



Interlake-Eastern
Regional Health Authority



ANNUAL REPORT 2018 - 2019

Revised: December 12, 2019



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, 2019.

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, 2019 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. In this report we discuss the ways we are working with Indigenous populations in an effort to reduce health disparities that exist within this regional health authority. It is our goal to provide equitable health care for all.

From the CEO and Board Chair



This year's annual report highlights Interlake-Eastern Regional Health Authority's accomplishments and challenges and outlines the steps we're taking to support provincial health-care transformation. Over the past year, representatives from our region have been participating in working groups to contribute to improving the efficiency and effectiveness of our health-care system through transformation. We are proud to have 20 physicians and staff members sitting at planning tables contributing to the development of the provincial clinical and preventive services plan.

For the second year in a row, Interlake-Eastern RHA has a balanced operating budget. As health-care transformation guides the thoughtful planning and phased implementation of broad system changes provincially, at the regional level we have been making great strides to align ourselves with the provincial goals of a more sustainable health system with reduced wait times and improved service delivery models, access and safety, which are demonstrated throughout this report. Work this past year at the transformation level was focused on the creation of health-care service delivery models that will be presented to staff and public for review.

As outlined in Wave One of the Blueprint for Health System Transformation, we supported the planned move of emergency medical services and information and communication technology staff to Shared Health as of April 1, 2019. They will remain an integral part of our day-to-day operations and planning and are still a part of our region as they work alongside us in our facilities.

The Provincial health system transformation continues to engage regional health authorities in terms of clinical experts, health system leaders and, in the coming months, municipal officials in planning and review. We continue to follow the recommendations set out in the expert reports; Health Sustainability and Innovation Review conducted by KPMG, the Provincial Clinical and Preventive Services Planning for Manitoba review report, the Wait Times Reduction Task Force Report, as well as the just released Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans. Work related to these reports has been ongoing at both the provincial and regional level.

As we support the wrap up of Wave One (of three), we will maintain our efforts to contribute to and support the work towards our shared goal of a more sustainable health-care system for our future generations.

Margaret Mills
Board Chair

Ron Van Denakker
Chief Executive Officer

Health Care Transformation – Why is it necessary?

To understand the health-care transformation underway, it is important that we understand why we've chosen to contribute to changing health care for the better.

We are 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.

Before transformation, we had over 250 organizations delivering health care across the province. Work is underway to reduce 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 is not focused on patients.

Despite all the money we have been spending and the complexity of our health-care system, Manitobans are not 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 is guiding 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:

Blueprint for Health System Transformation

In June 2018, Health, Seniors and Active Living Minister at the time, Kelvin Goertzen; Dr. Brock Wright, CEO, Shared Health; and Ian Shaw, transformation management leader, released the blueprint and road map to guide health transformation in three waves of changes over the next five years. Changes to rural health care will take place as part of Shared Health's implementation of the clinical and preventive services plan that is scheduled to be implemented in Wave Two of transformation. Wave One calls for the re-alignment of business functions.

Manitoba Mental Health and Addictions Strategy, Improving Access and Co-ordination of Mental Health and Addiction Services

Prepared by VIRGO Planning and Evaluation Consultants.

Presented March 31, 2018.

This report sets out recommendations for improving access to and coordination of mental health and addictions services in Manitoba. Read the report here:

<https://www.gov.mb.ca/health/mha/strategy.html>

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.

Read Phase 2:

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.

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, including RHAs. 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.

Clinical and Preventative Services Team Members

Interlake-Eastern RHA staff are well represented across the clinical and preventive services planning teams: emergency, critical care and acute medicine; primary health and community services; and women's health.

Staff and affiliated Interlake-Eastern RHA physicians currently sitting at these planning tables include: Tracy Abraham, Paul Barnard, Dr. Ian Burrton, Dr. Donna Clark, Dr. Jonathon Gabor, Dr. Manish Garg, Kate Hodgson, Lisa Hrynyk, Dr. Mike Loudon, Rachel Mamott, Pat Olafson, Katherine Podaima, Tara-Lee Procter, Jacquie Radtke, Leana Smith, Dr. Margaret Speer, Laura Tanguay and Karen Wood.

Each member of the working group is asked to apply the knowledge of their profession, patient population and local environment as the working groups develop and endorse evidence-based, patient focused and cost-effective models of care that will improve health services for Manitobans.

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. On April 3, 2018, Shared Health officially became an operational entity in the Province of Manitoba. Shared Health is leading the development of Manitoba's first clinical and preventive services plan and will evolve over the coming months to deliver certain provincial health services and support centralized administrative and business functions for Manitoba health organizations.

Preparations started this year for all EMS and information and communications technology (ICT) staff to be moved from their respective RHAs to report to Shared Health starting April 1, 2019. This allows for a more coordinated approach to delivery of these services. Shared Health will



Dennis Dwornick, former employee of Interlake-Eastern RHA's EMS team, has been seconded to Manitoba Health, Seniors and Active Living's transformation program. He's shown here discussing planning with RHA staff during workshops conducted by representatives from the transformation management office.

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 bring greater efficiencies when 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. Realignment of the department with these priorities is outlined in Wave One of the Blueprint for Health System Transformation.

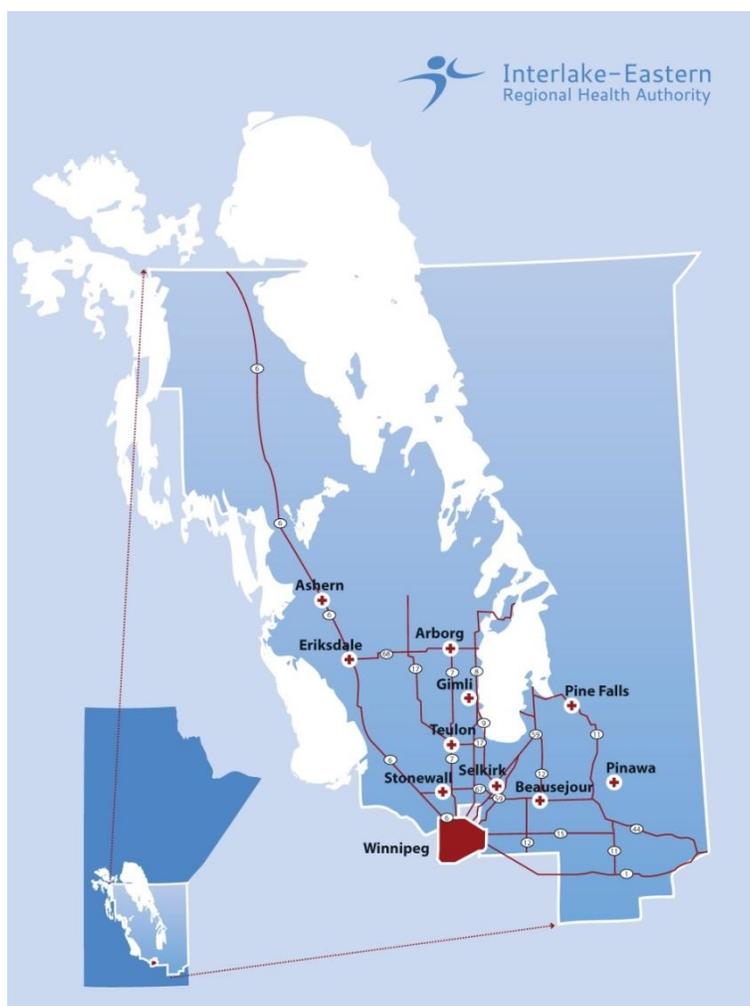
Service Delivery Organizations

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.

Regional Overview



Geographic coverage of 61,000 km² with a population of 130,259 as of June, 2018.* This equates to approximately 10% of Manitoba's population and area.

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

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

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

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

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

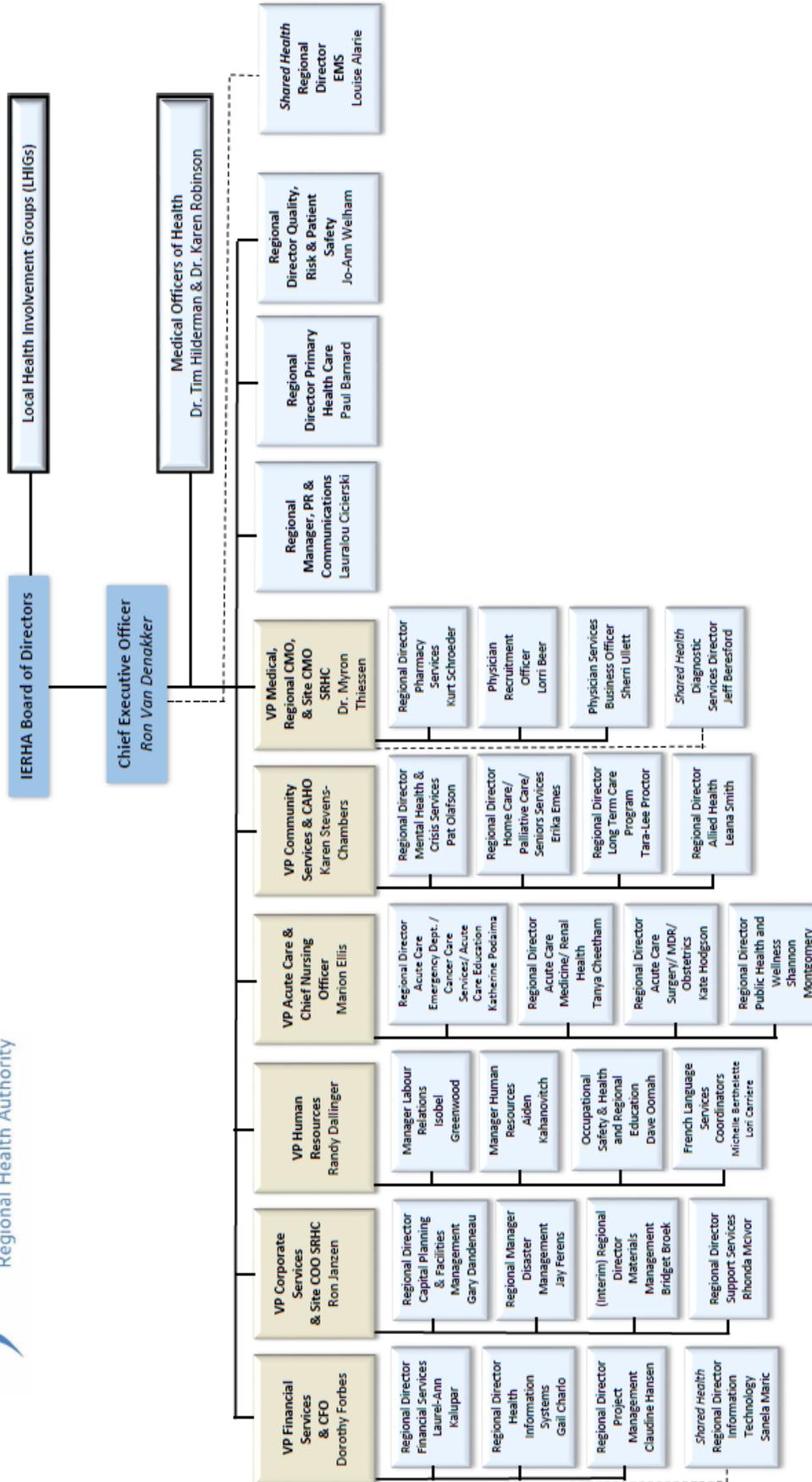
1 Rapid Access to Addictions Medicine Clinic (Selkirk)

2 Travel Health Clinics (1 in Selkirk and a satellite in Eriksdale)

*Population Report – June 1 2018 Manitoba Health, Seniors and Active Living

**2011 Census

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



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 stay safely 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 over the age of 65 have increased from 22,983 in 2017 to 23,798 in 2018. 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, allied health 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 (in order of incidence): are prostate, breast, colorectal and lung. 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 have actively engaged with Indigenous communities regarding health care and we are working to reduce disparities in care.

Mental Health and Addictions

The demand for mental health services in our region is growing. 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 behavioral 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 are working to increase youth access to their preferred locations of care which are teen clinics and quick access (such as walk-in) services.

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

Front row (from left to right): Amanda Stevenson, Charlene Rocke, Margaret Mills, Judith Cameron.

Back row (from left to right): Ruth Ann Furgala, David Oakley, Oral Johnston, Glen West and Laurie Andrews. Missing: Judy Dunn, Steve Day and Brian Magnusson.

Organizational and Advisory Structure

Executive Committee

Board Chair: Margaret Mills. Margaret Mills has held the position of board chair since August 2017.

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

Indigenous Health Advisory Committee Chair

Oral Johnston (*Acting*)

Board Liaisons

Local Health Involvement Groups

West: Amanda Stevenson

East & Central: Judy Dunn

Patient Experience: Margaret Mills

Regional Ethics Council: Judy Dunn

Interlake-Eastern Health Foundation: Glen West

Selkirk Foundation Nomination Committee:

Glen West



Members of the Board of Directors (left to right) Ruth Ann Furgala, David Oakley and Judy Dunn, at an announcement of increased EMS positions.

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.

New Board Appointments

Interlake-Eastern Regional Health Authority recently welcomed two new members to its board of directors: Laurie Andrews of East St. Paul and Judith Cameron of Gimli.



Board members attended a strategic planning session and Indigenous Cultural Awareness Training in Selkirk: (Back, left to right) Oral Johnston (vice chair), Brian Magnusson and Steve Day. (Front, left to right): Laurie Andrews, Robert Maytwayashing (Indigenous human resources development officer), Charlene Rocke, Margaret Mills (chair), Ruth Ann Furgala and David Oakley.

Provincial Goal	IERHA Strategic Direction	IERHA Strategic Focus
<p>Capacity building</p> <ul style="list-style-type: none"> 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. 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. 	<p>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.</p>	<p>Fiscal sustainability plan</p>
<p>Health system innovation</p> <ul style="list-style-type: none"> Drive innovation in the health system and the department to improve health outcomes, contain costs, and support appropriate and effective services. 	<p>Innovation, learning and growth - We embrace new ideas, explore opportunities, focus on innovation, and build and strengthen partnerships through communication and mutual understanding.</p>	<p>Accessibility – embracing new ideas to improve access</p>
<p>Health system sustainability</p> <ul style="list-style-type: none"> 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. Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities. 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. 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. 	<p>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</p>	<p>Accessibility – sustaining appropriate levels of care and service delivery</p>
<p>Improved access to care</p> <ul style="list-style-type: none"> Enhance and improve access to health services for all Manitobans. 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. 	<p>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.</p>	<p>Customer service</p>

Provincial Goal	IERHA Strategic Direction	IERHA Strategic Focus
<p>Improved service delivery</p> <ul style="list-style-type: none"> • 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. • Lead emergency management by establishing strategies, policy and partnerships that improve operational readiness to meet population needs in emergency and disaster situations. • Realize customer service excellence through improving Manitoba Health’s services. • 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. 	<p>The Best We Can Be</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>Patient safety</p>
<p>Improving health status and reducing health disparities amongst Manitobans</p> <ul style="list-style-type: none"> • 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. • Create an innovative, collaborative plan for public health to target major gaps in health status and improve the health of Manitobans. 	<p>Getting Better, Staying Healthy</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>Indigenous health</p> <p>Mental health</p>

Managing Risk

Achieving a Balanced Budget

The Board approved a fiscal plan that was focused on achieving a balanced operating budget. The plan was informed by provincially commissioned health-care analysis, our experience with challenges in our current delivery of health-care services, interaction with stakeholders, including staff, as well as focusing on provincial health-care priorities. For the second year in a row, we have achieved a balanced operating budget. It should be noted the Province of Manitoba directed organizations, including Interlake-Eastern Regional Health Authority, to change their basis of accounting to Public Sector Accounting Standards (PSAS) effective April 1, 2018. For more information, please see the Notice of Accounting Standards Change on page 44.

Establishing an Indigenous Advisory Health Advisory Committee

Drawing upon the successful integration of Local Health Involvement Group feedback into board decision making, the Board proceeded with the creation of an Indigenous advisory group that contributes to the fulfilment of our Indigenous health strategic priority. Board members Oral Johnston, Ruth Ann Furgala and Judith Cameron were appointed to participate in the committee alongside Indigenous community members. They had their first meeting in April 2019.

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.

A focused risk register review was completed and 29 overarching risks and 152 mitigation strategies were identified. Strategies were to be implemented over a

four-year cycle. We are currently in year four and program leaders were able to complete all active outstanding risks, for a total of 131 complete. The remainder had been accepted, deferred and or removed.

The Board and senior leaders will complete a full refresh of the risk register in the coming year. Our continued focus on risk identification and mitigation increases our culture of safety.

We've implemented a Risk Assessment Checklist tool to assess risk at the program or micro level. It allows the region to systematically self-assess compliance with evidence-based mitigation strategies for top risks in health care. The aim is to improve patient safety by identifying and prioritizing areas for improvement across clinical and non-clinical programs.

Annual General Meeting

The sixth Interlake-Eastern RHA Annual General Meeting was held on Monday, October 1, 2018 at the Selkirk Recreation Complex. Guest speakers for the evening were Dr. Brock Wright, CEO of Shared Health Services Manitoba and Ian Shaw, health-care transformation management leader, who provided an information session on health-care transformation in the province and led a panel discussion afterwards. Approximately 50 community members attended the meeting.

CEO Award for Community Leadership

Interlake-Eastern RHA CEO, Ron Van Denakker, awarded Gwen Traverse the CEO's Award for Community Leadership at Annual General Meeting. Gwen is the health director for Pinaymootang Health Centre where, for the past 12 years, she has been a strong advocate for expanding health-care services to Pinaymootang First Nation and surrounding communities. Due to her efforts in developing community partnerships with the Interlake-Eastern RHA and LifeSmart Health, the community's health-care centre was recently expanded and offers many services and programs that are integral to the needs of residents, including prenatal nutrition, home care, community health, mental health and addictions, and medical transportation.



CEO Ron Van Denakker recognized Gwen Traverse's contributions to health care in Pinaymootang First Nation and surrounding communities at the IERHA AGM by awarding her the CEO's Award for Community Leadership.

Our first regional medical residents will start in summer 2019. Training regional residency students with a multi-disciplinary approach is part of the RHA's vision for creating a shared care model for primary health-care. This vision involves teams of care providers with different specialties and experience working together collaboratively to put the patient at the centre of their care.

Current clinical space available for training residents is sufficient for the early stages of the program, but in the future, more partnership will be needed from all stakeholders to find a way to build the capacity needed to continue to host students and ultimately recruit a steady stream of new physicians to our communities. The long-term vision is for a physical space that can house a number of physicians and care providers, from many disciplines, who can train new residents while sustaining care for their own patients.

The Health Sector Bargaining Unit Review Act (Bill 29)

On May 10, 2018, *The Health Sector Bargaining Unit Review Act* (Bill 29) was proclaimed. A commissioner has been appointed and is tasked with determining the composition of the bargaining unit structure for unionized health-care employees. As part of the process, unions and health employer organizations will be making presentations to assist the Commissioner in making informed decisions on various issues. The Province of Manitoba has over 180 separate health bargaining units compared to its provincial counterparts in the west who average 19. Reducing the number of bargaining units simplifies an overly complex health system and creates opportunities for more consistent care delivery. The Act requires the establishment of up to seven bargaining units for each health region and province-wide health employer. The bargaining units will be divided as follows:

1. Nurses
2. Physicians
3. Medical Residents
4. Physician Assistants and Clinical Assistants
5. Professional/Technical/Paramedical
6. Facility Support
7. Community Support

Major Consultations

Announcing a Family Residency Program in our Region

In December 2018, our region announced the launch of a new family residency program. Recruiting and retaining physicians in Interlake-Eastern RHA has been a longstanding challenge. Other regions with family medicine residency programs are able to successfully recruit physicians once their studies are complete.

Interlake-Eastern RHA leadership team members partnered with Dr. Ian Alexander of Selkirk Medical Associates and his colleagues to support their efforts to launch the program that will train new medical graduates for two years in communities across the RHA. This news has been a long time coming for the many community, physician and provincial stakeholders that have been working to make a regional residency program a reality for the last four years.

Community Consultations

Blueprint for health system transformation consultations

CEO Ron Van Denakker met with a number of community groups to answer questions about the Blueprint for Health System Transformation. The CEO also made himself available in hospitals for informal chats with staff and to run through the blueprint. He has visited Arborg, Ashern, Beausejour, Eriksdale, Gimli, Pine Falls and spoke with the North Eastman Community Health Committee that has representation from across the east side of our region.

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 ultimate 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. 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.

Local Health Involvement Groups

Since 2015, Local Health Involvement Groups (LHIGs), composed of community members, have been providing a grassroots voice on topics of relevance to the delivery of health-care services in our region. We have three active groups right now that meet four times a year. While individually we are 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:

West: Arborg, Ashern, Eriksdale, Fisher Branch, Lundar, Gimli, Riverton, St. Laurent, Teulon and areas including the Rural Municipalities of: Grahamdale, Bifrost, Eriksdale, Armstrong, Coldwell, St. Laurent, Gimli.

Central: Stonewall, Selkirk, Beausejour, Oakbank and areas including the Rural Municipalities of: Rockwood, Woodlands, Rosser, St. Andrews, Selkirk, St. Clement, Springfield.

East: Lac du Bonnet, Pinawa, Pine Falls, Whitemouth and areas including the Rural Municipalities of: Brokenhead, Lac du Bonnet, Whitemouth, Alexander, Reynolds.

LHIGs are tasked with deliberating upon and responding to questions posed by the Board of Directors. This year, feedback from the LHIGs centred around: exploring mental health services for seniors and children, expanding mental health services; selecting topics for the 2019 community health assessment and; developing 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, please contact Pamela McCallum at 204-785-7044 or pmccallum@ierha.ca.

Expanded Patient Experience Surveys

In addition to acute/hospital care, five other clinical programs regularly collect client experience about the care they receive. Residents and families in long-term care are annually surveyed to rate the quality of the care they receive. Home care, mental health, primary care and cancer care are also getting feedback from their clients about the care they received and opportunities for improvements.

Ensuring quality patient safety

Accreditation Preparation for June 2019

In an ongoing four-year cycle of continuous improvement, our region worked to prepare for the measurement of quality and compliance with national Accreditation Canada standards with a surveyor visit scheduled for June 2019.

Over the past year the board, leaders and clinical and non-clinical program teams have completed self-assessments of their preparation for accreditation. Action plans were developed and implemented to guide areas for improvement.

Surveys focused on work life and the culture of safety within the organization went out to all staff for completion. Results are used to inform the implementation of initiatives in areas where staff indicate improvements are needed.

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. 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, provincial plans, 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



IERHA's first patient experience LHIG commenced this year. It aims to improve patient experience and will help IERHA better understand the experiences that previous patients and their family members have had when receiving care in regional facilities. Members include: (clockwise from top) Marion Ellis, VP acute care and chief nursing officer; Ron Van Denakker, CEO; Jeff Elder; Dianna Cholod; Penny Wainwright; Judy Bergson; and Jo-Ann Welham, regional director of quality, risk and patient safety. Missing but attending the meeting by phone was Margaret Mills, IERHA board chair.

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. They also review the any legal issues on an annual basis.

The Finance Committee also receives quarterly reports on liability and property insurance, and legal, insurance and claims matters.

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**

Operational Strategies

Achieving our Goals for Financial Stability

Health expenditures account for 40 per cent of the Province's budget. These costs have tripled over the past 20 years, from \$1.9 billion in 1998 to \$6.5 billion in 2019, which is a large portion of the province's budget. 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. Our region has embraced fiscal responsibility as an operational requirement over the last three fiscal years. This year and last year we have achieved a balanced budget. We are committed to maintaining and operating within a balanced budget. That being said, our accounting standards changed this fiscal year, meaning we are now reporting according to the Public Sector Accounting Standards (PSAS). This new standard has affected financial reporting in that although our operations costs have gone down, the

effect of reporting our capital expenditures by major category makes our debt appear larger.

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.

Volunteer recognition at teas

Interlake-Eastern RHA appreciates its many volunteers for the time and energy they invest in our health-care facilities. Their compassion is integral to our operations and both staff and management appreciate that gift to our patients, residents and clients. Volunteer recognition events took place during the month of April in Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Lac du Bonnet, Lundar, Oakbank, Pinawa, Pine Falls, Selkirk, Stonewall, Teulon and Whitemouth.



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**

Operational Strategies

Supporting the Falls Prevention Plan

Manitoba’s five-year Falls Prevention Plan identified the need to build new and/or strengthen existing innovative approaches to reduce falls and minimize negative outcomes. Falls and fall-related injuries are common, particularly among those aged over 65. While fall prevention should target multiple risk factors, there is evidence to support physical

activity/exercise that incorporates strength and balance to be the single most important or effective fall prevention intervention for preventing and/or reducing falls.

In consultation with Health Equity and Prevention Unit, all the RHAs worked to undertake the following components and apply a health equity approach to support identified priorities within the Provincial Falls Prevention Work Plan beginning in the fiscal year

2018/19. For the first time, Health, Seniors and Active Living will pilot an evidence informed, consistent and standardized approach to community falls prevention exercise programs in Manitoba. The overall goal is to provide a provincial roll up of outcomes using common indicators.

Each region was awarded up to \$20,000 for this project. Our Seniors Healthy Aging Coordinator worked to incorporate the standardized falls program components into a regional exercise program, and then trained a broad span of applicable sector teams to start implementing this program including adult day program and services to seniors staff. Training and presentations took place all across the region where seniors came to learn why exercise is so important and how to do some simple activities at home to promote their continued healthy aging.

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.

In Sagkeeng First Nation, a community peer group has been established using a model successful in Selkirk and Pine Falls. These groups have made significant contributions to regional and provincial planning for harm reduction. Last year, group training for naloxone overdose prevention kit administration was provided using a peer-to-peer model in Pine Falls. 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, we've also been able to expand naloxone kit distribution to three additional locations in our region. In this fiscal year, April 1, 2018-March 31, 2019, Public Health distributed 65,110 new needles.

We partnered with Manitoba Harm Reduction Network to bring harm reduction facilitators to three communities in our region. These positions are embedded within our health-care processes.



A series of newly-completed murals has added an additional new level of safety in Teulon's hospital for people in hospital who are living with dementia. This concept has been employed at several facilities throughout the region to address what had been a perplexing problem.

"Teulon acute has admitted patients who wander and we were challenged to find strategies to keep our patients and staff safe from elopement and volatility," clinical team manager Pat Barkman explains. "The idea behind the door artwork is to have patients with dementia be distracted from exit seeking. The artwork is working to keep people safe."

Public health worked on a successful application to the Public Health Agency of Canada for over \$250,000 in funding for harm reduction activities in the region. Phase one of that funding was received for December 1, 2018-March 31, 2019. It was used to explore opportunities for public health and primary care to participate in the harm reduction network and foster opportunities for sexually transmitted and blood-borne infection (STBBI) testing and treatment for hepatitis C virus and HIV for people who use drugs and their social network. It will also include mental health resources, Indigenous and cultural healing and substance use recovery programs.

Improved Care for Those Living with COPD

Increased support in hospital and at home for those dealing with chronic obstructive pulmonary disease (COPD) was one of many outcomes of a collaborative

project of the Canadian Foundation for Healthcare Improvement and Interlake–Eastern RHA.

All patients and family members participating in this project worked with acute care and community care program staff to better understand how they can self-manage their care. The objectives were to reduce the amount of time a program participant stays in hospital or visits the emergency department and to reduce readmission rates. The project wrapped up in April 2019.

COPD is a top reason for admission to hospital within Manitoba where the length of stay for patients living with the condition is greater than the CIHI 2015–2016 benchmark of 7.4 days. Within our region, the 19 project participants had access to medications, support and teaching (spiritual care), a written action plan to use with their community nurses and physicians and a routine follow-up with chronic disease and home care nurses. Preliminary data from

the initiative tells us we reduced the average length of stay for our project participants to 5.8 days which is below the CIHI benchmark.

This project has transitioned to now be a part of regular programming for Selkirk Regional Health Centre.

Establishing Access to an Online Learning Management System

In 2018, all Interlake-Eastern RHA staff received information to have network, email and Learning Management System (LMS) accounts. This initiative allowed all staff to:

- communicate safely throughout the region
- access valuable online regional information resources such as our staff intranet and policy management database
- use the Learning Management System to register for classroom courses and register and complete online courses available throughout Manitoba.

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

Mental Health

Bill 5 - Amendments to the Mental Health Act and Personal Health Information Act

Amendments to the personal health information and mental health acts have been proposed in response to patient, family and health-care provider advocacy. Patient experience of serious, negative outcomes has resulted in calls for a more permissive directive to disclose personal health information. The proposed amendments enable disclosure of personal health information where reasonably necessary to prevent or lessen a risk of serious harm to an individual or someone else, or to public health or public safety.

This legislation allows disclosure without consent, although disclosure with consent remains best practice and is preferable.

Bill 3 – Amendments to the Mental Health Act

The Mental Health Act currently requires a peace officer, such as an RCMP constable, to take a person to a facility for an involuntary medical examination or psychiatric assessment and to stay until the exam or assessment has been provided. This proposed legislation allows someone who is not a peace officer, such as a health-care provider, to relieve RCMP of this responsibility when there is no risk of violence/harm.

We have already started assigning staff to relieve RCMP constables in this capacity. Because of our current inability to access some mental health resources in a timely manner, this bill represents significant investments of staff time. It is our hope that these shortages will be acknowledged and addressed as part of the provincial clinical and preventive services plan that is scheduled to be released this fall. Selkirk Regional Health Centre emergency department staff completed initial sessions around mental health first aid education to assist with preparation for this legislation change. Work continues on the development of an algorithm for emergency room physicians to access acute mental health beds provincially.

Investing in the Future of Mental Health

The Virgo Planning and Evaluation and Consultant report, Manitoba Mental Health and Addictions Strategy, Improving Access and Co-ordination of Mental Health and Addiction Services, identifies significant changes required to increase access to mental health resources. Prior to this report’s release in May 2018, members of the RHA, senior leadership team and the director of the mental health program

attended a meeting with Dr. Brian Rush and his consultants, in which the report recommendations were shared. The purpose of this meeting was to validate the recommendations and ensure they resonated with those involved in the system. The challenges in Manitoba include: many intake processes, limited hours of service, long wait times, inadequate discharge care from emergency rooms and a system in which addictions care and mental health care are not integrated despite the overlap between these services. Improving linkages between these services would improve access and align Manitoba more closely with other Canadian jurisdictions.

The Manitoba government has implemented 23 recommendations made in the VIRGO report since its release. The implementation of five other recommendations are in the process of being completed, while work continues on a number of other initiatives identified in the report. The strategy suggests a number of key themes to shape the future of mental health and addictions care in Manitoba. Here is how our region is working on some of the key recommendations:

VIRGO Report Recommendation	Interlake-Eastern RHA supporting activities
<p>The creation of a seamless continuum of services, with an emphasis on community hubs or ‘focal points’ that bring key community and service agencies together in one location (24-7 access to psychiatric consultation, cross-trained staff in mental health and addictions, linkages to services in community, centralized intake), enabling person- and family-focused care and culturally relevant treatment options.</p>	<p>Interlake-Eastern Regional Health Authority’s community mental health and crisis services are programs dedicated to creating a sense of hope about the future and supporting individuals (who are engaged in services) in living the life they choose. In doing this, actively offering and engaging an individual’s chosen family and natural supports at every level of care is paramount.</p> <p>Health-care providers were educated on the appropriateness of offering and engaging an individuals’ family and chosen natural supports at every level of care through an article in the Provider newsletter. It emphasized the need for care providers from any and every program to recognize the importance of an individual’s relationships and affirm the ability of family and natural supports in supporting an individual’s recovery.</p>

<p>Increased emphasis on collaborative care models, building upon the successful model of My Health Teams.</p>	<p>Through the development of our region’s My Health Teams, we are working to set up more integrated mental health and addictions support for patients in the Selkirk area by working with our community partners such as the Canadian Mental Health Association and Addictions Foundation of Manitoba.</p>
<p>Support for primary care providers through rapid access to psychiatric consultation like the Rapid Access to Consultative Expertise (RACE) pilot and continued opportunities for prescribers to enhance their competencies in addiction medicine.</p>	<p>A new committee of Interlake-Eastern RHA’s medical advisory council has been struck to examine acute care pressures related to mental health/addictions clients. The committee has identified education on the use of forms as an immediate way to help improve the flow of patients.</p>
<p>Increased access across the province to timely treatment through Rapid Access to Addictions Medicine (RAAM) clinics and expanded Telehealth access.</p>	<p>Opioid replacement therapy has been available at Pine Falls clinic since winter 2017 and this work has been complemented with the opening of one of Manitoba’s five Rapid Access to Addictions Medicine(RAAM) clinics in Selkirk.</p>

The term addiction...

Addiction is a general term used to describe a complex process where a pattern of behaviour or substance use interferes with an individual’s life. It is estimated that six million Canadians will meet the criteria for a substance use disorder at some point in their lifetime. Individuals who live with substance use disorders are three times more likely to also experience a mental health illness at the same time. It is important to recognize that people are more than their difficulties, problems and illnesses. One way of acknowledging this and decreasing stigma is to use ‘person first language’. This means using terms like ‘person who uses drugs’ or ‘person with a substance use disorder’ instead of stigmatizing labels such as ‘addict’ or ‘user’.

Selkirk’s Rapid Access to Addictions Medicine Clinic (RAAM)

The doors opened to the region’s RAAM clinic (one of five in the province) in November 2018. RAAM clinics provide barrier free access to care for addictions use disorders with no referral needed. The RAAM clinic is open Tuesdays from 12:30 to 3:30 p.m. at 237 Manitoba Avenue in Selkirk for walk-ins. In addition to the walk-in clinic, where new clients are received, the RAAM clinic also offers follow up nursing and addictions rehab counselling services to clients outside of advertised walk-in hours. Since opening, the clinic has seen a proportionate mix of age groups with one-quarter of patients being attributed to each

of the following age groups: 18-24 years, 25-34 years, 35-44 years and 45 years plus.

About 40 per cent of people attending the RAAM clinic were seeking treatment for alcohol use. Other substances commonly reported as being used were heroin, hydromorphone, fentanyl, cocaine/crack and methamphetamines.

Clients attending the RAAM clinic were from all over the region and were referred (even though no referral is necessary) from a number of different programs and areas including mental health, emergency departments, primary care providers and addictions treatment centres.

Rapid Access to Brief Treatment



Mental health liaison nurse, Rosella Morse, with Dr. Bruce Naherniak, psychiatrist, at Selkirk Regional Health Centre's Rapid Access to Brief Treatment clinic.

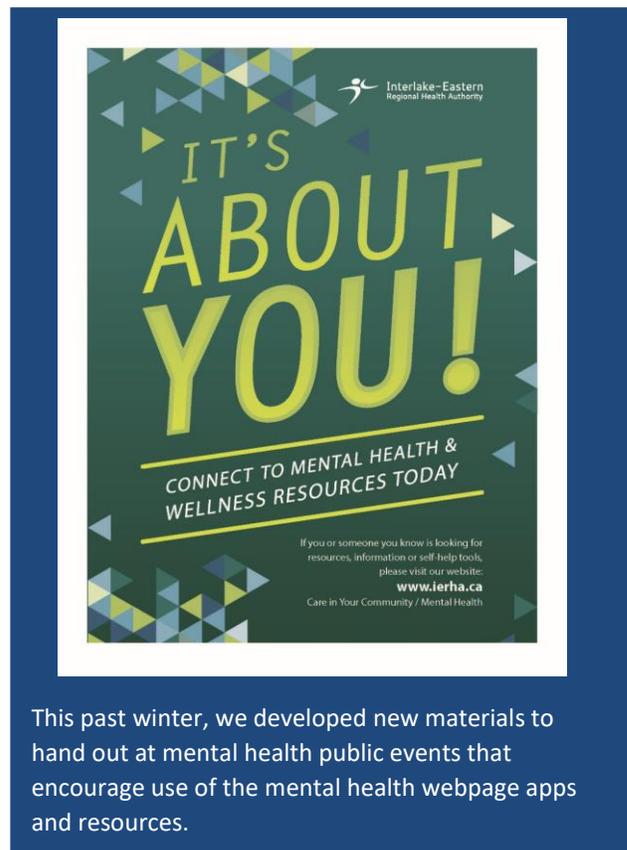
Discussions at regional working groups identified that access to psychiatry and mental health services was limited. Additional mental health service in hospital settings, in particular Selkirk Regional Health Centre's emergency department, was needed. Planning began in July 2018 to offer a Rapid Access to Brief Treatment clinic for emergency department patients who were referred for mental health services. Assessment and determining treatment options begin immediately in the clinic. Staff members work in collaboration with primary care providers to assess and offer treatment recommendations and support to manage individual care and optimize the patient experience. A one-year pilot of the clinic started in November 2018. Service use and improved access are being monitored.

Mental Health Webpage on www.ierha.ca

Interlake-Eastern RHA's mental health website has many resources to help people keep on top of their mental health well-being.

Those involved in mental health services and qualified mental health specialists in the region have vetted the

resources available on the site. The end result is a resource rich website that has something for everyone and at every age. The site can be found by visiting www.ierha.ca and clicking "Care in Your Community" and then "Mental Health Services". The site is full of printable self-help tools, smartphone apps, on-line resources and an abundance of links to youth and adult versions. People will also find information specific to the mental health resources that are available within the Interlake-Eastern Regional Health Authority. The mental health home page was visited 12,000 times in fiscal year 2019.



This past winter, we developed new materials to hand out at mental health public events that encourage use of the mental health webpage apps and resources.

Physician Engagement

We continued to invest in our physician services team with an objective to improve physician retention and recruitment in the region. In fall 2018, we saw six new physicians start with the region.

This is a significant improvement that can be attributed in part to the contributions of staff, physicians and community members who work collectively to promote Interlake-Eastern communities as the wonderful places they are to work and play.

First-year Med Students Get a Taste of Country Life

Interlake-Eastern RHA hosted an educational rural week (May 28 - June 1) with 19 medical students visiting nine communities across the region. During rural week, first-year medical students are hosted by communities across the region and are given the opportunity to shadow physicians, nurse practitioners and other care providers during their regular workday in local RHA clinics.

This year's rural week initiative was coordinated in collaboration with the University of Manitoba Undergraduate Medical Education Department and the Manitoba Office of Rural & Northern Health. The week would not be possible without the physicians, staff and community volunteers who organized activities in Arborg, Beausejour, Ashern-Eriksdale, Gimli, Oakbank, Pinawa-Whitemouth-Lac du Bonnet, Pine Falls, Selkirk and Teulon.



Med students Steven Reda (left) and Lourens Jacobs (right), along with Lorri Beer (IERHA physician recruitment) at the Ridgeland Colony with tour guide Martha Waldner.

Teulon's Mini-University

In the summer of 2018, Teulon Medical Clinic was a place of continued learning for Adrian Sawatzky, a nurse practitioner in his final practicum, and third-year medical student, Costa Danakas, who first experienced the clinic when he participated in rural week two years ago. When the time came for Costa to choose a place for his practicum, he asked to return to Teulon.

"I really enjoyed my days here. I had my first clinical experience and it was full of variety. It was a little taste of what working in this clinic would be like and I already knew I liked it," Costa said. "It's a collaborative practice and everyone is willing to teach."

Coming from an emergency department-intensive care unit background, Adrian, who completed his nurse practitioner training in winter of 2018 and is now an employee of the clinic, has also enjoyed working under Dr. Loudon's preceptorship in the community of Teulon.

"There is a real community approach here. The rural mentality is different – people know each other and they care about each other," Adrian said.

Gimli Welcomes New Doctor



Interlake-Eastern RHA welcomed Dr. Sarah Belloch, to the Gimli Community Health Centre this past year. Dr. Belloch (pictured left) completed her medical training at the University of Manitoba with special interests including women's health, addictions, eating

disorders and mental health. She says it was a connection to family that first motivated her to be a doctor.

Dr. Belloch is originally from Virden, Manitoba, and knows what it's like to live, work and be a part of a small community.

"I always knew that I wanted to practice rurally and the Interlake–Eastern staff and patients have been very friendly and supportive of having me as a part of their practice," she said about what motivated her to work in the region. "I also like the variety – I can tailor my practice to my interests and do what I enjoy most."

Gimli Practitioner Retires After Nearly 45 Years



Saying farewell: Dr. R.C. Patel with his team from Gimli: (front) Lynn Hoplock, (back, l – r) Sylvia Smith, Sherrie Gwizdak, Dr. Patel, Sandy Johnstone and Valerie Pomehichuk

This November, Gimli Community Health Centre's Dr. R.C. Patel retired after providing nearly 45 years of dedicated service to the Interlake–Eastern RHA. Dr. Patel began his practice in Gimli in 1973 and is well known by colleagues and patients alike for his conscientious, sincere and empathetic care of patients.

Dr. Patel wrapped up his career with a many thank yous, one of which was extended to his colleague Dr. S.V. Patel.

"I'd like to extend a very special thank you to Dr. S.V. Patel, who was instrumental in bringing me to Gimli," he recalled. "He said he brought me just for the ride. The same night I went to the hospital to do a delivery for one of his patients!"

Dr. Patel graciously thanked all the staff and administration, nursing staff, dialysis, chemotherapy

and office staff for looking after him so well for all these years and "spoiling me." He said he was also especially thankful to all the nursing staff who worked with him.

Newest Beausejour Physician has Regional Roots



Dr. Christopher Walmsley started at the Beausejour Primary Health Care Centre in September 2018. He has deep roots in the Interlake–Eastern region and is looking forward to practicing medicine in Beausejour.

Dr. Walmsley (pictured left) knows how important building relationships can be in small rural communities. His decision to work in Beausejour was spurred by his connection to the community and his understanding of the need for local physicians.

"I grew up in Oakbank and my wife in Hazelridge," he said. "Her extended family is from the Beausejour area. We have seen the need for physicians in the area for several years and thought it would be an ideal location to practice."

Establishing a Clinical Teaching Unit

In conjunction with community partners, including Interlake Eastern Health Foundation, and elected leaders, we are working towards our goal of establishing a clinical teaching unit for medical students in our region. The project includes the development of a primary care centre on or near the campus of the Selkirk Regional Health Centre to provide the space for integrated clinical practice. An integrated clinical teaching unit (CTU) will be the first in the region and will be a major clinical practice "hub". We envision this clinic environment will be the site where new patients can connect with a family physician and team of care providers. Funding for the project is to come from the Interlake Eastern Health Foundation. The clinical teaching unit will offer primary care residency opportunities in Interlake-Eastern RHA communities across the region.

Newborn Screening Program

	April 2017-March 2018	April 2018- to March 2019
Babies screened:	328	461
Per cent referred for additional testing that resulted in diagnosed hearing loss:	6.4 %	4.8 %

In September 2016, Interlake-Eastern RHA began participating in a new provincial program that ensures all parents of newborn infants have access to screening to detect hearing loss.

Learning early about hearing loss means a lot to parents of newborns. This knowledge allows families and their health-care providers added time to decide on the best way to help these children learn language.

“Access to earlier treatment also helps avoid developmental delays and communication difficulties that would otherwise impact later school and social development,” said Mamdoh Gerges, RHA audiologist in Selkirk.



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

Improving Access with Patient Flow



Getting it done, (left to right): Patrice Lee, clinical team manager for Stonewall and District Health Centre and Lisa Nagorski, regional manager of patient access and transition

Interlake-Eastern RHA has adopted a daily patient flow 'huddle' call where acute care clinical team managers, clinical resource nurses and on-duty doctors report on patient flow (i.e. patients requiring transport outside our region for specialty care, diagnostics, etc.). In addition, a weekly cross-program huddle with staff from home care, personal care home, mental health, EMS and acute care further contribute to better patient and resident flow through the health-care system.

This improved communication was the innovation that allowed a much more accurate picture of the challenges and opportunities for patient flow every morning.

"Introducing daily 10-15 minute, early-morning calls and linking acute care to information from all programs and facilities allowed us to understand patient-care needs and how best to support such

needs," said Lisa Nagorski, regional manager of patient access and transition.

A clearer vision of the moving parts in the regional patient flow picture has seen efficiencies realized between facilities in the region, in some cases resulting in positive outcomes for patients.

"When we can repatriate patients from the Winnipeg Regional Health Authority (WRHA) in a timely manner, we are less likely to contribute to system congestion," Lisa said. "WRHA physicians recognize that and so does their management. As a result, our physicians are better supported when wanting specialty services from the WRHA for their patients in the future. Working with the WRHA together more efficiently positively affects patient care because people in our region will get services they require when they need them because we're improving access to those services in Winnipeg."

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

"Having everyone on the daily huddle call to share what they know every morning helps us foster relationships amongst all the teams. The world of acute care moves fast and it was our duty to learn how to move with that flow," Lisa said.

Learning to move more efficiently and safely was easier because of the one goal shared by all staff.

"Now we have no silos. When you're not just focusing on your site and you hear that a site 45 minutes away is significantly over capacity and their acuity of care is high, you move to help out," Lisa said. "We all work in

the profession we do because we truly like and care about people. When you hear patient safety is being affected by overload in another site, we WANT to help

out – and by communicating more collaboratively we have the ability to do that.”

Patient Flow Team Receives Recognition

Winnipeg Regional Health Authority and the Province of Manitoba have formally commended Interlake-Eastern Regional Health Authority’s patient flow team for its work to repatriate patients as quickly and safely as possible.

The team’s work on patient flow, and the contributing work of Lisa Nagorski, was submitted to the Manitoba Institute of Patient Safety for consideration for the 2018 Patient Safety Champion award. As a result, Lisa was offered membership to the MIPS League of Champions. Individuals recognized in this league are honoured for their inspiring initiative to support/promote and advocate for patient safety strategies, engage as a leader in contributing to improved patient safety and leverage resources to extend the patient safety message.

“It’s the efforts of the entire regional team that contribute to patient safety,” Lisa said in response to this acknowledgement, “and for that I applaud the team!”

Primary Health Care Development

Robust primary health care is the gold standard of health care and one of the most important pillars of a 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.

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.

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>.

Establishing My Health Teams

My Health Teams are one part of our extensive primary health-care strategy. 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 and two were selected for funding in Interlake-Eastern RHA. One My Health Team will serve Selkirk and area and the other will serve the Ashern-Hodgson areas. The working group for the My Health Team based in Selkirk received approval on its description and formation plan at the end of 2018 and it is now working on finalizing service planning. The Ashern/Hodgson My Health Team is the first to have extensive Indigenous participation. It is in the early planning stages and held its first steering committee meeting in October.

Both teams will go through a series of planning and implementation stages before operating at full capacity in the coming year.

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.

Our primary care leadership team has been providing information on target populations and ensuring outreach to vulnerable populations. My Health Teams are part of a new province-wide strategy in primary health care. Health-care providers on a team deliver services that are aligned with the needs of the community and surrounding area. Care providers don't necessarily work in the same location but share electronic medical records (EMR) for each patient. This ensures every care provider understands a patient's health history and can connect them to care they need, whether in-clinic or via community health partners. To support EMR optimization, which is an important part of My Health Teams, the region has hired a data integrity analyst and a clinical application specialist to assist.

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/primarycare/homeclinic/index.html>.

Providing Access to Regular Care Providers

Family Doctor Finder is a provincial program that assists people in their search for a regular primary care clinic and primary care provider (family doctor or nurse practitioner). Regional staff, including our primary care connector, work closely with clinics to stay current on which providers and clinics are accepting patients. They also work with community programs, such as mental health, to ensure people who want and need care can find it. Some clinics in the province use the Family Doctor Finder as an entry point for the public to access their services and find it helpful in managing waiting lists. Other clinics appreciate having an outside community contact for people who are looking for a provider.

Family Doctor Finder has helped more than 4,700 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 are working towards improvements in this rate between now and 2020.

Family Doctor Finder also provides an opportunity to monitor the demand and capacity for primary care services in the region and helps us to ensure our planning for additional resources is connected to evidence of strong demand. Over time, this will allow us to tailor programs and services to meet community needs.

Going Paperless in Selkirk Regional Health Centre

The Health Information Document Management Project at Selkirk Regional Health Centre wrapped up in May 2018. The health centre has been functioning as an electronic environment since the opening of the new facility in June 2017. We have refined many processes along the way and already converted approximately 2.5 million documents to an electronic record. The entire project included the following phases:

1. Chart preparation for scanning standards took about eight months.
2. Records older than 10 years were sent to confidential off-site storage.
3. Records less than 10 years old were sent out for confidential scanning services.
4. "Go forward" records, as of January 1, 2017, scanned on site by staff.

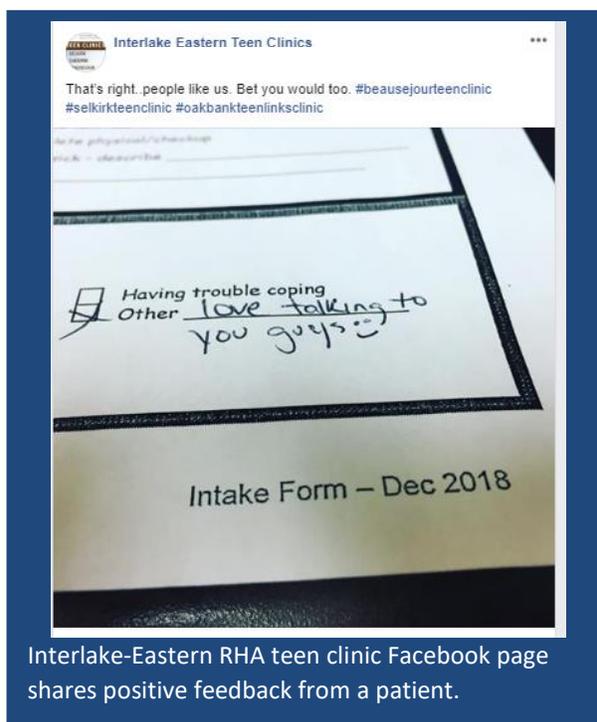
Health records staff used to manage mass amounts of paper and, although they still maintain records, without so much paper it is a much more progressive, efficient process. There are many benefits to managing our records electronically that include developing document identification standards, accountability of records, version control, security and privacy controls and access to providers at point of care without searching for paper charts. Due to the success of this initiative, we are looking to implement this same practice in other sites.

Partnering with Schools to Offer Teen Clinics

Teen clinics are youth health service partnerships provided by Interlake-Eastern Regional Health Authority and offered on school property to deliver health care services for teens 12 and up. No appointment is necessary and services are free. The goal of offering youth health services in school is to

remove barriers to accessing health-care services for youth. This service provides a safe place for teenagers to access health related information and treatment from a public health nurse and nurse practitioner for health conditions. We know through youth surveys that this type of care is the preferred method of receiving and accessing health care. These populations are also in higher need of these types of health-care services.

In addition to teen clinics in Selkirk, Beausejour, Lundar, Oakbank, Riverton, Powerview and Riverton, our region has added a teen clinic at Warren Collegiate, Stonewall Collegiate and planning has started for a Teulon Collegiate teen clinic. Additional partnerships are being established with school staff members who can complement services available in teen clinics. As a result, we are working to include mental health service delivery through teen clinics where possible.



Managing an Unprecedented Outbreak of Infectious Syphilis

An unprecedented outbreak of infectious syphilis in certain areas of the province has created urgency for all RHAs to create greater public awareness of prevention, testing and treatment. Of particular concern are reports of babies being born to syphilis infected mothers because syphilis can be dangerous and deadly in children.

The number of syphilis cases in IERHA is growing as well. Before 2012, it was unusual for us to see a case of syphilis. In 2016 and 2017, we had less than 10 cases in each year. In 2018, we had 44 cases reported. Starting in the 2018-2019 fiscal year our region ramped up efforts raising awareness with our clinical teams by distributing information on syphilis. Publicly our region has created a specific webpage for health professionals and the public to learn more about syphilis testing and treatment. Specifically in public health, planning is underway to increase instances of testing for sexually transmitted and blood-borne infections like syphilis throughout the busy summer months.

Know your status

It's important to know your status. Patients can receive testing for HIV, syphilis, Hepatitis B (HBV) and Hepatitis C (HBC) through their primary care provider or by making an appointment at their local community health office.

Home is Best

Our region has consistently seen over 50-60 per cent of our acute beds occupied by people who require alternate levels of care or by those awaiting placement to personal care homes. Keeping seniors at home and independent in the community is the goal of a new program Interlake-Eastern RHA has been working on this past year. We are adopting a new way

of thinking – adoption of a “home is best” philosophy. We have created two long term care access coordinator positions to determine if a client is appropriate for long term care placement and communicate that to the clients, their families and their health care team. Previously home care case coordinators fulfilled these duties while also managing significant caseloads of vulnerable clients in the community.

People in hospital potentially needing long term care placement are the focus of these positions. Accelerating the evaluation process for people seeking long term care placement ensures those who will benefit from supportive housing or who can return home safely are not being placed in long-term care prematurely.

In the first phase of this project, much work was completed to revamp our corresponding policies, introducing the new role and decommissioning the panel committee (old process). Clients in the community continue to be paneled for long term care by home care case coordinators who also fill out applications for supportive housing. These new positions are now responsible for completing and approving new panel applications for people who are in hospital, applicants for supportive housing and reassessing those awaiting placement in hospital.

A Tree like No Other

Among the many heartwarming initiatives that have started in Interlake-Eastern RHA facilities to bring cheer to those in need at Christmastime, the Kin Place mitten tree is a project that is now in its seventh year at Kin Place Personal Care Home (PCH). Residents, families and volunteers are asked each year to donate new or handmade mittens, scarves and hats to decorate three trees at the entrance to the facility. These are then packed up by the middle of December and donated to elementary schools and shelters that are in need of warm winter woolies just in time for Christmas.

Last year, we were able to collect 137 pairs of mittens, 51 hats and 24 scarves. This year we have already received notice that a donation of 84 pairs of mittens is on its way from the small town of Rockglen,



Kin Place Personal Care Home Christmas trees with donated mitts, hats and scarves.

Sask. The people in this community continue to support our project each and every year. We are grateful to have such generous families and friends at Kin Place PCH and throughout the RHA who support our efforts to give back to communities during the holiday season.

Interlake Eastern Health Foundation Celebrates First Year



In November 2018, the Interlake Eastern Health Foundation celebrated its first year of creating charitable opportunities to benefit health care in our region. In 2018, over \$300,000 was raised,

three endowment funds were established and seven pieces of high priority equipment were purchased for programs like palliative care, surgery, family birthing and cancer care. Donations are accepted for high priority projects and items or specific areas of interest, including facilities and programs. 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. Inquiries can be directed to Pamela McCallum, executive director pmccallum@ierha.ca, 204-785-7044.

Staff Invest in Programs and Services Around the Region!

This year, Interlake-Eastern RHA staff contributed \$14,500 in total to organizations that benefit residents from across the region. The five organizations receiving money were: Nova House shelter for women and children in crisis; Survivor's Hope Crisis Line that assists victims of sexual assault; Interlake Eastern Health Foundation that enhances health care throughout the RHA; Children's Wish Foundation to grant a wish for a child living with a life-threatening illness; and Camp Stepping Stones for children experiencing grief. The funds were generated through the Five Dollar Club, Interlake Eastern RHA's staff-led, corporate giving program where staff voluntarily contribute five dollars from every pay cheque through payroll deductions. The donation recommendations were generated and voted on by Five Dollar Club members.

Interlake Eastern Health Foundation managed the donation process. For more information visit www.iehf.ca or contact Pamela McCallum, executive director of the Interlake Eastern Health Foundation at (204) 785-7044.

Chair's Award for Excellence in Customer Service

Quality customer service is one of Interlake–Eastern RHA's core values. To recognize the many staff who consistently go above and beyond in their duties, the Board of Directors created the Chair's Award for Client Service Excellence, presented yearly at the Annual General Meeting. This year, a whopping total of 29 nominations were received! Although it was hard to choose from amongst all the excellent nominations, four staff stood out as winners:

Denis Caya, Maintenance, Pinawa Hospital.

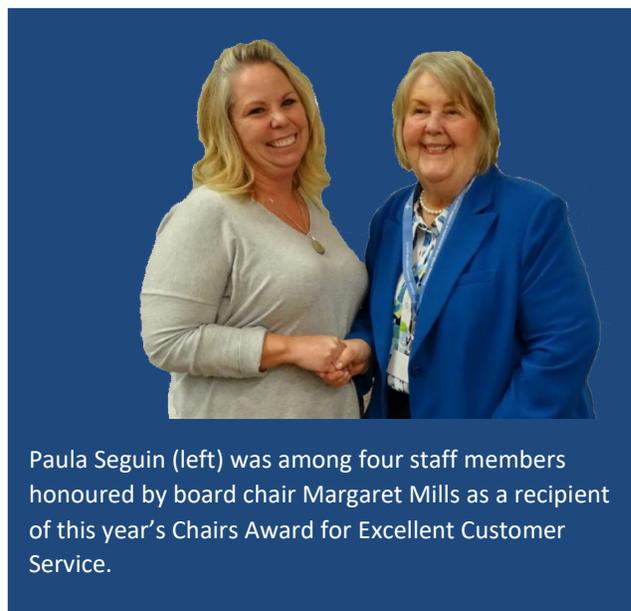
According to his nominator, Denis is well known for his big smile, for always being willing to help out with any task, always making time to solve even the smallest concern and he never gives up until a concern is resolved. Staff appreciate how he works behind the scenes to make sure that they can do their jobs safely and efficiently.

Mary Jane Kostiuk, Registered Nurse, Beausejour Hospital. According to her nominator, Mary Jane is the "rock" of the Beausejour Hospital. In her 40+ years of service, she is well-known for her supreme reliability and willingness to always offer a helping hand to her colleagues. She's a true role model of what a nurse should be and has a big heart that is shown in her dedication to quality patient care.

Lisa Novakowski, Nurse Practitioner, Lac du Bonnet District Health Centre. According to her nominator, Lisa has a tremendous work ethic. Even in an extremely busy work environment,

she takes great time and attention caring for each and every patient and goes the extra mile to ensure they are well-cared for. Her kindness, easy-going manner and smile also make her a pleasure to work with.

Paula Seguin, Ward Clerk/Primary Care Referral Desk, Pine Falls Health Complex. According to her nominator, Paula gives her job no less than 100 per cent. She has a positive attitude, is always cheerful and has a smile that makes the best first impression for all entering the facility.



Paula Seguin (left) was among four staff members honoured by board chair Margaret Mills as a recipient of this year's Chairs Award for Excellent Customer Service.

National Paramedic Services Week

With the theme of “health-community-you” national paramedic services week ran from May 27 - June 2 to recognize the important role paramedics play in the health of everyone. Our paramedics are the first to provide care, but that care extends beyond the 911 call. We are working with our paramedics to integrate them into community programs to keep people healthy and at home, rather than in emergency rooms.

Paramedics play a large part in the health of our communities and it is plain that the community appreciates the effort, care and compassion they put forth every single day.

When the Interlake-Eastern RHA posted a thank you to paramedics on our Interlake-Eastern health Facebook page, we received the largest and most heartfelt public response – eclipsing the 'likes' and 'shares' received for the 2018 New Year’s baby.

By the end of National Paramedic Services Week, our May 27 Paramedic Services Week Facebook post received over 130 'likes' and a record 106 shares, reaching a total of 12,129 people. Here are some comments from our Facebook page:



Twenty- six New Paramedic Positions Announced in Interlake-Eastern RHA

On April 30, 2018, the province announced the creation of 60 new paramedic positions in rural Manitoba. Twenty-six of these new positions are in Interlake-Eastern RHA. This will reduce reliance on the “on call” staffing model and introduce new EMS staffing with 24/7 coverage to increase availability of a paramedics across the region. These improvements in the number and coordination of EMS staff in the region complement existing efforts to strengthen primary health care. With the addition of new primary care physicians in Home Clinics across Interlake-Eastern RHA over the past year, residents have greater access to the right care when they need it, close to home.

The province recognizes that good emergency medical services is the backbone of a better, safer health-care system. Investing in first responders improves patients’ access to lifesaving care when they need it. This much-anticipated investment in the improvement of EMS services in rural Manitoba adds to and supports the effort to ensure that regional residents have the right care, at the right place and at the right time. It is also a recommendation made in the 2013 EMS System Review that, when complete, will ensure response time targets are achieved and a sustainable EMS model is built that supports paramedics being able to work to their full scope of practice.



Interlake-Eastern RHA’s CEO Ron Van Denakker (pictured above, second from far left) attended an event to announce funding for 60 new paramedic positions in rural Manitoba. Ron celebrated with EMS staff, RHA board members and provincial and local elected leaders.

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

Lean Six Sigma for Continual Quality Improvement

Lean Six Sigma strives to understand what is of value to our customers and any task or activity that is not a value-added step from the perspective of the customer is deemed wasteful, and eliminated. We have our very own Lean Six Sigma Black Belt, Leona Wright, who is currently supporting the creation of sustainable Lean initiatives. In January 2019, seven staff trained in Lean Six Sigma methodology at the Yellow Belt level, providing them with the skillset to complete small-scale projects.

Lean can immediately improve process flow by decreasing the workload caused by inefficient processes for staff and helping to optimize the patient experience. Lean is driven by the experts in the processes of health care – patients, families, health-care providers, support staff, etc.

Lean Six Sigma

Lean Six Sigma is a hybrid concept derived from two process improvement methodologies that began in the manufacturing sector and is most effective when applied together. Lean began in Japan in the Toyota Production System and focuses on reducing waste to provide a product or service to the customer that is of value. Six Sigma (6σ) was developed by Motorola and focuses on removing defects (errors) and attempts to minimize variability in the process.

Internship Program Pays Off

When she was in Grade 12, Rebecca (Becca) Schott participated in Interlake-Eastern RHA's Aboriginal Internship Program. She had a work placement at Rosewood Lodge Personal Care Home in Stonewall.

Since then, she enrolled in the University of Brandon where she completed nursing prerequisites. Last summer, she returned to Stonewall for a nursing assistant position at the hospital, which the Manitoba Métis Federation (MMF) supported through their internship program. After completing her first year, she has applied to the faculty of nursing. In the summer of 2018, she worked at Selkirk Regional Health Centre as a health-care aide, with continued support through the MMF. This program will provide summer employment for up to five years for students.

"Being in the emergency department allows me to observe, learn, and help out in real situations, which is an extremely cool and exciting opportunity," Becca said. "I'm getting an idea of what areas of nursing most appeal to me. So far, I love emergency. For the most part, the nurses here are amazing at answering the questions I have. Some nurses even take the extra time to talk me through what they are doing and why they are doing it, which is amazing and has taught me so much."



Selkirk emergency department education: (from left): Yvonne Oxer, emergency department clinical team manager; Rebecca Schott, summer student; Amanda Repar, emergency department clinical resource nurse

Pinawa Staff Manage Emergency Evacuation



Pinawa staff get the temporary site in Pinawa's school gymnasium up and running following an emergency evacuation in November.

An electrical fire at Pinawa hospital on November 13, 2018, saw us evacuate 15 patients from our facility. The facility remained evacuated while systems and environmental testing took place. Staff returned five days later to prepare the hospital for opening and the emergency department was operational that night. Staff members and community worked together to do what had to be done while maintaining focus on our patients' needs.

Disaster management, support services, facility and site management, EMS and acute care, primary care and health information services were integral players in the evacuation and in getting the site back up and running.

We also have to acknowledge the outstanding community response to our requests for assistance. Staff at the Pinawa Secondary School worked quickly to accommodate patients and helped us establish a temporary medical ward in the school's gym and home economics room.

Staff from the Local Government District office of Pinawa assisted with the evacuation, kept community members informed and helped us keep the hospital secure during the closure.

A number of community members, including those with Two Rivers Handi-van, worked with us into the early hours of the morning, making sure patients were safe and sound in their temporary care facilities.

Our colleagues in WRHA and their partners in long term care as well as those in CancerCare Manitoba were quick to work with us to make sure our patients could continue to access the care they needed during the evacuation.

This seamless care wouldn't have been possible without our colleagues' understanding and support. We were all touched to hear that staff at the personal care home, receiving patients from Pinawa, created welcome baskets for everyone and they provided clothing until personal items could be transported. This warm welcome for our patients was appreciated and went a very long way to assuring us and patient families that those who were transported were in very good hands.

The key part of any evacuation is ensuring the safety of patients and staff. We can't help but note that the care extended between staff members and extended to our staff members and patients will be what we all recall when we think of this incident. While it was a challenging time, everyone who was given an opportunity to help rose to the occasion. We couldn't be more pleased with the work, the care, the support and the outcome. This robust response reminds us of what a privilege it is to deliver care in communities where the welfare of people in need is prioritized over everything else.

Building Cultural Awareness

On June 21, Indigenous Peoples' organizations and the Government of Canada celebrate National Indigenous Peoples Day. The date was chosen to coincide with the summer solstice – the longest day of the year – which many Indigenous Peoples' groups have celebrated as part of their culture and heritage.

The celebration of Indigenous Peoples Day is a time to recognize the accomplishments and learn about the cultural diversity of our First Nations, Inuit and Métis people. According to Robert Maytwayashing, Interlake-Eastern RHA's Indigenous HR development officer and leader of our regional Indigenous cultural awareness education sessions, this includes non-Indigenous people taking the opportunity to learn more about Canada's colonial history and correcting falsehoods and myths that continue to fuel racism.

“The Indigenous community has been the subject of domestic abuse at a national level as a result of colonialism. Reconciliation must start with the individual at a personal level. Canadians need to challenge themselves by correcting the mis-truths that fuel incorrect assumptions that can lead to racism, unintentional or otherwise. Canadians need to revisit our shared history and embrace the Indigenous community as equals, much in the same way the Indigenous Nations embraced the newcomers onto their territories. The success of our country demands it,” Robert said.

In a region where one in four people self-identify as First-Nation, Inuit or Métis, it is important for all non-Indigenous staff to take responsibility to become more actively engaged in learning about Indigenous culture and history. Becoming more culturally sensitive allows us all to better serve all communities throughout the region and provide a culturally safe place for giving and receiving care.

In November 2018, our cultural awareness facilitators took a blanket exercise facilitator course with the intent to teach the exercise in cultural awareness training sessions in the future. For 2018-2019 fiscal year, we trained 10 physicians and since the inception of the regional Indigenous cultural awareness education program in 2009, we’ve trained over 700 staff members with demand for future courses continually growing.



Pat Larkin, regional education for long-term care in Interlake-Eastern RHA (centre) receives a 2018 Award for Excellence from Jan Legeros, executive director of the Long Term & Continuing Care Association of MB and CJOB's Richard Cloutier who served as host of the awards evening.

League of Champions: Recognizing the Passion for Patient Safety

In order to recognize the passion of patient safety champions in Manitoba, the Manitoba Institute for Patient Safety (MIPS) has established a League of Champions.

Those invited to be part of the league are those who:

- Actively support and promote patient safety strategies.
- Take leadership roles in contributing to patient safety in their organization.
- Inspire others to take action to improve patient safety.
- Actively communicate about patient safety in the workplace.

This year, Interlake–Eastern RHA’s Heather Campbell, quality and patient safety coordinator, and Lisa Nagorski, regional manager of patient access and transition, have joined the league. Heather is regional lead on the promotion of patient safety week and has been tireless in promoting both patient safety awareness and activities in regional facilities. Lisa has been instrumental in improving inter–facility communication on bed utilization for improved patient safety across all sites.

Both Heather and Lisa are very honoured for this recognition and are thankful for their collaboration with the MIPS network to promote patient safety with staff and the public. Collaborating with MIPS has been essential in creating a continued voice for patient safety in our region.

Canadian Patient Experience Surveys

The Canadian Patient Experience Survey is a standardized tool developed by the Canadian Institute of Health Information (CIHI) for patients to provide feedback about the quality of the care they received during their most recent hospital stay. Over the past year, Interlake-Eastern RHA has received a total of 1,020 completed surveys, with a response rate of over 40 per cent.

New in 2018/19, on a monthly basis facility level survey results are posted on the Quality and Patient Safety Visual Management Boards (visboards) in the

region’s hospitals. The results are visible to staff, patients and visitors. The results on the visboards are highlighted during team safety huddles and also linked to improvement initiatives. When CIHI completed a national scan to learn how regions across Canada are using the survey results, they highlighted the great work happening in the Interlake-Eastern RHA. Here is an excerpt from CIHI’s website: <https://www.cihi.ca/en/patient-experience/patient-experience-in-canadian-hospitals/coordination-of-care>.

Since installing visboards in high-traffic areas at all 10 of its acute care hospitals, Interlake–Eastern Regional Health has noticed an increase in teamwork and interdisciplinary collaboration among hospital staff.

Each visboard showcases key information about the hospital. A key component of

the boards is the presentation of four or five patient experience survey results, which are refreshed on a monthly basis.

“Staff really appreciate the inpatient experience data,” said Tracy Abraham, clinical team manager of Pinawa Hospital. “It is helping them understand where improvements can be made.”

Customer Service Comments

The most common categories of concern were patient, client or resident care followed by complaints categorized as delayed access that includes inability to have the choice of hospital to await long term care placement, lack of physician availability, lack of bed access and issues preventing access to mental health services. Some improvements as a result of concerns include increased visibility of Emergency Department hours of operation on the Interlake-Eastern RHA website, more consistency in communications, initiatives to improve clinic efficiencies.

Focus of Comments Regarding Health-Care Service Delivery	Annual 2018/19	Annual 2017/18	Annual 2016/17
Acute Care (Including: medical/surgery, operating room, obstetrics, emergency dept.)	119	161	142
Emergency Medical Services	23	17	25
Home Care/Palliative Care (including: adult day and seniors programs)	19	15	21
Personal Care Home	11	19	13
Mental Health	12	16	4
Primary Care/Public Health	47	59	55
Ambulatory Care (audiology/physiotherapy/occupational therapy/Telehealth)	5	21	10
Other (education/general admin/support services/materials management)	16	17	8
Total	252	325	278

Method used to share a concern	Annual 2018/19	Annual 2017/18	Annual 2016/17
Tell Us email – tellus@ierha.ca	105	128	98
Telephone: toll free line 1-855-999-4742	84	100	104
Mail: The Voice of Patients Clients and Families form available in facilities or online at www.ierha.ca , “About us” and “Compliments and Concerns”	58	91	72
In-Person	5	6	4
Fax	0	0	0
Total	252	325	278

Regionally Available Interpretive Services

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



CEO Patient Safety Awards

This year our region celebrated our fourth annual CEO Patient Safety Awards in recognition of Canadian Patient Safety Week. These awards honour staff members in our region who significantly contribute to patient safety. Members of our regional pharmacy team were recognized in both the individual and group awards presented by Ron Van Denakker, CEO at the November 1, 2018 award ceremony in Selkirk.

Linda Leonard, pharmacy assistant Pinawa Hospital nominated the regional pharmacy team and Susan Wikjord, clinical pharmacist Pinawa Hospital for the awards.



CEO Ron Van Denakker awards Susan Wikjord, clinical pharmacist at Pinawa Hospital the individual CEO Patient Safety Award for 2018. In her nomination, pharmacy technician Linda Leonard says “we are a small, very busy, rural hospital and our quality of care and level of patient safety has significantly improved since Susan Wikjord joined our team.”



Interlake-Eastern's regional pharmacy program (pictured at SRHC) won the group CEO Patient Safety Award for 2018 for their work to ensure optimum patient care from a pharmacy perspective.”

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

- Since 2009, 735 staff and four First Nation Health Directors have been trained.
- To date, 10 physicians have been trained.

Workforce Representative of Manitoba's Indigenous Cultural Make Up

Interlake-Eastern RHA's human resources recruitment team strives to have a diverse workforce. One goal is to have a workforce representative of Manitoba's Indigenous cultural make up. To have such a workforce, we need to have 30 per cent of our staff identify as Indigenous. Ten years ago, only four per cent of our staff self-identified as Indigenous and now, that number has climbed to 14 per cent. We hope to carry that momentum forward.

Community Liaisons at Your Service

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.

Engagement and communication coordinators (pictured right) are advocates who work with Indigenous people accessing health-care services and staff members. The major emphasis of their work is language and cultural differences.

Putting Community Health Assessment Data into



Contact information for the engagement and communication coordinators is Vernon (left): vpaul@ierha.ca or 204-367-5418. Kimberley (right): kpaul@ierha.ca or 204-340-1696.

Action

Based on the Community Health Assessment (CHA) data, and in partnership with First Nations community leaders and CancerCare Manitoba, a working group has been established to promote cancer screening in Indigenous communities.

In addition, our primary health-care team has used CHA data to build the case for teen clinics in schools in Indigenous communities. Teen clinics, located in Powerview and Wanipigow schools, service both Indigenous and non-Indigenous students in the area. Regional and school division staff in Powerview and Wanipigow note how rewarding it is for practitioners and educators to ensure kids have access to the

resources they need. These clinics are among four others located in schools and another four located in community clinics where youth can have confidential discussions and access to mental and physical health resources.

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 two Truth and Reconciliation Calls to Action. Call to Action #21 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. Call to Action #22 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.

Giigewigamig's cultural care coordinator offered Medicine Mondays where people could learn about traditional healing and medicine. Health and wellness services are offered in a manner consistent with Ojibwa traditions and values.

There are a number of people exploring how to integrate traditional cultural healings with western primary care practices at Giigewigamig. Services provided are available to anyone interested in participating and learning more.

Physicians Providing Outreach to Indigenous Communities

In January 2019, Dr. Ayman Soliman, who practices in Ashern and Eriksdale, started visiting Lake Manitoba First Nation Health Centre to offer appointments closer to home for patients who live there.

Offering care in the community, helps reduce the number of missed appointments because, in the past, these patients had to rely on a medical van to transport them to appointments. Now patients are able to receive care in a culturally sensitive and familiar environment in their own community. In the first 13 weeks of operation, the clinic averaged 20 patients per day, which demonstrates the need for a clinic in the community.

To help ensure a smooth transition, the receptionist and nursing staff at the Lake Manitoba First Nation Health Centre also underwent training in the clinic in Eriksdale. Dr. Soliman's office receptionist also attends the clinic in Lake Manitoba regularly to support the office assistant.

Other initiatives over the fiscal year have included an Ashern physician providing an outreach clinic in Pinaymootang once a week. A doctor also travels there from Winnipeg and an nurse practitioner travels to Black River weekly for clinic. Our region continues to explore the outreach model and how it can be leveraged to benefit other communities.

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 and Pinaymootang First Nations 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.

Moving Forward with French Language Services

Year one of our 2018-2023 French Language Services Plan has brought the FLS team out to communities and programs. Last spring, we presented our draft plan to our Senior Leadership, the Northeast Health Review Committee and to the communities of Saint-Georges and Saint Laurent. In the fall of 2018, we presented the plan to Santé en Français board of directors, who approved it. Final approval will be at the level of the Minister of Health and Minister responsible for Francophone Affairs.



FLS coordinators Michelle Berthelette (left) and Lori Carriere (right) at the St. Laurent community consultation.

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. This past year we had the opportunity to provide leadership-focused Active Offer training to the public health, acute care and communications programs, to further incorporate Active Offer concepts into key leadership activities (i.e. customer service). A total of 23 managers were trained.



Karen Stevens-Chambers discussing French Language Services to St-Georges community.

Building internal capacity to provide Active Offer as a region is a priority for us. Staff self-declaration is part of regional orientation where newly hired staff can complete the linguistic self-declaration form. Staff self-identifying as bilingual French/English receive a welcome letter and Bonjour/Hello badge. To date 99 staff have voluntarily declared as being able to speak French and English!



In 2018 the self-declaration process was expanded to include physicians practicing in the region. Information and packages were distributed to all physicians and we had four physicians/psychologists identify as English/French bilingual. We also learned that our physicians speak a multitude of other languages. Physician self-declaration had been incorporated into the

onboarding processes for all new physicians in the region.

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 position designation and hiring processes. To date, we have created a draft designation of sites and positions policy; reviewing processes to determine target group, and position designation, and the development of guidelines for hiring into designated positions.

As Active Offer training becomes embedded in our organization, programs are reviewing their resources to ensure their availability in both official languages. As well as regularly translated general public announcements (flu clinics, lab services, ER closures) we are working on translating specific health information. Larger projects included key mental health webpages, which are now live as of August 2018 on our website. We are presently working on palliative care resources.



Overall, 100 Documents were Translated in the 2018-19 Fiscal Year!

Statistics on designated bilingual positions	
For March 31, 2019:	
Number of designated bilingual positions	27.69
Number of designated bilingual positions filled with bilingual incumbents	11.29
Number of designated positions filled with non-bilingual incumbents	7.9
Number of vacant designated positions	8.50
Number of non-designated positions filled with bilingual incumbents	47.38
Total bilingual capacity (bilingual incumbents in designated and non-designated positions) plus 16 casuals not counted in this total	58.67

Capital Projects

Safety and Security Projects Across the Region

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

Safety and Security projects totaling \$2.454 million invested in Interlake-Eastern RHA:

- Regional asbestos audits.
- Plumbing and kitchen upgrades to Beausejour – East Gate Lodge.
- Lighting upgrade to Pine Falls Health Complex.
- Upgrades to heat exchange unit at Beausejour Primary Health Centre.
- Upgrades to kitchen in Kin Place Health Complex and Teulon’ Goodwin Lodge and Hunter Memorial Hospital.
- Sprinkler system upgrades to Kin Place Health Complex.
- Sprinkler system upgrades to Gimli Betel Home.
- Alarm upgrades to Selkirk Betel Home.
- Plumbing upgrades to clinics in Whitemouth, Lac du Bonnet and Pinawa Hospital.
- Roofing upgrades in Berens River Renal Health and Hodgson Renal Health.
- Security upgrades to Gimli Community Health Centre.
- Kitchen renovations to Pinawa Hospital.
- Kitchen and air conditioning upgrades to Eriksdale E.M. Crowe Hospital.



In January, 2019, the x-ray suite door was replaced in Arborg and Districts Health Centre.



The Manitoba government gave funding support to Shared Health to replace the current X-ray equipment at Gimli’s Johnson Memorial Hospital. To accommodate the new equipment, the existing X-ray suite was renovated in July 2018. The renovations improved the workflow for staff and patients. Radiographers have better patient views during the imaging process, adding to the safety and quality of testing. The addition of an elevating table contributes to patients’ ease and comfort during procedures and reduces potential for muscle strain on staff.

- Humidifier replacement in Ashern, Eriksdale, Lac du Bonnet, Stonewall and Teulon.
- Door and window replacement to Pinawa Hospital.

Fire safety projects totaling \$2.663 million invested in Interlake-Eastern RHA:

- The second phase of a sprinkler installation project at E.M. Crowe Hospital and Personal Care Home in Eriksdale.
- A new fire alarm system for Rosewood Lodge and Stonewall & District Health Centre.
- A new fire alarm system for Arborg and Districts Health Centre.

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 under "About Us", "Publications & Reports".

Sections 23.1 and 54: Interlake-Eastern RHA's most recent accreditation reports are posted on 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 online at www.ierha.ca under "About Us" and then "Publications and Reports".

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, 2018 to March 31, 2019 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.**

Adoption of Public Sector Accounting Standards

The Province of Manitoba directed organizations, including Interlake-Eastern RHA, to change its basis of accounting to Public Sector Accounting Standards (PSAS) effective April 1, 2018. Amounts related to the fiscal year ending March 31, 2018 have been restated as required to be compliant with policies under the new method of presentation.

The most significant changes as a result of the change to PSAS include:

- Deferred contributions – Capital can no longer be recognized for provincially funded Tangible Capital Assets (TCA).
- Funding received to pay down principal and interest on the debt associated with the funded TCA is recognized as revenue upon receipt.
- Current year budget is presented on the statement of operations along with current and comparative year actual amounts.



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www.bdo.ca

BDO Canada LLP
700 - 200 Graham Avenue
Winnipeg MB R3C 4L5 Canada

Independent Auditor's Report on the Summary Consolidated Financial Statements

To the Board of Directors of Interlake-Eastern Regional Health Authority

Opinion

The summary consolidated financial statements, which comprise the summary consolidated statement of financial position as at March 31, 2019, and the summary consolidated statement of operations for the year then ended, and related notes, are derived from the audited consolidated financial statements of Interlake-Eastern Regional Health Authority (the Authority) for the year ended March 31, 2019.

In our opinion, the accompanying summary consolidated financial statements are a fair summary of the audited consolidated financial statements, in accordance with the criteria disclosed in the Note to the summary consolidated financial statements.

Summary Consolidated Financial Statements

The summary consolidated financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summary consolidated financial statements and the auditor's report thereon, therefore, is not a substitute for reading the Authority's audited consolidated financial statements and the auditor's report thereon.

The Audited Consolidated Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited consolidated financial statements in our report dated June 24, 2019.

Management's Responsibility for the Summary Consolidated Financial Statements

Management is responsible for the preparation of the summary consolidated financial statements in accordance with the criteria disclosed in the Note to the summary consolidated financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary consolidated financial statements are a fair summary of the audited consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

BDO Canada LLP

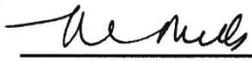
Chartered Professional Accountants

Winnipeg, Manitoba
June 24, 2019

**INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY
Summary Consolidated Statement of Financial Position**

March 31	2019	2018
Financial Assets		
Cash and cash equivalents	\$ 18,379,386	\$ 19,024,975
Accounts receivable	4,338,874	5,587,748
Vacation entitlements receivable	5,484,424	5,484,424
Retirement obligations receivable	5,152,099	5,152,099
	33,354,783	35,249,246
Liabilities		
Accounts payable and accrued liabilities	15,832,064	16,744,236
Accrued vacation entitlements	10,360,801	10,504,563
Accrued retirement obligations	13,445,524	13,599,587
Sick leave liability	2,780,986	2,527,982
Long-term debt	182,332,834	185,635,845
Unearned revenue	3,182,268	3,199,145
	227,934,477	232,211,358
Net debt	(194,579,694)	(196,962,112)
Non Financial Assets		
Tangible capital assets	220,183,780	225,450,529
Inventories	1,001,135	1,030,084
Prepaid expenses	541,143	523,485
	221,726,058	227,004,098
Commitments and contingencies		
Accumulated surplus	\$ 27,146,364	\$ 30,041,986

Approved on behalf of the Board of Directors:

 _____ Director

 _____ Director

**INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY
Summary Consolidated Statement of Operations**

	For the year ended March 31		2019		2018	
	Budget	Operations	Capital	Total	Total	Total
Revenue						
Manitoba Health, Seniors and Active Living	\$ 234,346,319	\$ 216,181,367	\$ 16,362,464	\$ 232,543,831	\$ 232,459,944	
Separately funded primary health programs	2,583,041	2,424,108	-	2,424,108	2,228,504	
Patient and resident income	11,937,747	13,232,859	-	13,232,859	12,247,083	
Investment income	450,500	524,457	-	524,457	258,701	
Other income	7,212,401	7,757,599	80,367	7,837,966	6,698,247	
Recognition of unearned revenue	-	7,038	(115,521)	(108,483)	1,124,471	
	256,530,008	240,127,428	16,327,310	256,454,738	255,016,950	
Expenses						
Acute care	76,744,872	77,448,413	1,203,396	78,651,809	76,672,676	
Amortization	12,163,350	-	12,165,224	12,165,224	10,804,087	
Community health	21,256,768	20,173,966	39,574	20,213,540	19,967,163	
Emergency response and transport	22,996,915	23,815,433	7,879	23,823,312	21,409,965	
Home-based care	34,001,087	32,517,724	-	32,517,724	32,769,558	
Interest expense	6,052,364	-	5,023,707	5,023,707	5,079,382	
Long-term care	48,608,935	49,186,532	708,638	49,895,170	49,428,920	
Medical remuneration	16,149,563	14,589,395	-	14,589,395	13,986,639	
Mental health services	9,334,026	9,031,612	8,600	9,040,212	8,796,203	
Northern patient transportation	184,208	165,406	-	165,406	202,637	
Regional undistributed expenses	14,315,321	13,270,687	72,523	13,343,210	12,764,506	
Write down of tangible capital assets	-	-	-	-	5,299,622	
	261,807,409	240,199,168	19,229,541	259,428,709	257,181,358	
Annual deficit before non-insured services	(5,277,401)	(71,740)	(2,902,231)	(2,973,971)	(2,164,408)	
Non-insured Services						
Ancillary income	460,046	464,847	-	464,847	467,071	
Ancillary expenses	(270,749)	(384,890)	(1,608)	(386,498)	(304,712)	
	189,297	79,957	(1,608)	78,349	162,359	
Annual surplus (deficit)	\$ (5,088,104)	\$ 8,217	\$ (2,903,839)	(2,895,622)	(2,002,049)	
Accumulated surplus, beginning of year						
				30,041,986	32,044,035	
Accumulated surplus, end of year				\$ 27,146,364	\$ 30,041,986	

**INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY
Note to Summary Consolidated Financial Statements**

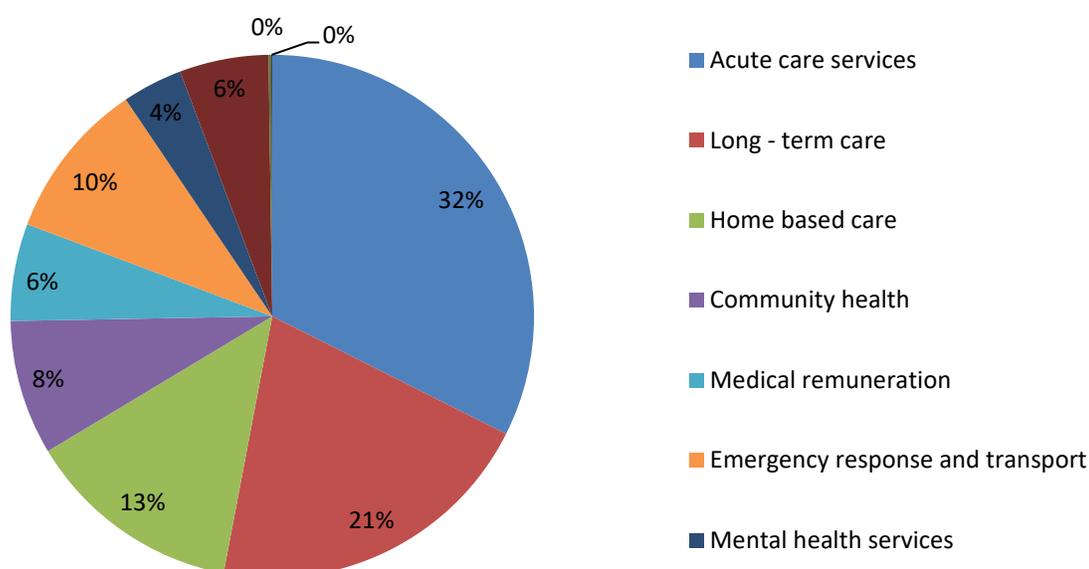
For the year ended March 31, 2019

Basis of Presentation

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

Copies of the audited consolidated financial statements for the year ended March 31, 2019 and the Schedule of Compensation for the year ended December 31, 2018 may be obtained from the Interlake-Eastern Regional Health Authority by calling 1-204-785-4700 or 1-855-347-8500. The consolidated financial statements are posted on the Interlake-Eastern Regional Health Authority website at www.ierha.ca under "About Us" and "Publications and Reports".

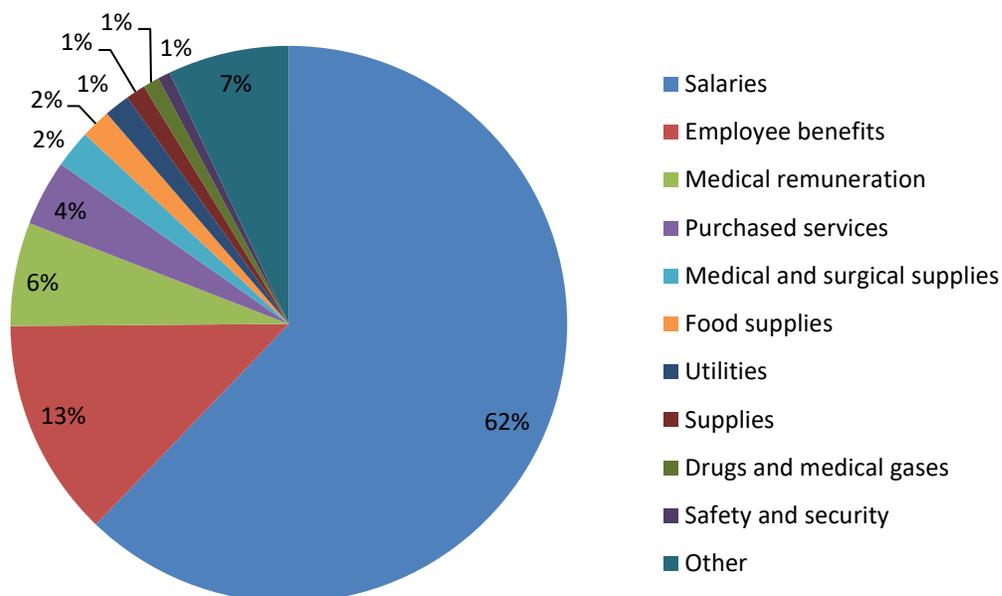
Expenditures by Program



Expenditures by Program

	<u>2019</u>	<u>2018</u>
Acute care services	78,651,809	76,672,676
Long - term care	49,895,170	49,428,920
Home based care	32,517,724	32,769,558
Community health	20,213,540	19,967,163
Medical remuneration	14,589,395	13,986,639
Emergency response and transport	23,823,312	21,409,965
Mental health services	9,040,212	8,796,203
Regional undistributed expenditures	13,343,210	12,764,506
Ancillary services	386,498	304,712
Other	165,406	202,637
Total expenditures before interest and amortization	242,626,276	236,302,979
Amortization of capital assets	12,165,224	10,804,087
Interest	5,023,707	5,079,382
Write down of capital assets	-	5,299,622
Total expenditures	259,815,207	257,486,070

Expenditures by Type



Expenditures by Type	2019	2018
Salaries	150,872,245	149,808,875
Employee benefits	30,807,877	29,958,464
Medical remuneration	14,615,271	14,010,730
Purchased services	9,300,066	8,735,953
Medical and surgical supplies	5,322,247	5,104,153
Food supplies	4,196,516	4,163,689
Utilities	3,595,726	3,423,777
Supplies	2,767,840	2,701,383
Drugs and medical gases	2,301,250	2,531,258
Safety and security	1,734,737	959,044
Other	17,110,893	14,902,571
Total expenditures before interest and amortization	\$242,624,667	236,299,896
Amortization of capital assets	12,165,224	10,804,087
Interest	5,025,316	5,082,465
Write down of capital assets	-	5,299,622
Total expenditures	\$259,815,207	\$257,486,070

Administrative cost reporting

Administrative Costs

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. **Interlake-Eastern RHA** adheres to these coding guidelines.

Administrative costs as defined by CIHI, include:

Corporate functions including: Acute, Long Term Care and Community Administration; General Administration and Executive Costs; Board of Trustees; Planning and Development; Community Health Assessment; Risk Management; Internal Audit; Finance and Accounting; Communications; Telecommunications; and Mail Service

Patient Care-Related costs including: Patient Relations; Quality Assurance; Accreditation; Utilization Management; and Infection Control

Human Resources & Recruitment costs including: Personnel Records; Recruitment and Retention (general, physicians, nurses and staff); Labour Relations; Employee Compensation and Benefits Management; Employee Health and Assistance Programs; Occupational Health and Safety

Administrative Cost Percentage Indicator

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) also adheres to CIHI definitions.

Figures presented are based on data available at time of publication. Restatements, if required to reflect final data or changes in the CIHI definition, will be made in the subsequent year.

Across Manitoba, as broad Health System Transformation initiatives were implemented through 2018/19, **administrative costs declined as a percentage of total operating costs for the health system as a whole** (including regional health authorities and CancerCare Manitoba).

Interlake-Eastern Regional Health Authority Annual Report 2018-2019

2018/19

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.00%	0.50%	2.07%	5.57%
Northern Regional Health Authority	3.98%	0.66%	1.20%	5.84%
Prairie Mountain Health	2.31%	0.34%	1.17%	3.82%
Southern Health Santé-Sud	2.94%	0.25%	0.96%	4.16%
CancerCare Manitoba	2.10%	0.66%	0.70%	3.45%
Winnipeg Regional Health Authority	2.58%	0.58%	0.97%	4.13%
Shared Health	3.76%	0.60%	1.30%	5.66%
Diagnostic Services Manitoba	N/A	N/A	N/A	N/A
Provincial - Percent	2.73%	0.51%	1.06%	4.31%
Provincial - Totals	\$ 133,559,455	\$ 25,149,251	\$ 51,917,064	\$ 210,625,769

2017/18

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.11%	0.65%	1.92%	5.68%
Northern Regional Health Authority	4.10%	0.60%	1.24%	5.94%
Prairie Mountain Health	2.39%	0.37%	1.31%	4.07%
Southern Health Santé-Sud	3.00%	0.20%	1.10%	4.30%
CancerCare Manitoba	2.50%	0.70%	0.80%	4.00%
Winnipeg Regional Health Authority	2.74%	0.61%	1.03%	4.38%
Shared Health	N/A	N/A	N/A	N/A
Diagnostic Services Manitoba	2.03%	0.65%	0.73%	3.41%
Provincial - Percent	2.76%	0.55%	1.11%	4.42%
Provincial - Totals	\$ 132,791,818	\$ 26,519,709	\$ 53,375,256	\$ 212,686,783

Regional Statistics

Emergency Department Visits by Triage Level

CTAS*	April 1, 2017 to March 31, 2018		April 1, 2018 to March 31, 2019	
	1 Resuscitation - Conditions that are considered threats to life or limb or have an imminent risk of deterioration requiring immediate aggressive interventions.	706	1%	616
2 Emergent - Conditions that are a potential threat to life, limb or function requiring rapid medical interventions	9,017	14%	9,918	15%
3 Urgent - Conditions that could potentially progress to a serious problem requiring emergency interventions.	20,204	32%	20,916	32%
4 Less Urgent - Conditions that relate to patient age, distress, potential for deterioration or complications that would benefit from intervention or reassurance.	21,251	33%	20,002	30%
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.	9,252	15%	11,889	18%
8 Registered - Not Triageed	3,172	5%	2,534	4%
	63,602	100%	65,875	100 %

*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 Outpatients*

2017-18	17,346
2018-19	17,334

*Patients who received scheduled treatment or minor surgery, but are not admitted as inpatients and stay for less than one day.

Number of babies born at Selkirk Regional Health Centre

2016-17	202
2017-18	281
2018-19	404

Diagnostic Service Delivery (April 1, 2018 – March 31, 2019)

	Number of patients seen	Regional wait time (weeks)	Provincial wait time average (weeks)
MRI	8,900	1	16
CT-Selkirk	15,543	5	5
Ultrasound – Selkirk	10,260	8	14
Ultrasound – Eriksdale	1,110	9	14
Ultrasound - Arborg	997	9	14

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 -1st 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

51 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 1st 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, click on “About us” and “Compliments & Concerns”.

Community Wellness Team

A complete listing of community wellness programs can be found at www.ierha.ca under “Care in Your Community” and “Community Wellness Team”.

Email 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 :

Siège social 233A rue main, Selkirk Manitoba R1A 1S1

sans frais: 1.855.347.8500

courriel: info@ierha.ca

site web: www.ierha.ca

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

Toll free: 1.855.347.8500

Email: info@ierha.ca

Website: www.ierha.ca



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