ANNUAL REPORT

2015/16

NORTHERN
HEALTH REGION

Letter of Transmittal

September 30, 2016

The Honourable Kelvin Goertzen
Minister of Health
Room 302, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Minister:

On behalf of the Board of Directors, I have the honour to present the Annual Report for the Northern Regional Health Authority, for the fiscal year ended March 31, 2016.

This Annual Report was prepared under the Board's direction, in accordance with the *Regional Health Authorities Act* and directions provided by the Minister. All material including economic and fiscal implications known as of March 31, 2016 have been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted on Behalf of the Northern Regional Health Authority,

Lloyd Flett
Interim Board Chair

Table of Contents

Letter of Transmittal 2
Table of Contents 3
Board of Directors Chair's Message 4
Chief Executive Officer's Message 5
Our Region 6
Overview of the Northern Health Region 7
Demographic Issues 7
Key Health Issues and Challenges 8
Our Strengths 10
Our Brand 12
Organizational Structure 13
Executive Leadership Council 14
Board of Directors 15
Strategic Framework 17
Our Mission, Vision and Values 17
Strategic Directions, Priorities & Performance Measures 18
Operations Report Highlights 20
- Strategic Direction One: Improve Population Health 20
- Strategic Direction Two: Deliver Quality Accessible Health Services 21
- Strategic Direction Three: Be a Sustainable and Innovative Organization 277
- Strategic Direction Four: Be an Employer of Choice 31

Administrative Costs 2015/2016 34
The Public Interest Disclosure (Whistleblower Protection) Act 355
The Regional Health Authorities Act 355
Public Sector Compensation Disclosure Act 366
Audited Financial Statements 37

Board of Directors Chair's Message

The Northern Health Region Board of Directors strives to ensure the plans, strategies and programs are in place that will support our Vision of *Healthy People, Healthy North*.

This past year the Vision, Mission statement, Values and Strategic Directions were reviewed and agreed to by the Board.

We continue our work to strengthen our governance processes. Monthly monitoring reports of these processes are crucial to keeping the Board on track. Terms of Reference of the various Board Committees were also reviewed to ensure the mandate of the Committee continues to be met.

Board members have had the pleasure of attending a number of the Local Health Involvement Group (LHIG's) meetings. The LHIG's are advisory to the Board of Directors and give us the opportunity to have ongoing dialogue with these important stakeholder groups. In addition, board members have attended a number of community engagement activities throughout the region. Following these face-to-face meetings, board members will share their experience with their colleagues at the next board meeting. These are ways in which our board ensures it remains relevant and informed about the citizens we are here to serve.

The board has an important oversight role in ensuring the Chief Executive Officer and her staff continue to make progress in delivering against the strategic directions the board has set in support of our vision and mission. We do this through a combination of reviewing monitoring reports and thoughtful inquiry and dialogue to ensure we are satisfied with the progress being achieved.

As members of the Board of Directors we take our governance responsibilities very seriously and strive always to achieve both our mission; *The Northern Health Region is dedicated to providing quality, accessible, compassionate health services* and our Vision; *Healthy People in a Healthy North*.

The continued support and encouragement of our communities, partners and the people we serve are pivotal in achieving our goals for the benefit of the health of our citizens.

Respectfully,

Lloyd Flett
Interim Board Chair

Chief Executive Officer's Message

Northern Health Region: *Enhancing Access to Health Services*

As in past years, our Region attended to many priorities but I want to highlight the Board's Strategic Directions of *enhancing access to health services*. Delivering accessible, quality health services is one of the directions that support the Vision, Mission and Values of the Northern Health Region.

Equal and equitable health care services has been enhanced this past year through our continued success in recruiting physicians to the Region. Seven family physicians arrived in Thompson in the last year, one began practice at the Flin Flon Clinic and two surgeons commenced their practice; one at The Pas Clinic and the other at the Flin Flon Clinic. A challenge in the Region continues to be adequate space for physicians in The Pas. The good news is that the Region received approval to release a request for proposals for a design build clinic in The Pas. We are currently awaiting awarding of the contract with the hopes of the start of construction before the end of 2016.

Partnerships with our communities and their leaders continue to move forward. We work actively with Opaskwayak Health Authority to maintain our partnership and other First Nation communities to support them in times of critical need. Of note is the support provided to Cross Lake during the loss to their community due to several youth and young adult suicides. System sustainability is critical to the long term maintenance of the health care system all Manitobans value.

We continue to engage with our communities regularly and make it a priority to meet with their members to involve them on how we can meet their health care needs. These engagements have strengthened our relationships with the citizens of these communities in working toward our Vision of *Healthy People in a Healthy North*.

The Local Health Involvement Groups (LHIG's) continue to meet to discuss the health concerns of the citizens of the Northern Health Region. The two groups, Flin Flon/The Pas and area and Thompson and area report regularly to the Board. These reports provide invaluable information to the Board and assist them in hearing directly from the communities. There is always room for more members on either of these groups and citizens are welcome and encouraged to join.

We are excited about new construction projects that have begun this past year. These include construction of the Flin Flon General Hospital Emergency Department Development. This past year extensive planning was undertaken for the redevelopment of the Thompson Chemotherapy Unit and the much anticipated construction of a new primary care clinic in The Pas. Funding for these important capital projects demonstrate government's ongoing commitment to our Region and the health of its citizens.

As we go into the 5th year of post amalgamation we continue to see the benefits to our patients and their families as we continue to deliver on the promise of our Mission to provide quality, accessible and compassionate health services for all the residents of the Northern Health Region.

Respectfully,

Helga Bryant, Chief Executive Officer

Northern Health Region

Our Region

With a total of 396,000 square kilometres and a population of 74,983, the Northern Health Region has the unique challenge of planning and providing health care services and programs to a small population over 60% of Manitoba's total land mass.

The Northern Health Region consists of:

- 2 cities (Thompson and Flin Flon)
- 6 towns (The Pas, Gillam, Grand Rapids, Leaf Rapids, Lynn Lake, Snow Lake)
- 1 rural municipality (Kelsey)
- 1 local government district (Mystery Lake)
- Multiple hamlets and cottage settlements making up "unorganized territories"
- 26 First Nations communities
- 16 Northern Affairs Communities

Overview of the Northern Health Region

The Northern Health Region continues to be a younger population compared to the rest of Manitoba with a greater percentage of people under age 19. That said, the Northern Health Region is becoming older over time. The highest population increases came in the 65-69 (51.3% increase from 2004-2014), 60-64 (45.3%) and 70-74 (40.2%) age categories.

More than two-thirds of people living in the Northern Health Region self-identify as Aboriginal (70.0%) compared to the provincial average of 15.5%. About half (50.7%) of regional residents live on reserves. 10.8% of our residents moved within the province in the last 5 years compared to 7.2% of Manitobans. According to this data, the Northern Health Region has a relatively transient population. According to a population projection report published by the Manitoba Bureau of Statistics, the Northern Health Region will grow up to 104,300 residents by 2042, an increase of 40.6%.

Almost a quarter (24.4%) of Northern residents speaks a non-official language at home. The most predominant language is Cree (59.1%) and Oji-Cree (32.2%). Approximately 37% of the Northern population reports a mother tongue other than English or French. These proportions are much higher than in the rest of Manitoba (21.5%)

Demographic Issues

Data on key demographic issues supports the comments and concerns of community members:

- **Isolation and Remoteness** - The Region's rural and remoteness and the number of widely scattered communities and jurisdictional issues impacts residents' access to services. Some communities are accessible only by air or winter roads, and many homes may not have a telephone or running water. Factors such as weather can impact accessibility to health services when health teams are required to fly into communities and flights are delayed or cancelled due to weather conditions. Affordability is also an issue when residents must leave the community at their own expense to access health services that are not available in the community.

- **Jurisdictional Issues** - At least 40% of the Regions' residents live on reserve. However, residents frequently travel on and off reserve and access health services in both locations. Having more than one provider of health services (First Nation Inuit Health (FNIH) for on-reserve services and the Region for off-reserve services) can cause confusion for our residents in terms of accessing care. It can also create issues with gaps in follow up with patients and on-going continuity of care. It is imperative that the Region continue to strive towards seamless services with all stakeholders involved.

- **Education** - 49.6% of Northern residents have no degree, certificate or diploma.

- **Unemployment** - Unemployment remains high in the Region; 15.2% for men and 12.7% for women.

- **Income inequality** - Census data shows substantially lower income is experienced by lone parent families as compared to couple families.

- **Government Transfers** - There is a high dependence on government transfer payments with higher rates observed in the outlying communities.

- **Families** - There is a higher rate of lone parent families; 30% compared to 17.1% in the province overall.

- **Housing** - Issues of affordability, quality and shortage of housing are concerns, particularly in outlying communities.

- **Healthy Foods** - Access to affordable nutritious food is a concern in particular in the outlying communities.

- **Transportation and communication infrastructure** are not as extensive as in other parts of the province and can limit the access to specialty health services.

Key Health Issues and Challenges

Health and health care issues that are identified as key priority areas for the Northern Health Region include:

- The 2nd annual Northern Health Summit in Flin Flon in the fall of 2015 highlighted mental health as a primary health concern in the Northern Health Region. Dr. Shelley Rhyno presented "A New Direction for Mental Health Services in Manitoba" and the Region's Community Health Assessment findings were presented by Dr. Michael Isaac, Medical Officer of Health.

- **Chronic Disease Treatment and Prevention** - While some progress was noted on the incidence levels of some chronic diseases, the number of those living with diabetes, arthritis and high blood pressure remains very high. Increased efforts to promote healthier living strategies to reduce the incidence of chronic disease remains a regional priority.

- **Disparity in Health Status** - In many cases, there have been significant gains in our direct service communities such as improved immunization rates and reductions in rates of some STIs. However, when combined with data for residents living on-reserve, these improvements are masked. Aboriginal residents, and residents living on-reserve more specifically, are more likely to have higher rates of acute care stays as well as longer days spent in hospital. Lower rates of immunization and higher rates of diabetes, teen births, high birth weight babies, STIs and

tuberculosis are noted for residents living on-reserve. This underscores the need for the Region to work to cross any jurisdictional barriers and work closely with First Nations and Inuit Health Branch and First Nations stakeholder groups toward the goal of improving the health status of all residents of our Region.

- **Maternal, Infant and Child Health** - The Region continues to see high birth rates and poorer outcomes for births for low birth weights and preterm births. Given the concerns expressed about the level of maternal health support, more attention needs to be paid in this area to ensure improved outcomes for mothers and their infants.

- **Mental Health and Addictions** - While the incidence levels of some mental health conditions are lower in the north, there does appear to be widespread concern about the availability of mental health supports for residents. While the proportion of the Regions' resident's that are diagnosed with substance abuse declined to 9.2% between 2007/08-2011/12, it was still almost double the Manitoba rate of 5.0%.

- **Injury, Premature Death and Life Expectancy** - Premature mortality and injury rates continue to be very high in the Region. It underlines the point that to make measurable progress in improving life expectancy and reducing the number of premature deaths, injury prevention strategies need to be effective and communities need access to safe and healthy activities particularly for youth. Engaging youth in organized and productive activities was an important theme for community consultation participants. Although injury is a very important contributor to premature death, it is also important to note that cancer is the leading cause of death in the Region.

- **Youth Health** - Based on the findings of the youth health survey in the Region, particular attention will need to be focused on the older grades to build greater awareness of risky behaviours around drinking, smoking, drugs and sexual activity.

- **Communicable disease prevention** - The Region continues to struggle with very high rates for communicable diseases, particularly for chlamydia, gonorrhea and tuberculosis. The Region continues to work on providing greater awareness and information campaigns along with improved monitoring and surveillance.

- **Accessibility and Effectiveness** - Access to primary care providers, which is necessary in providing ongoing chronic condition management outside of a hospital setting, continues to be an area of concern for the Region. The Region continues to struggle with high levels of unattached residents who have no regular primary care provider. Although currently the Region is fully staffed with primary care Physicians, the physicians are generally working at capacity while there remains a need for more providers.

- **Health System Utilization** - Indicator results showed that the Region had improved its performance with lower hospital use and physician use due to injury and poisoning. Increasingly though, the Region has seen long term care resources under strain which is impacting accessibility to Personal Care Homes (PCH). More efforts will need to be directed to independent living strategies for seniors and home care to reduce the reliance of PCHs. This is particularly important as the senior population continues to increase.

Our Strengths

Areas of Strength include:

- **Quality Health Services** - The Region provides quality health care and services. Client and staff feedback continue to be monitored for suggestions to improvement in quality. Accredited status was received June 2014 through Accreditation Canada.

- **Responsiveness** - The Region is responsive to client's needs. Through Aboriginal Liaison staff, Patient Safety, and committed Managers and Physicians, suggestions, concerns and complaints from patients are quickly explored with follow-up with families through the Patient Safety portfolio and/or individual Managers, Executive Directors, VPs or CEO.

- **Programs and services** - Based on fiscal realities, the Region is providing an appropriate number of programs and services to residents.

- **Our staff** - The Regions' staff are caring, committed, experienced and knowledgeable. Although recruitment and retention challenges exist, our staff demonstrate commitment to the patients/clients/residents they care for. In times of staff shortages, staff support care by working additional hours all in an effort to sustain care and services.

- **Teamwork** - Teamwork is valued and modeled in the Region. As we have re-structured aspects of our programs and services under the umbrella of amalgamation, teams have adapted, accepted new colleagues and are excited about gaining synergy through the delivery of services in a more robust Regional model.

- **Innovative Partnerships** - The Region values our team approach and innovative partnerships, evidenced by the signing of a Statement of Intent with the Opaskwayak Health Authority. Numerous additional organizational relationships are being developed; several of which are producing outcomes.

- **Chronic Disease Prevention** - Work being done in Chronic Disease Prevention is excellent and will continue. Community level initiatives were praised by many focus group participants; these

initiatives can have a lasting impact in relation to cost and involve community members at the grass roots level.

- **Primary Health Care Centres** - The Regions' Primary Health Care Centres are very important resources and positive for the Region. Expanded services and same day appointments will have ongoing impact in improving access to care.

- **Telehealth** - Telehealth is highly regarded and the need to expand services was noted (both in Winnipeg and in the Region). It is believed that telehealth is a vehicle that can continue to significantly increase access to services and reduce travel time, travel inconvenience, as well as travel costs.

- **Representative workforce policy** - The Region's Representative workforce policy was noted as positive.

- **Good administrative systems** - The Region has mechanisms in place to deal with issues/complaints.

- **Flexibility** - The Region is flexible and adaptable to the changing environment.

- **Our Reputation** - The Region is well respected locally and provincially.

- **Leadership** - The Region has strong leadership doing innovative work. While there are times wherein we experience challenges in filling leadership positions, we have recruited some key individuals that are creating energy in their respective work sites/programs.

- **Governance** - The Region has a supportive board that is committed to the organization and its leadership. The Board continues to receive governance education, maximize technology, and develop governance principles and policies.

Our Brand

Our logo and our Brand tell the story of how we are an integral part of the North, while at the same time one with the land, the sky, the people and nature. Our logo depicts harmony, respect and a deep desire to care for the health and wellbeing of the North, and more specifically, the people.

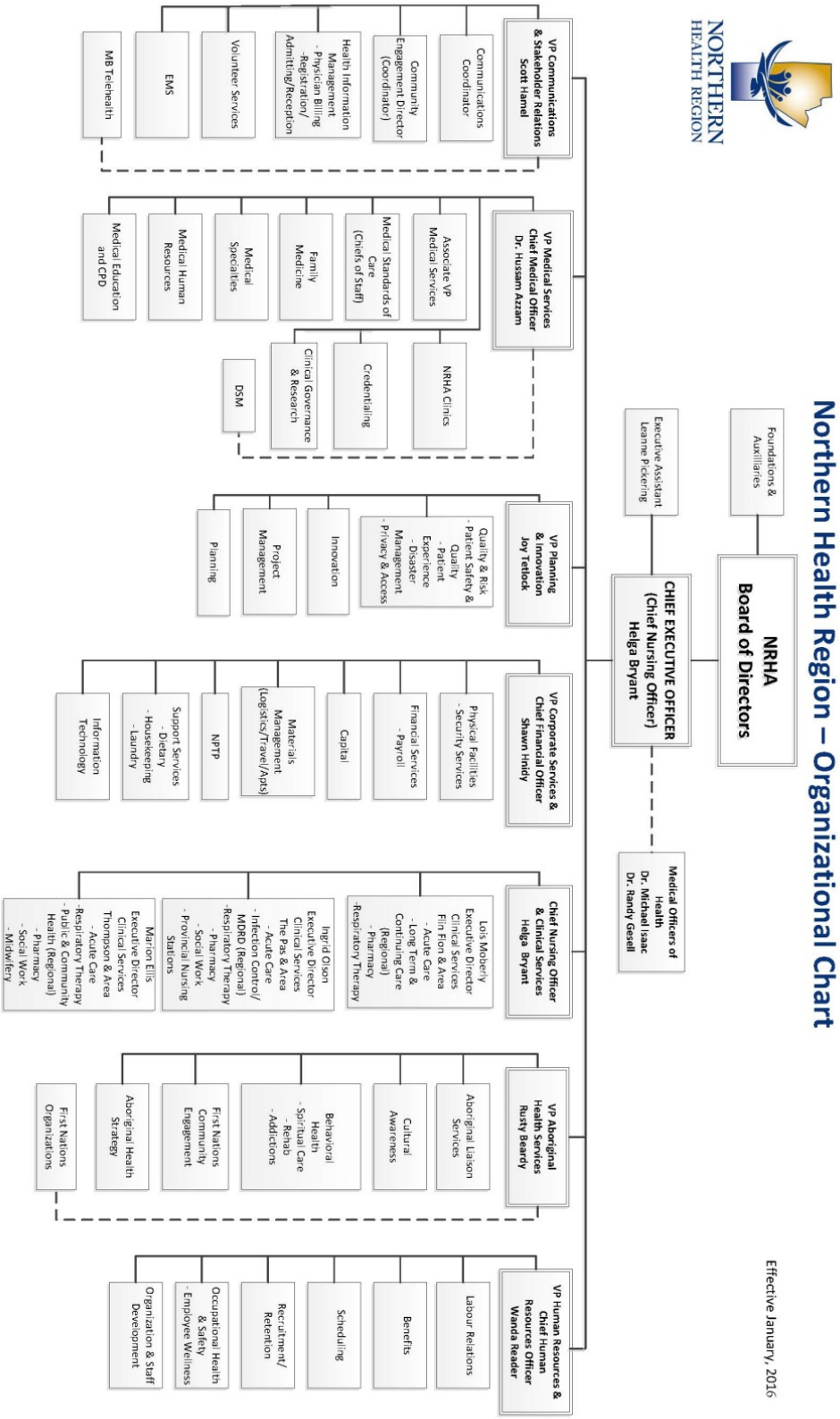
The MAP - The depiction of a map of Manitoba makes the vastness of the Northern Health Region's boundaries readily apparent to the viewer. The boundary of the Region is further enhanced and delineated by the outstretched wings of the Eagle.

The EAGLE - The Eagle is a universal symbol of strength, power, truth and freedom. For our First Nations communities, the Eagle is the most sacred bird for it carries prayers to the Creator. The Eagle soars above us all and sees and hears all. The Eagle sits in the East of the Medicine Wheel with the direction of leadership and courage. The Eagle's wings represent the balance between men and women. They show the interdependence of one upon the other and show both must work together, in cooperation to achieve desired results. In our logo, the eagle's wings cradle not only the Region, but the people of the North, symbolizing health care, or "taking care of." In some respects, the Eagle can be seen as guarding or protecting the North.

The PEOPLE - The people are represented by the three different sized figures representing the family, but also the diversity of people within our Region and the harmony in which they can live together. Their outstretched arms symbolize welcoming and openness to embrace life and its challenges.

The SUN - The depiction of the rising sun marks the dawning of a new day and its challenges. It also offers hopefulness to our people and gives thanks for life and nature.

Organizational Structure



Executive Leadership Council

- **Helga Bryant RN, BScN, MScA**, Chief Executive Officer and Chief Nursing Officer
- **Dr. Hussam Azzam MD, FRCSC, MRCOG, FACOG, PGDAES, CCPE**, Vice-President, Medical Services and Chief Medical Officer
- **Rusty Beardy BSW**, Vice-President, Aboriginal Health Services
- **Wanda Reader**, Vice-President, Human Resources and Chief Human Resources Officer
- **Joy Tetlock**, Vice-President, Planning and Innovation
- **Shawn Hnidy, CMA, MBA,** Vice-President, Corporate Services and Chief Financial Officer
- **Scott Hamel, J.D. BA (Hons),** Vice-President, Communications and Stakeholder Relations
- **Marion Ellis RN, BScN, MN,** Executive Director of Clinical Services, Thompson and Area
- **Lois Moberly RN**, Executive Director of Clinical Services, Flin Flon and Area
- **Ingrid Olson RN, BA, MN**, Executive Director of Clinical Services, The Pas and Area

Northern Health Region Executive Leadership Council
Left to right: front row – Ingrid Olson, Helga Bryant, Wanda Reader
Back row – Rusty Beardy, Lois Moberly, Scott Hamel, Shawn Hnidy
Missing from photo: Joy Tetlock, Dr. Hussam Azzam, Marion Ellis

Board of Directors

The Minister of Health, in accordance with provisions of The Regional Health Authority Act, appoints directors to each Regional Health Authority (RHA) Board. The appointments represent a broad cross-section of interests, experience and expertise with a single common feature of strong commitment to enhancing the health system and improving health for Manitobans.

The directors are selected from nominations elicited from a wide range of individuals and organizations interested in and involved with health services. Geographic representation is considered when making appointments. Efforts are made to have the boards reflect the population they are appointed to serve.

Any resident of a health region may, for the Board of the Regional Health Authority for that region, nominate a person or persons, including himself or herself. Nomination forms for each year's appointments are available at our RHA office. Nomination forms may be submitted directly to our RHA office or to the Minister of Health and the deadline is December 15th of each year.

The 2015-16 Northern Health Region Board of Directors includes:

Douglas Lauvstad, chair - The Pas – *on leave*
Donna Champagne - Denare Beach, SK
Frances Hall - Wabowden
Gerard Jennissen - Cranberry Portage
John Marnock - The Pas
Glen Ross - The Pas
Walter Spence – Gillam – *resigned August 2015*
Edith Turner - Cormorant
Lloyd Flett, interim chair - Norway House
Hilda Dysart - South Indian Lake **–** *resigned May 2015*
Cal Huntley - Flin Flon
Martha Jonasson - Wabowden
Jasper Robinson – Thompson
Nora Ross – Thompson
Anne Thompson - Lynn Lake

Directors' Committees include the Executive, Governance, Audit, Finance, Aboriginal Health & Human Resources and the Quality and Patient Safety Committees. Committee meetings were held at the discretion of the Chair of each committee. Meetings were generally held in conjunction with scheduled Board meetings to reduce travel and other costs. Following each meeting, the recommendations of the committee were presented to the Board for approval. Committee activities appeared in the Board Highlights posted on the Region's website.

Northern Health Region Board of Directors

Left to right: front row - Edith Turner, Martha Jonasson, Nora Ross

Top row – John Marnock, Donna Champagne, Lloyd Flett, Jasper Robinson, Anne Thompson

Missing from the photo: Cal Huntley, Gerard Jennissen, Glen Ross, Frances Hall

Strategic Framework

In October 2015, The Northern Health Region Board of Directors held their 2nd Northern Health Summit. Stakeholders came together from First Nation Communities, Municipalities, Education, Industry and Government to discuss the health concerns of the Region. The title of this year's summit was "It Takes a Community: *From Illness to Hope on the Recovery Journey*" and focused on Mental Health. Dr. Shelley Rhyno, Director of Behavioral Health for the Northern Health Region presented a New Direction for Mental Health Services in Northern Manitoba. Dr. Randy Fransoo from the Manitoba Centre for Health Policy and Dr. Michael Isaac, Medical Officer of Health for the Northern Health Region also presented on their respective areas of expertise.

Our Mission, Vision and Values

The Vision, Mission and Values of our organization were created and approved by our Board of Directors. More than simple words on a paper, these are the foundations that our organization is built upon.

Our Vision is the future state we want to create for the people we are here to serve.

The Mission is the way we will achieve this on a day to day basis.

Our Values are those attributes we want our staff and communities to know are important to our organization so that they can guide our behaviors and daily decision making in a way which reflects well on the work we do in service to our Northern citizens.

Our Vision:

Healthy People, Healthy North

Our Mission:

The Northern Health Region is dedicated to providing quality, accessible and compassionate health services.

Our Values:

Trust

We are honest and reliable in fulfilling our commitments.

Respect

We treat people and organizations with dignity and consideration.

Integrity

Our beliefs, behaviours, words and actions are honestly, ethically and morally aligned.

Compassion

Our interactions are rooted in empathy and sensitivity.

Collaboration

We work with others to enhance service delivery and maximize resources.

Strategic Directions, Priorities & Performance Measures

In order to achieve the Vision of the Northern Health Region, the Board of Directors set out four strategic directions along with their supporting strategic priorities to guide the organization over the next three years. These directions and priorities build on our commitment to the Vision and Mission of the organization. To have Healthy People in a Healthy North, we must make improving population health and accessible health services our key focus. Being an employer of choice ensures we are recruiting and retaining qualified, professional staff who provide the best quality healthcare to our residents. Being a sustainable, innovative organization ensures that we have the resources in place to support access to quality health services. We are committed to encouraging improved ways of providing health services to ensure our patients are receiving the best possible care we can deliver. The Directions and Priorities are outlined below.

Strategic Direction One: Improve Population Health

Supporting Strategic Priorities:

- Focus on prevention and promotion activities to improve the health status of people in our Region.
- Engage citizens as partners to support healthy living, self-management and advocacy.
- Reduce chronic and communicable disease rates across the Region.
- Engage with Aboriginal and First Nations' Leaders, Health Canada's First Nations and Inuit Health Branch, and Manitoba Health, Seniors and Active Living in order to reduce health disparities across the Region.

Strategic Direction Two: Deliver Quality Accessible Health Services

Supporting Strategic Priorities:

- Develop a seamless continuum of responsive patient focused care to provide the right services, at the right place, at the right time.
- Continue to actively promote a culture of safety within the organization through implementation and monitoring of best practices in our day to day operations.
- Ensure measurement of Patient Satisfaction is part of the culture of Northern Health Region both formally and informally.

Strategic Direction Three: Be a Sustainable and Innovative Organization

Supporting Strategic Priorities:

- Build a sustainable organization that balances resources with the needs of clients we serve.
- Align resources (people, processes, and technology) to foster creativity and innovation.
- Operate in an open and transparent manner.

Strategic Direction Four: Be an Employer of Choice

Supporting Strategic Priorities:

- Focus on recruitment and retention of the best people that reflect the diversity of our Region.
- Building a healthy, safe, respectful and supportive work environment.
- Providing opportunities for education and development to strengthen leadership in all.

Operations Report Highlights

Strategic Direction One: Improve Population Health

The highlights from 2015/16 include the following:

- **Cancer Patient Journey:** The Northern Cancer Hub Working Group is now established. The purpose of the Northern Cancer Hub working group is to "work collaboratively and across jurisdictions to advance a patient-centred approach in the provision of cancer services while reducing the overall wait time from suspicion to treatment of cancer to no longer than 60 days. The committee will be recruiting patients for different areas of the region and will broaden its membership to include Cree Nation Tribal Council. The In-Sixty initiative will include a provincial referral form, a central referral model, and implementing a database for measuring progress.

- **Provincial Nursing Stations Transfer:** The new building for Moose Lake Nursing Station is now open. There is a plan to prepare for Grand Rapids implementation based on learnings from Moose Lake.

- **Northern Health Summit Follow-up:** We have been invited to several communities to share our plans regarding mental health and explore what the implications and expectations are from our diverse communities. While this creates numerous opportunities, it creates challenges in supporting the needs of the communities.

- **Mental Health Pilot:** We are the recipients of funding for a pilot project related to Mental Health services. This will be a 6 month project, out of Thompson. The NRHA submitted a proposal for enhanced community based services in the new Recovery Model which is in keeping with the National and Provincial mental health directions. Further detail to follow as discussion is held with Manitoba Health regarding details of funding envelope.

- **Baby Friendly Initiative:** The Pas has successfully gained Baby Friendly Accreditation. This is a prestigious acknowledgement and represents meetings and standards required to provide a truly baby friendly care environment. Staff and leadership are acknowledged for the years of work that have gone into gaining this recognition.

- **Public Health Nursing Standards:** On September 16, 2015, a Public Health Program and Practice Consultant, Population Health and Health Equity and a Program Director, Manitoba Health, Healthy Living, and Seniors met with Public Health staff to review and receive feedback on the new MB Public Health Strategic Framework and Public Health Standards. These standards have not been updated for some 20 years and very timely at this juncture.

- **Human Papillomavirus (HPV) Vaccine:** Manitoba Health has announced that it is expanding the HPV immunization program to include males, effective September 2016. This program will be offered to boys in Grade 6 by public health nurses in the schools. The vaccine will continue to be offered to females in Grade 6.

- **Population Health/Public Health Activities**
  - **H1N1:** We experienced the onset of a late annual influenza season, confirmed by increasing laboratory detection of influenza, with the wave expected to last several weeks. The circulating stain is predominantly influenza A, H1N1, with good sensitivity to antivirals. As is typical during the influenza season, we also saw increased Severe Respiratory Illness through the Emergency Departments, sometimes even in otherwise healthy adults. This is one of the main reasons we strongly encourage the influenza immunization for all Manitobans each year. This year's influenza vaccine is a good match for the circulating influenza (about 60% effectiveness to all circulating strains) and vaccine is still available and encouraged. All NHR physicians have been notified of the above information along with reference to appropriate detection and treatment guidelines via a regional memo along with a provincial mass mail out.

- **Mental Health**
  - **Cross Lake Suicides:** The Cross Lake community invited the NHR into the community to support health care providers, peers and families post the recent matter of suicides in the community. The NHR has been sending in two staff members to support this important, emotional work; which support has been well received.
  - **South Indian Lake:** The NHR received a call from school counselors for support pursuant to violence and resultant death in the community.

Strategic Direction Two: Deliver Quality Accessible Health Services

The highlights from 2015/16 include the following:

- **Physician Services**
  - Thompson – Seven family physicians will start in the Thompson Clinic between April 1, 2015 and June 3, 2015.
  - The Pas – Patient panels continue to increase. Providers continue to see 2-3 new patients every day. The Beatrice Wilson Health Centre has a corresponding low panel. This is creating equality and care issues for the area. Space needs need to be addressed. The Pas clinic was approved for release of RFP December 31, 2015; RFP released week of January 18th, 2016 for design build.
  - Flin Flon Clinic – Space is also an issue as more exam rooms for medical staff are required. There is a need to fully use all available space. Ordering exam table and supplies to convert to dual use room and converting telehealth room into an exam room.
  - Opaskwayak Health Authority – Work continues to try and further the partnership between the NRHA and OHA.

- **Flin Flon Emergency Department Redevelopment:** Open House held June 10th, 2015 with a special invitation extended to key businesses. The Open House was successful.

- **Telestroke Care The Pas:** The Minister of Health attended in The Pas on May 22, 2015 to officially announce the Telestroke service to The Pas and Flin Flon.

- **Clinical Services**
  - **Clinical Services Operational Plan:** This plan, which is under development, will incorporate principles from Manitoba Health Priorities, NRHA Strategic Plan, the recent RPG master program, the Provincial Medical Leadership Council recommendations and will provide the foundation and framework for clinical services in the NRHA.
  - **Surgical Services in The Pas:** Two Physicians started in The Pas mid to late November 2015.
  - **Home Care:** The Office of the Auditor General has completed an audit of Home Care Services in Winnipeg and Southern Health/Sante-Sud. Many of those recommendations are applicable to all the Regions with an expectation that the recommendations will be embraced and implemented. A provincial implementation team has been established and we are fully participating in that. Due to our geography, recruitment and retention challenges, jurisdictional realities and financial situation, many of the recommendations will be difficult for us to meet.
  - **Legion Housing Flin Flon:** In November, the Legion Housing Board and members of the Legion Housing asked to cease the model of "Block Care" to the home. In January 2016 Legion Housing confirmed a solution that will allow 24/7 HCA presence. Immediate impact on residents had been averted.
  - **Infectious Diseases:** It has been noted that the rates of infectious diseases such as Syphilis and complex TB cases have increased throughout the North. Updates from our Medical Officers of Health are occurring so that all health care providers are aware of the Syphilis outbreak occurring in the NHR.
  - **Dialysis Expansion:**
    - **Thompson Dialysis unit:** Four additional patients accepted.
    - **The Pas:** Four additional patients accepted.
  - **Grand Rapids Home Care:** Looking to open discussion around a possible SPA for Home Care Services. The community has resources but would like to partner with the NHR. Currently they have a Memorandum of Understanding with the First Nation Community but would like to explore an SPA thereby gaining more independence.
  - **Telestroke Unit:** A recent audit that we had 6 potential candidates however, only 1 met the criteria for the Stroke Protocol.
  - **Vancomycin Resistant Enterococcus (VRE):** The Medical/Surgical/Pediatric Unit at Thompson General Hospital experienced a CRE outbreak. Weekly ward screens were conducted. Prevalence screening will continue until there are at least two consecutive screens are negative (with >90% of patients screened). The results of the prevalence screens, will determine whether additional infection control measures, such as increased housekeeping, are required.

- **MANQAP Accreditation:** MANQAP reports are back for Flin Flon and The Pas Lab and Imaging and Thompson Transfusion Medicine. All have received conditional accreditation.
- **Pain Clinic:** Due to an increase in consultant and wait time, the Northern Health Region will increase outpatient clinic time in January 2016 to include one extra day per visit. This will aid with wait lists and increasing access to the entire Region.
- **Diagnostic Equipment in Leaf Rapids:** Installation of the new diagnostic imaging suite for Leaf Rapids has been postponed to early 2016 due to scheduling conflicts.
- **Optometry Services:** After 3 years, Locum Optometry services have been restored in Lynn Lake and Leaf Rapids. An optometrist will be travelling to the communities the week of November 23-27; NHR has arranged travel, accommodations, and clerical support in order to provide this service.

- **Fellows of the International Federation of Gynecology and Obstetrics (FIGO):** In partnership with FIGO, the Society of Obstetricians and Gynecologists of Canada (SOGC) and the WRHA, the Region had the privilege to host two OBGYN physician from Bangladesh who were here September 24-28, 2015, where they had the opportunity to share their experience with colleagues from all over the world who were placed in various sites in Canada. We were the only non-tertiary center in Canada to host any of the fellows. The cost of this trip was covered by a special SOGC fund.

- **Patient Safety Week - October 26 to 30:** Many events were planned including the roll out of the Patient Safety Culture Survey. The Patient Safety collaborative will be handing out information about the collaborative as well as promoting the survey.

- **Complaints Brochure:** The brochure has been completed and made available to patients/families. It can and will be distributed throughout the communities. In addition, there are Patient Experience business cards that can be handed out. A template complaint acknowledgement letter has been prepared that will be sent out by the Patient Experience coordinator. This will allow for timely acknowledgement of patient's concerns.

- **Canadian Mental Health Association (Hope House):** Two SPAs are under legal review; a 3rd under development. Training for Psycho-Social Rehab (PSR) is underway.

- **Patient Safety Audits:** Efforts have been ongoing to establish patient safety audits as normal routines in patient care areas. Safer Healthcare Now audit processes has been rolled out for Acute Care in Flin Flon and The Pas and Obstetrics in Thompson. This will continue to roll out to other areas.

- **Falls Management Program – Ambulatory Care:** A draft program has been developed. Falls management programs for Ambulatory care will be doing trial run for month of June, which will include audits. Report out to be done after trial to work out kinks and then will roll out program and audits in all ambulatory care settings throughout the region.

- **Palliative Care Program:** This program reports through to Home Care. A vacancy full-time in Thompson accentuates the fact that resources are inadequate for the services required to meet the needs of the population accessing this service. A Palliative care conference is being hosted in Flin Flon in Fall.

- **Personal Care Home:** According to a MCHP study, the need for personal care home equivalent beds in the province is undeniable and will become an ever pressing need over the next 20 years. For the Northern Health Region, a 10 year plan is being developed for submission to Health by early June.

- **Garden Hill Dialysis:** Due to an issue with the Garden Hill Dialysis Reverse Osmosis equipment, six patients from Garden Hill were dialyzed at the Thompson General Hospital Dialysis unit. This occurs several times per year. Staff from Garden Hill always travel to Thompson to provide the treatments for the patients. The equipment issue was fixed quickly and the patients and staff were able to return to their community the next day.

- **Privacy Laws and "Snooping":** There is increasing focus on breaches of confidentiality and the necessity of consistent discipline being applies; breach of confidentiality is taken very seriously and will be dealt with accordingly. Human Resources will be involved in all employee privacy breaches to ensure consistency. Numerous communication strategies to staff will be employed in addition to Managers provided with support and resources to deal with breaches through progressive discipline.

- **Clinical Psychology Services:** Vacancy continues in Thompson and Area. The Clinical Psychologist in Flin Flon is working fully in terms of case load, providing support and supervision to other mental health staff and generally being seen as an invaluable member of the team.

- **Rosaire House:** Structural and systems review completed and report received from A49. The report was more positive than anticipated. Staff are now working through costing and prioritizing the recommendations with a submission to MHHLS upon completion of that with a view to securing funding to proceed with necessary building upgrades in order to create a healthy physical location for the clients seeking service at Rosaire House.

- **Power and Communication Outages:** There have been a number of significant power and communication outages in a number of communities over the summer months. Staff are remarkable as they step up and work together to ensure the maintenance of safe, accessible health care.
    - **July 26:** Highway 391 experienced power and communication outages to Lynn Lake and Leaf Rapids which in turn required that on call personnel stay at the Health Centre for the duration of the outage.
    - **August 7 to 9:** Flin Flon and area experienced total communication outages. Contingency planning was conducted that involved provincial ODM, MTCC. On call personnel stayed at FFGH during the lengthy times of outage as no communication mechanisms existed to contact them when needed.

- **Manitoba Patient Access Network (MPAN) self check-in kiosk:** In The Pas, Flin Flon IT is reconfiguring the set up for the clinics. The Pas and Flin Flon go live delayed until this can be fixed. Kiosk go live at Thompson Clinic has gone well with patient surveys recording mostly positive comments.

- **Medical Assistance in Dying (MAID):** Pursuant to a Supreme Court of Canada ruling, physician assisted dying is no longer a criminal offense as of February 2016. Many organizations and agencies are seeking consultation as federal, provincial and territorial jurisdictions review this ruling from their particular perspectives.

- **Complaints:** Complaints process and policy approved June 2015. Education in process:
    - There exist 2 different complaints process: one for physician and one for the rest of the organization. This creates challenges as often complaints involve both Physicians and staff. Active work happening on this to address this challenge.
    - Communications is working on a complaints brochure that can be distributed throughout the communities. Patient Experience business cards are available. A template complaint acknowledgement letter has been developed and will be sent out by Patient Experience.

- **Declaration of Patient Values:** A guide has been approved by MB Health with an expected January 2017 completion date by the RHAs. Information has been shared by WRHA on their process. The LHIGs will be used as a major vehicle to complete this.

- **Interagency meetings:** These meetings with the RCMP in Thompson have been re-established. This allows the NHR and RCMP a forum to discuss challenges in our interactions and work to resolutions. Most issues relate to Mental Health.

- **The Pas Clinic:** The proposal will be re-submitted for the 16/17 fiscal year. Space must be found for surgeons, nurse practitioners and other specialists. Temporary accommodations are being sought to either lease or move on-site costs are in process of being worked up. Of primary concern is that due to panel sizes that are greater than acceptable and a reduced number of providers presently, we are in the position of needing to allow physicians to close their practices. A communication strategy is under development; closure of physician practices will create a negative community response.

- **Interpretive Services:** There is a provincial initiative to standardize services/language access in the province. The NHR are participating in this initiative and are working to develop standards throughout the RHA structure reflecting current/specific needs of the NHR. This is on a 4 month timeline and will maximize on provincial training and access. This will be a service based out of Winnipeg and developed on a cost recovery model; there will be a cost to the NRHA.

- **Hope North Recovery Center for Youth (NYCSU):** An operational planning committee has been struck and will, over the next year, focus on the development of the programming in the new centre as much of the capital aspects, design and functions have been addressed.

- **Clinical Systems**
  - **EMR:** Regarding the speed of the EMR, testing of the new infrastructure took place the week of December 7th. One-time funding equipment being sought to remedy issues with the low speed of the EMR. Moose Lake EMR's go-live date is delayed to early 2016.
  - **ADT/EDIS:** The roll out in progress; go-live has been postponed until fall of 2016.

- **Chemotherapy Unit in Thompson:** A public rally was held in Thompson on December 11th. The rally was held to highlight the concerns of delay in the renovation of the chemotherapy unit in Thompson. Minister Ashton and members of the NHR were present. Approval was received to award tender; project will get underway shortly**.**

- **Pinaow Wachi PCH SPA:** The SPA has been signed between Pinaow Wachi and the Northern Health Region. As part of this process, the residents were assessed and it was determined that Pinaow Wachi has 8 Level IV residents versus 4, which is how they were funded. Health will increase the funding to 8; a regular re-assessment process has been built into the SPA.

- **Privacy Audits:** privacy audits are increasing in numbers as they are now coming in from health and e-health plus our own processes. E-health has been sending audits. Inappropriate access to health records will be taken seriously and acted upon.

- **Personal Care Home Pharmacy In-Sourcing:** Provincial work continues on this. The Region has been suffering from lack of one regional voice for Pharmacy. A Pharmacy Director position has been created with recruitment currently underway.

- **Thompson Medical Records:** Thompson General Hospital Health Records has been compromised by Mould. A fungal assessment was completed in February; safeguards are in place and a meeting to discuss next steps is scheduled. The Workplace Safety and Health Committee are involved. Employer will be meeting to determine next steps and any funding requests under Safety and Security that will be required.

- **Accreditation:** Seven (7) flags require follow-up and due May 2016. These flags are Pharmacy and Infection Prevention and Control related.

Strategic Direction Three: Be a Sustainable and Innovative Organization

The highlights from 2015/16 include the following:

- **Capital Project Updates:**
  - Northern Youth Crisis Centre – The title to the land has been officially transferred to the Northern Health Region and the project continues to progress. The name of the centre will be "Hope North: Recovery Centre for Youth".
  - Thompson General Hospital Chemotherapy Room – The announcement was made on the approval of this project; with approval of the awarding of the tender still in the works.
  - Thompson General Hospital MDR upgrade – A Class A estimate was obtained within budget; awaiting Manitoba Health approval to go to Tender; "soft approval" to proceed expected.
  - Sherridon Health Centre – Finance has confirmed available funding for lease agreement with Sherridon for a new Health Centre if our space needs are met.
  - Flin Flon Emergency Department – Review of Tender has concluded; awaiting approval to award tender.
    - Flin Flon Housing - related to the Flin Flon Emergency Department Project. The bid and pricing for this is currently under review which will then be submitted to MB Health.
  - The Pas Clinic – Approval to release RFP for design build received and was released February 12, 2016.
  - Thompson Northern Consultation Clinic
    - Functional Program – Contract with RPG to complete the work required on our part to meet Health expectations.
    - Feasibility Study – Draft report expected from LM Architectural has been received.
  - Snow Lake EMS Station – Currently waiting for approval to carry out a Geo-Technical Survey.
  - Grand Rapids Nursing Station – Due to a few issues with the roof, brick veneer, etc. completion date moved back until end of April 2016.

- **Partnerships/Relationships:**
  - **Opaskwayak Health Authority:** We continue to work actively to maintain our partnership with OHA. There are some challenges presently.
  - **Keewatin Tribal Council:** Plans are underway to partner/support KTC with building mental health capacity.
  - **Cross Lake:** Sending providers into community at invitation of Chief Merrick; this for an 8 week period with potential for further partnerships.
  - **Swampy Cree Tribal Health:** Meeting held with Swampy Cree Tribal Council in March around process and communication issues as there appears to be gaps; this is more to be learned about their mandate and services. There is confidence we can work together to resolve these concerns; with a further meeting in April with key stakeholders is planned.

- **Research updates:** Manitoba Infant Feeding Database Study. Two RHAs involved, PMH and NRHA. The purpose of the study is to learn how mothers feed their babies during the first six months of life. All babies born on or after July 27, 2015 are provided an invitation to participate; duration of one year.
- **PIIPC (Partners for Inner City Integrated Prenatal Care Project).** We are participating in replication of the PIIPC project research conducted in Winnipeg. The focus of the research will be in exploring factors associated with inadequate prenatal care among women delivering in Northern Manitoba (The Pas, Flin Flon and Thompson).
- **Mamawetan Churchill River Health Region:** Further to a joint Board meeting between MCRHR and the NRHA boards, identified managers related to long term care planning have met and a task force has been determined to discuss and plan strategies related to supportive housing in particular.
- **Mental Health and Community Engagement:** Meeting held between NHR and FNIHB as there is interest in extending funding for NHR mental health education in FN communities.

- **Physician Recruitment:** Medical Services are working closely with Health Workforce Secretariat and Docs MB to create different, new opportunities and models to attract Canadian trained physicians to the North. We submitted a formal proposal for a group practice based in Thompson and providing services to satellites sites.
    - **Clinic Assistants:** Two new funded Clinic Assistant (CIA) positions in Thompson Clinic have been acquired through the Inter-professional Team Demonstration Initiative (ITDI). Recruitment processes underway.

- **DSM Diagnostic Imaging Capacity Expansion:** Funding has been provided for a 1.0 EFT Ultrasound Technologist to help reduce wait list and provide more after-hours coverage. Once filled, it is hoped that an evening shift can be implemented and wait times can be reduced. Two applications have been received as of the end of January and interviews have been scheduled.

- **Financial Accountability:**
    - **Acute Care Analysis:** Many of the issues leading to cost escalation relate to historical, structural challenges in acute care. By way of example these are a number of those factors: patient acuity and complexity, recruitment and retention, staffing ratios (there are no staffing guidelines for acute care units), public expectations, patient flow (ER to in-patient to alternate level of care), discharge planning challenges.
    - **Vivid Software:** New software contract will greatly enhance the accountability reporting, variance reporting and drill down review management requires to fully analyze budget allocations and associated expenses.
- **Information Management/Systems:**
    - **Data Sharing:**
        - Addendum PIA for EMR including 3 PNS currently being reviewed by HHLS
        - Letter of Direction between NRHA and 3 PNS drafted has been approved by HHLS

        - Master Sharing Agreement for EMR in OCN, Private Clinic is still with legal counsel.
    - **NPTP**
        - Program software is in need of a major upgrade; running reports is very time consuming resulting in most reports being created manually. This causes long delays in getting the relevant reports to the department requesting information.
        - Emergency Department Information System (EDIS) is a long awaited system for our emergency departments. Expected go-live was March 2016; due to unforeseen circumstances provincially, this date has been moved to a date TBD.
        - Finance is investigating new financial reporting software that will allow managers to more efficiently view variance reports. It will also allow managers to change reporting dates, plus "drill down" to transaction detail without a GP license.

- **Reduction of Agency Costs and Overtime:** This is a provincial priority for 15/16 fiscal year.
    - **Nursing Optimization:** Strategies related to master rotations and scheduling continue. Concepts such as group self-scheduling, weekend worker, built in stats, all within contract compliant rotations will serve to reduce overtime, agency costs while providing a flexible work environment for nurses.

- **Volunteer Program:** The development of a new Regional Volunteer Program is underway.

- **First Nations Health Authority:** More discussion is being held provincially in First Nations organizations and even nationally. British Columbia has successfully implemented a First Nation Health Authority. Certain staff are further exploring becoming more knowledgeable on the process, structure and outcome of the BC experience.

- **Telehealth:** Working to connect NPTP warrants with possible gains in telehealth usage is underway. Plan to replace End of Life units as follows: 3 Thompson General Hospital, 2 The Pas Health Complex and 2 at Flin Flon General Hospital.

- **Special Guest Lecturer:** "Geriatric Gems"; highly acclaimed international speaker, author and practitioner Barb Bancroft presented in Flin Flon (included The Pas staff) and Thompson. In attendance were 100 nurses. The event was financially supported through the Provincial Nurses Recruitment and Retention Fund. Incredibly well received by those in attendance.

- **Social Media:** Communication plan developed and approved. Twitter is live with plans in place to have the Regional Facebook page go live in spring 2016.

- **Agitated Patient Training (EMS):** NRHA has drafted a robust training for physical and chemical restraints and their use with respect to agitated patients. This material was created in conjunction with OMD and will be used as a model throughout the province.

- **Professional Practice Structures:** An Allied Health Practice Council has been established with its inaugural meeting November 10th. Nursing Practice Councils were established a year ago, one at each site. Medical Advisory Council is a well-established structure for medicine. Yet to be initiated is a Clinical Advisory Council which is a cross-representation from all 3 Councils, supporting inter-professional, collaborative evidence-based clinical practice and embodies the Clinical Governance principles.

- **University of Manitoba Nursing Students:** In July, TGH completed a pilot project with Manitoba Health to host 3 nursing students from the University of Manitoba for their fourth year practicum. Two of the 3 accepted positions. Given the positive evaluation of the program, Manitoba Health has committed to continued support for this initiative and Thompson General Hospital has committed to accommodating 10 students from University of Manitoba and/or Red River Community College for their 4th year placement. To date, 5 students have requested and been approved under this initiative and will be completing their placements January to March 2016.

- **Public Trustee and Guardianship:** Public Guardian and Trustee of Manitoba (PGTM) Delegation is an emerging issue. That office has expressed an interest in delegating some of their responsibilities to the NHR.

- **Employee Accomplishments**
  - Red River College Health Services Leadership and Management Certificate: a number of our staff (13) have completed or will be completing this certificate. This has been a 3 year rigorous process for these individuals and we are very proud of them. They are future leaders in the Region and this education serves to provide them with appropriate knowledge in administration of the health system**.**

- **Video Surveillance:** New guidelines released by MB Ombudsman regarding video surveillance. A policy is in the process of being developed.

- **Risk Management:** Nursing Leadership has completed a clinical risk assessment via the HIROC Risk Checklist. The top 3 that will take priority over the next year are: Falls Management, Pressure Ulcers, and Inadequate Discharge Planning.

- **Decision Support:** Since amalgamation, our vision has been to establish a decision support "team" that would include clinical, planning, and financial aspects. Our ability to analyze data is greatly hampered by the lack of such a team. This team is now under development.

- **Operational Excellence / Environment Assessment:** A monthly environment assessment completed by Support Services online with Aramark. Completion of this assessment on a monthly basis will help create action plans to address areas that are not meeting standards.

- **Mitrition Menu Program:** The database has been finalized for this dietary system. The next step will be training of Food Operations Management (FOM); recipes, menus and reporting.

- **Sustainable/environmental strategy:** The 5P Food Management Process, a waste tracking program in The Pas has moved forward. Front-line staff training took place the week of May 11th, with roll out Monday, May 18th. Daily weights are entered into Aramark's web based tracking system so that our progress can be monitored.

Strategic Direction Four: Be an Employer of Choice

The highlights from 2014/15 include the following:

- **Integrated Cultural Competency (ICC) Program:** Development of this program continues with the curriculum redesign about 80% complete. Piloting stage of the ICC program is being planned for April/May of 2016. We will identify staff of the NHR that may be interested in this very important stage.

- **Recruitment Successes/Opportunities:**
  - **Pharmacy Director:** Recruitment continues for this position.
  - **Wabowden:** Public Health Nurse has been hired for the Wabowden Health Centre effective April 11, 2016.
  - **Manager positions Obs and OR/Chemo/Dialysis TGH:** Recruitment underway with several applicants to date.
  - **Manager position Obs/Dialysis/OR The Pas:** Position filled.
  - **Manager position in NCC:** Position filled.
  - **Respiratory Therapy Flin Flon:** Position filled.
  - **Manager MSP Thompson:** Position filled.
  - **Pediatric Physiotherapist:** Position filled and will provide services to pre-school and school aged children in the Kelsey, Flin Flon and Frontier school divisions.
  - **VP Corporate Services and Chief Financial Officer:** Position filled.
  - **Psychiatrist Thompson:** This position has been filled with an experienced psychiatrist.
  - **DSM Manager**: This position has been filled after a lengthy time being vacant.
  - **Manager ACIU/Emergency** Recruitment continues for this position at St. Anthony's Hospital, The Pas.
  - **University of Manitoba Nursing Program:** In an effort to increase rural experience and recruitment, MB Health has provided funding for nursing students at U of M to complete their fourth year (final senior) practicum in the North. Thompson General Hospital is currently hosting three Bachelor of Nursing students from U of M under this initiative. Funding provided by MB Health includes coverage for expenses related to travel, accommodation while they are in Thompson, as well as the evaluation of this initiative.

- **Job Fair in Thompson:** The Aboriginal Health staff participated in the job fair at the Thompson Recreation Community Centre in May. This was an opportunity to showcase careers and support our recruitment and retention efforts as a region.

- **Student Placements:**
  - Thompson:
    - 16 UCN students, plus up to 6 U of M students. There are also a number of Red River College nursing students interested.
    - University of Manitoba and Red River College nursing students; very successful. It is expected that up to 2/3 will be recruited.
  - The Pas:
    - 8 students from UCN, majority of whom are local students; plus 1 LPN from UCN (Swan River site).
    - Accepting 10 new senior practicum nursing students starting in April. Relief team positions will be established for any wishing employment in the region.
    - Two grad nurses from last year were not successful in their second exam writing. This has resulted in them no longer being qualified to practice as a grad nurse; therefore their employment has been terminated. We are continuing to support these individuals as much as they will allow us.

- **Workplace Audit Survey:** The second regional survey has been completed. Dr. Leigh Quesnel will present findings to the Workplace Psychological Health & Safety Working Group and a publication is under development.

- **EMS Salaries:** Although this collective agreement is currently under negotiation, it was previously agreed that an October 1, 2015 market adjustment would be implemented. The goal of this market adjustment is to move towards parity with the City of Winnipeg EMS scales by October 1, 2019. New salary scales with the percentage increase are pending.

- **Disaster Management Update:**
  - Pandemic Plan has been posted on the intranet.
  - Wildfire Table top exercise was facilitated at June SMT meeting. The scenario was a wild land fire south of Lynn Lake.
  - Business Continuity Plan: Business impact analysis template drafted. Data collection showcasing loss of essential services has begun: capturing impact of loss, contingencies in place, what tasks need to be done to implement, who is responsible and how long can the department last without said service.

- **Nelson House MNU Strike Action:** Collective bargaining discussions broke down and the nurses represented by Manitoba Nurses Union took strike action May 11th, 2015. The main issue was monetary. An essential services agreement is in place and registered nursing presence is being

maintained at the Personal Care Home. There was a successful resolution with business as usual at this time.

- **Robertson College HCA Challenge Program:** This program will be a good fit with Home Care. We have received information and need to determine how and by whom costs would be covered. We are working towards partnering with the __ union.

- **College of Social Workers:** There is now a requirement that social workers be regulated by their new regulatory body. There are concerns with compliance of staff. If social workers do not register, they will not be able to be work. Managers are dealing with this challenge, but serious measures may need to be taken.

- **High Five Program:** Human Resources has developed a "High Five" program which encourages staff to recognize each other by sending notes and thereby "high fiving" their colleagues.

- **Northern Recruitment Tour:** Sept 11 - 13 in The Pas. We have partnered with the Office of Rural and Northern Health to host a "northern" recruitment tour for students at universities/colleges in Winnipeg in primarily Prof/Tech education and nursing. The students will bus from Winnipeg to The Pas, arriving on Friday and departing Sunday morning. We spend time with them and plan RHA related activities as well as some "fun" activities. Managers are involved with this as well as ELC. This initiative is rotated each year between Thompson, Flin Flon and The Pas.

- **Language Policy**: concerns have been raised by a bargaining unit that employees are speaking language other than English in front of other employees and patients; risks to patient's safety and what could be seen as disrespectful by patients and other staff. We, as a Region are considering a position; the WRHA has such a policy and that will be accessed as a resource.

Administrative Costs 2015/2016

Administrative and Corporate Costs as at March 31, 2016 were $ 13,413,169.

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The Region adheres to these coding guidelines.

Administrative costs include corporate operations (including hospitals, non-proprietary personal care homes and community health agencies), as well as patient care-related functions such as infection control, patient relations and recruitment of health professionals. A further breakdown of administrative costs, as required by Manitoba Health, Seniors and Active Living is included below to provide a more-detailed summary of administrative costs.

The figures presented are based on data available at time of publication. Restatements may be made in the subsequent year to reflect final data and changes in the CIHI definition, if any. The administrative cost percentage of total spending indicator (administrative costs as a percentage of total operating costs) adheres to CIHI definitions.

Administrative Cost Definitions:

Corporate operations: general administration (executive offices, board of directors, provider advisory committees, district health advisory councils or community health councils, medical directors, administrators of acute, long-term and community care, public relations, planning and development, community health assessment, risk identification and management, claims management internal audit), finance (general accounting, accounts receivable, accounts payable, and budget control) and communications (telecommunications and mail service). For greater detail and clarity, see Schedule 12 of the **Regional Health Authorities (Ministerial) Regulation 169/98.**

Patient care-related functions: infection control, patient relations, quality assurance, accreditation, bed utilization management, privacy office and visitor information.

Human resource and recruitment related functions: recruitment and retention, labour relations, personnel records, employee benefits, health & assistance programs, occupational health & safety, and payroll.

	2015/16	**2014/15**(Restated)
Administrative cost (% of total):	5.81%	6.03%
Corporate operations (% of total):	4.20%	4.24%
Patient-care related functions (% of total):	0.48%	0.56%
Human Resources & Recruitment functions (% of total)	1.14%	1.23%

2015/16 Totals: Corporate = $9,692,288; Patient Care Related = $1,100,347; HR & Recruitment = $2,620,534; **Total Administration = $13,413,169**

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Northern Regional Health Authority for fiscal year 2015 – 2016:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2015 – 2016
The number of disclosures received, and the number acted on and not acted on. *Subsection 18 (2a)*	0
The number of investigations commenced as a result of a disclosure. *Subsection 18 (2b)*	0
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18 (2c)*	0

The Regional Health Authorities Act

Accountability Provisions

The Regional Health Authorities Act include provisions related to improved accountability and transparency and to improved fiscal responsibility and community involvement. In keeping with those provisions, the Region has taken the following actions:

- Employment contracts are consistent with Sections 22 and 51 in that they meet the terms and conditions established by the Minister;
- The Strategic Plan was prepared, implemented, is updated as required and is posted on the Region's website as per Section 23(2c);

- The Region's most recent Accreditation Canada Reports are published on the website as per Section 23.1 and 54; and
- The Region is in compliance with Sections 51.4 and 51.5 regarding employing former designated senior officers.
- Expenses of the CEO and designated officers are published on the Region's website in accordance with Section 38.1(1).

Public Sector Compensation Disclosure Act

In compliance with *The Public Sector Compensation Disclosure Act of Manitoba,* interested parties may inspect a copy of the Northern Health Region's public sector compensation disclosure which has been prepared for this purpose and certified by its auditor to be prepared, in all material respects, in accordance with the provisions of the Public Sector Compensation Disclosure Act of the Province of Manitoba. The report contains the amount of compensation it pays or provides in the corresponding calendar year for each of its officers and employees whose compensation is $50,000.00 or more. This information is available for inspection during regular office hours at each Regional Office location. For more information, contact Scott Hamel by email shamel2@nrha.ca or by telephone at (204) 687-3012 or toll free (888) 340-6742.

Northern Regional Health Authority Inc.
Audited Financial Statements

March 31, 2016

Management's Responsibility

To the Board of Directors of Northern Regional Health Authority Inc.:

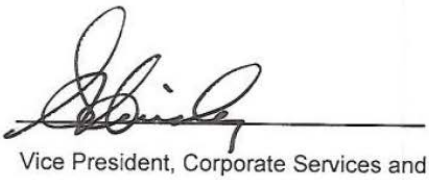
Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards for government not-for-profit organizations. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors and Audit Committee are composed primarily of Directors who are neither management nor employees of the Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Committee is also responsible for recommending the appointment of the Authority's external auditors.

MNP LLP is appointed by the Board to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Audit Committee and management to discuss their audit findings.

Chief Executive Officer



Vice President, Corporate Services and Chief Financial Officer

Independent Auditors' Report

To the Board of Directors of Northern Regional Health Authority Inc.:

We have audited the accompanying financial statements of Northern Regional Health Authority Inc., which comprise the statement of financial position as at March 31, 2016, the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Northern Regional Health Authority Inc. as at March 31, 2016 and the results of its operations, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Winnipeg, Manitoba

June 28, 2016

MNP LLP
Chartered Professional Accountants

Northern Regional Health Authority
Statement of Financial Position
As at March 31

	2016	*2015*
Assets		
Current		
Accounts receivable *(Note 2)*	**3,080,620**	5,633,687
Due from Manitoba Health *(Note 3)*	**18,830,910**	13,954,700
Inventory	**1,311,865**	1,107,184
Prepaid expenses	**1,243,682**	1,216,254
Vacation entitlement receivable - Manitoba Health *(Note 4)*	**5,429,191**	5,429,191
	29,896,268	27,341,016
Capital assets *(Note 5)*	**91,649,084**	76,534,889
Due from Manitoba Health (pre-retirement) *(Note 4)*	**4,209,802**	4,209,802
	125,755,154	108,085,707

Continued on next page

The accompanying notes are an integral part of these financial statements

Northern Regional Health Authority
Statement of Financial Position
As at March 31

	2016	2015
Liabilities		
Current		
Bank indebtedness *(Note 6)*	**14,474,859**	9,628,453
Line of credit *(Note 7)*	**21,345,850**	10,211,181
Accounts payable and accruals	**13,287,994**	13,635,973
Current portion of long-term debt (*Note 9*)	**515,717**	958,960
Accrued vacation entitlements	**10,481,722**	9,724,059
Deferred revenue *(Note 8)*	**1,313,677**	1,252,891
	61,419,819	45,411,517
Long-term debt *(Note 9)*	**3,621,977**	7,070,021
Sick leave benefit obligation *(Note 10)*	**1,830,900**	1,863,589
Due to DSM - pre-retirement obligation	**653,692**	678,375
Accrued pre-retirement obligation *(Note 11)*	**9,607,000**	9,479,000
Deferred contributions related to expenses of future periods *(Note 12)*	**383,297**	292,164
Deferred contributions related to capital assets *(Note 13)*	**53,968,906**	49,222,016
	131,485,592	114,016,682
Deficiency in Net Assets		
Invested in capital assets *(Note 14)*	**12,196,634**	9,072,711
Externally restricted	**10,182**	10,182
Unrestricted	**(17,937,254)**	(15,013,868)
	(5,731,438)	(5,930,975)
	125,755,154	108,085,707

Approved on behalf of the Board

The accompanying notes are an integral part of these financial statements

Northern Regional Health Authority
Statement of Operations
For the year ended March 31

	2016	*2015*
Revenue		
Manitoba Health *(Note 15)*	**213,245,568**	198,528,437
Amortization of deferred contributions related to capital assets	**6,273,251**	6,365,283
Non-insured income	**5,506,123**	5,400,900
Other revenue	**5,335,415**	4,751,312
Northern patient transportation program recoveries	**3,803,603**	2,795,839
Ancillary revenue	**1,353,887**	1,493,265
Total revenue	**235,517,847**	219,335,036
Expenses		
Acute care	**98,757,085**	94,880,073
Amortization of capital assets	**6,273,251**	6,365,283
Ancillary operations	**1,496,671**	1,489,608
Community based health	**18,263,213**	20,954,995
Community based home care	**8,197,684**	8,282,671
Community based mental health	**4,557,825**	5,824,439
Aging in place/long-term care	**14,485,141**	14,602,796
Land ambulance	**5,102,414**	5,832,850
Northern patient transportation	**19,250,469**	18,721,485
Medical remunerations	**38,751,737**	36,187,174
Unallocated regional health authority costs	**20,181,820**	16,898,229
Total expenses	**235,317,310**	230,039,603
Surplus (deficiency) of revenue over expenses	**200,537**	(10,704,567)

The accompanying notes are an integral part of these financial statements

Northern Regional Health Authority
Statement of Changes in Net Assets (Deficiency in Net Assets)
For the year ended March 31

	Investment in capital assets	*Externally restricted*	*Unrestricted*	*2016*	*2015*
Net assets (deficiency in net assets), beginning of year	**9,072,711**	**10,182**	**(15,013,868)**	**(5,930,975)**	4,773,592
Surplus (deficiency) of revenue over expenses	**-**	**-**	**200,537**	**200,537**	(10,704,567)
Net changes in investment in capital assets (Note 14)	**3,123,923**	**-**	**(3,123,923)**	**-**	**-**
Net assets (deficiency in net assets), end of year	**12,196,634**	**10,182**	**(17,937,254)**	**(5,731,438)**	(5,930,975)

The accompanying notes are an integral part of these financial statements

Northern Regional Health Authority
Statement of Cash Flows
For the year ended March 31

	2016	*2015*
Cash provided by (used for) the following activities		
Operating		
Surplus (deficiency) of revenue over expenses	**200,537**	(10,704,567)
Amortization of capital assets	**6,273,251**	6,365,283
Amortization of deferred contributions related to capital assets	**(6,273,251)**	(6,365,283)
Deferred revenue recognized in income	**(2,272,474)**	(5,094,443)
	(2,071,937)	(15,799,010)
Changes in working capital accounts		
Accounts receivable	**2,553,067**	1,419,218
Inventory	**(204,681)**	18,200
Due from Manitoba Health	**(4,876,210)**	(4,795,950)
Prepaid expenses	**(27,428)**	(240,892)
Accounts payable and accruals	**(347,979)**	1,399,648
Accrued vacation entitlements	**757,663**	335,484
Deferred revenue	**2,333,260**	4,121,940
	(1,884,245)	(13,541,362)
Financing		
Changes in long-term debt	**(3,447,287)**	4,784,348
Change in pre-retirement obligation	**128,000**	1,899,000
Change in DSM pre-retirement obligation	**(24,683)**	46,367
Receipt of deferred contributions related to capital assets	**11,111,275**	3,264,341
Change in sick leave benefit obligation	**(32,689)**	51,952
Change in line of credit	**10,690,669**	6,189,773
Increase in bank indebtedness	**4,846,406**	9,382,899
	23,271,691	25,618,680
Investing		
Purchases of capital assets	**(21,387,446)**	(12,077,318)
Cash and cash equivalents, beginning of year	**-**	-
Cash and cash equivalents, end of year	**-**	-

The accompanying notes are an integral part of these financial statements

1. Significant accounting policies

Basis of accounting

These financial statements have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Nature and purpose of the Authority

Effective May 28, 2012, a Regulation was registered in respect to the Regional Health Authorities Act, affecting the amalgamation of Burntwood Regional Health Authority with the Norman Regional Health Authority to form a new authority named the Northern Regional Health Authority (the "Authority"). The amalgamation of the regional health authorities was part of the provincial budget announcement made on April 17, 2012 to reduce the number of regional health authorities in Manitoba.

All operations, properties, liabilities and obligations and agreements with contract facilities of the predecessor organizations were transferred to the Authority on this date.

The Northern Regional Health Authority is a registered charity under the Income Tax Act and accordingly is exempt from income taxes, provided certain requirements of the Income Tax Act are met.

Basis of reporting

These financial statements include the accounts of the following operations of the Authority:

Cormorant Health Care Centre
Cranberry Portage Wellness Centre
Gillam Hospital
Ilford Community Health Centre
Leaf Rapids Health Centre
Lynn Lake Hospital
Northern Consultation Centre
Pikwitonei Community Health Centre
Thicket Portage Community Health Centre
Thompson General Hospital
Wabowden Community Health Centre
Northern Spirit Manor
Flin Flon General Hospital
Flin Flon Personal Care
Northern Lights Manor
The Pas Health Complex
The Snow Lake Medical Nursing Unit
Thompson Clinic
Northern Consultation Clinic
Sherridon Health Centre
St. Paul's Personal Care Home

Cash and cash equivalents

The Authority considers deposits in banks, certificates of deposit and other short-term investments with original maturities of 90 days or less at the date of acquisition as cash and cash equivalents.

Inventory

Inventory consists of medical supplies, drugs, linen and other supplies that are measured at average cost, except drugs which are valued at the actual cost using the first in, first out method. The cost of inventory includes purchase price, shipping, unrebated portion of goods and services tax, and provincial tax. Inventory is expensed when put into use.

Northern Regional Health Authority
Notes to the Financial Statements
For the year ended March 31, 2016

1. Significant accounting policies *(Continued from previous page)*

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution if fair value can be reasonably determined.

Amortization is provided using the straight-line method at rates intended to amortize the cost of assets over their estimated useful lives.

	Rate
Land improvements	*2.5%*
Buildings	*2.5%*
Computers	*20.0%*
Equipment	*10.0%*

No amortization is provided for construction in progress.

Long-lived assets

Long-lived assets consist of capital assets. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies.

When the Authority determines that a long-lived asset no longer has any long-term service potential to the Authority, the excess of its net carrying amount over any residual value is recognized as an expense in the statement of operations. Write-downs are not reversed.

Revenue recognition

The Authority follows the deferral method of accounting for contributions which include donations and government grants.

Manitoba Health operating revenue
Under the Health Services Insurance Act and regulations thereto, the Authority is funded primarily by the Province of Manitoba in accordance with budget arrangements established by Manitoba Health. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period. These financial statements reflect agreed arrangements approved by Manitoba Health with respect to the year ended March 31, 2016.

In Globe funding
In Globe funding is funding approved by Manitoba Health for Regional Health programs unless otherwise specified as Out of Globe funding. This includes volume changes and price increases for the five service categories of Acute Care, Long Term Care, Community and Mental Health, Home Care and Emergency Response and Transport. All additional costs in these five service categories must be absorbed within the global funding provided.

Any operating surplus greater than 2% of the budgeted amount related to In Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health. Under Manitoba Health policy the Authority is responsible for In Globe deficits, unless otherwise approved by Manitoba Health.

1. Significant accounting policies *(Continued from previous page)*

Out of Globe funding
Out of Globe funding is funding approved by Manitoba Health for specific programs.

Any operating surplus related to Out of Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Conversely, any operating deficit related to Out of Globe funding arrangements is recorded on the statement of financial position as a receivable from Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time, Manitoba Health determines their final funding approvals which indicate the portion of the deficit that will be paid to the Region. Any unapproved costs not paid by Manitoba Health are absorbed by the Authority.

Amortization of deferred contributions
Where a grant or other restricted contribution, other than endowment contributions, is received but relates to expenses of one or more future periods, it is deferred and recognized as revenue in the same period as the related expenses are recognized. Contributions restricted for the purchase of capital assets or to repay long-term debt as a lump sum are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured.

Non-Insured revenue
Non-insured revenue is revenue received for products and services where the recipient does not have Manitoba Health coverage or where coverage is available from a third party. Revenue is recognized when the product is received and/or the service is rendered.

Other revenue
Other revenue comprises recoveries for a variety of uninsured goods and services sold to patients or external customers. Revenue is recognized when the good is sold or the service is provided.

Northern patient transportation program recoveries
Northern patient transportation program recoveries comprises recoveries of patient transportation costs. Revenue is recognized when the underlying service is provided.

Ancillary revenue
Ancillary revenue comprises amounts received for preferred accommodations, non Manitoba Health activities and parking fees. Revenue is recognized when the service is provided.

Contributed materials and services

Contributions of materials are recognized at fair market value only to the extent that they would normally be purchased and an official receipt for income tax purposes has been issued to the donors.

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

Capital management

The Authority's objective when managing capital is to maintain sufficient capital to cover its costs of operations. The Authority's capital consists of net assets.

The Authority's capital management policy is to meet capital needs with working capital advances from Manitoba Health and Healthy Living.

The Authority met its externally imposed capital requirements.

There were no changes in the Authority's approach to capital management during the year.

Northern Regional Health Authority
Notes to the Financial Statements
For the year ended March 31, 2016

1. Significant accounting policies *(Continued from previous page)*

Employee future benefits

The Authority's employee future benefit program consists of a multiemployer defined benefit plan, as well as pre-retirement obligations and sick leave benefits obligation.

Multiemployer defined benefit plan

The majority of the employees of the Authority are members of the Healthcare Employees Pension Plan - HEPP (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees. Plan members will receive benefits based on length of service and on the average annualized earnings calculated on the best five of the eleven consecutive years prior to retirement, termination or death, that provide the highest earnings. The costs of the benefit plan are not allocated to the individual health entities within the related group and as such, individual entities within the related group are not able to identify their share of the underlying assets and liabilities. Therefore, the plan is accounted for as a defined contribution plan in accordance with Canadian public sector accounting standards Section 3250.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing Plan assets in trust through the Plan investment policy. Pension expense is based on Plan management's best estimates, in consultation with its actuaries to provide assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for the employer contributions to HEPP to remain a constant percentage of employee's contributions. Variances between funding estimates and actual experience may be material and any differences are generally to be funded by the participating members.

The Healthcare Employees' Pension Plan is subject to the provisions of the Pension Benefits Act, Manitoba. This Act requires that the Plan's actuaries conduct two valuations – a going-concern valuation and a solvency valuation. In 2010, HEB Manitoba completed the solvency exemption application process, and has now been granted exemption for the solvency funding and transfer deficiency provision. As at December 31, 2013 the Plan's going concern ratio was 96.1%.

As at December 2008, the actuarial valuation shows a deficit of $388 million. In order to ensure the long-term sustainability of the Plan contribution rates increased 2.2% through a gradual implementation over 27 months from January 1, 2011 to April 1, 2013. Contributions to the Plan made during the year on behalf of its employees are included in the statement of operations.

The remaining employees of the Authority are eligible for membership in the provincially operated Civil Service Superannuation Fund. The pension liability for the Authority's employees is included in the Province of Manitoba's liability for the Civil Service Superannuation Fund. Accordingly, no provision is required in the financial statements relating to the effects of participation in the Plan by the Authority and its employees. The Authority is in receipt of an actuarial report on the Statement of Pension Obligations under the Civil Service Superannuation Act as at December 31, 2012.

During the year, the Authority contributed $6,553,981 (2015 - $6,073,872) to the Plan.

1. Significant accounting policies *(Continued from previous page)*

Pre-retirement obligation

The accrued benefit obligation for pre-retirement benefits are actuarially determined using the projected unit credit service pro-rated on service actuarial cost method and management's best estimates of expected future rates of return on assets, termination rates, employee demographics, salary rate increases plus age related merit-promotion scale with no provision for disability and employee mortality and withdrawal rates.

Based upon collective agreements and/or non-union policy, employees are entitled to a pre-retirement leave benefit if they are retiring in accordance with the provisions of the applicable group pension plan. The Authority's contractual commitment is to pay based upon one of the following (dependent on the agreement/policy applicable to the employee):

a) The Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Healthcare Employees Pension Plan ("HEPP") is to pay out four days of salary for each year of service upon retirement if the employee complies with one of the following conditions:

i. has ten years service and has reached the age of 55; or
ii. qualifies for the "eighty" rule which is calculated by adding the number of years service to the age of the employee; or
iii. retires at or after age 65; or
iv. terminates employment at any time due to permanent disability.

b) The Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Civil Service Superannuation Plan, is to pay out the following severance pay upon retirement to employees who have reached the age of 55 and have nine or more years of service:

i. one week of severance pay for each year of service up to 15 years of service; and
ii. two weeks of additional severance pay for each increment of five years service past the 15 years of service up to 35 years of service.

c) The Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the MGEU Collective Agreement, is to pay out one week's pay for each year of accumulated service, or portion thereof, upon retirement if the employee has accumulated 10 or more years of accumulated service, up to a maximum of 15 week's pay.

Actuarial gains and losses can arise in a given year as a result of the difference between the actual return on plan assets in that year and the expected return on plan assets for that year, the difference between the actual accrued benefit obligations at the end of the year and the expected accrued benefit obligations at the end of the year and changes in actuarial assumptions. In accordance with Canadian public sector accounting standards, gains or losses that arise in a given year, along with past service costs that arise from pre-retirement benefit plan amendments, are to be amortized into income over the expected average remaining service life ("EARSL") of the related employee group.

Sick leave benefit obligation

At the beginning of the fiscal year April 1, 2011, a valuation of the Authority's obligations for the accumulated sick leave bank was done for accounting purposes using the average usage of sick days used in excess of the annual sick days earned. Factors used in the calculation include average employee daily wage, number of sick days used in the year, number of sick days earned in the year, excess of used days over earned days in the year, dollar value of the excess and number of unused sick days.

Key assumptions used in the valuation were based on information available. The valuation used the same assumptions about future events as was used for the pre-retirement obligation valuation noted above.

Northern Regional Health Authority
Notes to the Financial Statements
For the year ended March 31, 2016

1. Significant accounting policies *(Continued from previous page)*

Measurement uncertainty (use of estimates)

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

Areas requiring the use of significant estimates include the useful lives of capital assets, allowance for accounts deemed uncollectible, provisions for slow moving and obsolete inventory and amounts recognized for employee benefit obligations. Changes to the underlying assumptions and estimates or legislative changes in the near term could have a material impact on the provisions recognized.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in the statement of operations in the periods in which they become known.

Financial instruments

The Authority recognizes its financial instruments when the Authority becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value.

At initial recognition, the Authority may irrevocably elect to subsequently measure any financial instrument at fair value. The Authority has not made such an election during the year.

All financial assets and liabilities are subsequently measured at amortized cost using the effective interest rate method.

Transaction costs directly attributable to the origination, acquisition, issuance or assumption of financial instruments subsequently measured at fair value are immediately recognized in excess if revenue over expenses. Conversely, transaction costs are added to the carrying amount for those financial instruments subsequently measured at cost or amortized cost.

All financial assets except derivatives are tested annually for impairment. Any impairment, which is not considered temporary, is recorded in the statement of operations. Write-downs of financial assets measured at cost and/or amortized cost to reflect losses in value are not reversed for subsequent increases in value. Reversals of any net remeasurements of financial assets measured at fair value are reported in the statement of remeasurement gains and losses.

Fair value measurements

The Authority classifies fair value measurements recognized in the statement of financial position using a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1: Quoted prices (unadjusted) are available in active markets for identical assets or liabilities;
- Level 2: Inputs other than quoted prices in active markets that are observable for the asset or liability, either directly or indirectly; and
- Level 3: Unobservable inputs in which there is little or no market data, which require the Authority to develop its own assumptions.

Fair value measurements are classified in the fair value hierarchy based on the lowest level input that is significant to that fair value measurement. This assessment requires judgment, considering factors specific to an asset or a liability and may affect placement within the fair value hierarchy. There were no transfers between levels for the years ended March 31, 2016 and 2015.

External restrictions

Net assets are restricted for endowment purposes, and are subject to externally imposed restrictions that the assets be maintained permanently in the St. Paul Residents Trust Fund. Investment income from this fund is restricted for residents' expenses.

2. Accounts receivable

	2016	*2015*
Northern Patient Transportation Program receivables	**14,357,163**	12,827,411
GST rebates receivable	**262,781**	255,437
Patient and other receivables	**3,222,564**	2,465,894
Allowance for doubtful accounts - Northern Patient Transportation Program receivables	**(12,307,818)**	(8,900,000)
Allowance for doubtful accounts - patient and other receivables	**(2,454,070)**	(1,015,055)
	3,080,620	5,633,687

3. Due from Manitoba Health

	2016	*2015*
2011-2012 Extended Health Benefit	**184,926**	184,926
2013-2014 Medical Remuneration	**-**	3,672,806
2014-2015 Medical Remuneration	**3,502,475**	3,489,072
2015-2016 Medical Remuneration	**5,269,478**	-
2012-2013 MAHCP Retention Bonuses	**-**	4,937
2014-2015 MAHCP Retention Bonuses	**-**	1,178,026
2015-2016 MAHCP Retention Bonuses	**1,239,536**	-
MAHCP Retention Bonus - DSM	**608,459**	577,932
2012-2013 Garden Hill Structural Floor Project	**-**	1,604
2013-2014 Northern Youth Crisis Funding	**-**	663,706
2014-2015 Northern Youth Crisis Funding	**-**	17,804
2015-2016 Northern Youth Crisis Funding	**657,667**	-
2012-2013 MNU Maternity Top-Up	**-**	75,447
2012-2013 Facility Support Maternity Top-Up	**-**	2,714
2014-2015 Colonoscopy Funding	**-**	35,000
2012-2013 Health Spending Account	**-**	39,156
2012-2013 Medical Education Coordinator	**110,000**	110,000
2014-2015 Medical Education Coordinator	**55,000**	55,000
2012-2013 MNU Retention Bonus Shortfall	**-**	34,672
2012-2013 HEPP Contribution Increase	**-**	419,422
2013-2014 Professional Technical Market Supplement	**-**	57,013
2013-2014 Immunization Funding	**-**	200
2014-2015 Immunization Funding	**-**	117,569
2015-2016 Immunization Funding	**91,133**	-
Grow Your Own Nurse Practitioners	**-**	12,064
Physician Assistant Funding	**-**	183,771
Nurse Sector Wage Standardization	**-**	2,459,970
Professional Technical Market Supplement	**-**	81,414
Cancer Patient Journey	**39,684**	329,964
DSM On-Call Funding	**-**	130,000
CUPE Maternity Leave Top-Up	**-**	20,511
2015-2016 HEPP COLA	**278,756**	-
2015-2016 DSM Call Back Funding	**101,121**	-
2015-2016 Saskatchewan Health FFGH Agreement	**4,301,746**	-
2015-2016 Remoteness Allowance	**116,669**	-
2015-2016 Community Support Wage Standardization	**433,451**	-
2015-2016 Facility Support Wage Standardization	**1,694,154**	-
2015-2016 Maintenance and Trades Wage Standardization	**146,655**	-
	18,830,910	13,954,700

Northern Regional Health Authority
Notes to the Financial Statements
For the year ended March 31, 2016

4. Pre-retirement and vacation entitlements due from Manitoba Health

The amount recorded as a receivable from the Province of Manitoba for pre-retirement costs and vacation entitlements was initially determined based on the value of the corresponding actuarial liabilities for pre-retirement costs and vacation entitlements as at March 31, 2004. Subsequent to March 31, 2004, the Province of Manitoba has included in its ongoing annual funding to the Authority an amount equivalent to the change in the pre-retirement liability and for vacation entitlements, which includes annual interest accretion related to the receivables. The receivables will be paid by the Province of Manitoba when it is determined that the funding is required to discharge the related liabilities.

5. Capital assets

	Cost	***Accumulated amortization***	***2016 Net book value***
Land & land improvements	**761,177**	**368,818**	**392,359**
Buildings	**115,567,543**	**64,357,932**	**51,209,611**
Computers	**4,318,951**	**3,243,369**	**1,075,582**
Equipment	**32,107,835**	**23,361,668**	**8,746,167**
Construction in progress	**30,225,365**	**-**	**30,225,365**
	182,980,871	**91,331,787**	**91,649,084**

	Cost	*Accumulated amortization*	*2015 Net book value*
Land & land improvements	761,177	367,783	393,394
Buildings	114,791,947	59,853,957	54,937,990
Computers	3,690,120	2,976,010	714,110
Equipment	29,856,272	21,860,786	7,995,486
Construction in progress	12,493,909	**-**	12,493,909
	161,593,425	85,058,536	76,534,889

6. Bank indebtedness

The Authority has an authorized operating line of credit of $8,900,000 bearing interest at the bank's prime rate minus 0.50% (2015 - prime minus 0.50%). Security provided on this line of credit includes an overdraft borrowing agreement and a Letter of Comfort from Manitoba Health. As at March 31, 2016 the bank's prime rate was 2.70% (2015 - 3.00%). Bank indebtedness is comprised of the following:

	2016	*2015*
Petty cash on hand and balances with banks	**512,898**	625,248
Operating line of credit balance	**(14,987,757)**	(8,431,743)
Outstanding cheques and other reconciling items	**-**	(1,821,958)
	(14,474,859)	(9,628,453)

7. Line of credit

The Authority maintains a line of credit facility to fund construction projects in progress. Upon completion of the construction projects in progress, the respective amounts will be converted to long-term debt. The amounts are due on demand and bear interest at a rate of prime minus 0.80% per annum (2015 - prime minus 0.80%). As at March 31, 2016 the bank's prime rate was 2.70% (2015 - 3.00%).

8. Deferred revenue

Deferred revenue consists of Manitoba Health funding received and accrued in the fiscal year for various programs. This allocation of funding is recognized as revenue when program expenses are incurred. The change in the deferred revenue balance for the year is as follows:

	2016	*2015*
Balance, beginning of year	**1,252,891**	2,225,394
Funding received during the year	**2,217,360**	4,121,940
Funding accrual	**115,900**	-
Amount recognized as revenue during the year	**(2,272,474)**	(5,094,443)
Balance, end of year	**1,313,677**	1,252,891

9. Long-term debt

	2016	*2015*
Manufacturer's Life Insurance Company loan, with monthly payments equal to the energy savings including interest at 6.30% per annum, expected to be paid out by August 2021	**998,060**	1,149,465
Term loans due to Royal Bank of Canada, with monthly payments between $2,760 and $10,250 including interest at the bank's prime rate less 0.80% per annum, due from June 2021 to August 2030, secured by certain equipment	**2,042,743**	5,648,329
Loan payable to RBC Life Insurance with monthly payments of $10,016 including interest at 3.72% per annum, due March 2027, secured by certain buildings	**1,096,891**	1,174,700
Mortgage payable to Canada Mortgage and Housing Corporation with monthly payments of $5,250 including interest at 4.61% per annum, due February 2016 secured by certain buildings	**-**	56,487
	4,137,694	8,028,981
Less: Current portion	**515,717**	958,960
	3,621,977	7,070,021

Principal repayments on long-term debt in each of the next five years are estimated as follows:

2017	515,717
2018	518,773
2019	521,944
2020	525,236
2021	418,899
Thereafter	2,081,125

Interest on long-term debt amounted to $292,943 (2015 – $214,977).

Northern Regional Health Authority
Notes to the Financial Statements
For the year ended March 31, 2016

10. Sick leave benefit obligation

The Authority's sick leave benefit obligation is based on an actuarial report prepared as of March 31, 2016. The following table presents information about the sick leave benefit obligations, the change in value and the balance of the obligation as at March 31, 2016:

	2016	*2015*
Sick leave benefit obligation, beginning of year	**2,555,589**	1,811,637
Current period service cost	**222,657**	190,000
Interest cost	**65,795**	82,000
Benefits paid	**(415,342)**	(416,000)
Actuarial (gain)/loss and other	**(66,799)**	887,952
Sick leave benefit obligation, end of year	**2,361,900**	2,555,589
Unamortized net actuarial loss	**(531,000)**	(692,000)
Sick leave benefit obligation, end of year	**1,830,900**	1,863,589

11. Accrued pre-retirement obligation

The Authority's pre-retirement obligation is based on an actuarial report prepared as of March 31, 2016. The valuation includes employees who qualify as at March 31, 2016, and an estimate for the remainder of the employees who have not yet met the years of service criteria. The following table presents information about accrued pre-retirement benefit obligations, the change in value and the balance of the obligation as at March 31, 2016:

	2016	*2015*
Pre-retirement benefit obligation, beginning of year	**8,842,000**	7,580,000
Current period service cost	**771,000**	685,000
Interest cost	**227,000**	260,000
Benefits paid	**(771,000)**	(376,000)
Actuarial (gain)/loss and other	**(257,000)**	693,000
Pre-retirement benefit obligation, end of year	**8,812,000**	8,842,000
Unamortized net actuarial gain	**795,000**	637,000
Pre-retirement accrued benefit liability, end of year	**9,607,000**	9,479,000

The actuarial valuation was based on a number of assumptions about future events including a discount rate of 3.00% (2015 - 2.55%), a rate of salary increases of 3.50% (2015 - 3.50%) and an expected average remaining service life of 8.5 years.

Funding for the pre-retirement obligation is recoverable from Manitoba Health for costs incurred up to March 31, 2004 on an Out-of-Globe basis in the year of payment. As of April 1, 2004, In-Globe funding has been amended to include these costs.

12. Deferred contributions related to expenses of future periods

Deferred contributions related to expenses of future periods represent unspent externally restricted funds from the Province for major repairs and improvements to buildings.

13. Deferred contributions related to capital assets

Deferred contributions related to capital assets represent the unamortized amounts of grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

Changes in the deferred contribution balance are as follows:

	2016	*2015*
Balance, beginning of year	**49,222,016**	52,322,958
Amount received during the year	**11,020,141**	3,264,341
Less: Amounts recognized as revenue during the year	**(6,273,251)**	(6,365,283)
Balance, end of year	**53,968,906**	49,222,016

14. Net assets invested in capital assets

	2016	*2015*
Net assets invested in capital assets are calculated as follows:		
Capital assets	**91,649,084**	76,534,889
Deferred contributions	**(53,968,906)**	(49,222,016)
Long-term debt	**(4,137,694)**	(8,028,981)
Line of credit	**(21,345,850)**	(10,211,181)
	12,196,634	9,072,711
Change in net assets invested in capital assets is calculated as follows:		
Amortization of deferred contributions related to capital assets	**6,273,251**	6,365,283
Amortization of capital assets	**(6,273,251)**	(6,365,283)
	-	-
Net changes in investment in capital assets		
Purchase of capital assets	**21,387,446**	12,077,318
Long term debt - net	**3,447,287**	(4,784,348)
Advances on line of credit	**(10,690,669)**	(6,189,773)
Manitoba Health - Capital asset funding	**(11,020,141)**	(3,264,340)
	3,123,923	(2,161,143)

15. Revenue from Manitoba Health

	2016	*2015*
Revenue as per Manitoba Health's funding document	**211,199,743**	196,567,683
Deduct:		
Payments on prior year receivables	**(149,650)**	(4,225,434)
Prior years funding adjustments	**(8,986,513)**	-
Capital equipment funding	**(1,670,952)**	(1,798,970)
Nelson House PCH funding - flow through	**(853,599)**	(665,235)
Ancillary program	**(185,127)**	(185,127)
Ambulance	**(393,996)**	(439,710)
Interest funding (actual)	**(205,475)**	(95,341)
Other	**(240,039)**	(318,163)
Provincial Nursing Station - Transitional	**(170,814)**	(153,937)
Provincial Acute Stroke Care Coordinator	**-**	(54,179)
Microsoft Licensing Fee	**-**	183,453
CIHI Fees	**40,895**	42,940
	(12,815,270)	(7,709,703)
Add: Accruals approved by Manitoba Health		
Medical remuneration	**5,282,881**	3,489,072
Medical Education reimbursement	**-**	55,000
MNU wage standardization	**-**	2,459,970
Mobile youth crisis program	**657,667**	681,510
Colonoscopy funding	**-**	70,000
EMS wage standardization	**-**	81,414
MAHCP retention bonus	**1,239,536**	1,178,026
MAHCP retention bonus - DSM	**608,459**	577,932
DSM on call funding	**-**	130,000
DSM call back funding	**101,121**	-
Cancer Patient Journey Funding	**-**	329,964
Immunization funding	**-**	117,569
Saskatchewan Health FFGH Agreement	**4,301,746**	-
HEPP COLA - DSM	**49,696**	-
HEPP COLA - NRHA	**229,060**	-
Remoteness allowance	**116,669**	-
Facility support wage standardization	**1,694,154**	-
Maintenance and trades wage standardization	**146,655**	-
Community support wage standardization	**433,451**	-
	14,861,095	9,170,457
Deduct:		
Deferred volume funding	**-**	500,000
	213,245,568	198,528,437

16. Related party transactions

The Pas Health Complex Foundation, Inc. and The Northern Health Foundation Inc. (together the "Foundations") are non-profit voluntary associations whose purpose is the betterment of health care at The Health Complex facilities. The aims and objectives of these Foundations coincide with those of the Authority. The Authority regularly provides the Foundations with a listing of project/equipment requirements for the Foundations to consider in their annual funding processes. During the year the Authority received donated equipment valued at $171,891 (2015 - $107,944).

17. Commitments and contingencies

(i) The Authority has entered into various operating leases for rental units to assist with accommodation needs of the organization. The amounts payable over the next three years are as follows:

2017	452,328
2018	452,847
2019	389,424
	1,294,599

(ii) The Authority is subject to individual legal actions arising in the normal course of operations. It is not expected that these legal actions will have a material adverse effect on the financial position or operations of the Authority.

Due to the dismissal of three senior executives in a previous period in the Burntwood RHA, litigation proceedings remain ongoing. The likelihood of financial implications, if any, are not determinable at this time.

(iii) On July 1, 1987, a group of health care organizations ("Subscribers") formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the public liability insurance risks for its members. All members of the pool pay annual premiums which are actuarially determined. All members are subject to reassessment for losses, if any, experienced by the pool for the years in which they were members and these losses could be material. No reassessments have been made to March 31, 2016.

18. Financial instruments

The Authority, as part of its operations, carries a number of financial instruments. It is management's opinion that the Authority is not exposed to significant interest, currency, credit, liquidity or other price risks arising from these financial instruments except as otherwise disclosed.

Risk management policy

The Authority is exposed to different types of risk in the normal course of operations, including credit risk and market risk. The Authority's objective in risk management is to optimize the risk return trade-off, within set limits, by applying integrated risk management and control strategies, policies and procedures throughout the Authority's activities.

Credit risk

Credit risk is the risk of financial loss because a counter party to a financial instrument fails to discharge its contractual obligations. Financial instruments which potentially subject the Authority to credit risk consist principally of accounts receivable.

The Authority is not exposed to significant credit risk as the receivable is spread among a large client base and geographic region and payment in full is typically collected when it is due. The Authority establishes an allowance for doubtful accounts based on management's estimate and assumptions regarding current market conditions, customer analysis and historical payment trends. These factors are considered when determining whether past due accounts are allowed for or written off.

The Authority is not exposed to significant credit risk from Due from Manitoba Health, vacation entitlement receivable and retirement obligations receivable, as these receivables are due from the Province of Manitoba.

18. Financial instruments *(Continued from previous page)*

Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk and interest rate risk.

Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate relative to the Canadian dollar due to changes in foreign exchange rates.

The functional currency of the Authority is the Canadian dollar. The Authority's transactions in U.S. dollars are infrequent and are limited to non-resident charges, certain purchases and capital asset acquisitions. The Authority does not use foreign exchange forward contracts to manage foreign exchange transaction exposures.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The exposure of the Authority to interest rate risk arises primarily on its bank indebtedness, line of credit and long-term debt, the majority of which include interest at variable rates based on the bank's prime rate. The Authority's cash includes amounts on deposit with financial institutions that earn interest at market rates. The Authority manages its exposure to the interest rate risk of its assets and liabilities by maximizing the interest income earned on excess funds while maintaining the liquidity necessary to conduct operations on a day-to-day basis. Fluctuations in market rates of interest on assets and liabilities do not have a significant impact on the Authority's results of operations.

19. Liability for contaminated sites

Effective for fiscal years beginning on or after April 1, 2014, public sector accounting standards requires recognition of a liability for remediation of contaminated sites where contamination exceeds environment site standards and a reasonable estimate of the amount can be made. Reporting requirements are limited to the contamination of soil, water and sediment. As of March 31, 2016, the Authority has no known contaminated sites or no known future potential contaminated sites.

20. Trusts under administration

At March 31, 2016, the balance of Resident trust funds held in trust is $67,752 (2015 - $99,573). These funds are not included in the balances of the Authority's financial statements.

21. Economic dependence

The Authority received approximately 90% (2015 - 90%) of its total revenue from Manitoba Health and is economically dependent on Manitoba Health for continued operations. This volume of funding transactions is normal within the industry, as regional health authorities are primarily funded by their respective provincial Ministries of Health.

22. Contingent liabilities

In the normal conduct of operations, there are pending claims by and against the Authority. Litigation is subject to many uncertainties, and the outcome of individual matters is not predictable with assurance. In the opinion of management, based on the advice and information provided by its legal counsel, final determination of these other litigations will not materially affect the Authority's financial position or results of operations.

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