Elected Leaders Briefing - June 27, 2024

Meeting Recording

June 27, 2024

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Marion Ellis 0:25
So my clock is saying it's noon time.
Just want to say welcome to everybody and thank you for joining us today.
So the intent is to stay connected with elected leaders in our region and to provide updates and the realities of our health system at the moment.
And there's going to be quick updates, but there's also opportunities at any time to ask questions and definitely to reach out to us at any time outside of today, we're recording this session and we will be sharing with you along with a copy of the presentation because that's in the session.
And this information is available to you to share with your colleagues who are elected leaders and your staff in your municipal offices or anyone else.
We have you muted at the moment, but if you were up your hand, we can unmute you if you'd like to speak and ask questions.
Just like I said, raise your hand or feel free to type in a question.

In the chat and there's a couple of more I see joining, so thank you for this.
So we'll get started and we're going to start today's briefing.

So today's briefing, we're just going to cover our health system status and the status of service delivery and update on some significant capital projects that are happening.
And of course, what's really critical for us right now is recruitment and retention, and many of you are legitimate allies that help as elected leaders with this.
So that's what we'll be covering today.
So as people are joining welcome.
So again, those are just the five general topics that we're covering today.
So we have, the treaty land acknowledgement Laura Lou, are you comfortable

reading it out if I ask you to before we go to that cause we didn't put it on the slides, but would you like to read it out?

Lita Savage-Murray 2:58

I can do it.

It's Lita.

Marion Ellis 3:00

Thank you, Lita.

And just to acknowledge that this has been an updated treaty land acknowledgement that has been updated and approved by the Board of Directors that want to stay current with contemporary truth and reconciliation.

So Lita, if you'll read it out, that would be great.

Thank you.

Lita Savage-Murray 3:21

S Interlake Eastern Regional Health Authority delivers services on 1st Nation treaty Territories 1, 2, 3 and five and on the homeland of the Red River Métis Nation.

We respect that First Nations treaties were made on these territories and acknowledge past and current day harms and wrongs.

Interlake-Eastern RHA also acknowledges its responsibility under the Treaties to commit to actions.

This includes actions in addressing jurisdictional discrimination and systemic racism, growing cultural competence, competency capacity, implementing an anti-racism action plan, addressing health equity gaps, increasing the number of Indigenous employees, building Indigenous patient advocacy services and increasing access to traditional healing. Interlake Eastern RHA offers an accountability promise to report annually on its reconciliation journey, actions and outcomes.

Marion Ellis 4:24

Thank you Lita. Thank you very much for doing that.

So we want to start with what's important to citizens in Manitoba, in our region, and that the government is aware of, the Minister for Health Seniors and Long Term Care and their team have given us provincial priorities and that's up in front of you.
It's like a little house that's been shaped and the goals have been articulated.
So we have to improve the health of the population and we know that there's different ways of doing that and all of us are in this together.
But that's really what's important right now.
We have to enhance care experiences. I'm not just saying we're giving you your meds but asking what are you upset about?
But it has to be a positive experience for patients and their families and that's so important to feeling you trust the system and that you are important to the people who are caring for you.
We have to improve the workforce experience.
There's been feedback that people are leaving our system not because of salaries that are paid, but they don't feel it's the right fit for the what is valuable to them are their lives. And sometimes that can be they might like a boss sometimes they might not, but also how we schedule and how we really listen and fit that person with their skills.
And then we have to advance the HealthEquity and we all know we're not part of the 1%.
If we were, will we be doing this?
I don't know, but there is great disparity between those that have incredible wealth and those that have incredible poverty.
Now, in between are probably the rest of us, but we do have services that are easily available in some parts of the system and are very, very not available to other populations in the system.
So we have to bridge that gap and we do that collectively and we have to reduce the cost of care.
We're spending a lot of money and often we're not getting good results and we also know that technology is a new medications are costly and that has enhanced people’s lives.

But we are called to be good stewards of the system and that's those of us who are in leadership positions and our board definitely feels that way.
You do want to say that, Minister Asagwara has met with some of us at different times and so has the premier, but there's very much an approach of let us do this as one group of people.
And you have heard even the title of the budget this year was one Manitoba, and it's never a US and them it's like we're one team government, the border or governing body, the leaders and staff and really what's encouraged is that we be one and we know how to work as one and that's a philosophy that is required to be put into action.
So I wanted to share that with you and of course governments commitment is better care for people, health care workers and the people they serve.
We also are really encouraged to do everything we can so that there's easy access to care and it's readily available.
The third line down and is emergency department performance.
I've already said improved access, indigenous health.
Again, workforce culture, primary care and get better electronic medical records so that when people are connecting with the system, whether you're visiting or Winnipeg and become ill or whether you're visiting a relative in the northern part of the province, you don't have to repeat your story and definitely not when you collapse or you're sick and not able to articulate.
And then there are six challenges and realities that we're all living with, and this is really important to be understood because this is what we as a system and we as a society are trying to grapple with.
And that is that people are living longer with more complex care needs later in life.
So we know that.
So things that would bounce off of us and we weren't experiencing illnesses with when we were in our 20s and 30s. As we age, there are significant health inequalities and disparities made worse by health, illiteracy, discrimination and disadvantage, and I've a great example from my own connections in Ireland about health illiteracy.

I have sisters and one brother and one of my sisters has a mother in law. I actually liked her mother in law a lot, she was confident, influential and really connected and had no problem getting jobs in the right place for her children or her daughters in laws, if they so wish. But my sister saw her and said "You've got diabetes. What are you doing with ketchup on your potatoes?" And she goes – "Excuse me, that's tomatoes."
But if you look at tomatoes or tomatoes and you look at ketchup, there's an incredible amount of sugar.
So even for a woman who's educated, confident, well connected, that's an example of health illiteracy.
So that's where we're all learning.
Some of us have had the benefit of being around dietitians who explained food and reading food labels.
But we also buy into myths.
So there is significant work to do in that area as well.
So you will see the realities across here.
Public concern that services will be accessible or available at the time and place they need it.
That's a reality that the public all of you are worried about, and for your constituents, access to services is affected by human health.
Resources challenges across Manitoba and we know that in some other industries, but our problem right now and our reality is we've got to find ways to be creative, to hire people that cannot be effective in the work and the services we are required to provide.
The public expects access to new treatments and medical technologies.
We all do.
We know it exists, and maybe some other parts of the world, and we want it here and there is a post covet legacy impact and care professionals, public confidence and fiscal pressures and fiscal realities are real.
We're not a rich province.
We're glad for the province we have and the quality of life we have, but we need to respect the limitations of dollars just like anything else.

Money is a limited resource, so you will see this when we send it out to you and I don't want to beleaguer this slide, but it's available to you and I doubt you'll have concerns about it.
All of you or some of you may know that the Regional Health authorities act that was passed in 97 was amended to in the last two years, and it's now called the Health System Governance and Accountability Act and Manitoba Health has stood up a department to make sure that they are working to give us the right data that reflects the truth about our population, the demographics of our population, what people are pouring into our emergs, and what they're seeing in clinic. But also they're looking at us.
What are our waitlists for?
Mental health.
What are our waitlists for?
Operating rooms and we are required to look at waitlists for primary care and with the resources we have to address that.
And to that end, the department is meeting with us every couple of months and they're looking at data they have and they're expecting us to be truthful and they are working with us and we wouldn't dare lie.
So want you to know that that's going on. So we're not running Rogue, we're not allowed to. These are taxpayers dollars, so I wanted you to know that.
Doctor Penner, I saw you signed on, Charles, but I wouldn't mind if you could speak.

DP **Dr. Charles Penner** 12:53
Yep.

ME **Marion Ellis** 12:55
To what you're doing to expand services where we're struggling to keep emergency departments open and also to make sure there's access in a timely way when people who are visiting the region are ill. It's inconvenient for people to leave some of the areas they're visiting to go long distances just to

get primary care.
Charles, are you OK taking this away?

Dr. Charles Penner 13:25
Sure.
Good afternoon everyone. So yes, I think we are anticipating a fairly difficult summer from an emergency department point of view though in the last day or two I've got some better news about a few places. So I'm happy about that. But in terms of other ways to get services on weekends through the summer, Arborg Clinic will continue to do Saturday mornings. And so that model is to call the clinic to on the morning of to secure an appointment and then in Grand Marais, we're going to be running a walk in clinic on the weekends through the summer, including the long weekend.
Mondays, Winnipeg Beach will be doing the same and then in Selkirk Quick Care, we have added extra service providers on the weekend, so that's another alternative to seeking care in an emergency department if you have an issue that's of a more minor nature. Victoria Beach will be providing community provided service so Interlake-Eastern isn't directly involved with that.
We're hoping that this will provide a way to get service in summer

We've had in terms of physicians leaving, so I'll just go through that quickly.
In Pinawa and Lac du Bonnet area, doctor Chris Williams has let us know that he's wrapping us up his practice in that area and doctor Atoyebi in Pinawa also will be having to close her practice.
In Beausejour, Dr Daphne Schmidt has retired.
And though Doctor Hastir doesn't work directly for the RHA, he also is leaving that community.
And then yesterday we just got final confirmation from Stonewall that Doctor Venter is retiring.
So those are some big holes the fill, but we'll work to do that.
The good news here is that there are about nine other physicians joining the area for family practice and you can see the different names there in the

different locations that they are going.
One physician will be going to Arborg two to Ashern, one to Eriksdale, two to Pine Falls and then three Canadian graduates are joining the Interlake.
Doctor Jake Cavers in Beausejour, Doctor Gabriel Dmytryszynin in Stonewall and doctor Kalpanee Ipalawaththa is joining the Selkirk, Easton Clinic.
So those are some of the new physicians that are coming to our region.
There's some other service delivery updates that are coming after my talk, and they'll there are other physician recruitments associated with those.

One of the ways that we can work to help physicians in different places is to bring physician assistants or clinical assistants.
So we have been leveraging that quite a bit.
The positions that you see on the slide, not all those are new, but physician assistants are those who take a special two year degree after some other baseline degree and they basically can see people do history take the story from the patient, examine them, come up with a management plan, but they are supervised by physicians and depending on their experience physician might see everyone that they see or may only see some of the people that they see so that the physician has to be comfortable that the physician assistant is able to function in that way.

And then clinical assistants are international medical graduates that have not been able to get into the IMG training program or residency program.
And this is one way for them to get experience in the Canadian healthcare system and function very much like physician assistants and under the direct supervision of a physician.

We have recruited somebody to Arborg to help in the clinic there. So that's a new position that we've added in the last six months.
I actually I think she just started in the last two weeks and then in Ashern we have added two clinical assistants who are supporting the emergency department work there and we're getting good feedback that they're getting

acclimatized.

ME They're so those are new positions.
We've always had a PA in the Gimli, ED but we have now hired two PAs and one clinical assistant there.
So there should be a some support for the physician on every weekend now.
and then there might be exceptions, but the idea is to have cover.

Marion Ellis 20:22
You know, but they're long standing.
I think you've always had a clinic assistant in Selkirk.

DP **Dr. Charles Penner** 20:25
Yeah, yeah.

ME **Marion Ellis** 20:27
Have you always had a clinical one and Selkirk emerge and you've got a couple of PA physician assistants there, Charles?

DP **Dr. Charles Penner** 20:28
Yeah.

ME **Marion Ellis** 20:34
And then medicine.

DP **Dr. Charles Penner** 20:35
Yeah.

ME **Marion Ellis** 20:36
And yeah, but I think the new ones are you, it's enhanced ashen and gambling, correct?

DP **Dr. Charles Penner** 20:36

And the OR.

Yes.

And we've added the one of the other ones is new as well, so yes.

DP **Marion Ellis** 20:49

Yeah, but for people seeking services.

Gimli. Charles.

How many is it?

About 12,000 people a year.

DP **Dr. Charles Penner** 20:56

No, not quite that many, but it's busy.

It's over 10,000 visits to.

ME **Marion Ellis** 21:03

Well, I took that to 12 to 12,000.

See who's good at exaggerating? Yeah.

DP **Dr. Charles Penner** 21:07

Next slide.

And then in physician recruitment, we hosted a number of events recently. Rural Interest Group is for students that have a special interest in rural medicine and we hosted them on May 23rd and 24th. They may be first or second year students and then rural week is mandatory for year one medical students and we had 18 students in the communities that you see there and then home for the summer is a program where students during their summer can come back and do some work in rural communities and get some experience with a clinical medicine and they do some project work or support some auditing functions that run I medical care.

Dr. Charles Penner 22:27

And then this fall we'll be hosting the Family Medicine resident retreat at Gimli.

There will be 150 residents and their partners and children joining us in Gimli, and we host every I think every three or four years, and this is a way for us to highlight the Interlake-Eastern region.
So it's a way for them to get away for a weekend, for us to have a job fair, do some networking and team building.
So those are the activities that we've been involved with.

Marion Ellis 22:55
So Charles, for the elected leader, some have asked do they go to this retreat and try and connect with some doctors or what's the expectation?

Dr. Charles Penner 23:25
I believe there's an opportunity, but I can't speak to exactly what it is and what it is.

Marion Ellis 23:28
Yeah.
Thank you.
We can send that out so we can commit to sending that out.

Dr. Charles Penner 23:35
But yeah, but the dates are there.
I believe September 20th is a Friday and if I'm not mistaken, the job fair will probably be on that day.

Marion Ellis 23:48
Thank you.

Marion Ellis 23:51
OK, good to know.
Thank you.
Also, it was important maybe to mention that you also have a couple of

physicians that are going to be legitimately off with illness.
There are a couple of months, right?

Dr. Charles Penner 24:18
Yeah, we have, I think 3 different physicians that have either had to downsize their duties or stop practicing altogether for an extended period like several months.

Marion Ellis 24:33
Yeah.

Dr. Charles Penner 24:33
So anyway, we've had we've had that happen as well and that that has all happened in the last month or so.
So, but we expect those physicians to come back and practice again.

Marion Ellis 24:42
Yeah.
And just a message in the chat for those around the phone.
Northeastern Community Health Committee are planning to have a presence at the family medicine residents retreat in Gimli, so that's in the northeast.
I'll be saying to the leaders in the northwest, the competition is on the gauntlet has been thrown down.

Dr. Charles Penner 25:10
One other one other comment I make about enhancing primary care.
There are nurse practitioners in various communities around the Interlake that are, we know, are either interested or are graduating and we will pursue.
I haven't presented this to senior leadership yet, but we will be making some moves in those directions, but I don't have anything to announce right at the moment, but we are working on that angle as well.

Marion Ellis 25:45

Thanks, doctor Penner.

And before we go to the next slide, I we do want, I think everyone of you know that we value every acute care bed and every personal care home bed and we have noticed that when the premier and Minister Asagwara were on listening tours, there were very aware that we have legitimate bed congestions and the Minister reached out to the CEOs just a month after they were elected and that's one of our biggest concerns and some of it is that within aging populations, even if you come in for surgery and if you have an appendix when you're 23, you could be out the next day after laparoscopic surgery if you have it.

When you're 83, you'll be in that bed longer and will require more supports to get mobile. Again, it depends. I shouldn't be ageist. Some 93 year olds or 83 year olds might be able to out walk me at the moment, so that was my way of trying to present that I'm young! But we wanted to share some things about having to increase bed capacity and acute care.

Kate - I'm going to ask you to talk about the transitional care unit at Selkirk.

Kate Hodgson 26:58

Yes, I am.

I can you hear me OK.

Marion Ellis 27:01

I can, but you're multi colored and my screen and I don't know if you're in others, but it doesn't matter.

Kate Hodgson 27:02

OK.

Marion Ellis 27:06

The slides are up there, so continue, Kate.

Kate Hodgson 27:06

OK.

Sure.

So when you look at the patient flow or a hospital state as a whole at times, there are individuals who no longer require the medical and nursing attention that you receive in an acute care bed, but yet they're not quite ready to transition to an alternate care location.

Or perhaps they're waiting for an alternate care location, such as a personal care home, a supportive housing suite, an apartment in a Manitoba housing complex.

That's not quite open, so we were very grateful to receive funding to be able to open what is referred to as a transitional care unit.

So just as Marian had shared, it's a short stay unit.

It's going to be 15 beds and it will allow for a safe environment with a healthcare team to support the individuals as we pull them out of acute care, thereby freeing up an acute care bed.

So 15 beds and we have it's going to be at what is now known as Interlake Eastern Health Services located at 100 Easton Drive, which is the previous Selkirk and District General Hospital.

There has been considerable renovation and air testing, water quality and we're just in the finalized final stages of hiring staff and we've got first days of individuals rotation.

Starting next week, we'll be doing orientation and then looking to pull patients. I'm into that unit the very next week and so really looking to make a difference in terms of patient flow and providing a safe environment for those that don't need acute care but aren't quite ready to either return home or move to another care environment such as a personal care home.

Marion Ellis 29:00

Yeah, we said we're going into that the week after next, right?

Kate Hodgson 29:05

Yes.

So we we've hired staff who then have to give notice because they are in other positions.

So we've got first staff starting next week mid week and we have a comprehensive orientation starting then with the plan to then have first patient by the next week.

Marion Ellis 29:25

So I'm worried you'll think we're favoring Selkirk, but Selkirk is the place where we send people for CAT scans.

And I got a concern recently brought to my attention a couple of evenings ago from an elected leader that somebody was waiting a long time in our emerg and there were 48 patients in the emergency department that evening in Selkirk and they were all sick.

And the 28 of them were in where you would be on stretchers or chairs.

And then there were twenty in the waiting area.

Someone needing diagnostics waiting for the results of diagnostics.

They were all different age groups, but want you to know that.

Out of that 28, there were in on stretchers – I think there was seventeen of them?

We were looking for beds so when somebody comes in from an outlying site anywhere, could be anyone of the outlying hospitals, and they have a CAT scan for maybe abdominal pain.

They might need surgery that evening, depending on what the scan reveals, and they need a bed so the not having a bed to put the patients enter causes some congestion and when the new hospital was built, and it does look beautiful and we're grateful for it, there wasn't the capacity to be a regional center.

So I'm going to ask Paul to talk.

Kate has talked about opening 15 beds in the former hospital we're now calling

100 Easton Drive. Paul's going to talk to us about what's going on with the two capital projects.

PB

So talking Ashern.

Thanks, Paul.

We can move on to the next slide or there it is.

Paul Barnard 31:06

Thanks, Marianne.

I'm Paul Barnard.

I am an implementation leader on the two capital projects we have underway in Interlake Eastern, one at Selkirk Regional Health Centre and one at Ashern Hospital.

The Selkirk Regional Health Centre Capital Project has two components to it: an expansion of three treatment spaces in the emergency department, that that piece is complete, and those 3 treatments spaces were active at the end of March.

The second piece is the bigger piece, which is the expansion of 30 net new beds at Selkirk Regional. There's an 18 bed wing and a 12 bed wing. This project is on time and a little bit under budget.

The 18 bed wing is scheduled to open on September 1st and the 12 bed wing is scheduled to open on November 1st.

The core operational Readiness challenge has been staffing. We've had some really good initial success on our recruitment and I just want to applaud the Interlake-Eastern HR team on trying new things with billboards and radio ads and new approaches to recruitment to get getting into schools.

So it's really helped a lot. So we're really excited about that.

It's obviously going to help with our bed flow.

I'm getting people back into the region and closer to home sooner than otherwise.

A big part of the Selkirk Regional Capital project has been for most programs to move to 7 day coverage.

So seven day service delivery.

So you know, for example, we'll have OT and PT on the weekend.
So we can increase flow and have people discharge not only Monday to Friday, but also on the weekends.
So we're excited about that service shift the next.
The other project is the Ashern Project. Ashern currently has 14 beds and we're adding a 12. Again, there's two parts to this capital project.
We're adding 12 net new beds and a brand new wing, so a total of 26 beds with 12 net new beds.
And then the second part of that, that piece of the project, we'll have the big building handed over to us in December and first patient day in Ashern is February 1, 2025 then there'll be a six month emergency department renovation project which will see that emergency department move from a 2400 square foot five treatment spaces to a 7800 square foot 13 treatment space. First patient day for the emergency department is scheduled for September 2025.
The Ashern Project also has some new additions to service delivery.
We have a new rehabilitation space, palliative care space, family room, bariatric space, isolation room, as well as a spiritual care space.
So that project is a little different than Selkirk, but all those services are much needed in in that community and the communities that facility serves.

PB **Paul Barnard** 34:36
That's all I had, Marianne.

ME **Marion Ellis** 34:38
Thank you, Paul very much for that.
And Julene, you're going to talk about some updates on the workforce.

JS **Julene Sawatzky** 34:58
So as Marion was just beginning to mention students in the ACC's two year LPN course offered in Arborg graduated earlier this month.
So this is very exciting for those grads, but it's very exciting for us as luckily

we're the employer of 12 of those 15 grads who have been hired into nursing positions in the region and across the regions.
So Arborg, Ashern and Beausejour, Eriksdale, Fisher Branch, Gimli and Stonewall, and the remaining three went each one to Prairie Mountain and Northern RHA.
A huge thank you to the community of Arborg and all the work that went in, you know, over these years to get that space ready and to enable this program to be offered in that community incredibly important and the impact will be felt for a long time.
The next training session available through IERHA dedicated LPN funding through Assiniboine Community College is in Beausejour in January of 2025, and there's been good uptake in the registration for that program.
And then also, there's going to be one in Sagkeeng in the fall of 2025.
So that's also very exciting.

So an update on the community based healthcare and microcredential.
I know we've spoken about that before in our last meeting, but recently we saw a graduations and Fisher Branch and Selkirk earlier this month.
So in Fisher Branch, we had eight graduates and five are working in the Fisher Personal Care Home, which has brought the vacancy down from 46% to 23% for health grades and three took positions in Eriksdale personal care home, bringing that vacancy from 39% to 25%.
You can see the pictures of the two I'm graduating classes there.
The next sessions will be held in Selkirk, July 2nd, Lac du Bonnet August 26th, with the focus on long term care and then moving to Eriksdale/Ashern with this session starting September 30th also with the focus on filling positions in long term care.
We're also beginning to focus on supporting now the many students who have completed the micro credential training with us to take the bridging program.
So to become certified after they complete 300 work hours with us, this will enable individuals to also move into work in acute care settings.

In addition to the micro credential training, that's 15 days paid, we've been promoting Assiniboine community college's healthcare aide certification program. We have had difficulty attracting students into this six month training program despite extensive grassroots outreach efforts, and we recognize that there's a need for a different approach.
So we're starting discussions with school divisions in the region to offer this training in high schools for those certified healthcare aids whereby students would graduate with both a high school diploma and a Healthcare aid certificate.
This model has seen some success in two school divisions in the Prairie Mountain Health region - Crocus and Dauphin.
So to date I've met with, along with Assiniboine Community College, three superintendents, all of which are enthusiastic and committed to working towards actualizing this program in their divisions.
So we're targeting a fall 2025 pilot and at least one of these schools with a desire to of course grow the opportunity after we go through a testing phase can go to the next slide.
In addition to the ongoing recruitment efforts being deployed across the region and Paul was mentioning a little bit, we've developed a recruitment campaign specific to the new 30 bed inpatient unit and the Transitional Care unit as well.
And so in addition to targeted social media advertising, we're using radio ads voice by Ace Burpee on Hot 103 Virgin Radio.
And I think the link to listen to those at your leisure will be available to to reach our target demographic, to attract people to the region.
So and successfully staffing this expansion as well as the new TCU as we call it, we'll ease bed pressures across the region as cute as mentioned.
And this theme of working with purpose and growing with us, though it's really for everyone in the region for existing staff, is how we frame the work we do and also to draw folks new folks to us.
The Manitoba government supports internationally educated nurses.
IENs are being offered a streamlined pathway and financial supports to help

those already in Manitoba begin working as nurses in the province.
So this is a provincial priority to enroll IENs into this program that offers financial and pathways supports to ensure that we are at capturing the workforce potential in a timely manner and ensuring they can work at our sites as licensed nurses.
So we're promoting this program internally and we're also sharing with you to share on your social media channels as there are people living in this region, who are trained as nurses from other countries and they're not currently working in healthcare.
So we want to ensure that everyone that they all know about this program, what it offers and so your assistance and helping us get out the word to those who might be living in your communities is greatly appreciated.

JS

Julene Sawatzky 40:24
OK.
So if we think about health care workforce development through the lens of the determinants of health, local recruitment efforts check many of the boxes when it comes to our commitment as a region and a province to improve Community health.
So with this in mind, we're moving to establish an IERHA Health Workforce Development Coalition. We're proposing a gathering 2 times annually, to start, in person with community members such as Fieldstone Community Ventures, Community Futures, high school representation, secondary partners, employment offices, and, of course, municipalities to collaborate on health workforce development strategies, which have community and economic impacts so that we can grow together.
I often have meetings separately with many groups and I think there would be a really big opportunity to collaborate around the table together and make sure we're understanding where the gaps are.
Where's the bottlenecks?
How can we work together to move through those?

So invitations will be coming to you in the next few weeks.
Watch your inbox, you know, send who might be the most appropriate individual from your respective areas, and we would very much appreciate your presence at in this initiative.
That's what I have.
Back to you, Marian.

Marion Ellis 41:40
Thank you.
Thanks, Julene.
And we're open for questions before we go there.
Any of the IERHA team, was there anything that you wanted to say and you felt you missed a chance?
I don't see hands up, not that I gave you much time.
I do want to say one thing though - the graduation for the LPNs from Arborg. It happened in Gimli – it was on the 5th floor of Betel and it was a beautiful, beautiful event.
And the deputy mayor from the town of Arborg, Ron Johnston, spoke at the graduation. He spoke very well and I did tell him that the mayor of Arborg, Peter Dueck should be very worried because he spoke so well and I see you're on here today, Peter, but it again in just to be truthful.
Doctor Penner has talked about we know we've got some doctors coming. Doctor Penner and Government have worked very supportively with us.
We're still going to have a rough summer in trying to keep our emergency departments open.
There is an expectation from the ministry, though, that we do, and the Deputy Minister is going to be connecting with some of us every couple of weeks to see, have we tried every possible solution out there to make sure that an emergency department is open for access.
So I wanted you to know that and while so we're going to continue to work with the department on that.

So thank you for joining us today.
This will be of course sent out, as I said earlier.
We wish you a wonderful, safe summer and thank you for being great partners and great elected leaders to work with.
Thank you.