Letter of Transmittal and Accountability

We are pleased to present the annual report for Prairie Mountain Health for the fiscal year ended March 31, 2014 as approved by the Board of Directors on September 24, 2014. The annual report was prepared under the Board’s direction in accordance with the Regional Health Authorities Act and directions provided by the Minister of Health. All material, economic and fiscal implications known as of March 31, 2014 have been considered in preparing this annual report. This report reviews the actions and initiatives of Prairie Mountain Health from April 1, 2013 to March 31, 2014.

As with all health care organizations, the years ahead will continue to present many challenges. However, with the assistance of our staff, our community partners and of course, Manitoba Health, Healthy Living and Seniors, we will continue to strive to meet the Vision and Mission we have articulated.

In April 2012, three health regions (Assiniboine, Brandon and Parkland) were merged to form our new health region. While we have made great strides since then, transitioning continues to be challenging and a significant amount of work. However, it has allowed us to use the strengths of the three previous regions to build capacity and ultimately improve the quality of service in many areas. We acknowledge our staff, management, and physicians across Prairie Mountain Health who have embraced and forged ahead with the opportunities that amalgamation afforded.

Through a collective effort with our partners, employees and physicians, much progress has been made toward ensuring that the highest quality care is accessible to our residents. We would like once again to acknowledge the Board of Directors and the Executive Management Team for their shared leadership over the past year. To all staff, thank you for your contribution each and every day to making sure the best possible care and service is delivered.

To our community stakeholders we express gratitude for working with us, challenging us and keeping us motivated to do the best job possible.

Respectfully submitted,

Marg MacDonald
Board Chair
Board of Directors

Penny Gilson
Chief Executive Officer
Executive Team message

The Executive Management Team of Prairie Mountain Health (PMH) is indeed proud to reflect back on fiscal year 2013/2014. Following the ‘transition year’, which occurred during the RHA amalgamations in 2012/2013, this past year truly saw the strengths of the three former regions become evident and provide opportunity for capacity building in the larger region.

As PMH moved forward to consolidate policies and procedures, develop new operational and strategic plans, and refine organizational practices and priorities, it did so knowing ‘Rome wasn’t built in a day.’ So although the region is well on its way toward streamlining operations, finding additional efficiencies, and further enhancing health programs and services, we acknowledge that this was only year two under our new structure. We know there is more work that lies ahead but we are excited about the possibilities and the future of our health region.

Access to services

In 2013/2014, Prairie Mountain Health, in conjunction with Manitoba Health, unveiled several new or enhanced initiatives to improve access to services within the Region. Two of the more notable announcements involved coordinated Cancer Care Hubs across the Region as well as the launch of the Province’s first Mobile Clinic (Primary Care Bus). Additional details regarding these two initiatives can be found on Pages 8/9.

As well, a new electronic information system was implemented in April 2013 at the Brandon Regional Health Centre (BRHC) Emergency Department. The Emergency Department Information System, or EDIS, has information on display boards in the waiting room. They show patients and their families up to date wait time information as well as provide staff with an overview of patient activity and care.

The Swan Valley Health Centre in Swan River also launched an Endoscopy Program in June 2013, joining Brandon, Dauphin, Neepawa and Souris where endoscopies are performed in the region. Endoscopies can help confirm the diagnosis of conditions like colorectal cancer and can be used for biopsies and other specialized procedures.

Swan River Primary Care Centre

In February 2014, Manitoba Health provided approval for the Region to purchase the existing McKay Building, across from the Swan Valley Health Centre, and redevelop it into a new Primary Care Centre in Swan River. Once completed in the Spring of 2015, the new primary care centre will offer physician services, nurse practitioner services, and coordinated care for people living with chronic diseases.

PMH Strategic Plan

The first Prairie Mountain Health Strategic Plan was developed during the year, following months of work by the Board of Directors and staff/management during developmental sessions. The 2013-2016 Strategic Plan is a ‘bridge plan’ which carries the region forward to the next detailed five-year strategic plan. One of the big developmental pieces of the next Strategic Plan is the completion of a regional comprehensive community health assessment by the end of 2014.

Youth Health Survey

PMH completed a comprehensive Youth Health Survey that will assist both health and education departments in future planning and policy development. The survey, which was completed by Manitoba students in Grades 7-12 in the 2012/2013 school year, provided a snapshot of students’ health behaviours. The first Manitoba Youth Health Survey was completed in 2008.

Accreditation

Surveyors from Accreditation Canada visited the former Parkland RHA in late October 2013. This was a ‘bridge’ survey planned to bring all former health regions up to date, as Brandon RHA underwent accreditation in 2012 and Assiniboine RHA had its survey in 2011. The next complete regional accreditation will take place in 2016.

Awards

The Mental Health STEP Program captured provincial recognition when the Program received a Health Innovative Partnership Award. This new initiative, developed through evidence-based planning by mental health staff, assists clients who are being discharged from a facility following a suicide attempt. An application to make this initiative a leading practice with Accreditation Canada was also in the process of going forward.

Our thanks

In closing, on behalf of our Board and Regional Leadership Team, we thank all for their patience and guidance throughout the year as we continue to work our way through amalgamation processes. I thank all of our staff, physicians, volunteers and Board members for the dedication and commitment you bring to your work. Together, we can continue to embrace opportunities for improvement that will best serve the patients, residents and clients within the region we proudly call “Prairie Mountain Health.”

Penny Gilson,  
Chief Executive Officer  
Prairie Mountain Health
Our Vision

Health and Wellness for All

Our Mission

Together, we deliver quality health services that meet the needs of the population.
Prairie Mountain Health operates under the direction of a 15-member Board, appointed by the Minister of Health. When the three former Regions (Assiniboine, Brandon, Parkland) officially amalgamated May 28, 2012, the Minister of Health appointed five (5) representatives from each former region to the new Board of Directors.

The Board’s mandate and responsibilities arise from the “Regional Health Authorities Act”. The Act provides the legislated responsibility and authority to plan, manage, deliver, monitor and evaluate health services within the region. The Board does this in a variety of ways, including providing sufficient oversight measures, ensuring the organization’s accountability by monitoring and evaluating its performance, and interacting and communicating with its stakeholders and partners, which includes the general public. Although Board members reside in various communities throughout the health region, they represent the entire region at the Board table.

**Vision:** Health and Wellness for All.

**Mission:** Together, we deliver quality health services that meet the needs of the population.

**Values:** Our values define what we believe in; what we stand for. They provide us with a common understanding of what is important and provide us with a framework to guide our work, our actions and our decisions.

Prairie Mountain Health has four key values:

**Integrity**
- Being accountable for our actions
- Putting words into action
- Demonstrating ethical behaviour
- Being inclusive and fair

**Respect**
- Earning the trust of our patients and coworkers
- Treating others with compassion and dignity
- Appreciating each other
- Demonstrating genuine caring in all we do
- Communicating honestly and openly

**Responsiveness**
- Being receptive and open-minded
- Responding to the needs of our patients, families and staff
- Supporting our patients and each other
- Promoting innovation and continuous improvement
- Improving safety and effectiveness of our services

**Engagement**
- Involving community, clients and staff
- Listening to and considering ideas and concerns in decision-making
- Using a team approach in the work we do
- Showing leadership

The Prairie Mountain Health Board meets monthly (except for July and August) and meetings vary from in-person, through the Telehealth Network and by teleconference. The Board is responsible for establishing the Regional Strategic Priorities, contained within the Strategic Plan. Strategic priorities remain constant over a five-year period, however, associated indicators, performance measures and major initiatives are monitored and revised annually by the Board. As amalgamation occurred in the middle of the last five-year strategic planning cycle, our region developed a strategic plan which covers a three-year period (2013-2016).

The Board has four standing committees to assist it in carrying out its legislated responsibilities. They are:

**Executive Committee**- Acts on behalf of the Board in urgent situations, when it is not feasible or practical to convene a meeting of the entire Board. The Committee must report any actions taken at the next meeting of the Board and it does not have the authority to change Board bylaws or policies.

**Finance Committee**- Reviews options and implications for the Board’s consideration regarding finance and capital planning issues. It advises the Board on annual budget, monthly financial statements, and various financial policies and procedures.

**Audit Committee**- Reviews the audit plan and results of external financial audits. Also reviews statutory and regulatory obligations and monitors policies related to financial reporting and controls.

**Quality and Patient Safety Committee**- Advises and makes recommendations on standards and practices aimed at improving quality, patient safety and innovation. It reviews performance related to quality, patient safety, patient and community input and feedback and compliance with accreditation standards.

**Stakeholder/Health Partner Consultation**
Prairie Mountain Health continued its focus on partnerships, visibility, linkage and communication within and across the region. The region has developed a regular PMH Stakeholder newsletter, that is distributed on behalf of the Board, to an extensive list of health partners.

Executive Management Team members, along with community Board members, attended the Region’s Summer Stakeholder Tour undertaken in June 2013. There were 12 key community stakeholder meetings and 52 general staff meetings held across the Region.
Organizational Structure

Board of Directors

Chief Executive Officer
Penny Gilson

Advisory Structure

A Regional Medical Advisory Committee and three area Medical Leadership Councils were formed. Updates are provided to the Board through the Chief Medical Officer.

In 2013/2014, Prairie Mountain Health continued to work with Manitoba Health on the development of Local Health Involvement Groups. Work on the groups’ goals and objectives, how they would function, and how they would support work being done by the PMH Board of Directors, was all being reviewed in anticipation of an official launching in the Fall of 2014.

Partnerships

Western Manitoba Cancer Centre (WMCC) tour – Scott Kirk, Prairie Mountain Health (PMH) Regional Manager of Cancer Services leads a tour of WMCC in Brandon in March 2014. From left are Kathy Suderman, Administrative Director of the Radiation Oncology Program, Penny Gilson, PMH CEO, and Dr. Sri Navaratnam, President and CEO of CancerCare Manitoba.

MTCC Tour - Manitoba Health Minister Erin Selby visits the MTCC (Medical Transportation Coordination Centre) in March 2013, with John Jones, MTCC Director. The group also included (back left) Brian Schoonbaert, BRHC Chief Operating Officer and Prairie Mountain Health (PMH) VP Finance, Capital and Support Services and Penny Gilson, PMH CEO.
Prairie Mountain Health, along with Manitoba Health and Healthy Living, saw months of planning pay off in February 2014. That is when rubber hit the road with the new Mobile Clinic (Primary Care Bus), the first to be launched in Manitoba. Six initial locations were identified for the first bus route: Binscarth, Birdtail Sioux First Nation, Keeseekowenin First Nation, McAuley, San Clara and Tootinaowaziibeeng (Valley River) First Nation.

The Mobile Clinic is a bus that has been specially-designed to be a fully functioning primary care clinic. It comes complete with two exam rooms and the same medical equipment and technology that you would find in any other medical clinic.

Mobile Clinics provide a range of primary care services, some of which include:

- Regular check-ups;
- Treatment for minor ailments;
- Help with managing a chronic disease or condition;
- Help with acute infections;
- Prenatal and postnatal check-ups;
- Minor lesion removals and sutures;
- Referrals to other health services or specialists; and
- Prescription renewal.

Mobile clinics are staffed with registered nurses and Nurse Practitioners (NP). Nurse Practitioners are registered nurses who have completed advance education and training and have passed an approved examination. A Nurse Practitioner can prescribe medications, order and manage the results of screening and diagnostic tests and perform minor surgical procedures.

Prairie Mountain Health recently conducted a client experience questionnaire with some of the clients that received service. Many of those who participated had positive comments about their care on the bus.

One notable piece of information from the survey showed that nearly 67 per cent of respondents would have had to travel over 20 or even 50 kilometres or more in some cases to see a health care provider (see graph at bottom right). Another result showed that 57 per cent of respondents would have had to wait for an appointment to see their doctor.

As a result, clients from around these six communities are able to reduce their wait time and cut down on travel to see a health care professional. Prairie Mountain Health remains committed to improving access and service delivery with the mobile clinic and looks forward to enhancing and expanding the program over the coming years.

Based on responses as of May 2014, the Mobile Clinic saved clients a total of 1284 km (642 km of travel, one way).
2013/2014 Feature:

Cancer care

Manitoba’s cancer patient journey initiative, known as IN SIXTY, entered its second year in 2013. The initiative aims to reduce the time of (physician) suspicion of cancer to first treatment to no longer than 60 days by 2016.

Patients diagnosed with cancer, along with their family members, have often described their journey with the illness as ‘frustrating’ and have had concerns about communication and gaps in care plans going forward.

In December 2013, the region, in conjunction with Manitoba Health and CancerCare Manitoba, unveiled seven active and enhanced ‘cancer care hubs’ as part of the cancer patient journey initiative. The cancer care hubs are made up of connected and collaborative networks of care providers that work together to ensure patients receive timely treatment, access to care, and enhanced information services and options.

The Regional Cancer Hub in Brandon coordinates work at the community cancer program hubs in Deloraine, Hamiota and Neepawa. The Regional cancer hub in Dauphin coordinates work at the community cancer program hubs in Russell and Swan River. Expanded regional services in 2013/2014, in addition to the already established three full-time patient (nurse) navigators, included two psycho-social oncology clinicians, two part-time family physicians focused on oncology, two part-time medical leads, a full-time clerk and part-time community liaison.

The cancer care patient navigators are there to help patients and their families work their way through a sometimes complex cancer care system. They provide the emotional support and encouragement needed to navigate the system as well as identify resources and services that are individually needed in a person’s care.

The Western Manitoba Cancer Centre (WMCC) which was built in Brandon in 2011, remains a significant part of providing timely access to care and bringing treatment closer to home for patients and families. The WMCC is the only facility outside of Winnipeg providing radiation therapy, along with chemotherapy and the supportive services of a clinical pharmacist, social worker, patient navigator and clinical dietitian.

The Centre also has four MBTele-health units that connect patients to health care professionals outside of the centre, further reducing the need to travel far from home. WMCC provides care and treatment for over 575 new patients per year, including over 300 new radiation therapy patients per year.
Capacity Building

- Create a positive, safe work environment that attracts and retains qualified staff;
- Develop capacity within Prairie Mountain Health to further advance health system priorities;
- Develop a highly-skilled, diverse workforce.

Red River College Nursing Partnership
Prairie Mountain Health (PMH) once again partnered with the Red River College to host one of the latest rural rotations of the Licensed Practical Nursing (LPN) to Bachelor of Nursing (BN) Program. In August 2013, three nurses completed their senior practicum and graduated from the two-year program in Dauphin. Neepawa was announced as a rural location for the program in 2013-2015. Seven students are participating in the rural intake program, which offers a four-year BN University Degree opportunity spread over 32 months.

ACC Nursing Partnership
Assiniboine Community College (ACC) announced that Dauphin would be one of three locations for the next round of rural rotating practical nursing education. The next two-year (25 seat) Practical Nursing Program will start in Dauphin in September 2015, following completion of the 2013 course which was underway.

Recruitment/Retention Initiatives
A Grad Nurse Dinner was held in December 2013 in Brandon with 57 nursing graduates in attendance from Brandon University. Towards the end of the fiscal year, eight RPN’s and 29 BN’s had secured employment in the region.

The provincial Nursing Recruitment and Retention Fund (NRRF) sponsored three Canadian recruitment caravans in various parts of the country. PMH participated with other Manitoba health regions in the job recruitment initiative which has seen success in hiring several nurses to permanent positions across the province.

The Region participated in a Career Eco Virtual Fair in March 2014 with the University of North Dakota in relation to therapy services. Physiotherapy grad recruitment dinners were also held in Brandon and Winnipeg.

Physician recruitment
The Region had some success during the past fiscal year in recruiting four new physicians through the International Medical Graduate (IMG) Assessment Program. The four new physicians received their conditional license requirements towards the end of March 2014, and were placed in the communities of Deloraine, Killarney, Minnedosa, and Swan River.

A new Physician Assistant (PA) was hired to work alongside physicians within the Brandon Regional Health Centre’s surgery program. This brought the number of PAs in the region to five.

The Swan Valley RISE (Regional Initiative for a Strong Economy) announced in February 2014 that it signed Return of Service agreements with two medical students from Swan River. They have been recruited to come back to Swan River and practice medicine upon completion of their schooling and training, which will be in 2016 and 2017 respectively.

In 2013/2014, the region hosted two workshops with the Manitoba Medical Student Rural Interest Group (MMSRIG). First and second year medical students, enrolled in the University of Manitoba’s Faculty of Medicine, participated in workshops in Brandon and Swan River. The workshops are aimed at highlighting the positive benefits of practicing medicine in rural communities.

PMH held an information day in September 2013 surrounding the topic of recruitment and retention of physicians and primary care providers. Over 35 community representatives attended the symposium and received presentations regarding the role of primary care providers, building healthy communities together and recruiting for rural practices.

Once again, PMH participated in two very successful initiatives aimed at featuring the benefits of physician practice in a rural setting. In May 2013, the region, along with Manitoba’s Office of Rural and Northern Health (ORNH) , hosted medical students as part of “Rural Week”. In June, through cost-sharing positions with the ORNH “Home for the Summer Program”, the region had two RHA-sponsored students participate in the Program.

ORNH Rural Week - Once again first and second year medical students from the University of Manitoba’s Faculty of Medicine participated in “Rural Week” co-hosted with Manitoba’s Office of Rural and Northern Health and rural RHAs.
Health System Innovation

- Develop innovative, evidence informed improvements that promote effective, efficient use of resources and technology;
- Deploy a continuous improvement system.

Patient Safety Ambassadors, through the region’s first Patient Safety Education Program, were trained in 2013/2014. Certified staff were trained to promote quality improvement initiatives and further the culture of safety within the health region.

Quality Improvement

The Releasing Time to Care (RTC) Initiative is a process improvement program based on Lean methodology for use in acute care facilities. The goal for RTC is to organize the unit and their processes to allow for the most efficient use of time and space freeing up time for staff to spend caring for the patients. Staff, with the support of management and improvement facilitators, work through a series of 11 modules to improve the way work is performed on the unit. Staff teams from the participating units receive several days of training prior to beginning work.

There are now 14 facilities/units engaging in the RTC process. The goal is to support the progress of the sites through the modules for maximum benefit to patients and staff.

Lean Six Sigma uses a defined process of data collection, analysis, and problem-solving to determine the challenges within a process, make changes and ensure the changes are positive and sustained. As the skills of the trained staff increase, they work their way through a series of ‘trained belt levels’ (white, yellow, green and black) and increasingly challenging project improvements.

Patient Safety Ambassadors

In 2013/2014, PMH trained Patient Safety Ambassadors to advance the culture of safety and promote quality improvement initiatives.

Brandon Postpartum Program Project

As a result of the finding from the Postpartum Program Evaluation that was completed in 2013, a Green Belt process improvement project was initiated to address the roles and processes of the Community Postpartum Program (CPP) in Brandon.

Over the last 120 days the project team worked to define the problems that they were having, measure the current state and implement various improvement ideas. Some of the key outcomes of the project have seen a reduction in overtime hours worked by CPP nurses, a reduction in heavy work relief staffing and a switch to a central referral system-saving the nurses time every day.

Incident Reporting Process

PMH is developing an electronic-based Incident Reporting Process to improve the safety and well-being of our patients and staff. The process is currently in the trial phase, however, we expect to see turnaround time improve by 25 days on average. This process is also streamlining reporting for several other entities including Disaster Management, Worker’s Compensation Board, and Workplace Safety and Health.

Eden Alternative/Lean Project–Minnedosa PCH

Minnedosa Personal Care Home is undergoing a transformation which incorporates both Lean and the Eden Alternative. This will allow staff to reduce inefficiencies and time in their workflows utilizing a structured approach to organize their work environment. The Eden concept being utilized allows the residents the opportunity to rise, at their leisure, and enjoy a relaxed breakfast.

PMH Nutrition Services–Lean Project

PMH nutrition services are provided by 42 PMH-staffed kitchens and five (5) contract kitchen sites. Menu standardization is not consistent creating challenges for nutritional oversight. In September 2013, a stakeholder survey was distributed as the first step in a project to standardize menus across the region. Over 600 responses were gathered from clients, family members and staff-both ward and Nutrition Services. This provided the project team with valuable feedback to develop a new menu, which will be tested in the fall of 2014 at selected Regional sites.

Brandon Regional Health Centre EDIS

A new electronic information system was implemented within the Brandon Regional Health Centre Emergency Department. EDIS– Emergency Department Information system– aimed to improve communications and support timely and safe patient care. When arriving at the Emergency Department in Brandon, patients would notice the display board in the waiting room to inform them, and their families, the number of patients in the waiting area, the length of time most patients have been kept waiting and the longest someone has been waiting.

Welcome to the Brandon RHC Emergency Department

<table>
<thead>
<tr>
<th>Waiting Room Information as of 2:40 PM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How many patients are in the waiting room?</td>
<td>5 patients</td>
</tr>
<tr>
<td>About how long have most patients been waiting?</td>
<td>1 hr 0 mins</td>
</tr>
<tr>
<td>What is the longest that someone has been waiting?</td>
<td>3 hrs 15 mins</td>
</tr>
</tbody>
</table>

Even if the wait-times above appear long, you will be seen quickly if your condition is an emergency.
Health System Sustainability

- Establish integrated delivery of core health services;
- Introduce and utilize technologies and information systems that support sustainability;
- Manage/maintain PMH infrastructure to meet future needs;
- Strategically invest in future-oriented capital projects that meet needs and supports health system sustainability.

The region, in collaboration with Manitoba Health, continues to move forward on a number of capital projects that are at various stages of development. Details surrounding some of the more notable projects include:

**Swan River Primary Care Centre**
During 2013/2014, Prairie Mountain Health continued to work with Manitoba Health and Swan River Valley stakeholders regarding the plan to establish a primary care centre in Swan River. In February 2014, the Province approved the purchase of an existing building across from Swan Valley Health Centre (McKay Building) in order to renovate and redevelop it to enhance primary health programs and services within the Region.

The new primary care centre will offer physician services, nurse practitioner services, and coordinated care for people living with chronic diseases. Renovations at the site are anticipated to begin in the fall of 2014.

**Dauphin Regional Health Centre**
ER/SCU redevelopment
The Region, working closely with the Province, continues to move forward on plans to expand and enhance the Emergency Room and Special Care Unit at the Dauphin Regional Health Centre. Project cost estimates and functional program and preliminary design planning continued during the past fiscal year.

As part of the enhancements, which will expand the Emergency Department to nearly four times its current size, construction will include an area for a new MRI unit.

**Brandon Regional Health Centre**
General redevelopment
Planning for the redevelopment of Brandon Regional Health Centre’s 2nd Floor Annex, 4th and 5th floor inpatient units continued during 2013/2014. The redevelopment will see the relocation of the pediatric unit, an increase in the number of medical beds by 12, and the ‘spreading out’ of acute medical beds over two floors of the general centre (from one currently) with the intent of eliminating the need for four beds in a room.

**Ste. Rose Primary Health Care Centre**
Prairie Mountain Health, Manitoba Health and stakeholders in Ste. Rose continued to discuss project space and cost estimates during the year. The region, along with Manitoba Health officials, held meetings with the Turtle River Development Corporation at various times throughout the year to keep the group informed about progress on the capital planning process.

**MBTelehealth Program**
Prairie Mountain Health continues to lead the way regarding the provincial Telehealth Program. MBTelehealth utilization reports indicated five regional sites fall in the province’s top 10 most utilized rural sites. Dauphin Regional Health Centre was the most utilized rural site for all MBTelehealth.

In 2013/2014, a second Telehealth Unit was installed in the Russell Health Centre. The new Telehealth equipment was placed within the Health Centre’s hemodialysis unit.
**Improved Access**

- Improve access to services by reducing barriers;
- Provide the right care, in the right place, at the right time by the right provider;
- Engage clients and communities so they experience improved access to appropriate services.

**Mobile Clinic**
The province’s first mobile clinic was launched in Prairie Mountain Health (PMH) in February 2014. The clinic’s initial route included servicing the communities and surrounding areas of Binscarth, Birdtail Sioux First Nation, Keeseekoowenin First Nation, McAuley, San Clara, and Tootinawaziibieng First Nation. Staffed by a nurse practitioner, registered nurse and primary care assistant, the mobile clinic offers services ranging from treating minor ailments to conducting regular check-ups.

**Swan River Endoscopy Program**
The Swan Valley Health Centre in Swan River completed its first endoscopy surgeries in June 2013. Endoscopies are a specialized medical procedure that can help confirm the diagnosis of cancer. The Province approved the purchase of specialized equipment that enabled gastroscopy and colonoscopy procedures to be completed at the Centre. The Program also relied on the support of surgeons and anesthetists travelling from Dauphin to Swan River to perform procedures. With the addition of Swan River, PMH also performed endoscopy procedures in Brandon, Dauphin, Neepawa and Souris.

**Wait Time Performance Review**
PMH continues to work towards meeting provincial targets on specific service wait times. One area being monitored closely involves surgical wait times. The wait times for knee and hip surgeries in Brandon remained below the 26-week target during the 2013/2014 fiscal year. The median wait time for knee replacements decreased 70% from 26 weeks in April 2013 to 7.9 weeks in March 2014. The median wait time for hip replacements saw a decrease from 21 weeks in April 2013 to only 3.9 weeks for March 2014.

In relation to cataract surgeries, both Brandon and Minnedosa sites were below the 16-week wait time target in 2013/2014, with average wait times of 7.6 and 5.1 weeks respectively.

For more information on provincial wait times, log on to [www.gov.mb.ca/health/waittime](http://www.gov.mb.ca/health/waittime).

**Russell Health Centre**
Ultrasound services were re-established at Russell Health Centre in 2013/2014. Introduction of the service involved purchasing equipment and renovations within the Health Centre. The project was completed in conjunction with Manitoba Health and Diagnostic Services of Manitoba.

**Family Doctor Finder Program**
The Province established a Primary Care Connector program for all RHAs. The Region hired a Primary Care Connector to assist with the government commitment that all Manitobans will have access to a primary care provider. The primary role of the Primary Care Connector is to further support relationships that have been developed with local primary care providers and promote and improve participation in the Family Doctor Finder connection program.

**Primary Care Network Facilitator**
Working with Manitoba Health, Healthy Living and Seniors, PMH established the Region’s first Primary Care Network (PCN) facilitator in 2013/2014. The PCN facilitator was tasked with leading planning, development and evaluation of the network. This includes working with PMH programs and services, primary care providers, fee for service medical clinics, and other community agencies and partners.

**Medical First Response**
PMH is partnering with one First Nation and two Aboriginal and Northern Affairs communities to implement a Non-Transport Medical First Responder Program. Pine Creek First Nation, Camperville and Duck Bay have shown interest in the program, which would see students from those communities trained to be first on a scene, and provide basic assistance, during an ambulance call to those geographically-challenged areas. PMH Emergency Medical Services (EMS) would still do the safe transfer part of the care once arriving on scene.
Improved Service Delivery

- Establish partnerships to improve health service delivery to First Nation and Metis Manitobans;
- Continuously improve health care safety;
- Create a culture of client-focused care and service delivery.

Cancer Patient Journey
As part of the Provincial IN SIXTY cancer patient journey initiative, Prairie Mountain Health-in conjunction with Manitoba Health, Healthy Living and Seniors and CancerCare Manitoba-unveiled seven active and enhanced cancer care hubs in December 2013. The cancer care hubs are made up of connected and collaborative networks of care providers that work together to ensure patients receive timely treatment, access to care, and enhanced information services and options.

The Regional cancer hub in Brandon coordinates work at the community cancer program hubs in Deloraine, Hamiota and Neepawa. The Regional cancer hub in Dauphin coordinates work in Russell and Swan River.

Aboriginal Health
Prairie Mountain Health continues to partner with First Nation and Metis organizations to improve health services for Aboriginal people. Over the past year PMH staff have worked collaboratively with our partners on program development and delivery related to mental wellness, diabetes and heart health, and primary health care. There has been ongoing dialogue to improve discharge planning from hospital to community for First Nation residents. PMH and Manitoba Metis Federation (MMF) have developed a regional ‘action plan’ to improve health services for Metis clients.

Future plans include expanding cultural awareness training for staff, continued development of the Aboriginal Workforce Initiative, and enhancing partnerships with communities.

Primary Care Network-Brandon
Prairie Mountain Health, along with Manitoba Health, Healthy Living and Seniors, worked on a proposal for the region’s first Primary Care Network (PCN) in Brandon. The proposal involved establishing a PCN that would include the Western Medical Clinic, 7th Street Access Centre, Mental Health and CancerCare Manitoba.

Accreditation Canada
Accreditation Canada conducted a ‘bridge’ survey for former Parkland RHA in October 2013 with the objective to bring all three former Regions (Assiniboine, Brandon and Parkland) up to date in the national program. Several core standards were reviewed and the results showed fundamental requirements of the program were met.

Client Relations Program
In 2013/2014, the Region finalized a detailed Client Relations Program to receive suggestions and compliments as well as work with clients and patients to respond to their questions and concerns.

Aboriginal Health—Prairie Mountain Health continued to work collaboratively with aboriginal health partners to improve health services and access to services over the course of 2013/2014.

Quality and Patient Safety
The PMH Board established a Quality and Patient Safety Committee to advise and make recommendations to the Board on standards and practices that improve quality, patient safety and innovation in health.

Home Care Medication Improvement Project
A green belt project, that centers on how medication administration by a Home Care Attendant can be improved, got underway in 2014. The project’s aim is to break down all components of service delivery and look at risks and how the service can be made safer, resulting in decreasing the risk of a medication error. Once completed, the results of this project will inform the medication administration policies and procedures that will be rolled out across the region.

Parkland Accreditation Survey completed—PMH officials were on hand for findings from Accreditation Canada regarding a bridge survey that was held in former Parkland Region in October 2013.
Many teams are working on implementing provincial strategies to improve health. Although there are disparities in health status across the region, teams will identify the best approaches to reach those who are at highest risk.

Public Health initiatives
The Public Health Program continues to work collaboratively with Manitoba Health on the development of a provincial public health strategy. Work continued on development of a regional harm reduction strategy. Additional program planning involved the Healthy Baby Program and the Baby Friendly Initiative. Work is underway provincially on public health nursing standards and the roll-out of Panorama—an I.T. solution for public health.

Mental Health Advanced Access
The Region’s Mental Health Program continued work towards improving access to service and strengthening service navigation. In 2013/2014, work continued to develop a mental health resource nurse program, a centralized intake process, and develop plans and proposals for “Housing First” models.

Youth Health Survey
PMH completed a comprehensive Youth Health Survey, which aimed to assist both health and education departments in future planning and policy development. The survey, completed by Manitoba students in Grades 7-12 during the 2012/2013 school year, provides a snapshot of students’ health behaviours and supports the region’s compilation of its Community Health Assessment due for release in late 2014.

DASH Tent
The annual DASH (Dudley’s Ambulatory Surgical Hospital) Tent was very successful once again in Brandon. Over 980 children and their families visited the tent in June 2013. Children of all ages brought their favourite stuffed animal for treatment and the event provided a great way to educate families and promote healthy living activities.

EMS Program
The RHA’s Emergency Medical Services Program (EMS) was actively involved over the past year in several Injury Prevention presentations. Some of those include use of the ERIK Program (Emergency Response Information Kit), Hidden Hugs, car seat inspections and the P.A.R.T.Y. (Preventing Alcohol Related Trauma in Youth) Program.

Mental Health STEP Program
The PMH Mental Health STEP Program received provincial recognition at a health innovations conference and was awarded the Health Innovative Partnership Award. The Mental Health STEP Program in Brandon was developed by mental health staff, through evidence-based planning, for clients who are discharged following a suicide attempt. The program has since been expanded to the rest of the Region through joint efforts of the Mobile Crisis Unit and local Community Mental Health workers and programs.

Rural Farm Health Workshop
Prairie Mountain Health, Manitoba Farm and Rural Support Services and the Manitoba Women’s Institute partnered to host a workshop in Brandon in January 2014. The workshop: “Building Health, Hope & Resilience in the Agriculture Community”, featured topics involving anxiety and depressive disorders within the agricultural population, effects of pesticides on behavioural health, developing culturally acceptable health care services for rural people and interventions to reduce suicides among the farm population.
Consolidated Statement of Financial Position

Prairie Mountain Health
Consolidated Statement of Financial Position
As at March 31, 2014

<table>
<thead>
<tr>
<th></th>
<th>March 31 2014</th>
<th>March 31 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 60,291,168</td>
<td>$ 48,824,991</td>
</tr>
<tr>
<td>Short-term investments <em>(Note 7)</em></td>
<td>1,085,065</td>
<td>1,772,559</td>
</tr>
<tr>
<td>Accounts receivable <em>(Note 4)</em></td>
<td>6,778,578</td>
<td>7,239,669</td>
</tr>
<tr>
<td>Due from Manitoba Health <em>(Note 5)</em></td>
<td>23,421,084</td>
<td>19,928,164</td>
</tr>
<tr>
<td>Current portion of loan receivable <em>(Note 6)</em></td>
<td>28,680</td>
<td>27,697</td>
</tr>
<tr>
<td>Inventories held for use</td>
<td>4,269,951</td>
<td>4,446,142</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>2,159,028</td>
<td>3,680,418</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>98,033,534</strong></td>
<td><strong>85,919,640</strong></td>
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<tr>
<td><strong>Due from Manitoba Health</strong> <em>(Note 5)</em></td>
<td>21,933,303</td>
<td>21,933,303</td>
</tr>
<tr>
<td><strong>Loan receivable</strong> <em>(Note 6)</em></td>
<td>250,132</td>
<td>278,812</td>
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<tr>
<td><strong>Investments</strong> <em>(Note 7)</em></td>
<td>6,822,267</td>
<td>6,165,964</td>
</tr>
<tr>
<td><strong>Capital assets</strong> <em>(Note 8)</em></td>
<td>293,019,154</td>
<td>301,772,611</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>322,024,856</strong></td>
<td><strong>330,150,690</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>420,068,390</strong></td>
<td><strong>416,070,330</strong></td>
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<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demand loans <em>(Note 9)</em></td>
<td>$ 476,699</td>
<td>$ 566,699</td>
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<tr>
<td>Accounts payable and accrued liabilities</td>
<td>36,361,493</td>
<td>36,667,690</td>
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<tr>
<td>Employee future benefits <em>(Note 10)</em></td>
<td>30,282,536</td>
<td>28,258,054</td>
</tr>
<tr>
<td>Current portion of obligation under capital lease <em>(Note 12)</em></td>
<td>340,696</td>
<td>244,139</td>
</tr>
<tr>
<td>Current portion of long-term debt <em>(Note 11)</em></td>
<td>346,878</td>
<td>477,333</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>67,808,302</strong></td>
<td><strong>66,213,915</strong></td>
</tr>
<tr>
<td><strong>Employee future benefits</strong> <em>(Note 10, 26)</em></td>
<td>50,226,000</td>
<td>49,423,424</td>
</tr>
<tr>
<td>Obligation under capital lease <em>(Note 12)</em></td>
<td>679,231</td>
<td>666,420</td>
</tr>
<tr>
<td>Long-term debt <em>(Note 11)</em></td>
<td>1,384,857</td>
<td>1,612,499</td>
</tr>
<tr>
<td>Deferred contributions <em>(Note 13)</em></td>
<td>292,901,498</td>
<td>297,800,458</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>412,999,888</strong></td>
<td><strong>415,716,716</strong></td>
</tr>
<tr>
<td><strong>Commitments and contingencies</strong> <em>(Note 19)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in capital assets <em>(Note 15)</em></td>
<td>6,440,986</td>
<td>8,570,602</td>
</tr>
<tr>
<td>Internally restricted <em>(Note 16)</em></td>
<td>4,484,878</td>
<td>4,396,553</td>
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<tr>
<td>Externally restricted <em>(Note 16)</em></td>
<td>34,162</td>
<td>28,149</td>
</tr>
<tr>
<td>Unrestricted <em>(Note 26)</em></td>
<td>(3,901,524)</td>
<td>(12,641,690)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,058,502</strong></td>
<td><strong>353,614</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>420,058,390</strong></td>
<td><strong>416,070,330</strong></td>
</tr>
</tbody>
</table>

Approved on behalf of the Board

[Signature]

Director
## Consolidated Statement of Operations

### Prairie Mountain Health

**Consolidated Statement of Operations**

*For the year ended March 31, 2014*

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Restated - Note 26)</td>
<td></td>
</tr>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manitoba Health operating income <em>(Note 17)</em></td>
<td>$495,607,835</td>
<td>$482,190,944</td>
</tr>
<tr>
<td>Authorized/residential charges</td>
<td>31,503,826</td>
<td>31,451,370</td>
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<tr>
<td>Amortization of deferred contributions</td>
<td>18,746,439</td>
<td>20,629,924</td>
</tr>
<tr>
<td>Non-insured income</td>
<td>2,426,370</td>
<td>2,037,387</td>
</tr>
<tr>
<td>Ancillary revenue</td>
<td>3,266,062</td>
<td>5,103,269</td>
</tr>
<tr>
<td>Other income</td>
<td>6,226,555</td>
<td>10,224,874</td>
</tr>
<tr>
<td>Province of Manitoba</td>
<td>4,025,581</td>
<td>3,305,092</td>
</tr>
<tr>
<td>Investment income</td>
<td>957,740</td>
<td>181,153</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>562,760,408</strong></td>
<td><strong>555,124,013</strong></td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care services</td>
<td>225,227,004</td>
<td>225,852,923</td>
</tr>
<tr>
<td>Personal care home services</td>
<td>131,431,557</td>
<td>131,054,464</td>
</tr>
<tr>
<td>Medical remuneration</td>
<td>38,364,137</td>
<td>35,068,829</td>
</tr>
<tr>
<td>Community based mental health services</td>
<td>21,608,095</td>
<td>21,996,385</td>
</tr>
<tr>
<td>Community based home care services</td>
<td>36,655,015</td>
<td>34,836,721</td>
</tr>
<tr>
<td>Community based health services</td>
<td>21,845,157</td>
<td>25,066,888</td>
</tr>
<tr>
<td>Emergency medical services</td>
<td>16,793,134</td>
<td>14,920,110</td>
</tr>
<tr>
<td>Regional undistributed costs</td>
<td>31,587,563</td>
<td>33,690,271</td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>19,366,035</td>
<td>20,586,876</td>
</tr>
<tr>
<td>Interest on long-term debt</td>
<td>-</td>
<td>9,512</td>
</tr>
<tr>
<td>Future employee benefits <em>(Note 26)</em></td>
<td>2,245,556</td>
<td>3,239,462</td>
</tr>
<tr>
<td>Therapy services</td>
<td>7,765,042</td>
<td>2,851,405</td>
</tr>
<tr>
<td>Ancillary expenses</td>
<td>2,777,863</td>
<td>4,464,716</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>555,666,158</strong></td>
<td><strong>553,638,562</strong></td>
</tr>
<tr>
<td><strong>EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before Other Expenses</td>
<td>$7,094,250</td>
<td>$1,485,451</td>
</tr>
<tr>
<td><strong>OTHER EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriation of Prior Year Accumulated Surplus/Deficit <em>(Note 24)</em></td>
<td>-</td>
<td>(1,368,007)</td>
</tr>
<tr>
<td><strong>EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES</strong></td>
<td>$7,094,250</td>
<td>$117,444</td>
</tr>
</tbody>
</table>
To the Board of Directors of Prairie Mountain Health:

We have audited the accompanying consolidated financial statements of Prairie Mountain Health, which comprise the consolidated statement of financial position as at March 31, 2014 and the consolidated statement of operations, changes in net assets, cash flows and remeasurement of gains and losses for the year then ended and a summary of significant accounting policies and other explanatory information.

Management’s Responsibility for the Consolidated Financial Statements

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

Auditors’ Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of Prairie Mountain Health as at March 31, 2014 and the results of their consolidated operations, changes in net assets, cash flows, and their remeasurement gains and losses for the year then ended in accordance with Canadian public sector accounting standards.

MNP, LLP
Chartered Accountants
Brandon, Manitoba
June 14, 2014

Expenditure by Program/Service 2013/2014

<table>
<thead>
<tr>
<th>Program/Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>41%</td>
</tr>
<tr>
<td>Personal care home service</td>
<td>24%</td>
</tr>
<tr>
<td>Medical remuneration</td>
<td>7%</td>
</tr>
<tr>
<td>Community-based mental health services</td>
<td>4%</td>
</tr>
<tr>
<td>Community-based home care services</td>
<td>7%</td>
</tr>
<tr>
<td>Community-based health services</td>
<td>4%</td>
</tr>
<tr>
<td>Emergency medical services</td>
<td>3%</td>
</tr>
<tr>
<td>Regional undistributed costs</td>
<td>6%</td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>3%</td>
</tr>
<tr>
<td>Future Employee Benefits</td>
<td>0%</td>
</tr>
<tr>
<td>Therapy Services</td>
<td>1%</td>
</tr>
</tbody>
</table>

Expenditure by Program/Service 2013-14

<table>
<thead>
<tr>
<th>Program/Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>41%</td>
</tr>
<tr>
<td>Personal care home service</td>
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</tr>
<tr>
<td>Community-based health services</td>
<td>4%</td>
</tr>
<tr>
<td>Emergency medical services</td>
<td>3%</td>
</tr>
<tr>
<td>Regional undistributed costs</td>
<td>6%</td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>3%</td>
</tr>
<tr>
<td>Future Employee Benefits</td>
<td>0%</td>
</tr>
<tr>
<td>Therapy Services</td>
<td>1%</td>
</tr>
</tbody>
</table>
Recent amendments to The Regional Health Authorities Act include provisions related to improved accountability and transparency and to improved fiscal responsibility and community involvement.

As per Sections 22 and 51, the establishment by the Minister of terms and conditions of employment (compensation, etc.) to be included in the employment contract of the chief executive officer and designated senior officers of a regional health authority.

Employment contracts have been established for the CEO and all Senior Leaders of the organization. These contracts contain all terms and conditions of employment as set out by the Minister.

As per Section 23 (2c), the preparation, implementation, posting on the website and updating of the regional health authority’s strategic plan. Prairie Mountain Health’s Strategic Plan was updated and completed in May 2013 and was posted on the PMH website.

As per Sections 23.1 and 54, the establishment by the Minister - of requirements relating to accreditation of a regional health authority and the accreditation participation in RHA accreditation of health corporations and certain health care organizations and publishing of the results.

Prairie Mountain Health has been continuing efforts related to Accreditation and regular updates have been submitted to Accreditation Canada. Results of recent Accreditation Canada surveys can be found on the region’s website.

Manitoba Health requires that health authorities report on steps taken and plans to meet the requirements under this Act.

In compliance with the Public Sector Compensation Disclosure Act of Manitoba, interested parties may obtain copies of the Prairie Mountain Health public sector compensation disclosure (which has been prepared for this purpose and certified by its auditor to be correct) and contains the amount of compensation it pays or provides in the corresponding fiscal year for each of its officers and employees whose compensation is $50,000.00 or more.

This information, along with the complete set of financial statements, including the auditor’s report, is available in either electronic or hard copy by contacting Prairie Mountain Health at (204) 483-5000, Toll-Free 1-888-682-2253, or by email pmh@pmh-mb.ca

Prairie Mountain Health adheres to standardized coding guidelines (MIS) as defined by the Canadian Institute of Health Information (CIHI).

Administrative costs include corporate operations (including hospitals, non-proprietary personal care homes and community health agencies), as well as patient care-related functions such as infection control and patient relations and recruitment of health professionals. The figures presented are based on data as at 2013/2014. The most current definition of administrative costs determined by CIHI includes:

<table>
<thead>
<tr>
<th>Category of Administrative Expense</th>
<th>% of Total 2013/2014 Expenses</th>
<th>% of Total 2012/13 Expenses</th>
<th>% of Total 2011/12 Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Operations:</td>
<td>2.52</td>
<td>3.16</td>
<td>3.35</td>
</tr>
<tr>
<td>Patient-care Related:</td>
<td>.43</td>
<td>.27</td>
<td>.27</td>
</tr>
<tr>
<td>Human Resources and Recruitment:</td>
<td>1.39</td>
<td>1.08</td>
<td>1.07</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4.34</td>
<td>4.51</td>
<td>4.69</td>
</tr>
</tbody>
</table>
The Public Interest Disclosure (Whistleblower Protection) Act came into effect April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoings) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service. As per reporting requirements regarding Section 18 of the Act, Prairie Mountain Health did not receive any disclosures in 2013/2014 under the legislation, therefore, no investigations commenced as a result.

**Public Interest Disclosure (Whistleblower Protection)**

The Public Interest Disclosure (Whistleblower Protection) Act came into effect April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoings) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service. As per reporting requirements regarding Section 18 of the Act, Prairie Mountain Health did not receive any disclosures in 2013/2014 under the legislation, therefore, no investigations commenced as a result.

**French Language Services**

Although Prairie Mountain Health serves a mainly English-speaking population, it maintains bilingual designation. The following areas within Prairie Mountain Health are designated to receive French Language Services:

- Rural Municipality of Ellice and the Village of St. Lazare;

The following facilities are designated to provide French Language Services:

- Birtle Health Centre;
- Ste. Rose General Hospital;
- Dr. Gendreau Personal Care Home (Ste. Rose).

Prairie Mountain Health undertakes to provide health care services to its French-speaking population in accordance with the Government of Manitoba’s French Language Services Policy, Regulation 46/98 of the Regional Health Authorities Act (C.C.S.M. c R34). The French Language Services (FLS) plans for Prairie Mountain Health can be accessed by contacting the Regional Office at 1-888-682-2253.

**Contact Information**

- **Mailing address:** 192-1st Avenue West, Box 579, Souris, MB. R0K 2C0
- **Phone:** (204) 483-5000
- **Toll-Free:** 1-888-682-2253
- **Fax:** (204) 483-5005
- **Email:** pmh@pmh-mb.ca
- **Website:** www.prairiemountainhealth.ca