



Interlake-Eastern
Regional Health Authority

ANNUAL REPORT 2016-2017



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Letter of accountability

Please find the annual report for the Interlake-Eastern Regional Health Authority, for the fiscal year ended March 31, 2017. It is an honour to prepare this report, under the Board's direction, in accordance with *The Regional Health Authorities Act* and directions provided by the Minister of Health. All material including economic and fiscal implications known as of March 31, 2017, have been considered in preparing the annual report. The Board has approved this report.

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



Margaret Mills, Chair
Interlake-Eastern Regional Health Authority Board of Directors

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.

A message from our Board chair and our CEO

This past year much focus was on the sustainability of health care services into the future. *Provincial Clinical and Preventive Services Planning for Manitoba* by Dr. David Peachey (the ‘Peachey report’) and the *2016-17 KPMG Healthcare Sustainability and Innovation Review* outlined recommendations for creating a more sustainable healthcare state in Manitoba.

Some of the changes in the delivery of health services we made this year were in line with these reports.

One major change to emergency department care across the region was the removal of our reliance on nurses to keep emergency

departments open when onsite physician support was not available.

We commend our staff, directors and community liaisons as they worked through this major change in our delivery of care. We must also thank our community leaders for their collaborative nature in which they absorbed these changes and communicated the changes to their communities.

In addition to providing more reliable care, we were able to attract more locum physicians to our region who are now helping us as we continue to work to address gaps in emergency department coverage.

Our physician services team worked diligently this year to recruit physicians to the region. We had a physician retreat in Selkirk with collaboration from communities across the region pulling together to put on a successful event that highlighted the benefits of practicing in Interlake-Eastern RHA.

Along with Waterford Global and the North Eastman Community Health Committee, we were successful once again in recruiting a physician from the United Kingdom who is a good fit with our region.

When faced with the challenge to help us identify efficiencies in care delivery in our region, our management team embraced a concerted effort to reduce expenses in travel, meetings and supplies. It represents the very real contributions our staff are making as we work to provide care with the resources available to us without affecting the quality of our services.

Thank you to our staff, our patients and clients and our community leaders for the time you’ve invested in helping us deliver another year of care in Interlake-Eastern RHA.



Ed Bergen, Chair,
Interlake-Eastern RHA Board of
Directors, 2016-2017



Ron Van Denakker, CEO,
Interlake-Eastern Regional Health
Authority

Regional overview

With an area that spans 61,000 km², the Interlake-Eastern RHA extends east to the Ontario border, north to the 53rd parallel, west to the eastern shores of Lake Manitoba and south to Winnipeg's north perimeter dipping down just past Winnipeg to slightly below the Trans-Canada Highway eastwards to Ontario. Interlake-Eastern RHA represents approximately one-tenth of Manitoba's area. An expansive, largely unpopulated northern area of the region is defined as unorganized territories.

A wide variety of geographical features compose the region including natural shorelines and beaches, marshes, forests, parklands and agricultural fields. The region's population grows considerably in the summer months as people come to enjoy

its natural beauty and attractions.

Our region is home to some of Manitoba's most visited provincial parks including Atikaki, Birds Hill, Hecla/Grindstone, Nopiming and Whiteshell.

The region's economy includes farming, mining, fishing, forestry and hydroelectric power. Recreation and tourism have a significant role in the economy with a highly developed network of seasonal activities including snowmobiling, hunting, golfing, horse back riding, ice fishing, cross country skiing and boating. Tourism and recreational activities directly impact the demand for health care services in the region with significant increases in demand for emergency services, physician services and hospital care during peak tourist seasons including festivals.

The north eastern portion of the region, that is home to a large First Nations and Métis population, was once only accessible by air, water or a winter road system. On April 14, 2016, the road to Bloodvein First Nation was officially opened. Impact on Interlake-Eastern programs and services is being monitored as there is potential for this road to eventually connect to Beren's River. This roadway is providing residents with greater access to health care services closer to home. Over the past winter, planning tables have met to discuss impact on community mental health programming and allied health services. Elsewhere in the region, residents in the RMs of Springfield, Brokenhead and Rockwood are in close proximity to Winnipeg making commuting for employment and health care services a viable option.



10 Hospitals: Arborg, Ashern, Beausejour, Eriksdale, Gimli, Pinawa, Pine Falls, Selkirk, Stonewall, Teulon

17 Community Health

Offices: Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Lac du Bonnet, Lunder, Oakbank, Pinawa, Pine Falls, Riverton, St. Laurent, Stonewall, Selkirk, Teulon, Whitemouth

16 Personal Care Homes: Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Lac du Bonnet, Lunder, Oakbank, Pine Falls, Selkirk (3), Stonewall, Teulon, Whitemouth

1 Crisis Stabilization Unit: Selkirk

18 Emergency Medical

Service Stations: Arborg, Ashern, Beausejour, Bissett, Gimli, Gypsumville, Lac du Bonnet, Lunder, Pinawa, Pine Falls, Riverton, St. Laurent, Selkirk, Springfield, Stonewall, Teulon, West St. Paul, Whitemouth

Our people & our challenges

Our aging and growing population

According to the 2016 Manitoba Health, Healthy Living and Seniors Population report, we had 128,105 residents in the region which marks a growth of 0.6 per cent since 2015. The greatest increase in our population is people 50 years and older. Fully engaging with this demographic ensures they remain healthy, engaged in their community and managing any chronic diseases.

Our aging demographic increases pressure for more long-term care beds as we try to alleviate one of the largest shortages in our region's history.

Individuals who are no longer able to live on their own, and who have no other health care options, often will be admitted to our acute care facilities while awaiting placement in our long term care facilities. The number of people admitted to hospital to

await placement in a personal care home account for at least 50 per cent of patients in the hospital.

The life expectancy of females in our region is 82.2 years, the same as the provincial average. For males, the life expectancy of 76.8 years is slightly below the provincial average of 77.5. When acute care patients require a bed or when hospitals in Winnipeg need to send a patient back to their home community, RHA facilities must work to find a suitable hospital bed that's open to accept the patient. Unfortunately, this can cause hardships for families of loved ones who are transported from their home community to an opening in another community within our region. Our long term care staff and acute care staff work hard to settle our patients into comfortable environments when possible, while awaiting placement. We know many patients find themselves in less than ideal awaiting placement situations throughout our acute care facilities and we're working on that. We've held daily communication huddles

since fall 2016, to help our acute care facilities communicate about bed management in the region.

Generally, people are living longer and our RHA acute care, personal care home and home care staff are dealing with more demands for care and patients/clients who have more complex health care needs.

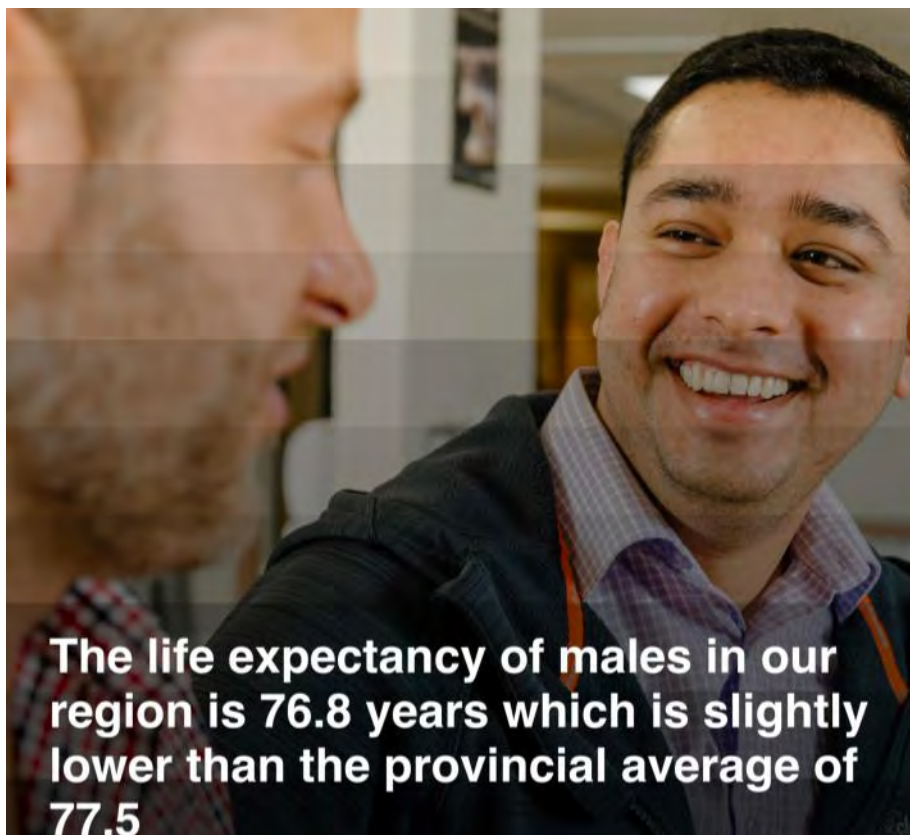
Access to home care services is an important component of our service delivery framework and it is integral to helping to effectively utilize our personal care home and acute care beds. When we hit capacity in service delivery in home care, we negatively impact other clinical program areas.

Chronic diseases

Chronic diseases are the greatest contributor to illness, disability and health care use. Congestive heart failure in the region affects 1.9 per cent of the population which is above the provincial average of 1.6 per cent. New cases of diabetes have remained stable but the prevalence of diabetes among regional residents is 10.8 per cent which is higher than the Manitoba average of 10 per cent. Almost 40 per cent of residents in the Northern Remote Zone of our region age 19 or older are living with diabetes. Just over 27 per cent of residents in the region have hypertension, higher than the Manitoba average of 25.8 per cent. Cancer incidence in the region is 471.8 per 100,000 people, similar to the provincial rate. As we recognize the important role chronic disease nurses play in managing chronic diseases, steps were taken this past year to better integrate these nurses into our primary health care settings. These nurses now report to the primary health care clinical team manager and are being integrated into the health teams composed of nurse practitioners, doctors and primary health care nurses to help support patients who need chronic disease support.

Aboriginal health

Our region has the second



The life expectancy of males in our region is 76.8 years which is slightly lower than the provincial average of 77.5

largest aboriginal population in the province. This demonstrates the emphasis we have to place on aboriginal health care and unique aboriginal health care needs. Health disparities exist between people who are First Nations, Métis, Inuit and those who aren't. The RHA's 2014 community health report includes a chapter dedicated to Aboriginal health.

The region's Aboriginal population is generally young and growing with a high birth rate. Aboriginal adults in the region are being diagnosed with chronic diseases at higher rates and at younger ages compared with other Manitoba residents. The overall cancer incidence rate among First Nation in Interlake-Eastern RHA was 629.6 cases per 100,000 people, significantly higher than the Manitoba average of 471.2. First Nations incidences of lung, rectal, prostate and breast cancer were all above the regional and provincial averages but these differences were not statistically significant.

This information was gathered from our region's Community Health Assessment Aboriginal Chapter which we continue to share through presentations and discussions with our First Nation communities and tribal councils through community visits. The hope is that our partners will use the information contained in the chapter to assist with their strategic planning.

On April 14, 2016, the road to Bloodvein First Nation was officially opened. Throughout the year, the impact on east Interlake-Eastern RHA primary health care and emergency services was evaluated and will continue to be on an ongoing basis.

After the flooding in 2011, repatriation of the west First Nations (Lake St. Martin, Dauphin River, Little Saskatchewan and Pinaymootang First Nations) planning is underway to evaluate impact on primary health care, outpatient and acute care services in the west. Planning tables met throughout winter to focus on planning needs: including anticipating psycho-



social impact on those individuals being moved and those who are already diagnosed so that our community mental health programs can meet those needs. As well, when it comes to allied health, we're anticipating more patients will need access to outpatient services.

Mental health

Mental health is a broad term that can describe the many forms of the mental health of an individual. The more we talk and learn about these forms of mental health, the sooner fear and misconceptions about mental health will disappear.

Intentional injury hospitalization rates in the region have fluctuated from year to year between 2000-2012. Overall, the average annual number of females hospitalized for intentional injury was 114.8 and 147.4 per year for males. That being said, the proportion of regional residents with dementia, mood and anxiety disorders is significantly below the Manitoba average.

Young people's health

With effective interventions, many adverse health outcomes for children can be prevented. Our region understands that it requires action on a number of fronts beyond the health care system. Young people in Canada are influenced by a wide range of social, cultural, physical and economic factors.

As part of a provincial initiative, our region implemented the newborn hearing screening program to properly diagnose hearing disabilities at birth. The sooner hearing problems can be addressed, the better the potential to reduce negative effects on a child's development.

Client experiences and expectations

Almost 80 per cent of residents surveyed indicated they always or usually have a positive experience when using a health care service in the region. However, local health involvement groups did cite areas where they would like to see improvements such as customer service training for staff, more sharing of vital information such as emergency department coverage and health care provider terms.

Our region has addressed many of these items by implementing a customer service component to staff orientations, providing a phone number and website for the public to learn about emergency department status. We also issued the *Inspire* community newsletter that highlights programs and services available to residents across the region.

Patients can contact our Tell Us! Voice of Patients Clients and Families line by phoning 1-855-999-4742 to communicate their compliments and concerns about care they received in our facilities.

DIRECTORS



Ed Bergen, Chair



Judy Dunn



Brian Magnusson



Amanda Stevenson



Margaret Mills,
Vice Chair



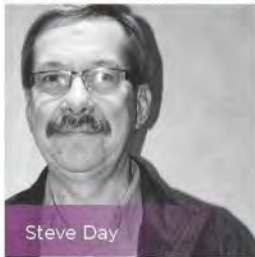
Ruth Ann Furgata



David Oakley



Debbie Thorsteinson



Steve Day



Oral Johnston



Charlene Roche

Board Governance

Board Composition

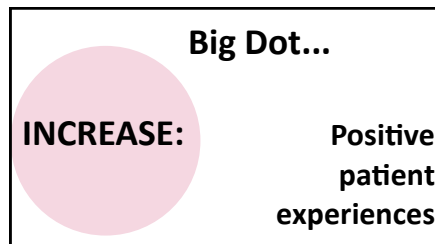
In accordance with provisions of *The Regional Health Authorities Act*, the Minister of Health appoints directors to each Regional Health Authority (RHA) Board. The appointments represent a broad cross section of interests, experience and expertise with a single common feature of strong commitment to restructuring the health system and improving health for Manitobans. Directors are selected from nominations that individuals from across the region have submitted.

General responsibilities of Board members

Board members of regional health authorities must ensure the organization complies with applicable legislation, regulations, provincial

policies and ministerial directives. The Board's responsibility is to provide leadership, allocate resources and be accountable. Boards have the authority to fulfill the mandate of the region, they provide the constructive critic role in decision making and are, at the same time, advocates of the RHA. Individual Board members need to be committed to the Board, involved and informed.

Important activities and decisions



Manitoba Health PCH Standards Review

Every two years our region's personal care home staff undergo vigorous onsite standards review. This review is an important part of providing good, safe care to our residents. It also provides us a chance to evaluate our everyday practices to ensure we're doing the best we can to provide our vulnerable residents safe, reliable and positive quality of life. The review tests a variety of things in patients' areas and rooms. For example, the temperature of the bath tub and sink water in each room is tested to ensure it is hot enough to cleanse the skin but not too hot to risk burning the resident. Another example of the audit process is reviewing fire drill records to ensure one month intervals of fire drills are occurring to keep staff up to date on how to evacuate safely. We acknowledge and commend all staff involved in this important pro-

cess and we thank them for ensuring we meet these high standards which ensures we receive a license every year.

Accessibility for all

The province of Manitoba passed *The Accessibility for Manitobans Act* on December 5, 2015 to provide a process to identify, prevent and remove barriers to accessibility.

It's important that residents can access information, services and properties in supporting their health and wellness. We want to ensure we are

proactively working to meet the accessibility needs of people in the region through an Accessibility Plan.

In winter 2017, we launched a survey for the public and residents to help us identify barriers impacting them in our facilities which in turn, will inform our plan. The plan will identify the steps we'll be taking in the next two years to address priorities.

Managing risk

Board members on the Quality and Patient Safety Committee continue to work under the Board approved quality and patient safety an-

nual plan. This plan defined the framework within which quality is reviewed and outlined the reporting process on quality and safety indicators.

Enterprise risk management includes the methods and processes used by organizations to manage risks and seize opportunities related to the achievement of their objectives.

Last year, Interlake-Eastern's Board adopted a framework for risk management that involved identifying risks relevant to the strategic plan, assessing them in terms of likelihood and magnitude of impact, determin-

Our big dots

The Board has completed its third year of monitoring the Regional Risk Register. The register, which is a part of the overall Enterprise Risk Management process, was initially developed by identifying risks relevant to the strategic plan, assessing the likelihood of risks occurring and their potential impact on the RHA. A mitigation strategy and action plan for each risk was developed and is regularly monitored by the Board. To date more than 70 per cent of the plans have been completed. The remaining plans are moving towards full completion. This approach significantly reduces risk across the organization as it continues to mature.

At the program level, risk within the Acute Care Program has been assessed through the Risk Assessment Checklist developed by our insurer, the Healthcare Insurance Reciprocal of Canada. The checklists assist the organization in identifying areas of improvement with the goal of implementing the mitigation strategies identified over a three year cycle.

The Board continues to monitor the three Big Dots that they have identified through the review of the strategic plan and enterprise risk management information:

Human resources

Improve position vacancy rates

Through a variety of targeted recruitment and retention activities the overall vacancy rate has decreased by 9 per cent in the last year. This significant improvement positively affects the ongoing stability of health care services delivery in our region. Of note, there has been an increase in aboriginal representation in the workforce.

Increase emergency access

Access to regional emergency departments has remained consistent over the past year. Services are temporarily unavailable if a doctor is not onsite. Communication with residents has been enhanced and ED schedules are now available on the regional website.

Improve positive patient experiences

Patient experience results are obtained through paper surveys sent to clients who have sought in-patient care, personal care and/or mental health services. The aggregate score has remained consistent over the past year. the region plans to expand patient experience surveys to additional programs in the coming year.



Interlake-Eastern Health Foundation works with the community and our staff to raise money for Interlake-Eastern RHA health programs and services that benefit residents from across the region.



ing a response strategy and monitoring progress. By identifying and proactively addressing risks and prioritizing them on a risk register, the RHA is ensuring activities undertaken remain consistent with our strategic plan, appropriately address risks in our region and enhance the region's ability to completely fulfill its mandate.

Board governance evaluation

The Board continues to take an active role in ensuring that Board governance practices are meeting or exceeding industry standards. Directors undertake a self-evaluation and they continue to use Accreditation Canada's Governance Functioning tool to evaluate Board operations.

This tool lets Boards assess their structure and function against Accreditation Canada's standards. It helped directors develop an action plan to address any governance shortcomings.

Interlake-Eastern Health Foundation has launched!

The Interlake-Eastern Health Foundation provides financial support to the region's facilities and programs to enhance patient care. The Foundation looks forward to partnering with members of the community and our staff to implement a wide variety of fundraising initiatives to achieve its goals!

This past year, the Foundation established its 'ways to give' which include:

1. Highest Priority Fund:

Each year, Interlake-Eastern Regional Health Authority puts forward recommendations for the highest priority needs in our region.

2. Areas of Interest Fund:

Donors can choose where monies go based upon the needs of people, programs or facilities:

2a. For donations \$500+ donors can specify where they want their gift to go. Decision based on needs of location or facility.

2b. For donations \$25+ donors may also specify that their gift be a contribution for one or more of the following programs in our region.

Healthy Living category includes: rehabilitation services, services to seniors, home care, dialysis and EMS etc.

Acute care category includes:

In-patient care, diagnostic services, and surgery.

Mental health services category includes: Mobile Crisis Intervention and the Crisis Stabilization Unit.

Palliative Care category includes:

Improving the quality of life of patients and their families facing the problems associated with life-limiting illness.

CancerCare category includes: all cancer services like chemotherapy, etc.

3. Interlake-Eastern Health Fund: The region's undesignated endowment fund.

4. Operating Fund: Donations to this fund are used to help offset the costs of operating the Foundation.

5. Other Named Endowment Funds - \$10,000 is required to start a specified endowment fund.

"My uncle always commented on how wonderful the staff were at the Selkirk Hospital. As he watched the new hospital from his room he often commented on what a great facility it would be when it opened and how many people would benefit from it well after he was gone."—Brent Wynnyk, Nephew of Bill Cholosky (First Endowment Fund opened at the Foundation)

"I am so proud of the work that the Lions Club of Selkirk and District has done with the collaboration of other Lions Clubs and the Interlake-Eastern Health Foundation to improve the lives of people of Manitoba."—Lion Gerald Fontaine, IPDG 5M 11-LCIF Grant Administrator

Major consultations

The CEO regularly meets with elected representatives and health care groups across the region to maintain open communication about health care concerns that affect their constituents.

Annual General Meeting in Stonewall

Interlake-Eastern's fourth Annual General Meeting held in Stonewall in October attracted approximately 100 community members, staff and directors. The meeting opened with guest presenters, Dr. Michael Routledge, former chief provincial public health officer who

spoke about public health topics from the 2015 Health Status of Manitobans and Dr. Karen Robinson, regional medical officer of health who spoke on rabies prevention and vaccination. Interlake-Eastern's CEO, Ron Van Denakker, discussed the RHA's efforts to stabilize access to emergency care including stabilization of emergency departments and emergency medical services; improving access to hospital and personal care home beds in the region; building primary health care to provide people with better access to non-emergency care; and recruiting physicians. Van Denakker also spoke about the recruitment opportunities that the new regional health centre in Selkirk would offer.

Community health committees

CEO, Ron Van Denakker, regularly meets, and discusses health care issues, with elected leaders in the region. Our staff members also work with health groups to provide updates to the community about health services in their area. Our CEO regularly communicates with community leaders through an emailed "CEO Report to the Community". In addition, the RHA is fortunate that it has the opportunity to participate in and contribute to three community based committees that have been established to identify and help address health care challenges.

The North Eastman Community Health Committee and the RHA's physician services team worked to recruit a second doctor from the United Kingdom. Dr. Christopher Williams will start with the region in April 2017. Dr. Manish Garg was the first physician recruited by the North Eastman Community Health Committee and Interlake-Eastern RHA through a pilot project with international recruitment firm, Waterford Global Inc.

Much collaboration has occurred between the health groups and

our primary health care team to build capacity in these areas to accommodate more patients and educate communities about primary health care progress in the region. A number of RHA representatives have attended these meetings to provide updates on programs and services and answer questions.

Our RHA continues to work with the Interlake Healthcare Sustainability Committee to address physician shortages and meet Teulon and surrounding communities health care needs.

The RHA is also meeting regularly with the Highway #6 Health Planning Group that focuses on health issues in Eriksdale and surrounding area. This dialogue is important as we explore acute care and primary care opportunities for physicians practicing in the area and those we hope to bring in to improve the reliability of local emergency department services.

Local Health Involvement Group Integration

With the establishment of the region's Local Health Involvement Groups (LHIG), the RHA's Board of directors now have a direct line to additional community representative feedback and input. We have successfully implemented three LHIGs: Central LHIG – Northern most limit of East. St. Paul, including Selkirk, Beausejour, Oakbank and Stonewall; East LHIG – Commencing at the point of intersection with the Eastern boundary of the Province of Manitoba and the Southern limit of the Trans Canada, including all towns and First Nations on the East side of Lake Winnipeg and; West LHIG – North Western most limit of the RM of East St. Paul to the intersection with the shoreline of Lake Manitoba including all towns and First Nations up to and including Berens River First Nation. Twenty-one individuals have volun-

teered their time over the past year to compile community feedback in response to Board generated points of investigation. 14 LHIG meetings occurred across the RHA last year from September to May.

LHIGs have submitted feedback on primary health care messaging, patient advocacy, emergency services, and patient engagement over the past year. Response to each question generates a LHIG report to the Board that includes recommendations. The Board has embraced LHIG recommendations and put processes in place to meet them or evaluate progress towards meeting them. The need for two-way communication between our communities and the Board is evident so we work hard to ensure communication between both audiences continues.

Board Assurances

For the second year now, the Board continues to receive a comprehensive CEO narrative that outlines activities under the health plan occurring within the CEO's mandate as well as every program area for that month. Vice presidents routinely attend Board meetings to respond to questions or elaborate on projects as requested by the Board. In addition, upon request or permission, the Board receives presentations from staff regarding specific programs and services to provide more in-depth Board understanding of these programs and services and to enhance overall Board understanding of RHA operations.

Funds Allocated Properly

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 com-

mittee 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 RHA's vice president of finance and chief financial officer regularly attends both committee meetings and Board meetings to provide the Board with an overview of the financial status and clarification on related issues.

Fiscal Responsibility in 2016-2017

Our region adopted more stringent fiscal responsibility measures to reinvest in patient care initiatives and other desired work that may otherwise be unfunded or underfunded. Our region's mutually agreed upon regional strategic priorities are an essential component of a decision making framework that helps guide fiscal decision making at the senior and regional leadership level. By including staff in fiscal responsibility, we are engaging them in the operations of the RHA in a meaningful way with tangible consequences. Our senior leadership team also modelled fiscally responsible decision making that is aligned with regional strategic priorities, that reflect the expectations being placed on directors/managers and that recognize accomplishments.

Our senior leadership team worked to develop a fiscal manage-

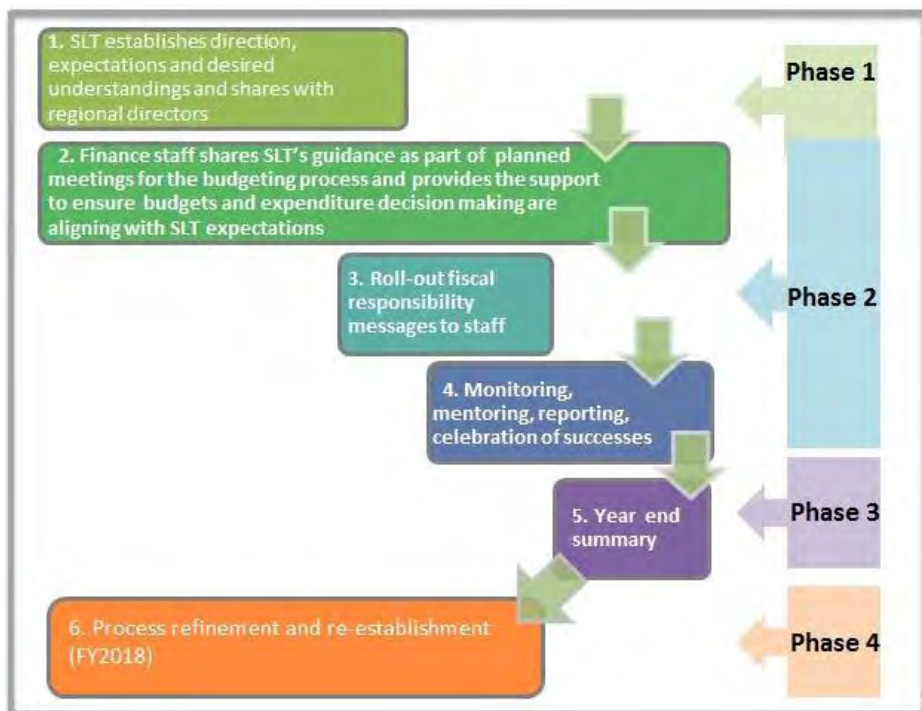
ments savings plan that will achieve the \$7 million targeted financial savings goal for FY2018 that we've embarked upon with the province.

Organizational & Advisory Structure

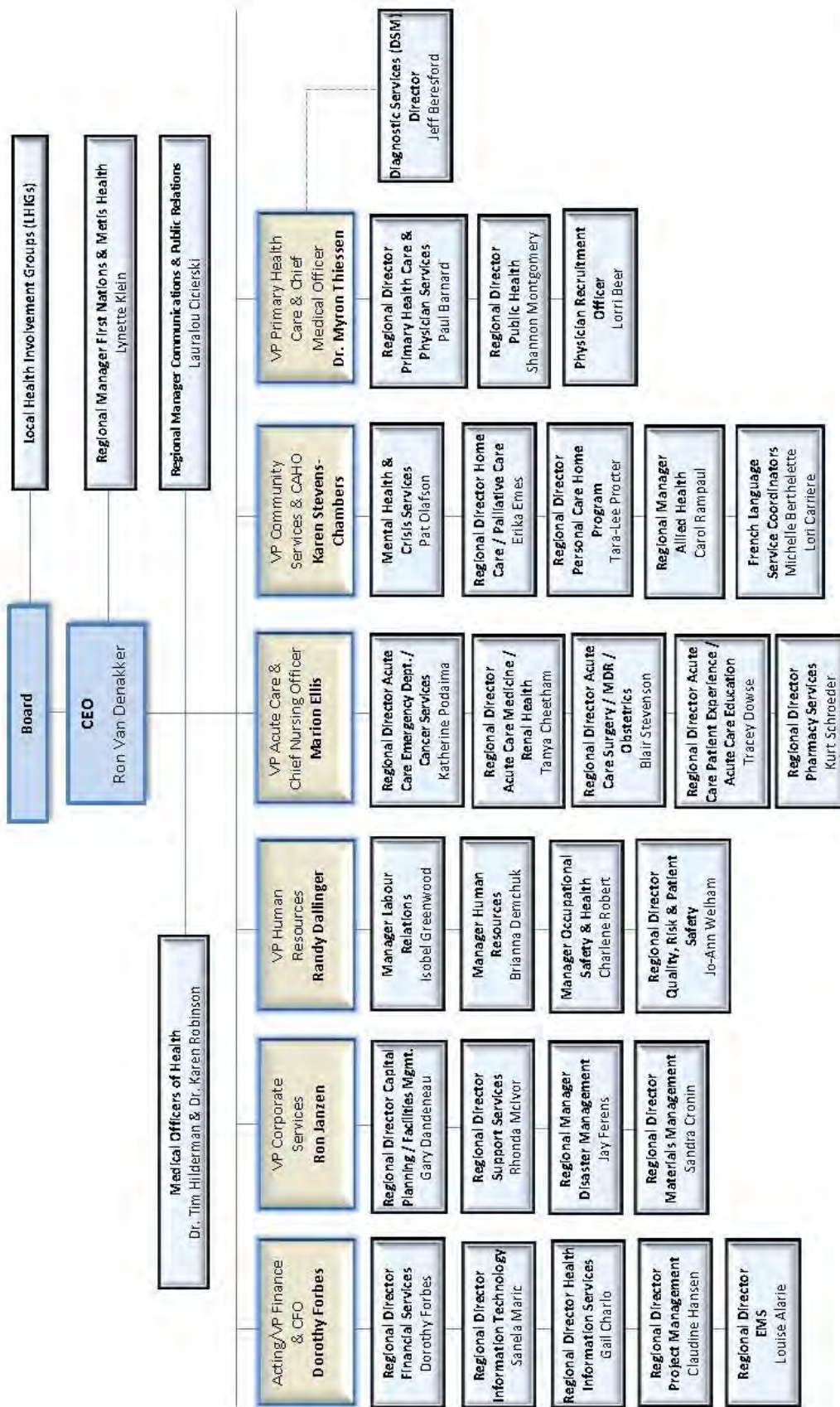
Since we've said goodbye to Betty MacKenzie, following her retirement from the vice president of community services position, we've added Karen Stevens-Chambers as our vice president of community services and chief allied health officer to the senior leadership team. Karen leaves her previous role with us as regional director of home and palliative care services of which she served for almost 10 years.

Cynthia Ostapyk, vice president of finance and chief financial officer retired on January 27, 2017. Throughout her career with us, Cynthia also served as acting Vice President of Human Resources and most recently taking on Emergency Medical Services into her busy workload.



She agreed to continue on two days a week until June 2017 when the Selkirk Regional Health Centre opened to wrap up some key projects and continue to support, information technology, health information services and the project management office to align with the move into the new hospital. We thank Cynthia for her valuable contributions and wish her luck in the future.



We communicated with the region's stakeholders throughout the 2016-2017 fiscal year about fiscal responsibility with an emphasis on program's saving 10 per cent in the following categories: travel costs, meeting expenses and supply costs.



March 31, 2017

				
Provincial Priorities	Provincial Health Objectives	Regional Strategic Directions		RHA's Big Dots
Priority 1 Capacity building		Building today for tomorrow	We are committed to making the most of our human and financial resources to ensure that we are in the best position possible to serve our communities today and into the future. All decisions are based on evidence, ethics and efficiency.	Reduce human resources vacancy rates
Priority 2 Health system innovation		Innovation, learning and growth	We embrace new ideas, explore opportunities, focus on innovation, and build and strengthen partnerships	
Priority 3 Health system sustainability		Keeping it going and moving it forward	We will meet the needs of our clients and patients by sustaining our current levels of care and service delivery. We will choose wisely, have the courage to address challenges, focus on our priorities and take action to provide the best care possible.	
Priority 4 Improved access to care	<ul style="list-style-type: none"> • Wait times & access strategy • Continuing Care Blueprint • Family Doctors for All • Cancer Patient Journey 	Expanding opportunities	We welcome all people we serve with approachable, accessible and appropriate care and services by providing the right care, in the right place and a the right time. We want to contribute to the vibrancy and health of the communities we serve.	Increase emergency department access
Priority 5 Improved service delivery		The best we can be	Each healthcare experience is as unique as the person being cared for. We will deliver quality and safe care by doing it right and doing it well through a person-centered experience. We will be accountable for using human and financial resources wisely.	Increase positive patient experiences
Priority 6 Improving health status & reducing health disparities amongst Manitobans		Getting better, staying healthy	Challenges related to education, income, culture, and social factors can make it harder to stay healthy. It is important to us to work with everyone to improve their health. We plan to do this through strong partnerships and by working together to find new ways to improve the health and well-being of everyone we serve. We will create a legacy of health and wellness for generations to come.	



Provincial health objectives

In spring of 2016, the provincial government outlined priority areas for health. The intent was to strengthen the health care system in key areas as outlined here.

Building a sustainable health care system

Health care accounts for the largest part of provincial expenditures so we are an area of primary focus. The phase one report of the KPMG review of government departments with a specific review of health care has very high level recommendations on immediate opportunities to improve efficiency. Phase two of the report included an implementation plan for addressing opportunities over the long term. Our Board approved our 2016-17 budget with a \$23 million deficit. Fiscal responsibility measures (like our staff generated 10-10-10 program) have contributed to us being able to reduce that deficit by around \$2 million. Our senior leadership team asked programs to identify opportunities to reduce budgets by 2.5 per cent as part of an additional review to further reduce our deficit for the 2017-18 budget.

Lower ambulance fees

Our region eliminated the \$3 ambulance fee charge per kilometre making the cost for an ambulance consistent for all our residents regardless of how close they live to a hospital. The province formed a working group with representatives from the regional health authorities to continue to implement fee reduction moving forward. Typically fees are used to offset the costs of operations. Our ambulance fee of \$330.00 remains one of the lowest in the province.

Ensuring there are enough beds

To assist the province in ensuring there are sufficient long-term care beds to meet the needs of Manitobans, we continue to evaluate our bed mapping situation and advocate for recommendations from our 10 year PCH plan to address regional bed

shortages. This continues to be a particularly pressing need for Interlake-Eastern RHA as for many years we have been operating at or near 100 per cent bed occupancy in our personal care homes and hospitals. Within this plan, we've integrated the need for behaviour management, treatment



Community volunteers Kirsty Morrison (pictured in the middle), Arlene Farebrother and Gil Farebrother made twiddle muffs for the residents of Rosewood Lodge Personal Care Home and Stonewall Good Timers, an adult day program. Twiddle muffs are a therapeutic craft for patients with Alzheimer's disease as the bright colours, different textures and decorations give them something to do with their hands and can help calm restless impulses. Left to right: Recreation coordinator Carrie Munroe, volunteer Kirsty Morrison and adult day program coordinator Sheryl Steinthorson-Taylor.

beds, resource supports as well as bariatric beds. We're advocating for these specialty beds and expertise on behaviour management to be available across the region as we're experiencing increased need for supports of this nature for community members, our residents and our staff.

Our region continues to recruit physicians both internationally and here at home in Canada or from Manitoba to service our hospital emergency departments and specialty areas.

Keeping doctors in Manitoba

As more doctors join our region, it's important to make them feel supported in the work they do. The Medical Advisory Committee meets regularly to grant privileges, provide an avenue for information sharing about new programs and resources and ensure consistent dialogue between physicians and Interlake-Eastern RHA staff. Our region also started distributing a physician newsletter called *The Provider* to strengthen the ties between our region and private physicians, regional physicians, physician assistants and nurse practitioners.

Shorten ER and priority procedure wait times

By strengthening our primary health care structure in the region, we will succeed at keeping our emergency departments for those in need of critical care.

Work has begun to align our clinical services with that of the provincial primary care plan. Our primary health care team has taken strides to identify suitable clinics in our region to be home clinics. The team identified all but one of our region's sites were eligible for registration as a home clinic. At the time of this report, 15 of our 16 sites have been registered as home clinics. A home clinic is a primary care clinic that provide patients with timely access to care, coordination of their health care



Dr. Chris Williams was the second physician recruited by Waterford Global, a physician recruitment firm who worked with Interlake-Eastern RHA and the North-Eastman Community Health Committee to find a suitable candidate for the Lac du Bonnet/Pinawa/Whitemouth area.

within the health-care system, and management of their health-care records.

Working to establish a clinical teaching unit in the region

In November 2016 an information session hosted by the region and representatives from the University of Manitoba and Manitoba's Office of Rural and Northern Health (ORNH) met with community leaders, local government representatives, and a few physicians to discuss the development of a local physician training site based in Selkirk. Development of a regional residency program and clinical teaching unit is part of the long term physician recruitment strategy for Interlake-Eastern RHA. Work with community leaders

and our physicians has begun to plan a hub and spoke model with Selkirk at the hub and a series of community hospitals and clinics as spokes. Research has shown that clinical teaching units are instrumental in recruiting new physicians who have trained in the region and in retaining physicians who now have teaching opportunities as part their practice. The new clinical teaching unit will also include primary care clinical space for new physicians which is in high demand in Selkirk where clinic space is the largest single barrier to recruiting new family physicians. Next steps will be to meet with local governments to identify specifics required for development of a home primary care clinic in Selkirk that would be affiliated with the clinical teaching unit.

International recruitment efforts

Dr. Myron Thiessen in his role as vice president of primary health care and chief medical officer, actively participates with his colleagues from other RHAs and representatives from the province in a provincial group working on international physician recruitment. The provincial group is working to develop a professional physician recruitment video for use nationally and internationally.

This past fall, our region participated in a provincial recruitment initiative in the UK. So far Dr. Benton from Ireland has committed to join us in 2017. She will be joining the team at Stonewall Medical Group.

Further, Dr. Williams joined us in Lac du Bonnet and Pinawa this past spring.

Strengthening locum physician support

One other promising result of our efforts over the past 12 months to try to address physician coverage gaps has been new ongoing relationships with a group of locum physicians who are now regularly working in our region on a short term basis supporting both our clinics and emergency departments.

Finally in terms of other prescribing providers, a physician assistant, Steven Piotrowski, recently started in Beausejour.

A mental health strategy

Our region continues to invest in mental health programs and services that help reach our residents across the region. One program that saw us partner with the Canadian Mental Health Association of Manitoba is Bounce Back. Bounce Back is a mental health program for people 18 and over experiencing low mood, depression, stress, worry and/or anxiety. We also offer public sessions on Liv-

Primary health care means:

Having access to a regular family doctor or nurse practitioner aligns with Manitoba Health's Primary Care Strategy. The Province of Manitoba is making strategic investments in health care to provide better care and develop a sustainable health care system. Primary care is the foundation of the health care system and its development across this region is a priority.

Primary health care refers to an individual's health care provider, or team of health care providers, being accessed on a regular basis for every day, non-urgent health concerns and regular health maintenance.

For example, primary care refers to those times when people receive a diagnosis, treatment or help with a health problem.

ing Life to the Full, which is eight weeks long and group based for assistance with mental health issues.

Revamping primary health care to provide more timely access to care for all

We are working to meet the needs of Interlake-Eastern's residents and attempting to support building additional patient capacity within RHA and private clinics while building our primary health care capacity.

Many people think of primary care as typically provided by family doctors, but it can include nurses, midwives, dietitians, pharmacists, mental health professionals, therapists and others.

Primary care services lead to:

- less need for hospital and emergency department visits

- safer care
- more satisfied patients
- lower health care costs

The care offered crosses programs and services, supports long-term doctor/patient relationships and provides faster, more focused access to primary care.

Good primary care leads to a high-quality, sustainable health care system.

We know our clients who do not have a regular health care provider attend our emergency departments with ailments that typically could be looked after in the primary health care setting. Helping clients find a provider can help decrease pressures on Emergency Departments.

Home clinics

A home clinic is a patient centered primary care clinic that serves as a patient's home base within the health-care system. Home clinics are primary care clinics that provide patients with timely access to care, coordinate their health care within the health-care system and manage their health-care records.

Having a home base clinic helps support comprehensive and continuous care throughout a patient's life.

Patients are asked if they'd like to "attach" to a home clinic meaning they will be registered as receiving continuous care through that specific clinic and the care providers affiliated with that clinic.

My health teams

My Health Teams are about bringing teams of care providers (whether located in the same offices or virtually connected online) together to work with patients/clients to make sure they get the care they need, when they need it.

My Health Teams are built around strong partnerships. Teams of

care providers work together to plan and deliver services for a geographic area or specific community or population. My Health Teams are less about physical space, and more about leveraging and building on existing services and enhancing them so that patients/clients are offered more co-ordinated and comprehensive care.

Most of all, My Health Teams are about providing excellent service to Manitobans that is designed around community needs. Once well-established, all My Health Teams must provide a common set of services to their communities.

We're working on primary health care programming to integrate indigenous healers and medicine men into our home clinics in the Pine Falls area. Because of our partnership with the Giigewigamig Traditional Healing Centre in Pine Falls we are able to do that.

A plan for providing access to family doctors

Right now, access to family doctors is not the same across the province. Family Doctor Finder (fdf) is a provincial program supported by the region that works to connect those who do not have a regular home clinic with a regular healthcare provider.

Family Doctor Finder has helped connect more than 3200* people in the region with a family doctor or nurse practitioner since the program's inception. Registrations in the program continue to increase as word spreads about the program. To date, more than 4200* people have registered with Family Doctor Finder within our health region.

Feedback from people who have used Family Doctor Finder to connect with a primary care provider has been extremely positive. Those who are waiting for a provider in their area to start accepting new patients have indicated they appreciate

FAMILY DOCTOR FINDER

Register with
Family Doctor Finder
online at:

manitoba.ca/health/familydoctorfinder

Phone toll-free:
1-866-690-8260

Monday to Friday
between
8:30 a.m. and 4:30 p.m.



the service and the comfort of knowing that someone will contact them when a provider is available.

Family Doctor Finder began as a provincial pilot program in 2013 as part of a broader health care strategy. It has helped more than 71,000* Manitobans find a family physician or nurse practitioner – a 96 per cent success rate. Since 2015, the program has maintained a minimum quarterly 80 per cent connection rate to a primary care provider within 30 days of registration.

Family Doctor Finder staff working in the health regions as primary care connectors work closely with clinics to stay current on which providers and clinics are accepting patients. Some clinics in the province are using the program as an entry point to their services and are finding it helpful in managing waiting

lists. Others appreciate having an outside community contact for people who are looking for a provider.

Family Doctor Finder also provides a mechanism to monitor the demand and capacity for primary care services in the region. Over time, this will allow the region to tailor programs and services to meet the needs of different locations.

* Data reflects program status as of March 2017.

Regional strategic directions



Interlake-Eastern
Regional Health Authority



REGIONAL STRATEGIC DIRECTION

Building today for tomorrow

We are committed to making the most of our human and financial resources to ensure that we are in the best position possible to serve our communities today and into the future. All decisions are based on evidence, ethics and efficiency.

INCREASE: **Big Dot...**
Emergency department Access

Some of our program metrics

Number of new physicians recruited*	
Family Physician	5
Hospitalists	1
IMG	3
Locum*	14
Obstetricians	2
Total:	25
Return of service agreements signed with medical students	3
Visits to ED without physician available	2274
Recruitment events	8

**Includes Locum ER Physician, Radiologists, Obstetrics, Surgeons
 Numbers as reported up to March 2017.

Physician recruitment

The physician services team recruited a total of 25 physicians this past year and worked to settle them into communities.

Selkirk hosts successful physician retreat

The successful physician retreat we hosted in Selkirk this past September is already paying off for the region. During the weekend retreat, our physician services department, in conjunction with community representatives, showcased the many career and practice opportunities our region has to offer. It was met with very positive feedback from the nearly 100 medical resident attendees. We've had more students request to be placed in our region for work experience over the summer than any other region this year! These work experiences are another step in forging relationships with upcoming young physicians that make our region more attractive to them when they complete their residency.

Rural interest group hosted in Selkirk

In March, we hosted 27 medical students from the University of Manitoba's rural interest group at Lac du Bonnet's ice fishing derby. Rural Interest Group (RIG) is designed to provide medical students with exposure to rural medicine (i.e. beyond the Winnipeg perimeter). The students were bussed out for a day of fishing and trike and bombardier rides across the ice. This RIG event was generously sponsored by Lac du Bonnet RM and town of Lac du Bonnet, Lac du Bonnet Medical Group, Office of Rural and Northern Health and Interlake-Eastern RHA. The fishing derby excursion was met with positive feedback from the students and gave the physician services team the opportunity to discuss employment opportunities with the students while exposing them to our region's landscape and winter lifestyle.

Exposing first year students to rural practice

Rural Week is a one week learning experience for all first year



Rural interest group students experienced the Lac du Bonnet Ice Fishing Derby where three students caught fish to be entered into a draw for prizes. In addition to fishing, students were taken on bombardier and trike rides.

medical students at the University of Manitoba. It provides an opportunity to gather first-hand experience and exposure to rural medicine and rural living. Participating communities showcase themselves and promote the opportunities and benefits of rural medicine. This year we had 11 students participate in Selkirk, Pine falls, Teulon, Pinawa and Lac du Bonnet. For many of these students, this was their first experience with rural family medicine and rural lifestyles.

Home for the summer offers excellent recruitment potential

Our Home for the Summer program saw 12, first and second year medical students work in the region for six to eight weeks. This is the most students we've had in many years! These students have roots in the Interlake-Eastern RHA either growing up or spending cottage time in the region. It is recognized that the most effective recruitment tool is one that builds on the ties to the communities that these students call 'home'. The program also allows these students to build relationships with physicians in

the region, relationships that we hope will be maintained long after this summer program is complete.

International recruitment

We maintained our relationship with Waterford Global to continue physician recruitment efforts in the United Kingdom. Dr. Chris Williams was successfully recruited in the 2016-2017 fiscal year.

Physicians are recruited from countries that the College of Family Physicians of Canada regards as having equivalent training to Canadian standards – meaning physicians can be licensed to practice upon arrival in Manitoba.

Physicians recruited through this pilot project have expressed interest in setting down roots and becoming long-term members of the communities they care for, an important consideration for the communities involved and the RHA.

We entered into this pilot recruitment relationship with Waterford Global with the support of the North Eastman Community Health Committee, composed of elected leaders from the Local Government District of Pinawa, Beausejour, Lac du Bonnet and the rural municipalities of Brokenhead, Lac du Bonnet, Reynolds, Springfield and Whitemouth.



Over one 100 medical residents and Interlake-Eastern RHA physicians packed the Selkirk Golf and Country Club in September for the Family Medicine Residents Retreat Wine and Cheese opening.

Attracting physicians to our more northern facilities

Over the past year we also strengthened our work with the Northern Medical Unit. One aspect was the opening of the new Brokenhead Ojibway Nation Medical Clinic (across from South Beach Casino online in Scanterbury). This clinic has opened with three part time Northern

Medical Unit (NMU) physicians and who will be working from a shared instance of EMR with the IERHA.

Health care staff—recruitment and retention

Management and leadership training
Recognizing that managers are key to engaged and effective staff, we have developed internal management training. Managers are given tools and information to provide direction and support to staff, encourage better communication and balance allowing for stronger retention. We also provide leadership training that allows for growth and development of our leaders, creating opportunities for stronger engagement and advancement.

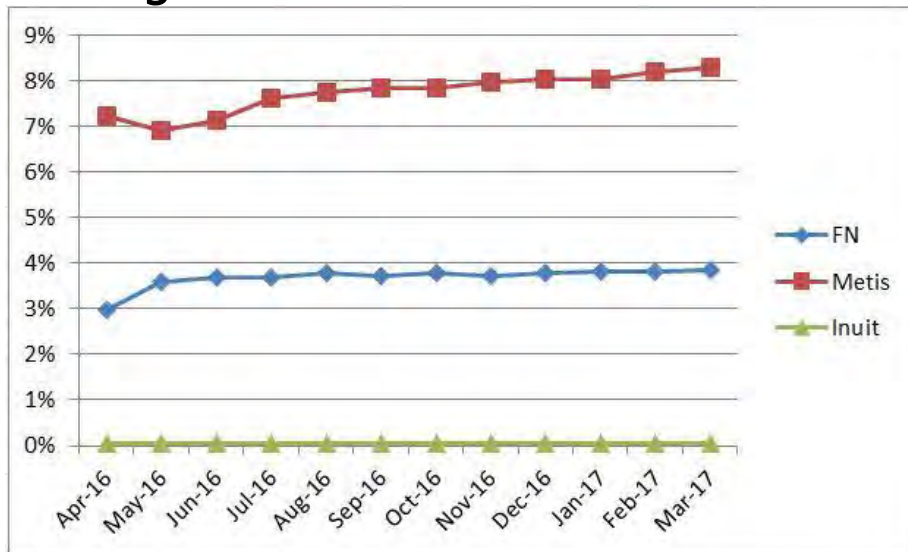
- Recruitment events details – 2016-2017
- IMG Intake Interviews Apr 20-22, 2016
 - Rural Week May 23-27, 2016
 - Rural Week May 23-27, 2016
 - Home for the Summer 2016
 - Family Medicine Resident’s Retreat – Sep 16-18, 2016
 - Western Canadian Alliance gave presentations to Canadians Studying Abroad in Ireland and London – October 18-22, 2016
 - Med I & II Presentation – Dec.7, 2016
 - Med Student Dinner – Jan.10/17
 - RIG Fishing Trip at Lac du Bonnet – Mar 4, 2017

Big Dot...

REDUCE:

**Human
Resources
Vacancy Rates**

Aboriginal Workforce



Aboriginal workforce

Our aboriginal human resources development team attended career fairs at Red River College, Brandon University, University of Manitoba, Herzing College, Robertson College, Rotary Career Fair. In addition, the team traveled to First Nation communities within our region to attend career fairs, treaty days and other youth events. This group also sits at the First Nation collaboration tables (east and west) to further engage the Aboriginal workforce. We also continue to have quarterly meetings with the Manitoba Metis Federation (MMF) and that relationship has allowed us to hire (annually) Metis summer students with the financial support of the MMF.

Further promotion of Aboriginal career opportunities in the region consisted of in-classroom presentations to youth that were also used to promote our internship program. Senior high school students are invited to take part in the Aboriginal Internship program.

Over the year, we've worked with other training institutes such as Fieldstone Ventures in Ashern, Winnipeg Learning Centre in Pine falls,

Peguis Education and Training, Manitoba Start in Winnipeg, to name a few.

We continue to explore other avenues of support that would allow us to get more indigenous people thinking and/or pursuing careers in the health care stream.

We also promote aboriginal human resources development at regional orientation and it is here where we also promote our Indigenous Cultural Awareness Program which was recently accredited by the Manitoba College of Social Workers.

The students provided the following summaries of their experiences:

I have had a great experience volunteering at Kin Place and look forward to continuing into the summer and my Grade 12 school year. . . I enjoy doing lots of 1 on 1 interaction with different residents and visiting the residents in their rooms and reading and singing to them. . . Some of the skills I have learned include teamwork and much improved multi-tasking abilities. Working in a philanthropic

position has given me a renewed outlook on life and I look forward to continuing this for years to come.—Justin Moyse

My time at Kin Place care home helped me gain a new sense of kindness and compassion for others. I am happy I had the opportunity to have the chance to explore a new career path that I am interested in and may continue in the future. I have gained skills such as being comfortable talking one on one with other people, talking in front of groups, becoming reliable/responsible and, lastly, being respectful of others. I am happy to have had one of the best volunteer experiences at Kin Place. —Thorunn Vatnsdal-Trudeau

This has been a completely new experience for me as my lifelong hobby has been mechanics. You may be thinking, why would a mechanic want to come here? As you may know my time in high school is just about up, I'm a grade 12 student and I'm graduating this year. I simply wanted to see what my options are and if this line of work was my thing. . . I couldn't possibly tell you all of the things I have learned and experienced here during my time working with the residents. . . This is why if there are ever any opportunities for me to work here in the future, I would love to come back. —Tristin Paizen

Home for the Summer

Ten students worked in the region during summer 2016, in addition to the 12 medical students previously reported. Health care professions represented by the students included pharmacy, acute care and



Interlake-Eastern RHA recognized 39 staff members who have been working in the region for at least 25 years. The RHA hosts an annual evening of recognition for staff members who have reached milestone anniversaries of employment where their managers and vice-presidents recognize them for their investments in the RHA and its residents. Shown above are attendees at the 2016 long service dinner.

personal care home nursing, community wellness, public health, and mental health. The Office of Rural and Northern Health assists the RHA in funding these positions for students who, after exposure to the region, may have a greater inclination to return to work for us upon completion of their studies.

Grow Your Own Bursary

Interlake-Eastern RHA provides a bursary for tuition fees to a maximum of \$2,550 per academic year to full-time students who are pursuing a career in a health care profession that is of mutual value to the applicant and the organization. The recipient can receive this bursary a maximum of two times. In order to apply for bursary funding, the applicant must have completed two (2) years of their program for a program of four (4) or greater years. The provision of a bursary is conditional upon a return of service agreement.

Last year, we approved 10 students for bursary funding. This year, 3 students were approved, with all 3 enrolled in the Bachelor of Nurs-

ing program.

Currently there are 14 people completing their return of service agreements with us.

Connecting with potential candidates via social media

We continue to increase awareness of the region and its recruitment and retention initiatives through regular Facebook and Twitter postings. We've also created a LinkedIn page and are working on a corresponding strategy to accompany it.

Staff Recognition



October is staff recognition month at Interlake-Eastern RHA. Staff with milestone anniversaries of 5, 10, 15 and 20 years are recognized by their managers on-site. Those who

have been with the region for 25 years and more will receive an invitation to a dinner hosted in their honour when they achieve 25 years and every five year increment after that. *I want to thank you for your commitment to this region. How you choose*

# of long-term service awards	398
Staff attending violence prevention training	3,368

to do your job and how you choose to care about what you do makes a world of difference to every one of us who benefits from the work you do. At the board level, we clearly understand that health care means nothing at all if there aren't people prepared to be that face of health care in our region.

Thank you for your dedication to your work and for your commitment to the communities you serve. –Oral Johnston, Board Chair at the 2016 long service dinner

Student volunteers gain new perspective

This past school year, three students from Springfield College Institute each volunteered 110 hours to support the recreation program at Oakbank's Kin Place personal care home. In exchange, these students received recognized school credits for their time according to regional manager of recreation, Lori Martin.

"The students have interacted well with the residents while assisting with programs," Martin said. "They were extremely helpful to our department and we feel that they learned a lot about compassion and providing programs to meet the various needs of the residents. They were able to work with a diverse population and adjusted their approaches as

needed. They all were very kind hearted and hard working."

Staff mental Health Wellness Toolkit

An interdisciplinary working group of mental health representatives, public relations and communications and occupational safety and health worked together to promote a Mental Health Wellness Toolkit created specifically for our staff by students from the University of Manitoba. This toolkit aims to help staff see the signs and symptoms of stress, burnout and other mental health conditions and connects them to the appropriate resources available. The toolkit was promoted through the staff e-newsletter and presented at

various leadership meetings so managers could encourage their staff to use the toolkit when needed.

Health Career Exploration

We are working with Pinawa High School to deliver three health career sessions. Students toured an EMS ambulance, learned how to use lifts and tried on different goggles to simulate the visual impairment people in personal care homes may experience. These activities were aimed at piquing their interest in exploring a career in health care. In follow up, we will be offering a volunteer internship and a paid summer internship for four students.

Committed to actively offering services in French



Active Offer is the set of measures taken to ensure that French language services (FLS) are readily available, publicized, easily accessible and that the quality of these services is comparable to that of services offered in English. In our commitment to providing services in French, the Interlake-Eastern RHA encourages French-speaking staff members to wear a Hello-Bonjour badge to identify themselves to fellow staff and to the public. Staff pursuing French language classes through the Université de St. Boniface receive a badge that says "*J'apprends le français*" (I'm learning French) that recognizes their

efforts and lets others know they'd like to practice their budding skills. French speaking clients self-identify either directly or by their response to active offer

12 employees took advantage of the selection of French language learning opportunities available to IERHA staff.

Building today for tomorrow Increase bilingual workforce serving designated centers

Bilingual staffing was provided for Mobile Wellness events delivered in each of our designated communities: Kickass Women's Day in Powerview-Pine Falls April 30, 2016; St. Laurent Senior's BBQ – August 18, 2016. The electronic survey used at Mobile Wellness was also translated and is now available in both official languages at all events across the region.

Interlake-Eastern launched its 2016-2017 Healthy Together Now program simultaneously in both official languages including posters, e-newsletters and website.



Pictured from left to right: Susan Peitsch, HR generalist, and FLS coordinators Lori Carrière and Michelle Berthelette at a career fair at the Université de St. Boniface.

A series of mental health resources created for youth was translated and distributed to Francophone and Immersion schools in our designated areas.

Coffee on Us events took place throughout the region during the first week of May and included a bilingual event in St-Georges as well as French event at École Aurèle-Lemoine in St. Laurent. The event at École Aurèle-Lemoine was also part of an ongoing needs-based project at the school focusing on mental health and wellness.

Translations: 83 documents (53,516 words) were translated and made available in both English and French.

Building our capacity to deliver services in French

In keeping with Interlake-Eastern RHA’s mission, vision and values, a two-part Active Offer training was delivered by Santé en Français to more than 90 managers in April and November.

French Language Services partnered with Human Resources and Communications to run a region-wide campaign asking current staff to self-declare their linguistic abilities. All new hires receive the Linguistic Self-declaration form and the information is added to the database. Through this project we have been able to establish a regional baseline of linguistic capacity that is being used to meet demand as well as identify and address gaps.

The Interlake-Eastern Regional Health Authority has a French Language Services Policy, an Active Offer Policy and a Translation Policy which guide our initiatives.

To further build our capacity to deliver services in French, efforts were made to attract bilingual employees. Key steps taken included:

- translating recruitment materials
- attending a recruitment fair at the Université de St. Boniface
- signing a 5 year agreement with Université de St. Boniface for student practicums

Two students from École Communautaire St-Georges took place in a community service student initiated project. The project was coordinated by the Aboriginal Human Resource Department Development Assistant. We hope such opportunities will encourage these bilingual students to consider careers in our

designated centres. As part of their site orientation, French Language Services welcomed the students, provided them with Hello/Bonjour badges and brief overview of active offer.

Collaboration and partnerships with the Francophone community

A partnership with the Bachelor of Nursing program at the Université de St. Boniface and the Consortium National de la formation en santé resulted in a community health project being conducted by nursing students at École Aurèle-Lemoine in St. Laurent. The students completed a community health intervention based on a community health assessment they conducted.

FLS coordinators participated regularly in Santé en français meetings and subcommittee working groups. Collaboration included contribution to projects such as the creation of a new Active Offer video, and review of the provincial designation policy.

Ongoing challenges include the recruitment of bilingual employees as well as identifying and building upon our current internal capacity to deliver services in French. Looking forward, we are exploring more creative avenues to communicate with our Francophone populations in order to increase their awareness of services available, and for them to assist us identify gaps and needs.

Despite these challenges, providing our services in the official language of choice remains a priority as it improves quality of care and ensures we are providing safe, effective and efficient care. Addressing linguistic barriers reduces risks of misdiagnosis, unnecessary testing and the need for more intensive services. Client satisfaction and compliance also improve when communication is improved.



Pictured are Université de St. Boniface 3rd year nursing students Sara Lavallée, Christian Cormier, and Jessica Gagliardi, with IERHA project liaison Lori Carrière, Primary Care Nurse & FLS coordinator at the St. Laurent Health Centre.

Human resources data: Designated positions & bilingual capacity (as of March 31, 2017)

# of designated bilingual positions	26.1 FTE
# of bilingual positions filled with bilingual staff	4.0 FTE
# of French speaking staff in the organization	23.32 FTE (plus 4 casuals)

REGIONAL STRATEGIC DIRECTION

Innovation, learning & growth

We embrace new ideas, explore opportunities, focus on innovation, and build and strengthen partnerships.

Mental Health Commission of Canada Conference

Jill Hodgson-McConnell, mental health clinical specialist with our mental health program was one of 35 applicants selected from across Canada to attend the Supporting the Promotion of Activated Research and Knowledge (SPARK) training workshop in Ottawa. Created and hosted by the Mental Health Commission of Canada (MHCC), the SPARK Training Program sees participants train with knowledge translation experts, then they take on individual assignments with ongoing group mentoring.

SPARK is designed to help participants apply techniques for moving evidence-informed research and knowledge in mental health, substance use and addictions more quickly into practice. Ninety-seven people submitted project proposals for consideration by peer reviewers for participation in this year's workshop, and only about one in three was accepted. For those invited to attend, MHCC covered airfare, meals and accommodations.

Based in Oakbank, Jill is a mental health clinical specialist with our mental health program. She and her colleagues regularly work with a variety of health care professionals to address peoples care needs. Her SPARK project focuses on identifying themes in best practice that can span across the professions involved in the delivery of mental health care. Ultimately, she'd like to establish a framework for service providers that will support consistency of service delivery across the region when it comes to mental health and related care.

"I'm tied to Spark for the next year," Last summer, Jill started working from a timeline that sees her develop her knowledge transition plan, implement it, evaluate outcomes and send progress reports back to SPARK. Helping her throughout the year is a mentor at the University of British Columbia who specializes in knowledge transition.

"I feel very grateful and lucky to have attended," Jill said.

Living Life to the Full

The first Living Life to the Full group has been completed in the Selkirk area this past fall. Living Life to the Full is an eight week group offered to the general public for assistance with mental health issues. Fifteen public participants completed the training with high satisfaction. We have received requests for an additional class to be offered again the following fall. This is a partnership with the Canadian Mental Health Association.

Mental health clinical supervision model builds staff skill sets in existing models of care

The Mental Health Clinical Specialist staff person will be building staff's clinical supervision skills for a one year trial, focusing on our adult Community Mental Health Workers staff group.

Clinical Supervision is an essential part of a high standard of professional practice that contributes to supporting quality improvement, managing risks and increasing accountability; it is a tool for managing and ensuring continuous improvement in service delivery.

The goals and benefits of providing clinical supervision are ensuring job satisfaction and sup-

porting staff adapting to change as well as to ensure quality improvement/evaluation of services.



Promoting Bounce Back—self-managed mental health

Interlake-Eastern RHA partnered with the Canadian Mental Health Association's (CMHA) provincial office in 2015 to increase residents' access to mental health services in the region.

Bounce Back: Reclaim your Health is delivered through the Canadian Mental Health Association, Manitoba in partnership with the Interlake-Eastern Regional Health Authority. Bounce Back is a mental health program for people 18 and over experiencing low mood, depression, stress, worry and/or anxiety. A diagnosis is not required to participate in Bounce Back. The program is only available through CMHA Manitoba in Winnipeg, the Winnipeg Regional Health Authority and Interlake-Eastern Regional Health Authority.

There are two evidence-based, cognitive-behavioral therapy (CBT) interventions that the Bounce Back program employs. The first is a psycho-educational video (online or DVD) for anyone wanting to improve their mental health by learning new techniques to reduce symptoms.

Bounce Back offers help with a DVD, called *Living Life to the Full*, that provides practical tips on managing

mood, sleeping better, building confidence, increasing activity, problem solving, and healthy living. It also provides a community “coach” who provides telephone assistance with a variety of self-selected workbooks in a structured way to improve emotional well-being. This part of the program usually involves three to five telephone sessions with a Bounce Back coach that people can do from the comfort of home.

After the patient completes the program, primary care providers are sent a report of patient outcomes.

- 100 per cent of practitioner respondents rated the orientation and interaction with Bounce Back coaches as either good or very good
- 77 per cent of practitioner respondents rated the overall quality of the Bounce Back Service as either good or very good
- 92 per cent of practitioner respondents rated the communication received regarding patient risk as either good or very good
- 77 per cent of practitioner respondents rated their commitment to refer future patients to Bounce Back as either good or very good
- 77 per cent of practitioner respondents rated their willingness to recommend Bounce Back to other practitioners as either good or very good

Bounce Back Patient commends program for being “more in tune with myself again”

When Amber went out with friends last January, she remembers feeling withdrawn, insecure (like everyone had their eyes on her) and

wasn’t interested in getting up and dancing. Just four months later, after participating in a supported self-management BounceBack program, she was feeling better.

“By the time we went out again in May everyone could tell how much happier I was. They could tell by my talking and my smile,” says the 43 year old mother of two from Komarno.

In 2015, Interlake-Eastern Regional Health Authority (RHA) partnered with the provincial office of the Canadian Mental Health Association (CMHA) to pilot Bounce Back. Two years later, Interlake-Eastern RHA region is pleased to be offering these services on a full-time basis to residents like Amber.

Amber says the different components of the program worked together to help her on her road to recovery.

“There was the option of still speaking to someone (over the phone) if I needed to but it wasn’t as intimidating as looking at someone one-on-one in person. I liked the flexibility of it all,” she says, “I liked the booklets that came so that you question yourself and push yourself. I learned you can’t take care of everyone else if you can’t even take care of yourself. I learned a little more patience with myself and I learned its okay to feel absolutely low and it’s not the end.”

Now, Amber enjoys playing with her daughter, working in the garden and push mowing her 10 acre lawn for the exercise.

“I used to be a ‘light at the end of the tunnel’ kind of girl and I fell into a kind of a funk and it helped me to see that light at the end of the tunnel again.”

For information on health care providers referring to Bounce Back, call 1-844-733-8181 or visit bouncebackmb.ca.



Sandra Tower-Pace, Bounce Back coach is pictured with Dr. Ian Alexander, one of the doctors from our region who refers his patients to the Bounce Back program and follows through with their care.

Since 2008, the Bounce Back program has helped over 25,000 Canadians through phone coaching and distributed over 120,000 skill-building DVDs to help people recognize and deal with symptoms of depression.

REGIONAL STRATEGIC DIRECTION**Keeping it going & moving it forward**

We will meet the needs of our clients and patients by sustaining our current levels of care and service delivery. We will choose wisely, have the courage to address challenges, focus on our priorities and take action to provide the best care possible.

Working with communities to address our long term care bed shortages

In January the government announced that it would be cancelling plans to build an 80-bed personal care home in Lac du Bonnet. As a result, our region is looking for more ways to address the bed shortages in the area. Over the past year, our Vice President of Capital Planning, Ron Janzen and Vice President of Community Services and Chief Allied Health Officer, Karen Stevens-Chambers, have been conveying the province's changes to the PCH model of funding with our community leaders. As a result, we have seven communities actively working on proposals for personal care homes in their community with major community options. With a shift in where the majority of personal care home funding comes from, our regional health authority is busy building partnerships with communities to better educate them on their options. We're now relying heavily on advocating and coaching communities to prepare meaningful proposals. Our role is to engage community leaders to take the lead on PCH development in their community.

Mock Hospital Disaster Exercise helped different agencies work together effectively during a shared response scenario

Last fall, in Hodgson, Manitoba, our disaster management team led a mock disaster response training exercise for multiple providers and health professionals to take part in. Officials from Health Canada, Interlake-Eastern Regional Health Authority, RCMP, Manitoba Conservation, Rural Municipality of Fisher, Fisher River Cree Nation, Peguis First Nation, Kinonjeoshtegon First Nation and Peguis Central School all participated in the exercise designed to strengthen communication amongst participants, practice and sharpen emergency and health personnel's skills in managing large-scale emergency situation in real-world conditions while ensuring a high level of readiness and response.

Nineteen students from the school played the victims during the disaster exercise which took place near the baseball diamond south of Percy E. Moore Hospital. A decommissioned school bus was brought to the site and tipped on its side using a winch to simulate the roll-over accident.

The intent was to test the region's response and plan to attend disaster scenes of this magnitude. Jason Mushaluk, regional coordinator of disaster management, and Jay Ferens, regional manager of disaster management organized the event bringing together the different groups to test response to particular disasters of this nature. After the event, the team took the time to talk about the situation and do a debrief about what went well and areas where improvements were needed.

Community partnerships to support disaster management

Our disaster management team con-

tinues to develop relationships with community, municipal, provincial and federal partners. The region's disaster duty officer is available 24/7 to provide support, guidance and response for all disaster related issues at RHA facilities, four contract personal care homes in the region as well at Percy E. Moore Hospital in Hodgson that is under federal jurisdiction.

Standard, region-wide disaster management guidelines have been created and adopted for all healthcare facilities in the region. All disaster management guidelines have been developed based on an all hazards approach meaning the plan is adaptable to any disaster situation impacting our region.

Fire Safety & Prevention Program

The disaster management program has recently had fire safety and prevention added to its portfolio. This includes the development of fire safety and prevention plans for all healthcare facilities in the region, standardizing fire drill procedures; and all associated training and education components. Future plans include disaster management assuming the responsibility of conducting fire inspections at all our healthcare facilities.

Retention and recruitment in our personal care homes

Our region struggles with personal care home vacancies that prove to be chronic in nature. Many of the unfilled shifts share the same qualities that make them less attractive to applicants. By reviewing our shift schedules and making changes to appeal to new applicants, we're showing our staff that we value the work that they do and are constantly evolving to make their work/life balance better and also meet the demands of our patients. This schedule change has been rolled out at the Lac

du Bonnet Personal Care Home and we're looking to roll it out at the additional sites in the near future.

Improve quality and coordination of care

Clients often receive care from multiple health care providers, who will work in programs, clinics or facilities located throughout the region. This poses not only a communication challenge but a significant safety risk for an adverse outcome and repeated hospital admissions when pertinent information is not shared between health care providers. Clients with multiple health needs are the most vulnerable and most likely to have multiple care providers, and the least able to navigate the health care system.

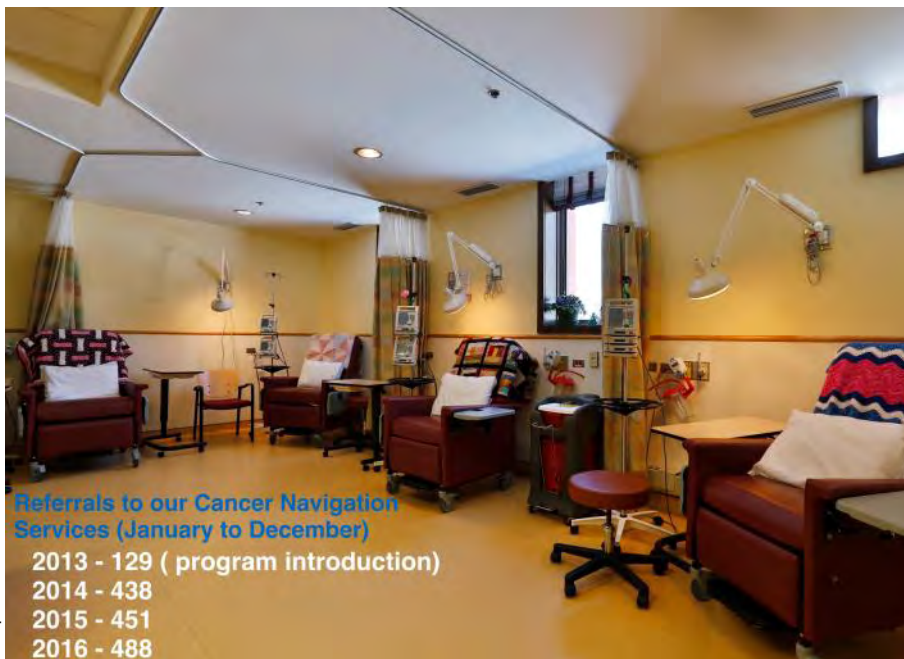
We've created a multi-program transfer of care working group, that includes family members of patients in our health care system, to ensure that checklists and policies are in place region wide and for each program area when transferring patient care amongst program teams. Acute care, home care and long term care teams are all benefitting from the work of this group that will ensure a patient-centric approach to care cross programs/service delivery.

The group recently completed a policy outlining proper communication of information and hand-off at transfer of care.

This policy outlines a consistent approach to effective communication and transfer of information principles and practices across the continuum of care.

The goal is to provide a smooth journey for the client through the health system by ensuring clear communication and strong engagement.

The communication between departments is being assessed and addressed via a working group under the personal care home quality



team with representation from all areas.

The enhancing end of life care working group worked on comfort kits for patient bedsides filled with supplies like cards, coffee, magazines to facilitate interactive visits from friends and family during end of life. They also look at staff orientation on a regular basis to ensure acute care, home care, and long term care staff all have the necessary training and tools for delivery of excellent end of life care for our patients.

Sustaining our reduced rates of anti-psychotic drugs use in personal care homes

We've piloted a project to reduce anti-psychotic drug use in all our personal care homes. Cynthia Sinclair, Interlake-Eastern's personal care home regional manager of standards and development, was connected to a national project with the Canadian Foundation for Health Improvement prior to her employment at the Interlake-Eastern RHA. Her experience and knowledge from the involvement in this project is being applied to reduce the usage of

anti-psychotics in our residents which is recognized as best practice and will improve the quality of care given to residents.

Thanks to staff education in some of our facilities, our region has experienced a drop of 8.5 per cent antipsychotic drug use in our facilities. In particular, Whitemouth Personal Care Home has received staff training and seen a reduction of 15 per cent in that 26 bed home. Research suggests 5-15 per cent is considered appropriate usage for this population, but even 20 per cent or lower is good considering the size of some of our homes. Three of our 12 homes are consistently meeting this benchmark: Eriksdale, Lac du Bonnet and Sunnywood Manor. We are working with other personal care homes in our region to implement similar changes in the hopes of reducing our overall PCH anti-psychotic drug use.

Cynthia's work, and that of her team, was recognized provincially in 2015 at the Health Innovation Conference in the Lean Congress Health Innovation Award in the leadership category.

Cancer Patient Journey

Cancer navigation referrals are growing each year and this year was no exception, with an increase of 7.5 per cent.

The Province has committed to the Cancer Patient Journey initiative, a province-wide reform of the way in which cancer patients and suspected cancer patients begin their path through our medical system. With a main focus on faster, high-quality patient care, the initiative strives to reduce workload waste through improved navigation and provider-to-provider processes.

Interlake-Eastern's cancer navigation services guides people through the cancer journey, providing information and support in a timely manner to help reduce distress and anxiety. The team is comprised of two nurse navigators, a social worker who specializes in oncology, a community engagement liaison, administrative support and a team manager. Their services are provided free of charge to Interlake-Eastern residents who have received a cancer diagnosis or who are experiencing suspicion of cancer and their families. The teams are direct partners with CancerCare Manitoba. Residents all over the region receive care via the phone or in person at the cancer navigation services team's new location on the main floor of 237 Manitoba Avenue in Selkirk. Telehealth services are provided in this office, connecting staff and residents of the region with medical expertise, administrative guidance and educational opportunities.

The cancer navigation community engagement liaison has visited all of Interlake-Eastern's communities with road access including First Nation and Métis communities. These visits and the information presented help build relationships with primary care providers and community members, sharing valuable infor-

mation about cancer navigation and the valuable resources the program has to offer those in need.

Exemplary Service Awards awarded to IERHA paramedics

Her Honour the Honourable Janice C. Filmon, Lieutenant Governor of Manitoba, presented a number of our EMS staff with Exemplary Service Medals on October 22 on behalf of the Governor General of Canada.

The medal recognizes professionals who provide pre-hospital emergency medical services to the public and who have performed their duties in an exemplary manner, characterized by good conduct, industry and efficiency.

Congratulations to our staff members!



Congratulations to the following EMS staff for receiving this national recognition! Thank you for your commendable service, we value your dedication to excellence. Back row left to right: Shelly Karlson-Eastman(20 Year Service Pin - Paramedic Association of Manitoba), Don Condie (20 Year Service Pin - Paramedic Association of Manitoba), Linda Worone (Exemplary Service Medal & 30 Year Bar) and Leonard Mueller (Exemplary Service Medal & 30 Year Bar). Front row left to right: Marilyn Campbell(20 Year Service Pin - Paramedic Association of Manitoba), Sigrid Zueff (Exemplary Service Medal & 30 Year Bar), Darlene Gill (Exemplary Service Medal & 30 Year Bar), Marilyn McNeill (Exemplary Service Medal) and Christel Mueller (Exemplary Service Medal).

A planned exit from relying on nurses working in emergency departments without clinical on site support from physicians

From 2013 to September, 2016, our region relied on nurses working emergency departments without onsite support from physicians to help us keep emergency rooms functioning as we worked to attract more doctors to the region. Under this model, a nurse:

- provides any immediate care patients need
- makes arrangements if patients need to travel to see a doctor
- may ask patients to return home and make an appointment to see a doctor, while advising them what to do if their condition changes

Staff members have worked countless hours to keep our emergency departments open in our communities and for that we are truly thankful and we appreciate their efforts.

In the summer of 2016, we

met with physicians and nurses who take call in our EDs and nursing leadership across the region to hear their perspective and ideas on creating a sustainable emergency departments in our region.

Now, in the event that we are unable to secure physician support to provide care in an emergency department, we suspend services in that emergency department until a physician is once more available on site.

Residents can see emergency department schedules online at www.ierha.ca by clicking “Care in your hospital” and “Emergency department schedules” or by phoning 1-866-267-5818 to listen to an automated message.

We communicated with the public about the emergency department schedules on our website and toll-free phone number. We targeted key stakeholders including towns/municipalities, First Nation leaders and health directors and the media through newspaper, radio, advertise-

ments.

As part of this campaign our region distributed over 5,000 paper billets to public places in our communities that outline the phone number, online schedules and alternate care options available in the region.

From September 2016 to March 2017 our toll-free phone number has received 841 calls. During that same time period, our webpage with the emergency department schedules has seen 18,024 visits.

We are continuing to recruit physicians with the objective to keep all of our emergency rooms open and operating over the long term.

Billets outlining our emergency department schedule phone number - 1-866-267-5818 and website www.ierha.ca along with alternate care options in the region were distributed in Fall 2016 to public areas in the community.



Emergency departments across the region underwent major changes to accommodate our exit from relying on nurses working emergency departments without on site physician support. As a result, our emergency services schedules are posted online at www.ierha.ca and recorded as a phone message that can be heard by phoning 1-866-267-5818. Patients who visit an emergency department without a physician are still advised to enter the facility and be seen by a nurse who can help identify best health care options.

REGIONAL STRATEGIC DIRECTION

Expanding opportunities

We welcome all people we serve with approachable, accessible and appropriate care and services by providing the right care, in the right place and a the right time. We want to contribute to the vibrancy and health of the communities we serve.

Primary Health Care Capacity Planning

In the spirit of strengthening primary health care in the region, we explored gaps within the program and started identifying how to address these barriers to access care. This process coupled with a formal review of our program by an external consultant has resulted in a number of key recommendations around the structure and leadership of primary health care.

This past year we rezoned our primary health care structure to include a clinical team manager for each of the following areas of our region: Lake Manitoba East, Lake Winnipeg West, Lake Winnipeg East and Selkirk and South.

Our chronic disease nurses are now better integrated into the primary health care model and report to a primary health care CTM. By bringing them into the primary care team, chronic disease nurses are better set to support the multi-disciplinary My Health Teams and Home Clinics of our future primary health care state.

These improvements are now being put into place and through close monitoring and reporting, we will be able to measure the true impact on service delivery. The province has demonstrated support for carrying out necessary changes in our primary health care program and many changes occurring in our region are with their support and guidance.



The goal is to support family doctors and others in making quality care more accessible by:

- increasing patients' access to primary care in a timely manner
- ensuring continuity of care by having patients attach to a home clinic
- increasing collaborative care where many health teams work together
- and increasing comprehensive care.

We know our emergency departments are serving patients who require all levels of care and sometimes their needs can better be met in a non-urgent care facility like with their regular care provider or a walk-in clinic. This will ultimately divert primary care patients from our emer-

gency rooms to our primary care centres - increasing same-day appointments and ensuring all residents are attached to a home clinic. We want to decrease the number of hot spots in our region by 20 per cent so that people will be able to find a regular health care provider within 25 days. The provincial goal is to have a 65 per cent participation rate across the province for fee-for-service physicians to be involved in home clinics and My Health Teams. So far our region is well on its way to meeting that goal with over 30 clinics registered as home clinics in the region.

We've hired a continuous quality improvement manager who will work to expand our reporting capacity so we have better clinic metrics. We can use this data to make informed decisions about primary health care teams and where the biggest gaps lie in terms of meeting our resident's needs.

As changes occur, we will be sure to inform all providers, staff and the public in a timely manner.

Connecting with Community

Experience has clearly demonstrated to us that the closer we work with our local communities in discussing primary care needs and our plans to address those needs, the better our collective results. We have a variety of community engagement tools, such as community municipal forums, local health involvement groups, and first nation health collaboration committees that are key in helping us plan and problem solve in our region.

One good example of how health services can be made better by listening to community feedback is the construction of the Giigewigamig Traditional Healing Centre in Pine Falls which is a direct product of listening to and working with community partners to offer a new type of health service option to clients.

We also cannot overstate how important our local community health foundations, auxiliaries and guilds are to fundraising and improving local health services in our communities.

Physician assistant joins Beausejour Primary Health Care Centre

Interlake-Eastern RHA is pleased to welcome physician assistant (PA) Steven Piotrowski to Beausejour area home clinic. Steven is working alongside Drs Partyka and Van Rensburg. He joined the Beausejour practice in October.

Steven was hired as part of the province's interprofessional team



Steven Piotrowski, physician assistant (PA) in Beausejour. PAs perform physical examinations, write prescriptions, order and interpret diagnostic studies, perform minor surgical procedures and provide counselling on

demonstration initiative to integrate non-physician providers (NPs and physician assistants, typically) into the fee-for-service physician practice as members of the interprofessional team. By adding the additional health care provider, the team can accommodate more patients.

The presiding physician provides day-to-day direction and medical supervision as required based on a physician assistant's scope of practice.

Physician assistants are academically prepared and highly skilled health care clinicians who provide a range of medical services in a variety of clinical settings. Under the supervision of a physician, PAs complement existing health care services and aid in improving patient access to health care by acting as an extension of the physicians.

REGIONAL STRATEGIC DIRECTION

The best we can be

Each health care experience is as unique as the person being cared for. We will deliver quality and safe care by doing it right and doing it well through a person-centered experience. We will be accountable for using human and financial resources wisely.

Violence and reactive behaviour

Exertion, violence and reactive behavior as well as slips, trips and falls are the leading direct causes of reported workplace injuries, with exertion typically the leading direct cause of injury. As awareness for violence in the workplace increases, the number of reports concerning violence and reactive behavior also increased and were the leading cause of injury between April 1, 2016 to March 31 2017. During this time a total of 377 injuries related to violence and reactive behavior were reported, with the bulk of the injuries reported by health care aides (148).

As of June 2016, it is mandatory that managers register all new hires for Regional Orientation Day 2, which includes violence prevention training (3.5 hours).

The acute care and community services (mental health, personal care home and home care) have fully implemented provincial violence prevention training for their staff and are using the Screening Tool and Alert system. The majority of primary health care programs will be fully implemented by the end of 2017.

The Person of Interest Policy was implemented in November 2016. To assure the Security Alert-Person of Interest remains current, all alerts will be reviewed on a monthly basis.

Interlake-Eastern RHA first region to offer an emergency medical services Musculoskeletal injury prevention program

The Musculoskeletal Injury Prevention (MSIP) program released the updated Facility Safe Transfer and Client Handling Manual in December 2016. This manual provides workers with information on how to be safe at work specifically when completing client handling tasks. A hard copy of the manual was sent out to all facility workplaces between December 2016 and January 2017. At this time, the Mobility and Transfer Assessment form and corresponding logo/decals for the client rooms were rolled out to Acute Care and many of the PCH sites. The Mobility and Transfer Assessment form is a critical step towards identifying transfer methods for each client to ensure the safety of both staff and client.

The MSIP Specialist, in collaboration with EMS Education developed MSIP training specific to EMS (starting September 2017). The Interlake-Eastern RHA will be the first region to offer an EMS MSIP program!

On a monthly basis, the occupational health and safety team continues to offer mandatory MSIP training for all new hire health care aides and nurses. In order to continue to develop, maintain and update the staff on safe transfer and handling techniques, a plan to deliver refresher training to facility staff was created. The expectation is that all personal care home and acute workers will attend a ½ day (3 hour) refresher session every 3 years. We will begin to offer refresher training the fall of 2017.

Public health harm reduction program in Selkirk

Public health's harm reduction program is nonjudgmental, client-centred and confidential. This program aims to reduce harms by providing a range of services and resources.

Under this program, Interlake-Eastern has introduced its first needle distribution program in Selkirk. Needles are distributed through the public health office at 237 Manitoba Avenue. Staff have received special training to support this program and public health nurses have been very pleased with response to date. This program gives nurses an opportunity to build relationships with clients and offer health care advice and connections to other helpful resources. These opportunities may not have arisen without the access to these clients that the needle exchange program offers.

Naloxone kit availability expands to Selkirk for Interlake-Eastern RHA residents

Those at risk of an opioid overdose now have access to naloxone kits and other supports in more than nine locations across Manitoba, including Interlake-Eastern RHA. Naloxone, a medication used to reverse the effects of opioid overdoses, is most efficient in preventing overdose deaths if administered within minutes of an overdose. However it should be noted naloxone does not eliminate the risks associated with drug use. This is especially the case when powerful opioids like fentanyl and carfentanyl are involved. The kits are offered through the harm reduction program at the Community Health Office located at 237 Manitoba Avenue in Selkirk.

Individuals who request a take-home naloxone kit will receive training on overdose recognition and how to use the kit. They will also be able to access information on addiction and harm reduction services.

Rehabilitation centre

The inpatient rehabilitation unit in Beausejour was soft launched on November 28, 2016. An extensive communications plan was undertaken

to educate RHAs that are currently treating Interlake-Eastern RHA patients for possible referrals. The team has been developing care maps, attending discharge rounds and facilitating case conferencing with family members.

First rehabilitation patient at Beausejour Health Centre

After a major car accident near her home in Springfield, MB, Marnie Beaulieu woke up in Health Sciences Centre. She was terrified. She didn't know if everyone else who was in the car with her was okay.

She recalls a staff person at Health Sciences Centre telling her, "Everybody's fine, and you're going to be fine. We're going to put you into surgery and save your legs." After surgery she remembers her mother in law picking pieces of glass out of her hair and washing her face with a warm wash cloth. She remembers seeing her husband and kids off and on, and then finally after three days in the trauma unit she was alert enough to process what happened.

"I had a lot of broken ribs. From the tibia in my leg all the way down was shattered. I broke both my knee caps. I broke my femur in three places on my left leg. I broke the little bony knobs off the spine and I busted my jaw on both sides from going through the windshield."

After her surgery downtown at Health Sciences Centre (HSC), Marnie participated in short physio stints- about 10-15 minutes a day. Finally, after a month, her care team at HSC determined she was stable enough to be transferred to Beausejour Health Centre to continue her recovery closer to home. Shortly after she arrived at Beausejour, Interlake-Eastern RHA opened its regional rehabilitation program, and she was referred to the program to continue her recovery. Beausejour's multidisciplinary rehab team accepts referrals

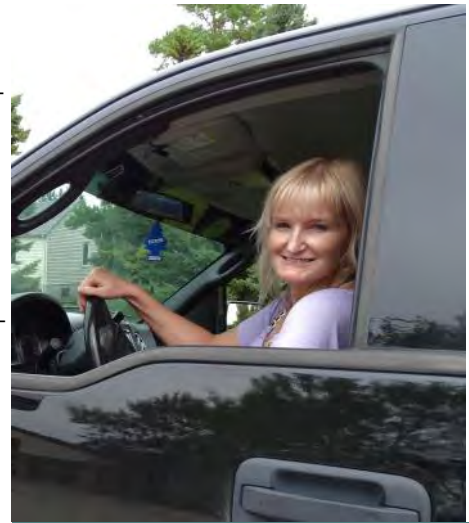
from physicians and nurses for patients recovering from orthopedic surgery, including hip and knee operations and neurological conditions.

One of the many positive things Marnie noted about her care in Beausejour was the excellent communication amongst the staff members. She only had to explain her needs one time and it would be documented into her chart (for example how many times her sore body needed to be rotated or turned in the night) so that she was most comfortable. She believes the staff there really had her best interests at heart and took the time to ensure her fast recovery.

"The care I got in Beausejour and the time spent on me was enough that I could do it. They were always asking me what they could do to make me feel better because they understood that making me feel better would help me recover. I truly believe I recovered so quickly because of the care I received in Beausejour."

When Marnie first arrived to the unit, she was unable to put weight on her legs at all. Her therapists encouraged her to be independent by using her arms to propel herself in a wheelchair. Approximately one month to Christmas, Marnie really wanted to get home because she hadn't been home since October so her therapists worked with Marnie to set a goal together. If she could bear weight on both of her legs, she would go home. Days before Christmas, sure enough, Marnie was able to take weight through both legs and took steps to walk with her walker.

"I said I wanted to walk in front of the staff at the front desk. When I walked by they were all standing up and cheering and we all had tears rolling down our face. There were other patients at the hospital I had got to know. It was amazing."



Following a major car accident, Marnie Beaulieu is now able to drive herself to and from her physio appointments after one month at Beausejour rehabilitation unit this past winter.

This past winter Marnie and her husband got a snowmobile. She is hoping to go for a ride this upcoming winter (equipped with knee and elbow pads along with her helmet) even though she has metal rods in both her knees and knee caps, which shows the progress she made just a few short months after the accident. This will be her first time on a snowmobile and she feels very lucky that she will be able to enjoy "normal" activities again.

And just recently Marnie took another major step forward in her recovery and can now drive herself again.

"I had some steps back but I've also had steps forward in my recovery. As long as I keep myself doing some positive things, I'm going to feel good about myself again. You don't know if you're going to be there tomorrow. You have to take every day as if it's going to be your last."

REGIONAL STRATEGIC DIRECTION

Getting Better, Staying Healthy

Challenges related to education, income, culture, and social factors can make it harder to stay healthy. It is important to us to work with everyone to improve their health. We plan to do this through strong partnerships and by working together to find new ways to improve the health and well-being of everyone we serve. We will create a legacy of health and wellness for generations to come.

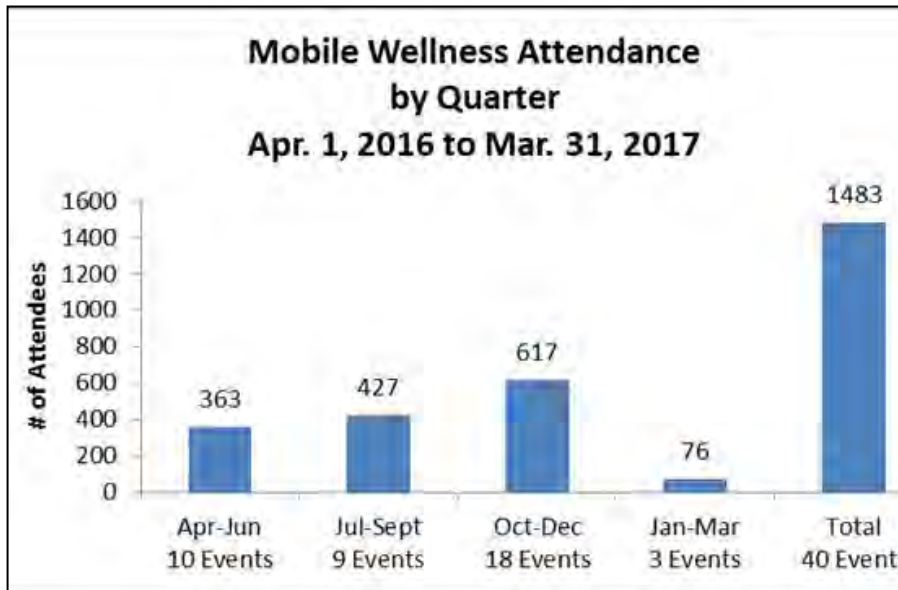
Community Wellness and Chronic Disease Program

Our community wellness and chronic disease program staff work with internal and external partners to provide support and education for healthy lifestyles.

Community access to wellness experts

Our mobile community wellness staff are made up of health and wellness facilitators, exercise consultants and dietitians.

Residents of our region can see a chronic disease nurse and/or registered dietitian with a physician referral or individuals can self-refer by calling direct or contacting a team member for an appointment. Clients can attend one-on-one appointments, where family members or personal supports are welcome, or people can participate in group classes. You don't have to have a diagnosis of a medical condition for a consultation. Our nurses and dietitians work in collaboration to ensure that clients' needs are met and we support individuals to understand their chronic condition and self-manage. Our team works closely with health professionals to support each individual for optimal health. All of our clin-



ical staff (nurses and dietitians) utilize EMR (Electronic medical record) and E-Chart for client care. This allows for better client care through more effective and efficient communication between all health providers.

Healthy living classes

Classes that are offered across the region include:

- Diabetes classes including specific classes with topics addressed by a nurse or a dietitian
- Heart Health Class
- Label Reading, menu planning, and grocery shopping
- Get Better Together – a 6 week class to help people self-manage their chronic conditions
- Craving Change – help people understand their relationship with food
- Active Living Facilitator (ALF) Course – help develop leadership skills for physical activity
- In partnership we also support cooking, canning, food preservation, and gardening workshops.
- Respect Ed – a Red Cross course supporting respectful behaviors and relationships for youth

- Teen Talk is a peer leadership training session in cooperation with Klinik for youth. Training areas include sexual health, mental health, diversity, bullying, suicide, and healthy communication. In fall 2015, two training sessions were offered in the region and 47 youth registered to attend.

A complete list of classes across the region can be found online at ierha.ca, click on “Care in your Community”, and “Community Wellness Team” or people can register by calling toll-free toll free 1-877-979-WELL(9355) or email wellness@ierha.ca.

Mobile Wellness Team on the go!

Mobile Wellness is a comprehensive, interactive education tool. A team of multi-discipline staff attend community events, workplaces and other locations to provide information on healthy eating, being physically active, managing stress, and being tobacco free. It also includes stations where participants can have their blood pressure and blood sugar taken by a nurse.

Staff experts are available to discuss each area, answer questions and help participants set a goal to

make a healthy lifestyle change. It also provides an opportunity for our community to learn more about the services Interlake-Eastern RHA offers and how to access them. To schedule a mobile wellness event in your community contact 1-877-979-WELL (9355).

We also produce an e-newsletter with health information on a variety of topics. Each issue includes feature articles, a healthy recipe and a healthy exercise. To subscribe to our newsletter email wellness@ierha.ca with “subscribe” in the subject line.

Healthy Together Now (HTN) offers grants for a variety of healthy living programming

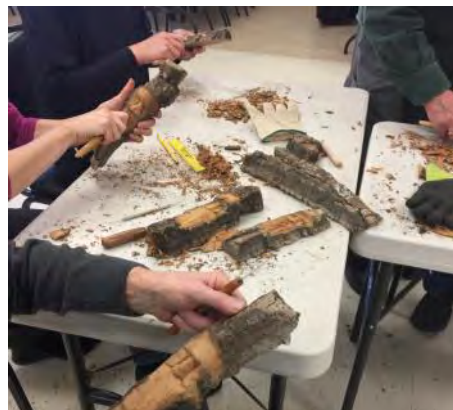
Wellness staff members work with communities to identify program opportunities for healthy living programming. Over \$100,000 was awarded across the region for over 90 projects! Every community has the opportunity to identify, lead, and obtain funds for programs focusing on healthy behavior change in their community.

Facilitators submit extensive project applications that outline the goals, key actions and how the target populations will be involved in the project planning. After, facilitators complete a project monitoring form that helps our wellness facilitators (healthy together now leads) to monitor progress and ensure monies are

being used in the proposed timelines and for the target audiences. The monitoring form is important to understand the degree to which HTN has contributed to the prevention of chronic disease in our region and Manitoba. Examples of some of the community initiatives Healthy Together Now funded:

- **Woodworking Wizard Project in the RM of Springfield for older adult men**

The program offered woodworking and safety from a facilitator for men to learn a new skill and decrease social isolation. The participants were able to create and finish two wizard carvings. This program offered something different for the men. The project had 11 participants (5/6 per 4 class session). The men thoroughly enjoyed the program and hope to start a whittling club!



Woodworking wizards program offers something for older men that helps ease social isolation.

- **Older Adults Exercise Class continues thanks to HTN**

Adults in Woodlands are benefiting from HTN funding to hire a fitness instructor and get some exercise equipment from January to March. The classes were such a success, the group will continue the classes throughout the summer and fall.

- **Fit Kids Healthy Kids in Grosse Isle**

Starting last fall, 12-15 kids participated per week in the cooperative program that sees parents sign up to be a leader for a specific week and take charge of the activities.

- **Pine Dock Walking Club**

Members of the Pine Dock community expressed interest in having a walking club to help people increase their physical activity and social interaction. A local community member Colleen Weibel volunteered to train as an Active Living Facilitator and leads the club in their walking and related activities.

At the first meeting members received pedometers (to help track their steps) and information on the value of pedometers for tracking as well as motivation for walking (sharing the locations of how far they've walked.)

Club members meet twice a month and the Active Living Facilitator reacquaints them with the warm up and cool down exercise for walking.



Each week members of the Pine Dock walking club log their steps. To stay motivated they combine their steps to track their walk from Pine Dock with the snow and frozen lake all the way to sunny Florida as well as side trips to Nashville and Memphis.

FASD Key Worker Program

In its first four years, the Manitoba Key Worker program has provided ongoing in-home support and intervention to enhance the stability of families with children and youth with fetal alcohol spectrum disorder (FASD) or confirmed prenatal alcohol exposure. They have assisted children and youth with FASD to experience less frustration and more success, helped to reduce caregiver stress, provided advocacy for families and education for systems involved. They also created a network of support for families within their region, and established a presence within their community through involvement in multiple committees, providing presentations and partnering with the FASD Diagnostic Coordinators to bring more awareness to the region. Key Workers have enabled nineteen participants to successfully graduate from the program, with caregivers reporting increased stability in the home, reduced caregiver stress levels and an increased ability to provide the needed support independent of the Manitoba Key Worker program.

Referrals for the program continue to arrive from inside and outside of the region. Participants are asking for additional services or the re-opening of their files. We've had an increase in requests for presentation delivery to the FireStop program (through a partnership), a school division's FASD focus group, as well as increased requests from schools for more and different presentations to better help children and youth with FASD succeed in their classrooms.

Manitoba Key Workers have witnessed multiple successes in families within the region including youth/emerging adults applying for secondary education, working part-time or full-time jobs, some with and some without support. We've seen

our youths graduate high school or be on track to graduate. We've prevented breakdowns for some families and seen broken familial relationships mend. We've also seen youth justice involved teens be able to stay out of jail and build relationships with their probation officers, community supports and caregivers. Finally, we've helped many of our emerging adults get connected to life-long support programs such as Community Living disability Services, Community Mental Health and the Provincial Special Needs Program. People with FASD so often hear about their limitations and impairments, but it is by supporting their strengths that we can help them achieve success.

FASD Diagnostic Coordinators

FASD Diagnostic Coordinators have been operating in the region since January 2010. Their primary roles are to: screen all referrals and determine eligibility, connect with schools, daycares and families to gather information, provide support and education to families/schools while on the waitlist, schedule pre-clinic assessment appointments and final assessments, provide follow-up and support post diagnosis to the care team, provide consultative service until the child turns 18 and annually host the informational FASD presentations to interested parties and sit on committees that intersect with FASD, to promote awareness, education & collaboration.

Regional diagnostic clinics have rolled out across the province over the past few years as part of the provincial FASD strategy. It is a way to bring assessment closer to home for families. A developmental pediatrician and several clinicians travel to rural RHA locations to provide comprehensive diagnostic assessments. Since 2014, the West side has hosted a total of seven

regional diagnostic clinics out of Selkirk and two clinics were held in the last fiscal year. The East side has hosted a total of four regional diagnostic clinics in Pine Falls, Oakbank and Beausejour and held one clinic in the last fiscal year in Beausejour.

International FASD

Awareness Day: Each year the FASD team participates/plans an event in recognition of International FASD Awareness Day.

FASD Diagnostic

Coordinator Referrals: In the last fiscal year, the region had a total of 23 referrals for assessment on the West side and 11 on the East side. The overall number of referrals for assessment has remained steadily increasing since 2010. Combined, the FASD Diagnostic Coordinators have connected with over 800 families and other referral sources seeking information on assessment since 2010.

Interlake-Eastern Regional Health Authority congratulates Recovery Champions Committee on one year of recovery-based mental health work in our region!

Interlake-Eastern Regional Health Authority Recovery Champions Committee is a motivated group of people that is dedicated to providing leadership and championing of recovery-based principles and practices to assist in the transformation of the region's mental health system. Recovery based mental health practice ensures mental health services are being delivered in a way that supports the recovery of mental health patients and empowers individuals so they recognize that they are at the centre of the care they receive.

"Recovery has played a major healing role in my life and in my relationships with my family, spouse

and children. So personally I want to help as many people as possible who live with a mental health diagnosis to experience similar life changing effects of the recovery movement,” says Ken Reddig, a committee member with lived experience. “An added benefit is that each meeting of Recovery Champions brings me in touch with others who are walking the road to recovery.”

In collaboration with Manitoba Health, Healthy Living and Seniors and the provincial Recovery Champions Committee, system transformation within mental health services has been made a priority.

The committee provides a forum for Interlake-Eastern Regional Health Authority mental health services and community stakeholders including people with lived experience of mental health problems and illnesses, and their family members or natural support, to collaboratively plan, recommend, develop, implement, coordinate, and evaluate actions of the regional mental health system through a recovery lens.

“I’m so grateful that our mental health system has finally recognized that the individual on the other side of the desk has their own goals and plans for their idea of what recovery looks like to them, not just one that is given to them,” says Judy Dunn a committee member and Interlake-Eastern RHA board member. “I’ve seen some real strides towards recovery oriented thinking with this committee.”

Under the leadership of the regional health authority, this committee has approximately 10 active members with half of its membership being people with lived experience and or family members/natural supports. The remaining half of active membership are staff and partners of the Interlake-Eastern Regional Health Authority mental health program.

Research has shown that when recovery-oriented systems and services are offered to people with lived experience of mental health problems and illness, it leads to better health, social and employment outcomes. Hospitalization and emergency visits are reduced and there is increased likelihood of successful goal achievement related to employment and housing.

Responsible reporting on mental health and suicide

In light of recent national media attention around the number of people living with mental health disorders, such as depression or post-traumatic stress disorder, Interlake Eastern Suicide Prevention Committee and Interlake-Eastern Regional Health Authority (RHA) reminded reporters that reporting on mental illness shouldn’t be treated any differently than a physical illness. A book, titled *Mindset: Reporting on Mental Health* was sent to all newspaper outlets in the region to help reporters determine when and how to put things into perspective for their readers.

Camp Stepping Stones

Each year since 2004 approximately 50 kids have come to Camp Stepping Stones, a children’s grief camp for ages 7 to 17 held the first weekend in June at Camp Arnes. These young people have experienced the death of a parent, a sibling, a grandparent, a special relative or a good friend and may have endured multiple significant losses; their grief often isolating them from their families and friends. Camp creates the opportunity for these young people to disconnect and spend the weekend with others who are also grieving, they learn that it’s okay to laugh, have fun and just be a kid again while remembering their loved one(s).

This year, while the weather was cloudy and rainy, the campers, volunteers and staff made sure that each camper had a wonderful camp experience.

The balloon release and butterfly release activities happened in the rain, while other activities were happening indoors where it was dry. The addition of raincoats for campers this year, made possible through donation dollars, was a HUGE success and kept our campers dry – they also had access to dry socks, again made available through donations.

Camp is an amazing experience and we thank all of our volunteers for the hard work they give each year to make sure our campers have a meaningful and fun experience.



Palliative care staff were busy preparing for the weekend Camp Stepping Stones. Helping prepare for the event, which is held every June, was (from left to right): Tammie-Lee Rogowski, Sandra Milotte, Ashlee Seib (volunteer), Vera Appleyard and Tracy Seib.



First Nations and Métis health initiatives

Twenty-seven per cent (17) of Manitoba’s 63 First Nation communities are located in Interlake-Eastern RHA.

Interlake-Eastern RHA is working with First Nation communities to understand which physiotherapy, occupational therapy and speech language services are needed for children living in these communities and identifying the resources required with service delivery. Through this research, our region can work to ensure appropriate supports are in place for children in need and not rely on Jordan’s Principle to resolve jurisdictional disputes.

The First Nation, Metis and Inuit health program is undergoing consultation with indigenous communities in the region to ensure program objectives align with the needs of the communities being served. This past year, the Indigenous interpreter liaison position in Pine Falls that previously reported to acute care has been moved to report to the manager of the First Nation, Metis and Inuit health program to improve communication and support patients from First Nation communities who are attending these facilities for care. Ashern area residents will soon also have an Indigenous interpreter liaison as well.

Our internal Aboriginal cultural awareness workshop continues to be promoted among managers with the intent of increasing staff enrolment.

This year, the program received accreditation from the Manitoba College of Social Workers, meaning the program meets vigorous College standards for accreditation and the College supports social workers using the program in their continuous development of profes-

sional competence throughout their careers.

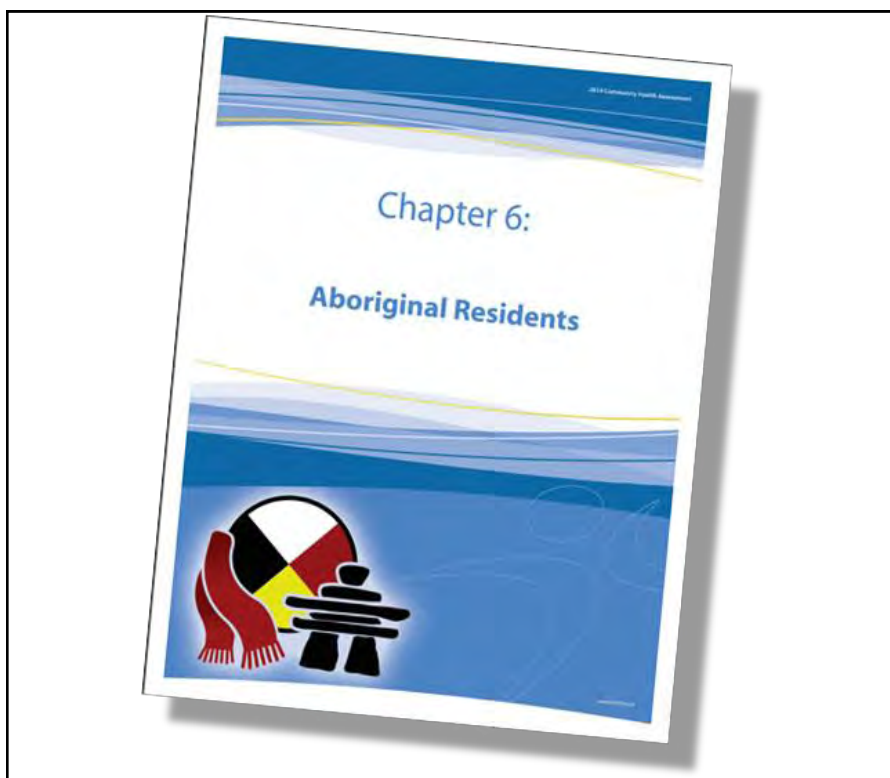
A lunch and learn presentation, by the Southern Chief's Organization, for Selkirk and surrounding area staff was held to share information on non-insured health benefits and how these affect the care provided to patients. Six staff members benefited from the presentation.

Our First Nation, Metis and Inuit Health manager continues to facilitate an open and sharing relationship with First Nation health directors by giving them the option of accessing our internal staff intranet for information purposes and inviting health directors to palliative care education and training opportunities available in the region.

Our region sits at the Manitoba Indigenous Health Network Table which is made up of several First Nation communities, other RHAs, Health Canada and Manitoba Health to share processes, programs and ideas around delivery of services to our first nation populations. Our work with our three First Nation Community Partnership Collaboration Committee Tables continues. A "new" draft Terms of Reference was established to assist with the focus of these groups. From the larger working collaboration tables, two working groups have been developed to address:

First Nation Partners Discharge Planning

This is one of several gaps identified that the group is working on. Since Federal and Provincial jurisdictions are encountered in Interlake-Eastern RHA, we also have two different but similar home care programs. The goal of the process is to establish two pilot locations in Pine Falls and Ashern. The group has completed a new form to improve



communication between communities and the acute care centre. First Nation communities are being trained on how to use the new form.

Sharing Community Health Assessment data, particularly the region's first Aboriginal chapter, with First Nation communities and tribal councils is a priority. Information sharing is taking place through meetings with tribal councils, First Nation chiefs and councils and health directors and community visits and information booths at Treaty days. The goal is to help First Nation partners use the information provided as part of their strategic planning. As a result of the Community Health Assessment findings, the RHA has identified as a priority the need to increase breast, colorectal and cervical screening in First Nations communities. The cancer navigation community engagement liaison has adopted this as her objective as well. She is working closely with

Manitoba's screening programs as well as the region's First Nation communities to share information on screening and encourage participation.

The region continues to work with First Nation communities and tribal councils on their proposals for health services integration funding from Health Canada. First Nation communities and tribal councils must apply for the funding but integrate other service delivery organizations in the community, such as the RHA, to meet their programming needs. We worked with the South East Tribal Council on a mental health initiative and Interlake Reserves Tribal Council on hiring an epidemiologist to examine that community's specific health needs. Gii-gewigamig traditional healing centre was another initiative where we worked with them to secure funding for traditional healing programming at the primary health care centre.

Capital and Major Projects

Selkirk Regional Health Centre

This \$159 million project remains on budget and on schedule to open June 2017. As project completion looms, the focus turns to preparing for operation and service delivery. The RHA contracted Healthcare Relocations to assist with facility readiness planning that started in March 2016. A transitional leadership team comprised of hospital staff representing all areas of health centre activity meets monthly to plan and coordinate all aspects of the move to the new health centre including patient and material flow and logistics, equipment needs and information system needs.

The new health centre will offer specialized acute and out-patient services to the RHA's residents. It will provide the region's first MRI, family birthing unit, outpatient centre and improved/expanded facilities for emergency department, surgery, dialysis, chemotherapy, food services, information and communications technology and more. To improve patient comfort and privacy, more than 80 per cent of the rooms will be private rooms, compared to 20 per cent in the existing hospital. All patient records in the new hospital will be electronic ensuring easy access to patient information from any point in the health centre.

Lac du Bonnet Personal Care Home

In February 2017, the Province identified it had set an internal limit on the amount of health capital debt repayments it would incur each year to ensure the health department could afford payments on capital debt and day-to-day health services. Based upon a review of projected repayment costs for completed capital projects, total costs incurred through the capital program would exceed the limit. Several capital projects that had been committed to, but not budgeted for, had to be removed from the capital



Interlake-Eastern RHA recognizes the health complex in Pine Falls as a French language facility. In recognition of the significance of Giigewigamig to Indigenous people, signage in the facility will feature Ojibway, French and English.

program to ensure the sustainability of health care over the long term. The personal care home that was to be situated in Lac du Bonnet was one of the projects that was not funded for development.

The Province has since indicated its willingness to enter into public private partnerships that would contribute to the development of more personal care home beds. Interlake-Eastern RHA will be meeting with a number of community groups to provide information that will support the submission of their proposals to the Province for funding consideration.

Pine Falls Primary Health Care and Traditional Healing Centre

Work progresses on the redevelopment of the Powerview-Pine Falls Health Centre complex that will include a new 17,000 square-foot primary care centre and a traditional healing centre called Giigewigamig which means a place of healing in Anishinabe. It will allow the region to expand the services available in the area, while enhancing connections and programs with the Aboriginal communities in the region.

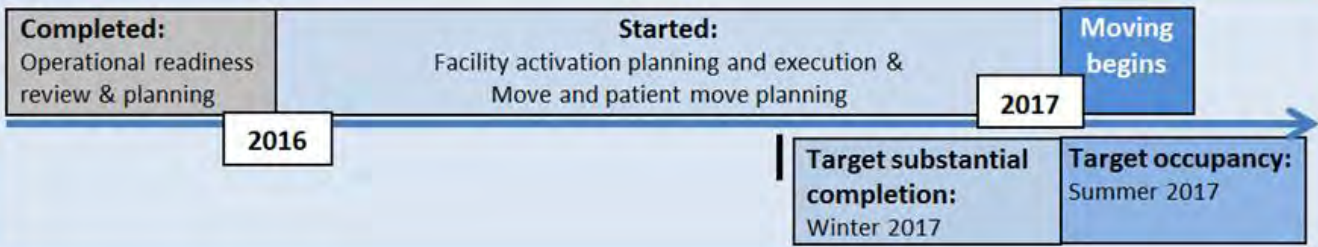
The current facility provides a number of key services to local communities, including the towns of

Powerview-Pine Falls, St. Georges and Victoria/Grand Beach as well as the neighboring communities of Sagkeeng, Black River and Hollow Water First Nations and other Metis and smaller rural communities. A fourth First Nation community, Bloodvein First Nation, has joined Sagkeeng, Black River and Hollow Water First Nations in the creation of Giigewigamig First Nations Health Authority (GFNHA). GFNHA is working to inspire a new standard of quality health care and advocate for greater accountability to honour the treaty right to health through the jointly coordinated services of Giigewigamig, the Province of Manitoba, Health Canada and Interlake-Eastern Regional Health Authority.

Operational funding for Giigewigamig has yet to be finalized but Elders are working together through Order in Council from elected leadership in each of the participating First Nation communities to leading Giigewigamig. Programs and services being explored include: First Nation approaches to palliative care; traditional ceremonies and smudging including the outdoor sweat lodge and Sacred Fire; kitchen facilities where families and healers can prepare traditional foods and medicines for their loved ones in hospital; and education on Aboriginal traditions and teach-

Selkirk Regional Health Centre

Facility activation planning timeline



Selkirk Regional Health Centre facility transition team worked on several flow charts such as this to help time operations readiness for the new facility. The facility is set to open in late June, 2017.

ings around healing and wellness. Two traditional healing centre managers have been hired to help with program development and community engagement.

The healing centre will be open to everyone, allowing people of different cultures to learn from each other and grow as a community. It will also help bring traditional Aboriginal values and practices to the forefront of care and help strengthen policies, programs and services across the health system.

Parkwest Projects Inc. is leading the construction of the \$11 million redevelopment that is scheduled to open in spring 2017.

Capital Planning/physician services - strategy for the development of a clinic and related clinical teaching unit. A community information meeting with physicians, local RM's and the City of Selkirk to discuss a regional residency program was held at the Gaynor Public Library. The case for a distributed regional teaching/residency program based in Selkirk was well received and vocally supported by those present. Next steps will be to meet with the local governments to discuss their specifics for development of a home primary care clinic in Selkirk with a Clinical Teaching Unit.

Lundar Primary Health Care Clinic Redevelopment

Renovations worth \$900,000

are now complete on the primary health care clinic. Clinic space has expanded to include two more clinic rooms and two consult rooms to accommodate a range of services including primary health care and chronic disease prevention services, mental health care and home care services, with an enhanced focus on promoting good health and preventing disease. Telehealth is now available in Lundar's primary health care clinic.

Patients and staff are benefiting from this new clinical environment that provides improved efficiencies in patient flow. Care providers accommodate more clients in rooms designed to ensure patient confidentiality. At the same time, the RHA is looking ahead as part of regional clinical services planning to see where evolution in care in Lundar can enhance service delivery based on residents' needs.



Lundar Primary Health Care Clinic grand opening was held Friday, July 22, 2016. The ribbon was cut by primary health care clinical team manager for Lake Manitoba East, Jeremy Buchner, IERHA CEO Ron Van Denakker, IERHA directors: Lina Desjarlais and Faye Goranson and MLA Derek Johnson.

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”, “Publications & Reports”.

Sections 23.1 and 54

Interlake-Eastern RHA’s most recent accreditation reports are posted on www.ierha.ca under “About Us”, “Publications & 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 amount of compensation it pays or provides in the corresponding fiscal year for each of its officers and employees whose compensation is \$50,000.00 or more. This information is available in hard copy by contacting Dorothy Forbes, CA, Vice President of Finance and Chief Financial Officer, 204.785.7467, dforbes@ierha.ca.

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. During April 1, 2015 to March 31, 2016 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 received, no action 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.**

Whistleblower Act

As per subsection 18 (2a): The number of disclosures received, [0] and the number acted on [0] and not acted on [0] need to be reported.

As per subsection 18 (2b): The number of investigations commenced as a result of a disclosure must be reported. [0]

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. **Not applicable**



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www.bdo.ca

BDO Canada LLP
700 - 200 Graham Avenue
Winnipeg MB R3C 4L5 Canada

Independent Auditor's Report on the Condensed Financial Statements

To the Board of Directors of
INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY

The accompanying condensed financial statements, which comprise the condensed statement of financial position as at March 31, 2017, and the condensed statement of operations for the year then ended, are derived from the audited financial statements of Interlake-Eastern Regional Health Authority for the year ended March 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 22, 2017.

The condensed financial statements do not contain all the statements and disclosures required by Canadian public sector accounting standards. Reading the condensed financial statements, therefore, is not a substitute for reading the audited financial statements of Interlake-Eastern Regional Health Authority.

Management's Responsibility for the Condensed Financial Statements

Management is responsible for the preparation of condensed audited financial statements on the basis described in Note to Condensed Financial Statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the condensed financial statements based on our procedures, which were conducted in accordance with Canadian Audit Standard (CAS) 810, 'Engagements to Report on Summary Financial Statements'.

Opinion

In our opinion, the condensed financial statements derived from the audited financial statements of Interlake-Eastern Regional Health Authority for the year ended March 31, 2017 are a fair summary of those financial statements, on the basis described in the Note to Condensed Financial Statements.

BDO Canada LLP

Chartered Professional Accountants

Winnipeg, Manitoba
June 22, 2017

INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY

Condensed Statement of Financial Position

March 31	2017	2016
Assets		
Current Assets		
Cash and term deposits	\$ 21,553,824	\$ 6,973,046
Accounts receivable	5,139,570	3,431,638
Due from Manitoba Health, Seniors and Active Living	6,313,133	20,306,778
Inventories	799,738	839,228
Prepaid expense	613,818	670,059
Vacation entitlements receivable	5,484,424	5,484,424
	39,904,507	37,705,173
Retirement obligations receivable	5,912,865	5,912,865
Other assets	211,724	194,501
Capital assets	223,259,853	187,047,582
	\$ 269,288,949	\$ 230,860,121
Liabilities and Net Assets		
Current Liabilities		
Bank indebtedness	\$ -	\$ 4,220,073
Accounts payable and accrued liabilities	26,312,388	26,579,423
Accrued vacation entitlements	10,614,473	9,912,022
Current portion of long-term debt	190,215	222,337
	37,117,076	40,933,855
Accrued retirement obligations	14,289,394	14,004,853
Sick leave liability	2,694,091	2,820,915
Long-term debt	549,840	741,154
Deferred contributions	224,351,738	181,329,293
	279,002,139	239,830,070
Commitments and contingencies		
Net Assets		
Investment in capital assets	4,896,188	8,849,771
Externally restricted	205,196	444,372
Internally restricted	110,553	90,795
Unrestricted - RHA	(14,186,725)	(17,900,543)
Unrestricted - Contract Facilities	(738,402)	(454,344)
	(9,713,190)	(8,969,949)
	\$ 269,288,949	\$ 230,860,121

Approved on behalf of the Board:


 _____ Director


 _____ Director

INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY Condensed Statement of Operations

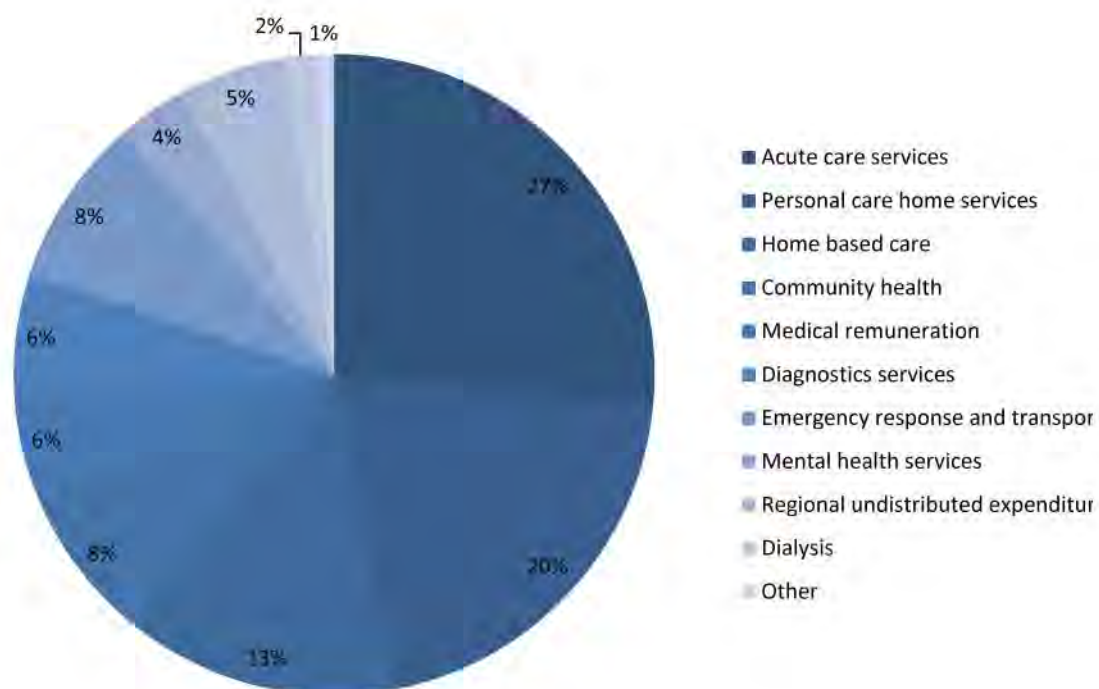
For the year ended March 31	2017	2016
Revenue		
Province of Manitoba		
Health, Seniors and Active Living	\$ 226,445,436	\$ 220,572,013
Other	2,264,944	2,491,676
Government of Canada	526,097	558,565
Client Non-Insured	11,622,690	11,212,174
Interest	76,198	94,008
Offset and other income	7,050,386	6,152,755
Ancillary income	467,393	461,362
Amortization of deferred contributions	5,800,604	6,091,046
	<u>254,253,748</u>	<u>247,633,599</u>
Expenditures		
Acute care services	66,228,854	63,118,963
Amortization of capital assets	6,022,808	6,289,337
Chemotherapy	934,580	803,675
Community health	19,823,176	18,989,780
Diagnostic services	14,288,568	13,446,740
Dialysis	4,137,342	3,706,740
Emergency response and transport	20,941,256	18,274,952
Home based care	33,724,591	33,955,462
Interest on long-term debt	12,371	22,595
Medical remuneration	14,376,624	15,196,373
Mental health services	9,080,544	8,661,020
Northern patient transportation program	184,146	179,676
Nurse recruitment and retention	137,621	124,531
Personal care home services	50,627,652	50,297,001
Regional undistributed expenditures	13,421,678	13,429,335
Safety and renovations	820,363	1,137,419
	<u>254,762,174</u>	<u>247,633,599</u>
Excess (deficiency) of revenue over expenditures for the year	\$ (508,426)	\$ -
Allocated as follows:		
Regional services	\$ (230,170)	\$ -
Contracted services	(278,256)	-
	<u>\$ (508,426)</u>	<u>\$ -</u>

Note to Condensed Financial Statements

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

Copies of the audited financial statements for the year ended March 31, 2017 and the Schedule of Compensation may be obtained from the Interlake-Eastern Regional Health Authority by calling 1-204-785-4700 or 1-855-347-8500. A complete set of financial statements are posted on the Interlake-Eastern RHA website at www.ierha.ca under "About us" and "Publications and Reports".

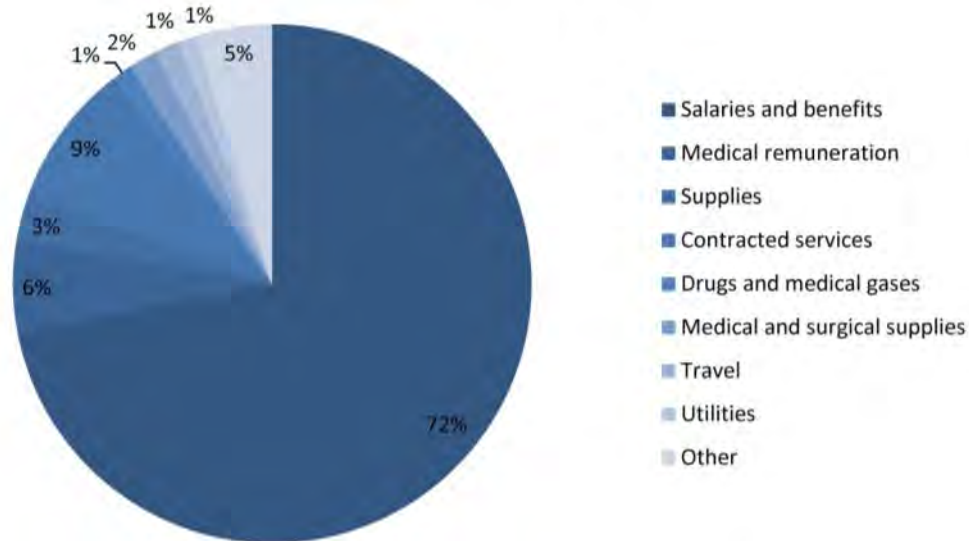
Expenditures by Program



Expenditures by Program	2017	2016
Acute care services	66,228,854	63,118,963
Personal care home services	50,627,652	50,297,001
Home based care	33,724,591	33,955,462
Community health	19,823,176	18,989,780
Medical remuneration	14,376,624	15,196,373
Diagnostics services	14,288,568	13,446,740
Emergency response and transport	20,941,256	18,274,952
Mental health services	9,080,544	8,661,020
Regional undistributed expenditures	13,421,678	13,429,335
Dialysis	4,137,342	3,706,740
Other	2,089,081	2,267,896
Total expenditures before amortization	\$248,739,366	\$241,344,262
Amortization of capital assets	6,022,808	6,289,337
Total expenditures	\$254,762,174	\$247,633,599

Expenditures by Type

Expenditures by Type



Expenditures by Type	2017	2016
Salaries and benefits	178,683,097	170,534,454
Medical remuneration	14,380,456	15,176,241
Supplies	7,469,702	7,629,021
Contracted services	22,254,938	21,116,756
Drugs and medical gases	2,900,239	2,950,358
Medical and surgical supplies	4,484,127	4,513,780
Travel	3,853,772	4,439,438
Utilities	2,830,236	2,767,501
Other	11,882,799	12,216,713
Total expenditures before amortization	\$248,739,366	\$241,344,262
Amortization of capital assets	6,022,808	6,289,337
Total expenditures	\$254,762,174	\$247,633,599

Administrative costs (% of total)	2017	2016
Corporate operations	3.12%	3.19%
Patient care related functions	0.71%	0.71%
Human resources and recruitment functions	2.01%	1.99%
Total	5.84%	5.89%

Hospitals

Arborg & District Health Centre

234 Gislason Drive
204-376-5247

Ashern-Lakeshore General Hospital

1 Steenson Drive
204-768-2461

Beausejour Hospital

151 First 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

43 Railway Avenue
204-768-2585

Beausejour

151 First Street South
204-268-4966

Beausejour-HEW Primary Health Care Centre

31 -1st 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

QuickCare Clinic - Selkirk

204-482-4399

Selkirk

237 Manitoba Ave.
204-785-4891

St. Laurent

1 Parish Lane
204-646-2504

Stonewall

589-3rd Avenue South
204-467-4400

Teulon

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 Drive
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 Ave.
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

37 Maple 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. Ave. North
204-467-5257

Teulon-Goodwin Lodge PCH

162 3rd. Ave. SE
204-886-2108

Whitemouth District Health Centre PCH

75 Hospital Street
204-348-7191

Our staff strive everyday to provide a welcoming environment for their patients in all of the services we provide. One way we can show that their efforts are working is through compliments submitted by our patients. Here are a few....

I wanted to say how I have appreciated Rosella. She has been a tool box of resources and has been able to really help with some very difficult situations in my life. Great person to have on staff. Nice to be able to quickly access her.

-Acute care patient in Beausejour

I brought my daughter for her one year shots today and the Public Health Nurse was amazing. She made my daughter feel as good as she could considering the situation. She didn't rush us and seemed to genuinely care. Very pleased with the service :)

-Parent of public health patient in Lac du Bonnet

Please extend my THANK YOU to the EMS (ambulance) attendants who were wonderfully attentive to myself in the early morning hours. From the time they picked me up until they said farewell at the Selkirk General Hospital, they were kind, caring and extremely professional! Also, to the staff at the Emergency Department, hematology technician and EKG technician that morning.....THANK YOU for your prompt and caring attention.

-Emergency patient in Selkirk

Very homey atmosphere. The doctor and everyone I came in contact with-they were great. The doctor acted fast to give me the x-ray on my back when in Winnipeg didn't. Too bad you're not in Winnipeg.

-Acute care patient in Gimli

We had an excellent experience at the Maternity Ward. It was my first pregnancy and the nurses and doctors were fantastic keeping my husband and myself informed and comfortable through the whole experience. We were given incredible support and compassion. As first time parents, my husband and I feel like we were given all of the tools to be successful on our own and thoroughly appreciate what was done for us during our stay. We are so happy to have welcomed our daughter to the world in such a caring facility.

-Obstetrical patient in Selkirk

We had to bring our daughter in, she hurt her foot. We had a great lady at the nurse's desk putting her at ease and making her laugh, then the nurse looking after my daughter was awesome! My daughter loved her, so did I (the mom). She was silly, funny and gentle with my daughter. It made it less scary for her especially that she may have had to get X-rays. The doctor was nice too and didn't want her to get an unnecessary X-ray so we didn't. Thank you!!!!!!

-Parent of acute care patient in Pine Falls

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”.

Community Wellness Team

A complete listing of community wellness programs can be found at www.ierha.ca under “Care in Your Community” and “Wellness & Chronic Disease Education”.

Email wellness@ierha.ca or call 1-877-979-9355 (WELL) for programs available in or near your community.

This report is also available in French.

Ce rapport est également disponible en français.

Veillez vous adresser à la Office régional de la santé d'Entre-les-Lacs et de l'Est :

233A rue main, Selkirk Manitoba R1A 1S1

sans frais: 1.855.347.8500

courriel: info@ierha.ca

site web: www.ierha.ca



Corporate Office

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