



BUILDING FOR TOMORROW | INNOVATION, LEARNING & GROWTH | KEEPING IT GOING & MOVING IT FORWARD | EXPANDING OPPORTUNITIES | THE BEST WE CAN BE | GETTING BETTER, STAYING HEALTHY

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Interlake-Eastern Board of Directors

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If we train them, they will stay: Medical Residency Program to reinforce physician recruitment to region

Recruiting and retaining physicians in Interlake-Eastern RHA has been a longstanding challenge over the past decade. Although there has been a surge of new physicians recruited to communities over the past three years, community leaders, local physicians and Interlake-Eastern RHA have realized there is a lot more that can be done to bring new doctors to the region who want to stay, live and work here.

Ron Van Denakker, CEO for Interlake-Eastern RHA, says that the vision for attracting physicians to and retaining them in communities over the long term includes training them on home ground in our communities.

"The vision we've been working towards over the last four years for the RHA and for our communities requires us to expand on what we're doing to recruit physicians. We have been doing many things, including hiring some excellent internationally trained physicians," said Van Denakker. "But in the longer term, the best way to continue to address physician shortages is to take a multi-pronged approach which includes, for example, providing opportunities to train and educate Manitoba medical graduates through work experiences in rural communities across the region."

This vision, partnered with the dedicated efforts of Dr. Ian Alexander of Selkirk Medical Associates, has recently paved the way for the recent announcement that Selkirk Medical Associates will be launching a medical residency program in Selkirk. The program will train new medical graduates in communities across the RHA for their two years of residency. This news has been a long time coming for the many community, physician and provincial stakeholders that have been working to make a regional residency program a reality for the last four years.

Building the dream

Interlake-Eastern RHA has been the only regional health authority without a medical residency program which trains new graduates. Thanks to

partnerships with Selkirk Medical Associates, the University of Manitoba and the Manitoba HealthCare Providers Network and an outpouring of community support, the region will host its first two medical residents in July 2019 in Selkirk.

The dream to have a medical residency program began with Dr. Alexander's initiative. He was driven to set the program in motion based on his love of teaching medical students in his own clinic and his own experience as a medical resident.

"Because Interlake-Eastern was the only regional health authority without a residency program, when I was going through medical school I could not complete my training here in Selkirk," said Dr. Alexander "Even though I knew that I wanted to work here when I finished, I had to go elsewhere to find that training. I was very lucky to get excellent training in Dauphin – but it just wasn't home."

Alexander said that although his original drive to create a residency program was based on personal experience, he also understood there were strategic advantages for physicians and for communities throughout the region.

"There was a piece of me that wanted to offer this option for our own graduates, local Manitobans, to train in the area. This wasn't just because I think we offer a great experience to students but also it helps with retaining locally trained graduates," said Dr. Alexander. "We've seen return rates of as much as 70 to 80 per cent in other regions. We know that they are more likely to stay in a community when there's that sense of attachment between the care provider and community."

Community Support Pivotal to Success

Even with his commitment to

make a residency program happen, Dr. Alexander said it was community partnership that was pivotal in finding support. The real momentum began about a year ago, when Interlake-Eastern RHA struck a task force with 17 community leaders, physicians and senior IERHA leadership.

"We reached out to communities in the region to share the importance of having training available for medical practitioners in rural parts of the province and they have stepped up to ensure we're able to provide a robust learning experience for trainees," said Dr. Alexander. "We are certain that our graduates will continue the trend seen in other rural training sites where locally trained physicians join their community of practice and become an important piece of the health-care system in the region."

Pinawa mayor Blair Skinner, who participated in the community task force, said Interlake-Eastern communities have understood for years that a medical residency program was one of the best ways to ensure the region could be recruiting instead of losing physicians. Although the program will be hosted in Selkirk, he said communities across the region stand to benefit.

"Part of the reason that other municipalities got involved was because there's an understanding that the residents would get the chance to work for blocks of time in medical facilities throughout the Interlake-Eastern region and gain some knowledge and experience in working in rural communities," said

Skinner. "The promise is that it will be a regional program because we need to recruit physicians everywhere, not just Selkirk. Having a stable teaching unit creates a steady stream of potential physician recruits for the longer term."

Benefits for physicians and medical residents

Having a medical residency program not only has benefits for our region's communities but for physicians and medical graduates as well. Interlake-Eastern's family medicine practitioners have long offered opportunities to both medical residents and students on short rotations of four to five weeks and the benefits definitely go both ways. According to Dr. Alexander, working with learners—whether students or more highly trained residents—keeps our region's physicians on their toes.

"I've always enjoyed teaching and being involved with medical education. Learners make me a better doctor," said Dr. Alexander. "They push me. They ask me questions. You need to be on the ball. You don't fall into the trap of doing the same thing over and over again."

Among the University of Manitoba's pre-requisites for establishing a regional residency program was the inclusion of opportunities for students to learn from many different care providers in different care settings. Once they begin training in July 2019, our first regional medical residents will have many opportunities to work in clinic settings in communities across the region and on rotations in the Selkirk Regional Health Centre. They will also work in a wide variety of communities and facilities and with care providers from many disciplines including dietitians, chronic disease nurses, mental health practitioners, palliative care providers and other areas that complement family medicine.

The program will also include an emphasis on understanding the health-care needs of Indigenous populations in the region and the

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Dr. Ian Alexander, of Selkirk Medical Associates, family physician lead in establishing the region's medical residency program.



Message from the Board Chair

I appreciate the opportunity to be able to highlight Interlake-Eastern's accomplishments and challenges from the past year but our work also speaks to the broader plan underway provincially. Never before has Interlake-Eastern RHA's role in contributing to provincial principles of value, quality, efficiency and effectiveness been so clearly defined.

We have been steadfast in our efforts to achieve our regional objectives that contribute to the provincial transformation plan and we are continuing to manage to budget. We have never had so many opportunities to work so closely with our regional counterparts in collaboration with health-care leaders at the provincial level.

page 2 This has been an exceptional year for the region and our employees as we begin to understand our role as a service delivery organization within the provincial context of health-care transformation that is designed to improve the quality, accessibility and efficiency of services.

Guiding the work of the transformation are a number of expert reports. These include the Health Sustainability and Innovation Review conducted by KPMG, the Provincial Clinical and Preventive Services Planning for Manitoba review report (also known as the Peachey report), the Wait Times Reduction Task Force Report and recent reviews of EMS services and home care, as well as a review of mental health services. Interlake-Eastern RHA's perspectives are incorporated into these guiding documents through consultations with residents from the region, frontline staff, senior leaders and executive members.

We hope that you find some inspiration in the stories we're sharing with you in the pages to follow, which highlight recent progress in the recruitment of new physicians, new plans for training and recruiting medical students, investments in primary health care and emergency medical services and our collaboration with Indigenous communities. As you will see in the stories we're sharing with you, we are already well on our way towards creating positive changes that will allow you better access to the care you need when you need it, in a system that is patient-focused and sustainable for generations to come.

Margaret Mills,
Board Chair

Interlake-Eastern RHA Strategic Priorities (2016-2021) - To ensure the utmost transparency in operations, Interlake-Eastern RHA's board of directors has reviewed and revised its regional strategic priorities to ensure they align with provincial priorities as health-care transformation evolves. The board regularly evaluates the RHA's activities through executive team reports.

| Provincial Goal | IERHA Strategic Direction | IERHA Strategic Focus |
|--|---|---|
| CAPACITY BUILDING <ul style="list-style-type: none"> Achieve strategic priorities through a sustained planning and alignment process that advances role clarity, collaborative and innovative work practices, risk management, and effective use of resources. Apply innovative human resource policies and practices to help recruit and retain department staff. These policies and practices will focus on supporting staff development, work-life balance and opportunities for advancement that are consistent and fair across the department. | BUILDING TODAY FOR TOMORROW - We are committed to making the most of our human and financial resources to ensure that we are in the best position possible to serve our communities today and into the future. All decisions are based on evidence, ethics and efficiency. | FISCAL SUSTAINABILITY PLAN |
| HEALTH SYSTEM INNOVATION <ul style="list-style-type: none"> Drive innovation in the health system and the department to improve health outcomes, contain costs, and support appropriate and effective services. | INNOVATION, LEARNING AND GROWTH - We embrace new ideas, explore opportunities, focus on innovation, and build and strengthen partnerships through communication and mutual understanding. | ACCESSIBILITY- EMBRACING NEW IDEAS TO IMPROVE ACCESS |
| HEALTH SYSTEM SUSTAINABILITY <ul style="list-style-type: none"> Direct the development and implementation of a long-term action plan that defines Manitoba's future health system, establishes clear roles for the department and other stakeholders, and how the system can be sustained. Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities. Build sustainable, innovative and evidence-based service provider funding methods to ensure accountability, meet the health needs of Manitobans, and contain the rise in health costs. Enable information systems and technologies that improve Manitoba's health system and department processes in a sustainable way. Influence the creation of conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages | KEEPING IT GOING AND MOVING IT FORWARD - We will meet the needs of our clients and patients by sustaining appropriate levels of care and service delivery. We will choose wisely, have the courage to address challenges, focus on our priorities and take action to provide the best care possible. | ACCESSIBILITY - SUSTAINING APPROPRIATE LEVELS OF CARE AND SERVICE DELIVERY |
| IMPROVED ACCESS TO CARE <ul style="list-style-type: none"> Enhance and improve access to health services for all Manitobans. Implement a strategy to enhance the primary health-care system that better meets the patient and population needs of Manitobans through a greater emphasis on the patient. | EXPANDING OPPORTUNITIES - our opportunities - We welcome everyone we serve with approachable, accessible and appropriate care and services by providing the right care, in the right place, and at the right time. We want to contribute to the vibrancy and health of the communities we serve. | CUSTOMER SERVICE |
| IMPROVED SERVICE DELIVERY <ul style="list-style-type: none"> Lead advances in health service delivery with First Nations, Métis, and Inuit Manitobans, through policy and programs with a focus on prevention, primary health care, public health, and education. Lead emergency management by establishing strategies, policy and partnerships that improve operational readiness to meet population needs in emergency and disaster situations. Realize customer service excellence through improving Manitoba Health's services. Guide effective and efficient department policies, processes, and service delivery methods to support the department and its funded service providers to strengthen capacity, ensure roles are clear, accountabilities are met, and services are delivered to meet the health needs and safety of Manitobans in the best way possible. | THE BEST WE CAN BE Each health-care experience is as unique as the person being cared for. We will deliver quality and safe care by doing it right and doing it well through a person-centered experience. We will be accountable for using human and financial resources wisely. | PATIENT SAFETY INDIGENOUS HEALTH |
| IMPROVING HEALTH STATUS AND REDUCING HEALTH DISPARITIES AMONGST MANITOBBANS <ul style="list-style-type: none"> Steer an innovative, evidence-based action plan to reduce health disparities and improve the health of Manitobans. This involves negotiating clear roles and effective working relationships with other government departments, municipalities, regions, and other appropriate partners. Create an innovative, collaborative plan for public health to target major gaps in health status and improve the health of Manitobans. | GETTING BETTER, STAYING HEALTHY Challenges related to education, income, culture, and social factors can make it harder to stay healthy. It is important to us to work with everyone to improve their health. We plan to do this through strong partnerships and by working together, to find new ways to improve the health and well-being of everyone we serve. We will create a legacy of health and wellness for generations to come. | MENTAL HEALTH |

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social factors that can impact a person's health. Students will work in some of the smaller communities in the region and provide care in remote settings where distance and access to specialty care is more limited. This will expose medical residents to some of the specific challenges of providing health care at sites with more limited resources.

Moving towards capacity for shared care

Van Denakker says training regional residency students with this multi-disciplinary approach is part of the RHA's vision for creating a shared care model for primary health care. This vision would involve teams of care providers with different specialties and experience working together collaboratively to put the patient at the centre of their care.

"We want these medical residents to work with this full spectrum of health practitioners and understand what it means to work as part of a multi-professional team so that they will help continue this patient-centered model in the future," said Van Denakker.

But this model needs time and infrastructure to grow, cautioned Van Denakker. The current clinic spaces available for training residents are sufficient for the early stages of the program, but in the future a lot more partnership is needed from all stakeholders to find a way to build the capacity needed to continue to host students – and ultimately recruit a steady stream of new physicians to our communities. The long-term vision is for a physical space that can house a number of physicians and care providers from many disciplines who can train new residents while sustaining care for their own patients. This will be the next challenge for the task force to explore.

"We have no choice, we have to do this," said Van Denakker. "We know that this vision already has the support of so many stakeholders who want to make this happen. Right now, that's why we're looking for community input from our task force to help build this vision." ●

Health-care Transformation — Why is it necessary?

The health system is undergoing major transformation right now. As CEO Ron Van Denakker travels through the region and speaks with staff, residents and elected leaders, he's clearly hearing that people are anxious about what this transformation may mean for health-care services in their communities.

"Right now, as we move forward with implementing health-care transformation, there is an unprecedented opportunity to do what Manitobans have been asking for. I have heard over and over again that people want lasting and meaningful improvements to how our health system operates. They want to see real impact on the quality of services available to them and the accessibility of the care they need," Van Denakker said. "We have waited a long time, but I really believe the improvements

people have been waiting for are coming because we've been included in efforts to create a better health system."

To understand the work underway, it's important to understand why health care needs to change for the better.

We're spending more money but not seeing better health outcomes

Between 2003 and 2016, health-care funding in Manitoba rose by 97 per cent. Despite these funding increases, Manitoba remains at or near the bottom of national rankings in a number of categories including wait times for emergency department services and some diagnostic tests and surgeries.

We have a highly complex and inefficient health-care system

Right now we have over 250 organizations delivering health care across the province. Across these services, there are redundancies, gaps and inconsistencies both in access and in standards of quality.

Health care is focused on hospitals and emergency room care

These care options are the most expensive to operate. Relying on them for all care needs contributes to longer wait times and fewer patients can be seen compared to a system with robust primary health care in place.

The system isn't focused on patients

Despite all the money we've been spending and the complexity of our health-care system, Manitobans aren't reporting better care than patients in other provinces.

Where health-care transformation has occurred elsewhere, changes in governance and the development of a clinical services plan have improved outcomes and resulted in more consistent access to quality services. These changes have also resulted in more informed and integrated planning for human resources, including physician recruitment and retention.

The Health System Transformation Program has been established to guide the thoughtful planning and phased implementation of broad health system changes aimed at improving the quality, accessibility and efficiency of health-care services province-wide. With its updated strategic plan, Interlake-Eastern RHA is contributing to the goals and objectives of the health system transformation program. ●

Efforts to increase primary care providers are paying off

Primary health care is the most important care. Interlake-Eastern community members are finally seeing increased physician recruitment after many years of wondering whether they would have to go to the city to see a doctor for regular care. In the past three years, a total of 26 new primary care physicians and nurse practitioners have been added to the ranks of home clinics across many communities.

This change in the tide is a result of careful research, planning and recruitment by Interlake-Eastern RHA's primary health-care team. Community needs for primary care were assessed and specific areas were targeted for recruitment and hiring in communities where the need

was most pressing. These efforts have been paying off, according to Paul Barnard, regional director of primary health care and physician services.

"We're focusing on recruiting new care providers who really want to work in our rural communities. Getting people the care they need, closer to home, is what solid primary health care is all about and we're continuing our recruitment efforts to make that a reality across our region," said Barnard.

Recruitment has been vital in securing local and international medical grads to work in the region's communities. Among these are Arborg, Ashern, Beausejour, Erickson, Gimli, Pine Falls, Teulon and Whitemouth. In addition, other care providers such as surgeons, obstetricians and psychologists have also arrived to offer services in the past three years.

Interlake-Eastern RHA continues to assess community needs and target areas where additional primary health care services are needed. Selkirk is a priority as demand for care is currently exceeding physician capacity. Barnard says that now, more than ever, it's important to support these new physicians who have come to work in our rural communities and ensure they have the patient roster to continue offering care so close to home.

"As recently as five years ago, it was unusual for people living in some rural communities to expect to have a regular primary care physician or nurse practitioner offering appointments close to home," said Barnard. "Now that we're seeing a reverse in this trend, it's important that people start making a home-coming to local clinics to support physicians who want to work in rural communities and ensure that this care can continue." ●



Lori Wahoski, primary care clinical team manager, Paul Barnard, regional director of primary care and Dr. Mike Loudon, Teulon Medical Clinic

New physicians enjoying country life

Many of the newly recruited care providers are definitely enjoying their practice and bonding with Interlake-Eastern's communities. Whether they are local graduates or recruited internationally, their adoption of their new communities and their experiences in their practices are showing a commitment to providing care in the region.

Even though he grew up as a self-proclaimed city slicker, Teulon's newest nurse practitioner, Adrian Sawatzky, says his time training in the Teulon Medical Clinic made him see the close community values that come with providing care in a rural community.

"I'm a city slicker who was placed for a clinical rotation in Teulon. I liked it so much I requested to come back for a second rotation. I love the team in the Teulon Medical Clinic. I have developed good relationships in this community as a student and I am excited to come back. Being the only

clinic in Teulon and surrounding area, it really feels like we take care of our own," says Sawatzky.

Other new physicians, like Gimli's Dr. Jonah Fulmore, were charmed by what the region had to offer even before beginning practice here. In addition to the warm welcome he received from clinic and hospital staff and the people of the community, he said that growing up in the Northwest Territories and being an outdoorsman definitely made the lifestyle of the Gimli area a place where he and his wife could imagine "putting down roots and serving the population here."

For new Beausejour physician Dr. Chris Walmsley, there was no question that he wanted to live and work in the Interlake-Eastern region. He grew up here and he knew the needs that rural communities have for solid primary care.

"I grew up in Oakbank and my wife in Hazelridge. Her extended family is

from the Beausejour area. We have seen the need for physicians in the area for several years and thought it would be an ideal location to practice," said Walmsley. "The people of the region are what I enjoy most about my work. First and foremost, I enjoy building relationships with people and helping them as best I can."

Similarly, Gimli's Dr. Sarah Belloch, said that it was her rural upbringing that motivated her to always intend to practice in a smaller community. Originally from Virden, she knew what it was like to live, work and be part of a rural community.

"I always knew that I wanted to practice rurally and the Interlake-Eastern staff and patients have been very friendly and supportive of having me as a part of their practice," said Belloch. "I also like the variety. I can tailor my practice to my interests and what I enjoy most." ●



From L to R: Nurse practitioner Adrian Sawatzky (Teulon), Dr. Jonah Fulmore (Gimli), Dr. Sarah Belloch (Gimli) and Dr. Christopher Walmsley (Beausejour)

Good first impressions lead to connections

Interlake-Eastern's physician recruitment efforts have been instrumental bringing new medical graduates to our communities and showing up-and-coming medical students what it's like to live, work and build relationships in rural communities.

Over the past four years, student internships and regional recruitment programs such as rural week and home for the summer have been growing in scale and popularity. Through these experiences in communities across the region, medical students have come to see Interlake-Eastern as a potential destination for future medical careers.

Lorri Beer, who is responsible for Interlake-Eastern RHA physician recruitment activities, said it's a sense of connection that keeps the region top of mind as students complete their medical studies.

"It is the connections built with local physicians and care providers and, more importantly, with the community that has made these programs such a success," said Beer. "Even more encouraging are the connections that we have now established with medical students through these recruitment programs."

Rural week enriches community experience

One of the first recruitment programs that most medical students encounter in our region is rural week. During the last weekend of May, first-year medical students from the University of Manitoba's Max Rady College of Medicine spread out across rural and northern Manitoba to experience what it's like to live and work in a rural community. The event, coordinated

the Manitoba HealthCare Providers Network, the university and the regional health authority, also provides first-hand experience of how rural and northern medical practices run.

This past year in the Interlake-Eastern region, the RHA, local physicians and dedicated community volunteers supported this experience for 21 medical students who were placed in the communities of Arborg, Beausejour, Eriksdale, Gimli, Lac du Bonnet, Oakbank, Pinawa, Pine Falls, Selkirk and Teulon. In addition to shadowing physicians

and care providers in these communities, the students also had opportunities to take in the perks of rural lifestyle with trips to beaches, tours of bison farms and local recreational activities such as golfing and fishing.

Community volunteers play a pivotal role in organizing these activities and in hosting students throughout the week. The RHA's ability to provide this experience wouldn't be possible without the many community volunteers and physicians who take the time to make students feel at home in our region says Interlake-Eastern's vice president of primary health care and chief medical officer, Dr. Myron Thiessen.

"The experience wouldn't be as rich for these students without the willingness of community leaders, physicians and health-care staff who engage and make this a meaningful time for these students. We are thankful for this support that goes a very long way towards making the region attractive to new graduates," Thiessen said.

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2018 Rural Week

A homecoming for summer students

The home for the summer program provides an even stronger opportunity for connection with medical students. Students originally from Interlake-Eastern RHA or who have ties to this region receive hands-on clinical or site experience through job shadowing roles with local medical staff. The program started with medical



Jess Polley (pictured in centre wearing light blue shirt) in a farewell group photo with Pinawa Hospital staff this summer

students, but now extends to nursing and other students in fields of home care, mental health, public health, long term care nursing and pharmacy. Interlake-Eastern RHA is becoming a favourite with medical students, according to Beer.

“Four years ago, we had two students interested in home for the summer positions. This year we hosted 17 students – more than any other health authority in the province. Our practitioners and community members have worked hard to

highlight the many benefits that come when working in this beautiful region. That work is starting to pay off.” Beer said.

Practices in Arborg, Beausejour, Gimli, Oakbank, Pinawa, Selkirk and Stonewall hosted medical students for anywhere from two to six weeks. Many students were also provided with opportunities to

experience Selkirk’s emergency department and the Indigenous traditional healing centre, Giigewigamig, which is part of Pine Falls Health Complex.

“We’d be nowhere if we didn’t have doctors in clinics and hospitals who are willing to invest time in mentoring new practitioners. We are extremely fortunate to have so many outstanding physicians with such a strong commitment to and affinity for medical learners. In turn, the student response and enthusiasm has been overwhelming as they work side-by-side with our dedicated rural practitioners,” Beer said.

This year’s home for the summer students had some great things to say about the benefits of the program. Sanisha Taylor, born and raised in East Selkirk, recently



Sanisha Taylor at Selkirk’s community health office this summer

completed her third year of a bachelor of nursing program at the University of Manitoba. This is her second year working with the home for the summer program. In her first year, she worked in regional personal care homes completing surveys and audits. This year she was placed in Selkirk to work with Interlake-Eastern RHA’s community mental health program.

Speaking of her journey over the past couple of years in the program, she is grateful for the practical experience and confidence she gained.

“This program is a huge benefit to my studies. It allows me to see different levels of work within the system from front line workers to high-level administrative staff. I get to experience fields of work that we do

not cover in our clinical rotations at school. As a nursing student, working here helps me build confidence in my analytical skills, observation skills and increases my understanding of what health care really is.”

Jess Polley, a second year medical student, spent six weeks at hospitals in Pinawa, Lac du Bonnet and Selkirk working with both acute and chronic care patients. He said he very much appreciated developing a familiarity with the region’s staff and facilities and developing a more integrated knowledge and experience of health care. Jess highly recommended the program as a way for medical and other health-care students to develop practical skills and understand what it’s like to work in rural communities.

“I would recommend home for the summer for any student, especially those interested in enhancing their hands on skills in rural medicine. The IERHA has outstanding physicians, nurses and other health-care professionals who make it a fun experience and help to take students’ learning to the next level!” ●

What is Primary Health Care?

What is primary health care? “Primary” means it is the first and longest lasting relationship people have to keep themselves and their families healthy. It’s the regular care people receive to prevent more serious or urgent health problems. It’s the care received through regular visits with care providers in a clinic – care that can help prevent visits to the hospital.

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Having a care provider in a home clinic means a patient will also be able to get other health-care services when necessary. In addition to regular care providers, patients can receive added care and advice from a larger team who can provide additional or complementary care. Some of the other team members in a home clinic may include a dietitian or a chronic disease nurse. Barnard notes that this type of collaborative care is part of the training of up-and-coming medical graduates and will eventually be a new model for primary care in the future.

“Young medical graduates are being trained in collaborative medical care environments and are learning to work as teams to ensure the most comprehensive health care,” said Barnard. “This is part of the evolution of primary medical care, which doesn’t assume that a single care provider has to provide everything to a single patient. With this change in focus, the patient becomes the centre of care for all care providers.”

Home clinic teams provide routine check-ups, address minor health-care concerns and provide advice from various specialties in care to keep patients healthier, longer. If a patient’s primary care physician or nurse practitioner ever retires or leaves, the other members of the home clinic team know their health history

and can continue care seamlessly or link them to any other care that’s required, whether that’s the care of a specialist or more urgent care in hospital.

Primary health care is the gold standard of care. It’s the kind of care that Manitobans have been asking for. It is the most important health care a person needs to stay healthier, longer. Interlake-Eastern RHA’s primary health-care team has been working hard to make sure people have this stable, reliable and consistent care, closer to home. ●

Primary health care teams in the communities of Arborg (top) and Pine Falls (below)



Through primary care, people connect with a health-care provider (such as a doctor or nurse practitioner) who follows their health care throughout all stages of life. When a person comes to a local home clinic, they can trust that their care provider has all of their health information at hand for the appointment. By developing a long-term health history, care providers get to know patients well and keep them healthy by doing regular check-ups and early testing. In this way, treatment happens early and prevents more serious health issues.

Paul Barnard, Interlake-Eastern RHA regional director of primary health care and physician services, notes that electronic medical records are an important innovation in the region’s home clinics.

“It’s a requirement of our region’s home clinics to have a system of electronic medical records (EMR) for all patients,” said Barnard. “A robust EMR system ensures that all care providers in a clinic have access to a patient’s medical history and can provide seamless medical care when referring to specialists as well.”

Who’s on your team?

Know which health-care providers you can enlist to help keep you healthier, longer

Many of our region’s clinics have a collaborative, team-based approach to ensure you have the right care, in the right place at the right time. In addition to family physicians and nurses, your home clinic or community health office may have other types of care providers – such as dietitians, chronic disease nurses or mental health specialists – that you can go to for advice on your health, often without referrals. Because they all have shared access to your electronic medical records in your home clinic, they all know your health-care story without you having to repeat your health history to each new care provider.

See this helpful list below to learn about some of the different types of care providers that you may have access to as part of your home clinic team:

Chronic Disease Nurse

Chronic disease nurses help you focus on the prevention and day-to-day management of chronic diseases. They work with individuals and community groups to provide education on healthy lifestyle choices when living with conditions such as diabetes, heart conditions, stroke, high blood pressure or high cholesterol.

Nurse Practitioner

Nurse practitioners (NPs) are health-care professionals who are trained to offer most of the same services that a primary care physician can provide. NPs provide care in a variety of health-care settings in our region and can help you by diagnosing and treating illnesses, ordering tests, prescribing medications, managing chronic illness and educating you on disease prevention and healthy lifestyles.

Primary Care Nurse

Primary care nurses provide a variety of health-care support, education and services. They offer physical exams and health assessments, check-ups for expecting or new mothers, blood sugar monitoring, removal of stitches, wound care and administering injections and IV medications.

Primary Care Physician

Primary care physicians are family physicians who work with you to monitor your health and ensure that you and your family stay healthy throughout all stages of your life. They can assist you by providing physical exams, prescribing medication, ordering tests, treating common illnesses, helping you manage chronic conditions such as diabetes or high blood pressure and monitoring changes in your health that may require attention.

Registered Dietitian

Registered dietitians provide counseling about diet, food and nutrition. They can help you plan meals and make healthy food choices; advise you on how to adjust your diet to prevent and/or treat chronic disease such as diabetes, high blood pressure and high cholesterol; provide information on food allergies and intolerances; and educate you on how to maintain a healthy weight.

Indigenous Health

Indigenous Health Challenges in Our Region

Health disparities exist between Manitoba's Indigenous and non-Indigenous populations. Similar to other parts of this province and the rest of Canada, Interlake-Eastern RHA's Indigenous population is generally young and growing with a high birth rate. Indigenous adults in the region are diagnosed with chronic diseases at higher rates and at younger ages compared to non-Indigenous Manitoban residents. The overall cancer incidence rate among First Nations residents in our region was 629.6 cases per 100,000 people, significantly higher than the overall Manitoba average of 471.2. This information is helping to inform Interlake-Eastern RHA's community wellness programming and is defining the focal point for primary care services in First Nations communities. Interlake-Eastern RHA is actively engaged with Indigenous communities to reduce these disparities in health.

Indigenous Health Program

Language is at the forefront of all cultures and is vital to understanding a client's health-care needs. As a result of a recommendation from the First Nations Community Partnership Collaboration Tables, Interlake-Eastern RHA now has an Indigenous health program that provides clients with access to health care in their own language. The program was designed in partnership with the Interlake Reserves Tribal Council and it has recently hired a second full-time engagement and communication coordinator, Vernon Paul (western region), who will work with Bella Malo (eastern region) to deliver services across the region's facilities.

Coordinators act as interpreters when clients do not share a common language with health-care providers. This ensures that clients' health-care needs and preferences are communicated as accurately and as faithfully as possible, enhancing patient safety and satisfaction, and improving overall quality and access to care.

Staff members and the public communicate directly with Vernon and Bella Monday to Friday (8:30 a.m. to 4:30 p.m.) as patient needs arise. In the event that interpreter services are required after hours, a new partnership with Winnipeg Regional Health Authority's interpretive services program lets us access Indigenous languages as required. These partnerships are paying off through improved communication between care providers and the people they care for. For more information on Interlake-Eastern RHA's Indigenous health program, contact program manager Lynette Klein at (204) 378-3117 or lklein@ierha.ca.

Regional Indigenous Cultural Awareness Training

Approximately one in four residents in the region self-identify as Indigenous (includes First Nation, Métis and Inuit residents). In 2009, 4.5 per cent of our staff self-identified as Indigenous. With concerted effort to develop and maintain a representative work force, today 14 per cent of our 3,200 staff self-identify as Indigenous. Part of Indigenous health goals in the region is ensuring Interlake-Eastern RHA staff members are trained to be more aware of what it means to create culturally safe settings for Indigenous clients and patients.

To foster this cultural sensitivity, Interlake-Eastern RHA offers an ongoing series of full-day Indigenous cultural awareness sessions which have been offered by Indigenous HR trainers Robert Maytwayashing and Lori Buors for nearly 10 years. Since 2009, approximately 659 IERHA staff members have received this training as well as representatives from the RHA's board of directors.

Maytwayashing says that the cultural awareness courses are important way for all non-Indigenous people in our region to build understanding and community.

"As residents and consumers of the IERHA's services, we are all here to stay. The sooner we understand and

respect each other with regard to our shared history as Canadians, the better off we will all be as we work towards a better and healthier community and nation," Maytwayashing said.

Regional Indigenous cultural awareness sessions are available to residents in our region at a cost of \$100 for a full day of training.

For more information about upcoming sessions in our communities, please contact: Robert Maytwayashing, 204-280-0268 or rmaytwayashing@ierha.ca or Lori Buors, 204-280-1279 or 204-646-2504 Ex. 8, lbuors@ierha.ca, St. Laurent Health Centre, 51 Parish Lane, Box 130, St. Laurent, MB R0C 2S0. ●

Pictured here with Indigenous human resources development officer, Robert Maytwayashing, at a recent Indigenous cultural awareness session in Selkirk are some of Interlake-Eastern RHA's directors: (back row, from L to R) Oral Johnston (vice chair), Brian Magnusson and Steve Day; (front row, from L to R) Laurie Andrews, Robert Maytwayashing, Charlene Rocke, Margaret Mills (chair), Ruth Ann Furgala and David Oakley.



Collaborating for Indigenous Health Care

Indigenous health overlaps into nearly all programs and services across the Interlake-Eastern region. To ensure that there is coordination and collaboration in delivering regional health programs and services, the RHA regularly consults with three First Nations Community Partnership Collaboration Tables. Representation on each of the Southeast, Northwest and East collaboration tables include:

- the 17 First Nation communities in the region,
- two of the province's seven tribal councils (South East Resource Development Council Corporation and the Interlake Reserves Tribal Council),
- University of Manitoba's Ongomiizwin Health Services - Indigenous Institute of Health and Healing
- Manitoba Health Seniors and Active Living,
- Department of Indigenous Services Canada
- Interlake-Eastern RHA Authority programs and services staff

Collaboration tables were designed to ensure all health program areas are represented at the table to either immediately address concerns and/or take recommendations away to do further work or research. The tables meet quarterly to openly discuss gaps in services, planning and programming and potential ways of closing those gaps. The tables are also a way for programs to share information, provide news of upcoming educational opportunities, and allow consistent, one-to-one communication across the regions. Through the collaboration tables, Interlake-Eastern RHA continues to work with Indigenous stakeholders to create positive paths moving forward to improve health outcomes for Indigenous communities across the region.

Preparing for Repatriation of Flood Affected Communities

Working with a cross section of communities and agencies, Interlake-Eastern RHA has contributed to proactive planning to assist with the repatriation of approximately 2,000 people to the northwestern part of the region. Displaced by flooding in 2011, former residents have returned to their communities and they bring with them significant medical and mental health-care needs. Accessing resources and funding in a timelier manner has been enhanced through our partnerships that help to ensure care is in place for these people who experienced significant loss.

Giigewigamig Traditional Healing Centre in Pine Falls

The opening of the Giigewigamig Traditional Health Centre in 2017 marked the culmination of a journey that began 10 years ago with the communities of Black River, Bloodvein, Hollow Water and Sagkeeng First Nations. Housed in the Pine Falls Health Complex, the centre is run through the direction of the Giigewigamig Regional Health Authority, represented by the four founding communities and their elders. The facility itself is a reflection of further collaboration with representatives from Powerview-Pine Falls and other local communities; the Province of Manitoba; Health Canada; and Interlake-Eastern RHA.

The healing centre answers the Truth and Reconciliation Commission report's recommendation that calls upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools. It is also a response to another recommendation that calls upon those who can effect change within the Canadian health-care system to recognize the value of Indigenous healing practices and use them in the treatment of Indigenous patients in collaboration with healers and elders upon request.

Elders are now working together to lead on developing program and service delivery at Giigewigamig. The healing centre allows people from different cultures to learn from each other and grow as a community. It also brings traditional Indigenous values and practices to the forefront of care and helps strengthen policies, programs and services across the health system. ●



Interlake-Eastern
Regional Health Authority

VISIT OUR WEBSITE AT
WWW.IERHA.CA
& CLICK CAREERS

Interlake-Eastern Regional Health Authority offers fun, active lifestyles with secure and rewarding working environments in a diverse health care setting.

Interlake Eastern RHA Offers:

- Competitive Salaries
- Benefit and Pension Packages
- Orientation Program
- Professional Development & Continuing Education

A great place to live, a great place to work!



WHERE IS YOUR CAREER TAKING YOU?

Providing holistic care for people living with COPD

It is well-known that people living with chronic obstructive pulmonary disease (COPD) can often develop symptoms that result in a visit to a hospital more often than other people living with a chronic disease. To address this, some very innovative systems of care – such as the Canadian Foundation for Healthcare Improvement’s (CFHI) INSPIRED program – have been developed to help people living with COPD achieve better health outcomes through community-based primary care support and education for preventative self-care. Seeing the multiple benefits of this approach to chronic disease management, Interlake-Eastern RHA has joined Winnipeg Regional Health Authority and Prairie Mountain Health to offer a COPD patient support pilot project that, in our region, began last April at the Selkirk Regional Health Centre.

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According to Karen Wood, IERHA’s regional manager of home care and hospital home program, the success of programs like these is largely due to their holistic nature that extends a system of care beyond the hospital. In addition to the support of acute care respiratory therapists, patients and

their own primary care physicians collaborate with a network of support that includes chronic disease nurses, dietitians, home care and even spiritual health.

“The process begins from the moment the client is admitted and continues when they return to community. It’s holistic, proactive, community-based and patient-centred. That’s the strength of the program,” Wood said.

The COPD system of care will be made available to COPD patients in Selkirk and the immediate surrounding area over the next 12 months. The system initiates in the hospital setting as a follow-up to a patient’s visit and treatment by respiratory therapists. Once patients leave the hospital to return home, they receive a follow-up visit from a chronic disease nurse who educates them on how to initiate

their own COPD action plan. Follow-up visits organized through home care, chronic disease nurse check-ins and engagement of the patient’s own primary health-care team provide ongoing contact to ensure that community support for disease management is available. These follow-up visits coupled with the family physician care provide a collaborative approach to the management of COPD.

The program will continue for a year, with success being measured by an anticipated reduction in the number of hospital visits by COPD clients. It is hoped that eventually, the program could be expanded to facilities across the region with the potential to extend this model of holistic, collaborative care to the management of other chronic diseases. ●



L to R: Sally Yokimas and Jacqueline Winnemuller our regional respiratory therapists working with the COPD System of Care pilot project.

SURGERIES TAKING PLACE AT SELKIRK REGIONAL HEALTH CENTRE

There are a number of surgical procedures taking place at Selkirk Regional Health Centre. You might be surprised to see this summary!

GENERAL SURGERY

- Hemorrhoidectomy
- Lateral Sphincterotomy
- Fistulotomy/ Fistulectomy
- Hernia Repair/Open/ Lap/Open
- Cholecystectomy
- Lap/Open Appendectomy
- All Major Bowel Surgeries
- Excisions
- Amputations
- Lumpectomy/ Mastectomy
- Laparoscopic Nissen
- Fundoplication
- Breast Biopsy
- Port-a cath
- Gastrectomy

PLASTIC SURGERY

- Carpal Tunnel Release
- Blepharoplasty
- Ganglionectomy
- Palmar Fasciectomy
- Release Trigger Finger
- Skin Graft
- Ulnar Nerve Decompression

GYNECOLOGY & OBSTETRICS

- Hysteroscopy
- A&P Repair
- Tubal Ligation
- D&C
- Hysterectomy—vaginal/ total abdominal/ laparoscopic
- Cystocele Repair
- Rectopexy
- Rectocele Repair
- Laparoscopic Oophorectomy
- Suprapubic Bladder Suspension
- Colposcopy
- C-Section
- LEEP (Loop Electrosurgical Excision Procedure)
- Cone biopsy

- Endometrial Ablation
- Epi-morph
- Epidural Program
- ENDOSCOPY
- EGD
- Colonoscopy
- PEG Tube Insertions
- Proctoscopy/ Endoscopy
- Sigmoidoscopy

UROLOGY

- Laser Lithotripsy
- Extra-corporeal Shockwave Lithotripsy
- Percutaneous Renal Surgery*
- Trans Urethral and Bladder Surgery (TURP, TURBT, cystolithotripsy)
- Radical Retropubic Prostatectomy (open)*
- Trans Rectal Ultrasound Biopsy of prostate
- Nephrectomy (radical & partial)*
- Laparoscopic Surgery (Nephrectomy*, Partial Nephrectomy*, Adrenalectomy, Pyeloplasty)

- Cystectomy and Ileal Conduit
- Bilateral Pelvic Lymphadenectomy
- Primary Bladder Repairs
- Reimplantation of Ureters
- Scrotal Surgery (hydrocele, spermatocele, varicocele)
- Orchiectomy
- Vasectomy**
- Circumcision
- Cystoscopy
- * Consult available in Selkirk, procedure performed in Winnipeg only
- **procedure offered by Dr. Krocak only

Diagnostic Imaging Services

- X-Ray, Ultrasound, CT, Fluoroscopy, EKG, Holter Monitoring, Stress Testing

Laboratory Services

- Chemistry, Hematology, Microbiology, Urinalysis, Phlebotomy, Transfusion, Medicine

Investments in regional EMS already paying off

Having strong emergency medical services (EMS) across the Province has been identified as one of the key ways to ensure that people are getting to the right facility, for the level of care they need and when they need it most. Over the past year, recommendations provided in the Manitoba EMS System Review (2013) have been implemented in Interlake-Eastern RHA to deliver more efficient and effective EMS services across the region. Here’s a summary of some recent investments in the Interlake-Eastern Region.

New paramedics coming to Gimli, Teulon and West St. Paul

This past April, the Province of Manitoba announced funding would be made available for 26 new full-time paramedic positions in the Interlake-Eastern region.

These new positions ensure highly-skilled paramedics are available at a moment’s notice if and when they are needed. To ensure residents have access to consistent, reliable health care no matter where they live, the new positions are strategically placed throughout the region.



CEO Ron Van Denakker (back row, second from left) and the West St. Paul EMS team celebrating the announcement of new regional investments in EMS.

Interlake-Eastern RHA started filling these new paramedic positions in stations located in West St. Paul, Teulon and Gimli. It is anticipated all new positions will be filled by January 1, 2019.

Two new 24-7 EMS stations starting up in January

Teulon and Gimli EMS stations will be moving to 24-7 coverage in as of January 1, 2019. In support, the Province has announced funding to upgrade the EMS garage in Teulon so that we can bring this station up to standard for a 24-7 operation. We will be exploring options for this EMS station in conjunction with the Town of Teulon.

This move to increased staffing and 24-7 coverage in EMS stations reduces the need for the former “On-call status” that has been used in stations across the region. On call status means that paramedics are required to respond from home whenever a call comes in at night. In the past this has made ambulance wait times longer and resulted in paramedic fatigue. The new 24-7 stations have paramedics on shift at work at all times.

Consultations with regional paramedics determined the changes they believed would give them appropriate rest periods and ultimately improve access to care for residents. Louise Alarie, Interlake-Eastern RHA’s director of emergency medical services, says these changes are already getting positive feedback from the region’s paramedics and EMS staff. ●

RAAM Clinic Service profile

New RAAM clinic in Selkirk allows faster access to help for addictions

On Nov. 13, Interlake-Eastern RHA opened a Rapid Access to Addictions Medicine (RAAM) clinic at Selkirk’s community health office on 237 Manitoba Ave.. The clinic operates every Tuesday from 12:30-3:30 p.m.



RAAM clinics are walk-in clinics for adults (ages 18+) looking to get help with high-risk substance use and addiction. This includes people who want to try medical assistance to reduce or stop their substance use. It can be very difficult for people to accept that substance use is problematic, and it’s normal for people to feel ashamed, frightened or angry. But the good news is medical treatment for problematic substance use and addiction is safe and effective. People can and do recover from addiction.

No referral is needed and you don’t need an appointment, just show up during clinic hours. If you have a Manitoba Health card or Manitoba Health number, please bring this along. For more information, call the Manitoba Addictions Helpline at 1-855-662-6605 or go to <https://is.gd/MBAddictionRAAM>.

For youth under 18 years old, please contact the Youth Addiction Centralized Intake service at 1-877-710-3999 (8:30 am – 4:30 pm, weekdays) or visit <https://is.gd/YouthAddiction>. ●

IERHA board chair, Margaret Mills with Minister of Health Seniors and Active Living, Cameron Friesen (middle) and family physician Dr. Manish Garg who spoke at the RAAM clinic opening.

New Breast Surgery program

As of January 2019, a new breast surgery program will help us to treat people diagnosed with breast cancer closer to home.

Each year about 900 women in Manitoba are diagnosed with breast cancer and, of these, 100 live in the Interlake-Eastern Regional Health Authority. All women living in the IERHA who require breast cancer surgery have previously had to travel to Winnipeg for their surgery. This January, the Selkirk Regional Health Centre (SRHC) will launch a new breast surgery program which will be ready to accept new patients.

Dr. Angela Schellenberg (left) and Dr. Anthony Anozie (right) of SRHC’s new breast surgery program

The program is led by general surgeons Dr. Anthony Anozie and Dr. Angela Schellenberg. Dr. Schellenberg joined Selkirk’s team of general surgeons in January 2018 after completing a one-year fellowship in breast surgical oncology with the University of Toronto. She spent this extra year of subspecialty training under some of the world’s foremost

experts in breast cancer surgery and treatment at Sunnybrook, Mount Sinai, Princess Margaret and Women’s College Hospital in Toronto.

In the coming months, Drs Anozie and Schellenberg will be traveling across the IERHA giving presentations to family physicians introducing our new breast surgery program. ●



Interlake-Eastern Health Foundation celebrates first year

This November, the Interlake-Eastern Health Foundation celebrated its first year of creating charitable opportunities to benefit health care in our region. The mission of the foundation is to raise funds that support health care across the Interlake-Eastern region. Their goal is to build healthier lives and enhance the quality of life by improving access to resources through philanthropy.

Pamela McCallum, executive director of the foundation, says giving through the Interlake-Eastern Health Foundation is an opportunity to care for your community.

"We are the essence of what community stands for; we take care of each other," she said.

With an area of 61,000 km², Interlake-Eastern Regional Health Authority is one of Manitoba's largest health regions, home to

129,000 residents, 10 hospitals, and 16 long-term care sites that provide general and specialized care to a diverse patient population. By working with community partners to create a culture of philanthropy, the foundation is ensuring the health-care expectations of our communities and our staff are met. The foundation works to partner with members of the community and with our staff to implement a wide variety of fundraising initiatives to achieve this ambitious goal.

Over the past year, the Interlake-Eastern Health Foundation has raised nearly \$300,000 to improve our health-care facilities and programming in communities across the region. Here are some of the many examples of generosity the foundation has coordinated to contribute to community health and wellness. ●



Jim and Betty Anne Gaynor made a \$20,000 donation to create the "Gaynor Family Children's Fund" to support children's health and wellness across the region. (L to R: Jim and Betty Anne Gaynor with Pamela McCallum, executive director of the Interlake-Eastern Health Foundation)



Bill and Olive Cholosky set aside \$100,000 from their estate to create an endowment fund that will support operations at the Selkirk Regional Health Centre. (L to R: Dr. Daniel Lindsay, director of diagnostic imaging, Interlake-Eastern RHA, Pamela McCallum, executive director, Interlake-Eastern Health Foundation, Brent Wynnyk, estate executor and nephew of Bill and Olive Cholosky, and Ron Janzen, vice president corporate services and chief operating officer of Selkirk Regional Health Centre, Interlake-Eastern RHA.)



Pamela McCallum (executive director, Interlake-Eastern Health Foundation) with Wendy and Bob McCleary next to the stained glass artwork that they commissioned and donated to Selkirk Regional Health Centre. The McClearys consulted with the foundation to find out what they could do to create more peaceful settings for staff and patients. Their donation of \$10,700 was used to create stained glass that Bob designed himself, a bench for the hospital's courtyard and a much needed scale for the surgery department.

Creating giving opportunities in your community

The Interlake-Eastern Health Foundation makes it easy to target priority health-care needs in our region's facilities and create meaningful opportunities for donations. Contributions can make a difference in so many different ways:

- HIGHEST PRIORITY FUND: A top health-care priority is identified each year based upon recommendations from the Interlake-Eastern Regional Health Authority.**
- AREAS OF INTEREST FUND: Donations of \$25 or more can be targeted to a donor's specific health-care programming interests, such as acute care in hospitals, cancer care, healthy living, mental health and addiction services, palliative and end-of-life care or personal care homes.**
- COMMUNITY SPECIFIC DONATIONS: Donations of \$500 or more can be directed to any of the 15 communities that are home to Interlake-Eastern RHA facilities.**
- INTERLAKE-EASTERN HEALTH FUND: Donations can be made to our undesignated endowment fund in which donations are held in perpetuity and only the annual income is spent.**
- FOUNDATION OPERATING FUND: Donations to this fund are used to help offset the costs of operating the foundation.**
- OTHER NAMED ENDOWMENT FUNDS: Donations of \$10,000 or more can be used to start a specified endowment fund for a special area of interest.**

How to give: To make your donation, please make cheques payable to the Interlake-Eastern Health Foundation, 233a Main Street Selkirk, MB R1A 1S1 or make a donation through the foundation website at www.iehfc.ca ●

A big thank you to our region's generous auxiliaries

Auxiliaries all over the region have always been an integral source of support for health care in communities. The tireless work of auxiliary volunteers to raise funds in support of community wellness has resulted in countless donations that contribute to the maintenance of our facilities, allow for the purchase of valuable equipment and improve community wellness. In the past year alone, ladies auxiliary organizations in Pine Falls and Selkirk have made considerable funding available to support the purchase of equipment, upgrade facilities and improve patient experience. See below to learn how they've made a difference for health care in their communities.

Selkirk Rotary Club and Ladies Auxiliary: Project Echo

This April, the Selkirk Ladies Auxiliary donated \$25,000 in support of the Project Echo campaign, established by the Rotary Club of

Selkirk. This generous donation will allow the Selkirk Regional Health Centre to purchase echocardiography technology, a painless test that uses sound waves to create moving pictures of the heart. This imagery shows the size and shape of a patient's heart as well as the functioning of the heart's chambers and valves. The addition of this service in Interlake-Eastern will lessen wait times and reduce the need for travel.

According to the chair of the Selkirk Ladies Hospital Auxiliary, Betty Milkowski, the auxiliary has been in operation since the hospital was located on Eveline Street.

"Our goal has always been to provide extra funds for the purchase of additional equipment or the replacement of equipment that has been identified by the hospital staff with the comfort of patients in mind," Milkowski said.

Pine Falls Health Auxiliary: Pine Falls Primary Healthcare Centre and Giigewigamig Traditional Healing Centre upgrades

The Pine Falls Health Auxiliary learned of facility upgrading needs in Pine Falls and donated \$35,000 to the Pine Falls Primary Healthcare Centre and the Giigewigamig Traditional Healing Centre. The funds were used to purchase new furniture, a blood pressure machine and heart monitor and provide internet and television services for the waiting room.

"Giving back to the community was a primary goal of this donation from the Pine Falls Health Auxiliary," said Pamela McCallum, executive director of the Interlake-Eastern Health Foundation. "We thank them for this very generous donation that will be appreciated by community members and the staff who deliver health-care services here." ●



From L-R: Jean Oliver, Lee Hanson, and Gayle Halliwell from the Rotary Club of Selkirk, Pamela McCallum, executive director, Interlake-Eastern Health Foundation, Pat Pennington and Betty Milkowski, Selkirk Ladies Auxiliary representatives and SRHC gift shop volunteers.



From L to R: Corinne Katazinski, primary health care clinical team manager for Pine Falls, IEHRA; representatives of the Pine Falls Health Auxiliary, Anita, Sharon, Kim Boncamp, Tammy Kunz; and Pamela McCallum, executive director, Interlake-Eastern Health Foundation.

Local Health Involvement Groups: Guiding the future of regional health care

Interlake-Eastern RHA's Local Health Involvement Groups (LHIGs) are made up of community volunteers who are motivated to influence and inform decision-making about the future of health care in our region. LHIGs regularly provide input on topics of key concern to improving regional health care. Together, they explore ideas and provide advice to Interlake-Eastern RHA's board of directors for consideration on topics directly linked to the boards' strategic priorities. On December 4, our first LHIG concerning patient experience was launched in our region.

What is it like to be part of a LHIG and what value does it bring to our region? Here is testimony from previous LHIG members as well as an Interlake-Eastern RHA director who works closely with the LHIGs:

"LHIG membership has given me new insight into the successes and challenges of providing health care in our area. Changes in health-care delivery are inevitable; and planning service approaches is more effective for patients if the local health authority is aware of issues and needs of citizens. The board of IERHA has responded positively to suggestions from the LHIGs and has made a conscientious effort to translate concerns into policies and procedures. I especially liked the fact that the process and terms of the LHIGs are ever evolving according to constant LHIG and board communication."

Gail, LHIG member, East

"As a layperson when dealing with anything medical I feel that I am slowly, learning what is available within the IERHA services and facilities, and what I can expect in terms of medical assistance when it is required. As a community member I am able to bring forward the concerns and experiences that our residents and communities have when it comes to receiving medical services; and their concerns for the future availability and delivery of all medical services including doctors, hospitals, care homes, ambulances and all other services required for their and the community's health."

Henry - LHIG member, West

"I have the honour of representing the IERHA board of directors on two of the three Local Health Involvement Groups (LHIG) in the Interlake-Eastern RHA. It is my pleasure to hear the wealth of information that the groups bring to the table. Having a diverse membership joining this committee allows for wonderful community feedback and is crucial to giving our board guidance in any regional health concerns. The information shared helps direct us toward positive changes to make our health-care system the best that it can be."

Judy Dunn - Interlake-Eastern Board of Directors

Interlake-Eastern Regional Health Authority residents who have an interest in improving health care in the region and who are able to commit the time required to participate in a Local Health Involvement Group are encouraged to apply by visiting www.ierha.ca and click on "About Us" and "Community Involvement". LHIGs are organized according to community boundaries within our region. See below to find out which LHIG would include residents from your community.

LHIG COMPOSITION BY GEOGRAPHY: LHIG membership in our region is divided up into three distinct geographic areas:

CENTRAL - reflects residents living in the northern most limit of East St. Paul, including Selkirk, Beausejour, Oakbank and Stonewall.

EAST - reflects residents living in the area that starts at the point of intersection with the Eastern boundary of the Province of Manitoba and the Southern limit of the Trans Canada, including all towns and First Nations on the East side of lake Winnipeg.

WEST - reflects residents living in the northwestern most limit of the RM of East St. Paul to the intersection with the shoreline of Lake Manitoba including all towns and First Nation communities up to and including Berens River First Nation. ●

Interlake-Eastern RHA DIRECTORY OF SERVICES

LOOKING FOR A FAMILY DOCTOR OR NURSE PRACTITIONER:

Family Doctor Finder is an easy way to find a health-care provider for you or your family's primary health-care needs Monday – Friday, 8:30 a.m. to 4:30 p.m.
1-866-690-8260
Or register online at <http://www.gov.mb.ca/health/familydoctorfinder/>

IF YOU HAVE A GENERAL HEALTH CONCERN:

Health Links – Info Santé: 24-hour, 7-days a week telephone information service. Staffed by registered nurses with the knowledge to provide answers over the phone to health-care questions and guide you to the care you need. Call anytime (204) 788-8200 or toll-free 1-888-315-9257.
Hospitals
For more information on Interlake-Eastern RHA's hospitals and services visit www.ierha.ca and click on "Care in Your Hospital"

REGIONAL CLINICS – SERVICING PEOPLE FROM ALL OVER THE REGION

Rapid Access to Addictions Medicine (RAAM) Clinic
For adults (ages 18+) looking for confidential help for substance use problems. Offering addictions medicine, counselling and other supports. Easy access, walk-in, first come first serve, no appointment or referral needed. Selkirk Community Health Office, 237 Manitoba Ave., Selkirk Every Tuesday, 12:30 to 3:30 p.m.

Selkirk Quick Care Clinic
Staffed with nurse practitioners and primary care nurses who can help you with non-urgent health-care needs. Phones answered at 9:30 a.m. Please be patient and continue to call back if you would like to make an appointment. Making an appointment by phone is the best way to ensure you will be seen in the clinic in a timely manner. Walk in appointments may be available during low volume times but are NOT guaranteed. When you visit the clinic, please be ready to present your Manitoba Health card before your appointment.
#3-1020 Manitoba Ave., Selkirk (across from Boston Pizza) 204-482-4399

Travel Health Clinic
If you are planning to travel internationally, you should be aware that conditions in other countries may be very different from those in Canada and may seriously affect your health and personal security. A well-informed traveler is more likely to be a healthy traveler. Selkirk Community Health Office, 237 Manitoba Avenue, Selkirk Appointments can be made by calling 204-785-4891 It is recommended that appointments be made at least 6 to 8 weeks in advance of travel.

PROGRAMS AND SERVICES
For more information on the following programs and services visit www.ierha.ca and click on "Programs and Services" and "Care in Your Community".

PUBLIC HEALTH OFFICES & PROGRAMS

Serves individuals and families by providing information, guidance and support on topics such as pre- and post-natal care, infant nutrition, healthy child development, immunizations, sexually transmitted diseases, and healthy living and disease prevention.

Arborg Community Health Office
204-376-5559
317 River Road

Ashern Community Health Office
1 Steenson Avenue
204-768-2585

Beausejour Community Health Office
151 – 1st Street South
204-268-4966

Eriksdale Wellness Centre
35 Railway Avenue
204-739-2777

Fisher Branch Community Health Office
23 Main Street
204-372-8859

Gimli Community Health Office
120 – 6th Avenue
204-642-4595

Lac du Bonnet Primary Health Care Centre
89 McIntosh Street
204-345-8647

Lundar Community Health Office
97 – 1st Street South
204-762-5469

Oakbank – Kin Place Health Complex
689 Main Street
204-444-2227

Pinawa Primary Health Complex
30 Vanier Drive
204-753-2334

Pine Falls Health Complex
37 Maple Street
204-367-4441

Riverton Community Health Office
68 Main Street
204-378-2460

Selkirk Community Health Office
237 Manitoba Avenue
204-785-7500

St. Laurent Community Health Office
51 Parish Lane
204-646-2504

Stonewall Community Health Office
589–3rd Avenue South
204-467-4400

Teulon Community Health Office
162 – 3rd Avenue SE
204-886-4065

Whitemouth District Health Centre
75 Hospital Street
204-348-7191

FAMILIES FIRST PROGRAM
Program offers home visits to families with children, from pregnancy to school entry. The program works with public health nurses to access community resources, information and support for up to three years. Selkirk and area – 204-785-7693 or 204-785-7505
Teulon and area (St. Laurent, Stonewall) – 204-886-4071
Gimli and area (Ashern, Eriksdale, Lundar, Arborg, Riverton, Fisher Branch) 204-642-1610

Oakbank, Beausejour, Pinawa, Pine Falls, Whitemouth, Lac du Bonnet, 204-444-6115

FETAL ALCOHOL SPECTRUM DISORDER (FASD)

To discuss a potential referral of all children and youth up to the age of 18 years old for an FASD assessment, contact: Sherisse Picklyk Dear, FASD Diagnostic Coordinator
Phone: (204) 785-7547, Fax: (204) 785-7698, spicklykdear@ierha.ca
Devon Ungurain, FASD Diagnostic Coordinator
Phone: (204) 268-2288, Fax: (204) 268-4194, dungurain@ierha.ca

HEALTHY BABY DROP IN / STEP'N OUT WITH MOM / OUR TIME

A drop-in group for pregnant women and parents with infants up to one year of age to connect with other parents on issues such as nutrition, pre-natal care, breastfeeding, baby development, parenting and overall child care concerns. The program meets in various sites throughout the Interlake-Eastern region on a regular basis and provides a friendly, informal environment where families and their children can ask questions and receive current, relevant information. For the day and time that a group meets in your community or for more information call 1-866-211-1703 for West side of Lake Winnipeg including Selkirk and 204-345-0284 for the East side of Lake Winnipeg.

TEEN CLINICS

Teen clinics address the unique questions and health concerns that today's teens have. Services are free and confidential. Visit Teen Clinics on Facebook: Interlake Eastern Teen Clinics, and Instagram: [interlake.eastern.teen.clinic](https://www.instagram.com/interlake.eastern.teen.clinic)

Beausejour Teen Clinic
HEW building
31-1st Street South
Thursdays, 11:00 to 4:30 pm
204-268-7468

Lundar Teen Clinic
Lundar Primary Care Centre,
97-1st Street South
Wednesdays, 11:00 – 1:00 p.m.
204-762-6076

Oakbank Teen Clinic
689 Main Street, Oakbank
Wednesdays, 11:00 - 4:00 p.m.
204-444-6131

École Powerview School Teen Clinic
Every second Thursday, Noon to 4:00 p.m.

Riverton Collegiate Teen Clinic
Thursdays, 11:30 – 12:30

Selkirk Teen Clinic
Community Health Office, 237 Manitoba Avenue, Selkirk
Thursdays, Noon to 6 p.m.
204-785-7500

Wanipigow School Teen Clinic
Second Tuesday of every month, 10:30 to 2:30 p.m.

Warren Collegiate Teen Clinic
Wednesdays, 1:00 – 3:30 p.m.

CANCER CARE

People living with a cancer diagnosis and treatment have a number of supports in the region where care and concern are complemented with information and empowerment.

Cancer Navigation Services

Cancer navigation can guide and support you and your family through the entire cancer journey. Receiving information and support in a timely manner can help to reduce distress and anxiety. Cancer navigation services are provided free of charge to Interlake-Eastern Regional Health Authority residents and their families. Your family doctor, nurse or any other health-care professional can refer you to the nurse navigators. You can also contact the nurse navigator directly to seek the support of this program. Nurse Navigators and Psychosocial Oncology Clinician
Toll-Free: 1.855.557.2273 (CARE)
Email: cancernav@ierha.ca

Community Cancer Programs
CancerCare Manitoba working in partnership with the Regional Health Authorities has supported rural communities in establishing community cancer programs for the provision of cancer services within the Interlake RHA and they are located in:
Gimli – 204-642-4520
Pinawa – 204-753-2334
Selkirk – 204-785-7400
Eriksdale – Community Engagement Liaison – 204-739-2777

HOME CARE

Home care is a community based service that provides essential in-home support to individuals, regardless of age, who require health services or assistance with activities of daily living. Manitoba residents registered with Manitoba Health who require services or assistance with activities of daily living such as bathing, dressing, meal preparation or medication administration are eligible for home care service to allow them to remain safely in their home. Self-referrals are accepted as well as referrals from physicians, hospitals, family/friends or other programs/agencies. Services provided are determined by a comprehensive assessment by the home care case coordinator and an individual care plan is then developed with input from the client.

Arborg - Arborg Community Health Office
317 River Road, Box 423,
Arborg, MB ROC 0A0
204-376-5559 ext. 1 & 7
Areas of responsibility: Arborg, Matheson Island RM, Pine Dock, Riverton, Icelandic Lodge & Sunrise Lodge

Ashern – Lakeshore General Hospital 1 Steenson Drive, Ashern, MB, ROC 0A0
204-768-5225
Areas of responsibility: Ashern, RM of Grahamdale & Siglunes, Camper, Glencora, Gypsumville, Moosehorn, Mulvihill, Pioneer Heritage, Vogar

Beausejour – 71107 Hwy 302S Box 209, Beausejour, MB ROC 0C0
204-268-6747/ 204-268-6721/ 204-268-6720
Areas of responsibility: Beausejour & Whitemouth

Eriksdale – (see Lundar)

Fisher Branch – Fisher Branch PCH 7 Chalet Dr., Box 119, Fisher Branch, MB ROC 0Z0
204-372-7306
Areas of responsibility: Chalet Lodge, Dallas, Fisher Branch, Fisher River, Hodgson,

Poplarfield, Poplar Villa, RM of Fisher

Gimli – Gimli Community Health Office 120-6TH Avenue, Box 250, Gimli, MB ROC 1B0
204-642-4596 / 204-642-1607
Areas of responsibility: Arnes, Camp Morton, Fraserwood, Gimli RM, Parts of Armstrong RM, Meleb, Malonton, Matlock (Rd 97N), Rockwood RM, Ponemah, Sandy Hook & Winnipeg Beach
204-642-4581

Lac du Bonnet – Lac du Bonnet District Health Centre 89 McIntosh Street, Lac du Bonnet, MB ROE 1A0 204-345-1217 / 204-345-1235
Areas of responsibility: Bird River, Great Falls, Lac du Bonnet, Lee River, Leisure Falls, Pinawa, Pointe du Bois, Wendigo, White Mud Falls

Lundar / Eriksdale – Lundar Health Centre 97-1ST Street South, Box 296, Lundar, MB ROC 1Y0
204-762-6504
Areas of responsibility: Coldwell RM, Town of Clarkleigh, Lundar, RM & Town of Eriksdale

Oakbank – Kin Place Health Complex 689 Main Street, Oakbank, MB ROE 1J0
204-444-6139 / 204-444-6119
Areas of responsibility: Anola, Cooks Creek, Dawson Rd (portion), Deacons Corner, Dugald, Hazelridge, Queensvalley, Meadow Crest, Oakbank, Pine Ridge, Symington St. (portion)

Pine Falls – Pine Falls Health Centre PO Box 548, Pine Falls, MB ROE 1M0
204-367-5403

Areas of responsibility: Albert Beach, Belair, Bissett, Lester Beach, Hillside Beach, Manigotogan, Northern Beaches (east side of lake), Northern Reserves (not incl. Ft. Alex), Pine Falls, Powerview, St. George, Seymour, Stead (not Gull Lake), Traverse Bay, Victoria Beach

Riverton (see Arborg)

St. Laurent – St. Laurent Community Health Office 1 Parish Lane, St. Laurent, MB ROC 2S0
204-646-2504

Areas of responsibility: RM & Town of St. Laurent, Twin lakes Beaches & Oak Point, Assisted Living Centre & Laurentia Lodge

Selkirk – Selkirk Community Health Office 202-237 Manitoba Ave., Selkirk, MB R1A 0Y4
204-785-7703

Areas of responsibility: Beaconia (Taxes to St. Clements) Clandeboye, Grand Marais, Lockport, Narol, Petersfield, St. Andrews RM, St. Clements, South of Grand Beach on Hwy 59, Town of Selkirk

Stonewall – Stonewall District Health Centre 589 3rd Avenue South, Stonewall, MB ROC 2Z0
204-467-4413 / 204-467-4414 / 204-467-4769

Areas of responsibility: Crocus Hilltop Manor, Grosse Isle, Marquette, Oak Park Lodge, RM & Town of Woodlands, Rosser RM, Rockwood RM, South of Rd 84N, Town of Argyle, Stonewall, Stony Mountain, Warren, Lions Manor, Headingly Colony

Teulon – Teulon Community Health Office 162-3rd Avenue, Box 89, Teulon, MB ROC 3B0
204-886-4053 / 204-886-4066

Areas of responsibility: Armstrong RM, Balmoral, Clearwater Colony, Gunton, Interlake Colony, Inwood, Komarno, Malonton, Narcisse, Rockwood RM, Teulon, Woodlands #415 & North

Whitemouth – Whitemouth District Health Centre PO Box 160, 75 Hospital Street, Whitemouth MB, ROE 2E0,
204-348-460
Areas of responsibility: Whitemouth Area: Elma, Lewis, Prawda, River Hills, Seven Sisters, Town of Whitemouth; Reynolds Area: East Braintree, Hadashville, McMunn, Rennie, Richer East, Ste. Rita, Spruce Siding, Whiteshell Provincial Park (excluding Falcon Lake)

MENTAL HEALTH

Mental health includes our emotional and social wellbeing. It affects how we think, feel and act. It also helps determine how we handle stress, build relationships, and make choices. Mental health is important at every stage of life, from childhood through to adulthood. Mental health challenges can affect us all and may include difficulties in thinking, mood and behaviour, but help is available. Non-crisis mental health support call toll-free 1-866-757-6205
24-hour crisis mental health support call toll-free 1-866-427-8628
Crisis Stabilization Unit – 482-5361 Toll free: 1-888-482-5361
Mobile Crisis Unit – 482-5376 Toll free: 1-877-499-8770
Visit ierha.ca, "Care in your community" and "Mental Health" for self-help online resources.

PALLIATIVE CARE

A philosophy of care that aims to provide comfort and quality of life for individuals and families facing a life-limiting, non-curable illness. Palliative Care does not take place within four walls - services and support are provided for people where they are living: hospitals, personal care homes and in your own home by a variety of caregivers including physicians, nurses, pharmacists, home care workers, volunteers, pastoral care, families and friends. Palliative Care helps individuals to achieve the best possible quality of life right up until end of life. For more information on this program visit www.ierha.ca and click on "Care in your Community" and "Palliative Care" or contact Tammie-Lee Rogowski, clinical team manager, regional palliative care program, Office: 204-785-7756, trogowski@ierha.ca

FRENCH LANGUAGE SERVICES

Interlake-Eastern RHA is designated as a bilingual regional health authority by the Province of Manitoba. Francophones account for 5.7 per cent of the region's overall population.

The largest concentrations of Francophone populations identified in our region are:

- The Rural Municipality of St. Laurent, including Marquette (RM of Woodlands).
- The Town of Powerview-Pine-Falls.
- The Rural of Municipality of Alexander including St-Georges.
- The Rural Municipality of Victoria Beach.
- Grand Marais and Grand Beach (RM of St. Clements).

Two French Language Service coordinators work in the region out of offices based in St. Laurent and Pine Falls. These French Language Service coordinators are linked to the region's Primary Health Care and Community Wellness programs. They participate in delivering services in French,

connect Francophone clients to appropriate health services, promote active offer by our health care providers, promote staff language training, identify documents and resources for translation and represent the region on provincial French Language Service committees. Michelle Berthelette, French language services coordinator Pine Falls (204) 367-5402, mberthelette@ierha.ca
Lori Carrière, French language services coordinator St. Laurent (204) 646-2504 ext. 3, lcariere@ierha.ca

Services en langue française
L'Office régional de la santé d'Entre-les-Lacs et de l'Est est désigné comme un office régional de la santé bilingue par la Province du Manitoba. Les francophones représentent 5,7 % de toute la population de la région.

Les plus fortes concentrations de francophones dans notre région se trouvent dans les endroits suivants :

- Municipalité rurale de Saint-Laurent, y compris Marquette (M. R. de Woodlands)
- Ville de Powerview-Pine Falls
- Municipalité rurale d'Alexander, y compris Saint-Georges
- Municipalité rurale de Victoria Beach
- Grand Marais et Grand Beach (M. R. de St. Clements)

Deux coordonnatrices de services en français travaillent dans la région avec des bureaux basés à Saint-Laurent et Pine Falls. Ces coordonnateurs de services en français sont liés aux programmes de soins de santé primaires et du mieux-être communautaire de la région. Ils participent à la prestation des services en français, réfèrent les clients francophones à des services de santé appropriés, promeuvent l'offre active par nos fournisseurs de soins de santé, promeuvent la formation linguistique du personnel, identifient les documents et les ressources pour la traduction et représentent la région au sein des comités de services provinciaux de la langue française.

Michelle Berthelette, coordinatrice de French language services/ coordonnatrice des services en langue française Pine Falls 204 367-5402, mberthelette@ierha.ca
Lori Carrière, coordinatrice de French language services/ coordonnatrice des services en langue française Saint-Laurent 204 646-2504, ext. 3/poste 3, lcariere@ierha.ca

SERVICES TO SENIORS

Senior supports programs and services are developed to maintain independence and enhance the quality of life of our senior population. Community run services such as congregate meals, grocery shopping, transportation and home maintenance may be offered through services to seniors. Specific services will vary from community to community. Services to seniors focuses on wellness and support and works alongside home care services in the community with the goal of helping people remain in their own homes. If you require more information, visit www.ierha.ca and click on "Care in Your Community", "Services for Seniors" or contact: Maureen Tully, services to seniors coordinator—West,

204-886-4064, mtully@ierha.ca or Bev Airey, services to seniors coordinator—East, 204-785-7707, bairey@ierha.ca.

COMMUNITY WELLNESS TEAM

Delivering FREE health and wellness expertise
Health experts on our community wellness team include nurses, dietitians, exercise consultants and people trained to help motivate you to live a healthier life. Our wellness teams visit communities for events and they deliver free classes and programs all over the region. We offer something for everyone! Explore what community wellness offers and make a commitment to do the best thing you can do for yourself: live a healthy life. Visit www.ierha.ca and click on "Care in your Community" and "Community Wellness Team & Newsletter Sign-up" or call 1-877-979-WELL (9355) to learn more about upcoming events near you.

INTERLAKE-EASTERN RHA HUMAN RESOURCES

For the most recent job opportunities, visit www.ierha.ca and click on "Careers".

General Recruitment Inquiries

Human Resource Assistant
233A Main Street
Selkirk, MB R1A 1S1
Office: 204-785-4772
Email: hr@ierha.ca

Physician Employment Inquiries

Lorri Beer
Physician Recruitment Officer, Physician Services
lbeer@ierha.ca

Indigenous Human Resources Initiative

Robert Maytwayashing, Indigenous Human Resources Development Officer
204-280-0268, rmaytwayashing@ierha.ca
Lori Buors, Indigenous Human Resources Development Assistant
204-280-1279 or 204-646-2504 Ex. 8, lbuors@ierha.ca

TELL US! WE'D LIKE TO HEAR YOUR COMPLIMENTS AND CONCERNS.

At Interlake-Eastern RHA, we are committed to serving you with respect, care and compassion. We are here to listen and respond to your needs. You can reach us in a few different ways:

Visit ierha.ca and click on "Tell Us" in the middle of our home page. You can fill in an electronic feedback form that will automatically reach our Tell Us staff. Printed forms are also available at all Interlake-Eastern RHA facilities – just ask for one at our business offices. You can also always call us toll free at 1-855-347-8500.

Interlake-Eastern RHA Corporate Office
233A Main Street, Selkirk R1A 1S1
1-855-347-8500
www.ierha.ca

