

Deputy Minister
Room 310 Legislative Building, Winnipeg, Manitoba, Canada R3C 0V8

June 29, 2016

[Name Removed]

Dear [Name Removed]:

Re: Your request for access to information under Part 2 of *The Freedom of Information and Protection of Privacy Act (FIPPA)* [Our File Number 044-16].

On May 5, 2016 Manitoba Health, Seniors and Active Living received your request for access to the following records:

All materials provided to the current Minister of Health, Seniors and Active Living, since the most recent provincial election, including but not limited to: advisory and briefing notes, house books and house preparation materials related to the transition of government.

On May 17, the Information and Privacy Policy Secretariat clarified your request as follows:

The transition binder prepared by the department and provided to a new Minister upon appointment that describes the department structure, responsibilities, priorities and critical issues, as well as any advisory notes, briefing notes or other materials provided to the minister by the date of the access request

I am pleased to inform you that your request for access has been granted in part and the accessible information is attached.

As required by subsection 7(2) of the Act, we have severed information that is excepted from disclosure and have provided you with as much information as possible. The severed information has been identified with the applicable exceptions to disclosure under *The Freedom of Information and Protection of Privacy Act*. The exceptions cited are as follows.

Severing information

7(2) The right of access to a record does not extend to information that is excepted from disclosure under Division 3 or 4 of this Part, but if that information can reasonably be severed from the record, an applicant has a right of access to the remainder of the record.

Disclosure harmful to a third party's privacy

17(1) The head of a public body shall refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's privacy.

Disclosures deemed to be an unreasonable invasion of privacy

17(2) A disclosure of personal information about a third party is deemed to be an unreasonable invasion of the third party's privacy if

- (e) the personal information relates to the third party's employment, occupational or educational history;

Pursuant to section 17(2)(e) of *FIPPA*, information related to job titles and names is directly related to an individual's employment, and therefore access under *FIPPA* is refused.

Determining unreasonable invasion of privacy

17(3) In determining under subsection (1) whether a disclosure of personal information not described in subsection (2) would unreasonably invade a third party's privacy, the head of a public body shall consider all the relevant circumstances including, but not limited to, whether

- (i) the disclosure would be inconsistent with the purpose for which the personal information was obtained.

Personal information is defined under *FIPPA* as "recorded information about an identifiable individual, including the individual's home address, or home telephone, facsimile or e-mail number". Disclosing this information to a third party would be inconsistent with the purpose that it was provided to the Department in accordance with s. 17(3)(i) of *FIPPA*.

Cabinet confidences

19(1) The head of a public body shall refuse to disclose to an applicant information that would reveal the substance of deliberations of Cabinet, including

- (a) an agenda, minute or other record of the deliberations or decisions of Cabinet;
- (b) discussion papers, policy analyses, proposals, advice or similar briefing material submitted or prepared for submission to Cabinet;

Treasury Board is a Committee of Cabinet and some information in the attached records forms part of, or was taken directly from, submissions that were prepared and submitted for its review. The disclosure of this information would reveal the substance of deliberations of Cabinet. Accordingly, in compliance with s. 19(1)(a) and (b) exceptions to disclosure, this information must be refused.

Information provided by another government to department or government agency

20(1) The head of a department or government agency shall refuse to disclose information to an applicant if disclosure could reasonably be expected to reveal information provided, explicitly or implicitly, in confidence by any of the following or their agencies:

- (a) the Government of Canada;
- (b) the government of another province or territory of Canada;

Disclosure harmful to relations between Manitoba and other governments

21(1) The head of a public body may refuse to disclose information to an applicant if disclosure could reasonably be expected to harm relations between the Government of Manitoba or a government agency and any of the following or their agencies:

- (a) the Government of Canada;
- (b) the government of another province or territory of Canada;

Clause 20 (1)(a) and (b) applies to information provided either explicitly or implicitly in confidence as disclosure may hinder future information sharing and Clause 21(1)(a) and (b) applies to information, that if disclosed, could impede collaborative work between Manitoba Health, Seniors and Active Living and the governments of the other provinces and territories in Canada. Disclosure of confidential information could also lead to loss of trust with these groups. With respect to the governments of the other provinces and territories in Canada, on the originating documents that this information would have been obtained from it is stipulated that this information is confidential. As such, disclosure would harm relations with the governments of the other provinces and territories in Canada as there is no agreement to disclose.

Advice to a public body

23(1) The head of a public body may refuse to disclose information to an applicant if disclosure could reasonably be expected to reveal

- (a) advice, opinions, proposals, recommendations, analyses or policy options developed by or for the public body or a minister;
- (c) positions, plans, procedures, criteria or instructions developed for the purpose of contractual or other negotiations by or on behalf of the Government of Manitoba or the public body, or considerations that relate to those negotiations;
- (d) plans relating to the management of personnel or the administration of the public body that have not yet been implemented;
- (f) information, including the proposed plans, policies or projects of a public body, the disclosure of which could reasonably be expected to result in disclosure of a pending policy or budgetary decision.

Clause 23(1)(a) has been applied in order to preserve the processes necessary for effective decision-making. These processes include the provision of advice, opinions, proposals, analyses, and recommendations to the Minister.

Clause 23(1)(c) has been applied to information, that, if disclosed would reveal the substance of current negotiations. Please note that the Department does not have any concerns disclosing the fact that collective bargaining negotiations are in progress. Accordingly, this information remains in the documents.

Clause 23(1)(d) has been applied to information, that, if disclosed, would reveal plans related to management of personnel that has not yet been implemented and as such is not public information. Accordingly, until such time as this information is made public, we must refuse access.

Clause 23(1)(f) has been applied to proposed plans that have not yet been finalized and put into operation. The recommendations and analysis contained therein are under review. As these plans have not yet been approved, providing information at this point in time could result in disclosure of pending policy decisions.

In each case that we cited the s 23 exceptions we first considered whether the information in question came within an exception to the exception to disclosure under s 23(2) (meaning it would be disclosable). We concluded that the information did not come within s 23(2). We then, in each case, considered whether we should exercise our discretion in favour of waiving the exception to disclosure. In each case we concluded that on its face the exception applied and that there were no factors which caused us to think we ought to waive the exception.

Disclosure harmful to economic and other interests of a public body

28(1) The head of a public body may refuse to disclose information to an applicant if disclosure could reasonably be expected to harm the economic or financial interests or negotiating position of a public body or the Government of Manitoba, including the following information:

- (c) information the disclosure of which could reasonably be expected to
 - (i) result in financial loss to,
 - (iii) interfere with or prejudice contractual or other negotiations of,a public body or the Government of Manitoba;

The Department is currently involved in negotiating an agreement with a third party. Disclosure of information at this time could reasonably be expected to negatively impact, interfere with and prejudice negotiations resulting in a potential financial loss.


In the interest of the Manitoba Government's commitment to openness and transparency, this response letter along with the responsive records will be made available on our proactive disclosure website. Any personal or other confidential information belonging to you or a third party will be removed prior to disclosure.

Subsection 59(1) of The Freedom of Information and Protection of Privacy Act provides that you may make a complaint about this decision to the Manitoba Ombudsman. You have 60 days from the receipt of this letter to make a complaint on the prescribed form to:

Manitoba Ombudsman
750 - 500 Portage Avenue
Winnipeg MB R3C 3X1
982-9130
1-800-665-0531

If you have any questions concerning this matter, please contact the department's Access and Privacy Coordinator, Michelle Huhtala at (204) 786-7237.

Sincerely,

A handwritten signature in black ink that reads "Karen Herd". The signature is written in a cursive style with a large initial 'K'.

Karen Herd
Access & Privacy Officer

c: M. Huhtala

Manitoba Health, Healthy Living and Seniors (MHLS)
Ministerial Briefing
 April 20, 2016

Proposed briefing schedule

1. Initial Overview of Department and Provincial System (Minister/DM)
2. Complete financial briefing including 2015/16 actual results and 2016/17 estimates and financial pressures. As well, a prospective five-year financial plan that highlights some of the key commitments and financial pressures.
3. Health System Performance and Sustainability Plan, including:
 - Clinical and Preventative Service Plan;
 - [23(1)(a)(d)]
 - [23(1)(a)]
 - [23(1)(a)]
4. Personal Identification Card Project with Manitoba Public Insurance [23(1)(a)]
5. WRHA Emergency Department/Patient Flow (WRHA would lead this briefing)
6. Seniors Care
 - Community Services for Seniors (including grant funded agencies)
 - Continuing Care Blueprint
 - Supportive Housing and potential for collaboration with Dept of Housing
 - Personal Care Home Standards
 - Personal Care Home Capital Plan
7. Home Care, including OAG Audit and Home Care Leadership Team
8. Addictions (Including Fentanyl Task Force)
9. Mental Health (including Provincial Child and Youth Mental Health strategy)
10. [23(1)(a)]
11. [23(1)(a)(d)]
12. Legislation not yet proclaimed and pending regulations, and Regulated Health Professions Act (RHPA), including panel on Nurse Reserved Acts
13. Pharmacare and other Drug Programs including
 - [23(1)(a)]
 - [23(1)(a)]
 - Addition of Drugs to the Formulary
 - [23(1)(a)]
 - New Pharmacare Benefit Year and Annual Deductible Increase - The 2016/17 Pharmacare benefit year started on April 1, 2016
 - [23(1)(a)]
14. Selkirk Mental Health Centre
15. Dialysis

16. EMS/EMS Review
17. Physician Recruitment and Retention
18. MB as Lead Province on the Cdn Blood Services file
19. Cadham Provincial Lab 23(1)(a)
20. Health Equity and Population Health
 - Chief Provincial Public Health Officer's Report on the Health Status of Manitobans
 - Health In All Policies
 - Importance of a Prevention Agenda as a key to fiscal sustainability
21. Briefings related to some of the key audits (internal and OAG audits) completed and underway.
22. Protection for Persons in Care Act (PPCA)/role of the Protection for Persons in Care Office (PPCO)/ Adult Abuse Registry Act.
23. Capital Briefing including
 - 23(1)(a)
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24. STBBI Strategy (including Syphilis, HIV)
25. 23(1)(a)
26. Indigenous Health
27. Improving the Primary Care System
28. Disaster Management – Incident Management Structure and Potential Summer Wildland Fires
29. Health Sector Labour Relations - Bargaining Status Overview 23(1)(a)(c)
30. Overview of key planning processes used within and external to MHHLS.
31. Information Management, Analytics, and Business Intelligence and how these functions can be planned and fostered in a more provincial context.
32. Medical Claims System Stabilization and Sustainment
33. Ancillary Programs, including Manitoba Orthotists and Prosthetists Association (MOPA)

Organization

1. Department responsibilities

Responsible for ensuring that quality, timely, appropriate, and cost effective health services are available for Manitobans. The role is two-part – stewardship and direct delivery.

MHLS has a stewardship role to ensure that service providers such as RHAs, CancerCare, Diagnostic Services, Addictions Foundation, and over 100 service delivery organizations (primarily non-profits) are accountable to provide high quality services at a reasonable cost to the taxpayers of Manitoba. The role is accomplished through resource allocation, provincial legislation, regulations, policy, and performance reporting of results.

MHLS also directly delivers a number of programs and services, including Pharmacare, Selkirk Mental Health Centre, Cadham Provincial Laboratory, Lifelight, three provincial nursing stations, and managing insured benefits claims payments for residents of Manitoba.

2. Organizational structure

Karen Herd, Deputy Minister

Ms Herd has been Deputy Minister of Health, Healthy Living and Seniors since 2013. She has worked in the provincial health sector since 1998. From 1998 to 2005, Ms Herd was with the Winnipeg Regional Health Authority (WRHA) and its predecessor organizations - the Winnipeg Hospital Authority and the Winnipeg Community and Long Term Care Authority. During this time, she worked in Finance as Controller and later as Administrative Director for the WRHA Surgery Program. Ms Herd joined Manitoba Health in 2005 as Executive Director of Finance, and moved into progressively more senior roles, including Assistant Deputy Minister and Associate Deputy Minister.

Prior to work in the health sector, Ms Herd worked in the Provincial Government from 1992 to 1998, starting her civil service career with Internal Audit in Manitoba Education and Training. Ms. Herd worked as a Chartered Accountant in private industry before her move to the public service.

Ms Herd holds a Bachelor of Commerce (Honours) degree from the University of Manitoba, and has been a Chartered Accountant for more than 25 years. She has taught Finance for Non-Financial Managers in the Management Development for Women Program at the University of Manitoba and the Health Services Finance course at Red River College. Karen's area of academic interest is board governance. She is a member of the Institute of Corporate Directors (ICD), completing the Not-For-Profit governance course in 2013 and completing the ICD's Director Education Program, leading to her ICD.D designation in fall of 2015.

**Beth Beaupré, Assistant Deputy Minister
Health Workforce Secretariat Division**

Prior to moving into this role in April, 2012, following a four year appointment as Director of Human Resources for the Health Sciences Centre, Ms Beaupré was the Executive Director of a Joint Operating Division for the Winnipeg Regional Health Authority and the University of Manitoba. A lawyer by profession, following 10 years in private practice, Ms Beaupré was General Counsel for Winnipeg Child and Family Services, followed by an appointment as In-House Counsel for the Winnipeg Regional Health Authority. During this time, Ms Beaupré was seconded to Manitoba Health as Executive Director of the former Health Labour Relations Branch, Health Workforce Division to lead contract negotiations between the government of Manitoba and the former Manitoba Medical Association.

**Jean Cox, Assistant Deputy Minister
Regional Policy & Programs (RPP) Division**

Ms Cox has been with the department since September 2001 in increasingly responsible portfolios from Personal Care Home Standards and Licensing, Director of Wait Time Task Force, and Executive Director of Rural & Northern Regional Support. Ms Cox's current role involves direct leadership interface with the five regional health authorities, CancerCare Manitoba, and Diagnostic Services Manitoba on matters of program and policy for the areas included in the RPP portfolio. Ms Cox's division at Manitoba Health, Healthy Living and Seniors includes Emergency Medical Services; Office of Disaster Management; Office of the Chief Provincial Psychiatrist; Acute, Tertiary & Specialty Care; Cancer & Diagnostic Care; and Continuing Care. Ms Cox is a member of the Deputy Minister's Health System Performance and Sustainability Advisory Committee, a board member of Diagnostic Services Manitoba and a former board member of the Canadian Patient Safety Institute.

Ms Cox has a Master of Business Administration from the University of Manitoba with a specialty in Health Administration.

**Avis Gray, Assistant Deputy Minister
Public Health & Primary Health Care (PHPHC) Division**

Ms Gray has an extensive career working in the public sector in the areas of population health, health and social service delivery. In her current position as ADM PHPHC, she has responsibility for maternal and child health, primary health care, and public health, including communicable disease control, surveillance and epidemiology. As well, PHPHC includes the Intergovernmental Strategic Relations branch, which is focused on collaboration with First Nations, Métis, Inuit, federal, provincial and territorial governments.

Ms Gray has held a number of other leadership positions in continuing care, home care, and primary health care. She was instrumental in leading a committee of multi-sectoral professionals that developed a human resource strategy that resulted in the implementation of midwifery services in the province, including a payment model for midwives, a plan for midwifery service delivery, and education that emphasized northern

and Indigenous priorities. Ms Gray has also worked in a large corporation where she specialized in government relations. In addition, during her career she has served as a consultant who specialized in strategic planning, citizen engagement, and exporting knowledge services.

Ms Gray has a degree in Home Economics from the University of Manitoba. Her rural background, and experience working in northern, rural and urban areas of Manitoba has provided a deep understanding of the scope and breadth of health care service delivery, and the necessity for provincial policy and standards development and quality assurance programming.

**Bernadette Preun, Assistant Deputy Minister
Provincial Policy and Programs (PPP) Division**

Ms Preun has been in her current portfolio since February 2011. Her current portfolio includes oversight of Provincial Drug Programs/Pharmacare, Capital Planning, Information and Communications Technology (including oversight of eHealth), Corporate Services (Protection for Persons in Care Branch, French Language Services, Manitoba Health Appeals Branch, Mental Health Review Board, Web Services), Selkirk Mental Health Centre and Cadham Provincial Laboratory (public health lab). During this tenure, she also provided six months coverage of the Public Health and Primary Health Care Division. Prior to Provincial Policy and Programs she was appointed Assistant Deputy Minister of Regional Programs and Services (2008).

Ms Preun began her career with the Provincial Government in 2001 in MHHLS' Capital Planning Branch, and was appointed the Director of Emergency Medical Services (land and air ambulances) in 2003. In 2007, she was asked to cover the Corporate and Provincial Program Support Division. Prior to coming to work with the Provincial Government, Ms Preun worked primarily in health care delivery in the community and hospital setting, in non- and for-profit organizations in Manitoba and Ontario, and also served as a planner in the District Health Council system in Ontario. She is trained as an Occupational Therapist and completed a Masters in Business Administration in 1996. She is a LEAN executive green belt and has been educated and worked in project management.

**Dan Skwarchuk, Assistant Deputy Minister & Chief Financial Officer
Administration & Finance Division**

Mr. Skwarchuk is responsible for the overall financial management and strategic financial development for MHHLS. Critical functions include financial management, financial analysis, comptrollership, strategic planning, health information management and analytics, accountability, and risk management. Mr. Skwarchuk has worked in healthcare for 23 years in various capacities with MHHLS, the Winnipeg Regional Health Authority and the St. Boniface General Hospital. He has also participated at governance levels of community boards of Community Health Centres and the Finance and Audit Committee of the Board of Diagnostic Services of Manitoba (DSM). From time to time he also teaches and guest lectures for the Red River College's Health

Leadership and Management Program as well as the Academic Health Sciences Leadership Program with the University of Manitoba Faculty of Health Sciences.

Mr. Skwarchuk possesses a Commerce Degree from the University of Manitoba (accounting major) and is an active Certified General Accountant and now Chartered Professional Accountant. He has also successfully completed the requirements for the Executive Training in Research Application (EXTRA) fellowship with the Canadian Foundation for Healthcare Improvement, a program aimed at promoting use of evidence in health care decision making. His intervention project focused on the identification of means to improve home dialysis utilization in Manitoba in the interest of delivering higher quality care in a more sustainable manner. Mr. Skwarchuk is also a Certified Health Executive with the Canadian College of Health Leaders and has completed the Leadership Winnipeg program offered through the Winnipeg Chamber of Commerce with focus on leadership through community development and partnerships. He has also successfully completed the MHHLS Lean Six Sigma Executive Green Belt Program.

**Marcia Thomson, Assistant Deputy Minister
Healthy Living and Seniors Division**

Ms Thomson is a long-term civil servant who has worked with the provincial government in various capacities and departments, the most recent being as ADM responsible for the portfolio of Healthy Living and Seniors. Ms Thomson's experience is at both the service delivery and policy development level. Her 16 year ADM experience ranges from portfolios in Health and Healthy Living, Family Services, Justice and Housing. Ms Thomson is also fully familiar with the province, having worked and or lived in various regions of the province throughout her career.

Her experience in the health system has been in policy areas of mental health, addictions, long term care, home care, primary health care, public health, aboriginal health, seniors, children and high risk populations such as the homeless and frequent users of the health system. Prior to this experience, Ms Thomson was CEO of the Selkirk Mental Health Centre in the mid-nineties. These experiences bring her into contact with many agencies, aboriginal communities and organizations across the spectrum of policies, services and community engagement. Her most recent experiences in leading the prevention agenda are important to the current development of preventative and clinical services planning, and working with the community partners in the interests of maintaining wellness e.g. Manitoba Chamber of Commerce, Healthy Schools as examples.

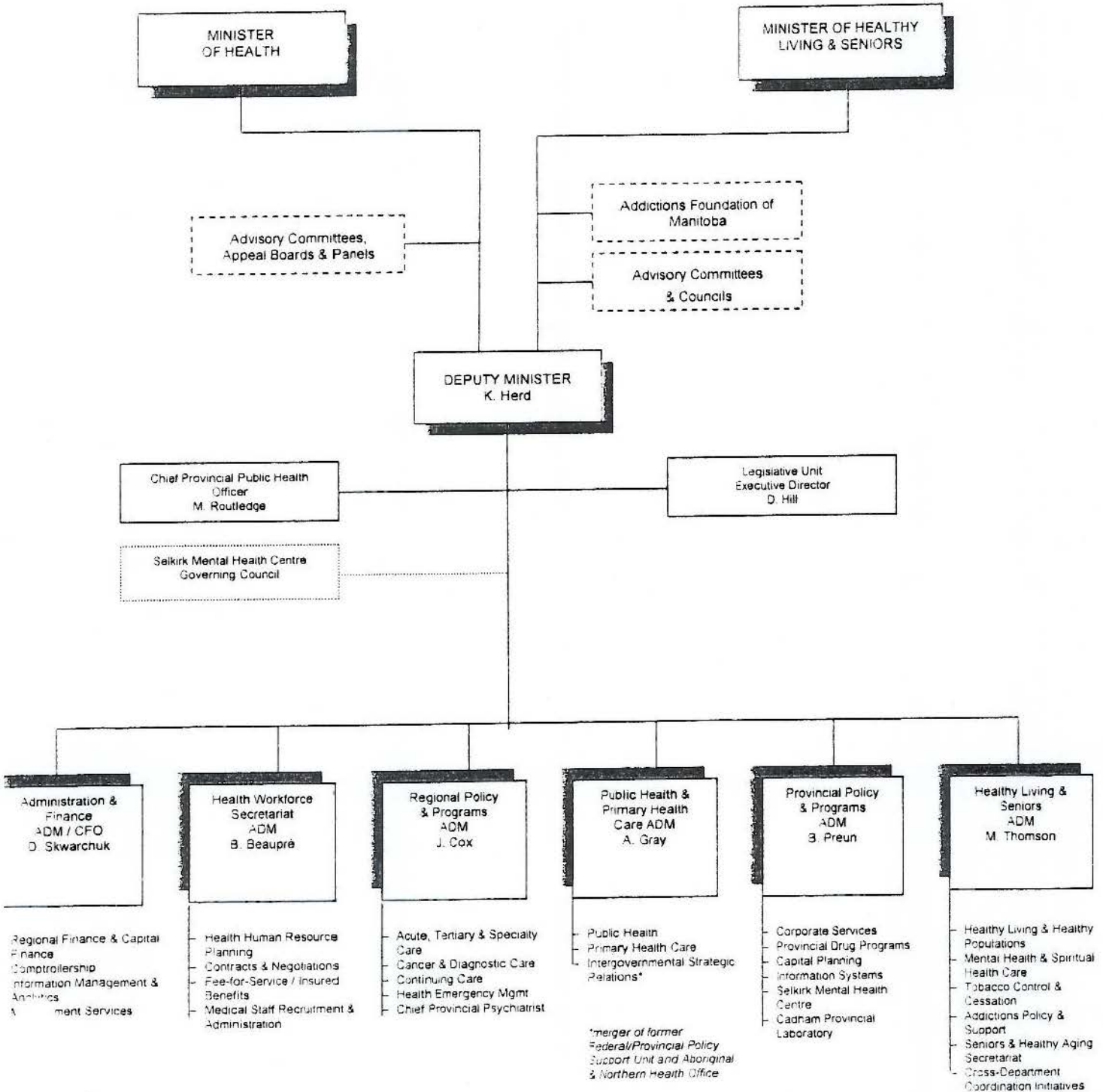
Ms Thomson has worked for and with many other departments in her career along with supporting many community non-government organizations.

3. Organization chart – see attached

MANITOBA HEALTH, HEALTHY LIVING AND SENIORS

ORGANIZATION CHART

As of March 30, 2016



Innovation as a foundation of our work

Manitoba Health, Healthy Living and Seniors

Our Vision

Healthy Manitobans through an appropriate balance of prevention and care

Our Mission

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

Priorities & Goals

Priority 1 – Capacity Building

- 1.1 Achieve strategic priorities through a sustained planning and alignment process that advances role clarity, collaborative and innovative work practices, risk management, and effective use of resources.
- 1.2 Apply innovative human resource policies and practices to help recruit and retain department staff. These policies and practices will focus on supporting staff development, work-life balance and opportunities for advancement that are consistent and fair across the department.

Priority 2 – Health System Innovation

- 2.1 Drive innovation in the health system and the department to improve health outcomes, contain costs, and support appropriate and effective services.

Priority 3 – Health System Sustainability

- 3.1 Direct the development and implementation of a long-term action plan that defines Manitoba's future health system, establishes clear roles for the department and other stakeholders, and how the system can be sustained.
- 3.2 Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities.
- 3.3 Build sustainable, innovative and evidence-based service provider funding methods to ensure accountability, meet the health needs of Manitobans, and contain the rise in health costs.
- 3.4 Enable information systems and technologies that improve Manitoba's health system and department processes in a sustainable way.
- 3.5 Influence the creation of conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages.

Priority 4 – Improved Access to Care

- 4.1 Enhance and improve access to health services for all Manitobans.
- 4.2 Implement a strategy to enhance the primary health care system that better meets the patient and population needs of Manitobans through a greater emphasis on the patient.

Priority 5 – Improved Service Delivery

- 5.1 Lead advances in health service delivery with First Nations, Métis, and Inuit Manitobans, through policy and programs with a focus on prevention, primary health care, public health, and education.
- 5.2 Lead emergency management by establishing strategies, policy and partnerships that improve operational readiness to meet population needs in emergency and disaster situations.
- 5.3 Realize customer service excellence through improving Manitoba Health's services.
- 5.4 Guide effective and efficient department policies, processes, and service delivery methods to support the department and its funded service providers to strengthen capacity, ensure roles are clear, accountabilities are met, and services are delivered to meet the health needs and safety of Manitobans in the best way possible.

Priority 6 – Improving Health Status & Reducing Health Disparities Amongst Manitobans

- 6.1 Steer an innovative, evidence-based action plan to reduce health disparities and improve the health of Manitobans. This involves negotiating clear roles and effective working relationships with other government departments, municipalities, regions, and other appropriate partners.
- 6.2 Create an innovative, collaborative plan for public health to target populations in health status and improve the health of Manitobans.



Strategy

Processes

Customers

People

Creating an aligned organization

Strategic Overview

1. Strategic Priorities – see attached chart

The **Vision** of Manitoba Health, Healthy Living and Seniors is:
Healthy Manitobans through an appropriate balance of prevention and care.

The **Mission** of Manitoba Health, Healthy Living and Seniors is:
To meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time.

To achieve its Mission, the department has implemented six overarching corporate priorities set out for the department and the health system:

Priority 1: Capacity Building

Priority 2: Health System Innovation

Priority 3: Health System Sustainability

Priority 4: Improved Access and Primary Care

Priority 5: Improved Service Delivery

Priority 6: Improving Health Status and Reducing Health Disparities amongst Manitobans

Priority 1 – Capacity Building

Goal 1

Achieve strategic priorities through a sustained planning and alignment process that advances role clarity, collaborative and innovative work practices, risk management, and effective use of resources.

Goal 2

Apply innovative human resource policies and practices to help recruit and retain department staff. These policies and practices will focus on supporting staff development, work-life balance and opportunities for advancement that are consistent and fair across the department.

Priority 2 – Health System Innovation

Goal 1

Drive innovation in the health system and the department to improve health outcomes, contain costs, and support appropriate and effective services.

Priority 3 – Health System Sustainability

Goal 1

Direct the development and implementation of a long-term action plan that defines Manitoba's future health system, establishes clear roles for the department and other stakeholders, and how the system can be sustained.

Goal 2

Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities.

Goal 3

Build sustainable, innovative and evidence-based service provider funding methods to ensure accountability, meet the health needs of Manitobans, and contain the rise in health costs.

Goal 4

Enable information systems and technologies that improve Manitoba's health system and department processes in a sustainable way.

Goal 5

Influence the creation of conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages.

Priority 4 – Improved Access to Care*Goal 1*

Enhance and improve access to health services for all Manitobans.

Goal 2

Implement a strategy to enhance the primary health care system that better meets the patient and population needs of Manitobans through a greater emphasis on the patient.

Priority 5 – Improved Service Delivery*Goal 1*

Lead advances in health service delivery with First Nations, Métis, and Inuit Manitobans, through policy and programs with a focus on prevention, primary health care, public health, and education.

Goal 2

Lead emergency management by establishing strategies, policy and partnerships that improve operational readiness to meet population needs in emergency and disaster situations.

Goal 3

Realize customer service excellence through improving Manitoba Health's services.

Goal 4

Guide effective and efficient department policies, processes, and service delivery methods to support the department and its funded service providers to strengthen capacity, ensure roles are clear, accountabilities are met, and services are delivered to meet the health needs and safety of Manitobans in the best way possible.

Priority 6 – Improving Health Status & Reducing Health Disparities amongst Manitobans

Goal 1

Steer an innovative, evidence-based action plan to reduce health disparities and improve the health of Manitobans. This involves negotiating clear roles and effective working relationships with other government departments, municipalities, regions, and other appropriate partners.

Goal 2

Create an innovative, collaborative plan for public health to target major gaps in health status and improve the health of Manitobans.

2. Financial overview

2015/16 Performance

For 2015/16 MHHLS received a 5.1% increase in funding for a total budget of \$5,653.2M. ☐

23(1)(a)

☐ Projected deficits in the RHAs total \$60.0M as of February 2016. These amounts are subject to change pending conclusions of 15/16 fiscal year end and audits.

2016/17 Estimates

☐

19(1)(b)

☐

3. Broad policy or financial pressures (excerpt from Executive Briefing)

Items requiring immediate decisions/action:

☐

23(1)(F)

☐

Financial Agenda: ☐

23(1)(a)

☐

FPT Agenda: ☐

20(1)(a) + 23(1)(a)

☐

Labour Relations Agenda: Two collective agreements expired March 31 (Maintenance and Trades sector represented by Operating Engineers Manitoba (OEM) in the Winnipeg Health Region and CancerCare Manitoba and medical, radiation and pediatric oncologists).

☐

23(1)(a)(c)

☐

Pressures:

Financial: Significant budgetary pressures exist in the core department and in service delivery organizations such as RHAs and grant funded agencies. Given pre-existing collective agreements and construction projects currently coming live which require operating funding, there is a significant draw on new resources. It will be difficult ☐ 23(1)(a) ☐, to cover those costs and meet service delivery needs within existing funding allocations that could be expected for MHHLS, while maintaining a sustainable fiscal position government-wide. MHHLS continues to support the need to invest in healthy living programming to 'bend the cost curve' in the health system.

Sustainability: Sustainability of our provincial health system is threatened from both a financial and a service delivery perspective. Financial costs are significantly outpacing the rate of economic growth. We have a misalignment of physician resources in our province, resulting in underserved areas in rural and northern Manitoba. To deal with this complex 'system' issue (which jurisdictions around the world are grappling with), MHHLS has activated a Health System Performance and Sustainability Plan (HSPSP). Participation of Manitoba Nurses Union, Doctors Manitoba and the Manitoba Association of Healthcare Professionals in this plan, was secured through the current

agreements negotiated with these bargaining agents. A key component is a Clinical and Preventative Service Plan, which will guide future planning and investment in this key government program.

Access and Waits: Access challenges and long wait times for health services continue to drive media attention regarding health services in our province (eg. ED wait times in Winnipeg, national reports on wait lists for surgical procedures). They also constitute a significant portion of the complaints received by the Health and Healthy Living Ministers.

The Health Accord of 2004 demonstrated to health system planners that additional financial investment alone is not sufficient to drive systemic improvement in these areas, nor in health status of Canadians. In an era of limited fiscal resources, it is most important to make strategic and evidence informed investments, with a view to those that will increase the health status of the population and those that will best contribute to an improved patient experience.

Areas of focus:

- WRHA is undertaking further efforts to improve their emergency department waits.
- CancerCare Manitoba, with the RHAs and Diagnostic Services Manitoba, continues to monitor the strides made to reduce the time from suspicion of cancer to diagnosis and treatment.
- Improvements have been made in primary care, \angle
23(1)(a)(F)
- Significant challenges with wait times and access to mental health and addictions services in Manitoba. \int

Health Sector Collective Bargaining: The Manitoba Government and General Employees Union (MGEU) represents employees in professional/technical/paramedical positions employed by three RHAs outside of Winnipeg (Prairie Mountain RHA, Southern RHA and Interlake-Eastern RHA), Diagnostic Services of Manitoba (DSM) and the Manitoba Transportation Coordination Centre. \angle

23(1)(a) + (c)

\int

Funding for capacity building to support Indigenous engagement: In order to address the concerning issue of health disparity between Manitoba's indigenous populations and other Manitobans, we must genuinely engage with First Nations, Métis

and Inuit partners on health service delivery matters, including integration between provincial and indigenous health care systems. Engagement with these partners has generated requests by them to fund some capacity for Indigenous organizations to effectively engage. E

23(1)(a)

J

Funding of not for profit community service and issue based agencies: MHLS and RHAs fund hundreds of agencies that are involved in direct service delivery to Manitobans, in the area of addictions, mental health and healthy living programs such as school nourishment, seniors support programs, community food subsidy programs. Many of these agencies have not benefited from the increases offered to health professional groups over the last several years, however many of these agencies also offer front-line services to Manitobans and face increasing demands on their services. Increases to minimum wage have put further pressure on their fiscal situation. E

23(1)(a)

J

Priority issues:

Response to Inquests: Work is underway to respond to the recommendations of the Inquest into the deaths of Brian Sinclair, Frank Alexander, Drianna Ross and Heather Brennan respectively.

Response to Auditor General Audits: Home Care Audit – the response to this audit was the Home Care Leadership Team, which will be reporting to the Minister of Health later in 2016.

STARS audit follow-up by OAG in 2016 is likely – MHLS is well-positioned to respond An MRI Scan audit has just been launched by OAG and is not expected to be released publicly in 2016.

The OAG continues to audit several aspects of information technology in the health system. (eHealth)

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23(1)(a)

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23(1)(a) + (d)

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23(1)(a)+(d)

National Role: Manitoba is currently lead province managing the Canadian Blood Services (CBS) file on behalf of all PTs. In this role, the Minister of Health is the lead contact with CBS Board.

MPI Broker of Identity Project: Manitoba Public Insurance has put forward a proposal to government to become the entity responsible for issuing Personal Identification cards, including Personal Health Identification Numbers (PHINs) to Manitobans on behalf of the government.

23(1)(a).

Lawsuits: The Government of Manitoba is currently being sued by the former executive director of the Middlechurch Personal Care Home, whose employment was terminated by the interim manager appointed by the Minister to take over the administration of the facility. The litigation is currently in the discovery phase and the matter is expected to be heard in the fall of 2017.

23(1)(a)

Personal Health Information (PHI) Act Breach: On May 13, 2014, the department became aware of a breach of personal health information (PHI) by a former Provincial Drug Programs (PDP) employee. The department has been working on this matter since October 17, 2014 with the Office of the Manitoba Ombudsman (MO), which is conducting its own investigation into the breach. PDP continues to conduct its own investigation as per MHHLS PHIA policy.

23(1)(a)

Fentanyl Task Force: In December 2015, a Task Force was created, co-chaired by MHHLS and Manitoba Justice to prevent and address the risks associated with the

prevalence of Fentanyl and other opiate drugs on the street. It is very likely that the task force will highlight the need for increased supports, interventions and investment by government.

Regulated Health Professions Act (RHPA): The Health Professions Advisory Council (HPAC) recommended that, subject to the resolution of certain issues, paramedics and massage therapists be established as self-regulating professions under The Regulated Health Professions Act. Government has asked HPAC to recommend a framework for a dialogue and consensus-building process with paramedics and stakeholders about self-regulation to ultimately make a determination on whether the support needed to establish a regulatory college of paramedics exists. Government has asked the Massage Therapy Association of Manitoba to work with the Natural Health Practitioners of Canada to address core key issues necessary for self-regulation and report back. [

23(1)(a)

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[

23(1)(a)

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Northern challenges: [

23(1)(a)

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MHLS, Northern Regional Health Authority (NRHA), and WRHA are reviewing a concept paper prepared by the NRHA in collaboration with God's Lake, Bunibonibee, Chemawawin, and Manto Sipi First Nations, to provide better continuity and coordination of care for patients moving between northern communities and Winnipeg.

[

23(1)(a)

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The transfer of provincial nursing stations (PNS) in Moose Lake, Easterville and Grand Rapids is progressing. [

23(1)(a)

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Cross Lake Cree Nation (Pimicikamak), and the adjacent Northern Affairs community of Cross Lake, has a significant population size in a very northern and remote location in Manitoba. There is no hospital and services are provided by the federal government

under a nursing station model. ☐

23(1)(a)

☐ Recently there has been a significant cluster of youth suicides in Pimicikamak and the Department has been working closely with stakeholders to assist.

Maintenance of Programs that Monitor and Inspect: MHHLS has several programs that monitor and inspect in accordance with existing legislation including Personal Care Home Standards, Protection for Persons in Care, and Public Health Inspectors. ☐

23(1)(a)

Continued vigilance in infectious disease monitoring and surveillance: Given the risk and impact of a pandemic or outbreak on public health and safety, there is continuous focus at MHHLS to monitor and prepare for such matters. When a pandemic or outbreak occurs, many other work streams must cease or reduce to address the immediate threat. Preparedness is an ongoing exercise. This also extends to natural disasters (eg flood, fires), which may impact provincial health service delivery.

23(1)(a)(F)

17(1); 17(2)(e)

23(1)(a)

Recruitment of the Head, Office of Medical Direction, Emergency Medical Services (EMS): A recruitment process is underway for this key position, which was identified as an important first step in advancing the recommendations of the provincial EMS review. ☐ 17(1); 17(2)(e) + 23(1)(a)

Longer term Financial Pressures: MHHLS will experience pressure in future years as well. Mid- to long-term pressures include: Dialysis where current demand is exceeding existing capacity, Diabetes and related complications from diabetes continue to grow in the Manitoba population, the need for additional physician assistants in the system, the RHAs have advised that they are significantly outside the current medical device

reprocessing standards and the replacement of old and obsolete equipment (including beds) in the RHAs.

Longer term financial pressures exist regarding the sustainability of the health care system in Manitoba. MHHLS has engaged a consultant to look at health sustainability in Manitoba. The report is expected by December 2016. ☐

23(1)(a)

☐. The report will help inform MHHLS on other areas of work.

21(1)(a) + 23(1)(a)

☐

See attached Appendix A – 2016/17 Preliminary Estimates Request

**PART A - OPERATING EXPENDITURE
SUMMARY OF 2016/17 PRELIMINARY ESTIMATES REQUEST**

\$000s

	FTEs	2016/17 Request
2015/16 ADJUSTED VOTE		
<p style="text-align: center;">19(1)(b)</p>		
2016/17 PRELIMINARY ESTIMATES REQUEST		

For the 2016/17 Preliminary Estimates, 23(1)(a) has been requested for the following:

1.

19(1)(b) + 23(1)(a)(F)

2.

23(1)(a)

3.

19(1)(b) + 23(1)(a)(F)

4.

19(1)(b) + 23(1)(a)(c)

5.

19(1)(b) + (23(1)(a))

6.

19(1)(b) + 23(1)(a)

7.

23(1)(a)

Awaiting Treasury Board Minute/Decision

19(1)(a)

At the Department

Manitoba Health

19(1)(b) + 23(1)(a)(F)

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19(1)(b) + 23(1)(a)(F)

J

Healthy Living and Seniors

- E 19(1)(b) + 23(1)(a)(F)
- J

4. List of primary stakeholders

Health Authority Board Chairs and CEOs

Health Authority	Chair	CEO
Interlake-Eastern	Oral Johnston	Ron van Denakker
Northern	Lloyd Flett (Interim Chair)	Helga Bryant
Prairie Mountain Health	Harry Showdra	Penny Gilson
Southern Health-Santé Sud	Guy Lévesque	Kathy McPhail
WRHA	Robert Brennan	Milton Sussman

Other Service Delivery Organizations

Cancer Care Manitoba	Gregory Tallon	Dr. Sri Navaratnam
Diagnostic Services of Manitoba	Arlene Wilgosh	Jim Slater
Addictions Foundation of Manitoba	Damon Johnston	Ben Fry

Health Care Regulators

Pharmacists Manitoba
 Manitoba Chiropractors Association
 Manitoba Association of Optometrists
 Manitoba Association of Dental Hygienists
 Denturists Association of Manitoba
 The Manitoba Speech and Hearing Association
 Manitoba Naturopathic Association
 Manitoba Society of Occupational Therapists
 The Opticians of Manitoba
 The College of Pharmacists of Manitoba
 Manitoba Podiatrists Association
 The Psychological Association of Manitoba
 The College of Dietitians of Manitoba
 The College of Registered Nurses of Manitoba
 Manitoba Dental Association
 The College of Physicians and Surgeons of Manitoba
 The College of Registered Nurses of Manitoba
 The College of Registered Psychiatric Nurses
 The College of Licensed Practical Nurses
 The College of Midwives of Manitoba
 The College of Physiotherapists of Manitoba
 The College of Medical Laboratory Technologists of Manitoba
 The College of Occupational Therapists of Manitoba
 The College of Audiologists and Speech Language Pathologists of Manitoba
 The College of Dental Hygienists of Manitoba
 The College of Pharmacists of Manitoba
 The College of Physiotherapists of Manitoba
 Manitoba Association of Registered Respiratory Therapists

Unions and professional associations

Manitoba Nurses Union (MNU)

Doctors Manitoba

Manitoba Association of Healthcare Providers (MAHCP)

Manitoba Government Employees Union (MGEU) – Dept and RHAs

Canadian Union of Public Employees (CUPE) – notably in long term care

Other: IUOE, UFCW, WAPSO

Key Partners

Faculty of Health Sciences, University of Manitoba Dean Dr. Brian Postl

Manitoba Centre for Health Policy, University of Manitoba

Centre for Healthcare Innovation, University of Manitoba

Research Manitoba

Manitoba Patient Safety Institute

Agencies and Boards

In addition to the Regional Health Authorities, the Minister of Health is responsible for the appointment of individuals to the following health-related Agencies and Boards:

CancerCare Manitoba (CCMB)

College of Audiologists and Speech Language Pathologists of Manitoba (CASLPM)

College of Dental Hygienists of Manitoba (CDHM)

College of Dietitians of Manitoba (CDM)

College of Licensed Practical Nurses of Manitoba (CLPNM)

College of Occupational Therapists of Manitoba (COTM)

College of Pharmacists of Manitoba (CPhM)

College of Physicians & Surgeons of Manitoba (CPSM)

College of Physiotherapists of Manitoba (CPM)

College of Registered Nurses of Manitoba (CRNM)

College of Registered Psychiatric Nurses of Manitoba (CRPNM)

College of the Medical Laboratory Technologists of Manitoba (CMLTM)

Denturist Association of Manitoba (DAM)

Diagnostic Services of Manitoba (DSM)

Health Information Privacy Committee (HIPC)

Health Professions Advisory Council (HPAC)

Hearing Aid Board (HAB) - *(Under Consumers & Corporate Affairs)*

Manitoba Association of Registered Respiratory Therapists (MARRT)

Manitoba Adolescent Treatment Centre (MATC)

Manitoba Association of Optometrists (MAO)

Manitoba Chiropractors Association (MCA)

Manitoba Dental Association (MDA)

Manitoba Drug Standards & Therapeutics Committee (MDSTC)

(Subcommittee – Provincial Drug Programs Review Committee)

Manitoba Health Appeal Board (MHAB)

Manitoba Healthy Living Resource Clearinghouse Inc. - Healthy Living

Manitoba Institute for Patient Safety (MIPS)
Medical Review Committee (MRC)
Mental Health Review Board (MHRB)
Patient Utilization Review Committee (PURC)
Rehabilitation Centre for Children (RCC)
Sanatorium Board of Manitoba (SBM)
Seven Oaks General Hospital (SOGH)

The Minister of Healthy and Seniors is responsible for the appointment of individuals to the following health-related Agencies and Boards:

Addictions Foundation of Manitoba (AFM)
Caregiver Advisory Committee (CAC)
Health in Common (HIC)
Manitoba Council on Aging (MCA)

Attachments – list of funded agencies

All * = 17(1); 17(3)(i)

Stakeholders/Contacts List: Community Based Organizations

as at Jan 26/16

Organization	Title	First Name	Last Name	Position	Address	City	Tel	Email
Klinic Community Health Centre	Ms.	Nicole	Chammartin	Executive Director	870 Portage Avenue,	Winnipeg, MB, R3G 0P1	(204) 784-4090	nchammartin@klinik.mb.ca
Sexuality Education Resource Centre	Ms.	Nicole	Chammartin	Executive Director	200-226 Osborne St N.	Winnipeg, MB, R3C 1V4	(204) 982-7800	nicolec@serc.mb.ca
Manitoba Council on Aging	Mr.	Dave	Schellenberg	Chair	[*]	Winnipeg, MB [*]	[*]	[*]
Caregiver Advisory Committee	Mr.	Bob	Thompson	Chair	[*]	Winnipeg, MB [*]	[*]	[*]
Child Nutrition Council of Manitoba	Ms.	Norma	Alberg	Chair	721 South Dr.	Winnipeg, MB R3T 0C3	204-453-6060	tammyrobinson@childnutritioncouncil.co
Child Nutrition Council of Manitoba	Ms.	Tammy	Robinson	Executive Director	331 Mountain Avenue	Winnipeg, MB R2W 1J9	204-582-0428	m
Canadian Cancer Society	Mr.	Mark	McDonald	Executive Director	193 Sherbrook St.	Winnipeg, MB R3C 2B7	204-786-7483	ecrawford@mb.cancer.ca
Canadian Cancer Society	Ms	Erin	Crawford	Director of Public Affairs, Manitoba Division	193 Sherbrook Street	Winnipeg, MB R3C 2B7	786-0617	
Addictions Foundation of Manitoba Board of Governors	Mr.	Damon	Johnston	Chair	Winnipeg Region Administration Office 1031 Portage Avenue	Winnipeg MB R3G 0R9	204-960-4782	[*]
Canadian Cancer Society	Ms.	Erin	Crawford	Director of Public Affairs, Manitoba Division	193 Sherbrook St.	Winnipeg MB R3C 2B7	786-0617	
Addictions Foundation of Manitoba	Mr.	Damon	Johnston	Chair	1031 Portage Ave	Winnipeg MB R3G 0R9	960-4782	[*]
Addictions Foundation of Manitoba	Mr.	Ben	Fry	CEO	Winnipeg Region Administration Office 1031 Portage Avenue	Winnipeg MB R3G 0R8	204-944-6237	bfry@afm.mb.ca
Addictions Recovery Inc.	Mr.	Dennis	Walker	Executive Director	PO BOX 44058 C-1155 Main Street	Winnipeg, MB R2W 5M3	204-299-3576	dwalker@addictionsrecovery.ca
Brandon Neighbourhood Renewal Corp.	Mr.	Keith	Edmonds	Chair	410-9th Street	Brandon MB R7A 6A2	[*]	[*]

All * = 17(1); 17(3)(i)

Building Urban Industries for Local Development (BUILD)	Mr.	Shaun	Loney	Executive Director	Unit 200 - 765 Main Street	Winnipeg MB R2W 3N5	943-5981	shaun.loney@buildinc.ca
North End Community Renewal Corporation	Mr.	Rob	Neufeld	Executive Director	509 Selkirk Avenue	Winnipeg MB R2W 2M6	927 - 2337	robert@necrc.org
Right to Housing Coalition	Mr.	Clark	Brownlee	Coordinator	615 Ellice Avenue	Winnipeg MB R3G 0A4		coordinator@righttohousing.ca
Spence Neighbourhood Association	Mr.	Jamil	Mahmood		640 Ellice Avenue			jamil@spenceneighbourhood.org
West Central Women's Resource Center	Ms.	Tanya	McFadyen	Executive Director		Winnipeg MB R3G 0A7	774-8975 Ext 202	executive@director@wccwrc.ca
Anxiety Disorder Assoc. of MB								
Canadian Diabetes Association (Manitoba & Nunavut)	Ms.	Andrea	Kwasnicki	Regional Director, Manitoba/Nunavut Region	200 - 310 Broadway Avenue	Winnipeg, MB R3C 0S6	204-925-3800 ext 228	andrea.kwasnicki@diabetes.ca
A & O: Support Services for Older Adults	Ms.	Amanda	Macrae	CEO	200-280 Smith St	Winnipeg MB R3C 1K2	204-956-6440	amacrae@ageopportunity.mb.ca
A & O: Support Services for Older Adults	Mr.	Alex	Segall	Chairperson	200-280 Smith St	Winnipeg MB R3C 1K2	204-946-5667	info@aosupportservices.ca
Food Matters	Mr.	Stefan	Epp-Koop	A/Executive Director	4-640 Broadway Ave	Winnipeg MB, R3C 0X3	(204) 943-0822 x102	stefan@foodmattersmanitoba.ca
Good Neighbours Active Living Centre	Ms.	Susan	Sader	Executive Director	720 Henderson Hwy	Winnipeg, MB	204-669-1710	director@gnalc.ca
Addiction Post Treatment Follow-up Services								
Addictions Recovery Inc.								
ALCOA (55 Plus games)	Mr.	Jim	Evanchuk	Executive Director	1075 Leila c/o The Wellness Institute	Winnipeg, MB R2P 2W7	204-632-3947	jevanchuk@sogh.mb.ca
Arbreat Studio Inc.								

ALL * = 17(1); 17(3)(1)

Diicians of Canada - chool & Early Learning utrition	Ms	Jennifer	Wojcik	Regional Executive Director			204-451-4316	jennifer.wojcik@dietitians.ca
Elder Abuse Strategy	Ms.	Teresa	Cereceres	Executive Director	C X ☐	Winnipeg, MB [X ☐]	204-582-4043	C X ☐
Elder House Inc.								
FASD Mental Health/Addictions Training Centre								
Health in Common	Ms.	Cathy	Stevens	Director	200 - 141 Bannatyne Avenue	Winnipeg, MB R3B 0R3	204-946-1888	estevens@healthincommon.ca
Healthy Aging Strategy								
Healthy Foods Action Plan								
Healthy Schools								
Kihw Iskewock Centre - CLOUT	Ms.	Denise	Pelland	Acting Executive Director	105 Aikins Street	Winnipeg MB R2W 4E6	204-989-8240	exedlr@nwtc.cc
Low Cost Resource Program								
Main Street Project Inc	Ms.	Lisa	Goss	Executive Director	75 Martha Street	Winnipeg, MB R3B 1A4	204-982-8244	lgoss@mainstreetproject.ca
Manitoba Coalition for Safer Waters - Lifesaving Society	Mr.	Carl	Shier	Chief Executive Officer	100-383 Provencher Bl	Winnipeg, MB R2H 0G9	204-956-2124	cshier@lifesaving.mb.ca
Manitoba Fitness Council	Ms	Stephanie	Jeffrey	Executive Director	219 Provencher Blvd	Winnipeg, MB R2H 0G4	204-235-1245	sjeffrey@manitobafitnesscouncil.ca
Manitoba Lung Association	Ms.	Margaret	Bernhardt-Lowden	Executive Director	1 Wesley Ave. Unit 301	Winnipeg, MB R3C 4C6	204 774-5501 Ext 225	Margaret.bernhardt_lowden@mb.lung.ca

Manitoba Physical Education Teachers' Association													
Manitoba Recreational Trails Association													
Manitoba Schizophrenia Society Inc.													
Mood Disorders Association of Manitoba													
Manitoba Tobacco Reduction Association (MANTRA)	Mr.	Murray	Gibson		Executive Director	192 Goulet St.	Winnipeg, MB R2V 1X4	204-784-7031				mgibson@mantrainc.ca	
Marymound Inc.	Mr.	Jay	Rodgers		CEO	442 Scotia Street	Winnipeg, MB R2V 1X4	204-336-5274				jrodgers@marymound.com	
MATC Youth Addictions Centralized Intake	Ms.	Lori	Middendorp		Program Manager	165 St Mary's Road	Winnipeg, MB R2H 1J1	204-958-9608				lmiddendorp@matc.ca	
Native Addictions Council	Ms.	Bertha	Fontaine		Executive Director	160 Safter Street	Winnipeg, MB R2H 1J1	204-586-8395				bfontaine@nacm.ca	
Nature Manitoba	Mr.	Donald	Himbeault		President of Board	401-63 Albert Street	Winnipeg, MB R3B 1G4	204-943-9026				info@naturemanitoba	
Obsessive Compulsive Centre Inc.													
Physical Activity Coalition of Manitoba (Chaired by Manitoba Fitness Council)	Ms.	Stephanie	Jeffrey		Chair	219 Provencher Blvd	Winnipeg, MB R2H 0G4	204-235-1245				sjeffrey@manitobafitnesscouncil.ca	
Resource Assistance for Youth Inc. (RaY)	Ms.	Kelly	Holmes		Executive Director	125 Sherbrook Street	Winnipeg, MB R3C 2B5	204-783-5617				kelly@rayinc.ca	
Salvation Army Inc. - program for chemical dependency	Captain	Rodney	Bungay		Executive Director	180 Henry Street	Winnipeg, MB R3B 0J8	(204) 946-9459				Rodney_Bungay@can.salvationarmy.org	
SMD Self-Help/Clearinghouse Inc.	Ms.	Natalie	Mulaire		Chief Operating Officer	204 - 825 Sherbrook Street	Winnipeg, MB R3A 1M5	(204) 975-3006				NMulaire@smd.mb.ca	

Sports Medicine Council of Manitoba	Ms	Kerri-Ann	Tyschinski	Executive Director	200 Main Street	Winnipeg, MB R3C 1A8	204-925-5750	sport_medi@sportmanitoba.ca
St. Raphael Wellness Centre	Ms.	Colleen	Allan	Executive Director	2nd Floor, 225 Vaughan Street	Winnipeg, MB R3C 1T7	204-956-6650 Ext. 105	callan@straphaelcentre.ca
Tamarack Recovery Centre	Ms.	Lisa	Cowan	Executive Director	60 Balmoral Street	Winnipeg, MB R3C 1X4	204-772-9836	lcowan@tamarackrecovery.org
The Behavioural Health Foundation Inc.	Ms.	Jean	Douha	Executive Director	Box 250	St. Norbert, MB R3V 1L6	204-269-9022	jeand@bhf.ca
The Laurel Centre Inc.	Ms.	Suhad	Bisharat	Executive Director	104 Roslyn Road	Winnipeg, MB R3L 0G6	204-783-5420 Ext. 16	suhadbisharat@thelaurelcentre.com
Two Ten Recovery Inc	Ms	Maureen	Jones	Executive Director	210 Maryland Avenue	Winnipeg, MB R3G 1L6	204-415-2152	destinyhouse@twotwotworecovery.org
WRHA - Women's Clinic - Eating Disorders - Peer Support								
WRHA - Women's Clinic - Eating Disorders - Public Education								
Age Friendly Manitoba Initiative								
Centre on Aging	Dr.	Michelle	Porter	Director	University of Manitoba, 338 Isbister Building	Winnipeg MB R3T 2N2	204-474-8795	Michelle.Porter@umanitoba.ca
Manitoba Caregiver Coalition	Ms.	Syva-Lee	Wildenmann	Executive Director	Rupert's Land Caregiver Services, 168 Wilton Street	Winnipeg MB R3M 3C3	204-452-9491	rles@mls.net
Creative Retirement Manitoba	Mr.	Richard	Denesiuk	Co-Executive Director	101 - 1075 Portage Avenue	Winnipeg MB R3G 0R8	204-949-2565	denesiuk@crm.mb.ca
La Federation des aines franco-manitobains inc.	Mme.	Lucienne	Châteauneuf	Directrice générale	400, rue Des Meurons, bureau 123	Saint-Boniface (Manitoba) R2H 3H3	204-235-0670	direction@fafm.mb.ca
Manitoba Association of Senior Centres (MASC)	Ms.	Connie	Newman	Executive Director	19-2825 Ness Avenue	Winnipeg MB R3J 1A9	204-756-2752	rmvbfarrell@gmail.com
Transportation Options Network for Seniors	Mr.	Lionel	Guerard	Chairperson	P.O. Box 68030 RPO Osborne Village	Winnipeg MB R3L 2V9	204-799-1788	CLAC(1), 17(3)(1)J
Aboriginal Seniors Resource Centre	Ms.	Thelma	Mead	Executive Director	45 Robinson Street	Winnipeg MB R2W 5H5	204-586-4595	thelma@asrcwpg.ca

Women's Health Clinic	Ms	Joan	Dawkins	Executive Director	419 Graham Avenue, U	Winnipeg, MB R3C	204-947-2422 ext. 102	
Manitoba Chambers of Commerce	Mr	Chuck	Davidson	President		Winnipeg	204-948-0107	cdavidson@mbchamber.mb.ca
Nourishing Potential	Mr.	Rick	Frost	CEO, Winnipeg Foundation	1350-1 Lombard Ave	Winnipeg, MB R3B 0X3	204-944-9474 ext. 223	rfrost@wpgfdn.org
West Broadway Community Organization	Mr.	Greg	MacPherson	Executive Director	608 Broadway,	Winnipeg, Manitoba R3C 0W8		
Farm to School Fundraiser (Manitoba Asso. of Home Economists)	Ms.	Deborah	Durmin Richards					LF(1); 17(3)(1)3
Green Action Centre	Ms.	Tracy	Hucul	Executive Director	3rd floor, 303 Portage Avenue	Winnipeg, MB R3B 2B4	204-925-3770	tracy@greenactioncentre.ca
Rec and Read Program (University of Manitoba)	Ms	Heather	McRae	Coordinator	121B Frank Kennedy Centre, 430 University Crescent	Winnipeg, MB R3T 2M6	474-7425 or 790-7226	Heather.McRae@umanitoba.ca
Canadian Tire Jumpstart	Mr.	Glenn	McLean	Regional Manager, Central Canada, Northwest, Ontario; Canadian Tire Jumpstart Charities	2180 Yonge Street Box 770, Station K	Toronto, ON M4P 2V5	204-981-3085	Glenn.McLean@cantire.com
Recreation Connections Manitoba	Mr.	Duncan	Stokes	Executive Director	103 - 145 Pacific Avenue	Winnipeg, MB R3B 2Z6	204-925-5747	rec.connections@spotmanitoba.ca
Osteoporosis Manitoba	Ms	Cheryl	Baldwin	Chair	123 St Anne's Rd	Winnipeg, MB R2M 2Z1	204-772-3498	manitoba@osteoporosis.ca

Rainbow Resource Centre	Mr.	Michael	Tutthill	Executive Director	170 Scott Street	Winnipeg, MB R3L 0L3	204-474-0212 ext 208	MikeI@rainbowresourcecentre.org
The 595 Prevention Team	Ms.	Shohan	Illsley	Executive Director	705 Broadway	Winnipeg, MB R3G 0X2	(204) 783-6184	shohan@the595.ca
Mount Carmel Clinic	Ms.	Bobbette	Schoffner	Executive Director	886 Main Street	Winnipeg, MB R2W 5L4	204-582-0311	bshoffner@mountcarmel.ca
Manitoba Green Retrofit	Mr.	Lucas	Stewart	General Manager	101-765 Main st.	Winnipeg, MB, R2W3N5	204-586-5766	Manitobagreenretrofit@gmail.com
Daniel McIntyre / St. Matthews Community Association	Ms.	Brenda	Dvorak	Community Bed Bug Prevention and Outreach Coordinator	823 Ellice Ave.	Winnipeg, MB	204-774-7005	bedbug.prevention@dmsnca.ca
Kidney Foundation	Ms.	Val	Dunphy	Executive Director	1-452 Dovercourt Drive	Winnipeg, MB	204-989-0808	vdunphy@kidney.mb.ca
Heart & Stroke Foundation	Ms.	Debbie	Brown	CEO, Manitoba	6 Donald Street	Winnipeg, MB R3L 0K6	T: 431-800-5007 C:204-223-1424	dbrown@heartandstroke.mb.ca
Peak of the Market (Farm to School Partner)	Mr.	Larry	McIntosh	President & CEO	1200 King Edward St.	Winnipeg, MB R3H 0R5	204-632-5823	larry@peakmarket.co
Primary Prevention Syndicate	Ms.	Debbie Marlene	Brown Baskerville	Co-chair	6 Donald Street	Winnipeg, MB R3L 0K6	T: 431-800-5007 C:204-223-1424	dbrown@heartandstroke.mb.ca

5. Statutory responsibilities of the Minister / Legal framework

Minister of Health

The Anatomy Act	A 80
The CancerCare Manitoba Act	C 20
The Chiropractic Act	C 100
The Defibrillator Public Access Act	C 10
The Dental Association Act	D 30
The Dental Health Workers Act	D 31
The Dental Health Services Act	D 33
The Dental Hygienists Act	D 34
The Denturists Act	D 35
The Elderly and Infirm Persons' Housing Act (except with respect to elderly persons' housing units as defined in the Act)	E 20
The Emergency Medical Response and Stretcher Transportation Act	E 83
The Health Administration Act	H 20
The District Health and Social Services Act	H 26
The Health Care Directives Act	H 27
The Health Services Act	H 30
The Health Services Insurance Act	H 35
The Hearing Aid Act	H 38
The Hospitals Act	H 120
The Human Tissue Gift Act	H 180
The Licensed Practical Nurses Act	L 125
The Medical Act	M 90
The Manitoba Medical Association Dues Act	M 95
The Medical laboratory Technologists Act	M 100
The Mental Health Act (S.M. 1998, c. 36) [except Parts 9 and 10 and Clauses 125(1)(i) and (j)]	M 110
The Midwifery Act	M 125
The Naturopathic Act	N 80
The Occupational Therapists Act	O 5
The Opticians Act	O 60
The Optometry Act	O 70
The Personal Health Information Act	P 33.5
The Pharmaceutical Act	P 60
The Physiotherapists Act	P 65
The Podiatrists Act	P 93
The Prescription Drugs Cost Assistance Act	P 115
The Private Hospitals Act	P 130
The Protection for Persons in Care Act	P 144
The Psychologists Registration Act	P 190
The Public Health Act*	P 210
The Radiation Protection Act	R5

The Regional Health Authorities Act	R 34
The Registered Dietitians Act	R 39
The Registered Nurses Act	R 40
The Registered Psychiatric Nurses Act	R 45
The Registered Respiratory Therapists Act	R 115
The Regulated Health Professions Act	R 117
The Sanatorium Board of Manitoba Act	S 12
The Testing of Bodily Fluids and Disclosure Act	T 55
The Tobacco Damages and Health Care Costs Recovery Act	T 70
The Universal Newborn Hearing Screening Act	U 38
* Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation 333/88 R) under The Public Health Act, which is assigned to the Minister of Consumer and Corporate Affairs.	

Statutes Responsibility - Minister of Healthy Living and Seniors

The Addictions Foundation Act	A 60
The Caregiver Recognition Act	C 24
The Manitoba Council on Aging Act	C 233
The Non-Smokers Health Protection Act	N 92
The Occupiers' Liability Act (section 9.1)	O 8
The Youth Drug Stabilization (Support for Parents) Act	Y 50

6. Scheduled events

- April and May - Thompson and Boundary Trails and the IT Infrastructure for the private clinics – April and May 2016
- April 23 - Trails Manitoba Annual General Meeting in Neepawa. Trails Manitoba is making progress on completing the last gaps in the Trans Canada Trail in Manitoba (TCTMB) before Canada's 150th Birthday on July 1, 2017
- April 23 - ALS Manitoba - 2016 Cornflower Gala Dinner - Fundraising Dinner, Victoria Inn Hotel & Convention Centre
- April 30 (estimated) - Opening of ACCESS St. Boniface
- April 22 - Organ and Tissue Donor Awareness Week 2016 - flag raising event at 1 pm at Health Sciences Centre
- May 2016 – Brain Cancer Awareness Month
- May 2016 – Melanoma and Skin Cancer Awareness Month
- May 2016 – Mobile Digital Mammography vehicles – c 23(1)(a)
- May 2016 – Lyme Disease Awareness Month
- May 1 - Multiple Sclerosis Association Manitoba – MS Walk Forks Market. Note there are many MS walks in different Manitoba communities throughout the month)
- May 2 - Centre on Aging Symposium
- May 2 - 8 - National Mental Health Week (there will be a number of events held by community this week) May 2 to 8 - Canadian Mental Health Association Get Loud for CMHA's 65th Annual Mental Health Week
- May 4 - Heart and Stroke Foundation Manitoba Annual Celebration
- May 5 - Physical Activity Coalition of Manitoba Annual General Meeting (AGM). The Minister is typically invited to speak at the AGM. The AGM will directly follow the Primary Prevention Syndicate meeting, to which the Minister is also usually invited to bring greetings
- May 6 (estimated) - Opening of the Specialized Services for Children and Youth
- May 6 - Annual Child and Youth Mental Health Day (could be events scheduled)
- May 7 - (to be confirmed) Mood Disorders Association Manitoba/Annual Andrew Dunn Walk for mental health
- May 7 - Annual Iris Gala to benefit the Manitoba Schizophrenia Society
- May 7 - Rainbow Resource Centre Spring Fling Gala
- May 10 - Long Term and Continuing Care Association Conference
- May 11 - 4th Annual Research Day hosted by The Health, Leisure & Human Performance Research Institute. The Minister of Healthy Living and Seniors has been invited to bring greetings for the last several years
- May 13 - Nutrition Forum - organized by The Dairy Farmers of Manitoba (DFM). The Forum has a dual purpose: (1) To provide professional development opportunity to fellow registered dietitians, teachers and other allied health professionals in Manitoba; and (2) To highlight registered dietitians as the expert in nutrition. This year marks the 20th anniversary of DFM's Nutrition Forum. c

23(1)(a)

- May 14 - Shoppers' Drug Mart/Mood disorders Association Manitoba Run for Women's Mental Health
- May 17 - The International Day Against Homophobia and Transphobia, held every year, is a rallying event offering an opportunity for people to get together and reach out to one another.
- May 17 - Quality Improvement & Patient Safety Conference, Canad Inns Polo Park, Presented by Winnipeg Regional Health Authority and Manitoba Institute for Patient Safety
- May 19 - Water Safety – The Manitoba Coalition for Safer Waters (MCSW) has asked that the Minister of Healthy Living and Seniors (HLS) proclaim Safe Boating Awareness Week. ☹

23(1)(2)
☺ Safe Boating Awareness Week - May 21 to 27, 2016

as this is considered the start of the boating season

- May 25 - Multiple Sclerosis Association Manitoba - World MS day
- May 26 - Caregiver Advisory Committee meeting
- May 27 - Staff Recognition Tea 1:30pm
- May 27 to June 5 - Pride Festival – various events are held between May 27 and June 5. Various Ministers have participated in a variety of Pride events over the past number of years. Of particular note:
 - Rally at the Legislature June 5, 2016 11:00am – The Manitoba Legislature Grounds
 - Pride Parade – June 5 12:00pm – Beginning at the Manitoba Legislature.
 - Pride Festival at The Forks - June 4 and June 5 (following the parade)
- May 30 - A & O: Support Services for Older Adults is hosting the 55+ Housing and Active Lifestyles Expo in Winnipeg. The Minister has been invited to bring greetings. The Minister will need to respond to A & O after April 19, 2016.
- June 1 - Manitoba Council on Aging meeting
- June 3 - Long Service Breakfast 8:30 am to recognize department staff.
- June 8 - Manitoba Institute for Patient Safety Annual General Meeting, Delta Winnipeg, Registration: 4PM – Meeting Starts: 4:30pm
- June 8 - 11 - Dietitians of Canada (DC) is hosting their annual conference. This year, the conference will be held in Winnipeg. DC is the voice of the dietetic profession in Canada, with 6,000 members Canada-wide. Its purpose is to advance health through food and nutrition by supporting ethical, evidence-based best practice in dietetics and advancing the profession's unique body of knowledge of food and nutrition. ☹

23(1)(2)

- June 18 – Walk for ALS Winnipeg. ALS Awareness Month (all of June). (Last year the Minister of Health presented a Proclamation stating June is officially ALS Month in Manitoba.)
- June 18 – Epilepsy and Seizure Association of Manitoba - 10:00am Transcona Golf Club, 2120 Dugald Road, The Maurice Dumontier Memorial Golf Tournament
- June 29 - 17th Meeting of Ministers Responsible for Seniors in Victoria, BC. Reconfirmation of the availability of our Minister to attend is requested

- June (date TBD) - F/P/T Minister Meeting, 1 day face-to-face meeting 23(1)(a) 3
- June (date TBD) - Specialized Services for Children and Youth (SSCY) will be opening June. (There is a planned event for private donors in June and a formal public opening considered for fall). At present, no invitations have been issued to the Minister, but one is under consideration for either one of the events.
- September 24 – Miracle Gala and Concert
- September 26 – 28, 2016 inaugural One Welfare International Conference being held in Winnipeg, led by Manitoba Agriculture with support from Manitoba Health
- Caregiver Recognition Day - Legislated through the *Caregiver Recognition Act*, Caregiver Recognition Day is the first Tuesday in April every year. Due to the pre-election blackout period, Caregiver Recognition Day was postponed until after April 19, 2016. A date for the event will need to be set along with an event agenda.
- Date TBA - *Heart and Stroke Foundation* "Big Bike"
- Date TBA - "Jump Rope for Heart" (occurs in late spring early summer) events across Manitoba Schools. Dates vary across schools in Manitoba.

7. Acronyms

See attached listing of MHLS-related acronyms March 20, 2016

Acronym/Initialism Condensed List - Manitoba Health, Healthy Living and Seniors	
ACRONYM/INITIALISM	NAME
ADM	Assistant Deputy Minister
AF	Administration and Finance (division)
AFM	Addictions Foundation of Manitoba
AMC	Assembly of Manitoba Chiefs
AMM	Association of Manitoba Municipalities
ATSC	Acute, Tertiary and Specialty Care (branch)
CADTH	Canadian Agency for Drugs and Technologies in Health
CBS	Canadian Blood Services
CCMB	CancerCare Manitoba
CDR	Common Drug Review
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHA	Canadian Healthcare Association
CIHI	Canadian Institute for Health Information
CIRC	Critical Incident Review Committee
CLS	Civil Legal Services
CMA	Canadian Medical Association
CMHC	Canadian Mental Health Association
CNA	Canadian Nurses Association
COS	Committee of Supply
CPhM	College of Pharmacists of Manitoba
CPL	Cadham Provincial Laboratory
CPPHO	Chief Provincial Public Health Officer
CPSM	College of Physicians and Surgeons of Manitoba
CRNM	College of Registered Nurses of Manitoba
CSM	Communication Services Manitoba
DM	Deputy Minister
DPIN	Drug Programs Information Network
DSM	Diagnostic Services Manitoba
ED	emergency department
EHR	electronic health record
EMR	electronic medical record
EMS	emergency medical services
ER	emergency room
FASD	fetal alcohol spectrum disorder
FDF	Family Doctor Finder
FFS	fee-for-service
FIPPA	The Freedom of Information and Protection of Privacy Act
FLS	French Language Services
FMM	First Ministers' Meeting
FTE	full-time equivalent

Acronym/Initialism Condensed List - Manitoba Health, Healthy Living and Seniors

ACRONYM/INITIALISM	NAME
GEMA	Government Employees' Master Agreement
GMA	General Manual of Administration
GRE	government reporting entity
HLS	Healthy Living and Seniors (division)
HSC	Health Sciences Centre
HSIA	The Health Services Insurance Act
HSIF	Health Services Insurance Fund
HWS	Health Workforce Secretariat (division)
ICT	Information and Communications Technology
IERHA	Interlake-Eastern Regional Health Authority
IMG	international medical graduate
LG	Lieutenant Governor
LPN	licensed practical nurse
LTC	long-term care
MAHCP	Manitoba Association of Health Care Professionals
MANQAP	Manitoba Quality Assurance Program
MATC	Manitoba Adolescent Treatment Centre
MCHP	Manitoba Centre for Health Policy
MGEU	Manitoba Government and General Employees' Union
MHC	Misericordia Health Centre
MIMS	Manitoba Immunization Monitoring System
MIPS	Manitoba Institute for Patient Safety
MIS	Management Information System
MKO	Manitoba Keewatinowi Okimakanak
MLTP	Manitoba Locum Tenens Program
MOH	Medical Officer of Health
MOU	memorandum of understanding
MPAN	Manitoba Patient Access Network
MRI	magnetic resonance imaging
MRP	Manitoba Renal Program
MTCC	Medical Transportation Coordination Centre
NMU	Northern Medical Unit
NP	nurse practitioner
NPTP	Northern Patient Transportation Program
NRHA	Northern Regional Health Authority
NRRF	Nursing Recruitment Retention Fund
OAG	Office of the Auditor General
OIC	Order in Council
OOP	out of province

Acronym/Initialism Condensed List - Manitoba Health, Healthy Living and Seniors

ACRONYM/INITIALISM	NAME
PA	Physician Assistant
PCH	personal care home
PHC	primary health care
PHI	public health inspector
PHI	personal health information
PHIA	The Personal Health Information Act
PHIN	Personal Health Identification Number
PHN	public health nurse
PHPHC	Public Health and Primary Health Care (division)
PMH	Prairie Mountain Health
PPCO	Protection for Persons in Care Office
PPP	Provincial Policy and Programs (division)
PRCO	Physician Resource Coordination Office
PT	Provincial/Territorial
RFI	request for information
RFP	request for proposal
RHA	regional health authority
RHAM	Regional Health Authorities of Manitoba
ROD	record of decision
RPP	Regional Policy and Programs (division)
SBGH	St. Boniface General Hospital
SHAS	Seniors and Healthy Aging Secretariat
SHSS	Southern Health-Santé Sud
SMHC	Selkirk Mental Health Centre
SPA	service purchase agreement
TB	Treasury Board
URIS	Unified Referral and Intake System
WNV	West Nile Virus
WRHA	Winnipeg Regional Health Authority
WSH	workplace safety and health

**Manitoba Health, Healthy Living and Seniors
Urgent Issues**

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☐	
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Issue:

Medical Assistance in Dying – Manitoba preparedness: The Federal Government is drafting legislative changes to the *Criminal Code* pursuant to the Supreme Court of Canada decision on *Carter v Canada*. These changes will allow medical assistance in dying. Manitoba must determine where provincial legislation will be needed, pending review of federal legislation which is not yet available. Timeline for implementation is June 6, 2016, the date the Supreme Court of Canada decision takes effect.

Current status:

Manitoba established an Interdepartmental Committee with representatives of Manitoba Justice MHHLS to jointly review the Supreme Court decision, the reports that have been issued by federal and provincial/territorial entities and prepare for implementation of the decision. The committee has engaged with the affected professional colleges in Manitoba (College of Physicians and Surgeons, College of Registered Nurses of Manitoba [on this matter representing the three Nursing Colleges], and the College of Pharmacists of Manitoba.

MHHLS has also in partnership with regional health authorities, CancerCare Manitoba and the above-noted Colleges, established a Medical Assistance in Dying (MAID) Implementation Team. This team has established a preliminary plan for MAID and a service plan for ongoing delivery of this service to Manitobans.

The Supreme Court of Canada heard a motion to extend the suspension of the decision on *Carter v Canada*. The Court granted a further four month suspension and exempted the province of Quebec who had already introduced legislation in support of MAID. Furthermore, the court's decision enabled those seeking MAID to approach the appropriate court in their province to seek a court allowing MAID until such time as the suspension takes effect (June 6, 2016). Manitoba has to date had one individual seek such an order and that order was granted by the Manitoba court.

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Contact:

Jean Cox Assistant Deputy Minister, Regional Policy & Programs
Manitoba Health, Healthy Living and Seniors 204-786-7301

Issue:

☐

Current status:

20(1)(b) + 21(1)(b)

Options:

20(1)(b) ↓ 21(1)(b)

☐

Contact:
Avis GrayAssistant Deputy Minister, Public Health & Primary Health Care
Manitoba Health, Healthy Living and Seniors 204-788-6656

Issue:

2

Current Status:

23(1)(a)

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28(1)(c)(i)(iii)

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Contact:

Dan Skwarchuk Assistant Deputy Minister of Administration & Finance
and Chief Financial Officer
Manitoba Health, Healthy Living and Seniors 204-788-2525

Issue:

Information Management and Analytics (IM&A) Study

Current Status:

A provincial Information Management and Analytics Study will be complete in May 2016. The study is aimed at better integrating and coordinating our analytics and business intelligence functions provincially, within and between health organizations and MHHLS. The consultation for the study was intensive and engaging. It will make recommendations to establish the right people, processes, and structures provincially so the health system can better support health decision makers, policy makers, researchers, and evaluators at all levels.

Contact:

Dan Skwarchuk Assistant Deputy Minister of Administration & Finance
and Chief Financial Officer
Manitoba Health, Healthy Living and Seniors 204-788-2525

Issue:

Inquest Reports

Current Status:

Brian Sinclair: Mr. Brian Sinclair died on September 21, 2008 after spending 36 hours in the Health Sciences Centre Emergency Department waiting room waiting to access care. An inquest into the death of Mr. Sinclair was called and on December 12, 2014, Judge Preston released his report which included 63 recommendations. On March 16, 2015 the Minister of Health acknowledged all of the recommendations and communicated timelines for completion of each recommendation. A provincial team has been established and work is on track to address the recommendations as per the approved timelines. To date 8 of the 63 recommendations have been completed and are considered closed.

Frank Alexander: An inquest was called by the Chief Medical Examiner into the death of Mr. Frank Alexander, who was a resident of Parkview Place Personal Care Home. On March 24, 2011 Mr. Alexander was pushed by another resident and died four days later. The inquest report was released on May 29, 2015 and included 23 recommendations. An implementation team has been established and an implementation plan was released on September 30, 2015. Action statements have been developed for each recommendation and categorized as short-term (within 9 months), medium-term (within 24 months) and long-term (24+ months). A report on the status of the short-term action statements is planned for summer 2016.

Drianna Ross: An inquest was called by the Chief Medical Examiner into the death of 2½ year old Drianna Ross, who was a resident of God's Lake Narrows. She died at the Thompson General Hospital on November 26, 2011 after the parents repeatedly sought help, over the course of three days, from the God's Lake Narrows Nursing Station. On December 22, 2015 The Honourable Judge Don Slough released his report which contained 10 recommendations. A working group has been established to develop a response to the recommendations by June 30, 2016.

Heather Brennan: On January 27, 2012 Ms Heather Brennan, a 68 year old female with multiple medical problems, was discharged late at night from the Seven Oaks General Hospital (SOGH) Emergency Department, and sent home by cab. She collapsed while being assisted to the entrance of her home by a friend and was transported back to the SOGH ED by ambulance in cardiac arrest. She was pronounced dead on January 28, 2012 and an autopsy identified bilateral pulmonary emboli related to deep vein thrombosis. The inquest report was released in December 2015 and included 25 recommendations specific to Winnipeg Regional Health Authority (WRHA) Emergency Departments. The WRHA has developed a plan and initiated work to address the recommendations.

Contact:

Jean Cox Assistant Deputy Minister, Regional Policy & Programs
Manitoba Health, Healthy Living and Seniors 204-786-7301

Issue:

Office of the Auditor General (OAG) Audits

Current Status:

Home Care: In July 2015 the OAG released a report on Home Care (HC) services in Manitoba. The report included 28 recommendations for current and future needs of HC services in Manitoba. A consultant has been hired to develop a long-term plan for home care that addresses the OAG recommendations. A Home Care Leadership Team has been established to provide input and guidance to the consultant and develop a comprehensive plan to guide HC service into the future. The consultant's final report is expected to be completed in late 2016.

MRI Scan: An OAG Audit of Magnetic Resonance Imaging (MRI) services is planned for 2016. The audit will provide a comprehensive review to determine whether there are adequate processes for managing MRI wait times and ensuring patient safety, quality scanning and appropriate reporting. A report is expected to be completed by the end of the 2016/17 fiscal year.

Contact:

Jean Cox Assistant Deputy Minister, Regional Policy & Programs
Manitoba Health, Healthy Living and Seniors 204-786-7301

Issue:

Ombudsman Reports

Current Status:

Middlechurch: Based on disclosures to the Winnipeg Regional Health Authority (WRHA) and the Manitoba Ombudsman under the *Public Interest Disclosure (Whistleblower Protection) Act* an investigation was launched into alleged wrongdoings at the Middlechurch Home of Winnipeg. On October 29, 2012, following report findings of gross mismanagement of public funds, the Minister of Health appointed Ernst and Young Inc (EYI) as Interim Manager of Middlechurch Home (MCH) to manage responsibilities of the corporation and its board of directors and to address the recommendations from the Ombudsman. On December 20, 2013 the Minister of Health approved the board resolution to transfer ownership of MCH to the WRHA, and on January 1, 2014 the operating license was revised to state the WRHA as the operator of MCH.

Contact:

Jean Cox Assistant Deputy Minister, Regional Policy & Programs
Manitoba Health, Healthy Living and Seniors 204-786-7301

Issue:

Canadian Blood Services

Current Status:

The Ministers of Health are members of the Canadian Blood Service (CBS) Corporation. Currently, Manitoba is the lead province on this file and, therefore, the Manitoba Minister of Health is the Acting Chair of the CBS Board of Directors Nominating Committee and Acting Chair for the Annual General Meeting (AGM) and Special Meeting of the Members. The role of the Manitoba Minister of Health includes presenting common responses on behalf of the provincial/territorial (PT) members (i.e. PT Ministers of Health) to CBS, communicating the PT members position on issues related to blood and organ and tissue donation and Transplantation (OTDT) to CBS, and facilitation communication from CBS back to PT members.

Contact:

Jean Cox Assistant Deputy Minister, Regional Policy & Programs
Manitoba Health, Healthy Living and Seniors 204-786-7301

Issue:

Universal Newborn Hearing Screening

Current Status:

The *Universal Newborn Hearing Screening (UNHS) Act* was announced in September 2013, and will come into force upon proclamation on September 1, 2016. The *Act* will require that parents/legal guardians of all Manitoba newborns be offered with hearing screening services for their newborns within 48 hours or prior to discharge from the birthing facility. The UNHS program will result in provincially consistent early hearing screening services, enabling children with congenital hearing loss to be diagnosed and treated as early as possible.

Contact:

Jean Cox Assistant Deputy Minister, Regional Policy & Programs
Manitoba Health, Healthy Living and Seniors 204-786-7301

Issue:

Emergency Medical Services (EMS) Review

Current Status:

The provincial Emergency Medical Services (EMS) System Report was released April 2013 and included 54 recommendations, all of which were accepted by the Minister of Health. This is on target with initial timelines proposed by the RTF. Recommendations revolve around the following themes: Office of the Medical Director, electronic patient care records/IT needs, paramedic education, personnel deployment, dispatch, optimization of EMS stations, Inter-facility transport, user fees, medical first response and community paramedicine. An EMS Review Task Force was set up and of the 54 recommendations, 10 remain in the planning phase, 20 are in progress, and 24 are considered complete.

Contact:

Jean Cox Assistant Deputy Minister, Regional Policy & Programs
Manitoba Health, Healthy Living and Seniors 204-786-7301

PLEASE NOTE: RTF = REVIEW TASK
FORCE

Issue:

Recruiting Executive Director (ED) Positions

Current Status:

19(1)(b) permanently fill the positions of ED Public Health and ED Intergovernmental Strategic Relations (ISR), on a regular basis through open competitions.

23(1)(a)

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Contact:

Avis Gray Assistant Deputy Minister, Public Health & Primary Health Care
Manitoba Health, Healthy Living and Seniors 204-788-6656

Issue:

Manitoba HIV Program C. 19(1)(a)]

Current Status:

19(1)(a)] expand the Manitoba HIV Program services from a Winnipeg-centric program to a province-wide scope to help reduce Manitoba's rates of new HIV cases, which have been among the highest in Canada in recent years. C

19(1)(a) → 23(1)(a)

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Contact:

Avis Gray Assistant Deputy Minister, Public Health & Primary Health Care
Manitoba Health, Healthy Living and Seniors 204-788-6656

Issue:

Unproclaimed Legislation

Current Status:

Regulations under *The Regulated Health Professions Act (RHPA)*

The Legislative Unit has been working with the College of Physicians and Surgeons of Manitoba (CPSM) and the College of Registered Nurses of Manitoba (CRNM) to develop the regulations to transition to *The Regulated Health Professions Act (RHPA)*.

College of Physicians and Surgeons of Manitoba (CPSM)

After drafting is completed, three proposed regulations under the RHPA will require consultations before proceeding to enactment:

1. Practice of Medicine Regulation (public consultation by MHHLS);
2. General Regulation (CPSM consultation with membership and stakeholders);
3. Standards of Practice Regulation (CPSM consultation with membership and stakeholders).

23(1)(a)

College of Registered Nurses of Manitoba (CRNM)

The CRNM worked with MHHLS and consulted with stakeholders, including its members, regional health authorities, relevant program areas of MHHLS, and other health profession regulators to develop a proposed list of reserved acts to be authorized for the profession under the RHPA.

As required under the RHPA, the MHHLS undertook public consultations on the reserved acts proposed to be authorized for the profession of registered nursing under the RHPA, ending December 17, 2015. The CRNM also undertook consultations respecting the CRNM proposed Board (Council) regulation.

Given the nature of the feedback received by MHHLS in the consultations relating to the proposed reserved acts, it was determined that additional work is required before the regulations are enacted in order to ensure their successful implementation.

There was significant feedback from a number of groups. C

23(1)(a)

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In order to review feedback received during the consultation process, and to provide advice to government that will assist in the finalization of the reserved acts for registered nurses, a panel comprised of a respected leader from each of the medical profession and the nursing profession has been formed.

This panel is intended to assist key stakeholders and partners in developing a greater understanding of the effect of the proposed changes on delivery of health services to Manitobans, and ensure the successful implementation and ultimately the successful practice of registered nurses as part of the team in Manitoba health care.

The Panel is composed of Dr. Brian Postl, Dean of Medicine and Health Sciences at the University of Manitoba and Dr. Beverly O'Connell, Dean of Nursing at the University of Manitoba. The Panel has been asked to deliver its report to the Minister of Health by June 1, 2016.

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23(1)(a)(F)

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Contact:

Donna Hill Executive Director, Legislative Unit
Manitoba Health, Healthy Living and Seniors 204-788-6613

Issue:

Cadham Provincial Laboratory (CPL)

Current Status:

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23(1)(a)(d)

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Space:

New Lab Space Required: CPL operates in a ~30,000 sqft building that has reached the end of its useful lab facility lifespan. ☐

19(1)(a)

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23(1)(a)(F)

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Screening Programs:

20(1)(b) + 23(1)(a)

HCV and HIV expanded screening: Both Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) are chronic blood-borne infections with a high number of persons living undiagnosed in the community. This leaves uncontained opportunity for transmission of disease. ☐

23(1)(a)

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23(1)(a)

these diseases is required.

☐ A balanced approach to containment of

☐

23(1)(a)

☐

Contact:

Bernadette Preun

Assistant Deputy Minister, Provincial Policy & Programs
Manitoba Health, Healthy Living and Seniors 204-788-6439

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Executive Briefing Note
Manitoba Health, Healthy Living and Seniors (MHLS)

1. **Department responsibilities:** Responsible for ensuring that quality, timely, appropriate, and cost effective health services are available for Manitobans. The role is two-part – stewardship and direct delivery. MHLS has a stewardship role to ensure that service providers such as RHA's, CancerCare, Diagnostic Services, Addictions Foundation, and over 100 service delivery organizations (primarily non-profits) are accountable to provide high quality services at a reasonable cost to the taxpayers of Manitoba. The role is accomplished through resource allocation, provincial legislation, regulations, policy, and performance reporting of results. MHLS also directly delivers a number of programs and services, including Pharmacare, Selkirk Mental Health Centre, Cadham Provincial Laboratory, Lifeflight, 3 provincial nursing stations, and managing insured benefits claims payments for residents of Manitoba.

2. **Items requiring immediate decisions/action**

a)

23(1)(F)

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b) Financial Agenda:

23(1)(a)

c) FPT Agenda:

20(1)(a) + 23(1)(a)

d) Labour Relations Agenda: Two collective agreements expired March 31 (Maintenance and Trades sector represented by Operating Engineers Manitoba (OEM) in the Winnipeg Health Region and CancerCare Manitoba and medical, radiation and pediatric oncologists).

23(1)(a)(c)

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3. **Pressures**

Financial

Significant budgetary pressures exist in the core department and in service delivery organizations such as regional health authorities and grant funded agencies. Given pre-existing collective agreements and construction projects currently coming live which require operating funding, there is a significant draw on new resources. It will be difficult, 23(1)(a) , to cover those costs and meet service delivery needs within existing funding allocations that could be expected for MHLS, while maintaining a sustainable fiscal position

government-wide. MHHLS continues to support the need to invest in healthy living programming to 'bend the cost curve' in the health system.

Sustainability

Sustainability of our provincial health system is threatened from both a financial and a service delivery perspective. Financial costs are significantly outpacing the rate of economic growth. We have a misalignment of physician resources in our province, resulting in underserved areas in rural and northern Manitoba. To deal with this complex 'system' issue (which jurisdictions around the world are grappling with), MHHLS has activated a Health System Performance and Sustainability Plan (HSPSP). Participation of Manitoba Nurses Union, Doctors Manitoba and the Manitoba Association of Healthcare Professionals in this plan, was secured through the current agreements negotiated with these bargaining agents. A key component is a Clinical and Preventative Service Plan, which will guide future planning and investment in this key government program.

Access and Waits

Access challenges and long wait times for health services continue to drive media attention regarding health services in our province (eg. ED wait times in Winnipeg, national reports on wait lists for surgical procedures). They also constitute a significant portion of the complaints received by the Health and Healthy Living Ministers.

The Health Accord of 2004 demonstrated to health system planners that additional financial investment alone is not sufficient to drive systemic improvement in these areas, nor in health status of Canadians. In an era of limited fiscal resources, it is most important to make strategic and evidence informed investments, with a view to those that will increase the health status of the population and those that will best contribute to an improved patient experience.

Areas of focus:

- WRHA is undertaking further efforts to improve their ED waits.
- CancerCare Manitoba, with the Regional Health Authorities and Diagnostic Services Manitoba, continues to monitor the strides made to reduce the time from suspicion of cancer to diagnosis and treatment.
- Improvements have been made in primary care. 23(1)(a)(f)
- Significant challenges with wait times and access to mental health and addictions services in MB. }

Health Sector Collective Bargaining

The Manitoba Government and General Employees Union (MGEU) represents employees in professional/technical/paramedical positions employed by three regional health authorities outside of Winnipeg (Prairie Mountain RHA, Southern RHA and Interlake-Eastern RHA), Diagnostic Services of Manitoba (DSM) and the Manitoba Transportation Coordination Centre. 23(1)(a)(c)

Funding for capacity building to support Indigenous engagement

In order to address the concerning issue of health disparity between Manitoba's indigenous populations and other Manitobans, we must genuinely engage with First Nations, Metis and Inuit partners on health service delivery matters, including integration between provincial and indigenous health care systems. Engagement with these partners has generated requests by them to fund some capacity for Indigenous organizations to effectively engage. 23(1)(a)

Funding of not for profit community service and issue based agencies

MHHLS and RHAs fund hundreds of agencies that are involved in direct service delivery to Manitobans, in the area of addictions, mental health and healthy living programs such as school nourishment, seniors support programs, community food subsidy programs. Many of these agencies have not benefited from the increases offered to health professional groups over the last several years, however many of these agencies also offer front-line services to Manitobans and face increasing demands on their services. Increases to minimum wage have put further pressure on their fiscal situation. ☹

23(1)(a) ☹

4. **Priority issues**

Response to Inquests

Work is underway to respond to the recommendations of the Inquest into the deaths of Brian Sinclair, Frank Alexander, Dreanna Ross and Heather Brennan respectively.

Response to Auditor General Audits

Home Care Audit – the response to this audit was the Home Care Leadership Team, which will be reporting to the Minister of Health later in 2016.

STARS audit follow-up by OAG in 2016 is likely – MHHLS is well-positioned to respond

An MRI Scan audit has just been launched by OAG and is not expected to be released publicly in 2016.

The OAG continues to audit several aspects of information technology in the health system. (eHealth)

☹

23(1)(a) ☹

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23(1)(a)(d) ☹

☹

National Role:

Manitoba is currently lead province managing the Canadian Blood Services file on behalf of all PTs. In this role, the Minister of Health is the lead contact with CBS Board.

MPI Broker of Identity Project

Manitoba Public Insurance has put forward a proposal to government to become the entity responsible for issuing Personal Identification cards, including Personal Health Identification Numbers (PHINs) to Manitobans on behalf of the government. ☹

23(1)(a) ☹

☹

Lawsuits

The Government of Manitoba is currently being sued by the former Executive Director of the Middlechurch Personal Care Home, whose employment was terminated by the interim manager appointed by the Minister to take over the administration of the facility. The litigation is currently in the discovery phase and the matter is expected to be heard in the fall of 2017.

23(1)(a)

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Personal Health Information (PHI) Act Breach

On May 13, 2014, the department became aware of a breach of personal health information (PHI) by a former Provincial Drug Programs (PDP) employee. The department has been working on this matter since October 17, 2014 with the Office of the Manitoba Ombudsman (MO), which is conducting its own investigation into the breach. PDP continues to conduct its own investigation as per MHHLS PHIA policy. [

23(1)(a)

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Fentanyl Task Force

In December 2015, a Task Force was created, co-chaired by MHHLS and Manitoba Justice to prevent and address the risks associated with the prevalence of Fentanyl and other opiate drugs on the street. It is very likely that the task force will highlight the need for increased supports, interventions and investment by government.

Regulated Health Professions Act (RHPA)

- The Health Professions Advisory Council (HPAC) recommended that, subject to the resolution of certain issues, paramedics and massage therapists be established as self-regulating professions under The Regulated Health Professions Act. Government has asked HPAC to recommend a framework for a dialogue and consensus-building process with paramedics and stakeholders about self-regulation to ultimately make a determination on whether the support needed to establish a regulatory college of paramedics exists. Government has asked the Massage Therapy Association of Manitoba to work with the Natural Health Practitioners of Canada to address core key issues necessary for self-regulation and report back. [

23(1)(a)

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Northern challenges

- [

23(1)(a)

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- MHHLA, Northern Regional Health Authority (NRHA), and WRHA are reviewing a concept paper prepared by the NRHA in collaboration with God's Lake, Bunibonibee, Chemawawin, and Manto Sipi First Nations, to provide better continuity and coordination of care for patients moving between northern communities and Winnipeg. [

23(1)(a)

]

23(1)(a)

- The transfer of provincial nursing stations (PNS) in Moose Lake, Easterville and Grand Rapids is progressing. C

23(1)(a)

- Cross Lake Cree Nation (Pimicikamak), and the adjacent Northern Affairs community of Cross Lake, has a significant population size in a very northern and remote location in Manitoba. There is no hospital and services are provided by the federal government under a nursing station model. C

23(1)(a)

Recently there has been a significant cluster of youth suicides in Pimicikamak and the Department has been working closely with stakeholders to assist.

Maintenance of Programs that monitor and inspect

MHLS has several programs that monitor and inspect in accordance with existing legislation including Personal Care Home Standards, Protection for Persons in Care, and Public Health Inspectors. C

23(1)(a)

Continued Vigilance in Infectious Disease Monitoring and Surveillance

Given the risk and impact of a pandemic or outbreak on public health and safety, there is continuous focus at MHLS to monitor and prepare for such matters. When one hits, many other work streams must cease or reduce to address an immediate threat. Preparedness is an ongoing exercise. This also extends to natural disasters (eg flood, fires), which may impact provincial health service delivery.

23(1)(a)(F)

17(1); 17(2)(e)

23(1)(a)

Recruitment of the Head, Office of Medical Direction, Emergency Medical Services (EMS)

A recruitment process is underway for this key position, which was identified as an important first step in advancing the recommendations of the provincial EMS review. C

17(1); 17(2)(e) + 23(1)(a)

5. **Organizational chart** – see attached

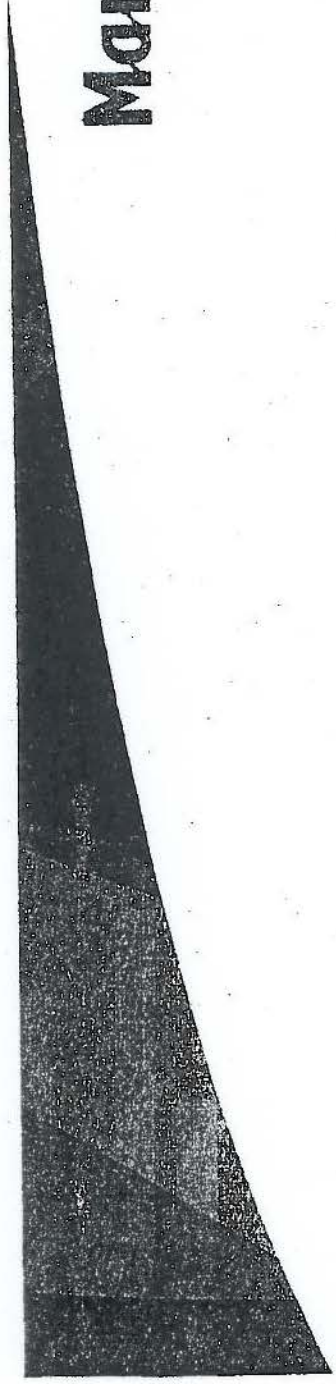
Manitoba Health, Seniors, and Active Living

Finance Briefing

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May 2016





Finance Strategy, Financial Overview, and History

Manitoba Health, Healthy Living and Seniors

Our Vision

Healthy Manitobans through an appropriate balance of prevention and care

Our Mission

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

Priorities & Goals

Priority 1 - Capacity Building

- 1.1 Achieve strategic priorities through a sustained planning and alignment process that advances role clarity, collaborative and innovative work practices, risk management, and effective use of resources.
- 1.2 Apply innovative human resource policies and practices to help recruit and retain department staff. These policies and practices will focus on supporting staff development, work-life balance and opportunities for advancement that are consistent and fair across the department.

Priority 2 - Health System Innovation

- 2.1 Drive innovation in the health system and the department to improve health outcomes, program costs, and support appropriate and effective services.

Priority 3 - Health System Sustainability

- 3.1 Update the development and implementation of a long-term action plan that defines Manitoba's future health system, establishes clear roles for the department and other stakeholders, and lays the system can be sustained.
- 3.2 Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities.
- 3.3 Build sustainable, innovative and evidence-based service provider funding methods to ensure accountability meet the health needs of Manitobans, and contain the rise in health costs.
- 3.4 Enable information systems and technologies that improve Manitoba's health system and department processes in a sustainable way.
- 3.5 Influence the creation of conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention upgrade across all ages.

Priority 4 - Improved Access to Care

- 4.1 Enhance and improve access to health services for all Manitobans.
- 4.2 Implement a strategy to enhance the primary health care system that better meets the patient and population needs of Manitobans through a greater emphasis on the patient.

Priority 5 - Improved Service Delivery

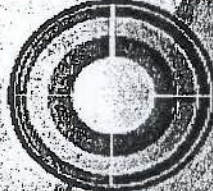
- 5.1 Lead advances in health service delivery with First Nations, Métis and Inuit Manitobans, through policy and programs with a focus on prevention, primary health care, public health, and education.
- 5.2 Lead emergency management by establishing strategic, policy and partnerships that improve operational readiness to meet population needs in emergency and disaster situations.
- 5.3 Resilient customer service excellence through improving Manitoba Health's services.
- 5.4 Guide effective and efficient department policies, processes, and service delivery methods to support the department and its funded service providers to strengthen capacity ensure roles are clear, accountabilities are met, and services are delivered to meet the health needs and safety of Manitobans in the best way possible.

Priority 6 - Improving Health Status & Reducing Health Disparities Amongst Manitobans

- 6.1 Lead an innovative, evidence-based action plan to reduce health disparities and improve the health of Manitobans. This involves negotiating clear roles and effective working relationships with other government departments, municipalities, regions, and other appropriate partners.
- 6.2 Create an innovative, collaborative plan for public health to target health status and improve the health of Manitobans.



Strategy



Customers

Processes

People

Creating an aligned organization

Commitment to Health System Sustainability

Priority 3 – Health System Sustainability

- 3.1 Direct the development and implementation of a long-term action plan that defines Manitoba's future health system, establishes clear roles for the department and other stakeholders, and how the system can be sustained.
- 3.2 Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities.
- 3.3 **Build sustainable, innovative and evidence-based service provider funding methods to ensure accountability, meet the health needs of Manitobans, and contain the rise in health costs.**
- 3.4 Enable information systems and technologies that improve Manitoba's health system and department processes in a sustainable way.
- 3.5 Influence the creation of conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages.



Manitoba Health, Seniors, and Active Living Budget Composition & History

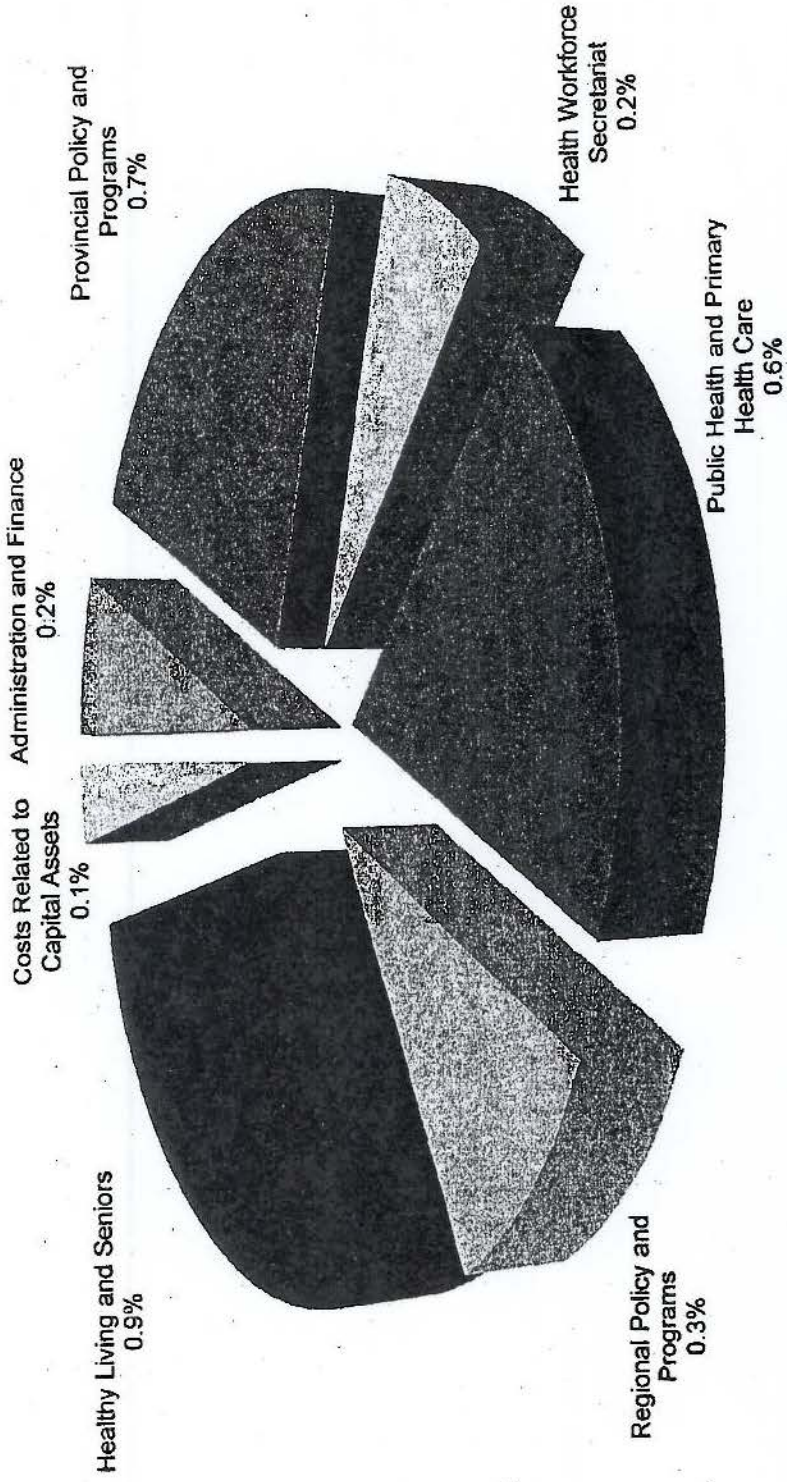
APP	NAME	19/16 PRINT
21-1	Administration and Finance	\$10,670
21-2	Provincial Policy and Programs	34,050
21-3	Health Workforce Secretariat	9,578
21-4	Public Health and Primary Health Care	27,634
21-5	Regional Policies and Programs	15,690
21-6	Healthy Living and Seniors	47,852
21-7	Health Services Insurance Fund	5,317,671
21-8	Capital Costs	185,403
21-9	Department Capital Assets	4,744
Departmental Totals		5,652,792



Manitoba Health, Seniors, and Active Living

Percentage Distribution of Expenditure Summary

Departmental Appropriations 2015/16



Departmental Appropriations comprise 3% of Total Health, Healthy Living and Seniors expenditures.

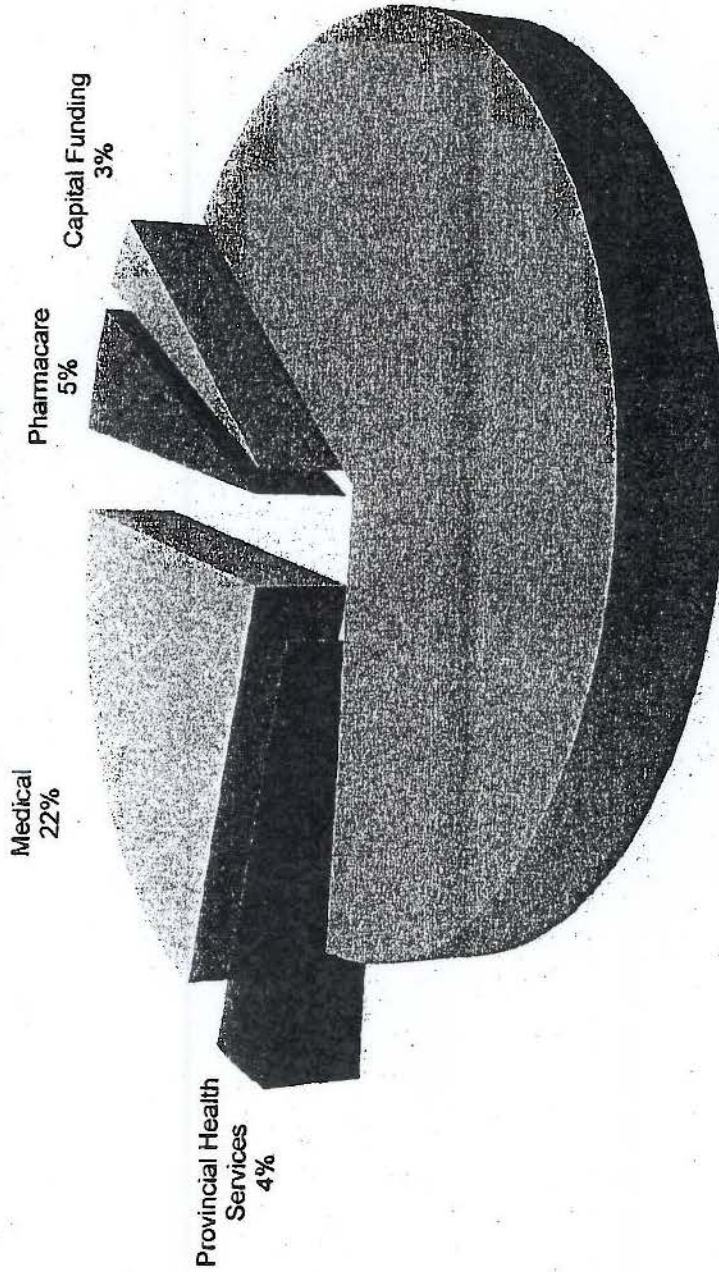


Manitoba Health, Seniors, and Active Living

Percentage Distribution of Expenditure Summary

Health Services Insurance Fund

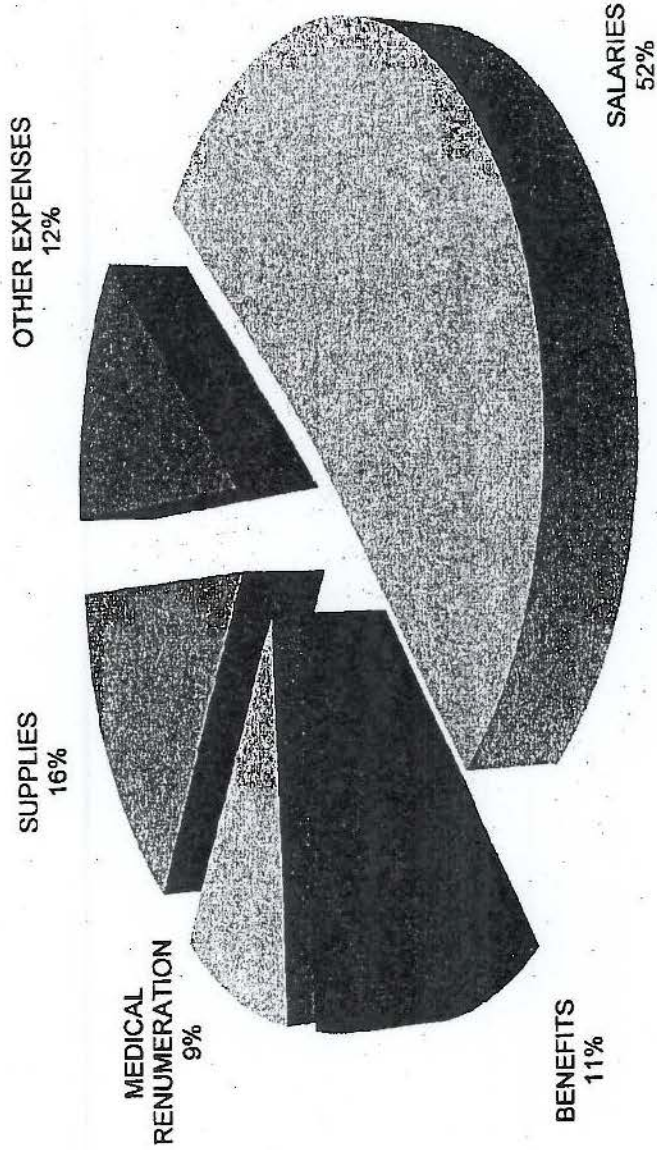
2015/16



Health Services Insurance Fund comprises 97% of Total Health, Healthy Living and Seniors expenditures.

Manitoba Health, Seniors and Active Living

Percentage Distribution of Major Expenditures 2015/16



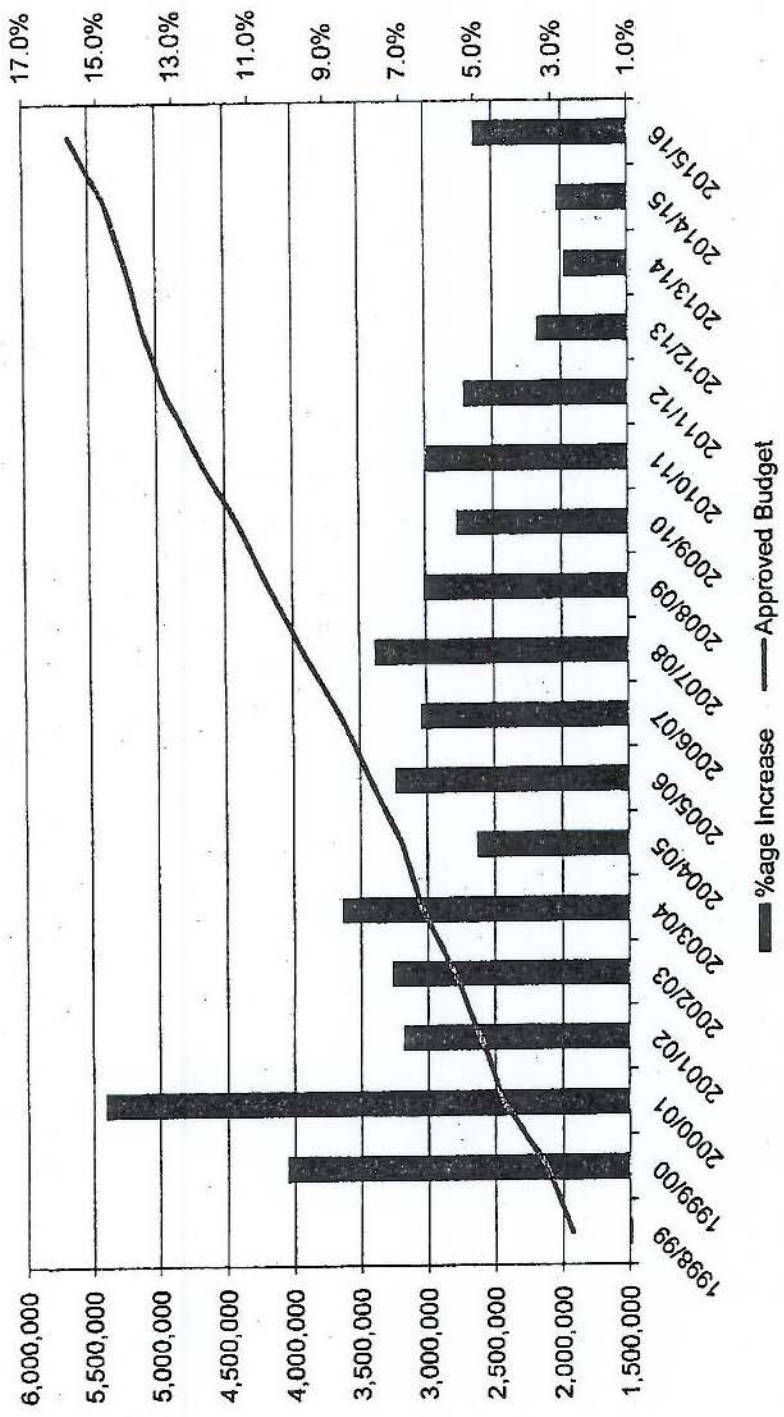


Efforts to Address Escalating Costs in Healthcare



Manitoba Health, Seniors, and Active Living

Historical Budget Trend (000's)



Flattening the Health Cost Curve

- **Some recent cost control efforts:**
 - Two years of 0% general salary increases in major collective agreements (including nurses and physicians)
 - Controls and delays in capital projects contributing to one-time efficiencies and savings
 - Aggressive replacement of brand name drugs with generic medications generating savings for the Pharmacare Program
 - Productivity and efficiency efforts through the use of LEAN to enhance flow and eliminate waste (eg – supply chain efforts)
 - RHA amalgamations and reduction in number of executive positions (approximately \$10m in savings)

**Administrative Expenses
as a Percentage of Total Expense
in (000's)**

Health Authority	2010/11	2011/12	2012/13	2013/14	2014/15	Administrative Costs 2014/15
Interlake-Eastern	5.4	5.3	5.5	5.7	6.2	14,554.0
Northern	5.8	6.0	6.6	6.4	5.9	13,245.0
Prairie Mountain	4.7	4.9	4.5	4.3	4.4	24,776.0
Southern	5.1	5.0	4.9	4.5	4.7	17,153.0
CancerCare	4.4	4.1	4.1	3.7	4.2	5,638.0
Winnipeg	4.3	4.2	4.0	4.0	4.2	120,159.0
Provincial	4.6	4.5	4.4	4.3	4.4	195,525.0
Canada	4.8	4.7	4.6	4.5	N/A	N/A

N/A = not available

** Amounts above include both corporate and non-corporate administrative costs.



2015/16 Projected Year-End Results



Projected Cashflow as of March 31, 2016
in (000's)

Appropriation	Description	Print	Forecasted Expenditures	Variance	% Change
C					
		23(1)(B)			
	Total				



RHA Projected Financial Status for the Year Ending March 31, 2016
March 31, 2016 based on February 29, 2016 Actuals
in (000's)

Appropriation	Description	Budget	Forecasted Expenditures*	Variance	% Change
5					
		23(1)(a)			
	Total				7

* Includes operating and excludes capital, medical and non-global items.



2016/17 Estimates Submission



2016/17 ESTIMATES REQUESTS

IDENTIFIED COST PRESSURE	ONGOING FROM PRIOR YEARS	2016/17 INCREMENTAL REQUIREMENT	TOTAL 2016/17 REQUEST
C	19(1)(a)		7

PRELIMINARY 2016/17 ESTIMATES REQUEST



2016/17 ESTIMATES REQUESTS

IDENTIFIED COST PRESSURE	ONGOING FROM PRIOR YEARS	2016/17 INCREMENTAL REQUIREMENT	TOTAL 2016/17 REQUEST
	19(1)(a)		
PRELIMINARY 2016/17 ESTIMATES REQUEST			
ADJUSTED 2016/17 ESTIMATES REQUEST			
			7



The Five-Year Finance Projection



Manitoba

Summary of the Five Year Cash Flow Outlook 2016/17 to 2020/21

In (000's)

As Projected at April 28, 2016

Appropriation:	2015/16 Print	2016/17 Incremental Requirement	2017/18 Incremental Requirement	2018/19 Incremental Requirement	2019/20 Incremental Requirement	2020/21 Total	Total 5 Year Incremental Outlook
Appropriations 21-1 To 21-6:							
Administration and Finance - 21-1:	10,670						
Provincial Policy and Programs - 21-2:	34,050						
Health Workforce Secretariat - 21-3:	9,578						
Public Health and Primary Health Care - 21-4:	27,634						
Regional Policy and Programs - 21-5:	15,690						
Healthy Living and Seniors - 21-6:	47,852						
Sub-total 21-1 to 21-6	145,474						
				23(1) (a)			
Sub-total 21-7							
Sub-total 21-7 and 21-8							
TOTAL MHHS BUDGET							5

Government and Other Commitments
2016/17 to 2020/21
(In \$'000s)
as projected as at April 28, 2016

Description	2016/17 Incremental Requirement	2017/18 Incremental Requirement	2018/19 Incremental Requirement	2019/20 Incremental Requirement	2020/21 Incremental Requirement	Total 5 Year Incremental Outlook
C			23(1)(a)			
TOTAL BY APPROPRIATION						7



Non-Medical and Medical Wages
2016/17 to 2020/21
(In \$'000s)
As Projected at April 28, 2016

by Labour Group	2016/17 Incremental Requirement	2017/18 Incremental Requirement	2018/19 Incremental Requirement	2019/20 Incremental Requirement	2020/21 Incremental Requirement	Total 5 Year Incremental Outlook
C			23(1)(a)			
Sub-total Non-Medical wages						
Sub-total Medical Wages						
TOTAL WAGES						7



Capital Finance
2016/17 to 2020/21
(In \$'000s)
As Projected at April 28, 2016

Appropriation	2016/17	2017/18	2018/19	2019/20	2020/21	Total 5 Year Incremental Outlook
L			23(1) (a)			
Over / (Under) Cap						
Projected incremental funding						

Manitoba



**Pharmacare and Provincial Oncology Drug Program
2016/17 to 2020/21
(In \$'000s)**

As Projected at April 28, 2016

Appropriation	2016/17 Incremental Requirement	2017/18 Incremental Requirement	2018/19 Incremental Requirement	2019/20 Incremental Requirement	2020/21 Incremental Requirement	Total 5 Year Incremental Outlook
Pharmacare (1) C (2)			23(1)	(a)		
TOTAL PHARMACARE						
Provincial Oncology Drug Program						
Projected Increase						7

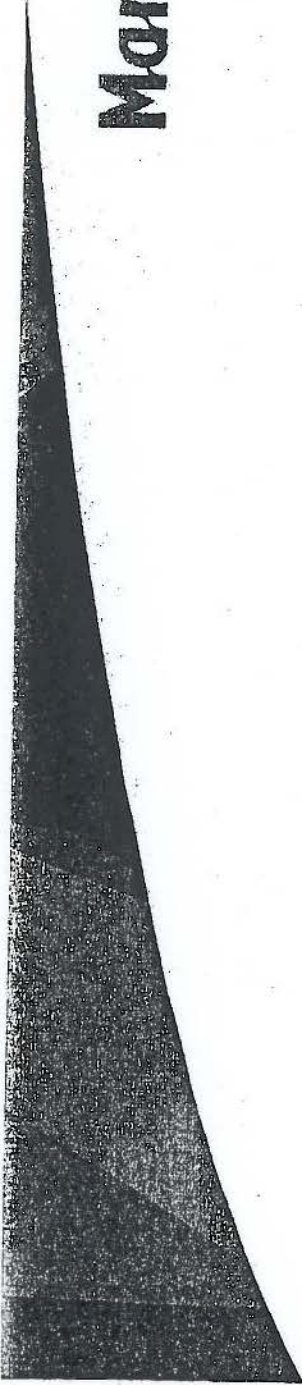


Other System Pressures
2016/17 to 2020/21
(In \$'000s)
As Projected at April 28, 2016

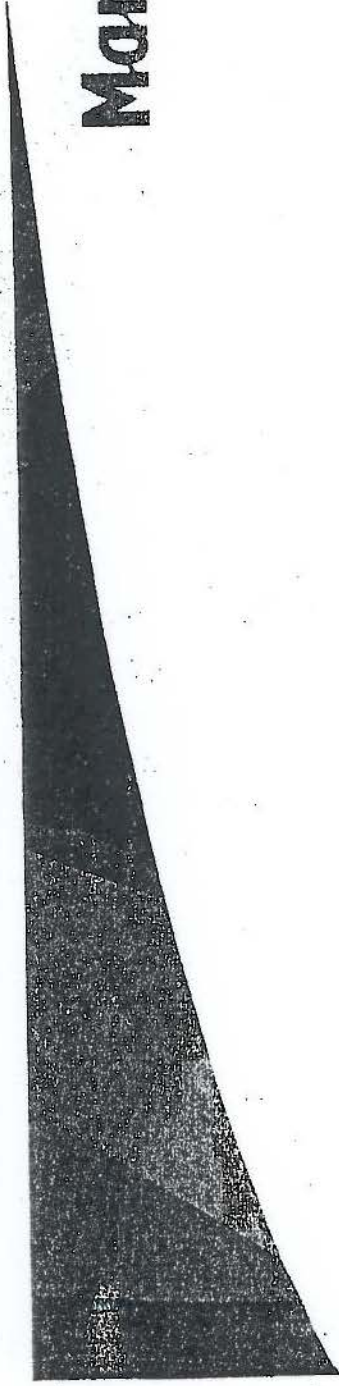
Description	2016/17 Incremental Requirement	2017/18 Incremental Requirement	2018/19 Incremental Requirement	2019/20 Incremental Requirement	2020/21 Incremental Requirement	Total 5 Year Incremental Outlook
£			23(1)(a)			
TOTAL						5

Regional Health Authorities Core Operations
2016/17 to 2020/21
(In \$'000s)
As Projected at April 28, 2016

Description	2016/17 Incremental Requirement	2017/18 Incremental Requirement	2018/19 Incremental Requirement	2019/20 Incremental Requirement	2020/21 Incremental Requirement	Total 5 Year Incremental Outlook
23(1)(a)						
Total Anticipated Drug Costs			23(1)(a)			
23(1)(a)						
Total Anticipated Supply Costs			23(1)(a)			
Increase to Maintain Services						
23(1)(a)						
Total Anticipated Increase to Maintain Services			23(1)(a)			
TOTAL CORE OPERATIONS			23(1)(a)			



System Opportunities for Financial Efficiency



- Key systemic opportunities raised by [

23(1)(a)]:

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23(1)(a)

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- Key systemic opportunities raised by [

23(1)(a) J:

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Manitoba

Questions?