



2017-2018  
Annual Report

# CONNECTING



Leading the way for a healthier tomorrow.

# CONNECTING



At Southern Health-Santé Sud, we see great strength in **CONNECTING**. We are never alone. Health care is a profoundly human discipline and connecting is at the very heart of everything we do. It provides the foundation for sustainable relationships where we strive to always connect with authenticity, respect and wisdom with our patients, clients and residents, our leaders, our staff, our communities, our volunteers, our partners, our colleagues and our stakeholders.

True connections can bring people and organizations together to achieve great things that generate long-term value for all. Together, in our rich diversity, we are able to coalesce around a coherent image of where we should be in years to come to create seamless connections across the region and the province.

As a collaborative team, we can connect to the future. In times of change, we learn from one another, share knowledge and co-innovate in a collective commitment to what really matters: a healthier outlook for all and a belief in the idea that what binds us together is far greater than what separates us.

Our core values connect us to a shared vision.

Together leading the way for a healthier tomorrow...  
with

**INTEGRITY | COMPASSION | EXCELLENCE | RESPECT**



# Dedication



*Judith Siemens*  
May 18, 2018 †

This report is dedicated to the memory of our wonderful colleague, Judith Siemens, who passed away May 18, 2018. As a nurse and health caregiver, Judith was passionate about ensuring high-quality health services in our region and became a member of the Southern Health-Santé Sud Board of Directors in November 2016.

When Judith applied to become a director on the Southern Health-Santé Sud Board, she summarized her thoughts on her lifelong career:

*"I have had a lifelong interest in health care, having worked all of my life in the field representing all aspects: patient care, family involvement and working with physicians, nurses, educators, administrators and Board Members. A primary concern is in how well the health system is serving our public and whether the human and monetary resources are being applied at the right places. Wherever I was involved, it was important for me to see progress, changes for improvement, and not change for the sake of change. Health care is advancing continuously, and it is important we keep up with what is happening in that arena. It is important that the appropriate health advances get moved forward."*



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*This report has been formatted  
in accordance with Legislated  
Accessibility Standards.*

## Together we acknowledge

that Southern Health-Santé Sud is in Treaty 1 territory and that the land on which we gather is the traditional territory of Indigenous people, the Anishinaabeeg, Ojibway, Cree, Oji-Cree, Assiniboine, Dakota and Dene peoples and the homeland of the Métis Nation. We pay our respect to them, their customs and their legacy. We also recognize that Southern Health-Santé Sud has multiple cultures and is a designated bilingual region.



# Letter of Transmittal & Accountability



September 28, 2018

Honourable Cameron Friesen  
Minister of Health, Seniors and Active Living

Dear Minister:

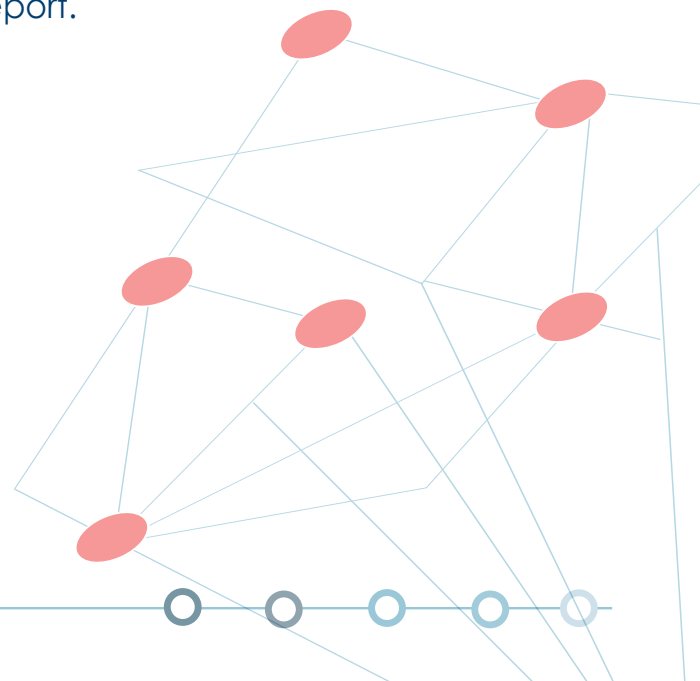
On behalf of the Board of Directors of the Southern Health-Santé Sud, we respectfully submit our 2017-2018 Annual Report.

The document was prepared under the Board of Directors' direction and in accordance with the Regional Health Authority Act and directions provided by the Minister of Health, Seniors and Active Living. In compliance with appropriate legislative authority and government requirements, all material, economic and fiscal implications known as of September 30, 2018 have been considered in preparing this Annual Report. The Board of Directors has approved this report.

Sincerely,

A handwritten signature in blue ink, appearing to read "Abe Bergen".

**Abe G. Bergen**  
Board Chair  
Southern Health-Santé Sud





# About Us

**S**outhern Health-Santé Sud covers an expanse of 27,025 km<sup>2</sup> of southernmost Manitoba. An important gateway to the province from the U.S. international border, Southern Health-Santé Sud stretches from the 49<sup>th</sup> parallel up to the Trans-Canada Highway from the Ontario border to Winnipeg and then follows the southwest edge of Lake Manitoba down to the Pembina escarpment in the west.

As shown in petroglyphs at Bannock Point and in archaeological digs in Sandilands Forest Reserve, Native presence in the province can be traced over thousands of years. Ancient Mound-Builders also left their burial and ceremonial mounds throughout the area to mark their passage. Long before the first explorers came to the region, nomadic Indigenous tribes roamed the area. They enjoyed the natural bounty of plentiful fishing and hunting grounds. As European settlers arrived in the area, the Ojibway and Chippewa relied on the strength of their cultural identity to adapt to new conditions.

Today, just over 201 025 people live in Southern Health-Santé Sud tracing their ancestries to one or more ethnic groups including British, Dutch, French, German (including Mennonites, Hutterites and Kanadiers from Mexico and South America), Polish, Ukrainian and recently, refugees from war torn countries.

As a thriving cultural region and the most populated of the rural Regional Health Authorities, Southern Health-Santé Sud ranks as one of the fastest-growing areas in the province. Over the past decade, it has grown by 21%, a growth rate which is the highest in the province; this means that more than 30 000 new people live in this region. Two factors have played major roles in this impressive population growth: the region's above average birth rate, and immigration movement from overseas and elsewhere in Canada.

There are 4 cities, 4 towns, 1 village, 7 municipalities, 20 rural municipalities, 1 unorganized territory, 56 Hutterite colonies, Métis and Francophone communities, a growing large Mennonite population as well as many other cultures. As well, we have 7 First Nations communities:

- Long Plain First Nation
- Dakota Plains Wahpeton Nation
- Swan Lake First Nation
- Roseau River Anishinabe First Nation
- Sandy Bay Ojibway First Nation
- Dakota Tipi First Nation
- Buffalo Point First Nation



# Board of Directors



**Abe Bergen**  
Chair, Kleefeld



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



**Patricia Brennan**  
Oak Bluff



**Ramona Coey**  
Lorette



**Elin Czeranko**  
Langruth



**Debbie Iverson**  
Carman



**Dr. Desmond Leen**  
Niverville



**Konrad Narth**  
Zhoda



**Terrie Porter**  
Portage la Prairie



**Judith Siemens †**  
Winkler



**Vi Peters**  
Steinbach  
(to March 2018)

David Boisjoli was appointed Oct. 25, 2017; resigned effective Feb. 28, 2018.





## Message from the Board Chair

### Abe G. Bergen Board Chair

It affords me great pleasure, on behalf of the Board of Directors, to present Southern Health-Santé Sud's 2017-2018 Annual Report. The year began with the promise of important change across Manitoba with the Minister of Health, Seniors and Active Living, emphasizing the government's commitment to a broad transformation and strategic realignment of the provincial health care system focused on quality and sustainability.

Acknowledging the many challenges that change can bring, the Board is pleased with Southern Health-Santé Sud's results. We have had a robust agenda throughout the year and we approached our work strategically and always from a patient-centred perspective. We have seen our staff come together and show resilience and connectedness to a shared sense of purpose. They did an excellent job of creating stability during the transition early in the year.



Despite the many momentous changes occurring in our province, this annual report demonstrates some of Southern Health-Santé Sud's important and positive highlights and achievements. Some examples: the opening of Bethesda Primary Care Centre in Steinbach, Tabor Home Inc. in Morden and a new health centre in Notre Dame de Lourdes as well as many other accomplishments. Once again, we finished the year with a balanced budget.

Understanding that enhanced health care is within reach, we are motivated to maintain the momentum into the next fiscal year, making bold changes to the health system to make sure it is patient-focused, operates more efficiently and is safe, affordable and sustainable in the long term.

As an organization, we have a strong foundation to build on and we remain confident about the future. While Southern Health-Santé Sud continues to be responsible for the provision of front-line health care services in our region, our expert and talented staff are also participating in provincial planning and contributing to the effective realignment of the system throughout Manitoba.

Following Kathy McPhail's retirement in April 2017, the Board welcomed Jane Curtis as Southern Health-Santé Sud's new CEO. Her experience, knowledge and educational background made her an outstanding choice for this position and Jane's strong positive leadership has proven invaluable in moving our region forward in these challenging times.

The Board recognizes the critical responsibility that comes with leading this organization and we are all committed to provide for the highest standards of governance as well as accountability for our practices. We have had productive and thoughtful discussions on many important issues and, in my capacity as Chair, I would like to recognize my fellow Board Members for their exceptional work throughout the year.

We've chosen Connecting as the theme of this year's annual report, because it is at the heart of what we do. Health connects us all in some way. We are grateful as Board Members to have the opportunity to interact with those in health care who are committed to serve people in need and also with those whose lives are impacted as a result of this dedication. In health care, connecting is an essential part of every moment, every encounter and every interaction.

We want to make a difference and we can. Connecting together as a province we can harness our creative energies and reimagine the possible - working for better access and outcomes for all.

**Abe G. Bergen**

Board Chair  
Southern Health-Santé Sud

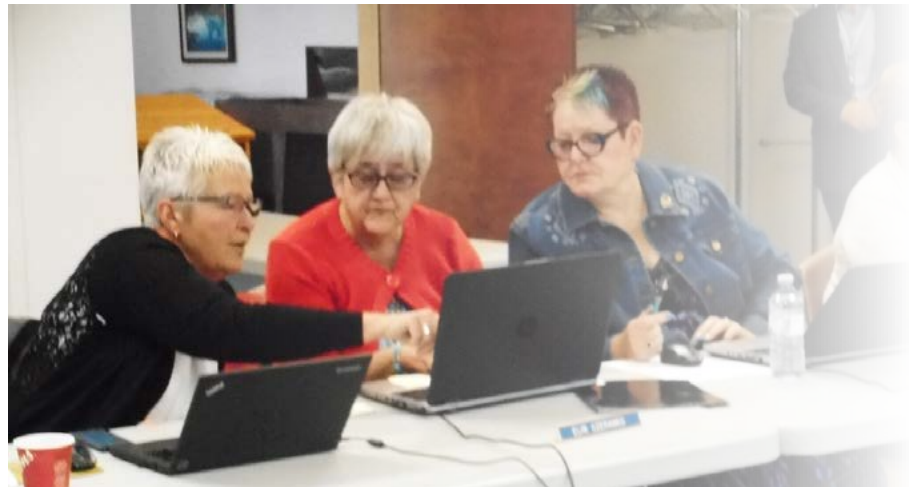


# Governance

## Leading for Sustainable Connections

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

Members of the public are eligible to apply for appointment to the Board of Directors. Nomination forms and information are available at Southern Health-Santé Sud regional offices, or online at



[www.gov.mb.ca/health/rha/forms.html](http://www.gov.mb.ca/health/rha/forms.html) and may be submitted directly to a regional health authority office or to the Minister of Health, Seniors and Active Living. With appreciation, Vi Peters and David Boisjoli, Directors who left the Board in 2017-2018 are acknowledged.

The Board has a formal schedule of ten regular monthly meetings planned to oversee the affairs of the organization and exercise its fiduciary and strategic responsibilities. Meetings and locations are posted on the website and are open to the public. Special and/or additional meetings may be convened as the need arises. To assist in fulfilling its responsibilities, the Board has established additional committees each with its respective terms of reference. (See sidebar on p. 12)

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

## Oversight or fiduciary mode...

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

While exercising effective direction and oversight of the organization through the Chief Executive Officer, the Board of Directors of Southern Health-Santé Sud has a number of mechanisms to ensure monitoring of performance indicators, compliance with policy and effective board performance. These mechanisms come in the form of:

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

### Notable Oversight Activities in 2017-2018

In addition to the \$11 million expenditure reduction required for submission to government in March 2017, Southern Health-Santé Sud was asked for additional efficiency targets in March 2018. The Board of Directors along with senior staff underwent intensive work to meet this requirement.

The Policy Review Committee met a total of three times in 2017-2018. In doing so, they were able to make recommendations to the Board for updates/amendments to more than 15 of its policies as per the Terms of Reference. These changes and



updates reflect current practices, provincial requirements and alignment to provincial direction.

## Insight or generative mode...

The Board reflects on situations impacting Southern Health-Santé Sud and on organizational purpose ensuring there is a culture of ongoing innovation and quality improvement. At each of its encounters, the Board participates in open dialogue, critical inquiry, inquisitive brainstorming and learning opportunities to infuse diverse perspectives in board discourse. The collection of diverse ideas and perspectives is an invaluable tool in helping the Board of Directors accomplish its mandate.

### Notable Activities (insight) in 2017-2018

Community engagement continued to be an important mechanism for the collection of community perspectives. Engagement opportunities in 2017-2018 included:

- participating in the planning and chairing of all Local Health Involvement Group meetings in the region
- developing the agenda and planning for the Annual Public Meeting in October 2017



- attending the Healthy Communities Conference held April 2017

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

## Foresight or strategic role...

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

### Notable Foresight Activities in 2017-2018

In November and December of 2017, the Board of Directors devoted time apart from Board meetings to reflect on the vision and mission of the organization. Considerable time was spent in dialogue along with Senior Leadership about the future direction of the organization and the impacts on staff and communities.

At its March 2018 Board meeting, the Board invited Ian Shaw to come present on behalf of the work related to the provincial Health System Transformation. Partners from affiliate organizations were invited to participate to help create a common understanding and build partnerships related to future provincial directions.

The Board also reflected on the Challenges and Critical Success Factors as elaborated in the following pages.

## Board Committee Membership 2017-2018

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

**Policy Review Committee:** Ms. Pat Brennen, Mr. Abe Bergen, Ms. Ramona Coey, Ms. Debbie Iverson, Ms. Terrie Porter and Ms. Judith Siemens† (Chair).

**Community Engagement Planning Committee:** Ms. Elin Czeranko, Ms. Debbie Iverson (Chair), Dr. Desmond Leen, Ms. Cheryl McKittrick and Ms. Vi Peters.

**Regional Medical Advisory Committee (RMAC):** Ms. Ramona Coey.

**Finance Committee:** Committee of the Whole

**Quality & Patient Safety Committee:** Committee of the Whole

**Executive Committee:** Committee of the Whole





# Challenges & Critical Success Factors

## An Insightful Discussion at the Board Table

While each year stretches the organization to work differently and think more efficiently, 2017-2018 was a definite turning point for health care in Manitoba. The announcement of Shared Health became a vehicle for larger discussions and opportunities for standardization, consistency and alignment. Southern Health-Santé Sud's Board of Directors engaged in an insightful discussion to consider the high-level, broad challenges and critical success factors of their role in health system transformation in the years ahead. It becomes evident that connecting with one another at all levels is interwoven in all of these.

### Challenges Remain

While significant health system change is occurring in the province, the Board of Directors agrees that key challenges explored and identified in last year's Annual Report, as noted below, continue to impact health care delivery. It is anticipated that transformative thinking will leverage our provincial strengths in a collaborative approach to address these issues.

**Changing demographics:** In the last decade, Southern Health-Santé Sud has seen a population increase of over 20% with a concurrent growth of 40% of seniors in the region. With increasing life expectancies and the growing trend of sedentary lifestyles, we see growing prevalence of chronic, communicable and pandemic diseases.

**Health Equity:** The overall health of residents in Southern Health-Santé Sud is among the best in Manitoba but the data has also identified pockets within our region where the health status is very different for a variety of reasons. Inequities in health outcomes among

Indigenous peoples and other vulnerable populations are a concern.

**Expectations:** Informed and empowered people and communities have higher expectations for health care options and influence a rise in demand with respect to the volume, quality and safety of services.

**Cost Containment:** The pressure to reduce costs and to extract greater efficiencies is becoming more evident.

**Workforce issues:** While workforce shortages continue to be significant and have an impact on sustainability of programs and services, increased complexity in the health care system, advances in research, rapid changes in technology and innovative new practices affect how people work.

**Organizational Culture:** In times of major change and uncertainty, a strong culture is fundamental for maintaining effective teamwork at all levels of the organization.







While communication has always been important, the future success of the organization and health care in Manitoba hinges on clear, timely and consistent messaging. A culture of communication needs to be embedded in the transformation work and will need to be a core value held by participants and stakeholders. Partnerships and relationships are integral components to communication with provincial and affiliate partners, community stakeholders and across the leadership and staff of the organization. The value and importance of communication cannot be overstated.



As with any transformation work, engagement is critical to help build the understanding required to sustain change. The engagement required with provincial partners, staff, stakeholders and the public will be supported by a number of mechanisms and processes already in place in the region but will rely most heavily on the relationships and partnerships built over the years. Meaningful engagement is beneficial to all participants and will play a key factor in the transformation work ahead. Understanding the health needs of the population through engagement will help identify priorities for future planning.



While the human resource concerns are similar in this region as in others and continue to be monitored, a proactive approach that will be critical in recruiting and retaining staff is workforce culture. Staff need to be confident in their roles and engaged in their work. Opportunities for development need to be available and clear expectations and support from leadership will be integral in promoting a positive culture. Succession planning is becoming more prominent than ever as the demographics of the workforce ages. Challenging and engaging future leaders will be key success factors in health system transformation.



The need to change the spending trajectory in health care has become an inevitable necessity. Overall, additional spending on health services doesn't necessarily translate into better outcomes for patients highlighting the seriousness and immediate need for transformation. While balancing costs and community expectations continues to be a challenge, it is patient safety and health equity that need to drive decision-making. The Board recognizes that years of diligence in regards to budgeting across the organization has positioned Southern Health-Santé Sud well in providing leadership at provincial tables.



## Message from the CEO and the Senior Leadership Team

**Jane Curtis**  
Chief Executive Officer

Fiscal year 2017-2018 marks the conclusion of my first year as CEO of Southern Health-Santé Sud. In light of the significant changes that are shaping health care in Manitoba, the year has, in many ways, been intense and challenging but it also has been incredibly rewarding and memorable.

The results of this year are a reflection of teamwork at all levels. I am very grateful to the Senior Leadership Team who, from the outset, rolled up their sleeves with resolve, professionalism and a can-do approach. They have been my right hand and so, they join me in putting pen to paper in this message.

**Jane Curtis**  
Chief Executive Officer  
Southern Health-Santé Sud

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As the Senior Leadership Team, we acknowledge the theme of our Annual Report “Connecting” underscores the fundamental collaborative element of our vision of being better together. Our relentless effort to make our vision happen is a privilege and a profound responsibility made possible by cultivating sustainable and powerful connections with our community, with those we serve and with our partners across the province. It is all about evolving, learning and growing together, sharing knowledge and synthesizing ideas and supporting common efforts.

**“Together leading the way for a healthier tomorrow.”**

remains a viable goal that endures, regardless of the changes that come our way.

Connecting people together and establishing crucial and collaborative partnerships throughout Manitoba will generate the balance and energy necessary to take on the challenges of planning and organizing provincial resources and services. And so, in announcing the creation of Shared Health, the Minister of Health, Seniors and Active Living provided a new platform to support a better-connected provincial planning process. It is anticipated that consistent standards of care across the province will enable more reliable access to services for patients and provide coordinated clinical and business support to Manitoba’s regional health authorities. While the focus is on accessible and sustainable patient care provided by skilled health care professionals, our planning approach is founded on the idea that health care is always changing.

Success in years to come will depend on our ability to connect with others and to embrace fresh thinking and new ideas

while always striving to do better for our patients and our community. Working together, each partner in the system can bring its own unique competencies making us stronger as a whole. Southern Health-Santé Sud supports common initiatives that focus on quality and sustainability solutions that are centred around those we serve. To this end, in various capacities across the region, a number of staff have also actively participated with provincial transition efforts

including representation by the CEO on the Transformation Leadership

Team\* (see p. 17) that is

prioritizing initiatives and making recommendations on governance and

policy development. As well, the establishment of

clinical governance and a provincial medical staff

began under the guidance of a Manitoba Clinical

Leadership Council (MCLC)

chaired by Dr. Denis Fortier, VP-

Medical Services for Southern Health-

Santé Sud.

“By holding strong to our values, staff have demonstrated the integrity and courage to give honest input on health transformation and efforts to do what’s needed.”

Experiencing a balanced budget yet again, Southern Health-Santé Sud’s results speak to our strong financial performance, our prudent and responsible approach to fiscal policies and practices - a legacy that will allow us to uphold a sustainable, resilient and enduring health care system.

In the midst of fundamental change to improve the system, delivery of health care will undoubtedly look different years from now, yet certain basics remain constant. Our core values and our culture continue to define Southern Health-Santé Sud and connect us all, enabling us to adapt and progress in achieving positive results focused on better outcomes for patients.

We are deeply conscious of the demands staff have faced this past year. By holding



\* The Transformation Leadership Team has developed a Transformation Blueprint and Program Roadmap that provides the department and the broader health system with a clear and consistent view of where our health system is heading and how we will get there as part of the overall health system transformation journey.

The transformation blueprint (the 'what') is a description of the health system's destination i.e. the "target state" of the health system when the transformation is well advanced. The completed blueprint will guide the transformation journey by providing a clear outline of the target state for all provincial health organizations. It describes the role of each organization, the functions it performs in the target state, and the way each organization interacts with each other to achieve a more aligned and responsive health system for Manitobans.

The program roadmap (the 'how') is a description of the projects and activities required to get our health system from its "current state" (where we are now) to the "target state" (where we want to be) and ensure a successful transformation.

strong to our values, staff have demonstrated the **INTEGRITY** and courage to give honest input on health transformation and efforts to do what's needed. We acknowledge the immense **RESPECT** they show for the work they do and the environment they perform it in. Openly participating in and embracing the ongoing changes, they displayed **EXCELLENCE** and innovativeness in problem-solving, willingly going the extra mile. There are countless Southern Health-Santé Sud stories that demonstrate how staff understand that improving the health care system requires **COMPASSION** which inspires us to challenge ourselves always putting patients, residents and clients first.

We are also indebted to the Board of Directors for their wisdom and leadership during this transition period. Their insight, expertise and progressive thinking have enabled us to remain focused on what is important.

As we often express with great pride, Southern Health-Santé Sud is a respected, highly-regarded region with a strong culture focused on high-quality, patient-centred health care and solid fiscal management reflecting both value and values. This has been evident throughout the year in our commitment to be a positive transformative force in our province. We are confident that our region will continue to leverage its talent and its collaborative spirit to build strong connections across the province for a strong and sustainable future for health care.

## Future Direction

Acknowledging that Manitoba's health care system is overly complex and fragmented for a population of about 1.3 million people, the Manitoba government is making bold changes. An important transformation of the health care system is underway throughout the province and Southern Health-Santé Sud is committed to continue advancing our strategic directions in alignment with provincial changes.

The lack of role clarity amongst organizations in our system has contributed to situations where we've had duplication of effort in some areas and gaps in others. This transformation will allow us to design with intention, the best and most effective organizational structure going forward.

We all know that no single change will solve all the problems that are identified within the system, but there





are interdependencies between program areas, facilities, regions and, to be successful, we need to work together across that system. The key goal is to ensure that patients are getting the right care in the right place and the right time and that the transition happens in a well thought out, organized manner.

Participating in the provincial transformation, Southern Health-Santé Sud suggested projects that would improve the accessibility and reliability of health care services and support the creation of a more sustainable system. Our plan, like those developed by other service delivery organizations, was built on the advice and recommendations of expert reviews and studies. It was also tailored to the unique challenges of our region.

There are many good things within Manitoba's health care system, but they require greater coordination. To this end, Government announced the creation of a new provincial health organization, Shared Health, to provide the needed coordinated clinical and business support to service delivery organizations. This is significant because Manitoba has never had a provincial clinical and preventive services plan to support human resource

planning, capital investments or other initiatives that should be coordinated province-wide.

Within this context, Manitoba Health, Seniors and Active Living will continue to lead the system in a number of areas, including policy support and planning, funding and performance requirements, oversight and accountability. Regional health authorities will continue to be responsible for the delivery of health care services and will take part in provincial service planning alongside clinical specialty leaders working with Shared Health.

Further to our suggestions, work continues on the proposals, analyzed by the province and incorporated into a provincial plan. This information will guide the changes to the health system to better meet the needs of Manitobans. Other expert reviews and studies such as the Health System Sustainability & Innovation Review (KPMG), Provincial Clinical & Preventative Services Planning for Manitoba Review (Peachey), the Manitoba Wait Reduction Task Force on emergency care and priority procedures will also be used to develop the provincial plan.

The new provincial plan will include models of care that let health care providers work to their full scopes of practice, as well as work to improve the coordinated recruitment and retention of health care professionals so we can make the most cost-efficient improvements to the system.

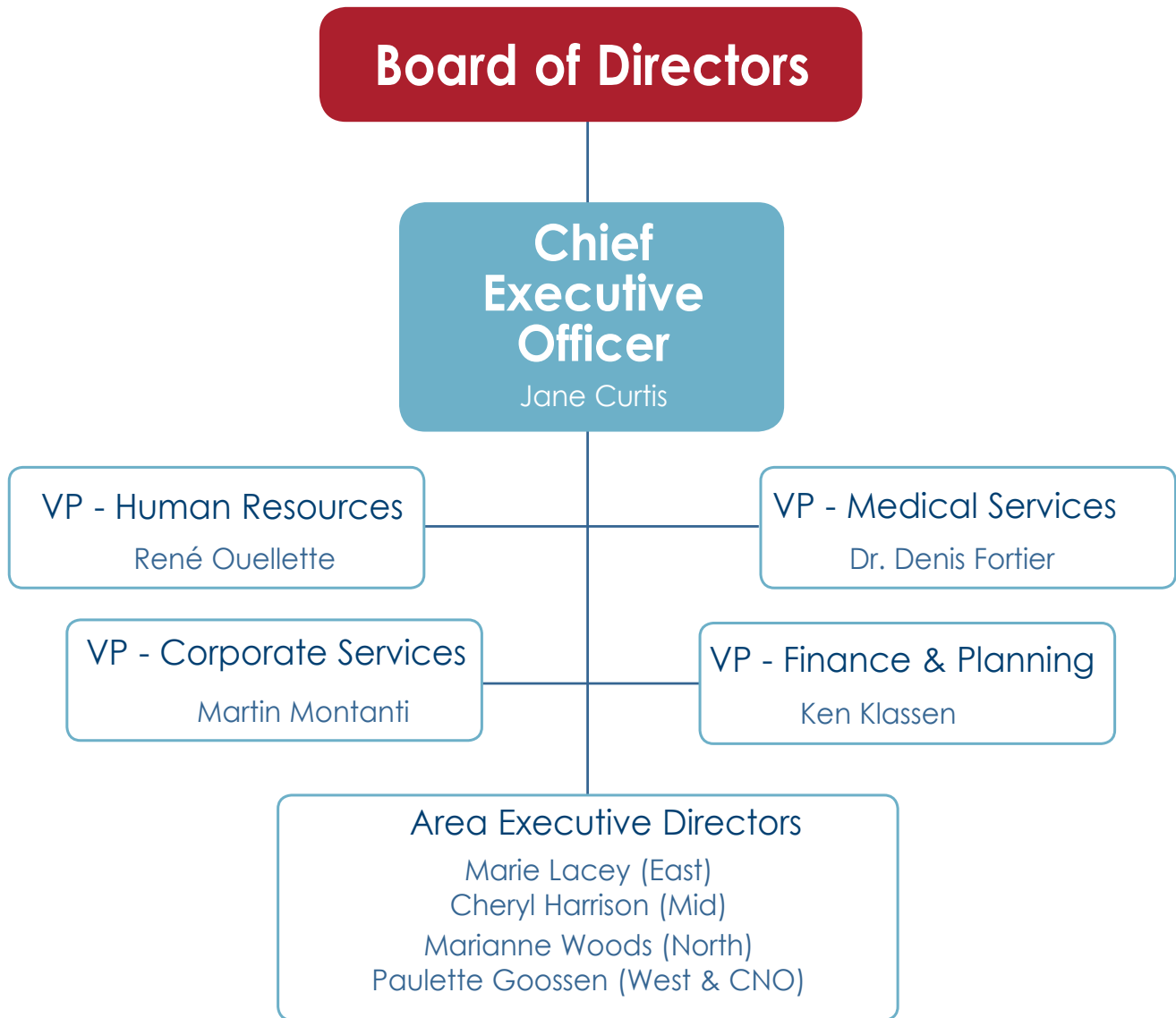
### Senior Leadership Team:

Pictured from lt. to rt.: Martin Montanti, Ken Klassen, Marie Lacey, Marianne Woods, Jane Curtis, Paulette Goossen (retired Jun 30, 2018), René Ouellette and Dr. Michael Routledge; missing from photo: Dr. Denis Fortier and Cheryl Harrison.





# Organizational Structure



June, 2018

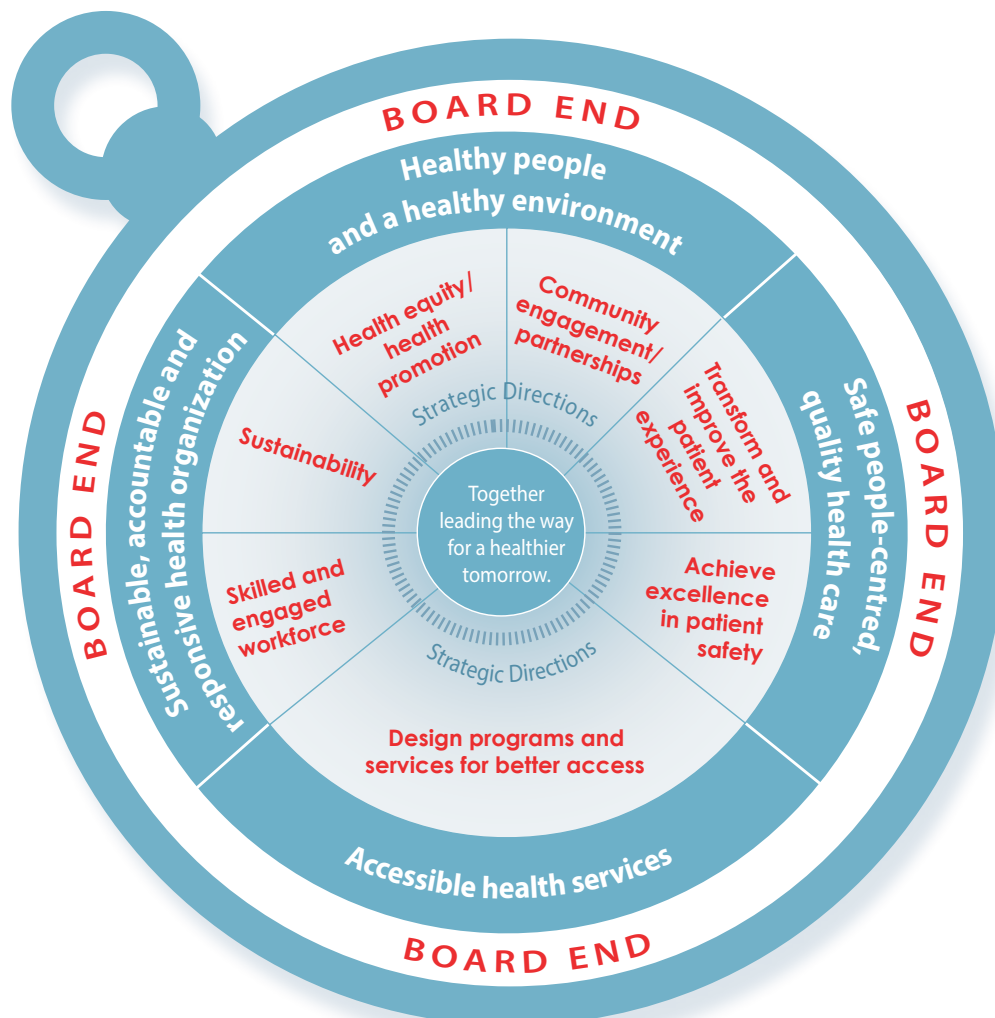


## Southern Health-Santé Sud Strategic Health Plan | 2016-2021

Derived from the Values, Vision and Mission are four Board ENDs. These goals provide overarching themes for elaborating Southern Health-Santé Sud Strategic Health Plan. Board ENDs (or goals) provide a framework for elaborating Strategic Directions from which corresponding operational strategies will guide the organization and provide direction.

Our Strategic Health Plan closely aligns with new provincial health goals:

1. Reduce emergency department waits in Manitoba by 15% by March 31, 2019.
2. Manitoba health system expenditures at March 31, 2019 will be contained within 3.1% over 2016-2017 expenditures.



## Strategic Directions | 2016-2021

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

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

### 2 Strengthen and focus our commitment on health equity and health promotion.

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

### 3 Design programs and services for better access and optimal service delivery.

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

### 4 Transform and improve the patient experience.

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

**Ken Klassen**  
VP - Finance & Planning

### 5 Achieve excellence in patient safety.

Focus on quality and inspiration from our patients and families.

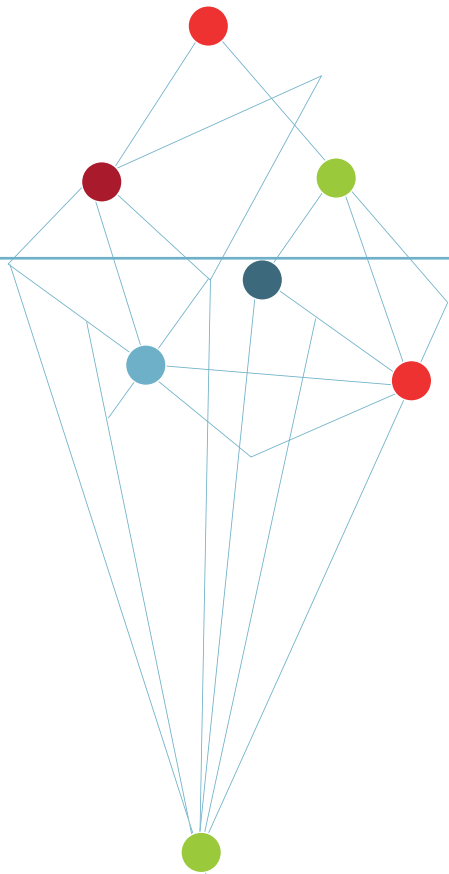
### 6 Pursue sustainability through a diligent focus on continuous program review and evaluation.

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

### 7 Attract and retain a skilled and engaged workforce.

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





# CONNECTING TOGETHER



**Board END**  
**HEALTHY PEOPLE  
AND HEALTHY  
ENVIRONMENT**

## Strategic Directions

Community engagement/partnerships  
Health equity/health promotion



# Forging CONNECTIONS for High-impact Partnerships

## Our Commitment:

Acknowledging that we all share the accountability for our own health as well as that of our community, Southern Health-Santé Sud commits to strengthening its partnerships and rekindling dynamic conversations about the overall well-being of our communities. Connecting with others in our region and across the province, we join our efforts in discovering innovative solutions to health challenges and addressing health disparities. While embracing our communities' diversity, we strive to ensure health gains are shared by all. We can all contribute in some way to achieve better health outcomes by advocating for healthy public policy and creating new opportunities.

## One Health System: Partnerships in Action

As identified in the most recent Community Health Assessment, Southern Health-Santé Sud has:

- a diverse and growing population with increased demands for services
- variable access to care
- health disparities within the region
- more people living with chronic diseases
- need for improved healthy lifestyle choices
- appropriate care and better patient experiences

We need to become more connected and offer coordinated services across the province. The health system transformation process allows an opportunity to look broadly at what services are currently offered and to create a plan focusing on more integration and more effective delivery of health services across the province. We are embracing this time of transformation as an opportunity to develop partnerships that allow us to connect and contribute to the larger health care community.

We are confident that the new provincial approaches will provide some important stepping-stones towards achieving our vision of *"Together leading the way for a healthier tomorrow."*





# Integrated Services

## with Indigenous Peoples and Communities

“Can we talk of integration until there is integration of hearts and minds? Unless you have this, you only have a physical presence and the walls between us are as high as the mountain range.” Chief Dan George

Strengthening and maintaining connections with partners and stakeholders fosters relationships and trust. This binds us together and enables us to support one another. It allows us to see each other through the diverse lens of those relationships and helps us to see that we are all related. Connections are a central core of Indigenous (First Nations, Inuit and Métis) worldviews and ways of knowing. Indigenous peoples are aware that everything in the universe is connected and that everyone and everything has a purpose and is worthy of respect and caring.



Culturally-safe and effective health care is provided through relationships. The relationships that we have built with Indigenous peoples and communities demonstrate that we are stronger together and that each partner and stakeholder plays a vital role in improving Indigenous health experiences and health outcomes.

Working collaboratively with Indigenous leaders and communities has taught us that:

- We have many more commonalities than differences.
- We are reframing conversations and working relationships into proactive solution-oriented shared visions and commitments towards improved health care experiences and improved health outcomes for Indigenous peoples and communities.
- Everyone is unique and contributes towards the shared vision.
- There are opportunities with transformation and change.

Accomplishments we have made together:

- We have ongoing Service Integration meetings with Indigenous leaders and communities in the community. This strengthens relationships and creates trust.
- We are gaining knowledge of one another's services and resources. These are reciprocated amongst partners.
- We are sharing one another's resources and expertise amongst partners.

- Southern Health-Santé Sud health providers are learning from Indigenous peoples and communities about values and beliefs, needs and gaps, jurisdictional barriers, challenges and successes. This creates a better understanding of how to provide and why we must provide, culturally-safe care in our health facilities and in communities.

Connecting with and listening to Indigenous peoples and the communities are a critical part of health service integration and health system transformation. Inclusion is not a one-time event, but is an ongoing process that empowers community members through active, respectful and supportive involvement to create opportunities, change and progress. It is only when we create space for diverse voices and perspectives and engage partners and stakeholders, that we are able to truly make meaningful change happen through working together collaboratively, collectively and focusing on the people and communities that we serve.

## Harm Reduction Strategies

We're providing knowledge, skills, resources and supports for individuals who are using drugs to be safer and healthier. The needle and supply distribution program is helpful in modifying many risk-related practices of injection drug use, for example reusing and sharing needles. This program reduces the spread of blood-borne illnesses such as HIV and Hepatitis C.

Harm reduction strategies focus on reducing the harmful consequences of drug use and other behaviours that negatively affect a person's health. It also recognizes the difficulties associated with drug addiction and that avoiding drugs may not be realistic for everyone. Although access to sterile needles does not eliminate drug use, it does reduce the risk for blood-borne pathogens and drug-related injury.

Discarded needles pose a risk of infection. People accessing drug-related supplies are strongly encouraged to safely dispose of needles by returning them to public health-healthy living offices in a sharps container or to a pharmacy that accepts used needles.

The Sterile Needle & Supply Distribution Program is provided within each of the Southern Health-Santé Sud public health-healthy living offices, including support for sterile needle and supply distribution as well as used-needle drop off. Public health nurses meet with individuals at their request to provide education on how to prevent the spread of infection or deal with other health effects of drug use, refer for testing for sexually-transmitted and blood-borne infections (STBBIs) and, connect people to health and social services.



# Strengthening Partnerships

## with the Indigenous Community



While the Indigenous population in Manitoba is growing rapidly with 18% of the population identified as Indigenous in 2016 and in 2017, Southern Health-Santé Sud's Indigenous population is also notable at 14% or 27 252 persons in 2017. As we look to the future, it becomes increasingly evident that connecting with Indigenous peoples and communities and forming partnerships will create and support healthy communities.

One such partnership between Southern Health-Santé Sud and the Interprovincial Association of Native Employment Inc. (IANE) Portage la Prairie Chapter was formed in 2015, co-chaired by Holly Leost of Southern Health-Santé Sud and Lorraine Daniels of Long Plain Employment and Training. Created out of a need to establish communication and information sharing networks relating primarily to Indigenous employment issues, IANE was established in 1977 as a national non-profit society under the Canadian Corporation Act.

Southern Health-Santé Sud has a variety of programs and initiatives in place to recruit, retain and support Indigenous peoples and employees. In recognition, the IANE Portage Chapter Inc. awarded the region with the Best Business Award at the Portage District and Chamber Awards Gala in 2017. Southern Health-Santé Sud employee Kayla Tanner was also presented with an award for Indigenous Youth Community Contribution 2017 for her involvement with the Aboriginal Health High School Internship Program since its early days in 2009.

According to the most recent statistics, 32% of the population of Portage la Prairie is represented by 3 950 Indigenous (First Nation, Métis and Inuit) peoples in 2016. This is a 9% increase from 2011, which saw 23% of the population of Portage la Prairie represented by 2 845 Indigenous peoples.

By providing opportunities to build communities of practice through networking, IANE Portage la Prairie Chapter Inc. is in a unique position to educate local employers and decision makers in the appropriate development, training and recruitment processes to attract and retain Indigenous employees. The Chapter has adopted a variety of the national organization's objectives including, but not limited to:

- reflecting the needs and wants of Indigenous peoples regarding employment
- assisting companies and organizations that associate with, assist or employ, persons or groups representing persons of Indigenous ancestry
- providing information exchange about the policies and programs of Indigenous organizations, governments
- industries and labour unions and, sharing information on successful Indigenous education, training, employment programs and to encourage the development and innovation of others.

IANE Portage la Prairie Chapter Inc. hopes to continue to create and foster a meaningful and mutually-beneficial relationship between the employer and Indigenous peoples and communities. Southern Health-Santé Sud's partnership and involvement with IANE has allowed for even more opportunities to grow, connect, and thrive together with Indigenous peoples and communities throughout our region.



## Connecting with First Nations to Prevent Death by Suicide

The Mental Health Commission of Canada has long supported Mental Health First Aid (MHFA) as a course that can provide the skills to work with people that are struggling with mental illness. Just as first aid helps us know what to do for physical injury, MHFA develops skills and tools for working with someone with mental illness. It is not a replacement for care, but it is a good place to start. In the past few years it was adapted for use within Indigenous communities to give community members greater access to the skills and knowledge necessary to support people struggling with mental illness and to better understand mental health.

Dakota Ojibway Health Services (DOHS) had been able to train health centre staff but did not have the resources to open the training up to community members at large. Working together to leverage the training and great work already started, DOHS and Southern Health-Santé Sud supported seven additional community trainings for MHFA for First Nations.

MHFA is only one tool to try and decrease death by suicide, yet it is an evidence-informed piece of the complex puzzle. In collaboration, our resources go further and make a greater impact. We hope our work together continues as we grapple with the complexities of health equity and how to ensure that those most impacted by structural barriers such as poverty are able to enjoy the same standard of health as the majority of citizens we serve.

*By working together we are leading the way to a healthier tomorrow.*

## Partners Connect for Positive School Health



School health services contribute to the goals of the education system and the health care system by counselling students about good health behaviours and supporting them in managing their health.

A partnership with Hanover School Division, the Steinbach Family Medical Clinic and Southern Health-Santé Sud has given students at Steinbach Regional Secondary School access to a variety of health services. Open for about a year and a half, the health clinic at the school has proven to be a busy active place.

Officials report over 200 student appointments each month as well as 45 additional student contacts in any given day. While a nurse practitioner sees most of the official appointments, a physician from Steinbach Family Medical Clinic comes in about twice a month. A variety of other specialists also provide services.

With a dietitian available on a regular schedule, students can come learn more about what they can do to make positive healthy food choices for themselves. Public health nurses, Addictions Foundation of Manitoba councillor and a mental health worker are also available to students.

With the growing demand for health services at the school, the school is reorganizing space to accommodate additional examination room.





# Local Health Involvement Groups: Connecting with the Community

“Bringing a diverse group of people together creates an atmosphere of engagement and change mobilization.”

LHIG consultations

Advisory to the Board of Directors, Local Health Involvement Groups (LHIGs) are an integral component of the patient and public engagement efforts in Southern Health-Santé Sud. Since legislated in 2014, their structure and function continue to evolve. In particular, a regional Indigenous LHIG made up of representatives from the First Nations and Métis communities was created in 2017-2018. There are now four groups:

- Regional LHIG, English Consultations
- Regional LHIG, French Consultations
- Indigenous LHIG
- Patient Experience LHIG

Some of the topics addressed with the LHIGs in 2017-2018 included Healthy Communities, Quality Improvement, Mental Health Supports, Patient & Public Engagement, Accreditation Canada and Complaints/ Compliments Process. From these discussions, key messages were shared. Creating a healthy community means so much more than a strong health system and involves everyone from the grassroots level to government. We have an advantage as a rural region because people often know each other in small communities and can move projects and initiatives forward quickly. Creating healthy communities requires partnerships between many formal and informal groups. Each perspective is vital and where perspectives are missing, we

need to seek them out. Peoples' stories both positive and negative are often catalysts for system change. We need to support the work that other groups and individuals are doing in building healthy communities. If we want to improve the health of our communities, we need to address both the health of individuals and the health of the population. We cannot disregard the impact of the social determinants of health on health outcomes.

## Key Highlight from 2017-2018

LHIG members felt there is a gap when it came to knowing where to turn and how to access mental health supports, especially in times of critical incidents. Two separate bookmarks were created jointly by the Patient Experience LHIG and the Mental Health Advisory Group to help support both families and staff. Over 1 100 bookmarks have been distributed to date.





# Jordan's Principle - A Child First Initiative

Jordan's Principle is a Child-First Initiative named in memory of Jordan River Anderson, a First Nations child from Norway House Cree Nation in Manitoba. Jordan was born in 1999 with complex medical needs that could not be treated in his home community. Jordan lived for more than two years in a hospital in Winnipeg before medical staff agreed he could leave the hospital to be cared for in a family home. Because of jurisdictional disputes within and between the federal and provincial governments over who would pay costs for in-home care and support, Jordan was not able to return to his home and remained in hospital unnecessarily until his death in 2005. Jordan was five years old and had never spent a day in his family home.

In response to this tragedy, Jordan's Principle was created. This Child First Initiative works towards the assurance that all First Nations Children in Canada, whether living on or off of their First Nation Community receive equitable access to essential child health, social programs and services and rehabilitation.

Southern Health-Santé Sud is honoured to be welcomed to provide rehabilitation services on seven First Nations communities in partnership with Jordan's Principle leaders and staff. Services provided include: audiology, occupational therapy, physiotherapy and speech language pathology to the children and support to their families and community members. Rehab services began visiting the communities of: Buffalo Point First Nation, Dakota Plains First Nation, Dakota Tipi First Nation, Long Plain First Nation, Roseau River First Nation, Swan Lake First Nation and Sandy Bay First Nation in October 2017.

Together, the First Nation Jordan's Principle Staff and Southern Health-Santé Sud therapists have been working very hard to develop therapy spaces, plan and deliver educational sessions and, most importantly, provide therapy and support to the children and their families with the belief that we can make a tremendous improvement in the lives of children who require these specialized services and supports. We greatly appreciate these communities for inviting us to be part of this important initiative.



Jordan's Principle – A Child First Initiative assures that all First Nations children receive equitable access to essential child health services.



# People in Southern Health-Santé Sud

## Over 201 025 Individual Stories

Southern Health-Santé Sud has one of the most healthy populations overall. The average life expectancy is among the healthiest. Yet some are not as healthy and are at higher risk for poor health outcomes. Over the past year, the region grew by 1.8% which continues to be the fastest rate of growth in Manitoba. Overall health status for residents continues to be good in the region, with the lowest rate for premature deaths in the province.

### SOUTHERN HEALTH-SANTÉ SUD POPULATION



### RECENT IMMIGRATION

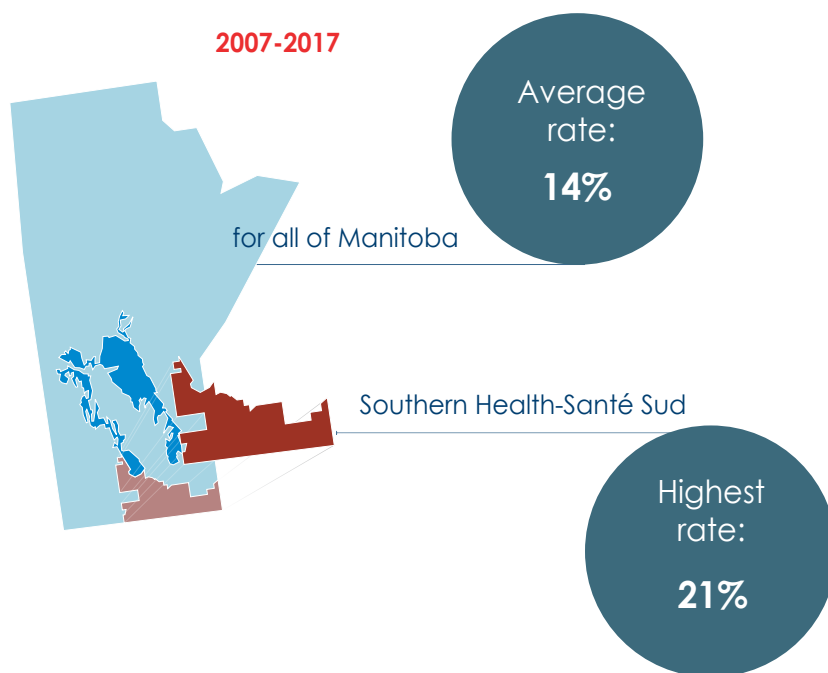
2011-16

4 605  
Census 2016



- Philippines (+1 100 residents)
- Mexico (+550 residents)
- Germany (+400 residents)
- Russian Federation (+350 residents)
- U.S.A. (+200 residents)
- Other (+2 550 residents from 26 different countries)

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



### INDIGENOUS POPULATION in

Southern Health-Santé Sud  
2017

over **27 000**

14% overall population

First Nation =	16 162
Métis =	11 065
Inuit =	25



**3 074** babies born to Southern Health-Santé Sud residents

**Birth rate 16.2**  
newborns per 1 000 population in Southern Health-Santé Sud

Our region has the second-highest birth rate in Manitoba (provincial rate is 12.7 newborns per 1 000 population).

## AGE 55-74

was the fastest growing age group between 2007 and 2017 (aka as Baby Boomers)

## PREMATURE MORTALITY RATE (PMR)

Death before the age of 75 per 1 000 residents, per year

2012-2016



PMR in Southern Health-Santé Sud is the lowest (best) among regions and statistically lower than the provincial average.

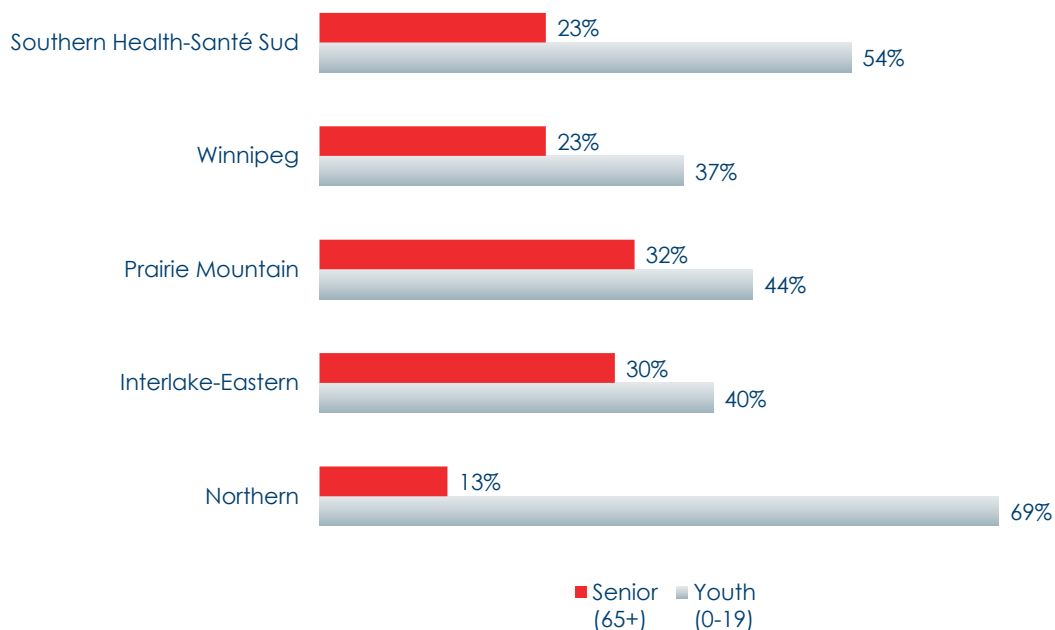
## DEPENDENCY RATIO

The dependency ratio measures the size of the dependent population in relation to the working age population.

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

### Proportion of dependent population by RHA

2016-2017



Source: Annual Statistics MHSAL



### Cardiovascular Disease

Heart attack rates per 1 000 residents age 40 and older for 2015-2016

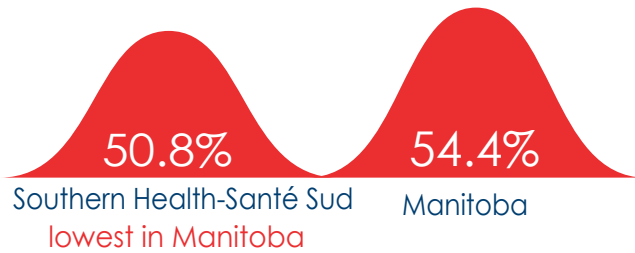


Rate of strokes per 1 000 residents age 40 and older for 2015-2016



### Chronic Conditions 2015-2016

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



### Hypertension 2015-2016

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



### Diabetes in 2015-2016

% of the population age 1 and older having diabetes.



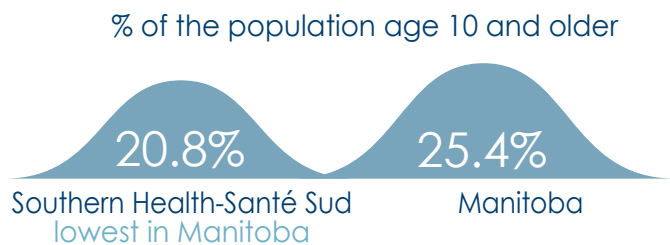
### Injury Mortality in 2015-2016

deaths per 1 000 population



### Cumulative Mental Illness 2011/12-2016/17

Cumulative mental illness is defined as receiving medical care for at least one of: depression, anxiety disorders, substance abuse, schizophrenia or a personality disorder. Southern Health-Santé Sud's rate is significantly lower than Manitoba average.

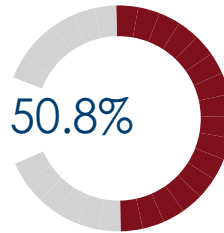




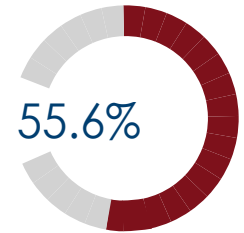
## Promotion & Prevention

### Breast Cancer Screening

For the period of 2015-2016 to 2016-2017, percentage of Southern Health-Santé Sud females ages 50 to 74 who received at least one mammogram in a 2-year period as compared to Manitoba.



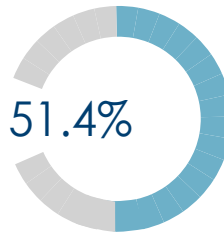
Southern Health-Santé Sud



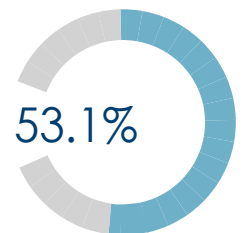
Manitoba

### Cervical Cancer Screening

For the period of 2014-2015 to 2016-2017, percentage of Southern Health-Santé Sud females ages 21 to 69 who had a Pap test, as compared to Manitoba.



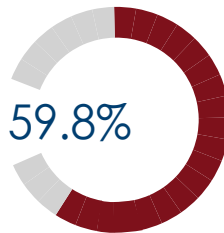
Southern Health-Santé Sud



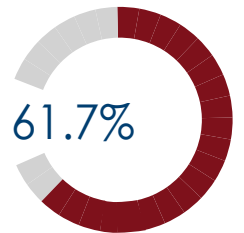
Manitoba

### Colorectal Screening

For the period 2015-2016, the proportion of Southern Health-Santé Sud ages 50 to 74 population who had colorectal screening, as compared to Manitoba.



Southern Health-Santé Sud



Manitoba

### Immunizations for Influenza

The proportion of residents age 65 or older who received a vaccine for the 2015-2016 influenza season (Sep-Apr). The denominator was all residents age 65 or older as of Sep 1<sup>st</sup> in the previous year.



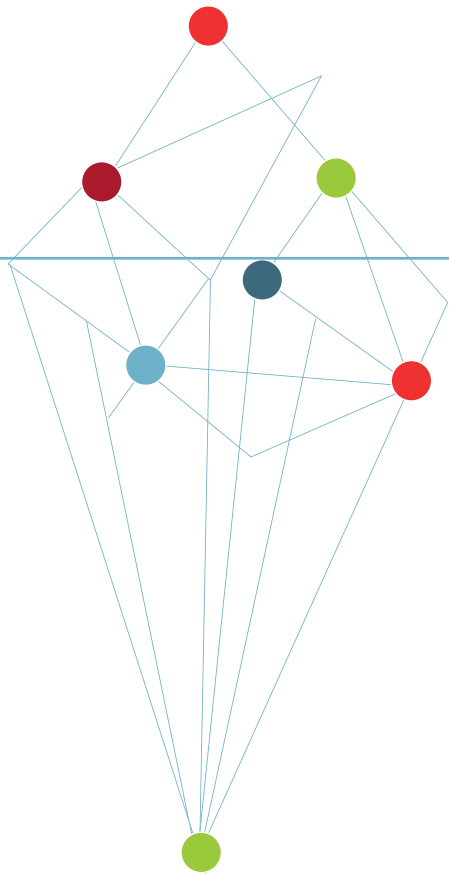
Southern Health-Santé Sud



Manitoba







**Board END**  
**ACCESSIBLE HEALTH SERVICES**

# CONNECTING BETTER



## **Strategic Directions**

Design programs and services for better access



# CONNECTING the Right Care at the Right Time in the Right Place

## Our Commitment:

We know that to adapt quickly to meet accompanying shifting needs in a diverse community that continues to grow and change, we must think differently in our approach to the delivery of accessible health care. The traditional view of how to make this happen is changing as evolving models of care, new professions and technological advancements emerge. While having access to a comprehensive spectrum of quality health care services across the region, Southern Health-Santé Sud residents want to have access to care when they need it. To this end, in a coordinated interconnected way with other health authorities and with government, we will “work to ensure that Manitobans receive timely, appropriate and seamless service that reflects the best possible integration and cooperation among service providers”.

## Manitoba's integrated approach to planning

“Better-planned services will mean improved access to consistent, reliable quality health care services, right across the province. An integrated approach to planning – based on population needs and patient outcomes – gives Manitoba a unique opportunity to transform and improve how we deliver care both now and into the future.

Planning will span organizational and geographic boundaries and will engage patients, health care providers and communities. A provincial plan will ensure care is both equitable and accessible, with a focus on models of care that meet the needs of our patients, that consider the geographic distribution of our population and that allow for both local access to core services and referred access to specialty services.”

Planning will focus on in-depth analysis of specific speciality areas and will:

- identify and define the population profile served by the service,
- prioritize the health service gaps or population health needs; and
- develop and analyze options for future service delivery or models of care.

Manitoba Health, Seniors and Active Living Transformation Program





# Access to a wide range of Programs & Services

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

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

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

## Other Services





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

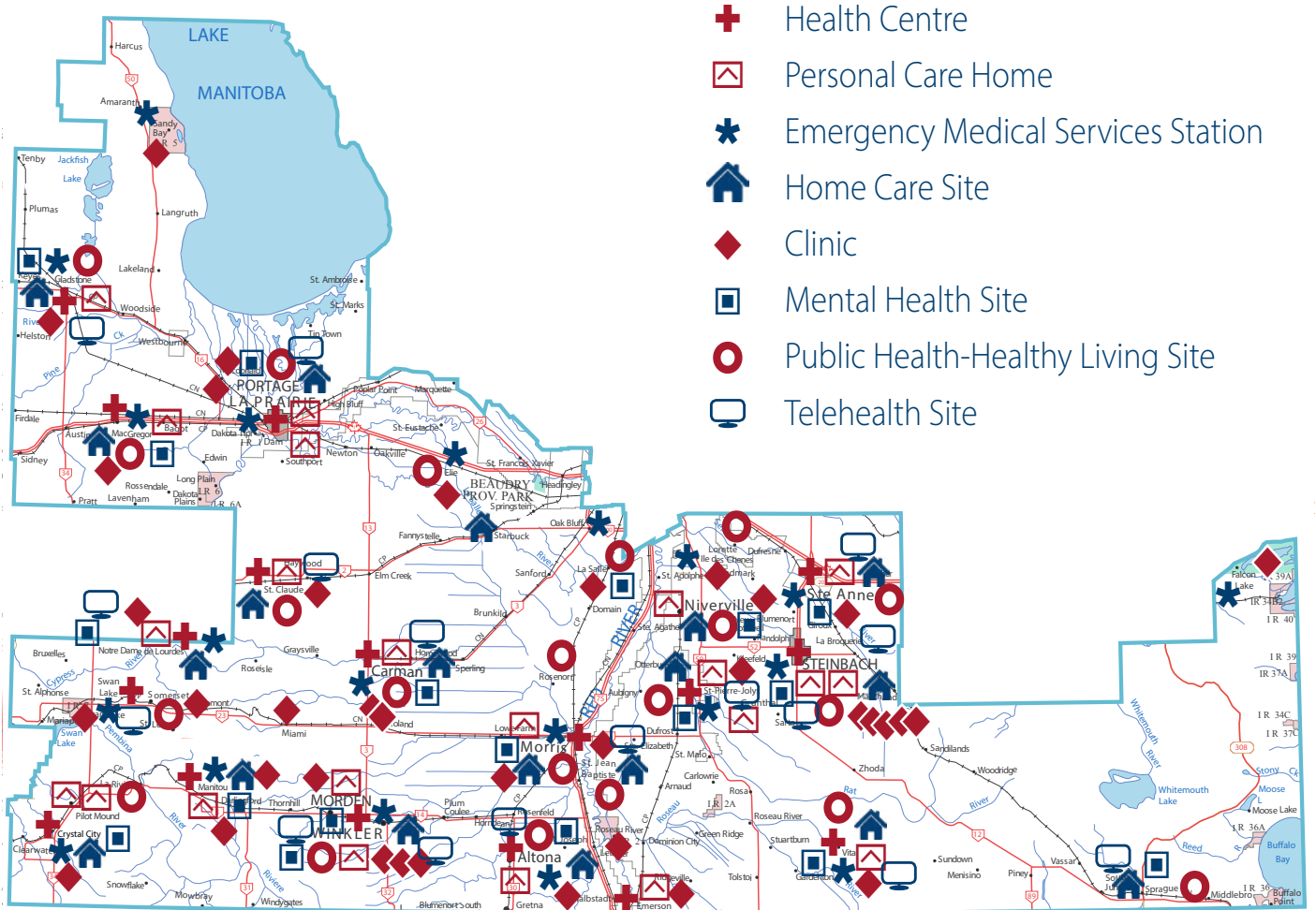
## Facility-based Services

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



# Comprehensive Access

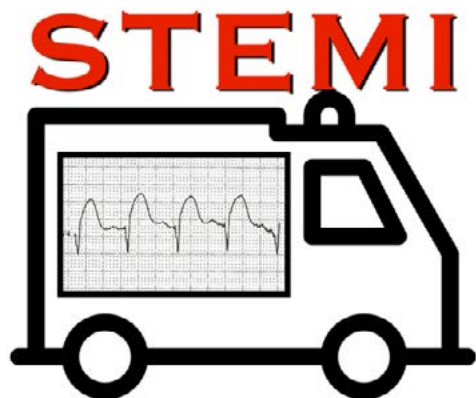
 Health Centres <b>18</b> includes Eden Mental Health Centre	 Personal Care Homes <b>22</b>	 Emergency Medical Services Stations <b>20</b>
 Home Care Sites <b>19</b>	 Mental Health Sites <b>18</b>	 Clinics <b>37</b> Medical Clinics, Teen Clinics & Quick Care
 Public Health-Healthy Living Sites <b>21</b>	 Telehealth Sites <b>16</b>	



# Emergency Medical Services:

## Optimizing Access to & Delivery of Care

### STEMI Reperfusion Protocol



A life-threatening medical emergency, ST-Elevation Myocardial Infarction (STEMI) is a very serious type of heart attack during which one of the heart's major arteries is blocked.

In 2015, Southern Health-Santé Sud Emergency Medical Services (EMS) participated in an initiative to address acute coronary syndrome in the pre-hospital environment with the intent of implementing a STEMI destination protocol, similar to those seen in major urban centres. The goal of such a protocol is to expedite transport of a patient suffering a STEMI directly to where they can receive primary percutaneous intervention (PCI). PCI is the gold-standard of treatment for patients with this condition.

The EMS team had several meetings with the Manitoba Acute Coronary Syndrome Network to discuss and formulate a plan that would allow Southern Health-Santé Sud EMS to accurately identify STEMI and transport those patients to the appropriate facility. In addition to studying protocols from EMS systems around the world as well as Canada, we also connected with the Winnipeg Fire Paramedic Service who provided us with statistics and information from their experiences using their protocol.

Southern Health-Santé Sud developed a protocol that, given specific conditions together with a suspicion of STEMI, allows its paramedics to transmit an image of the electrocardiogram (ECG) they obtain, to connect with an on-call physician who confirms the diagnosis and, to alert the cardiac catheterization-lab. The paramedics then provide medications to prepare the patient for the procedure and transport the patient directly to the lab.

Promoting best practices in STEMI care, Southern Health-Santé Sud EMS is the first rural EMS service in Manitoba with this type of protocol in place. We began the protocol as a trial with our Intermediate Care Paramedics on September 1<sup>st</sup>, 2017. At the end of fiscal year, 10 patients were transported directly to the cardiac catheterization-lab for PCI, including one patient who was successfully resuscitated from cardiac arrest by EMS and subsequently diagnosed by the same crew with STEMI.

Beginning in May 2018, we are expanding the protocol to our primary care paramedics.



# Connecting with Indigenous Peoples for a Provincial Mental Health & Addictions Strategic Plan



The interconnectedness of physical, mental, emotional and spiritual needs as well as the interconnectedness of an individual with family, community and the larger environment is well-recognized by Indigenous Peoples.

Southern Health-Santé Sud believes that effective, harmonious working relationships with Indigenous peoples are the foundation for achieving our shared goals and visions and in implementing health plans and health agreements together. Accordingly, when contacted by the Mental Health and Addictions Branch – Manitoba Health, Seniors and Active Living, the regional Indigenous Health program was well prepared to assist in engaging with Indigenous peoples in the development of a Provincial Mental Health and Addictions Strategy.

As part of the health system transformation, the Manitoba government is taking steps to identify the gaps, clarify the needs and develop a strategy to make mental health and addictions programs and services better coordinated and more accessible. A contract was awarded to Virgo Planning and Evaluation to assist in the development of an evidence-based mental health and addictions strategic plan. In addition to current Manitoba-based research, program evaluations, strategies and reports, an

important part of the process is to connect and engage with stakeholders. Inclusion of Indigenous peoples is vital to the development of a responsive and culturally safe strategic plan that bridges gaps between jurisdictions and systems.

In September 2017, Indigenous community leadership and representatives, Southern Health-Santé Sud leadership, Dakota Ojibway Health Services leadership and First Nations and Inuit Health Branch leadership met in Portage la Prairie with Virgo consultants to discuss and provide input in the development of the plan. An online survey was made also available as an alternative way to gather information from those that were not able to attend. These surveys were available for health care providers, the public, individuals and families with life experience.

In October 2017, a validation exercise took place with multi-stakeholders and Virgo consultants across all levels of government to confirm key messages, begin shaping recommendations and gauge the state

“ Together we will continue to strive for accessible and integrated mental health and addictions services that are provided in an environment which supports and enables connections with diverse peoples and communities. ”



of readiness of the system in implementing potential future improvements and changes.

This was followed with an additional meeting to further review implications of potential recommendations and to ensure draft recommendations were realistic to the Manitoba context. Virgo Planning and Evaluation Inc. is expected to present a strategic framework with recommendations to the Minister of Health, Seniors and Active Living outlining gaps in services and needs across the lifespan and with emphasis on access and coordination of mental health and addictions services.

Together, we will continue to strive for accessible and integrated mental health and addictions services that are provided in an environment which supports and enables connections with diverse people and communities.

In leading the way for a healthier tomorrow, Southern Health-Santé Sud believes in optimal wellness, balance and connectedness for all people, responding to the holistic needs of Indigenous peoples by building partnerships, trust and by applying an equity lens throughout all facets of our health care services. We are also committed to respectful engagement and interactions with tripartite partners and other contributors and collaborators.

## Accessibility for Manitobans Act (AMA): Moving Forward

Passed in December 2013, the *Accessibility for Manitobans Act (AMA)* outlines a clear and proactive process to identify, remove and prevent barriers in key areas of daily living. Since then, public sector organizations like regional health authorities have been evaluating their level of accessibility related to the AMA standards and regulations. In November 2015, Southern Health-Santé Sud published an action plan that outlined the steps to achieve compliance with the general standards found in the Act.

The second phase of implementation focused on the Customer Service Regulation. As part of the Customer Service Standard Regulation of the AMA, a 30-minute online Accessibility for Manitobans – Customer Service self-directed course has been developed to inform employees about accessible customer service. All staff are required to complete the learning program on the Provincial e-Health Learning Management System (LMS).

The next phase of implementation will focus on the Employment Standard. This standard will assist the region to identify, remove and prevent barriers in the recruitment, selection and retention practices.

Consistent with our core values of integrity, compassion, excellence and respect, Southern Health-Santé Sud is committed to ensuring equal access and participation for all people, regardless of their abilities. We foster an inclusive organizational culture and strive at all times to provide services and employment opportunities in a way that respects the dignity and independence of all people.



# New & Improved Health Facilities

## Bethesda Primary Care Centre

### Accessible Health Services

Although the Bethesda Primary Care Centre (BPCC) in Steinbach has only been opened since September 2017, the centre has been foundational in offering a collaborative partnership and has improved access to primary health care services for patients as a result of multiple service providers under one roof. The partnership is between Southern Health-Santé Sud Community Health Services, My Health Team - Steinbach, Steinbach Family Medical (SFM), Primary Care, Pharmacy and Dynacare lab services, to the residents of Steinbach and surrounding communities.



The facility offers a spacious, welcoming professional 'feel' with many compliments received from staff and physicians regarding the facility; patients have also commented on the pleasant aesthetics of the building having stated that they "feel good about coming here".

Primary Health Care is often the first point of contact people have with a health care provider when they have a health concern. It has been valuable for patients and their families of all ages to come to one place for their health care services. As well as being in the same location, it helps to give patients a concrete "visible" experience that the providers are working closely together to plan, develop and provide enhanced local primary care services.

Extended hours and after-hour services, in an effort to improve access, are offered at the Bethesda Primary Care Centre. The QuickCare Clinic offers same-day appointments to those who do not have a provider or are unable to access their provider, from 9:00 am – 9:00 pm Monday to Friday and 10:00 am – 6:00 pm on Saturdays; Steinbach Family Medical also offers same-day appointments Monday to Friday.

Bethesda Primary Care Centre offers the ability to provide the right care at the right time by the right provider at the right place. The team of providers has strengthened our partnership which in turn has resulted in better care and improved access for our patients in the area.

The diversity of the services in the same location has been advantageous - physicians, clinical pharmacists, chronic disease nurses and dietitians, mental health workers, wound care nurse, midwives, primary care connector, QuickCare Clinic, Mobile Clinic team and lab services offering access to continuous and comprehensive primary care as shown in the following pages.



## Connecting Diversity of Services in the Same Location

Sometimes patients will see two providers on the same day - which is more convenient and efficient. There have been a few examples when an expectant mother has come in to see their midwife and a physician has been consulted who then came to the second floor to see the patient at the time of their appointment with the midwife, offering immediate evaluation and consultation, as well as shared decision-making. Another example of improved access occurred when a physician from the Steinbach Family Medical was able to access a medication through Public Health-Healthy Living that was stocked in the QuickCare Clinic, coordinated by the public health nurse, which allowed the patient to have the medication the same day they saw their physician.

1

Having services co-located has improved access to mental health services as there have been times when the team has been able to schedule their client to see their family doctor and the psychiatrist the same day at the same location resulting in better coordination of services. Mental health workers have expressed the ability of providers working together in the best interest of their patients when they are able to consult with Primary Care Connector in follow-up to assist patients in finding a family doctor.

2

They have also appreciated the opportunity to walk down the hall to collaborate with Mobile Clinic nurse practitioner regarding a shared complex client who lives in a rural community where the Mobile Clinic provides services.



3

The mental health team is currently coordinating group classes to take place at the Bethesda Primary Care Centre in the evening on Cognitive Behavioural Therapy and Dialectical Behaviour Therapy. One of the benefits of group sessions is to provide service to a number of patients at the same time which is another example of improved access to care.



4

Lab services onsite offer very accessible hours 7:30 am to 4:00 pm and open through lunch which is a benefit for patients to come for their 'fasting' bloodwork before work or they can come on their lunch break. The midwifery team has expressed the advantage and ease for their patients, including priority population patients, to have necessary labs done without having to arrange another day to go to the lab, reducing multiple trips for the client.



5

There is also on site pharmacy available for consultation and prescription fills for those who choose to access it.



6

The Chronic Disease Education Team (CDET) offers comprehensive patient education through group sessions (day or evenings), offering service to 10-15 people per session on Diabetes Health, Heart Health and Gut Health, as examples. Patients find it very easy to follow, learn and feel they are well taken care of. Comments are frequently received by the Chronic Disease Education Team intake person. In one instance, a client offered their gratitude to the CDET team for their support in managing her diabetes as she learned insulin management following her new diagnosis of diabetes when she was admitted to hospital with a myocardial infarction.



7

Prenatal classes are also offered onsite by the midwives in the evening. This creates ease having a regular location to offer services instead of having to find space in the region.



9

Bethesda Primary Care Centre offers the ability for the team to share their knowledge and expertise thereby optimizing the skills of clinical teams. This was evident when a joint continuing medical education session, as a 'lunch and learn', was offered by Dr. Karen Toews, physician, SFM, and Dr. Grace Frankel, clinical pharmacist. The education session was well attended and well received by physicians and community health services staff offering the potential for future educational sessions to occur between health care providers.

8

Many providers are working in the same new electronic medical record which, will allow the team to work together to optimize communication at points of transition, ease the referral process, improve consultations and reduce duplication. The patient has to only tell their story once and the information is available to the team.



# Notre Dame's New Health Centre

## Connecting Facilities & Services

After decades of planning, advocating and fundraising, the community of Notre Dame de Lourdes was proud to open the doors to a brand new 10-bed health centre in May 2017.

The Centre de santé Notre-Dame Health Centre replaces the old hospital, a stand-alone facility that was across town. Community residents, staff and clients can now access services through a 'health campus', complete with acute care, emergency department, physician's clinic, pharmacy and a 60-bed personal care home, Foyer Notre-Dame.

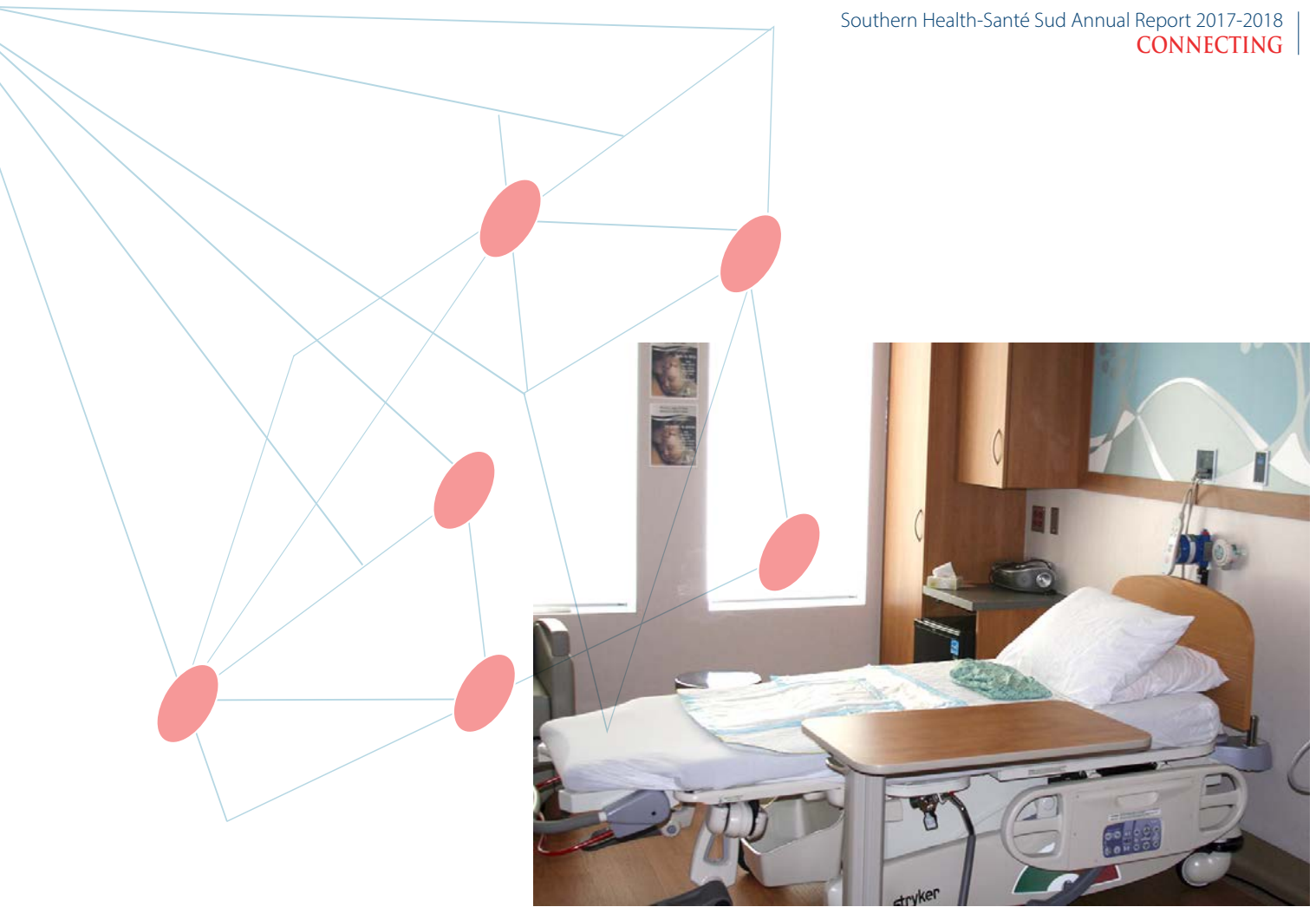
"Because all the facilities and services are connected, everything is more accessible and efficient," says Mona Spencer, Director of Health Services. "The health centre staff has a lot more space to provide care and feel supported with colleagues always 'just a hallway away'."



### Activity Levels Increase

Since opening, the health centre is also busier. As at February 2018, the emergency department saw 300 more visits than the year prior. It is also anticipated that births will continue to increase with the addition of midwifery providers having access to the birthing suite.

A lot of thoughtful planning has gone into the new centre, resulting in a pleasant and collaborative working environment. "Our patients have more space and privacy. The environment is conducive to improved infection control and, with less congestion, the structure aligns better with 'falls prevention' principles. A real bonus has been that physicians are on-site during clinic hours, so it is easier for them to check on their patients," says Mona Spencer, Director of Health Services. "Social well-being is such an important factor to a person's health, wellness and healing. This new environment ensures that clients in our care feel safe and comfortable."



## Safety & Comfort

The \$21 million centre has expanded laundry and kitchen facilities and nine private rooms with en-suite washrooms for improved patient privacy and enhanced infection control. There is also a spacious, self-contained birthing suite with birthing tub that offers a relaxed, home-like environment and a waiting room with kitchenette for families. "Our clients constantly praise the beautiful, airy rooms and are grateful for the increased privacy that they have," says Kathy Mangin, Clinical Resource Nurse.

Each room is set up exactly the same and is equipped with electronic beds, ensuring that staff have everything they need at their fingertips and enabling them to provide safe, quality patient care.

Diagnostic Services staff, Rachelle Parsonage and Heather Imrie, report that having dedicated space to work in diagnostics has contributed to a better working environment. Upgraded diagnostic equipment and new software applications further increase efficiencies such as a shorter turnaround time in providing physicians with test results.

# Tabor Home

## Improves Patient Access & Care



Following the official opening of Tabor Home, a new, \$38.7-million personal care home in Morden, residents moved to their new home on November 6, 2017. Months later, staff, volunteers, visitors, residents are still expressing their wonder and appreciation, the following just a small sample:

*One resident is now spending time in the living areas of the house, seeking out staff interaction and participating in activities. She was even observed teaching a health care aide how to knit.*

*The benefit of a new environment with smaller contained houses, new equipment and improved air circulation may be positively contributing to the reduced infection rates.*

*Resident appetites have improved overall and kitchen staff report that residents are choosing foods that they previously refused or had listed as a dislike. The hallways smell of fresh cooking/baking (smells of home).*

*Some residents who previously spent much time alone in their room are spending time in the common living areas where there are others and activities to do.*

*The new home is quieter, brighter and offers more privacy for the residents.*

*The time I spent learning in your beautiful, peaceful care home was pleasant and valuable.*



Tabor Home is designed as a community with five houses in two neighbourhoods and an uptown area. To help with way-finding the houses are named Aspen, Birch, Cedar, Dogwood and Elm.

All residents have their own spacious private room and private washroom. There is a ceiling track with motor lift in every resident room/washroom. Each house of 20 residents has a kitchen for snack and coffee preparation, a dining room where residents eat their meals, a living room for relaxing, socializing and activities and a secure outdoor garden. There is also a spa room for bathing in every house. A salon, café, spiritual care area and community centre for church services and larger group activities are all located in the uptown area.



DementiAbility training of staff is visible throughout the building, as there are many stations set up to encourage residents to craft, puzzle, fold, clean, or participate in games. In addition to two major lounges located at the centre of the two neighbourhoods, there are many little cozy corners for residents to congregate and socialize. The entire home is thoughtfully designed and staffed with welcoming health care providers.

The new, 77 000 ft<sup>2</sup> facility replaces the older 30 500 ft<sup>2</sup> structure and includes a total of 100 single rooms with private washrooms. The new Tabor Home was originally announced to include

80 personal care beds and 20 supportive housing beds. The province later made the decision to designate all 100 beds as personal care beds. The 20 extra personal care beds significantly enhance Tabor Home's ability to meet the needs of seniors and families in the community.



## Province Moving Forward on New Personal Care Home Capacity in Southern Health-Santé Sud

To care for people with significant needs and who can no longer safely remain at home or in supportive housing, the province is moving forward on an additional new personal care home beds in Steinbach and Carman, Minister of Health, Seniors and Active Living, Kelvin Goertzen announced in fall 2017.

Design work will begin to support the development of proposals to:

- expand the existing Rest Haven personal care home in Steinbach by adding up to 140 beds; and
- expand the existing Boyne Lodge Personal Care Home in Carman by adding up to 10 new beds, 70 replacement beds and up to 30 new transitional care beds.

The Minister noted the projects are in areas where analysis has shown that additional personal care home capacity is among the most needed.

## MacGregor Ambulance Station Renewed



For a number of years, the Rural Municipality (RM) of North Norfolk provided space within the municipal Fire Department building to house both the ambulance and Southern Health-Santé Sud Emergency Medical Services (EMS) staff. This connection was a very positive one in terms of both the space and the working relationship between the staff of both EMS and the Fire Department. In 2015, with the creation of a new 24-hour staffing rotation for the MacGregor EMS station as well as the acquisition of new equipment by the Fire Department, the RM assisted the EMS program in identifying opportunities for an alternate space.

In partnership with Manitoba Health, Seniors and Active Living and Manitoba Hydro, we were able to successfully complete the purchase of a decommissioned Hydro property in 2017. EMS staff occupied the new EMS facility as

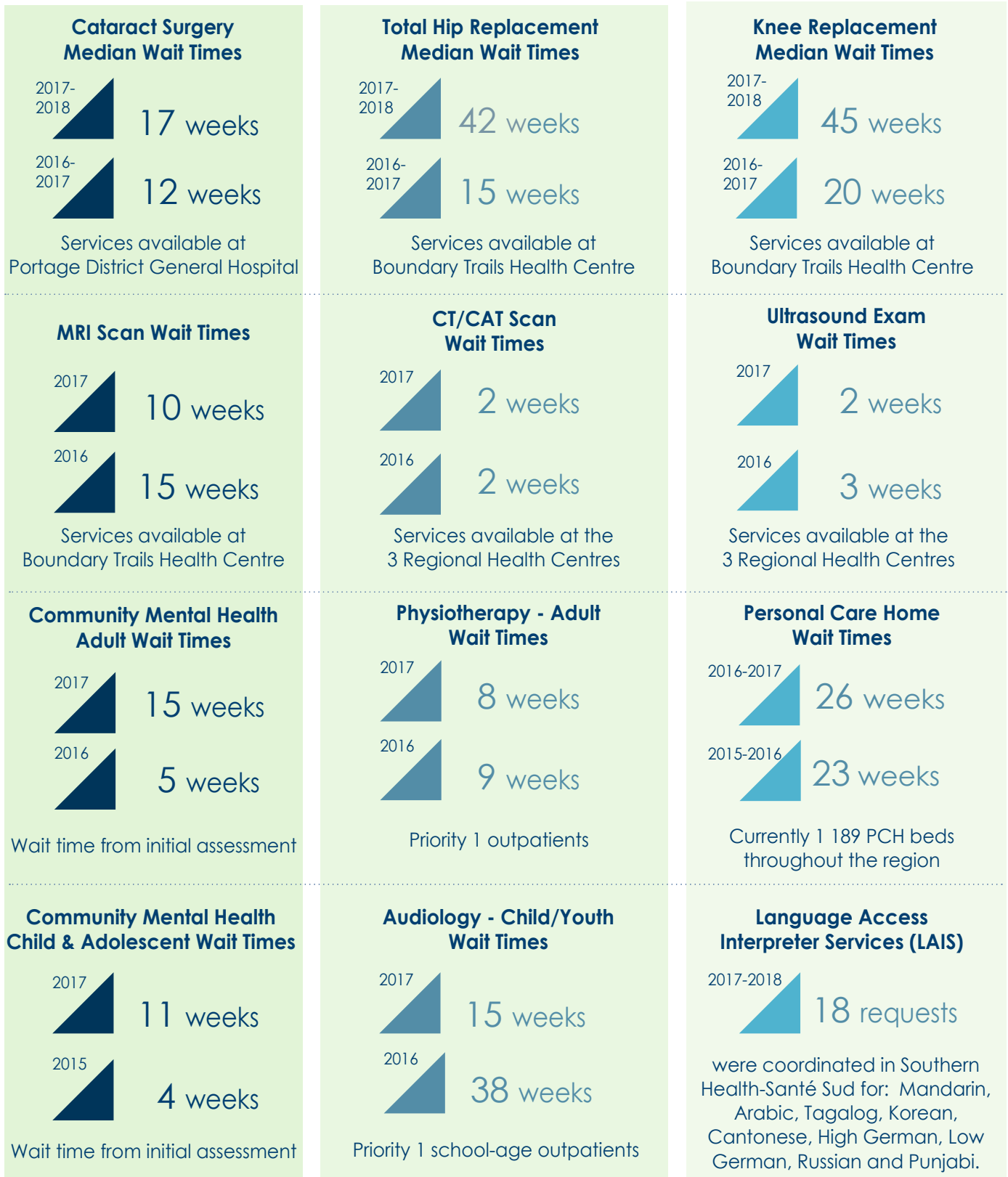
of Nov. 2, 2017. In addition to acquiring the new facility, Manitoba Health, Seniors and Active Living funded renovations to accommodate the physical ambulance and the needs of the EMS staff who are stationed at the MacGregor facility. The new EMS station has proven to be a very successful move, given the additional space and configuration that better supports the operation of a 24-hour staffed EMS station.

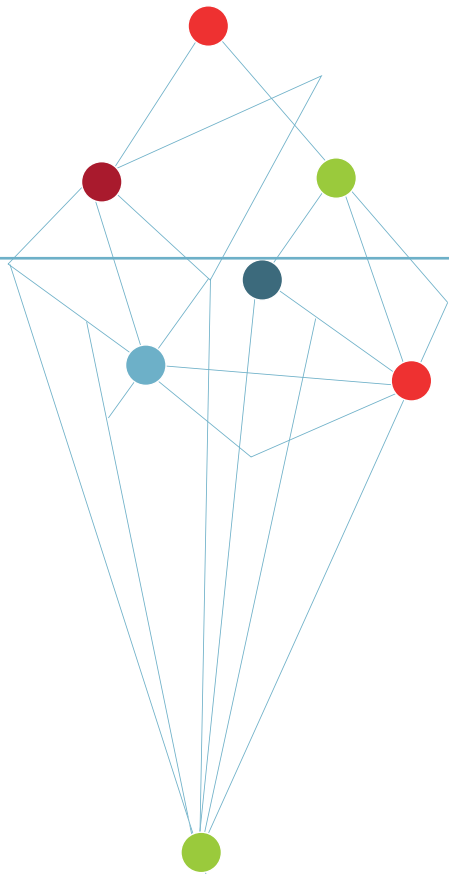




## Wait Times in Southern Health-Santé Sud

The Board of Directors has identified some key performance indicators to measure progress on accessibility.





# CONNECTING

# LIVES



**Board END**  
**SAFE, PEOPLE-  
CENTRED QUALITY  
HEALTH CARE**

## Strategic Directions

Transform and improve the patient experience

Achieve excellence in patient safety



# CONNECTING to What Matters; Transforming the Health Care Experience

## Our Commitment:

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

## Manitoba's First Provincial Clinical & Preventive Services Plan

"Manitoba is developing a multi-year provincial clinical and preventive services plan, informed by the experience of Manitoba clinical leaders, relevant expert studies of the health system, qualitative and quantitative data identifying the province's population health needs both now and in the future, as well as evidence of patient outcomes across the province.

Provincial clinical teams made up of health care providers with varied professional backgrounds and experience in health care delivery across rural, urban and northern Manitoba will apply the knowledge of their members' individual professions, patient population and local environment to develop and endorse evidence-based, patient-focused and cost-effective models of care."

Manitoba Health, Seniors and Active Living Transformation Program



# Learning through Critical Incidents

Patient safety is an integral part of any health system.

Southern Health-Santé Sud believes that a culture of patient safety is fostered by being open and sharing information so others may learn and put measures in place to decrease the chance of foreseeable risks and undesired consequences.

When reviewing critical incidents, patients and families are involved in the process so we can receive their input and suggestions for improvement. Patients and families are also kept informed about what is being done to address any consequences for patients and to keep them informed of what measures have been taken (or are to be taken) to help restore a patient's health condition.

Following critical incident reviews, a summary of an event is created along with findings and recommendations. These are referred to as Patient Safety Learning Advisories (PSLAs). PSLAs are de-identified so others cannot detect who a preventable adverse event happened to while in care. These are shared provincially with Manitoba Health, Seniors and Active Living, posted on a public website and

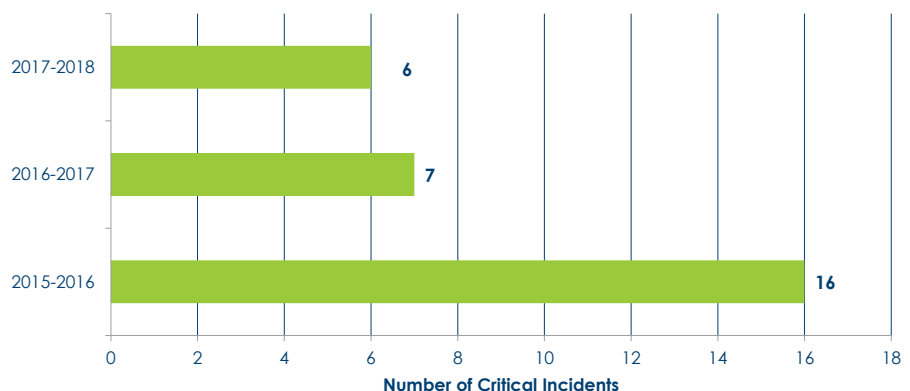
## Definition of a Critical Incident

An unintended event that occurs when health services are provided to an individual and result in a consequence to him or her that is serious and undesired such as death, disability, injury or harm, unplanned admission to hospital or unusual extension of a hospital stay and does not result from the individual's underlying health condition or from a risk inherent in providing the health services.

distributed to staff so others can learn from an event. You can also read these summaries on the Manitoba Health, Seniors and Active Living website at <https://www.gov.mb.ca/health/patientsafety/psla.html> or google 'patient safety learning advisories – province of Manitoba' for a link to the site.

## Number of Critical Incidents

2015-2016 to 2017-2018

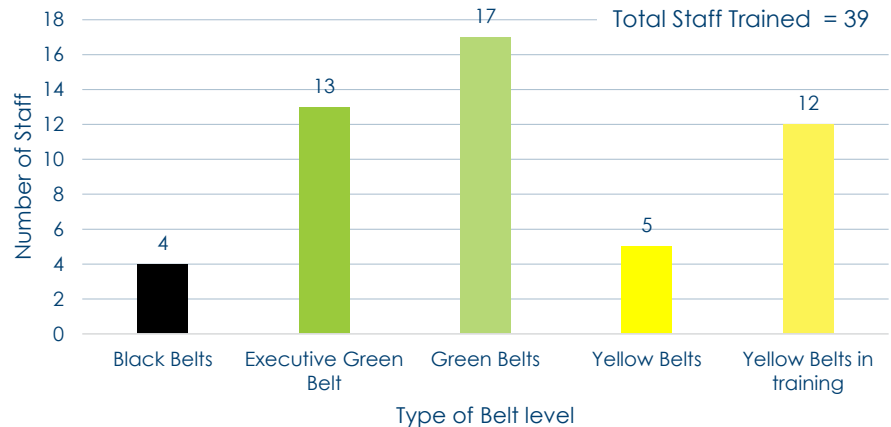


In 2006, Manitoba introduced mandatory no-blame critical incident (CI) reporting across the health system to support a culture of learning and openness. Critical incidents are not reported to lay blame on individuals. The purpose of reporting is to look at what can be done differently and what improvements can be made to the way health care providers work. This process does not replace other review processes such as reviews by employers, complaints to professional regulatory bodies or civil law suits. Instead, reviewing critical incidents complements these processes.

# Our Continuous Improvement Journey

LEAN is part of the quality improvement program that is growing in Southern Health-Santé Sud. As part of teaching LEAN to staff, they can earn different belt levels. Belts are earned in order, beginning with a Yellow belt, progressing to Green belt, then Black belt and finally a Master Black belt. Each belt level builds increasing capacity for measuring efficiencies and effectiveness throughout the organization. Southern Health-Santé Sud has employees in all of the belt areas except for a Master Black belt. It is important in any quality improvement program to have the support of leadership. As a result, an Executive Green belt was created to have the support of leadership. The focus has been to expand the Yellow belt capacity.

## Belt Levels in Southern Health-Santé Sud as of April 1, 2018



Yellow belt training has been offered twice in our region. Projects have been completed in both clinical and support services (logistics/stores; information technology; quality, patient safety, risk; finance; nursing, etc).

These projects are in progress and aim to be completed by June 2018:

- improving cycle time of staff violence occurrences to unions
- increasing efficiencies in flow in regional or rural public health-healthy living offices
- increasing efficiencies in the rehabilitation intake and database management
- increasing efficiencies in connecting employee ID numbers to new hires
- improving process and wait times for access to adult mental health programs
- increasing efficiencies in scheduling of home care health care workers
- reducing paperwork in accounts payable department
- spreading standard work in ordering nursing supplies in Carman
- improving efficiencies with equipment and supplies in home births.

**MASTER BLACK BELT:** highest rank within a quality improvement system; coach black and green belts.

**EXECUTIVE GREEN BELT:** management level employees provide leadership to a project through support and removal of road blocks.

**BLACK BELTS:** mentor Green and Yellow belts; good understanding of statistics; teach Yellow belt level of LEAN and able to carry out system-wide projects.

**GREEN BELT:** carry out LEAN projects and mentor Yellow belts.

**YELLOW BELT:** spread completed Green or Black belt projects; have basic understandings of LEAN methodology.





# Rethinking Restraints

When we hear the word “restraint” each of us experiences different emotions and images. What we see and what we hear about restraint use impacts each of us differently. Generally speaking, for most people, the thought of being restrained is an uncomfortable one. The idea of loss of liberty does not sit well with us.

However, for reasons of good care, there are times where a restraint may be used in the clinical management of a resident in a personal care home. In Manitoba, legislation exists within the Personal Care Home Standards Regulation which requires evidence that when restraints are used, they are:

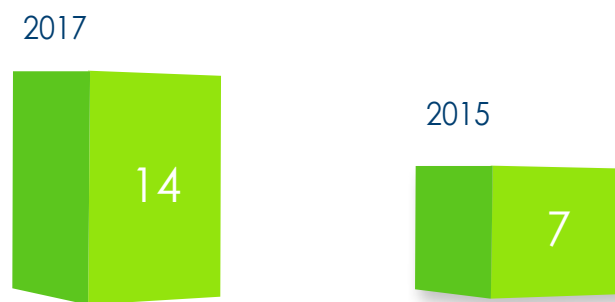
- the least restraint possible;
- the last resort (for example, all other options have been exhausted);
- clinically necessary to accomplish an appropriate therapeutic goal;
- assessed as necessary by an interdisciplinary team;
- used and applied with a high degree of forethought, caution and attention; and
- used judiciously and reviewed regularly.

Provincially, this legislation is assessed every two years through the Personal Care Home Standards assessment process. At Southern Health-Santé Sud, we audit our documentation about restraint use every six (6) months. As a result, over the past few years, our Personal Care Home Standards team developed an action plan to improve the documentation process to support staff as they assessed for, ordered and reviewed the use of restraints.

From 2015 to 2017, there was an improvement of 100% in meeting the standard. An additional audit will be added for internal use over the next year in order to dig deeper into any potential documentation gaps. The following chart demonstrates the improvement in performance on Standard 9: Use of Restraints from 2015 to 2017.

## Standard 9: Use of Restraints

Total Number of Homes Rated as Met

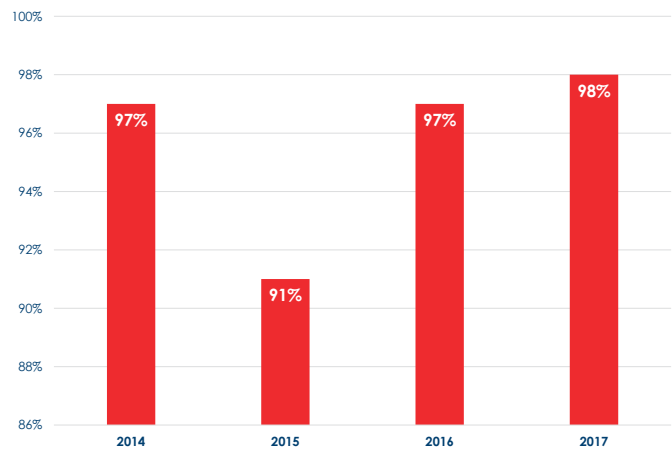


## Connecting with Residents

A critical component of safe and judicious use of restraints is the conversation we need to have with residents and their decision-makers. We give residents and their decision-makers reading material about restraints. We also audit how well we perform at obtaining consent. Consent may be given to us either verbally or in writing. If we obtain it verbally, we require that two staff members hear the consent.

The table on the right demonstrates that we are connecting with residents and their decision-makers about restraints and getting consent. We have been fairly consistent over the past four years in this area and believe this is an area of strength. While we all struggle with the loss of liberty use of restraints impose, sometimes restraint is an important clinical intervention for the safety and overall well-being of all residents. Through rigorous assessment and auditing of processes and documentation we can apply restraints safely and monitor our performance in key areas.

## Obtaining Consent for Restraint Use



## Accreditation Matters

If a health service organization is accredited, it means that it is providing and is committed to continually improving safe, quality health care. This provides assurances that organizations are achieving national standards of excellence. In Manitoba, it is legislated for health service organizations to be accredited and they need to do so in order to receive ongoing funding from the provincial government.

Accreditation is a continuous process that organizations undergo to evaluate their programs and services. Similar to most organizations in the province, Southern Health-Santé Sud contracts with Accreditation Canada, an independent third party organization, to evaluate our care and services.

This assessment process includes input from all levels of the organization, including the voice of our customers or clients. The types of inputs include self-assessments, client surveys and an on-site visit at least once every four years by Accreditation Canada to many of our sites throughout our region. It also

includes responding to any areas for improvement in order to maintain an accredited status. Southern Health-Santé Sud is currently preparing for an on-site survey visit in 2019, which means it is in its third year of this cycle and has met all previous reporting requirements to Accreditation Canada.

Most recently, the region completed self-assessments and is in the process of reviewing the results to gain an understanding of its strengths and is developing action plans to address any areas identified for improvement. We are also completing client experience surveys which help us learn to improve our care and services.

For further information about our last accreditation survey, visit our website at <https://www.southernhealth.ca/about-your-region/plans-and-reports/accreditation/>

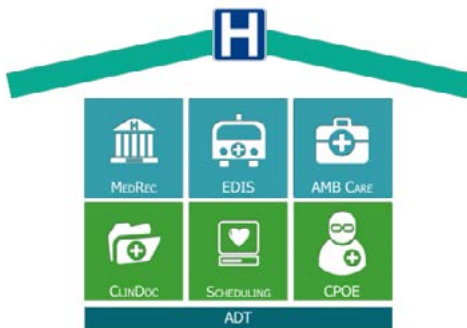


# Improving Patient Flow

"Manitoba families deserve to have access to the right care, at the right time, in the right place."

The smooth and timely flow of patients through various health care settings is an important element of making this happen. Connecting across the system, the collection, integration and sharing of patient information are critical components of the process.

As part of our strategic direction to design programs and services that enhance the flow of patient care and clinical documentation, Southern Health-Santé Sud implemented two provincial electronic systems in 2017: Admission/Discharge/Transfer (ADT) and Emergency Department Information System (EDIS). The ADT is the building block or connection for all other modules within the Electronic Patient Record (EPR) including the Emergency Department Information System (EDIS) module.



The ADT is a standardized registration system that collects identifiers such as patient's name, date of birth, address, etc. when the client presents to one of Southern Health-Santé Sud's 17 hospitals and connects this information provincially. It has the ability to track patients throughout their stay and enhance communication for timely, safe and quality patient care. In addition, statistical data is readily available to support evidence-based decision-making.

The EDIS system connects the three regional health centres: Bethesda Regional Health Centre, Boundary Trails Health Centre and Portage District General Hospital, to other sites in the province, supporting the goal of continuity of care for the patient. Accessing and sharing of information between providers is crucial and therefore, the system ensures controlled access and auditing capabilities to determine who is accessing what information and when, in compliance with provincial privacy legislation.

Since the implementation of these foundational modules, patients are now able to see the expected wait times displayed on the EDIS board which includes the number of patients waiting and the length of time most patients have been waiting.

For further information on the status of these provincial projects please see: <http://services.manitoba-ehealth.ca/files/proj-adtedis.pdf>



# Connecting Providers with Information

## Emergency Department Information System (EDIS)

Designed as a workflow and a data collection tool to capture real-time information about patients, the Emergency Department Information System (EDIS) provides an overall view of what is going on throughout an entire emergency department visit from their first point of entry at the triage desk through to discharge.

EDIS arrived with the electronic clinical documentation capacity in Southern Health-Santé Sud in March 2017 at three regional centres: Bethesda Regional Health Centre, Boundary Trails Health Centre and Portage District General Hospital.

Access to emergency care begins with registering for services and a nursing assessment to determine each individual patient's condition and acuity level, reassessment needs and prioritizing for moving to a treatment room. Within EDIS, this information is immediately accessible from multiple computers to all members of the care team, tracking each patient's activity from time of registration to discharge. Charting in the patient record can occur in each treatment room, at the unit desk or wherever the patient is.


This improved communication has decreased the time required by providers to directly connect with each other to find out what is happening with each patient. EDIS also enables care providers to view past visits at other hospitals, linking past with present assessments and treatments, connecting providers from multiple sites irrespective of where the patient accessed emergency care. "We are providing better care," says Dr. Price at the Portage District General Hospital.

The patient display board shows the location of each patient registered, who is providing their care and other key information about their care plan, such as waiting for laboratory results. It also reminds staff when reassessments are due for all patients being cared for in the waiting room area. Because of having access to this information, the department is better organized.

Welcome to the Bethesda Regional Health Centre Emergency Department

Waiting Room Information as of 9:53 AM

How many patients are in the waiting room?	1 patient
About how long have <b>most patients</b> been waiting?	15 mins
What is the <b>longest</b> that someone has been waiting?	

 **Even if the wait-times above appear long, you will be seen quickly if your condition is an emergency.**

**Seriously ill patients are given priority for care.**

**A sudden increase in the number of very ill patients could mean that patients with less urgent conditions may wait longer.**

EDIS also enhances communication for the patients and other health care providers. A wait time board is located in each of the waiting room areas providing information as to how long the average wait is until the next patient is moved to a treatment room.

Based on the number of people already waiting, Emergency Medical Services (EMS) paramedics can inform their patient about how long it will take to transfer their care. However, the level of acuity of a patient's condition is the main factor considered when prioritizing who is moved to a treatment area next.

Because accessing the system required multiple logins, a tap-and-go feature is being introduced at these centres. At Boundary Trails Health Centre, it has already saved 52 hours per month of logging in time - time made available for patient care. Although the current EDIS and clinical documentation system has benefited these three sites, we look forward to updates in its functions to include electronic prescriber orders, to having EDIS in all emergency departments within this region, and electronic charting on inpatient units.

## Canadian Patient Safety Week

Canadian Patient Safety Week is an annual national campaign that started in 2005 to inspire improvement in patient safety and quality. Working together, health care professionals, patients and families can help spread the message that good health care starts with good communication. Every patient experience should be safe. Canadian Patient Safety Week encourages everyone to *ask, listen and talk*, and raise awareness of patient safety issues and solutions.



The 2017 Canadian Patient Safety Week theme focused on medication safety. Submissions described how a co-worker engaged patients/clients/residents and/or family in medication safety. The theme focused on how these individuals inform patients/clients/residents and/or family about any medication changes, the continued and proper use of medications, monitoring and follow-up.

Congratulations to the 2017 Patient Safety Week Award recipients:

- Colette Boxall, Home Care Aide
- Janelle Manns, Public Health-Healthy Living Nurse
- Marilyne Helliwell, Clinique Notre-Dame Clinic Nurse
- Debbie Harms, Regional Director - Home Care
- Shirley Loewen, Communicable Disease Coordinator
- Tannis Nickel, Rest Haven, Director of Nursing



# Declaration of Patient Values

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

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




**ACCESS TO CARE & SUPPORT**

**means:**

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



**CONTINUITY OF CARE & TRANSITIONS**

**means:**

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



**SAFETY**

**means:**

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



**TRUST**

**means:**

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

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



# Patient Experience for Hospital Stays

The health system in Manitoba continuously aims to foster a system that is patient-and family-centred. One way to accomplish this is to ask patients how they feel about the care they receive during their hospital stay.

The Canadian Patient Experience Survey – Inpatient Care (CPES-IC) goal is to measure overall experience for a hospital stay, and how the patient's evaluation of their experience is related to their perceptions of various aspects of care. It is a 49-question survey - with 10 new questions added around patient safety and services in French. Upon discharge, patients are mailed a copy of the survey to complete at home. Patients also have an online option and a French option. All regional health authorities are now using the same survey, and data collection for rural regions is coordinated provincially.

From April 2016 to March 2017, there were 1 741 survey responses for Southern Health-Santé Sud residents, which represent a 42% response rate.

Results from the third year of surveying continue to be encouraging. Increasing positive results were found across many key areas including: overall experience, feelings that patients were helped by hospital stay, and overall hospital ratings. It was also very heartening to know that 96% of patients would recommend the Southern Health-Santé Sud hospital to their family or friends.

Medication reconciliation is the process of comparing a patient's medication orders to all of the medications that the patient has been taking. This reconciliation is done to avoid medication errors such as omissions,

duplications, dosing errors, or drug interactions. Although the majority (78%) were asked about prescription medications they were taking at home, only 58% were asked about herbal and over-the-counter medications.

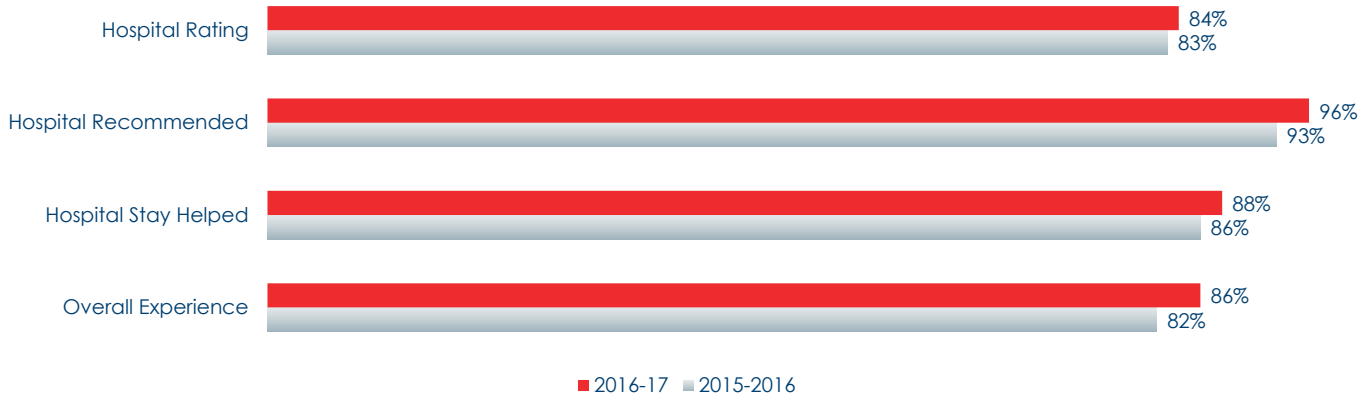
Hand hygiene is an important public health practice and standard of care. It helps reduce health care-associated infections. Patients need to feel comfortable in asking and giving input regarding their care as well as care providers' practices. Similar to the province, only 40% of respondents in Southern Health-Santé Sud did not feel comfortable asking if care providers washed their hands before their care.



Active Offer is the process of intentionally offering French services from a designated bilingual employee for French-speaking patients. Although there is room for improvement, 63% of French-speaking patients who stayed in Southern Health-Santé Sud hospitals were more likely to be offered French services and satisfied with the quality of services compared to the provincial average of 51%.

## Patient Experience Results for Southern Health-Santé Sud Hospitals

(% positive scores)



## Patient Safety Questions

### Medication Reconciliation

Patients were asked about prescription medicines taken at home



Patients were asked about herbal medicines and over-the-counter medicines taken at home



### Hand Hygiene

Patients were comfortable asking if care providers washed their hands



## French Language Services

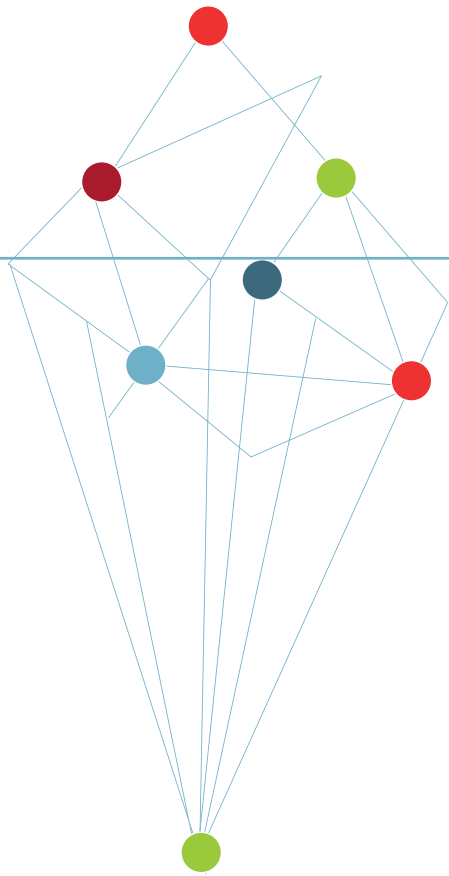
### Offer/Satisfaction

French-speaking patients who were offered French language services



Patient satisfaction with quality of French language services





# CONNECTING FOR THE FUTURE



## Board END

SUSTAINABLE,  
ACCOUNTABLE  
AND RESPONSIVE  
ORGANIZATION

## Strategic Directions

Sustainability

Skilled and engaged workforce



# CONNECTING knowledge & opportunities for the Future

## Our Commitment:

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

## Manitoba's Largest Health System Transformation

“Aligning how health care services meet the needs of Manitobans will strengthen health care in Manitoba and build a sustainable system for the future. Provincial planning will enable strategic decisions to be made across the entire health system, enabling long-term planning around education, staffing and recruitment and retention efforts, as well as investments in the supply chain, equipment and infrastructure.

Best practices from across Canada and around the globe, combined with the experience and knowledge of Manitoba's own clinical leaders, will ensure we are able to adapt to changing population needs and prioritize resources to ensure safe, accessible and consistent care for all Manitobans.

Recommendations will suggest the need for new or enhanced services or changes to how and where services are provided and will outline the financial needs, technological requirements and the human resources required for successful implementation.”

Manitoba Health, Seniors and Active Living Transformation Program





# Physician Recruitment & Retention

## A key priority by Shared Health

Ongoing physician recruitment and retention efforts will be a key priority of clinical service planning that will be undertaken by Shared Health Manitoba. The government indicates this work will support consistent and reliable health care services, effective health human resource planning, capital equipment investments, construction planning and other initiatives that should be coordinated province-wide.

As is the reality with recruitment and retention of all health care professions, many physician positions have been successfully filled this past year:

- 10 family physicians working in primary care
- 2 family physicians who also do anesthesia
- 2 family physicians who work in the hospital system
- 2 surgeons (1 general surgeon and one ear nose throat surgeon)

Southern Health-Santé Sud is grateful to the community, regional and provincial leaders for their collaboration in supporting a number of initiatives encouraging many physicians to consider the healthy work-life balance of rural practice.

Efforts to recruit physicians is always a work in progress in Southern Health-Santé Sud. Although an additional 16 physicians have been recruited to work in the region this past year, as many have departed for various reasons including retirement, illness, other opportunities, contractual obligations met, family issues requiring a move and sadly, even bereavement.

It is also a growing challenge because the population increases of approximately 3 500 people annually requiring an additional three to four physicians per year just to cover the increased demand.

Physicians are increasingly aware of the need to balance work with other aspects of their lives. Medical staff are seeking a more fulfilling and healthier home life. Finding alternative health care providers who can work collaboratively with physicians to offer primary care is helping to ease some of the pressures. Primary care refers to the first point of contact with the health care system when patients and their families receive a diagnosis, treatment or help with a new health problem or chronic condition. Care is coordinated between multiple service providers to ensure a focus on staying healthy and preventing illness.



Teaching students and residents offers an exposure to rural medicine. If that exposure is a positive one and matches the career goals of the student or resident, than it is relatively easy to attract the physicians to rural Manitoba. Rural communities have been stepping up to work with key stakeholders such as the Max Rady College of Medicine at the University of Manitoba, Manitoba's Office of Rural and Northern Health, the Manitoba Healthcare Providers Network and the College of Physicians and Surgeons to promote careers in rural health care. This type of partnership allows physicians to

learn more about the opportunities in these communities to practice medicine while enjoying a rural lifestyle and helps them make the decision to build their careers in Manitoba.

Retention may be a little more challenging because job satisfaction is extremely variable for many reasons and includes a personal satisfaction level as well where the physician's family feels welcomed and values in their adoptive community and where spouses can experience a meaningful and productive life.

## Risk Management

### Implementing Measures to be Ahead of the Curve

Being able to effectively respond and learn from adverse events is important to any health care organization. What is also imperative is having a process in place to identify risks so that actions can be taken to manage foreseeable risks at the outset. Some may call this as trying to be 'ahead of the curve' or being 'proactive'. Although we cannot predict all risks, Southern Health-Santé Sud continues to undergo a process of identifying, evaluating and implementing strategies to mitigate risks, particularly high or critical risks facing our organization.

Similar to other health authorities in the province, organizational risks have been identified and prioritized in the following areas:

- Design and sustainability of services (e.g. recruitment and retention of staff; maintaining a skilled and engaged workforce; maintaining bilingual services; challenges with meeting the growing population needs in the region; aging

infrastructure or equipment and financial constraints potentially impacting sustained and expanded services).

- Achieving excellence in patient safety (e.g. gaps in communication at transition points, missed opportunities to spread learning from event; risks related to varying policies, procedures, forms and guidelines that are in place).
- Health equity given the wide socio-economic disparities along with differing demographics and factors related to determinants of health (e.g. social/economic/physical environments, as well as, a person's individual characteristics and behaviours).

When comparing these risks with those faced by other health service organizations in the province, there are resembling attributes across our health care system. To address many of these risks, Southern Health-Santé will be participating on provincial clinical service planning teams which will focus on implementing consistent standards of care and service delivery across our province.



# Indigenous LPN Program

## Connecting Partnerships



Pictured above (lf. to rt.) in the front row: ACC instructors – Holly Vezina & Sandy Forrest; students - Gina Roulette, Whitney Soldier, Ashlei Orton, Tess McLeod, Kayla Taylor; Southern Health-Santé Sud VP - Human Resources - René Ouellette and Regional Director - Recruitment & Indigenous Employment Holly Leost; in the back row: ACC instructor – Kirk Joyce; students - Melissa Beck, Jessica Wiebe and Alexis Beaulieu.

After several years of hard work and determination, the students are very excited knowing they are nearing completion of their studies and soon to be graduating from the Indigenous Licensed Practical Nursing (LPN) program. As they take part in their senior practicum, these students have become familiar faces within Southern Health-Santé Sud facilities. Studying at Assiniboine Community College (ACC) in the Southport Campus since the fall 2016, this is the first Indigenous LPN training program, which was developed in partnership with Long Plain First Nation, Dakota Tipi First Nation, Dakota Plains First Nation, Roseau River First Nation, Sandy Bay Ojibway First Nation, Swan Lake First Nation and the Manitoba Metis Federation. Partnerships with our communities and ACC enable us to respond to the specific needs, offering programs that are current and relevant to the job market in Southern Health-Santé Sud.

Working in partnership with our stakeholders to develop strategic training programs such as the LPN program helps to address our recruitment shortages and at the same time provide employment within our Indigenous communities.

Together we were able to develop a program that was designed for success and we appreciated the partnership in the Indigenous LPN program. The students look forward to having a successful career in health care and many of them have been recruited to work in Southern Health-Santé Sud, addressing the need to provide a more culturally-responsive and sensitive care to our growing Indigenous population.



# Above all: Common Sense

## Recruitment & Retention into Designated Bilingual Positions

Sophie waits impatiently by the phone, waiting to hear from Southern Health-Santé Sud regarding a designated bilingual position she applied for. The interview had gone very well, but she is unsure of how she did on the French Language Assessment portion of the interview. While she had attended a French immersion school right through to Grade 8, Sophie knew she was rusty and would have liked to do better.

The phone rings. Sophie takes a breath, answers the phone and learns that she is the successful applicant! She is offered the position with condition that she becomes more proficient in French. At first Sophie is a little hesitant to know what that means but quickly learns that she will be supported in her learning journey where she will have access to subsidized French language courses and her employer will help her to create a self-development plan to reach the desired proficiency goal.

## Integrated Processes are Key

Southern Health-Santé Sud covers over 27 025 km<sup>2</sup> with scattered clusters of areas with higher francophone concentration. The most effective and efficient means for individuals to receive services in both official languages in these areas is through the recruitment and selection of qualified applicants into designated bilingual positions. Southern Health-Santé Sud has over 600 Designated Bilingual Positions (DBPs).

An integrated approach to recruitment into DBPs is key to achieving consistent processes. Recruitment and selection into designated positions is implemented as outlined within the region's Recruitment & Selection Procedures and collective agreements. Within these hiring processes are 'checkpoints', integrating steps specific to recruitment and hiring into DBPs. In addition to these 'checkpoints', hiring managers are very intentful in networking to 'shake the bushes', so to speak – this in efforts to find bilingual applicants. For example, Southern Health-Santé Sud program directors ongoingly liaise with community

site directors (located in areas with higher francophone concentration), generating engagement opportunities with community stakeholders. This approach has proven to create awareness opportunities, many times resulting in successful recruitment outcomes.

Once applications are received, the required qualification of proficiency of both official languages is reviewed within the application screening process. As part of the interview process into DBPs, proficiency is determined by administering the French Language Assessment, conducted by a person who is proficient in French as identified within a list of approved assessors.

To maintain service delivery, if no candidates meet the bilingual qualification, candidates meeting all other qualifications may be considered for a position. Prior to doing so and to ensure that all attempts are made to fill a DPB with a bilingual incumbent, a checklist is filled by the hiring manager and submitted to the FLS Unit to facilitate an opportunity to identify different approaches





to fill positions and to engage in determining further potential courses of action. Decisions are made collaboratively with 'Above All: Common Sense', acknowledging that sometimes DPBs must be filled with candidates who do not meet the bilingual qualification – this to meet the region's requirements of service delivery.

Such as was the case for Sophie and with a focus to build capacity, individuals not meeting the required language proficiency level and hired with conditions of employment are provided the appropriate letter of offer which clearly states the conditions. As a means to meet these conditions, employees are provided opportunities for French language training to achieve progressive improvement, complete a self-development plan with the support of their supervisor and are evaluated regularly including within the performance appraisal process.

## Monitoring & Reporting – checks & balances

Throughout many stages of the hiring process into DBPs, various checkpoints trigger data entry into the region's centralized payroll system. These entries generate bi-weekly reports regarding activity in DBPs. Payroll systems help to keep track of all DBPs, is a repository for all French language assessments and most importantly, provides a dashboard of data to help understand the status of how many DPBs are filled by designated incumbents. Reports are generated and shared with various sites, programs and services, providing a valuable source of information to help guide the development of strategies. This dashboard and associated strategies are shared and reviewed annually by the Southern Health-Santé Sud Board of Directors as well as with community stakeholders. This well-oiled machine complete with integrated

processes, tracking mechanisms and reporting is made possible with cross collaboration between hiring managers, French language services, human resources and payroll and, is a first in the province.

## Building Capacity

Today, Sophie has been in her position for over five years. Having worked very hard to improve her proficiency in French through commitment to her self-development plan, courses and through immersion in a designated site, she now meets the desired proficiency goal. From the organizational standpoint, this lens of building capacity has been very serving in meeting the region's legislated mandate. Currently almost 60% of the 600+ positions are filled by bilingual incumbents; additionally, there is bilingual capacity beyond the designated bilingual positions which the region is working to capture.

At the end of the day, we know that successful outcomes hinge on collaborative efforts. In Southern Health-Santé Sud, French Language Services is a shared responsibility which weaves across the region as a whole. While building on our past progress, the region is committed to continue discovering new possibilities related to meeting its French Language Services legislated mandate.

*It starts with Active Offer in greeting our clients with 'Hello-Bonjour' and a smile: it's that easy!*

Active Offer is a set of measures taken to ensure that French language services are readily available, easily accessible and comparable to that of services provided in English. In other words, it means informing the client at first point of contact that bilingual services are available.





# Management Streamlining

As part of the broad transformation and strategic realignment of the provincial health care system, mandated management streamlining within regional health authorities in Manitoba resulted in a 15% reduction of non-unionized management staff. In fulfilling this mandate, Southern Health-Santé Sud concentrated on reducing staffing while maintaining a continued focus on patient care and long-term sustainability.

Acknowledging that changes to workflow could potentially occur with such changes, relevant duties were carefully and intentfully redistributed or redesigned in alignment with revised structures. Decisions like these are difficult, especially with consideration to the valued contributions the affected individuals have made to our organization.

Anchored by our core values of integrity, compassion, excellence and respect, we continue to focus our attention on the long-term changes to the health system that will make it more patient-focused, operate more efficiently and ensure it is safe, affordable and sustainable.

## Going Green: Paperless Solutions for Payroll in 2017-2018

Electronic pay statements are now available on-line to all staff of Southern Health-Santé Sud.

Using Quadrant Self-Serve (QSS), employees are able to view, print and download their pay statements from anywhere they have access to the internet with the option to expand their on-line services to include T4s.

As well, all contract facilities in Southern Health-Santé Sud are participating making it much more efficient for processing and reporting. Using less resources and easy to use, QSS allows secure web access to important payroll information more quickly than the traditional method and has been well received by staff. In fact, it was anticipated that the region would have to continue printing pay statements for those who that did not have access to the internet however only a few statements are now being printed.

In terms of printing costs, delivery charges and time, implementing electronic pay statements is one of the biggest savings opportunities that exist in payroll. The benefit is not only in savings but also for employee access to information and an important a step towards environmental sustainability.



# Pre-hospital Trauma Life Support

## Southern Health-Santé Sud EMS Approved as a Training Site

The Pre-hospital Trauma Life Support (PHTLS) improves the quality of trauma care, promotes critical thinking and provides paramedics the tools required to make reasoned decisions regarding the care of victims of trauma.

While the PHTLS program is taught in 64 countries and is recognized around the world as the leading continuing education program for pre-hospital trauma care, there are limited numbers of PHTLS instructors in Canada. Until recently, in Manitoba, only the Red River College and Winnipeg Fire Paramedic Service were certified and registered as approved training sites with NAEMT. Southern Health-Santé Sud connected with NAEMT and the PHTLS Course Coordinator at the Red River College to ensure we met the needs and requirements of the program in order to provide the education. We have been approved as a training site and have two certified instructors able to teach PHTLS to our paramedic staff.

The mission of PHTLS is to promote excellence in trauma patient management by all providers involved in the delivery of pre-hospital care. It is developed by a U.S. organization, the National Association of Emergency Medical Technicians (NAEMT), in cooperation with the American College of Surgeons's Committee on Trauma. The committee provides the medical directions and content oversight for the PHTLS program.

The PHTLS program will reinforce the knowledge and care our paramedics currently provide to trauma patients. We hope it will also help us develop protocols that will improve trauma care in Southern Health-Santé Sud. PHTLS is renewed on a four-year basis to ensure the most up-to-date, evidence-based care is being provided.



# Connecting with Future Healers:

## Aboriginal Adult Health Internship Program (AAHIP)

Southern Health-Santé Sud is committed to increasing the representation of Indigenous peoples within all levels of its workforce. We envision building collaborative relationships with Indigenous communities and organizations to create a culturally-safe and responsive organization.

Modeled after the Aboriginal Health High School Internship Program, a National Gold Award recipient, AAHIP was created in partnership with Indigenous communities to offer opportunities for youth who dropped out of school before completing Grade 12 and who are unemployed or under-employed. The goal of the program is to provide adults (ages 18-30) with support and guidance to either return to further their education, enroll in health care training opportunities or obtain employment within health care.

The first phase of the program includes job shadowing that sees participants work alongside mentors in a variety of health care careers to learn about different professions, whereas the second phase is hands-on learning through work experience.

Now in its third year, this Southern Health-Santé Sud program is made possible with support from our partnerships including the Portage Learning & Literacy Centre, Manitoba Education & Training, Long Plain Employment & Training and Dakota Tipi First Nation.

AAHIP is proving to be just as successful as its predecessor. On February 9, 2018 at the Keeshkeemaquah Conference & Gaming Centre in Portage la Prairie, a special ceremony celebrated the achievements of eight successful graduates. Of those, two are pursuing further education and others have been employed within Southern Health-Santé Sud.



Congratulations AAHIP 2018 Graduates - pictured above (lt. to rt.): Danielle Longclaws, Brigette Salter, Ashley St. Goddard, Tiffany Beaulieu, Isaiah Pangman, Nicole Francis and Tylo Smith; (missing from picture - Mercedes Starr).





# Talent, Commitment & Excellence

Southern Health-Santé Sud staff have an unwavering commitment to excellence. It is what makes it possible to innovate, to achieve success, to influence change and to inspire us all. These are just some of the exceptional examples of highly committed and innovative individuals and teams.



Pictured are (l.-rt.): Ron Guse (former Registrar), Kyle MacNair, Jennifer Ludwig (President of CPhM) and Susan Lessard-Friesen (current Registrar).

## Pharmacist of the Year

Kyle MacNair, Regional Director - Pharmacy, received the Pharmacist of the Year Award. This award is given annually to a Manitoba pharmacist who, in the opinion of his or her peers, has made a significant contribution to the profession during his or her career.

## French Language Services

A national award of recognition from the *Société santé en français* was awarded to Southern Health-Santé Sud for exceptional contributions related to health care services in French, of note all efforts and initiatives surrounding policy development and administrative framework surrounding recruitment and retention as well as monitoring and reporting of designated bilingual positions. In Southern Health-Santé Sud, French Language Services is a shared responsibility which weaves across the region as a whole.



Pictured are: Lorraine Grenier, Regional Director - Communications & French Language Services and Julie Arnaud, Recruitment & Retention Officer accepting a national award of recognition from the *Société en français* for exceptional contributions related to health care services in French.

## 2017 Teaching Awards

Presented by the Manitoba Medical Students Association, the Teaching Awards presented show strength in our residency program and the dedication of our preceptors and attending physicians to teach and mentor family medicine residents.



Dr. Aly Dhala, attending physician who displayed excellence in clinical teaching, accessible through giving his time, attention and life experiences to mentor students during clerkship.



Dr. K. Humniuski, attending physician who was accessible through giving her time, attention and life experiences to mentor students during clerkship.



Dr. Christy Funk, family medicine resident who displayed commitment to patient advocacy as well as family medicine resident who was accessible through giving her time, attention and life experiences to mentor students during clerkship.



Dr. Kyle Conrad, family medicine resident who was accessible through giving his time, attention and life experiences to mentor students during clerkship.

## 2017 ARNM Professional Nursing

Barbara Klassen, a practicing registered nurse for 34 years at the Bethesda Regional Health Centre received the Association of Registered Nurses of Manitoba Professional Legacy Nursing Award in October 2017. This award is presented to registered nurses with more than 25 years of service who have made significant contributions to the nursing profession.



Pictured is Barb Klassen - receiving the Legacy Award on Oct. 25, 2017 by the Association of Registered Nurses of Manitoba.

## Dr. Moheb Basta accepts CFPC Award

Dr. Basta was recognized with the Irwin Bean CFPC Examination Award at the 2017 Family Medicine Forum held November 9-11, 2017 in Montréal for his dedication and hard work. Visit ([http://www.cfpc.ca/Irwin\\_Bean\\_Award/](http://www.cfpc.ca/Irwin_Bean_Award/)) for more info.





## 2017 Quality Service Awards

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



2017 Quality Service Awards - pictured above (lt.-rt.): Abe Bergen (Board Chair), Sheila Dheilley (Centre de santé St. Claude Health Centre), Stephanie Roza (Vita & District Health Personal Care), Carol Cairn (Home Care Services), Pearl Plett (Bethesda Regional Health Centre) and Jane Curtis (Chief Executive Officer); missing from photo is: Karen Dyck (Altona Community Memorial Health Centre).



2017 Service Excellence Team Award was presented to the Information and Communication Technology Team. Pictured above - front row (lt.-rt.): Andy Alksnis, Armando Brambilla, Renata Wall, Jane Curtis (Chief Executive Officer) & Abe Bergen (Board Chair); back row (lt.-rt.): Brent Martens, Matthew Martens, Ian McGowan, Lee Chabot, Loren Koehler, Shabeer Ali Mohammed and Shaun Twist; missing from the photo are: Bernd Wolfram, Ken Neil, Brent Hoitink, Adam Heckert, Quentin Peters, Steven Kuhl, Gord Lindwall, Noelle Cunningham and Carol Garnham.

## Nurse Practitioner Leadership

Cindy Fehr, nurse practitioner, was celebrated at the annual Nurse Practitioner Association of Manitoba Social Networking & Awards Night. Cindy was instrumental in establishing a mobile primary care clinic serving rural and southern Manitoba and lobbying for legislative change to reduce practice barriers and promote affordable health care.



Cindy Fehr, Nurse Practitioner was instrumental in establishing a mobile primary care clinic serving rural and southern Manitoba.



# French Language Services

Together leading the way for a healthier tomorrow...

*Southern Health-Santé Sud's 2017-2021 French Language Services (FLS) Strategic Plan sets out strategic initiatives that are in alignment with the region's overarching Board ENDS.*



## Engaged Communities & Partners

Southern Health-Santé Sud works very closely and collaboratively with local stakeholder groups, the Table de concertation rurale du Sud (Table) as well as the Groupe local de participation en matière de santé (GLPS). The GLPS includes membership from the Table as well as additional community members. Southern Health-Santé Sud participated in all meetings of the Table and the GLPS in 2017-2018.

The Société Santé en français awarded Southern Health-Santé Sud with the Prix de reconnaissance at its national conference held in November 2017 – this for our best practice approach regarding designated bilingual positions including the designation exercise, hiring practices as well as monitoring and reporting practices.

A Community Health Assessment (CHA) identifies and measures the health status of the population. Work is underway to identify key components which will be incorporated in a dedicated chapter regarding the francophone community in Southern Health-Santé Sud's next CHA.

Within our overarching matrix organization where leadership stems on geography and/or is program-based, a formalized process is now in place whereby program leaders intentfully engage with local leadership in efforts to liaise with members of the francophone community. This is an excellent communication

and recruitment practice in connecting with communities vis-à-vis hard-to-fill designated bilingual positions.

Remarkable strides were accomplished in 2017-2018 for Mon équipe santé:

- through team meetings, all providers are now connected with a Southern Health-Santé Sud regional team, i.e. chronic disease education
- providers are connected with a team for clinical support, training, etc.
- education print pieces outline social work services and appropriate referral processes
- social workers have actively engaged with community programs for introduction, orientation and identification of opportunities to collaborate
- the community health nurse (*Équipe locale Seine*) now attends satellite clinics in La Broquerie and Lorette to provide service.



By invitation from Santé en français (Manitoba), Southern Health-Santé Sud actively participated on provincial planning initiatives including:

- A working group to review and revise the Designation Policy for Francophone and Bilingual Facilities, Programs & Services, FLS Regulation and Bilingual & Francophone Facilities & Programs Designation Regulation (linked to the RHA Act).
- Consultations to help shape the Santé en français Strategic Plan (September & December 2017).



- A revised approach regarding Local Health Involvement Group meetings held in French.

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

- Université de Saint-Boniface - to participate on a panel discussion re. 'Active Offer' - best practices, measures, tools, implementation and challenges. Participants included university students and organization representatives from the francophone community (May 2017).
- Société Santé en français - to present at its national conference regarding our best practice approach regarding designated bilingual positions – designation exercise, hiring practices as well as monitoring and reporting practices (November 2017).
- Réseau communautaire - to participate in a brainstorming exercise in the context of developing potential community projects (December 2017).
- Accreditation Canada - to provide feedback on the new standard reflecting a Communication in Official Minority Language Situations (March 2018).
- Société de la francophonie manitobaine – to share our best practice approach regarding designated bilingual positions (March 2018).

## Active Offer in Action



Applying the principles of Active Offer is the most effective means to identify French-speaking clients. Language identification and

preference is confirmed through Active Offer (always offer) at intake within designated bilingual sites, programs and services. When a client presents at a designated site, program or service, they will receive service in French from a designated bilingual employee. As required, alternative arrangements to accommodate clients in French may be arranged through bilingual colleagues and/or via the region's Interpreter Services – Language Access policy.

All stationery (including business and appointment cards) as well as client forms used by and intended for the general public are in a bilingual format.

All employees are issued bilingual employee name tags in accordance with the Employee Identification Policy. Bilingual employees in designated positions have *Je parle français!* incorporated on their personal ID badge. Bilingual employees in non-designated positions are encouraged to choose this option.

External signage and identity on vehicles depicts our bilingual logo. A process for updating new signage is incorporated in the region's Graphic Standards Manual to ensure bilingual signage is reflected in designated bilingual sites, programs and services in areas of high francophone concentration.

The current public website is fully bilingual complete with a memory option to identify the user's preferred language. From June 2017-March 2018, Southern Health-Santé Sud public website welcomed many, tipping numbers to nearly half a million sessions.

Southern Health-Santé Sud is intentional in its efforts to ensure that client surveys are available in bilingual format and that demographic questions in surveys include questions related to the official languages of Manitoba. This includes the patient experience surveys across the health system throughout the province.

The Southern Health-Santé Sud staff newsletter features FLS topics and language resource material.

One hundred and thirty two (132) translation requests were processed in 2017-2018, a total of 52 720 words or 311 pages.







## Strong FLS Policy & Administrative Framework

The 2017-2021 French Language Services Strategic Plan was officially approved by the Minister of Health and the Minister responsible for Francophone Affairs.

Comprised of staff from various sites, programs and services across the region, the Southern Health-Santé Sud FLS Advisory Committee meets regularly to provide advice and guidance on matters pertaining to policies, programs and practices involving the use of FLS. The focus in 2017-2018 included:

- a comprehensive review of the committee's Terms of Reference;
- implementation of a process to ensure leadership across the region is apprised of developments in FLS; ongoing communication is the key to consistency and effective management of designated bilingual positions;
- a risk management exercise to mitigate risk factors related to access and delivery of health care in French Language Services;
- review of dashboard reporting and trending; and
- Fine-tuning re. processes to recruit and monitor designated bilingual positions, including an audit tool to measure compliance and identify opportunities for improvement.

In the previous fiscal year, a video regarding Active Offer was developed and incorporated as part of Regional Orientation for all staff in Southern Health-Santé Sud; approximately 500 employees viewed this video in 2017-2018.

Also in 2017-2018, a second video and a corresponding print piece was developed and rolled out to provide more in-depth orientation regarding the context and role of staff occupying or supervising designated bilingual positions. The video provides information on how to manage various scenarios and how to engage in the French language mandate.

The Health Providers' Site is an online portal for staff information and resources. An FLS section was incorporated reflecting information on legislation, Active Offer, how we meet our mandate, links to policies, how to access translation services, how to access French language training opportunities, a guide to support staff who occupy Designated Bilingual Positions, a lexicon, FLS resources for managers, frequently asked questions as well as many links to provincial resources, policies and organizations. A section on FLS Resources for Managers addresses questions that are directed to the FLS Unit on an ongoing basis.

As part of our hiring practices, the French Language Assessment provides a consistent approach to assess an employee and/or an applicant's ability to speak and understand at a level whereby the person can offer and deliver health services in French adequately and according to position requirements for designated bilingual positions. In 2017-2018, all French Language Assessors were assessed and received training and/or a refresher to ensure consistent use of the assessment tool.



## Success in FLS Recruitment & Retention

Southern Health-Santé Sud continues to partner with various stakeholders such as Santé en français, the Université de Saint-Boniface (USB), the Consortium national de formation en santé (CNFS) and the MB Healthcare Providers Network in planning the regional bus tour for the fourth-year nursing students. In 2017, thirty-five (35) students from the Université de St-Boniface nursing program took part in the tour. This initiative resulted in hosting three (3) practicum placements as well as seven (7) hires for the region - six (6) from the Bachelor of Nursing program and one (1) from the LPN program.

In June 2017, representatives from the region attended the Université de Saint-Boniface convocation ceremonies for all nursing graduates.



Six (6) nurses received the Recruitment & Retention Fund bilingual grants between July and December 2017.

'Héros en santé' promotes various professions in health care and is presented annually by Santé en français to high school students within the region. A total of five (5) schools were visited in 2017-2018.

Southern Health-Santé Sud attended twenty-four (24) career in-province fairs and eight (8) classroom presentations promoting job opportunities within Southern Health-Santé Sud. Santé en français has also supported the participation of Southern Health-Santé Sud to attend two (2) out-of-province career fairs with a focus on bilingual recruitment of nursing, allied health and medical staff for areas where there is a high concentration of French-speaking population.

Southern Health-Santé Sud is working collaboratively with the MB Healthcare Providers Network and Regional Health Authorities in developing targeted recruitment strategies and establishing a bilingual marketing format and platform.

The Société Santé en français and the French Health Network of Central Southwestern Ontario developed a 'Health Human Resources Strategy'. This online resource presents a structured approach tailored to the specific challenges facing bilingual staff working in a minority setting. The Health Human Resources Strategy is designed to help organizations recruit and retain bilingual human resources able to offer French language services. Southern Health-Santé Sud's FLS Advisory Committee including Human Resources participated in a presentation by *Santé en français* on this topic, encouraging participants to register in online training with the end goal of developing expertise in bilingual Health Human Resources.

Forty-four (44) employees took FLS language training in 2017-2018

## Designated bilingual positions\*

(as at March 2018)

- 603 designated bilingual positions
- 344 designated bilingual positions filled by bilingual incumbents
- 215 designated bilingual positions filled by non-bilingual incumbents
- 43 designated bilingual positions – vacant

\*Affiliate designated francophone site Villa Youville statistics are not included.

## Challenges

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

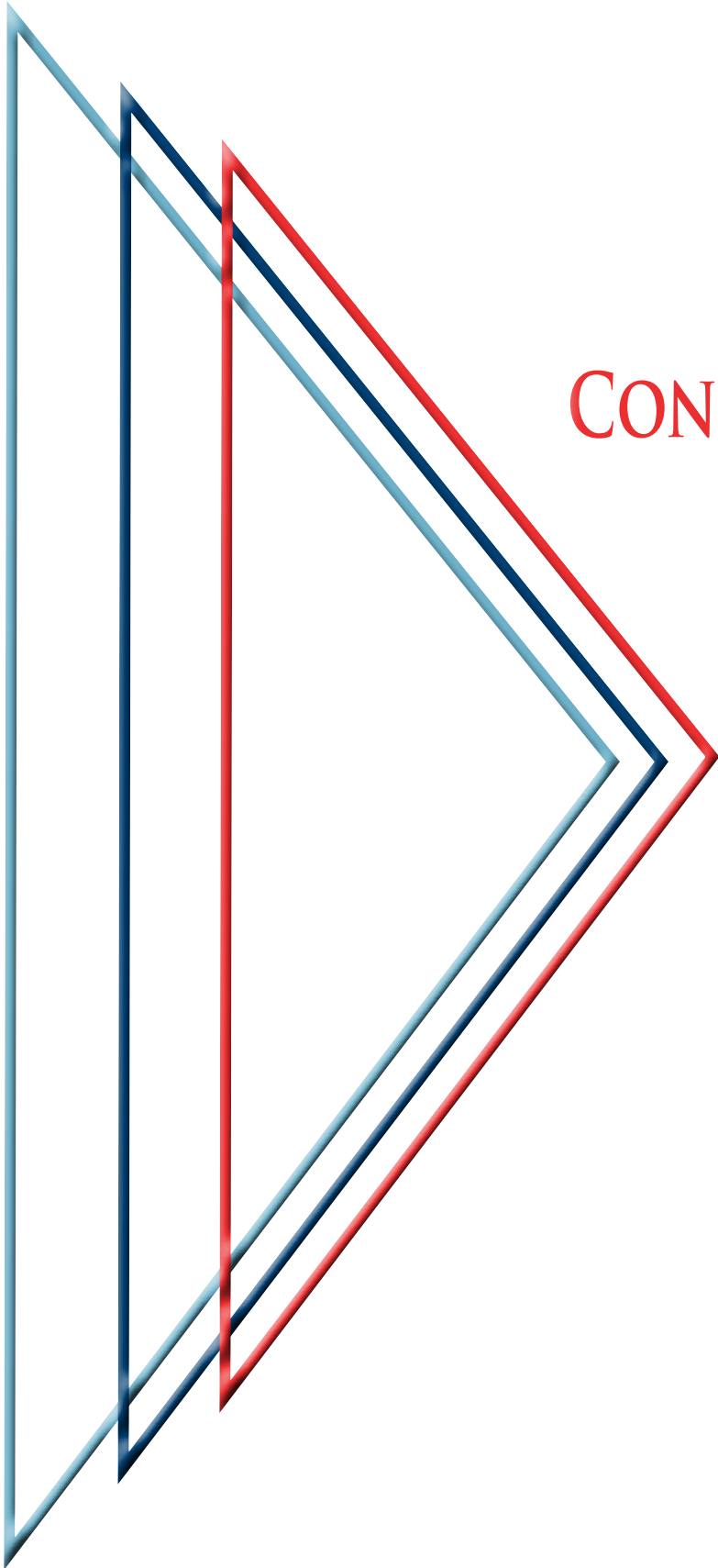
- bilingual staffing shortages: evidence supports that the number of designated bilingual positions far exceeds our region's capacity relative to bilingual high schools graduates; bilingual staff may not necessarily choose to fill a designated bilingual position
- geographic distances among the French-speaking population
- access to data on French-speaking populations, acknowledging that there has been progress on these efforts in the past few years
- awareness and understanding of Active Offer by the public and the staff (ongoing turnover)
- assessing and evaluating client experience regarding FLS
- innovative French language training options to respond to identified challenges

## Our Focus

The French Language Services Strategic Plan 2017-2021 sets out strategic initiatives and our roadmap moving forward. In the midst of provincial health care transformation, we will continue to engage in strategic conversations with all our partners as we work through and implement these initiatives. While building on our past progress, we will persist in being innovative and in discovering new possibilities on the way forward to the achievement of our plan.







# CONNECTED TO DATA

# HR numbers at a Glance

## Workforce Statistics

### Estimated Physician Vacancies



16 new family physicians were hired in 2017



### Registered Nurse Vacancies



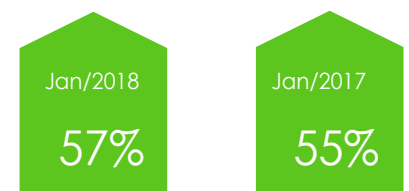
As of Mar/2018, there were 97 vacancies

### Licensed Practical Nurse Vacancies



As of Mar/2018, there were 36 vacancies

### Designated Bilingual Positions



% of designated bilingual positions filled by bilingual incumbents

### Regional Average Sick Time



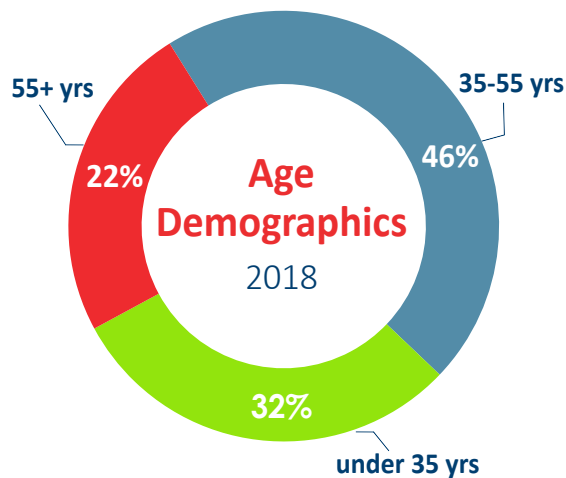
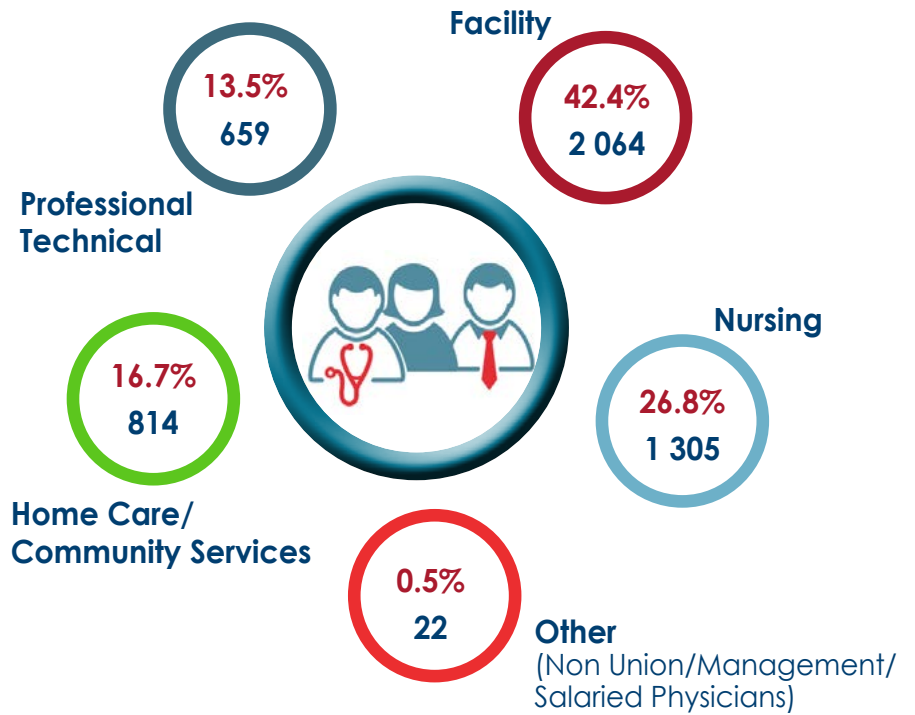
The regional target is 3.2%, same as the national target.

### Lost Time Frequency Rate



## Workforce Demographics

as at June 30, 2018



### Affiliate Health Corporations

- Eden Mental Health Centre
- Menno Home for the Aged
- Prairie View Lodge
- Rest Haven Nursing Home


- Rock Lake Health District Hospital
- Rock Lake Health District Personal Care Home
- Salem Home Inc.
- Tabor Home Inc.
- Villa Youville Inc.

### Community-owned not for profit:

- Heritage Life Personal Care Home

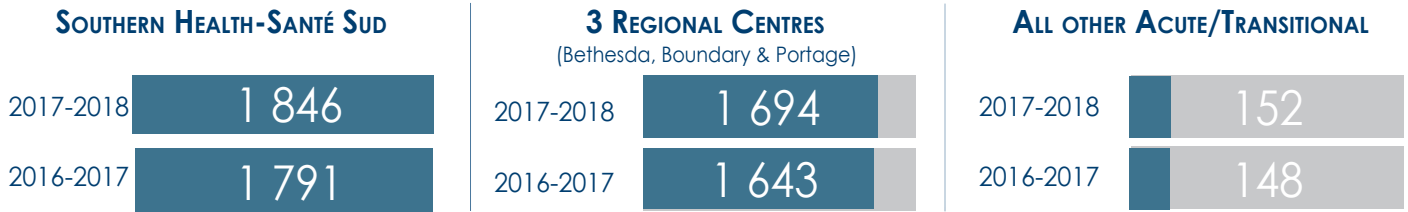


# Stats at a Glance 2017-2018 & 2016-2017

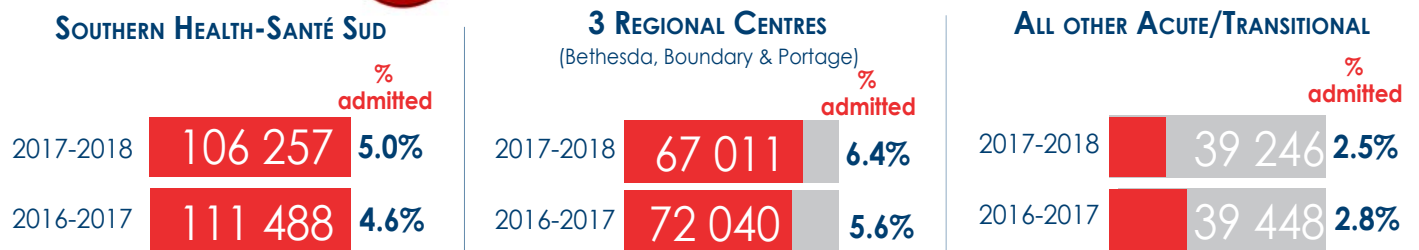
SOUTHERN HEALTH-SANTÉ SUD	3 REGIONAL CENTRES (Bethesda, Boundary & Portage)	ALL OTHER ACUTE/TRANSITIONAL
<b>Acute Care Beds (Total #)</b>	<b>Acute Care Beds</b>	<b>Acute Care Beds</b>
 459	 258	 201
<b>Average Occupancy</b>	<b>Average Occupancy</b>	<b>Average Occupancy</b>
2017-2018  79.36%	2017-2018  84.42%	2017-2018  73.70%
2016-2017  77.73%	2016-2017  81.34%	2016-2017  73.67%
<b>Inpatient Discharges (overnight stay)</b>	<b>Inpatient Discharges (overnight stay)</b>	<b>Inpatient Discharges (overnight stay)</b>
2017-2018  9 631	2017-2018  7 436	2017-2018  2 195
2016-2017  10 204	2016-2017  8 109	2016-2017  2 095
<b>Average Length of Stay</b>	<b>Average Length of Stay</b>	<b>Average Length of Stay</b>
2017-2018  12.35	2017-2018  9.10	2017-2018  22.79
2016-2017  12.43	2016-2017  8.60	2016-2017  25.52
<b>Hospital Readmission Rate (within 7-day discharge)</b>	<b>Hospital Readmission Rate (within 7-day discharge)</b>	<b>Hospital Readmission Rate (within 7-day discharge)</b>
2017-2018  258	2017-2018  185	2017-2018  73
2016-2017  255	2016-2017  201	2016-2017  54
<b>Total Day Surgery Cases</b>	<b>Total Day Surgery Cases</b>	<b>Total Day Surgery Cases</b>
2017-2018  8 223	2017-2018  5 647	2017-2018  2 576
2016-2017  8 426	2016-2017  5 659	2016-2017  2 767



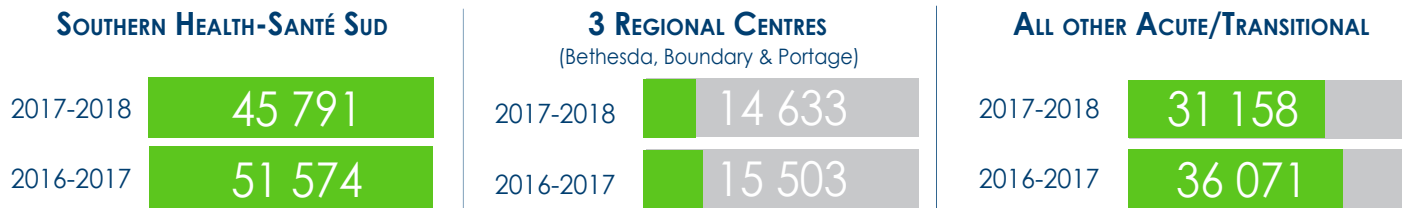
### Births in facility



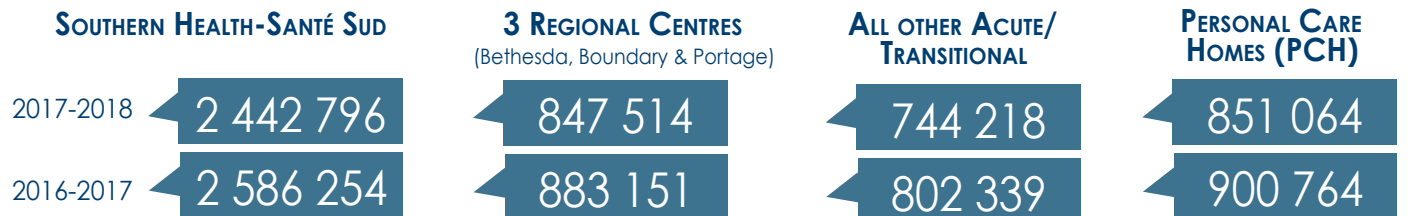
### Emergency Department Visits



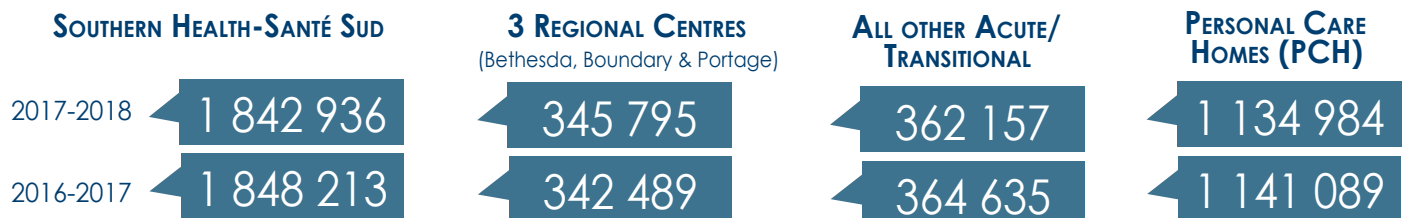
### Alternative Level of Care Days



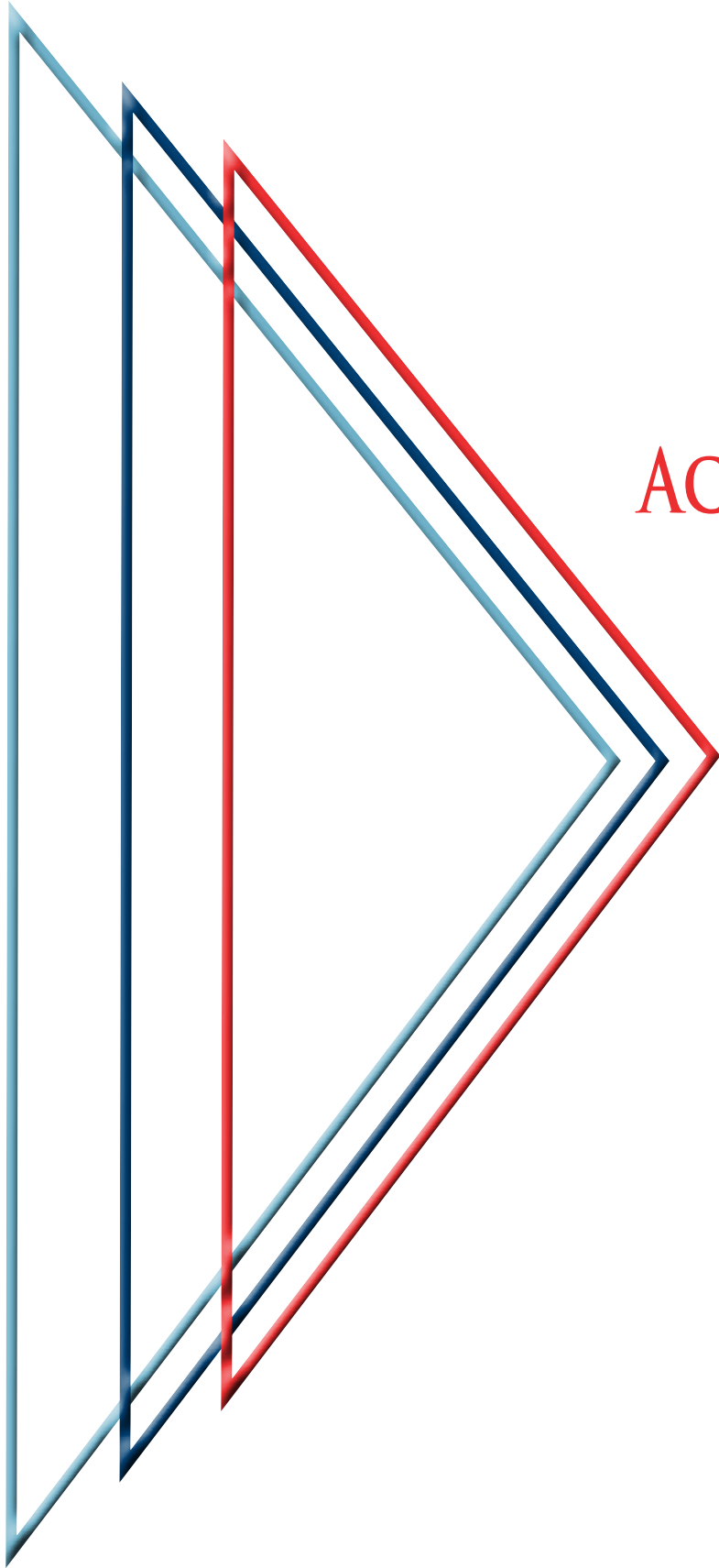
### Kilograms of Laundry



### Meals Prepared







# FINANCIAL ACCOUNTABILITY



# Auditor's Report

## Deloitte.

Deloitte LLP  
360 Main Street  
Suite 2300  
Winnipeg MB R3C 3Z3  
Canada

Tel: (204) 944-3637  
Fax: (204) 947-9390  
www.deloitte.ca

### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Southern Health-Santé Sud

We have audited the accompanying non-consolidated financial statements of Southern Health-Santé Sud, which comprise the non-consolidated statement of financial position as at March 31, 2018, and the non-consolidated statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

#### Management's Responsibility for the Non-consolidated Financial Statements

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

#### Auditor's Responsibility

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

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

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

#### Opinion

In our opinion, the non-consolidated financial statements present fairly, in all material respects, the financial position of Southern Health-Santé Sud as at March 31, 2018, and the results of its operations, changes in its net assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.



Chartered Professional Accountants

June 28, 2018  
Winnipeg, Manitoba



# Audited Condensed Financial Statements

## Non-Consolidated Statement of Financial Position



March 31, 2018      March 31, 2017

ASSETS		
CURRENT		
Cash and short term investments	\$ 49 356 175	\$ 38 926 429
Accounts receivable, net	5 240 485	5 034 965
Accounts receivable - Manitoba Health, Seniors & Active Living (MHSAL)	-	9 603 399
Accounts receivable - Foundations	275 375	254 126
Accounts receivable - Diagnostic Services Manitoba (DSM)	243 244	88 896
Inventories	1 362 446	1 375 513
Prepaid expenses	996 739	800 363
Due from MHSAL - vacation entitlements	8 839 967	8 839 967
	<b>66 314 431</b>	<b>64 923 658</b>
NON-CURRENT		
Due from MHSAL - retirement entitlements	10 118 174	11 463 152
Capital Assets	204 587 527	199 821 774
	<b>\$ 281 020 132</b>	<b>\$ 276 208 584</b>
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 15 503 095	\$ 17 852 867
Accounts payable - MHSAL	824 842	-
Accounts payable - Affiliate Health Corporations and Community-owned Not for profit	365 626	146 390
Accrued vacation benefit entitlements	18 278 219	19 126 892
Current portion of long term debt	825 079	1 850 901
	<b>35 796 861</b>	<b>38 977 040</b>
NON-CURRENT		
Accrued retirement benefit entitlements	19 600 734	19 584 214
Due to Affiliate Health Corporations & Community-owned Not for profit - retirement entitlements	2 999 570	2 997 275
Due to DSM - benefit entitlements	-	1 549 916
Accrued sick leave benefit entitlements	7 284 221	7 104 281
Long term debt	41 269 420	50 529 464
	<b>71 153 944</b>	<b>81 765 150</b>
DEFERRED CONTRIBUTIONS		
Expenses of future periods	10 992 593	10 318 848
Capital assets	153 989 012	139 281 678
	<b>164 981 605</b>	<b>149 600 526</b>
COMMITMENTS AND CONTINGENCIES		
NET ASSETS		
Invested in capital assets	8 504 016	8 159 731
Internally restricted	127 610	967 062
Unrestricted	456 096	(3 260 925)
	<b>9 087 722</b>	<b>5 865 868</b>
	<b>\$ 281 020 132</b>	<b>\$ 276 208 584</b>

Note 1 Management is responsible for the preparation of the financial statements. The statements presented include only the non-consolidated statement of operations and the non-consolidated statement of financial position. They do not include the non-consolidated statement of changes in net assets, the non-consolidated statement of cash flows and the notes to the non-consolidated financial statements.





# Audited Condensed Financial Statements

## Non-Consolidated Statement of Operations

March 31, 2018    March 31, 2017

REVENUE	March 31, 2018	March 31, 2017
Manitoba Health, Seniors & Active Living (MHSAL)	\$ 338 128 933	\$ 351 684 978
Other Province of Manitoba	1 226 240	1 258 276
Government of Canada	620 213	586 281
Non-global patient and resident income	13 599 825	13 339 192
Other income	13 768 236	12 655 514
Amortization of deferred contributions - expenses of future periods	3 749 149	6 602 858
Amortization of deferred contributions - capital assets	8 851 145	7 966 150
Interest	875 613	507 422
Donations	309 512	311 416
Ancillary operations	2 792 170	2 634 778
	<b>\$ 383 921 036</b>	<b>\$ 397 546 865</b>
EXPENSES		
Acute care services	116 954 753	116 652 673
Long term care services	50 854 533	51 357 429
Medical remuneration	29 933 074	29 919 681
Community-based therapy services	7 441 855	6 809 306
Community-based mental health services	9 102 012	9 105 752
Community-based home care services	42 380 514	42 966 963
Community-based health services	21 683 206	20 903 160
Emergency medical services	19 151 451	18 727 401
Diagnostic services	2 831 004	19 615 188
Regional Health Authority undistributed	21 841 605	22 326 668
Affiliate Health Corporations and Community-owned Not for profit	44 024 439	43 461 446
Interest on long term debt	521 756	483 931
Pre-retirement leave	2 134 362	2 102 000
Sick leave	179 937	240 978
Amortization of capital assets	9 231 721	8 328 487
Major repairs	24 806	81 654
Ancillary operations	2 590 456	2 265 049
	<b>380 881 484</b>	<b>395 347 766</b>
EXCESS OF REVENUES OVER EXPENSES BEFORE ADJUSTMENTS	<b>\$3 039 552</b>	<b>\$2 199 099</b>
Adjustment for Sick Leave Liability for Diagnostic Services of Manitoba (DSM)	<b>204 938</b>	-
EXCESS OF REVENUES OVER EXPENSES	<b>\$3 244 490</b>	<b>\$2 199 099</b>

In compliance with The Public Sector Compensation Disclosure Act of Manitoba, interested parties may obtain copies of the Southern Health-Santé Sud public sector compensation disclosure (which has been prepared for the purpose and certified by its auditor to be prepared in accordance with the respective Act) and contains the amount of compensation it pays or provides in the corresponding calendar year for each of its officers and employees whose compensation is \$50,000 or more.

The Public Sector Compensation Disclosure Report and/or a complete set of financial statements and the auditor's report are available by contacting: **Chief Executive Officer, Southern Health-Santé Sud, 180 Centenaire Dr, Southport MB R0H 1N1** or **Toll free: 800-742-6509** or access online at: **www.southernhealth.ca**



# Administrative Cost Reporting

We take pride in managing what is entrusted to us and make great effort to apply available resources in the most effective and efficient manner possible.

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) adheres to Canadian Institute for Health Information (CIHI) definitions. Administrative costs and percentages for Southern Health-Santé Sud (including hospitals, non-proprietary personal care homes and community health agencies).

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

At the request of the Manitoba Health, Seniors and Active Living, the presentation of administrative costs has been modified to include new categorizations in order to increase transparency in financial reporting. These categories and their inclusions are as follows:

Type of Administrative Cost	% of Total Operating Expense	
	2017-18	2016-17
<b>Patient Care-related</b>	0.2%	0.2%
<b>Human Resources &amp; Recruitment</b>	1.1%	1.0%
<b>Corporate Operations</b>	3.0%	3.2%
<b>Total Administrative Cost</b>	<b>4.3%</b>	<b>4.4%</b>

The administrative costs as a percentage of total operating costs adhere to CIHI definitions:

**Patient care-related functions:** infection control, patient relations, quality assurance, accreditation, cancer standards and guidelines and bed utilization management.

**Recruitment and Human Resources-related functions:** recruitment and retention, labour relations, personnel records, employee benefits, payroll, health and assistance programs and occupational health and safety.

**Corporate Operations:** general administration (executive offices, board of directors, medical directors, administrator of acute, long-term and community care, public relations, planning and development, community health assessment, risk management, internal audit), finance (general accounting, accounts receivable, accounts payable and budget control) and communications (telecommunications, visitor information and mail service).





# Public Interest Disclosure

## Whistleblower Protection



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

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

## Regional Health Authorities Act Accountability Provisions

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

### Amendments include:

*As per Sections 22 and 51:*  
Employment contracts have been established for the CEO and all Senior Leaders of the organization. These contracts contain all terms and conditions of employment as set out by the Minister.

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

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

### SOUTHERN HEALTH-SANTÉ SUD Whistleblower Reporting

180 Centenaire Dr | Southport  
MB R0H 1N1  
T 204-428-2720

**Reporting Period  
Apr/2017-Mar/2018**

**Disclosures received  
(Subsection 18 (2a))** 0

**Investigations  
commenced  
(Subsection 18 (2b))** 0

**Finding of wrongdoing/  
recommendations/  
corrective actions  
taken (Subsection  
19 (2b))** 0



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

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

FIPPA ensures that an individual's right of access to any Record Maintained by the Public Body is responded to in compliance with the Act.

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

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

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

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

REQUESTS	2017	2016	2015	2014	2013
Total requests received	90	46	78	92	50
# of requests granted full or partial access	85	44	73	90	47
% of requests granted	94%	96%	94%	98%	94%

As indicated, there were ninety (90) FIPPA applications received in 2017. The applicants requested information on the following subjects:

Human Resources - 21  
 Clinical - 22  
 Emergency Medical Services - 9  
 Funding/Sustainability - 19  
 Long-term Care - 4  
 Emergency Department - 15

TYPE OF REQUEST	2017	2016	2015	2014	2013
Media	34	4	3	3	3
Political Parties	34	26	70	84	43
Other	22	16	5	5	4

Source: Regional Officer - Privacy & Access

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

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

# Contact Us



## Regional Office – La Broquerie

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

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

## Regional Office – Morden

3 30 Stephen St | Morden MB R6M 2G3

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

## Regional Office – Notre Dame

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

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

## Regional Office – Southport

180 Centenaire Dr | Southport MB R0H 1N1

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

## Careers – Human Resources

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

**T** 204-424-6045

## Careers – Physician Recruitment

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

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

## Media Inquiries

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

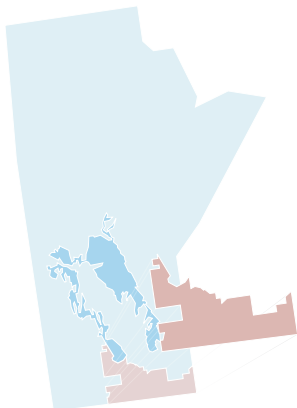
**T** 204-424-2329

For more information on our health services, visit:

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

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

Toll Free: **800-742-6509**



This publication is available in alternate format upon request.



