

REGIONAL HEALTH ADVISORY COUNCIL

Welcome & Introduction



Interlake–Eastern
Regional Health Authority

ACKNOWLEDGEMENT OF TRADITIONAL TERRITORIES

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.



Interlake–Eastern
Regional Health Authority

Regional Health Advisory Council Community Membership Participation

LHIG Member	Terri Otto	PINAWA, L.G.D.	Mayor, Blair Skinner
LHIG Member	Shawna Cromie	POWERSVIEW - PINE FALLS, Town	Deputy Mayor, Lorie Finkbeiner
		REYNOLDS, R.M.	Reeve, Trudy Turchyn
ALEXANDER, R.M.	Deputy Mayor/Councillor Mac Kinghorn	ROCKWOOD, R.M.	Councillor, Lyle Willis
ARBORG, Town	Mayor, Peter Dueck	ROSSER, R.M.	Reeve, Frances Smee
ARMSTRONG R.M.		SELKIRK, City	
ASHERN, Town (belongs to RM of West Interlake)		SPRINGFIELD, R.M.	
BEAUSEJOUR, Town	Councillor, Candice Holigroski	ST. ANDREWS, R.M.	Councillor, Russ Garvie
BIFROST-RIVERTON, R.M.	Deputy Reeve, Colin Bjarnason	ST. CLEMENTS, R.M.	Councilser Scott Spicer
BROKENHEAD, R.M.	Councillor, Sean Michaels	ST. LAURENT, R.M.	Reeve, Cheryl Smith
COLDWELL, R.M.	Deputy Reeve, Virgil Johnson	STONEWALL, Town	Mayor, Clive Hinds
DUNNOTTAR, Village	Councillor, David Oberding	TEULON, Town	Mayor, Anna Pazdzierski
FISHER RIVER, R.M.	Reeve, Shannon Pyziak	VICTORIA BEACH, R.M.	
GIMLI, R.M.		WEST INTERLAKE, R.M. (Eriksdale & Ashern)	Reeve, Arnthor Jonasson
GRAHAMDALE, R.M.		WHITEMOUTH, R.M.	Councillor, Manny Sikkenga
LAC DU BONNET, R.M.		WINNIPEG BEACH, Town	Mayor, Tony Pimentel
LAC DU BONNET, Town	Ted Mathers	WOODLANDS, R.M.	Councillor, Orval Procter
		WEST ST. PAUL, R.M.	Mayor, Cheryl Christian



THE REGIONAL HEALTH ADVISORY COUNCIL

- Strategic steering committee progress will be reported to the Regional Health Advisory Council
- The Council meets quarterly to:
 - review progress towards achieving priorities of the strategic plan
 - ensure a regional approach is applied to the health-care needs of people in Interlake-Eastern RHA



Today's Meeting Package

- Agenda
- Meeting minutes from January 26, 2022
- Presentation from January 26, 2022

Need meeting materials? Contact ccole@ierha.ca



Interlake–Eastern
Regional Health Authority

Meeting Objectives

- Review Agenda
- Review and evaluate the workstreams identified for the strategic steering committees



Agenda

1. **Welcome** Marion Ellis
2. **Traditional Land Acknowledgment** Glen West
3. **Community Membership Participation** Marion Ellis
4. **Review Agenda *** Marion Ellis
5. **January 26, 2022 Minutes *** Marion Ellis
6. **Executive Leadership Team Update** Marion Ellis
7. **Strategic Goals – Strategic Steering Committees**
 - 7.1 Healthcare System Coordination and Integration Dr. Charles Penner
 - 7.2 Mental Health and Addictions Kate Hodgson
 - 7.3 Health Human Resources Brent Kreller
 - 7.4 Indigenous Population and Vulnerable Populations Marion Ellis
 - 7.5 Primary and Community Care transformation Kate Hodgson
 - 7.6 Innovation and Technology Dorothy Forbes
8. **Meeting Follow-up** Marion Ellis
9. **Next Meeting** Marion Ellis
Wednesday, September 21, 2022 @ 5:00 p.m.

** = provided in your meeting package*

Review of Minutes

- **January 26, 2021 Minutes**



Interlake–Eastern
Regional Health Authority

Executive Leadership Team

- **Dorothy Forbes** Regional Lead, Corporate Services & Chief Financial Officer
- **Kate Hodgson** Interim Regional Lead, Health Services, Community and Continuing Care
- **Brent Kreller** Regional Lead, Human Resources
- **Shannon Montgomery** Acting Regional Lead, Public Health, Acute Care and Chief Nursing Officer
- **Dr. Charles Penner** Acting Regional Lead, Medical Services and Chief Medical Officer
- **Jo-Ann Welham** Implementation Lead, Clinical and Preventive Services Plan (CPSP)
- **Breanne Zelenitsky** Regional Lead, Quality Patient Safety and Accreditation



Questions?



Interlake–Eastern
Regional Health Authority

Strategic Steering Committees



Interlake–Eastern
Regional Health Authority

Integrated and Coordinated Health Care

April 27, 2022

Regional Health Advisory Council



Interlake–Eastern
Regional Health Authority

Integrated and Coordinated Health Care

Since established as a regional priority we've:

- Started discussing the potential for a pain clinic at Selkirk Regional Health Centre (SRHC)
- Launched a 'No News is No News' campaign
- Seen SRHC ED and the surgery program collaborate to improve patient safety and increase efficiencies
- Seen the newly created role of Regional Family Medicine Specialty Lead becoming increasingly involved in strategic decision making, bridging the needs of primary care and acute care.



Interlake-Eastern
Regional Health Authority

Workstream #1: Service Excellence

- Central Intake for Endoscopy
- Improve Early Diagnosis of Cancer by CancerCare Screening
- Decrease Incidence of Sexually Transmitted Blood Borne Infections (STBBIs) in IERHA



Workstream #2: Communication

- Improved communication between hospital care and community care
- Improved communication between public health and the emergency department (ED)



Road Map Summary

Year 1 Summary (2021-2022)

- Committee consists of 12 members, 7 meetings conducted
- Workstreams, sub-goals and leads have been identified
- Development of draft charter

Year 2 Summary (2022-2023)

- Become part of the Manitoba endoscopy central intake program
- Identify IERHA uptake of CancerCare MB screening programs
- Analyze STTBI statistics in IERHA to identify specific diseases to target
- Identify communication barriers between public health and ED regarding STTBIs
- Identify communication barriers between hospital care and community care

Road Map Summary

Year 3 Summary (2023-2024)

- If not part of provincial endoscopy central intake, create an IERHA process
- Identify barriers to CancerCare MB screening process uptake
- Reduce STBBI in IERHA through increased education of the region's service providers and public
- Develop strategies to improve communication between programs and services

Year 4 Summary (2024-2025)

- Develop solutions to CancerCare MB screening process uptake
- Assess results of improved communication and integration between Public Health and the ED in reducing the number of STBBIs in the IERHA
- Implement solutions to communication between Hospital Care and Community Care

Road Map Summary

Year 5 Summary (2025-2026)

- Implement solutions to CancerCare MB screening process uptake
- Continue to monitor and evaluate STBBIs in IERHA
- Assess solutions to communication between hospital care and community care



Identified Priorities for 2022-2023

1. Workstream: Service Excellence

Sub-goal: Central Intake for Endoscopy

Leads: Dr. Penner and Jeremy Buchner

– Assess possibility of inclusion in provincial central intake process

Ongoing

2. Workstream: Service Excellence

Sub-goal: Improve early diagnosis of cancer by CancerCare
Manitoba screening

Lead: Patrice Lee

– Narrow the focus of the most troublesome late-stage cancer
diagnoses

Due summer 2022



Identified Priorities for 2022-2023

3. Workstream: Service Excellence

Sub-goal: Decrease incidence of STBBIs in IERHA

Lead: Shannon Montgomery

- Attain baseline data for Syphilis and HIV to identify trends and identify targets for communication

Ongoing

4. Workstream: Communication

Sub-goal: Improved communication between hospital care and community care

Leads: Jeremy Buchner and Melissa Fuerst

- Attain accreditation standards that reference communication between programs to review with the committee

Due spring 2022

Identified Priorities for 2022-2023

5. Workstream: Communication

Sub-goal: Improved Communication between public health and ED

Lead: Shannon Montgomery

– Examine ways of improving communication



Next Steps

- Finalize the charter Implement standardized provincial endoscopy central intake form and roll out to IERHA endoscopists.
- Identify the most troublesome late-stage cancer diagnoses
- Review accreditation standards regarding communication among programs.
- Identify gaps in the IERHA's STBBI referral form used by SRHC's ED to send patients to public health.



Integrated and Coordinated Health Care

QUESTIONS/COMMENTS



Interlake–Eastern
Regional Health Authority

Mental Health and Addictions

April 27, 2022

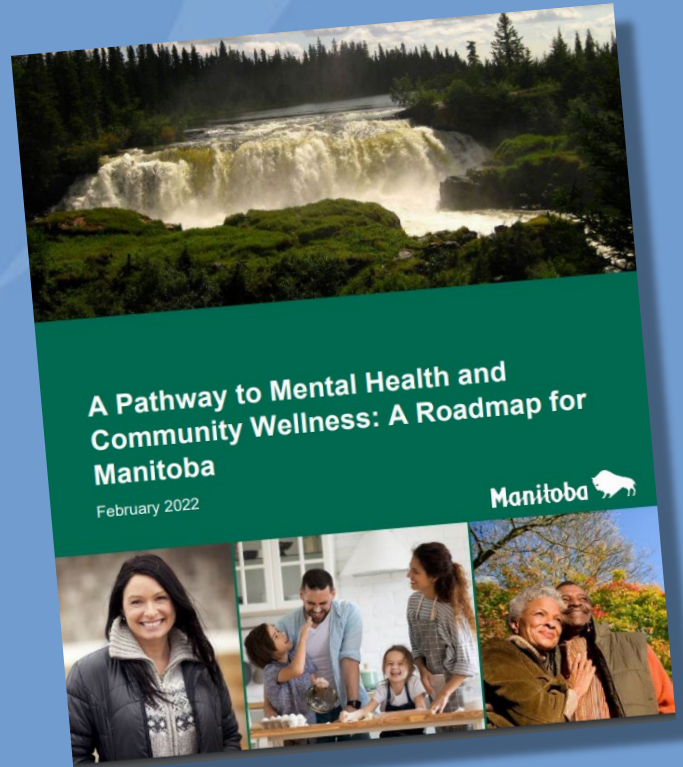
Regional Health Advisory Council



Interlake-Eastern
Regional Health Authority

Mental Health and Addictions

Goal: To improve access to community mental health and addictions services for adults, children and families



Our goals and workstreams align with the provincial *Pathway to Mental Health and Community Wellness* that was released in February 2022



Interlake–Eastern
Regional Health Authority

Mental Health and Addictions

There are five areas of strategic focus and future investment identified in the provincial roadmap.

Within each area, person and family centered care is at the forefront (the why and who we serve).



Mental Health and Addictions

Workstream #1: Equitable Access and Coordination

Workstream #2: Mental Well-Being and Chronic Disease Prevention

Workstream #3: Quality and Innovation

Workstream #4: Governance and Accountability

Workstream #5: Indigenous Partnership and Wellness



Interlake–Eastern
Regional Health Authority

Mental Health and Addictions

Road Map Summary

Year 1 Summary (2021-2022) – by end of fiscal year:

- 6 planning meetings
- Developed workstreams, an implementation plan and schedule.
- Membership includes IERHA staff, physicians, board members, community leaders/members and Indigenous representation

Year 2 Summary (2022-2023) – by end of fiscal year:

- Feasibility assessment for access to mental health and addictions virtual service in all communities
- Integrate all mental health crisis services including Rapid Access to Addictions Medicine Clinics on one provincial shared Electronic Medical Records System
- New Indigenous led Withdrawal Management Unit Project in partnership with Sagkeeng First Nation



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Regional Health Authority

Road Map Summary

Year 3 Summary (2023-2024) – by end of fiscal year:

- Launch a Mental Health Toolkit for parents/guardians/youth in partnership with school divisions
- Implement a regional educational training plan to increase capacity of IERHA staff re: trauma informed care
- Develop a client survey tool to seek feedback/voice on experiences of the health care system
- All Mental Health and Addictions staff to complete Indigenous Cultural Awareness training



Road Map Summary

Year 4 Summary (2024-2025) – by end of fiscal year:

- Enhance existing My Health Team services within the region by adding new providers and expand services with the addition of a new My Health team
- Launch second Indigenous My Health Team in IERHA (eastern area)
- Expand 12 community Teen Clinics to 18 community Teen Clinics

Year 5 Summary (2025-2026)

- Secure additional psychology (psychologist) resources
- Continuation of services implemented
- Evaluate



Identified Priorities for 2022-2023

1. Feasibility assessment for access to mental health and addictions virtual service in all communities
2. Integrate all mental health crisis services including Rapid Access to Addictions Medicine Clinics on one provincial shared Electronic Medical Records System
3. New Indigenous led Withdrawal Management Unit Project in partnership with Sagkeeng First Nation



Next Steps

- Operationalize identified workstreams and targets
- Set out timelines/targets for implementation
- Leads will be established for the various sub-goals/tasks



Mental Health and Addictions

QUESTIONS/COMMENTS



Interlake–Eastern
Regional Health Authority

Health Human Resources

April 27, 2022

Regional Health Advisory Council



Interlake–Eastern
Regional Health Authority

Health Human Resources

Vision

- Be recognized as an employer of choice
- Utilize proactive, progressive and ethical recruiting strategies to secure skilled, caring and compassionate staff
- Reflect our desire for diverse and inclusive community representation
- Provide opportunities for personal growth and skill development while also recognizing immense and valuable contributions from our engaged employees.



Workstream #1 – Retention

- Any initiative deemed to improve the probability that staff will remain employees of the IERHA

Workstream #2 – Recruitment

- Any initiative deemed to improve our ability to recruit individuals to the IERHA



Road Map Summary

Year 1 Summary (2021-2022)

Focus has been to:

- Define our strategy and vision
- Establish terms of reference
- Determine workstreams
- Determine potential strategies within each workstream
- Determine 2022/23 priority strategies
- Initiate setting targets for each prioritized strategy
- Initiate assigning ownership to each prioritized strategy



Road Map Summary

Year 2 Summary (2022-2023)

- Complete setting of targets for each prioritized strategy
- Ensure all prioritized strategies have owners
- Monitor each prioritized strategy to ensure on target to achieve by end of fiscal year; adjust as necessary
- Review to determine the prioritized strategies for 2023-2024



Identified Priorities for 2022/2023

Key Retention priorities

- Implement staff recognition programs (Thank you/Perfect Attendance/IERHA Gear)
- Continue offering Cultural Competency Training
- Continue developing community partnerships
- Work towards Safe Work Certification
- Monitor Turnover rates / All staff & indigenous staff



Identified Priorities for 2022/2023

Key Recruitment priorities for 2022-2023:

- Provincial Nursing Stabilization Efforts
- Increase IERHA education opportunities (HCA/LPN) – review current offerings, identify where gaps exist, extra funding opportunities
- Scheduling / rotations – larger EFT, eliminate short shifts
- Review posting process – online presence (Indeed); international
- Housing/rental space options – for remote areas



Next Steps

- Complete setting of targets for each prioritized strategy
- Ensure all prioritized strategies have owners
- Monitor each prioritized strategy to ensure we stay on target to achieve stated target by end of fiscal year



Health Human Resources
QUESTIONS/COMMENTS



Interlake–Eastern
Regional Health Authority

Indigenous and Vulnerable (Aging) Populations

April 27, 2022

Regional Health Advisory Council



Interlake-Eastern
Regional Health Authority

Indigenous and Vulnerable (Aging) Populations

Strategic Goal

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



Interlake–Eastern
Regional Health Authority

Indigenous and Vulnerable (Aging) Populations

Goal Validation

Announcement this year of:

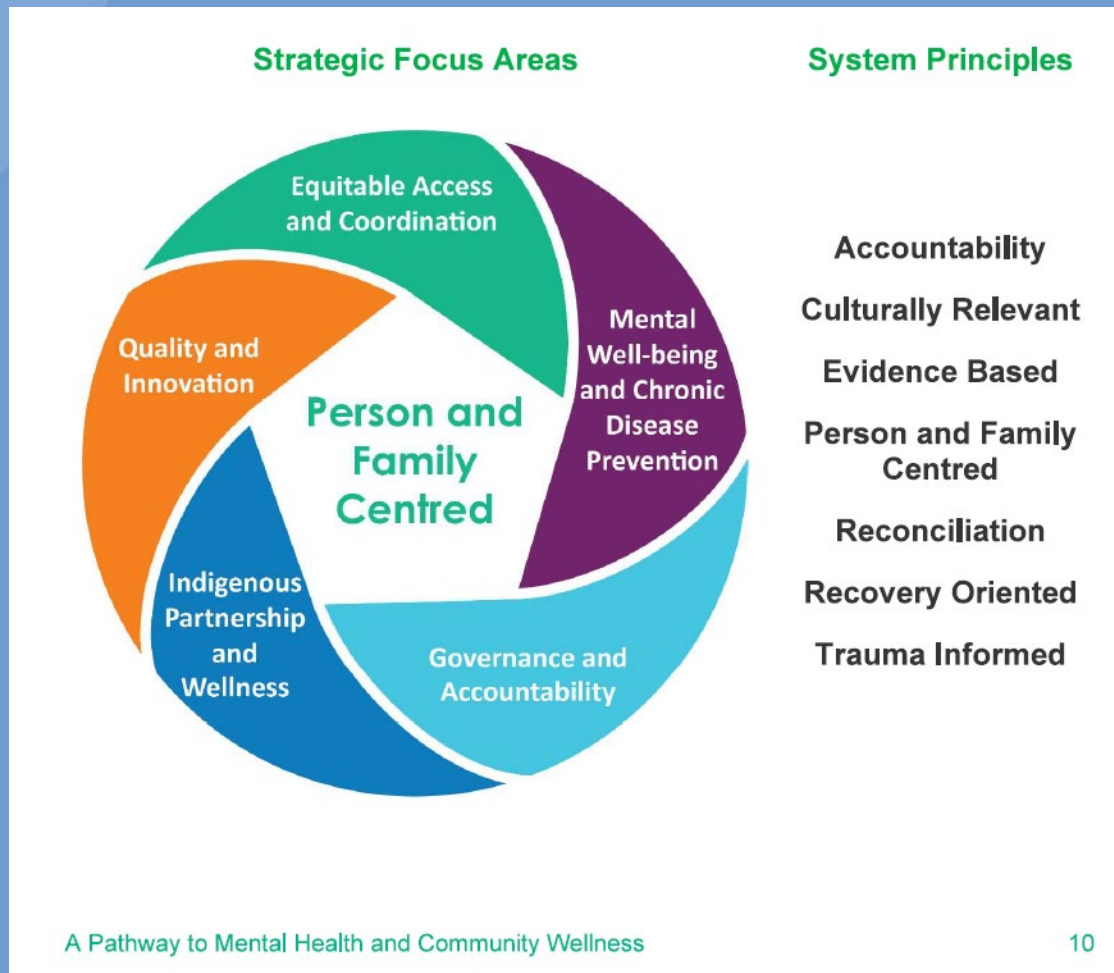
- 3 Manitoba Health Ministers:
 - Audrey Gordon, Minister of Health
 - Scott Johnston, Minister of Seniors and Long-term Care
 - Sarah Guillemard, Minister of Mental Health and Community Wellness
- Stevenson Review investment, Apr 2022 (Maples PCH COVID-19 Outbreak External Review) <https://is.gd/StevensonReview>
- A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba, Feb 2022. <https://is.gd/MHRoadmap>



Interlake–Eastern
Regional Health Authority

Indigenous and Vulnerable (Aging) Populations

MB Health's A Pathway to Mental Health and Community Wellness



Workstreams/Sub-goals are:

1. Strengthening Partnerships and Connection
2. Providing a Culturally Safe Environment
3. Addressing Health Inequity
4. Providing equitable access to community support and health services for aging individuals



Road Map Summary

Year 1 (2021-22) – Summary of Progress to date:

- Meetings: met 6 times (Sep 2021-Apr 2022) – the committee has 12 members
- Completed: Membership List, SSC3 Vision Statement, Terms of Reference, Strategic Charter, Project Schedule/Gantt chart, Workstream identification & prioritization, Risk Management List
- Reports submitted to: IERHA SLT monthly, IERHA Board monthly, RHAC quarterly

Year 2 (2022-23) – Example of identified priority:

- Engaged Interlake Tribal Reserves Council, Manitoba Métis Federation and Southern Chiefs Organization in Clinical Preventative Services Plan (CPSP) collaborative planning discussion through community engagement and follow up actions monitored/reported. (Jeremy Buchner)
- Implementation of Provincial “Disrupting Racism” survey of all Service Delivery Organizations (SDO) employees and follow-up recommendations.

Road Map Summary

Year 3 (2023-24) – Example of identified priority:

- Cultural Awareness training course (i.e. WRHA/BC, online Alberta or IERHA in-person): By end of fiscal year 2022/23 every Regional Leadership & Senior Leadership Team member will have completed.

Year 4 (2024-25) – Example of identified priority:

- 20 community visits per year of IERHA operational leaders with First Nation community health centre teams with reports on feedback and follow up actions are shared with appropriate program lead.

Year 5 (2025-26) – Example of identified priority:

- By 2025, Indigenous voice will be well-established and robust in the IERHA Quality Patient Safety (QPS) patient/family complaint process.

Identified Priorities for 2022-23

Workstream # 1 - Strengthening Partnerships and Connection:

Priority/project	Leads	Measurement/Goal
<ul style="list-style-type: none"> Engage IRTC, MMF and SCO in Clinical Preventative Services Plan (CPSP) collaborative planning discussion through community engagement and follow up actions monitored/reported 	Jeremy	1/4 meetings/year 2022-23 completed. <ul style="list-style-type: none"> Welcome/ask for feedback from Indigenous partners after each meeting/encounter (verbal or written)
<ul style="list-style-type: none"> Community engagement with Indigenous partners. Communicate/rollout new processes – with follow up actions and feedback. 	Regional Lead Community, Communication, Patient Safety	meetings/year completed
<ul style="list-style-type: none"> COVID post-infection therapies equitable access rollout (equitable access to antivirals). 	Paul and Kate	Initial rollout completed.
<ul style="list-style-type: none"> East and Northwest First Nation collaboration table – hold 3 meetings each per year – with follow up actions monitored/reported 	Paul	1/3 East mtgs/yr completed 1/3 NW mtgs/yr completed

Identified Priorities for 2022-23

Workstream # 1 - Strengthening Partnerships and Connection (Continuation):

Priority/project	Leads	Measurement/Goal
<ul style="list-style-type: none"> • Ashern/Hodgson Indigenous My Health Team (MyHT) - 8 meetings per year and ongoing Service Plan progress/approvals and to continue to meet the team's expansion and growth plans • Ashern/Hodgson indigenous MyHT expansion to include 2 new additional First Nations communities in 2023 	Connie	1/8 mtgs/year 2022-23 completed 0/2 expansions into communities completed <ul style="list-style-type: none"> • regular updates on progress
<ul style="list-style-type: none"> • Strengthen partnerships with local Indigenous communities in regard to input on Ashern Hospital capital project planning 	Cindy Garson/Jeremy Buchner	Monthly meetings are occurring. <ul style="list-style-type: none"> • Evaluate engagement process by welcoming/requesting feedback from Indigenous stakeholders
<ul style="list-style-type: none"> • Effectively partner and support Sagkeeng First Nations and other partners in the development of the first Substance Use Stabilization Unit (SUSU) in IERHA. 	Sagkeeng Healing Lodge, Bernelda Robertson, Paul	Weekly meetings are occurring.

Identified Priorities for 2022-23

Workstream # 2 - Providing a Culturally Safe Environment:

Priority/project	Leads	Measurement/Goal
<ul style="list-style-type: none">Distribute, with the support of Shared Health, the Provincial “Disrupting Racism” survey across IERHA programs and follow-up on recommendations.	Lauralou/ Directors/ Paul	0/1 survey completed - survey due to all SDOs in June. <ul style="list-style-type: none">Action plan created based on survey findings



Identified Priorities for 2022-23

Workstream # 2 - Providing a Culturally Safe Environment (Continuation):

Priority/project	Leads	Measurement/Goal
<p>Reinforce best practice of having open patient and family case conferencing huddles/ meetings at each acute care facility.</p>	<p>Acute Care/Palliative Care/Other clinical programs/CTMs</p>	<p>Total 70 meetings per year 2022-23: 0/4 Arborg completed 0/12 Ashern completed 0/4 Beausejour completed 0/6 Eriksdale completed 0/4 Gimli completed 0/4 Pinawa completed 0/12 Pine Falls completed 0/4 Stonewall completed 0/20 SRHC Medicine/Surgery/ED completed</p>
<p>Cultural Awareness training course (i.e. WRHA/BC, online Alberta, or IERHA in-person):</p> <ul style="list-style-type: none"> by end of 2022/23 every RLT/SLT member will have completed; by end of 2025/26, have 80% of all permanent staff (2467) trained. 	<p>CEO/Brent/HR</p>	<p>590/3107 staff are currently trained, 18.9%. 53/110 out-of-scope completed, 48%, and 11 are in progress. 537/1974 (1974 is 80% of 2,467) perm staff have completed</p>

Indigenous and Vulnerable (Aging) Populations

Identified Priorities for 2022-23

Workstream # 3 - Addressing Health Inequity:

Priority/project	Leads	Measurement/Goal
<p>Provide direct access to primary care in or near all 12 First Nation drive-in communities served by the IERHA in 2022</p> <ul style="list-style-type: none"> • *green: is in place • **orange: has nearby primary care • ***red: is without primary care 	Paul	<p>Total 12 communities (3 without primary care (PC)):</p> <p>1/1 Brokenhead Ojibway First Nation – in place*</p> <p>1/1 Sagkeeng First Nation - in place*</p> <p>1/1 Black River First Nation - in place*</p> <p>1/1 Hollow Water First Nation - has nearby PC**</p> <p>1/1 Lake Manitoba First Nations - in place*</p> <p>1/1 Peguis First Nation - in place*</p> <p>1/1 Fisher River Cree Nation - in place*</p> <p>1/1 Pinaymootang First Nation - in place*</p> <p>1/1 Little Saskatchewan First Nation - in place*</p> <p>0/1 Lake St. Martin First Nation***</p> <p>1/1 Kinonjeoshtegon First Nation (Jackhead) - in place*</p> <p>0/1 Dauphin River First Nation***</p>

Indigenous and Vulnerable (Aging) Populations

Identified Priorities for 2022-23

Workstream # 3 - Addressing Health Inequity (Continuation):

Priority/project	Leads	Measurement/Goal
<ul style="list-style-type: none">In partnership with communities and tribal councils, develop a cancer screening annual schedule of services closer to home	CTM/ Primary Care CTM/teams	% of communities with cancer screening schedule



Indigenous and Vulnerable (Aging) Populations

Identified Priorities for 2022-23

Workstream # 3 - Addressing Health Inequity (Continuation):

Priority/project	Leads	Measurement/Goal
IERHA workforce that is representative of the Indigenous communities & population served (pop. 28%, Feb 2022) in partnership with communities, tribal councils and learning institutions (recognizing representative workforce's direct relationship to a culturally safe work environment).	Brent/Robert/ Lori Ann Buors	Total 2% increase, every 2 years: 14%/16% rep workforce by Jan 2024. ___ /18% rep workforce by Jan 2026. ___ /20% rep workforce by Jan 2028.



Indigenous and Vulnerable (Aging) Populations

Identified Priorities for 2022-23

Workstream # 4 - Providing equitable access to community support and health services for aging individuals:

Priority/project	Leads	Measurement/Goal
Increase Palliative Care education delivered to First Nations Home Care nurses and Elders, Home Care Nurses and Health Care Aides across all programs.	Tammie-Lee	Paramedics education Mar 2022 to Apr 2023. Number of education sessions.
In partnership with the Provincial Stevenson Report Recommendations Working Group, implement the recommendations over the next 5 years. <ul style="list-style-type: none">• Over the next year, new staff will be hired and trained to lead and implement the Infection Prevention and Control (IPAC) plan. Gaps are being addressed across the program and standardization of policies and procedures is underway.	Regional Community Lead	
Work with the new Minister of Seniors and Long-term Care, Scott Johnston.	Regional Community Lead	

Next Steps

Key tasks for the committee between April and the next RHAC meeting (Sept) are:

- Monitor and evaluate status/progress of milestone targets at monthly Committee meetings
- Work toward achieving identified objectives
- Formally report/update monthly to the IERHA Board of Directors



Indigenous and Vulnerable (Aging) Populations

QUESTIONS/COMMENTS



Interlake–Eastern
Regional Health Authority

Primary and Community Care Transformation

April 27, 2022

Regional Health Advisory Council



Interlake–Eastern
Regional Health Authority

Primary and Community Care Transformation

Goal: 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.

Vision: To lead and position community and primary care services closer to home in order to enhance health care that is equitable, sustainable, inclusive and accessible across our diverse region.



Interlake–Eastern
Regional Health Authority

Primary and Community Care Transformation

Workstream #1: Equitable Primary and Community Care

Workstream #2: Sustainable Primary and Community Care

Workstream #3: Inclusive Primary and Community Care

Workstream #4: Accessible Primary and Community Care

Workstream #5: Integrated Primary and Community Care Services



Interlake–Eastern
Regional Health Authority

Road Map Summary

Year 1 Summary (2021-2022)

- We have held 6 planning meetings to date
- Developed workstreams, an implementation plan, and schedule
- Membership includes IERHA staff, physicians, board members, community leaders/members and Indigenous representation



Road Map Summary

Year 2 Summary (2022-2023) – by end of fiscal year

- Enhanced Harm Reduction Services – naloxone overdose prevention kits, clean needle distribution
- Targeted outreach for increased immunization access
- Grow primary care capacity closer to home by adding 2 new My Health Teams to the IERHA and optimizing virtual care technology
- Assess and evaluate current respite bed process
- Two new transitional care beds in IERHA
- Palliative Care Paramedics project to partner with 17 Indigenous communities and work to educate
- Timely access to primary care by extending hours

Road Map Summary

Year 3 Summary (2023-2024) – by end of fiscal year:

- Increase annual intake by 10% of Home Care Attendants/Aides for Palliative Care education
- Engage Home Care clients and families re: sustainable policy and program development initiatives
- Launch a new Selkirk Youth Hub
- Increase access to Home Care IV and Wound clinics
- Additional community bathing services
- Expand access to Addictions Medicine in Primary Care in 3 communities
- Home Care to partner with Mental Health for clients with services within both programs



Road Map Summary

Year 4 Summary (2024-2025) – by end of fiscal year:

- Creation of two new My Health Teams – operate efficiently and coordinated
- Eliminate barriers for clients unable to obtain a back-up family caregiver
- Proposal for 3 year project – Addition of Indigenous Doulas
- Integrated Primary Care with Rapid Access to Addictions Medicine clinics (increase patient capacity from 400 to 600 enrolled patients)
- Addition of a community care coordinator (navigator) in primary care

Year 5 Summary (2025-2026)

- Continuation of services implemented
- Evaluate



Primary and Community Care Transformation

Identified Priorities for 2022-23

1. Enhanced Harm Reduction Services – naloxone overdose prevention kits, clean needle distribution
2. Targeted outreach for increased immunization access
3. Grow Primary Care capacity closer to home by adding 2 new My Health Teams to the IERHA and optimizing virtual care technology
4. Assess and Evaluate current respite bed process
5. Two new transitional care beds in IERHA
6. Palliative Care Paramedics project to partner with 17 Indigenous communities and work to educate – by end of March 2023
7. Timely access to Primary Care by extending hours



Next Steps

- Now that the workstreams have been established, we will work to operationalize the workstreams and targets that have been identified.
- Set out timelines/targets for implementation.
- Leads will be established for the various sub-goals/tasks.



Primary and Community Care Transformation

QUESTIONS/COMMENTS



Interlake–Eastern
Regional Health Authority

Innovation & Technology

April 27, 2022

Regional Health Advisory Council



Interlake–Eastern
Regional Health Authority

Innovation & Technology over the past year...

Our Strategic Plan | 2022 to 2027



About CIHI

- The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential information on Canada's health systems and the health of people living in Canada.
- Mandate**
Deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care.
- Vision**
Better data. Better decisions. Healthier Canadians.
- Values**
 - Inclusion
 - Integrity
 - Collaboration
 - Excellence
 - Innovation

Strategic goals

- A comprehensive and integrated approach to Canada's health system data
Collaborate with partners to continuously advance the creation, validation and accessibility of health system data
- An expanded offering of analytics, indicators and tools to support health system decision-making
Provide the insight needed to drive better health outcomes across Canada's health systems
- Health information users who are better equipped and enabled to do their jobs
Help build users' capacity by equipping them to make the best use of data, and by convening forums where they can explore solutions together and share best practices

Health information priorities

- Children and youth
- Community and primary care
- Equity
- First Nations, Inuit and Métis Peoples
- Health systems and public health links
- Health workforce
- Mental health and substance use
- Seniors and aging
- Virtual care

Our foundation

- Our people
- Stakeholder engagement and partnerships
- Privacy and security
- Information technology

CIHI → Emphasis on “innovation”. Expand analytical tools to support measurement of health systems. Strengthening data through partnerships. Helping guide decisions for rural health services.

CADTH → The Top 10 List includes technologies for remote care monitoring, artificial intelligence for public health, and portable dialysis machines, among others. These technologies have the potential to transform health systems and improve health outcomes.



Canadian Journal of Health Technologies 

March 2022 Volume 2 Issue 3

CADTH Horizon Scan

2022 Health Technology Trends to Watch: Top 10 List



Interlake-Eastern Regional Health Authority

Workstreams

1. Strengthen the Foundation for Technology

Improve understanding and use of technology and provide reliable infrastructure.

2. Optimize Operations

Enhance analytics and performance measurement

3. Transform Care

Strengthen engagement with patients, clinicians, and other stakeholders

4. Innovative Culture

Develop the people, skills and system to enable continuous quality improvement and safety

5. Digital Health

Adapt electronic medical records that will enable clinical workflow.

6. Advanced Analytics

We will use new and innovative data analysis and reporting tools to support quality improvement



Road Map Summary

Year 1 Summary (2021-2022)

Completed

- ✓ Review of Terms of Reference
- ✓ Formulating vision statement
- ✓ Sharing opportunities, risks, and challenges
- ✓ Identifying and theming potential workstreams
- ✓ Finalize Membership
- ✓ Complete environmental scan
- ✓ SSC Approve workstreams & initiatives
- ✓ Review Gantt Chart and Project Charter
- ✓ Engaging and monitoring initiatives



Road Map Summary

Year 2 Summary (2022-2023)

Approx. 8 Initiatives/projects underway or scheduled to begin:

- Provincial VOIP Project
- SD Wide Area Network
- Secure Network
- High Alert Medication Standardization
- Same Day Surgery
- Patient Experience Surveys
- Provincial Hand Hygiene Auditing
- Data Benchmarking



Road Map Summary

Year 3 Summary (2023-2024)

- Approx. 4 initiatives/projects identified

Year 4 Summary (2024-2025)

- Approx. 10 initiatives/projects identified

Year 5 Summary (2025-2026)

- Approx. 2 initiatives/projects identified



Identified Priorities for Year 1

1. Strengthen the Foundation for Technology

Improve understanding and use of technology and provide reliable infrastructure.

Milestone Description	Progress	Start
Provincial VOIP/Phone Project	25%	4/18/2022
Connectivity Project (SD Wide Area Network)	20%	11/1/2022
Secure Network Project	20%	5/8/2022

2. Optimize Operations

Enhance analytics and performance measurement

Milestone Description	Progress	Start
High Alert Medication Standardization	25%	5/1/2022



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3. Transform Care

Strengthen engagement with patients, clinicians, and other stakeholders

Milestone Description	Progress	Start
Same Day Surgery Project	25%	5/7/2022

4. Innovative Culture

Develop the people, skills and system to enable continuous quality improvement and safety

Milestone Description	Progress	Start
Patient Experience Surveys	10%	3/15/2022

6. Advanced Analytics

We will use new and innovative data analysis and reporting tools to support quality improvement

Milestone Description	Progress	Start
Provincial Hand Hygiene Auditing	30%	9/1/2022
Data Benchmarking	5%	8/1/2022



Next Steps

April 2022 and beyond...

- Adding details into the road map/Gantt Chart
- Progress updates on identified projects
- Monitoring the milestone activities
- Facilitating and supporting initiatives and working groups, etc.



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QUESTIONS/COMMENTS



Interlake–Eastern
Regional Health Authority

Next Steps

Regional Health Advisory Council

Next meeting:

Wednesday, September 21, 2022 @ 5:00 p.m.



Interlake–Eastern
Regional Health Authority



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