Updates & Errata

After publication of the report, *The 2024 RHA Indicators Atlas*, the following updates were required:

March 5, 2026 - Update

- **On page 130**
  - The definition should read:
    - **Definition:** The number of hospitalizations or deaths due to AMI (also known as heart attack) per 1,000 residents aged 40 years and older in a five-year period. AMI was defined by either of the following:
      - A hospitalization with a most responsible diagnosis code for AMI:
        - ICD-9-CM code 410; ICD-10-CA code I21 and a length of stay of at least one day (unless the patient died from the AMI, in which case they are included regardless of length of stay), or
        - AMI listed as the cause of death in Vital Statistics Mortality Registry.

      Note, this definition is different than those in previous Atlases to account for a shift in clinical practice towards discharging patients in hospital earlier, when appropriate. Analysis revealed that the proportion of AMI hospitalizations with a length of stay between 1 and 3 days has steadily increased - from 10.8% in 2002/03 to 29.0% in 2022/23.
  - The first and third bullet points in the Key Findings should read:
    - In Manitoba, AMI rates decreased significantly from 5.1 events per 1,000 residents aged 40 years and older in TP1 to 4.2 in TP2 to 3.5 in TP3. There were also approximately 200 fewer AMIs that occurred in each subsequent time period (online supplement).
    - The Northern Health Region, Interlake-Eastern RHA, and Southern Health-Sante Sud had the highest rates in each period, which were significantly higher than the rates in Manitoba. Meanwhile, the Winnipeg RHA had the lowest rates, which were significantly lower than the rates in Manitoba.
  - Figures 4.23 and 4.24 have been replaced.

March 5, 2026 - Erratum

- **On page 264**
  - The definition should read:
    - **Definition:** The number of live births per 1,000 women aged 15-45. Births were defined as live births coded in Manitoba hospital abstracts with ICD-10-CA codes Z37.0, Z37.2, Z37.3, or Z37.5. Note that home births and those occurring at the birth centre in Winnipeg are not coded into the hospital abstract data system and are not included in this analysis.

- **On page 267**
  - The definition should read:
    - **Definition: T**he percentage of mothers of singleton live births who received inadequate, or no prenatal care based on their R-GINDEX (Revised-Graduated Prenatal Care Utilization Index) score. [17] The denominator included all singleton live births coded in Manitoba hospital abstracts with ICD-10-CA codes Z38.0, Z38.1, Z38.2 where the mother had Manitoba Health Insurance coverage for the entire gestation period. Stillbirths and records with gestational age missing, less than 20 weeks, or greater than 45 weeks were excluded.

      Physician tariff codes 8400 and 8401 in the medical claims data were used to identify a prenatal care visit. In addition, physician tariff codes 8501, 8507, 8509, 8529, 8530, 8540, and 8550 were used if a diagnosis of pregnancy (ICD-9-CM codes V22, V23) or complications due to pregnancy, labour and delivery (ICD-9-CM codes 640-669) was also recorded on the medical claim.

      Prenatal care visits were also identified in the hospital discharge abstract data using codes in the number of prenatal visits field:

      - Codes 0-8 (9 = unknown) in HAUM data until 2003/04
      - Codes 0-8 (9 = unknown) in DAD data from 2004/05 to 2007/08
      - Codes 0-19 (20 = unknown) in DAD data from 2008/09 to 2023/24

      The data source (medical claims or hospital discharge abstract data) that yielded the highest count of prenatal visits for the mother was used.

      Note due to the changes to provision in care because of the COVID-19 pandemic, a definition that also includes virtual visits was used. These visits were identified using physician tariff codes 8321, 8442, 8447, 8480, 8535 when a diagnosis code related to pregnancy or labour and delivery (listed above) was also recorded on the medical claim. The results using the revised definition are available in the online supplement.
  - The first two bullets in the Key Findings should read:
    - Overall, the percentage of inadequate prenatal care was 10.3% and 10.6% in the first two time periods, respectively, and significantly increased to 14.2% in TP3. Percentages were significantly higher in TP3 compared to TP2 in each region. Including virtual visits attenuated the amount of increase observed in TP3, though it was still significantly higher in the third period than the second period in Manitoba and each region except Prairie Mountain Health.
    - Percentages in the Winnipeg RHA and Southern Health-Santé Sud were significantly lower than the provincial average in each time period, while they were significantly higher in the Northern Health Region for all three periods.
  - Figures 9.3 and 9.4 have been replaced.

The web version of the report has been updated.

The updated pages follow.

The zip folders for Chapters 4 and 9 in the online supplement have been updated with new Acute Myocardial Infarction Rates and Inadequate Prenatal Care Excel files.

The Technical Definitions PDF in the online supplement has been updated.