Interlake-Eastern
Regional Health Authority

ANNUAL REPORT
2020 - 2021

Our Guiding Statements[1]

Our Vision

Connecting people and communities to excellent health services — today and tomorrow

Our Mission

In partnership with our communities and through a culture of quality customer service, we are dedicated to delivering health services in a timely, reliable and accessible manner. We achieve our success through an engaged and empowered staff.

Our Values

Collaboration
We will maintain the highest degree of integrity, accountability and transparency with our communities, health partners and our staff.

Accessibility
We will ensure timely and reasonable access to appropriate health programs and services.

Respect
We are committed to a health-care environment that treats all clients, patients, staff and communities with compassion, empathy and understanding.

Excellence
We are committed to excellence in all of our programs, services and initiatives built on a foundation of client, patient and staff safety.

Innovation
We will lead based on best practice evidence and have the courage to address challenges with honesty and creativity.

Quality Customer Service
We will cultivate and support a culture of quality customer service committed to providing a positive experience for clients, patients, staff and other stakeholders.

[1] Interlake-Eastern Regional Health Authority Strategic Plan 2016-2021
https://www.ierha.ca/data/2/rec_docs/20845_Final_IERHA_Strategic_Plan_2016-2021.pdf

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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, 2021.

This annual report was prepared under the Board's direction, in accordance with The Regional Heath Authorities Act and directions provided by the Minister. All material, including economic and fiscal implications known as of March 31, 2021, 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

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 Métis Nation. We respect that First Nations treaties were made on these territories, acknowledge harms and mistakes, and we dedicate ourselves to collaborate in partnership with First Nations, Inuit and Métis peoples in the spirit of reconciliation.

Health-Care 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 healthcare 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.

Instrumental Documents

Listed below are some of the documents contributing to health-care transformation. All of these documents are posted online for public review.

Implementation Plans

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

Blueprint for Health System Transformation https://is.gd/MBHealthBlueprint
(June 2018)
Guiding transformation until March 2022

Manitoba's Quality and Learning Framework https://is.gd/MBQualityandLearningFramework
Quality, safety and the development of a person-centred culture of care across Manitoba's health system are 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.

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

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 One – high-level recommendations for consideration; Phase Two – detailed work plans for the implementation of recommendations

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.

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.

Updates and resources regarding health system transformation are posted for public access at https://www.gov.mb.ca/health/hst/resources.html

Legislation Modifications

Bill 10 – The Regional Health Authorities Amendment Act (Health System Governance and Accountability)

Introduced in March 2019, Bill 10 – The Regional Health Authorities Amendment Act (Health System Governance and Accountability) amends the Act to consolidate administrative services related to health care and to centralize the 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 eliminated and Shared Health assumes its responsibilities in providing addictions services.

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

Regional health authorities remain responsible for administering and delivering health services in their health regions. Each health authority must 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 Bill makes amendments to several other Acts, including amendments to *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 the proclamation of Bill 10, The Addictions Foundation Act, The CancerCare Manitoba Act and The Hospitals Act will be repealed.

Bill 19 - The Public Service Act

This Bill establishes *The Public Service Act* to provide 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.

Contributing to Health-Care Transformation – Who's doing what?

Manitoba Health and Seniors Care 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 and Seniors Care.

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 is leading the development of Manitoba's first clinical and preventive services 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 and Seniors Care
This department continues to lead the system in policy support, planning, funding, performance requirements and 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.

Service Delivery Organizations
Service delivery organizations (SDOs) include the five regional health authorities, Diagnostic Services Manitoba, CancerCare Manitoba and Addictions Foundation of Manitoba. All SDOs work with Shared Health Manitoba as they lead planning and coordinating, while also delivering specific province-wide health services.

Update on Health System Transformation

In 2017, Manitoba launched a Health System Transformation designed to improve access and quality of health services across the province. This work included a commitment to plan provincially, reduce duplicate services and better coordinate the delivery of patient care.
Wave One Health System Transformation focused on the consolidation and realignment of responsibilities across health organizations, the creation of Shared Health and a number of provincial shared services, and the development of Manitoba's Clinical and Preventive Services Plan.
In early 2020, Manitoba, like much of the globe, was required to pivot to focus on the immediate demands resulting from the unprecedented COVID-19 pandemic.

COVID-19
The COVID-19 pandemic has made many of our health system challenges far more evident, placing a spotlight on access, reliability and wait times. It has also demonstrated the effectiveness of working together as an integrated health system and the opportunities that exist within the realm of virtual care. Manitoba's COVID-19 response has incorporated many of the principles of Health System Transformation and Clinical and Preventive Services Planning, including better coordination, improved information sharing and increased adoption of virtual tools to support patients safely, closer to home.

Coordination

The creation of an integrated Incident Command included leadership from the department, SDOs and provincial clinical and operational leadership in the planning and implementation of provincially coordinated and integrated solutions.

Information Sharing

The pandemic accelerated work to implement a patient portal used to access lab results, with initial efforts focused on making COVID-19 test results accessible online and later including immunization records in the secure online portal.

Virtual Care

The health system shifted to offering virtual care wherever appropriate and prioritized the adoption of remote home monitoring technology, allowing clinicians to support COVID-19 patients safely outside the hospital environment.

The pandemic also emphasized the need for bolstering health human resources across Manitoba as well as areas where a lack of provincial coordination and inconsistency in services or access to care creates inequities.

Transformation Management Teams have supported a wide variety of COVID-19 response initiatives in the past year, including procurement of personal protective equipment, case and contact tracing in support of Public Health, rapid stand-up of virtual tools including an online results portal for COVID-19 test results and vaccination records, and support for operational and clinical leaders in all SDOs across a range of projects.

Wave Two Transformation

Wave Two Transformation efforts continued wherever possible; however, timelines of several projects were impacted while others were accelerated where a benefit to Manitoba's COVID-19 response could be achieved.

Initiatives vital to the long-term improvement and sustainability of our health system were prioritized to progress during this time. This included refreshed SDO leadership structures and functions to achieve better consistency, collaboration and coordination across organizations, while enabling SDOs to shift their focus to the localized delivery and improvement of health services.

In May 2021, Bill 10, the Regional Health Authorities Amendment Act (Health System Governance and Accountability) became law. A foundational enabler of Transformation, the new Health System Governance and Accountability Act creates a truly provincial health system for Manitoba, identifying a Provincial Health Authority (Shared Health) and a Provincial Cancer Authority (Cancer Care Manitoba) and clearly defining Regional Health Authority responsibilities for the delivery of health services to their local population in line with Manitoba's first Clinical and Provincial Services Plan.

The department of Health Seniors and Active Living (now two separate departments: Health and Seniors Care and Mental Health, Recovery and Wellness) underwent a similar transformation, establishing clear responsibility for commissioning, accountability and funding of health services. Fundamental steps were also taken to consolidate provincial data management and public health oversight and planning within a single entity.

This work has been beneficial throughout the pandemic response and was incorporated early into the integrated approach to our provincial incident command.

Clinical and Preventive Services Plan

At the centre of Manitoba's Health System Transformation is the development of the province's first Clinical and Preventive Services Plan (CPSP), a roadmap to improved access, shorter waits and better health outcomes for Manitobans.

Detailed planning to support the implementation of Manitoba's Clinical and Preventive Services Plan has slowed as attention shifted to COVID-19 response. However, progress has still been made along the way, with Manitoba's Provincial Budget for 2021 including the largest capital health investment in Manitoba's history of $812 million in improvements to support the plan's goals of *Better Care, Sooner*. These improvements will be the cornerstone of Manitoba's Provincial Clinical Network, creating geographic networks of care that will deliver more services locally, modernizing the delivery of care at home and in the community and improving the quality of care and patient outcomes. investments will include new and renovated infrastructure with increased capacity to allow the health system to meet the needs of patients better.

While COVID-19 has been the primary focus of the health system throughout 2020 and into 2021, clinical leaders have remained engaged in this transformational work to validate data, offer feedback and inform the acceleration of projects to support COVID response.

We're keeping what is working and building upon it with patient-focused solutions prioritized across three areas of work:

Provincial Clinical Network

Delivering more services locally – using existing clinical services better, and investing in people, equipment and infrastructure

Home and Community Care Modernization

Modernizing and standardizing how we deliver home and community care

Targeted Practice Improvements

Finding and fixing the clinical areas where we must improve the quality of care and patient outcomes

Over the coming months when the demands of the pandemic have eased, this work will continue, with information sessions and consultations to keep communities, health-care providers and the public informed. Sessions will focus on how communities and the health system can work together to provide better care for all Manitobans.

Board Governance

2020-2021 Board of Directors

Glen West
Chair

Oral Johnston
Vice Chair

Ruth Ann Furgala
Vice Chair

David Oakley
Treasurer

Michele Polinuk
Secretary

Laurie Andrews

Judith Cameron

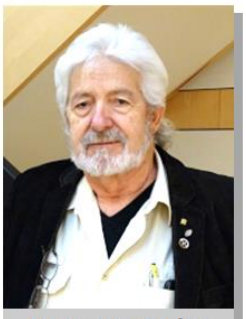
Judy Dunn

Debbie Fiebelkorn

Lynette McDonald

Keith Poulson

Charlene Rocke



Hermann Saxler

Amanda Stevenson

Penny-Anne Wainwright

Welcomed to the board in 2020-21 via appointment by the Minister were Debbie Fiebelkorn, Lynette McDonald, Michele Polinuk and Penny-Anne Wainwright.

Executive Committee
Board Chair: Glen West
Vice-Chair: Ruth Ann Furgala and Oral Johnston
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 and Oral Johnston
Education, Policy and Planning Committee Chair: Judy Dunn (to January 2021); Michele Polinuk (as of February 2021)
Indigenous Health Advisory Committee Chair: Oral Johnston (to March 2021); Judith Cameron (as of April 2021)

Board Liaisons
Local Health Involvement Groups: West: Amanda Stevenson; East and Central: Judy Dunn
Patient Experience: Glen West
Regional Ethics Council: Judy Dunn
Interlake-Eastern Health Foundation: Michele Polinuk
Selkirk Foundation Nomination Committee: Glen West
Regional Primary Care Centre and Clinical Teaching Unit Board: David Oakley

In accordance with The Regional Health Authorities 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.

Ensuring the region's health plan is implemented
The Board meets 10 times a year either in person or virtually. A number of monitoring and evaluation processes are in place that comprise regular meetings of the Board as a whole and that inform the operations of the Board's sub-committees.

The CEO report to the Board provides a high-level overview of progress in operational priorities that support the achievement of regional goals as defined in the health plan. These regional goals are complementary to those established provincially.

In addition, the lead on quality, patient safety and accreditation provides the Board quarterly reporting on key performance indicators for the region's goals. For each goal, this report highlights strategic objectives, key drivers, projects and initiatives underway, targets for indicators to measure success and how the regional health authority is faring in meeting its targets. This portfolio also provides quarterly reporting on consumer comments received and addressed. Information is categorized by service area, theme, mode of communication, timeliness of resolution for concerns and features a special section for concerns regarding accessibility.

The CEO and senior leadership, as requested by the Board, are available to expand on areas of reporting.

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 the any legal issues on an annual basis. The Finance Committee also receives quarterly reports on liability and property insurance, and 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 for governing bodies to assess and reduce risk and promote a culture of risk management. This includes identifying methods and processes to manage risks and seize opportunities related to achieving objectives in our strategic plan.

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) priorities. We are now in a position where we can contribute Interlake-Eastern RHA's perspectives to HIROC's risk register electronic database. This is a unique Canadian database allowing for aggregate analysis of risk across the health-care system.

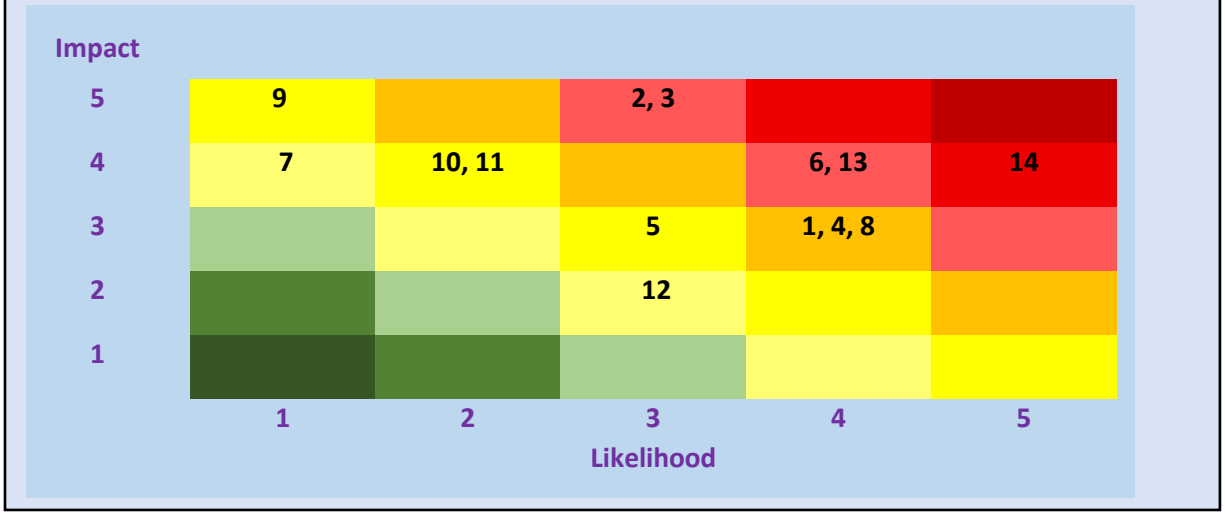
With the conclusion of this fiscal year, Interlake-Eastern RHA has completed its first year in a three-year cycle of self-assessment. The region continues to use HIROC's web-based risk assessment checklist that allows for compliance evaluation with a number of mitigation strategies for top risks in all clinical areas. Program leaders are actively involved in identifying priorities and actioning improvements related to specific areas of care and meetings have occurred to restart this process after COVID-19 disruptions. Updates and reporting to the Board occur twice a year. HIROC continues to be a valuable resource in regards to mapping and addressing risks related to COVID-19.

Heat Map Risk Score by Impact and Likelihood

The following reflects Interlake-Eastern RHA's Board of Directors' prioritization of potential risks to the organization. Risks are perceived based on an analysis of the region's key strategic and operational priorities.

Impact	
Rating	**Criteria**
5	Extreme impact
4	Major impact
3	Moderate impact
2	Minor impact
1	Insignificant impact

Likelihood	
Rating	**Criteria**
5	Almost certain
4	Likely
3	Possible
2	Unlikely
1	Rare



Perceived Risks

STRATEGIC PRIORITY: ACCESSIBLITY	
2	Misalignment with provincial CPSP
3	Ineffective patient flow resulting in impaired access to care in the right place at right time
5	Lack of readiness – community/staff confusion and lack of support for change regarding health-care transformation objectives
6	Impaired physician recruitment without a family health and learning centre
8	Inadequate access to mental health and addictions services
10	Lack of appropriately skilled physicians to provide care
12	Misalignment with provincial human resources shared services project
13	Lack of access to addictions medicine services
14	Regional disparity in access to primary care services

STRATEGIC PRIORITY: QUALITY & PATIENT SAFETY	
4	Risk of increased patient safety concerns and negative patient experiences
7	Non-compliance with public health orders and operational standards
9	Poor quality care due to lack of clinical governance

STRATEGIC PRIORITY: FISCAL SUSTAINABILITY	
1	Funding targets unmet
11	Increased disability management claims/costs

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 that is reviewed in person with the board chair. 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. The criteria identified for Interlake-Eastern RHA that was outstanding was the lack of citizen and client engagement in the development of the organization's vision, mission and values. It was deemed that development of Interlake-Eastern RHA's 2021-2026 strategic plan would encompass broader stakeholder engagement.

An Indigenous Health Strategy for Interlake-Eastern RHA

Interlake-Eastern RHA's Board of Directors is humble, respectful and purposeful in a shared journey to address the significant health disparities between Indigenous and non-Indigenous populations in the region. It is committed to closing these gaps by listening to elders, Indigenous leaders and health teams and adopting better ways to offer health services and improve health outcomes. A number of the Truth and Reconciliation Commission of Canada's Calls to Action address health-related concerns. Interlake-Eastern RHA is incorporating the spirit of these Calls to Action as they relate to the culture, programs and services provided in the region. To that end, the Calls to Action are foundational to the region's Indigenous Health Strategy.

Central to the Calls to Action is the fundamental planning principle of "Nothing about us, without us." The IERHA is deeply committed to this principle in working with communities. This strategy is a starting point for future health services discussion and collaboration. More meaningful collaboration will result in a shared integrated strategy, stronger teamwork and better service and outcomes. There is a need to change the view of Indigenous health within the region and understand the resiliency of Indigenous peoples a foundation upon which Indigenous health outcomes can be improved. The purpose of the Indigenous Health 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 who gain a level of health equity that enables good health and overall wellbeing at the community and individual level.

Indigenous Health Strategic Directions

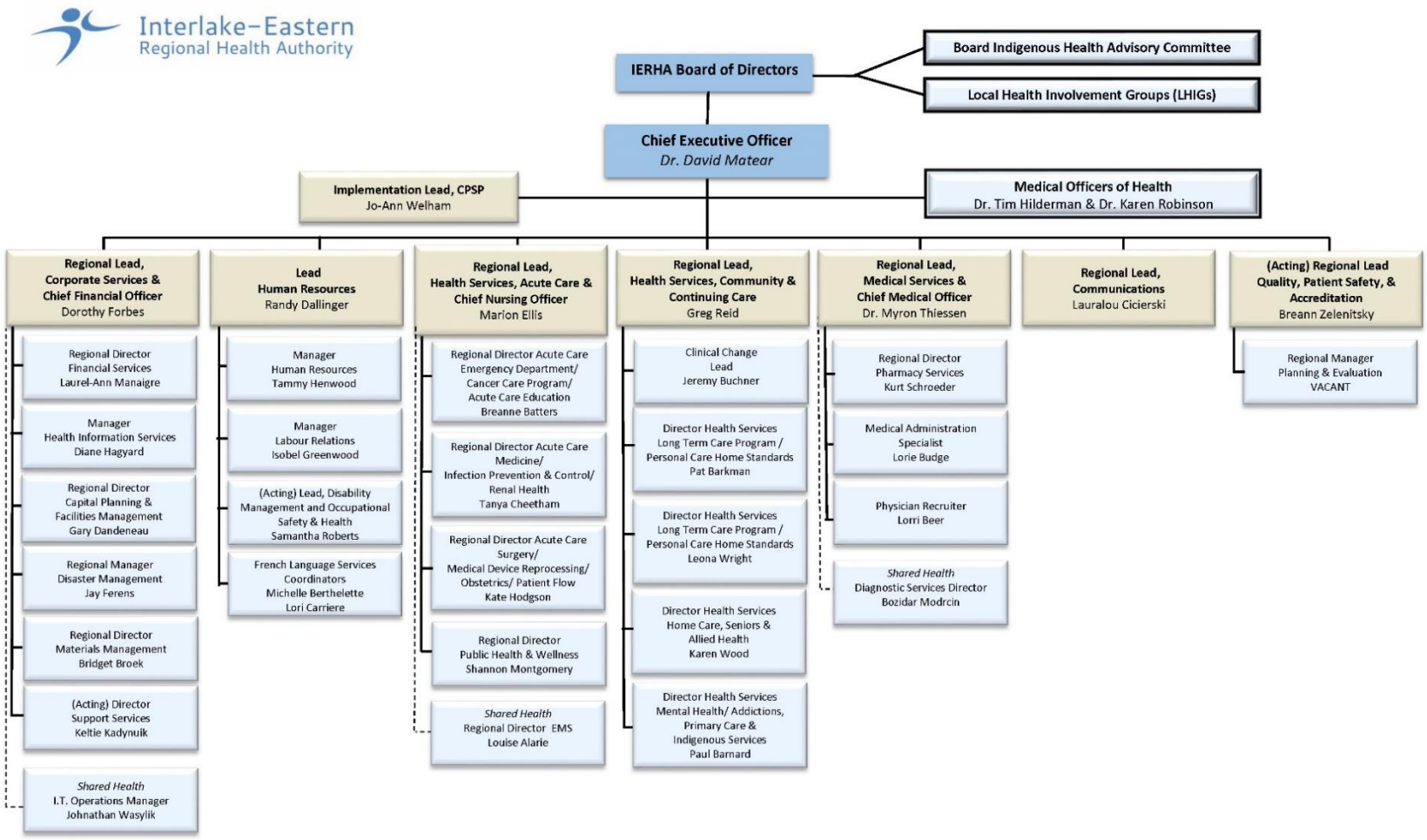
- Strengthening partnerships and connections with Indigenous partners within the Interlake-Eastern Regional Health Authority;
- Ensuring capacity in providing a culturally safe environment in programs and services throughout the Interlake-Eastern Regional Health Authority;
- Ensuring that the Interlake-Eastern Health Region moves toward addressing health inequity in relation to the Indigenous people in the region; and
- Improving mental wellness, within a recovery-oriented approach.

Interlake-Eastern Regional Health Authority's Indigenous Health Strategy was developed as a starting point for consultation, reflection and collaboration. The strategy is meant to be a "living tool" that shifts, pivots and adjusts based on the involvement, leadership and support of Indigenous partners. This plan is available at ierha.ca under "About Us" and "Reports and Publications."

Organizational and Advisory Structure (2020-2021)

Interlake-Eastern Regional Health Authority worked closely with its health service delivery organization counterparts in the province as well as the provincial health system transformation management team to develop and implement a standardized organizational structure among all health service delivery organizations. To enhance consistency from one health organization to another, similar leadership structures include organizational design and the roles, responsibilities, titles, classifications and functions of leaders.

Aligned organization designs support service delivery organizations in fulfilling our mandate to deliver similar, standardized, high-quality care and services to the communities and clients we each serve, while integrating our operations efficiently across a single provincial health system. Alignment enhances the local focus on the delivery of health services and care for Manitobans while centralizing planning and some support services to ensure consistency across the province. The result is a simplified health system with harmonized structures that support improved coordination, consistency and quality of health services for Manitobans. Adopting consistent organization structures establishes the required foundational structure necessary to roll out and support the provincial Clinical and Preventive Services Plan.


Interlake-Eastern Regional Health Authority
IERHA Board of Directors
Board Indigenous Health Advisory Committee
Local Health Involvement Groups (LHIGs)
Chief Executive Officer
Dr. David Matear
Implementation Lead, CPSP
Jo-Ann Welham
Medical Officers of Health
Dr. Tim Hilderman & Dr. Karen Robinson
Regional Lead, Corporate Services & Chief Financial Officer
Dorothy Forbes
Regional Director Financial Services Laurel-Ann Manaigre
Manager Health Information Services Diane Hagyard
Regional Director Capital Planning & Facilities Management Gary Dandeneau
Regional Manager Disaster Management Jay Ferens
Regional Director Materials Management Bridget Broek
(Acting) Director Support Services Keltie Kadynuik
Shared Health I.T. Operations Manager Johnathan Wasylik
Lead Human Resources
Randy Dallinger
Manager Human Resources Tammy Henwood
Manager Labour Relations Isobel Greenwood
(Acting) Lead, Disability Management and Occupational Safety & Health Samantha Roberts
French Language Services Coordinators Michelle Berthelette Lori Carriere
Regional Lead, Health Services, Acute Care & Chief Nursing Officer
Marion Ellis
Regional Director Acute Care Emergency Department/ Cancer Care Program/ Acute Care Education Breanne Batters
Regional Director Acute Care Medicine/ Infection Prevention & Control/ Renal Health Tanya Cheetham
Regional Director Acute Care Surgery/ Medical Device Reprocessing/ Obstetrics/ Patient Flow Kate Hodgson
Regional Director Public Health & Wellness Shannon Montgomery
Shared Health Regional Director EMS Louise Alarie
Regional Lead, Health Services, Community & Continuing Care
Greg Reid
Clinical Change Lead Jeremy Buchner
Director Health Services Long Term Care Program / Personal Care Home Standards Pat Barkman
Director Health Services Long Term Care Program / Personal Care Home Standards Leona Wright
Director Health Services Home Care, Seniors & Allied Health Karen Wood
Director Health Services Mental Health/ Addictions, Primary Care & Indigenous Services Paul Barnard
Regional Lead, Medical Services & Chief Medical Officer
Dr. Myron Thiessen
Regional Director Pharmacy Services Kurt Schroeder
Medical Administration Specialist Lorie Budge
Physician Recruiter Lorri Beer
Shared Health Diagnostic Services Director Bozidar Modrcin
Regional Lead, Communications
Lauralou Cicierski
(Acting) Regional Lead Quality, Patient Safety, & Accreditation
Breann Zelenitsky
Regional Manager Planning & Evaluation VACANT

Additional changes in organizational and advisory structure
After approximately five years in the role of chief executive officer, Ron Van Denakker announced his retirement effective October 15, 2020. During the period of recruitment for the new CEO, the board appointed Ron Janzen, former vice-president of corporate services and site chief operating officer for Selkirk Regional Health Centre, as acting CEO. Dr. David Matear joined Interlake-Eastern RHA as CEO in February 2021. After a period of orientation with the new CEO, Ron Janzen retired from the regional health authority in March 2021.

Karen Stevens-Chambers, former vice-president of community services and chief allied health officer, retired from her position December 11, 2020. Greg Reid was the successful applicant for the newly named position of regional lead, health service, community and continuing care. He started in this position March 15, 2021.

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.

With the arrival of COVID-19 vaccine to Manitoba in December 2020, the province's prioritized eligible health-care workers were among the first to be immunized. These were people whose work involved direct contact with patients and who met other age and location of work criteria.

In partnership with the provincial Vaccine Implementation Task Force and the department of Health and Seniors Care, Interlake-Eastern RHA contributed to establishing:

- Three fixed COVID-19 testing sites: Selkirk, Eriksdale and Powerview-Pine Falls
- Mobile testing teams and community outreach teams were created as requested to support Indigenous communities' pandemic response efforts.
- Focused Immunization Teams: These teams composed primarily of public health nurses travel with vaccine to sites where people are prioritized for vaccination. The teams started immunizing personal care home residents on January 11, 2021. In Interlake-Eastern RHA, Selkirk's Tudor House personal care home was the focused immunization team's first immunization site. All personal care home residents who wanted a first and second dose were immunized by the beginning of March 2021. Once first doses were delivered in personal care homes, the teams started vaccinating in the region's congregate living facilities.
- COVID-19 Supersites: the first to open is located in the former Selkirk and District General Hospital. This site opened March 8, 2021. A second supersite in for Gimli opened May 29, 2021.
- Numerous Pop-up Clinics: Using a model similar to annual flu clinics, pop-up clinics see immunization teams travel to sites in communities that can accommodate the physical distancing requirements of COVID-19. Communities are targeted based on a concerted effort to increase access to vaccination appointments and/or target communities with lower than desired vaccination rates.

- One Secondary Respiratory Assessment Clinic: Also located in the former Selkirk and District General Hospital, this clinic assessed and treated COVID-19 positive and COVID-19 suspected patients and anyone with new onset of respiratory or influenza-like illness symptoms. Redirecting patients to the assessment clinic reserved limited emergency department resources for urgent cases.

Outbreaks in Region

Interlake-Eastern Regional Health Authority experienced COVID-19 outbreaks in the following health-care facilities located in the region. In a personal care home, generally a single case in a resident or staff member attending the facility was considered an outbreak. In hospitals, generally an outbreak was declared if two health-care-associated infections occurred on a unit.

Outbreaks declared in Interlake-Eastern RHA

Kin Place Personal Care Home – Oakbank
Lakeshore General Hospital – Ashern*
Rosewood Lodge Personal Care Home – Stonewall
Beausejour District Hospital – Beausejour
Tudor House (personal care home) – Selkirk**
Red River Place (personal care home) – Selkirk**

* While declared an outbreak, technically the situation did not meet the requirements of an outbreak in a hospital

** Facility not owned and operated by Interlake-Eastern RHA

With the exception of Kin Place Personal Care Home in Oakbank, all confirmed outbreaks were concluded when two weeks had passed after the last reported case acquired COVID-19 in-facility (two weeks is the incubation period for COVID-19).

COVID-19 Incidence Data

	IERHA		Manitoba	
	March 31, 2020	March 31, 2021	March 31, 2020	March 31, 2021
# of cases cumulative	5	2,500	132[2]	34,200[2]
Active cases	No data available	No data available	114	1,181
Recovered cases - cumulative	No data available	2,400	No data available	32,006
Deaths - cumulative	No data available	38	1	942
Active hospitalization	No data available	No data available	No data available	63
Total hospitalizations	No data available	No data available	3	146
Active ICU patients	No data available	No data available	No data available	12
Total ICU patients	No data available	No data available	2	28

[2] Manitoba COVID-19 cumulative cases: https://is.gd/MBCovidCases

COVID-19 Testing Data

	March 31, 2020	March 31, 2021
# of COVID-19 tests performed in Manitoba	8,914[3]	582,697[4]
Total # of COVID-19 tests performed in Interlake-Eastern RHA (Selkirk, Pine Falls-Powerview, Eriksdale)[3]	645[5]	31,853[5]

Staff redeployed to COVID response

Approximately 156 staff members were redeployed to support pandemic response. Some staff were redeployed anywhere from 30 to 60 times, moving where their skills were needed. Reassignments typically involved staff whose program activities were limited by COVID-19 restrictions. Typically staff responded to calls for voluntarily reassignment.

Clinical Teaching Unit

Evolution to a Family Health and Learning Centre

Interlake-Eastern Regional Health Authority is not alone in its experiences with physician shortages. Many people in the region are not able to access the care of a family doctor close to home and some hospital emergency departments don't have enough physicians on staff to operate 24-7. This necessitates a publicly accessible schedule that identifies physician availability in emergency departments in the regional health authority and, if a physician is not available in an emergency department, patients are diverted to other hospitals.

In 2017, work started to establish a task force to identify opportunities to create a sustainable level of family doctors throughout the IERHA. Composed of 17 municipalities in the region that have a primary care facility, the task force identified the need for 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. A residency program was established in Interlake-Eastern Regional Health Authority in 2019 with the first intake of residents in July of that year. With new residents coming on board annually, the program is growing and space is needed to accommodate these residents and the physicians who are mentoring them in practice.

The task force established a not-for-profit organization, Primary Care Development Group Incorporated, with the objective of implementing the solution to address physician shortages. Comprised of 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

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

Medicine Residency Training Program, this group pursued development of clinical teaching unit to provide medical students, physician assistant students and post-graduate trainees with opportunities to observe and actively participate in clinical interactions to acquire the knowledge, skills, behaviours, attitudes and judgment required for future practice.

Although many locations were considered for the project, consensus was reached that the most logical location was on the campus of Selkirk Regional Health 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.), and proximity to the health centre provides resident doctors with opportunities for training in various clinical programs including emergency care. To create a sustainable level of family doctors throughout the health region, Interlake-Eastern's Family Medicine Residency Training Program has committed to assigning resident doctors blocks of time to experience practicing with physicians practicing all over the region who are engaged in full-scope practices including clinic, in-patients, dialysis, CancerCare, personal care home resident care and emergency department work. This opportunity would allow resident doctors to experience practising in rural locations, learn about the communities they are assigned to, and increase potential for residents to choose to continue practising in these locations.

This regional collaborative project involves no capital contribution and no incremental operating contribution from the provincial government. The family health and learning centre would be owned and operated by the Primary Care Development Group Incorporated. Operating and financing costs for the facility will be funded through anchor long-term tenant lease agreements. It is proposed that a one-third capital equity contribution will be fundraised by the Interlake-Eastern Health Foundation.

Representatives of the Primary Care Development Group met with the Minister of Health, Seniors and Active Living to share the proposal for the clinical teaching unit and seek support. The Minister's feedback on the proposal included a desire to see the proposal reflect increased representation from elected leadership across the region and for the regional health authority to ensure the proposal reflected the perspectives of key organizations and agencies who would be partnering in the initiative.

As a result of additional feedback from elected leaders, the clinical teaching unit proposal evolved into a proposal for a family health and learning centre. The family health and learning centre will be a home clinic environment for local residents that is capable of addressing the primary care needs of thousands of people. The integration with primary care (public health, home care, mental health) and allied health-care professionals (therapists, diagnostics, dieticians, etc.) will provide an effective context for establishing collaborative teams that are representative of what My Health Teams are striving to achieve. Teams will collaborate to support each other and will coordinate with local representatives of all programs on a formal and focused basis. Clinical services integration will build on this strong foundation. The family health and learning centre will be a model of best practice in primary care, providing the physical environment for the Interlake-Eastern RHA and physicians to provide holistic, comprehensive care. The anticipated outcomes include:

- ✓ Proactive care that serves the needs of the population as well as individual patients
- ✓ Accessible care
- ✓ Comprehensive/coordinated care, in which the team either provides or connects patients to programs that do so

- ✓ Team operations that are measured and continually improved through a culture of quality improvement
- ✓ All patients connected to a home clinic ensuring continuity of care
- ✓ Best practice, evidence-based care that has been shown to improve care delivery, patient experience and value for public investment
- ✓ Annual operating funding for regional My Health Team establishment of $2 million, which can be leveraged to support this initiative.

Interlake-Eastern RHA be presenting the revised model to the Minister of Health and Seniors Care in fiscal year 2022 for consideration.

Artist's rendition of the proposed Family Health and Learning Centre

Strategic Planning – 2016-2021

This report marks the end of reporting on the Strategic Plan 2016-2021 *Our Map to the Future*. This plan features six strategic directions consciously selected by the Board of Directors to focus the organization's efforts and resources.

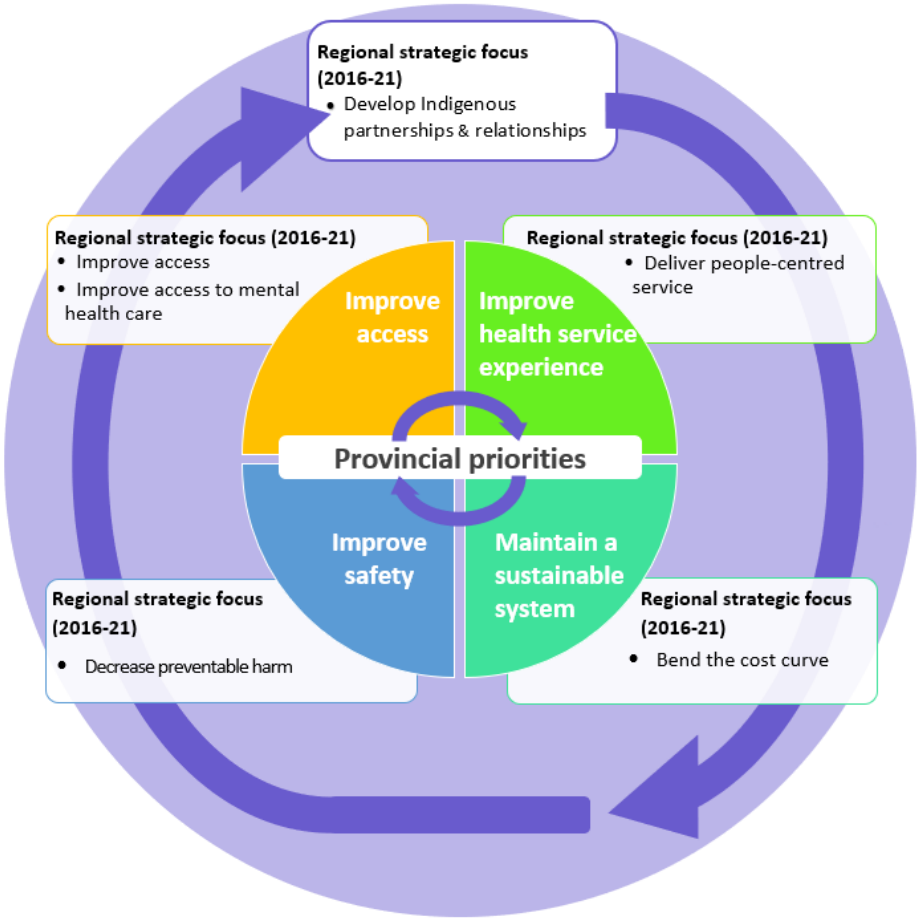
Strategic Themes Centred by Our Values – 2016-2021

The most pressing challenges this plan focused on were:

- Managing bed shortages in long-term care – our seniors rely on health services and require support to help manage age-onset disease and frailty.
- Challenges in recruitment and retention of physicians that is ever present.
- Ensuring the viability of capital infrastructure, with aging buildings and urgent needs for future development.
- Providing comprehensive emergency medical services for the safe delivery of services for all.
- Developing Primary Health Care across the region.
- Growing, developing and supporting our most valuable resource – our staff

Interlake-Eastern RHA established regional priorities for strategic focus that support those identified provincially. While the six strategic priorities are simplistically worded, each is a multi-faceted aspect of health-care service delivery with numerous drivers contributing to the point where we've identified we desire change. Health-care service delivery is a system. It is composed of many elements acting upon each other in an interconnected network. Our efforts to effect change require us to look at the system and single out specific areas, critical success factors, where we expect change can lead to improvements. Coordinating efforts regionally and provincially provides greater opportunities to effect the changes we need to see results.

Provincial and Regional Integration - 2016-2021 Strategic Plan



STRATEGIC PRIORITY: Improve Access

Accessibility is a component of our vision, mission and values. It is also a provincial priority.

Access to health care is more than being able to receive care for health concerns. It's about the right health care at the time when you need it. It's also about convenience and assurance that care, and being well cared for, will be there for you the next time you or a family member need care.

Canada's Medicare system was established to deal largely with acute, episodic care for a relatively young population. Today our system struggles to properly care for patients — many of whom are elderly — managing complex and ongoing health issues.[6]

Interlake-Eastern RHA has a larger percentage of residents aged 50 to 79 compared to 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.[7] Aging brings increased needs for health-care services. The prevalence of most chronic diseases and conditions increases with age.[8]

We also struggle with providing timely access to mental health resources generally but specifically with presentations to emergency departments across the region where access to this specialized service is limited or not existing. People experiencing mental health and addictions health-care needs contribute to increasing length of stay reporting as access to these services is a limiting factor in the continuum of health care. Many of these patients are not linked to a primary care provider nor are there many primary care providers in the region who can offer the suite of services these patients typically need.

Critical success factors to achieving this strategic priority have been defined regionally as:

A. Ensuring care people need is available in a timely way
   Improving the efficiency with which people enter and exit hospitals as they secure the care they need helps people return home faster, if appropriate, or to another care environment where their health care needs can be appropriately addressed.
B. Reducing emergency department wait times
   Our focus regionally has been on finding ways to make hospital beds more accessible to those in need.
C. Increasing access to primary health care, which is your family doctor or nurse practitioner who you see for everyday health-care concerns before they become medical emergencies.

[6] Canadian Medical Association, The State of Seniors Health Care in Canada, September 2016
https://www.cma.ca/sites/default/files/2018-11/the-state-of-seniors-health-care-in-canada-september-2016.pdf
[7] Interlake-Eastern Regional Health Authority Community Health Assessment, 2019
https://www.ierha.ca/data/2/rec_docs/38117_IERHA-2019-Community-Health-Assessment_Final-Revised_08-June-2020.pdf
[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-executive-summary.html

Critical success factor: Ensuring care people need is available in a timely way

Enabling indicators	Our performance 2020-21
In-patient (hospital) length of stay (average days) – regional average	8.7 days
Alternate level of care* length of stay – regional average	69.3 days
Alternate level of care* as a proportion of total hospital days – regional average	40%
*A patient in-hospital may be designated as "alternate level of care" if they occupy a hospital bed but no longer require the intensity of resources and services provided in an acute care setting. Reducing the number of alternate level of care hospital days helps to ensure patients are cared for in the most appropriate setting and that hospital resources are used more efficiently.	
Personal care home bed capacity rate (percentage of beds filled)	98.6%

Why we're monitoring this measure

Severity of illness and need for hospital care are not the only factors influencing someone's length of stay in hospital. Sometimes people remain in hospital until alternate levels of care can be arranged (see below) or sometimes a stay is the result of processes that are not as integrated as they need to be to deliver care efficiently and seamlessly move a patient through the continuum of care.

Our challenges

- Factors that may contribute to longer than target length of stay in hospital may be lack of access to care providers locally, consulting specialists (mental health, addictions), diagnostics and housing.
- Emergency medical services (EMS) paramedics are used to transport patients to diagnostic appointments or to other facilities as part of bed management strategies. Access to EMS services and paramedics' ability to offload patients quickly and transfer care will also influence length of stay if their processes are not efficiently connected with the rest of the system.
- Interjurisdictional issues arise when caring for people who self-identify as Indigenous. Time invested in addressing and resolving these issues will contribute to length of stay.

Why we're monitoring these measures

Alternate level-of-care patients typically have longer lengths of stay that greatly affect the overall bed supply. For example, more than half of all acute care beds in the region are occupied by patients who are panelled, who are waiting to be panelled and those awaiting services such as home care, rehab and housing. When someone has no natural supports who are capable of providing the care required and/or if someone has nowhere else to go where they can safely have health-care needs addressed, they may find themselves in hospital until other arrangements can be made for their care. We are working to make the period between identifying appropriate level of care and accessing that level of care as short as possible. The health system requires available hospital beds for people who require hospital care and the resources that accompany this level of care that is among the most costly in the health-care system. This means working to improve discharge processes by connecting people with access to supports they may need (like home care, rehab and appropriate housing) as quickly as possible.

Our challenges

- Barriers to providing swift discharge include limited access to services with wait lists in some communities for services like home care.
- Appropriate housing may not be available and most personal care homes in Interlake-Eastern RHA are often at capacity.
- There are areas in the region, namely Gimli and Powerview-Pine Falls, where alternate level of care days in hospital has increased significantly and this influences access to beds across the region.

What we've been working on

- Ensuring availability of community-based care will help connect people with care more appropriate to their needs. Our acute care and community services portfolio continues to work collaboratively on continuum of care services that impact patient flow. This includes participating in discharge planning to return patients/clients to the most appropriate care environment in a safe and expedited way. Investments in home care, seniors supports, allied health services (physiotherapy and rehab) will contribute to helping people remain in home safely longer.
- With community support in Beausejour and area, we have started converting suites in an assisted living facility that we own and operate into supportive housing suites to meet demand for this level of housing, which only the RHA can offer, that is in short supply with high demand.
- Site medical leads are now reviewing length-of-stay reports quarterly so they can compare data among the region's hospitals and address contributing factors where appropriate.
- We have established a First Nations discharge planning working group and are undertaking a collaborative approach to addressing needs to safely discharge people into their communities.

COVID-19 related influences

Pandemic response has demanded reallocation of staff resources to the disadvantage of community based programming. Where feasible, we are restoring services like home care, adult day and allied health in accordance with public health guidance.

Future directions

- Interlake-Eastern RHA is working collectively with other service delivery organizations to capitalize, on a temporary or as-needed basis, on resources available outside of the region that can ease pressure within region. An example is the transport of people awaiting alternate level of care to long -term care facilities in Winnipeg where more appropriate levels of care can be provided while people wait for a bed to open in their facility of choice in Interlake-Eastern RHA. These inter-RHA agreements are an exceptional opportunity to maximize resources and better align levels of care with people's needs.
- Interlake-Eastern RHA will be supporting enhanced community-based care initiatives that will be launched under the Clinical and Preventive Services Plan. The ongoing roll-out of this plan will continue to influence and guide community-based care services in the region. Linking people with services they need in-community will help people stay safely in their own homes, or in housing appropriate for their needs, longer.
- As opportunity arises, we will continue to identify opportunities to increase supportive housing options in the Beausejour assisted living facility we manage.
- We'll continue to monitor length-of-stay improvements among First Nations residents in conjunction with the discharge planning working group. In addition, we'll introduce discharge planning rounds at each site and daily action rounds that will ensure identified actions required for people to return home safely are addressed in a timely manner.

B. Critical success factor: Reducing emergency department wait times

Enabling indicators	Our performance 2020/21
Wait time in emergency department before being seen* based on 90th percentile (90% of people who visit the emergency department will be seen within the identified time period)	3.7 hours Target 3.2 hours
Length of stay in emergency department, admitted patients* (median)	17.6 hours Target 8 hours
Length of stay in emergency department, non-admitted patients* (median)	2.9 hours Target 3.2 hours
Number of emergency department patients leaving without being seen (Those left before being seen / total number of emergency department patients at all sites x 100)	3.4% (2,016) Target 2.5%
Open emergency departments (# hours emergency department in operation / total # of hours x 100)	91.6% Target 100%
*Data provided reflects Selkirk Regional Health Centre emergency department only as this is the only hospital in our region with an Emergency Department Information System that captures wait time data that can be compared equivalently with other emergency departments using this system.	

Why we're monitoring these measures

Time to access care in an emergency department can be indicative of more widespread issues that impede the flow of patients within the health authority and broader health system.

Our challenges

- Given the current model of health care is focused on service delivery via hospitals and emergency departments, people attend emergency departments for non-urgent care needs. The process of triage applied in emergency departments prioritizes people with urgent and emergency care needs over all others. As a result, wait time to be seen and discharge time for non-urgent cases increases, especially when access to a required resource is limited.
- Emergency department closures due to lack of physician availability in the region will influence wait times in Selkirk since, being our regional hospital that is central to the region, this facility will typically receive patients redirected in addition to patients that need more advanced care or diagnostics.

COVID-19 related influences

- The opening of a Secondary Respiratory Clinic at the former Selkirk and District General Hospital in December 2020 allows for assessment and treatment of clients with influenza-like illness symptoms (COVID-positive and suspected patients). This clinic redirects patients who do not require urgent care to something more akin to primary care service that complements existing primary care providers but in an environment that isolates potentially contagious people.
- A review of emergency department activity noted increased acuity in those coming for care via ambulance, which we attributed directly to COVID-19 and people's fear of visiting health-care facilities in the time of a pandemic. Non-acute health-care issues left unattended evolved into those requiring emergency care. Anecdotally, we also saw increased instances of failure to cope and increasing social issues that contributed to illness and length of stay due to limited access to necessary supports.

What we've been working on

- Regionally and systemically, we are increasing investments in primary health care and collaborative practices that are close to home and easy to access in timely way. Addressing health concerns early is a key means of preventing illness from advancing.
- We are staffing up in positions that play a role in enhancing access to care such as establishing on-site psychiatry in the emergency department and hiring medical leads within this facility and regionally who can contribute to care coordination efforts.
- We have completed a review of emergency department work flows and processes so we can better coordinate and refine processes. At Selkirk Regional Health Centre, we're developing a standard operating procedure to access specialty and surgical consults in a timely way.
- We've continued to established alternative pathways to access IV therapies that have historically been accessed in our emergency departments. Most recently we've established IV clinics in Eriksdale and Ashern as part of home care nursing clinics. These are in addition to those in Stonewall and Eriksdale. Duration of these therapies can be as long as 10 days requiring daily visits to a care provider. This redirects considerable traffic away from emergency departments to a more appropriate level of care.
- In October 2020, we launched the Paramedics Providing Palliative Care at Home project. Funded by 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. 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.
- We've established emergency medical response offload time standard operating procedures with actions identified for further development.
- As part of efforts to increase access to mental health services, mental health liaison nurses continue to provide over-the-phone support to emergency departments in the region. Launched in 2014, the demands for this service have been increasing year over year.

Future directions

- We will continue to implement care options that will direct people with non-urgent care needs to more appropriate settings. This includes developing additional IV therapy clinics in Gimli and Beausejour home care clinics and moving some minor treatments from Selkirk Regional Health Centre's emergency department to its outpatient clinic.
- With additional investment from our funding partners, Canadian Foundation for Healthcare Improvement (CFHI) and the Canadian Partnership Against Cancer (CPAC), we will continue to roll out the Paramedics Providing Palliative Care at Home project with integration of First Nations communities into this delivery of care with their guidance and support.
- In partnership with Shared Health diagnostics, we are undertaking a review diagnostic turn around times as waiting for diagnostic results contributes to wait times in emergency departments.
- We will implement programs that support objectives in the Clinical and Preventive Services Plan that seek to establish improved community-based care. For instance, in conjunction with our home independence program, we will offer a pulmonary rehab program as part of the final action in our involvement in the Chronic Obstructive Pulmonary Disease (COPD) System of Care initiative in

partnership with WRHA. This is an adaptation of the original Halifax-based INSPIRED© program that is recognized as a leading practice for COPD care in Canada. The strategy for change is to deliver more holistic, patient-centred care while reducing reliance on hospitals. COPD makes it difficult for patients to breathe and without proper education, exercise and support, can cause recurrent respiratory infections, shortness of breath and frequent emergency visits and hospital admissions. Having COPD patients under care of providers outside of the emergency department contributes to better health outcomes for these patients and reduced reliance on emergency departments.

C. Critical success factor: Increasing access to primary health care

Enabling indicators	Our performance 2020-21
Primary care wait times (third next available appointment)	3.3 days (regional average) Target 1-2 days
Primary care capacity planning hotspots Selkirk and surrounding areas have been identified as an area where residents are having difficulty accessing regular primary health-care services	1 Target 0
Volumes of patients seen within RHA sites (physicians, nurse practitioners, primary care nurses, chronic disease nurse, registered dietitians)	86,994 Target increase 5% every year
Number of non-urgent visits to the emergency department (Canadian Triage Acuity Scale 4 and 5)	51.8% Target decrease 15% annually

Why we're monitoring these measures

The primary health-care system of planning and service delivery, built around My Health Teams and other models of primary care, is the foundation for clinical and preventive services planning and forecasting need for primary care professionals. Local access to reliable primary health care contributes to addressing health-care issues while they are minor and relatively easy to treat, as opposed to advanced conditions that require acute or emergency care.

Our challenges

- Attracting and retaining primary health-care providers is an ongoing concern, particularly in Selkirk and the more northern parts of the region.
- The International Medical Graduate program provides rural regional health authorities with care providers who will work in remote locations, but once required years of service have been fulfilled and once these physicians have completed their national exams that allow for licensure in Canada, they are more likely to leave for communities that better support their desired lifestyle, specifically in regards to cultural aspects.

COVID-19 related influences

- Response to COVID-19 saw a number of primary health-care staff deployed to assist with testing, immunization and supporting contact tracing and community outreach response efforts within region and within Indigenous communities. Our ability to deliver primary health care consistently was affected.

- As staff return to delivery of regular care, anecdotal reports are that referrals for specialized care from chronic disease nurses and dietitians has increased and that care providers are seeing greater incidences of chronic illness.
- The future, in terms of COVID-19 influence on health resources, is not clear. There is still uncertainty around the resumption of health-care services. It's difficult to plan for re-instatement of deployed workers and resumption of services.
- Areas of care that have been unattended due to COVID-19 response, such as school-age immunizations and harm reduction, have experienced negative consequences as a result of the unforeseen inability to maintain reliable care. Once response to COVID-19 wanes, attention will need to turn to these areas that will demand attention to care.

What we've been working on

Primary care efforts are focussed on developing opportunities to increase access to primary health care closer to home.

My Health Teams

We have successfully established two My Health Teams in the region, the first servicing Selkirk and Oakbank area and the second more recent team servicing Ashern-Hodgson area. This new My Health Team is Manitoba's first Indigenous My Health Team with steering committee representation from 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, Percy E. Moore Clinic – Ongomiizwin Health Services, Interlake-Eastern RHA and Manitoba Health and Seniors Care, and Mental Health, Wellness and Recovery, as well as an elder supporting and guiding the team. This guidance and understanding of local health-care needs has seen the team hire a chronic disease nurse, mental health and addictions worker and it has been actively recruiting for someone to support with physiotherapy and rehab.

The Selkirk and Oakbank area team has been in operation since early 2020. The steering committee for this team is comprised of physicians and representatives from the Canadian Mental Health Association, Addictions Foundation of Manitoba, the Interlake-Eastern RHA, Manitoba Health and Seniors Care and Manitoba Mental Health, Wellness and Recovery. The care providers added to this team include a chronic disease nurse, brief treatment counsellors and a community liaison counsellor who helps people overcome challenges with solution-based strategies.

These teams continue to meet regularly to evaluate delivery of care and develop models of care that continue to meet the needs that have been identified in these areas.

Primary care clinic establishment

In efforts to bring primary care closer to home, we continue to establish a network of primary care clinics that see care providers enter communities on a regularly scheduled basis. Most recently, we established a clinic to service Winnipeg Beach and area.

Increasing outreach clinics

Outreach clinics see us partner with First Nations and other communities to establish days when health-care practitioners attend community-run facilities to deliver care. We have established outreach primary care services in Black River, Grand Marais, Gypsumville, Hollow Water, Lake Manitoba, Prawda and Seymourville.

Developing the teen clinic network

Since their inception in 2002, the demand for teen health clinics has been strong and continually growing. As a model for reaching this population, Interlake-Eastern RHA has worked with schools and communities to establish service centres where nurse practitioners and public health nurses are available, providing accurate, non-judgmental information and a full array of respectful primary health care that acknowledges our region's diversity of cultures, values and experiences. Mental health services are being integrated through the use of school division resources or with support from Manitoba Mental Health, Wellness and Recovery. Twelve teen clinics operate in the region and work continues to establish more.

Physician health and wellness

In partnership with Doctors Manitoba, we launched a community of practice pilot project to assess the environments and systems in which physicians work. We're identifying how we can reduce barriers to physician health and wellness that can be implemented at the regional and health system levels. We are working towards improved partnerships with physicians through their increased engagement with the RHA, communities and Doctors Manitoba. At the conclusion of the pilot project, Doctors Manitoba will incorporate the successful program outcomes into core operations and expand the program in other areas of Manitoba. Lessons learned from the pilot will also be incorporated into future planning. The program evaluation is robust and intended to guide replication locally, provincially and nationally to achieve further positive outcomes.

Online survey helps physicians note areas for improvement

Interlake-Eastern RHA has adopted Accreditation Canada's Qmentum program to guide quality improvement efforts. This involves assessing and improving services we provide based on Accreditation Canada's standards. The Physician Worklife Pulse Survey is an important part of the continual improvement process. It is an online survey that asks for physicians' opinions on aspects of their work environment. Results of the survey will be shared with physicians and an action plan will be developed to address areas where opportunities for improvement are noted.

Future directions

- We will continue to develop access to primary health care across the region and develop the standard of primary health care as one that is proactive in diagnosing and working with patients to better manage chronic conditions.
- We are evolving My Health Teams and developing the community and care provider partnerships that will ensure they successfully address community needs. Both My Health Teams currently operating in the region are seeking additional care providers to grow care services available locally. We will also look to expand our network of these teams by working with Manitoba Health and Seniors Care to establish at least one more team to the region.
- We will continue to grow the network of teen clinics and work to expand on service delivery where needed.
- COVID-19 saw the health-care system quickly adopt technologies for health-care providers that better support virtual appointments. Where access to internet is not limiting, these virtual appointments ensured care was delivered closer to home and in accordance with public heath requirements at the time. Once the public health restrictions associated with COVID-19 are lifted, we will be exploring with care providers what the optimal mix will be in practice to address care needs in-person and how we can expand that reach virtually to care for more people.

- We will continue to support the primary care development group's proposal for a Family Health and Learning Centre and look forward to engaging with the opportunities this centre represents for increased primary health-care delivery across the region.
- We will support the roll-out of Clinical and Preventive Services Plan priorities in this region.

HIGHLIGHT: Selkirk Youth Hub in development

Peguis First Nation led a successful response to the Government of Manitoba's request for proposals to develop youth hubs. These hubs bring mental health care, addiction services, primary care, peer support and other social services under one roof in a uniquely youth-centred way.

Along with the Lord Selkirk School Division, the START program, the Royal Canadian Mounted Police, Canadian Mental Health Association, Addiction Foundation and Interlake-Eastern Regional Health Authority, Peguis First Nation will create a Youth Hub within the City of Selkirk to serve Indigenous and non-Indigenous youth alike from Selkirk, Peguis First Nation community members and other Interlake communities. Culturally safe health and addictions support and social services will be available in-person and online to youth and families.

Manitoba Youth Hubs Integrated Youth Services is an initiative of the Government of Manitoba in partnership with Bell – Graham Boeckh Foundation Partnership, United Way Winnipeg, RBC Foundation, The Winnipeg Foundation, The Moffat Family Fund (held at The Winnipeg Foundation) and The Réseau Compassion Network.

Work is underway to establish a home for the hub and commence operation as quickly as possible.

STRATEGIC PRIORITY: Improve Access to Mental Health Care

The report *Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans*[9] commissioned by the Province of Manitoba identifies Manitoba as standing out as the highest or very high on almost all substance use/addiction and mental health problems and illnesses need indicators compared to other provinces or Canadian averages. It also highlighted regional variability in a large number of need indicators and the association with specific disparity indicators and populations, including Manitoba's Indigenous people. It states that unmet mental health needs represent tragic physical and emotional drains on communities and financial drain on the province.

Manitoba Centre for Health Policy's report *First Nation People's Health in Manitoba*[10] identifies that in almost every health region across Manitoba, a far higher percentage of First Nation people are diagnosed with a mood or anxiety disorder than are other Manitobans. Data is underreported since it isn't capturing people with mental illness who have not sought medical care. The rate of suicide attempts for First Nation people is four times higher than for all other Manitobans. And the rate of deaths by suicide among First Nations people is also much higher. Poor access to mental health supports is identified as one part of a complex picture that contributes to health inequities among Indigenous and non-Indigenous people. For this reason and more, improving mental wellness within a recovery-oriented approach is a strategic direction within Interlake-Eastern Regional Health Authority's Indigenous health strategy.

Critical success factors to achieving this priority have been defined regionally as:
a. Access to mental health services
b. Coordination of mental health services (improved patient flow)

[9] VIRGO Planning and Evaluation Consultants Inc., *Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans*, March 31, 2018, https://www.gov.mb.ca/health/mha/docs/mha_strategic_plan.pdf

[10] Katz A, Kinew KA, Star L, Taylor C, Koseva I, Lavoie J, Burchill C, Urquia ML, Basham A, Rajotte L, Ramayanam V, Jarmasz J, Burchill S. *The Health Status of and Access to Healthcare by Registered First Nation Peoples in Manitoba.* Winnipeg, MB. Manitoba Centre for Health Policy. Fall 2019.

A. Critical success factor: Access to mental health services

Enabling indicators	Our performance 2020/21
# of referrals to community mental health services	1,810 referrals for adult community mental health Of those, 628 people accessed one of the services available through the Community Mental Health Program*#
	764 referrals for child & adolescent community mental health program Of those, 384 accessed one of the services available through the Community Mental Health Program.**#
	643 referrals were received for Mental Health Services for the Elderly 579 accessed one of the services available through the Community Mental Health Program ***#
*including cognitive behaviour therapy with mindfulness classes, brief treatment, community mental health worker, family therapy or Bounce Back ** including community mental health worker, family therapy or Strongest Families Institute *** including community mental health worker or direct psychiatry assessment # Those who didn't access services within our program either were redirected to an outside service or they declined services.	
# of people accessing Interlake-Eastern RHA's mental health webpages – page hits	17,452 (Year previous: 17,530)
The information and tools that people can access via Interlake-Eastern RHA's mental health webpages were identified and approved by Interlake-Eastern RHA's Recovery Champions Committee comprised, in part, of people with lived experience of mental health problems and illness and family members/natural supports. This committee collaboratively plans, recommends and evaluates actions of Interlake-Eastern RHA's mental health system through a recovery-oriented lens. In 2020, the mental health home page was updated to feature a number of apps and online supports to help people address the many mental health challenges associated with COVID-19 cases in Canada	
Crisis stabilization unit usage	45.5% occupancy rate
The crisis stabilization unit is an eight-bed, nurse-managed, voluntary-admission unit for individuals 15 years and older experiencing a mental health or psychosocial crisis. This Interlake-Eastern RHA managed facility located in Selkirk provides assessment, short-term crisis intervention, treatment and linkage/referrals to resources. During COVID-19 response and due to public health restrictions, in July 2020, four beds were deemed virtual (where care was delivered remotely) and four remained open for in-person care. The occupancy rate for physical in-house CSU beds was 39.25% for the year. For the partial year (July to March) that the virtual beds were active, virtual occupancy was 9.3%. Usage of this facility is one measure of community need for mental health care and the region's capacity to address individuals' needs.	

Our challenges

The regional mental health program will benefit from provincial integration of health-care service delivery to better ensure timely access to care. Mental health workers have noted that frequently trauma is an underlying and or compounding aspect of mental health presentations. Work is needed to develop a broader support network of trauma informed practitioners who can assist with ensuring this common aspect of care required in Interlake-Eastern RHA is addressed.

The pivot of some mental health services to virtual care in response to COVID-19 restrictions has highlighted the fact that communities in the region have differing and nonequitable access to online services. Moving forward, virtual care is being considered as a means of expanding access to mental health care and the inability to readily access internet services across the region undermines the effectiveness with which virtual care can be delivered.

Additional infrastructure is needed to support mental health care needs in the region, especially those with accessibility requirements who require in-person care. The region's crisis stabilization unit has only one room that is appropriate for those with accessibility requirements. Because it is in demand, people needing this room will experience longer wait times to access care.

What we've been working on

My Health Teams are integrating mental health supports to increase access to this care via primary health care. In addition, we're expanding mental health shared care models in primary care practices. In this model, a shared care counsellor works directly with care providers in a clinic and the patients registered with that clinic who are referred. Shared care counsellors will typically assist with care needs that can be addressed in a short period of time (typically within eight weeks) and they focus on attending to issues in a timely manner before they can progress to more serious concerns. If needed, the services of a psychiatrist can be accessed virtually. Interlake-Eastern RHA currently has two sites, Beausejour and Teulon, where this model of care in in place. Placing a mental health practitioner in a primary care practice also benefits care providers who can enhance their understanding of the mental health components of care.

HIGHLIGHT: COVID-19 and demand for mental health services

The global pandemic has increased demand for mental health services. Mental health and crisis services staff have had to modify how service is delivered to ensure people can still access care. Our response to COVID-19 has required some mental health staff, by necessity, to be deployed to other programs to maintain quality care. The prioritization of care needs is required when challenged with the pandemic's unplanned care requirements and limited staff resources.

Mental health liaison nurses, who provide support to Selkirk's emergency department with patients who are in need of mental health care, as well as telephone consultation with Arborg, Pine Falls and Pinawa continued to provide care, even when patients' natural supports were not allowed to accompany patients into the emergency department. Nurses engaged with family members and natural supports over the phone. Mental health administrative staff continued to work in office, providing a physical presence to assist people presenting for services. Proctor resource coordinators and proctors adjusted their services to ensure that vulnerable underserviced populations had basic needs met. This included collaborating with local food banks and arranging transportation for COVID vaccinations.

The RAAM clinic team maintained delivery of much-needed low-barrier services for those with substance-use concerns. They also embraced telehealth technology to maintain service when COVID-19 restrictions prevented in-person care. The adoption of virtual care models by the mental health team was a shift from how services have been traditionally been provided. Mobile crisis unit staff started completing assessments via Telehealth. The Crisis Stabilization Unit (CSU) has welcomed virtual interaction with clients, in addition to maintaining in facility care, to safely offer service options while maintaining physical distancing and ensuring people remain safe within their own homes.

Community mental health workers, as well, embraced virtual assessments and have learned how to engage clients of all ages on TEAMS, especially youth. They continue to provide assessments for older adults to ensure they are safe in their living environments. Mental health central intake staff, who typically provide services by phone, helped individuals and families navigate available services to address the stressors that have arisen with COVID-19. Psychiatrists and psychologists as well have shifted their practice to embrace providing virtual care that is accessible to all.

Through COVID-19, mental health staff have helped countless people navigate towards improved mental health and address addictions challenges. The program's pivot to virtual care was a necessity to offer continued service but is has proven to offer valuable improvements in timely access to care, which the program will now look to maintain and further develop.

Future directions

We will continue to work closely with the primary health care team to integrate mental health services into delivery of primary health care services. We will also continue to offer mental health interventions early on, when care required may not be as intense as needed when these care needs are left unattended.

We will support the rollout of the provincial Clinical and Preventive Services Plan and support the objectives for mental health service delivery.

B. Critical success factor: Coordination of mental health services (improved patient flow)

Enabling indicators	Our performance 2020/21
Rapid Access to Addictions Medicine (RAAM) Clinic	1,694 assessments (initial, new and follow-up)
RAAM clinics are easy-to-access walk-in clinics that people can visit to get help for substance use without an appointment or formal referral. Interlake-Eastern RHA has one RAAM clinic located in Selkirk that services the region. Statistics from this clinic provide a point of reference for services delivered to help address problematic substance use. The RAAM clinic saw a 62.7% increase in the number of clinic assessments completed over the previous fiscal year.	
Rapid Access Brief Treatment (RABT) Clinic	80 clients seen in RABT by brief treatment clinician / 84 clients seen in RABT by psychiatrist
RABT offers timely access to appropriate care to people who present to Selkirk Region Health Centre's emergency department with mental health needs. Services include psychiatry consultation and brief treatment counselling/follow-up with a brief treatment clinician. The aim is to assist in increasing access to mental health services for select patients while improving the flow in the emergency department for patients who are not in need of acute mental health care.	

Our challenges

Interlake-Eastern RHA is the only service delivery organization that does not have in-patient acute psychiatric beds for people who cannot be supported within the community and require intensive, 24-hour care. This contributes to patient flow issues since acute care beds are often where care is provided.

What we've been working on

- Since the RAAM clinic opened in Selkirk in 2018, we have expanded the clinic's hours for accepting new patients from one to two days a week. A nurse practitioner practises with the clinical team to support ongoing reassessments and primary care needs of clients.
- A seasoned nurse practitioner with an interest in addictions medicine and training in opiate agonist therapy has started practising in Selkirk. She is taking on under-served patients referred by Family Doctor Finder, the RAAM clinic and public health, mental health and harm reduction programs. While additional primary care providers are required in Selkirk, regular access to nurse practitioner care will help prevent some patients from attending the emergency department for care as a more appropriate care option now exists.

Future directions

Interlake-Eastern RHA is looking forward to supporting implementation of the Clinical and Preventive Services Plan priorities in regards to coordinating mental health services and aligning regional service delivery with provincial priorities to improve access to care closer to home.

STRATEGIC PRIORITY: Deliver Person-Centred Service

Accreditation Canada identifies client- and family-centred care as an approach that fosters respectful, compassionate, culturally appropriate and competent care that is responsive to the needs, values, beliefs and preferences of clients and their family members. It supports mutually beneficial partnerships between clients/patients/residents, families and health-care service providers. Client- and family-centred care shifts providers from doing something to or for the client — where the health-care provider's perspective is dominant — to doing something with the client so the health-care provider and the client have a true partnership.

Critical success factors to achieving this priority have been defined regionally as:

a. Overall patient experience
b. Acute care experience

Enabling indicators – Overall patient experience	**Our performance 2020-21**
Client / Patient Experience Surveys	74.2% overall positive patient experience Target 75%
Every month, the majority of people who received care in Interlake-Eastern RHA hospitals are mailed a survey that provides opportunity to quantify satisfaction with the care received and evaluate care delivered. Surveys can be completed and returned as hard copies or submitted online. These anonymous surveys are an excellent opportunity to receive feedback on areas for improvement and, because they are continual, they help identify if measures put in place are effecting change as desired.	
Consumer comments	49 (16.2%) consumer comments were coded as dignity and respect complaints
Interlake-Eastern Regional Health Authority recognizes the consumer comments process as an opportunity to identify areas for improvement. Generally, the RHA works to encourage feedback and does not want to equate quantity of complaints with poor performance. While all complaints to the RHA are addressed, the client survey tool the RHA is using features two stand-alone questions regarding respect and dignity extended towards patients. These unique areas of concern are being highlighted for reporting.	

Why are we monitoring these measures:
This approach to care has been proven to improve the decision-making process, health outcomes, client experiences, financial management and safety. It will also lead to more effective risk management.[11]

[11] Client- and family-centred care in the Qmentum program, Accreditation Canada, https://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/accredication-canada.pdf

Our challenges
A concern is the under-reporting of feedback that contributes to our improvement. We are evaluating our consumer comment process to ensure that we have culturally appropriate options available for people who may not feel comfortable with the existing process. This may mean ensuring other supports are available or accessible in facilities to ensure people feel comfortable bringing concerns forward.

COVID-19 related influences
Roughly one-third of consumer feedback received in this fiscal year related to COVID-19 services in some manner. The nature of feedback reflected where the province was in regards to COVID-19 response, starting out with access to testing, concerns regarding limitations on visiting, and then evolving into mask-wearing requirements and access to vaccine.

What we've been working on
We are reviewing and updating our consumer concerns policy. As part of this process, we have met with Local Health Involvement Groups and engaged with First Nation communities to review, discuss and gain insights into elements of this policy.

The quality, patient safety and risk team works to compile survey results and share them with managers in a way that is meaningful and clear in terms what we're doing well and where additional focus is required. This team works with managers to develop and implement work plans to address concerns and monitor progress towards improvement.

The benefits of third-party feedback have greatly informed advances in patient-centred care in our acute care and long-term care programs. We are exploring opportunities to gather regular feedback on patient-centred care in programs outside of regularly surveyed programs.

The rollout of the Paramedics Providing Palliative Care at Home has required ongoing evaluation from families for feedback on the program, which is informing the program improvements and evaluation.

Future directions
Person-centred service will continue to be an important part of the region's work in the year ahead. With the development of its 2021-2026 strategic plan, Interlake-Eastern RHA will be establishing a more inclusive approach to health-care service planning and evaluation, one that will establish opportunities for stakeholder engagement. This will provide many new opportunities for engagement in other aspects of the RHA's work.

We will continue to engage stakeholders as we review and update our current "Tell Us" process that reflects our policy to managing patient/client/resident/family member feedback. In partnership, we'll explore how the process can better capture feedback and provide the assurances and supports people need to engage in the process with us.

Chair's Award for Excellence in Customer Service Winners - 2020

Brad Clyde, Pharmacist, Selkirk Regional Health Centre

Brad was nominated by his co-worker at Selkirk Regional Health Centre, Erin Dutka, who is a pharmacy technician. She tells us that Brad is the one who can be counted on to step up and problem-solve to ensure that patients receive the care they need. "His dedication to the health and well-being of our patients is inspirational, and the humour with which he approaches everything on a day-to-day basis makes everyone in the pharmacy a little less stressed about facing the issues at hand."

Robin Malcolm, Human Resources Assistant, Selkirk

Robin received two nominations — one from Leana Smith, regional director of allied health, and one from Pat Barkman, clinical team manager at Fisher Personal Care Home. Both nominators spoke about Robin's efficiency and positive manner. She is a mentor on her team and she is valued for her professional contributions to our staff recruitment and retention processes.

Pamela Robertson, Administrative Assistant, Physician Services, Selkirk

Pam was nominated by Lorri Beer, physician recruiter. Lorri notes that Pam has played a role in staffing of the region's emergency departments with physicians: ". . . the effectiveness of our locum physician pool is very directly related to the strong relationship that Pam has developed with so many doctors. In fact, she is on a first-name basis with a number of their spouses, who often coordinate the physician's schedule. You will not find this personal yet professional approach in any job description; however, you will see it day in and day out with Pam Robertson."

Kim Scharf, Administration, Gimli Community Health Centre

Kim received two nominations from her colleagues in Gimli, Elaine Pitman and Gwen Kostiuk. Elaine, who works in diagnostics, had this to say in her nomination of Kim: "Kim screens all visitors and patients and always has a pleasant smile. Many patients love talking to her and become friends."

And Gwen, who runs the adult day program, says: "Kim will help out in any form that she can to make the facility run smoother. Until COVID hit, we had a walking program for seniors in the facility. We would make our loop and when we walked past her desk she would acknowledge everyone by name and give them a compliment."

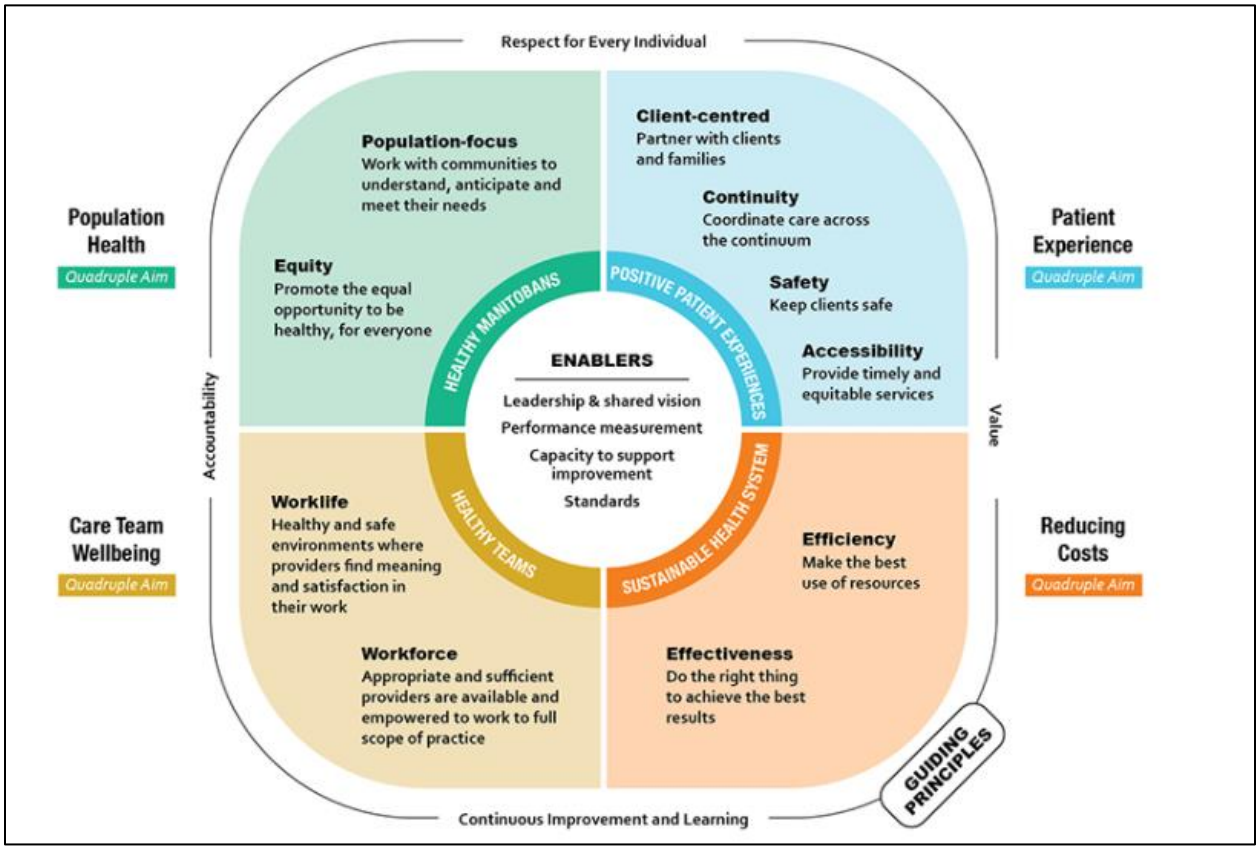
HIGHLIGHT: Acute care puts Canadian Patient Safety Survey data into action

Patient feedback about care received in hospital is being reflected back to staff and areas of concern are being addressed. Quality and patient safety boards have been installed in all hospitals in high-traffic, publicly accessible areas. These boards showcase key information about the hospital and they feature four or five patient experience survey results that are refreshed on a monthly basis. This data is tailored to reflect priority areas at each particular hospital. For instance, some boards report whether or not patients had enough information when transferring from the emergency department to an in-patient bed, and others highlight noise levels at night. All hospital boards include information on patient experiences with nurses and doctors. Data featured on the boards is used in daily patient safety huddles led by the clinical team manager. All available staff members — from housekeeping to doctors and nurses — are invited to discuss patient-specific changes or concerns. Other topics addressed on the boards are elements noted by Accreditation Canada as areas where concerted focus is required. These include falls prevention, medication handling and hand hygiene. The boards also educate and feature topics of note relevant to all facilities such as signs of sepsis.

STRATEGIC PRIORITY: Decrease Preventable Harm

Health care is complex and, while the protections of training, policies, procedures and safeguards are in place with associated constant improvement processes, harm does occur in health-care settings. According to a study commissioned by the Canadian Patient Safety Institute[12], patient safety incidents are the third leading cause of death in Canada. Further to this, health equity issues exist in our region, province and country that contribute to First Nations people and others experiencing variations in health-care service delivery.

In its move towards a coordinated, client-centred and provincial approach to health-care service delivery, Manitoba has adopted a quality and learning framework[13] that addresses the inherent complexity of health care. The framework incorporates four guiding principles: respect for every individual; accountability; value; and continuous improvement and learning. Keeping clients safe falls under the patient experience aim.



Source: Manitoba's Quality and Learning Framework https://sharedhealthmb.ca/about/quality-patient-safety-learning/framework/

[12] RiskAnalytica, The Case for Investing in Patient Safety in Canada, August 2017, https://www.patientsafetyinstitute.ca/en/toolsResources/ case-for-investing-in-patient-safety/Pages/default.aspx

[13] Manitoba's Quality and Learning Framework https://sharedhealthmb.ca/about/quality-patient-safety-learning/framework/

In Interlake-Eastern RHA, the quality, patient safety and accreditation team retains the responsibility for monitoring and evaluating the region's performance in regards to this strategic priority; however, patient safety is an organization-wide adopted core value.

Critical success factors to achieving this priority have been defined regionally as:

a. Establish a culture of safety
   This includes establishing an environment where staff are comfortable and encouraged to speak up and where concerns are addressed in a constructive manner.
b. Clinical governance
   This encompasses the framework within which we hold ourselves accountable for continuous improvement and maintaining standards for quality care.
c. Evidence-informed practice
   Adopting best practice throughout the organization and maintaining a commitment to current practice.

Enabling indicators – Evidence-informed practice	Our performance 2020-21
Hospital standard mortality rate	95 Target 100
The Canadian Institute for Health Information identifies the hospital standard mortality rate (HSMR) as an important measure to improve patient safety and quality of care in Canadian hospitals. The HSMR adjusts for factors that affect in-hospital mortality rates, such as patient age, sex, diagnosis, length of stay, comorbidities and admission status. It then compares the actual number of deaths in a hospital with the average Canadian experience. The ratio provides a starting point to assess mortality rates and identify areas for improvement to help reduce hospital deaths. Anything over 100 indicates more deaths than the average experience. When tracked over time, the ratio can be a motivator for change. The HSMR indicates how successful hospitals and health regions have been in reducing inpatient deaths — leading to improved patient care.	
Hand hygiene – acute care (moments 1 and 4)	Moment 1 = 73.3% Moment 4 = 86.4% Target for both measures 85%
Hand hygiene – regional (moments 1 and 4)	Moment 1 = 75.8% Moment 4 = 87.2% Target for both measures 85%
Because health-care providers go from one patient to the next, there is a greater risk of them carrying germs on their hands if they don't wash them. Adherence to hand hygiene recommendations is the single most important practice to prevent the transmission of microorganisms in health care and this directly contributes to patient safety. There are four essential moments for hand hygiene in health-care settings where the risk of transmission is greatest and hand hygiene must be performed. Auditing compliance with hand hygiene involves trained infection prevention and control staff attending facilities to record the frequency that health-care providers perform hand hygiene.	

Interlake-Eastern RHA's infection prevention and control staff release hand hygiene audit reports to staff four times per year. They are broken down by program (acute, cancer care, dialysis, personal care home, public health, home care and regional) and by facility (hospital or personal care home). Program managers review data and work with their staff and the infection prevention and control team to address non-compliance. In addition, the online learning management system, accessible by all staff, hosts a hand hygiene model that all staff need to review every two years. This mandatory education reinforces the need for hand hygiene in health-care settings and provides a summary of how it should be performed for optimal effectiveness.

This requirement for hand washing is tough on skin. The occupational safety and health team works with health-care providers to ensure they find safe practices that help preserve the health of their hands. Aside from skin irritation, other common reasons health-care providers identify for non-compliance with hand hygiene are distraction and forgetfulness. Interlake-Eastern undertakes staff challenges, poster campaigns and encourages all staff to remind each other about this important part of preventing infection in facilities. Creating an environment that keeps staff engaged and remembering the need to complete this important step will contribute to achieving this target.

Four Moments of Hand Hygiene

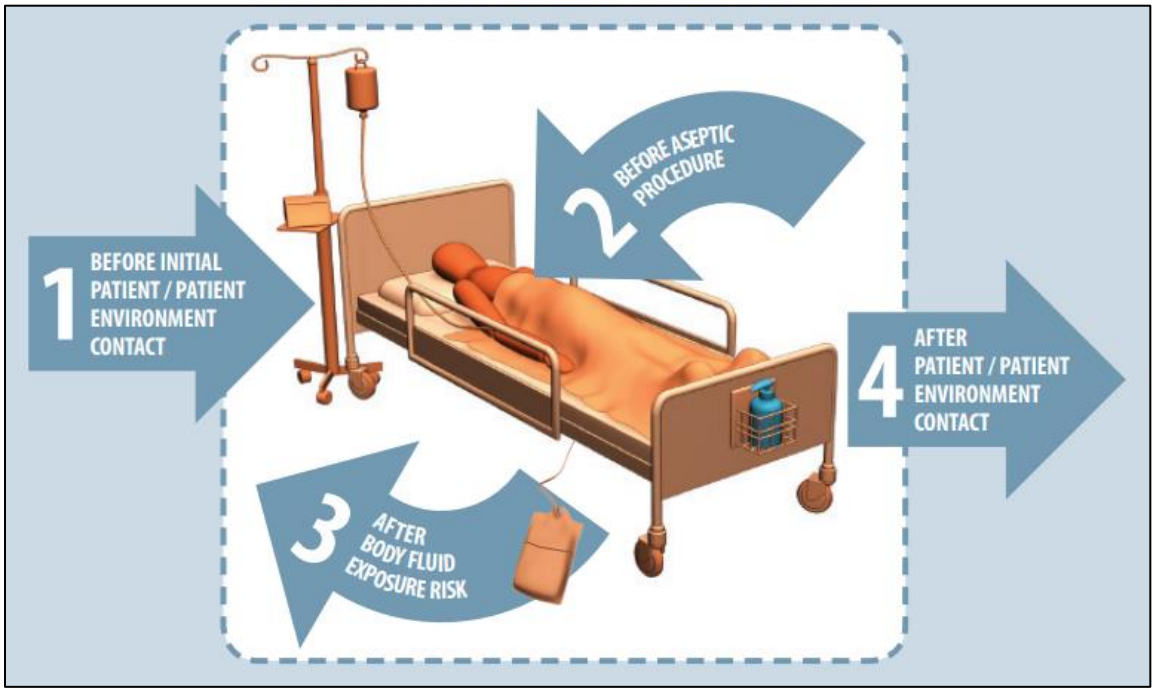


Image adapted from Public Health Ontario's Just Clean Your Hands program. https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene/jcyh-hospitals

Enabling indicators – Evidence-informed practice	Our performance 2020-21
Hospital acquired infections (MRSA and C-Difficile) (rate per patient day)	2.1 Target 0

Methicillin-resistant staphylococcus aureus (MRSA) infection is caused by a type of bacteria that's become resistant to many of the antibiotics used to treat ordinary infections. Illness from Clostridium difficile (C. difficile) most commonly affects older adults in hospitals or in long-term care facilities and typically occurs after use of antibiotic medications. However, studies show increasing rates of C. difficile infection among people traditionally not considered to be at high risk, such as young and healthy individuals who haven't used antibiotics and who haven't been in a health-care facility.

A recent article in the *Canadian Medical Association Journal*[14], states health care–associated infections are still far too common, and infections caused by antimicrobial-resistant organisms still present a major, and possibly growing, problem for Canadian health-care institutions.

Interlake-Eastern RHA has created a standard definition manual for health-care acquired infections. An internal reference, this tool defines the terms and processes required for proper data collection in cases of health-care acquired infections. The next step in the region is to expand the tools needed to ensure consistent data collection and adherence to protocols.

Every quarter, the infection prevention and control team delivers reports to leadership in acute care and long-term care facilities. Statistics are reviewed and, if incidence of infections warrants, program meetings occur where mitigation factors can be discussed, agreed upon and implemented to reduce rates and prevent further transmission of infection. Ongoing monitoring will determine if further mitigation is required.

Why we're monitoring this measure

It is essential to Interlake-Eastern RHA that the people and processes in place to deliver health care in this region reflect the highest regard for patient safety and the safe delivery of health care.

Our challenges

Staffing pressures counter the region's efforts to manage preventable harm. The region's reliance on agency staffing for nursing in some areas can undermine efforts to establish aspects of culture as agency nurses, whose presence is temporary, won't have the benefit of training that is extended to staff members. Changes in leadership also undermine development of culture initiatives since the organization relies on its leaders to reflect organizational values.

COVID-19 related influences

COVID-19 interrupted the region's staff orientation process. Interlake-Eastern RHA uses these initial days of exposure to work in the region as a primary opportunity to establish and let staff experience the

[14] Jennie Johnstone, Gary Garber and Matthew Muller, CMAJ, September 09, 2019, 191 (36) E977-E978; DOI: https://doi.org/10.1503/cmaj.190948

culture we are striving to achieve. Educating and ensuring staff commitment to patient safety is a foundational part of establishing this aspect of our culture.

New processes and procedures regarding patient care were implemented as part of the COVID-19 response. At these times of change, organizations work to prevent incidences of patient safety concerns. The patient safety, quality and risk team was pleased to see that reported incidents neither grew nor declined. As an organization, we performed consistently throughout a very trying time in health care.

HIGHLIGHT: Managing COVID-19 outbreaks

The nurses that comprise Interlake-Eastern RHA's infection prevention and control (IPC) team are always among the first to ensure the region is undertaking proper protocols when an outbreak is declared. But the potential for COVID-19 outbreaks brought with it the additional elements of being something new, something that the region had not yet seen before. In preparation for the arrival of COVID-19 in Interlake-Eastern RHA, the IPC team undertook tabletop exercises with acute care and personal care home staff. These exercises provide staff with an opportunity to familiarize with appropriate use of personal protective equipment. They also presented theoretical scenarios where staff could discuss actions to take and identify steps required to ensure they adhered with regional protocols regarding advisement and management of outbreaks. Staff reported back that these exercises were of great assistance in increasing their confidence when it came to preparing for COVID-19.

Ensuring staff readiness was important to Interlake-Eastern RHA. Staff members in facility are the first to alert their IPC representative that symptoms have occurred in a patient or resident. The IPC representative then collects the information needed to present to the regional medical officer of health. Together, the IPC representative and the medical officer of health work through the definitions of an outbreak and, if the information gathered warrants, the medical officer of health declares an outbreak and informs provincial public health officials.

In Interlake-Eastern RHA, an outbreak triggers the establishment of a cross-programmatic incident command team that meets on a daily or more frequent basis as needed to address in a proactive manner all of the elements in a facility that are affected by outbreak management. Among these are resident or patient status, staffing status, access to personal protective equipment and other supplies, screening, facility access, planned communication and more. The meetings are used to update and troubleshoot. They have proven to be highly valuable and Interlake-Eastern RHA has introduced this model to other facilities in the region that are not owned and operated by the RHA and that experienced outbreaks. At these meetings, IPC representatives are responsible for maintaining, updating and reporting on status of infection in the facility and they will undertake audits and education of staff in regards to all IPC requirements in a facility. This is the team that works with staff on-site to identify the last known case of infection within a facility and highlight to the medical officer of health the date and time when an outbreak can officially be declared over.

The pandemic has required the RHA to adopt new outbreak response processes that capitalize on the expertise of many different program areas in an effort to collectively prevent the transmission of illness and support the staff who are on-site delivering care.

What we've been working on

The region has occurrence and near-miss reporting processes in place where patient safety-related information is gathered, reviewed and addressed. Key learnings are captured and shared with appropriate staff in the context of learning and in recognition of the opportunity to prevent similar circumstances from happening in the future. This reporting is also shared at provincial tables and with the Board's Quality and Patient Safety Committee.

As part of the accreditation process, every four years Interlake-Eastern staff participate in a culture of safety survey that allows them to anonymously identify if the culture in the RHA and the supports in place are conducive to ensuring patient safety. From these survey results, the patient safety team establishes an action plan and works with health leaders and staff members to address areas of concern through regionwide implementation.

The infection, prevention and control team works in facilities throughout the year conducting audits on hand hygiene and appropriate use of PPE. They also undertake environmental scans to assure that cleaning, staff travel patterns and use of items are all being done in a manner that adheres with protocols. When appropriate, corrective teaching will be extended. Program managers will also receive audit reports, and areas of concern will be addressed in conjunction with the infection prevention and control team.

Future directions

We are nearing the end of the RHA's most recent four-year culture of safety plan. We'll be launching the culture of safety survey to staff and engaging staff and external stakeholders in the development of the next iteration of the action plan. This plan will be informed by all of the learnings we have captured and the relationships that have been forged in our response to a global pandemic.

HIGHLIGHT: Annual Patient Safety Awards - Individual

Teamwork and communication – two essential elements in patient safety – were the deciding factors in this year's patient safety awards.

This year's recipient of the individual CEO Patient Safety Award is Anita McDonald (show at left), a member of the housekeeping team at Selkirk Regional Health Centre. Anita was chosen for her attention to detail, making safety a priority in her everyday work, and her excellent communication with team members, patients and families.

Annual Patient Safety Awards – Group

The group award goes to the family birthing unit, also at Selkirk Regional Health Centre. They were nominated and commended for their commitment to promoting a culture of safety by demonstrating effective communication, ongoing education, elevating safety concerns and working together as a team. Nominations were received from across programs throughout the region for the awards that are handed out in celebration of Canadian Patient Safety Week in October.

Patient safety team award winners (l-r): Jamie Brown, clinical resource nurse; Wendy Sadowski, ward clerk; Jessica McLeod, registered nurse; Amanda Kallusky, registered nurse; Victoria Wilgosh, clinical team manager; and Dr. Phoebe Thiessen at Selkirk Regional Health Centre's family birthing unit.

STRATEGIC PRIORITY: Develop Indigenous Partnerships and Relationships

The Truth and Reconciliation Commission of Canada's Calls to Action report contains 94 Calls to Action, and seven of these are specifically health related. Interlake-Eastern Regional Health Authority is committed to incorporating the spirit of these Calls to Action into health-care service delivery as they relate to regional culture, programs and services. The RHA's Board of Directors has established an Indigenous advisory committee to guide the development of a strategic plan that adopts a collaborative approach to addressing health inequities. This plan will dovetail with provincial efforts to integrate Indigenous health needs into the clinical and preventive services plan.

Critical success factors to achieving this priority have been defined regionally as:

a. Representative workforce development
b. Partnerships and relationship building
c. Engagement with communities
d. Cultural safety training

This report features reporting on representative workforce development.

Enabling indicators – Recruitment and retention – representative workforce	Our performance 2020-21
# of new hires self-declaring as First Nation, Métis or Inuit	70 Growth of 1% annually
Target achieved with a 2.9% increase in new hires self-identifying as First Nation, Métis or Inuit.	
Overall number of employees self-declaring as First Nation, Métis or Inuit	462 Growth of 1% annually
Target achieved with a 1% increase in the number of employees self-identifying as First Nation, Métis or Inuit.	

Why we're monitoring these measures
Approximately one in three residents (27%) in Interlake-Eastern RHA self-identify as First Nation, Métis or Inuit. In 2009, Interlake-Eastern RHA's human resources team started working towards developing a workforce that is representative of the populations being served.

Our challenges
COVID-19 affected reporting on other critical success factors as internal and external resources were redeployed to the response against COVID-19 or planned activities couldn't occur due to provincial public health restrictions.

HIGHLIGHT: COVID-19's influence on developing Indigenous partnerships and relationships

While COVID-19 has brought many challenges to the health-care system, it has also provided opportunities. Among these has been opportunities for Interlake-Eastern RHA to benefit from increased partnership with First Nations communities.

When Interlake-Eastern RHA established COVID-19 incident command in March 2020, First Nation health directors and representatives from Percy E. Moore Hospital, which is located within the RHA but operated federally, were invited to participate in regional meetings. This process ensured everyone was aware of regional and provincial resources available and how they were being deployed so that response efforts to COVID-19 could be better aligned and coordinated. It also marked the recognition by all parties that for COVID-19 response to be successful in caring for those in need, jurisdictional issues would need to be set aside so that care could flow to those who needed it in a timely way.

As cases of COVID-19 began emerging in First Nations communities, leaders from these communities extended request for Interlake-Eastern RHA staff to partner on efforts to keep First Nation residents protected from contracting COVID-19. Members of the RHA's primary health care and public health team have supported First Nation COVID-19 responses by lending a hand with testing and contact tracing in communities in collaboration with Interlake Regional Tribal Council and Southeast Resource Development Council.

In a similar collaborative spirit, First Nations communities located within Interlake-Eastern RHA have shared extra doses of COVID-19 vaccine to bolster regional immunization efforts. Sagkeeng First Nation shared extra doses with people who were eligible, and when leaders in the First Nation communities of Fisher River, Peguis and Poplar River realized they'd have more doses of vaccine than they'd require, they shared vials of vaccine with the RHA to increase the number of pop-up clinic appointments available in Arborg, Riverton and Pinawa respectively. Hollow Water First Nation health-care providers offered immunization to nearby Aghaming residents and immunization clinics were hosted by Hollow Water for eligible youth in Manigotagan, Seymourville and Bissett. Offering immunization closer to home increases vaccination rates.

COVID-19 has strengthened partnerships with First Nations communities and improved care for residents in the region.

What we're working on

The Indigenous human resources development team has increased the percentage of employees self-identifying as Indigenous from 4.5 per cent to 16 per cent. This can be further broken down into First Nation: 4.7 per cent; Métis: 11.4 per cent; and Inuit: less than one per cent. This work involves working with school divisions to reach students to encourage consideration of careers in the health-care field. It also involves fostering interest by organizing facility tours and engagement with care providers. Manitoba Métis Federation is supporting these efforts by partnering with Interlake-Eastern RHA on an employment program that offers students access to summer jobs in health-care careers. Students earn money and acquire valuable, real-life experience as they work in health-care facilities along Interlake-Eastern RHA care providers.

Future directions

The region continues to focus on delivering cultural safety training as a means of educating RHA staff about Canada's history with Indigenous people and the complex relationships that have developed. It also involves sensitizing staff to traumas to which Indigenous peoples have been subject and how this history can affect people's interactions with the health-care system. This training was designed with the intent to contribute to a culture of care that is accepting of all people and responsive to care needs without judgment.

STRATEGIC PRIORITY: Bend the Cost Curve

Health care is the most important— and the most expensive — service provided by the Government of Manitoba. Numerous studies of Manitoba's health system have concluded that Manitoba's system is overly complex and, in many cases, acts as a barrier to effective and efficient delivery of services. Regional health authorities were created in 1997 to better manage health-care services closer to the patient. The number and types of health-care providers needed to provide care have changed over time, but the health-care system has not modernized in response. Between 2003 and 2016, health-care funding rose by 97 per cent. These significant increases in health-care funding have not resulted in significantly improved health outcomes, and Manitoba remains at or near the bottom of national rankings in a number of categories. With this in mind, Interlake-Eastern RHA is committed to working within its budget and to participating in provincial efforts to collectively plan and implement an integrated, efficient health-care system that is sustainable. Where opportunities for fiscal efficiencies are identified regionally, and if they won't diminish the quality of care delivered, they are captured and reinvested in areas of need.

Critical success factors to achieving this priority have been defined regionally as:

a. Maintaining health system expenditures
b. Health human resources

Enabling indicators – Bend the cost curve	Our performance 2020-21
Maintaining health system expenditures	3.5% Target 1.8%
The Board continues of operate under a fiscal plan that is focused on achieving a balanced operating budget. RHA expenditures are reviewed monthly by the senior leadership team and cost savings initiatives are discussed as they arise. In addition, the RHA's cost curve is reviewed quarterly by the finance committee. The region experienced increased unforeseen expenditures related to COVID-19 response. These expenses are being tracked separately.	

Strategic Planning – Moving Forward

With the conclusion of its 2016-2021 strategic plan, Interlake-Eastern Regional Health Authority's Board of Directors started planning for the creation of a new five-year strategic plan that will span 2021 to 2026. The Board is embracing a new approach, one that incorporates collaboration to a greater extent. This process will reflect and adopt the integrated planning that has been underway in Manitoba with the commitment to health system transformation and the creation of the province's first plan for the delivery of health services – the Clinical and Preventive Services Plan. The planning process will take into consideration the priorities that have been established provincially.

Planning will begin with community partner engagement. A survey of staff will provide opportunities to identify what has been working well and where we can improve. All partners in the delivery of health care regionally, including staff and physicians, are being invited to attend two virtual strategic planning days in May 2021. Facilitated by a third party, these planning days will open with health-care leaders who will deliver short presentations on areas of relevance to the region's strategic plan that will also help establish the context for health-care service delivery provincially and regionally. With this foundation of understanding, stakeholders can then layer on their experiences of health care in Interlake-Eastern Regional Health Authority and contribute to planning a strategy that addresses needs and creates a mutually desirable environment in which to access and receive care.

In addition, we are establishing new elements to enhance monitoring and evaluation of the strategic plan that foster our Board's commitment to continued stakeholder engagement.

Regional Health Advisory Council

A Regional Health Advisory Council will meet quarterly to review progress towards achieving the goals of the strategic plan and ensure we maintain a regional approach to the health-care needs of people we care for. The council will be composed of representation from Interlake-Eastern RHA's Board of Directors and senior leadership, Manitoba Government, Shared Health, local government and Indigenous partners, community health partners, physician partners and members of the public.

Strategic Steering Committees

To support further development of and monitoring of the strategic plan, for each strategic goal identified in the planning process, we are establishing Strategic Steering Committees with responsibilities of:

- o Strategic goal visioning
- o Leadership
- o High-level planning
- o Monitoring
- o Evaluating
- o Reporting
- o Communication

The strategic steering committees will be comprised of representatives from the region's Board of Directors, regional and provincial health leaders, elected municipal representatives and other stakeholders who express an interest in contributing. They will define a vision for the respective areas of oversight. From this vision, workstreams will be developed to accomplish milestones that will contribute to the success of the region's overall strategic plan. For more information, visit ierha.ca, "About us," "Publications and Reports" and "Strategic Plans."

Interlake Eastern Health Foundation

In pursuit of our mission to raise funds that support health care in the Interlake-Eastern health region, we are always developing innovative ways to collaboratively promote health and wellness across the facilities and programs within our region. We continuously strive to support our patients and community stakeholders so that collectively we can continue to positively affect health and wellness outcomes. To that end, we are committed to achieving our strategic goals and enhancing dedicated patient care throughout the Interlake-Eastern RHA.
We look forward to another successful year working with the communities and residents within the region. Thank you to our donors for their ongoing support and commitment!

The foundation's annual report for fiscal year 2021 is available at www.iehf.ca.

HIGHLIGHT: Community support buoys spirits at a trying time

The COVID-19 pandemic saw businesses and community members across Interlake-Eastern RHA come forward with donations that brought comfort and reflected the profound respect and care for health-care workers within the region. These many acts of generousity and kindness assured health-care staff they were not alone in their response to COVID-19.

Warm cups of coffee for staff working COVID-19 testing sites in winter, homemade masks and extenders to increase comfort, deliveries of N-95 masks when a public call for donations of personal protective equipment went out, discounts at businesses for health-care workers, signs with messages of thanks and encouragement in windows of homes and on cars in organized drive-by parades — these were just some of the many ways people reached out to say thanks to those who were at the front lines of the pandemic.

Interlake Eastern Health Foundation regularly recognized donors on social media and maintained a listing of donors that can be seen here https://is.gd/thankyouDonors. In the event that a donation was missed, please contact Pam McCallum, executive director of the foundation, at pmccallum@ierha.ca or (204) 785-7044.

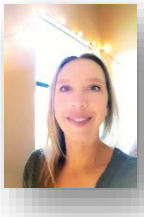
French Language Services

Since the adoption The Francophone Community Enhancement and Support Act[15] in 2016, we are legislated to report our capacity to provide French Language Services, how we integrate it into our policies, programs and services, as well as the other measures we take to enhance the vitality of the Francophone community. Below is the work accomplished in year three of our 2018-2023 French Language Services Plan.

FRENCH LANGUAGE SERVICES AT A GLANCE

Active Offer: 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. Active offer presentations for our management teams resumed this fall via Zoom, as well as on our Learning Management System for our staff. It is mandatory for staff working in our designated bilingual sites and positions; all other staff are encouraged to take the training.

[15] https://web2.gov.mb.ca/bills/41-1/b005e.php



I was working at one of the COVID vaccination pop-up clinics….It was rewarding to be able to offer services in their first language.

Caroline Le Clair, IERHA Registered Dietitian and Certified Chef
Community Health/Health Promotion; Stonewall Community Health Office;
IERHA French Language Learner – Café de Paris & Pimsleur

Policies: All of our French Language policies have been reviewed and are up to date.

Learning opportunities: As well as developing capacity to deliver French Language services, learning French also enhances the vitality of the Francophone community and culture. In 2020-2021, we introduced more opportunities and flexibility for staff to either learn or brush up on their French language skills!

- 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.
- *"Café de Paris"*[16] is an informal space in which to acquire or maintain basic French language skills. Participants met with a facilitator via Teams weekly for individual and/or group sessions.
- University of Saint Boniface online Introduction to French course took place in fall 2020.
- Pimsleur and Rocket French CDs
- Rosetta Stone
- We also have a resource page on StaffNet that lists entertainment suggestions for radio, television and podcasts, as well as websites, dictionaries, TED talks and apps to promote French culture and support those on their learning journey.

Self-directed learning options are ever evolving. Rosetta Stone is now available only online since we have purchased four licenses for two years as a pilot project. With this format, we will be better able to monitor students' progress. Rosetta Stone® Catalyst™ (Bronze) provides each authorized end user with online access to the language learning solution, which encompasses learning tools for multiple skill levels, learner placement and proficiency testing.

Recruitment and retention: We participated in our first virtual bilingual career fair with University of Ottawa. We plan to attend more upcoming virtual bilingual career fairs as the opportunities arise.

Partnerships:

1. **Official Languages Working Group-**: As part of this provincial working group, our mandate is to make recommendations to Shared Health to standardize language identity and preference questions to integrate into our electronic medical software. This is to address inconsistent methods of data collection that helps to identify and track Francophones and their utilization of health-care services. This year, we invited service providers and public to provide feedback about spoken language and preference questions. This data will be used to improve access to health services in both official languages.

[16] https://savoir-sante.ca/fr/outils/webinaires-de-formation/download/284/459/21?method=view

2. **Consortium national de formation en santé, Université de Saint-Boniface, IERHA Public Health & Manitoba Harm Reduction Network:** Two groups of third-year nursing students from the Université de St. Boniface undertook community health projects with our Public Health Harm Reduction program. One group worked in Eriksdale/Ashern and one group worked with the Powerview-Pine Falls/Sagkeeng team. Providing opportunities for bilingual nursing students to work and learn within the Interlake-Eastern RHA introduces them to our region, communities and staff and increases the likelihood of them wanting to come back to work for us in the future.

3. **Café de Paris** was developed in New Brunswick in 2013 as a fun, informal way for health-care workers to learn French. Santé en Français offered our region the opportunity to be the first RHA in Manitoba to host a pilot project of this popular initiative from February to April 2021. Using a scheduling tool and Teams, participants were able create their own learning schedules comprised of individual and/or group sessions with a trained French language facilitator.

> It was surprisingly enjoyable. It's good to be pushed out of my comfort zone!
> J Beaman, Public Health Nurse in St. Laurent;
> Café de Paris participant

Moving towards Year 4 of our 2018-2023 French Language Services Plan, our plan will focus on:

- Increasing our internal capacity to offer French language services
- Increasing and strengthening partnerships that attract bilingual employees
- Evaluating our present FLS learning opportunities and resources while continuing to develop/improve these in order to best support our employees
- Improving our methods of internal evaluation
- Inventorying and increasing translated resources
- Ongoing connections with Francophone community

INTERLAKE-EASTERN RHA STATISTICS ON DESIGNATED BILINGUAL POSITIONS FOR MARCH 31, 2021:	# of positions	Total FTE
Number of Designated Bilingual Positions	46	32.61
Number of Designated Bilingual Positions Filled with Bilingual Incumbents	12	9.95
Number of Designated Positions Filled with Non-Bilingual Incumbents	34	22.053
Number of Vacant Designated Positions	1	1.0
Number of Non-Designated Positions Filled with Bilingual Incumbents	88	64.78
Total Bilingual Capacity (Bilingual Incumbents in Designated and Non-Designated Positions) plus 34 casuals not captured in this total	100	74.73

Capital Planning

A new Emergency Medical Services station for Selkirk
As part of Manitoba's commitment to developing a flexible deployment model that ensures timely response to medical emergencies across the province, a new 7,500-square-foot emergency medical services station is being constructed in Selkirk. Located on a green-field site adjacent to the former Selkirk and District General hospital, this station includes a six-bay garage, offices, crew quarters and space for paramedic training.

The new EMS station will act as an operational home base for paramedics, who throughout their shift are repositioned using a globally recognized, flexible dispatch model that uses computer modelling and predictive deployment to ensure timely emergency response across the region. The new facility builds on the government's commitment to enact recommendations made in the 2013 EMS System Review.

The total investment in the new facility is $4.2 million. Construction of the facility is by Three Way Builders. The building should be operational in fall 2021.

Safety and Security Projects 2020-2021

- Arborg and Districts Health Centre: fire system sprinkler installation
- Eriksdale E.M. Crowe Memorial Hospital: fire system sprinkler installation
- Kin Place Personal Care Home, Oakbank: fire alarm system upgrades
- Teulon Hunter Memorial Hospital and Goodwin Lodge: fire system repairs
- Whitemouth Health Centre: roof repairs, replacements

The Regional Health Authorities Act – Accountability Provisions

Sections 22 and 51: 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 – Bill 34 (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law 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, 2020, to March 31, 2021, **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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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, 2021, 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, 2021.

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 24, 2021.

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 24, 2021

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

March 31	2021	2020
Financial Assets		
Cash and cash equivalents	$ 13,191,361	$ 9,105,746
Accounts receivable	7,780,124	7,603,412
Vacation entitlements receivable	4,919,518	4,919,518
Retirement obligations receivable	4,005,559	4,005,559
	29,896,562	25,634,235
Liabilities		
Accounts payable and accrued liabilities	18,957,783	15,141,417
Accrued vacation entitlements	10,047,438	9,728,990
Accrued retirement obligations	12,751,033	12,601,842
Sick leave liability	2,381,076	2,417,450
Long-term debt	184,430,188	181,871,402
Unearned revenue	3,998,481	3,272,998
	232,565,999	225,034,099
Net debt	(202,669,437)	(199,399,864)
Non Financial Assets		
Tangible capital assets	217,138,024	216,725,874
Inventories	1,148,159	1,161,119
Prepaid expenses	431,726	493,203
	218,717,909	218,380,196
Commitments and contingencies		
Accumulated surplus	$ 16,048,472	$ 18,980,332

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				2021	2020
	Budget	Operations	Capital	Total	Total
Revenue					
Province of Manitoba					
Manitoba Health and Seniors Care	$ 197,580,559	$ 198,363,117	$ 16,544,566	$ 214,907,683	$ 205,728,705
Other	11,728,752	11,623,617	-	11,623,617	2,252,316
Patient and resident income	13,890,927	13,325,854	-	13,325,854	13,986,156
Investment income	501,000	102,146	-	102,146	417,876
Other income	5,332,582	4,887,564	(12,265)	4,875,299	5,740,966
Recognition of unearned revenue	7,038	7,038	336,188	343,226	560,684
	229,040,858	228,309,336	16,868,489	245,177,825	228,686,703
Expenses					
Acute care	75,491,059	83,002,018	678,597	83,680,615	80,083,227
Amortization	12,401,340	-	12,498,322	12,498,322	12,329,936
Community health	21,635,302	20,407,483	56,336	20,463,819	19,831,107
Home-based care	33,649,033	31,572,771	-	31,572,771	33,180,580
Interest expense	5,123,973	-	6,062,603	6,062,603	4,912,723
Long-term care	48,503,535	53,104,560	493,890	53,598,450	50,528,422
Medical remuneration	16,104,291	15,160,147	-	15,160,147	15,368,817
Mental health services	9,387,275	8,602,347	-	8,602,347	8,934,384
Northern patient transportation	181,810	136,842	-	136,842	223,552
Regional undistributed expenses	12,271,384	16,481,034	10,898	16,491,932	11,545,225
	234,749,002	228,467,202	19,800,646	248,267,848	236,937,973
Annual deficit before non-insured services	(5,708,144)	(157,866)	(2,932,157)	(3,090,023)	(8,251,270)
Non-insured Services					
Ancillary income	483,436	448,440	2,547	450,987	496,666
Ancillary expenses	(386,240)	(290,574)	(2,250)	(292,824)	(411,428)
	97,196	157,866	297	158,163	85,238
Annual deficit	$ (5,610,948)	$ -	$ (2,931,860)	(2,931,860)	(8,166,032)
Accumulated surplus, beginning of year				18,980,332	27,146,364
Accumulated surplus, end of year				$ 16,048,472	$ 18,980,332

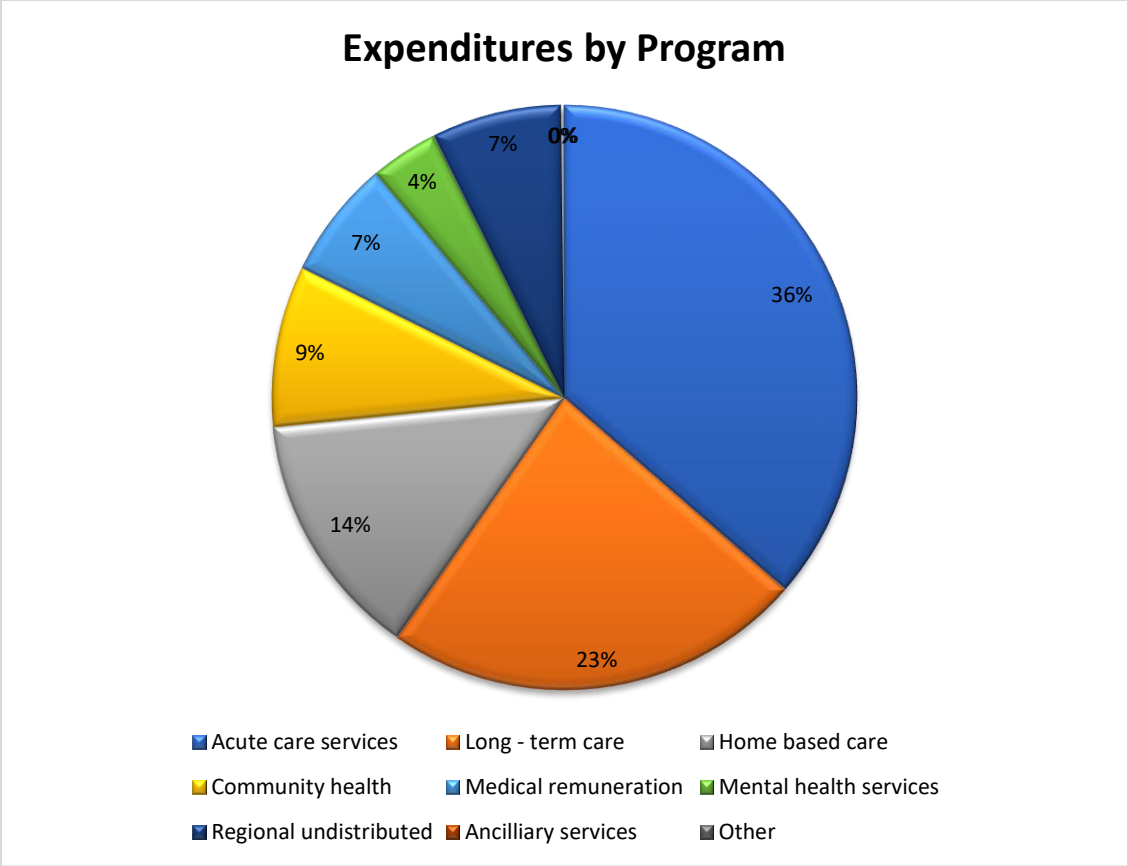
INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY
Note to Summary Consolidated Financial Statements

For the year ended March 31, 2021

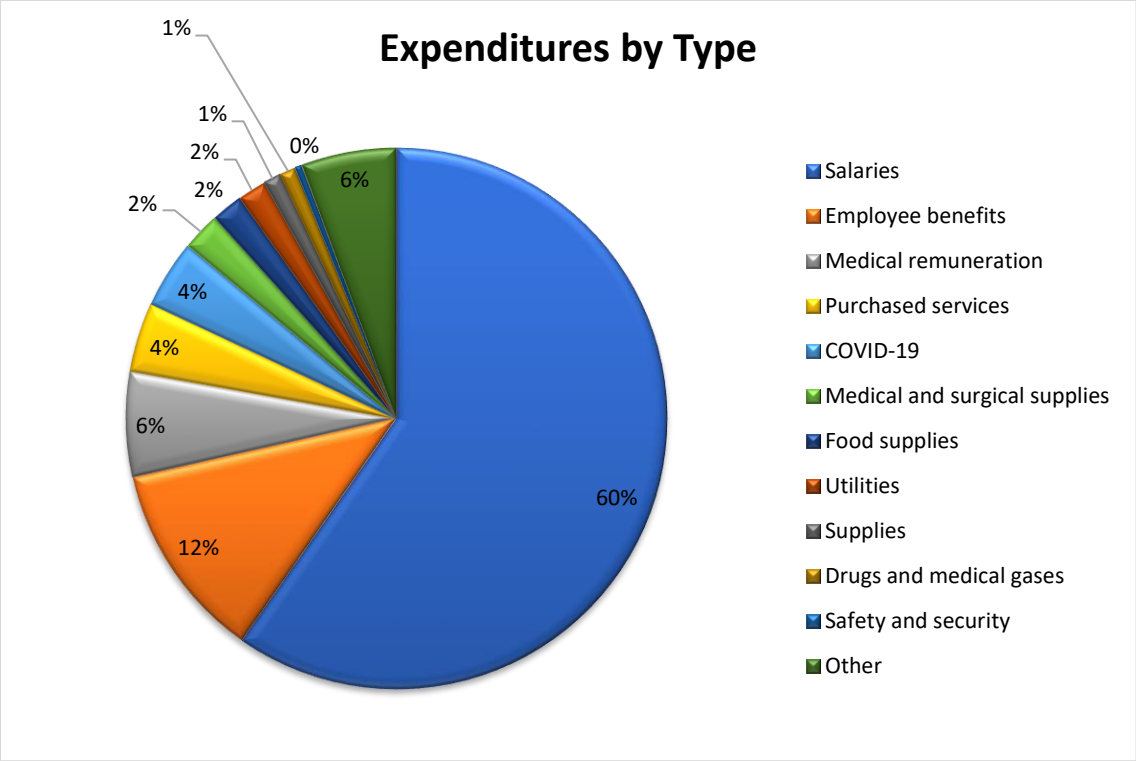
Basis of Presentation

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, 2021 and the Schedule of Compensation for the year ended December 31, 2020 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	2021	2020
Acute care services	83,680,615	80,083,227
Long - term care	53,598,450	50,528,422
Home based care	31,572,771	33,180,579
Community health	20,463,819	19,831,108
Medical remuneration	15,160,147	15,368,817
Mental health services	8,602,347	8,934,384
Regional undistributed	16,491,932	11,545,225
Ancilliary services	292,824	411,428
Other	136,842	223,552
Total expenditures before interest and amortization	**229,999,747**	**220,106,742**
Amortization of capital assets	12,498,322	12,329,936
Interest	6,062,603	4,912,723
Total expenditures	**248,560,672**	**237,349,401**



Expenditures by Type	2021	2020
Salaries	137,304,853	135,990,646
Employee benefits	27,125,727	27,188,639
Medical remuneration	14,490,124	15,008,482
Purchased services	9,523,107	9,783,471
COVID-19	9,328,749	196,276
Medical and surgical supplies	5,233,405	5,411,383
Food supplies	4,326,497	4,336,219
Utilities	3,927,092	3,648,614
Supplies	2,478,933	2,669,214
Drugs and medical gases	2,220,283	2,181,270
Safety and security	939,252	1,752,286
Other	13,099,474	11,937,506
Total expenditures before interest and amortization	**$229,997,496**	**$220,104,005**
Amortization of capital assets	$ 12,499,113	$ 12,330,726
Interest	6,064,063	4,914,670
Total expenditures	$248,560,672	**$237,349,401**

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 RHA 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 and 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*

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 Santè-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**

2019/20

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.34%	0.59%	2.28%	**6.21%**
Northern Regional Health Authority	3.85%	0.75%	1.09%	**5.69%**
Prairie Mountain Health	2.42%	0.35%	1.14%	**3.91%**
Southern Health Santè-Sud	3.07%	0.27%	1.09%	**4.43%**
CancerCare Manitoba	1.81%	0.56%	0.74%	**3.11%**
Winnipeg Regional Health Authority	2.84%	0.60%	1.12%	**4.56%**
Shared Health	2.44%	0.31%	0.44%	**3.19%**
Provincial - Percent	**2.74%**	**0.48%**	**0.99%**	**4.21%**
Provincial - Totals	**$ 142,456,475**	**$ 24,825,243**	**$ 51,169,197**	**$ 218,450,915**

* Source: Shared Health

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-21 $	%	Mar-20 $	%
Corporate	7,625,129	3.12%	7,878,227	3.34%
Patient care related costs	1,418,085	0.58%	1,383,143	0.59%
Recruitment/Human Resources related costs	5,161,886	2.11%	5,366,068	2.28%
TOTAL Administrative costs	14,205,100	5.81%	14,627,438	6.21%

Regional Statistics

Emergency Department Visits by Triage Level

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

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

Number of Outpatients*

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

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

Number of babies born at Selkirk Regional Health Centre

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

Hospitals

Arborg & District Health Centre
234 Gislason Drive
204-376-5247

Ashern-Lakeshore General Hospital
1 Steenson Avenue
204-768-2461

Beausejour Hospital
151First Street South
204-268-1076

Eriksdale-E.M. Crowe Memorial Hospital
40 Railway Avenue
204-739-2611

Gimli-Johnson Memorial Hospital
120-6th Avenue
204-642-5116

Pinawa Hospital
30 Vanier Drive
204-753-2334

Pine Falls Hospital
37 Maple Street
204-367-4441

Selkirk Regional Health Centre
120 Easton Drive
204-482-5800

Stonewall & District Health Centre
589-3rd Avenue South
204-467-5514

Teulon-Hunter Memorial Hospital
162-3rd Avenue SE
204-886-2433

Community Health Offices

Arborg
317 River Road
204-376-5559

Ashern
1 Steenson Avenue
204-768-2585

Beausejour
151 First Street South
204-268-4966

Beausejour-HEW Primary Health Care Centre
31-First Street South
204-268-2288

Eriksdale
35 Railway Avenue
204-739-2777

Fisher Branch
7 Chalet Drive
204-372-8859

Gimli
120-6th Avenue
204-642-4587

Lac du Bonnet
89 McIntosh Street
204-345-8647

Lundar
97-1st Street South
204-762-5469

Oakbank
689 Main Street
204-444-2227

Pinawa
30 Vanier Drive
204-753-2334

Pine Falls
37 Maple Street
204-367-4441

Riverton
68 Main Street
204-378-2460

Selkirk
237 Manitoba Avenue
204-785-4891

St. Laurent
51 Parish Lane
204-646-2504

Stonewall
589-3rd Avenue South
204-467-4400

Teulon
162-3rd Avenue SE
204-886-4068

Whitemouth
75 Hospital Street
204-348-7191

Personal Care Homes

Arborg PCH
233 St. Phillips Drive
204-376-5226

Ashern PCH
1 Steenson Avenue
204-768-5216

Beausejour-East-Gate Lodge
646 James Avenue
204-268-1029

Eriksdale PCH
40 Railway Avenue
204-739-4416

Fisher Branch PCH
7 Chalet Drive
204-372-8703

Gimli-Betel PCH
96-1st Avenue
204-642-5556

Lac du Bonnet PCH
75 McIntosh Street
204-345-1222

Lundar PCH
97-1st Street South
204-762-5663

Oakbank-Kin Place PCH
680 Pine Drive
204-444-2004

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

Selkirk-Betel PCH
212 Manchester
204-482-5469

Selkirk-Red River Place
133 Manchester Avenue
204-482-3036

Selkirk-Tudor House
800 Manitoba Avenue
204-482-6601

Stonewall-Rosewood Lodge PCH
513-1st Avenue North
204-467-5257

Teulon-Goodwin Lodge PCH
162-3rd Avenue SE
204-886-2108

Whitemouth District Health Centre PCH
75 Hospital Street
204-348-7191

Compliments, Concerns & Questions
Call us at 1-855-999-4742 to share your compliments and concerns. You can also communicate with us online at www.ierha.ca, click on “About us” and “Compliments & Concerns”.

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

Veuillez vous addresser à la Office régional de la santé d’Entre-les-Lacs et de l’Est :
Siège social 233A rue main, Selkirk Manitoba R1A 1S1 sans frais: 1.855.347.8500
courriel: info@ierha.ca site web: www.ierha.ca

Interlake-Eastern
Regional Health Authority

Corporate Office 233A Main Street, Selkirk, Manitoba R1A 1S1
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