NORTHERN HEALTH REGION

ANNUAL REPORT 2022-23

Land Acknowledgement

The Northern Regional Health Authority acknowledges that we are situated on Treaty 5, 6, and 10 Territory and that Manitoba is located on the traditional and ancestral lands of the Anishinaabeg, Anishininew, Denesuline, Nehethowuk, Ininiwak, Nêhiyawak Nations. We acknowledge that Manitoba is situated on the homeland of the Red River Métis. We respect waters, land, histories, language and cultures of First Nations, Métis and Inuit whose presence enriches Canadian society.

We respect and acknowledge that we are all connected through the Spirit and Intent of Treaties and Treaty Making and remain committed to working in collaboration and partnership that will encompass equity, justice, truth and reconciliation. The term "Indigenous" means First Nations, Métis, and Inuit inclusively. We acknowledge the unique status of Indigenous Peoples in Manitoba and Canada.

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.

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Letter of Transmittal and Accountability

September 29, 2023

The Honourable Audrey Gordon
Minister of Health and Seniors Care
Room 302, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Minister:

We have the honour to present the annual report for the Northern Regional Health Authority, for the fiscal year ending March 31, 2023.

This Annual Report was prepared under the Board of Directors' direction, in accordance with *The Health System Governance and Accountability Act* and directions provided by the Minister. All material including economic and fiscal implications known as of March 31, 2023 have been considered in preparing the annual report. The Northern Health Region's Board of Directors has approved this report.

Respectfully submitted on behalf of the Northern Regional Health Authority,

Carrie Atkinson
Board Chair

Leadership Message

The fiscal year of 2022-2023 carried us further out of the pandemic. This means the Northern Health Region (NHR) was able to shift from pandemic management to core operational excellence and strategic priorities.

Fostering and investing in actions with our partners gives us a stronger advocacy voice for our strategic directions and priorities. *The Declaration to Eliminate All Forms of Indigenous-Specific Racism* was a milestone met on September 26th, 2022 between Indigenous partners and the Northern Health Region. The development and engagement work towards the Declaration is written proof of the fulfilling teamwork happening.

The Board of Directors underwent a successful search for a new Chief Executive Officer while also anticipating the appointment of a new Board Chair. This meant months of preparation for a change in both leadership roles. Celebrating accomplishments, trusting in processes to structure the transition time, and welcoming the opportunities that come with these changes.

This year concluded the Strategic Priorities of the 2016-2021 plan and navigation towards the four pillars: Improve population health, deliver quality accessible health services, be a sustainable and innovative organization, and be an employer of choice.

As we reflect on the highlights of the past year, we extend our gratitude to the dedicated staff, healthcare professionals, and senior leadership teams who are invested in our healthcare delivery and services. And to our community stakeholders and patients from across this vast northern region; thank you for contributing to a healthier tomorrow.

Respectfully,

Carrie Atkinson, Board Chair

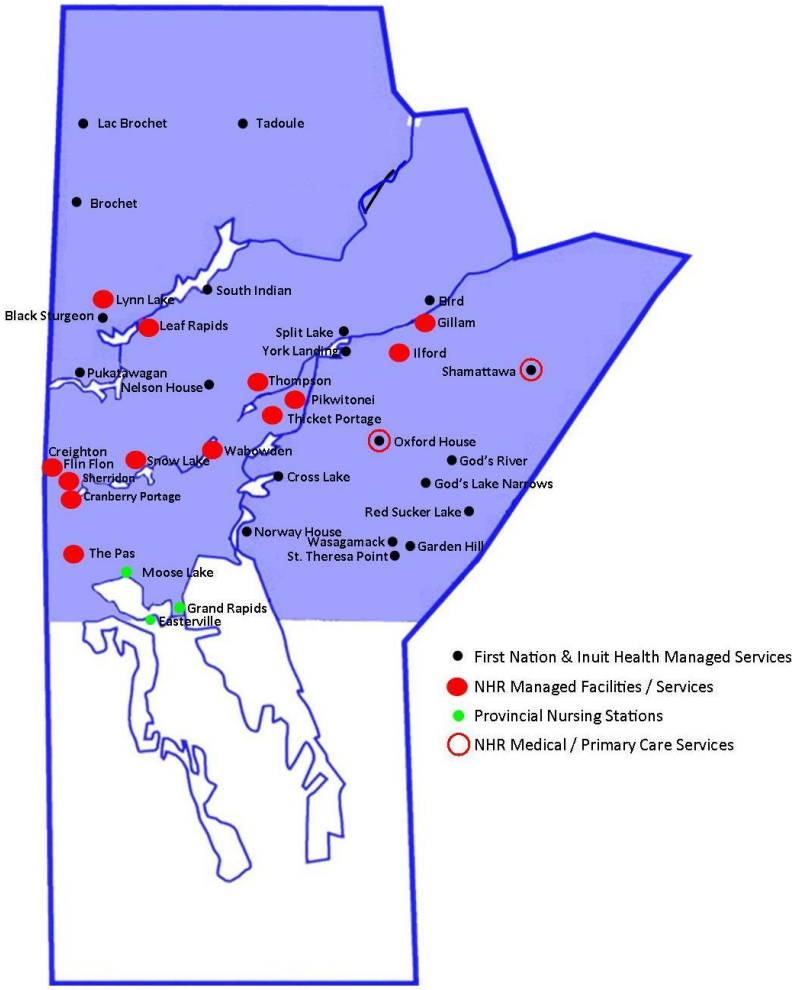
Raj Sewda, Chief Executive Officer

Overview of the Northern Health 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 healthcare 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



The Northern Health Region has a young population, which is projected to continue to expand by 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 Census data, 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 speak 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 remoteness and the number of widely scattered communities and jurisdictional issues impact 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 Branch (FNIHB) 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 ongoing continuity of care. It is imperative that the Region continues to strive towards seamless services with all stakeholders involved.

- **Education** – A total of 44.6% (22,035) NHR residents aged 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 access to specialty health services.

Key Health Issues and Challenges

Health and healthcare 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 of communicable diseases, particularly 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 the incidence and prevention of sexually transmitted blood-borne infections (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 the public. Demands for harm reduction supplies have been met with the implementation of a locker system for afterhours distribution. Having safe, discrete access to these supplies reduces the frequency of sharing supplies and spreading these blood-borne infections.

- **Chronic Disease Treatment and Prevention** - Incidence levels of some chronic diseases, the number of those living with diabetes, arthritis, and high blood pressure status remains very high. Increased efforts to promote healthier living strategies to reduce the incidence of chronic disease remain 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 Inuit Health Branch (FNIHB) and First Nations stakeholder groups toward the goal of improving the health status of on-reserve 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 the 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 Region continues to see a prevalence significantly higher than the Manitoba average for substance abuse disorder. The Office of the Auditor General engaged with the NHR to work toward a review of Addictions Treatment Services in Manitoba.

- **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 for providing ongoing primary and chronic care management outside of a hospital acute care 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 consistent primary care provider. Recruitment efforts are extensive; however, providers

- **Health System Utilization** – Ongoing review of the provincial dashboard, its indicators, and trends has offered insight to successes versus where gaps need to be closed.

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

- **The Provincial Clinical and Preventative Services Plan** 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 continues to be monitored for suggestions for improvement in quality. The Region spent much time over the 2022-2023 year preparing for the upcoming Accreditation survey. This is a time to welcome a review of the quality of services being delivered and gain insight to continue improving as a team.

- **Responsiveness** - The Region is responsive to the client's needs. Through indigenous liaison staff, patient experience, and committed managers and providers, suggestions, concerns and complaints from patients are quickly explored with follow-up through the patient experience portfolio. This includes support and engagement with individual managers, as well as leadership of portfolios.

- **Our Staff** - The Regions' staff are caring, committed, experienced, and knowledgeable. Although recruitment and retention challenges exist, our staff demonstrate a 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. The implementation of the Travel Nurse positions in collaborative with Shared Health has been a successful way to fill nursing gaps.

- **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 opportunities for clinical changes that may be implemented.

- **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 healthcare 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 grassroots level.

- **Primary Health Care Centres (Public Health)** - The Region's primary health care centres are very important resources and positive for the Region. Expanded services and same-day appointments have an ongoing positive impact in improving access to care.

- **Virtual, Phone, and Telehealth Appointments** – Virtual care is viewed as a means by which access to healthcare providers can be significantly increased. This was evident and has evolved through the pandemic and is 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 different ethnicities of our population.

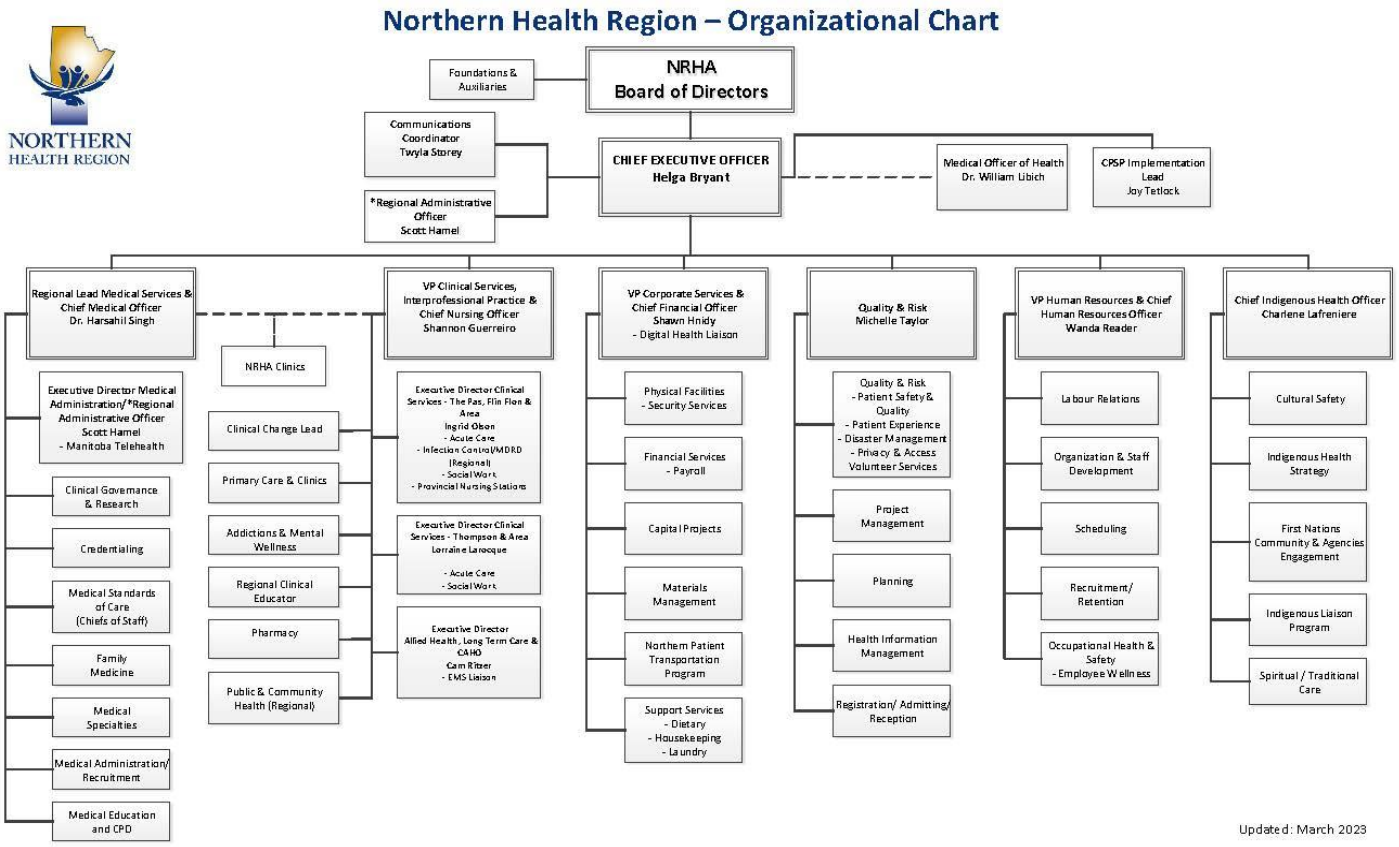
- **Good administrative systems** - The Region has mechanisms in place for clients and patients to engage with their feedback and questions regarding access and navigation of services.

- **Leadership** - The Region has strong leadership doing innovative work. This year saw the announcement of both a new Chief Executive Officer (CEO) as well as a new Board Chair for the Board of Directors.

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

- **Mental Health and Addictions** – The NHR welcomed the Addictions Foundation of Manitoba portfolio to join the Region in 2022. This will offer better integration and access to the addiction treatments available.

Organizational Structure



- **Changes over the 2022/2023 Fiscal year**
  - Benefits positions moved to Shared Health
  - Addictions Foundation of Manitoba funding and positions were gained

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

Board Governance

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 the public is eligible to apply for appointment to the Board of Directors. Nomination forms and information are available online Nomination FAQ | RHAs | Health | Province of Manitoba (gov.mb.ca) or at your local Regional Health Authority (RHA) Administrative Office.

The 2022-23 Northern Health Region Board of Directors includes:

Cal Huntley, Chair – Flin Flon
Linda Markus – Thompson
Bruce Fidler – Creighton, Saskatchewan
Tara Munro-Manych – The Pas
Ashling Sweeny – Thompson
Kathy Valentino – Thompson
Carrie Atkinson, Vice-Chair – The Pas
Jim Berscheid – The Pas
Dianne Russell – Flin Flon
Angela Enright – Snow Lake
Darlene Beck – Cross Lake

Board Committees include:

- Executive
- Governance
- Audit
- Finance
- Indigenous Health & Human Resources
- Quality and Patient Safety (Committee of the whole)

Committee meetings were held at the discretion of the Chair of each committee. Following each meeting, the recommendations of the committee were presented to the full Board for approval.

Activities and Decisions of the Board

The Board received the following documents, reports and recommendations for information and/or approval:

- Annual and monthly Self Evaluation Assessment
- Monthly Financial Statements
- Approved minutes of Board Committee meetings
- Audited Financial Statements for the fiscal year April 1 to March 31
- Monthly Chief Executive Officer Report
- Annual Risk Register
- Quarterly Risk Report
- Monthly Regional Performance Dashboard
- Annual Patient Safety Culture Survey Results
- Semi-Annual Capital Infrastructure, Safety and Security Project Report
- Semi-Annual Nursing Advisory Committee Report
- Medical Staff Rules and Regulations

The Board received presentations on:

- NHR Indigenous Health Portfolio
- Indigenous Partners Engagement
- UCN/NHR Partnership
- External Auditors MNP
- NHR Remote Site Planning
- NHR Dashboard Indicators
- Provincial Bilateral Performance
- NHR Mental Health and Addictions Programs
- Nursing Cost Comparison
- Strategic Planning Process
- Accreditation

Annual General Meeting

- NHR Annual General Meeting was held on October 26, 2022
- Held virtually with 47 participants
- Presentations included Recovering from Covid-19, Highlights from the Annual Report, Financial Statements, and the Health Plan.
- A Question and Answer period provided further engagement with the audience

The Board assures implementation of the health plan, appropriate allocation of funds, and maintenance of an effective system of control and legislative compliance through the following:

- The Board and Committees of the Board developed annual work plans to ensure efficient and cost-effective oversight.
- The Board and Committees of the Board are involved in the development of the Annual Operating Plan (formerly the Health Plan).
- The Board received the required reports as per the annual Governance cycle as well as the Compliance Monitoring cycle.
- The Board Chair and CEO meet on a regular basis.

Process of Evaluation of Board Performance

- The Board members complete both a monthly as well as annual evaluation tool.
- The Board members complete a Skills matrix on an annual cycle to review strengths.

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. 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. 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 regard 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

The healthcare system in Manitoba began a journey of health system transformation in the 2017/2018 fiscal year. Since then changes have been wide sweeping, focusing on improved access, improved equity, and improved service delivery across the province. Shared Health, Manitoba Health, Seniors and Active Living and the Regional Health Authorities have been collaborating on the planning and are also working towards implementation of Manitoba's first-ever Clinical and Preventive Services Plan.

The Northern Health Region (NHR) was 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. Those teams transitioned into provincial clinical teams, and then inter-regional and co-led teams by the provincial medical specialty lead and a rural/northern lead. The focus is on standards, safe patient care, and consistent practices across the province.

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 2022/23 fiscal year include the following:

- Improve population health through the delivery of a regional public health program that focuses on equity, harm reduction and health promotion/prevention strategies.
    - COVID-19 and Vaccinations
        - In the spring of 2022, COVID restrictions were basically all lifted with masks still required to be worn by staff and visitors to health care facilities.
        - Vaccination status no longer needed to be required and staff testing ceased.
        - COVID-19 immunization clinics wound down.
        - COVID-19 operational issues: In the spring of 2022, Regional Incident Command ceased to meet and was replaced with a weekly "leadership huddle" to allow for problem-solving on any operational issues.
    - The Regional STBBI/Reproductive Health Coordinators offered syphilis education/refresher for clinic physicians/ER staff/physicians, and focused on the prevalence of neurosyphilis and STBBI Programs support/care of client with Syphilis through Lunch & Learn sessions.
    - During the month of May, the Diabetes program participated in the National Aboriginal Diabetes Awareness Day in Leaf Rapids and in Lynn Lake.
    - Public Health partnered with Mental Wellness & Recovery to work at providing more timely Mental Health services to clients living in Bayline/Outlying communities. The Mental Wellness & Recovery worker travelled with the Outlying team to each community the NHR services to increase community awareness and engagement in mental health services.
    - The NHR partnered with the Hello Parents Network of Thompson, Futures/Babies Best Start, Wapanohk Community School, Manitoba Metis Federation, Ma-Mow-We-Tak Friendship Centre, the RCMP, and Emergency Medical Services for Safe Kids Day. The goal this year was to provide families with information on safe cycling, wearing helmets for biking, scooter

riding and skateboarding, and pedestrian safety. Games with prizes, a BBQ and raffles for helmets were part of this day.

- Public Health (PH) continued to provide support to Acute Care Hospitals in The Pas, Thompson, Flin Flon, and Gillam. This necessary support, encouraged PH to think outside the box when providing services. For example, in Gillam, the public health nurses were asked to support the emergency department, so whenever possible, the public health nurses would immunize/see clients in the emergency department so that there is no delay in vaccination/public health services.
- Public Health encouraged, supported and informed all eligible public health nurses to take the Authorized Prescriber. Nurses to bring a distinct impact on access and quality care within three practice areas in Manitoba: Sexual and reproductive health, Diabetes management and Travel Health. This education enables the PHN to adequately assess and Rx certain medications to clients.
- In November, 2022 in response to a crisis call related to a high number of drug overdoses, the NHR sent a team of public health nurses to Chemawawin/Easterville to assist with and conduct the following events:
    - An in-class presentation to High School Students that provided students with naloxone training (public health nurses partnered with a network member from the Play it Safer Northern Network.)
    - An accessible location within the community was made available for community members to receive Naloxone Education & Training and Sexually Transmitted & Blood Borne Infections ("STBBI") testing
    - Home Visits were available for those who wanted to have the Naloxone Education and Training and STBBI testing in their home.
    - Naloxone Kits were brought into community
    - Partnerships in this event were the Play it Safer Northern Network, Cree Nation Tribal Health Nurse, Manitoba Keewatinowi Okimakanak (MKO), Manitoba Health, Easterville Chief & Council; Easterville School
        - A meeting was conducted on October 31st with all of the above partners to discuss planning, roles, ordering, and education to ensure no gaps and no overlapping of services occurs. This event was also used to create awareness around the Monkey Pox Virus.
- Harm Reduction
    - Lockers for access to harm-reduction supplies are in place in Thompson, The Pas, & Flin Flon.
    - The Public Health STBBI Team worked within the communities of Flin Flon, The Pas and Thompson to strengthen awareness and capacity of internal and external partners around Harm Reduction. The goal was to encourage all healthcare areas to play a part in harm reduction efforts. Naloxone kits no longer need to be provided by a healthcare professional or facility. Local businesses now have the ability to be a distribute. Public Health has been working hard at challenging both our own programs and external partners to participate in the education/distribution of Naloxone in communities. Meetings took place with these key partners to begin this important work.

- Northern has always been a leader provincially for innovative and unwavering approaches to childhood vaccines. Even though Northern never ceased childhood vaccine clinics throughout COVID, rates coming out of COVID were still negatively impacted. Over 2022 public health held many preschool wellness fairs to encourage parents and caregivers to review and bring vaccines up to date.

- Focus on activities that aim to improve overall mental wellness of our population
  - Mental Health and Wellness:
    - Community Mental Health programming offered in collaboration with public health infrastructure, continues to see a high demand. Providing counselling, education and referral services to adults, children, seniors, and adolescents. Psychiatry and psychology consultations are available following an assessment.
    - Hope North facility in Thompson continues to support youths age 17 and younger experiencing a mental health or addictions crisis.
  - Mental Health and Addictions Recovery:
    - Addictions Foundation of Manitoba (AFM) services transitioned to Service Delivery Organizations on April 1, 2022. The AFM facility in Thompson is now called Eaglewood. A welcoming event was held at Eaglewood Centre in Thompson on April 12th with staff from Thompson, Flin Flon and The Pas in attendance as well as Elders to offer a blessing and a prayer. Opportunities and programming enhancements will be realized by integrating resources these resources.
    - RAAM Clinic: The RAAM clinic in Thompson continued to be busy with numerous new clients coming with many follow-ups. Clinic staff worked with many communities interested in assisting their residents with access to these services. Work continues in this area to broaden service delivery for greater accessibility.
    - Declaration of Intent signed between Opaskwayak Cree Nation, Opaskwayak Health Authority and the NHR. This commitment document outlines what each organization will commit to in efforts to plan for increased residential addiction treatment spaces in a setting that is “on the land” and grounded in cultural practices, tradition, and the Seven Sacred Teachings. This is a huge opportunity to improve services in the area of addictions.
    - Sobering Centre: AFM worked with the Community Wellness Committee that developed the “sobering center” which opened in Thompson and called the Healing Centre/Sobering Centre. This is a multi-organizational community wellness initiative and discussions continue between agencies to increase these services.
  - Psychiatry:
    - Ongoing efforts to recruit an on-site psychiatrist in The Pas continued. A locum model of psychiatrist specialty provided mental health services on a rotation in The Pas. Thompson has both a compliment of staff psychiatrists and limited locum usage.
    - The Outpatient psychiatry wait time for an appointment continued to improve.
    - A Clinical Assistant with Psychiatry was hired and began at the end of January (Thompson) with similar positions being explored to be located in The Pas.
  - Primary Care:

        - The Region is more and more being asked to fill primary care physician gaps in places outside the mandate of the NHR. International Medical Graduate (IMG) interviews were completed for the next round of physicians to support care in Northern Manitoba. That together with a coincidental departure of more general practitioners than usual resulted in a primary care crisis, particularly in Thompson. Several actions were implemented to address this:
            - External review of the clinics was undertaken with an expert in the area from Stantec; the focus was work flow/patient flow.
            - A plan to improve Primary Care access in Thompson with nurse practitioners and clinical assistants to be integrated into the care model.
            - Some provincial plans considered; one of which to increase the IMG program and Physician Assistant (PA) program seats which is a longer-term solution.
            - The Pas: Access time continued to fall short of acceptable access in The Pas. Strategies were being developed to increase efficiency.
            - Flin Flon: Access was stable with the goal to offer same-day access.

- Participate and provide regional context to the provincial health assessment
    - Annual Operating Plan (formerly Regional Health Plan) came to the Board of Directors in May for approval and submitted to Manitoba Health on June 1, 2022.

- Strengthen partnerships and connections with our Indigenous communities
    - Partnerships: Continued with Manitoba Keewatinowi Okimakanak (MKO), Keewatinohk Inniniw Minoayawin (KIM), local community leaders (Mayors, Chiefs and their Councils), and several others. The NHR's Chief Indigenous Health Officer met bi-weekly with MKO health staff.
    - MKO First Nations Anti-Racism Response Strategy (FNARSS) proposal was shared with us. The NHR was named as a partner and involved a number of navigators through MKO to work with our complaint process.
        - Patient Care advocates and birthing Doulas were hired; these are KIM employees but work in the Thompson General Hospital.

- Provide a culturally safe environment
    - Indigenous Elder/ Knowledge Keeper roles: Executive Leadership approved two new roles to support the ongoing work to reduce Indigenous Specific Racism. This is a foundational aspect of providing a culturally safe care environment and strides toward eliminating Indigenous racism in the Northern health care system. The Board of Directors also supported these new roles.
    - The Declaration to Eliminate Anti-Indigenous Racism was signed on September 26th, 2022 in Thompson. This momentous event in the relationship between MKO, KIM and the NHR and in the improvement of culturally safe care to those seeking care in the health care systems in Northern Manitoba. Work continues on the concrete actions and expectations within the framework.
    - Indigenous Cultural Safety in-person sessions were re-established

- Manitoba Indigenous Cultural Safety Training (MISCT): offers virtual training to all staff who are unable to attend the in person content.
- Participated in and provided updates to the Northern prenatal research project-they were looking for partnerships to pilot Cultural Safety and anti-racism training.
- First Anti-Indigenous Racism Policy Working Group meeting took place first week of April. A policy was drafted with provided to our stakeholders for consultation.
- A Smudging Policy was in development which will provide clear guidance on where smudging can be done and what processes to follow in NHR facilities.

- Improve the health status of the Region's Indigenous population by identifying areas of improvement that aim to reduce health inequity amongst our population
  - Leaf Rapids engagement: A working group was established with MKO/KIM to progress a primary care model for Leaf Rapids.
  - Northern Health Services co-design work continued through Clinical Preventative Services Planning.
  - Thompson Dialysis: NHR continues to work with the Manitoba Renal program (MRP) to plan how a Dialysis expansion can be operationalized.

Strategic Direction Two: Deliver Accessible, Quality Health Services

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

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

The highlights from the 2022/23 fiscal year include the following:

- Improve access to primary care services through the identification of gaps, mitigation planning and management of continuity of patient care. Maximize the use of technology where appropriate in order to access service currently unavailable in communities.
  - Staffing was critical as we were short-staffed in many departments. Managers and leadership worked hard to maintain services during these times.
    - Northern Nursing Strategy: This strategy between Manitoba Nurses Union (MNU) and the NHR is yielding results. This strategy is intended to mimic the benefits of agencies while having nurses employed by the public health care system.
    - A recruitment event held in the Philippines in February 2023 had staff from the NHR attend to participate in interviews of potential staff to come to Manitoba to work in the categories of health care aides, licensed practical nurses and registered nurses.
  - Virtual Care: This virtual care was successful during COVID and continued post-COVID to increase access for NHR residents.
  - Home Care:
    - Provided increased role clarity and worked to standardize program operations and to ensure all staff are working to their full scope of practice, stream the organizational structure within the Home Care Program.
    - Self and Family Managed Care: a program under Home Care whereby clients can arrange their own providers based on set Home Care service assessment. The process for addressing the managed care rate was reviewed.

- Palliative care: the department was restructured to provide increased programming and support.
    - Provincial Clinical Team (PCT): Palliative Care Paramedics Providing Palliative Care is working towards a provincial expansion and new Models of Care opportunity. As part of the work of the PCT, the Paramedics Providing Palliative Care at Home project expanded.
- The Pas Clinic proposal was submitted and being reworked to closely examine the space and associated costs. Funding approval for the land acquisition for this new primary care clinic was received.
- Primary Care The Pas: Additional space in The Pas offered the possibility of having Primary Care Nurse (PCN) practice out of Fischer Clinic and/or the 4th Floor Clinic. This would greatly enhance client experience in order to support the delivery of comprehensive primary care service in The Pas and expand same day coverage there to full day. A similar approach in Thompson, many same day services are currently being provided by the PCN team.

- Improve client flow throughout the organization by working proactively with internal teams and teams across other sectors
    - Emergency Department visits across the Region continue to increase and staffing levels continued at critically low levels (30% vacancy on average).
    - Patient flow: increasing emergency visits are resulting in a downward trend in emergency department wait-to-be-seen rates
        - This emphasized the need for increased emergency department capacity in both The Pas and Thompson. By way of example, The Pas emergency department saw 85 clients on one day in 5 treatment spaces.

- Build understanding of and strengthen compliance with the Northern Patient Transportation Program (NPTP) policy and processes
    - Increased opportunities for virtual care and services closer to home are continually being sought.

- Develop and support an organizational culture centered on patient safety
    - Critical Incident, Occurrence reporting processes continued regularly. Enhanced training is being developed for support staff on customer service and communication.
    - RCMP Liaison: the NHR Regional Privacy & Access Officer and the new RCMP District Commander in the Region collaborated on items such as violent occurrences in health settings, investigations, information sharing, privacy related issues/incidents and overall concerns from either party.
    - Standardized Documentation is a critical aspect to ensuring patient safety. Through the Nursing Practice Council (NPC), a documentation project was undertaken with huge success. This project was rolled out to all sites across the Region.
    - Nursing Practice Council: A Grant was approved by Healthcare Excellence Care to show case the NHR NPC as a nursing retention tool. This was a worthy and prestigious recognition.

- Remote sites: staffing shortages in all four (4) remotes sites resulted in situations where patient safety is at risk and difficult decisions has to be taken over the summer of 2022. Emergency Response Services were available in communities to support.
    - Lynn Lake: In-patient beds were closed for an indeterminate period of time in order to keep the Emergency Department open. These beds continue to be closed.
    - Snow Lake: In-patient beds closed for an indeterminate period of time in order to keep the Emergency Department open. These beds continue to be closed.
    - Leaf Rapids: Emergency department closed and primary care was provided Monday to Friday and mental health and public health services continued.
    - Gillam: In-patient beds remained open with normal services being provided apart from Shared Health lab and imaging services. The inability to provide those services on a consistent basis resulted in high medevac transfers for patients.
    - Snow Lake, Lynn Lake, Leaf Rapids, Gillam: Staffing stabilized with a good response from the agencies to provide nursing.

- Ensure health information management adheres to regional policy and provincial legislation
    - Privacy Officer is highly competent in all aspects of PHIA and FIPPA. A consistent provincial approach is taken on requests that come to numerous SDOs to ensure a consistent strategy is applied to the responses.

- Review and develop ICT security policies and guidelines that protect patient information and assist in the disaster planning and recovery of information
    - Shared Health Digital Shared Services (formerly Digital Health): Leadership met on a regular basis to collaborate on high level projects, provincial upgrades, and necessities as technology evolves.

- Develop a professional practice model which provides a quantitative basis for excellence in care delivery and produces outcomes defined by best practice benchmarks
    - Inter-Professional Rounds occurred daily on units.
    - Models of Care: COVID-19 continued to be a catalyst for altering and advancing inter-professional models of care.
    - Medical Leadership Model (Shared Health/Clinical Plan): Still awaiting the finalization of a Clinical Governance; funding for a provincial medical leadership continues to progress.
    - The NHR Pathology working group initiated a process Shared Health used to prioritize pathology requests. The program utilizes the use of a green sticker on the pathology req to notify the lab/ pathologist that there is a high suspicion of cancer suspected with the sample. The program has been used in other areas of the Province and has been very successful.
    - Surgical gaps were experienced in both Thompson and The Pas. Leadership is explored opportunities for additional funding for unique strategies through the Diagnostic Surgical Recovery Task Force.
    - Primary Care Access:
        - Third Next Appointment (TNA): It was noted that there was significant worsening of Third Next Appointment in Primary Care related to departures of physicians,

leaves after pandemic ending, and the increased need in other areas like hospitalist roles and outlying communities needs.
        - Same day clinics were offered as full day clinics at all three major sites. In reviewing the usage of same day access, initial findings indicate that 25-30% of clients accessing same day are without primary care provider. The remainder are either accessing designated same day spots with their own provider, or using same day access because their provider is away.
        - International Medical Graduate (IMG) program spots increased to 25 for 2023-24 intake in the province.
    - The results of the Primary Care Client Experience Survey and action plan were reviewed. The highest priority item was public communication about clinic services as well as emphasizing benefits (access, continuity, comprehensiveness) of attachment to a family provider.
    - Patient Safety & Human Resources completed a staff survey to assess Workforce Well-Being, Quality and Safety as part of the Accreditation Cycle.
    - Virtual Care: The College of Physicians and Surgeons of Manitoba (CPSM) virtual care standards are back in effect as of February 15th, post pandemic. Docs MB advocated for permanent virtual care in Manitoba in some form. A CMA study released showed patients prefer having virtual care as an option but also want an ongoing relationship with their family doctor.
    - Allied Health: recruitment challenges continue.
        - Provided significant rehab services to repatriate patients in the Region from Winnipeg.
        - Shared Health vacancies continued to exist and reduced services; particularly in Diagnostics.
        - Pulmonary Function Test (PFT) lab re-started in Thompson and The Pas only
    - Medeo software was tried in Thompson by providers. Patient messaging, integrated video appointments, and online booking are the three core components of the Medeo suite to improve the patient experience.

- Build a culture of quality and learning across clinical care that encourages, supports and spreads teamwork across all disciplines
    - COVID-19: all aspects of our COVID planning and response were tracked to allow for a comprehensive debrief post-COVID.
    - Wisdom Council: Work continued to develop. Conversations continued with Indigenous Partners. The governance structure must be carefully determined with partner input. When it is established, it will be accountable to the Board of the NHR with the Board having the opportunity to designate it as a Committee of the Board as per by-laws and in keeping with the revised Board General by-laws which are pending.

Strategic Direction Three: Be a Sustainable and Innovative Organization

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

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

The highlights from 2022/23 include the following:

- Ensure clinical program areas are delivering appropriate services based on resources available including the needs of the community, staff and equipment
    - Medical Remuneration Resources: The Peachy Report emphasis is that the NHR's remunerations for medical staff overages are predictable and systemic due to the nature of physician practice and funding models.
    - Sexual Assault services: The Emergency Department Nurse Educator and Clinical Resource Nurse completed the Sexual Assault Nurse Examiner Program. This builds capacity and support for evidence-based care.
    - Flin Flon:
        - An opportunity was presented to increase endoscopy services in Flin Flon/The Pas area with funding from the provincial Diagnostic and Surgical Recovery Task Force. There was no resource capacity for this service in The Pas, but Flin Flon General Hospital could handle the increase in services from a space and staffing perspective. This increase in endoscopy has had a successful uptake from both a medical provider resource and client access closer to home.
    - The Pas:
        - Obstetrics department in The Pas Health Complex continued to see waves of stable staffing and then shortages. This applied primarily to the nursing roles.
        - Pediatrics discussions have been ongoing with the Provincial Pediatric Lead on expanding that service in The Pas. Currently, Thompson is the only site with pediatric coverage.
        - Emergency Department (ED)/Special Care Unit (SCU) saw a high number of vacancies in nursing and the shifts were increasingly difficult to fill. In order to address these staffing challenges three beds were required to be closed on the Acute Care Inpatient Unit for a two-week period resulting in patients being transferred (level loaded) to Flin Flon as needed.
    - Thompson:
        - Endoscopy: The waitlist trends continued to climb for this service. Additional funding was received from Manitoba Health for registered nurse and booking clerk positions for one year to aid in catching up on the waitlist. In order to address an issue of having no-shows for these procedures, approval was obtained and guidelines developed by the NHR privacy officer to use Facebook Messenger to book appointments. This improved the amount of no-shows.
            - Home for the Summer request for a medical student was approved to aid in endoscopy research and quality improvement work. Discussions were planned with the NHR's Chief Indigenous Officer partnership and Indigenous

communities to work towards improved uptake and overcome barriers to this service.

- Obstetrics/Gyne:
    - Fragile state from a staffing and clinical work environment perspective as the vacancy Rate at 50%; recruitment continued for new manager.
    - Reassignments of nursing staff completed till May 21, 2022.
    - 4 beds remained closed; the occupancy average over the past 5 years was 50% for an average of 8 beds. With the 4 closed beds, the unit has 12 open beds. To date, no patient impact from the closed beds.
    - Planning initiated to recruit and retain staff.
    - Home births by midwives in the process of implementation which is very positive.
    - Provincial OBSGYNE working on an itinerant model to develop a provincial coverage pool.
    - The gynecological waitlist continued to increase with actions taken to decrease the wait time. Successfully added two new locums to help with gyne waitlist in Thompson
    - Increasing use of virtual consults (via eConsult) to gyne and locums to manage the demand.
    - Northern Consultation Clinic (NCC): In order to better meet prenatal demand, prenatal weekend clinics started in Thompson. There was a slow uptake, but this access has increased uptake and patient safety.
    - Will begin offering bicillin treatments at NCC for cases of prenatal syphilis. Previous process was that NCC would call public health to have it administered.

- Ongoing high volumes and high acuity CTAS 1-3 numbers in Thompson emergency department.
- Dialysis: There was a need for increased spaces in Thompson. Discussion started with the Manitoba Renal Program (MRP).
    - Winnipeg is exerting pressure to expand capacity in The Pas to 40 patients from the funded 34. The increased funding means increased staffing and given that the current vacancy rate is almost 50%, this will be a challenge.
- Surgical gaps continue.
    - Significant challenge in maintaining service for surgery in Thompson.
    - Work continues with Share Health, locum medical providers, and provincial medical leads to identify barriers to provide service in Thompson.
    - Provincial Clinical Team for Surgery: The North was identified as a leading priority to improve service. Also, opportunities to leveraged resources quickly though the Diagnostic and Surgical Recovery Task Force.
- Surgical Waitlist Information Management (SWIM): The NHR is included in this provincial project and there is a readiness to implement it.
- Sleep Studies:

        - NHR continues to work with the Misericordia Sleep Study Programs with the goal to offer Level 3 studies which are done locally and at home.
- Family Practice:
    - Two recruitment events for physicians were held September. Docs MB hosted an event on September 21st and a Resident Recruitment retreat on September 23rd. The NHR was well represented by physicians from across the Region and NHR Executive members. Some good suggestions came to improve the recruitment and retention of physicians to rural and Northern regional health authorities, and during the retreat there was good interest from residents in joining the NHR team.
- Pediatric Dental: Pediatric anesthesia was scheduled to provide service for pediatrics dental in the NHR; this service was suspended as of 2019. Remuneration models as well as a quality improvement project ensured consistent alignment with Manitoba Health funding.
    - The program was successful in catching up the significant backlog of cases on the current waitlist.
    - Prior to the onset of the pandemic, Thompson General Hospital was running dental slates for 2 weeks per month.
- Cardiology: Several exciting initiatives happened due to strong collaboration with provincial leads. These initiatives will improve patient satisfaction, the sustainability of services and serve the mandate of “care closer to home”.
    - Carelink express- a device to record pacemakers and other implanted cardiac devices to send data to Winnipeg. This would eliminate the need for patients to travel to Winnipeg 1 to 2 times a year for this check-up. This improves patient satisfaction and the sustainability of services.
    - Echocardiogram Thompson- Discussions were ongoing with a cardiology lead to bring this service to Thompson a few times a year.
- Long-Term Care: Movement of Alternate Level of Care patients continued as a regional and provincial priority. We continued to meet and exceed provincial targets.
    - Stevenson Report (Maples PCH Review post COVID outbreak) recommendations continued to be implemented.
    - Home and Community Care Modernization: A provincial initiative to support home care, supportive housing and long-term care modernized care to better meet client’s needs as well as system needs. There are challenges in increasing supportive housing in the North given a number of factors.
- Palliative Care: resources and dedicated energy towards expanding this service and structure occurred.
- Orthopedics: Ongoing discussions continued for this to be a regional service.
- Services reliant on health human resources:
    - Staffing vacancies continued to increase with staff exclusions compounding that as there were upwards of 90 to 120 staff off ill on any given day.
    - Staffing challenges were significant;
        - The SDOs competed with each other for agency nurses; agency nurses were required to be vaccinated in order to be booked.

- Support Services: Vacancies in Support Services have been more difficult during Pandemic. Challenging to compete with general labour shortages and at times wages offered by industry, local employers.

- Lynn Lake/Leaf Rapids/Gillam/Snow Lake: continue to be very fragile with staffing. Leadership model evaluated and altered for the remote sites in order to address recruitment and retention necessities.
  - Lynn Lake: due to staffing shortages, the difficult decision was taken to close the in-patient beds temporarily for an indeterminate period of time.
- Pukatawagan: On July 14th, 2022 the community of Pukatawagan had to evacuate due to forest fires close to that community. The NHR jumped in to assist, alongside many community partners, the Canadian Red Cross and Shared Health Emergency & Continuity Management. Public Health provided medical support and advocacy to community members who were evacuated to The Pas and Thompson. In both Thompson and The Pas, the NHR provided public health nursing support who visited the hotel sites daily to provide medical support. This included connection with medical care, locating and delivering supplies and prescriptions. During this time in Thompson a Nurse Practitioner (NP) also visited the hotel sites every second day to provide on-site medical assessments and prescriptions to alleviate strain on the Thompson General Emergency department.
- Home Care:
  - NHR worked with the Manitoba Distribution Agency (source of home care supplies) leadership work through and gain more effectiveness in home care supply distribution.
  - Self-Family Managed Care audits were conducted. Families in this program maintain and produce financial reports to give evidence of accountabilities for the funding received.
  - Meals on Wheels: This provincial program is provided through community groups who receive grants to provide this service which is volunteer-based. This service is available to seniors in both Flin Flon and The Pas. It is a goal to support the volunteer program in Thompson.
- QHR Scheduling Upgrade: This scheduling upgrade will assist immensely to automate scheduling functions and allow staff access to schedules outside of work. The project work commenced with an anticipated completion of March 31, 2023. However implementation was moved into the next fiscal year.

- Assess specialty programs to identify present and future needs and options for accessibility through either technology or in region
  - Declaration was signed with Opaskwayak Health Authority (OHA) on an innovative Healing Centre proposal to service The Pas and area.
  - Clinical Psychology: Recruitment successful with the recruitment of one clinical psychologist.
  - Addiction Services:
    - Virtual programming continued at Rosaire House. The Office of the Auditor General conducted a provincial performance audit of addictions services. Rosaire House was out of scope for the audit and the NHR advocated for it to be included as the

information learned and the profile gained would be advantageous for The Pas and area.
        - The Medical Director of Addictions for The Pas and Flin Flon recommended Opioid Antagonist Therapy (OAT) program for Flin Flon as there is high demand. NHR is working towards gaining funding for this program including an OAT nurse, an attached counsellor and more OAT prescribers.
        - Thompson has a non-medical withdrawal unit functional. This unit required processes to enable easy transfer of care from Primary Care or emergency department to withdrawal unit. The Medical Director Addictions for Thompson was in consultation with relevant providers to create these.
        - In Thompson there are 5 counsellor positions that provide services to the public, seeing about 1900 clients per year. Each had approximately 60-80 cases and see about 4 people per day.
        - Community Based Workers work with adults, youth, affected persons, impaired drivers, gambling.
        - Emergency Room: worked on providing information about processes for Withdrawal to the Emergency Room staff to assist them when they have referrals.
    - The RAAM clinic in Thompson is a very busy program; more nursing support was required to manage client load. Any plans for medical detoxification would require increased resources. In general, addiction services are under-resourced; while strategies can be considered, the funding is inadequate. Strategies would include: train existing providers, recruiting deliberately, considering locums.
    - Eaglewood (Thompson): capacity for 18 people in the in-house program; average wait times is approximately 1-4 months. Upon a “no-show”, people are called in sooner; spaces are not left unused.

- Utilize current NPTP data as well as utilization data to determine areas of service needs within the region
    - Northern Patient Transportation Program (NPTP) data is regularly used to assess where needs and opportunities lie. Analysis has been done on NPTP and carrier cost comparison for potential savings: follow-up is now needed between MTCC and MHSAL.
    - Delays in transportation: All areas of the North experienced significant delays in transportation for transfers out to a higher level of care, diagnostics and specialist consults and treatments, and repatriations. Staff were requested to complete an occurrence report for each delay. This is impacting/increasing LOS and our ability to repatriate patients in a timely manner.
        - A Custom Helicopter was positioned in Thompson and dispatched by MTCC as a basic air ambulance. While seeing high utilization, this came at a cost premium as each trip is $29,000 versus $9,000 to $12,000 for a fixed wing. This resulted in some $568,000 in invoices in 10 days.

- Provide support to planning and decision making through high quality, reliable data sources
    - Risk Management: work continued on Risk Register, mitigation of risk even through COVID. Risk Assessment Checklist work began but was delayed with competing COVID priorities.

        - Risk register will be refreshed as the Annual Operating Plan and Operational Plan process is worked through.
    - Provincial Dashboard metrics and Operational Planning were reviewed. Improving data management and reporting is a target for the NHR with new commissioning requirements.
    - Emergency Department volumes, CTAS levels and patient flow indicated that Thompson General Hospital and St. Anthony's emergency departments are woefully inadequate and even the basic recommendations from the Brian Sinclair inquest could not be met due to the infrastructure gaps and pressures.
    - The creation of the NHR "Travel Department": With departure of material management resources to Shared Health, a need for an NHR operated Travel Department became clear. The efficiencies created by bringing all of travel under a dedicated department will reduce wasted travel arrangement costs, reduce waste of time and process and is expected to be at least a break-even department in terms of the administrative structure.
    - Health Information: Staff shortages caused delays in coding and abstracting file submissions are ongoing, mitigating with staff reassignment/overtime.
        - There was a backlog in record processing of over 3 months at Thompson General Hospital
        - Coding deadlines were met just in time and accomplished with staff reassignment and extensive overtime.
        - Data demands were ever growing; analytical support remains a gap
    - ADT education and process standardization was under development. Working with provincial team to clean up and ensure ADT is true to Provincial Bed Map, in preparation for a provincial daily bed report.
    - Provincial HRRS Moving forward with 4 Centers of Expertise (COE)
        - Labour Relations
        - OHS Compensation/Benefits
        - Recruitment
        - This will be a "lead and coordinate" COE at least in the in-term.
    - NHR HR Strategic Plan 2022 – 2027 was completed and supported by Executive Leadership Council.
    - Race, Ethnicity, Indigenous (REI) Data Collection: The REI project leads presented a first look at the training materials to the group. Centre for Healthcare Innovation conducted surveys for patients and staff. A Learning Module for REI was placed on the NHR learning management system Absorb.

- Develop procurement strategies that focus on adhering to contract management both external and internally
    - Personal Protective Equipment (PPE): supply stable, adequate and compliance monitored.
    - Home Care Supply Ordering Project: In partnership with Regional Stores/Material Services Team. Looked to streamline the nursing supply order process, with an expectation to move the NHR into compliance with provincial standards and policies regarding client supplies. This would reduce wastage, expired items and ensure supplies available for patients/staff when needed.

- Build financial capacity within the NHR Management Team
    - COVID-19: bi-weekly reporting on COVID related costs continued. Quarterly COVID related funding transfers from Manitoba Health continued.
    - Increased focus and priority on forecasting to government.

- Build the sustainability of the NHR by maximizing the use of financial software tools in order to provide timely access to and reporting of financial information
    - Great Plains is the financial software system utilized in the Region; all managers have access to their cost centres and are expected to monitor and analyze their spending, compare to budget and note the variances on a monthly basis.
    - COVID-19 and related costs:
        - In the 22/23 fiscal year, it was expected COVID costs were to be brought into the operating budget; at this point it appears the quarterly payment for actual expenditures may continue.
    - Financial:
        - Worked with Shared Health on a Provincial Briefing note for First Nations Inuit Health Branch (FNIHB) bad debt for Manitoba Health. The forecast for bad debt was updated to be $2.7M.
        - A Briefing note for air ambulance to be completed. Over budget was not forecasted yet due to an increase in budget of $3.6M, did receive an increase in funding for air ambulance. Despite this increase air ambulance was forecasted to $2.8M over budget. Forecasted operations deficit was revised to $(4.8M) due to bad debt, air ambulance, recruitment and retention issues, medical remuneration deficit of $(1.3M) and capital deficit of $(.1M).
        - COVID greatly impacted workload, funding is expected for all incremental COVID costs as last year.
        - Management variance reporting, work was done to revise the report. Roll out on hold due to pandemic and workloads.
        - Analysis was done on NPTP and carrier cost comparison for potential savings.
        - Nelson House and Norway House Personal Care Home residential charges and the NHR's role were reviewed by Manitoba Health and NHR, funding reductions relating to these two PCH's, calculated residential revenues have been added back to funding for Summary Budget 21/22 and for 22/23 for $1.1M
        - Saskatchewan reconciliation for services at Flin Flon General Hospital (and relevant community service costs as well). There was increased understanding on the part of Manitoba Health; a revised funding model will hopefully include all the community services provided to Saskatchewan residents. Historically, only acute care is reconciled.
        - Adoption of Asset Retirement Obligation will now be implemented in 2022/23.
        - Operational budget for 21/22 completed
        - Summary budget for 22/23 completed and submitted to Health.
        - Analysis was done on NPTP & and carrier cost comparison for potential savings.
        - Cashflow was frequently a challenge given the uncontrollable costs, COVID, MNU CBA obligations and so on.

- Complete an infrastructure ten-year plan that assesses current resources and forecasts future needs
    - Capital Plan Provincial Prioritization occurred. The process of prioritization continued to be complex and the final decision-making process is not clear.
    - Master Site Plan: The Pas. Completed; report submitted by Shared Health and Stantec.
    - Master Site Plan: Thompson project approved. The next step will be for Shared Health to release an RFP with NHR input; this is in progress.
    - The Pas
        - Primary Care Clinic: expecting announcement week of January 16th; approval letters have been received. Land acquisition in progress.
        - Sanitation system upgrade approved ($1.4M).
    - Flin Flon:
        - Emergency Department: on going thaw/freeze issues continued. Legal processes ongoing.
        - In light of recent Security Concerns, work with our Occupational Health Safety Coordinator on revising current Security Systems. Post Event Huddles recommendations and Provincial discussion will dictate possible future Security Projects & changes to existing systems.
    - Thompson:
        - Regional Nurse Call system: On-site work started in Thompson General Hospital Obstetrical unit and OBS & PACU in March.
        - A fire at a Mall in Thompson totally destroyed a number of businesses, including the space the NHR leased to house the STBBI and Reproductive Health Programming through Public Health. Staff are now offering the program out of the Thompson Admin Building on campus.
        - Thompson General Hospital: Numerous issues with hot and cold water plagued Thompson General Hospital. Units had no hot water for bathing and other areas had scalding hot water in hot water taps, eye stations, and toilets. Maintenance investigated the cause to be a mixing valve element that required replacement.
    - Gillam: A boiler circulating pump failed resulting in no heat to the hospital. Contingency planning occurred with baseboard heat fully functional in-patient rooms and space heaters to heat the remainder of facility.

- Optimize the management of Support Services Departments to improve client satisfaction and to reduce costs
    - Support Services remain in pandemic status given their critical role in maintaining a safe clean clinical/site environment. Cafeterias remain closed to the public due to COVID.

Strategic Direction Four: Be an Employer of Choice

The two strategic priorities 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 2022/23 include the following:

- Coordinate with Shared Health Services in order to build medical recruitment processes that are deliberate, sustainable, and meet the needs of the Region.
    - Provincial Credentialing process: has efficiency opportunities to become timelier. Dr. Brock Wright has taken on a role in leading Provincial Credentialing.
    - Medical Services Administration:
        - Prepared a detailed analysis of medical remuneration, travel, and accommodations expenditures as compared to received funding and submitted to Manitoba Health.
        - Medical Remuneration models were discussed provincially with the goal to have an approved locum compensation.
        - Continue to find the balance between sharing services for existing NHR specialists and bringing in new specialists for services at Opaskwayak Health Authority (OHA).
        - With the departure of the internist in The Pas, NHR is exploring collaboration with OHA on joint service planning for this specialist access.
        - Legislative unit at Manitoba Health advised of legislation that will limit the spending to funding; however, unable to provide clarity on how this applied to physicians.
    - Northern Nursing Senior Practicum Opportunity: Partnership with Manitoba Health and Seniors Care, University of Manitoba and Red River College.
    - Nursing Student Mentorship: A provincial program was developed and approved for all service delivery organizations in the province. Consideration was given to a learning module for mentors to guide the mentor in the responsibilities associated with the role.
    - University College of the North (UCN) continued to be the primary producer of healthcare staff in the areas of healthcare aides, licensed practical nurses, and registered nurses.
    - Addictions and Mental Wellness: Successfully recruited for the Rehabilitation Counsellor Positions that were vacant. They started their roles in May 2022.
    - Manager Orientation Program was completed which includes establishing a formal mentor for the new manager.
    - Employee Resilience Survey findings:
        - Provincial results are indicated below. NHR results were slightly better than the provincial results which is optimistic.
            - 68% feel burnout
            - 50% poor sleep quality
            - 68% Emotional challenges
            - 54% looking for a new job
        - Continued to reference agreed-upon provincial reference material such as the Peachy Report and Provincial Clinical Services Plan to advocate for the right-sizing of our primary care provider complement as well as corresponding infrastructure needs.

- Continued to work with MHSAL regarding alternate models of funding for medical services that consider the geographical and health needs of our region
    - Virtual care continued to be maximized. Virtual Medicine Standard from CPSM was updated Sep 29, 2022 and included several changes including clarity on virtual work to remote sites

(which could apply to NHR), emphasis on using virtual medicine appropriately in the best interest of the patient and recognizing the importance of virtual medicine in improving access to care.
    - Provincial Health Human Resources Plan: This is to be developed provincially to accompany and enable the Provincial Clinical Services Plan.

- Utilize electronic tools to improve access for potential students and employees to the region such as QSS online recruitment
    - QSS was utilized by managers and all staff for timely access.
    - On-Line COVID Staff Screening was ceased due to the lifting of public health restrictions.

- Develop an innovative Northern recruitment and retention strategy that fits with the unique needs of our region and the expectations of new employees
    - Nursing Student Mentorship: A provincial program was developed and approved with the expectation that this program would be rolled out in the SDOs. Consideration was given to a learning module for mentors to guide the mentor in the responsibilities associated with the role.
    - Nursing: In partnership with Shared Health and the University of Manitoba for Northern Clinical Placements.
        - UNE (Undergraduate Nursing Employee) – A new classification with MNU collective agreement that allowed us to hire a nursing student to a casual position and pay the LPN start rate of pay. The intent is to start that employment relationship above that of a health care aide and maintain the employment once the student graduates as a nurse.
        - NNSOP (Northern Nursing Senior Practicum Opportunity) – This partnership is with Manitoba Health Seniors and Active Living, the University of Manitoba and Red River College.
        - Experienced extreme difficulty obtaining agency services, particularly in our more remote areas (Gillam, Lynn Lake, Leaf Rapids and Snow Lake).
        - Dialysis nursing education was provided remotely and began in August.
        - Travel Nurse: within the MNU Collective Agreement a Travel Nurse Program was established. The nurses would be hired by the NHR but transitioned to Shared Health once a structure was established.
        - Provincial Relief Team was worked on. Shared Health would be the Employer and a portion of the nurse's FTE be assigned to a home base and a portion would be "relief" across the province.
    - Emergency Nurse Education: Provincial Emergency Nursing Education
        - The education for nurses in emergency departments was standardized across the province. One NHR educator was an active participant in this process and as such was able to get agreement to some "in-house" education in the instance where start times do not mesh with the orientation which would delay a nurse working for 4 to 6 weeks while waiting for the provincial orientation to begin again. This is a considerable "win" for the North.
    - Health Care Aides: It was very difficult to recruit and retain health care aides in spite of the UCN educational program. Several options are underway.

- Finance: A Senior Financial Analyst, two Financial Analysts and a Business Analyst were hired.
- Allied Health: Recruitment of physiotherapists and occupational therapists remained concerning; used many locums.
- Security positions were difficult to recruit; used contracted services to manage vacancies.
- Executive Director Clinical Services Flin Flon and area role was combined with The Pas Executive Director role on a permanent basis.
- Regional Public Health Director: a successful candidate was hired for this position.
- Patient Safety & Quality Improvement Coordinator for Thompson and Area position was revised to a regional position and was filled.
- Child Care: This became an increasingly significant barrier to recruitment. By way of example, a recruit to Thompson required child care and was placed number 95 on the wait list. This is a real problem, does not support recruitment and just further drives the model to locum/agency staffing. Leadership held with Mayors and Council regarding local municipal leadership support of our recruitment efforts.
- Physician Wellness: The initial phase of this work facilitated by Docs MB was concluded, that resulted in an action plan. Next Steps:
  - Need a Physician Wellness committee to assist with implementation of the action plan.
  - Collaboration with WellDoc Canada to pioneer Physician Peer Support in the NHR.
  - Joint communication from the Chief Medical Officer and Chief Executive Officer to all physicians with the request to join the committee.
- Leadership: Workload Compensation framework not aligned with other provinces (lower by a significant margin; even between SDOs there are variances). This created challenges for out of scope management/leadership at province level. Government supported (but unfunded) strategy was rolled out prior to Christmas.
- The Human Resource challenges continued with no end in sight as evidenced by recent closures and patient transfers, management working front line shifts, etc. It was only through efforts by remaining staff that we are able to maintain operations which was not a reliable plan to rely on for continued success.

- Enhance Employee Wellness Framework with a focus on psychological health and safety
  - Post pandemic support continued for all staff through different benefit programs and resources offered through Manitoba Blue Cross.
  - A quarterly Human Resources dashboard was implemented that displays vacancy rates, turnover rates, overtime, agency, sick time and other indicators as determined of value. This data will be analyzed and identify gaps to work towards bridging.
  - Provincially worked on the establishment of a Provincial Relief Team. Shared Health will be the Employer and a portion of the nurse's FTE will be assigned to a home base and a portion will be "relief" across the province.
  - The NHR requires a formal CISM (critical incident stress management); informal structures are in place. There is now language in the MNU collective agreement that requires formal CISM. Small working group was established to work on.

- The Chief Medical Officer met with Well Doc AB who started an initiative Well Doc Canada that supports peer support training for physicians. If implemented, training cost for peer supporters will be covered by Docs MB. Plan is to discuss next steps for feasibility for the NHR.

- Implementing of Performance Management System including training, application, and monitoring
  - Performance Management: Managers were regularly prompted to engage in following the performance management suite created by the Human Resources department.

- Enhance Education programs for all staff
  - Absorb as an on-line learning management system is highly utilized by staff and allowed us to offer an array of mandatory and developmental learning modules in an on-line medium versus face to face.

- Analysis results from patient experience surveys for opportunities for improvement
  - Patient surveys, and patient complaints were regularly reviewed and utilized to improve the system.
  - Local Health Involvement Groups (LHIGs): Letters of appreciation were sent along with an invitation to become “advisors”. The requirement to have District Advisory Councils, LHIGs, Patient Advisory Councils will cease however Boards can establish groups for engagement and input as they see fit; they are just not legislatively required.
  - On May 26, 2022 CIHI began to publicly report 5 patient-reported experience measures (PREMS) at the hospital, regional, provincial, and national level for Nova Scotia, New Brunswick, Manitoba and Alberta. The 5 PREMS are:
    - Communication with Doctors
    - Communication with Nurses
    - Involvement in Decision-Making and Treatment Options
    - Information and Understanding When Leaving the Hospital
    - Overall Hospital Experience
  - Patient Safety & Human Resources: Administered a staff survey in fall 2022 to assess Workforce Well-Being, Quality and Safety as part of the Accreditation Cycle; 38% response rate.
  - Patient Experience Poster was translated into Cree, approved and posted
  - Absorb module for staff on People Centred Care (PCC) is in development (Accreditation requirement). Worked on gap analysis of PCC Accreditation standards.
  - Primary Care Clinics and Patient Experience worked to create healthcare advisor group.
  - Reviewed feasibility of “Tea and Bannock Group” at Thompson Clinic to become an engagement focus group.
  - NHR Community Engagement Network was completed in October 2022. Focus groups took place in The Pas, Snow Lake, Thompson, and Flin Flon.
  - In process of developing a policy on Engagement.
  - Accreditation on-site survey has been postponed from June 2022. Onsite survey scheduled for the week of May 7, 2023.

- Engage and empower healthcare professionals to act as leaders in ensuring high quality patient care
    - Leadership has been key during the pandemic recovery in the NHR. Challenges with resilience, fatigue, overwork, remaining engaged and committed. Efforts continued to maintain an environment of calmness and confidence for both staff and public.

Community engagement

Community engagement is the vehicle by which the region connects with, learns from, and shares information with the communities, stakeholders, and patients within the Northern Health Region. Much effort is taken to connect with communities to foster communication channels as well as understand the ever-changing health priorities and landscape. We meet with communities when invited as well as upon inviting ourselves when there are specific healthcare related issues to discuss with a particular community.

Share your story

The Northern Health Region is committed to providing high-patient-quality care. We value feedback from patients about their interactions with our programs and services. That is why it is important to share your compliment, concern, or feedback as a way for the Region to understand the first-hand patient experience. This allows improve patient safety, quality of care, and accessibility.

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:

- Patient and Family Advisors
- Sharing your personal health story with Patient Experience
- Northern Health Foundation Board of Directors or events volunteering
- Local Health Auxiliaries
- Meals on Wheels (in participating communities)

Patients and the public can get more information on our website https://northernhealthregion.com/volunteer-opportunities/

Manitoba's Health System Transformation

The Transformation Management Office was created in 2019 as a temporary structure within Manitoba's health system transformation program. The office works in collaboration with the Manitoba government, Shared Health, Service Delivery Organizations, CancerCare Manitoba and local teams of clinical and operational experts. Working together with these stakeholders, the office guides the planning and phased implementation of broad health system changes aimed at improving the quality, accessibility and efficiency of health-care services across Manitoba.

Clinical and Preventive Services Plan

This year the Transformation Management Office continued detailed planning to support the implementation of Manitoba's *Clinical and Preventive Services Plan*.

Health transformation projects underway aim to give Manitobans:

- More access to quality and equitable care at home or in the community, with less need to travel for services
- Enhanced virtual care options
- Clearer pathways for providers and patients to access specialized care
- More surgical and diagnostic capacity at designated sites in the community or closer to home
- More options for home and community care

Shared Services

Work continued this year to establish patient-focused, consistent and coordinated shared services including capital planning services, human resources, pharmacy drug purchasing and distribution, and supply chain management. The shared services projects seek to transform activities that were previously siloed across the Service Delivery Organizations into province wide shared services with standardized and efficient processes to reduce duplication of effort and data. Shared services will streamline administrative tasks, enable cross system efficiencies, and will reduce admin costs enabling a stronger focus on the clinical needs of Manitobans.

One example is the ongoing transformation of Shared Health Emergency Response Services (ERS) entered an exciting new phase with several initiatives launched to build a more robust, flexible, dynamic and provincially-integrated emergency response system. These initiatives will provide ERS with opportunities to realign, standardize and improve how it works, helping to build a sustainable emergency response system capable of meeting the needs of Manitobans. Key initiatives included introduction of a low acuity Inter-Facility Transport program and investment to boost paramedic retention and recruitment through expanded training and career advancement opportunities while enhancing patient care and improving response times for rural communities.

Additionally, approval was received for the creation of the Virtual Emergency Care and Transfer Resource Service (VECTRS) with phased implementation to begin in May 2023. Once fully operational VECTRS will be staffed 24/7 with an emergency physician, an advanced practice respiratory therapist,

an advanced care paramedic and inter-facility transport coordinators who will provide medical advice and specialist consultation to staff from urgent care centres, emergency departments, health facilities, nursing stations and ERS teams throughout the province.

Capital Projects

The Manitoba government provided a total multi-year capital investment of $1.3 billion to support the building, expansion and renovation of health-care facilities across the province as part of Manitoba's Clinical and Preventive Services Plan.

These projects include:

- Expansion of Bethesda Regional Health Centre in Steinbach;
- Expansion of Boundary Trails Health Centre in Winkler/Morden;
- Expansion and renovation of the Brandon Regional Health Centre and Western Manitoba Cancer Centre;
- Renovations at Dauphin Regional Health Centre
- Expansion of Lakeshore General Hospital in Ashern
- Construction of a new hospital in Neepawa
- Construction of a new hospital in Portage la Prairie
- Expansion of Selkirk Regional Health Centre

The Transformation Management Office engaged with First Nations and Métis organizations and Indigenous partners on design sessions and/or blessing ceremonies at 12 locations:

- Interlake-Eastern Regional Health Authority (Ashern/Lakeshore and Selkirk)
- Prairie Mountain Health (Brandon, Dauphin, Neepawa, Souris, Tri-Lake, Virden, Western Manitoba Cancer Care)
- Southern Health-Santé Sud (Bethesda, Boundary Trails and Portage)

In one example, engagement with Indigenous partners during the planning process for Bethesda Regional Health Centre, has led to the inclusion of a new cultural space to support multi-denominational services, including indigenous cultural ceremonies such as smudging.

Indigenous Partnerships

Provincial Indigenous Collaborative Approach/Truth and Reconciliation Tool

The Transformation Management Office developed a draft Provincial Indigenous Collaborative Approach that provides a pathway for the provincial health system to address Indigenous priorities in collaboration with Indigenous health providers, federal partners and other agencies. The Approach will advance the Indigenous Partnership Strategic Framework (2019), an understanding of the Indigenous partner landscape and the Truth and Reconciliation Commission calls to actions, among other legislation and guidance. This will be used for engagement planning for Indigenous priorities.

Identified within the Approach are twelve Indigenous priorities which include documenting challenges, opportunities and engagement next steps. In addition, a comprehensive Truth and Reconciliation Tool has been developed to assist teams to review their work in the context of the six pillars of The Path to Reconciliation Act (Manitoba); Truth and Reconciliation Commission of Canada Priorities; Truth and

Reconciliation Commission Calls to Action; United Nations Declaration on the Rights of Indigenous Peoples Articles; National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice; and the Disrupt Racism commitment.

Indigenous Health Operating Model

Work on the Indigenous Health operating model is currently underway to provide a vision of how Indigenous Health will work in the future within a coordinated system of Service Delivery Organizations, government and services.

Northern Collaborative Process

In the Northern Health Region, a Northern Collaborative Working Team (NCWT) was created to represent an alliance of Indigenous agencies and partner organizations comprised of interprofessional health leaders. The NCWT will take a cooperative approach through a co-leadership model to shape CPSP planning in the North. The team is composed of clinical experts from Indigenous health delivery organizations, Northern Health Region, and Shared Health. Together, the NCWT will formulate the strategic trajectory and identify key focal points for intermediate clinical services in the Northern region.

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 the Northern Regional Health Authority for fiscal year 2022-2023:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2022-2023
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 includes 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, 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).

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.

Provincial Health System Administrative Costs and Percentages

2022/23

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.12%	0.77%	1.83%	5.72%
Northern Regional Health Authority	3.51%	0.99%	1.20%	5.70%
Prairie Mountain Health	2.71%	0.37%	0.77%	3.85%
Southern Health Santè-Sud	2.96%	0.26%	1.16%	4.38%
CancerCare Manitoba	2.05%	0.61%	0.60%	3.26%
Winnipeg Regional Health Authority	2.60%	0.50%	0.80%	3.90%
Shared Health	5.03%	1.08%	1.66%	7.77%
Provincial - Percent	3.31%	0.65%	1.10%	5.06%
Provincial - Totals	**$ 196,062,268**	**$ 38,809,780**	**$ 65,324,313**	**$ 300,196,361**

2021/22

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	2.92%	0.63%	1.93%	5.48%
Northern Regional Health Authority	3.48%	0.93%	1.12%	5.53%
Prairie Mountain Health	2.32%	0.16%	0.99%	3.47%
Southern Health Santè-Sud	2.60%	0.25%	0.84%	3.69%
CancerCare Manitoba	1.70%	0.47%	0.70%	2.87%
Winnipeg Regional Health Authority	2.69%	0.55%	1.14%	4.38%
Shared Health	3.48%	0.44%	0.45%	4.37%
Provincial - Percent	2.88%	0.47%	0.93%	4.28%
Provincial - Totals	**$ 175,559,392**	**$ 28,641,532**	**$ 56,439,789**	**$ 260,640,713**

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.

Across Manitoba, within all Service Delivery Organizations with the exception of Winnipeg Regional Health Authority, administrative costs increased as a percentage of total operating costs.

Northern Administrative Costs

For Year to Date Ending:	Mar-23 $	%	Mar-22 $	%
Corporate	9,071,774	3.51%	8,980,242	3.48%
Patient care related costs	2,558,365	0.99%	2,389,840	0.93%
Recruitment/Human Resources related costs	3,096,291	1.20%	2,882,649	1.12%
TOTAL Administrative costs	14,726,430	5.70%	14,252,731	5.53%

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 https://northernhealthregion.com/about-us/reports-and-publications/ . For more information, contact Scott Hamel by email shamel2@nrha.ca or by telephone at 204-687-3012 or toll-free 1-888-340-6742.

Audited Financial Statements 2022-23

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, 2023 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, 2023

Management's Responsibility

To the Board of Directors of Northern Regional Health Authority:

Management is responsible for the preparation and fair 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 principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

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

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

MNP LLP is appointed by the Board of Directors 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.

June 20, 2023

Chief Executive Officer

Vice President, Corporate Services and Chief Financial Officer

MNP LLP
True North Square
242 Hargrave Street, Suite 1200, Winnipeg MB, R3C 0T8
1.877.500.0795 T: 204.775.4531 F: 204.783.8329

To the Board of Directors of Northern Regional Health Authority:

Opinion

We have audited the financial statements of Northern Regional Health Authority (the "Authority"), which comprise the statement of financial position as at March 31, 2023, and the statements of operations, change in accumulated deficit, change 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 Authority as at March 31, 2023, and the results of its operations, change 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 Authority 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.

Other Information

Management is responsible for the other information. The other information comprises Management's Discussion and Analysis. The other information also comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon. The annual report is expected to be made available to us after the date of this auditor's report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

When we read the annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance.

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 Authority'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 Authority or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Authority'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 Authority'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 Authority'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 Authority 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 20, 2023

MNP LLP

Chartered Professional Accountants

Northern Regional Health Authority
Statement of Financial Position
For the year-ended March 31, 2023

	2023	*2022*
		Restated (Note 2)
Financial assets		
Cash *(Note 3)*	**180,170**	193,133
Accounts receivable *(Note 4)*	**3,693,233**	4,239,968
Due from Manitoba Health *(Note 5)*	**8,680,916**	13,082,592
Vacation entitlement receivable - Manitoba Health *(Note 6)*	**5,429,191**	5,429,191
Pre-retirement receivable - Manitoba Health *(Note 6)*	**3,433,037**	3,239,559
Total financial assets	**21,416,547**	26,184,443
Liabilities		
Bank indebtedness *(Note 3)*	**8,108,522**	6,761,083
Accounts payable and accrued liabilities *(Note 7)*	**26,599,498**	26,406,001
Vacation liability	**11,393,308**	12,350,484
Unearned revenue *(Note 8)*	**5,668,932**	5,754,375
Sick leave benefit obligation *(Note 9)*	**1,546,100**	1,647,000
Pre-retirement obligation *(Note 10)*	**10,193,090**	9,963,800
Asset retirement obligation *(Note 11)*	**8,707,617**	8,352,630
Long-term debt *(Note 12)*	**82,252,501**	81,297,831
Total financial liabilities	**154,469,568**	152,533,204
Net debt	**(133,053,021)**	(126,348,761)
Non-financial assets		
Tangible capital assets *(Note 13)*	**119,574,096**	118,776,785
Inventory	**1,236,004**	1,164,951
Prepaid expenses	**1,415,783**	1,319,170
Total non-financial assets	**122,225,883**	121,260,906
Accumulated deficit	**(10,827,138)**	(5,087,855)

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
For the year ended March 31, 2023

	2023 Budget	2023 Capital	2023 Operating	*2023*	*2022* Restated (Note 2)
Revenue					
Province of Manitoba					
Health - operating	**153,199,538**	**-**	**173,807,559**	**173,807,559**	178,598,513
Health - medical remuneration	**40,868,259**	**-**	**41,226,308**	**41,226,308**	41,689,782
Health - capital	**8,718,898**	**10,325,053**	**-**	**10,325,053**	10,499,656
MHCW - operating	**13,817,580**	**-**	**17,595,716**	**17,595,716**	13,748,800
MHCW - medical remuneration	**1,351,805**	**-**	**1,425,688**	**1,425,688**	1,345,080
Other departments	**1,091,638**	**-**	**2,536,477**	**2,536,477**	2,245,611
Total Province of Manitoba *(Note 14)*	**219,047,718**	**10,325,053**	**236,591,748**	**246,916,801**	248,127,442
Federal government	**128,610**	**-**	**471,414**	**471,414**	227,500
Interest revenue	**20,000**	**-**	**42,726**	**42,726**	8,497
Patient income	**603,200**	**-**	**465,486**	**465,486**	574,247
Personal care home income	**3,652,500**	**-**	**3,378,312**	**3,378,312**	3,330,726
Northern patient transportation program recoveries	**5,225,000**	**-**	**7,891,431**	**7,891,431**	5,366,313
Miscellaneous income/other revenue	**3,208,403**	**-**	**3,550,659**	**3,550,659**	4,197,604
Other capital revenue	**100,000**	**388,057**	**-**	**388,057**	317,286
Total revenue	**231,985,431**	**10,713,110**	**252,391,776**	**263,104,886**	262,149,615
Expenses					
Acute care	**87,265,737**	**-**	**99,402,532**	**99,402,532**	97,558,179
Medical remuneration	**42,220,064**	**-**	**45,764,136**	**45,764,136**	44,431,797
Public health	**23,095,059**	**-**	**21,539,509**	**21,539,509**	23,233,039
Home care	**8,027,761**	**-**	**8,561,925**	**8,561,925**	8,792,986
Mental health	**6,748,557**	**-**	**8,727,735**	**8,727,735**	6,012,051
Long term care (PCH)	**17,191,692**	**-**	**20,808,227**	**20,808,227**	19,953,073
Northern patient transportation program	**22,996,454**	**-**	**27,788,296**	**27,788,296**	22,031,606
NPTP federal bad debt	**-**	**-**	**3,413,274**	**3,413,274**	2,449,871
Ancillary programs	**3,012,905**	**-**	**2,306,313**	**2,306,313**	2,161,591
Unallocated administration	**12,608,303**	**-**	**13,403,166**	**13,403,166**	12,901,791
COVID expenses	**-**	**-**	**6,302,066**	**6,302,066**	15,393,149
Capital expenses	**10,759,522**	**13,194,000**	**-**	**13,194,000**	11,026,869
Total expenses *(Note 15)*	**233,926,054**	**13,194,000**	**258,017,179**	**271,211,179**	265,946,002
Deficit before other items	**(1,940,623)**	**(2,480,890)**	**(5,625,403)**	**(8,106,293)**	(3,796,387)
Restructuring gains *(Note 22)*		**1,538,202**	**828,808**	**2,367,010**	-
Deficit	**(1,940,623)**	**(942,688)**	**(4,796,595)**	**(5,739,283)**	(3,796,387)

Northern Regional Health Authority
Statement of Change in Accumulated Deficit
For the year ended March 31, 2023

	Budget	*2023*	*2022 Restated (Note 2)*
Accumulated deficit, beginning of year, as previously stated	**(5,087,855)**	**(3,697,943)**	(389,000)
Adjustment due to adoption of PS Section 3280 (Note 2)	**-**	**(1,389,912)**	(902,468)
Accumulated deficit, beginning of year, as restated	**(5,087,855)**	**(5,087,855)**	(1,291,468)
Deficit	**(1,940,623)**	**(5,739,283)**	(3,796,387)
Accumulated deficit, end of year	**(7,028,478)**	**(10,827,138)**	(5,087,855)

Northern Regional Health Authority
Statement of Change in Net Debt
For the year ended March 31, 2023

	Budget	*2023*	*2022 Restated (Note 2)*
Annual deficit	**(1,940,623)**	**(5,739,283)**	(3,796,387)
Purchases of tangible capital assets	-	**(9,453,012)**	(4,463,284)
Amortization of tangible capital assets	-	**8,655,700**	7,619,277
Asset retirement obligation	-	**-**	1,744,899
Decrease (increase) in inventory	-	**(71,053)**	119,290
Decrease (increase) in prepaid expenses	-	**(96,613)**	(364,082)
	-	**(964,978)**	4,656,100
Increase in net debt	-	**(6,704,260)**	(8,750,373)
Net debt, beginning of year	**(126,348,761)**	**(126,348,761)**	(117,598,388)
Net debt, end of year	**(128,289,384)**	**(133,053,021)**	(126,348,761)

Northern Regional Health Authority
Statement of Cash Flows
For the year ended March 31, 2023

	2023	*2022 Restated (Note 2)*
Cash provided by (used for) the following activities		
Operating activities		
Deficit	**(5,739,283)**	(3,796,387)
Amortization of tangible capital assets	**8,655,700**	7,766,206
Accretion expense on asset retirement obligation	**354,987**	340,515
	3,271,404	4,310,334
Changes in working capital accounts		
Accounts receivable	**546,735**	563,540
Due from Manitoba Health	**4,401,676**	(8,587,437)
Inventory	**(71,053)**	119,290
Prepaid expenses	**(96,613)**	(364,082)
Pre-retirement receivable - Manitoba Health	**(193,478)**	-
Accounts payable and accrued liabilities	**193,498**	4,383,432
Vacation liability	**(957,176)**	1,020,351
Unearned revenue	**(85,443)**	1,403,685
	7,009,550	2,849,113
Financing activities		
Net change in long-term debt	**954,670**	(3,661,990)
Change in accrued pre-retirement obligation	**229,290**	163,582
Change in sick leave benefit obligation	**(100,900)**	18
Change in bank indebtedness	**1,347,439**	5,155,058
	2,430,499	1,656,668
Capital activity		
Purchase of tangible capital assets	**(9,453,012)**	(4,463,284)
Increase (decrease) in cash resources	**(12,963)**	42,497
Cash resources, beginning of year	**193,133**	150,636
Cash resources, end of year	**180,170**	193,133

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
Eaglewood Addictions Foundation of Manitoba

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

Cash and cash equivalent include balances with banks and short-term investments with maturities of three months or less. Cash subject to restrictions that prevent its use for current purposes is included in restricted cash.

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 the 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 and 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	10 %
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 financial assets (net debt)

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

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, 2023.

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 funding for equipment not yet purchased. These amounts will be recognized as revenue in the fiscal year the equipment is purchased.

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 funding
Ancillary funding comprises amounts received for specific programs funded outside of global funding from Manitoba Health and other Province of Manitoba departments. Revenue is recorded as unearned until 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. 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 Authority's employee future benefit programs consist of a multi-employer defined benefit plan, as well as pre-retirement obligations and sick leave benefit obligations.

Multi-employer 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 $7,032,095 (2022 - $7,013,346) to the Plan.

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

Employee future benefits *(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, amounts recognized for employee benefit obligations and wage accrual for unsettled union negotiations. Changes to the underlying assumptions and estimates or legislative changes in the near term could have a material impact on the provisions recognized.

A liability for asset retirement obligations reflects management's best estimate of the amount required to retire the related tangible capital asset (or component thereof). The best estimate of the liability is based upon assumptions and estimates related to the amount and timing of costs for future asset retirement.

Changes to the underlying assumptions and estimates or legislative changes in the near term could have a material impact on the provision recognized.

By their nature, these judgments are subject to measurement uncertainty, and the effect on the financial statements of changes in such estimates and assumptions in future years could be significant. These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in earnings in the years in which they become known.

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.

Asset retirement obligations

A liability for an asset retirement obligation is recognized at the best estimate of the amount required to retire a tangible capital asset (or a component thereof) at the financial statement date when there is a legal obligation for the Authority to incur retirement costs in relation to a tangible capital asset (or component thereof), the past transaction or event giving rise to the liability has occurred, it is expected that future economic benefits will be given up, and a reasonable estimate of the amount can be made. The best estimate of the liability includes all costs directly attributable to asset retirement activities, based on information available at March 31, 2023. The best estimate of an asset retirement obligation incorporates a present value technique, when the cash flows required to settle or otherwise extinguish an asset retirement obligation are expected to occur over extended future periods.

When a liability for an asset retirement obligation is initially recognized, a corresponding asset retirement cost is capitalized to the carrying amount of the related tangible capital asset (or component thereof). The asset retirement cost is amortized over the useful life of the related asset.

At each financial reporting date, the Authority reviews the carrying amount of the liability. The Authority recognizes period-to-period changes to the liability due to the passage of time as accretion expense. Changes to the liability arising from revisions to either the timing, the amount of the original estimate of undiscounted cash flows or the discount rate are recognized as an increase or decrease to the carrying amount of the related tangible capital asset.

The Authority continues to recognize the liability until it is settled or otherwise extinguished. Disbursements made to settle the liability are deducted from the reported liability when they are made.

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

Financial instruments

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

At initial recognition, the Authority may irrevocably elect to subsequently measure any financial instrument at fair value. The Authority has made such an election during the year.

The Authority subsequently measures investments in equity instruments quoted in an active market and all derivative instruments, except those that are linked to, and must be settled by delivery of, unquoted equity instruments of another entity, at fair value. Fair value is determined by published price quotations. Transactions to purchase or sell these items are recorded on the trade date. Net gains and losses arising from changes in fair value are recognized in the statement of remeasurement gains and losses. Interest income is recognized in the statement of operations. Investments in equity instruments not quoted in an active market and derivatives that are linked to, and must be settled by delivery of, unquoted equity instruments of another entity, are subsequently measured at cost. With the exception of those instruments designated at fair value, all other 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 Authority classifies fair value measurements recognized in the statement of financial position using a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

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

Fair value measurements are classified in the fair value hierarchy based on the lowest level input that is significant to that fair value measurement. This assessment requires judgment, considering factors specific to an asset or a liability and may affect placement within the fair value hierarchy. There were no transfers between levels for the years ended March 31, 2023 and 2022.

2. Change in accounting policy

Asset retirement obligations

Effective April 1, 2021, the Authority adopted the Public Sector Accounting Board's (PSAB) new standard for the recognition, measurement and disclosure of a liability for asset retirement obligations under PS 3280 *Asset Retirement Obligations*. The new standard establishes when to recognize and how to measure a liability for an asset retirement obligation, and provides the related financial statement presentation and disclosure requirements.

Pursuant to the recommendations, the change was applied using a modified retroactive application approach and prior periods have been restated. On adoption, the Authority recognized:

- A liability for any existing asset retirement obligations, adjusted for accumulated accretion to date;
- An asset retirement cost capitalized as an increase to the carrying amount of the related tangible capital assets;
- Accumulated amortization on the capitalized asset retirement cost; and
- An adjustment to opening accumulated deficit.

The cumulative effect in the current year of adopting this new standard is to increase liabilities by $8,707,617, increase the associated tangible capital assets by $6,855,956, increase expenses by $461,749, and increase accumulated operating deficit by $1,389,912. The effect of the change on the prior period is to increase liabilities by $8,352,630, increase the associated tangible capital assets by $6,962,718, increase expenses by $487,444, and increase opening accumulated operating deficit by $902,468.

3. Cash

The Authority has an authorized operating line of credit of $11,000,000 (2022 - $10,000,000) bearing interest at the bank's prime rate minus 1.00% per annum (2022 - 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, 2023 the bank's prime rate was 6.70% (2022 - 2.45%).

4. Accounts receivable

	2023	*2022*
Northern Patient Transportation Program receivables	**29,866,544**	29,132,607
GST rebate receivable	**190,693**	266,338
Patient and other receivables	**3,251,052**	968,339
Allowance for doubtful accounts - Northern Patient Transportation Program receivables	**(28,537,730)**	(25,124,455)
Allowance for doubtful accounts - patient and other receivables	**(1,077,326)**	(1,002,861)
	3,693,233	4,239,968

5. Due from Manitoba Health

The Authority has amounts receivable from Manitoba Health to cover operational expenses of $8,680,916 (2022 - $13,082,592)

6. 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.

7. Accounts payable and accrued liabilities

	2023	*2022*
Accounts payable	**12,965,024**	7,385,910
Pension payable	**1,073,925**	955,237
Salaries and benefits payable	**12,560,549**	18,064,854
	26,599,498	26,406,001

8. 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:

	2023	*2022*
Balance, beginning of year	**5,754,375**	4,350,690
Funding received during the year	**2,693,571**	2,541,022
Amounts recognized as revenue during the year	**(2,779,014)**	(1,137,337)
	5,668,932	5,754,375

9. Sick leave benefit obligation

The Authority's sick leave benefit obligation is based on an actuarial report prepared as of March 31, 2023. 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, 2023:

	2023	*2022*
Sick leave benefit, beginning of year	**1,647,000**	1,646,982
Current period service cost	**91,807**	133,200
Interest cost	**52,867**	34,400
Benefits paid	**(189,247)**	(177,482)
Actuarial gain and other	**(56,327)**	9,900
Sick leave benefit obligation, end of year	**1,546,100**	1,647,000

10. Accrued pre-retirement obligations

The Authority's pre-retirement obligation is based on an actuarial report prepared as of March 31, 2023. The valuation includes employees who qualify as at March 31, 2023, 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, 2023:

	2023	*2022*
Pre-retirement benefit obligation, beginning of year	**9,963,800**	9,800,218
Adjustment to opening pre-retirement benefits	**(1,521,505)**	(692,569)
Current period service costs	**736,516**	756,886
Interest cost	**499,738**	233,326
Benefits paid	**(728,060)**	(633,617)
Actuarial gain and other	**990,523**	312,433
Amortization	**252,078**	187,123
Pre-retirement accrued benefit liability, end of year	**10,193,090**	9,963,800

The actuarial valuation was based on a number of assumptions about future events including a discount rate of 4.50% (2022 - 2.65%), a rate of salary increases of 2.00% (2022 - 4.00%) 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.

11. Asset retirement obligations

The Authority is legally required to perform closure, post-closure and remediation activities on sites containing asbestos, fuel storage sites and other asset related obligations meeting the criteria of PS 3280. The expected future cash outflows have been determined using an inflation rate of 2.0% and estimated to be $16,756,367 in the years that the retirement costs are expected to occur. The years of expected future cash flow have been determined using the assets' useful life or planned remediation date with estimated dates ranging from 2025 to 2048.

The Authority recognized a liability for the asset retirement obligation and a corresponding amount has been capitalized as an asset retirement cost and added to the carrying value of the related asset. The asset retirement cost is amortized on a straight-line basis over the useful life of the related asset.

The Authority estimated the amount of the liability using a present value technique with the discount rate set at 4.25% which represents the Province of Manitoba's average cost of borrowing.

	2023	*2022*
Balance, beginning of year	**8,352,630**	8,012,115
Accretion	**354,987**	340,515
Balance, end of year	**8,707,617**	8,352,630

12. Long-term debt

	2023	*2022*
Long-term debt with Manitoba Treasury with maturity dates between March 31, 2024 and March 31, 2060, with repayments ranging from $1,241 to $79,879 per month including interest at rates ranging from 1.50% to 5.05% per annum.	**76,781,071**	78,335,600
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 (2022 - prime minus 1.00%). As at March 31, 2023 the prime rate was 6.70% (2022 - 2.45%).	**5,008,184**	2,398,073
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.	**463,246**	564,158
	82,252,501	81,297,831

Principal repayments on long-term debt in each of the next five years

2024	6,326,970
2025	6,234,018
2026	6,171,917
2027	6,276,347
2028	6,260,532

Interest on long-term debt amounted to $2,479,459 (2022 – $2,335,933) and is included in capital expenses on the statement of operations.

13. Tangible capital assets

2023

	Cost	***Additions***	***Disposals***	***Accumulated amortization***	***Net book value***
Land and land improvements	**761,178**	**254,114**	**-**	**373,992**	**641,300**
Buildings	**169,070,595**	**9,191,894**	**-**	**93,914,476**	**84,348,013**
Machinery, equipment and furniture	**75,021,459**	**3,812,301**	**-**	**52,543,169**	**26,290,591**
Computers	**5,875,343**	**162,480**	**-**	**5,760,335**	**277,488**
Construction in progress	**7,749,631**	**267,073**	**-**	**-**	**8,016,704**
	258,478,206	**13,687,862**	**-**	**152,591,972**	**119,574,096**

	Cost	*Additions*	*Disposals*	*Accumulated amortization*	*2022 (Restated) Net book value*
Land and land improvements	761,178	-	-	373,992	387,186
Buildings	160,942,550	8,128,044	-	86,506,325	82,564,269
Machinery, equipment and furniture	67,470,849	7,550,611	-	47,559,336	27,462,124
Computers	5,875,343	-	-	5,261,768	613,575
Construction in progress	10,257,385	(2,507,754)	-	-	7,749,631
	245,307,305	13,170,901	-	139,701,421	118,776,785

Amortization expense of $8,655,700 (2022 - $7,619,277) was recorded in the statement of operations.

13. Tangible capital assets *(Continued from previous page)*

Construction in progress

Other projects with total costs incurred to-date of $8,016,704 are in various stages of completion. Total projected costs for these projects are $27,197,088.

There were no disposals of tangible capital assets for the years ended March 31, 2023 or 2022. Changes in accumulated amortization reflect amortization expensed in capital expenses in the statement of operations for each year.

14. Revenue from Province of Manitoba

	2023	*2022*
Revenue as per Manitoba Health's funding document	**220,618,567**	215,397,880
Adjusted for:		
Payments on prior year receivables	**(6,575,935)**	(3,877,248)
Unearned revenue	**-**	(1,818,000)
Flow-through funding	**422,059**	20,170
Anticipated COVID funding	**406,530**	1,313,782
Principal and interest funding	**10,325,053**	10,499,655
Other	**-**	9,218,716
Provincial nursing stations	**(1,535,527)**	-
Miscellaneous	**1,770,946**	-
Anticipated CBA settlement funding	**811,331**	-
CIHI fees	**32,980**	32,965
	226,276,004	230,787,920
Add: Other Province of Manitoba Funding		
Mental Health and Community Wellness	**18,104,320**	15,093,911
Families - Children's Therapy Network	**539,805**	278,519
Families - Healthy Baby	**3,599**	24,594
Families - FASD	**587,565**	564,657
COVID PPE Grant Funding	**1,106,171**	1,148,174
Miscellaneous	**299,337**	229,667
	246,916,801	248,127,442

15. Expenses by object

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

	2023	*2022*
Salaries and benefits	**193,383,257**	192,979,574
Transportation	**32,024,522**	30,394,436
Communication	**369,226**	279,701
Supplies and services	**23,103,410**	23,228,178
Minor capital	**1,933,514**	627,490
Other operating	**8,907,104**	7,993,970
Amortization	**8,655,700**	7,766,205
Accretion expense from asset retirement obligation	**354,987**	340,515
Debt servicing	**2,479,459**	2,335,933
	271,211,179	265,946,002

16. Related party transactions

The Pas Health Complex Foundation, Inc. and The Northern Health Foundation Inc. (together the "Foundations") are non-profit voluntary associations whose purpose is the betterment of health care at The Health Complex facilities. The aims and objectives of these Foundations coincide with those of the Authority. The Authority regularly provides the Foundations with a listing of project/equipment requirements for the Foundations to consider in their annual funding processes. During the year the Authority received capital donations of $388,057 (2022 - $317,286) of donated equipment.

17. 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 $1,570,571 in 2023.

(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, 2023.

18. Financial Instruments

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

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.

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.

18. 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.

19. Comfort funds under administration

At March 31, 2023, the balance of Resident comfort funds held in trust is $74,618 (2022 - $64,314). These funds are included in the accounts payable and accrued liabilities balance of the Authority's financial statements.

20. Economic dependence

The Authority received approximately 95% (2022 - 95%) 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.

21. 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 25, 2021.

22. Restructuring transactions

As of April 1, 2022, the Authority assumed the operational responsibilities for the division of Addictions Foundation Manitoba (AFM) relating to the geographical area of the the Authority. This included the transfer of annual operational funding of $3,668,264, the transfer of tangible capital assets with a net book value of $4,936,951, and restructuring gains of $1,538,202 and $828,808 for the capital fund and operating fund respectively.

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