LETTER OF TRANSMITTAL

I have the pleasure to present the annual report for the Interlake Regional Health Authority, for the fiscal year ended March 31, 2010.

This annual report was prepared under the Board’s direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2010 have been considered in preparing this annual report. This report has been approved by the Board and reviews the actions and initiatives of the Interlake Regional Health Authority from April 1, 2009 to March 31, 2010.

Respectfully submitted,

[Signature]

James L. Rodger
Board Chair

MISSION STATEMENT

To achieve the highest degree of physical, mental and social well-being of all Interlake residents and communities, through publicly funded and delivered sustainable, accessible, integrated health services.
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A MESSAGE FROM JIM RODGER, BOARD CHAIR

The Board of Directors of the Interlake Regional Health Authority is pleased to present our report for Fiscal Year 2009/2010. This report serves two purposes, the first being to satisfy the statutory and regulatory reporting requirements of all regional health authorities. Much of the financial and statistical data in the report is designed to meet those important requirements. Equally important, however, is our obligation to provide our regional communities with a clear picture of what the Interlake RHA has been doing over the past year to work towards our vision of “Healthy People in Healthy Communities”. We hope that you will find in the report the information you are seeking or useful leads to further information through the Corporate Office or our website www.irha.mb.ca.

On behalf of the entire Board, I extend heartfelt thanks to all Interlake RHA staff members and the many, many volunteers in our communities who have done so much to make life better for our patients and clients. We also extend our thanks to Manitoba Health for their continuing support of the services we deliver to the Interlake. We particularly thank John Cochrane (Ashern) and Kim Canvin (Selkirk) who have stepped down from the Board this year. We welcome back Donna Rudyk (Fisher Branch), Dave Cain (Gimli) and Susan Anderson (St. Martin).

We knew going into 2009/2010 that it would be a difficult year financially and so it has proven. The Financial Statements herein report an operating deficit of $1.24 million or about 1% of our total operating costs. We wish it were otherwise, but a combination of factors obliged us to incur a deficit if we were to keep our pledge to ensure uninterrupted service delivery across the region. The continuing international economic crisis adversely affected our revenues, of course. On the expenditure side, as part of our year-end adjustments we recovered, through additional Manitoba Health funding, our costs associated with the H1N1 influenza virus threat. Our increased costs continue to be driven by service volume increases in our facility and community programs, our very high acute care bed occupancies and in hiring agency nurses as a temporary expedient while permanent recruitment efforts were undertaken for some of our facilities along the Highway 6 corridor.

We firmly believe that the most important way to contain the costs of acute medical care services is to engage in long term education and prevention programs which will reduce the incidence and severity of both acute and chronic medical conditions. We applaud the motivated people in so many of our Interlake communities who are leading the way by stepping forward to work with Interlake RHA staff to encourage positive changes in the lifestyles of their friends and neighbours. Acute care services and facilities will always be important, but it is these low key, quiet changes in the ways we choose to live that will truly bring us to the fulfillment of our vision - HEALTHY PEOPLE IN HEALTHY COMMUNITIES

Respectfully submitted,

James L. Rodger
Board Chair
A MESSAGE FROM KEVIN BERESFORD,  
CHIEF EXECUTIVE OFFICER

I am pleased to present the Interlake RHA’s annual report for the fiscal year 2009 - 2010. Our Annual Report provides us with an opportunity to highlight both our accomplishments and challenges associated with our role of delivering health programs and services across the Interlake region over the past 12 months.

Firstly, I would like to recognize our staff, volunteers, physicians and our Board for their dedication and continued commitment to the Interlake region over the past year. I would also like to extend my appreciation to our communities, health partners and affiliated organizations who remain committed to the health and well-being of Interlake residents.

Our Strategic Priorities provide direction and focus to the Interlake RHA and, over the past year, we have continued to move forward in a number of key areas. We completed our third Community Health Assessment which will serve as a blueprint towards the development of our 2011 - 2016 Strategic Plan later this year. The results from this comprehensive Community Health Assessment will tell us many things, including how much work we have to do in helping people to manage their chronic diseases and how they can prevent them. As part of the Community Health Assessment process, we also completed our Youth Health Survey, which provides an opportunity to monitor information on risk factor behaviours for chronic disease among youth in our communities. It also allows for sharing success stories and strategies focused on the health and well-being of our youth.

Wellness and disease prevention initiatives have continued to result in positive impacts across our region through the on-going development of our Community Wellness Team strategies. Supported by Health Promotion grants and community partnerships focusing on chronic disease prevention, we have been able to engage Interlake residents and communities to take ownership of their health and well-being. Our Mobile Wellness Program continues to grow and visit communities across our region. We have also continued to expand our working relationships with First Nations communities in the delivery of health promotion/disease prevention initiatives programs.

Over the past year, we were faced with the H1N1 Influenza pandemic. The Interlake region was well positioned to meet the challenges associated with the pandemic and I would like to recognize and thank our staff, physicians and community volunteers and partners who played a role in our response.

Human Resource services along with qualified and adequate staffing continue to play a large role in the success of any RHA and as such, the Interlake has continued our efforts on recruiting to address shortages, both physicians and professional staff. Our Aboriginal Human Resource Initiative has established linkages with First Nations and this approach remains an ongoing regional priority. I would also like to recognize the efforts and support of Interlake communities towards the recruitment of health care providers to the region.

Information Technology remains a priority across the region and we continue to plan and build components that are part of the development of the integrated electronic health record. Improved information technology has continued to increase local access to services, enhanced patient safety and has created efficiencies through immediate accessibility to information. Over the past several years, we have increased our regional telehealth capacity which has brought physician specialists services conveniently close to home. Telehealth also allows us to bring staff and physician educational opportunities directly to our sites.

On a provincial level, we are grateful for the support shown by Manitoba Health in the commitment to a number of major capital projects such as the redevelopment of Selkirk & District General Hospital, the Wellness Centre Project in Eriksdale, EMS Facilities in both West St. Paul and in Arborg along with dialysis programs at the Gimli Community Health Centre and Percy E. Moore Hospital in Hodgson.

I look forward to working with our staff, Board, partners in health and our communities as we work towards the opportunities and challenges ahead in 2010 - 2011.

Respectfully submitted,

Kevin Beresford  
Chief Executive Officer
OUR ROLE...

The Interlake Regional Health Authority is responsible for the operation and administration of facility and community based health programs and services at a regional level within the Interlake region of Manitoba. The Interlake RHA is responsible within the context of broad provincial policy direction for assessing and prioritizing those health services and programs based on evidence based needs and developing and managing an integrated approach to health care delivery.

OUR REGION...

The Interlake Region is an expansive geographical area encompassing approximately 26,000 square kilometers, reaching from the R.M. of Rosser at the north perimeter highway of the City of Winnipeg to the 53rd parallel and stretching between Lake Manitoba on the west and Lake Winnipeg on the east. In addition, our region includes a narrow strip of land on the east side of Lake Winnipeg, extending up to Grand Marais.

The Interlake Region includes the City of Selkirk along with numerous towns, villages and smaller communities. There are fourteen rural municipalities, nine First Nation communities and a large area that is defined as unorganized territories which tends to be largely unpopulated. The Interlake region includes a wide variety of geographical features ranging from natural lake borders as part of the Red River Valley to agricultural fields and parklands, beaches and marshlands.

The region has experienced continued population growth which currently stands at approximately 78,000. The region is also a cottage vacation haven on both the east and west sides and, as a result, the population will almost double in the summer months.
VISION
Healthy People in Healthy Communities

MISSION STATEMENT
To achieve the highest degree of physical, mental and social well-being of all Interlake residents and communities, through publicly funded and delivered sustainable, accessible, integrated health services.

VALUES
Leadership - Leadership is guided by the belief that health care is not merely the absence of illness or infirmity, but strives for the physical, mental and social well-being of all people.

Innovation - Through a publicly funded and delivered framework, the organization strives for excellence, continuous improvement and quality service across all programs and services, reflective of the population we serve.

Inclusiveness - People’s ethnic and cultural heritage, including alternative healing practices, are recognized and respected. In making evidence-based and needs-based decisions we are inclusive in how we engage our diverse population.

Accessibility - People will have reasonable and timely access to appropriate, sustainable programs and services.

Shared Ownership - Wellness is emphasized through active community participation in health promotion, chronic disease prevention and community wellness, targeting at-risk populations.

Sustainability - Health programs and services are sustained through stable, appropriate staffing levels, staff retention and recruitment, long-term government funding and responsible use of financial resources.

Community Partnerships & Communication - Community and government partnerships are developed, encouraged and sustained through open, honest and ongoing two-way communications, community involvement and consultation.

Accountability - The organization is accountable to the people of the region, government and community funders, through an integrated system of evidence-based planning, comprehensive performance and financial measurement and broad public reporting.

Workplace Safety & Health - We strive for the highest degree of physical, mental and social well-being of our workers. Employees are our most valuable asset and are recognized as partners in the decision-making process. An environment of safety exists for staff and clients.

Respect - Clients, staff, volunteers and students are treated with honesty, fairness, understanding, dignity, respect and compassion.
STRATEGIC PRIORITIES

Integrated Primary Health Care Model
Development and implementation of an Interlake RHA Primary Health Care Model that encompasses appropriate delivery methods to ensure accessibility and sustainability.

Population Wellness & Disease Prevention
Health programs that focus on population wellness and disease prevention, including the physical, social, and mental dimensions of health are an integral component of the services offered in the Interlake.

Appropriate, Accessible and Sustainable Resources
Provision of appropriate and accessible human, financial and information resources to support and sustain our health programs and services.

Engaged Community and Stakeholders
Effective community partnerships existing through an inclusive, two-way process of communication and interaction with staff, health partners, stakeholders and the community with a focus on at risk populations.

Provide a Safe Healthcare Environment
Provide quality health programs and services which are safe and effective for clients and staff of the Interlake.
Jim Rodger (Chair) retired in 2001 following a twenty-five year career in health services at Health Sciences Centre in Winnipeg. At HSC, Jim held a variety of roles include Director, Corporate Affairs & Communications, Corporate Secretary & Assistant to the President and Assistant to the Vice President, Patient Care. Jim was appointed to the role of Board Chair for a two year term ending March 31, 2011.

Muriel Alexander has spent over fifty years as a volunteer, serving community organizations within the Interlake region and beyond. Muriel was a member of the North West District Health Advisory Council and has previously served as a member of the RHA Board from 2001 to 2007. Muriel was appointed to the Interlake RHA Board on April 1, 2008.

Susan Anderson is currently serving as a Teaching Aide at Gypsumville School. Susan was re-appointed to the Interlake RHA Board on April 1, 2010.

Dave Cain has spent the last thirty-four years as the Regional Manager, Recreation and Regional Services, Interlake Region for the Province of Manitoba Healthy Living, Youth and Seniors in Gimli. Dave was re-appointed to the Interlake RHA Board on April 1, 2010.

Murray Craddock, Murray currently serves as a member of the Manitoba Hazardous Waste Corporation, a role he has held for the past eight years. He retired in 2006 from the Canadian Union of Public Employees where he served twenty-three years as a Representative involved with health care and day care workers in the areas of collective bargaining and administration. Murray was appointed to the Interlake RHA Board on April 1, 2009.

Denis Fitzpatrick retired from Selkirk & District General Hospital Diagnostic Services Department as the Chief Laboratory Technologist and Microbiology Resource Technologist in 2005, following a thirty-five year career within the Interlake region. Denis was appointed to the Interlake RHA Board on April 1, 2008.

Faye Goranson taught school, spent many years writing a news column in the Stonewall Argus, worked as a reporter/photographer for the Interlake Spectator, and most recently as Publisher of the “Time Out ... for local news” coffee newsletter from 1999 to 2006. Faye was appointed to the Interlake RHA Board on April 1, 2009.

Grace Hodgson retired in 2000, following a twenty-six year career with the CIBC. Grace was re-appointed to the Interlake RHA Board on April 1, 2009.

Debra Jenkins has worked with the Manitoba Nurses Union for the past twenty-three years and currently serves as a Labour Relations Officer. Debra was appointed to the Interlake RHA Board on April 1, 2008.

Donna Rudyk has spent over thirty years as a Registered Nurse with Health Canada, Medical Services at Percy E. Moore Hospital in Hodgson and as a Community Health Nurse at the Brochet Nursing Station. Donna had previously served on the Board from 2001 to 2009 which included three years as Board Chair from 2006 to 2009.

Keith Thomas is the Risk Manager for the Manitoba School Boards Association, a position he has held for the past thirty-two years. Keith was reappointed to the Interlake RHA Board on April 1, 2009.

Ruby Tretiak spent thirty-four years working in the field of health care which includes roles such as Public Health Nurse, Regional Continuing Care Coordinator and North East District Director from 1997 to 2008. Ruby was appointed to the Interlake RHA Board on April 1, 2009.

Diane Woychynshyn served for twenty-nine years as admin/senior staff at St. Benedicts Manor and then at Arborg & Districts Health Centre. Diane was re-appointed to the Interlake RHA Board on April 1, 2009.
BOARD GOVERNANCE

The Board sets direction for the region by establishing the Vision, Mission, Values and Strategic Direction which provide the focus for all planning and governance related to program and service delivery within the region in the best interests of the public within the Interlake region.

The Board meets its obligations through a method of governance and oversight that acts in accordance with:

- the Regional Health Authorities Act and Regulations,
- by-laws and policies of the Interlake RHA,
- other applicable laws and administrative policies.

The Board by-laws and policies are available to the public at the Corporate Office in Stonewall by calling (204) 467-4744 or toll free at 1-888-488-2299 or by going to our website at: www.irha.mb.ca The Governance Committee of the Board is responsible for oversight on the overall governance principles, including ongoing review and assessment of policies affecting the operation of the Board.

The Board carries out its financial responsibilities through:

- creating and monitoring by-laws and policies that direct the Board and senior management in financial matters,
- participating on the Finance Committee comprised of Board Members, the CEO and the Vice President Corporate Services in reviewing and analyzing the financial results of the organization,
- participating on the Audit Committee comprised of Board Members, the CEO, the Vice President Corporate Services and the Director of Finance in ensuring sound financial reporting systems and strong internal controls exist within the organization,
- engaging an external audit firm that reports to the Board providing audited financial statements which are shared with the Provincial Auditor and Manitoba Health; and
- making audited financial statements available to the public.

The Board, through its Ends, has identified risk management, patient and staff safety as a priority. Senior Management is responsible for the establishment of policies and an operational framework to ensure appropriate risk avoidance and management measures are put in place. The Board receives comprehensive risk management reporting from management. Risks are identified by:

- regular reports of selected areas of risk to patients, public, staff, facilities and programs,
- Consumer concern reports,
- Client satisfaction surveys,
- Critical Occurrence Reports,
- External Agency Reports.

Through a comprehensive, consultative community health assessment process, the Board is responsible for the development of a five year Strategic Plan and regularly monitors progress through operational updates provided by management. The Board meets on an annual basis to review, and update as required, Strategic Priorities and Board Ends. Currently the Board is developing the 2011-16 Plan.

The Board has established a governance manual that contains pertinent legislation, Board policies, by-laws, monitoring reporting processes and articles specific to Board governance and organizational risk. The manual also provides an overview of regional programs and operations and is used as a reference for Board members. The Board conducts an annual self evaluation. The evaluation is completed individually by each Board member and the results are then consolidated into a single report for the Board. The results are used to determine strengths and opportunities for improvement which may be addressed through educational and training sessions. In addition, the Board conducts evaluations of regular Board meetings in order to ensure business is carried out in an effective manner.
BOARD INITIATIVES
During the 2009 - 2010 fiscal year, the Interlake Regional Health Authority Board placed a high priority on the following activities which it identified as priorities in the 2008 - 2009 annual report:

POLICIES / MONITORING
- The Board actively participated in the review and redevelopment of the regional continuous improvement / risk management program (Coordinated Health Indicator Reporting Process) which provides for comprehensive monitoring of important aspects of the organization’s operations.
- The Board Governance Committee focused their efforts in carrying out a scheduled review of all Board policies, assuring a regional ethics review process was developed, as well as developing a Board education calendar of events.
- The Board governance manual, a resource and guide for all Board members, was updated and revised.
- The Board monitored all progress related to assuring compliance with Workplace Safety & Health legislation, regional patient safety initiatives and pandemic planning and response.

STRATEGIC PLAN / BOARD ENDS
- The Board participated in the Community Health Assessment (CHA) events carried out throughout the region and had input into the final CHA document that will be used to guide the development of the 2011-16 Strategic Plan.
- The Board has been supportive of approving additional resources, as well as being actively engaged in discussions, in respect to the enhancement of healthy living programming throughout the region.
- The Board is actively engaged in the monitoring of human resource matters within the region and their impact on services and has been supportive of managerial strategies to address retention and recruitment including aboriginal human resource programs.
- The Board developed an annual comprehensive communication strategy that focuses strategies to effectively reach a variety of audiences.

WHAT WILL WE FOCUS ON IN THE FUTURE?
The Board will be focusing its work on the development of regional strategies, policies and activities that will best meet the evidence based needs of the Interlake Region.

MONITORING / POLICIES
- Will continue to actively monitor and provide oversight to the comprehensive regional Coordinated Health Indicator Program (continuous improvement / risk management).
- Will review and revise as required, the Board Governance manual.
- Will continue to monitor and provide support for ensuring compliance with workplace safety & health legislation.
- Will support and monitor regional patient safety initiatives.
- Will review, and revise as required, general bylaws and regional medical staff bylaws.

STRATEGIC PLAN / BOARD ENDS
- Will lead the development of the regional five year Strategic Plan (2011-16).
- Will review organization’s vision, mission and values.
- Will support the continued development and implementation of human resource strategies directed to staff retention and recruitment initiatives, including cultural awareness.
- Will establish a governance action plan to fulfill Accreditation Canada standards.
- Will develop a Board educational program to ensure the continued development of members.
In order to effectively manage and deliver health services within an expansive geography, the Interlake region is divided into four districts; North West, North East, South West and South East. A District Director is responsible for all health services, both community and facility based, in his / her District. The District Director is also assigned a regional core health service responsibility. Program Managers are in place to manage key regional programs including; public health, mental health, emergency medical services, pharmacy, diagnostic services and support services. The majority of corporate functions (finance, information technology, human resources, purchasing, risk management/continuous improvement) have been centralized to obtain efficiency and cost savings. Vice presidents are responsible for key organizational functions including capital project and program planning, community health assessment, health programs, corporate service functions and medical services. The Chief Executive Officer is responsible for the overall operational activities of the organization and reports to the Interlake RHA Board of Directors.

The Board establishes community or staff advisory councils / committees as required, in order to provide advice on health policy and program development or delivery matters. Each advisory body has a Board and Management liaison.

The regional Medical Advisory Committee is comprised of physician representatives from across the region. MAC provides advice on medical matters of a regional nature and has several specialized committees (such as credentials, pharmacy and therapeutics) reporting to it.
MAC MEMBERSHIP
Dr. Cary Chapnick (VP of Medical Services), Chiefs of Staff: Dr. Michele Matter (Selkirk), Dr. Greg Pinniger (Stonewall), Dr. Neil Burnet (Eriksdale), Dr. Abdalla Rizk (Teulon), Dr. R.C. Patel (Gimli), Dr. Brett Stacey (Regional President, Doctors Manitoba), Dr. Tim Hilderman (Medical Officer of Health), Dr. Nozahy Elbardisy (President, Selkirk Medical Staff), Mr. Kevin Beresford (Chief Executive Officer), Mr. Lorne Charbonneau (VP Health Services), Dr. Anna Coulter (Pharmacy & Therapeutics Chair), Mr. Dave Cain (Board Member), Mr. Keith Thomas (Alternate Board Member).

MENTAL HEALTH ADVISORY COUNCIL
The Mental Health Advisory Council will provide advice to the Interlake RHA in the development of their plans for meaningful consumer participation that will:
   a) improve the quality of services and consumer satisfaction through effective mental health service planning, implementation and evaluation; and
   b) enhance opportunities to work towards an authentic partnership among consumers, family members, service providers, mental health managers and system planners and policy makers.

MENTAL HEALTH ADVISORY COUNCIL MEMBERSHIP
Bev Trachuk, Chair (Community Volunteer), Cindy Cannell (Selkirk & Interlake Support Centre), Kim Canvin (Canadian Mental Health Association), Bev King (Manitoba Schizophrenia Society), Shelly Knowles (Mood Disorders Association of Manitoba), Lois Legrange (Community Volunteer), Sherry MacVicar (Anxiety Disorders Association of Manitoba), Debbie Mather (Community Volunteer), Marjorie McIvor (Community Volunteer), Lindy Stanford (Selkirk Mental Health Centre), Isabelle Thorvaldson (Community Volunteer), Joan Verhoven (Community Volunteer), Ron Walker (Community Volunteer), Ward Wozny (Selkirk Mental Health Centre), Pat Olafson (Interlake RHA), Doreen Fey (Interlake RHA), Diane Woychyshyn (Board Member).

RESULTS AND FUTURE DIRECTIONS
The Interlake RHA Board of Directors led the process to develop the 2005 - 2010 Strategic Plan with its health partners, community members and staff. Using regional health information compiled through the Community Health Assessment (CHA), strategic priorities were established.

In the development of our regional priorities, there are clear linkages with provincial health priorities:
   • Advance healthy living and public health, through strategic partnerships and re-alignment of resources.
   • Through partnerships, reduce health disparities for at risk populations defined by socioeconomics, ethnicity, geography and gender.
   • Lead innovation and system change through strategic partnerships.
   • Build an integrated primary care system.

The Board reviews the Strategic Plan on an annual basis. The purpose of this review is to determine if changes are required in order to address the needs of the regional population. An action plan is developed to address these regional priorities.

The Annual Report is one of the means that we inform the public of our results over the past year. It provides some of the measurements we use to demonstrate results and what our future directions will be for the upcoming year.
STRATEGIC PRIORITY # 1
INTEGRATED PRIMARY HEALTH CARE MODEL

Development and implementation of an Interlake RHA Primary Health Care Model that encompasses appropriate delivery methods to ensure accessibility and sustainability.

SOME OF OUR RESULTS THIS YEAR…
Ongoing Implementation of Primary Health Care (PHC) Model
Developed in 2006, the Interlake Primary Health Care Model has been designed to promote health, prevent illness, care for common illnesses and manage ongoing health issues. A key element of this model was the creation of a framework for the integrated provision of health services for individuals and communities alike, while striving to empower individuals to be responsible for their own personal health and well-being.

Over the past year, we have continued to promote primary health care nurse and nurse practitioner services in the region with Primary Health Care Clinics being operational in Lundar and in Riverton. Efforts will continue to increase awareness through educational opportunities and informational sessions at various community events and health fairs. The implementation of our Primary Health Care Model continues to be slow, based on resource limitations and our ability to recruit and retain professional staff. The issue of roles and responsibilities between professional designations continues to present barriers towards the broader implementation of our Primary Health Care Model.

Another aspect of the Primary Health Care Model incorporates the Selkirk Teen Clinic which was established in September 2007 in the Selkirk Junior High School. Funded by Healthy Child Manitoba, the Teen Clinic operates on Wednesdays from 4:00 p.m. to 8:00 p.m. during the school year and from 12 Noon to 4:00 p.m. during holiday periods. Last year, a total of 826 visits were made to the Selkirk Teen Clinic representing a 79% increase in visits from 2008/09. The positive impact of this clinic reinforces the value of delivering health services in a manner and location that works well for youth in the community.

SOME OF OUR MEASURES ARE…

Origin of Clients 2009/10
Lundar Registered Nurse (Extended Practice)
**Client Interventions 2009/10**

**Lundar Registered Nurse (Extended Practice)**

- Discuss Test Results: 65
- Letter to Doc: 25
- Dispensing Meds: 15
- STD Testing: 84
- Ordered Diagnostics: 64
- Ear Flush: 3
- Pap/Pelvic Exam: 181
- Prescribe Medication: 92
- Referrals: 26
- Perform Lab Tests: 69
- Clinical Treatment: 177
- Assessment w/o phys: 34
- Physical Exam: 240
- Consult with Practice Advisor: 424
- Education: 568
- Providing Handouts: 2

**Origin of Clients 2009/10**

**Riverton Registered Nurse (Extended Practice)**

- Riverton: 51%
- Arborg: 42%
- Arnes: 5%
- Other MB RMs: 2%
- n=221
WHAT WE WILL FOCUS ON IN THE FUTURE…

- Continue to increase awareness and provide education to staff and communities across the Interlake region about the Interlake Primary Health Care Model.
- Further integration of the Primary Health Care Model with the Community Wellness Program to ensure that both aspects are closely linked at the District level and across the Region.
- Continued recruitment of Nurse Practitioners.
- Investigate options for increased implementation of Nurse Practitioner services across the region.

*Discrepancies in client interventions between Lundar and Riverton reflect reduced clinic hours due to a maternity leave in Riverton.

The Interlake RHA prepared residents for H1N1 with immunization clinics across the region.

CEO Kevin Beresford received his H1N1 vaccination.
STRATEGIC PRIORITY # 2
POPULATION WELLNESS & DISEASE PREVENTION

Health programs that focus on population wellness and disease prevention, including the physical, social, and mental dimensions of health, are an integral component of the services offered in the Interlake.

SOME OF OUR RESULTS THIS YEAR…

Chronic Disease Prevention Initiatives (CDPI)
As the five-year pilot project funded by Manitoba Health moves into the final year, the four Interlake communities (Arborg / Riverton; Lundar / Eriksdale; City of Selkirk and Little Saskatchewan First Nation) have continued to focus on addressing common risk factors closely associated with our major chronic diseases. Chronic Disease Prevention programming covers a broad range of areas including healthy eating, physical activity and smoking cessation to name just a few.

Mobile Wellness Program
Mobile Wellness continues to travel across the Interlake region and is a resource designed to increase people’s awareness of factors that affect their health and what they can do to improve their health. The program brings a variety of health professionals and expertise directly to the community or work site. Mobile Wellness targets the risk factors related to the major chronic diseases, such as heart disease, stroke, cancer, diabetes, lung and kidney diseases, through education, monitoring, health information and resources. A total of 19 Mobile Wellness events were held this past year involving 370 people.

Aboriginal Health Transition Fund
Funded by the Health Canada Aboriginal Health Transition Fund’s “Community Action on Diabetes”, work has continued with First Nations communities to adapt existing initiatives such as Chronic Disease Prevention Initiatives, Diabetes Risk Factor Complication Assessments and Mobile Wellness to create a seamless, comprehensive, culturally relevant approach for diabetes prevention and control. The project was completed this year with valuable partnerships and resources in place that will continue to evolve as we work together.

Youth Health Survey
The Interlake RHA in partnership with the Knowledge Exchange Network of the Canadian Cancer Society and Cancer Care Manitoba conducted the 2009 Interlake Youth Health Survey as part of a province-wide initiative led by the Partners in Planning for Healthy Living. The Interlake Youth Health Survey provides a snapshot of information that can be compared with the 2005 Youth Health Survey findings. This provincial survey provides an opportunity to monitor information on risk factor behaviours for chronic disease among youth in our communities. It also allows for sharing success stories and strategies focused on the health and well-being of our youth.

Get Better Together
Get Better Together is Manitoba’s version of the Chronic Disease Self-Management (CDSM) Program. The program was implemented by the Community Wellness Team and consists of 2½-hour workshops delivered once a week, for six weeks, in community settings. People with chronic conditions discuss solutions for frustration, fatigue, pain and isolation, effective communication with health professionals and appropriate exercise and nutrition. The program is co-led by volunteer peer leaders who are themselves coping with chronic conditions. Get Better Together isn’t a substitute for treatment; it’s about supporting self-management so participants can improve their own lives. In its first full year, the “Get Better Together” program involved a total of 50 participants and saw 6 new volunteer trainers successfully completing the training module.
Health Promotion Grants

The Health Promotion Project Fund has been established to provide grant funding to community groups that target at least one of the factors related to chronic disease and/or injury prevention. In 2009/10, a total of 21 community projects received funding.

SOME OF OUR MEASURES ARE…

Youth Health Survey - Physical Activity Rates

This graph represents the percentage of students who reported being active or moderately active in their leisure time. The rates for all grade levels have remained fairly consistent over the two surveys.

Youth Health Survey - Body Weight

This graph represents the distribution of students' reported body weights. The rates for all categories have remained fairly consistent over the two surveys.
Youth Health Survey - Smoking Rates

This graph represents the percentage of students who reported smoking. The rates for boys increased in most grade levels whereas the rates for girls have decreased in most grade levels between the two surveys.

WHAT WE WILL FOCUS ON IN THE FUTURE...

- Based on the findings within the 2009 Youth Health Survey, the next steps will be identified and partnerships established to work towards a healthier youth population within the Interlake region.
- The Interlake region hosted a conference targeting Chronic Disease Prevention Initiatives and Aboriginal Health Transition Fund projects and achievements in June 2010. Based on the success of this event, newly developed strategies can be incorporated into the programming during 2010/11.
- Develop strategies for expanding the reach and program offerings for the Mobile Wellness Program.
- Work with physicians towards further implementation of the Manitoba Health TeleCare Program.

The Wellness Team and former Blue Bomber, Troy Westwood

Staff participated in Aboriginal Awareness Training.
STRATEGIC PRIORITY # 3

Appropriate, Accessible and Sustainable Resources
Provision of appropriate and accessible human, financial and information resources to support and sustain our health programs and services.

SOME OF OUR RESULTS THIS YEAR…

Staffing Increases
The Interlake RHA has ensured stable levels of staffing through effective recruitment in the areas of:
- General Surgeons,
- Home Care Clinical Team Supervisors,
- Speech Language Therapy,
- Mental Health Liaison Nurses, Centralized Intake Staff and Youth Mobile Crisis Unit,
- Internationally Educated Nurses for Acute Care / Long Term Care,
- Human Resource Information System Scheduling Staff,
- Support Services Supervisors,
- Communicable Disease Coordinator / Sexually Transmitted Infection Coordinator

Recruitment
The Interlake RHA has continued implementing the Regional Human Resources Plan in 2009/10 which has included further development of our physician recruitment processes along with exploring new options for foreign recruitment opportunities for nurses. Our Aboriginal Human Resources Initiative continued to move forward towards increasing organizational awareness and employment opportunities for Aboriginal persons. This program was created through a partnership with Aboriginal and Northern Affairs and Manitoba Employment.

Selkirk Surgical Program
The surgery program based in Selkirk continues to work towards its mandate to increase surgical volumes. During the past year, we successfully recruited two general surgeons which resulted in a total of 2,666 procedures performed, representing 83% of the annual target of 3,200 surgeries and an increase of 258 from 2008/09. The additional surgical capacity also increased our emergency surgical coverage over the past year.

EMS Service in West St. Paul
The Interlake RHA established an Emergency Medical Services station in June 2007 in the R.M. of West St. Paul to help to address the growing ambulance call volume for this area. A permanent location was selected in West St. Paul and construction was completed in the spring of 2010. Since the establishment of this new station, call volumes for this station have significantly increased year after year to a total of 1,420 calls and geo-posts last year.

Further Development of the Staff Education Program
The Education Program works both independently and in collaboration with other programs in the planning and delivery of a variety of continuing education programs for staff across the region. Computer based self learning staff education programs were launched across the region. During the past year, a total of 134 hours of staff education were delivered utilizing TeleHealth. Information Technology continues to play a larger role in delivering education to Interlake RHA staff.

In 2009/10, 340 continuing education sessions were held with a cumulative attendance totaling 2,301 staff. The “Grow Your Own” Student Bursary Program awarded bursaries to 11 students pursuing various healthcare careers including nursing, pharmacy, medical laboratory and radiologic technology and advanced care paramedic. As well, a total of 117 students received clinical placements to further their educational experience in various sites/programs.
Mental Health Crisis Services
Four Mental Health Crisis Services continue to be offered within the Interlake RHA to service the needs of those with apparent mental health/psychological crises who are voluntarily seeking services. These include the Mobile Crisis Unit (MCU), the Crisis Stabilization Unit (CSU), Mental Health Liaison Nurses and a 24/7 toll-free crisis line. The addition of the Mental Health Liaison Nurses has eased resources in the MCU and CSU since these programs now have the option to refer cases to the nurses.

Partnerships for Education
The Interlake RHA has continued to work with educational partners towards the development of training programs offered within the region. Nursing and Emergency Medical Services career opportunities have been made possible through collaborative efforts with providers such as Red River College and Assiniboine Community College. Interlake RHA staff participated in numerous career fairs across the region and province. We are continuing to work with First Nations communities and the Manitoba Metis Federation as part of our Aboriginal Human Resources Initiative towards career path opportunities.

Staffing Shortages
Periodically, the region continues to be faced with shortages of professional staff in areas such as nursing and technologists which has continued to present challenges such as periodic reductions of acute care beds and increased diagnostic wait times and delays in the implementation of primary health care initiatives. The region continues to actively recruit for all identified vacancies across the region.

Information Technology and Limitations
Information technology continues to be critical to the provision of information required for effective and efficient client care. Although we continue to see significant advances made through coordinated provincial strategies, it continues to be evident that this is a work in progress. As additional resources become available, further advances will be achieved as we are regionally, provincially and nationally committed to move towards the goal of creating a seamless electronic health record.

SOME OF OUR MEASURES ARE…

Continuing Education
A total of 340 continuing education sessions which were attended by a total of 2,301 Interlake RHA staff. The top five sessions for attendance last year were:

- Musculoskeletal Injury Prevention Program
- Long Term Care Review
- TeleHealth Sessions
- Emergency Skills Review
- Workplace Wellness Sessions

A total of 340 continuing education sessions which were attended by a total of 2,301 Interlake RHA staff. The top five sessions for attendance last year were:

- Musculoskeletal Injury Prevention Program
- Long Term Care Review
- TeleHealth Sessions
- Emergency Skills Review
- Workplace Wellness Sessions
Mental Health Crisis Service Usage

<table>
<thead>
<tr>
<th>Crisis Stabilization Unit (CSU)</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>312</td>
<td>393</td>
<td>292</td>
</tr>
<tr>
<td>Occupancy rate</td>
<td>69%</td>
<td>69%</td>
<td>63%</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>6.03 days</td>
<td>6.27 days</td>
<td>6.55 days</td>
</tr>
<tr>
<td>Clients on waiting list</td>
<td>70</td>
<td>78</td>
<td>89</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobile Crisis Unit (MCU)</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community visits</td>
<td>508</td>
<td>451</td>
<td>404</td>
</tr>
<tr>
<td>Community traumas</td>
<td>5</td>
<td>12</td>
<td>5</td>
</tr>
</tbody>
</table>

**Mental Health Liaison Nurses**

<table>
<thead>
<tr>
<th></th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room assessments</td>
<td>280</td>
</tr>
<tr>
<td>In patient assessments</td>
<td>41</td>
</tr>
<tr>
<td>Consults to psychiatry</td>
<td>27 phone consults</td>
</tr>
<tr>
<td>4 in-patient assessments</td>
<td></td>
</tr>
</tbody>
</table>

*Both CSU and MCU started referring cases to the Mental Health Liaison Nurses in 2009-10.*

Most Common Surgical Cases Performed at Selkirk & District General Hospital

Endoscopic procedures (procedures through a scope): 1,823
- Colonoscopy (exam, therapy or surgery of the inner surface of the colon): 1,055
- Cystoscopy (exam, therapy or surgery of the urinary bladder): 495
- Gastroscopy (exam, therapy or surgery of the interior of the stomach): 273
- Hernia repair: 171
- Laparoscopic cholecystectomy (excision of the gall bladder): 112
- Release of nerves forearm & wrist (carpal tunnel repair): 37
- Appendectomy (removal of appendix): 30
WHAT WE WILL FOCUS ON IN THE FUTURE…

- Continue to increase surgical resources and capacity at Selkirk & District General Hospital.
- Continue to implement new delivery model for children’s Speech Language Services across the region.
- Ongoing planning and development of Youth Crisis Services that provides limited day time service to youth in the Interlake and North Eastman regions.
- Continued development of the Human Resource Information System.
- Further expansion of TeleHealth sites within the Interlake Region.
- Monitor waitlist times for diagnostic services.

Children aged 6 to 17 who have recently experienced the death of a loved one participate in Camp Stepping Stones, a weekend long camp designed to help them move through the grieving process in a supportive and fun environment.

Four of the region’s volunteers were recognized at the 2009 AGM for their significant contributions. Left to right: Interlake RHA CEO, Kevin Beresford; Betty Sorensen, Marquette (Southwest District); Corrie Corrigal, Selkirk (South East District); May Peiluck, Gimli (North East District); Elaine Dowsett, Eriksdale (North West District); and Muriel Alexander, Vice Chair, Interlake RHA Board of Directors.
STRATEGIC PRIORITY # 4

Engaged Community and Stakeholders
Effective community partnerships existing through an inclusive, two-way process of communication and interaction with staff, health partners, stakeholders and the community, with a focus on at risk populations.

SOME OF OUR RESULTS THIS YEAR…

Community Health Assessment
Our third regional comprehensive community health assessment was completed in 2009/10 and the report identifies and measures the health status of the population within the Interlake RHA.

The Community Health Assessment (CHA) is an on-going process designed to: a) identify the health needs and assets of the community, b) enable the community-wide establishment of health priorities, and c) facilitate collaborative planning which is directed at improving community health status and quality of life. This report and the findings will provide data for evidence-based decision making along with serving as the current benchmark for the upcoming strategic planning process which occurs within the region every five years.

The 2010 Community Health Assessment has identified some key areas of importance for us to work on such as:
- Chronic diseases, especially cardiovascular disease, diabetes and cancers,
- Accessibility of health care - ensuring appropriate mix of services is available across the region,
- Healthy seniors and healthy youth - two important population groups,
- Population wellness focus - to keep people from developing chronic diseases and to help people manage with chronic diseases once they have developed.

Aboriginal Health Strategy
The Interlake RHA has continued to work collaboratively with First Nations communities and providers to improve the delivery and integration of health services across the region. The Interlake RHA is a partner in the planning process for the new dialysis unit at the Percy E. Moore Hospital in Hodgson and is a partner in the Percy E. Moore Hospital Integration Project.

The region continues to collaborate with First Nation partners including Community Health Nurses, Health Directors and community leaders to better plan, coordinate, communicate and deliver services. The Interlake RHA continues to provide Public Health services to Brokenhead Ojibway First Nation and to further develop strategies to address priority health care needs.

Last year, the Interlake RHA launched a regional cultural awareness training program and three sessions were held for Interlake RHA staff.

Selkirk Hospital Redevelopment Project
Planning for the new Selkirk Hospital continues and has involved a variety of partners such as Manitoba Health, our architects, the City of Selkirk, local Municipal Councils and community organizations, as well as our physicians, staff and the community at large. As we move towards the end of the design development stage for a new permanent replacement facility, this collaborative planning approach will ensure that the new facility is designed and constructed to meet the growing health care needs of the community and region today and for many years to come.
Long Term Care Strategy
Manitoba Health’s Long Term Care Strategy focuses on the development of partnerships with communities for the establishment of alternative housing options and supports for seniors. To date, seven Supports for Seniors in Group Living sites have been established in the Interlake region (Pioneer Manor in Ashern, Friendly Villa in Eriksdale, Parkview Manor and Selkirk Rotary in Selkirk, Crocus Manor in Stonewall, Winnipeg Beach Lake Lodge in Winnipeg Beach and Gimli Waterfront in Gimli). Further planning and collaboration have identified additional sites for future implementation. This is in addition to the five supportive housing units in St. Laurent and sixteen units in Arborg which provide assisted living services under the Province’s Aging in Place strategy.

French Language Services
An annual operational plan to provide French language health services has been developed for the designated community of St. Laurent with the input of community leaders. Progress on the objectives is monitored on a regular basis by the local French Language Services Committee. Recently, St. Laurent was connected to the MB TeleHealth Network which uses information technology to link people to health-care expertise in other communities. There are over 100 clinical specialties that may be accessed using the TeleHealth Network, including speech language pathology, dermatology, neurology and cardiology.

Updated Board Communication Plan
The Board’s communication plan is refined annually to meet the needs as required. The plan defines communication objectives, targeted audiences, messaging and strategies to best deliver information. To ensure a high degree of public accountability, a two-page annual report summary is created annually for publishing within the local newspapers. The Board plan also incorporated communications strategies which were implemented during the H1N1 Pandemic events which occurred in early summer and late fall/winter of 2009.

SOME OF OUR MEASURES ARE…

2009/10 Community Out-Patient Client Satisfaction Surveys

Community OP Client Satisfaction Annual Comparison
“Visit Overall” Rating Excellent/Very Good

Benchmark
2009/10 EMS Response Time Survey

90% Emergency Responses in < or = to 25 min by site January - December 2009

Selkirk Hospital Capital Project

WHAT WE WILL FOCUS ON IN THE FUTURE...

- Develop and implement strategies in support of partnership opportunities to address gaps within the findings of the comprehensive Community Health Assessment
- Further development of partnerships associated with building capacity and support for Aboriginal Health strategies.
- Continue to work in partnership with grant funded community programs for seniors (seniors resource, congregate meal programs, seniors centres, etc.) to promote healthy lifestyles and the provincial Aging in Place strategy including Support Services for Seniors.
- Further development of communication strategies and community relations in support of the Selkirk Hospital redevelopment project and local fundraising initiatives.
STRATEGIC PRIORITY # 5

Provide a Safe Healthcare Environment
Provide quality health programs and services which are safe and effective for clients and staff of the Interlake.

SOME OF OUR RESULTS THIS YEAR…

Staff and Patient Safety Initiatives
The Interlake RHA’s Risk Management System is incorporated into the Continuous Improvement Program and is designed to evaluate and minimize risk. Risk is defined as the exposure to any event which may jeopardize patients/residents/staff, reputation, property, or liability of the organization. The Risk Management System is an integrated, proactive, systematic process that is consistently applied across the continuum at all levels within the organization, as well as to individual activities.

The region has developed a process to identify and monitor changes required by new and revised health related legislation. Within the program, a notification process has been established and an action plan has been developed to track legislative changes and RHA responses as required.

A Regional Disaster Plan has been completed and fully engaged by the region following forty staff education sessions held over the past year. Contingencies have been developed in the event of a disaster or major catastrophic event affecting the Interlake RHA. To further support this initiative, an Emergency Quick Response Guide has been developed and circulated to all facilities, providing easy access to local and regional procedures and protocols.

The Patient Safety Coordinator has continued to focus on expanding the implementation and coordination of an integrated patient safety strategy for the region. The goal of the program is to reduce preventable injuries to patients and improvements are based on best practice initiatives. Partners include the Manitoba Institute of Patient Safety, the Canadian Patient Safety Institute’s “Safer Healthcare Now!” initiative as well as Accreditation Canada. Informational brochures have also been developed to inform and educate clients and their families about their roles in patient safety.

To further develop and implement new ways to minimize risk to patients and to the organization as a whole, the Medication Safety Committee has been actively promoting the “Do Not Use” list of banned abbreviations for medications. As well, the Medication Reconciliation project has now been implemented at all seven Acute Care sites across the region. The Interlake RHA continues to collaborate with the Manitoba Institute of Patient Safety (MIPS) in their “It’s Safe to Ask” initiative. “It’s Safe to Ask” is a patient safety initiative that seeks to improve communication between Manitobans and health care professionals as a key method to improving patient safety.

The Occupational Safety & Health Program continues to oversee the provision of a safe, healthy, respectful, supportive, and secure workplace. The Occupational Safety & Health Officer continues to lead the program to ensure compliance with the Workplace Safety and Health Act and Regulations. Workplace Safety & Health Committees are established at the local site and regional levels.

Capital Projects
Capital projects underway within the Interlake RHA in 2009/10 included:

- Selkirk Hospital Redevelopment Project - design/development (targeted completion July 2010)
- Gimli Dialysis Project - in construction (targeted completion December 2010)
- St. Paul EMS Station - completed in April 2010
- Eriksdale Hospital Renovation Project - completed in June 2010
Safety & Security Projects
As we continue to address aging infrastructure across the region, $400,000 was approved for Safety & Security small projects by Manitoba Health in 2009/10. Approved work within the region included the replacement of a hot water system at E.M. Crowe Memorial Hospital in Eriksdale, the replacement of the Nurse Call System at the Fisher Personal Care Home and a patient and resident roam alert project at Stonewall & District Health Centre, Betel Home in Gimli and the Fisher Personal Care Home. In addition, Health Capital Safety & Security projects in 2009/10 totalled $1,690,000 and included the construction of a new EMS 2-bay facility in Arborg, continuation of the regional tub replacement program within personal care homes in Lundar, Arborg, Teulon, Fisher Branch, Stonewall (Rosewood), Selkirk (Betel Home) and Gimli (Betel Home). Other projects include the fire alarm system upgrade at Lakeshore General Hospital and a nursing station upgrade at the Arborg & Districts Health Centre.

Health Insurance Reciprocal of Canada (HIROC) Risk Management Program
The region is involved in the HIROC Risk Management program which includes the review of clinical care, support and managerial services in the region. The review is based on healthcare claims experience, supported by literature, research and case law. The content is comprised of questions meant to challenge the region to examine their policies and practices against Canadian claims experience and leading practice. The HIROC Risk Management Self Appraisal Modules review was completed in September 2009. This proactive approach covers diverse risk exposures, focuses on reducing preventable risks through organization-wide participation in their identification, assessment and management.

Infection Prevention & Control Program
Phase One of the regional hand hygiene campaign has been completed which included the standardization of signage and posters across the region. Phase Two commenced in Spring 2010 and including a region-wide rollout of hand hygiene education and monitoring.

Continuous Improvement Activities
The Continuous Improvement program is an ongoing, coordinated process that focuses on identifying and meeting the needs and expectations of clients and ensuring quality programs and services. The Continuous Improvement program is guided by three principles:
1. A focus on clients and stakeholders,
2. Teamwork and participation throughout the organization,
3. A process focus supported by continuous improvement and learning.

The Interlake RHA is currently working towards our fifth regional Accreditation. The process of accreditation evaluates practices and standards within our Region against national standards for health care delivery.

SOME OF OUR MEASURES ARE…
Monitoring Reductions in Health Services
Reductions in the health services provided are continuously monitored to ensure timely, safe care is provided. For the 2009/10 year a total of 41 service reduction events were reported. This is a 73% improvement over the previous year.

There were 35 episodes of closure within the Selkirk and District General Hospital surgical program, all related to unavailability of surgeons and/or anaesthetists. This is a 43% improvement over the previous year resulting in more than 100 additional days of service availability. The program has been operating with minimal service disruption since December 2008.

The unavailability of emergency room physicians resulting in nurse managed care had been identified as a concern throughout the region. These service reductions are at the lowest levels recorded since monitoring began in 2004. There were only two 24 hour episodes of nurse managed emergency care throughout the entire region in 2009/2010 – a 98% improvement from the previous year. Service reductions and improvement initiatives such as ongoing healthcare professional recruitment will continue to be monitored.
Occupational Safety & Health

Monitoring of workplace safety & health issues has included an analysis of worker injury rates. Injury reports are monitored on a quarterly basis and education programs are developed and delivered to facilitate compliance with workplace safety and health regulations.

**Worker Injury Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>14.2%</td>
<td>13.2%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

**Cause of Injury 2009-10**

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Handling</td>
<td>87</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>Other</td>
<td>42</td>
<td>42</td>
<td>29</td>
</tr>
<tr>
<td>Aggression</td>
<td>18</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Lifting General</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Needle Procedure</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Maintenance</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Motor Vehicle Accident</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Animal Attack</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**WHAT WE WILL FOCUS ON IN THE FUTURE…**

- Continue to focus on the HIROC Risk Management Assessment program through the implementation and further development of our action plan that identifies and prioritizes risk areas requiring action.
- Coordination of the Accreditation Qmentum process in preparation for the fall 2010 survey.
- Further development of new and on-going patient safety initiatives such as the Medication Reconciliation project.
- Continued implementation of capital construction Safety & Security projects across the region.
- Expanded community awareness and education regarding patient safety within the Interlake region as supported by the Manitoba Patient Advisory Committee (MPAC).
In 2009/10, the Interlake RHA Public Health Program had a total of 22,399 contacts (Public Health 11,446; Families First 10,776 and Healthy Baby 197) within Interlake communities.

The Education Program facilitates students’ clinical/work experiences within the Interlake RHA; 117 students received clinical placements in various sites/programs during 2009-2010.

The Selkirk Teen Clinic saw a total of 349 clients and a total number of 826 visits in 2009/10. Funded by Healthy Child Manitoba, the Teen Clinic operates on Wednesdays from 4:00 p.m. to 8:00 p.m. during the school year and from 12 Noon to 4:00 p.m. during holiday periods at Ecole Selkirk Junior High.

Fifty people participated in Get Better Together, a self-management program designed to help people cope with their chronic health conditions.

Home Care direct service worker hours for 2009/10 totaled:
- 5,261 hours of Home Support Worker service
- 386,822 hours of Home Care Attendant service
- 23,492 hours of Registered Nursing service
- 6,243 hours of Licensed Practical Nursing service
- 37,400 hours of Self or Family Managed Care
- 859 hours of Therapy services

Within the Interlake region, there are currently 29 Fee for Service physicians including full and part time and 12 Contract physicians including full and part time positions. There are 9 specialists; 7 Emergency Medical Officers (all at Selkirk & District General Hospital) as well as 5 consulting specialists.

The Mobile Crisis Unit (MCU) is a mental health outreach service and operates on an after-hours basis from 2 p.m. to 2 a.m., seven days per week.

A total of 21 community led Health Promotion Fund projects were funded in 2009/10.

The Home Care Program hosted 7 Musculoskeletal Injury Prevention/Safe Transfer & Client Handling education sessions with 52 staff in attendance.

There were 340 continuing education sessions which were attended by 2,301 Interlake RHA staff during 2009-2010.

There are a total of 129 inpatient medical/surgical beds presently in our region. Selkirk also has inpatient services for both Obstetrics (6 beds) and Special Care Unit (2 beds); a total inpatient capacity of 137 for the Interlake.

Camp Stepping Stones, another part of the grief care offered in our region, is a special weekend camp for children between the ages of 7 and 17 who have experienced the recent death of someone significant in their lives. In this the seventh year of the camp, a total of 44 children and teens attended along with 27 camp volunteers.
The number of diagnostic tests performed in the Interlake diagnostic facilities

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Laboratory</th>
<th>X-rays</th>
<th>CT</th>
<th>Ultrasound</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005/2006</td>
<td>746,834</td>
<td>33,987</td>
<td>6,170</td>
<td>5,902</td>
</tr>
<tr>
<td>2006/2007</td>
<td>743,949</td>
<td>30,440</td>
<td>6,097</td>
<td>4,733</td>
</tr>
<tr>
<td>2007/2008</td>
<td>754,763</td>
<td>32,634</td>
<td>6,742</td>
<td>6,502</td>
</tr>
<tr>
<td>2008/2009</td>
<td>841,391</td>
<td>34,841</td>
<td>7,745</td>
<td>8,533</td>
</tr>
<tr>
<td>2009/2010</td>
<td>872,105</td>
<td>36,165</td>
<td>7,895</td>
<td>7,551</td>
</tr>
</tbody>
</table>

In 2009/10, the Regional Hearing Centre, located in the Selkirk and District Health Centre, screened 220 preschool and 217 school-aged children as part of the Community Therapy Initiative program.

In 2009/10, a total of 48,707 visits to the Interlake RHA website (www.irha.mb.ca) during the 2009 - 2010 fiscal year, of those, just over 17,000 visits occurred during the 7 week H1N1 Flu Campaign (October to December 2009).

A 24/7 toll free crisis telephone line is available to residents of the Interlake and North Eastman region.

EMSS Program Activity Trends

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Emergency Responses and Transports</th>
<th>Inter-Facility Transports</th>
<th>Geo-Posts</th>
<th>Total Patient Transports</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>3,741</td>
<td>4,014</td>
<td>978</td>
<td>7,782</td>
</tr>
<tr>
<td>2005</td>
<td>3,965</td>
<td>4,054</td>
<td>1,113</td>
<td>8,019</td>
</tr>
<tr>
<td>2006</td>
<td>4,336</td>
<td>4,297</td>
<td>1,199</td>
<td>8,633</td>
</tr>
<tr>
<td>2007</td>
<td>5,549</td>
<td>4,178</td>
<td>1,564</td>
<td>9,727</td>
</tr>
<tr>
<td>2008</td>
<td>6,301</td>
<td>4,733</td>
<td>2,329</td>
<td>11,034</td>
</tr>
<tr>
<td>2009</td>
<td>6,275</td>
<td>5,356</td>
<td>2,809</td>
<td>11,631</td>
</tr>
<tr>
<td>Average Annual Increase</td>
<td>11.3%</td>
<td>5.6%</td>
<td>31.2%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Immunizations in 2009/10 included:
- Fall 2009 influenza campaign 5,967 seasonal influenza vaccine doses and 222 pneumococcal vaccine doses were given over 50 clinics throughout the Interlake.
- During the pandemic H1N1 mass immunization campaign 20,512 H1N1 influenza vaccine doses were given over 7 weeks through 45 community and staff clinics.

The Information Technology Department currently oversees approximately 1,000 computer users across the region which includes 500 computers and 40 servers along with other network and computer infrastructure.

In 2009/10, a total of 19 events Mobile Wellness events were held and 370 clients were seen by the multidisciplinary team of health professionals.

There were a total of 20 congregate meal programs operating across the Interlake region in 2009/10.
The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law 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 / human resource matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in the regions annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by the Interlake RHA for fiscal year 2009 - 2010:

The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a) - 0 disclosures were received.

The number of investigations commenced as a result of disclosure. Subsection 18(2)(b) - Nil

In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective action taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection 18(2)(c) - Nil
Auditors’ Report

To the Board of Directors of
INTERLAKE REGIONAL HEALTH AUTHORITY INC.:  

We have audited the consolidated statement of financial position of Interlake Regional Health Authority Inc. as at March 31, 2010 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority’s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants

Winnipeg, Manitoba
May 21, 2010
### Consolidated Statement of Financial Position

**For the year ended March 31 2010**

#### Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and term deposits</td>
<td>$4,133,535</td>
<td>$8,483,548</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>1,493,401</td>
<td>1,309,043</td>
</tr>
<tr>
<td>Due from Manitoba Health</td>
<td>4,012,647</td>
<td>1,817,652</td>
</tr>
<tr>
<td>Inventories</td>
<td>907,318</td>
<td>812,882</td>
</tr>
<tr>
<td>Prepaid expense</td>
<td>430,000</td>
<td>989,742</td>
</tr>
<tr>
<td>Vacation entitlements receivable</td>
<td>3,688,400</td>
<td>3,688,400</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>14,665,301</td>
<td>17,101,267</td>
</tr>
<tr>
<td><strong>Retirement obligations receivable</strong></td>
<td>4,183,222</td>
<td>4,183,222</td>
</tr>
<tr>
<td><strong>Other assets</strong></td>
<td>108,505</td>
<td>86,639</td>
</tr>
<tr>
<td><strong>Capital assets</strong></td>
<td>44,316,896</td>
<td>42,925,567</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$63,273,924</td>
<td>$64,296,695</td>
</tr>
</tbody>
</table>

#### Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$6,859,817</td>
<td>$7,886,834</td>
</tr>
<tr>
<td>Accrued vacation entitlements</td>
<td>4,617,468</td>
<td>4,868,178</td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>55,100</td>
<td>52,634</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>11,532,385</td>
<td>12,807,646</td>
</tr>
<tr>
<td><strong>Accrued retirement obligations</strong></td>
<td>6,808,818</td>
<td>5,948,205</td>
</tr>
<tr>
<td><strong>Long-term debt</strong></td>
<td>426,698</td>
<td>481,797</td>
</tr>
<tr>
<td><strong>Deferred Contributions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses of future periods</td>
<td>2,128,958</td>
<td>2,818,040</td>
</tr>
<tr>
<td>Capital assets</td>
<td>41,424,268</td>
<td>40,006,525</td>
</tr>
<tr>
<td><strong>Deferred Contributions</strong></td>
<td>43,553,226</td>
<td>42,824,565</td>
</tr>
</tbody>
</table>

#### Commitments and contingencies

#### Net Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in capital assets</td>
<td>2,410,830</td>
<td>2,384,611</td>
</tr>
<tr>
<td>Externally restricted</td>
<td>720,228</td>
<td>738,502</td>
</tr>
<tr>
<td>Internally restricted</td>
<td>188,794</td>
<td>202,326</td>
</tr>
<tr>
<td>Unrestricted - RHA</td>
<td>(2,765,794)</td>
<td>(1,621,952)</td>
</tr>
<tr>
<td>Unrestricted - Contract Facilities</td>
<td>398,739</td>
<td>530,995</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>952,797</td>
<td>2,234,482</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$63,273,924</td>
<td>$64,296,695</td>
</tr>
</tbody>
</table>

---

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**INTERLAKE REGIONAL HEALTH AUTHORITY INC.**  
*Consolidated Statement of Operations*  
For the year ended March 31, 2010

<table>
<thead>
<tr>
<th>Description</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Province of Manitoba</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$ 107,465,440</td>
<td>$ 99,495,379</td>
</tr>
<tr>
<td>Client Non-Insured</td>
<td>6,617,757</td>
<td>6,234,825</td>
</tr>
<tr>
<td>Interest</td>
<td>29,982</td>
<td>114,511</td>
</tr>
<tr>
<td>Offset and other income</td>
<td>2,955,708</td>
<td>2,823,529</td>
</tr>
<tr>
<td>Ancillary income</td>
<td>181,154</td>
<td>184,304</td>
</tr>
<tr>
<td>Amortization of deferred contributions</td>
<td>3,355,242</td>
<td>3,206,499</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$ 120,605,283</td>
<td>$ 112,059,047</td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care services</td>
<td>32,888,171</td>
<td>29,253,578</td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>3,393,997</td>
<td>3,245,254</td>
</tr>
<tr>
<td>Ancillary operations operating expenditures</td>
<td>112,975</td>
<td>118,128</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>311,965</td>
<td>283,188</td>
</tr>
<tr>
<td>Community health</td>
<td>5,837,948</td>
<td>5,550,412</td>
</tr>
<tr>
<td>Home based care</td>
<td>16,903,886</td>
<td>15,673,585</td>
</tr>
<tr>
<td>Diagnostic services</td>
<td>8,124,127</td>
<td>7,370,002</td>
</tr>
<tr>
<td>Dialysis</td>
<td>1,497,522</td>
<td>1,368,846</td>
</tr>
<tr>
<td>Emergency response and transport</td>
<td>7,504,602</td>
<td>6,826,605</td>
</tr>
<tr>
<td>Long-term care services</td>
<td>26,004,571</td>
<td>24,436,549</td>
</tr>
<tr>
<td>Mental health services</td>
<td>4,787,357</td>
<td>4,506,198</td>
</tr>
<tr>
<td>Medical remuneration</td>
<td>9,177,452</td>
<td>8,860,289</td>
</tr>
<tr>
<td>Nurse recruitment and retention</td>
<td>48,564</td>
<td>53,744</td>
</tr>
<tr>
<td>Regional undistributed expenditures</td>
<td>4,895,937</td>
<td>3,961,718</td>
</tr>
<tr>
<td>Safety and renovations</td>
<td>359,037</td>
<td>491,221</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>$ 121,848,111</td>
<td>$ 111,999,317</td>
</tr>
<tr>
<td><strong>Excess (deficiency) of revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>over expenditures for the year</td>
<td>$ (1,242,828)</td>
<td>$ 59,730</td>
</tr>
</tbody>
</table>

**Allocated as follows:**

<table>
<thead>
<tr>
<th>Description</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional services</td>
<td>(1,100,439)</td>
<td>(120,370)</td>
</tr>
<tr>
<td>Contracted services</td>
<td>(142,389)</td>
<td>180,100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ (1,242,828)</td>
<td>$ 59,730</td>
</tr>
</tbody>
</table>

This financial information has been extracted from the Annual Financial Statements reported on by our auditing firm, BDO Canada LLP in the Auditors’ report dated May 21, 2010. A complete set of Financial Statements and Public Sector Disclosure Report may be obtained from the Health Authority by calling 1-888-488-2299 or (204) 467-4742.
# Schedule of Expenditures by Type

<table>
<thead>
<tr>
<th>For the year ended March 31</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salaries and Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries – registered nurses</td>
<td>$16,541,854</td>
<td>$14,288,347</td>
</tr>
<tr>
<td>Salaries – licensed practical nurses</td>
<td>6,416,088</td>
<td>6,195,489</td>
</tr>
<tr>
<td>Salaries – health care aides</td>
<td>15,423,574</td>
<td>14,778,466</td>
</tr>
<tr>
<td>Salaries – other</td>
<td>27,172,610</td>
<td>29,249,716</td>
</tr>
<tr>
<td>Purchased services</td>
<td>2,324,679</td>
<td>2,151,106</td>
</tr>
<tr>
<td>Benefits</td>
<td>11,962,292</td>
<td>10,422,806</td>
</tr>
<tr>
<td>Health and education tax</td>
<td>1,426,766</td>
<td>1,389,772</td>
</tr>
<tr>
<td><strong>Total salaries and benefits</strong></td>
<td>81,267,863</td>
<td>78,475,702</td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical and surgical supplies</td>
<td>2,561,576</td>
<td>2,284,901</td>
</tr>
<tr>
<td>Drugs and medical gases</td>
<td>2,158,846</td>
<td>1,911,531</td>
</tr>
<tr>
<td>Utilities</td>
<td>1,375,808</td>
<td>1,561,845</td>
</tr>
<tr>
<td>Other supplies</td>
<td>4,129,576</td>
<td>3,911,328</td>
</tr>
<tr>
<td><strong>Total supplies</strong></td>
<td>10,225,806</td>
<td>9,669,605</td>
</tr>
<tr>
<td><strong>Other Expenditures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchased services</td>
<td>8,940,321</td>
<td>3,561,740</td>
</tr>
<tr>
<td>Medical remuneration</td>
<td>8,849,642</td>
<td>8,347,510</td>
</tr>
<tr>
<td>Other expenses</td>
<td>5,558,250</td>
<td>5,246,951</td>
</tr>
<tr>
<td>Amortization</td>
<td>3,393,997</td>
<td>3,245,254</td>
</tr>
<tr>
<td>Staff travel</td>
<td>2,114,790</td>
<td>1,976,052</td>
</tr>
<tr>
<td>Contracted health facilities</td>
<td>998,592</td>
<td>839,606</td>
</tr>
<tr>
<td>Safety and security</td>
<td>359,037</td>
<td>491,221</td>
</tr>
<tr>
<td>Client travel</td>
<td>116,597</td>
<td>120,148</td>
</tr>
<tr>
<td>Interest</td>
<td>23,216</td>
<td>25,528</td>
</tr>
<tr>
<td><strong>Total other expenditures</strong></td>
<td>30,354,442</td>
<td>23,854,010</td>
</tr>
<tr>
<td><strong>Total expenditures</strong></td>
<td>$121,848,111</td>
<td>$111,999,317</td>
</tr>
</tbody>
</table>
### EXPENSES BY PROGRAM

<table>
<thead>
<tr>
<th>Program</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care services</td>
<td>$32,888,171</td>
<td>$29,253,578</td>
</tr>
<tr>
<td>Long term care services</td>
<td>26,004,571</td>
<td>24,436,549</td>
</tr>
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<td>16,903,886</td>
<td>15,673,585</td>
</tr>
<tr>
<td>Community health</td>
<td>5,837,948</td>
<td>5,550,412</td>
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<td>7,504,602</td>
<td>6,826,605</td>
</tr>
<tr>
<td>Mental health services</td>
<td>4,787,357</td>
<td>4,506,198</td>
</tr>
<tr>
<td>Administration -Corporate operations</td>
<td>1,892,634</td>
<td>1,730,484</td>
</tr>
<tr>
<td>Administration -Patient Care Related</td>
<td>316,665</td>
<td>280,148</td>
</tr>
<tr>
<td>Administration -Recruitment and HR</td>
<td>947,790</td>
<td>701,431</td>
</tr>
<tr>
<td>Regional undistributed expenditures</td>
<td>1,738,848</td>
<td>1,249,655</td>
</tr>
<tr>
<td>Dialysis</td>
<td>1,497,522</td>
<td>1,368,846</td>
</tr>
<tr>
<td>Other</td>
<td>832,541</td>
<td>946,281</td>
</tr>
<tr>
<td><strong>Total expenditures before amortization</strong></td>
<td><strong>$118,454,114</strong></td>
<td><strong>$108,754,063</strong></td>
</tr>
<tr>
<td><strong>Amortization of capital assets</strong></td>
<td><strong>3,393,997</strong></td>
<td><strong>3,245,254</strong></td>
</tr>
<tr>
<td><strong>Total expenditures</strong></td>
<td><strong>$121,848,111</strong></td>
<td><strong>$111,999,317</strong></td>
</tr>
</tbody>
</table>
Expenses by Type

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>$ 81,267,863</td>
<td>$ 78,475,702</td>
</tr>
<tr>
<td>Medical remuneration</td>
<td>8,849,642</td>
<td>8,347,510</td>
</tr>
<tr>
<td>Supplies</td>
<td>4,129,576</td>
<td>3,911,328</td>
</tr>
<tr>
<td>Contracted Services</td>
<td>9,938,913</td>
<td>4,401,346</td>
</tr>
<tr>
<td>Drugs and medical gases</td>
<td>2,158,846</td>
<td>1,911,531</td>
</tr>
<tr>
<td>Medical and surgical supplies</td>
<td>2,561,576</td>
<td>2,284,901</td>
</tr>
<tr>
<td>Utilities</td>
<td>1,375,808</td>
<td>1,561,845</td>
</tr>
<tr>
<td>Other</td>
<td>8,171,890</td>
<td>7,859,900</td>
</tr>
</tbody>
</table>

Total expenditures before amortization $118,454,114 $108,754,063

Amortization of capital assets $3,393,997 $3,245,254

Total expenditures $121,848,111 $111,999,317