

Interlake–Eastern Regional Health Authority

# Strategic Plan 2021-2026

**Priorities for the Development of a  
Regional and Provincial Health-Care System**



## Our Vision

We will be recognized as a trusted health-care partner, providing sustainable, accessible, integrated, evidence-based care to improve health status and outcomes in all of our communities and achieve health equity across the region.

## Our Mission

We work in partnership with all stakeholders, contributing to the health and well-being of our communities, by providing timely access to reliable care in a culturally safe manner that respects diversity.

## Our Values

- Always with compassion
- Success in collaboration
- Accountability in everything we do
- Acting with integrity
- Respectful of each other

## Our Strategic Goals

- 1** **INTEGRATED AND CO-ORDINATED HEALTH CARE**  
We will ensure our health system is integrated and coordinated between providers and patients.
- 2** **PRIMARY AND COMMUNITY CARE TRANSFORMATION**  
We will provide a solid foundation of primary and community services and strive to make it easier for patients to move across the continuum of patient care.
- 3** **INDIGENOUS AND VULNERABLE POPULATIONS**  
We will work to improve access, health outcomes and reduce health disparities.
- 4** **MENTAL HEALTH AND ADDICTIONS**  
We will work to improve access to community mental health and addictions services for adults, children and families.
- 5** **HEALTH HUMAN RESOURCES**  
We will have a skilled and dedicated workforce of health professionals, support staff, volunteers and physicians.
- 6** **INNOVATION AND TECHNOLOGY**  
We will endeavour to improve access, care quality and health outcomes through clinical best practices with a focus on innovation and technology.

## Provincial Direction

### MANITOBA HEALTH AND SENIORS CARE

- Improve access
- Improve health service experience
- Improve safety
- Maintain a sustainable system

### Provincial Clinical and Preventive Services Plan

- Reconfigure all services in a provincial context
  - Deliver more services locally by better using our existing clinical services and investing in people, equipment and infrastructure
- Lead in equitable care
  - Modernize and standardize how we deliver home and community care
- Innovate care delivery
  - Find and fix clinical areas where we must improve care and outcomes



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## Acknowledgment of traditional lands

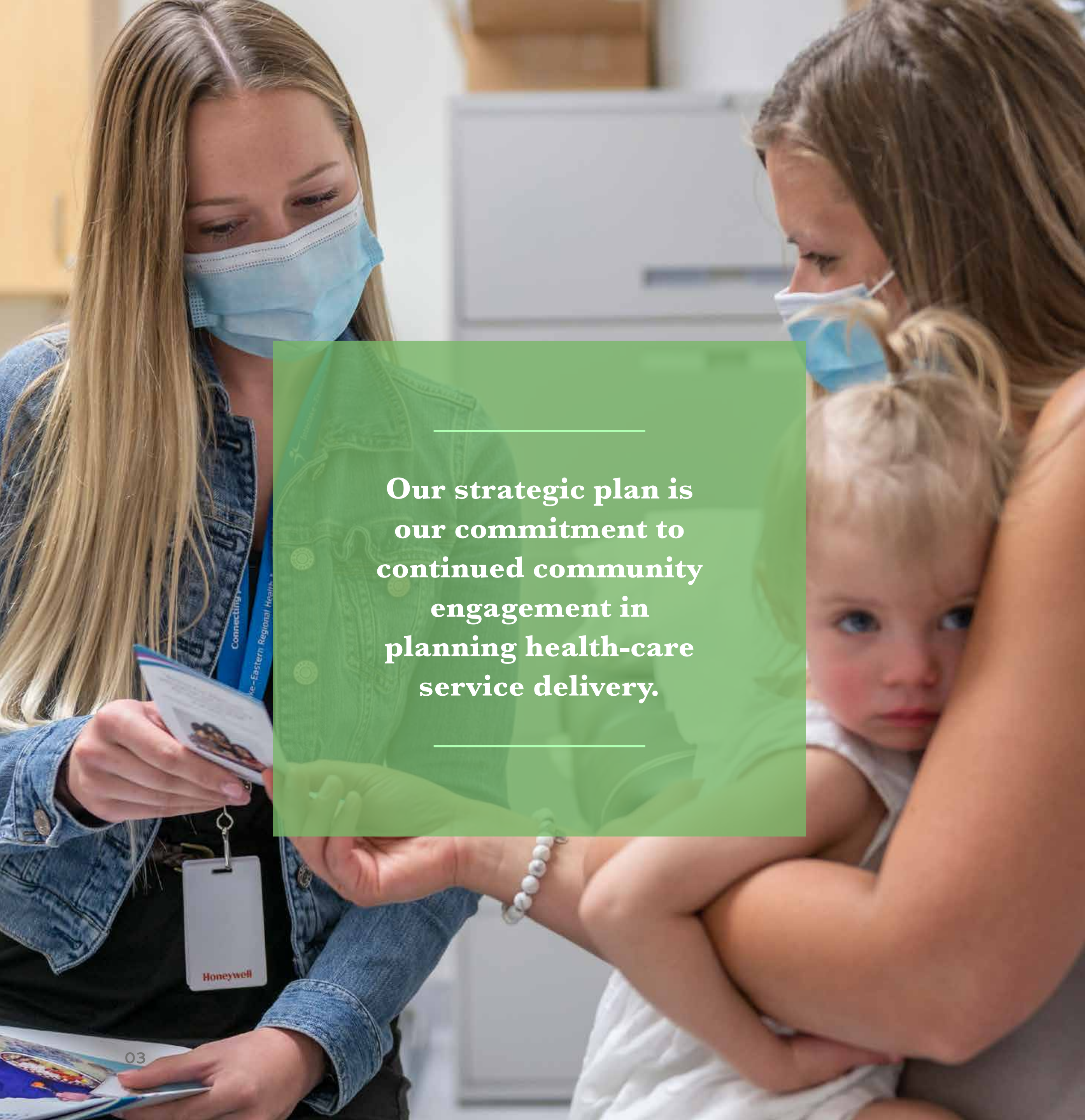
**Interlake-Eastern Regional Health Authority delivers health-care services on First Nation Treaty Territories 1, 2, 3 and 5 and on the homeland of the Métis Nation. We respect that First Nations treaties were made on these territories, acknowledge harms and mistakes, and we dedicate ourselves to collaborate in partnership with First Nations, Inuit and Métis peoples in the spirit of reconciliation.**



Images in this publication were taken before and after the arrival of COVID-19 and will reflect required personal protective equipment standards and physical distancing at the time.







Our strategic plan is  
our commitment to  
continued community  
engagement in  
planning health-care  
service delivery.

## Message from the Board Chair and CEO

**THIS STRATEGIC PLAN IS DIFFERENT THAN THOSE THAT HAVE COME BEFORE IN INTERLAKE-EASTERN RHA. WE'RE PRETTY EXCITED ABOUT WHAT THIS DIFFERENCE MEANS TO THE DELIVERY OF HEALTH CARE IN THE REGION.**

This plan includes an overview of where we are and where we want to be. It provides you with updated vision, mission and values statements and it also outlines our strategic priorities. But it's how we came to develop these components of our plan that is unique from our other plans. That has a lot to do with the more than 90 stakeholders who joined with members of our board of directors to develop this plan. Participants in planning represented members of the public, community and government officials, plus a broad range of health-care-related professionals and leaders.

**COLLECTIVELY, WE DEVELOPED THIS PLAN AND HOW WE WORKED TOGETHER IS AS MUCH A PART OF OUR FUTURE AS THE PLAN ITSELF.**

Not only does this plan reflect a new strategic future for Interlake-Eastern Regional Health Authority and all of the people who access health-care services within the region, it also reflects the fact that we all own health care. Our strategic plan is this health authority's commitment to continued community engagement in the planning of health-care service delivery.

### THIS PLAN IS OUR PLAN.

We approached planning with appreciation that provincial health system transformation is underway and that required changes to health care are taking

place and will be taking place over the duration of this plan. That does not undermine our efforts. In fact, our planning takes into consideration and complements provincial plans. But this plan is our plan. It is based on our desire to address the particular and unique needs of the communities that compose this health region and it guides our activities as we respond to these needs.

For us to achieve what we have set out to do, this will be a living document. At the heart of the plan is the need for us to maintain engagement as we work to develop the actions needed to make progress and identify what we'll be evaluating to know we are being successful. Every year, we'll be convening our stakeholders to review our priorities, determine if this plan still reflects the needs of the region and if we are successfully addressing those needs to bring us closer to our vision. These regular reviews are in addition to the other new opportunities for stakeholder engagement that we're introducing with this plan. We encourage you to take advantage of these opportunities and contribute to growing collaboration.

Thank you to participants, presenters and contributors to this plan. We look forward to continuing to work with you. It is only with your participation that we can truly be confident we are addressing the key priorities of the region's communities.



*Glen West*

**GLEN WEST**  
Chair, Board of Directors



*David Matear*

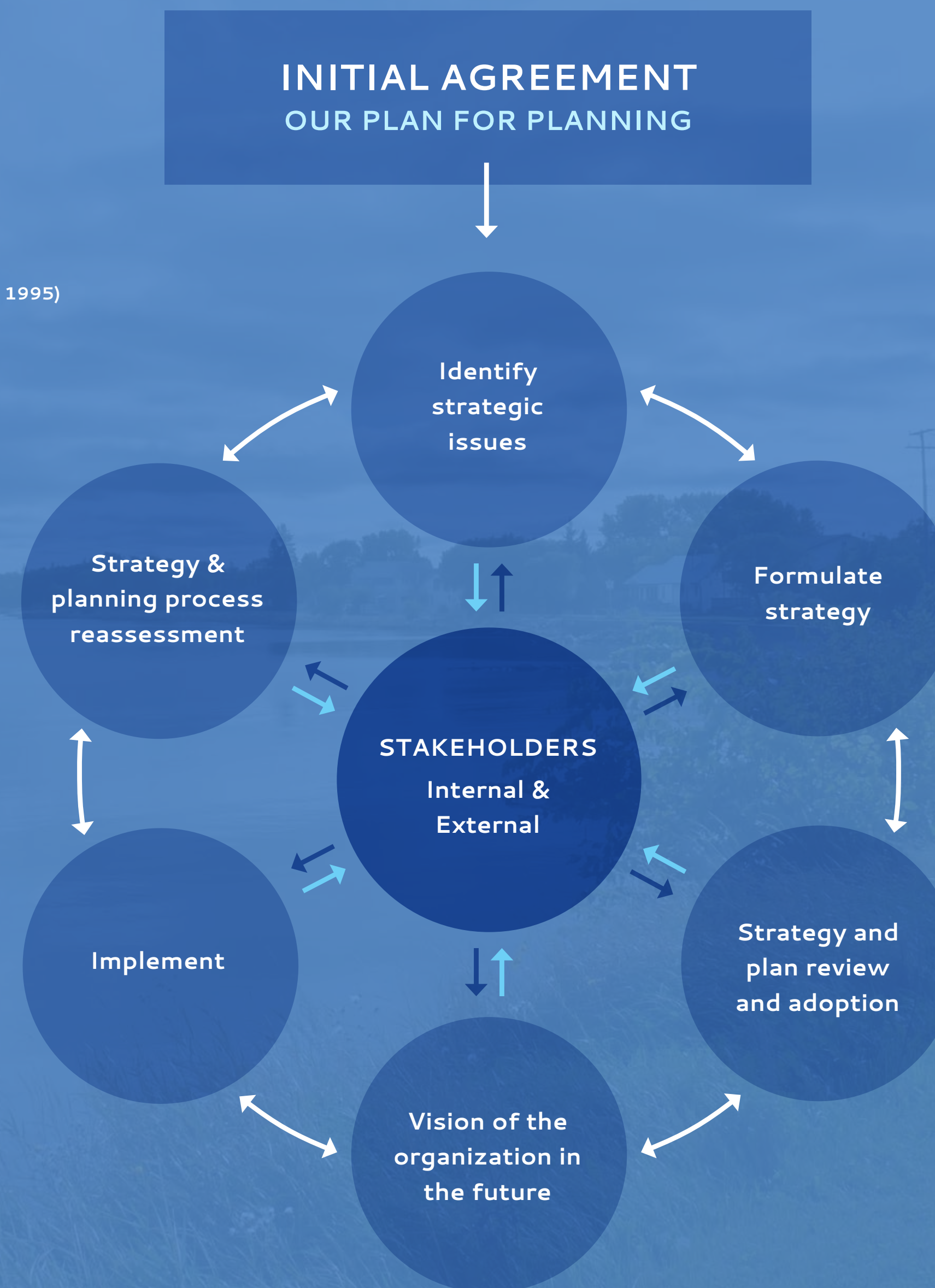
**DR. DAVID MATEAR**  
Chief Executive Officer



WITH THIS STRATEGIC PLAN, INTERLAKE-EASTERN'S BOARD OF DIRECTORS ADOPTED A PROCESS THAT CONSISTENTLY PLACES THE REGION'S STAKEHOLDERS CENTRALLY IN THE PLANNING PROCESS.

## The Strategy Change Cycle

(Adapted from John M. Bryson, 1995)





# Environmental Overview – Provincial Picture

WE'RE PLANNING OUR STRATEGIC PLAN WITHIN A HEALTH SYSTEM THAT IS UNDERGOING TRANSFORMATION. EVERY SERVICE DELIVERY ORGANIZATION IN MANITOBA IS PARTICIPATING IN PLANNING AND CONTRIBUTING TO THE GOAL OF AN IMPROVED HEALTH-CARE SYSTEM.

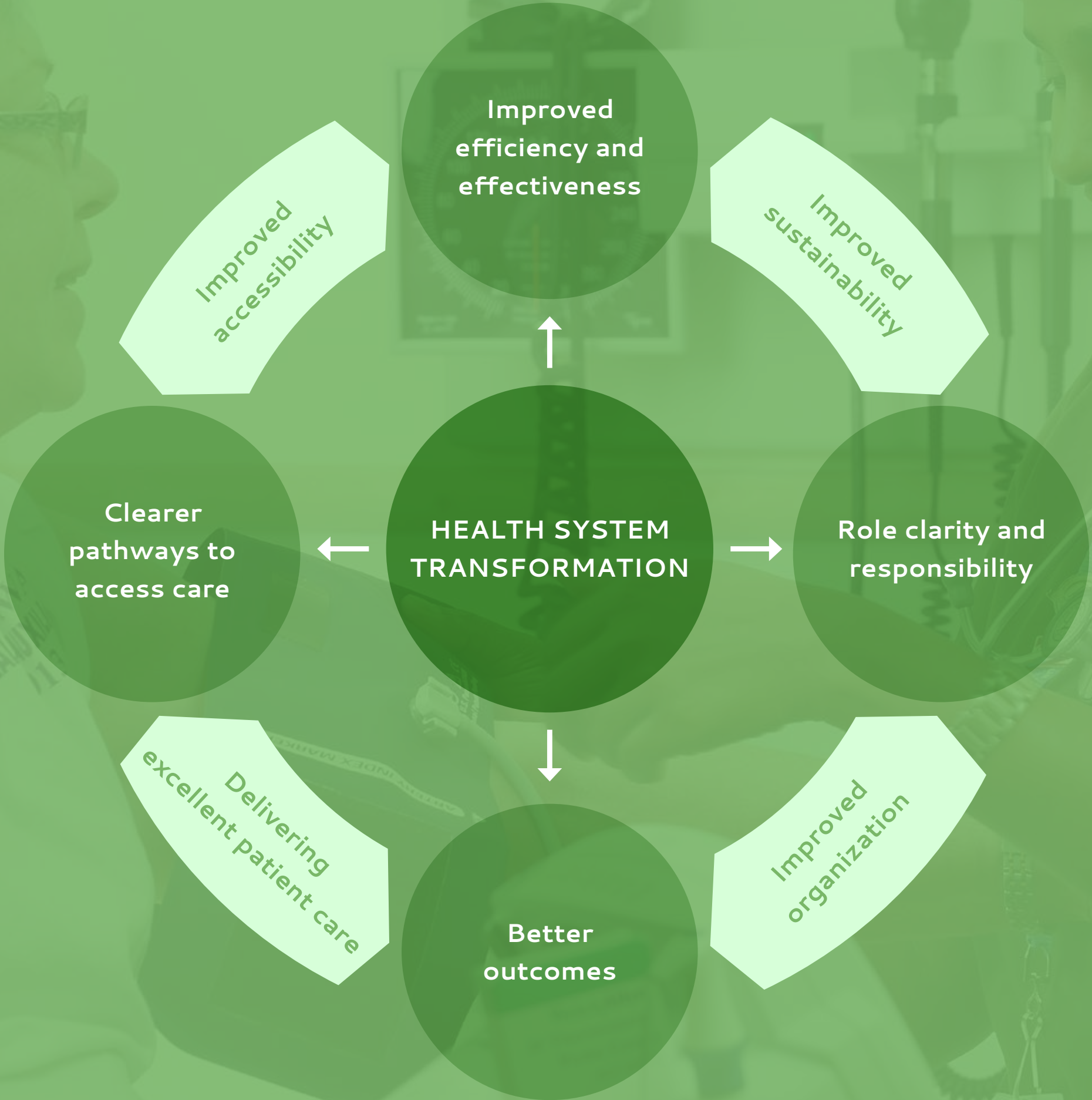
## PLANNING IN ISOLATION HAS CREATED A SUB-OPTIMAL HEALTH-CARE SYSTEM

A history of health service planning by service delivery organizations (that include Manitoba's five regional health authorities) in isolation of each other has led to duplication of services, inefficient service delivery and little role clarity. This has resulted in a health system that is complex and overwhelmingly oriented around acute/hospital-based services.

The delivery cost for this kind of system is much higher than for one with a focus on community and preventive services. Fewer patients can be managed, leading to long waits for some services. People with life-threatening or urgent health-care needs are prioritized for care in this model while people with everyday health-care needs, the kinds that respond well when addressed early, struggle to access care in a timely way.



## HEALTH SYSTEM TRANSFORMATION: DRIVERS AND BENEFITS



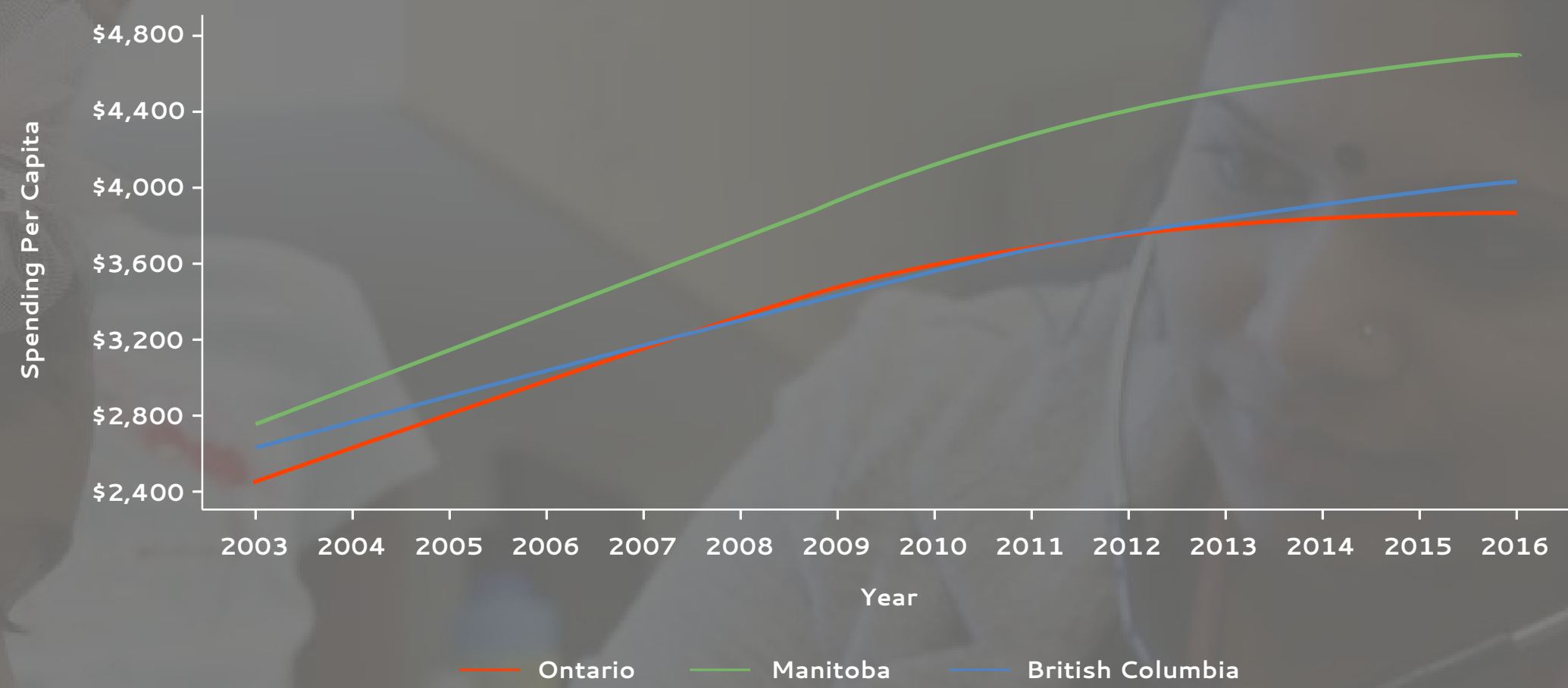




AMONG DRIVERS FOR HEALTH SYSTEM TRANSFORMATION WERE MANITOBA’S SIGNIFICANT INVESTMENTS IN HEALTH CARE YEAR OVER YEAR. DESPITE GROWING INVESTMENTS, MANITOBANS DID NOT EXPERIENCE BETTER CARE OR BETTER PATIENT EXPERIENCES. OTHER PROVINCES SEEM TO BE GETTING BETTER OUTCOMES WITH SLOWER GROWTH TO THEIR HEALTH-CARE BUDGET COMPARED TO MANITOBA.

TOTAL HEALTH EXPENDITURES

The per-capita cost curves have been bent in Ontario and B.C. but Manitoba’s investments in health care have continued to climb



Source: National Health Expenditure Trends, 1975 to 2016

INDICATOR	CANADA	MANITOBA	MANITOBA RANKING	YEAR
In-patient Average Length of Stay	7.0 days	9.6 days	12/12	2016/2017
ED Wait Time for Physician Initial Assessment (90th percentile)	3.1 hours	5.1 hours*	7/7*	2016/2017
Total Time Spent in ED for Admitted Patients (90th percentile)	32.6 hours	43.5 hours*	7/7*	2016/2017
Hip or Knee Replacement within 6 Months	71%	47%	9/10	2017/2018
Cataract Surgery within 112 Days	71%	32%	10/10	2017/2018

\*Note: ED wait time information is only available for the WRHA, and ED rankings include two provinces (SK and NS) that also do not have all facilities submitting.

Source: Canadian Institute for Health Information



# Creating a Provincial Clinical and Preventive Services Plan

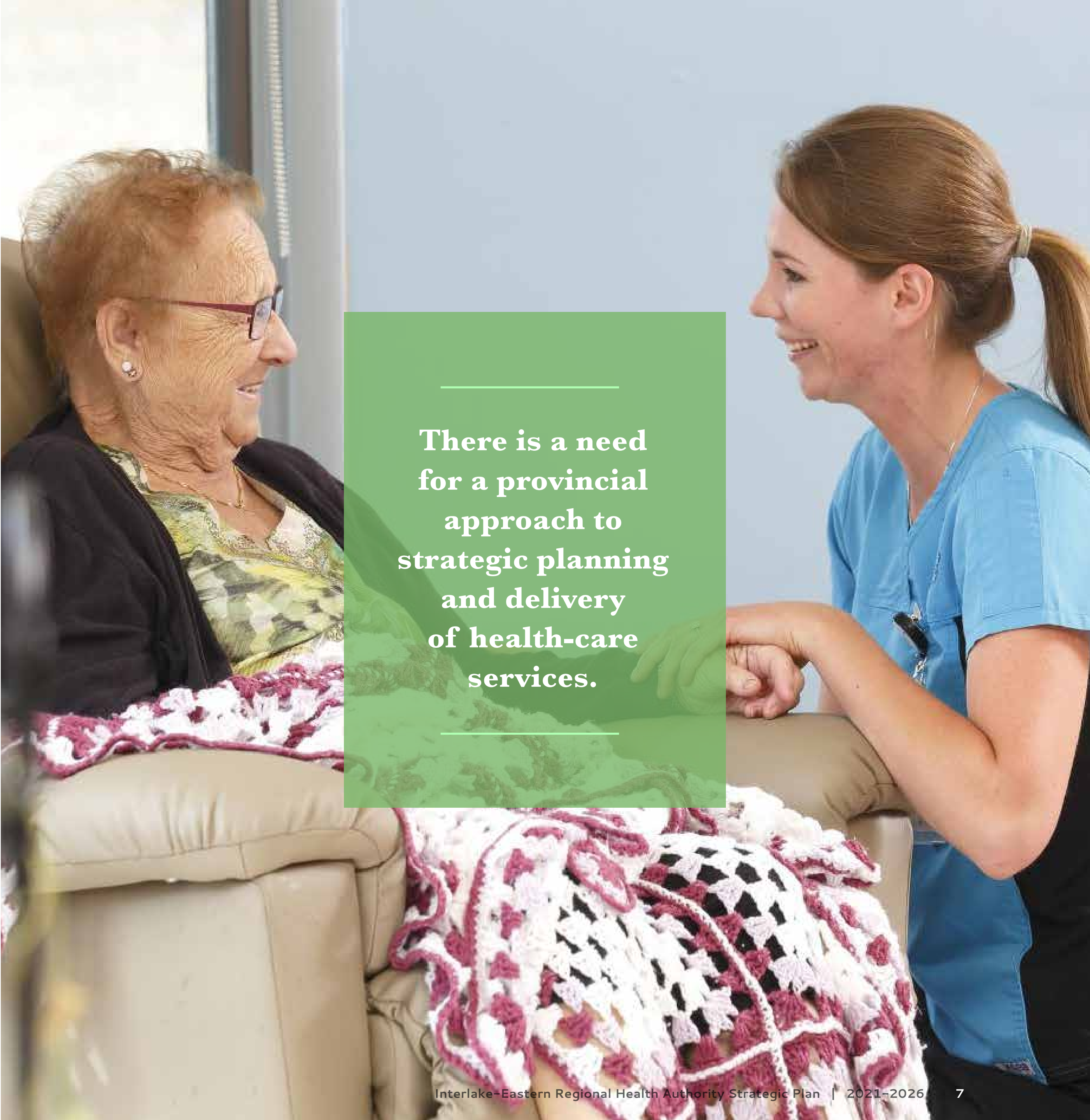
Shared Health was established in 2018. It has led the development of Manitoba’s first Provincial Clinical and Preventive Services Plan, released in 2019, in collaboration with clinical experts from across the province. Shared Health continues to evolve as staff, departments, services and facilities transition to the organization as part of the transformation’s mandate to create a simpler, more efficient and more consistent health system for Manitobans. Shared Health will continue to work collaboratively with regional health authorities, service delivery organizations, communities and other stakeholders to ensure the health needs of Manitobans are fulfilled compassionately, effectively and as close to home as possible.

This approach has been recommended by a number of external, expert reviews of Manitoba’s health system, which have identified the need for a provincial approach to strategic planning and delivery of health-care services by Manitoba’s health regions and service delivery organizations. Manitoba examined the successes of other jurisdictions and reviewed service delivery practices and models of care used across Canada and around the world to inform evidence-based planning with relevance to Manitoba’s health-care environment. This included analysis of innovative approaches to care including digital health and technology to enable care closer to home as well as models for improved delivery of primary health care, which is widely viewed as the foundation of an effective health system.

## WHAT CAN WE EXPECT FROM HEALTH SYSTEM TRANSFORMATION?

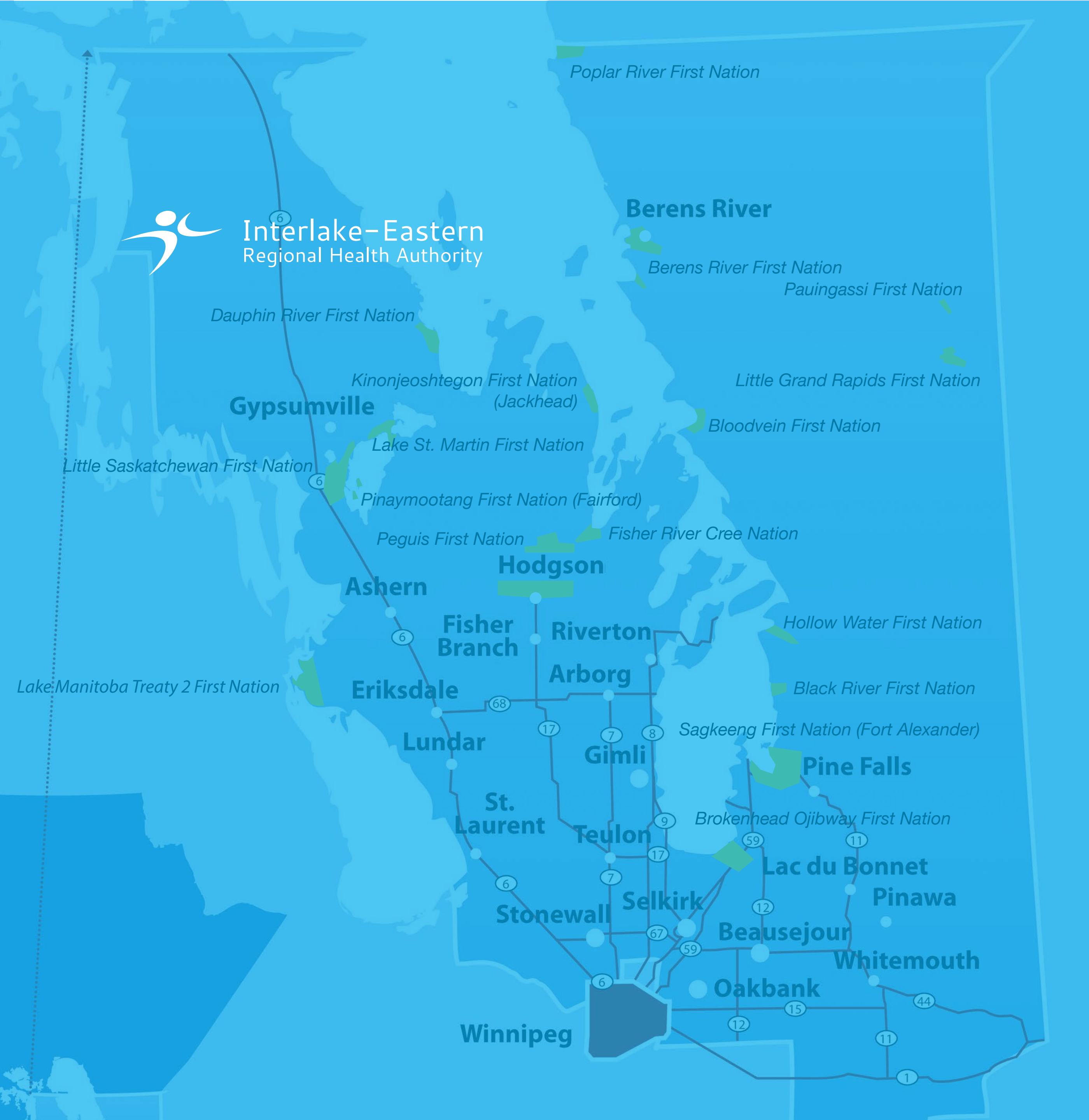
By working together for better health of all Manitobans we will see:

- Care closer to home as service delivery strives to become more equitable across Manitoba
- Reduced reliance on emergency departments for non-urgent, everyday health-care needs
- Increased investments in community care to keep people living safely at home longer
- Greater integration of technology to address issues of isolation in rural Manitoba and lack of access to care providers
- Increased connectivity among care providers, in-person and virtually, to increase system integration and provide people with improved access to the care they need



There is a need for a provincial approach to strategic planning and delivery of health-care services.





# Environmental Overview – Regional Picture

Today, more than 130,000 people live in Interlake–Eastern RHA. With an area of 61,000km<sup>2</sup> representing approximately 10 per cent of Manitoba’s area and its population, the region spans north of Winnipeg to the 53rd parallel, west to Lake Manitoba and east to the Ontario border. Over the past 15 years, the region’s population has grown by an estimated 16.8 per cent. Variations in health status exist within the region; however, the health of residents typically falls below provincial averages.

The figures below show some of the ways Interlake–Eastern RHA is growing and changing over time.

## HOW MUCH IS INTERLAKE–EASTERN RHA GROWING?

### INTERLAKE–EASTERN REGIONAL HEALTH AUTHORITY POPULATION:

2019	130,259
2015	127,273
2009*	119,592
2004*	116,237

\*Data for 2009 and 2004 reflect status of Interlake Regional Health Authority and North Eastman Health Authority. These two health authorities were merged to create Interlake–Eastern Regional Health Authority in 2012.

## HOW LONG OUR RESIDENTS LIVE:

	IERHA	Manitoba
Female Life Expectancy	82.5	82.8
Male Life Expectancy	78.2	78.5

## PERCENTAGE OF OUR POPULATION AGED 65+:

	IERHA	Manitoba
2019	18.8%	15.9%
2015	17.1%	14.7%
2009	15.0%	13.8%
2004	14.6%	13.6%

## PERCENTAGE OF THE REGION’S POPULATION THAT IDENTIFY AS INDIGENOUS:

	IERHA	Manitoba
2019	27.3%	18.0%
2015	24.7%	17.0%



# Interlake-Eastern RHA by Numbers:

## YEAR AT A GLANCE

(Source: Interlake-Eastern RHA, 2019 Community Health Assessment)







# Our Strategic Planning Process

## WE ENGAGED BROADLY TO DEVELOP OUR STRATEGIC PLAN.

A successful five-year plan requires informed and active involvement from our valued partners: community members who are as much a part of health care as their regional health authority. The 2021–2026 Interlake–Eastern RHA Strategic Plan is the result of meaningful and collaborative engagement with a wide range of stakeholders. More than 90 people participated in two virtual planning days in May 2021. Presentations on health-care topics by industry leaders, facilitated conversations and numerous breakout sessions focused on establishing our ideal future state, vision, mission, values and the determination of strategic goals that would help us achieve our vision.

## HIGHLIGHTS FROM EACH PARTNER GROUP INVOLVED IN STRATEGIC PLANNING:

- Staff highlighted opportunities for innovation and areas where integration among programs could be improved.
- Community partners (including patients and clients) emphasized the importance of being involved in decisions about their care.
- Physicians outlined the need for improved partnerships and communication.
- Indigenous partners acknowledged the gaps in health services and outcomes among Indigenous populations and emphasized the need for priority.
- Local government/communities reinforced the need for accessible and reliable services.
- Board members shared input and offered advice in all aspects of the planning process.
- System partners expressed a desire to collaborate with Interlake–Eastern RHA and offer insight into the current state and opportunities for improvement.





REFLECTING STAFF VOICES

A staff strategic planning engagement survey was circulated to staff in April 2021. Survey results were validated at a virtual staff town hall in advance of the May 2021 strategic planning days. The town hall also provided an opportunity for staff to learn about the development of a new five-year plan and what it will mean for our organization going forward. Staff engagement results were incorporated into the virtual planning days.

WHAT DID STAFF HAVE TO SAY ABOUT STRATEGIC PLANNING?

263 staff members responded (8.2% response rate of 3,200 staff)

WHAT HAVE WE DONE WELL?	KEEP DOING WELL	AREAS FOR IMPROVEMENT
192 people provided feedback	167 people provided feedback	209 people provided feedback
Pandemic response (49)	Communication (30)	Recruitment – Retention – Scheduling – Optimization (reduce number of <0.5 FTE)(83)
Communication (37)	Staffing – Scheduling – Recruitment and Retention – Flexibility for staff (25)	Leadership – Culture – Engage and listen to staff – Change management (43)
Investments by primary care – Care in community – Improved access (25)	Culture – Engage and listen to staff – Change management (20)	Invest in care in the community (home care, public health, mental health – access – equity – aging in place) (35)
Culture (24)	Patient and client care – Safety – Customer service (20)	Staff training and development (22)
	Staff training and development (15)	
	Pandemic response (15)	

GENERALLY STAKEHOLDERS IDENTIFIED THE FOLLOWING AS OPPORTUNITIES FOR HEALTH-CARE SERVICE DELIVERY IMPROVEMENT:

- Access to primary health-care services close to home
- Wait times for specialty services
- Reliability of health-care services including access to urgent and emergency care
- Access to mental health services
- Culturally appropriate care and inequities of health status
- Efficient care coordination





Staff guidance for revisioning our Vision, Mission & Values  
(141 respondents)

*MAKE SURE SERVICES ARE  
AVAILABLE TO RURAL COMMUNITIES*

RESPECT  
FOR ALL

VALUE ALL STAFF EQUALLY

DIVERSITY OF  
SERVICES &  
CULTURES,  
INCLUSIVITY

*ACCOUNTABILITY  
OVER  
EXCELLENCE*

RESPECT,  
INCLUSION,  
ACCESSIBILITY

*EQUITABLE  
AND INCLUSIVE  
PATIENT-  
CENTRED CARE*

*SPIRIT OF  
RECONCILIATION*

RECOGNITION OF  
DISPARITIES

EMPOWERED  
STAFF

OUR VISION, MISSION AND VALUES CAN'T BE WORDS ON A WALL  
—WE HAVE TO LIVE AND BREATHE THEM

STAFF SUPPORT FOR THE 2021-2026 STRATEGIC PLAN

In June 2021 a follow-up town hall was hosted for staff to review and validate outcomes from the May 2021 planning days. More than 110 staff participated in the virtual town hall that engaged staff with polling questions as well as opportunities for feedback, comments and discussion. Overall, staff supported and validated the vision, mission, values and strategic goals for the next five years in Interlake-Eastern RHA.

WHAT DID STAFF HAVE TO SAY ABOUT THE VISION, MISSION AND VALUES?

There was overwhelming consensus and enthusiasm among staff for the proposed vision, mission and values.

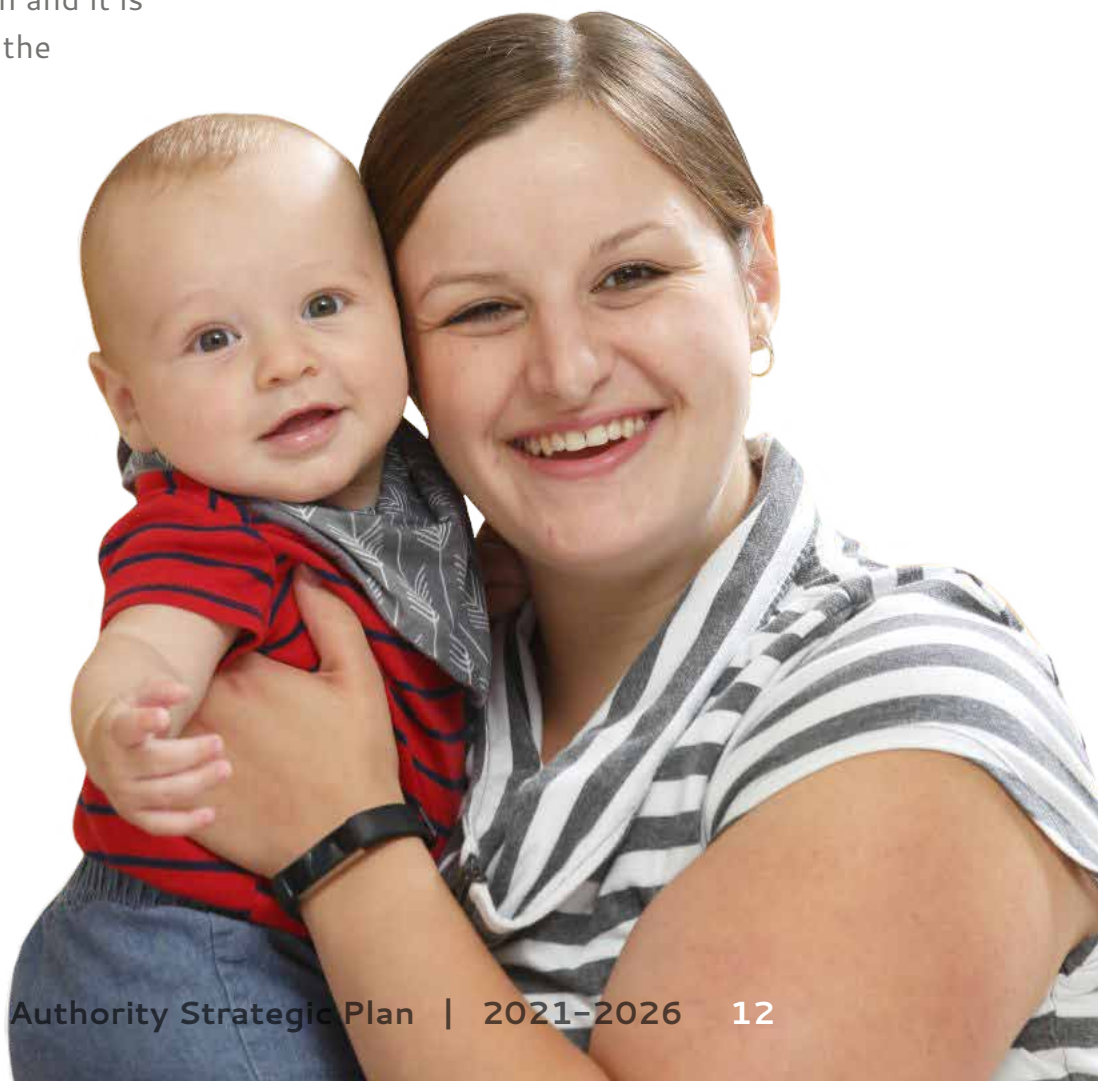
WHAT DID STAFF HAVE TO SAY ABOUT THE STRATEGIC GOALS?

Staff acknowledged and showed support for the six goals. Staff acknowledged that additional work is necessary in the development of five year road maps for each of the six goals and that further opportunity for engagement exists.

DO STAFF FEEL THIS IS ATTAINABLE OVER THE NEXT FIVE YEARS?

There was agreement among the majority of staff that our goals are achievable. Some staff indicated that we have set big goals over next five years and cautioned that this work may take longer. Staff feedback echoed that of community stakeholders: there is work to be done and improvements to be made. However, staff agree they can — and want to — commit to our vision.

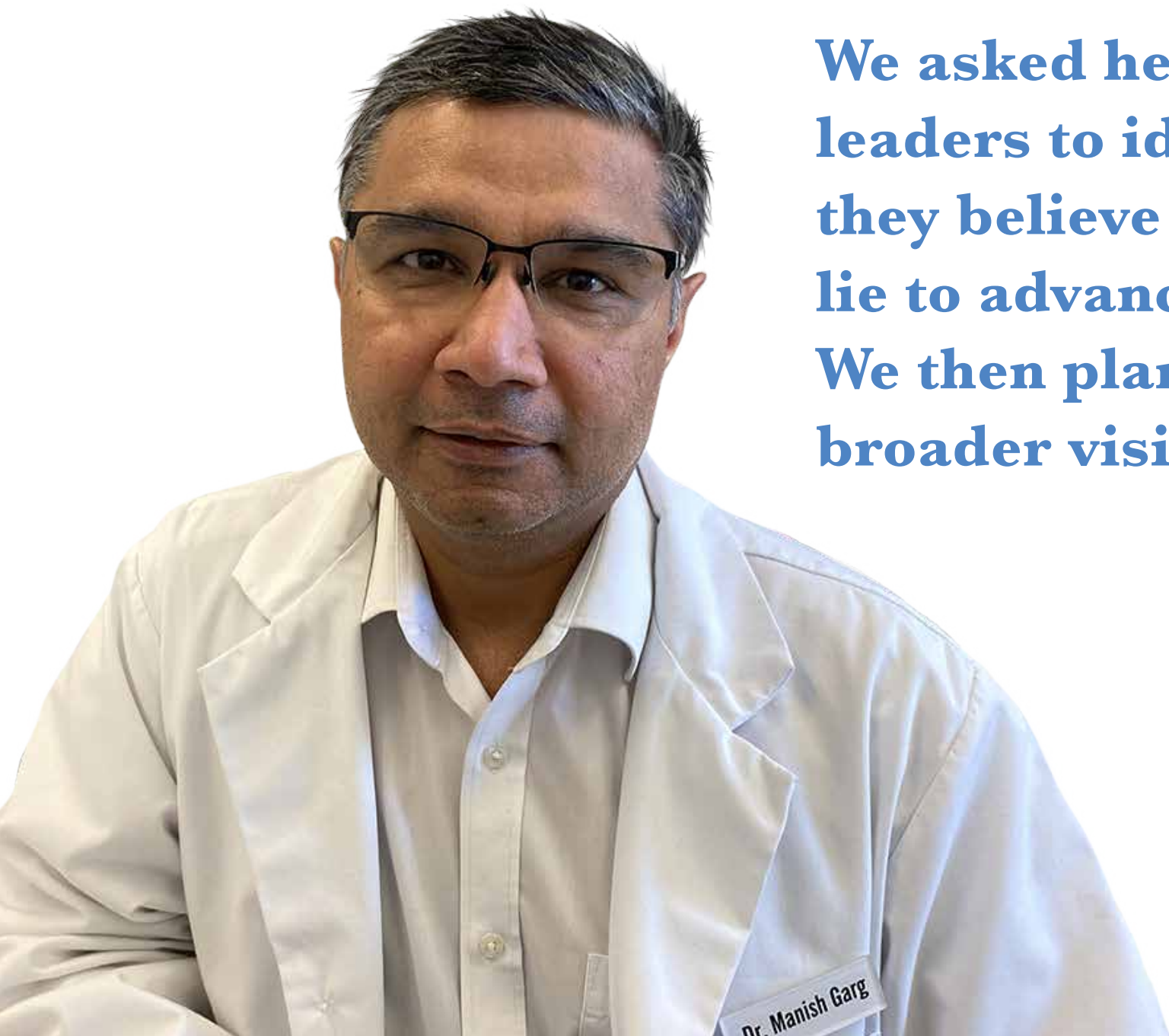
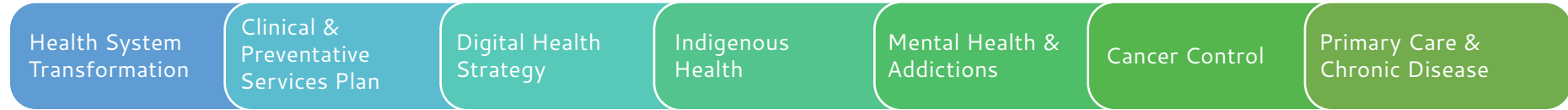
Interlake-Eastern RHA's new five year plan is very timely given ongoing health-care transformation and it is also ambitious given the current state of the health-care system regionally and in Manitoba. The RHA has committed to long-term strategic planning with stakeholders that will supersede the span of this plan. Together we will ensure continuity and commitment to achieving the identified goals and vision over the near and long term.





# Current State and Future Opportunities: Presentation Key Findings

Seven short presentations launched the strategic planning process. These speakers ensured our stakeholders had knowledge and information that would contribute to mapping out a regionally relevant and provincially integrated five-year strategic plan for the delivery of health services in Interlake–Eastern Regional Health Authority from 2021 to 2026.



**We asked health-care leaders to identify where they believe opportunities lie to advance health care. We then planned with these broader visions in mind.**

## PRESENTATION HIGHLIGHTS

### HEALTH-CARE SYSTEM TRANSFORMATION

Manitoba’s complex, siloed health system and its current governance model require careful transformation. Changes must be founded in a complete understanding of what makes up the current system and how the move to a more co-ordinated, integrated, effective and sustainable state may be successfully transitioned while maintaining a focus on improved patient care throughout.

HEALTH SYSTEM TRANSFORMATION	
CURRENT STATE	TARGET STATE
<ul style="list-style-type: none"><li>• Multiple access points with limited integration</li><li>• Long wait times for critical services</li></ul>	<ul style="list-style-type: none"><li>• Clear patient-centric pathways</li><li>• Improved access to critical services</li></ul>
<ul style="list-style-type: none"><li>• Services variable across the province</li><li>• Based on provider preference</li></ul>	<ul style="list-style-type: none"><li>• Consistent service model with common standards</li><li>• Provider engaged through planning process</li></ul>
<ul style="list-style-type: none"><li>• Unreliable services and low volumes with higher risks in some locations</li></ul>	<ul style="list-style-type: none"><li>• Alignment of services to improve reliability, effectiveness and safety</li></ul>
<ul style="list-style-type: none"><li>• Resources allocated based on history</li><li>• Underserved populations</li></ul>	<ul style="list-style-type: none"><li>• Resources allocated based on need</li><li>• More equitable service in all areas of province</li></ul>

### CLINICAL & PREVENTIVE SERVICES PLAN

Shared Health is responsible for the creation of a provincial Clinical and Preventive Services Plan that will guide improvements to access, co-ordination and integration of health services in Manitoba. The plan will be updated annually and will identify improved, innovative ways of delivering care, clear provider roles and responsibilities, and easy to understand pathways for patients. The plan strives to ensure patients are able to access appropriate care as close to home as possible, with the certainty that specialized resources are available to them if they are required.

- Nearly 300 provincial clinical team members from all over the province analyzed data, reviewed leading practices and models of care from other jurisdictions and developed a plan to improve health services for Manitoba patients.



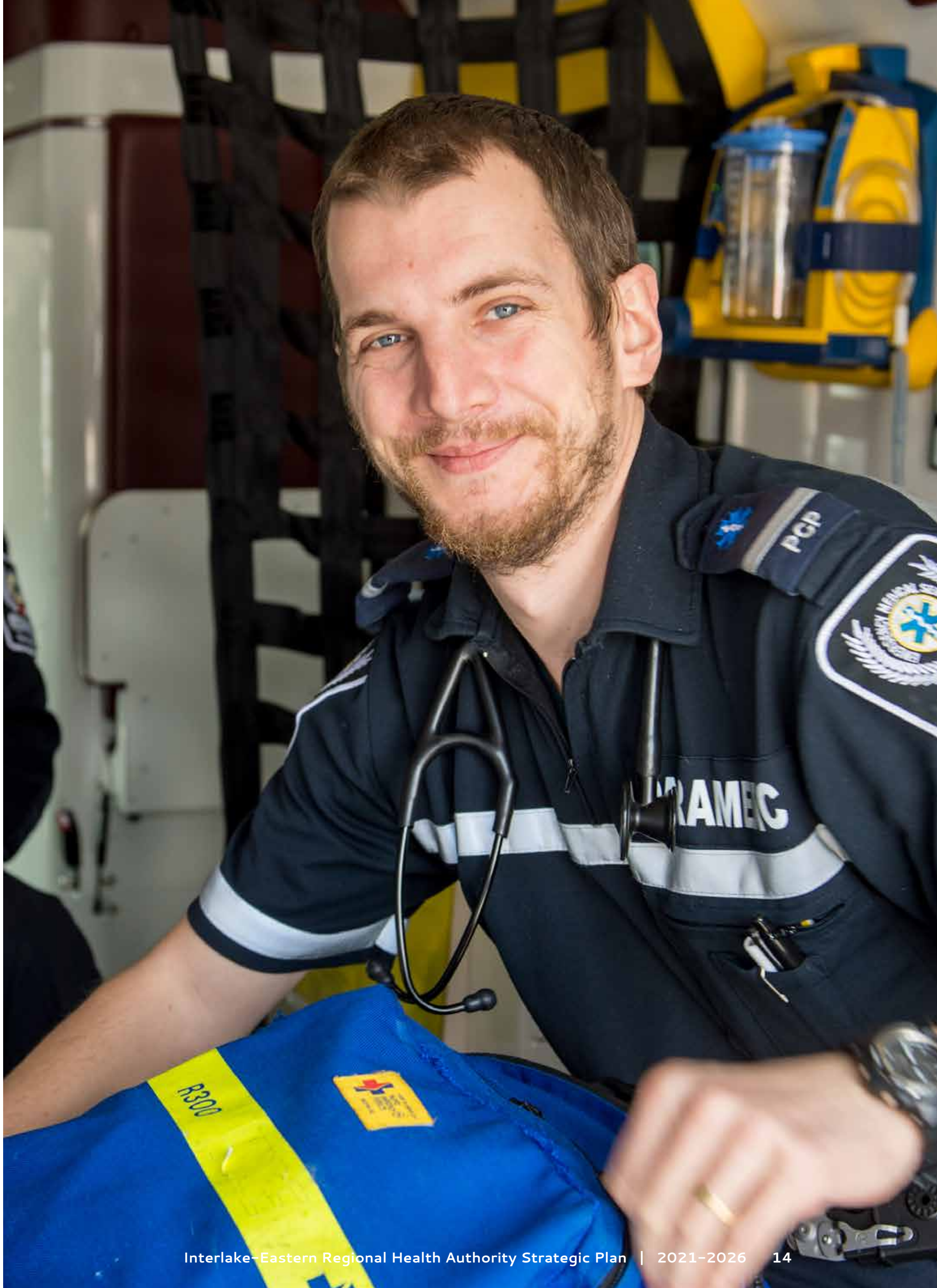
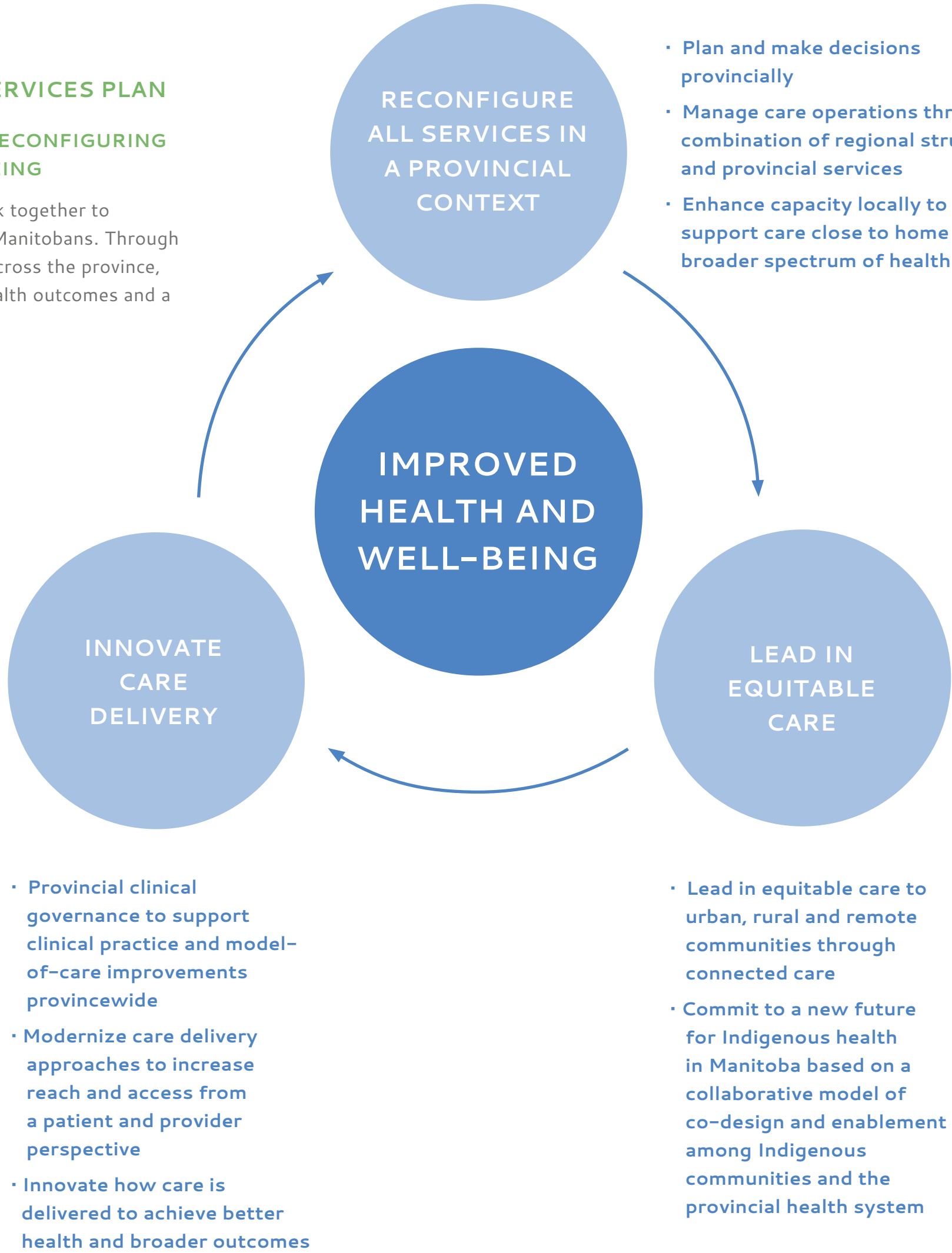




CLINICAL AND PREVENTIVE SERVICES PLAN

MANITOBA'S BOLD NEW FUTURE: RECONFIGURING FOR BETTER HEALTH AND WELL-BEING

The elements of the future vision will work together to improve how the health system supports Manitobans. Through redefined access and service capabilities across the province, Manitobans will benefit from improved health outcomes and a more sustainable provincial health system.





DIGITAL HEALTH STRATEGY

“COVID-19 has enhanced the knowledge and acceptance of virtual care as an important investment in the future delivery of health-care services. Manitoba will support new and expanded virtual tools, improving access for patients and co-ordination among providers.”

-Digital Health Strategy and Transformation presentation

INDIGENOUS HEALTH

“IERHA realizes the need to change the view of Indigenous health within the region and understand the resiliency of this population as a key foundation on which to improve Indigenous health outcomes. The purpose of the Indigenous Health Strategy is to guide the Interlake-Eastern Health Region and potential Indigenous and non-Indigenous partners in the region toward a shared understanding that addressing health inequities cannot occur in isolation, but rather through working together.”

-Interlake-Eastern Regional Health Authority Regional Indigenous Health Strategy – A Beginning for Future Consultation and Collaboration, 2021 – 2026.

The Truth and Reconciliation Commission of Canada: Calls to Action contains a number of actions specific to health. We are committed to incorporating the spirit of these Calls to Action as they relate to the culture, programs and services provided in Interlake-Eastern RHA. To that end, they are foundational to the Indigenous Health Strategy and IERHA’s overarching strategic plan.



IERHA INDIGENOUS HEALTH STRATEGY

FOUR STRATEGIC PILLARS



STRENGTHENING PARTNERSHIPS AND CONNECTIONS

Ensure Indigenous partners to have ready access to IERHA leadership

Introduce a sustainable and standardized approach to collaboration

Involve Indigenous people in planning and implementation

Infuse Indigenous presence in IERHA communication strategy



PROVIDING A CULTURALLY SAFE ENVIRONMENT

Ensure 100% participation in Cultural Competency training

Increase Indigenous workforce representation

Focus on retention of Indigenous staff

Invite community to identify better ways to gather/act on Indigenous patient and families care and service feedback



ADDRESSING HEALTH INEQUITY

Establish measurable goals and close the gaps

Identify and analyze health inequities and establish action plans to address

Demonstrate recognition of the value of traditional healing practices

Evaluate health inequities at community level, using community health assessment data or other collaborative processes



IMPROVING MENTAL WELLNESS WITHIN A RECOVERY-ORIENTED APPROACH

Identify current needs, priorities and gaps

Include documenting current patient journeys

Offer traditional healing practices recognizing the connection to culture, ceremony, language, food, spirit and land in the wellness journey

Include specific cultural competency regarding mental wellness and trauma-informed practice training

Align the Indigenous mental health strategy with regional, provincial and national strategies



MENTAL HEALTH & ADDICTIONS

“There is evidence that collaborative care models can be cost effective once fully established and prove to be the best model practice from a patient-centered approach and patient satisfaction perspective as well. These models realign the health system to help move patients and natural supports who often seek crisis and emergency care to more appropriate management via primary care/collaborative care teams.”

- Addictions Medicine in the Interlake-Eastern Regional Health Authority: A 3-year capacity building plan review, 2020

PRIMARY HEALTH CARE & CHRONIC DISEASE

“This model of care sees us move from a pyramid style of structure and function, with one individual physician or a small group of physicians at the apex where they are essential to managing all care needs, to a brick wall style that represents a collaborative care team: remove a brick and care still persists.”

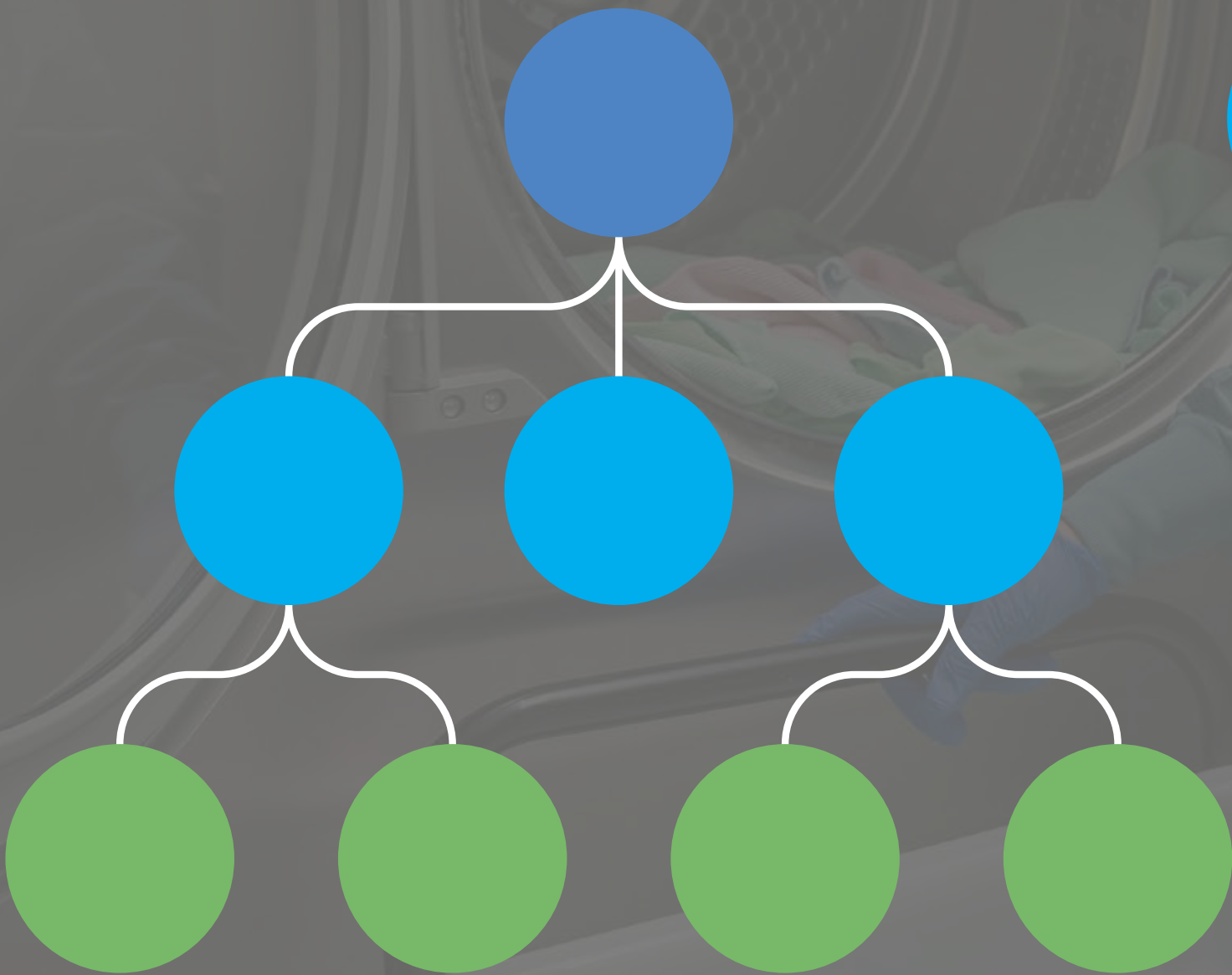
- Dr. Mike Loudon, family physician and medical director at Teulon Medical Clinic



A NEW MODEL FOR PRIMARY CARE

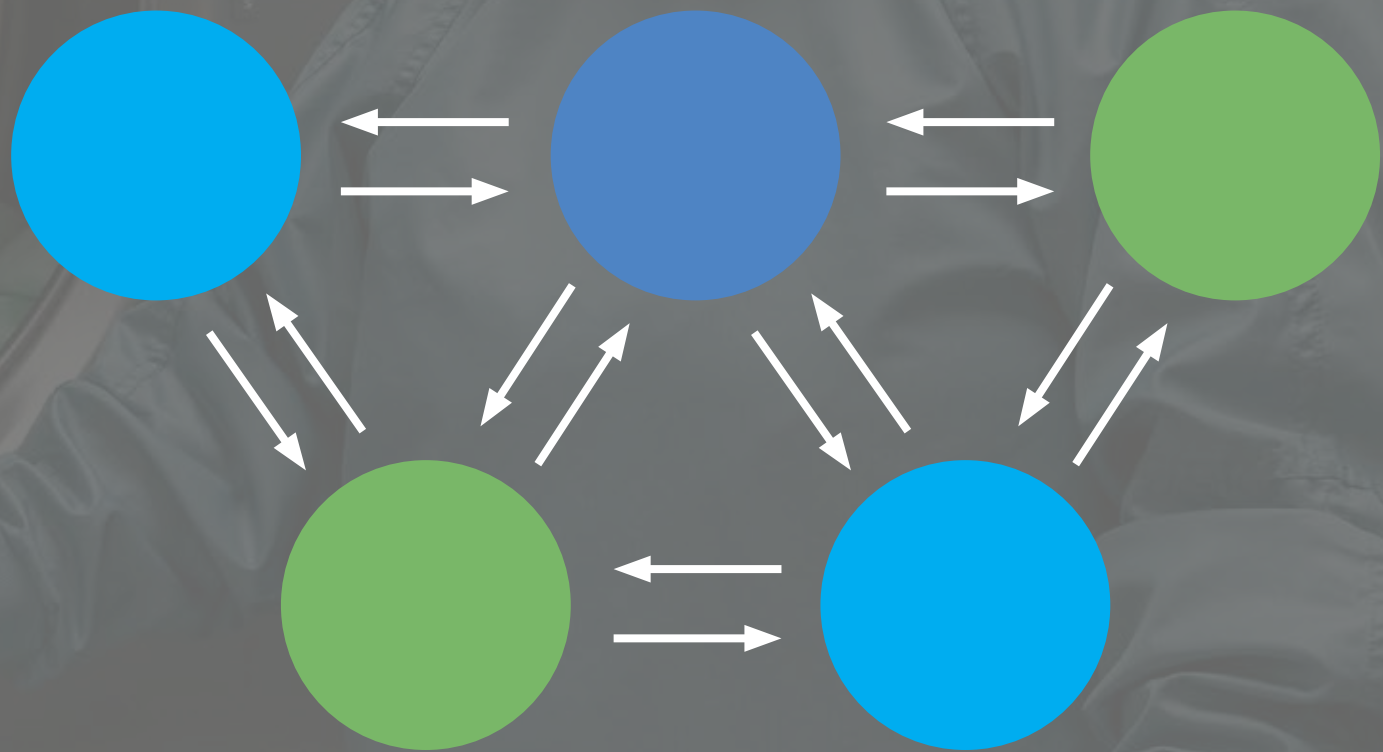
OLD MODEL  
(PYRAMID STYLE)

ONE PHYSICIAN ESSENTIAL TO  
MANAGING ALL CARE NEEDS



NEW MODEL  
(BRICK WALL STYLE)

A COLLABORATIVE CARE TEAM







CANCER CONTROL

“Successful implementation of a well-planned, robust and comprehensive cancer control program that involves the whole health-care system will determine the cancer outcomes and health of the population in Manitoba.”

– Roadmap to Cancer Control for Manitoba, 2020

ROADMAP TO CANCER CONTROL FOR MANITOBA 2020  
PRIORITIES AND OBJECTIVES



PRIORITY 1

PROMOTE CANCER PREVENTION AND SCREENING

Objectives:

1. Increase the number of non-smokers in Manitoba
2. Promote proven practices to reduce cancer risk in Manitoba
3. Increase uptake of cancer screening by Manitobans
4. Adopt best practices for cancer screening in Manitoba



PRIORITY 2

DELIVER TIMELY ACCESS TO QUALITY CANCER CARE CLOSER TO HOME

Objectives:

1. Enable early stage diagnosis and timely diagnosis of cancer
2. Increase engagement of primary care providers and navigators throughout the cancer control continuum including palliative care
3. Develop a co-ordinated and integrated provincial model for in-patient cancer services



PRIORITY 3

PROVIDE EVIDENCE-BASED, HIGH-QUALITY CANCER SERVICES

Objectives:

1. Enhance access to precision medicine
2. Optimize multidisciplinary care through high-performing cancer disease site groups
3. Increase compliance with cancer surgical standards throughout Manitoba
4. Increase concordance with systemic treatment standards throughout Manitoba



PRIORITY 4

IMPROVE PATIENT EXPERIENCE THROUGHOUT THE CANCER CONTINUUM

Objectives:

1. Provide increased level of emotional support for patients
2. Improve patient engagement and access to information
3. Support patients in navigating the cancer system



PRIORITY 5

ENSURE SUSTAINABILITY OF CANCER SERVICES

Objectives:

1. Implement innovative models of cancer care
2. Integrate digital solutions to improve information flow among health-care providers
3. Ensure appropriate workforce and infrastructure planning to meet future needs



PRIORITY 6

IMPROVE FIRST NATIONS, MÉTIS AND INUIT CANCER CONTROL AND OUTCOMES

Objectives:

1. Ensure culturally responsive equitable cancer care
2. Provide safe and quality cancer care in their own communities
3. Support Peoples-specific, self-determined cancer care

Source: Roadmap to Cancer Control for Manitoba, 2020



# Strategic Goals

These goals will help propel us towards our vision. Within five years, Interlake–Eastern RHA residents can expect a stronger, more integrated health system. By putting these goals into action, Interlake–Eastern RHA will emerge better positioned to meet the health needs of our residents for today and in the future.



## STRATEGIC GOAL 1

### INTEGRATED AND CO-ORDINATED HEALTH CARE

We will ensure our health system is integrated and coordinated between providers and patients.



## STRATEGIC GOAL 2

### PRIMARY AND COMMUNITY CARE TRANSFORMATION

We will provide a solid foundation of primary and community services and strive to make it easier for patients to move across the continuum of patient care.



## STRATEGIC GOAL 3

### INDIGENOUS AND VULNERABLE POPULATIONS

We will work to improve access, health outcomes and reduce health disparities.



## STRATEGIC GOAL 4

### MENTAL HEALTH AND ADDICTIONS

We will work to improve access to community mental health and addictions services for adults, children and families.



## STRATEGIC GOAL 5

### HEALTH HUMAN RESOURCES

We will have a skilled and dedicated workforce of health professionals, support staff, volunteers and physicians.



## STRATEGIC GOAL 6

### INNOVATION AND TECHNOLOGY

We will endeavour to improve access, care quality and health outcomes through clinical best practices with a focus on innovation and technology.



# Our Vision

Our vision defines health-care service delivery that people in Interlake-Eastern Regional Health Authority can expect to experience by 2026.

**We will be recognized as a trusted health-care partner, providing sustainable, accessible, integrated, evidence-based care to improve health status and outcomes in all of our communities and achieve health equity across the region.**

Our planning partners identified the elements that were critical for inclusion in our vision. From 100 identified elements, 13 general themes evolved that were then prioritized by stakeholders for inclusion in our vision.





# Our Mission

Our mission defines why we exist and what we do every day to achieve our vision.

**We work in partnership with all stakeholders, contributing to the health and well-being of our communities, by providing timely access to reliable care in a culturally safe manner that respects diversity.**

Our planning partners identified 83 elements critical for inclusion in our mission. We identified 17 general themes that were then prioritized by stakeholders for inclusion.





# Our Values

Our values reflect the approach to care delivery that we want our patients, clients, residents, family members and community members to experience when interacting with our staff. They are foundational to an organizational culture that will support us in achieving our mission and vision.

## Always with compassion

WE ARE APPROACHABLE AND TREAT EVERYONE WITH DIGNITY AND KINDNESS.

## Success in collaboration

WE BELIEVE IN THE POWER OF TEAMWORK AND WORKING TOGETHER.

## Accountability in everything we do

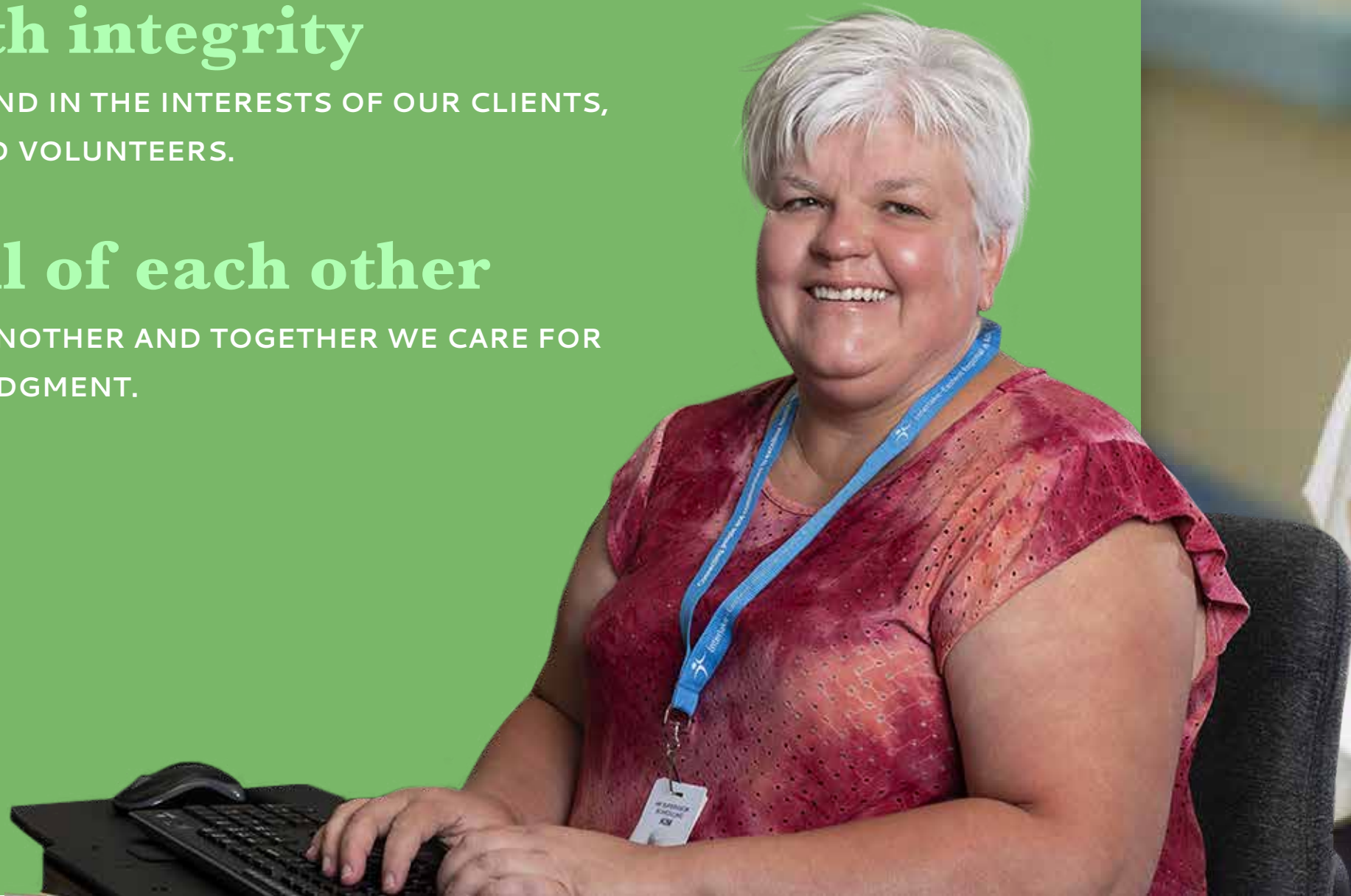
WE ARE TRANSPARENT AND RESPONSIBLE.

## Acting with integrity

WE ACT HONESTLY AND IN THE INTERESTS OF OUR CLIENTS, PATIENTS, STAFF AND VOLUNTEERS.

## Respectful of each other

WE LISTEN TO ONE ANOTHER AND TOGETHER WE CARE FOR PEOPLE WITHOUT JUDGMENT.







## How will we use this plan?

### IDENTIFYING NEW OPPORTUNITIES TO ENGAGE WITH COMMUNITIES

Everyone owns health care. Our strategic plan must be a focal point for stakeholder engagement. This strategic plan, the process we used to create it and how we'll evaluate and guide its implementation are all opportunities for us to connect with community stakeholders.

*Is it working for you?*

*Are we addressing community needs?*

*Are we on track to meet our objectives?*

If we're not on track, we've already established the process to revisit and refine. If we are on track, we benefit from the relationships we've established so we can celebrate contributions towards achieving our vision and explore the other avenues these relationships generate for continued improvement in delivery of health-care services.

### ESTABLISHING CONSISTENCY IN CARE ACROSS THE REGION

This plan specifies for Interlake-Eastern RHA staff how community members want to be treated when seeking care. We are committed to reflecting our values, whenever we deliver care in the region, in support of our mission and vision.

### OUR CONTRIBUTIONS TO THE BROADER PROVINCIAL HEALTH SYSTEM

Interlake-Eastern RHA has always had a seat at provincewide planning tables for health care. This plan is our opportunity to integrate provincial priorities into regional planning so we can capitalize on what success at a provincial level will mean for us in Interlake-Eastern RHA: reinvestment in regional health-care services, better patient experiences, reduced wait times and long-term sustainability of the health-care system.





# Next Steps

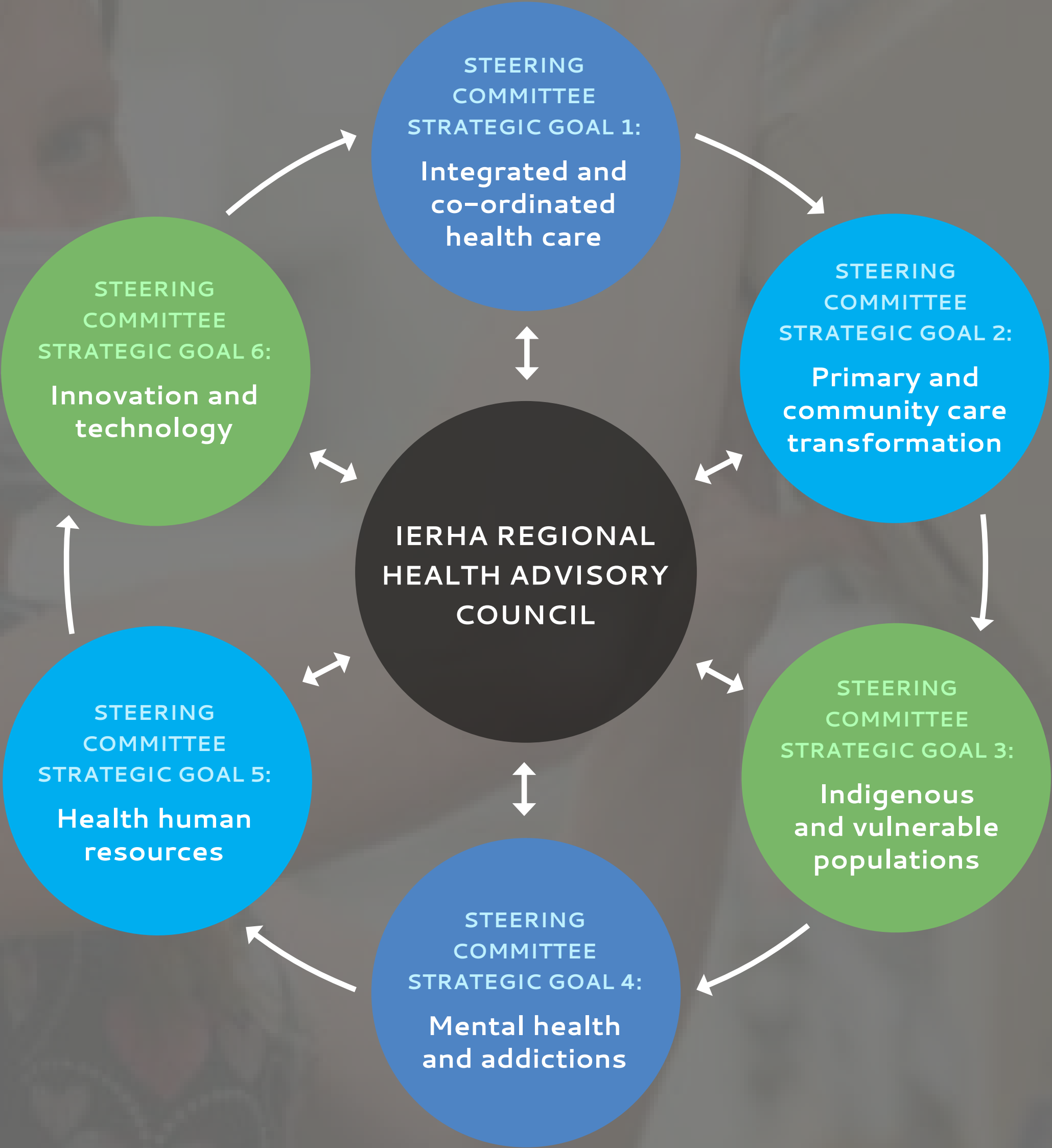
## WE'RE JUST GETTING STARTED!

Consultation with stakeholders will continue to be an important and required part of strategic planning moving forward. The opportunities this process provides our community members and the region are significant as we look to make changes regionally to improve health care.

This process maintains an open door for ongoing engagement.

- We are establishing a **Regional Health Advisory Council** that will meet quarterly to review our progress and ensure we maintain a regional approach to the health-care needs of people we care for. This is where our regional accountability will lie.
- To support further development of and monitoring of the strategic plan, for each strategic goal we are establishing **Strategic Steering Committees** with responsibilities of:
  - o Strategic goal visioning
  - o Leadership
  - o High level planning
  - o Monitoring
  - o Evaluating
  - o Reporting
  - o Communication

The strategic steering committees will be comprised of representatives from the region's Board of Directors, regional and provincial health leaders, elected municipal representatives and other stakeholders who express an interest in contributing. They will define a vision for the respective areas of oversight. From this vision, workstreams will be developed to accomplish milestones that will contribute to the success of the region's overall strategic plan.







## How will we know our plan is working?

WE WILL KNOW WE HAVE ACHIEVED OUR VISION IF WE COLLECTIVELY AGREE THE FOLLOWING STATEMENTS ARE TRUE:

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You are accessing health-care in a timely way and this care is equitable and universally available.

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Your care is co-ordinated across the health system.

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People living in Indigenous communities and people in remote locations are receiving equitable attention, access, services and outcomes.

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Economically, socially and emotionally disadvantaged people are accessing health care that is equitable.

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We have the capacity to meet your needs through adoption of digital tools that provide efficiencies and technologies to support effective care and advance remote care.

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You can access mental health and addictions services and supports throughout the region and care is provided in a timely manner.

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Preventative measures like cancer screening, regularly scheduled check-ups and advice to assist you with early diagnosed chronic conditions are integrated into your primary health care.

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You benefit from increased community- and home-based care, including aging-in-place options.

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We are able to recruit and retain a workforce of people who continually reflect our values to you and your family members.

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Our planning anticipates your needs and we have the appropriate resources and capacity to meet your needs.

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You have opportunities to contribute to health-care planning in this region and to freely share your experiences after interacting with the health system if there are opportunities for improvement.

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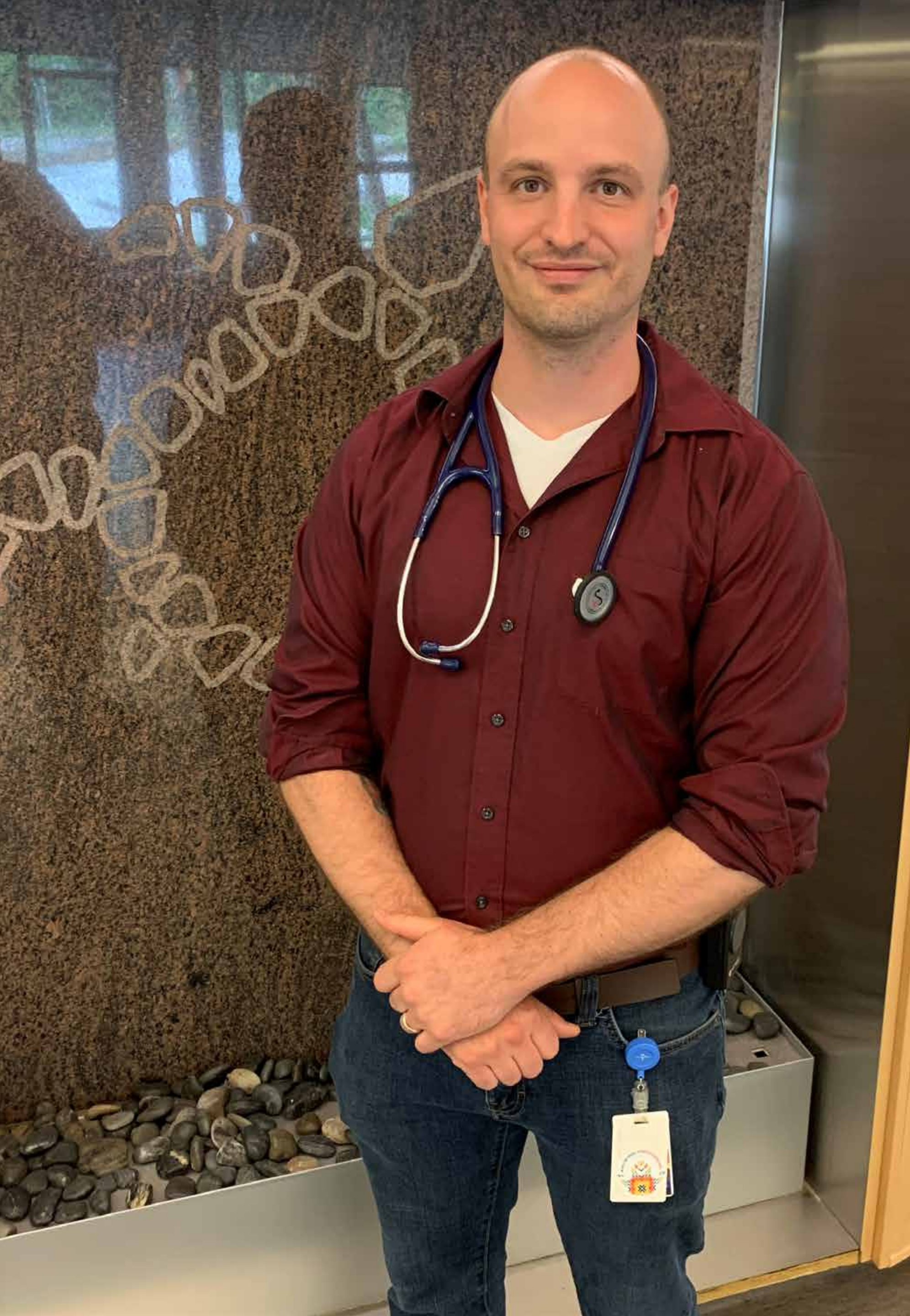
We are monitoring, evaluating and modifying work that contributes to the achievement of our vision.

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We're all experiencing desired health-care system efficiencies and improvements.

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