

MOVING FORWARD

QUALITY CARE, QUALITY OUTCOMES

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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.

Message from The Chair of the Board and The President and Chief Executive Officer

On behalf of the Board of Directors of CancerCare Manitoba (CCMB) and the physicians and staff at CCMB, we have the honour to present the *2018-2019 Annual Progress Report*, for the fiscal year ended March 31, 2019. 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 June 20, 2019, have been considered in preparing the annual report. The Board has approved this report. CCMB's Annual Progress Report provides information on the work and progress of the third year of the five-year strategic plan, *Delivering Excellence: Manitoba Cancer Plan 2016-2021*.

In fulfilling the responsibilities and requirements of *The Regional Health Authorities Act* and the *CancerCare Manitoba Act*, CCMB ensures improved accountability and transparency, and improved fiscal responsibility as well as community involvement.

Throughout the year, as CCMB carries out its mandate for provincial cancer control, it continues to ensure accountability and transparency with government and the public through its Annual General Meeting, key stakeholder meetings, and public reporting on the CCMB website including Quality & Patient Safety and financial reports.

In 2018-2019, CCMB completed two reports, the *Manitoba Cancer System Performance Report* and the *Cancer Surgery Quality in Manitoba Report*. These reports provide a clear picture of the landscape of cancer in the community of Manitoba, where we are doing well and where there is room for improvement. The reports support two of the strategic directions of the Manitoba Cancer Plan, Toward Enhanced Reporting on Performance, Quality and Safety, and Toward State-of-the-Art Patient Care – Achievement of province-wide leadership in cancer surgery. We are thankful to Dr. Donna Turner and Dr. Helmut Unruh and their team members who brought these reports to successful completion. Key findings of the *Cancer System Performance Report* are included in this Report.

In 2018-2019, CCMB has been committed to Health Transformation, working together with Shared Health and the Transformation Team in these efforts. CCMB leaders are very involved in the Provincial Clinical and Preventive Service Planning (PCPSP) to ensure a provincial and integrated approach to cancer service provision for the people of Manitoba. We are very pleased that inpatient services for cancer patients and cancer surgery have been included in the provincial planning and look forward to continuing this work in the year ahead. CCMB sees this as a very good opportunity to work on advancing those areas where there have been challenges to progress.

CancerCare Manitoba remains very grateful for the generosity of Manitobans who continue to support the agency through the CancerCare Manitoba Foundation (CCMF). The Foundation's many activities, in particular its Signature Events, raise extremely important funds that support research, clinical trials and patient support programs at CCMB. The Foundation is a vital partner, along with Manitoba Health, Seniors and Active Living (MHSAL), in working together to find solutions to build capacity for the increasing number of cancer patients.

The CCMB Board of Directors is charged with the governance and direction of CCMB on behalf of all Manitobans. The Board and its subcommittees, shown within this Report, receive regular reports on all matters of the organization from finances, programs, departments, and the Advisory Medical Board. As required, reports and issues are brought forward to Board subcommittees and to the Board of Directors for final approval. Thank you to the CCMB Board and subcommittee members for their commitment to CCMB and its mandate.

In all of our activities at CCMB, we seek to move towards greater sustainability of cancer services, especially with the increasing numbers of cancer cases projected for the future. We continue to look for strategies that incorporate innovation in cancer service delivery, enhance research and education, adhere to best practices, and build capacity in the many facets of our operations and services. In all of this, our primary focus remains the patient and the quality care being provided. Our goal is that no person's life should be cut short by cancer and a life with cancer is a life well lived.

If you have any feedback on this report or the services CCMB provides, please contact us at CCMBCEO@cancercare.mb.ca. We would be happy to hear from you.

Sincerely,



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



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

About Us

CancerCare Manitoba (CCMB) is the provincially mandated cancer agency for the province and is responsible for long-term planning and setting strategic priorities for cancer and blood disorders. CCMB provides services to both children and adults. The cancer services provided to Manitobans include prevention, early detection, outpatient cancer treatment, supportive care, and end-of-life care. CCMB is also responsible for radiation protection throughout the province. The Research Institute in Oncology and Hematology at CCMB investigates all aspects of cancer and blood disorders, including research to improve the patient experience.

CCMB depends on the ongoing support of MHSAL and its close working relationships with regional health authorities to deliver quality cancer services to Manitobans. The generous donations provided by Manitobans to CancerCare Manitoba Foundation (CCMF) are vital to cancer research and providing quality care to Manitobans. CCMB also partners with the University of Manitoba and Shared Health Manitoba.

CCMB has just over 1000 staff. The organization's multidisciplinary approach to patient care attracts experts in medical and radiation oncology, the best and brightest scientists, passionate nursing staff and other dedicated healthcare professionals.

CCMB has seven locations in Winnipeg. The main site at 675 McDermot Avenue provides chemotherapy and radiation treatments, patient support services and houses the Research Institute in Oncology and Hematology. The second location at St. Boniface Hospital provides chemotherapy and support services to patients. The third location at Misericordia Hospital includes the three cancer screening programs and the Breast and Gynae Centre of Hope. Other community oncology sites under the CCMB umbrella are located

within Victoria General Hospital, Concordia Hospital, Seven Oaks Hospital, and Grace Hospital. These locations provide chemotherapy and follow-up care to patients. The Western Manitoba Cancer Centre in Brandon also provides radiation treatment.

In 2018, CCMB created the Department of Primary Care Oncology (the first in Canada in a cancer centre), affiliated with the University of Manitoba. CCMB has worked very closely with primary care providers for many years and the establishment of this Department further underscores the key role of primary care providers throughout the cancer patient journey. CCMB is confident the launch of this Department will further enhance and facilitate interactions to improve cancer services to Manitobans, and will aid in providing provincial oncology leadership in primary care.

To provide services in rural Manitoba, CCMB has partnerships with Interlake-Eastern Regional Health Authority, Northern Regional Health Authority, Prairie Mountain Health, and Southern Health-Santé Sud. The Community Cancer Program provides outpatient care and support services to cancer patients in 17 Manitoba rural communities.

Model of Care

Bringing Patients to Quality and Quality to Patients throughout Manitoba

CancerCare Manitoba (CCMB) strives to provide patient-centered quality cancer care to all Manitobans, regardless of where they live. CCMB's model of care is evidence-based and aims to be fiscally sustainable.

Over the decades, the model of care for cancer has evolved. In earlier years, treating cancer patients with radiation or chemotherapy required patients to be admitted to the hospital. Today, except for more complex treatment, most of this is provided on an outpatient basis.

Multidisciplinary care is at the core of CCMB's model of care. It ensures excellence in caring for cancer patients. Multidisciplinary care involves comprehensive care provided by a team of specialists from all disciplines who consult with the patient and then develop an individualized plan for the best evidence-based treatment for the patient. This approach organizes specialists to work and treat by type of cancer, in teams, called Disease Site Groups.

Today, the two main CCMB facilities are the central hubs that provide the high-level multidisciplinary care to patients in Manitoba. Cancer experts and programs at the central hubs provide leadership and coordination of services that are then delivered throughout the province. CCMB also centrally organizes and houses the Research Institute in Oncology and Hematology specializing in cancer and blood disorders research.

Once a patient's treatment plan is formulated, the patient may be able to receive systemic chemotherapy treatment closer to home at one of CCMB's Winnipeg community sites, or one of the 17 rural community cancer program sites across Manitoba. Through this model, quality care is delivered closer to home for patients whenever possible. If this is not possible, such as where the disease requires specialized treatment, or the patient needs are complex, patients are brought to Winnipeg's central hubs. Ensuring the quality of treatment in the peripheral sites is coordinated through the Community Oncology Program at CCMB.

For patients requiring radiation treatment, there are two locations where this is provided, in Winnipeg at the main CCMB facility on McDermot Avenue, and in Brandon at the Western Manitoba Cancer Centre.

Once patients have completed their treatment and follow-up care, many are transferred back to their primary care provider with very detailed instructions created by the oncology specialists regarding follow-up schedules and referral back to CCMB when and if required. The Transitions Service at CCMB ensures a smooth changeover for patients referred back to their primary care provider, cancer rehabilitation programs, and in some cases to palliative care services.

In summary, CCMB's provincial mandate is planned and coordinated centrally and often delivered locally throughout the province in partnership with other regions and health care providers.

Delivering Excellence

CancerCare Manitoba's Strategic Priorities

The *Manitoba Cancer Plan (MCP) 2016-2021* was developed by CancerCare Manitoba (CCMB) to provide a comprehensive plan to deliver the best cancer services to our patients, despite increasing challenges. The MCP also serves as a frame of reference for CCMB staff, health care partners and Manitobans.

The MCP for 2016-2021, entitled *Delivering Excellence*, completed its third year in 2018-2019. Six strategic priorities were established that have defined objectives and tools to measure success. These priorities are aligned with CCMB's provincial legislative mandate, as well as the organization's vision, mission, and values. The ultimate goal is to strengthen and support the delivery of high-quality cancer care to Manitobans.



To read more about the MCP, please visit www.cancercare.mb.ca/about-us/corporate-publications

KEY HIGHLIGHTS FOR 2018 - 2019

With the Manitoba Cancer Plan and its Strategic Directions in mind, the key highlights where we progressed in 2018-19 are:

- **Strategic Direction 1 - Toward State of the Art Patient Care**
 - Acquisition and installation of a new LINAC radiation machine.
 - Increased availability of genetic testing to support personalized treatment.
- **Strategic Direction 2 - Toward Timely Access to Multidisciplinary Care**
 - Implementation of the Radiation Therapy Rapid Access Clinic.
 - Enhanced services to new patients through the creation of the Provincial Cancer Referral and Navigation (PCRN) Service, combining the central referral office and navigation services.
 - Strengthening the important role of primary care providers in the care of cancer patients through the creation of the Department of Primary Care Oncology at CCMB. This will assist in delivering provincial oncology leadership to primary care.
- **Strategic Direction 3 - Toward Enhanced Reporting on Performance, Quality, and Safety**
 - *Manitoba Cancer System Performance Report.*
 - *Cancer Surgery Quality in Manitoba Report.*
- **Strategic Direction 4 - Toward Building Capacity to Meet Growing Needs**
 - The management of electronic health information has made great advancements.
 - CCMB continues to work closely with MHSAL to identify solutions to capacity and space challenges.
- **Strategic Direction 5 - Toward Improved Care for Underserved Populations**
 - In addition to the focus on First Nations, Métis and Inuit, significant progress has been made in the area of the elderly and Adolescents and Young Adults (AYA) populations.
- **Strategic Direction 6 - Toward a Broadened Scope and Enhanced Strength of Research**
 - The Research Institute in Oncology and Hematology has created a strategic plan to move forward their expanded scope of research.

Delivering Excellence

Progress Report: Year Three - 2018 to 2019

The Manitoba Cancer Plan 2016-2021, Delivering Excellence, completed its third year in 2018-2019. The progress made over three years is shown below.

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

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

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 ●

- On Track
- Some Progress
- Slow Progress

Report on Cancer System Performance

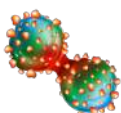
Key findings and the current status of cancer care



THE ANNUAL NUMBER OF NEW CANCER CASES CONTINUES TO GROW. In 2016, 6,481 Manitobans were diagnosed with cancer which is a 25% increase since 1996. The next 20 years appear to change more drastically, with the number of new cancer cases reaching about 10,000 by 2035 (this is an increase of over 50% from 2016). Across Canada, 1 in 2 individuals is expected to be diagnosed with cancer in their lifetime. We know prevention strategies are key to protecting Manitobans from cancer. We are focusing on efforts to improve our prevention services to decrease the number of Manitobans that have to face a cancer diagnosis.



THE FINANCIAL BURDEN OF CANCER ON THE HEALTHCARE SYSTEM CONTINUES TO RISE. Cancer is one of the most costly diseases in Canada and there is genuine concern that resource and cost issues will become unmanageable in the near future. It is expected that oncology costs will rise 7-10% annually with global oncology costs exceeding \$150billion by 2020.



FINDING CANCER EARLY CAN MEAN MORE EFFECTIVE TREATMENT AND POSITIVE OUTCOMES. Lung cancers are often diagnosed at a late stage (stage IV). Across Manitoba, as with the rest of Canada, about 50% of lung cancer cases are diagnosed at a late stage with little variation between regions. For other cancers, we see regional differences, such as more individuals being diagnosed with late-stage colorectal cancer in the Northern Regional Health Authority and more late-stage prostate cancer diagnoses in Prairie Mountain Health. By finding these cancers earlier we can improve survival, treatment, effectiveness, related costs, and quality of life for people living with cancer in the province.



WAIT TIMES ARE IMPROVING. Median wait times decreased between 2016 and 2017 across many system wait time measures including those during screening (breast screening wait times), diagnostic imaging (for prostate, lymphoma, and colon and rectum), pathology (for prostate, lymphoma, and colon and rectum), referrals to CancerCare Manitoba (for gastrointestinal), and chemotherapy (for lymphoma and cancers overall).



TREATMENTS FOR CANCER HAVE BECOME MORE COMPLEX. Surgery is the most common treatment modality - with over 50% of patients receiving a surgical treatment within one year of diagnosis (compared to systemic therapy at 39% and radiation therapy at 28%). Advancements in eligibility for blood and marrow transplants and the identification of cancer biomarkers have increased the complexity of patient care.



OUTCOMES ARE IMPROVING. Each year cancer kills over 2,700 Manitobans, however, mortality rates continue to decrease year over year. This means that Manitobans diagnosed with cancer are more likely to survive the disease than ever before. For example, one-year and five-year relative survival is higher in Manitoba for lung cancer than the national estimate or the estimates seen in several other countries.



MORE PEOPLE ARE LIVING WITH CANCER. Across Manitoba, nearly 33,000 people have survived a cancer diagnosis in the past 10 years. This number will continue to increase as the number of cancer cases increases. People are living longer with the disease and after treatments are completed.



EMOTIONAL SUPPORT. We have heard our patients' needs for emotional support during their experience with cancer. We continue to work towards new and innovative ways to improve our emotional support services. Although the 2016 Ambulatory Oncology Patient Satisfaction Survey (AOPSS) highlighted an urgent need for further targeted improvements, we were happy to see our efforts are paying off with satisfaction scores increasing slowly, but consistently over time. We look forward to evaluating the 2019 AOPSS results to see if we have made further progress.



REGIONAL VARIATION IN THE CANCER EXPERIENCE. We know that Manitobans from different corners of our province have different experiences with cancer. Regional comparisons show that more individuals in the Northern Regional Health Authority (RHA) are diagnosed with late-stage colorectal cancer and more individuals in Prairie Mountain Health are diagnosed with late-stage prostate cancer than any other region. We also recognize that mortality rates are significantly higher in the Northern RHA than the Manitoban estimates. These examples highlight the challenges we continue to face in equitably serving our population.

An Overview of Cancer in Manitoba

Today and tomorrow

The number of new cancer cases we see each year will increase to about 10,000 by 2035.

Cancer Incidence and Mortality in Manitoba

Cancer is a significant health concern for Manitobans. In 2016, nearly 6,500 patients received a new cancer diagnosis, and over 2,700 Manitobans died of the disease. The increasing incidence of new cases each year, and the fact that many patients now survive longer, means that **the number of people living with cancer is greater than ever before**. Recent data show that nearly 33,000 Manitobans are living with a cancer diagnosed in the previous 10 years. Similar to other Canadian provinces, the number of new cancer diagnoses are expected to rise by about 2% per year over the next 10 to 20 years. This increase is due largely to Manitoba's aging population, given that the incidence rate is steady and population growth has historically been flat.

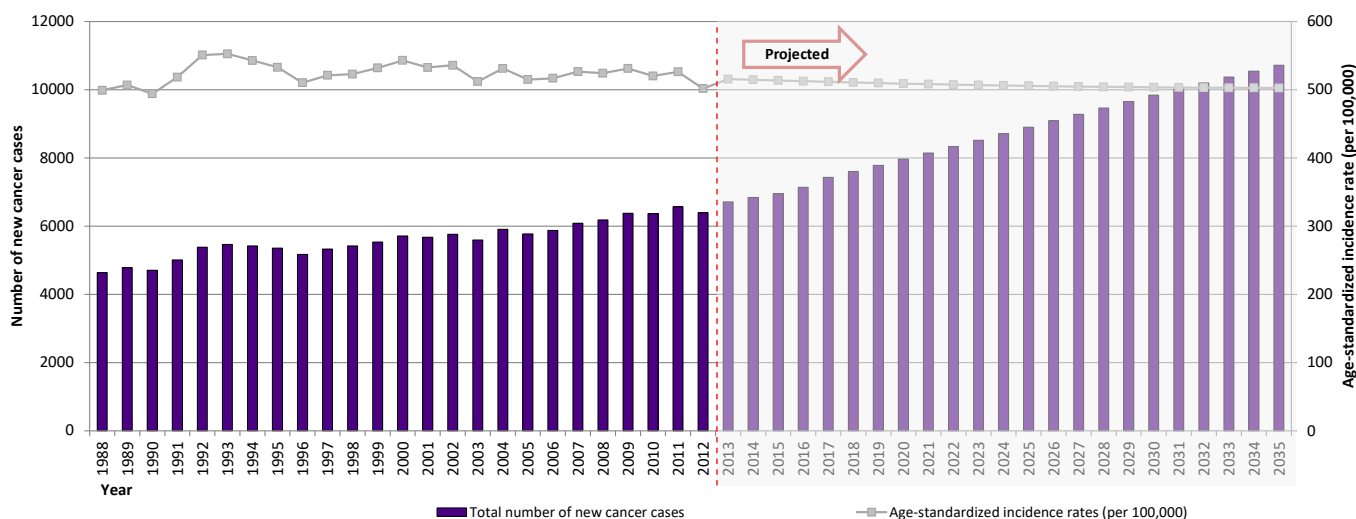
Nearly 1 in 2 Canadians is expected to be diagnosed with cancer in their lifetime.



1 in 4 Canadians is expected to die from cancer.



Actual and projected cancer incidence in Manitoba, 1988-2035.



An Overview of Cancer in Manitoba

Current Challenges

Increase in Demand

The number of cancer cases in Manitoba is projected to rise dramatically over the next two decades. This is mainly due to Manitoba's aging population and the higher incidence of cancer in older age groups. As well, advances in cancer treatment have improved outcomes, resulting in a greater number of cancer patients who are living longer and need ongoing care. Some of these patients will develop secondary or new cancer diagnoses requiring more aggressive treatment. These factors add up to an increased volume of patients requiring clinical services at CCMB in the coming decades.

Implementation of State-of-the-Art Services (Diagnosis and Treatment)

To deliver state-of-the-art services, significant improvements in technology and treatment have occurred in the last decade. Advanced technologies for cancer diagnosis and individualized complex cancer treatments are becoming increasingly available. For example, clinical genomics and CAR-T are 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 cost and additional resources. This increases 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. The implementation of biosimilars are expected within the next year requiring ongoing education of oncology health care professionals to ensure safe use. 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 material, 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.

a) Material - Our clinical, operational, and academic activities must include providing advanced technology and treatment to ensure patients receive the right care at the right time. We must be equipped to meet evolving standards, respond to emerging trends, replace outdated specialized equipment, and supply increasingly costly cancer drugs.

b) Space - There is an urgent need for a new CCMB building to expand the space available for continued and improved 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.

c) Human Resources - Our greatest resource is a strong workforce. Ongoing challenges include increasing work demands and shortage of trained staff. With the anticipated increase in numbers of patients requiring care, human resource planning for recruitment, retention and talent management of professional staff - nurses, oncologists, hematologists, radiation therapists, physician extenders, support, and administrative 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.



An Overview of Cancer in Manitoba

Highlights for Future Direction

Prevention and Early Detection

- Screening and Prevention: CCMB will focus on smoking cessation initiatives for cancer patients and public messaging about cancer risks including the Human Papilloma Virus (HPV) and the need for HPV vaccination, limiting alcohol, and key carcinogens in the environment. CCMB will continue to have a special consideration of Underserved Populations, such as the elderly and First Nations, Métis and Inuit.
 - Breast screening: CCMB will implement efficiencies with digital mammography and the BreastCheck mobile mammogram clinics as well as maintaining strong stakeholder partnerships to improve participation within remote populations. CCMB will explore partnerships with Regional Health Authorities to increase capacity at rural fixed sites. This aligns with the Provincial Clinical and Preventive Services Planning in terms of screening co-ordination priorities for the province.
 - Cervical screening: CCMB will implement HPV triage testing in collaboration with cytology labs and continue to advocate for HPV primary testing.
 - Colorectal screening: as of 2019, ColonCheck will be the only screening program in Canada not using the Fecal Immunochemical Test (FIT). CCMB will outline the feasibility and impact of the introduction of FIT in the Manitoba context. CCMB will also participate in central intake and referral initiatives for colonoscopy in all RHAs.
- CCMB will continue to improve on providing patient-centered care that is culturally safe, respectful and responsive to individual preferences.

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.
- Innovation: 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

- CCMB will improve quality standards of cancer services.
- CCMB will continue efforts to improve the delivery of cancer health services safely.
- CCMB will improve patient experience and 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;
- Organizational Redesign;
- Provincial Diagnostic Services Consolidation:
 - Harmonize radiologist services and establishment of standards and quality programs;
- French Language Services.

Building Capacity Reimagining the CancerCare Manitoba Expansion

Ongoing dialogue at a critical time

CancerCare Manitoba Expansion



In February 2017, MHSAL asked CCMB to re-imagine the construction of a new facility connected to the existing building on McDermot Avenue. Compared to the initial proposal submitted in November 2018, CCMB has reduced the footprint of the facility by 30 percent and the scope of the renovations needed in the existing building by 40 percent.

Discussions continue with the government to review the proposal and also explore options for immediate capacity constraints.

To accommodate the growing number of Manitobans with cancer, advanced treatment options, and new technologies, CancerCare Manitoba (CCMB) has indicated a need for an expanded facility.

EMPLOYEE ENGAGEMENT



Staff from CCMB and CCMF participated in the Manitoba Dragon Boat Festival in September, 2019 in support of pediatric clinical trials.



Staff Appreciation Lunch for CCMB employees was held on August 23, 2019.

Events and Achievements

April 1, 2018 to March 31, 2019

CancerCare Manitoba Website

In 2018, CCMB launched a new and improved website for easier access and navigation for patients and the public.

Applauding Values and Long Service Awards

CCMB's Applauding Values and Long Service Recognition event recognizes employee contribution and dedication as well as those who have served CCMB for 20 years or more. Categories for Applauding Values include:

- Respect for People
- Integrity
- Stewardship
- Operational Excellence
- Clinical Excellence
- Academic Excellence

The award for Long Service recognized Ms. Geraldine Haufschild for her 45 years of service.

Annual Blood Disorders Day

Annual blood disorders day is a joint effort between CCMB and the University of Manitoba. A one-day educational symposium for primary care providers and allied healthcare providers to provide practical, relevant information on blood disorders and hematology primary care.

RISE Recognition Platform

CCMB implemented an employee engagement program called RISE to help recognize peers that exemplify CCMB values. The RISE program uses eCards to appreciate colleagues and promotes recognition, inspiration, support and encouragement that is based on specific results, behaviors or events, and ties with CCMB's values.

Lunch and Learn Sessions

CCMB facilitated Lunch and Learn education sessions and helped to develop and motivate employees while creating a workplace of communication, collaboration, and learning. The sessions included topics on personal safety, financial planning for retirement, the benefits of yoga, policy updates, health and safety, and health equity.



Board of Directors

2018/2019

Effective March 31, 2019

Board Members

Mr. Jeoffrey Chipman*
CHAIR

Mr. David Mortimer
VICE-CHAIR

Mr. Michael Evans
SECRETARY

Mr. Vince Warden
TREASURER

Mr. Matt Bolley

Mr. Robert Campbell

Dr. Gary Glavin

Ms. Susan Graham

Ms. Darlene Grantham

Dr. Karen Juce

Mr. Jack London

Dr. Brent Schacter

Ms. Mary Beth Taylor

*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.

EX-OFFICIO

Dr. Sri Navaratnam*
PRESIDENT & CEO, CCMB

GUESTS

Dr. Donald Houston
MEDICAL STAFF
ASSOCIATION, CCMB

Ms. Annitta Stenning,
PRESIDENT & CEO,
CANCERCARE MANITOBA
FOUNDATION

Mr. Greg Tallon
PAST CHAIR

*CancerCare Manitoba
wishes to thank:*

Ms. Randy Gage

Ms. Kiran Kumedan

Ms. Anna Maria Magnifico

Judge Rocky Pollack

Ms. Nimmi Ramgotra

Mr. Robert Shaffer

for their dedication and commitment to CancerCare Manitoba and Manitobans during their term of service on the CCMB Board of Directors.

Board Committees

Advisory Medical Board

Dr. Brent Schacter
CHAIR

Community Connections Committee

Judge Rocky Pollack
CHAIR

Mr. Robert Campbell

Ms. Susan Graham

Ms. Mary Beth Taylor

Community

Representatives

Mr. Bert Dupasquier

Ms. Pam King

Ms. Marilyn Singer

Partner Representatives

Ms. Jane Kidd-Hantscher

Ms. Annitta Stenning

Facilities Planning and Development Committee

Mr. Michael Evans
CHAIR

Dr. Brent Schacter

Community

Representatives

Mr. Martin Hak

Dr. Arnold Naimark

Partner Representative

Ms. Annitta Stenning

Finance & Audit Committee

Mr. Vince Warden
CHAIR

Mr. Matt Bolley

Community

Representative

Mr. Donald MacDonald

Dr. Arnold Naimark

Mr. Greg Tallon

Quality & Patient Safety Committee

Mr. David Mortimer
CHAIR

Ms. Darlene Grantham

Dr. Karen Juce

Community

Representatives

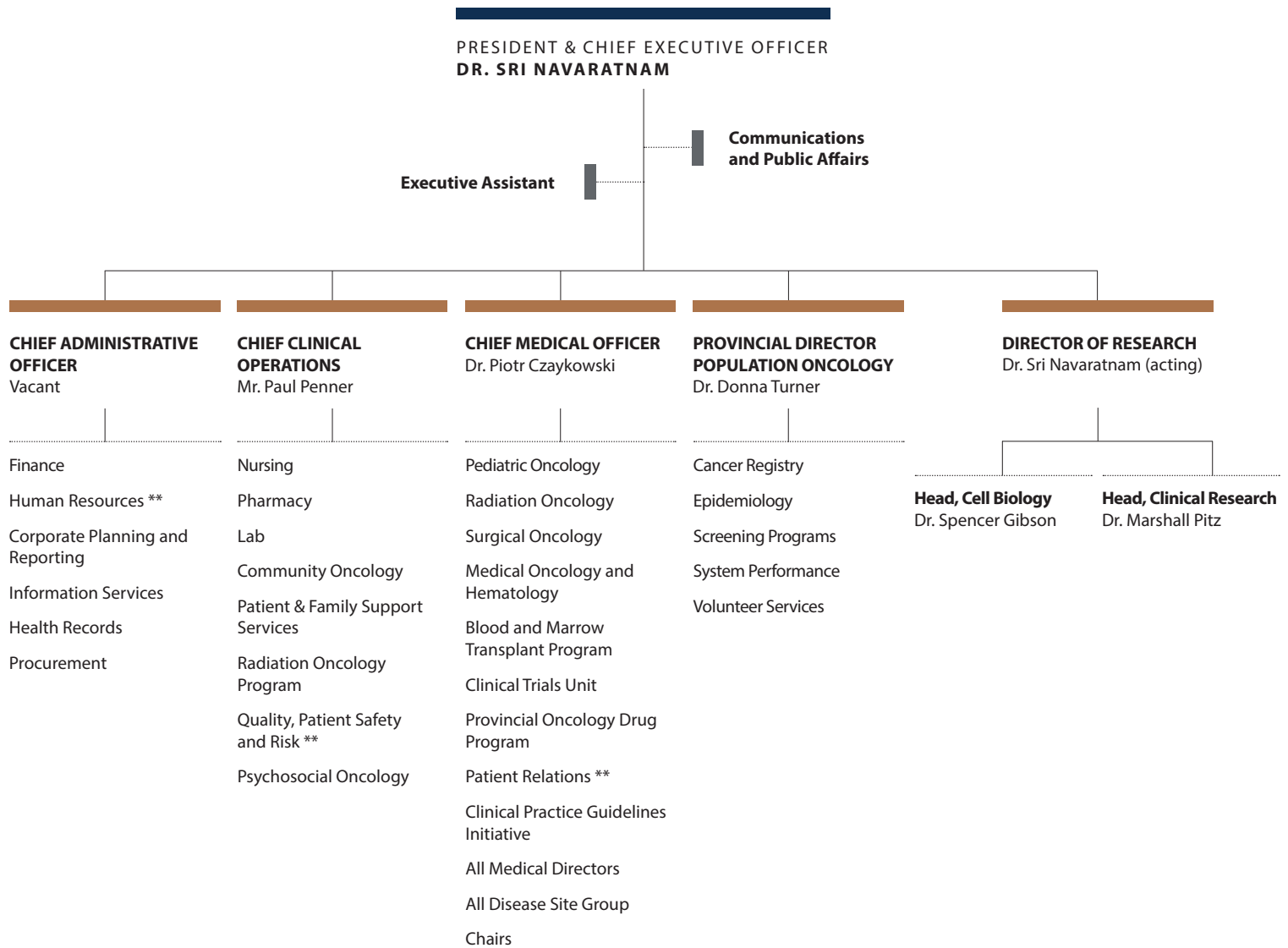
Mr. Bill Daviduk

Ms. Brenda Dawyduk

Ms. Anna Maria Magnifico

Organizational Chart

Effective March 31, 2019



** DIRECT ACCESS TO CEO WHEN OPERATIONALLY REQUIRED

CancerCare Manitoba Statement of Financial Position

As at March 31, 2019, with comparative information for 2018

	2019	2018 (Restated)
Financial assets:		
Cash	\$ 3,613,389	\$ 7,707,921
Restricted cash	4,888,442	4,792,282
Accounts receivable	21,632,049	20,356,191
Due from Manitoba Health	103,232	644,996
Investments	23,649,672	25,254,723
Vacation entitlements receivable	1,730,141	1,730,141
Retirement entitlement obligation receivable	1,419,400	1,419,400
	57,036,325	61,905,654
Financial liabilities:		
Accounts payable and accrued liabilities	16,914,784	18,767,139
Employee future benefits	9,941,172	9,607,481
Unearned revenue	123,500	6,500
Lines of credit payable	13,495,545	12,983,060
Loans payable	13,069,735	15,996,051
Due to Manitoba Health	8,899,481	11,483,899
	62,444,217	68,844,130
Net debt	(5,407,892)	(6,938,476)
Non-financial assets:		
Tangible capital assets	47,064,767	50,279,422
Inventory	5,456,678	4,729,327
Prepaid expenses	460,554	260,487
	52,981,999	55,269,236
Accumulated surplus	\$ 47,574,107	\$ 48,330,760
Accumulated surplus is comprised of:		
Invested in capital assets	\$ 22,768,884	\$24,099,819
Surplus accumulated from general operations	11,035,681	10,716,691
Surplus accumulated from research operations	13,846,942	13,855,723
	47,651,507	48,672,233
Accumulated remeasurement losses	(77,400)	(341,473)
	\$ 47,574,107	\$ 48,330,760

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, 2019, with comparative information for 2018

	2019	2019	2018
	Budget		(Restated)
Revenue:			
Manitoba Health, Seniors and Active Living	\$ 78,942,563	\$ 76,301,157	\$ 77,308,554
Provincial Oncology Drug Program	47,500,000	47,118,596	44,610,390
Oral cancer drug dispensing	6,000,000	7,818,145	524,039
Medical remuneration	18,827,016	16,605,560	16,483,511
Government of Canada	—	10,092	94,995
Other revenue	1,655,082	5,350,758	3,587,236
Investment income	750,000	642,008	724,554
External grants	12,839,625	14,277,134	14,072,126
Total revenue	166,514,286	168,123,450	157,405,405
Expenses:			
Acute Care:			
Clinics and patient services	27,450,661	29,264,041	28,909,534
Systemic oncology program	18,524,000	19,084,214	15,642,790
Radiation oncology program	14,020,616	13,635,737	14,136,937
Other clinical programs	12,271,311	10,770,931	11,658,702
Corporate services	16,395,091	15,701,525	16,838,597
Provincial Oncology Drug Program	47,500,000	47,118,596	44,610,391
Oral cancer drug dispensing	6,441,300	8,037,578	627,245
Medical remuneration	18,827,015	16,605,562	16,483,511
Research expense	12,889,625	14,063,572	12,917,119
Total expenses	174,319,619	174,281,756	161,824,826
Deficit for the year before government transfers related to capital	(7,805,333)	(6,158,306)	(4,419,421)
Government transfers related to capital	5,067,209	5,137,580	5,481,068
Annual surplus (deficit)	(2,738,124)	(1,020,726)	1,061,647
Accumulated surplus, beginning of year		48,672,233	47,610,586
Accumulated surplus, end of year		\$ 47,651,507	\$ 48,672,233

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 reported upon by its auditor) 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 is available online at: <https://www.cancercare.mb.ca/export/sites/default/About-Us/.galleries/files/policy-files/general/2018-12-31-CancerCare-Manitoba-schedule-of-comp-FINAL-JUNE-26-2019.pdf>

Administrative Cost Reporting

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 definitions.

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.

Across Manitoba, as broad Health System Transformation initiatives were implemented through 2018/19, **administrative costs declined as a percentage of total operating costs for the health system as a whole** (including regional health authorities and CancerCare Manitoba).

Provincial Health System Administrative Costs

2018/19				
REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.00%	0.50%	2.07%	5.57%
Northern Regional Health Authority	3.98%	0.66%	1.20%	5.84%
Prairie Mountain Health	2.31%	0.34%	1.17%	3.82%
Southern Health Santé-Sud	2.94%	0.25%	0.96%	4.16%
CancerCare Manitoba	2.10%	0.66%	0.70%	3.45%
Winnipeg Regional Health Authority	2.58%	0.58%	0.97%	4.13%
Shared Health	3.76%	0.60%	1.30%	5.66%
Diagnostic Services Manitoba	N/A	N/A	N/A	N/A
Provincial - Percent	2.73%	0.51%	1.06%	4.31%
Provincial - Totals	\$ 133,559,455	\$ 25,149,251	\$ 51,917,064	\$ 210,625,769

2017/18				
REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.11%	0.65%	1.92%	5.68%
Northern Regional Health Authority	4.10%	0.60%	1.24%	5.94%
Prairie Mountain Health	2.39%	0.37%	1.31%	4.07%
Southern Health Santé-Sud	3.00%	0.20%	1.10%	4.30%
CancerCare Manitoba	2.50%	0.70%	0.80%	4.00%
Winnipeg Regional Health Authority	2.74%	0.61%	1.03%	4.38%
Shared Health	N/A	N/A	N/A	N/A
Diagnostic Services Manitoba	2.03%	0.65%	0.73%	3.41%
Provincial - Percent	2.76%	0.55%	1.11%	4.42%
Provincial - Totals	\$ 132,791,818	\$ 26,519,709	\$ 53,375,256	\$ 212,686,783

Shared Health Activation

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. This included leadership responsible for the departments, sites and services that would transition to Shared Health in April 2019.

Leadership transitioned in advance of staff and operational budgets, resulting in an increase to the administrative cost ratio for 2018/19.

Beginning April 1, 2019 program budgets associated with the ongoing operation of departments, sites and services, including Health Sciences Centre Winnipeg, provincial diagnostic services, digital health and emergency medical services and patient transport, among others, transitioned to Shared Health. These movements will decrease and normalize the administrative cost ratio for Shared Health in 2019/20.

Health System Transformation

Decision-making within Manitoba's Health System Transformation is rooted in principles that require initiatives to both enhance the patient experience and align with the strategic direction of a future health system that is sustainable and effective, that reduces overlap and duplicate processes, improves accountability and responsibility and achieves efficiencies that are able to be reinvested in front-line patient care.

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). Simplification of the overall health system, including holding the line or further reducing administrative costs as a percentage of total operation costs will continue to be a focus of transformation initiatives in 2019/20.

CancerCare Manitoba Administrative Costs

Summary of Administrative Expense	Percentage of Total 2018/19 Expenses	Percentage of Total 2017/18 Expenses
Corporate	2.10	2.50
Patient-Care Related	0.66	0.67
Human Resource and Recruitment	0.70	0.77
Total	3.45	3.94

**Total percentage differs from "Provincial Health System Administrative Costs" table due to rounding.*

French Language Services

Identifying the needs of Francophones in Manitoba

As part of the Government of Manitoba's French Language Services Policy, CancerCare Manitoba (CCMB) 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.

Addressing Gaps

CCMB is working on identifying and addressing service gaps to our Francophone population. We anticipate the FLS to continue to grow and accurately reflect our capacity to provide services in French.

Action Steps:

- Identification of English-only signs in CCMB sites
- Create a prioritization schedule for translation of signage
- Installation of bilingual signage
- Inventory collection of patient material in English
- Develop a priority list for translation
- Establish a translation budget
- Send patient material to translation services in an order established in the priority list
- Establish a process for all new material to be published in both official languages
- Inventory of website to determine the content to be translated
- Establish prioritization of content to be translated
- Establish a translation budget
- Include FLS in new employee orientation
- Town Hall to orient staff
- Human Resources Training sessions of FLS Policy and all associated legislative requirements including the concept of an active officer.

ACCREDITATION CANADA



CancerCare Manitoba (CCMB) voluntarily participates in Accreditation Canada's program to evaluate performance against national standards of excellence.

These standards examine all aspects of health care, including patient safety, ethics, staff training, and how CCMB connects with partners in the community. Participating in accreditation demonstrates to patients, staff, partners, and the community, CCMB's commitment to quality health care.

CCMB is scheduled for regular accreditation at three sites in November 2019, with the remaining Winnipeg sites undergoing accreditation in 2020. CCMB is aligning with the Provincial Quality and Patient Safety and Accreditation (QPSA) Framework for this cycle of accreditation in 2019.

CancerCare Manitoba Website

www.cancercare.mb.ca



In 2018, CancerCare Manitoba (CCMB) launched a new website focusing on the needs of Manitobans with cancer and blood disorders, and their families. CCMB consulted with patients, caregivers, physicians, and staff to ensure the website was well-organized, straightforward, and reflected the vision, mission, and values of the organization.

Some of the redevelopment efforts included: finding a new content management system to contain information, reviewing and updating over 1100 pages of content, collaborating with CCMF to build a unified

look between the two sites, incorporating feedback from patient advisors who had the opportunity to review a test site, and including the Research Institute in Oncology and Hematology at CCMB, and Screening Programs into the main website.

The Public Interest Disclosure Act

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

Wrongdoing under the Act may be 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/human resource matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive a careful and thorough review to determine if action is required under the Act, and must be reported in the region'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 2018-19: 0

The number of disclosures received and the number acted on and not acted on:
Subsection 18 (2)(a): 0

The number of investigations commenced as a result of a disclosure: Subsection 18 (2)(b): 0

In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective action taken in relation to the wrongdoing, or the reasons why no corrective action was taken: Subsection 18 (2)(c): 0

QUESTIONS? E-mail us at CCMBCPAffair@cancercare.mb.ca
www.cancercare.mb.ca