

**BUDGET 2022**

**Supplement to  
the Estimates of  
Expenditure**

**Budget  
complémentaire**

---

**2022/23**

Manitoba Health

Santé Manitoba

# Indigenous Land Acknowledgement

We recognize that Manitoba is on the Treaty Territories and ancestral lands of the Anishinaabeg, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk peoples.

We acknowledge Manitoba is located on the Homeland of the Red River Métis.

We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

We respect the spirit and intent of Treaties and Treaty Making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

# Reconnaissance du territoire

Nous reconnaissons que le Manitoba se trouve sur les territoires visés par un traité et sur les territoires ancestraux des peuples anishinabé, anishinewuk, dakota oyate, denesuline et nehethowuk.

Nous reconnaissons que le Manitoba se trouve sur le territoire des Métis de la rivière Rouge.

Nous reconnaissons que le nord du Manitoba comprend des terres qui étaient et sont toujours les terres ancestrales des Inuits.

Nous respectons l'esprit et l'objectif des traités et de la conclusion de ces derniers. Nous restons déterminés à travailler en partenariat avec les Premières Nations, les Inuits et les Métis dans un esprit de vérité, de réconciliation et de collaboration.

This publication is available online: [www.manitoba.ca/openmb/infomb](http://www.manitoba.ca/openmb/infomb)

This publication is available in alternate formats, upon request.

Contact: [department.services@gov.mb.ca](mailto:department.services@gov.mb.ca)

**Supplement  
to the Estimates  
of Expenditure  
2022/23**

**Manitoba Health**

**Budget  
complémentaire  
2022-2023**

**Santé Manitoba**

# Ministerial Message

I am pleased to provide the 2022/23 Health Supplement to the Estimates of Expenditure. As the minister responsible for Health, I am accountable for the basis on which the Supplement to the Estimates of Expenditure is prepared and for achieving the specific objectives listed in this document.

I am proud to lead a team of professionals who continue to work together to ensure our province achieves the stable financial status and positive outlook that will benefit all Manitobans. The performance results of our business plans contained in this document will be included in the department's Annual Report.

The Manitoba government established the Diagnostic and Surgical Recovery Task Force to address the diagnostic and surgical backlogs. Increasing the number of diagnostic and surgical procedures throughout the health-care system is a top priority that requires us to take steps today, while continuing to develop plans to build capacity and improve the system for Manitoba patients going forward. The Diagnostic and Surgical Recovery Task Force is addressing wait-lists for diagnostic and surgical procedures, as well as related services affected by the COVID-19 pandemic. This includes identifying the priority needs of patients and building capacity here at home while also shifting some surgeries out-of-province as a temporary measure to offer the safest and most timely health-care solutions available.

The department continues to dedicate its resources on responding to COVID-19.

The department will continue to focus our efforts in the following areas: 1) Quality of Life, 2) Working Smarter, 3) Public Service and 4) Value for Money. Within these four overarching areas of focus, numerous initiatives have been developed to create conditions to improve quality of life for all Manitobans.

Work continues on planning for and implementing Manitoba's Clinical and Preventive Services Plan and the Health System Governance and Accountability Act. Manitoba's Clinical and Preventive Services Plan is committed to improving access, quality and care that is delivered closer to home. The new act will help ensure that we have effective and efficient accountability processes.

As you use this document, I hope you are able to take the time to reflect on the challenging and important work our government has undertaken to improve the efficiency of our health-care system, while providing Manitobans with the timely, quality care they deserve.

We will continue to invest in health care and build a provincial system that achieves better results and better meets the needs of Manitobans.

"original signed by"

Audrey Gordon  
Minister of Health

# Message ministériel

J'ai le plaisir de présenter le budget complémentaire 2022-2023 du ministère de la Santé du Manitoba. En tant que ministre de la Santé, j'assume une responsabilité quant aux fondements sur lesquels repose l'établissement du budget complémentaire et à l'atteinte des objectifs énumérés dans ce document.

C'est avec fierté que je dirige une équipe de professionnels qui continuent de travailler ensemble pour que notre province parvienne à une situation financière stable et à des perspectives positives dont profitera toute la population du Manitoba. Les résultats en matière de rendement de nos plans d'activités dont fait état le présent document seront présentés dans le rapport annuel du ministère.

Le gouvernement du Manitoba a mis sur pied le Groupe de travail sur le rétablissement des services chirurgicaux et diagnostiques, chargé d'éliminer les arriérés d'interventions chirurgicales et de diagnostics. L'augmentation du nombre d'interventions diagnostiques et chirurgicales dans l'ensemble du système de santé est une priorité absolue qui exige que nous prenions des mesures pour nous y attaquer dès aujourd'hui, tout en continuant de planifier le renforcement de nos capacités et l'amélioration du système pour les patients du Manitoba de demain. Le Groupe de travail sur le rétablissement des services chirurgicaux et diagnostiques se penche sur la question des listes d'attente pour les services chirurgicaux et diagnostiques et les services connexes qui sont touchés par la pandémie de COVID-19. Il sera notamment chargé de définir les besoins prioritaires des patients ainsi que de renforcer les capacités ici au Manitoba, tout en transférant certaines interventions chirurgicales hors de la province à titre de mesure temporaire pour offrir le plus rapidement possible les solutions de soins de santé les plus sûres.

Le ministère continue de consacrer ses ressources à la lutte contre la COVID-19.

Le ministère continuera de concentrer ses efforts dans les domaines suivants : 1) qualité de vie, 2) gestion plus ingénieuse, 3) fonction publique et 4) optimisation des ressources. De nombreuses initiatives ont vu le jour dans le cadre de ces quatre grands domaines prioritaires pour créer des conditions propices à l'amélioration de la qualité de vie de l'ensemble de la population manitobaine.

Les travaux de planification et de mise en œuvre du Plan de services cliniques et préventifs du Manitoba et de la Loi sur la gouvernance et l'obligation redditionnelle au sein du système de santé se poursuivent. Le Plan de services cliniques et préventifs du Manitoba vise à améliorer l'accès aux soins et leur qualité afin que les résidents puissent se faire soigner plus près de chez eux. Les nouvelles mesures législatives permettront de veiller à ce que des processus efficaces de reddition de comptes soient en place.

J'espère que vous pourrez, pendant que vous utiliserez le présent document, prendre le temps de réfléchir aux travaux difficiles et importants que notre gouvernement a entrepris pour améliorer l'efficacité de notre système de santé, tout en fournissant à la population du Manitoba les soins rapides et de qualité qu'elle mérite.

Nous continuerons d'investir dans les soins de santé et de bâtir un système provincial qui donne de meilleurs résultats et répond au mieux aux besoins de la population manitobaine.

La ministre de la Santé,

«original signé par»

Audrey Gordon

# Table of Contents

- Ministerial Message..... 2**
- Message ministériel ..... 3**
- Introduction..... 6**
- Introduction..... 7**
- Manitoba Health at a Glance ..... 8**
- Department Responsibilities ..... 9**
- Organization Structure..... 10**
  - Manitoba Health as of April 1, 2022..... 10
- Department Strategy Map ..... 11**
  - Vision ..... 11
  - Mission ..... 11
  - Values ..... 11
  - Department Balanced Scorecards Priorities and Objectives ..... 11
- Department Schéma Stratégique ..... 12**
  - Vision ..... 12
  - Mission ..... 12
  - Valeurs..... 12
  - Priorités et objectifs des tableaux de bord équilibrés ministériels ..... 12
- Department Balanced Scorecards Priorities and Objectives – Details ..... 13**
  - Quality of Life – Improving Outcomes for Manitobans ..... 13
  - Working Smarter – Delivering Client-Centred Services ..... 17
  - Public Service – Delivering Client-Service Excellence ..... 19
  - Value for Money – Protecting Manitoba’s Bottom Line..... 21
- Financial Details..... 23**
  - Consolidated Expenditures..... 23
  - Overview of Departmental Expenditures and FTEs by Appropriation and Type ..... 25
  - Departmental Staffing ..... 26
  - Equity and Diversity Benchmarks ..... 27
  - Position Summary by Career Stream..... 27
  - Overview of Capital Investments and Loans ..... 30
  - Departmental Program and Financial Operating Information – Part A Expenditure and FTEs ..... 31
    - Resources and Performance (Res. No. 21.1) ..... 31
    - Policy and Accountability (Res. No. 21.2) ..... 33
    - Insurance (Res. No. 21.3)..... 35
    - Population Health (Res. No. 21.4) ..... 37
    - Transition (Res. No. 21.5) ..... 39
    - Funding to Health Authorities (Res. No. 21.6)..... 40
    - Provincial Health Services (Res. No. 21.7) ..... 41



Medical (Res. No. 21.8) ..... 43  
Pharmacare (Res. No. 21.9) ..... 44  
Capital Funding (Res. No. 21.10) ..... 45  
Costs Related to Capital Assets (Non-Voted) ..... 46

**Departmental Risk Analysis ..... 47**

**Other Reporting Entities ..... 49**

**Statutory Responsibilities of the Minister of Health ..... 52**

**Glossary ..... 53**

# Introduction

## Overview of the Supplement to the Estimates of Expenditure

This Supplement is intended to provide additional information to the Members of the Legislative Assembly and the public in their review of departmental information contained in the Summary Budget and departmental information contained in the Estimates of Expenditure for the fiscal year ending March 31, 2023.

This supplement includes information on the department and other reporting entities. It includes consolidated financial details that align to the Summary Budget. Departmental information aligns with the Estimates of Expenditure and details the annual appropriations of the department to be approved by the Legislative Assembly through an appropriation act. The financial information is meant to supplement not replicate the detail included in the Estimates of Expenditure. For commitment level detail by sub-appropriation, please refer to the Estimates of Expenditure.

This Supplement also contains departmental staffing and full time equivalent (FTE) details that are not part of the Summary Budget or the Estimates of Expenditure.

The Supplement focuses on strategic priorities. Departments can then take steps to create operating plans that further identify how strategic priorities will translate into day-to-day operations. The performance results of these operations will be shared at the end of the fiscal year in the annual report which will be released in September 2023.

Balanced scorecards were recently implemented across the Government of Manitoba to foster operational improvements by reinforcing transparency, urgency, alignment and accountability. Department-level balanced scorecards have been included in the Supplement to identify key priorities for each department that staff will work towards, with appropriate performance measures.

The format of the sub-appropriation content has been updated to align with the department's balanced scorecard. Sub-appropriation content formerly listed as "objectives", "activity identification" and "expected results" have been updated to include an overview and key initiatives and performance measures sections.



# Introduction

## Aperçu du budget complémentaire

Ce budget complémentaire fournit de l'information additionnelle aux députés à l'Assemblée législative et au public afin de les aider à passer en revue les renseignements liés au ministère présentés dans le budget sommaire et dans le Budget des dépenses pour l'exercice se terminant le 31 mars 2023.

Ce budget complémentaire comprend de l'information concernant le ministère et d'autres entités comptables. Il contient des données financières consolidées qui sont conformes au budget sommaire. Les renseignements liés au ministère correspondent au Budget des dépenses et donnent le détail des affectations de crédits annuels du ministère que doit approuver l'Assemblée législative en vertu d'une loi portant affectation de crédits. Les renseignements financiers sont destinés à compléter et non pas à répéter l'information figurant dans le Budget des dépenses. Pour en savoir plus au sujet du niveau d'engagement par sous-crédit, veuillez vous reporter au Budget des dépenses.

Ce budget complémentaire contient également de l'information sur la dotation en personnel et les équivalents temps plein (ETP) du ministère qui ne fait pas partie du budget sommaire ou du Budget des dépenses.

Le budget complémentaire se concentre sur les priorités stratégiques. Les ministères pourront prendre des mesures pour créer des plans opérationnels décrivant plus en détail de quelle façon les priorités stratégiques seront intégrées aux activités quotidiennes. Les résultats en matière de rendement liés à ces activités seront présentés à la fin de l'exercice dans le rapport annuel ministériel, qui sera rendu public en septembre 2023.

Des tableaux de bord équilibrés ont été récemment mis en œuvre dans l'ensemble du gouvernement du Manitoba. Leur raison d'être est d'encourager les améliorations opérationnelles en favorisant la transparence, la réactivité, l'harmonisation et l'obligation redditionnelle. Les tableaux de bord équilibrés ministériels qui ont été inclus dans le budget complémentaire donnent la liste des grandes priorités de chaque ministère sur lesquelles travaillera le personnel et décrivent les mesures du rendement appropriées.

La nouvelle présentation du contenu des sous-postes reflète celle du tableau de bord équilibré du ministère. On a mis à jour le contenu des sous-postes (qui portait anciennement sur les objectifs, les activités et les résultats attendus) pour y inclure un aperçu et des sections sur les initiatives clés et les mesures du rendement.

# Manitoba Health at a Glance

<b>Manitoba Health Description</b>	The department operates under the provisions of the legislation and responsibilities of the Minister of Health. The legislation, as well as emerging health and health care issues, guide the planning and delivery of health care services for Manitobans.
<b>Minister</b>	Honourable Audrey Gordon
<b>Deputy Minister</b>	Karen Herd

<b>Other Reporting Entities</b>	<p style="text-align: center;"><b>7</b> Service Delivery Organizations</p> <p style="text-align: center;"><b>125</b> Licensed Personal Care Homes</p>	<ul style="list-style-type: none"> <li>• Service Delivery Organizations:             <ol style="list-style-type: none"> <li>1. CancerCare Manitoba</li> <li>Regional Health Authorities:                 <ol style="list-style-type: none"> <li>2. Interlake-Eastern Regional Health Authority</li> <li>3. Northern Regional Health Authority</li> <li>4. Prairie Mountain Health Authority</li> <li>5. Southern Health-Santé Sud</li> <li>6. Winnipeg Regional Health Authority</li> </ol> </li> <li>7. Shared Health</li> </ol> </li> <li>• Not-for-Profit Personal Care Homes</li> <li>• Community Health Agencies</li> <li>• Rehabilitation Centre for Children, Inc.</li> <li>• St. Amant</li> </ul>
---------------------------------	---	---

Summary Expenditure (\$M)	
<b>6,687</b>	<b>6,582</b>
2022 / 23	2021 / 22

Core Expenditure (\$M)		Core Staffing	
<b>6,273</b>	<b>6,127</b>	<b>733.75</b>	<b>711.75</b>
2022 / 23	2021 / 22	2022 / 23 - FTE	2021 / 22 - FTE

# Department Responsibilities

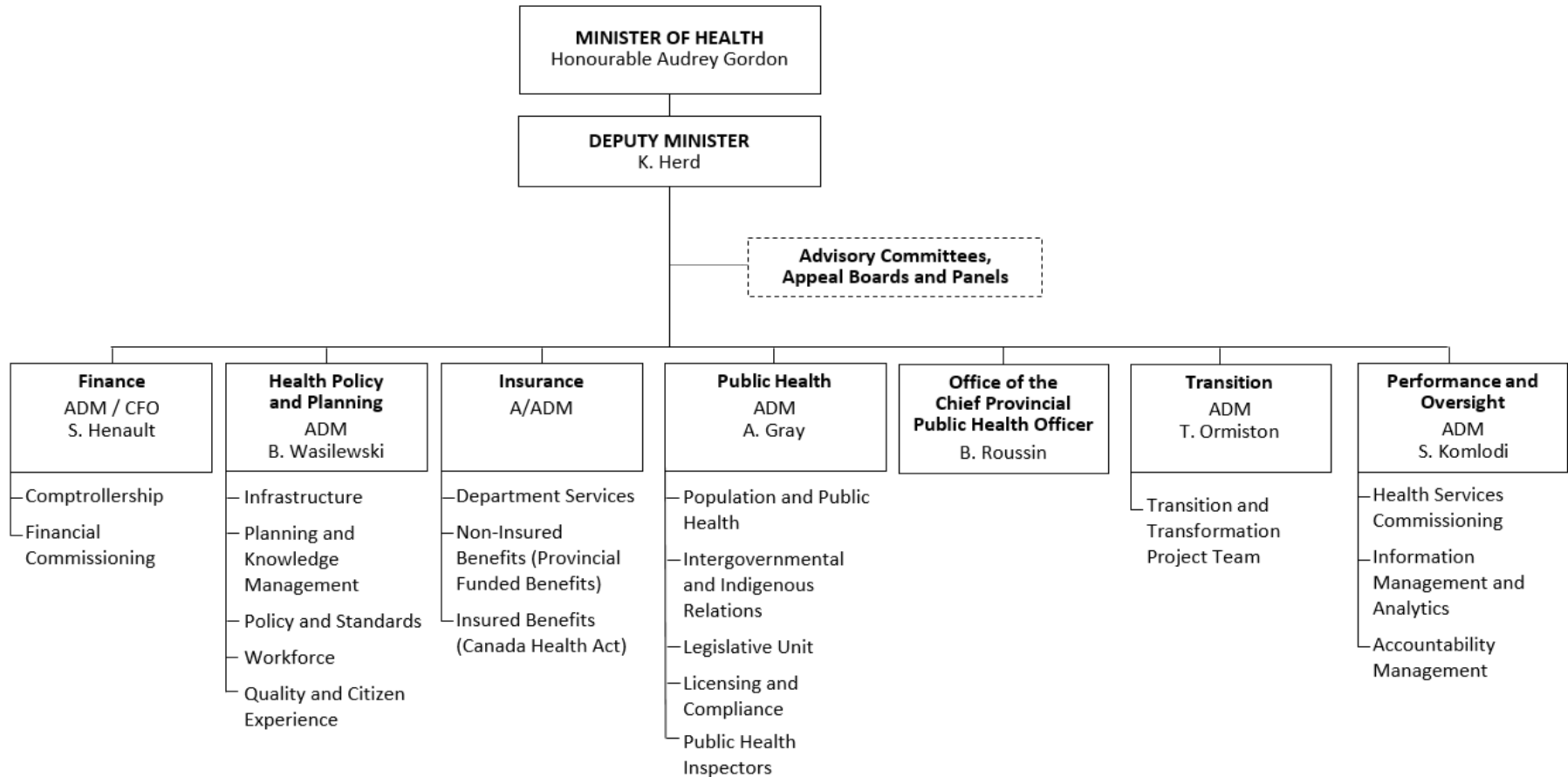
The Minister of Health is the cabinet minister responsible for Manitoba Health. This includes emerging health and health care issues and the planning and delivery of health care services for Manitobans.

## The overall responsibilities of the minister and Department of Health include:

- The Minister of Health is responsible for continuing to build a health care system that is: more focused on the patient; integrated and innovative; clear in its definition of roles, responsibilities and accountabilities; transparent in its measurement of outcomes through performance dashboards; equitable and accessible regardless of geography, cultural practices or social circumstances and sustainable for current and future generations.
- The department has a policy, planning, funding and oversight role to ensure that service delivery organizations (SDOs) (the regional health authorities, CancerCare Manitoba and Shared Health) and over 100 other service providers (primarily not-for-profit organizations) are accountable to provide high-quality services at a reasonable cost to Manitobans. This role is accomplished through resource allocation; legislation and regulations; planning and strategic direction; policy and standards; and performance monitoring, reporting, and management to achieve results.
- The department promotes and supports its mandate through engagement with Manitobans and the seven SDOs.
- The department provides leadership and policy support designed to influence the conditions that promotes the health of the public across all sectors of the population. The department also provides public health clinical leadership and ensures that a provincial public health system delivers to Manitobans on core public health priorities such as pandemics and communicable disease prevention.
- Legislation under the responsibility of the minister has been provided in the Statutory Responsibilities of the Minister of Health section.

# Organization Structure

## Manitoba Health as of April 1, 2022



### Other Reporting Entities Accountable to Minister:

- CancerCare Manitoba
- Shared Health
- Regional Health Authorities
  - Interlake-Eastern Regional Health Authority
  - Northern Regional Health Authority
  - Prairie Mountain Health Authority
  - Southern Health-Santé Sud
  - Winnipeg Regional Health Authority

# Department Strategy Map

The department strategy map lists the four government priority areas: Quality of Life, Working Smarter, Public Service and Value for Money, with the department's objectives listed under each priority. Objectives, initiatives and performance measures are described in further detail following the strategy map.

## Vision

Healthy Manitobans through an appropriate balance of prevention and care. (Under revision).

## Mission

To ensure Manitoban patients, families and seniors have access to quality timely health care wherever they live through a health care system that is sustainable and accountable.

## Values

Under development.

## Department Balanced Scorecards Priorities and Objectives

### Quality of Life – Improving Outcomes for Manitobans

1. Create Conditions to Improve Quality of Life
2. Advance Reconciliation

### Working Smarter – Delivering Client-Centred Services

3. Foster and Advance Innovation
4. Reduce Red Tape
5. Involve Manitobans in Decision Making
6. Be Transparent

### Public Service – Delivering Client-Service Excellence

7. Enhance Client Services
8. Build Our Capacity to Deliver
9. Advance Inclusion
10. Strengthen Respect at Work

### Value For Money – Protecting Manitoba's Bottom Line

11. Provide Value for Money
12. Balance the Budget

# Department Schéma Stratégique

Le schéma stratégique ministériel dresse la liste des quatre domaines prioritaires du gouvernement (qualité de vie, gestion plus ingénieuse, fonction publique, optimisation des ressources), les objectifs du portefeuille ministériel étant répertoriés sous chacune de ces priorités. Les objectifs, les initiatives et les mesures du rendement sont décrits plus en détail à la suite de ce schéma.

## Vision

Une population manitobaine en santé grâce à une offre équilibrée de services de prévention et de soins de santé. (En cours de révision).

## Mission

Pour veiller à ce que les patients, les familles et les personnes âgées du Manitoba aient accès à des soins de santé de qualité dans des délais raisonnables, là où ils habitent, par le biais d'un système de soins de santé viable et responsable.

## Valeurs

En cours d'élaboration.

## Priorités et objectifs des tableaux de bord équilibrés ministériels

### Qualité de Vie – Améliorer les résultats pour les Manitobains

1. Créer des conditions qui permettent d'améliorer la qualité de vie
2. Faire progresser la réconciliation

### Gestion Plus Ingénieuse – Fournir des services axés sur le client

3. Favoriser et promouvoir l'innovation
4. Réduire la bureaucratie
5. Faire participer les Manitobains à la prise de décisions
6. Faire preuve de transparence

### Fonction Publique – Favoriser l'excellence du service à la clientèle

7. Améliorer les services aux citoyens
8. Renforcer notre capacité d'exécution
9. Favoriser l'inclusion
10. Renforcer le respect dans nos milieux de travail

### Optimisation des Ressources – Protéger les résultats financiers du Manitoba

11. Dépenser judicieusement
12. Équilibrer le budget

# Department Balanced Scorecards Priorities and Objectives – Details

## Quality of Life – Improving Outcomes for Manitobans

### 1. Create Conditions to Improve Quality of Life

#### Key Initiatives

- **Response to the COVID-19 pandemic and recovery of core public health services:** Continue to evolve COVID-19 response activities to respond to emerging evidence and trends in key public health areas including immunization, case and contact management, testing and enforcement. Ensure reactivation plans are prepared to respond to new variants. COVID-19 has required an unprecedented response from all sectors. Continuing to respond to the evolving nature of COVID-19 will remain a priority, however with a balanced approach that includes recovery of other core public health services.
- **Immunization rates:** The priority for 2022/23 is to return to regular immunization schedules, to continue with recovery activities to catch up on missed immunizations due to disruption of routine health services during the pandemic, to ensure a robust influenza immunization program for fall 2022, and to build on successful accessibility strategies to increase immunization rates across all geographic areas and communities. Immunization remains one of the most effective public health interventions. Aside from COVID-19 immunization, other routine immunizations were impacted by the COVID-19 pandemic.
- **Diagnostic and Surgical Recovery Task Force:** The Task Force has been established to address wait-lists for diagnostic and surgical procedures, as well as related services affected by the COVID-19 pandemic. This includes identifying the priority needs of patients and implementing local and out-of-province services as a temporary initiative to offer the safest and most timely health-care solutions available. See “Wait Times” below.
- **Health System Transformation:** The department and the health sector are continuing in their efforts to ensure the health system is more patient-focused, safe and operates more efficiently and sustainable in the long-term. The department will continue to lead the system change, through policy support and planning, funding and performance requirements, oversight and accountability. Specific activities underway in 2022/23:
  - Continue the planning and implementation of Manitoba’s Clinical and Preventive Services Plan.
  - Implementation of the Governance Review recommendations which will guide the establishment of the permanent board of Shared Health.

To address Wait Times:

- **Emergency Department waits:** One of the indicators currently being monitored as part of the Health System Transformation is wait times. Wait times, specifically emergency department wait times, have been identified as a primary indicator of public access to the Manitoba health care system.
- **Hip, knee and cataract volume/waits:** Another indicator currently being monitored is certain priority procedures to deal with the impacts of the backlog caused by COVID-19 and to reduce waits for surgery.
- **St. Boniface General Hospital redevelopment:** The department will oversee and support the redevelopment of the St. Boniface Hospital Emergency Department. The project will further aid efforts to address emergency department wait times in Winnipeg.

**Invest in capital improvements to strengthen health care delivery:** The department continues to invest in capital projects to health care facilities, Information and Communications Technology (ICT) and medical equipment required to support the Clinical and Preventive Services Plan, address infrastructure renewal, and achieve improved access to care and overall efficiencies.

The 2022/23 fiscal year capital program continues to focus on projects that support Healthcare System Transformation and the Clinical and Preventive Services Plan. Specific projects include:

- Thirty seven Early Works & Facility Shifts projects
- New Portage la Prairie Hospital
- New Neepawa Hospital
- Provincial pharmaceutical services for production/distribution and compliance with the National Association of Pharmacy Regulatory Authorities (NAPRA) standards for sterile compounding of hazardous drugs

The capital program also includes the following specific projects:

- St. Boniface Hospital Emergency Department redevelopment that will expand the size of the department and provide for increased patient capacity. The project is multi-phased and the first part of construction is underway. The pressures of COVID-19 related supply chain issues have increased the cost and extended the original schedule to completion.
- Province-wide project to upgrade fire safety systems in hospitals and personal care homes to comply with the Fire Code by 2026.
- New personal care homes in Carman and Steinbach;
- Acute Stroke Unit and Epilepsy Monitoring Unit – both at Health Sciences Centre; and
- CancerCare Manitoba to expand and upgrade program areas to address the immediate needs and strengthening of services to 2025.
- Investments in provincial ICT systems such as, the pharmacy information management, electronic patient record and dictation and transcription systems.
- Investments in virtual care systems such as remote home monitoring to support care closer to home.

**Shared support services:** Work will continue to establish customer-focused, consistent and coordinated shared services, as identified in the health system transformation blueprint including services such as human resources, supply chain, capital planning and clinical engineering.

- **Health Status of Manitobans Report:** The report will be completed in June of 2022. Reporting on the health status of Manitobans every five years is required under The Public Health Act and is important to provide an overall assessment of the health of the population, and to highlight progress and challenges in reducing health disparities.
- **Sexually transmissible and blood-borne infections (STBBI):** Monitor and evaluate the expansion of coverage for HIV medications (anti-retroviral therapy, post-exposure prophylaxis and pre-exposure prophylaxis), and adjust the programs as necessary; work in partnership on the implementation of an Indigenous led STBBI testing and treatment program for Urban Indigenous people in Winnipeg (partnership with Ka Ni Kanichihk); develop a dashboard for STBBI epidemiologic and system performance indicators; explore expanding service delivery options for STBBI services in Manitoba; and strengthen collaboration between public health and emergency departments with respect to individuals presenting with STBBIs. Harms related to the syndemic of STBBIs and problematic substance use increased as a result of the unintended consequences related to the COVID-19 pandemic. An Incident Command structure was introduced in 2021 to facilitate a more focused, timely and action orientated approach to the syndemic. Incident Command identified priority actions related to STBBIs that would be most impactful in improving the situation.
- **Personal care home licensing:** The modernization of personal care home standards as outlined in the Stevenson Review recommendation #16 will continue through 2022/23. Consultations will continue and standards will be developed or modified in 2022 with the test and analysis stage occurring in 2023.



## Performance Measures

Measure	2021/22 Baseline	2021/22 Target	2022/23 Baseline	2022/23 Target
1.a Improve Manitoba's emergency department/urgent care centre wait time to physician initial assessment	3.9	4.1	-	-
1.b Increase the number of public health inspections of regulated facilities within the province	4,565	-	-	-

**1.a Improve Manitoba's emergency department/urgent care centre wait time to physician initial assessment:** Higher Emergency Department (ED) volumes and wait times can be expected if one or more areas of the health system (e.g. health promotion, public health, primary care, hospital care, long-term care, etc.) are not sufficiently responsive to public need. The wait time for patients to see a provider in the ED/UCC is also a key indicator of timely access to essential health services which help ensure patients receive appropriate care leading to improved health outcomes. While not a complete measure of time spent in the ED/UCC, the 90th percentile wait time to initial assessment (TPIA) represents the maximum time the majority of patients will wait to begin receiving treatment. This measure is reported in hours.

**1.b Increase the number of public health inspections of regulated facilities within the province:** Oversight and monitoring of regulated facilities such as restaurants, daycares, swimming pools, recreational camps and personal service facilities leads to safer food and safer facilities for the public to attend, and should correspond to better health outcomes, especially with regards to foodborne and waterborne diseases. This measures the number of routine public health inspections across all program areas in Manitoba with the goal of returning to pre-COVID-19 inspection levels.

## 2. Advance Reconciliation

### Key Initiatives

- Implementing the Indigenous Partnership Strategic Framework:** The Indigenous Partnership Strategic Framework (IPSF) is essential in the development of meaningful and authentic relationships with Indigenous partners. Successful transformation in the health system(s) requires the department, service delivery organizations and Indigenous partners to work collaboratively to reduce health disparities for Indigenous citizens. The Framework can be used as a guide and tool for ongoing health system work. The department is participating in health system transformation projects where the framework principles are being applied. Some of the areas of work in the Wave 2 health transformation projects include health workforce planning, cultural safety and training for health professionals in the department and the broader health system, and ensuring that indigenous voices are at the table for health service delivery transformation and capital infrastructure upgrades.
- Employee training and awareness of Indigenous history.** Promote and monitor the participation of employees in reconciliation-related learning and training activities to increase awareness of Indigenous histories (including the history and legacy of residential schools). This supports the advancement of central government plans for employee knowledge development aligned to The Path to Reconciliation Act that formalized Manitoba's commitment to advancing reconciliation, as guided by the Calls to Action of the Truth and Reconciliation Commission. The insights gained will support employees in working effectively with diverse Indigenous populations and in developing provincial policies and programs that meet the unique needs and realities of First Nations, Inuit and Métis in Manitoba.

**Performance Measures**

<b>Measure</b>	<b>2021/22 Baseline</b>	<b>2021/22 Target</b>	<b>2022/23 Baseline</b>	<b>2022/23 Target</b>
2.a Increase Participation in Reconciliation Related Learning and Activities	New measure	10%	1%	10%

**2.a Increase Participation in Reconciliation Related Learning and Activities:** The Path to Reconciliation Act formalizes Manitoba’s commitment to advancing reconciliation, as guided by the Calls to Action of the Truth and Reconciliation Commission. This measure will track the percentage of employees within the department who have completed Reconciliation learning. Learning can take many forms as appropriate for employee roles and is the first step in multi-step initiative to strengthen department initiatives to advance reconciliation.



# Working Smarter – Delivering Client-Centred Services

## 3. Foster and Advance Innovation

### Key Initiatives

- **Idea Fund:** Continue to action innovative ideas from the health sector and from healthcare workers. Quality improvement proposals to the Idea Fund from health system leaders, clinical experts and front-line staff are improving service delivery and patient care, as well as having positive impacts on preventive health measures, local access to care, and consistent services for Manitobans.

## 4. Reduce Red Tape

### Key Initiatives

- **Annual report from regulatory accountability database, regulatory instruments and regulatory requirements:** Reduce the number of regulatory requirements within existing acts, regulations, policies and forms. Red tape creates unnecessary provincial rules and processes for local governments, businesses, organizations and residents; reducing steps helps create an effective, efficient and transparent regulatory system. Establishing the baseline number of regulatory requirements in a regulatory instrument is a necessary step to monitor and measure changes made over time. This measurement also helps in identifying the administrative burden experienced by stakeholders in complying with provincial regulatory requirements.

### Performance Measures

Measure	2021/22 Baseline	2021/22 Target	2022/23 Baseline	2022/23 Target
4.a Reduce Red Tape	0	2.5%	0.0%	2.5%

**4.a Reduce Red Tape.** This measure accounts for the percentage reduction of regulatory requirements undertaken by the department in a fiscal year. Data for 2022/23 will be available in the Manitoba Regulatory Accountability Report 2023, which will be published by September 30, 2023. The baseline resets to zero at the beginning of every fiscal year, and the target of a 2.5% reduction is applied.

## 5. Involve Manitobans in Decision Making

### Key Initiatives

- **Shared Health conducted client and citizen engagement in redesign of health system:** For 2022/23, Manitoba Health will continue to monitor and oversee Shared Health's Patient and Public engagement activities that support health system improvements, including:
  - The establishment of a provincial patient engagement network that will enable and offer recruitment, training, and connecting patient partners to healthcare engagement opportunities.
  - Creating standardized processes and tools to support integrating the patient voice into decision-making, planning, quality improvement, strategic planning, and Clinical and Preventive Services Projects.
  - Providing opportunities for patient and public engagement that follow best practices supports people centered care and quality improvements.
- There are citizen representatives on the Diagnostic and Surgical Recovery Task Force Steering Committee.

## 6. Be Transparent

### Key Initiatives

- **Proactive disclosure:** Identify and release health-related documents and reports, such as evaluation results for posting to Open MB website. Providing information of public interest supports the government's commitment to openness, transparency and accountability.
- **Public release of standards reviews of personal care homes:** The department publicly posts all standard review reports of personal care homes on InfoMB website approximately 90 days from the completion of the report. Posting these reports publicly is important because it allows for transparency into the licensing process and the quality of care provided by personal care homes.
- **Public Reporting:** Expand and enhance public reporting on the activities, results, and outcomes of the provincial health system. Providing broader access to this information will contribute to the openness, transparency, and accountability of the department.

# Public Service – Delivering Client-Service Excellence

## 7. Enhance Client Services

### Key Initiatives

- **French Language Services:** Build further bilingual capacity in the department and achieve steady growth in the provision of French language services to the public, as part of a multi-year strategic plan. These efforts will help ensure that the department continues to serve and respond to the needs of Manitoba’s francophone population.
- **Manitobans have access to timely, accurate and credible information about their health system:** Monitor AskHealth volume, turnaround time and satisfaction. AskHealth responds to public inquiries on behalf of the premier, minister and other senior officials, thus ensuring Manitobans have access to timely, accurate and credible information about their health system.

### Performance Measures

Measure	2021/22 Baseline	2021/22 Target	2022/23 Baseline	2022/23 Target
7.a Increase provision of active offer for French language in all public interactions	-	-	42%	55%

**7.a Increase provision of active offer for French language in all public interaction.** By monitoring the provision of Active Offer through an audit, and reviewing results with service areas, we will be able to determine improvements needed to services to ensure that Manitobans are offered services in both official languages. This measure represents the percentage of calls to active phone lines where Active Offer was provided with the goal of returning to pre-COVID-19 levels.

## 8. Build Our Capacity to Delivery

### Key Initiatives

- **Attain the capital budget:** In collaboration with service delivery organizations the department will provide oversight on the projects included in the annual capital plans to ensure that investments in medical equipment, buildings, and information technology continue to progress toward the established budgets.
- **Access to staff learning and development:** Promote and monitor the Employee Perspective Survey to seek understanding of employees’ perceptions that the department is providing adequate support for learning and development. Managerial support in facilitating additional training opportunities for public servants helps them further develop the skills they need to modernize, innovate, and meet the needs of Manitobans.
- **Ensure health sector COVID-19 costs are funded in a timely way:** In 2022/23, the department will follow a timely quarterly reimbursement process, and this is planned to continue throughout the remainder of the pandemic.

## 9. Advance Inclusion

### Key Initiatives

- **Employee feedback on respect in the workplace:** Promote and monitor participation and response to the Employee Perspectives Program Survey relating to employees’ perception of a respectful workplace environment. Promoting a respectful workplace for public servants ensures they act in the public interest, with integrity, respect, skill and dedication in accordance with Manitoba’s Respectful Workplace Policy.

## Performance Measures

Measure	2022/23 Baseline	2022/23 Target
9.a Percentage of department employees who have completed mandatory diversity and inclusion training	New Measure	90%

**9.a Percentage of department employees who have completed mandatory diversity and inclusion training:** This measure will capture the percentage of department employees that have taken mandatory diversity and inclusion training offered through the Public Service Commission. It is assumed that employees will implement course learning through their work, supporting inclusive workplaces. A 90% completion rate was identified as a reasonable target for this measure.

## 10. Strengthen Respect at Work

### Key Initiatives

- **Respectful workplace training:** Promote and monitor the necessity and importance of respectful workplace training and provide reporting to branches on completion status. This work ensures public servants act in the public interest, with integrity, respect, skill and dedication in accordance with the Manitoba Values and Ethics Guide and be reflective of employee's perception that the department is providing a respectful work environment.

## Performance Measures

Measure	2022/23 Baseline	2022/23 Target
10.a Percentage of department employees who have completed mandatory respectful workplace training	New Measure	90%

**10.a Percentage of department employees who have completed mandatory respectful workplace training:** This measure will capture the percentage of department employees that have completed the mandatory respectful workplace training offered through the Public Service Commission. Completion of the training is now an annual requirement, and employees have until the end of the fiscal year 2021/22 to complete the updated course, at which time data will be available to assess progress on this measure. It is assumed that employees will implement course learning through their work, supporting inclusive and respectful workplaces. A 90% completion rate was identified as a reasonable target for this measure.

# Value for Money – Protecting Manitoba’s Bottom Line

## 11. Provide Value for Money

### Key Initiatives

- Paper reduction:** Report on reducing the number of packages of paper used by the department this year. The reduction in redundancy, waste and inefficiency will contribute to government’s commitment to provide value for money and pursue “greener” operational actions.
- Supply Chain Improvement:** Manitoba will continue to seek improvements and make strides in the realm of supply chain improvement including, but not limited to, provincial contracting practices. Health transformation efforts overseen through the department will continue to work on the design and development of clinical standards and common products and services that will be used in the course of care. It will also seek to more formally establish supply chain functions as a true shared service not only for the health sector, but for all-of-government health purchases at large.
- Digital Health Efficiencies:** The department will commission a number of key quality improvements in the digital health environment that are anticipated to achieve value for money, thereby making greater resources available for front line services. Some of the improvements include: consolidation of data centres, standardization of solutions for identity and access management, contracting in the realm of telephony, and general improvement in end user computing.

### Performance Measures

Measure	2021/22 Baseline	2021/22 Target	2022/23 Baseline	2022/23 Target
11.a Achieve the Capital Budget	-	\$293.8 M	-	\$288.9 M
11.b Reduce Paper Usage	New measure	New measure	1667	100

Note: 11.b 2021-22 baseline and ongoing measures for paper usage include data for both the Department of Health and the Department of Mental Health and Community Wellness.

**11.a Achieve the Capital Budget.** The Manitoba government has pledged a spending commitment in the health sector to Manitobans, which includes capital investments for projects of strategic priority to bring care close to home communities, expand local services, improve access and address building safety and security issues. It is critical to track capital spending across the health system.

**11.b Reduce Paper Usage.** The reduction in redundancy, waste and inefficiency will contribute to government’s commitment to provide value for money. The amount of paper used is a lead indicator for unnecessary paper-related operating expenditure. Paper usage is measured in packages and the target represents a 6% reduction from baseline.

## 12. Balance the Budget

### Key Initiatives

- Redesign of Departmental Accountability and Commissioning functions** including, but not limited to, funding modernization with the health sector, creation of key commissioning tools and Performance Management and Improvement Systems to deliver greater value for Manitobans.

**Performance Measures**

<b>Measure</b>	<b>2021/22 Baseline</b>	<b>2021/22 Target</b>	<b>2022/23 Baseline</b>	<b>2022/23 Target</b>
12.a Work Within Operating Budget	-	\$6.623 M	-	\$6.687 M

**12.a Work Within Operating Budget.** Health administers one of the most expensive and publicly-visible social programs provided by the government. As this represents a significant amount of spending for government, it is critical that expenditures are kept in line and budgets are effectively balanced. This can be tracked by comparing the Summary Operating Budget to the Summary Operating Forecast.





# Financial Details

## Consolidated Expenditures

This table includes the expenditures of the department and other reporting entities that are accountable to the minister and aligns to the Summary Budget.

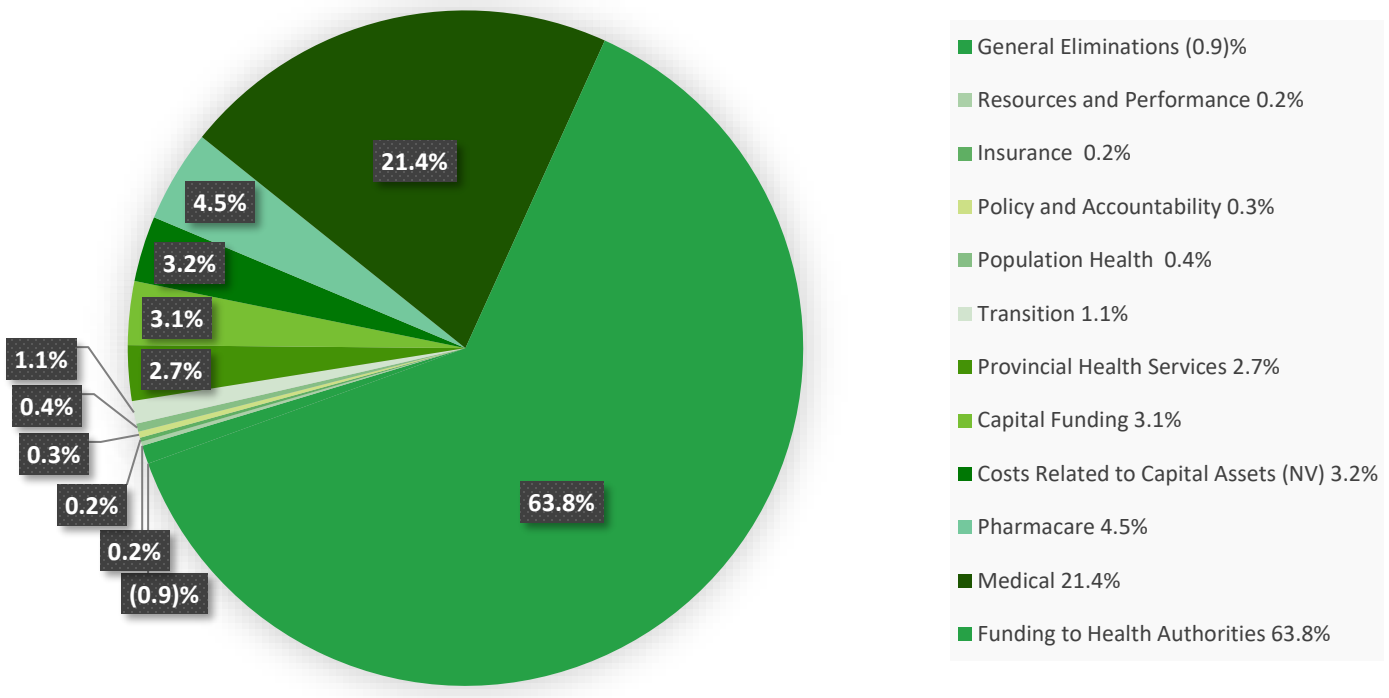
### Health includes the following OREs:

- Seven Service Delivery Organizations (SDOs): CancerCare Manitoba, five Regional Health Authorities, and Shared Health are consolidated with the Funding to Health Authorities appropriation.
- Personal Care Homes, Community Health Agencies, Rehabilitation Centre for Children, Inc., and St. Amant are funded by the SDOs.

Main Appropriations	Part A - Operating	Other Reporting Entities	Consolidation and Other Adjustments	2022/23 Summary	2021/22 Summary
\$(000s)					
Resources and Performance	12,785	-	-	<b>12,785</b>	12,072
Policy and Accountability	19,954	-	-	<b>19,954</b>	19,102
Insurance	13,892	-	-	<b>13,892</b>	13,525
Population Health	29,525	-	-	<b>29,525</b>	28,083
Transition	76,091	-	-	<b>76,091</b>	66,249
Funding to Health Authorities	3,998,426	808,930	(541,812)	<b>4,265,544</b>	4,198,749
Provincial Health Services	180,642	-	-	<b>180,642</b>	174,491
Medical	1,428,211	-	-	<b>1,428,211</b>	1,402,616
Pharmacare	298,062	-	-	<b>298,062</b>	287,140
Capital Funding	207,890	-	-	<b>207,890</b>	212,870
Costs Related to Capital Assets (NV)	7,500	204,725	-	<b>212,225</b>	218,333
General Eliminations	-	-	(58,213)	<b>(58,213)</b>	(51,002)
<b>TOTAL</b>	<b>6,272,978</b>	<b>1,013,655</b>	<b>(600,025)</b>	<b>6,686,608</b>	<b>6,582,228</b>

NV – Non-Voted

### Percentage Distribution of Summary Expenditures by Operating Appropriation, 2022/23



# Overview of Departmental Expenditures and FTEs by Appropriation and Type

Main Appropriations	2022/23		2021/22	
	FTEs	\$(000s)	FTEs	\$(000s)
Resources and Performance	131.40	12,785	127.40	12,072
Policy and Accountability	115.10	19,954	115.10	19,102
Insurance	174.80	13,892	174.80	13,525
Population Health	159.95	29,525	159.95	28,083
Transition	152.50	76,091	134.50	66,249
Funding to Health Authorities	-	3,998,426	-	3,896,674
Provincial Health Services	-	180,642	-	174,491
Medical	-	1,428,211	-	1,402,616
Pharmacare	-	298,062	-	287,140
Capital Funding	-	207,890	-	212,870
Costs Related to Capital Assets (NV)	-	7,500	-	14,019
<b>TOTAL</b>	<b>733.75</b>	<b>6,272,978</b>	<b>711.75</b>	<b>6,126,841</b>
<b>Expense by Type</b>				
Salaries and Employee Benefits	733.75	67,306	711.75	63,108
Other Expenditures	-	6,196,205	-	6,048,582
Grant Assistance	-	1,967	-	1,132
Amortization	-	7,500	-	14,019
<b>TOTAL</b>	<b>733.75</b>	<b>6,272,978</b>	<b>711.75</b>	<b>6,126,841</b>

NV – Non-Voted

Please refer to the Manitoba Estimates of Expenditure for the Reconciliation of the 2021/22 Adjusted Print.

# Departmental Staffing

## FTE and Salaries and Employee Benefits by Appropriation

Main Appropriations	2022/23		2021/22	
	FTEs	\$(000s)	FTEs	\$(000s)
Resources and Performance	131.40	11,405	127.40	10,704
Policy and Accountability	115.10	9,967	115.10	9,115
Insurance	174.80	11,432	174.80	11,104
Population Health	159.95	21,539	159.95	20,917
Transition	152.50	12,963	134.50	11,268
<b>TOTAL</b>	<b>733.75</b>	<b>67,306</b>	<b>711.75</b>	<b>63,108</b>

# Equity and Diversity Benchmarks

Manitobans are best served by a public service that is inclusive and representative of the diverse population of Manitoba at all levels of the organization, including senior management. Employment equity status is self-identified on a voluntary basis when individuals are hired into a position or at any time during their employment with Manitoba's public service. Employment equity groups include women, Indigenous peoples, visible minorities, and persons with disabilities. This measure will capture diversity in Manitoba's public service and in senior management.

Equity Group	Benchmarks	% Total Employees as of Feb. 28, 2022
Women	50%	71.4%
Indigenous Peoples	16%	8.2%
Visible Minorities	13%	27.9%
Persons with Disabilities	9%	5.8%

## Position Summary by Career Stream

### Career Streams

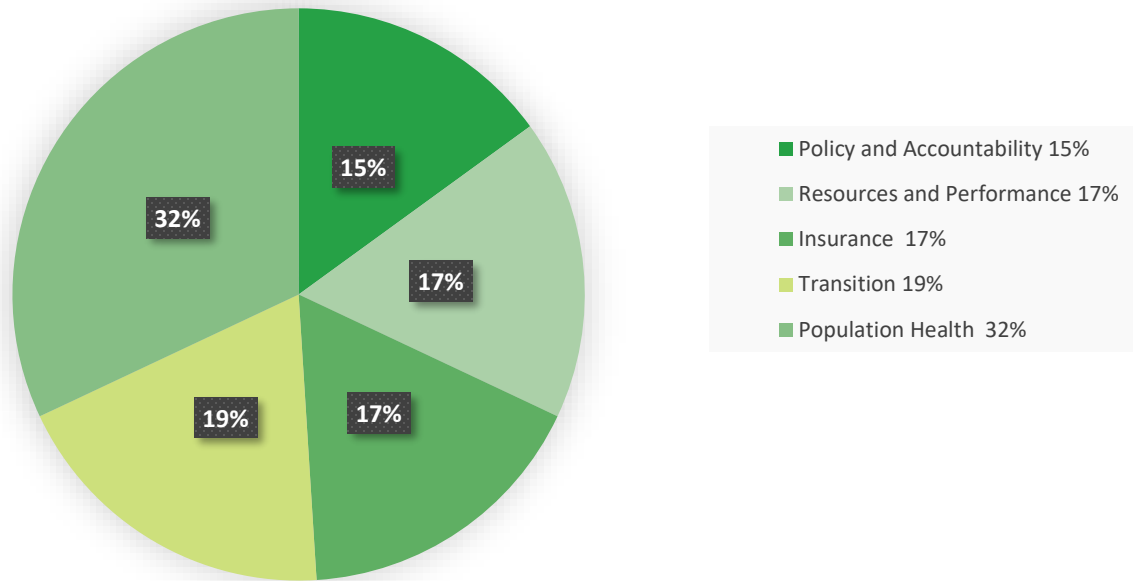
<b>Executive</b>		Deputy ministers, assistant deputy ministers, executive directors and directors providing leadership to contribute to the strategic direction of the organization
<b>Management</b>		Management and supervisory professionals that oversee activities within a specified area. Positions have formal accountability for financial and organizational performance, which includes the responsibility to plan and direct the activities of a work unit consisting of at least 3 total reports.
<b>Individual Contributors*</b>	Professional & Technical	Individual contributors in a professional discipline or technical specialty
*Positions may have some supervisory responsibilities or lead hand responsibilities for a work team.	Trades	Individual contributors who provide either skilled trade services and unskilled trades.
	Support & Service	Individual contributors who provide direct service, operational support or administrative services.

# Position Summary by Career Stream

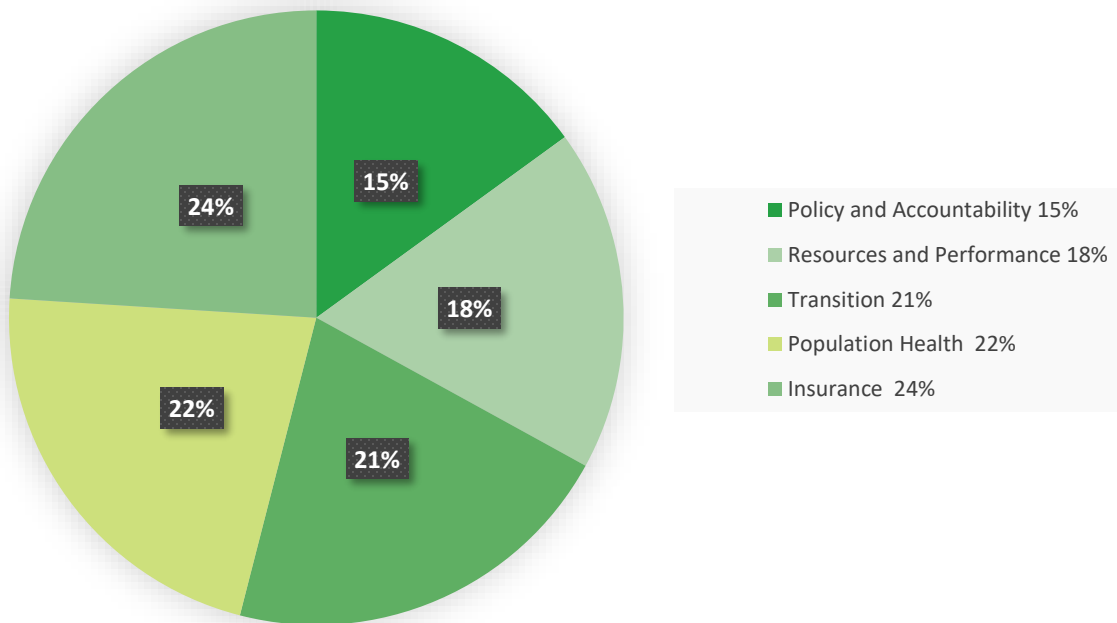
Main Appropriations	Executive		Management		Professional and Technical		Trades		Support and Service		Total	
	FTEs	\$(000s)	FTEs	\$(000s)	FTEs	\$(000s)	FTEs	\$(000s)	FTEs	\$(000s)	FTEs	\$(000s)
Resources and Performance	8.00	933	6.00	565	63.80	4,774	-	-	53.60	2,701	131.40	8,973
Policy and Accountability	7.00	724	4.00	381	79.80	6,249	-	-	24.30	1,100	115.10	8,454
Insurance	4.00	467	5.00	435	24.80	1,688	-	-	141.00	7,120	174.80	9,710
Population Health	9.00	1,608	6.00	588	122.95	12,346	-	-	22.00	1,062	159.95	15,604
Transition	2.00	123	1.00	103	105.70	8,053	1.00	58	42.80	2,142	152.50	10,479
<b>TOTAL</b>	<b>30.00</b>	<b>3,855</b>	<b>22.00</b>	<b>2,072</b>	<b>397.05</b>	<b>33,110</b>	<b>1.00</b>	<b>58</b>	<b>283.70</b>	<b>14,125</b>	<b>733.75</b>	<b>53,220</b>

Reconciliation to Other Schedules (Salary Costs)	\$(000s)
Salary Cost per above	53,220
Employee Benefits	10,799
Other Costs and Benefits	6,639
Staff Turnover	(3,352)
<b>TOTAL</b>	<b>67,306</b>

### Percentage Distribution of Salaries and Employee Benefits by Operating Appropriation, 2022/23



### Percentage Distribution of Full Time Equivalents (FTEs) by Operating Appropriation, 2022/23



# Overview of Capital Investments and Loans

	2022/23	2021/22	
<b>Part B – Capital Investment</b>	<b>\$(000s)</b>		<b>Expl.</b>
Provides for the development or enhancement of information technology systems and the acquisition of equipment.			
General Assets	<b>1,305</b>	1,305	

	2022/23	2021/22	
<b>Part D – Other Reporting Entities Capital Investment</b>	<b>\$(000s)</b>		<b>Expl.</b>
Provides for the development or enhancement of strategic infrastructure, equipment, and information technology system.			
Capital Program	<b>288,913</b>	289,251	





# Departmental Program and Financial Operating Information – Part A Expenditure and FTEs

## Resources and Performance (Res. No. 21.1)

### Main Appropriation Description

Oversees health system fiscal resourcing and organizational performance through formal approaches to commissioning of programs and services from service delivery organizations via accountability agreements. Leads and manages the provincial information management and analytics shared service. Provides advice, financial administration and support to the departments of Manitoba Health, Mental Health and Community Wellness, and Seniors and Long-Term Care.

### Sub-Appropriation Description

**Comptrollership:** Provides for the identification and fair allocation of both tangible and fiscal resources, and monitors the use of those resources in accordance with government priorities and policies.

**Financial Commissioning:** Plans and oversees the allocation of available operating, medical, and capital funds to health service delivery organizations in accordance with government priorities. Monitors and reports the financial performance of health service delivery organizations.

**Health Services Commissioning:** Leads the development, execution, and accountabilities for commissioned agreements with health authorities and funded agencies.

**Information Management and Analytics:** Leads and manages the provincial information management and analytics shared service aimed at providing accurate and timely information to decision makers across the health care system.

### Key Initiatives

- Effective and efficient resourcing of the health care delivery system through formalized approaches to commissioning including defining the services that will be funded and ensuring value for taxpayer dollars.
- Develop and maintain policy, standards and processes for commissioning and funding framework, aligning to Government requirements that drive a consistent focus on cost improvement, accountability, innovation, and improved health outcomes for Manitobans.
- Develop and implement effective internal and budget controls and manage the department and divisional budget in accordance with Government directives, The Financial Administrative Act, departmental policies, guidelines and acceptable professional accounting practices (Canadian Generally Accepted Accounting Principles (GAAP) and the accounting standards issued by the Public Sector Accounting Board (PSAB)).
- Develop and manage provincial information management and analytics shared service aimed at providing accurate, quality, valid, and timely evidence to a number of decision makers including government and the broader health system.

<b>Sub-appropriations</b>	<b>2022/23</b>		<b>2021/22</b>		<b>Expl.</b>
	<b>FTEs</b>	<b>\$(000s)</b>	<b>FTEs</b>	<b>\$(000s)</b>	
Minister's Salary	<b>1.00</b>	<b>42</b>	1.00	42	
Executive Support	<b>16.00</b>	<b>1,423</b>	16.00	1,445	
Administration	<b>3.00</b>	<b>307</b>	3.00	325	
Comptrollership	<b>21.60</b>	<b>2,348</b>	19.60	2,119	
Financial Commissioning	<b>24.00</b>	<b>2,268</b>	24.00	2,234	
Health Services Commissioning	<b>18.80</b>	<b>1,550</b>	18.80	1,559	
Information Management and Analytics	<b>47.00</b>	<b>4,847</b>	45.00	4,348	
<b>TOTAL</b>	<b>131.40</b>	<b>12,785</b>	127.40	12,072	
<b>Expense by Type</b>					
Salaries and Employee Benefits	<b>131.40</b>	<b>11,405</b>	127.40	10,704	
Other Expenditures	-	<b>942</b>	-	930	
Grant Assistance	-	<b>438</b>	-	438	
<b>TOTAL</b>	<b>131.40</b>	<b>12,785</b>	127.40	12,072	

## Policy and Accountability (Res. No. 21.2)

### Main Appropriation Description

Supports government in developing policy objectives and solutions for the healthcare delivery system, and implements and oversees government direction. Oversees department, system, workforce and infrastructure planning and forecasting across the healthcare delivery system. Provides advice for the development, implementation and oversight of policies for programs related to Manitoba Health, Mental Health and Community Wellness, and Seniors and Long-Term Care.

### Sub-Appropriation Description

**Infrastructure:** Provides advice and recommendations for government decision-making on health infrastructure investments, and oversees the progress and status of specific projects and the overall capital program. Develops capital program and policy options for infrastructure to support the continued delivery of healthcare across the province.

**Planning and Knowledge Management:** Leads oversight of health system planning to ensure its strategic integration and alignment with department activities and government's mandate. Ensures that the Department and health system's structure and governance promotes integration of health services, along with the co-ordination of departmental responses to inquests, audits, proposals and regulatory accountability. Responsible for horizon scanning and providing advice on current and emerging health issues, trends and best practices.

**Policy and Standards:** Undertakes activities to develop and provide policy advice and solutions on a range of health system issues and government policy decisions.

**Accountability Management:** Provides leadership in oversight, evaluation and monitoring of system level results and outcomes through analysis of trends and system performance, corrective action, and reporting of results.

**Workforce:** Provides policy, planning and oversight in the development of health human resources.

### Key Initiatives

- Provide oversight and enable policy and planning support for the Clinical and Preventive Services Plan.
- Develop and enable a responsive and strategic workforce plan including, but not limited to:
  - Support the International Educated Nurses Pathway Project
  - Lead Health's response to health human resource increases with Advanced Education, Skills and Immigration
  - Lead stakeholder communication on proposed regulatory amendments respecting records to be maintained by practitioners for the assessment, payment and audit of insured medical services and other health services under The Health Services Insurance Act
- Represent Manitoba in negotiating the annual Canadian Blood Services budget and ensuring Canadian Blood Services accountability with the National Accountability Agreement. Oversee implementation of Shared Health's blood product utilization initiatives and cost efficiency during global supply chain constraints, to ensure Manitobans have sustained access to critical blood and blood products.
- Produce a report on the outcomes of a legislative review of the Universal Newborn Hearing Screening Act for tabling by the minister in the Legislative Assembly. The report will reflect the outcomes of public and stakeholder engagements and identify any amendments that may be recommended as a result of this review. This work will ensure that the act enables the Universal Newborn Hearing Screening program to deliver optimal care to Manitoba families.
- Provide timely and comprehensive policy review to ensure new and existing policies enable the Clinical and Preventive Services Plan, and delivery of effective, safe and quality care to Manitobans.
- Enable and provide oversight for the effective implementation of several infrastructure projects, ensuring they are delivered on time, on budget and in scope.

- Build further bilingual capacity in the department and achieving steady growth in the provision of French language services to the public, as part of a multi-year strategic plan. These efforts will help ensure that the department continues to serve and respond to the needs of Manitoba's francophone population.
- Lead the strategic planning process for the department and health system. The strategic plan will state the priorities, goals and objectives for the next 5 years and will lead the work within a post transformation environment. The plan will guide work planning and the realignment of policy, planning, funding and oversight functions within the department, as well as support greater alignment within the health system.

Sub-appropriations	2022/23		2021/22		Expl.
	FTEs	\$(000s)	FTEs	\$(000s)	
Administration	3.00	322	3.00	348	
Infrastructure	43.90	11,521	43.90	11,284	
Planning and Knowledge Management	24.30	2,520	24.30	2,543	
Policy and Standards	21.60	2,601	21.60	2,337	
Accountability Management	13.30	1,438	13.30	1,289	
Workforce	9.00	1,552	9.00	1,301	1
<b>TOTAL</b>	<b>115.10</b>	<b>19,954</b>	<b>115.10</b>	<b>19,102</b>	
<b>Expense by Type</b>					
Salaries and Employee Benefits	115.10	9,967	115.10	9,115	
Other Expenditures	-	9,835	-	9,835	
Grant Assistance	-	152	-	152	
<b>TOTAL</b>	<b>115.10</b>	<b>19,954</b>	<b>115.10</b>	<b>19,102</b>	

<sup>1</sup> Net impact of normal salary adjustments for existing positions.

## Insurance (Res. No. 21.3)

### Main Appropriation Description

Establishes and administers benefits as prescribed by The Canada Health Act as well as provincially funded benefits as prescribed by The Health Services Insurance Plan, The Pharmaceutical Act, and The Prescription Drug Cost Assistance Act. Establishes and monitors department administrative policies, processes, and standards.

### Sub-Appropriation Description

**Department Services:** Develops and supports alignment to administrative policies, processes and standards, as well as leading departmental communications, operations, and employee wellness, engagement and diversity/inclusion efforts. Provides administrative, technological and logistical support to the departments of Manitoba Health, Mental Health and Community Wellness, and Seniors and Long-Term Care.

**Non-Insured Benefits:** Plans, manages, and administers provincially funded benefits offered beyond those required by The Canada Health Act. Establishes eligibility criteria, service improvements, legislative amendments and related benefit plan design to support government goals and priorities in the delivery of health care.

**Insured Benefits:** Plans, manages, and monitors registration of citizens for benefits and fee-for-service payments to health care providers insured under the provincial health insurance plan. Interprets and translates benefits under the provincial health insurance plan to advise and direct service delivery organizations and alignment with requirements of The Canada Health Act. Establishes policy, benefit plan design, and corresponding legislative amendments to support government goals and priorities in the delivery of health care. Supports the development of negotiation mandates for health care providers, professional associations, and other provincial plans.

### Key Initiatives

- Develop, engage and implement a robust Insurance division communications strategy for the public regarding insured and non-insured benefits services.
- Develop and enable publicly available insurance division performance standards and reporting metrics for services offered to the public.
- Continue to ensure new drugs are added to the formulary for Pharmacare, when evidence-informed and approved by Health Canada for use in Canada.

<b>Sub-appropriations</b>	<b>2022/23</b>		<b>2021/22</b>		<b>Expl.</b>
	<b>FTEs</b>	<b>\$(000s)</b>	<b>FTEs</b>	<b>\$(000s)</b>	
Administration	<b>3.00</b>	<b>294</b>	3.00	315	
Department Services	<b>27.00</b>	<b>2,606</b>	27.00	2,248	1
Non-Insured Benefits	<b>51.00</b>	<b>4,374</b>	51.00	4,359	
Insured Benefits	<b>93.80</b>	<b>6,618</b>	93.80	6,603	
<b>TOTAL</b>	<b>174.80</b>	<b>13,892</b>	174.80	13,525	
<b>Expense by Type</b>					
Salaries and Employee Benefits	<b>174.80</b>	<b>11,432</b>	174.80	11,104	
Other Expenditures	-	<b>2,046</b>	-	2,007	
Grant Assistance	-	<b>414</b>	-	414	
<b>TOTAL</b>	<b>174.80</b>	<b>13,892</b>	174.80	13,525	

<sup>1</sup> Increase to support the corporate functions of the department of Seniors and Long-Term Care, and net impact of normal salary adjustments for existing positions.

## Population Health (Res. No. 21.4)

### Main Appropriation Description

Oversees population and public health leadership to advance the health of the population, including disease prevention and control. Ensures department work is conducted on new or on amended statutes and regulations, requests for information on The Freedom of Information and Protection of Privacy Act, engagement with Indigenous leaders and organizations, health systems compliance with applicable provincial legislation, policies and standards to ensure safe environments for patients are maintained, health systems quality, and federal and provincial relations.

### Sub-Appropriation Description

**Population and Public Health:** Provides public health clinical leadership to advance the health of the population; leads and co-ordinates the health system on emerging public health issues, and ensures that health protection services are delivered.

**Intergovernmental and Indigenous Relations:** Fosters relationships and engagement with Indigenous leaders and organizations and the broader health system to collaborate on Indigenous led health initiatives and promote effective interfaces of the health services that are delivered by multiple governments. Provides co-ordination of policy advice and information to support work of ministerial and deputy minister federal, provincial, and territorial health tables.

**Quality and Citizen Experience:** Oversees health system quality that includes patient centred care, patient safety, accreditation and public engagement.

**Office of the Chief Provincial Public Health Officer:** Provides co-ordinated and integrated public health leadership for public health services and programs at regional and provincial levels, including carrying out the role and responsibilities outlined in The Public Health Act for the purpose of promoting and protecting the health of the population.

**Legislative Unit:** Facilitates the development of new or amended statutes and regulations that are the responsibility of the ministers of Health, Mental Health and Community Wellness, and Seniors and Long-Term Care. Provides information and advice on the application of the statutes and regulations. Manages access to information requests received by the departments of Health, Mental Health and Community Wellness, and Seniors and Long-Term Care under The Freedom of Information and Protection of Privacy Act.

**Licensing and Compliance:** Oversees health system compliance with applicable provincial legislation, policies and standards to ensure safe environments for patients are maintained. Administers The Protection for Persons in Care Act, including receiving reports of alleged patient abuse and neglect in designated health care facilities. Oversees licensing of Emergency Medical Services and Personal Care Homes.

### Key Initiatives

- Assess the impact of the COVID-19 pandemic on families, return to providing all core public health services with families and develop strategies to address any gaps in services. Manitoba's evidence informed services for families have demonstrated positive impacts. These services like other health services were impacted during the pandemic. Understanding the impact of the pandemic and developing a deliberate strategy to address gaps in services is a priority to support Manitoba's new families.
- Re-establish core public health inspection services and standards which were disrupted during the COVID-19 pandemic as routine work inspecting restaurants, grocery stores, daycares, swimming pools, recreational camps and personal service facilities (such as tattoo and body piercing facilities) have been disrupted since March 2020. The COVID-19 pandemic has highlighted the importance of core public health services to ensure safety. As public health orders are amended and businesses are re-opened, ensuring ongoing routine inspections is critical to public health.
- Continue to address Sexually Transmitted and Blood-Borne Infections challenges in Manitoba.
- Continue to license and inspect all 125 personal care homes in a timely manner.

<b>Sub-appropriations</b>	<b>2022/23</b>		<b>2021/22</b>		<b>Expl.</b>
	<b>FTEs</b>	<b>\$(000s)</b>	<b>FTEs</b>	<b>\$(000s)</b>	
Administration	<b>3.00</b>	<b>350</b>	3.00	351	
Population and Public Health	<b>106.95</b>	<b>21,594</b>	106.95	20,230	
Intergovernmental and Indigenous Relations	<b>7.00</b>	<b>1,154</b>	7.00	1,131	
Quality and Citizen Experience	<b>7.00</b>	<b>1,750</b>	7.00	1,727	
Office of the Chief Provincial Public Health Officer	<b>2.00</b>	<b>1,024</b>	2.00	975	
Legislative Unit	<b>14.00</b>	<b>1,683</b>	14.00	1,704	
Licensing and Compliance	<b>20.00</b>	<b>1,970</b>	20.00	1,965	
<b>TOTAL</b>	<b>159.95</b>	<b>29,525</b>	159.95	28,083	
<b>Expense by Type</b>					
Salaries and Employee Benefits	<b>159.95</b>	<b>21,539</b>	159.95	20,917	
Other Expenditures	-	<b>7,036</b>	-	7,071	
Grant Assistance	-	<b>950</b>	-	95	
<b>TOTAL</b>	<b>159.95</b>	<b>29,525</b>	159.95	28,083	



## Transition (Res. No. 21.5)

### Main Appropriation Description

Oversees and manages current operations of service delivery structures, staff and related functions of Cadham Provincial Laboratory. Leads the department's transformation towards the new mandate of policy, planning, funding, and oversight.

### Sub-Appropriation Description

**Cadham Provincial Laboratory Services:** Provides response to and detection of disease in the province through laboratory screening, surveillance, and viral and emerging infectious disease testing. Serves as the primary lab resource to public health and government.

**Health Transformation:** Provides support for projects related to the transformation of the health system.

**Priority Procedures Wait Times Reduction:** Provides additional funding for priority procedures, such as hip, knee and cataract surgeries, to improve patient care and meet the objective of reducing wait times for Manitobans.

### Key Initiatives

- Lead organizational changes to support the transition from the Department of Health and Seniors Care to the Department of Health, as well as to position the department to advance health system performance and recovery from COVID-19.
- Ensure the continuity of business processes and systems during the transitioning of staff, functions and services to Shared Health.
- Transition Cadham Provincial Laboratory to Shared Health during 2022/23.

Sub-appropriations	2022/23		2021/22		Expl.
	FTEs	\$(000s)	FTEs	\$(000s)	
Transition	7.50	11,709	7.50	4,564	1
Cadham Provincial Laboratory Services	145.00	24,878	127.00	20,685	2
Health Transformation	-	29,504	-	31,000	
Priority Procedures Wait Times Reduction	-	10,000	-	10,000	
<b>TOTAL</b>	<b>152.50</b>	<b>76,091</b>	<b>134.50</b>	<b>66,249</b>	

### Expense by Type

Salaries and Employee Benefits	152.50	12,963	134.50	11,268
Other Expenditures	-	63,115	-	54,948
Grant Assistance	-	13	-	33
<b>TOTAL</b>	<b>152.50</b>	<b>76,091</b>	<b>134.50</b>	<b>66,249</b>

<sup>1</sup> Increase due to contractual obligations for critical care aviation.

<sup>2</sup> Increase to support Cadham Provincial Laboratory pandemic response and to enhance service capacity.

## Funding to Health Authorities (Res. No. 21.6)

### Sub-Appropriation Description

**Acute Care Services - Funding to Service Delivery Organizations:** Provides funding to health authorities, CancerCare Manitoba and Shared Health to provide services delivered within acute care settings. Funding for the acute care sector encompasses operating funding related to compensation, supplies, and drugs required to operate acute care facilities and programs.

**Long-Term Care Services - Funding to Service Delivery Organizations:** Provides funding to health authorities and Shared Health to deliver services to provincially licensed personal care homes. Funding for the long-term care sector includes operating funding related to compensation, supplies, and drugs required to operate long-term care facilities.

**Home Care Services - Funding to Service Delivery Organizations:** Provides funding to health authorities and Shared Health to provide home care and related services required to enhance patient care in their homes. Funding for the home care sector is largely comprised of compensation and supply costs.

**Community Health Services - Funding to Service Delivery Organizations:** Provides funding to health authorities and Shared Health to fund services provided through Community Health Agencies.

**Emergency Response and Transport Services - Funding to Service Delivery Organizations:** Provides funding to Shared Health for Emergency Response Services across the province, as well as funding to health authorities for the Northern Patient Transportation Program.

Sub-appropriations	2022/23		2021/22		Expl.
	FTEs	\$(000s)	FTEs	\$(000s)	
Acute Care Services - Funding to Service Delivery Organizations	-	2,524,771	-	2,456,388	1
Long-Term Care Services - Funding to Service Delivery Organizations	-	661,734	-	642,458	1
Home Care Services - Funding to Service Delivery Organizations	-	385,887	-	379,471	1
Community Health Services - Funding to Service Delivery Organizations	-	250,931	-	245,519	1
Emergency Response and Transport Services - Funding to Service Delivery Organizations	-	175,103	-	172,838	1
<b>TOTAL</b>	-	<b>3,998,426</b>	-	<b>3,896,674</b>	
<b>Expense by Type</b>					
Other Expenditures	-	3,998,426	-	3,896,674	
<b>TOTAL</b>	-	<b>3,998,426</b>	-	<b>3,896,674</b>	

<sup>1</sup> Price and volume increases.

## Provincial Health Services (Res. No. 21.7)

### Main Appropriation Description

Provincial health-related programming and services, which include Out-of-Province, Blood Transfusion Services, Federal Hospitals, Ancillary Programs, Nursing Recruitment and Retention Initiatives, the Manitoba Learning Health System Network, and Immunizing Agents, Biologics and Drugs.

### Sub-Appropriation Description

**Out-of-Province:** Provides for insured hospital services required by Manitobans while temporarily out of the province. This fulfills the portability requirements of The Canada Health Act.

**Blood Transfusion Services:** Oversees and advises on policy, funding, planning, and support to interprovincial co-ordination regarding Manitoba's utilization of blood products, organ and tissue supply and associated expenditures to ensure that Manitobans have safe, reliable and sustainable access to appropriate transfusion and transplant products and services.

**Federal Hospitals:** Provides funding for medical services delivered to non-treaty residents of Manitoba at federal hospitals located in Norway House and Hodgson and 22 federal nursing stations.

**Ancillary Programs:** Provides for assistive devices as prescribed under The Prosthetic, Orthotic and other Medical Devices Insurance Regulation of The Health Services Insurance Act.

**Nursing Recruitment and Retention Initiatives:** Provides recruitment and retention initiatives for nurses in Manitoba.

**Manitoba Learning Health System Network:** Supports policy evaluation and research on priority health issues for the department through the Manitoba Centre for Health Policy, George and Fay Yee Centre for Healthcare Innovation, Manitoba Training Program for Health Services Research and Translating Research in Elder Care.

**Immunizing Agents, Biologics and Drugs:** Ensures the security of the supply of vaccines and drugs via purchase, storage and distribution of immunizing agents, biologics and drugs.

### Key Initiatives

- Provide payment to, or on behalf of residents of Manitoba for insured hospital services required while out of province and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents. To support Manitobans by securing appropriate out of province surgical capacities, for medically required insured services that are aligned to the surgical and diagnostic taskforce efforts.
- Represent Manitoba in negotiating the annual Canadian Blood Services budget and overseeing Canadian Blood Services accountability with the National Accountability Agreement. Oversee implementation of Shared Health's blood product utilization initiatives and cost efficiency during global supply chain constraints, to ensure Manitobans have sustained access to critical blood and blood products.
- Commission the Manitoba Learning Health System Network (MLHSN) through the University of Manitoba to support innovation, research, applied learning and knowledge synthesis and translation within the department and across the health regions at large. This will include providing funding support to maintain the Population Health Data Repository for use in research. The MLHSN partners include the Manitoba Centre for Health Policy, George and Fay Yee Centre for Healthcare Innovation, Manitoba Training Program for Health Service Research, and Translating Research in Elder Care.
- Expand the insulin pump coverage to Manitobans aged 18-26 years requires administrative improvements to the claims processing infrastructure. Over the 2022/2023 fiscal year, claims processing procedures and infrastructure will be modernized to support any new or updated product coverage policies or administrative processes within the Ancillary Services portfolio. The department maintains a data-sharing agreement with Canada Revenue Agency for access to income data for Manitobans applying for specific coverage of drugs and/or medical devices/services. This data sharing agreement will be reviewed and modified in order to determine eligibility of coverage for additional income-tested programs developed within this Regulation.

Sub-appropriations	2022/23		2021/22		Expl.
	FTEs	\$(000s)	FTEs	\$(000s)	
Out-of-Province	-	62,986	-	57,904	1
Blood Transfusion Services	-	63,998	-	63,998	
Federal Hospitals	-	2,579	-	2,579	
Ancillary Programs	-	19,231	-	18,898	
Nursing Recruitment and Retention Initiatives	-	4,016	-	3,730	
Manitoba Learning Health System Network	-	3,750	-	3,750	
Immunizing Agents, Biologics and Drugs	-	24,082	-	23,632	
<b>TOTAL</b>	-	<b>180,642</b>	-	174,491	
<b>Expense by Type</b>					
Other Expenditures	-	180,642	-	174,491	
<b>TOTAL</b>	-	<b>180,642</b>	-	174,491	

<sup>1</sup> Volume increases.

## Medical (Res. No. 21.8)

### Main Appropriation Description

Provides payment to, or on behalf of, residents of Manitoba for services insured under the Manitoba Health Services Insurance Plan in respect of fee-for-service claims submitted by physicians (including out-of-province physicians), optometrists, chiropractors, oral and maxillofacial surgeons and dentists, as well as non-fee-for-service payments to physicians. Provides support through the physician recruitment and retention programs towards the training, recruitment and retention of physicians in Manitoba.

### Sub-Appropriation Description

**Fee-For-Service:** Provides for services in respect of fee-for-service claims submitted by physicians.

**Alternate Funding:** Provides for services in respect of non-fee-for-service payments to physicians, physician assistants, and clinical assistants.

**Other Professionals:** Provides for services insured under the Manitoba Health Services Insurance Plan in respect of fee-for-service claims submitted by optometrists, chiropractors, and oral and maxillofacial surgeons and dentists.

**Out-of-Province Physicians:** Provides for services insured under the Manitoba Health Services Insurance Plan in respect of fee-for-service claims submitted by physicians as well as non-fee-for-service payments to physicians for services required by Manitobans while temporarily out of the province.

**Physician Recruitment and Retention Program:** Provides for physician recruitment and retention programs towards the training, recruitment, and retention of physicians in Manitoba.

### Key Initiatives

- Continue to fund the College of Medicine's Medical License Program for International Medical Graduates Program. Maintain Manitoba's 148/110 postgraduate medical year one seats to undergraduate seats, one of the highest in Canada.

Sub-appropriations	2022/23		2021/22		Expl.
	FTEs	\$(000s)	FTEs	\$(000s)	
Fee-For-Service	-	891,985	-	875,347	1
Alternate Funding	-	446,490	-	436,003	1
Other Professionals	-	31,106	-	31,106	
Out-of-Province Physicians	-	33,044	-	34,574	
Physician Recruitment and Retention Program	-	25,586	-	25,586	
<b>TOTAL</b>	-	<b>1,428,211</b>	-	1,402,616	
<b>Expense by Type</b>					
Other Expenditures	-	1,428,211	-	1,402,616	
<b>TOTAL</b>	-	<b>1,428,211</b>	-	1,402,616	

<sup>1</sup> Volume increases.

## Pharmacare (Res. No. 21.9)

### Main Appropriation Description

Provides for prescribed pharmaceutical benefits subject to The Prescription Drugs Cost Assistance Act and regulations and The Pharmaceutical Act and regulations to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs. Includes prescribed pharmaceutical benefits provided under the Department of Families' Health Services program for social assistance participants.

### Key Initiatives

- Modification (additions and deletions) to the provincial formularies.
  1. Agreements with manufacturers of generic drugs will be reviewed and renegotiated through the panCanadian Pharmaceutical Alliance. The attainment of increased value through further price reductions is the primary goal and will move the average price paid for these products closer to the international comparators.
  2. New, innovative drugs will be added to the provincial formularies. These new drugs will offer therapeutic and cost-effective improvements over standard-of-care or over older, less effective products. New products will be added in many disease domains as they move through the Canadian drug approval process.

Work in both (1) and (2) above will be coordinated such that savings achieved in (1) can be applied to the incremental costs expected in (2), and to ensure appropriate fiscal management of associated budgets.

Sub-appropriations	2022/23		2021/22		Expl.
	FTEs	\$(000s)	FTEs	\$(000s)	
Drug Programs	-	375,954	-	365,032	1
Drug Expenditures Incurred by the Department of Families	-	(77,892)	-	(77,892)	
<b>TOTAL</b>	-	<b>298,062</b>	-	287,140	
<b>Expense by Type</b>					
Other Expenditures	-	298,062	-	287,140	
<b>TOTAL</b>	-	<b>298,062</b>	-	287,140	

<sup>1</sup> Price and volume increases.

## Capital Funding (Res. No. 21.10)

### Main Appropriation Description

Provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, other capital expenditures and interest.

Sub-appropriations	2022/23		2021/22		Expl.
	FTEs	\$(000s)	FTEs	\$(000s)	
Principal Repayments	-	127,317	-	131,139	1
Equipment Purchases and Replacements	-	18,163	-	18,163	
Other Capital	-	7,700	-	7,700	
Interest	-	54,710	-	55,868	
<b>TOTAL</b>	-	<b>207,890</b>	-	212,870	
<b>Expense by Type</b>					
Other Expenditures	-	207,890	-	212,870	
<b>TOTAL</b>	-	<b>207,890</b>	-	212,870	

<sup>1</sup> Lower debt servicing on loans for completed capital projects.

## Costs Related to Capital Assets (Non-Voted)

Sub-appropriations	2022/23		2021/22		Expl.
	FTEs	\$(000s)	FTEs	\$(000s)	
General Assets	-	7,500	-	14,019	1
<b>TOTAL</b>	-	<b>7,500</b>	-	14,019	
<b>Expense by Type</b>					
Amortization	-	7,500	-	14,019	
<b>TOTAL</b>	-	<b>7,500</b>	-	14,019	

<sup>1</sup> Decrease in amortization expense for retired assets partially offset by new capital requirements.



# Departmental Risk Analysis

Risk analysis is the process involved with the identification, measurement, and management of risks that could impact an entity's success. A risk analysis is important for departments because it provides a framework for decision making. The department currently manages its risks under the framework of the provincial government's Comptrollership Framework and alignment with Risk Management Policy HCS 200.4.

## Risks and Mitigation Plans

Risks are identified through a combination of methods and are measured to determine the extent of hazards represented, based on the likelihood and impact of event, and prioritized with appropriate risk treatment strategies to ensure achievement of government objectives. Treatment strategies include: avoid, accept, transfer, mitigate, and exploit the risk.

### Risk 1 – COVID-19, Flu and infectious disease spread, and other developing diseases

Treatment Plan –

- Pandemic preparedness and response plan.
- Enhanced monitoring and activities to improve immunization rates (influenza), COVID-19 vaccinations and treatment modalities.
- Enhance actions to report Lead in soil; improve STBBI/substance use interventions; and smoking cessation.

Treatment Plan Due Date – Open/Ongoing

### Risk 2 - Licensing, compliance and standards reviews

Will affect the quality of long-term resident care, aging in place initiatives and access to services for vulnerable populations.

Treatment Plan –

- Implement PCH standards modernization recommendations as outlined in the Stevenson Review.
- Enhance transparency to the public with the release of standards reviews for personal care homes.
- Enhance local capacity & safety by implementation of PCH patient supports (virtual support, locally and/or across the interdisciplinary network, social supports from family/close contacts, etc.).

### Risk 3 - Policy Modernization

Potential Consequence – Delays in the modernization of health policy may affect alignment to the Clinical Preventive Services Plan that will affect the public's ability to access services, support the provision of care closer to home, enhance digital care, positively affect the quality of service towards improvements in patient outcomes, the patient experience and the reputation of the Health System.

Treatment Plan –

- Incorporate transformation changes to policies to improve transparency and customer service. Meet transformation changes to further transparency and quality of customer services. This includes modernization of health policy to further assist and empower Shared Health to provide centralized provincial operations; align work with Manitoba Clinical Preventive Services Plan (i.e. local service centres, home & community care, palliative care, renal health, etc.).

Treatment Plan Due Date – 2022 to 2023

#### **Risk 4 - Public Service Build Capacity**

Potential Consequence – The challenges in human resource recruitment will affect the ability and timeliness of the department to shift to a modernized health system; facilitate shared service operations and retain staff.

Treatment Plan –

- Establish Commissioning and Accountability Management framework and continue Transformation of Department processes to a Planning, Policy, Funding and Oversight model.
- Shift operational programs/services to Shared Health.
- Build Capacity within the department (recruitment and retention of staff).

Treatment Plan Due Date – Open/Ongoing

# Other Reporting Entities

The following OREs are accountable to the minister:

## The seven Service Delivery Organizations (SDOs):

### 1. CancerCare Manitoba

CancerCare Manitoba is the provincially mandated cancer agency and provides clinical services to both children and adults.

For more information please visit: CancerCare Manitoba ([cancercare.mb.ca](http://cancercare.mb.ca))

### 2. Interlake-Eastern Regional Health Authority

Interlake-Eastern Regional Health Authority is responsible for the planning and delivery of health care service to meet the needs of the population they serve.

For more information please visit: Interlake-Eastern Regional Health Authority ([ierha.ca](http://ierha.ca))

### 3. Northern Regional Health Authority

Northern Regional Health Authority is responsible for the planning and delivery of health care service to meet the needs of the population they serve.

For more information please visit: Northern Regional Health Authority ([northernhealthregion.com](http://northernhealthregion.com))

### 4. Prairie Mountain Health

Prairie Mountain Health is responsible for the planning and delivery of health care service to meet the needs of the population they serve.

For more information please visit: Prairie Mountain Health ([prairiemountainhealth.ca](http://prairiemountainhealth.ca))

### 5. Shared Health

Shared Health leads the planning and coordination of the integration of patient-centred clinical and preventive health services across Manitoba. The organization also delivers specific province-wide health services and supports centralized administrative and business functions for Manitoba health organizations.

For more information please visit: Shared Health ([sharedhealthmb.ca](http://sharedhealthmb.ca))

### 6. Southern Health-Santé Sud

Southern Health-Santé Sud is responsible for the planning and delivery of health care service to meet the needs of the population they serve.

For more information please visit: Southern Health-Santé Sud ([southernhealth.ca](http://southernhealth.ca))

### 7. Winnipeg Regional Health Authority

Winnipeg Regional Health Authority (WRHA) is responsible for the planning and delivery of health care service to meet the needs of the population they serve.

For more information please visit: Winnipeg Regional Health Authority ([wrha.mb.ca](http://wrha.mb.ca))

## Other agencies funded by the SDOs:

### St. Amant

St. Amant is a comprehensive resource for Manitobans with developmental disabilities and autism.

For more information please visit: [St. Amant \(stamant.ca\)](http://stamant.ca)

### Personal Care Homes

Personal Care Homes improve long-term care residents' quality of life by providing them the care and services that encourage them to remain as personally independent as possible.

3885136 Manitoba Association Inc. (operating as Calvary Place Personal Care Home) – For more information please visit: [calvaryplacepch.com](http://calvaryplacepch.com)

Actionmarguerite (Saint-Boniface) (Saint-Vital) and (St. Joseph) – For more information please visit: [actionmarguerite.ca](http://actionmarguerite.ca)

Bethania Mennonite Personal Care Home – For more information please visit: [bethania.ca](http://bethania.ca)

Donwood Manor Personal Care Home – For more information please visit: [donwoodmanor.org](http://donwoodmanor.org)

Eden Mental Health Centre – For more information please visit: [edenhealthcare.ca](http://edenhealthcare.ca)

Fred Douglas Personal Care Home – For more information please visit: [freddouglassociety.com](http://freddouglassociety.com)

Holy Family Home Inc. and Sisters Servants of Mary Immaculate Plant Fund – For more information please visit: [holymfamilyhome.mb.ca](http://holymfamilyhome.mb.ca)

Lions Personal Care Home – For more information please visit: [lhc.ca](http://lhc.ca)

Luther Home Corporation Personal Care Home – For more information please visit: [wrha.mb.ca](http://wrha.mb.ca)

Meadowood Manor Personal Care Home – For more information please visit: [meadowoodmanor.com](http://meadowoodmanor.com)

Menno Home for the Aged Inc. (Personal Care Home 1122 Division) – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

Niverville Heritage Personal Care Home Inc. – For more information please visit: [heritagecentre.ca](http://heritagecentre.ca)

Odd Fellows and Rebekahs (Personal Care Homes Inc. Golden Links Lodge) – For more information please visit: [goldenlinks.mb.ca](http://goldenlinks.mb.ca)

Park Manor Care Inc. – For more information please visit: [parkmanor.ca](http://parkmanor.ca)

Pembina Place Mennonite Personal Care Home Inc. – For more information please visit: [bethania.ca](http://bethania.ca)

Prairie View Lodge – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

Rest Haven Nursing Home – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

Rock Lake Health District – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

Salem Home Inc. – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

Southeast Personal Care Home – For more information please visit: [southeastpch.ca](http://southeastpch.ca)

Tabor Home – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

The Convalescent Home of Winnipeg – For more information please visit: [tchw.com](http://tchw.com)

The Salvation Army Golden West Centennial Lodge – For more information please visit: [goldenwestlodge.ca](http://goldenwestlodge.ca)

The Saul and Claribel Simkin Centre Personal Care Home – For more information please visit: [simkincentre.ca](http://simkincentre.ca)

Villa Youville – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

West Park Manor Personal Care Home – For more information please visit: [wrha.mb.ca](http://wrha.mb.ca)

## Community Health Agencies

Community Health Agencies serve the needs of the most vulnerable residents and work towards helping our community find its collective footing.

Clinique Youville Clinic – For more information please visit: ([youville.ca](http://youville.ca))

Hope Centre Health Care Incorporated – For more information please visit: ([hopecentrehealthcare.com](http://hopecentrehealthcare.com))

Klinik Incorporated (Operating as Klinik Community Health Centre) – For more information please visit: ([klinik.mb.ca](http://klinik.mb.ca))

MFL Occupational Health and Safety Centre – For more information please visit: ([ohcmb.ca](http://ohcmb.ca))

Main Street Project – For more information please visit: ([mainstreetproject.ca](http://mainstreetproject.ca))

Mount Carmel Clinic – For more information please visit: Aboriginal Health & Wellness Centre ([mountcarmel.ca](http://mountcarmel.ca))

Nine Circles Community Health Centre – For more information please visit: ([ninecircles.ca](http://ninecircles.ca))

NorWest Co-op Community Health Centre – For more information please visit: ([norwestcoop.ca](http://norwestcoop.ca))

Sexuality Education Resource Centre Manitoba – For more information please visit: ([serc.mb.ca](http://serc.mb.ca))

Women's Health Clinic – For more information please visit: ([womenshealthclinic.org](http://womenshealthclinic.org))

# Statutory Responsibilities of the Minister of Health

Any statutes that are not assigned to a particular minister are the responsibility of the Minister of Justice, as are any amendments to those statutes.

The Anatomy Act (A80)  
The CancerCare Manitoba Act (C20)  
The Chiropractic Act (C100)  
The Defibrillator Public Access Act (D22)  
The Dental Association Act (D30)  
The Dental Hygienists Act (D34)  
The Denturists Act (D35)  
The Elderly and Infirm Persons' Housing Act (E20) (except with respect to elderly persons' housing units as defined in the act)  
The Emergency Medical Response and Stretcher Transportation Act (E83)  
The Health Administration Act (H20)  
The District Health and Social Services Act (H26)  
The Health Care Directives Act (H27)  
The Health Sector Bargaining Unit Review Act (H29)  
The Health Services Insurance Act (H35)  
The Hearing Aid Act (H38)  
The Hospitals Act (H120)  
The Human Tissue Gift Act (H180)  
The Licensed Practical Nurses Act (L125)  
The Manitoba Medical Association Dues Act (M95)  
The Medical Laboratory Technologists Act (M100)  
The Midwifery Act (M125)  
The Naturopathic Act (N80)  
The Occupational Therapists Act (O5)  
The Occupiers' Liability Act (section 9.1) (O8)  
The Opticians Act (O60)  
The Optometry Act (O70)  
The Personal Health Information Act (P33.5)  
The Pharmaceutical Act (P60)  
The Physiotherapists Act (P65)  
The Podiatrists Act (P93)  
The Prescription Drugs Cost Assistance Act (P115)  
The Private Hospitals Act (P130)  
The Protection for Persons in Care Act (P144)  
The Psychologists Registration Act (P190)  
The Public Health Act (P210)  
The Radiation Protection Act (unproclaimed) (R5)  
The Regional Health Authorities Act (R34)  
The Registered Dietitians Act (R39)  
The Registered Psychiatric Nurses Act (R45)  
The Registered Respiratory Therapists Act (R115)  
The Regulated Health Professions Act (R117)  
The Sanatorium Board of Manitoba Act (S12)  
The Reporting of Supports for Child Survivors of Sexual Assault Act (Trained Health Professionals and Evidence Collection Kits) (unproclaimed) (S234)  
The Terry Fox Legacy Act (T45)  
The Testing of Bodily Fluids and Disclosure Act (T55)  
The Tobacco Damages and Health Care Costs Recovery Act (T70)  
The Universal Newborn Hearing Screening Act (U38)

# Glossary

**Alignment** – The process of enabling all employees to see how their day-to-day actions are consistent with the values of the organization and how living those values is contributing to overall success. Creating alignment ensures employees are working toward the common goal, or vision.

**Annual Report** – Departmental annual reports are a supplement to the public accounts and provide variance explanations and background information to support the public accounts. Annual reports are either released (if the Legislature is not in session) or tabled in the Legislature (if in session) by September 30 following the fiscal year end.

**Appropriation** – Amount voted by the Legislature approving the maximum amount that may be expended on a specific program or major activity during a fiscal year.

Main Appropriation – The total amount of each resolution passed by the Legislature as reported in the printed estimates of expenditure.

Sub Appropriation – The total amounts applicable to the various breakdowns of the main appropriations in the printed estimates of expenditure.

**Balanced Scorecard** – A scorecard is a business tool that shows what an organization wants to achieve (its broad priorities), and includes actions it needs to focus on to be successful. It also includes visual updates, such as the use of the colours red, yellow and green, to easily communicate progress made in each priority area. Red means “not on target,” yellow means “near target,” and green means “on target.” The ‘balance’ in a balanced scorecard refers to broadening traditional performance measures to not only include financial measures, but also customer, employee and process measures, which all play a part in helping an organization progress towards achieving its priorities.

**Baseline** – The current level of performance for all measures.

**Borrowings** – Borrowings are securities issued in the name of the province to capital markets investors. Securities include debentures, treasury bills, promissory notes, medium-term notes and Manitoba Savings Bonds.

**Cascading** – This is the process of developing aligned scorecards throughout an organization. Each level of the organization will develop scorecards, based on the objectives and measures they can influence from the group to whom they report. Cascading allows every employee to demonstrate a contribution to overall organizational objectives.

**Consolidation Impacts** – The adjustments needed to bring the revenue and expenditure of the other reporting entities (ORE) into the summary budget, and to eliminate transactions between entities to avoid duplication of revenues and expenses (ex: a government grant is counted as an expenditure of core government and is eliminated from the revenue of the ORE).

**Full-Time Equivalent (FTE)** – A measurement for number of positions. Every full-time regular position represents one full-time equivalent position. Other categories (ex: term, departmental, seasonal, contract) are measured in proportional equivalents, ex: a program with a vote of 1.50 term FTE could hire staff in any combination that results in a total of one-and-one-half years (or 78 weeks) of employment (ex: 6 staff for 3 months (13 weeks) each; 2 staff for 9 months (39 weeks) each; 1 full-time and 1 half-time staff for 1 year; 3 half-time staff for 1 year; etc.).

**Government Reporting Entity (GRE)** – Core government and the prescribed reporting organizations, such as Crown corporations, government agencies, government business entities and public sector organizations such as regional health authorities, school divisions, universities and colleges.

**Grants** – Public money provided to an individual, organization or another government to assist in attaining their objectives and for which the government does not receive a good or service.

**Gross Domestic Product (GDP)** – Represents the total market value of all final goods and services produced in the Manitoba economy.

**Guarantees** – The province, in the normal course of business, may provide a guarantee to honour the repayment of debt or loans of an organization, primarily GBEs. Such a guarantee is provided on the Manitoba Hydro Savings Bonds.

**Initiatives** – These are the specific programs, activities, projects, or actions an organization will undertake to meet performance targets. Initiatives are often projects or events that aim to improve a process or an outcome in one of the four perspectives.

**Measure** – A measure is a standard used to evaluate and communicate performance against expected results. Measures are normally quantitative in nature, capturing numbers, dollars, percentages, and so on. Reporting and monitoring measures helps an organization gauge progress toward effective implementation of strategy.

**Mission Statement** – A mission statement defines the core purpose of the organization — why it exists — and reflects employees’ motivations for engaging in the organization’s work. Effective missions are inspiring, long-term in nature, and easily understood and communicated.

**Objective** – The objective is a concise statement describing the specific things an organization must do well to execute its strategy. Objectives often begin with an action verb such as increase, reduce, improve, or achieve. Strategy Maps are comprised entirely of objectives. “Strengthen respect in our workplace” is an example of an objective on the government Strategy Map.

**Other Reporting Entities** – Reporting organizations in the GRE such as Crown corporations, government agencies, government business entities and public sector organizations such as regional health authorities, school divisions, universities and colleges that are directly or indirectly controlled by the government, as prescribed by Public Sector Accounting Board – excludes core government.

**Perspective** – In balanced scorecard language, perspective refers to a category of performance objectives (the highest category of measures that sub-measures or key performance indicators tie into). The standard four perspectives are (Financial, Client, Internal Process, and Employee Learning and Growth).

**Special Operating Agencies (SOA)** – Service operations within departments granted more direct responsibility for results and increased management flexibility needed to reach new levels of performance. SOAs embrace market disciplines of the private sector while adhering to the public policy imperatives of government. Annual business plans define financial goals and performance targets. SOAs have the ability to raise capital outside of the Consolidated Fund.

**Strategy** – This represents the broad priorities adopted by an organization in recognition of its operating environment and in pursuit of its mission. Situated at the centre of the balanced scorecard system, all performance objectives and measures should align with the organization’s strategy.

**Strategy Map** – The strategy map is a one-page visual representation of what must be done well to execute strategy. Strategy maps reflect performance objectives spanning the four perspectives, combining to tell the organization’s strategic story.

**Target** – The target presents the desired result of a performance measure. A target provides the organizations with feedback about performance.

**Values** – Values represent the deeply-held beliefs of the organization, which are demonstrated through the day-to-day behaviours of all employees. An organization’s values make an open proclamation about how it expects everyone to behave. Values should endure over the long-term and provide a constant source of strength for an organization.

**Vision** – A powerful vision provides everyone in the organization with a shared mental framework that helps give form to the often abstract future that lies ahead. Effective visions provide a word picture of what the organization intends to ultimately become — which may be 5, 10, or 15 years in the future. This statement should contain as concrete a picture of the desired state as possible, and also provide the basis for formulating strategies and objectives. The vision serves as the guiding statement for the work being done. It should answer why the work being done is important.