

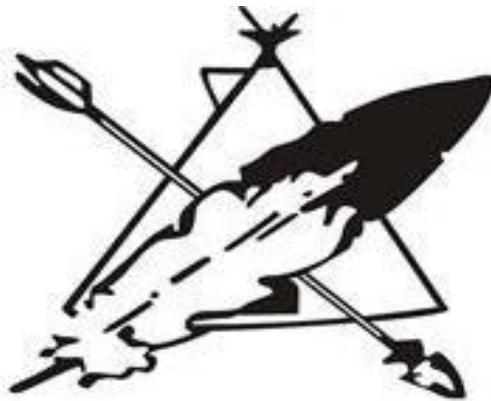
**2016 -
2017**

PINAYMOOTANG FIRST NATION ANNUAL REPORT ON HEALTH



**Pinaymootang First Nation
Annual Report on Health 2016-2017**

Annual Report on Health



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Pinaymootang First Nation Health Program

Organizational Chart 2016/2017

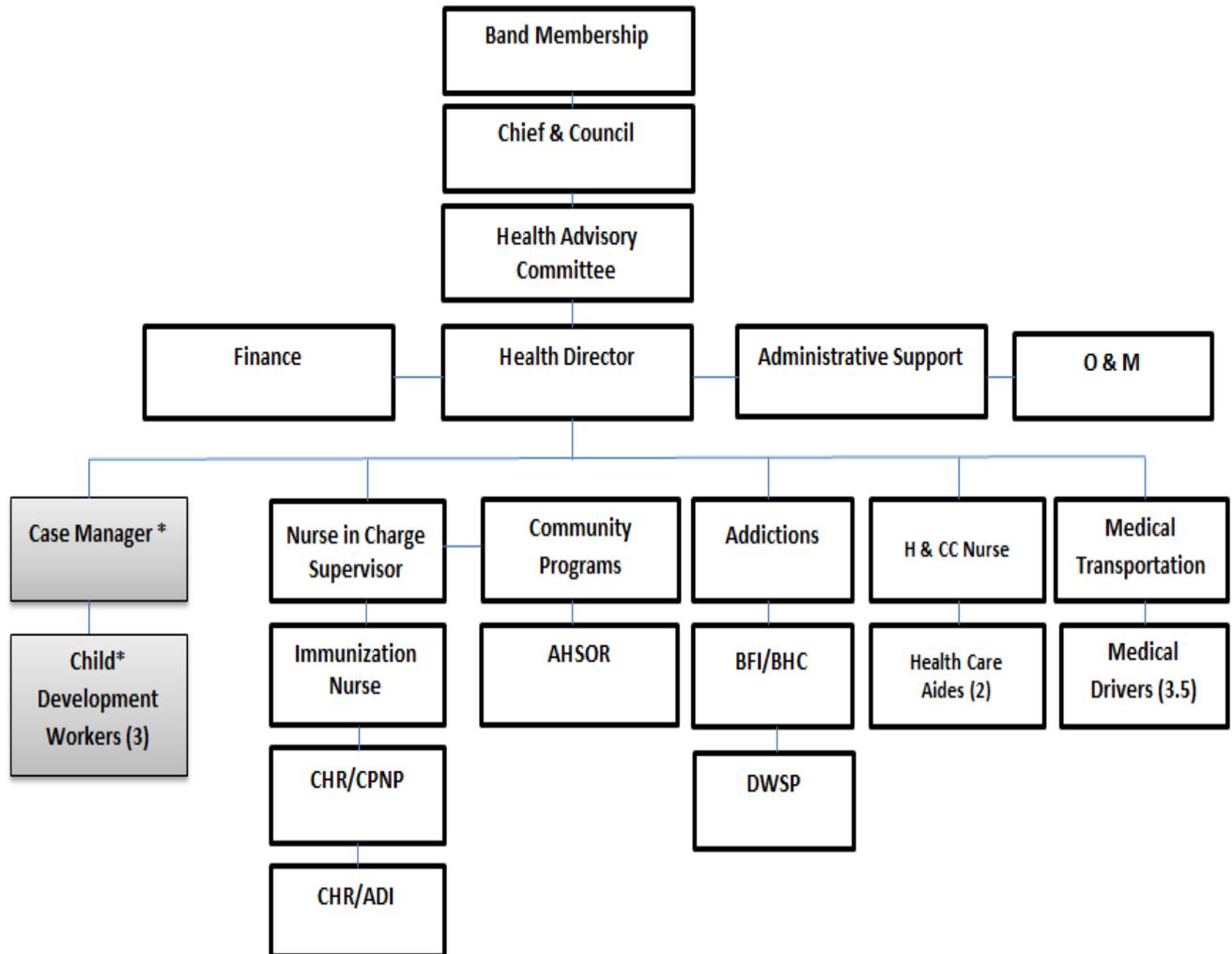


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Introduction

Welcome to this year's Annual Report on Health which highlights accomplishments that have been undertaken over fiscal year April 1, 2016 to March 31st, 2017.

This report emphasizes our commitment to health, the well-being of the community, to membership, partnerships with stakeholders and achievements to the success in health programming.

This document follows a similar format to the 2015-16 annual report on health and also sets the stage for the 2017-2018 program planning and annual budget processes by providing an opportunity to identify lessons learned and building on past successes for the benefit of the community. This report follows the heels of the transfer agreement initiative and activities leading to the creation and maintenance of a sustainable health care system.

As leader of this community I have had the privilege of being involved in an organization that plays a vital role in the lives of our community members. The health and well-being of each one of us is a gift, a treasure that we have been blessed with.

Pinaymootang Health employs many fine talented and committed people who share their expertise in providing excellent health care service to our members and to the community as a whole. We wish to acknowledge and express our appreciation to the staff for their efforts in facilitating change, implementing the vision of leadership and positively impacting the health and well-being our community.

On behalf of the Pinaymootang First Nation Chief and Council, the Health Advisory Committee and the Pinaymootang Health Centre Staff, we hope that you find this information useful.

Respectfully yours,

Chief Barry Anderson



Message from Health Advisory Committee

We have the privilege to present to you, the Annual Report on Health on behalf of Pinaymootang First Nation Health Program for fiscal period ending March 31, 2017.

This Annual Report was prepared under the guidance and approval of the Health Advisory Committee, in accordance with reporting criteria as outlined in Contribution and Health Transfer Agreements.

All material and fiscal implications have been considered in preparing the Annual Report on Health.

On behalf of the Pinaymootang First Nation Health Advisory Committee members; Eleanor Maytwayashing, Eva Woodford, Caroline Thompson and Shirley Cranford, we hope that you find this information useful.

Pinaymootang First Nation Advisory Committee on Health





Executive Health Director's Report

Well another fiscal year to an end, as we once again provide you to this year's annual report on health for fiscal period ending March 31, 2017. Each year in health brings many new challenges and our hands-on approach allows us to quickly direct resources to where they are most needed.

Pinaymootang Health works to ensure that patient rights for safe and adequate health care needs are met. We strive to prevent and reduce risks to individual health and community health.

As we move along to this years renewed five-year transfer agreement of block set funding we have endured great opportunities for advancement, such as after 9 years of advocating for a expanded health facility, it was finally approved in December 2015. and renewal of this transfer for the next five years will take place shortly which reflects April 2016 – March 2021. Our Community Health Plan was also completed and revised in order to meet the renewal process.

I wish to thank health staff for being such great champions in health, without you and your hard work and dedication it would all be impossible.

Governance Structure

The Pinaymootang First Nation established a Health Advisory Committee to oversee and ensure the proper operation and management of the Pinaymootang Health Program.

The Health Advisory Committee meets on a regular monthly basis every last Tuesday of each month to review reports, policies, staffing issues and other related concerns. The role of the committee is to represent Chief and Council to whom it is accountable, in that role the committee is responsible for providing recommendations on health and management. Through the terms of reference the committee defines the parameters within which the organization will carry out its work.

Health Program Overview

Nursing Treatment & Prevention – the Nurse in Charge continues to demonstrate her nursing abilities way and beyond. The Health Centre is a very active facility. The public health program continues to meet its criteria; visiting new parents, well women's clinics, facilitating new baby care; providing immunization; flu clinics, encouraging physical activity, facilitating community education sessions, and attending to all emergency needs. During this fiscal year, Mary Bezemer who held the role of Home and Community Care Nurse Coordinator, semi-retired in September 2015 in which Dali Shiells was hired to take on this role. Mary who has been with us for the past 6 years fully retired on December 2015. Our NIC, Janice Lowry will be fully retiring

and decreased her time with the Health Centre. Janice currently works 2 days per week until such time her position can be filled.

Due to the physician shortage within our region over the past couple of years, we now have a visiting physician who commenced clinics every Thursdays in Pinaymootang. Please welcome Dr. Kashur to our area.

Community Health Representative – The CHRs continue to play a major role in health programming both employees oversee additional programs within their scope of work. One CHR Margaret Anderson focuses on children, youth and school setting while taking on the CPNP program and the other CHR Alfred Pruden focuses on adult and elder care as well as the ADI program. Both CHR's have committed themselves in ensuring excellent program service delivery in their respective roles.

Support to Nurses – One Administrative Assistant is employed to oversee the day to day secretarial operations of the organization, her activities include but not limited to the following; support services to nurses, physician's and visiting professionals; provide support to program managers, booking all specialty visits, organizing meetings, and all general required duties.

Operation and Maintenance of Health Facilities – The role of the custodian is to ensure the upkeep of health facility. In December 2016, Health Canada announced that Pinaymootang First Nation has been approved for an expanded facility. Work on expansion will commence in new fiscal year. Parkwest One of the areas that have been expressed is the lack of office space in our facility, but we are now pleased to report that Pinaymootang Health has been approved for an expansion of its facility. The First Nation has retained PM Associates has project managers to help oversee this initiative.

National Native Alcohol and Drug Abuse Prevention – the goal of the NNADAP is to support our membership and the community to establish and operate programs aimed at stopping high levels of alcohol, drug and solvent abuse. Most of the NNADAP activities focus on the four areas of emphasis: prevention, treatment, training, research and development. The NNADAP program continues to support community designed and operated projects in alcohol prevention, treatment and rehabilitation in order to arrest and reverse the present destructive physical, mental, social and economic trends. The coordinator continues to provide the needed support and works closely with the visiting professionals in the area of mental health.

Brighter Futures Initiative/Building Healthy Communities (Mental Health; Home Care Nursing; Solvent Abuse) – the Health Program currently employs one person to oversee the roles in the BFI and BHC program. The purpose of the BFI is to improve the quality of and access to culturally sensitive wellness services in the community. These services help create healthy family and community environments which support child development. The components and objectives of the BFI are mental health, child development, injury prevention, healthy babies and parenting skills. A variety of projects have been held throughout the year aimed specifically in these areas.

The role of the BHC program is to address gaps in the range of mental health services and activities related to crisis intervention and post-vention on reserve. A common area identified was to improve the First Nations capacity to address crisis and we have been working diligently in creating an external crisis plan with community stakeholders.

Environmental Health Drinking Water Safety Program – The Health Program currently employs an individual on a half time level. The Drinking Water Program continues to meet its components as outlined in the agreements, such as sampling, testing drinking water, recording results on water quality, providing monthly reports to Environmental Health Officer, Jennifer Hughes of First Nations and Inuit Health Branch - Health Canada, for interpretation and recommendations in determining E. Coli and total coliforms, inspecting and reporting on general sanitation, providing public awareness, develop contents for school, supports action on health status inequalities affecting members according to identified priorities and ensuring all pertinent procedures are followed, maintained and updated.

Canada Prenatal Nutrition Program (CPNP) - this program is designed to improve the health of pregnant women and their babies, the objective is to improve the adequacy of diet of prenatal, to promote breast feeding, to increase the access to nutritional information, to increase the number of infants fed aged appropriate foods in the first twelve months of life. Some of the activities have included; mommy and me programs, milk programs, prenatal clinics, traditional teachings, building skills in preparing nutritious foods, group sessions, parenting, cooking demos and providing information and promotion of the CPNP program.

In Home and Community Care Program – the H & CC Program currently employs; 1 H & CC Nurse Supervisor, 1 LPN (half time) and 2 Health Care Aides. We welcome, Dali Shiells to the role of Home and Community Care Nurse Supervisor. Dali originates from Lake St. Martin and has extensive experience working with elderly care from the Personal Care Home in Ashern. Dali commenced her position in September 2015. We also have Pam Sumner and Dot Sumner who are Health Care Aides in this program as well as Nancy Tindall who assists and does foot care in the community.

This program has a total of 83 regular clients and has become overwhelming to our program. Home visits are conducted on a daily basis, assessments completed, medical equipment purchased based on needs and most importantly getting our elderly involved into programs. During this fiscal year, the H & CC Service Delivery plan has been completed and has been submitted to our funders. One area of recommendation is to possibly hire additional support of a health care aide to the program.

NIHB Medical Transportation – is administered by one Medical Transportation Coordinator and 3.5 medical drivers. The purpose of the Medical Transportation Program is to provide transportation benefits to eligible First Nation members to the nearest access to medically required services that cannot be obtained in community. The program continues to intake medical appointments, verifying, scheduling in coordination of transportation based on the

guidelines of FNIHB. A policy handbook has been completed and will be distributed at the upcoming health fair. The program now runs a 4 van medical transportation system.

Aboriginal Diabetes Initiative – the ADI Program is designed to improve the health status of First Nations individuals, families and communities through actions aimed at reducing prevalence and incidence of diabetes and its risk factors. Diabetes is the biggest health challenge currently facing First Nations and this is one area we focus on, is the preventative measures that diabetes can be prevented. Diabetic awareness activities continue to take place, foot care is held bi-weekly, risk factors, assessments, surveys, physical activities, prevention and awareness, healthy eating habits, and gardening projects all have been implemented.

HIV/AIDS – The HIV/AIDS Program has continued to meet its components of the program, workshops, information sessions, awareness to promote safer activities, counseling, testing and health education classes have been conducted.

Aboriginal Head Start On-Reserve (AHSOR) – the AHSOR Home Visitor Coordinator is available to provide screening of all families pre-natal or very early after the birth of a child from 0 to 6 years of age to identify risk factors and assist these families with supports such as expanding and enhancing programs and support services for mothers, pregnant women, caregivers, parents, parents to be, children and their families. The AHSOR Program is active in community and has become a participant in the Dolly Parton Imagination Library.

Other Initiatives:

Network Meetings – the Health Centre is involved in community network meetings with internal stakeholders and meet monthly to facilitate partnership building.

Interlake-Eastern Regional Health Authority (IERHA) - the Health Program continues to work with the IERHA in partnership in dealing with issues and concerns to ensure improved health care of service.

Health Service Integration Fund – under this initiative Pinaymootang Health submitted a proposal entitled “Families with Children with Complex Needs”. This proposal was approved through Health Canada and the Health Program hired a Case Manager and 3 Child Development Workers. The purpose of this is to develop a program aimed at supporting families living with high needs. March 2017 will be the final year of HSIF and we move towards the newly announced Government funding of Jordan’s Principle so we can continue to help enhance the child’s life and facilitate health care interventions and developmental stimulation without denial, delay or disruption.

Jordan’s Principle, Child First Initiative -

Accreditation Report

The Pinaymootang First Nation (PFN) Health Centre made a commitment in 2010 to complete the accreditation process with Accreditation Canada, to ensure that the highest quality of services are provided to community members in a safe health care environment. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

The PFN Health Centre team worked diligently to meet the 200 system-wide and service excellence standards set out in specific areas related to health services and supports provided in a First Nations Health Centre, including:

- Leadership for Aboriginal Health Services
- Home Support Services
- Aboriginal Community Health and Wellness
- Customized Infection Prevention and Control

The Accreditation process is long and detailed. Staff, were required to review information and assess the effectiveness of policies as they were being implemented. The journey is very labor intensive but the accomplishments in quality improvement and safety made the work rewarding.

Through this process, the Chief and Council recognized the need to further improve on community partnerships across sectors with the identification of strategic planning as an important goal.

Program Leads from within the Health Centre worked as the Accreditation team to ensure that all policies and procedures were developed in accordance with standards. The Health Centre contracted a part-time person to provide technical support and overall coordination.

The Pinaymootang First Nation Health Centre received full Accreditation in 2014. This report was used to guide the Health Centre and its processes with the development of a renewed Community Health Plan which was completed and revised in December 2015. It continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

Our objectives were to:

- Review health policies to ensure they reflected the best interests of community members, staff members, and the community as a whole;

- Develop new policies to address areas where quality and safety are important such as infection prevention and control, collaboration in risk and disaster management, medication management, and disclosure of adverse events;
- Implement policies to establish best practices for our community to make the Health Centre the safest and highest quality service available to community members; and
- Generate ideas for quality improvement moving forward.

Pinaymootang First Nation Health Centre will undergo a review every 4 years to ensure that the organization is maintaining their standards of practice and service delivery.

Pinaymootang First Nation Health Centre is one of few to become fully accredited by Accreditation Canada. This success is a depiction of the trust and faith that the Chief and Council as in its organizational management and its employees. In addition, the commitment of the Health Advisory Committee members demonstrate the involvement and commitment from community members to provide guidance, direction, and support to their local service organization to best serve the community.

Finally, the commitment and effort put forth by the staff is indicative of their dedication to the health and well-being of the community.

Meegwetch

Gwen Traverse
Executive Health Director



2016-2017 N.I.C. Annual Report

Janice Lowry R.N.

This year I was trying to retire and the N.I.C. position was being advertised, so I did continue to work part-time until November when Jennifer Gould applied and filled the position full time.

Working part-time was challenging for myself as well as for the rest of the staff at the Health Center as the N.I.C. position needs to be filled by full time but as the year ended this situation resolved and now the Health Center has a full time N.I.C.

So it is with excitement that I enter the next stage of my life but it is also with a heavy heart as I have totally enjoyed working in Pinaymootang, with all the staff and community members. For the past 10 years Pinaymootang has become like family to me and I have been treated with great respect and accepted by the community and I feel honored to have worked with each and every one of you. I know that Pinaymootang will continue to move forward and strive for improved health and healthy life styles.

I hope for a future of less chronic disease and health challenges for community members. My wish list for Pinaymootang is: improved access to health care, decrease in medications, increase in activity resources, improved access to healthy foods and healthier lifestyles with decreased stress. This sounds like a tall order but I truly feel the community members of Pinaymootang are capable of achieving this.

These are my stats for the 2016-17 year on a part-time basis

Communicable Disease—82

Pre-natal/Post-partum--- 153

Women's Health---95

Diabetic—39

Infant/Child Health---159

Adult Health---454

Home& Community Care---14

Home visits---34

Hospital visits---10

Client encounters---756

Members served---567

I attended staff meetings, Child Abuse meetings and some Nurse's in-services throughout the year.

Meegwetch until we meet again and thank you for a great experience
Pinaymootang will always hold a special place in my heart.

Nursing Annual Report 2016-2017

First I would like to give thanks to the Pinaymootang Health Centre staff and community members for welcoming me and have been so kind since I started in mid November. As I have only been here for a short time I would like to let you know a little more about me and my nursing background. Born in Winnipeg, I graduated in 1998 from Red River College and for the last 19 years have continued to expand my knowledge base and grow in my development as a nurse which has taken me through to different parts of Canada and also Saudi Arabia. My specific background is in women's health and cancers but I have also worked in different specialties such as palliative care, blood disorders and general surgery. My family and I moved back to Canada almost six years ago and for the last two years I have lived in Moosehorn with my husband and six year old daughter and have been trying to build a future for us here in the community.

At the Health Centre I have already been able to see many community members from newborn to elders and try to assist them with their health care concerns. I have also had the surprising opportunity to deliver a baby in the community where the outcome for both mom and baby were healthy and are doing well. I truly believe in the work that the Health Centre does and continues to do for the community. I hope to be a part of that for many years to come.

We continue to have two clinic rooms and six Nurses in total to assist the community members with their health care needs. Myself and the Home and Community Care Nurse work Monday to Friday, our Immunization Nurse working Monday to Wednesday, our Community Health Program Coordinator working Monday to Thursday and our JP-CFI Case Worker working Monday to Friday. We also have Janice who has come back from retirement to focus on diabetic screening and education 6 days a month. We along with the rest of the staff will continue to treat your health care needs as quickly as possible.

We also have Dr. Kashur continuing to support us here at the Health Centre but are also coming into a time again with physician shortages in the area. This may bring on longer wait times for certain things but with hard work and caring staff along with his assistance in accepting our nurses' referrals and sending his treatments based on our assessments I feel we will still be able to continue to strive for the best possible care for the community members.

We continue to deliver services to treat all of your health care needs, from phlebotomy (blood draw), pre-natal care (including pregnancy testing to post-partum follow ups), testing for sexually transmitted infections and treatment, monitoring your chronic diseases such as blood pressure and blood sugars, dressing changes for your wounds so community members do not have to travel to Ashern and wait in the Emergency Room and everything in between.

I look at the Health Centre as a place where the community members can come in and feel welcome and treated with respect and know that their health needs are being looked after by caring staff who strive for the best possible care that can be provided. We are also here to be your advocates to make sure that the other health care providers in the region meet your medical needs.

Along with my role in the clinic is my role as nurse - in - charge. With that, I make sure that the Health Centre is running smoothly and have enough supplies and that our machines are functioning to continue the best possible care that a Health Centre can provide. We also continue to maintain our standards as we are an accredited facility and have the staff be provided with any needed education/training that becomes available.

The following are the stats from November.14/2016 to March.31/2017 for Nurse- in – Charge:

- **Adult Health** **146**
- **Infant/Child Health** **107**
- **Women’s Health** **64**
- **Communicable Diseases** **62**
- **Pre-Natal/Post- Partum** **84**
- **Home & Community Care** **155**

Total encounters with community members 928 and number of members served 608

In the next year, my hope is to continue to grow in the position as Nurse- in- Charge and also to find new ways to bring education/workshops to the community regarding chronic diseases that continue to be prevalent. I would like to thank you again for the opportunity to work in this community.

Jennifer Gould
Nurse in Charge



Immunization Nurse Coordinator Annual Report 2015-2016

This past year has been another year of changes. We have seen one of Pinaymootang's dedicated nurses retire and another move towards full retirement, choosing to continue gifting the community with her time, expertise and care. As a nurse who has benefited from her extensive knowledge regarding Public Health, I am very grateful for the encouragement and support she has shown not just me, but the whole staff and community (thanks, Janice!!).

With our Nurse in Charge moving towards full retirement, the nursing hours filled at the Health Centre have decreased significantly. We have all been feeling the strain of an increased workload, but it is our goal to do our best to continue to offer the superior care that we offered when a full complement of nursing staff was available. Please extend a

little bit of grace as we work hard to serve the community well.

As a Health Centre focused on the promotion of good health for all of the members of the community of Pinaymootang, we encourage and teach nutrition, exercise and self-care. Those are all important for giving the human body the best chance possible for a long, healthy, active life. We also encourage taking precautions against vaccine preventable diseases for children *and* adults.

Many of us are afraid of the pain of injections and so we avoid taking precautions against diseases that could potentially make us very sick, kill us or be spread to our loved ones; all because of fear of a needle that is far thinner than a toothpick, sewing needle, staple or a thumbtack. Most of us have had a painful encounter with one of these items, though usually *not* on purpose! Most of the time we wash our little injury and put a bandaid on it and get on with life. Vaccines protect us all; they protect the person getting the vaccine and the people around them as well. Vaccines are important.

Vaccines are given with needles that are tiny. Maybe it is the syringe that appears more frightening since very few of us run screaming or even just start sweating at the sight of a sewing needle or staple. Enough about needle sizes. I absolutely understand the anxiety that comes with facing injections. Yes, they hurt, often just a little bit and usually just for a few seconds, but they are still unpleasant.

I want to encourage you grown ups, parents and children who might be reading this, to take control of these fears of needles; even your children's fears and find ways to distract yourself from the anxiety that comes with getting needles. Distractions can be as simple as bringing a smartphone with headphones to listen to your favourite music; bring a tablet to watch funny videos; blow bubbles; sing out loud; count to ten; wiggle your toes (that is my own distraction of choice when faced with needles); promise yourself a small treat afterwards (ice cream; your favourite meal; an hour at the beach). There are many ways to make getting needles easier and less stressful for yourself.

This year, Pinaymootang had some extremely low numbers of community members coming to the Health Centre for flu shots. The 2015-2016 flu season was rough for many community

members who suffered from illness caused by the exact strains of flu covered by the flu shot this year. This year, Manitoba also experience at least 4 times the normal level of whooping cough cases. These numbers are very concerning as they show that the age groups most at risk are the ones I see so dearly treasured among Pinaymootang community members. The elders and the babies are at the highest risk of infection and even death from both influenza and whooping cough.

I am proud of the parents in Pinaymootang for being so diligent at bringing their children in for the standard childhood immunizations. We do have a very high rate of childhood immunization in the community. For that, I say, "well done!!" But there is more effort needed. Many children and adults suffered unnecessarily this year with influenza. Thankfully, there was no whooping cough found in Pinaymootang. I would love to see the members of Pinaymootang working to make choices that better their health and avoid unnecessary risk to themselves and to their loved ones. Please do not let fear of needles keep you from taking a step that could protect you and your loved ones from illness and possibly even death.

The following are the 2015-2016 stats for the Immunization Nurse Postion:

668 immunizations

786 clinic visits categorized as follows:

79 prenatal and women's health concerns

25 dressing changes: 19 adults; 6 children

130 various medication injections: 117 adults; 13 children

53 blood draws: 43 adults; 10 children

108 telephone consults for various concerns: 52 adults; 56 children

59 referrals sent to various doctors: 14 adults; 45 children

Total of 1089 encounters with community members: 565 regarding concerns of adult community members; 524 regarding concerns of paediatric community members.

I look forward to serving the community of Pinaymootang for another year of working toward the best possible health of the individual community members and the community as a whole.



Community Health Representative Report

The Pinaymootang First Nation Health Centre employs two Community Health Representatives who play a major role in health programming. Each CHR oversees additional programming in their job descriptions. My role focuses on school health, baby clinics, and youth of the community while taking on the Canada Pre-Natal Program (CPNP). This position is responsible for the delivery of high standard community health surveillance programs and to provide quality health prevention and treatment in community.

Weekly Fluoride Rinse Program and Daily Tooth brushing Program are done every Wednesday morning at the school. New toothbrushes and toothpaste are given out every 4 months or as needed, weekly fluoride rinse is provided to students in Nursery to grade 4's. A calendar is given to each class to keep record of their brushing.

Updates of immunizations are requested from Manitoba Immunization Monitoring System for all children that need immunizations. Sometimes requests are made daily as mom brings in their child for immunization, to make sure that they haven't received same. Immunization cards are updated and in their personal charts. Mims requests are done for new families moving back to the reserve or if they are from a different band affiliation. MIMS requests are also used for newborns to get medical numbers.

MIMS updates are requested for Hep B's, Adacel, Gardasil, Meningococcal, influenza and regular immunizations for babes when they are, 2 months, 4 months, 6 months, 12 months, 18 months and 5 years. MIMS updating is an ongoing task, which we constantly use. This is so that the child or client doesn't receive the same needle.

A total of 233 flu vaccines were given to band members and non-band members in October, November, December and January, February. Charted and recorded in consent forms, personal charts and in the Seasonal Influenza and Pneumococcal Immunization Data Entry form.

Preschool list is made and a copy is faxed over to the school for the teacher. A preschool clinic is set up for the kids to get a Denver Development Test and immunization is given to preschoolers before school starts and this is done by Nurse and CHR.

Head checks are done by CHR's as per request by school principal and shampoo given out as needed. A total of 132 students were checked.

A number of STD's were phoned or looked for to come in and see the nurse for interviews and treatments.

Chronic Disease Register is checked through by Nurse's, CHR's and Health Care Aides, which people they've seen and if there are any additions or deletions, this is then done by the CHR and mail out back to FNIH Data Entry Clerk.

All staff was requested to do a Criminal Record Check and Child Abuse Registry.

Pre-checks are done on clients before seeing the community physician, by CHR or Health Care Aides, such as blood pressures, blood sugars, weights and are then recorded on personal chart.

Transportation is always provided for clients wanting to come in for Doctor's clinics, Dental, NADAP, Nurses, Child Health Clinic's, Diabetic clinics, Blood Pressures, Workshops or as needed.

Meetings/Workshops/Conferences:

Staff Meeting

Staff Development Workshop

Health Plan Meeting

Treaty Days Health Fair

First Nation Health Managers Association

Chronic Disease Education & Training session

Networking- Quarterly Meets

Asset mapping exercise

Breast Screening

SID Workshop (Sudden Infant Death Syndrome)

HIV Workshop

Sacred Babies Our Children-Sacred Gifts from the Creator

Canada Prenatal Nutrition Program Annual Report

2016-2017

The Canada Prenatal Nutrition Program (CPNP) is designed to improve the health of prenatal and postnatal women and their babies. We strive for well-nourished pregnant women, more women breastfeeding, and for as long as possible, greater access to nutrition information, services, increased knowledge and skill-building opportunities and the best infant feeding practices to ensure health babies.

Three main program areas in the program are Nutrition Screening, Education and Counselling, Maternal Nourishment (providing pregnant women and breastfeeding moms with health foods), Breastfeeding Promotion, Education and Support.

Pregnancy tests are done by nurse at the request of clients and if found that they are pregnant they are put on a prenatal list card for follow up. All bloodwork is done by the nurse and Healthy Baby Prenatal Benefit Application is given and mail out to Health Baby Manitoba, which in return they receive a supplement of \$80.00. Baby's Best Chance books are given out to all prenatals. Prenatal are followed up by the community Doctor monthly.

Prenatal are seen according to the weeks they are pregnant:

- 12 Weeks - Pre & Post Natal Testing Blood work
- 16 Weeks - Maternal Serum Screening & Ultrasound
- 20 Weeks - Referral to Obs. (Fax Letter & Blood work)
- 28 Weeks - 50 gm Glucose Test
- 38 Weeks - Leave to Winnipeg to deliver

Nurse and CPNP home visit newborns and moms as soon as returning to the community and Welcome Home Packages are given. Assessments are done to babe/mom, to see if there are any concerns that need to be addressed.

45 Welcome Home Packages given (receiving blankets, wipes, nose bulbs, socks, bibs, mittens, t-shirts, nail clippers sets, shampoo, body wash, baby lotion, sleepers, thermometers) and information packages were also made up and fridge magnets with immunization schedule. New Year's Baby - Boy or Girl receives an \$85.00 Welcome Home Package along with information.

Ultrasounds are booked in Eriksdale Hospital and at times second are requested and are then provided with travel by Medical Transportation by Coordinator.

Prenatal are advised to be in Winnipeg for delivery as Ashern does not provide that anymore, but if need to deliver will be looked after in Ashern Hospital.

Most prenatal are found in their first trimester, odd one will be found in last trimester. Some will keep it as a secret till they tell their parents.

Information packages on importance of immunization, healthy eating calendars and food guides, safety in car/home, dental care, sids, breast/formula, baby manual for dads, pamphlets or booklets are given to postnatal's.

We've had 5 miscarriages this annual reporting year.

Prenatals are given a milk coupon, in which they get a 4 litre jug of 1% milk from the community store, once a week.

Manual Breast pumps are given to mom at her request as she will be breastfeeding, usually a couple of months for some and some past 9 months.

Star blankets are also given to breastfeeding moms, if they've breastfed 9 months or over.

The CPNP has incentive for mother to have their chid immunizations they are @ 6 months - baby wraparounds, 12 months-t-shirt, and 18 months- water bottle, ball and puzzle.

Baby Food Making - (Fruits & Vegetables) was held with only a few showing up. But will keep trying again. We give out incentives for the attending moms that show, (blenders). Gave out ice cube trays to moms, to show them how to freeze left over baby food and store in bags for later use. These were moms with 7 - 9 month old babes.

Mom's Cooking class - how to cook healthy meals for their families. Incentives are drawn for the participants like, crock pots or slow cookers.

Dental Therapy services- dental therapy services were initiated at the initial newborn visit packages are given to the Mom's with tender cloths for mouth hygiene an information is given.

Successes:

Among the 56 prenatal mothers who consented to the program 45 have participated; there is 15 prenatal that are still in the program.

Some continue to smoke and drink we have offered a preventive incentive for smoking cessation;

None of the prenatal mothers do prohibited drugs;

Booklet developed on Growing Healthy Together Baby and Me which facilitates bonding between mother and baby even during prenatal stages;

The increase in care for pre and post natal;

Mommy and Me Support Gathering;

Milk program;

Group activities;

Cooking class for moms and dads;

2016 - April –March-2017 – 19 Boys & 14-Girls

2016- January – March-2017 - 5-Boys & 3- Girls were born (8)

Total babies born (33)

New Year's Baby is a girl Born January 02, 2017

Meetings/Workshops/Conferences:

Staff Meeting

Staff Development workshop

Treaty Days Health Fair

Community- based FMR/Toothbrush coordinators

Chronic Disease Education & Training session

Community Health Representatives Professional Development Forum

Standard First Aid & CPR C

Prenatal workshop on Breast-feeding

Labour & Delivery classes

Our Gem & Our Future Child development Training

SID Workshop (Sudden Infant Death Syndrome)

Meegwetch

Carol Woodhouse

CPNP/WYWW



Community Health Representative 2 Annual Report

The Pinaymootang First Nation Health Program currently employs two Community Health Representatives (CHR's) were one CHR oversees adult and community health care while the other takes on the responsibility of school health, children and youth.

And as part of the health care team, my role as your community health representative is responsible in liaising between patients, families and health care providers to ensure patients and families understand their conditions and are receiving appropriate care. I have been working as a CHR for many years now and I really enjoy what I do.

The scope of the CHR Program directly impacts individuals and the community as a whole and by working with health care providers and the community to provide education, information and support on the health and well-being to individuals, families and communities based on a holistic approach to health and health care. The CHR supports services that encourage prevention, intervention and provide up to date information and resources to promote healthy living lifestyles through education, immunization, and clinics.

As a CHR, I also perform a broad range of duties in the community. Some of my duties throughout the fiscal year have included but not limited to the following:

- Acting as liaison and coordinator for the community, residents and professional staff;
- Providing information about childcare, nutrition, sanitation, communicable disease and other health matters;
- Conducting home visits to teach and demonstrate family health care and referring medical health problems to health professionals;
- Assisting with immunization consent forms;
- Translation;
- Participating in health information drives;
- Assisting in Health Education;
- Assisting with community health events (cleanup, health fair, workshops, etc.);
- Participated in the Accreditation Process;
- Monthly reporting and attending staff meetings;
- Nutritional and Physical Activity

And over the course of the fiscal year we have seen an increase in all of our services. Other than the CHR role I also take on the ADI Programming.

Aboriginal Diabetes Initiative Report

The role of the ADI is to provide an integrated, coordinated diabetes program in the community in the area of diabetes prevention, health promotion, lifestyle support, care and treatment. As the ADI Coordinator my role is to reach the short term and long term goals which include;

- Raising awareness of diabetes;
- Risk factor assessments;
- The value of healthy lifestyle practices;
- Supporting the development of a culturally appropriate approach to care and treatment;
- Diabetes prevention;
- Health promotion; and
- Building capacity and linkages in the components of the program.

They are three types of diabetes;

- Type 1 is where the body makes little or no insulin;
- Type 2 is where the body makes insulin but cannot use it properly; and
- Gestational diabetes is where the body is not able to properly use insulin.

Diabetes is a lifelong condition but one that can easily be managed and maintained by eating healthy and getting physically active.

During the course of this fiscal year report, the ADI Program provided the following with a total of 2057 clients being seen:

- Weekly Doctor Visits on Diabetes Referrals;
- Information Drives;
- Foot Care Prevention;
- Cooking Classes on Proper Nutrition;
- Shopping Tours (Label Reading);
- Physical Activity Challenges;
- Mobile Wellness Clinic;
- School Health Education;
- School Based Feeding Programs;
- Bike Share Program
- Community Garden Projects;
- Canning Classes;
- Diabetic Screening;
- Diabetic Care Clinics;
- Workshop activities on the value of nutrition;
- Weight Loss Challenges;

- One on One Counseling;
- World Diabetes Day Initiatives;
- Diabetes and Risk Factor Management;
- Wellness Fitness Centre Promotion;
- Traditional Harvesting, Food Preparation, Food Preservation;
- Muskeg Tea;
- Development of Resource Materials;
- Screening for complications, i.e., retinal screening;
- Screening for complications, i.e., renal screening;
- Diabetes self-management sessions;
- Networking with the IERHA;
- Nutritionist visits

The Health Program has been very active in implementing the ADI Program to the community as well as my role in CHR. I look forward to another year filled with new programming.

Meegwetch!

Alfred Pruden
CHR/ADI Coordinator

Support to Nurses Annual Report

My name is Carol Woodhouse I have been with Pinaymootang Health Centre for a total of 8 years. The position I currently hold is to assist the public health nurse, health professionals and program supervisors with their roles and responsibilities. I also provide front desk administration to the organization.

Throughout the years, I have watched it grow to where it is at today. Many hard working hours have been put in with all health employees to ensure that we provide effective and efficient health care to our community members.

My duties include the following tasks:

- All appointment bookings; Tele-health Appointments
- Assist the NIC on charting;
- Preparing health correspondence;
- Distributing copies of incoming and outgoing mail, correspondence or reports accordingly;
- Help coordinate and organize specialty programming as instructed;
- Maintaining a high level of confidentiality at all times;
- Prepare various forms and documents;
- All required front desk duties;
- Acting as a Human Resource personnel.

During the course of this fiscal year our physician services have decreased due to the physician shortage, but we still continued to stay very active in the health facility. It was not until March 2016 that our new visiting physician Dr. Kashur commenced weekly clinical visits every Thursday of each week to the community. We welcome Dr. Kashur to Pinaymootang.

RECOMMENDATIONS

- Require more training in clinical management;
- Additional Administrative Support Worker due to the increase workload in health services;
- Required space.



Operations and Maintenance Report

The general duties conducted are; general cleaning and sanitary services, on a daily basis, both indoor and outdoor cleaning of premises including; carpets, furniture, windows, washrooms and floors. Waxing and buffing are conducted twice per year and the restocking of cleaning and washroom supplies are ordered as needed.

Removing of litter and garbage to the local landfill is done, daily. The custodian ensures a high confidentiality level. Other maintenance that is required such as lawn maintenance, HRV cleaning, lighting fixture change, snow removal, drainage, door fixtures, grading of parking lot are conducted through a need be basis by short term contract

work.

The upkeep to the facilities has been a demanding task, to ensure that the facility is at its finest and ensuring that the facility's infection control standards are followed and this is all based on the Accreditation outcome.

The Health Program has made every effort to maintain the upkeep of the facility. The custodian sees the overcrowding in the facility and I am pleased that the Health Centre is working towards expanding its facility, this is needed.

Operations and Maintenance

Phyllis Wood is employed through First Nations Inuit Health Branch has the assistant to the Dental Therapist. Phyllis is from Pinaymootang and works closely with Lucy the Dental Therapist every Tuesday and Wednesday.

Brighter Futures Initiative/Building Healthy Communities
Annual Report 2016-2017

Hello, my name is Stephen Anderson and I am the Brighter Futures and Building Healthy Communities coordinator. The objective of the BFI/BHC program is to increase awareness in mental health, child development, healthy babies, injury prevention and parenting skills; improve the knowledge and skills of community members in the areas of mental health, child development, healthy babies, injury prevention and parenting skills; address the health problems affecting children and families in a community-based holistic and integrated manner and support optimal health and social development of infants, toddlers and pre-school aged children.

To meet these objectives, a variety of events and workshops are planned throughout the year. Here are some of the activities held:

- This past year we held 3 CPR/First Aid & AED Training courses held at different points in the year. The courses were 8 hours each and 32 community members total took part in the 2 courses. Everyone that took part in the courses obtained their certification.
- The BFI program, along with the ADI program, continued with the annual Gardening program. The program was well received with approximately 65 people taking advantage of the services we provide. The services we provide are garden plowing and tilling, providing seed potatoes, as well as offering a wide variety of different vegetable seeds. After a few years of experiencing a downturn in numbers the Gardening program is once again seeing an increase in community members who want to try their hand in having a garden of their own. We look forward to continuing the trend in future years.
- Approximately 100 community members took part in the annual Community Clean-Up; the Clean-Up did a good job of cleaning the community of garbage from the roadside. After the Clean Up there was a lunch served to those that participated.
- The BFI program took part in the inaugural Children's Health Fair in July that was held at the Arena. Other Health Centre programs also took part in this event. The booth I set up contained information about the BFI and BHC programs as well as upcoming event. As part of the Health Fair the program also set up a photo booth and took pictures of those that wanted to take part. In all, approximately 125 parents and kids participated in this event.
- The Life Saving Society came out as part of the Northern Water Smart programming. The Northern Water Smart program involves week long swimming lessons and a 2 day

CPR/First Aid & AED training course. Twenty children took part in the swimming lessons and all received certificates of completion for their efforts. Eight people took part in the CPR/First Aid & AED class and all received their certificates which are good for 3 years.

- Traditional Medicine Picking. For the last few years the BFI program and ADI program have made available, outings for traditional medicine picking. Some of the medicines that have been picked and utilized are Muskeg Tea and Chaga. These traditional medicines are also offered for distribution to health clients when available.
- Set up a booth at the Annual Treaty Days Health Fair. This year, in order for me to sign participant passports I got people coming by my booth to list one component from each of the BFI and BHC program area. This was a great way to get participants more involved in knowing what the 2 programs entail. Over 200 people came by the booth and I provided a pencil, ruler or a note pad as small incentives for coming by to visit me in my booth.
- Took part with other program areas in the “Walk for the Cure” Cancer Awareness walk. There were 33 community members that took part in the walk. There was a guest speaker that spoke on cancer awareness and after that a lunch was served.
- Hosted Safety Services Manitoba who held an ATV/Snowmobile Safety presentation at the Pinaymootang School. Students from grades 4- 12 attended the presentations that were broken up into different time slots. Students were attentive to the presentation and seemed to be receptive to the material that was presented.
- The BFI program in partnership with Pinaymootang First Nation, ACFS and Pinaymootang School took 100 community members to a Manitoba Moose hockey game at the MTS Centre in Winnipeg. Transportation, lunch and supper were provided.
- The Manitoba Life Saving Society came to the community for the Winter Smart program. This program includes school presentations on Winter & Ice Safety tips as well as an evening CPR/First Aid & AED course. For the winter & ice safety presentations, students from grades 4- 12 attended the 3 separate presentations that were held over the 2 days. For the CPR/First Aid & AED course, 12 people attended the 8 hour course that was held over 2 evenings. All participants that took part in this course passed and will receive their certification.

Monthly network meetings are also attended; these meetings are a gathering of different stakeholders in the community whose purpose is to serve the community in different areas of wellness. By working together with other organizations in the community we can further our resources and serve the community in a more efficient manner.

In addition to planning and setting up regular capacity building activities in the community; we are always looking at new ways we can engage community members and to serve them better. One of the ways we can achieve this is by attending various trainings, forums and engagements throughout the year. Attending these different events brings the opportunity for me to network with other workers and see what other initiatives communities may be undertaking in their area. These are some of the events that I have taken part in the last year:

- BFI/BHC IRTC Quarterly Meetings
- Elder's Gathering
- First Nations Mental Health First Aid
- Community Engagement on Health
- Mental Health Community Engagement
- Mental Health Wellness Initiative
- Manitoba Wellness Cluster Gathering
- Balancing Hook- Gambling Initiative Training
- National e-Health Conference
- Manitoba ICT Summit

In conclusion, I would like to thank everyone that has taken the time to partake in our programming throughout the years. If you have not had the chance to take in any trainings or events then I encourage you to do so as many of these programs are a great way to get out and expand your knowledge in different areas. As always, we are continuously looking for new and different ways to serve the community, so I am always open for suggestions from community members.

Thank you,

Stephen Anderson



NATIVE ALCOHOL AND DRUG ABUSE ANNUAL REPORT

The NADAP Program was established in 1975 to address alcohol abuse in First Nation communities. It has since evolved into other spectrums such as addressing illegal street drugs and prescribed drugs and many other addictions and how these have negatively impacted First Nations members.

When people who use drugs can't stop taking a drug even if they want to, it's called addiction. The urge is too strong to control, even if you know the drug is causing harm. In my previous annual reports I mentioned the fact that addictions are not limited to alcohol and drugs.

No one ever plans to get addicted. They like how the drug makes them feel. They believe they can control how much and how often they take the drug. However, drugs change the brain. Those who abuse drugs start needing the drug just to feel normal, however this can quickly take over a person's life.

Addiction can become more important than the need to eat or sleep. The urge to get and use the drug can fill every moment of a person's life. The addiction replaces all the things the person used to enjoy. A person who is addicted might do almost anything—lying, stealing, or hurting people—to keep taking the drug. This could get the person arrested. But once the charges have been dealt with then the cycle of abusing drugs starts all over again. People with alcohol and drug addiction focus everything based on the need to get high or drunk and quality time with other family members ceases to exist.

- Drugs change how the brain works.
- These brain changes can last for a long time.
- They can cause problems like mood swings, memory loss, even trouble thinking and making decisions.

Addiction is not simply an inadequacy. People from all backgrounds, rich or poor, can get an addiction. It can happen at any age, but generally it usually starts when a person is young. Many people assume that the medical community also plays a role in prescribing addictive medication. They also believe that pharmaceutical companies are also involved. Although, there could be truth to these beliefs, it really comes down to the individual that is abusing. They have the power to make a choice and make a difference and learn to live a sober lifestyle.

I have seen many people that can attest to this and have overcome their addictions through their own choice.

Another type of an addiction that falls under “other spectrums” is Facebook and video games. If engaging in these activities becomes so overwhelming and people don’t have time to co-exist and do healthy things together with their family then it becomes a problem.

There are many things that can be done by people who find themselves in these situations. Admitting that one has a problem is usually the first step. Seeking help is another stepping stone. The journeys we all have in life involve stepping on stones on which we need to maneuver on our path. Seeking help is not a sign of weakness, it is fact a sign of one’s strength. It takes a bold person to admit they have a problem. Treatment centres and counselling services are available. But there are also other avenues of making better choices. Seek help from trusted family and friends, Clergy from churches also play a vital role in helping. Remember, no one can change you but yourself.

In addition to my work as the Addictions Coordinator, I was working on my Social Work Degree program and finally completed all my training at the end of May, 2016 and graduated October 19, 2016. The other training/workshops/events that I attended were:

- ❖ Practicum Training – Probation Services
- ❖ Certified Addiction Counsellor Certification training
- ❖ Community/School Debriefing
- ❖ Elders Gathering
- ❖ Gardening Kick-Off
- ❖ SASSI (Substance Abuse Subtle Screening Inventory) Training for Clinicians
- ❖ Health Centre Breakfast for Treaty days
- ❖ Treaty Day Health Fair
- ❖ Mental Health First Aid Training
- ❖ Smoking Cessation Workshop
- ❖ Mental Health Meeting – Networking Team
- ❖ Prescription Drug Abuse Workshop for School/Community
- ❖ Case Management Training
- ❖ Innovations in Community Based Primary Health Care
- ❖ Networking Meetings
- ❖ Dakota House at Pinaymootang School – Workshops for students

The following is my statistical information for April 1, 2016 to March 31, 2017:

Month	New Clients	Referrals	Other FN Members
April	12	8	4

May	9	5	3
June	11	6	2
July	13	10	6
August	14	8	2
September	16	11	5
October	12	7	3
November	10	6	7
December	4	2	1
January	13	6	5
February	9	2	1
March	7	4	2
Totals	130	75	41

Respectfully Submitted by:

Alvin Thompson CAC II – BSW

Addictions Coordinator



Medical Transportation Annual Report

My name is Margaret Anderson and I am employed as the new Medical Transportation Coordinator for the Pinaymootang First Nation Health Program.

The Medical Transportation Program provides transportation benefits to eligible clients with access to required services that cannot be obtained within the community. This program is administered by one Medical Transportation Coordinator and four Medical Drivers; three full-time and one on a need be basis.

Medical Transportation is provided only to access health services approved by Non-Insured Health Benefits (NIHB) – FNIHB Health Canada. Requests for Medical Transportation to access services that are not provincially insured or which do not fall under the parameters of (NIHB) will be denied except for Medical Transportation to Traditional Healers and Medical Transportation to NADAP.

Client's Off-Reserve will need to contact FNIHB – 1-877-983-0911 regarding travel for their appointments as they are not eligible through the Medical Transportation Program On-Reserve.

MEDICAL TRANSPORTATION OVERVIEW

Assistance with Medical Transportation services are provided to members who live On-Reserve for medical travel and associated services for the following:

1) To the nearest appropriate facility; 2) The most economical and practical means of transportation considering clients condition; 3) The use of scheduled coordinated transportation; 4) Medical transportation in a non-emergency situation has been prior approved by Coordinator based on eligibility; and 5) Services not available in the home community.

DAILY ACTIVITIES

- Performing own administrative duties, maintaining client files;
- Providing services to eligible Pinaymootang First Nation Band Members as well as other First Nation members living on reserve;
- Booking, verifying and rescheduling of appointments which are then coordinated for the medical van or private travel;
- Recording and providing meal tickets for clients with Winnipeg appointments;
- Accommodations are provided with either private home or hotel, according to eligibility of client (Surgery preps or post op care);

- Preparing OCA forms for private travel and appointment verification slips for medical van clients;
- Recording all returned private travel forms;
- Preparing daily passenger logs for medical driver for Winnipeg log.

Medical Transportation Coordinator

APPENDIX NIHB/MT-A NIHB Program Reports, Progress Activity Reports due Dates and Progress Activity Report Requirements

Program Activity Report

1 st	2 nd	3 rd Final
For Period Apr 1 to Aug 31	For Period Sept 1 – Nov 30	For Period Dec 1 – Mar 31
Due Oct 15	Due Jan 15	Due June 30
Fiscal Year: 2015 – 2016 April 1 – August 31, 2015	Recipient: Pinaymootang First Nation Contribution Agreement: MB0700072	
# of requests: 2234	# of exceptions requested: 168 clients reimbursed	# of appeals: 0
# of requests approved: 2402	# of exceptions approved: 3	# of favorable appeals: 0

How are the benefits being provided:

One full time Medical Transportation Coordinator is currently on hand to provide and assist clientele of appointment bookings, coordinating of medical transportation, and acting as a supervisory capacity of medical drivers currently employed with the First Nation.

Currently employed are 3 full time driver transporting clients to appointments, each driver works on a rotating basis. Each driver has a monthly schedule they follow and they provides services on a need be basis, if the medical transport is at full capacity then an additional van is required, this worker also provides transport to the Eriksdale Hospital for ultra sound as well as Selkirk and Dauphin areas.

Major Accomplishments in the program during the reporting period:

Increased coordination with medical appointments in Selkirk and Dauphin runs and being able to schedule clients on the same day to appointments.

In July of this report, two additional doctors have been acquired at the Lakeshore General Hospital, this has helped reduce the travel to several General Practitioners in Winnipeg and the usual contract for physicians at the hospital is a three year contract.

Major Challenges in delivering the program during this reporting period:

We now have an increase of 10 dialysis clients, 9 of which are attending dialysis three times per week at the Lakeshore General Hospital in Ashern, MB. One client is currently going three times per week to the Seven Oaks Hospital dialysis unit until a spot opens up at the Lakeshore Hospital.

With the new amalgamated Interlake/Eastern Regional Health Authority clients that are transported from Pinaymootang via ambulance to the nearest hospital (Lakeshore GH) are transported further out to communities such as Arborg, Pine Falls and sometimes Pinawa, MB., with these types of transfers our clients are usually left in the previously mentioned community hospitals with no way to get home this leaves the Pinaymootang Medical Transportation Program with additional costs not accounted for in the yearly budget.

The Lakeshore General Hospital still faxes out physician shortages/nurse managed care info sheets during weekend hours or evening hours when they do not have a physician on call.

Identify the factor (s) that may be impacting the budget:

We are now providing meal tickets with private travel as per the last meeting with Cameron, this adds to the strain of our budget as monies allotted have not been increased by FNIHB.

Private accommodations have increased to \$50/night; Medical Transportation has not yet received a letter from FNIHB Medical Transportation in regards to this increase. The coordinator has had to learn it from a client requesting an increase, but we are still using the previous amount of \$25/night until we receive a letter stating otherwise.

Other relevant observations, comments or information to this program:

The need for a FNIB Medical Transportation policy book is required to help the clients understand the policies and guideline that the coordinator must follow. As the coordinator of the program, I find that having to say no to clients based on the criteria of private travel and other areas within the program, I feel that it would be beneficial to the program if there was a book to hand out as to how decisions are decided.

APPENDIX NIHB/MT-A NIHB Program Reports, Progress Activity Reports due Dates and Progress Activity Report Requirements

Program Activity Report

1 st	2 nd	3 rd Final
For Period Apr 1 to Aug 31	For Period Sept 1 – Nov 30	For Period Dec 1 – Mar 31
Due Oct 15	Due Jan 15	Due June 30
Fiscal Year: 2015 – 2016 Sept 1 – November 30, 2015	Recipient: Pinaymootang First Nation Contribution Agreement: MB0700072	
# of requests: 2134	# of exceptions requested: 157 clients reimbursed	# of appeals: 0
# of requests approved: 2134	# of exceptions approved: 0	# of favorable appeals: 0

How are the benefits being provided:

One full time Medical Transportation Coordinator is currently on hand to provide and assist clientele of appointment bookings, coordinating of medical transportation, and acting as a supervisory capacity of medical drivers currently employed with the First Nation.

Currently employed are 3 full time driver transporting clients to appointments, each driver works on a rotating basis. Each driver has a monthly schedule they follow and they provides services on a need be basis, if the medical transport is at full capacity then an additional van is required, this worker also provides transport to the Eriksdale Hospital for ultra sound as well as Selkirk and Dauphin areas.

Major Accomplishments in the program during the reporting period:

Increased coordination with medical appointments in Selkirk and Dauphin runs and being able to schedule clients on the same day to appointments.

Major Challenges in delivering the program during this reporting period:

We now have an increase of 10 dialysis clients, 9 of which are attending dialysis three times per week at the Lakeshore General Hospital in Ashern, MB.

The newly acquired physicians have taken clients in as new patients and we are hoping that this will help decrease the travel to Winnipeg for General Practitioners.

Identify the factor (s) that may be impacting the budget:

In the near future, there will be 2 new dialysis patients attending dialysis. The need for a wheel chair accessible medical van will be needed.

Other relevant observations, comments or information to this program:

The 2013 Chev Express has over 400,000 kilometers on it and will need to be replaced. Once a new vehicle is purchased we will be switching the 2014 Savana to the Ashern route and using the new or used vehicle for the Winnipeg run.

APPENDIX NIHB/MT-A NIHB Program Reports, Progress Activity Reports Due Dates and Progress Activity Report Requirements

Program Activity Report

1st	2nd	3rd Final
For Period Apr 1 to Aug 31	For Period Sept 1 – Nov 30	For Period Dec 1 – Mar 31
Due Oct 15	Due Jan 15	Due June 30
Fiscal Year: 2015 - 2016 December 1 – March 2016	Recipient: Pinaymootang First Nation Contribution Agreement: MB0700072	
# of requests: 2272	# of exceptions requested:	# of appeals: 0
# of requests approved: 2272	# of exceptions approved:	# of favorable appeals: 0

How are the benefits being provided:

One full time Medical Transportation Coordinator is currently on hand to provide and assist clientele of appointment bookings, coordinating of medical transportation, and acting as a supervisory capacity of medical drivers currently employed with the First Nation.

Currently employed are 3 full time drivers transporting clients to appointments, each driver works on a rotating basis. Each driver has a monthly schedule they follow and they provides services on a need be basis, if the medical transport is at full capacity then an additional van is required, this worker also provides transport to the Eriksdale Hospital for ultra sound as well as Selkirk and Dauphin areas.

Major Accomplishments in the program during the reporting period:

The program was approved with 2 additional vehicles one included a wheelchair accessibility vehicle to help with the transportation to local areas such as Ashern. So effectively in the next fiscal year, the program will be operating a 4 van system. We were also approved with an additional driver (Ernest Beardy – his employment did not commence until April, but decide to include him in our annual reporting) but this will not be in effect until then. The Winnipeg Van has been replaced as it was reaching its milestones in kilometers.

I am also happy to report that effective March 2016, Pinaymootang Health Centre has finally retained physician services. We are hoping by this will decrease in transportation, but we will not know until we report in the new fiscal year.

The program has also installed a programming device on all its fleet to prevent misuse of the organizations fleet. We hope by doing this prolong the life of these Medical Vehicles. Although this was rather costly but I

think it is worthwhile for the program.

Major Challenges in delivering the program during this reporting period:

We now have an increase of 10 dialysis clients, 9 of which are attending dialysis three times per week at the Lakeshore General Hospital in Ashern, MB.

The newly acquired physicians have taken clients in as new patients and we are hoping that this will help decrease the travel to Winnipeg for General Practitioners.

Identify the factor (s) that may be impacting the budget:

A factor that we will be seeing in the upcoming fiscal is a new dialysis patient. It is unknown at this time when the new dialysis patient will commence dialysis but it is expected that appointments will take place in Winnipeg as they are no beds currently available locally.

Other relevant observations, comments or information to this program:

The demands of the program have increased. An issue, I have seen throughout this fiscal is that drivers that are entitled to vacation time, the program is seeing an increase in the utilization of other additional drivers. It is recommended to the organization that a call out for on-call drivers be initiated so we can have drivers on hand who are willing to drive for others readily available. It becomes difficult and is quite becoming costly to find on-call drivers which the budget cannot support. I also recommend that FNIHB look at the budgets to reflect the entirety of the program so it can run effectively and efficiently.

Annual Report for Nov.21, 2016 – March 31, 2017

To: Gwen Traverse

Executive Health Director

Submitted by: Brenda Halchuk LPN

Back Ground and Supporting Information:

I started working for Pinaymootang H&CCP in November 21, 2016. I have worked as an LPN for 30 years. I work mostly with elders through these years. It's been challenging to try and meet all H&CCP clients, the health care aides has been a great source of help of introducing me to the community. I really admire how the health center is so progressed. The charting system was new to me and I admit it was difficult to navigate thru it, and I now feel comfortable with the system.

As a home care nurse, I find it very rewarding to visit clients and assess their vital signs; it is very peaceful work as opposed to institutionalization. The clients find it easier to talk about their concerns and illness'.

The Home & Community & Care Program supports community members living with chronic and acute illness and disabilities by providing services that help maintain optimum health, well being and independence in their homes and community.

I feel very proud to be part of the health team.

Available resources in the Home Care Program:

Home Supportive Services include:

Personal care: HCA have their regular clients that require personal care. There are currently 5 clients that require baths/showers.

Home Management/homemaking services:

This program is under Social Services. I assess homes and meet with clients that require home making services, I fill the form and fax to social services. Ultimately decision is based on finances.

In-Home Respite

-home health aide/personal care worker could be assigned to stay with the client for a period of time, or could be scheduled to come in a periodic intervals during the time the caregiver is away from home, depending on resources. This program is not currently utilized.

Medical Supplies and Equipment

- Medical supplies and equipment are provided in the home and to promote the independence of the client
- Mobility equipment such as walkers and wheelchairs are available for a short time during the rehabilitative phase of recovery, at other times the need for supplies and equipment is long term, Home Care services will apply for permanent equipment.

I have done home visits to check client's homes to assess their homes and have made numerous orders. Having a physician come to the Health Centre, makes it possible to order and get doctors signature. Dr. Kashur is a crucial member in providing continuum care to the home care clients.

Home & Community Care Program Nursing Services

Assessments: I now feel comfortable enough to do home visits and check Vital Signs (blood pressure, pulse, blood sugars, etc.), Monitoring medications effectiveness. I get to check safety issues in client's homes during home visit and assessing safety equipment requirements. I have made a map to find home care clients.

Description of trainings/conferences as Follows:

December: 2 telehealth 1 "Gaps in H&CCP"

2 "Naloxone"

January: 2 Telehealth 1. "Naloxone"

2. "Chronic Condition Management"

Webinar training "Diabetes, Depression & Hope" thru St. Elizabeth

Work-Plan 2017/2018 completed on January 25, 2017

Quality Improvement completed on March 15, 2017

Home and community Care program currently has **121** clients. This number includes "Jordan Principal" children. There are **10** clients in for Ashern dialysis.

Current Status

Stats:

Category of service provided	November	December	January	February	March	Total
Home Visits	21	35	22	20	47	140
See in clinic		9	30	28	60	127
Hospital visits	1	6	1	3		11
Foot Care		10	5	8	15	38
Personal provided		5				5
Total # of clients served	15	29	41	37	80	202
Total Encounters	30	65	65	75	150	385

Future Activities Planned for 2017

Elder gathering -Easter dinner: **April 11, 2017.**

Planting Day: **May 24, 2017**

Mother's & father's day Barbeque: **June 15, 2017**

Thanks Giving Dinner: **November 22, 2017**

Projects for 2017/2018:

I am currently working on **“Palliative Care Program”** for the community. I have made a package/container filled with supplies required for accepting a palliative care client. Necessary equipment has been ordered. Will have a meeting with elders for their ideas of how they would like to see the program, and what they would like to see on a brochure.

We are planning an embroidery get together for the female clients, when the squares are completed, each square will be sewn together. This comforter will be used for palliative clients. The comforter will have elders’ names on them.

Another plan is to have male elders’ get together and have a “wood burning” signs made with the first & last name with their house #. This will be useful for emergency situations.



Home and Community Care Program: Annual Report 2017

Hello my name is Pamela Sumner, and I am a certified Health Care Aide here at the Pinaymootang Health Center. I have been working as a Health Care Aide for many years now. I enjoy working for the elder's in our community, and learning from them as well. I work to the best of my abilities, and always strive to do the best I can for the people in the community.

The Home and Community Care's Objectives are:

- To provide holistic and personal care services with respect and compassion in order to allow individual community members to remain healthy & live independently in their own home as long as possible.
- Assist clients and their families to participate in the development and implementation of the client's care plan to the fullest extent and to utilize available community support services where available and to provide the appropriate care for the clients.
- Assisting community members living with chronic and acute illness and disabilities by providing service that help them maintain optimum health, well-being and independence in their homes and community.

Supportive care:

- Making home visits, and visiting elders.
- Activities of Daily Living; Bathing, grooming, toileting. Basically, getting clients ready for the day.
- Taking vitals which include; blood pressures, temperatures, blood sugars, respirations, pulse.
- During home visits, making sure the clients are taking their medication, and documenting any changes to medication to our Home Care Nurse.
- Assisting clients with equipment when needed to make life easier. Example; mobility aides, wheelchairs, walkers, canes, shower heads, bath seats, etc.

Recording and Reporting:

- After each home visit I/we report to the nurse for any assistance needed for the client, or if any concerns that need to be addressed.

- I chart on any home visits made or done, after reporting to the supervisor.
- Make referrals for clients to the right program area, or to the Home Care Nurse.

Activities;

April 2016

Home visits- 87

April 18- Staff program meeting

May 2016

Home visits- 84

May 3- CPR training

May 10- Foot Self-care Day

May 25- Tomato Planting

May 26- Elder's Gathering in Peguis

May 30- Staff Meeting

June 2016

Home visits- 62

June 2016- Elder's Gardening

June 23- Elder's Gardening

July 2016

Home visits- 49

June 25- Staff Meeting

August 2016

Home visits- 80

August 16- Treaty Days HC Breakfast

August 18- Treaty Days Health Fair

August 25- Elder's Gardening

August 29- Staff Meeting

September 2016

Home visits-85

September 15- Borsht Soup making/Craft Day

September 20- Spaghetti Squash Cooking

September 26- Meeting at Church hall for community re: Health

October 2016

Home visits- 73

October 5- Online webinar –Lateral Violence

October 31- Staff meeting

November 2016

Home visits- 77

November 17- Perogy day with Elder's

November 28- Staff Meeting

November 30- Elder's Breakfast

December 2016

Home visits- 67

December 1- Open House

January 2017

Home visits- 75

January 30- Staff meeting

Cont'd

February 2017

Home visits- 56

February 22- Saint Elizabeth online course on "Circle of diabetes Care"

February 27- staff meeting

March 2017

Home visits- 105

Home and Community Care Program: Annual Report 2016/2017

Hello my name is Dorothy (Dot) Sumner; I am a health care aide. I have been employed at Pinaymootang Health Centre since January 2012. I work with the Home and Community Care Program, under the supervision of the HCC coordinator. I mostly work with elders and persons living with acute or chronic conditions and persons with special needs. I've enjoyed working here and take great pride in helping people and value what I do. It is a pleasure serving the people of my community.

The Home and Community Care's Objectives are:

- To provide care for clients who need assistance in the home after hospital discharge.
- To provide community care and support to a range of people: including elders, families and individuals with special needs and people with short term and long term medical conditions.
- To enable clients to remain in their own homes as healthy and as independent for as long as possible and also to delay and prevent admission to a health care facility.
- To promote dignity, independence, preferences, privacy and safety at all times when in the clients home.

Supportive Care:

- We provide personal care services, such as bathing, grooming and dressing; to help prepare clients get on with their day.
- We make daily homes visits to various clients' homes, to provide support for clients who may have concerns.
- We check client's feet and I arrange appointments for those who need foot care.
- I communicate with the elders in their language.
- We check and record vital signs which include: blood pressures, temperatures, pulse and respirations and also do blood sugars and oxygen levels.
- We assist with range of motion exercises.
- We provide mobility aides to meet the client's needs with wheelchairs, canes and walkers. Other equipment provided includes: shower heads, bath seats, bath mats, safety toilet rails, raised toilet seats, commodes, reachers, mechanical beds and bed safety rails.

Recording and Reporting:

- Following a home visit, I report and direct any concerns or changes to the HCC supervisor.
- Charting and documentation is done after a home visit.
- Report foot care referrals to the foot care nurse

Activities:**April 2016**

Home Visits – 69

April 18 – Staff Program Session

April 19 – Cultural Awareness Training

May 2016

Home Visits – 84

May 4 – Community Clean Up

May 10 – Foot Care Self Care

May 25, 2016 – Tomato Planting

May 26, 2017 – Elder’s Gathering in Peguis

June 2016

Home Visits – 87

June 16 – Gardening

June 23 – Gardening

June 27 – Staff Meeting

July 2016

Home Visits – 64

July 7 – Gardening

July 13 – Elder’s Wellness

July 14 – Gardening

July 19 – Child Health Fair

July 20 – Elder’s Wellness

July 25 – Staff Meeting

July 27 – Elder’s Wellness

July 28 – Gardening

August 2016

Home Visits – 62

August 4 - Gardening

August 10 – Gardening

August 16 – 20 Treaty Days

August 16 – Community Breakfast sponsored by Pinaymootang Health Centre

August 24 – Elder’s Wellness

August 25 – Gardening

August 29 – Staff Meeting

September 2016

Home Visits – 103

September 15 – Elder’s Activity

September 20 – Spaghetti Making

September 26 – Community Engagement Session/Elder’s Meeting

October 2016

Home Visits – 70

October 13 & 14 – Nurses Quarterly Meeting

November 2016

Home Visits – 59

November 4 – Meeting with McGill University & Families of Complex Needs

November 17 – Perogy Making

November 30 – Elder’s Breakfast

December 2016

Home Visits –51

December 1 – Open House

January 2017

Home Visits – 63

January – Staff Meeting

February 2017

Home Visits – 49

March 2017

Home Visits –81

March 28 – Jordan’s Principle Forum

Prepared By;

Dorothy Sumner, Health Care Aide

Pinaymootang Health Centre

Community Health Programs Annual Report

Hello my name is Nancy Tindall, as many of you know I am a Licensed Practical Nurse and a Foot Care Nurse at the Pinaymootang Health Centre. I joined of the Health Team as a Community Health Program Coordinator in 2011, boy time sure does fly by...I say this every year, but it's true!

My role of the Community Health Program Coordinator covers many areas including providing nursing care when the Community Health Nurse and the Home and Community Care Nurse are unavailable; this is done through individualized home visits, walk-ins at the clinic and scheduled home visits. The following are my stats for clients seen from April 2016 – March 2017; this does not include flu clinics held this past fall.

This past year I had 1432 total encounters, serving 501 members:

- 858 Clinic Visits
- 5 Hospital Visits
- 21 Home Visits
- 162 Home & Community Care clients seen
- 217 Attended Foot Care
- 326 Members attended programing
- 102 Information input/updates

As a foot care nurse I provide basic foot care to elders and diabetics within the community. Foot care clinics are held weekly on Tuesdays; clients are seen every two to three months or on an as needed basis. If you or someone you know in the community is in need for foot care please contact the Health Centre to book an appointment.

Keep an eye out for upcoming information sessions (twice annually) related to foot care; topics will include information on healthy food choices, easy seated exercises to increase blood flow to extremities, tips on foot wear and self -foot care.

Part of my role is to focus on the Pinaymootang School; throughout the school year I go into classes Nursery to Grade 12 and provide workshops as well as bring in speakers to provide students with knowledge on a wide variety of health related topics. Some examples of topics that have been discussed this past school year are hand washing, cough & cold etiquette, puberty, growth & development, STI awareness & contraceptive options. The information discussed is age appropriate and does not go beyond the student's developmental level.

In the upcoming school year, I hope to be present in the school more often; due to shortages with Doctors and Nurses in our area this past year I found an increase in community members seeking medical assistance at the Health Centre which made it difficult at times to be present in the school for programming.

I provide assistance to the Head Start Worker/Home Visitor through the role as an Aboriginal Head Start On-Reserve Program Supervisor. This is an outreach program for families in the community with young children aged 6 and under. Through arranging home visits and programming out of the home, the Home Visitor provides support and educational resources to the children and their families while focusing on culture and language; education and school readiness; health promotion; nutrition; social support; and parental and family involvement.

Part of AHSOR Program incorporates a playgroup for families which is held Thursday afternoons; this offers a safe environment for young families to socialize and learn outside the home. Educational activities that were held this past year during playgroup were; cooking, baking, crafts, homemade baby food making, and sewing projects. In addition to Playgroup the AHSOR Program is always busy holding a variety of other programming too; such as nutrition workshops, parenting programs, grandmother and grandfathers teachings such as outdoor tea and bannock making, sewing classes, fish filleting and soup making. This past year the AHSOR Program has been offering an arts and crafts class, this is held Monday afternoons. This class provides families time to bring out their inner artists and show off their creativeness, activities include a variety of crafts, drop in and join a class! I strongly encourage all families and children that fall within the age category to participate in the Aboriginal Head Start On-Reserve program it is a great way to increase knowledge and skills for a brighter and healthier future.

I would like to thank the Pinaymootang Community and my co-workers for their continuous support; I look forward to many more years of employment at the Pinaymootang Health Centre.

Thank you,
Nancy Tindall LPN
Community Health Program Coordinator

HIV/AIDS Annual Report

The purpose of the HIV/AIDS program is to develop initiatives to control and prevent the spread of HIV infection on-reserve, to reduce the health, social and economic impacts of HIV/AIDS, to encourage and support the active involvement of community, to identify option and strategies for the provision of treatment, care and support programs that will facilitate knowledge that will provide timely and comprehensive education and preventative programs, to increase knowledge and educate to ensure that skills exist at the community level to develop a coordinated approach.

The HIV/AIDS program continues to grow and threaten the lives of our First Nation people as no one is immune from HIV/AIDS. The Pinaymootang First Nation Health program has come to realize that this disease with the infection rate is amongst communities where poverty, family violence and drug/alcohol abuse are present. The indicator of unprotected sexual activity, a very high sexually transmitted disease rate and a high teen pregnancy rate prove that we are at risk of HIV infection.

During the course of the year, we have been promoting that HIV/AIDS as well as Hepatitis C are preventable diseases. We have been educating that in order to prevent transmission we must practice safe precautions.

The following activities were conducted;

- Information drives targeting the youth ages 15 – 21;
- Awareness during community events;
- Health Sex Education Classes;
- Video and Power Point Presentations;
- Promotion of World AIDS Day;
- Providing contraceptives, condom talk demos;
- Testing and Counseling.

Nancy Tindall LPN

Community Health Program Coordinator

HIV/AIDS Annual Report

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- Testing and Counseling.

Nancy Tindall LPN

Community Health Program Coordinator

Aboriginal Head Start Outreach Program (AHSOR)
Annual Report 2016-2017

My name is Maegan Anderson and I am Pinaymootang's Aboriginal Head Start On-Reserve Outreach Worker. The role of the Aboriginal Head Start Outreach Program is designed to meet the needs of the children and their families. The program focuses on children 0-6 years of age and their families. The program has six required major components that need to be met; they are:

- (1) Culture and Language;
- (2) Education and School Readiness;
- (3) Health Promotion;
- (4) Nutrition;
- (5) Social Support; and
- (6) Parental and Family Involvement.

This program engages children and families in various indoor/outdoor activities in addition to home visiting in assessing children. Many of the activities within the program were developed to encourage healthy living within young families.

ACTIVITIES THROUGHOUT THE YEAR INCLUDE:

- ◆ PLAYGROUPE is held on a weekly basis throughout the school year (September to June). Various activities are held during this program such as; Cooking Classes, Sewing Classes, etc. This program allows parents to interact with their children and also allows parents to take home knowledge on healthy eating. A total 1750 attendees during this period.
- ◆ ARTS & CRAFTS CLASS is held once a week throughout the school year. This program allows children to express themselves through art but also providing an education component that moves towards school readiness. A total of 320 attendees during this period.
- ◆ MOMS SPA DAY was held in March 2017 to appreciate our moms who have committed in attending our weekly programs. A total of 5 Mothers attended.
- ◆ NUTRITION WORKSHOP was held in March 2017 to learn nutrition facts from the food guide about everyday foods and snacks; each parent prepared 7 Crockpot meals to take home.
- ◆ DISNEY ON ICE trip was held in February for all parents and children who attend our programs regularly. We had 30 attend.
- ◆ PARENTING WORKSHOP held in March 2017. This workshop is aimed at parents with children under 6 years old and is intended to provide parents with knowledge and skills on how to care and handle their children in certain situations; also dealing with children's behaviours, etc.
- ◆ QUILTING CLASSES are held to teach beginners the basic skills to work a sewing machine and to create a design for their own quilt.

- ◆ ZOO TRIP is held in June and is an incentive for the parents and children who attend our programs.
- ◆ In July, we hold our annual Children's Health Fair. a booth set up to showcase what the Headstart Program is about. We also had many other booths such as hand washing, dental care, we also had MPI's mini car town on site to teach kids about road safety.
- ◆ In August, we have our Annual Community Health Fair once again I showcase the Headstart program so the community members are aware as to what is available within our Health Centre.
- ◆ Every holiday we try to have a get-together/party for the parents and children for such as Valentine's Day Party, Halloween Party, and Christmas Party. The focus is to involve parents with their children through guided fun activities.
- ◆ In summer, we have picnics at daycare or Roviera with children and parents so they can enjoy an afternoon outdoor activity.
- ◆ Fishing day at Roviera held in July for parents and children to teach traditional activities.
- ◆ Dolly Parton Library is still on-going. Currently have a total of 77 Children registered to receive books monthly.
- ◆ Every Month I create a Newsletter for the Health Centre, its objective is to provide the community with information on every program being offered within the Health Centre, as well as Health information.

Meetings/Workshops/Training:

- Monthly Staff Meetings
- Monthly Networking Meetings
- ASQ Assessments
- ECE Training Courses
- CPR & First Aid Training in March
- Transportation of Dangerous Goods
- Food Handler Certificate

Health Services Integration Funding Niniijaanis Nide – My Child, My Heart Program

Hello, my name is April Sanderson, I am a Licensed Practical Nurse and a Foot Care Nurse. I am employed in Pinaymootang as the Case Manager for the “Niniijaanis Nide Program” – which in Ojibway translates to “My Child, My Heart”.

The purpose of this program that has been implemented since December 2015 and funded through Health Canada’s Health Service Integration Fund is to support families living with children with complex needs and to help enhance the child’s life and facilitate timely health care interventions, developmental stimulation, provide support, address gaps in service, avoid jurisdictional disputes and improve needed care.

We assist families who have children with developmental and/or physical disabilities with some of the additional needs they may have. The object is to engage families and the community in working together to improve access to health services. Our goal is to contribute to quality of life ensuring that children, young people and their families are enabled to experience a life that is as full and as normal as possible. We strive to provide a fun and enjoyable atmosphere in order to encourage client participation in programs. We assist in their physical, social, emotional and daily life skills development, increasing their independence and allow them to function in the community.

The program is staffed with two (2) Child Development Workers who are certified Health Care Aides. One Child Development Worker joined our team in November. The Child Development workers provide respite, work with the parents to identify their child’s strengths and goals, and together we find ways to assist the child to develop and learn new skills. This fiscal year an American Sign Language Educator was hired to provide services to our community and she comes to us with 25 years of experience of American Sign Language (ASL); she commenced ASL Classes at the Pinaymootang School and continues to provide one-on-one supports to the children in our Program. Additional Respite was provided starting in January 2017 and continues to be provided to the families.

Some of the programming that has been undertaken this fiscal year;

- Autism Awareness Workshop hosted by Pinaymootang School;
- PLAY Project Intensive 2-day Workshop “Autism Early Intervention”;
- Cultural Awareness hosted by Little Saskatchewan Health Centre;
- 2016 Manitoba Pediatric Health Conference;
- Foot Care Self Care Workshop;
- Parent Support Group;
- “Welcome to Kindergarten” hosted by Pinaymootang School;
- “Power to Parent – The Vital Connection” workshop over 8 weeks and completed July 2016;
- Children’s Health Fair;
- ACFS Fun Day hosted by Pinaymootang First Nation;
- Health Fair 2016 hosted by Pinaymootang Health Centre;
- “Dynamic Intelligence and the Guiding Relationship” – 2 days hosted by RCC;

- 2016 Canadian Home Care Association – “Home Care Summit 2016” (Vancouver);
- “Family Celebration” – hosted by McGill University;
- Speech & Language Pathology Training hosted by IERHA;
- Jordan’s Principle Forum hosted by AMC;
- Service Provider’s Forum;
- “Jordan’s Principle Implementation” hosted by Pinaymootang Health Centre;

Due to the success of the Program we developed in Pinaymootang our Health Centre was tasked to develop a Tool Kit and 5 Modules were developed to assist the other 63 First Nations in Manitoba to assist in the development of their programs in their home communities. We have had 6 other communities visit our Health Centre to observe how our Program works and we attended one community to provide information and do a presentation about our Program to the staff. We were working diligently in creating a Policy Protocol, Program Tool Kit, Partnership Referral Kit, promotion of the program, and the project processes.

We attended meetings in Vancouver, Winnipeg, South Beach, and Skownan to do our Presentation to delegates regarding the “Niniijaanis Nide Program – (My Child, My Heart)”. Our Program was highlighted by the Canadian Home Care Association as a “High Impact Practice” after our Presentation was presented at the “2016 Home Care Summit” in Vancouver in October 2016 and was published on their website.

Total Fiscal year Intakes 16/17:	16 children
Home visits Total: (Case Manager/Child Development Workers)	466 Home Visits

Some of the programming that is being provided to the children in the Program are:

- “Reading Club” scheduled on Monday evenings;
- “Movie Night” scheduled on the last Monday of the month;
- “Activity/Gym Night” scheduled on Wednesday evenings;
- “Baking Night” scheduled on the last Wednesday of the month;

One of the children in our Program was selected to attend Disneyworld in Orlando, Florida made possible by “Dreams Take Flight – Winnipeg Chapter”, where she was able to spend the day in Disneyworld with other children. Outdoor activities were scheduled throughout the summer because of the nice weather including a trip to Steep Rock Bay for swimming, and month end birthday celebrations. Our Program was able to purchase a 10 passenger van to enable us to transport the children to the programming that is scheduled regularly. I would like to express my gratitude to the Pinaymootang School for allowing us to use their facilities for our continued Programming.

I look forward to continuing to work with the children and their families in the community and continue to enrich their lives to the best as we possibly can. We are excited to begin the Programming we are planning so we will be able to provide the children the opportunity to enjoy the activities that will be scheduled. I would like to extend my thanks to the Community for their support and Pinaymootang

Health Centre for giving me the opportunity to share my knowledge as a nurse and as parent of a child with special needs.

Respectfully.

April Sanderson, LPN/Case Manager

Drinking Water Safety Program Annual Report

The Drinking Water Safety Program falls under the jurisdiction of FNIHB. The Health Program receives funding for a part time Community Based Water Monitor (CBWM). The purpose of this program is to ensure safe drinking water and proper services are provided to the Community.

The Drinking Water Safety Program is important in exposing potential risks that may be present in drinking water supplies and are identified through testing of public wells and private well supplies. With the guidance of the Environmental Health Officer from First Nations Inuit Health Branch (FNIHB) has set up a sampling plan that is unique to the community and its environmental situations.

The Pinaymootang First Nation, Drinking Water Safety Program conducts the following:

- Sampling frequencies twice a year for private wells;
- Conducts weekly testing to public building wells and distribution systems;
- Chlorine residual testing is done at four (4) locations once a week in the community; two (2) at the school distribution system and two (2) at the townsite pump houses.
- Community awareness by way of newsletter information;
- Boil water advisories;
- Well Chlorination;

Microbiological testing on water samples collected is tested for Total Coli Forms and Escherichia Coli (E-Coli) and is done within the community Health Center. The test detects bacteria in the water sample by using a Coli-sure agent which is provided by FNIHB. The testing process takes 24-28 hours in an incubator with a set temperature at 35 C (+/- .5C). After a minimum of 24 hours in the incubator, samples are taken out of the incubator and results are documented on forms using Water Trax numbers and are submitted monthly to the Environmental Officer (EHO).

**TABLE 1 - TOTAL NUMBER OF BACTERIOLOGICAL SAMPLES BY WATER SOURCE
FIRST NATIONS DRINKING WATER SAFETY PROGRAM**

**COLISURE (QUANTI-TRAY) AND ETL MONTHLY RESULTS
APRIL 1, 2015 - MARCH 31, 2016**

MONTH	WTP/DS	WDT	SPWS	C/B	PRIVATE- WELLS	TOTAL
April			46		27	73
May			27		37	64
June			33		31	64
July			26		23	49
August			24		23	47
September			31		37	68
October			26		38	54
November			26		26	52
December			32		25	57
January			37		20	57
February			25		25	50
March			33		26	59
TOTALS			356		289	647

WTP: Water Treatment Plant
WDT: Water Truck Delivery
(Raw & Treated: Sampling recommended Weekly)
(Monthly sampling recommended)

PWS: Distribution System
(Weekly sampling as per sampling strategy)

WELL: Private Wells
(1-2 times per year sampling recommended)

CSPWS: CISTERN/BARREL
(Twice per year sampling recommended)

COMMUNITY: Pinaymootang First Nation