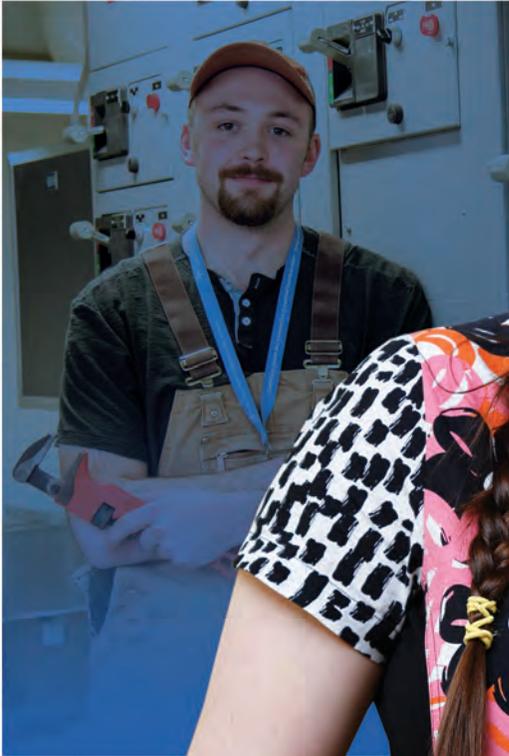




# 2015 - 2016 ANNUAL REPORT





## **Our Vision**

Connecting people and communities to excellent health services — Today and Tomorrow

## **Our Mission**

In partnership with our communities and through a culture of quality customer service, we are dedicated to delivering health services in a timely, reliable and accessible manner. We achieve our success through an engaged and empowered staff.

## **Our Values**

### **C**ollaboration

We will maintain the highest degree of integrity, accountability and transparency with our communities, health partners and our staff.

### **A**ccessibility

We will ensure timely and reasonable access to appropriate health programs and services.

### **R**espect

We are committed to a health care environment that treats all clients, patients, staff and communities with compassion, empathy and understanding.

### **E**xcellence

We are committed to excellence in all of our programs, services, and initiatives built on a foundation of client, patient and staff safety.

### **I**nnovation

We will lead based on best practice evidence and have the courage to address challenges with honesty and creativity.

### **Q**uality Customer Service

We will cultivate and support a culture of quality customer service committed to providing a positive experience for clients, patients, staff and other stakeholders.

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Thank you to all individuals appearing in photos in this report who have granted their permission for their use.

## Letter of Accountability

We have the honour to present the annual report for the Interlake-Eastern Regional Health Authority, for the fiscal year ended March 31, 2016. This annual report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material including economic and fiscal implications known as of March 31, 2016, have been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted on behalf of Interlake-Eastern Regional Health Authority



Oral Johnston Chair  
Interlake-Eastern Regional Health Authority Board of Directors



At right, Oral Johnston, chair, Interlake-Eastern RHA Board of Directors with Ron Van Denakker, Chief Executive Officer, Interlake-Eastern RHA

## A message from our Board chair and our CEO

A shining example of our achievements this year is our accredited status from Accreditation Canada. This review takes into consideration our adherence to national standards of excellence and required safety practices to reduce potential harm. Accreditation also incorporates feedback on the work environment, patient safety culture, governance functioning and client experience.

We commend our staff, directors and community liaisons on the work they invest to ensure we're delivering a level of care that facilities across Canada aspire to achieve.

In response to community demands for more reliable emergency department services, we increased remuneration to physicians this summer who were willing to take weekend call in emergency departments. Physicians already working in our region had the first opportunity to take shifts at this increased rate of pay. In addition to providing more reliable care, we were able to attract more new locum physicians to our region who are now helping us as we continue to work to address gaps in emergency department coverage.

Ultimately, we're looking to secure enough physicians so that we don't need to rely on added incentives. We recognize that accessible health care is a year round priority.

Our physician services team continues to explore opportunities to increase the number of physicians working in our region. Based on last year's success, we're maintaining our relationship with Waterford Global and the Eastern Region Community Health Committee to recruit physicians from the United Kingdom who are a good fit with our region. We have one successful recruitment and are hopeful we'll soon have one more. We are excited by the prospect of other multi-community based health care committees establishing in the Teulon and Eriksdale areas and the potential for health care advancement that lies in these partnerships and those that we welcome elsewhere in the region.

Another area that we're targeting for advancement is our delivery of primary care. We received the consulting report on primary care in our region and suggestions for moving forward. We are excited about this report and what it has to offer us. Our ability to better align primary care services with residents' needs will, in the long run, help us provide more sustainable, accessible and reliable care for our residents.

Improved primary care will also help people learn about health issues and receive helpful treatments while they are still manageable and not a threat to life that warrants emergency care.

We will be moving forward with recommendations in the review with the intent to establish a functioning network of clinics with access to additional services as determined by community needs.

We're placing a more concerted effort on evaluating our efforts with a fiscal and efficiency lens with the guidance of our vision, mission and values.

In this report we're introducing to you our big dots—the areas our Board has identified for monitoring and improvement. Behind each big dot are a series of program based indicators that are helping us evaluate our success as we move towards fulfilling the regional and provincial strategic priorities outlined in this report.

When faced with the challenge to help us identify cost savings as a region, our management team embraced a concerted effort to reduce expenses in travel, meetings and supplies. It represents the very real contributions our staff are making as we work to provide care with the resources available to us without affecting the quality of our services.

We'd like to take this opportunity to recognize Interlake-Eastern RHA's directors for their contributions over the past year and thank them for their guidance. We also want to acknowledge the passing of a colleague and friend, Therese Conroy, who was an Interlake-Eastern director since its inception in 2012. Therese had a long history of investing her energy in health care and we will miss her compassion and quick wit around our boardroom table.

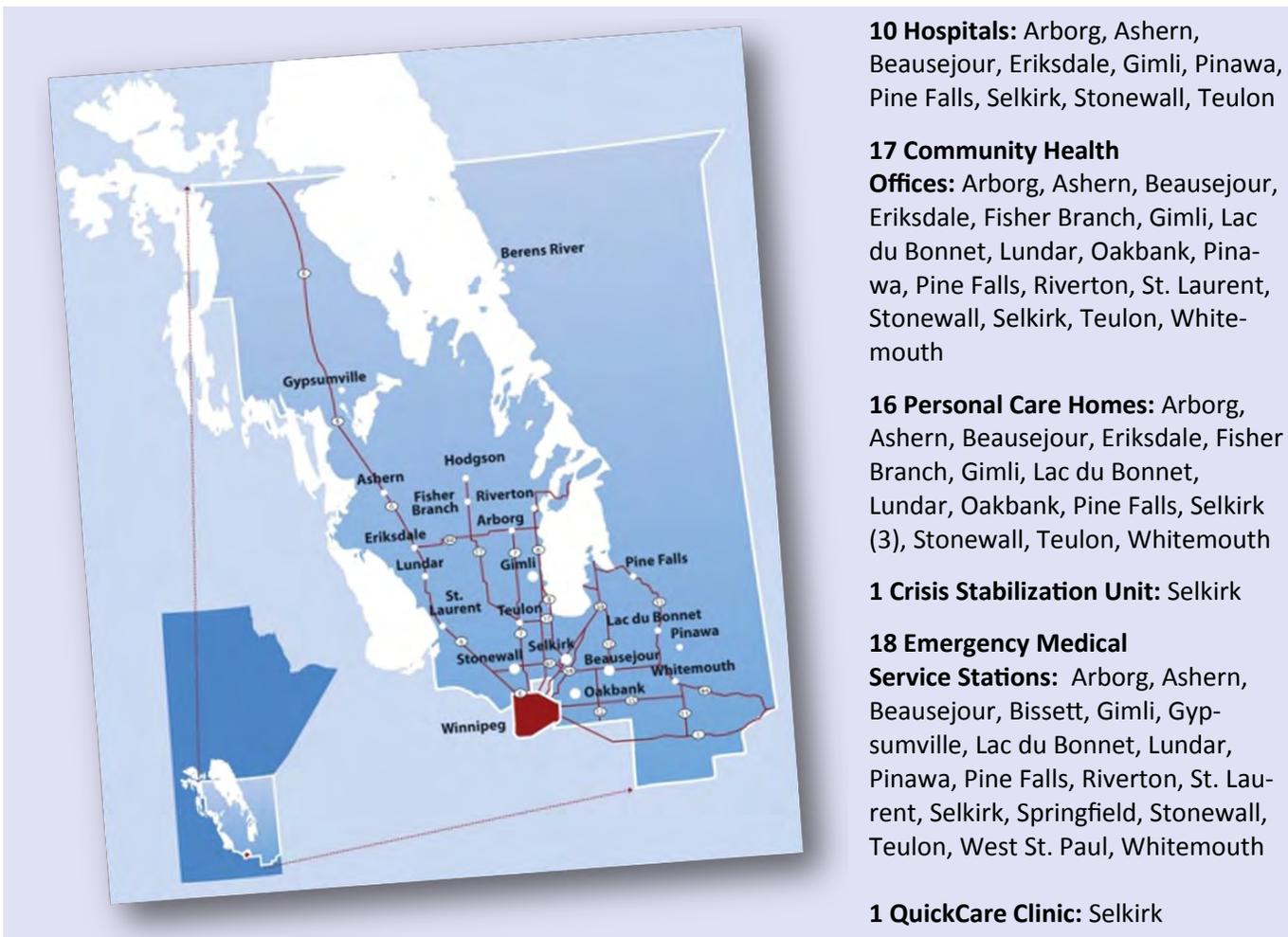
Thank you to our staff, our patients and clients and our community leaders for the time you've invested in helping us deliver another year of care in Interlake-Eastern RHA.



Oral Johnston  
Chair



Ron Van Denakker  
Chief Executive Officer



**10 Hospitals:** Arborg, Ashern, Beausejour, Eriksdale, Gimli, Pinawa, Pine Falls, Selkirk, Stonewall, Teulon

**17 Community Health Offices:** Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Lac du Bonnet, Lundar, Oakbank, Pinawa, Pine Falls, Riverton, St. Laurent, Stonewall, Selkirk, Teulon, Whitemouth

**16 Personal Care Homes:** Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Lac du Bonnet, Lundar, Oakbank, Pine Falls, Selkirk (3), Stonewall, Teulon, Whitemouth

**1 Crisis Stabilization Unit:** Selkirk

**18 Emergency Medical Service Stations:** Arborg, Ashern, Beausejour, Bissett, Gimli, Gypsumville, Lac du Bonnet, Lundar, Pinawa, Pine Falls, Riverton, St. Laurent, Selkirk, Springfield, Stonewall, Teulon, West St. Paul, Whitemouth

**1 QuickCare Clinic:** Selkirk

## Regional Overview

At 61,000 km<sup>2</sup>, Interlake-Eastern RHA represents approximately one-tenth of Manitoba's area. The region extends east to the Ontario border, north to the 53rd parallel, and west to Lake Manitoba. A large largely unpopulated northern area of the region is defined as unorganized territories.

A wide variety of geographical features compose the region including natural shorelines and beaches, marshes, parklands, forests and agricultural lands. The region's population grows considerably in the summer months. Its natural beauty and attractions bring vacationers, campers and cottage

owners to Lake Winnipeg and Lake Manitoba, various resort communities as well as a number of provincial parks including Atikaki, Birds Hill, Hecla/Grindstone, Nopiming and Whiteshell.

The region's economic diversity includes farming, mining, forestry and hydroelectric power. Recreation and tourism have a significant role in the economy with a highly developed network of seasonal activities including snowmobiling, ice fishing, cross country skiing and boating. Tourism and recreational activities directly impact the demand for health care services in the region with significant increases in demand for emergency services, physician services and hospital care during peak tourist season.

The north eastern portion of the region, that is home to a large First Nations and Métis population, was once only accessible by air, water or a winter road system. Construction has begun on an all season road that has connected Bloodvein First Nation to southern communities and work is progressing to eventually connect with Berens River. This roadway is providing residents with greater access to health care services closer to home.

Elsewhere in the region, residents in the RMs of Springfield, Brokenhead and Rockwood are in close proximity to Winnipeg making commuting for employment and services a viable option.



## Our People & Our Challenges

### Our Aging & Growing Population

We had 126,674 residents in the region as of 2014, a growth of 11 per cent since 2000. The group of people aged 50 years and older has shown the highest increase in the region's population. Proactively helping this population remain healthy, engaged in their community and managing chronic diseases is essential to health care sustainability in the region.

An aging demographic coupled with longstanding long-term care bed shortages have affected a number of programs in the region.

Individuals no longer able to live on their own with no other care options will find themselves in acute care facilities as a last resort. The number of people awaiting placement in a personal care home who have been admitted to hospital to wait can account

for as much as 50 per cent of patients in the hospital.

When acute care patients require a bed or when hospitals in Winnipeg need to send a patient back to their home community, it often results in communication between RHA facilities to find a hospital with a bed open to accept a patient. Not always will a patient return to their home community but the RHA has introduced a team of staff dedicated to bed management who work along with staff in all of our facilities to get them back to familiar environments where they can be closer to friends and family.

While people are living longer, RHA acute care, personal care home and home care staff are dealing with patients and staff who have more complex needs and care. In home care, this has translated into increased service hours per client. For the first time in our history, the region has introduced waiting list status in a number of communities this year.

Access to home care services is a pivotal component of our service delivery framework and is integral to helping to effectively utilize our personal care home and acute care beds. When we hit capacity in service delivery in home care, we negatively impact other clinical program areas.

### Chronic Diseases

Chronic diseases are the greatest contributor to illness, disability and health care use. New cases of diabetes have remained stable but the prevalence of diabetes among regional residents is 10.8 per cent which is higher than the Manitoba average of 10 per cent. Just over 27 per cent of residents in the region have hypertension, higher than the Manitoba average of 25.8 per cent. Cancer incidence in the region is 471.8 per 100,000 people, similar to the provincial rate. The most common cancer diagnoses for Interlake-Eastern residents are prostate, breast, colorectal and lung in order of incidence. This information is especially relevant to acute care, chronic disease prevention, and cancer navigation services as well as provincial cancer screening programs.

The RHA is working with Manitoba Health and the Manitoba Renal Program to increase capacity for dialysis so that people can be treated closer to home.

### Aboriginal Health

Twenty-five per cent of our residents self-identify as aboriginal. Health disparities exist between people who are First Nations and Métis and those who aren't. The RHA's community health report includes a chapter dedicated to aboriginal health.

The region's aboriginal population is generally young and growing with a high birth rate. Aboriginal adults in

the region are being diagnosed with chronic diseases at higher rates and at younger ages compared with other Manitoba residents.

The overall cancer incidence rate among First Nations in Interlake-Eastern RHA was 629.6 cases per 100,000 people, significantly higher than the Manitoba average of 471.2. First Nations incidence for lung, rectal, prostate and breast cancer were all above the regional and provincial averages but these differences were not statistically significant.

This information is helping to inform our community wellness programming and defining focus for primary care services for First Nations communities. The RHA is actively engaged with First Nations and Métis communities regarding health care and working to reduce disparities in care.

#### Mental Health

Seventy-five per cent of Interlake-Eastern RHA residents report having “very good” or “excellent” mental health. In comparison with the province, Interlake-Eastern residents rated life and work stress levels lower. The proportion of regional residents with dementia and mood and anxiety disorder is significantly below the Manitoba average.

#### Client Experiences & Expectations

Almost 80 per cent of residents surveyed indicated they always or usually have a positive experience when using a health care service in the region. However, focus group participants did identify concerns with accessibility to emergency departments, ambulance, mental health, home care and services for seniors.



#### Youth

Youth are frequent users of the health system with more than 80 per cent reporting they had seen a health care provider in the previous year for a health concern. By grade 12, 15 per cent of youth health survey respondents say they were daily smokers compared to five per cent in grade seven. Only three per cent of students in grade seven indicated that they had engaged in binge drinking at least once in the last 30 days. By grade 12, that number climbs to 51 per cent binge drinking at least once in the last 30 days. Twenty-five per cent of youth between grades seven and 12 report having had sex, ranging from 3.2 per cent in grade 7 to 59.0 per cent in grade 12.

The region is working to increase students’ access to their preferred locations of care which are teen clinics and Quick Care type settings.

#### Summer Demands on Health Care Services

The region’s population increases considerably in the summer with vacationers and cottage owners. This influx brings increased demand for health care services at a time when the RHA is experiencing general physician shortages.

We’ve introduced financial incentives to physicians who will take emergency department call on weekends in the summer. This has proven to be beneficial in attracting new locum, or temporary doctors, to our region.

We are also investing recruitment efforts overseas to attract more physicians from the United Kingdom and we’re focusing closer to home on local and Canadian graduates to help us find physicians who are interested in working and living in Interlake-Eastern.



**Interlake-Eastern RHA's Board of Directors**

Back row from left to right: Steve Day, Oral Johnston (Chair), Lois Wales, Dan Franklin, Don Pepe, Dave Cain, Ulrich Wendt  
 Front row from left to right: Donna Rudyk, Lina Desjarlais, Debbie Thorsteinson, Denis Fitzpatrick (Vice-Chair),

Faye Goranson, Therese Conroy\*, Randeep Saini, Ruth Ann Furgala

\*deceased 2016

**Board Governance**

**Board Composition**

In accordance with provisions of The Regional Health Authority Act, the Minister of Health appoints directors to each Regional Health Authority (RHA) Board. The appointments represent a broad cross section of interests, experience and expertise with a single common feature of strong commitment to restructuring the health system and improving health for Manitobans. Directors are selected from nominations that individuals from across the region have submitted.

As per *The Regional Health Authorities Act*, the minister of health, seniors and active living appoints directors to each regional health authority board.

**General Responsibilities of Board Members**

Board members of regional health authorities must ensure the organization complies with applicable legislation, regulations, provincial policies and ministerial directives. The Board's responsibility is to provide leadership, allocate resources and be accountable. Boards have the authority to fulfill the mandate of the region, they provide the constructive critic role in decision-making and are, at the same time, advocates of the RHA. Individual Board members need to be committed to the Board, involved and informed.

**Important Activities & Decisions**

**Interlake-Eastern now Accredited!**

Both former Interlake RHA and North Eastman Health Association were fully accredited individually prior to being merged in 2012. Interlake-Eastern RHA underwent its first accreditation process with Accreditation Canada in

2015 as an amalgamated entity. Directors and staff worked diligently to ensure that evaluation criteria were addressed. We're pleased that we measured up to the rigorous standards Accreditation Canada has in place to evaluate and improve quality, safety and efficiency so they can be assured we're offering the best possible care and service.

Accreditation is an ongoing process. Our Quality and Risk team is working to help make Accreditation Canada's standard operating procedures a part of our daily work as we now prepare for our next accreditation in 2019.

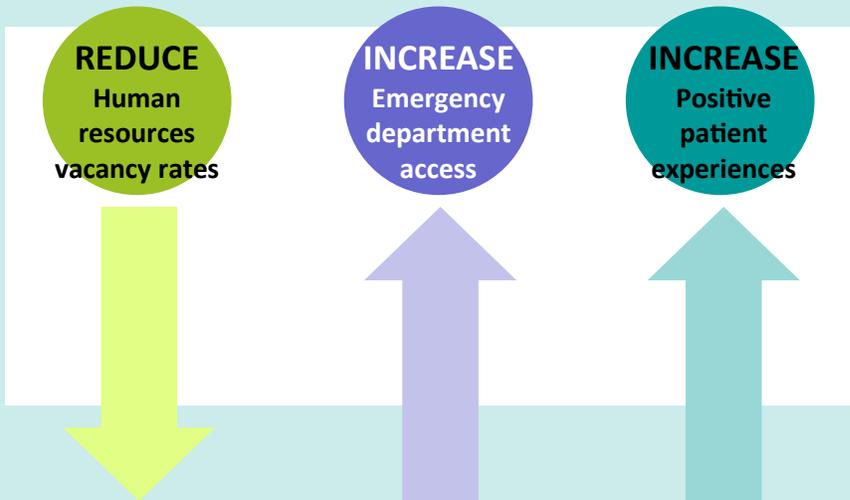
**Managing Risk**

Board members on the Quality and Patient Safety Committee continue to work under the Board approved quality and patient safety annual plan. This plan defined the framework within which quality is reviewed and outlined the reporting process on quality and safety indicators.

## Our Big Dots

Taking into consideration the strategic plan and information from our enterprise risk management process, the Quality and Patient Safety Committee, with Board approval, established three “big dot” priority areas. Each area is linked to the RHA’s strategic objectives that we’ve been monitoring and evaluating for progress.

With this recent year being year one of data collection, we’ve established baselines from which subsequent years can be evaluated. For each key aspect, drivers that are critical to influencing improvement have been identified as well as their corresponding initiatives or projects.



Enterprise risk management includes the methods and processes used by organizations to manage risks and seize opportunities related to the achievement of their objectives.

Last year, Interlake-Eastern’s Board adopted a framework for risk management that involved identifying risks relevant to the strategic plan, assessing them in terms of likelihood and magnitude of impact, determining a response strategy and monitoring progress. By identifying and prioritizing risks on a register, the RHA is ensuring the activities undertaken remain consistent with our strategic plan, they appropriately address risks in our region and enhance the region’s ability to completely fulfill its mandate.

### Board Governance Evaluation

The Board continues to take an active role in ensuring that Board governance practices meet or exceed industry standards. Directors undertook

a self-evaluation using Accreditation Canada’s Governance Functioning tool to evaluate Board operations. This tool lets boards assess their structure and function against Accreditation Canada’s standards. It helped directors develop an action plan to address any governance shortcomings. They continue to work on areas identified for improvement.

*The Board has recently updated its strategic and operational plan for a second three-year term in the life of the organization. . . The regional health authority is taking a thoughtful approach to what the communication strategy needs to be so that the strategic plan resonated with internal and external stakeholders.*

–Accreditation Canada Report on Interlake-Eastern RHA, 2015

### Familiarization Tours

Directors toured facilities, interacting with staff and community members

and gaining firsthand experience in the region’s hospitals and personal care homes.

### Establishing an Interlake-Eastern Foundation

The RHA has progressed with its application for charitable status for a regional foundation. We have also created a strategic plan that outlines objectives for the Foundation and defines the relationships that will be key to its success. It will support community needs where partnership is desired and coordinate a regional approach to fundraising. It is a separate legal entity with its own Board of Directors with a mandate to work in tandem with community groups to complement work being done.

### Major Consultations

The CEO regularly meets with elected representatives and health care groups across the region to maintain open communication.



David Oakley, shown at right, was the recipient of the CEO's Award for Community Leadership in 2015. David was recognized for his work with the Teulon Health Services Working Group and his efforts to coordinate the establishment of the Interlake Healthcare Sustainability Committee.

### Annual General Meeting in Pinawa

Interlake-Eastern's third Annual General Meeting held in Pinawa in October attracted approximately 200 community members, staff and directors. Health and wellness displays, featuring regional and community based programs, opened up the evening and were well attended. RHA representatives guided a discussion on aging in place, addressing demographic trends in the region, providing an overview of adult programming available and the services offered through home care. They also touched on housing and personal care home options and opportunities to contribute to more functional aging in place strategies.

### Community Health Committees

CEO, Ron Van Denakker regularly meets with and discusses health care issues with elected leaders in the re-

gion. In addition, the RHA is fortunate that it has the opportunity to participate in and contribute to three community based committees that have been established to identify and help address health care challenges. These include the largest in terms of representatives and geographic expanse, the Eastern Region Community Health Committee. The most significant achievement of this collaboration is the recruitment of a physician from England to Pinawa using an international recruitment firm. Dr. Garg now has a practice that includes service to Whitemouth and Pinawa. This group continues to seek one more physician and it looks promising for one more hire in 2016.

A number of RHA representatives have attended these meetings to provide updates on programs and services and answer questions.

The Interlake Healthcare Sustainability Committee evolved from work the RHA embarked upon with the Teulon Hospital Foundation to address chronic physician shortages. In conjunction with the community and the physician who services the area, a walk-in clinic has been established to provide care closer to home for people without a family physician. Care providers include the local physician and two nurse practitioners who have helped grow the capacity for care in town.

The RHA is also meeting regularly with the Highway 6 Health Planning Group that focuses on health issues in Eriksdale and surrounding area. It's estimated 300 people attended a public rally in March in Eriksdale to draw attention to physician shortages and the resulting influence on emergency department service suspension.

### Local Health Involvement Group Integration

With the establishment of the region's Local Health Involvement Groups (LHIG), the RHA's directors now have a direct line to additional community representative feedback and input. Twenty-five individuals have volunteered their time over the past year to compile community feedback in response to board and LHIG generated points of investigation. Twelve LHIG meetings occurred in the RHA's sub regions of east, central and west.

LHIGs have submitted feedback on barriers to customer service, accessing health information in the region and the type of information they'd like the region to make more readily available. Response to each question generates a LHIG report to the board that includes recommendations. The Board has embraced LHIG recommendations and put processes in place to meet them or evaluate progress towards meeting them. The need for

two-way communication was repeatedly mentioned by community members during the RHA’s public consultations to help establish LHIG role, function and structure. Directors are steadfast in ensuring that communication is two-way and that LHIG members can see how their recommendations are affecting health care delivery.

### Board Assurances

Every month, the Board continues to receive a comprehensive CEO narrative that outlines activities under the health plan occurring within the CEO’s mandate as well as every program area. Vice presidents routinely attend Board meetings to respond to questions or elaborate on projects as requested by the Board. In addition, upon request or permission, the Board receives presentations from staff regarding specific programs and services to provide more in-depth Board understanding of these programs and services and to enhance overall Board understanding of RHA operations.

### Funds Allocated Properly

Two subcommittees of the Board, the Finance Committee and the Audit Committee, report on the RHA’s financial status and make recommendations to the Board as required. The Finance Committee meets at least 10 times a year for in-depth reviews of the RHA’s financial status. This committee also reviews budgets prepared by management and recommends budgets for approval by the Board.

The Finance Committee is complemented with an Audit Committee that identifies external auditors for Board approval and together with the Finance Committee reviews the results of the annual external audit. The Audit Committee is also responsible for obtaining reasonable assurance that the Interlake-Eastern RHA has



Carol Harder, shown front row at right with her colleagues, received the Chair’s Award for Excellent Customer Service at the 2015 Annual General Meeting. This award is presented to staff members who repeatedly goes above and beyond to fulfill our vision, mission and values. Carol is an information technology support analyst at Interlake-Eastern. The other recipient of this award was Connie Randell, a registered nurse with the community cancer program in Pinawa. Connie was unable to accept her award in person. In her nomination of Connie, her manager Tracy Abraham stated: “She builds compassion in others through her example of caring and empathy.”

complied with laws, regulations and policies related to financial reporting and has established appropriate internal control processes.

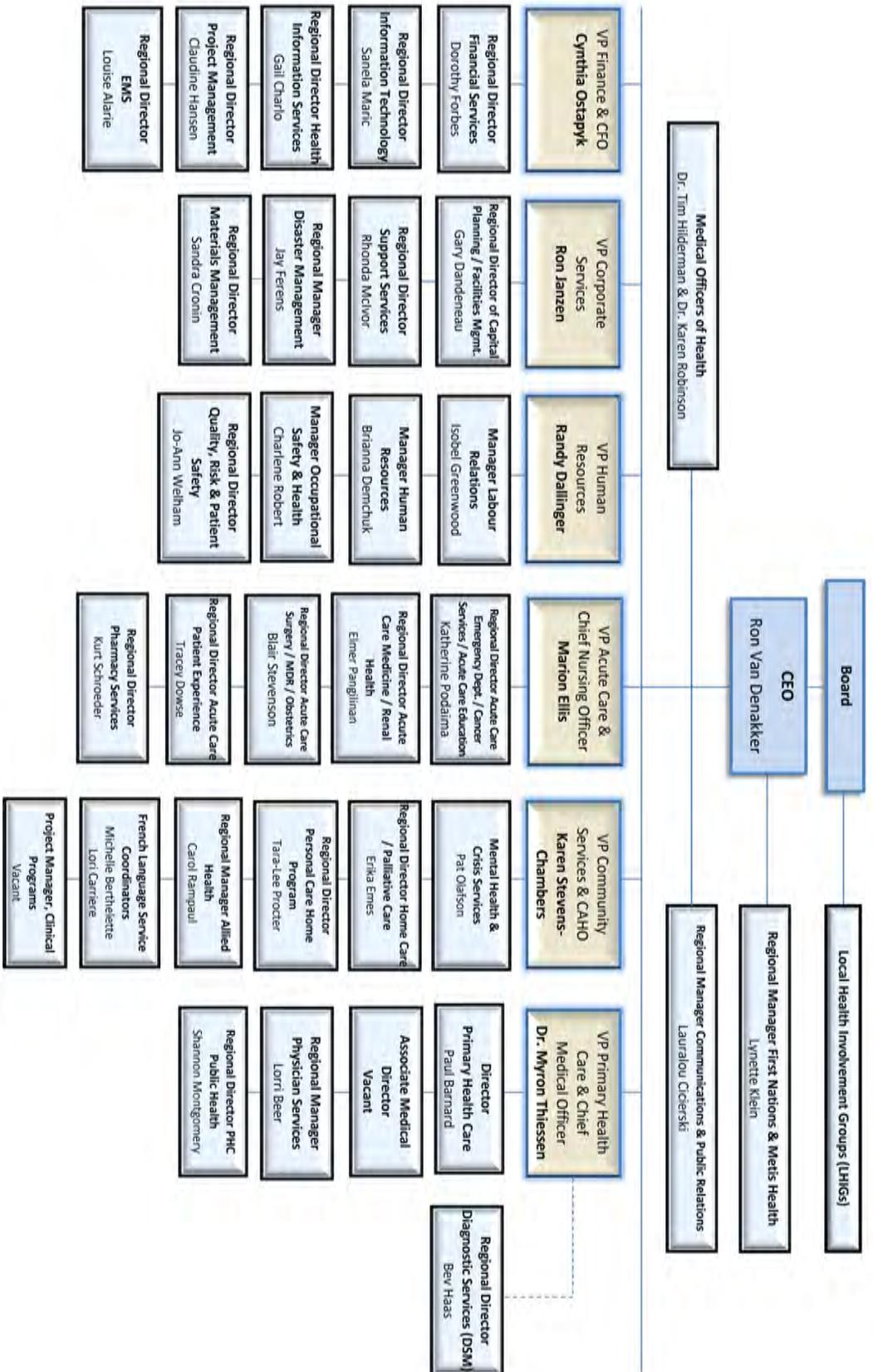
The RHA’s vice president of finance and chief financial officer regularly attends both committee meetings and Board meetings to provide the Board with an overview of the financial status and clarification on related issues.

### Organizational & Advisory Structure

In the past year we’ve added to the senior leadership team Marion (Mary Anne) Ellis, RN, BScN, MN as our vice president of acute care & chief nursing officer. She has 20 years of nursing leadership and senior leadership experience

in Northern RHA and former Burntwood RHA. With her addition, we have a complete senior leadership team. Tracey Dowse, who had been acting in the role, returned to her position of regional director of patient experience for acute care with thanks from senior leaders for her time invested in maintaining the effectiveness of the vice president position.

<b>Manitoba Health</b>		<b>Interlake-Eastern Regional Health Authority</b>	
<b>Provincial Priorities</b>	<b>Regional Strategic Directions</b>		<b>RHA's Big Dots</b>
<b>Priority 1 Capacity building</b>	<b>Building today for tomorrow</b>	We are committed to making the most of our human and financial resources to ensure that we are in the best position possible to serve our communities today and into the future. All decisions are based on evidence, ethics and efficiency.	<b>Reduce human resources vacancy rates</b>
<b>Priority 2 Health system innovation</b>	<b>Innovation, learning and growth</b>	We embrace new ideas, explore opportunities, focus on innovation, and build and strengthen partnerships	
<b>Priority 3 Health system sustainability</b>	<b>Keeping it going and moving it forward</b>	We will meet the needs of our clients and patients by sustaining our current levels of care and service delivery. We will choose wisely, have the courage to address challenges, focus on our priorities and take action to provide the best care possible.	
<b>Priority 4 Improved access to care</b>	<b>Expanding opportunities</b>	We welcome all people we serve with approachable, accessible and appropriate care and services by providing the right care, in the right place and at the right time. We want to contribute to the vibrancy and health of the communities we serve.	<b>Increase emergency department access</b>
<b>Priority 5 Improved service delivery</b>	<b>The best we can be</b>	Each healthcare experience is as unique as the person being cared for. We will deliver quality and safe care by doing it right and doing it well through a person-centered experience. We will be accountable for using human and financial resources wisely.	<b>Increase positive patient experiences</b>
<b>Priority 6 Improving health status &amp; reducing health disparities amongst Manitobans</b>	<b>Getting better, staying healthy</b>	Challenges related to education, income, culture, and social factors can make it harder to stay healthy. It is important to us to work with everyone to improve their health. We plan to do this through strong partnerships and by working together to find new ways to improve the health and well-being of everyone we serve. We will create a legacy of health and wellness for generations to come.	
<b>Provincial Health Deliverables</b>			
<ul style="list-style-type: none"> <li>• Wait Times &amp; Access Strategy</li> <li>• Continuing Care Blueprint</li> <li>• Family Doctors for All</li> <li>• Cancer Patient Journey</li> </ul>			





**Provincial Health Deliverables**

**Wait times and Access Strategy**

Primary care reflects the basic health care people need access to through a doctor, nurse practitioner or other care provider, as opposed to specialized care providers.

A recent review of the region’s capacity for primary care has identified a number of opportunities for us to provide our residents with better access to care providers. We’re looking to improve access by making care available at the time people need it, in the places people need it and with the most appropriate care provider for people’s needs.

We are moving forward with recommendations in the upcoming year that will improve people’s access to care providers.

We put shovels in the ground for a new EMS station in St. Laurent and it has been completed. The \$680,000 facility includes space for one ambulance and it has an attached crew area that includes a washroom, kitchenette, work rooms, and large multi-purpose room. Staffing of the facility will occur following its completion.

Our EMS management team has worked diligently over the past year to address vacancies in EMS staffing generally and at the leadership level. The minor treatment area that we introduced in Selkirk & District General Hospital last year has been effective in moving patients through the emergency department faster. We saw 4,403 patients or 14 per cent of emergency department patients in the minor treatment area that is staffed with a nurse practitioner who can take care of non-critical health care needs that require medical attention.

**Continuing Care Blueprint**

Through its publication *Advancing Continuing Care A Blueprint to Support System Change*, the Province has made seven recommendations to address the needs of our aging population.

**Keep people at home longer**

To strengthen and promote collaboration among health care partners to keep people at home, we’re planning the introduction of a hospital home team. They will ensure older adults in hospital have access to the resources they need to return home with required supports in place to ensure their health, safety and continued enjoyment of their independence while being monitored for additional care needs.

**Increase housing options**

The RHA has a history of working with communities to help improve housing options for older adults as more appropriate alternatives to personal care homes. We’re currently partnering with Riverton’s Bifrost Holdings as they work to open a new nine unit supportive housing seniors housing block. Scheduled to open in late 2016, Interlake-Eastern will be providing 24-hour support and supervision care. This is the same model the RHA used in supporting alternative housing for seniors in Oakbank.

**Ensure there are enough beds**

To assist the Province in ensuring Manitobans have access to long-term care beds, we have submitted our 10-year PCH plan that outlines recommendations to address regional bed shortages. This is a particularly pressing need for Interlake-Eastern RHA with our aging demographic and our long term operation at or near 100 per cent bed capacity in our personal care homes and hospitals. Within this plan, we’ve integrated the need for behaviour management and treat-

ment beds and resource supports as well as bariatric beds. We're advocating for these specialty beds and expertise on behaviour management to be available across the region as we're experiencing increased need for supports of this nature for community members, our residents and our staff.

### Address specialized needs

Design of our new personal care home planned for Lac du Bonnet includes amenities and modifications to accommodate residents who will benefit from specialized environments based on their needs such as those living with dementia. Personal care home staff members are trained in PIECES, a holistic, person and care partner approach to caring. Through this training, staff assess residents' physical, intellectual, emotional, capabilities, environment and social aspects of life. As a result, staff are better equipped to managed dementia patients' challenging behaviours without the use of medication where possible.

### Improve quality and coordination of care

We've created a multi-program transfer of care working group to ensure that checklists and policies are in place region wide and for each program area when transferring patient care amongst program teams. Acute care, home care and long term care teams are all benefitting from the work of this group that will ensure a patient-centric approach to care across programs/service delivery.

### Help people stay at home longer & improve access to home care services

Demand for home care services is growing to the point where waiting lists have been started in a number of communities. The RHA is formulating a recruitment strategy to bring



Staff members Cynthia Sinclair and Michelle Mroz received the 2015 Health Innovation Conference / Lean Congress Health Innovation Award in the leadership category for work to reduce the use of anti-psychotic drugs in personal care homes. Shown here from left to right: Michelle Mroz, regional personal care home program staff development coordinator; Dr. Sharon Macdonald, director of the Manitoba Patient Access Network; Cynthia Sinclair, regional manager of personal care home program standards and development and; Sharon Blady, former minister of health.

more home care workers on board and working with the Province to secure more funding for additional home care services.

### Auditor general's report on home care

The Office of the Auditor General released a report in July 2015 with 28 recommendations to improve home care services and delivery. Interlake-Eastern RHA has prioritized the recommendations for implementation based on the environment, needs and realities in this region.

### Reducing the use of antipsychotic drugs in personal care homes

We've piloted a project to reduce anti-psychotic drug use in personal care homes. This work started at White-mouth personal care home with an

intent to roll it out regionally. Cynthia Sinclair, Interlake-Eastern's personal care home regional manager of standards and development has been connected to a national project with the Canadian Foundation for Health Improvement prior to her employment at the Interlake-Eastern RHA. Her experience and knowledge from the involvement in this project is being applied to reduce the usage of anti-psychotics in our residents which is recognized as best practice and will improve the quality of care given to residents.

Our regional rates of antipsychotic usage have dropped from 32 to 25 per cent since the fall of 2014, thanks in part to this program.



East Gate Lodge personal care home’s recreation department received the Long Term and Continuing Care Association of Manitoba’s award of excellence for recreation services. The team was recognized for their commitment to maintaining community connections for residents. They work hard to ensure there is still life to be lived and enjoyed after moving into a personal care home and their efforts help remove stigma associated with the quality of life for personal care home residents. Staff have been working on keeping residents connected for many years and you can see how their efforts have blossomed into providing the residents with a home that is full of life! From left to right: Donna Regula, Christine Mercer, Sherry Hofer, Victoria Shabaturo and Sally Anderson show off their award.

Cynthia’s work and that of her team was recognized provincially with their receipt of the 2015 Health Innovation Conference / Lean Congress Health Innovation Award in the leadership category. This work has also been recognized nationally through the Canadian Foundation for Health Improvement. This foundation has supported a cross-Canada collaborative to apply this work and benefit from the same outcomes.

**Improving health outcomes**

Recreation staff members in our personal care homes continue to design therapeutic recreation programs unique to each resident using the Measurable Assessment in Recreation for Resident-Centered Care (MARRCC) program. This program guides staff in assessing residents’ physical, cognitive, social and emo-

tional functioning as related to participation in recreation activities. Staff members gain an objective, assessment-based understanding of residents, including their strengths and limitations. They work to encourage active engagement in leisure pursuits with the goal of maximizing each individual’s full potential.

**Optimizing end of life care**

While not a specific component of the blueprint, an end of life working group from the personal care home quality team is developing and implementing best practices and resources for end of life care. We want to ensure we’re providing the care and support that residents and their families require at this time.

Communication between departments is being assessed and addressed

via a working group under the personal care home quality team with representation from all areas.

**Family Doctors for All**

Over the past year, we’ve worked hard to meet the provincial target of matching patients seeking a primary care provider within 30 days of registering with the program. We are working to meet the needs of Interlake-Eastern’s residents and attempting to support building additional patient capacity within RHA and private clinics while faced with limited physician ability to accept new patients due to physician shortages.

With the addition of our new primary care connector, we have been able to build new relationships with primary care practices across the region. Hotspots where patient attachment is an issue continue to be Selkirk, Gimli, and Arborg. The east part of the region, and specifically Beausejour, has seen a large increase in the ability to attach new patients chiefly due to the arrival of a new physician and nurse practitioner. We will continue to expand and leverage this key role as we strengthen our primary health care program.

**How to Access Family Doctor Finder**

Anyone living in Manitoba who needs a family doctor or nurse practitioner can register with Family Doctor Finder online at: [manitoba.ca/health/familydoctorfinder](http://manitoba.ca/health/familydoctorfinder) or by phoning toll-free 1-866-690-8260 Monday to Friday between 8:30 a.m. and 4:30 p.m.; TTY/TDD call 204-774-8618 or Manitoba Relay Services toll-free 1-800-855-0511.

Family Doctor Finder has helped connect more than 2,100 people in region with a family doctor or nurse practitioner since the program's inception. Registrations in the program continue to increase as word is spread about the program. To date, more than 2,800 people have registered with Family Doctor Finder within our health region.

Survey responses from people who have used Family Doctor Finder to connect with a primary care provider have offered extremely positive feedback. Those who are waiting for a provider in their area to start accepting new patients have indicated they appreciate the service and the comfort of knowing that someone will contact them when a provider is available.

Family Doctor Finder began as a pilot program in Interlake-Eastern in mid-2013 as part of a broader health care strategy. It has helped more than 48,000 Manitobans find a family physician or nurse practitioner – a 95 percent success rate. For more than a year, the program has maintained a minimum 80 per cent connection rate to a primary care provider within 30 days of registration. The majority of registrants are connected to a provider within five days according to data as of March 31, 2016.

Primary Care Connectors work closely with clinics to stay current on which providers and clinics are accepting patients. Some clinics in the province are using the program as an entry point to their services and are finding it helpful in managing waiting lists. Others appreciate having an outside community contact for people who are looking for a provider.

Family Doctor Finder also provides a mechanism to monitor the demand



Pinawa's community cancer care program team includes from left to right: Susan Barnett, Wanda Woodbeck, Connie Randell, Michelle Rosentreter and Dr. Mitch Bruneau.

Recognized as family physician of the year in 2015 by the Manitoba College of Family Physicians, Dr. Mitch Bruneau is part of the collaborative team that orchestrates the community cancer care program in Pinawa. He provides family physician–oncology services twice a week and he provides telephone consultation and home visits to palliative patients. He voluntarily attended an ultrasound training workshop in Brampton, ON, in 2015 that allowed him to become certified in the insertion of peripherally inserted central catheters (PICCs). With this certification, he can train other health care providers. With the support of community fundraising, the community cancer program was able to purchase a new ultrasound machine. Now local residents requiring cancer treatment could get a PICC line inserted closer to home. The PICC line program has already inserted 63 PICCS. Without Dr. Bruneau's dedication to the community cancer care program, Pinawa hospital would not have met the necessary criteria to own and operate an ultrasound that is also used in the hospital.

and capacity for primary care services in the Region. Over time, this will allow the region to tailor programs and services to meet the needs of different locations.

#### Cancer Patient Journey

The Province has committed to the Cancer Patient Journey initiative, a province-wide reform of the way in which cancer patients and suspected cancer patients begin their path through our medical system. With a main focus on faster, high-quality patient care, but also on reduction in workload waste through improved navigation and provider-to-provider processes.

This initiative is a collaboration among Manitoba Health, CancerCare Manitoba, Diagnostic Services of Manitoba and Regional Health Authorities of Manitoba.

Interlake-Eastern's Cancer Navigation Services team guides people through the cancer journey, providing information and support in a timely manner to help reduce distress and anxiety. The team is comprised of two nurse navigators, a social worker who specializes in oncology, a community engagement liaison, administrative support and a team manager. Their services are provided free of charge to Interlake-Eastern residents who have received a cancer diagnosis or who are experiencing suspicion of cancer and

their families. The teams are direct partners with CancerCare Manitoba.

Residents all over the region are cared for from the Cancer Navigation Services team's new location on the main floor of 237 Manitoba Avenue in Selkirk. Telehealth services are provided in this office, connecting staff and residents of the region with medical expertise, administrative guidance and educational opportunities.

The community engagement liaison has visited all of Interlake-Eastern's communities with road access including First Nation and Métis communities. These visits and the information presented help build relationships with primary care providers and community members, sharing valuable information about cancer navigation and the incredible resources the program has to offer those in need.

Nurse navigators are experienced registered nurses with specialization in oncology. They work closely with patients, families and health care providers to improve coordination of services and continuity in cancer care. They help track referrals and test results and help with preparation for appointments, explain medical information and provide resources and links to other supports available.

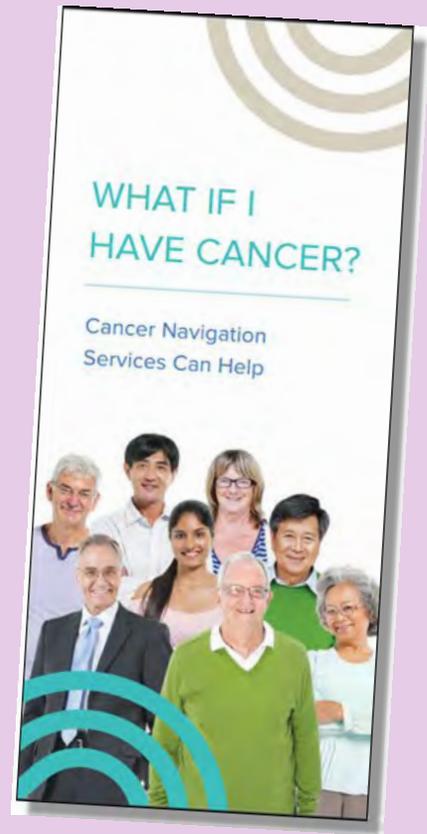
The psychosocial clinician in oncology (social worker) specializes in helping patients and families cope with a suspect or cancer diagnosis, providing emotional, psychological and social supports. Many of the practical aspects associated with the cancer journey can be overwhelming. The social worker provides valuable guidance to patients and families challenged by these issues.

Referrals to cancer navigation services can be made by a physician, nurse, family member or from the patient themselves. Call 1-855-557-2273 toll-free to connect with the Cancer Navigation Services team.

Cancer navigation services is part of Interlake-Eastern RHA's Regional Cancer Program Hub that provides a comprehensive team approach involving many programs that are related to the cancer patients' journey. This team's mandate is to build strong regional leadership to achieve all-encompassing cancer services across the continuum of care, as close to home as possible for the patient and family.

Regional physician leadership in cancer includes Dr. Anozie as the lead for surgical oncology, Dr. Demsas and Dr. Lindenschmidt are family physicians for oncology- navigation. We are seeking a fourth physician to fill our medical director position.

Referrals to Interlake-Eastern Cancer Navigation Services (January to December)	
2013 (program introduced)	129
2014	438
2015	451



**Looking for more information?**

Visit [www.ierha.ca](http://www.ierha.ca) and click on “Care in your Community”, and “Cancer Services”. You’ll find a link to a brochure under Cancer Navigation Services .



With funding from Healthy Together Now, the RHA in partnership with the community coffered *Cuisson et nutrition*, a French language children’s cooking class in St-Georges.

## French Language Services Report

2015-2016 was year 3 of our five year French Language Services (FLS) plan.

### Building today for tomorrow Increase bilingual workforce serving designated centers

St. Laurent Community Health Centre’s administrative assistant position was designated bilingual and work began to develop a policy regarding designation of bilingual positions.

Regular promotion of FLS to staff was done through the weekly and monthly staff newsletter to increase awareness of services, and promote Active Offer.

Nine staff members accessed French language learning courses through the Université de Saint-Boniface. Fourteen people accessed our lending library for self-directed learning. Three staff members accessed both.

### Strengthen our partnership role to develop a stronger FLS network

Our two FLS coordinators participated in all meetings of the *Santé en français Table des gestionnaires* and they also participated in two ad-hoc provincial committees.

### Innovation, learning & growth Expanding and promoting use of technology

FLS presence on our intranet was expanded through a partnership with

our internal education department. We’ve enhance our website program page so that staff can quickly and easily access all FLS information such as historical context, policies, resources, educational opportunities and contact information.

### Keeping it going and moving it forward & Expanding opportunities

A new partnership was discussed and a letter of support sent to the Université de Moncton regarding a project that would see the Université de St. Boniface and designated RHAs providing dietetic internships to Francophone students in the nutrition sciences program. We hope the experience of working in Interlake-Eastern will encourage these future bilingual graduates to return to work in the region.

### Providing the right care, in the right place at the right time—and in the right language

Translations: 86 of our documents were translated by Santé en français, for a total of 46,067 words translated. This is an increase of 11 documents, or 12,361 words, from the previous year.

Designated Positions (March 31, 2016)	
# of designated bilingual positions	27.37
# of designated bilingual positions filled with bilingual incumbents	19.2
# of designated bilingual positions filled with non-bilingual incumbents	6.0
# of vacant designated positions	2.19

**The best we can be**

**Create a workplace culture of Active Offer**

In partnership with Manitoba Health, an Active Offer workshop was provided for staff at the St. Laurent Health Centre and a presentation for managers was developed with the assistance of *Santé en français*.

All French Language educational opportunities are now posted to our staff education calendar.

Three sessions of *Français en milieu de santé* were promoted as well as a one-day professional development workshop offered by the Université Saint Boniface.



French language training is available to staff via Telehealth. Staff can link with their instructor and classmates in real time via a secure network to maximize learning while reducing travel time. Showing off their workbooks in Eriksdale are (left) Chantal Rae, RN, BN, chronic disease nurse and Elsie-Ann Hogue, program assistant for community wellness.

**Getting better staying healthy**

**Better understand our regional demographics**

Community meetings were held in St. Laurent and in St-Georges to share information, implementation and progress of the French Language Services plan as well as to obtain feedback from the community on issues that were important to them. We participated in a provincial working group to study options on how to best measure client experience relative to French Language Services. This has been identified as one of the contributors to our big dot evaluations.

Our commitment to healthy communities is built into the French Language Services coordinators positions. This innovative weaving of French Language Services with primary care and community wellness resulted in several examples of service delivery:

- Bilingual Mobile Wellness Events
  - St. Georges Women’s Wellness Day, May 2
  - St. Laurent World Elder Abuse Awareness day, June 12

- Manitoba Senior Games held in Beausejour, June 17 – (provincial event)
- St. Laurent seniors community BBQ
- Public Health and Dietitian provided bilingual services for la Foire de la petite enfance in St-Georges.
- Active Offer was delivered at flu clinics and school immunization campaigns in St. Laurent.
- Healthy Together Now expanded across the region and was promoted in both official languages in designated areas. Active Offer assisted in two francophone/bilingual projects being funded in St. Laurent and one in St-Georges.
- Community Wellness *What’s in your Lunch* display boards and handouts were translated. The re-

sources have been posted to our website and are also available to order. Availability of resources was shared with provincial partners through the provincial Healthy Together Now community of practice.

**Challenges**

As we continue to move forward with the Active Offer of services in French, the need for French speaking staff becomes more pronounced as do the challenges around recruitment of bilingual staff.



## REGIONAL STRATEGIC DIRECTION

### Building today for tomorrow

We are committed to making the most of our human and financial resources to ensure that we are in the best position possible to serve our communities today and into the future. All decisions are based on evidence, ethics and efficiency.

#### Physician Recruitment

Interlake-Eastern RHA continues to recruit doctors to practice in our region. It takes time to attract doctors who intend to establish long-term careers. Typically, these are doctors who have either been raised in the area or who have other connections to the region. A number of efforts have focused on these potential recruitment candidates.

#### Rural interest group hosted in Selkirk

We hosted 47 medical students at Selkirk and District General Hospital through the University of Manitoba's Rural Interest Group Trip. These students have an expressed interest in exploring practice in rural Manitoba.

#### Exposing students to rural practice

Rural Week is a one week learning experience for all first year medical students at the University of Manitoba. It provides an opportunity to gather first-hand experience and exposure to rural medicine and rural living. Participating communities showcase themselves and promote the opportunities and benefits of rural medicine. This year we had 12 students participate in Selkirk, Teulon, Gimli, Beausejour and Lac du Bonnet. For many of these students, this will be their first experience with rural family medicine and rural lifestyles.



Dr. Yvette Emerson, who works in Selkirk's emergency department, guides medical students in casting techniques during University of Manitoba's faculty of medicine rural interest group trip to Selkirk.

#### Home for the Summer offers excellent recruitment potential

Our Home for the Summer program saw seven, first and second year medical students work in the region for six to eight weeks. These students have roots in the Interlake-Eastern RHA either growing up or spending cottage time in the Region. It is recognized that the most effective recruitment tool is one that builds on the ties to the communities that these students call 'home'. The program also allows these students to build relationships with physicians in the region, relationships that we hope will be maintained long after this summer program is complete.

#### International recruitment

We maintained our relationship with Waterford Global to continue physician recruitment efforts in the United Kingdom. We have seriously interviewed six physicians but continue our search for a good fit for residents in Pinawa and Whitemouth areas.

This is the first time the RHA has used a recruiting firm to secure physicians. Physicians are recruited from countries that the College of Family Physicians of Canada regards as having equivalent training to Canadian standards – meaning physicians can be licensed to practice upon arrival in Manitoba.



**Congratulations Dr. Neil Burnet on 40 years of service!**

The RM of Coldwell and community of Lundar celebrated Dr. Neil Burnet for his 40 years of dedicated care to residents in the community and surrounding area. The RHA has greatly benefitted from Dr. Burnet's commitment to caring, his passion for his profession and his contributions to health care in the region. We congratulate him on his milestone career achievement!

Physicians recruited through this pilot project have expressed interest in setting down roots and becoming long-term members of the communities they care for, an important consideration for the communities involved and the RHA.

We entered into this recruitment relationship with Waterford Global with the support of the Eastern Region Community Health Committee, com-

posed of elected leaders from the Local Government District of Pinawa, Beausejour, Lac du Bonnet and the rural municipalities of Brokenhead, Lac du Bonnet, Reynolds, Springfield and Whitemouth. Our first successful recruit, Dr. Garg, has been widely accepted into the communities he services and he too is actively engaged and working with communities for positive healthy changes.

**Attracting physicians to our more northern facilities**

We've been successful in having Pine Falls, Eriksdale and Ashern included on the list of eligible practice sites for Northern Remote medical residents. This means that these hospitals can now be sites where recently graduated physicians in the Northern Remote medical stream can carry out their two year return of service contracts. This is a new opportunity for us to bring in locally trained physicians to our hospitals and communities.

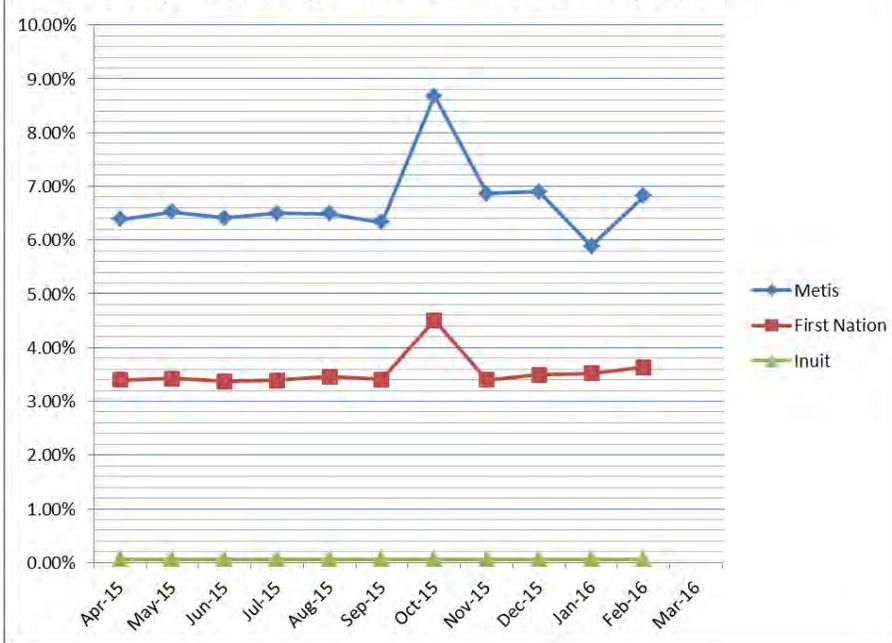
**Health care staff—recruitment and retention**

**Management and leadership training**  
Recognizing that managers are key to engaged and effective staff, we have developed internal management training. Managers will be given the tools and information to provide direction and support to staff, encourage better communication and balance allowing for stronger retention. We will also provide leadership training that allows for growth and development of our leaders creating opportunities for stronger engagement and advancement.

**Home for the Summer**

Eight students worked in the region during summer 2015. Health care professions represented by the students included pharmacy, acute care and personal care home nursing, community wellness facilitation, public health, home care and mental health. The Office of Rural and Northern Health assists the RHA in funding these positions for students who, after exposure to the region, may have a greater inclination to return to work for us upon completion of their studies.

### 2015/16 Aboriginal Workforce Demographics



provinces who are looking for opportunities elsewhere.

There is one booth paid for by the Nurses Recruitment and Retention Fund and there are reps from different RHA's in Manitoba who travel together to engage nurses interested in new work experiences. The spring career fair generated over 200 resumes. We connected with more than 75 registered nurses to provide more information about the region and where to view our employment opportunities.

We staffed a booth at the University of Manitoba's nursing student orientation days in September and January. This was a new event to start talking with nursing students early on about opportunities in the region.

#### Grow Your Own Bursary

Interlake-Eastern RHA provides a bursary for tuition fees to a maximum of \$2,550 per academic year to full-time students who are pursuing a career in a health care profession that is of mutual value to the applicant and the organization. In order to apply for bursary funding, the applicant must have completed two (2) years of their program for a program of four (4) or greater years. The provision of a bursary is conditional upon a return of service agreement.

Last year, we approved 16 students for bursary funding. This year, 14 students were approved: four in registered nursing, two in licensed practical nursing, one in pharmacy, and one in human resources management. In addition, four students funded in 2014 received funding in 2015 as well.

We currently have 25 people completing their return of service agreements with us.

#### Assiniboine Community College – Licensed Practical Nurse training

Interlake-Eastern provided letters of support and other documents to Winnipeg River Learning Centre in Pine Falls, Selkirk District and Community Learning Centre and Fieldstone Ventures for Ashern/Arborg.

While we had a very strong proposal with excellent support and information, we've not yet been successful in securing an opportunity to host training. Eleven different sites in Manitoba applied to be hosts and the demand for nurses was even higher in those areas than what Interlake-Eastern is experiencing.

A request for proposal will likely be extended again in fall 2017. We will offer letters of support again at that time.

#### Career fairs and other events

We regularly attend the Marskell Career Caravan, hosted by one of North America's largest health care event hosts, to connect with nurses in other

We did a first ever career café with Manitoba Start, a non-profit organization dedicated to helping immigrants find employment. The event targeted new immigrants who had health care careers in their home countries.

We also attend other career fairs including Red River College, Brandon University and Robertson College to increase our exposure.

Presentations on health care careers in schools in the region are also requested/attended on a regular basis. We also attend treaty days celebrations, hosted by First Nations communities in the spring/summer, to increase First Nations members' understanding of health care career opportunities.

#### Social media connections with potential candidates

We are increasing awareness of the region and its recruitment and retention initiatives through regular Face-

book and Twitter postings. Our next step is to create a LinkedIn page for additional exposure. Social media has provided excellent opportunities to generate more interest in career postings regionally, nationally and internationally.

**Renewed memorandum of understanding with Manitoba Métis Federation**

Interlake-Eastern RHA has the privilege of encompassing 24 Métis locals and approximately 11,500 people – almost 10 per cent of our residents – self-identify as Métis. This represents a significant opportunity for the RHA to recruit close to home.

Interlake-Eastern RHA CEO, Ron Van Denakker, joined Manitoba Métis Federation's minister of Métis employment and training, John Fleury, to renew a memorandum of understanding regarding health care career training and work experience in the region.

Since the signing of the original agreement in 2010 with former Interlake Regional Health Authority, almost 60 Métis, Non-Status Indian or Inuit clients have started work with the RHA. The RHA has also seen a jump from 4.5 per cent to 8 per cent in the number of staff who self-identify as Métis.

To date, the MMF has sponsored students training as nursing assistants, health care aide/unit clerks, physiotherapists, paramedics, dietary aides, medical office assistants, support workers, activity assistants, and in licensed practical nursing and bachelor of nursing courses. In 2015, two students completed internship programs at Interlake-Eastern where MMF fully funded wages.



Ron Van Denakker, Interlake-Eastern CEO (left), with John Fleury, Manitoba Métis Federation's minister of Métis employment and training, renewed a memorandum of understanding that sees the RHA contributing work experience opportunities to MMF funded students.



*My plan has always been to have a career in health care and, after having this great experience throughout the summer, I know I have made the right decision.*

—Santana Miller, 2015 MMF student at Eriksdale Personal Care Home



*We have had the pleasure of Ryan Wark, an MMF sponsored student, working in our Recreation Department this summer. We greatly appreciate being lucky enough to have a student here this year. It enhances and promotes individual programs that benefit the residents and contributes to a better quality of life for them.*

—Debbie Richardson, recreation facilitator, Sunnywood Manor Personal Care Home, Pine Falls



Interlake-Eastern RHA recognized 45 staff members who have been working in the region for at least 25 years. The RHA hosts an annual evening of recognition for staff members who have reached milestone anniversaries of employment where their managers and vice-presidents recognize them for their investments in the RHA and its residents. Shown above are attendees at the 2015 long service dinner.

### Staff Recognition

October is staff recognition month at Interlake-Eastern RHA. Staff with milestone anniversaries of 5, 10, 15 and 20 years are recognized by their managers on-site. Those who have been with the region for 25 years and more receive an invitation to a dinner hosted in their honour. Recognition occurs on the 25th year and every five year increment after that.

In 2015, Interlake-Eastern recognized 45 staff members with 25 years and more of service. When tallied, the years invested by those recognized at the long service dinner equals 1,285!



In March, five Interlake-Eastern paramedics travelled to Vancouver to receive Governor General medals of honour for exemplary service. From left to right: Rolland Fontaine; unknown honouree; His Excellency the Right Honourable David Johnston, Governor General of Canada; Her Excellency Sharon Johnston; Wayne Kohinski; and Dennis Dwornick. Missing: Donald Andruschak and Lorne Harley.

## REGIONAL STRATEGIC DIRECTION

### Innovation, learning & growth

We embrace new ideas, explore opportunities, focus on innovation, and build and strengthen partnerships.

#### Introducing Patient Safety Huddles

Health care environments require many people working in different areas to provide care and service. It's easy to focus on doing what you need to do without regard for other people and their role in delivering optimal care. These silos can contribute to patient safety concerns.

Safety huddles were introduced at two sites, Lakeshore General Hospital in Ashern and Pinawa Hospital, as a trial. The focus of these meetings, that incorporated representatives from all hospital departments and programs, was to advise and increase awareness of any safety or work challenges expected throughout the day. If they proved to be effective in encouraging cross program and cross profession communication, the huddle concept was to be shared with other facilities.

All huddles had to have patient safety as an objective and they couldn't be longer than 10 minutes. Managers coached their staff to implement the safety huddle. Huddles are now recognized as a way of sharing information to benefit our patients.

By engaging the hearts and minds of our staff, who all play a role in contributing to health care, we helped them understand the problems that can arise when health care isn't based on collaboration. We will be rolling this process out to two more sites in the region.



Registered nurse, Kris Langois, is our new wound care coordinator. She provides guidance and expertise to staff regarding treatment of wounds and participates in the region's wound care steering committee and the community of practice committee.

#### Regional Wound Care Program

Kris Langois joined our wound care program as our coordinator. Kris is a registered nurse with advanced training in geriatric care and wound care. She worked in the region for 10 years as a home care case coordinator in Selkirk and she has completed the international interprofessional wound care course at the University of Toronto. Kris is a resource to staff and will provide suggestions to staff with patients who have wounds that are particularly difficult to manage.

The RHA has also developed a wound care steering committee and community of practice committee to contribute to adopting best practices and improving our wound care capacity and knowledge by offering expertise and courses to program staff.

#### Expansion of our Telehealth network

Interlake-Eastern has expanded its Telehealth network to now include Lac du Bonnet, Teulon, Riverton and the mental health program and cancer navigation services based in Selkirk. Telehealth connects patients/clients to health care providers from a distance via high speed, secure video link. You can see, hear and talk with a care provider on a television screen and they are able to see, hear and talk to you via a screen at their end.

Staff members at Interlake-Eastern RHA also use Telehealth to offer and access education programs. For a complete listing of the region's telehealth sites, visit [www.ierha.ca](http://www.ierha.ca), click on "Care in your community", and "Services in communities".

### Piloting Bounce Back—self-managed mental health

Interlake-Eastern RHA has partnered with the Canadian Mental Health Association's (CMHA) provincial office to increase residents' access to mental health services in the region. We are the first RHA in Manitoba to provide people with an option to access a supported self-management mental health program through their care providers.

Called *Bounce Back: Reclaim Your Health™*, this skill-building program is for adults experiencing low mood or stress with or without anxiety. Bounce Back works directly with primary care providers (physicians and nurse practitioners) who confirm depressive symptoms and refer patients to the Bounce Back service.

Bounce Back offers help with a DVD, called *Living Life to the Full*, that provides practical tips on managing mood, sleeping better, building confidence, increasing activity, problem solving, and healthy living. It also provides a community "coach" who provides telephone assistance with a variety of self-selected workbooks in a structured way to improve emotional well-being. This part of the program usually involves three to five telephone sessions with a Bounce Back coach that people can do from the comfort of home.

After the patient completes the program, primary care providers are sent a report of patient outcomes.

The program was developed by the Canadian Mental Health Association British Columbia Division, where it is being used provincially. It is recognized as a cost-effective way to deliver mental health care. As of March, we had 70 clients actively involved and the pilot runs for one more year.



Oakbank nurse practitioner, Kelly-Lynn Bekar (right), with Sandra Tower-Pace, Bounce Back coach with the Canadian Mental Health Association. Bekar is among health care professionals across the region who have agreed to help pilot the Bounce Back program with their patients.

### Planning for medication distribution with Pyxis

Work is underway to see automated drug dispensing cabinets in place in Selkirk and District General Hospital for a trial period before we incorporate this system, called Pyxis, into the new Selkirk Regional Health Centre.

The Pyxis system helps to ensure patient safety, improve drug security and reduce nurse time invested in medication management. It is used throughout the Winnipeg Regional Health Authority and in Brandon Regional Health Centre. We are currently integrating the processes these facilities have already adopted into In-

terlake-Eastern RHA environment to benefit from their learning. Another focus is supporting seamless transition from one RHA to the other in preparation for the go-live with Pyxis in Interlake-Eastern.

One of the most noticeable changes with the Pyxis system is all medications will be packaged and labelled individually which will improve the delivery and accuracy of medicine distribution.

## REGIONAL STRATEGIC DIRECTION

### Keeping it going & moving it forward

We will meet the needs of our clients and patients by sustaining our current levels of care and service delivery. We will choose wisely, have the courage to address challenges, focus on our priorities and take action to provide the best care possible.

#### Adopting a region wide admission, discharge and transfer system

Interlake-Eastern is Manitoba's first rural health authority to be using the provincial standard admission, discharge, and transfer system throughout its entire region.

An admission, discharge, transfer system (referred to as an ADT) enables the registration and admission of patients receiving services at a hospital or health centre. It records client demographic information and shares it with other inter-connected systems and has the ability to track a patient's location within a facility. This region-wide system lets staff share information across our facilities and it supports standardized regional processes.

In 2012, we partnered with Manitoba eHealth to implement new processes and roll out the provincial ADT system to hospitals in Arborg, Ashern, Eriksdale, Gimli, Selkirk, Stonewall and Teulon. We now have Beausejour, Pinawa and Pine Falls on board and have achieved regional adoption.

With the continued support and contributions of our staff, we are proud to say that we're making progress towards the collective goal of sustain-



Linda Jokinen, admitting clerk at Beausejour Primary Health Care Centre is among staff members now using the region-wide admission, discharge and transfer system that connects patient information health care providers across the region.

ing and improving the care and the experience that we provide to our patients and staff.

#### Participation in Provincial Drug Shortage Management Committee

Interlake-Eastern RHA's regional pharmacy director participates in a provincial committee with representation from all RHAs that meets every two weeks to identify and manage supplies of drugs that are known to be limited.

Recognized as being one of the most advanced and cooperative approaches to addressing drug shortages, the committee jointly addresses existing

supplies to ensure that, for as long as possible, people can access the drugs they need. Not only is this important to maintaining costs in health care facilities but it is also important to individuals in communities who rely on medications to maintain their health and quality of life.

This committee has proven essential in terms of increasing regional and provincial responsiveness to reduce the impacts of impending drug shortages that can arise very suddenly due to a variety of factors.

### Staff Education

Staff educators are in place for our acute care, home care, personal care home and EMS programs. These educators work to ensure that staff are kept abreast of new information that will help them do their jobs better, safer and with a client-centric lens.

Regional educators offer programs that are regionally relevant and usually linked to provincial initiatives.

### Acute care

Acute care's education team has introduced some novel ways to help keep nursing staff aware of supports and resources of educational information. These include a 52 week program where every week the team sends out resources and educational material to support clinical resource nurses and nursing staff in their daily practice.

The department also identified that all nurses working in emergency departments should receive advanced cardiac life support to assist in cardiac event management. Training is being extended to physicians interested in attending as well.

The team helped with staff engagement as part of the region's evaluation of its nurse initiated protocols. Nursing staff were involved as evaluators of existing and new formats and in the processes of educating and supporting each other.

With these advancements in education, there has been increased nursing engagement in their improvement of nursing practice, and in turn, improvements in quality patient care.

Education has encouraged staff to work together, improved morale, improved communication among facilities and increased our practice standards.



### Personal Care Home

On-going education regarding anti-psychotic reduction has been completed in Whitemouth, Arborg, Fisher Branch and Teulon personal care homes.

Computers have been installed for personal care homes across the region so that staff members can access resources posted on the staff only website. On-site access to training will reduce travel time and other associated costs of in-person meetings.

Personal care home educators are preparing in-house training videos for staff that will be posted along with other resources to ensure that staff are receiving required education in a cost-effective manner.

### Home Care

We launched our required education days in mid-January for our 500 home care attendants as well as our supportive housing companion and adult day program teams. We delivered a full day of education with an agenda that included a review of safe medication management practices, discussion and sharing of indicator data

related to our program's performance and respectful workplace education. This training was completed in February.

Violence prevention program training began in September 2015 for all staff working in the portfolio.

### Emergency Medical Services

We are participating in a provincial rural EMS education network to develop a strategic plan for rural EMS education that will be province-wide.

**REGIONAL STRATEGIC DIRECTION**

**Expanding opportunities**

We welcome all people we serve with approachable, accessible and appropriate care and services by providing the right care, in the right place and at the right time. We want to contribute to the vibrancy and health of the communities we serve.

**Primary Health Care Capacity Planning**

In the spirit of strengthening primary health care in the region, we explored gaps within the program and started identifying how to address these barriers to access care. This process coupled with a formal review of our program by an external consultant has resulted in a number of key recommendations around the structure and leadership of primary health care.

These improvements are now being put into place and through close monitoring and reporting, we will be able to measure the true impact on service delivery.

**Shared Care in mental health**

We have introduced a shared care community mental health worker in Beausejour and have found this trial to be highly effective in linking people with mental health services in a more timely and accessible manner.

Shared Care is a mental health program that involves physicians and nurse practitioners working collaboratively with shared care mental health counsellors and consulting psychiatrists. The goal is to assist individuals with mental health difficulties in accessing mental health services in a timely manner. In addition, care is provided within the familiarity of a patient's medical clinic.



This collaboration allows for a whole person approach to health care. Medical and mental health care providers partner to coordinate the detection, treatment and follow up of both mental and physical conditions. Combining this care allows patients to feel that, for almost any problem, they've come to the right place.

Program evaluation has demonstrated a 42 per cent reduction in physician and nurse practitioner referrals to mental health's central intake line compared to similar timeframes in the year previous. This supports patients accessing mental health support/intervention at the right place and time.

**Mobile Clinic now on the road**

Residents and cottagers from Prawda, Grand Marais, Seymourville, Gypsumville and surrounding communities started accessing primary health care services at the mobile clinic in February 2016. Staffed by a nurse practitioner, a registered nurse and a driver, it's equipped with two examination rooms and offers services that range from regular checkups to treat-

ing minor ailments and helping people manage a chronic disease or other serious conditions.

Nurse practitioners with the mobile clinic are able to order lab and diagnostic tests, refer to specialists, write prescriptions and provide care for acute, episodic and chronic health concerns. Registered nurses are also available to manage minor health issues and provide ongoing support.

Since opening, clinic staff have reported the mobile clinic has been well attended with Seymourville seeing the most patients.

**Champions for healthy living recognized**

Our annual Power of Prevention conference provides us with opportunity to recognize individuals and organizations that have contributed to making the region a healthier place to live for residents.

Health promotion recognition awards presented during an evening event the conference recognize groups and/or projects that are contributing to *Connecting People and Communi-*

ties to *Excellent Health Services - Today & Tomorrow*. Besides recognizing the people who put the program in place, this award recognizes excellence in health promotion.

Winners of the 2015 Health Promotion Recognition Awards were:

**Elaine Cormier** is a community volunteer in the Whitemouth area who works closely with the community wellness and chronic disease team volunteering with cooking classes and exercise classes. She's someone who is always available to help RHA community wellness staff and make things work. Cormier is a Get Better Together facilitator and a trained active living facilitator. She applies her training to engage communities in wellness activities like a weekly exercise group for adults aged 50 and over.

**Interlake Women's Resource Centre** services people in the areas of Inwood/Teulon, Arborg, Fisher Branch, Riverton, Gimli and Winnipeg Beach/ Matlock. With the centre's support, they help women and their children who have experienced domestic violence plan and implement on-going and long-term changes toward personal growth and increased independence. They also partner with organizations and communities to address the mental, physical, emotional and spiritual components of health. They have established a scholarship to support young women in their service area pursue post-secondary education.

**Lac du Bonnet's food bank** serves a significant portion of the region including the LGD of Pinawa, the RM and town of Lac du Bonnet, Sagkeeng First Nation, Powerview-Pine Falls, Stead, Seven Sisters, Hadashville and Whitemouth. Last year the food bank provided food to 1,247 adults and 1,551 children. They are helping people get enough to eat and they are working with Interlake-Eastern RHA dietitians



Left to right: Oral Johnston; Florence Lucko and Liz Hogue of the Reviving the Past Men's group; Deanne Crothers, former minister of healthy living; and Ron Van Denakker

to teach people how to cook healthier meals with the food bank food.

**Springfield Connections** is a free weekly mental health and wellness group that provides a welcoming and non-judgmental environment where people living with mental health concerns can access social support, information, resources and recovery based programs.

**Wendy O'Neill** was recognized for her efforts to set up, fund and run a healthy snack program at Brant-Argyle School. Older students help prepare, distribute, and clean up. Each week one family provides the snack for one day.

**Liz Hogue and the Reviving the Past Men's Group** bring together men in the Springfield area to help identify and restore artifacts for display at the local museum. The restoration work becomes an opportunity for social engagement among the men, an audience that is typically difficult to reach with regular wellness programming.

**Public health harm reduction program in Selkirk**

Public health's harm reduction program is nonjudgmental, client-centred and confidential. This program aims to reduce harms by providing a range of services and resources.

Under this program, Interlake-Eastern has introduced its first needle distribution program in Selkirk. Needles are distributed through the public health office at 237 Manitoba Avenue. Staff have received special training to support this program and public health nurses have been very pleased with response to date. This program gives nurses an opportunity to build relationships with clients and offer health care advice and connections to other helpful resources. These opportunities may not have arisen without the access to these clients that the needle exchange program offers. Planning is underway to expand to other sites in the region.

**REGIONAL STRATEGIC DIRECTION**

**The best we can be**

Each health care experience is as unique as the person being cared for. We will deliver quality and safe care by doing it right and doing it well through a person-centered experience. We will be accountable for using human and financial resources wisely.

**Towards Flourishing—Community Mental Health**

A partnership between our public health and mental health programs has let us introduce a new program designed to better care for the mental health of new parents in the region.

Towards Flourishing Mental Health involves working with staff in public health's Families First Home Visiting program to implement a more thorough mental health/mental illness assessment for new parents/caregivers. We're delivering a mental health education module to new parents. This includes identifying simple everyday strategies for the promotion of mental health and improving access to additional mental health resources if required.

**Violence Prevention Training**

Health care workers in Manitoba experience a higher rate of workplace violence than all other workers. The Workers Compensation Board of Manitoba reports that 49 per cent of workplace violence claims are from health care workers. These claims are the result of violent interactions primarily with clients or residents or their family members. In 2015, a total of 216 injuries related to violence/abuse/aggression/reactive behaviour were reported in our region. Of these, 125 were physical and 90 were verbal.



The Quality and Risk team established the CEO Patient Safety Awards to recognize staff members' work to keep clients safe while receiving care. Selkirk Hospital's medicine team was the first recipient of this award. The team begins each day with a stretch to help reduce the potential for staff injuries. The stretch is followed by a team cheer to invigorate and build team camaraderie. Clinical team manager for medicine, Leanne Nickel-Brown, seated in front at centre, was also an award winner for her work to engage staff and promote patient safety.

Recognizing that awareness, screening, orientation and training are key to injury prevention for all health care workers and the people we care for, Interlake-Eastern started delivering provincially developed training on this subject in September 2015 with an objective to train all staff by October 2016.

Elements of the program that are being introduced include a patient screening tool so that violent and aggressive behaviours can be documented and shared with staff on a need to know basis; introduction of an alert system with care plans and safe work plans that identify how to best manage/prevent undesirable behaviours.

The region's disaster management team is complementing the training with the development and implementation of code white containment and lockdown protocols. A code white is

called when staff are encountering a violent individual(s).

**Community partnerships to support disaster management**

Our disaster management team continues to develop relationships with community, municipal, provincial and federal partners. The region's disaster duty officer is available 24/7 to provide support and guidance for all disaster related issues at RHA facilities, four contract personal care homes in the region as well at Percy E. Moore Hospital in Hodgson that is under federal jurisdiction.

A standard, region-wide disaster response plan has been created and adopted for use among all bodies serviced by Interlake-Eastern's disaster duty officer. All disaster response plans have been developed so they are adaptable to any disaster situation in Manitoba.

**Adopting new technologies for disaster management**

In partnership with the Manitoba Health Office of Disaster Management, we are working to implement the Emergency Response Management System which is capable of contacting and notifying staff and other key contacts in the event of an emergency.

**Incident Management System (IMS)**

Interlake-Eastern operates under an incident management system that is also used by all other RHAs and external agencies (municipal, police, fire, provincial government, etc.). The RHA employed the incident management system when dealing with preparations in the event of a case of Ebola presenting to a facility in the region. It was enacted on November 6, 2014 and suspended on May 25, 2015.

**Musculoskeletal injury prevention training helping to keep staff safe**

Based on statistical information, occupational safety and health staff identified sites with the highest Workers Compensation Board rates, costs and number of injuries and developed prevention plans. Data from a target site was analyzed to assess reasons for costs and injuries and site specific prevention plans were created with the objective to reduce MSI injuries. Training sessions were offered at each of the sites and managers were encouraged to monitor and address adherence to training.

Initial reporting indicates we have experienced a reduction in the number of these kinds of injuries reported since the rollout of the prevention plan initiatives. At this site, time loss injuries were reduced by 50 per cent and no time loss injuries reduced by 44 per cent when compared to a similar previous period of time. Workers Compensation Board direct costs were also significantly reduced.



For the past year, Interlake-Eastern staff members have the opportunity, if they signed up, to donate \$5 from every pay cheque towards a fund that would sponsor items of need identified by staff in the region. This year the region's \$5 Club generated just over \$10,000. A staff vote identified the submissions for consideration that would be funded. These included three Curling without ice games for the region's adult day programs (shown above with Selkirk adult day program participants); an automated blood pressure machine for Selkirk's community cancer program; a bariatric Broda chair for acute care that can be moved to hospitals where it would benefit a patient's care; and staff also chose to donate to Camp Stepping Stones, a weekend camp hosted by the RHA for children aged 7 to 17 who have experienced the recent death of someone significant in their lives. The camp relies on investments of volunteer time and donations.

Thank you to our inaugural members of the \$5 Club for an excellent first year! This donation opportunity will continue next year.

Occupational safety and health is completing a similar analyses for the other target sites to evaluate overall effectiveness of the training and management program.

**New nursing desk in Pine Falls**

After years of anticipation the Pine Falls Hospital nursing station was given a well-deserved face-lift.

Staff identified three priorities the desk had to satisfy: allow the triage nurse and registration clerk to sit side by side so we could better adhere to Canadian Triage and Acuity Scale nurse triaging; improve patient confidentiality; improve staff safety when using the desk and restrict unauthorized access. The new desk is in place and it's a welcome addition.

**REGIONAL STRATEGIC DIRECTION**

**Getting Better, Staying Healthy**

Challenges related to education, income, culture, and social factors can make it harder to stay healthy. It is important to us to work with everyone to improve their health. We plan to do this through strong partnerships and by working together to find new ways to improve the health and well-being of everyone we serve. We will create a legacy of health and wellness for generations to come.

**Community Wellness & Chronic Disease Program**

Our community wellness and chronic disease program staff work with internal and external partners to provide support and education for healthy lifestyles.

**Community access to wellness experts**  
Staff expertise available through this program includes health and wellness facilitators, exercise consultants, dietitians and chronic disease nurses.

Residents of our region can see a chronic disease nurse and/or registered dietitian with a physician referral or individuals can self-refer

by calling direct or contacting a team member for an appointment. Clients can attend one-on-one appointments, where family members or personal supports are welcome, or people can participate in a group class. You don't have to have a diagnosis of a medical condition for a consultation. Our nurses and dietitians work in collaboration to ensure that clients' needs are met and we support individuals to understand their chronic condition and self-manage.

Our team works closely with health professionals to support each individual for optimal health. All of our clinical staff (nurses and dietitians) utilize EMR (Electronic medical record) and E-Chart for client care. This allows for better client care through more effective and efficient communication between all health providers.

**Healthy living classes**

Classes that are offered across the region include:

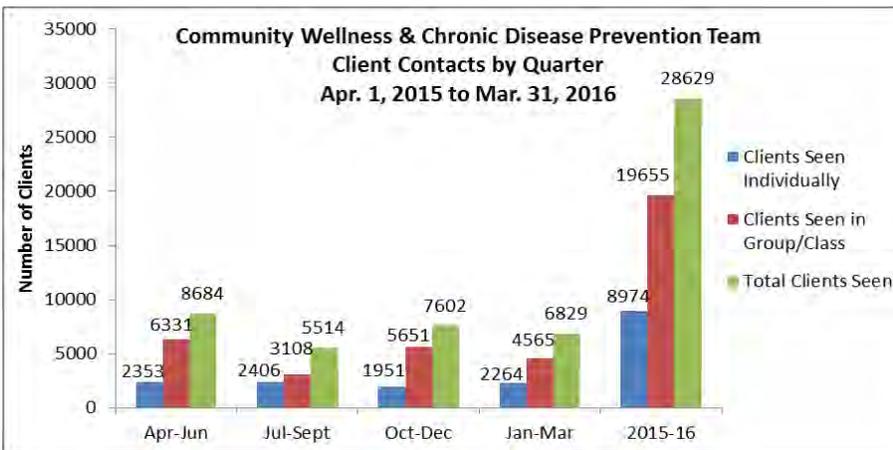
- Diabetes classes including specific classes with topics addressed by a nurse or a dietitian
- Heart Health Class
- Label Reading, menu planning, and grocery shopping
- Take Charge of Your Health, exercise class for beginners and a level 2 class that is more advanced

- Get Better Together – a 6 week class to help people self-manage their chronic conditions
- Craving Change – help people understand their relationship with food
- Active Living Facilitator (ALF) Course – help develop leadership skills for physical activity
- In partnership we also support cooking, canning, food preservation, and gardening workshops.
- Respect Ed – a Red Cross course supporting respectful behaviors and relationships for youth
- Teen Talk is a peer leadership training session in cooperation with Klinik for youth. Training areas include sexual health, mental health, diversity, bullying, suicide, and healthy communication. In fall 2015, two training sessions were offered in the region and 47 youth registered to attend.

A complete list of classes across the region can be found online at [ierha.ca](http://ierha.ca), click on “Care in your Community”, and “Community Wellness Team” or people can register by calling toll-free toll free 1-877-979-WELL (9355) or email [wellness@ierha.ca](mailto:wellness@ierha.ca).

**Geo-caching gets people active outside**

Geo-caching resources have been developed for community members to access. We have two kits with GPS units, instructions on how to use the units, and some tips and tricks. The team also offered geo-caching events across the region with great success. Our region has a number of geo-cache points for residents and tourists to explore and get to know the beauty found in our region.



**Healthy Together Now increases reach into communities**

Healthy Together Now expanded this year to include more communities. Wellness staff members work with communities to identify program opportunities for healthy living programming. Over \$100,000 was awarded across the region for over 90 projects!

Community volunteers had the opportunity to attend the provincial Share and Learn conference in Winnipeg. The conference allows for learning of new opportunities and to network with community volunteers from across the province.

In conjunction with Healthy Together Now, we're supporting physical activity leadership with a bursary. Residents of our region can access up to \$500 for leadership development. More information can be found at [ierha.ca](http://ierha.ca), click on "Care in your Community", and "Physical Activity leadership training bursary".

**Mobile Wellness Team on the go!**

Mobile Wellness has expanded this year due to demand. There are now two complete kits for the region. Mobile Wellness is a comprehensive, interactive education tool. A team of multi-discipline staff attend community events, workplaces and other locations to provide information on healthy eating, being physically active, managing stress, and being tobacco free. It also includes stations where participants can have their blood pressure and blood sugar taken by a nurse.

Staff experts are available to discuss each area, answer questions and help participants set a goal to make a healthy lifestyle change. It also provides an opportunity for our community to learn more about the services

Interlake-Eastern RHA offers and how to access them. To schedule a mobile wellness event in your community contact 1-877-979-WELL (9355).

We also produce an e-newsletter with health information on a variety of topics. Each issue includes feature articles, a healthy recipe and a healthy exercise. To subscribe to our newsletter email [wellness@ierha.ca](mailto:wellness@ierha.ca) with "subscribe" in the subject line.

**FASD key worker program**

For two and a half years, key workers have worked in the region to enhance the stability of families with children and youth with FASD or confirmed prenatal alcohol exposure and assisted children and youth affected by FASD to experience less frustration and more success. The key workers also partner with FASD diagnostic coordinators to bring more awareness of FASD and the programs available within the region.

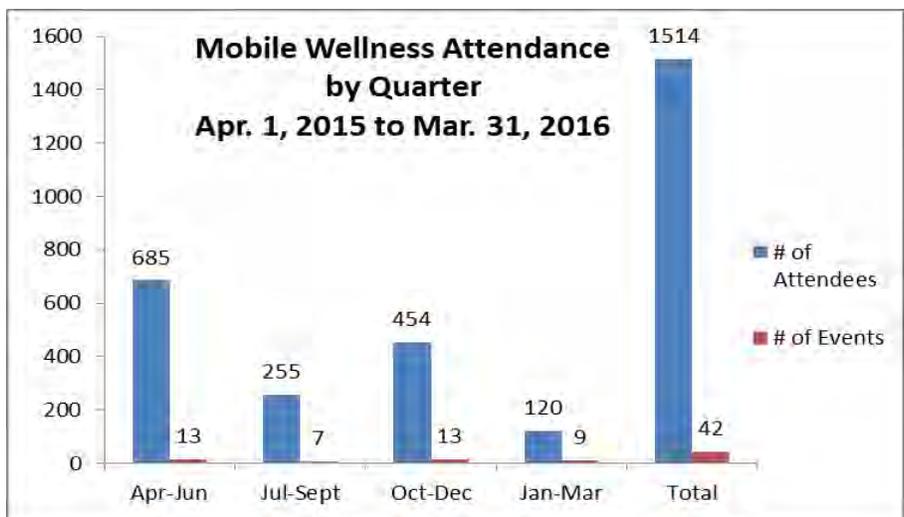
The region's key workers have fostered the graduation of eight program participants with caregivers reporting stability in the home and an increased ability to provide the needed support independent of the Manitoba Key Worker program.



**Healthy Together Now puts down roots in Fisher Branch!**

A first time recipient of Healthy Together Now funding, Fisher Branch Care-A-Lot For Tots Daycare has built a successful community garden. Children from the daycare helped put soil in planters and planted and watered the seeds. School-aged children came throughout the summer to help and local seniors are providing guidance on harvesting and recipes.

This project has been a wonderful success for the small community of Fisher Branch and there are plans for improvements for the next growing year!



Referrals for the program continue to increase, including those from outside of the region or service area. The program has experienced re-referrals for additional services and an increase in requests for presentations including the FireStop program that works to address and prevent fire starting among children and a FASD focus group established by a school division. There have also been increased requests from schools for more and different presentations to better help children and youth with FASD succeed in their classrooms.

Key workers have provided support and resources to the families of participants referred by Youth Justice and have ongoing contact with these families. Five of these participants have remained out of custody up to this point, or had at point of file closure, and the three remaining have shown successes in relationship building with key workers, probations and goal orientation.

**Three FASD success stories:**

**1. Building relationships among program participants and their caregivers**

Key workers received a referral for services from the Manitoba FASD Youth Justice program for a youth. They were warned about the participant's violent behaviour. As a result, a safety plan was developed for working with this participant.

Key workers met with the participant while he was incarcerated. They also met with him and his father before the participant was released into the community. In an attempt to continue building constructive relationships, key workers also met with the probations officer to begin to repair the reportedly damaged relationship with the youth from past experiences (due to breaches of probation, etc.)

After five months of working with this family, both the participant and father are on board with the services provided and partnering with the key worker positively. At this time, the participant is in the community on probation and continues to do well, not having faced any new charges.

The participant is now able to communicate with the key worker how he is looking to change his life, how he is feeling about his probation order and problem solves with the key worker in difficult situations.

The participant has stated that he would still like to work with the key worker after he turns 18. The positive relationship between the key worker, the participant and his father has increased the family's trust in service providers and they are becoming more open to working with other service providers to meet their needs.

**In 2013-2014, Statistics Canada estimated the daily inmate cost in Manitoba to be \$193.77. That works out to \$70,810 annually per inmate.**

**2. Helping caregivers manage**

A follow up with a grandmother caring for her nine year old grandson determined that she continued to feel confident in her ability to manage her grandson's behaviours, advocate accordingly with his school, access resources when needed and adapt his environment for his needs since the file closed in June 2015.

As a result of her reported reduction in stress and her demonstrated increase in FASD understanding and strategies, her grandson is being supported to achieve more success at home and at school. He no longer needs to be picked up from school on a daily basis because of difficult to

manage behaviours. He has increased his reading level more than a full grade level over the last school year and is happy and engaged in his environments. He has joined school teams and clubs, is trying different community activities and has become a math mentor to his younger brother.

Key Worker Program—Influence Metrics	
96	Referrals since program started
65	Referrals approved for service
41	Referrals have/are receiving service
20	On waitlist
50	Referrals received from the RHA's FASD diagnostic coordinators
10	Referrals from FASD youth justice program (8 accepted into the program)
36	Referrals from external sources
8	Successful graduations from the program

**3. Empowering people to live rewarding lives**

The Manitoba key worker program is goal-oriented and client-driven. Discussions with a teenaged student on the cusp of being expelled from school helped her to identify her goals, motivations and strengths. She was driven and had her own frustrations about her substance use and struggles to achieve the things she wanted, like becoming more independent.

By supporting her to achieve these things through small successes, we were able to get her into ongoing therapeutic sessions. We were able to discover an overwhelming feeling of guilt she felt in disappointing her parents so we facilitated increased communication and understanding between her and her family. Tension

and stress in the home has diminished and the family is actively engaged in the key worker's strategies, implementing them and seizing every opportunity to learn more about FASD to better support their daughter.

This client has a wonderful sense of humor and she loves life. Now that she feels supported and her relationship with her parents has improved she feels she can achieve sobriety, finish her education and look at interdependent living options. Above and beyond these successes, we have also been able to support her in her love of drawing and art. It has been inspiring to watch her grow emotionally, increase in her happiness and see her represent her happiness in such a visual way.

People with FASD so often hear about their limitations and impairments, but it is by supporting their strengths that we can help them achieve success.

### **Mental health introduces recovery champions**

Research has shown that when recovery-oriented systems and services are offered to people with lived experience of mental health problems and illness, it leads to better health, social and employment outcomes. Hospitalization and emergency visits are reduced and there is increased likelihood of successful goal achievement related to employment and housing. People with lived experience, family and staff also show greater levels of satisfaction in recovery-oriented mental health systems (Manitoba Health, 2015).

Interlake-Eastern RHA has developed a regional Recovery Champions Committee. Under the RHA's leadership, this newly created committee has approximately ten active members with



Interlake-Eastern RHA's recovery champions committee is working to achieve transformation of the region's mental health system. From left to right are: Cindy Cannell, Kate Geiger, Judy Dunn, Jill Hodgson-McConnell (Chair), Cara Cayer, Marie Cayer, Jim Sykes, Ken Reddig (Co-Chair) and Sherry MacVicar. Missing is Bev Trachuk.

half of its membership being people with lived experience and or family members/natural supports. The remaining half is staff and program partners of Interlake-Eastern's mental health program.

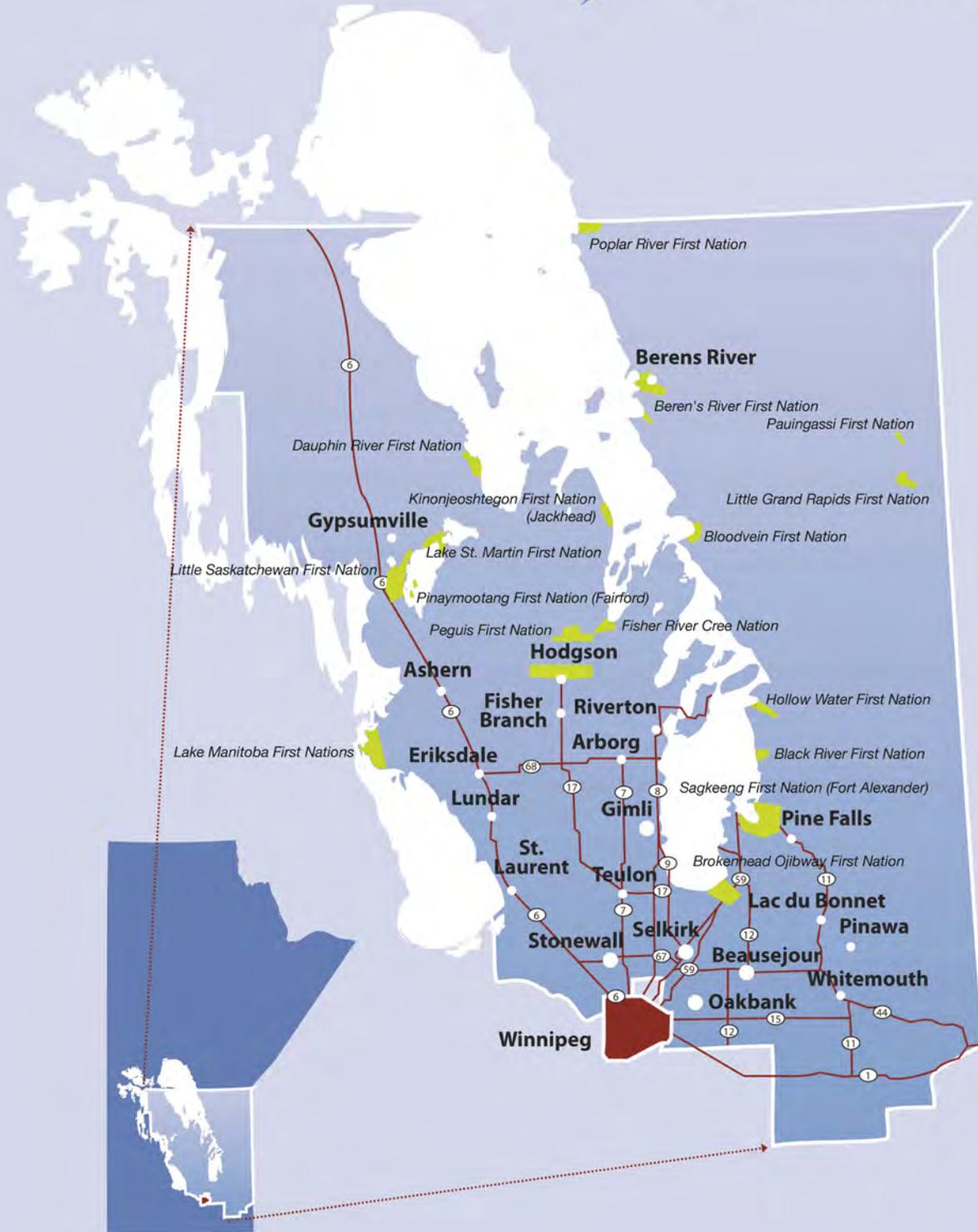
The purpose of the committee is to provide a forum for mental health services and community stakeholders to collaboratively plan, recommend, develop, implement, coordinate and evaluate actions of the regional mental health system through a recovery-oriented lens.

The committee plans to put together a concrete working plan that will guide their work in the year to come.

This group of people is a motivated and spirited committee that is dedicated to providing leadership and championing of recovery-based principles and practices to further assist in influencing and achieving system transformation of the region's mental health system.

A recovery oriented system of care is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with lived experience of mental health problems.

### First Nations Communities in Interlake-Eastern RHA





Members of the working group for the Pine Falls traditional healing centre Gii-gewigamig toured the construction site. From left to right: Robyn Hall, Hollow Water Community Health team; Michelle Bushie, health director Hollow Water First Nation; Corinne Katazinski, Interlake-Eastern’s clinical team manager in Pine Falls; Dr. Sabina Ijaz; Dave Courchene, Elder, Sagkeeng First Nation; Paul Barnard, Interlake-Eastern’s director, primary health care; Dallas Courchene, Parkwest Construction; Lynette Klein, Interlake-Eastern’s regional manager of First Nation and Metis health.

“new” draft Terms of Reference was established to assist with the focus of these groups. From the larger working collaboration tables, two working groups have been developed to address:

- First Nation Partners Discharge Planning – this is one of several gaps identified that the group is working on. Since we are working within Federal and Provincial jurisdictions, we also have two different but similar home care programs. The group is currently developing the flow process. The goal of the process flow sheet is to complete the flow process and employ two pilot locations in Pine Falls and Ashern.
- Cultural Competency – this group will focus on keeping patients safe by fostering culturally sensitive care. A draft Terms of Reference is being established so a purpose and end goal is identified.

Now with the Community Health Assessment complete and with the information provided in the new Aboriginal chapter, we are in the process of sharing the key findings with our First Nation communities and two Tribal Councils. The hope is these partners will use this information to assist them in their strategic planning.

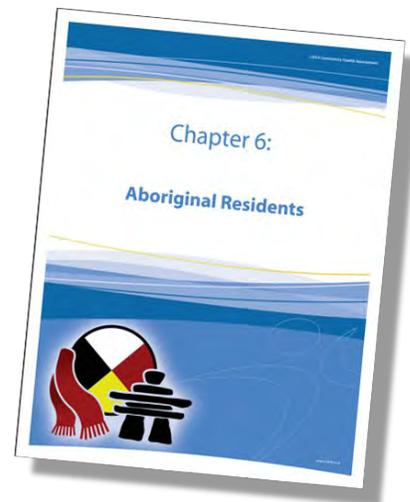
### First Nations and Métis health initiatives

Together with the Aboriginal human resources, First Nation and Métis Health and Dr. Myron Thiessen we have created a specific Aboriginal Cultural Awareness Workshop for physicians, physician assistants and nurse practitioners. As per Interlake Tribal Council’s request, we have delivered this awareness session to health directors at their annual meeting as well.

The 3rd and final Shared Care Workshop took place in April in Ashern Lakeshore Hospital. Participants from Pinaymootang FN health centre, Ashern acute care, dialysis, mental health, home care, material services, Ashern

clinic and First Nation and Metis Health openly discuss previous pillars identified communication, building relationships, education and awareness as necessary to retaining good working relationships between our Ashern acute care site and surrounding FN community partners. We have started weekly interdisciplinary rounds with physicians, nursing staff and local regional and First Nations Health Centre home care staff help to plan patient care and discharges, and enhance working relationships. This has become a team building opportunity for all involved.

Our work with our three First Nation Community Partnership Collaboration Committee Tables continues. A





Staff discuss plans with architects while on tour of the Selkirk Regional Health Centre. This tour was the opportunity for staff team leads to provide feedback on layout before finalization and continued construction.

## Capital and Major Projects

### Selkirk Regional Health Centre

This \$159 million project remains on schedule and on budget. We anticipate commissioning of the facility (the date when the General Contractor hands the facility over to the region) by January 1, 2017. This is followed by a 6 month period of facility activation, operational readiness and move planning. As we near project completion, our focus will turn to preparing for operation and service delivery. A transitional leadership forum meets monthly to facilitate planning and coordination for 18 teams of hospital staff that are planning the patient flow, equipment, information systems, material flow & logistics, etc., of all the departments.

Set to open June 2017, the new health centre will offer more specialized acute and out-patient services to the area's residents. It will provide the region's first MRI, a family birth unit,

outpatient centre and improved/expanded facilities for emergency department, surgery, dialysis, chemotherapy, food services, information & communications technology and more. To improve patient comfort and privacy, more than 80 per cent of the rooms will be private rooms, compared to 20 per cent in the existing hospital. An estimated 150 full-time equivalent permanent new jobs will be created for the local economy.

As we enter this home stretch of our 'thousand mile marathon' it's evident that we've been blessed with many well trained, capable, and strong healthcare 'athletes'. Physicians, nurses, aides, maintenance, information systems support, health records staff, finance, payroll, human resources, management, food services, house-keeping, laundry, pharmacy, diagnostics, lab, boards, community, government, contractors, suppliers, trades, and more have come together to make this dream a reality. We owe

them all a great depth of gratitude as we anticipate the opening of this landmark healthcare facility in late spring/early summer 2017.

### Lac du Bonnet Personal Care Home

Interlake-Eastern RHA continues to track one of the largest wait lists of residents needing a personal care bed in the province. Throughout 2015-16 the monthly statistics have averaged 200 or more residents awaiting a bed. In this context active planning for additional regional bed capacity is essential. We are pleased to have continued support from government for design development of a new personal care home for the Lac du Bonnet region. Presently we are nearing completion of pre-tender design documents and a Class A budget estimate. With government approval, it is possible that the tender for construction could be awarded by early spring 2017. A local community progress committee representing the Town of Lac du Bonnet, Rural Municipality of Lac du Bonnet and Local Government District of Pinawa has met regularly to advise the region on fundraising, human resources, repurposing of the existing 30 bed facility and other matters. This community support and partnership is vital to the success of planning the project and we are so grateful for their involvements and dedication to the project.

### Pine Falls Primary Health Care and Traditional Healing Centre

Work progresses on the redevelopment of the Powerview-Pine Falls Health Centre complex that will include a new 17,000 square-foot primary care centre and a traditional healing centre called Giigewigamig which means *a place of healing* in Anishinaabe. It will allow the region to expand the services available in the area,

while enhancing connections and programs with the aboriginal communities in the region.

The current facility provides a number of key services to the local communities, including the towns of Powerview-Pine Falls, St. Georges and Victoria/Grand Beach as well as the neighboring communities of Sagkeeng, Black River and Hollow Water First Nations and other Métis and smaller rural communities. The three First Nations communities have come together to create the Giigewigamig First Nations Regional Health Authority that is working to inspire a new standard of quality health care and advocate for greater accountability to honour the treaty right to health through the jointly coordinated services of Giigewigamig, the Province of Manitoba, Health Canada and the Interlake-Eastern Regional Health Authority. Leading Giigewigamig will be Elders from Sagkeeng, Black River and Hollow Water First Nations working together through Order in Council from elected leadership in each of the three communities.

After consultations with the public, community partners, aboriginal and non-aboriginal stakeholders, the traditional healing centre at the facility has been designed to reflect aboriginal culture and heritage as determined by the local communities. While operational funding has yet to be finalized, current discussions about programs and services that people would like to see offered include:

- aboriginal approaches to palliative care;
- traditional ceremonies and smudging including outdoor sweat lodge and Sacred Fire;
- kitchen facilities where families and healers can prepare traditional foods and medicines for patients; and
- education on aboriginal traditions and teachings on healing and wellness.



Former minister of health, Sharon Blady, joins residents of Pine Falls and surrounding First Nations communities to celebrate the naming of the Pine Falls traditional healing centre as Giigewigamig.

The healing centre will be open to everyone, allowing people of different cultures to learn from each other and grow as a community. It will also help bring traditional aboriginal values and practices to the forefront of care and help strengthen policies, programs and services across the health system.

Parkwest Projects Inc. is leading the construction of the \$11 million redevelopment that is scheduled to open in the fall of 2016.

#### Lundar Primary Care Clinic Redevelopment

Renovations worth \$900,000 have begun on the primary health care clinic that will expand to also include space previously used as a dental clinic. The renovated clinic will offer two more clinic rooms and two consult rooms to accommodate a range of services.

This will include primary care and chronic disease prevention services, mental health care and home care services, with an enhanced focus on promoting good health and preventing disease.

The new clinical environment will benefit patients and staff. Improved

efficiencies in patient flow will let care providers accommodate more clients in rooms designed to ensure patient confidentiality. At the same time, the RHA is looking ahead as part of regional clinical services planning to see where evolution in care in Lundar can enhance service delivery based on residents' needs. The clinic is scheduled to reopen in June 2016.

#### Other projects

##### Primary Health Care Renovations at 237 Manitoba Avenue, Selkirk

Once renovations are complete in spring 2016, this community health office will be the region's largest.

Services provided at 237 Manitoba Avenue in Selkirk include home care, mental health and public health including the region's travel health clinic, Families First program, some of the region's FASD supports, infection and prevention control, speech language pathology, regional cancer navigation services and palliative care. A home care nursing clinic will be established for nurses to address client care needs.

A public open house is planned for the fall of 2016.

**The Regional Health Authorities Act – Accountability Provisions**

**Sections 22 and 51**

The employment contract of the Interlake-Eastern RHA CEO incorporates terms and conditions established by the Minister.

**Section 23 (2c)**

Interlake-Eastern RHA’s strategic plan is posted on [www.ierha.ca](http://www.ierha.ca) under “About Us”, “Publications & Reports”.

**Sections 23.1 and 54**

Interlake-Eastern RHA’s most recent accreditation reports are posted on [www.ierha.ca](http://www.ierha.ca) under “About Us”, “Publications & Reports”. These reports are updated as they become available.

**Sections 51.4 and 51.5**

Interlake-Eastern RHA’s Board of Directors have noted in their Policies the hiring restrictions noted in the Act.

**Public Sector Compensation Disclosure**

In compliance with The Public Sector Compensation Disclosure Act of Manitoba, interested parties may obtain copies of the Interlake-Eastern RHA public sector compensation disclosure (which has been prepared for the purpose and certified by its auditor to be correct) and contains the amount of compensation it pays or provides in the corresponding fiscal year for each of its officers and employees whose compensation is \$50,000.00 or more. This information is available in hard copy by contacting Dorothy Forbes, CA, Regional Director of Finance, 204.785.7467, [dforbes@ierha.ca](mailto:dforbes@ierha.ca).

**The Public Interest Disclosure – Bill 34 (Whistleblower Protection) 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: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

Employees of the Interlake-Eastern Regional Health Authority have a clear process for disclosing concerns of significant and serious matters. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in the health authority annual report in accordance with Section 18 of the Act. During April 1, 2015 to March 31, 2016 no disclosures were identified or reportable.

As per subsection 18 (2a): The number of disclosures received, and the number acted on and not acted on need to be reported. **No disclosures received, no action required.**

As per subsection 18 (2b): The number of investigations commenced as a result of a disclosure must be reported. **Nil.**

As per subsection 18 (2c): In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken must be reported. **Nil.**

**Whistleblower Act**

As per subsection 18 (2a): The number of disclosures received, [0] and the number acted on [0] and not acted on [0] need to be reported.

As per subsection 18 (2b): The number of investigations commenced as a result of a disclosure must be reported. [0]

As per subsection 18 (2c): In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken must be reported. **Not applicable**



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BDO Canada LLP/s.r.l./S.E.N.C.R.L.  
700 - 200 Graham Avenue  
Winnipeg MB R3C 4L5 Canada

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## Independent Auditor's Report on the Condensed Financial Statements

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To the Board of Directors of  
INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY

The accompanying condensed financial statements, which comprise the condensed statement of financial position as at March 31, 2016, and the condensed statement of operations for the year then ended, are derived from the audited financial statements of Interlake-Eastern Regional Health Authority for the year ended March 31, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated June 23, 2016.

The condensed financial statements do not contain all the statements and disclosures required by Canadian public sector accounting standards. Reading the condensed financial statements, therefore, is not a substitute for reading the audited financial statements of Interlake-Eastern Regional Health Authority.

### Management's Responsibility for the Condensed Financial Statements

Management is responsible for the preparation of condensed audited financial statements on the basis described in Note to Condensed Financial Statements.

### Auditor's Responsibility

Our responsibility is to express an opinion on the condensed financial statements based on our procedures, which were conducted in accordance with Canadian Audit Standard (CAS) 810, 'Engagements to Report on Summary Financial Statements'.

### Opinion

In our opinion, the condensed financial statements derived from the audited financial statements of Interlake-Eastern Regional Health Authority for the year ended March 31, 2016 are a fair summary of those financial statements, on the basis described in the Note to Condensed Financial Statements.

Chartered Accountants

Winnipeg, Manitoba  
June 23, 2016

BDO Canada LLP, a Canadian limited liability partnership, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO Canada s.r.l./S.E.N.C.R.L., une société canadienne à responsabilité limitée/société en nom collectif à responsabilité limitée, est membre de BDO International Limited, société de droit anglais, et fait partie du réseau international de sociétés membres indépendantes BDO.

**INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY**  
**Condensed Statement of Financial Position**

March 31	2016	2015
<b>Assets</b>		
<b>Current Assets</b>		
Cash and term deposits	\$ 6,973,046	\$ 9,884,748
Accounts receivable	3,431,638	3,361,360
Due from Manitoba Health, Seniors and Active Living	20,306,778	6,322,917
Inventories	839,228	838,889
Prepaid expense	670,059	733,991
Vacation entitlements receivable	5,484,424	5,484,424
	<u>37,705,173</u>	<u>26,626,329</u>
Retirement obligations receivable	5,912,865	5,912,865
Other assets	194,501	192,800
Capital assets	<u>187,047,582</u>	<u>115,947,135</u>
	<u>\$230,860,121</u>	<u>\$148,679,129</u>

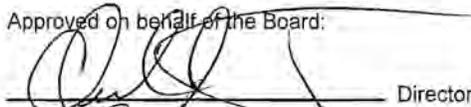
**Liabilities and Net Assets**

<b>Current Liabilities</b>		
Bank indebtedness	\$ 4,220,073	\$ -
Accounts payable and accrued liabilities	26,579,423	16,871,662
Accrued vacation entitlements	9,912,022	9,510,239
Current portion of long-term debt	222,337	209,727
	<u>40,933,855</u>	<u>26,591,628</u>
Accrued retirement obligations	14,004,853	13,697,173
Sick leave liability	2,820,915	3,248,576
Long-term debt	741,154	972,848
Deferred contributions	<u>181,329,293</u>	<u>113,090,636</u>
	<u>239,830,070</u>	<u>157,600,860</u>

**Commitments and contingencies**

<b>Net Assets</b>		
Investment in capital assets	8,849,771	5,975,387
Externally restricted	444,372	493,409
Internally restricted	90,795	78,147
Unrestricted - RHA	(17,900,543)	(15,014,330)
Unrestricted - Contract Facilities	<u>(454,344)</u>	<u>(454,344)</u>
	<u>(8,969,949)</u>	<u>(8,921,731)</u>
	<u>\$230,860,121</u>	<u>\$148,679,129</u>

Approved on behalf of the Board:

  
 \_\_\_\_\_ Director

  
 \_\_\_\_\_ Director

## INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY Condensed Statement of Operations

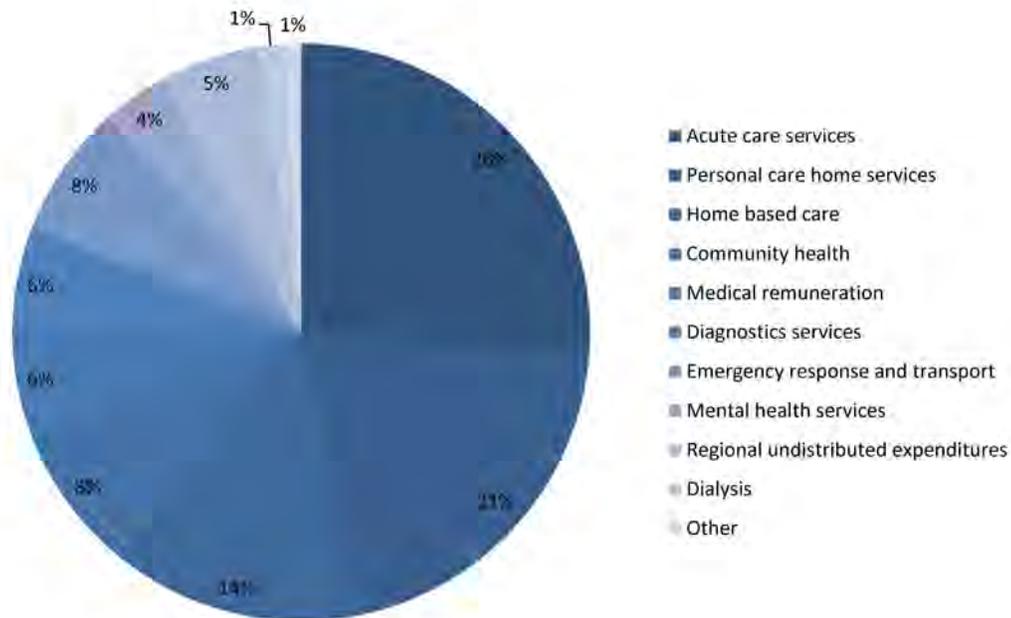
For the year ended March 31	2016	2015
<b>Revenue</b>		
Province of Manitoba		
Health, Seniors and Active Living	\$220,572,013	\$195,627,004
Other	2,491,676	2,256,274
Client Non-Insured	11,770,739	11,402,319
Interest	94,008	233,119
Offset and other income	6,152,755	7,255,664
Ancillary income	461,362	444,724
Amortization of deferred contributions	6,091,046	6,264,364
	<b>247,633,599</b>	<b>223,483,468</b>
<b>Expenditures</b>		
Acute care services	63,118,963	58,663,945
Amortization of capital assets	6,289,337	6,494,291
Chemotherapy	803,675	754,451
Community health	18,996,576	16,934,229
Home based care	33,955,462	30,963,579
Diagnostic services	13,446,740	12,653,996
Dialysis	3,706,740	3,454,444
Emergency response and transport	18,274,952	17,562,282
Long-term care services	50,312,800	48,561,948
Mental health services	8,661,020	8,046,078
Medical remuneration	15,196,373	14,291,528
Nurse recruitment and retention	124,531	114,955
Northern patient transportation program	179,676	181,435
Regional undistributed expenditures	13,429,335	13,704,419
Safety and renovations	1,137,419	867,764
	<b>247,633,599</b>	<b>233,249,344</b>
<b>Excess (deficiency) of revenue over expenditures for the year</b>	<b>\$ -</b>	<b>\$ (9,765,876)</b>
Allocated as follows:		
Regional services	\$ -	\$ (9,550,323)
Contracted services	-	(215,553)
	<b>\$ -</b>	<b>\$ (9,765,876)</b>

### Note to Condensed Financial Statements

Management is responsible for the preparation of the condensed financial statements. The statements presented include only the condensed statement of financial position and the condensed statement of operations. They do not include the consolidated statement of changes in net assets, the consolidated statement of cash flows and notes to the consolidated financial statements.

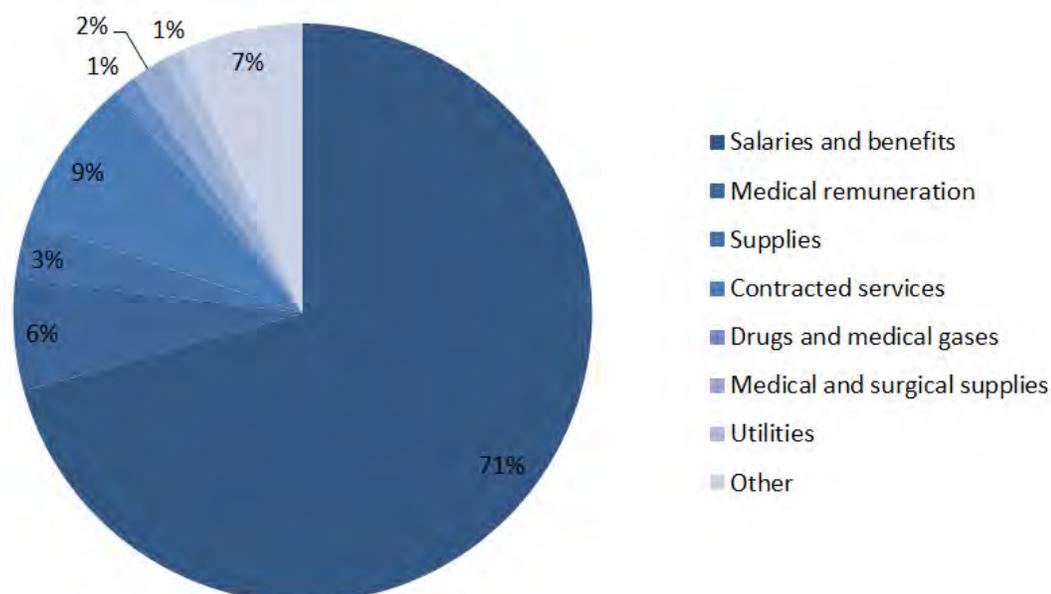
Copies of the audited financial statements for the year ended March 31, 2016 and the Schedule of Compensation may be obtained from the Interlake-Eastern Regional Health Authority by calling 1-204-785-4700 or 1-855-347-8500. A complete set of financial statements are posted on the Interlake-Eastern RHA website at [www.ierha.ca](http://www.ierha.ca) under "About us" and "Publications and Reports".

## Expenditures by Program



Expenditures by Program	2016	2015
Acute care services	63,118,963	58,663,945
Personal care home services	50,312,800	48,561,948
Home based care	33,955,462	30,963,579
Community health	18,996,576	16,934,229
Medical remuneration	15,196,373	14,291,528
Diagnostics services	13,446,740	12,653,996
Emergency response and transport	18,274,952	17,562,282
Mental health services	8,661,020	8,046,078
Regional undistributed expenditures	13,429,335	13,704,419
Dialysis	3,706,740	3,454,444
Other	2,245,301	1,918,605
<b>Total expenditures before amortization</b>	<b>\$241,344,262</b>	<b>\$226,755,053</b>
Amortization of capital assets	6,289,337	6,494,291
<b>Total expenditures</b>	<b>\$247,633,599</b>	<b>\$233,249,344</b>

## Expenditures by Type



<b>Expenditures by Type</b>	<b>2016</b>	<b>2015</b>
Salaries and benefits	170,534,454	160,018,301
Medical remuneration	15,176,241	14,167,759
Supplies	7,629,021	7,334,562
Contracted services	21,116,756	19,566,659
Drugs and medical gases	2,950,358	2,927,151
Medical and surgical supplies	4,513,780	4,213,537
Utilities	2,767,501	2,585,091
Other	16,656,151	15,941,993
<b>Total expenditures before amortization</b>	<b>\$241,344,262</b>	<b>\$226,755,053</b>
Amortization of capital assets	6,289,337	6,494,291
<b>Total expenditures</b>	<b>\$247,633,599</b>	<b>\$233,249,344</b>

<b>Administrative costs (% of total)</b>	<b>2016</b>	<b>2015</b>
Corporate operations	3.19%	3.89%
Patient care related functions	0.71%	0.42%
Human resources and recruitment functions	1.99%	1.93%
<b>Total</b>	<b>5.89%</b>	<b>6.24%</b>

## Hospitals

### Arborg & District Health Centre

234 Gislason Drive  
204-376-5247

### Ashern-Lakeshore General Hospital

1 Steenson Drive  
204-768-2461

### Beausejour Hospital

151 First Street South  
204-268-1076

### Eriksdale-E.M. Crowe Memorial Hospital

40 Railway Avenue  
204-739-2611

### Gimli-Johnson Memorial Hospital

120-6th Avenue  
204-642-5116

### Pinawa Hospital

30 Vanier Drive  
204-753-2334

### Pine Falls Hospital

37 Maple Street  
204-367-4441

### Selkirk & District General Hospital

100 Easton Drive  
204-482-5800

### Stonewall & District Health Centre

589-3rd Avenue South  
204-467-5514

### Teulon-Hunter Memorial Hospital

162-3rd Avenue SE  
204-886-2433

## Community Health Offices

### Arborg

317 River Road  
204-376-5559

### Ashern

43 Railway Avenue  
204-768-2585

### Beausejour

151 First Street South  
204-268-4966

### Beausejour-HEW Primary Health

**Care Centre**  
31 -1<sup>st</sup> Street South  
204-268-2288

### Eriksdale

35 Railway Avenue  
204-739-2777

### Fisher Branch

7 Chalet Drive  
204-372-8859

### Gimli

120-6th Avenue  
204-642-4587

### Lac du Bonnet

89 McIntosh Street  
204-345-8647

### Lundar

97-1st Street South  
204-762-5469

### Oakbank

689 Main Street  
204-444-2227

### Pinawa

30 Vanier Drive  
204-753-2334

### Pine Falls

37 Maple Street  
204-367-4441

### Riverton

68 Main Street  
204-378-2460

### Selkirk

237 Manitoba Ave.  
204-785-7500

### St. Laurent

1 Parish Lane  
204-646-2504

### Stonewall

589-3rd Avenue South  
204-467-4400

### Teulon

3rd Avenue SE  
204-886-4068

### Whitemouth

75 Hospital Street  
204-348-7191

## Personal Care Homes

### Arborg PCH

233 St. Phillips Drive  
204-376-5226

### Ashern PCH

1 Steenson Drive  
204-768-5216

### Beausejour-East-Gate Lodge

646 James Avenue  
204-268-1029

### Eriksdale PCH

40 Railway Avenue  
204-739-4416

### Fisher Branch PCH

7 Chalet Drive  
204-372-8703

### Gimli-Betel PCH

96 1<sup>st</sup> Ave.  
204-642-5556

### Lac du Bonnet PCH

75 McIntosh Street  
204-345-1222

### Lundar PCH

97 - 1st Street South  
204-762-5663

### Oakbank-Kin Place PCH

680 Pine Drive  
204-444-2004

### Pine Falls-Sunnywood Manor PCH

37 Maple Street  
204-367-8201

### Selkirk-Betel PCH

212 Manchester  
204-482-5469

### Selkirk-Red River Place

133 Manchester Avenue  
204-482-3036

### Selkirk-Tudor House

800 Manitoba Avenue  
204-482-6601

### Stonewall-Rosewood Lodge PCH

513 1st. Ave. North  
204-467-5257

### Teulon-Goodwin Lodge PCH

162 3rd. Ave. SE  
204-886-2108

### Whitemouth District Health Centre PCH

75 Hospital Street  
204-348-7191

**Compliments, Concerns & Questions**

Call us at 1-855-999-4742 to share your compliments and concerns. You can also communicate with us online at [www.ierha.ca](http://www.ierha.ca), click on “About us” and “Compliments & Concerns”.

**Community Wellness Team**

A complete listing of community wellness programs can be found at [www.ierha.ca](http://www.ierha.ca) under “Care in Your Community” and “Wellness & Chronic Disease Education”.

Email [wellness@ierha.ca](mailto:wellness@ierha.ca) or call 1-877-979-9355 (WELL) for programs available in or near your community.

This report is also available in French.

Ce rapport est également disponible en français.

Veillez vous adresser à la Office régional de la santé d'Entre-les-Lacs et de l'Est :

233A rue main, Selkirk Manitoba R1A 1S1

sans frais: 1.855.347.8500

courriel: [info@ierha.ca](mailto:info@ierha.ca)

site web: [www.ierha.ca](http://www.ierha.ca)

Corporate Office 233A Main Street, Selkirk, Manitoba R1A 1S1

Toll free: 1.855.347.8500

Email: [info@ierha.ca](mailto:info@ierha.ca)

Website: [www.ierha.ca](http://www.ierha.ca)

**Interlake-Eastern Regional Health Authority**

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