



2021 Annual General Meeting
Monday, October 4, 2020
Virtual Meeting w optional conferencing

MINUTES

The Interlake-Eastern Regional Health Authority Board of Directors held its ninth Annual General Meeting virtually. Approximately 80 were in attendance virtually 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 RHA 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 2021 Interlake-Eastern RHA Annual General Meeting to order at 2:00 p.m.

Gwen Traverse, Director of Health for Pinaymootang Health Care and a member of the Interlake-Eastern RHA Indigenous Health Advisory Committee led the opening prayer.

Lynette McDonald, 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 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 acknowledge efforts of outgoing board members.

Oral Johnson was a previous founding director of the Interlake-Eastern RHA board in 2012/13. Oral served as chair from 2014/15 and 2015/16 then he served as vice-chair and interim chair prior to my appointment. Oral's long history with the Interlake-Eastern RHA and former North Eastman Health Association boards served us well. He was the founding chair of our



Indigenous Health Advisory Committee that he helped formulate and establish, making us the first RHA to have such a committee. Oral left the board in April when his term expired. Also, leaving the board in April was Laurie Andrews and Judy Dunn. Judy participated in our local health involvement groups as a board liaison, she also served as board secretary and chaired the Education, Policy, and Planning Committee. In addition, board member Hermann Saxler left the board in June of this year.

On behalf of the board, the Board Chair thanked all past directors for their service and wished them well and extending a welcome to the newly appointed board of directors, Debbie Fiebelkorn, Lynette McDonald, and Penny-Anne Wainwright.

The regional map is a reminder of how broad our region is, and just how many communities there are, that require health care services. As directors, we must put aside personal interests when evaluating what is best for health care in this region, and in Manitoba. We work towards the best interests of all Manitobans and those in our region.

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

➤ **COVID-19**

While COVID-19 was not scheduled, it is a reminder that our health system needs to be nimble enough to respond to the needs of Manitobans when faced with a global pandemic. The response to COVID-19 was and is provincially directed with support from the service delivery organizations such as the Interlake-Eastern RHA.

- ❖ As you are aware, COVID-19 was a significant focus for us in this reporting period, as this was primarily operational in nature.

➤ **Our Strategic Plan**

Fiscal year 2020/21, reflects the final year of our five-year strategic plan that ran from 2016 to 2021. The 2021 AGM is a bit of a chapter end for us. Health care has changed considerably since the last five-year plan was developed. We have a new strategic planning process which is our means of engaging with communities. We have a new CEO who fully understands what it means to be a performance managed, people-centered, organization, and he is committed to taking us on that journey. Dr. David Matear, CEO will provide more detail on that process in his report.

Touching on a few highlights from this year as they relate to the strategic priorities identified in our 2016-2021 plan:

❖ **Health System Sustainability**

The Board continues to strive to achieve a balanced operating budget. Our mandate is clearly defined by the minister of health in regard to required fiscal responsibility. We are also to develop a comprehensive risk management plan and work to mitigate risks with potential to affect our ability to deliver health care services. You can read more about the risk assessment tool that we use in the annual report. Looking at our heat map – items that we have identified in red have the most considerable risks.

Of primary concern to the board is:

- regional disparity in access to primary care services
- lack of access to addictions medicine service
- impaired physician recruitment
- ineffective patient flow, and;



- the potential for us to be misaligned with the provincial Clinical and Preventive Services Plan. By that I mean, this region needs to be in alignment provincially if we are to benefit from the health care improvements that provincial planning offers.

What is very reassuring to me, having just completed our strategic planning sessions, every single one of these areas of concern is being addressed in our new strategic plan through mutually agreed upon strategic goals for the RHA.

❖ **Improve Access to Care**

We've broken this goal into three priority areas:

- ensuring care people need is available in a timely way
- reducing emergency department wait times
- increasing access to primary health care

Severity of illness and need for hospital care are not the only factors influencing someone's length of stay in hospital. Sometimes people remain in hospital until alternate levels of care can be arranged, or, sometimes a stay is the result of processes that are not as integrated as they need to be to move a patient through the continuum of care. Dr. David Matear, CEO will speak more to how our acute care and community services teams continue to work collaboratively on continuum of care services that impact patient flow.

❖ **People Centred Service**

Every month, the majority of people who received care in Interlake-Eastern RHA hospitals are mailed a survey that provides opportunity to quantify satisfaction with the care received and evaluate care delivered. Surveys can be completed and returned as hard copies or submitted online. These anonymous surveys are an excellent opportunity to receive feedback on areas for improvement and because they are continual, they help identify if measures put in place are effecting change as desired. We also have a consumer concerns and comments process in place that we use as an evaluative component of this strategic priority.

❖ **Decrease preventable harm**

The annual report highlights framework where we are addressing how we keep our clients and staff safe. We've broken this goal into:

- establishing a culture of safety
- establishing clinical governance
- providing evidence informed practice.

The Interlake-Eastern RHA is the first RHA to pursue achieving Safe Work certification. "SAFE Work Certified" is Manitoba's safety and health certification standard that helps make workplaces safer. It also provides rewards to workplaces that take pro-active steps to prevent workplace injuries and illnesses.

❖ **Improved access to mental health resources**

We are seeing more mental health services integrate into primary health care through My Health Teams and clinics that want to offer this service to patients. You can read more in the annual report about how mental health services adopted virtual care during the pandemic. Even the crisis stabilization unit adopted virtual care to ensure physical distancing in the facility. The success of virtual tools in bringing mental health



services closer to home will only improve as we embrace technology to deliver this needed care.

❖ **Partner with Indigenous communities**

Over one in four residents in this region self-identify as Indigenous. We work on the ancestral and home lands of Indigenous and Métis people. Interlake-Eastern's board has established an Indigenous Health Advisory committee that worked to develop the region's first Indigenous Health Strategy. It will serve as a beginning for future consultation and collaboration.

We are humble, respectful, and purposeful in this shared journey to address the significant health disparities between Indigenous populations and the non-Indigenous population located within the IERHA. We are committed to closing this gap and improving health outcomes.

Elders, indigenous leaders, and health teams have demonstrated that there is a better way to offer health services – IERHA is committed to listen, learn, and grow together.

The Board Chair concluded his comments by acknowledging the work of our staff, in responding to COVID-19 and the groundswell of support that we received from community members. The Board has been humbled by what care providers have done for us by showing up for work every day in the face of something that, at first, was an unknown to us.

As a region we have learned so much in such a short time, and our staff have extended so much in the past year, as they worked to keep up with the speed of global information advancement on this illness, and in the midst of response, thank goodness, came our vaccines. Which was another significant pivot in our response. Hours and hours and even more hours of managers time have been invested in COVID and it continues as we respond to Wave 4.

The Board Chair noted that he truly hopes we never experience a year like the one that we are reporting on today. But we all now know that our care teams are more than capable of taking on whatever may show up next at our doors, and we know that if that happens, when that happens, we know we have legions of community members across this region who are stand alongside us doing what they can to help.

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 that, when it comes to health care, we are all in this together.

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, Regional Lead, Corporate Services and Chief Financial Officer for her ongoing significant contributions to our committees, our board and the region as a whole.

Dorothy Forbes, Regional Lead, Corporate Services and Chief Financial Officer reviewed the Audited Financial Statements as at March 31, 2021 highlighting the past year's 2020/21 statement of operation, assets, liabilities, expenditures by program and type.

➤ **Highlights**

- ❖ COVID-19 response, and the related public health orders, had a significant impact on all sectors and programs across Interlake-Eastern RHA.



- ❖ The region also continues to see increasing nursing vacancy rates, which are impacting overtime and agency costs throughout multiple program areas.
 - ❖ 2021 was an important year for the My Health Team programs. It was the first full year of operations for the Selkirk Team, while operations began in the Ashern, Hodgson and area Team in November.
 - ❖ This year also saw the region continuing to work on stabilizing services in areas such as home care and by implementing outreach clinics, for example.
- 2021 Statement of Operations:
- ❖ For the fiscal year ending March 31, 2021, Interlake-Eastern RHA incurred a deficit of \$2.9M, which was a solely capital deficit, as operations were balanced. As you can see, this was both under budget and under the prior year's results.
 - ❖ Revenue has increased approximately \$16.5M over fiscal 2020, which is related to global funding changes and the receipt of one-time COVID-19 assistance. These were offset slightly by some reductions in service fees and other revenues.
 - ❖ Expenses also increased over the prior year, by approximately \$11.2M, largely due to COVID-19 response work. We also saw a slight increase in salaries, related to the overtime and agency costs that were utilized to mitigate vacancies within programs.
- Assets
- ❖ Tangible capital assets, which include land, buildings and equipment, make up the vast majority of the assets, at 87%. The allocation of the Region's assets is very consistent to what we have seen in prior years.
- Liabilities
- ❖ Long term debt made up of loans held by Manitoba Finance's Treasury Division
 - 2021 Accumulated surplus \$16M, down slightly from 2020 at \$18.9M due to the capital deficit that was incurred.
- Expenditures by Program
- ❖ Expenditures impacted by:
 - COVID-19 work impacted all of these programs, but approximately half of the costs, or \$4M, is included in regional undistributed.
 - Increased nursing vacancy rate and the reliance on agency and overtime impacted many of these programs, particularly acute and long-term care.
- Expenditures by Type
- ❖ Stable allocation of expenditures.
 - ❖ Staff make up the bulk of the cost – 72%.
 - ❖ COVID-19 costs of \$9.3M, incremental costs were 4% of total expenditures the allocation of costs across the different expense types remained stable.

The 2020/21 fiscal financial report was concluded and there was an opportunity for questions to be submitted through the chat feature. No questions were posed.

CEO Report

CEO, Dr. David Matear started by noting that it has been a pleasure to walk through the 2020/21 year for Interlake-Eastern RHA and provide some information for what lies ahead. Joining the Interlake-Eastern RHA in the midst of a pandemic has been an interesting way to



become familiar with the organization and our partners. Simultaneously, we are working within health system transformation changes that are unfolding and identifying opportunities where we can advance health care delivery in the Interlake-Eastern region.

➤ **Leadership Update**

Ron Van Denakker, the former CEO, retired in October 2020. Ron Janzen, the former vice president of corporate services, and site COO for Selkirk Regional Health Centre, retired in March this year. David had the pleasure of working closely with Ron Janzen, who was acting CEO during his onboarding. David thanked Ron Janzen for his guidance in those early days of his arrival.

Karen Stevens-Chambers, the former vice president of community services and chief allied health officer, retired from her position in December last year. Greg Reid was the successful applicant for the newly named position of: regional lead, health services, community and continuing care. Greg started in this position on March 15, 2021. He has worked in the healthcare and social services sector for more than 28 years. Greg brings with him, extensive senior leadership experience in community mental health, crisis stabilization, home care, palliative care, and program operations, that span rural and urban communities. Prior to his role with Interlake-Eastern RHA, Greg had been seconded from the role of director, home care operations and palliative care with WRHA, to the Addictions Foundation of Manitoba, in the role of interim chief operations officer. Greg's experience has already proven to be of value, especially as we work to employ long-term strategies to improve access to acute care beds in this region.

➤ **Our COVID Journey**

The year that we're reporting on today, spanning April 2020 to March 2021, was a year of COVID. Interlake-Eastern RHA established its incident command in March 2020 under Ron Janzen. The region's incident command is directed by provincial incident command. COVID-19 testing site establishment was a regional initiative with provincial guidance. Interlake-Eastern RHA has three COVID-19 testing sites in Selkirk, Powerview-Pine Falls and Eriksdale. A privately-operated site provides service in Arborg.

In addition, we supported provincial operations, in establishing the COVID-19 vaccination supersites in Selkirk and Gimli.

➤ **COVID – Year in Review**

Online, you'll find a companion piece to the annual report. While the annual report addresses all the reporting requirements for which health-care service delivery organizations are responsible, the companion piece captures our staff's stories around COVID-19. We wanted to reflect the momentous effort required by staff, in response to a global pandemic. You can read about how our staff teams rallied to support the COVID response in that document.

As we prepared for the development of our new five-year strategic plan, we reached out to staff, to identify what we were doing well. One of the top responses that came back was "communicating". As a CEO, that was heartening, given the constant change that is inherent in a pandemic. To know that our teams can effectively communicate during times of crisis, bodes well for the ongoing changes, that are an integral part of health care transformation.



➤ **Evaluating Progress**

Manitoba Health and Seniors Care is transforming the delivery of health care services, to improve access to consistent, reliable health care across the province. Improvements and the long-term sustainability of the system are being measured, and these measurements are providing support for informed decision making, and enhanced accountability.

➤ **Provincial Dashboard**

As part of our reporting, all service delivery organizations are now working from one dashboard - a tool which Manitobans can use to review the health system's performance, and better understand how the health system is functioning. This tool is available to you online at (Manitoba.ca > OpenMB > InfoMB > Departmental Information, Statistics and Reports > Provincial Health System Performance Dashboard).

It provides a high-level overview of three key objectives, that are part of health system transformation. These objectives are the outcomes of many other operational priorities underway to positively influence the reported-on objectives of:

- Improving Access
- Improving the Health Service Experience, and;
- Improving Health System Sustainability

➤ **Improve Access to include image below**

An objective for this goal is to reduce emergency department wait times to below the national average. In our region, only Selkirk Regional Health Centre wait times are reported as it's the only facility in our region with an electronic monitoring system for wait times.

This measure is a partial representation of patient flow, meaning it's a reflection of our ability to link people in emergency departments with the most appropriate health resources based on their needs.

➤ **Improving the Health Service experience**

This measure is based on responses to a survey, that is sent to people who experienced in-patient care in one of our facilities. We typically perform well on this measure, and we typically meet or exceed the goal.

➤ **Improving Sustainability**

COVID-19 is affecting this measure as you will have heard in our finance presentation.

➤ **Provincial Health System Transformation**

Our focus in 2020/21 was preparatory work in support the goals of transformation, in terms of legislation and organizational changes.

➤ **Clinical and Preventive Services Plan**

The provincial clinical and preventive services plan, which is part of health system transformation, promises:

- care closer to home
- more equitable care across Manitoba
- reduced reliance on emergency departments for non-urgent, everyday health care needs
- increased investments in community care to keep people living at home safely longer



- greater integration of technology, to address issues of isolation in rural Manitoba, and lack of access to care providers
- increased connectivity among care providers, to increase system integration, and provide people with improved access to the care they need.

These are opportunities for Interlake-Eastern RHA, to address the major concerns raised with health service delivery. A concerted provincial effort in these areas will help to address long-standing problems in the region that affect your access to health services.

We have historically experienced pressures around access to acute care beds. At times we've seen hospitals with half of their beds allocated to people who need care, but not hospital care. With an increase in investments in this region's primary care and community care services, we're confident a percentage of people in hospital will be able to remain safely at home if we can provide them with the necessary supports.

Reduced reliance on emergency departments, means providing people with improved access to a primary care provider when needed. Better access to primary care will see people avoid unnecessary emergency department visits.

➤ **IERHA's Strategic Plan**

When we brought community partners together in May 2021, we had two goals in mind. We wanted to engage community partners in our planning process and establish a pathway for continuing engagement. Secondly, we wanted to ensure that anything we decided to undertake regionally, had a direct link to provincial priorities. We are part of a provincial health care system, committed to improvement. Our actions regionally must support the provincial health care system, as a whole. Our new five-year strategic plan, that will take us to 2026, is aligned with Manitoba Health and Senior Care objectives, and those of the Provincial Clinical and Preventive Services Plan.

➤ **IERHA's Indigenous Health Advisory Committee**

When developing Interlake-Eastern RHA's first Indigenous health strategy, there were three main goals of the members of the board's Indigenous Health Advisory Committee:

1. We wanted to approach things differently. We all understood that the ways of the past could not be the ways of the future.
2. To address health inequities that exist in our region, we had to apply a system-wide view, one that we know will require collaboration.
3. We wanted to emphasize the voice of the community, and shared leadership.

➤ **Four Strategic Pillars**

At the foundation of the strategy are four strategic pillars: strengthening partnerships and connections; providing a culturally safe environment; addressing health inequity and improving mental wellness, within a recovery-oriented approach.

Each pillar has a corresponding set of goals, that include partnering with Indigenous communities, both in planning and implementation.

This strategy is a beginning – it's a guide. Community partners attending our strategic planning session in May were asked to take this information into consideration, when working together, to identify planning priorities for the RHA over the next five years. We did identify a strategic goal specific to Indigenous populations. There is more work to be done, but we will learn together.



The plan will change as a result, it has to, but we're committed to doing that together, with our Indigenous partners.

➤ **Strategic Goals**

Our five-year plan adopted in July 2021 focuses on six strategic goals. These goals were identified, and mutually agreed upon, through our strategic planning process. They will serve as the focus of our actions over the next five years, the focus of our reporting, and the areas of key accountability to you. Our six strategic goals are:

❖ **INTEGRATED AND CO-ORDINATED HEALTH CARE**

We will ensure our health system is integrated and coordinated, between providers and patients.

❖ **PRIMARY AND COMMUNITY CARE TRANSFORMATION**

We will provide a solid foundation of primary and community services, and strive to make it easier for patients, to move across the continuum of patient care.

❖ **INDIGENOUS AND VULNERABLE POPULATIONS**

We will work to improve access, health outcomes, and reduce health disparities.

❖ **MENTAL HEALTH AND ADDICTIONS**

We will work to improve access to community mental health and addictions services, for adults, children and families.

❖ **HEALTH HUMAN RESOURCES**

We will have a skilled and dedicated workforce of, health professionals, support staff, volunteers, and physicians.

❖ **INNOVATION AND TECHNOLOGY**

We will endeavour to improve access, care quality and health outcomes, through clinical best practices, with a focus on innovation and technology.

➤ **Strategic Planning Process**

We have adopted a strategic planning process, in which a central theme is the involvement of our planning partners.

➤ **Opportunities for engagement**

We have established three primary opportunities for engagement with our partners.

These include our six strategic steering committees, our regional health advisory council, and our annual strategic plan review with all planning partners.

➤ **Our Framework for Measurement**

Lastly, our strategic planning process is part of an integrated management framework, that will let us better evaluate how effective our actions are, in addressing the priorities we've established for the region. This framework lets us better see where we are progressing, where we're not, and where changes need to be made if we hope to make progress. We'll evaluate achievement of priorities based on five general areas: financial, operational, stakeholder engagement (or customer satisfaction engagement), and learning and growth. Within each segment there are multiple measures, that contribute to our achievement of strategic goals.

In closing of the CEO report, David extended his sincerest appreciation to the directors of the board of IERHA, who have the best interests of the residents of this region at heart. He thanked



his senior leadership team, for managing this region through one of the most challenging times in health care and thanked our community members and partners. The Interlake-Eastern RHA appreciates your commitment to working with us towards achieving better health care services.

The CEO report was concluded and there was an opportunity for questions to be submitted through the chat feature. No questions were posed.

Chair’s Award for Excellence in Customer Service

Glen West, Board Chair 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:

- ❖ Cassandra Hnatishin and Drew Peacock – Primary Care, Powerview-Pine Falls
- ❖ Brittany Klassen - LPN, Stonewall and Districts Health Centre
- ❖ Devon Ungurain – Fetal Alcohol Spectrum Disorder (FASD) Co-ordinator, Beausejour Hospital
- ❖ Kate Hodgson - Director Acute Care, Selkirk Regional Health Centre
- ❖ Honourable mention - Kim Dudek and Brayden Harder – Shared Health Paramedics

CEO Award for Community Leadership

This year’s CEO Award for Community Leadership goes to the First Nation communities from around the region, that combine to create: Southeast Resource Development Council (SERDC), and Interlake Tribal Reserves Council (IRTC).

SERDC is comprised of the First Nation communities of:

- Berens River
- Brokenhead Ojibway
- Bloodvein
- Black River
- Hollow Water
- Little Grand Rapids
- Pauingassi, and
- Poplar River

IRTC is composed of the First Nation communities of:

- Dauphin River
- Kinonjeoshtegon
- Lake Manitoba
- Little Saskatchewan
- Peguis, and
- Pinaymootang

The Interlake-Eastern Regional Health Authority has long worked with these organizations, as partners in the delivery of health care services in the region. This year, we are recognizing these partnerships, and the role these non-profit groups have played, in quickly responding to the



health care needs COVID-19 presented. The centralized approach of the COVID-19 response, through IRTC and SERDC, proved to be invaluable in terms of quickly mobilizing resources from different jurisdictions to test, and support those, who were required to self-isolate. They also participated in the roll-out of a co-ordinated vaccination campaign, thereby greatly reducing opportunities for COVID-19 transmission, in communities in Interlake-Eastern Regional Health Authority. In addition, SERDC moved very quickly, to establish an alternate isolation accommodation facility in West St. Paul.

These two organizations present a wealth of centralized information, about the communities they represent, as well as trusted connections to communities' members, who know that IRTC and SERDC work with their best interests in mind.

The benefits of this expertise, and support, are significant to this health authority, which has as a strategic objective: improving access and health outcomes and reducing health disparities for Indigenous populations.

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

Closing Remarks and Meeting Adjournment

Ruth Ann Furgala, Vice Chair concluded the annual general meeting. Reminded participants to fill out the online survey that is shared in the chat to let us know how today's Annual General Meeting went for you, and that our annual report and other meeting documents can be found on our website at www.ierha.ca under 'News'. Annual General Meeting hard copies of any material reference today can be requested by calling 1-855-347-8500 or email info@ierha.ca.

Glen West, Board Chair adjourned the meeting at 3:02 p.m.

Ruth Ann Furgala, Vice Chair thanked everyone for joining and wished everyone a pleasant evening.