



# ANNUAL REPORT 2017-2018



Interlake-Eastern  
Regional Health Authority

## **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**

### ***Collaboration***

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

### ***Accessibility***

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

### ***Respect***

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

### ***Excellence***

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

### ***Innovation***

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

### ***Quality 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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Letter of Transmittal and Accountability

Dear Minister,

We have the honour to present the annual report for Interlake-Eastern Regional Health Authority, for the fiscal year ended March 31, 2018.

This annual report was prepared under the Board's direction, in accordance with *The Regional Health Authorities Act* and directions provided by the Minister. All material including economic and fiscal implications known as of March 31, 2018 have been considered in preparing the annual report. The Board has approved this report.

Respectfully Submitted on Behalf of  
Interlake-Eastern Regional Health Authority



Margaret Mills  
Chair, Interlake-Eastern Regional Health Authority

**Acknowledging First Peoples and Traditional Territory**

Interlake-Eastern Regional Health Authority delivers health care services on First Nation Treaty Territories 1, 2, 3 and 5 and on the homeland of the Métis Nation. We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with First Nation and Métis communities in a spirit of reconciliation and collaboration.

## Health Care Transformation – Why is it necessary?

This report reflects our participation in health-care transformation. To understand the work underway, it's important that we understand why we've chosen to contribute to changing health care for the better.

### **We're spending more money but not seeing better health outcomes**

Between 2003 and 2016, health-care funding in Manitoba rose by 97 per cent. Despite these funding increases, Manitoba remains at or near the bottom of national rankings in a number of categories including waits for emergency department services and some diagnostic tests and surgeries.

### **We have a highly complex and inefficient health-care system.**

Right now we have over 250 organizations delivering health care across the province. Across these services, there are redundancies, gaps and inconsistencies both in access and in standards of quality.

### **Health care is focused on hospitals and emergency room care.**

These care options are the most expensive to operate. Relying on them for all care needs contributes to longer wait times and fewer patients can be seen compared to a system with robust primary health care in place.

### **The system isn't focused on patients.**

Despite all the money we've been spending and the complexity of our health-care system, Manitobans

aren't reporting better care than patients in other provinces.

Where health-care transformation has occurred elsewhere, changes in governance and the development of a clinical services plan have improved outcomes and resulted in more consistent access to quality services. These changes have also resulted in more informed and integrated planning for human resources, including physician recruitment and retention.

The Health System Transformation Program has been established to guide the thoughtful planning and phased implementation of broad health system changes aimed at improving the quality, accessibility and efficiency of health-care services province-wide. Interlake-Eastern RHA is contributing to the goals and objectives of the health system transformation program.

### **Guiding Documents**

Listed below are some of the documents contributing to health-care transformation. All of these documents are posted online for public review:

#### **Health System Sustainability and Innovation Review**

*Prepared by KPMG*

Phase 1 presented January 31, 2017, Phase 2 presented March 31, 2017

*KPMG's Health System*

*Sustainability and Innovation*

*Review* was completed in two

phases. Phase One provided high-level recommendations for

consideration, while Phase Two contained more detailed work plans for the implementation of specific recommendations

Read Phase 1:

[https://www.gov.mb.ca/health/documents/hsir\\_phase1.pdf](https://www.gov.mb.ca/health/documents/hsir_phase1.pdf)

Read Phase 2:

[https://www.gov.mb.ca/health/documents/hsir\\_phase2.pdf](https://www.gov.mb.ca/health/documents/hsir_phase2.pdf)

#### **Provincial Clinical and Preventive Services Planning for Manitoba**

*Prepared by Health Intelligence Inc. and Associates*

Presented February 1, 2017

The Provincial Clinical and Preventive Services Planning for

Manitoba review was

commissioned in 2015 by the NDP

government. Its objective is to

provide guidance for a health-care

services plan that is evidence-

based, sustainable, equitable and

detailed. This report encourages

people in the health-care system to

ask: If it is not being done for the

patient, why is it being done? Read

the full report here:

<https://www.gov.mb.ca/health/documents/pcpsp.pdf>

#### **Wait Times Reduction Task Force Report**

*Prepared by the Steering*

*Committee, Emergency*

*Department Wait Times Reduction*

*Committee and the Priority*

*Procedures Wait Times Reduction*

*Committee*

Presented November 21, 2017

This report looked at the current

state of emergency departments,

surgery and diagnostic testing

across Manitoba and emphasizes

the interdependencies of

emergency departments and emergency medical services and timely access to primary care or family doctors.

Read the full report here: [www.gov.mb.ca/health/wtrtf.html](http://www.gov.mb.ca/health/wtrtf.html).

### **Manitoba EMS System Review**

*Prepared by Reg Toews, Project Lead Consultant Supported by Fitch & Associates*

Presented March 2013

To assess the EMS system and provide a guide for future development, a review was commissioned to provide guidance and direction to develop a more integrated, responsive, reliable and sustainable system. The review provides 53 recommendations to ensure service levels are consistent with national benchmarks.

Read the report here:

<https://www.gov.mb.ca/health/documents/ems.pdf>.

### **Contributing to Health Care Transformation – Who’s doing what?**

#### **Transformation Leadership Team**

A transformation leadership team has been established, including representatives from across the health system. The team is prioritizing transformation initiatives and making recommendations on governance and policy development for health-care transformation. Team members have been carefully selected to ensure robust links to both rural and urban health organizations, as well as to strengthen system knowledge across preventive, clinical and business health domains. This team

reports to a transformation management board that includes the Minister and Deputy Minister of Health, Seniors and Active Living.

#### **Shared Health Manitoba (sharedhealthmb.ca)**

In June 2017, the Minister of Health, Seniors and Active Living announced the creation of a new provincial health organization, Shared Health Manitoba, from existing resources. Its purpose is to build an accessible and integrated health system that coordinates consistent and reliable care, capitalizes on talent and expertise across the province, demonstrates positive outcomes and focuses shared resources to effectively serve the health needs of Manitobans. Shared Health will support a better-connected provincial planning process that will result in consistent standards of care across the province and more reliable access to services for patients. In addition, Shared Health will provide coordinated clinical and business support to Manitoba’s regional health authorities. The creation of Shared Health is significant because Manitoba has never had a provincial clinical and preventive services plan to support human resource planning, capital investments or other initiatives that should be coordinated province-wide.

#### **Manitoba Health, Seniors and Active Living**

Health, Seniors and Active Living will continue to lead the system in a number of areas, including policy support and planning, funding and

performance requirements, oversight and accountability.

#### **Regional Health Authorities and Health Organizations**

Regional health authorities and health organizations (CancerCare, Addictions Foundation of Manitoba) will continue to be responsible for the delivery of health-care services. Regional representatives will take part in provincial service planning alongside clinical specialty leaders working with Shared Health Manitoba from across the province.

#### **Health Transformation Management Office**

The Transformation Management Office is a temporary structure within the Transformation Program that is responsible for developing and executing the integrated transformation program plan, called the transformation roadmap, under the leadership and oversight of the Transformation Management Leader. For the period of the transformation this office will consist of a core team working collaboratively to align transformation projects, including regional health authority projects and activities, into the integrated plan. Resources from across the health system will be directed towards transformation projects. This office’s first province-wide request to health-care staff in March 2018 called for expressions of interest from those who are interested in more actively contributing to and participating in the transformation process.

## From the CEO and Board Chair



This year's annual report is unique in that we highlight Interlake-Eastern's accomplishments and challenges from the past year but we also speak to the broader plan underway provincially. Never before has Interlake-Eastern RHA's role in contributing to provincial principles of value, quality, efficiency and effectiveness been so clearly defined. We have been steadfast in our efforts to achieve our regional objectives that contribute to the provincial transformation plan. We are reporting, for the first time in the history of Interlake-Eastern RHA, a balanced budget. We have never had so many opportunities to work so closely with our regional counterparts in collaboration with health-care leaders at the provincial level. This has been an exceptional year for the region and our employees as we begin to

understand our role as a service delivery organization within the provincial context of health-care transformation that is designed to improve the quality, accessibility and efficiency of health-care services.

Guiding the work of the transformation are a number of expert reports. These include the Health Sustainability and Innovation Review conducted by KPMG, the Provincial Clinical and Preventive Services Planning for Manitoba review report (also known as the Peachey report), the Wait Times Reduction Task Force Report and recent reviews of EMS services and home care, as well as an anticipated review of mental health services in the upcoming year. Interlake-Eastern RHA's perspectives are incorporated into these guiding documents through

the consultations that have taken place with residents from the region, frontline staff, senior leaders and executive members. We have been, and we continue to be, a part of the decisions being made to take our regional residents and all Manitobans closer to our collective goal of improved access and quality care.

In speaking with our community members, it has long been noted that change needs to come to our region to address some of our longstanding challenges. We hope that you find within the pages of this report renewed optimism that we are well on our way towards changes that will see you being able to better access the care you need when you need it, in a system that is patient focused and sustainable for generations to come.

Margaret Mills  
Board Chair

Ron Van Denakker  
Chief Executive Officer

## Region at a Glance



Geographic coverage of 61,000 km<sup>2</sup> with a population of 129,037 as of June, 2017\*. This equates to approximately 10% of Manitoba's population and area.

\*Population Report – June 1, 2017, Manitoba Health, Seniors and Active Living

The region encompasses 17 First Nation reserves, 2 Métis local offices and 24 locals.

Approximately one in four residents in the region self-identify as Indigenous (includes First Nation, Métis and Inuit residents)\*\*

\*\*2011 Census data

Designated as an official Bilingual Services regional health authority, we undertake to offer services in English and French in Pine Falls Health Complex and St. Laurent Health Centre

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

19 EMS stations: Arborg, Ashern, Beausejour, Bissett\*, Fisher\*\*, Gimli, Gypsumville, Lac du Bonnet, Lundar, Pinawa, Pine Falls, Riverton, St. Laurent, Selkirk, Springfield, Stonewall, Teulon, West St. Paul, Whitemouth

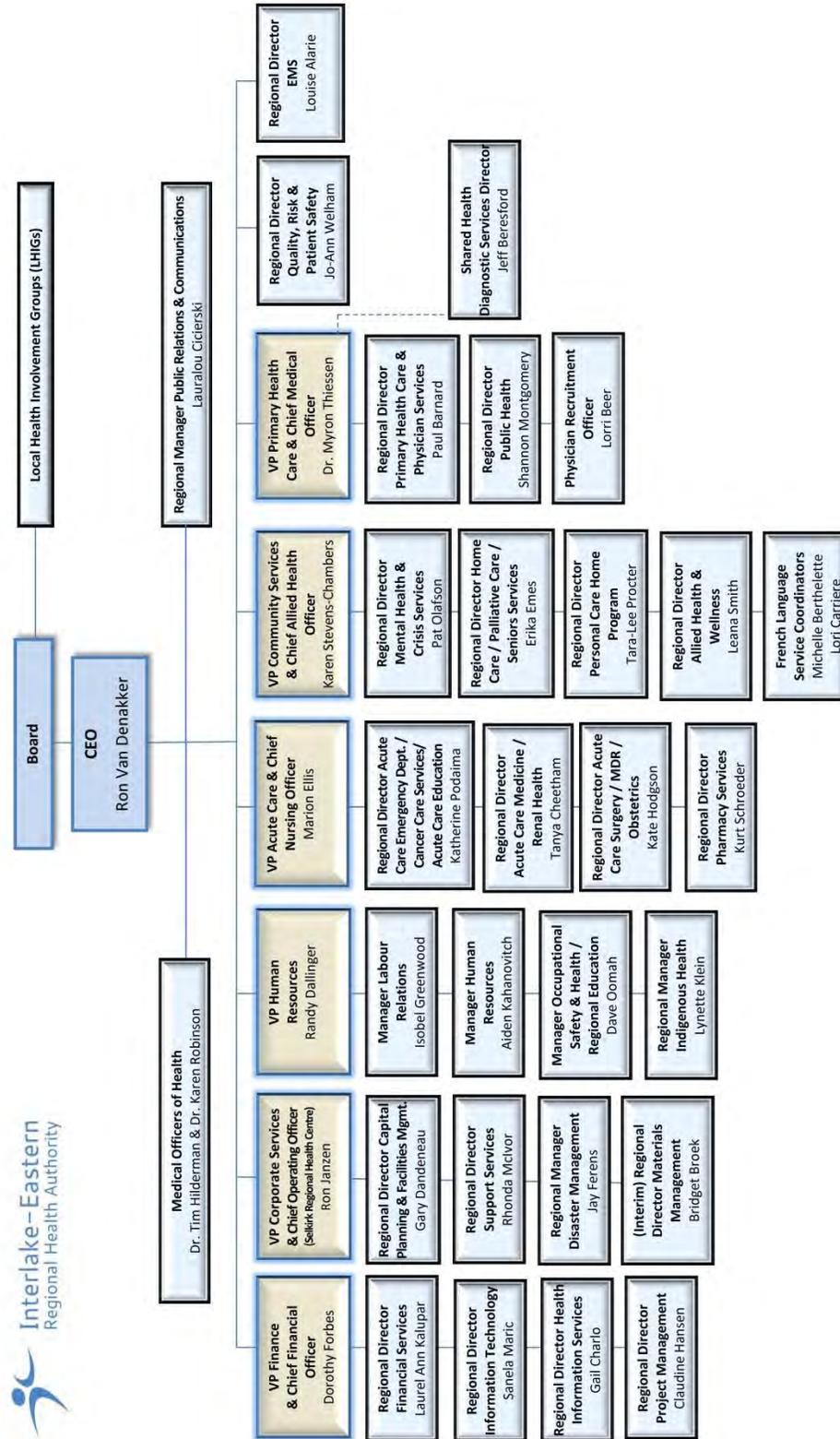
\*staffed on-call only, \*\*not staffed by IERHA

16 personal care homes: Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Lac du Bonnet, Lundar, Oakbank, Pinawa, Pine Falls, Selkirk (3), Stonewall, Teulon

17 community health offices: Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Lac du Bonnet, Lundar, Oakbank, Pinawa, Pine Falls, Riverton, St. Laurent, Selkirk, Stonewall, Teulon, Whitemouth

1 QuickCare Clinic (Selkirk)

1 Mobile Clinic – services Gypsumville, Grand Marais, Prawda and Seymourville



## Our People and Our Challenges

### Our Aging & Growing Population

People aged 50 years and older reflect the population with greatest growth in our region. Helping this population remain healthy, engaged in their community and managing chronic diseases is essential to health-care sustainability in the region. We need to ensure we have the right resources available to help these people safely stay in their homes for as long as possible.

An aging demographic coupled with longstanding long-term care bed shortages affect a number of programs in the region. The number of people in hospital who require placement in a personal care home can account for as much as 50 per cent of hospital patients.

While people are living longer, our acute care, personal care home and home care staff are dealing with patients with more complex needs and care. In home care, this translates into increased service hours per client. 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. The RHA is working with Manitoba Health, Seniors and Active Living and the Manitoba Renal Program to increase capacity for dialysis so that people can be treated closer to home.

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.

### Indigenous Health

Health disparities exist between people who are Indigenous and those who aren't. Paralleling that of Manitoba, the region's Indigenous population is generally young and growing with a high birth rate. Indigenous adults in the region are being diagnosed with chronic diseases at higher rates and at younger ages compared to non-Indigenous Manitoba residents. The overall cancer incidence rate among First Nations residents in our region was 629.6 cases per 100,000 people, significantly higher than the Manitoba average of 471.2.

This information is helping to inform our community wellness programming and defining focus for primary care services for First Nations communities. We've

actively engaged with Indigenous communities regarding health care and we are working to reduce disparities in care.

### Mental Health and Addictions

There is significant demand for mental health services in our region generally. Specifically, the waiting list for mental health services for older adults is increasing as we work to meet the needs of this growing demographic. Mental health and addictions needs are increasing pressures in acute care. In our emergency departments, we are starting to see health and behavioural effects of crystal methamphetamine use more frequently.

### 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. We're working to increase youth 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 in communities where we often experience physician and staff shortages. We continually work to increase and maintain a stable level of primary care practitioners in the region who can also take call in our emergency departments.

## Board Governance



### Interlake-Eastern RHA Board of Directors

**Back row** (from left to right): Steve Day, Brian Magnusson, Oral Johnston, Glen West **Front Row** (from left to right): Ruth Ann Furgala, Margaret Mills, Judy Dunn, David Oakley. Missing Charlene Rocke and Amanda Stevenson

### Organizational and Advisory Structure

#### Executive Committee

Board Chair: Margaret Mills  
Vice-Chair: Oral Johnston  
Treasurer: Steve Day  
Secretary: Ruth Ann Furgala  
Audit Committee Chair:  
Charlene Rocke

Finance Committee Chair:  
Steve Day

Quality and Patient Safety  
Committee Chair:

Oral Johnston  
Education, Policy and Planning  
Committee Chair:  
Ruth Ann Furgala

#### Board Liaisons

Health Involvement  
Groups  
West: Amanda Stevenson

East & Central: Judy Dunn  
Patient Experience: Margaret  
Mills  
Regional Ethics Council: Oral  
Johnston  
Interlake-Eastern Health  
Foundation: Steve Day  
and Brian Magnusson  
Selkirk Foundation Nomination  
Committee:  
Glen West

In August 2017, Margaret Mills  
succeeded Ed Bergen as board  
chair.

At the senior leadership level,  
Dorothy Forbes, former  
regional director of financial  
services who was acting in the  
role of vice president of finance

and chief financial officer,  
officially took on this role in  
September 2017.

#### Important Activities and Decisions of the Board

Directors have reviewed and  
revised the Board strategic  
priorities in the context of  
Provincial priorities that  
include fiscal sustainability and  
reduced wait times. The  
executive team's process for  
reporting to the Board has  
been revised to better focus on  
and evaluate the RHA's  
activities as they relate to  
contributing to these priorities.

Provincial Goal	IERHA Strategic Direction	IERHA Strategic Focus
<p><b>Capacity building</b></p> <ul style="list-style-type: none"> <li>Achieve strategic priorities through a sustained planning and alignment process that advances role clarity, collaborative and innovative work practices, risk management, and effective use of resources.</li> <li>Apply innovative human resource policies and practices to help recruit and retain department staff. These policies and practices will focus on supporting staff development, work-life balance and opportunities for advancement that are consistent and fair across the department.</li> </ul>	<p><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.</p>	<p><b>Fiscal sustainability plan</b></p>
<p><b>Health system innovation</b></p> <ul style="list-style-type: none"> <li>Drive innovation in the health system and the department to improve health outcomes, contain costs, and support appropriate and effective services.</li> </ul>	<p><b>Innovation, learning and growth -</b> We embrace new ideas, explore opportunities, focus on innovation, and build and strengthen partnerships through communication and mutual understanding.</p>	<p><b>Accessibility – embracing new ideas to improve access</b></p>
<p><b>Health system sustainability</b></p> <ul style="list-style-type: none"> <li>Direct the development and implementation of a long-term action plan that defines Manitoba’s future health system, establishes clear roles for the department and other stakeholders, and how the system can be sustained.</li> <li>Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities.</li> <li>Build sustainable, innovative and evidence-based service provider funding methods to ensure accountability, meet the health needs of Manitobans, and contain the rise in health costs.</li> <li>Enable information systems and technologies that improve Manitoba’s health system and department processes in a sustainable way. Influence the creation of conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages</li> </ul>	<p><b>Keeping it going and moving it forward -</b> We will meet the needs of our clients and patients by sustaining appropriate 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</p>	<p><b>Accessibility – sustaining appropriate levels of care and service delivery</b></p>
<p><b>Improved access to care</b></p> <ul style="list-style-type: none"> <li>Enhance and improve access to health services for all Manitobans.</li> <li>Implement a strategy to enhance the primary health-care system that better meets the patient and population needs of Manitobans through a greater emphasis on the patient.</li> </ul>	<p><b>Expanding opportunities – our opportunities -</b> We welcome everyone 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.</p>	<p><b>Customer service</b></p>

<p><b>Improved service delivery</b></p> <ul style="list-style-type: none"> <li>• Lead advances in health service delivery with First Nations, Métis, and Inuit Manitobans, through policy and programs with a focus on prevention, primary health care, public health, and education.</li> <li>• Lead emergency management by establishing strategies, policy and partnerships that improve operational readiness to meet population needs in emergency and disaster situations.</li> <li>• Realize customer service excellence through improving Manitoba Health’s services.</li> <li>• Guide effective and efficient department policies, processes, and service delivery methods to support the department and its funded service providers to strengthen capacity, ensure roles are clear, accountabilities are met, and services are delivered to meet the health needs and safety of Manitobans in the best way possible.</li> </ul>	<p><b>The Best We Can Be</b></p> <p>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.</p>	<p><b>Patient safety</b></p>
<p><b>Improving health status and reducing health disparities amongst Manitobans</b></p> <ul style="list-style-type: none"> <li>• Steer an innovative, evidence-based action plan to reduce health disparities and improve the health of Manitobans. This involves negotiating clear roles and effective working relationships with other government departments, municipalities, regions, and other appropriate partners.</li> <li>• Create an innovative, collaborative plan for public health to target major gaps in health status and improve the health of Manitobans.</li> </ul>	<p><b>Getting Better, Staying Healthy</b></p> <p>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.</p>	<p><b>Indigenous health</b></p> <p><b>Mental health</b></p>

**Achieving a Balanced Budget**

The Board approved a fiscal plan that was focused on achieving a balanced budget. The plan was informed by provincially commissioned health-care analysis, our experience with challenges that exist in our own current health-care system, interaction with stakeholders, including staff, as well as focusing on provincial health-care priorities. This marks the first time in Interlake-Eastern RHA’s history that we do not have a deficit. Our fiscal plan also addressed ways for us to achieve our \$7 million fiscal efficiency target as part of a province-wide

commitment to improve the fiscal sustainability of health care.

**Establishing an Indigenous Advisory group**

Drawing upon the successful integration of community feedback into board decision making that the Local Health Involvement Groups have contributed, the Board has provided direction to proceed with the creation of an Indigenous advisory group that will contribute to the fulfilment of our Indigenous health strategic priority.

**Identifying and Managing Risk**

Accreditation Canada standards for health-care organizations outline the need for leadership teams to implement enterprise risk management and for governing bodies to assess and reduce risk and promote a culture of risk management. This includes identifying methods and processes to manage risks and seize opportunities related to achieving objectives in our strategic plan.

These objectives were used to identify, assess and prioritize our key risks and categorize risk impact

to the region as strategic, financial, compliance or operations.

Twenty-nine risk areas were identified with a total of 152 mitigation strategies. The highest risks identified for the IERHA were operational risks such as quality care and patient safety, human resources (clinical) and accessibility to health services. Quality and risk program staff have been following up on the mitigation strategies over the past three years. We have successfully put in place mitigation strategies for 123 risks and continue to work on addressing 12. The remainder have been accepted, deferred and or removed as strategies were tried and found to be ineffective or no longer possible to complete.

Next steps will include a focused risk register review which will consider the outstanding mitigation strategies over the next 12-18 months as they relate to the refreshed strategic plan. Monitoring of IERHA risks and continuing to create a culture of risk awareness is ongoing in all levels of management.

### **Annual General Meeting**

The fifth Interlake-Eastern RHA Annual General Meeting was held on Monday, October 2, 2017 in Pine Falls. Guest speaker for the evening was Dr. Brock Wright, CEO and provincial lead of health services with Shared Health. Dr. Wright provided an overview of Shared Health's structure and purpose and answered questions about health-care transformation. Approximately 50 community members attended the meeting.

### **CEO Award for Community Leadership**

At our 2017 Annual General Meeting, CEO Ron Van Denakker presented the CEO Award for Community Leadership to Judy Dunn. After losing her son Andrew to suicide in 2006, Judy has created AndrewDunn.org to help educate and create awareness surrounding mental health issues and suicide and she works to increase public awareness of available resources and effective treatment.

She works with the Mood Disorders Association of Manitoba and, alongside other dedicated individuals, she hosts the Annual Andrew Dunn Walk/Run in Oakbank, which was first held in 2007. Since then, AndrewDunn.org has generated over half a million dollars and the run has grown to include 700 to 1,000 people annually. Her work and story are truly remarkable, demonstrating not only a passion for community outreach, but also personal courage and strength to make the world a better place.



CEO Ron Van Denakker recognized Judy Dunn's contributions to mental health with the CEO's Award for Community Leadership

### **Major Consultations Establishing a Residency Program in Interlake-Eastern**

Recruiting and retaining physicians in Interlake-Eastern RHA has been a longstanding challenge. Our Board of Directors passed a resolution in support of pursuing a family medicine residency program for medical students as a priority since we are the only rural RHA that does not have a program like this. These programs bring residents in the family medicine stream to the region so they can work all over, acquiring familiarity with our communities, residents and care providers as a means of gaining clinical expertise.

Residency programs have proven themselves effective in attracting and retaining new medical graduates who want to stay, live and work within the region where they trained and where mentorship and collegiality have already been established.

Over the past year, our CEO and the Senior Leadership Team have been working with a regional task force comprised of municipal leaders towards developing a primary care clinic in Selkirk. This clinic would need operational space to house a family medicine residency program. We have secured significant support for the residency program including commitments from a physician group practicing within Interlake-Eastern as well as the University of Manitoba Medical School and Manitoba's Office of Rural and Northern Health. In addition, 17 communities and rural municipalities have passed

resolutions in favour of this initiative.

Along with key stakeholders, whose support is essential for us to make supporting a residency program a reality, we are continuing to work with the Province to ensure this program is being considered in Interlake-Eastern RHA as part of ongoing health planning.

## Community Consultations

### Personal Care Home Call for Proposals

Two vice presidents, Karen Stevens-Chambers and Ron Janzen, have supported community groups responding to Health, Seniors and Active Living's call for proposals to create more personal care home beds in the region. These proposals are part of the Minister of Health, Seniors and Active Living's mandate to fast-track construction of 1,200 personal care home beds in the province to alleviate the health-care crisis facing seniors and families. Proponents' proposals were to address evidence of current and future needs and include sustainable capital and operating budget plans that would maintain costs at acceptable rates for future residents. Proposals were to also be based on approved design principles. Our role in the process was to solicit proposals, assist in their development and partner with Manitoba Health, Seniors and Active Living to review them and make recommendations for implementation.

We received six excellent proposals from community groups eager to help us address our shortage of personal care home beds in this

region so that we can provide more appropriate care to residents in need of long-term care. In February, we submitted the proposals to the department and in March we reviewed our recommendations with representatives from Health, Seniors and Active Living. We look forward to continued work with Manitoba Health, Seniors and Active Living to announce new personal care home beds in the region that, regardless of location, will greatly contribute to improved access to appropriate care.

### Local Health Involvement Groups

We have three active Local Health Involvement Groups (LHIGs) that are composed of community members with an interest in providing a grassroots voice on topics of relevance to the delivery of health-care services in our region. While individually we're our best proponents for maintaining and caring for our own health, when we work together we can better ensure that the health-care services we provide in our region are reflective of the needs of our residents.

The three LHIGs represent the following areas of the RHA: **Central LHIG** – Northern most limit of East St. Paul, including Selkirk, Beausejour, Oakbank and Stonewall; **East LHIG** – Commencing at the point of intersection with the Eastern boundary of the Province of Manitoba and the Southern limit of the Trans Canada, including all towns and First Nations on the East side of lake Winnipeg; **West LHIG** – North Western most limit of the RM of East St. Paul to the intersection with the shoreline of

Lake Manitoba including all Towns and First Nations up to and including Berens River First Nation.

LHIGs are tasked with deliberating upon and responding to questions posed by the Board of Directors. This year, feedback from the LHIGs helped us: reinforce a *patients as customers* philosophy and the importance of establishing respectful relationships with all customers; streamline our topic selection for the 2019 community health assessment and; develop a community engagement plan for our Family Doctor Finder program.

To learn more about the LHIG program and the application process to become a LHIG member, contact or more information about LHIGs, please contact Pamela McCallum at 204-785-7044 or [pmccallum@ierha.ca](mailto:pmccallum@ierha.ca)

### Board Composition

The Minister of Health, Seniors and Active Living appoints directors to each Regional Health Authority 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.

### **General Responsibilities of Board Members**

Board members are responsible for carrying out the duties, powers and functions of the regional health authority including those outlined in *The Regional Health Authorities Act*. They ensure that the RHA's operations are fully compliant with all legislation, regulations, policies, funding and other directives, and guidelines applicable. Board members participate in ongoing education to ensure the Board is best positioned to execute its fiduciary responsibilities. Inherent expectations are placed on board members to act in the interests of taxpayers and the Minister (on behalf of the people of Manitoba) and remain independent from the organization's executive. Board actions and decisions must be aligned with the government's mandate and provincial plans and priorities, direction, and fiscal realities. Specifically, the Board is committed to supporting the Province in identifying opportunities to eliminate waste and inefficiency, and to contribute to improving the effectiveness and responsiveness with which the entire health sector delivers results for Manitobans.

### **Board Governance Evaluation**

The Board continues to take an active role in ensuring that Board governance practices meet or exceed industry standards. Using Accreditation Canada's Governance Functioning tool to evaluate Board operations, each director performs a self-evaluation that is reviewed in person with the board chair. This tool lets boards assess their structure and function

against Accreditation Canada's standards. It helps directors develop action plans to address any governance shortcomings.

### **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 complied with laws, regulations and policies related to financial reporting and has established appropriate internal control processes. The audit committee oversees a number of financial policies and they review the process for reporting to the board annually. The auditing process includes attestations that proper internal controls and accounting policies are being followed.

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

## Achievements and Accomplishments

### Provincial Goal: Capacity Building

Supporting regional strategy: **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.

Regional strategic focus: Planning to achieve fiscal sustainability

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#### Operational Strategies

##### Contributing to Provincial Planning

Interlake-Eastern continues to contribute to and support health transformation. At the end of last fiscal year, we submitted a regional sustainability plan that identified our priorities that contribute to the goals of health-care transformation that are to improve the quality, accessibility and efficiency of health-care services. Over the course of the year, Interlake-Eastern's suggestions have been integrated into provincial planning and elevated into a province-wide perspective. This provincial view takes into consideration the challenges arising in health-care service delivery and the solutions being proposed by each RHA for integration into one health-care system to address all needs. This approach to planning provincial health-care service delivery is taking time but we continue to sit at the planning tables and we continue to be a part of the processes that have evolved over the course of the past year. Once complete, we fully anticipate that we, as well as all other RHAs and their residents, will have a much better understanding of where changes need to occur to bring about the improvements that

we've all been asking for from the health-care system. We will have answers to the questions of "where do I go for reliable 24-7 emergency care?" and a confirmation that regional residents will be able to invest in establishing relationships with care providers that will endure over the long term.

Measurements of the effectiveness of this operational strategy will be integrated with provincial clinical and preventive services plans as well as other provincially established metrics.

##### Bending the Cost Curve

Health expenditures account for 40 per cent of the Province's budget and these costs have tripled over the past 20 years from \$1.9 billion in 1998 to \$6.2 billion in 2018. Despite these funding increases, Manitoba remains at or near the bottom of national rankings in a number of categories, including waits for emergency department services and some diagnostic tests and surgeries.

The Province of Manitoba has identified improved fiscal efficiency as an overarching strategic goal. We too have embraced fiscal responsibility as an operational requirement and have achieved a

balanced budget this fiscal year. We are committed to maintaining and operating within a balanced budget. We've undertaken a number of initiatives that have contributed to our financial status. Staff members have agreed to reduce expenses related to travel and meetings and we are using and sourcing supplies more efficiently in manners that do not affect patient care.

Finance team members are assigned to managers to help them actively manage budgets. The finance team meets regularly with program managers and directors to monitor expenses, identify areas of inefficiency and optimize staffing.

At a senior level, in addition to actively identifying and monitoring efficiencies at a regional level, we have adopted vacancy management as an effective cost savings measure and, after much deliberation and program and service review, we achieved a 15 per cent management reduction target. The total number of positions affected in this region was 19. Due to vacancies and attrition, the actual number of management staff members impacted through the reduction was 10.

### **Nursing Optimization**

We were the first regional health authority to pilot the Provincial Nursing Workforce Optimization Project with a goal to reduce nursing and staff overtime and agency costs without affecting patient care.

In conjunction with the George & Fay Yee Centre for Healthcare Innovation (CHI) in Winnipeg, we established regional project teams with staff representatives focused on defining current processes, the issues to be addressed and how to change processes to reduce reliance on overtime and agency nursing over the long-term. As a result of this project, gains have

been made in both sites towards reducing overtime hours and the use of agency nurses.

Next steps are to continue working on regional system challenges that have not yet been addressed including scheduling. The onsite teams have identified ways they can adhere to the improved processes moving forward so we can continue to achieve appropriate workforce optimization over the long term.

### **Home Care After Hours**

A new after-hours support pilot project for home care attendants servicing Selkirk and area sees us better able to redirect staff when

clients cancel service at the last minute or when workers call in sick.

Traditionally, administrative supports for the home care program have been available only during weekdays but the new support team is available early morning, evenings and weekends. This means our home care service delivery can better align with the needs of our clients when unexpected changes occur.

When we first introduced after hours support, our staff replacement rate was close to 27 per cent. With the pilot project in place, that rate is now 65 per cent.



## Interlake–Eastern Health Foundation

LEGACY FOR LIFE

### **Interlake-Eastern Health Foundation Celebrates First Year**

This fall, Interlake-Eastern Health Foundation celebrated its first year in operation.

The foundation provides a way for our region's residents and community organizations to provide financial support for improving health and well-being across our region. Health care in our region has always benefited from many generous donations over the years but now the ability to make donations is more structured, targeted to community

needs and recognition options are available.

The foundation introduced its Board of Directors in November 2017 at an event hosted for donors, foundation and board directors elected leaders.

The Interlake-Eastern Health Foundation makes it easy to donate to a worthy and health-related cause in our region. Donations are accepted for high-priority projects or personal areas of interest. Endowment funds are

another option to contribute to specific purposes.

To see more examples of our community generosity or learn how you can contribute to regional health and wellness through the Interlake-Eastern Health Foundation, visit [www.iehf.ca](http://www.iehf.ca) or "interlake-eastern-health-foundation" on Facebook. Inquiries can be directed to Pamela McCallum, executive director, Interlake-Eastern Health Foundation, [pmccallum@ierha.ca](mailto:pmccallum@ierha.ca), 204-785-7044.



**Interlake-Eastern Health Foundation's Board of Directors:** (from left to right) Pamela McCallum, executive director; Ted Lewis; Kelly Cook; Bill Bodman; Cyndi Typliski; Dr. Dan Lindsay; Brent Wynnyk (donor); guest Dr. Alan Lagimodiere (MLA for Selkirk); Steve Day; Tracey Epp; and D.J. Sigmundson

**Foundation donations establish three endowment funds:**



**Cholosky Family Endowment of \$100,000 for the Selkirk Regional Health Centre**

*My uncle always commented on how wonderful the staff was and how lucky Selkirk was to have such a wonderful facility. As he watched the construction of the new hospital from his room at the former Selkirk District & Regional Hospital, he often commented on what a great facility it would be when it opened and how many people of Selkirk it would help long after he was gone.*

—Brent Wynnyk, Nephew of Bill & Olive Cholosky



**Gaynor Family Children's' Fund – \$20,000 for children's' health and wellness across the region**

*Betty Anne and I are pleased to be able to make a contribution to benefit youth in the region through the foundation.*

—Jim Gaynor

**Interlake-Eastern Health Fund**

This endowment fund continues to see regular growth and ensures enhanced health related opportunities for regional residents in perpetuity.

## Provincial Goal: Health System Innovation

### Supporting regional strategy: **Innovation, Learning and Growth**

We embrace new ideas, explore opportunities, focus on innovation, and build and strengthen partnerships through communication and mutual understanding.

Regional strategic focus: Accessibility

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### **Operational Strategies**

#### **New Personal Care Home Beds**

Interlake-Eastern RHA is working as a liaison between Manitoba Health, Seniors and Active Living, that has expressed intent to fund new personal care home beds in the region, and community groups interested and willing to meet the specific criteria for funding. Six community based proposals to create new personal care home beds have been submitted to the department for consideration and we anticipate awarding of funding in 2018.

The success of this operational strategy will be evaluated by the number of new personal care home beds created in this region. Read more under “Board Governance”, “Major Consultations”

#### **Establishing a Medical Student Residency Program**

In conjunction with community partners and elected leaders, we are progressing towards the establishment of a residency program for medical students. We are the only RHA to not have such a program and, as a result, we have been excluded from the well-established physician recruitment and retention benefits that these teaching centres offer. Read more under “Board Governance”, “Major consultations”.

Our measurements to evaluate this strategy will be established in conjunction with the operational plan for the residency program. It must be noted that this initiative, while based in Selkirk, will contribute to region wide efforts to attract and retain physicians. Effectiveness of the program will be evaluated in part by its capacity to meet regional needs for physician care.

#### **Establishing Our First My Health Team**

Manitoba Health has set aside funding for our region to develop our very first My Health Team. A My Health Team sees physicians partner with community groups to identify and align health-care service delivery with the needs of residents in a specific area. My Health Teams put patients at the centre of a team of health-care providers that will typically include a doctor, nurse practitioner and possibly dietitians, nurses, mental health clinicians or others who work to ensure you have quick and easy access to all of the health services your community needs. All care providers in a My Health Team are connected to your care through electronic records so they are all aware of your full health story.

Local communities and physicians were asked to express their

interest in applying to become a My Health Team. Expressions of interest were received from several communities and care providers. Engagement with First Nation communities and groups has resulted in two My Health Team submissions with First Nations as community partners. These partnerships have the potential for us to be the first to create a My Health Team based on First Nations language and culture. Our primary care leadership team supported the preparation of submissions by providing information on target populations and ensuring outreach to vulnerable populations. Our first My Health Team will be announced later in 2018. For more information on My Health Teams, how they function and the benefits to community health care, visit the Province of Manitoba’s webpage: <https://www.gov.mb.ca/health/prietarycare/homeclinic/index.html>.

My Health Teams are one part of our extensive primary health-care strategy. Access to effective primary health care is recognized as the foundation of a well-functioning health-care system. Measurements to evaluate success will be established based on provincial objectives and the objectives of the My Health Team once established.

### **My Health Team Goals**

Inter-professional My Health Teams will develop services to ensure people are more informed and involved in planning their own care. Other goals of My Health Teams include:

- Improving **access** to primary care for all Manitobans.
- Demonstrating **quality** and **safety** in Primary Care
- Increasing the focus on the patient and **patient-centred** primary care.
- Connecting care providers within and across geographic boundaries to provide **seamless transitions** in care.
- Enhancing **efficiency** in primary care and supporting **sustainability** of the health system.
- Services in My Health Teams will emphasize prevention and coordinate disease management, including the identification and reduction of chronic disease risk factors such as physical inactivity and tobacco use.

### **Harm Reduction and Overdose Prevention Underway**

Our public health team has been working closely with health partners and our region's communities to expand programming and services for harm reduction and overdose prevention over the past year. An overdose prevention day memorial on August 31, planned in conjunction with the Selkirk Peer Advisory Group, saw community peers share personal stories and song in recognition of loved ones who have overdosed. The FireHeart Womens' Drum Group provided the musical backdrop to the memorial.

In addition, we partnered with Manitoba Harm Reduction Network, Manitoba First Nations AIDS Working Group, Ka Ni Kanichihk and South-East Resource Development Council to host the Manitoba Harm Reduction Conference in Brokenhead last November. Over 200 people attended including people from over 50 First Nation communities and organizations.

In Sagkeeng First Nation, the community peer group held its first meeting at the Sagkeeng Health Centre. Sagkeeng, along with other peer groups in Selkirk and Pine Falls, have made significant contributions to regional and provincial planning for harm reduction. A community based research project, being led by peers, in the City of Selkirk is investigating the reasons why people who use injectable drugs may or may not access community services available to them. Conducted by the Manitoba Harm Reduction Network with funding from the Canadian Institutes of Health Research, this research will help public health professionals connect people using drugs with health-care services.

In order to prevent instances of overdose, we have also worked to distribute naloxone overdose prevention kits to peers, service providers and general public in Selkirk, Pine Falls and Sagkeeng. Those receiving the kits are also given training on their use. Due to expanded partnerships with pharmacies in Pine Falls-Sagkeeng, we've also been able to expand naloxone kit distribution to three additional locations in our region.

### **A Paperless Trail**

In preparation for the demands of the new Selkirk Regional Health Centre, our health information services department worked to convert paper records to digital images. Three million documents or 250,000 medical paper records were cleaned and scanned so they can now be managed in an electronic document management system.

### **Project Profile**

#### **Improved care for people living with COPD**

Chronic obstructive pulmonary disease (COPD) is a top reason for admission to hospital within Manitoba. While excellent care and resources are available, previous projects have found that these services are not entirely integrated and coordinated. The Canadian Foundation for Healthcare Improvement is collaborating with us on the COPD Collaborative Care project. All patients and family members participating in this project will work with our acute care and community care program staff to better understand how they can self-manage their care by using tools we provide. At the same time, we work to increase the support we provide in hospital and at home with an objective to reduce the amount of time a program participant stays in hospital or visits the emergency department to address symptoms of COPD. We are initially focusing on patients in the Selkirk area and hope to have first patients enrolled in early 2018.

## Provincial Goal: Health System Sustainability

### Supporting regional strategy: **Keeping it Going and Moving It Forward**

We will meet the needs of our clients and patients by sustaining appropriate 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.

Regional strategic focus: Accessibility

### Operational Strategies

#### Shortening Wait Times

The Province of Manitoba has identified shortening wait times for health-care services as an overarching strategic goal. The Minister of Health, Seniors and Active Living established the Wait Times Reduction Task Force with a mandate to recommend actions to shorten wait times in emergency rooms and for other priority procedures and treatments where Manitoba ranks below the Canadian average. A steering committee oversaw two committees established to undertake this mandate: the Priority Procedures Wait Times Reduction Committee and the Emergency Department Wait Times Reduction and Access Improvement Committee. Read more on this report under “Health Care Transformation – Why is it necessary?” and “Guiding Documents”.

We are working towards achieving the provincially established objective to reduce emergency department wait times by 15% by March 31, 2019. We have established a report to the Board to monitor our progress towards our emergency department baseline goal for Selkirk Regional Health Centre as this is the only hospital in our region that is on the

emergency department information system that captures data to help us measure wait times reliably.

To help us achieve this objective, we have established a clinical process team that includes our emergency department physicians, clinical team managers and emergency department staff to identify and undertake process improvements at Selkirk Regional Health Centre. The expanse of this team recognized that wait times are a reflection of many different aspects of the health-care system including but not limited to acuity of illness, bed availability, access to diagnostics and speed of documentation process.

Implementation of an electronic documentation system, ClinDoc, in Selkirk’s emergency department will contribute to streamlining workflow processes that were still being refined after the move to the new hospital in June 2017.

The primary care team is working to address gaps in primary health care that exist in Selkirk. Access to a regular health-care provider for everyday health concerns will help to reduce the number of people visiting the emergency department for non-urgent health-care needs at one end of the spectrum and those with conditions that have progressed to urgent as a result of

limited access to primary health care.

In addition, we are working to better address access to mental health services, specifically to psychiatry services, in our emergency department so that patients can access the care they require. Lack of access to needed services is a barrier to patient flow and an additional contributor to lengthy wait times in our emergency departments.

#### What do we mean by patient flow?

Movement of patients through the health-care system is a key component to understanding emergency department wait times. Patient flow can be thought of like water flowing in a river: in the event of sudden heavy rain (the equivalent of a surge of patients), multiple small obstructions or a strategically located dam (like having no beds available to receive patients) may all result in flooding – the equivalent of emergency department overcrowding. Therefore, good data that tracks patient flow, care provider performance, processes, pathways, and outcomes is critical to managing the many parts of this highly complex system.  
–From the Wait Times Reduction Task Force: Final Report.

## Project Profile

### Improving Patient Flow

To help us improve patient flow in the region, we've established a number of teams that cross programs and positions. We identify where challenges are arising and how we can collectively move to address them:

- Our early morning, daily patient flow "huddle" teleconference sees acute care clinical team managers, clinical resource nurses, physician services and on-duty doctors report on bed status for that day. Linking the acute care program to information from all programs and facilities helps us bring patients home from Winnipeg and link them to appropriate care in this region.
- Our long-term care, home care, EMS, mental health and acute care program leaders meet weekly to discuss patient flow and identify resources and processes to help with safe patient discharge from hospitals and reduce emergency dept. wait times.
- Right now, with a provincial average of 9.6 days in hospital per patient, Manitoba ranks last among all provinces. Our physician bed management working group meets monthly to review length of stay and identify opportunities where we can improve.

Moving from multiple silos to a more collaborative communication model has been revolutionary for patient flow in our region.

### Timely Access to Medical Experts for Strokes and Heart Attacks

If you are experiencing a stroke, current protocols identify a window of two hours for paramedics to assess you and transport you to care at Health Sciences Centre where the provincial medical expertise exists for timely treatment. In 2018, we will be adopting a similar process for people experiencing symptoms of heart attack. Paramedics will run a diagnostic test called an electrocardiogram. They will share test results with medical experts at St. Boniface Hospital who can then direct the ambulance to bypass all open emergency rooms and come directly to St. Boniface Hospital for care. Paramedics will continue updating test results along the way so the cardiac specialists can prepare for the patients' arrival and start delivering required care immediately.

### Implementing Emergency Medical Services Review Recommendations

Robust EMS services have been identified as key contributors to improved patient flow. As the Province continues to implement recommendations from the 2013 EMS Review (see "Health Care Transformation – Why is it necessary?" and "Guiding Documents" for more information on this review), our capacity to improve response times in this region is improving with increased investments in EMS. In June, we received funding to add four new paramedic positions to both Arborg and Ashern. In addition, the 2018 Provincial Budget identified 60 new paramedic positions to be added to the provincial workforce and of these, 26 new positions

have been identified for our region to enhance staff complements.

### Creating More 24-7 EMS Stations

Increased staffing helps us accomplish another recommendation from the EMS report: implementing 24-7 coverage in EMS stations in favour of the former on-call status. On-call sees paramedics respond from home when a call comes in at night, increasing the time for ambulance response and resulting in paramedic fatigue. The preferred alternative, 24-7, has paramedics on shift at work at all times. Introducing new staffing models has involved extensive consultation with our paramedics to determine what changes they believe will lead to appropriate rest periods for staff and improved access to care for residents.

Teulon EMS station is an example of a station that will be moving to 24-7 coverage in 2018. In support, the Province has announced funding to upgrade the EMS garage in Teulon so that we can bring this station up to standard for a 24-7 operation. We will be exploring options for this EMS station in conjunction with the Town of Teulon.

### Strengthening the EMS System

The 2013 review recommended the relocation or restructuring of a number of EMS station locations across Manitoba. These recommendations were validated by an expert task force made up of government and regional officials, as well as paramedics. This included reviewing data from Manitoba Transportation Communications Centres on call

volumes and dispatch to identify opportunities to strengthen the system. In our region, we'll see our Bissett EMS station consolidate with a newly built EMS station in Manigotagan and we'll be closing EMS stations in Pinawa, Prawda/Reynolds and Riverton. Lundar station will consolidate with a newly built EMS station in Eriksdale. Closure of 18 stations in rural Manitoba will improve response time as ambulances will be more strategically located and staffed allowing us to better match resources with actual call volumes to achieve rural response time standards.

We'll be measuring the effectiveness of our investments in our EMS program by the number of EMS review recommendations we have put in place as well monitoring and managing our achievement of provincial response time standards.

### **Community and Staff Readiness**

Regularly providing information to people and being available to respond to questions has been widely recognized as a primary contributor to the success of health-care transformation. We are capitalizing on opportunities where they exist, and creating them where they don't, to share as much information as we can about health-care transformation in Manitoba and how we stand to benefit from these changes. Given the province-wide planning that is underway, sometimes our efforts to be as transparent as possible means we have to respond to questions with "We're not sure" or "We don't yet know" but we still feel this communication is of value.

In addition to senior leaders meeting with staff on site, the CEO hosts staff teleconferences to update our staff on activities in the RHA as required. In January, all staff members were invited to participate in a moderated, province-wide, staff town hall for health-care employees with the Minister of Health, Seniors and Active Living. Also on the call were Deputy Minister of Health, Seniors and Active Living, Karen Herd; Dr. David Peachey, whose recommendations on clinical and preventive health-care service planning provided the foundation for Manitoba's move toward a provincial planning process for these services; and Dr. Brock Wright, chief executive officer of the new provincial health organization Shared Health, which will leverage the expertise of clinical leaders from across the province to develop a provincial clinical and preventive health services plan. Staff had the opportunity to pose questions and a summary of questions was provided after the call to account for questions staff had but couldn't be addressed in the time identified for the call. Audio and a transcript of this call are available under "Videos, Audio and Transcripts" on this web page:

<https://www.gov.mb.ca/health/hst/resources.html>

A number of community based health-care groups have evolved in this region including the North Eastman Community Health Committee on the east side of the province and the Interlake Healthcare Sustainability Committee on the west side of the region that bring together elected

leaders and interested community members to identify and proactively address health-care issues in partnership with the RHA and other key stakeholder. Members of our senior leadership team and other relevant staff members regularly attend these meetings to provide updates and advise of transformation progress. These meetings, in addition to work being done provincially to keep municipal leaders advised of health-care transformation, have been incredibly beneficial opportunities to share information and educate people about the health-care system. The improved understanding, by all parties, has contributed to honest and open dialogue and expectation management regarding changes in the delivery of health-care services. We will continue to invest in participating in opportunities to speak with community members as health-care transformation progresses.

### **Project Profile**

#### **Opioid Replacement Therapy**

Since mid-2016, we've provided opioid replacement therapy to residents who want to address high risk substance abuse and addictions. To date nearly 50 clients have been assessed for their drug and alcohol addictions problems. Clients work closely with our counselling and harm reduction services and many have managed to address their dependency or addictions issues, get jobs and improve their family relationships.

We have also shown significant reductions in Emergency Room presentations related to opioid misuse problems. These clients are screened for hepatitis and HIV and many have received Hepatitis B vaccinations.

There are currently two clinicians who provide this service from Pinawa and Pine Falls along with the support of public health nurses, counsellors and pharmacists. Residents can self-refer or ask their family members, pharmacist or their regular care provider to refer to this service.

There are plans to extend this service throughout the region by establishing a Rapid Access to Addictions Medicine (RAAM) clinic that will like people with required care providers and services to support in addressing substance abuse issues.

members who work collectively to promote Interlake-Eastern communities as the wonderful places they are to work and play.

#### **Allied Health Recruitment Success**

Our allied health team has had significant success with new hires this past year. Our audiology program has hired a new pediatric audiologist in Gimli as well an adult audiologist in Beausejour.

We have also welcomed student recruits in school practicum positions for physiotherapy, occupational therapy, rehabilitation aides and dietitians. This July, we hosted an aspiring occupational therapy student in our *Home for the Summer* program. While working with us, she gained experience in Beausejour and in Selkirk at the regional health centre. Students in the *Home for the Summer* program have a connection to this region

and it's our hope they will bring their skills back home when they graduate.

#### **New Home Care Nursing Clinic**

We offer home care nursing clinics in Beausejour, Lac du Bonnet, Oakbank, Pine Falls, Selkirk, Stonewall and now, Gimli.

Attached to Gimli's hospital, the home care nursing clinic provides nursing care to local and surrounding home care clients. Clients who are mobile or able to be driven by family members can now book regular appointments with this new clinic rather than wait for a nurse to attend them at home.

Home care nursing clinics are an appropriate place for home care clients to receive care specific to their needs. These clinics improve the efficiency of nurses who reinvest travel time into clinic time.

#### **Physician Engagement**

In this fiscal year, we continued to invest in our physician services team with an objective to improve physician retention and recruitment in the region. The efforts of this team, in conjunction with the work of physicians in our region, are paying off. We celebrated the arrival of 19 new family physicians this year and the addition of 25 locums who contribute to populating our emergency department on call schedules by picking up shifts in the region.

This is a significant improvement that can be attributed in part to the contributions of staff, physicians and community



Westshore Community Foundation donated \$1,500 towards the purchase of an exam table for Gimli's new home care nursing clinic.

## Provincial Goal: Improved access to care

Supporting regional strategy: **Expanding Opportunities - Our Opportunities**

We welcome everyone 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.

Regional strategic focus: Customer Service (People Centred Service)

### Operational Strategies

#### Primary Health Care Development

Robust primary health care is foundational to an effective and sustainable health-care system. Primary care refers to what is often first contact with the health-care system when patients and their families receive a diagnosis, treatment or help with a new health problem or chronic condition. Services can also include speaking with a health-care provider about staying healthy and preventing illness.

Access to a regular primary health-care provider in a timely manner has proven benefits to health. Health issues can often be addressed when minor, reducing the need for hospital and emergency department visits. Care is safer as a result of the long-term relationships that can be created. Good primary care leads to greater patient satisfaction and lower health-care costs.

Our primary health-care plan is based on an intensive review of each community in our region, the identification of population and health status in these communities and where people go to seek health care so we can map our catchment areas for care. From this information, we have compiled

detailed plans that help us identify a target for primary care resources required in communities.

We continue to invest in developing primary care regionally. This year, we successfully registered 25 of the region's 27 eligible clinics as home clinics. These are patient-centred primary care clinics that serve as a patient's home base within the health system. They provide people with timely access to care, coordinate health care within the system and manage health-care records. Among criteria for eligibility as a home clinic is the need for the clinic to be using an electronic medical record.

#### Home Clinics

##### Keeping you healthy by:

- Being patient centric - putting you at the centre of your care
- Providing faster access to care
- Maintaining ongoing care
- Connecting you to care from other providers such as dietitians, chronic disease nurses, mental health clinicians or social workers
- Electronically managing information about your health so that it can be available to every provider who needs access
- Connecting you to resources in your community and providing information about how to find the care you need

To learn more about Home Clinics, visit <https://www.gov.mb.ca/health/primarycare/homeclinic/index.html>.

The region's successful recruitment of 19 family physicians this year has gone a long way towards bolstering our capacity to deliver primary care. Improved access to primary care in our communities has seen a marked reduction in the number of non-urgent visits to emergency departments as people now have greater opportunity to receive care in a more appropriate health-care setting like an appointment in clinic. Another benefit is there are increased numbers of physicians available to cover emergency department shifts in communities such as Arborg, Ashern, Beausejour, Eriksdale, Gimli and Pinawa resulting in more reliable access to care in emergency departments.

The region's primary care team has been implementing a number of initiatives to better support family physicians and make sure they are able to address patient needs while having a healthy work-life balance. These include: developing primary care teams of physicians, nurses and other primary care providers so they are able to collaborate and share workloads and responsibilities; implementing a common system for electronic

medical records, which allows health-care providers to better share patient care information; reorganizing the region's primary health-care services and hiring a clinical team manager to support clinics and engage regularly with physicians on clinic operations; and creating a strong regional system made up of local physician leaders who offer support to local family physicians. These efforts are key components of our physician recruitment and retention strategy.

Ongoing physician recruitment and retention efforts are a key priority of clinical service planning to be undertaken by Shared Health Manitoba. This work will support consistent and reliable health-care services and effective health human resource planning among other initiatives that are more

appropriately coordinated province-wide.

### **Providing Access to Regular Care Providers**

Family Doctor Finder is a provincial program that assists people in searching for a regular primary care clinic and primary care provider (family doctor or nurse practitioner). Regional Family Doctor Finder staff, including our Primary Care Connector, work closely with clinics to stay current on which providers and clinics are accepting patients. Some clinics in the province use 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 has helped more than 4,200 people in the region connect with a family doctor or nurse practitioner since the program's inception as a pilot in our region in mid-2013. It's part of a broader primary care strategy, which includes advancement of Home Clinics and My Health Teams. Family Doctor Finder has a 95 per cent success rate provincially and it has maintained a consistent and successful 30-day match rate. We're working towards improvements in this rate between now and 2020.

Family Doctor Finder also provides the opportunity to monitor the demand and capacity for primary care services in the region. Over time, this will allow us to tailor programs and services to meet the needs of different locations.



Minister of Health, Seniors and Active Living, Kelvin Goertzen, with four new physicians who will be practicing at Gimli Community Health Centre. From left to right: Dr. Jonah Fulmore, Minister Goertzen, Dr. Sarah Blleloch, Dr. Jessica Chan and Dr. Dylan Thompson

### **Meaningful Consultations with EMS Staff**

To address paramedic fatigue as a result of shift extensions and workload, we hosted consultations with EMS staff so we could incorporate their perspectives into scheduling changes. By seeking employee feedback, we were able to adopt a schedule that took into consideration peak work demands and paramedics' professional and personal needs.

We anticipate the new work schedule will contribute to greater efficiencies amongst our EMS team through reduced absenteeism due to fatigue, improved hiring and retention rates as we've adopted a scheduling model paramedics prefer, and reduced overtime as paramedics are now scheduled as opposed to working on call.

### **Introducing Medically Assisted Aid in Dying (MAID)**

We introduced our MAID policy to staff in February 2018 to provide direction regarding client access and in acknowledgment that under the Canadian Charter of Rights and Freedoms individuals are granted the right to autonomy over the decision to end their own lives, when they meet legislated criteria. View this policy at [ierha.ca](http://ierha.ca), "Care in your community", "Additional Services in Communities" and "End of life care".

Since MAID became legal in 2016, 20 people in the region who were eligible have chosen to use this service.

### **Make it Safe to Ask**

In 2016, the number of people aged 65+ in Interlake-Eastern represented 17.9 per cent of our population compared to 15.1 per

cent of Manitoba's population. That number is higher when projected to 2026, with our population of people 65+ estimated at 24 per cent compared to the provincial estimate of 18.4 per cent.

It isn't unusual for seniors living in rural communities to be distanced from families and other natural supports. We are already experiencing an increase in community members identifying vulnerable seniors in the region who are alone and without advocates for their care. These individuals pose significant patient safety risks due to age related health issues that can include declining vision, hearing and cognition. Working with the Manitoba Institute for Patient Safety and through partnerships with our primary care and home care programs we are identifying seniors who would benefit from additional health-care supports. We're linking these people with services to keep them managing independently while addressing vulnerabilities that may put their safety at risk.

In the year ahead, we will work to realign existing resources to create a seniors advocate role in the region. By acting proactively, we can ensure that appropriate care is in place to meet a growing need.

### **Committing to Accessibility**

Public sector organizations are leading the way in fulfilling the requirements of *The Accessibility for Manitobans Act* by establishing plans that outline how we will constructively remove barriers to access that have been identified as either attitudinal, information and

communication, technological, systemic or physical/architectural in nature. To develop our 2017-2019 Accessibility Plan we reached out to 900 organizations and individuals with a public survey that helped us prioritize aspects of accessibility that we need to address in the region. A 50 per cent response rate to our survey gave us valuable public feedback that we incorporated into our plan that is available at [ierha.ca](http://ierha.ca) under "About Us" and "Reports and Publications".

Accessibility standards are the building blocks of The Accessibility for Manitobans Act (AMA). One of the first standards the Province has identified to achieve substantial progress on the objectives of the Act by 2023 is the Customer Service Accessibility Standard. All of Manitoba's public, private and non-profit organizations are required to establish and implement measures, policies and practices to remove barriers to customer service. To meet this standard, we must have in place policies, processes and practices to deliver accessible customer services for persons with disabilities. We approached this standard by introducing mandatory staff training on customer service. As of March 31, 2018, 73 per cent of staff have completed the training module.

### **Home Independence Program for Seniors**

Keeping seniors at home and independent in the community is the goal of our home independence program that targets people who have had a recent decline in performing basic activities of daily living due to a

fall, recent surgery, hospital admission or sudden change in health.

Established in Oakbank as a pilot project, the home independence program sees an occupational therapist, a physiotherapist and health-care aides contribute to restorative care services in clients' homes. The program has now been expanded to serve Beausejour, Lac du Bonnet, Pinawa and Whitemouth.

The program is will evolve to include the help of a specifically trained rehabilitation assistant to carry out in-home treatment.



Home independence program's Monica Penner, occupational therapist, at left and Matin Ghazvini, physiotherapist, at Oakbank's Kin Place Health

### Chair's Award for Excellence in Customer Service

The Chair's award was established to recognize staff members who provide outstanding customer service to patients and clients as well as fellow co-workers. This year, we received 11 outstanding nominations. Winners were Heather Cline in Beausejour and Anthony Alexander in Selkirk.

Heather, an endoscopy surgical registered nurse in Beausejour, was nominated for her outstanding sensitivity while caring for patients.

Anthony Alexander, a registration clerk at Selkirk Regional Health

Centre, was nominated for his calm, cool and collected attitude in the emergency department.

According to his nominators, Anthony makes you feel welcome as soon as you meet him.



Heather Cline, third from left, with board chair Margaret Mills and coworkers from Beausejour Health Centre



Anthony Alexander with board chair, Margaret Mills (second from right) and colleagues from his health information services team

## Provincial Goal: Improved Service Delivery

Supporting regional strategy: **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.

Regional strategic focus: Patient safety

### Operational Strategies

#### Canadian Patient Experience Surveys

We invite, at random, patients who have recently received care to complete a nationally adopted patient experience survey. We had 537 completed surveys returned between April 2017 to September 2017, a response rate of 42 per cent. Those who replied identified a high level of satisfaction with their health-care experience in hospital. When asked if they were helped, 83 per cent responded positively and when asked about their experience, 80 per cent of respondents answered positively.

**92%** - the percentage of staff members who completed Accreditation Canada's Work Life Pulse survey in 2017 who said they would recommend Interlake-Eastern RHA to friends and family who require care.

#### Customer Service Comments

The most common category of concern was patient, client or resident care followed by complaints categorized as delayed access that includes lack of physician availability, lack of bed access and issues preventing access to mental health services.

Comments Regarding Health Care Service Delivery	Annual 2017/18	Annual 2016/17
Acute Care (including medical/surgery, operating room, obstetrics, emergency dept)	161	142
Emergency Medical Services	17	25
Home Care/Palliative Care (including adult day and seniors programs)	15	21
Personal Care Home	19	13
Mental Health	16	4
Primary Care/Public Health	59	55
Ambulatory Care (audiology/physiotherapy/occupational therapy/Telehealth)	21	10
Other (education/general admin/support services/materials management)	17	8
<b>Total</b>	<b>325</b>	<b>278</b>

Method used to share a concern	2017/18	2016/17
Tell Us email - tellus@ierha.ca	128	98
Telephone - Toll free line 1-855-999-4742	100	104
Mail - The Voice of Patients Clients and Families form available in facilities or online at <a href="http://www.ierha.ca">www.ierha.ca</a> , "About us" and "Compliments and Concerns"	91	72
In-Person	6	4
Fax	0	0
<b>Total</b>	<b>325</b>	<b>278</b>

#### Regionally Available Interpretive Services

We're working to make health care even more accessible to our patients by adopting regional interpretive services. These services, offered via Winnipeg Regional Health Authority's interpretive services program, benefit the client/health-care provider relationship by enhancing patient safety, improving quality of care, access to care and patient satisfaction.



This symbol in our facilities indicates interpretive services are available. To access these services, please discuss with office reception when making your

health-care appointment and indicate if you or a family member has language barriers. Inquire about interpreter services being an option at that site. The role of an interpreter is to facilitate communication between people who do not share a common language. Interpreting involves converting and delivering a message, as accurately and as faithfully as possible, from one language into an equivalent message in another language.

Services available include:

- Indigenous languages (Cree, Ojibway, Salteaux, Dakota)
- Official languages (French)
- Deaf/deaf-blind (American Sign Language)
- Immigrant/refugee languages

We received 13 requests for language interpretation this fiscal year. In previous years, prior to the introduction of the regional service, we had one or two requests. This increase reflects our new partnership with WRHA language services and our roll out of interpretive services education to all of our clinicians in fall 2017.

### CEO Patient Safety Awards

The CEO Patient Safety Awards recognize leadership and professionalism in patient safety, making safety a top priority. During this year's Canadian Patient Safety Week, CEO Ron Van Denakker made two award presentations.



Lori Simcoe (centre) has been a full-time intermediate care paramedic in the IERHA for 15 years. Based out of Selkirk, she chairs the EMS workplace health and safety committee and has promoted many initiatives to prevent falls and other injuries to EMS staff.



Oakbank's Kin Place PCH team has consistently shown a dedication to "safety first" in every department from nursing to housekeeping to the business office. Every member of the team makes safety a priority in everything they do -- from answering call lights to wiping up spills, or answering family questions in the hallways.

## Provincial Goal: Improving health status and reducing health disparities amongst Manitobans

### Supporting regional strategy: **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.

Regional strategic focus: Indigenous health and mental health

#### a) Strategic focus: Indigenous Health

##### Regional Indigenous Cultural Awareness Training

- 522 staff trained since 2009 and four First Nation Health Directors
- 76 employees trained this year in eight sessions
- 15 external social workers trained as part of recognized accreditation with the Manitoba College of Social Work
- Six physicians trained
- 10 staff members completed Manitoba Indigenous Culture Awareness Safety training offered through Winnipeg RHA online as an eight-week, self-paced, facilitated program

##### Sharing Community Health Assessment Data

Our 2014 Community Health Assessment report included a chapter on Aboriginal residents. In an effort to share key findings from that chapter, in summer 2017 we attended 10 events across the region to talk with Indigenous residents. We engaged approximately 520 First Nations residents in discussions about the CHA report and how this health status information might benefit them personally and their communities.

##### Giigewigamig Traditional Healing Centre in Pine Falls

With the official opening of Giigewigamig Traditional Healing Centre in Pine Falls, the project working group that includes: Giigewigamig First Nation Health Authority, composed of Black River, Bloodvein, Hollow Water and Sagkeeng First Nations and the elders working on their behalf under orders of councils; representatives from Powerview-Pine Falls and other local communities; the Province of Manitoba; Health Canada; and Interlake-Eastern RHA have all responded to Truth and Reconciliation Call to Action #21 that calls upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools; and Call to Action #22 that calls upon those who can effect change within the Canadian health-care system to recognize the value of Indigenous healing practices and use them in the treatment of Indigenous patients in collaboration with Indigenous healers and Elders where requested by Indigenous patients.

Giigewigamig First Nation Health Authority has now secured partial

operational funding for the traditional healing centre and work continues to develop sustainable funding for the long-term. Elders are now working together to lead on developing program and service delivery. The healing centre allows people from different cultures to learn from each other and grow as a community. It also brings traditional Indigenous values and practices to the forefront of care and helps strengthen policies, programs and services across the health system.

##### Collaboration Table Gatherings

Operating within our region are three First Nation Community Partnership Collaboration Tables. Representation on the Southeast, Northwest and East collaboration tables reflects the 17 First Nation Communities in the region, two of the Province's seven tribal councils (South East Resource Development Council Corporation and the Interlake Reserves Tribal Council), University of Manitoba's Ongomiizwin Health Services - Indigenous Institute of Health and Healing, Manitoba Health Seniors and Active Living, Department of Indigenous Services Canada, Winnipeg Regional Health Authority and staff representatives of programs and services that fall within the Interlake-Eastern RHA.

In an effort to refocus health care priorities with our Indigenous partners, we hosted two collaboration table gatherings: one to review the last three years of collaboration table meeting minutes and categorize identified priorities; the second to prioritize areas of focus for completion within two years.

These priorities are being integrated into a Cross Jurisdictional Integration Strategy from which we can evaluate the effectiveness of our actions to bring about the changes we have mutually agreed upon to improve health care and health outcomes for Indigenous residents within the region.

### **Developing our Indigenous Health Program**

Our Indigenous Health Program has recently hired an engagement and communication coordinator through a service purchase agreement with the Interlake Reserves Tribal Council. Funded through Health Canada's Health Services Integration Fund this position is the third in the Indigenous Health Program team. Initially filled by Myrna Hefferman, Vernon Paul is responsible for the west side of the region. His first priority is Interpretation but he also provides patient assessments and advocacy. Vernon is a Lake Manitoba First Nation resident with a long history in education as a language educator. He proudly speaks Anishinaabe/ Ojibwa.

We now have engagement and communication coordinators on both sides of the region. As part of their roles, they participate in patient rounds along with health care professionals and Indigenous

community representatives. They also meet with First Nation and Métis community leaders to learn about community services so they can best serve clients based on their unmet needs.

The region's Indigenous health strategy is being developed to align with community identified needs, Truth and Reconciliation Report Calls to Action and clinical and preventive services planning that is underway provincially through Shared Health. Indigenous health will be taken into consideration across all clinical and preventive services plans.

### **Working Within Multi-Levels of Government**

The regional manager of Indigenous health has met with staff members to educate on the health governance of Indigenous peoples in Canada and Manitoba. It's essential we understand systems in place so we can provide better and more timely health care with Indigenous patients.

### **Preparing for Repatriation of Flood Affected Communities**

Working with a cross section of communities and agencies, we are contributing to proactive planning for repatriation of approximately 2,000 people to the northwestern part of the region. Displaced by flooding in 2011, former residents are returning to their communities and they will bring with them significant medical and mental health-care needs. Accessing resources and funding in a timelier manner has been enhanced through our partnerships that help to ensure care is in place for these people who experienced significant loss.

### **Sharing Electronic Medical Records**

Electronic medical records contribute to seamless health care because health care providers from different jurisdictions can access and review client health records as required. We have worked with Sagkeeng Clinic, Sagkeeng Health Centre, Black River First Nation and Pinaymootang to bring the benefits of the electronic medical record to their patients and care providers and are exploring opportunities for other partnerships of this nature.

### **b) Strategic focus: Mental Health**

#### **Operationalize the Amendment to the Mental Health Act**

An amendment to *The Mental Health Act* requires us to ensure a safe and timely transition to emergency care for patients involuntarily under police care due to mental health concerns. Selkirk Regional Health Centre emergency department staff will begin mental health first aid education in April. Staff are appreciating this beneficial education and we're on track for implementation of procedures to support the amendment.

#### **Investing in the Future of Mental Health**

Dr. Brian Rush and his team of consultants who have been commissioned to provide recommendations for mental health service delivery in Manitoba have met with our leadership team members and mental health staff to gather feedback and observations and help identify gaps in service delivery. We have contributed regional data on service provision and patterns in support of this report.

## Moving Forward with French Language Services



**Interlake-Eastern RHA's Regional French Language services team**

From left to right: Corrine Searles, executive assistant acute care and community services; Michelle Berthelette (back), French language services coordinator; Lori Carriere, French language services coordinator and Karen Stevens-Chambers, vice-president of community services and chief allied health officer

Hello/Bonjour! The Regional French Language Services Committee spent much of the past year working on our 2018-2023 French Language Services Plan. The plan is currently in draft and going through the required approval process.

### Action Plan for French Language Service Delivery for 2018 -2023

- Increase bilingual workforce
- Explore the feasibility of developing bilingual personal care home beds as part of the region's overall PCH bed development plan
- Explore existing models of bilingual personal care homes
- Expand and promote use of technology to support our bilingual staff
- Build internal French Language Services capacity
- Improve access to bilingual primary care providers

- Build bilingual capacity in customer service
- Prepare for implementation of Accreditation Canada's Communication in Minority Language Situations Standard
- Develop an organizational French glossary of standardized terminology
- Continue to monitor demographics to better understand the needs of our Francophone residents
- Continue to link with community (recruit a francophone Local Health Involvement Group member)

### Active Offer

*Active Offer* is the set of measures taken to ensure that French language services (FLS) are readily available, publicized, and easily accessible and that the quality of these services is comparable to that of services offered in English. In our commitment to providing services in French, Interlake-Eastern RHA encourages French-speaking staff members to wear a Hello-Bonjour badge to identify themselves to fellow staff and to the public. French speaking clients self-identify either directly or by their response to active offer.

Measures that we took to build our capacity of Active Offer within the organization this past year include:

- Active Offer was incorporated, as of May 2017, into regional orientation for all new staff to ensure that, from the onset of employment, every employee understands our duties and responsibilities.

- A new program-specific presentation on Active Offer was developed and piloted with Homecare case coordinators in January of 2018 to incorporate the Active Offer concepts into processes to ensure there is clear understanding of how to use Active Offer in day-to-day operations

-We continued to regularly promote French Language learning opportunities in our Staff newsletter and through our regional education program. A total of 12 employees participated in a variety of these learning opportunities.

-The 2017 Annual General Meeting of the IERHA took place in the designated community of Powerview-Pine Falls and included a large health fair. Efforts were undertaken to provide resources in both official languages and a booth explaining and promoting French language services was also part of this fair.

-We actively advertised in community for Francophones for our Board of Directors and Local Health Involvement Groups (LHIGs).

-The Community Wellness program continued its efforts to provide active offer: Healthy Together Now and Youth Tobacco grant opportunities were promoted in both official languages.

The FLS coordinators and the community wellness program partnered with the "Centres de la petite enfance et de la famille" in St-Georges and St. Laurent to provide bilingual presentations for parents on healthy eating, mental

health and the Canadian 24-hour movement guidelines. Mobile Wellness events in St. Laurent and Powerview once again offered bilingual staff and resources.



In partnership with Healthy Smile Happy Child, monthly oral health newsletter inserts were shared with community in both English and French.

We have established a working group, consisting of representatives from our human resources, regional leadership and senior leadership teams, to work with our Regional FLS Committee on reviewing our existing designated positions and the position designation process.

*I really enjoyed using Rosetta Stone to learn more French. The program is easy and fun to use. The voice vocabulary section helped a lot; it made sure I was pronouncing the words correctly. I would encourage anyone who wants to increase their French vocabulary to try using the Rosetta Stone.*

–Dale Kornelson, Registered Dietician, Primary Care

Following implementation of a new tracking system and FLS orientation process, we have seen our overall reported bilingual capacity more than double from last year. Efforts to collect linguistic capacity from our staff are ongoing. As we continue with education and promotion surrounding the importance of French Language services, we anticipate the number of staff self-identifying as bilingual will continue to grow and accurately reflect our capacity to provide services in French.

### Addressing Gaps

We are working on identifying and addressing service gaps to our Francophone clients. A French Language Services Questionnaire was developed and posted on our website in December 2017 giving Francophones the opportunity to share their compliments/concerns and comments. The questionnaire is available by clicking the green Bonjour/Hello logo at the bottom of our webpage and then selecting “questionnaire sur les services en français.” Ways to better address the concerns of the Francophone population through appropriate management channels were also investigated and are currently being reviewed.

**Building our capacity to deliver active offer 2017-2018**

388 employees received active offer training

77 staff members voluntarily declared as able to speak French. This equates to 47.92 full time equivalent positions with an additional 16 casual positions.

76 documents were translated (45,906 words)

12 employees accessed French language learning opportunities

<b>Human Resources Data: Designated Positions &amp; Bilingual Capacity (as of March 31, 2018)</b>	
# of bilingual positions	<b>27.86 FTE</b>
# of bilingual positions filled with bilingual staff	<b>10.49 FTE</b>
Number of Designated Positions Filled With Non-Bilingual Incumbents	<b>9.5 FTE</b>
Number of Vacant Designated Positions	<b>7.87 FTE</b>
Number of Non-Designated Positions Filled With Bilingual Incumbents	<b>37.43FTE</b>
# of French speaking staff in the organization	<b>47.92 FTE plus 16 casuels</b>

## Capital Projects



On Sunday, June 25, 2017, the first patients were moved from the former Selkirk and District General Hospital into their new beds in the Selkirk Regional Health Centre.

The new \$111 million health centre provides the entire region with more specialized services such as the region's first MRI, a family birthing unit, and a larger emergency department. This means staying closer to home for many of residents who previously had to travel out of region for some of these services.

The planning and building process for such a large-scale project included many staff and construction people and contributions from the local and construction community. The thought put towards every last detail made for a smooth transition to the new, clinically enhanced facility.

The emergency department at Selkirk Regional Health Centre is triple the size of the former emergency department. The larger space is better equipped to triage

patients quickly and move them through to appropriate care. After triage, patients wait in more private waiting areas closer to the area where they will receive care. The new emergency department also features a minor treatment area, bedside cardiac monitoring and bariatric room for larger adults. There's a special room for gynecological exams for sexual assault victims and a mental health patient room to create an environment of safety and protection from the hustle and bustle of the emergency room for patients who have experienced trauma.

Leading practices in health care gathered from across North America are incorporated into the new health centre to ensure its long-term sustainability. As required by the Manitoba Green Building Policy, the new health centre achieved a Leadership in Energy and Environmental Design (LEED) gold rating by using a geothermal heat pump technology for cooling and heating, using 7.5 per cent recycled content and incorporating materials with low

indoor air contaminants. The space also embraces greener practices such as bridges stretching over water features, "smart car" auto charging stations and two living roof areas accessed from an exterior terrace.

All the departments and programs have moved into the new facility with the exception of the audiology program. A feasibility study will assess the former hospital's potential to continue housing certain departments and program on a short term basis. If the study concludes the facility to be structurally sound and safe and financially viable to continue operating, work will begin to repurpose the hospital for temporary use.

The new health centre was constructed by EllisDon and designed by LM Architectural Group and Stantec. It is located at in Selkirk between the current hospital and the Selkirk Recreation Complex. For more information visit [ierha.ca](http://ierha.ca), select "Care in Your Hospital" and click on "New Regional Health Centre in Selkirk".



Celebrating Powerview-Pine Falls' new primary health care centre and Giigewigamig Traditional Healing Centre opening

The \$12 million, 17,000 ft<sup>2</sup> expansion of the Powerview-Pine Falls Health Complex now sees the facility offer acute, primary and long-term care services as well as traditional Indigenous healing practices, home care, mental health, public health, chronic disease and community wellness services.

It's the first primary health care centre in Manitoba to be affiliated with a traditional healing centre. Four First Nation communities, Sagkeeng, Black River, Hollow water and Bloodvein, have united to create Giigewigamig First Nation Health Authority. Elders representing these four communities have, through their respective Band Councils, been given full autonomy to independently manage the centre.

Giigewigamig means "place of healing" in the Anishinaabe/Ojibwa language. It will offer all

people access to Indigenous traditions, culture, language, healing ceremonies, medicines and teachings to provide holistic and natural care.

This facility is a reflection of the unity and commitment that exist among elected and community leaders who have worked tirelessly towards a common goal of creating a welcoming place that is accessible to everyone. It preserves and continues First Nation and Métis residents' long history of caring for people in this area and providing a space for people to learn from each other and heal as part of positive change. Community members are now accessing care in this bright and modern facility designed to unite traditional Indigenous healing practices with Western medicine.

Contributors to this project included the Province of Manitoba; Government of Canada; the

communities of Sagkeeng First Nation, Black River First Nation, Hollow Water First Nation and Bloodvein First Nation as well as their respective elders, chief and council, health directors and their teams; Pine Falls and District ladies auxiliary; Pine Falls and District health foundation; Town of Powerview-Pine Falls mayor, council and public works; the Rosentreter family for their investment in the facility's new donor wall; and Parkwest Projects Ltd. and Cibinel Architecture Ltd. who both made donations that enhanced project construction.



*We offer an opportunity to engage in a relationship of true respect. The relationship of partnership simply means a recognition of each other's autonomy and an equal and unconditional sharing of resources for health. Our vision is that this will be a relationship of sharing, respect and responsibility in supporting the health and wellness of all nations that we serve.*

–Elder Dave Courchene of Sagkeeng First Nation

*I am very proud and humbled to be part of this meaningful partnership that is about establishing healthy relationships, creating opportunities to give maximum support to the well-being of our communities, and a real chance at doing things differently. This profound change will continue to be revitalized by trust and respect for each other's processes in delivering care for years to come.*

–Ron Van Denakker, CEO, Interlake-Eastern RHA.

*We can't keep leaving our identity at the door. Following the spirit of our ancestors, as expressed by our leadership as the First Peoples of Turtle Island, there has to be a reflection of who we are inside the health facilities.*

–Elder William Young, Bloodvein First Nation.

## **Safety and Security Projects Across the Region**

The following projects represent investments greater than \$150,000 in this region:

- Teulon EMS Station – new crew quarters
- Lac du Bonnet Personal Care Home and Whitemouth District Health Centre – phase two of fire alarm upgrades
- Pinawa Hospital – roof repairs
- Pine Falls Health Complex, Hunter Memorial Hospital (Teulon) and Goodwin Lodge (Teulon) – primary electrical distribution upgrades
- Pine Falls Health Complex – phase two of back service entrance upgrades
- Betel Home (Selkirk) – roof replacement
- Rosewood Lodge (Stonewall) – air conditioning upgrades
- Stonewall District Health Centre – boiler replacement
- Whitemouth District Health Centre/ Personal Care Home – sprinkler installation

**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 annual amount of compensation to officers and employees whose compensation is \$50,000.00 or more. This information is available in hard copy by contacting Laurel Ann Kalupar, CPA, CMA, regional director of finance, [lkalupar@ierha.ca](mailto:lkalupar@ierha.ca), 204.785.7431.

**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, 2017 to March 31, 2018 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 re-ported. **[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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## 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, 2018, 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, 2018. We expressed an unmodified audit opinion on those financial statements in our report dated June 28, 2018.

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, 2018 are a fair summary of those financial statements, on the basis described in the Note to Condensed Financial Statements.

*BDO Canada LLP*

Chartered Professional Accountants

Winnipeg, Manitoba  
June 28, 2018

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

March 31	2018	2017
<b>Assets</b>		
<b>Current Assets</b>		
Cash and term deposits	\$ 19,024,975	\$ 21,553,824
Accounts receivable	5,349,835	5,139,570
Due from Manitoba Health, Seniors and Active Living	37,601	6,313,133
Inventories	1,030,084	799,738
Prepaid expense	523,485	613,818
Vacation entitlements receivable	5,484,424	5,484,424
	<u>31,450,404</u>	39,904,507
Retirement obligations receivable	5,152,099	5,912,865
Other assets	200,312	211,724
Capital assets	<u>225,450,529</u>	223,259,853
	<u>\$ 262,253,344</u>	<u>\$ 269,288,949</u>

**Liabilities and Net Assets**

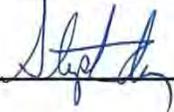
<b>Current Liabilities</b>		
Accounts payable and accrued liabilities	16,744,238	26,312,388
Accrued vacation entitlements	10,504,563	10,614,473
Current portion of long-term debt	157,194	190,215
	<u>27,405,995</u>	37,117,076
Accrued retirement obligations	13,599,587	14,289,394
Sick leave liability	2,527,982	2,694,091
Long-term debt	392,670	549,840
Deferred contributions	<u>227,809,752</u>	224,351,738
	<u>271,735,986</u>	279,002,139

**Commitments and contingencies**

<b>Net Assets</b>		
Investment in capital assets	4,911,508	4,896,188
Externally restricted	198,747	205,196
Internally restricted	124,233	110,553
Unrestricted - RHA	(14,121,481)	(14,186,725)
Unrestricted - Contract Facilities	(595,649)	(738,402)
	<u>(9,482,642)</u>	(9,713,190)
	<u>\$ 262,253,344</u>	<u>\$ 269,288,949</u>

Approved on behalf of the Board:

  
 \_\_\_\_\_ Director

  
 \_\_\_\_\_ Director

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

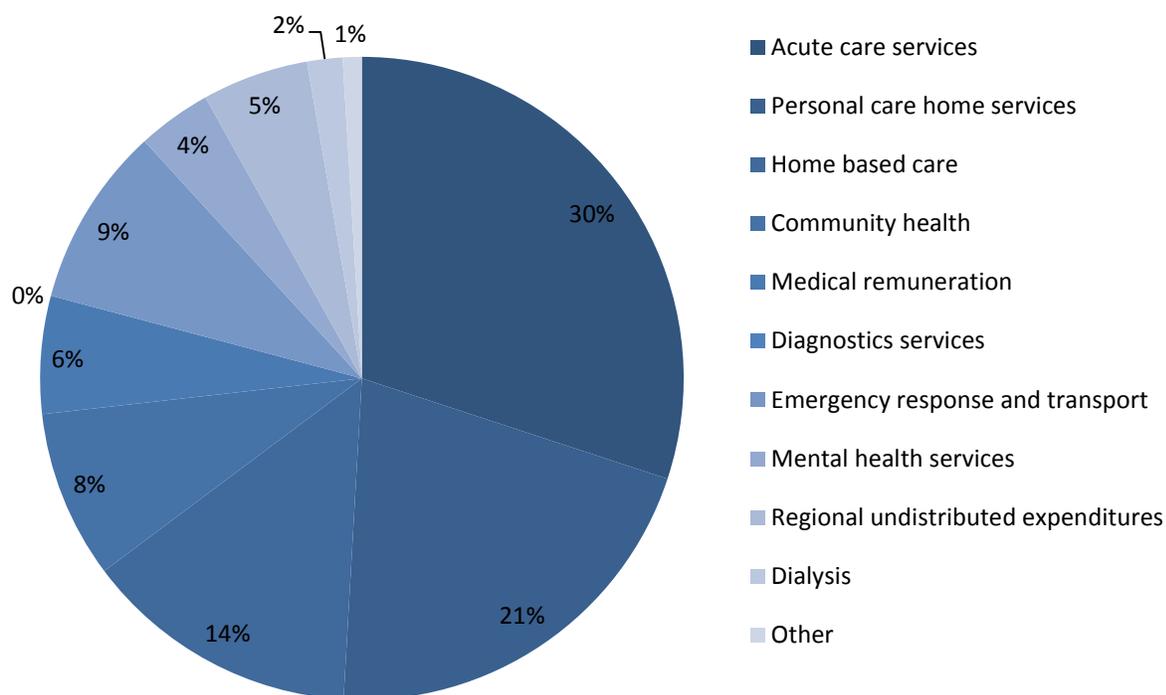
For the year ended March 31	2018	2017
<b>Revenue</b>		
Province of Manitoba		
Health, Seniors and Active Living	\$ 214,813,243	\$ 226,445,436
Other	2,228,506	2,264,944
Government of Canada	550,303	526,097
Client Non-Insured	11,696,781	11,622,690
Interest	258,701	76,198
Offset and other income	6,775,889	7,050,386
Ancillary income	463,393	467,393
Amortization of deferred contributions	10,578,850	5,800,604
Write down of deferred contributions	5,299,622	-
	<b>252,665,288</b>	<b>254,253,748</b>
<b>Expenditures</b>		
Acute care services	71,034,557	66,228,854
Amortization of capital assets	10,804,087	6,022,808
Chemotherapy	987,455	934,580
Community health	19,959,958	19,823,176
Diagnostic services	-	14,288,568
Dialysis	4,205,688	4,137,342
Emergency response and transport	21,409,965	20,941,256
Home based care	32,769,558	33,724,591
Interest on long-term debt	10,075	12,371
Medical remuneration	13,986,639	14,376,624
Mental health services	8,796,203	9,080,544
Northern patient transportation program	202,637	184,146
Nurse recruitment and retention	102,696	137,621
Personal care home services	49,269,684	50,627,652
Regional undistributed expenditures	12,627,073	13,421,678
Safety and renovations	959,044	820,363
Write down of capital assets	5,299,622	-
	<b>252,424,941</b>	<b>254,762,174</b>
<b>Excess (deficiency) of revenue over expenditures for the year</b>	<b>\$ 240,347</b>	<b>\$ (508,426)</b>
Allocated as follows:		
Regional services	\$ 97,594	\$ (230,170)
Contracted services	142,753	(278,256)
	<b>\$ 240,347</b>	<b>\$ (508,426)</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.

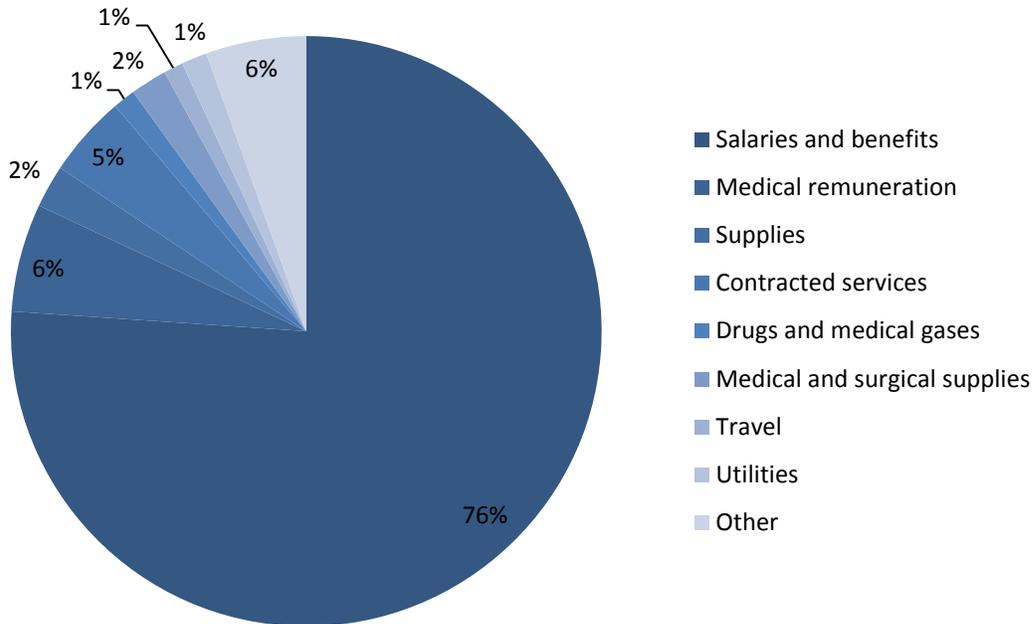
Copies of the audited financial statements for the year ended March 31, 2018 and the Schedule of Compensation may be obtained from the Interlake-Eastern Regional Health Authority by calling 1-204-785-4700 or 1-855-347-8500. A complete set of financial statements are posted on the Interlake-Eastern RHA website at [www.ierha.ca](http://www.ierha.ca) under "About us" and "Publications and Reports".

## Expenditures by Program



Expenditures by Program	2018	2017
Acute care services	71,034,557	66,228,854
Personal care home services	49,269,684	50,627,652
Home based care	32,769,558	33,724,591
Community health	19,959,958	19,823,176
Medical remuneration	13,986,639	14,376,624
Diagnostics services	-	14,288,568
Emergency response and transport	21,409,965	20,941,256
Mental health services	8,796,203	9,080,544
Regional undistributed expenditures	12,627,073	13,421,678
Dialysis	4,205,688	4,137,342
Other	2,261,907	2,089,081
<b>Total expenditures before amortization</b>	<b>236,321,232</b>	<b>248,739,366</b>
Amortization of capital assets	10,804,087	6,022,808
Write down of capital assets	5,299,622	-
<b>Total expenditures</b>	<b>252,424,941</b>	<b>254,762,174</b>

## Expenditures by Type



### Expenditures by Type

	<b>2018</b>	<b>2017</b>
Salaries and benefits	179,767,338	178,683,097
Medical remuneration	14,010,730	14,380,456
Supplies	5,516,666	7,469,702
Contracted services	10,576,198	22,254,938
Drugs and medical gases	2,895,649	2,900,239
Medical and surgical supplies	4,732,832	4,484,127
Travel	2,509,427	3,853,772
Utilities	3,325,427	2,830,236
Other	12,986,964	11,882,799
<b>Total expenditures before amortization</b>	<b>\$236,321,232</b>	<b>\$248,739,366</b>
Amortization of capital assets	10,804,087	6,022,808
Write down of capital assets	5,299,622	
<b>Total expenditures</b>	<b>\$252,424,941</b>	<b>\$254,762,174</b>

### Administrative costs (% of total)

	<b>2018</b>	<b>2017</b>
Corporate operations	3.11%	3.12%
Patient care related functions	0.65%	0.71%
Human resources and recruitment functions	1.92%	2.01%
<b>Total</b>	<b>5.68%</b>	<b>5.84%</b>

## Regional Statistics

### Emergency Visits by Triage Level

CTAS*	April 1, 2016 to March 31, 2017		April 1, 2017 to March 31, 2018	
	Count	Percentage	Count	Percentage
1 Resuscitation - Conditions that are considered threats to life or limb or have an imminent risk of deterioration requiring immediate aggressive interventions.	414	1%	706	1%
2 Emergent - Conditions that are a potential threat to life, limb or function requiring rapid medical interventions	7,514	11%	9,017	14%
3 Urgent - Conditions that could potentially progress to a serious problem requiring emergency interventions.	20,730	30%	20,204	32%
4 Less Urgent - Conditions that relate to patient age, distress, potential for deterioration or complications that would benefit from intervention or reassurance.	23,386	34%	21,251	33%
5 Non Urgent - Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration.	14,115	20%	9,252	15%
8 Registered Not Triageed	3,357	5%	3,172	5%
	<b>69,516</b>	<b>100%</b>	<b>63,602</b>	<b>100%</b>

\*The Canadian Triage and Acuity Scale (CTAS) was first developed for use in Canadian hospital emergency departments (ED) as a tool to help define a patient's need for care. CTAS assists hospital staff to assign a level of acuity for patients based on the presenting complaint and the type and severity of their presenting signs and symptoms. Patients are triaged using CTAS to ensure that they are managed based on their need for care (e.g. sickest patients are seen first).

### Number of babies born at Selkirk Regional Health Centre

2016-17	202
2017-18	281

### Diagnostic Service Delivery (April 1, 2017 – March 31, 2018)

	Number of patients seen	Regional wait time (weeks)	Provincial wait time average (weeks)
MRI*	3,116	6	16
CT-Selkirk	13,128	4	5
Ultrasound – Selkirk	10,260	10	12
Ultrasound – Eriksdale/Arborg	2,004	8	12

\*Scanning started July 2017

## Hospitals

### Arborg & District Health Centre

234 Gislason Drive  
204-376-5247

### Ashern-Lakeshore General Hospital

1 Steenson Avenue  
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 Regional Health Centre

120 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

1 Steenson 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.  
204-785-4891

### St. Laurent

1 Parish Lane  
204-646-2504

### Stonewall

589-3rd Avenue South  
204-467-4400

### Teulon

162-3rd 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 Avenue  
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

4 Spruce 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 “Community Wellness Team”.

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)



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