



# Interlake–Eastern Regional Health Authority

**Board of Directors Meeting**  
**Thursday, March 26, 2026**  
**Selkirk United Church – 202 McLean Ave., Selkirk, MB**  
**Meeting Number 10.2026.03.26**

## MINUTES

**Present:** Michele Polinuk; Chair  
Arnthor Jonasson  
Dana Erickson  
Jacqueline Romanow (*virtual*)  
Penny-Anne Wainwright  
Cyndi Typliski; Vice-Chair  
Clarissa Seymour  
Debbie Fiebelkorn  
Lorraine Sigurdson (*virtual*)

**Regrets:**

**Absent:**

**RHA Staff:** Marion Ellis, Chief Executive Officer  
Lorianne Kowaliszyn, Vice President, Corporate Service and Chief Financial Officer  
Julene Sawatzky, Vice President, Human Resources (*virtual*)  
Corrie Cole, Executive Assistant (Recorder)

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### 1. Call to Order

M. Polinuk, Chair called the meeting to order at 2:05 p.m.

### 2. Welcome

M. Polinuk, Chair welcomed everyone to the meeting.

### 3. Treaty Land Acknowledgement

C. Typliski addressed the Treaty Land Acknowledgment.

“Interlake-Eastern Regional Health Authority delivers services on First Nation Treaty Territories 1, 2, 3 and 5 and on the homeland of the Red River Métis Nation. We respect that First Nations treaties were made on these territories, acknowledge past and current day harms and wrongs.

The Interlake-Eastern RHA also acknowledges its responsibility under the treaties to commit to actions. This includes actions in: addressing jurisdictional discrimination and systemic racism, growing cultural competency capacity, implementing an antiracism action plan, addressing health equity gaps, increasing the number of Indigenous employees, building Indigenous patient advocacy services, and increasing access to traditional healing.

The Interlake-Eastern RHA offers an accountability promise to report annually on its reconciliation journey actions and outcomes.”

#### 4. Adoption of Agenda

The Board reviewed the agenda and there were no additions brought forward.

**Moved by A. Jonasson, seconded by D. Fiebelkorn**

**BE IT RESOLVED THAT:**

**The agenda be adopted as presented.**

**MOTION CARRIED: 10.2026.03.4.0**

#### 5. Attendance

M. Polinuk provided roll call.

L. Sigurdson and J. Romanow joined virtually.

All other Board of Directors attended in person at the Selkirk United Church.

**Moved by L. Sigurdson, seconded C. Typliski**

**BE IT RESOLVED THAT:**

**All other Board of Directors are in attendance virtually and in person at the March 26, 2026, meeting.**

**MOTION CARRIED: 10.2026.03.5.0**

#### 6. Adoption of previous Board minutes (February 26, 2026)

The February 26, 2026, Board of Directors minutes were reviewed.

**Moved by D. Erickson, seconded by A. Jonasson**

**BE IT RESOLVED THAT:**

**The minutes from January 22, 2026, Board meeting be adopted as amended.**

**MOTION CARRIED: 10.2026.03.6.1**

#### 7. Business Arising – None

#### 8. New Business

##### 8.1 Tobacco Offering Education

M. Polinuk, Board Chair welcomed IERHA Indigenous Health's Jamie Boyer, Regional Manager, and Elders, Cara Widrick and Nelson Chaske.

Jamie Boyer, Regional Manager, Indigenous Health, introduced Elders Cara Widrick and Nelson Cheske to share teachings on the sacred role of tobacco within Indigenous cultures.

The Board was honoured to welcome Elders Cara and Nelson to receive their teachings on Indigenous perspectives regarding the sacred use of tobacco and the practice of tobacco offerings.

The Elders emphasized that teachings may vary by Nation and by Elder, but shared foundational understandings grounded in creation, respect for life, and accountability to the Creator.

The Elders shared that tobacco is known as the First Medicine, gifted by the Creator at the time of creation. It is used to give thanks, seek guidance, honour life taken for sustenance, and make spiritual commitments. Tobacco offerings acknowledge humanity's dependence on Mother Earth, water, animals, plants, and the universe, and reflect accountability to all life.

Traditional tobacco blends were described as the original form of tobacco, with Elders explaining that colonization and displacement led to the use of commercial tobacco due to restricted access to land and traditional harvesting practices. Despite these adaptations, the spiritual significance of tobacco remains central.

The Elders emphasized that when tobacco is accepted, it represents a commitment witnessed by the Creator. A person accepting tobacco is expected to act with honesty, humility, and integrity and to fulfil the request associated with the offering, or to help identify someone who can. Tobacco is not taken lightly, as one's word is considered binding.

Teachings referenced treaty-making, where tobacco was present to affirm agreements based on caring for and sharing the land in good faith, kindness, and honesty. Elders reflected that these original intentions were witnessed by the Creator and continue to carry responsibility today.

The Elders explained the sacred pipe and its symbolism, noting that it embodies the Four Elements, which are reflected both in ceremony and in human beings:

- Earth represents our physical bodies, strength, and foundation. In the pipe, the bowl—often made from stone—symbolizes Mother Earth and enduring faith, reminding us that life is supported by what came before us and will continue after us.
- Water represents the lifeblood that sustains all living beings. As water flows through the land and through us, it teaches connection, responsibility, and care for one another.
- Fire represents spirit, purpose, and life force. In ceremony, fire activates the tobacco, carrying prayers forward and symbolizing transformation and intention.
- Air represents breath and life itself. The smoke from the pipe rises into the sky world, symbolizing prayers being carried to the Creator. Elders explained that the tobacco smoke is not inhaled, as humans do not answer the prayers—only the Creator does.

When the pipe is brought together, the joining of the bowl and stem represents sacred balance and relationship—between earth and sky, masculine and feminine, and spirit and physical life. As tobacco is offered, the four directions and all of creation are called upon as witnesses, affirming humanity's deep interconnectedness and dependence on the natural world. The tobacco smoke is not inhaled, as humans do not answer the prayers; rather, the prayers are released and carried to the Creator.

The Elders spoke to the impacts of colonization, noting how traditional medicines, practices, and ways of relating have been altered. Tobacco was described as symbolic of Indigenous peoples' experiences—changed and disrupted, yet still rooted in resilience and adaptation.

They emphasized that Indigenous culture is not a religion, but a way of living grounded in kindness, compassion, humility, balance, and relationship. Elders encouraged reflection on how current systems, including the medical model, may inadequately serve Indigenous peoples, and highlighted the importance of listening, relational approaches, and internal self-reflection in healing and leadership.

Board members asked questions regarding tobacco protocol and ceremonial pipe use. Elders responded by reinforcing the importance of intention, respect, accountability, and learning through respectful inquiry.

Teachings included explanations of why tobacco is offered from the left hand, closest to the heart.

Board members expressed appreciation for the teachings and acknowledged their value in broadening understanding, perspective, and cultural humility. On behalf of the Board, a tobacco offering was formally presented to the Elders in gratitude for their knowledge-sharing and guidance.

J. Boyer, Elders C. Widrick and N. Chaske left the meeting at 1:50 p.m.

## **8.2 2026/2027 Accountability Agreement**

L. Kowaliszyn, Chief Financial Officer presented the 2026–2027 Accountability Agreements between Interlake-Eastern Regional Health Authority (IERHA) and the Minister of Health, Seniors and Long-Term Care (HSLTC), entered into under The Health Services Governance and Accountability Act. It was noted that IERHA originally entered into the overarching accountability agreement in 2022/23, and that there are no changes to the main agreement from 2025/26 to 2026/27.

Lorianne advised that quarterly Board monitoring of compliance with the Accountability Agreement was implemented in response to Manitoba Health fiscal management audit findings, effective January 2026. The Board workplan includes a quarterly standing item to monitor compliance going forward.

The materials presented represent the final schedules for the 2026/27 fiscal year. The annual schedules have been updated to reflect operations and expectations as of April 1, 2026, to the best of the department's knowledge at the time of preparation.

It was advised that the department requested IERHA to review and validate the schedules for accuracy and completeness. No errors or omissions were identified, and no changes to the mission, vision, or values were proposed. Given that no revisions were required, the agreements proceeded directly to Board approval, consistent with departmental direction.

Discussion also highlighted the extensive reporting requirements associated with the agreements, including ongoing financial and ad hoc reporting. Management noted that reporting compliance is closely monitored, though feedback from Manitoba Health is inconsistent and varies by reporting area.

The Accountability Agreement are available in Diligent under Board resource centre.

The purpose of bringing the two agreements forward was for Board review and approval, authorizing the Board Chair to sign on behalf of the organization. A Board motion was therefore requested.

**Moved by C. Typliski, seconded by D. Fiebelkorn**

**BE IT RESOLVED THAT:**

**The Board of Directors has reviewed and approves the 2026/27 Accountability Agreements, to be signed by the Board Chair, Michele Polinuk and to be submitted to Manitoba Health, Seniors and Long-Term Care for the April 1, 2026, submission deadline, as presented.**

**MOTION CARRIED: 10.2026.03.8.2**

## 9. Chair's Report

The Board Chair reviewed the upcoming April 2026 inaugural Board meeting, noting that it follows fiscal year-end on March 31 and includes confirmation of committee memberships, officer roles, and committee chairs, in accordance with Board policy.

It was noted that the Board Chair and Vice-Chair are ministerial appointments, while other roles including Finance Chair, Secretary (Education, Policy and Planning Chair), and committee memberships are elected/appointed by the Board.

The current committee structure and virtual meeting format were reviewed, and members were encouraged to consider participation, particularly for the Finance, Audit, and Education, Policy and Planning Committees.

It was also noted that the Board's approach to the Indigenous Health Advisory function has evolved from a formal committee structure to a gathering-based approach focused on listening, relationship-building, and dialogue.

Further information on committee roles and responsibilities is available in Diligent under the Board resources centre and the Inaugural April 2026 meeting package, and members were invited to speak with the Board Chair, Vice-Chair, or staff support with questions.

## 10. Chief Executive Officer Report

The March 2026 CEO Report was distributed and reviewed for information.

M. Ellis, CEO, provided an executive summary overview to the Board on progress around the current provincial initiatives; accountability and oversight initiatives, local community engagement and operational table updates; and operational program updates aligned with the purpose, vision, values and strategic priorities of our organization's strategic plan. Key highlights include:

- A letter from Manitoba Health was received outlining new governance and oversight expectations, including requirements for timely submission of Board and committee agendas, minutes, and supporting materials. Management confirmed plans are in place to meet submission deadline requests.
- The CEO and a member of Senior Leadership participated in a Performance and Accountability Meeting with Manitoba Health, Seniors and Long-Term Care. The meeting reviewed IERHA operational performance, with a focus on Emergency Department pressures at Selkirk Regional Health Centre and system-wide impacts.
  - Key performance indicators were reviewed, including ED wait times, patient flow, EMS offload delays, workforce capacity, overtime, and Home Care service cancellations. Contributing factors and recent utilization data were discussed, and a targeted action plan to improve ED performance, EMS offload times, mental health supports, and discharge processes was outlined.
- The CEO and Chief Medical Officer attended the Doctors Manitoba Board of Directors meeting as part of the Board's standing Partner Report agenda item. Discussion focused on strengthening physician engagement through proactive, situational, and issue-based approaches, including early input into planning and priorities, engagement prior to changes affecting physician practice, and timely communication during urgent issues. Doctors Manitoba highlighted opportunities to support

additional pathways for proactive communication with physicians, informed by recent survey feedback. The session was interactive and emphasized improving processes, systems, and responsiveness to better support physician practice environments and patient care.

- Patient flow, as defined by Accreditation Canada, focuses on the timely and efficient movement of patients through the health care system to reduce Emergency Department overcrowding and improve quality and safety of care. Provincial Patient Flow in Manitoba, works in partnership with designated regional patient flow teams, including IERHA, to coordinate access to the right level of care, in the right place, at the right time. This includes real-time monitoring of system pressures, bed capacity, and patient volumes, supported by structured daily, weekly, and bi-weekly coordination forums. These collaborative processes support admissions, transfers, repatriations, and complex discharge planning, including Alternative Level of Care (ALC) management. The overall objective is to optimize resource utilization, reduce delays, and improve system-wide efficiency and patient outcomes across Manitoba. Information was provided on our regional capacity pressures, seasonal surges, and ongoing work to improve access, patient flow, and discharge planning across sites.
- A significant milestone was achieved with the successful delivery of a ready-to-move staff housing unit for the Berens River Dialysis Unit, received on site by Berens River Council member Steve Berens. The delivery required transport over an ice crossing within a limited seasonal window, making its completion a notable achievement. The unit is scheduled for installation on its permanent foundation in June, with final preparations underway and occupancy anticipated in late summer.
- Progress was noted on staffing strategies, including recruitment and support for internationally educated nurses and allied health professionals to strengthen frontline capacity.
- Continued community engagement activities, regional health discussions, and collaboration with municipal and Indigenous leadership to support health services planning and local needs.

Opportunity for questions was provided.

## **11. Committee Reports**

### **11.1 Finance Committee (of the Whole)**

The February 25, 2026, Finance Committee minutes were approved by the Board at the March 26, 2026, Finance Committee (of the Whole) meeting.

Financial statements for the period ending January 31, 2025, were reviewed and accepted at the March 26, 2026, Finance Committee (of the Whole) meeting.

### **11.2 Audit Committee**

No report. Next meeting is scheduled for March 26, 2026.

### **11.3 Quality and Patient Safety Committee (of the Whole)**

The November 27, 2025, Quality and Patient Safety Committee (of the Whole) minutes were approved by the Board at the February 26, 2026, Quality and Patient Safety Committee (of the Whole) meeting.

## 11.4 Education, Policy and Planning Committee

### 11.4.1 Approved Education, Policy and Planning Committee (January 15, 2026)

Included for information, the January 15, 2026, Education, Policy and Planning minutes were approved by the Education, Policy and Planning Committee at the March 19, 2026, meeting.

### 11.4.2 Policy Review

A. Jonasson noted that in line with the Education, Policy and Planning annual work plan the Committee reviewed the following policies at the March 19, 2026, meeting:

- GP. 22 – Recognitions
- GP. 24 – Ethical Decision Making Framework
- GP. 25 – Board Code of Conduct

The Education, Policy and Planning Committee reviewed the recommended changes to the GP. 25 – Board Code of Conduct policy with the Board and ask that the Board adopt as presented. There are no proposed changes to GP. 22 – Recognitions and GP. 24 – Ethical Decision Making Framework.

Opportunity for questions and for any additional amendments was provided.

**Moved by C. Typliski, seconded by A. Jonasson**

**BE IT RESOLVED THAT:**

**The Board of Directors approves the recommended changes to the GP. 25 – Board Code of Conduct policy, as presented.**

**MOTION CARRIED: 10.2026.03.11.4.2**

### 11.4.3 Board Skill, Knowledge and Training Evaluation

C. Cole review with the Board the results of the Board Skills, Knowledge and Training Matrix (February 2026), based on directors' self-assessments.

The aggregated analysis confirmed strong collective capacity in governance, leadership, communication, finance, risk oversight, and health system knowledge, with additional strengths in human resources, culture and equity, and Indigenous engagement.

The review also identified priority areas for continued Board development, including digital governance, cybersecurity oversight, artificial intelligence literacy, and deeper Indigenous cultural competency.

The results will help inform future Board education, training priorities, and succession planning to support effective governance and system accountability.

The results will be posted in Diligent under the Board resource centre.

Opportunity for questions was provided.

## 12. Liaison Reports

## 12.1 Ethics

No report.

## 12.2 Interlake Eastern Health Foundation

D. Fiebelkorn provided a brief update on the Interlake-Eastern Health Foundation. It was noted that the Foundation met the previous week and reviewed quarterly financial statements, policy updates, and the strategic planning process for 2027–2030.

In addition, Debbie highlighted that the 2025 Holiday Campaign generated approximately \$49,000 from 60 donations.

The Board noted the positive impact of Foundation fundraising on site-level equipment and facility needs.

The Foundation is not scheduled to meet again for the next three months.

## 13. For Information - None

## 14. Next Meeting

- Thursday, April 23, 2026
    - Inaugural Meeting @ 11:00 a.m.
    - Finance Committee (of the Whole) Meeting @ 12:15 p.m.
    - Regular Board Meeting @ 1:30 p.m.
- Selkirk United Church – 202 McLean Ave., Selkirk, MB

## 15. In Camera

L. Kowaliszyn, J. Sawatzky and C. Cole left the meeting at 4:21 p.m.

The Board Chair called for motion to go in camera.

**Moved by P.A. Wainwright, seconded by A. Jonasson**

**BE IT RESOLVED THAT:**

**The meeting moved “in camera” at 4:22 p.m.**

**MOTION CARRIED: 10.2026.03.15A**

Then Board Chair called for a motion to come out of camera.

**Moved by D. Erikson, seconded by C. Seymour**

**BE IT RESOLVED THAT:**

**The meeting moved “out of camera” at 4:38 p.m.**

**MOTION CARRIED: 10.2026.03.15B**

## 16. Adjournment

Moved by A. Jonasson, the meeting be adjourned at 4:38 p.m.