

**2020 Annual General Meeting**  
**Monday, October 5, 2020**  
**Virtual Meeting**

**MINUTES**

The Interlake-Eastern Regional Health Authority Board of Directors held its eighth Annual General Meeting virtually. Approximately 80 were in attendance from across the region.

Ruth Ann Furgala, Vice Chair of Interlake-Eastern RHA's board of directors was the Master of Ceremonies. Ruth Ann took a moment to explain the authority of the IERHA Board of Directors:

The Interlake-Eastern RHA is established and governed under The Regional Health Authorities Act. Members of the regional health authority board are responsible for providing leadership in the delivery of administering health services in accordance with the Provincial Act and Regulations. The RHA Board develops governance strategies (policies and procedures) to ensure an effective and integrated approach to local health care systems. The Board, CEO and Leadership Team are collaborative and innovative in ensuring effective health practices within a fiscally responsible environment. It is our priority to work in partnership with our communities.

**Call to Order**

Glen West, Chair of Interlake-Eastern RHA's board of directors called the 2020 Interlake-Eastern RHA Annual General Meeting to order at 2:05 p.m.

Ruth Ann Furgala, Vice Chair of Interlake-Eastern RHA's board of directors acknowledged that the Interlake-Eastern Regional Health Authority delivers health-care services on First Nation Treaty Territories 1, 2, 3 and 5 and on the homeland of the Métis Nation. We respect that First Nations treaties were made on these territories, acknowledge harms and mistakes, and we dedicate ourselves to collaborate in partnership with First Nations, Inuit and Métis peoples in the spirit of reconciliation.

Ruth Ann Furgala, Vice Chair of Interlake-Eastern RHA's board of directors acknowledged all elected officials who have joined, her colleagues on the Board of Directors and introduced the Senior Leadership Team.

**Board Chair Report**

Glen West, Board Chair took a moment to express gratitude and thanks to M. Mills previous board chair for her efforts and dedicated years of service to health care and to O. Johnston, vice chair who served as interim chair prior to his appointment. In addition, S. Day and B. Magnusson were thanked for their service and contribution to the board and welcomed new Board Members H. Saxler, M. Polinuk and K. Poulson.

As directors, we all put aside personal interests when evaluating what is best for health care in this region. While our perspective is broad; our vision needs to remain inclusive as we work for

the best interest of all Manitobans but particularly those in our region. Much of what I am about to highlight is available in more detail in the region's annual report.

Glen West, Board Chair provided a high-level overview of the region's achievements and challenges over the past year.

➤ **Our Strategic Plan**

As always, the priorities of our strategic plan align with those of Health, Seniors and Active Living. The work we undertake contributes to achieving regional and provincial objectives. Directors, staff, physicians and community members continue to participate in consultations with representatives from Shared Health and the Transformation Management Office that is responsible for enacting health care transformation which has been an ongoing priority for this board.

❖ **Health System Sustainability**

The Board continues to strive to achieve a balanced operating budget. Our leadership team and staff members have adopted a culture of fiscal responsibility that sees us allocating resources to meet needs and deliver high quality care.

❖ **Improve Access to Care**

There have been a number of achievements in primary care over the past year to improve access to care. These include advancements in outreach clinics, establishing community based clinics and the creation of the region's first My Health Teams. These teams reflect care providers working together to make sure you get the care you need, when you need it. Ron Janzen will provide you with more details. In addition, public health staff have invested significantly in their effort to reduce sexually transmitted and blood borne infections and support harm reduction programs.

These successes reflect the extensive groundwork of our staff and medical services teams along with community members. I commend them all on these accomplishments that are necessary for community based care to take place.

❖ **People Centred Service**

We have aligned service delivery to meet people's unique needs in a few different ways in the region; the expansion of teen clinics in schools and other easily accessible areas for youth; public health offices improving ease of access to harm reduction supplies as well as increased community outreach.

Work is underway to see paramedics in this region provide palliative care at home in support of the wishes of clients of Interlake-Eastern's palliative care program. Focusing on people's specific care needs is a part of every one of these unique service delivery opportunities that have evolved over the past year thanks to our staff's commitment to addressing people's needs.

❖ **Decrease preventable harm**

There are a number of indicators the board monitors on a regular basis to evaluate how successful we are at improving safety.

Rates of hand hygiene and hospital acquired infections are among these. In the midst of a pandemic, never before have we relied so much on the advice of our infection prevention and control teams. With representation in every facility, they are vigilant in

their reminders of what our health care providers need to do to keep their patients, their colleagues and themselves safe from illness.

❖ **Improved access to mental health resources**

Psychiatric services are now available to patients at Selkirk’s emergency department upon referral. This new service is the result of a partnership with Selkirk Mental Health Centre that contributes to improving patient flow. People are connected with the care they need sooner. Mental health services are also being incorporated into both Selkirk and area, and Ashern and Hodgson area My Health Teams. The demand for these services continues to grow within the region and we are getting better at recognizing how to integrate this care.

❖ **Partner with Indigenous communities**

Over one in four residents in this region self-identify as Indigenous. By way of a visit last year to Turtle Lodge International Centre for Indigenous Education and Wellness in Sagkeeng First Nation, board members had the opportunity to experience and learn about Indigenous culture. We thank the elders and leaders who gave us this opportunity to better understand and talk about how we can continue to integrate Indigenous healing into service delivery.

The outreach clinics I mentioned earlier are seeing us work with First Nation communities, often in their health centres, to bring care closer to home. We can all be proud of the fact that every one of these clinics is a reflection of multifaceted working partnerships because so many community members, physicians and staff recognize their value. We commend all those involved in the creation and ongoing operation of these clinics. Ron Janzen will have more to say about these efforts.

Conversations around Indigenous health continue through the Indigenous Health Advisory Committee that informs the board. The committee is currently working its way through strategic directions for Indigenous health as advisement to the Board.

The Board Chair acknowledged the incredible impact our community members and volunteers have had on putting the heart into health care in our region.

The support community members have shown for healthcare workers with the arrival of COVID-19 has been something that has deeply resonated with all of us as we all recognize we are all in this together.

With the visiting restrictions now in place in health-care facilities, volunteers are being prevented from contributing as they normally do. However, running deeply in this region is a long legacy of community care.

On behalf of the board, the Board Chair thanks all of those people who give of their time and energy to make days brighter for our patients, residents, clients and staff. I’d also like to acknowledge the community members who voluntarily participate in our local health involvement groups or LHIGs. These groups advise the board on topics of relevance to improved health care delivery in the region.

Please know your efforts have contributed positively to health care delivery in this region.

## **Treasurer’s Report**

David Oakley, Board Treasurer acknowledged and thanked the Board of Directors of Finance and Audit Committee for their contributions ensuring that we are providing leadership, allocating resources and fiscally accountable. David also acknowledged and thanked Dorothy Forbes, Vice President of Finance and Chief Financial Officer for her ongoing significant contributions to our committees, our board and the region as a whole.

Dorothy Forbes reviewed the Audited Financial Statements as at March 31, 2020 highlighting the past year's expenditures by Program and Type.

- EMS and ICT operations transferred to Shared Health in April 2019
  - ❖ EMS \$20,806,012 plus ICT \$5,148,360 = \$25,954,372
- RAAM – opened mid-November 2018
  - ❖ \$180K operating costs in 2019/20.
  - ❖ The RAAM clinic is an easy to access, walk-in clinic that people can visit to get help for substance use without an appointment or formal referral. RAAM clinics provide time-limited addiction services such as assessment, treatment options including counselling and medication, and referrals to community services.
- My Health Team – Selkirk area MyHT began providing service in January 2020.
  - ❖ A second MyHT for Ashern/Hodgson area was announced earlier in September.
- Continuing support:
  - ❖ Paramedics Providing Palliative Care at Home – a federally funded project to enhance palliative care services to patients whose wish it is to die at home
  - ❖ Harm reduction
  - ❖ Physician recruitment
  - ❖ Home care IV clinics opened in Eriksdale and expanded in Stonewall
- 2020 Statement of Operations:
  - ❖ Revenue:
    - Decrease year over year of \$27,762K (\$26,904K in operations; \$848K in capital):
      - Global transfer to Shared Health for ICT and EMS – (\$25,954K)
      - Global efficiency targets resulted in funding reduction (net of amount transfer to Shared Health) – (\$1,281K)
      - EMS fees (now Shared Health income) – (\$3,000K)
      - WCB rebate - \$818K
      - Patient and resident income - \$750K
      - Donation funds - \$660K
  - ❖ Expenses
    - Decrease year over year of \$22,499K (22,743K in operations; reduction of \$253K in capital):
      - EMS – (\$23,823K)
      - ICT – (\$2,483K)
      - Medical remuneration costs due to filled positions - \$1,416K
      - Increased agency costs due to high vacancy rates - \$1,493K (total agency costs were \$6,985K)
  - ❖ Variance to budget related to acute care pressures with staffing issues and volume pressures, resulting in agency and overtime
- Liabilities
  - ❖ Long term debt made up of loans held by Manitoba Finance's Treasury Division
    - 2020 Accumulated surplus \$18,980K

- Expenditures by Program
  - ❖ Expenditures impacted by:
    - EMS and ICT transfer to Shared Health
      - 3% increase in emergency department visits year over year
    - Increased emergency department visits
    - Nursing vacancies rates were steadily increasing since August
      - average in 2019 was 8.1%; average in 2020 was 8.3%
      - Highest single month was March at 9.4%
- Expenditures by Type
  - ❖ Stable allocation of expenditures
  - ❖ Reduction in salaries, employee benefits and other expenses reflect the transfer of EMS and ICT operations to Shared Health

## CEO Report

CEO, Ron Van Denakker started by acknowledging his retirement effective October 15, 2020 and thanked Glen West and Board of Directors, both past and present for the leadership and guidance received to work for and with communities of this region. Ron also thanked all of the municipal leadership and media for their partnership and of course all of our staff that actually make things happen. Most of all, he thanked the people of this region for giving him the opportunity to serve, learn and get to know you and understand rural Manitobans a bit better.

Ron Van Denakker took the opportunity to sit down with Gwen Traverse, health director of Pinaymootang First Nation, for a last visit as CEO. Those of you who regularly attend our AGMs will know Gwen. She is the one who takes advantage of the question and answer period every year to hold him and the RHA accountable for our care of Indigenous people.

A report came out last year that identified an Indigenous man in Manitoba has a life expectancy that is 11 years less than all other men in Manitoba. It's the same difference for women. This can't be rationalized, nor can Gwen, or the people who participated in the AGM last year who shared their experiences trying to access health care in our region and elsewhere.

It was troubling to the CEO to hear those stories but Ron thanks those who had the courage to stand before strangers and share very personal stories about their health care. As CEO, Ron promised them that we'd do better.

Ron has had nine years to get to know Gwen better and to aspire to be a leader that does good by Gwen and the other people of this region who are striving for nonjudgmental inclusivity in our delivery of health care.

Ron was pleased to say that through the commitment of our leadership, who are also steadfast in their desire to see all of our residents access the health care they are entitled to, we have made changes for the better, so much so that Gwen and the leadership of her community felt it appropriate to bestow upon Ron a parting gift of commissioned artwork to acknowledge the work that has been done during his tenure. While these Seven Teachings will hold a place of honour in his home to remind him of the people that he has been so fortunate to have met and worked with, they are also a tribute to RHA staff who understand that 11 years represents an unacceptable loss of life that should be lived.

Their work to respond to the Truth and Reconciliation Commission Calls to Action in partnership with Indigenous communities in this region will continue as we recognize there is still much more to be done. That is Ron's parting promise at this AGM.

Ron Van Denakker, CEO passed over to the acting CEO, Ron Janzen who will lead us through the CEO's report.

Acting CEO, Ron Janzen spoke to the Interlake-Eastern RHA's work that is guided by the strategic plan that dovetails with the priorities of Manitoba Health, Seniors and Active Living. Ron noted that you can read more about our priorities on pages 15 and 16 of our annual report. Information in the report is categorized by these priorities. The following highlights of our accomplishments and challenges for fiscal year 2020 that begins April 1, 2019 and concludes March 31, 2020:

➤ **Health System Sustainability – COVID-19**

Interlake-Eastern RHA started its COVID-19 incident management team in early February, shortly after the Province of Manitoba established the provincial team that included regional representation.

- ❖ Selkirk Testing Site - Opened March 20, 2020
- ❖ Eriksdale Testing Site - Opened March 26, 2020
- ❖ Peguis Testing Site
- ❖ Powerview-Pine Falls Testing Site - Opened March 27, 2020

The influence of this illness on our day-to-day activities has been extensive and it continues right up to today as none of us has a clear understanding of what the future may hold for the effect of this illness on health care service delivery.

We have seen tremendous cooperation among program areas within our region and provincially as we partner to curtail COVID's spread. Having a provincial service delivery organization in Shared Health proved beneficial many times over in terms of orchestrating provincial response to the pandemic.

COVID-19 has presented an opportunity to work more closely with First Nations health directors. We've involved them in our incident management operations and we're frequently sharing information. More recently RHA staff have assisted with mobile testing in First Nations communities. We commend the First Nations communities in this region for their work to keep their residents safe.

We are prepared for an influx of cases provincially and in our region. We have even prepared the old hospital in Selkirk to be called into service in the event that we need more beds. Our experiences to date have left us, I think, with a sense of confidence that we are capable of living with this illness and we are prepared to deal with what may come our way.

Ron Janzen, Acting CEO expressed thanks to community members and business owners who made it so clear to staff that we are indeed in this together. This has been evidenced by donations of supplies, food and homemade personal protective equipment for staff's personal use. Ron also, took the time to thank everyone for their patience when entering our facilities, for wearing masks and answering the questions of our screening staff, as well to our staff members for their commitment to self-screening prior to work, wearing their PPE, washing hands frequently, increasing the amount of cleaning we are undertaking in our facilities and supporting each other where needed so we can all get through this and still deliver the care people need.

➤ **Improve Access to Care**

- ❖ **Harm Reduction**



We have partnered with the Manitoba Harm Reduction Network and communities to bring harm reduction facilitators to Eriksdale and Ashern, Lake Manitoba and Pinaymootang First Nations, Pine Falls and Sagkeeng First Nations and Selkirk and Brokenhead Ojibway Nation. These facilitator positions are embedded within the public health program. Facilitators collaborate with many other programs and services and in communities and with First Nations leaders. Peers and people who use drugs, are the experts and guide the work of the of the community stakeholder network and our work in public health to incorporate harm reduction.

❖ **Indigenous Health**

Introducing and growing access to traditional healing is a key part of the partnership among the four First Nations who comprise the Giigewigamig First Nation Health Authority. In agreement with the RHA, the health authority operates the traditional healing centre at Pine Falls Health Complex.

Among their objectives is providing access to First Nations traditions, culture, language, ceremonies, healing and teaching lodges to provide holistic and natural care for the people. The sharing of space at the health centre with the Sagkeeng substance use day treatment reflects a commitment to better respond to the Truth and Reconciliation Commission Calls to Action. The seven-week-long program for adults seeking healing related to substance use issues is traditionally based and includes a strong cultural component to promote healing, and strengthen Indigenous identity.

❖ **Paramedics Providing Palliative Care at Home**

Interlake-Eastern Regional Health Authority, working in conjunction with the Paramedic Association of Manitoba, is one of seven health-care service delivery organizations across Canada to collaborate with the Canadian Foundation for Health Care Improvement and the Canadian Partnership Against Cancer in their Paramedics and Palliative Care: Bringing Vital Services to Canadians program.

The program is part of the national organizations' ongoing efforts to expand the accessibility of palliative and end of life care in clients' homes. These federal partners are investing more than \$700,000 in Interlake-Eastern RHA and providing additional support to expand the region's existing palliative care service. The objective of Paramedics Providing Palliative Care at Home is to implement a regional service that lets paramedics use a palliative approach when responding to 911 calls for clients registered in the RHA's palliative care program. The project is set to go live October 19, 2020.

❖ **Expansion of Public Health**

Manitoba continues to respond to a syphilis outbreak. Provincially, the spread of syphilis and other sexually-transmitted and blood-borne infections (STBBIs) (HIV, Hep. B. and Hep. C.) is happening at a more rapid rate within populations where people are using intravenous drugs and other illicit drugs.

These illnesses can significantly impact a person's health, rendering them reliant on the health-care system. The number of pregnant women diagnosed with syphilis is rising which is alarming because syphilis can be treated. Mothers can pass the infection on to their children during pregnancy introducing major risk the babies' health.

In May and June last year, public health nurses across the region were trained to draw blood for diagnosis and administration of treatment for sexually transmitted and blood borne infections. This was a significant undertaking for our staff and marks an evolution in the role of public health and its work to combat the spread of illness in communities.



❖ **Enhance Primary Health Care – Outreach Clinics**

Physicians or nurse practitioners are now regularly travelling into the First Nation communities of Black River, Lake Manitoba, Lake St. Martin and Little Saskatchewan to offer care. They are sometimes accompanied by a chronic disease nurse and dietitian who offer additional care at appointments where applicable.

In addition to improving access to care, these outreach clinics provide an opportunity for our staff to develop working relationships with First Nation health centre care providers. They can also build stronger relationships with patients and that benefits local residents. These partnerships are a reflection of many people wanting to work together to deliver better care.

❖ **My Health Teams**

My Health Teams are teams of care providers (located in the same clinic or connected virtually online) that work with you to make sure you get the care you need, when you need it. They are built around strong partnerships. Teams of care providers work together with community members as a steering committee to plan services for a geographic area or specific community or population. These services are then delivered by care providers as part of the My Health Team.

Interlake-Eastern RHA has two My Health Teams:

- Selkirk & Area My Health Team's steering committee is currently comprised of the physicians at Selkirk Medical Associates and Eveline Street Clinic. Community partners include the Addictions Foundation of Manitoba and the Canadian Mental Health Association.
- Ashern/Hodgson & Area My Health Team is comprised of care providers in clinics in Hodgson and Fisher Branch, Ashern, Eriksdale, Lundar, St. Laurent and Gypsumville. Community partners on the steering committee include Lake Manitoba First Nation, Lake Manitoba First Nation, Little Saskatchewan First Nation, Pinaymootang First Nation and Elder Florence McLean as well as Ongomiizwin Health Services, part of Rady Faculty of Health Sciences' Indigenous Institute of Health and Healing, and First Nations Inuit Health Branch of the Government of Canada.

This is Manitoba's first My Health Team with such an extent of Indigenous guidance and engagement - a proud accomplishment for all involved.

❖ **Improved Inclusion**

We continue our commitment to establishing a workforce that reflects the region's residents. Right now, just over 14% of our staff are self-identifying as Indigenous. That's significant growth to our target of 24% considering, in 2010, we were at 5%.

We are partnering with First Nation communities to better highlight health care as a career and to support the career growth and development of First Nations' residents who choose to work as RHA employees.

Managers in the communities of Ashern, Pine Falls and Eriksdale are developing staff training plans to meet mandatory Indigenous Cultural awareness training in our facilities. Training strives to cultivate increased understanding about Indigenous experiences and perspectives.

We're initiating First Nations representative involvement in hospital rounds, a review of discharge planning forms and processes, and client and patient feedback forms and processes to improve integration of First Nation processes into care delivery to ensure continuity of care.



The Thanksgiving ice storm of 2019 provided opportunities to collaborate with Indigenous health partners as has COVID-19. By focusing on people and communities and not jurisdictions we are better together. We are committed to staying on this path of working more closely together and improving through teamwork.

The challenges of diversity – be they cultural, gender, racial or otherwise – globally and in Canada are becoming clearer as the voices of people demanding equality become louder. The opportunities for positive change exist right here in our region right now. When it is said “we are all treaty people”, there is no better place than health care to bring action to the intent of these words.

#### ❖ **Improve Access to Emergency Services**

We continue to make progress in keeping our emergency departments open longer. Physician hours worked in emergency departments continues to climb year after year. In Fiscal Year 2019, on average emergency departments in the region were open 77% of the time. In Fiscal Year 2019, physicians were available in the EDs 81% of the time and we’re tracking along this line for 2020 as well. We’ve come a long way from when our EDs were open half of the time.

Ron commends our vice president of medical services and chief medical officer, Dr. Myron Thiessen, our site medical leads and the physician services team for the work they have done over the years to get us this path as well as the health care teams in our hospitals and emergency rooms who contribute to environments people want to work in. It is a reflection of extensive relationship building with current physicians, potential recruits and locums to maintain their interest in taking open shifts.

#### ❖ **Continued Physician Retention and Recruitment**

The success story in our emergency departments is the result of another success. In 2016, we had only 51 family physicians practicing in the region. With concerted effort over the past five years, we now find ourselves with 76 family physicians practicing in the region. We’ve made modest improvements but there is still lots of work to do.

We are still short of our target of 115 physicians in the region, but there are a number of new initiatives just getting started that I will speak to that will benefit physician recruitment in this region.

Investing in recruitment is just one of the ways we have been able to bring this change about. In 2019, we hosted the family medicine resident retreat in Gimli. Over 100 first and second year residents and their families attended. Eight physicians from our region delivered education sessions and attended the job fair.

We also had community representatives on board to welcome the residents to the region.

The last time the RHA hosted the retreat was in Selkirk in September, 2016. Since then, 14 graduating University of Manitoba Family Medicine Residents have joined the region.

#### ❖ **Regional Primary Care Centre and Clinical Teaching Unit**

We are well on our way to establish a facility that will serve as the home for a regional primary care centre and our clinical teaching unit.

The board passed a resolution authorizing the creation of a non-profit development corporation that will ultimately establish and secure space in a primary care centre in Selkirk that will also serve as a base for the region’s clinical teaching unit.

Ten physicians have confirmed interest in offering health care services at the primary health care centre thereby guaranteeing occupancy and minimizing risk through long-term leases and other agreements.

The board of directors for the new corporation includes municipal leaders from around Interlake-Eastern as well as RHA staff. This project received the support of towns, municipalities and First Nations groups and has 17 council resolutions of project support on file.

Interlake Eastern Health Foundation has agreed to undertake a capital fundraising campaign to help establish the primary care centre and clinical teaching unit. The vision is for a physical space that can house a number of physicians and care providers, from many disciplines, who can train medical residents while sustaining care for their own patients. We look forward to sharing more details on the project over the course of this year.

#### ❖ **Family Medicine Residency Program**

The region's first two medical residents started training in 2019 as part of our regional family medicine residency program announced in 2018. They are experiencing a multi-disciplinary approach to health care service delivery that is part of the RHA's vision for creating a shared care model for primary health-care. This vision involves teams of care providers with different specialties and experience working together collaboratively to put the patient at the centre of their care.

In addition to working with Dr. Ian Alexander and his colleagues at Selkirk Medical Associates, the residents are working with Dr. Mitchel Bruneau in Lac du Bonnet on their rural family medicine rotation and we will see that experience extend to other communities in the region as more physicians open their practices to hosting and mentoring these students.

#### ❖ **Improving Patient Flow**

The number of people in our hospitals awaiting placement in personal care homes has reduced slightly with concerted effort to find alternative options outside of this region. Helping people stay at home longer also alleviates this issue. However, there is still a pressing need to find better solutions. The monthly average number of people awaiting placement is still around 200.

A number of communities in the region submitted proposals on how they could assist with creating more personal care home beds. A pause has been placed on the progress of these proposals as work is done provincially to develop the clinical and preventive service plan.

This plan, the first health care plan for the province, is exploring opportunities for modernization in the delivery of community based services and home care. These services are part of a provincial seniors' strategy that will outline opportunity for a number of transitional care opportunities for seniors.

### **What's next for Interlake-Eastern RHA?**

- Implementation of Clinical Preventive Service Plan – The effects of health care transformation under the clinical and preventive services plan have yet to expand to rural areas. We expect to see more details on the influences to this region by early 2021.
- EDs in our region open with doctor's available full time.
- Focus on Recruitment and Retention – Healthcare transformation has introduced the concept of regional health authorities as service delivery organizations under the clinical and preventive services plan. As service delivery organizations we can better focus on

the work we need to do to build and retain our workforce in areas where we have faced chronic shortages. This shift away from planning regionally to planning provincially will afford us the time and resources to invest more in the development of a sustainable, well trained, and effective work force. We can refocus on HR as our key mandate becomes “service delivery” while Shared Health and Health, Seniors and Active living focus on planning, capital and infrastructure.

- Ensuring Inclusion – we are working in this region to ensure that anyone seeking care can access it without judgement. This work must continue.
- Continued focus on patient-centric care – You are soon to hear the winners of this year’s chairs award for excellence in customer service. The fact that we had 11 nominees for this award shows that our staff understand the importance of taking care of people.
- COVID - We continue to deal with the many challenges that this pandemic presents until a vaccine is adopted and we can remove precautions for those in our care.

### **Chair’s Award for Excellence in Customer Service**

Glen West announced this year’s winners for the Chair’s Award for Excellent Client Service recognized Interlake-Eastern RHA staff from across the region and reflected the great dedication and client-focus of those working in our community health care facilities. Awarded for regularly going above and beyond were:

- Brad Clyde, pharmacist out of the Selkirk Regional Health Centre
- Robin Malcolm, HR assistant out of the Selkirk Corporate Office
- Pamela Robertson, administrative assistant, physician services out of the Selkirk Corporate Office
- Kim Scharf, administration out of the Gimli Community Health Centre

### **CEO Award for Community Leadership**

This year’s CEO Award for Community Leadership goes to the individuals representing communities from around the region who comprise our Primary Care Development Group.

Honourable mention is given to the forerunner of this group, the Clinical Teaching Unit Task Force, that was established in 2017. The task force united 17 community partners, municipal leaders, community representatives, physicians and staff who contributed their support, expertise and guidance to establish rural family residency program in this RHA.

With the announcement of the residency program in 2018 and its establishment last year, the task force formalized as the Primary Care Development Group that continues to contribute to the evolution of primary health care in the region. The most current initiative is the establishment of a primary health care clinic in Selkirk that will house the region’s family medicine residency program.

The primary care development group is represented by a 10-person board. Two members are from the west part of the region, two from the east, two from First Nations communities and there is representation from physicians, the Interlake Eastern Health Foundation and the RHA. Blair Skinner, Mayor of Pinawa, was elected as chair and we asked him to accept the award on behalf of the group.



This group and the partnerships it represents provide the RHA with access to leadership perspectives and expertise that enhances our regional vision with community insight. Each partner in the primary care development group recognizes the importance of health care and they are contributing to increased success of our endeavours by ensuring local voices are heard and represented.

Thank you to all of our community partners for your past and ongoing contributions.

### **Meeting Adjournment**

The meeting adjourned at 3:07 p.m.