

# ANNUAL PROGRESS REPORT

2019-2020



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## VISION

A world free of cancer.

## MISSION

To reduce and, where possible, eliminate the burden of cancer on the people of Manitoba through exemplary programs of prevention, diagnosis, treatment, rehabilitation, continuing care, research and education.

## VALUES

### RESPECT FOR PEOPLE

Dignity, fairness, openness, equity, collaboration, cooperation, sensitivity to cultural diversity and identity, compassion, privacy, confidentiality.

### INTEGRITY

Honesty, objectivity, reliability, responsibility, fidelity, transparency.

### STEWARDSHIP

Prudence, sensitivity to risks, opportunities and sustainability of human and material resources and the natural and built environment, accountability.

### EXCELLENCE

Timeliness, efficiency, effectiveness, relevance, diligence, creativity, initiative.

## Letter of Transmittal and Accountability

Dear Minister,

We have the honour to present the annual report for CancerCare Manitoba (CCMB), for the fiscal year ended March 31, 2020.

This annual report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister. All material including economic and fiscal implications known as of September 30, 2020, has been considered in preparing the annual report. The Board has approved this report.

Respectfully Submitted on Behalf of CancerCare Manitoba,

Jeffrey Chipman  
Chair of the Board of Directors,  
CancerCare Manitoba

Dr. Sri Navaratnam, MBBS, FRCPC, PhD  
President and Chief Executive Officer  
CancerCare Manitoba



A handwritten signature in black ink, appearing to read 'Jeffrey Chipman', written over a light blue horizontal line.

**Jeffrey Chipman**  
*Chair of the Board of Directors  
CancerCare Manitoba*



A handwritten signature in black ink, appearing to read 'Sri Navaratnam', written over a light blue horizontal line.

**Dr. Sri Navaratnam, MBBS, FRCPC, PhD**  
*President and Chief Executive Officer  
CancerCare Manitoba*

## Board Governance

2019/2020

CancerCare Manitoba is charged by an [act of the Manitoba legislature](#) with responsibility for cancer prevention, detection, care, research and education for the people of Manitoba. We are dedicated to clinical, academic and business excellence, by enhancing the quality of life for those living with cancer and blood disorders.

The CCMB Board of Directors is responsible for the strategic vision and planning at CCMB.

The CCMB Board membership of the corporation consists of:

1. The chairperson of the advisory medical board appointed under section 6 of the [CancerCare Manitoba Act](#);
2. One person appointed by the Board of Governors, University of Manitoba;
3. Six persons, each from a separate geographical area of Manitoba, appointed by the minister; and
4. Three persons appointed by the corporation subject to the approval of the Lieutenant Governor in Council.

## CancerCare Manitoba Board Members

Mr. Jeffrey Chipman* CHAIR	EX-OFFICIO Dr. Sri Navaratnam* PRESIDENT & CEO, CCMB
Mr. David Mortimer VICE-CHAIR	
Mr. Michael Evans SECRETARY	GUESTS ..... Dr. Donald Houston MEDICAL STAFF ASSOCIATION, CCMB
Mr. Vince Warden TREASURER	Ms. Annitta Stenning PRESIDENT & CEO CANCERCARE MANITOBA FOUNDATION
Ms. Janet Belanger	
Ms. Patti Bell	
Ms. Darlene Grantham	ACKNOWLEDGMENTS ..... CancerCare Manitoba wishes to thank the following individuals for their dedication and commitment to CancerCare Manitoba and Manitobans during their term of service on the Board of Directors:
Dr. Karen Juce	Mr. Matt Bolley Mr. Robert Campbell Mr. Jack London Mr. Greg Tallon
Dr. Brent Schacter	
Ms. Mary Beth Taylor	
Dr. Roberta Woodgate	CancerCare Manitoba wishes to acknowledge Ms. Susan Graham who served on the CCMB Board of Directors since 2017 and unexpectedly passed away on July 7, 2019.

## Board Committees

### Advisory Medical Board

Dr. Brent Schacter  
CHAIR

### Finance & Audit Committee

Mr. Vince Warden  
CHAIR

### Community Representative

Mr. Donald MacDonald  
Dr. Arnold Naimark  
Mr. Greg Tallon

### Facilities Planning and Development Committee

Mr. Michael Evans  
CHAIR

### Community Representatives

Mr. Kevin McNeill  
Dr. Arnold Naimark

### Partner Representatives

Ms. Annitta Stenning

### Quality & Patient Safety Committee

Mr. David Mortimer  
CHAIR  
Ms. Darlene Grantham  
Dr. Karen Juce

### Community Representatives

Mr. Bill Daviduk  
Ms. Brenda Dawyduk  
Ms. Anna Maria Magnifico

### Community Connections Committee

Judge Rocky Pollack  
CHAIR

Ms. Mary Beth Taylor  
**Community**

### Representatives

Mr. Robert Campbell  
Ms. Pam King  
Ms. Marilyn Singer

### Partner Representatives

Ms. Jane Kidd-Hantscher  
Ms. Annitta Stenning

\*DENOTES THE CHAIR AND PRESIDENT AND CEO ARE MEMBERS OF EACH COMMITTEE BY VIRTUE OF THEIR POSITIONS.

## Activities and Decisions of the Board

The Board received the following documents and reports for information and/or approval: Annual Risk Management Report, Annual Strategic and Operational Plan 2020/2021, Annual Construction Report, System Performance Report, Freedom of Information and Protection of Privacy (FIPPA) Annual Report, Personal Health Information Act (PHIA) Annual Report, 2019 Annual Board Self-Assessment, Audited Financial Statements for the year ending March 31, 2019; Workplace Safety and Health Annual Report, Bi-Annual Privacy Compliance Report, Quality Improvement and Patient Safety Plan - Phase 2, Preliminary Budget for 2020/21, Revised Budget for 2019/2020, approved the annual auditor for CCMB for the fiscal year ending 2020, approved privileges for physicians.

The Board received presentations on the Performance Management Dashboard, the CCMB Prevention and Screening Program, Receiving Patient Stories, Patient Stories, Capital Equipment Process, Transformation Update, and An Introduction to Cancer Strategy.

Board members participated in Board Performance Training Sessions offered by the Crown Services Secretariat.

The Board held an Annual General Meeting on October 24, 2019. This was open to all patients, families, staff, public and other stakeholders of CCMB (e.g., government officials, CancerCare Manitoba Foundation Board members, the leadership of all Health Regions in Manitoba, University, newcomer advisory committee, and Canadian Partnership Against Cancer community contacts).

The Board was kept apprised of CCMB's response to the COVID-19 pandemic.

### **Major consultations:**

The Board participated in the 2019 Accreditation, CancerCare Manitoba Operational Review, and Visioning Session - which included many stakeholders for the development of the Roadmap to Cancer Control for Manitoba 2021-2026.

The Board Chair participated in health transformation meetings and met with the Minister of Health and Deputy Minister of Health.

### **Assurance the health plan is implemented; that funds are allocated appropriately; and that an effective system of control and legislative compliance is maintained:**

The Board and the Finance Committee are involved in the development of the Annual Operational Strategic Plan.

The Board and Committees of the Board develop annual work plans to ensure they are overseeing their respective responsibilities efficiently and cost-effectively. The Board receives required reports from the President, Management, Department Heads and Board Committees. The Finance and Audit Committee thoughtfully and expertly prepare the annual budget for approval by the Board for submission to the Department of Health, Seniors and Active Living. The Committee reviews the monthly financial statements which are approved by the Board.

The Board Chair and the President and CEO meet on a regular basis. CCMB also works collaboratively with Shared Health.

**Process of evaluation of Board performance:**

The Board members complete an annual self-assessment that is measured against previous years' results.

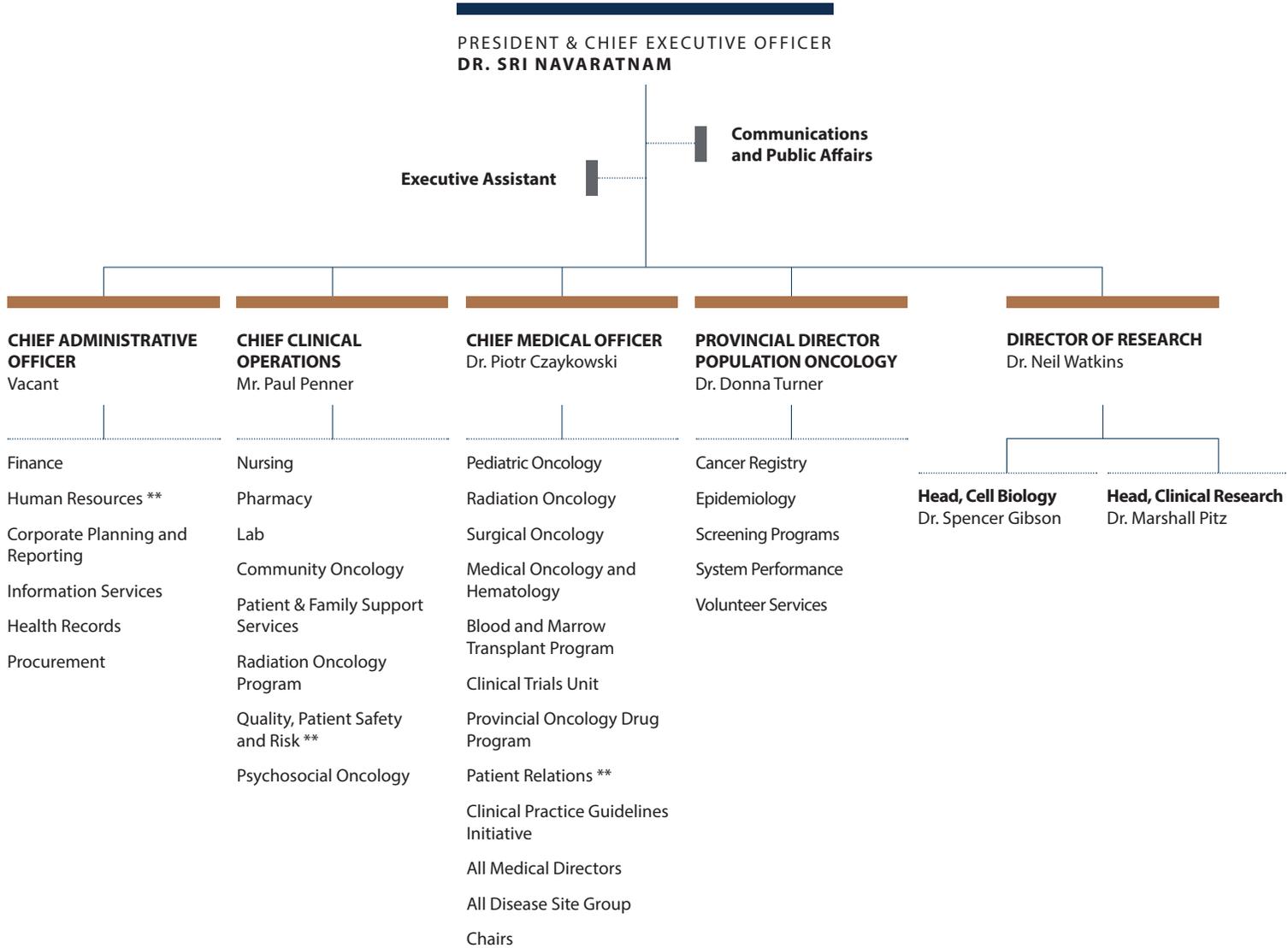
Accreditation has a governance component that evaluates Board performance/governance.

When recruiting to the Board, the Nominations and Governance Subcommittee considers the skills required to fill a position. Individuals complete a skills matrix that identifies their strengths.

When a Board member's term is expiring, their performance is evaluated by the Nominations and Governance Subcommittee before recommendation for appointment of a second term.

# Organizational Chart

March 31, 2019 to March 31, 2020



\*\* DIRECT ACCESS TO PRESIDENT AND CEO WHEN OPERATIONALLY REQUIRED.

# Delivering Excellence

## Progress Report: Year Four - 2019 to 2020

The Manitoba Cancer Plan 2016-2021, Delivering Excellence, completed its fourth year in 2019-2020. The progress made over four years is shown below.

### STRATEGIC DIRECTION 1 - TOWARD STATE-OF-THE-ART PATIENT CARE

	2018-2019	2019-2020
1. Enhanced access to advances in radiation therapy	●	●
2. Ready access to and delivery of novel systemic therapy	●	●
3. Increased availability of genetic testing to support personalized treatment	●	●
4. Achievement of province-wide leadership in cancer surgery	●	●
5. Increased opportunity for patients to participate in clinical trials	●	●
6. Established leadership in the broad communication of current, evidence-based knowledge on prevention of cancer and in the conduct of specific prevention programs in selected areas	●	●
7. Introduction of new and improved screening methods for early detection of cancer and increased rates of public participation	●	●

### STRATEGIC DIRECTION 2 - TOWARD TIMELY ACCESS TO MULTIDISCIPLINARY CARE

1. Significant reduction in the time patients wait from when a suspicion of cancer first arises until treatment is initiated	●	●
2. Efficient, expedited patient flow within the CancerCare Manitoba system	●	●
3. Timely access to quality clinical services close to home	●	●
4. Multidisciplinary organization of care	●	●
5. Expanded access to specialized urgent care services	●	●
6. Provide coordinated and efficient inpatient cancer care in host hospitals	●	●
7. Improved planning and broaden options for continuing care	●	●

### STRATEGIC DIRECTION 3 - TOWARD ENHANCED REPORTING ON PERFORMANCE, QUALITY, AND SAFETY

1. Development of a comprehensive and integrated set of performance indicators regarding quality, patient safety, and clinical outcomes	●	●
2. Sustained engagement in quality improvement projects, including Medication Reconciliation	●	●
3. Advanced methods established for assessing and reporting on the level of patient satisfaction	●	●

### STRATEGIC DIRECTION 4 - TOWARD BUILDING CAPACITY TO MEET GROWING NEEDS

	2018-2019	2019-2020
1. Establishment of a comprehensive Health Information Systems Program	●	●
2. Introduction of new and improved operational practices	●	●
3. Enhanced process for encouraging high performance of staff	●	●
4. Provision of expanded facilities to accommodate increased patient volume, improve operating systems, and enhance the patient experience	●	●

### STRATEGIC DIRECTION 5 - TOWARD IMPROVED CARE FOR UNDERSERVED POPULATIONS

1. Provision of new and enhanced access to services for First Nations, Métis, and Inuit with special attention to newcomers, the elderly and residents of geographically-isolated areas	●	●
2. Development of a new multidisciplinary care program for adolescents and young adults	●	●

### STRATEGIC DIRECTION 6 - TOWARD BROADENED SCOPE AND ENHANCED STRENGTH OF RESEARCH

1. Expanded scope and strength of research	●	●
2. Provision of state-of-the-art laboratories and research technology platforms	●	●
3. Greater collaborations to enhance cancer and blood disorders research	●	●
4. Increased complement of highly-qualified researchers	●	●

The colours shown below represent the status of progress made over four years compared with the status from the prior year.

- On Track
- Some Progress
- Slow Progress

## Challenges and Future Directions

### *Current Challenges*

#### **Demand for Cancer Services to Increase**

Over the next two decades, it is projected that Manitoba will see a dramatic rise in the number of cancer cases. This is mainly due to Manitoba's aging population and the higher incidence of cancer in older age groups. In addition, advances in cancer treatment have improved outcomes, resulting in a greater number of cancer patients who are living longer and need ongoing care. Some patients will develop secondary or new cancer diagnoses requiring more aggressive treatment. These factors may result in an increased volume of patients requiring clinical services at CCMB in the coming decades.

#### **Delivering State-of-the-Art Services (Diagnosis and Treatment)**

Significant improvements in technology and treatment have occurred in the last decade which has allowed CCMB to deliver state-of-the-art services. Advanced technologies for cancer diagnosis and individualized complex cancer treatments are becoming increasingly available. Clinical genomics and CAR-T are two examples of evolving fields that require special genetic testing to provide information to allow treatment to be tailored to meet the needs of the patient. These advances in treatment and technology often require substantial upfront investments and additional resources. This can increase the overall volume of work and demand on the health care system.

#### **Drugs**

The treatment protocols for cancer are becoming more complex as a large number of novel therapies and new drug combinations are expected for the treatment of cancer in the upcoming years. Many new drugs are given until disease progression, increasing overall drug costs. Ongoing education of oncology health care professionals will be required to ensure safe use of new drugs. In addition, education of health care professionals across the province will be necessary as we see increased use of immune therapies.

#### **Sustainability of Services**

An increase in strategic investment will be needed to provide the space and human resources to effectively manage the increase in clinical demand, the rising cost of providing state-of-the-art services and to undertake new initiatives.

- **Space:** There is an urgent need to expand the space available for continued and improved cancer service delivery to patients. Recruitment and retention of world-class researchers, physicians, and staff are limited due to inadequate space for research and clinical activities.
- **Human Resources:** Increasing work demands and shortage of trained staff are ongoing challenges. With the anticipated increase in the number of patients requiring care, human resource planning for recruitment, retention and talent management of professional staff must be a high priority. As a centre of excellence attracting world-class cancer specialists, CCMB must be able to offer competitive and appropriate funding and resources through an aggressive and comprehensive recruitment and retention plan to address the ongoing challenge of recruiting cancer specialists to Manitoba.

**Patient Experience**

As the number of patients in the cancer system increases, and treatment and technology become more sophisticated, the time spent with patients must be carefully coordinated to ensure their understanding of complex information. Patient navigation can be challenging and requires careful planning and coordination to ensure a positive patient experience.



## Highlights for Future Direction

### Prevention and Early Detection:

Prevention Program: CCMB is developing a cancer prevention program to provide more information to the public on how to reduce cancer risk. This program will build on CCMB's initial success with the public messaging campaign about the risks associated with the Human Papilloma Virus (HPV) and the importance of HPV vaccination, to include more information on cancer risk association with lifestyle-related behaviours, genetics and environmental carcinogens. CCMB is expanding its work with Underserved Populations, such as the elderly and First Nations, Métis and Inuit. CCMB continues to offer smoking cessation for cancer patients and their families, as a recognized leader of this best-practice in Canada.

- **Breast screening:** Manitoba women will continue to benefit from the implementation of digital mammography and the revamped BreastCheck mobile mammogram clinics, which enable improved participation for remote populations. CCMB will assess the feasibility of increasing capacity at rural fixed sites, aligning with the Provincial Clinical and Preventive Services Plan. Breast density will continue to be a routine part of BreastCheck's results reporting, identifying potential risk associated with dense breasts directly to women as well as their primary care providers.
- **Cervical screening:** CCMB will build on the implementation of HPV triage testing to assess the feasibility of HPV primary testing in collaboration with cytology labs.
- **Colorectal screening:** As Manitoba is the only province in Canada not using the Fecal Immunochemical Test (FIT), CCMB anticipates the introduction of FIT and will work with partners to centralize fecal testing and follow-up.

**Improved Patient Flow Through the Cancer System:** CCMB will improve the transition of oncology patients to primary care or palliative care, to align with the provincial goal of matching patients to more appropriate care service providers.

**Innovation and Sustainability:** CCMB will maintain/create programs to provide urgent services including Urgent Cancer Clinic (UCC), rapid access to radiation therapy clinic, and rapid diagnostic clinic. CCMB will introduce voice recognition for dictation, synoptic reporting improvements to the electronic client record, and an electronic referral process for all disease site groups including Tap n Go technology.

**Quality:** Building on Accreditation Canada's review and endorsement (established from the review in November 2019), CCMB will continue to work to improve its quality of cancer services. Patient safety continues to be of prime importance; CCMB will continue to review its practices and facility to address incidents and potential incidents that could impact patient safety. CCMB will work to enhance the patient experience, including new ways to provide emotional support.

**Capacity Building:** CCMB will work with Shared Health and the government in the development of a capital plan that incorporates CCMB requirements.

CCMB will continue to support priorities led by the Transformation Management Office including:

- Continue collaboration with the Transformation Management Team on waves of transition;
- Digital Health Transition, Information, and Communication Technology (ICT);
- Performance Management;
- National Association of Pharmacy Regulatory Authorities (NAPRA) and inventory management;
- Quality Patient Safety Framework;
- Provincial Diagnostic Services Consolidation: Harmonize radiologist services and establishment of standards and quality programs;
- Organizational Redesign; and
- French Language Services.



## Accreditation

CancerCare Manitoba has once again been accredited with exemplary standing, which is the highest level of performance from Accreditation Canada.

Accreditation Canada is an independent non-governmental organization that operates globally as an affiliate of Health Standards Organization.

CCMB achieved exemplary standing from Accreditation Canada in 2011 and 2015. In 2019, CCMB was evaluated against 946 national standards and passed with 99.6 per cent compliance and achieved 100 per cent compliance on Required Organizational Practices. These are the highest levels achieved by CCMB to date. CCMB was commended for its ongoing work in maturing the quality and safety agenda and for continuing to bring the voice of patients and family into its client- and patient-centred approaches.

This is a significant accomplishment for CancerCare Manitoba and for Manitobans who can have confidence to receive cancer treatment in the province. Manitobans can be assured they will receive the best evidence-based, safe and high-quality cancer care.

CCMB is participating in the Accreditation Canada Qmentum accreditation program. The Qmentum program is a four-year cycle of assessment and improvement which helps organizations assess all aspects of their operations—from board and leadership, to care and services, to infrastructure. CCMB hosted Accreditation Canada surveyors from November 17-22, 2019. Seven cancer service delivery sites were assessed by the surveyor team during the onsite survey.

CCMB's exemplary standing is a result of the strong commitment from the board of directors, leadership team and staff. CCMB collaborates with many stakeholders across Manitoba to deliver services and thanks them all for helping to achieve this accreditation standing.

CCMB will continue to work on strengthening quality improvement efforts by participating in the Accreditation Canada program.

The Accreditation Canada report is available on the [CancerCare Manitoba website](#).



## Employee Recognition

CCMB held its annual employee recognition event on February 28, 2020 to celebrate the Long Service Awards and Applauding Values Awards.

CCMB recognized 139 employees with Long Service Awards—spanning from five years to 35 years of service.

The Applauding Values Awards were developed to recognize individuals who exemplify the values of CCMB. On an annual basis, CCMB is pleased to bestow awards to those who demonstrate one of CCMB's core values: Respect, Integrity, Stewardship and Excellence.

### 2019 Applauding Values Awards Recipients

#### *Respect for People*

Eleonor Miranda - Medical Oncology and Hematology

#### *Integrity*

James Beck - Medical Physics

#### *Stewardship*

Lorena Gerl - Patient and Family Support Services and Volunteer Services

#### *Operational Excellence*

Trevor DePape - Radiation Therapy

#### *Academic Excellence*

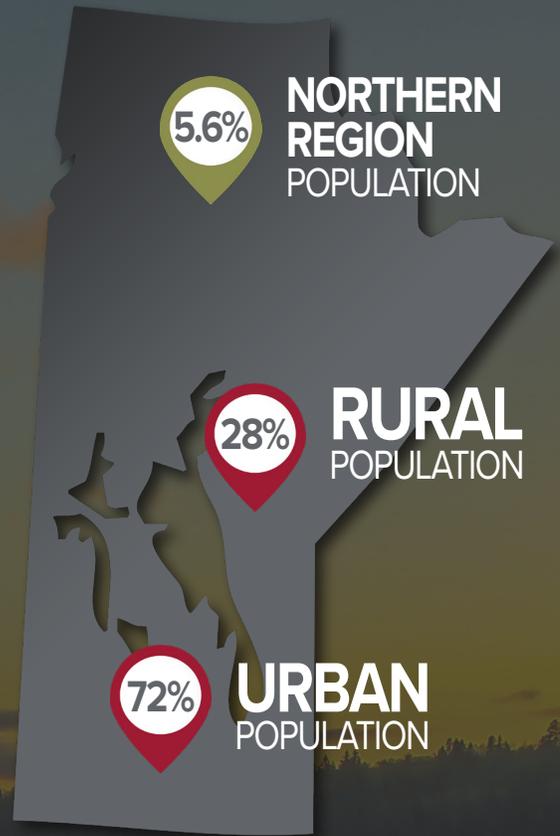
Kathleen Decker - Research Institute in Oncology and Hematology

#### *Clinical Excellence*

Pam Johnston - Nursing

# Manitoba's Diverse Population

# POPULATION OF MANITOBA 1,372,708



# 18.0%

Indigenous population



# 17.6%

Visible minorities



# 14.8%

Population over age 65



# 9.4%

Population living at low income level

## Patient- and Community-Centred Care: the best care for Manitobans

*Responding to the unique needs of the patient*

Patient and community-centred care focuses on delivering care that is responsive to the unique needs and preferences of individual patients and their families, which are also influenced by the communities they live in or belong to. It is organized around the health needs and expectations of patients and the community rather than being disease-centric.

Manitoba has a population of 1.372 million people (2019) with 80% of residents living in Winnipeg and surrounding areas. A small percentage (5.6%) of Manitoba's residents live in the Northern Region of the province which comprises 67% of the province's land mass. Our province is richly diverse in culture, ethnicity, geography, socioeconomic status, age and gender. The opposite page highlights some of the population's diversities important to planning for cancer services.

**Unless these components are recognized and factored into health planning, along with the acknowledgement of the challenges of racism and cultural safety, one cannot provide equitable care, which is key to bringing optimal health outcomes and an improved patient experience to all Manitobans.**

Cancer is the leading cause of death and cancer care is a significant part of our health system. Thus, incorporating patient- and community-centred care for this disease will have a positive impact in the overall health outcomes of the province. Furthermore, receiving a cancer diagnosis can have a profound impact on an individual, effectively influencing every aspect of their lives.

**For cancer treatment to be most effective and for a positive patient experience, the emotional, physical, and social needs of the patient must be addressed; caring for the “whole” person.**

This patient-centred approach can only be applied with an understanding of the whole person to adequately support their cancer journey.

A patient's cancer journey can be long; families and communities become vital support systems for them. Individuals can often receive treatment, follow-up care, support and palliative care services in their own communities, thereby allowing them to remain close to home and their support systems. Cancer services providers must acknowledge this important dimension of the community, in order to bring the best care to the people of Manitoba.

Cancer control aims to reduce the impact of cancer through strategies focused on the entire **cancer continuum** – from prevention, screening and early detection, diagnosis, treatment, and through to survivorship or end-of-life care. A robust cancer prevention and early detection program requires intervention at the population level, best achieved through engagement with communities which may be geographic or culturally focused. Understanding the challenges of communities and developing strong partnerships with them will help to advance the health of the community and cancer control priorities.

Patient- and community-centred care is a given for a successful health system. It brings better outcomes and an improved patient experience. Given the demands of cancer on individuals, the health system and costs to the system, the patient- and community-centred approach to care must be amplified in the planning and implementation of cancer control priorities. This will bring the best cancer outcomes as well as result in the enhanced sustainability of health services.

## CancerCare Manitoba Statement of Financial Position

As at March 31, 2020, with comparative information for 2019

	2020	2019
<b>Financial assets:</b>		
Cash	\$ 4,616,979	\$ 3,613,389
Restricted cash	4,994,306	4,888,442
Accounts receivable	21,631,364	21,632,049
Due from Manitoba Health	940,640	103,232
Investments	25,374,500	23,649,672
Vacation entitlements receivable	1,713,746	1,730,141
Retirement entitlement obligation receivable	1,350,050	1,419,400
	<u>60,621,585</u>	<u>57,036,325</u>
<b>Financial liabilities:</b>		
Accounts payable and accrued liabilities	25,082,713	16,914,784
Employee future benefits	9,923,642	9,941,172
Unearned revenue	460,682	123,500
Lines of credit payable	6,529,315	13,495,545
Loans payable	22,987,059	13,069,735
Due to Manitoba Health	4,913,996	8,899,481
	<u>69,897,407</u>	<u>62,444,217</u>
Net debt	(9,275,822)	(5,407,892)
<b>Non-financial assets:</b>		
Tangible capital assets	48,187,670	47,064,767
Inventory	6,123,020	5,456,678
Prepaid expenses	403,833	460,554
	<u>54,714,523</u>	<u>52,981,999</u>
Net assets	<u>\$ 45,438,701</u>	<u>\$ 47,574,107</u>
<b>Net assets is comprised of:</b>		
Accumulated surplus	\$ 46,742,986	\$ 47,651,507
Accumulated remeasurement losses	(1,304,285)	(77,400)
	<u>\$ 45,438,701</u>	<u>\$ 47,574,107</u>

These condensed financial statements do not contain all of the disclosures required by Canadian public sector accounting standards. Readers are cautioned that these statements may not be appropriate for their purposes.

## CancerCare Manitoba Statement of Operations and Accumulated Surplus

Year ended March 31, 2020, with comparative information for 2019

	2020 Budget	2020	2019
<b>Revenue:</b>			
Manitoba Health, Seniors and Active Living	\$ 78,748,918	\$ 75,038,631	\$ 76,301,157
Provincial Oncology Drug Program	49,500,000	51,176,549	47,118,596
Oral cancer drug dispensing	9,000,000	15,239,384	7,818,145
Medical remuneration	18,525,137	16,954,604	16,605,560
Government of Canada	80,370	22,461	10,092
Other revenue	3,839,312	5,280,536	5,350,758
Investment income	745,500	820,709	642,008
External grants	13,875,000	15,276,369	14,277,134
<b>Total revenue</b>	<b>174,314,237</b>	<b>179,809,243</b>	<b>168,123,450</b>
<b>Expenses:</b>			
<b>Acute Care:</b>			
Clinics and patient services	29,086,414	29,189,780	29,264,041
Systemic oncology program	18,850,645	19,544,145	19,084,214
Radiation oncology program	13,876,591	13,811,475	13,635,737
Other clinical programs	12,495,971	11,522,390	10,770,931
Corporate services	14,462,050	13,213,418	15,701,525
Provincial Oncology Drug Program	49,500,000	51,176,549	47,118,596
Oral cancer drug dispensing	9,434,429	15,660,658	8,037,578
Medical remuneration	18,525,137	16,954,604	16,605,562
Research expense	13,938,000	13,469,624	14,063,572
<b>Total expenses</b>	<b>180,169,237</b>	<b>184,542,643</b>	<b>174,281,756</b>
Deficit for the year before government transfers related to capital	(5,855,000)	(4,733,400)	(6,158,306)
Government transfers related to capital	1,958,000	3,824,879	5,137,580
<b>Annual deficit</b>	<b>(3,897,000)</b>	<b>(908,521)</b>	<b>(1,020,726)</b>
Accumulated surplus, beginning of year		47,651,507	48,672,233
<b>Accumulated surplus, end of year</b>		<b>\$ 46,742,986</b>	<b>\$ 47,651,507</b>
<b>Accumulated surplus is comprised of:</b>			
Invested in tangible capital assets		\$ 20,987,462	\$ 22,768,884
Surplus accumulated from general operations		10,414,584	11,035,681
Surplus accumulated from research operations		15,340,940	13,846,942
		<b>\$ 46,742,986</b>	<b>\$ 47,651,507</b>

## Public Sector Compensation Disclosure

In compliance with The Public Sector Compensation Disclosure Act of Manitoba, interested parties may obtain copies of the CancerCare Manitoba public sector compensation disclosure (which has been prepared for the 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 \$75,000.00 or more. This information is available on the [CancerCare Manitoba website](#).

## Administrative Costs

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. CancerCare Manitoba adheres to these coding guidelines.

Administrative costs as defined by CIHI, include:

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

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

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

## Administrative Cost Percentage Indicator

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

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

## Provincial Health System Administrative Costs and Percentages

### 2019/20

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.34%	0.59%	2.28%	<b>6.21%</b>
Nothern Regional Health Authority	3.85%	0.75%	1.09%	<b>5.69%</b>
Prairie Mountain Health	2.42%	0.35%	1.14%	<b>3.91%</b>
Southern Health Santé-Sud	3.07%	0.27%	1.09%	<b>4.43%</b>
CancerCare Manitoba	1.81%	0.56%	0.74%	<b>3.11%</b>
Winnipeg Regional Health Authority	2.84%	0.60%	1.12%	<b>4.56%</b>
Shared Health	2.44%	0.31%	0.44%	<b>3.19%</b>
<b>Provincial - Percent</b>	<b>2.74%</b>	<b>0.48%</b>	<b>0.99%</b>	<b>4.21%</b>
<b>Provincial - Totals</b>	<b>\$ 142,456,475</b>	<b>\$ 24,825,243</b>	<b>\$ 51,169,197</b>	<b>\$ 218,450,915</b>

### 2018/19

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.00%	0.50%	2.07%	<b>5.57%</b>
Northern Regional Health Authority	3.98%	0.66%	1.20%	<b>5.84%</b>
Prairie Mountain Health	2.31%	0.34%	1.17%	<b>3.82%</b>
Southern Health Santé-Sud	2.94%	0.25%	0.96%	<b>4.16%</b>
CancerCare Manitoba	2.10%	0.66%	0.70%	<b>3.45%</b>
Winnipeg Regional Health Authority	2.58%	0.58%	0.97%	<b>4.13%</b>
Shared Health	3.76%	0.60%	1.30%	<b>5.66%</b>
<b>Provincial - Percent</b>	<b>2.73%</b>	<b>0.51%</b>	<b>1.06%</b>	<b>4.31%</b>
<b>Provincial - Totals</b>	<b>\$ 133,559,455</b>	<b>\$ 25,149,251</b>	<b>\$ 51,917,064</b>	<b>\$ 210,625,769</b>

## Health System Transformation

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

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

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

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

### CCMB Administrative Costs

For Year to Date Ending:	Mar-20 \$	%	Mar-19 \$	%
Corporate	2,977,220	1.81%	3,211,066	2.10%
Patient care related costs	917,090	0.56%	1,006,212	0.66%
Recruitment/Human Resources related costs	1,221,061	0.74%	1,067,870	0.70%
<b>TOTAL Administrative costs</b>	5,115,371	3.11%	5,282,148	3.45%

## The Public Interest Disclosure Whistleblower Protection Act

**The Public Interest Disclosure (*Whistleblower Protection*) Act came into effect in April 2007 (<http://web2.gov.mb.ca/laws/statutes/ccsm/p217e.php>). This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.**

Wrongdoing under the Act may be a contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in CancerCare Manitoba's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by CancerCare Manitoba for the fiscal year 2019-20:

- As per subsection 18 (2a): The number of disclosures received, and the number acted on and not acted on: 0
- As per subsection 18 (2b): The number of investigations commenced as a result of a disclosure: 0
- As per subsection 18 (2c): In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken: 0

## French Language Services

As part of the Government of Manitoba's French Language Services Policy, CancerCare Manitoba has been designated as a provider of French Language Services (FLS). CCMB recognizes there are members of the Francophone community that live throughout the health regions, and the French Language Services Plan provides CCMB the opportunity to undertake the responsibility of a multi-year strategic plan.

CCMB reported on the progress of the French Language Services Plan for the period April 1, 2019 to March 31, 2020 in its Annual Report on French Language Services. The following is an overview of CCMB's accomplishments in relation to implementation of French Language Services requirements:

- Updated all CCMB job postings to include "bilingualism is an asset"
- Compiled voluntary list of employees who have French language skills
- Offered French language training development opportunities which are provided through the Winnipeg Regional Health Authority
- Organized two Francophone cultural-related staff activities
- Completion of a sign inventory for CCMB sites
- Translation of CCMB's digital TV slides
- Completion of CCMB website inventory to prioritize content for translation
- Worked to identify current patient materials to prioritize materials for translation
- Updated CCMB department branding with bilingual language
- Updated the CCMB staff ID badge with bilingual branding

## Questions?

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Email us at [CCMBCPAffair@cancercare.mb.ca](mailto:CCMBCPAffair@cancercare.mb.ca)  
[www.cancercare.mb.ca](http://www.cancercare.mb.ca)

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