



Interlake-Eastern
Regional Health Authority



ANNUAL REPORT

2019 - 2020

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.

Table of Contents

Letter of Transmittal and Accountability	2
Acknowledging First Peoples and Traditional Territory	2
Health-Care Transformation – Why is it necessary?	4
Guiding documents and Organizations	4
Regional Overview	6
Organizational and Advisory Structure	7
Our People and Our Challenges	8
Board Governance.....	9
Managing Risk	10
Achievements and Accomplishments	
Capacity Building – Building Today for Tomorrow.....	18
Health System Innovation – Innovation, Learning and Growth.....	19
Health System Sustainability – Keeping it Going	22
Improved Access to Care – Expanding Opportunities.....	24
Improved Service Delivery – The Best We Can Be	26
Improving Health Status & Reducing Health Disparities - Getting Better, Staying Healthy	28
French Language Services	30
Capital and Major Projects.....	32
<i>The Regional Health Authorities Act – Accountability Provisions.....</i>	33
<i>The Public Interest Disclosure – Whistleblower Protection Act.....</i>	33
Condensed Financial Statements.....	34
Expenditures by Program.....	37
Expenditures by Type.....	38
Administrative Costs	39

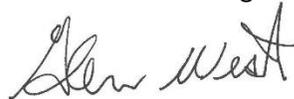
Letter of Transmittal and Accountability

Dear Minister,

We have the honour to present the annual report for Interlake-Eastern Regional Health Authority, for the fiscal year ended March 31, 2020.

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, 2020 have been considered in preparing the annual report. The Board has approved this report.

Respectfully submitted on behalf of
Interlake-Eastern Regional Health Authority

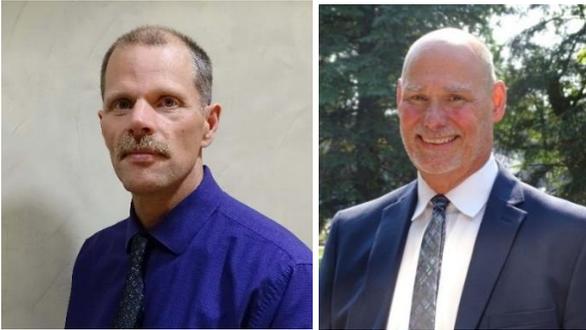


Glen West
Chair, Interlake-Eastern Regional Health Authority

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 that First Nations treaties were made on these territories, acknowledge harms and mistakes, and we dedicate ourselves to collaborate in partnership with First Nations, Inuit and Métis peoples in the spirit of reconciliation.

From the CEO and Board Chair



This year's annual report summarizes a year that reinforced why the capacity to be ready for anything underlies all that we do in health care. We never know who is going to walk in the door seeking care and what the extent of their care will entail. And we also never know what other unanticipated events may come our way.

Thanksgiving 2019 will stand out as a test of our capacity to continue working when challenged by inclement weather. The snowstorm we experienced affected the west side of our region more significantly. In particular, staff at our facilities in Ashern, Eriksdale, Fisher Branch, Hodgson and Lundar reported to work and continued caring for patients despite treacherous road conditions and some staff being without power and phone service at home for days on end. During what was eventually deemed a provincial state of emergency, we couldn't have been more proud of our staff, community members, First Nations health directors and leadership, and our colleagues working in various departments at the Province of Manitoba, who all came together to ensure that people's urgent care needs could still be addressed. Our thanks are also directed to Manitoba Hydro staff who, like many health-care workers, had to postpone their Thanksgiving dinners to help those in need.

On March 12, 2020, Manitoba announced its first case of COVID-19 and the pandemic was at our front door. Thanks to the forethought of public health officials federally, provincially and regionally and to our elected leaders who have made purposeful decisions to focus on preparedness and let science guide our health-care decision making, our experience with COVID-19 to date has not been as devastating as in other jurisdictions. Through this pandemic response, we have worked closely with our colleagues at Shared Health Manitoba. None of us could have imagined how instrumental a provincial health organization could be in coordinating our response to a pandemic. We find ourselves thankful that this structure was in place to guide a provincial response. It is one example of how we are already reaping the dividends of the changes that have been implemented as part of health-care transformation towards an improved health-care system.

We thank our staff who have proven to us all that there are heroes out there and we have the honour of working with them on a daily basis. We thank our colleagues in health care across Manitoba who have worked with us at an unprecedented challenging time to ensure we're all working in Manitobans' best interests and we thank the residents of our region who have reached out to our staff with kindness and concern out of respect for their ongoing efforts to help keep us all healthy and safe.

Glen West
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.

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.

Instrumental Documents

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

Implementation Plans

Manitoba Clinical and Preventive Services Plan

<https://is.gd/MBCPSP>

November 2019

Manitoba's first provincial plan for the delivery of health care services

Blueprint for Health System Transformation

<https://is.gd/MBHealthBlueprint>

June, 2018

Guiding transformation until March 2022

Guiding Documents

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

<https://is.gd/MBMentalHealth>

March, 2018

Recommendations for improving access to and coordination of mental health and addictions services in Manitoba.

Health System Sustainability and Innovation Review

Phase 1 January, 2017 <https://is.gd/KPMGPhaseOne>

Phase 2 March, 2017 <https://is.gd/KPMGPhaseTwo>

KPMG's Health System Sustainability and

Innovation Review was completed in two phases:

Phase One – high-level recommendations for

consideration; Phase Two – detailed work plans for

the implementation of recommendations

Provincial Clinical and Preventive Services Planning for Manitoba

February, 2017

https://is.gd/MB_CPSPlanning

Guidance for a health-care services plan that is evidence-based, sustainable, equitable and detailed.

Wait Times Reduction Task Force Report

November, 2017

<https://is.gd/MBWaitTimesReduction>

Emphasizes the interdependencies among emergency departments and emergency medical services, and timely access to primary care.

Manitoba Emergency Medical Services System Review

March, 2013

<https://is.gd/MBEMS>

Guidance and direction to develop a more integrated, responsive, reliable and sustainable EMS system.

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

Manitoba Health, Seniors and Active Living’s Transformation Program has been established to guide the thoughtful planning and phased implementation of broad health-system changes aimed at improving the quality, accessibility and efficiency of health-care services across Manitoba.

Transformation Leadership Team

The transformation leadership team includes representatives from across the health system, including RHAs. The team is prioritizing transformation initiatives and making recommendations on governance and policy development. 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.

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. This office consists of a core team working

collaboratively to align transformation projects, including regional health authority projects and activities, into the integrated plan.

Clinical and Preventative Services Team Members

Interlake-Eastern RHA staff are well represented across the 11 clinical and preventive services planning teams. Every working group member is expected to contribute their knowledge of their profession, patient population and local environment. Working groups developed, sought feedback on and endorsed evidence-based, patient focused and cost-effective models of care that are contributing to creating Manitoba’s provincial clinical services plan.

Shared Health Manitoba (sharedhealthmb.ca)

Shared Health is the provincial health organization created to better integrate and coordinate the planning of patient-centred care across Manitoba. It is leading the development of Manitoba’s first clinical and preventive services plan. It is also delivering certain provincial health services and supporting centralized administrative and business functions for Manitoba’s service delivery organizations that include regional health authorities. This year, all emergency medical staff and information and communications technology staff started reporting to Shared Health.

Manitoba Health, Seniors and Active Living

Health, Seniors and Active Living continues to lead the system in policy support, planning, funding and performance requirements and oversight and accountability.

Service Delivery Organizations

Service delivery organizations (SDOs) include the five regional health authorities, Diagnostic Services Manitoba, CancerCare Manitoba and Addictions Foundation of Manitoba. All SDOs work with Shared Health Manitoba as they lead planning and coordinating, while also delivering specific province-wide health services.

Regional Overview

Interlake-Eastern RHA extends east to the Ontario border, north to the 53rd parallel, west to the eastern shores of Lake Manitoba and south to Winnipeg's north perimeter dipping down just past Winnipeg to slightly below the Trans-Canada Highway eastwards to Ontario. With an area of 61,000 km², the RHA's service delivery area is approximately 10 per cent of Manitoba's area.



Our Residents

- Population of 132,126 as of June, 2019* which approximates 10 per cent of Manitoba's population
- The region encompasses 17 First Nation communities, 2 Métis regional offices and 24 Métis Locals
- Over one in four (27 per cent) residents in the region self-identify as Indigenous (includes First Nation, Métis and Inuit residents) ^ϕ
- 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

Our Staff and Facilities

- **Staff: 3,100**

- **Hospitals: 10**

Arborg, Ashern, Beausejour, Eriksdale, Gimli, Pinawa, Pine Falls, Selkirk, Stonewall and Teulon

- **Personal Care Homes: 16**

Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Lac du Bonnet, Lundar, Oakbank, Pine Falls, Selkirk (3), Stonewall, Teulon and Whitemouth

- **Community Health Offices: 17**

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

- **EMS stations: 19**

Arborg, Ashern, Beausejour, Bissett[†], Fisher^o, Gimli, Gypsumville, Lac du Bonnet, Lundar, Pinawa, Pine Falls, Riverton, St. Laurent, Selkirk, Springfield, Stonewall, Teulon, West St. Paul and Whitemouth

- **Quick Care Clinic: 1** (Selkirk)

- **Dialysis sites: 6** (Ashern, Gimli, Selkirk, Hodgson, Berens River, Pine Falls)

- **Mobile Clinic: 1** (Services Gypsumville, Grand Marais, Prawda and Seymourville)

- **Rapid Access to Addictions Medicine (RAAM) Clinic: 1** (Selkirk)

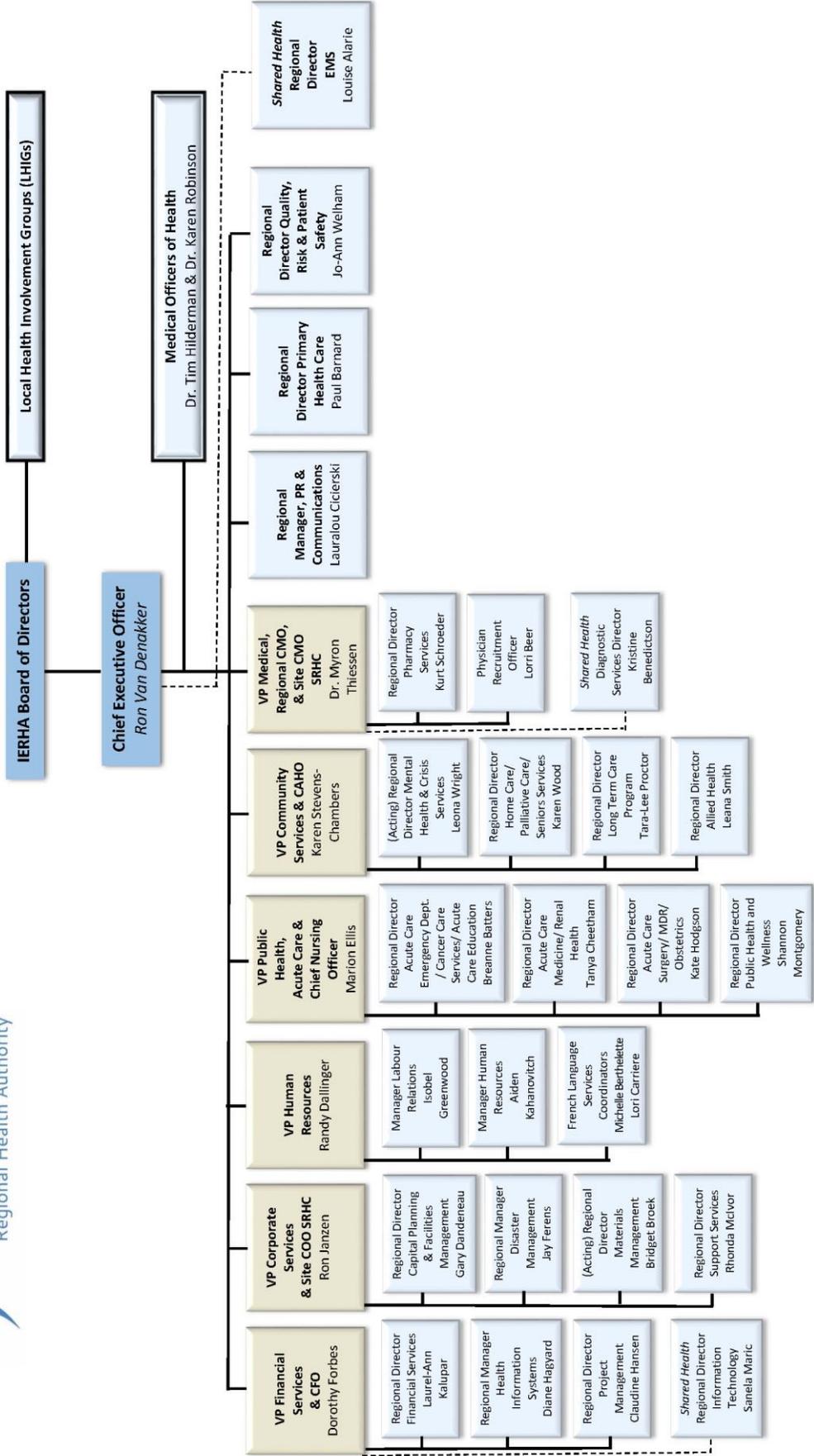
- **Travel Health Clinics: 2** (1 in Selkirk and a satellite in Eriksdale)

*Population Report – June 1, 2019 Manitoba Health, Seniors and Active Living

^ϕ2011 Census

[†]staffed on-call only

^onot staffed by IERHA



Our People and Our Challenges

Our Aging and Growing Population

Population trends show the number of aging residents continues to grow in Interlake-Eastern RHA. We have a larger percentage of residents ages 50-79 living in the region compared to Manitoba. Helping this population remain healthy, engaged in their community and managing chronic diseases is essential to health-care sustainability in the region. Our efforts to increase access to primary health care is contributing to addressing this challenge.

An aging demographic coupled with longstanding long-term care bed shortages in the region affect a number of programs in the region. An agreement with Winnipeg RHA that sees us offering long term care beds in Winnipeg to those needing this level of care instead of a hospital bed in Interlake-Eastern RHA has helped to ease pressures. We continue to look for more innovative options to continue to ease pressures.

Chronic Diseases

Chronic diseases are the greatest contributor to illness, disability and use of health care services. Diabetes incidence is significantly higher than the provincial rate, with one of every ten residents diagnosed with diabetes. The most common cancer diagnoses for Interlake-Eastern residents (in order of incidence) are: lung, prostate, colorectal and breast. The management of all chronic diseases through community based programs is important in maintaining health and avoiding hospitalization.

Indigenous Health

Health disparities exist between people who are Indigenous and those who aren't. Manitoba's Indigenous population is generally young and growing with a high birth rate and this holds true in our region. 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 Substance Use

The demand for mental health services in our region continues to grow. Both of the region's My Health Teams have included mental health professionals as part of their new services. The region has made additional investments in harm reduction that are designed to improve care for people who live with addictions.

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 have partnered with communities and schools 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.

Responding to COVID-19

Until a vaccine for COVID-19 is developed, the RHA will continue to respond to the health care needs this virus will demand regionally and provincially.

Board Governance

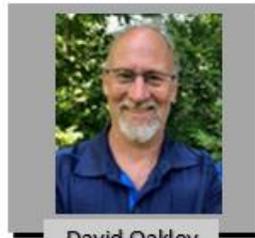
Interlake-Eastern RHA Board of Directors 2019 – 2020



Margaret Mills
Chair



Oral Johnston
Vice Chair



David Oakley
Treasurer



Ruth Ann Furgala
Secretary



Laurie Andrews



Judith Cameron



Judy Dunn



Keith Poulson



Charlene Rocke



Hermann Saxler



Amanda Stevenson



Glen West

Organizational and Advisory Structure (2019-2020)

Executive Committee

Board Chair: Margaret Mills
Oral Johnston (acting) – Feb-March
Vice-Chair: Oral Johnston
Treasurer: David Oakley
Secretary: Ruth Ann Furgala
Audit Committee Chair: Charlene Rocke
Finance Committee Chair:
David Oakley
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 and Central: Judy Dunn
Patient Experience: Margaret Mills
Regional Ethics Council: Judy Dunn
Interlake-Eastern Health Foundation: Glen West
Selkirk Foundation Nomination Committee:
Glen West
Regional Primary Care Centre and Clinical Teaching
Unit Board: David Oakley

New Board Appointments

In the past year, Margaret Mills retired from her role as board chair. Interlake-Eastern RHA thanks Margaret for her dedication, leadership and contributions in helping to connect people and communities to health care services. Board member Glen West has been appointed as the new board chair. Two new members joined the board: Keith Poulson (Winnipeg) and Hermann Saxler (Whitemouth).

Board Governance

Achieving a Balanced Budget

The Board continues to operate under a fiscal plan that is focused on achieving a balanced operating budget. RHA expenditures are reviewed monthly by the senior leadership team and cost savings initiatives are discussed as they arise. In addition, the RHA's cost curve is reviewed quarterly by the finance committee.

Identifying and Managing Risk

Accreditation Canada standards require health-care 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.

Upon completion of our four-year-cycle with the existing risk register, we explored new and innovative approaches to enterprise risk management. We are focusing on risk related to key strategic and operational priorities and are aligning with current reporting to the board.

Using a risk mapping tool, we ranked risks and prioritized our actions. The Healthcare Insurance Reciprocal of Canada's (HIROC) risk register electronic database lets us contribute to a unique Canadian database allowing for aggregate analysis of risk across the health-care system. The region

continues to use HIROC's web-based risk assessment checklist that allows for self-assessment to evaluate compliance with a number of mitigation strategies for top risks in all clinical areas. Program leaders are actively involved in identifying priorities and actioning improvements related to specific areas of care. This results in improvements to process and policies. Monitoring and reporting occurs through semi-annual reports to the board. We are preparing to fully implement the new risk register next year.

HIROC has proved to be a valuable resource in regards to mapping and addressing risks related to COVID-19.

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 applicable directives and guidelines. 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 its active role in ensuring that board governance practices meet or exceed industry standards. Using Accreditation Canada's Governance Functioning tool to evaluate Board operations, each director performs a self-evaluation that is reviewed in person with the board chair. This tool lets boards assess their structure and function against Accreditation Canada's standards. It helps directors develop action plans to address any governance shortcomings.

Board Assurances

Every month, the Board continues to receive a comprehensive CEO narrative that outlines activities under the health plan occurring within the CEO's mandate as well as every program area. Directors and senior leadership staff have worked with the transformation management office to identify how Interlake-Eastern RHA will monitor its contribution to provincial goals. The at-a-glance overview of our progress, called the dashboard, reflects priorities identified by the board that align with provincial objectives. The dashboard is reviewed at board meetings. Senior leadership team members work with their respective portfolios to report on their program activities and ensure they align with the provincial targets of improving access, improving the health service experience, improving safety and maintaining affordable and sustainable health spending.

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 or services to provide more in-depth understanding 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.

Important Board Activities and Decisions

Board Visits Turtle Lodge in Sagkeeng First Nation

Turtle Lodge International Centre for Indigenous Education and Wellness hosted board members for a day of cultural immersion in May 2019. Board members participated in smudging, pipe and water ceremonies that were supported by the traditional drum. This set the ceremonial context for learning as in keeping with traditional protocols. Knowledge Keepers from the Traditional Territory introduced board members to Indigenous traditions and provided historical context. Everyone participated in a healing ceremony.



Directors Judy Dunn (standing), Ruth Ann Furgala and Steve Day at Turtle Lodge.

Elders, including the Elder Council from Giigewigamig First Nation Health Authority, offered their vision of health care, and this led to a discussion on how the RHA could contribute to increasing access to traditional Indigenous healing opportunities for First Nation community members. Board members gifted Turtle Lodge with an oak tree. Its symbolism of strength, wisdom and knowledge was acknowledged by the Elders. The tree was later planted near the totem pole at Turtle Lodge by young people from the four Giigewigamig communities of Hollow Water, Bloodvein, Black River and Sagkeeng First Nations.



Committing to Quality and Learning

Jeanette Edwards, Shared Health Manitoba's Strategic lead, community health, quality and learning attended a workshop in September to walk directors through the provincial quality and learning framework. Four guiding principles will inform a coordinated, client-centred and provincial approach to quality. They are: respect for every individual; accountability; value; and continuous improvement and learning. View the framework here: <https://is.gd/QPSFramework>.

Board members have reviewed the region's existing regional quality framework and it is well aligned with what is being proposed provincially.

Uplifting Volunteer Recognition Events

Director Ruth Ann Furgala shown here below at right with volunteer Bernice Enstrom (left) and staff member Cara Westfall at the Fisher Personal Care home. Bernice was one of 740 volunteers invited to teas the RHA hosted in April. The national volunteer week theme for the teas was *The Volunteer Factor - Lifting Communities*.



Community Consultations and Engagement

CEO Ron Van Denakker and members of the senior leadership team meet regularly with community groups and rural municipality or town councils as needed or as requested to share information and to discuss and answer questions.

Accreditation Preparation for June 2019

For the second time, Accreditation Canada has granted “Accredited” status to Interlake-Eastern RHA.

As part of the survey, 24 Interlake-Eastern RHA sites were assessed by a team of 10 surveyors who work in the field of health-care in facilities all over Canada. They met with staff and community members over a six-day period in June. In the accreditation report, surveyor observations reflect: “Patients spoke positively about the care they received in the region. Staff also indicated that they were supported and the IERHA was a good place to work.”

Noted successes for the RHA within the Accreditation Canada report include its move to operating within a balanced budget and its focused recruitment of physicians. A highlighted opportunity for improvement that the RHA is working on is the need to develop and implement a strategy to promote people-centred care that more broadly integrates the voice of patients and families into service delivery.

The Accreditation Canada report and executive summary are posted online at www.ierha.ca, “About Us” and “Publications and Reports”.



Local Health Involvement Group Consultations

Board members continue to facilitate conversations among the region’s east/central and west Local Health Involvement Groups. This past year, staff members presented on the topics of home care, housing for older adults and patient safety and sought feedback and input from group members. 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.

Indigenous Health Advisory Committee

This committee, established in April 2019, advises the board on matters affecting Indigenous people consistent with Interlake-Eastern RHA’s strategic plan, legislation, commission reports, and other relevant information to improve health status and access to service for these populations.

The board has engaged in discussion and obtained advice on matters of Treaty Land acknowledgement, anti-discrimination and communication with First Nations. The Indigenous Advisory Committee is reviewing the strategic plan to contribute to the next iteration of the five-year strategic plan required in 2021.

Engaging staff and physicians in health care transformation

Manitoba’s transformation management office (TMO) completed engagement sessions with physicians and other clinical staff in our region. Workshops were held in Selkirk, Eriksdale and Pinawa in April. Sixteen physicians from across the region participated in the workshops.

Participating in Association of Manitoba Municipalities consultations (AMM)

The AMM invited members of provincial clinical teams, who are contributing to the development of the Provincial Clinical and Preventive Services plan, and representatives from Interlake-Eastern’s senior leadership team to participate in June district meetings. These meetings held across the province provided an opportunity to update municipal leaders on the ongoing development of the plan. Sessions included information on the priority

opportunities identified through planning. Ongoing discussions will take place as part of the implementation process once government has reviewed the plan. Interlake-Eastern RHA staff attended AMM meetings in Selkirk (Interlake) and Lorette (Eastern).

Annual General Meeting Well Attended

Approximately 100 people attended Interlake-Eastern RHA's seventh Annual General Meeting held in St. Laurent on Monday, October 7, 2019 at École communautaire Aurèle- Lemoine.

The meeting opened with a presentation from Shared Health on health system transformation, followed by an opportunity to ask questions of Dr. Brock Wright, Shared Health Manitoba's CEO and provincial lead on health services and Ian Shaw, transformation management lead.

Throughout the evening, cultural, geographical and health inequities of Indigenous residents of the region were brought to light and discussed in great detail. Representatives from Pinaymootang Health Centre and residents from the First Nation community attended the meeting to identify the challenges they have experienced accessing care in the health care system. Despite the best efforts of Interlake-Eastern RHA staff, Van Denakker pointed out that there is still room for improvement.

CEO Award for Community Leadership

The CEO's award for community leadership was awarded to the Selkirk Rotary Club and co-chairs of their "Project Echo" fundraising campaign, Jean Oliver and Gayle Halliwell.

Echocardiography is a test that uses sound waves to produce live images of a heart. Selkirk Rotary discovered that over 3,000 residents in the region are in need of an echocardiogram in any given year and the wait time can be at least one year. Through grants, funds from rural municipalities and towns, donations from individuals and Hutterite Colonies, fundraising events and donations of \$20,000 and greater from the Selkirk Ladies Auxiliary and Selkirk and District Community Foundation, \$203,000 was raised to purchase an

echocardiography unit and the peripherals to bring this service to Selkirk Regional Health Centre.



CEO Ron Van Denakker with Selkirk Rotary Club representatives (from left to right) Project Echo fundraising co-chairs, Jean Oliver and Gayle Halliwell, and president Sharon Moolchan who received the CEO's Award for Community Leadership.

Celebrating Teulon's Centennial

Interlake-Eastern RHA staff and those in care participated in the 100-year-celebration for the Town of Teulon. Her honour Lieutenant Governor Janice Filmon and his honour Gary Filmon attended the celebration and visited with people in-care at Teulon's Hunter Memorial Hospital and Goodwin Lodge Personal Care Home.



Major Consultations

Regional Primary Care Centre and Clinical Teaching Unit

The board passed a resolution authorizing the creation of a non-profit development corporation that will ultimately enter into an anchor leasehold agreement for space in a primary care centre in Selkirk that will also serve as a base for the region's clinical teaching unit.

Ten physicians have confirmed interest in offering health care services at the primary health care centre.

The board of directors for the new corporation includes municipal leaders from around Interlake-Eastern as well as RHA staff. Interlake Eastern Health Foundation has agreed to undertake a capital fundraising campaign to help establish the

centre. The vision is for a physical space that can house a number of physicians and care providers, from many disciplines, who can train medical residents while sustaining care for their own patients.

The region's first medical residents started training in 2019. They are experiencing a multi-disciplinary approach to health care service delivery that 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. In addition to working with Dr. Ian Alexander and his colleagues at Selkirk Medical Associates, the residents are working with Dr. Mitchel Bruneau in Lac du Bonnet on their rural family medicine rotation. Interlake-Eastern RHA is expecting another two residents in the upcoming year.



Strategic Priorities

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> <p>Drive innovation in the health system and the department to improve health outcomes, contain costs, and support appropriate and effective services.</p>	<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>

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. There were a number of factors that contributed to the RHA's deficit position this year. Recruitment and retention issues in certain areas of the RHA resulted in high nursing vacancy rates and the need to invest in agency nursing. Visits to emergency departments increased, resulting in increased costs and costs affiliated with some programs have increased without a commensurate increase in fees.

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.



Forty-two staff members were honoured at the region's long term service dinner that recognizes staff with at least 25 years of service. This year's event included staff in the program areas of acute care, home care, public health, primary care, scheduling, physiotherapy, long term care, support services, allied health and diagnostic services.

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**

Award Winning Primary Care Strategies

In the first year that Interlake-Eastern RHA presented Health Innovation Awards for Patient Experience, one of the winning submissions was for the group of people who developed and maintain the RHA's mental health web pages. These pages found at "ierha.ca", "Care in Your Community" and "Mental Health" are the second most visited pages on www.ierha.ca.

The mental health pages were reviewed and endorsed by the Recovery Champions Committee comprised of community members with lived experience and family members, as well as many partner service providers. Access to mental health services is improved when individuals and families can be directed to a trusted website where they can find multiple avenues of care provision, from program/service information to active links and apps for service provision.



Mental health website pages accepted by (left to right): Judy Dunn and Jill Hodgson-McConnell on behalf of the Recovery Champions Committee. Presented by Ron Van Denakker, CEO

The other Health Innovation Award for Patient Experience recipient was the physician outreach clinic that is offered in conjunction with Lake Manitoba First Nation in their health centre.

This clinic sees area physicians partner with a chronic disease nurse and community health nurse (who can draw blood) to deliver care in-clinic on the same day to better coordinate care. The outreach model is improving access to care closer to home. Missed appointments have decreased as people can walk to their health centre. Now, patients are able to receive care in a culturally sensitive and familiar environment in their own community.

This clinic is a model for others in Black River, Hollow Water, Little Saskatchewan and Pinaymootang First Nations. They help strengthen relationships among care providers, residents, health directors, staff in community, community leaders and RHA managers. These relationships are important as we work to expand 'borderless care' opportunities for local care options.



Lake Manitoba First Nation physician outreach clinic accepted by (left to right): Dr. Ayman Soliman; Lori Wahoski, Interlake-Eastern RHA's primary health care team; and Jennifer Maytwayashing, clinic reception

COPD Pilot Project Recognized Provincially

A collaborative pilot program to lower the average length of stay in hospital for patients who suffer from chronic obstructive pulmonary disease (COPD) has earned a Health Innovation for Patient-Centred Care Award for Interlake-Eastern RHA, Prairie Mountain Health and Winnipeg Regional Health Authority.

People living with COPD, a lung disease that makes it difficult to breathe, often end up in hospital because they are unable to manage their symptoms. This pilot program links COPD patients with community-based primary health care and education for self-care.

Interlake-Eastern RHA data indicated the average length of stay for COPD project participants was reduced to 5.8 days which is below the national benchmark.



Participating in the provincial COPD pilot project were Selkirk Regional Health Centre respiratory therapist Sally Yokimas; regional manager home care and home independence program, Karen Wood (Project Lead); and chronic disease nurse Mandy Smith

Establishment of My Health Teams

My Health Teams are teams of care providers (whether located in the same offices or virtually connected online) that work with you to make sure you get the care you need, when you need it. They are the health care neighbourhoods that provide care and that are built around strong partnerships.

Teams of care providers work together with community members as a steering committee to plan services for a geographic area or specific community or population. These services are then delivered by care providers as part of the My Health Team.

Interlake-Eastern RHA has two My Health Teams: *Selkirk & Area My Health Team* steering committee is comprised of physicians at Selkirk Medical Associates and Eveline Street Clinic and community partners including Addictions Foundation of Manitoba and the Canadian Mental Health Association. This team has hired two brief treatment workers, a community liaison counsellor and a chronic disease nurse. These care providers started their new positions in January 2020 and they are designing services and referral/intake processes that are flexible and based on client need.

Ashern/Hodgson & Area My Health Team is comprised of care providers in clinics in Hodgson and Fisher Branch, Ashern, Eriksdale, Lundar, St. Laurent and Gypsumville. Community partners on the steering committee include Lake Manitoba First Nation, Lake Manitoba First Nation, Little Saskatchewan First Nation, Pinaymootang First Nation and Elder Florence McLean as well as Ongomiizwin Health Services, part of Rady Faculty of Health Sciences' Indigenous Institute of Health and Healing, and First Nations Inuit Health Branch of the Government of Canada.

Manitoba Health has approved the steering committee's service model. Positions requested include two trauma informed mental health and addictions workers, a physiotherapist, a rehabilitation aide, a chronic disease nurse as well as access to funding and resources for the provision of traditional knowledge and/or healing and compensation in a form that is appropriate to traditional roles. Recruitment to the new positions will begin in the summer/fall 2020. This is Manitoba's first Indigenous My Health Team, a proud accomplishment for all involved.

Public Health Nurses Now Testing for Sexually Transmitted and Blood Borne Infections

Provincially, the spread of syphilis and other sexually-transmitted and blood-borne infections (STBBIs) (HIV, Hep. B. and Hep. C.) are happening at a more rapid rate within populations where people are using intravenous drugs and other illicit drugs. These illnesses can significantly impact a person's health, rendering them reliant on the health-care system.

Since its early days, the public health program and its practitioners have been positioned to respond to threats to public health by treating people where they are. Public health nurses' mobility means they can go into the community and attend public events to offer information on STBBIs and provide testing on-site. In May and June 2019, public health nurses across the region were trained to draw blood for diagnosis and administration of treatment for STBBIs in addition to the other work they typically do.

Outreach work in the community includes community festivals/fairs/treaty days in the summer and regular outreach activities at women's shelters, food banks and soup kitchens, and working with probations, MB Housing and Addictions Foundation Manitoba programs.



Public health nurses Marcy Timchishen and Susan Stevenson at Arbog fair and rodeo.

Increased Investments in Harm Reduction

Interlake-Eastern Regional Health Authority has partnered with the Manitoba Harm Reduction Network and communities to bring harm reduction facilitators to Eriksdale and Ashern, Lake Manitoba and Pinaymootang First Nation, Pine Falls and Sagkeeng First Nation, and Selkirk and Brokenhead Ojibway Nation. These facilitator positions are embedded within the public health program they collaborate with many other programs and services and communities and with First Nations leaders in the region.

Harm reduction facilitators develop relationships with peers and community stakeholders to educate, build awareness of harm reduction and keep people who use drugs and communities safe by identifying resources and connecting people. Stakeholder networks are generally made up of community members, Indigenous and/or Métis community representatives, social and health agencies and representatives from other organizations that care for people who use substances.

Harm reduction staff in Eriksdale/Ashern and Lake Manitoba/Pinaymootang, the newest areas to be involved in the network, are building partnerships and identifying resources needed in the area. A stakeholder network meets regularly with the goal to build community awareness and harm reduction training. Next steps are to build some evidence and data towards the need for additional resources.

In addition to stakeholder networks, Selkirk and Pine Falls/Sagkeeng each have harm reduction programs also have peer networks established. Peer networks are made up of people who use substances who meet regularly to contribute their lived experiences to regional and provincial planning for harm reduction.

In support of these networks, public health offices have incorporated harm reduction supply distribution in Riverton, Ashern/Eriksdale, Pine Falls, Stonewall, Selkirk and Beausejour.

COMMUNITY PARTNERSHIP PROFILE

Mikaaming Mino Pimatiziwin Healing Lodge Day Program

Mikaaming Mino Pimatiziwin Healing Lodge (formerly called Sagkeeng Mino Pimatiziwin Family Treatment Centre) has recently started their day program for adults seeking healing related to substance use issues. This program was formerly piloted onsite at the treatment centre, but due to shortage of space, it was relocated to the Pine Falls Primary Health Complex.

The program is traditionally based and also includes a strong cultural component to promote

healing, and to strengthen Indigenous identity. The program is seven weeks in length, consisting of assessments in the first week, five weeks of structured sessions (including traditional teachings and ceremony as well as group sessions and counselling) and one week of individual aftercare planning. Transportation within Sagkeeng and Pine Falls-Powerview is provided as well as day care for non-school age children.

The first cycle was held in the fall of 2019. Interest in the program has been high, and waitlists for the program are being maintained.

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**

Improving Patient Flow

Interlake-Eastern RHA's improve access steering committee is composed of clinical operational leads who meet on a regular basis to update on projects that address inefficiencies and barriers to accessing services across the continuum of care which contribute to emergency department congestion. One area of care being addressed is home care IV clinics. The region's second home care IV clinic opened in January in Stonewall. This clinic, along with the first IV clinic in Eriksdale, provides IV antibiotic therapy for people through home care services rather than in emergency departments. This helps alleviate emergency department congestion and improves patient flow.

On-site Psychiatry at Selkirk Emergency Department

Psychiatric services are now available to patients at Selkirk's emergency department upon referral. This new service is the result of a significant partnership with Selkirk Mental Health Centre. Mental health liaison nursing services have previously been available. The nurses work in concert with emergency department physicians and nurses to meet the needs of patients with mental health concerns.

Extending services to include a psychiatrist for one hour per weekday helps patients access appropriate care in a more timely manner.

Rapid Access to Addictions Medicine Clinic

Rapid Access to Addictions Medicine Clinics (RAAM clinics) provide barrier free access to care for substance use disorders with no referral needed. A physician service provider has started offering a reassessment clinic for people who have been assessed and started on opioid replacement therapy. This ensures they have ongoing clinical physician support until such time that they can resume services with their primary care physician. As the RAAM clinic and other opioid replacement therapy services operate in the region, this new clinic will contribute to providing needed reassessment services. Clients attending the RAAM clinic in Selkirk come from all over the region. No referral is necessary.

Physician Engagement

Interlake-Eastern RHA fosters relationships with and collaborates with physicians to work with other health-care stakeholders to continuously improve health care and the patient experience, and to increase the accountability of physicians for improved organizational and system performance.

Our annual medical student and resident dinner was held in January in Winnipeg. The purpose of the dinner is to attract doctors who grew up in the region or who have a meaningful connection to the RHA. The objective is for regional representatives and physicians already practicing in the region to establish relationships with students early in their medical training and well before practice decisions are made. The first dinner was held in 2014 with nine students in attendance. This year 30 medical students and residents were in attendance, as well as nine regional physicians.

Interlake-Eastern RHA hosted the 2019 family medicine resident retreat in Gimli September 13 to 15. Over 100 first and second year residents, their partners and children attended. Education sessions for residents focused on special interests in family practice, physician wellness, suturing, rural emergency medicine and Indigenous health among many others. Eight physicians from our region supported the event by delivering education sessions and attending the job fair. The last time

the RHA hosted the retreat was in Selkirk in September, 2016. Since then, 14 graduating University of Manitoba Family Medicine Residents have joined the region.

Clinical Governance

We have adopted a systematic approach to maintaining and improving the quality of patient care. The primary goal is to create an environment in which excellence in clinical care will flourish. This will be accomplished through the identification and establishment of high standards of care, transparent responsibility and accountability for those standards, and a constant dynamic of improvement.

Hospital	Site Chief Medical Officer
Arborg & District Health Centre	Dr. Mike Loudon
Lakeshore General Hospital	Dr. Sunu Thomas
Beausejour Health Centre	Dr. Joseph Partyka
E. M. Crowe Memorial Hospital	Dr. Sunu Thomas
Johnson Memorial Hospital	Dr. Jonah Fulmore
Pinawa Hospital	Dr. Michel Bruneau
Pine Falls Hospital	Dr. Ahmed Rateb
Selkirk Regional Health Centre	Dr. Myron Thiessen
Stonewall & District Health Centre	Dr. Greg Pinniger
Hunter Memorial Hospital	Dr. Mike Loudon

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)**

Teen Clinics Meeting a Need

Since their inception in 2002, the demand for teen health clinics has been strong and continually growing. In September 2019, the region's ten teen clinics started using electronic medical records to record patient information making it easier to compile statistical information. There were over 1,000 visits to the clinics from September 11 to March 31, 2020.

As a model for reaching this population, Interlake-Eastern RHA has worked with schools and communities to establish service centers where nurse practitioners and public health nurses are available to provide accurate, non-judgmental information, and a full array of respectful primary health care services that acknowledge our region's diversity of cultures, values and experiences.

To learn more about our regional Teen Clinics, visit www.ierha.ca, click on "Care in Your Community", "Public Health", and "Teen Clinics".

Paramedics Providing Palliative Care at Home Project

Interlake-Eastern Regional Health Authority, working in conjunction with the Paramedic Association of Manitoba, is one of seven health-care service delivery organizations across Canada to collaborate with the Canadian Foundation for Health Care Improvement and the Canadian Partnership Against Cancer (the Partnership) in their Paramedics and Palliative Care: Bringing Vital Services to Canadians program. The program is part of the national organizations' ongoing efforts to expand the accessibility of palliative and end of life care in clients' homes. These federal partners are investing more than \$700,000 in Interlake-Eastern RHA and providing

additional support to expand the region's existing palliative care service.

The objective of Paramedics Providing Palliative Care at Home is to implement a regional service that lets paramedics use a palliative approach when responding to 911 calls for clients registered in the RHA's palliative care program.

The new service was designed with input from internal and external stakeholder groups including Shared Health, Interlake-Eastern ERHA programs (such as palliative care, home care and pharmacy) and family advisors.

To support the implementation of this project a new palliative care protocol and formulary was developed; processes to share information amongst the paramedics, palliative and home care providers were developed; communications and change management tools were planned/developed; and paramedic training is underway. A go-live date was anticipated for April 2020 but the response to COVID-19 has moved this timing of the launch to fall 2020.

Congratulations Dr. Garg

A family physician in Pinawa, who has been increasingly involved in the training of medical learners, has been named the 2019 recipient of the Claude H. Murphy Continuing Medical Education Award.

Dr. Manish Garg's practice has been providing teaching and learning experience to University of Manitoba medical students and physician assistants for three years in the communities of Whitemouth, Pinawa and Lac du Bonnet.

The award was presented at the Manitoba College of Family Physicians annual assembly in Winnipeg in April.



Dr. Manish Garg, 2019 recipient of The Manitoba College of Family Physicians' Claude H. Murphy Continuing Medical Education Award

Regional Nurse Practitioner Recognized for Mentoring and Teaching

Beryl Dziedzic, who works at Lundar's Primary Health Care Centre, was honoured with the Nurse Practitioner Association of Manitoba's Award of Excellence in Mentoring and Teaching at the association's conference in November. Practicing in the region since 1987, she starting as a registered nurse and become a nurse practitioner in 2012.

Beryl was nominated by her nurse practitioner colleague, Nicole Goresky, whom she mentored. Interlake-Eastern Regional Health Authority acknowledges Beryl for her continued dedication and commitment to both the people she provides service to and for sharing her knowledge and expertise to enhance the skills of her students and colleagues.



Beryl Dziedzic, recipient of the Nurse Practitioner Association of Manitoba's Award of Excellence in Mentoring and Teaching

Chair's Award for Excellence in Customer Service
Board chair, Margaret Mills recognized three staff members who were recipients of the Chair's Award for Excellence in Customer Service: Brenda Chapman, a home care scheduling clerk in Gimli; Melanie Ilagan, a ward clerk at Pinawa Hospital; and Catherine Johnson, a public health nurse in Lundar. The award recognizes those who go above and beyond in taking care of clients and colleagues.



Recognizing one of the winners of the Chair's Award for Excellence in Customer Service at IERHA's 2019 Annual Genenera Meeting are (from left to right): winner Catherine Johnson, public health nurse; Interlake-Eastern RHA director Amanda Stevenson; and board chair Margaret Mills.

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**

Focus of comments regarding health-care service delivery	Annual 2019/20	Annual 2018/19	Annual 2017/18
Acute care (including: medical/surgery, operating room, obstetrics, emergency dept.)	127	119	161
Emergency medical services (EMS)	18	23	17
Home care / Palliative care	29	19	15
Personal care home	11	11	19
Mental health	5	12	16
Primary care/Public health	39	47	59
Ambulatory care (audiology/physiotherapy/occupational therapy/Telehealth)	3	5	21
Other	26	16	17
Total	258	252	325

Share your concerns with us

Tell Us email tellus@ierha.ca

Telephone 1-855-999-4742 (toll-free)

Mail: The voice of the patients, clients and families form is available in facilities or it's posted online at www.ierha.ca, "About Us" and "Compliments and concerns". You can also visit us In-person at any Interlake-Eastern RHA facility and speak to the clinical team manager in person.

Responding to COVID-19

Manitoba Health, Seniors and Active Living is connected with the World Health Organization and Public Health Agency of Canada to plan coronavirus disease (COVID-19) response. Provincial incident command began reporting on February 3, 2020. Interlake-Eastern RHA's vice president of acute care and public health and chief nursing officer, Marion Ellis, and the regional director of public health and wellness, Shannon Montgomery, participated in and contributed to the provincial operation section group's daily meetings. Interlake-Eastern RHA's medical officers of health Dr. Karen Robinson and Dr. Tim Hilderman, and the RHA's

public health clinical team managers attended provincial public health operations meetings daily.

As of February 11, 2020, Interlake-Eastern's health incident management team started meeting twice a week via teleconference. At the early stages regional response to coronavirus was focused on detection and containment. All of the region's health-care facilities were on the lookout for cases of coronavirus with instruction to immediately isolate suspected cases. As the response proceeded additional guidance on personal protective equipment and supply management was

provided provincially and we worked as part of the provincial response to manage cases.

CEO Patient Safety Awards

This year our region celebrated its fifth 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.

Maxine Zasitko, public health clinical team manager for the central part of the RHA, won the award in the individual category. Maxine's passion for harm reduction has seen her advance the region's response in addressing the needs of people who use drugs. She put in long hours to complete a submission for grant funding. The IERHA public health program was the only region to be approved.

The program, which began in Selkirk in 2015, includes establishing harm reduction coordinators in areas of the region where they can provide support and establish harm reduction and peer networks. It also provides testing and treating of sexually transmitted and blood borne infections along with Naloxone training and kits.

"As a team we have created safe and trusting places for those who use substances and their families to come and receive services," said

health and wellness, who nominated Maxine. "This is truly about patient safety in so many ways."

The Thanksgiving weekend storm of October 2019 highlighted the dedication and patient focus of Hodgson's dialysis unit staff members. This team received the group patient safety award.

All staff reported to work Friday to ensure their patients received their treatments, despite the power flickering on and off most of the afternoon and poor road conditions. By the following Monday, generators were powering the unit and there was no telephone service. The juxtaposed Percy E. Moore Hospital had evacuated all but three of their patients and was using the dialysis unit as a ward. Extensive coordination and assistance from the Manitoba Renal Program in Winnipeg resulted in evacuated patients being treatment in Winnipeg and Gimli.

"Staff were monitoring and sending me updates about the communities that our patients are from and the evacuations that were occurring," clinical team manager Audra Nesbitt-Hume noted. "All of the Hodgson staff accommodated last minute changes to their work schedules."



CEO Ron Van Denakker and (from left to right) Kathy Hemmerling, quality and patient safety coordinator; Hodgson dialysis team representative Jaclyn Dudar, dialysis unit nurse; Audra Nesbitt-Hume, clinical team manager dialysis; Tanya Cheetham, regional director of acute care, dialysis; Maxine Zasitko, public health clinical team manager for Selkirk and area; Shannon Montgomery, regional director of public health and wellness; and Marion Ellis, vice-president of acute care, public health and chief nursing officer.

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**

Representative Workforce

Consistent with the Vision Mission and Values of the Interlake-Eastern RHA, we are strengthening partnerships and connections with our Indigenous partners and providing a culturally safe environment through the advancement of our representative workforce policies and practices. In further support of Truth and Reconciliation (TRC) objectives, the Interlake-Eastern RHA has amended its policies to provide first consideration to Indigenous (First Nations, Metis and Inuit) applicants for student bursaries, the Home for the Summer Program and employment to positions (except where provided otherwise in a Collective Agreement). The “Respectful Workplace” policy has been updated to include mandatory training for employees working in Ashern and Pine Falls.

Continued participation on the Northwest and East First Nations Collaboration Tables

Meetings occur quarterly with a focus on working with partners to identify ways to adjust the region’s consumer feedback process to incorporate acknowledgement and promotion of traditional values and methods of information sharing such as oral history and storytelling.

Sacred Fire Burns Bright at Giigewigamig

Elders, youth and community members from the First Nation communities of Sagkeeng, Black River, Hollow Water and Bloodvein offered prayers, kind wishes and support at the first lighting of Giigewigamig Traditional Healing Centre’s sacred fire arbour on September 5.

Located at the Pine Falls Health Complex, hospital staff and community members from the town of Powerview–Pine Falls attended the event. The lighting of the sacred fire arbour represents a 13-year-old vision brought to reality. Elders and grandmothers believe the lighting of the sacred fire will bring back the spirit of unity. The arbour is a place for people to gather and talk in unity.

Elders Burma Bushie and Ernest McPherson were in attendance to witness, speak and cut the ribbon for this historical milestone.



From left to right: Michelle and Burma Bushie and Ernest and Pat McPherson celebrate the Sacred Fire Arbour’s opening.



Staff Donate \$14,500 to Regional Health Initiatives

Interlake-Eastern RHA staff contributed \$14,500 to five organizations that benefit residents from across the region. The Five Dollar Club, Interlake Eastern RHA's staff-led corporate giving program, sees staff voluntarily contribute five dollars through payroll deductions. Managed by Interlake Eastern Health Foundation, recommendations for fund allocation are generated by members and they vote on where they want to see the money invested.

Stephanie Klassen, executive director of Survivor's Hope Crisis Centre acknowledged a \$4,000 donation to support their work providing crisis intervention support and information to victims of sexualized violence.

Chair of the Child Nutrition Council of Manitoba, Wendy Bloomfield celebrated a \$4,000 donation to this organization dedicated to helping school children learn, grow and succeed by supporting breakfast, snack and lunch programs. Based in Manitoba, all funds raised for the council stay in this province to help children all over Manitoba.

Executive director of Nova House, Viktoria Westgate, says the \$3,000 donation they received allows them to make changes to the women's shelter that fall outside of the budget.

Maxine Zasitko, Interlake-Eastern's public health clinical team manager for Selkirk and area and \$5 Club member said the donation of \$2,500 to public health outreach will purchase supplies for community members. At Lac du Bonnet personal care home, staff member Brenda Rose-Wiebe, clinical team manager, was grateful for the purchase of a mattress that redistributes pressure to improve resident comfort.

Physician Donates to Selkirk's Family Birthing Unit

A family physician at Selkirk Regional Health Centre anonymously donated \$8,500 for the purchase of a BiliBlanket for the hospital's family birthing unit. The blanket is a portable phototherapy device for the treatment of neonatal jaundice.

"I realized with our increasing birth rate at SRHC, that babies born jaundice are likely to come up more often and decided to help out our community by donating another BiliBlanket. I strongly believe in giving back to my community," says the physician.

Jaundice is estimated to affect 50 to 60 per cent of babies born at full-term and up to 80 per cent of babies born prematurely.



Staff at Selkirk Regional Health Centre's family birthing unit with the recently donated BiliBlanket. From left to right: Jamie Brown, clinical resource nurse; Jennifer Palsson and Elyse Gillon, registered nurses; and Sara Unrau, unit clinical team manager.

Read more about Interlake Eastern Health Foundation's activities over the past year at www.iehf.ca.

French Language Services

Putting the Necessary Supports in Place!

This year was year two of our current five-year French Language Services (FLS) Plan. With our *Designation of Bilingual Sites and Positions Policy* approved in May 2019, we have been diligently working to put in place supports and resources for staff. Following are some of our key initiatives for the year.

Active Offer

In order to support our staff in the active offer of French Language services, it is imperative that our managers are knowledgeable in this area. Regional leaders participated in our program specific active offer presentation and managers from primary care and mental health received the training this past year. Active offer training that is available to all staff, is available via the online learning management system starting in June 2019. Orientation for new employees has been updated to reflect active offer, policies and learning opportunity updates. Feedback we've received during presentations regarding our self-declaration form has guided our revisions to this process.

Policies

Policies are the building blocks of a program. The approval of the *Designation of Bilingual Sites and Positions Policy* enables us to designate bilingual positions in facilities and programs in areas of our region with the highest Francophone populations. Those requiring supporting technology to facilitate their work in French language correspondence can make a request from their manager as per the *Computer Hardware and Software Standards Policy*. Our translation and active offer policies have been reviewed and updated. Please refer to the pictogram for policy reference.

Learning Opportunities

Diverse French language learning opportunities are always available to staff. Self-directed options (Pimsleur, Rocket French and Rosetta Stone) are posted on our internal staff website and promoted via the weekly staff newsletter. Resources such as dictionaries, websites, films and podcasts are also

posted there. In-class sessions and a new option of learning online from the comfort of home are available from the University of St-Boniface. These courses are offered to staff at a cost of \$50.00, thanks to the support of Santé en français. Alliance Française offers opportunities for those seeking a more cultural based learning experience. Education funds are available to all staff. Having fun in French is regularly promoted as an important part of learning.

Community Wellness Facilitator and "Français en milieu de santé" student, Christina Hunt, using her French language skills for a Sourire en santé-Enfant heureux/Healthy Smile-Happy Child display at École Communautaire Aurèle Lemoine's open house in St. Laurent.

Photos-Lori Carrière



Policy GA-12-P-20
French Language
Services Active Offer

Policy GA-12-P-030
French Language
Services Translation

Policy GA-9-P-25
Computer Hardware
and Software
Standards

Policy GA-12-P-040
Designation of
Bilingual Sites and
Positions

Partnerships

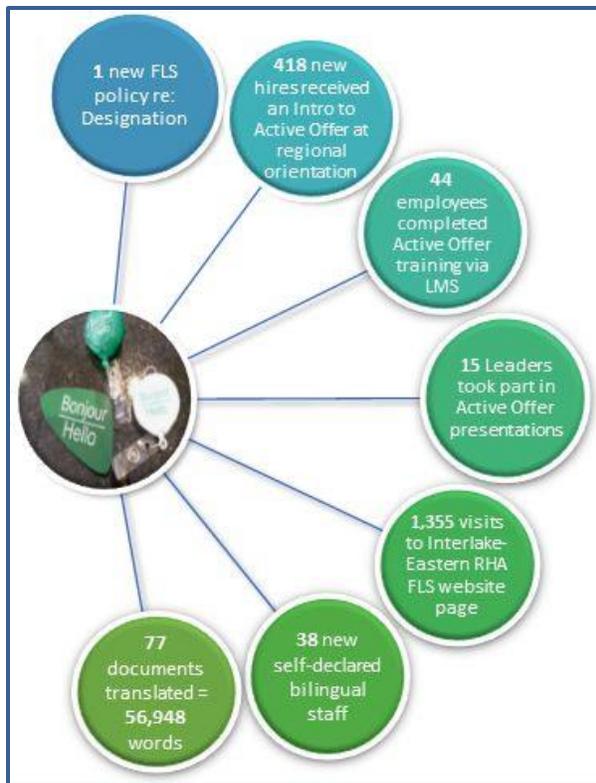
- The Official Languages Working Group is a partnership among Interlake-Eastern RHA, Winnipeg RHA, Southern Health/Santé Sud, Prairie Mountain Health, Action Marguerite and Santé en français. Although we collect language data from patients at the point of registration, several important areas for improvement need to be addressed.

There is evidence that current practice is not ensuring accurate data collection in key areas, such as the need for trained health interpreters and the provision of official language services.

- In December 2019, we attended Winnipeg RHA’s leadership forum to present the caregiver perspective of the provision of French language services. The day provided an overview of the Francophone chapter of *Manitoba's Provincial Clinical and Preventive Services Plan*. We also participated in a SOAR analysis which identified three priority actions for French Language Services for the upcoming year.
- To assist provincial partners in improving recruitment and retention of bilingual healthcare workers, Santé en Français hired Prairie Research Associates. Along with human resources staff members, French language services staff shared current practices, challenges and successes in an interview with them this past February.

- Petite enfance en santé: We participated in a provincial workshop to help guide the future of early childhood health and wellness initiatives for francophone children.
- To establish consistent reporting practices that meet provincial expectations and that are consistent with best practices at the National level, we are actively involved in the Santé en français provincial OZi pilot project to review the use of the database in Manitoba. OZi is used in Ontario as a provincial reporting tool and information repository for designated sites and services. We are currently looking to use the OZi data base to track info relevant to the new Health Standards Organization *Access to Health and Social Services in Official Languages* standard.

2019-2020 Active Offer at a glance...



STATISTICS ON DESIGNATED BILINGUAL POSITIONS FOR MARCH 31, 2020:	# of positions	Total FTE	2019 FTE
Number of Designated Bilingual Positions	52	39.355	27.69
Number of Designated Bilingual Positions Filled With Bilingual Incumbents	14	11.85	11.29
Number of Designated Positions Filled With Non-Bilingual Incumbents	38	27.505	7.9
Number of Vacant Designated Positions	0	0	8.50
Number of Non-Designated Positions Filled With Bilingual Incumbents	74	57.08	47.38
Total bilingual Capacity (Bilingual Incumbents in Designated and Non-Designated Positions) plus 36 casuals not captured in this total	88	68.93	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 \$7.3 million invested in Interlake-Eastern RHA:

- Regional: fire separation compliance – Phase one
- Arborg and District Health Centre: sprinkler system installation, water conditioner replacement, air conditioner replacement
- Arborg Personal Care Home: sprinkler system installation
- Beausejour Emergency Medical Services: new facility for crew quarters
- Betel Personal Care Home (Selkirk): resident room washroom upgrades, air conditioner replacement
- Fisher Branch Personal Care Home: fire alarm system replacement
- Lac du Bonnet Personal Care Home: nurse call system replacement
- Ashern Lakeshore Hospital: dialysis unit structural repairs
- Ashern Clinic: flooring replacement
- Lundar Personal Care Home: dishwasher exhaust hood installation
- Pine Falls Health Complex: emergency department redevelopment, medical vacuum pump replacement
- Stonewall and District Health Centre: medical vacuum pump replacement, parking lot lighting replacement, security upgrades



Stonewall and District Health Centre image taken by Tricia Tyerman, home care clinical team manager

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 \$75,000 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, 2019 to March 31, 2020 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.**



Tel: 204-956-7200
Fax: 204-926-7201
Toll-free: 866-863-6601
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, 2020, 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, 2020.

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 25, 2020.

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 25, 2020

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

March 31	2020	2019
Financial Assets		
Cash and cash equivalents	\$ 9,105,746	\$ 18,379,386
Accounts receivable	7,603,412	4,340,979
Vacation entitlements receivable	4,919,518	5,484,424
Retirement obligations receivable	4,005,559	5,152,099
	25,634,235	33,356,888
Liabilities		
Accounts payable and accrued liabilities	15,141,417	15,834,169
Accrued vacation entitlements	9,728,990	10,360,801
Accrued retirement obligations	12,601,842	13,445,524
Sick leave liability	2,417,450	2,780,986
Long-term debt	181,871,402	182,332,834
Unearned revenue	3,272,998	3,182,268
	225,034,099	227,936,582
Net debt	(199,399,864)	(194,579,694)
Non Financial Assets		
Tangible capital assets	216,725,874	220,183,780
Inventories	1,161,119	1,001,135
Prepaid expenses	493,203	541,143
	218,380,196	221,726,058
Commitments and contingencies		
Accumulated surplus	\$ 18,980,332	\$ 27,146,364

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	2020				2019
	Budget	Operations	Capital	Total	Total
Revenue					
Manitoba Health, Seniors and Active Living	\$ 205,950,515	\$ 191,045,846	\$ 14,682,859	\$ 205,728,705	\$ 232,543,831
Separately funded primary health programs	2,617,176	2,252,316	-	2,252,316	2,424,108
Patient and resident income	13,813,510	13,986,156	-	13,986,156	13,232,859
Investment income	500,500	417,876	-	417,876	524,457
Other income	5,393,509	5,513,714	242,534	5,756,248	7,837,966
Recognition of unearned revenue	7,038	7,038	553,646	560,684	(99,400)
	<u>228,282,248</u>	<u>213,222,946</u>	<u>15,479,039</u>	<u>228,701,985</u>	<u>256,463,821</u>
Expenses					
Acute care	75,079,891	79,015,258	1,090,144	80,105,402	78,651,809
Amortization	12,351,527	-	12,330,726	12,330,726	12,165,224
Community health	21,014,144	19,637,648	63,022	19,700,670	20,213,540
Emergency response and transport	-	-	-	-	23,823,312
Home-based care	33,588,677	33,180,580	-	33,180,580	32,517,724
Interest expense	5,073,833	-	4,914,302	4,914,302	5,023,707
Long-term care	48,148,979	49,657,523	869,647	50,527,170	49,904,253
Medical remuneration	16,193,565	15,452,994	-	15,452,994	14,589,395
Mental health services	9,418,071	8,879,474	78,996	8,958,470	9,040,212
Northern patient transportation	181,810	223,552	-	223,552	165,406
Regional undistributed expenses	12,269,868	11,409,322	135,903	11,545,225	13,343,210
	<u>233,320,165</u>	<u>217,456,351</u>	<u>19,482,740</u>	<u>236,939,091</u>	<u>259,437,792</u>
Annual deficit before non-insured services	<u>(5,037,917)</u>	<u>(4,233,405)</u>	<u>(4,003,701)</u>	<u>(8,237,106)</u>	<u>(2,973,971)</u>
Non-insured Services					
Ancillary income	480,893	481,384	-	481,384	464,847
Ancillary expenses	(385,889)	(409,942)	(368)	(410,310)	(386,498)
	<u>95,004</u>	<u>71,442</u>	<u>(368)</u>	<u>71,074</u>	<u>78,349</u>
Annual surplus (deficit)	<u>\$ (4,942,913)</u>	<u>\$ (4,161,963)</u>	<u>\$ (4,004,069)</u>	<u>(8,166,032)</u>	<u>(2,895,622)</u>
Accumulated surplus, beginning of year				<u>27,146,364</u>	<u>30,041,986</u>
Accumulated surplus, end of year				<u>\$ 18,980,332</u>	<u>\$ 27,146,364</u>

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

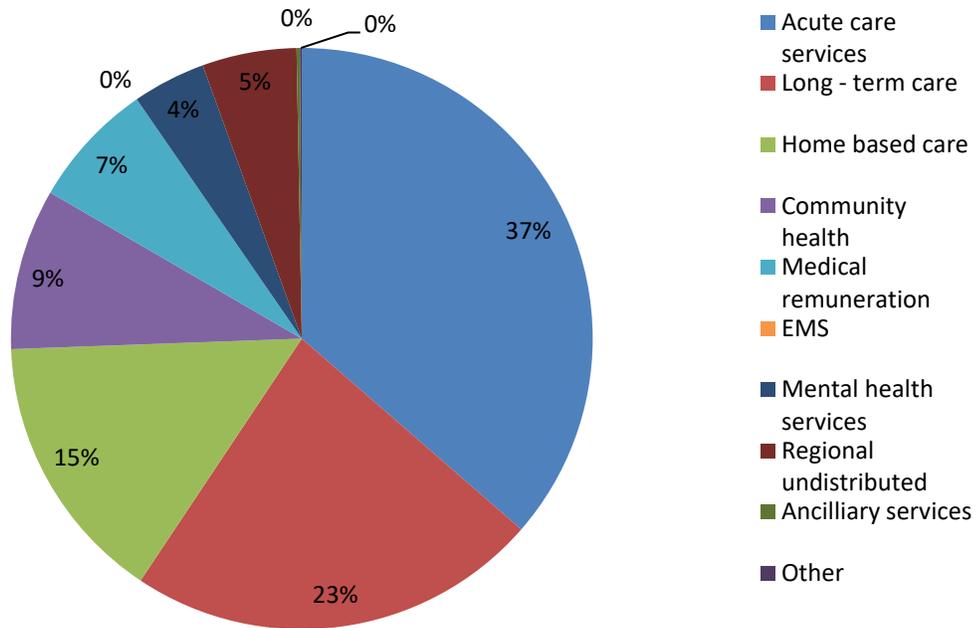
For the year ended March 31, 2020

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.

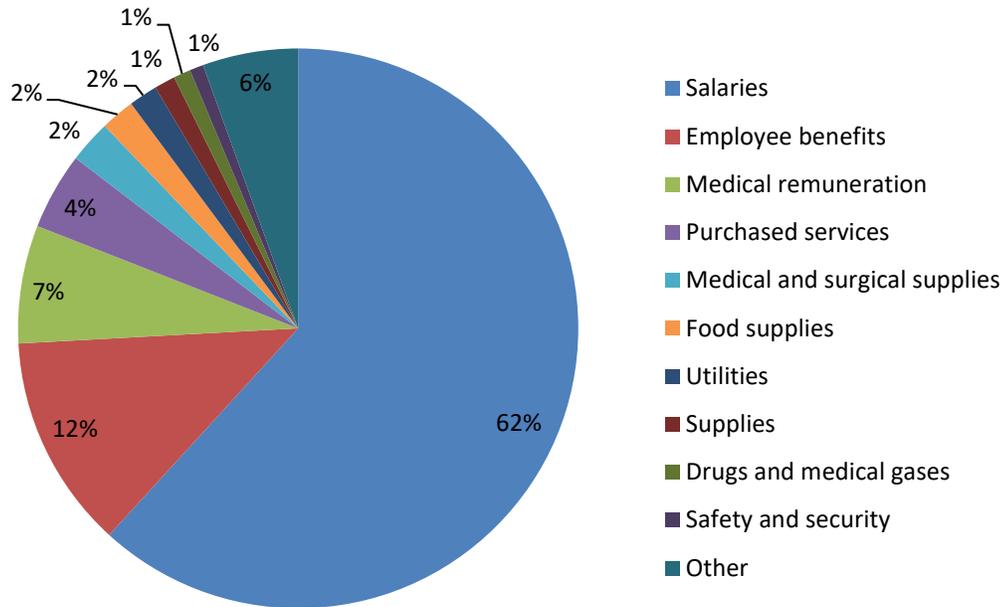
Copies of the audited consolidated financial statements for the year ended March 31, 2020 and the Schedule of Compensation for the year ended December 31, 2019 may be obtained from the Interlake-Eastern Regional Health Authority by calling 1-204-785-4700 or 1-855-347-8500. The consolidated financial 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	2020	2019
Acute care services	80,105,402	78,651,809
Long - term care	50,527,170	49,904,253
Home based care	33,180,580	32,517,724
Community health	19,700,670	20,213,540
Medical remuneration	15,452,994	14,589,395
EMS	-	23,823,312
Mental health services	8,958,470	9,040,212
Regional undistributed	11,545,225	13,343,210
Ancilliary services	410,310	386,498
Other	223,552	165,406
Total expenditures before interest and amortization	220,104,373	242,635,359
Amortization of capital assets	12,330,726	12,165,224
Interest	4,914,302	5,023,707
Total expenditures	237,349,401	259,824,290

Expenditures by Type



Expenditures by Type	2020	2019
Salaries	135,990,646	150,872,245
Employee benefits	27,188,639	30,807,876
Medical remuneration	15,008,482	14,615,271
Purchased services	9,783,470	9,309,149
Medical and surgical supplies	5,411,383	5,322,487
Food supplies	4,336,219	4,196,516
Utilities	3,648,614	3,595,726
Supplies	2,667,031	2,767,840
Drugs and medical gases	2,181,270	2,301,250
Safety and security	1,752,286	1,734,737
Other	12,135,965	17,108,067
Total expenditures before interest and amortization	\$220,104,005	242,631,164
Amortization of capital assets	12,330,726	12,165,224
Interest	4,914,670	5,027,902
Total expenditures	\$237,349,401	\$259,824,290

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.

2019/20				
REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.34%	0.59%	2.28%	6.21%
Northern Regional Health Authority	3.85%	0.75%	1.09%	5.69%
Prairie Mountain Health	2.42%	0.35%	1.14%	3.91%
Southern Health Santé-Sud	3.07%	0.27%	1.09%	4.43%
CancerCare Manitoba	1.81%	0.56%	0.74%	3.11%
Winnipeg Regional Health Authority	2.84%	0.60%	1.12%	4.56%
Shared Health	2.44%	0.31%	0.44%	3.19%
Provincial - Percent	2.74%	0.48%	0.99%	4.21%
Provincial - Totals	\$ 142,456,475	\$ 24,825,243	\$ 51,169,197	\$ 218,450,915

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

Health System Transformation

Manitoba's Health System Transformation includes initiatives that improve patient access and the quality of care experienced by Manitobans while establishing a health system that is both equitable and sustainable. As transformation projects and initiatives are planned and implemented, opportunities to re-invest administrative efficiencies in patient care are sought out and prioritized.

Under the Regional Health Authorities Act of Manitoba, health authorities must ensure their corporate administrative costs do not exceed a set amount as a percentage of total operation costs (2.99% in WRHA; 3.99% in Rural; 4.99% in Northern). Across Manitoba, as broad Health System Transformation initiatives were implemented through 2019/20, **administrative costs declined as a percentage of total operating costs for the health system as a whole** (including regional health authorities and CancerCare Manitoba).

The activation of Shared Health as a provincial organization responsible for leading the planning and coordinating the integration of patient-centred clinical and preventive health services across Manitoba involved the establishment of a leadership team to support health system transformation initiatives. Leadership transitioned in advance of staff and operational budgets, resulting in an increase to the administrative cost ratio for 2018/19 which as a percentage has decreased and normalized in 2019/20 with

the transition in April 2019 of program budgets associated with the ongoing operation of departments, sites and services. This included Health Sciences Centre Winnipeg, provincial diagnostic services, digital health and emergency medical services and patient transport.

As Health System Transformation projects proceed, organizational changes across all health service delivery organizations in the time to come will allow for enhanced focus in patient-care and human resources and recruitment areas, while holding the line or further reducing administrative costs as a percentage of total operating costs.

Interlake-Eastern Administrative Costs

For Year to Date Ending:

	Mar-20		Mar-19	
	\$	%	\$	%
Corporate	7,878,227	3.34%	7,721,611	3.00%
Patient care related costs	1,383,143	0.59%	1,286,935	0.50%
Recruitment/Human Resources related costs	5,366,068	2.28%	5,327,912	2.07%
TOTAL Administrative costs	14,627,438	6.21%	14,336,458	5.57%

Regional Statistics

Emergency Department Visits by Triage Level

CTAS*	April 1, 2018 to March 31, 2019	April 1, 2019 to March 31, 2020
1 Resuscitation - Conditions that are considered threats to life or limb or have an imminent risk of deterioration requiring immediate aggressive interventions.	616	619
2 Emergent - Conditions that are a potential threat to life, limb or function requiring rapid medical interventions	9,918	9,616
3 Urgent - Conditions that could potentially progress to a serious problem requiring emergency interventions.	20,916	21,827
4 Less Urgent - Conditions that relate to patient age, distress, potential for deterioration or complications that would benefit from intervention or reassurance.	20,002	21,635
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.	11,889	17,808
8 Registered - Not Triaged	2,534	2,143
	65,875	73,648

*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
2019-20	24,814

*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

2017-18	281
2018-19	404
2019-20	409

Diagnostic Service Delivery (April 1, 2019 – March 31, 2020)

	Number of patients seen	Regional wait time (weeks)	Provincial wait time average (weeks)
MRI	8,046	13	16
CT-Selkirk	15,537	6	6
Ultrasound – Selkirk	10,915	8	12
Ultrasound – Eriksdale	1,036	10	12
Ultrasound - Arborg	928	10	12

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”.

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



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

Toll free: 1.855.347.8500

Email: info@ierha.ca

Website: www.ierha.ca