NORTHERN
HEALTH REGION

ANNUAL REPORT
2019-2020

Letter of Transmittal

September 30, 2020

The Honourable Cameron Friesen
Minister of Health
Room 302, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Minister:

On behalf of the Board of Directors, we have the honour to present the Annual Report for the Northern Regional Health Authority, for the fiscal year ended March 31, 2020.

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, 2020 have been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted on Behalf of the Northern Regional Health Authority,

Cal Huntley
Board Chair

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Board of Directors Chair's Message

I am pleased to present, in accordance with the Regional Health Authorities Act, the Northern Health Region's 2019-20 Annual Report on behalf of the Board of Directors.

As we began the fiscal year, our Board continued its work monitoring progress on a number of fronts. Provincially Shared Health Manitoba continued with start up operations, Health System Transformation remained an area of regular dialogue and we monitored updates from our clinical teams' Regional representatives involved in the provincial health planning. Late in the year came news of COVID-19 and fears that it had the potential to become a global virus.

The Board received regular updates as the Region tweaked its existing pandemic plan to meet our needs related to COVID-19. We were pleased to see that months before the first case arrived in our Region, preparations were well in hand thanks to the diligent work of our CEO and her Executive Leadership team.

We could not have experienced the success we had with our Region's COVID-19 efforts were it not for our staff, supported by their loved ones, in ensuring our patients, our Elders and our community members remained safe and cared for throughout the early stages of this global pandemic. We join with all Manitobans in expressing our gratitude to our health care professionals for their dedication, sacrifice and bravery during these unprecedented times. Please know that you have my gratitude and that of the entire Board of Directors.

On behalf of all Manitobans, the Board would like to extend its thanks to departing Board members John Marnock (The Pas) and Les Oystryk (Creighton) for all of their work in advancing the Vision, Mission and Values of the Northern Health Region.

From myself and the Board of the Directors, I would like to send out a sincere thank you to the Executive and Senior leadership, our staff, our patients, our residents and our community leaders for the time and effort you have invested in helping us deliver another year of care in the Northern Health Region.

Respectfully,

Cal Huntley, Board Chair

Chief Executive Officer's Message

This fiscal year is one we will not soon forget as the Region was faced with unprecedented events as the COVID-19 Global Pandemic came to our corner of the planet. At the same time, dealing with the pandemic resulted in even closer bonds with our community partners, both elected and unelected as well as partner health care organizations. All of this happened while Health System Transformation efforts continued despite the challenges of this turbulent environment.

Reflecting back on the year, there were three main themes and two subthemes that occupied much our time as a Health Region. The themes included continued work with provincial Health System Transformation; ongoing efforts to achieve our four Strategic Objectives and in the 3rd and 4th quarters of the year the shift to COVID-19 preparations, prevention and treatment. The subthemes were ongoing provincial planning in support of Health System Transformation; and levering our community partnerships and relationships to fight COVID-19.

As winter 2019 approached, news of the COVID-19 virus emerged in Asia and quickly spread across the globe. As a precaution, our Regional pandemic plan was refreshed and readied in case it was needed. Well before the first Canadian case in Ontario in late January 2020, our Region had made preparations and waited at the ready.

As COVID-19 achieved Global Pandemic status, our Region joined our partners in Shared Health and the other Regional Health Authorities in implementing a provincial approach and strategy for the virus. For my Executive Leadership Team and I, COVID-19 rapidly took over most of our calendars and working lives.

Even the worst situations can give rise to heartwarming results and COVID-19 was no different. Through these trying times we have seen tremendous strength and support from our community partners throughout the Region. I want to especially commend and recognize leadership at Manitoba Keewatinowi Okimakanak (MKO) and their member communities, the new MKO health entity Keewatinohk Inniniw Minoayawin, Keewatin Tribal Council, Swampy Cree Tribal Council and the Opaskwayak Health Authority. We could not have achieved the results we have to date without the dedication and determination of our First Nation partners.

Finally, I want to echo the comments of our Board Chair about our wonderful staff. These have been especially trying times for all of our staff; balancing their roles of keeping themselves safe, their loved ones safe, and their community safe by coming to work in the face of personal risk. They are all heroes in my books!

Ekosi, Ekosani, Meegwetch, Masicho!

Respectfully,

Helga Bryant, Chief Executive Officer

Northern Health Region

Our Region

With a total of 396,000 square kilometres and a population of 76,847, the Northern Health Region (NHR) 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 has a young population, which is projected to continue to expand 12.7% from 2017 to 2030. It is predicted the 0 to 24 age group will remain the greatest percentage of the population, but the most growth will happen in the 35 to 44 age group and the 65 to 74 age group. The change in population will have an impact on the demand for health services in the NHR.

According to the 2016 Census, a total of 51,260 NHR residents self-identified as Indigenous, which represented 72.6% of all NHR residents. 3.2% of the residents within the NHR self-identify as a visible minority other than an Indigenous person. In the NHR, 78% of the time the English language is spoken in the home and 19% of the time a language other than English or French is spoken in the home.

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** – A total of 44.6% (22,035) NHR residents age 15 and over do not have a certificate, diploma or degree. Of the 22,035 residents, males make up the larger percentage, 47.4% (11,780) compared with 41.8% (10,255) of females.

- **Unemployment** – Rates of unemployment in the NHR were the highest in the province at 14.2% with 3,975 unemployed. NHR unemployment rates were higher for males (16.3%) than for females (11.8%).

- **Income inequality** – In the NHR overall, the median after-tax income of one-person households ($37,374) was above the provincial average ($31,538) whereas the NHR median after-tax income of two-person households ($68,394) was below the provincial average ($72,688) in 2015. Within the NHR, the largest percentage of low income households includes those with children zero to five years of age.

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

- **Families** – In the NHR, there was a total of 5,800 lone parent families, which totals 31.8% of all private households. In Manitoba, there was a total of 58,865 lone parent families, which totals 17% of all private households.

- **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:

- **Communicable disease prevention** - The Region continues to struggle with very high rates for communicable diseases, particularly for syphilis, chlamydia, gonorrhea and tuberculosis. The Region continues to work on providing greater awareness and information campaigns along with improved monitoring and surveillance. The significant increases in incidence and prevention of STBBI have resulted in the public health portfolio enhancing testing and contact follow-up. Harm Reduction strategies in the Northern Health Region are well developed and highly utilized by public. Demands for harm reduction supplies are also escalating exponentially.

- **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 sexually transmitted infections. However, when combined with data for residents living on-reserve, these improvements are masked. Indigenous 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, sexually transmitted infections 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 related to low birth weights and preterm births as well as access to prenatal care given geography and remoteness of communities. 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** – The NHR saw 5,593 diagnosed with a substance abuse disorder from 2010/11-2014/15 which represents 10.8% of the NHR population aged 18 and older. Between that same time period, 58,178 Manitoban's were diagnosed with a substance abuse disorder. Both Prairie Mountain Health and the NHR were found to have prevalence significantly higher than the Manitoba average.

- **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.

- **Accessibility and Effectiveness** - Access to primary care providers, which is necessary in providing ongoing primary and chronic care 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. Recruitment efforts are extensive, however physicians are reluctant to living and working in the north. In 2016/17, 72.4% of the time NHR residents saw primary care physicians and nurse practitioners within the district that they lived, 13.6% of the time they saw physicians and nurse practitioners elsewhere in the NHR, 3.3% of the time in other health regions and 10.6% of the time in Winnipeg. These numbers were consistent over time.

- **Health System Utilization** – The past year has involved work on supporting a provincial dashboard. These indicators coupled with local regional indicators provide a snapshot as to access and quality dimensions of care provided in the Region. 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.

- **Social Determinants of Health** – The disparity of the Northern Health Region in terms of the social determinants of health increases the need for partnerships outside the scope of the Northern Health

Region's influence. In order to improve the health status of the Northern Health Region, partnerships with education, industry, housing and others will be key in effecting change.

- **The Provincial Clinical and Preventative Services Plan** was released in November 2019 which forms the basis for clinical care delivery across the province.

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 2018 through Accreditation Canada.

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

- **Programs and services** - Based on fiscal realities, the Region is currently providing an appropriate number of programs and services to residents. The provincial clinical plan as noted above will further inform the clinically and population health appropriate mix of programs, services and providers. This will allow us as a Region to better meet the health needs of our population.

- **Our Staff** - The Regions' staff are caring, committed, experienced and knowledgeable. Although recruitment and retention challenges exist, our staff demonstrates 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 service; over the past year an increase in use of agency staff has occurred. While this is not optimal, given our vacancies it is often the only means by which to continue care provision.

- **Teamwork** - Teamwork is valued and modeled in the Region. It is evident that teams are change ready, excited about the provincial clinical plan and will be highly engaged in the clinical changes that may be contemplated.

- **Innovative Partnerships** - The Region values our team approach and innovative partnerships. Numerous organizational relationships have been developed with outcomes beginning to be realized. Through community engagement, community support in welcoming newly recruited health care professionals, and joint planning we aim to have a great impact on the overall health status of the people and families that we serve.

- **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 viewed as a means by which access to healthcare providers can be significantly increased. This was validated by the planning that occurred for the provincial clinical plan in that Telehealth was seen as a strategic vehicle for all clinical services and specialties.

- **Representative workforce** - The Region continued to be intentional in increasing the numbers of representative employees in order to better reflect the ethnic makeup of our population.

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

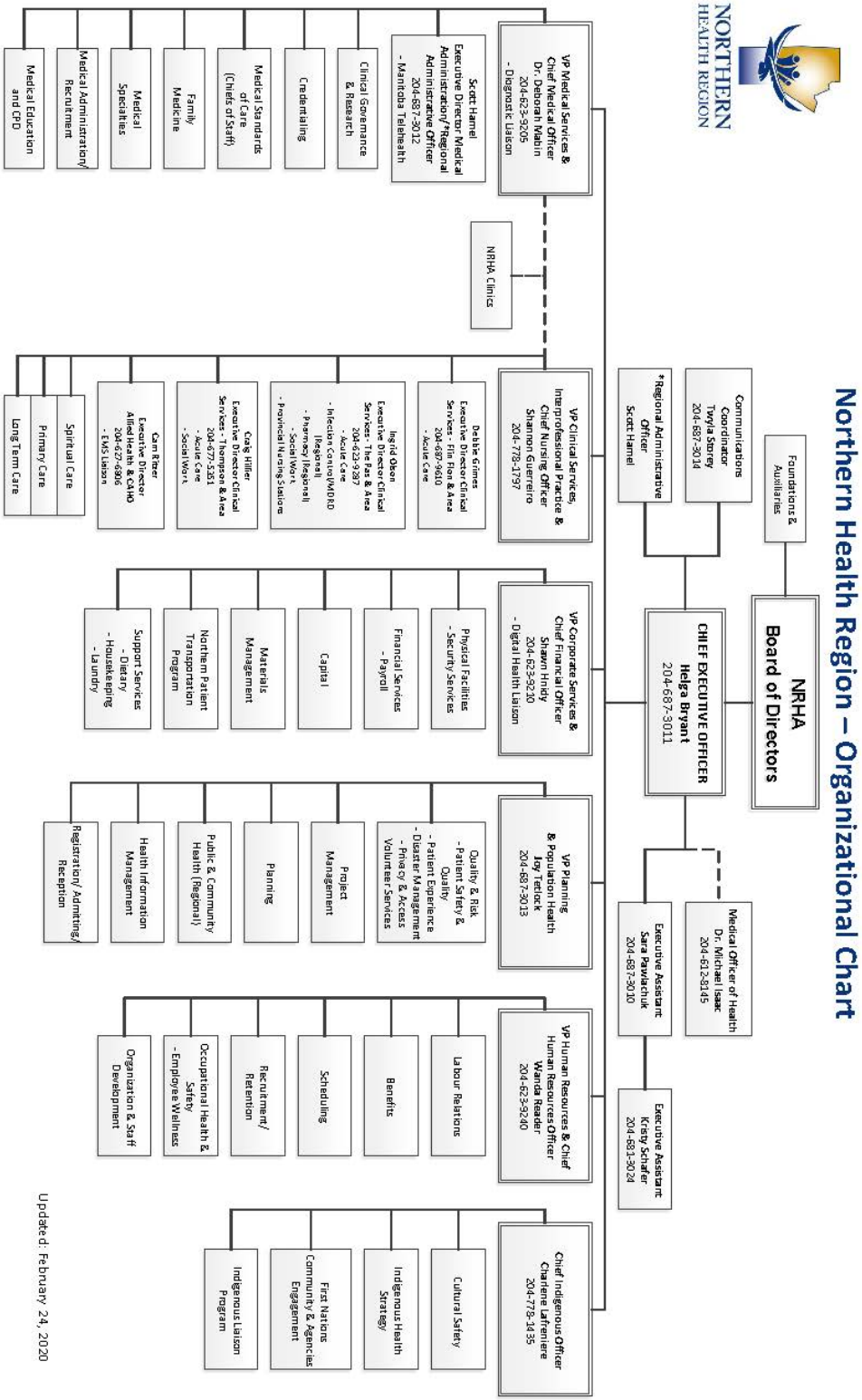
- **Flexibility** - The Region is flexible and adaptable to the changing environment.

- **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.

Organizational Structure



Executive Leadership Council

- **Helga Bryant**, Chief Executive Officer and Chief Nursing Officer
- **Dr. Deborah Mabin**, Vice-President, Medical Services and Chief Medical Officer
- **Wanda Reader**, Vice-President, Human Resources and Chief Human Resources Officer
- **Joy Tetlock**, Vice-President, Planning and Population Health
- **Shawn Hnidy,** Vice-President, Corporate Services and Chief Financial Officer
- **Scott Hamel,** Regional Administrative Officer & Executive Director of Medical Administration
- **Shannon Guerreiro,** VP Clinical Services & Inter-Professional Practice Chief Nursing Officer
- **Craig Hillier,** Executive Director of Clinical Services, Thompson and Area
- **Debbie Grimes,** Executive Director of Clinical Services, Flin Flon and Area
- **Ingrid Olson,** Executive Director of Clinical Services, The Pas and Area
- **Charlene Lafreniere**, Chief Indigenous Health Officer
- **Cam Ritzer,** Executive Director, Allied Health and Chief Allied Health Officer

For full biographies on our Executive Leadership Council, please visit our website at www.northernhealthregion.com/about-us/our-leadership-team.

Board of Directors

The Minister of Health, Seniors and Active Living, 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 skills, interests, experience and expertise. Nominees should all share a strong sense of commitment to achieving the provincial vision of healthy Manitobans through an appropriate balance of prevention and care.

Health authority boards are accountable to the Minister of Health, Seniors and Active Living and are responsible for the mandate, resources and performance of the health authority. As such, members must represent the region as a whole, not any particular community or interests. A board must ensure that the organization complies with applicable legislation, regulations, provincial policies and Ministerial directives. Boards have a strategic role in setting direction for the health authority and a fiduciary role in policy formulation, decision-making, and oversight.

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 may be submitted directly your RHA office or to the Minister of Health, Seniors and Active Living.

The 2019-20 Northern Health Region Board of Directors includes:

Cal Huntley, Chair – Flin Flon

John Marnock - The Pas

Elaine Kobelka – The Pas

Anne Thompson - Lynn Lake

Judith Kolada – Thompson

Carrie Atkinson, Vice-Chair – The Pas

Mary Head – Opaskwayak / The Pas

June Chu - Wabowden

Angela Enright – Snow Lake

Chris Matechuk - Thompson

Directors' Committees include the Executive, Governance, Audit, Finance, Indigenous 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.

Strategic Framework

The 6th annual Northern Health Summit was held in The Pas in October 2019 and this year's theme was **"Awakening Cultural Awareness – The Road to Reconciliation"**. The keynote speaker for this year's event was Dr. Marlyn Cook, originally from Misipawistik Cree Nation in northern Manitoba and the first First Nations woman to graduate from the University of Manitoba Faculty of Medicine. The day also included Wanda Phillips-Beck from the First Nations Health & Social Secretariat of Manitoba who presented on the Innovation Supporting Transformation in Community-Based Primary Health Care in First Nations and Rural/Remote Communities in Manitoba. There were also three (3) breakout activities held in the afternoon where participants could hear about the 2019 Indicators Atlas by Dr. Randy Fransoo, Cognitive Behavioral Therapy Utilizing the Medical Wheel by Chantell Barker and The Road of Life Stages by Elders Esther Sanderson and Doris Young. A cultural performance by the Little Mahikanak Drum Group opened and closed this year's Summit.

Our Vision, Mission 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 ▸ Improve health equity throughout the region	**Strategic Direction Two: Deliver Quality Accessible Health Services** **Supporting Strategic Priorities:** ▸ Improve access to health services ▸ Promote a culture of Patient Safety
Strategic Direction Three: Be a Sustainable and Innovative Organization **Supporting Strategic Priorities:** ▸ Increase services closer to home as appropriate ▸ Ensure fiscal responsibility	**Strategic Direction Four: Be an Employer of Choice** **Supporting Strategic Priorities:** ▸ Enhance recruitments ▸ Enhance employee engagement

Declaration of Patient Values

The Local Health Involvement Groups conducted a public consultation in regards to what the residents of the Northern Region most value in our health system. The survey results were compiled and as a result, patient values were created. These values were approved by our Board of Directors in January 2019 and are now displayed throughout our Region.

Trust and Confidentiality

Accessibility and Responsiveness

Quality and Safety

Continuity of Care and Information Sharing

Operations Report Highlights

As reported last year, the health care system in Manitoba began a journey of system transformation in the 17/18 fiscal year and changes have been wide sweeping, focusing on improved access, improved equity and improved service delivery across the province. Shared Health, Manitoba Health, Seniors and Activing Living and the Regional Health Authorities have been collaborating on the planning of Manitoba's first ever Clinical and Preventive Services Plan which was released in the fall of 2019.

The Northern Health Region is well represented on the clinical teams which were organized around specialty areas such as primary health and community services, mental health and addictions, chronic and complex medicine and women and child health.

Strategic Direction One: Improve Population Health

The two strategic priorities that were focused on under this Strategic Direction are:

- Focus on prevention and promotion activities
- Improve health equity throughout the region

The highlights from 2019/20 fiscal year include the following:

- Harm Reduction
    - Opiate Replacement -The Pas Public Health and Addictions Foundation of Manitoba (AFM) have partnered with Beatrice Wilson Health Centre, Opaskwayak, MB to roll-out the Opiate Replacement Service.
    - There is continued partnering with AFM and Rapid Access to Addictions Medicine (RAAM) Clinics to increase capacity and training for employees regarding Harm Reduction strategies and approaches. Progress was made toward the implementation and roll-out of a Harm Reduction referral form to enhance and support services between community and hospital services.
    - The Public Health Team has continued to roll-out the harm reduction distribution sites in Lynn Lake, Leaf Rapids, Thompson Administration Building and Flin Flon Emergency Department. The Public Health Team is providing many screening opportunities at all sites and targeting high-risk populations. The Team has purchased back packs for the Public Health Staff to screen as they are out in the community and deliver harm reduction supplies.
    - The Public Health team promoted World AIDS Day in December throughout the region and the theme was "Communities Make the Difference". This promotion included social media, posters and school events.
    - Flin Flon Public Health completed a survey with a peer advisory group and received feedback on harm reduction supplies and services. This information will be included in the planning for services and strategies to reduce risks including Sexually Transmitted and Blood Borne Infections.
- Sexually Transmitted and Blood Borne Infections (STBBI)
    - Coordinated efforts continue with the province combatting the syphilis outbreak in the Northern Health Region, who has been a leader in much of this work. Syphilis is being considered in near epidemic state with much attention given the situation regionally and provincially.

- Public Health is part of the provincial working group lead by the Manitoba Health, Seniors and Active Living Director of Public Health and the Chief Medical Officer of Health to address the syphilis outbreak. Recommendations are being developed by the group and internally Public Health has begun planning for addressing each of the recommendations.
- STBBIs creates huge demands on Public Health staff to respond. Also of note, is that in the Flin Flon area Harm Reduction supports are provided to Saskatchewan clients and at significant volumes as there is no such programming on the Saskatchewan side. In addition, there are other Regional community services provided for Saskatchewan residents. In the 2018/19 fiscal year, there were 1,116 Saskatchewan visits related to STBBIs.
- Public Health has developed a regional plan for STBBI Outbreak Management that focuses on meeting people where they are. This plan includes a public health nurse out in the community being able to test individuals, regardless of the location. This increases access to under-served populations. A significant portion of the STBBI resources and strategies applies to First Nations communities; either in direct service, or to support the local public health nurses in the larger First Nations communities that have that resource.
- The STBBI Leadership and Operational Outbreak Committee continues to execute their detailed work plan. Resources have been reallocated internally and 6 new Public Health Nurse (PHN) positions were created in the region; funds were reallocated from within for this required resource; 2 positions were assigned to each of the three regional sites. These positions support outlying communities, the Provincial Nursing Stations and the Provincial Jail in The Pas. Significant time is being spent with the Nursing Station in Easterville to train and educate staff on STBBI Management and to help align their processes to the regional/provincial process. Work continued with MHSAL to secure further support of the Provincial Nursing Stations (PNS) as it is recognized the expertise does not exist in the PNS's.
- A significant portion of the STBBI resources and strategies are applied to First Nations communities either in direct service or to support the local public health nurses in the larger First Nations communities that have that resource.
- Hillary Cooper, Public Health Manager, had submitted to the Health Standards Organization a Leading Practice on Harm Reduction. The publication was on “Building and Working with a Peer Advisory Council Using Harm Reduction/Substance Use Data to address Client Needs and Direct Public Health Action”. The NRHA was awarded the status of Leading Practice and is available in the Leading Practices Library on the Health Standards Organization Website, healthstandards.org/@HSO_world. The Harm Reduction Team Leadership consisting of Lorraine Larocque, Dr. Michael Isaac, and Hillary Cooper presented to The Pas Mayor and Council in March.

- Redevelopment of the NRHA Website and Staff Intranet was completed and has improved information sharing and access to health and regional information.
- A pilot project with the Health IM App has been implemented in conjunction with the RCMP at Thompson General Hospital emergency department. The App is designed to increase safety for both the responder and the person in crisis, improve outcomes for individuals suffering from unmanaged mental health challenges and promoted effective oversight. They have been receiving approximately 10 notifications a month and have seen a decrease in the number of patients being brought in for assessment. Prior to implementation, about 25 patients were being brought into the ED for assessment; now that number is about 10.

- The 10th annual Hope North Forum was held in Thompson in April. This forum focused on life promotion/suicide prevention and was a collaborative between several agencies and organizations, including the Northern Health Region.
- The region continues to be a member of the provincial Community Health Assessment working group. The provincial template is currently being populated for each region.
- Equity principles have been built into the Community Health Assessment process and template which will assist in targeting program development that reduces or eliminates health disparities.
- The Northern Health Summit was held in September in The Pas. The NHR, in partnership with Opaskwayak Health Authority (OHA) planned and organized this year's event. This year's focus was on Traditional Healing with Dr. Marlyn Cook. The Northern Health Summit continued to build on the Truth and Reconciliation Commission of Canada's Calls for Actions and how we as a health region, along with our partners, can work together to operationalize those Calls for Action within our own organizations. Feedback on the Summit has been very positive. OHA was an excellent partner in planning for the Summit and we are beginning to look for key Indigenous partners to help plan the 2020 Northern Health Summit in Thompson.
- The RAAM clinic in Thompson continues to see a growing number of patients. A steering committee is facilitating the transition of care from RAAM to primary care provider. This is the goal of RAAM clinics across the province, that the clients are connected with primary care in order to be supported with their health needs.
- Manitoba Keewatinowi Okimakanak (MKO) is reviewing proposals that will assist in improving the health care of First Nations. Membership on the table include Shared Health, Manitoba Health, Seniors and Active Living, Ongomiizwin Health Services and Northern Health Region. This has been a great success in joint planning to improve the health outcomes on First Nations.
- The Pas held the 7th Annual Youth Leadership Summit in May. More than 30 youth leaders from several different communities participated. This is a Youth Leadership skill building summit. The focus this year was culturally relevance and Health Equity. Work ensued with 73 Youth Leaders through the Health Together Now Youth Leadership program. They are located in Moose Lake, Cormorant, Flin Flon, Grand Rapids, Easterville, OCN, Lynn Lake and Wanless. Their projects focus on physical activity, injury prevention, community clean up and mental wellness.
- Prevention Strategies:
    - In May the Annual Preschool Wellness Event was held in Flin Flon. The purpose is to screen children for growth and development delays. There were 55 preschoolers screened for developmental, hearing, dental, vision and speech development issues.
    - Thompson held its Annual Health Circus in May. The purpose of the Health Circus is to educate parents about school readiness and immunizations for their children. There are 204 children in Thompson that are from this cohort and more than a half (119 children) attended and were screened for dental, vision, speech, growth and development and immunization issues. A total of 51 referrals for further follow-up were completed as a direct result of the Health Circus. Health equity strategies are being used for those with the greatest barriers to attend the Health Circus.
- The Natawiwewak Medical Clinic in Winnipeg is now providing psychiatric services to four communities including Easterville and Oxford House. Services include a combination of face-to-face in the communities and telehealth. This will be a valuable additional resource to clients in the region.

- The position of Chief Indigenous Health Officer was successfully filled. The region was pleased to welcome Charlene Lafreniere, a Metis woman born in Thompson as the successful applicant, most recently employed in a leadership position at University College of the North. Charlene began her position in September and brings a wealth of experience, a host of network connections, and the energy and a vision needed to move the region forward in support of its Vision and Mission of the region.
- A partnership with UCN and the Northern Manitoba Sector Council established a Security Guard training program launched in October. This will help ensure there is a prepared pool of candidates to hire future security guards for the region's facilities. A number of recommendations from the Brian Sinclair Inquiry Recommendations (BSIR) were built into the training program.
- The Chief Indigenous Officer (CIO) is delivering the cultural proficiency program that she developed at UCN; this program was firstly offered to the NHR Senior Management Team and the Board; the program is planned to be rolled out to all staff over the course of time.
- Manitoba Keewatinowi Okimakanak (MKO) is funding ultrasound point-of-care testing in Northern First Nation communities as well as paying for the training and purchase of the equipment for providers willing to provide the service. Information about the initiative was presented at the Manitoba Keewatinowi Okimakanak (MKO) clinical care transformation meeting about change management and strategic direction best practices, so that all entities serving northern communities can work better together.
- The region in partnership with University of Manitoba was pleased to announce that its "Devotion Project" grant proposal was approved and awarded a Canadian Institute for Health Research grant. This 4-year, million-dollar project provides for $250k funding/year to implement strategies that will improve prenatal services to women in Northern Manitoba. This is a significant accomplishment and the region is excited to be involved with this.
- Hope North, Child and Adolescent Community Mental Health and Macdonald Youth Services held a visioning day in regards to joint, collaborative services for at risk youth. We are pleased to add that all regional Community Mental Health Service positions are fully staffed, a notable accomplishment.
- Midwives travel out to Lynn Lake and Leaf Rapids to provide prenatal care. The Provincial Public Health Nursing Standards have been implemented throughout the region. These are the provincial standards and practice expectations for public health nursing during the prenatal, postpartum and early childhood periods. Public Health Case Management has been initiated and supports the STBBI outbreak plan and congenital syphilis reduction strategies.
- Opaskwayak Health Authority (OHA) is implementing a midwifery program and have an interested applicant; interview process was conducted in partnership with the region.
- Early conversations are underway with Keewatin Tribal Council (KTC), potentially MKO, and NCN to begin contemplating a vision for an "Indigenous Regional Health Centre." Site visits are planned to Sioux Lookout (Ontario) and All Nations Healing Hospital (Fort Qu'Appelle, Saskatchewan). These were put on hold due to COVID pandemic in later 2019/2020.
- Meetings continue with Nelson House Personal Care Home regarding the Service Purchase Agreement (SPA). This was a successful introductory meeting to discuss funding and standardized care both on and off reserve. A provincial review of SPAs and development of pre-determined templates is underway; any SPAs in the region are in Phase 2.
- The region continues its collaboration with Frontier School Division to create pathways when residential students need to access health services, as well as exploring broader opportunities to support the mental

health needs of student population. We have a history of partnering with them; they now have Mental Health positions under new Jordan's Principle funding.

- Regional discussions continue with Keewatin Tribal Council regarding their plans for a "health care campus" in Thompson. They will be invited to speak to Board regarding their plans and regularly connect with the region regarding their progress.
- Dr. Mabin, Shannon Guerreiro, Charlene Lafreniere, Craig Hillier, Dr. Amadu and Dr. Tassi held a meeting in January to discuss restoring trust between Thompson Hospital Emergency Department and First Nations Nursing stations. Charlene Lafreniere, Chief Indigenous Officer (CIO) was invited by Dr. Mabin to participate in the above discussion and support the FNIHB and the region's Patient Safety and Communication Committee. The region put five solid actions forward to improve relations, which were supported by FNIHB. MKO will be invited in the future, and our actions to improve the ED in Thompson will be shared with them. FNIHB has also identified some processes they will look into. The anticipated results of this collaboration will be improved relationships, processes and ultimately better experiences and outcomes for our patients.
- Partnerships with MMF and UCN continue for the establishment of a joint Health Care Aid (HCA) training program in the North.
- At a Primary Care Capacity planning meeting in January, data was presented which outlined the disparity that Indigenous populations experience with respect to health care. Discussions continue regarding the supply of physicians and the infrastructure required.
- Charlene Lafreniere, Chief Indigenous Officer (CIO) is working with Executive Leadership to undertake an Indigenous Health Environmental Scan for the region. This scan is a baseline in terms of understanding our next steps and what an Indigenous Strategy would need to be in the North. A strategy will then be collaboratively developed that will be the responsibility of the entire organization to help develop and implement. The CIO has supported the Community Health Assessment Working group from an Indigenous lens and have had discussions to further our understanding of the First Nation Health Status Report, and how it correlates to the health indicators collected for the CHA.
- The Region hosted representatives from Peter Ballantyne Cree Nation Health Services Inc (PBCN Health Services) as they visited Flin Flon early February. The visit included a tour, meetings with staff, discussion on common issues (including discharge planning and ED consultation) and further built our working relationship. This was the first such visit; in past NRHA staff have gone to PBCN.
- Corona Virus –COVID-19
    - COVID 19 planning occurred with provincial and regional IMS structures in place. Incident Management Systems were activated in February 2020 by all RHA's in the province of Manitoba.
    - With the rapidly changing information, communications were plentiful and directed mainly by Shared Health. Public were being driven to the government web-site which is the true sources and has the most current information.
    - COVID 19 activities syphoned most of the time and efforts of the CEO, ELC and many staff of the region. For many of these staff, all efforts shifted to COVID 19 and implementing the region's Pandemic Plan and staffing their respective functions under the IM System.

Strategic Direction Two: Deliver Accessible, Quality Health Services

The two strategic priorities that were focused on under this Strategic Direction are:

- Improve access to health services
- Promote a culture of patient safety

The highlights from 2019/20 fiscal year include the following:

- MHSAL announced that the Dialysis Unit at Thompson General Hospital was now funded to increase the number of patients receiving care from 34 to 40; a potion of this funding required movement of resources from dialysis units in The Pas and Flin Flon.
- The region continued to work with MHSAL and Shared Health with respect to physician contracts that can provide more primary care in the North.
- A reallocation of Home Care funds occurred to improve nursing services in Thompson Home Care with the goal to decrease the length of stay on med/surg/peds in Thompson and to decrease the number of patients attending emergency for ambulatory care services. There is a plan to redirect patients out of primary care who are receiving wound care to home care. A bed utilization spread sheet was developed to track bed occupancy and utilization on a daily basis.
- There are significant gaps in general surgery and anesthesia which, if not addressed, will impact the level of care that TGH will be able to offer. Shared Health has been alerted to this issue.
- Quality and Learning: The region continues to provide support to managers on Quality and Learning Board use. Every Department has their own dedicated quality board posted sharing information with staff and the public alike.
- Annual occurrence report trends are now being posted on the Intranet for staff and manager information. These aid in program and quality improvement planning.
- Lynn Lake/Leaf Rapids Pharmacy services in the community have been discontinued due to not meeting federal pharmacy regulations regarding delivery/distribution of prescriptions. The decision now lies with the pharmacist in Thompson to make changes that will meet federal regulations.
- Through the region's medication safety committee, a plan is being developed to encourage occurrence reporting by staff and manager follow up of occurrences with reporting staff.
- The Nursing Practice Council are working at identifying and mitigating trends in occurrences.
- Acute Coronary Syndrome Standard Operating Procedure has been completed.
- A COPD Lean Day was held this fiscal year. In addition, standard order sets for COPD were developed and a smoking cessation audit was completed.
- Thompson has been approved for an additional 0.5 Respiratory Therapist to increase total to 3.0 positions. This will assist in decreasing most on-call requirements related to these positions and increase work satisfaction. This will increase access to the pulmonary function lab for all communities.
- The Thompson General Hospital Dental program is unable to book the allocation from August to December due to anesthesia gaps. This negatively impacted the number of pediatric dental surgeries we could perform this fiscal year.
- Northern Patient Transportation Program (NPTP) data has been cross referenced with MBTelehealth statistics and opportunities to increase Telehealth utilization where appropriate using this data is taking place.

- NPTP is developing a Services Menu to improve the coordination of appropriate patient appointments throughout the Region.
- Currently the NPTP Patient Care Coordinator is working with ICT to develop a method of sharing procedures commonly performed within the NHR. This is so that clinical staff can access a list of the services provided as a means to reduce patient transport costs to send patients out of the Region for services that can be provided within the Region. MB e-health provided an update on potential database enhancements and will review in the near future. We are awaiting a final quote from Shared Health on the upgrades to the Catalogue for Specialized Services.

- Patient Safety Collaborative has reviewed the results of the patient safety culture staff survey and work progresses on the accompanying action plan to address the recommendations from the report.
- The critical incident process is under review in order to streamline and ensure legislated reporting timelines are met.
- There continues to be a noticeable increase in patient experience documentation related to pain therapy in the region.
- Provincial EDIS reporting is to begin with standardized reports being shared with the Regions allowing ED Managers to monitor ED performance.
- Work continued to replace the "Black Tag" policy with a new "Incomplete Documentation Policy" modeled on Prairie Mountain Health, which eventually could result in suspension of Medical Staff rather than fines to better encourage compliance. It is the hope that this will decrease the number of incomplete charts. Incomplete charts have an impact in that those charts cannot have abstracting finalized and therefore not submitted for inclusion in national reports such as those produced by CIHI. Funders and policy makers hold those reports in high status; it has been noticed that the health of our population is not being adequately captured; the incomplete charts are an aspect of that.
- Work is underway to provide evidence of compliance for standards that were unmet from the June 2018 Accreditation survey. Evidence submission was provided prior to the end of May 2019 deadline. Medication Reconciliation and Falls Management quality improvement teams are continuing to meet quarterly to monitor compliance.
- Work is ongoing around Brian Sinclair Inquest Recommendations specifically with the flagging and communication of patients under the public trustee, and reassessment of emergency department patients. Development of policy/procedures surrounding these issues is on-going.
- Work continues on provincial efforts to improve patient flow in the emergency department related to the handover of mental health patients from enforcement personnel to health care provider. Staff report it is difficult to meet the suggested requirements based on limited security availability.
- Emergency staff has participated in Emergency Practice, Interventions and Care – Canada (EPICC) training. At this point, this course is not supported/endorsed by National Emergency Nursing Association (NENA) but this may change, in which case we may opt for this alternative to the Trauma Nursing Core Course (TNCC.) Both of these training programs are for nurses working in emergency departments. Discussions and decisions continue and are underway regarding the EPICC course as it relates to job descriptions and how it relates to TNCC.
- During the downtime in Thompson due to the OR flooding, a strategy ensued to send Thompson patients on the endoscopy wait list to Flin Flon. Waits in Thompson are in the 400 range; Flin Flon is at "see and do" status with a short wait list of 30. East/west travel continues to be a challenge. While a few patients were

actually sent, the inconvenience to patients was considerable as was the cost. An alternate location at TGH was secured for scopes for the period of renovation.

- Beginning to transition home care to primary care with the plan to move ambulatory care patients out of emergency and into primary care for IV and wound care. The goal is to develop a community IV program to improve efficiency of emergency departments (ED).
- Nursing Leadership Council (NLC) recently decided to change the required TNCC education for nurses to EPICC which more appropriately meets the needs of the North. EPPIC will also be required education for MED/Surg nurses as a result of CI recommendations. This is going to have implications for instructor time however it will be advantageous in terms of cost for travel, accommodation and the cost for the course itself. Continuing education is a consideration with regard to EPICC. The implementation of the Clinical Advisory Committee has increased the interdisciplinary team work across disciplines. This program will better prepare nurses throughout the Region to be better prepared to "rescue" patients in early stages of deterioration and create a safer clinical environment.
- The Pas Clinic: in urgent need of additional space to accommodate new physicians. An inability to provide adequate space will result in low volumes of visits/day, physician frustration and little if any improvement in access. Organizationally, this situation is a significant risk to organizational reputation and credibility.
- Work was underway this past year with the health care team to enhance the repatriation of complex clients, including the need for a team huddle to initiate planning for meeting specific client needs, prior to transfer.
- Staff have been developing nurse-initiated protocols for triage in the ED to standardize and formalize existing practice. Nurses working to full scope of practice assist with client flow and reduce wait times.
- Nursing Leadership Council; in consultation with stakeholder managers and Dr. Kuo (Emergency), have revised and merged 3 separate patient discharge instruction sheets for Moderate Procedural (Conscious) Sedation into one regional document. The front page is for adults and the back of the page is for children. This is a significant improvement as information varied between the 3 sites. This has resulted in all sites providing the same, evidence informed best practice discharge instructions for patients receiving conscious sedation.
- As a region, work continues with professional regulators and stakeholders regarding access to prescription medications in underserved areas. A model has been developed and is under implementation. A service agreement for Point-of-Care testing in the Provincial Nursing Stations has been finalized and moving forward to implementation.
- Regional education on the newly amended Bill 5 (Personal Health Information Act) was rolled out beginning in the emergency departments. The major change in the Act allows, and in fact obliges, health providers in sharing particular information without patient consent if there is a risk of harm to the patient, or others, if said information is not shared.
- A working group to establish protocols for prescribing Mifegymiso (medical abortion) is underway. The Board received a presentation on Mifegymiso, as an education session at the Board meeting.
- Intentional restructuring of the way home care services are delivered is underway. This will improve/shorten the length of stay (LOS) and facilitate discharge home in a timelier manner. Long Term Care (LTC) beds were reopened in St. Paul's in The Pas which improves the flow out of the Acute Care Inpatient Unit (ACIU.)
- Long term care leadership and the panel clerk are working to identify and solidify a policy regarding Personal Care Home admissions to ensure beds are assigned based on the needs of both the patient and the acute care departments to decrease average length of stay (ALOS) and improve access to LTC.

- Ongoing restructuring in the community mental health team is creating more intake capacity.
- With more stable Rapid Response Team (RRT) service, there has been a decrease in patient (especially newborns) transfers to Winnipeg.
- *Tap and Go* went live in The Pas emergency department in October. This allows emergency department staff to log into EDIS by simply tapping their ID card. If they leave the terminal, when they tap in again, it will automatically take them back to the same screen they were last in with all of their previous entries saved. Staff have already noticed huge time savings, in addition to the convenience.
- Patient Safety Culture Survey 2019 portal opened in mid-October. Patient safety coordinators promoted survey completion during Canadian Patient Safety Week. Survey cards were distributed in cafeterias and work areas. This year, instructions were added to the back of tent cards to help answer staff questions.
- Annual occurrence trend reports were made available on the Intranet (the 2018-19 reports are in draft and out for stakeholder review). These reports are used to inform program planning and aid in identifying risks and quality improvement opportunities.
- All current Critical Incident (CI) reporting to MHSAL timelines have been met. In past, there were some delays in completion of CI disclosure to patients and families, further complicated by the challenge in coordinating the availability of patients and staff leads are contributing to the delays. Processes have been reviewed and steps put in place to ensure timelines are met. We will continue to monitor compliance.
- Risk reporting, patient safety monitoring:
    - Joy Tetlock and Michelle Taylor presented at a HIROC workshop highlighting the processes and reporting mechanisms in the Northern Health Region. It was clear at that presentation that the Northern Health Region is advanced beyond even the WRHA in terms of reporting. Further Joy and Michelle have now been asked to present to the Executive of the IERHA on the processes in the NRHA. Commendation to the Board and to Joy's portfolio on the great, leading work in this are provincially.
- FFGH External Audit was requested by Manitoba Health, Seniors, Active Living of financial and patient information at Flin Flon General Hospital to review the past 5 fiscal years of data. There is a reciprocal billing process between Manitoba and Saskatchewan related to utilization by Saskatchewan residents and it is necessary to ensure processes are in place to accurately document all care to Saskatchewan residents. Initially taken as only acute care visits, however expanded to include the public health, primary care and mental health provided as well. A process was established and then due to COVID and availability or resources was put on hold; remains in that status.
- The Clinical Advisory Council (CAC) was established; this has been a long-time goal and is a joint decision-making clinical council with the Chief Medical Officer, Chief Nursing Officer and Chief Allied Health Officer co-chairing. The CAC is the developer of inter-professional clinical policies, practices and the approval body for clinical inter-professional policies.
- Pursuant to the time period when the OR was closed due to flooding, the minor procedure room was opened at TGH which has allowed some minor procedures to be completed resulting in patients receiving services closer to home. Some restrictions on Labour and Inductions related to C-Section risk which allows more women to deliver in Thompson with no significant risk on increasing emergency C-sections-monitoring of C-section rate ongoing.

- Leadership Walk Rounds have been implemented. These types of Rounds have been shown to improve patient safety culture and staff engagement; COVID measures created the need to pause these walkabouts in order to preserve the use of PPE and reduce traffic in clinical areas and sites in general.
- The seating in the Flin Flon emergency department waiting room has been reconfigured to enhance privacy. This also facilitates registering patients upon presentation vs waiting pre-registration until triage completed. A new process was implemented using a mobile computer in waiting room for registration when multiple patients report simultaneously. Additionally, a system whereby green armbands are applied to all patients who have not yet been triaged. This represents a patient safety measure and was implemented throughout the region in keeping with Brian Sinclair Inquest Recommendations.
- Access to Primary Care is critical in the goal of improving population health. To that end, every community was reviewed through a supply and needs lens by the Northern Primary Care Capacity Planning table. All were identified as being red priorities, requiring additional supports by the province. Pay and equity for physician services in Northern Manitoba (Ongomiizwin Health Services, Amdocs, First Nation Inuit Health Branch and Northern Regional Health Authority) are being discussed with a plan to eliminate the pay difference which will enable filling of physician gaps.
- Shauna Munro, Manager of Obstetrics in The Pas, represented the region on the provincial working group on Birth Alerts. The legislation will be changing, in efforts to bring Manitoba's practices around apprehensions in line with best practice, practice in other provinces and most importantly, supporting moms, partners and families in order to reduce number of apprehensions and support well-functioning families.
- The region achieved unencumbered licenses in all PCHs for 2020. Referral pathways have been increased as well as the use of "tasking" in Accuro to ensure professional staff are supported in managing waitlists appropriately.
- The revised Pre-Operative Checklist was regionalized and implemented.
- Provincial Safe Patient Handling program began it regional roll-out with train the trainer sessions in Flin Flon and Thompson.
- The emergency departments in the region collaborated to develop a checklist to guide ongoing emergency department conversations with new managers.
- Renal Clinic provided an education session to Acquired Brain Injury (ABI) Unit staff and residents (as there were 2 dialysis patients residing on the ABI). OR staff have completed the perioperative course and are the process for writing the exam is being explored.
- The Region partnered with Dr. Ginette Poulin to provide education to the staff on Psychiatry on Addictions medicine with a particular focus on opioid agonist treatment. In follow up, Dr. Poulin will be engaged to participate in a regional working group to address outstanding issues.
- B-Care electronic record for mental health was rolled out this fiscal year. TGH emergency department is using telehealth option for telephone consult assessment/responses with communities where it is available. Uptake is increasing as care providers become more comfortable with process. Band width continues to create challenges for this and any related technological applications in the more remote locations such as Lynn Lake by way of example.
- Patient Safety Culture Survey results have been compiled; infographics to share results with staff have been drafted. The detailed results report is under development. The Patient Safety Collaborative is identifying opportunities to increase participation for next year as well as opportunities to increase the region's patient safety culture. Documents to support Leadership Walks have been developed and SMT members are in the

process of signing up for walks. The expectation is that each clinical unit is visited at least twice each fiscal year and that each member of SMT participate in at least two leadership walks. The Quality and Learning Boards will begin to be standardized. A guide has been developed to assist units with what type of information should be posted and shared on a quality board. The Patient Safety Collaborative will continue providing support to managers on Quality and Learning Board use.

- Safe Side Training - Suicide Prevention and Intervention Training began in September regionally and continued in March with partnership from Dr. Pisani, a world-renowned leader in this field. Communication is occurring regionally to include mental health service providers and partners regionally in this continued training to build capacity and support Accreditation standards pertaining to Suicide Prevention.
- The Region has met all Accreditation on site survey follow up requirements, final evidence submission letter was received in January. Accreditation mid-cycle will begin spring of 2020, at that time we will begin ramping up Accreditation activities and education to staff.
- Snow Lake Health Centre received itinerant physician services from Thompson for part of the year. The contingency plan for any small gaps included telephone support from EMO in The Pas emergency department and transfer of patients to TP as needed; EMS will be called upon as needed for extra hands. Clinic wait times continue to be same or next day for 3rd next appointment.
- Primary Care and clinics are working to better match appointment schedules with our available transportation network (air, taxi and bus) schedules. We continue to seek out methods to improve appointment confirmation/notification.
- The NHR continues to work with our partners in Saskatchewan (SK) to gain access to SK's eHealth Viewer in the Flin Flon General Hospital to better serve our SK clients; it is expected this will be successful.

Strategic Direction Three: Be a Sustainable and Innovative Organization

The two strategic priorities that were focused on under this Strategic Direction are:

- Increase services closer to home as appropriate
- Ensure fiscal responsibility

The highlights from 2019/20 include the following:

- The Northern Health Region Stock Standardization Committee (SSC) was formed in 2016 to ensure best practice, contract compliancy and standardization of consumables throughout the Region to recognize financial sustainability. The committee has created and shared five (7) standardized lists across the region with two (2) more lists nearing completion. Since the inception of the SSC, contract compliancy has increased and net cost savings of $287,500 has been realized while maintaining best practice integrity. The SSC is experiencing workload and change related challenges but continue to work diligently on this initiative.
- Physician Scheduling/Project: Extensive work has ensued to ensure coding related to distinction between medical remuneration costs and administrative costs is correct. Correspondence was received from MHSAL to ensure the Collective Bargaining Agreement (CBA) is followed. There are historical practices which complicate these issues; working through this will take time; perhaps as long as 2-3 years and that will be done collaboratively with Manitoba Health.

- A vision is being developed by NHR Executive on the future of Flin Flon General Hospital and in alignment with the Provincial Clinical Plan. Several clinical services are being explored through use of utilization data, referral patterns and the Clinical Plan.
  In June, surgical services were interrupted at Thompson General Hospital, and all elective surgeries and procedures were cancelled as a result of significant water damage to several of the hospital's operating theatres. Only emergency surgeries and emergency c-sections were able to be performed at the site. The operating rooms were due to reopen in January with the opening delayed until March due to production issues which was quickly followed by the COVID 19 pandemic. Capacity was maintained to conduct emergency surgical services (E1); urgent/elective to be transferred based on clinical assessment. Regarding the remediation/renovations, the goals were to ensure renovations were done to meet current surgical suite codes/standards; assess the cause of the situation and repair that in order to prevent a re-occurrence of this situation. This required in-depth assessment by mechanical, structural engineers, which was completed. Obstetrics in particular required very clear parameters on what can safely be supported in TGH with only one operating room theatre. The number of patients being transferred to Winnipeg or other sites increased as a result.
- Hours per Patient Day (HPPD) is a provincial project as part of the Health Sustainability and System Transformation work; this continued in the region, with the data requiring multiple changes.
- In an effort to enhance reporting capabilities across the province, with a particular focus on ADT and EDIS reporting, the WRHA Decision Support team worked collaboratively on a project to restructure and enhance the Cognos Decision Support System (DSS) Data Mart. Of important note is that the existing Cognos DSS Data Mart was decommissioned once its enhanced replacement came online in September. The existing data mart provides some useful, albeit limited, views into the ADT and EDIS datasets. The new data mart will provide significantly more capability to report off these datasets as well as others (financial, staffing, clinical abstracting, etc.) as they become available within the Provincial Interim Analytics Environment being managed by the Provincial Information Management and Analytics (PIMA) project team.
- A daily census reporting template and workflow for all acute inpatient sites across the Region to improve daily bed utilization was developed and implemented in collaboration with the Chief Nursing Officer.
- The Allied Health Review, authored by Susan Bowman, was received. Plans to create a regional "Revitalization of Rehab Services in 2020" program have ensued and work continues on the recommendations.
- Obstetrics Flin Flon: November 2019 marked the one year since the suspension of the obstetrical program in Flin Flon and data is regularly collected and tabulated on the births and prenatal care. Work continues on the recommendations from the Regional Obstetrics Review; given some of them are quite systemic and cultural in nature, this is a work in progress. The nursing units on the maternity and acute floors in Flin Flon General Hospital were amalgamated to improve efficiencies.
- Frontier Collegiate Institute met with CEO and Executive Director Clinical Services Flin Flon and Area to discuss pathways of care for students related to mental health and sexual assault matters. We are in discussions with MHSAL staff on implementing aspects of the VIRGO report (mental health and addictions review) regarding psychiatric nurses in areas where they are vulnerable clients.
- Concerns continue in relation to Anesthesia gaps and supports to clinical areas i.e. endoscopy, urology, emergency department region-wide. There are a concerning number of surgical and anesthesia gaps at all 3

sites; this has impacted patient care by requiring increased transfers to Winnipeg, many of them via air ambulance.

- A provincial review of the Manitoba Renal Program (MRP) was called and held in November. The region was represented in that review through our participation and our raising several issues we experience in the North. These issues included: education for nursing staff in dialysis; access to and acceptance of home dialysis; preventive measures; location and utilization of dialysis stations; and governance of the MRP.
- The Pas is experiencing challenges with Ambulatory Care Cast Clinic since the departure of one of the doctors. Dr. Mabin and Dr. Kuo have been working very hard to support the clinic with some of the emergency room doctors doing the cast clinic. Dr. Mabin is actively looking for alternative options with Dr. Hammam and Shared Health. A solution is in sight with a locum arthropod who is willing to provide service in the Northern Health Region; a strategy that was supported by Shared Health.
- The Provincial Clinical and Preventive Services Plan released November 2019. Work will commence to identify areas of possible expansion in NRHA.
- A new Regional Dashboard was prepared and disseminated monthly to the Board and Senior Leadership. The new dashboard includes data from the Northern Consultation Clinic, Thompson General Hospital operating room and Northern Patient Transportation Program. Decision support updates a master spreadsheet weekly, sends updated information back to the departments and informs leadership weekly. The provincial dashboard is prepared monthly and submitted to MHSAL.
- HIPPO MMS (material management system) data entry was completed in January. HIPPO System training occurred; go-live occurred end of February based on training success. There is ongoing work on data input/management related to life expectancy, purchase date, install date, and warranty coverage dates. Once completed will allow for color mapping of equipment. This system will allow managers to better predict end of life of equipment and proactively plan for orderly replacement.
- The reporting working group with MHSAL has developed a new Financial Forecasting Report which is expected as monthly reporting from the region to MHSAL. Finance management met with all analysts in February to do a detailed review of all balance sheet reconciliations.
- MB Telehealth is used by Hope North Recovery Centre for Youth and the Mobile Crisis Clinicians as a viable means to provide mental health assessment with youth in crisis. It is also used for case planning, training opportunities and Addiction Specialist Assessment when there is a need for Youth Addiction Stabilization Unit clients.

Strategic Direction Four: Be an Employer of Choice

The two strategic priorities that were focused on under this Strategic Direction are:

- Enhance recruitments
- Enhance employee engagement

Recruitment, retention, engaging and developing employees are the foundational principles of furthering our goal of employer of choice.

The highlights from 2019/20 include the following:

Enhance workplace safety & health

- The third Workplace Audit Survey took place in May 2019 and was again conducted by Dr. Leigh Quesnel. The Audit Survey is based on the National Standards of Canada for Psychological Health and Safety in the Workplace. The HR Team in conjunction with the workplace safety & health committees will develop an action plan to address the recommendations from the survey.
- The Provincial Violence Prevention Program has been fully implemented across the region.
- Commenced development of psychological health and safety resources.
- COVID-19 Human Resources planning has re-defined a new work environment and required significant support.
- Doctors Manitoba are embarking on a 2-year program to assess physician wellness, and have asked the region to identify a site and physician champions.
- We have begun the plan to implement safe patient handling throughout the region. Occurrence reports from LTC are provided to Quality and Patient safety in order to identify trends.
- Ability Management Program streamlined with active return to work strategies.

Enhance Performance Management

- Managing attendance was given high priority this year; a dedicated administrative resource was implemented to assist and support Managers. This resource is highly valued to support Managers in encouraging staff attendance at work.
- NRHA Leadership Framework utilizing the LEADS framework was developed. Sessions were offered for Leading in Place; Leading in Situation; Leading in Position; Executive Leadership. The NRHA integrated the LEADS framework into leadership development. These modules are a combination of on-line and face-to-face.
- New Manager Orientation program in development.
- E-library developed as a resource for managers.
- QHR/Medical Services project to align funding to service provision is well underway.
- HR Matters is a program for Managers to offers operational HR topics to assist managers in day to day management. The following HR Matters sessions were offered:
    - Addictions in the workplace & Duty to Accommodate
    - Legalization of Cannabis
    - Attendance Support and Assistant Program
    - Employee Assistance Program
    - Employee Wellness Survey Results
    - HSPnet Learner Placement Program
    - Orientation Checklists and Probationary Evaluations

Enhance Northern recruitment and retention

- Recruitment – the Career Section has been revamped on the new NRHA Intranet. With the release of the provincial Clinical Services Plan and current Recruitment Plan this has been updated accordingly. A provincial Health Human Resources Strategy is in development through Shared Services.
- Shifted to electronic internal job postings and application process.
- Implemented orientation checklist and updated probationary period processes.
- HSPNet, a student coordination and scheduling program was fully implemented and utilized by educational facilities and NRHA managers.
- University of Manitoba and Red River College nursing connections continued and resulted in nursing students coming to Northern Manitoba for practicum.
- Integration of new physician onboarding with medical services and human resources.
- The new Northern Stream of Family Practice residents (University of Manitoba) will start during 2020. Such a local stream has been of great help in recruitment in other RHA's such as PMH and IERHA. The Family Residency program with University of Manitoba is set to begin July 1, 2020; in February 2020 an announcement was made in Thompson by the University of Manitoba and the NHR with Drs Postl, Francois and Buchel in attendance from the University of Manitoba. This project has been planned for several years and represents a huge success in collaborative planning and creating a learning, welcoming culture in Thompson.
- The Pas took a small group of Frontier students as part of a "careers in health care" course. During the course they were exposed to everything from the kitchen to the clinical areas and all things in between. They received a high school credit for this course. This was done last year as a pilot and the evaluations and feedback were very positive.
- Rural Interest Group (RIG) is a group of medical students scheduled to attend the Trapper's Festival in The Pas in February where we will share the services provided as well as the attractiveness of the community with the students.
- The Nursing Graduates from University College of the North was not sufficient to meet the needs of NRHA. A letter of support was sent to UCN as they strive to establish a Diploma of Practical Nursing Program in Thompson which would see 20 seats dedicated to the education of Licensed Practical Nurses.
    - Due to our vacancy list and the relatively small number of UCN nursing grads this year there has been a much greater dependence on agency nursing staff. The upside is that many of the agency staff have come here repeatedly so are familiar with our practice areas and are providing very good care.
- The Northern Lights Tour was held in September in The Pas. The focus is allied health learners from University of Manitoba although some nursing students are involved as well. This event is rotated between The Pas and Thompson each year and is a partnership with the Healthcare Providers Network (formally Office of Rural and Northern Health).
- First annual nursing excellence awards were held in the region.
- Medical Services continues to work on a regional orientation program developed for the hospitalist and emergency department.
- Leadership Walkabouts are beginning March of 2020; this is a well researched practice, in keeping with Accreditation Canada standards as well as a strategy to connect with front-line staff, managers and patients. A documentation process accompanies the walkabouts with trends being monitored. issues raised at walkabouts will be addressed to the best of our ability and follow-up will be provided to the manager.

- Commenced recruitment of Patient Advisors to assist with the complaints process. Manager education and resource guides for managers are under development with goal of increasing advisor requests.
    - Patient Experience is currently working in collaboration with the Primary Care Clinics to develop patient advisor group for Flin Flon to trial the process and provide feedback. Recruitment for The Pas Clinic advisory group underway with Thompson to follow.

Enhance Education Programs

- Absorb is the NRHA learning management system and we moved to the new version and updated all online modules.
- This is the last year for face to face (F2F) new hire orientation, we will be moving to an online orientation to better meet the needs of new hires including those in our more remote areas. Departmental specific orientation will continue to be provided on site.
- Increased educational sessions via webinar to enhance participation and build a resource library of materials.
- Focus on emotional intelligence and implementing program for managers and employees.
- Indigenous Cultural Competency Training being revamped under the guidance of the Chief Indigenous Health Officer.
- Patient Safety and Quality Committee of the Board, Executive, physicians and staff heard Greg's Story. A young man whose journey through the Healthcare system provided much insight and food for thought as to how the system as a whole can be improved.
- Nursing Recruitment and Retention Fund (NRRF) sponsored internationally renounced speaker and author Kathleen Bartholomew for 2 sessions. One in The Pas and 1 in Thompson in October. The Thompson session was broadcast using MBTelehealth to all sites that registered. Kathleen spoke on communication and leadership and lateral violence.
- The College of Licensed Practical Nurse of Manitoba (CLPNM) and Assiniboine College are presenting to managers and frontline staff to discuss LPN competencies and education, scope of practice and readiness for practice after training.

COMMUNITY ENGAGEMENT

Community engagement is the vehicle by which the region connects with, learns from and shares information with the communities, agencies and groups within the Northern Health Region. Much effort is taken to connect with communities throughout the region and direct care staff to executive play an active role in engaging with communities. We meet with communities when invited as well as upon inviting ourselves when there are specific health care related issues to discuss with a particular community.

The Annual Northern Health Summit is the primary community engagement event where formal leaders, business leaders, thought leaders come together in one of the regional sites each year to engage on a particular topic. The October 2019 Summit was held in The Pas and this year's theme was **Awakening Cultural Awareness – The Road to Reconciliation"**.

SHARE YOUR STORY

The Northern Health Region is committed to providing high patient quality care. We value feedback from patients about their healthcare. That is why it is important to share your compliment, concern or complaint as a way for the Region to understand the first-hand experience of you, the patient. This also allows us to learn and improve patient safety and quality of care.

GET INVOLVED!

The Northern Health Region values the contributions made by the community to the health care system. Volunteers play an important role in supporting the Region's values of meaningful collaboration through community participation to improve the health and wellbeing of individuals, families and communities. Your involvement strengthens and builds a healthier community!

How can you get involved?

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

- Client Family Advisory Groups
- Participating on quality project teams
- Sharing your personal health story
- Document review groups

Patients and public can get more information on our website www.northernhealthregion.com

LOCAL HEALTH INVOLVEMENT GROUPS
HIGHLIGHTS & ACCOMPLISHMENTS 2019-2020

The Pas/ Flin Flon and Thompson Local Health Involvement Group (LHIG) held 5 meetings in the 2019-20 fiscal year. Each group held two individual meetings with the groups coming together to hold 3 regional meetings.

Topic of Discussion

The LHIG members continued their work on the topic of discussion *"Medical Services Model of Delivery and How Communities Can Help" that was initiated in November 2018.*

The groups completed the survey administration to consult with the public in gaining a greater public voice in August of 2019. Responses received from community members were compiled, reviewed and were used to provide a broad spectrum of recommendations to the Board on how the region can better engage with and communicate with the communities.

LHIG Accomplishments

- Meetings were scheduled according to majority availability.
- LHIG members participated with the Board of Directors, in the Annual Northern Health Region Summit.
- Consistent membership and increased meeting attendance has provided the opportunity to build educational capacity and increased member engagement at meetings.

Administrative Cost Reporting

Administrative Costs

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 Northern Health Region adheres to these coding guidelines.

Administrative costs as defined by CIHI, include:

Corporate functions including: Acute, Long Term Care and Community Administration; General Administration and Executive Costs; Board of Trustees; Planning and Development; Community Health Assessment; Risk Management; Internal Audit; Finance and Accounting; Communications; Telecommunications; and Mail Service.

Patient Care-Related costs including: Patient Relations; Quality Assurance; Accreditation; Utilization Management; and Infection Control.

Human Resources & Recruitment costs including: Personnel Records; Recruitment and Retention (general, physicians, nurses and staff); Labour Relations; Employee Compensation and Benefits Management; Employee Health and Assistance Programs; Occupational Health and Safety.

Administrative Cost Percentage Indicator

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) also adheres to CIHI guidelines.

Figures presented are based on data available at time of publication. Restatements, if required to reflect final data or changes in the CIHI definition, will be made in the subsequent year.

	2019/20	**2018/19**(Restated)
Administrative cost (% of total):	5.66%	5.84%
Corporate operations (% of total):	3.83%	3.98%
Patient-care related functions (% of total):	0.75%	0.66%
Human Resources & Recruitment functions (% of total)	1.08%	1.20%

2019/20 Totals: Corporate = $8,444,164; Patient Care Related = $1,653,930; HR & Recruitment = $2,387,498; **Total Administration = $12,485,592.**

Health System Transformation

Manitoba's Health System Transformation includes initiatives that improve patient access and the quality of care experienced by Manitobans while establishing a health system that is both equitable and sustainable. As transformation projects and initiatives are planned and implemented, opportunities to re-invest administrative efficiencies in patient care are sought out and prioritized.

Under the Regional Health Authorities Act of Manitoba, health authorities must ensure their corporate administrative costs do not exceed a set amount as a percentage of total operation costs (2.99% in WRHA; 3.99% in Rural; 4.99% in Northern). Across Manitoba, as broad Health System Transformation initiatives were implemented through 2019/20, **administrative costs declined as a percentage of total operating costs for the health system as a whole** (including regional health authorities and CancerCare Manitoba).

The activation of Shared Health as a provincial organization responsible for leading the planning and coordinating the integration of patient-centred clinical and preventive health services across Manitoba involved the establishment of a leadership team to support health system transformation initiatives. Leadership transitioned in advance of staff and operational budgets, resulting in an increase to the administrative cost ratio for 2018/19 which as a percentage has decreased and normalized in 2019/20 with the transition in April 2019 of program budgets associated with the ongoing operation of departments, sites and services. This included Health Sciences Centre Winnipeg, provincial diagnostic services, digital health and emergency medical services and patient transport.

As Health System Transformation projects proceed, organizational changes across all health service delivery organizations in the time to come will allow for enhanced focus in patient-care and human resources and recruitment areas, while holding the line or further reducing administrative costs as a percentage of total operating costs.

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 2019-2020:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2019-2020
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 $75,000.00 or more. The report is available on the Northern Health Region website at

www.northernhealthregion.com. For more information, contact Scott Hamel by email shamel2@nrha.ca or by telephone at (204) 687-3012 or toll free (888) 340-6742.

Audited Financial Statements 2019-20

Adoption of Public Sector Accounting Standards

The Province of Manitoba directed organizations, including the Northern Regional Health Authority, to change its basis of accounting to Public Sector Accounting Standards (PSAS) effective April 1, 2019. Amounts related to the fiscal year ending March 31, 2020 have been restated as required to be compliant with policies under the new method of presentation.

The most significant changes as a result of the change to PSAS include:

- Deferred contributions – Capital can no longer be recognized for provincially funded Tangible Capital Assets (TCA).
- Funding received to pay down principal and interest on the debt associated with the funded TCA is recognized as revenue upon receipt.
- Current year budget is presented on the statement of operations along with current and comparative year actual amounts.

Northern Regional Health Authority
Financial Statements
March 31, 2020

Management's Responsibility

To the Board of Directors of Northern Regional Health Authority:

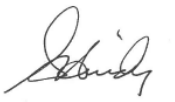
Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards. This responsibility includes selecting appropriate accounting policies 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 entirely of Directors who are neither management nor employees of the Organization. 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 Organization'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 Committee and management to discuss their audit findings.

Chief Executive Officer



Vice President, Corporate Services and Chief Financial Officer

Independent Auditor's Report

To the Board of Directors of Northern Regional Health Authority:

Opinion

We have audited the financial statements of Northern Regional Health Authority (the "Organization"), which comprise the statement of financial position as at March 31, 2020, and the statements of operations and accumulated surplus, changes in net debt and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at March 31, 2020, and the results of its operations, changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Winnipeg, Manitoba

June 17, 2020

MNP LLP

Chartered Professional Accountants

Northern Regional Health Authority
Statement of Financial Position
As at March 31, 2020

	2020	2019
Financial assets		
Cash *(Note 2)*	**173,485**	6,672,045
Accounts receivable *(Note 3)*	**8,166,667**	4,692,077
Due from Manitoba Health *(Note 4)*	**-**	91,363
Vacation entitlement receivable - Manitoba Health *(Note 5)*	**5,429,191**	5,429,191
Pre-retirement receivable - Manitoba Health *(Note 5)*	**3,239,559**	4,209,802
Total financial assets	**17,008,902**	21,094,478
Liabilities		
Bank indebtedness *(Note 2)*	**5,122,646**	-
Accounts payable and accruals *(Note 6)*	**16,256,552**	18,022,214
Accrued vacation entitlements	**10,436,761**	9,878,336
Unearned revenue *(Note 7)*	**3,834,188**	2,990,546
Sick leave benefit obligation *(Note 8)*	**1,665,251**	1,835,042
Due to Manitoba Health - pre-retirement obligation	**-**	679,076
Accrued pre-retirement obligation *(Note 9)*	**9,598,418**	9,919,524
Long-term debt *(Note 10)*	**82,733,286**	86,278,991
Total financial liabilities	**129,647,102**	129,603,729
Net debt	**(112,638,200)**	(108,509,251)
Subsequent events *(Note 22)*		
Non-financial assets		
Tangible capital assets *(Note 11)*	**112,332,593**	115,871,909
Inventory	**1,069,669**	992,800
Prepaid expenses	**484,627**	439,012
Total non-financial assets	**113,886,889**	117,303,721
Accumulated surplus	**1,248,689**	8,794,470

Approved on behalf of the Board

NRHA Board Chair

NRHA Board Vice-Chair

The accompanying notes are an integral part of these financial statements

Northern Regional Health Authority
Statement of Operations and Accumulated Surplus
For the year ended March 31, 2020

	2020 Budget	2020 Capital	2020 Operating	2020	2019
Revenue					
Province of Manitoba					
Health – operating	**154,644,188**	**-**	**154,820,410**	**154,820,410**	171,227,524
Health – medical remuneration	**39,596,208**	**-**	**41,064,038**	**41,064,038**	39,862,287
Health – capital	**8,418,372**	**8,976,189**	**-**	**8,976,189**	11,083,712
Other departments	**3,427,926**	**-**	**2,469,780**	**2,469,780**	2,874,101
Total province of Manitoba *(Note 12)*	**206,086,694**	**8,976,189**	**198,354,228**	**207,330,417**	225,047,624
Federal government	**902,785**	**-**	**678,308**	**678,308**	917,678
Interest revenue	**100,000**	**-**	**131,153**	**131,153**	230,331
Patient income	**568,557**	**-**	**771,978**	**771,978**	690,891
Personal care home	**2,597,350**	**-**	**2,968,357**	**2,968,357**	2,597,271
Land ambulance	**-**	**-**	**-**	**-**	1,676,712
Northern patient transportation program recoveries	**3,530,000**	**-**	**5,935,555**	**5,935,555**	5,365,823
Miscellaneous income/other revenue	**3,516,340**	**-**	**4,559,855**	**4,559,855**	4,471,836
Other capital revenue	**-**	**247,000**	**-**	**247,000**	33,900
Total revenue	**217,301,726**	**9,223,189**	**213,399,434**	**222,622,623**	241,032,066
Expenses					
Acute care	**84,063,337**	**-**	**86,606,644**	**86,606,644**	84,733,023
Medical remuneration	**39,596,208**	**-**	**42,916,666**	**42,916,666**	41,766,079
Public health	**22,070,362**	**-**	**21,799,563**	**21,799,563**	21,433,180
Home care	**8,764,806**	**-**	**7,974,940**	**7,974,940**	7,474,991
Mental health	**6,760,033**	**-**	**6,364,180**	**6,364,180**	6,088,965
Long term care (PCH)	**16,006,907**	**-**	**16,713,564**	**16,713,564**	16,268,014
Land ambulance	**-**	**-**	**-**	**-**	8,371,817
Northern patient transportation program	**16,364,733**	**-**	**22,035,187**	**22,035,187**	20,673,064
FNIHB rejections/bad debt	**212,000**	**-**	**1,424,313**	**1,424,313**	5,145,793
Ancillary programs	**2,844,940**	**-**	**2,419,809**	**2,419,809**	2,662,220
Unallocated administration	**12,200,028**	**-**	**11,321,874**	**11,321,874**	15,482,390
Capital expenses	**11,331,634**	**10,591,664**	**-**	**10,591,664**	12,255,601
Total expenses *(Note 13)*	**220,214,988**	**10,591,664**	**219,576,740**	**230,168,404**	242,355,137
Surplus (deficit)	**(2,913,262)**			**(7,545,781)**	(1,323,071)
Accumulated surplus, beginning of year	**8,794,470**			**8,794,470**	10,117,541
Accumulated surplus, end of year	**5,881,208**			**1,248,689**	8,794,470

The accompanying notes are an integral part of these financial statements

Northern Regional Health Authority
Statement of Changes in Net Debt
For the year ended March 31, 2020

	2020 Budget	***2020***	*2019*
Annual surplus (deficit)	**(2,913,262)**	**(7,545,781)**	(1,323,071)
Purchases of tangible capital assets	**-**	**(5,001,636)**	(10,502,097)
Amortization of tangible capital assets	**-**	**8,540,952**	8,872,315
Increase in inventory	**-**	**(76,869)**	(44,917)
Decrease (increase) in prepaid expenses	**-**	**(45,615)**	707,921
Increase in net debt	**(2,913,262)**	**(4,128,949)**	(2,289,849)
Net debt, beginning of year	**(108,509,251)**	**(108,509,251)**	(106,219,402)
Net debt, end of year	**(111,422,513)**	**(112,638,200)**	(108,509,251)

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, 2020

	2020	*2019*
Cash provided by (used for) the following activities		
Operating activities		
Deficit	**(7,545,781)**	(1,323,071)
Amortization of tangible capital assets	**8,540,952**	8,872,315
	995,171	7,549,244
Changes in working capital accounts		
Accounts receivable	**(3,474,590)**	(64,921)
Due from Manitoba Health	**91,363**	3,102,811
Inventory	**(76,869)**	(44,917)
Prepaid expenses	**(45,615)**	707,921
Pre-retirement receivable - Manitoba Health	**970,243**	-
Accounts payable and accruals	**(1,765,662)**	(3,249,688)
Accrued vacation entitlements	**558,425**	(79,771)
Unearned revenue	**843,642**	180,874
	(1,903,892)	8,101,553
Financing activities		
Net change in long-term debt	**(3,545,705)**	2,854,320
Change in accrued pre-retirement obligation	**(321,106)**	153,849
Change in pre-retirement obligation - Due to Manitoba Health	**(679,076)**	-
Change in sick leave benefit obligation	**(169,791)**	46,690
Change in bank indebtedness	**5,122,646**	-
	406,968	3,054,859
Capital activity		
Purchases of tangible capital assets	**(5,001,636)**	(10,502,097)
Increase (decrease) in cash resources	**(6,498,560)**	654,315
Cash resources, beginning of year	**6,672,045**	6,017,730
Cash resources, end of year	**173,485**	6,672,045

The accompanying notes are an integral part of these financial statements

1. Significant accounting policies

These financial statements are the representations of management, prepared in accordance with Canadian public sector accounting standards and including the following significant accounting policies:

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
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
Acquired Brain Injury House
Hope North Recovery Centre for Youth

Basis of presentation

Sources of revenue and expenses are recorded on the accrual basis of accounting. The accrual basis of accounting recognizes revenue as it becomes available and measurable; expenses are recognized as they are incurred and measurable as a result of the receipt of goods or services and the creation of a legal obligation to pay.

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.

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

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 sales tax. Inventory is expensed when put into use.

Tangible capital assets

Tangible capital assets are initially recorded at cost. Contributed tangible assets are recorded at their fair value at the date of contribution if fair value can be reasonably determined. Interest on the debt associated with construction in progress projects is capitalized as incurred.

Amortization

Tangible capital assets are amortized annually using the following methods at rates intended to amortize the cost of the assets over their estimated useful lives:

	Method	***Rate***
Land improvements	straight-line	2.5 %
Buildings	straight-line	2.5 %
Computers	straight-line	20 %
Equipment	straight-line	10 %

No amortization is provided for construction in progress.

Long-lived assets

Long-lived assets consist of tangible 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.

Net debt

The Organization's financial statements are presented so as to highlight net debt as the measurement of financial position. The net debt of the Organization is determined by its financial assets less its liabilities. Net debt is comprised of two components, non-financial assets and accumulated surplus.

Asset classification

Assets are classified as either financial or non-financial. Financial assets are assets that could be used to discharge existing liabilities or finance future operations. Non-financial assets are acquired, constructed or developed assets that do not normally provide resources to discharge existing liabilities but are employed to deliver government services, may be consumed in normal operations and are not for resale in the normal course of operations. Non-financial assets include tangible capital assets, inventory and prepaid expenses.

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

Revenue recognition

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, 2020.

Government transfers
Government transfers are recognized in the financial statements when the transfer is authorized and eligibility criteria are met except, when and to the extent, stipulations by the transferor gives rise to an obligation that meets the definition of a liability. Stipulations by the transferor may require that the funds only be used for providing specific services or the acquisition of tangible capital assets. For transfers with stipulations an equivalent amount of revenue is recognized as the liability is settled.

Unearned revenue represents user charges and other fees which have been collected, for which the related services have yet to be provided. These amounts will be recognized as revenue in the fiscal year the services are provided.

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.

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.

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 goods are sold or the service is provided.

Northern patient transportation program recoveries
Northern patient transportation program recoveries includes 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.

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

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 debt.

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.

Employee future benefits

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

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

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 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 $7,078,754 (2019 - $7,010,526) to the Plan.

During the year ended March 31, 2018, the Authority was made aware by HEPP that there were unremitted pension contributions related to prior fiscal years. The amount of the liability is unknown as at March 31, 2020 as the Authority and HEPP have not accurately determined the amount due. It is expected that the amount, once finalized, will not be material to the financial statements.

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 benefit method pro-rated on service 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 benefits obligation

At April 1, 2016, 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.

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

Measurement uncertainty

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 revenue and expenses during the reporting period.

Areas requiring the use of significant estimates include the useful lives of tangible 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 Organization recognizes its financial instruments when the Organization becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value.

At initial recognition, the Organization may irrevocably elect to subsequently measure any financial instrument at fair value. The Organization 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 the statement of operations. 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 Organization 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 Organization 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, 2020 and 2019.

2. Cash

The Authority has an authorized operating line of credit of $9,400,000 bearing interest at the bank's prime rate minus 1.00% per annum (2019 - prime minus 1.00%). Security provided on this line of credit includes an overdraft borrowing agreement and a Letter of Comfort from Manitoba Health. As at March 31, 2020 the bank's prime rate was 2.45% (2019 - 3.95%).

3. Accounts receivable

	2020	*2019*
Northern Patient Transportation Program receivables	**27,072,957**	22,292,593
GST rebates receivable	**132,915**	187,929
Patient and other receivables	**2,238,041**	1,734,116
Allowance for doubtful accounts - Northern Patient Transportation Program receivables	**(19,777,804)**	(18,357,569)
Allowance for doubtful accounts - patient and other receivables	**(1,499,442)**	(1,164,992)
	8,166,667	4,692,077

4. Due from Manitoba Health

	2020	*2019*
2018-2019 PCH staffing receivables	**-**	91,363

5. 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.

	2020	***2019***
Balance, beginning of year	**4,209,802**	**4,209,802**
Transfer to Shared Health re DSM employees	**(679,076)**	**-**
Transfer to Shared Health re EMS & ICT employees	**(291,167)**	**-**
Balance, end of year	**3,239,559**	**4,209,802**

On April 1, 2019, the funding for Digital Health and EMS under Manitoba Health were transferred to Shared Health. As a result, the pre-retirement receivable from Manitoba Health was also transferred during the year to Shared Health.

6. Accounts payable and accruals

	2020	*2019*
Accounts payable	**7,040,880**	6,588,573
Pension liability	**874,152**	1,960,423
Salaries and benefits	**8,341,520**	9,473,218
	16,256,552	18,022,214

7. Unearned revenue

Unearned revenue consists of Province of Manitoba funding received in the fiscal year for various programs. This allocation of funding is recognized as revenue when program expenses are incurred. The change in unearned revenue balance for the year is as follows:

	2020	*2019*
Balance, beginning of year	**2,990,546**	2,809,672
Funding received during the year	**4,942,940**	4,125,581
Amount recognized as revenue during the year	**(4,099,298)**	(3,944,707)
Balance, end of year	**3,834,188**	2,990,546

8. Sick leave benefit obligation

The Authority's sick leave benefit obligation is based on an actuarial report prepared as of March 31, 2020. 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, 2020:

	2020	***2019***
Sick leave benefit, beginning of year	**1,915,374**	2,143,018
Current period service cost	**118,816**	197,612
Interest cost	**43,406**	67,815
Benefits paid	**(273,198)**	(264,885)
Actuarial (gain)/loss and other	**(497,398)**	(228,186)
Sick leave benefit, end of year	**1,307,000**	1,915,374
Unamortized net actuarial gain (loss)	**358,251**	(80,332)
Sick leave benefit obligation, end of year	**1,665,251**	1,835,042

9. Accrued pre-retirement obligation

The Authority's pre-retirement obligation is based on an actuarial report prepared as of March 31, 2020. The valuation includes employees who qualify as at March 31, 2020, 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, 2020:

	2020	*2019*
Pre-retirement benefit obligation, beginning of year	**8,754,027**	9,251,481
Current period service cost	**682,170**	711,432
Interest cost	**251,345**	293,831
Benefits paid	**(709,341)**	(589,109)
Actuarial (gain)/loss and other	**(549,093)**	(913,608)
Pre-retirement benefit obligation, end of year	**8,429,108**	8,754,027
Unamortized net actuarial gain	**1,169,310**	1,165,497
Pre-retirement accrued benefit liability, end of year	**9,598,418**	9,919,524

9. Accrued pre-retirement obligation *(Continued from previous page)*

The actuarial valuation was based on a number of assumptions about future events including a discount rate of 3.100% (2019 - 3.425%), a rate of salary increases of 3.50% (2019 - 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.

10. Long-term debt

	2020	*2019*
Long-term debt with Manitoba Treasury with maturity dates between October 31, 2020 and February 28, 2037, with repayments ranging from $1,034 to $124,048 per month including interest at rates ranging from 0.00% to 6.25% per annum	**77,919,999**	45,986,310
Line of credit facility with Manitoba Treasury to fund construction in progress. Due on demand and bearing interest at prime minus 1.00% per annum (2019 - prime minus 1.00%). As at March 31, 2020 the prime rate was 2.45% (2019 - 3.95%)	**3,770,541**	38,964,992
Loan payable to Royal Bank of Canada with monthly payments of $10,016 including interest at 3.72% per annum, due May 2027, secured by certain buildings	**755,078**	845,349
Manulife 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 September 2021	**287,668**	482,340
	82,733,286	86,278,991

Principal repayments on long-term debt in each of the next five years, assuming long-term debt subject to refinancing is renewed, are estimated as follows:

2021	7,925,257
2022	6,633,551
2023	4,619,018
2024	4,669,702
2025	4,528,026

Interest on long-term debt amounted to $1,642,241 (2019 – $2,369,044) and is included in capital expenses on the statement of operations.

11. Tangible capital assets

	Cost	***Additions***	***Disposals***	***Accumulated amortization***	***2020 Net book value***
Land and land improvements	**761,178**	**-**	**-**	**372,957**	**388,221**
Buildings	**132,701,621**	**27,306,724**	**-**	**78,708,010**	**81,300,335**
Computers	**5,875,343**	**-**	**-**	**4,549,594**	**1,325,749**
Equipment	**57,033,986**	**7,198,769**	**-**	**38,979,284**	**25,253,471**
Construction in progress	**33,568,674**	**(29,503,857)**	**-**	**-**	**4,064,817**
	229,940,802	**5,001,636**	**-**	**122,609,845**	**112,332,593**

	Cost	*Additions*	*Disposals*	*Accumulated amortization*	*2019 Net book value*
Land and land improvements	761,178	-	-	371,923	389,255
Buildings	132,073,195	628,426	-	74,325,141	58,376,480
Computers	4,794,536	1,080,807	-	4,174,874	1,700,469
Equipment	48,791,752	8,242,234	-	35,196,955	21,837,031
Construction in progress	33,018,044	550,630	-	-	33,568,674
	219,438,705	10,502,097	-	114,068,893	115,871,909

Construction in progress commitment

Construction in Progress
Other projects with total costs incurred to-date of $3,443,971 are in various stages of completion. Total projected costs for these projects are $14,859,645.

There were no disposals of tangible capital assets for the years ended March 31, 2020 or 2019. Changes in accumulated amortization reflect amortization expensed in capital expenses in the statement of operations for each year.

12. Revenue from Province of Manitoba

	2020	*2019*
Revenue as per Manitoba Health's funding document	**197,174,934**	216,546,718
Deduct:		
Payments on prior year receivables	**(91,363)**	(2,832,178)
Acute basic equipment - unearned revenue	**(400,612)**	(287,233)
Nelson House PCH funding - flow through	**(142,718)**	(169,775)
Ancillary program	**274,880**	(132,311)
Principal and interest funding	**8,057,706**	9,871,345
Other	**337,223**	(171,140)
Provincial Nursing Station - Transitional	**(592,100)**	(803,479)
CIHI Fees	**39,584**	38,674
FFSK patient funding shortfall	**203,103**	-
	7,685,703	5,513,903
Add: Other Province of Manitoba Funding		
Health	**150,077**	-
Education and Training	**2,319,703**	2,868,140
Medical Remuneration	**-**	91,363
Families Department	**-**	27,500
	2,469,780	2,987,003
	207,330,417	225,047,624

13. Expenses by object

Expenses in the statement of operations and accumulated surplus are reported by function. Below is the detail of expenses by object:

	2020	*2019*
Salaries and benefits	**166,893,696**	171,063,891
Transportation	**26,552,653**	28,005,012
Communication	**383,073**	912,048
Supplies and services	**19,845,392**	19,293,839
Minor capital	**495,469**	1,134,396
Other operating	**5,814,928**	10,704,592
Amortization	**8,540,952**	8,872,315
Interest	**1,642,241**	2,369,044
	230,168,404	242,355,137

14. 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 capital donations of $247,000 (2019 - $51,023 of donated equipment).

15. Commitments and contingencies

(i) The Authority has entered into various operating leases for rental units to assist with accommodation needs of the Authority with estimated payments of $793,000 in 2021.

(ii) In the normal course 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.

(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, 2020.

(iv) Labor agreements with certain unions have expired and plan to be negotiated during the upcoming year. The results have not been included in the Authority's results as they are interminable at this time.

16. Financial instruments

The Organization as part of its operations carries a number of financial instruments. It is management's opinion that the Organization is not exposed to significant interest, currency or credit 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 accounts receivable are 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 pre-retirement receivable, as these receivables are due from the Province of Manitoba.

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.

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

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 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.

17. 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, 2020, the Authority has no known contaminated sites or no known future potential contaminated sites.

18. Comfort funds under administration

At March 31, 2020, the balance of Resident comfort funds held in trust is $83,999 (2019 - $81,443). These funds are not included in the balances of the Authority's financial statements.

19. Economic dependence

The Authority received approximately 93% (2019 - 93%) 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.

20. Budget information

The disclosed budget information has been approved by the Board of Directors of the Northern Regional Health Authority at the meeting held on August 28, 2019.

21. Restructuring transaction

The Province of Manitoba established a Health System Transformation Program to guide the thoughtful planning and phased implementation of broad health-system changes aimed at improving the quality, accessibility and efficiency of health-care services province-wide. As part of the transformation, Shared Health Inc. ("Shared Health"), a provincial organization, was created to include responsibility for developing and administering a provincial clinical and preventative service plan for the Government of Manitoba with respect to all provincial health services to consolidate certain provincially scoped health care services, support services and facilities under one organization. Shared Health and the Authority are under the common control of the Province of Manitoba.

As of April 1, 2019, Shared Health assumed the operational responsibilities of the following divisions and departments of the Authority:

- Digital Health (formerly Manitoba eHealth)
- Emergency Medical Services

This initial restructuring included the transfer of approximately $10,000,000 of operating funding. A Government of Manitoba order under legislation is expected during the 2020/2021 fiscal year that will allow for the transfer of the associated tangible capital assets and related liabilities for the above divisions and departments.

There were no contingent liabilities transferred to Shared Health as part of the restructuring transaction and the Authority did not incur any restructuring costs. Shared health has agreed to assume the non-capital contractual obligations of the transferred divisions and departments. Any capital contractual obligations will transfer along with the capital assets and related liabilities at a future point in time. These tangible capital assets include such items as the EMS building and vehicles and have a net book value at year-end of approximately $5,554,000.

22. Subsequent events

In March 2020, the World Health Organization declared coronavirus COVID-19 a global pandemic. This contagious disease outbreak, which has continued to spread, and any related adverse public health developments, has adversely affected workforces, economies, and financial markets globally, potentially leading to an economic downturn. It has also disrupted the normal operations of many businesses, including the Authority's. At the current time, it is not possible to reliably estimate the duration and impact of these events may have on the Authority's future financial results because of the uncertainties about future developments.

Bouquets

Our staff strives every day to provide a welcoming environment for their patients in all of the services we provide. One way we can show that their efforts are working is through compliments submitted by our patients. Here are a few…….

I want to pass along my extreme gratitude to Robbie-Ann, Danita, Shannon, Sandy and Dr. Botha for the care and compassion my family received in the ER on Monday. Dad went from triage to a diagnosis with a unit of blood hung and transfer arrangements made within an hour of our arrival at the ER. Every one of the staff was amazing to Dad, took time to listen and explain things to my Mom who has a speech impediment.
I always get asked why I moved my parents here with their complex medical issues and I always say that we get better care here than we ever did down south...and this event solidifies that.

Son of patient at St. Anthony's Hospital, The Pas

I got to emergency by ambulance at about 10pm on Friday 12 July /19 and I was met with enthusiasm and concern. The emergency doctor started testing to find the cause of my problems and he was extremely vigilant. As my problems got worse he and his nursing staff worked hard and fast with the utmost of skill and caring for me. When he had most of my problems under control by 6 am the next morning. I was sent to a very nice and extremely clean room where the attending nurses were more than helpful to any and all my needs and requests. The doctor who looked after me, Dr. Green was very professional and thorough. Once I was stabilized and received my care package to my GP doctor in Saskatoon, I left feeling very lucky to have ended up with your fantastic hospital. I would like to thank your doctors, nurses, lab technicians, cooking and serving staff, the cleaning staff, and all the other staff that makes that hospital great. I have been in many hospitals but yours pound for pound is the very best in every way. Thanks.

Patient at Flin Flon General Hospital

I would like to give kudos to the busy staff at TGH, in particular all those dedicated professionals in the ER, and the nurses on the second floor. I had the experience of a 6-day stay there recently. It started with a trip to TGH by ambulance during that Saturday blizzard. These people are all real pros. Half a day in ER with more dedicated professionals. I went through the tests and was admitted. From there I received awesome care by the nurses and their support people on the second floor. Also Dr. Martinez-Giron was great. The first I've never been anxious to get home quick as possible.

Patient at Thompson General Hospital

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