



leading the way for a healthier tomorrow.

Annual Report
2016/17



TOGETHER

At Southern Health-Santé Sud, we believe in the power of Together.

It is the underlying secret of our success. It is purposefully the very first word of our vision because we know we are better together. It is part of our culture. We value strong connections and enduring relationships. Together, we encourage and inspire one another to do great things. We make a meaningful difference.

Our patients, clients and residents, our leaders, our staff, our communities, our volunteers, our partners, our colleagues, our stakeholders... together, in our rich diversity, we are all more and we achieve more. Through our synergy, we can meet the challenges to come and build a culture of health for all in our region and beyond.

Together in Health, we believe in our future and we have charted a course to ensure Southern Health-Santé Sud's sustainable performance. Framing a portrait of success for Southern Health-Santé Sud requires many hands working together. We are a team, we care, we share a common purpose.

Hoping no one feels that better health is unattainable, we will continue...

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

INTEGRITY | COMPASSION | EXCELLENCE | RESPECT

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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 Anishinaabeg, 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 29, 2017

Honourable Kelvin Goertzen
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 2016/17 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 29, 2017 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

Southern Health-Santé Sud covers an expanse of 27,025² kilometers of southernmost Manitoba. An important gateway to the province from the U.S. international border, Southern Health-Santé Sud stretches from the 49th 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 197,000 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, Kleeefeld

Guy Lévesque



Chair to Nov/16 (Mar/17)
Ste. Anne

Cheryl McKittrick



Vice-Chair (2016-17)
Crystal City

Patricia Brennan



Oak Bluff

Ramona Coey



Lorette

Elin Czeranko



Langruth

Debbie Iverson



Carman

Dr. Desmond Leen



Headingley

Konrad Narth



Zhoda

Terrie Porter



Portage la Prairie

Vi Peters



Steinbach

Judith Siemens



Winkler

Board members who left at end of October, 2016: Line Leclerc, Bronwen Bugden, Paul Cenerini, Keith Doerksen, Roy Enns, Guy Gagnon, Susan Hart-Kulbaba, Diane Heather, Ted Klassen, Daren Van Den Bussche & Leo Van Den Bussche. Guy Lévesque was Chair to Nov/2016 and remained as a Board Member to Mar/2017).



Message from the Board Chair

On behalf of the Board of Directors, it is with great pleasure that I present Southern Health-Santé Sud's 2016/17 Annual Report. Appointed as Chair of the Board midway through the fiscal year, it did not take me very long to appreciate how Southern Health-Santé Sud is truly a world-class organization delivering a full continuum of programs, services and community health in one of the fastest-growing areas of the province. In six short months, I have come to know and respect the diligent work that is being done here. We have all the reasons to be proud of what we have accomplished together.

Leading this organization is a privilege and a great responsibility, one that I embrace and share with my excellent colleagues on the Board. In 2016, the province introduced regulation changes to regional health authority boards, updating the selection processes and adjusting board sizes. Board membership was reduced to 12 from 15 and subsequently, eight new members were appointed in November. Aware of the tremendous task ahead and amidst the fast-paced changes occurring, board members have been fully engaged showing an amazing level of energy and determination to take on future challenges. My appreciation extends to all of them.

As Chair, I am committed to observing the highest standards of governance. This Board will continue to set the right tone at the top. We will draw on the strengths of this organization as we further dedicate ourselves to the mandate that has been outlined for our board in the Minister's mandate letters to boards. While Southern Health-Santé Sud has maintained excellent financial health since its inception, we will continue to focus on sustainable health care delivery.

In the fall of 2016, Mrs. Kathy McPhail, Southern Health-Santé Sud's first CEO, announced her retirement effective April, 2017. I would like to take this opportunity to offer our heartfelt gratitude to Kathy. Her incredible visionary leadership navigated this organization through major fundamental changes as two former regional health authorities merged. She has defined what it means to lead with integrity and has earned the deep respect of the staff and colleagues who indicate she is the consummate leader who passionately espouses the core values in all her interactions. Kathy has accomplished so much for this region and she leaves an enduring legacy.

Hiring a new CEO is no small task for any organization and the Board undertook a comprehensive recruitment process. In April this year, the Board was delighted to appoint Ms. Jane Curtis as the new CEO. Jane brings a wealth of experience and education in the health care field. She is passionate about health care and

has spent the past 24 years in various health-related positions, most recently in the role of VP - Planning, Innovation, Quality, Safety & Risk for Southern Health-Santé Sud.

I want to pay tribute to the past Board Chairs, Guy Lévesque and Denise Harder and the previous Board Members who were instrumental in the successful formation of Southern Health-Santé Sud. Their positive and lasting contributions have been invaluable and we thank them for their commitment. Also, many thanks to the staff and volunteers for their hard work and dedication. Our successes are a direct reflection of the outstanding people who work at Southern Health-Santé Sud.

As the theme of this Annual Report suggests,

Together, we will continue to work hard.

Together we will go far!

Abe G. Bergen
Board Chair



Governance

Leading Together



Together with all stakeholders, we seek to provide an ideal balance between past success and future sustainability that resonates with our strategic directions. This equilibrium is at the heart of our capacity for a resilient and strong organization to pursue our vision of 'Together leading the way for a healthier tomorrow.'

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 the administration and delivery of health services to meet the needs of Southern Health-Santé Sud. As well, the Board ensures that the region works with other health authorities 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 and may be submitted directly to a regional health authority office or to the Minister of Health, Seniors and Active Living.

In fiscal year 2016/17, the province introduced regulation changes to strengthen regional health authority boards. Southern Health-Santé Sud accordingly moved from 15 to 12 Board Members, each of whom represent the region as a whole. Health, Seniors and Active Living Minister Kelvin Goertzen subsequently appointed the new Board in November 2016, providing a mandate letter directing the new Board on its conduct, actions, responsibilities and expectations regarding health sustainability. With appreciation, the Directors who left the Board in 2016/17 are acknowledged: Guy Lévesque, Line Leclerc, Bronwen Bugden, Paul Cenerini, Keith Doerksen, Roy Enns, Guy Gagnon, Susan Hart-Kulbaba, Diane Heather, Ted Klassen, Daren Van Den Bussche and Leo Van Den Bussche.



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 the following committees each with its respective terms of reference:

- *Executive Committee
- *Audit Committee
- Policy Review Committee
- Community Engagement Planning Committee
- *Quality and Patient Safety Committee (committee of the whole)
- *Finance Committee

*Mandatory committees as per Bylaw #1

The Board also constituted an ad hoc committee to search for a successor to CEO Kathy McPhail following the announcement of her retirement in October, 2016. The Committee was dissolved with the appointment of Jane Curtis as the new CEO effective April 29, 2017.

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 also function in three modes of governance:

- oversight (fiduciary)
- foresight (strategic)
- insight (generative)

In its 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 sustainable performance of Southern Health-Santé Sud while ensuring that the organization complies with applicable legislation, regulations, provincial policies and ministerial directives. In February, 2017, the provincial government notified Southern Health-Santé Sud that it was required to reduce expenditures by \$11 million for the 2017/18 fiscal year looking at areas such as value for money, duplication of services and overall utilization. To meet this target, an intensive effort has been undertaken to plan accordingly.

In its 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 (see page 16). 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.

In its insight or generative mode, the Board reflects on situations impacting Southern Health-Santé Sud and on organizational purpose. 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.



Challenges & Critical Success Factors

In anticipation of future issues facing the organization, the Board engaged in exploratory thinking about key challenges and critical success factors which are fundamentally impacting health care delivery:

Changing Demographics

Demographic shifts driven by growing, aging populations and large-scale people movement are intensifying pressures on health care services. 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.

Socio-demographic health issues can be most effectively addressed by using population health approaches and empowering individuals and communities to take action for their health. Aligned with our Vision, “Together leading the way for a healthier tomorrow.”, Southern Health-Santé Sud continues to give serious consideration to population health measures and primary care in its planning efforts in partnership with its stakeholders. The Board oversees Local Health Involvement Groups (LHIGs) under the guidance of the Community Engagement Planning Committee where opportunities for public and patient engagement on a variety of topics take place.

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 whole variety of reasons. Inequities in health outcomes among Indigenous peoples and other vulnerable populations are a concern.

Health equity is a shared responsibility that will require the collaboration and integration of many. It’s about where can we build capacity “together” in the community. When people look at health care through an equity lens (vs. ‘equality’), it prompts conversations about the factors which put some at a disadvantage. There are many such conversations taking place across Southern Health-Santé Sud at every level of the organization. In 2016/17, the LHIG participants continued to provide input into moving health equity initiatives forward in the region.

An integral step to achieving health equity are the relationships and partnership agreements with Indigenous peoples. These agreements are pivotal in helping to learn and adapt health services that better meet the needs of Indigenous peoples and help promote solutions and possibilities.

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.

As we work to build a more balanced, sustainable health system, we partner with our stakeholders to ensure they have an opportunity to identify their health needs and are involved in determining how we will work together to meet realistic expectations. Their input and collaboration is imperative for supporting the changes needed in our system and we recognize the need for strong, ongoing dialogue with stakeholders. Local Health Involvement Groups among other engagement activities offer formal mechanisms for ongoing dialogue and provide a pulse about community and client expectations.



Cost Containment

Through rigorous and prudent budget practices, Southern Health-Santé Sud has an excellent reputation in effectively managing its operations. Sustainability continues to be a key focus. The pressure to reduce costs and to extract greater efficiencies is becoming more evident following a directive from the province to find \$11 million in savings in the coming year.

Southern Health-Santé Sud is committed to work collaboratively with the government to align with its mandate, provincial plans and priorities, direction and fiscal realities. The Board will continue to provide direction and oversight to the CEO to ensure that the region:

- develops and manages a comprehensive plan that is consistent with provincial direction and guidelines and balances the need to promote wellness and provide care
- does not plan for, or incur or make any expenditure that will result in an operating funding deficit or a capital deficit, in any fiscal year
- develops a comprehensive risk management plan to identify and mitigate risks that significantly impact or have the potential to significantly impact the ability to deliver health services and the stability or sustainability of the health system
- has effective performance measures and accountability reporting as a basis for decision-making to drive organizational change, improve quality and performance and enhance management practices
- prepares an annual succession plan for senior management
- provides opportunities for patient and public engagement in health system decision-making at all levels

Workforce Issues

As with others around the country, the demand for and on health care professionals continues to challenge the organization. Increased complexity in the health care system, advances in research, rapid changes in technology and innovative new practices affect how people work. On the other hand, while workforce shortages continue to be significant and have an impact on sustainability of programs and services, the reduction in management required by government for the 2017/18 fiscal year will be difficult.

Southern Health-Santé Sud uses many tools to not only recruit new employees, but also to retain existing employees. It's an ongoing challenge for a health region that employs more than 6 000¹ people serving a fast-growing regional population. New educational initiatives and leadership development opportunities are always being introduced to help support and grow capacity in employees. Recruiting adequate numbers of employees is just one part of the solution - it remains important that Southern Health-Santé Sud creates a culture where its employees are encouraged and fully supported to continuously learn so that they can deliver the best care possible.

Organizational Culture

In times of major change and uncertainty, sustaining a positive organizational culture may be a challenge but it matters more than ever. A strong culture is fundamental for maintaining effective teamwork at all levels of the organization – governance, leadership, management, all staff and volunteers. Values are the core component of culture so it is critical that decisions across the organization are in alignment with our core values.

Leaders have a critical role in setting organizational culture. Members of the Board of Directors of Southern Health-Santé Sud pause for a 'sacred moment' prior to the start of their meetings to reflect on purpose and values. As previously noted, they also engage in generative discussions that set an example of communication and teamwork to the rest of the organization. Intentional efforts are made to promote "culture conversations" throughout the organization recognizing that each employee impacts culture. In this way, staff members have been actively engaged at every opportunity to define and co-create culture.

¹ 4 800 Southern Health-Santé Sud employees; 1 200 affiliate health corporations and community-owned not-for-profit site.



Message from the CEO

TOGETHER we have achieved



Kathy McPhail, CEO (retired in Apr/2017) &
Jane Curtis, CEO-elect (appointed Apr 28/2017)

Annual Report 2016/17 covers my last year with Southern Health-Santé Sud and I write this final message with a profound sense of shared accomplishment. Serving as CEO of Southern Health-Santé Sud from its very beginnings five years ago, I have had the rare opportunity to lead an outstanding organization.

The theme of this annual report is “Together”. It calls attention to our vision ‘Together leading the way for a healthier tomorrow.’ An African proverb of which I’m fond comes to mind: *If you*

want to go far, go together. Over time I have traveled many miles and met amazing people, communities, partners and everyday heroes who brought this saying to life in our region. Where we are today, what we have achieved, is indeed a statement about the power of talented and dedicated individuals coming together with a shared sense of purpose.

Yes, we have made progress on many fronts in 2016/17 and there have been many winning moments as demonstrated in this report, but I am reminded of another adage that says “*the great*” is a succession of little things that are brought together along the way. Indeed, when I reflect on the achievements of the past year, I see that they are the results of the foundational work and accumulated efforts that we have put in since Day One. We have navigated through some challenging times but we’ve logged some notable achievements and innovative approaches along the way.

Together we have made significant strides. As we look back...

Our core values are the granite from which our identity is hewn. They are the ingredients that have shaped our culture and make Southern Health-Santé Sud what it is, what it does and how it does it - beyond simply health care. From our earliest conversations, we have relentlessly focused on being first and foremost a people-centred organization transforming how individuals across the region think, act and work together. It is with great pride that I have seen how such a commitment has given us the ability to follow-through, striving to become better in everything we do. Living and working with integrity, compassion, excellence and respect, together we have woven an amazing web of connections into the richly textured fabric of our organization. I speculate that Southern



Health-Santé Sud has truly been a force for good in the health care system.

We have made transforming the health care experience at the core of what we do, getting everyone in the organization to start thinking accordingly. We aspire to always provide an optimal experience for all who seek our assistance, however, the work of building an environment to support this goal is by no means finished. We repeatedly see extraordinary examples of empathy, compassion and kindness expressed throughout the region, but we also know that we always can do better. It is an endless, challenging, but deeply rewarding journey.

Together, by deepening our engagement with patients and families as partners, we are exploring and opening new frontiers. The Patient Experience Local Health Involvement Group (LHIG) continues to provide opportunities for patients to become integrated in the workings of the organization, paving the way to incorporate new ideas and perspectives. Most recently, the Declaration of Patient Values was informed and inspired by input from patients and members of the public affirming what they expect when receiving services from Southern Health-Santé Sud. As further detailed in this Annual Report, patient values address Access to Care & Support, Trust, Safety & Continuity of Care/Transitions. In addition, Southern Health-Santé Sud also distributes the Canadian Patient Experience Survey to patients to learn about their recent stay in regional hospitals and acute care health centres. Current results are presented on page 39.

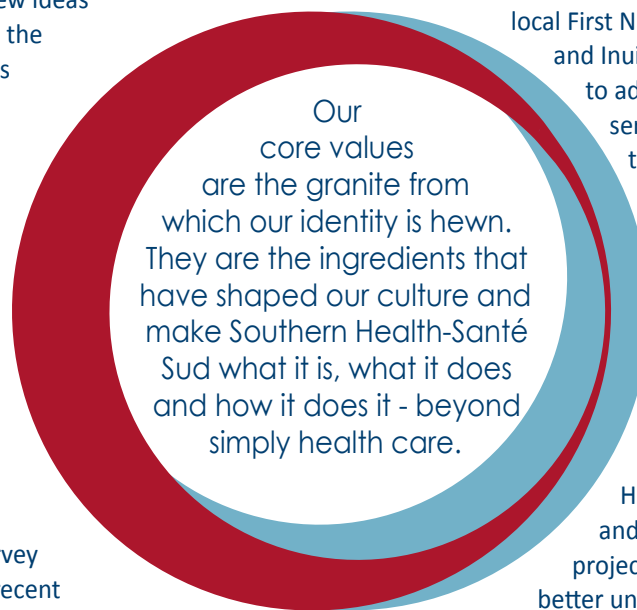
As we witnessed remarkable breakthroughs and milestones reflecting our commitment to the health care experience in the last five years, we also saw many firsts for Southern Health-Santé Sud such as the Community Health Assessment, the five-year Strategic Health Plan, Accreditation and hundreds more.

Five years in the life of an organization – there are many meaningful and compelling stories that we have detailed through our annual reports. There is one account in particular however, that has captured the attention of organizations across Canada

and I never tire of sharing. I am extremely proud of the award-winning and highly successful Aboriginal Health High School Internship Program which helps young Indigenous people learn about and explore health care careers. We now have an Indigenous Licensed Practical Nurse training program offered in the region in partnership with the Indigenous communities and also with the Assiniboine Community College. Another nationally-renowned Indigenous Health initiative is the Cultural Resources Toolkit which provides a number of items used in traditional healing practices. We continue to believe Indigenous participation is integral to achieving any kind of progress on health issues in our region. As such in 2016, Southern Health-Santé Sud signed a historic Health Partnership Agreement together with its local First Nations partners and First Nations and Inuit Health Branch to find ways to address inequities and gaps in services and programs and prior to that in 2010, the Aboriginal Workforce Agreement.

On a similar note, we are also pleased to be recognized by our peers, provincially as well as nationally, for our innovative best practices in French Language Services. Indeed in 2016, Southern Health-Santé Sud was selected and participated in a national pilot project with Accreditation Canada to better understand the region's ability to ensure access to high-quality bilingual health care services across the continuum of care. Surveyor comments were exceptionally positive and we have received many requests to share our processes, tools and techniques.

Southern Health-Santé Sud has worked diligently to maintain a balanced fiscal position since our inception in 2012. Our commitment to accountability and fiscal prudence has earned Southern Health-Santé Sud an excellent track record in managing its resources. We have made good stewardship a way of life



in our region. Despite a challenging fiscal environment, rising expectations and a growing population with increasing demands for high-quality services, our judicious efforts have yielded solid results over a five-year span. The main driver behind this success continues to be an exemplary collaborative team approach and a rigorous and ethical budget planning process. Together with the support and dedication of staff, we have created a culture of efficiency to address the many fiscal and health system challenges faced to date. This culture sets the foundation for the planning that is currently underway to address the provincial target of an additional \$11 million in savings. Invested in the future sustainability of our organization, together we work and we will continue to work within the organization's funding parameters to mitigate the new fiscal challenges and provide capacity-building opportunities for the region.

I often think of the many great things that take place in just one single day in Southern Health-Santé Sud and how in those 24 hours, someone in our organization has most assuredly gone that extra mile to make a difference. I express my deepest appreciation to all staff whose achievements are the backbone of Southern Health-Santé Sud's progress. From the very first days, they rallied together, embracing a resilient 'lets-do' value mindset. Bringing their skills, tireless dedication and committed efforts they are undeniably the source of Southern Health-Santé Sud's success. Remaining true to our core values and making a difference in the lives of thousands of people year after year, they indeed represent the best of the best. I am truly humbled to have had the opportunity of leading a such great team.

Through all the ups and downs, I have had the privilege of working alongside exceptionally dedicated and inspirational senior leaders whose collective passion for integrity in their work has cultivated an organizational drive for accountability and success. In the face of challenging and difficult circumstances, as well as unique opportunities, we have together become a high-performing team with an unwavering commitment to always taking the high road in everything we do.

I am especially grateful for the outstanding leadership and oversight provided by the Board of Directors. Their expertise and commitment to excellence in governance practices have provided

a solid foundation for insightful decision-making and have generated innovative thinking. During times of major change, their acumen, professionalism and sage counsel resulted in exceptional development in our region.

We pay tribute to Southern Health-Santé Sud's communities and partners. I extend my immense thanks to all for welcoming me in their midst and for the confidence and trust shown me. The people of Southern Health-Santé Sud have been great teachers. What I have learned along the way is that their commitment to health care makes us stronger and more effective. Together through partnerships, we have achieved much.

In addition to the many other community engagement activities, Local Health Involvement Groups (LHIGs) are active and play an important role in our progress. Our appreciation for their patience, their support and their belief in the importance of our purpose runs deep.

Together, it's possible.

It has been an amazing privilege to serve alongside so many dedicated and talented people. Together we wrote the first chapter of Southern Health-Santé Sud. We have accomplished many things and this organization is well positioned for the future. We have much to be proud of. I now wish my successor, Ms. Jane Curtis, the very best. I have every confidence that the organization is in excellent hands. Jane, in her role of VP - Planning, Innovation, Quality Safety & Risk, has been part of our journey from the beginning and as such understands both the culture and heart that is Southern Health-Santé Sud.

I leave Southern Health-Santé Sud with so many happy memories and for each one I thank you from my heart.

Kathy McPhail
CEO

TOGETHER we can



TOGETHER, Investing in a Shared Future

As Southern Health-Santé Sud enters its 6th fiscal year in 2017, we look at our future potential through a sustainability lens. We will look at “identifying opportunities to eliminate waste and inefficiency, and improve the effectiveness and responsiveness with which the entire health sector delivers results for Manitobans.” *Health, Seniors and Active Living Minister Kelvin Goertzen*

Embedding Sustainability

Sustainability is becoming an integral part of our organizational culture. Although it has always had a central role in Southern Health-Santé Sud, we will increasingly incorporate and reinforce sustainability in our daily decision-making as we move ahead with our strategic health plan. What we do today paves the way forward. We will also focus our attention on the following fundamental directions.

Jane Curtis, CEO-elect



Patient Experience

With a greater sense of purpose, the patient experience has become a touchstone for all we do in health care. Although we have taken some important transformative steps to transform the patient experience, we still have so much more to do in involving patients and families in their care and treatment and in pursuing the best outcomes and experience for all who seek our services. We make this our top priority.

Engaging with our patients, we will explore how to make our patient values come alive throughout Southern Health-Santé Sud.



Access

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. The traditional view of how to make this happen is changing as evolving models of care, new professions and technological advancements emerge. It means looking at different approaches to match patient need. To this end, and with our partners, we will sharpen our focus on providing the safest, highest quality care between providers and service sites throughout the continuum of care. We will “work with other health authorities and with government to ensure that Manitobans receive timely, appropriate and seamless service that reflects the best possible integration and cooperation among service providers”.



Partnerships

“Health influences all that we are and all that we do. We must, as a community, be engaged in finding innovative solutions to health challenges” (2015 Health Status of Manitobans Report). Southern Health-Santé Sud will continue and strengthen its partnerships and rekindle dynamic conversations about the overall well-being of our communities. As the above noted report asks us to do, together we will think, act, share/talk and encourage these conversations with our partners and re-energize efforts with the Local Health Involvement Groups (LHIGs). Everything takes a village!



Vision

Together leading the way for a healthier tomorrow.

Mission

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

Values

Integrity, Compassion, Excellence, Respect

Southern Health-Santé Sud Strategic Health Plan 2016-2021

Board ENDS & Strategic Directions

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. Finally, Board ENDS (or goals) provide a framework for elaborating Strategic Directions from which corresponding operational strategies will guide the organization and provide direction.

Optimize community engagement partnership opportunities through purposeful alignment with our vision.
 Aligns with the MHSAL Priority #6 - Improve health status and reducing health disparities amongst Manitobans

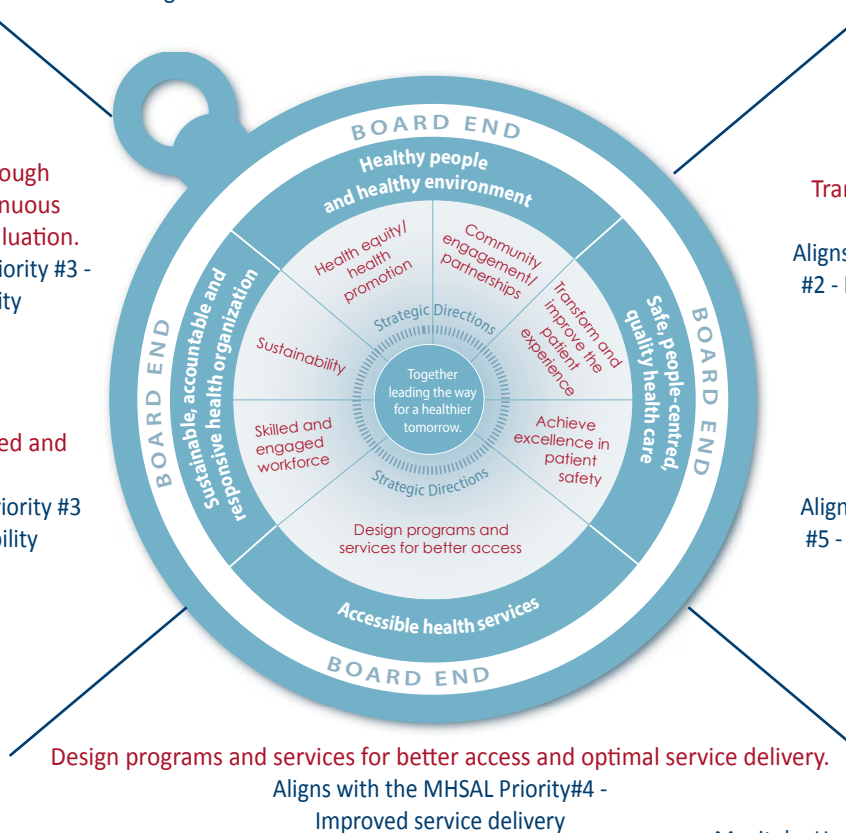
Strengthen and focus our commitment on health equity and health promotion.
 Aligns with the MHSAL Priority #6 - Improve health status and reducing health disparities amongst Manitobans

Pursue sustainability through a diligent focus on continuous program review and evaluation.
 Aligns with the MHSAL Priority #3 - Health system sustainability

Transform and improve the patient experience.
 Aligns with the MHSAL Priority #2 - Health system innovation

Attract and retain a skilled and engaged workforce.
 Aligns with the MHSAL Priority #3 - Health system sustainability

Achieve excellence in patient safety.
 Aligns with the MHSAL Priority #5 - Improved service delivery



Design programs and services for better access and optimal service delivery.
 Aligns with the MHSAL Priority #4 - Improved service delivery



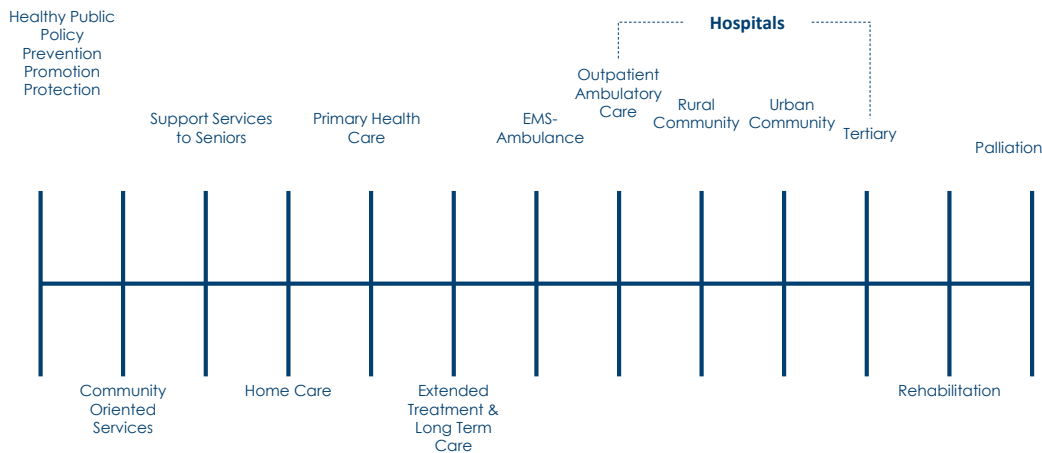
Achievements & Results

In pursuit of its vision and mission, Southern Health-Santé Sud delivers an extensive scope of programs and services provided by an interdisciplinary team of health professionals, support staff, physicians, volunteers and key partners. Spanning across the continuum of care, our individual efforts and actions are all about moving forward towards the accomplishment of our strategic directions. “Moved along by the aggregate of tiny pushes” every single day, we experience myriads of achievements in various stages of completion. Taken together, these are considerably improving our daily efforts and long-term results.

As we began the first year of the 2016/21 Strategic Health Plan, the constant emphasis has been on a strong commitment to our values and maintaining a positive people-centred culture.

Promotion

Palliation



This section of the report highlights some key achievements and actual results which were accomplished within 2016/17 planning period. Teams have worked diligently towards achieving their goals and we are proud of the progress that has been made.

These achievements are aligned with our Board ENDs as follows:





Board END

Healthy People and Healthy Environment

STRONGER TOGETHER



STRATEGIC DIRECTIONS

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

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



Together, in Health

What We Aim to Do:

These strategic directions acknowledge that we all share the accountability for our own health as well as that of our community. We can all contribute in some way to achieve better health outcomes. It speaks to the importance of developing relationships and trust with the community, establishing formal partnerships with a variety of stakeholders and partnerships to address health disparities. We embrace our communities' diversity and strive to ensure health gains are shared by everyone in our region. It means taking concrete steps to improve health equity by identifying health disparities that exist within the region. We must advocate for healthy public policy, shifting resources to certain populations that need more focused supports and building cultural capacity.

A Focus on Health Promotion with Local Health Involvement Groups

Local Health Involvement Groups or 'LHIGs' are made up of residents of Southern Health-Santé Sud who care about health and health services. LHIGs give people from our region an opportunity to explore and discuss a variety of health topics and provide local input and insights to the Board of Directors. People of all ages, backgrounds and cultures are welcomed to share their experience and to contribute to meaningful conversations and learn about health care topics and trends. Meetings are held in communities around the region.

LHIGs held three meetings (two English and one French) this past spring to discuss health promotion in depth. They were able to provide valuable feedback on several service delivery areas such as harm reduction strategies and healthy public policy to the health promotion team.

We received some great advice! For instance, people rarely think about the health of the community apart from illness care and hospitals. People need to understand both the personal and societal costs when it comes to health promotion buy-in. There is also a recognition that work in health promotion does take time, partnerships and is best mobilized alongside with community champions. Finally, health promotion activities should be fun social events that bring out families and children - because healthy habits start early.

In relation to harm reduction strategies (see p. 27), community members have told us that these strategies need to be introduced carefully as this work may challenge peoples' values. As we roll this strategy out, it will also be important to include rationale for why investments in harm reduction are important. We will need to ensure open and transparent dialogue continues with community leaders.

In Southern Health-Santé Sud, there are a variety of Local Health Involvement Groups and ways for people to participate:

- Regional LHIGs (1 group with consultations in English and 1 group with consultations in French): these groups are made up of 10-15 community members with a two-year minimum commitment and meet 2-5 times per year to discuss broad-level health issues.
- Patient Experience LHIG: this group is made up of a core group of members and meet a minimum of 5 times a year. The focus of this group is patient safety and improving the patient experience.
- Email Consultations: this group has no minimum commitment and allows to respond to specific health questions a handful of times throughout the year at the participants' convenience.

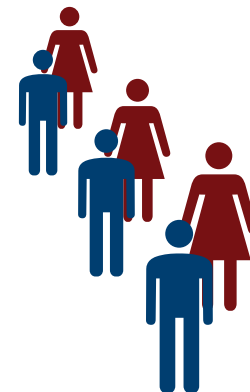


People in Southern Health-Santé Sud Over 197 000 Individual Stories

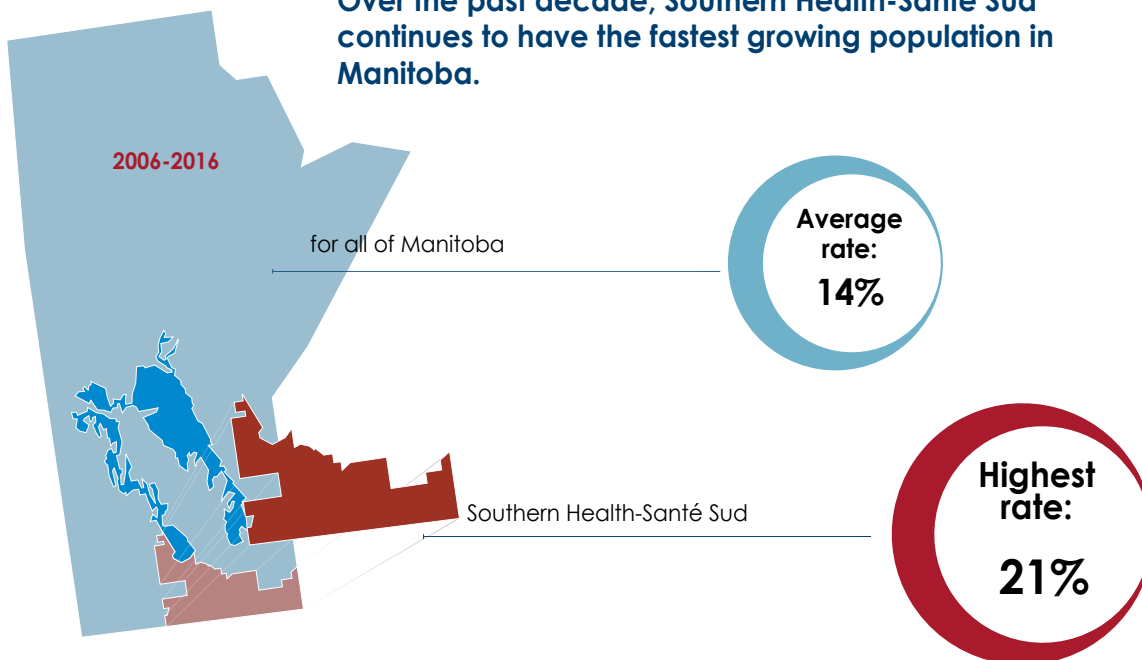
We have one of the most healthy populations overall. Our average life expectancy ranks us as among the healthiest. Yet some are not as healthy and are at higher risk for poor health outcomes. Over the past year, the region grew by 1.8% which continues to be the fastest rate of growth in Manitoba. Health status also continues to improve because our rate for premature death has decreased from 2.6 to 2.5 deaths per 1 000 under age 75. We have the lowest rate in the province.

Every year, the Board reviews indicators which are important to measuring the health status of a population. These indicators help the Board to understand the health of the population in comparison to other populations. Some examples include population change, premature mortality rate, chronic disease rates, immunization rates and cancer screening rates.

Southern Health-Santé Sud Population



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



In 2015, there were **3 073**

babies born to Southern Health-Santé Sud residents



Birth rate

16.1

newborns per 1 000 population in Southern Health-Santé Sud

Our region has the second-highest birth rate in Manitoba (provincial rate is 12.6 newborns per 1 000 population).

AGE 55-74

was the fastest growing age group between 2006 and 2016 (aka as Baby Boomers)

LIFE EXPECTANCY

The average amount of years people are expected to live.



2007 **83.0**
YEARS OLD

2011 **83.7**
YEARS OLD



2007 **77.7**
YEARS OLD

2011 **79.2**
YEARS OLD

Our region had the highest life expectancy in the province and it has increased significantly over time. Life expectancy is one of the most widely-used indicators to measure the health of a population.

Self-perceived Physical Activity Level

24% Active

23% Moderate

53% Inactive

Premature Mortality Rate (PMR)

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

2007-11

2011-15

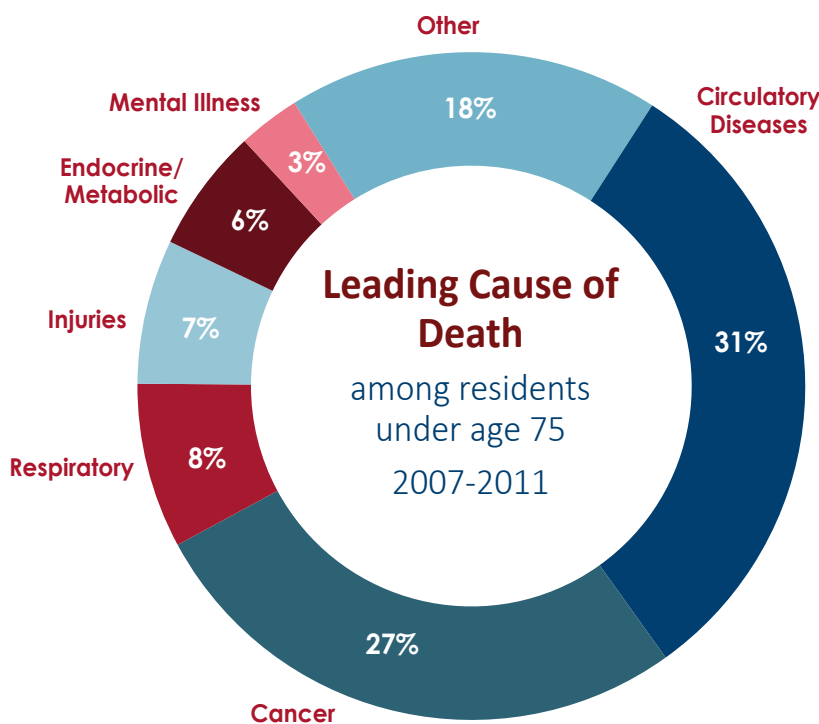
Manitoba
3.1

Manitoba
3.2

Southern Health-Santé Sud
2.5

Southern Health-Santé Sud
2.5

PMR in Southern Health-Santé Sud decreased significantly over time and is statistically lower than the provincial average.



Source: MCHP, RHA Atlas 2013



Cardiovascular Disease

Heart attack rates per 1 000 residents age 40 and older for 2014/15



Southern Health-Santé Sud
3.8
 Manitoba
3.4

Rate of strokes per 1 000 residents age 40 and older for 2014/15



Southern Health-Santé Sud
2.7
 Manitoba
2.6

Chronic Conditions 2014/15

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

Southern Health-Santé Sud

50.6% lowest in Manitoba

Manitoba

54.0%



Hypertension 2014/15

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

Southern Health-Santé Sud

26.9% lowest in Manitoba

Manitoba

28.9%



Diabetes in 2014/15

% of the population age 1 and older having diabetes.

Southern Health-Santé Sud

7.0% lowest in Manitoba

Manitoba

8.8%



Injury Mortality in 2014/15

Southern Health-Santé Sud

0.32 deaths per 1 000 population lowest in Manitoba

Manitoba

0.52 deaths per 1 000 population



Cumulative Mental Illness 2014/15

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.

% of the population age 10 and older

Southern Health-Santé Sud

21.6%

Manitoba

25.6%



Promotion & Prevention

Breast Cancer Screening

Southern Health-Santé Sud
57.9%

Manitoba
56.5%

For the period of 2014/2015 to 2015/2016, percentage of Southern Health-Santé Sud females ages 50 to 74 who received at least one mammogram in a 2-year period as compared to Manitoba.



Cervical Cancer Screening

Southern Health-Santé Sud
51.8%

Manitoba
53.1%

For the period of 2013/2014 to 2015/2016, percentage of Southern Health-Santé Sud females ages 21 to 69 who had a Pap test, as compared to Manitoba.

Childhood Immunizations

Southern Health-Santé Sud
59.8%

Manitoba
61.7%

For the period 2014, the proportion of children age 7 who have received the complete immunization schedule, as compared to Manitoba.

Immunizations for Influenza

Southern Health-Santé Sud
51.6%

Manitoba
56.7%

The proportion of residents age 65 or older who received a vaccine for the 2014/15 influenza season (Sep-Apr). The denominator was all residents age 65 or older as of Sep 1st in the previous year.



Indigenous Populations: Strengthening Relationships

There are seven First Nation communities within Southern Health-Santé Sud as previously noted in this report. As of 2016, there were 8 757 people living on-reserve and 7 133 people living off-reserve. However, just over one in eight residents (13%) identified as Indigenous - almost 26 000 people. Among them, about 58.8% were First Nations, followed by 41% were Métis, and Inuit at only 0.2%. Many First Nation people currently residing in the region and accessing health care services are not registered and are not represented in these numbers. Manitoba's First Nations population is projected to increase from 93 200 in 2012 to 171 500 by 2042 – almost twice its size. The annual growth rate is 2.3%.

“At the time of European contact, the communities of Indigenous people were thriving and in good state of health. Over centuries and through multiple practices of colonization, the state of good health for Indigenous peoples of Canada has gradually eroded and ultimately degenerated into the state of relative ill health – this characterizes not all, but many Indigenous people and communities today.”

Source: 2015 Health Status of Manitobans Report (p. 17)



The Cultural Resources Toolkit has been recognized as leading practice with Accreditation Canada.

Southern Health-Santé Sud seeks to find ways to ensure cultural connections and partnerships are developed and maintained with Indigenous people. We are proud of the many successes but we know there is always more we can do.

Increased participation in Community Service Integration meetings are strengthening relationships by engaging regional health providers and physicians with First Nation leaders and their communities to participate in focused discussions identified as health priorities by Indigenous peoples. These regular meetings are building community and organizational capacity and better continuity of care on-reserve. Through this integrated services approach, relationships can continue to develop and an equitable and sustainable relationship framework can be implemented aimed at improving health outcomes and health service experiences for the Indigenous population. As well, plans are underway to provide rehabilitation services with a focus on Children and Youth Services and Jordan's Principle, in First Nation communities.

Benefits are being seen by all internal and external partners through cost savings, waste reduction and elimination of duplication through Service Integration meetings. A holistic approach is being incorporated into western medicine, this creates cultural safety for our diverse clients and communities. Trust and meaningful relationships are being built with all stakeholders (internal and external), which are sustainable. As a result, improved health outcomes and experiences for Indigenous people within the health care system.

Examples of Health Impacts of Colonization

- ◇ mental health problems and illness
- ◇ substance abuse
- ◇ homelessness
- ◇ suicide
- ◇ infectious diseases, e.g. tuberculosis
- ◇ Type 2 diabetes
- ◇ disruptions of attachment
- ◇ sense of disconnect to the community
- ◇ weakened sense of cultural identity
- ◇ poverty

(Elias et al, 2012, Menzies, 2008, Spittal et al, 2002, Haskell & Randall, 2009)



Health Equity Matters to Everyone

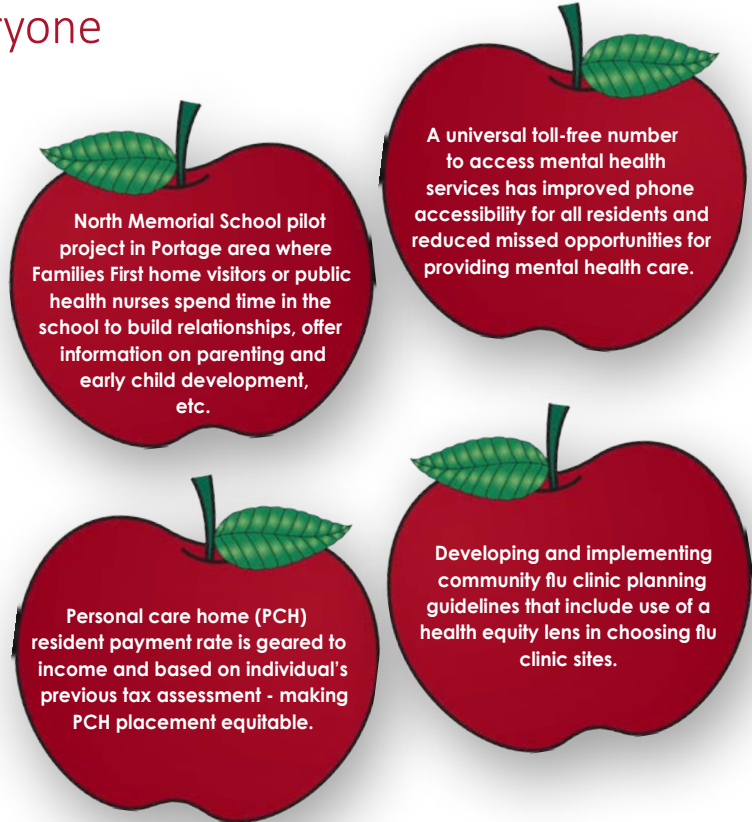
“Personal choice and responsibility play a key role in attaining and maintaining health. However, the choices people make depend on the choices they have. We cannot declare success... if we leave some behind.”

(Robert Wood Johnson Foundation)

Southern Health-Santé Sud Board Members clearly heard from conversations with Local Health Involvement Groups (LHIGs) that health equity is all about relationships. It is critical for the region to partner and work closely with communities to make the best use of all resources and take a multi-pronged approach to try and ensure equity.

Our region is enriched by its diversity. We aspire to have people from culturally and linguistically diverse backgrounds access the support they need to flourish and enjoy productive lives.

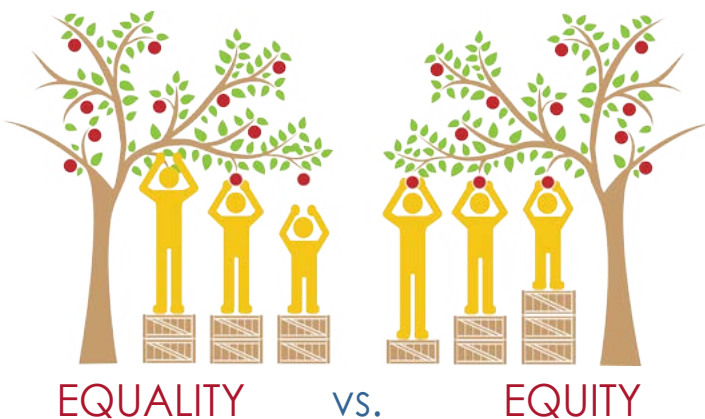
One of the recommendations from our LHIGs was to look at what we’re currently doing to strengthen health equity in order to build upon those initiatives. As a result, over the spring and summer of 2016, the Regional Leadership Team began an environmental scan to identify the areas that we are currently focusing our work to address health inequities. So far, we have listed over 90 examples



within our programs and services of ways we are trying to address the needs of particular populations group (e.g., seniors, teens, Indigenous) or within certain geographic areas (rural and remote).

This environment scan is an important first step in showing us areas where we need to focus on, but also to celebrate the good work that has been done to address the health needs of residents.

Health equity is about creating equal opportunities for health and actively seeking to reduce the differences in health status between different populations or groups. It also means working upstream to ensure that all groups in society have a fair chance at optimal health. Equity involves trying to understand and give people what they need to enjoy full, healthy lives, because not everyone starts from the same place and needs the same things.



It Takes a Village

Over 130 staff and community members joined together for the Annual Public Meeting held in Winkler, in October, 2016. The event centred around the theme *The Health of Our Children: It takes a Village*. There was a strong focus on the community partnerships and initiatives that help enhance children's health. *The Health of Our Children: It takes a Village* carried throughout the evening's program as attendees split into six groups and took a "village tour" around a number of displays which showcased some of the work being done in the region to support children's health.

It really does take a village. Keynote speaker, Dr. Michael Routledge, the new Medical Officer of Health for Southern Health-Santé Sud spoke about the importance of involving everyone in improving health. "We need to collectively make promoting health and preventing disease and injury more of a priority," he said. "If we are going to do that, we need to have communities working together to

create environments around people that facilitate and create health and wellness." Dr. Routledge presented information from the 2015 Report on Health Status of Manitoba: Healthy Environments, Healthy People, and emphasized that Public Health-Healthy Living programs are very effective ways to address the social and economic factors which are the most important factors in ensuring people are healthy. "The brain growth that happens in the first two years of a child's life is amazing, so we have to do the best we can to make sure kids have the right environments to develop and grow," he said. "Families First and the Healthy Baby programs are great examples of the things we can do to get children off to a good start."



"Helping our children grow up into healthy adults is everyone's responsibility including parents, schools and many other sectors including health care."

Welcoming Refugees

In 2016, Canada received a record number of Syrian refugees, one of its largest resettlement efforts since the 1970s. Manitoba embraced over 1 000 and Southern Health-Santé Sud welcomed a good number. Indeed, while the region always saw itself as an important gateway from the U.S. international border, it also experienced an extraordinary event with an unusual number of refugees who were seeking asylum crossing the border.

As has often been noted, Southern Health-Santé Sud has had one of the strongest population growths in the province and this is projected to continue. Net migration will be the main driver. In the region, 13% of the population has immigrated from another country with about a third arriving between 2006 and 2011. And because of it, the region has had the opportunity to include many newcomers as well as refugees in its midst. Immigration enriches the ethnic and cultural diversity of the region, but also brings challenges and sometimes complex, diverse and often unpredictable needs. Newcomers may be less likely to use our services due to specific beliefs or language and cultural barriers. But after decades of migration into the region, Southern Health-Santé Sud is well-organized to meet the needs of new arrivals. While the vast majority of Syrian refugees arrived healthy, cultural differences may come into play.

With a growing population, Southern Health-Santé Sud recognizes the opportunity and the importance of partnering with the community to extend our reach and to build capacity across the region.



Harm Reduction

Showing Respect & Compassion for All

There will always be activities associated with risk in our society.

Harm Reduction is a proven public health approach that reduces the adverse health, social and economic outcomes related to a variety of risk associated activities. It reduces harm to the individual, to families and to the broader community. Harm reduction promotes health for the individual and advocates for broader health and social policy change. It does not condone or condemn any particular behaviour.

(adapted from Chief Provincial Public Health Officer Position Statement, Manitoba Health, Healthy Living and Seniors Office)

As the number of fatalities associated with opioids continued to rise in 2016, government acknowledged the threat in Manitoba. Increasing the availability of naloxone, a medication used to reverse the effects of opioids and prevent fatal overdoses is now part of a wide effort to deal with the growing number of fentanyl overdose deaths. Like other regions, Southern Health-Santé Sud has been working on a distribution plan for naloxone kits and training.

Harm reduction is not new to Southern Health-Santé Sud and it is already engaged in such practices. Harm reduction approaches can effectively engage a larger proportion of clients and populations that conventional treatment programs have difficulty reaching and help address health equity issues. Over time, by bringing together members across a number of community services, we can effectively assess those in most need of support, to optimize care and reduce gaps in services, as well as establish communication lines between health services.

Harm reduction increases access to services for those who typically don't engage with mainstream health services. Pockets of individuals and small groups who can benefit have already been identified in some communities. A harm reduction working group has been established by Public Health-Healthy Living to develop and implement regional guidelines, education and evaluation. Public Health-Healthy Living continues to raise awareness about harm reduction and to build partnerships with other providers as well as communities to deliver these services in ways that meet client and community needs.

Responding to Emergent Health Issues: Mumps

Between Sep 1st, 2016 - Jun 2, 2017, there were 528 confirmed cases of mumps reported in Manitoba. Over that same time period, 57 cases were identified in Southern Health-Santé Sud. Prior to this outbreak, mumps has been a rare illness in Manitoba for many years, with four to five cases of mumps being the typical number of cases per year in the province.

Mumps can be difficult to recognize and diagnose; patients can be spreading the infection even before they develop symptoms and the symptoms can look like other viral infections. Health care providers across the region have responded to identify and manage the cases that occurred. At times, a significant amount of effort is required to conduct the follow-up for staff and patients who may have been exposed. Success stories have been noted around the region where staff followed the mumps protocol and no contact tracing was required. One good catch occurred at Bethesda Regional Health Centre in November, 2016 - everything was done right (identifying the possibility of mumps at triage, placing patient in a private room on isolation, staff using personal protective equipment (PPE)

appropriately, staff being up-to-date with measles, mumps and rubella (MMR) vaccinations, collecting correct specimens). No follow-up was required among staff or other patients in this situation.

One particular challenge that arose was in relation to occupational exposures, as current guidelines recommend documentation of immunity to mumps for health care providers. While the vast majority of our health care providers are likely immune to mumps, we do not currently have fully developed systems in place to have this immunity documented for staff, which presents potential risks to patient safety and staff health. One of the results of the outbreak has been to work towards the development of a more robust staff immunization assessment and record-keeping process so that both our staff and patients are protected.





Board END

Accessible Health Services

FORWARD TOGETHER



STRATEGIC DIRECTIONS

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



Together, We Progress

What We Aim to Do:

Southern Health-Santé Sud has a diverse community that continues to grow and change. We know that to adapt quickly to meet accompanying shifting needs, we must think differently in our approach to the delivery of accessible health care. We are focused on working in a coordinated interconnected way across the system for patients along the continuum of care.

It is essentially about providing the right care at the right time in the right place by the right provider.

In concert with Manitoba Health, Seniors and Active Living's priority for Improved Access to Care, we focus on designing programs and services for better access and optimal service delivery. As a key part of the broader health system in Manitoba, Southern Health-Santé Sud provides access to a comprehensive number of programs and services delivered in the region.

Accessibility for Manitobans

Barriers to accessibility come at an enormous cost – to persons with disabilities, to their family and friends, to their communities, and also to business. The Accessibility for Manitobans Act (AMA) outlines a clear and proactive process to identify, remove and prevent barriers in five key areas of daily living including: Customer Service, Information and Communication, Built Environment, Employment and Transportation. The AMA requires public agencies including Regional Health Authorities to have accessibility plans that will identify, remove and prevent barriers to accessing services. Southern Health-Santé Sud created an Accessibility Committee in 2016 to ensure Southern Health-Santé Sud complies with the Accessibility for Manitobans Act (AMA) by identifying and facilitating the removal of barriers to equal access among persons with disabilities, including patients, their families, visitors, employees, physicians and volunteers.

Accessibility barriers can be architectural or structural, information and communication technology, systemic and, attitudinal in nature. To identify priorities and the ongoing development of action plans, the committee is consulting with patients, families and staff to provide feedback on personal experiences about the different types of barriers, both visible and invisible.

Southern Health-Santé Sud's Statement of Commitment The Accessibility for Manitobans Act

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. As a people-centred organization, we consider the diversity of our community as a source of strength and richness and we embrace the opportunity to identify, remove and prevent accessibility barriers by meeting requirements of *The Accessibility for Manitobans Act*. We foster an inclusive organizational culture and strive at all times to provide services in a way that respects the dignity and independence of all people. In fulfilling our vision, mission and Board ENDS, we believe in working together with our community and partners in a shared effort to provide an accessible environment for all.



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 **18**
 includes Eden Mental Health Centre

⏏ Personal Care Homes **22**

***** Emergency Medical Services Stations **20**

🏠 Home Care Sites **19**

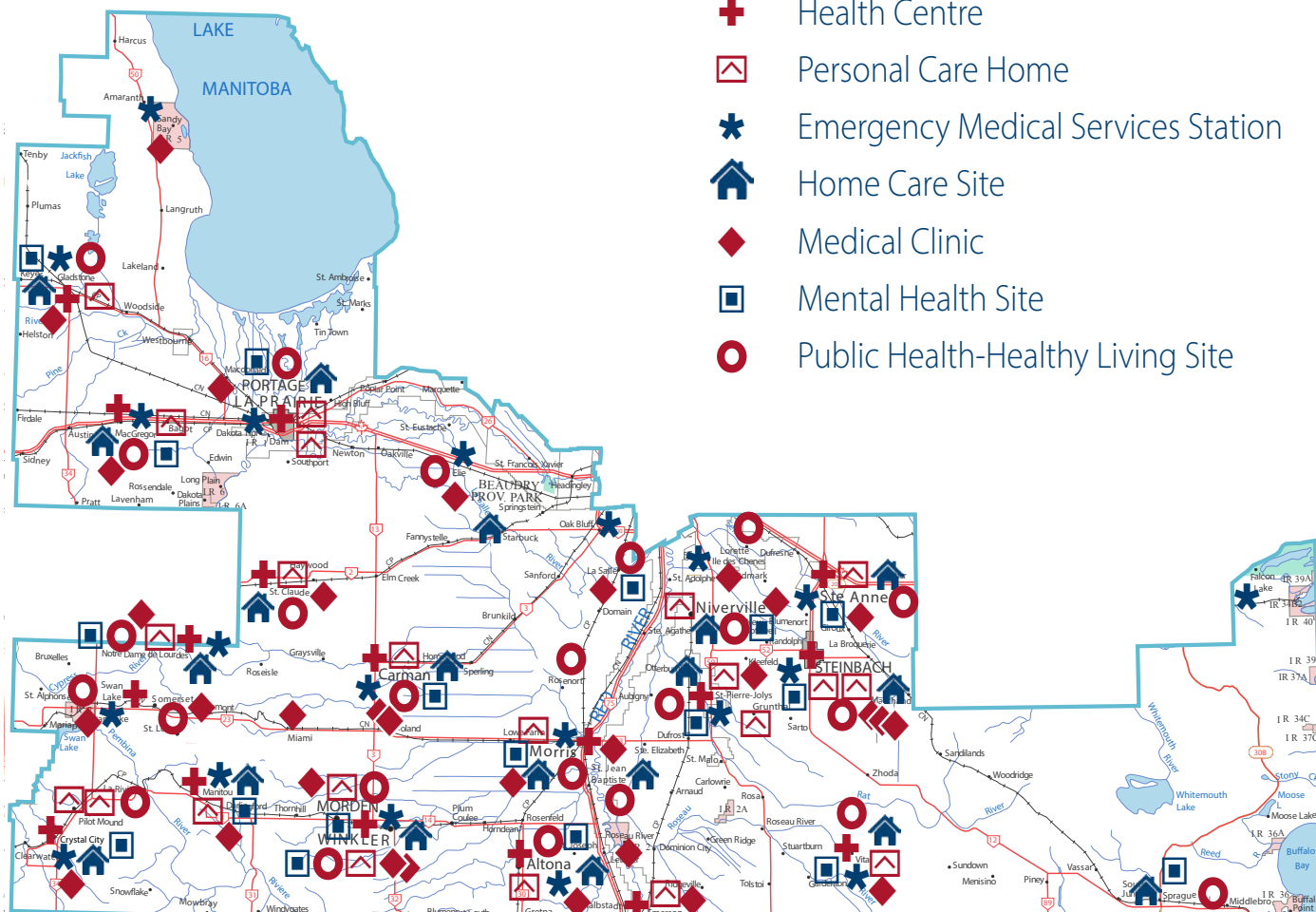
◆ Medical Clinics **31**

🏠 Mental Health Sites **18**

⦿ Public Health-Healthy Living Sites **26**

Telehealth Sites **16**

Teen Clinics **4**



Timely Patient Care

In the complex health care environment where multitude interactions occur, access to and sharing of information between providers is critical. The Electronic Patient Record (EPR) is being implemented in Southern Health-Santé Sud to facilitate patient flow and timely access to clinical data. Various modules of the provincial EPR are being introduced at facilities across the region.

Designed to assist in managing timely patient care, a new Emergency Department Information System (EDIS) has been implemented in Southern Health-Santé Sud. An electronic patient tracking and clinical documentation system, EDIS 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. System features will include the ability to track patients through their journey, manage workflow and enhance communication, supporting timely, safe and quality patient care. Visible change in emergency department waiting areas are observed with wait-time display boards in patient waiting areas displaying information such as the number of patients waiting and the length of time most patients have been waiting.

My Health Teams

In 2016/17, Southern Health-Santé Sud continued to work to improve access to primary care, including the development or enhancement of My Health Teams (MHT). Setting program priorities and goals based on the needs of communities and the clients they serve, four teams are actively evolving and operational in the region: Steinbach MHT, Winkler/Morden MHT, Portage/Gladstone MHT and *Mon équipe santé*. These networks increase collaboration between private physician clinics and the region, as well as connect teams of health care providers to improve broader access to patient-focused, primary care and build capacity in through other community partners.

Mon équipe santé... Working Together across the Region

The notion of developing a model supporting a network of French language health care services is a compelling vision that has, for decades, driven Francophones living in Southern Health-Santé Sud. The geography and distribution of Francophone communities in Southern Health-Santé Sud lends well to the concept of Primary Health Networks.

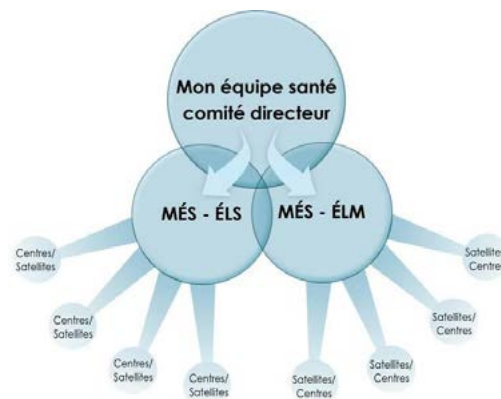
Becoming fully operational this past year, *Mon équipe santé* links Francophone communities in a cultural, language based My Health Team with two local operational teams or hubs, both enabling service to the wider community.

The hub in the western edge, based in Notre Dame de Lourdes and St. Claude, is known as *Mon équipe santé - Équipe locale La Montagne* (MÉS – ÉLM). The eastern hub is based at the Centre médical Seine in Ste. Anne and is known as *Mon équipe santé - Équipe locale La Seine* (MÉS – ÉLS). They offer access to additional health care providers and to a broader, regional Francophone population. The teams are based at the two hubs, but they are working together to better serve the entire Francophone population of Southern Health-Santé Sud.

Mon équipe santé puts the person at the centre of an integrated community of health care providers where team members all work together to provide the service a person needs, whether it's treatment, advice about how to prevent or manage an illness or information about how to stay healthy.

Better Access to Information - a New Website

Our social interactions are increasingly happening through and shaped by digital communication. After an extensive consultation with stakeholders in 2016/17, Southern Health-Santé Sud designed a new public website with a connecting feature to the Health Providers' Site (HPS). A fresh, functional and comprehensive approach assists users to know where and how to find care, share health care experiences, provide feedback, join our team and even find out 'what's new and happening' in the region! As well, the website provides staff with easy access to information such as policies, procedures, guidelines and forms, staff resources including education events and self-learning packages as well as other useful data and information from any device connected to the internet.



New & Improved Health Facilities

Several key projects have been completed this year and/or are underway.

Centre de santé Notre-Dame Health Centre

The new, 22 601² ft., \$20.8 million Centre de santé Notre-Dame Health Centre was near completion at the end of this fiscal year, opening its doors in May, 2017. Next to the existing personal care home (Foyer Notre-Dame) and the primary health care centre (Centre Albert-Galliot), it includes an emergency department, imaging and laboratory diagnostic services, an obstetrical/birth unit, inpatient and outpatient services and a bilingual medical education program. The new “health campus” will provide services on one site making it more efficient for health care professionals and support services staff. The health campus is the only bilingual acute care facility southwest of Winnipeg and provides bilingual education for medical students and residents through the University of Manitoba and the University of Ottawa.



Tabor Home Inc.



The new Tabor Home Inc. in Morden will have 100 designated personal care beds when construction is completed in 2017. The 40 extra personal care home (PCH) beds will help reduce waits for PCH beds in the region and allow more area residents to receive their care as close to their friends and families as possible. The new facility will include a variety of spaces for dining, recreation and large gatherings. The design of the hallways will promote walking and encourage residents to interact with each other, ensuring strong social connections. The facility will also offer direct access to protected outdoor spaces for residents and visitors. The province and the community are investing \$38.7 million in the new, 77 000² ft. facility. The original Tabor Home was built in 1968 and expanded in 1984.



Boundary Trails Health Centre Emergency Medical Services Station

Improvements to the Emergency Medical Services (EMS) service area at the Boundary Trails Health Centre were completed in 2016. Renovations include the addition of space at the front and the back of the EMS drive-through to accommodate two EMS ambulances, providing a closed, tempered weather-tight space with direct access to the Emergency Department (ED). The \$987 000 EMS enclosure project has added much needed square footage making service delivery more efficient with added comfort for patients.

Another benefit of the improved space is the direct access to the ED allowing for a much more seamless transfer from the care of paramedics to the care of a physician. It not only protects anyone using it from weather elements, the space also provides more privacy for incoming patients.



Bethesda Regional Health Centre

The universally-accessible main entrance improvement project at Bethesda Regional Health Centre (BRHC), improves patient, staff and visitor flow and allows for easier access to the health centre. Building on the previous modifications made to the existing ramp, direct ground level access to the site at both the emergency department and the main entrances of the BRHC are now in place. This provides ease of patient and visitor movement into and throughout the building. The new entrance adds over 2 000² ft. to the facility and includes a new full-sized, pass-through elevator, enclosed stairs and waiting space, an enclosed walk way link between the emergency department and the main hospital entrance, as well as an external canopy for weather protection.

New Bethesda Primary Care Centre



Steinbach Family Medical, Bethesda Foundation and Bethesda Wellness Inc. worked collaboratively with Southern Health-Santé Sud and Manitoba Health, Seniors and Active Living in helping to move this project forward.

In addition to creating a centre of excellence, this initiative enhances primary care services to the community and also supports recruitment/retention initiatives, attracting various health care providers to Steinbach including physicians and other disciplines.

This collaborative venture results in a primary care facility that houses a number of health care services under one roof, including the Steinbach My Health Team, QuickCare Clinic, mental health services, physician services and more.



Wait Times in Southern Health-Santé Sud

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





Board END

Safe, People-centred Quality Health Care

BETTER TOGETHER



STRATEGIC DIRECTIONS

Transform and improve the patient experience.

Achieve excellence in patient safety.



Together, Transforming the Health Care Experience

What We Aim to Do:

Building upon our core values of integrity, compassion, excellence and respect, we are committed to fostering and supporting a culture of quality and safety within the region. These strategic directions speak to people-centredness and creating a more balanced relationship between patients and care providers and increasing awareness about patient safety issues. Southern Health-Santé Sud supports a learning environment that promotes innovation and the development of quality improvement competency, skills and processes in the region.

Patient Values:

Engaging with Patients & Families

As part of our ongoing commitment to community engagement and transforming the patient experience, we seek opportunities to relate and engage with all health care providers and partners in exploring improved ways of providing sustainable, safe and integrated client-centred health care.

In 2016, Southern Health-Santé Sud asked from the public and staff input into the development of a Declaration of Patient Values stating what is truly important to our patients. An open public survey was conducted where community members from across our region told us what matters most. Local Health Involvement Group members gave input into actions or expectations associated with specific values and how they would like to see patient values used throughout the organization.

The top four priorities identified are the main component of the Declaration of Patient Values (see page 38). The rest of the Declaration includes the actions that patients told us they expect to see in demonstrating the stated value.

An additional guidebook, Putting Patient Values into Practice is a guide for staff in understanding the values and how to put them into action.

Highlights from the Community

Words on the wall are not enough - patient values need to be associated with actions.

A Declaration of Patient Values (DPV) needs to be seen as a component of patient-centred care and embedded into the culture of the organization. Several groups suggested using the information from the DPV in huddles with staff, at staff meetings or as sacred moments (which is a practice of many staff groups).

All layers of the organization need to be engaged in the discussion of patient values and how they can be put into action - because it matters to everyone.

Keep the message alive! - where organizational values are discussed, so should patient values.

All values should carry the same weight.

Attaching actions to values gives them life and gives people a concrete and clear description of the value.



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

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

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

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



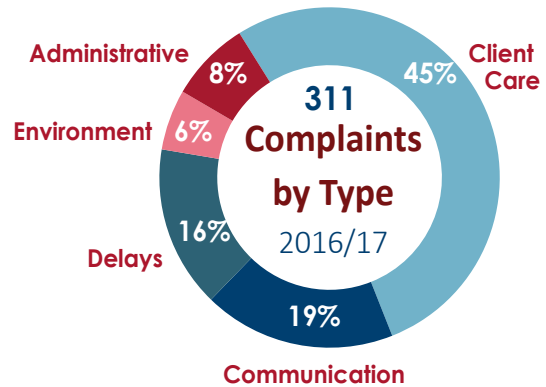
“It is the loyalty, professionalism and dedication of staff that really make the difference to patients' quality of care and experience.”



Measuring Performance

With our quality framework, we purposefully measure performance and monitor ongoing improvement on standards and best practices for safe, quality care and service delivery with meaningful reporting and valid information.

Complaints continue to be a vital source of feedback from clients, caregivers and families. During the last fiscal reported period (2016/17), 311 complaints were received, an increase of 24 complaints from 2015/16. This small increase demonstrates a positive reflection on how people feel able to provide feedback on their experience.



Patient Experience

We see thousands of patients each year. Each interaction is a chance to make a difference. How did they feel about their experience? Southern Health-Santé Sud knows that the key to understanding is to ask.

Starting in September, 2014, Southern Health-Santé Sud distributed a 39-question survey called the Canadian Patient Experience Survey – Inpatient Care (CPES-IC) to patients to learn about their recent stay in regional hospitals and acute care health centres. Provincially coordinated by Manitoba Health, Seniors and Active Living, the goal of the survey is to evaluate patient experiences from their physical and mental health well-being, their interactions with medical professionals, the level of communication and the timeliness of hospital services. Upon discharge, patients are mailed a copy of the survey to complete at home. Patients also have an online option and a French option.

A total of 2 090 completed surveys were returned in the second year from Apr/2015 - Mar/2016. The region has an excellent response rate at 44.1%, with some variability depending on the month of the year. The majority of respondents were female at 64% and the age group with the highest level of responses was the 60-79 year-old age group at 33.9%. Over 70% of respondents rated their physical health as good, very good or excellent and rated their mental and emotional health slightly higher with 87.9% of respondents rating it as either good, very good or excellent.

What We Heard

Results from the second year of surveying acute care patients who stayed in one of Southern Health-Santé Sud’s hospitals are largely positive. The surveys show a high level of satisfaction among patients in terms of the level of care that they’re receiving and the communication and coordination with staff. The overall patient experience has remained quite positive at 82.4% similar to the previous report at 82.2%. As well, 95% of respondents would recommend (probably or definitely yes) the hospital to their friends and family. It is noted that this positive result was also found in the first report. As well, the percentage of positive responses for care from nurses and doctors continue to be overwhelmingly positive at over 92%.

Personal Care Home Resident Experience Survey



Acute Care Inpatient Hospital Experience 2015/16

Hospital Arrival

Patients had generally positive responses to how well the hospital responded to their admission - although there was a difference depending on whether respondents came to the hospital as a planned admission or if they arrived through the emergency department (ED).

ED Patients	When you were in the emergency department, did you get enough information about condition & treatment?	82.4%
	Were you given enough information about what was going to happen during your admission to hospital?	79.9%
	After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there? (% No)	86.3%
	Was your transfer from the emergency department into a hospital bed organized?	90.8%
Planned Admissions	Before coming to the hospital, did you have enough information about what was going to happen during the admission process?	81.4%
	Was your admission into the hospital organized?	90.7%

Hospital Discharge

Respondents were generally satisfied with the information they received as they left the hospital about their condition and how to manage it.

Clear understanding about all prescribed medications, including those taken before your hospital stay.	92.4%
Enough information from hospital staff about what to do if worried about condition or treatment after leaving the hospital.	83.3%
Have a better understanding of your condition than before hospital stay.	84.7%

Overall Ratings of Hospital Experience

Definitely Yes	69%
Probably Yes	26%
Definitely No	2%
Probably No	3%
Would you recommend this hospital to a family or friend?	

How often patients felt that doctors & nurses...

	Doctors	Nurses
Treated them with courtesy & respect	92.9%	97.5%
Listened carefully to them	92.4%	94.9%
Explained things to them in understandable way	90.6%	93.3%



Patient Experience Local Health Involvement Group (LHIG) Highlights & Accomplishments

The Patient Experience LHIG held four meetings in 2016/17 with 100% Board attendance, 85% staff attendance and 74% member attendance.

Meeting Outcomes

- Each meeting begins with a sacred moment prepared by rotating members as moment of reflection of the groups purpose and individual motivation.
- Meetings improved personal and working relationships.
- Developed printed resources to help support patients, families and staff.
- A generation of new ideas related to several organizational strategic directions.
- Building partnerships with staff from across the organization for discussions related to policy, programs and initiatives.
- Collaboration related to developing meeting themes/topics.
- Contributed to the Regional Declaration of Patient Values and accompanying Staff Guide.
- Contributed to the design and content of the new RHA public website and helped with the creation of a new Patient & Public Engagement Opportunities section.
- Recruited several new members fulfilling the requirement based on the Terms of Reference.
- Developed two resources around patient stories. One document aimed at helping patients share their stories responsibly and another for staff to help integrate patient stories into their meetings. These documents have received provincial and national attention.
- Members participated in provincial consultations related to health care sustainability and antibiotic overuse.
- Members focused a meeting on harm reduction strategies in facilities and in community. Feedback was provided to the Public Health-Healthy Living team on specific strategies from a patient perspective.
- Supporting families and staff through critical incidents was a focus of several discussions resulting in a bookmark developed for Patient Safety Coordinators to share with families and staff that includes identified contact information for local and provincial resources.
- Created an annual work plan with prioritized topics.
- Regional inventory on integrating patients through all levels of the organization was initiated and continues to be a focus and strong commitment of this group.

From the Patient Experience Charter

- we will help in the creation of clear and simple processes, tools and resources for patients to communicate their experiences
- we will create system and culture change within all levels of the organization to better support the patient experience



Sharing Your Patient Story

Let's talk

As someone with personal health care experiences, (either your own or that of a loved one), you are in a unique position to offer understanding and vital information to others. At the same time, it is important to carefully consider the potential impact of your message on others, as well as on your personal well-being. An individual sharing their story may be left feeling exposed, vulnerable, and/or emotionally overwhelmed. Sharing Your Patient Story was developed with strategies to help present a story in a genuine way while protecting personal well-being.



Get Involved!

Health organizations across Manitoba are working hard to build a health care system that meets the needs of the patients and families we serve. We believe that we need to build a health care system with the people we serve to ensure that the needs and preferences of patients and their families are at the centre of all care.

Patient and public engagement is one way to express a commitment to patient and family-centred care. Patient and public engagement refers to opportunities where patients,



families and members of the public are encouraged to be active members in all levels of the health system: in their own clinical care and self-management, as well as providing input into decisions that shape health programs, policies, evaluation and research.

How can you get involved?

We have several engagement opportunities based on your area of interest, lived experience and availability. Some examples include:

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

Patients and public can get more information on our website: <https://www.southernhealth.ca/lets-talk/>



2016 Patient Safety Week Award Recipients

The 2016 Canadian Patient Safety Week theme focused on the importance of communications. Submissions describe how fellow colleagues/teams/groups inspire, engage and share information with patients and families. Congratulations to the 2016 Patient Safety Week Award recipients:



Amanda Szadkowski, Douglas Campbell Lodge

Jan Erb, Eden Mental Health Centre

Janice de Rocquigny, Centre de santé St. Claude Health Centre

Ruth Squires, Rest Haven Nursing Home

Clinical Leadership Team, Portage District General Hospital

The Clinical Leadership Team implemented the following directly related to patient communication/experience:

- bedside documentation engages clients at point of care
- white boards in all rooms that assist with communication between patient and health care providers
- leader rounds completed bi-weekly engages patients with open communication with health care providers as to patient needs being met and any concerns raised

Accreditation

Southern Health-Santé Sud was accredited by Accreditation Canada in 2015. Please visit: <https://www.southernhealth.ca/about-your-region/plans-and-reports/accreditation/> for access to the complete Accreditation Report. The next accreditation visit is scheduled to take place in May, 2019.

Critical Incident Process

A key component of the Southern Health-Santé Sud quality improvement efforts is the critical incident (CI) review process. The CI process is continually evolving to better meet the needs of our patients and families. As a region, we continually strive to improve care and safety of patients in our care.

In 2006, Manitoba introduced mandatory no-blame critical incident 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 disciplinary investigations such as reviews by employers, complaints to professional regulatory bodies or civil law suits. Instead, investigating critical incidents complements these processes.

Manitoba's legislation defines a critical incident as "an unintended event that occurs when health services are provided to an individual and results in a consequence to him or her that is serious and undesired." This can include death, injury and disability, and "does not result from the individual's underlying health condition or from a risk inherent in providing the health services."

Critical Incidents

	Pressure Injury	Clinical Care
2015/16	8	8
2016/17	3	4





Board END

Sustainable, Accountable and Responsive
Health Organization

WORKING TOGETHER



STRATEGIC DIRECTIONS

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

Attract and retain a skilled and engaged workforce.



Together, Working for the Future

What We Aim to Do:

These strategic directions are about responsible management that meets the needs of the present without compromising the future which includes adapting how we deliver services. Southern Health-Santé Sud plans to build on the strong history of fiscal strength and sustainability and continue to create a culture of efficiency to address the many challenges faced to date. Additionally, it speaks to providing a progressive, respectful and safe work environment, to recruiting and retaining a talented workforce and building leadership competencies throughout the organization. Essentially it includes, health promotion, more prevention, corporate social responsibility and developing more sustainable models of care.

Strong Health Sustainability

A Provincial Mandate

“Health care in this province comprises more than 40% of our budget. Significant system performance improvements cannot be achieved without structural and organizational reform that engages stakeholders in the development and support of strategies that address long-standing barriers in system-wide delivery and integrated service planning. Government will set benchmarks for the expenditures and structural change that are to be undertaken by the RHAs and will ensure alignment between those who fund - and those who deliver - health care services.”

Health, Seniors and Active Living Minister Kelvin Goertzen

In responding to this mandate, Southern Health-Santé Sud confirms its obligation in “providing quality service, strengthening accountability and delivering value for the money” and exercising “the principles of value, quality, efficiency and effectiveness”. Regional Health Authorities have been asked to identify dollars for savings in the health care system. For Southern Health-Santé Sud, that equates to \$11 M, an overall cost reduction of approx. 3.5% of its funding. Furthermore, the region is part of the ‘streamlining of management’ initiative that is being undertaken by all government sectors and agencies.

Southern Health-Santé Sud has been working diligently to lay the foundation for sustainable transformation with sustainability plans, by cultivating an accountability culture throughout the region and developing educational programs to make leadership a core competence for leaders throughout the region. Combined with our strong focus on patient experience and quality improvement, it has become a fundamental part of our strategic and operational approach.

In particular, the budget is structured to provide a “dynamic” capacity-building opportunity for the region. While working within the organization’s funding parameters and by means of a modified

zero-based system every single budget line is reviewed by financial staff, managers and key stakeholders across the organization. Through this assessment, savings are identified for regional redistribution. All of the elements of the budget are compiled into a well-designed format that helps provide a level of understanding so that open and transparent discussions at the table are enabled.

What follows is an intensive collaborative team approach that requires a high level of trust where the Senior Leadership Team along with the Finance Team review the working budget and jointly make budget decisions. Each member of the team individually makes an ethical reflection on reallocation strategies across the organization where there is agreement among leaders to redistribute funds regionally. The decision-making process in this budgeting process gives Southern Health-Santé Sud the capacity to attend to initiatives that address important patient-centred needs.



Risk Management

Underpinning the right balance between human and system responsibility, a 'Just Culture' goes hand in hand with accountability and leads the way to an environment focused on proactive safety improvement. In the past few years, Southern Health-Santé Sud has exercised considerable effort in supporting a learning organization and addressing our culture. With our core values as a foundation, all staff are expected to understand their role in applying these in their daily work and to be accountable in the choices they make.

While empowering employees in the course of reinforcing our risk management processes, staff was involved in identifying risks in the system.

Risks are inherent in most everything we do. In health care, we make decisions on a daily basis that not only have an effect on strategic and operational aspects of the organization but also directly impact people's health and safety. Southern Health-Santé Sud has put into effect an Enterprise Risk Management (ERM) process to identify, monitor and manage those risks. This past year, the whole organization underwent an intensive region-wide process based upon the provincial risk management policy and framework.

Risk management is really a proactive approach because it allows us to not only identify the risks, it has a process where we continually seek opportunities to mitigate the likelihood or impact of the risk event.

Acknowledging that the "Tone at the top" is crucial to promoting a risk-conscious culture, the Board of Directors reviewed its risk management oversight practices at a board workshop in May, 2016. In addition to asking key questions and monitoring processes, having a solid understanding of the risk management processes in the organization is key to its oversight role.

Educational sessions were held with the Regional Leadership Team to assist teams in applying the risk management process in their day-to-day work and to explain the eight-step process of the risk framework.

Teams throughout the entire organization were asked to collaborate and create program specific risk profiles. These profiles were reviewed and common themes for high and critical risks were identified through a standardized risk grid tool. A number of risks were chosen to be of highest priority from a regional perspective, however each risk also includes controls and decisions on how best to manage the risks. These twelve risks are incorporated into a prioritized regional risk profile also referred to as the corporate risk profile that will serve as an oversight tool for the Board of Directors.

Current Priority Areas for the Region Include:

- 1 Improvement of patient flow.
- 2 Consistent application and understanding of policies, procedures guidelines and forms.
- 3 Enhance opportunities for systemic learnings of occurrences/near misses, critical incidents.
- 4 Consistent delivery of services across the region.
- 5 Improvement of bilingual services related to staffing shortages.
- 6 Responsive to health care needs of aging demographic.
- 7 Equitable provision of health services.
- 8 A focus on preventative initiatives while maintaining resources for acute care needs.
- 9 Addressing recruitment and retention challenges with health care providers and leaders.
- 10 Meet health needs of growing population while maintaining a skilled and engaged workforce.
- 11 Replacement and maintenance of infrastructure and equipment.
- 12 Managing with existing funding allocation.



Sustainability under Review

In 2016/17, the Manitoba government conducted the “Health Sustainability and Innovation Review (HSIR), a comprehensive review of the entire provincial health system, with the goal of identifying opportunities to eliminate waste and inefficiency and improve the effectiveness and responsiveness with which the entire health sector delivers results for Manitobans.”

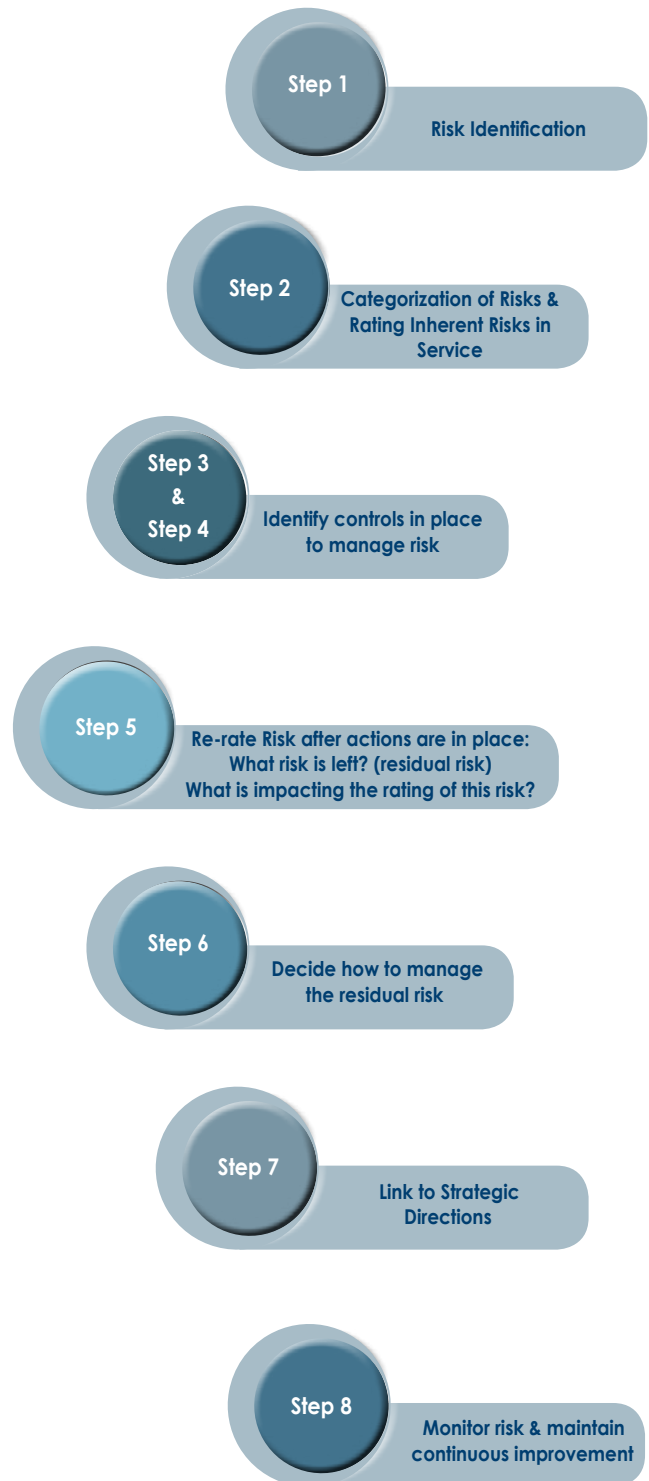
Recognized as one of the significant risks across the province, sustainability of health care services is also a priority in Southern Health-Santé Sud.

Forty six percent (46%) of staff are eligible to retire in the region in 2019. Challenges with recruiting and retaining health care providers and leaders, difficulty with maintaining a skilled and engaged workforce and an inability to meet the growing population needs, give rise to concerns for sustainability of services as they currently exist in the region. These risks are not unique to the region. It is a noted global issue. In addition, providing services to the residents of the region in both official languages is also limited as there are staffing shortages to fill designated bilingual positions. Southern Health-Santé Sud is designated a bilingual health authority and the inability to provide bilingual services is a considerable risk to achieving this mandate.

Southern Health-Santé Sud also prioritized aging infrastructure, equipment and the lack of physical space as reasons that may impede quality patient care and services. Financial constraints related to the current economic environment are also impacting the ability to sustain and expand services in the region and are prioritized as a risk.

The complexity and acuity of care in the region continues to rise contributing to extended wait lists for rehab services and an inability to provide consistent service delivery for after-hour/weekend services in some programs. Health planning and allocation of scarce funds for preventative initiatives has been identified by Southern Health-Santé Sud as a risk. Addressing this risk is challenging in a risk adverse culture, where bold health system changes are required.

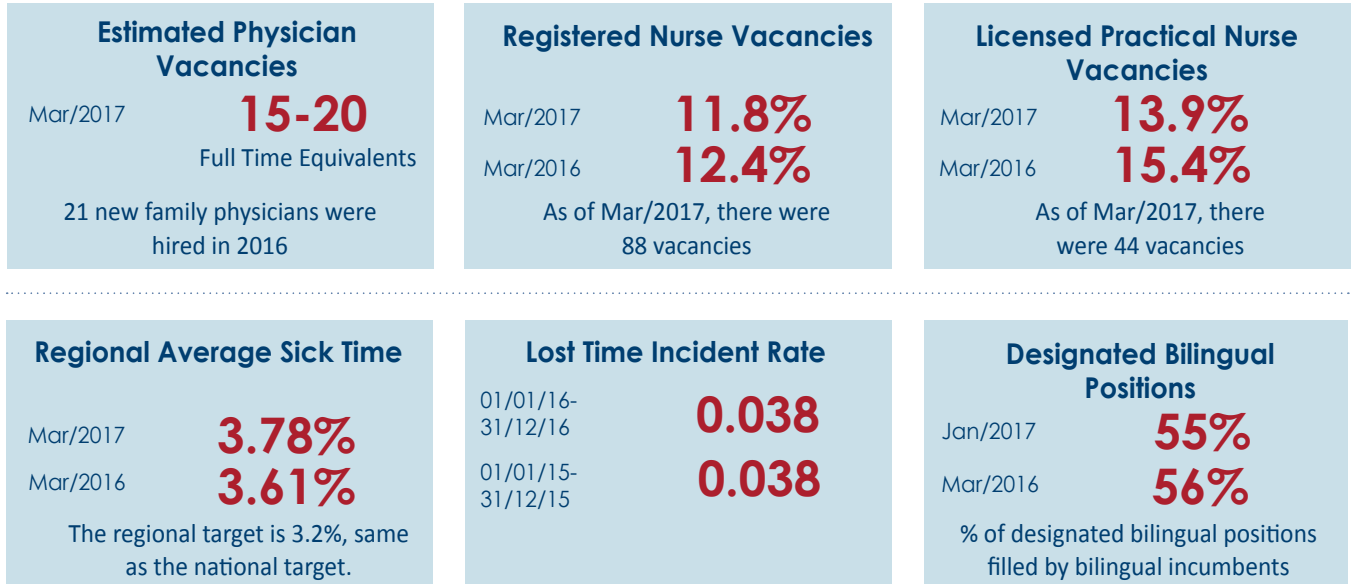
Risk Management Process



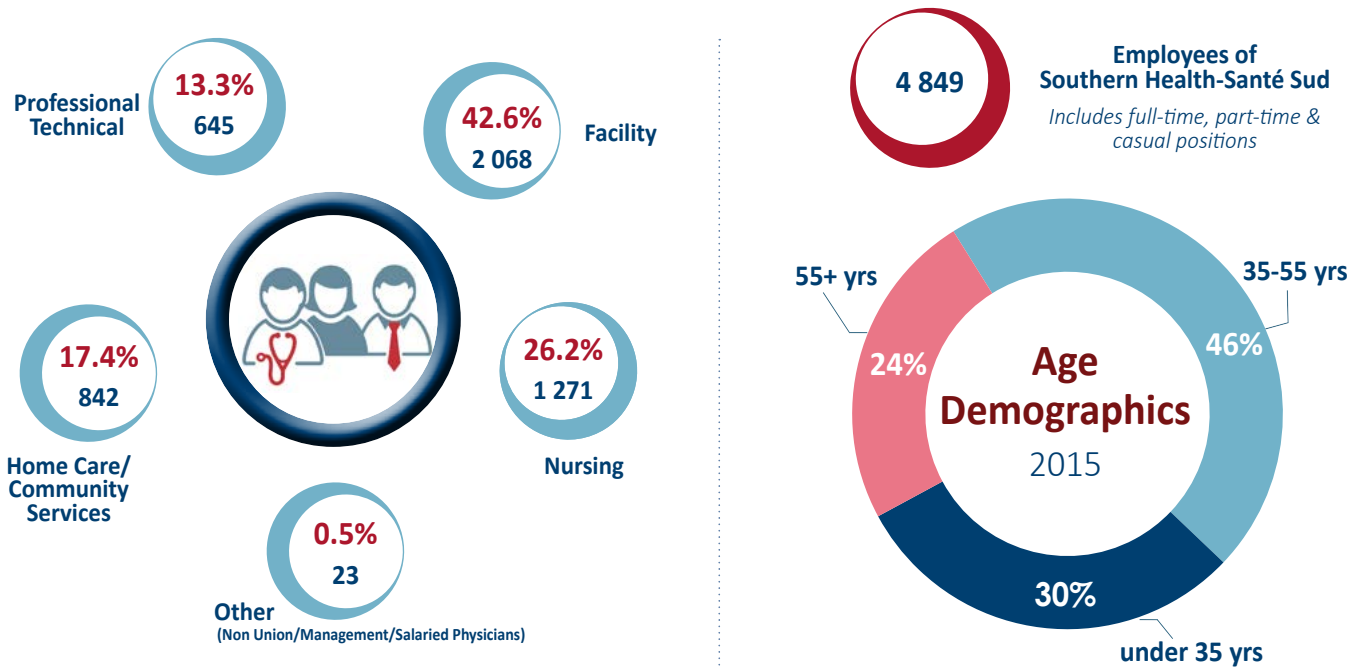
HR Numbers at a Glance



Workforce Statistics



Workforce Demographics



- 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



A Sustainable Workforce Now and for the Future

Bringing together a team of over 6 000¹ staff members, one of Southern Health-Santé Sud's important strength is the quality and commitment of our workforce. Employees are instrumental to our long-term success. Accordingly, it is critical that we strategically evaluate our recruitment approaches and take into consideration the various social, political, technological and economic factors impacting our staffing efforts:

- an aging workforce
- increased pressure on health care services
- shortage of qualified candidates willing to relocate to small rural communities
- college/university graduate's inaccurate assumptions regarding rural living and health care experiences
- limited supply of qualified bilingual (English/French) candidates for Designated Bilingual Positions
- increased economical pressures and expectations that lead to limited resources

While we acknowledge increasing changes in our employee demographics and a growing demand for expanded skillsets, Southern Health-Santé Sud embarked on a planning process this past year. We reviewed and defined key strategies, deliverables and approaches to recruiting and retaining the best talent. We know this is a journey that requires our unremitting attention and focus to guide our efforts over the next five years. Through extensive information gathering and forecasting, the development of strategic functions is future-based providing the ability to anticipate and prepare for a range of possibilities. Having a clear aim provides the foundation for addressing the challenges while successfully meeting our goal of building a sustainable workforce.

Against the backdrop of staff shortages in key areas, we will develop initiatives to leverage the skills, expertise and experience currently existing within the organization. We will also increase awareness of opportunities in the health sector for Indigenous people as well as build capacity

of bilingual (EN/FR) employees to ensure the delivery of health services in both official languages.

In promoting health care professions and opportunities to secondary and post-secondary students and general public to build a future talent pool, we will continue to:

- participate in health fairs, job fairs and campus recruitment events
- build and foster formal and effective partnerships with area universities and community colleges
- seek opportunities to develop and relationships with post-secondary students and provide practicum and job shadowing opportunities
- expand our presence in social media opportunities

Variance & Accountability Reporting

With a strong commitment to its core values, Southern Health-Santé Sud promotes ethical integrity and resource equity in its ongoing monitoring of actual results compared with the budget. Once the budget has been approved, there is continuous follow-up to ensure accountability. Managers across the region are responsible for their budgets.

Variance and Accountability Reporting is an important part of the process. Throughout the year, staff meet to identify, report and adjust to changing volumes and pressures in the region. Working in concert with financial analysts to understand the underlying reasons for variances, managers look at what remedial actions can be taken and make mid-year adjustments if necessary. They also assess the impact variances can have on the full-year's figures and project year-end results while determining savings opportunities and budget needs for future years.

This provides the foundation for budget allocation decisions from within and between departments. Instead of the conventional approach of unfailingly maintaining budgets in each program or service area, there is agreement among leaders to reallocate those funds that are not required to maintain their operations in a particular period. The reallocation of budget allows the organization to optimize resources more efficiently based on cost pressures. Hence, even though the region may not get any new funding from the province, this reallocation process has enabled the region to find additional \$3 M within the existing funding for priority needs.

Balancing the books takes a lot of dedication but in the end, the process has achieved positive results every year since Southern Health-Santé Sud came into existence.

¹ 4 800 Southern Health-Santé Sud employees; 1 200 affiliate health corporations and community-owned not-for-profit sites.



Working Together with LEAN

LEAN is a regional, quality improvement program that Southern Health-Santé Sud has been involved with since its very existence. It is about looking at processes to identify where there might be waste, duplication or confusion and mapping out ways to provide quality, timely health services for our residents in the region.

One of the main principles of LEAN is that we keep the customer at the centre of everything we do. That means we are actively looking for ways to get feedback from patients and clients about our services and using that information to help us understand where improvements need to be made.

There have been a number of LEAN projects completed throughout Southern Health-Santé Sud over the years that have looked at things from improving the admission process between the emergency department to the medical/pediatric unit to find efficiencies in all of the departments that touch the journey of an OR patient. In 2016/17, we had the first “spread” project where the learnings of LEAN was expanded throughout the home care program to improve the process for inventory management. As more projects are done at individual sites, the results are shared throughout the region and there is an overall effect of quality improvement. There is a greater understanding of our processes and how, when we make improvements, it can save time, improve the way we deliver a service and can make things clearer for staff who are working in that area.

A big strength of LEAN is that it’s about a team of providers **working together**, it builds awareness of the inter-connectedness of the system and how all the different parts can be made to flow and work **together** well.

Integrity **Respect** Compassion
Excellence

2016/17 Completed LEAN Projects

- “Law and Ordering” & Over Storage Wars (spread of the project) - Home Care inventory management
- Regional Chronic Disease Education Team (CDET) - Initial appointment booking process
- The Lean Mean Problem Solving Team - Portage Hospital Stores
- “Barrel of Monkeys” - Rehabilitation Services Administrative and Support staff
- The C-LEAN team – Regional Office - La Broquerie

What is LEAN Six Sigma?

LEAN thinking consists of continuously identifying higher quality of services to our customers through simplification, inefficiency elimination, and removing non-value-added activities or waste, to create improved process flow and effective/efficient work environments. And Six Sigma? This is a measure of variation (how well your process is working). While LEAN focuses on the flow of material and information to increase process velocity, Six Sigma focuses on elimination of defects through variability reduction. In a nutshell, ‘do things right, do things quickly’ a powerful combination with results that reflect our core values of integrity, caring and excellence! Southern Health-Santé Sud currently has 39 staff with LEAN belts and 4 staff who are in training.



French Language Services

Together we go farther...

Southern Health-Santé Sud's initial French Language Services (FLS) Strategic Plan provided a framework and the stimulus for consolidating various FLS practices and designing common and consistent regional approaches for the delivery of services to the community. Integrated within the context of overall regional strategies, we continue to build on this progress, focused on four broad interconnected and interdependent areas. Following are highlights of 2016/17 achievements.



Engaged Communities & Partners

Officially representing the region's French-speaking communities, the

Tables de concertation régionales du Centre and Sud-Est provided valuable input to the 2016/21 Strategic Health Plan. As well, the *Groupe local de participation en matière de santé* (GLPS) is the French Local Health Involvement Group which includes but is not limited to, community members from the *Tables de concertation*. Southern Health-Santé Sud participated in all seven meetings of the *Tables* and the GLPS in 2016/17.

Under the leadership of provincial partner *Santé en français (Manitoba)*, Southern Health-Santé Sud actively participated on provincial working groups and committees resulting in significant outcomes:

- Further to the national Accreditation Canada pilot project reported in the prior annual report, it was since determined that a Communication in Official Minority Language Situations standard will be developed. Accordingly, Accreditation Canada has struck a Technical Committee to develop a national standard related to linguistic access.
- A video regarding Active Offer is now incorporated as part of Regional Orientation for all staff in Southern

Health-Santé Sud. In 2016/17, 663 staff participated in Regional Orientation.

- The Human Resources French Language Policy for Health Care Services was approved by Manitoba Health, Seniors and Active Living in March, 2016, aligned and reinforcing the Southern Health-Santé Sud policy in providing consistent direction in staffing designated bilingual positions.

Always in progress, *Mon équipe santé* is a primary care network which puts the person at the centre of an integrated community of health providers – this with a focus on the region's francophone and bilingual population.

Southern Health-Santé Sud is engaged to work with partners responding to invitations to:

- Present to FLS Coordinators (of the province of Manitoba ministries) on FLS best practices in Southern Health-Santé Sud, including the Recruitment & Selection Procedure and tools relative to recruitment/selection to designated bilingual positions and integrated data entry/reporting through the payroll database.
- Participate in a panel discussion at the *Université de Saint-Boniface* re. 'Active Offer' - best practices, measures, tools, implementation and challenges. There were 22 participants which included university students and organization representatives from the francophone community.
- Present and partake in a panel discussion at the *Santé en français* AGM and Forum regarding the journey and current state of the *Mon équipe santé*, as well as the national pilot project on official minority language linguistic access.

The Recruitment & Selection Procedure is an effective tool in supporting the expected procedures inclusive of screening and language assessment. The *Société Santé en français* has identified this tool as an HR Best Practice. This information is being shared with all of the 16 *Santé en français* networks throughout Canada.



Further to the *États généraux de la francophonie manitobaine* extensive consultation exercise with Manitoba's francophone and francophile populations in 2015, Southern Health-Santé Sud attended a workshop/presentation to discuss the summary reports/next steps as well as a subsequent special general meeting to adopt the *Société franco-manitobaine Strategic Plan - Plan stratégique de la francophonie du Manitoba ... Ensemble vers 2035*.

The Centre Albert-Galliot (community-owned building) received francophone designation. Along with partners *Santé en français* and the Francophone Affairs Secretariat, Southern Health-Santé Sud has signed the designation agreement, acknowledging that Southern Health-Santé Sud employees who work in the Centre Albert-Galliot site will observe and follow Southern Health-Santé Sud French Language Services policies.

Representatives from the region attended the *Université de Saint-Boniface* convocation ceremonies in June, 2016 for all nursing graduates.

The region was also represented at an exhibitor at the *Division scolaire franco-manitobaine* (DSFM) Strategic Plan Presentation in October, 2016 to promote and bring awareness regarding various health care employment opportunities.

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 at designated bilingual sites/programs. If the client presents at a designated site/program, they will receive service in French by 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.

124

Number of employees participating in Active Offer workshops (*À la mode*) in 2016/17

Active Offer... *à la mode* is an upbeat interactive workshop developed to help participants to better understand the concept of Active Offer. Sessions were held in 2016/17 with a total of 124 employees participating.

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 depicting our bilingual logo has been updated across the region. 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 and/or programs/services in areas of high francophone concentration.

Information on various activities and events taking place in the French community is ongoingly sent to students registered in French language training courses to help them keep connected and informed of cultural events and initiatives in the francophone community.

The monthly staff newsletter features FLS topics and language resource material.

164

Number of translation requests in 2016/17 from sites, programs & services



Strong FLS Policy & Administrative Framework



Comprised of staff from various programs/services/sites 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 French Language Services. The focus in 2016/17 was a comprehensive review of policies, procedures, HR recruitment and selection procedures and supporting documents to ensure consistency.

600+

Number of designated bilingual positions entered on a centralized QHR payroll system

In 2016/17, various elements were fine-tuned related to the monitoring of designated bilingual positions. Consistent auditing of hiring managers' processes into designated bilingual positions is conducted and support opportunities for improvement and learning for each respective hiring manager on a timely basis.

The 2017/21 French Language Services Strategic Plan was developed for presentation to the community, provincial *Santé en français tables* as well as the Province of Manitoba for approval.



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 Office of Rural and Northern Health in planning the regional bus tour for the fourth-year nursing students.

This initiative resulted in hosting seven practicums as well as seven hires for the region.

36

from the Bachelor of Nursing Program

6

from the Licensed Practical Nursing Program

Number of *Université de St-Boniface* students participating in the bus tour

"*Héros en santé*" promotes various professions in health care and is presented annually by *Santé en français* to high school students within the region. A total of five schools were visited in 2016/17.

Southern Health-Santé Sud attended 15 career fairs (in-province) and eight 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 out-of-province career fairs with a focus on bilingual recruitment of nursing, allied health and medical staff where there is a high concentration of French-speaking population.

17

Number of nurses receiving the Recruitment & Retention Fund bilingual grants between Jan & Jun, 2016/17

Canada is seeking to attract more francophone immigrants outside of Québec to help contribute to the vitality, development and prosperity of Francophone minority communities in Canada. Southern Health-Santé Sud met with representatives from the Canadian Embassy (Paris and Morocco), Immigration Canada and the World Trade Centre to discuss the government's new *Entrée expresse/Express Entry* program and opportunities within Southern Health-Santé Sud.



64

Number of employees who took FLS training (*Français en milieu de santé*) in 2016/17

Funded by *Santé en français* and in collaboration with the *Université de St-Boniface*, conversational audio/visual interactive 'Lunch N Learn' sessions were piloted for staff with the goal of providing additional conversation opportunities to help increase staff confidence in practicing and using the French language.

Designated bilingual positions (as at Jan/2017)

- 617** designated bilingual positions
 - 340** designated bilingual positions filled by bilingual incumbents
 - 245** designated bilingual positions filled by non-bilingual incumbents
 - 32** designated bilingual positions – vacant
-

Challenges

While our ultimate goal is to fill all designated bilingual positions with bilingual incumbents, 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/understanding of Active Offer by the public and the staff (ongoing turnover)
- assessing/evaluating client experience regarding FLS

Our Focus

Today we face significant pressures and major challenges that impact on our capacity to deliver bilingual health care services through the region's various programs and services and more specifically, with a focus on our designated bilingual sites, programs and services. In addressing these, a successful outcome hinges on providing focus in our strategic efforts. French Language Services Strategic Plan 2017/21 sets out strategic initiatives under four broad Transformational Strategies that are highly interconnected and interdependent and align well with the four Board ENDS.



Stats at a Glance

2016/17 & 2015/16


SOUTHERN HEALTH-SANTÉ SUD		3 REGIONAL CENTRES (Bethesda, Boundary & Portage)		ALL OTHER ACUTE/TRANSITIONAL	
458		258		200	
Average Occupancy		Average Occupancy		Average Occupancy	
2016/17	77.73%	2016/17	81.34%	2016/17	73.67%
2015/16	77.94%	2015/16	79.58%	2015/16	75.83%
Inpatient Discharges (overnight stay)		Inpatient Discharges (overnight stay)		Inpatient Discharges (overnight stay)	
2016/17	10 204	2016/17	8 109	2016/17	2 095
2015/16	10 011	2015/16	8 013	2015/16	1 998
Average Length of Stay		Average Length of Stay		Average Length of Stay	
2016/17	12.43	2016/17	8.60	2016/17	25.52
2015/16	11.10	2015/16	8.42	2015/16	20.31
Hospital Readmission Rate (within 7-day discharge)		Hospital Readmission Rate (within 7-day discharge)		Hospital Readmission Rate (within 7-day discharge)	
2016/17	255	2016/17	201	2016/17	54
2015/16	240	2015/16	184	2015/16	56

Total Day Surgery Cases


SOUTHERN HEALTH-SANTÉ SUD

2016/17	2015/16
8 426	7 781

**3 REGIONAL CENTRES
(Bethesda, Boundary & Portage)**

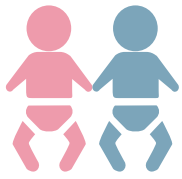
2016/17	2015/16
5 659	5 796

ALL OTHER ACUTE/TRANSITIONAL

2016/17	2015/16
2 767	1 985



Births in facility



SOUTHERN HEALTH-SANTÉ SUD

2016/17	2015/16
1 791	1 874

3 REGIONAL CENTRES (Bethesda, Boundary & Portage)

2016/17	2015/16
1 643	1 720

ALL OTHER ACUTE/TRANSITIONAL

2016/17	2015/16
127	154



Emergency Department Visits

SOUTHERN HEALTH-SANTÉ SUD

2016/17	2015/16
111 488	110 003

% admitted

4.6%	4.7%
-------------	-------------

3 REGIONAL CENTRES (Bethesda, Boundary & Portage)

2016/17	2015/16
72 040	73 505

% admitted

5.6%	5.3%
-------------	-------------

ALL OTHER ACUTE/TRANSITIONAL

2016/17	2015/16
39 448	36 498

% admitted

2.8%	3.5%
-------------	-------------

Alternative Level of Care Days

SOUTHERN HEALTH-SANTÉ SUD

2016/17	2015/16
51 574	44 899

3 REGIONAL CENTRES (Bethesda, Boundary & Portage)

2016/17	2015/16
15 503	16 352

ALL OTHER ACUTE/TRANSITIONAL

2016/17	2015/16
36 071	28 547

Kilograms of Laundry

SOUTHERN HEALTH-SANTÉ SUD

2016/17	2015/16
2 736 254	2 694 738

3 REGIONAL CENTRES (Bethesda, Boundary & Portage)

2016/17	2015/16
883 151	877 589

ALL OTHER ACUTE/ TRANSITIONAL

2016/17	2015/16
802 339	820 846

PERSONAL CARE HOMES (PCH)

2016/17	2015/16
1 050 764	996 303

Meals Prepared



SOUTHERN HEALTH-SANTÉ SUD

2016/17	2015/16
2 073 213	2 022 063

3 REGIONAL CENTRES (Bethesda, Boundary & Portage)

2016/17	2015/16
342 489	335 445

ALL OTHER ACUTE/ TRANSITIONAL

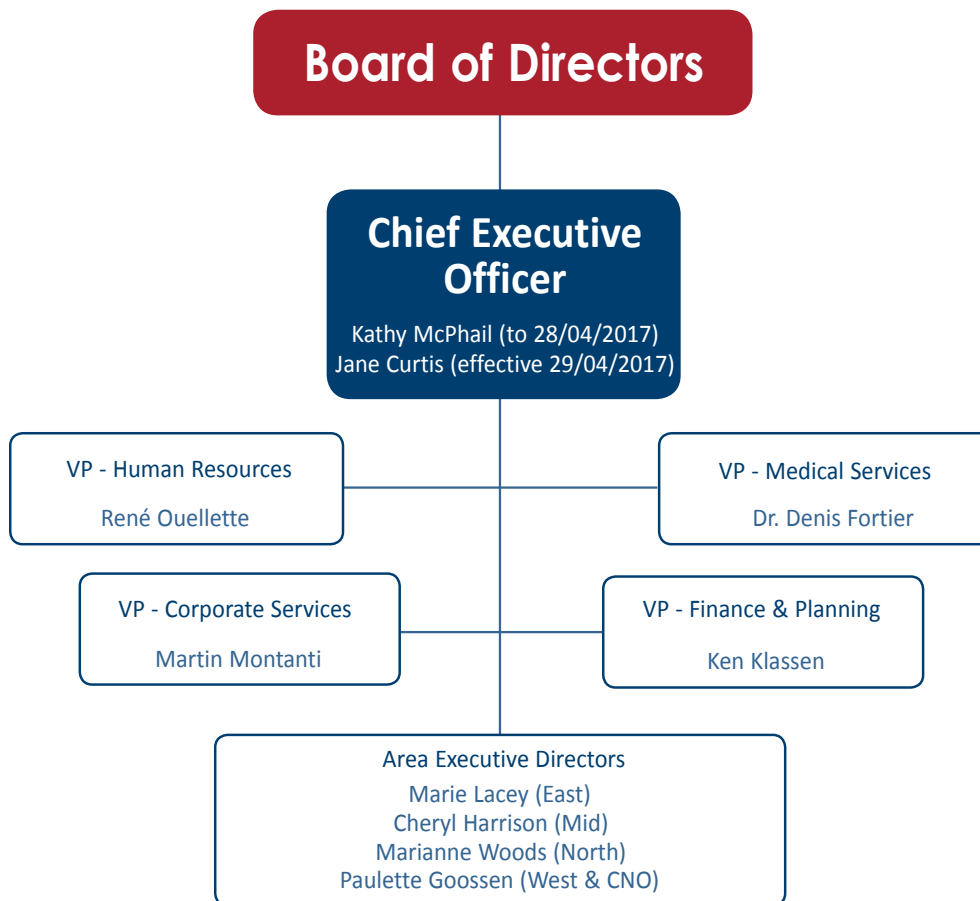
2016/17	2015/16
364 635	390 735

PERSONAL CARE HOMES (PCH)

2016/17	2015/16
1 366 089	1 295 883



Organizational Structure



May 1, 2017

Organizational Changes

In terms of structure, Southern Health-Santé Sud’s Senior Leadership Team (SLT) saw a number of significant changes in 2016/17. As part of the 15% non-union management streamlining mandate, three positions were eliminated: Executive Director - Communications & French Language Services, VP - Planning, Innovation, Quality, Safety & Risk and VP - Clinical Standards & Chief Nursing Officer.

Dr. Shelley Buchan, Medical Officer of Health retired September, 2016 and Dr. Michael Routledge was appointed as her replacement. Kathy McPhail announced her intention to retire in October, 2016. Her retirement became effective April 28, 2017 with the appointment of Jane Curtis as CEO.



Auditor's Report

Deloitte.

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

Tel: (204) 944-3637
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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, 2017, 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, 2017, 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, 2017
Winnipeg, Manitoba



Audited

Condensed Financial Statements Non-Consolidated Statement of Financial Position



	March 31, 2017	March 31, 2016
ASSETS		
CURRENT		
Cash and short term investments	\$ 38 926 429	\$ 33 423 438
Accounts receivable, net	5 034 965	8 646 141
Accounts receivable - Manitoba Health, Seniors & Active Living (MHSAL)	9 603 399	11 780 120
Accounts receivable - Foundations	254 126	391 975
Accounts receivable - Diagnostic Services Manitoba (DSM)	88 896	-
Inventories	1 375 513	1 340 364
Prepaid expenses	800 363	830 881
Due from MHSAL - vacation entitlements	8 839 967	8 839 967
	64 923 658	65 252 886
NON-CURRENT		
Due from MHSAL - retirement entitlements	11 463 152	11 463 152
Capital Assets	199 821 774	177 465 500
	\$ 276 208 584	\$ 254 181 538
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 17 852 867	\$ 21 291 120
Accounts payable - DSM	-	85 378
Accounts payable - Affiliate Health Corporations and Community-owned not-for-profit	146 390	487 849
Accrued vacation benefit entitlements	19 126 892	18 124 238
Current portion of long term debt	1 850 901	1 270 538
	38 977 040	41 259 123
NON-CURRENT		
Accrued retirement benefit entitlements	19 584 214	19 350 000
Due to Affiliate Health Corporations & Community-owned not-for-profit - retirement entitlements	2 997 275	2 972 998
Due to DSM - benefit entitlements	1 549 916	1 447 231
Accrued sick leave benefit entitlements	7 104 281	6 863 303
Long term debt	50 529 464	36 274 351
	81 765 150	66 907 883
DEFERRED CONTRIBUTIONS		
Expenses of future periods	10 318 848	9 942 311
Capital assets	139 281 678	132 334 283
	149 600 526	142 276 594
NET ASSETS		
Invested in capital assets	8 159 731	7 586 328
Internally restricted	967 062	1 647 270
Unrestricted	(3 260 925)	(5 495 660)
	5 865 868	3 737 938
	\$ 276 208 584	\$ 254 181 538



Audited

Condensed Financial Statements Non-Consolidated Statement of Operations



	March 31, 2017	March 31, 2016
REVENUE		
Manitoba Health, Seniors & Active Living (MHSAL)	\$ 351 684 978	\$ 338 612 670
Other Province of Manitoba	1 258 276	1 348 234
Government of Canada	586 281	625 446
Non-global patient and resident income	13 339 192	13 152 370
Other income	12 655 514	10 763 819
Amortization of deferred contributions - expenses of future periods	6 602 858	5 659 378
Amortization of deferred contributions - capital assets	7 966 150	7 680 582
Interest	507 422	493 206
Donations	311 416	333 345
Ancillary operations	2 634 778	2 474 741
	\$ 397 546 865	\$ 381 143 791
EXPENSES		
Acute care services	116 652 673	113 589 450
Long term care services	51 357 429	50 544 658
Medical remuneration	29 919 681	29 385 245
Community-based therapy services	6 809 306	6 083 701
Community-based mental health services	9 105 752	8 796 435
Community-based home care services	42 966 963	42 615 013
Community-based health services	20 903 160	18 181 605
Emergency medical services	18 727 401	15 745 945
Diagnostic services	19 615 188	18 019 991
Regional Health Authority undistributed	22 326 668	22 048 638
Affiliate Health Corporations and Community-owned not-for-profit	43 461 446	42 865 980
Interest on long term debt	483 931	306 814
Pre-retirement leave	2 102 000	2 087 897
Sick leave	240 978	323 950
Amortization of capital assets	8 328 487	7 969 823
Major repairs	81 654	79 363
Ancillary operations	2 265 049	2 150 799
	395 347 766	380 795 307
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	\$2 199 099	\$ 348 484

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.

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.

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 online through our website at: <https://www.southernhealth.ca/about-your-region/plans-and-reports/>



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.

Type of Administrative Cost	% of Total Operating Expense	
	2016-17	2015-16
Patient Care-related	0.2%	0.2%
Human Resources & Recruitment	1.0%	1.1%
Corporate Operations	3.2%	3.5%
Total Administrative Cost	4.4%	4.8%

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:

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 Reporting

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.

The 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.

Reporting Period Apr/2016-Mar/2017

Disclosures received (Subsection 18(2a))	0
Investigations commenced (Subsection 18(2b))	0
Finding of wrongdoing/recommendations/corrective actions taken (Subsection 19(2b))	0

SOUTHERN HEALTH-SANTÉ SUD Whistleblower Reporting

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

Southern Health-Santé Sud continues to meet its responsibility to provide information to members of the public. This includes maintaining an open and transparent flow of information between the region and the public while considering all aspects of privacy and confidentiality of patients, clients and residents.

Freedom of Information & Protection of Privacy Act (FIPPA)

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

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

Source: Regional Officer - Privacy & Access

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

Media Enquiries
Box 470, 94 Principale St | La Broquerie MB R0A 0W0
T 204-424-2329
msiemens@southernhealth.ca

For more information on our health services, visit:

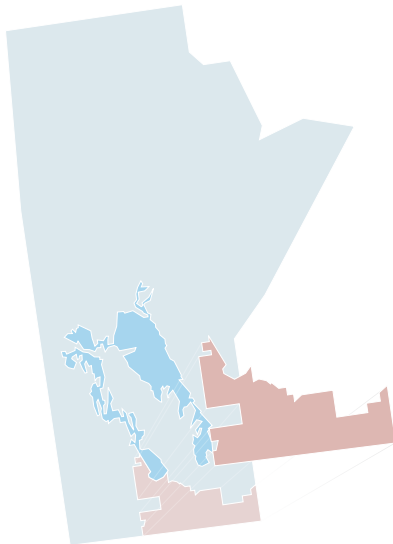
www.southernhealth.ca

or email:

info@southernhealth.ca

or Toll Free:

800-742-6509





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