



Interlake-Eastern  
Regional Health Authority



# ANNUAL REPORT

2022 - 2023

# Integrated Health Planning at a Glance

## PROVINCIAL ENABLERS, SUPPORT AND DIRECTION

### PROVINCIAL VISION

Evolving a collaborative health system for the province that delivers excellent, whole person, integrated health care for all Manitobans

#### DEPARTMENT OF HEALTH

#### DEPARTMENT OF MENTAL HEALTH AND COMMUNITY WELLNESS

#### DEPARTMENT OF SENIORS AND LONG -TERM CARE

### STRATEGIC PRIORITIES ACROSS THE THREE GOVERNMENT DEPARTMENTS UNDERPIN THE VISION:

- A positive health-care experience for Manitobans that is person-centred, equitable and accessible
- Improved health system capacity, performance and accountability
- An empowered, adaptable and high-performing workforce
- High-quality care and supports for seniors
- Commitment to the roadmap for mental health and community wellness
- Indigenous people with access to high-quality services that align with their traditions and culture
- Strengthened fiscal sustainability and value for money

#### Guiding Legislation

The Health System Governance and Accountability Act  
 (a) governs the planning, administration and delivery of health services in Manitoba;  
 (b) establishes the health authorities and their responsibilities, duties and powers; and  
 (c) establishes an accountability framework for the health authorities and the entities funded by the authorities.

#### Guiding Provincial Documents/Initiatives

- Provincial Clinical and Preventive Services Plan
- A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba
- Provincial Seniors Strategy
- Stevenson Review (Personal Care Home COVID-19 Outbreak Report)
- Provincial Disrupting Racism Action Plan
- Provincial Diagnostic and Surgical Recovery Task Force

## INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY (RHA) STRATEGY

### INTERLAKE-EASTERN RHA 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.

### INTERLAKE-EASTERN RHA STRATEGIC GOALS

- Integrated and co-ordinated health care: Ensuring our health system is integrated and co-ordinated between providers and patients.
- Primary and community care transformation: Providing a solid foundation of primary and community services and striving to make it easier for patients to move across the continuum of patient care.
- Indigenous and aging populations: Working to improve access and health outcomes and reducing health disparities.
- Mental health and addictions: Working to improve access to community mental health and addictions services for adults, children and families.
- Health human resources: Establishing a skill and dedicated workforce of health professionals, support staff, volunteers and physicians.
- Innovation and technology: Improving access, care quality and health outcomes through clinical best practices with a focus on innovation and technology.

### INTERLAKE-EASTERN RHA 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.

### INTERLAKE-EASTERN RHA VALUES

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

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**On the front cover:** Members of Selkirk Regional Health Centre’s operating room and endoscopy team from left to right: Kerri Donald, operating room assistant; Dr. Peter Cho, MD, FRCSC; Dr. Tyler Bullen, CCFP, FP-AN; and Trisha Mcvey, RN.

# Letter of Transmittal and Accountability

Dear Minister Gordon,

We have the honour to present the annual report for Interlake-Eastern Regional Health Authority for the fiscal year ended March 31, 2023.

This annual report was prepared under the Board's direction, in accordance with *The Health System Governance and Accountability Act* and directions provided by the Minister. All material, including economic and fiscal implications known as of March 31, 2023, has been considered in preparing the annual report. The Board has approved this report.

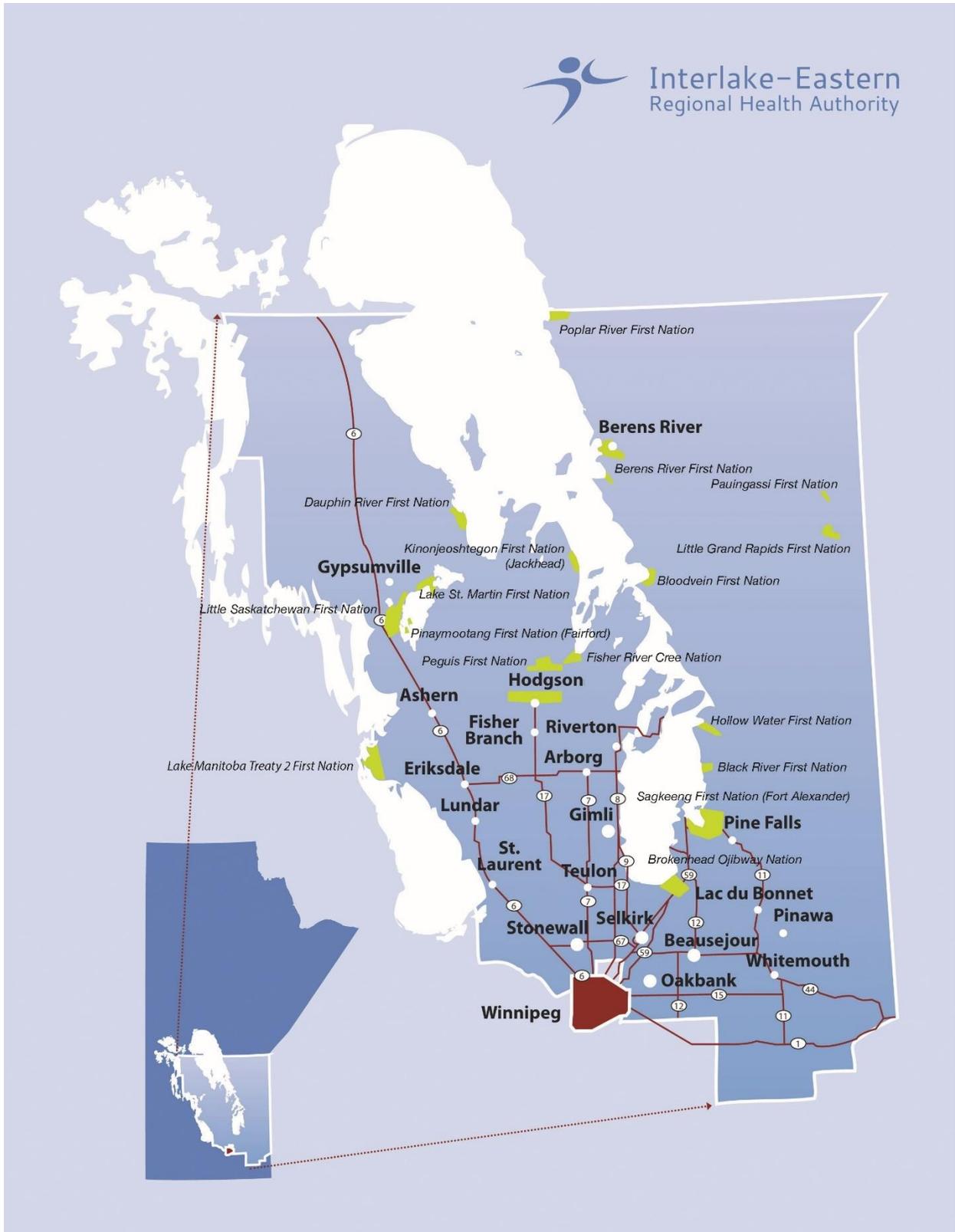
Respectfully submitted on behalf of  
Interlake-Eastern Regional Health Authority,



Michele Polinuk  
Chair  
Interlake-Eastern Regional Health Authority Board of Directors

## **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 Red River Métis Nation. We respect that First Nations treaties were made on these territories. We understand that we are all treaty people with rights and responsibilities under these treaties. We acknowledge harms and mistakes, and we dedicate ourselves to collaborate in partnership with First Nations, Inuit and Red River Métis peoples in the spirit of reconciliation.



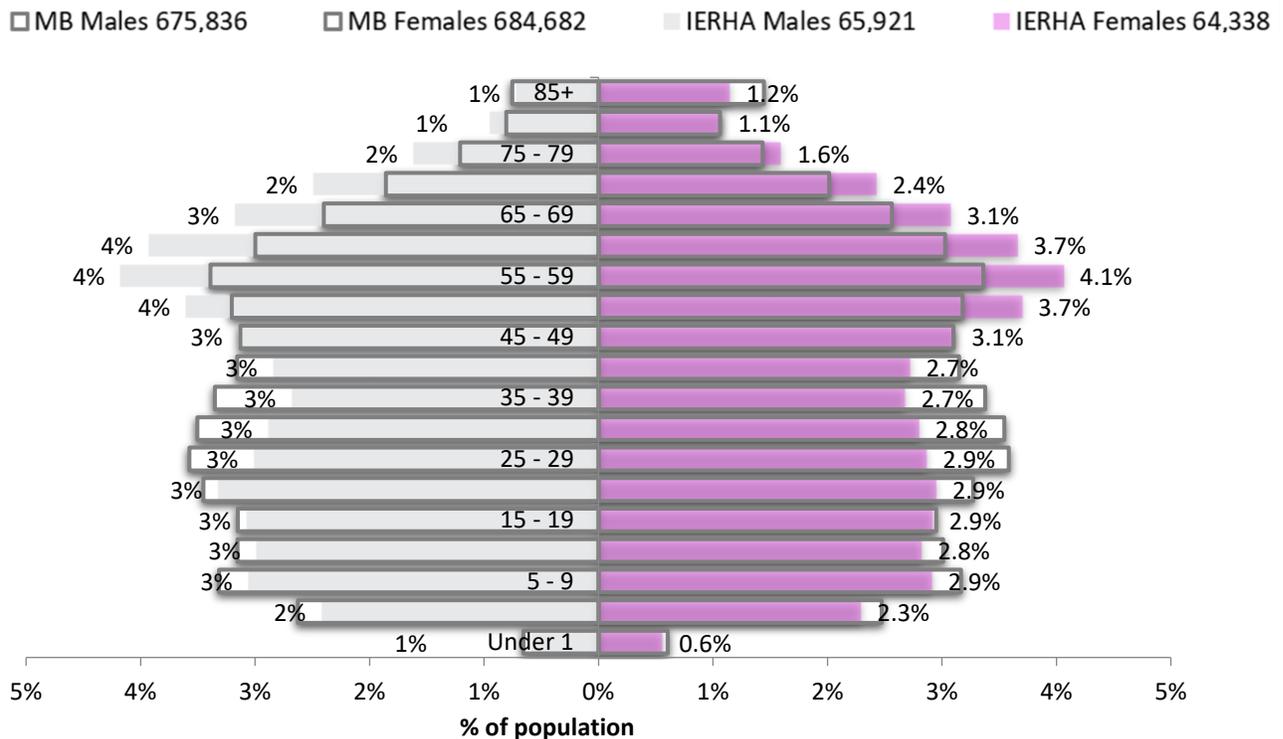
# Our Region and Its People

With an area of 61,000 square kilometres, Interlake-Eastern RHA accounts for approximately 10 per cent of Manitoba’s area. The region encompasses one-third of Manitoba’s provincial parks, offering lakes and beaches for cottagers, campers and other vacationers in the summer. In addition to tourism, the region’s diverse geography supports agriculture, fishing, mining, forestry, hydroelectric power and various industries.

## We have a greater proportion of people aged 50 and over in the region compared to Manitoba

A closer look at Interlake-Eastern RHA’s residents by age group identifies another unique aspect of the region: we have a greater percentage of population represented in the 50 years and more age categories compared with that of Manitoba. According to population projections to 2030, the region is projected to experience a 13 per cent population increase, with the most noticeable change being higher counts of residents in the 65 and older age groupings.<sup>1</sup> Aging brings increased needs for health-care services. The prevalence of most chronic diseases and conditions increases with age.<sup>2</sup> This difference in demographics affects delivery of health-care services in the region in a number of ways. Primary care, community care, emergency care, long-term care and other housing options for seniors experience increased demand for service to meet the needs of an aging demographic.

### 2018 Population – Interlake-Eastern compared with Province of Manitoba



<sup>1</sup> Interlake-Eastern Regional Health Authority Community Health Assessment, 2019

<https://www.ierha.ca/files/382019-Community-Health-Assessment-1.pdf>

<sup>2</sup> 8 Aging and Chronic Diseases, Executive Summary online. Public Health Agency of Canada. 2020-12-16.

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/aging-chronic-diseases-profile-canadian-seniors-report.html>

### Indigenous populations comprise one in five regional residents

As of June 1, 2021, 135,800 people live in the region, representing close to 10 per cent of the province's population.<sup>3</sup> Seventeen First Nation communities are situated within the regional health authority and 24 communities with registered Manitoba Métis Locals. More than one in four residents (27 per cent) self-identify as Indigenous compared with the provincial average of 18 per cent. With this significant representation of Indigenous people in the regional health authority, Interlake-Eastern RHA acknowledges it has a role to play in working with First Nation communities to respond to the Truth and Reconciliation Commission of Canada's Calls to Action.

### Health Status in Interlake-Eastern RHA

Understanding the demographics and health needs of the people that live in IERHA is critical to effective planning of programs and services. The period of reporting for this report reflects the health system's recovery from the global pandemic. While health resources could once more be directed towards health service delivery, the health landscape of Manitobans had changed. Routine immunization programs, including school-based programs, were postponed to prioritize COVID-19 vaccination. Job loss and loss of income, social isolation, mental health impacts, increases in substance use and domestic and family violence reduced access to in-person learning and supports and delayed surgical and diagnostic procedures.<sup>4</sup>

COVID-19 infections themselves also played a role due to staff redeployments in health care and increased absenteeism due to illness across sectors. People who have been re-infected or who are experiencing long COVID-19 symptoms continue to be impacted even though public health measures were removed in spring 2022.<sup>5</sup>

COVID-19 also served to highlight inequities in health outcomes as a result of social and structural health determinants (see sidebar). Interlake-Eastern RHA's 2019 Community Health Assessment (available at <https://www.ierha.ca/about-us/publications-and-reports/>) provides an overview of the health status, determinants of health and health system use of residents who live in the region. Inequity in health status is evident across IERHA and some segments of the population experience a higher burden of illness. The health status of residents is largely driven by the social determinants of health, particularly

## COVID-19 HIGHLIGHTS HEALTH INEQUITIES

The spread of COVID-19 in Manitoba has provided a real-time look at how certain groups and populations experience inequitable health outcomes. Older people, and those with underlying chronic conditions, were at a higher risk of severe disease. Diverse racialized communities have also been more significantly impacted due to underlying inequitable social and structural health determinants, which can be attributed to structural racism. While we can gather data about illness from COVID-19 in real time, the full physical, social and economic impact of this pandemic, including the unintended consequences of public health measures, will not be well understood for years to come.

*Source: Healthy Communities: A Role for Everyone, 2022 Health Status of Manitobans Report from the Chief Provincial Public Health Officer, p. 69*

<sup>3</sup> Manitoba Health Population Report June 1, 2021, <https://www.manitoba.ca/health/population/pr2021.pdf>

<sup>4</sup> *Healthy Communities: A Role for Everyone, 2022 Health Status of Manitobans Report from the Chief Provincial Public Health Officer, p. 57* <https://www.gov.mb.ca/health/cppho/docs/health-status-2022.pdf>

<sup>5</sup> *ibid*

income, with individuals living in lower income areas having higher rates of physical and mental illnesses.

### **Sexually Transmitted Blood-Borne Infections (STBBIs) and Substance Use**

According to the 2022 Health Status of Manitobans Report, STBBIs are the most common infectious diseases of public health importance, with rates significantly increasing over time. Manitoba has been experiencing a syndemic of substance use and sexually transmitted and blood-borne infections (STBBIs) prior to the COVID-19 pandemic. Research shows that “people who have been systemically marginalized (e.g., people who are insecurely housed, people who have experienced trauma and/or abuse, people with low income, and racialized groups) are disproportionately more likely to use methamphetamine compared with others who have not experienced any of these circumstances.”<sup>6</sup> Substance use and STBBIs share these common root causes that make it necessary to address these issues together.<sup>7</sup>

In the period from 2014 to 2018, Interlake-Eastern RHA saw rates of chlamydia, gonorrhoea and syphilis increase by 25 per cent, 253 per cent and 749 per cent respectively.

### **Diabetes and other chronic illnesses**

In Interlake-Eastern RHA, one in 10 residents is diagnosed with diabetes. This is higher than the prevalence of diabetes in Manitoba. In Manitoba, diabetes prevalence among low-income residents was 2.2 times higher than that of highest income residents.<sup>8</sup>

### **Other factors influencing access to health care**

Other factors in the region, including the geographic span and travel time between points of care, contribute to gaps in locally accessible care. In some instances, these gaps occur in primary care and in emergency department care.

While difficult to quantify, the demand for health-care services in Interlake-Eastern RHA increases every summer with the

## Of note in IERHA

from IERHA’s Community Health Assessment – pages noted

- **Life Expectancy:** Depending on the district of residency, female life expectancy in IERHA ranges from 74 to 85 (Manitoba is 82) and male ranges from 66 to 81 (Manitoba is 78) (p. 128-131).
- **Indigenous Life Expectancy:** Life expectancy for all First Nations residents in Manitoba is 11 years lower than the Manitoba average life expectancy.<sup>6</sup>
- **Premature Mortality:** Cancer is the top cause of premature death in the region, followed by circulatory conditions and injury and poisoning (p.136).
- **Late stage cancer incidence:** A higher proportion of residents in the West Zone of IERHA had a late stage cancer diagnosis (27% compared to 19% regionally) (p.154).
- **Cardiovascular:** Heart attack rates have improved over time but disparity still exists at the district level (i.e. residents in Powerview/Pine Falls district are up to twice as likely to experience a heart attack)

<sup>6</sup> Katz A, Kinew KA, Star L, Taylor C, Koseva I, Lavoie J, Burchill C, Urquia ML, Basham A, Rajotte L, Ramayanam V, Jarmasz J, Burchill S. The Health Status of and Access to Healthcare by Registered First Nation Peoples in Manitoba. Winnipeg, MB. Manitoba Centre for Health Policy. Fall 2019. [http://mchp-appserv.cpe.umanitoba.ca/reference/FN\\_Report\\_web.pdf](http://mchp-appserv.cpe.umanitoba.ca/reference/FN_Report_web.pdf)

<sup>7</sup> *Healthy Communities: A Role for Everyone*, 2022 Health Status of Manitobans Report from the Chief Provincial Public Health Officer, p. 46 <https://www.gov.mb.ca/health/cppho/docs/health-status-2022.pdf>

<sup>8</sup> Interlake-Eastern Regional Health Authority Community Health Assessment 2019, p 172 <https://www.ierha.ca/files/382019-Community-Health-Assessment-1.pdf>

arrival of cottagers, campers and other vacationers drawn to the lakes, beaches and natural lands within the region. Travel Manitoba has estimated the number of Manitoba's visitors who travel to and through this region to be 1.32 million people in the Interlake and 2.2 million people visiting the Eastman part of the region.<sup>9</sup>



<sup>9</sup> Travel Manitoba, Interlake Advocacy Toolkit, <https://is.gd/InterlakeTourism> and Eastern Advocacy Toolkit, <https://is.gd/EasternTourism>, based on 2014 Statistics Canada data. Data for Eastman tourism includes rural municipalities located in Southern Health-Santé Sud regional health authority, so estimates will be an over-representation of tourism influence on Interlake-Eastern RHA

# Board Governance

In accordance with The Health System Governance and Accountability Act, Interlake-Eastern Regional Health Authority's Board of Directors is responsible for the region's management and affairs. Directors are to act honestly and in good faith with a view to the best interests of the regional health authority and the health region.

## 2022-2023 Board of Directors



**Changes to the Board:**

Leaving the board in 2022-2023 were Cheryl Smith and Glen West. Welcomed to the board via appointment by the Minister of Health was Steven Brennan.

<b>Executive Committee 2021-22</b>	<b>Executive Committee 2022-23</b>
<ul style="list-style-type: none"> <li>• Board Chair: Glen West</li> <li>• Vice-Chair: Michele Polinuk</li> <li>• Treasurer: David Oakley</li> <li>• Secretary: Judith Cameron</li> <li>• Audit Committee Chair: Charlene Rocke</li> <li>• Finance Committee Chair: David Oakley</li> <li>• Quality and Patient Safety Committee Chair: Michele Polinuk</li> <li>• Education, Policy and Planning Committee Chair: Judith Cameron</li> <li>• Indigenous Health Advisory Committee Co-Chair: Judith Cameron</li> </ul>	<ul style="list-style-type: none"> <li>• Board Chair: Glen West/Michele Polinuk as of March 2023</li> <li>• Vice-Chair: Michele Polinuk /Cyndi Typliski as of March 2023</li> <li>• Treasurer: David Oakley/Murray Werbeniuk as of May 2023</li> <li>• Secretary: Judith Cameron</li> <li>• Audit Committee Chair: Charlene Rocke/Debbie Fiebelkorn as of May 2023</li> <li>• Finance Committee Chair: Murray Werbeniuk</li> <li>• Quality and Patient Safety Committee Chair: Michele Polinuk /Cyndi Typliski as of March 2023</li> <li>• Education, Policy and Planning Committee Chair: Judith Cameron</li> <li>• Indigenous Health Advisory Committee Co-Chair: Judith Cameron</li> </ul>

**Board Liaisons**

Local Health Involvement Groups: West: Judith Cameron and Murray Werbeniuk; East and Central: Debbie Fiebelkorn and Murray Werbeniuk

Patient Experience: Michele Polinuk and Judith Cameron

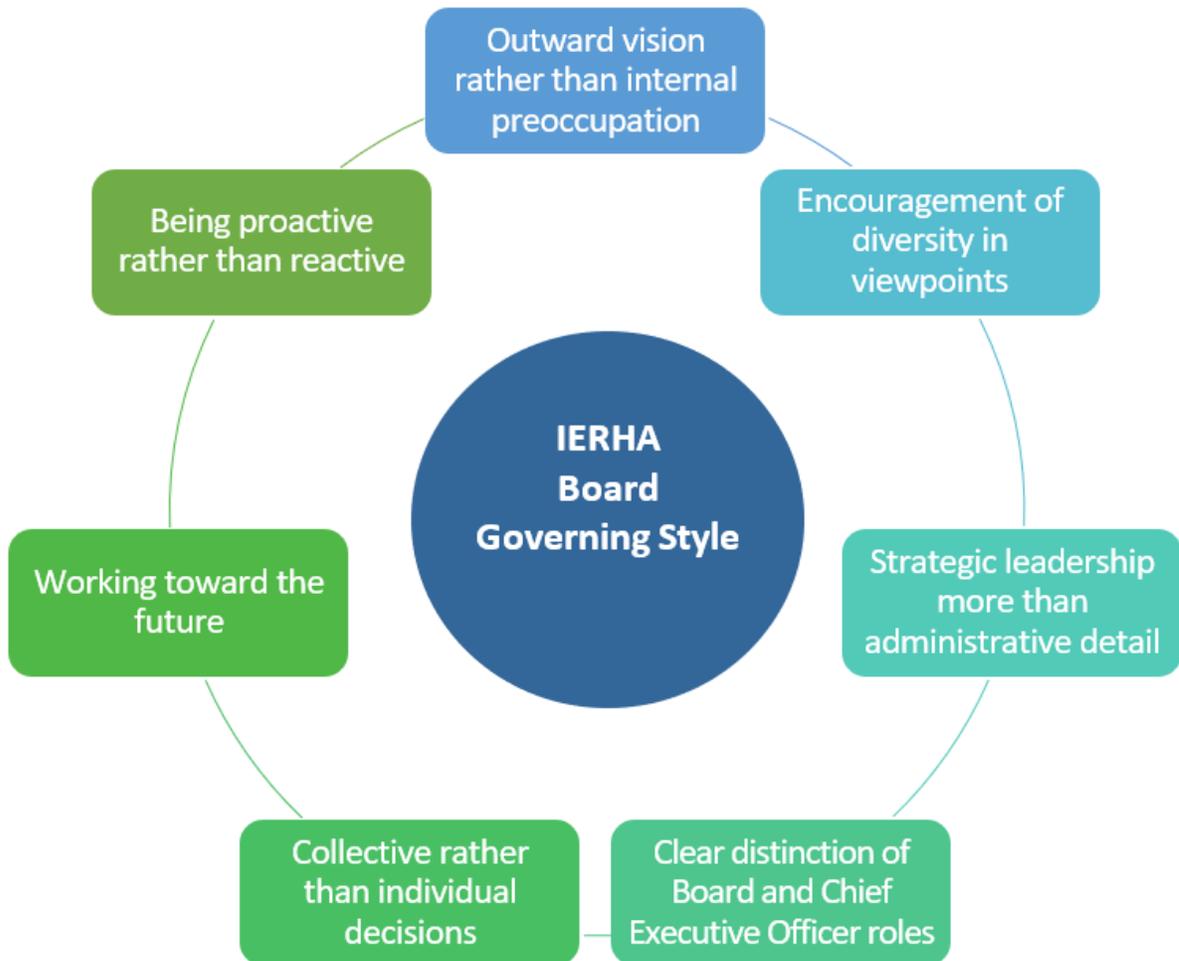
Regional Ethics Council: Judith Cameron

Interlake Eastern Health Foundation: Michele Polinuk

Selkirk Foundation Nomination Committee: Glen West

Regional Family Health and Learning Centre: David Oakley/ Murray Werbeniuk (as of May 2023)

## Board Governing Style



Interlake-Eastern RHA’s board governs with accountability to Manitoba Health provincial priorities and a commitment to obtain input from residents and stakeholders. Board policies ensure compliance with attendance, code of conduct and the governance process and the Board is proactive in initiating and revising its policies.

The Board provides leadership to the Interlake-Eastern Regional Health Authority through the establishment of optimal organizational strategic planning goals, values and policies. It uses the expertise of individual members to enhance the knowledge and ability of the Board and it ensures the continuity of its governance capability through continuing education and development. Board members strive to adhere to Accreditation Canada’s Qmentum program standards for governance that establish effective governance practices and strong accountability mechanisms.

In addition, the board aligns its work with the principles identified in the provincial mandate letter that identifies the requirements of the Board as defined by Minister of Health.

## Important Activities and Decisions of the Board

<b>June 2022</b>	Manitoba Health, performance and oversight division, delivered the <i>Manitoba ABC Good Governance Training</i> to the Board and senior leadership team
<b>August 2022</b>	Senior health risk management specialist with HIROC presented on integrated risk management and risk governance and how <i>the</i> Board can exercise risk management oversight
<b>December 2022</b>	IERHA Indigenous human resources development officer delivered Indigenous cultural awareness training
<b>February 2023</b>	Indigenous health consultant from Blue Wolf Consulting who is also an IERHA board director presented <i>Understanding the Multi-Levels of Government Indigenous People</i>
<b>March 2023</b>	Jordan's Principle & Wellness Services lead Southern Chiefs' Organization Inc. presented <i>Jordan's Principle Education</i>

## Managing Risk

### How do senior leaders demonstrate ownership for key risks?

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.

### What is the organization's plan/framework for identifying, assessing and managing key risks?

Interlake-Eastern RHA's risk assessment is based on annual operational priorities and the risks related to key strategic and operational priorities. Reporting aligns with current operational reports to the board. Using a risk-mapping tool, risks are ranked and actions prioritized. All operational risks are linked to the Manitoba Quality Framework, provincial and regional strategic priorities and Healthcare Insurance Reciprocal of Canada's (HIROC) priorities.

The region continues to use HIROC's web-based risk assessment checklist that allows for compliance evaluation 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. Updates and reporting to the Board occur twice a year. HIROC continues to be a valuable resource in regards to mapping and addressing risks related to COVID-19.

### What are the most significant risks being monitored along with mitigation strategies?

Organizational risks being monitored	
Workforce shortages	Protective services
Ineffective patient flow	Aging infrastructure
Systemic racism	Workers Compensation Board/disability management
Recall and alert management	Performance based system
Reputational and patient outcome	

## Stakeholder Consultations

Interlake-Eastern RHA leadership meets regularly with elected leaders and community members as part of planned meetings and through informal individual communication.

### Community-Based Meetings

Elected officials and interested community members comprise the North Eastman Community Health Committee that typically meets every second month. Interlake-Eastern leadership will present on topics as requested or as needed. These meetings are opportunities to help increase understanding of health-care service delivery and effectiveness of the regional health authority's activities.

Similarly, the Interlake Healthcare Sustainability Committee's mandate is to bring together communities, municipalities, health-care representatives and appointed members from the Interlake to discuss local health-care issues in order to provide a forum to plan and implement solutions.

In the northwest part of the region, Interlake-Eastern RHA was invited to participate in the Rural Municipality of West Interlake's strategic planning sessions that also included representation from business, community, RCMP and social services from across the RM. Two facilitated meetings provided guidance required for the development of the RM's strategic plan.

Interlake-Eastern RHA continues to participate in collaboration tables with representatives from Southeast Resource Development Council (represents eight First Nation communities in Manitoba's southeast) and Interlake Reserves Tribal Council Inc. (represents seven First Nations communities in the Interlake). Priorities for these groups are to identify opportunities for improvement from patient experiences, improve connections required for patient discharge planning, increase access to services and identify and act on opportunities for collaboration.

### Local Health Involvement Groups

Local Health Involvement Groups (LHIG) are comprised of Interlake-Eastern RHA residents who care about health and health services. These groups explore and provide input to the Board of Directors on issues that impact the delivery of local health services. Membership on the east-central or west LHIGs is meant to be a cross section of regional residents. During fiscal year 2022-23, our LHIGs met as one group virtually. The conversations provided direction on the development of Interlake-Eastern RHA's new website. The RHA also shared results from an ongoing survey of hospital in-patient experiences.

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Please consider contributing to health-care planning as an LHIG member. Please visit: [www.ierha.ca](http://www.ierha.ca) > "About Us" > "Community Involvement" > "Local Health Involvement Groups"

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## Consulting Patients and Clients

Surveys of health service users help to guide improvements. Information provided is integrated into action plans for improvement, as measured by subsequent surveys.

### **Mental health and addictions**

In February and March 2023, 96 individuals who received mental health and addictions care in the region and 18 family or natural supports responded to questions on three domains related to care provided: service access, service collaboration and service quality. Among both audiences, responses were positive (as evidenced by the selection of strongly agree and agree) and were within the 90 per cent indicator target for a positive service experience report.

*“I’m very thankful for the services provided. I just wish I could have had access sooner as I had to wait 2-3 months before I was finally able to see someone.”*

*“I was given all the tools necessary to overcome my problems. I have zero complaints. I was more than satisfied with my treatment.”*

*“This program has helped me a lot with my mental health and the challenges I face every day. Thank you for being there!”*

### **Home care**

In March 2022, home care clients were surveyed on the care they were receiving. Approximately 1,500 surveys were distributed. We received 416 responses. Clients identified staff were friendly, professional and courteous. Overall, results were very positive. Clients were satisfied with services, and service delivery was meeting needs. Areas for improvement included concerns over cancelled calls/change of calls (i.e. communication) and some clients found staffing to be inconsistent and rushed.

*“All the ladies & gentlemen that come here treat me as a person not an old lady that needs help. Everyone sent here is very precious and like family.”*

*“HC Worker to be allotted more time to complete their task with me. Everything always Rush-Rush-Rush!...”*

*“Their visit is the highlight of my day and we share many giggles together. Everyone is so pleasant & helpful.”*

### **Acute care – in-patient**

The Canadian Patient Experiences Survey — Inpatient Care is a standardized questionnaire for patients about the quality of care they experienced during inpatient stays in an acute care hospital. This tool is available through the Canadian Institute for Health Information. We released annual reporting data for 2021-2022 in April 2023. We received 866 surveys (34 per cent response rate). Patients tell us we’re performing well in nurses explaining things, doctors listening carefully, staff doing everything for pain, and knowledge of prescribed medications at discharge. Areas identified for improvement included support for anxiety, fears and worries; involvement in care decisions; information needed about condition and treatment during hospital stay; and better understanding about condition post hospitalization. Overall, combined patient responses ranked their overall experience of care in the

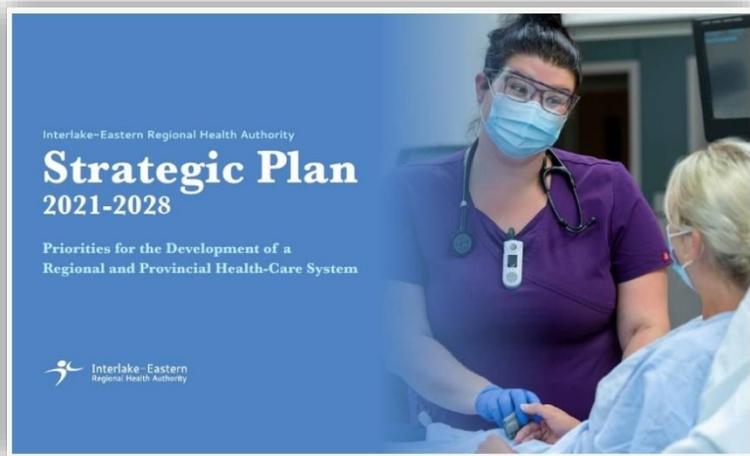
region's hospitals at 68 per cent, which correlates with "very good." This is slightly below the provincial target of 69 per cent. Management in each hospital has created and implemented a work plan to address site specific concerns.

## Our 2021-2028 Strategic Plan

Over two days in May 2021, Interlake-Eastern RHA's board of directors were joined by more than 90 stakeholders to begin identifying the elements of the region's strategic plan. Guiding development of our plan were elected municipal officials, members of our local health involvement groups, First Nation health directors, educators, affiliated health organization representatives, staff and physicians. Health system leaders participated by conveying provincial context for health care in regards to health system transformation and clinical and preventive services planning.

The conversations generated with stakeholders at these planning days and consultations with participating staff provided us with the guidance we required to develop a strategic plan that addressed regional and provincial priorities.

Introduced publicly in the summer of 2021, the region's strategic plan reflects provincial and regional priorities and identifies Interlake-Eastern RHA's role in health service delivery and contributing to a healthier society. This strategic plan guides the activities defined in the region's annual operating plan.



Read more: <https://www.ierha.ca/about-us/community-involvement/strategic-plan/>

## Ensuring the Region’s Strategic and Operational Plan is Implemented

Interlake-Eastern RHA’s board of directors has adopted a strategy planning, evaluation and change cycle that centralizes community engagement in health-care service delivery.

### Interlake-Eastern RHA’s Strategy Change Cycle

(Adapted from John M. Bryson, 1995)



Within our strategic planning process, we have established opportunities for engagement with our partners. These include our six strategic steering committees, our regional health advisory council and our annual strategic plan review with all planning partners.

- **Strategic Steering Committees**

For every strategic goal identified in the strategic plan, we have established a strategic steering committee. Members of these six committees collaboratively plan, monitor, evaluate and report on the implementation and achievement of the strategic goal over the lifetime of the Interlake-Eastern RHA strategic plan. These committees meet at the call of the committee leads. They represent strategic partnership among Interlake-Eastern Regional Health Authority, community leaders and members of the public.

Each strategic steering committee’s objective is the identification of priorities for action that will move the organization closer to achieving the strategic goal. Committees have established workstreams for year-by-year comparison of progress over the duration of the plan.

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Please consider contributing to health-care planning as a strategic steering committee member. Visit: [www.ierha.ca](http://www.ierha.ca) > “About Us” > “Strategic Plan” and click on “Strategic Steering Committee”

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- **Regional Health Advisory Council**

The council's purpose is to collaboratively lead the development, implementation and review of the IERHA strategic plan and health-care delivery in the Interlake-Eastern region. It represents strategic partnership among Interlake-Eastern RHA, Manitoba government, Shared Health, local government, Indigenous partners, community health partners, physician partners and members of the public. The council met in April and September 2022.

- **Annual Strategic Plan Review**

An annual meeting with stakeholders provides opportunity to assess progress and challenges, identify if adaptations need to occur, and validate if we're on the path to achieve our vision as planned. This review occurred in November 2022 and meeting details are available on IERHA's website [here \(https://www.ierha.ca/about-us/community-involvement/strategic-plan/annual-strategic-plan-review/\)](https://www.ierha.ca/about-us/community-involvement/strategic-plan/annual-strategic-plan-review/).

Presentations included:

- Provincial Indigenous Collaboration – Charlene Lafreniere, chief Indigenous health officer Northern Health Region and Transformation Management Office, and Paul Barnard, IERHA director health services, regional Indigenous health partnership
- Population and Public Health Realities in Manitoba – Dr. Brent Roussin, chief provincial public health officer, and Dr. Tim Hilderman, IERHA medical officer of health, Manitoba Health
- Shared Health Diagnostics Services – Dr. AbdulRazaq Sokoro, executive director, provincial laboratory operations, Diagnostic Services Shared Health
- Shared Health Emergency Response Services – Dr. Rob Grierson, chief medical officer, Shared Health, Emergency Response Services
- Rural Physician Workforce – Dr. Charles Penner, regional lead, medical services & chief medical officer
- Strategic Steering Committee – Strategic Goal Updates – IERHA leadership
- Clinical Preventative Services Plan – IERHA CEO

The meeting provided opportunity for discussion among participants. At the end of the meeting, 78 per cent of participants who responded to a poll said they were provided with an appropriate amount of information about key initiatives underway and that the RHA is meeting its objective to integrate regional planning with provincial objectives. The planning committee for the annual strategic plan review is taking participant feedback into consideration for the next annual plan review session planned for November 2023.

## Monitoring and Evaluation

A number of monitoring and evaluation processes are in place that inform the operations of the Board as a whole and its sub-committees.

The Board meets 10 times a year. The CEO's report to the Board provides a high-level overview of progress in strategic and operational priorities that support the achievement of regional goals as defined in the strategic and operational plan. The regional quality, patient safety and accreditation process provides the Board with quarterly reporting on the goals identified as part of the provincial health

system dashboard and the region's strategic plan. The balanced scorecard management tool used regionally highlights strategic objectives, key drivers, projects and initiatives underway, and targets to measure success.

The CEO and senior leadership, as requested by the Board, are available to address the areas of reporting for which they are accountable.

### **Board Performance Evaluation**

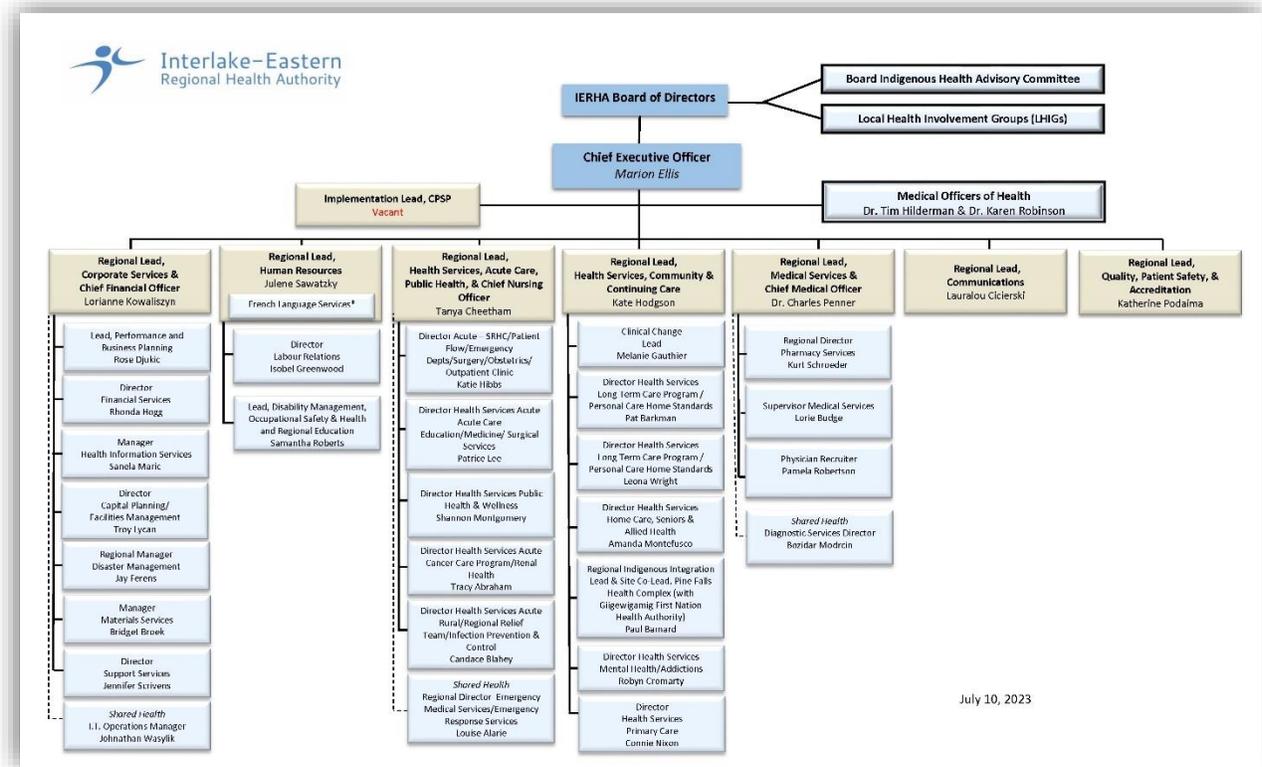
In August 2022, the Board completed an accreditation-approved survey: the Governance Functioning Tool (GFT). Governing bodies use this 34-question tool to evaluate their own functioning and identify areas for improvement. The intent is to complete the survey annually.

With an aim to demonstrate leadership in an inclusive proactive environment, the Board has adopted a skills matrix tool to help identify the skills, knowledge, experience and capabilities that directors require to meet current and future needs of the IERHA. The matrix is part of the Board's annual work plan. It is completed annually as a self-evaluation by each director, helps to gauge diversity on the board and identifies areas where training or experience may be needed as changes to the board occur.

From a summarization of matrix submissions prepared by the Board chair, Board executive and the Education Policy and Planning Committee refer to the skills, knowledge and needs of the Board. The summarized responses are used by the committee to prepare the annual education plan for discussion and action by the board. Board members regularly monitor and discuss process and performance through evaluation, ensuring governance compliance. Individual members' expertise enhances the capability of the Board. Continuing education/development are encouraged to enhance skills and knowledge and increase the capacity of the IERHA Board.

# Organizational and Advisory Structure

Recognizing program requirements and the need for a structure that incorporated accountable leadership, director positions were created for mental health, primary care and Indigenous health positions.



# Evaluating Performance



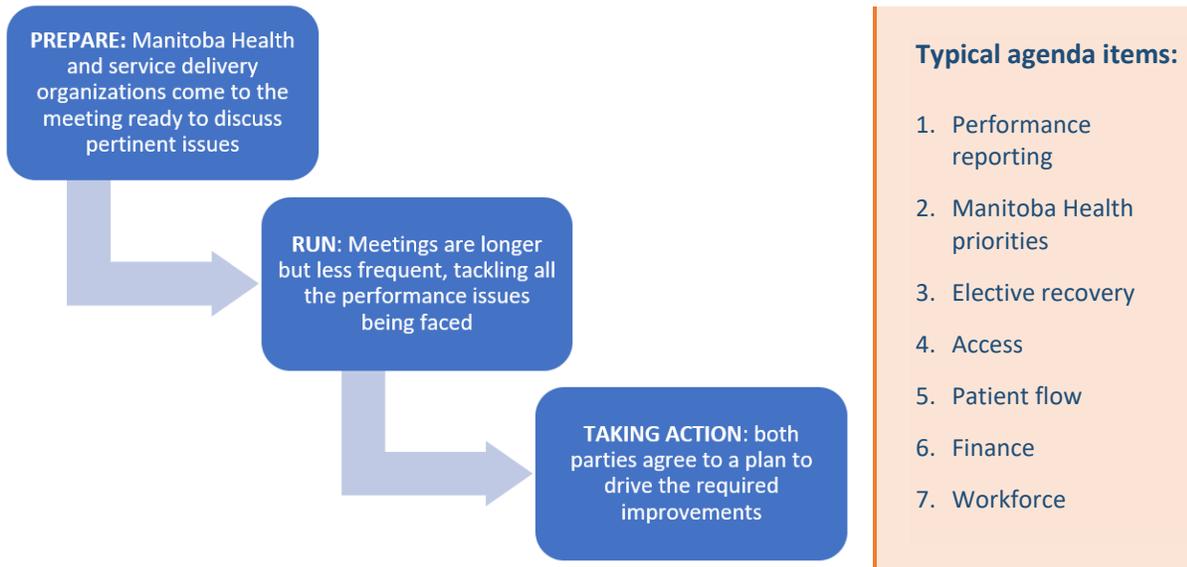
## Engagement with Provincial Performance and Oversight Division of Manitoba Health and Seniors Care

The Health System Governance and Accountability Act, which amends the former The Regional Health Authorities Act, consolidates administrative services related to health care and centralizes the delivery of certain health services across Manitoba. It effectively paves the way for improved integration of the provincial health system. In addition, all health authorities must enter into an accountability agreement with the minister and prepare annual strategic and operational plans for approval.

The Department of Manitoba Health and Seniors Care has created a Performance and Oversight Division. The division is monitoring performance of service delivery organizations against their accountability agreements, their annual plans and provincial mandates. Bilateral performance meetings are designed to identify and address challenges in improving health system performance. The meetings prioritize managing health system enterprise risk and active monitoring to assess variations from the approved plan. The most effective and targeted intervention strategies drive performance improvements within and across SDOs.

This well-established model is used in many high-performing health systems and is being implemented in Manitoba through a health transformation project called Commissioning and Accountability Management. Commissioning and accountability are closely linked to provincial clinical and preventive services planning as well as quality, patient safety and accreditation work.

### Bilateral performance meetings – an overview



We've participated in four bilateral meetings and we are benefitting from the process to move towards a "one health system" mindset. This process highlights opportunities to reach out to other service delivery organizations to capitalize on existing learning. In addition, direction is provided on regional areas of focus in order to contribute to provincial objectives.

### Provincial Reporting: Health System Performance Dashboards

Manitoba is transforming the delivery of health-care services to improve access to consistent, reliable health care across the province. At the same time, the provincial direction is moving towards increased transparency in reporting on the performance of health care as the system progresses towards goals of:

- Improved access
- Improved health service experience
- Improved health system sustainability

As health system transformation moves forward, the province has set goals to improve outcomes for Manitobans and the long-term sustainability of the system, as well as support informed-decision making and enhanced accountability. The focus of Manitoba's health system is evolving from acute care to care delivery that is focused at home or in the community. Supporting prevention, better management of chronic disease and accessible care helps people age well, with dignity, at home.

Interlake-Eastern RHA is contributing to these goals, which have been integrated into regional strategic planning. Regional data is reported in a provincial dashboard that helps assess trends in health system performance at a provincial level. The dashboard will evolve as the system does, ensuring quality indicators are reflecting how all components of the system work together to meet the needs of Manitobans. These dashboards are available publicly online at <https://www.gov.mb.ca/openmb/infomb/departments/dashboard/index.html>.

## HIGHLIGHTS FROM THE YEAR

Interlake-Eastern RHA is focused on providing sustainable, accessible and integrated care to improve health status and outcomes in all our communities. We’re sharing a few highlights that emphasize how we have enhanced programs and services in 2022-2023. For more details on regional initiatives completed and in-progress, please refer to Appendix 1.

Zachary Wipf was Selkirk Regional Health Centre’s 2023 New Year’s baby. He was born Jan. 4, 2023, to parents Wanda and Samuel Wipf from Arborg. Zachary has four siblings: Noah, 9; Logan, 7; Lindsay, 6; and Jackson, 3.

The obstetric unit in Selkirk is the region’s birthing hub. Composed of eight beds, all rooms in this unit are private with a comfortable space for partners or other family members to rest. Natural light brightens up the space. It’s equipped with everything needed for low-risk deliveries, including caesarean deliveries.



### In-region births 2018 to 2022

Facility	2018	2019	2020	2021	2022
Selkirk Regional Health Centre	404	406	373	446	413
Other hospitals in region	7	12	9	10	11
Overall Delivery Total*	411	418	382	456	424

\*includes caesarean sections and born before arrival

## Increasing Cancer Screening Rates

Our most recent Community Health Assessment identified that overall cancer incidence for Interlake-Eastern residents has increased from 509.2 to 511.8 per 100,000 residents, which is significantly higher than the Manitoba rate. The western (541.6) and northern (551.4) parts of the region had cancer incidence rates significantly higher than the Manitoba rate (478.4).

To help us identify barriers as to why our population may not partake in the screening programs, we established two cancer navigation community engagement liaisons to help us assess solutions to barriers and create an equitable and consistent uptake of screening programs. These liaisons attended six community events, in addition to career fairs, with the giant colon display. We are promoting the new fecal immunochemical test (FIT) for colon cancer screening. This test requires only one fecal sample instead of the fecal occult blood test (FOBT) test that requires three samples.

In addition, we provide space for CancerCare Manitoba's mobile breast screening program and support the cervix screening program through public promotions in community.



Students from Hollow Water First Nation tour a multi-media display of the interior of the colon. The 20-foot-long by 10-foot-high giant colon immerses people in the interior of a colon to see how it works and the importance of regular screening. Upon invitation, this display accompanies cancer navigation staff to First Nation treaty days, health fairs and career fairs. The colon provides an opportunity to engage with the public on important topics of health that can be difficult for some people to address.

## Ashern-Hodgson My Health Team: Manitoba's First Indigenous-led My Health Team

The Ashern-Hodgson area My Health Team brings together care providers and community members who work together to make sure people get the care they need, when they need it. Residents in the Ashern-Hodgson area are targeted in order to meet their specific needs.

Steering committee representation for this My Health Team includes physicians who practise in Hodgson, Ashern and Eriksdale in hospitals and clinics and First Nation communities. This team also includes partnerships with First Nation communities of Pinaymootang, Lake Manitoba, Little Saskatchewan and Peguis as well as Manitoba Health, Shared Health, Omgomiizin Health Services and First Nations and Inuit Health. In addition, representatives from Interlake-Eastern RHA, Manitoba Health and Shared Health participate on the steering committee.

Guidance and understanding of local health-care needs has seen the team hire a chronic disease nurse based in Ashern and two mental health and addictions workers, one based in Hodgson and one in Ashern. Each of the mental health workers have full caseloads and waitlists. Two additional mental health and addictions workers are being hired to deliver care on this team's First Nations communities. The team is actively seeking a physiotherapy service provider and is exploring options to bring this care closer to home.

Service expansion for this team has included providing Percy E. Moore Clinic with access to IERHA's electronic medical records. Health centres in Peguis and Fisher River First Nations have requested access as well. The ability to access and update patients' medical records greatly contributes to maintaining the continuum of patient care.

## Implementation of Stevenson Review Recommendations

Following the COVID-19 outbreak-related deaths and illness that occurred in the fall of 2020 within long-term care, the Manitoba government commissioned Dr. Lynn Stevenson to lead an external review. The ensuing report offered 17 recommendations, all of which were accepted by the provincial government for implementation.

Recommendations were grouped in to four key themes:

1. Resident safety
2. Staffing complements
3. Pandemic preparedness
4. Communication with families and staff

Interlake-Eastern RHA has implemented Phase 1 of recommended staffing increases in all licensed personal care homes. These positions include rehab aides and equitable access to occupational therapy, housekeeping, infection prevention and control staff, and clinical staff including nurses and health-care aides.

In addition, eChart has been implemented in all personal care homes providing care providers with access to lab results for residents in a more timely manner.



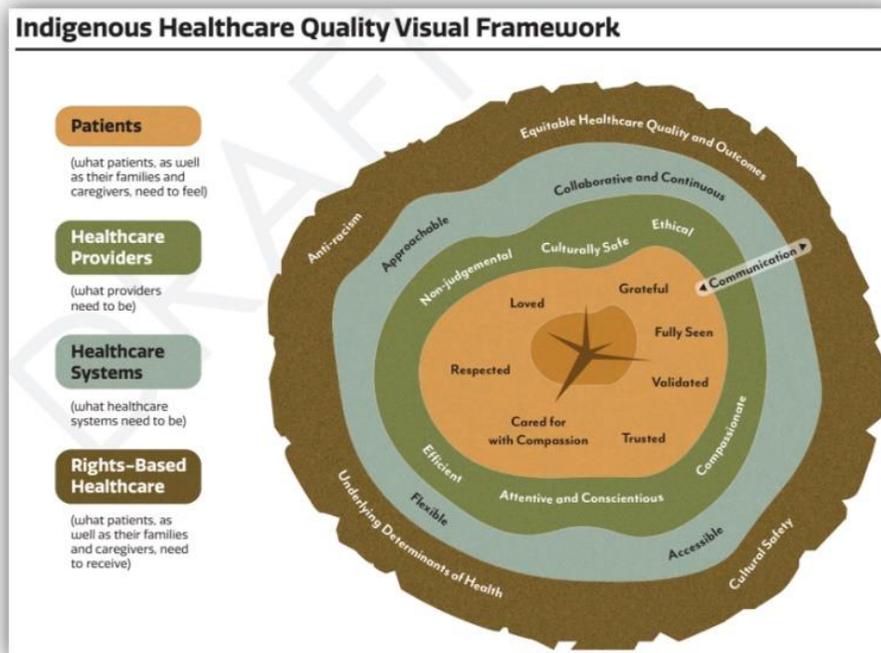
## A Framework to Guide Indigenous Health-Care Quality Improvement

In June 2022, Ongomiizwin Indigenous Institute of Health and Healing and the George and Fay Yee Centre for Healthcare Innovation introduced the [Indigenous Healthcare Quality Framework](#)<sup>10</sup> that they developed in partnership. While still in a draft version, this work was informed and guided by the voices of the Indigenous Advisory Council, who were brought together through this partnership to develop the framework. Its purpose is to lead Indigenous health-care quality improvement in Manitoba by:

- Guiding policy and program planning, implementation and evaluation regarding matters impacting the health of Indigenous peoples in Manitoba.
- Creating awareness of the needs of Indigenous patients for the achievement of Indigenous health-care quality.
- Describing what is needed of health systems and health providers to achieve Indigenous health-care quality.

Despite evidence of inequities and disparities in health and health-care based on race, the framework reflects evidence that health systems' quality and performance by race are often not measured. It identifies the need to collect and monitor health-care system data to identify where disparities exist.

In March 2023, Interlake-Eastern RHA announced its participation in a provincewide initiative to collect race, ethnicity and Indigenous identity data as a consent-based (voluntarily disclosure) initiative upon registration in hospitals. The collection of this data and the subsequent monitoring of health-care quality and performance by race and ethnicity will contribute to the efforts to address inequities, and in particular to dismantle and eliminate multi-level racism within the health-care system. Data collection began in May 2023.



The Indigenous Health-care Quality Framework is presented with the aim of working alongside the existing [Manitoba Quality and Learning Framework](#) (<https://sharedhealthmb.ca/files/quality-and-learning-framework-2019.pdf>)

<https://umanitoba.ca/ongomiizwin/sites/ongomiizwin/files/2022-07/Indigenous%20health%20care%20quality%20framework.pdf>

## Expansion of Selkirk Rapid Access to Addictions Medicine (RAAM) Clinic

In June 2022, Selkirk’s RAAM clinic received an additional \$538,000 investment to increase services from one day per week to five days per week. This investment included salary dollars for physicians, nurse practitioners, community addiction nurses, addictions counsellors and administrative staff. RAAM clinics provide accessible, timely and trusted care that is low barrier and free from judgment. The team of care professionals is understanding and compassionate.



Clinic opening Nov. 2018	June 2022
1.0 nurse 0.2 physician 0.5 counselor	2.0 nurses 0.6 nurse practitioner 0.4 physician 1.0 counsellor 0.5 clinic admin
1 day per week assessment service	5 days per week assessment service
Some patient referral from ED	Improved patient referral from ED

## Provincial Diagnostic and Surgical Recovery Task Force

The Manitoba government established the Diagnostic and Surgical Recovery Task Force to identify and implement short- and long-term solutions to reduce surgical and diagnostic waitlists, shorten wait times for patients and build capacity for long-term health-care system resilience.

So far, the Manitoba government has committed \$240 million to support initiatives implemented through the task force. As of March 31, 2023, 132 separate initiatives were proposed, reviewed, approved and funded through the DSRTF, which have resulted in:

- a total of 72,391 more diagnostic and surgery procedures completed and
- an overall 42 per cent reduction in COVID-19 backlogs.

Interlake-Eastern RHA is contributing to the Provincial Diagnostic and Surgical Recovery Task Force objectives by seeing more patients who require endoscopy procedures.

### Expanding Delivery of Endoscopy Procedures

We've adding two additional days of endoscopy procedures in Beausejour Health Centre and added a second endoscopy suite at Selkirk Regional Health Centre that operates five days a week.

Additional procedures began in Beausejour in October 2022 and in Selkirk in December 2022. Visiting endoscopists from Winnipeg contribute to delivering procedures out of Selkirk.

Established to evaluate processes associated with surgical patients and identify improvements. the region's perioperative working group is comprised of nurses and physicians. The structure of operating room nursing leadership reflects the recommendations of this group.



Physicians and staff members of Selkirk Regional Health Centre's endoscopy team smile for the endoscope camera.

### Endoscopy procedures performed in Interlake-Eastern Regional Health Authority

	2021-22	2022-23	% increase
<b>Selkirk Regional Health Centre</b>	2,479	3,410	37.5%
<b>Beausejour Health Centre</b>	2,306	2,432	5.5%
<b>Total</b>	<b>4,785</b>	<b>5,842</b>	<b>22%</b>

## Province's Sixth Youth Huddle opens in Selkirk

The end of January marked a new beginning in Selkirk with the official opening of the province's sixth youth Huddle developed in conjunction with Peguis First Nation.

Huddle is a safe space for youth aged 12 to 29. A diverse team of counsellors and medical staff offers free trauma-informed and culturally safe health services in a youth-friendly atmosphere. Services can include mental health, substance use, primary care, peer support, social services and Indigenous programming.

Peguis First Nation's Huddle reflects collaboration with the Lord Selkirk School Division, Manitoba Justice, Child and Family Services, the Royal Canadian Mounted Police, Canadian Mental Health Association and Interlake-Eastern Regional Health Authority.

Selkirk Huddle is located at 102-620 Manitoba Ave. It has already started delivering youth programming.

- 24.3 per cent of Selkirk's population is aged 10 to 29 years of age.
- According to the 2016 census, a total of 33,520 residents in Interlake-Eastern RHA self-identified as Indigenous, which represents 27.3 per cent of all Interlake-Eastern residents. At 35 per cent, Selkirk Zone has the region's third largest proportion of Indigenous populations.
- Approximately one out of three private households in Selkirk Zone are lone-parent families.
- Among the 18+ population in Interlake-Eastern RHA, Selkirk District has the second highest percentage of residents diagnosed with mood and anxiety disorders at 26.8 per cent, which is significantly higher than the provincial average of 23.2 per cent.

\*Data found within Interlake-Eastern RHA's 2019 Community Health Assessment



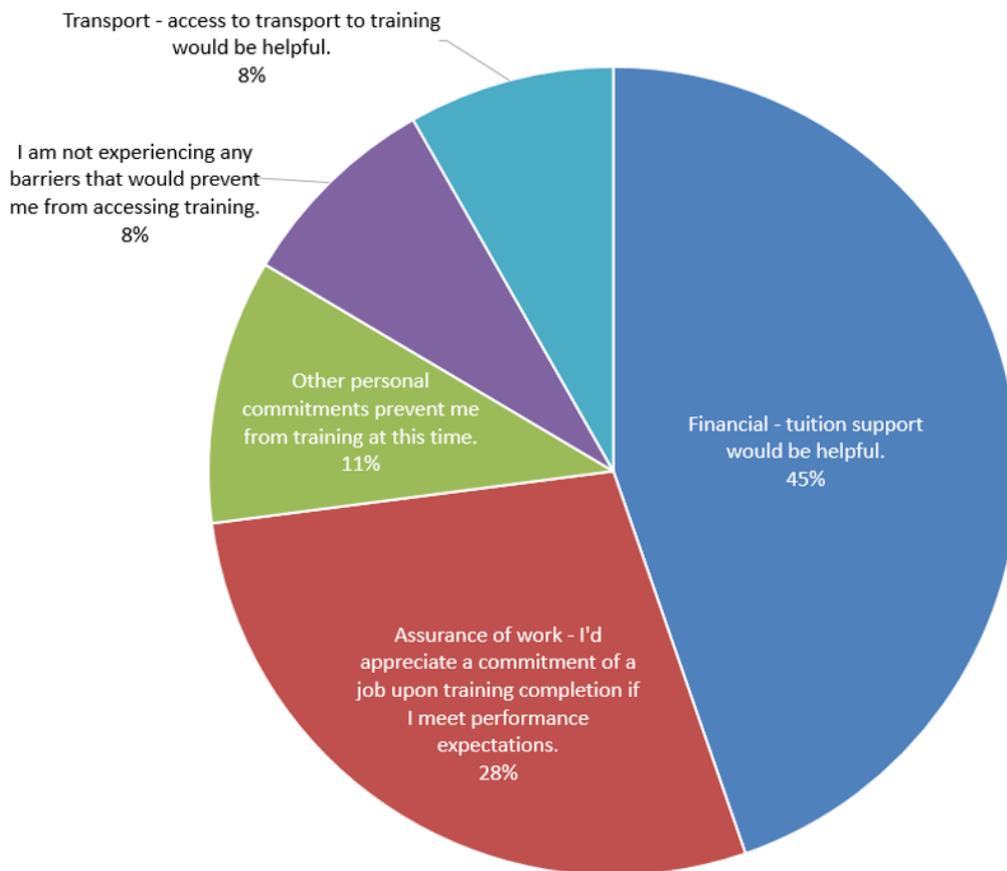
Left to right: Sequoia May, Selkirk Huddle youth representative; Jen Parkman, mental health clinician; and Connie Nixon, Interlake-Eastern RHA's director of health services - primary care, in the room at Huddle where Sequoia has said she and her friends will likely spend most of their time hanging out.

## Staff and Community Members Guide Investments in Training

Interlake-Eastern RHA in partnership with Fieldstone Ventures Education and Training Centre developed a survey for IERHA staff completion, identifying staff training needs and seeking guidance on areas of focus. Thirty-eight staff members invested time in completing the survey and those who indicated an interest in speaking more about training opportunities have been contacted. Responses will contribute to regional and provincial employee development initiatives.

In addition, a public survey was developed to identify areas of interest for training, training location and a few other objective. Members of the public identified the following as aspects that would prevent them from pursuing training.

Public Survey: Are there any barriers preventing you from accessing training?  
59 respondents



## Benefiting from Training Partnerships

We have invested in growing community and post-secondary partnerships, including relationships with Fieldstone Ventures adult learning centre that services the northwest part of the region in addition to provincial educational institutes Assiniboine Community College and Red River Polytechnic. A number of health career training courses, particularly courses for health-care aides and licensed practical nursing, have proven to be valuable generators of new staff for the region.

Since 2010, Assiniboine Community College has offered the licensed practical nursing program more than 10 times in the Interlake-Eastern region in Ashern, Selkirk, Pine Falls and Arborg. Interlake-Eastern RHA hired 16 of 25 graduates from the most recent graduating class in Arborg.

Most recently, Assiniboine Community College launched a practical nursing diploma program in Arborg in September 2022 with capacity for 25 students.

Practical nursing is the largest single program of study at Assiniboine, with 100 per cent of graduates surveyed reporting they had jobs. Since 1975, more than 4,200 individuals have graduated from nursing programs offered by the college.



*Left to right:* Mark Frison, president of Assiniboine Community College; Hon. Derek Johnson, MLA for Interlake-Gimli and Minister of Agriculture; Marion Ellis, IERHA CEO; Julie Bergner, manager of Fieldstone Ventures Education and Training Centre Inc. in Ashern; Peter Dueck, mayor of Arborg; and Brian N. Johnson, reeve of the R.M. of Bifrost-Riverton at the opening celebration of the newly renovated LPN training site in Arborg.

## Interlake-Eastern Regional Health Authority achieves SAFE Work certification

We've successfully implemented a health and safety program that meets the standards of the Manitoba Association for Safety in Healthcare program and Manitoba's SAFE Work Certification. We are the first regional health authority to become certified.

SAFE Work Certified is built around the safety essentials of leadership commitment, hazard identification and risk control, and employee participation to develop or improve an occupational safety and health program.

To demonstrate the effectiveness of a robust safety management system for staff, the RHA participated in a pilot project with SAFE Work Manitoba and the Manitoba Association for Safety in Healthcare (MASH).

MASH is the industry-based service program for Manitoba's health-care industry under SAFE Work Manitoba.

From Feb. 13 to March 10, three auditors from SAFE Work Manitoba visited Interlake-Eastern RHA facilities. During their visits, they spoke with staff to learn about their safe work procedures and gain a better appreciation of staff's understanding and adoption of these work processes.

To maintain our certification, we will continue to conduct internal audits and host an external audit again in 2026.



*At back (left to right): Jacques St. Hilaire, surveyor; Marion Ellis, CEO; Tonya Nelson, director of safety programs, Man. Assoc. for Safety in Healthcare; Cameron Benedictson, IERHA OSH officer; Lea Doomernik, IERHA OSH administrative assistant; Steffan Ojah, IERHA OSH officer; Bonnie Peloski, IERHA WSH committee member representative, Selkirk offices. At front (left to right): Michelle Gawronsky, surveyor; Quinn Reis, surveyor; Samantha Roberts, IERHA lead for occupational safety and health, disability management and regional education; and Alyssa Rowe, IERHA OSH officer. Missing: Susan Beddall, IERHA WSH committee member representative, Kin Place, Oakbank.*

## Adopting HandiAudit

A provincial working group was formed to develop standards and tools for hand hygiene compliance monitoring data collection and reporting. Interlake-Eastern RHA piloted an evidence-based hand hygiene auditing system in September 2022 at Selkirk Regional Health Centre.

Since that time, this tool has been implemented in all RHAs provincially. HandiAudit provides accurate and consistent handwashing compliance measurements. It helps hospitals improve patient safety through better understanding of hand hygiene behaviour. It was anticipated that a move to this objective

auditing tool would impact compliance rates. The provincial hand hygiene audit working group expected hand hygiene compliance rates would decrease as this new platform provides a more robust opportunity to see where we need to enhance our understanding and make process improvements. This new tool has allowed us to recognize missed opportunities for hand hygiene, and by identifying them and changing practice, we will further increase patient safety. Our biggest challenge at the moment is finding auditors. We have trained multiple auditors that have yet to complete any auditing; therefore, we are having issues meeting our targets.



## Chair's Award for Excellence in Customer Service

The Chair's Award for Customer Service recognizes Interlake-Eastern RHA staff members who repeatedly go above and beyond to reflect our vision, mission and values.



**Amy Henry**

Adult speech language therapist

Leana Smith, clinical team manager for the home care program, nominated co-worker Amy Henry, adult speech language therapist. Amy is dedicated to continuing education and has a special talent for mentoring new staff and students.

“Amy has a smile on her face, a 'can do' attitude, and goes above and beyond for all patients, clients and families in the region” Leana said.



**Erin Fontaine-Walsh**

Clinical resource nurse

Ellen Reimann, clinical team manager at Stonewall Hospital, nominated clinical resource nurse Erin Fontaine-Walsh. Ellen tells us Erin is welcoming to new staff and mentors everyone with kindness and understanding.

“She is patient, kind, attentive, knowledgeable and has critical thinking skills beyond compare. She is outstanding at communicating with our patients’ families and advocates for our patients as if they were her own family,” Ellen said.



**Katelyn Lang**  
Occupational therapist

Trina Lussier, rehab aide at Eriksdale Hospital, nominated her co-worker Katelyn Lang, occupational therapist in Ashern.

Katelyn is one of a team of occupational therapists who help rehab aides like Trina get patients rehabilitated and safe to discharge and get home.

“The time and effort that Katelyn spends on each client/patient in order to do this is extraordinary. She goes above and beyond her duties to make sure the patient is going to succeed at home,” Trina said about Katelyn.



**Judy Kehler**  
Health-care aide

Charlene Kaartinen, health-care aide at Eriksdale Personal Care Home, nominated her co-worker Judy Kehler, who is also a health-care aide.

“Judy takes her job seriously. I see that she treats residents like family, building relationships with them. I feel confident knowing that all tasks were completed correctly and accurately by the end of shift, as well as knowing that all of the residents’ needs were met,” Charlene said.

## Canadian Patient Safety Week

Interlake-Eastern RHA's Services to Seniors team was the recipient of the provincial Canadian Patient Safety Week award for their "From Silos to Solutions" project.

When the pandemic first started, many older adults were terrified to leave their homes due to fear of getting sick. Services to Seniors initiated education and information sessions with the Services to Seniors agencies to ensure they remained open and that no service disruption occurred wherever possible during the pandemic.

"A lot of our Services to Seniors' agencies thought they had to close during the pandemic. This would have left many of our older adults without support and put an increased burden on home care. We educated our partners on infection prevention and control (IP&C). We developed contactless delivery for congregate meals. We held education sessions for IP&C, risk assessment, best practice service provision and providing services in homes with aerosol generating medical procedures," said Services to Seniors co-ordinator Bev Airey.

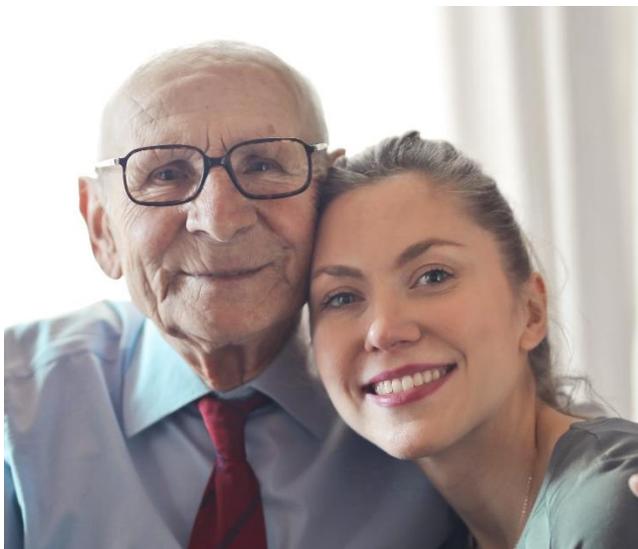
"By educating our boards and their staff, we were able to bring all agencies back up and

running and providing services. Our goal is to keep our older adult population safe in their own homes for as long as possible, and continuing this very important work throughout the pandemic proved vital."

The Services to Seniors team worked hard to instill confidence in both our Services to Seniors agencies and the older adults who rely on them for so much. They developed algorithms for best practice to provide services both in the community and in the office.

The runners-up were two projects submitted by the SRHC surgery team. One was for the NEWS2 Early Warning Score patient monitoring system that improves the detection and response to clinical deterioration in patients to prevent adverse patient safety incidents. The other submission involved putting elderly persons near the nursing desk to keep a closer eye on their recovery.

This contest was a joint effort between Shared Health and Manitoba service delivery organizations to recognize the initiatives and approaches that Manitoba health-care teams have developed and implemented over the past year in support of safer care for older adults.



# CEO Award for Community Leadership

Fieldstone Ventures manager Julie Bergner is this year's recipient of Interlake-Eastern Regional Health Authority's CEO Award for Community Leadership. This award acknowledges the work of Julie and Fieldstone Ventures' team, including Becky O'Sullivan, to help people progress to meaningful careers through education. Actively involved in the community, Julie also serves as a board member for Living Independence for Elders in Ashern, the Lakeshore Hospital Guild and the Lakeshore Handivan Association Inc.

Since the organization's doors first opened, more than 5,000 people have taken programs through Fieldstone Ventures and the Adult Learning Centre combined.

Fieldstone Ventures works with Assiniboine Community College and community groups to host licensed practical nursing training. The recent course in Arborg, held in conjunction with Fieldstone Ventures and IERHA, brought 25 nursing students to the region. To date, IERHA has hired 16 students from that program to work in the region.

Fieldstone Ventures has offered health-care training almost every year with class sizes ranging from 15 to 25.

Interlake residents can look forward to expanded training sites in Arborg, thanks to partnerships with communities and guidance by Assiniboine Community College. Work is currently underway to retrofit Ashern's provincial building to offer local training on the west side of the Interlake. A certified health-care aide program delivered by Assiniboine Community College started in March 2023, offering training to students from as far south as St. Laurent all the way to St. Martin, as well as all five First Nation communities in the area. In total, 20 students were expected to be trained in this course.

In addition, Red River College is offering health-care aide programs and working with Fieldstone Ventures and Shared Health to bring paramedic training to the Interlake.

With a strong desire to train locally and allow students to train from home, Fieldstone Ventures benefits anyone with families or young children and those without easy access to transportation. This benefits the communities they serve as well as surrounding areas and industries.



At left: Julie Bergner, manager of Fieldstone Ventures Education and Training Centre Inc. in Ashern, with IERHA CEO Marion Ellis.

# French Language Services | Services en français

## Ever evolving | En Progrès

The 2022-2023 period marked the fifth and final year of our 2018-2023 French Language Services Plan. The 2023-2028 FLS plan is underway. The program is constantly evolving. Projects evolve, mature and allow for new opportunities. Following are some highlights from last year as well as some key points taken from the plan's evaluation.

### **BUILDING FOR TOMORROW**

- ❖ Building a framework within the organization to increase bilingual workforce capacity was a primary focus of the 2018-2023 FLS plan. Although filling designated positions remains a challenge, a successful increase of the number of overall bilingual employees has been achieved.

	<b>April 1, 2018</b>	<b>March 31, 2023</b>
<b>Changes in Regional Bilingual Staffing for the Interlake-Eastern RHA For the 5-year period of April 1, 2018 – March 31, 2023</b>	<i>Total FTE</i>	<i>Total FTE</i>
Number of designated bilingual positions	27.86	32.72
<i>Number of designated bilingual positions filled with bilingual incumbents</i>	10.49	9.80
<i>Number of designated positions filled with non-bilingual incumbents</i>	9.5	21.92
<i>Number of vacant designated positions</i>	7.87	1.0
Number of non-designated positions filled with bilingual incumbents	37.43	79.37
Total bilingual capacity (bilingual incumbents in designated and non-designated)	47.92	89.17
Number of bilingual casuals (0 FTE)	16 casuals	58 casuals

### **INNOVATION, LEARNING & GROWTH**

Technology was used to address a gap in French language learning opportunities for shift workers and rural employees. This past year, 27 employees enrolled in French language learning, the department's largest number to date.

- ❖ **French Language Learning Opportunities**  
French Language Services pages on StaffNet hosts a collection of tools and resources to support staff in the delivery services in French. French language learners will find websites with exercises, dictionaries and apps to support learning. With the goal of immersing learners in French language and culture, there's a collection of options such as radio, television and podcasts. Content is regularly reviewed and updated.

For those who are unsure of the best approach to French language learning, Teams sessions are offered to review the opportunities and resources. These sessions open up dialogue and help learners choose options that suits them best.

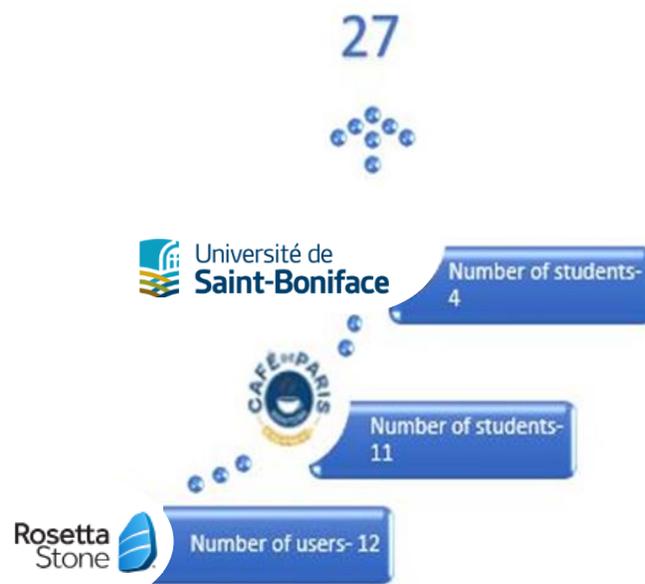
- ❖ **Français en milieu de Santé** (French in the health setting): 11-week sessions are offered through the Université de Saint-Boniface every fall, winter and spring via Zoom. These formal classes are tailored to learning health specific language. IERHA learners are encouraged to join the program to strengthen their skills.

- ❖ **“Café de Paris”<sup>11</sup>:**

One-on-one and group sessions are offered fall, winter and spring. Sessions are co-ordinated externally and sponsored by Santé en Français. This pilot project ended April 2023. The IERHA has found that the investment into the program would be maximized if done as needed. Limited participation was observed despite steady promotion.

- ❖ **Rosetta Stone**

As a result of an IERHA presentation of Rosetta Stone to the Provincial FLS Coordinators Group, it has evolved from an IERHA pilot project to a standard French language learning option being offered by us and other regional health authorities (WRHA, Southern Health/Santé Sud, Prairie Mountain Health and Saint Boniface Hospital).



*Number of employees enrolled in French language learning*

### *The Best We Can Be*

- ❖ **OZi Database**

This data collection process collects feedback from regional managers responsible for the delivery of French Language Services within their programs. It's co-ordinated by the Provincial French Language Coordinators network for a standardized approach to identify current practices regarding French language services. Information is shared provincially with Shared Health/Soins Communs and [Santé en Français](#). This process assists with the preparation for the implementation of communication in minority language situations standard for accreditation. Leadership workload has been identified as a challenge in collecting the data. Leaders struggle to find time to add this to their completion item.

<sup>11</sup>[Brochure cafe de paris\\_2\\_ANG.indd \(savoir-sante.ca\)](#)

- ❖ **Translation of website:** The effort to turn [ierha.ca](http://ierha.ca) into a bilingual format has begun, as evidenced by the dramatic increase in translations over this past year.



- ❖ **Partnerships:** The French Language Services (FLS) landscape has changed significantly since the establishment of Shared Health – Soins Communs Francophone Health. A Provincial Health FLS Coordinators Network has been established and works collaboratively with Santé en français to develop and implement consistent approaches to provincial FLS priorities. This has had a positive impact.

### *Planning for 2023-2028*

- ❖ **Evaluation of 2018-2023 plan**  
The evaluation process served as a starting point for the development of the FLS 2023-2028 plan. To view a summary of the evaluation, please visit French Language Services page at <https://www.ierha.ca/programs-services/french-language-services/>.
- ❖ **Consultation process**  
Consultation with community and key stakeholders is an important component of French Language Services. Online surveys were created for the following target groups: Francophone community; IERHA staff in designated bilingual positions, managers of designated IERHA programs and sites and general staff. Buy-in is critical to the success of the program. Support and promotion from senior leadership will be helpful to increase visibility.

# Capital Planning

Interlake-Eastern RHA has been supporting the preparatory work for significant improvements to hospitals in the region.

Ashern's Lakeshore General Hospital will be expanded to include 14 new in-patient beds and the relocation of 12 existing in-patient beds for a total of 26 beds in the building expansion of 18,700 square feet. In addition, the emergency department will be expanding to accommodate this facility's increase in emergency visits. Eight net new treatment spaces are being added, representing a total of 5,400 square feet. These beds will help address the growing health needs of the northwestern part of the region and support patient recovery closer to home. Design development began in fall 2022 and construction began in spring 2023. The new 26-bed addition is scheduled to open in late summer 2024 with emergency department renovations to be completed in spring 2025.

Selkirk Regional Health Centre will be expanded with an addition of 30 inpatient beds. The new beds will allow care to be delivered locally for an increased number of in-patients and a higher volume of surgical and endoscopy patients. The project will also include minor design changes within the emergency department to improve patient flow and expand treatment capacity. Design development concluded in summer 2022 and construction began in late fall 2022. The 30-bed addition is scheduled to open late summer 2024 with the emergency department construction to be completed in early spring 2024.

These investments are part of the province's significant capital investment in building, expanding and renovating health-care facilities in support of Manitoba's Clinical and Preventive Services Plan.

## **Safety and Security Projects**

There are more than 60 safety and security projects in various stages of completion throughout the region. Among these projects are structural concrete work as well as emergency generator replacements. As examples, the Pinawa Hospital & Arborg and Districts Health Centre will each undertake projects to replace emergency power generators to have electrical backup in the event of power failures. These projects will begin in late fall 2023 with expected completion in 2024.

## **Community Engagement – Long-term Care Capacity Expansion**

IERHA has been working closely with community groups and the Manitoba government to plan for activating the province's seniors' strategy to make Manitoba a great place to age; empowering Manitobans to live healthy, productive lives in their communities.

## Selkirk Regional Health Centre Project

This project includes emergency department expansion and In-patient addition of 30 beds.



Visual representation subject to change



### Future State

- New in-patient unit: 30 new beds (addition to 65 existing beds)
- Emergency department renovation: increase of 3 new treatment spots (addition to 14 existing treatment spots) and improved flow within the department



Prior to construction starting at Selkirk Regional Health Centre, grandmother Anna Manningway and traditional healers from Peguis First Nation Kathy Bird and Mide Megwun Bird (at front right), blessed the land and prepared it for construction. As part of the ceremony, participants sat on the grass as Kathy played a water drum, led a pipe ceremony and gave tobacco offerings. She also explained the history of the land that the expansion would be built on and its importance to Indigenous people in our province.

## Ashern Lakeshore General Hospital Project

This project includes emergency department expansion and in-patient addition of 12 beds.



### Future State

- New in-patient unit: 26 beds (12 new)
- Emergency department expansion: increase to 13 treatment spots (7 new)



Anishinaabe traditional knowledge keepers Robert and Mary Maytwayashing from Lake Manitoba First Nation hosted a ceremony in Ashern on the land that will be site of a 12-bed in-patient unit expansion to the hospital. They were joined by staff, physicians, representatives from Ongomiizwin – Indigenous Institute of Health and Healing and people from surrounding communities, as well as contractors on the project.

## The Health System Governance and Accountability Act

Sections 51.4(1): The employment contract of the Interlake-Eastern RHA CEO incorporates terms and conditions established by the minister.

Section 23 (2c): Interlake-Eastern RHA's strategic plan is posted on [www.ierha.ca](http://www.ierha.ca) under "About Us" and then "Publications and Reports."

Sections 23.1 and 54: Interlake-Eastern RHA's most recent accreditation reports are posted on [www.ierha.ca](http://www.ierha.ca) under "About Us" and then "Publications and 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](http://www.ierha.ca) under "About Us" and then "Publications and Reports."

## The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act 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.

From April 1, 2022, to March 31, 2023, **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 were received and no action was 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.**



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Winnipeg MB R3B 3K6 Canada

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## Independent Auditor's Report on the Summary Consolidated Financial Statements

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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, 2023, 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, 2023.

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 22, 2023.

### 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 22, 2023

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

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

March 31	2023	2022 (Restated)
<b>Financial Assets</b>		
Cash and cash equivalents	\$ 11,570,567	\$ 10,182,588
Accounts receivable	7,347,709	10,900,325
Vacation entitlements receivable	4,932,130	4,919,518
Retirement obligations receivable	4,052,462	4,005,559
	<b>27,902,868</b>	<b>30,007,990</b>
<b>Liabilities</b>		
Accounts payable and accrued liabilities	15,512,659	15,889,005
Accrued vacation entitlements	10,724,863	10,173,877
Accrued retirement obligations	12,926,171	12,697,466
Sick leave liability	2,263,518	2,444,174
Long-term debt	176,688,588	186,208,386
Unearned revenue	5,399,515	5,535,046
Asset retirement obligations	13,405,524	12,879,214
	<b>236,920,838</b>	<b>245,827,168</b>
<b>Net debt</b>	<b>(209,017,970)</b>	<b>(215,819,178)</b>
<b>Non Financial Assets</b>		
Tangible capital assets	209,112,160	217,926,235
Inventories	1,120,123	1,144,479
Prepaid expenses	469,002	434,000
	<b>210,701,285</b>	<b>219,504,714</b>
<b>Commitments and contingencies</b>		
<b>Accumulated surplus</b>	<b>\$ 1,683,315</b>	<b>\$ 3,685,536</b>

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				2023		2022	
	Budget	Operations	Capital	Total	Total	Total	Total	
							(Restated)	
<b>Revenue</b>								
Manitoba Health	\$ 214,340,846	\$ 229,281,030	\$ 17,132,832	\$ 246,413,862	\$ 233,347,873	\$ 233,347,873	\$ 233,347,873	
Separately funded primary health programs	11,926,386	12,288,320	-	12,288,320	11,853,408	11,853,408	11,853,408	
Patient and resident income	13,947,635	13,402,407	-	13,402,407	13,198,444	13,198,444	13,198,444	
Investment income	160,500	666,038	-	666,038	147,540	147,540	147,540	
Other income	4,636,871	7,467,700	16,493	7,483,193	7,483,193	5,963,417	5,963,417	
Recognition of unearned revenue	7,040	7,040	302,108	309,148	309,148	166,535	166,535	
	<b>246,009,278</b>	<b>263,112,536</b>	<b>17,450,433</b>	<b>280,562,968</b>	<b>280,562,968</b>	<b>264,677,217</b>	<b>264,677,217</b>	
<b>Expenses</b>								
Acute care	79,605,648	100,009,228	203,847	100,213,075	94,497,165	94,497,165	94,497,165	
Amortization	12,504,271	-	12,055,650	12,055,650	12,905,320	12,905,320	12,905,320	
Accretion of asset retirement obligations	-	22,725,333	526,310	526,310	505,645	505,645	505,645	
Community health	21,349,866	36,975,730	70,167	22,795,600	25,465,362	25,465,362	25,465,362	
Home-based care	37,905,448	-	-	35,975,730	32,909,854	32,909,854	32,909,854	
Interest expense	5,894,270	-	-	5,919,424	5,869,796	5,869,796	5,869,796	
Long-term care	52,086,848	65,968,021	352,853	66,310,874	58,000,841	58,000,841	58,000,841	
Medical remuneration	16,592,489	15,214,855	-	15,214,855	14,814,384	14,814,384	14,814,384	
Mental health services	8,930,186	9,577,777	1,618	9,579,395	8,652,414	8,652,414	8,652,414	
Northern patient transportation	181,820	225,671	-	225,671	152,532	152,532	152,532	
Regional undistributed expenses	13,546,990	14,233,101	3,752	14,236,853	14,512,067	14,512,067	14,512,067	
	<b>248,597,836</b>	<b>263,919,716</b>	<b>19,133,621</b>	<b>283,053,337</b>	<b>283,053,337</b>	<b>266,285,370</b>	<b>266,285,370</b>	
<b>Annual deficit before non-insured services</b>	<b>(3,588,558)</b>	<b>(807,181)</b>	<b>(1,683,188)</b>	<b>(2,490,369)</b>	<b>(2,490,369)</b>	<b>(3,603,153)</b>	<b>(3,603,153)</b>	
<b>Non-insured Services</b>								
Ancillary/income	502,992	466,440	-	466,440	497,737	497,737	497,737	
Ancillary expenses	(353,546)	(353,570)	(791)	(354,361)	(399,959)	(399,959)	(399,959)	
	149,446	112,870	(791)	112,079	97,778	97,778	97,778	
<b>Annual deficit from operations</b>	<b>(3,439,112)</b>	<b>(694,311)</b>	<b>(1,683,979)</b>	<b>(2,378,290)</b>	<b>(2,378,290)</b>	<b>(3,510,375)</b>	<b>(3,510,375)</b>	
<b>Other Item</b>								
Restructuring gain	-	376,069	-	376,069	-	-	-	
<b>Annual deficit</b>	<b>(3,439,112)</b>	<b>(318,242)</b>	<b>(1,683,979)</b>	<b>(2,002,221)</b>	<b>(2,002,221)</b>	<b>(3,510,375)</b>	<b>(3,510,375)</b>	
<b>Accumulated surplus, beginning of year</b>	<b>3,685,536</b>	<b>3,685,536</b>	<b>3,685,536</b>	<b>3,685,536</b>	<b>3,685,536</b>	<b>7,195,911</b>	<b>7,195,911</b>	
<b>Accumulated surplus, end of year</b>	<b>1,683,315</b>	<b>1,683,315</b>	<b>1,683,315</b>	<b>1,683,315</b>	<b>1,683,315</b>	<b>3,685,536</b>	<b>3,685,536</b>	

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

**For the year ended March 31, 2023**

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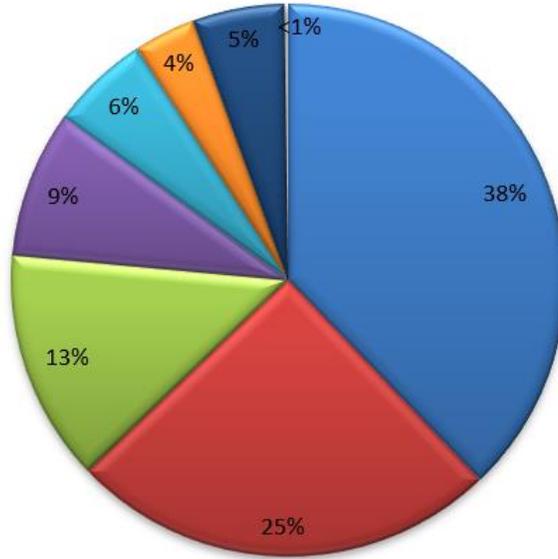
**Basis of Presentation**

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, 2023 and the Schedule of Compensation for the year ended December 31, 2022 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](http://www.ierha.ca) under "About Us" and "Publications and Reports".

## Expenditures by Program

### Expenditures by Program

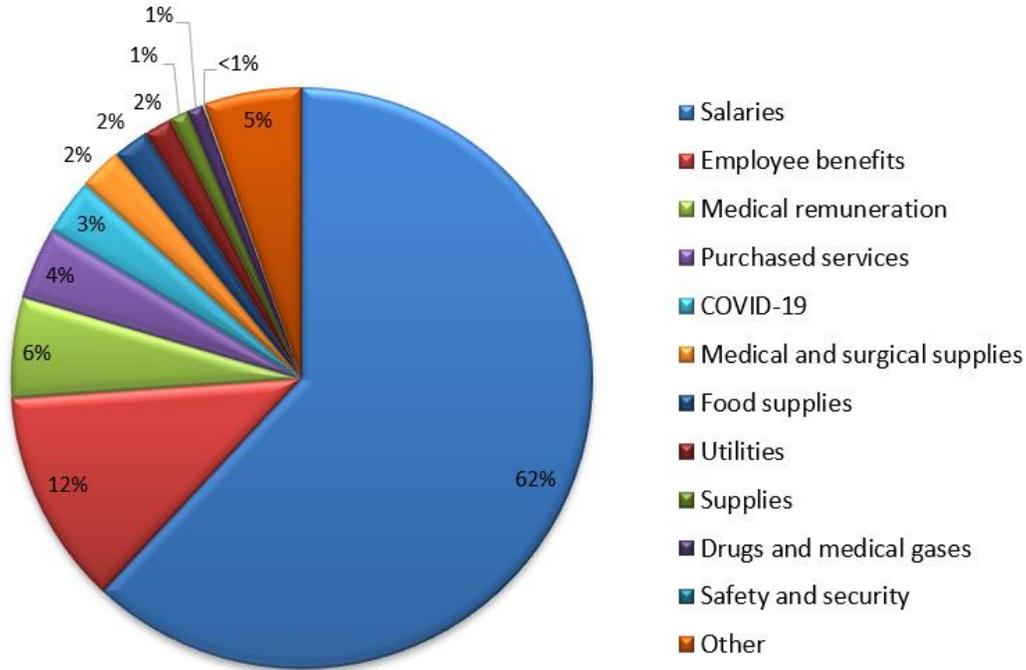


- Acute care services
  Long - term care
  Home based care
- Community health
  Medical remuneration
  Mental health services
- Regional undistributed
  Ancilliary services
  Other

Expenditures by Program	2023	2022
Acute care services	100,213,075	94,497,165
Long - term care	66,310,874	58,000,841
Home based care	35,975,730	32,909,854
Community health	22,795,500	25,465,352
Medical remuneration	15,214,855	14,814,384
Mental health services	9,579,395	8,652,414
Regional undistributed	14,236,853	14,512,067
Ancilliary services	354,361	399,959
Other	225,671	152,532
<b>Total expenditures before interest, amortization, and accretion</b>	<b>264,906,314</b>	<b>249,404,568</b>
Amortization of capital assets	12,055,650	12,905,320
Interest	5,919,424	5,869,796
Accretion of asset retirement obligations	526,310	505,645
<b>Total expenditures</b>	<b>283,407,698</b>	<b>268,685,329</b>

## Expenditures by Type

### Expenditures by Type



#### Expenditures by Type

	2023	2022
Salaries	\$ 164,096,051	\$ 149,744,346
Employee benefits	31,706,084	29,110,788
Medical remuneration	14,879,425	14,314,137
Other expenses	14,302,189	12,775,417
Purchased services	10,655,387	9,888,890
Medical surgical supplies	6,235,436	5,791,481
Food costs	5,188,361	4,522,088
COVID-19	8,242,091	13,406,736
Utilities	4,185,332	4,203,861
Other supplies	2,749,665	2,496,082
Drug costs	2,383,194	2,450,487
Safety and security	282,308	699,464
<b>Total expenditures before amortization, accretion, and interest</b>	<b>\$ 264,905,523</b>	<b>\$ 249,403,777</b>
Amortization	12,056,441	12,906,111
Accretion of asset retirement obligations	526,310	505,645
Interest	5,919,424	5,869,796
<b>Total expenditures</b>	<b>\$ 283,407,698</b>	<b>\$ 268,685,329</b>

# 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 Regional Health Authority adheres to these coding guidelines.

Administrative costs as defined by CIHI, include:

**Corporate** functions include 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 include patient relations; quality assurance; accreditation; utilization management; and infection control

**Human Resources & Recruitment** costs include 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 guidelines.

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.

## Provincial Health System Administrative Costs and Percentages

**2022/23**

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.12%	0.77%	1.83%	5.72%
Northern Regional Health Authority	3.51%	0.99%	1.20%	5.70%
Prairie Mountain Health	2.71%	0.37%	0.77%	3.85%
Southern Health Santé-Sud	2.96%	0.26%	1.16%	4.38%
CancerCare Manitoba	2.05%	0.61%	0.60%	3.26%
Winnipeg Regional Health Authority	2.60%	0.50%	0.80%	3.90%
Shared Health	5.03%	1.08%	1.66%	7.77%
Provincial - Percent	3.31%	0.65%	1.10%	5.06%
Provincial - Totals	<b>\$ 196,062,268</b>	<b>\$ 38,809,780</b>	<b>\$ 65,324,313</b>	<b>\$ 300,196,361</b>

**2021-22**

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	2.92%	0.63%	1.93%	5.48%
Northern Regional Health Authority	3.48%	0.93%	1.12%	5.53%
Prairie Mountain Health	2.32%	0.16%	0.99%	3.47%
Southern Health Santé-Sud	2.60%	0.25%	0.84%	3.69%
CancerCare Manitoba	1.70%	0.47%	0.70%	2.87%
Winnipeg Regional Health Authority	2.69%	0.55%	1.14%	4.38%
Shared Health	3.48%	0.44%	0.45%	4.37%
Provincial – Per cent	2.88%	0.47%	0.93%	4.28%
Provincial - Totals	<b>\$ 175,559,392</b>	<b>\$ 28,641,532</b>	<b>\$ 56,439,789</b>	<b>\$ 260,640,713</b>

## 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.

Across Manitoba, within all Service Delivery Organizations with the exception of Winnipeg Regional Health Authority, administrative costs increased as a percentage of total operating costs.

### Interlake-Eastern Administrative Costs

For Year to Date Ending:	Mar-23		Mar-22	
	\$	%	\$	%
Corporate	8,637,565	3.12%	7,695,759	2.92%
Patient care related costs	2,138,093	0.77%	1,657,713	0.63%
Recruitment/Human Resources related costs	5,074,184	1.83%	5,084,232	1.93%
<b>TOTAL Administrative costs</b>	<b>15,849,842</b>	<b>5.72%</b>	<b>14,437,704</b>	<b>5.48%</b>

## Manitoba's Health System Transformation

### Shared Health Annual Report 2022-2023

The Transformation Management Office was created in 2019 as a temporary structure within Manitoba's health system transformation program. The office works in collaboration with the Manitoba government, Shared Health, Service Delivery Organizations, CancerCare Manitoba and local teams of clinical and operational experts. Working together with these stakeholders, the office guides the planning and phased implementation of broad health system changes aimed at improving the quality, accessibility and efficiency of health-care services across Manitoba.

#### Clinical and Preventive Services Plan

This year the Transformation Management Office continued detailed planning to support the implementation of Manitoba's *Clinical and Preventive Services Plan*.

Health transformation projects underway aim to give Manitobans:

- More access to quality and equitable care at home or in the community, with less need to travel for services
- Enhanced virtual care options
- Clearer pathways for providers and patients to access specialized care
- More surgical and diagnostic capacity at designated sites in the community or closer to home
- More options for home and community care

## Shared Services

Work continued this year to establish patient-focused, consistent and coordinated shared services including capital planning services, human resources, pharmacy drug purchasing and distribution, and supply chain management. The shared services projects seek to transform activities that were previously siloed across the Service Delivery Organizations into province wide shared services with standardized and efficient processes to reduce duplication of effort and data. Shared services will streamline administrative tasks, enable cross system efficiencies, and will reduce admin costs enabling a stronger focus on the clinical needs of Manitobans.

One example is the ongoing transformation of Shared Health Emergency Response Services (ERS) entered an exciting new phase with several initiatives launched to build a more robust, flexible, dynamic and provincially-integrated emergency response system. These initiatives will provide ERS with opportunities to realign, standardize and improve how it works, helping to build a sustainable emergency response system capable of meeting the needs of Manitobans. Key initiatives included introduction of a low acuity Inter-Facility Transport program and investment to boost paramedic retention and recruitment through expanded training and career advancement opportunities while enhancing patient care and improving response times for rural communities.

Additionally, approval was received for the creation of the Virtual Emergency Care and Transfer Resource Service (VECTRS) with phased implementation to begin in May 2023. Once fully operational VECTRS will be staffed 24/7 with an emergency physician, an advanced practice respiratory therapist, an advanced care paramedic and inter-facility transport coordinators who will provide medical advice and specialist consultation to staff from urgent care centres, emergency departments, health facilities, nursing stations and ERS teams throughout the province.

## Capital Projects

The Manitoba government provided a total multi-year capital investment of \$1.3 billion to support the building, expansion and renovation of health-care facilities across the province as part of Manitoba's Clinical and Preventive Services Plan.

These projects include:

- Expansion of Bethesda Regional Health Centre in Steinbach;
- Expansion of Boundary Trails Health Centre in Winkler/Morden;
- Expansion and renovation of the Brandon Regional Health Centre and Western Manitoba Cancer Centre;
- Renovations at Dauphin Regional Health Centre;
- Expansion of Lakeshore General Hospital in Ashern;
- Construction of a new hospital in Neepawa;
- Construction of a new hospital in Portage la Prairie; and
- Expansion of Selkirk Regional Health Centre.

The Transformation Management Office engaged with First Nations and Métis organizations and Indigenous partners on design sessions and/or blessing ceremonies at 12 locations:

- Interlake-Eastern Regional Health Authority (Ashern/Lakeshore and Selkirk)
- Prairie Mountain Health (Brandon, Dauphin, Neepawa, Souris, Tri-Lake, Virden, Western Manitoba Cancer Care)
- Southern Health-Santé Sud (Bethesda, Boundary Trails and Portage)

In one example, engagement with Indigenous partners during the planning process for Bethesda Regional Health Centre has led to the inclusion of a new cultural space to support multi-denominational services, including Indigenous cultural ceremonies such as smudging.

## **Indigenous Partnership**

### Provincial Indigenous Collaborative Approach/Truth and Reconciliation Tool

The Transformation Management Office developed a draft Provincial Indigenous Collaborative Approach that provides a pathway for the provincial health system to address Indigenous priorities in collaboration with Indigenous health providers, federal partners and other agencies. The Approach will advance the Indigenous Partnership Strategic Framework (2019), an understanding of the Indigenous partner landscape and the Truth and Reconciliation Commission calls to actions, among other legislation and guidance. This will be used for engagement planning for Indigenous priorities.

Identified within the Approach are twelve Indigenous priorities which include documenting challenges, opportunities and engagement next steps. In addition, a comprehensive Truth and Reconciliation Tool has been developed to assist teams to review their work in the context of the six pillars of The Path to Reconciliation Act (Manitoba); Truth and Reconciliation Commission of Canada Priorities; Truth and Reconciliation Commission Calls to Action; United Nations Declaration on the Rights of Indigenous Peoples Articles; National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice; and the Disrupt Racism commitment.

### Indigenous Health Operating Model

Work on the Indigenous Health operating model is currently underway to provide a vision of how Indigenous Health will work in the future within a coordinated system of Service Delivery Organizations, government and services.

### Northern Collaborative Process

In the Northern Health Region, a Northern Collaborative Working Team (NCWT) was created to represent an alliance of Indigenous agencies and partner organizations comprised of interprofessional health leaders. The NCWT will take a cooperative approach through a co-leadership model to shape CPSP planning in the North. The team is composed of clinical experts from Indigenous health delivery organizations, Northern Health Region and Shared Health. Together, the NCWT will formulate the strategic trajectory and identify key focal points for intermediate clinical services in the Northern region.



Interlake Eastern Health Foundation bridges gaps by fostering meaningful relationships with community members and organizations to raise funds to support health in our community.

In 2022-2023, with the generous support of the community, the foundation was able to provide over \$195,000 in funding for:

**Equipment and programs** – examples included specialized mattresses to improve comfort and reduce skin breakdown, replacement IV poles and blood pressure monitors to increase mobility of patients in facilities and improve the patient experience, specialized rehab treadmills to get patients back home as quickly as possible, camp for children that have lost a loved one.

**Upgrades and enhancements of facilities** – examples included planter boxes and flowers to brighten up a patio, tables and chairs for recreations programs in a personal care home, patio umbrellas to protect residents from the sun in outdoor spaces.

**Recognition and retention of staff** – activities included Nursing Week lunches, unit meals and more to show our staff how appreciated they are.

In addition, the foundation administers Interlake-Eastern Regional Health Authority’s \$5 Club, a charitable giving program for employees and board members to voluntarily join by committing to a \$5 donation every payday. Annually, staff submit and vote on recommendations for programs in our community to receive funding. Thanks to the generosity of \$5 Club members, \$23,000 was invested into our community. It’s incredible what we can do \$5 at a time.

To learn more about the foundation, please visit [www.iehf.ca](http://www.iehf.ca).



## Appendix: Fiscal Year 2022-23 Achievements

Interlake-Eastern RHA's overview of completed and in-progress achievements for 2022-23, as well as future direction on 13 strategic areas of focus.

<b>IMPROVE ACCESS</b>		
<b>Strategic Area of Focus</b>	<b>Summary of 2022-23 Activity and Progress</b>	<b>Future Direction</b>
<b>1. Enhance patient flow with improved integration between programs and systems</b>	<ul style="list-style-type: none"> <li>Strengthening the medical withdrawal management program at Ashern's Lakeshore General Hospital</li> <li>Converted two independent living suites to transitional housing in Stonewall</li> <li>Increase in-patient physician services (i.e. designated physician/hospitalist to care for in-patients) at Selkirk Regional Health Centre (SRHC)</li> <li>SRHC emergency department has opened four over-capacity spaces</li> <li>Implemented pathways for patients triaged as low acuity to safely re-direct from the Emergency Department to Primary Care</li> </ul>	<ul style="list-style-type: none"> <li>Continue to utilize the four over-capacity patient care areas to enhance flow through the emergency department</li> <li>Continue to build pathways to safely redirect low-acuity patients to appropriate care environments in primary care for timely access to care</li> <li>Implement client-directed community care, navigation services for seniors and community supportive living initiatives within the Manitoba Senior Strategy</li> </ul>
<b>2. Alignment with the Provincial Clinical and Preventative Services Plan</b>	<ul style="list-style-type: none"> <li>Ashern: Emergency Department expansion and In-patient addition of 12 beds (building in progress)</li> <li>Selkirk: Emergency Department expansion and In-patient addition of 30 beds (building in progress)</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen the workforce to support the expansion of the in-patient unit/emergency department and focus on responding to the needs of the geographical area</li> </ul>
<b>3. Increased access to mental health services and supports</b>	<ul style="list-style-type: none"> <li>Implemented direct access to psychiatry consultation program to provide primary health-care clinicians timely</li> </ul>	<ul style="list-style-type: none"> <li>Build capacity to offer trauma-informed care</li> <li>Support implementation of</li> </ul>

<b>IMPROVE ACCESS</b>		
<b>Strategic Area of Focus</b>	<b>Summary of 2022-23 Activity and Progress</b>	<b>Future Direction</b>
<b>Increased access to mental health services and supports cont'd</b>	<p>access to psychiatric consultation</p> <ul style="list-style-type: none"> <li>• 1.6 FTE mental health and addictions clinicians added to the Ashern Hodgson &amp; Area My Health Team (team working with surrounding communities)</li> <li>• Increased mental health and addictions services to First Nation communities of Pinaymootang, Hodgson and Lake Manitoba</li> <li>• Expanded Rapid Access to Addictions Medicine (RAAM)</li> </ul>	<p>medical withdrawal management services</p> <ul style="list-style-type: none"> <li>• Evaluate mental health and addictions program and align with Shared Health on provincial mental health and addictions initiatives</li> </ul>
<b>4. Contribute to Provincial Diagnostic and Surgical Recovery Task Force (DSRTF) objectives to eliminate waitlists</b>	<ul style="list-style-type: none"> <li>• Expansion of endoscopy services at Beausejour Health Centre and SRHC to provide timely access <ul style="list-style-type: none"> <li>FY2022 4,501</li> <li>FY2023 5,775</li> </ul> </li> <li>• Two new operating room assistants added to support SRHC to increase operating room put-through</li> <li>• Announcement on March 23, 2023, to stand up satellite Pain SRHC Outpatient Clinic. Pain care services in the IERHA will be linked with the Provincial Pain Care Program to decrease the backlog of individuals waiting for treatment for chronic and complex pain</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease the endoscopy back-log and waitlist in IERHA and WRHA</li> <li>• Targeted opening of the satellite pain care clinic at SRHC for Nov. 1, 2023</li> <li>• Work with Shared Health and DSRTF to expand echocardiography services</li> <li>• Second CT scanner for IERHA</li> </ul>

## IMPROVE HEALTH SERVICE EXPERIENCE

Strategic Area of Focus	Summary of 2022-23 Activity and Progress	Future Direction
<p><b>1. Adopt and implement digital health technologies and solutions that will enhance patient care and system efficiency</b></p>	<ul style="list-style-type: none"> <li>• Provincial dictation implementation – enhanced dictation enables us to work more efficiently and provide health-care providers with quicker access to these reports that support diagnoses and treatment</li> <li>• Participation in provincial collection of race, ethnicity and Indigenous identity data consent-based initiative upon registration in hospitals (voluntarily disclosure)</li> <li>• Implemented shared electronic medical record with Percy E. Moore Clinic and surrounding First Nation, which provides accurate, up-to-date and complete information on patients during points of care. Benefits include quick access to records, increased treatment effectiveness, improved patient and physician communication, which also improves preventative care.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to expand electronic medical record to communities within the Interlake-Eastern region</li> <li>• Partner with the University of Manitoba to supplement physiotherapy services by adding piloting a rural robotic project in Ashern Hodgson and area</li> </ul>
<p><b>2. Redesigning care teams to better address health-care needs</b></p>	<ul style="list-style-type: none"> <li>• Increased number of nurse practitioners serving rural and remote communities to reduce health service inequities</li> <li>• Created hospital-based home care case co-ordinator positions to facilitate safe discharges or transfers to personal care homes, etc.</li> <li>• Trained and equipped chronic disease nurses to provide spirometry services in community. Spirometry is now provided in all rural communities and there is no waitlist for this service.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to increase the number of nurse practitioners serving rural and remote communities</li> <li>• Expand our IV and wound care clinics outside of emergency departments</li> </ul>

## IMPROVE HEALTH SERVICE EXPERIENCE

Strategic Area of Focus	Summary of 2022-23 Activity and Progress	Future Direction
<p><b>3. Implement recommendations identified from an external review of personal care homes in Manitoba (Dr. Stevenson review recommendations)</b></p>	<ul style="list-style-type: none"> <li>• Increased staffing levels and services in licensed personal care homes including nursing, health-care aides, infection prevention and control, and occupational therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to implement increased staffing levels in alignment with Stevenson review recommendations</li> </ul>

## IMPROVE SAFETY

Strategic Area of Focus	Summary of 2022-23 Activity and Progress	Future Direction
<p><b>1. Reduce incidences of sexually transmitted blood borne infections (STBBI) in region and in Manitoba</b></p>	<ul style="list-style-type: none"> <li>• Resources within the organization were re-allocated to enhance STBBI case and contact management plan for epidemic control</li> <li>• Established targeted outreach for screening and treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Continue focus in area of highest rates of STBBI</li> </ul>
<p><b>2. Indigenous cultural awareness</b></p>	<ul style="list-style-type: none"> <li>• Completing Indigenous cultural awareness training is a requirement of all regional leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Optimize format options to expand reach of training (i.e. in-person, online, etc.)</li> </ul>
<p><b>3. Progress Manitoba’s health system toward dismantling systemic and structural forms of racism and eliminate racism and discrimination in all health-care interactions</b></p>	<ul style="list-style-type: none"> <li>• Provincial racial climate survey of health-care staff</li> </ul>	<ul style="list-style-type: none"> <li>• Work with provincial partners to implement the recommendations from the racial climate survey report and develop an action plan</li> </ul>

## AFFORDABILITY AND SUSTAINABLE HEALTH SPENDING

Strategic Area of Focus	Summary of 2022-23 Activity and Progress	Future Direction
<b>1. Health human resource planning</b>	<ul style="list-style-type: none"> <li>• Engaged with students and public to identify career opportunities</li> <li>• Implemented provincial float pool and employment of undergraduate nurses with support from Shared Health</li> <li>• Supported recruitment from the Philippines</li> </ul>	<ul style="list-style-type: none"> <li>• Implement leadership support and development program</li> <li>• Increase health-care aide workforce through delivery of a local in-person uncertified health-care aide course</li> <li>• Support new employees from the Philippines within the organization and communities</li> <li>• Work with provincial recruitment initiative to add 16 physicians to IERHA</li> </ul>
<b>2. Grow community and post-secondary partnerships</b>	<ul style="list-style-type: none"> <li>• Renewed relationship with Assiniboine Community College, Fieldstone Ventures and Brokenhead Economic Development Corporation</li> </ul>	<ul style="list-style-type: none"> <li>• LPN course to run in Beausejour January 2025</li> <li>• In the process of working with Assiniboine Community College to stand up HCA courses within the region</li> </ul>
<b>3. Workplace health and safety</b>	<ul style="list-style-type: none"> <li>• Safe Work Manitoba certification received March 2023</li> </ul>	<ul style="list-style-type: none"> <li>• Working with Manitoba Association for Healthcare Safety for internal audits in 2025, with an external audit to occur in 2026</li> </ul>

## Hospitals

### **Arborg & District Health Centre**

234 Gislason Drive  
204-376-5247

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

40 Railway Avenue  
204-739-2611

### **Pinawa Hospital**

30 Vanier Drive  
204-753-2334

### **Selkirk Regional Health Centre**

120 Easton Drive  
204-482-5800

### **Ashern-Lakeshore General Hospital**

1 Steenson Avenue  
204-768-2461

### **Gimli-Johnson Memorial Hospital**

120-6th Avenue  
204-642-5116

### **Pine Falls Hospital**

37 Maple Street  
204-367-4441

### **Stonewall & District Health Centre**

589-3rd Avenue South  
204-467-5514

### **Beausejour Hospital**

151 First Street South  
204-268-1076

### **Teulon-Hunter Memorial Hospital**

162-3rd Avenue SE  
204-886-2433

## Community Health Offices

### **Arborg**

317 River Road  
204-376-5559

### **Fisher Branch**

7 Chalet Drive  
204-372-8859

### **Oakbank**

689 Main Street  
204-444-2227

### **Selkirk**

237 Manitoba Avenue  
204-785-4891

### **Ashern**

1 Steenson Avenue  
204-768-2585

### **Gimli**

120-6th Avenue  
204-642-4587

### **Pinawa**

30 Vanier Drive  
204-753-2334

### **St. Laurent**

51 Parish Lane  
204-646-2504

### **Beausejour**

151 First Street South  
204-268-4966

### **Lac du Bonnet**

89 McIntosh Street  
204-345-8647

### **Pine Falls**

37 Maple Street  
204-367-4441

### **Stonewall**

589-3rd Avenue South  
204-467-4400

### **Beausejour-HEW Primary Health Care Centre**

31-First Street South  
204-268-2288

### **Lundar**

97-1st Street South  
204-762-5469

### **Riverton**

68 Main Street  
204-378-2460

### **Teulon**

162-3rd Avenue SE  
204-886-4068

### **Eriksdale**

35 Railway Avenue  
204-739-2777

### **Whitemouth**

75 Hospital Street  
204-348-7191

## Personal Care Homes

### **Arborg PCH**

233 St. Phillips Drive  
204-376-5226

### **Fisher Branch PCH**

7 Chalet Drive  
204-372-8703

### **Oakbank-Kin Place PCH**

680 Pine Drive  
204-444-2004

### **Selkirk-Tudor House**

800 Manitoba Avenue  
204-482-6601

### **Ashern PCH**

1 Steenson Avenue  
204-768-5216

### **Gimli-Betel PCH**

96-1<sup>st</sup> Avenue  
204-642-5556

### **Pine Falls-Sunnywood Manor PCH**

4 Spruce Street  
204-367-8201

### **Stonewall-Rosewood Lodge PCH**

513-1st Avenue North  
204-467-5257

### **Beausejour-East-Gate Lodge**

646 James Avenue  
204-268-1029

### **Lac du Bonnet PCH**

75 McIntosh Street  
204-345-1222

### **Selkirk-Betel PCH**

212 Manchester  
204-482-5469

### **Teulon-Goodwin Lodge PCH**

162-3rd Avenue SE  
204-886-2108

### **Eriksdale PCH**

40 Railway Avenue  
204-739-4416

### **Lundar PCH**

97-1st Street South  
204-762-5663

### **Selkirk-Red River Place**

133 Manchester Avenue  
204-482-3036

### **Whitemouth District Health Centre PCH**

75 Hospital Street  
204-348-7191

## Mental Health and Addictions Contact Information

24-Hour Crisis Line:

[1-888-482-5361](tel:1-888-482-5361) | [204-482-5419](tel:204-482-5419)

Mobile Crisis Services – Adult & Youth Outreach Team:

[1-877-499-8770](tel:1-877-499-8770) | [204-482-5376](tel:204-482-5376)

Crisis Stabilization Unit (CSU):

[1-888-482-5361](tel:1-888-482-5361) | [204-482-5361](tel:204-482-5361)

Klinic Crisis Line:

[1-888-322-3019](tel:1-888-322-3019) | [204-786-8686](tel:204-786-8686)

Kids Help Line:

[1-800-668-6868](tel:1-800-668-6868) | [Kids Help Phone Website](http://www.kidshelp.ca)

Schedule an appointment to discuss child and adolescent mental health services, adult mental health services and mental health services for the elderly.

[1-866-757-6205](tel:1-866-757-6205) | [204-785-7752](tel:204-785-7752)

Problem Gambling Help Line (Toll-Free): [1-800-463-1554](tel:1-800-463-1554)

## Compliments, Concerns and Questions

Call us at 1-855-999-4747 to share your compliments and concerns. You can also communicate with us online at [www.ierha.ca](http://www.ierha.ca) by clicking on “Compliments & Concerns” located on the upper right corner of the page.

Corporate Office

233A Main Street Selkirk, Manitoba R1A 1S1

Toll free: 1.855.347.8500 Email: [info@ierha.ca](mailto:info@ierha.ca)

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

This publication is available in alternate formats on request.

This report is also available in French.

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

Cette publication est disponible sur demande dans d'autres formats.

Ce rapport est également disponible en français

## Questions

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Selkirk, Manitoba R1A 1S1

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Interlake-Eastern  
Regional Health Authority

Office régional de la santé  
d'Entre-les-Lacs et de l'Est