



2020-2021

Year in review

Response to a
global pandemic



Interlake-Eastern
Regional Health Authority



Message from the Board Chair and CEO

The arrival of COVID-19 in Interlake-Eastern Regional Health Authority brought a global pandemic to our doors. With this year in review, we have tried to capture the year that was in health care and acknowledge the beginning of changes that will have long lasting effects on health care and everyone who accesses health-care services.

This publication is also offered as a thanks.

To the staff of Interlake-Eastern RHA: You took on the challenge of maintaining the delivery of care during a global pandemic. Your response to COVID-19 has inspired people to call you heroes. Thank you for your confidence in your health-care training and in the protocols that have been put in place to keep you and the people we care for safe.

To community members: Your donations contributed to staff comfort and wellness and served as reminders that none of us are alone when it comes to responding to a global pandemic. We thank everyone whose adherence to public health orders and commitment to vaccination contributed to this province's efforts to keep people safe.

This is also our opportunity to offer condolences. We have all been touched by loss with this pandemic. The loss of loved ones and the inability to mourn are combined with many other aspects of life that we will no longer take for granted.

Change was thrust upon us and, while a pandemic is always unwelcomed, how we weathered these changes ultimately shifts how we operate as a health-care service delivery organization and as a health system. We must capitalize on all of the learnings that have come about as a result of our response to COVID-19.

This period of time has marked us all in different ways. As we look to the future, we must consider how we've been affected personally and collectively. With this insight, we can foster resilience and continue to care for ourselves and for the people around us who comprise our families, communities and Interlake-Eastern way of life.

Regards,

Glen West
Chair, Board of Directors
Interlake-Eastern Regional Health Authority

Dr. David Matear
Chief Executive Officer
Interlake-Eastern Regional Health Authority

Community support appreciated during pandemic

Interlake-Eastern Health Foundation

Pam McCallum, executive director of the Interlake Eastern Health Foundation, will be the last person to underestimate the value of kindness in helping people through difficult times.

Throughout the pandemic, she has catalogued the many different ways that community members found ways to boost spirits and extend thanks and encouragement to staff in health-care facilities across the region.

“In the past year and a half, we have received an outpouring of support from our communities,”

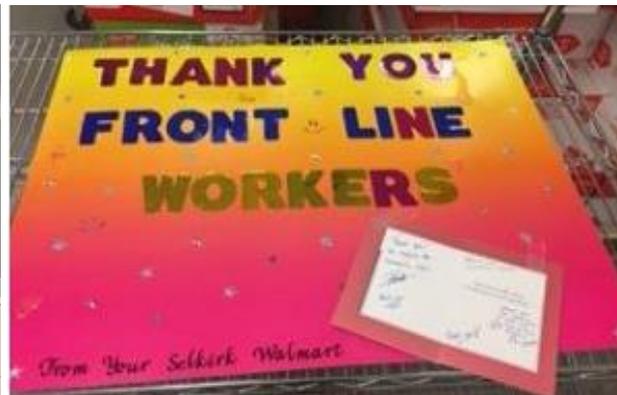
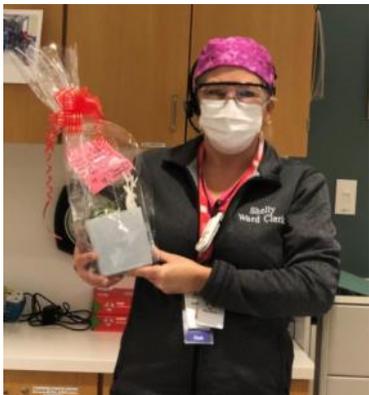
COVID-19 inspired people to pull out sewing machines and make masks for frontline workers, patients, families and residents in personal care homes. Shown from left to right: Sydney Lewicki, Bev Lewicki, Annette Brown and Barb Kaminski.



Pam says. “Staff were gifted with lovely meals, handmade treat bags full of goodies, plants and flowers, cards, letters – it’s amazing how many ways people have found to connect with them during the pandemic,” Pam says.

When we support each other, we build bridges that strengthen us mentally and emotionally. Being part of a strong community means we support each other through tough times. COVID-19 brought our communities closer together.

We are forever grateful to each and every donor that supported us throughout the pandemic. We thank you! We appreciate you!”



Responding to Care Needs

Acute Care

It wasn't too long after COVID-19 arrived in Manitoba that health care's frontline workers starting being called heroes. While Interlake-Eastern RHA's staff and physicians would likely say they are just doing their job, there is a parallel to be made. These are the people who faced what was an unknown virus when COVID-19 first arrived in Manitoba. And they put their commitment to patient care above their own fears.

"There was so much fear and trepidation at the beginning because we didn't know what to expect. COVID-19 was new to us all," says Tanya Cheetham, an acute care director in IERHA. "We focused on getting through each day, each week and each month. We had to take an approach of 'let's do this day by day' and people really stepped up. Everyone knew they had someone to speak with to get the assistance they needed."

Providing education and support was a large part of the region's COVID-19 response in the spring of 2020 when information was changing rapidly as more about the virus was being understood. Daily huddles provided opportunities for real-time information sharing.

"Guidance for how we responded to the realities posed by COVID-19 was constantly being updated. This guidance directed how to care for people who were infected, what personal protective equipment we were to wear as well as other infection prevention and control measures. There was also the aspect of visitation guidelines and what people coming into our hospitals needed to be apprised of," says Breanne Batters, acute care director.

Managers then were responsible for taking that information to their hospitals and updating their teams daily. There was a lot of anxiety about the

visitation guidelines, families worried that their loved ones were lonely and in need of human connection. Acute care managers and staff were empowered to assess and mitigate risk and do what was in the patient's best interest.

"We would find a way to accommodate family members and we feel good about how we did that. That is one of the challenges of nursing – doing what has to be done but in a way that takes our patients' overall health into consideration," Breanne says.

Each of our acute care sites secured a smart phone to facilitate virtual patient and family visits. Patients of all ages got familiar with facetimeing with their loved ones.

Other digital enhancements allowed staff in far corners of the region to meet virtually and learn from each other.

"We are so grateful to be able to call a meeting and see everyone virtually – it helped us to feel less isolated. These meetings let us be efficient with our time, by reducing travel, while allowing us to hear concerns and to check in with one and all," Breanne continues, "it's important to recognize that so many staff and managers stepped up. People across the acute care program went above and beyond, working extra shifts, staying late, continuing to remain compassionate and focused on helping one another," adding that managers have worked a significant number of frontline shifts in addition to their regular management duties when it was needed.

Overall, despite or because of the challenges, acute care teams have grown stronger through COVID-19.

"We have all really come together for the same reason, the reason why we all come to work each day," Tanya says. "We're taking care of the people who need us and we're supporting each other so we can do that."

Physicians' Perspectives on COVID-19 Physician Services

Physicians are trained to respond to emergencies. But a pandemic is something entirely different and that was not lost on Dr. Myron Thiessen, regional lead of medical services and chief medical officer for Interlake-Eastern RHA.

“In the very early days, we established one true source of information for all staff and physicians. We relied on Shared Health and shared information from the provincial media briefings that were being held daily,” Myron says.

The RHA also established a medical lead, Dr. Burron, who worked on the region’s processes and protocols and who linked in to provincial working groups.

“Through his leadership, we coordinated our medical approach to dealing with COVID throughout the region. This addressed how patients would flow through the system based on their health-care needs and what would be our trigger point to sending people to Winnipeg for critical care,” Myron says.

He also noted the increased appreciation that he and his physician colleagues expressed towards the region’s public health officers, Dr. Tim Hilderman and Dr. Karen Robinson.

“Medical officers of health are rarely involved in everyday practice. We would typically hear from them if there was an outbreak of some illness in the region or if there was a potential encounter with rabies. It quickly became apparent on our regular con calls how knowledgeable they were and what a resource they are to us during a pandemic,” Myron says.

One of the beneficial sidebars to COVID for primary care practitioners has been the rapid adoption of virtual care. A number of care providers

turned to phone calls as a means of connecting with patients when, initially physicians were having troubles sourcing the PPE. Generally speaking, there were a number of patients who were fearful of coming into health-care environments during a pandemic.

“We are now in a position where approximately half of our primary care visits are done by phone. Generally encounters start virtually and practitioners will then determine if an in-office visit is required. This move to virtual care versus in person has been a significant shift in the mindset of physicians,” Myron says.

He says COVID is resulting in a more refined sense of working as a collective.

“We are working better together as a system. We are coordinating ourselves on a provincial basis and regionally there is a greater appreciation for the benefits this brings. ‘We’re in this together’ has really come to the forefront. Everybody has shown themselves to be willing to step up and be present with ideas as to how we can do things better.”

Myron also acknowledges the personal sacrifices that COVID-19 has wrought.

“Physicians in the region have made a point of being available to their patients to help see them through this pandemic. So many people have suffered losses and that weighs heavy on all health-care staff. Physicians, and the staff who work to support them, have been very giving of their time. There has been extra work and shifting of schedules to get the work done. This team has proven they are committed to care and to do what needs to be done to deliver that care.”

Achieving Remarkable Outcomes

Public Health

Since the onset of the pandemic, there's been an unwavering focus on contact tracing and immunization, layered on top of ongoing responsibilities for public health nurses and other partners who have stepped up to help.

“We couldn't have responded to this pandemic without the dedication, passion and commitment of public health nursing. When we stood up our sites, we had capital planning, infection prevention and control, communication, human resources, finance, pharmacy, disaster management, digital health and partners from the province. Everybody attended and everybody helped,” says Shannon Montgomery, regional director for public health and wellness.

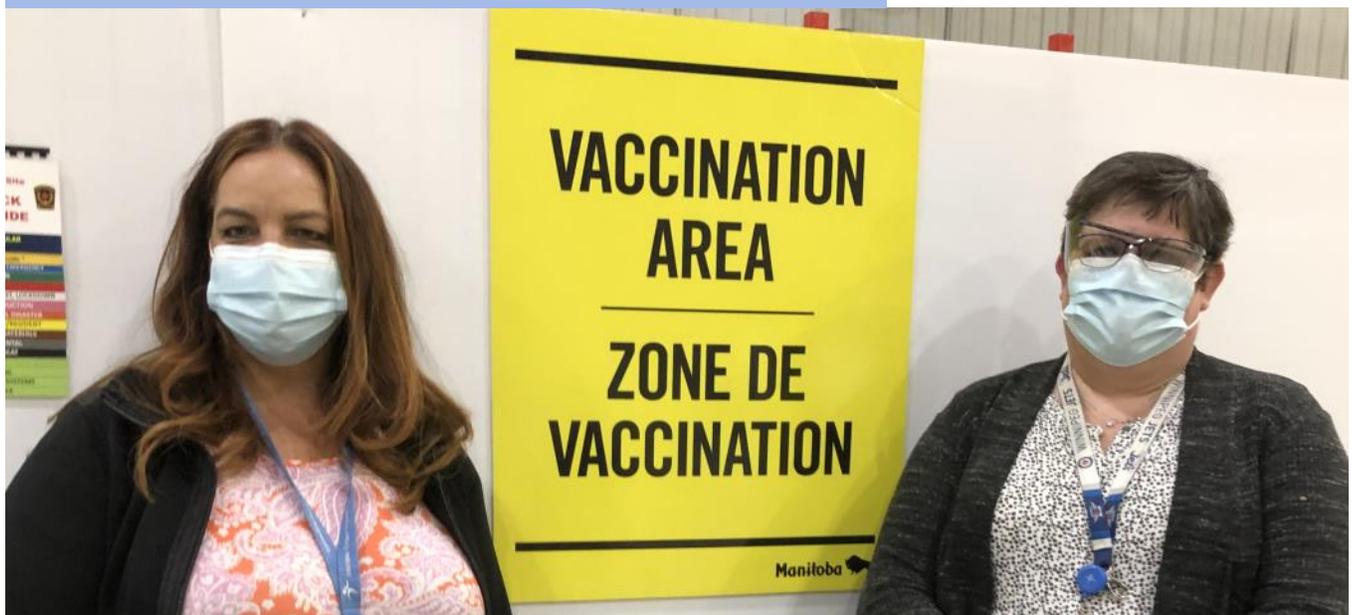
“We've been well supported by the rest of the organization and the community at large. The nurses have worked hard. We couldn't do it without all the other supports. This collabora-

tive approach is a true picture of public health practice.”

Wendy Fontaine, regional manager for COVID-19 immunization, also expressed gratitude for everyone who has helped out with vaccination efforts.

“To help with important navigating roles, we've relied on staff from many areas, including Family First home visitors, wellness facilitators, home care staff, primary health-care staff and back-to-work staff, and we now have a staffing complement from Shared Health. They've all been phenomenal. We've had managers working at our fixed site clinics who go above and beyond every day to make it a positive experience for clients. We have wonderful security staff and support staff. Housekeeping are always there to lend a hand. Everybody is involved in making it a really successful vaccine campaign.”

At left, Shannon Montgomery, regional director for public health and wellness with Wendy Fontaine, regional manager for COVID-19 immunization.





Paramedics Providing Safe Transport Emergency Medical Services

Paramedics are among the first people on the scene of a health emergency. They are trusted to help in times of distress.

“Paramedics were some of the first people exposed to the virus in those early days,” says Louise Alarie, regional director, emergency medical services with Shared Health

Encountering someone ill with COVID-19 was a real possibility for paramedics when responding to a call for help.

“As we learned more about the virus, some of our protocols changed making our work more challenging physically and mentally,” says Louise.

Like many health-care providers, paramedics had to wear personal protective equipment that kept them completely gowned and fully covered with masks and gloves. They had to navigate the difficulties of caring

for and reassuring patients while ensuring their equipment was keeping them and their patients safe in the confines of an ambulance. The realities of COVID-19 can take its toll on those who provide care to others.

“I commend all paramedics for continuing to be there for people who needed them, even in the face of a global pandemic,” says Louise.

Ensuring Home Care Continues Clients, Families and Staff Work Together

One of the unique challenges of the pandemic for health authorities was responding to people’s needs for home care services. By the nature of their work, home care attendants posed a high risk for transmission of COVID-19 as they are required to enter people’s homes to deliver care and they will see multiple clients a day. Director of home and palliative care, Karen Wood, recalls a day at the beginning of the pandemic that showcased the teamwork among home care staff, clients receiving service and their family members and natural supports.

“We had to call all 3,700 of our clients to discuss their care needs and what their comfort levels were for service delivery at the beginning of our response to a global pandemic. Resource coordinators, case coordinators and scheduling clerks worked overtime on Easter weekend to connect with clients and family members to ensure we had a plan in place for everyone’s care needs,” Karen recalls.

Karen commends her team and the community members they worked with to keep home care clients safe during a global pandemic.

“In doing this, everyone showed so much compassion for our clients. This has continued throughout the pandemic as evidenced by the way our home care and palliative care teams and our clients have adapted to the changing requirements in personal protective equipment and our safety protocols.”





New Opportunities to Deliver Care Partnerships with First Nation Communities

The pandemic provided public health staff with new opportunities to participate in community based care.

Public health nurses offered helping hands in Bloodvein First Nation just before Christmas 2020, where they worked at the nursing station

as part of the outbreak response. Others travelled to Cross Lake First Nation and Garden Hill First Nation to share their skills with the communities.

Along with the rapid response team, the nurses worked with these communities, keeping people safe from the virus that could spread quickly.

Public health nurse Christine Brooks provided support for COVID case investigations on two occasions in Garden Hill First Nation.

“We were there as a resource for residents to feel supported and connected and to reduce the stress that COVID had brought very quickly to a community of 5,000 people,” she says.

First Nations communities expressed gratitude for the dedication of public health teams during the thick of the pandemic.

“During our outbreak, our team pulled together. The nurses, along with the rapid response team, also did a great job, even though we were working under a lot of stress around the clock, making sure that everyone was taken care of and families were safe,” says Bloodvein First Nation Chief Derek Cook. “It was a struggle, but we pulled together as a team.”





impact,” Keltie says. “Basically, our existing staff just teamed together and we all tackled it as a big group to make it work. No matter what, we still need to be here for our clients, including those at the acute sites.”

Without missing a beat, the support services team found creative ways to adapt.

“We did whatever we had to do, even if it meant different processes, routines and shifts. With what we’ve put in place, I hope we can keep forging ahead – and if we need to make changes, we can make them along the way,” she says. “It’s definitely been interesting, but I think we’re better equipped now for whatever’s coming our way. We have wonderful staff who have been picking up the slack and it really did make a difference. We couldn’t have done any of this without them.”

Staying on Top of High Touch Surfaces Support Services

The support services team made a clean sweep of their procedures to meet new demands during the dark days of the pandemic. All of a sudden, the team needed to prioritize important new protocols with a focus on enhanced cleaning.

“We’re doing so much more from the ground level to keep everybody safe, including more frequent wiping of all touched surfaces,” says Keltie Kadyunik, acting director of support services. “At the same time, we implemented on-call housekeeping at our acute sites, which we had never done before. That was really new.”

While adapting to new processes, they also faced an ongoing juggling act to balance staff shortages.

“We tried to get more staff but, unfortunately, that was a challenge. Schools closed and restrictions affected childcare, so we felt a great



Pandemic Pressures Personal Care Home Residents

Long Term Care

One of the populations most affected during the pandemic lockdown has been those living away from their families in personal care homes. The sudden transition from visiting with spouses, friends and family everyday to not seeing them in person was difficult to comprehend and experience for personal care home residents when the pandemic first arrived.

“Through these difficult times, all staff pitched in to help the recreation department make sure our residents’ social needs were met,” says Lori Martin, regional recreation manager with the long term care program. Lori oversees a team of therapeutic recreation facilitators who plan recreational programs that promote mental and physical wellness for older adults. This includes programs, sensory objects and activities to strengthen people's ability to function on their own and prevent physical and mental deterioration that so often results from social isolation and loneliness.

Throughout COVID-19 lockdowns, recreation staff maintained programming that adhered to public health regulations and set up virtual, outdoor and window visits for friends and family with residents.

“The pandemic forced us to think outside the box and still meet residents’ needs. Even though it was a long haul, you can see how resilient our staff really are when it comes to taking care of residents,” says Lori. “Our recreation department had to change the way we deliver programming by limiting the number attendees, ensuring physical distancing and undertaking enhanced cleaning.”

Many of the programs that residents enjoyed before the pandemic, such as live entertainment, special family functions, singing and baking were not allowed. After a year and half, personal care homes are now welcoming back clergy and volunteers and offering outdoor entertainment.



Family Connections

Residents Keeping in Touch

In the early days of the coronavirus pandemic, the Long Term & Continuing Care Association of Manitoba (LTCAM) realized an urgent need and took action.

“When people with dementia are not in contact with the people closest to them, they lose their cognition and orientation to time, place and person. It’s absolutely critical that they stay in touch,” says Jan Legeros, executive director of LCTAM. The organization launched an appeal and Telus, United Way, Powerland Computers, and Blue Cross answered the call. More than 200 iPads and smartphones were donated and 15 of them made their way to Interlake-Eastern RHA personal care homes.

“We touched base with all personal care homes and . . . and every single home that needed a device received one,” says Jan. “And they are really being used. In one home, a resident who is more than 100 years old is even teaching other residents how to use one of the iPads. You can see how meaningful this is for everyone, and it truly shows how we’re really all in this together.”

Protecting Visiting Time Shelters a Safer Way to Visit

Twenty-one outdoor visitation shelters across 15 sites in Interlake-Eastern RHA, and one designated indoor visitation space are now available for friends and family members to visit with personal care home residents. These isolated yet connected visiting areas greatly reduce the risk of introducing an infection into care homes.



The outdoor shelters are refurbished shipping containers, each measuring 8' wide by 40' long, that are attached to the care homes. While there is no plumbing, they are fully insulated, air-conditioned and heated. But their most important feature is the ability for residents to visit others safely.

“We know how important in-person visits are to residents’ wellbeing, and in fact, the wellbeing of their loved ones too,” says Leona Wright, director of health services, long term care and personal care home standards.

Because the shelters have their own separate entrance, visitors do not need to enter the main facility. Each shelter has a ventilation system separate from the personal care home. The interiors are also made from smooth, easy-to-clean surfaces to make mandatory cleaning and disinfection between every visit easier. Both residents and visitors will need to respect visiting policies in place at the time of visit.

Facilities Management on Site Keeping Facilities Safe

Interlake-Eastern RHA’s facilities management and capital planning department consists of 50 staff members assigned to various sites. Regularly, this team provides excellent facilities maintenance work and undertakes project delivery as needed for construction and renovations to the region’s health-care buildings. Keeping up with the ever changing requirements of managing COVID-19 in facilities required the full expertise of this team.

“Staff in our department rose to the occasion time and time again to ensure that infection prevention and control and clinical and facilities management requirements were met and or exceeded,” says Troy Lycan, Interlake-Eastern RHA’s director of facilities management and capital planning.

“In some cases, we renovated existing facilities to house COVID testing sites. Renovations to the old hospital at 100 Easton Drive were required for that to become one of the province’s vaccination supersites. It was our responsibility to ensure that our staff, as well as contractors, adhered to safety requirements of required personal protective equipment and physical distancing,” says Troy.

This team also assisted in the installation of the pre-built visitation shelters that were distributed throughout the region to personal care homes that could accommodate them. These shelters that let residents visit with loved ones in a masked face to face meeting are equipped with negative air flow to ensure the safety.

“COVID-19 brought with it the additional element of very tight timelines. I commend everyone in our department for their hard work and dedication throughout this pandemic and for all they do on a day to day basis to ensure the safety and comfort of all patients, residents, staff and members of the public.”



Primary Care Staff Pivotal to Pandemic Response

Primary Care

Throughout the pandemic, primary care staff have pivoted to fill multitude roles in the response to COVID-19.

“Clinicians and care providers had a huge and rapid practice shift to virtual appointments at the start of COVID,” says Melissa Fuerst, primary care clinical team manager. “The ability to adjust so quickly and continue to provide quality health care speaks volumes to the skilled clinicians we have.”

Nurse practitioners, primary care nurses, dietitians, chronic disease nurses, administrative staff and management have been important contributors to COVID response teams. With a focus on flexibility, the clerical administration team and our nurses assisted public health at COVID vaccination pop-up sites and supersites. Many primary care clinics also administered COVID vaccines within their clinics to their home communities. Nurses and nurse practitioners completed additional required education through Red River College to provide this support.

Primary care nurses were deployed to help with contact tracing across the province. Chronic disease nurses were redeployed to public health and they continue to help with contact tracing and immunizations. Outreach mobile testing sites were also co-ordinated and staffed primarily by primary care teams, often with very short notice.

“Primary care staff accommodated these requests during regular work days as well taking extra shifts during the week and on weekends to ensure communities in need were supported. Partnerships between our region and our First Nations communities and tribal councils were key to providing mobile testing in Indigenous communities. The COVID pandemic has shown how different programs can come together to provide essential services,” Melissa says.



Behind the Front Lines

Occupational Safety and Health

Since the beginning of the pandemic, Interlake-Eastern RHA’s occupational health team has screened over 6,000 employees, including follow-ups, that equates to over 12,000 phone calls.

Prior to the pandemic, there was one occupational health nurse on staff. The team has grown to two occupational health nurses, two screening nurses and an administrative staff member to manage the numerous calls and emails. Initially operating Monday to Friday, the team now

operates seven days a week including holidays. The team screens employees, manages contact tracing of staff exposed to positive COVID cases and assists with responding to COVID enquiries. In addition, Occupational health nurse have been assisting staff with health issues related to wearing personal protective issues such as skin breakdown from masks.

“There were days when we would be working until late into the night making calls to staff,” says Joanne Marceniuk, occupational health nurse. “Guidelines for staff screening would change almost every day as more understanding of COVID influenced our response. It’s been a challenging year, but we are happy that we can provide this service to IERHA staff to keep them, their families and their patients safe.”

Keeping Connected with Community Members

Mental Health

Since the early days of the pandemic, mental health and crisis services staff have shifted how they provide services in order to meet the demands that a pandemic places on people’s mental health and to support the need for health-care resources pandemic response has required.

Paul Barnard, health services director of mental health, says some staff members have been re-deployed since March 2020 to other programs, providing quality care and support to COVID response efforts. Those who remain in their positions have worked hard to deliver care.

“Mental health liaison nurses who work in emergency departments in the region provided quality services, even when restrictions prevented natural supports from being present. They have engaged with family and natural supports by phone,” he says.

Administrative staff were still the friendly faces of the mental health program, assisting those

who presented in-person for services. Proctor resource co-ordinators and their teams adjusted their services to help meet the needs of vulnerable underserved populations when restrictions made accessing any services difficult. This included collaborating with local food banks and securing transportation to COVID vaccinations. Community mental health workers completed assessments virtually and learned how to engage with clients on Microsoft Teams. Meanwhile, central intake staff helped people navigate and connect with available services.

Psychiatrists and psychologists shifted their practices to provide virtual care. Other mental health staff have also adjusted to providing services virtually including mobile crisis unit staff who have become experts at completing assessments via telehealth. This was a huge shift from traditional service delivery. The Rapid Access to Addictions Medicine team continues to provide much-needed low-barrier services for those in need of addiction medicine services. This has included increased use of telehealth technology which is secure videoconferencing to provide for virtual care.

In addition to those staying in-house at the region’s crisis stabilization unit, staff introduced the option for virtual visits. By meeting virtually, services were offered safely, allowing people to remain within their own homes and receive the care they needed.



“We are very proud of our staff’s commitment to those we serve. Staff have helped people navigate their mental health and addiction challenges throughout the pandemic,” Paul says. “The program’s pivot to virtual care was made out of a continued service necessity but has proven to hold valuable improvements in timely access to care, which the program will now look to maintain and further develop.”



Donning and Doffing Infection Prevention and Control

Interlake-Eastern RHA’s infection prevention and control team is comprised of nurses with additional expertise in preventing infections in health-care settings and managing outbreaks when they do occur to move them to a swift conclusion. This team works closely with the region’s medical officer of health who is responsible for declaring outbreaks and confirming when conditions have been met to conclude them. While the team is always active, the COVID-19 pandemic shone a spotlight on the essential role they place in the delivery of safe health care.

“COVID-19 was something new for all of us, something we hadn’t seen before,” says Patrice Lee, infection prevention and control manager. “We wanted to ensure our staff were prepared

for COVID and confident in the personal protective equipment and other infection prevention protocols required to keep them and the people we care for safe.”

This meant working with frontline staff to ensure they knew how to appropriately don and doff (put on and take off) personal protective equipment. Processes need to be followed to minimize opportunities for health-care workers to come in contact with or to spread COVID-19 germs. And before the region saw its first case of COVID-19, the infection prevention control team was walking staff through scenarios where someone who was symptomatic with COVID-19 attended a facility. They discussed the processes they would need to follow to ensure the best care of the patient and reducing opportunity for transmission of illness.

“Staff reported back that these exercises were of great assistance in increasing their confidence when it came to preparing their response to COVID-19,” Patrice says.

In the event that an outbreak occurs, infection prevention and control staff will audit the facility and work with managers on site to address any departures from protocols. Information updates on COVID-19 occurred daily as the scientific community learned more about COVID-19 and helped refine response to improve care and protection. This team ensured that updates were available to staff and members of the public in a timely way.

The pandemic has required Interlake-Eastern RHA staff to adopt new outbreak response processes that capitalize on the expertise of many different program areas.

“Collectively we are preventing the transmission of illness and the infection prevention and control team is there to support staff who are on-site delivering care,” Patrice says.

Community Based Harm Reduction Public Health

Interlake-Eastern Regional Health Authority's public health program continues to receive project funding from the Public Health Agency of Canada under the Harm Reduction Fund and works closely with the Manitoba Harm Reduction Network.

Harm reduction facilitators develop relationships with peers and community stakeholders to educate, build awareness of harm reduction and keep people who use drugs and communities safe by identifying resources and connecting people. This includes ensuring people have access to primary care providers.

During the pandemic this past year, the harm reduction program continued to offer access to safer substance use and safer sex supplies.

In some of our communities, outreach to provide essential services such as food hampers, sexually transmitted infection testing and treatment, and harm reduction supplies has become an important part of the harm reduction program.

An important step forward this past year was partnering with the local gas station in Selkirk to begin distributing naloxone overdose prevention kits. This gas station is open 24 hours and people who use opiates and their supports can access kits which decreases the chance of overdose deaths.



Materiels Management

Maintaining Required Supplies

The early days of pandemic response will likely be the ones that stand out for Bridget Broek, regional director of materiels management.

“Essential supplies like hand sanitizers and masks were in high demand globally,” Bridget says. “We worked with managers in facilities to make sure any personal protective equipment (PPE) on site was available and being used appropriately. In the beginning we had to come up with creative solutions to supply shortages. For example, for a short time we were collecting, sanitizing and refilling small hand sanitizer containers as these items were in short supply.”

In response to a provincial call-out for donations at the start of the pandemic, the region received medical masks, N-95 masks and donations of hand sewn masks, head covers, gowns and ear extenders to prevent masks from rubbing when worn for long periods of time.

“I never fully appreciated the generosity that existed in our communities until COVID. We had all manner of supplies showing up. People wanted to help and they wanted to contribute. We are so grateful for that support,” Bridget says.

She also noted how companies shifted operations to produce items in short supply.

“Some of the hand sanitizer we were using came from breweries that started bottling it. Distribution to health-care facilities was prioritized. It is comforting knowing there are people close to home who are willing to do what they can to help in a time of crisis,” Bridget says.

What didn’t surprise her was her staff’s commitment to addressing the increased demands that COVID-19 placed on supply management and distribution.

“The pandemic paved the way for all regional health authorities to work together as we never

have before. This partnership helped all of us get through the worst supply shortages I have ever seen in my career. We all have an important role to fulfill in the health-care system. I am truly thankful I have a reliable and committed team who excel at thinking on their feet and will work together to solve any issue that comes their way. We were faced with a global pandemic and we still delivered,” Bridget says.

Scheduling a Pandemic

Human Resources—Labour Relations

The scheduling team is responsible for building shift rotations, scheduling employees and filling shifts when staff are unable to attend work. Scheduling staff ensure requests for time off as well as any other adjustments to employee schedules are coded appropriately and accurately for the processing of payroll.

COVID-19 added additional challenges for Interlake-Eastern RHA’s scheduling team. The requirement for personal care home staff to work in only on facility greatly reduced opportunity for health-care workers to contribute to transmission of illness. This prevented scheduling staff from offering shifts to people in other facilities, making it necessary to rely on a smaller pool of people to fill shifts when they became open. The need for staff to self-isolate in the event that they had been exposed to COVID-19 increased the number of vacant shifts that scheduling worked to fill. In addition, outbreaks in sites often resulted in more staff being off and the need to fill more shifts.

COVID-19 has been a challenging time for this team but they have worked together to do their very best to make sure this region has the appropriate staff in place when scheduled to work.

Testing for COVID-19 in Interlake-Eastern RHA

When it became apparent that testing would be a necessary component of managing COVID-19 infections, Interlake-Eastern staff were quick to respond. Manitoba’s first case of COVID-19 was announced on March 12, 2020. By March 18, Interlake-Eastern RHA’s opened the region’s first testing site in Selkirk and it was Manitoba’s first drive through testing site. This was followed by a testing site in Eriksdale on March 26 and Powerview-Pine Falls on March 27. Dynacare opened a testing site in Arborg on December 21, 2020.

Testing site locations in some communities have changed since they opened to better accommodate the process and winter conditions. One of the key challenges with the sites is maintaining staffing as the positions are not permanent. They draw on health-care workers from elsewhere in the system in the hope that someday soon these testing site will no longer be required.

Selkirk COVID-19 Testing Site

Located in former Selkirk and District General Hospital, 100 Easton Drive



	March 31, 2020	March 31, 2021
# of tests performed in Manitoba	8,914 ¹	582,697 ²
# of tests performed in IERHA	654 ³	31,853 ³

COVID-19 Testing Data

1. Covid-19 [Bulletin #37, March 31, 2020](https://news.gov.mb.ca/news/index.html?item=47342&posted=2020-03-31)
(<https://news.gov.mb.ca/news/index.html?item=47342&posted=2020-03-31>)
2. Covid-19 [Bulletin #389, March 31, 2021](https://news.gov.mb.ca/news/index.html?item=51062&posted=2021-03-31)
(<https://news.gov.mb.ca/news/index.html?item=51062&posted=2021-03-31>)
3. Interlake-Eastern RHA internal data

Testing for COVID-19 in Interlake-Eastern RHA

Eriksdale COVID-19 Testing Site

35 Railway Avenue



Powerview-Pine Falls COVID-19 Testing Site

Powerview-Pine Falls Health Complex, 37 Maple Street



Vaccine Arrives in Interlake-Eastern RHA

Embarking on COVID-19 vaccination A Pharmacist's Perspective



The arrival of COVID-19 vaccine in the province was a great day for Manitobans. Kurt Schroeder, regional director of pharmacy, took a moment to reflect upon the significance of the arrival of the vials of vaccine in Interlake-Eastern RHA:

"On Monday, I got to hold a vaccine for a disease that didn't have a name a year ago. That has to reaffirm with me that insurmountable challenges can be overcome if we have the will to do it. Drug approval processes demand that drugs show evidence that they work and evidence that they are safe. For new drugs, the approval process is like an obstacle course. Sometimes you clear the obstacle, sometimes you are forced to wait for an obvious delay and, at other times, you wait for delays that aren't so obvious. Adding to the complexity is each country will have a different obstacle course with different rules for completion.

What we have done is built very quickly on the science that we had and eliminated those pauses to keep the vaccine approval moving forward. It was thousands of scientists who dropped their work and picked up this problem to, piece by piece, find ways to arrive at answers. It shows that we can find ways to scientifically address complicated problems and, if our will is strong enough, we can make the approval system work. We have a new way of thinking about vaccine formats with this mRNA vaccine.

We are so caught in the moment of COVID, we cannot appreciate the sheer power of putting our best and brightest people to the task of solving a global problem. They didn't deliver one solution quickly, they found many."

Among the first to be vaccinated



January 13, 2021

Mary Cartlidge, 90 years, Tudor House Personal Care Home, Selkirk

"I only have my brain and X amount of time left. Being stuck in lockdown is hard. So is not being able to see my family and my cat. I am hoping that this vaccine will help to get us out into the world sooner."

COVID-19 Supersites Open

Selkirk COVID-19 Supersite opens March 8, 2021

Situated at former Selkirk and District General Hospital



Retired public health nurse Cindy Arnes administers COVID-19 vaccine to Donna Innes, Gimli resident

“I was excited to receive my vaccination. After a whole year of this COVID going on, and thinking about going out in public again, meet my friends again, and not have to be afraid to leave the house. I got my shot as soon as I was eligible. Partly, that is because I have a 91 year old grandmother and I wouldn’t want to catch it and pass it along to her. “

Nurse Monique Gillon administers the vaccination to Calvin Long, 93, who has lived in Clandeboye since he was two years old

“I’m getting the vaccine because, well, I’m pretty old. I don’t get out as much as I used to, but it will be nice to get together with family again.”



COVID-19 Supersites Open

Gimli COVID-19 Supersite opens May 29, 2021

Situated at Gimli's recreation centre in the curling rink



The first people to get immunized in Gimli. Back left: Wendy Lambley (who was previously immunized) accompanied her 15-year-old son Grey for his immunization. Front left: Claire Signatovich. Front right: Matt Long.

This site opened around the time that people aged 12 and up became eligible for vaccination. The first three people to get vaccinated in Gimli were all motivated by a desire to protect the health of those around them.

Fifteen-year-old Grey Lambley from Fisher Branch attended the clinic with his mother Wendy.

“It felt good to know I’m protecting myself, my friends, my family and community because we don’t need loss of life,” Grey said.

Matt Long of Gimli said he felt it was important for Manitoba to no longer be receiving international attention as a COVID-19 hot spot in North America.

“We all have a societal duty to get out there and get vaccinated,” Matt said.

And Claire Signatovich, a second-year engineering student who lives in Winnipeg, got her vaccine because of her concern for the health of her 93-year-old grandmother.

“I’m really hoping if restrictions are loosened everyone can visit and give her a hug,” Claire said.

Staffing at the supersites includes those who work in the region as well as those from other RHAs. There were 284 appointments booked for opening day. The clinic has the capacity to deliver 1,000 doses daily when fully staffed.

Year in Review—2020-2021: Response to a global pandemic



\$5 Club Lets Staff Give Back Interlake Eastern Health Foundation



The only requirement for entry to Interlake-Eastern RHA's Five Dollar Club is a desire to give back to the community. With employee permission, members of this club see five dollars of their pay automatically donated to Interlake Eastern Health Foundation. The foundation works with members of the club to identify opportunities to invest in healthy and healthy living initiatives in communities in the region

In 2020, the Five Dollar Club contributed \$17,500 to nine organizations that benefit patients and residents from across the region.

Child Nutrition Council of Manitoba: \$4,000

Child Nutrition Council of Manitoba is a charitable organization dedicated to helping school children learn, grow, and succeed by supporting breakfast, snack, and lunch programs. Based in Manitoba, all of the funds raised stay here reaching children in regions across the province.

"These programs help address an immediate need for nutrition support in our schools and communities, as well as work towards a brighter future for Manitoba students by ensuring all students have an equal opportunity to learn in the classroom and at home," Wendy Bloomfield, Chair, Child Nutrition Council of Manitoba.



Janelle Wotton,
Community Dietitian &
Strategic Initiatives
Manager, Child Nutrition
Council of Manitoba

Selkirk Regional Health Centre—family birthing unit: \$2,651 breast pump

The family birthing unit at Selkirk Regional Health Centre is the obstetrical referral site for all low-risk prenatal women in the Interlake-Eastern region, averaging 350 to 400 births per year.

Currently the family birthing unit only has one breast pump. When there are multiple mothers in care, another pump would be welcomed. Jamie Brown, clinical resource nurse in the family birthing says staff are very grateful for this donation from the club.

"This new breast pump will enable us to further promote breastfeeding initiatives and assist new moms to provide nourishment to their newborn by enhancing milk production. We are so grateful for this gift to the family birthing unit!"



Left to right: Morgan Chaye, family birthing unit assistant; Jamie Brown, clinical resource nurse; and Dr. Margaret Speer, obstetrical lead

\$5 Club Lets Staff Give Back Interlake Eastern Health Foundation

Palliative care program: \$1,000 for a new sleep chair at Selkirk Regional Health Centre

These funds will be used in conjunction with other donations to purchase a comfortable chair that converts to a bed for family or caregivers who stay overnight with an end of life patient.

Susan Gunderson, a Five Dollar Club member, recommended the sleep chair after a friend spent time in the palliative care unit.

“In June of 2020 a friend of mine spent nights sleeping in the palliative care room with her husband. When he passed, she said it would be nice if the palliative care room had a comfortable bed for family members who are staying during long periods of time with their loved ones.”

Susan added “I enjoy being a member of the Five Dollar Club because the donations go towards equipment or items within the RHA or organizations that are chosen by the members!”



Community Living Interlake: \$2,000 bed mat

Community Living Interlake supports Individuals who live with intellectual disabilities. They work with the community to ensure people live meaningful lives in fully integrated communities.

Jimm Simon, executive director, Community Living Interlake says the donation will be used to purchase a new bed mat for their shower.

“We have a level entry shower with a shower bed and a Hoyer lift in our facility that we use for some of our individuals and that we also make available to public health for occasional use of individuals they care for. Your donation will be a very much appreciated upgrade to the well-worn bed mat we currently use. “



Left to right: Community Living Interlake’s Sara Precourt, Tracy Fidler, Ryan Doyle and Janice Kowerko, seated is Eden Zdebiak holding the cheque.

\$5 Club Lets Staff Give Back

Interlake Eastern Health Foundation

Nova House: \$1,000 for programming

Nova House is an emergency and transitional shelter for women and children experiencing domestic or family violence. They offer 24-hour, seven-days-a-week accommodations to help support and empower women.

Executive director of Nova House, Viktoria Westgate, says they are grateful to receive another donation from the club.

“We are so grateful to The Five Dollar Club for thinking of us again this year and providing us this great donation. We have been working on an amazing transformation of our backyard, that will continue in the spring. Families staying in the shelter will be able to create some great flower and vegetable gardens that they will be able to nurture over the summer,” Viktoria said.



Nova House staff.

Beausejour Community Kitchen: \$2,500

Beausejour Community Kitchen provides meals for those experiencing food insecurity in the Beausejour/Brokenhead area.

Brenda Mousseau of the Beausejour Community Kitchen is so grateful for the donation says packaging food for the community is their largest expense right now.

“Thank you so much for your generous donation! Your contribution has helped us purchase packaging to send out our 70 plus meals a day to people who require extra help from our program. Our numbers have grown from 13 people the first day, on April 21, 2020 to between 70-80 per day, four days a week, and packaging is our largest expense.”



Beausejour Community Kitchen volunteer Clarissa Bagnell

Manitoba Possible: \$1,500

Manitoba Possible believes an inclusive and accessible society is possible. That’s why they work together to eliminate barriers to full and equal participation. They provide programs and services throughout the province.

“We sincerely thank the club for their generous donation. Donations allow Manitoba Possible to continue our work towards making communities more inclusive and accessible for all,” says Manitoba Possible coordinator, Diana Simpson.

\$5 Club Lets Staff Give Back Interlake Eastern Health Foundation



Left to right: Manitoba Possible’s Dana Erickson CEO and Lindsey Cooke Director, Provincial Services.

Selkirk Food Bank: \$2,000

The Selkirk Food bank supports community members by nourishing individuals and families experiencing food insecurity. Food banks and other charities are being faced with unprecedented need due to the pandemic.

Sunnywood Manor Personal Care Home, Powerview-Pine Falls: \$700 for laptop

The facility’s current laptop is 10 years old and residents have a hard time seeing and hearing their loved ones during visits.

Brenda Rose-Wiebe, RN, BN and Clinical Team Manager at Sunnywood Manor says the laptop will be well used and is greatly appreciated.

“Receiving a new laptop for resident use is fantastic. It enables individual and group use for all residents, allowing them to stay updated and in touch with current events, music and videos, as well as being able to provide a larger screen for virtual visits with family.”

“The contributions made by members of the Five Dollar Club help support programs that benefit the health and wellness of Interlake-Eastern residents and have a positive effect on our communities.”

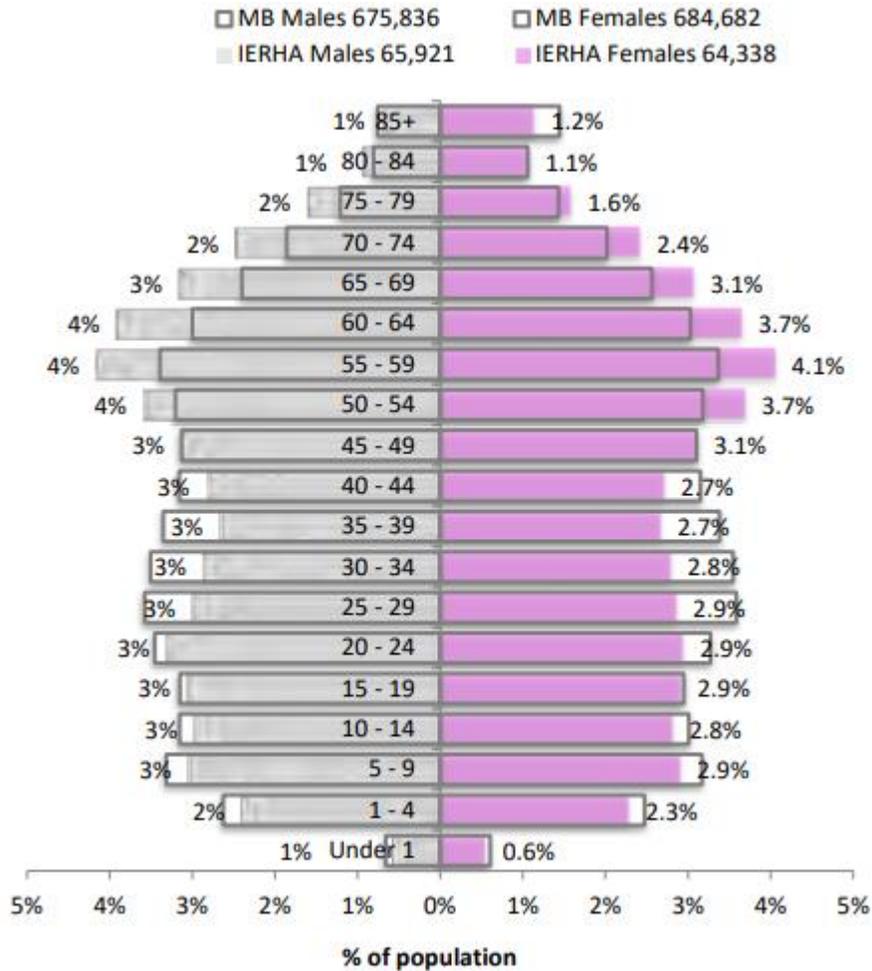


Left to right:
Selkirk Food Bank’s Jack Bird, Rob Robinson, Darlene Zuke, Rose Lavallee and Catherine Moore.

Statistics

IERHA Population

Interlake-Eastern has a very similar profile (pyramid shape) to Manitoba overall, but appears to be slightly older



Source: IERHA Community Health Assessment 2019

Life expectancy in Interlake-Eastern RHA

	IERHA		Manitoba	
	2007-2011	2012-2016	2007-2011	2012-2016
Male	76.7	78.2	77.5	78.5
Female	82.1	82.5	82.2	82.8

Source: IERHA Community Health Assessment 2019

Number of Babies born*

2018-19	404
2019-20	409
2020-21	376

*At Selkirk Regional Health Centre

Top four cancer diagnoses (Incidence)

	IERHA	Manitoba
Lung and bronchus	68.5	67.7
Prostate	66.6	51.8
Colorectal	65.9	61.9
Breast	64.7	62.7

Source: CancerCare Manitoba 2019

Most commonly performed surgeries at Selkirk Regional Health Centre (FY2020/21)

Laparoscopic cholecystectomy
Hysterectomy
Appendectomy

Emergency Department Visits by Triage Level

CTAS*	April 1, 2019 to March 31, 2020	April 1, 2020 to March 31, 2021
1 Resuscitation - Conditions that are considered threats to life or limb or have an imminent risk of deterioration requiring immediate aggressive interventions.	619	498
2 Emergent - Conditions that are a potential threat to life, limb or function requiring rapid medical interventions	9,616	7,732
3 Urgent - Conditions that could potentially progress to a serious problem requiring emergency interventions.	21,827	18,727
4 Less Urgent - Conditions that relate to patient age, distress, potential for deterioration or complications that would benefit from intervention or reassurance.	21,635	16,941
5 Non Urgent - Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration.	17,808	13,561
8 Registered - Not Triageed	2,143	1,503
	73,648	58,962

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

Number of Outpatients*

2018-19	17,334
2019-20	24,814
2020-21	27,452

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

Inpatients

ALOS – average length of stay

ALC – alternate level of care

	All patients discharged from an inpatient bed	Acute cases ¹	Acute ALOS (days)	ALC cases ²	ALC ALOS (days)
2018/19	5,460	5,395	8.5	492	73.8
2019/20	5,654	5,569	8.5	541	68.9
2020/21	5,541	5,479	8.4	487	74.9

1. Includes patients who were admitted and discharged where all or a portion of their hospital stay was designated as acute care
2. Patients who were admitted and discharged where all or a portion of their hospital stay was designated as ALC

DIRECTORY OF SERVICES

Interlake-Eastern Health Foundation

Pam McCallum, Executive Director
Selkirk Regional Health Centre
P.O. Box 5000 120 Easton Drive Selkirk, MB R1A 2M2
T (204) 785-7044 | C (204) 485-5139 |
E pmccallum@ierha.ca | W www.ierha.ca

LOOKING FOR A FAMILY DOCTOR OR NURSE PRACTITIONER:

Family Doctor Finder is an easy way to find a health-care provider for your or your family's primary health-care needs Monday – Friday, 8:30 a.m. to 4:30 p.m. 1-866-690-8260
Or register online at <http://www.gov.mb.ca/health/familydoctorfinder/>

IF YOU HAVE A GENERAL HEALTH CONCERN:

Health Links – Info Santé: 24-hour, 7-days a week telephone information service. Staffed by registered nurses with the knowledge to provide answers over the phone to health-care questions and guide you to the care you need. Call anytime (204) 788-8200 or toll-free 1-888-315-9257.

Hospitals

For more information on Interlake-Eastern RHA's hospitals and services visit www.ierha.ca and click on "[Care in Your Hospital](#)"

REGIONAL CLINICS

Rapid Access to Addictions Medicine (RAAM) Clinic

For adults (ages 18+) looking for confidential help for substance use problems. Offering addictions medicine, counselling and other supports. Easy access, walk-in, first come first serve, no appointment or referral needed.
Selkirk Community Health Office, 237 Manitoba Ave., Selkirk
Every Tuesday, 12:30 to 3:30 p.m.

Selkirk Quick Care Clinic

Staffed with nurse practitioners and primary care nurses who can help you with non-urgent health-care needs. Phones answered at 9:30 a.m. Please be patient and continue to call back if you would like to make an appointment. Making an appointment by phone is the best way to ensure you will be seen in the clinic in a timely manner. Walk in appointments may be available during low volume times but are NOT guaranteed. When you visit the clinic, please be ready to present your Manitoba Health card before your appointment.

#3-1020 Manitoba Ave., Selkirk (across from Boston Pizza)
(204) 482-4399

PROGRAMS AND SERVICES

For more information on the following programs and services visit www.ierha.ca and click on "Care in Your Community".

PUBLIC HEALTH OFFICES & PROGRAMS

Serves individuals and families by providing information, guidance and support on topics such as pre- and post-natal care, infant nutrition, healthy child development, immunizations, sexually transmitted diseases, and healthy living and disease prevention.

- **Arborg Community Health Office**
317 River Road
204-376-5559
- **Ashern Community Health Office**
1 Steenson Avenue
204-768-2585
- **Beausejour Community Health Office**
151 – 1st Street South
204-268-4966
- **Eriksdale Wellness Centre**
35 Railway Avenue
204-739-2777
- **Fisher Branch Community Health Office**
23 Main Street
204-372-8859

- **Gimli Community Health Office**
120 – 6th Avenue
204-642-4595
- **Lac du Bonnet Primary Health Care Centre**
89 McIntosh Street
204-345-8647
- **Lundar Community Health Office**
97 – 1st Street South
204-762-5469
- **Oakbank – Kin Place Health Complex**
689 Main Street
204-444-2227
- **Pinawa Primary Health Complex**
30 Vanier Drive
204-753-2334
- **Pine Falls Health Complex**
37 Maple Street
204-367-4441
- **Riverton Community Health Office**
68 Main Street
204-378-2460
- **Selkirk Community Health Office**
237 Manitoba Avenue
204-785-7500
- **St. Laurent Community Health Office**
51 Parish Lane
204-646-2504
- **Stonewall Community Health Office**
589–3rd Avenue South
204-467-4400
- **Teulon Community Health Office**
162 – 3rd Avenue SE
204-886-4065
- **Whitemouth District Health Centre**
75 Hospital Street
204-348-7191

FAMILIES FIRST PROGRAM

Program offers home visits to families with children, from pregnancy to school entry. The program works with public health nurses to access community resources, information and support for up to three years.
Selkirk and area – 204-785-7693 or

204-785-7505

St. Laurent, Stonewall, Teulon and areas –
204-886-4071

Arborg, Ashern, Eriksdale, Fisher Branch, Gimli, Lundar, Riverton and areas – 204-642-1610
Beausejour, Lac du Bonnet, Oakbank, Pinawa, Pine Falls, Whitemouth – 204-444-6115

FETAL ALCOHOL SPECTRUM DISORDER (FASD)

To discuss a potential referral of all children and youth up to the age of 18 years old for an FASD assessment, contact:

Andrea Dell, FASD Diagnostic Coordinator
Phone: (204) 785-7547, Fax: (204) 785-7698,
adell@ierha.ca

Devon Ungurain, FASD Diagnostic Coordinator
Phone: (204) 268-7434, Fax: (204) 268-4194,
dungurain@ierha.ca

OUR TIME HEALTHY BABY PROGRAM

Community based support for pre-natal and post-partum families with infants up to one year of age. Connect with other parents on issues such as nutrition, pre-natal care, breastfeeding, baby development, parenting and overall child care concerns. The program meets in various sites throughout the Interlake-Eastern region on a regular basis and provides a friendly, informal environment where families and their children can ask questions and receive current, relevant information. For the day and time that a group meets in your community or for more information call 1-866-211-1703 for West side of Lake Winnipeg including Selkirk and 204-345-0284 for the East side of Lake Winnipeg.

TEEN CLINICS

Teen clinics address the unique questions and health concerns that today's teens have. Services are free and confidential. Visit Teen Clinics on Facebook: Interlake Eastern Teen Clinics, and Instagram: interlake.eastern.teen.clinic

CANCER CARE

People living with a cancer diagnosis and treatment have a number of supports in the region where care and concern are complemented with information and empowerment.

- **Cancer Navigation Services**

Cancer navigation can guide and support you and your family through the entire cancer journey. Receiving information and support in a timely manner can help to reduce distress and anxiety. Cancer navigation services are provided free of charge to Interlake-Eastern Regional Health Authority residents and their families. Your family doctor, nurse or any other health-care professional can refer you to the nurse navigators. You can also contact the nurse navigator directly to seek the support of this program.

Nurse Navigators and Psychosocial Oncology Clinician Toll-Free: 1.855.557.2273 (CARE)
Email: cancernav@ierha.ca

- **Community Cancer Programs**

CancerCare Manitoba working in partnership with the Regional Health Authorities has supported rural communities in establishing community cancer programs for the provision of cancer services within the Interlake RHA and they are located in:

Gimli – 204-642-4520

Pinawa – 204-753-2334

Selkirk – 204-785-7400

Eriksdale – Community Engagement Liaison – 204-739-2777

HOME CARE

Home care is a community based service that provides essential in-home support to individuals, regardless of age, who require health services or assistance with activities of daily living. Manitoba residents registered with Manitoba Health who require services or assistance with activities of daily living such as bathing, dressing, meal preparation or medication administration are eligible for home care service to allow them to remain safely in their home. Self-referrals are accepted as well as referrals from physicians, hospitals, family/friends or other programs/agencies. Services provided are determined by a comprehensive assessment by the home care case coordinator and an individual care plan is then developed with input from the client.

Arborg - Arborg Community Health Office

317 River Road, Box 423, Arborg, MB R0C 0A0

204-376-5559 ext. 1 & 7, Fax: 204-376-5970

Areas of responsibility: Arborg, Matheson Island RM, Pine Dock, Riverton, Icelandic Lodge & Sunrise Lodge

Ashern – Lakeshore General Hospital

1 Steenson Drive, Ashern, MB, R0C 0A0

204-768-5225, Fax: 204-768-3879

Areas of responsibility: Ashern, RM of Gramdale, Camper, Glencora, Gypsumville, Moosehorn, Mulvihill, Pioneer Heritage, Vogar

Beausejour – 71107 Hwy 302S Box 209,

Beausejour, MB R0E 0C0

204-268-6747/ 204-268-6721/ 204-268-6720;

Fax: 204-268-6727

Areas of responsibility: Beausejour & White-mouth

Eriksdale – (see Lundar)

Fisher Branch – Fisher Branch PCH 7 Chalet Dr.,

Box 119, Fisher Branch, MB R0C 0Z0

204-372-7306; Fax: 204-372-8710

Areas of responsibility: Chalet Lodge, Dallas, Fisher Branch, Fisher River, Hodgson, Poplarfield, Poplar Villa, RM of Fisher

Gimli – Gimli Community Health Office 120-6TH

Avenue, Box 250, Gimli, MB R0C 1B0

204-642-4596 / 204-642-1607/204-642-4581;

Fax: 204-642-4924

Areas of responsibility: Arnes, Camp Morton, Fraserwood, Gimli RM, Parts of Armstrong RM, Meleb, Malonton, Matlock (Rd 97N), Rockwood RM, Ponemah, Sandy Hook & Winnipeg Beach

Lac du Bonnet – Lac du Bonnet District Health

Centre 89 McIntosh Street, Lac du Bonnet, MB

R0E 1A0 204-345-1217 / 204-345-1235; Fax: 204-345-8609

Areas of responsibility: Bird River, Great Falls, Lac du Bonnet, Lee River, Leisure Falls, Pinawa, Pointe du Bois, Wendigo, White Mud Falls

Lundar / Eriksdale – Lundar Health Centre 97-

1ST Street South, Box 296, Lundar, MB R0C 1Y0

204-762-6504; Fax: 204-762-5164

Areas of responsibility: Clarkleigh, Coldwell RM,

Eriksdale, Lundar

Oakbank – Kin Place Health Complex
689 Main Street, Oakbank, MB R0E 1J0
204-444-6139 / 204-444-6119; Fax: 204-444-5667

Areas of responsibility: Anola, Cooks Creek, Dawson Rd (portion), Deacons Corner, Dugald, Hazelridge, Queensvalley, Meadow Crest, Oakbank, Pine Ridge, Symington St. (portion)

Pine Falls – Pine Falls Health Centre
PO Box 548, Pine Falls, MB R0E 1M0
204-367-5403; Fax: 204-367-2968

Areas of responsibility: Albert Beach, Beaconia, Belair, Bissett, Grand Beach, Grand Marais, Lester Beach, Hillside Beach, Manigotogan, Northern Beaches (east side of lake), Northern Reserves (not incl. Ft. Alex), Patricia Beach, Pine Falls, Powerview, St. George, Seymour, Stead Gull Lake, Traverse Bay, Victoria Beach

Riverton (see Arborg)

St. Laurent – St. Laurent Community Health Office
1 Parish Lane, St. Laurent, MB R0C 2S0
204-646-2504; Fax: 204-646-2394

Areas of responsibility: RM & Town of St. Laurent, Twin Lakes Beaches, Oak Point, Assisted Living Centre & Laurentia Lodge

Selkirk – Selkirk Community Health Office
202-237 Manitoba Ave., Selkirk, MB R1A 0Y4
204-785-7703; Fax: 204-785-7742

Areas of responsibility: Clandeboye, Lockport, Narol, Petersfield, St. Andrews RM, St. Clements, Town of Selkirk

Stonewall – Stonewall District Health Centre
589 3rd Avenue South, Stonewall, MB R0C 2Z0
204-467-4413 / 204-467-4414 / 204-467-4769;
Fax: 204-467-4750

Areas of responsibility: Crocus Hilltop Manor, Grosse Isle, Marquette, Oak Park Lodge, RM & Town of Woodlands, Rosser RM, Rockwood RM, South of Rd 84N, Town of Argyle, Stonewall, Stony Mountain, Warren, Lions Manor, Headingly Colony

Teulon – Teulon Community Health Office
162-3rd Avenue, Box 89, Teulon, MB R0C 3B0
204-886-4053 / 204-886-4066; Fax: 204-886-

3503

Areas of responsibility: Armstrong RM, Balmoral, Clearwater Colony, Gunton, Interlake Colony, Inwood, Komarno, Malonton, Narcisse, Rockwood RM, Teulon, Woodlands #415 & North

Whitemouth – Whitemouth District Health Centre
PO Box 160, 75 Hospital Street, Whitemouth MB, R0E 2E0, 204-348-4609; Fax: 204-348-7911

Areas of responsibility: Whitemouth Area: Elma, Lewis, Prawda, River Hills, Seven Sisters, Town of Whitemouth; Reynolds Area: East Braintree, Hadashville, McMunn, Rennie, Richer East, Ste. Rita, Spruce Siding, Whiteshell Provincial Park (excluding Falcon Lake)

MENTAL HEALTH

Mental health includes our emotional and social wellbeing. It affects how we think, feel and act. It also helps determine how we handle stress, build relationships, and make choices. Mental health is important at every stage of life, from childhood through to adulthood. Mental health challenges can affect us all and may include difficulties in thinking, mood and behaviour, but help is available.

- Non-crisis mental health support call toll-free 1-866-757-6205
- 24-hour crisis mental health support call toll-free 1-866-427-8628
- Crisis Stabilization Unit – Toll free: 1-888-482-5361
- Mobile Crisis Unit – Toll free: 1-877-499-8770
Visit ierha.ca, “Care in your community” and “Mental Health” for self-help online resources.

PALLIATIVE CARE

A philosophy of care that aims to provide comfort and quality of life for individuals and families facing a life-limiting, non-curative illness. Palliative Care does not take place within four walls - services and support are provided for people where they are living: hospitals, personal care homes and in your own home by a variety of caregivers including physicians, nurses, pharmacists, home care workers, volunteers, pastoral care, families and friends. Palliative Care helps individuals to achieve the best possible quality of

life right up until end of life. For more information on this program visit www.ierha.ca and click on “Care in your Community” and “Palliative Care” or contact Tammie-Lee Rogowski, clinical team manager, regional palliative care program, Office: 204-785-7756, trogowski@ierha.ca

FRENCH LANGUAGE SERVICES

Interlake-Eastern RHA is designated as a bilingual regional health authority by the Province of Manitoba. Francophones account for 5.7 per cent of the region’s overall population.

The largest concentrations of Francophone populations identified in our region are:

- The Rural Municipality of St. Laurent, including Marquette (RM of Woodlands).
- The Town of Powerview-Pine-Falls.
- The Rural of Municipality of Alexander including St-Georges.
- The Rural Municipality of Victoria Beach.
- Grand Marais and Grand Beach (RM of St. Clements).

Two French Language Service coordinators work in the region out of offices based in St. Laurent and Pine Falls. These French Language Service coordinators are linked to the region’s Primary Health Care and Community Wellness programs. They participate in delivering services in French, connect Francophone clients to appropriate health services, promote active offer by our health-care providers, promote staff language training, identify documents and resources for translation and represent the region on provincial French Language Service committees.

- Michelle Berthelette
French language services coordinator
Pine Falls
(204) 367-5402, mberthelette@ierha.ca
- Lori Carrière
French language services coordinator
St. Laurent
(204) 646-2504 ext. 3, lcarriere@ierha.ca

SERVICES EN LANGUE FRANÇAISE

L’Office régional de la santé d’Entre-les-Lacs et de l’Est est désigné comme un office régional de la santé bilingue par la Province du Manitoba. Les francophones représentent 5,7 % de toute la population de la région.

Les plus fortes concentrations de francophones dans notre région se trouvent dans les endroits suivants :

- Municipalité rurale de Saint-Laurent, y compris Marquette (M. R. de Woodlands)
- Ville de Powerview-Pine Falls
- Municipalité rurale d’Alexander, y compris Saint-Georges
- Municipalité rurale de Victoria Beach
- Grand Marais et Grand Beach (M. R. de St. Clements)

Deux coordonnatrices de services en français travaillent dans la région avec des bureaux basés à Saint-Laurent et Pine Falls. Ces coordonnateurs de services en français sont liés aux programmes de soins de santé primaires et du mieux-être communautaire de la région. Ils participent à la prestation des services en français, réfèrent les clients francophones à des services de santé appropriés, promeuvent l’offre active par nos fournisseurs de soins de santé, promeuvent la formation linguistique du personnel, identifient les documents et les ressources pour la traduction et représentent la région au sein des comités de services provinciaux de la langue française.

Michelle Berthelette, coordinator of French language services/coordonnatrice des services en langue française

Pine Falls 204 367-5402, mberthelette@ierha.ca

Lori Carrière, coordinator of French language services/coordonnatrice des services en langue française

Saint-Laurent 204 646-2504, ext. 3/poste 3, lcarriere@ierha.ca

SERVICES TO SENIORS

Senior supports programs and services are developed to maintain independence and enhance the quality of life of our senior population. Community run services such as congregate meals, grocery shopping, transportation and home maintenance may be offered through services to seniors. Specific services will vary from community to community. Services to seniors focuses on wellness and support and works alongside home care services in the community with the goal of helping people remain in their own homes. If you require more information, visit www.ierha.ca and click on “Care in Your Community”, “Services for Seniors” or contact:

- Bev Airey
Support services to seniors coordinator-West,
204-785-7707, bairey@ierha.ca.
- Sheryl Steinhorson-Taylor
Support Services to Seniors Coordinator-East
204-785-7575, staylor@ierha.ca

COMMUNITY WELLNESS TEAM

Delivering FREE health and wellness expertise

Health experts on our community wellness team include nurses, dietitians, exercise consultants and people trained to help motivate you to live a healthier life. Our wellness teams visit communities for events and they deliver free classes and programs all over the region. We offer something for everyone! Explore what community wellness offers and make a commitment to do the best thing you can do for yourself: live a healthy life. Visit www.ierha.ca and click on “Care in your Community” and “Community Wellness Team & Newsletter Sign-up” or call 1-877-979-WELL (9355) to learn more about upcoming events near you.

INTERLAKE-EASTERN RHA HUMAN RESOURCES

For the most recent job opportunities, visit www.ierha.ca and click on “Careers”.

General Recruitment Inquiries

Human Resource Assistant
233A Main Street, Selkirk, MB R1A 1S1
204-785-4772, hr@ierha.ca

Physician Employment Inquiries

Lorri Beer Physician Recruitment Officer
Physician Services
lbeer@ierha.ca

Indigenous Human Resources Initiative

- Robert Maytwayashing
Indigenous Human Resources Development Officer
204-280-0268, rmaytwayashing@ierha.ca
- Lori Buors
Indigenous Human Resources Development Assistant
204-280-1279 or 204-646-2504 Ex. 8
lbuors@ierha.ca

TELL US! WE’D LIKE TO HEAR YOUR COMPLIMENTS AND CONCERNS

At Interlake-Eastern RHA, we are committed to serving you with respect, care and compassion. We are here to listen and respond to your needs. You can reach us in a few different ways: Visit ierha.ca and click on “[Tell Us](#)” in the middle of our home page. You can fill in an electronic feedback form that will automatically reach our Tell Us staff. Printed forms are also available at all Interlake-Eastern RHA facilities – just ask for one at our business offices. You can also always call us toll free at 1-855-347-8500.

OPPORTUNITIES FOR ENGAGEMENT

Local Health Involvement Groups

Local Health Involvement Groups are being created to explore and provide advice to Interlake-Eastern RHA’s Board of Directors on issues that impact the delivery of local health services. We welcome applications from residents within the Interlake-Eastern RHA who are interested in participating in one of the region’s Local Health Involvement Groups. Please click [here](#) for more information or visit ierha.ca > Community Involvement > Local Health Involvement Groups.

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 Ave.
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 -1st 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 1st Ave.
204-642-5556

Pine Falls-Sunnywood Manor PCH
4 Spruce Street
204-367-8201

Stonewall-Rosewood Lodge PCH
513 1st. Ave. 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. Ave. 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

Interlake-Eastern Regional Health Authority
Corporate Office
233A Main Street, Selkirk, MB R1A 1S1
1-855-347-8500
Fax: 204-482-4300
www.ierha.ca info@ierha.ca



Interlake–Eastern
Regional Health Authority