



College of **Occupational
Therapists** of Manitoba

Quality Occupational Therapy - Accountable to Manitobans

Practice Guideline for Managing My Practice 2020

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Introduction

The delivery of health services occurs within a complex system of stakeholders such as government, health-related organizations, employers, administrators, insurers, health care professionals, clients and the public. Within the healthcare area and other environments in which occupational therapists practise (e.g. social services, corrections, Veterans Affairs and Department of National Defense, education system, etc.), balancing service delivery demands and client expectations with fiscal responsibility, funding reform, resource management and personal circumstances can present challenges for occupational therapists working in public or private systems. Working within managed resources requires professionals to prioritize how limited resources are used and to consider the most effective and efficient models for service delivery. In addition to meeting client and employer expectations, OTs must also ensure they are maintaining professional standards at all times.

The purpose of this guideline is to review expected practice and provide strategies to OTs when working within settings with managed resources that are beyond the control of the OT. Resource management is the “process of using a company’s resources in the most efficient way possible. These resources can include tangible resources such as goods and equipment, financial resources, and labor resources such as employees.”¹ For the purposes of this guideline, “managed resources” are defined as the tangible resources that are allocated to occupational therapy service delivery.

The Practice Guideline addresses how to respond to caseload management issues as well as other aspects of **managing your practice** such as when assignments exceed competencies or when one’s own fitness is changing.

This guideline is intended to be used along with applicable legislation and COTM standards to enable OTs to provide safe, competent and ethical care. Occupational therapy practice standards, practice guidelines, and codes of ethics, all of which establish practice expectations for occupational therapists in Manitoba, underpin the guidance provided within this document.

Quick Links to COTM Resources:

In managing one’s practice, OTs must be aware of the expectations outlined in COTM documents:

- COTM Code of Ethics https://cotm.ca/upload/COE_2010.pdf
- ACOTRO Essential Competencies https://cotm.ca/upload/COTM_Essential_Comptencies_3rd_Ed_Web%281%29.pdf
- COTM Fact Sheet - Fitness to Practice https://cotm.ca/upload/FACTS-Fitness_to_Practice.pdf

¹ Retrieved from <http://www.businessdictionary.com/definition/resource-management.html> November 2019.

- COTM Practice Guidelines on OT Assessment
https://cotm.ca/upload/COTM_Practice_Guideline_OT_Assessments_for_web.pdf
- COTM Practice Guideline on Assignment and Supervision
https://cotm.ca/upload/Assignment_and_Supervision_in_OT_Guideline.pdf

For additional clarity, we have highlighted the following key provisions of the COTM Code of Ethics and the ACOTRO Essential Competencies:

COTM Code of Ethics:

Value C. Competent, Caring and Ethical Services

Occupational therapists recognize and respect that every client has the right to competent, caring and ethical occupational therapy services that promote health and well-being.

Occupational therapists:

5. Provide service in areas of professional competence, and practise within the limits of their knowledge and skills.
7. Seek support and additional training when aspects of practice are beyond personal competencies, such as when changing practice area.
14. Provide services, when appropriate safety precautions exist, during a natural or human-made disaster, including a communicable disease outbreak, consistent with the profession’s commitment to client well-being.

Value E. Trusting and Respectful Practice Environment

Occupational therapists perform their professional duties in a manner that promotes a trusting and respectful practice environment that supports competent care.

Occupational therapists:

6. In partnership with their colleagues, assist their co-workers to recognize and take corrective action to address potentially unsafe, incompetent, or unethical care.
7. Collaborate with other colleagues to develop and maintain environments that are conducive to ethical practice, consistent with their professional roles and responsibilities.

Value F. Fairness

Occupational therapists recognize and respect that every client has the right to quality occupational therapy services in accordance with individual needs.

Occupational therapists:

1. Advocate for sufficient human and material resources to provide safe and effective care.

ACOTRO Essential Competencies:

UNIT 1 Assumes Professional Responsibility Occupational therapists assume professional responsibility for safe, ethical, and effective practice.

COMPETENCY 1.1 Demonstrates a commitment to clients, public, and the profession.

Performance Indicators

- iii. Takes action to ensure that practice and setting support professional responsibilities.

Cues: monitors consistency with policies and regulations; checks that terms of agreement in a contract with payer are not in contravention of professional obligations to client; manages power issues

COMPETENCY 1.2 Practises within scope of professional and personal limitations and abilities.
Performance Indicators

- ii. Demonstrates an understanding of the interconnections between scope of practice and practice setting.
- iii. Takes action to ensure that personal and professional limitations do not cause competence to fall below a level considered acceptable in the jurisdiction.
Cues: develops technical skills, refers to other team members, ensures qualified for restricted acts
- iv. Manages overlaps in scope of practice with other professions.

UNIT 7 Manages Own Practice and Advocates Within Systems Occupational therapists manage the quality of practice and advocate within systems for safe, ethical, and effective practice.

COMPETENCY 7.1 Manages day-to-day practice processes.

Performance Indicators

- i. Prioritizes professional duties including when faced with multiple clients and competing needs.
- ii. Allocates occupational therapy services balancing client needs and available resources.
- iii. Balances work priorities and manages time with respect to client services, practice requirements, and professional responsibilities.
- iv. Manages professional responsibilities by recognizing personal and professional limits of functioning.
Cues: limits or stops work if physically or mentally unable to practise safely and effectively; monitors impact of work-life balance on professional responsibilities

Overview of the Guideline

- ❖ [COTM Mandate](#)
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COTM Mandate

COTM has a mandate to protect the public by regulating the practice of the profession of occupational therapy in accordance with *The Occupational Therapists Act, 2002*. COTM has a responsibility to ensure that clients who are in receipt of occupational therapy services are provided with safe, effective, ethical care consistent with the standards of practice for the profession.

Advocacy for occupational therapy service falls under the mandate of the professional associations. OTs may wish to contact the Manitoba Society of Occupational Therapists (MSOT) and or the Canadian Association of Occupational Therapists (CAOT) to learn more about their resources and advocacy efforts on caseload management issues.

Providing Ethical and Competent Services

The Code of Ethics serves as a foundation for occupational therapy practice regardless of the model that is being used to deliver occupational therapy services. OTs must be guided by the core values of Client-centred practice, those described in the COTM Code of Ethics (2010) and the principles of practice that flow from these values.

When working within managed resources, OTs are expected to uphold the core values and principles of the profession and to remain professional and ethical in all of their interactions.

When faced with an ethical dilemma related to managed resources, such as deciding which clients will receive service or how much occupational therapy service can be provided, OTs are expected to engage in a conscious decision-making process to arrive at a decision that is reasonable and sound.

The Essential Competencies of Practice for Occupational Therapists in Canada describes the skills, knowledge and judgment that OTs should demonstrate in clinical and non-clinical practice. Even when practising within managed resources, OTs must ensure that they are competent and follow a systematic approach to service delivery in keeping with the standards of the profession. It is essential that occupational therapists manage one's own practice which can involve taking an active role in dealing with caseload management challenges.

Responsibilities of Occupational Therapists

Despite limitations or constraints placed on occupational therapy service delivery, OTs have a responsibility to uphold and maintain the accepted standards of practice.

Occupational therapists hold both responsibility and accountability in their duty to provide care / service.

Whenever an OT takes on an assignment, they have the duty to provide care that meets professional standards.

OTs are expected to:

- Follow the relevant legislation, professional standards, and organizational policies;
- Ensure that clients are provided with appropriate information to make informed decisions about their care;
- Engage in open and honest communication with the client to promote realistic client expectations;
- Describe the scope, role and purpose of the service to be provided;
- Ensure the client and referral source are aware of the service model in terms of the amount of service available;
- Provide services appropriate to the client's needs and not discontinue services without an acceptable reason; alternatively, do not continue services that are not required;
- Provide clients with a clear understanding of their treatment status if resources are exhausted prior to client goals being met or the expected discharge;
- Take necessary steps to ensure a safe and effective transfer of care when service is to continue with another provider; and
- Self-assess and manage any situation that could impact one's ability to meet these professional standards, since a number of factors may influence an OT's ability to provide safe health care.

Models of Service

Occupational therapy can occur using various models of service delivery:

- Direct 1:1 care where an OT provides individual care to each client separately;
- Groups where an OT provides care to multiple clients simultaneously in a group setting;
- Assigning care where an OT assigns aspects of client care to another person, for example, an occupational therapist assistant;
- Consultation where an OT provides recommendations for a program that the OT would hand off to another person to implement, for e.g. Personal Care Home staff, a classroom teacher;
- Collaborative or interprofessional care where an OT works with other providers in delivering client care; and

- Telepractice where an OT uses information and communication technologies (ICT) to deliver services when the client and occupational therapist are in different physical locations.²

If resources are limited, it may be beneficial to examine the current model of service delivery that is used and consider alternative options that are safe, evidence-informed and cost effective for the delivery of occupational therapy services.

Strategies for Working Within Managed Resources

All of the following strategies are potential options and not prescribed expectations

Occupational Therapy Services

Strategies

- Consult and collaborate within your organization to develop priorities for occupational therapy services;
- Set realistic limits on the type of occupational therapy services that can be delivered within the current funding model and communicate this with management, the interdisciplinary team, and clients;
- Use a resource such as the College of Occupational Therapists of Ontario Conscious-Decision Making Framework³ to assist you in determining the type and amount of occupational therapy services that can reasonably be delivered;
- Consult, share, and collaborate with OTs and other stakeholders within and outside the organization to investigate alternative ways of dealing with limited resources;
- Use evidence-informed practice to develop service models and provide rationale for service delivery recommendations when presenting options to management or payers;
- Investigate and develop new, innovative service models and advocate for permission or resources to carry out a pilot project to evaluate effectiveness;
- Notify employers or management if workplace policies and procedures are inconsistent with COTM standards and guidelines.

² *A Guidance Document for Occupational Therapists in Manitoba regarding Telepractice*, College of Occupational Therapists of Manitoba.

³ *Conscious-Decision Making in Occupational Therapy Practice*, College of Occupational Therapists of Ontario.

Additional Considerations

- Identify risks to clients in the event that resources are insufficient. If client safety is a concern at any time, the OT should alert the appropriate stakeholders and explain the potential impacts of reduced resources on the OT's ability to provide safe care;
- Discuss with management any requests to perform activities that are outside the OT's scope of practice in any service delivery model;
- Make evidence-informed recommendations for clients based on objective assessment and what is in the best interest of the client. Remain impartial and objective in the decision-making process regardless of outside pressures such as the expectations of third-party payers.

Managing Caseloads

Strategies

- Critically review and evaluate the services being delivered;
- Propose modification to the scope of occupational therapy services provided to ensure the service delivery model is safe and effective for clients;
- Consult and collaborate with the interdisciplinary team regarding any change to occupational therapy services;
- Develop an occupational therapy priority matrix that supports decision-making for effective allocation of resources;
- Conduct an environmental scan of OTs in similar roles to determine any strategies that could assist with caseload management;
- Engage in discussions regarding caseload demands with relevant management within the organization;
- Speak with management regarding any identified risks to clients in the event the OT feels the provision of care is compromised or unsafe due to the allocation of resources or staffing;
- Explore tools to assist you in caseload management.⁴

Additional Considerations

- Use discretion and professionalism when documenting in the client record as the client record pertains only to the client's care. Consider how documentation in the client record will reflect on the organization and other stakeholders;
- Examine the current priorities established by the organization. If the current prioritization process is no longer effective, then this would warrant the review and development of new priorities within the organization.

⁴ For example, *Caseload Management Planning Tool* available through the *Canadian Association of Occupational Therapists (CAOT)*.

Collaborative Care

Strategies

- Engage collaboratively with other service providers in the management of resources;
- Communicate effectively with other service providers to ensure that client services are coordinated;
- Determine if there are members of the team to whom you can assign implementation of services, for example, occupational therapist assistants / rehabilitation assistants. Additionally, examine if there are members of the inter-disciplinary team to whom you can refer, for example, social workers or case managers who are more suited to carrying out the required intervention;
- Work with interdisciplinary team members to ensure that each provider's scope, responsibilities, and role is clarified to prevent confusion, duplication, or absence of service when engaging in collaborative care.

Additional Considerations

- Ensure that the client has been given information about each provider's scope of practice, role and responsibilities;
- Do not assign tasks to occupational therapist assistants that require clinical judgement;
- Ensure that the model of supervision allows for adequate supervision of all occupational therapist assistants.

Professional Behaviour

Strategies

- Engage in clear and transparent communication to assist clients in understanding the current service delivery system and any variations between the expectations of the client and available resources;
- Maintain positive inter-professional relationships that support the best interests of the client;
- Maintain professional boundaries with clients and stakeholders.

Additional Considerations

- Use discretion and professionalism when communicating to clients regarding any restrictions or limitations to funding or services while still addressing the prescribed limitations if they exist, for e.g. set number of treatment visits;
- Avoid engaging in conflicts of interest by self-referring and/or directly soliciting business;
- Adhere to ethical practice when working within managed resources.

Record Keeping

Strategies

- Determine the most appropriate frequency of documentation by examining the schedule of client interaction, change in the client's status, the type of occupational therapy services being delivered, the setting in which services are being provided, and any relevant organizational policies that apply;
- Reflect on the length and quality of the documentation to ensure all relevant information is included and consider if there are opportunities to be more concise;
- Examine the clinical record to minimize the duplication of information, for example, if other providers have already documented about the same thing;
- Tailor your documentation to the client aspects that apply to occupational therapy;
- Use templates and forms when engaging in record keeping to support efficient documentation;
- Consider the use of organizationally accepted acronyms;
- Utilize technology such as secure dictation systems, tablets and laptops to assist with documentation efficiency if available.

Additional Considerations

- OTs have a responsibility to maintain clinical records according to the Managing Client Information – Meeting Legislative Expectations Practice Guideline regardless of perceived time constraints;
- Management should be notified if caseload needs to be reallocated/reduced to support adequate time for maintaining clinical records;
- If the OT is also the Information Manager of the record, they must take reasonable steps to ensure the preservation, security and ongoing access to the client record in events such as the organization/agency within which the OT is providing (or has provided) service ceases to operate, or if the OT's contract is terminated prematurely.

Workplace Issues

Employers and occupational therapists share responsibility for providing safe and competent care to the public. Employers are encouraged to ensure that there are clear policies in place and to provide the resources and supports that occupational therapists and other staff require to meet their professional standards.

COTM recognizes that an occupational therapist's ability to meet the duty to provide care depends, in part, on employer resources and supports.

The employer contributes to safe client care by:

- Negotiating safe staffing levels with staff to facilitate their capacity to meet standards of practice and provide safe client care;
- Considering the competencies and qualifications of staff when determining work assignments;
- Ensuring the competencies of staff are used efficiently and supporting staff to work within their level of competence;
- Ensuring staff have access to information about their role and their expected level of service;
- Establishing policies, procedures, and/or guidelines to assist staff when they are asked to provide care on an unfamiliar unit or area;
- Providing appropriate orientation, education and training for staff and support targeted education for those who are asked to work in unfamiliar areas; and
- Working with staff to perform a risk evaluation (based on individual staff-based factors, team-based factors and environmental factors) when human resources are limited or not optimal for meeting client needs.

Unreasonable personal risk

There may be some circumstances where provision of care would cause unreasonable personal risk to an occupational therapist. An unreasonable risk might be the result of a threat to personal well-being or lack of safety resources. For example, a client may explicitly threaten to hit the occupational therapist or another client and the immediately available resources are insufficient to prevent harm.

In accordance with *The Manitoba Workplace Safety and Health Act* and Regulation, occupational therapists have the right to refuse work that they reasonably believe constitutes a danger to their safety and health or to the safety and health of another person. In this circumstance, the occupational therapist's duty to provide care includes meeting client care needs and providing for the client's safety, to the extent that the occupational therapist is able to do so, without incurring unreasonable personal risk. It also includes reporting any dangerous working conditions to their employer, supervisor or other person in-charge.

It is essential that the occupational therapist communicates and problem-solves with co-workers and management throughout such a situation, while also following employer policy and workplace health and safety legislation.

Disaster or disease outbreak

A disaster involves extensive harm, either human, material, economic, or environmental, with negative impact(s) that go beyond the coping ability and resources of the affected community. Examples include, but are not limited to disease epidemics, fire or floods.

Occupational therapists must refer to their standards of practice, practice expectations, and code of ethics when they consider their professional role in a disaster and their duty to provide care. The occupational therapist is expected to care for clients as best and as safely as they can, dependent on the resources they have available under the specific circumstances. An occupational therapist would only withdraw from care provision or refuse to provide care if they believe that providing such care would place them or the client at an unacceptable level of risk.

The planning and provision of care in a disaster does not belong solely to occupational therapists. Others, such as employers and government, all have reciprocal obligations in this regard.

Before any disaster, the occupational therapist has the duty to become knowledgeable of their employer's plans and their expected role in a disaster. This includes participation as necessary in disaster preparedness planning with their organization.

Employers can support occupational therapists' ability to meet their duty to provide care in a disaster or disease outbreak by providing clear communication, guidelines, and appropriate access to resources. Factors that support the occupational therapist to provide care during a disaster include:

- Awareness that they will receive accurate and timely information about the disaster situation with updates about appropriate safety measures;
- Knowledge that their program, facility or region has emergency response guidelines and a process for resolving conflicts regarding work exemptions;
- Access to personal protective equipment (PPE) to provide care and ensure safety;
- Clear communication from the employer regarding expectations during a disaster response;
- Knowledge that there will be fair allocation of resources such as Personal Protective Equipment during a disaster response, where practical; and
- Knowledge that they will be supported in both the physical and moral responsibility to provide care; and
- Acceptance of redeployment to provide services, when appropriate safety precautions exist, during a natural or human-made disaster, including a communicable disease outbreak, consistent with the profession's commitment to client well-being.

During a disaster, occupational therapists may encounter challenges in their efforts to meet their duty to provide care. In these circumstances, occupational therapists' practice expectations include:

- Following safety expectations with the use of necessary personal protective equipment;
- Making themselves aware of plans, expectations, and roles, as provided by their employer;
- Using clinical judgement and ethical decision-making in the provision of safe, competent care;
- Making fair decisions about allocation of resources;
- Maintaining open communication with your employer about decisions that had to be made at your workplace to support safe client care.

Working during a shortage or with limited human resources

Ideally, the staff complement has the capacity for the full team to provide the necessary care to clients. If the interdisciplinary team is working with reduced staffing levels, it can impede the ability of occupational therapists to provide timely and optimal service. When providing services with limited human resources, the duty to provide care includes the occupational therapist's responsibility to adjust priorities and meet client care needs through teamwork and collaboration.

In addition to prioritizing workload and communicating with their employer, when team capacity is compromised, occupational therapists may be directed to increase their client load, work additional hours, and/or practise in an unfamiliar area. These options may lead to an increased level of risk; however, occupational therapists remain accountable to provide safe client care through the application of their knowledge, skill and judgement. Therefore, individual occupational therapist-based factors are important for the occupational therapist and employer to consider together when making decisions about how to address client care needs.

Interdisciplinary Teams that are highly functioning can rely on each other to support each other's ability to meet the duty to provide care during times when occupational therapy resources are limited. Occupational therapists in these types of environments can consult with someone more knowledgeable when a client situation demands expertise beyond their competence, giving the occupational therapist access to the team's collective competence. Collective competence is more than the functioning of people on the team; it occurs when individual team members function with awareness of one another and the various resources in the system that either support or inhibit them from working together. In situations where team members do not work effectively together, health care risks increase.

When team-based resources are not optimal, all occupational therapists are encouraged to participate in finding solutions even when all options appear exhausted. The goal is to work with their team and employer to support safe client care with available resources.

Personal Considerations

Personal responsibility and accountability for fitness to practice is a practice expectation. This includes self-reflection to maintain an awareness of one's health and wellbeing, recognize one's limitations, and identify any potential risk to client health and wellbeing. COTM recognizes that each OT is an individual and each will have a different capacity. For this reason, it is important that the assessment of risk be conducted on a person by person basis and must include the OT's own self-assessment.

OTs hold the ethical responsibility to minimize client safety incidents, work with others to prevent harm and provide effective client-centred service. The onus on the OT is to reflect and self-assess their own ability to meet client care needs in complex and challenging circumstances. If the OT feels unsafe to work and is currently working or expected to work, they would need to inform their employer, manager, or

supervisor so a plan can be put in place to maintain client care and safety. Communication between the OT, the team and manager is paramount.

Each regulated professional has a significant obligation for their own learning. Though there is often shared investment in that one's employer is also investing in their staff's education, the acquisition of skills in order to provide safe and effective practice is ultimately the responsibility of the professional. The COTM Continuing Competence Program is developed to support this expectation and was designed with the assumption and understanding that COTM members want to be lifelong learners. The program components support members to identify and participate in relevant learning opportunities to enhance their practice and, for those with a client-focused practice, improve client service outcomes.

Conclusion

Although decisions about funding for occupational therapy services may be outside the occupational therapist's control, OTs can take an active role in assisting their organization to determine how occupational therapy services can be delivered.

Occupational therapists have professional obligations to manage their practice with attention to personal issues of fitness and learning, professional issues such as how they manage their caseload, and systemic challenges such as advocating for systemic change. In all cases, this means being accountable for their actions, working to promote effective practice and preventing risk of harm to clients.

This guideline is not meant to be exhaustive and cannot address all circumstances that may exist within an occupational therapist's practice. OTs are expected to stay informed of changes to relevant legislation, regulations, standards of practice, and policies and procedures pertinent to their organization. OTs are welcome and encouraged to use COTM as a resource in carrying out this expected approach to practice.

Definitions

Clinical reasoning

The process used by OT practitioners to understand the client's occupational needs, make decisions about intervention services, and think about what needs to be done. One has to pay attention to the client's condition and what they are experiencing; then one gathers information regarding the problem using reasoning ability to interpret the facts and apply critical thinking to confirm or exclude certain hypotheses. Finally, one resorts to logical deduction to identify the problem and determine an intervention plan.

Duty of care

The responsibility or legal obligation of a person or organization to avoid acts or omissions that could likely cause harm to others.

Fitness to practise

All the qualities and capabilities of an individual relevant to their capacity to practise as a professional, including, but not limited to freedom from any cognitive, physical, psychological or emotional condition, and freedom from dependence on alcohol, drugs or other substances that impair their ability to practise their profession.

Interprofessional collaborative care / Interdisciplinary Teams

Collaborative care in health care occurs when multiple providers from different professions provide comprehensive services by working with clients, their support networks, care providers and communities to deliver the highest quality of care across all settings. This partnership between a client and a team of health care providers is a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

Managed Resources

The process of using a company's resources in the most efficient way possible. These resources can include tangible resources such as goods and equipment, financial resources, and labor resources such as employees.

Scope of Practice

Describes the procedures, actions and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency.

Telepractice

Refers to the use of information and communication technologies (ICT) for the purpose of delivering health care services when the client and occupational therapist are in different physical locations.

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