



Interlake-Eastern
Regional Health Authority

COMMUNITY UPDATE

2017 Year in Review

from CEO Ron Van Denakker

This communication is meant to be shared with elected leaders and community members. Please use your communication channels to share this information in its entirety or in part.

At our Annual General Meeting in Pine Falls this fall, I was pleased to recognize Judy Dunn as the winner of the CEO's award for community leadership. Judy is an outreach manager for the Mood Disorders Association of Manitoba in the Eastman part of our region and a member of Interlake-Eastern RHA's board of directors. Her commitment to supporting mental health initiatives in our communities has greatly contributed to reducing stigma associated with mental health issues and in connecting people with mental health resources.

I presented her with an original painting by renowned Sagkeeng artist Henry Guimond. It features a headdress and eagle staff to represent leadership. The Eagle brings the teaching of love and vision and the Buffalo represents respect. The essence of respect is to be able to give. A leader must have vision to be able to lead the people, and must lead with love and respect.



Before the year winds down, I want to acknowledge that provincial healthcare is going through major transformation and IERHA has been moving with those changes. Given the complexity of health care, we will continue to be in a period of transition for some time as we make improvements and then formalize them as part of our goal to achieve improved sustainability. I'm confident that work going on now will bring more clarity to all of us as the roles of the Province, Shared Health and RHAs become more defined and as access to services becomes more reliable for our residents and more consistently available across the province.

Sustainability of Health Care Remains a Priority that We've Embraced

We retained our commitment to improved sustainability in health care this year. We have many efficiency projects underway across the region, ranging in size and scope. Most notably this year, we have created greater efficiencies by using teleconference/web services to conduct meetings and using fleet vehicles when on the road. Educational sessions on sustainable product use, such as wound care products, have also ensured that IERHA facilities are now using the the most appropriate medical supplies for optimal client care.

Twenty-two new physicians joined us in 2017

This year, our physician services team turned a corner with the recruitment of 22 new physicians to

our region (see chart at right). This represents a swell in the number of providers who can take calls in our emergency departments. We are now seeing our emergency department on-call shifts fill up more than ever before. Many years of effort have been invested to bring us to this point in physician capacity

Looking to the future, the physician services team also continues to work closely with our new and existing physicians so that we can capitalize on opportunities and interests to continue to recruit new providers and students to our region as well.

New Physicians to our Region in 2017

Physician	Area of practice	Start date
Dr. Ansarian	Stonewall	1-Jan-17
Dr. Ken Iwaasa	Stonewall	1-Jan-17
Dr. Chris Williams	Pinawa/Lac Du Bonnet	1-Mar-17
Dr. Simonson	Stonewall	1-Jun-17
Dr. Courtney Leary	Brokenhead Medical Clinic	1-Jul-17
Dr. Gulniyaz Abisheva	Pine Falls	1-Sep-17
Dr. Mena Bassilly	Pine Falls	1-Sep-17
Dr. Arvine Hastir	Beausejour	1-Sep-17
Dr. Samantha Paradoski	Selkirk	1-Sep-17
Dr. Aoife Benton	Stonewall	1-Sep-17
Dr. Victoria Kornelson	Teulon	1-Sep-17
Dr. Arminder Mann	Arborg	1-Sep-17
Dr. Sunu Thomas	Eriksdale	1-Sep-17
Dr. Mina Gendi	Ashern	1-Sep-17
Dr. Armin Sabri	Ashern	1-Sep-17
Dr. Aaron Funk	Lac Du Bonnet	1-Aug-17
Dr. Jonathan Brown	Selkirk	1-Oct-17
Dr. Kashif Samin	Teulon	1-Oct-17
Dr. Jessica Chan	Gimli	1-Oct-17
Dr. Dylan Thompson	Gimli	1-Oct-17
Dr. Helen Harmer	Beausejour	1-Oct-17
Dr. Jonah Fulmore	Gimli	1-Dec-17

Primary Care Improvements Well Underway

We often think of health care in terms of emergency – urgent treatment, addressing sudden and extreme illness and chronic disease. However, primary health care, the care you receive before your health becomes acute or reaches a state of advanced illness, is probably the most important aspect of ensuring good health. Having access to a family doctor (and other care givers), in proximity of your community should be your first and most important step in ensuring your long-term health and early diagnosis of illness or disease.

Right now, communities across the province don't have the same access to the care of a family doctor. Ensuring that all Manitobans have access to a family doctor in the future will mean more than having a greater number of doctors, it will mean changes in the way family doctors and other primary care providers (e.g. nurse practitioners, physicians assistants, etc.) organize their practices. These changes are already in the works with new organizational approaches such as "Home Clinics" and "My Health Teams."

Home Clinics are patient centered primary care clinics within close range of your home base. They provide you with timely access to care, coordinate your care (e.g. access to specialists) and provide electronic management of your records to ensure they can be shared with other care providers and specialists as needed. To ensure these doctors and nurse practitioners remain in place, we need your help. Given the fluctuation of care providers in some communities, many rural Manitobans have found doctors and nurse practitioners in Winnipeg. With more physicians joining our primary health care teams, people now have primary care close to home. It is up to the residents of our communities to show that they want doctors in their communities – and keep them there – by applying to become patients of local family doctors and "attaching" to home clinics.

My Health Team, is a new primary care initiative that is all about building connections between care providers to allow them to work together as a coordinated team dedicated to you as a patient. These teams may work together in a shared clinic or connect virtually on-line. What connects them is a formal partnership to collaborate and ensure the delivery of a range of health care services across a specific geographic area, community or population. Working together in this way, a group of care providers can provide equal access to a team of for all clients within their established communities. Through My Health Teams, you will have the care of a team of professionals who share resources and information that allow them to center their focus on you as a patient. This means you will have better access to care, seamless care transitions when referred to other care providers and high standards of care centred on your long-term health.

Establishing a Clinical Teaching Unit in Our Region

We have continued our efforts to establish a clinical teaching unit in our region continue. A clinical teaching unit is a formal facility for training medical student that is dedicated to a specific region. Currently, we are the only rural health authority that doesn't have full capacity to do this. As a result, we have missed out on the recruitment opportunities these units provide. A working group is in place with representation from the RHA, University of Manitoba, Office of Rural and Northern Health and municipal elected leaders to create a clinical teaching unit within the Interlake-Eastern RHA. With the help of our community leaders, who will be bringing forth the voices of their residents, our next objective is to secure additional provincial support to create a clinical teaching unit in our region. Communities representing on our Clinical Teaching Unit Task Force include: RM of Alexander, Town of Powerview-Pine Falls, RM of St. Andrews, RM of St. Clements, City of Selkirk, Town of Arborg, RM of Bifrost/Riverton, RM of Brokenhead, Town of Beausejour, RM of Gimli,

Working with Communities to Create More Personal Care Home Beds

Six different community groups in our region have asked the Interlake-Eastern for information to support personal care home bed creation proposals that they are developing for provincial government consideration. These proposals do not include an additional proposal already submitted by Arborg for an 80 bed care home that is currently under consideration.

Interlake-Eastern Now has a Foundation



Interlake Eastern Health Foundation Board of Directors

Left to right: Pamela McCallum, executive director, Ted Lewis, Kelly Cook, Bill Bodman, Cyndi Typliski, Dr. Dan Lindsay, Brent Wynnyk (donor), Dr. Alan Lagimodiere (MLA for Selkirk), Steve Day, Tracey Epp and DJ Sigmundson.

This December witnessed the launch of the RHA's first health care funding foundation, the Interlake-Eastern Health Foundation. The launch of the foundation gives our region new access to a means of organized and strategic funding that hospitals in Winnipeg have benefited from for years. The foundation has its own board of directors and acts as an arm's length fundraising body for our region. Under the direction of executive director Pamela McCallum, the foundation will spearhead major fundraising initiatives for RHA projects and programs. In addition, the foundation will also work with community based fundraising efforts – such as those of our auxiliaries who benefit us so greatly – if they are looking for the foundation's support. This is a huge step forward for our region and will help us ensure that all our community residents are aware of donation opportunities when they want to invest in regional health care and/or recognize care they have received.

One of the fundraising efforts that will be vetted by the foundation is the Interlake-Eastern RHA employees' \$5 club, which shows just how much our staff really care about health in our region. Through the \$5 Club, IERHA staff opt to donate \$5 from each pay cheque towards health related charitable donations of their choice at the end of the year. Last year, our employees supported Nova House and Camp Aurora, purchased a tilt wheelchair for patient use and bought warm clothing for those in need around the region. This year, I'm proud to report our staff have raised \$9,000 that will be donated towards the health and well-being of residents in our community.

A New Regional Health Centre in Selkirk

We opened the doors to Selkirk Regional Health Centre on June 25. After years of planning we are so very happy to finally have our beautiful new facility in

operation in our region.

One of the benefits of this new facility is a state-of-the-art MRI. Our residents, and others in need across the province, are benefiting from the addition of this this new MRI. Diagnostic Services Manitoba reported that, as of the end of September, 821 MRI scans were completed in Selkirk. In the New Year, we are looking to expand hours of operation to meet a goal of 8,000 scans annually.

Visitors and patients at the hospital are quick to comment on all of the natural light and how good they feel in this new building. However, ensuring the environmental sustainability of the health centre was one of the objectives identified at the very beginning of the project. It is with pride that we can now announce that in conjunction with our architects **LM Architectural Group** and **Stantec**, we have achieved a Leadership in Energy and Environmental Design® (LEED) rating of gold! A LEED rating is the international mark of excellence for green buildings and the sustainability of a building's design, construction and operation. It's one more thing to be proud of in our new regional health centre.



Giigewigamig Enters Next Phase of Service Delivery

The IERHA is also pleased that *Giigewigamig*, the Traditional Healing Centre in Pine Falls that was officially opened on May 8 with our partners the *Giigewigaming* First Nations Health Authority, now has funding for traditional healing programs. The elder council of Giigewigamig healing centre continues to work closely with its four partner communities of Bloodvein, Hollow Water, Black River and Sagkeeng on initiatives that will strengthen its original vision of health and wellness for everyone. The primary health care clinic has been in operation since the centre's opening but we look forward to the time when people can access *Giigewigamig* for both western and traditional medicine options. One of the calls to action of the Truth and Reconciliation Commission of Canada was for those effecting change within the Canadian health-care system is to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in partnership with Aboriginal healers and Elders where requested by Aboriginal patients. We look forward to increasingly positive outcomes from our continued partnership in *Giigewigamig*.

Welcome Home to Our Repatriated Residents

(Photo from cbc.ca)

Another call to action from the Truth and Reconciliation Commission of Canada was to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities. A review of our current Community Health Assessment reveals this is a continued challenge for us in Interlake-Eastern and our partners. We will keep this call to action in mind in the coming year as we work with Indigenous communities across the region to address health care needs and, more specifically, as we work to repatriate residents from our region who were affected by flooding.



From the end of November to the end of January, 190 homes will be ready for repatriating residents in the Lake St. Martin area. These homes will house close to 475 individuals who need access to a variety of health care services. Towards creating these partnerships, a cross-sectoral working group continues to find solutions for RHA to work collaboratively to identify and address community needs.

Patient Experience Local Health Involvement Groups

We will soon be activating our patient experience Local Health Involvement Groups (LHIG) that will complement our existing east, west and central groups. Our LHIGs provide advice to the IERHA board of directors on topics mutually agreed upon as beneficial to the delivery of health care in our region. The patient experience LHIG is composed of individuals who experienced a critical incident in our region and who've agreed to work alongside the RHA to help us improve by giving us the benefit of their experience. This new patient experience LHIG will become active in the New Year, providing us with the benefit of their perspective on a wide range of topics regarding health care delivery.

The Year Ahead

Looking towards the year ahead, there are four key documents/reports guiding the Province in its health care decision making right now:

- [Provincial Clinical and Preventive Services Planning for Manitoba: Doing Things Differently and Better](#) that was written by Dr. David Peachey and commissioned by the NDP government
- The Health Sustainability and Innovation Review prepared by KPMG
 - [Phase 1](#)
 - [Phase 2](#)
- Findings from the Wait Times Reduction Task Force - soon to be released
- [The Manitoba EMS System Review](#) (2013)

Watch Health Care Leaders Outline System Transformation

The key reports outlined above are all available to you in part or in entirety online.

Each of the individuals and the reports holds a wealth of information that is guiding us towards a more effective and sustainable health care system. These expert information sources have already influenced government direction. For instance, the Department of Health, Seniors and Active Living will transition away from its roles in health care delivery and focus its energies on policy, planning, funding and oversight. To help with this transition, and the many changes that it will bring to health care across the province, we've seen the creation of the Transformation Management Office and the formation of a new government organization Shared Health. Shared Health, with Dr. Brock Wright as president and CEO, will centralize clinical and business services including clinical governance, human resources, labour relations, supply management, capital planning, communications and support services. Shared Health will have service delivery function to with the operation of Health Sciences Centre, provincial diagnostics and emergency medical services.

The clinical services planning component is already well underway with significant regional input. It's anticipated that aspects of Shared Health will be operating by spring next year. Given the scope of Shared Health's responsibilities we'll see its varied functions phase in.

The Province has posted a number of videos featuring Minister of Health, Seniors and Active Living, Kelvin Goertzen, in conversation with other key players who are driving the change in the healthcare system right now. They talk about why change is needed, the work done to help identify what changes need to occur, Shared Health's function and roles and how our regional plan and those of other RHAs are contributing to the development of a provincial clinical and preventive plan. [To learn more, click here to watch the videos.](#)

We Don't Have all the Answers Yet

There is still a lot of grey and a lot of areas where we don't yet have answers, however, in time we'll better understand how all the moving parts fit together.

In fact, we are currently working provincially to outline what our health care processes look like now so we can prepare a map of the steps we need to take to get where we want to end up. These steps will become our framework that will be shared with staff and the public so that we all understand where we fit in to a system that is more patient and family focused.

While it's difficult not knowing all the answers at this time, I do know that planning now will help with implementation as things move forward in the New Year

From an Interlake-Eastern RHA Perspective

On a more region specific level, we'll be completing our checklists for our next Community Health Assessment, which paints a picture of the demographics, lifestyle trends and the state of health for residents across our region. We are also getting ready for our next accreditation, an independent review by a third party which assesses health and social services organizations against standards of excellence to identify what is

being done well and what needs to be improve. Both these review processes will be taking place in 2019.

We'll also continue to implement the work outlined in our accessibility plan that is a defined requirement under *The Accessibility for Manitobans Act*. Right now, as one of the key initiatives of this plan, our staff are currently completing customer service accessibility training that describes barriers in customer service experienced by persons with disabilities of all types and provides service solutions to address these barriers. Customer service will continue to be a priority for all of us in the New Year as our Board of Directors has this identified as key initiative (see below for a message from our IERHA Board of Directors.).

Thank You for Your Ongoing Engagement in Health Care Conversations

Finally, I'd like to thank elected leaders in all of Interlake-Eastern RHA's communities who have taken the time to work with us to create continued health care improvements for the residents of our region. I highly value our ongoing conversations regarding the future of health care and the well-being of our residents and communities and I look forward to continued discussions with you in 2018! On this note, I have asked our communications associate, Cynthia Thoroski, to reach out to you early next year to further discuss opportunities on how we can better collaborate on communication initiatives within your communities. Look to hear from Cynthia in the New Year.

Season's Greetings from Your IERHA Board of Directors

On behalf of the Interlake-Eastern RHA's board of directors, it is our privilege to be trusted to work to ensure our community residents are provided with exceptional service throughout all aspects of our region's health care needs. We look forward to continuing to serve you in the coming year and wish you Happy Holidays and Best Wishes for the New Year.



Your IERHA Board of Directors: Front row (L to R) - Charlene Rocke, Margaret Mills (Chair), Judy Dunn, Ruth Ann Furgala. Back row (L to R) - Brian Magnusson, Glen West, David Oakley and Oral Johnston. Missing: Steve Day, Amanda Stevenson and Jillian Whitford.