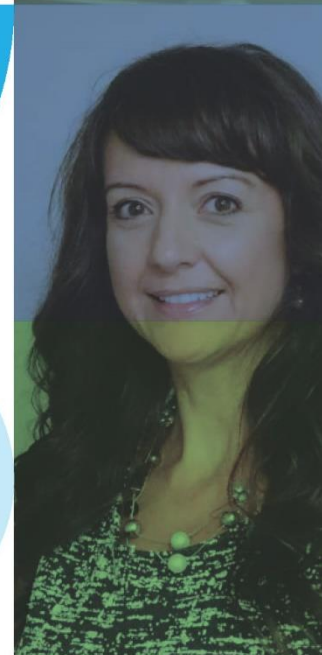
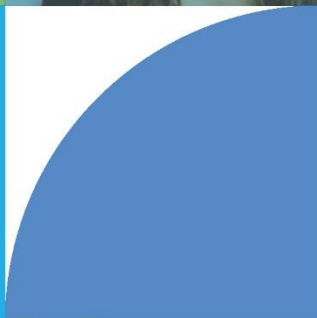
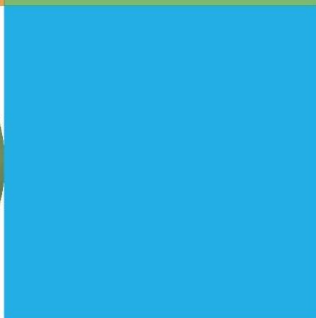
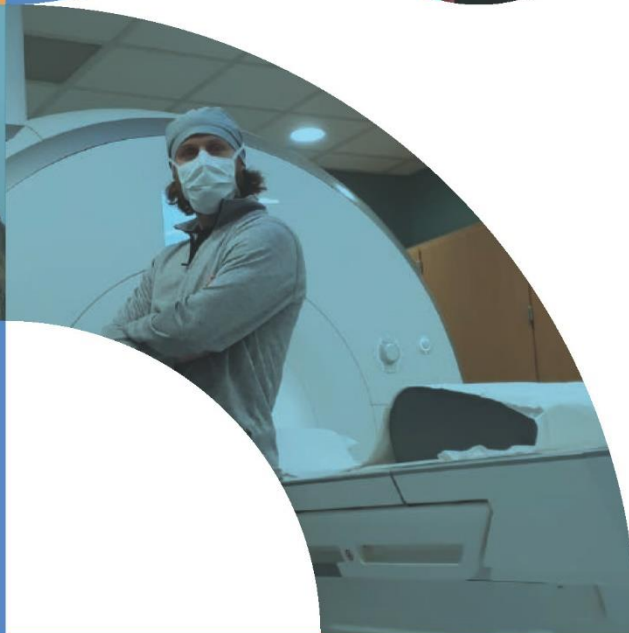
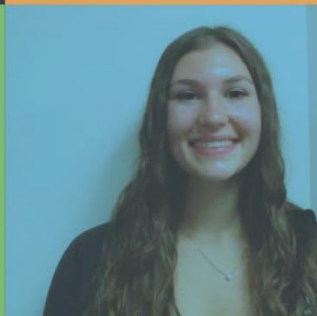




Interlake-Eastern
Regional Health Authority



ANNUAL
REPORT
2021 - 2022

Our Guiding Statements¹

Our Vision

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

Our Mission

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

Our Values

Always with compassion

We are approachable and treat everyone with dignity and kindness.

Success in collaboration

We believe in the power of teamwork and working together.

Accountability in everything we do.

We are transparent and responsible.

Acting with integrity

We act honestly and in the interests of our clients, patients, staff and volunteers.

Respectful of each other

We listen to one another and together we care for people without judgement.

Pictured on the front cover:

Staff members appearing on the cover of the annual report have been recognized as staff stars. Read more about Interlake-Eastern staff members who have been highlighted by their colleagues and recognized by the Board of Directors for their inspirational contributions to health care. Visit <https://is.gd/IERHASTaffStars>

¹ Interlake-Eastern Regional Health Authority Strategic Plan 2021-2027
<https://www.ierha.ca/about-us/strategic-plan/>

Table of Contents

Letter of Transmittal and Accountability	4
Health System Transformation – Why is it necessary?.....	5
Our Region and Its People	12
Board Governance	15
Stakeholder Consultations.....	18
Developing our Strategic Plan for 2021-2027	20
Organizational and Advisory Structure.....	25
Provincial Reporting	
Evaluating Health System Performance.....	34
Provincial goal: Improve Access.....	34
Provincial goal: Improve Health Service Experience.....	37
Provincial goal: Improve Health System Sustainability.....	38
Regional Reporting	
Balanced Scorecard Management	40
French Language Services	52
Capital Planning	55
Public Sector Compensation Disclosure	56
The Public Interest Disclosure – Whistleblower Protection Act	56
Financial Statements.....	57
Administrative Cost Reporting.....	63
Administrative Cost Definitions	63

Letter of Transmittal and Accountability

Dear Minister,

We have the honour to present the annual report for Interlake-Eastern Regional Health Authority, for the fiscal year ended March 31, 2022.

This annual report was prepared under the Board's direction, in accordance with *The Regional Health Authorities Act* (that has been replaced by *The Health System Governance and Accountability Act* as of July 2022) and directions provided by the Minister. All material, including economic and fiscal implications known as of March 31, 2022, have been considered in preparing the annual report. The Board has approved this report.

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



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

Acknowledging First Peoples and Traditional Territory

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

Health System Transformation

– Why is it necessary?

To understand the health-care transformation underway, it is important that we understand why we've chosen to contribute to changing health care for the better.

We are spending more money but not seeing better health outcomes.

Between 2003 and 2016, health-care funding in Manitoba rose by 97 per cent. Despite these funding increases, Manitoba remains at or near the bottom of national rankings in a number of categories including waits for emergency department services and some diagnostic tests and surgeries.

We have a highly complex and inefficient health-care system.

Before transformation, we had more than 250 organizations delivering health care across the province. Work is underway to reduce redundancies, gaps and inconsistencies both in access and in standards of quality.

Health care is focused on hospitals and emergency room care.

These care options are the most expensive to operate. Relying on them for all care needs contributes to longer wait times and fewer patients can be seen compared to a system with robust primary health care in place.

The system is not focused on patients.

Despite all the money we have been spending and the complexity of our health-care system, Manitobans are not reporting better care than patients in other provinces. The health system transformation program is guiding the thoughtful planning and phased implementation of broad health system changes aimed at improving the quality, accessibility and efficiency of health-care services province-wide. Interlake-Eastern RHA is contributing to the goals and objectives of the health system transformation program.

Bodies contributing to health system transformation

Manitoba Health's Health-Care Transformation Program has been established to guide the thoughtful planning and phased implementation of broad health system changes aimed at improving the quality, accessibility and efficiency of health-care services across Manitoba.

Transformation Leadership Team

The transformation leadership team includes representatives from across the health system, including RHAs. The team is prioritizing transformation initiatives and making recommendations on governance and policy development. Team members have been carefully selected to ensure robust links to both rural and urban health organizations, as well as to strengthen system knowledge across preventive, clinical and business health domains. This team reports to a transformation management board that includes the Minister and Deputy Minister of Health.

Health Transformation Management Office

The Transformation Management Office is a temporary structure within the transformation program that is responsible for developing and executing the integrated transformation program plan. This office consists of a core team working collaboratively to align transformation projects, including regional health authority projects and activities, into the integrated plan.

Clinical and Preventative Services Teams

Interlake-Eastern RHA staff were well represented across the 11 clinical and preventive services planning teams. Every working group member was expected to contribute their knowledge of their profession, patient population and local environment. Working groups developed, sought feedback on and endorsed evidence-based, patient focused and cost-effective models of care that contributed to creating Manitoba's Clinical and Preventive Services Plan.

Shared Health Manitoba (sharedhealthmb.ca)

Shared Health is the provincial health organization created to better integrate and coordinate the planning of patient-centred care across Manitoba. It led the development of Manitoba's first Clinical and Preventive Services Plan. It now leads in the implementation of this plan. It is also delivering certain provincial health services and supporting centralized administrative and business functions for Manitoba's service delivery organizations that include regional health authorities. Operating centrally under Shared Health are some provincial health-care services in recognition of the province-wide nature of the services they provide. This includes operation of Health Sciences Centre, Transplant Manitoba, public sector diagnostic services, digital health and emergency response services. Also to be centralized under Shared Health are contracting and procurement of supplies and equipment, capital planning, communications, food distribution, laundry services, clinical engineering services and legal services. These changes will reduce duplication of management and administrative functions while making sure each region is able to provide health-care services with the guidance of a provincial clinical services plan. It will also make sure that services provided centrally are coordinated and consistent.

Manitoba Health

This department continues to lead the system in policy support, planning, funding, performance requirements, oversight and accountability.

Mental Health, Wellness and Recovery

This department's work focuses on providing mental health and addictions supports and treatments to improve the lives of Manitobans in their journey through recovery and healing.

Seniors and Long Term Care

A renewed seniors strategy that focuses on helping aging Manitobans stay safe in their own homes and communities as long as they choose is a priority for this department. It is also committed to overseeing the implementation of all 17 recommendations of the Stevenson Review.

Health Authorities

Shared Health (the provincial health authority), CancerCare Manitoba (the cancer authority) and the regional health authorities are all health authorities accountable to the Minister of Health. A regional health authority is responsible for administering and delivering, or providing for the delivery of, health services in its health region. It also contributes to the development, implementation and refinement of the provincial Clinical and Preventive Services Plan. In addition, each regional health authority develops and implements a strategic and an operational plan.

Documents instrumental in guiding health transformation

Listed below are some of the documents contributing to health-care transformation. Updates and resources regarding health system transformation are posted for public access at <https://www.gov.mb.ca/health/hst/resources.html>

Health System Sustainability and Innovation Review
Phase 1 (January 2017) <https://is.gd/KPMGPhaseOne>
Phase 2 (March 2017) <https://is.gd/KPMGPhaseTwo>

KPMG's Health System Sustainability and Innovation Review was completed in two phases: Phase 1 – high-level recommendations for consideration; Phase 2 – detailed work plans for the implementation of recommendations

Blueprint for Health System Transformation (June 2018)
<https://is.gd/MBHealthBlueprint>

Provincial Clinical and Preventive Services Planning for Manitoba (February 2017)
https://is.gd/MB_CPSPlanning
Guidance for a health-care services plan that is evidence-based, sustainable, equitable and detailed

Manitoba Clinical and Preventive Services Plan (November 2019)
<https://is.gd/MBCPSP>
Manitoba's first provincial plan for the delivery of health-care services

Manitoba Mental Health and Addictions Strategy, Improving Access and Co-ordination of Mental Health and Addiction Services (March 2018)
<https://is.gd/MBMentalHealthAddictions>
Recommendations for improving access to and co-ordination of mental health and addictions services in Manitoba

A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba (February 2022)
<https://gov.mb.ca/mh/docs/roadmap.pdf>
The roadmap sets the direction for work over the next five years. Five areas of strategic focus are:
1. Equitable Access and Co-ordination; 2. Mental Well-Being and Chronic Disease Prevention; 3. Quality and Innovation; 4. Governance and Accountability; and 5. Indigenous Partnership and Wellness

Wait Times Reduction Task Force Report (November 2017)
<https://is.gd/MBWaitTimesReduction>
Emphasizes the interdependencies among emergency departments and emergency medical services, and timely access to primary care

Manitoba Emergency Medical Services System Review (March 2013)
<https://is.gd/MBEMS>
Guidance and direction to develop a more integrated, responsive, reliable and sustainable EMS system

Manitoba Quality and Patient Safety Framework
<https://is.gd/MBQPSFramework>
Manitoba has embraced the Canadian Quality and Patient Safety Framework and its objectives of: people-centred care, safe care, accessible care, appropriate care and integrated care. Development of a person-centred culture of care across Manitoba's health system is at the centre of efforts to increase the

use of data and evidence to guide health planning, measurement and evaluation. Developed with the input of Manitoba clinical leaders and health-care providers, the Manitoba Quality and Learning Framework supports and enables the standardization of care through a provincial clinical governance approach across the province. The framework adopts leading practices from quality and patient safety legislation and frameworks in operation across the country and ensures their relevance to the delivery of care in Manitoba.

Provincial Task Forces and Initiatives

Diagnostic and Surgical Recovery Task Force

In December 2021, the Manitoba government established the Diagnostic and Surgical Recovery Task Force to address waitlists for diagnostic and surgical procedures and other related services affected by the COVID-19 pandemic.

<https://www.gov.mb.ca/health/dsrecovery/index.html>

Maples Personal Care Home COVID-19 Outbreak – external review final report (January 2021)

In November 2020, the Manitoba government engaged Dr. Lynn Stevenson, an expert advisor, to review an outbreak of COVID-19 at the Maples Long Term Care Home and provide feedback and recommendations. The main areas identified for focus provincially included determining appropriate staffing levels, the level of care provided and the infection prevention and control policies and procedures in place at long-term care facilities.

<https://is.gd/MaplesPCHOutbreakReport>

Clinical and Preventive Services Plan

Detailed planning to support the implementation of [Manitoba's Clinical and Preventive Services Plan](#) continued over the past year, with several initiatives established to support health system response to COVID-19. This included expanded virtual care options, secure online portals for test results and immunization information, and a provincial approach to increasing surgical and critical care capacity. Further steps were also taken to progress Manitoba's Provincial Clinical Network in line with guidance from local teams of clinical and operational experts. Detailed work has been underway to build up care locally and to plan how services and resources will be used in smarter, modern ways with well-integrated health-care teams and hubs that are staffed and equipped to meet the needs of Manitoba patients.

As part of these efforts, the Government of Manitoba announced a historic \$812 million capital investment in building, expanding and renovating health-care facilities, including:

- \$70-million investment to expand and renovate the Brandon Regional Health Centre and Western Manitoba Cancer Centre, establishing Brandon as Manitoba's intermediate hub for western Manitoba;
- construction of a new \$283-million hospital in Portage la Prairie that offers more inpatient beds, expanded medical and surgical capacity and a modern emergency department;
- a \$32-million expansion of Bethesda Regional Health Centre in Steinbach that will include additional acute care inpatient beds and expanded medical capacity including a new renal dialysis unit;
- a \$64.4-million expansion of Boundary Trails Health Centre in the Morden/Winkler area that adds new acute-care inpatient beds and provides larger, more modern spaces for patient-care programs;

- \$31.6-million to expand surgical services, renovate the emergency department and add up to 30 new inpatient beds at Selkirk Regional Health Centre;
- renovations totalling \$5 million at Dauphin General Hospital that allow for more endoscopies and cancer treatments;
- construction of a \$127-million health centre in Neepawa that will include more acute care inpatient beds, an expanded emergency department and enhanced spaces for a number of programs as well as the addition of dialysis services; and
- a \$10.8-million renovation and expansion of services at Lakeshore General Hospital in Ashern that will include an expanded emergency department with additional treatment space and a planned increase of up to 12 inpatient beds to meet the area's growing local health needs.

These improvements will lay the foundation for the Provincial Clinical Network, building up local service delivery, enhancing and expanding services available outside Winnipeg, modernizing the delivery of care at home and in the community, and ultimately leading to improved access, quality and patient outcomes experienced by Manitobans.

An important component of the planning for these projects is engagement with key partners and stakeholders, as well as communities these new and renovated facilities will serve. Initial opportunities for engagement have focused on early capital planning efforts, including meaningful and collaborative discussions with local Indigenous partners, site health leadership and key stakeholders. Further details on the projects and additional opportunities for input will occur over the coming year with specific emphasis on connecting with local health-care workers, patients and their families to inform service delivery planning.

Detailed planning to support successful implementation of the Clinical and Preventive Services Plan will continue with an ongoing commitment to information sharing and clear communication.

Relevant Legislation

Bill 10, The Regional Health Authorities Amendment Act (Health System Governance and Accountability) (Passed May 2021 in the Manitoba Legislature, all sections proclaimed July 1, 2022)
The Health System Governance and Accountability Act consolidates administrative services related to health care and centralizes delivery of certain health services across Manitoba. It reflects the restructuring of the Manitoba health system and the establishment of Shared Health, a provincial health authority with responsibility for strategic health planning, the provision of administrative and support services to regional health authorities, the delivery of provincial health services and the establishment of standards committees. The Addictions Foundation of Manitoba is to be eliminated and Shared Health will assume its responsibilities in providing addictions services.

CancerCare Manitoba is to be designated as the cancer authority under the Act and it remains responsible for administering and delivering cancer-related health services.

Regional health authorities will remain responsible for administering and delivering health services in their health regions. Each health authority will enter into an accountability agreement with the minister and prepare an annual strategic and operational plan for the minister's approval. An entity that provides health services in Manitoba must enter into a funding agreement with the health authority that funds it.

The proclamation of this Act requires amendments to several other Acts, including The Health Services Insurance Act to require payments for hospital services to be made through the responsible health authority and to clarify audit powers under that Act; and changes to The Emergency Medical Response and Stretcher Transportation Act to transfer certain responsibilities to Shared Health.

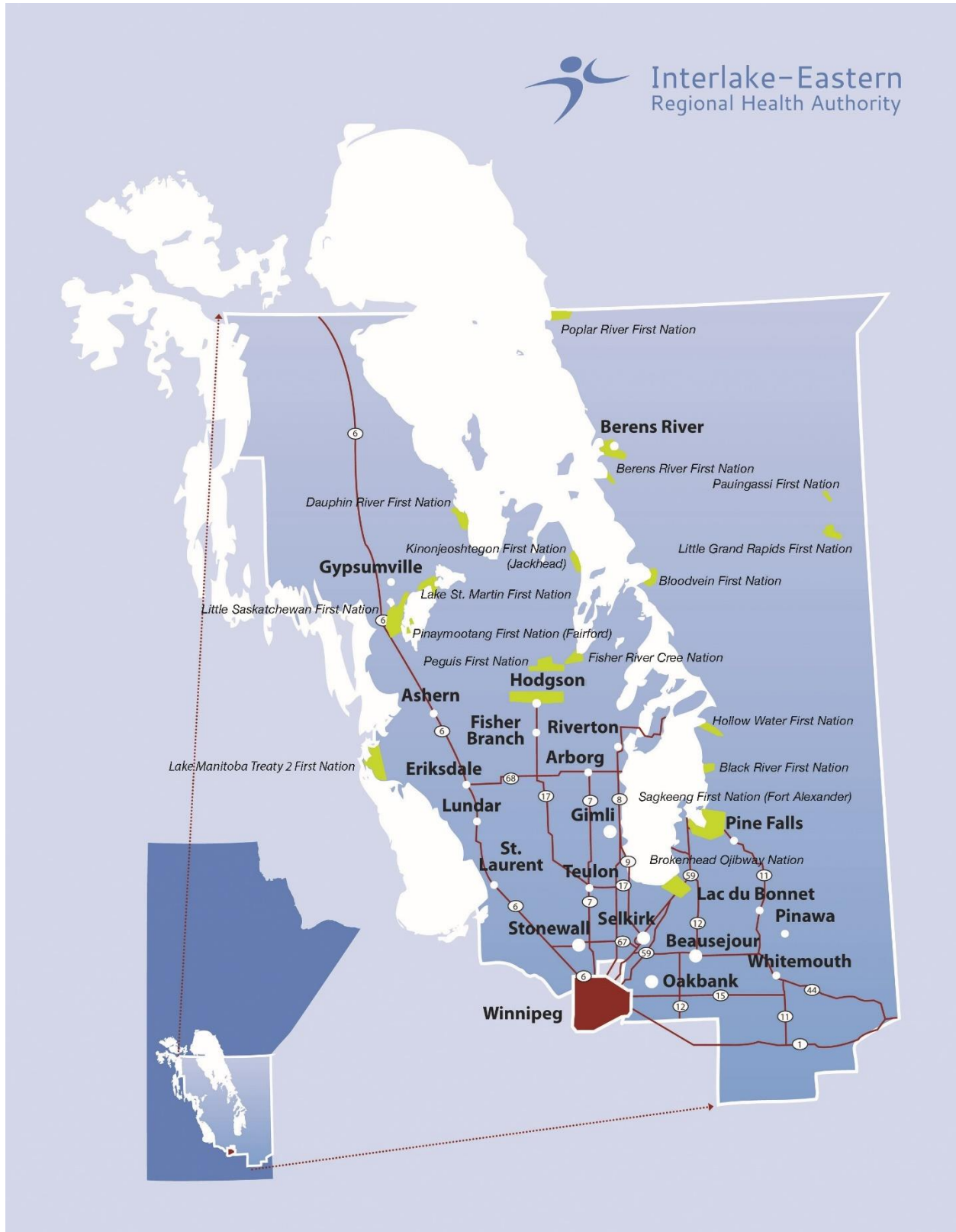
With this Act, The Addictions Foundation Act, The CancerCare Manitoba Act and The Hospitals Act were repealed. Learn more at https://www.gov.mb.ca/health/hst/bill10_faq.html

The Public Service Act (replaces The Civil Service Act)

Proclaimed on February 26, 2022, The Public Service Act provides a legislative framework for an ethical and effective public service for Manitoba. The Act covers the entire public service, which is categorized as follows:

- core public service — government department employees and senior leadership;
- broader public service — Crown corporations, health organizations, post-secondary institutions, school districts and divisions, and other organizations included in the government's financial reports;
- allied public service — staff for the assembly offices and the constituency offices of members of the assembly, staff for the officers of the legislature and political staff.

The values for an ethical and effective public service are set out in law and supported by codes of conduct, action plans and workforce management policies to be established across the public service. An employers' council, ministerial directive power for broader public service employers, and consultation opportunities harmonize the delivery of public services in Manitoba. For government departments, The Civil Service Act is replaced with a modern approach to workforce management.



Our region and its people

With an area of 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, offering lakes and beaches for cottagers, campers and other vacationers in the summer. In addition to tourism, the region's diverse geography supports agriculture, fishing, mining, forestry and hydroelectric power.

Indigenous populations comprise one in five regional residents

More than 133,800 people live in the region, representing close to 10 per cent of the province's population. Seventeen First Nation communities are situated within the regional health authority. More than one in four residents (27 per cent) self-identify as Indigenous compared with the provincial average of 18 per cent. With this significant representation of Indigenous people in the regional health authority, Interlake-Eastern RHA acknowledges it has a role to play in working with First Nation communities to respond to the Truth and Reconciliation Commission of Canada's Calls to Action. We are striving to deliberately and quantifiably address the calls to action related to health, in particular, closing the gaps in health outcomes that exist between Indigenous residents of Manitoba and those who are non-Indigenous.

Health indicators of relevance according to the Truth and Reconciliation Commission include infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services. We continue to work on providing cultural competency training to all health-care professionals and achieving a workforce in the region that is representative of the people receiving care.

Chronic illness is prevalent

According to the region's community health assessment, rates of cancer, hypertension (high blood pressure), diabetes and childhood asthma are higher in Interlake-Eastern RHA compared to provincial averages. Incidence of diabetes in the region is significantly higher than the provincial rate, with one of every 10 residents diagnosed with diabetes.

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

A closer look at Interlake-Eastern RHA's residents by age group identifies another unique aspect of the region: we have a greater percentage of population represented in the 50 years and more age categories compared with that of Manitoba. According to population projections to 2030, the region is projected to experience a 13 per cent population increase, with the most noticeable change being higher counts of residents in the 65 and older age groupings.² Aging brings increased needs for health-care services. The prevalence of most chronic diseases and conditions increases with age.³ This difference in demographics affects delivery of health-care services in the region in a number of ways. Primary care, community care, emergency care, long-term care and other housing options for seniors experience increased demand for service to meet the needs of an aging demographic. Other factors in the region, including the geographic span and travel time between points of care contribute to gaps in locally accessible care. In some instances, these gaps occur in primary care and in emergency department care.

² Interlake-Eastern Regional Health Authority Community Health Assessment, 2019
<https://www.ierha.ca/files/382019-Community-Health-Assessment-1.pdf>

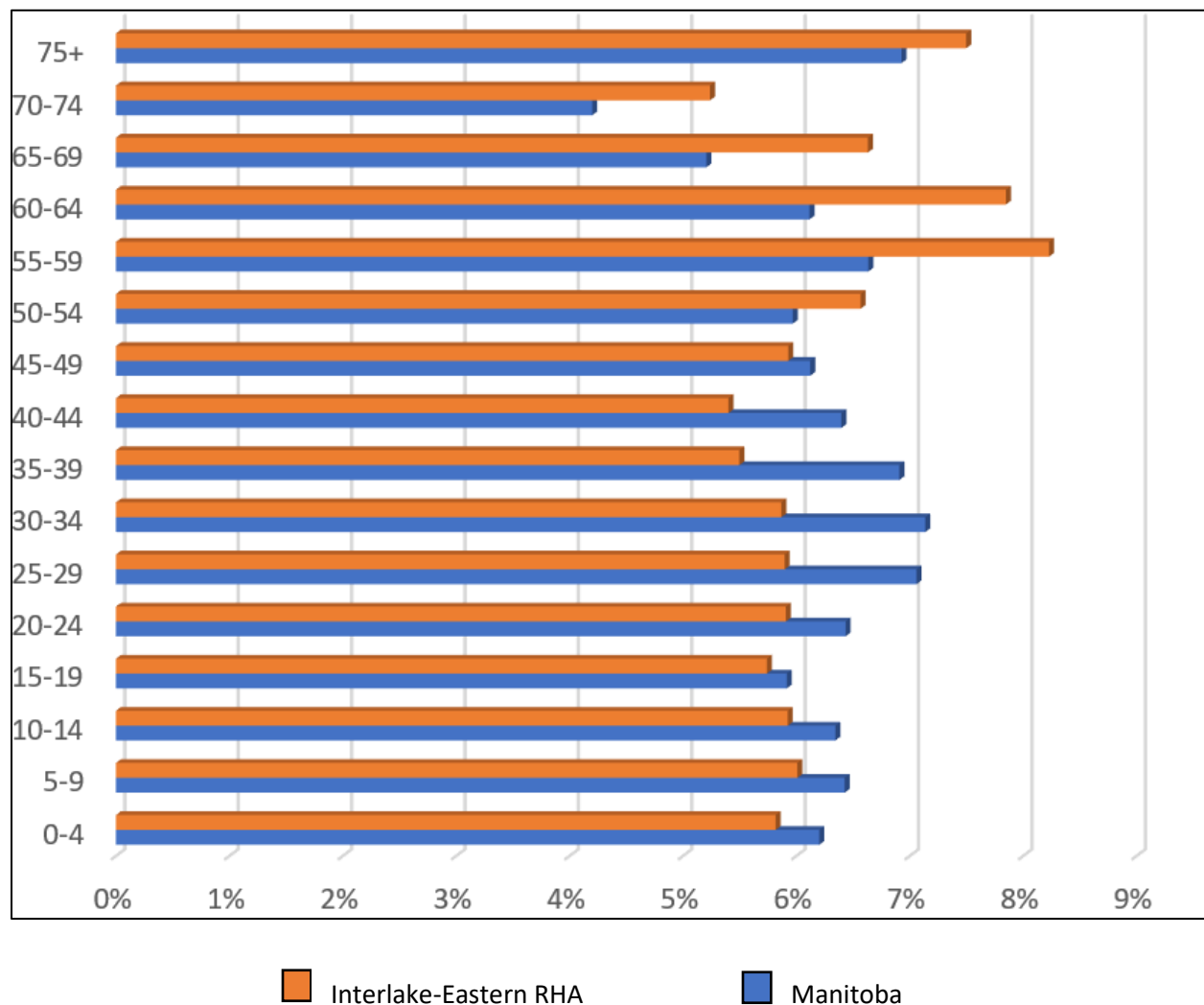
³ 8 Aging and Chronic Diseases, Executive Summary online. Public Health Agency of Canada. 2020-12-16.
<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/aging-chronic-diseases-profile-canadian-seniors-report.html>

We have fewer residents of working age in the region compared to Manitoba

Conversely, Interlake-Eastern RHA's age profile of its residents reflects this region has fewer individuals aged 25 to 49 compared to Manitoba. This age range includes people who are typically engaged in the workforce. This region does not have any post-secondary educational institutions that contribute to attracting potential workers to the region. While recruitment of health-care workers to more outer lying areas of the region has historically been challenging, in this fiscal year we note that position vacancies—particularly among nursing professions, health-care aides and support services, which includes laundry, housekeeping and dietary—are increasing generally across the region. These growing vacancies are requiring the region to take action locally and work provincially to address this trend that reaches beyond health care, across the province and across the country.

Population by age group as a percentage of total population – Interlake-Eastern RHA compared with Manitoba

(Source: Manitoba Health, Seniors and Active Living Population Report - June 1, 2020)



Visitors to the Region

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

The demand for health-care services in Interlake-Eastern RHA increases every summer with the arrival of cottagers, campers and other vacationers drawn to the lakes, beaches and natural lands within the region.

Percentage of Manitoba's visitors travelling to and through the region:

Interlake: 1,326,000 (12%)

Eastman: 2,223,000 (20%)

Top three markets of origin of visitors:

Interlake: Manitoba, Alberta and Saskatchewan

Eastman: Manitoba, Ontario and Alberta

High season for tourists:

Interlake: 53% of visitors arrive in July to September, 23% from April to June

Eastman: 51% of visitors arrive in July to September, 30% from April to June

Main reasons for visit:

Interlake: Pleasure (56%), visiting family and friends (37%)

Eastman: Pleasure (72%), visiting family and friends (24%)

Top three visitor experiences:

Interlake: Beach, parks, wildlife viewing

Eastman: Beach, boating, fishing

Number of festivals and events:

Interlake: 211

Eastman: 186

Interlake attractions and events:

Hecla Provincial Park

Icelandic Festival of Manitoba, Gimli

Lower Fort Garry National Historic Site of Canada

Marine Museum of Manitoba

New Iceland Heritage Museum

Oak Hammock Marsh Interpretive Centre

St. Peter Dyvenor Anglican Church

Stonewall Quarry Park

Eastman attractions and events:

Birds Hill Provincial Park

Birds Hill Folk Festival

Cooks Creek Heritage Museum

Grand Beach Provincial Park

South Beach Casino & Resort

Whiteshell Provincial Park



Falcon Lake, Manitoba

Photo credit: May Contain Studio-Courtesy of Travel Manitoba



Steep Rock, Manitoba

Photo credit: Visual Soul Studios-Courtesy of Travel Manitoba

Board Governance

2021-2022 Board of Directors



Glen West
Chair



Ruth Ann Furgala
Vice Chair



David Oakley
Treasurer



Michele Polinuk
Secretary



Judith Cameron



Debbie Fiebelkorn



Lynette McDonald



Keith Poulson



Charlene Rocke



Amanda Stevenson



Penny-Anne Wainwright

Completing their terms in 2021-2022 were Laurie Andrews, Herman Saxler, Ruth Ann Furgala, David Oakley, Keith Poulson, Charlene Rocke and Amanda Stevenson.

Welcomed to the board via appointment by the Minister were Susan Bater, Tammy Hagyard-Wiebe and Murray Werbeniuk.

Executive Committee

Board Chair: Glen West

Vice-Chair: Ruth Ann Furgala

Treasurer: David Oakley

Secretary: Michele Polinuk

Audit Committee Chair: Charlene Rocke

Finance Committee Chair: David Oakley

Quality and Patient Safety Committee Chair: Ruth Ann Furgala

Education, Policy and Planning Committee Chair: Michele Polinuk

Indigenous Health Advisory Committee Chair: Judith Cameron

Board Liaisons

Local Health Involvement Groups: West: Amanda Stevenson/Judith Cameron (as of January 2022); East and Central: Michele Polinuk/Debbie Fiebelkorn (as of January 2022)

Patient Experience: Ruth Ann Furgala/Michele Polinuk (as of January 2022)

Regional Ethics Council: Judith Cameron

Interlake-Eastern Health Foundation: Michele Polinuk

Selkirk Foundation Nomination Committee: Glen West

Regional Family Health and Learning Centre: David Oakley

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

Appropriate allocation of funds

Two subcommittees of the Board, the Finance Committee and the Audit Committee, report on the RHA's financial status and make recommendations to the Board as required. The Finance Committee meets at least 10 times a year for in-depth reviews of the RHA's financial status. This committee also reviews budgets prepared by management and recommends budgets for approval by the Board.

The Finance Committee is complemented with an Audit Committee that identifies external auditors for Board approval and, together with the Finance Committee, reviews the results of the annual external audit. 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. The Audit Committee oversees a number of financial policies and they review the process for reporting to the Board annually. The auditing process includes attestations that proper internal controls and accounting policies are being followed. They also review legal issues on an annual basis. In addition, the Finance Committee receives quarterly reports on liability and property insurance as well as legal, insurance and claims matters.

The RHA's chief financial officer regularly attends both committee meetings and Board meetings to provide the Board with additional information if requested.

Maintaining systems of control and legislative compliance

Accreditation Canada standards require health-care leadership teams to implement enterprise risk management and governing bodies to assess and reduce risk while promoting a culture of risk management. This includes identifying methods and processes to manage risks and seize opportunities related to achieving objectives in our strategic plan.

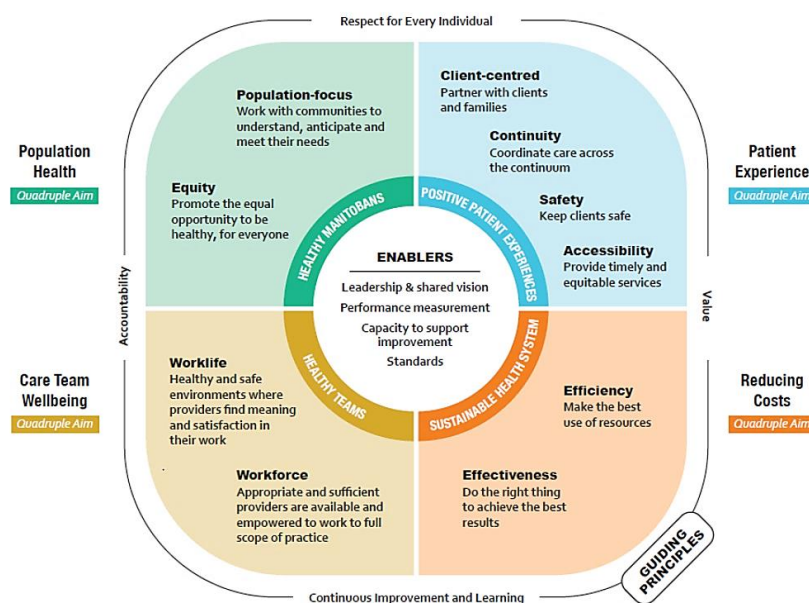
Interlake-Eastern RHA's risk assessment is based on annual operational priorities and the risks related to key strategic and operational priorities. Reporting aligns with current board reports. Using a risk mapping tool, risks were ranked and actions prioritized. All operational risks are linked to the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

The region continues to use HIROC's web-based risk assessment checklist that allows for compliance evaluation with a number of mitigation strategies for top risks in all clinical areas. Program leaders are actively involved in identifying priorities and actioning improvements related to specific areas of care. Meetings have occurred to restart this process after COVID-19 disruptions. Updates and reporting to the Board occur twice a year.

As a result of the risk assessment process, the Board ensured that strategic planning and organizational structure were in alignment with provincial priorities. It also highlighted for action and monitored mitigation strategies for:

- COVID-19 response and the sustainability of public health
- regional disparity in access to primary health care
- infection prevention and control plans post outbreak in personal care homes
- inadequate access to mental health services
- Indigenous cultural awareness training in region with the inability to meet in-person
- transmission of sexually transmitted and blood-borne infections in region
- influence of COVID-19 on staff health and wellness

The Manitoba Quality and Learning Framework Infographic



Source: Manitoba Quality and Patient Safety Framework <https://is.gd/MBQPSFramework>

Evaluating board performance

Every quarter, the Board Quality and Patient Safety Committee reviews Accreditation Canada's Governance Functioning tool to evaluate Board operations. Each director performs a self-evaluation annually that is returned to the Board chair who collates the information and provides a summary to the executive committee for review. This is then provided to the Board for discussion and interpretation of outcome of self-evaluations. The Board then develops and approves a workplan that addresses specific goals and identifies objectives for improvement. This tool lets boards assess their structure and function against Accreditation Canada's standards. It helps directors develop action plans to address any governance shortcomings and unmet criteria in developing a clear direction for the organization.

Stakeholder Consultations

A regional strategy for Indigenous health

In fiscal year 2021, Interlake-Eastern RHA's Indigenous health advisory committee of the Board introduced the region's Indigenous Health Strategy. The purpose of strategy is to guide the Interlake-Eastern Health Region and potential Indigenous and non-Indigenous partners in the region toward a shared understanding that addressing health inequities cannot occur in isolation but rather through working together. To accomplish this, four strategic directions have been identified by the committee to move the region and partners toward achieving strong, healthy Indigenous populations with improved health equity that enables overall well-being at the community and individual level:

- Strengthening partnerships and connections
- Providing a culturally safe environment
- Addressing health inequity
- Improving mental wellness within a recovery-oriented approach

Indigenous Health Strategic Directions and Actions Underway

- **Strategic direction:** Strengthening partnerships and connections with Indigenous partners within the Interlake-Eastern Regional Health Authority

Actions underway:

- We have invited Indigenous health-care partners to attend weekly rounds of acute care patients in Ashern and Pine Falls hospitals. This has resulted in increased understanding among all involved around different systems and processes. It has also helped to identify where we need to work better together to simplify process and expedite safe discharges.
- We are re-establishing First Nation collaboration tables. Fall meetings will seek to jointly address emergency medical services, discharge planning and access to palliative care services.
- A project team has been established to improve access to home care services, long-term care services and local health-care aide training opportunities in the communities of Aghaming, Seymourville, Manigotogan and Hollow Water.
- Interlake Reserves Tribal Council has extended the services of its health director to support in engaging First Nation communities in Clinical and Preventive Services Plan progress, specifically in regard to capital investments in Ashern and Selkirk. This has resulted in the integration of Indigenous community member feedback into project planning and development.

- **Strategic direction:** Ensuring capacity in providing a culturally safe environment in programs and services throughout the Interlake-Eastern Regional Health Authority

Actions underway:

- Work is underway in conjunction with Interlake Reserves Tribal Council to hire an Indigenous health liaison in Ashern.
 - An Indigenous health liaison staff member in Giigewigamig Traditional Healing Centre in Pine Falls is offering advocacy, interpretation and navigation services in Pine Falls Health Complex.
 - Four working groups have been established under the provincial Disrupting Racism Steering Committee. Interlake-Eastern RHA is participating in all four.
- **Strategic direction:** Ensuring that the Interlake-Eastern Health Region moves toward addressing health inequity in relation to the Indigenous people in the region

Actions underway:

- We have established primary care outreach clinics in eight First Nation communities.
- Twelve teen clinics have been established in the region, serving the health-care needs of youth.

PROJECT PROFILE: Overcoming barriers to colon screening

In 2019, the Canadian Partnership Against Cancer awarded funding to Interlake-Regional Health Authority and CancerCare Manitoba to understand, address, and overcome barriers to colon cancer screening in Indigenous populations. Together with the support from the Southeast Resource Development Council Corp., Interlake Reserves Tribal Council and the independent communities of Berens River, Sagkeeng, Lake St. Martin and Fisher River the project began. To support education and awareness initiatives, the project team has secured a giant inflatable colon.

At 20 feet long and 10 feet high when inflated, visitors to the colon are encouraged to walk through and gain a better appreciation for how the colon functions and the importance of regular screening. The colon and supporting educational materials are available for appearances at community events.



Strategic direction: Improving mental wellness, within a recovery-oriented approach.

Actions underway:

- IERHA's psychiatry lead now offers consultative services to the Ashern/Hodgson area My Health Team mental health workers and patients.
- The Ashern/Hodgson area My Health Team has included the services of mental health workers based out of Hodgson and Pinaymootang/Gypsumville
- IERHA piloted a tele-psychiatry project in rural emergency departments. Physicians in rural hospitals could access a consulting psychiatrist for patients and identify a pathway to access a psychiatry bed in Manitoba. The RHA is working to expand service access to include First Nation community health centres with referrals open to nurses in community.

Manitoba's first Indigenous My Health Team

The Ashern-Hodgson area My Health Team brings together care providers and community members who work together to make sure people get the care they need, when they need it. Service planning and delivery targets residents in the Ashern-Hodgson area to meet their specific needs.

Steering committee representation for this My Health Team includes physicians who practise in Ashern and Eriksdale and health leaders from Pinaymootang Health Centre, Little Saskatchewan First Nation Health Centre, Lake Manitoba First Nation Health Centre and Percy E. Moore Clinic – Ongomiizwin Health Services. In addition, representatives from Interlake-Eastern RHA, Manitoba Health and Manitoba Mental Health, Wellness and Recovery participate on the steering committee along with an elder who supports and guides the team. This guidance and understanding of local health-care needs has seen the team hire a chronic disease nurse based in Ashern and two mental health and addictions workers, one based in Hodgson and one in Ashern. Each of the mental health workers have full caseloads and waitlists. The team is searching for a physiotherapy service provider.

Linking care providers and patients via an electronic medical record (EMR) is an important part of continuity of care. The team has secured satellite internet service to bring EMR to Hodgson. Work continues as additional opportunities to meet health-care needs locally are identified and assessed for inclusion as provided services.

Partner group priorities in planning

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

Developing our strategic plan for 2021-2027

On May 4 and 7, 2021, Interlake-Eastern RHA's board of directors were joined by more than 90 stakeholders for strategic planning days. Among those present to guide development of our plan were elected municipal officials, members of our local health involvement groups, First Nation health directors, educators, affiliated health organization representatives, staff and physicians. All participants heard from health system leaders through presentations that helped set the stage for the development of our regional plan within the context of provincial health system transformation and clinical and preventive services planning with the development of Manitoba's first plan for the delivery of these services.

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

Introduced publicly in the summer of 2021, the region's strategic plan reflects an understanding that we have opportunities to contribute to a healthier society. With that understanding comes the region's commitment to maintain continued community engagement in the planning and evaluation of health-care service delivery.

With this strategic plan, Interlake-Eastern RHA's board of directors adopted a process that consistently centralizes the role of the region's stakeholders in planning.

Interlake-Eastern RHA's Strategy Change Cycle

(Adapted from John M. Bryson, 1995)



Regional strategy within the context of provincial health system priorities:



Our Vision

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

Our Mission

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

Our Values

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

Strategic Goals

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

Integrated and Coordinated Health Care

Our health system is integrated and coordinated between providers and patients

Primary and Community Care Transformation

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

Indigenous and Vulnerable Populations

Improve access, health outcomes and reduce health disparities

Mental Health and Addictions

Improve access to community mental health and addictions services for adults, children and families

Health Human Resources

A skilled and dedicated workforce of health professionals, support staff, volunteers and physicians

Innovation and Technology

Improve access, care quality and health outcomes through clinical best practices with a focus on innovation and technology

Ensuring the region's strategic and operational plan is implemented

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

- **Strategic Steering Committees**

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

Each strategic steering committee has as its objective the identification of priorities for action that will move the organization closer to achieving the strategic goal. Committees are in the process of developing their workstreams and corresponding metrics for evaluation for year-by-year comparison of progress over the duration of the plan.

- **Regional Health Advisory Council**

The council's purpose is to collaboratively lead the development, implementation and review of the IERHA strategic plan and health-care delivery in the Interlake-Eastern region. It represents strategic partnership among Interlake-Eastern RHA, Manitoba government, Shared Health, local

government, Indigenous partners, community health partners, physician partners and members of the public.

Work on the strategic plan continues on an ongoing basis. We collectively review and monitor our progress and meet annually with stakeholders. These meetings are an opportunity to ask for validation if we're on the path to achieve our vision or if modifications need to be made.

Local Health Involvement Groups

Local Health Involvement Groups (LHIG) are comprised of Interlake-Eastern RHA residents who care about health and health services. These groups explore and provide input to the Board of Directors on issues that impact the delivery of local health services. Membership on the east-central or west LHIGs is meant to be a cross section of regional residents. During fiscal year 2021-22, each LHIG met three times. Topics for discussion included a review of the RHA's new website as well as an introduction to the region's health foundation to increase awareness and understanding of the region's philanthropic accomplishments. To consider contributing to health-care as a LHIG member, please visit: www.ierha.ca > "About Us" > "Community Involvement" > "Local Health Involvement Groups".

Monitoring and evaluation

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

The Board meets 10 times a year. The CEO report to the Board provides a high-level overview of progress in strategic and operational priorities that support the achievement of regional goals as defined in the strategic and operational plan. The regional lead quality, patient safety and accreditation provides the Board with quarterly reporting on the goals identified as part of the provincial health system dashboard and the region's strategic plan. The balanced scorecard management tool used regionally highlights strategic objectives, key drivers, projects and initiatives underway, and targets to measure success.

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

Organizational and Advisory Structure

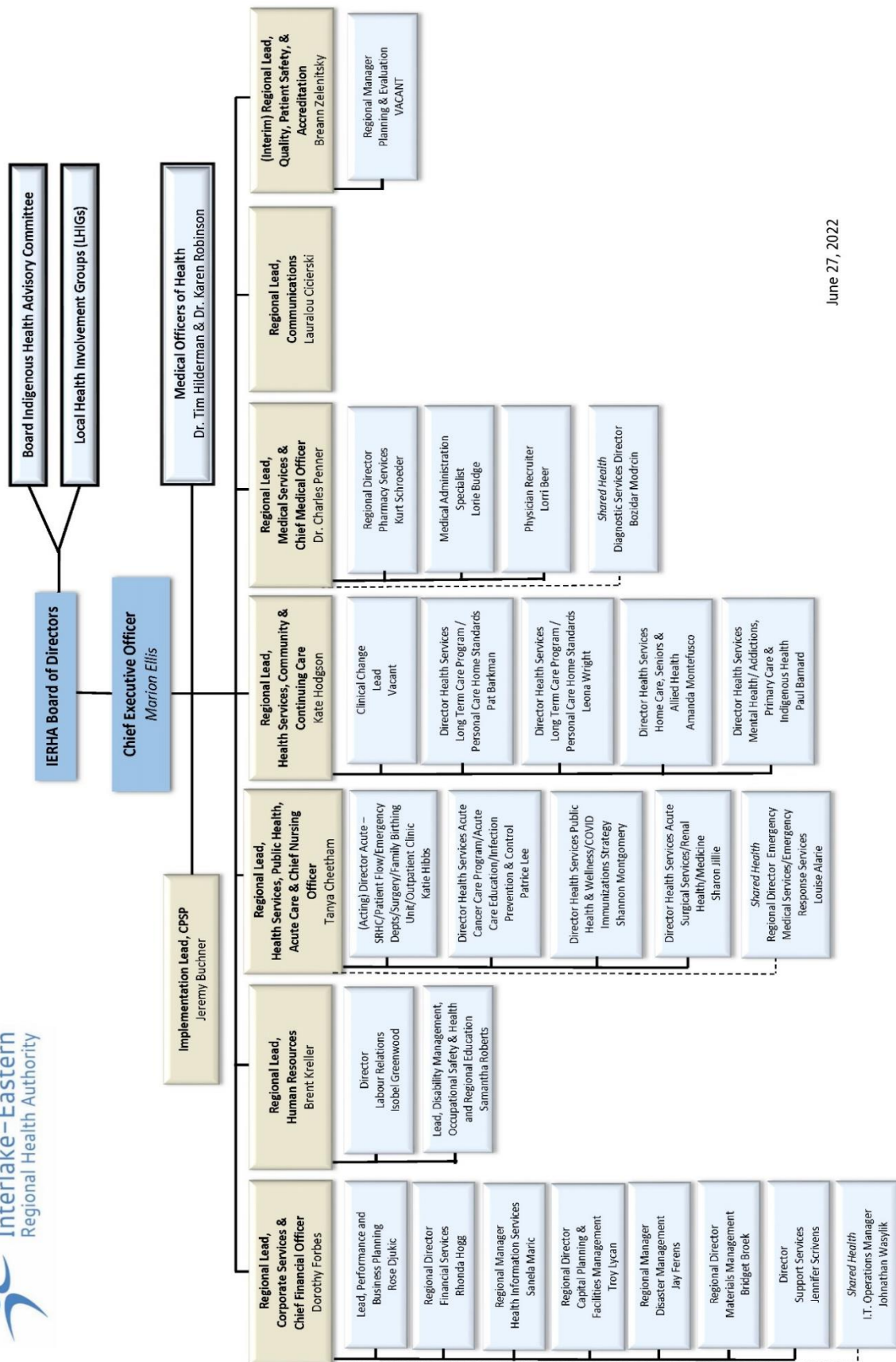
In January 2022, Dr. David Matear, CEO of Interlake-Eastern RHA, was seconded to join the provincial health incident command team as health system co-lead. He was then subsequently appointed provincial executive director of the Diagnostic and Surgical Recovery Task Force. Marion Ellis, Interlake-Eastern RHA's regional lead, health services, acute care, public health and chief nursing officer, was appointed CEO by the Board.

With Marion's appointment to the position of CEO, Tanya Cheetham, regional director acute care acted in the position of regional lead, health services - acute care, public health and chief nursing officer as did Shannon Montgomery, director health services, public health and wellness/COVID immunizations strategy. Tanya has since moved into this role on a permanent basis.

Greg Reid departed the regional lead, health services, community and continuing care position. Acting in the position was Kate Hodgson, regional director acute care. Kate has now moved into this role on a permanent basis.

Randy Dallinger retired from the regional lead, human resources position. Moving into the role is Brent Kreller.

Dr. Myron Thiessen retired from the regional lead, medical services and chief medical officer role. Moving into the position in an acting role was Dr. Deborah Mabin. With her departure from the role, Dr. Charles Penner was recruited to the position.



June 27, 2022

COVID-19 Pandemic Response

Interlake-Eastern RHA continued to contribute to provincial pandemic response efforts by participating in provincial incident command and clinical and immunization planning. On Tuesday, March 15, 2022, Manitoba's chief public health officer identified the pandemic response level was set to green, meaning limited risk. After two years of actively participating in COVID-19 response, this move marked an acknowledgment that the spread of COVID-19 is broadly contained and a vaccine and/or effective treatment for COVID-19 is available. Infection prevention and control protocols remain in place in health-care facilities in accordance with provincial guidelines. People are provided with a medical mask upon entry to health-care institutions.

COVID-19 Response in Interlake-Eastern RHA

In partnership with Manitoba Health and the provincial COVID-19 Testing Task Force and Vaccine Implementation Task Force, Interlake-Eastern RHA contributed to:

- Supporting mobile COVID-19 testing teams
Comprised of care providers from Southeast Resource Development Council Corp. (SERDC), Interlake Reserves Tribal Council (IRTC), Ongomiizwin - Health Services and Interlake-Eastern RHA, the mobile testing teams deployed 22 times over the course of the past two years. These teams united quickly to work with First Nation community pandemic teams in a joint effort response to emerging pandemic threats.
- Establishing and operating two COVID-19 vaccination sites
The first vaccination site to open on March 8, 2021, was located in the former Selkirk and District General Hospital. This site closed on March 26, 2022. A second fixed vaccination site in Gimli's recreation centre opened May 29, 2021 and closed on October 7, 2021. These sites were staffed with health-care professionals from all over Manitoba. Almost 150,000 immunizations were delivered at the Selkirk supersite. At peak the site was delivering 1,400 immunizations daily. The Gimli supersite provided a total of 12,961 immunizations with a capacity of up to 400 immunizations a day.
- Continued operation of three fixed COVID-19 testing sites
Testing sites were located in Selkirk, Eriksdale and Powerview-Pine Falls. The Eriksdale and Powerview-Pine Falls sites concluded operations on March 18, 2022. The Selkirk testing site concluded operations on April 15, 2022.
- Increasing vaccination rates
Using a model similar to annual flu clinics, pop-up vaccination clinics hosted around the region saw immunization teams travel to community locations that could accommodate the physical distancing requirements of COVID-19. Offering COVID-19 vaccine outside of health-care facilities, has now been absorbed by community based pharmacies and primary care clinics.

COVID-19's Legacy

The staff and directors at Interlake-Eastern RHA extend their sympathy and condolences to those who lost loved ones during the pandemic and to those who were unable to memorialize people in traditional ways out of respect for infection prevention and control protocols.

While the COVID-19 pandemic will forever be linked with loss, it will also be associated with change, resilience and grit. Across the health-care system, COVID-19 has left a legacy of partnerships forged from adversity. It has also identified gaps in health care where improvements have been required.

Through this pandemic, we have seen health-care staff present to their place of work ready to continue providing care. Wave after every wave, staff still showed up. Staff members worked together on-site, across our health-care facilities and throughout the region and province in ways we have never worked before. "Pivot" was a word used daily as focus shifted from one pressing priority to the other and as work rolled out to help care for people in the midst of a pandemic.

Community members provided words of thanks and offered support by organizing drive-bys and leaving messages of encouragement where those working in health care could see them

For the commitment of our staff, for the understanding and support of the community members to whom we provide care and for the positive changes that COVID-19 has left in its wake, we are grateful.



Dear health
care workers .
i hop you find a
cure for covid-19
sone. I hop there
will not be a
nuther case.

from , asia

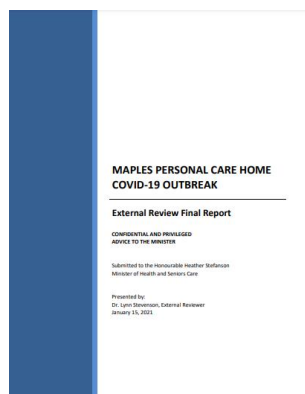
**Dear health care workers,
I feel scared about covid 19.
I think that you are the best people in the world!
You can do anything you set your mind too.
Love Oliver**

Thank you!

Above: Community support was extended in many different ways.

At left: Notes of thanks to care providers from Grade 3 children in East Selkirk's Happy Thought School

COVID-19's Legacy: Maples Personal Care Home COVID-19 Outbreak External Review Final Report



In November 2020, the Manitoba government engaged Dr. Lynn Stevenson to lead a review an outbreak of COVID-19 at the Maples Long Term Care Home in Winnipeg and provide feedback and recommendations.

The review made 17 recommendations at the facility and regional levels. Staff from Interlake-Eastern RHA's long-term care program, as well as those from other regional health authorities across Manitoba and personal care home operators, participated in the review. The Manitoba government released the plan to implement the recommendations at the provincial level in March 2021. In February 2022, the province released the final report on its March 2021 implementation plan. The final report focuses on four key areas of completed actions: resident safety, staffing complements, pandemic preparedness and communication with families and staff.

Resulting changes in Interlake-Eastern RHA's long-term care program

- The long-term care program will be adding dedicated infection, prevention and control (IPC) staff in the region's personal care homes. These staff members will work closely with the regional health authority's existing IPAC team and they will be responsible for maintaining IPC education and monitoring standards throughout the region's personal care homes.
- Interlake-Eastern RHA has reviewed and updated staffing plans to align with provincewide staffing standards that reflect increases in staffing rates for allied health and housekeeping. This work will continue with nursing, health-care aides and infection prevention and control staff requirements.
- Interlake-Eastern RHA relies on family physicians practising in the community or nearby to provide medical care to personal care home residents. As a result of the recommendations from the review, the provision of this care and medical on-site visitation during outbreaks has been formalized. Care providers are also aware that support from provincial medical leads is available as needed.
- A regional long-term care pandemic plan based on provincial requirements has been developed and implemented. The plan provides standardized guidance and documentation tools to assist staff in managing outbreaks. It addresses key clinical areas of staffing preparedness and training, human resource planning and pandemic staffing, family visitation and communication, medical oversight, escalation triggers and decision-making. Recognizing the importance of communication with residents and family members during an outbreak, provincial communication guidance and checklists have been established. Site leads will speak with family members when an outbreak is declared. In addition, a site-specific update is distributed on a regular basis to family members with encouragement to share the information broadly through their networks.
- A new provincially managed website has been established with current information and resources to support these long-term care IPC team members. The site also provides links to psychological and trauma supports for staff who experienced losses and trauma in the pandemic.

- Information technology systems are being introduced to support human resources teams in redeploying staff and in mapping bed status to better inform understanding of overall health system status. These investments and improving personal care home access to health information will contribute to improving health system response during serious outbreaks.
- When the medical officer of health declares an outbreak in any personal care home in the region, Interlake-Eastern RHA institutes and maintains site-based COVID-19 incident command. This regular meeting of managers on-site with regional program leads provides an opportunity for issues to be identified and addressed collectively before they can become a significant consideration for frontline staff.

The complete report can be viewed here: <https://is.gd/MaplesPCHOutbreakReport>

PROJECT PROFILE: Enhancing Infection Prevention and Control in Health Care

Interlake-Eastern RHA's long-term care program staff applied for and received \$160,000 in grant funding from Health Excellence Canada to enhance infection prevention and control measures (IPC) in personal care homes. We used the funding for the creation of IPC liaison positions in support of regional long-term care staff training and education, personal care home outbreak management, etc. These positions are temporary and conclude November 2022. Funds were also used to purchase IPC equipment including laundry hampers, garbage cans and thermometers, and to remove carpet in resident care areas.

COVID-19's Legacy: Provincial Diagnostic and Surgical Recovery Task Force

In December 2021, the Manitoba government established the Diagnostic and Surgical Recovery Task Force to address waitlists for diagnostic and surgical procedures, and other related services affected by the COVID-19 pandemic. Interlake-Eastern RHA is contributing to achieving the objectives of the task force by responding to its requests for suggested short- and long-term solutions within the region to improve surgical and diagnostic waitlists.

Selkirk Regional Health Centre is undergoing renovation and expansion starting fall 2022. Inpatient beds will be increased by 30 and surgical services will be enhanced, allowing this site to be able to care for a higher volume of surgical patients. Surgeries performed at the site include general procedures, gynecology, urology and endoscopy. The number of surgeries performed will be increased when the renovations are complete.

You can read more on the task force's work here: <https://www.gov.mb.ca/health/dsrecovery/index.html>

COVID-19's Legacy: Maintaining a sustainable workforce

Fluctuations in staffing vacancies were expected during the years of response to COVID-19. Staff became ill and they were required to adhere to guidelines in place that dictated the amount of time they were required to isolate if they tested positive for COVID-19 or were symptomatic. In the first year of COVID response, we saw position vacancy rates increase and the rise continued throughout the pandemic.

The response to health-care employee retention and recruitment is provincial and regional in nature and it includes short- and long-term plans.

Collective agreement negotiations were underway throughout the response to COVID-19. A new contract was ratified with the Manitoba Nurses Union that emphasizes the importance of staff recruitment and retention, wage increases, other financial incentives and a commitment to a better work-life balance. In the long term, in reference to nursing positions, the Province of Manitoba has committed to adding 400 seats in nursing programs at post-secondary institutions across the province.

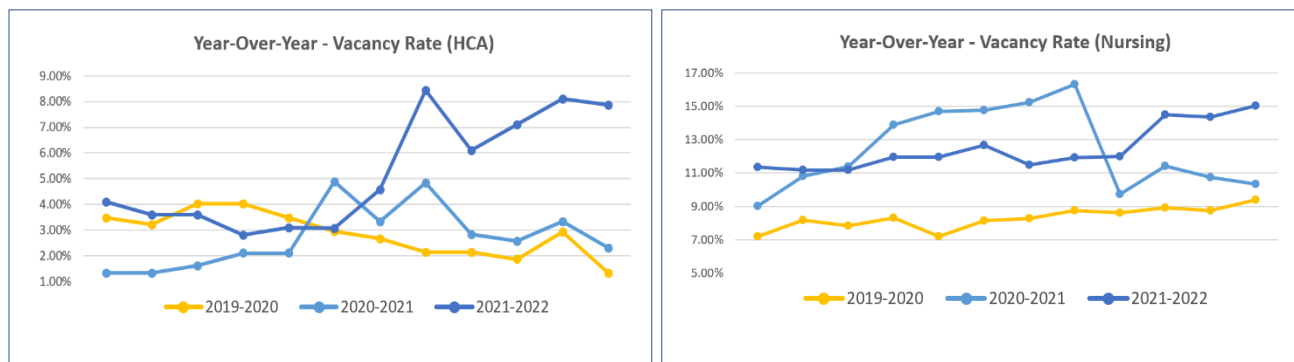
Interlake-Eastern RHA is working closely with the province's educational institutions and elected leaders in communities within the region to advance locally based training opportunities. These include a bachelor of nursing program to be based in Red River Polytech's Fisher River – Peguis Campus and Assiniboine Community College's licensed practical nursing program to occur in Arborg.

In the near term, Shared Health Diagnostic Services along with Herzing College and Robertson School of Health are offering medical laboratory assistant programs with virtual and on-campus training paired with practicum support in laboratories located within Interlake-Eastern RHA. For more information about training opportunities in Interlake-Eastern RHA, please visit www.ierha.ca, click on "Careers and Educational Opportunities."

The regional health authority welcomed undergraduate nurse employees (UNEs) as an important new addition to Manitoba's diverse, collaborative and supportive health-care teams. UNE positions are open to third- or fourth-year nursing students enrolled in an approved Manitoba education program leading to practise as an RN or RPN. Interlake-Eastern RHA hired 10 of these nurses. The hope is they will be recruited and retained in positions where they will be successful and flourish as they begin their nursing careers.

During the peak of COVID-19 response, the province introduced a high-intensity micro-credential course to train students as uncertified health-care aides. Immediate employment opportunities were available to students who completed training. Interlake-Eastern RHA hired 64 of these students who work under the guidance of a manager or nursing supervisor. The province also created uncertified training opportunities for recreation facilitators in response to COVID-19 staffing shortages and redeployments. Interlake-Eastern RHA hired 10 of these facilitators.

In addition, health-care professionals are joining human resource colleagues to attend opportunities to speak with students in the region. Staff members will be selected for their ability to engage with students and discuss the benefits of a career in health care based on their experiences. Specific consideration is being made for engagement with Indigenous youth in a continued effort to achieve a representative workforce within Interlake-Eastern Regional Health Authority.



Regional Family Medicine Residency Program

In 2019, a regional family medicine residency program was established in Interlake-Eastern Regional Health Authority with the first intake of residents in July of that year. A medical resident is a medical school graduate with a doctor of medicine degree who is taking part in a post-graduate training program. With two new residents coming on board annually, the program has graduated four physicians. Three have remained to work within Interlake-Eastern RHA. This confirms the regional residency program is an opportunity to generate physicians with experience who are wanting to remain working in the region.

Four other physicians are currently working in the region's residency program that sees them assigned blocks of time with physicians practising all over the region. They experience clinic, in-patient acute care, dialysis, CancerCare, personal care home resident care and emergency department work. Through this work, the residents practise in rural locations and learn about the communities to which they are assigned.

Family Health and Learning Centre

In an effort to create a sustainable level of family doctors throughout Interlake-Eastern RHA, representatives from 30 municipalities in the region united in support of developing a clinical teaching unit that would be a place of learning for family physician residents beginning their family medicine careers. Family medicine residency programs elsewhere in Manitoba are providing a reliable pipeline of physicians with experience who are willing to permanently settle in the region. Statistics from the Rural Family Medicine Residency Program show that more than 75 per cent of resident physicians choose to practise in the area that they completed their residency.

The Primary Care Development Group Incorporated, was established in 2017 to manage the clinical teaching unit project. Comprised of Indigenous and municipal leaders from within Interlake-Eastern Regional Health Authority and representatives from Interlake Eastern Health Foundation, Interlake-Eastern Regional Health Authority and the Interlake-Eastern Family Medicine Residency Training

Program, the development group received approval from the Minister of Health to proceed with development of a Family Health and Learning Centre that would incorporate the clinical teaching unit. This regional collaborative project involves no capital contribution and no incremental operating contribution from the provincial government. It will be owned and operated by the Primary Care Development Group Incorporated. Lease agreements will fund the facility's operating and financing costs.

Although many locations were considered for the project, the development groups identified the campus of Selkirk Regional Health Centre as the site for the centre. Centrally located within the regional health authority, this location affords the opportunity to share costs with the health centre (including information technology support, building and grounds maintenance, security, etc.). Proximity to Selkirk Regional Health Centre makes the new centre an optimal home for the region's residency program since it would provide opportunities for training in various clinical programs including emergency care.

Interlake Eastern Health Foundation is updating construction estimates to determine the feasibility of launching a capital campaign to fundraise for the centre's establishment.



Artist's rendition of the proposed Family Health and Learning Centre to be located on the campus of Selkirk Regional Health Centre and become a training centre for family physicians.

Evaluating Health System Performance

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

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

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

Interlake-Eastern RHA is contributing to the achievement of these goals that have been integrated into regional strategic planning. Regional data is reported in a provincial dashboard that helps assess trends in health system performance at a provincial level. The dashboard will evolve as the system does, ensuring quality indicators are reflecting how all components of the system work together to meet the needs of Manitobans.

While emergency department wait times reflect the experience of patients who present for care, this metric is impacted by many other aspects. These include ease of access to primary care, quality of care, access to care in other parts of the health system and the effectiveness of health promotion/injury prevention activities.

Initial indicators included in the dashboard may appear to be focused on hospitals and the acute care sector. However, they are interpreted more broadly as high-level, "whole-system" goals that reflect the success of the provincial system in meeting the needs of Manitobans across the full continuum of care.


PROVINCIAL GOAL: Improving Access

Target: Reducing emergency department wait times to the Canadian level (at April 1, 2021) of 4.1 hours by March 31, 2022

This measure tracks the maximum amount of time that nine out of 10 patients waited to see a provider in an emergency department (ED) or urgent care centre (UCC). It is a key indicator of timely access to essential health services, representing the maximum time the majority of patients will wait to begin receiving treatment. This is the time period where the patient is most likely to experience pain and discomfort or even leave the ED/UCC without receiving medical care. This indicator also reflects access to services provided in other sectors, such as public health, primary care or home care. A lower value for this measure is preferred, since this indicates a shorter amount of time for the typical ED/UCC patient to see a provider which helps ensure appropriate patient care and promote positive health outcomes.

Not all hospitals and urgent care centres are included in this measure. The following are included:
 Interlake-Eastern Regional Health Authority: Selkirk
 Northern Regional Health Authority: Thompson, Flin Flon, The Pas
 Prairie Mountain Health: Dauphin, Brandon
 Southern Health - Santé Sud: Portage la Prairie, Bethesda (Steinbach), Boundary Trails (Morden/Winkler)
 Winnipeg Regional Health Authority: Health Sciences Centre (HSC) Adult Emergency, HSC Children's Hospital Emergency, Grace General Hospital, St. Boniface General Hospital, Concordia Hospital, Seven Oaks General Hospital, Victoria Hospital

Update and Reporting Frequency: Monthly

PROVINCIAL HEALTH SYSTEM DASHBOARD				March 2022
 IMPROVE ACCESS <i>Provincial Goal: Reduce ED wait times to Canadian level (at Apr 1, 2021) by Mar 31, 2022</i>				
ED Wait Times (hours, 90th percentile)				
SDO	Target	Last 12 months	Compared to Target	Status
Manitoba	4.1	5.6	36.2% over and worsening	
IERHA	4.1	5.0	21.0% over and worsening	OFF TRACK
NRHA	4.1	3.8	8.5% under and worsening	ON TRACK
PMH	4.1	4.4	7.0% over and worsening	OFF TRACK
SH-SS	4.1	3.8	6.7% under and worsening	ON TRACK
WRHA	4.1	6.2	52.2% over and worsening	OFF TRACK
Shared Health	4.1	6.5	59.5% over and worsening	OFF TRACK

Regional action plan: This measure is affected to varying degrees by a number of different factors, including patient volumes, availability of interfacility transfers, urgency of health needs, diagnostic testing completion and lab and diagnostic turnaround times and the number of patients waiting for hospital admission. The availability of primary care, home care resources and long-term care beds also indirectly affect wait times in the emergency department.

The provincewide commitment to place patients in facilities most aligned with care needs, even if it requires a transfer out of region, eased pressure on access to the limited number of hospital beds in Interlake-Eastern RHA. This, in turn, can contribute to improving wait times. As of March 31, 2022, 30 patients in Interlake-Eastern RHA hospitals who were awaiting placement in a personal care home had experienced transfers out of region to more appropriate care. These transfer occur with the understanding that patients will return, if they'd prefer, in the event that appropriate care becomes available in region. The majority of transferred individuals have returned to the region. Interlake-Eastern RHA is maintaining inter-regional transfers when a patient meets criteria for care to occur in a more appropriate setting than a hospital.

The RHA is also working to establish in-region transitional care for individuals who do not require hospital care and are who are not panelled for a personal care home.

We are also increasing access to primary health care, which means seeing a family doctor or nurse practitioner for everyday health-care concerns before they become medical emergencies.

The region is taking a close look at factors within the ED and on the hospital wards that could be modified to improve flow through the hospitals and therefore shorten ED wait times. In addition, the region is improving primary care accessibility to shorten ED wait times by providing care in physicians' offices instead of requiring ED care for more minor health concerns.

PROJECT PROFILE: Paramedics providing palliative care at home



In October 2020, we launched the Paramedics Providing Palliative Care at Home project. Funded by the Canadian Foundation for Healthcare Improvement and the Canadian Partnership Against Cancer, this project sees paramedics operating in Interlake-Eastern RHA being trained in a palliative approach to care.

Trained paramedics can now provide care in-home to people registered with the region's palliative care program if transport to the emergency department is not their preference. This level of care has been requested by palliative care clients and their family members and it has empowered paramedics who are now formally skilled in delivering this type of care. Previously, care maps for these calls would require people to be transported to the nearest emergency department, which contradicted many clients' wishes to remain at home.

Through this program from April 2021 to March 2022, of 139 calls to 9-1-1 from clients of the palliative care program or their family members, 74 resulted in the palliative care client being able to remain safely and comfortably at home. Satisfaction surveys conducted with family members who called 9-1-1 for care of a palliative care client indicated that 100 per cent of respondents were satisfied with the care they received. Looking forward, effort will be invested into partnering with First Nation communities to identify culturally appropriate means of bringing this service to residents.

PROJECT PROFILE: Crisis Stabilization Unit provides virtual care to those seeking help

Interlake-Eastern RHA's crisis stabilization unit is a nurse-managed, voluntary admission unit for people aged 15 and older experiencing a mental health or psychosocial crisis or other struggles in their lives. Located in Selkirk, the crisis stabilization unit provides assessment, short term crisis intervention, treatment and connection to resources.

In addition to a common area, dining area, wellness area and a big back yard, there are usually eight treatment beds. Because of physical distancing due to COVID-19, the unit has been reduced to just four beds. Knowing the decrease in bed availability could have a negative impact on people in the communities they serve, staff members at the crisis stabilization unit opened four virtual "beds". The virtual beds allow individuals who are in a stable or non-triggering home environment to access the care

provided by the unit without leaving their home. Connecting with nurses by phone or video conferencing, individuals are able to meet with nursing staff daily, receive medication reminders, access resources and actively work on safety, wellness and crisis prevention planning – all within the comfort and safety of their own home. Feedback from those who have used the virtual bed service has confirmed the value of this option.

Anna* is a 21-year-old living in the Interlake-Eastern health region who has benefitted from the new virtual approach.

“Life can get stressful, and sometimes it’s hard to manage those situations,” says Anna. “But you can’t always just put life on hold to be somewhere else. Personally, I have a dog, a lizard, a house to maintain – other people might have a job or kids they can’t leave – so it is great that I can just call and sign myself up to connect with the help I need, when I need it.”

*Name changed at individual’s request

PROVINCIAL GOAL: Improving the Health Service Experience

Target: 72 per cent of participants who rated their overall hospital experience as 9 or 10 out of 10 on the Canadian Patient Experience Survey - Inpatient Care.

This measure tracks how people respond to the Canadian Patient Experiences Survey questions about care received during a hospital stay. The survey is distributed via random selection to discharged hospital patients who were 18 years or older at time of admission.

Improved patient experience ratings often accompany improved quality of care, equitable access and patient outcomes. Improving the patient experience and identifying opportunities for learning and sharing that can improve patient outcome are central areas of focus for health systems around the world including in Manitoba.

This measure helps service delivery organizations (SDOs) and hospitals assess a patient’s experiences with care, inform the delivery of patient-centred care and support quality improvement initiatives.

Update and Reporting Frequency: Quarterly

NOTE: There is an expected six-month delay in data for this measure. This is due to factors that include the random selection of patients to take part in the survey, the time it takes for the survey to be completed and returned, data entry timelines and volume of responses.

IMPROVE THE HEALTH SERVICE EXPERIENCE				
PROVINCIAL GOAL: <i>Improve Positive Inpatient Experience Ratings</i>				
Inpatient Experience (% with positive ratings of 9 or 10 / 10)				
SDO	Target	Last 3 mths	Compared to Target	Status
Manitoba	72%	67.9%	5.7% under and declining	
IERHA	75%	71.3%	4.9% under but improving	ON TRACK
NRHA	60%	63.9%	6.6% over and improving	ON TRACK
PMH	75%	75.9%	1.3% over and improving	ON TRACK
SH-SS	75%	62.1%	17.2% under and declining	OFF TRACK
WRHA	67%	66.1%	1.3% under but improving	OFF TRACK
Shared Health	65%	61.2%	5.9% under and declining	OFF TRACK

Provincial Goal: Improving Health System Sustainability

Target: Maintain the growth of 2021-22 Manitoba health system expenditures to within 1.4 per cent of 2020-21

Manitoba has experienced growth in per-capita health system costs that has outpaced that of most other Canadian jurisdictions, without an observed improvement in the overall quality of care or patient outcomes. Maintaining the overall health system expenditure growth at a more sustainable level, while ensuring investments are directed to priority areas of care, will maintain long-term sustainability of the health system.

This measure has been identified as an important indicator of overall provincial health system affordability and long-term sustainability.

Actual results for this measure are only known after year-end accounting and reviews are complete. Values lower than the target indicate an overall improvement in Manitoba health system costs.

Update and Reporting Frequency: Monthly

AFFORDABILITY AND SUSTAINABLE HEALTH SPENDING				
Provincial Goal: Maintain 2021/22 health expenditures within 1.4% over 2020/21				
Total Expenditures - 2020/21 adjusted year-end* vs Updated Year-End Forecast				
SDO	YE Actual*	YE Forecast	Compared to 20/21 YE Actual*	Status
Manitoba	\$7.060 B	\$7.082 B	0.3% over	
IERHA	\$248.50 M	\$263.88 M	6.2% over and improving	OFF TRACK
NRHA	\$246.01 M	\$264.22 M	7.4% over and improving	OFF TRACK
PMH	\$594.57 M	\$633.00 M	6.5% over and worsening	OFF TRACK
SH-SS	\$379.94 M	\$426.50 M	12.3% over and worsening	ON TRACK
WRHA	\$2.292 B	\$2.417 B	5.5% over and unchanged	OFF TRACK
Shared Health	\$1.436 B	\$1.632 B	13.6% over and unchanged	OFF TRACK
AFM	\$33.33 M	\$33.93 M	1.8% over and worsening	ON TRACK
CCMB	\$119.97 M	\$123.62 M	3.0% over and unchanged	OFF TRACK
Drug Program	\$53.36 M	\$54.50 M	2.1% over	OFF TRACK
MHSAL Dept	\$136.81 M	\$192.50 M	40.7% over	OFF TRACK
Health Services Insurance Fund:				
Prov services	\$146.48 M	\$188.43 M	28.6% over	OFF TRACK
Medical	\$1.344 B	\$1.415 B	5.3% over	OFF TRACK
Pharmacare	\$297.58 M	\$309.71 M	4.1% over	OFF TRACK
Capital	\$232.92 M	\$204.45 M	12.2% under	ON TRACK

*reflects 2020/21 transferred expenditures

Regional action plan: Salaries account for close to 60 per cent of regional expenditures. Increased reliance on agency services for staffing due to vacancies is a significant contributor to the region's excess of expenditures. Interlake-Eastern RHA is focusing on other staff-related management tools to capture potential savings that will contribute to achieving this provincial objective. See the regional balanced scorecard's financial perspective below for more specific details.

Regional Reporting: Balanced Scorecard Management

Interlake-Eastern Regional Health Authority has adopted the balanced scorecard management framework to guide strategic planning and performance evaluation. We are tracking financial and non-financial measures to determine our effectiveness in meeting our objectives. These measures are typically defined in five categories or perspectives:

1. Stakeholder perspective: *How do patients/residents/clients/family members see us?*
2. Operational perspective: *What must we excel at in operational quality and quantity?*
3. Learning and growth perspective: *Where can we continue to improve staff development and find areas to create value?*
4. Financial perspective: *How fiscally responsible are we?*
5. Overlaying these perspectives are vision and strategy: *Are we on the mutually agreed-upon path, defined with our stakeholders, to achieve these guiding aspects of our work?*

Throughout our organization, we have identified measures related to our regional strategic objectives that we are tracking and reporting on quarterly. At these quarterly meetings, regional leads review progress on their scorecard with the CEO, establish if they are on track or off track to achieving target and, if off track, define the modified process required to achieve target.

Perspectives Influencing Interlake-Eastern RHA's Balanced Scorecard



Regional Balanced Scorecard

Vision and Strategy



Are we on the mutually agreed-upon path, defined with our stakeholders, to achieve the guiding aspects of our work?

Strategic steering committees have been established for each of the region's strategic goals. These committees are comprised of partners in health care, such as Indigenous partners, community health partners, Interlake-Eastern staff members and physicians, working with Interlake-Eastern RHA's regional leads and representatives from the board of directors. The priority of these committees is to set the strategic direction of the organization by establishing workstreams. These workstreams address the most pressing aspects of work required to progress towards achieving strategic goals.

The following workstreams have been established. These directions will be integrated into the region's strategy with corresponding metrics that will determine progress.

Strategic goal: Integrated and Coordinated Health Care

Our health system is integrated and coordinated between providers and patients

Workstream 1: *Service Excellence*

Workstream 2: *Communication*

Strategic goal: Primary and Community Care Transformation

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

Workstream 1: *Primary care*

Workstream 2: *Public Health*

Workstream 3: *Home Care*

Workstream 4: *Long-Term Care*

Strategic goal: Indigenous and Vulnerable Populations

Improve access, health outcomes and reduce health disparities

Workstream 1: *Strengthening partnerships and connection*

Workstream 2: *Providing a culturally safe environment*

Workstream 3: *Addressing health inequity*

Workstream 4: *Providing equitable access to community support and health services for aging individuals*

Strategic goal: Mental Health and Addictions

We will work to improve access to innovative and quality community mental health and addictions services for adults, children and families. Initiatives will be designed and implemented to support culturally appropriate and equitable access to care, mental well-being and chronic disease prevention, and reliable, efficient, patient-focused care coordination. Initiatives will be designed within the following work streams:

Workstream 1: *Equitable Access and Coordination*

Workstream 2: *Mental Well-being and Chronic Disease Prevention*

Workstream 3: *Quality and Innovation*

Workstream 4: *Governance and Accountability*

Workstream 5: *Indigenous Partnership and Wellness*

Strategic goal: Health Human Resources

Our goal is to become an employer of choice by achieving the targets in each of the workstreams identified

Workstream 1: *Recruitment*

Workstream 2: *Retention*

Workstream 3: *Employee Development*

Workstream 4: *Healthy Workforce*

Workstream 5: *Employee Relations*

Workstream 6: *Transformation*

Strategic goal: Innovation and Technology

Improve access, care quality and health outcomes through clinical best practices with a focus on innovation and technology

Workstream 1: *Strengthen the Foundation for Technology - Improve understanding and use of technology and provide reliable infrastructure*

Workstream 2: *Optimize Operations - Enhance analytics and performance measurement*

Workstream 3: *Transform Care - Strengthen engagement with patients, clinicians and other stakeholders*

Workstream 4: *Innovative Culture - Develop the people, skills and system to enable continuous quality improvement and safety*

Workstream 5: *Digital Health - Adapt electronic medical records that will enable clinical workflow*

Workstream 6: *Advanced Analytics - We will use new and innovative data analysis and reporting tools to support quality improvement*

Regional Balanced Scorecard

Measuring the Financial Perspective

How fiscally responsible are we?



Metric	Definition	Provincial Goal	Regional Goal	Status at March 31, 2022
Purchased Salary Costs (Agency)	Agency hours as % of worked hours	N/A	5% reduction of costs over last year = 3.61%	4.54%
Overtime	Overtime hours as % of worked hours	N/A	Reduction as a % of worked hours over last year 5% reduction = 3.99%	4.84%
Sick Time	Sick hours as % of worked hours	N/A	Reduction as a % of worked hours over last year 5% reduction = 2.95%	3.55%
Absenteeism Management	Reduction of absentee hours as % of worked hours compared to 2020-21	N/A	4% or less	6.68%

Regional action plan: Staffing vacancies in the region are contributing to increased reliance on staffing with agency support. Vacancies, in turn, are also contributing to overtime.

Regional managers are being supported by human resources representatives who are flagging use of sick time and absenteeism according to regional targets. Increasing manager awareness of the status of these metrics provides opportunities for early intervention and bringing available supports to staff attention.

Future Directions: Provincial and regional efforts are being extended into recruitment of health-care staff that will ease reliance on the more expensive alternative of agency staffing. In addition, Interlake-Eastern RHA is working to increase staff engagement and feedback in guiding the organization to improve employee safety, satisfaction, wellness and retention. More information is provided under the stakeholder engagement perspective.

Regional Balanced Scorecard

Measuring the Operational Perspective

What must we excel at in operational quality and quantity?



Metric	Definition	Provincial Goal	Regional Goal	Status at March 31, 2022
Regional Hand Hygiene	Regional compliance (all programs)	85%	90%	90%
A provincial working group was formed to develop standards and tools for hand hygiene compliance monitoring data collection and reporting. Interlake-Eastern RHA will be piloting auditing software over summer months in Selkirk Regional Health Centre with formal roll-out in Fall 2022 by training auditors at the sites. Thirty-five to 40 per cent of the provincial work has been completed for this project with the current focus in acute care. The phase two roll out will incorporate community-based health services.				
Accreditation Compliance	Compliance with Required Organizational Practices	N/A	100%	100%
Industry-Based Safety Program (IBSP) in partnership with Safe Work Manitoba	Implement a Safety & Health Management System	N/A	100% of gap analysis completed	50%
Interlake-Eastern RHA has partnered with Safe Work Manitoba to establish an industry-based safety program that will see the region acquire SAFE Work Certification for efforts to reduce the risk of injury and illness to workers. The achievement of certification should result in reduced injury rate, reduced time-loss rate, lower Workers Compensation Board premiums and improved worker engagement. COVID-19 pandemic response prevented regional occupational safety and health staff from completing the gap analysis, thereby extending the timeline for completion. When pandemic response has eased, staff resources will be directed back to completing the requirements of our participation in this program.				
Emergency Department Access: Hours in operation	Total hours of ED operation in region / total hours	N/A	95%	85%

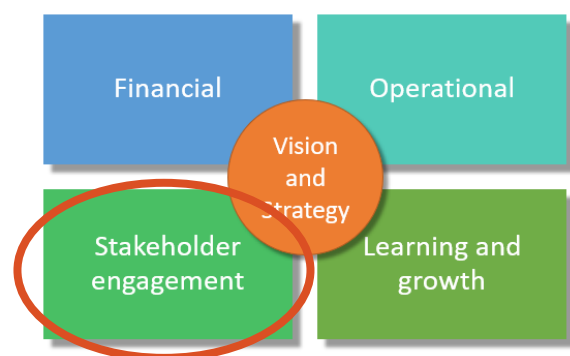
Metric	Definition	Provincial Goal	Regional Goal	Status at March 31, 2022
CTAS 4 & 5 Volume	Regional # of ED CTAS 4 & 5	N/A	5% decrease = 49.1% of 28977	50.2%
<p>Physician availability in clinic and in emergency departments drives these metrics. When there aren't enough physicians to maintain an emergency department schedule in all hospitals, the regional health authority will strategically staff the region's emergency departments to ensure emergency department care is available to as many residents as possible. This metric is tied to improved access to primary health care. Fifty per cent of people presenting to the region's emergency departments are experiencing less urgent or non-urgent health-care needs that do not require emergency care. The emergency department may be the only option available in communities where people are unable to access reliable physician care for everyday health-care needs. Selkirk and Ashern are being targeted for primary care development.</p> <p>The Selkirk and Area My Health Team was launched in January 2020. It includes physicians at Selkirk Medical Associates and Eveline Street clinic, a pharmacist, two chronic disease nurses, community liaison counselling and a brief treatment counsellor. Efforts to recruit into a vacant second brief treatment counsellor position have not yet been successful and there is a waiting list for this care. The Springfield Medical Clinic in Oakbank will be the next practice to join the team.</p>				
LTC Wait Times for Placement from the community	Number of months to first appropriate PCH bed	N/A	Will not exceed 4 months	10.79 months
<p>The aging population and complexity of care individuals require contributes to Interlake-Eastern RHA's ability to improve people's access to long-term care. The region is maintaining inter-regional transfers when a patient meets criteria to be moved to a more appropriate setting.</p>				
Home care clients currently waiting for service	Number of community home care clients on wait list as of March 31, 2022	N/A	5% decrease = 31	37
<p>To use staff time efficiently, homecare-services are being clustered together to better address clients' needs. Staff travel, clients' catchment area and clustered care are implemented to localize care. Consistent staffing provides continuity and fosters familiarity between clients with staff. Clustering care is also done to reduce staff downtime and increase service provision to clients. Clustering care provides opportunities to develop new rotations and add hours to part-time positions to make them more attractive. To monitor effectiveness, we are tracking and analyzing data on waitlist, downtime, client satisfaction and IERHA cancellations.</p>				
Primary Care Wait Times	Wait time for third next available	N/A	2 days	8.0 days
<p>The "third next available" appointment is used as a measure rather than the next available appointment since it is a more sensitive reflection of true appointment availability. For example, an appointment may be open at the time of a request because of a cancellation or other unexpected event. Using the "third next available" appointment eliminates these chance occurrences from the measure of availability. Optimally, the goal would be zero days if striving to offer same-day appointments. The primary care team is identifying opportunities to expand primary health care and improve access to care. This work is underway with the establishment of new community-based primary care clinics, the region's My Health Teams and through partnerships with physician outreach programs into First Nation communities.</p>				

Metric	Definition	Provincial Goal	Regional Goal	Status at March 31, 2022
Volume of Primary Care Patients seen within RHA Sites	Visits to care providers	N/A	5% increase = 84,043	105,757
This metric may be representing individuals' comfort with returning to primary care clinics to seek care in the wake of COVID-19. The region continues to work with care providers to improve access to primary care through outreach clinics and expanded hours clinics.				
RAAM Clinic Mental Health Assessments	Number of assessments (new/initial and follow-up)	TBD	5% increase = 1019	2,099
This significant increase in assessments may be reflecting the strain that has resulted from the COVID-19 pandemic and the result of a redirection of resources that would typically support addictions management into COVID-19 response.				
Safety and Security Projects Delivered on Time	Safety and Security Projects Delivered according to Project plan	N/A	100%	100%
Critical Incidents	% of cumulative critical incident recommendations completed	N/A	95%	96%
Working in conjunction with regional leadership, the region's quality and patient safety coordinators have developed a process to increase accountability in addressing these reports in a timely manner. There is mutual understanding that if every recommendation for a critical incident is completed, the region should see a decrease in these incidents.				
Patient Safety Plan	Implement patient safety plan initiatives	N/A	100%	100%
The patient safety plan correlates with the region's strategic plan. Its purpose is to address overarching patient safety priorities in the region. New priorities for this year include building capacity and connections internally and externally to better integrate patient safety into programs and addressing psychological safety in the workplace				
Accreditation Readiness	Compliance with 4 year accreditation cycle activities	N/A	100%	40%
The region is entering into an accreditation review in 2023. COVID-19 has affected our preparation timeline but as programs return to normal operations, we will continue to progress.				

Regional Balanced Scorecard

Measuring the Stakeholder Engagement Perspective

How do patients/residents/clients/family members see us?

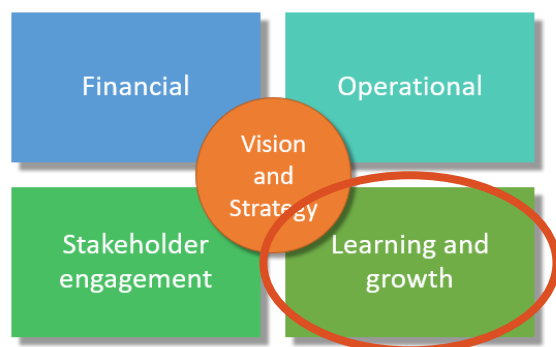


Metric	Definition	Provincial Goal	Regional Goal	Status at March 31, 2022
Staff Engagement	Work Life Pulse Survey - Annual	N/A	Improvement on baseline/baseline	Implementation planned for fall 2022
IERHA is one of 17 organizations across Canada that have been selected to pilot a new staff survey in the upcoming fiscal year. Combining an evaluation of the work environment with staff's impression of safety in the workplace, this updated survey expands on themes of equity/diversity/inclusion, health and well-being, work experience, patient safety and job experience. It requires less staff time and incorporates elements staff have expressed interest in commenting on.				
Acute Care Patient Experience - Overall	Overall rating on experience from the Canadian Patient Experience Survey – Inpatient Care, scoring 9 and 10 out of 10	72%	73%	70*% *Receipt of data is delayed due to processing at a national level
Crisis Stabilization Unit - Overall Satisfaction	Satisfaction as defined by “yes” or “somewhat” when asked: “Was your stay helpful?”	N/A	100%	97%
Long-Term Care - Overall Satisfaction	Overall Satisfaction reflected within four determined survey categories	N/A	New	91%
Home Care - Overall Satisfaction	Satisfaction as defined by “agree” or “somewhat agree” within six determined survey questions	N/A	89%	91%
Client experience surveys are providing feedback to acute care, mental health, long-term care and home care. Information received is contributing to action plans for improvement in these program areas.				

Regional Balanced Scorecard

Measuring the Learning and Growth Perspective

Where can we continue to improve and find areas to create value?



Metric	Definition	Provincial Goal	Regional Goal	Status at March 31, 2022
Succession Planning	Development of succession plan for each of the RHA's portfolios	N/A	95%	100%
Indigenous Cultural Safety Training – IERHA training	# or % of staff trained since 2012		200 (100% increase on last year)	89
COVID-19 affected training delivery as this course is delivered in-person. Improvements in this metric are anticipated as in-person training resumes and as online training options are made available.				
Representative Workforce	Overall % of employees declared First Nation, Métis and Indigenous		Increase to 18%	16.0%
Interlake-Eastern RHA will be increasing promotion of career opportunities in health care among Indigenous students and identifying where health-care staff can achieve greatest impact with in-school presentations.				
Vacancy Management	HCA Vacancy		3%	5.21%
	RN/LPN Vacancy		9%	12.46%
The RN/LPN figure is an under-reporting as the summary reflects permanent positions. The RHA is partnering to promote training opportunities in the region, virtual or in-class, and to establish more opportunities for training closer to home.				

Chair's Award for Excellence in Customer Service

This award provides the Board of Directors with an opportunity to publicly recognize staff members who consistently go above and beyond in their interactions with our clients and with our staff in reflecting our person-first approach to how we deliver care. The following individuals were recognized at Interlake-Eastern RHA's annual general meeting in 2021.



Cassandra Hnatishin and Drew Peacock are part of our primary care teams in Pine-Falls-Powerview and they also do outreach in Seymourville and Grand Marais. Cassandra is a nurse practitioner and Drew provides clerical support. Cassandra was nominated by Melissa Fuerst who is clinical team manager in our primary care program and Drew was nominated by Shirley Murray, regional coordinator of primary care.

When a patient of theirs did not show up for an appointment in the clinic they thought it was odd. This person didn't call to cancel their appointment and Cassandra and Drew noted their absence. This wasn't something they'd expect from this patient. Together, they visited the person's house. Knocking on the door, they could hear the patient calling out. Drew called the RCMP, who advised it was OK for them to enter the house. They found the person on the floor where they had fallen a few days earlier. Cassandra cared for the individual while Drew called 911 for an ambulance. They stayed with the patient until EMS arrived.

In her nomination, Melissa stated:

The relationships that this team has been able to establish in a short time is so important...Our community members need to be able to trust us so we can provide effective care, and we, as health-care providers, need to understand the needs of the community. This team goes above and beyond every day.

Shirley's nomination included:

This shows the level of genuine caring and compassion Drew and Cassandra share with their clients and how they both contribute to providing excellent health-care services in the IERHA.

Brittany Klassen, an LPN in Stonewall and District Health Centre, was nominated by her co-worker Lisa Taplin, a registered nurse. This is what Lisa had to say about Brittany:

Brittany is one of our tireless LPNs who was clearly meant to be a nurse. She has a delicate, kind manner about her that allows patients to feel that their needs are being met, and their feelings and concerns matter, while also being honest and straight forward in a way that encourages a patient's abilities and recognizes their potential. She leads by example and always goes the extra mile. She has foregone breaks because she promised a patient an extra walk in the halls. She has stayed late to help comfort a family of a recently deceased patient because she was their nurse that shift. She is a smart nurse, a true patient advocate, a hard worker and truly a pleasure to work with. Brittany

deserves recognition for her efforts, and we can all hope that if we were to fall ill, that there is a “Brittany” looking after us.



Devon Ungurain is an FASD diagnostic coordinator. She was nominated by her co-worker Kristy Magnusson. Devon and Kristy work in partnership with the Manitoba FASD Centre to screen referrals of children and youth living in the region to ensure diagnostic criteria are met and provide support and information to families on the journey through assessment.

In her nomination of Devon, Kristy tells us:

I had the personal experience of attending a FASD diagnostic clinic in Winnipeg with residents from one of our Northern fly-in communities. Devon ensures her clients’ safe arrival in Winnipeg and coordinates travel to the clinic. She shows compassion with a smile, a hand holding and offering kids a snack at the clinic. It has been a pleasure working with Devon, and as a citizen of the IERHA, it has been heart-warming to know we have such a dedicated health-care worker in my region.



Kate Hodgson, former director of acute care at Selkirk Regional Health Centre, was nominated by Victoria Wilgosh, the clinical team manager of surgery and the family birthing unit at the health centre. Here is a bit of Victoria’s nomination:

I truly feel that Kate has been paramount in keeping all patients and staff safe during this pandemic, yet while still maintaining a level of humanity that we all needed and related to during these times . . . She has reignited my passion in nursing and [established] a new passion in nursing leadership. Kate always reverts back to the core values of patient and family centered care and how important it is to be able to provide a high level of care to the patients we serve in this region. It has been one of my greatest pleasures working alongside her in awe most days at how she can handle everything that is thrown her way. Interlake-Eastern RHA and Selkirk Regional Health Centre are very lucky to have such a leader.



Interlake Eastern Health Foundation continues to work with communities and residents to enhance patient care. To see the foundation's recent annual report and to learn more about these stories of giving, visit www.iehf.ca.



Grateful patient donates new vital signs blood pressure monitor to Beausejour Hospital



Manitoba Dental Foundation donates oral health kits for harm reduction clients



Healthy Communities Initiative grant nets \$11,000 for personal care home iPads



Patient purchase benefits Gimli Cancer Care



Lakeshore Hospital Guild invests in baby scale, crib, chart cart and blinds for patients and staff

French Language Services

Welcome/bienvenue to Year 4 of our 2018-2023 French Language Services Plan! Since the end of this FLS plan is in sight, we are finishing up some projects and embarking on new ones!

Active Offer

The Active Offer of French Language Services⁴

Our most significant Active Offer project is Interlake-Eastern RHA's redesigned website. Health information will be in a bilingual user-friendly format. The website will be translated fall 2022.

Policies

Under review.

Learning Opportunities

Developing and maintaining internal capacity of staff to deliver French language services is not only essential but key in being able to meet our target in place. French language learning options that appeal to core learning styles (visual, auditory, reading and writing) and flexibility offers opportunities to a greater number of staff.

- ❖ **Français en milieu de Santé** (French in the health setting) 11-week sessions are offered through the Université de Saint-Boniface every fall, winter and spring via Zoom. These classes are tailored to learning health-specific language.
- ❖ **"Café de Paris"**⁵ We have been participating in the Café de Paris pilot project since early 2021. We have become part of the newly formed Manitoba chapter!
- ❖ **Pimsleur and Rocket French CDs** We have the traditional CDs for those who want to learn French on the road.
- ❖ **Rosetta Stone**- We are midway through this pilot project. With this format users have the flexibility to use the program on the device of their choice. As administrators we have the ability to monitor students' progress and assist. Last fall, we included the project in our networking meeting with the Manitoba government provincial French language service coordinators.

⁴ Is defined as "The set of measures taken by designated public bodies to ensure that French language services are evident, readily available, easily accessible, and publicized, and that the quality of these services is comparable to that of services offered in English." Our French language policies, staff learning opportunities, partnerships, recruitment and retention of bilingual employees are key components of our program that support Active Offer.

⁵ [Brochure Cafe de Paris 2 ANG.indd \(savoir-sante.ca\)](#)



Jennifer McFee
Communications Associate
Rosetta Stone Learner

The Rosetta Stone program proved to be an easy-to-use tool to improve my French language skills. I liked that I could set my own schedule and work towards my own goals. It was fun and it incorporated multiple different skill sets, including reading, writing, listening, speaking and comprehension. Best of all, I feel that my French language skills improved in a short time. I would definitely recommend Rosetta Stone to other staff members — and I'd love to participate again too!

"I am enjoying my French class with all the hosts. They all have very unique styles or patterns to teach French. On top of that, they are so friendly and helpful."

Baljeet Bangar
Rehabilitation Assistant
Café de Paris participant

Interlake-Eastern RHA's staff only website, called StaffNet, hosts a French language services page with an inventory of French language entertainment including radio, television and podcast options. In addition, websites (with exercises), dictionaries and apps are updated regularly support learning. For those who are unsure of the approach to French language learning that works best for them, we offer sessions via Teams to review the opportunities and resources. These sessions open up dialogue and helps learners choose the best options for them.

Recruitment and Retention

The Public Health program and Manitoba Harm Reduction Network hosted two groups of Université de Saint Boniface third year nursing students in the communities of Eriksdale/Ashern and Powerview/Pine Falls for their community health practicums. A five-year contract between Université de Saint Boniface and the IERHA ensures continuity of similar initiatives. This resulted in the development of resources that will continue to be used in the region. This partnership is made possible with the assistance of the [Consortium National de Formation en Santé](#).

OZi Database

This French data collection process was expanded to include input from regional managers responsible for the delivery of French language services within their programs. This assists with implementation of the standard for communication in minority language situations for upcoming accreditation. Information is then shared provincially with Shared Health/Soins Communs and [Santé en Français](#).

Community Consultations

Last spring the region hosted a strategic planning day via Zoom that included the Francophone community. Key stakeholders from the region were invited to participate in Interlake-Eastern RHA's strategic planning days. Francophone community members were invited along with representatives from Santé en français, bilingual municipalities and schools offering education in French (Francophone and Immersion) were invited. Provisions were made for bilingual documentation, visuals, Q&A, as well

as French break-out sessions in order to allow attendees to participate in the official language of their choice.

Next Steps:

- Ongoing translation of external website
- Increased collaboration towards provincial standardization of French Language Services
- Development of 2023-2026 French Language Service Plan
- Cultivate French language education and cultural opportunities for staff





Premier Heather Stefanson attended the announcement of new investments in Selkirk Regional Health Centre in December 2021

Capital Planning

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

Ashern's Lakeshore General Hospital's emergency department will be expanded to provide additional treatment space and 12 inpatient beds will be added to the hospital. These beds will help address the growing health needs of the northwestern part of the region and support patient recovery closer to home. The cost of this project is \$10.8 million. Work will begin in the fall of 2022.

Selkirk Regional Health Centre will be expanded with an addition of 30 inpatient beds. The new beds will allow care to be delivered locally for an increased number of inpatients and a higher volume of surgical and endoscopy patients. The \$31.6 million project will also include minor design changes within the emergency department to improve patient flow and expand treatment capacity. Work is to begin in the summer of 2022.

These investments are part of a \$812 million capital investment in building, expanding and renovating health-care facilities in support of Manitoba's Clinical and Preventive Services Plan.

Safety and Security Projects

Whitemouth District & Health Centre: replacing the emergency power generator to ensure electrical back-up in the event of power failures.



Beausejour EMS Crew Quarters: featuring two ambulance bays, office space and crew quarters this 253 square metre addition (shown at left) to the original building is adjacent to health centre.

Arborg and Districts Health Centre and Personal Care Home, Fisher Branch Personal Care Home, Stonewall District Health Centre and Stonewall Rosewood Lodge Personal Care Home: fire alarm system replacements – Existing panels have been replaced with newer technology and more efficient systems. This replacement addresses operational issues and maintains system reliability.

The Health System Governance and Accountability Act

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

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

Sections 23.1 and 54: Interlake-Eastern RHA's most recent accreditation reports are posted on www.ierha.ca under "About Us" and then "Publications and Reports." These reports are updated as they become available.

Sections 51.4 and 51.5: Interlake-Eastern RHA's Board of Directors have noted in their policies the hiring restrictions noted in the Act.

Public Sector Compensation Disclosure

In compliance with The Public Sector Compensation Disclosure Act of Manitoba, interested parties may obtain copies of the Interlake-Eastern RHA public sector compensation disclosure (which has been prepared for the purpose and certified by its auditor to be correct) and contains the annual amount of compensation to officers and employees whose compensation is \$75,000 or more. This information is available online at www.ierha.ca under "About Us" and then "Publications and Reports."

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

Employees of the Interlake-Eastern Regional Health Authority have a clear process for disclosing concerns of significant and serious matters. All disclosures receive careful and thorough review to determine if action is required under the Act and must be reported in the health authority annual report in accordance with Section 18 of the Act.

From April 1, 2021, to March 31, 2022, **no disclosures were identified or reportable.**

As per subsection 18 (2a): The number of disclosures received and the number acted on and not acted on need to be reported. **No disclosures were received and no action was required.**

As per subsection 18 (2b): The number of investigations commenced as a result of a disclosure must be reported. **Nil.**

As per subsection 18 (2c): In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing or the reasons why no corrective action was taken must be reported. **Nil.**



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Toll Free: 800 268 3337
www.bdo.ca

BDO Canada LLP
201 Portage Avenue - 26th Floor
Winnipeg MB R3B 3K6 Canada

Independent Auditor's Report on the Summary Consolidated Financial Statements

To the Board of Directors of Interlake-Eastern Regional Health Authority

Opinion

The summary consolidated financial statements, which comprise the summary consolidated statement of financial position as at March 31, 2022, and the summary consolidated statement of operations for the year then ended, and related notes, are derived from the audited consolidated financial statements of Interlake-Eastern Regional Health Authority (the Authority) for the year ended March 31, 2022.

In our opinion, the accompanying summary consolidated financial statements are a fair summary of the audited consolidated financial statements, in accordance with the criteria disclosed in the Note to the summary consolidated financial statements.

Summary Consolidated Financial Statements

The summary consolidated financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summary consolidated financial statements and the auditor's report thereon, therefore, is not a substitute for reading the Authority's audited consolidated financial statements and the auditor's report thereon.

The Audited Consolidated Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited consolidated financial statements in our report dated June 23, 2022.

Management's Responsibility for the Summary Consolidated Financial Statements

Management is responsible for the preparation of the summary consolidated financial statements in accordance with the criteria disclosed in the Note to the summary consolidated financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary consolidated financial statements are a fair summary of the audited consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

BDO Canada LLP

Chartered Professional Accountants

Winnipeg, Manitoba
June 23, 2022

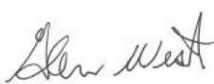
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INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY

Summary Consolidated Statement of Financial Position

March 31	2022	2021
Financial Assets		
Cash and cash equivalents	\$ 10,182,588	\$ 13,191,361
Accounts receivable	10,900,325	7,780,124
Vacation entitlements receivable	4,919,518	4,919,518
Retirement obligations receivable	4,005,559	4,005,559
	30,007,990	29,896,562
Liabilities		
Accounts payable and accrued liabilities	15,889,005	18,957,783
Accrued vacation entitlements	10,173,877	10,047,438
Accrued retirement obligations	12,697,466	12,751,033
Sick leave liability	2,444,174	2,381,076
Long-term debt	186,208,386	184,430,188
Unearned revenue	5,535,046	3,998,481
	232,947,954	232,565,999
Net debt	(202,939,964)	(202,669,437)
Non Financial Assets		
Tangible capital assets	214,613,106	217,138,024
Inventories	1,144,478	1,148,159
Prepaid expenses	434,000	431,726
	216,191,584	218,717,909
Commitments and contingencies		
Accumulated surplus	\$ 13,251,620	\$ 16,048,472

Approved on behalf of the Board of Directors:


 _____ Director


 _____ Director

INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY **Summary Consolidated Statement of Operations**

For the year ended March 31				2022	2021
Revenue					
	Budget	Operations	Capital	Total	Total
Province of Manitoba	\$ 207,144,719	\$ 216,787,328	\$ 16,560,545	\$ 233,347,873	\$ 214,907,683
Manitoba Health	11,718,190	11,853,408	-	11,853,408	11,623,617
Other	13,864,575	13,198,444	-	13,198,444	13,325,854
Patient and resident income	150,500	147,540	-	147,540	102,146
Investment income	4,517,466	5,947,924	15,493	5,963,417	4,875,299
Other income	7,038	7,038	159,497	166,535	343,226
Recognition of unearned revenue					
	237,402,488	247,941,682	16,735,535	264,677,217	245,177,825
Expenses					
Acute care	78,075,510	94,065,177	431,988	94,497,165	83,680,615
Amortization	12,359,138	-	12,697,443	12,697,443	12,498,322
Community health	21,856,728	25,437,487	27,865	25,465,352	20,463,819
Home-based care	33,655,759	32,909,854	-	32,909,854	31,572,771
Interest expense	5,749,999	-	5,869,796	5,869,796	6,062,603
Long-term care	50,161,049	57,649,977	350,864	58,000,841	53,598,450
Medical remuneration	15,807,857	14,814,384	-	14,814,384	15,160,147
Mental health services	8,857,645	8,650,220	2,194	8,652,414	8,602,347
Northern patient transportation	184,745	152,532	-	152,532	136,842
Regional undistributed expenses	14,076,155	14,360,620	151,446	14,512,066	16,491,932
	240,784,585	248,040,251	19,531,596	267,571,847	248,267,848
Annual deficit before non-insured services					
	(3,382,097)	(98,569)	(2,796,061)	(2,894,630)	(3,090,023)
Non-insured Services					
Ancillary income	495,648	497,737	-	497,737	450,987
Ancillary expenses	(341,954)	(399,168)	(791)	(399,959)	(292,824)
	153,694	98,569	(791)	97,778	158,163
Annual deficit					
	\$ (3,228,403)	\$ -	\$ (2,796,852)	(2,796,852)	(2,931,860)
Accumulated surplus, beginning of year					
				16,048,472	18,980,332
Accumulated surplus, end of year					
				\$ 13,251,620	\$ 16,048,472

INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY

Note to Summary Consolidated Financial Statements

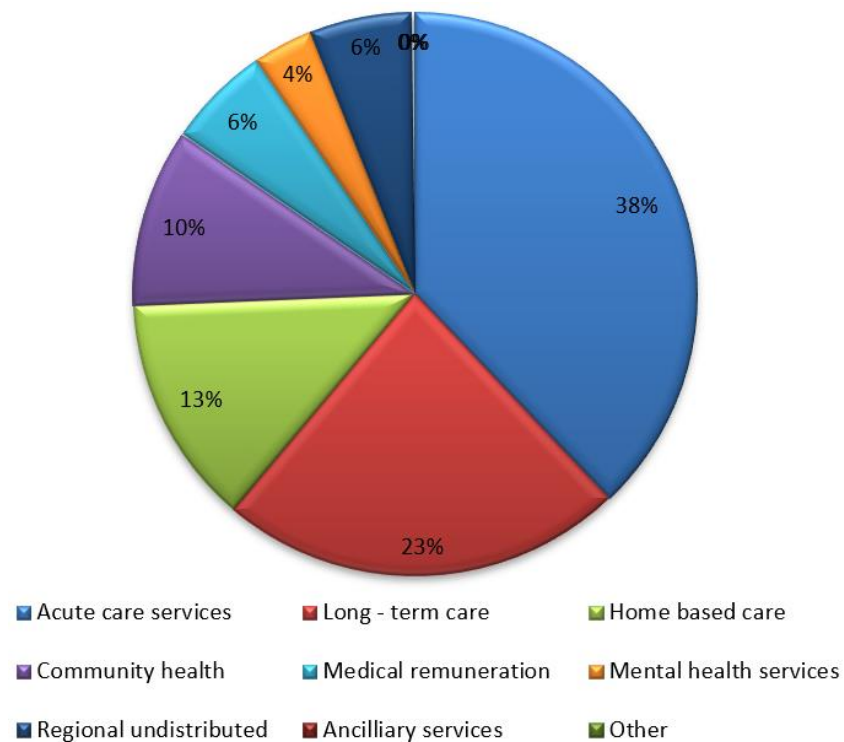
For the year ended March 31, 2022

Basis of Presentation

Management is responsible for the preparation of the summary consolidated financial statements. The summary consolidated financial statements presented include only the summarized consolidated statement of financial position and the summarized consolidated statement of operations. They do not include the consolidated statement of changes in net debt, the consolidated statement of cash flows and notes to the consolidated financial statements.

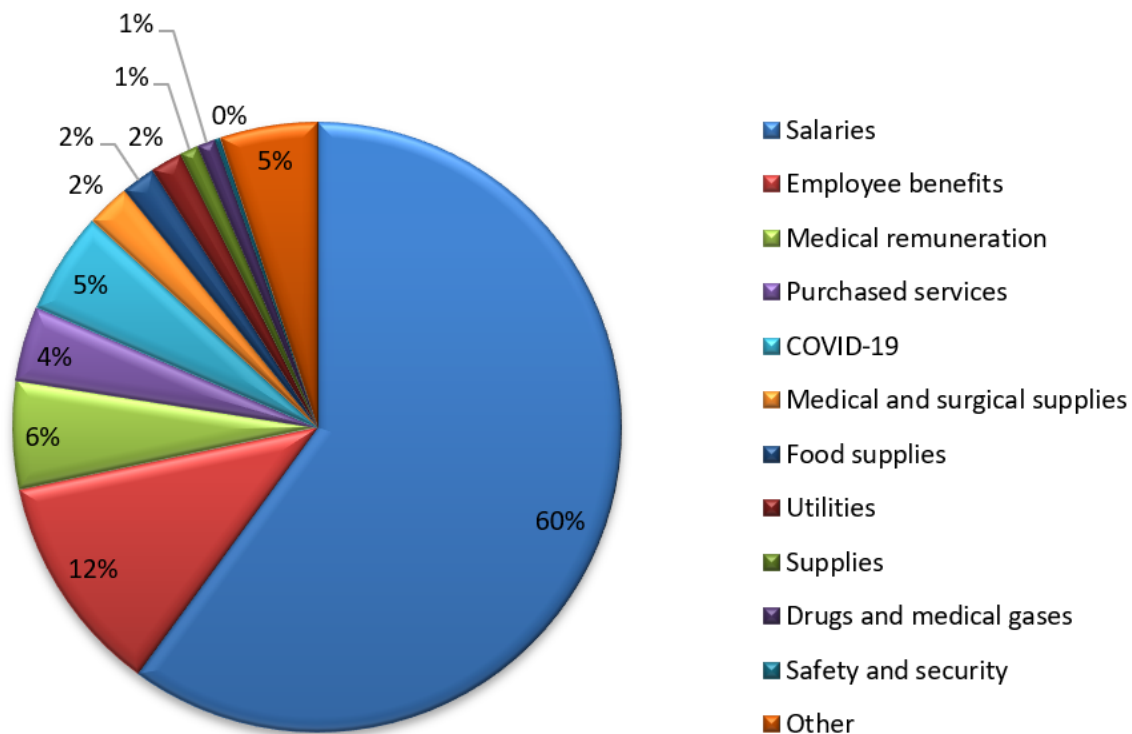
Copies of the audited consolidated financial statements for the year ended March 31, 2022 and the Schedule of Compensation for the year ended December 31, 2021 may be obtained from the Interlake-Eastern Regional Health Authority by calling 1-204-785-4700 or 1-855-347-8500. The consolidated financial statements are posted on the Interlake-Eastern Regional Health Authority website at www.ierha.ca under "About Us" and "Publications and Reports".

Expenditures by Program



Expenditures by Program	2022	2021
Acute care services	94,497,164	83,680,615
Long - term care	58,000,841	53,598,450
Home based care	32,909,854	31,572,771
Community health	25,465,352	20,463,819
Medical remuneration	14,814,384	15,160,147
Mental health services	8,652,414	8,602,347
Regional undistributed	14,512,067	16,491,932
Ancilliary services	399,959	292,824
Other	152,532	136,842
Total expenditures before interest and amortization	249,404,567	229,999,747
Amortization of capital assets	12,697,443	12,498,322
Interest	5,869,796	6,062,603
Total expenditures	267,971,806	248,560,672

Expenditures by Type



Expenditures by Type

	2022	2021
Salaries	149,744,346	137,304,853
Employee benefits	29,110,788	27,125,727
Medical remuneration	14,314,137	14,490,124
Purchased services	9,888,890	9,523,107
COVID-19	13,406,736	9,328,749
Medical and surgical supplies	5,791,481	5,233,405
Food supplies	4,522,088	4,326,497
Utilities	4,203,860	3,927,092
Supplies	2,496,082	2,478,933
Drugs and medical gases	2,450,487	2,220,283
Safety and security	699,464	939,252
Other	12,775,417	13,099,474
Total expenditures before interest and amortization	\$249,403,776	\$229,997,496
Amortization of capital assets	\$ 12,698,234	\$ 12,499,113
Interest	5,869,796	6,064,063
Total expenditures	\$267,971,806	\$248,560,672

ADMINISTRATIVE COST REPORTING

Administrative Costs

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. Interlake-Eastern Regional Health Authority adheres to these coding guidelines.

Administrative costs as defined by CIHI, include:

Corporate functions including: Acute, Long Term Care and Community Administration; General Administration and Executive Costs; Board of Trustees; Planning and Development; Community Health Assessment; Risk Management; Internal Audit; Finance and Accounting; Communications; Telecommunications; and Mail Service

Patient Care-Related costs including: Patient Relations; Quality Assurance; Accreditation; Utilization Management; and Infection Control

Human Resources & Recruitment costs including: Personnel Records; Recruitment and Retention (general, physicians, nurses and staff); Labour Relations; Employee Compensation and Benefits Management; Employee Health and Assistance Programs; Occupational Health and Safety

Administrative Cost Percentage Indicator

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) also adheres to CIHI guidelines.

Figures presented are based on data available at time of publication. Restatements, if required to reflect final data or changes in the CIHI definition, will be made in the subsequent year.

Provincial Health System Administrative Costs and Percentages

2021/22

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

2020/21

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.12%	0.58%	2.11%	5.81%
Northern Regional Health Authority	3.42%	0.93%	1.09%	5.44%
Prairie Mountain Health	2.26%	0.34%	1.08%	3.68%
Southern Health Santé-Sud	3.06%	0.20%	0.90%	4.16%
CancerCare Manitoba	1.68%	0.45%	0.71%	2.84%
Winnipeg Regional Health Authority	2.83%	0.61%	1.06%	4.50%
Shared Health	3.21%	0.30%	0.54%	4.05%
Provincial - Percent	2.89%	0.47%	0.94%	4.30%
Provincial - Totals	\$ 154,819,266	\$ 25,267,919	\$ 50,569,113	\$ 230,656,298

Health System Transformation

Manitoba's Health System Transformation includes initiatives that improve patient access and the quality of care experienced by Manitobans while establishing a health system that is both equitable and sustainable. As transformation projects and initiatives are planned and implemented, opportunities to re-invest administrative efficiencies in patient care are sought out and prioritized.

Under the Regional Health Authorities Act of Manitoba, health authorities must ensure their corporate administrative costs do not exceed a set amount as a percentage of total operation costs (2.99% in WRHA; 3.99% in Rural; 4.99% in Northern).

Across Manitoba, within all Service Delivery Organizations with the exception of Shared Health, which assumed responsibility for planning and coordination to support health services throughout the COVID-19 pandemic, administrative costs decreased as a percentage of total operating costs.

Interlake-Eastern Administrative Costs

For Year to Date Ending:	Mar-22		Mar-21	
	\$	%	\$	%
Corporate	7,695,759	2.92%	7,625,129	3.12%
Patient care related costs	1,657,713	0.63%	1,418,085	0.58%
Recruitment/Human Resources related costs	5,084,232	1.93%	5,161,886	2.11%
TOTAL Administrative costs	14,437,704	5.48%	14,205,100	5.81%

Regional Statistics

Emergency Department Visits by Triage Level

Canadian Triage and Acuity Scale *	April 1, 2019 to March 31, 2020	April 1, 2020 to March 31, 2021	April 1, 2021 to March 31, 2022
1 Resuscitation - Conditions that are considered threats to life or limb or have an imminent risk of deterioration requiring immediate aggressive interventions	619	498	528
2 Emergent - Conditions that are a potential threat to life, limb or function requiring rapid medical interventions	9,616	7,732	8,346
3 Urgent - Conditions that could potentially progress to a serious problem requiring emergency interventions	21,827	18,727	20,950
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	19,713
5 Non-Urgent - Conditions that may be acute but non-urgent as well as conditions that may be part of a chronic problem with or without evidence of deterioration	17,808	13,561	12,264
8 Registered - Not Triageed	2,143	1,503	1,696
	73,648	58,962	63,497

*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 babies born at Selkirk Regional Health Centre



Year	#
2018-19	404
2019-20	409
2020-21	376
2021-22	449

Iris and Titus Hofer are the parents of Interlake-Eastern RHA's New Year's baby. Selah Praise Hofer was born at 9:59, Jan. 1, 2022. She is the newest addition to the family that includes Gracie Joy, 3, and Blake, 1.

Hospitals

Arborg & District Health Centre

234 Gislason Drive
204-376-5247

Eriksdale-E.M. Crowe Memorial Hospital

40 Railway Avenue
204-739-2611

Pinawa Hospital

30 Vanier Drive
204-753-2334

Selkirk Regional Health Centre

120 Easton Drive
204-482-5800

Ashern-Lakeshore General Hospital

1 Steenson Avenue
204-768-2461

Gimli-Johnson Memorial Hospital

120-6th Avenue
204-642-5116

Pine Falls Hospital

37 Maple Street
204-367-4441

Stonewall & District Health Centre

589-3rd Avenue South
204-467-5514

Beausejour Hospital

151 First Street South
204-268-1076

Teulon-Hunter Memorial Hospital

162-3rd Avenue SE
204-886-2433

Community Health Offices

Arborg

317 River Road
204-376-5559

Fisher Branch

7 Chalet Drive
204-372-8859

Oakbank

689 Main Street
204-444-2227

Selkirk

237 Manitoba Avenue
204-785-4891

Ashern

1 Steenson Avenue
204-768-2585

Gimli

120-6th Avenue
204-642-4587

Pinawa

30 Vanier Drive
204-753-2334

St. Laurent

51 Parish Lane
204-646-2504

Beausejour

151 First Street South
204-268-4966

Lac du Bonnet

89 McIntosh Street
204-345-8647

Pine Falls

37 Maple Street
204-367-4441

Stonewall

589-3rd Avenue South
204-467-4400

Beausejour-HEW Primary Health Care Centre

31-First Street South
204-268-2288

Lundar

97-1st Street South
204-762-5469

Riverton

68 Main Street
204-378-2460

Teulon

162-3rd Avenue SE
204-886-4068

Eriksdale

35 Railway Avenue
204-739-2777

Whitemouth

75 Hospital Street
204-348-7191

Personal Care Homes

Arborg PCH

233 St. Phillips Drive
204-376-5226

Fisher Branch PCH

7 Chalet Drive
204-372-8703

Oakbank-Kin Place PCH

680 Pine Drive
204-444-2004

Selkirk-Tudor House

800 Manitoba Avenue
204-482-6601

Ashern PCH

1 Steenson Avenue
204-768-5216

Gimli-Betel PCH

96-1st Avenue
204-642-5556

Pine Falls-Sunnywood Manor PCH

4 Spruce Street
204-367-8201

Stonewall-Rosewood Lodge PCH

513-1st Avenue North
204-467-5257

Beausejour-East-Gate Lodge

646 James Avenue
204-268-1029

Lac du Bonnet PCH

75 McIntosh Street
204-345-1222

Selkirk-Betel PCH

212 Manchester
204-482-5469

Teulon-Goodwin Lodge PCH

162-3rd Avenue SE
204-886-2108

Eriksdale PCH

40 Railway Avenue
204-739-4416

Lundar PCH

97-1st Street South
204-762-5663

Selkirk-Red River Place

133 Manchester Avenue
204-482-3036

Whitemouth District Health Centre PCH

75 Hospital Street
204-348-7191



Compliments, Concerns and Questions

Call us at 1-855-999-4747 to share your compliments and concerns. You can also communicate with us online at www.ierha.ca, click on “Compliments & Concerns” located on the upper right corner of the page.

This report is also available in French. Ce rapport est également disponible en français.

Veuillez vous adresser à la Office régional de la santé d'Entre-les-Lacs et de l'Est :
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sans frais: 1.855.347.8500 courriel : info@ierha.ca site web : www.ierha.ca

Corporate Office 233A Main Street Selkirk, Manitoba R1A 1S1
Toll free: 1.855.347.8500 Email: info@ierha.ca Website: www.ierha.ca



Interlake-Eastern
Regional Health Authority