie, and Steinbach. Residents who train at these units receive the “big picture”, not just hospital work but also clinic and community work. This kind of training experience mixed within an Academic day, highlights rural family medicine at its best.



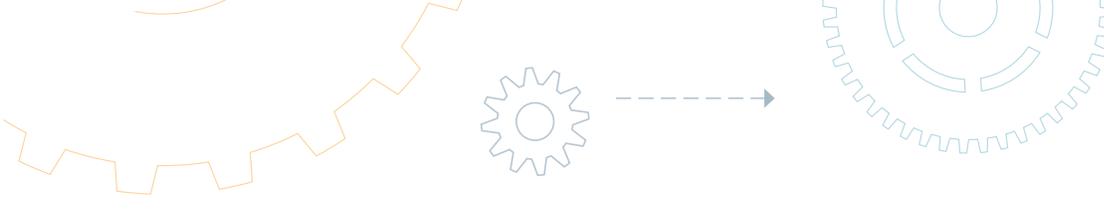
Medical student from the University of Manitoba, Cynthia Xu is applying a cast on Jamie Gillies-Podgorecki.

## Academic Day

Twelve family medicine residents from the bilingual, Steinbach and Morden/Winkler programs, one medical student from the University of Manitoba, six nurses and four physicians from Notre Dame, all took part in this educational event. Participants were able to partake in pediatric emergency simulation drills in the STARS Mobile Education Unit, engage in plenaries by Dr. Darcy Beer, had the opportunity to go through case reviews in groups and had fun with planned activities.



Pediatric emergency simulation drills provided medical students, nurses and physicians a learning experience, sharing knowledge and skills.



## Pathways for Better Coordination & Access

It is evident that new and different ways of delivering clinical services are closely tied to our ability to better use inter-professional teams and technology.

Rural Manitobans in particular often face unique challenges in accessing health care services as a result of our province's natural geography, dispersed population and inclement weather. MBTelehealth is available in Southern Health-Santé Sud in 16 locations across the region.

In a recent survey, 450 people who responded, said that Telehealth has helped to ease the burden of illness and of maintaining wellness. Long travel times, travel expenses, loss of work time and arranging child care are realities that make access to health care difficult for many of our rural and northern residents.

The use of technology like Telehealth gives us the opportunity to provide quality health services and access to many different health care providers, including specialists, closer to home for people who are sick or living with a chronic disease. It also provides important educational opportunities for our health care providers.

In early 2019, Telestroke, a program that provides specialized emergency care to stroke patients in rural communities, was expanded

to three regional centres in Southern Health-Santé Sud: Bethesda Regional Health Centre, Boundary Trails Health Centre and Portage District General Hospital.

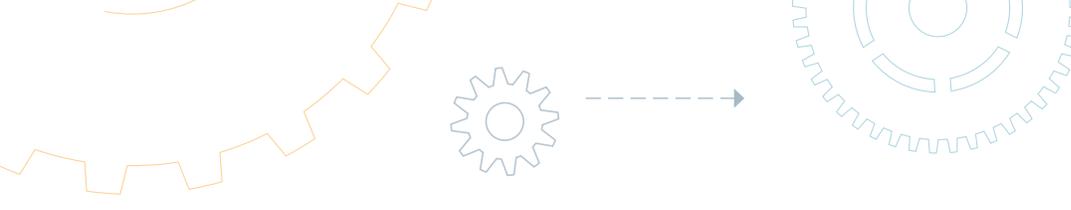
"This innovative technology enhances access to specialists with expertise in stroke care who can support both the assessment and treatment of patients experiencing acute stroke," says Noreen Shirliff, Executive Director - Acute & Chief Nursing Officer. "It is life-saving care at a distance."



**Noreen Shirliff**  
Executive Director - Acute &  
Chief Nursing Officer

Patients transported to a Telestroke centre receive advanced emergency stroke services and treatment options. Telestroke enables local emergency physicians to work remotely with stroke neurologists and radiologists 24 hours a day, who can receive CT scan results digitally. Specialists work together with the local team to determine if a patient can be treated with a clot-bursting drug, which can help patients make a partial or complete recovery if given within 4.5 hours after the first symptoms of stroke appear.

Expanding the use of these kinds of technologies will enhance access to quality health care for all Manitoba residents.



# Designated Bilingual Positions - A Leading Practice

Southern Health-Santé Sud recently received Leading Practice recognition from the Health Standards Organization (HSO) for its approach regarding recruitment & retention into Designated Bilingual Positions – a Standardized, Integrated and Collaborative Approach.

Developed as a first in Manitoba, this practice responds to challenges related to consistently achieving standardized recruitment, selection, monitoring and reporting of over 600 designated bilingual positions (DBPs). The complexity of implementing standardized hiring processes for DBPs across our vast region, clusters in minority settings, motivated the development of this practice in achieving an integrated, cost neutral, electronic approach inclusive of ongoing monitoring and reporting. Recruitment and selection into DBPs is accomplished collaboratively amongst existing resources within a matrix structure including: Senior Leaders, hiring managers from sites, programs and services, French Language Services (FLS), Human Resources and Payroll – all sharing the responsibility towards a common goal of improving the client experience.

Anchored by our core values with active involvement by community stakeholders, access and delivery of FLS is normalized as part of 'doing business'. This practice is creative and unique whereby FLS is a 'culture of shared responsibility', planned and delivered by the organization as a whole. FLS does not

belong to a sole portfolio or an individual. It is guided by LEAN principles, and the provincial framework of "Above All, Common Sense". This practice provides standardized steps and checkpoints in recruiting and filling DBPs with bilingual incumbents, to meet the ultimate goal of providing the right service, at the right time by the right health care provider.

"This Leading Practice is celebrated collectively as a region, acknowledging the many hands and champions who help to meet our legislated French Language Services mandate," says Cheryl Harrison, Executive Director, West. "We are proud of the leadership shown by Southern Health-Santé Sud's FLS Team in making this happen."

See [www.southernhealth.ca](http://www.southernhealth.ca) for the complete story behind the story regarding recruitment and retention into Designated Bilingual Positions in Southern Health-Santé Sud.



**Cheryl Harrison**  
Executive Director - West

# The Power of Excellence - Staff Awards

## Salus 2018 moreOB Patient Safety Award

Boundary Trails Health Centre (BTHC) Obstetrical Team moreOB program participants and Core Team received the Salus 2018 moreOB Patient Safety Award for Central Canada for their commitment to patient safety when initiating the delivery of term uncomplicated twins. Presented annually, this coveted award recognizes health care teams who have demonstrated exceptional commitment to improving patient safety within their obstetrical unit.

To qualify for the award, teams must demonstrate exceptional and interprofessional teamwork in the innovative application of learnings and concepts from the moreOB program leading to quality improvement, culture change and/or improved clinical outcomes. One award recipient is chosen from each of Western Canada, Eastern Canada and Central Canada.

With the moreOB program, outcomes are measurable. The primary focus of the program is improving clinical outcomes. The moreOB program helps create a hospital environment where OB team members are empowered, patient safety and teamwork are prioritized, communication is open, individuals are valued and learning is emphasized.

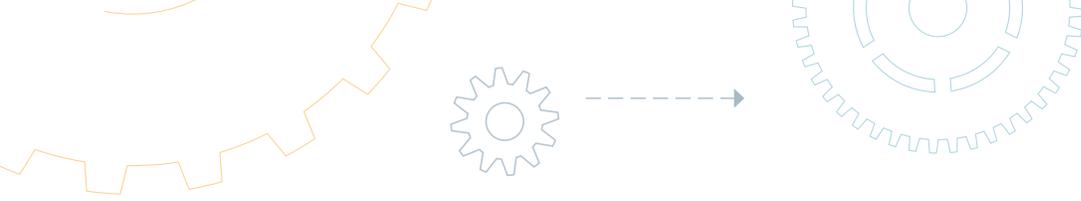
## 2018 Quality Service Awards

Quality Service Awards recipients are nominated by their peers for staff who embody Southern Health-Santé Sud core values of integrity, compassion, excellence and respect. They include four individual awards, a Service Excellence Team award and the Chief Executive Officer Career Achievement Award.



## 2018 Quality Service Award Recipients

(pictured lt.-rt.) front row: Pam Durand, Abe Bergen (Board Chair), Jane Curtis (Chief Executive Officer), April Friesen; back row: Lorraine Grenier, Sylvie Robidoux, Patti De Mendarozqueta & Kristine Crocker. Missing from photo are: Doug Dezeng, Dorothea Sawadski, and Maria Siemens.



## Patient Safety Champions

Southern Health-Santé Sud (SH-SS) celebrated Canadian Patient Safety Week (CPSW) during the last week of October. The theme was around medication safety 'Not all Medications Get Along'. A call for nominations was distributed throughout the region and three nominations were received and awarded: Cailin Burke, works in the Bethesda Regional Health Centre Emergency Department, Foyer Notre-Dame Nursing Staff and the Portage District General Hospital pharmacy department.



Cailin Burke received nomination for the Patient Safety Champions (pictured in the centre).



The Foyer Notre-Dame nursing staff nominated for the Patient Safety Champion award.



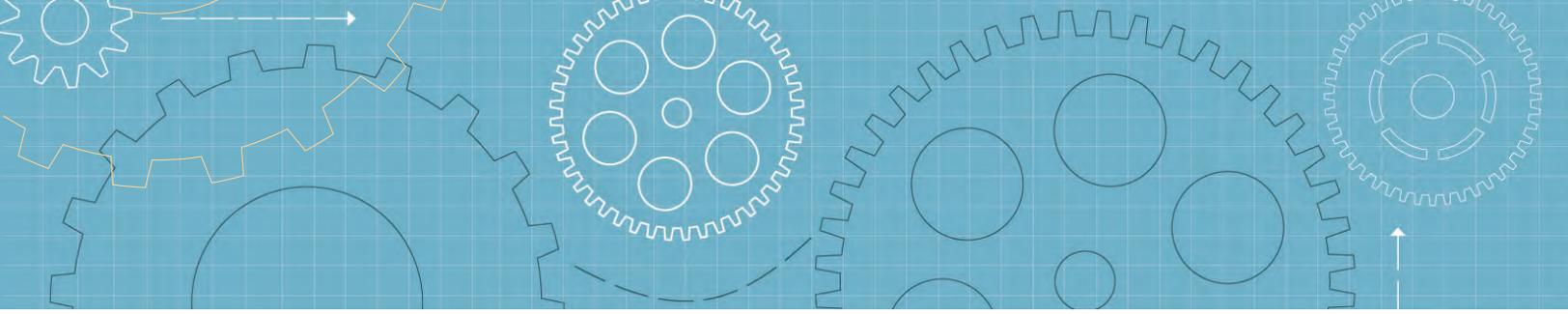
The Portage District General Hospital pharmacy department nominated for the Patient Safety Champion award (pictured above).

## Partnerships

Southern Health-Santé Sud Emergency Medical Services (EMS) was nominated by Jordan Scott (paramedic) in recognition of his approved request for a leave of absence to accommodate a deployment requirement as a reservist. Gwen Blatz, the EMS Operations Manager, accepted the employer award at the Manitoba Chamber of Commerce breakfast meeting held in Winnipeg in January 2019. SH-SS was one of eight provincial employers selected from 14 nominations. We recognize the opportunity to support partnerships and positive relationships.



Gwen Blatz, EMS Operations Manager (pictured above third from the left) accepted the employer award on behalf of Southern Health-Santé Sud.



# Personal Care Home Projects

“We need to make sure our seniors, as they require the care, are able to get care closer to where they live,” said Minister of Health, Seniors and Active Living Cameron Friesen. “Our population is aging, our seniors need appropriate places to live when they require increased levels of health care”

Southern Health-Santé Sud’s population continues to grow across all age groups but the most recent data depicts an aging population with the fastest growing cohort between 55-74 years. Within the next decade a significant number will reach the age where they may require long-term care services as corroborated in a 2016 review in the region where it was determined that there was sufficient demand to support additional personal care home spaces. “We are pleased that the province is moving forward on new Personal Care Home capacity in Southern Health-Santé Sud,” says Marie Lacey, Executive Director, East. “It will be important to care for people with significant needs and who can no longer safely remain at home or in supportive housing and these projects will provide care for seniors closer to home.”

## **New 143-bed Facility Expansion to Rest Haven Personal Care Home in Steinbach**

To address the long-standing and growing needs for individuals requiring additional services, in a setting of person-centred care

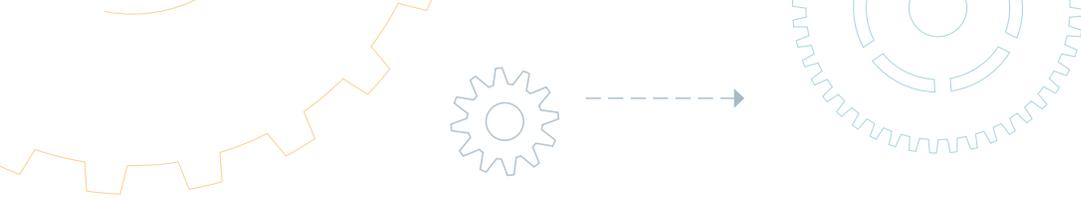
that residents will know as ‘home’, Manitoba is moving forward with the construction of a new 143-bed personal care home in Steinbach.

The current Rest Haven personal care home in Steinbach has 60 beds and was built in 1984. The new facility will be constructed next to the existing building and the 86-suite Woodhaven Manor elderly persons housing building. The current building will be renovated to provide support space.

The regional health authority and HavenGroup in partnership with the Bethesda Foundation developed the Steinbach project proposal. The province will provide capital funding with the remainder to be provided by Bethesda Foundation and HavenGroup.



**Marie Lacey**  
Executive Director - East



## New 110-bed Facility will Expand Boyne Lodge Personal Care Home in Carman

Manitoba is also moving forward with construction of a 110-bed facility in Carman.

Following a review completed in 2016, Southern Health-Santé Sud officials determined there was sufficient demand to support additional personal care home spaces in Carman. Population demographics also showed projected long term growth for seniors living in the area.

The new site in Carman will be constructed in two phases. In the first phase, a new, 80-bed facility will be constructed next to the existing 70-bed personal care

home built in 1967 and Boyne Towers. This facility will accommodate residents with general dementia or other special needs. In the second phase, the current building will be renovated to add 30 beds and modern resident support space to access emergency care in a timely basis can make the difference between life and death," said Cameron Friesen, Minister of Health, Seniors and Active Living.

This shared investment from the Manitoba government and Boyne Care Holdings, which includes elected representatives from the Town of Carman and surrounding municipalities of Dufferin, Thompson, Roland and Grey, will result in a fully integrated aging-in-place campus for older adults and those requiring personal care in the region.

## Shared Health to Provide Oversight for Capital Planning Projects

Under the umbrella of Shared Health, the process for planning and approving capital projects for health care facilities across Manitoba will become more collaborative and will seek opportunities to find efficiencies and cost savings.

Whereas in the past, major capital projects such as new buildings or major renovations went directly to Manitoba Health, Seniors and Active Living for approval, Shared Health will now assess projects and lend their expertise to ensure that they are in line with the Provincial Clinical & Preventative Services Plan.

In capital planning, there is also a strong emphasis on safety and security projects. In the future, these will be reviewed by Shared Health to determine whether there are opportunities to bundle projects together and involve more than one region.

# Additional Capital Projects

## Two new Heliports in Southern Health-Santé Sud

Merriam Webster online defines the “golden hour” as the hour immediately following traumatic injury in which medical treatment to prevent irreversible internal damage and optimize the chance of survival is most effective. Two new heliports constructed at the Portage District General Hospital and at the Hôpital Ste-Anne Hospital will make it easier to meet this standard for patient transfers by STARS. They will enable the transport of people to tertiary care much faster.

The construction of the heliports was the first step. This was facilitated with donations from the communities in both instances.

“When a person is in medical distress, the ability to access emergency care in a timely basis can make the difference between life and death,” said Cameron Friesen, Minister of Health, Seniors and Active Living.

## New HVAC in Bethesda Regional Health Centre

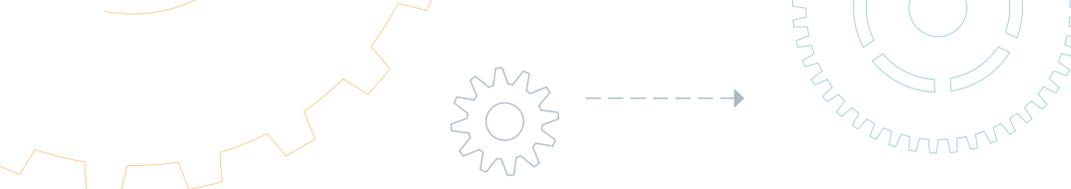
A renovation project is currently underway at Bethesda Regional Health Centre in Steinbach to upgrade its heating, ventilation and air conditioning system. At times, during the summer, the old system was unable to maintain required temperatures in the operating room causing its temporary closure. The upgrade will ensure the operating room can function all year round.

## New Sprinklers and Generators

After a recent scan, the Province identified the replacement of fire safety components such as fire alarms, generators and sprinklers as a provincial priority. As a result, Rock Lake Personal Care Home in Pilot Mound, Menno Home for the Aged in Grunthal, Gladstone Health Centre (hospital and Third Crossing Manor), have installed new sprinkler systems and Rock Lake Hospital and Lorne Memorial Hospital in Swan Lake have upgraded to new generators.



Portage District General Hospital Heliport (lt. to rt.): Andrea Robertson, CEO-STARS, Jane Curtis, CEO-Southern Health-Santé Sud, Honourable Cameron Friesen, Minister of Health, Seniors and Active Living, Ian Wishart, MLA Portage la Prairie & Dale Lyle, Chair-Portage District General Hospital Foundation.



# Health Care Every Day

## Camp Helps Youth

Camp Bridges was organized in spring 2018 and held at the Circle Square Ranch - 44 campers and 22 volunteers participated in the camp which helps youth who have lost important people in their lives to learn healthy coping and grieving skills.



## Outstanding performance begins with outstanding people.

With a significant ongoing health care transformation - employees, physicians and volunteers also worked diligently preparing for the Accreditation survey in the May 2019.

Under the Jordan's Principle Child First Initiative, **rehab services** in Southern Health-Santé Sud provides occupational therapy, speech language pathology, physiotherapy and audiology services for children in all seven of the First Nation communities within the region.

## Improving Health Outcomes

Dakota Ojibway Health Services and First Nation communities, First Nations & Inuit Health Branch and Southern Health-Santé Sud are working on the development of a Relationship Framework to improve health outcomes and health care experiences of First Nations people through an integrated approach.

## Building Culture

What's more important than our logo is what it stands for. More than what we say, we strive to focus on how we say it, to tailor our messaging for the audience and to engage with those in our care and the public. This core culture is the basis for our decisions and actions.

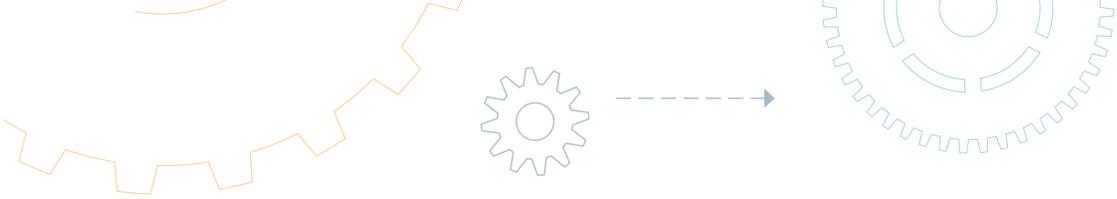
## Leaders in the making!

Eighteen staff in Southern Health-Santé Sud completed the Health Services Leadership & Management Certificate Program instructed by Red River College.



## LEAN Journey

Since 2011, when the LEAN was first implemented in Southern Health-Santé Sud, 322 staff members have participated in quality improvement projects, with 47 projects completed as of this year.



**Handle with Care**

Public Health-Healthy Living and Parent Child Coalitions of offered communities 'Handle with Care' training sessions, giving parents the tools to develop new skills to build a feeling of security with their children to help them develop healthy patterns of relating with others.



**Reflecting on our Mission**

at each of its meetings, the Board of Directors continues to take a moment to pause and reflect on its mission - to stop and look at the consequences whenever changes or decisions are made about services or programs and be aware of how it affects those we serve.

**At the Core of Who We Are**

It's not hard to make decisions when you know what your values are. Southern Health-Santé Sud is intentful in applying a lens of core culture in Communications - this as part of everything related to brand and identity.

**My Patient Advocate**

Southern Health-Santé Sud has endorsed and posted on its website the utilization of the Manitoba Institute for Patient Safety "My Patient Advocate Agreement", to help understand how an advocate can best provide the support one would need as a patient.

**Indigenous Support Workers**

participated in approximately 6 000 client/client family, health provider/physician interactions per fiscal year in Southern Health-Santé Sud.

**Fall 2018 Flu Clinics**

Public Health-Healthy Living ran 73 advertised flu clinics in 59 communities and 35 unadvertised or outreach flu clinics throughout the region in the fall of 2018.



**Keeping Us Connected**

Skype for Business (SfB) is being rolled-out in phases across the region.

# Performance Highlights:

## Board ENDS by the numbers

Southern Health-Santé Sud has one of the most healthy populations overall. The average life expectancy is among the healthiest. Yet some are not as healthy and are at higher risk for poor health outcomes. Over the past year, the region grew by 1.6% which continues to be the fastest rate of growth in Manitoba. Overall health status for residents continues to be good in the region, with the lowest rate for premature deaths in the province.

### People in Southern Health-Santé Sud

Over 204 274 individual stories

#### Population

2008 **170 072**



2018 **204 274** as of June 1, 2018

2042 **325 802** The medium growth projection revised in 2018

Over the past decade, Southern Health-Santé Sud continues to have the fastest-growing population in Manitoba.

#### Population Growth 2008-2018



for all of Manitoba

Average rate: **13%**

Southern Health-Santé Sud

Highest rate: **20%**

### Estimates of Indigenous Population in Southern Health-Santé Sud

**Note:** There are many Indigenous peoples currently residing in the region and utilizing our health care services that are not registered and represented in the numbers provided.

First Nation  
On-reserve

**8 788**

First Nation  
Off-reserve

**7 527**

Métis

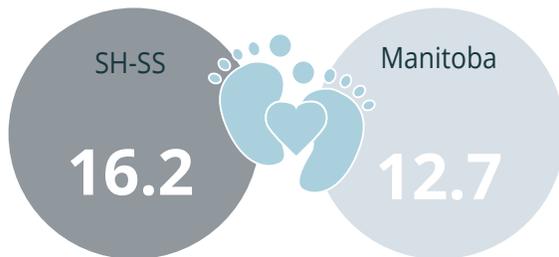
**11 065**

Inuit

**25**

## Birth rate

Newborns per 1 000 population



80% of Southern Health-Santé Sud babies were born with weight appropriate to their gestational age.

## Death Rate

Deaths per 1 000 population



Most common causes of death for SH-SS

1. circulatory
2. cancer
3. respiratory disease
4. Endocrine and metabolic
5. Injury and poisoning

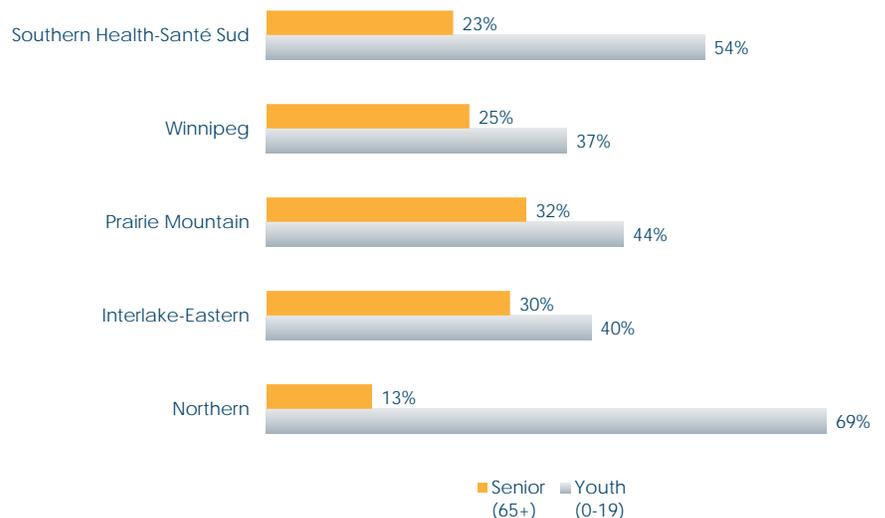
## Dependency Ratio



The dependency ratio measures the size of the dependent population in relation to the working age population. Southern Health-Santé Sud has a high youth dependency ratio of 54%, indicating that there will be an abundance of youth moving into the working-age population in the future.

Proportion of dependent population by RHA

2017-2018



Source: Annual Statistics MHSAL

## Cardiovascular Disease

**Heart attack** rates per 1 000 residents age 40 and older

2016-2017



**Rate of strokes** per 1 000 residents age 40 and older

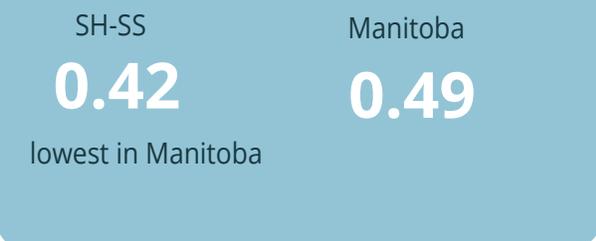
2016-2017



### Injury Mortality

deaths due to injury per 1 000 population

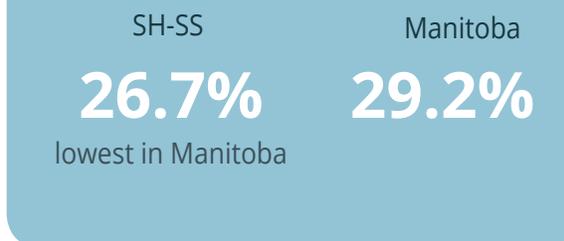
2016-2017



### Hypertension

% of the population age 20 and older living with hypertension.

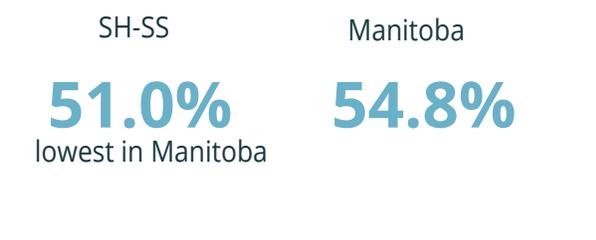
2016-2017



### Chronic Conditions

% of the population age 40 and older that received medical care for one or more chronic conditions.

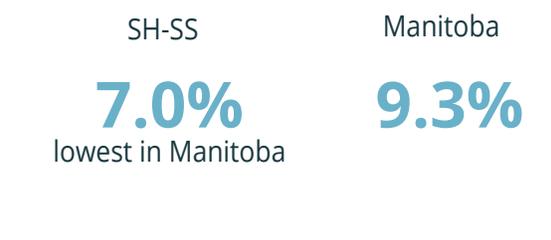
2016-2017



### Diabetes

% of the population age 1 and older having diabetes.

2016-2017





## Cumulative Mental Illness

2011-14 to 2017-18

SH-SS	Manitoba
<b>20.7%</b>	<b>25.5%</b>

The prevalence represents the percent of the population, age 10 and older receiving medical care for at least one of the following: depression, anxiety disorders, substance abuse, schizophrenia or a personality disorder. Southern Health-Santé Sud's rate is significantly lower than Manitoba average.

## Substance Abuse Prevalence

2013-14 to 2017-18

SH-SS	Manitoba
<b>3.1%</b> lowest in Manitoba	<b>4.5%</b>

The prevalence represents the percent of the population, age 10 and older, who received treatment for substance abuse. Southern Health-Santé Sud rate is lower than Manitoba average.

**Website**

**Public Website & Health Providers' Site**

Sessions	<b>50% increase</b>
Pageviews	<b>30% increase</b>

Compared to the previous fiscal year, over 730 000 website sessions (public website and Health Providers' Site) an increase by almost 50%, with over 2.5 million pageviews/visits reflecting a 30% increase.

# Promotion & Prevention

## Breast Cancer Screening

For the period of 2016-2017 to 2017-2018, percentage of Southern Health-Santé Sud females ages 50 to 74 who received at least one mammogram in a 2-year period as compared to Manitoba.

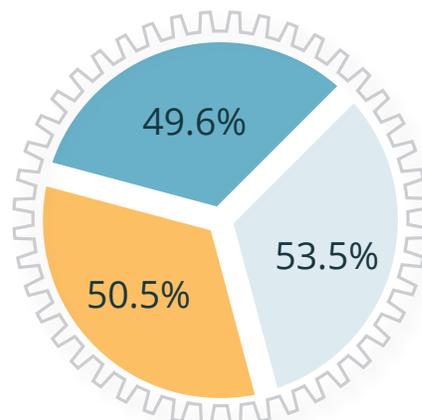
## Cervical Cancer Screening

For the period of 2015-2016 to 2017-2018, percentage of Southern Health-Santé Sud females ages 21 to 69 who had a Pap test, as compared to Manitoba.

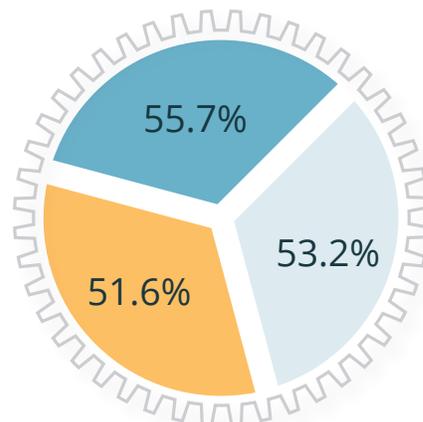
## Colorectal Screening

For the period 2016-2017, the proportion of Southern Health-Santé Sud ages 50 to 74 population who had colorectal screening, as compared to Manitoba.

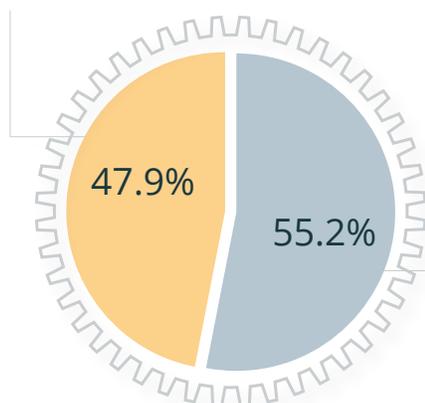
Southern Health-Santé Sud



Manitoba



Southern Health-Santé Sud



Manitoba

## Immunizations for Influenza

The proportion of residents age 65 or older who received a vaccine for the 2017-2018 influenza season (Sep-Apr). The denominator was all residents age 65 or older as of Sep 1<sup>st</sup> in the previous year. Southern Health-Sante Sud rate is significantly lower than Manitoba average.

# Wait Times in Southern Health-Santé Sud



## Cataract Surgery

Median Wait Times

2018-Oct **22 weeks**

2017-Oct **17 weeks**

Services available only at Portage District General Hospital

## MRI Scan

Median Wait Times

2018-Oct **13 weeks**

2017-Oct **10 weeks**

Services available only at Boundary Trails Health Centre

## Mental Health - Referral to Assessment

Wait Times

2018-Oct **7.1 weeks**

**new indicator in 2018**

regional target is 8 weeks

## Mental Health - Assessment to Treatment

Wait Times

2018-Oct **2.8 weeks**

**new indicator in 2018**

regional target is 8 weeks

## Total Hip Replacement

Median Wait Times

2018-Oct **42 weeks**

2017-Oct **20 weeks**

Services available only at Boundary Trails Health Centre

## CT/CAT Scan

Wait Times



2018-Oct **2 weeks**

2017-Oct **2 weeks**

Services available at 3 Regional Health Centres

## Physiotherapy - Outpatient

Wait Times

2018-Oct **18 weeks**

2017-Oct **8.1 weeks**

Priority 1 outpatients

## Audiology - Outpatient

Wait Times

2018-Oct **21.3 weeks**

2017-Oct **15.4 weeks**

Priority 1 school-age outpatients

## Knee Replacement

Median Wait Times

2018-Oct **61 weeks**

2017-Oct **15 weeks**

Services available only at Boundary Trails Health Centre

## Ultrasound Exam

Wait Times

2018-Oct **4.7 weeks**

2017-Oct **2.3 weeks**

Services available at 3 Regional Health Centres

## Personal Care Home

Wait Times



2016-17 **26.7 weeks**

2017-18 **26.1 weeks**

Currently 1 228 PCH beds

## Language Access Interpreter Services (LAIS)



2018-2019 **20 requests**

2017-2018 **18 requests**

were coordinated for: Mandarin, Arabic, Tagalog, Korean, Cantonese, High German, Low German, Russian and Punjabi.

# Workforce Statistics

## Estimated Physician Vacancies

Full Time Equivalents

Mar/2019 **21 approx.**

19 new family physicians were hired in 2019

Mar/2018 **20 approx.**

## Registered Nurse Vacancies

Mar/2019 **13.4%**

as of Mar/2019, there were 97 vacancies

Mar/2018 **12.9%**

## Licensed Practical Nurse Vacancies

Mar/2019 **14.1%**

as of Mar/2019, there were 49 vacancies

Mar/2018 **10.7%**

## Regional Average Sick Time

Mar/2019 **3.71%**

Mar/2018 **3.85%**

The national target is 3.2%.

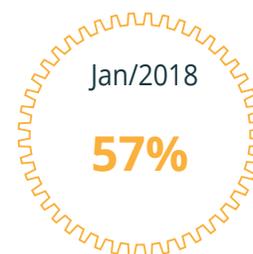
## Lost Time Frequency Rate

Mar/2019 **6.49**

Mar/2018 **5.98**

per one million person hours worked

## Designated Bilingual Positions



% of designated bilingual positions filled by bilingual incumbents



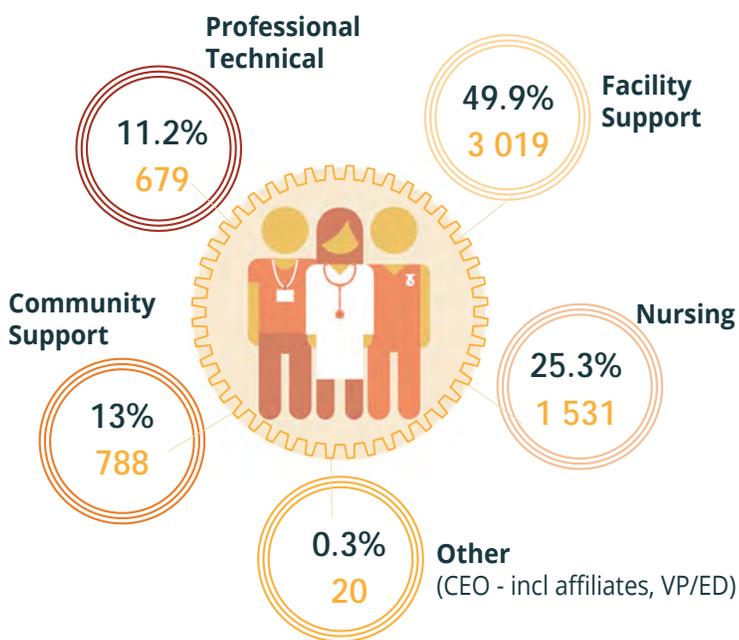
# Workforce Demographics

**Employees of Southern Health-Santé Sud** **4 797**  
Includes full-time, part-time & casual positions

**Employees of Affiliate Health Corporations & Community-owned not for profit** **1 257**

as of March 31, 2019

## Workforce Distribution



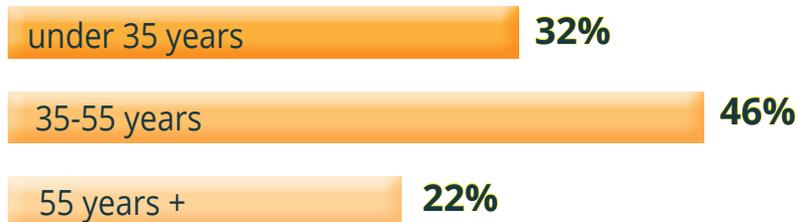
## Affiliate Health Corporations

- 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:

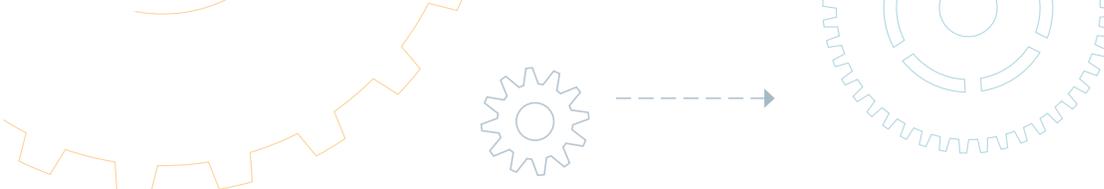
- Heritage Life Personal Care Home

## Workforce Age Demographics



# Stats at a Glance

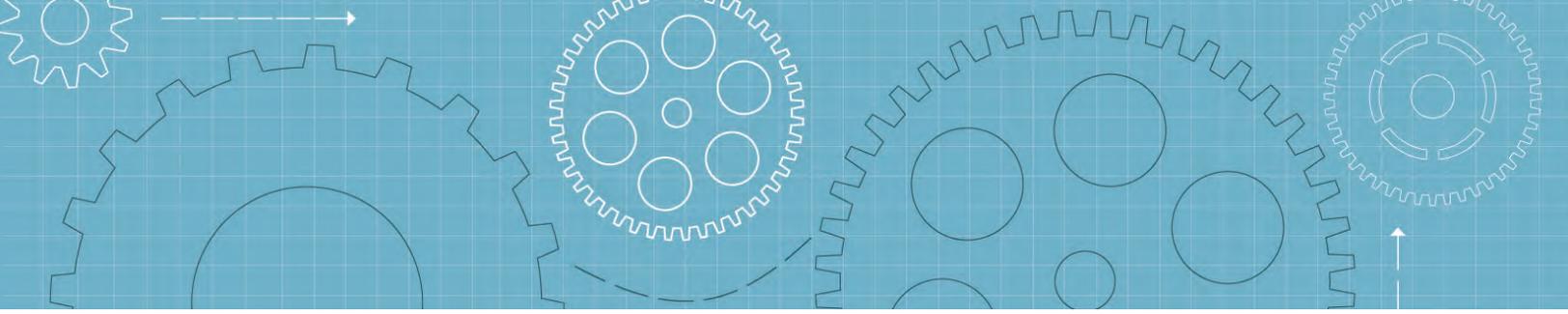
	SOUTHERN HEALTH-SANTÉ SUD	3 REGIONAL CENTRES (Bethesda, Boundary & Portage)	ALL OTHER ACUTE/ TRANSITIONAL
<b>Acute Care Beds (Total #)</b>	456	255	201
<b>Average Occupancy</b>			
2018-2019	80.60%	83.70%	77.10%
2017-2018	79.36%	84.42%	73.70%
<b>Overnight Hospital Stay</b>			
2018-2019	9 106	7 178	1 928
2017-2018	9 631	7 436	2 195
<b>Average Length of Stay</b>			
2018-2019	12.9 days	9.7 days	23.8 days
2017-2018	12.4 days	9.1 days	22.8 days
<b>7-day Hospital Readmission Cases</b>			
2018-2019	213	164	49
2017-2018	258	185	73
<b>Day Surgery Cases</b>			
2018-2019	8 227	5 512	2 715
2017-2018	8 223	5 647	2 576



	<b>SOUTHERN HEALTH-SANTÉ SUD</b>	<b>3 REGIONAL CENTRES</b> (Bethesda, Boundary & Portage)	<b>ALL OTHER ACUTE/ TRANSITIONAL</b>
<b>Births in Facility</b>			
2018-2019	1 811	1 654	154
2017-2018	1 846	1 694	152
<b>Emergency Department Visits</b>			
2018-2019 	102 168	65 006	37 162
2017-2018	106 257	67 011	39 246
<b>Alternate Levels of Care</b>			
2018-2019	50 670 days	19 023 days	31 647 days
2017-2018	45 791 days	14 633 days	31 158 days

	<b>SOUTHERN HEALTH-SANTÉ SUD</b>	<b>3 REGIONAL CENTRES</b> (Bethesda, Boundary & Portage)	<b>ALL OTHER ACUTE/ TRANSITIONAL</b>	<b>PERSONAL CARE HOMES (PCH)</b>
<b>Kilograms of Laundry</b> 				
2018-2019	2 429 289	795 039	758 190	876 060
2017-2018	2 442 796	847 514	744 218	851 064

	<b>SOUTHERN HEALTH-SANTÉ SUD</b>	<b>3 REGIONAL CENTRES</b> (Bethesda, Boundary & Portage)	<b>ALL OTHER ACUTE/ TRANSITIONAL</b>	<b>PERSONAL CARE HOMES (PCH)</b>
<b>Meals Prepared</b> 				
2018-2019	1 841 310	332 877	360 141	1 148 292
2017-2018	1 842 936	345 795	362 157	1 134 984



# French Language Services

To ensure improved access to health services in French, two independently funded projects are being undertaken as a partnership between Shared Health/ Soins communs, Manitoba’s Francophone Affairs Secretariat and Santé en français (Manitoba). The projects will ensure the integration of French language services within Shared Health/Soins communs, as well as result in a provincial strategy for bilingual human resources.

Southern Health-Santé Sud is an active participant on this tripartite initiative which focusses two main streams:

- integrating FLS into the Shared Health/Soins communs organizational structure, inclusive of normalizing FLS within the work being conducted through the provincial Clinical and Preventative Services planning, and
- developing a provincial strategy regarding bilingual Human Resources (i.e. strengthen organizational capacity and culture, recruitment & retention, etc.)

Building on past progress and best practices, Southern Health-Santé Sud’s 2017-2021 French Language Services (FLS) Strategic Plan sets out strategic initiatives under four broad Transformational Strategies that are highly interconnected and interdependent, this in alignment with the region’s overarching Board ENDS and provincial health and FLS objectives and goals. This integrated framework provides a platform to achieve many accomplishments and initiatives in 2018-2019:



## Engaged Communities & Partners

Southern Health-Santé Sud works very closely and collaboratively with entities officially mandated to represent the region’s francophone communities. This includes local stakeholder groups, the Table de concertation rurale du Sud (Table) as well as the Groupe local de participation en matière de santé (GLPS). Southern Health-Santé Sud participated in all meetings of the Table and the GLPS in 2018-2019.

Mon équipe santé is a primary care network which puts the individual at the centre of an integrated community of health providers – this with a focus on the region’s francophone and bilingual population. Remarkable strides were accomplished in 2018-2019 including:



- establishment of Fitness Consultant positions for both the Équipe locale de la Montagne and the Équipe locale de la Seine
- networking with other francophone and bilingual communities and programs within Southern Health-Santé Sud to support expansion
- development of a Southern Health-Santé Sud My Health Team Social Work Team, to which participate Mon équipe santé social workers

Under the leadership of Santé en français (Manitoba), Southern Health-Santé Sud actively participated on provincial planning initiatives including:

- a revised approach regarding Local Health Involvement Group meetings held in French
- the development and pilot phase to test a provincial online database, which will provide accessible and current data and reporting regarding key FLS deliverables and achievements
- an evaluation of the current French language training opportunities, focusing on the current gaps and possible opportunities
- adaptation of the provincial FLS self-learning package with a goal to tailor the tool for health care professionals, complete with a tracking mechanism to help coordinate and monitor completion

Southern Health-Santé Sud continues to engage with partners, responding to invitations from:

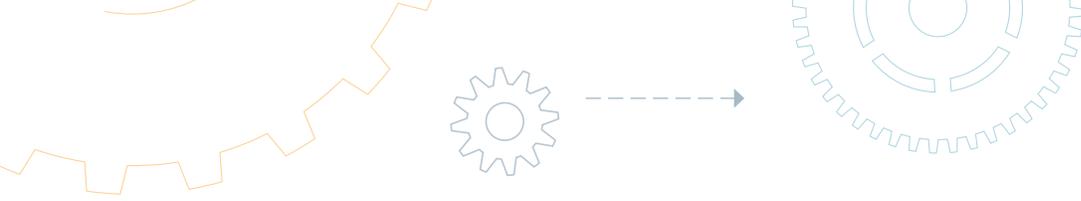
- Health Standards Organization (HSO), in partnership with the Société Santé en Français (SSF) – to participate on

### Stats & Facts 2018-2019

- 350: number of student placements from (Apr-Dec 2018)
- 416: number of new employees hired
- 44: number of employees who took FLS language training.
- 150: number of translation requests, for a total of 66 701 words or 415 pages

a working group for the development of a new Assessment Manual to support implementation of the *Access to Health and Social Services in Canada's Official Languages Standard*.

- Université de Saint-Boniface - to participate on a panel discussion re. perspectives and the realities of operationalizing Active Offer
- Santé en français - to present at its provincial forum about our best practice approach regarding designated bilingual positions – designation exercise, hiring practices as well as monitoring and reporting practices
- various inter-regional partners - to profile Southern Health-Santé Sud's leading practice regarding *Recruitment & Retention into Designated Bilingual Positions – a Standardized, Integrated and Collaborative Approach*; i.e. Winnipeg Regional Health Authority; Hôpital St-Boniface Hospital; Winnipeg Regional Health Authority – Human Resource Leads; ActionMarguerite
- Société de la francophonie du Manitoba – to attend its annual meeting
- Groupe de recherche sur la formation et les pratiques en santé et service social en context francophone minoritaire (GREFOPS) - to provide input in GREFOPS' development of an auto assessment tool regarding Active Offer of French-language health care services



## Active Offer in Action

The Canadian Hospital Patient Experience Survey results for 2017-2018 were shared with regions in the course the 2018-2019 fiscal year, reflecting feedback from patients who had stayed in one of the hospitals in Southern Health-Santé Sud. There were 1 894 regional survey responses, representing a 43.9% response rate. When asked to rate (1-10) their overall experience in terms of the quality of the French language services received during their stay, Southern Health-Santé Sud respondents reflected an 87.4 % positive response rate, this in comparison to the 82.7 % Manitoban percentage.

The current public website is fully bilingual complete with a memory option to identify the user's preferred language. Southern Health-Santé Sud public website continues to see increased activity logging nearly 2.5 million pageviews, over double from the previous year.

Administration of patient experience surveys across the health system throughout the province is standardized to ensure data comparability, consistency and coordination in the collection of information using validated surveys and methodology and to enhance evidence-informed quality improvement activities to improve services based on patient feedback. Data was collected from the following surveys and will be analyzed with an FLS lens in the upcoming fiscal year: Canadian Patient Experiences Survey – Inpatient Care, Home Care Program Survey, Mental Health, Resident Experience Survey, Primary Health Care Client Experience Survey, and CancerCare Manitoba surveys.

### **Southern Health-Santé Sud Designated Bilingual Positions (DBPs)** (as at March 2019)

- 607 DBPs
- 358 DBPs filled by bilingual incumbents
- 195 DBPs filled by non-bilingual incumbents
- 54 DBPs – vacant

### **Villa Youville (Ste. Anne) Designated Bilingual Positions (DBPs)** (as at March 2019)

- 104 DBPs
- 74 DBPs filled by bilingual incumbents
- 4 DBPs filled by non-bilingual incumbents
- 6 DBPs – vacant

## Strong FLS Policy & Administrative Framework

Southern Health-Santé Sud received Leading Practice recognition from the Health Standards Organization (HSO) for its approach regarding recruitment and retention into Designated Bilingual Positions – a Standardized, Integrated and Collaborative Approach.

French Language Services policies (four) were updated, finalized and shared within the organization and with members of the Table de concertation rurale du Sud.



## Success in FLS Recruitment & Retention

Southern Health-Santé Sud continues to partner with various stakeholders such as Santé en français, the Université de St-Boniface (USB), the Consortium national de formation en santé (CNFS) and the MB Healthcare Providers Network in planning the regional bus tour for the fourth-year nursing students and second-year practical nursing students. In 2018, thirty (30) students from the Université de St-Boniface nursing programs took part in the tour. This initiative resulted in hosting three practicum placements as well as five hires for the region from the Bachelor of Nursing program.

Representatives from the region attended the Université de St-Boniface convocation ceremonies for all nursing graduates.

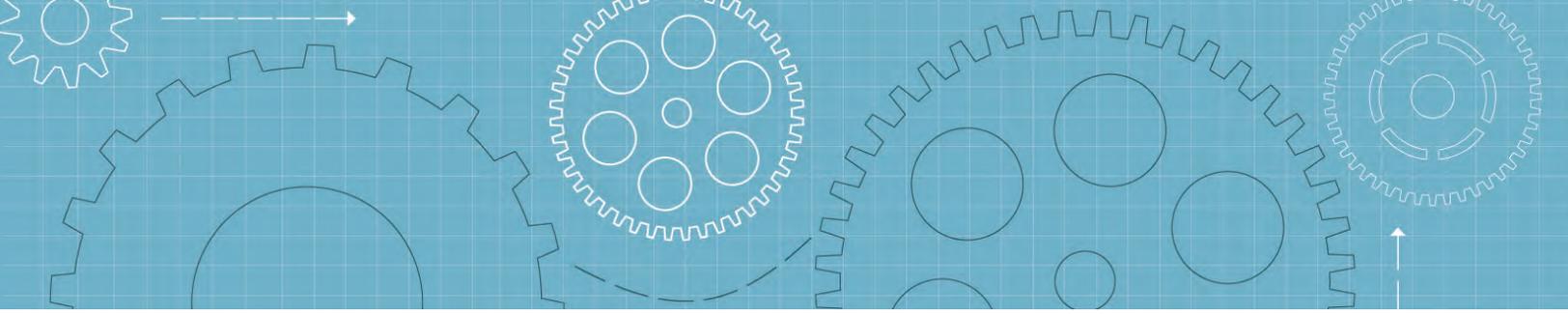
‘Héros en santé’ promotes various professions in health care and is presented annually by Santé en français to high school students within the

region. A total of five schools were visited, with 10 presentations offered.

Southern Health-Santé Sud attended 20 in-province career fairs and six classroom presentations promoting job opportunities within Southern Health-Santé Sud. Southern Health-Santé Sud also promotes bilingual employment opportunities to all students currently enrolled in health-related studies.

The region is working collaboratively with the Manitoba Healthcare Providers Network and regional health authorities as a provincial working group towards the development of targeted recruitment strategies and a bilingual marketing platform. This group has developed a ‘repatriation’ recruitment initiative with the purpose of promoting, attracting, repatriating and retaining some of our Manitoba students registered in a health care program, but currently studying out of province and registered in a health care program.





# Financial Accountability

## Adoption of Public Sector Accounting Standards

The Province of Manitoba directed organizations including Southern Health-Santé Sud to change its basis of accounting to Public Sector Accounting Standards (PSAS) effective April 1, 2018. Amounts related to the fiscal year ending March 31, 2018 have been restated as required to be compliant with policies under the new method of presentation.

The most significant changes as a result of the change to PSAS include:

- Deferred contributions – Capital can no longer be recognized for provincially funded Tangible Capital Assets (TCA).
- Funding received to pay down principal and interest on the debt associated with the funded TCA is recognized as revenue upon receipt.
- Current year budget is presented on the statement of operations along with current and comparative year actual amounts.

## Public Sector Compensation Disclosure Report

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 prepared in accordance with the respective Act) and contains the amount of compensation it pays or provides in the corresponding calendar year for each of its officers and employees whose compensation is \$50 000 or more. Report is available online at [www.southernhealth.ca](http://www.southernhealth.ca)

**The complete set of financial statements and the auditor's report are available by calling:  
Chief Executive Officer, Southern Health-Santé Sud  
180 Centenaire Dr, Southport MB R0H 1N1**

**Toll free: 1-800-742-6509**

# Auditor's Report



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## 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, 2019 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, 2019.

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 25, 2019.

### 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

September 4, 2019  
Winnipeg, Manitoba

# Audited Condensed Financial Statements

## Statement of Financial Position



	2019	2018 (restated)
<b>FINANCIAL ASSETS</b>		
Cash and short term investments	\$ 69 229 519	\$ 49 356 175
Accounts receivable, net	3 654 930	3 510 737
Accounts receivable - external partners	562 860	152 993
Accounts receivable - Manitoba Health, Seniors & Active Living - vacation entitlements	8 839 967	8 839 966
Accounts receivable - Manitoba Health, Seniors & Active Living - pre-retirement entitlements	10 118 174	10 118 174
	<b>92 405 450</b>	<b>71 978 045</b>
<b>LIABILITIES</b>		
Accounts payable and accrued liabilities	26 200 173	15 503 095
Accounts payable - Manitoba Health, Seniors & Active Living	1 677 314	824 842
Unearned revenue	5 876 338	4 564 882
Accrued vacation benefit	18 766 785	18 278 218
Accrued sick leave benefit	6 549 580	7 284 218
Accrued pre-retirement obligation	19 381 402	19 600 734
Accrued pre-retirement obligation - Affiliate organizations	3 000 103	2 999 570
Long-term debt	114 994 283	117 351 063
	<b>196 445 978</b>	<b>186 406 623</b>
<b>NET DEBT</b>	<b>(104 040 528)</b>	<b>(114 428 578)</b>
<b>NON-FINANCIAL ASSETS</b>		
Inventory	1 497 062	1 362 446
Prepaid expenses	877 824	996 738
Tangible capital assets	204 365 398	204 587 527
<b>TOTAL NON-FINANCIAL ASSETS</b>	<b>206 740 284</b>	<b>206 946 711</b>
<b>ACCUMULATED SURPLUS</b>	<b>\$ 102 699 756</b>	<b>\$ 92 518 133</b>

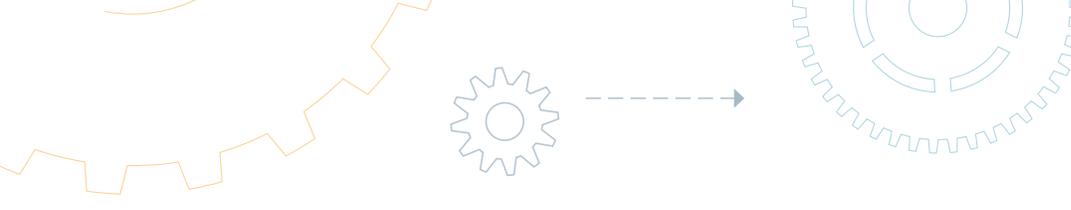
Note<sup>1</sup> Management is responsible for the preparation of the financial statements. The statements presented include only the statement of financial position and the statement of operations and accumulated surplus. They do not include the statement of changes in net debt, the statement of cash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

# Audited Condensed Financial Statements

## Statement of Operations and Accumulated Surplus



	Actual 2019			Budget 2019	Actual 2018
	Core Operations	Capital Operations	Total	Total	Total (restated)
<b>REVENUE</b>					
Manitoba Health, Seniors & Active Living	\$ 344 992 519	\$ 12 863 295	\$ 357 855 814	\$ 355 615 350	\$ 353 882 343
Other Province of Manitoba	1 045 373	-	1 045 373	1 389 950	1 226 240
Government of Canada	607 913	-	607 913	543 650	620 213
Non-global patient and resident income	14 451 329	-	14 451 329	14 395 903	14 245 875
Other income	15 645 346	309	15 645 655	14 384 400	15 312 088
Recognition of unearned revenue	3 895 068	472 716	4 367 784	3 768 200	3 626 665
Interest	1 707 200	-	1 707 200	785 650	875 613
Donations	226 466	693 084	919 550	272 300	975 887
Ancillary operations	2 434 521	-	2 434 521	2 695 700	2 756 339
	<b>385 005 735</b>	<b>14 029 404</b>	<b>399 035 139</b>	<b>393 851 103</b>	<b>393 521 263</b>
<b>EXPENSES</b>					
Acute care services	118 747 641	7 619 688	126 367 329	128 126 086	124 999 439
Long term care services	52 681 690	1 116 219	53 797 908	52 112 585	53 366 301
Medical remuneration	30 589 758	-	30 589 758	33 679 912	29 933 073
Community based therapy services	7 681 866	-	7 681 866	7 717 000	7 441 855
Community based mental health services	8 878 255	-	8 878 255	9 621 550	9 106 468
Community based home care services	42 555 763	-	42 555 763	42 972 682	42 551 659
Community based health services	21 990 980	228 990	22 219 970	23 392 437	21 903 826
Emergency medical services	20 142 553	197 816	20 340 369	20 557 055	19 364 050
Diagnostic services	2 934 143	-	2 934 143	2 943 000	2 831 004
Regional health authority undistributed	21 401 629	3 872 545	25 274 174	26 291 387	26 183 751
Affiliated organizations	44 812 721	1 339 263	46 151 984	44 890 900	45 339 958
Ancillary operations	1 941 240	120 756	2 061 996	2 543 400	2 590 457
	<b>374 358 239</b>	<b>14 495 277</b>	<b>388 853 516</b>	<b>394 847 993</b>	<b>385 611 841</b>
<b>ANNUAL SURPLUS (DEFICIT) BEFORE ADJUSTMENTS</b>	<b>10 647 496</b>	<b>(465 873)</b>	<b>10 181 623</b>	<b>(996 890)</b>	<b>7 909 422</b>
Adjustment for sick leave liability for Diagnostic Services of Manitoba	-	-	-	-	204 939
<b>ANNUAL SURPLUS (DEFICIT)</b>	<b>10 647 496</b>	<b>(465 873)</b>	<b>10 181 623</b>	<b>(996 890)</b>	<b>8 114 361</b>
<b>ACCUMULATED SURPLUS, BEGINNING OF YEAR</b>	<b>6 607 086</b>	<b>91 078 094</b>	<b>92 518 133</b>	<b>92 518 133</b>	<b>84 403 772</b>
<b>ACCUMULATED SURPLUS, END OF YEAR</b>	<b>\$ 17 254 582</b>	<b>\$ 90 612 221</b>	<b>\$ 102 699 756</b>	<b>\$ 91 521 243</b>	<b>\$ 92 518 133</b>



# 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 definitions.

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.

Across Manitoba, as broad Health System Transformation initiatives were implemented through 2018/19, administrative costs declined as a percentage of total operating costs for the health system as a whole (including regional health authorities and CancerCare Manitoba).

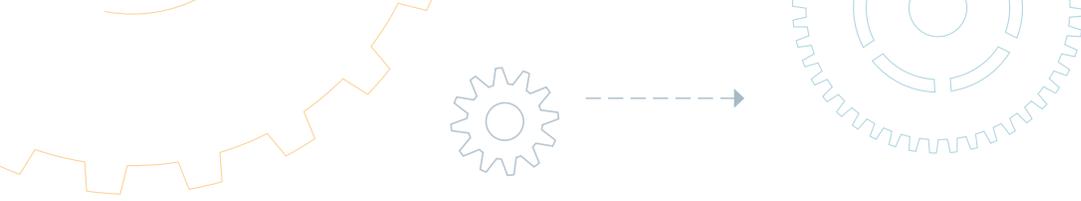
## Provincial Health System Administrative Costs

2018-2019

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.00%	0.50%	2.07%	5.57%
Northern Health Region	3.98%	0.66%	1.20%	5.84%
Prairie Mountain Health	2.31%	0.34%	1.17%	3.82%
Southern Health-Santé Sud	2.94%	0.25%	0.96%	4.16%
CancerCare Manitoba	2.10%	0.66%	0.70%	3.45%
Winnipeg Regional Health Authority	2.58%	0.58%	0.97%	4.13%
Shared Health	3.76%	0.60%	1.30%	5.66%
Diagnostic Services Manitoba	N/A	N/A	N/A	N/A
<b>Provincial - Percent</b>	<b>2.73%</b>	<b>0.51%</b>	<b>1.06%</b>	<b>4.31%</b>
<b>Provincial - Totals</b>	<b>\$ 133 559 455</b>	<b>\$ 25 149 251</b>	<b>\$ 51 917 064</b>	<b>\$ 210 625 769</b>

2017-2018

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.11%	0.65%	1.92%	5.68%
Northern Regional Health Authority	4.10%	0.60%	1.24%	5.94%
Prairie Mountain Health	2.39%	0.37%	1.31%	4.07%
Southern Health-Santé Sud	3.00%	0.20%	1.10%	4.30%
CancerCare Manitoba	2.50%	0.70%	0.80%	4.00%
Winnipeg Regional Health Authority	2.74%	0.61%	1.03%	4.38%
Shared Health	N/A	N/A	N/A	N/A
Diagnostic Services Manitoba	2.03%	0.65%	0.73%	3.41%
<b>Provincial - Percent</b>	<b>2.76%</b>	<b>0.55%</b>	<b>1.11%</b>	<b>4.42%</b>
<b>Provincial - Totals</b>	<b>\$ 132 791 818</b>	<b>\$ 26 519 709</b>	<b>\$ 53 375 256</b>	<b>\$ 212 686 783</b>



## Shared Health Activation

The activation of Shared Health as a provincial organization responsible for leading the planning and coordinating the integration of patient-centred clinical and preventive health services across Manitoba involved the establishment of a leadership team to support health system transformation initiatives. This included leadership responsible for the departments, sites and services that would transition to Shared Health in April 2019.

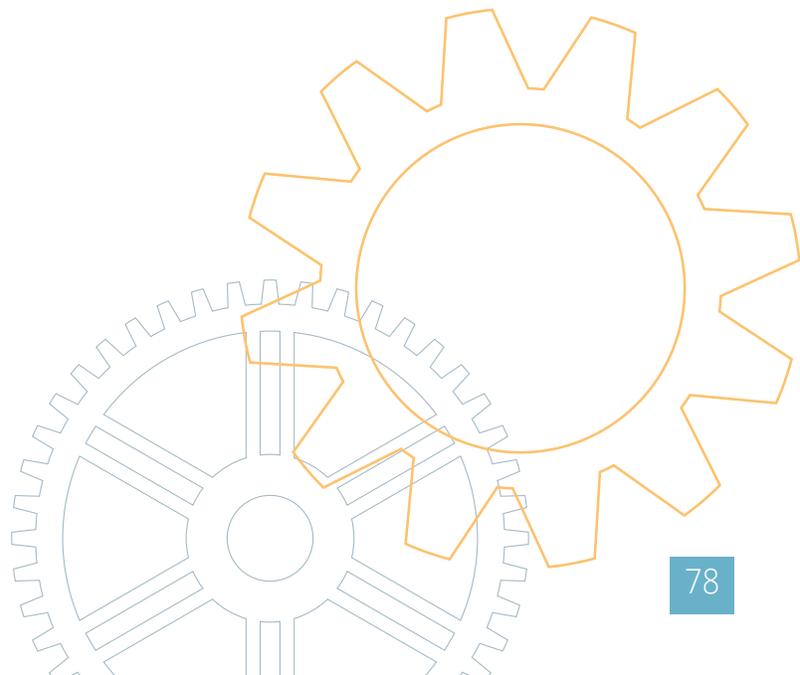
Leadership transitioned in advance of staff and operational budgets, resulting in an increase to the administrative cost ratio for 2018/19.

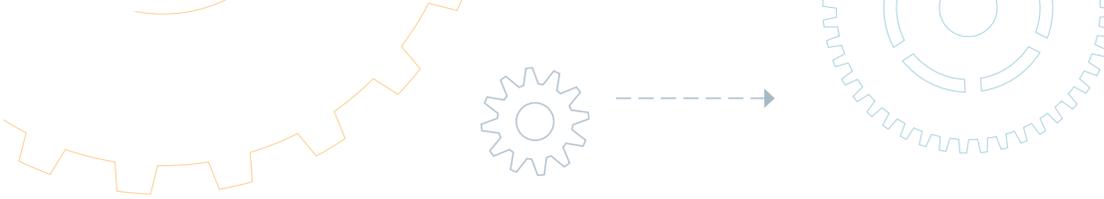
Beginning April 1, 2019 program budgets associated with the ongoing operation of departments, sites and services, including Health Sciences Centre Winnipeg, provincial diagnostic services, digital health and emergency medical services and patient transport, among others, transitioned to Shared Health. These movements will decrease and normalize the administrative cost ratio for Shared Health in 2019/20.

## Health System Transformation

Decision-making within Manitoba's Health System Transformation is rooted in principles that require initiatives to both enhance the patient experience and align with the strategic direction of a future health system that is sustainable and effective, that reduces overlap and duplicate processes, improves accountability and responsibility and achieves efficiencies that are able to be reinvested in front-line patient care.

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). Simplification of the overall health system, including holding the line or further reducing administrative costs as a percentage of total operation costs will continue to be a focus of transformation initiatives in 2019/20.





# Public Interest Disclosure

## Whistleblower Protection

Public Interest Disclosure - Bill 34 - 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 Apr/2018-Mar/2019	
Disclosures received (Subsection 18 (2a))	0
Investigations commenced (Subsection 18 (2b))	0
Finding of wrongdoing/ recommendations/ corrective actions taken (Subsection 19 (2b))	0

## Regional Health Authorities Act

### Accountability Provisions

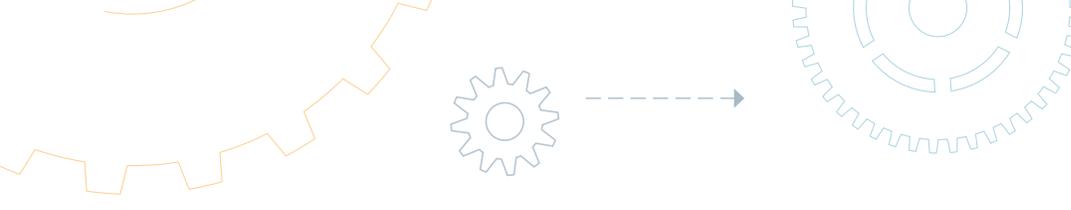
Recent amendments to The Regional Health Authorities Act include provisions related to improved accountability and transparency and to improved fiscal responsibility and community involvement.

### Amendments include:

As per Sections 22 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 23 (2c): Southern Health-Santé Sud's Strategic Health Plan 2016-21 was completed in June 2015 and is posted on the website.

As per Sections 51.4 and 51.5: The Board of Directors of Southern Health-Santé Sud has a policy regarding the Chief Executive Officer job profile. There were no senior officers that were hired within one year of termination of employment.



# Freedom of Information and Protection of Privacy Act (FIPPA)

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.

REQUESTS	2018	2017	2016	2015	2014
<b>Total requests received</b>	48	90	46	78	92
<b># of requests granted full or partial access</b>	37	85	44	73	90
<b>% of requests granted</b>	77%	94%	96%	94%	98%

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

TYPE OF REQUEST	2018	2017	2016	2015	2014
<b>Media</b>	20	34	4	3	3
<b>Political Parties</b>	11	34	26	70	84
<b>Other</b>	17	22	16	5	5

SOUTHERN HEALTH-SANTÉ SUD, Regional Officer - Privacy & Access  
 Box 470, 94 Principale St | La Broquerie MB R0A 0W0 | T 204-424-2320

Source: Regional Officer - Privacy & Access

As indicated, there were forty (48) FIPPA applications received in 2018. The applicants requested information on the following subjects:

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.

- Human Resources - 7
- Clinical - 9
- Administrative/Operational - 6
- Funding/Sustainability - 3
- Long-term Care - 8
- Emergency Department - 15



## 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*

330 Stephen St | Morden MB R6M 2G3  
T 204-822-2650 | F 204-822-2649

### *Regional Office - Notre Dame*

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 - 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: 800-742-6509

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