



2022 Annual General Meeting
Monday, October 3, 2022
Virtual Meeting w/optional conferencing

MINUTES

The Interlake-Eastern Regional Health Authority Board of Directors held its ninth Annual General Meeting virtually. Approximately 102 were in attendance virtually from across the region.

Michele Polinuk, Vice Chair of Interlake-Eastern RHA's board of directors was the Master of Ceremonies. Michele took a moment to explain the authority of the IERHA Board of Directors:

The Interlake-Eastern RHA is established and governed under The Regional Health Authorities Act. Members of the RHA board are responsible for providing leadership in the delivery of administering health services in accordance with the Provincial Act and Regulations. The RHA Board develops governance strategies (policies and procedures) to ensure an effective and integrated approach to local health care systems. The Board, CEO and Leadership Team are collaborative and innovative in ensuring effective health practices within a fiscally responsible environment. It is our priority to work in partnership with our communities.

Call to Order

Glen West, Chair of Interlake-Eastern RHA's board of directors called the 2022 Interlake-Eastern RHA Annual General Meeting to order at 2:00 p.m.

Robert Maytwayashing, Anishinaabe traditional knowledge keeper and an employee of the Interlake-Eastern RHA led the opening prayer.

Judith Cameron, Interlake-Eastern RHA's board of directors acknowledged that the 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.

Silvester Komlodi, Associate Deputy Minister of Health brought greetings from the Province.

Michel Polinuk, Vice Chair of Interlake-Eastern RHA's board of directors acknowledged all who have joined, her colleagues on the Board of Directors and introduced the Senior Leadership Team.

Board Chair Report

Glen West, Board Chair, took a moment to acknowledge efforts of outgoing board members.

David Oakley, Ruth Ann Furgala, Keith Poulson and Charlene Rocke. David and Ruth Ann were members of the executive committee. David served as our treasurer for six years and Ruth Ann as secretary and vice-chair since she joined the board in 2015. Charlene became chair of the audit committee shortly after her appointment to the board in 2015.

On behalf of the board, the Board Chair thanked them for their significant contributions to the important work of this board.

In addition, the Board Chair welcomed new directors to the Board, Susan Bater, Tammy Hagyard-Wiebe, Arnthor Jonasson, Reeve, RM of West Interlake, Cheryl Smith, Reeve of the RM of St. Laurent, Cyndi Typilski and Murray Werbeniuk as our new treasurer.

The regional map is a reminder to us of the size of our region. We represent roughly 10 per cent the size of Manitoba. There are more than 133 thousand people living in Interlake-Eastern RHA. That's not to mention the region's summer visitors who will seek care from us when needed.

Glen West, Board Chair provided a high-level overview of the region's achievements and challenges over the past year.

COVID-19

- Last year, we continued to work with the Province on the pandemic response. It was the year that we could finally wind down much of our COVID specific work. The Province's pandemic response system shifted to yellow, meaning caution, in February 2022 and then, in March, to green or "limited risk".
- Wrapped up operations of the testing sites in Powerview-Pine Falls and Eriksdale in March of this year. The Selkirk testing site closed its doors in April.
- The vaccination sites in Selkirk and Gimli both opened and closed over the past year. Almost 150 thousand immunizations were delivered at the Selkirk supersite. At peak, the site was delivering one thousand four hundred immunizations daily. The Gimli supersite provided almost thirteen thousand immunizations with a capacity of up to four hundred immunizations a day.
- Testing and vaccination sites in our region, and elsewhere, were staffed with health care staff from all over Manitoba. These people were redeployed or they returned from retirement to help out. Establishing the vaccination supersites, staffing them and managing them was beyond anything we have ever undertaken. Establishing the testing sites, and Manitoba's first drive through testing site, gave us a good taste of what was to come.

No one was fully prepared for how COVID-19 would affect every single one of us. On behalf of the directors of Interlake-Eastern RHA, the Board Chair extended their condolences to residents of the region who lost loved ones during the pandemic. So many of us were unable to memorialize people in traditional ways of mourning given the restrictions in place at the time. Over 2,000 Manitobans have lost their lives to COVID-19.

We must also acknowledge our staff and health care workers and physicians across the province who answered the calls to support pandemic response. Each and every individual in health care played a role in getting us through the pandemic. And, to the best of their ability, these health care workers continued to deliver the health care services we needed. Our staff have continued to make care for patients, residents and clients a priority, regardless of the challenges that COVID-19 presented. For that we will be eternally grateful.

We also extend our thank you and gratitude to community members for your support to our staff and physicians. At the beginning of the pandemic, there were so many unknowns. During the pandemic, we started understanding how devastating COVID-19 could be. And now as we work to rebuild and refocus, you have continued to buoy us all. Care for the caregivers has always been a hallmark of life in rural Manitoba and we thank you for continuing to lift the spirits of health care workers. You were there cheering us on throughout a very difficult time in health care.

Our Strategic Plan

Ninety stakeholders joined us in May 2021 for strategic planning days. We were joined by the Minister of Health and the Minister of Mental Health at the time. Representatives from Manitoba Health, Shared Health, mental health, health transformation and cancer care presented on current programs and objectives for the future. We were attuned to future objectives as our plans need to align.

Conversations with stakeholders and consultations with staff who participated in these planning days provided the guidance we required to develop a strategic plan that addresses regional and provincial priorities.

The six strategic goals are foundational to our work as they propel us towards achieving our vision. They provide continued opportunities for engagement with our stakeholders.

➤ **Strategic Steering Committees**

We've established strategic steering committees for each goal. These committees are comprised of representatives from the board, the RHA and community members. Their role is to collaboratively plan, monitor, evaluate and report on the implementation and achievement of the strategic goal over the lifetime of our strategic plan.

❖ *Integrated and Coordinated Health Care*

Integrated and Coordinated Health Care means creating a health system that is integrated and coordinated between providers and patients.

This committee has identified two workstreams and six different sub-goals. One of the sub-goals is the need to improve early diagnosis of cancer using CancerCare Manitoba's existing screening processes like breast check, cervix check and colon check. This means identifying and removing the barriers that prevent people from participating in screening programs.

❖ *Primary and Community Care Transformation*

Primary and Community Care Transformation means 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.

This committee spans the delivery of primary care, public health, home care and long-term care services. Among its four workstreams is Primary Care. This is where the intended expansion of teen clinics in the region will be actioned. Currently we have 11 of these clinics in the region where youth can conveniently access health care. We know these clinics are a preferred means to access care for this audience. Work is underway to identify points for expansion and to staff them.

❖ *Indigenous and Vulnerable (Aging) Populations*

Indigenous and Vulnerable Aging Populations is where we work to improve access and health outcomes and to reduce health disparities

This committee is focusing on reliable and equitable access to primary care will help to ensure minor health issues are addressed when they are minor. As part of addressing health inequities, this committee is ensuring primary care is accessible in the 12 First Nation communities that are accessible by road in Interlake-Eastern RHA. Work is also underway to provide local access to lab and pharmacy services.

❖ *Mental Health and Addictions*

Mental Health and Addictions is where we focus on improving access to community mental health and addictions services for adults, children and families. The provincial five-year plan is a roadmap to Mental Health and Community Wellness and it guides the work of this committee. Five strategic focus areas and seven system principles prioritize and guide decisions and actions that centre around person and family centred care.

This committee has established two workstreams. Under the workstream Mental Well-Being and Chronic Disease Prevention, they will be developing and launching mental health resources for parents, guardians and youth in partnership with school divisions in the region.

❖ *Health Human Resources*

The Health Human Resources steering committee is striving to establish a skilled and dedicated workforce of health professionals, support staff, volunteers and physicians.



This committee identified 34 different priorities under recruitment including working with communities and educational institutions to develop health care training opportunities close to home. Locally accessible training is proving to be effective in helping us fill vacant positions.

❖ *Innovation and Technology*

The Innovation and Technology steering committee is seeking to improve access, care quality and health outcomes through clinical best practices.

This committee identified six workstreams to organize actions. Under digital health, the dictation, transcription and voice-recognition services used by health-care providers to write reports are being upgraded. The new systems will be compatible with other existing systems, will decrease turnaround times to improve patient care and will be standardized across the province.

Our new strategic plan, and the processes we've adopted, have created additional opportunities to contribute to health-care. We've also established a Regional Health Advisory Council that meets quarterly to review our progress and ensure we maintain a regional approach to the health-care needs of people we care for.

Every year in November, we reconvene all of our stakeholders to review the strategic plan, the progress made and to evaluate if we're on the right path.

We are seeking community engagement on our strategic planning process. To participate, please fill out a strategic steering committee application form accessible at www.ierha.ca > Publications & Reports > Strategic Plan – scroll to the Strategic Steering Committee button at the bottom of the page.

Other opportunities to participate in health care are our two local health involvement groups. They provide assistance, advice and information to the IERHA's board and program areas. In this way, they support planning and delivery of health services in the community. Local health involvement group members provide community perspectives related to topics and questions presented by IERHA's board members and staff.

To fill out an application form, visit www.ierha.ca, click on "Community Involvement" and then "Local Health Involvement Groups".

The Board Chair concluded his report by thanking everyone and acknowledging that the Board is looking forward to our continued work together.

Treasurer's Report

Murray Werbeniuk, Board Treasurer, acknowledged and thanked the Board of Directors of Finance and Audit Committee for their contributions ensuring that we are providing leadership, allocating resources and fiscally accountable. Murray also acknowledged and thanked Dorothy Forbes, Regional Lead, Corporate Services and Chief Financial Officer and her Finance team their ongoing significant contributions to our committees, our board and the region as a whole.

Dorothy Forbes, Regional Lead, Corporate Services and Chief Financial Officer reviewed the Audited Financial Statements as at March 31, 2022 highlighting the past year's 2021/22 statement of operation, assets, liabilities, expenditures by program and type.

➤ **Highlights**

- ❖ COVID-19 response, and the related public health orders, continued to have a significant impact on all sectors and programs across Interlake-Eastern RHA. The RHA actively worked to restore service levels that had been impacted by COVID in the prior fiscal year.
- ❖ The region also continues to see increasing vacancy rates across all services areas, which are impacting overtime and agency costs throughout the region.



- ❖ The agreement with the Manitoba Nurses Union, which had been expired since 2017, was ratified in October of 2021, resulting in a significant impact to funding and salaries within the 2022 fiscal year.
- 2021/2022 Statement of Operations:
 - ❖ For the fiscal year ending March 31, 2022, IERHA incurred a deficit of \$2.8M, which was a solely capital deficit, as operations were balanced. As you can see, this was both under budget and under the prior year's results.
 - ❖ Revenue has increased approximately \$19.5M over fiscal 2021, which is related to global funding changes, the receipt of one-time COVID-19 assistance and collective agreement funding accruals. Expenses also increased over the prior year, by approximately \$19.4M, largely due to increased salaries and COVID-19 response work.
 - ❖ Salary increases were related to the collective agreement impacts and increased overtime and agency costs that were utilized to mitigate vacancies within programs.
- Assets
 - ❖ Tangible capital assets, which include land, buildings and equipment, make up the vast majority of the assets, at 87%. The allocation of the Region's assets is very consistent to what we have seen in prior years.
- Liabilities
 - ❖ Long term debt made up of loans held by Manitoba Finance's Treasury Division. These loans are funded by Manitoba Health.
 - 2022 Accumulated surplus \$13M, down slightly from 2021 at \$16M, due to the capital deficit that was incurred.
- Expenditures by Program
 - ❖ Expenditures impacted by:
 - COVID-19 work and collective agreements impacted all of these programs.
 - Increased vacancy rates and the reliance on agency and overtime impacted many of these programs, particularly acute and long-term care.
- Expenditures by Type
 - ❖ Stable allocation of expenditures.
 - ❖ Staff make up the bulk of the cost – 72%.
 - ❖ The allocation of costs across the different expense types remained stable, with COVID costs increasing by 1% or \$4M over the prior year.

The 2020/21 fiscal financial report was concluded and there was an opportunity for questions to be submitted through the chat feature. No questions were posed.

Michele Polinuk, Vice Chair introduced Marion Ellis, CEO. Marion was appointed to the position when former CEO, Dr. David Matear was seconded to Manitoba Health in January this year to join health incident command and then subsequently appointed to the Province as the Executive Director of the Diagnostic and Surgical Recovery Task Force.

Marion has over 30 years' nursing leadership experience. She began her nursing career in the United Kingdom. She completed her master's degree in nursing administration from the University of Manitoba. She has a proven reputation for establishing effective leadership and management teams, as well as engaging communities and staff in working towards improved health outcomes and safe patient care. The Board is grateful to have her guiding our senior leadership team.

CEO Report

CEO, Marion Ellis started by thanking everyone for their time and started by, identifying the six key topics for discussion; lay of the land in health care, legislation changes, provincial health dashboard, challenges and opportunities, capital investments in the region and key activities in the year ahead.



Lay of the land in health care

- With the passing of Bill 10 this year, the Regional Health Authorities Act has now become the Health System Governance and Accountability Act. These revisions to the act were necessary to support the changes coming about as a result of health system transformation. The new act:
 - identifies a Provincial Health Authority (Shared Health)
 - identifies a Provincial Cancer Authority (Cancer Care Manitoba)
 - clearly defines Regional Health Authority responsibilities in line with Manitoba's first Clinical and Provincial Services Plan.
- The role of ministries will be on policy, planning, funding and oversight. The regions focus on service delivery and Shared Health. Shared Health leads provincial planning and coordinates province-wide clinical and support services. These currently includes: Health Sciences Centre, Selkirk Mental Health Centre, digital health, diagnostics, emergency response services and payroll that falls under Human Resources.
- Influencing our regional strategic plan and operations are a number of guiding documents and initiatives, each with goals and objectives that we need to support if they are to be achieved.
Provincially guiding documents:
 - Provincial Clinical and Preventive Services Plan
 - Manitoba Mental Health and Addictions Strategy, Improving Access and Co-ordination of Mental Health and Addiction Services
 - Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba
 - Roadmap to cancer control for Manitoba
 - Truth and Reconciliation Commission of Canada: Calls to Action
 - Stevenson report – Long-term care improvements
 - Wait Times Reduction Task Force Report
 - Diagnostic and Surgical Recovery Task Force
 - Manitoba Emergency Medical Services System Review
 - Quality and Learning Framework
 - Physician Health & Wellness Community of Practice ProjectFederally guiding documents:
 - Truth and Reconciliation Commission of Canada – Calls to Action
- There are a number of unplanned influences on health care in today's landscape that we must also take into consideration as we work to maintain service delivery:
 - Increased staff vacancy rates – across the entire organization
 - Staff who test positive have been required to be off work for 8 days at minimum from symptom onset or positive COVID test – whichever came first. This has affected staffing levels.
 - Our staff have seen us all through a pandemic and the conflicting demands it presented personally and professionally. Staff vacancies are additionally challenging for a workforce that is stretched thin. Staff are exercising choices available to them when faced with work place challenges. There is a level of personal empowerment present now that we haven't seen before and some people want to explore how it can benefit them.
 - Staff and physician vacancies are resulting in temporary service disruptions.
 - Bearing the burden of increased costs.

Opportunities that lie before us

- Committed staff, our staff members have proven they are invaluable to sustaining health care. We are shackled in terms of progress if we are not able to support our staff with a stable workforce.
- Strong Partnerships with communities, we are fortunate to benefit from community members who value the people in health care and the services we delivery. In the past two years in this region, we have experienced a global pandemic, flooding, grass fires and snow storms. In every instance, elected leaders and community members have done all that they can to make sure we can continue delivering care. Clearing roads to allow for safe travel, sandbagging and tiger tubing our facilities, preparing transportation options in the event of rapid evacuation. A health service delivery



organization is not equipped to address some of the situations we've experienced recently. However, together, that is a different story. We thank you for watching over us and for extending help when needed.

- We are working closer now with our provincial and regional colleagues. There is broader understanding of issues in the health system and we are more actively blurring boundaries in an effort to access services and care that people need.
- Technological advancements helped us stay connected during COVID and we're reluctant to return to old ways in many instances. Technology and health care are intertwined and there is so much opportunity to help us bridge the gaps in care that currently exist.
- Provincial planning is recognizing and addressing the inequities that exist in the health system and working with us to allocate resources appropriately based on need and quantitative analysis. We are becoming collaborative, results focused and data driven.
- There is broad recognition that one way of expanding care is to allow health care professions the opportunity to work to their full scope of practice. We have an excellent example of that in the situation that arose in Pine Falls Health Complex prior to the May long weekend.
 - May long weekend there were nursing shortages and we had to suspend emergency department service. We connected with Dr. Rob Grierson, emergency response services, Shared Health, the staff on site and with Emergency Response Services (ERS) to develop a solution tailored to the health complex that saw paramedics working to their full scope of practice in the emergency department as contributors to the health care teams.
 - Over 60 medics volunteered to participate, this was a great opportunity to develop their skills.
 - We reopened the ED on July 18 and successfully maintained service delivery until physician departures resulted in us suspending service again on September 2, 2022.
 - This was a success with paramedics working to scope, expanded primary care and we will consider this model again if opportunity arises in the future. This was never intended to be a long-term solution. A bridge until staffing could stabilize.

Evaluating progress

- The health system as a whole is striving to become more results focused, data driven and, ultimately, more accountable to you.

Provincial Dashboard

- As part of our reporting, all health authorities are now working from one provincial dashboard. This is a tool to review the health system's performance, and better understand how the health system is functioning. This tool is available to you online [here](#).
- The dashboard provides a high-level overview of three key objectives that contribute to the health system we're trying to establish.
 - Improving access with reduced wait times
 - Improving the health service experience, and;
 - Improving health system sustainability

Reduce Emergency Department wait times

- An objective for this goal is to reduce emergency department wait times to below the national average. In our region, only Selkirk Regional Health Centre wait times are reported as it's the only facility in our region with an electronic monitoring system for wait times.
- This measure is a partial representation of patient flow, meaning it's a reflection of our ability to link people in emergency departments with the most appropriate health resources based on their needs.
- The metric was adjusted in 2021 to reflect the Canadian standard for Emergency Department (ED) wait times.
- 50% of patients attending an emergency department in our region don't require emergency care. We are looking at:
 - Increase access to primary care



- Established outreach clinics in eight communities
- Increased physician time in Selkirk Quick Care clinic
- Two My Health Teams operating in region – expanding access to care
- Increase access to mental health – improve flow to mental health services
- Piloted telepsychiatry support in 2021
- Working to implement direct access to psychiatry in region
- Optimize access to home care nursing – redirect care from EDs
- We've established eight IV and wound care clinics in conjunction with the home care program

Improve the health system experience

- Health service experience measures are based on responses to a survey, people who experienced in-patient care in one of our facilities.
- Staffing issues and wait times are likely taking a toll on how people are ranking their experiences with health care. Among health authorities, rankings are declining across the board.
- We have seen a decline in satisfaction in areas that are highly correlated with a “positive in-patient experience”. Manitoba Health provides an annual analysis and over time we have seen our “high priority” areas begin to dip this includes:
 - Dignity and respect from doctors
 - Staffing doing everything to control pain
 - Doctors explain things clearly
 - Nurses listen carefully
 - Communication across care providers
- Correlation coefficient analysis suggests that if the above areas improved, then in-patient experience would also improve.

Improving Sustainability

- We are also being held accountable for managing expenditures. It reflects the pressure of delivering health care in a fiscally responsible manner while working to address the challenges we're experiencing.

Health care challenges

- One of the primary drivers of almost all of our challenges is staff vacancy rates. Shortages are reminding us of the value of every individual on a health care team. We had been experiencing nursing and health-care aide shortages coming into 2021. By the end of the year, we started seeing growing vacancies on our support services teams that deliver housekeeping, dietary and laundry.
- We still have positions open in support services and across the workforce.
- Patient safety becomes an issue when we are severely short-staffed or even slightly short-staff for a long duration.

The staff who have seen us through COVID are still with us and they remain committed to delivery of care. But we can't keep coming to these members staff and our managers to pick up extra shifts. Our staff are tired. We provide relief by temporarily suspending beds when nursing vacancies require. As new staff are hired, we'll bring beds back into service.

Nursing retirements

So, what is driving staffing challenges?

- We have not seen a significant lift in nursing retirements during COVID-19. We have only had 8 nursing retirements in total this year.
- We do believe it's more likely that nursing staff are leaving current jobs in health care to work with agencies or private care providers. Agency work provides the flexibility and excitement of changing environments that young people are looking for. They are in charge of their own schedule, they benefit from incentives and they can choose new experiences where they can learn and grow their careers.



What's driving staffing challenges?

- We recognize we need to become more creative in appealing to the needs of younger generations. Once we secure new hires we are working to retain them in a number of ways that show we're listening to their work preferences:
 - Seek continuous staff feedback as part of more responsive customer (i.e. staff) service.
 - Implement the changes that actually matter to staff (the littlest changes help).
 - Improve rotations, self-scheduling.
 - Reduce EFTs as requested by staff, staff are telling us they like the flexibility that fewer shift with us provide them. This gives them freedom to explore shifts in other facilities, other RHAs or possibly signing on with agencies to take additional shifts.
 - Optimize interprofessional teamwork, work to let all professions perform to their full scope of practice.
 - Communicate and engage with communities using social media/print strategy, school visits, career fairs.
 - Break down barriers and enhance clinical practicum offerings.
- The global pandemic of COVID-19 has stress-tested our system and has illuminated the need to strengthen our workforce supply. Post-pandemic, workforce challenges across many industries including healthcare will require us to work with local communities to encourage youth and citizens to consider jobs and careers in healthcare.
 - We need to work with communities to expand and support a "grow our own" strategy.
 - We need to continue working with training institutions to increase offerings (closer to home, Part-Time attendance, virtual, funding).
 - We also need to partner with First Nation and Metis communities to offer education opportunities to position students to work within health care.

Staffing is going to be a struggle for years. This will not be a quick fix.

Opportunities

- New training opportunities and local training are proving to be effective.
- During COVID, the province introduced micro-credential courses for uncertified health care aides. These helped fill gaps in our staff complement and they have given over 60 people a front row seat to explore the career options that health care affords. A certification training course is now available to these health care aides.
- We have embraced the arrival of students into our facilities. We are hosting 10 undergraduate nursing employees at Selkirk Regional Health Centre and hope these students will consider applying for jobs upon completion of their training.
- Assiniboine Community College LPN training program hosted in Arborg has proven to be very effective in providing us with a stream of new hires. We've recently hired 17 graduates and a new intake just started on September 6.
- Implemented a provincial nursing mentorship program so that new graduates are paired with the best that nursing has to offer in our region.
- Also, we are experiencing success with the region's family medicine residency program. All four graduates of the program have passed their examinations and three of these physicians are now working in the region, two in Selkirk and one in Oakbank. We are grateful for the support of the communities within the RHA and the work of Dr. Ian Alexander, site lead for the residency program, as well as our partners at the University of Manitoba and Province. Together we achieved our vision of a residency program that is generating physicians who are interested in working in the region.

Med Lab posters

- Diagnostic services and access to labs in the region has been affected by staff shortages. If lab services aren't available, we can't operate an emergency room. Diagnostics managers do an excellent job of moving staff members to ensure lab resources are available where they will reach the



greatest number of people and help to retain emergency department care. Work is underway to stabilize the system with an injection into locally based training.

The CEO commended her colleagues at Shared Health for working collaboratively with the RHAs and educational institutions to identify training opportunities. Agreements have been made with both Herzing and Robertson School of Health to offer medical lab assistant training with practicums in region.

Please contact info@ierha.ca if people are interested in becoming a medical lab assistant. Training takes as little as 4 months and practicums in region are 6 weeks.

Capital investments

- Manitoba is making a historic \$812-million capital investment in building, expanding and renovating health-care facilities across the province in support of Manitoba's Clinical and Preventive Services Plan. The plan, led by clinicians, identifies planned upgrades in this RHA and others that pivotal to the success of the plan.
 - Although it is a new hospital, Selkirk Regional Health Centre was built with options to expand. Work has started on the construction of a 30-bed addition. Renovations to the emergency department will follow. This reflects a \$31.6 million investment.
 - Northwest Interlake Services a number of northern communities. Ashern is the first major centre when driving south. Lakeshore Hospital in Ashern will see an increase of 12 inpatient beds as well as an emergency department expansion. This reflects a \$10.8 million investment.

Framework for measurement

We have adopted an integrated management framework, that lets us better evaluate how effective our actions are in addressing the priorities we've established for the region. You will see this framework fully outlined in this year's annual report. We have identified our priorities, established target and we're now able to measure progress based on select indicators.

This framework helps us report on where we are progressing, where we're not, and where changes need to be made, if we hope to make progress. We're evaluating based on five general areas: financial, operational, stakeholder engagement (or customer satisfaction/engagement), and learning and growth. Within each segment there are multiple measures, that contribute to our achievement of strategic goals.

We will continue to work with our strategic steering committees in the achievement of our goals.

On September 21, our chief medical officer Dr. Charles Penner participated in a physician stakeholder summit in Portage la Prairie. The summit was hosted by Doctors Manitoba and the Manitoba Chambers of Commerce. The health minister was present to hear physicians' perspectives on how we can make meaningful and lasting changes to improve the sustainability of health services.

Moving forward

- We retain 70% of the physicians we graduate in Manitoba.
 - Clinicians and physicians are stretched, there is only so much bandwidth care providers have to invest and rural practice is by its nature more demanding, clinic, ED, inpatients, PCH residents, liability, administration, risk, responsibility and litigious society.
- Different time
 - Need to re-envision what health care service delivery needs for us
 - Health care providers are demanding this of us
 - System is set up for a different era: we have moved from landline to hand held phones, info is so much more accessible, connectivity and technology.
- Walk with communities to determine how to make the most of our current situation in health care.

In closing of the CEO report, Marion extended her sincerest appreciation to the directors of the board of IERHA, who have the best interests of the residents of this region at heart. She thanked his senior leadership team, for the inspiration they generate and the leadership they exemplify. She thanked our

community members and partners, and appreciate their commitment to working with us towards achieving better health care services.

The CEO report was concluded and there was an opportunity for questions to be submitted through the chat feature. No questions were posed.

Chair's Award for Excellence in Customer Service

Glen West, Board Chair announced this year's winners for the Chair's Award for Excellent Client Service recognized Interlake-Eastern RHA staff from across the region and reflected the great dedication and client-focus of those working in our community health care facilities. Awarded for regularly going above and beyond were:

- Amy Henry, Adult Speech Language Therapist
- Erin Fontaine-Walsh, Clinical Resource Nurse
- Katelyn Lang, Ashern Occupational Therapist
- Judy Kehler, Eriksdale PCH Health Care Aide

CEO Award for Community Leadership

This year's CEO Award for Community Leadership goes to Julie Bergner, manager at Fieldstone Ventures Education and Training Centre Inc. in Ashern.

Julie Bergner is manager of Fieldstone Ventures Education and Training Centre Inc. It is non-profit and community run in Ashern. It offers training in Arborg and encourages enrollment from all over the northwest part of the region. Fieldstone Ventures has been providing employment assistance services to unemployed and under employed Manitobans since 1998. The training centre's volunteer Board of Directors represents the sectors of employment operating in the area. These directors have identified health training as a priority for the area.

Since 2006, Fieldstone Ventures has been investing in developing health care employees. It initially worked with Assiniboine Community College and community groups to host an LPN program in Ashern that generated 14 graduates. Red River College now also offers health care aide programs at Fieldstone Ventures as well as a paramedic training. Julie says there is a commitment to training and employing workers locally.

Fieldstone Ventures connects students with funding. By easing financial burdens, students experience greater success with their learning and completion of courses.

Recently, training sites for Interlake residents have expanded with the establishment of two facilities in Arborg thanks to a partnership with communities and guidance by Assiniboine Community College. Julie tells us significant volunteer time was invested in the development of these training sites. Without the volunteers' drive and dedication, the project would not be where it is today.

Work is underway in to retrofit Ashern's provincial building in order to offer local training on the west side of the Interlake. A certified health-care aide program delivered by Assiniboine Community College is being offered for January 2023. This will open up training to students from as far south as St. Laurent to St. Martin and cover all 5 First Nation Communities in the area. 20 students are expected to be trained in this course.

Julie is a board member/treasurer of Living Independence for Elders in Ashern, the Lakeshore Hospital Guild and the Lakeshore Handivan Association Inc. In the past 20 plus years, she has worked closely with representatives of Interlake-Eastern RHA. Her community connections serve her well as she has excellent understanding of the needs of the community.



Closing Remarks and Meeting Adjournment

Michele Polinuk, Vice Chair concluded the annual general meeting. Reminded participants to fill out the online survey that is shared in the chat to let us know how today's Annual General Meeting went for you, and that our annual report and other meeting documents can be found on our website at www.ierha.ca under 'About us' and 'Annual General Meeting'. Annual General Meeting hard copies of any material reference today can be requested by calling 1-855-347-8500 or email info@ierha.ca.

Glen West, Board Chair adjourned the meeting at 3:30 p.m.

Michele Polinuk, Vice Chair thanked everyone for joining and wished everyone a pleasant evening.