



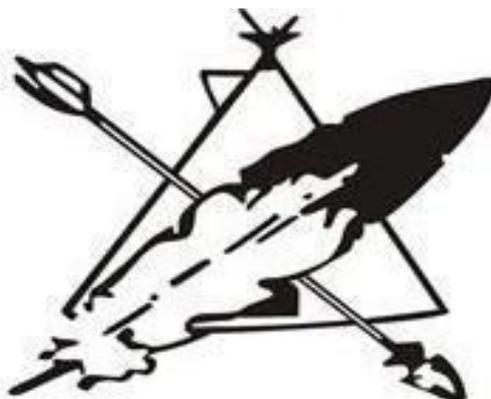
**PINAYMOOTANG
FIRST NATION**

ANNUAL REPORT ON HEALTH 2015 – 2016



**Pinaymootang First Nation
Annual Report on Health 2015-2016**

Annual Report on Health



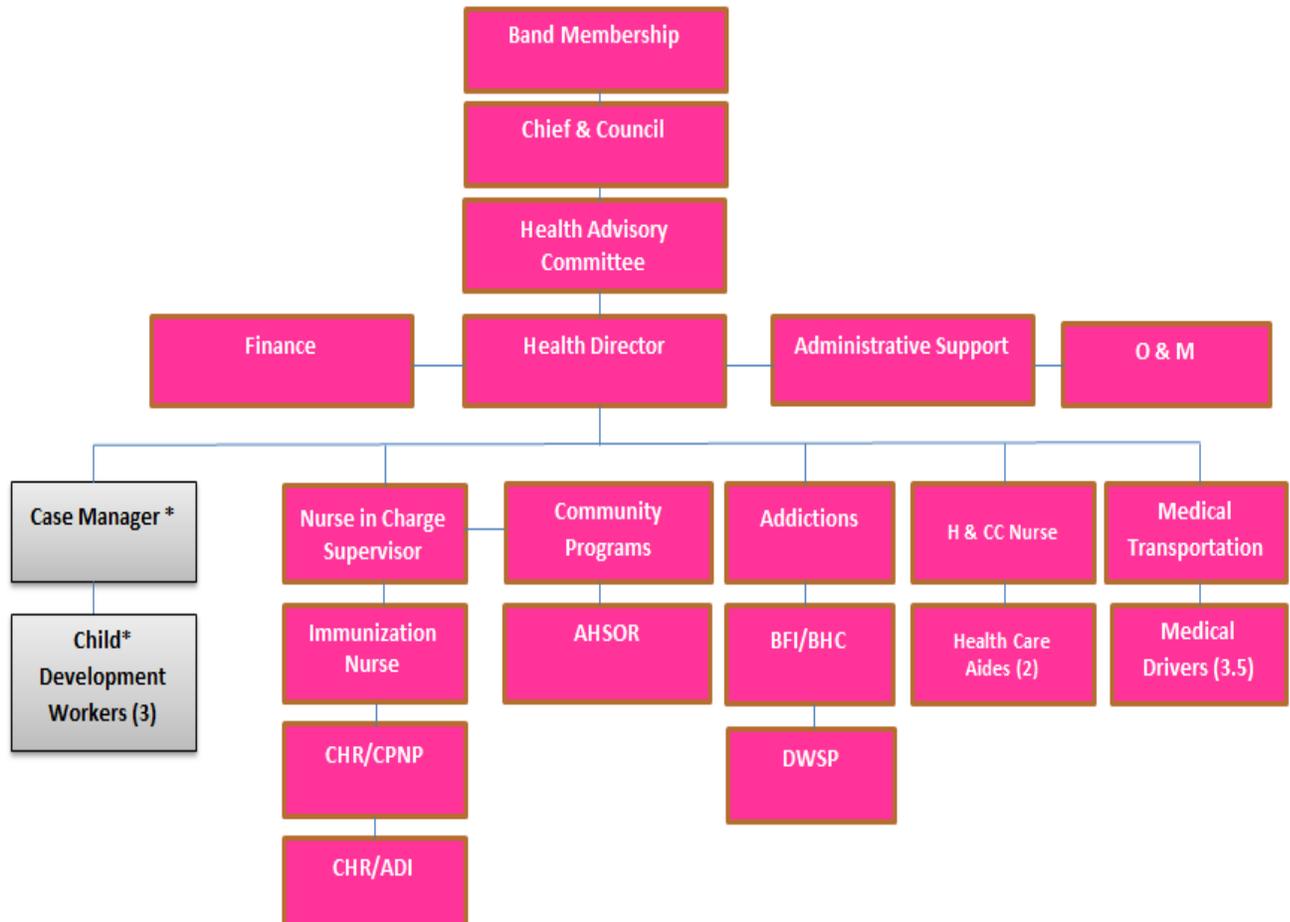
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Pinaymootang First Nation Health Program Organizational Chart 2016



Introduction

We like to welcome you once again to this year's Annual Report on Health which highlights the many accomplishments that have been undertaken over this fiscal year of April 1, 2015 to March 31st, 2016.

This report emphasizes on our commitments to health, the well-being of our community, partnerships with our stakeholders and achievements to health programming.

This document follows a similar format to the 2014-15, Annual Report. This Annual Report also sets the stage for the 2016-2017 program planning and annual budget processes by providing an opportunity to assess accomplishments, identify lessons learned and build on past successes for the benefit of the community.

In this report you will find a year filled with continued service, information on the many activities and work undertaken, has we continue to work towards common goals for the benefit and well-being of health. Teamwork, dedication and perseverance have always been the key, which have resulted in our many successes achieved.

As leader of this community I am privileged to be involved in an organization that plays such 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, good health is the best gift you can give and receive from yourself.

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 Council Portfolio Holders

We would like to welcome you to this year's annual report on health. Over the past year the Health Program has once again shown its capabilities in delivering services to our community.

This annual report identifies activities that follow on the heels of the transfer agreement initiative and activities leading to the creation and maintenance of a sustainable health care service system.

We have many fine talented and committed people who have shared their expertise in providing health services to our membership and to the community as a whole. We want 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.

We hope that you will find this annual report on health useful and that you might share with others who may be interested in such information.

Andrew Anderson (inset photo)

Kurvis Anderson

Ted Woodhouse

Message from Health Advisory Committee

We have the honor and privilege to present to you once again the Annual Report on Health on behalf of Pinaymootang First Nation Health Program for fiscal period ending March 31, 2016.

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 we hope that you find this information useful.

Meegwetch,

**Eleanor Maytwayashing
Eva Woodford
Caroline Thompson
Shirley Cranford**





Executive Health Director's Report

Well another year has come and gone as we welcome you to this year's annual report on health for fiscal period ending 2015-2016. Every year brings new challenges and our hands-on approach allows us to quickly direct our resources to where they are most needed.

Our policy is to ensure that patient rights for safe and adequate health care needs are met for all those that step inside our facility. We strive to prevent and reduce risks to individual health as well as community health.

This fiscal is our final year of the five-year transfer agreement through block set funding 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 my health team for being champions in health and to our community membership for partaking in the health program activities that your, Health Centre have offered.

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 capital facilities. 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 Program is involved in community network meetings which consist of the School, Health Centre, Band, Child & Family Services and Tribal Council where we come together to work in unity on partnering in community programming.

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 to support families living with high needs children in order to help enhance the child’s life and facilitate health care interventions and developmental stimulation without denial, delay or disruption.

And finally, a lot of hard work has been undertaken and I hope that those that read this find this information useful.

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

Nursing Annual Report

The Health Centre continues to strive to be a place community members feel comfortable coming to address their health care needs and as staff we work hard to try to assist community members in getting the best health care possible.

As a Health Centre, we often advocate for community members with other health care professionals outside the community and work to assist them to address their health care needs.

This year in 2015-2016 has been another fabulous year with lots of activity at the Health Center. During the course of the year, the NIC position was co-shared by Mary Bezemer and myself. At the end of December 2015 Mary fully retired from her position and I continued on and planned to retire but ended up decreasing my time to 2 days a week to help with the work load until a candidate can be found to fill the position.

Nursing in Pinaymootang has been rewarding and I have always enjoyed working with community members and trying to assist individuals in maintaining their health.

The following are stats for the past work year:

- Communicable Disease 142
- Pre-natal/post-partum 187
- Women's Health 155
- Diabetic 112
- Infant/Child Health 226
- Adult Health 366
- Home visits 36
- Hospital visits 13
- Client encounters 1207
- Members served 804

I would like to end by saying thank-you for 10 great years and I hope that when we meet in the future that you stop to say "hello". Pinaymootang will always hold a very special place in my heart and you should all be very proud of your progressive community.

I have worked in nursing for 43 years and it is now time to retire and enjoy life in a different way.

Thank-you

Janice Lowry R.N./N.I.C.



Immunization Nurse Coordinator Annual Report

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. 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 on 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 band aid 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 come with facing injections. Yes, they hurt, often just a little bit and usually just for a few seconds, but they are still unpleasant.

This year, Pinaymootang had some extremely low numbers of community members coming to the Health Centre for flu shots. The 2015-2016 flu seasons were rough for many community members who suffered from illness caused by the exact strains of flu covered by the flu shot

this year. These illnesses could have been prevented by the flu shot. This year, Manitoba also experienced at least 4 times the normal level of whooping cough cases. These numbers are very concerning as they show an increased risk of illness among the community members so dearly treasured by the people of Pinaymootang. 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 Position:

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 phone 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 pediatric 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.

Roxie Rawluk



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

Heath 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 2015-2016

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 pre-natals. 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.

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 prenatals 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 had 4 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 child immunizations they are @ 6 months - baby wraparounds, 12 months-, and 18months- baby gauntlets

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 60 prenatal mothers who consented to the program 45 have participated; they are 15 prenatal that are still in the program.
- Some continue to smoke and drink and have been 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;

2015 - April –March 2016 17 Boys & 19-Girls

2015 - January - March - 3-Boys & 2- Girls were born (5)

Total babies born (41) Our New Year's Baby is a boy born January 09, 2016.

Meetings/Workshops/Conferences:

Staff Meeting

Staff Development workshop

Treaty Days Health Fair

Health Centre Community Presentation

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)

HIV Workshop

Sacred Babies –Our Children Sacred –Gifts from the Creator

Meegwetch

Margaret Anderson

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.

Carol Woodhouse
Administrative Support to Nurses

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.

Recommendations:

- Concern on the overstock of supplies and equipment, the Health Centre requires more storage area.
- Overcrowding in offices.

Operations and Maintenance



Brighter Futures Initiative/Building Healthy Communities Annual Report

Greetings, my name are Stephen Anderson and I am the Brighter Futures and Building Healthy Communities (BFI/BHC) Coordinator for Pinaymootang Health Centre.

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 increase awareness in these different areas and to meet the goals set out by the BFI/BHC components, we offered a variety of several different programming, training and workshops. This was open for all community members to attend.

This year some of activities have included the following;

- Injury Prevention Programs such as Firearms Safety Course;
- Partnership with the Aboriginal Diabetes Program in the Gardening Program with 65 families taking advantage of services;
- Annual Community Clean Up;
- Lifesaving Society on Water Smart Program, Swim to Survive, Boat Safety Course, Emergency First Aid CPR/AED Course.
- Traditional Medicine Picking;
- Annual Community Health Fair;
- Program partnership in Suicide Awareness;
- Community Family Day;
- Community Spiritual Initiatives;
- Promoted physical activity with youth;
- Snow Camp for children;
- Father and Son session;
- Mother and Daughter session;

The BFI/BHC program also takes part in monthly Network Group meetings. These meetings are where community assets gather monthly and share ideas and upcoming events where others

collaborate with each other and think up new programming that community members may be interested in attending.

As a worker at the Health Centre we are always looking at innovative ways to enhance programming. Some of the ways we try achieve this is by taking in different capacity building, training exercises and networking with other workers from across the province. Here are just some of the events I took part in as a staff member of the Health Centre:

- Asset Mapping exercise
- Elder's Flood Forum
- Crisis Intervention Training
- BFI Quarterly meetings with other Interlake First Nations
- Health Youth Relationships Training- Red Cross
- Wellness Cluster Gathering- a gathering of First Nation community wellness workers from across Manitoba.
- Commercial Tobacco Reduction Strategy Conference
- Gambling Addictions Workshop
- Information Technology Summit

Among many hats I wear within the health centre, we have been working very hard in achieving many successes to bring on programming and ensure that the health and well-being of community members is maintained.

In closing, I would like to thank everyone that was able to attend the programming that we bring to community.

Thank you,

Stephen Anderson



NNADAP Annual Report

This year marks my tenth anniversary in working at the Pinaymootang Health Centre. I am always thankful to work in an environment that I enjoy and to have witnessed many changes within. The exceptional programming that has taken place such the Home Care Program for Elders, The Program for Special Needs Children and Youth, enhancement in all areas of programs and receiving our Accreditation status. The Fitness Centre, the cairn for Residential School survivors and now the expansion of the Health Centre for this year. Negotiations and plans for the expansion started August 12, 2009 and it is gratifying to see all the hard work that has been put forth is coming to fruition.

Although my title is Addictions Co-ordinator and funded under the National Native and Alcohol and Drug Abuse Program, I have worked in many other capacities to enhance our community's needs. At the same time attending University and completing my Faculty of Social Work this year.

Within these last two years, I have encountered many experiences and received new learnings. Within the sphere of the Addictions Program, I have come to understand that addiction is a complex condition, often chronic in nature, which affects the functioning of the brain and body. It also causes serious damage to families, relationships, schools, workplaces and within the community in general. The most common symptom of addiction is severe loss of control, continued use despite serious consequences, preoccupation with using, failed attempts to quit, tolerance and withdrawal symptoms.

Addictions are not limited to alcohol, street drugs such as marijuana, cocaine or prescription drugs. Addiction can include many other things such as gambling, food, tobacco, sexual activity, the use of computers for video games or face booking, and when these activities disrupt your regular lifestyle and starts to affect other family members negatively.

Addictions can be placed in a summary and be thought of as the Four C's:

- Loss of control (feeling overwhelmed and helpless);
- Compulsive use or behaviour (can't stop...just once more attitude);
- Cravings (immediate or urgent want of substance or behaviour or activity);
- Continued use or behaviour despite increasingly negative consequences (trouble with the law, missing time from work).

Although addiction is a condition, it is also manageable. In essence, you do not need to feel helpless and overwhelmed. There are Treatment Centres available where you can be referred to anywhere in Canada. The health centre provides health professionals if you need help or counselling. Family members and others people from the various churches in the community are here to help. However, no one can make you quit, but we can all provide guidance and advice and the appropriate referrals. But, it is up to the person to make the decision to change and that part has to come from within you. The change needs to occur within your inner being.

It is for this reason the NADAP program will remain focussed on advocating for people who have gone through Treatment programs to take the responsibility of creating support groups. This methodology places ownership of the individual's lifestyle and the success to maintaining sobriety is greater. It is more important for people to take responsibility of their problems rather than waiting on others to do the "fixing" for them. Having said this, it is indeed gratifying to see groups starting in the community. The people are starting to take ownership and responsibility to have a better lifestyle. In the words of one participant; "I never knew I would have so much fun without alcohol and drugs"! This is an excellent testimonial and shows when people have the will to make change, change for the better will occur.

There is also evidence that Psychological trauma is correlated to addictions. It is also an inter-generational problem. Many people do not realize that Indian Residential school systems are the crux of the problem. Although, the present generations may have not attended residential schools, the abuse encountered by the parents and grandparents that attended still affects the present. The loss of proper parenting and the abuse of alcohol causes trauma. In addition "trauma" can also occur from childhood experiences and witnessing of family violence, displacement from homes due to child apprehensions or from floods. It is very important for individuals to seek help if they feel they have been traumatized. Unresolved can lead to many other problems.

The NNADAP Addictions Program will continue to assist the individuals that are seeking help. And always remember, it is always up to you as an individual to make the change. Asking for help is a sign of strength and not a weakness.

The following are my statistics for the period of April 1, 2015 to March 31, 2016:

Month	Counselling	Referrals	Other FN Members
April	11	11	1
May	06	1	
June	13	11	3
July	03	1	
August	03	3	4
September	07	4	

October	13	6	1
November	24	5	2
December	17	6	2
January	09	3	4
February	11	3	3
March	11	4	2
Totals	128	59	21

The following are workshops/training attended and facilitated:

- Asset Mapping - Pinaymootang
- Elders Gathering – Ashern
- Training in Child and Family Services – University of Manitoba
- Networking Meetings - Pinaymootang
- Health Fair – Pinaymootang Treaty Days
- Elders Gathering – Fairford
- Court on Gladue Report – St. Martin
- Prescription Drug Abuse Training – Winnipeg
- Cultural Appropriate Training – Ashern
- Christmas Open House – Pinaymootang
- Building Healthy Communities and Brighter Futures Initiatives Training – Winnipeg
- Preparing for Professional Development Training for staff – Winnipeg
- Training in Mental Health Issues – University of Manitoba
- Training on Probation Services – Pinaymootang

Hopefully this report will give a better perspective as to the development and administration of the NNADAP program and to know that it works in collaboration with all Health Professionals within Pinaymootang Health Centre, to address the well-being of all community members.

Yours sincerely

Alvin Thompson
Addictions Coordinator



Medical Transportation Annual Report

My name is Rhea Klyne and I am employed as the 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.

The Pinaymootang First Nation Medical Transportation Program currently operates a four van system 24-7 (Ashern, Winnipeg, Selkirk, Dauphin, Eriksdale, etc.).

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.

First Nations and Inuit Health Branch (FNIHB – Health Canada) will not provide transportation to clients On-Reserve if services are available within the community. Client's Off-Reserve will need to contact FNIHB – 1-877-983-0911 regarding travel for their appointments as they are not eligible for travel 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:

- To the nearest appropriate facility – General Practitioners are NOT covered in Winnipeg for travel as they are Doctors in Ashern and the community holds walk-in clinics once a week;
- The most economical and practical means of transportation considering the clients health condition, must be used. The use of scheduled and/or coordinated transportation is required when considering this;
- The medical transportation in a non-emergency situation has been prior approved by the medical transportation coordinator based on eligibility criteria of FNIHB – health Canada;
- The medically required health services are 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.

OTHER

Using this system has been easier to keep track of certain items that are needed to complete my reports.

In closing, I have enjoyed working alongside the staff of the Pinaymootang Health Centre and look forward to assisting the community members with their future appointments.

Meegwetch!

Rhea Klyne

Medical Transportation Coordinator

Medical Transportation Driving Team

Allen R. Anderson (Picture Unavailable)

John R. Thompson (Inset Left)

Ernest Beardy (Inset Right)

Patrick McMahan (Picture Unavailable)



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

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 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

<p>How are the benefits being provided:</p> <p>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.</p> <p>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.</p>
<p>Major Accomplishments in the program during the reporting period:</p> <p>Increased coordination with medical appointments in Selkirk and Dauphin runs and being able to schedule clients on the same day to appointments.</p>
<p>Major Challenges in delivering the program during this reporting period:</p> <p>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.</p> <p>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.</p>

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.



Home & Community Care Annual Report

I am delighted to be part of the Pinaymootang Health Care Centre Staff. My name is Dali Shiels and I am a Licensed Practical Nurse with many years' experience in Elderly Care. As the Home and Community Care Nurse Coordinator, I provide case management services to members of Pinaymootang with identified needs. I started my position in September 2015, in which my predecessor Mary Bezemer who has since retired in December 2015.

Referrals to the Home & Community Care Program can be requested by clients, their families or caregivers. Once a referral is made a client assessment will be conducted by a nurse to identify needs and from this point a plan of care will be agreed upon.

Together with Health Care Aides, we collaborate on a team approach to provide required health services to members in community living with acute or chronic illnesses. We provide direct personal care, such as bathing, monitor our client's general health and well-being, we also provide social programming such as gatherings to ensure interaction as a collective as part of cultural healing.

Recording and maintaining information on the Home & Community Program is an important task requiring accuracy and efficiency in entering data into the Mustimuhw charting system which is also known as eCMR. Statistics for the annual reporting period are compiled on the Mustimuhw as monthly information required for reporting purposes.

Month	Home visit	Clinic Visit	Phone Call	Hospital visit	Total client encounters
April	20	36	18	4	78
May	33	33	21	4	91
June	18	33	7	4	62
July	26	28	16	4	74
August	20	35	16	2	73
September	26	81	22	3	132
October	19	29	19	2	69
November	29	34	31	5	99
December	9	22	13	5	49
January	25	33	11	6	75
February	12	40	32	1	85
March	29	46	26	6	107

Monthly total encounter indicate services provided for the month as well includes activity encounters with clients. Home visits will cover medication reviews, wound care, re-assessments for care planning, teaching to caregivers and clients, referral follow-ups, phlebotomies,

emergency call response, personal care, as well as paneling process as required. Clinic visits cover specific nursing duties as well as assessments. Establishing liaisons/ linkages with multiple health related service providers is a daily task. At all times nursing is monitoring for therapeutic intervention, providing procedures and treatment as required.

We currently have eighty three clients in the Home & Community Care Program. A few clients are seen a few times a year; some clients prefer to be seen in clinic; while others are seen more frequently. There are 4 clients waiting placement in Personal Care Home, as well 11 clients receiving dialysis in the Ashern Dialysis Unit. We want Health Services to work for everyone, for community members to feel free to access services and inquire with any concerns they have.

Activities:

- Elders Gathering in partnership with Interlake First Nation elders
- Participation in Health Centre
- December 2015 Elder Gathering
- February 2016 Heart Health Day
- March 2016 Elder Gathering

Training/ Community Liaisons:

- Quarterly Nursing Meetings
- Attend Weekly Multidisciplinary Meetings in Ashern Hospital
- Attend Personal Care Home Admission Group Meetings
- Attend Discharge Planning Committee Group Meetings
- Telehealth Education Sessions as per FNIHB
- Pharmacology Workshop September 2015
- Staff Development Feb 2016

In closing I would like to thank all community members for attending workshops and activities as well as the pleasant interactions with Home & Community Care Staff. It is a pleasure working in the community of Pinaymootang and I look forward to this next fiscal year.

Sincerely,

Dali Shiells LPN
Home & Community Care Coordinator



Home & Community Care Program Report

Hello my name is Pamela Sumner, and I am a certified Health Care Aide here at the Pinaymootang Health Centre. 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 better 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 appropriate in the care of 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 such as: bathing, grooming, toileting and assisting 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 such as; mobility aides, wheelchairs, walkers, canes, shower heads, bath seats, etc.

Recording and Reporting:

After each home visit 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 2015

Home visits-70
April 23- Assist Workshop
April 28- Staff meeting

June 2015

Home visits – 54
June 16- Elders H & CC

August 2015

Home visits- 41
August 23-25 – Mental Health Forum

October 2015

Home visits-64

December 2015

Home visits- 72
December 8- Elders H & CC

February 2016

Home visits-81
February 12 – Heart Day Workshop
February 25-26 - Staff Development

May 2015

Home visits-56
May 15- Elder’s Gathering in Ashern
May 27- 28 – Workshop in Gimli

July 2015

Home visits-34
July 16- Health Fair
July 17 – Treaty Day

September 2015

Home visits- 68

November 2015

Home visits-59

January 2016

Home visits-67
January 25- staff meeting

March 2016

Home visits-58
March 1- Staff Meeting
March 22 – Elders H & CC

Respectfully submitted by;

Pamela Sumner
Health Care Aide



Home & Community Care Program Annual Report

Hello, my name is Dorothy (Dot) Sumner; I am a Health Care Aide and have been employed at Pinaymootang Health Centre for the past four years.

I work with the Home and Community Care Program, under the supervision of the HCC coordinator and the Health Director. I mostly work with the elderly and persons living with acute and chronic conditions. I also work with persons living with special needs and their families. I enjoy working here and take great pride in helping people our community members 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 with children who have 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, including some respite during working hours;
- 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, 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.

Program Activities:**April 2015**

Home Visits – 65

May 2015

Home Visits – 120

May 13 – Community Clean up

May 21 – Elders Gathering in Ashern

June 2015

Home Visits – 71

June 16 – Elders HCC

July 2015

Home Visits – 40

July 16 – Health Fair

July 17 – Treaty Day

August 2015

Home Visits – 38

August 24-25- Elders Forum

August 19 - 22 – Treaty Days

September 2015

Home Visits – 83

October 2015

Home Visits – 60

October 23 – Cancer Walk

November 2015

Home Visits - 76

November 13 – Diabetes Walk

December 2015

Home Visits – 75

December 8 – Elders HCC

December 17 – Elders HCC

January 2016

Home Visits - 99

February 2016

Home Visits – 37

February 12 – Heart Workshop Elders

February 23-25 – Building Capacity Wksp

February 25-26 – Staff Development

March 2016

Home Visits – 34

March 7-10 – Palliative Care Training

March 22 – Elders HCC

Dot Sumner

Health Care Aide



Community Health Program Coordinator 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.

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 2015 – March 2016; this does not include flu clinics held this past fall.

This past year I had 2486 total encounters, serving 743 members

- 986 Clinic Visits
- 32 Hospital Visits
- 79 Home Visits
- 190 Home & Community Care clients seen
- 253 Attended Foot Care
- 768 Members attended programing
- 208 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 2-3 times per month; 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 info 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 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 out-reach 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 Head Start program incorporates a playgroup for families which is held Thursday afternoons in the Multi-purpose room at the Pinaymootang School; 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 Head Start program is always busy holding a variety of other programming too such as nutrition workshops, parenting programs, grandparent (elderly education) outdoor tea and bannock making, Salteaux language classes, fish filleting and soup making. 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.



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

Aboriginal Head Start On-Reserve Program

The AHSOR program is designed to meet the needs of children and their families. The program focuses on children 0-6 years. The program has 6 major components that need to be met. The components are: Culture and language, Education and School Readiness, Health Promotion, Nutrition, Social Support and Parental and Family Involvement.

The program engages children and families in various activities in addition to home visiting. Home visits usually consist of the home visitor, the child or children and the parents/grandparents. Educational resources, arts and crafts, etc., are brought on each home visit that should meet the six components of the program.

Activities through the year have included:

- Playgroup held on a weekly basis during the winter/spring months. Various activities are held during this program such as arts and crafts, sewing, blanket making, cooking, etc. This program allows young parents to interact with other young parents and their children in turn get to interact with other children.
- Nutrition Workshops held this allows families to learn on nutrition facts and to promote healthy eating.
- In partnership with other programming on cultural workshop such as bannock and fish making.
- Promoting the importance of physical activity.
- COHI Promotion.
- Mini gardening project was initiated to encourage young families to grow their own vegetables. Families planted in planters to start with and transplanted to a larger garden or larger planter.
- Participated in the Suicide Prevention Walk.
- Weekly home family visits to children 0-6 years of age to address any child development issues and conduct appropriate referral processes (ASQ Assessments).
- Promotion of the Dolly Parton lending library once child signs on into program.
- Partnership building with internal stakeholders.

- In partnership with ACFS we held the ALAPS/Traditional parenting workshop. This parenting program has been successful so far for the families that we work with. Each participant who attends receives a certificate of completion.
- Partnership on injury prevention for families i.e. SIDS Workshop, Water safety, Baby First.

Meetings/Workshops/Conferences:

- Monthly Staff Meetings
- Monthly Community Networking Meetings
- Weekly COHI Visits
- Traditional Parenting Workshop
- Seeds of Empathy Refresher Workshop
- Growing Great Kids
- Working with High Risk Youth and their Families in November

Submitted by,
Cheryl Anderson





“Niniijaanis Nide Program” (My Child, My Heart)

Hello, my name is April Sanderson, I am originally from Moose Lake, MB and I am a Licensed Practical Nurse and a Foot Care Nurse. I previously worked for the Opaskwayak Cree Nation with Home & Community Care for 6 years and prior to that I worked in Personal Care Homes. I am now employed in Pinaymootang has the Case Manager for the “Niniijaanis Nide Program which was formerly the Children with Families with Complex Needs Project –the meaning of Niniijaanis Nide which is an ojibway word is translated to “My Child, My Heart” in the English language.

The purpose of this program 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 development 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 has hired three (3) Child Development Support workers who are certified Health Care Aides. The Child Development Support 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.

It has been quite difficult in preparing for this project of this kind reason being it’s the first of its kind in our region. Our goal is to justify its need entirety just so that every child and every family that are dealing with children with complex needs are provided with the best possible care ever.

Some of the programming that has been undertaken during this short fiscal;

- Challenging Behavior Workshop;

- Respite Care;
- Program Kick Off in engaging all parents and their children into the program;
- Consider Play Project – Webinar;
- Heart & Stroke Workshop;
- Staff Development;
- Family Support Group Gathering;
- Early Intervention and Prevention (FASD);
- Guided Language Development;

We have also been working diligently in creating policy protocol, program tool kit, partnership referral kit, promotion of program, and the project processes. So it has been quite a struggle in getting the program established but one that will be rewarding in the end knowing the children and their families are receiving the services.

Total Fiscal Year Intakes 15/16: 13 children
 Home visits Total: 99 Home visits
 (Case Manager/Child Development Workers)

I look forward to continuing to work with the children and their families in the community and continue to help enrich their lives to the best as we possibly can. I would like to extend my thanks to the Community for their support and the Pinaymootang Health Centre for giving me the opportunity to share my knowledge and experience as a nurse and as a parent of a child with special needs.



Amanda Marsden, Lena Thompson, Kayla Alisappi



Primary Health Care Research Assistant Annual Report

The Pinaymootang Health Centre works in partnership with the University of Manitoba and First Nations Social Secretariat of Manitoba (formerly Assembly of Manitoba Chiefs) to evaluate the performance of on-reserve health care services within Manitoba.

My name is Vanessa Sanderson (no picture provided) and my role here is the Local Research Assistant, I recently came back from my maternity leave in which Maegan Anderson fulfilled my roles and responsibilities (see inset photo above). My duties are to coordinate, collect and manage of community based data research. There are many tasks and duties that are to be met, some of which include:

- Assisting in the design, test and implementation of a community based research data collection and methods.
- Provide information and communicate with community membership and be a liaison with health and social programs and services in matters related to this research program.
- Collect and provide information and community input to the IPHIT research team to plan for further research projects.
- Organize, collect, administer and provide research assistance for the community based interviews, surveys and sharing circles/focus groups.
- Provide monthly verbal and written updates on local research activity and progress.

During this past fiscal year I had conducted many community and one-on-one surveys on Primary Health Care, First Nations Regional Health Survey and the Mental Health Survey. Many times conducting these surveys are very time consuming and I thank the community for their patience and for allowing me into your homes.

Some of the Duties/Meetings/Workshops I have done throughout this year included: Monthly reports; Weekly teleconferencing; Charting all data collected; Treaty Day Health Fair; Community Information Session

In closing, I have really enjoyed working with the Pinaymootang Health Staff over this past year and I am very thankful I got the opportunity to work with the members of this community and will continue my efforts to help within our community.

Sincerely,

**Vanessa Sanderson & Maegan Anderson
Local Research Assistant**



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;
- Hand washing awareness; (Glitterbug);
- Community awareness on hand washing;

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).

Submitted by,

Louisa Bremner
Water Quality Technician

**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
(Raw & Treated: Sampling recommended Weekly)

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

WDT: Water Truck Delivery
(Monthly sampling recommended)

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

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

COMMUNITY: Pinaymootang First Nation

WORKER: Louisa Bremner

Pinaymootang First Nation Health Professional Services



Lenore Berscheid is the visiting Mental Health Counselling Services expert, Lenore provides counselling services in the community one day per week (every Tuesdays) referrals for services can be made through the Health Centre for anyone wishing to utilize.

Lucy Diaz who originates from Nova Scotia, Lucy is our Dental Therapist and is currently based out of Peguis First Nation, Lucy, provides services to the community once a week every Tuesdays for dental care for school aged children and will book adult emergency by appointments.



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