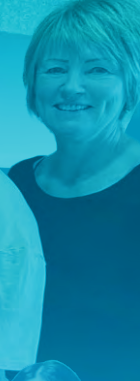




Interlake-Eastern
Regional Health Authority

ANNUAL REPORT

2023 - 2024



Interlake-Eastern Regional Health Authority (RHA) delivers services on First Nation Treaty Territories 1, 2, 3 and 5 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 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.

On the front cover:

Harley was among 50 graduates of Interlake-Eastern RHA's pilot of a community based micro-credential health-care aide training program. Launched in 2023, the program is a regionally developed solution to reducing health-care aide vacancy rates. Harley had been working at a gas station as a cashier and supervisor when she spotted the poster to train and secure work as an uncertified health-care aide. She wanted to get into the health-care field and recognized this training opportunity as a great first step. Since she graduated, she has been working steadily in home care and is now in the process of bridging her training and expertise to become a certified health-care aide.

In her new career, she enjoys the variety of people she gets to help every day and the different tasks her work requires. She feels that her visits are an important part of her clients' days.

Harley is now recommending training to others who she feels would enjoy the work as much as she does.

Strategies at a Glance

Manitoba Health, Seniors and Long Term Care

Goals

Improve population health
Enhance care experiences
Improve workforce experience
Advance health equity
Reduce cost of care

Priorities

ED Performance
Improved access
Indigenous health
Workforce culture, retention, recruitment and training
Primary and community care
Electronic medical records

Government commitment

Better care for people: Health care workers and the people they serve

Interlake-Eastern Regional Health Authority

Goals

Ensure our health system is integrated and coordinated between providers and patients.

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

Improve access, health outcomes and reduce health disparities among Indigenous and aging populations

Improve access to community mental health and addictions services for adults, children and families

Establish a skilled and dedicated workforce of health professionals, support staff, volunteers and physicians

Improve access, care quality and health outcomes through clinical best practices with a focus on innovation and technology

Regional mission

We work in partnership with all stakeholders, contributing to the health and well-being of our communities, by providing timely access to reliable care in a culturally safe manner that respects diversity.

Challenges facing the Manitoban Health System are mutual realities

- People are living longer with more complex care needs later in life
- There are significant health inequities and disparities, made worse by health illiteracy, discrimination and disadvantage
- Access to services is affected by the health human resource challenge across Manitoba
- The public expect access to new treatments and medical technologies
- Public concern that services will be accessible or available at the time and place required
- There is a post-COVID legacy impacting care professionals, public confidence and fiscal pressures

Tactics to achieve strategic success

System Reform: “Doing the right things”

- Reduce disparities in access, outcomes and experiences
- Provide care in the most appropriate care settings
- Make the promise of team-based care a reality
- Invest more in prevention, primary and community care
- Support and enable people to manage their health and health risks
- Seize the opportunities of new health technologies
- Enable more agile use of workforce

Operational Excellence: “Doing things Right”

- Develop, value and retain workforce
- Improve use of acute care capacity
- Reduce unnecessary variation, waste and duplication
- Streamline workflow and reduce our dependence on paper-based systems
- Improve quality and safety
- Support digitally-enabled innovation in service delivery
- Maximize the benefits of the fiscal investments we make

Enablers of Success

- Aligned and focused administrative and clinical leadership
- Corporate and clinical governance
- Community partnerships
- Public engagement, listening and communication
- Clinical standards and models of care
- Eliminate racism
- Workforce culture
- Digital maturity and development roadmap
- Data and analytics
- Fiscal discipline

Table of Contents

Letter of Transmittal and Accountability	6
Our Region and Its People	7
Board Governance	11
Stakeholder Consultations	13
Developing our Strategic Plan for 2021-2028	18
Organizational and Advisory Structure	22
Health and Wellness Considerations	24
French Language Services	30
Capital Planning	35
Public Sector Compensation Disclosure	37
The Public Interest Disclosure – Whistleblower Protection Act	37
Financial Statements	38
Administrative Cost Reporting	44
Interlake Eastern Health Foundation Report	47
Fiscal Year 2022-23 Performance	49
Primary and Community Care	49
Emergency Department Performance	63
Electronic Medical Records	64
Indigenous Health and Dismantling Racism in Healthcare	66
Workforce Culture, Retention, Recruitment and Training	67
Program and Service Contact Information	73

Letter of Transmittal and Accountability

Dear Minister Asagwara,

We have the honour to present the annual report for Interlake-Eastern Regional Health Authority for the fiscal year ended March 31, 2024.

This annual report was prepared under the Board's direction, in accordance with *The Health System Governance and Accountability Act* and directions provided by the Minister. All material, including economic and fiscal implications known as of March 31, 2024, has been considered in preparing the annual report. The Board has approved this report.

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



Michele Polinuk
Chair
Interlake-Eastern Regional Health Authority Board of Directors

The Region and its People



With an area of 61,000 square kilometres, Interlake-Eastern Regional Health Authority (RHA) accounts for approximately 10 per cent of Manitoba's area. The population of the province as of June 2023 was 1,450,000 people.¹ With 137,000 residents, Interlake-Eastern RHA is home to 9.5 per cent of Manitobans.

Our region is rich in diversity of cultures

Caring for the health needs of regional residents provides us with a perspective on cultural variety that may be recognized at local levels but may not be fully appreciated elsewhere. As a regional health authority we can compile these individual population differences anecdotally into a fuller picture of the unique composition of our region. Seventeen First Nation communities are situated within the regional health authority. According to 2021 census data, more than one in four residents (28 per cent) of Interlake-Eastern RHA self-identify as Indigenous compared with the provincial average of 18 per cent. There are 24 communities in the region with registered Manitoba Métis Locals. A historically-Métis settlement, St. Laurent is a community where the Michif language is spoken. Just to the north of St. Laurent is Lundar that was founded by Icelandic settlers in the 1800s as part of a region once known as New Iceland. Gimli has been called the core of New Iceland with the community of Riverton on the Icelandic River at its northern border.

The community of Arborg to the north of Gimli, and Whitemouth in the southeastern part of the region are currently home to newcomer and missionary populations that support the local agricultural industry and who travel frequently between Canada and homelands in Central and South America. Oakbank has a relatively high number of German speaking individuals as do the 17 Hutterite colonies located across the health region. Throughout the region, we have seen migrants from Africa, Syria and more recently refugees from Ukraine with a large number of Ukrainians settling in the Gimli area. The community of St. Georges on the Winnipeg River in the eastern part of the health region was intentionally established as a French-Canadian parish in the middle of Manitoba in the late 1800s. It's the French influence here and in neighboring communities including Powerview-Pine Falls and the French influence in St. Laurent and area that sees these unique parts of the region designated French language service areas.

In a 2018 report, the Selkirk and District Community Foundation identified that in the communities of Selkirk, St. Andrews, St. Clements and Brokenhead Ojibway Nation, 50 different languages were spoken as a mother tongue.²

¹ Manitoba Health, Seniors and Long-Term Care Population Report – June 1, 2023, <https://www.gov.mb.ca/health/population/> accessed August 11, 2024.

² Mind the Gap: 2018 Vital Signs Report. Selkirk + District Community Foundation, <https://sdcf.ca/wp2022/wp-content/uploads/2022/09/Vital-Signs-Report-2018.pdf> accessed August 8, 2024.

Health care recruitment contributes to this diversity with workers and physicians from the Philippines, India and elsewhere seeking and filling positions in Canada. These recruits contribute greatly to maintaining Manitoba's health system operations.

We are committed to working with Indigenous populations to respond to the Calls to Action of the Truth and Reconciliation Commission of Canada

Of the Truth and Reconciliation Commission of Canada's 94 Calls to Action,³ seven specifically fall under the heading of health. Interlake-Eastern RHA acknowledges its responsibility under the treaties to commit to actions. This includes actions in: addressing jurisdictional discrimination and systemic racism, growing cultural 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.

Our demographic is generally older than the rest of Manitoba

A closer look at Interlake-Eastern RHA's residents by age group identifies we have a greater percentage of population represented in the 50 years and more age categories compared with that of Manitoba. According to population projections to 2030, the region is projected to experience a 13 per cent population increase, with the most noticeable change being higher counts of residents in the 65 and older age groupings.⁴ Aging brings increased needs for health-care services. The prevalence of most chronic diseases and conditions increases with age.⁵ This difference in demographics affects delivery of health-care services in the region in a number of ways. Primary care, community care, emergency care, mental health supports, long-term care and other housing options for seniors experience increased demand for service to meet the needs of an aging demographic.

³ Truth and Reconciliation Commission of Canada: Calls to Action, Truth and Reconciliation Commission of Canada, 2012, https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf, accessed August 11, 2024.

⁴ Interlake-Eastern Regional Health Authority Community Health Assessment, 2019 <https://www.ierha.ca/files/382019-Community-Health-Assessment-1.pdf>, p. 17, accessed August 11, 2024.

⁵ Aging and Chronic Diseases, Executive Summary online. Public Health Agency of Canada. 2020-12-16. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/aging-chronic-diseasesprofile-canadian-seniors-report.html>, accessed August 11, 2024.

We have unaddressed gaps in health equity

Our most recent community health assessment (2019) data identifies that Interlake-Eastern RHA has the smallest percentage of children living in low-income families among all regions in Manitoba.⁶ However, there is significant variation among geographic zones within the region, with four of five zones having rates almost twice as high as the provincial average. Similarly, the burden of disease varies between the geographic zones and between age groupings, gender, and income ratios.

We continue to be a summer vacation destination

The region's lakes, beaches, rivers, parks and other natural lands and community festivals attract summer vacationers. From May to September, the population requiring access to health care increases significantly in Interlake-Eastern RHA.

⁶ Interlake-Eastern Regional Health Authority Community Health Assessment, 2019 <https://www.ierha.ca/files/382019-Community-Health-Assessment-1.pdf>, p. 70, accessed August 11, 2024.

Board Governance

In accordance with The Health System Governance and Accountability Act, Interlake-Eastern Regional Health Authority's Board of Directors is responsible for the region's management and affairs. Directors are to act honestly and in good faith with a view to the best interests of the regional health authority and the health region.

2023-2024 Board of Directors



Michele Polinuk
Board Chair



Cyndi Typliski
Vice Chair



Arnthor Jonasson
Secretary



Murray Werbeniuk
Treasurer



Susan Bater



Steven Brennan



Judith Cameron



Debbie Fiebelkorn



Penny-Anne Wainwright



Interlake-Eastern Regional Health Authority Board of Directors (left to right): Steven Brennan, Debbie Fiebelkorn, Susan Bater, Cyndi Typliski, Michele Polinuk and Murray Werbeniuk. Missing: Judith Cameron, Arnthor Jonasson and Penny-Anne Wainwright.

Changes to the Board

There were no additions to the Board of Directors in 2023-2024. Leaving the Board were Tammy Hagyard-Wiebe and Lynette McDonald.

Executive Committee 2023-24

Board Chair: Michele Polinuk
Vice-Chair: Cyndi Typliski
Treasurer: Murray Werbeniuk
Secretary: Judith Cameron
Audit Committee Chair: Debbie Fiebelkorn
Finance Committee Chair: Murray Werbeniuk

Quality and Patient Safety Committee Chair:
Cyndi Typliski
Education, Policy and Planning Committee
Chair: Judith Cameron
Indigenous Health Advisory Committee Co-
Chair: Judith Cameron

Board Liaisons

Patient Experience: Michele Polinuk and Judith Cameron

Regional Ethics Council: Judith Cameron

Interlake Eastern Health Foundation: Judith Cameron

Selkirk Foundation Nomination Committee: Michele Polinuk

Regional Family Health and Learning Centre: Murray Werbeniuk

Board Governing Style

Interlake-Eastern RHA's Board governs with accountability to Manitoba Health, Seniors and Long Term Care provincial priorities and a commitment to obtain input from residents and stakeholders. Board policies ensure compliance with attendance, code of conduct and the governance process and the Board is proactive in initiating and revising its policies.

The Board provides leadership to the Interlake-Eastern Regional Health Authority through the establishment of optimal organizational strategic planning goals, values and policies. It uses the expertise of individual members to enhance the knowledge and ability of the Board and it ensures the continuity of its governance capability through continuing education and development. Board members strive to adhere to Accreditation Canada's Qmentum program standards for governance that establish effective governance practices and strong accountability mechanisms.

In addition, the Board aligns its work with the principles identified in the provincial mandate letter that identifies the requirements of the Board as defined by the Minister of Health, Seniors and Long Term Care.

Important Activities and Decisions of the Board

March 2023

Strategic plan modification: As part of ongoing review of the strategic plan, the Board adopted the modification of a strategic goal to better represent the intent to improve access to care and health outcomes and decrease health inequities among Indigenous people and aging populations. The strategic goal is renamed to Indigenous and Aging Populations.

April 18, 2023 and March 14, 2024

Bilateral performance meetings: Meetings have been established with all health service delivery organizations to assist them in proactively managing performance issues with appropriate support from Manitoba Health, Seniors and Long-Term Care. The Board chair and senior leaders from the organization participate in these meetings.

April to June 2023

Accreditation: Board members were involved in preparations for accreditation and attended meetings with accreditation surveyors. The chair attended the surveyors' debrief upon conclusion of the site visits.

October 2023

Annual General Meeting: Board members planned and hosted the meeting virtually on October 10, 2023. Just over 130 staff and community members attended virtually for a review of activities over the past year and upcoming priorities.

Increasing awareness of colorectal cancer prevention: Tracy Abraham, Interlake-Eastern's director health services, rural acute care, renal program, CancerCare and Cancer Navigation Services presented on collaborative work regionally and nationally to improve cancer screening rates as part of addressing health equity gaps in the region.

A new government elected in Manitoba: Transitions of government are influential on health care. The Board has a responsibility to be current with governmental priorities and directions in health.

November 2023

Improving health system accountability and performance: Board and executive held a strategic planning session with Derek Felton of Rebbeck Consulting. Derek has provided coaching and mentorship to Shared Health, Manitoba Health and Regional Health Authorities.

Annual Strategic Plan review: This gathering of stakeholders included presentations on work underway in the health system as well as updates on the work aligning with the region's strategic priorities.

Manitoba Pain Care Program: Patti Vandenbossche, pain care clinic project lead, advised on the program expansion to include Selkirk.

February 2024

Risk Management: Healthcare Insurance Reciprocal of Canada's (HIROC) senior health-care risk management specialist, presented on integrated risk management and risk governance and provided a refresher on how the Board can exercise risk management oversight.

Patient Relations and Engagement: Jennifer Dann, patient relations and engagement coordinator, provided a regional update on patient concerns, the process for identifying concerns, patient engagement and next steps on patient relations.

March 2024

Meeting with Minister Asagwara and deputy minister Scott Sinclair: Health service delivery organization Board chairs, CEOs and CFOs met with Minister of Health, Seniors and Long Term Care and deputy minister Scott Sinclair for a level setting meeting on expectations of boards and service delivery organizations.

Regional Ethics Framework: Kathryn McCulley, Interlake-Eastern's quality and patient safety coordinator, provided an overview of the region's ethics council background.

Stakeholder Consultations

The Quality Patient Safety Committee of the Board advises on systems and processes for key quality and patient safety communication. This committee provides leadership in promoting and supporting Board education related to governance standards and practices to improve quality, patient safety and innovation in healthcare and recommends for Board approval quality and patient safety indicators. Through monitoring and review of Board approved quality and patient safety performance indicators, the committee tracks progress toward achievement of strategic plans. It reviews and monitors any proposed major change in clinical services and recommends quality and patient safety and innovation related policies and standards for Board approval. The regional coordinator of public relations and patient experience attends committee meetings to provide general details on inquiries and to educate and inform the Board. Reports regarding specific critical incidents and "near misses" are provided to the Board that monitors for actions taken to address recommendations for improvement.

On a quarterly basis, the committee receives Indicator reports and Consumer Concern Analysis reports for review. It advises on systems and processes for key quality and patient safety communication. Results from the Canadian Patient Safety Institute and other pertinent reports are reviewed and the committee receives reports on compliance with accreditation standards and the implementation of recommended change in quality and patient safety. This committee meets quarterly or more frequently at the discretion of the chair.

Indigenous Health Advisory Committee

This committee of the Board provides recommendations to the Board and assists in the development of regional strategic and operational priorities. To best support the goals of the initiatives and strategic plans of the region on matters of Indigenous Health, the committee:

- advises on potential structures and jurisdictional matters;
- shares perspective on reports, studies and information related to the health status of Indigenous people and the human resources initiatives of the Interlake-Eastern Health Region in the development of a representative workforce;

- advises on alternative strategies and approaches to address identified Indigenous health needs within the identified priorities of the Interlake-Eastern Health Region;
- serves as the main recipient of information to the Board regarding Indigenous research, services, human resources initiatives and promoting collaborative potential with other bodies and agencies; and
- advises the Board with respect to findings on Indigenous health and human resources challenges and opportunities.

Managing Risk

Accreditation Canada standards require health-care leadership teams to implement enterprise risk management and for governing bodies to assess and reduce risk and promote a culture of mitigating and managing risk. This includes identifying methods and processes to manage risks and seize opportunities related to achieving objectives in our strategic plan.

Interlake-Eastern RHA's corporate risk assessment is based on annual operational priorities and the risks related to key strategic and operational priorities. Reporting aligns with current operational reports to the Board of Directors. Using a risk-mapping tool, risks are ranked and actions prioritized. All operational risks are linked to the Manitoba Quality Framework (<https://sharedhealthmb.ca/patient-care/quality-patient-safety-learning/framework/>), provincial and regional strategic priorities and Healthcare Insurance Reciprocal of Canada's (HIROC) priorities. The region continues to use HIROC's web-based risk assessment checklist that allows for compliance evaluation with a number of mitigation strategies for top risks in all clinical areas. Program leaders are actively involved in identifying priorities and actioning improvements related to specific areas of care. Updates and reporting to the Board occurs annually.

Interlake-Eastern RHA's most significant risks and mitigation strategies

Risk	Mitigation
Workforce culture, retention and recruitment	<ul style="list-style-type: none"> ○ Develop and offer regional training opportunities/training closer to home ○ Continue to engage with communities for broad response ○ Engage with schools to better identify opportunities in health care and engage students who express interest ○ Work provincially to create and engage in opportunities to retain staff such as staff float pools ○ Visible, present leadership acting on system and staff concerns ○ Active marketing campaign for Selkirk bed expansion projects
Aging infrastructure	<ul style="list-style-type: none"> ○ Regular and scheduled maintenance ongoing at facilities ○ Identification of needs through the Annual Operating Plan ○ Annual Safety and Security Submissions ○ Major capital requests ○ Regional cyber breach disaster management plan ○ Implementation of cyber-security education across the organization ○ Meet regularly with Shared Health Digital Health
Reliable access to care	<ul style="list-style-type: none"> ○ Enhanced emphasis on recruiting care providers ○ Focused discharge planning (dedicated patient flow staff and cross program integration) ○ Increased access to Rapid Access to Addictions Medicine (RAAM) clinic volumes - including virtual "walk-ins" ○ Case coordinator and allied health support on weekends for 7 day per week support to patients recovery and safe discharge from emergency department ○ Launch of the transitional care unit (TCU) in Selkirk (July 2024)
Systemic racism	<ul style="list-style-type: none"> ○ Increased focus on providing care that is patient/family centred for those where jurisdictional boundaries are at issue. ○ Work with Indigenous partners to act on concerns. ○ Piloting the use of Indigenous standards for accreditation ○ Continued cultural safety education ○ Implement recommendations of newly established disrupting racism working groups
Fiscal sustainability	<ul style="list-style-type: none"> ○ Monthly manager and finance budget variance reviews ○ Strict position control process ○ Senior Leadership Team and Board of Directors meeting to review financial statements ○ Regular performance meetings with the department of Health, Seniors and Long term Care ○ Maintain volume discounts on purchases ○ Monitor and address staff time loss as needed

Our 2021-2028 Strategic Plan

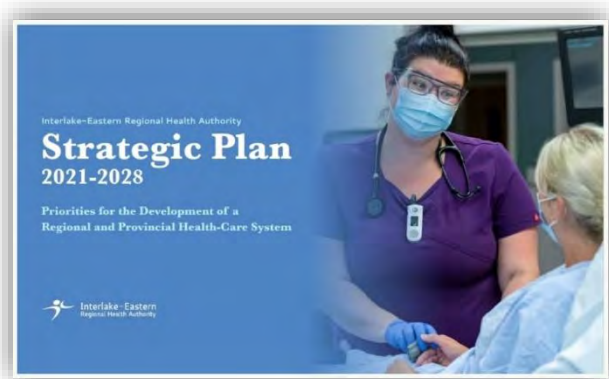
Interlake-Eastern RHA joined with stakeholders two days in May 2021 to identify priorities for the organization's strategic plan. The conversations provided necessary guidance in developing a strategic plan that addressed regional and provincial priorities.

Introduced publicly in the summer of 2021, the strategic plan identifies Interlake-Eastern RHA's role in health service delivery and contributing to a healthier society. This strategic plan guides the activities defined in the region's annual operating plan.

The strategic plan is a living document and it is reviewed annually to ensure it still reflects stakeholders' priorities. Modifications to the plan that occurred in this fiscal year were the changing of the timeframe of the report's duration to coincide with health service delivery organizations across Manitoba. In addition, the name of one of the plan's strategic goals was modified to more appropriately reflect the target of Indigenous and aging populations in improving access and health outcomes and reducing health disparities.

Strategic Goals

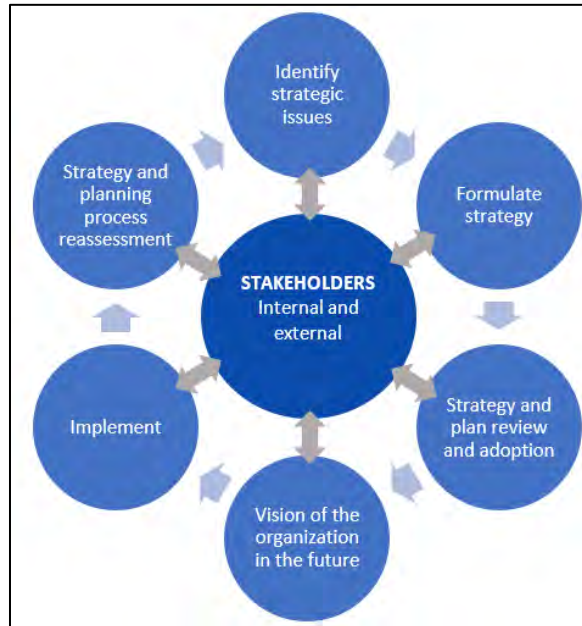
- Ensure our health system is integrated and coordinated between providers and patients.
- Provide a solid foundation of primary and community services and strive to make it easier for patients to move across the continuum of patient care
- Improve access, health outcomes and reduce health disparities among Indigenous and aging populations
- Improve access to community mental health and addictions services for adults, children and families
- Establish a skilled and dedicated workforce of health professionals, support staff, volunteers and physicians
- Improve access, care quality and health outcomes through clinical best practices with a focus on innovation and technology



Read more: <https://www.ierha.ca/about-us/community-involvement/strategic-plan/>

Ensuring the Region’s Strategic and Operational Plan is Implemented

Interlake-Eastern RHA’s Board of Directors has adopted a strategy planning, evaluation and change cycle that centralizes community engagement in health-care service delivery.



Interlake-Eastern RHA’s Strategy Change Cycle⁷

Within our strategic planning process, we have established opportunities for engagement with our partners. These include our six strategic steering committees and our annual strategic plan review with all planning partners.

Strategic Steering Committees

For every strategic goal identified in the strategic plan, a strategic steering committee has been created. Members of these six committees collaboratively plan, monitor, evaluate and report on the implementation and achievement of the strategic goal over the lifetime of the Interlake-Eastern RHA strategic plan. Committees meet at the call of the committee leads. They represent strategic partnership among Interlake-Eastern Regional Health Authority, community leaders and members of the public.

Each strategic steering committee’s objective is the identification of priorities for action that will move the organization closer to achieving the strategic goal. Committees have established workstreams for year-by-year comparison of progress over the duration of the plan.

⁷ Adapted from *Strategic Planning for Public and Nonprofit Organizations*, John M. Bryson, 2004.

Annual Strategic Plan Review

An annual meeting with stakeholders provides opportunity to assess progress and challenges, identify if adaptations need to occur, and validate if we're on the path to achieve our vision as planned. This review occurred in November 2023 and meeting details are available on IERHA's website (<https://www.ierha.ca/about-us/community-involvement/strategic-plan/annual-strategic-plan-review/>).

Presentations included:

- Indigenous Healthcare Quality Framework – Dr. Amanda Fowler-Woods, Assistant Professor, Department of Community Health Sciences, Rady Faculty of Health Sciences
- Health Equity Panel Discussion – Gwen Traverse, Health Director, Pinaymootang Health Centre; Adam Sanderson, Regional Manager – Indigenous Health, IERHA (former Health Director, Sagkeeng Health Centre); Moderator, Paul Barnard, Executive Lead, Clinical and Preventative Services Plan, IERHA
- Social Prescribing – Connie Newman, Executive Director, Manitoba Association for Senior Communities; Dr. Michael Routledge, Medical Lead, Manitoba Association for Senior Communities - Social Prescribing Project
- CancerCare Manitoba – Dr. Sri Navaratnam, President and CEO, CancerCare Manitoba

Following presentations, each strategic steering committee provided an overview of key activities during the past year. CEO Marion Ellis provided an overview of priorities for the year ahead.

At the end of the meeting, participants who responded to a poll said they were provided with an appropriate amount of information about key initiatives underway and that the RHA is meeting its objective to integrate regional planning with provincial objectives. The planning committee for the annual strategic plan review is taking participant feedback into consideration for the next annual plan review session occurring in November 2024.

Monitoring and Evaluation

Quarterly Board meeting evaluations

Interlake-Eastern RHA's Board of Directors understands the importance of reviewing and evaluating the work that it does in order to identify effectiveness, efficiency and cohesiveness. This evaluation deals with regular meetings and/or sub-committee meetings of the Board. The Board strives for improvement and continued growth in governance structures and processes and community member input is invaluable in assisting in this goal.

Knowledge Skills and Training Matrix

A number of monitoring and evaluation processes are in place that inform the operations of the Board as a whole and its sub-committees.

The Board meets 10 times a year. The CEO's report to the Board provides a high-level overview of progress in strategic and operational priorities that support the achievement of regional goals as defined in the strategic and operational plan. The regional quality, patient safety and accreditation process provides the Board with quarterly reporting on the goals identified as part of the provincial health system dashboard and the region's strategic plan.

The CEO and senior leadership, as requested by the Board, are available to address the areas of reporting for which they are accountable.

Board Performance Evaluation

To evaluate their functioning as a board and identify areas for improvement, Interlake-Eastern RHA's Board of Directors completes an accreditation-approved survey annually called the Governance Functioning Tool.

In addition, the Board has adopted a skills matrix tool to help identify the skills, knowledge, experience and capabilities that directors require to meet current and future needs of Interlake-Eastern RHA. With an aim to demonstrate leadership in an inclusive proactive environment, the matrix is part of the Board's annual work plan. Completed annually as a self-evaluation by each director. The matrix helps to gauge diversity on the Board and identifies areas where training or experience may be needed as changes to the Board occur.

From a summary of matrix submissions prepared by the Board chair, Board executive and the Education Policy and Planning Committee refer to the skills, knowledge and needs of the Board. An annual education plan for discussion and action by the Board assists board members in regularly monitoring and discussing process and performance through evaluation and ensuring governance compliance. In addition, one on one evaluations occur between the Board chair and Board members with the intent to capitalize on individual members' expertise to enhance the capability of the Board. Continuing education/development are encouraged to enhance skills and knowledge and increase the Board's capacity.

Organizational and Advisory Structure

Reporting to the IERHA Board of Directors:

Chief Executive Officer – Marion Ellis

Reporting to Chief Executive Officer – Marion Ellis:

Medical Officers of Health – Dr. Tim Hilderman & Dr. Karen Robinson

Regional Lead, Medical Services & Chief Medical Officer – Dr. Charles Penner

Regional Lead, Health Services, Public Health, Acute Care & Chief Nursing Officer – Tanya Cheetham

Regional Lead, Health Services, Community & Continuing Care – Kate Hodgson

Regional Lead, Corporate Services & Chief Financial Officer – Lorianne Kowalyszyn

Regional Lead, Human Resources – Julene Sawatzky

Regional Lead, Quality, Patient Safety and Accreditation – Katherine Podaima

Regional Director, Indigenous Health – Adam Sanderson*

(Term) Executive Implementation Lead, Clinical Planning – Paul Barnard*

Regional Lead, Communications – Lauralou Cicierski

Reporting to Regional Lead, Medical Services & Chief Medical Officer – Dr. Charles Penner:

Regional Director Pharmacy Services – Kurt Schroeder

Supervisor Medical Services – Lorie Budge

Physician Recruiter – Pamela Robertson

Shared Health, Diagnostic Services Director – Bozidar Modrcin

Physician Site Medical Leads (8)

Physician Regional Medical Specialty (6)

Reporting to Regional Lead, Health Services, Public Health, Acute Care & Chief Nursing Officer – Tanya Cheetham:

Director Health Services Acute - Selkirk Regional Health Centre, Patient Flow, Emergency Department – Katie Hibbs

Director Health Services Acute - Pine Falls, Surgical Services, Acute Care Education – Patrice Lee

Director Health Services Acute - Rural, Renal Health, Cancer Care Program – Tracy Abraham

Director Health Services Acute - Rural, Regional Relief Team, Infection Prevention & Control – Candace Blahey

Director Health Services Public Health & Wellness – Shannon Montgomery

Secondary supervisory relationships to:

Shared Health, Regional Director Emergency Response Services – Louise Alarie

Cancer Care Manitoba, Director – Ruth Loewen

Reporting to Regional Lead, Health Services, Community & Continuing Care – Kate Hodgson:

Director Health Services - Long Term Care Program, Personal Care Home Standards – Vacant

Director Health Services - Long Term Care Program, Personal Care Home Standards – Leona Wright

Director Health Services – Seniors, Allied Health, Palliative Care – Vacant*

Director Health Services – Mental Health & Addictions – Vacant

Director Health Services – Primary Care – Connie Nixon

Director Health Services – Home Care – Tricia Tyerman*

Clinical Change Lead – Melanie Gauthier

Reporting to Regional Lead, Corporate Services & Chief Financial Officer – Lorianne Kowaliszyn:

Director Finance Services – Rhonda Hogg

Director Capital Planning & Facilities Management – Kevin Shmon

Director Support Services – Jennifer Scrivens

Regional Manager Health Information Services – Lisa McLeod

Regional Manager Disaster Management – Jay Ferens

Secondary supervisory relationships to:

Shared Health, Manager Materials Services – Bridget Broek

Shared Health, Digital Relationship Manager – Sanela Maric

Reporting to Regional Lead, Human Resources – Julene Sawatzky:

Director Labour Relations – Isobel Greenwood

Manager Occupational Safety & Health – Samantha Roberts

French Language Services

Secondary supervisory relationships to:

Shared Health, Regional Lead, Payroll Services – Jennifer Fyfe

Shared Health, Manager Provincial Human Resources Shared Services – Sherri McTavish

* Denotes changes in organizational structure since last report.

As part of a concerted effort to provide Indigenous patients with access to culturally appropriate supports, Interlake-Eastern RHA has established a regional director, Indigenous health to develop and oversee an Indigenous health team. This position has a reporting relationship with the regional Knowledge Keeper and an Indigenous health liaison.

The home care, seniors and allied health portfolio continues to expand with new initiatives and additional front-line positions. To provide continued and sustained growth and development that is aligned with best practice standards and client centered care, the portfolio experienced re-structuring to provide focused leadership in home care and seniors, allied health, & palliative care.

The executive implementation lead, clinical planning position was created as a term to assist with the two significant inpatient expansion and emergency department renovation capital projects underway in Selkirk and Ashern that are on track for opening to patients in fiscal year 2025.

Health and Wellness Considerations

Accreditation

The week of June 19 to 23, 2023, Interlake-Eastern RHA completed on-site visits with Accreditation Canada surveyors. Accreditation Canada's programs assess organizations against world-class standards developed by international organizations (Health Standards Organization and International Standards Organization and others) in partnership with providers, patients and policy makers. Standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard. Accreditation visits provide a quantifiable evaluation of the region's work as it compares to standard criteria. Visits are also an opportunity for surveyors to discuss the organization's progress and to share their expertise with organization staff.

Ten surveyors traveled to 28 different facilities in the RHA and they assessed over 3,100 criteria in 22 standards across all program areas. This was the first year that the region was assessed on three Indigenous standards: primary care integration, community health and wellness, and substance use services. The evaluation of these standards included community consultations for feedback on the effectiveness of this work.

Interlake-Eastern RHA's survey week resulted in positive remarks from surveyors with encouraging feedback for all programs areas. Overall, Interlake-Eastern RHA achieved 93 per cent compliance with the criteria of the 22 standards. Over the next six to 18 months, the organization has the opportunity to address areas with required follow-up that included: client identification processes in emergency departments, medication reconciliation in community programs as well as medication management.

On August 23, 2023, Interlake-Eastern RHA received formal recognition from the Accreditation Canada Decision Committee of a successful visit with "Accredited" status under the Qmentum program. This report can be viewed online: <https://www.ierha.ca/files/IERHA-June-2023-Accreditation-Report.pdf>. IERHA's Board of Directors and leadership teams were briefed on the results and have been engaged in pursuing areas of suggested improvement.

This was the final regionally organized accreditation visit for Interlake-Eastern Regional Health Authority as the accreditation process with Accreditation Canada for all health-care service delivery organizations will now include Shared Health on a provincial level with regional support.

Acknowledging National Day for Truth and Reconciliation

Interlake-Eastern Regional Health Authority hosted a contest for youth aged 12 to 18 to submit original artwork they would like our staff members to wear as a pin in recognition of National Day for Truth and Reconciliation. Open to eligible family members of Interlake-Eastern RHA staff as well as eligible residents of Interlake-Eastern RHA, 42 original pieces of art were received for consideration via the contest. Interlake-Eastern RHA’s Board of Directors, regional leadership team, Indigenous Health Committee of the Board, Indigenous and Aging Population Strategic Steering Committee and health directors from First Nations communities in the region were requested to assist in selecting winners. Four designs were selected. Indigenous owned promotional companies (located in Ontario, British Columbia and Manitoba) were contacted for quotations to create the pins. The Manitoba vendor was selected and pins were distributed to staff in September. Winners were profiled in local community newspapers and in Interlake-Eastern RHA’s staff newsletter.

Winners of the 2023 National Day for Truth and Reconciliation Pin Contest

		<p>Artist Alivia, Gunton: The dreamcatcher gets rid of the bad dreams and lets in good dreams. The feathers are for strength as we remember all the children.</p>
		<p>Artist Bruno, Grosse Isle: The yellow is like the sun of a new day, and the heart shows love. Orange is to remember every child matters. The words mean I'm here to learn and be there for my family and friends.</p>
		<p>Artist Christina, Elma: My submission reflects the bond between a mother, the one who nurtures and cultivates life and the pure soul in her arms. . . and the grief that comes with the loss of our children that never returned home. The sweet grass represents the strength and the connection to the creator and all our relations; every child matters.</p>
		<p>Artist Emily, Oak Point: I was attempting to make the general public think of the Indigenous peoples—a dreamcatcher. It also represents their spirituality and how the Indigenous traditions and culture still thrive today, despite residential schools, in most families’ homes.</p>

Awards in 2023-2024

Chair's Award for Excellence in Customer Service

Staff nominated 21 of their colleagues for consideration for the Chair's Award for Excellence in Customer Service that recognizes those who repeatedly go above and beyond to reflect our vision, mission and value during the course of their work. Board chair, Michele Polinuk, visited staff in their workplace to present them with a personalized jacket from the region's online store that features the organization's values embroidered on the back.



Manager of health services, Clayton Fisher at Lac du Bonnet's personal care home is supportive and caring towards residents and staff, as well as being professional and knowledgeable.



Val Kozyra, administrative assistant (in middle of photo) at Rosewood Lodge Personal Care Home in Stonewall, approaches everyone with a calm, positive and helpful demeanor that is appreciated. At right is Margarete Moulden, manager health services at Rosewood Lodge, who nominated Val.



Licensed practical nurse Allison Maki (middle of photo) works at Lac du Bonnet Personal Care Home. A proponent of learning what is important to residents and engaging them through their interests, Allison started as a health-care aide. Debra Bilawka (left), recreation coordinator, nominated Allison.



Glenn Shymko, regional manager of facilities management and capital planning, goes out of his way to make things happen, even with short notice. He is reliable and capable in his behind-the-scenes work.

CEO Award for Community Leadership



Interlake-Eastern RHA CEO Marion Ellis recognized Suzanne Nicolas (pictured above), dean of nursing at Assiniboine College with the CEO Award for Community Leadership. The award recognized Nicolas' commitment to providing locally accessible education opportunities within the region.

Inaugural presentation of Interlake-Eastern RHA's Physician Emeritus Awards

Selkirk based physicians, Dr. Habtu Demsas and Dr. Richard Roland Lindenschmidt were the first practitioners in Interlake-Eastern RHA to receive the region's Physician Emeritus Award.

Dr. Charles Penner, Interlake-Eastern RHA's chief medical officer, presented the awards at the spring physician dinner attended by 45 physician colleagues and their spouses. Physicians comprising the regional medical advisory committee grant the award that recognizes physicians who are retired or have reduced their practice in preparation for retirement, and who demonstrate exemplary skills as recognized by their colleagues, community recognition and exemplification of the Interlake-Eastern RHA values.



Dr. Demsas practised for almost 45 years prior to retiring in October. Originally from Eritrea, he served the community of Selkirk for 35 years and was instrumental in starting the cancer outreach program 30 years ago. In 2009, he was awarded the Jack Armstrong Humanitarian award by Doctors Manitoba for outstanding contributions in the service of humanity.



Dr. Lindenschmidt practised in Selkirk for more than 40 years until his retirement in April. Colleagues who nominated him acknowledged his dependability, his exemplary bedside manner and his commitment to his patients.



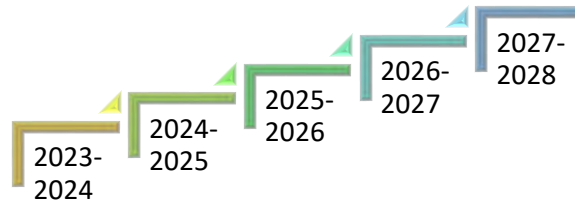
Interlake-Eastern RHA's physician recruiter, Pamela Robertson (at right), attended the family medicine resident retreat in Steinbach, September 22 to 24, along with Dr. Ian Alexander, who practises in Selkirk, to promote practice opportunities in the region. Over 100 residents attended the event that Interlake-Eastern RHA will be hosting in 2024 in Gimli.

Investments in Physician Recruitment and Retention

April 25, 2023	Dr. Shelley Anderson, the Physician Health and Wellness Medical Lead for Doctors Manitoba, was guest speaker at the annual spring physician dinner. Her presentation centred on “Navigating a Path to Well-being”.
May 29 to June 2, 2023	We welcomed 19 first-year medical students to experience rural practice and lifestyles in eight communities in the region during Rural Week.
May to August	Home for the Summer offered in partnership with Shared Health is formally recognized as an “early exposure” by University of Manitoba, forming part of the students’ medical training. Eight first- and second-year medical students were placed in seven communities in the region.
September 22, 23 and 24	2023 Family Medicine Resident Retreat hosted by the Southern Regional Health Authority in Steinbach
February 1, 2024	Annual Medical Student Resident Dinner

French Language Services

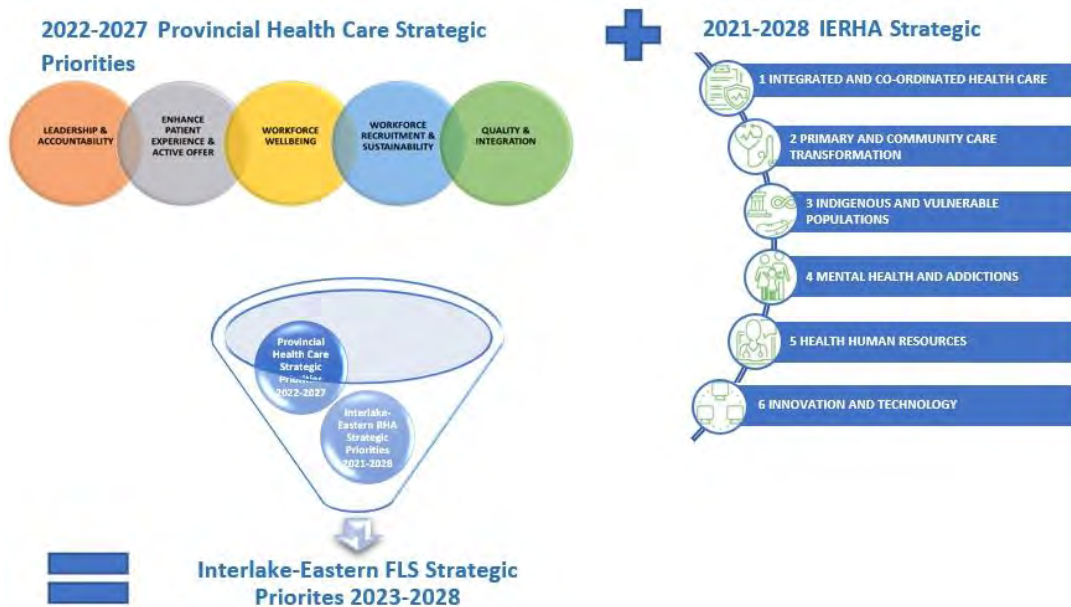
French Language Services - Setting the course for the next 5 years...



2023 was the inaugural year of our newest multi-year strategic plan for French Language Services.

Framework for Implementation

The 2023-2028 IERHA FLS plan follows the same five strategic directions outlined in the **2022-2027 Provincial Health Care Strategic French Language Services Plan** (<https://sharedhealthmb.ca/files/fh-provincial-fls-strategic-plan-2022-27.pdf>). It simultaneously integrates the strategic directions of the **2021-2028 Interlake-Eastern Regional Health Authority Strategic Plan** (<https://www.ierha.ca/about-us/community-involvement/strategic-plan/>). The result is a plan that fits within the Provincial FLS context, maintains the overall strategic priorities of the Interlake-Eastern Region, and strives for improved health services and outcomes.



2023-2028 IERHA French Language Services Plan Progress Summary



eEquity Link (<https://equity-link.ca/en/>) is a platform that supports health-care managers to implement French language health services. This was added to the StaffNet active offer page as a resource. eEquity Link will be included in the manager’s onboarding package as training tool for managers.

OZi is a data collection tool that assists to reinforce organizational best practices and objectives for French Language Services. An impressive 87.5% managers responsible for the delivery of French Language Services submitted reports for 2022-2023. Next steps include getting the final report translated and presenting results for both 2022-2023 & 2023-2024 to leadership.



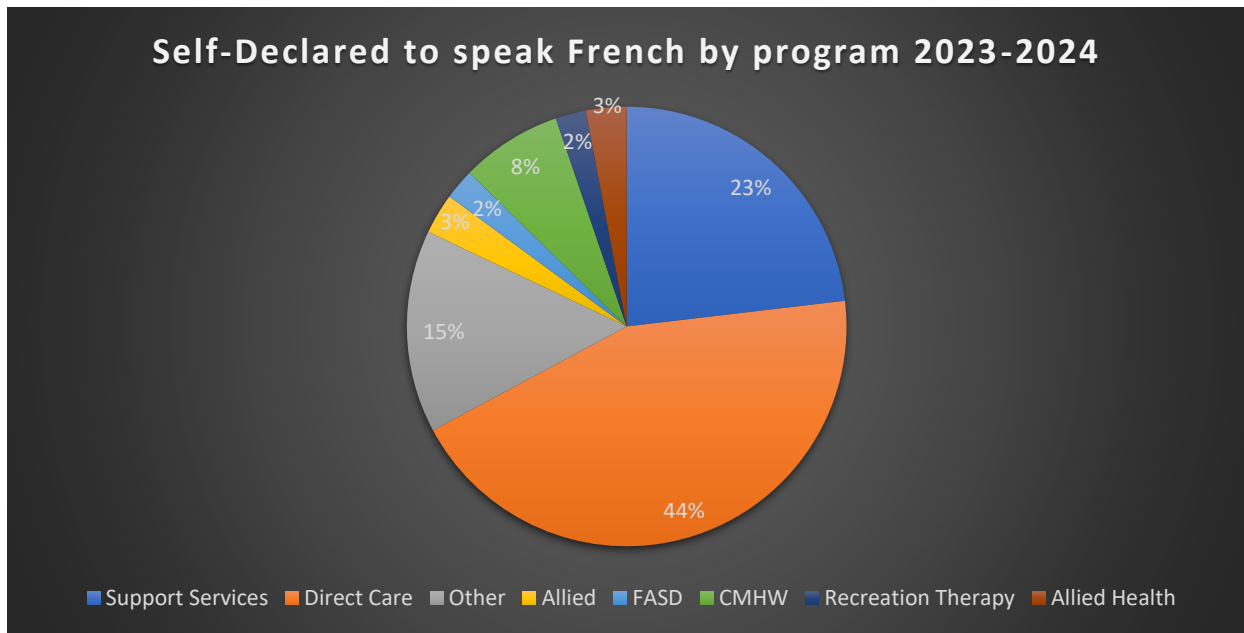
Active Offer – We all have an active role to play! Our StaffNet Active Offer page is geared to support staff with resources to deliver the active offer of French Languages Services in the workplace, which in turn enhances the patient’s experience.

Active Offer training is provided for staff through our Learning Management System. 1,124 out of 3,264 (34%) current employees have taken Active Offer training. A refresh of the Active Offer training has been undertaken and the new training will be launched in fall 2024. A province-wide promotional campaign will accompany the launch as we continue to increase the number of employees trained.

A variety of language resources are available to staff. Some examples include:

- ❖ French/English cue cards
- ❖ **LexiGo Santé** (<https://santeenfrancais.com/en/lexigo-sante-useful-sentences/>) – a pocket sized booklet of useful sentences, in English and French, created by Santé en français for health professionals. Promoted regularly and distributed on request.

- ❖ French speaking staff list – Employees can quickly find a co-worker who speaks French by consulting the **French Speaking Staff by Facility List** that is available on Document Central. *See below for the distribution of French speaking staff by program.*



The pie-chart above provides a snapshot of where our self-declared bilingual employees are located by program. French-speaking employees do not necessarily occupy a designated position. Self-declaration is an informal process implemented in 2016 to capture yearly the approximate number of bilingual French/English employees working within the IERHA. Employees names/worksites are available on Document Central. This list is reconciled yearly.

Website translation: A total of 166 webpages are scheduled to be translated, 80 of which were identified as priority pages. Priority pages include programs & services; system navigation and health information, with Mental Health being the greatest priority. The target for 2023-2024 was 75% completion of priority pages. A total of 66 priority pages (82.5%) were translated, posted and their maintenance process implemented, including all of the Mental Health program pages.

3. WORKFORCE WELLBEING

Partnered to help employees overcome Linguistic Insecurity: IERHA partnered with the provincial Francophone Health Coordinators Network to develop *Différence en français*, a website designed to help health-care workers gain more confidence in using their French

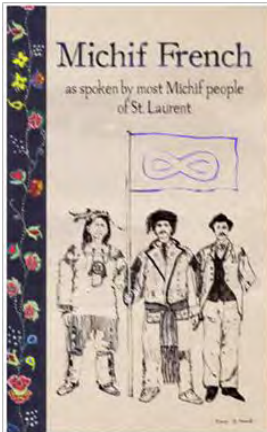
language skills, as well as a gain a greater appreciation of why it's so worthwhile to make the Active Offer of French Language Services.

Cultural Corner | Coin Culturel launched on StaffNet May 2023!

The Cultural Corner/Coin Culturel is an online community curated by staff for staff. It is a space which:

- Contains content about the Francophone and Franco-Métis populations within our region
- Allows staff to contribute French language cultural content that is meaningful to them
- Promotes Francophone cultural events

Highlights of some contributions shared on the Cultural Corner/ Coin culturel page: an employee's recipe for French-style pea soup; a bilingual Michif French dictionary; a family's experience visiting the musée de St. Boniface; and a contribution from an employee's sons of a song for Terry Fox Day- *La Persévérance*.



One of the resources shared in the Coin culturel: Michif French-As spoken by most Michif people of St Laurent, created by Lorraine Coutu-Lavallee, June Bruce, and Agathe Chartrand - Elders, Grandmothers, and Knowledge Keepers, known to many as the "Dictionary Ladies" of St. Laurent.



Janna Buors & family taking advantage of the free Thursday evening tours at the St. Boniface Museum! As a Primary Care Receptionist, you can find Janna at the St. Laurent Community Health Centre!



Human Resources implemented bi-weekly team meetings to increase networking within the team. French Language Services is part of the HR team and participates regularly in the meetings.

Vitalité Santé: The IERHA is indicated its interest to partner on this new and innovative project. The goal of Vitalité Santé, which is funded by Société Santé en français under the stewardship of Réseau Compassion Network until March 2028, is to advance equitable access to health and social services for Francophone Manitobans by promoting the recruitment and retention of French speaking providers into positions where they are needed most.



In order to better understand the needs of our Francophone residents, Interlake-Eastern continues to partner with Digital health, Santé en français and the MB Francophone Health Coordinators Network on the expansion and refining of FLS indicators and data collection at intake.

FLS also flagged the need to review our internal process for capturing language questions in IERHA’s EMR best practice and connected with Digital Health for follow up.

In 2023-2024 French Language Services consulted with Quality, Planning and Accreditation to guide us towards the implementation of Communication in Minority Language Situations Standard.

Report on Regional Bilingual Staffing for the Interlake-Eastern RHA as of March 31, 2024

<i>Number of designated bilingual positions</i>	43 positions with total FTE of 31.55
<i>Number of designated bilingual positions filled with bilingual incumbents</i>	9 positions with total FTE of 6.8
<i>Number of designated positions filled with non-bilingual incumbents</i>	19 positions with total FTE of 14.7
<i>Number of vacant designated positions</i>	15 positions with total FTE of 10.06
<i>Number of non-designated positions filled with bilingual incumbents</i>	93 positions with total FTE of 70.17
<i>Total bilingual capacity (bilingual incumbents in designated and non-designated positions)</i>	102 positions with total FTE of 76.97
<i>Number of bilingual casuals</i>	36

Capital Planning

Selkirk Regional Health Centre: a new building addition to provide 30 new inpatient beds and renovations to the existing emergency department (ED) to provide three additional treatment spaces and an expanded waiting room. The project includes relocation of the physician lounge to enable future expansion of diagnostic imaging department and an increase to the lab space to support improved operations.

- Emergency department external waiting room expansion completed
 - Three net new emergency department treatment spaces operationalized March 15, 2024
- Net new 30 inpatient beds for medicine on track to operationalizing in September 2024
 - Med 3: 18 beds – first patient day September 3, 2024
 - Med 4: 12 beds – first patient day November 4, 2024



Ashern Lakeshore General Hospital: a new 26 bed building addition to provide 12 new inpatient beds. Renovations to the existing emergency department (ED) to provide eight additional treatment spaces. The project includes new rehabilitation space, palliative care space, spiritual care space, family room space, bariatric room space and a new medication automated distribution system.

- Net new 12 inpatient beds
 - first patient day for new 26 bed inpatient unit February 2025
- Construction renovation of new emergency department space in old 14 bed hospital space February 2025
 - First patient day in new emergency department space September 2025



The Health System Governance and Accountability Act

Sections 51.4(1): The employment contract of the Interlake-Eastern RHA CEO incorporates terms and conditions established by the Minister of Health, Seniors and Long-term Care.

Section 23 (2c): Interlake-Eastern RHA's strategic plan is posted on www.ierha.ca under "About Us" and then "Publications and Reports."

Sections 23.1 and 54: Interlake-Eastern RHA's most recent accreditation reports are posted on www.ierha.ca under "About Us" and then "Publications and Reports." These reports are updated as they become available.

Sections 51.4 and 51.5: Interlake-Eastern RHA's Board of Directors have noted in their policies the hiring restrictions noted in the Act.

Public Sector Compensation Disclosure

In compliance with The Public Sector Compensation Disclosure Act of Manitoba, interested parties may obtain copies of the Interlake-Eastern RHA public sector compensation disclosure, which has been prepared for the purpose and certified by its auditor to be correct and contains the annual amount of compensation to officers and employees whose compensation is \$85,000 or more. This information is available online at www.ierha.ca under "About Us" and then "Publications and Reports."

The Public Interest Disclosure (Whistleblower Protection) Act

From April 1, 2023, to March 31, 2024, no disclosures were reported in Interlake-Eastern RHA under The Public Interest Disclosure (Whistleblower Protection) Act. This Act gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

Employees of the Interlake-Eastern Regional Health Authority have a clear process for disclosing concerns of significant and serious matters. All disclosures receive careful and thorough review to determine if action is required under the Act and must be reported in the health authority annual report in accordance with Section 18 of the Act.

As per subsection 18 (2a): The number of disclosures received and the number acted on and not acted on need to be reported. **No disclosures were received and no action was required.**

As per subsection 18 (2b): The number of investigations commenced as a result of a disclosure must be reported. **No investigations commenced.**

As per subsection 18 (2c): In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing or the reasons why no corrective action was taken must be reported. **No investigations commenced.**



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Winnipeg MB R3B 3K6 Canada

Independent Auditor's Report on the Summary Consolidated Financial Statements

To the Board of Directors of Interlake-Eastern Regional Health Authority

Opinion

The summary consolidated financial statements, which comprise the summary consolidated statement of financial position as at March 31, 2024, and the summary consolidated statement of operations for the year then ended, and related notes, are derived from the audited consolidated financial statements of Interlake-Eastern Regional Health Authority (the Authority) for the year ended March 31, 2024.

In our opinion, the accompanying summary consolidated financial statements are a fair summary of the audited consolidated financial statements, in accordance with the criteria disclosed in the Note to the summary consolidated financial statements.

Summary Consolidated Financial Statements

The summary consolidated financial statements do not contain all the disclosures required by Canadian public sector accounting standards. **Reading the summary consolidated financial statements and the auditor's report thereon, therefore, is not a substitute for reading the Authority's audited consolidated financial statements and the auditor's report thereon.**

The Audited Consolidated Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited consolidated financial statements in our report dated June 20, 2024.

Management's Responsibility for the Summary Consolidated Financial Statements

Management is responsible for the preparation of the summary consolidated financial statements in accordance with the criteria disclosed in the Note to the summary consolidated financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary consolidated financial statements are a fair summary of the audited consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, Engagements to Report on Summary Financial Statements.

BDO Canada LLP

Chartered Professional Accountants

Winnipeg, Manitoba
June 20, 2024

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INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY
Summary Consolidated Statement of Financial Position

March 31	2024	2023
Financial Assets		
Cash and cash equivalents	\$ 3,668,104	\$ 11,570,567
Accounts receivable	19,675,000	7,347,709
Vacation entitlements receivable	4,932,130	4,932,130
Retirement obligations receivable	4,052,462	4,052,462
	32,327,696	27,902,868
Liabilities		
Accounts payable and accrued liabilities	20,121,142	15,512,659
Accrued vacation entitlements	11,239,729	10,724,863
Accrued retirement obligations	13,261,438	12,926,171
Sick leave liability	2,164,605	2,263,518
Long-term debt	226,048,827	176,688,588
Unearned revenue	4,653,432	5,399,515
Asset retirement obligations	11,630,950	13,405,524
	289,120,123	236,920,838
Net debt	(256,792,427)	(209,017,970)
Non Financial Assets		
Tangible capital assets	256,588,606	209,112,160
Inventories	1,056,568	1,120,123
Prepaid expenses	507,953	469,002
	258,153,127	210,701,285
Commitments and contingencies		
Accumulated surplus	\$ 1,360,700	\$ 1,683,315

Approved on behalf of the Board of Directors:

	Director
	Director

INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY

Summary Consolidated Statement of Operations

For the year ended March 31

				2024	2023
	Budget	Operations	Capital	Total	Total
Revenue					
Manitoba Health operating income	\$239,570,640	\$252,519,475	\$19,256,580	\$271,776,055	\$246,413,862
Other Province of Manitoba operating income	13,813,415	13,912,584	-	13,912,584	12,288,320
Patient and resident income	13,856,963	14,017,133	-	14,017,133	13,402,407
Investment income	415,000	981,580	-	981,580	666,038
Other income	4,928,256	7,816,363	15,493	7,831,856	7,483,193
Recognition of unearned revenue	7,038	7,038	389,106	396,144	309,148
	272,591,312	289,254,173	19,661,179	308,915,352	280,562,968
Expenses					
Acute care	92,351,285	110,489,241	299,940	110,789,181	100,213,075
Amortization	12,750,917	-	12,627,962	12,627,962	12,055,650
Accretion of asset retirement obligations	-	-	703,132	703,132	526,310
Community health	24,538,087	26,315,622	47,186	26,362,808	22,795,500
Home-based care	40,031,757	41,465,338	-	41,465,338	35,975,730
Interest expense	5,538,600	-	5,896,513	5,896,513	5,919,424
Long-term care	56,868,333	69,090,238	261,032	69,351,270	66,310,874
Medical remuneration	17,353,662	16,995,710	-	16,995,710	15,214,855
Mental health services	11,087,300	11,836,674	-	11,836,674	9,579,395
Northern patient transportation	186,437	371,653	-	371,653	225,671
Regional undistributed expenses	13,738,412	12,840,380	40,603	12,880,983	14,236,853
	274,444,790	289,404,856	19,876,368	309,281,224	283,053,337
Annual deficit before non-insured services and other item	(1,853,478)	(150,683)	(215,189)	(365,872)	(2,490,369)
Non-insured Services					
Ancillary income	497,700	467,325	-	467,325	466,440
Ancillary expenses	(370,168)	(423,277)	(791)	(424,068)	(354,361)
	127,532	44,048	(791)	43,257	112,079
Annual deficit before other item	(1,725,946)	(106,635)	(215,980)	(322,615)	(2,378,290)
Other item					
Restructuring gain	-	-	-	-	376,069
Annual deficit	(1,725,946)	(106,635)	(215,980)	(322,615)	(2,002,221)
Accumulated surplus, beginning of year				1,683,315	3,685,536
Accumulated surplus, end of year				\$1,360,700	\$1,683,315

INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY

Note to Summary Consolidated Financial Statements

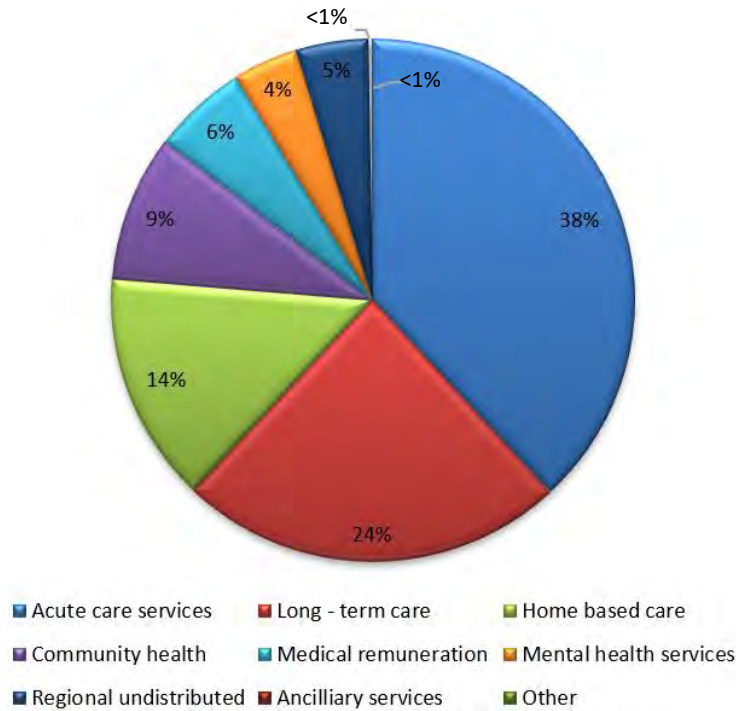
For the year ended March 31 , 2024

Basis of Presentation

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

Copies of the audited consolidated financial statements for the year ended March 31 , 2024 and the Schedule of Compensation for the year ended December 31 , 2023 may be obtained from the Interlake-Eastern Regional Health Authority by calling 1-204-785-4700 or 1-855-347-8500. The consolidated financial statements are posted on the Interlake-Eastern Regional Health Authority website at www.ierha.ca under "About Us" and "Publications and Reports".

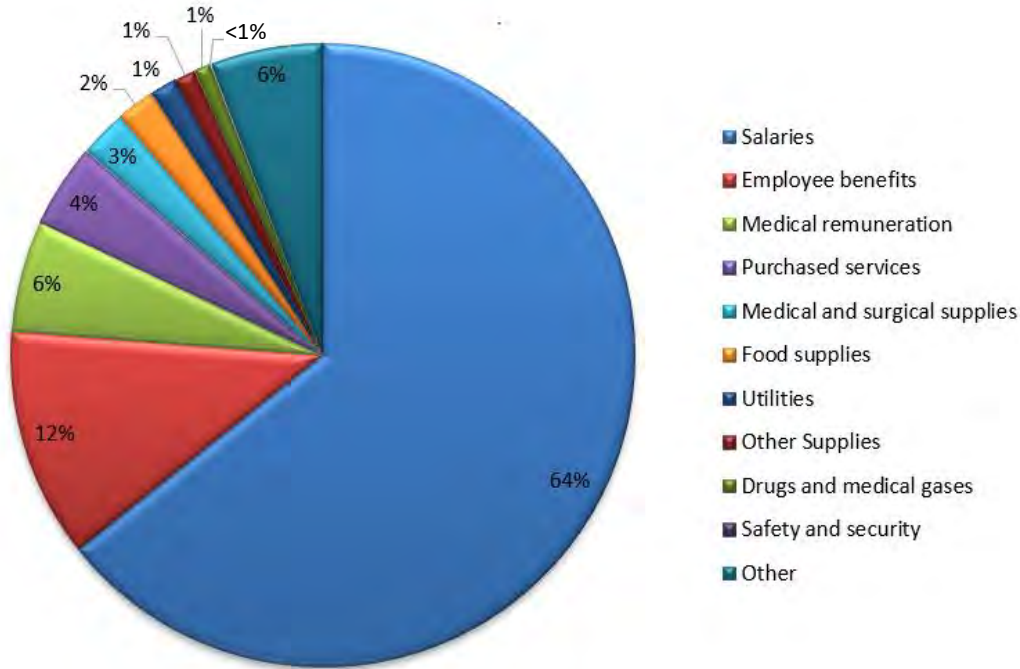
Expenses by Program



For the year ended March 31

	2024	2023
Acute care services	\$ 110,789,181	\$ 100,213,075
Long - term care	69,351,270	66,310,874
Home based care	41,465,338	35,975,730
Community health	26,362,808	22,795,500
Medical remuneration	16,995,710	15,214,855
Mental health services	11,836,674	9,579,395
Regional undistributed	12,880,983	14,236,853
Ancillary services	424,068	354,361
Other	371,653	225,671
Total expenses before amortization, interest, and accretion	290,477,685	264,906,314
Amortization of tangible capital assets	12,627,962	12,055,650
Interest	5,896,513	5,919,424
Accretion of asset retirement obligations	703,132	526,310
Total expenses	\$ 309,705,292	\$ 283,407,698

Expenses by Type



For the year ended March 31

	2024	2023
Salaries	\$ 186,782,448	\$ 164,096,051
Employee benefits	34,616,621	31,706,084
Medical remuneration	16,762,573	14,879,425
Other expenses	16,892,620	14,302,189
Purchased services	12,574,207	10,655,387
Medical surgical supplies	7,159,322	6,235,436
Food costs	5,778,236	5,188,361
COVID-19	-	8,242,091
Utilities	4,018,870	4,185,332
Other supplies	3,190,923	2,749,665
Drug costs	2,445,680	2,383,194
Safety and security	255,395	282,308
Total expenses before amortization, interest, and accretion	290,476,895	264,905,523
Amortization of tangible capital assets	12,628,752	12,056,441
Interest	5,896,513	5,919,424
Accretion of asset retirement obligations	703,132	526,310
Total expenses	\$ 309,705,292	\$ 283,407,698

ADMINISTRATIVE COST REPORTING

Administrative Costs

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. Interlake-Eastern RHA adheres to these coding guidelines.

Administrative costs as defined by CIHI, include:

Corporate functions including: Acute, Long Term Care and Community Administration; General Administration and Executive Costs; Board of Trustees; Planning and Development; Community Health Assessment; Risk Management; Internal Audit; Finance and Accounting; Communications; Telecommunications; and Mail Service

Patient Care-Related costs including: Patient Relations; Quality Assurance; Accreditation; Utilization Management; and Infection Control

Human Resources & Recruitment costs including: Personnel Records; Recruitment and Retention (general, physicians, nurses and staff); Labour Relations; Employee Compensation and Benefits Management; Employee Health and Assistance Programs; Occupational Health and Safety

Administrative Cost Percentage Indicator

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) also adheres to CIHI guidelines.

Figures presented are based on data available at time of publication. Restatements, if required to reflect final data or changes in the CIHI definition, will be made in the subsequent year.

Provincial Health System Administrative Costs and Percentages

2023/24

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	2.76%	0.97%	1.64%	5.37%
Northern Regional Health Authority	3.42%	1.10%	0.98%	5.50%
Prairie Mountain Health	2.36%	0.42%	0.83%	3.61%
Southern Health Santé-Sud	2.49%	0.46%	1.11%	4.06%
CancerCare Manitoba	1.73%	0.72%	0.54%	2.99%
Winnipeg Regional Health Authority	3.12%	0.63%	1.04%	4.79%
Shared Health	3.12%	0.81%	1.43%	5.36%
Provincial - Percent	2.93%	0.70%	1.16%	4.79%
Provincial - Totals	\$ 188,423,034	\$ 44,691,858	\$ 74,480,820	\$ 307,595,712

2022/23

REGION	Corporate	Patient-Care Related	Human Resources & Recruitment	Total Administration
Interlake-Eastern Regional Health Authority	3.12%	0.77%	1.83%	5.72%
Northern Regional Health Authority	3.51%	0.99%	1.20%	5.70%
Prairie Mountain Health	2.71%	0.37%	0.77%	3.85%
Southern Health Santé-Sud	2.96%	0.26%	1.16%	4.38%
CancerCare Manitoba	2.05%	0.61%	0.60%	3.26%
Winnipeg Regional Health Authority*	3.06%	0.59%	0.94%	4.59%
Shared Health*	4.02%	0.86%	1.32%	6.20%
Provincial - Percent	3.31%	0.66%	1.10%	5.07%
Provincial - Totals	\$ 196,062,268	\$ 38,809,780	\$ 65,324,313	\$ 300,196,361

* 2022/23 has been restated for Winnipeg Regional Health Authority and Shared Health for comparative purposes. In 2022/23, WRHA and SH recorded substantial gains/losses for assets transferred from Winnipeg Regional Health Authority to Shared Health. Without the adjustment, total administration was reported last year at 3.90% for WRHA and 7.77% for Shared Health.

Interlake-Eastern Administrative Costs

For Year to Date Ending:	Mar-24		Mar-23	
	\$	%	\$	%
Corporate	8,355,037	2.76%	8,637,565	3.12%
Patient care related costs	2,927,517	0.97%	2,138,093	0.77%
Recruitment/Human Resources related costs	4,973,792	1.64%	5,074,184	1.83%
TOTAL Administrative costs	16,256,345	5.37%	15,849,842	5.72%

Total RHAs/SDO Administration Costs

For Year to Date Ending:	Mar-24		Mar-23	
	\$	%	\$	%
Corporate	188,423,034	2.93%	196,062,268	3.31%
Patient care related costs	44,691,858	0.70%	38,809,780	0.66%
Recruitment/Human Resources related costs	74,480,820	1.16%	65,324,313	1.10%
TOTAL Administrative costs	307,595,712	4.79%	300,196,361	5.07%



Interlake Eastern Health Foundation (IEHF) is dedicated to advancing the health and well-being of our community through collaboration with stakeholders to foster innovative solutions

In 2023-2024, IEHF proudly developed and launched our first strategic plan, *Supporting Care and Community – The Path Forward*. The plan highlights our values and confirms our commitment to improving processes, increasing awareness, and increasing fundraising in support of our vision: equitable access to care close to home and enhanced quality of life for all residents.

This plan will guide our efforts over the coming years, ensuring that our initiatives align with the needs of those we serve. As part of the first year of implementation, we introduced a new logo and branding, revamped our website, streamlined our processes, and rolled out a new marketing and communication plan. We've also connected with our communities by touring facilities, meeting with dedicated and engaged with many of the remarkable community members who support our mission.

Thanks to the generosity of our community, over \$344,000 was invested into specialized equipment, facility improvements, programs, and staff training initiatives. These investments are enhancing the quality of care and services available in our region.

IEHF proudly supports and administers the IERHA \$5 Club, a charitable giving program where employees and Board members commit to donating \$5 every payday. Each year, staff submit and vote on recommendations for community programs to receive funding. This year, the \$5 Club contributed \$24,500 to programs in our communities!

To learn more about IEHF and how you can get involved, please visit www.iehf.ca.



2024 Cheque Presentations
Clockwise from bottom left:
Interlake Women's Resource
Centre; Selkirk Rotary Club
Camp Stepping Stones;
Evergreen Basic Needs



Five Dollar Club
Interlake-Eastern Regional Health Authority

Fiscal Year 2023-24 Accomplishments

Interlake-Eastern RHA’s overview of completed and in-progress achievements for 2023-24, as well as future direction on strategic areas of focus.

PRIMARY AND COMMUNITY CARE

Enhance Patient Flow with Improved Integration among programs and systems

Interlake-Eastern RHA continues to build pathways to safely redirect low-acuity patients to appropriate care environments in primary care for timely access to care.

Summary of activity and progress	Results	Future directions
Implement client-directed community care, navigation services for seniors and community supportive living initiatives within the Manitoba Senior Strategy	A senior services navigator position was created and filled in October 2023 as part of the Provincial Seniors Strategy ⁸ . This position oversees Interlake-Eastern RHA senior resource programming, and works with grant funded community agencies to deliver programs and services for healthy aging and independent living. Services to seniors programs are promoted through partnerships with internal and external stakeholders and community grant funded agency relationships are strengthened with enhanced collaboration, support, and education.	Complete a regional environmental scan and compile a database of seniors services to highlight resources available in communities and identify service and resource gaps

⁸ Manitoba, A Great Place to Age: Provincial Seniors Strategy, February 2023, https://gov.mb.ca/seniors/docs/seniors_strategy_2023.pdf, accessed August 11, 2024.

Summary of activity and progress	Results	Future directions
<p>Identify service gaps that can be addressed in partnership with communities and/or identify successful programs that can be implemented.</p>	<p>As part of a Home for the Summer Interdisciplinary Team project, three students (dietitian, occupational therapy, nursing) conducted a comparative gap analysis of available resources in Ashern and Stonewall that support individuals with frailty related to housing transportation, access to food, etc.</p>	<p>Work with services to seniors navigator to analyze report and make recommendations to address gaps with other key stakeholders.</p>
	<p>A cross program transitional care unit proposal and steering committee have been established to conduct a feasibility/needs assessment and develop a plan to open a transitional care unit for alternate level of care patients who are medically stable and waiting for a personal care home bed or supportive housing.</p>	<p>A 15 bed transitional care unit is projected to open at 100 Easton Drive in Selkirk, Manitoba in summer 2024.</p>
	<p>Seven day per week therapy services, including occupational therapy, physiotherapy, and rehab with support of assistants was implemented at Selkirk Regional Health Centre in October 2023.</p>	<p>Evaluation of service delivery extension through analysis of new referrals, assessments, and awaiting alternative level of care data related to allied health.</p>

Summary of activity and progress	Results	Future directions
	<p>Extensive collaboration among Manitoba Association of Senior Communities and Interlake-Eastern RHA's primary care team has seen the establishment of a services to seniors navigator position to roll out social prescribing, a new initiative to connect primary care providers with local community resource offices to link clients to healthy aging programs and services.</p>	<p>Implement social prescribing processes throughout the region.</p>

Redesign care teams to better address primary care needs

Summary of activity and progress	Results	Future directions
<p>Continue to increase the number of nurse practitioners serving rural and remote communities</p>	<p>Through the nurse practitioner float pool, 86 in person and virtual shifts have been worked in Interlake-Eastern RHA. There has been a focus on supporting underserved communities in the region's northwest with this primary care.</p>	<p>We will continue to recruit nurse practitioners when funding is available to support communities with primary care service delivery gaps with a focus on nurse practitioners with roots in our region.</p>

Summary of activity and progress	Results	Future directions
	Nurse practitioner FTE was added/ increased in Fisher Branch, Eriksdale, Ashern, and Selkirk. As of March 2024, Interlake-Eastern RHA has 19.2 nurse practitioner FTE throughout the region compared to 16.7 FTE in March 2023.	We will actively recruit registered nurses who are enrolled in the nurse practitioner program.
Increase access to primary care	Extended hours primary care clinics have been offered in Arborg, Beausejour and Pine Falls.	We will extend episodic primary care services in 2024 to include summer weekend walk in clinics in Winnipeg Beach and Grand Marais.
	In response to a physician departure from Sagkeeng First Nation, a complex medicine management clinic was established at Pine Falls Primary Care Clinic.	Will maintain this clinic if evaluation identifies it is successfully increasing access to care.
	Starting October 2023, a women's health physician has been providing care in Lake Manitoba First Nation two days per month and in Ashern one day per month	We will add women's health physician to Sagkeeng First Nation one day/week.
	The Ashern Hodgson & Area My Health Team (MyHT), Manitoba's only Indigenous led MyHT, expanded its service area to include Peguis First Nation.	Continue to expand and add additional clinicians according to community need and available funding increments as defined by Manitoba Health.
	There have been 60 additional First Nation primary care provider visits in 2023/24 compared to the previous year.	We will continue to increase primary care provider visits to First Nation communities utilizing a health equity approach.

Summary of activity and progress	Results	Future directions
	<p>The MyHT increased mental health worker support from 2.0 FTE to 3.6 FTE. This MyHT provides mental health services to Ashern, Eriksdale, Pinaymootang, Lake Manitoba, Hodgson, Peguis, and surrounding areas.</p>	<p>As above.</p>
<p>Support tobacco cessation</p>	<p>Primary care chronic disease nurses (CDN) have completed certified tobacco educator (CTE) training; there are currently 15 CTEs in the region.</p> <p>151 tobacco quit cards have been distributed by the CDNs; the tobacco quit cards are redeemable at Manitoba pharmacies to receive up to \$300 of nicotine replacement therapy.</p>	<p>Will continue to provide the supporting resources to all communities.</p>

Enhance STBBI case and contact management plan for epidemic control

Communicable Diseases (including STBBIs) remain a significant concern in Manitoba. Testing is critical to reduce the risk of long-term health effects from sexually transmitted blood borne infections (STBBI) and to prevent their continued transmission. Widespread transmission of sexually transmitted and blood-borne infections (STBBIs) disproportionately impact marginalized populations.⁹ Sexually transmitted infections (STIs) are the most common infectious diseases of public health importance in North America. They are infections that are spread primarily through person-to-person sexual contact. The second major route of transmission for some STIs is blood-to-blood contact, such as that which occurs when sharing needles among injection drug users. They can also be transmitted from mother to child during pregnancy and childbirth.¹⁰

Summary of activity and progress	Results	Future directions
IERHA public health has a longstanding relationship in visiting the Milner Ridge Correctional Facility. STBBI testing (gonorrhoea, chlamydia, syphilis, HIV and hepatitis C) has always occurred in the facility but more recently this work has focused on offering testing to more people in a shorter period of time. Testing blitzes of Milner Ridge inmates has been occurring for two years.	October 2023 testing: 5.9% positive April 2024 testing: 9.1% positive Increased work efficiencies helped us reduce nursing time by 10 per cent between the two clinics. In April, 2.3% more inmates were tested despite 78 fewer nursing hours invested.	We will continue to implement targeted strategies as required to address and mitigate/decrease infection rates.
Continue internal funding of six public health nurse positions that offer STBBI testing and treatment for all residents, including hard-to-reach individuals.	Monitor percentage of infectious syphilis cases documented in the Public Health Information Management System	Reduce instances of syphilis by ensuring ongoing access to testing Continue to monitor and address STBBI rates throughout the region

⁹ Nickel NC, C.M., McDonald N, Sarkar J, Dragan R, McCulloch S, Burchill C, Reimer J, Green C, Jones J, Sanguins J., Methamphetamine Use in Manitoba: A Linked Administrative Data Study. , Manitoba Centre for Health Policy, Editor. Autumn 2020: Winnipeg, Manitoba as noted in the Chief Provincial Public Health Officer’s Report on the Health Status of Manitobans 2022: Healthy Communities: A Role for Everyone.

¹⁰ Government of Manitoba, Epidemiology and Surveillance, Sexually Transmitted and Blood-Borne Infections (STBBI) Surveillance Report, Accessed August 12, 2024. Available at: <https://www.gov.mb.ca/health/publichealth/surveillance/stbbi/index.html>

Return school based immunization rates to pre-pandemic baseline by Spring 2024

Immunizations captured within the Manitoba Routine Immunization schedule are available to all Manitobans free of cost. Providing school immunizations in Grade 6 and 8 in private and public schools and in public health offices allows all students, regardless of where they live in IERHA, to be offered these vaccines. Public health nurses and school immunization planners regularly attend school immunization clinics in the fall and spring of each school year to offer school immunizations as per the Manitoba recommended immunization schedule. Routine immunization programs, including school-based programs, were postponed to prioritize COVID-19 vaccination. Public health teams have been partnering with school division staff to review students' immunization records and offer any missing immunizations to students who are eligible based on provincial recommended vaccination schedules. Increasing school immunization rates is an ongoing process, regaining the public's vaccine confidence is an ongoing challenge.

Summary of activity and progress	Results	Future directions
<p>School immunization rates are monitored at least twice yearly and strategies implemented to assist with increasing those rates.</p> <p>Partnering with schools, school divisions and communities to offer immunization opportunities that work for all families.</p> <p>Partnering with medical clinics and pharmacies within and outside of IERHA to offer education and assistance to note and correct immunization documentation errors noted in the Public Health Information Management System (PHIMS).</p>	<p>Catch up immunizations provided: 2019/2020- 495 2020/2021-1042* 2021/2022-1877* 2022/2023-710 2023/2024- 544</p> <p>*Catch-up immunizations delivered from 2020 to 2022 were higher due to disrupted school immunization campaigns from pandemic closures starting in 2020.</p> <p>Immunization rates are not yet at pre-pandemic levels for all school immunizations, however this year's rates are higher than the year previous.</p>	<p>Continue to improve immunization rates in both the school and early childhood routine vaccines.</p> <p>Continue to educate the public about the value of vaccinations to individuals and population health</p>

Contribute to reducing wait times for surgery

Summary of activity and progress	Results	Future directions
Endoscopy expansion continues to provide an increase in the number for slates for this procedure at Selkirk Regional Health Centre and Beausejour Health Centre.	See table below	Funding sources were provincial and this surgical expansion is now part of the regional annual operating plan.
Cystoscopy expansion provides an increase in the number of slates for this procedure at Selkirk Regional Health Centre	<p>From June 2023 when cystoscopies started to March 31, 2024, 427 procedures were performed.</p> <p>It is difficult to establish an accurate reflection of the increased number of surgeries on the provincial waitlist as waitlist(s) are not yet managed centrally.</p>	Funding sources were provincial and this surgical expansion is now part of the regional annual operating plan.

Endoscopy procedures performed in Interlake-Eastern Regional Health Authority

Location	2022-23	2023-24
Selkirk Regional Health Centre	3,410	5,673
Beausejour Health Centre	2,432	2,598
Total	5,842	8, 271

Expand Manitoba’s pain care program with a new pain care clinic at Selkirk Regional Health Centre

Selkirk’s pain care clinic is an extension of the Manitoba Pain Care Program. It is part of a network that includes clinics in Winnipeg’s Pan Am Clinic and Health Sciences Centre, and Brandon and Thompson.

The addition of the Selkirk clinic to the provincial network provides a much-needed increase in service to Manitobans who suffer from chronic and complex pain issues. The clinic in Selkirk treats underserved populations in the region closer to home. Prior to the addition of Selkirk to the provincial pain care network, residents of the region who required pain care needed to travel to Winnipeg, Brandon or Thompson for care. This is an important part of a service strategy to help rural communities shift from pain medication prescriptions to alternate care options. Patients can access the Manitoba Pain Care Program through a referral by their care provider. All clinic referrals are triaged and prioritized for appointments.

Summary of activity and progress	Results	Future directions
<p>The pain care clinic was established and has been operational since November 2023. It required:</p> <ul style="list-style-type: none"> – new staffing models, resources, equipment (including a new C-arm fluoroscopic X-ray system) and processes to ensure success. – a team is comprised of 4 anesthesiologists; 1 full time nurse clinician; 1 half time nurse clinician; 2 full time unit assistants; 1 half time unit assistant; 1 full time physiotherapist – collaboration across the province to ensure practitioners were aware of the new clinic and referring patients to Selkirk if it was more convenient for them. 	<p>As of March 31, 2024, the pain care clinic has:</p> <p>422 new IERHA patients from both the Health Sciences Centre wait list (some patients had been on wait list for up to 3 years) as well as new referrals from physicians within Interlake-Eastern RHA</p> <p>Performed 395 procedures</p> <p>At present, new consults are seen within 3 months.</p> <p>The list of patients waiting to be assessed at the Selkirk Regional Health Centre pain care clinic has been eliminated.</p>	<p>Funding sources were provincial and this surgical expansion is now part of the regional annual operating plan.</p>

Provide clinical cancer care closer to home

Overall cancer incidence for Interlake-Eastern residents has increased from 509.2 to 511.8 per 100,000 residents, which is significantly higher than the Manitoba rate of 478.4. The western (541.6) and northern (551.4) parts of the region had cancer incidence rates significantly higher than the Manitoba rate.¹¹

Interlake-Eastern RHA’s cancer services encompass clinical cancer service, cancer navigation as well as cancer screening and awareness.

In 2016, nearly 6,500 Manitobans received a new cancer diagnosis, and 758 of these cancer cases are reported within the IERHA. According to the 2019 Manitoba Cancer System Performance Report, this number is expected to increase across Manitoba, with nearly 1,300 new cases of cancer expected in the IERHA by 2035.¹²

Interlake-Eastern RHA is home to three Community CancerCare Programs (CCP) where patients receive chemotherapy, physician and nursing assessments, education and psychosocial support. They are located in Gimli Hospital, Selkirk Regional Health Centre and Pinawa Hospital. With the three CCPs providing increased accessibility to chemotherapy treatments, support and cancer care closer to home, this allows for improved health outcomes and quality of life for all IERHA residents, families and communities affected by cancer.

Summary of activity and progress	Results	Future directions
In the last ten years, each CCP has seen considerable new patient referrals which correlates with the increase in cancer diagnoses in Manitoba.	See table below	Continued quarterly meeting with CancerCare Manitoba and IERHA regional cancer services to identify opportunities to better align service delivery .


¹¹ Interlake-Eastern RHA 2019 Community Health Assessment, p 149, Accessible at: <https://www.ierha.ca/files/382019-Community-Health-Assessment-1.pdf>

¹² 2019 Manitoba Cancer System Performance Report, CancerCare Manitoba, p. 27. Accessed at: <https://www.cancercare.mb.ca/export/sites/default/About-Us/.galleries/files/corporate-publications/System-Performance-Report.pdf>

Community Cancer Program locations	# of new referrals 2014/15	# of new referrals 2023/24	Increase in new referrals in last 10 years
Selkirk	92	174	89%
Gimli	51	82	61%
Pinawa	25	56	124%

Cancer prevention education and offering cancer navigation services

Summary of activity and progress	Results	Future directions
<p>IERHA cancer navigation services is a regional program, based out of Selkirk including two nurse navigators, a psychosocial oncology clinician, admin support, two community engagement liaisons and is supported by a team of family physicians in oncology.</p> <p>The team offers support and guidance to patients, family members who are affected by cancer or suspicion of cancer. Cancer navigation community engagement liaisons have partnered with stakeholders in Interlake Reserve Tribal Council, Southeast Resource Development Council, and CancerCare Manitoba to reconvene the collaborative work of the cancer screening working group.</p>	<p>Cancer Navigation referrals: FY April 2022-March 2023 = 422 FY April 2023 – March 2024 = 486</p>	<p>Cancer screening working group collaboration will continue to guide and direct investment of resources in education.</p>

Summary of activity and progress	Results	Future directions
<p>The giant inflatable colon community-based toolkit initiative was developed by the Canadian Partnership Against Cancer (CPAC). With CPAC funds, Interlake-Eastern RHA purchased two walk-through giant inflatable colons for public events.</p> 	<p>The cancer navigation community engagement liaison, along with director acute - cancer care, visited 11 First Nations communities with the giant colon in 2023.</p> <p>We've engaged 1,247 people this summer at Treaty Days and other community events.</p> <p>The director acute - cancer care presented the CPAC giant colon at the Cancer Care Manitoba Community Cancer Care Provincial Network conference on October 13, 2023 and again in Halifax for the Canadian Cancer Research Alliance conference on November 12, 2023 with the intent of educating others about the use of this tool in educating multi-generations on cancer screening and prevention.</p>	<p>The inflatable colon will continue to be offered to First Nations communities interested in hosting it and IERHA staff as part of education opportunities at local events</p>

Renal Program: collaborating with Health Sciences Centre (HSC) local centre Team to provide hemodialysis treatment regionally

The number of end stage kidney disease patients in Canada continues to rise. There was a 17 per cent increase in incident patients receiving renal replacement therapy (dialysis or pre-emptive kidney transplant) over the last 10 years (N = 6,036 in 2022 versus N = 5,171 in 2013).¹³ In 2022, Manitoba had the highest incident end-stage kidney disease patients in Canada with a rate per million population (RPMP) of 264.7 compared to the overall Canadian rate of 180.0.¹⁴

Interlake-Eastern RHA provides hemodialysis in six communities where patients come for treatment and have access to physician and nursing assessments, education and support from the interdisciplinary health-care team, including hemodialysis trained nurses and physicians, social workers, pharmacists and dieticians.

Summary of activity and progress	Results	Future directions
Interlake-Eastern RHA provides hemodialysis in: Ashern, Berens River, Gimli, Hodgson, Pine Falls and Selkirk	To accommodate more people closer to home, Ashern’s hemodialysis unit expanded from offering treatment three days per week to six days per week. This expansion of service had already occurred in Pine Falls.	Continue to collaborate regionally and provincially to provide hemodialysis care closer to home

¹³ Canadian Institute for Health Information. Annual statistics on organ replacement in Canada, 2013 to 2022. Accessed August 11, 2024. Available at: <https://www.cihi.ca/en/annual-statistics-on-organ-replacement-in-canada-2013-to-2022>

¹⁴ Canadian Institute for Health Information. Treatment of End-Stage Organ Failure in Canada, Canadian Organ Replacement Register, 2013 to 2022: End-Stage Kidney Disease and Kidney Transplants — Data Tables. Sourced from Canadian Organ Replacement Register, 2023, Canadian Institute for Health Information; Statistics Canada. Accessed August 11, 2024. Available at: <https://www.cihi.ca/en/canadian-organ-replacement-register-corr>

Implement recommendations identified from an external review of personal care homes in Manitoba

A report by Dr. Lynn Stevenson commissioned by the Manitoba Government to address concerns identified in care homes across the province¹⁵ has made 17 recommendations approved for implementation.

Summary of activity and progress	Results	Future directions
Continue to implement increased staffing levels in alignment with Stevenson review recommendations	<p>Implemented Phase 1 and 2 funded staffing increases to meet the current goal of 3.8 hours paid per resident day (HPRD = paid hours of direct resident care provided).</p> <p>Implementation of:</p> <ul style="list-style-type: none"> ○ 71 new or increased HCA and nursing positions ○ 1 new medical lead position ○ 19 new or increased allied health positions ○ 5 new infection prevention and control positions ○ 11 increased support services positions 	Complete phase 2 implementation to increase staffing levels by end of 2024/25.

¹⁵ Maples Personal Care Home COVID-19 Outbreak External Review and Final Report, Dr. Lynn Stevenson, January 15, 2021, https://manitoba.ca/asset_library/en/proactive/2020_2021/maples-pch-covid19-review.pdf, Accessed August 11, 2024.

EMERGENCY DEPARTMENT PERFORMANCE

Improve access to care in emergency departments

Summary of activity and progress	Results	Future directions
<p>Interlake-Eastern Regional Health Authority continues to work collaboratively with Shared Health Emergency Response Services and Shared Health Diagnostics to improve patient access/ flow and coordination of diagnosis, consultation and transportation.</p>	<p>Reliable data gathering structures are being implemented to measure:</p> <ul style="list-style-type: none"> ◦ Reductions in ambulance offload times ◦ ambulance redirections ◦ wait times for critical diagnostic services 	<p>An emergency department leadership group will be established to further focus on ambulance offload times.</p>

Expanding medical care delivery in hospitals

Summary of activity and progress	Results	Future directions
<p>Hospitalists are physicians who provide inpatient care in medical wards and emergency rooms. They manage and coordinate patient care throughout treatment. They are additional physician resources in hospitals.</p>	<p>We have filled the hospitalist lead role at Selkirk Regional Health Centre with two physicians.</p> <p>We have two full time, 24 hour hospitalist rotations running 7 days a week at Selkirk Regional Health Centre.</p>	<p>Another hospitalist rotation will be added with the Selkirk Regional Health Centre inpatient expansion in September 2024.</p>

Summary of activity and progress	Results	Future directions
Physician Assistants (PAs) are medical generalists qualified to practice medicine in clinical environments (primary care, specialty practices, consulting and hospital based roles)	PAs are working in Beausejour, Gimli and Selkirk.	We will continue the expansion of PAs to complement medical practice elsewhere in the region.
Clinical Assistants (CAs) are health professionals with health-care/medical background. They are not graduates of a physician assistant degree program.	CAs are working in Gimli and Selkirk.	We will continue the expansion of CAs to complement medical practice elsewhere in the region.

ELECTRONIC MEDICAL RECORDS

Adopt and implement digital health technologies and solutions that will enhance patient care and system efficiency

Summary of activity and progress	Results	Future directions
Continue to expand electronic medical record to communities within the Interlake-Eastern region	Percy E. Moore Clinic in Hodgson joined the IERHA instance of Accuro in May 2023 as the result of a partnership with the Ashern Hodgson Area MyHealth Team. This is the most recent addition to a network of shared electronic medical record communities including First Nation health centres in Black River, Sagkeeng, Brokenhead, Lake Manitoba, Little Saskatchewan and Pinaymootang.	Interlake-Eastern RHA will continue to work with Shared Health Digital Services to expand the electronic medical record to all First Nation health centres/clinics in the region.

Summary of activity and progress	Results	Future directions
<p>Work with the Ashern Hodgson and area MyHealth Team to address the gap in accessing physiotherapy services locally.</p>	<p>This MyHealth Team originally identified physiotherapy services as a need for the area but the team experienced difficulty in recruiting a physiotherapist. Thanks to a partnership with Riverview Health Centre and the University of Manitoba’s College of Rehabilitation Sciences in the Rady Faculty of Health Sciences, the MyHT successfully hired a recent University of Manitoba physiotherapy graduate who works out of Riverview Health Centre in the new tele-rehab program.</p> <p>Tele-rehab uses videoconferencing to connect clients with physiotherapy care reducing need to leave home communities to access care.</p>	<p>Service delivery is scheduled to begin in April 2024.</p> <p>Tele-rehab equipment will be located in in the health centres of Lake Manitoba and Pinaymootang.</p> <p>The physiotherapist will see clients in-person one week and then meet remotely via an office at Riverview Health Centre every second week using community based tele-rehab equipment and the assistance of rehab aides on-site with clients.</p> <p>If tele-rehab services prove to be beneficial they will be expanded to other communities in the health region and in Manitoba.</p>

INDIGENOUS HEALTH AND DISMANTLING RACISM IN HEALTHCARE

Progress Manitoba’s health system toward dismantling systemic and structural forms of racism and eliminate racism and discrimination in all health-care interactions

Manitoba has committed to acknowledging and confronting racism and other forms of discrimination across the health system. Last fiscal year, a staff racial climate survey was launched and all staff and physicians within the health system were asked to complete a survey. The survey collected quantitative and qualitative data from respondents, capturing their understanding of existing policies and procedures, their access and awareness of relevant education and their direct feedback on a variety of topics related to their own experiences of racism and those they had observed in the workplace. Information collected is being used to inform policies and strategies (e.g., human resources, patient relations, client care) and create safer health-care environments for patients, families, staff, physicians, volunteers, and learners and to improve health outcomes for patients who are Indigenous, Black, and Racialized. You can see the full report here: https://sharedhealthmb.ca/files/RCS-Master-Report_final.pdf and see Interlake-Eastern RHA specific responses here: <https://sharedhealthmb.ca/files/rcs-report-ierha.pdf>

Summary of activity and progress	Results	Future directions
<p>Twenty-two per cent (717) of Interlake-Eastern RHA staff completed the survey and, of those who responded, 21% self-identified as members of an Indigenous, Black, or Racialized community (compared to 28% of all provincial survey respondents).</p> <p>As a direct result of staff feedback, Interlake-Eastern RHA launched its anti-racism working group in December 2023.</p>	<p>IERHA’s anti-racism working group has established four staff managed committees to complete the work identified in the staff survey. The four committees are focusing on: IERHA anti-racism policy and process development; review of existing policies through a racism lens; cultural competency development for leaders and staff and racial competency for leaders; and development of an IERHA leadership anti-racism development plan.</p>	<p>Regional action plan to be implemented Fall 2024.</p> <p>IERHA will continue contributing to provincial efforts to eliminate racism and discrimination in health care.</p>

WORKFORCE CULTURE, RETENTION, RECRUITMENT AND TRAINING

Establishing locally offered training

In April 2024, three members of Lake Manitoba First Nation completed an in-community phlebotomy training program to provide this service to area residents in the community’s new health centre. Prior to local service delivery being available, Lake Manitoba First Nation members travelled to Eriksdale (about 38 kilometres away) or Ashern (about 52 kilometres away) for routine blood sample collection.

“It is essential we work to build more holistic health services to benefit our members. It is time to close the gap in life expectancy between First Nation citizens and non-First Nation people in Manitoba,” said Chief Cornell McLean of the Lake Manitoba First Nation in a Red River College Polytech news release.¹⁶ “Reducing barriers and having more accessible services in our Nations will help us reach that goal.”

Summary of activity and progress	Results	Future directions
<p>The specialized training provided by Red River College Polytech uses a blend of online, in-class lab and clinical learning experiences to teach students the skills and knowledge necessary to collect blood specimens from patients safely and effectively.</p> <p>A pilot project, the training was a partnership among Lake Manitoba First Nation, Southern Chiefs Organization, Red River College Polytechnic, Manitoba Shared Health Diagnostics, Manitoba Health, Seniors and Long-Term Care and Interlake-Eastern Regional Health Authority.</p>	<p>Accessing a phlebotomist locally reduces travel and travel related costs. It also reduces people’s stress and leads to quicker test results, more timely medical interventions and better health outcomes within the community.</p>	<p>Students’ success represents important first steps toward bringing fuller suites of health-care services closer to home for First Nations residents. Partnerships and training are creating new career opportunities locally and building capacity for delivery of more comprehensive health services to area residents.</p>

¹⁶ Red River College Polytechnic, news release, February 26, 2024. Accessed August 6, 2024. Accessible at: <https://www.rrc.ca/marcom/2024/02/26/rrc-polytech-provides-bloodwork-training-to-enhance-healthcare-services-for-lake-manitoba-first-nation/#:~:text=It%20is%20time%20to%20close,help%20us%20reach%20that%20goal.%E2%80%9D>



Lake Manitoba phlebotomy training graduates from left to right: Sarah Lavallee, Caitlin Edwards and Lesley Missyabit.

Community based health-care aide micro-credential

Interlake-Eastern RHA has had success with a targeted grassroots approach to removing barriers from joining the health workforce. Staff in the region created a health-care aide micro-credential training program as a pilot project. The course is targeted to communities where health-care aide vacancy rates are high and where barriers to accessing training exist. These may include lack of transportation and inability to access funds for training.

Interlake-Eastern RHA’s training is three weeks long. Ten days are spent in the classroom and five days in practicum. Training is free, students are paid to attend training and upon successful course completion, positions are available to graduates.

Summary of activity and progress	Results	Future directions
Community based health-care aide micro-credential training offered six times in five different communities: Fisher Branch, Seymourville (also targeting Manigotagan, Aghaming and Hollow Water First Nation), Selkirk (2 courses), Lac du Bonnet, Lake Manitoba First Nation	50 people graduated to work in long-term care and home care. 13.3 effective full time has been filled and an additional 13 individuals have been hired into casual positions.	Program being expanded to 10 offerings with a goal of graduating 80 students into health-care aide roles.

Summary of activity and progress	Results	Future directions
<p>Recruitment to the program was grassroots with posters, handbills and door to door campaigning recognizing that traditional media does not reach segments of society that may benefit from barrier free access to paid training.</p> <p>Where necessary, IERHA supported students with transport to training, criminal record checks and, in some instances, assistance in establishing personal bank accounts.</p>	<p>Since program delivery in July, we have seen a decrease in monthly vacancy rates among health-care aides compared to the year prior. Contributing to stabilization of some sites has also been the arrival of staff from the Philippines under the Philippines Recruitment Project.</p>	<p>Interlake-Eastern Regional Health Authority is also actively supporting graduates of the health-care aide micro-credential to complete the bridging program offered participating post-secondary institutions to become certified once they have completed at least 300 hours of work. Certification allows staff to also work in acute care settings.</p>
		<p>We are also meeting with school divisions and post-secondary institutions about offering the certified HCA program in regional high schools, with a plan to pilot the first class in the fall 2025. This program would see students graduate with a high school diploma and health-care aide certification, enabling them to enter the workforce immediately upon graduation.</p>
<p>Additional local training opportunities Fieldstone Ventures, Assiniboine College, community representatives from Arborg and IERHA have partnered to deliver another session of the LPN program in Arborg’s Central Interlake Training Facility locally.</p>	<p>Fifteen LPN students are to graduate in June 2024. Of the 25 graduating LPNs in 2023, 16 took positions with IERHA.</p>	<p>Assiniboine College is accepting applications for licensed practical nursing training in Lac du Bonnet starting January 2025 and in Sagkeeng in September 2025, with preparatory courses starting fall 2024.</p>

Philippines recruitment project implementation

The Philippines government welcomed a Manitoba delegation to recruit nurses from February 17 to 27, 2023. More than 300 candidates have accepted job offers in Manitoba. Prior to arrival, individuals need to complete immigration and licensing requirements and this will influence their ability to come to Canada. Interlake-Eastern RHA benefitted from significant community support in welcoming new arrivals and their families, helping to establish their homes and providing ongoing engagement to ensuring their settlement and comfort in their new homes.

Summary of activity and progress	Results	Future directions
<p>Fourteen individuals arrived from the Philippines and were settled in the following communities during the fiscal year:</p> <ul style="list-style-type: none"> Ashern Beausejour Pinawa Pine Falls Selkirk Stonewall <p>Thirteen people were classified as health-care aides and one as an internationally educated nurse meaning additional training is required before they can work as an RN.</p>	<p>Arrival of staff from the Philippines has helped to reduce health-care aide vacancy rates across the region.</p> <p>The RHA has benefitted through additional employment of family members and continues to work to help secure employment for family members.</p> <p>Affordable housing remains a challenge for many of the new workers.</p>	<p>Eleven new recruits from the Philippines are expected to arrive in the year ahead.</p> <p>Interlake-Eastern RHA will continue to invest in supporting these new workers and in ensuring they have access to the training they need to grow in their professions if they so desire.</p> <p>The final candidates under this program are expected in fall 2024.</p>

Leveraging social media to increase visibility of Interlake-Eastern RHA as an employer and rural health care as a rewarding career choice

Interlake-Eastern RHA is working with a small business specializing in social media to increase our presence on social media platforms and profile the positive aspects of employment in health care and working and living in rural Manitoba

Summary of activity and progress	Results	Future directions
<p>Secured video and photos of staff and physicians identified by leadership as ideal for profile. Facilities in Eriksdale, Pine Falls and Selkirk were selected.</p> <p>From the footage captured, individual promotions were created and formatted for Interlake-Eastern RHA’s Facebook, Instagram, Linked In and X accounts. Information is cross promoted in Interlake-Eastern’s staff newsletter.</p> <p>Enhanced social media promotions began September 2023.</p>	<p>See table below</p>	<p>Enhanced social media will continue to be a part of Interlake-Eastern RHA’s recruitment efforts, especially as we look to secure more staff for the new inpatient unit opening in Selkirk in September 2024 and February 2025 for Ashern.</p> <p>Interlake-Eastern RHA is partnering with Red River College Polytechnic on an alumni billboard campaign and has plans to complement social media with a radio campaign specifically for recruitment to Selkirk Regional Health Centre’s new inpatient unit.</p>

Social media channel	September 2023	March 2024	Change
Facebook followers	4,551	4,872	+321
Instagram followers	89	267	+178
X (Twitter) followers	21	532	+511
Linked In followers	745	909	+164

Maintaining SAFE Work certification for health care

Last year, Interlake-Eastern RHA implemented a health and safety program that met the standards of the Manitoba Association for Safety in Healthcare (MASH) program. We were the first regional health authority to receive SAFE Work certification for health care.

To maintain certification, we need to adhere to our annual work plan which includes internal audits for compliance with workplace safety and health requirements.

Summary of activity and progress	Results	Future directions
<p>Interlake-Eastern RHA’s occupational safety and health officers audited thirteen sites in the region to ensure workplace safety and health committee members are equipped to perform their roles and in compliance with MASH certification.</p>	<ul style="list-style-type: none"> ○ 10 per cent of staff on-site interviewed ○ Workplace safety and health policies reviewed ○ 35 staff completed workplace safety and health committee training 	<p>Manitoba Association for Safety in Health Care (MASH) is providing designated IERHA staff with certified training to deliver Professional Assault Response Training (PART). PART training provides workers with the ability to assess potentially violent situations and a means to manage, reduce, or eliminate risks. Once IERHA has certified trainers, our target will be to prioritize training to those assessed to be in areas of highest risk.</p> <p>Interlake-Eastern RHA’s occupational safety and health team will continue conducting required internal audits to maintain Safe Work Certification and ensure the organization and its staff are prepared for the next external audit in 2026.</p>

Program and Service Contact Information

Hospitals

Arborg & District Health Centre 234 Gislason Drive 204-376-5247	Eriksdale-E.M. Crowe Memorial Hospital 40 Railway Avenue 204-739-2611	Pine Falls Hospital 37 Maple Street 204-367-4441	Stonewall & District Health Centre 589-3rd Avenue S. 204-467-5514
Ashern-Lakeshore General Hospital 1 Steenson Avenue 204-768-2461	Gimli-Johnson Memorial Hospital 120-6th Avenue 204-642-5116	Selkirk Regional Health Centre 120 Easton Drive 204-482-5800	Teulon-Hunter Memorial Hospital 162-3rd Avenue SE 204-886-2433
Beausejour Hospital 151 First Street S. 204-268-1076	Pinawa Hospital 30 Vanier Drive 204-753-2334		

Clinics

Arborg Primary Health Care Centre 234 Gislason Drive 204-376-2781	Gimli Primary Health Care Centre 120-6 th Avenue 204-642-1618	Powerview-Pine Falls – Giigewigamig Traditional Healing Centre 37 Maple Street 204-367-5440	Selkirk Quick Care Clinic #3-1020 Manitoba Avenue 204-482-4399
Ashern – Lakeshore General Hospital and Community Health Centre 1 Steenson Avenue 204-768-3821	Grand Marais Primary Health Care Clinic 36058, PTH 12 204-367-2278	Powerview-Pine Falls Primary Health Care Clinic 37 Maple Street 204-367-2278	Seymourville Primary Health Care Clinic 54 Main Street 204-367-2278
Beausejour HEW Primary Health Care Centre 31- First Street S. 204-268-2288	Lac du Bonnet Primary Health Care Centre 89 McIntosh St. E. 204-345-8173	Riverton Community Health Office 68 Main Street 204-378-2460	Whitemouth Primary Health Care Centre 75 Hospital Street 204-348-2291

Clinics continued

Beausejour Primary Health Care Centre 151 First Street S. 204-268-4966	Lundar Health Centre – Nurse Practitioner Clinic 97 First St. S. 204-762-6076	St. Laurent Community Health Centre 51 Parish Lane 204-646-2504	Winnipeg Beach Primary Care Clinic 54-60 Main Street, Unit J 204-389-3649
Eriksdale Primary Health Care Centre in the Wellness Centre 35 Railway Avenue 204-739-2672	Oakbank – Kin Place Primary Health Care Centre 689 Main Street 204-444-2227	Selkirk – Rapid Access to Addictions Medicine (RAAM) Clinic 237 Manitoba 204-785-7513	Woodlands Community Health Centre 78 Porteous Avenue 204-383-5970 or 204-646-2504 x.7
Fisher Branch Primary Health Care Centre 23 Main Street 204-372-6258	Pinawa Primary Health Care Centre 30 Vanier Drive 204-753-2351		

Community Health Offices

Arborg 317 River Road 204-376-5559	Gimli 120-6th Avenue 204-642-4595	Pinawa 30 Vanier Drive 204-753-2334	St. Laurent 51 Parish Lane 204-646-2504
Ashern 1 Steenson Avenue 204-768-2585	Interlake-Eastern Health Service 100 Easton Drive, Selkirk 204-785-4600	Pine Falls 37 Maple Street 204-367-4441	Stonewall 589-3rd Avenue S. 204-467-4400
Beausejour 151 First Street S. 204-268-4966	Lac du Bonnet 89 McIntosh Street 204-345-8647	Riverton 68 Main Street 204-378-2460	Teulon 162-3rd Avenue SE 204-886-4065
Eriksdale 35 Railway Avenue 204-739-2777	Lundar 97-1st Street S. 204-762-5469	Selkirk 237 Manitoba Avenue 204-785-7500	Whitemouth 75 Hospital Street 204-348-7191

Community Health Offices continued

Fisher Branch 7 Chalet Drive 204-372-8859	Oakbank 689 Main Street 204-444-2227
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Personal Care Homes

Arborg PCH 233 St. Phillips Drive 204-376-5226	Fisher PCH 7 Chalet Drive 204-372-8703	Oakbank-Kin Place PCH 680 Pine Drive 204-444-2004	Selkirk-Tudor House (Affiliate of IERHA) 800 Manitoba Avenue 204-482-6601
Ashern PCH 1 Steenson Avenue 204-768-5216	Gimli-Betel PCH 96-1 st Avenue 204-642-5556 (Affiliate of IERHA)	Pine Falls- Sunnywood Manor PCH 4 Spruce Street 204-367-8201	Stonewall-Rosewood Lodge PCH 513-1st Avenue North 204-467-5257
Beausejour-East-Gate Lodge 646 James Avenue 204-268-1029	Lac du Bonnet PCH 75 McIntosh Street 204-345-1222	Selkirk-Betel PCH (Affiliate of IERHA) 212 Manchester 204-482-5469	Teulon-Goodwin Lodge PCH 162-3rd Avenue SE 204-886-2108
Eriksdale PCH 40 Railway Avenue 204-739-4416	Lundar PCH 97-1st Street South 204-762-5663	Selkirk-Red River Place (Affiliate of IERHA) 133 Manchester Avenue 204-482-3036	Whitemouth District Health Centre PCH 75 Hospital Street 204-348-7191

Programs

Addictions Services (RAAM Clinic) - 237 Manitoba Avenue, Selkirk – 204-785-7513
RAAM clinics are walk-in clinics for adults (ages 18+) looking to get help with high-risk substance use and addiction. No referral is needed.

Ambulance Billing: 1-877-474-2367

Cancer Navigation Services: 1-855-557-2273

Chronic Disease Nurses

Visit: <https://www.ierha.ca/programs-services/primary-health-care/chronic-disease-nurses/>

Together you'll focus on disease prevention as well as the day-to-day management of chronic diseases, such as diabetes and heart disease

Dietitians

Visit: <https://www.ierha.ca/programs-services/primary-health-care/dietitians/>

Registered dietitians use the most up-to-date science and translate it into practical guidance that you can use to make health lifestyle and food choices

Family Doctor Finder: 1-866-690-8260

(FIPPA) The Freedom of Information and Protection of Privacy Act - visit:

<https://www.ierha.ca/patient-information/your-privacy/>

Health Information Requests

Visit: <https://www.ierha.ca/patient-information/your-privacy/>

Healthy Living - Health Promotion: 1-877-979-9355

Hearing / Audiology: 204-785-7577

Home Care: 204-785-7703

Human Resources and General Recruitment Inquiries: 204-785-4770

Indigenous Health

Visit: <https://www.ierha.ca/about-us/community-involvement/indigenous-health/>

IERHA realizes the need to change the view of Indigenous health within the region and understand the resiliency of Indigenous populations as a key foundation on which to improve Indigenous health outcomes.

Media Inquiries: 204-451-0164

Programs continued

Mental Health & Addictions:

- 24-Hour Crisis Line: 1-866-427-8628 / 204-482-5419
- Mobile Crisis Services - Adult & Youth Outreach Team: 1-877-499-8770 / 204-482-5376
- Crisis Stabilization Unit (CSU): 1-888-482-5361 / 204-482-5361
- Klinik Crisis Line: 1-888-322-3019 / 204-786-8686
- Kids Help Line: 1-800-668-6868 / Kids Help Phone Website
- Schedule an appointment to discuss child and adolescent mental health services, adult mental health services and mental health services for the elderly: 1-866-757-6205 / 204-785-7752
- Problem Gambling Help Line – 1-800-463-1554

Palliative Care Program: 204-785-7536

Physician Inquiries: 204-485-3269

Public Health:

- Public Health, Selkirk: 204-785-7500
- Families First Program: 204-785-7693
 - Building strong family relationships and connecting families with resources that meet their needs are objectives of Families First.
- FASD or Prenatal Exposure to Alcohol: 204-785-7547
- OUR Time Healthy Baby Program: 1-866-211-1703
 - Funded through the Department of Families, these programs offer community-based support for prenatal and post-partum families.
- Travel Health Clinic (Winnipeg): 204-940-8747

Seniors Services: 204-904-9701

Speech Language Therapy: 204-785-7730

Transitional Care Unit - 100 Easton Drive, Selkirk: 204-785-4600

Compliments, Concerns and Questions

Call us at 1-855-999-4747 to share your compliments and concerns. You can also communicate with us online at www.ierha.ca by clicking on “Compliments & Concerns” located on the upper right corner of the page.

Corporate Office

233A Main Street Selkirk, Manitoba R1A 1S1

Toll free: 1.855.347.8500 Email: info@ierha.ca Website: www.ierha.ca

This publication is available in alternate formats on request.

This report is also available in French.

Siège social

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

233A rue main, Selkirk Manitoba R1A 1S1

sans frais: 1.855.347.8500 courriel : info@ierha.ca site web : www.ierha.ca

Cette publication est disponible sur demande dans d'autres formats.

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Questions

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Interlake-Eastern
Regional Health Authority

Office régional de la santé
d'Entre-les-Lacs et de l'Est