

WELCOME

2022 Annual Review Strategic Plan

Please ensure your camera is off and
your mic is muted



Interlake-Eastern
Regional Health Authority

Opening Remarks



Glen West
Board Chair



Interlake-Eastern
Regional Health Authority

Opening Prayer



Robert Maytwayashing
Indigenous Human Resources
Development Officer



Interlake-Eastern
Regional Health Authority

Traditional Lands Acknowledgement



Judith Cameron

Director, IERHA board,
Board secretary & Co-chair
Indigenous Health Advisory
Committee



Interlake-Eastern
Regional Health Authority

Traditional Lands Acknowledgement

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



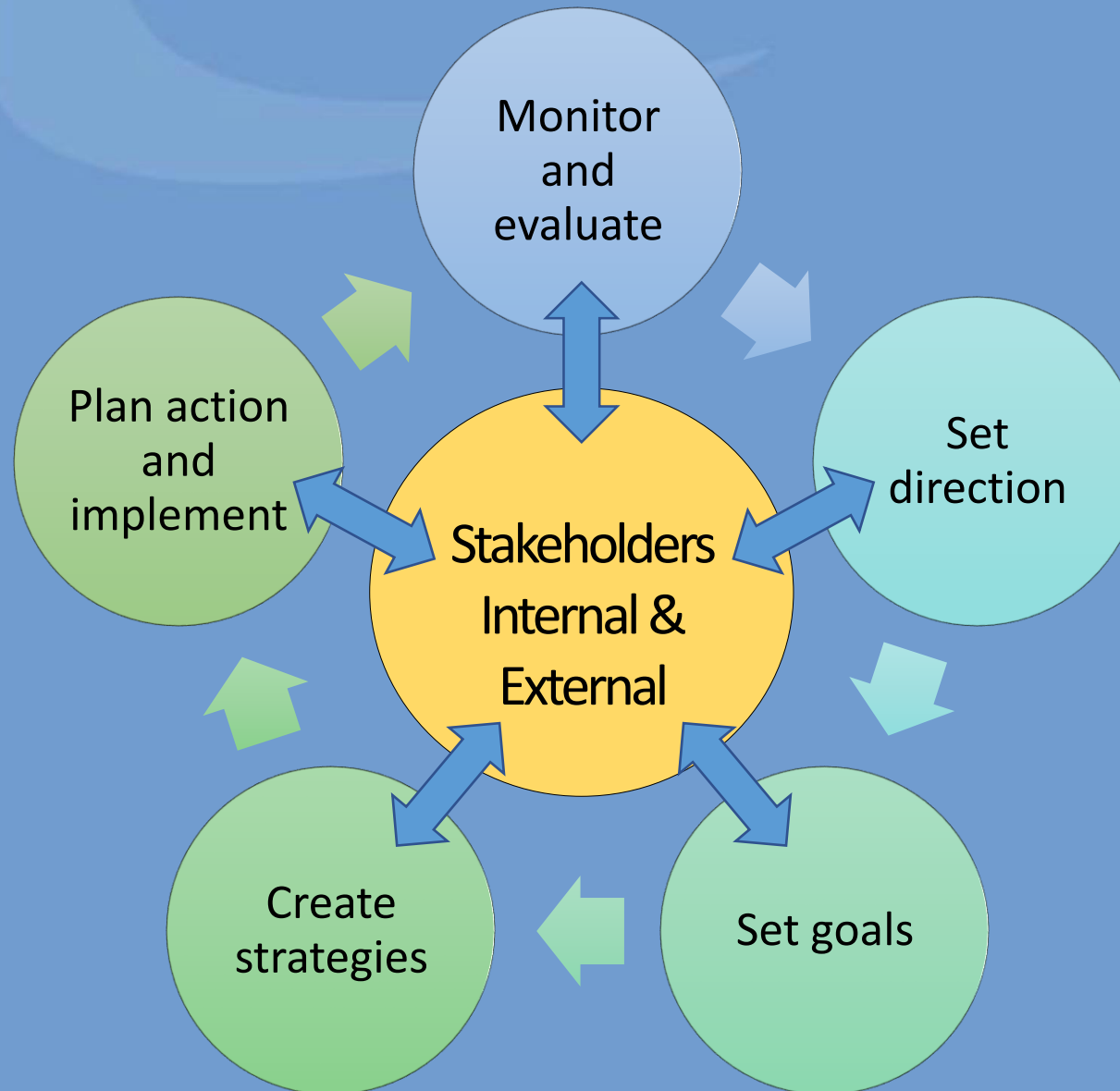
Interlake-Eastern
Regional Health Authority

Today's agenda

- Opening Remarks/Review of Agenda
- IERHA Strategy in Context of Current Environment
- Provincial context
 - Provincial & Regional Indigenous Collaboration - Charlene Lafreniere & Paul Barnard
 - Provincial Public Health – Dr. Brent Roussin & Dr. Tim Hilderman
 - Shared Health Diagnostics – Dr. AbdulRazaq Sokoro
 - Shared Health Emergency Response Services – Dr. Rob Grierson
 - Rural Physician Workforce Update – Dr. Charles Penner
- Strategic Steering Committee Updates
- Clinical and Preventive Services Plan Progress Report
- Evaluation and feedback
- Closing Comments



Our Strategic Planning Process



Interlake-Eastern Regional Health Authority

Strategic Plan 2021-2028

Priorities for the Development of a
Regional and Provincial Health-Care System



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Regional Health Authority



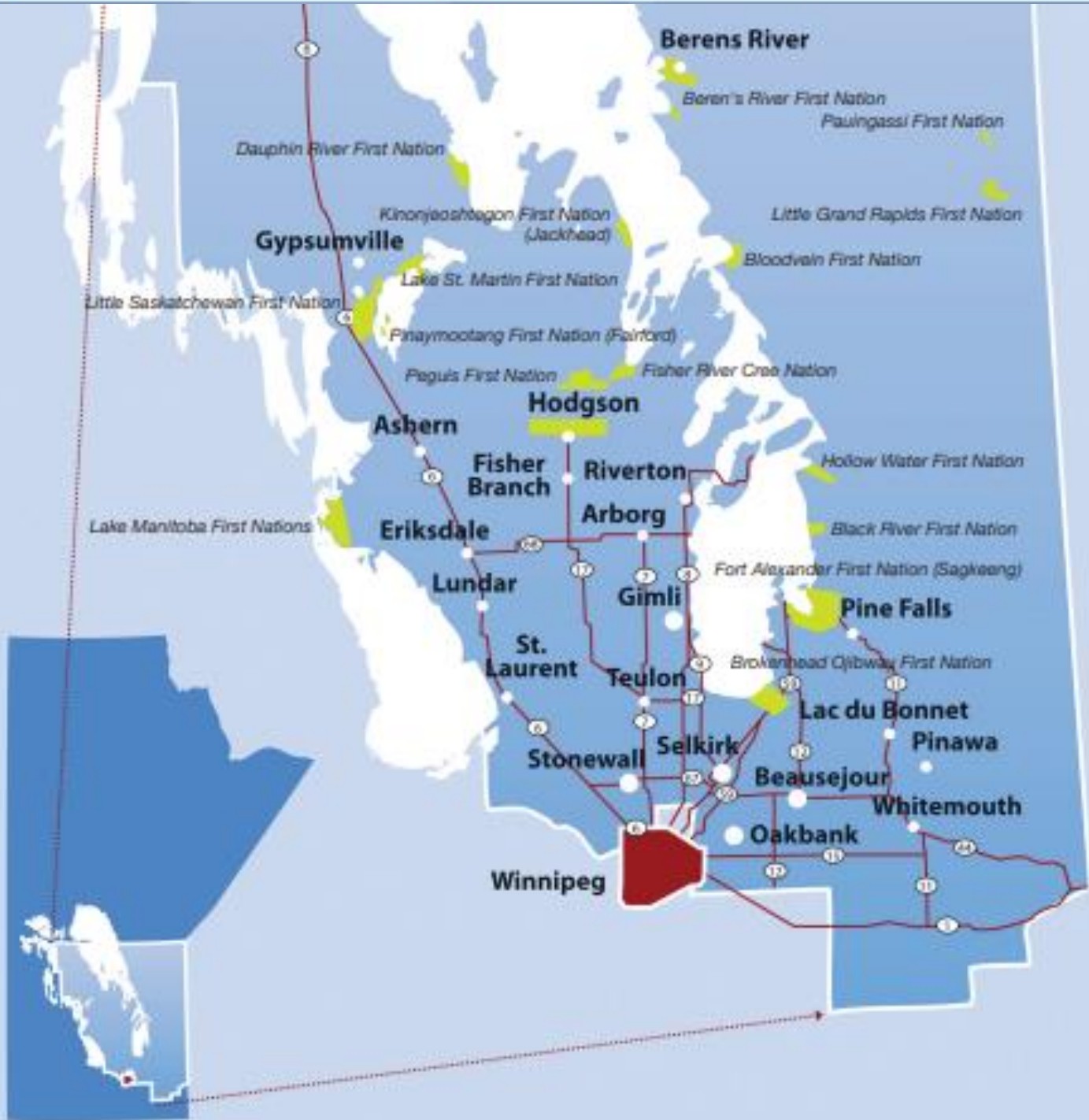
To view the plan
visit: www.ierha.ca
> click on “View our
Strategic Plan”



To view our recent annual report, visit: www.ierha.ca > click on “About us” and “Publications and Reports”



Interlake-Eastern
Regional Health Authority



Who are we as a region

- Roughly 10% of Manitoba's population and geography - 135,000 residents (as of 2021)
- Higher percentage of people aged 50+ than provincial average
- 17 First Nation communities, 27% of region's population self-identify as Indigenous
- Influx of population to the region over the summer



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Strategy in Context of Environment

May 2021 :

- Access to primary health-care close to home
- Wait times for specialty services
- Reliability of health-care services including access to urgent and emergency care
- Access to mental health services
- Culturally appropriate care and inequities of health status
- Efficient care coordination

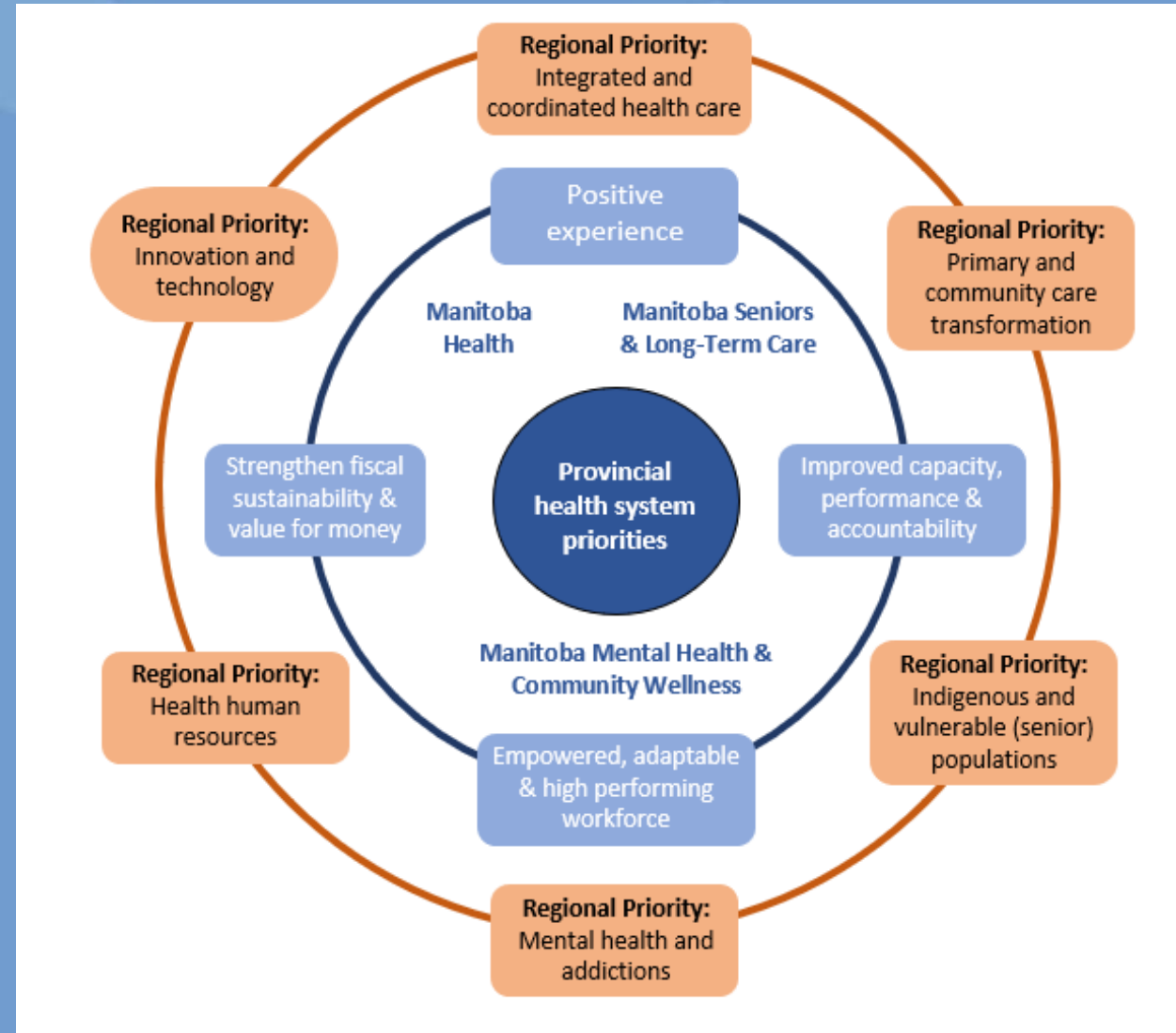
Arising priorities:

- Global shortage of health workers
- Looming recession/inflation
- Supply chain challenges
- Long-term/chronic health conditions
- Growing health inequalities



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Strategic alignment



Provincial Perspectives



Regional Indigenous Collaboration



Paul Barnard

Director Health Services
Regional Indigenous Health
Partnerships



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Interlake Eastern RHA - Draft Truth and Reconciliation Plan

A Journey from Reflection
to the start of “ReconciliACTIONS”

A Starting Place ...



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94 Calls to Action - From 'Talk to Walk' ...

Indigenous Partner Voice on Health Calls to Action 18-24:

“The Calls to Action are from 2015 (7 years is a long time).”

It is 2022 – it is time to take action.”



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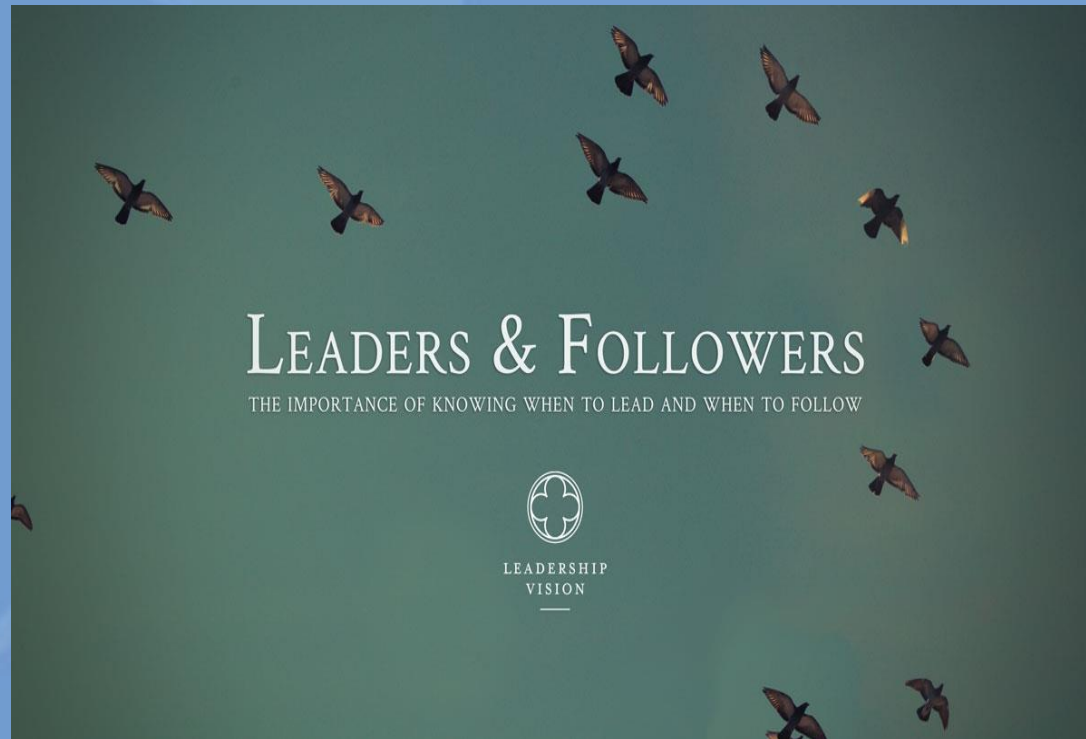
NCTR guidance on “ReconciliACTION”



Six Actions of ReconciliACTION

- Learn** the history between Indigenous and non-Indigenous peoples
- Understand** the history and legacy of residential schools
- Explore** the unique intersections we have between treaty, constitutional, Indigenous, and human rights we have in Canada
- Recognize** the rich contributions that Indigenous peoples have made to Canada
- Take action** to address historical injustices and present-day wrongs
- Teach** others

One Lesson for IERHA: Knowing When to Follow ... (and the art of listening). The Journey Continues



Grateful for the leadership and guidance of indigenous partners – some examples:

- Community Health Directors and Community Teams
- Tribal Council Health Directors and Teams
- Giigewigamig FNHA Elders Council and Team
- Ongomiizwin Health Services

Truth & Reconciliation - IERHA Commitments

Call to Action 19: *“... in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends ... and the availability of appropriate health services.”*

- Ashern/Hodgson indigenous My Health Team Partnership
- Partnering with community on primary care outreach clinics on-reserve
- Shared Electronic Medical Records (EMR) partnerships
- Starting community engagement on cancer screening ‘closer to home’
- Starting partnership engagement on access to psychiatry for community health teams

Call to Action 21 — *“... to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools ...”*

- Giigewigamig Traditional Healing Centre – partnership with Giigewigamig First Nation Health Authority (GFNHA)
- Traditional Healer addition to clinical team for Ashern withdrawal management service proposal
- Traditional healer federal funding submission proposal partnership for Ashern Hospital with Pinaymootang FN
- Elder in residence partnership with GFNHA in Pine Falls Hospital offering pathways to traditional healing
- Region-wide access to smudging in hospital protocol in development



Truth & Reconciliation - IERHA Commitments

Call to Action 22: *"... Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients."*

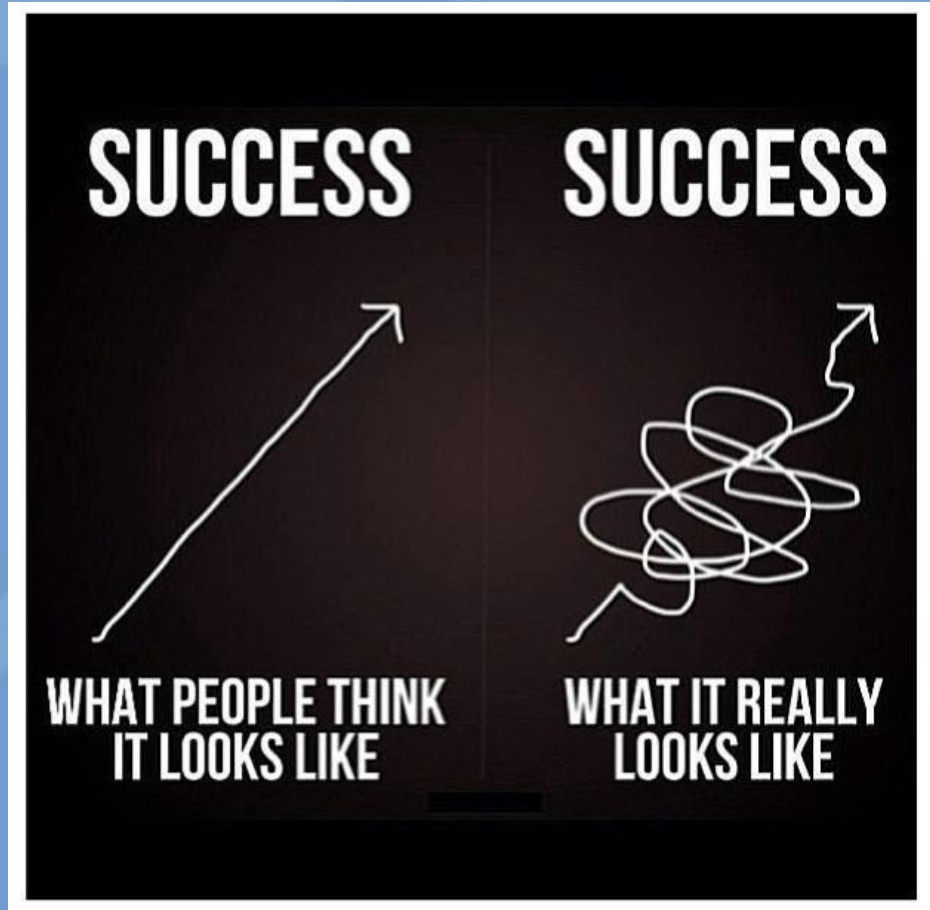
- Designated smudging space in Pine Falls Health Complex
- Designated smudging space in new Ashern Hospital Capital Project
- Commit to working with partners to finding a discharge planning process that works for community and one that is open to traditional healing in care planning continuum

Call to Action 23: *"... all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all health-care professionals"*

- Development of Draft Indigenous Recruitment Framework and Action Plans
- Launch of "Disrupting Racism" survey, engagement and education plan
- IERHA commitment for ALL leaders having completed indigenous cultural awareness training



A Final Experiential Thought on Truth and Reconciliation in the Health Care system



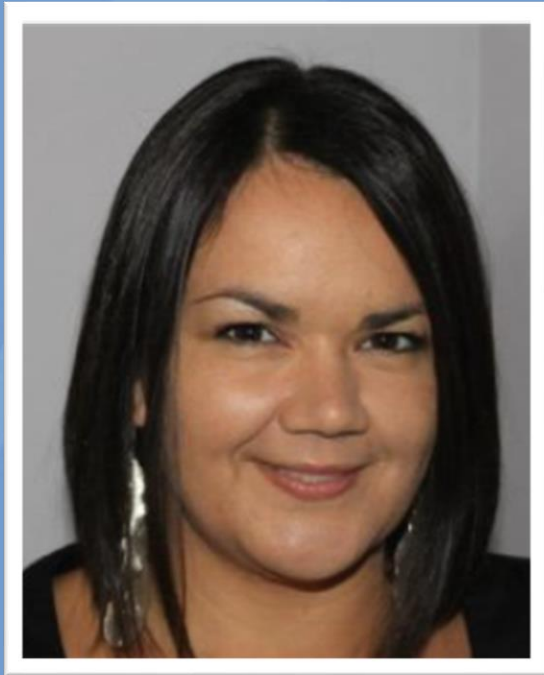
In today's health care system, 'champions' and 'allies' can sometimes ride the ups and downs of support/push-back

But for sustained long term success – working together towards a 'decolonized system approach' where health equity is incorporated into regular service planning, delivery and monitoring would be valuable



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Provincial Indigenous Collaboration



Charlene Lafreniere

Chief Indigenous Health Officer
Northern Health Region and
Transformation Management
Office



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Thank you, Paul and Charlene.

Questions?



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Provincial Public Health Overview



Dr. Brent Roussin
Chief Provincial
Public Health Officer



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Thank you, Dr. Roussin

Questions?



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Provincial Public Health Priorities

IERHA Strategic Planning Day

November 10, 2022

Brent Roussin, CPPHO

Overview

- ▶ Sexually Transmitted and Bloodborne Infections
- ▶ Substance Related Harms
- ▶ Surveillance
- ▶ Performance Indicators
- ▶ Clinical Preventive Services Plan

STBBI

- ▶ HIV
- ▶ Syphilis
- ▶ Dashboard
- ▶ Performance Indicators
- ▶ Surveillance Form/ Tariff
- ▶ Geomapping
- ▶ CD Techs
- ▶ All of Government Approach

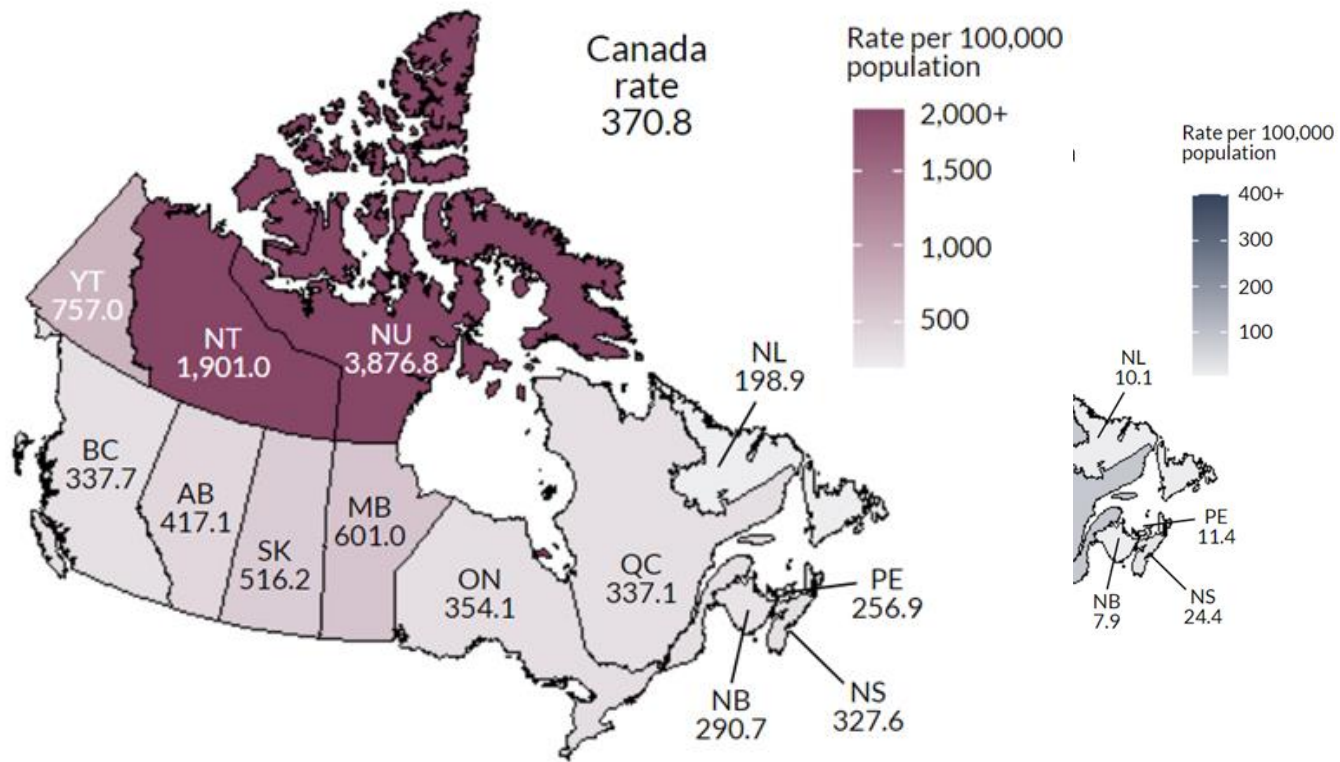
Performance Measures

- ▶ Timeframe between positive lab and investigation created in PHIMS
- ▶ Proportion of cases classified and staged within 1 month
- ▶ Timeframe between positive lab and treatment
- ▶ Proportion of HIV cases lost to followup
- ▶ Proportion of those tested for GC/CT that are tested for HIV
- ▶ Number of syphilis tests performed prenatally

STBBI No Follow Up IERHA and Case: Contact

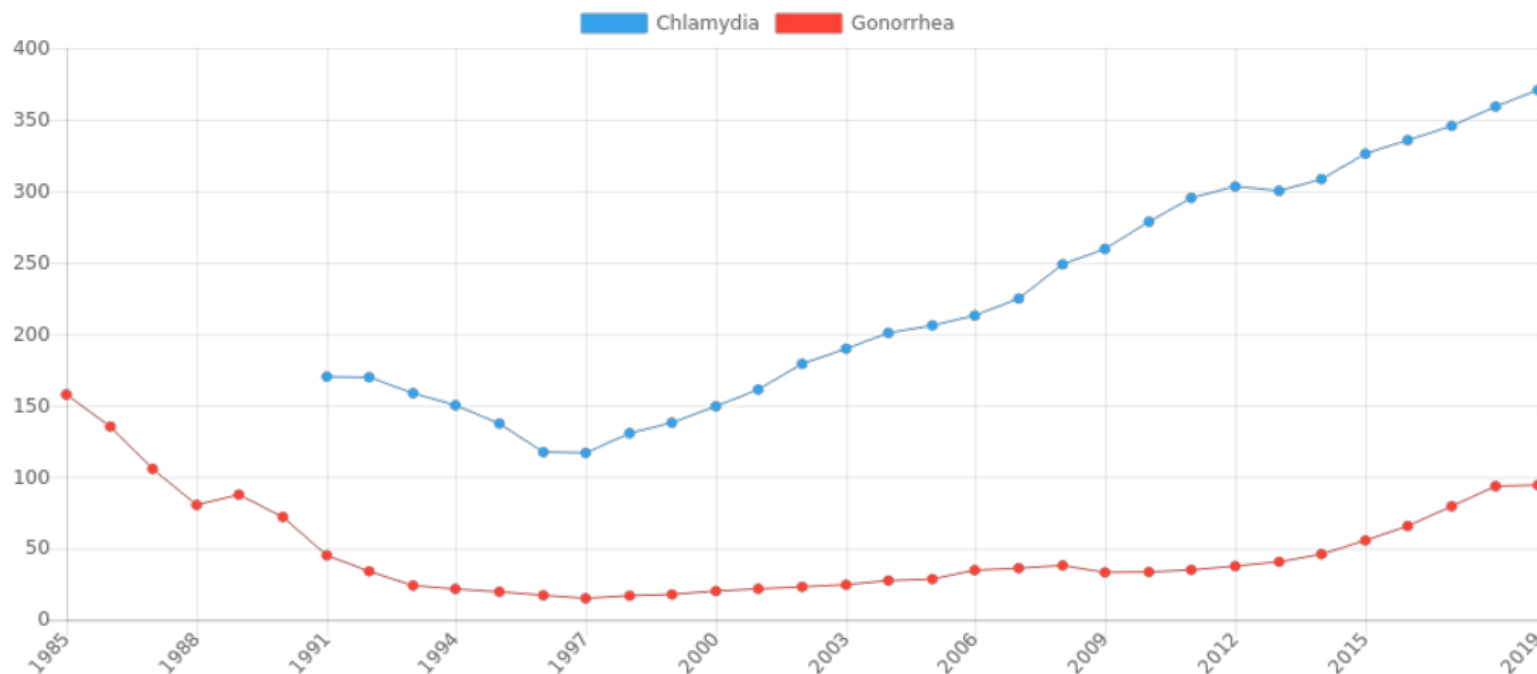
- ▶ CT- Cases: 54% Contacts: 33% 5:1
- ▶ GC- Cases 63% Contacts:45% 5:1
- ▶ Syphilis 1:1.3
- ▶ HIV 1:1

Chlamydia - 2019 Gonorrhea -2019



Rate per 100,000 of reported cases over time in Canada, grouped by disease

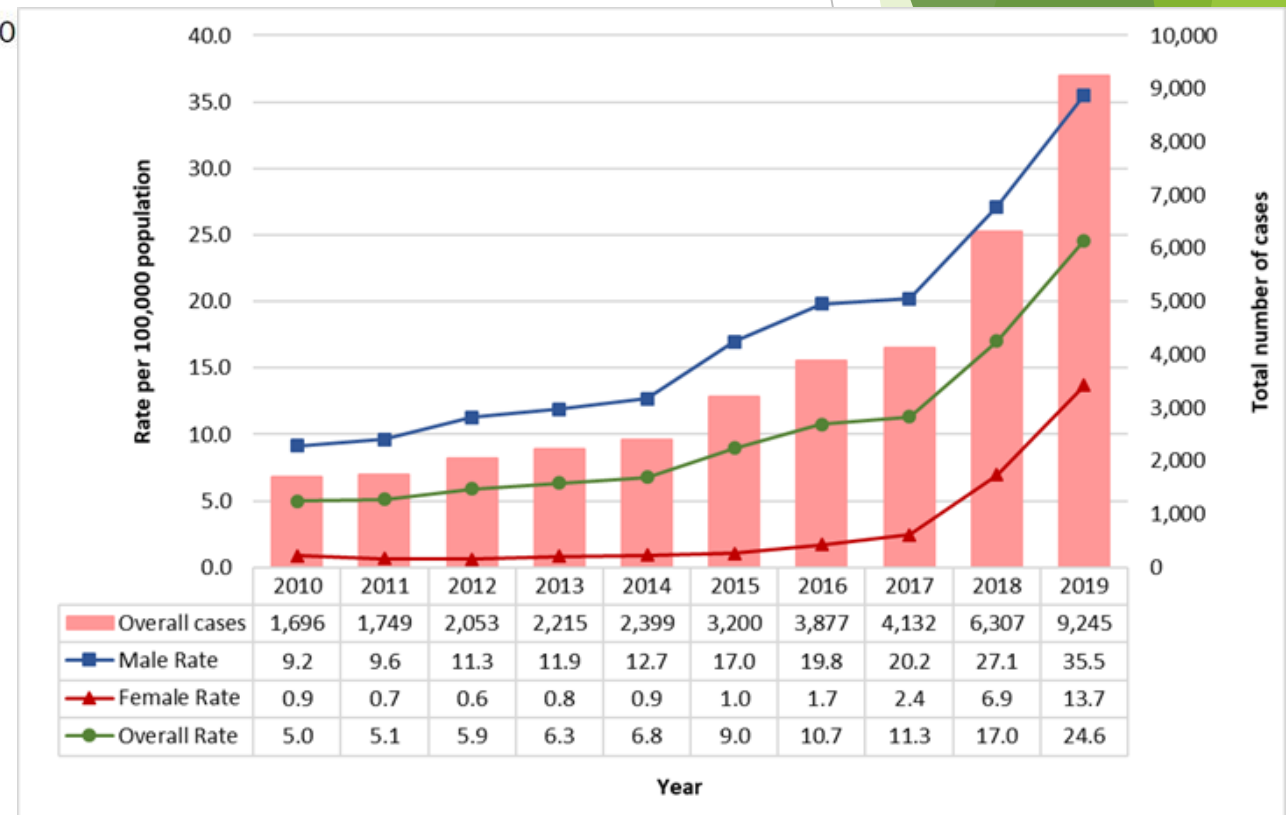
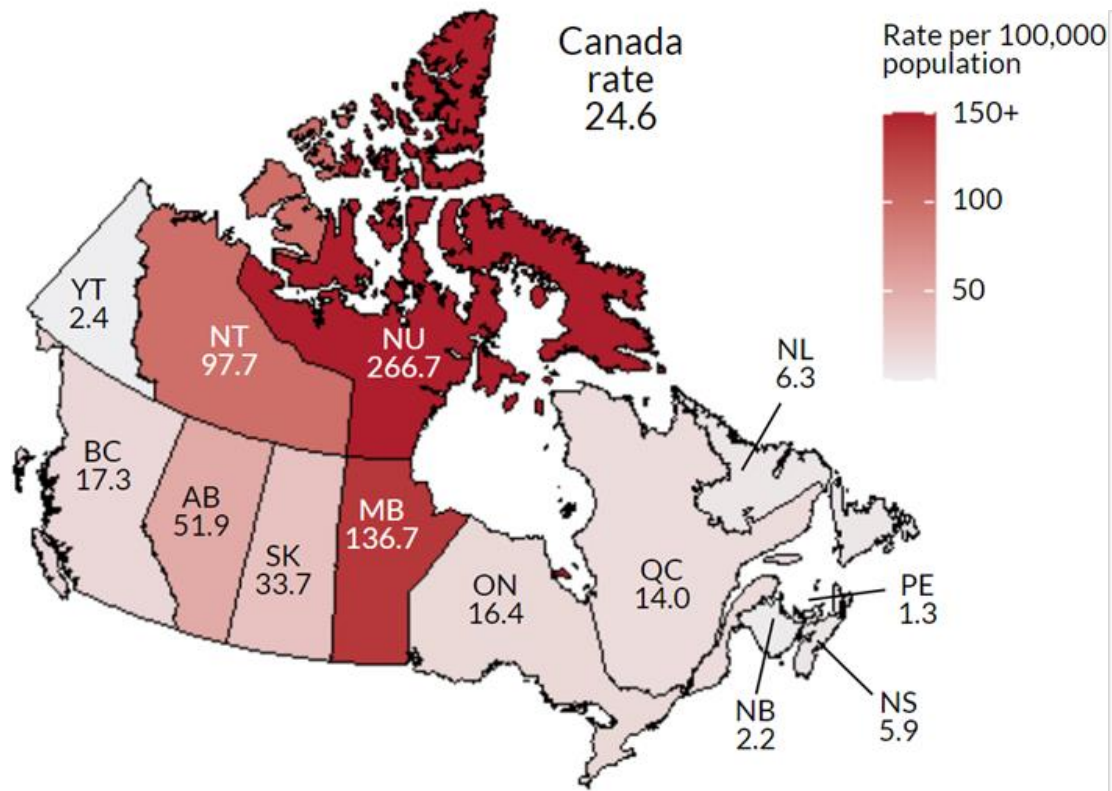
1985-2019



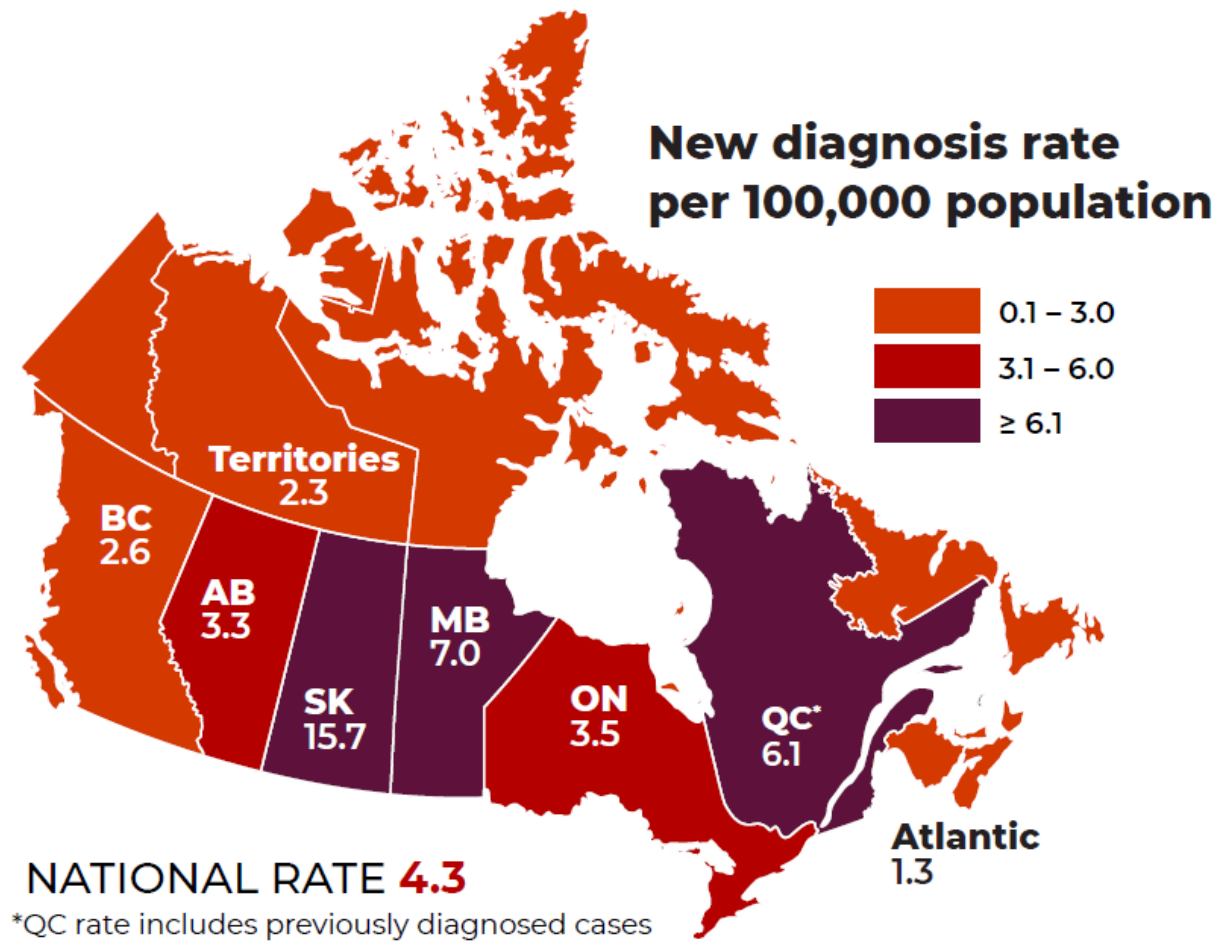
[Reported cases from 1924 to 2019 in Canada - Notifiable diseases on-line](#)

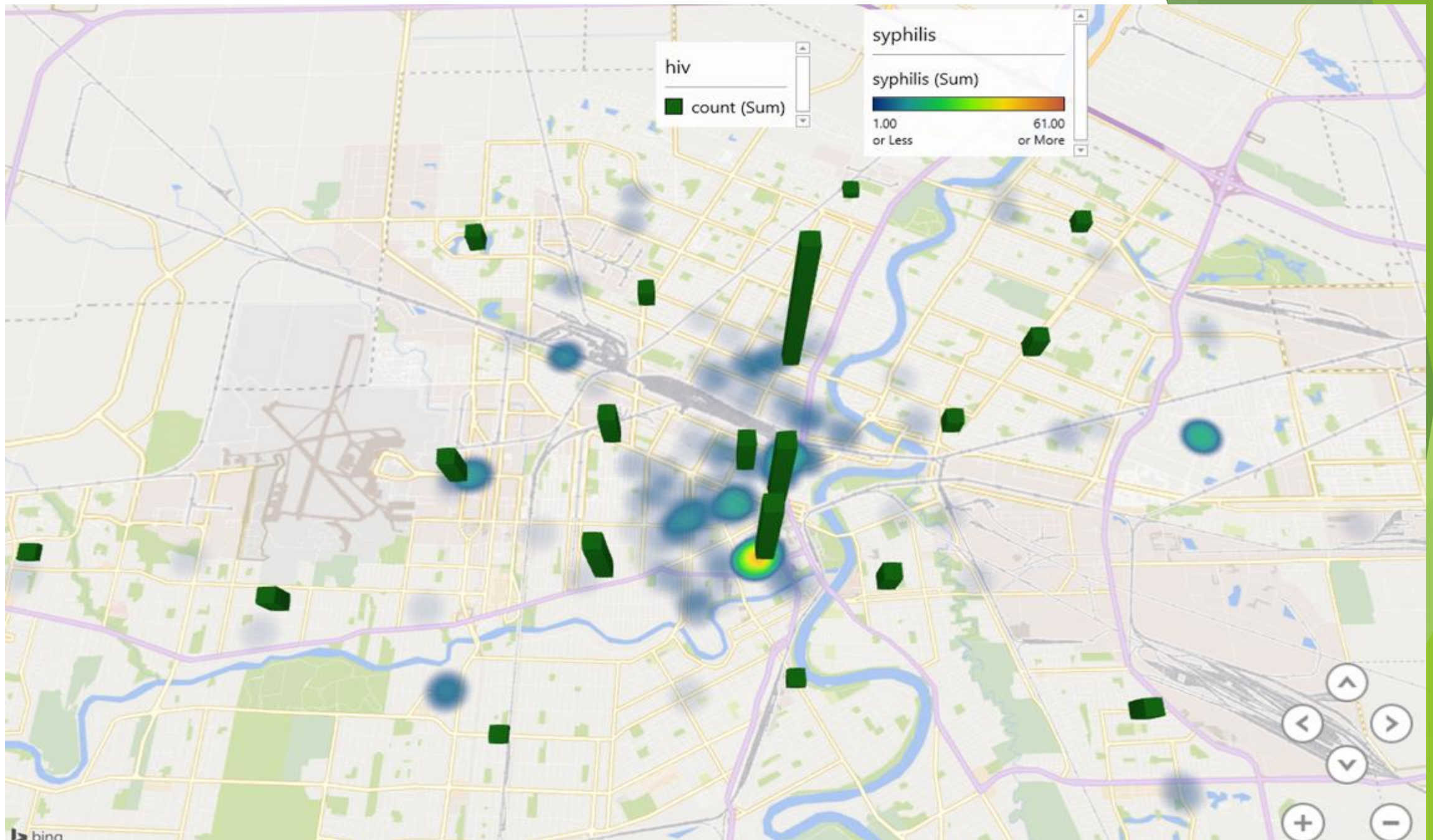
- Between 2014 and 2018, rates of chlamydia increased by 18%, gonorrhea by 110%
- Rates highly influenced by testing technologies (introduction of urine NAAT) which occurred at different times across Canadian jurisdictions.
- Case and contact follow up (partner notification) of chlamydia cases as a means to reduce population incidence is not supported by evidence (highly mixed evidence and debate - Sweden has employed most thorough model without reduction in rates). Stronger evidence that partner notification for GC may reduce incidence. (Sylvan 2009; Law 2018)

Syphilis - 2019



HIV - 2020





Final Thoughts

- ▶ Change Management
- ▶ Core Public Health Activities
- ▶ Prioritize
- ▶ Measure, Measure, Measure
- ▶ Focus on Health

Provincial Public Health Overview



Dr. Tim Hilderman

Regional Medical
Officer of Health



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Thank you, Dr. Hilderman

Questions?



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Shared Health Diagnostics Overview

Dr. AbdulRazaq Sokoro

Executive Director

Provincial Laboratory Operations

Diagnostic Services

Shared Health



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Shared Health Diagnostic Services

AbdulRazaq A. H. Sokoro, PhD, FCACB, FAACC.
Executive Director, Provincial Laboratory Operations

10-November-2022

Mandate

Mission

To bring Manitobans together to create equitable, safe, accessible, trusted and sustainable pathways to care.

Leading provincial planning.

Delivering provincial services.

Valuing all voices.

Vision

Our Manitoba.

Healthier. Together.

Values

Learn and Innovate

Be Inclusive

Be Accountable

Act with compassion

Definitions of our values

Learn and Innovate:

Nurturing continuous improvement and innovation, sharing knowledge, learning with others and creating an environment where every experience is an opportunity for growth.

Be Inclusive:

Valuing diversity, honouring dignity, and creating connections, trust and shared vision. Accepting, recognizing and respecting differences, understanding that each individual is unique.

Be Accountable:

Upholding organizational values, professional ethics and the prudent use of public resources to continuously achieve improved outcomes and ensure sustainable delivery of safe and high quality services.

Act with Compassion:

Demonstrating genuine attention, care and respect. Building trusting relationships. Building constructive and collaborative engagement with others.

Service Model

Foundations

- Integration & Coordination
 - IEHRA
 - EMS
 - FNIHB
 - CCMB
- Engagement with stakeholders
 - Community
 - Union
 - Government of Manitoba
 - Educational Partners

Plans

- Enhance Access in Communities
 - Prevent movement of patients
- Enable Clinical Teams
 - Prevent interruption in care
- Position workforce for future needs
 - Discussions with key stakeholders

Service Continuity

Current Challenges

- HHR
- Aging Infrastructure
- Supply Chain Disruptions
- Inflation

Active Solutions

- **HHR**
Strategic Partnerships to make Lab Education accessible & relevant
- **Aging Infrastructure**
New Equipment RFPs in process
- **Supply Chain Disruptions**
Securing contracts to protect against shortages
- **Inflation**
Greatest impact on compensation. Current approval for increases through collective agreements, while negotiations ongoing for some unions

All of these challenges and solutions require patience and persistence.

Continuous engagement and partnership is crucial.

Thank you

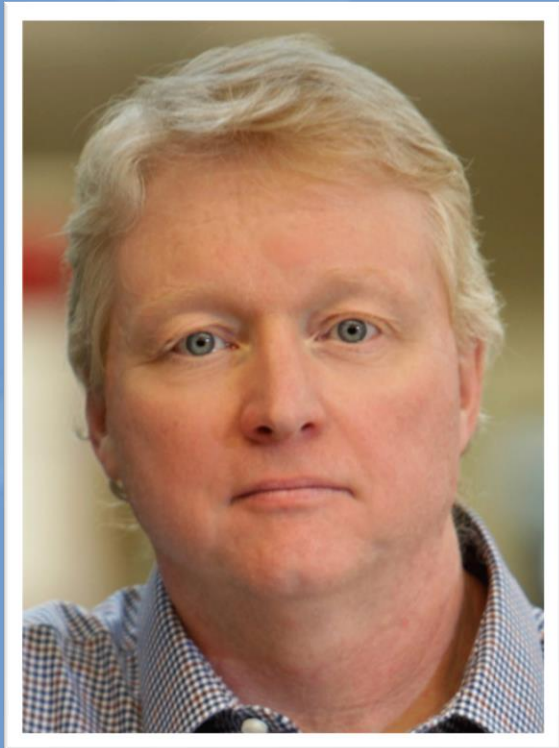
Thank you, Dr. Sokoro

Questions?



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Emergency Medical Response



Dr. Rob Grierson

Chief Medical Officer
Emergency Medical Response
Shared Health



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Provincial ERS Zones

All divisions of ERS operate in five regional Zones including Winnipeg*, with some services crossing provincial and USA borders.

Each Zone has unique population characteristics, geographical challenges, access issues & hazards to mitigate

North Zone

Area: 552,370 km²

- 69% of MB's land mass
- Population: 77,283
- 70% Indigenous

Annual EMS Call Volume: 24,694

West Zone

Area: 64,800 km²

Population: 172,641

- 15.8% Indigenous

Annual EMS Call Volume: 31,594

East Zone

Area: 81,350 km²

Population: 133,834

- 25% Indigenous

Annual EMS Call Volume: 28,375

South Zone

Area: 26,983 km²

Population: 211,896

- Fastest growing population in MB
- 11.8% Indigenous

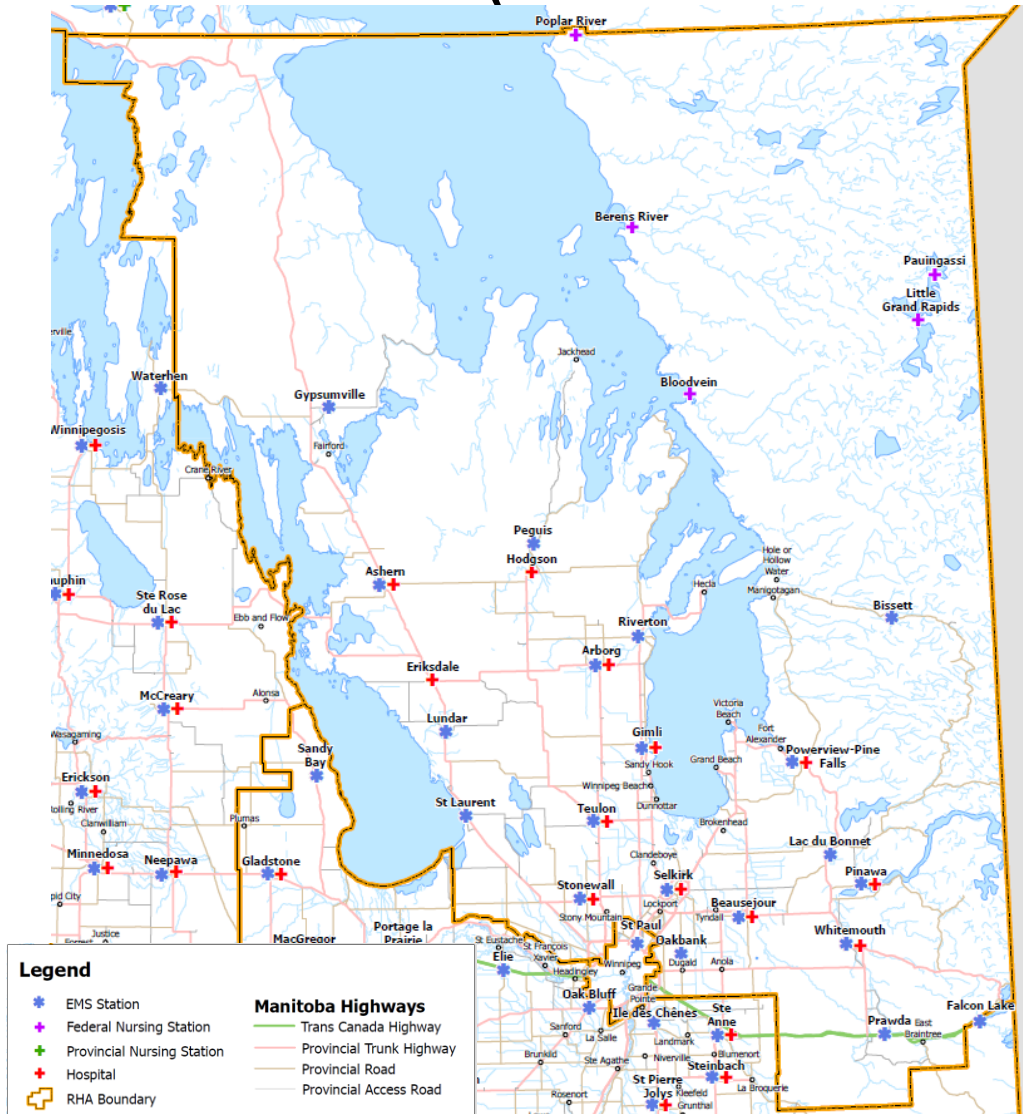
Annual EMS Call Volume: 24,218



* Each Zone aligns with an SDO/Regional Health Authority boundary (RHA).

* Wpg RHA is covered by ERS's specialty teams, a municipal service partner (WFPS) and other contracted partners.

East Zone (covers IERHA)



Annual Primary/911 Responses ²	16,458 Calls
Annual Inter-Facility Transfers ²	11,917 IFTs
Total Volumes ²	28,375 Total Responses
Total In Service Ambulance Units	27 Units

Stations

1. Arborg
2. Ashern
3. Beausejour
4. Fisher / Peguis First Nation (SPA)
5. Gimli
6. Gypsumville
7. Lac du Bonnet
8. Lundar
9. Pinawa
10. Pine Falls
11. Riverton
12. Selkirk
13. Springfield
14. St. Laurent
15. St. Paul
16. Stonewall
17. Teulon
18. Whitemouth

Health Care Facilities¹

- 10 Acute Care Sites
- 10 EDs
- 1 Crisis Stabilization Unit
- 6 Renal Dialysis Units
- 1 Traditional Healing Centre
- 3 Cancer Care Community Programs
- 6 Primary Health Care Centres
- 1 Quick Care Clinic
- 16 Long Term Care Sites

Communities Served¹

- 1 City
- 7 Towns
- 1 Village
- 20 Rural Municipalities
- 1 Local Government District
- 2 Unorganized Territories
- 17 First Nation Communities

Current State Staffing	Roles / FTE	Vacancy Rate
Director	1	-
Managers	4	-
Zone Operations [Job] - Acting	1	-
Quality / Education Staff	3	-
Front Line Staff	188.63 FTE	23%

Thank you, Dr. Grierson

Questions?



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Rural Physician Workforce Update



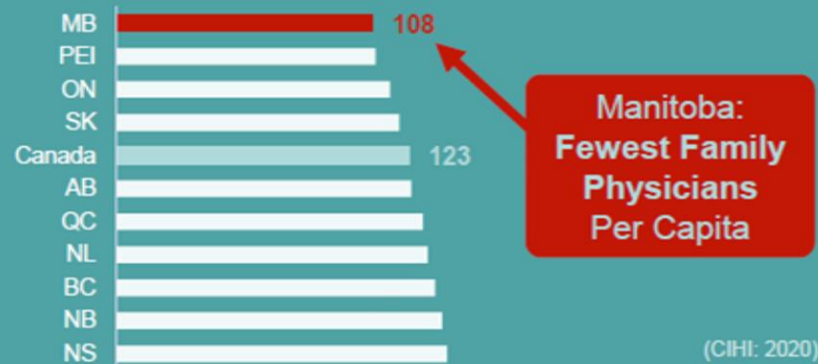
Dr. Charles Penner
Regional Lead
Medical Services and
Chief Medical Officer



Interlake-Eastern
Regional Health Authority

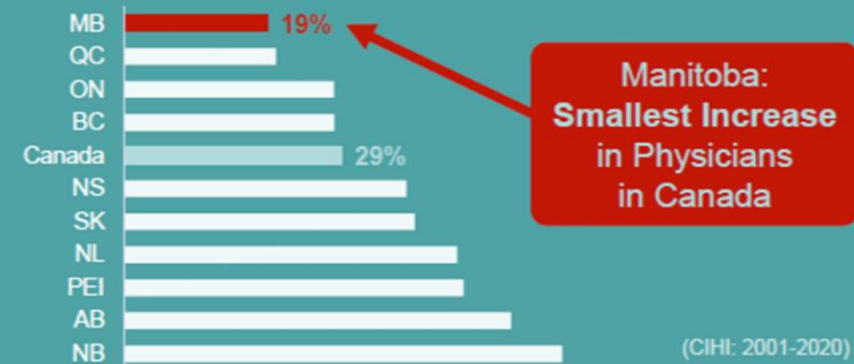
Physician in Manitoba

108 Family Physicians
Per 100,000 Residents



Manitoba:
Fewest Family
Physicians
Per Capita

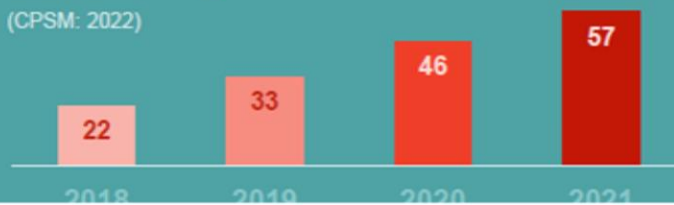
19% Growth in Physicians
Per Capita



Manitoba:
Smallest Increase
in Physicians
in Canada

More Physicians are Retiring

(CPSM: 2022)



Over the next three years:
2 in 5 Physicians are
planning on retiring, leaving
Manitoba, or reducing their
clinical hours.

(DRMB Survey: 2022)



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Recommendation 1

Increase the number of physicians being recruited into Manitoba by expanding training, streamlining recruitment efforts, and identifying financial supports for transition to practice.

- Expanding the number of seats in the Manitoba Licensure Program for international medical graduates and providing comprehensive support as they settle into their new home communities.
- Training more doctors in Manitoba, including expanding medical school and residency programs. This must include an expanded focus on admitting more students and residents from rural, Northern and Indigenous communities, as well as more practice experience in these communities.



Recommendation 1 *Continued*

Increase the number of physicians being recruited into Manitoba by expanding training, streamlining recruitment efforts, and identifying financial supports for transition to practice.

Expanding recruitment incentives to both attract physicians and support their transition to rural and Northern practice. This includes:

- Creating a recruitment grant to attract physicians to areas with shortages.
- Offering an income guarantee for an initial practice period (e.g. 2-3 years) to help physicians as they transition into practice in a rural or Northern community.
- Reviewing return-of-service grants to ensure they are mutually beneficial to the physician and the community.



Recommendation 2

Find efficiencies that free up physicians' time for more patient care while addressing frequent sources of frustration.

This can be achieved by:

- Creating a centralized service, similar to those that exist in Saskatchewan and other provinces, with a single phone number or referral platform. This would allow rural and Northern physicians to:
 - a) Obtain specialist consultative advice
 - b) Find the most appropriate bed available in another hospital when needed
 - c) Coordinate interfacility medical transportation.
- Expanding the use of technology to support better physician peer consultation and communication. This includes making secure texting available to all physicians for free through CORTEXT, as well as expanding technologies like eConsult and Rapid Access to Consultative Expertise (RACE).



Recommendation 3

Address physician burnout and mistreatment, as this is currently the single biggest contributor to physicians leaving practice.

This can be achieved by:

- Striking a paperwork reduction task force to streamline and decrease unnecessary paperwork and administrative burden.
- Creating a constructive expectation for RHAs and Shared Health to communicate with, consult and engage physicians about changes or issues that affect their ability to practice, and leverage Doctors Manitoba's expertise in physician engagement.



Recommendation 4

Support Physicians in Rural and Northern Practice Longer.

In addition to the actions in recommendations 2 and 3, this can be achieved by:

- Assisting with maintaining clinic infrastructure and equipment, through community-owned clinic facilities and/or target capital support for physician-owned clinics.
- Considering long-term service partnerships for physicians visiting smaller, remote and Indigenous communities to offer more predictable and stable medical services.



Recommendation 5

Recognize and support the important role local communities and chambers of commerce can play in recruiting and retaining physicians and their families.

This can be achieved by:

- Creating a checklist or best practice guide for local communities and chambers of commerce, with guidance on being an effective partner in both the recruitment and retention of physicians.
- Providing provincial support to local communities to help them with their role in recruiting physicians and their families, helping them settle, live and thrive.
- Encouraging communities to appoint an ambassador or liaison on physician recruitment and



Recommendation 5 *Continued*

Recognize and support the important role local communities and chambers of commerce can play in recruiting and retaining physicians and their families.

- Working with local communities and schools to expose students at younger ages (i.e. junior high) to medicine and health care careers and identifying and supporting interested students with potential.
- Engaging Indigenous leadership on physician shortages in Indigenous communities, as well as on training, recruiting and retaining more Indigenous physicians, in accordance with Call to Action 23 from the Truth and Reconciliation Commission of Canada.



Thank you, Dr. Penner.

Questions?



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Implementing Six Strategic Steering Committees

We have established a strategic steering committee for every one of the six strategic goals identified in the strategic plan:

- Integrated and coordinated health care
- Primary and community care transformation
- Indigenous and vulnerable (senior) populations
- Mental health and addictions
- Health human resources
- Innovation and technology



Contribute to a Strategic Steering Committee

Type in: www.ierha.ca > Click on “View our Strategic Plan”



The screenshot displays the homepage of the Interlake-Eastern Regional Health Authority. At the top is a blue navigation bar with links: News & Updates, Find Us, Programs & Services, Patient Information (with a dropdown arrow), Careers, and About Us. Below the navigation bar is a large banner featuring a stylized illustration of a person with green hair and a blue face, and a green box with the text "Winter Wellness is... Getting Your Flu Vaccine". Below the banner, the text "Interlake-Eastern Regional Health Authority" is followed by a paragraph: "Interlake-Eastern Regional Health Authority is responsible for the planning and delivery of health care service to meet the needs of the population we serve." and another paragraph: "We are culturally diverse with Indigenous populations comprising 27 per cent of the region's residents inclusive of 17 First Nation communities." At the bottom left, a blue button labeled "View our Strategic Plan" is circled in red. On the right side, there is a "News & Updates" section with two entries: "October 26, 2022 | Out-of-province surgical options" and "October 17, 2022 | 2022 Flu Shot Clinic Listings".

Contribute to a Strategic Steering Committee

Type in: www.ierha.ca > Click on “View our Strategic Plan”



**Annual Strategic
Plan Review**



**Regional
Health
Advisory
Council**



**Strategic
Steering
Committee**

Implementing Six Strategic Steering Committees

www.ierha.ca

Click on “View our Strategic Plan”

Scroll to bottom – click on “Regional Health Advisory Council” button for recordings of strategic steering committee progress reports



2022-2023 IERHA Strategic Achievements

Improving overall care in personal care homes

Implementation of the Recommendations from the “Maples Personal Care Home Covid 19 Outbreak External Review” (Stevenson Report)

- significant strengthening of personal care home teams and service delivery
- influx in staffing funding (new provincial staffing guidelines increased staffing for nursing, health care aides, infection prevention and control, housekeeping, allied health)
- E-chart implemented – direct link to all lab results for residents



2022-2023 IERHA Strategic Achievements

Increasing access to care

- Chronic Disease Nurses offering Spirometry in communities throughout the region
- Harm Reduction Coordinator positions filled
- Implementation of Rural Telepsychiatry – available to all rural acute care emergency departments
- Expanding our IV and wound care clinics outside of emergency departments.

Eriksdale and Stonewall: IV and Wound Care

Beausejour, Gimli, Oakbank, Pine Falls, Selkirk, Whitemouth: Wound care only

In progress: Arborg-start with wound care and progress to offer IV tentative start date end of November

Ashern space allocated to offer IV and wound care clinics



2022-2023 IERHA Strategic Achievements

Expanded Rapid Access to Addictions Medicine program in Selkirk

Clinic opening Nov. 2018	June 2022
1.0 nurse 0.2 physician 0.5 counselor	2.0 nurses 0.6 Nurse Practitioner 0.4 physician 1.0 counselor 0.5 clinic admin
1 day per week assessment service	5 days per week assessment service
75 patients	225 patients
Some patient referral from ED	Improved patient referral from ED



2022-2023 IERHA Strategic Achievements

Optimizing resources to improve care

- Introduced weekly Multi-disciplinary Team Consultation in community mental health with psychiatrist, psychologist, and Clinical Team Manager to provide case reviews and recommendations as requested by mental health workers
- Restructured home care program to provide clinical supervision to staff and restructured staff schedules to improve client access to care and increase staffing efficiencies
- Enhanced patient discharge with integration between acute care and home care with the creation of hospital based case-coordinators
- Two My Health Teams operating in region – Selkirk and area & Ashern Hodgson and area
 - Rural Robotic Rehab Pilot Project – Ashern Hodgson and area
 - Implemented consistent and regularly scheduled psychiatrist consult days for Ashern Hodgson and area



2022-2023 IERHA Strategic Achievements

Technology to improve access / ease workload

- Provincial Dictation Implementation
- Crisis Stabilization Unit introduced virtual bed option



Strategic Steering Committee

UPDATES





STRATEGIC STEERING COMMITTEE: Integrated and Coordinated Health Care



CHAIR

Dr. Charles Penner

Regional Lead, Medical Services
and Chief Medical Officer



Interlake-Eastern
Regional Health Authority



STRATEGIC STEERING COMMITTEE: Integrated and Coordinated Health Care

Looking ahead - key initiatives

Service Excellence:

- Providing acute medical withdrawal services in Ashern
- Increase inpatient physician services for Selkirk Regional Health Centre
- Increase services in Selkirk Quick Care
- Inpatient echocardiography services in Selkirk
- Pain clinic development
- Second CT scanner for Selkirk

Communication:

- Work on ED flow improvements with acute care and the ED





STRATEGIC STEERING COMMITTEE: Integrated and Coordinated Health Care

Questions/Comments?



Interlake-Eastern
Regional Health Authority



STRATEGIC STEERING COMMITTEE: Primary and Community Care Transformation



CHAIR

Kate Hodgson

Regional Lead, Health Services
Community & Continuing Care



Interlake-Eastern
Regional Health Authority



STRATEGIC STEERING COMMITTEE: Primary and Community Care Transformation

Looking ahead - key initiatives

Implementation of “Direct Access to Psychiatry” for primary care providers

Service expansion of current My Health Teams, including implementation of tele-rehab pilot project with Riverview Health Centre and the Ashern Hodgson & Area My Health Team

Distribution of free Naloxone kits through Public Health Offices

Continued implementation of the Recommendations from the “Maples Personal Care Home Covid 19 Outbreak External Review” (Stevenson Report)





STRATEGIC STEERING COMMITTEE: Primary and Community Care Transformation

Questions/Comments?



Interlake-Eastern
Regional Health Authority



STRATEGIC STEERING COMMITTEE: Indigenous and Vulnerable (Senior) Populations



CHAIR

Paul Barnard

Director Health Services
Regional Indigenous Health
Partnerships



Interlake-Eastern
Regional Health Authority



STRATEGIC STEERING COMMITTEE: Indigenous and Vulnerable (Senior) Populations

Looking ahead - key initiatives

Strengthening partnerships & connections with Indigenous partners

Commitment to shared leadership model development with Giigewigamig First Nation Health Authority at the Pine Falls Health Complex

Ensuring capacity in providing a culturally safe environment

Disrupting racism launch in IERHA starting January 2023

Indigenous Recruitment Framework and Action Plan engagement with Indigenous partners

Ensuring Interlake-Eastern RHA addresses health inequity

Continue shared access to electronic medical record system with community health teams



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STRATEGIC STEERING COMMITTEE: Indigenous and Vulnerable (Senior) Populations

Looking ahead - key initiatives

Improve mental health within a recovery-oriented approach

Implementation of medical withdrawal management services (WMS) unit and pursue mobile WMS

Implement direct access to telepsychiatry and direct access to in-person psychiatry



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STRATEGIC STEERING COMMITTEE: Indigenous and Vulnerable (Senior) Populations

Questions/Comments?



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STRATEGIC STEERING COMMITTEE: Health Human Resources



CHAIR
Isobel Greenwood
Labour Relations Manager,
Human Resources



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STRATEGIC STEERING COMMITTEE: Health Human Resources

Looking ahead - key initiatives

Recruitment & Retention

Working with other RHAs and the Province on mutually beneficial, sustainable incentives for recruitment and retention of health-care workers in Manitoba.

- Nursing float pool

Training

Visit www.ierha.ca and click on “Careers” and “Educational Opportunities”

Healthy Workforce

Safe Work Manitoba Certification





STRATEGIC STEERING COMMITTEE # 4: Mental Health and Addictions

Questions/Comments?



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STRATEGIC STEERING COMMITTEE: Mental Health and Addictions



CHAIR

Kate Hodgson

Regional Lead, Health Services
Community & Continuing Care



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STRATEGIC STEERING COMMITTEE: Mental Health and Addictions

Looking ahead - key initiatives

Change/expand hours of service for Adult and Child Mobile Crisis Team to provide 7 day per week access.

Support implementation of Medical Withdrawal Management services in IERHA

Build capacity to offer Trauma-informed care - *Trauma is the invisible force that shapes our lives. It shapes the way we live, the way we love and the way we make sense of the world. It is the root of our deepest wounds. A trauma-informed society...is not concerned with fixing behaviours, making diagnoses, suppressing symptoms and judging, but seeks instead to understand the sources from which troubling behaviours and diseases spring in the wounded human soul.* – drgabormate.com/the-wisdom-of-trauma.

“The Wisdom of Trauma, Official Trailer” <https://youtu.be/70HNmSsJvVU>



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STRATEGIC STEERING COMMITTEE: Health Human Resources

Questions/Comments?



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STRATEGIC STEERING COMMITTEE: Innovation and Technology



CO-CHAIR
Breann Zelinitzky
Quality & Accreditation
Coordinator



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STRATEGIC STEERING COMMITTEE: Innovation and Technology

Looking ahead - key initiatives

Innovative Culture: Develop the people, skills and systems to enable continuous quality improvement and safety

Patient Experience Surveys and Engagement Plan

Digital Health: Adapt electronic medical records that will enable clinical workflow

SRHC Outpatient Clinic Electronic Patient Record Enhancements

Advanced Analytics: Use new and innovative data analysis and reporting to support quality improvement

Critical Occurrence Reporting System

Data Benchmarking and Performance Monitoring





STRATEGIC STEERING COMMITTEE: Innovation and Technology

Questions/Comments?



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Clinical and Preventive Services Plan



Dec. 3, 2021

Investing \$31.6 million

Selkirk Regional Health Centre in-patient addition and emergency department renovations

Feb. 11, 2022

Investing \$10.8 million

Ashern Lakeshore General Hospital in-patient expansion and emergency department renovations



Clinical and Preventive Services Plan

“It is crucial that we give thanks and acknowledgement to the earth for all she provides, so that we as humans can continue our walks of life in a respectful reciprocal way forward. The ceremony we shared invokes the spirit to help us accomplish this.”

Anishinaabe traditional knowledge keepers Robert and Mary Maytwayashing from Lake Manitoba First Nation



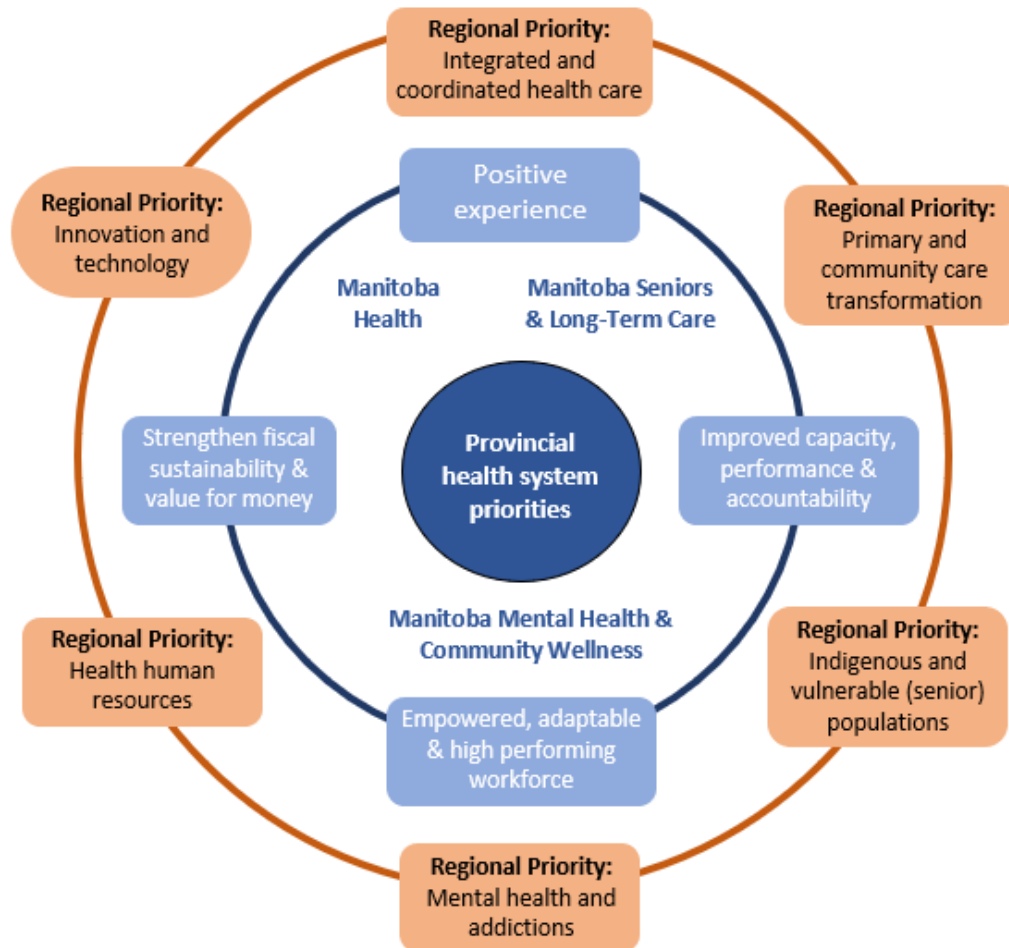
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A strategic plan provides organizational direction



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Evaluation and Feedback



Questions or comments
after we wrap up today?

Email CEOstrategy@ierha.ca



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General feedback

What resonated with you today?

<https://is.gd/stratplan2022>

Voting code: **7898 9128**



Did we miss anything?

Please email us at info@ierha.ca and we'll provide you with a response.



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Questions/Comments?



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Closing Comments

Glen West

Chair, IERHA Board of Directors



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Thank you for attending today.

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