NORTHERN HEALTH REGION

ANNUAL REPORT
2025-26

NORTHERN HEALTH REGION

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.

Letter of Transmittal and Accountability

September 30, 2026

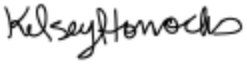
The Honourable Uzoma Asagwara
Minister of Health and Seniors Care
Room 302, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Minister:

We have the honour to present the annual report for the Northern Regional Health Authority, for the fiscal year ending March 31, 2026.

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, 2026, 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,



Kelsey Horrocks
Board Chair

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Message from the Board Chair

On behalf of the Northern Regional Health Authority Board of Directors, I am pleased to present the 2025–2026 Annual Report.

This year reflected the resilience, dedication and adaptability of our staff, physicians, volunteers and community partners, who remained committed to providing safe and compassionate care throughout Northern Manitoba. The Board extends its sincere appreciation to all who contributed to this important work.

The Board remains committed to strengthening health services, advancing reconciliation and culturally safe care, stronger partnerships with Indigenous communities, and ensuring the Northern Health Region is responsive to the people and communities we serve.

Respectfully,

Kelsey Horrocks

Board Chair

2025-26 Northern Health Region Board of Directors

- **Kelsey Horrocks, Chair**
- **Anne Kenny Thompson, Vice Chair**
- **Jacqueline Fitzpatrick**
- **Brandee Albert**
- **Warren Luky**
- **Sylvia Zamzow**
- **Bruce Fidler**
- **Kathy Valentino**
- **Chris Reddy**

Board Transitions during 2025-26

- Welcomed to the board: Anne Kenny Thompson and Chris Reddy.
- Kelsey Horrocks transitioned from Vice-Chair to the Board Chair role.
- Jacqueline Fitzpatrick transitioned from Board Chair to board member role.
- Anne Kenny Thompson was voted into the Vice-Chair role.
- Retirement of: Dayna Zaharia and Connie Merasty.

Board Governance

Health authority boards are accountable to the Minister of Health 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. In 2025-26, the Board convened 10 times. Agendas are structured in accordance with Accreditation Canada's Governance Standards and ensure oversight is comprehensive.

Board Committees

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

Activities and Monitoring by the Board

The Board received the following documents in alignment with the annual Governance cycle established:

- Financial Reports reviewed by both the Finance Committee and Board as a whole (monthly).
- Provincial and regional performance dashboards.
- Quality and Patient Safety Reports related to risk monitoring.
- The Board received the required reports as per the annual Governance cycle as well as the Compliance Monitoring cycle.
- The Board members completed monthly and annual evaluation tools.

- A Board Retreat was held on October 2, 2025 in Thompson with an external facilitator to focus on Board Governance.
- The Annual General Meeting was held virtually on October 29, 2025.

Significant Approvals of the Board

The Board reviewed and motioned carrying approval for the following:

- The Audited Financial Statements
- The Annual Operating Plan
- The Annual Budget
- Organizational Risk Report
- Annual Report 2024-2025
- Reviewed and updated Board Governance Manual policies
- Updated the CEO Performance Plan
- Reviewed and provided feedback for the Strategic Plan

A few noteworthy activities the board participated in:

- Held preparation discussions prior to Accreditation Canada Governance Standards on site survey.
- Received Capital project updates on new services, including the Mobile MRI unit which launched services in Thompson June 2025.

Chief Executive Officer Message

It is both a privilege and an honour to serve as Interim Chief Executive Officer of the Northern Regional Health Authority and to contribute to the important work of supporting the health and well-being of people across Manitoba's North.

As I began this role in June 2026, following the conclusion of the 2025–2026 reporting year, the achievements outlined in this Annual Report occurred before my tenure. However, they provide a clear picture of the commitment, resilience and collaboration demonstrated by employees, physicians, volunteers, leaders and partners throughout the Region.

During 2025–2026, the Northern Health Region continued to navigate significant workforce pressures, increasing service demands and the unique challenges of delivering health care across northern, rural and remote communities. Despite these pressures, teams remained focused on providing safe, reliable and compassionate care.

The year included important work to stabilize health services, strengthen recruitment and retention, advance quality and patient safety, and improve the experiences of patients, residents, clients and families. The Region also continued its commitment to eliminating Indigenous-specific racism, advancing reconciliation and strengthening relationships with Indigenous communities, Elders and partners.

Since re-joining the organization, I have been impressed by the dedication and resourcefulness of those who serve the North. I recognize the work of the leadership team and all those who guided the organization throughout the reporting year, as well as the staff and partners whose efforts are reflected throughout this report.

Looking ahead, my focus will be on building upon this work through collaboration, accountability and a shared commitment to improving access, supporting our workforce and strengthening sustainable health services across the Region.

I look forward to working alongside the Board of Directors, employees, physicians, communities and partners as we continue to advance the health priorities of northern Manitoba.

Wanda Reader
Interim Chief Executive Officer
Northern Regional Health Authority

Organizational Structure

- **NRHA Board of Directors**
  - **Chief Executive Officer**

The following represent Executive Leadership Council positions that reported to the Chief Executive Officer as of March 31, 2026:

- **Interim Associate Chief Executive Officer -** Micheal Ellis
- **VP Medical Services & Chief Medical Officer** - Dr. Harsahil Singh
- **VP Health Services & Continuing Care/Chief Allied Health Officer** – Rachelle MacDonald, Interim (Cameron Ritzer, Permanent)
- **VP Health Services Acute Care & Chief Nursing Officer** - Chad Munro
- **VP Corporate Services & Chief Financial Officer** - Shawn Hnidy
- **VP Planning & Performance Optimization** – Mehmood Awan
- **VP Human Resources & Chief Human Resources Officer** - Crystal Gregoire
- **Chief Indigenous Health Officer** - Leslie Power

Changes over the 2025/2026 Fiscal year

- Hiring of VP Planning & Performance Optimization, Mehmood Awan (December 15, 2025).
- New position of Interim Associate CEO created and appointed, Micheal Ellis (January 7, 2026).
- Resignation of CEO, Raj Sewda, appointment of Interim CEO, Cameron Ritzer (January 9 - June 8, 2026).
- Appointment of Acting VP Health Services & Continuing Care, Rachelle MacDonald (March 3, 2026).

For a full listing of staff who report directly to Executive Leadership, see Appendix A (page 40).

For contact information of our Executive Leadership Council, please visit our website at www.northernhealthregion.com/about-us/our-leadership-team.

About the Region: A Snapshot

With a total of 396,000 square kilometres and a population of 77,961 (Manitoba Population Report, June 2025) the Northern Health Region (NHR) has the unique challenge of planning and providing healthcare services and programs to a rural population over 60% of Manitoba's total land mass. The largest communities of Thompson, The Pas, and Flin Flon are hub sites that provide the largest scope of medical services and facilitate support to many other communities spread across the North.

The Northern Health Region geography 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
- 26 First Nations communities
- 16 Northern Affairs Communities
- 1 local government district
  - Mystery Lake
- Multiple hamlets and cottage settlements making up "unorganized territories"

According to the 2021 Census, over 73% of NHR residents self-identified as Indigenous. 4.4% of the residents within the NHR self-identify as a visible minority other than an Indigenous person.

Considering the widening health disparities in Manitoba, it is evident that some of the greatest opportunities for population health improvement exist in the Northern Health Region. Generally speaking, residents of NHR have the lowest cancer screening rates, the highest burden of illness and poorest outcomes in the province, the greatest barriers to access, and one of the most socioeconomically disadvantaged populations (MCHP RHA Indicators Atlas 2024, NHR Community Health Assessment 2019).

A Snapshot Continued

Geographical Area	396,000 sq. kms
First Nations Communities	26
Municipalities	9
Northern Affairs Communities	16

Our People:

Population within NHR	77,961
Percentage of MB population*	5.14%
Indigenous population within NHR	73.1%
Number of NHR Employees	1751
Percentage of Self-Identified Indigenous Employees	18.2%
Number of Physicians**	255
Number of Physicians & Clinical Assistants	19
Number of Nurse Practitioners	10

*Manitoba population estimate 1,516,328 as April 1, 2026
**Includes all locums, specialist, and employed physician

Our Facilities:

Acute care sites	6
Acute care beds (active)	91
Long term care sites	4
LTC licensed beds	161
Psychiatry Beds *(adult)*	18
Supportive Housing	1
Substance Recovery Facilities	3
Primary Care Clinics	4
Community Health Centres (active)	5

Our Services:

Emergency Departments *(active)*	6
Primary Care Clinics	4
Dialysis Units	3
MRI Machines	1
CT Scan Machines	2
Ambulance Stations *(active)*	15
Community Cancer Care Programs	3

PLAN ON A PAGE

VISION

Accessible, respectful, inclusive and safe healthcare for everyone.

MISSION

We provide healthcare in a way that grows trust, inclusion and an understanding of patient needs to provide the best patient experience. We do that through people centered care and supporting our staff in a respectful, culturally safe environment. We are committed to meaningful partnerships with Indigenous partners, government agencies and other healthcare organizations as we strive to bring timely, equitable access to healthcare for the North.

STRATEGIC PRIORITIES

Eliminate Indigenous-Specific Racism	**Provide a Positive Patient Experience**	**Healthy Workforce**	**Sustainable and Adaptable Organization**

VALUES

Trust Respect Humility Integrity Compassion

Respect Honesty Truth Wisdom Bravery Humility Love

Service Delivery

The Northern Health Region has its largest number of programs, services and staff located in the communities of Thompson, The Pas, and Flin Flon. Smaller communities have community health centre facilities with either local staff or staff that travel to provide services from the larger hub sites.

Programs/Services offered

- Acute Care Services
- Ambulatory & Outpatient Care
- Surgery
- Psychiatry
- Obstetrics
- Medical Specialists
- Dialysis
- Allied Health
- Long Term Care
- Home Care
- Palliative Care
- Primary Care Clinics
- Public Health
- Mental Health & Substance Use Recovery

Corporate/Administrative

- Executive Leadership
- Human Resources
- Communications
- Finance
- Indigenous Health
- Quality and Patient Safety
- Infection, Prevention and Control

Partnerships deliver

- Emergency Response Services (Shared Health and the City of Thompson)
- Diagnostic and Lab Services (Shared Health)
- Community Cancer Care programs (Cancer Care Manitoba)
- Kidney Health Manitoba (Shared Health)

This is a highlight of programs and services offered within the NHR, for full details visit www.northernhealthregion.com

Highlights from Hospitals Across the Region			
	2023-24	2024-25	2025/26
Total Emergency Department Visits	69,074	66,228	62,351
Dialysis Treatment visits	10,582	11,025	10,796
Total Medical unit Admissions	2,251	1,617	1,748
Total Surgeries (outpatient)	2,390	2,197	1,854
Total Newborn baby deliveries	931	889	834
Total Special Care Unit (SCU) Admissions	212	253	220

Accomplishments

The Northern Health Region (NHR) continues to strive toward the priorities as defined by the Strategic Plan in alignment with initiatives identified in the Annual Operating Plan.

- Eliminate Indigenous Specific Racism
- Provide a Positive Patient Experience
- Healthy Workforce
- Sustainable and Adaptable Organization

Eliminate Indigenous Specific Racism

Strategic Priority: Eliminate Indigenous Specific Racism
System Priority: Indigenous Health and Health Equity
Strategic Alignment: Advance Health Equity

Key Initiatives

1. Continue to provide Indigenous-Specific Racism Coaching & Training for Leaders across the Region, building on the quality improvement project originally developed in partnership with Keewatinohk Inniniw Minoayawin Inc., Manitoba Keewatinowi Okimakanak and Healthcare Excellence Canada.
2. Complete the evaluation of the Addressing Indigenous-Specific Racism policy in partnership with George & Faye Yee Centre for Healthcare Innovation. Use the findings to assess policy awareness, application, strengths and opportunities for improvement.
3. Implement the Provincial Indigenous Health Operating Model and continue to expand the Indigenous Health portfolio.

Outcomes

Progress continues in strengthening the organization's response to Indigenous-specific racism. Coaching and training for leaders have expanded across the Region, and evaluation of the Addressing Indigenous-Specific Racism Policy is underway. Implementation of the Provincial Indigenous Health Operational Model has also supported growth within the Indigenous Health portfolio and Region as a whole, including the creation of an Indigenous Workforce Coordinator position focused on increasing Indigenous representation throughout the NHR.

Challenges & Future Direction

Continue expanding Indigenous-Specific Racism Coaching and Training for leaders across the Region. Securing resources and recruiting candidates for Indigenous-focused positions remains challenging; however, this work continues to be a priority in strengthening Indigenous workforce representation and providing Northern residents with respectful, culturally safe and responsive care. Evaluation findings will also help identify opportunities to improve the Addressing Indigenous-Specific Racism policy and guide future actions.

Measure	2024/25 Actual	2025/26 Target	2025/26 Actual	2026/27 Target
Number of managers/leaders receiving Indigenous-Specific Racism Coaching & Training	16	20	20	20
Number of complaints related to Discrimination	25	N/A	8	Decrease
Number of Indigenous-focused positions	21.3	22.5 FTE	22.5	32.7 FTE
Representative workforce	19.1%	30%	18.2%	30%

Provide a Positive Patient Experience

Strategic Priority: Provide a Positive Patient Experience
System Priority: Fiscal Responsibility and Positive Patient Experience
Strategic Alignment: Enhanced Emergency Department Performance

Key Initiatives

1. Continue Community Care Clinic project in Thompson to divert low acuity (CTAS 4 & 5) visits from Thompson General Hospital (TGH) Emergency Department (ED) by consolidating ambulatory care services in a new, repurposed location with expanded hours.
2. Improve discharge planning processes across the region to reduce readmission rates, including hiring an Indigenous Discharge Coordinator.
3. Recruit an Orthopedic Surgeon to provide services closer to home.
4. Implement the Program to Access Treatment for HIV and Support (PATHS) and built capacity at the Thompson Clinic to manage HIV care.
5. Implement community addictions treatment capacity expansion - medical withdrawal management and opiate agonist therapy (OAT) services to treat substance use in Flin Flon.
6. Implement central intake to improve timely access to Youth Mental Health services.
7. Begin offering MRI tests in Thompson.

Outcomes

Additional primary care options are now offered as alternatives to visiting the emergency department. The Community Care Clinic and Extended Hour Clinic (formerly MTA) in Thompson contribute to lower acuity (CTAS 4 and 5) visits in the TGH ED. The Thompson Clinic has extended hours, to include Saturday, improving access. Acute Care Patient flow for capacity management is one of the strategies being used to reduce ED wait times. The community addictions treatment capacity expansion for the Opioid Agonist Therapy (OAT) program in Flin Flon has reached an increasing number of individuals. Nurse Practitioner's trained for the Program to Access Treatment for HIV and Support (PATHS) program are leading the work on HIV treatment through the Thompson Clinic. Initiatives, such as the Mobile MRI with service partner Shared Health, have been implemented to offer additional health services closer to home, reducing the need for Northern residents to travel long distances for care.

Challenges & Future Direction

Efforts continue working towards providing accessible alternatives to emergency department services for Northern residents and providing culturally responsive wraparound services closer to home. It has been noted that an increase in the time to physician initial assessment in ED's reflects higher overall acuity resulting from the successful transition of low acuity patients to community care services.

Improvements in ED wait times will be dependent upon addressing Alternate Level of Care (ALC) stays, which prevents admissions for acute care.

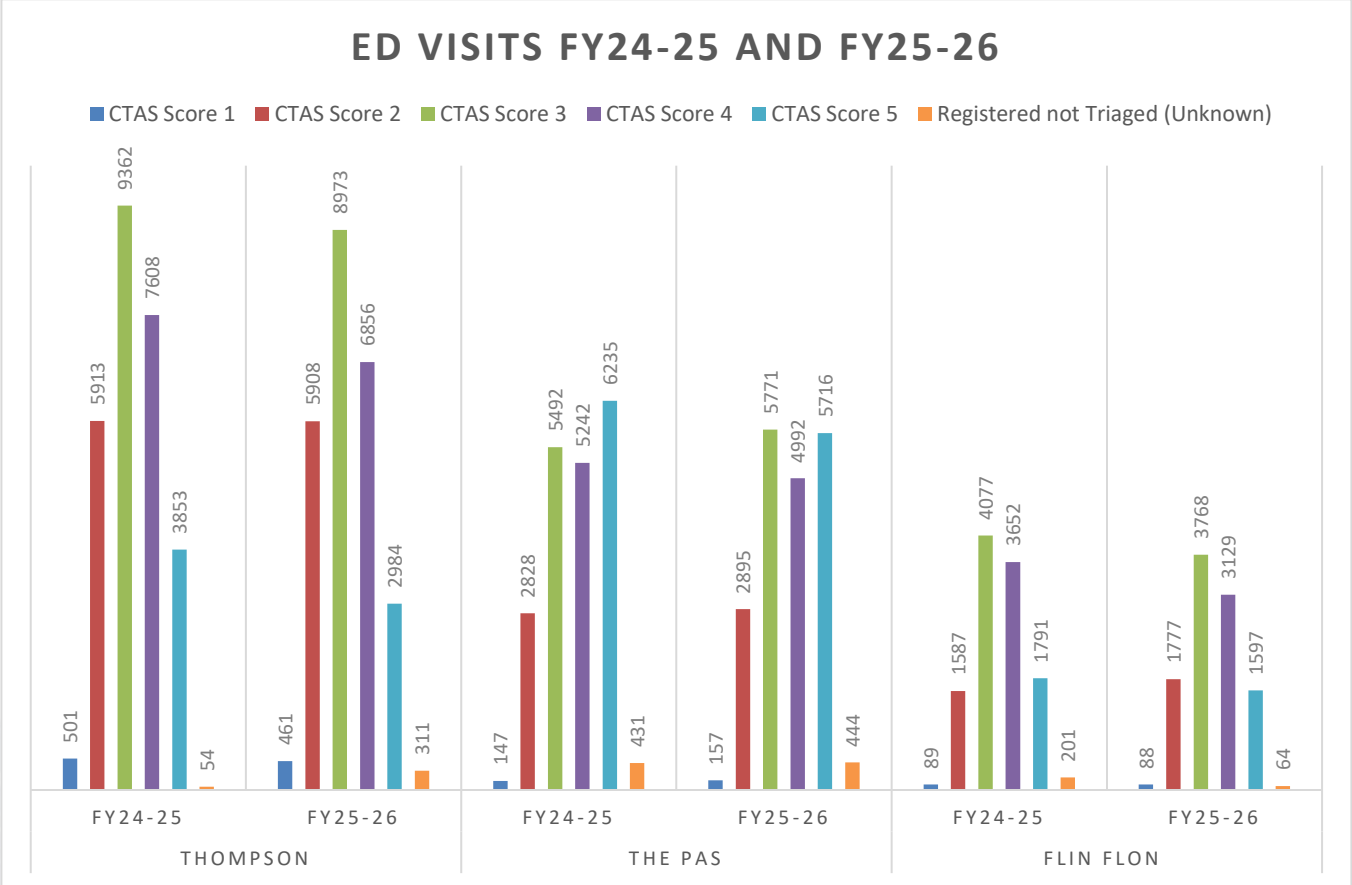
Planning in The Pas is underway to implement rotating mobile MRI services, enhancements to mental health and addictions, and to extend Ambulatory Care Clinic hours to improve access and ED wait times. The new Regional Patient Flow and Transition Facilitator role will improve regional patient flow, capacity management, patient experience and quality of care to safely plan repatriation to Northern acute care facilitates.

Measure	2024/25 Actual	2025/26 Target	2025/26 Actual	2026/27 Target
90% of patients were seen by a physician at TGH ED for an initial assessment within this many hours	5.1 Hours	3.9 Hours	5.7 Hours	3.9 Hours
Number of lower acuity CTAS 4-5 ED visits at TGH ED	11,451	Decrease	9,841	Decrease
Orthopedic procedures	179	Increase	201	Increase
Number of individuals receiving opiate agonist therapy in Flin Flon	24* (established February 2025)	40	72	40
Number of individuals receiving services through youth mental health and recovery programs	270	Establish centralized intake services for youth mental health	530**	N/A
PATHS number of patients seen	N/A	To establish new service	19	Increase
Number of Youth Mental Health initial intake appointments	120	Increase	200	Increase
Number of scans by Mobile MRI***	N/A	To establish new partner service	2062	Increase

***** Program established in February 2025; data reflect less than 2 months of service.
******Includes 178 youth seen by the Mobile Crisis Team.
***Mobile MRI service was operational June 2025.

Emergency Dept. CTAS Data

The following displays Emergency Department (ED) visits grouped by CTAS score. The Canadian Triage and Acuity Scale (CTAS) is a standard method for grouping patients according to the severity of their medical condition. CTAS Score 1 – Resuscitation, Score 2 – Emergent, Score 3 – Urgent, Score 4 – Less Urgent, Score 5 – Non Urgent



Healthy Workforce

Strategic Priority: Healthy Workforce
System Priority: Workforce Culture, Retention, Recruitment and Training
Strategic Alignment: Improve Workforce Experience

Key Initiatives

1. Implement the Provincial Travel Nurse Team (PTNT) to facilitate filling vacant nursing shifts.
2. Implement Institutional Safety Officers (ISOs) in Thompson to improve security and staff safety.
3. The incident reporting system was updated and education provided, which will support reporting of incidents and identify opportunities to improve care and patient safety

Outcomes

The provincial travel nurse team is an essential resource to reduce reliance on external agency vendors and support existing healthcare system staff in maintaining health services. Additional security enhancements have been made at Thompson General Hospital to facilitate the safety and wellbeing of the staff working in this facility. ISO's were hired in February, 2026 in Thompson. Amnesty lockers and Access Management were introduced in March of 2026 to prevent entry of weapons and illegal substances into TGH. These enhancements in addition to ISO's on-site presence is intended to provide a safer environment for patients and staff as well as reduce the frequency that RCMP assistance is requested.

Challenges & Future Direction

Long travel distances create challenges with securing PTNT nurses for vacant shifts and providing short notice relief. The future direction is to increase the recruitment and retention of permanent nursing staff who reside in the north, reducing transportation and accommodation costs while improving continuity of care. Implementation of Institutional Safety Officers is being planned for The Pas Health Complex.

Measure	2024/25 Actual	2025/26 Target	2025/26 Actual	2026/27 Target
Number of PTNT hours worked	32,638	N/A	54,430	N/A
Proportion of Nursing salaries paid to Agencies*	20.4%	Decrease	7.8%	Decrease
Number of ISOs on shift 24/7 in Thompson**	N/A	1	2	2
RCMP calls dispatched to TGH related to violent incidents	18	N/A	19	Decrease

*Nursing agencies are defined as external vendors
**ISO's were implemented in February, 2026

Sustainable and Adaptable Organization

Strategic Priority: Sustainable and Adaptable Organization
System Priority: Fiscal Responsibility and Health Human Resources
Strategic Alignment: Workforce Culture, Retention, Recruitment, and Training

Key Initiatives

1. Implement Uncertified Health Care Aide (UHCA) training program.
2. Optimize Health Care Aide (HCA) positions for acute and long-term care through defining baseline staffing targets by unit and an annual target ratio of part time to full time positions.
3. Establish variance reports for managers to assist with identifying cost pressures.

Outcomes

Work continues to facilitate the training and hiring of Health Care Aides. Optimizing these roles has helped recruit and retain HCA's by offering more full-time positions across the region. It also reduced vacancies by 7.1% consolidating the number of part time positions. There has been a substantial reduction in hours worked by HCA agency staff.

Challenges & Future Direction

It is recognized that recruitment and retention challenges contribute to financial pressures, and efforts continue to work collaboratively with partners and educational institutions to address these. The Northern Health Region remains committed to improving financial processes and implementing system efficiencies, including improving variance reporting processes and utilization by managers.

Measure	2024/25 Actual	2025/26 Target	2025/26 Actual	2026/27 Target
Number of hours for Health Care Aide/ Home Care Attendant Agency staff	166,859	Decrease	98,687	Decrease
Health Care Aide Vacancies (Acute and LTC)	39.5%	Decrease	32.4%	Decrease
Home Care Attendant Vacancies	55%	Decrease	39%	Decrease

Accreditation Overview

In 2025, the Northern Health Region was awarded Accredited Status by Accreditation Canada. This achievement reflects the dedication and commitment of staff, physicians, leaders, volunteers, partners, and clients who work together to support safe, high-quality healthcare services across the Northern Health Region. The results from the Sequence 1 survey are available on our website.

Accreditation is a formal assessment process that healthcare organizations use to evaluate and continuously improve the quality and safety of the services they provide. Maintaining accredited status provides assurance that the Northern Health Region is meeting nationally recognized standards and is committed to continuous quality improvement.

In 2025, the Northern Health Region transitioned from a comprehensive on-site assessment every four years to Accreditation Canada's sequential survey model. With this new approach the Northern Health Region is assessed over a multi-year cycle, with different standards and service areas surveyed on-site each year of the planned sequence rather than all at once. This allows the Northern Health Region to demonstrate ongoing compliance with Accreditation Canada's standards and sustain continuous quality improvement efforts with each year's findings informing the next sequence.

In May of 2025, the Northern Health Region leaders, staff, physicians and clients participated in Sequence 1 of the new sequential accreditation cycle. Surveyors assessed compliance with the following standards:

- Governance
- Leadership
- Emergency and Disaster Management
- Infection Prevention and Control (Leadership Criteria)
- Medication Management (Leadership Criteria)

Building on this success, the Northern Health Region begun preparing for Sequence 2, which will focus on Acute Care standards. Preparation activities include staff and leadership education, policy and procedure reviews, quality improvement initiatives, and ongoing efforts to enhance service quality, patient safety, and organizational performance.

Patient Safety

As a geographically large, yet closely connected region, ensuring patient safety remains one of our highest priorities. In accordance with Manitoba legislation, health regions report and investigate critical incidents, which are unintended events resulting in serious or undesired consequences that occur during the course of providing health care or services. Through these investigations, opportunities to make improvements which may reduce the likelihood of a similar occurrence are identified and actioned. In 2025–2026, our region continued to foster a strong culture of safety that encourages proactive reporting, thorough reviews, and continuous learning. We also contribute to broader provincial transparency efforts, and readers can explore the Quarterly Manitoba Patient Safety Reports for a system-wide view of patient safety.

For the 2025-26 fiscal year, four (4) Critical Incidents (CI's) were reported regionally. Recommendations arising from the critical incidents focus on systemic change and quality improvement such as process implementation, audit, region wide learning, policy development, or team/culture interventions.

Advancing Indigenous Relationships and Partnerships

Truth and Reconciliation Tool

A comprehensive Truth and Reconciliation Tool has been developed by Shared Health, along with health authorities, 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. NHR has embraced the accountability of the Tool.

Governance Commitment through IHHR Committee

The Indigenous Health and Human Resources (IHHR) Committee of the Board receives regular updates on Addressing Indigenous Specific Racism initiatives, including training costs and policy implementation. The committee supports system accountability and provides feedback for ongoing work.

Shared Commitment to Eliminate Indigenous-Specific Racism

On September 26, 2022, NHR, Keewatinohk Inniniw Minoayawin Inc. (KIM) and Manitoba Keewatinowi Okimakanak Inc signed a Declaration to Eliminate All Forms of Indigenous-Specific Racism in healthcare. The Declaration provides a shared foundation for advancing culturally safe, respectful and equitable care. NHR continues to work with MKO and KIM to reaffirm these commitments and translate them into clear priorities and meaningful action.

Addressing Racism Through Policy and Practice

The Addressing Indigenous Specific Racism Policy provides guidance for patients, families, and staff to identify, report, and address racism. Implementation efforts include collaborative work with Patient Experience, Indigenous Health and HR to develop supports, promotion of the policy, and culturally safe approaches to reviews. With support from the George and Fay Yee Centre for Healthcare Innovation, this policy is being evaluated to identify what has been done well and where improvements can be made.

Healthcare Excellence Canada – Cultural Safety Design Collaborative

As part of a national quality improvement initiative, NHR collaborated with Keewatinohk Inniniw Minoayawin Inc. (KIM) and Manitoba Keewatinowi Okimakanak Inc. (MKO) to co-develop a targeted project aimed at addressing Indigenous-specific racism and enhancing cultural safety within Thompson General Hospital. 16 staff from Thompson General Hospital and the broader Region engaged in regular coaching, training, and evaluation sessions.

Building on this work, NHR offered a second cohort, with a focus on leaders from Flin Flon and The Pas. An additional 20 leaders completed the training, and participants from both cohorts now come together through a monthly Community of Practice to sustain momentum, share learning and embed culturally safe practices across the Region.

Collection of Race, Ethnicity, and Indigenous Identity (REI) Data

NHR continues to collect REI data across the Region. This ongoing work provides an important foundation for the ethical and effective use of data to better understand health inequities and inform long-term equity and service planning.

Continued Learning Opportunities

NHR continued to support staff participation in anti-racism and cultural safety training delivered by external organizations. Continued and upcoming opportunities include:

- **Giga mino ganawenimaag Anishinaabeg** We Will Take Good Care of the People – an anti-racism and cultural safety program designed with Manitoba's unique healthcare context in mind.
- **Shared Health Disrupt and Dismantle Racism** – upcoming online modules to support safe, accountable leadership and frontline practice.

Fostering Collaborative Relationships

The Northern Health Region continued to build and strengthen relationships with Indigenous Nations, governments, organizations and service providers. These relationships, including formal partnerships where established, support shared efforts to deliver safe, respectful, and culturally responsive care.

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. Leadership and Board members meet with communities when invited when there are specific healthcare related topics to discuss or announce new program initiatives. Leadership engages with external organizations and partners on a regular basis throughout the year.

Foundations and Auxiliaries

The Northern Health Foundation is a registered charity whose purpose is to raise funds to meet the healthcare needs of Northern Manitobans. **In the 2025 year the NH Foundation received over $84,000 in donations for programs, services and equipment for the Northern Health Region.**

The largest fundraiser is the NHR Staff 50/50 draw which continued throughout the year. In total raised over **$75,000** for the Foundation. This is an ongoing draw that NHR staff have the opportunity to participate in with an automatic payroll deduction for ticket purchase biweekly. This was the first year the Employee Wellness Fund was established with 10% of the 50/50 net sales after fees going towards employee initiatives. A new committee made of Northern Health Region staff manages these funds to support staff wellness.

The Foundation aims to serve the diverse healthcare needs of Manitoba's North. Their work is driven by dedicated volunteers who are rooted in Northern communities and committed to enhancing the health and well-being of the Region's residents. To contribute to the advancement of healthcare programs, the acquisition of essential equipment, and the realization of impactful projects in the Northern Health Region, you can make a secure donation directly to the Foundation via their website: https://northernhealthfoundation.com/

Behind many of the improvement's patients see and experience are the dedicated volunteers and supporters of the **Health Auxiliaries** in Thompson, Snow Lake, Flin Flon, and The Pas. Through their hard work, generosity, and ongoing fundraising efforts, these groups help provide equipment, programs, and enhancements that contribute to better patient experiences and stronger healthcare services. In The Pas, the **The Pas Health Complex Foundation** also plays a key role in advancing healthcare through fundraising initiatives that directly benefit the community.

Language Services

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. Of those Cree (59.1%) and Oji-Cree (32.2%) are the predominant languages.

- Language Access Interpreter Services are available via phone for all NHR facilities and programs.
  - Indigenous language access is available through this service along with hundreds of other languages over the phone on demand.
- On-site in-person Indigenous Liaisons and Elders provide local Indigenous language support when available.
- There has been an increase in over the phone interpretation service use in the North.

Language Access Requests (Face-to-Face & Remote Interpretation)			
Yearly Summary by Fiscal Year 2025/2026			
	In-Person/Video Conf	**Over-the-Phone**	**RHA Yearly Total**
Northern RHA	0	12	12

Language	Count of Language
Dene	3
Cree	2
Spanish	1
French	1
Arabic	1
Chinese	1
Serbian	1
Punjabi	1
Malayalam	1

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 2025-2026:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2025-2026
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 Health System Governance and Accountability 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).

Public Sector Compensation Disclosure Act

In accordance with the requirements set out by the Provincial Public Sector Compensation Act, the Northern Regional Health Authority (NRHA) has made its annual list of employees who make more than $85,000 per calendar year. This report includes the compensation paid to individuals employed by facilities and services directly operated by the NRHA. Fee for service payments to physicians are paid through Manitoba Health, Seniors and Long-Term Care are not included in the NRHA report. The report is available on the Northern Health Region website at https://northernhealthregion.com/about-us/reports-and-publications/

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.

NORTHERN HEALTH REGION

Provincial Health System Administrative Costs and Percentages

2025/26

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	2.41%	0.79%	0.87%	**4.07%**
Northern Regional Health Authority	3.59%	1.00%	1.00%	**5.59%**
Prairie Mountain Health	2.12%	0.46%	0.85%	**3.43%**
Southern Health Santè-Sud	2.49%	0.41%	1.07%	**3.97%**
CancerCare Manitoba	1.94%	0.60%	0.49%	**3.03%**
Winnipeg Regional Health Authority	2.08%	0.59%	0.72%	**3.39%**
Shared Health	1.29%	1.01%	1.62%	**3.92%**
Provincial - Percent	**1.93%**	**0.72%**	**1.06%**	**3.71%**
Provincial - Totals	**$ 150,162,626**	**$ 56,276,172**	**$ 81,951,956**	**$ 288,390,754**

2024/25

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	2.25%	0.78%	1.50%	**4.53%**
Northern Regional Health Authority	3.33%	1.03%	0.94%	**5.30%**
Prairie Mountain Health	2.20%	0.45%	0.77%	**3.42%**
Southern Health Santè-Sud	2.54%	0.48%	1.16%	**4.18%**
CancerCare Manitoba	1.96%	0.72%	0.56%	**3.24%**
Winnipeg Regional Health Authority	2.25%	0.61%	0.79%	**3.65%**
Shared Health	1.50%	1.09%	1.68%	**4.27%**
Provincial - Percent	**2.07%**	**0.76%**	**1.12%**	**3.95%**
Provincial - Totals	**$ 149,799,827**	**$ 55,326,795**	**$ 81,532,670**	**$ 286,659,292**

Northern Administrative Costs For Year to Date Ending:	Mar-26 $	%	Mar-25 $	%
Corporate	11,897,795	3.59%	10,313,648	3.33%
Patient care related costs	3,305,608	1.00%	3,196,825	1.03%
Recruitment/Human Resources related costs	3,326,040	1.00%	2,910,157	0.94%
TOTAL Administrative costs	18,529,443	5.59%	16,420,630	5.30%

Total RHAs/SDO Administration Costs For Year to Date Ending:	Mar-26 $	%	Mar-25 $	%
Corporate	150,162,626	1.93%	149,799,827	2.07%
Patient care related costs	56,276,172	0.72%	55,326,795	0.76%
Recruitment/Human Resources related costs	81,951,956	1.06%	81,532,670	1.12%
TOTAL Administrative costs	288,390,754	3.71%	286,659,292	3.95%

Audited Financial Summary Statements 2025-26

The following are the summary financial statements as prepared by MNP LLP and are derived from the audited financial statements of Northern Regional Health Authority for the year ended March 31, 2025.

Report of the Independent Auditor on the Summary Financial Statements

To the Board of Directors of Northern Regional Health Authority (the "Authority"):

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2026, and the summary statement of operations and change in accumulated deficit, summary statement of change in net debt and summary statement of cash flows for the year then ended, are derived from the audited financial statements of Northern Regional Health Authority for the year ended March 31, 2026.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, on the basis described in Note 1 to the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards (PSAS). Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 17, 2026.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements on the basis described in Note 1 to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, Engagements to Report on Summary Financial Statements.

Winnipeg, Manitoba

June 17, 2026

MNP LLP

Chartered Professional Accountants

Northern Regional Health Authority
Summary Statement of Financial Position
As at March 31, 2026

	2026	2025
Financial assets		
Cash	**14,342,006**	5,987,294
Accounts receivable	**5,062,678**	8,365,397
Due from Manitoba Health	**10,769,049**	7,763,964
Vacation entitlement receivable - Manitoba Health	**5,429,191**	5,429,191
Pre-retirement receivable - Manitoba Health	**3,433,037**	3,433,037
Total financial assets	**39,035,961**	30,978,883
Liabilities		
Accounts payable and accrued liabilities	**35,251,273**	33,115,377
Due to Manitoba Health	**20,629,813**	16,278,318
Vacation liability	**16,127,103**	13,400,843
Unearned revenue	**3,784,357**	3,995,478
Sick leave benefit obligation	**1,330,500**	1,470,900
Pre-retirement obligation	**11,827,700**	10,835,300
Asset retirement obligation	**9,959,423**	9,576,369
Long-term debt	**88,040,228**	88,063,012
Total financial liabilities	**186,950,397**	176,735,597
Net debt	**(147,914,436)**	(145,756,714)
Non-financial assets		
Tangible capital assets	**108,075,633**	108,346,837
Inventory	**1,363,855**	1,375,665
Prepaid expenses	**1,805,830**	1,685,019
Total non-financial assets	**111,245,318**	111,407,521
Accumulated deficit	**(36,669,118)**	(34,349,193)

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
Summary Statement of Operations and Change in Accumulated Deficit
For the year ended March 31, 2026

	2026 Budget	2026 Capital	2026 Operating	*2026*	*2025*
Revenue					
Province of Manitoba					
Health - operating	**198,432,153**	**-**	**234,228,089**	**234,228,089**	217,070,130
Health - medical remuneration	**53,159,542**	**-**	**54,629,184**	**54,629,184**	50,431,966
Health - capital	**9,176,597**	**10,231,611**	**-**	**10,231,611**	10,388,688
HAH - operating	**17,990,564**	**-**	**17,858,673**	**17,858,673**	14,927,750
HAH - medical remuneration	**1,574,382**	**-**	**2,293,640**	**2,293,640**	1,610,042
Other departments	**1,194,442**	**-**	**1,827,616**	**1,827,616**	1,731,373
Total Province of Manitoba	**281,527,680**	**10,231,611**	**310,837,202**	**321,068,813**	296,159,949
Federal government	**468,853**	**-**	**312,498**	**312,498**	884,950
Interest revenue	**7,000**	**-**	**404,238**	**404,238**	221,284
Patient income	**603,200**	**-**	**440,222**	**440,222**	502,530
Personal care home income	**3,768,580**	**-**	**4,942,668**	**4,942,668**	4,926,743
Northern patient transportation program recoveries	**5,225,000**	**-**	**10,809,326**	**10,809,326**	10,678,576
Miscellaneous income/other revenue	**3,208,403**	**-**	**5,348,548**	**5,348,548**	5,351,483
Other capital revenue	**100,000**	**57,448**	**-**	**57,448**	562,973
Total revenue	**294,908,716**	**10,289,059**	**333,094,702**	**343,383,761**	319,288,488
Expenses					
Acute care	**116,678,582**	**-**	**134,200,740**	**134,200,740**	125,693,870
Medical remuneration	**54,733,924**	**-**	**57,275,740**	**57,275,740**	52,115,226
Public health	**27,911,876**	**-**	**30,758,470**	**30,758,470**	28,010,639
Home care	**9,779,222**	**-**	**10,029,657**	**10,029,657**	9,932,342
Mental health	**11,758,867**	**-**	**13,456,880**	**13,456,880**	12,183,359
Long term care (PCH)	**22,331,928**	**-**	**24,371,296**	**24,371,296**	24,765,016
Northern patient transportation program	**24,233,390**	**-**	**39,588,218**	**39,588,218**	38,399,874
NPTP federal bad debt	**-**	**-**	**3,720,779**	**3,720,779**	3,662,337
Ancillary programs	**3,643,034**	**-**	**2,748,607**	**2,748,607**	2,910,509
Unallocated administration	**14,561,296**	**-**	**16,022,563**	**16,022,563**	15,139,421
COVID expenses	**-**	**-**	**(870)**	**(870)**	105,066
Wildfire expenses	**-**	**-**	**2,941,262**	**2,941,262**	-
Capital expenses	**12,211,526**	**10,590,344**	**-**	**10,590,344**	11,010,922
Total expenses	**297,843,645**	**10,590,344**	**335,113,342**	**345,703,686**	323,928,581
Deficit	**(2,934,929)**	**(301,285)**	**(2,018,640)**	**(2,319,925)**	(4,640,093)
Accumulated deficit, beginning of year	**(34,349,193)**			**(34,349,193)**	(29,709,100)
Accumulated deficit, end of year	**(37,284,122)**			**(36,669,118)**	(34,349,193)

The accompanying notes are an integral part of these financial statements

Northern Regional Health Authority
Summary Statement of Change in Net Debt
For the year ended March 31, 2026

	Budget	***2026***	*2025*
Annual deficit	**(2,934,929)**	**(2,319,925)**	(4,640,093)
Purchases of tangible capital assets	-	**(7,267,328)**	(2,862,970)
Amortization of tangible capital assets	-	**7,538,532**	7,887,574
Change in asset retirement obligation assumptions	-	-	184,160
Decrease (increase) in inventory	-	**11,810**	244,848
Increase in prepaid expenses	-	**(120,811)**	(194,041)
	-	**162,203**	5,259,571
Change in net debt	**(2,934,929)**	**(2,157,722)**	619,478
Net debt, beginning of year	**(145,756,714)**	**(145,756,714)**	(146,376,192)
Net debt, end of year	**(148,691,643)**	**(147,914,436)**	(145,756,714)

The accompanying notes are an integral part of these financial statements

Northern Regional Health Authority
Summary Statement of Cash Flows
For the year ended March 31, 2026

	2026	*2025*
Cash provided by (used for) the following activities		
Operating activities		
Deficit	**(2,319,925)**	(4,640,093)
Amortization of tangible capital assets	**7,538,532**	7,887,574
Accretion expense on asset retirement obligation	**383,054**	368,322
	5,601,661	3,615,803
Changes in working capital accounts		
Accounts receivable	**3,302,719**	(3,174,631)
Due from Manitoba Health	**(3,005,085)**	(1,007,319)
Inventory	**11,810**	244,848
Prepaid expenses	**(120,811)**	(194,041)
Accounts payable and accrued liabilities	**2,135,896**	(167,504)
Due to Manitoba Health	**4,351,495**	12,468,769
Vacation liability	**2,726,260**	1,714,442
Unearned revenue	**(211,121)**	36,519
Change in sick leave benefit obligation	**(140,400)**	10,800
Change in accrued pre-retirement obligation	**992,400**	271,100
	15,644,824	13,818,786
Financing activities		
Net change in long-term debt	**(22,784)**	6,695,779
Change in bank indebtedness	-	(11,875,448)
	(22,784)	(5,179,669)
Capital activity		
Purchase of tangible capital assets	**(7,267,328)**	(2,862,970)
Increase in cash resources	**8,354,712**	5,776,147
Cash resources, beginning of year	**5,987,294**	211,147
Cash resources, end of year	**14,342,006**	5,987,294

The accompanying notes are an integral part of these financial statements

1. Basis of summary financial statements

Management has prepared the summary financial statements from the March 31, 2026 audited financial statements of Northern Regional Health Authority. The detailed notes included in the audited financial statements are not included in these summary financial statements.

Appendix A: Northern Health Region – Organizational Chart

- **NRHA Board of Directors**
  - Foundations & Auxiliaries
  - **Chief Executive Officer** – Wanda Reader, Interim (effective June 8, 2026)
    - Executive Assistant III - Nicole Daneliuk
    - Communications Coordinator - Sara Pawlachuk

    - **VP Medical Services & Chief Medical Officer** - Dr. Harsahil Singh
      - Director Primary Care Clinics - Jacob Davids
      - Director of Pharmacy - Jennifer Thackeray
      - Chiefs of Staff - Dr. S. Glover (Flin Flon), Dr. A. Aboulhoda (The Pas), Dr. H. Tassi (Thompson)

    - **VP Health Services & Continuing Care/Chief Allied Health Officer** (ERS Liaison) – Rachelle MacDonald, Interim (Cameron Ritzer, Permanent)
      - Director Health Services, Continuing Care – Kristyn Wickdahl
      - Director Health Services, Mental Wellness and Substance Use & Recovery/Addictions - Patti Baird
      - Director Allied Health & Collaborative Practices - Cherie Murie
      - Director Health Services, Public Health Program - Rachelle MacDonald

    - **VP Health Services Acute Care & Chief Nursing Officer** - Chad Munro
      - Director Clinical Services, The Pas & Flin Flon Areas – MaryAnn Dyrkacz
      - Director Clinical Services, Thompson & Area - Lorraine Larocque
      - Director Health Services, Infection Prevention & Control, Occupational Health, Medical Device Reprocessing - Tammy Butler

    - **VP Corporate Services & Chief Financial Officer** (Digital Shared Services Liaison) - Shawn Hnidy
      - Director Capital & Facilities Management – Brennan Yanchycki
      - Director of Finance - Jodie Madden
      - Financial Reporting Officer - Angel Anderson
      - Regional Manager, Health Information Management - Kim Partridge
      - Director Corporate & Business Services - Ken Rannard

    - **VP Planning & Performance Optimization**- Mehmood Awan
      - Director Quality & Risk - Vacant
      - Disaster Management Coordinator - Ed Hartigan
      - Clinical Change Lead - Michelle Taylor

- **VP Human Resources & Chief Human Resources Officer** (HRSS Liaison) - Crystal Gregoire
    - QHR Administrator/Scheduling Manager- Sandra Yaworski
    - Human Resources Consultant/Labour Relations Manager- Lisa Lane
    - Human Resources Consultant/Recruitment Manager - Jennifer Early
    - Human Resources Consultant/Occupational Health & Safety Manager- Chandice Early
    - Director, Organization & Staff Development - Brenda Stutsky
    - Administrative Consultant (Finance/Human Resources)- Medical Services- Jenna Carruthers
    - Human Resources Consultant – Carla Simon

- **Chief Indigenous Health Officer**- Leslie Power
    - Regional Manager, Indigenous Health Services – Courtney Gieg
    - Wisdom Council Coordinator - Vacant
    - Elder/Knowledge Keeper (Flin Flon) – Jenilee Lengyel
    - Elder/ Knowledge Keeper (Thompson) – Isabelle Morris
    - Indigenous Liaison Thompson - Daniel Merasty
    - Indigenous Liaison Thompson - Norman Moose
    - Indigenous Liaison The Pas - Alice Sayese
    - Elder Knowledge Keeper The Pas – Vacant
    - Indigenous Liaison FF – Chelsea Ballantyne

NORTHERN HEALTH REGION

Contact Us

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