

2024/25



**SUPPLEMENT TO THE
ESTIMATES OF EXPENDITURE
BUDGET COMPLÉMENTAIRE**

BUDGET 2024

Manitoba Health, Seniors and Long-Term Care

Santé, Aînés et Soins de longue durée Manitoba

Indigenous Land Acknowledgement

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

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

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

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

Reconnaissance du territoire

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

Nous reconnaissons que le Manitoba se situe sur le territoire des Métis de la Rivière-Rouge.

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

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

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This publication is available in alternate formats, upon request.

Contact: department.services@gov.mb.ca

**Supplement
to the Estimates
of Expenditure
2024/25**

**Manitoba Health,
Seniors and Long-
Term Care**

**Budget
complémentaire
2024-2025**

**Santé, Aînés et Soins
de longue durée
Manitoba**

Minister's Message



Minister of Health, Seniors and Long-Term Care

Legislative Building, Winnipeg, Manitoba R3C 0V8 CANADA

I am honored to present the 2024/25 Health, Seniors and Long-Term Care Supplement to the Estimates of Expenditure. As minister of Health, Seniors and Long-Term Care, I am responsible for the formulation of this Supplement and for the realization of the objectives outlined herein.

It is a privilege to serve as minister, supported by a dedicated team of experts committed to integrity, professionalism, fiscal responsibility and fostering a promising future for all Manitobans. The results of the plans outlined in this document will be detailed in the department's forthcoming Annual Report for this year, underscoring our commitment to accountability.

You told us that there are many priorities and opportunities for improvement in health care. Several priorities or areas of focus include:

- The health system is recruiting physicians, nurses, allied health professionals and other healthcare providers. Recruiting alone will not solve our staffing crisis, we are also increasing training seats at our universities and colleges. We are working to improve the culture within facilities to support and retain current staff to continue providing care.
- Emergency department wait times are too long. We recognize that these wait times are an indicator of other problems throughout the health system. As such a variety of solutions are being initiated to improve services including improving patient flow with greater number of acute care beds, enhanced discharge practices and additional long term care beds. We want people to have access to the right care in the right place.
- We will begin work on the Victoria Campus hospital, ensuring any renovations meet the needs for an emergency room and a centre for mature women's health.
- Access to appropriate primary and community care options will reduce some pressures on the emergency departments. Primary care providers, appropriate community health and prevention will be key to improving wait times and the overall health of Manitobans. We will begin the work to open new primary care clinics and minor injury clinics in Brandon and Winnipeg.
- Seniors may require support at home to allow them to live in their own homes if they feel safe to do so. We will keep our seniors at home as long as they are comfortable by offering better homecare services.
- The healthcare system will require additional beds in personal care homes (PCH) to allow people to be where the appropriate level of care can be provided to meet not only their care needs but also their sociological needs. We will ensure greater staff hours for PCH residents. Our seniors have worked hard all their lives and we will provide them with the care they deserve. We will ensure quality senior care by creating a Senior's Advocate office.
- Indigenous peoples have ongoing challenges getting care within our system, where too many face racism, discrimination, and inequitable access. We must work together to meaningfully address systemic racism. We are committed to working with Indigenous communities and leadership to improve health outcomes long-term and create more culturally safe and appropriate care.

- We need to provide care with the appropriate use of technology including electronic medical records to ensure the most effective and efficient care. Taking advantage of technology can allow more equitable access to care with less travel for patients in rural and remote areas, save costs to the system by reducing duplication and increase patient safety.
- The health and safety of families in Manitoba is important.
- We will support CancerCare Manitoba with a new facility. This will be part of a larger Health Science Centre Campus project to better serve the entire province.
- We will provide compassionate care for those who have suffered sexual assault and intimate partner violence by improving the Sexual Assault Nurse Examiner (SANE) program. We will provide free birth control and improved reproductive health care. We will develop a province wide suicide prevention strategy with a focus on Indigenous and 2SLGBTQ+ youth.
- We will strive to make our communities healthier by providing supports to reduce the impact of sexually transmitted blood borne infections including HIV.
- We understand there is a high level of need and inequity in services in many rural and remote communities. We will work with those communities toward more equitable service provision whether their citizens need to fly to a larger urban area for care or can receive more care close to home. We will support professionals to provide care outside of urban centres and for those who may be challenged to get to offices by supporting virtual care services.

My department and I are committed to affecting long overdue, positive change within the healthcare system. We recognize the hard work being done as well as being initiated to provide Manitobans with a safe, effective health system they deserve.

We will continue to invest in improvements to the health system and monitor performance to ensure Manitoban taxpayers that they are receiving value within health care.

“original signed by”

Honourable Uzoma Asagwara

Minister of Health, Seniors and Long-Term Care



Message ministériel



Ministre de la Santé, des Aînés et des Soins de longue durée

Palais législatif, Winnipeg, Manitoba R3C 0V8 CANADA

C'est avec un sentiment d'honneur que je présente le budget complémentaire 2024-2025 du ministère de la Santé, des Aînés et des Soins de longue durée du Manitoba. En tant que ministre de la Santé, des Aînés et des Soins de longue durée, j'assume une responsabilité quant à la formulation du budget complémentaire et à l'atteinte des objectifs énumérés dans ce document.

C'est un privilège de servir en tant que ministre, avec le soutien d'une équipe dévouée d'experts qui accorde la plus haute importance à l'intégrité, au professionnalisme, à la responsabilité financière et à la poursuite d'un avenir prometteur au profit de l'ensemble de la population manitobaine. Soucieux de respecter notre engagement en matière d'obligation redditionnelle, nous décrivons plus amplement les résultats des plans dont fait état le présent document dans le rapport annuel que nous déposerons pour cet exercice.

Vous nous avez dit que les priorités et possibilités pour l'amélioration des soins de santé sont nombreuses. Voici quelques exemples des diverses priorités ou domaines d'intervention auxquels nous comptons nous attaquer.

- Nous embauchons des médecins, des infirmières, des professionnels paramédicaux et d'autres fournisseurs de soins pour le système de santé. Puisque cette mesure à elle seule ne nous permettra pas de résoudre la pénurie de main-d'œuvre, nous augmentons également le nombre de places de formation dans nos universités et collèges. Nous nous employons à améliorer la culture au sein des établissements pour maintenir le personnel en poste et l'aider à continuer de prodiguer des soins.
- Les temps d'attente aux urgences sont trop longs. Reconnaisant que cette situation est indicatrice de l'existence d'autres problèmes dans l'ensemble du système de santé, nous mettons en place diverses solutions pour rehausser les services. Par exemple, nous augmentons le nombre de lits pour soins actifs afin d'améliorer la prise en charge des patients, nous adoptons de meilleures pratiques pour la sortie de l'hôpital et nous ajoutons des lits pour soins de longue durée. Nous voulons que les gens aient accès aux bons soins au bon endroit.
- Nous entamerons les travaux à l'hôpital Victoria, en veillant à ce que les rénovations répondent aux besoins d'un service d'urgence et d'un centre pour la santé des femmes d'âge mûr.
- En donnant accès à des options appropriées en matière de soins primaires et communautaires, nous réduirons certaines des pressions qui pèsent sur les services d'urgence. Les fournisseurs de soins primaires, l'offre de services appropriés de santé communautaire et les mesures de prévention joueront un rôle déterminant dans la réduction des temps d'attente et l'amélioration de l'état de santé global des Manitobains. Nous commencerons les travaux en vue de l'ouverture de cliniques de soins primaires et de cliniques de blessures mineures à Brandon et à Winnipeg.
- Les aînés qui souhaitent demeurer chez eux parce qu'ils s'y sentent en sécurité pourraient avoir besoin de services de soutien à domicile. Nous maintiendrons nos aînés dans leur milieu de vie aussi longtemps qu'ils seront à l'aise d'y demeurer en leur offrant de meilleurs services de soins à domicile.
- Les foyers de soins personnels auront besoin de plus de lits pour accueillir toutes les personnes qui ont besoin du niveau de soins qu'ils offrent, en plus de répondre à leurs besoins sociologiques. Nous augmenterons le nombre d'heures de travail du personnel au bénéfice des résidents de ces foyers. Nos

personnes âgées ont travaillé dur toute leur vie; nous leur fournirons les soins qu’elles méritent. Nous garantirons la qualité des soins qui leur sont offerts en créant un bureau du protecteur des aînés.

- Les Autochtones continuent d’éprouver des difficultés à se faire soigner au sein de notre système, où ils sont trop nombreux à faire face à du racisme, à de la discrimination et à un accès inéquitable aux soins de santé. Nous devons travailler ensemble pour lutter efficacement contre le racisme systémique. Nous nous engageons à travailler avec les collectivités et les dirigeants autochtones afin d’améliorer les résultats de santé à long terme, et de mettre en place des soins mieux adaptés et appropriés sur le plan de la culture.
- Nous devons faire une utilisation appropriée de la technologie en santé – dont les dossiers médicaux électroniques – afin que les patients soient assurés de recevoir les soins les plus efficaces. En tirant parti de la technologie, nous pouvons améliorer l’équité d’accès aux soins tout en limitant les déplacements pour les patients des régions rurales et éloignées, amoindrir les coûts pour le système en réduisant les doubles emplois et rehausser la sécurité des patients.
- Il est important d’assurer la santé et la sécurité des familles du Manitoba.
- Nous investirons dans une nouvelle installation pour soutenir Action cancer Manitoba. Ces travaux se dérouleront dans le cadre d’un plus vaste projet d’aménagement du campus du Centre des sciences de la santé, qui pourra ainsi mieux servir l’ensemble de la province.
- Nous améliorerons le programme des infirmières-examinatrices préposées aux victimes d’agression sexuelle afin de fournir un service empreint de compassion aux victimes de violence sexuelle et conjugale. Nous rendrons la contraception d’ordonnance gratuite et améliorerons les soins génésiques. Nous élaborerons une stratégie provinciale de prévention du suicide ciblant en particulier les jeunes autochtones et 2ELGBTQ+.
- Nous nous efforcerons d’améliorer la santé de nos collectivités en les aidant à réduire l’incidence des infections transmissibles sexuellement et par le sang, dont le virus de l’immunodéficience humaine.
- Nous sommes conscients des besoins élevés de nombreuses localités éloignées et rurales, où l’accès aux services est inéquitable. Nous travaillerons avec elles pour améliorer l’équité d’accès aux soins, que les services soient offerts dans un grand centre urbain uniquement accessible par avion ou à proximité du domicile des patients. Nous aiderons les professionnels qui fournissent des soins aux personnes résidant en dehors des centres urbains ainsi qu’à celles qui pourraient éprouver des difficultés à se rendre à un bureau de médecin en soutenant les services de soins en mode virtuel.

Mon ministère et moi-même nous engageons à donner une impulsion au changement positif que nous attendions depuis longtemps à l’intérieur même du système de santé. Nous tenons à souligner l’excellent travail qui se fait déjà ainsi que les activités qui sont entreprises en vue de fournir aux Manitobains le réseau de santé sûr et efficace auquel ils ont droit.

Nous continuerons d’investir dans l’amélioration du système de santé et de surveiller son rendement pour nous assurer que les contribuables manitobains en ont pour leur argent lorsque nous investissons des fonds publics dans les soins de santé.

«original signé par»

Uzoma Asagwara

Ministre de la Santé, des Aînés et des Soins de longue durée



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Introduction / Overview of the Supplement to the Estimates of Expenditure

The Supplement to the Estimates of Expenditure (Supplement) provides additional information to the members of the Legislative Assembly and the public in their review of the department information contained in the Summary Budget and the departmental Estimates of Expenditure for the fiscal year ending March 31, 2025.

The Supplement represents the departmental annual planning document and encapsulates the collective vision, values and strategic objectives based on the Premier's mandate letter to guide the development of departmental operational plans. The document also presents financial details that align with the Summary Budget for the department and its other reporting entities.

Departmental information aligns with the Estimates of Expenditure and details the annual appropriations of the department to be approved by the Legislative Assembly through the Appropriation Act. The financial information is meant to supplement, not replicate, the detail included in the Estimates of Expenditure. Please refer to the Estimates of Expenditure for commitment-level detail by sub-appropriation. This Supplement also contains departmental staffing and full-time equivalent (FTE) details that are not part of the Summary Budget or the Estimates of Expenditure.

The Supplement aligns the departments' work to the government's mandate and strategic priorities. Departments then create operating plans that further translate strategy into day-to-day operations. The results are shared at the end of the fiscal year in the annual report, which will be released in September 2025.

The Government of Manitoba has established a performance measurement framework (consisting of the Supplement and Annual Reports) for planning and analysis to support monitoring the results and operational improvement. The framework aims to increase transparency, accountability, and alignment of staff to identify key priorities and work toward achieving them. Department Supplements, Annual Reports, performance results and supporting management information are integral to the government's fiscal and strategic plan, and financial and performance reporting cycle.

The Supplement was revised this fiscal year to reflect government's strategic priorities and department mandate. Performance measures have been updated to align with the departments' mandate letters. Employee related measures are now tracked centrally.

Introduction / Aperçu du budget complémentaire

Le budget complémentaire fournit un complément d'information aux députés à l'Assemblée législative et au public afin de les aider à passer en revue les renseignements liés au ministère qui sont présentés dans le budget sommaire et dans le Budget des dépenses pour l'exercice se terminant le 31 mars 2025.

Le budget complémentaire est un document de planification annuelle qui résume la vision collective, les valeurs et les objectifs stratégiques établis à la lumière de la lettre de mandat reçue du premier ministre, en vue d'orienter l'élaboration des plans opérationnels du ministère. Il présente également des données financières conformes au budget sommaire du ministère et de ses autres entités comptables.

Les renseignements liés au ministère correspondent au Budget des dépenses et donnent le détail des affectations de crédits annuels du ministère que doit approuver l'Assemblée législative en vertu d'une loi portant affectation de crédits. Les renseignements financiers sont destinés à compléter et non pas à répéter l'information figurant dans le Budget des dépenses. Pour en savoir plus au sujet du niveau d'engagement par sous-crédit, veuillez vous reporter au Budget des dépenses. Le budget complémentaire contient également de l'information sur la dotation en personnel et les équivalents temps plein (ETP) du ministère, qui ne fait pas partie du budget sommaire ou du Budget des dépenses.

Le budget complémentaire permet aux ministères d'harmoniser leur travail avec le mandat et les priorités stratégiques du gouvernement. Les ministères établissent ensuite des plans opérationnels décrivant plus en détail de quelle façon ces thèmes seront intégrés aux activités quotidiennes. Les résultats seront présentés à la fin de l'exercice dans le rapport annuel, qui sera rendu public en septembre 2025.

Le gouvernement du Manitoba a établi, à des fins de planification et d'analyse, un cadre de mesure de la performance (composé du budget complémentaire et des rapports annuels) pour faciliter le suivi des résultats et de l'amélioration des activités. Ce cadre vise à favoriser la transparence et l'obligation redditionnelle, et à offrir une meilleure orientation aux membres du personnel afin que ces derniers cernent les grandes priorités et travaillent à leur réalisation. Les budgets complémentaires, les rapports annuels, les résultats en matière de performance et les renseignements de gestion connexes des ministères font partie intégrante du plan financier et stratégique du gouvernement et de son cycle de production de rapports portant sur les finances et la performance.

Le budget complémentaire a été révisé pour cet exercice, afin de tenir compte des priorités stratégiques du gouvernement et du mandat ministériel. Les mesures de la performance ont été mises à jour pour qu'elles concordent avec les lettres de mandat des ministères. Les mesures liées aux employés font maintenant l'objet d'un suivi centralisé.

Department Summary

Department Description	The department operates under the provisions of the legislation and responsibilities of the minister of Health, Seniors and Long-Term Care. The legislation, as well as emerging health and health care issues, guide the planning and delivery of health care services for Manitobans.
Minister	Honourable Uzoma Asagwara
Deputy Minister	Scott Sinclair

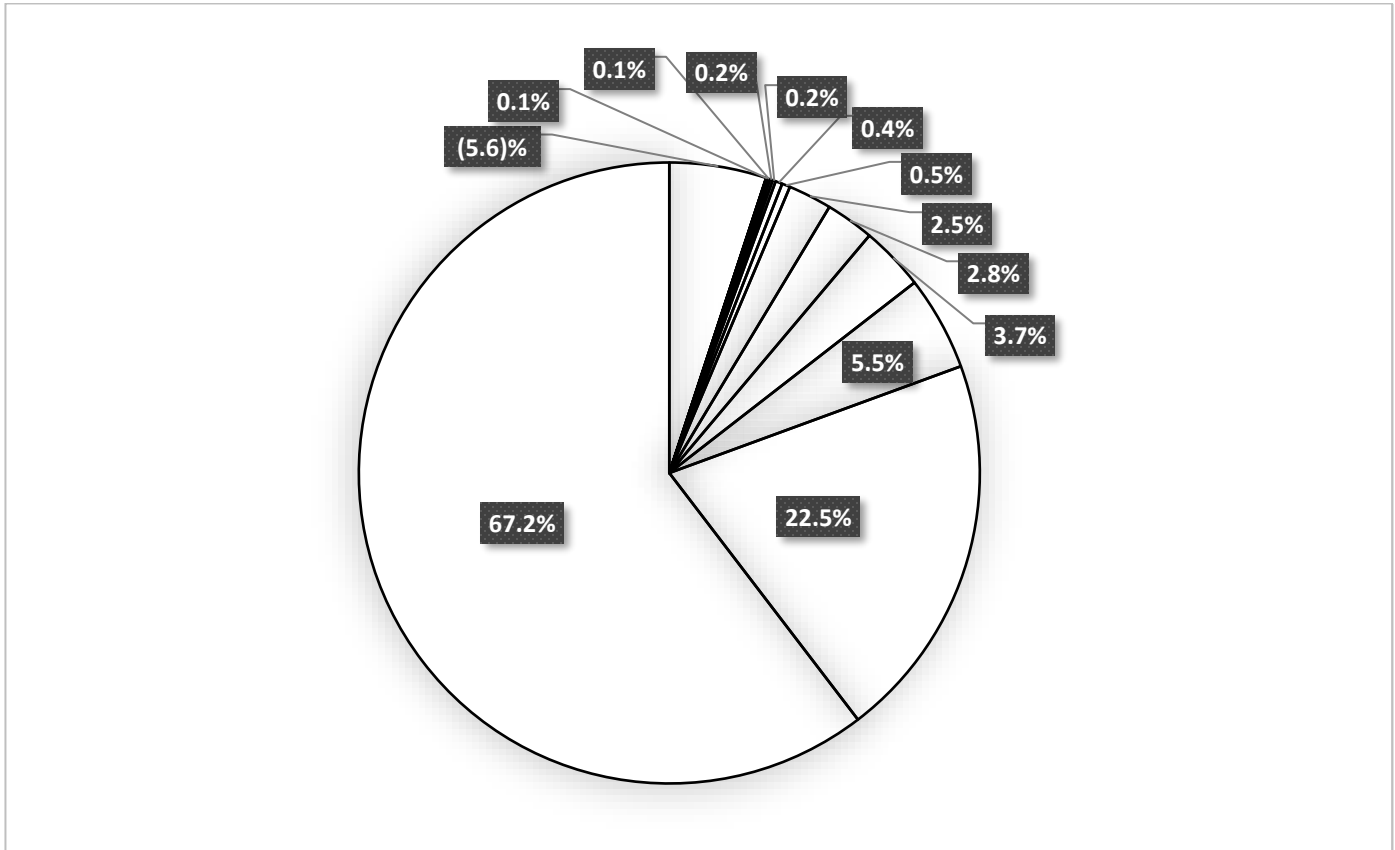
Other Reporting Entities	<p style="text-align: center;">7 Service Delivery Organizations</p> <p style="text-align: center;">124 Licensed Personal Care Homes</p>	<ul style="list-style-type: none"> • Service Delivery Organizations: <ul style="list-style-type: none"> CancerCare Manitoba Regional Health Authorities: <ul style="list-style-type: none"> Interlake-Eastern Regional Health Authority Northern Regional Health Authority Prairie Mountain Health Authority Southern Health-Santé Sud Winnipeg Regional Health Authority Shared Health • Licensed Personal Care Homes • Community Health Agencies • Rehabilitation Centre for Children, Inc. • St. Amant
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Summary Expenditure (\$M) Consolidated Core and ORE budgets that make up the department summary budget	
8,220	7,240
2024 / 25	2023 / 24

Core Expenditure (\$M) Departmental expenditures as presented in the Estimates of Expenditure		Core Staffing ¹ Department's total FTEs	
7,702	6,892	703.30	749.30
2024 / 25	2023 / 24	2024 / 25 - FTE	2023 / 24 - FTE

¹ The decrease was due to a reduction in temporary, non-frontline positions, including positions associated with the administration of COVID-19 related programs.

Percentage Distribution of Expenditures by Operating Appropriation, 2024/25



- (5.6)% Interfund Activity
- 0.0% Corporate Strategy and Administration
- 0.1% Finance
- 0.1% Performance and Oversight
- 0.2% Health Policy and Planning
- 0.2% Insurance
- 0.4% Public Health
- 0.5% Seniors and Long-Term Care
- 2.5% Costs Related to Capital Assets of Other Reporting Entities
- 2.8% Costs Related to Capital Assets (Non-Voted)
- 3.7% Provincial Health Services
- 5.5% Pharmacare
- 22.5% Medical
- 67.2% Funding to Health Authorities

Vue d'ensemble du ministère

Description du ministère	Le ministère exerce ses activités en vertu des dispositions législatives et des responsabilités liées au rôle de ministre de la Santé, des Aînés et des Soins de longue durée. Les textes de loi, ainsi que les questions émergentes de santé et de soins de santé, orientent la planification et l'offre de services de santé à l'intention de la population manitobaine.
Ministre	Uzoma Asagwara
Sous-ministre	Scott Sinclair

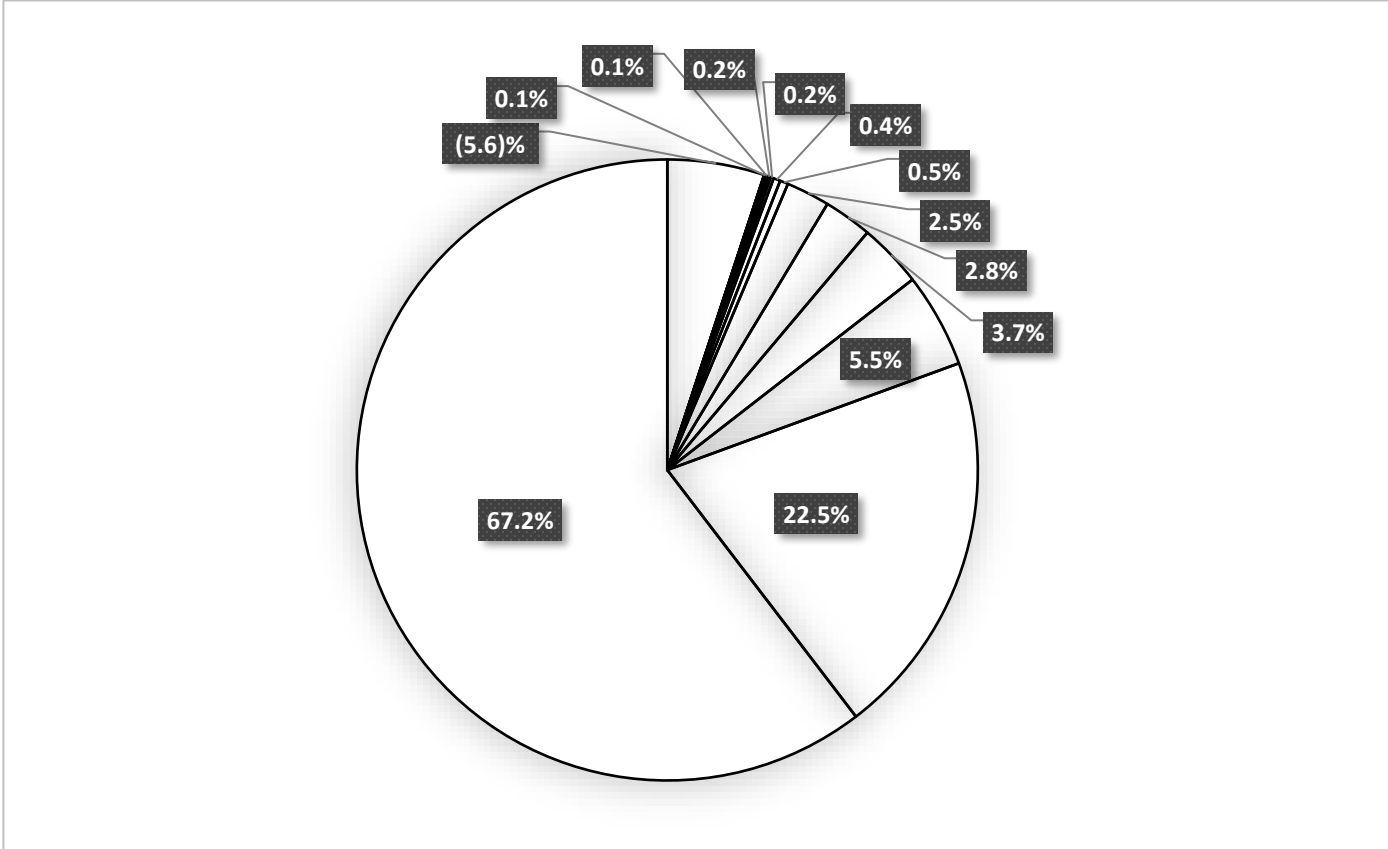
Autres entités comptables	<p style="text-align: center;">7 organismes de prestation de services</p> <p style="text-align: center;">124 foyers de soins personnels autorisés</p>	<ul style="list-style-type: none"> Organismes de prestation de services <ul style="list-style-type: none"> Action cancer Manitoba Offices régionaux de la santé <ul style="list-style-type: none"> Office régional de la santé d'Entre-lacs et de l'Est Office régional de la santé du Nord Santé de Prairie Mountain Southern Health—Santé Sud Office régional de la santé de Winnipeg Soins communs <ul style="list-style-type: none"> Foyers de soins personnels autorisés Organismes de santé communautaire Rehabilitation Centre for Children Inc. St. Amant
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Dépenses globales (en millions de dollars)	
Budgets consolidés du ministère et des autres entités comptables qui composent le budget sommaire	
8 220	7 240
2024-2025	2023-2024

Dépenses ministérielles (en millions de dollars) Dépenses ministérielles telles que présentées dans le Budget des dépenses		Personnel ministériel ¹ ETP totaux du ministère	
7 702	6 892	703,30	749,30
2024-2025	2023-2024	ETP en 2024-2025	ETP en 2023-2024

¹ Baisse due à la réduction des postes temporaires qui n'ont pas été en première ligne, y compris les postes liés à l'administration des programmes relatifs à COVID-19.

Ventilation, en pourcentage, des dépenses globales par crédit de fonctionnement, 2024/25



- (5.6)% Transactions interfonds
- 0.0% Stratégie et administration ministérielles
- 0.1% Finances
- 0.1% Rendement et supervision
- 0.2% Politique et planification de la santé
- 0.2% Assurances
- 0.4% Santé publique
- 0.5% Aînés et Soins de longue durée
- 2.5% Coûts liés aux immobilisations des autres entités comptables
- 2.8% Coûts liés aux immobilisations (dépenses non votées)
- 3.7% Services de santé provinciaux
- 5.5% Régime d'assurance-médicaments
- 22.5% Services médicaux
- 67.2% Financement des offices de la santé

Department Responsibilities

The minister of Health, Seniors and Long-Term Care is the cabinet minister responsible for Manitoba Health, Seniors, and Long-Term Care. This includes emerging health and health care issues and the planning and delivery of health care services for Manitobans.

The overall responsibilities of the minister and Department of Health, Seniors and Long-Term Care include:

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

Responsabilités ministérielles

La personne occupant le poste de ministre de la Santé, des Aînés et des Soins de longue durée est ministre du Cabinet responsable de la Santé, des Aînés et des Soins de longue durée au Manitoba. À ce titre, elle est responsable des questions émergentes de santé et de soins de santé ainsi que de la planification et de l'offre de services de soins de santé à l'intention de la population manitobaine.

Les responsabilités générales de la personne occupant le poste de ministre et du ministère de la Santé, des Aînés et des Soins de longue durée comprennent les suivantes :

- Le ministère joue un rôle dans l'élaboration des politiques, la planification, le financement et le contrôle afin que les organismes de prestation de services (offices régionaux de la santé, Action cancer Manitoba et Soins communs) et plus de 100 autres fournisseurs de services (principalement des organismes sans but lucratif) assument la responsabilité d'offrir à la population manitobaine des services de haute qualité à un coût abordable. Il s'acquitte de ce rôle dans le cadre des fonctions suivantes : affectation des ressources; législation et réglementation; planification et orientation stratégique; établissement de politiques et de normes; surveillance, communication et gestion du rendement en vue de l'atteinte des résultats voulus.

- Le ministère fait la promotion de son mandat et l'appuie par un dialogue continu avec la population manitobaine et les sept organismes de prestation de services.
- Le ministère fournit la direction et le soutien stratégiques nécessaires pour influencer sur les conditions qui favorisent une bonne santé dans tous les secteurs de la population. De même, dans le domaine de la santé publique, il exerce un leadership clinique et garantit à la population manitobaine l'accès à un système de santé axé sur des priorités essentielles comme la gestion des pandémies et la prévention des maladies transmissibles.
- La personne occupant le poste de ministre de la Santé est chargée de poursuivre l'édification d'un système de soins de santé : davantage axé sur le patient; intégré et innovant; clair dans sa définition des rôles, des responsabilités et des obligations redditionnelles; transparent dans sa mesure des résultats au moyen de tableaux de bord de la performance; équitable et accessible indépendamment de la région géographique, des pratiques culturelles ou des circonstances sociales; durable pour les générations actuelles et futures.

Department Shared Services

A shared service is a centralized function that provides common services or resources to multiple business units or departments. It aims to streamline operations, improve efficiency by reducing duplication and reduce costs to better support the department's overall objectives.

The Department of Health, Seniors and Long-Term Care Finance Division is responsible for ensuring appropriate management and accountability of department resources and alignment of business strategies and priorities. The division provides shared services supporting the transactional accounting activities for the Department of Housing, Addictions and Homelessness.

Services partagés du ministère

Un service partagé est une fonction centralisée qui fournit des ressources ou des services communs à plusieurs unités fonctionnelles ou ministères. Il a pour objet de rationaliser les activités, d'améliorer l'efficacité en évitant les chevauchements et de réduire les coûts pour mieux soutenir les objectifs globaux du ministère.

La Division des finances du ministère de la Santé, des Aînés et des Soins de longue durée est responsable de la gestion appropriée des ressources ministérielles et de l'obligation redditionnelle à cet égard, de même que du respect des stratégies et des priorités opérationnelles. La Division fournit des services partagés en soutien aux activités de comptabilité transactionnelle du ministère du Logement, de la Lutte contre les dépendances et de la Lutte contre l'itinérance.

Statutory Responsibilities

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

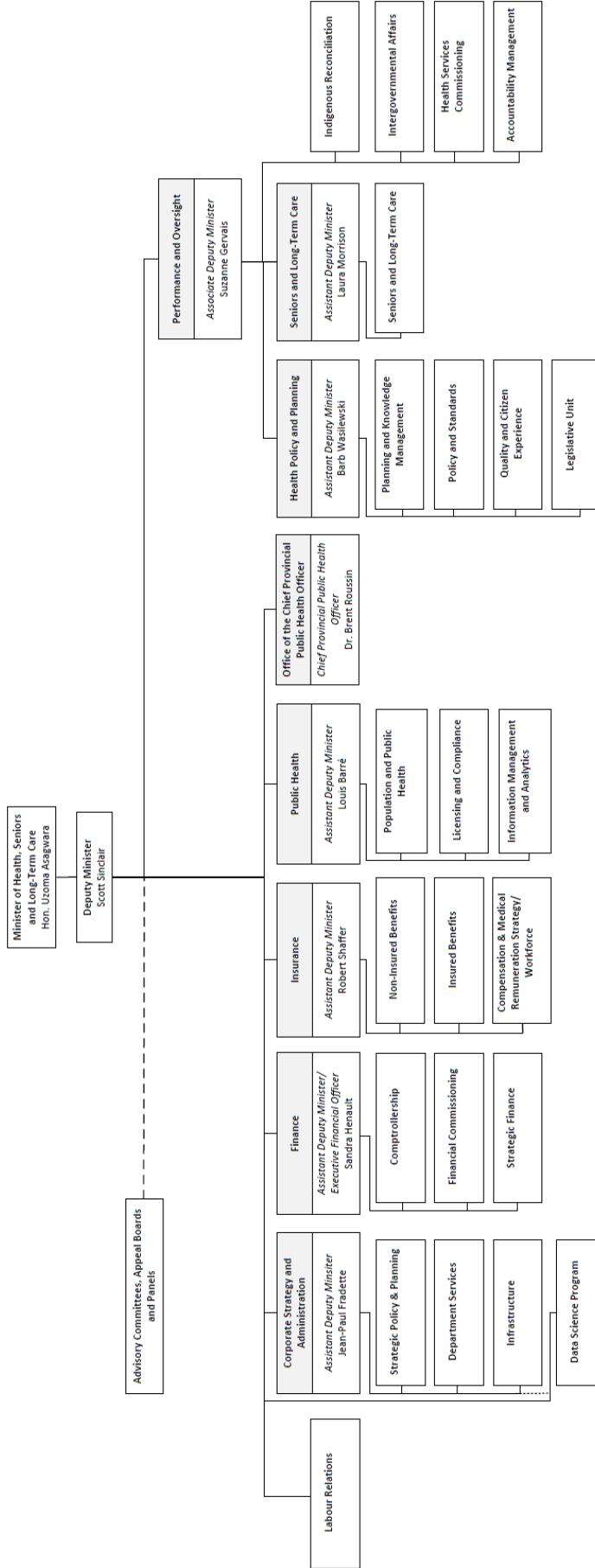
Statutes that are the responsibility of the Health, Seniors and Long-Term Care minister:

- The Anatomy Act (RSM 1987, c. A80)
- The Chiropractic Act (RSM 1987, c. C100)
- The Defibrillator Public Access Act (SM 2011, c. 10)
- The Dental Association Act (RSM 1987, c. D30)
- The Dental Hygienists Act (SM 2005, c. 51)
- The Denturists Act (RSM 1987, c. D35)
- The Elderly and Infirm Persons' Housing Act (RSM 1987, c. E20) [except with respect to elderly persons' housing units as defined in the Act]
- The Emergency Medical Response and Stretcher Transportation Act (SM 1985-86, c. 7)
- The Health Administration Act (RSM 1987, c. H20)
- The District Health and Social Services Act (RSM 1987, c. H26)
- The Health System Governance and Accountability Act (SM 1996, c. 53)
- The Health Care Directives Act (SM 1992, c. 33)
- The Health Sector Bargaining Unit Review Act (SM 2017, c. 25)
- The Health Services Insurance Act (RSM 1987, c. H35)
- The Hearing Aid Act (RSM 1987, c. H38)
- The Human Tissue Gift Act (SM 1987-88, c. 39)
- The Licensed Practical Nurses Act (SM 1999, c. 37)
- The Manitoba Medical Association Dues Act (SM 1994, c. 19)
- The Medical Laboratory Technologists Act (SM 2002, c. 12)
- The Midwifery Act (SM 1997, c. 9)
- The Naturopathic Act (RSM 1987, c. N80)
- The Occupational Therapists Act (SM 2002, c. 17)
- The Occupiers' Liability Act (RSM 1987, c. O8) [section 9.1]
- The Opticians Act (RSM 1987, c. O60)
- The Optometry Act (RSM 1987, c. O70)
- The Personal Health Information Act (SM 1997, c. 51)
- The Pharmaceutical Act (SM 2006, c. 37)
- The Physiotherapists Act (SM 1999, c. 30)
- The Podiatrists Act (SM 2001, c. 36)
- The Prescription Drugs Cost Assistance Act (RSM 1987, c. P115)
- The Private Hospitals Act (RSM 1987, c. P130)
- The Protection for Persons in Care Act (SM 2000, c. 12)

- The Psychologists Registration Act (RSM 1987, c. P190)
- The Public Health Act (SM 2006, c. 14)
- The Radiation Protection Act, SM 2015, c. 41 [This Act is not yet in force. It is to come into force on a date to be fixed by proclamation].
- The Registered Dietitians Act (SM 2002, c. 18)
- The Registered Respiratory Therapists Act (RSM 1987, c. R115)
- The Regulated Health Professions Act (SM 2009, c. 15)
- The Smoking and Vapour Products Control Act (SM 1989-90, c. 41)
- The Reporting of Supports for Child Survivors of Sexual Assault Act (Trained Health Professionals and Evidence Collection Kits), SM 2021, c. 56 [This Act is not yet in force. It is to come into force on a date to be fixed by proclamation].
- The Testing of Bodily Fluids and Disclosure Act (SM 2008, c. 19)
- The Tobacco Damages and Health Care Costs Recovery Act (SM 2006, c. 18)
- The Universal Newborn Hearing Screening Act (SM 2013, c. 15)

Organizational Structure

Manitoba Health, Seniors and Long-Term Care as of April 1, 2024



Other Reporting Entities Accountable to Minister:

- Regional Health Authorities:
 - Winnipeg Regional Health Authority (WRHA)
 - Interlake-Eastern Regional Health Authority (IERHA)
 - Prairie Mountain Health (PMH)
 - Northern Regional Health Authority (NRHA)
 - Southern Health-Santé Sud (SH-SS)
- CancerCare Manitoba (CCMB)
- Shared Health Inc. (SH)
- Non-for-profit personal care homes
- Community health agencies
- Rehabilitation Centre for Children
- St. Amant

Operating Environment and Departmental Risk

The Manitoba health system is impacted by various threats, risks, and opportunities. By understanding its operating environment, the health system can effectively navigate through various risks and leverage its strengths to overcome existing challenges.

One of the challenges that is affecting the health system is the demand placed upon our health workforce. Provider vacancies, retirements, and burnout impact the broader system and the people who deliver care. As the demand for our services increases, and the challenges of healthcare delivery become increasingly complex, the expectations of our workforce are affected as a result. Demands for varied work arrangements and improved culture are top of mind among healthcare workers. As the health system navigates through these challenges, our health workforce remains committed, resilient, highly skilled, and driven by compassion and the desire to provide the best care for patients. While efforts are made to recruit and train, efforts must also be made to retain both current providers and those professionals being trained in Manitoba institutions. As such, remaining a competitive employer, and caring for the people who care for us, are factors in stabilizing the health workforce.

Manitoba's changing demographics also impact the demand for health services. Similar to other jurisdictions in Canada, Manitoba has a growing senior population. Although Manitoba's older population is healthy, their health needs become increasingly complex as they age. Furthermore, Manitoba's population has grown over the years. The province welcomed immigrants, international students, and provided sanctuary to refugees. We're also seeing population growth in the province among Indigenous communities and immigrants establishing themselves in rural areas. As a result of our increasing and changing population, the demand for care will continue to affect all aspects of the health system, including our emergency departments, access to primary care, rural health, and other services like issuing of health cards.

Access to services throughout the province shows disparities between rural, remote, and urban settings. Some of the highest needs populations have lower levels of service. Transportation into the major urban centres can be expensive and stressful to the patient but is often the only avenue for care. Care closer to home is ideal for the long-term health of rural and remote populations.

Technology is advancing at a fast rate and may provide a resource to support care provision in rural and remote areas. Virtual care is becoming accepted practice for patients and healthcare providers. Electronic medical records will allow services to patients to be efficient and is expected to decrease care costs. With technology comes cyber risk and privacy concerns that must be addressed and constantly monitored. The ability to embrace new technologies impacts some new graduates as they consider where they determine where they will begin working.

Public demand and expectations are increasing. Social media and internet provide more information and misinformation to patients. Constant vigilance on the part of the health system and healthcare providers is necessary to ensure that accurate information is provided to patients. Patients also have access to information on cutting edge treatments, that are often extremely costly.

These challenges are compounded further by the financial constraints of the health system. As the demand for our services has increased, inflation rate has made healthcare operations more costly. The upkeep to maintain medical supplies, the maintenance of health care facilities and equipment, in addition to workforce compensation have grown. Technological investments may provide opportunities to improve health outcomes, access to care, and alleviate the burden on the health system.

The maintenance of the health system is complex and multifaceted. The department will continue to collaborate with its health system partners to explore innovative solutions to existing challenges.

Department Performance Measurement

The departmental strategic objectives reflect the elected government priorities listed in the department mandate letters. Departments align their current work along with newly received mandate items, in their supplement. The re-introduction of mandate letters represents a renewed approach designed to align departmental efforts more closely with elected government direction. Objectives, key initiatives, and performance measures are described in more detail in the following section. The Department Strategic Objectives are:

Vision

Excellent whole person integrated healthcare for all Manitobans.

Mission

Ensure the delivery of safe, accessible, sustainable, accountable health care for Manitoba patients, families and seniors that is as close to home as possible.

Values

- **Promote Equity:** We strive for fairness when promoting wellness and providing healthcare across the province.
- **Champion Quality:** We cultivate a collaborative environment and have the courage to drive continuous improvement, evidence-based solutions, and innovation for sustainable and excellent healthcare delivery.
- **Foster Adaptability:** We are nimble and react with timeliness to an ever-changing environment.
- **Be Accountable:** We practice strong oversight, due diligence, and fiscal responsibility, acting as effective stewards of the health care system.
- **Respect the Workforce:** We are committed to building an inclusive, diverse, engaged, resilient, caring, and supportive environment that fosters excellent service, personal development, and professional growth.
- **Value the Community:** We are committed to equitable people-centered service planning and delivery for all. We are dedicated to the advancement of Indigenous reconciliation.

Provincial Themes and Department Objectives

Rebuilding Health Care

1. Improve emergency department performance
2. Improve seniors care
3. Improve Indigenous health
4. Improve women health
5. Improve access
6. Improve primary and community care

7. Improve quality of care

Safer, Healthier Communities

8. Improve access to French language education, health care and services

A Government that Works for You

9. Workforce culture, retention, recruitment, and training

10. Expand use of electronic medical records

11. Find efficiencies and enhance productivity to deliver on commitments in a responsible way

Mesure de la performance du ministère

Les objectifs stratégiques ministériels reflètent les priorités du gouvernement élu, qui sont décrites dans les lettres de mandat. Dans leurs budgets complémentaires, les ministères harmonisent leurs travaux en cours avec les nouveaux éléments dont la teneur leur a été communiquée dans ces lettres. Le retour des lettres de mandat représente une approche renouvelée, qui permet aux ministères de mieux adapter leurs efforts à l'orientation adoptée par le gouvernement élu. Les objectifs, les initiatives clés et les mesures de la performance sont décrits plus en détail dans la section suivante. Les objectifs stratégiques ministériels sont les suivants :

Vision

D'excellents soins de santé holistiques pour tous les Manitobains.

Mission

Assurer la fourniture de soins de santé sécuritaires, accessibles, durables et responsables aux patients, aux familles et aux personnes âgées du Manitoba, aussi près de la maison que possible.

Valeurs

- Promouvoir l'équité : Nous visons l'équité dans la promotion du bien-être et la fourniture de soins de santé dans la province.
- Promouvoir la qualité : Nous cultivons un environnement collaboratif et avons le courage de favoriser l'amélioration continue, les solutions fondées sur les données probantes et l'innovation, afin de fournir d'excellents soins de santé durables.
- Favoriser l'adaptabilité : Nous sommes souples et nous adaptons rapidement à un environnement en constante évolution.
- Être responsable : Nous exerçons une surveillance étroite, et faisons preuve de diligence raisonnable et de responsabilité financière, agissant comme des intendants efficaces du système de soins de santé.
- Respecter la main-d'œuvre : Nous nous engageons à bâtir un environnement inclusif, diversifié, engagé, résilient, aidant et sûr qui favorise l'excellence dans le service, l'épanouissement personnel et la croissance professionnelle.
- Valoriser la communauté : Nous nous engageons à planifier et à fournir un service équitable et axé sur les gens. Nous avons à cœur l'avancement de la réconciliation avec les peuples autochtones.

Thèmes provinciaux et objectifs ministériels

Rebâtir notre système de soins de santé

1. Améliorer la performance des services d'urgence
2. Améliorer les soins aux personnes âgées
3. Améliorer la santé autochtone
4. Améliorer la santé des femmes
5. Améliorer l'accès aux services de santé

6. Améliorer les soins primaires et communautaires
7. Améliorer la qualité des soins

Collectivités plus sécuritaires et plus saines

8. Améliorer l'accès à l'enseignement, aux soins de santé et aux services en français

Un gouvernement qui travaille pour vous

9. Culture, rétention, recrutement et formation de la main-d'œuvre
10. Accroître l'usage de dossiers médicaux électroniques
11. Trouver des gains d'efficacité et améliorer la productivité pour tenir nos engagements d'une manière responsable

Department Performance Measurement - Details

Rebuilding Health Care

1. Improve emergency department performance

Key Initiatives

- **Bring a doctor to Carberry.** As part of renewed investment in primary care, and our Health Human Resource plan, the department will hire more staff to keep rural and northern health centres and EDs open like the one in Carberry. HSLTC will do this by recruiting and retaining more physicians as well as diagnostic, imaging, and lab technologists. The department is working with the College of Physicians and Surgeons of Manitoba and the University of Manitoba to ensure the timely assessment of internationally recruited physicians.

Build a new ER in Eriksdale. The Eriksdale Emergency Department is vital in serving numerous rural communities, which could benefit significantly from an operational ED. Currently operating with one resuscitation treatment room and two observation stretchers, the Eriksdale ED averages two open days per week, contingent on the availability of a physician. Reopening the ED will rely on health human resource factors, in-patient bed capacity, and necessary laboratory and diagnostic facilities, requiring capital investment following a comprehensive needs assessment. Success also hinges on developing a comprehensive continuum of primary care and midwifery services in all surrounding First Nation communities, emphasizing prevention and early disease detection.

- **Reopen the Emergency Department at the Victoria hospital.** Reopening the Victoria Hospital Emergency Department will be a preliminary step in restoring the Emergency Care network in Winnipeg. When the site became an urgent care centre during clinical consolidation, no renovations were performed. Hence, there is no specific physical emergency department “state” to return to. To move forward, the clinical function and role of the future state of the Emergency Department must first be assessed. Once completed, a functional plan and program regarding how the facility meets current standards must be carried out to inform a capital budget. Should renovations be necessary, the cost to conduct the functional planning to prepare a capital proposal is anticipated to be less than \$1M for each site. Initial work is expected to begin in 2024/25.
- **Reopen the ERs at the Concordia and Seven Oaks hospital.** In the same vein as the opening of the Victoria Hospital, the reinstatement of Emergency Care at Concordia and Seven Oaks, once HSLTC is able to do so, will entail a careful assessment of the intended clinical functions and associated space needs. Initial work is expected to begin in 2024/25.
- **Increased bed capacity at all major hospitals with ERs across the province.** Solving ED overcrowding requires attention to several systemic issues in acute care. The hospital bed capacity initiative addresses the lack of acute care beds in which to admit patients from the emergency department as part of a broader plan to improve patient care and reduce congestion in EDs across the province.

Performance Measures

Measure	2021/22 Actual	2022/23 Actual	2023/24 Target	2024/25 Target
1.a 90th percentile ED/UCC Wait Time to see a Provider (hours), by month	5.6	6.6	-	-

1.a 90th percentile ED/UCC Wait Time to see a Provider (hours), by month. This indicator measures the maximum amount of time that 9 out of 10 (90%) of Emergency Department/Urgent Care (ED/UCC) patients

waited to see a provider (physician, physician assistant, or nurse practitioner). The ED/UCC Wait Time is a key indicator of timely access to essential health services which help ensure appropriate patient care and promote positive health outcomes. The ED/UCC Wait Time is the time from registration to the first time the patient is seen by a provider. Includes ED/UCC facilities that collect data using the Emergency Department Information System (EDIS). The data excludes visits with invalid or missing Registration and Treatment in Process (TIP) dates/times. Also excludes visits for patients that left without being seen (LWBS) or left against medical advice after initial assessment (LAMA).

The department funds the SDOs in support of ED/UCC operations across the province. ED/UCC wait times is a complex metric that is affected by several interconnected and interdependent factors across various levels. These factors may include seasonal and temporal patterns, population growth, access to upstream health and social services, the service operation of ED/UCC, and others.

2. Improve seniors care

Key Initiatives

- **Create an independent Senior's advocate.** Establishing an independent Seniors Advocate in Manitoba will help ensure that seniors in Manitoba have high-quality programs and services and that their rights, interests, and viewpoints are represented. This work will involve the development of options and policy advice for the ministerial decision on the structure, function, mandate, and responsibilities of the advocate, which will help inform the drafting of a legislative proposal required to support the establishment of the advocate's office. Once the Bill comes into force through proclamation, the advocate's office will be established, and the advocate will be appointed by resolution of the assembly. This will allow the advocate to carry out their responsibilities to advocate in the interest of seniors. The Bill is anticipated to be brought forward during the Spring 2024 session, and appointment and establishment of the office are expected in 6 to 12 months after the Bill is passed.
- **Increase the number of Long-Term Care beds in Manitoba.** The lack of a provincial framework and strategy for various long-term care congregate settings with health services (e.g. assisted living, supportive housing, and Personal Care Home (PCH)) is creating challenges for clients who can no longer live in their homes with home supports, causing system issues such as Alternate Level of Care (ALC) in hospitals, Emergency Department (ED) utilization, and premature PCH placements.

A multi-year phased strategy, spanning 3 to 5 years, has been formulated to enhance the accessibility and diversity of congregate settings with health services in Manitoba. An extensive analysis of the current state of Manitoba's congregate settings with health services is currently in progress and is anticipated to conclude in spring 2024. Following this analysis, priorities and plans will be established to fortify Manitoba's array of congregate settings with health services, ultimately enhancing hospital flow and reducing ED wait times. The goal is to ensure that Manitobans receive the appropriate level of care as they age.

By reforming a spectrum of congregate settings with health services in Manitoba, including ensuring appropriate capacity, health supports geared to clients needs, and oversight, there will be decreased LTC wait times, ALC in the hospitals, ED overcrowding, and home care clients needing urgent PCH placements from EDs.

- **Work towards more direct hours of care for seniors in PCHs.** The pandemic uncovered many challenges in the long-term care system in Manitoba and across Canada and drew focus to seniors who were not receiving the care they deserved. To rebuild public trust in PCHs, a collaborative and focused approach will address the multiple challenges contributing to PCH residents' overall quality and safety.

Collective efforts will address the needs of residents in PCHs. Oversight and accountability will hold PCHs to a standard that prioritizes residents' quality of life, protection, and safety; this includes the implementation of modernized PCH Standards and the creation of a new independent office of the legislature to protect persons in care. Continuous quality improvement will ensure PCHs are integrated into the larger health system through technology and achieving the best infection prevention and control practices. Targeted efforts for health human resources will ensure appropriate and consistent staffing is

available for quality resident care across Manitoba. Building bed capacity will also expand the number and spectrum of long-term care options in Manitoba. Work has commenced in all areas, and it is anticipated that completion will span over the next six years.

- **More homecare support so seniors can live independently as long as they feel comfortable.** Long-standing home care gaps and challenges are negatively impacting clients and their caregivers, contributing to overall healthcare system challenges such as high ALC in hospitals, increased ED wait times, and premature PCH placements.

A multi-year home care revitalization plan (3 to 5 years) has been developed. The first phase will begin with stabilizing and improving home care workforce capacity and hiring more home care workers. Self and Family Managed care (SFMC) will be enhanced to improve client access, choice, flexibility, and respite options for family caregivers. The first phase will also leverage technology to provide comprehensive care and improve communication, care transitions, service efficiency, and care effectiveness, as well as establish provincial home care key quality indicators and benchmarks for accountability, transparency, and quality improvement. Future phases will explore team and community-based care integration and home care policies, standardization, and accountability.

This initiative will improve home care access, service reliability, and client as well as staff satisfaction with home care service quality, which will have a positive system impact of reduced ALC in the hospitals, decreased avoidable ED utilization by home care clients, and decreased premature PCH placements.

Performance Measures

Measure	2021/22 Actual	2022/23 Actual	2023/24 Target	2024/25 Target
2.a Percentage of referrals to The Protection for Persons in Care Office that are reviewed within three days, by fiscal year	-	75%	100%	98%

2.a Percentage of referrals to The Protection for Persons in Care Office that are reviewed within three days, by fiscal year. This measure describes the percentage of time that the target of three working days is achieved between a Protection for Persons in Care Office referral being processed at intake and an investigator’s initial review. The target has been adjusted from the previously established 100% to 98%, resulting in a more accurate target that accounts for periodic logistical and administrative issues. This measure will help to reduce the wait time associated with responding to the PPCO’s 2000+ referrals annually and was not tracked during previous years. The PPCO’s new database became operational on April 1, 2022, which is also when the PPCO initiated process improvements to improve responsiveness.

3. Improve Indigenous health

Key Initiatives

- **Support new and innovative ways to deliver Indigenous health.** Population health outcomes of Indigenous people are impacted by colonization and broken relationships between the Crown and Indigenous peoples, and Indigenous-specific racism. The Indigenous Partnership Framework supports the department and SDOs in building relationships and restoring trust in health care with Indigenous people, communities, and governments. The Framework is a tool for all staff to use to decolonize health care and address Indigenous-specific racism in health care.

Indigenous communities, governments, and organizations are right holders, recognized as distinctions-based, equal partners, that have diverse cultures, knowledge, practices, and traditions, with many identifying as sovereign nations. The provincial health system is committed to fostering relationships founded on mutual trust, respect, and transparency, as the Framework outlines.

Consideration of Indigenous relationships and reconciliation must be actively and visibly integrated throughout project, program, and initiative design, development, and delivery. This involves intentional implementation of the Truth and Reconciliation Commission (TRC) Path Act recommendations, Calls to Action for Justice, and Calls to Action for Murdered and Missing Indigenous Women and Girls, as well as for 2 Spirited LGBTQ individuals. These efforts must be recognized and sustained throughout the work of the health system.

A multi-pronged approach is required, and implementation plans will vary from immediate to multi-year projects. Examples include elder support programs within healthcare facilities, elder involvement at executive management levels, provision of traditional language and translation support within SDOs, engagement and broad discussions on Indigenous Health Transformation initiatives with local and national Indigenous leaders and federal, provincial, and territorial governments.

4. Improve women's health

Key Initiatives

- **Double the fertility tax credit.** Collaborating with the Department of Finance to double the fertility tax credit will represent a significant step toward women's health in Manitoba. Access to fertility treatments can profoundly impact women's reproductive health and well-being, as many women face challenges in conceiving or maintaining pregnancies. By enhancing financial support for fertility treatments, women have support to make informed choices about their reproductive health and family planning, making these services more accessible and affordable. This initiative acknowledges women's unique needs and experiences in accessing fertility care. It aims to provide them with the necessary financial resources to navigate their fertility journey with dignity and autonomy.

Expand coverage of menopause drugs. The department will review the current coverage of menopausal drugs under the Manitoba Drug Benefits Formulary to achieve therapeutic alignment with the variable symptoms women face in their menopausal years. HSLTC will consider input from women's health specialists, stakeholders, advocacy organizations, and women with lived experience when reviewing coverage of these products under the Manitoba Drug Benefits Formulary. Clinical practice guidelines and women's health research are considered during the Common Drug Review process, which will continue to inform ongoing formulary listings of hormone replacement and other therapeutic products used for menopausal treatment.

- **Make prescription birth control free.** Access to contraception has varied across regions. The commitment to provide free prescription birth control access across our province will improve health and social outcomes for more Manitobans. Access to birth control also supports our health care system by helping to alleviate individual, social, and economic costs associated with abortions, miscarriages, and unwanted pregnancies.

The department and SDOs will work with our community partners, women's health experts and pharmacies to develop a program that removes the cost barrier from prescription birth control while also ensuring that access, care, and services continue to be available at the community level. This program will launch in the 2024/25 fiscal year.

- **Hire 7 more full-time positions in the Sexual Assault Nurse Examiner (SANE) program.** Efforts are ongoing in the development of a provincial Sexual Assault (SA) and Intimate Partner Violence (IPV) program that provides forensic examination and follow-up support to survivors from across Manitoba. Manitoba is expanding its hospital-based and community-based programs, intended to work collaboratively, augmenting the services available to Manitobans, and ensuring that physical injuries, evidence collection, and wrap-around supports are offered to individuals needing these services.

Services are being expanded to Thompson and The Pas and enhanced in Prairie Mountain Health (PMH), with hub support from the central program at the Health Sciences Centre (HSC) in Winnipeg. Nurse education is now underway through August 2024, followed by the launch of the expanded program at the above sites in late 2024. Community programs are provided out of the recently launched Sexual Assault Crisis Response program at Klinik.

Success will entail a range of community and hospital-based care options to ensure survivors receive timely and suitable care. The availability of these services will enhance access for survivors in Manitoba, ensuring they receive necessary care within their community whenever required.

5. Improve access

Key Initiatives

- **Install a new MRI in Thompson.** The need for MRI equipment in the north was identified since the Northern Regional Health Authority is the only region without MRI services. Government projects have been initiated to place both fixed and mobile MRI scanners within the NRHA at a combined total one-time capital cost of \$14.19M. A minimum in-year spend of \$1M is anticipated for 2024/25 for the planning/pre-design phase of these projects to determine footprint, specific types, and features for the equipment etc. Once these are operational, patients will have this diagnostic service within their northern community and will not need to travel to one of the other 13 sites with MRI services.
- **Build a new CancerCare facility.** The need for additional space to accommodate the expanding cancer care services in Winnipeg was identified as part of the recent Bannatyne Campus Redevelopment master plan work. The existing facility is now undersized to house the programs and services. Expanded space for CancerCare will allow the program to introduce emerging technologies, research and proper space and alignment for overall care services. Alongside the plan for a new adjacent facility, extensive planned renovation within the current facility will re-align the space to meet future requirements. For the 2024/25 FY there is planned activity around planning and pre-design for \$100K. This project supports the government's direction for a focus on cancer care services.
- **10 surgical slates at Grace Hospital (adding urology and arthroplasty).** Grace Hospital plans to increase its surgical capacity using a phased approach. The first phase will be the surgical daycare and medicine bed expansions, which are projected to be completed in late 2024. Grace Hospital will increase its beds by ten slates per four-week cycle and add five surgical beds. This second phase expansion will also allow for an additional 500 surgeries with an option to go as high as 1,000 cases. Through this expansion, Grace will be able to complete an additional 105 additional major urology cases per year.

Performance Measures

Measure	2024/25 Target
5.a Number of patients matched to a primary care physician within 25 days	New measure

5.a Number of patients matched to a primary care physician within 25 days. As part of Government’s effort to improve access to primary healthcare, this measure captures the time lapsed between when a registrant signs up for the Family Doctor Finder Program operated by Manitoba Health, Seniors and Long-term Care in concert with health authorities and when the same registrant is matched with a primary care physician through a home clinic. The percentage of matches that occur within 25 days is reported. This is a new performance measure, and this year will be used to collect data to establish a baseline and evaluate the target.

6. Improve primary and community care

Key Initiatives

- **Open 4 new Neighborhood** Illness and Injury clinics in Winnipeg and 1 in Brandon. Minor Injury and Illness Clinics (MIICs) are health facilities that aim to relieve the pressure on emergency departments by offering quality care for families and seniors with less acute needs. In 2024/25, the department is introducing the establishment of MIICs using a multi-year phased approach. Phase one will involve plans for two MIICs in early May 2024, one for the city of Winnipeg and one for Brandon. \$4.7M is available to assist in funding start-up costs related to the initiation of clinics for phase one. It is anticipated that both MIICs could be operational by the end of 2024. Key indicators, including patient volumes, primary care quality indicators, operational efficiency measures, and financial performance will be used to measure the success of the MIICs and will be used to inform future phases of the roll-out.
- Open 4 new health centres in Winnipeg and 1 in Brandon staffed by primary care teams. Initial planning will begin in 2024/25 for the opening of primary care health centres in Winnipeg and Brandon, providing more accessible and comprehensive healthcare services to the community, focusing on preventative care and routine check-ups. The expected impact includes better health outcomes, decreased burden on emergency services and a healthier community overall.

7. Improve quality of care

Key Initiatives

- **Call a forward-facing independent inquiry into the pandemic to learn from our experience and build a more resilient health care system for the future.** The COVID-19 pandemic challenged Manitobans, the health system, and broader social and economic systems in unprecedented ways, the effects of which are still being fully understood and dealt with. It is imperative that the health system learn from the experience of the pandemic to ensure it is prepared to respond to future pandemics or other emergencies of such significant scale.
- **Implement a province-wide suicide prevention strategy which will include a focus on 2SLGBTQ+ youth.** Each suicide or attempted suicide is a tragedy that affects individuals and families across our province. The provincial government is committed to addressing the high rates of suicide in Manitoba. The Department of Housing, Addictions and Homelessness (HAH) is leading the development of a provincially coordinated strategy for the prevention and intervention of suicide with a focus on youth, 2SLGBTQ+ and Indigenous communities. HSLTC is collaborating with HAH, and the government departments are committed to working with key partners to develop a suicide prevention strategy with a focus on helping those at risk.
- **Create centres of excellence in mature women’s health, surgery, heart health, dialysis and kidney disease.** Manitoba is planning the redevelopment of unused and new operating rooms (ORs), enhanced patient assessment/pain clinic spaces and elevated diagnostic imaging at the Health Sciences Centre to provide a surgical centre of excellence and innovation. The project is planned in three phases over a six-year period:
 - Phase I: Increased OR capacity – reuse ORs in former Women’s Hospital and complete ORs in the Kleysen Institute for Advanced Medicine.
 - Phase II: Expanded post-surgical care, rapid access surgical unit, expanded Pain Clinic and additional ORs.
 - Phase III: Renovated inpatient post-surgical rooms, additional diagnostic imaging to support the surgery program and consolidated surgical clinics.

Performance Measures

Measure	2021/22 Actual	2022/23 Actual	2023/24 Target	2024/25 Target
7.a Child Mortality Rate (per 100,000 residents ages one to 19 years), by fiscal year	25.9	30.6	-	-

7.a Child Mortality Rate (per 100,000 residents ages one to 19 years), by fiscal year. The number of deaths among children and adolescents ages one to 19, per 100,000 children ages one to 19 years old. The child mortality rate reflects the overall health status of children and adolescents, which is influenced by the socioeconomic conditions in which they live. Lower child mortality rates reflect better socio-economic conditions and increased health status. The measure is calculated as the total number of deaths among residents ages one to 19, divided by the population of residents ages one to 19 years, multiplied by 100,000. Child and Adolescent death data comes from the Manitoba Vital Statistics database.

The department provides funding to various health programs, community health agencies and SDOs in support of services that impact women and child health. Child mortality is a complex metric that is influenced by various interconnected and independent socio-economic factors including access to nutritious food, income, family status, and others.

Safer, Healthier Communities

8. Improve access to French language education, health care and services

Key Initiatives

- Utilize the best health technology to connect rural and northern doctors with health care specialists.**
 The Virtual Emergency Consultation and Transport Resources Centre (VECTRS) is a centralized single point of contact throughout the province for Emergency Response Services and Emergency Department physicians that enables clinicians to consult and receive advice through a remote/virtual service. High acuity or complex patients, including those requiring resuscitation, will be co-managed by the VECTRS Emergency Physician and on-site providers and tracked in an online, electronic medical record (EMR) based virtual ED. VECTRS will have office space in Winnipeg and provide services for the entire province. VECTRS has been implemented in a phased approach, with full implementation expected to be complete in Spring of 2024.
- French Language Services.** The department has developed a new and improved multi-year strategic French Language Services plan aimed at strengthening bilingual capacity in the department and achieving steady growth in the provision of French language services to the public. Carrying out the first year of the new plan in 2024/25 will help ensure that the department continues to serve and respond to the needs of Manitoba’s Francophone population.

Performance Measures

Measure	2021/22 Actual	2022/23 Actual	2023/24 Target	2024/25 Target
8.a Percentage of phone call receptions providing active offer, annually	42%	66%	55%	55%

8.a Percentage of phone call receptions providing active offer, annually. Active offer is to be provided during interactions with the public i.e. phone lines. This includes a greeting in both official languages and once the customer engages in French or English, the service is then provided in the language of their choice. Each phone line selected for audit will be called anonymously, and categorical/binary data will be collected of whether Active Offer was provided (i.e., binary response = “yes/no”) for each phone line. Monitoring the provision of Active Offer through an audit will determine where improvements to services are needed to ensure that Manitobans are offered services in both official languages.

A Government that Works for You

9. Workforce culture, retention, recruitment, and training

Key Initiatives

- **Hiring doctors.** Hiring new doctors will be achieved through a comprehensive recruitment and retention strategy, including retaining physicians completing their medical education in Manitoba, targeted international recruitment to bring practice-ready doctors to Manitoba from the UK, Ireland, Australia, New Zealand and the USA; repatriation of Manitobans studying medicine outside Manitoba; and implementing more streamlined pathways for International Medical Graduates (IMGs) already in Manitoba, including more preparatory and clinical supports prior to completing a Practice Ready Assessment.
- **Hiring nurses in Winnipeg and rural and Northern regions.** Hiring new nurses in Winnipeg and rural and Northern regions will be achieved through a focused campus recruitment strategy targeted at students in the post-secondary level. Plans are currently underway to expand the utilization and number of University Nurse Employee (UNE) opportunities, including into other health service areas such as the Urgent Care. Accelerated opportunities for bridging and training pathways for Uncertified Health Care Aides (UCHA) to become Health Care Aides (HCA) and HCAs to become Licensed Practical Nurses (LPNs) are being explored along with tuition support. Expansion to the Provincial Nursing Float Pool will create more flexible employment opportunities for nurses provincially. Retention of the existing nursing workforce and new nursing graduates to the public health system remains a priority, targeted initiatives and incentives will be implemented to support achievement of this, including ensuring competitive wages for the nursing sector.
- **Hiring paramedics.** As compensation parity has been established in the new collective agreement, the department is seeing a positive trend in the recruitment and retention of paramedics in our public system. The new Advanced Care Paramedic training program at Red River College Polytechnic will also provide primary care paramedics the opportunity to advance their education and career in Manitoba.
- **Hiring health care aides and homecare workers.** Moving forward, the department will be working closely with high schools to promote careers in health care early and identify opportunities for direct entry to professional education programs for multiple professions. There is also an immediate need to address workforce vacancies in remote and rural locations, which we will achieve over the next two years by bringing training closer to home and working alongside other government departments to address social and economic factors impacting recruitment and retention, such as housing, childcare and affordability.
- **Expand the University of Manitoba's Bannatyne campus.** The Bannatyne Campus Master Plan identified the need and options to redevelop the area to address the future needs for the Health Sciences Centre, CancerCare Manitoba, University of Manitoba, Cadham Provincial Lab and the Office of the Medical Examiner. In 2024/25, there will be preliminary planning towards an overall redevelopment scope and schedule. As part of the Master Plan work, preliminary discussions have started with the University of Manitoba to confirm their portion of the new/renovated buildings schedule.
- **Create 10 new doctor training seats for Brandon.** Accessible training is paramount to creating career pathways for new and existing health providers. Important progress has already been made by adding 25 additional LPN seats at Neepawa Training Centre; creating 10 new physician education seats, and work is underway to support the expansion of 74 new post-graduate medical education seats at the University of Manitoba by 2025/26.

In addition to the investments underway, the department will be working closely with Indigenous leaders and communities to ensure supports are in place to create training pathways that will help train Indigenous providers in Indigenous communities in alignment with Indigenous ways of learning and principles of culturally informed care. Planning will begin in 2024.

HSLTC will also increase nurse and physician education capacity with leadership from the Department of Education. The plan will prioritize fast-track skills training over the next several years for health care

aides and accelerated bridging programs for HCAs, nurses and internationally educated health care professionals (IEHP) to enable accessible entry for practice for high demand roles.

- **Create a pathway for LPNs to become RNs.** Accessible training is paramount to creating career pathways for new and existing health providers. The province will expand its education and training capacity to ensure we have a skilled health workforce now and in the future. Important progress has already been made by adding 25 additional LPN seats at Neepawa Training Centre; creating 10 new physician education seats, and work is underway to support the expansion of 74 new post-graduate medical education seats at the University of Manitoba by 2025/26.

In addition to the investments underway, the department will be working closely with Indigenous leaders and communities to ensure supports and infrastructure are in place to create training pathways that will help train Indigenous providers in Indigenous communities in alignment with Indigenous ways of learning and principles of culturally informed care.

The department will also increase nurse and physician education capacity by expanding the University of Manitoba Bannatyne campus.

- **Implement our five-step plan to help internationally educated health professionals join the frontlines.** Manitoba’s diverse population makes us a favourable destination for IEHP to grow in their profession and support their families. The department is working hard to recruit practice supervisors to re-establish the three-month practice-ready assessment for internationally educated family physicians for 2024/25.

For 2024/25, HSLTC will continue to make the pathway to employment for IEHPs more streamlined and efficient by identifying and addressing policy, process and system-level barriers that delay employment for qualified IEHPs. This includes:

- Working with regulators to create expedited licensing pathways.
- Providing supports for IEHPs who have been in Manitoba for some time to complete the necessary skills and clinical training to become licensed.
- Engaging training institutions to deliver accelerated professional bridging programs for IEHPs
- Creating ladder pathways for internationally educated physicians to obtain clinical experience in Manitoba as clinical assistants to enhance success in the practice-ready assessment process is being enhanced.
- Launching Manitoba’s first Pre-Practice Ready Fellowship Program to provide expanded supports for International Medical Graduates. This initiative will increase the number of practice-ready International Medical Graduates (IMGs) in Manitoba. Candidates are to be employed by Shared Health and are required to provide up to 48 weeks of supervised clinical service. After completion of this one-year fellowship, most candidates will then enter a practice ready assessment (PRA) program to determine if they are eligible for entry into practice.

Performance Measures

Measure	2024/25 Target
9.a Number of health care workers hired this fiscal year	1,000

9.a Number of health care workers hired this fiscal year. The measure relates to Government’s intention, as articulated in Budget 2024/25 to hire 1,000 health care workers, including 100 doctors, 210 nurses, 90 paramedics and 600 health care aides to work in home care, personal care homes, hospitals, and community care settings. There were no prior actual or target data except the current target in the 2024/25 fiscal year.

The current target tracks the hiring of health care workers to meet the needs of population health and demands of the health care system.

10. Expand the use of electronic medical records

Key Initiatives

- **Move Manitoba toward consistent and accessible electronic medical records.** An electronic medical record (EMR) is an individual's medical record in digital format used within primary and specialist care and may be customized to the clinic's requirements. Manitoba's physicians have access to the Primary Care/Community Information Systems (PCIS) Office operated by SH, which supports the adoption and effective use of EMRs and other technology by physicians and other clinicians in primary care and community-based specialties throughout Manitoba. Success of the initiative will allow for simplified workflows, less administrative burden on clinical providers, and standardized processes that improve access, transparency, and reliability. In 2024/25, planned electronic patient record projects include the Provincial Health Registries and eChart MB Enhancements which improves the clinical workflow and security of EMRs.

11. Find efficiencies and enhance productivity to deliver on commitments in a responsible way

Key Initiatives

- **The department will be fiscally responsible while investing in health care.** The department is taking a holistic approach towards governance, to change the culture within the healthcare system, and fiscal responsibility by emphasising the importance of a financially sustainable health care system that continues to emphasize a value for money approach by implementing new programs to ensure that Manitobans are getting the maximum value for each dollar spent on health care. The department aims to hire and retain finance professionals throughout the health care system to strengthen the financial planning functions and encourage system wide collaboration on and timely communication of financial issues, decisions, and directions. The department will lead the strengthening of the comptrollership framework and to develop revised and improved financial processes, policies, and evidence-based funding models to drive performance within the healthcare system.

Financial Details

Consolidated Expenditures

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

Health, Seniors and Long-Term Care includes the following OREs:

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

Main Appropriations	Part A - Operating	Other Reporting Entities	Consolidation and Other Adjustments	2024/25 Summary	2023/24 Summary
\$(000s)					
Finance	7,226			7,226	8,251
Health Policy and Planning	13,244			13,244	13,657
Insurance	14,579			14,579	15,327
Public Health	32,750			32,750	32,057
Performance and Oversight	11,528			11,528	12,078
Seniors and Long-Term Care	39,104			39,104	37,529
Corporate Strategy and Administration	788			788	829
Funding to Health Authorities	4,772,003	813,287	(63,922)	5,521,368	4,974,256
Provincial Health Services	306,014			306,014	233,749
Medical	1,846,159			1,846,159	1,483,069
Pharmacare	450,099			450,099	442,899
Costs Related to Capital Assets of Other Reporting Entities	207,890			207,890	207,890
Costs Related to Capital Assets (NV)	299	228,010	2,262	230,571	202,176
Interfund Activity		(8,051)	(453,191))	(461,242)	(424,081)
TOTAL	7,701,683	1,033,246	(514,851)	8,220,078	7,239,686

NV – Non-Voted

Departmental Expenditures and FTEs by Appropriation and Type

This table includes the expenditures of the department and aligns to the Estimates of Expenditure.

Main Appropriations	2024/25		2023/24	
	FTEs	\$(000s)	FTEs	\$(000s)
Finance	74.00	7,226	81.00	8,251
Health Policy and Planning	83.05	13,244	83.05	13,657
Insurance	210.50	14,579	210.50	15,327
Public Health	195.75	32,750	210.75	32,057
Performance and Oversight	123.00	11,528	147.00	12,078
Seniors and Long-Term Care	8.00	39,104	8.00	37,529
Corporate Strategy and Administration	9.00	788	9.00	829
Funding to Health Authorities	-	4,772,003	-	4,404,223
Provincial Health Services	-	306,014	-	233,749
Medical	-	1,846,159	-	1,483,069
Pharmacare	-	450,099	-	442,899
Costs Related to Capital Assets of Other Reporting Entities	-	207,890	-	207,890
Costs Related to Capital Assets (Non-Voted)	-	299	-	443
TOTAL	703.30	7,701,683	749.30	6,892,001
Expense by Type				
Salaries And Employee Benefits	703.30	58,016	749.30	61,197
Other Expenditures	-	2,671,499	-	2,222,333
Grant Assistance	-	4,971,869	-	4,608,028
Amortization	-	299	-	443
TOTAL	703.30	7,701,683	749.30	6,892,001

Please refer to the Manitoba Estimates of Expenditure for the Reconciliation of the 2023/24 Adjusted Print.

Departmental Staffing

FTE and Salaries and Employee Benefits by Appropriation

Main Appropriations	2024/25		2023/24		Expl.
	FTEs	\$(000s)	FTEs	\$(000s)	
Finance	74.00	6,274	81.00	7,245	
Health Policy and Planning	83.05	5,776	83.05	6,299	
Insurance	210.50	12,080	210.50	12,832	
Public Health	195.75	22,030	210.75	22,349	1
Performance and Oversight	123.00	10,445	147.00	10,995	1
Seniors and Long-Term Care	8.00	647	8.00	672	
Corporate Strategy and Administration	9.00	764	9.00	805	
TOTAL	703.30	58,016	749.30	61,197	

¹ The decrease was due to a reduction in temporary, non-frontline positions, including positions associated with the administration of COVID-19 related programs.

Equity and Diversity Benchmarks

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

Equity Group	Benchmarks	% Total Employees as of Dec. 31
Women	50%	66.7
Indigenous People	16%	6.3%
Visible Minorities	13%	27.8%
Persons with Disabilities	9%	6.3%

Overview of Capital Investments, Loans and Guarantees

	2024/25	2023/24	
Part B – Capital Investment	\$(000s)		Expl.
Provides for the development or enhancement of information technology systems and the acquisition of equipment.			
General Assets	-	950	1

¹ Decrease as a result of no capital projects.

	2024/25	2023/24	
Part D – Other Reporting Entities Capital Investment	\$(000s)		Expl.
Provides for the development or enhancement of strategic infrastructure, equipment, and information technology systems.			
Health Capital Program	524,954	288,913	1

¹ Increase as a result of continuing capital investments for prioritized Government projects.

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

Finance (Res. No. 21.1)

Main Appropriation Description

Finance division provides centralized executive planning, management, financial services, and comptrollership, and oversees health system fiscal resourcing and organizational performance through formal approaches to commissioning of programs and services from health service delivery organizations. Provides advice, financial administration, and support to the department.

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Minister's Salary	1.00	47	2.00	84	1
Executive Support	14.00	1,345	20.00	2,071	1
Administration	6.00	577	6.00	595	
Comptrollership	22.00	2,626	22.00	2,685	
Financial Commissioning	31.00	2,631	31.00	2,816	
TOTAL	74.00	7,226	81.00	8,251	

Expense by Type

Salaries and Employee Benefits	74.00	6,274	81.00	7,245	1
Other Expenditures	-	514	-	568	
Grant Assistance	-	438	-	438	
TOTAL	74.00	7,226	81.00	8,251	

¹ Decrease due to Government Reorganization - disestablishment and amalgamation of the Department of Seniors and Long-Term Care with Department of Health.

Sub-Appropriation Description

Minister's Salary (21.1a)

The ministers' salaries provide additional compensation to which individuals appointed to the Executive Council are entitled.

Key Objectives

- In accordance with the goals and strategic priorities established by the premier and cabinet:
 - provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.

- provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans.

Executive Support (21.1b)

Coordinates and administers the activities of the department in order to meet government policy objectives and provides administrative leadership to the department.

Key Objectives

- Provide executive support to the minister of Health, Seniors and Long-Term Care in achieving objectives through strategic leadership, management, policy development, program determination, and administration of the departments and broadly defined health services delivery system.

Main Activities

- Provides advice to the Minister on all aspects of policy affecting the department.
- Coordinates and manages the activities of the department.
- Administrative support for the offices of the Minister and Deputy Minister.

Expected Results

- Establish departmental policies.
- Implement and manage departmental activities and projects.
- Delivering of administrative services to the offices of the Minister and Deputy Minister

Administration (21.1c)

Key Objectives

- Provide strategic leadership to advance and support the objectives and priorities of the department with focus on:
 - Financial oversight, accountability, and financial performance management in the department, and of actors and activities in the health care system.
 - Supporting the financial needs of the commissioning and accountability management (CAM) framework in Manitoba, including leading the allocation of resources to provide a trusted base for population health management and performance improvement.
 - Funding programs and services in an innovative and modernized manner.
 - Providing high quality financial analysis and advice that helps the health system better understand and deliver on mandates, priorities and needs.

Main Activities

- Focus on excellence in financial management through the effective and efficient resourcing of the department and the health care delivery system ensuring value (resource, efficiency, quality, outcomes) is received for taxpayer dollars.
- Develop and maintain financial policy, standards and processes for commissioning and contracting, aligning to government requirements and acceptable professional accounting practices.
- Provide timely, accurate, relevant information and analysis to inform the actions and decisions of the public, patients, providers, policy makers, administrators, and planners of the health care system, and to meet population health objectives.

Expected Results

- Effective delivery in health programs and services through more accountable means in funding and oversight.
- Optimized mechanisms through which health programs and services are commissioned, leading to allocative and technical efficiency and economy.
- Improved decision making through the provision of timely and accurate financial information, and analysis.

Comptrollership (21.1d)

Provides management and oversight of integrated financial planning, comptrollership, budgetary and accounting services, and develops financial systems, policies and procedures in accordance with government priorities and policies.

Key Objectives

- Provide management and oversight of integrated financial planning, comptrollership, budgetary and accounting services, and develops financial systems, policies, and procedures in accordance with government priorities and policies.
- Provide evidence informed identification and fair allocation of both tangible and fiscal resources, and, through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.

Main Activities

- Design and development of health sector estimates submission with full adherence to central government resourcing parameters and planning assumptions.
- Coordination and preparation of consolidated financial reporting for the department, ensuring the information is efficient, accurate and consistent.
- Provide financial expertise, consultation, and analysis to all branches within the department to ensure there is a common understanding of financial and legislative requirements necessary to align the department's financial planning processes with strategic priorities of government.
- Leads transactional accounting – recording the financial events of the business according to acceptable practices. Examples include accounts payable, accounts receivable, purchasing and invoicing.

Expected Results

- Effective and efficient use of tangible and fiscal resources for departmental programs and external agencies consistent with the established priorities of the department and government.
- Efficient and accurate preparation of annual planning and reporting documents, such as the Estimates, quarterly financial reports and other financial reports or documents.
- Efficient, accurate information provided to government on the fiscal status of the department.
- Efficient and effective use of information technology systems to support the information requirements of the department.

Key Initiatives:

- Comptrollership ensures financial oversight, accountability, and effective financial performance management within the department and across actors and activities in the healthcare system, all aimed at maximizing value for taxpayer dollars. The branch develops and executes robust internal and budgetary controls, overseeing the department and divisional budgets in alignment with government directives, The Financial Administration Act, departmental policies, guidelines, and recognized professional accounting standards such as Canadian Generally Accepted Accounting Principles (GAAP) and the accounting standards issued by the Public Sector Accounting Board (PSAB). In 2024/25, work

will continue to champion central government quality improvement initiatives, encompassing endeavors such as SAP/ERP modernization and procurement modernization, among others. Take the lead in transactional accounting, ensuring the accurate recording of financial events within the business in accordance with accepted practices.

Financial Commissioning (21.1e)

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

Key Objectives

- Provide a complete identification and fair allocation of both tangible and fiscal resources for the Service Delivery Organizations, and through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- Lead the financial commissioning functions within the department's commissioning and accountability management role in collaboration with other branches of the Department. This includes both commissioning of operating as well as capital requirements in concert with other branches.
- Develop and maintain financial commissioning policy and procedures in alignment with government requirements.
- Provide fiscal oversight, through monitoring and reporting the effective and efficient use of resources of all health entities in collaboration with Accountability Management / Performance and Oversight Division.

Main Activities

- Design and develop financial commissioning approaches and methodologies to be used in Manitoba healthcare sector.
- Provide financial expertise, consultation, analysis, and econometric support, including value for money analysis capacity, to ensure a common understanding of financial and legislative requirements necessary to align the department's financial planning processes with strategic priorities of government.
- Provide financial analysis to develop an evidence-informed allocation of both tangible and fiscal resources informing the determination of funding allocations to health authorities and other health organizations.
- Provide a fair and equitable distribution of funds to service delivery organizations in accordance with government priorities and legislation.
- Develop and maintain financial commissioning policy and procedures in alignment with government requirements.
- Provide oversight of financial resources through communicating financial policy and expectations, monitoring compliance, and reporting in accordance with government priorities.
- Synthesis of financial results of health authorities and service delivery organizations quarterly cash flow forecasts and variance explanations on both a core and summary basis as required for Public Accounts.
- Provide routine reporting, cashflow, and other analysis on principal and interest costs related to capital endeavours.
- Provide in-depth budget analysis and reports to senior management and Treasury Board Secretariat.

Expected Results

- Expand capacity within the branch through training and strategic hiring aimed at building commissioning design, and value for money expertise.
- Financial expertise and direction provided to the Service Delivery Organizations in support of various government projects and initiatives, specifically for operating, medical and capital funding requirements, including recommendations for investment and disinvestment.
- Produce evidence-based financial recommendations along with the associated risks and opportunities by using extensive financial analysis and rigor.
- Enhanced accountability mechanisms designed to increase oversight and stewardship of financial resources because of stronger legislation, policy, and accountability agreements.
- Assurance that the financial position of the Service Delivery Organizations is accurate, complete, and align with authorities provided by way of external audited financial statements.
- Complete, consistent, and reliable financial reporting that can be used to inform current performance and future strategic planning of the health system and enhance accountability through public reporting.

Key Initiatives

- Financial Commissioning ensures financial oversight, accountability, and financial performance management in the department, and of actors and activities in the health care system ensuring value for taxpayer dollars. The branch supports the financial requirements of the commissioning and accountability management framework in Manitoba, including leading the allocation of resources to provide a trusted base for population health management and performance improvement. Additionally, the branch designs and develops the health sector estimates submission with full adherence to central government resourcing parameters and planning assumptions, including greater integration with government summary budgeting efforts. The branch provides high quality financial analysis and advice that helps the health system better understand and deliver on mandates, priorities, and needs.

Health Policy and Planning (Res. No. 21.2)

Main Appropriation Description

Supports government in developing policy objectives and planning solutions for the health care delivery system and implements and oversees government direction. Oversees department, system, workforce and infrastructure planning and forecasting across the health care delivery system. Provides advice for the development, implementation, and oversight of policies.

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Administration	4.00	345	4.00	358	
Infrastructure	18.00	4,534	18.00	4,568	
Planning and Knowledge Management	32.05	4,043	32.05	4,267	
Policy and Standards	22.00	2,490	22.00	2,667	
Quality and Citizen Experience	7.00	1,832	7.00	1,797	
TOTAL	83.05	13,244	83.05	13,657	
Expense by Type					
Salaries and Employee Benefits	83.05	5,776	83.05	6,299	
Other Expenditures	-	7,367	-	7,257	
Grant Assistance	-	101	-	101	
TOTAL	83.05	13,244	83.05	13,657	

Sub-Appropriation Description

Administration (21.2a)

Key Objectives

- Provides strategic leadership and advice which advances the mandate of government through effective health system planning.
- Provides strategic leadership and oversight of both provincial policies and relevant legislation.
- Provides leadership and oversight of health workforce investments and policies.

Main Activities

- Supports and enables the implementation of the policy framework.
- Enables the development, design, or review of new or current legislation.
- Enables the continued modernization of the critical incident notification system, and continued implementation of the provincial quality framework.
- Enables the engagement of citizens across Manitoba through systems such as EngageMB.
- Enables the branches to work with the SDOs and ensure annual and strategic plans are in alignment with Department direction and SDOs are effectively implementing these plans.

- Enables the planning for and review key investments and policies that support a provincial HHR strategy.

Expected Results

- Effective implementation of ministerial mandates through robust strategic and annual planning processes.
- Long term horizon scanning and business intelligence that informs strategic policy and planning decisions.
- Health human resource investments and policies that enable retention, recruitment, and training of new HHR resources across Manitoba, including in rural and northern areas.
- Timely and enabling legislation that supports government and its priorities.
- Timely review and implementation of key health policies that support effective delivery of care, and system governance.
- Engagement of the citizen voice in policy and planning decisions and effective monitoring of the quality of the health care services being delivered, including timely and transparent critical incident reporting.

Infrastructure (21.2b)

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

Key Objectives

- Provide strategic level leadership for health infrastructure through planning, policy and oversight for the physical assets, and information and communication technologies needed to deliver health care services and for long-term sustainability of infrastructure.
- Oversee development and implementation of the health capital program and advise government on infrastructure policy and program requirements to support health care objectives.

Main Activities

- Provide advice and recommendations for government decision-making on health infrastructure investments.
- Oversee progress and status of the capital program including forecasting in the areas of infrastructure maintenance and replacement requirements, and emerging infrastructure needs.
- Develop appropriate program and policy options for infrastructure to support the continued delivery of healthcare across the province in an efficient, effective, sustainable, and sufficiently flexible manner to meet the changing needs of the population as well as requirements of innovation in service delivery.

Expected Results

- Continue the provision of strategic guidance for infrastructure investment to establish expectations and conditions within 2024/25 capital program including adoption of a cross-functional approach to planning and delivery of infrastructure, and projects. Oversight of the development of multi-year infrastructure plans which support health objectives and are sustainable and sufficiently flexible to meet changing needs and requirements of innovation.
- Oversight of health infrastructure planning, development, and completion of infrastructure-based projects across the multi-year strategic capital plan. Support government decision-making and

funding for capital program projects. Ensure transparent and equitable application of policies related to procurement practices, infrastructure development, infrastructure sustainment, departmental funding, and community cost-sharing. Initiate the development of policy to support the implementation of an Asset Management Framework for healthcare system infrastructure which will allow for the accurate and timely reporting of current conditions and schedule for addressing repairs or replacement.

- Continue to manage, maintain, and provide security of the department systems and processes in support of user's access to information and in compliance with required availability targets.

Key Initiatives

- Infrastructure continues to oversee investment in capital improvement which strengthen health system delivery overall. Specifically, these include investments in health facilities, information, and communications technology (ICT) and the basic and specialized equipment critical to providing healthcare services in Manitoba. The branch's work includes developing the annual capital plan and providing oversight of its progress and status of specific projects. Within this framework, Infrastructure also plays an important role in providing advice and recommendations for decision-making. Major capital projects during 2024/2025 will include multiple initiatives tied to the Clinical and Preventative Services Plan, province-wide improvements to address fire life safety improvements in personal care homes and hospitals, a primary health care clinic in the northern region and multiple ICT initiatives to move the province towards more consistent and accessible electronic medical records.

Planning and Knowledge Management (21.2c)

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

Key Objectives

- Align planning across the system by leading, facilitating, and coordinating key planning functions such as strategic and operations planning, governance, and risk management.
- Provide leadership and coordination for several department processes, such as preparation and distribution of the department's Supplementary to the Estimates and Expenditures and the Annual Report.
- Implement the department's French Language Services Plan and provide consultative and advisory support and guidance to health-related service delivery organizations.
- Coordinate departmental and health system responses to various audits, investigations, inquiries, inquests, and other external reviews and to provide coordination support for the governance of health-related agencies, boards, and committees.
- Facilitate the departmental business case appraisal process which ensures health system funding proposals receive due diligence and business cases are aligned with government priorities and health plans.
- Report department and health system progress on government commitments.
- Conduct broad horizon scanning for emerging issues and best practices concerning health care.
- Provide policy direction and departmental leadership in the development of health human resource policy, planning, and monitoring.

Main Activities

- Develop a planning framework that will guide the department in implementing its planning function and integrate with policy, funding, and oversight functions.
- Coordinate and communicate the health system's annual strategic and operational plans and reporting.
- Coordinate, support and develop required department planning and accountability reports, such as the SEE and Annual Report.
- Coordinate departmental and health system information gathering, analysis in support of and in response to various audits, investigations, inquiries, inquests, and other external reviews.
- Manage the department's health system business case appraisal process.
- Coordinate progress reporting on government commitments.
- Conduct broad horizon scanning for emerging healthcare governance and service delivery innovations, issues, and trends, including monitoring research publications and reports.
- Provide strategic relationship analysis and advice in support of stakeholder and other key relationships.
- Support department priorities and objectives in health human resource planning.
- Collaborate with other government departments and the service delivery organisations to ensure appropriate supply of health care providers. This includes supply, utilization, legislation, and workforce strategies for all health care providers to support the delivery of health care in Manitoba.
- Provide policy advice on service impacts related to scope of practice of health care providers.

Expected Results

- Completion of the planning framework resulting in strengthened health system planning, governance, and accountability.
- Requirements for SEE and Annual Report are met, as required by legislation.
- Improved awareness of The Francophone Community Enhancement and Support Act requirements.
- Timely responses to various audits, investigations, inquiries, inquests, and other external reviews.
- Demonstrated due diligence and alignment with government priorities in the review of business cases.
- Continued progress and reporting on government commitments.
- A sustained intake and graduation of potential health professionals into all current education programs commensurate with health system needs with the result of an optimum number of health professionals graduating and working in Manitoba.
- Scope of practice regulations for regulated health professions reviewed to provide efficient service options within the health system.
- Improved efficiency of the licensure process for Internationally Educated Health Professionals through the increased participation of employers and colleges.

Key Initiatives

- In 2024/25, Planning and Knowledge Management will continue to focus on high priority system issues and improvements. The branch's core work will focus on:
 - Delivering, providing guidance and cross departmental coordination on a health human resource strategy.
 - Providing guidance to SDO's on their annual operating plans to ensure that services are delivered in accordance with the minister's mandate and our values.

- Ensuring accountability within the department regarding any audits or inquests and due diligence within business cases
- Monitoring and reporting on progress toward the mandates our minister has been provided.

Policy and Standards (21.2d)

Undertakes activities to develop and provide policy advice and solutions on a range of health system issues and government policy decisions. Leads the design and development of various forms of policy to sustain accountability to government direction. Monitors health system compliance with policies and achievement of policy objectives.

Key Objectives

- Inform and support government decision-making on health system policy, standards, and objectives through the provision of policy advice and development.
- Lead the development of governance and department health policy and standards to ensure sustainment of and accountability to government direction.
- Obtain and maintain information on health system policy and program activities nationally and internationally to inform health system innovations and best practices.
- Monitor policy compliance within the health system to ensure adherence to standards and achievement of policy objectives.
- Guide and support department branches through the policy development cycle to ensure consistent and complementary policy design and alignment.
- Lead the establishment and execution of the provincial health policy framework to standardize and build department capacity in policy development and implementation.

Main Activities

- Provide recommendations on health system policy to align with the department's mandate of policy, planning, funding, and oversight.
- Undertake policy development, including policy research and analysis, policy consultation with internal and external stakeholders, solicitation of policy authorities and direction, and policy implementation.
- Undertake horizon scanning for emerging health system policy issues and trends and maintain health sector knowledge to support the government initiatives.
- Review existing health policy and provide recommendations for revisions, transfers, or repeals to align with health system requirements.
- Monitor policy audits and compliance with policies, adherence to standards, and achievement of policy objectives, in collaboration with other branches.
- Prepare reports to government on compliance with policies, adherence to standards, and achievement of policy objectives.
- Work together with all branches of the department to establish consistent policy processes and alignment in health system policy design and implementation.
- Develop departmental standards and processes for policy, including departmental policy framework, education, and training on policy development.
- Facilitate the departmental policy development and management processes.
- Build department capacity for policy development and implementation.

Expected Results

- Alignment of health system policies with service delivery expectations by providing comprehensive policy advice and recommendations to government.
- Strengthened government and department health policies and standards to ensure sustainment of and accountability of government direction.
- Alignment of health system policy with current best practices, government direction, and priorities.
- Health policies are current, up-to-date, and aligned with health system requirements.
- Improved reporting and awareness with respect to policies, adherence to standards, and achievement of policy objectives.
- Department wide efficient and accurate policy audit processes.
- Improved engagement, consistency, and capacity of department branches in health policy development, design, and implementation.
- Department staff are educated on policy development design and implementation.

Key Initiatives:

- Policy and Standards continues to provide policy advice to government and develops governance policies for the health system to ensure the provision of safe, sustainable, accessible, and accountable health services, that promote equity and people-centred service delivery. Work will continue to modernize the Northern Patient Transportation Program policies to adapt to health system operations and address transportation challenges for northern Manitobans. Aligning home care policies with health system roles and the modernization of home care services, to establish governance policies for home care that oversee consistent provincial standards for service provision. The branch will oversee the expansion of northern dialysis services to ensure equitable access closer to home and provide oversight to the expansion of the provincial Forensic Nurse Examiner program (FNE).

Quality and Citizen Experience (21.2e)

Oversees health system quality that includes patient-centred care, patient safety, accreditation, and public engagement.

Key Objectives

- Promote and support excellent client service and citizen experience in those services delivered by the department.
- Advance the department's capacity to engage the public to provide input to policy and process in congruence with best practice and government wide principles.
- Oversee health system quality, including patient safety, people-centered care, and patient experience.

Main Activities

- Develop and monitor standards and benchmarks for excellent client service.
- Support department to identify strategic opportunities for public engagement, develop engagement plans in collaboration with Engage MB and create processes to integrate learnings from public engagement into department work.
- Set policy direction and monitor health system performance relative to quality.

Expected Results

- Ensure service delivered by the department are responsive and foster positive citizen experience.
- Department processes support and facilitate engagement with the public.

- Policy directives and reporting mechanisms are in place to ensure that the health system is providing quality health services to Manitobans.

Key Initiatives

- Quality and Citizen Experience supports the delivery of quality health care for Manitoba patients, families, and seniors through the following key initiatives that it oversees:
 - the modernization of patient safety reporting and policies to ensure incident reporting and risk management result in quality improvement.
 - the implementation of a provincial accreditation model that supports the provincial application of standards, government projects planning.
 - the engagement with patients, families, public, and workforce when planning clinical services, program design, policy and strategy. Engagement supports a people-centred health system that values the community and respects the workforce.

Insurance (Res. No. 21.3)

Main Appropriation Description

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

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Administration	3.00	311	3.00	310	
Department Services	29.00	2,641	29.00	2,751	
Non-Insured Benefits	63.50	4,898	63.50	5,232	1
Insured Benefits	103.00	6,540	103.00	6,836	1
Medical Remuneration and Strategy	12.00	189	12.00	198	
TOTAL	210.50	14,579	210.50	15,327	
Expense by Type					
Salaries and Employee Benefits	210.50	12,080	210.50	12,832	
Other Expenditures	-	2,085	-	2,081	
Grant Assistance	-	414	-	414	
TOTAL	210.50	14,579	210.50	15,327	

¹ Decrease due to salary adjustments.

Sub-Appropriation Description

Administration (21.3a)

Key Objectives

- Provide strategic leadership to advance and support the objectives and priorities of the department with a focus on:
 - insured benefits
 - non-insured benefits
 - compensation and medical remuneration

Main Activities

- Provide strategic leadership to:
 - Ensure appropriate determination of eligibility for insured benefits and services and efficient processes for registering eligible residents in the insurance plan.
 - Ensure effective management and monitoring of fee-for-service payments made on behalf of Manitoba residents to health care providers insured under the provincial health insurance plan.

- Ensure the availability, accessibility, affordability, and appropriate utilization of provincially funded drug benefits across the continuum of care, including pan-Canadian efforts for the listing and pricing of prescription drugs.
- Leads the oversight of health system planning related to physician compensation (medical remuneration) and insured services expenditures. Ensures alignment with government policy priorities and health system's clinical requirements.
- Provide day-to-day administration and management of the division.

Expected Results

- Foster a sustainable Insured Benefits program in Manitoba administered in accordance with legislative requirements.
- Create equitable and appropriate utilization of provincially funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
- Align to government policy priorities and health system's clinical requirements through compensation, medical remuneration (physician payment) and insured services expenditures.

Department Services (21.3b)

Develops and supports alignment with administrative policies, processes, and standards, as well as leads departmental communications, operations, and employee wellness, engagement, and diversity/inclusion efforts. Provides administrative, technological, and logistical support to the departments of Health, Seniors and Long-Term Care, and Housing, Addictions and Homelessness.

Key Objectives

- Provides corporate planning and coordination of internal operations, process improvement, and equity, diversity, inclusion, and workplace culture strategies.
- Leads corporate administrative processes pertaining to agencies, boards, and commissions, in particular, the Manitoba Health Appeal Board.
- Develops, coordinates, and maintains public-facing communications channels and materials to provide accurate and timely information and solutions to Manitobans about their health care experience.

Main Activities

- Leads complex technology-driven projects for front-facing services, such as modernizing health benefit application processes.
- Facilitates information and communications technology supports for all areas of the department, including managing the department's internet and intranet sites, telephones, mobile devices and computer assets.
- Develops, and implements improvements for internal administrative and operational processes, such as streamlined attendance reporting, employee on-boarding, records archiving, office moves, health and safety, etc.
- Manages facility and office space planning, maintenance, and improvement.
- Facilitates engagement with Manitobans by coordinating ministerial correspondence and speaking notes, as well as connecting Manitobans with service delivery organizations to provide solutions to experiences in the health care system.
- Manages authority seeking documents and administrative processes related to health-related agencies, boards and commissions.
- Leads workplace culture, employee engagement, and equity, diversity and inclusion strategies including activities to promote wellness, psychological safety, accessibility, and employee engagement.

Expected Results

- Improve Manitobans' access to insured and non-insured health benefits, as well as accurate information about the health care system.
- Facilitate the outward-facing functions of the department by strengthening internal drivers of success, such as the built environment and workplace culture.
- Support governance of the health care system with timely appointments to health-related agencies, boards, and commissions.

Key Initiatives

- Department Services supports excellent whole person integrated health care by ensuring that the department has the internal resources and supports needed to fulfill the department's vision and mission. The branch's leadership in process improvement, leveraging technology, employee engagement, and culture building embodies the department's values.

Non-Insured Benefits (21.3c)

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

Key Objectives

- Manage and maintain drug and/or device formularies that provide the greatest number of appropriate and evidence-based products for the greatest number of Manitobans, at the lowest possible price to meet financial targets supporting financial sustainability.
- Administer and manage all aspects of Non-Insured Benefits' claims processing.
- Ensure an equitable personal care home rate structure through the management of the assessment and appeal processes.
- Recommend policies and/or amendments associated with The Pharmaceutical Act, The Prescription Drugs Cost Assistance Act, or The Health Services Insurance Act.

Main Activities

- Determine eligibility for drug benefits, assess and adjudicate claims submitted by service providers and by Manitoba residents, and provide payment in accordance with fees and criteria contained in The Prescription Drugs Cost Assistance Act, The Pharmaceutical Act and The Health Services Insurance Act.
- Operate a help desk to provide information and support for the public and community pharmacies regarding Pharmacare application status, benefit coverage and adjudication of claims through the Drug Programs Information Network.
- Manage the processing of application forms for the various drug programs (Pharmacare, Home Cancer Drug Program, Palliative Care Drug Access Program), deductible adjustment requests, claim adjustment/reversal requests from pharmacy providers, out-of-province prescription medication receipts, and requests for prescription drug histories.
- Manage the Exception Drug Status Program.
- Participate within the pan-Canadian Pharmaceutical Alliance to leverage negotiation potential.
- Manage and oversee clinical aspects of drug coverage decisions and recommendations.
- Provide secretariat support to the Manitoba Monitored Drugs and Review Committee (MMDRC), the Manitoba Drug Standards and Therapeutics Committee (MDSTC), and the Provincial Drug Programs Review Committee (PDPRC).

- Review and adjust drug plan formularies to manage drug shortages, incorporate innovative new products where appropriate, delist older, less clinically and/or less cost-effective products, and identify potential clinical gaps in the formularies to address as many treatment options as possible for Manitobans.
- Actively participate with Canadian Agency for Drugs and Technology in Health (CADTH) as part of the Common Drug Review process.
- Manage the process of auditing and investigating pharmacies to ensure prescription drug claims are complying with The Prescription Drugs Cost Assistance Act and its regulations.
- Maintain a pharmacy agreement with all pharmacies.
- Develop and lead the implementation of policies and strategies for Ancillary Programs and other non-pharmaceutical programs administered by Non-Insured Benefits.
- Manage the assessment and review/appeal processes for the Residential Charges Program.

Expected Results

- Continued identification and assessment of clinical and financial risks associated with population needs, changing demographics, pipeline forecasts, market entry timelines, utilization rates, and global market forces with drugs and/or devices.
- Consider MMDRC's, MDSTC's, and PDPRC's recommendations and advice for continued alignment with overall health system and patient needs.
- Continued alignment of health professional prescribing decisions with CADTH's recommendations.
- Effective management of internal processes and procedures for professional clinical review and/or adjudication of requests for coverage of drugs listed with specific clinical coverage criteria.
- Continued assurance of appropriate turn-around-time for claims processing and accountability for these timelines to public stakeholders.
- Continued assurance of an equitable rate structure for the Residential Charges Program.

Key Initiatives

- Non-Insured Benefits will review the current coverage of menopausal drugs under the Manitoba Drug Benefits Formulary to achieve therapeutic alignment with the variable symptoms women face in their menopausal years in support of the government of Manitoba's commitment to improving health care for women. The branch will work with community partners, women's health experts and pharmacies to develop a program that removes barriers from accessing prescription birth control while ensuring that care and services continue to be available at the community level, in support of the government of Manitoba's commitment to provide free prescription birth control. Establish streamlined client-centered services such as modernized application procedures and improved information for clients on how to access coverage under the Manitoba Pharmacare Program. Continue to ensure that new, innovative, Health Canada approved, and evidence informed drugs are added to the provincial formulary for Pharmacare upon successful completion of the common drug review process and successful negotiations with pharmaceutical companies for product listing. Continue to ensure that new generic drugs are added to the provincial formulary for Pharmacare to promote financial sustainability, as they become available in the Canadian marketplace. Lastly, review and update product and device listings offered within the Ancillary Services portfolio.

Insured Benefits (21.3d)

Plans, manages, and monitors registration of Manitoba residents for benefits and fee-for-service payments to health care providers insured under the provincial health insurance plan. Interprets and translates benefits under the provincial health insurance plan to advise and direct service delivery organizations for alignment

with requirements of The Canada Health Act. Establishes policy, benefit plan design, and corresponding legislative amendments to support government goals and priorities in the delivery of health care. Supports the development of negotiation mandates for health care providers, professional associations, and other provincial plans.

Key Objectives

- Manage primary administrative aspects of the fee-for-service (FFS) remuneration system, including to inform negotiation of and amendments to the Manitoba Physician's Manual.
- Administer most aspects of the insured health services and benefits program, including the registration of Manitoba residents for provincial health plan coverage, FFS claims processing, inter-provincial reciprocal billing agreements, hospital abstracts, out-of-province claims, out of province transportation subsidies, practitioner registry, audit, and investigation of fee for service billings, and third-party liability recoveries for insured services. This includes providing policy development in the areas of service improvement, legislative changes, and benefit plan design to support the department's goals and priorities in the delivery of health care.

Main Activities

- Determine eligibility for insured services and benefits and provide information to the public and health care providers about the coverage provided under the provincial health plan.
- Maintain a database of Manitoba residents eligible for coverage under the Manitoba Health Services Insurance Plan.
- Assess and adjudicate claims submitted by providers of service and registrants and provide payment to physicians, optometrists, oral surgeons, and chiropractors pursuant to the regulations under The Health Services Insurance Act.
- Assist and inform the negotiation of benefit changes with health care providers, professional associations, and other provincial plans.
- Update and maintain an online electronic version of the Manitoba Physician's Manual.
- Maintain a provider registry in relation to the payment of insured services.
- Provide information regarding out-of-province coverage for medical and hospital care and financial support through transportation subsidies provided to patients who must travel outside the province to obtain medically necessary services that are not available within Manitoba.
- Make payments to other provinces for Manitoba residents who have received insured care in other provinces, under the terms of the Canada Health Act and the Inter-Provincial Reciprocal Billing Agreements and recover funds for care provided in Manitoba to residents of other provinces.
- Assess and adjudicate claims for costs incurred by Manitoba residents for accessing practitioners or hospitals when emergency medical care is needed while temporarily travelling or residing outside the country.
- Process hospital abstracts data with respect to the admission/discharge activities of Manitoba hospitals.
- Provide telephone intake for Family Doctor Finder, a service to help Manitobans to locate a regular primary care provider.
- Monitor billing practices of practitioners to identify deviations from the norm and interpret current and emerging trends.
- Conduct investigations of benefits paid on behalf of registrants to ensure compliance with provincial legislation and recover benefits inappropriately paid to providers and recipients of service and other inappropriate utilization of the insurance programs administered.
- Recover hospital and medical costs where a third party is liable for the costs incurred.

Expected Results

- Create a sustainable Insured Benefits program in Manitoba administered in accordance with legislative requirements.
- Sustain a customer-focused service for patients and health care providers who are informed of and receive payment for insured benefits to which they are entitled under the provincial health plan.

Key Initiatives

- Insured Benefits is modernizing the communications and service delivery model for health insurance registration and insured benefits services. New technology options will increase the choice, enhance access and improve service quality for citizens. Improvements to physician fee-for-service billing systems will improve the efficiency of claim processing, by reducing manual processes and administrative burden.

Medical Remuneration and Strategy (21.3e)

Leads the oversight of health system planning related to physician compensation (medical remuneration) and insured services expenditures. Ensures alignment with government policy priorities and health system clinical requirements.

Key Objectives

- Develop appropriate funding and remuneration arrangements with physicians, optometrists, chiropractors, and dentists and oral surgeons providing in-hospital services in the context of an integrated provincial health human resource framework that aligns with the government's priority of a sustainable and innovative publicly funded health care system.
- Represent the department, and to act on behalf of health care organizations, in negotiations concerning fee-for-service and alternate-funded remuneration.
- Administer both fee-for-service and alternate-funded agreements/arrangements.

Main Activities

- Ensure the accurate and efficient implementation of fee-for-service agreements through liaison with the department's Fee-For-Service/Insured Benefits unit and Information Management & Analytics branch.
- Administer the fee-for-service/alternate-funded agreements negotiated with professional associations: Doctors Manitoba, Manitoba Chiropractors' Association, Manitoba Association of Optometrists, Manitoba Dental Association, Pharmacists Manitoba, Professional Association of Residents and Interns of Manitoba, Physician and Clinical Assistants of Manitoba, etc.
- Oversee preparation of contract mandate requests and contract negotiations for nursing, professional/technical and paramedical, maintenance and trades, and support sectors.
- Review and develop policies related to medical and medical-related professionals to ensure consistency with internal and external benchmarks.
- Provide policy advice to the deputy minister and minister regarding medical, medical-related, nursing, professional/technical, support and maintenance and trades labour relations matters.
- Develop new and innovative medical and medical-related remuneration models that support timely access to quality care and enhance the sustainability of the health care system.

Expected Results

- Administration of the current physician Master Agreement between the Government of Manitoba and Doctors Manitoba in support of service delivery organizations.
- Identification of priorities and development of strategies for renewal of the physician Master Agreement.

- Uninterrupted delivery of medical services within the province.
- Alignment of labour relations strategies for negotiations with nursing, professional technical paramedical, support and maintenance and trades staff between the department and the health system.

Key Initiatives

- Medical Remuneration and Strategy supports department objectives by implementing Manitoba's new family medicine compensation model and facilitating the conclusion of collective bargaining in a variety of health sectors.

Public Health (Res. No. 21.4)

Main Appropriation Description

Provides strategic leadership and oversight to public health programs and services across Manitoba, in addition to Intergovernmental and Indigenous relations, administration of responsibilities under The Protection for Persons in Care Act, long-term care and emergency standards and licensing functions, and administration of the legislative mandates of the Minister of Health, Seniors and Long-Term Care, including the development of new or amended statutes and regulations. Public Health is also responsible for direct service delivery to Indigenous populations including the management of three northern nursing stations.

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Administration	4.00	398	5.00	413	
Population and Public Health	126.55	19,509	140.55	18,141	1
Intergovernmental and Indigenous Relations	7.00	1,445	7.00	1,524	
Office of the Chief Provincial Public Health Officer	20.20	7,238	20.20	7,776	2
Legislative Unit	10.00	1,559	10.00	1,602	
Licensing and Compliance	28.00	2,601	28.00	2,601	
TOTAL	195.75	32,750	210.75	32,057	

Expense by Type

Salaries and Employee Benefits	195.75	22,030	210.75	22,349	
Other Expenditures	-	9,611	-	8,599	1
Grant Assistance	-	1,109	-	1,109	
TOTAL	195.75	32,750	210.75	32,057	

¹ Increase to provide support to Sexually Transmitted and Blood-borne Infection (STBBI) programs and reduction of temporary positions created for COVID-19 pandemic.

² Decrease due to salary adjustments.

Sub-Appropriation Description

Administration (21.4a)

Key Objectives

- Improve and protect the health of Manitobans through population and public health system policy, planning, oversight, and clinical leadership related to communicable disease prevention and management, environmental health and emergency preparedness, and population and public health programs.

- Protect, promote, and advance patient health and safety through standards setting, licensing and compliance management (visits and investigations) for emergency response services and long-term care, including responsibilities under the Protections for Persons in Care Act.
- Support the health system's need for standardized, high quality data and information to inform the management of the health system, research, and public accountability.

Main Activities

- Provide strategic leadership and oversight to population and public health programs and services across Manitoba, in addition to administration of responsibilities under the Protections for Persons in Care Act, long term care and emergency standards and licensing functions, and provincial health information management and analytics.

Expected Results

- A public health system that is provincially aligned, promotes, and protects the health of Manitobans and is responsive to the public health priorities.
- An effective licencing and compliance program for personal care homes, and ground and air ambulances, that ensures Manitoban's have access to safe and high-quality care, that meets provincial standards, and effective administration of the responsibilities under the Protections for Persons in Care Act.
- Health system managers, researchers and the public have access to high quality provincial health data, and analyses, in a controlled, secured, and standardized way.

Population and Public Health (21.4b)

In collaboration with the Office of the Chief Provincial Public Health Officer, leads the population and public health system policy, planning, oversight, and clinical leadership functions, to advance the health of the population; leads and co-ordinates the health system on emerging public health issues, and ensures that health protection services are delivered.

Key Objectives

- Provide provincial population and public health leadership, system coordination and oversight, through the implementation of core public health programs and policies designed to improve the health status of all Manitobans, support healthier communities, and reduce health inequities. The focus includes health promotion and health protection for the prevention, identification and control of diseases, environmental concerns, and other emerging issues that affect population health. The work is grounded in the national and internationally recognized core functions of population health assessment, health surveillance, health protection, disease and injury prevention, health promotion, and emergency preparedness and response.

Main Activities

- Use population health assessment, epidemiology, and surveillance as a basis for public health policy and practice.
- Provide clinical leadership that enact the core functions of public health to improve population health and close health gaps.
- Develop and update evidence-informed policies, protocols, standards, guidelines, and training to support consistent provincial public health practice.
- Use The Public Health Act to improve population health outcomes and reduce health risks.
- Work collaboratively with partners to advance governmental, inter-governmental, regional, and cross-jurisdictional population and public health priorities.
- Administer core public health programs including publicly funded vaccine programs.

- Lead and coordinate public health emergency preparedness by proactively assessing, planning for, and responding to population-level hazards and emerging issues of concern.
- Coordinate and collaborate with the health system to respond to public health issues.
- Support and advance community and Indigenous-led approaches and initiatives to reduce health inequities and improve community and population health outcomes.

Expected Results

- Public health policy and practice is informed by population health assessment, epidemiology and surveillance, evidence, and input from community leaders and health providers.
- New and updated policies, protocols, standards, guidelines, and training are implemented for consistent public health practice.
- Partnerships, community and Indigenous-led approaches, and health system engagement support responses to emergent and urgent public health issues.
- Public health evidence and leadership is integrated into government and community decision making processes and policy approaches to improve population health outcomes and reduce health inequities.

Key Initiatives

- Population and Public Health is responding to the increasing rates of sexually transmitted blood-borne Infections (STBBIs) by continuing to make strategic investments that support identification of new cases and trends (surveillance), community and Indigenous-led models of prevention and care, and equitable access to testing and treatment for more Manitobans. The branch is also developing and implementing a new provincial program that will remove the cost barrier for prescription birth control, while ensuring that access, care, and services continue to be available at the community level. Solidifying and implementing processes, structures, workforce, and other resources that support public health modernization, create efficiencies, and advance public health system readiness and effective program delivery.

Intergovernmental and Indigenous Relations (21.4c)

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

Key Objectives

- Establish partnerships that promote reconciliation in accordance with The Truth and Reconciliation Commission recommendations and The Path to Reconciliation Act.
- Provide public policy support that advances the goals and objectives of the department regarding Intergovernmental Affairs and Indigenous Reconciliation, as it relates to health.
- Support engagement and broad discussions on Indigenous Health Transformation initiatives with local and national Indigenous leaders and Federal, Provincial, and Territorial governments.
- Provide information about jurisdictional positions and intergovernmental considerations to advance Manitoba's health priorities at intergovernmental tables such as F/P/T and P/T First Ministers Meeting (FMM), Council of the Federation (CoF), the Council of the Western Premiers (CoWP) Health Ministers Meetings (HMM), and Conference of Deputy Ministers (CDM) and the Intergovernmental Committee of Manitoba First Nation Health and Social Development (ICMFNHSD).

- Provide direct health services and programs such as primary care, public health, and urgent health care services in provincial nursing stations in compliance with the memorandum of agreement (MOA) with the federal government; to administer northern physiotherapy services to northern First Nations communities and to support collaborative administration of the Island Lake Regional Renal Health Program (ILRRHP).

Main Activities

- Lead intergovernmental affairs between Manitoba and the federal government, provincial and territorial governments, Indigenous governments and government organizations, and northern affairs communities with respect to health matters.
- Inform the implementation of the Truth and Reconciliation Commission (TRC) report and compliance with The Path to Reconciliation Act.
- Provide strategic policy and communications, coordinating activities with other ministries, and governments, keeping up with developments in other jurisdictions, and day-to-day liaison with other governments, including Indigenous governments and government organizations.
- Develop, and compile briefing materials for intergovernmental meetings, including Indigenous governments and Indigenous government organizations.
- Advance intergovernmental agreements with F/P/T governments and Indigenous governments and government organizations.
- Administer the nomination process for Manitoba representation and pan-Canadian health organizations such as, Canadian Institute for Health Information (CIHI), Canadian Partnership Against Cancer (CPAC), Canada Health Infoway (CHI), and Canadian Agency for Drugs and Technologies in Health (CADTH).
- Conduct jurisdictional scans among provincial governments and provincial health care delivery systems.
- Advance common correspondence among provincial and territorial governments and draft intergovernmental correspondence for minister and deputy minister of Health Seniors and Long-Term Care, and minister and deputy minister responsible for Mental Health.
- Administer the nomination process for Manitoba representation on intergovernmental committees, including Indigenous governmental committees and organizations.
- Administer direct health services and programs such as primary care, public health, and urgent health care services in provincial nursing stations in compliance with the memorandum of agreement (MOA) with the federal government; and the northern physiotherapy program, and the Island Lake Regional Renal Health Program (ILRRHP).

Expected Results

- Advance Manitoba's position at pan-Canadian Health Organizations, intergovernmental tables, including Indigenous governments and government organizations.
- Annual reporting that reflects greater collaboration with Indigenous governments and organizations in compliance to The Path to Reconciliation Act.
- Renewal of F/P/T Shared Common Health Priorities Agreement.
- Engagement and advanced discussions on Indigenous Health Transformation initiatives.
- Direct primary care, public health, and urgent care services delivered to over 5,000 Indigenous people in northern Manitoba through the three provincial nursing stations.
- Northern Physiotherapy Program, providing physiotherapy services to 10 northern and remote First Nation communities.

- Renal health, dialysis services provided closer to home through the Island Lake Regional Renal Health Program.

Key Initiatives

- Intergovernmental and Indigenous Relations aligns aims to achieve whole person, integrated health care to advance intergovernmental collaboration, including Indigenous governments and organizations, to influence the federal government to be more flexible in how they fund health care and more accountable in how they deliver services, so that the health care better reflects the needs of all Manitobans no matter where they live in the province.

Office of the Chief Provincial Health Officer (21.4d)

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

Key Objectives

- Provide coordinated and integrated public health leadership to the public health services and programs at the regional and provincial levels. In addition to the roles and responsibilities outlined in The Public Health Act, such as the Report on the Health Status of Manitobans, the major areas of focus include health promotion and protection for the identification, prevention and control of diseases that affect population health overall, and health inequities that affect our province's most vulnerable population groups. The chief provincial public health officer (CPPHO) works in collaboration with Population and Public Health branch to assist government, the community and health professionals in the planning and response to public health issues and emergencies.

Main Activities

- Monitor and report on the health status of Manitobans.
- Oversee and/or support the human health risk assessment and public health response to emerging communicable, non-communicable and environmental disease threats.
- Advise on the development and implementation of healthy public policy and make recommendations to the minister on ways to create environments that support all Manitobans to be healthy, promote health equity, and improve population health.
- Support government departments and other partners to improve the overall health of Manitobans and reduce health disparities.
- Take appropriate action consistent with the powers and responsibilities described for the CPPHO in The Public Health Act.
- Advance public health knowledge and capacity.
- Provide clinical leadership in public health medicine.
- Advance healthy public policy within the broad healthcare delivery system.
- Ensure healthy public policy is integrated and aligned with departmental system planning and policy development and is aligned with government priorities.
- Act as a member of the Manitoba Clinical Leadership Team as the lead on public health matters in Manitoba.

Expected Results

- Meet all applicable duties, responsibilities, and requirements of The Public Health Act.
- Provide effective support of government partners related to public health issues.
- Provide appropriate recommendations related to healthy public policy.
- Integration of public health practice into the health care system.

Key Initiatives

- The Office of the Provincial Health Officer supports the department's objectives by consulting and beginning the work on the 2025 health status of Manitobans report; responding to increasing rates of HIV in the province with a whole of government approach; working with partners in the healthcare system and animal health to address the growing concern of antimicrobial resistance; continuing to support Indigenous led approaches and responses to public health priorities, including, but not limited to sexually transmitted and blood borne infections and vaccination; and targeting interventions to reduce the burden of non-communicable diseases.

Legislative Unit (21.4e)

Facilitates the development of new or amended statutes and regulations that are the responsibility of the Minister of Health. Provides information and advice on the application of the statutes and regulations.

Key Objectives

- Facilitate the development of new or amended health statutes to meet the government's legislative agenda.
- Facilitate the development of new or amended health regulations to meet health policy objectives.
- Provide timely, accurate information in relation to health statutes and regulations to internal and external stakeholders and the public.
- Manage the online version of The Personal Health Information Act (PHIA) training modules for departmental management and staff and external stakeholders to support compliance with PHIA.

Main Activities

- Facilitate the development of legislative proposals for new health statutes and amendments to existing health statutes by the department for submission to government.
- Work with relevant departmental management and staff, Legislative Counsel Office, and other stakeholders, including health authorities and health profession regulatory colleges, as required to develop bills approved to proceed.
- Work with relevant departmental management and staff as well as other stakeholders, including health authorities and regulated health profession regulatory colleges, as required to identify new health regulations or amendments to existing health regulations required to meet health policy objectives.
- Provide information and advice to the minister, the deputy minister and to departmental management and staff on the application of health statutes and regulations to departmental activities and responsibilities and in relation to the implementation of new and amended health statutes and regulations.
- Respond to questions from external stakeholders, including health authorities and health profession regulatory colleges, and the public relating to health statutes and regulations.
- Manage and update as required the online PHIA training modules for departmental management and staff and external stakeholders and work to address any administrative issues that may arise in relation to the training modules, as required.

Expected Results

- New health statutes and amendments to existing health statutes are developed to meet the government's legislative agenda.
- New health regulations and amendments to health regulations are developed, as required.
- Timely, accurate information is provided in relation to health statutes and regulations.

- Up-to-date online PHIA training modules are available for departmental management and staff and external stakeholders to support compliance with PHIA.

Key Initiatives

- Legislative Unit supports department objectives by developing regulations to transition regulated health professions from profession-specific Acts to The Regulated Health Professions Act. In 2024/25, the department will continue to develop new and amended health statutes and regulations where required to enable approved departmental initiatives. The Regulated Health Professions Act mandates that health profession regulatory bodies must act in the public interest. It also sets out consistent rules and processes for governance, registration, complaints, and discipline processes as well as regulation and by-law making authority.

Licensing and Compliance (21.4f)

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

Key Objectives

- Support department activities and the health system by providing policy and planning advice relating to licensing and standards for personal care homes (PCHs)/beds, emergency medical response systems/services (EMS), and the protection of persons in care.
- Ensure continuity of services and care, oversee the annual provincial licensing of PCHs and EMS, including processes to monitor and assess license applications and renewals.
- Ensure licensed PCH and EMS systems comply with provincial operating requirements, policies, and standards.
- Administer The Protection for Persons in Care Act (PPCA), the Protection for Persons in Care Office investigates complaints of abuse and neglect and works with the operators of designated health care facilities to ensure the safety of all patients.

Main Activities

- Provide information and education on licensing and standards requirements.
- Undertake licensing functions and inspections for PCHs and ground and air ambulance services.
- Conduct standards reviews and unannounced reviews of licensed PCHs.
- Contribute to work on the First Nations PCH licensing initiative.
- Undertake medical services vehicles and equipment licensing functions and inspections.
- Conduct inspections/audits to ensure effective evaluation of licensed EMS and providers.
- Under the PPCA, receive and inquire into reports of alleged patient abuse and neglect in designated health care facilities.
- Undertake inquiries and investigations, where appropriate, into allegations of abuse and neglect of patients as defined under the PPCA, and issue directions to health facility operators, if required.
- Provide information and education on the PPCA and its reporting requirements.

Expected Results

- Data on allegations of abuse and neglect, PCH standards and EMS performance is available for program and policy planning, implementation, and performance monitoring.
- PCHs are licensed and operated in compliance with the Personal Care Homes Standards Regulation as set out under The Health Services Insurance Act.

- Applications for new or amended PCH licenses are assessed for compliance with PCH standards and recommendations for licensing are prepared.
- Land and air ambulance services and stretcher care services are inspected and licensed in accordance with regulatory requirements.
- Legislation and policies governing EMS response systems are reviewed and updated.
- EMS response standards, policy, protocols, and procedures are developed and aligned with current legislation and regulations.
- Enhanced patient safety through the inquiry and investigation by the Protection for Persons in Care Office of reports of alleged patient abuse and neglect and the issuance of binding directions to address identified concerns or areas of improvement.
- Persons who founded for abuse or neglect of patients are referred to the Adult Abuse Registry.
- Improved awareness by health care facilities and the general public of the process for reporting patient abuse and neglect.

Key Initiatives

- Licensing and Compliance supports department objectives by providing updates to the Manitoba First Responders regulations to allow for greater access to care by all in an emergency response and implementing the recommendations the Office of the Auditor General in its audit of the Protection for Persons in Care Office. The branch anticipates the implementation of a new long-term care standards and corresponding regulatory requirement in late 2024/25.

Performance and Oversight (Res. No. 21.5)

Main Appropriation Description

Oversees the performance of the health care system through the commissioning of health services, management of health information and analytics, and by administering performance management, risk management, and accountability frameworks. Also provides services to the department of Housing, Addictions and Homelessness, related to mental health and addictions.

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Administration	3.00	321	3.00	327	
Accountability Management	14.00	1,319	14.00	1,348	
Health Services Commissioning	26.00	1,602	50.00	1,755	1
Information Management and Analytics	80.00	8,286	80.00	8,648	
TOTAL	123.00	11,528	147.00	12,078	
Expense by Type					
Salaries And Employee Benefits	123.00	10,445	147.00	10,995	1
Other Expenditures	-	1,083	-	1,083	
TOTAL	123.00	11,528	147.00	12,078	

¹ Decrease due to a reduction in temporary, non-frontline positions.

Sub-Appropriation Description

Administration (21.5a)

Key Objectives

- Provides strategic leadership to advance and support the objectives and priorities of the government and department with a focus on system efficiency, effectiveness, workforce, fiscal sustainability, and equity.
- Provides leadership and oversight by:
 - Ensuring and monitoring progress and oversight of a system level accountability framework to guide results and outcomes and to mitigate risk.
 - Ensuring continuous improvement of the health system to ensure system level results.
 - Commissioning of key health programs and services with service delivery organizations.
 - Funding programs and services in an innovative and modernized manner.
 - Providing direction and oversight to improve efficiency, effectiveness, and value for money in investments of designated program service delivery organizations as it relates to the broader health care system.
 - Providing direction and oversight of intergovernmental affairs (i.e. bilateral agreements).

- Providing direction and oversight of health transformation and health-related Indigenous reconciliation activities as it relates to provincial health care policies, funding, and services.

Main Activities

- Focusses on the effective and efficient resourcing of the health care delivery system through commissioning, including defining the services that will be funded and ensuring value is received for taxpayer dollars.
- Develops and maintains policies, standards and processes for commissioning and contracting, aligning to government requirements.
- Coordinates, maintains, and ensures administration of commissioned agreements and contract templates.
- Focusses on supporting and removing barriers for a continuously improving health system to ensure achievement and sustainment of results and outcomes. Ensures coordination of system level effort to support continuous improvement.
- Supports the development of key policies and procedures that enable health care services for Indigenous communities, consistent with the Truth and Reconciliation Calls to Action.

Expected Results

- Effective delivery in health programs and services through more accountable means in funding and oversight.
- Optimized mechanisms through which health programs and services are commissioned, leading to allocative and technical efficiency and economy.
- Improved monitoring and oversight of key critical strategic performance areas to support system improvement.
- Timely identification and correction of performance to support continuous improvement of the health system.
- As part of health system reform, ensure key stakeholders are working with Indigenous communities and governments to review, develop and transform existing health care system activities and services.

Accountability Management (21.5b)

Provides leadership in the oversight, evaluation, and monitoring of health system performance through analysis, performance management, and reporting of results.

Key Objectives

- Develop a system level accountability framework for Manitoba's health system.
- Provide stewardship, evaluation and oversight of system level results and outcomes and the associated risks.

Main Activities

- Lead on a system level accountability framework aligned to legislated expectations.
- Lead the development and oversight of structures and processes that identify and address issues and trends arising from the review and analysis of system level results, outcomes, and evaluation, including service delivery output, outcomes, impacts, and service quality.
- Lead processes that support the health system in taking required corrective actions to address health system performance.
- Lead the development and hold oversight of enterprise and system risk management.

Expected Results

- Refined processes and tools are implemented that support continuous improvement in the oversight and monitoring of the health system.
- Improved oversight and monitoring on key performance areas aligned to provincial commitments, including the implementation of government priorities.
- Support the health system to address barriers to improvement in service delivery and identify opportunities for better integration of health system services.
- Identification of health system enterprise and system risks and mitigation strategies.

Key Initiatives

- Accountability Management supports the implementation of the commissioning and accountability framework through implementing improved processes and approaches that support oversight of system level results and outcomes management, and contribute to strengthening better integration, accountability and results aligned to the departments role.

Health Services Commissioning (21.5c)

Leads the development, execution, and accountabilities for commissioned agreements with Service Delivery Organizations and funded agencies.

Key Objectives

- Design, build, implement, and sustain a health services commissioning process within the governance of the health system.
- Advance improvements in defined health system outcomes, and results through health services commissioning.
- Facilitate capacity development within the department and the health system to facilitate the knowledge and ability to fulfil commissioning-related functions and processes within the context of the approved commissioning design.
- Foster strong working relationships with partners and stakeholders in the health services commissioning process, including other branches of the department, health authorities, and service providers.

Main Activities

- Lead the health services commissioning process and functions of the department.
- Lead the development of accountability agreements and associated schedules for health authorities.
- Lead the development of health services commissioning letters with associated deliverables, reporting, and other requirements.
- Lead the development of department funded continuing service agreements and service purchase agreements in collaboration with other branches.

Expected Results

- Ongoing preparation of annual accountability agreements with health authorities and appropriate oversight is conducted.
- Health services commissioning letters are issued, as required, and appropriate oversight is conducted.
- Agreements with approved service providers are in place and appropriate oversight is conducted.
- Implementation of the commissioning life cycle is initiated to better align business processes to the commissioning and accountability framework.
- Ongoing information is provided to department staff and health system stakeholders related to functions/processes of commissioning health services.

Key Initiatives

- Health Services Commissioning leads the implementation of the commissioning and accountability framework and commissioning agreements to contribute to better integration, accountability, and results in pursuit of the department's mission.

Information Management and Analytics (21.5d)

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

Key Objectives

- Lead, standardize and enforce consistent information management practices in Manitoba across all health delivery locations collecting provincial data, to ensure the timely collection of accurate and high-quality data.
- Establish and operate analytics planning function to interface with digital health functions to provide direction on current and future analytical needs related to new/enhanced ICT systems and ensure alignment in these domains with provincial priorities.
- Create and deliver a unified health analytics platform leveraged on a unified enterprise data warehouse in support of all decision makers in the province. This will enable greater utilization of analytics to monitor and drive system performance.
- Support areas of the province with current limited analysis capability, thereby providing better support in decision-making.
- Coordinate and support health research-related activities and ensure the appropriate use and disclosure of health information in accordance with privacy legislation.
- Leverage the discipline and expertise of epidemiology and surveillance to translate and mobilize data and knowledge to support immediate actions by the provincial public health system.

Main Activities

- Set policies and standards for data content, quality, usage, and disclosure.
- Inform the development and manage the quality of existing databases that support secondary use of key health data.
- Develop data models/analytic reports to meet health system needs.
- Provide consultation services to service delivery organizations (SDOs) to support their analytic needs.
- Audit data for quality and compliance to provincial standards.
- Select business intelligence tools that support a self-service model of analysis of trusted data for decision makers.
- Produce and publicly release the Annual Statistics Report, Manitoba Population Report, various epidemiology and surveillance reports, and statistical contributions to other published reports.
- Provide public health intelligence (e.g. collection, analysis, and interpretation of population data, as well as the review of research) to inform planning, development, and evaluation in the public health system.
- Provide ongoing leadership in the development, review, and amendment of provincial surveillance systems for reportable diseases listed in The Public Health Act, as well as for specific non-communicable diseases and other health issues (e.g. problematic substance use, climate change and impact on public health).

- Produce health indicator data for provincial and regional reports and verify same for the Canadian Institute for Health Information, Statistics Canada, the Public Health Agency of Canada, SDOs and other agencies.
- Ensure Manitoba has representation in national information system development initiatives, such as the Public Health Data Steering Group, the National Clinical Administrative Database Steering Committee, the National Financial Standards and Information Technical Working Group, and the National Data Quality Technical Working Group for the Canadian Institute for Health Information.
- Manage the department's data relationships with the Manitoba Centre for Health Policy, the Canadian Institute for Health Information, Statistics Canada, Health Canada, the Public Health Agency of Canada, Manitoba Vital Statistics and SDOs.
- Provide health records policy direction, support, and consultation to SDOs.
- Manage the department's relationship with Research Manitoba and coordinate collaboration on initiatives of mutual interest.

Expected Results

- Departmental programs, SDOs, researchers, public organizations and the general public have access to relevant, timely and trusted health care information for accountability, operations, planning, evaluation, performance management and research.
- Infrastructure, policies, and governance are in place to support the appropriate collection, management, use and disclosure of health information, in accordance with The Personal Health Information Act and other applicable legislation.
- A provincial health system performance management tool that allows for the collection and sharing of key performance indicators across SDOs and the department is in place and is being used to monitor priority areas of the healthcare system.
- Enhanced tools and protocols (e.g. notifiable disease reporting forms, databases, and dissemination tools) are in place to collect and analyze surveillance information that informs and supports public health service providers, planners, and policy makers.
- An integrated, coordinated approach by the department to health research activities is in place.

Key Initiatives

- Information Management and Analytics supports department objectives by leading the department in ensuring appropriate measures are in place for oversight of outcomes on health system priorities as defined in Manitoba Health's strategic plan. The branch also develops and manage the provincial information management and analytics shared service aimed at providing accurate, quality, valid, and timely evidence to decision makers including government and the broader health system. Enable health sector stakeholders to leverage data to make informed and evidence-based operational, tactical, and strategic decisions.

Seniors and Long-Term Care (Res. No. 21.6)

Main Appropriation Description

Supports the Minister by providing advice, analytical and initiative support in fulfilling the implementation of seniors-related actions, seniors’ advocacy, and long-term care.

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Administration	2.00	186	2.00	196	
Seniors and Long-Term Care	6.00	38,918	6.00	37,333	
TOTAL	8.00	39,104	8.00	37,529	
Expense by Type					
Salaries And Emp Ben	8.00	647	8.00	672	
Other Expenditures	-	38,457	-	36,857	1
TOTAL	8.00	39,104	8.00	37,529	

¹ Increase to provide for implementation of Seniors and Long-Term Care activities.

Sub-Appropriation Description

Administration (21.6a)

Key Objectives

- Provides strategic leadership to advance and support the priorities of the department, focusing on the continuum of care for seniors and within the long-term care (which includes home care) sector.
- Ensures progress and status updates on the implementation of the minister’s mandate letter.
- Promotes the health and well-being of the seniors’ population, with partners in government and communities to improve access to information, services and health supporting environments.
- Leads evidence-informed provincial policy of programs and services to ensure the delivery of safe, quality, efficient, effective, and responsive services for seniors and all Manitobans requiring long-term care.
- Provides policy direction and oversight of funding to non-government organizations as partners in seniors’ programming and services.

Main Activities

- Facilitates stakeholder communications and engagement with government departments, service delivery organizations, community agencies, and seniors and their families to cultivate a collaborative approach when developing government policy and programs for seniors and the long-term care sector.
- Develops and implement policies, strategies and accountability measures that advance and support the priorities of the department that promote healthy aging and safe and high-quality long-term care services.

- Oversees processes and policies in program areas, assess and monitor compliance, analyze trends, and recommend alternatives to improve the seniors care and client experience and outcomes in long-term care.

Expected Results

- Advance the department's strategic priorities with respect to seniors and long-term care.
- Provide timely information to the minister, public, service delivery organizations, and community agencies to support evidence-based decision-making related to seniors and long-term care.
- Provide program direction and funding to community organizations that provide services to seniors to deliver outcomes consistent with government and department objectives and within reporting requirements.
- Provide evidence-based provincial policies, programs, services, and legislation reflect the needs of the seniors' population and individuals utilizing long-term care.

Seniors and Long-Term Care (21.6b)

Key Objectives

- Provide leadership and direction to advance and support department priorities, focusing on the continuum of care including prevention and wellness, community health supports and services, home care, congregate settings with health services, PCHs, and end of life care.
- Lead the establishment of an independent Seniors Advocate in Manitoba to ensure that seniors have high-quality programs and services and that their rights, interests, and viewpoints are represented.
- Collaborate and engage with key senior and long-term care stakeholders, including older adults and their families, to ensure the needs of seniors are reflected when developing and modernizing policies and programming.

Main Activities

- Provide information and referral about government and community-based services and programs for seniors.
- Update and maintain navigation support for seniors, caregiver, and service providers to support coordinated and centralized access to up-to-date and accurate information, resources, programs and services.
- Implement the 2024 Seniors Awards to honor and celebrate the contributions of seniors in Manitoba.
- Launch the Safe and Healthy at Home for Seniors program to assist low-income senior homeowners across Manitoba with activities of daily living home modifications.
- Support and monitor Support Services to Seniors Program and other community-based agency services that promote health, social engagement, and the well-being for seniors.
- Implement the initial phase of revitalizing home care to build capacity within home care, modernize and enhance Self and Family Managed Care program, explore options of in-home technologies, and develop home care quality indicators.
- Execute the initial phase of a plan to increase the number of long-term care beds in Manitoba providing a continuum of congregate settings with health services for seniors.
- Begin the implementation of a renewed plan for PCHs in Manitoba with an emphasis on quality and safety by increasing direct care staffing in PCHs.
- Work to establish an independent Seniors Advocate in Manitoba by developing the structure, function, mandate, and responsibilities to inform legislation.

- Work with key stakeholders to include seniors' perspectives in relevant government policy and program development.
- Provide program oversight to funded service partners to strengthen capacity and to ensure services are delivered to promote healthy aging of older Manitobans.

Expected Results

- The department's strategic priorities are advanced with respect to seniors and long-term care.
- Timely information is provided to the minister, public, service delivery organizations, and community agencies to support evidence-based decision-making related to seniors and long-term care.
- Program direction and funding to community organizations that provide services to seniors to deliver outcomes consistent with government and department objectives and within reporting requirements.
- Evidence-based provincial policies, programs, services, and legislation reflect the needs of the seniors' population and individuals utilizing long-term care.

Key Initiatives

- Seniors and Long-Term Care is contributing to the minister's mandate by leading the department in the creation of an independent Senior's advocate, increasing the number of long-term care beds in Manitoba, working towards more direct hours of care for seniors in Personal Care Homes (PCHs), and providing more homecare support so seniors can live independently as long as they feel comfortable.

Corporate Strategy and Administration (Res. No. 21.7)

Main Appropriation Description

Provides executive planning, corporate management, and project leadership as well as centralized strategic planning, corporate policy, and program direction to the department. This includes strategic policy, corporate advice, and direction as it relates to the department's financial allocations and reporting, in close collaboration with the department's Finance division. Will lead and manage strategic initiatives for departmental priorities and cross-departmental strategic projects, provide highly specialised and complex strategic policy advice and support to the senior leadership of the department.

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Administration	5.00	375	5.00	386	
Data Science Program	4.00	413	4.00	443	
TOTAL	9.00	788	9.00	829	
Expense by Type					
Salaries and Employee Benefits	9.00	764	9.00	805	
Other Expenditures	-	24	-	24	
TOTAL	9.00	788	9.00	829	

Sub-Appropriation Description

Administration (21.7a)

Key Objectives

- Provide high-quality and value-added corporate strategic advice, consultation, research and planning to the minister and deputy minister of the department.
- Provide executive planning, corporate management, and project leadership, including centralized strategic planning, corporate policy, and program direction to the department.
- Provide strategic policy, corporate advice, and direction as it relates to the department's financial allocations and reporting, in close collaboration with the department's Finance division.

Main Activities

- Provides strategic advice to the deputy minister and business areas as required.
- Provides support in the review and approval of authority seeking documents including Treasury Board and Cabinet submissions.
- Provides strategic support in the development and implementation of corporate planning functions in support of corporate projects and initiatives.
- Provides executive planning, management, and administrative support to the division, including policy and program direction, and financial and administrative services.
- Coordinates the strategic functions of the department including reporting and monitoring mechanisms in collaboration with the minister's and deputy minister's offices.

Expected Results

- Provide effective provision of strategic support in the development and implementation of corporate projects and initiatives in a timely manner.
- Provide high quality and timely administrative support and financial direction in collaboration with the department's Finance division, to business areas within the division.
- Provide effective and efficient delivery and coordination of the strategic functions and mechanisms ensuring ongoing corporate planning, monitoring, and reporting.
- Provide timely review and approval of authority seeking documents.

Data Science Program (21.7b)

The Data Science Program is a central agency supporting departments across the Manitoba government and the broader public sector in using data for complex projects which generate evidence and tools to inform decision-making and service delivery. The Data Science Program is the provincial lead for Manitoba on issues related to the use of data and evidence, machine learning, and artificial intelligence.

Key Objectives

- Establish Manitoba as a leader among provinces in applying data, machine learning, artificial intelligence and evidence to support department and government operations, strategy and policy.
- Align Manitoba's practice in data science, machine learning, artificial intelligence, and evidence with best practices for industry and government.
- Ensure government has the necessary evidence and tools it needs for data-informed decisions and operations.
- Attract, develop, and retain highly skilled data science talent within government.

Main Activities

- Deliver data science solutions which improve government operations and inform strategic decision-making.
- Develop and disseminate best practices for government in the adoption and use of data and evidence.
- Enhance the data science capacity of government by mentoring existing staff and attracting/retaining external talent through innovative recruitment channels such as the Data Science Leaders in Training and partnerships with external organizations and academia.

Expected Results

- Support evidence-based decision-making in government by delivering 6 data science solutions into production by end of fiscal 2024/25.
- Enhance privacy, quality, trust, safety, and transparency controls through piloting privacy enhancing technologies such as synthetic data generation and expanding on existing data science trust and safety frameworks.
- Complete the pilot of the Data Science Leaders in Training Program stream in partnership with the Public Service Commission, transitioning all 5 trainee data scientists into full-time roles with government.

Key Initiatives

- The Data Science Program is the provincial champion for evidence and data in government, driving quality improvements in the healthcare system by providing decision-makers with strategic insights such as forecasts, evaluations of policy and programmes, and real-time advanced analytic solutions. The Data Science Program is also investing in the healthcare system workforce by leading capacity building for system staff in quantitative and computational methods, developing innovative pathways for recruitment, and prioritizing retention and development of existing data science talent.

Funding to Health Authorities (Res. No. 21.8)

Main Appropriation Description

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Acute Care Services-Funding to Service Delivery Organization	-	3,076,895	-	2,789,942	1
Long-Term Care Services-Funding to Service Del Organizations	-	780,600	-	750,549	1
Home Care Services-Funding to Service Delivery Organizations	-	411,025	-	397,001	1
Community Health Services-Funding to Service Delivery Orgs	-	273,847	-	267,333	1
Emergency Response and Transport Services-Funding to SDO	-	229,636	-	199,398	1
TOTAL	-	4,772,003	-	4,404,223	
Expense by Type					
Other Expenditures	-	10,086	-	6,147	
Grant Assistance	-	4,761,917	-	4,398,076	1
TOTAL	-	4,772,003	-	4,404,223	

¹ Price and volume increases.

Key Objectives

- Provide funding for a service delivery system that responsively, efficiently, and effectively meets the needs of Manitobans in an affordable and sustainable manner through Regional Health Authorities, CancerCare Manitoba and Shared Health.

Main Activities

- Provide funding to Service Delivery Organizations.
- Provide direction and oversight to the Service Delivery Organizations through legislation, regulations, policies, standards, reporting requirements and guidelines for core health services.
- Ensure the alignment of Service Delivery Organization activities to provincial goals.
- Examine performance, quality and compliance with legislation, regulation, policies, directives, standards, and guidelines on an ongoing basis.

Expected Results

- Effective utilization of allocated funds in accordance with The Health System Governance and Accountability Act and The Health Services Insurance Act.
- Meet the healthcare needs of Manitobans through a responsive and effective provincial service delivery system.
- Service delivery organizations' strategic and health planning efforts considering both affordability and sustainability.

- Service delivery organizations complying with provincial legislation, accountability agreements, regulation, policies, directives, standards, reporting requirements and guidelines.
- Provision of financial and statistical information from the Service Delivery Organizations as defined by the department.

Sub-Appropriation Description

Acute Care Services (21.8a)

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

Acute Care Services (21.8a)

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

Long-Term Care Services (21.8b)

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

Home Care Services (21.8c)

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

Community Health Services (21.8d)

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

Emergency Response and Transport Services (21.8e)

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

Provincial Health Services (Res. No. 21.9)

Main Appropriation Description

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

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Out-of-Province	-	63,224	-	63,224	
Blood Transfusion Services	-	71,866	-	69,081	1
Federal Hospitals	-	2,579	-	2,579	
Ancillary Programs	-	30,231	-	34,231	2
Nursing Recruitment and Retention Initiatives	-	5,016	-	4,016	1
Manitoba Learning Health System Network	-	3,750	-	3,750	
Immunizing Agents, Biologics and Drugs	-	37,737	-	31,827	1
Project Management	-	25,041	-	25,041	
Health System Innovation Capacity Fund	-	66,570	-	-	3
TOTAL	-	306,014	-	233,749	
Expense by Type					
Other Expenditures	-	306,014	-	233,749	
TOTAL	-	306,014	-	233,749	

¹ Price and volume increases.

² Volume decrease.

³ Increase to support priority investments in the public health system that support long-term capacity for the surgical, diagnostic, and primary health care needs of Manitobans and address wait times for these services.

Sub-Appropriation Description

Out-of-Province (21.9a)

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

Key Objectives

- Provide payment to, or on behalf of, residents of Manitoba for insured hospital services required while temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

Main Activities

- Adjudication of claims submitted to the department by other provincial/territorial health plans, in accordance with the inter-provincial reciprocal hospital billing agreements, for hospital services provided to Manitoba residents elsewhere in Canada.
- Adjudication of claims submitted by out-of-country hospitals and by the residents of Manitoba pursuant to the regulations under The Health Services Insurance Act and the provisions of the Canada Health Act for insured hospital care provided outside of Canada.
- Provide financial assistance with costs incurred by Manitoba patients who require insured services that are unavailable in Manitoba, through the Out-of-Province Transportation Subsidy Program.

Expected Results

- Ensure Manitoba residents receive out-of-province coverage for benefits to which they are entitled under the provincial health plan.
- Ensure the portability requirements of the Canada Health Act are fulfilled.

Blood Transfusion Services (21.9b)

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

Key Objectives

- Undertake policy, planning, funding, oversight, and support to interprovincial coordination for the provision of a safe, reliable and adequate blood, blood product and organ and tissue donation supply for Manitobans.
- Undertake policy, funding, and oversight of safe, reliable and appropriate transfusion services to Manitobans.

Main Activities

- Oversee and advise on policy and planning direction regarding Manitoba utilization of blood products, organ and tissue supply and associated expenditures.
- Negotiate (with other provinces), service and funding agreements with Canadian Blood Services to ensure cost-efficient, effective, accountable, and sustainable transplant and transfusion services.
- Participate in various provincial, territorial, and national committees and working groups related to organ and tissue donation registration, blood product utilization and supply.

Expected Results

- Ensure Manitobans have sustainable access to appropriate transfusion and transplant products and services.

- Ensure Manitoba expenditures on transfusion and transplant services and products are accurate and accountably executed.

Federal Hospitals (21.9c)

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

Key Objectives

- Provide funding for billed services in two federal hospitals (Percy Moore and Norway House) and 22 federal nursing stations.

Main Activities

- Provide payment for hospital services rendered at federally funded facilities.

Expected Results

- Provision of medical services to Manitoba residents and other non-residents at federal hospitals located in Norway House and Percy Moore; and the 22 federal nursing stations.

Ancillary Programs (21.9d)

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

Key Objectives

- Manage and administer payment of benefits for assistive devices and other medical devices as prescribed under The Prosthetic, Orthotic and other Medical Devices Insurance Regulation of The Health Services Insurance Act.

Main Activities

- Provide benefit coverage for eligible Manitobans for eligible expenses associated with prosthetic and orthotic devices, breast prostheses and brassieres, orthopaedic shoes for children under 18 years of age, hearing aids and teletypewriter (TTY) telecommunication devices for the profoundly deaf or speech impaired, eyeglasses and contact lenses for Seniors, artificial eyes, and contact lenses for infants with congenital defects, and other medical devices including insulin pumps.
- Reimburse providers and clients for the cost of eligible expenses for assistive devices and other medical devices on behalf of eligible Manitobans.

Expected Results

- Provide benefits payment for eligible Manitobans who require assistive devices and other medical devices for daily living.
- Ensure appropriate accountability for public funds paid to suppliers.
- Establish and monitor appropriate turn-around-time for Ancillary Programs claims processing.

Nursing Recruitment and Retention Initiatives (21.9e)

Provides recruitment and retention initiatives for nurses in Manitoba.

Key Objectives

- Monitor the effectiveness of recruitment and retention initiatives and the appropriate supply of nurses, Manitoba Health, Seniors and Long-Term Care provides oversight for the collection and monitoring of information in several areas, including the registration data of the three nursing

regulatory colleges, nursing education and training data, and provincially funded nursing position data from health sector employers.

- Enhance the delivery of health services in the province of Manitoba, by maintaining a sustainable nursing supply which is aligned with both government priorities, and health system transformation.
- Promote and support full scope of practice of nurses to better align nursing resources within both increasingly complex needs, and newly emerging models of care.
- Continue to advance and identify where appropriate, health human resources for innovative models of inter-professional, client-centred teams.

Main Activities

- Fund Shared Health for the administration of the Nurses Recruitment and Retention Fund (NRRF), in congruence with historical operations.
- Undertake regular discussion and review of best-practice staffing mix and models of care intended to provide all nursing categories opportunity to work at their full scope of practice in collaboration with the three nursing colleges, nursing program educators, and health sector employers.
- Seek opportunity for and synergies with related support for models of inter-professional client-centered teams, in collaboration with Shared Health, and health sector employers.

Expected Results

- Optimize supply and retention of nurses in Manitoba as evidenced by a reduction in vacant nursing positions and fulfilling of priority geographic and or health service delivery/program targets.
- Effective access and utilization to NRRF financial assistance programs by eligible nurses and health system employers, as evidenced by ongoing tracking and analysis of uptake (including a reduction in vacant health priority nursing positions), and ongoing NRRF review.
- Increased awareness of the nursing profession as evidenced by monitoring enrolment in nursing education and tracking of awareness raising communication modalities and marketing strategies.
- Increasing demonstration in the health sector of those collaborative activities aimed at supporting optimization of nursing scope of practice.
- Increased awareness of models of both nurse-led and inter-disciplinary client-centred teams.

Manitoba Learning Health System Network (21.9f)

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

Key Objectives

- Support policy evaluation and research on priority health issues for the department.
- Support knowledge translation of research findings to decision-makers.
- Provide a single access point to a comprehensive suite of health research services and innovation expertise.

Main Activities

- Invest in the George and Fay Yee Centre for Healthcare Innovation, the Supporting Older Adult Healthcare Reform through Research, the Manitoba Training Program in Health Services Research and the Manitoba Centre for Health Policy for evaluation and policy initiatives.
- Participate on the deliverable advisory groups to ensure program and policy relevance of the research.
- Participate in knowledge translation workshops for service delivery organizations and government staff.

Expected Results

- Invest in the provincial data repository containing more than 90 datasets and for the department to obtain analysis from the Manitoba Centre for Health Policy on some public policy questions.
- Deliver applied health research, health services research, and performance and policy evaluation for continuous quality improvement.
- Engage University of Manitoba graduate students, in providing them with practice-based training in applied health services research through collaboration with healthcare stakeholders.
- Support a one workshop day annually, focused on the adopting research findings by the health care system.

Immunizing Agents, Biologics and Drugs (21.9g)

Ensures the security of the supply of vaccines and drugs via purchase, storage and distribution of immunizing agents, biologics, and drugs.

Key Objectives

- To ensure security of supply of vaccines and drugs.

Main Activities

- Purchase immunizing agents, biologics, and drugs.
- Store and distribute publicly funded vaccines and drugs to meet program demand.

Expected Results

- Secure supply of vaccines and drugs that are attained at a cost savings through the national bulk purchasing contracts and distributed to meet program needs.

Project Management (21.9h)

Provides support for projects related to the transformation of the health system.

Key Objectives

- Fulfil the responsibility of the Transformation Management Office (TMO) to develop and execute an integrated transformation roadmap and approved project plans.
- Complete, hand over and close all remaining in-flight approved wave two and wave three TMO scope deliverables.
- Stand down and close out the TMO.

Main Activities

- Project management oversight of approved in-flight programs and projects/initiatives:
 - SDO readiness for activation of capital projects in PMH, SHSS, IERHA
 - Primary and Capital planning and implementation in NRHA
 - Non-Patient Transport
 - Pharmacy Shared Service
 - Commissioning and Accountability
- Monitor and control approved in-flight programs and projects/initiatives.

Expected Results

- Deliver a comprehensive closure report for the TMO to the department.
- Provide a summary of all closed programs/projects/initiatives.
- Reduce TMO resourcing to zero by the end of 2024/25.

Key Initiatives

- The TMO's focus in 2024/25 will be on the transition of work and responsibility to operational teams and leaders across the health system, including Government, Shared Health and the rural SDOs. Transition includes both the ramp down of the TMO and the ramp up of the operational resources and capacity to take on ongoing system work in the form of continuous operational improvement. Development and implementation of operational readiness and organizational change management toolkits as well as an integrated transition roadmap will be at the core of ensure successful transition by the end of 2024/25.

Health System Innovation Capacity Fund (21.9i)

Provides support for priority investments in the public health system that support long-term capacity for the surgical, diagnostic and primary health care needs of Manitobans and address wait times for these services.

Key Objectives

- Address wait times for priority/designated surgical and diagnostic procedures.
- Collaborate with SDOs to ensure that service delivery models for surgery and diagnostics are adaptable and flexible in responding to health system needs and public health risks related to surgery and diagnostics.

Main Activities

- Work with SDOs to identify priority needs of patients and develop strategies to offer appropriate, affordable, and timely health-care solutions.
- Set in place appropriate policies, strategies and performance/accountability measures with key partners and stakeholders to address surgical and diagnostic services.
- Work with SDOs to set and monitor surgical and diagnostic procedure performance volumes and/or targets.
- Provide additional funding to increase the number of priority/designated procedures completed and reduce wait times for priority procedures.

Expected Results

- Increased volumes of services for priority/designated procedures and reduced wait times for those waiting for these procedures.

Medical (Res. No. 21.10)

Main Appropriation Description

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

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Fee-For-Service	-	1,126,668	-	924,747	1
Alternate Funding	-	622,369	-	468,586	1
Other Professional Services	-	31,106	-	31,106	
Out of Province Physicians	-	33,044	-	33,044	
Physician Recruitment and Retention Program	-	32,972	-	25,586	1
TOTAL	-	1,846,159	-	1,483,069	
Expense by Type					
Other Expenditures	-	1,846,159	-	1,483,069	1
TOTAL	-	1,846,159	-	1,483,069	

¹ Price and volume increases.

Key Objectives

- Provide payment to, or on behalf of, residents of Manitoba for services insured under the Manitoba Health Services Insurance Plan in respect of fee-for-service claims submitted by physicians (including out-of-province physicians), optometrists, chiropractors and oral and maxillofacial surgeons and dentists.

Main Activities

- Adjudicate claims submitted to the department from:
 - physicians
 - optometrists
 - chiropractors
 - oral and maxillofacial surgeons and dentists for services provided in hospital

Expected Results

- Claims will be processed in accordance with The Health Services Insurance Act and its regulations.

Sub-Appropriation Description

Fee-For-Service (21.10a)

Provides for services in respect of fee-for-service claims submitted by physicians.

Alternate Funding (21.10b)

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

Other Professional Services (21.10c)

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

Out-of-Province Physicians (21.10d)

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

Physician Recruitment and Retention Program (21.10e)

Provides for physician recruitment and retention programs towards the training, recruitment, and retention of physicians, with particular focus in rural and northern Manitoba.

Pharmacare (Res. No. 21.11)

Main Appropriation Description

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

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Drug Programs	-	528,791	-	521,591	1
Drug Expenditures Incurred by the Department of Families	-	(78,692)	-	(78,692)	
TOTAL	-	450,099	-	442,899	
Expense by Type					
Other Expenditures	-	450,099	-	442,899	1
TOTAL	-	450,099	-	442,899	

¹ Price and volume increase.

Key Objectives

- Fund prescribed pharmaceutical benefits subject to The Prescription Drugs Cost Assistance Act and regulations and The Pharmaceutical Act and regulations to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

Main Activities

- Provide benefit coverage for enrolled Manitoba residents for expenses associated with eligible prescription drugs.
- Reimburse pharmacies for the cost of eligible prescriptions on behalf of Pharmacare beneficiaries.

Expected Results

- Effective and efficient administration, monitoring and updating of the Pharmacare application and enrollment process.
- Payment for eligible pharmaceutical benefits for program beneficiaries.
- Establish and monitor appropriate turn-around-time for Pharmacare claims processing.

Costs Related to Capital Assets of Other Reporting Entities (Res. No. 21.12)

Main Appropriation Description

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

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Principal Repayments	-	127,317	-	127,317	
Equipment Purchases and Replacements	-	18,163	-	18,163	
Other Capital	-	7,700	-	7,700	
Interest	-	54,710	-	54,710	
TOTAL	-	207,890	-	207,890	
Expense by Type					
Grant Assistance	-	207,890	-	207,890	
TOTAL	-	207,890	-	207,890	

Key Objectives

- Provide funding to Service Delivery Organizations for major capital projects, safety and security projects, medical and basic equipment purchases, and information technology initiatives approved by the department, in accordance with the department's strategic capital plan, through the provision of principal and interest repayment on approved borrowings, and outright cash payments for minor safety and security projects, emergent medical equipment and other capital purchases.

Main Activities

- Provide funding for principal and interest repayment on approved borrowings for capital projects, medical equipment purchases and information technology initiatives to Service Delivery Organizations upon project completion and in accordance with the department's strategic capital plan.
- Manage the principal and interest repayment program to ensure appropriate funding on approved borrowings for capital projects, medical equipment purchases and information technology initiatives to Service Delivery Organizations.
- Provide funding for the acquisition of medical and basic equipment in support of critical care, surgical, medical, diagnostic imaging, and community programs in accordance with the prioritized needs of Service Delivery Organizations within approved funding levels.
- Provide outright funding for approved projects to Service Delivery Organizations, in accordance with the department's strategic capital plan.

Expected Results

- Increased principal and interest repayments for approved borrowings for the acquisition, construction and renovation of physical assets, medical equipment, and information technology to support the infrastructure of the health care system in accordance with the department's capital plan as projects are completed.

- Modified principal and interest repayments on existing approved borrowings due to projects being fully repaid or added.
- Payment for the acquisition of approved medical and basic equipment to Service Delivery Organizations on a timely basis and in accordance with approved funding levels.
- Payment of outright funding for approved projects to Service Delivery Organizations in accordance with the department's strategic capital plan.

Costs Related to Capital Assets (Non-Voted)

Sub-appropriations	2024/25		2023/24		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
General Assets	-	299	-	443	
TOTAL	-	299	-	443	
Expense by Type					
Amortization	-	299	-	443	
TOTAL	-	299	-	443	

Appendices

Appendix A - Other Reporting Entities

Other Reporting Entities (OREs) are accountable to the minister. OREs are directly or indirectly controlled by government as prescribed by the Public Sector Accounting Board.

The following Other Reporting Entities (OREs) form part of the department's consolidated results:

The seven Service Delivery Organizations (SDOs):

1. CancerCare Manitoba

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

For more information please visit: CancerCare Manitoba (cancercare.mb.ca)

2. Interlake-Eastern Regional Health Authority

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

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

3. Northern Regional Health Authority

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

For more information please visit: Northern Regional Health Authority (northernhealthregion.com)

4. Prairie Mountain Health

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

For more information please visit: Prairie Mountain Health (prairiemountainhealth.ca)

5. Shared Health

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

For more information please visit: Shared Health (sharedhealthmb.ca)

6. Southern Health-Santé Sud

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

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

7. Winnipeg Regional Health Authority

Winnipeg Regional Health Authority (WRHA) is responsible for the planning and delivery of health care service to meet the needs of the population they serve. The WRHA also provides health-care support and specialty referral services to nearly half a million Manitobans who live beyond these boundaries, as well as residents of northwestern Ontario and Nunavut, who often require the services and expertise available within the WRHA.

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

Other agencies funded by the SDOs:

St. Amant

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

For more information please visit: St. Amant (stamant.ca)

Personal Care Homes

Personal Care Homes provide important healthcare services and care when citizens can no longer remain in their own homes.

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

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

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

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

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

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

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

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

Luther Home Corporation Personal Care Home – For more information please visit: (lutherhome.com)

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

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

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

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

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

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

Prairie View Lodge – For more information please visit: (southernhealth.ca)

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

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

Salem Home Inc. – For more information please visit: (southernhealth.ca)

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

Tabor Home – For more information please visit: (southernhealth.ca)

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

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

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

Villa Youville – For more information please visit: (southernhealth.ca)

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

Community Health Agencies

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

Clinique Youville Clinic – For more information please visit: (youville.ca)

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

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

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

Main Street Project – For more information please visit: (mainstreetproject.ca)

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

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

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

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

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

Glossary

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

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

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

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

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

Full-Time Equivalent (FTE) – This is a measurement for number of positions. Every full-time regular position represents one full-time equivalent position. Other categories (e.g., term, departmental, seasonal, contract) are measured in proportional equivalents, e.g.: a program with a vote of 1.50 term FTE could hire staff in any combination that results in a total of one-and-one-half years - or 78 weeks - of employment such as six staff for three months or 13 weeks each; two staff for nine months or 39 weeks each; one full-time and one half-time staff for one year; three half-time staff for one year).

Government Reporting Entity (GRE) – This list includes core government and Crown corporations and other government agencies, government business entities and public sector organizations such as regional health authorities, school divisions, universities and colleges.

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

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

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

Key Performance Indicator (KPI) – KPIs refer to an ultimate result for which the department is responsible for monitoring and reporting, but for which given its complexity, it has only partial direct influence over. Departments may identify certain performance measures as KPIs.

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

Objective – The objective is a concise statement describing the specific things an organization must do well to execute its strategy. Objectives often begin with a verb such as increase, reduce, improve, or achieve.

Other Reporting Entities (ORE) – OREs are entities in the GRE such as Crown corporations and other government agencies, government business entities and public sector organizations such as regional health

authorities, school divisions, universities and colleges that are directly or indirectly controlled by the government, as prescribed by Public Sector Accounting Board – and excludes core government.

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

Performance Results – These are the most important outcomes the departments want to achieve by reaching their objectives. Performance results represent the essence of the outcomes the department seeks to achieve.

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

Strategy – This represents the broad priorities adopted by an organization in recognition of its operating environment and in pursuit of its mission. All performance objectives and measures should align with the organization's strategy.

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

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

Vision – A powerful vision provides everyone in the organization with a shared mental framework that helps give form to the future that lies ahead. This statement should contain a concrete picture of the desired state, and provide the basis for formulating strategies and objectives. The vision serves as the guiding statement for the work being done. It should answer why the work being done is important.