



**2023 Annual General Meeting**  
**Tuesday, October 10, 2023**  
**Virtual Meeting w/optional conferencing**

**MINUTES**

The Interlake-Eastern Regional Health Authority Board of Directors held its ninth Annual General Meeting virtually. Approximately 130 were in attendance virtually from across the region.

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

The Interlake-Eastern RHA is established and governed under The Health System Governance and Accountability Act. Members of the regional health authority Board are responsible for the region's management and affairs. Directors are to act honestly and in good faith with a view to the best interests of the regional health authority and the health region.

The RHA Board develops governance strategies including 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 communities.

**Call to Order**

Michele Polinuk, Chair of Interlake-Eastern RHA's board of directors called the 2023 Interlake-Eastern RHA Annual General Meeting to order at 2:00 p.m.

Gwen Traverse, Director of Health, Pinaymootang First Nation & Interlake-Eastern RHA Indigenous Health Committee Co-chair led the opening prayer.

Robert Maytwayashing, Interlake-Eastern RHA Indigenous Human Resources Development Officer welcomed everyone to the meeting in one of the Indigenous languages spoken in this region.

Debbie Fiebelkorn, Interlake-Eastern RHA's board of director and Co-chair of the Indigenous Health Committee acknowledged First Peoples and Traditional Territories.

*"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."*

Kim Kaufmann, Deputy Minister of Health and Community Wellness brought greetings from the Province.

Cyndi Typliski, Vice Chair of Interlake-Eastern RHA's board of directors acknowledged all who have joined.



## Board Chair Report

Michele Polinuk, Board Chair, took a moment to acknowledge and introduce her colleagues on the Board of Directors and the Senior Leadership Team.

In addition, she took a moment to acknowledge efforts of outgoing Board of Directors.

Departing the board in the period of reporting were Cheryl Smith and Glen West. We thank Cheryl for her service. Glen served six years on the board and left in March after completing three years as Board Chair. On behalf of the board, the Board Chair thanked Glen for his leadership.

Michele Polinuk, Board Chair provided a high-level overview of the region's progress and achievements and over the past year.

### Interlake-Eastern Health Authority Region

The regional map is a reminder to us, how expansive the region is and the geographic barriers we deal with. Our area is 61,000 square kilometers - Interlake-Eastern RHA accounts for approximately 10 per cent of Manitoba's area. The region encompasses one-third of Manitoba's provincial parks, so need for health services increases in the summer months.

- As of June 1, 2021, 135,800 people live in the region. This represents close to 10 per cent of the province's population.
- 17 First Nations in the region. In addition, 24 communities are registered Manitoba Metis Locals.
  - More than one in four regional residents (27 per cent) self-identify as Indigenous compared with the provincial average of 18 per cent. With this significant representation of Indigenous people in the regional health authority, we acknowledge we have a role in working with First Nation communities to respond to the Truth and Reconciliation Commission of Canada's Calls to Action.
- We have a greater proportion of people aged 50 and over in the region compared to Manitoba and this demographic is growing. According to population projections to 2030, the region is projected to experience a 13 per cent population increase, with the most noticeable change being higher counts of residents in the 65 and older age groupings.

### Post-pandemic adapting

This period of reporting reflects the health system's recovery from the global pandemic. While health resources could once more be directed towards health service delivery, the health landscape for Manitobans had changed.

- During the Christmas holidays, community members wrote these messages for staff. The comments shared reflect how important health care providers were at this time.

### Governing Style

We have adopted a governing style that helps us maintain focus on always improving as an organization;

- Outward vision, rather than internal preoccupation
- Encouragement of diversity in viewpoints
- Strategic leadership, more than administrative detail
- Clear distinction of Board and Chief Executive Officer roles
- Collective rather than individual decisions
- Working toward the future
- Being proactive, rather than reactive

### Work of the Board

As board members, we review: monthly reports provided on the organization's performance, organizational risks, financial overviews, quality and risk reports, organizational accountability standards (Accreditation and Manitoba Association for Safety in Healthcare standards), and strategic steering committee progress.

In addition, the board recruits and hires the CEO who is accountable to the board.



### Intentional Board Education

Recognizing our role, we are focused on intentional learning and education of the board. We seek external and internal sources to enhance educational training. Leadership and staff help us understand their working environments and challenges in what we all recognize is a broad and complex system. The Board looks at data, ask questions to understand and support. Examples of learning and education that has been delivered to the board include;

- Indigenous mental health
- Indigenous cultural awareness training
- Medical staff by-laws
- Accreditation and board engagement
- Endoscopy expansion
- Multi-levels of Government of Indigenous People
- Ashern-Hodgson My Health Team

### Our Strategic Plan

The Interlake-Eastern RHA strategic plan is a very important aspect of the board’s responsibility. It spans from 2021 to 2028, and is a living document. The board constantly reviews it to address new realities and provincial strategies annually in consultation with stakeholders.

- Provincial priorities are reflected in the IEHRA strategic plan.
- There are six strategic goals;
  - Integrated and Coordinated Health Care
  - Primary and Community Care Transformation
  - Indigenous and Aging Populations
  - Mental Health and Addictions
  - Health Human Resources
  - Innovation and Technology
- Each goal has a strategic steering committee associated with it. Board members sit on each of these committees along with community members and staff. The Committee purposes are to ensure we are making progress towards our regional priorities.

The strategic planning structure keeps goals and planning on the forefront. If you are interested in any of the six strategic steering committees please fill out a strategic steering committee application form accessible at <https://www.ierha.ca/about-us/community-involvement/strategic-plan/strategic-steering-committees/>.

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. The Next strategic planning gathering will be our annual review on Thursday, November 30, 2023. Please consider this your personal invite to attend. Email [info@ierha.ca](mailto:info@ierha.ca) to indicate your interest.

### Key Accomplishments

- The Interlake-Eastern RHA’s new website launched in April 2023. The previous website dated back to 2013 needed an update, as it our means of connecting the region we serve on health-related information, contacts, careers, and other resources. Contact [info@ierha.ca](mailto:info@ierha.ca) if you can’t find what you’re looking for – we are happy to assist you and will rectify any issues you may encounter.
- The Interlake-Eastern RHA was Accredited in 2023. There were 3,197 criterions assessed and the Interlake-Eastern RHA met 2,929 of the criterions. You can access the accreditation report online at <https://www.ierha.ca/about-us/publications-and-reports/> and click on “Accreditation Reports”
- The Interlake-Eastern RHA successfully implemented a health and safety program that meets the standards of the Manitoba Association for Safety in Healthcare program and Manitoba’s SAFE Work Certification. We are the first regional health authority to become certified.



- From February 13 to March 10, 2023 three auditors from SAFE Work Manitoba visited Interlake-Eastern RHA facilities. During their visits, they spoke with staff to learn about their safe work procedures and gain a better appreciation of staff's understanding and adoption of these work processes.
- To maintain our certification, we will continue to conduct internal audits and host an external audit again in 2026.

#### Tell Us – Compliments & 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. We offer a number of ways to communicate with us through our Tell Us line <https://www.ierha.ca/forms/compliments-and-concerns/> or by phoning 1-855-999-4742.

We welcome feedback and comments from those receiving services in this RHA.

In closing, the Board Chair extends a huge thanks to all staff and physicians in our region. It has been difficult, yet staff keep showing up to work! Everyone is an important contributor to health care delivery in the region.

We also extend thanks to our community members who engage with the health authority. Thank you for inquiring, showing up, questioning, identifying issues, pointing out areas of improvements, complimenting. It is all important to our process and we look forward to our continued work together.

#### **2023 Chair's Award for Excellence in Customer Service**

Michele Polinuk, Board Chair announced this year's winners for the Chair's Award for excellence in customer service. This award provides the Board of Directors with an opportunity to publicly acknowledge staff who are an inspiration to their colleagues. Nominations can be put forth by any employee of the region.

We had 21 outstanding nominations this year and every one of these people reflects the culture we'd like to build in this organization. It was difficult, but it was narrowed down the selection to 4 nominees:

- Clayton Fisher - Clayton is a clinical team manager at Lac du Bonnet Personal Care Home. He was nominated by five of his colleagues in Lac du Bonnet. They tell us that Clayton is caring, supportive and responsive to residents' and staff needs. His positive attitude and willingness to always help out are greatly appreciated by those he works with. Thank you, Clayton, for the positive environment you've created in Lac du Bonnet.
- Val Kozyra, an administrative assistant at Rosewood Lodge Personal Care Home in Stonewall. She was nominated by her manager at Rosewood. Val is the first-person people see upon arrival at the personal care home. She is always positive and helpful, approaching challenges thoughtfully. She is also instrumental in the day-to-day operations of the care home. For her focus on residents and her support of staff and families, we are pleased to recognize Val and her contributions to the RHA.
- Allison Make, an LPN at Lac du Bonnet Personal Care Home. Her nominator tells us about Allison's calmness and kindness that benefit staff and residents. Allison started as a health care aide at the care home and she returned as an LPN. She has started plants with gardeners and brought in goats and chicks for former farmers. A staunch advocate for residents' best care, you'll always find Allison in a good mood that influences the workplace around her. We're told Allison is a treasure and an asset. We couldn't agree more! Thank you, Allison.
- Glenn Shymko is regional manager of facilities management and capital planning. He was nominated for his reliability and "get 'err done" attitude. In his quiet but capable way, his work behind the scenes in our facilities is a significant contributor to our ability to deliver care and maintain comfort. When something stops working, Glenn will be there and stay until it's fixed. He is a consistent and reliable presence, providing expertise and comfort that he's responding to a request and prepared to support as needed. He is a valued colleague. Thank you, Glenn.

Thank you to this year's winners, nominators, and nominees. How you choose to show up to work, what you bring to your workplace, and how you make the people around you feel good is inspiring to us all!



## Public Health Report

Interlake-Eastern Medical Officer of Health, Dr. Tim Hilderman provided an update on public health priorities.

## Treasurer’s Report

Murray Werbeniuk, Board Treasurer, introduced and acknowledged the Board of Directors of Finance and Audit Committee for their contributions over the past year.

The Finance committee meets at least 10 times on an annual basis to conduct in-depth reviews of the RHA’s financial status. This Committee reviews budgets prepared by management and recommends these budgets for approval by the Board.

The Audit committee is responsible for identifying external auditors for Board approval and together with the Finance Committee reviews the results of the annual external audit.

In addition, the Audit committee is also responsible for obtaining reasonable assurance that the Interlake-Eastern RHA has complied with laws, regulations and policies related to financial reporting and has established appropriate internal control processes.

Murray also acknowledged and thanked CEO, Marion Ellis and the other members of the senior leadership team for your involvement in and guidance to these committees.

Our AGM also provides us with opportunity for us to recognize Lorianne Kowaliszyn, the RHA’s Lead of Corporate Services and Chief Financial Officer, as well as her finance team. With financial accountability being the backbone of health system sustainability, it is a regional and provincial priority. The finance team’s contributions to our committees, our Board and the region are significant and we greatly appreciate them and their work.

Lorianne Kowaliszyn, Regional Lead, Corporate Services and Chief Financial Officer reviewed the Audited Financial Statements as at March 31, 2023 highlighting the past year’s 2022/23 statement of operation, assets, liabilities, expenditures by program and type.

### Highlights from the past year

- Effective April 1, 2022, there as a new Public Sector Accounting Standard adopted for Asset Retirement Obligations. This adoption involved restating our 2022 financial statements as we adopted the accounting standard using a modified retrospective approach. Some of the impact related to prior years was reflected in the financial position of the prior years.
- While the MNU collective agreement was settled in 2022 fiscal year, further collective bargaining agreements for other unions such as CUPE and MGEU were ratified in fiscal 2023 (specifically in August 2022).
- Fiscal 2023 saw continued support for stabilizing services within the region, which involved managing impacts of COVID-19 response and the related public health orders, and supply chain disruptions. In addition, staffing vacancy rates across all services areas have continued impacts on overtime and agency costs throughout the region.



#### 2023 Statement of Operations

- For the fiscal year ending March 31, 2023, Interlake-Eastern RHA incurred a deficit of just over \$2M, which was primarily a capital deficit of \$1.7M and a small operating deficit of \$318k.
- Revenue has increased approximately \$16.2M over fiscal 2022, which is related to global funding changes, the receipt of one-time COVID-19 assistance, and collective agreement funding accruals. In addition, Interlake-Eastern RHA also recognized \$376k for a restructuring gain related to health system transformation and assets and liabilities transferred. Expenses also increased over the prior year by approximately \$14.7M, largely due to increased salaries, agency costs, Betel funding/cost increases 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 88%. Accounts receivables have decreased slightly, from 5% in 2022 to 3% due to amounts settled from Manitoba Health related to wage settlement accruals. The allocation of the Region's assets is very consistent to what we have seen in prior years.

#### Liabilities

- Asset retirement obligations, which now represents 6% of total liabilities and in 2022, this liability was not yet recognized as the accounting standard was not yet in effect. Otherwise, the allocation of liabilities is consistent with prior years. Long-term debt, which is made up of loans held by Manitoba Finance's Treasury division, is the region's largest debt at 75% of total liabilities. These loans are funded by Manitoba Health.

#### Impacts of Asset Retirement Obligations

- With the new standard, pervasive impact on the financial statements, with restatements to all of the face statements listed here. Interlake-Eastern RHA recognized nearly \$13M worth of asset retirement obligations into liabilities, with reduction to accumulated surplus of \$9.556M.
- After the restatement, the RHA ended the year with an accumulated surplus of \$1.6M.

#### Expenditures by Program

- Expenditures impacted by, increased vacancy rates and the reliance on agency and overtime impacted many of these programs, particularly acute and long-term care. In addition, COVID-19 work and collective agreements impacted all of these programs.

#### Expenditures by Type

- Stable allocation of expenditures.
- Staff make up the bulk of the cost – 74%. These expenses were up \$17M from the prior year, increasing from 72% of total expenses to 74% of total expenses. The allocation of costs across the different expense types remained stable, with COVID costs decreasing by 2% or \$5M over the prior year.

The 2022/2023 fiscal financial report was concluded.

### **CEO Report**

CEO, Marion Ellis started by thanking everyone for their time and provided an update on organizational accountability and reporting, current top ten highest-level challenges and priorities, and capital investments in the region.



Organizational Accountability and Reporting

**Internal**

- Bilaterals
- Programs reporting to Manitoba Health
- Accreditation and provincial standards
- Provincial committees: health senior leadership; health human resources; finance; disrupting racism; patient flow; medical leadership; home care; public health; primary care; mental health and addictions, etc.

**External**

- Strategic Plan (strategic steering committees)
- Health plan
- Annual report
- Annual General Meeting
- Community health assessment and report
- Elected Leaders Briefings
- Program specific customer service surveys
- Questions and concerns feedback mechanisms
- Community health groups

Service Improvement Priorities

Currently we have Interlake-Eastern RHA teams working on 50 to 60 priority areas. Here are the current top 10 priorities.

**1. Access to Primary Care**

**Drivers:**

- Not enough physicians in province delivering primary care
- Primary care as a specialty within medicine. Significant commitment is required by the Physician
- Really hard work with a lot of administrative burden (referring/ documentation/follow up)
- Pre-conception to grave scope-of practice
- Tailoring primary care to population needs

**Interlake-Eastern RHA Actions/Focus:**

- Hiring nurse practitioners
- Continued participation in international medical graduate program
  - Expansion of this program)
- Continue to work with Canadian medical graduates
  - Rural interest group
  - Home for the summer
  - Resident’s retreat
  - Regional residency program
- Canadian Health Labs’ physician recruitment initiative

**2. Access to Emergency Department Services**

**Drivers:**

- National nursing shortage
- National physician shortage
- Migration of workforce - rural to urban
- Retaining a mobile workforce
- Physician work life balance
- High volume and high complexity emergency departments in a rural operating environment
- Emergency department hours reduced

**Interlake-Eastern RHA Actions/Focus:**

- Internationally educated staff (47 current plan) and physician recruitment (16 current plan)
- Medical remuneration adjustments
- Physician assistant and clinical assistant positions at Ashern Hospital
- Adding ED mental health services
- Eight new ED treatment spaces at Ashern Hospital and 3 new ED spaces at SRHC



### 3. Access to Hospital Beds – Improving Patient Flow

#### Drivers:

- Myth propagated (1980s-90s) that prevention would yield healthy populations and reduced reliance on hospital care (resulting in reduced hospital expansion)
- Acute Care bed base below needs - Interlake-Eastern RHA 1.76 acute care beds/1,000 population – other rural SDOs range from 2.19 to 4.77
- Increased complexity: mental health, substance use, aging demographic
- Hospital bed occupancy in 2018/19 (pre-pandemic) was 95-118% rural. 2024/25 projections are returning to those pre-pandemic occupancy levels

#### Interlake-Eastern RHA Actions/Focus:

- Daily line of sight on who is occupying beds, anticipated discharges and emergency department presentations
- Patient flow incident command – considering opening suspended/ temporary low acuity beds
- Increasing acute care bed base in Ashern Hospital (14 new beds) and SRHC (30 new beds)
- RFP (Aug. 3, 2023) for Community Supportive Living facilities Ashern, Eriksdale and Selkirk

### 4. Access to Personal Care Home Beds

#### Drivers:

- Personal Care Home bed base below needs – Interlake-Eastern RHA 29 PCH beds/1,000 people aged 65+ vs. other rural SDOs range from 35 to 60 PCH beds/1,000 people
- Growing demographic of people aged 65+
- Paneling 30-40 individuals per month assessed to need 24-7 nursing care in a personal care home

#### Interlake-Eastern RHA Actions/Focus:

- Daily patient flow cross-program collaboration
- Created hospital-based home care case coordinator positions to facilitate safe discharges or transfers to personal care homes
- Partnering on new personal care home projects in Lac du Bonnet (net new 65 beds), Arborg (net new 20 beds), Stonewall (net new 144 beds) and Oakbank (net new 96 beds)

### 5. Access to Surgery and Endoscopy

#### Drivers:

- Reduced services during pandemic causing backlog
- Historical under-resourcing of services for an aging demographic

#### Interlake-Eastern RHA Actions/Focus:

- Added two days of endoscopy in Beausejour Health Centre (5.5% increase) and added a second endoscopy suite at Selkirk Regional Health Centre that operates five days a week (37.5% increase)
- Two new operating room assistants added to support SRHC to increase operating room put-through
- Decrease cystoscopy waitlist by 612 cases per year
- Integration of Selkirk Regional Health Centre into provincial pain management network





## 6. Health Human Resources – Recruitment and Retention

### Drivers:

- Historical and ongoing staffing challenges highlighted by pandemic
- Growing challenges with rural and remote recruitment (shifts to urban areas)
- Work preferences among younger workers aren't site based
- Service demands and program growth beyond staffing supplies
- Clinical vacancy rate in July 2023 was at 17.7%
- Lack of low cost/free accommodations
- Lack of access to local health professional education

### Interlake-Eastern RHA Actions/Focus:

- Grow our own health care aide mobile training program
- International recruitment
- Implemented provincial float pool
- Employment of undergraduate nurses
- Rural community training partnerships, LPN course to run in Beausejour January 2025
- High school and community health care career fairs
- High school internship program
- Residency and teaching growth – offering learning placements where possible

## 7. Access to Culturally Safe Care Capacity Growth

### Drivers:

- Growing recognition of racism in health care
- Increased patient voice feedback
- Southern Chiefs Organization Racism in Health Care Survey Report
- MB Indigenous Health Quality Framework
- Interlake-Eastern RHA racial climate survey: 22% staff responded, 37% experienced racism in past 12 months, 38% did not know how to report, 52% thought current policies were ineffective

### Interlake-Eastern RHA Actions/Focus:

- 2023 Racial Climate Survey - complete
- Disrupting Racism Action Planning – target completion – March 2024
- Increased cultural awareness training access
- Supporting Indigenous My Health Team growth
- Health care aide training partnering in communities
- All Regional Leadership Team/Senior Leadership Teams have completed Indigenous Cultural Awareness training

## 8. Access to Home Care Services

### Drivers:

- Changing aging demographic
- Home care attendant recruitment challenges

### Interlake-Eastern RHA Actions/Focus:

- HCA training in communities
- Client Directed Community Care (CDCC) program pilot project in Selkirk and Beausejour
- Reduction in home care nursing wait list – no waitlist since June 16, 2023

## 9. Access to Substance Use Services

### Drivers:

- Historical trauma and stigma
- Increasingly addictive nature of substances
- Specific historical rural gaps in substance use services
  - National substance use crisis with increased

### Interlake-Eastern RHA Actions/Focus:

- Doubled access to rapid access to addictions medicine (RAAM) services
- Adding new medical withdrawal service in Ashern
- Adding new mobile withdrawal management



substance use service demands

services

- Adding new RAAM mobile/virtual service components
- Adding new pain clinic at Selkirk Regional Health Centre
- Expanding Ashern Hodgson & Area My Health Team (increasing access to mental health and addictions clinicians)

**10. Shared Health Collaboration Re: Transportation, Diagnostics and Digital**

**Drivers:**

- Doubled access to rapid access to addictions medicine (RAAM) services
- Adding new medical withdrawal service in Ashern
- Adding new mobile withdrawal management services
- Adding new RAAM mobile/virtual service components
- Adding new pain clinic at Selkirk Regional Health Centre
- Expanding Ashern Hodgson & Area My Health Team (increasing access to mental health and addictions clinicians)

**Interlake-Eastern RHA Actions/Focus:**

- Transportation – expanded stretcher service opportunities
- New collective agreement incentives for paramedics
- Diagnostics – planning, construction/renovation and operation of a 2<sup>nd</sup> CT scanner for the region based in Selkirk Regional Health Centre
- Digital - work underway to launch a provincial electronic patient record; wireless expansion

Capital Investments in the region

- Ashern Lakeshore General Hospital, we are in the process of building an addition to provide 26 inpatient beds (14 new). The Emergency Department renovation will see us generate 8 new treatment spaces – 13 in total. We’re also seeing the addition of a new spiritual room. Construction completion on the addition is to be early 2025.
- Selkirk Regional Health Centre, we are building a new in-patient unit: 30 new beds (addition to 65 existing beds). Emergency department renovation: increase of 3 new treatment spots (addition to 14 existing treatment spots) and improved flow within the department. We anticipate the emergency department work to complete early next year. The addition is expected to be fully operational by the end of 2024.

As we contemplated investments in health care, Marion introduced Averill Stephenson, the new Executive Director of the Interlake Eastern Health Foundation. Averill joined the foundation on May 1, 2023. In this short period of time, she has made great advances in developing health related philanthropy in the region.

**CEO Award for Community Leadership**

This year’s CEO Award for Community Leadership goes to Suzanne Nicolas, Dean of the school of nursing with Assiniboine Community College.

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



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

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

It's was the CEO's pleasure to acknowledge Suzanne for this award.

The CEO report was concluded and there was an opportunity for questions to be submitted. Questions can be submitted via the chat on Zoom or via email at [info@ierha.ca](mailto:info@ierha.ca) at any time.

Cyndi Typliski, 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](http://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](mailto:info@ierha.ca).

### **Closing Remarks and Meeting Adjournment**

Gwen Traverse, Director of Health, Pinaymootang First Nation & Interlake-Eastern RHA Indigenous Health Committee Co-chair provided closing prayer.

Michele Polinuk, Board Chair adjourned the meeting at 3:30 p.m.

Michele Polinuk, thanked everyone for joining and wished everyone a good day.