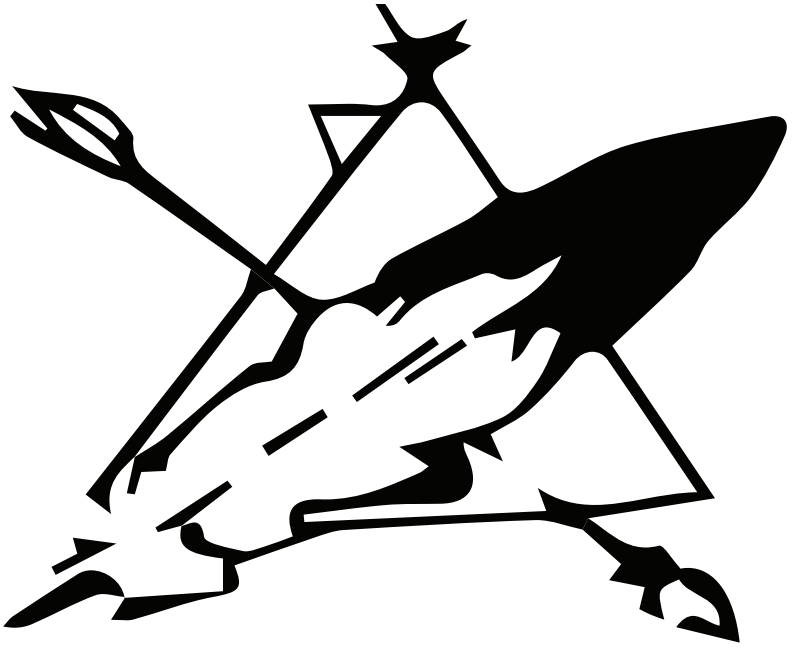
Pinaymootang First Nation Annual Report on Health

2018-2019

Annual Report on Health



Pinaymootang First Nation Health Program
824 Main Market Road
Fairford, Manitoba R0C 0X0

Phone: (204) 659-5786
Fax: (204 659-5841
www.pfnhealth.com

Table of Contents

Introduction	Page 3
Message from Health Advisory Committee	Page 4
Director of Health Report	Page 5
Nursing Report	Page 9
Immunization Nurse Report	Page 11
Community Health Program Coordinator Nurse Report	Page 12
Community Health Nursing Report	Page 13
HIV/AIDS Report	Page 15
Community Health Nursing Report	Page 16
Community Health Representative 1/	Page 17
Canada Pre-Natal Program Report	Page 19
Community Health Representative 2/	Page 21
Aboriginal Diabetes Report	Page 22
Community Health Support to Nurses Report	Page 24
Operation and Maintenance of Health Facilities Report	Page 25
Brighter Futures Initiative/Building Healthy Communities Report	Page 26
NNADAP – Alcohol and Drug Abuse Prevention Report	Page 28
NIHB – Medical Transportation Report	Page 30
Home & Community Care Program Report	Page 35
Aboriginal Head Start On-Reserve Report	Page 42
Jordan's Principle – Child First Initiative	Page 43
Drinking Water Safety Program Report	Page 46
Professional Services	Page 48

INTRODUCTION

It is an honor and privilege to once again present to you the annual report on Health for fiscal period 2018/2019. As leader of the community, I am privileged to be involved in an organization that plays such a pivotal 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, something that we must protect.

In this report you will find a year filled with continued service delivery, information on the accomplishments and activities of the past year as we work towards common goals of health and well-being. Teamwork, dedication and perseverance have always been the key, which have resulted in accomplishments achieved.

The mission and vision of the Health Centre is to advance health knowledge, build capacity, promote awareness, self-care, develop tools and processes in health education.

I wish to thank our front line workers of the Health Centre for their hard work and efforts in making our health programs a success. Without their care and dedication, it would be impossible to sustain and improve health in our community.

In closing thank you, for this opportunity as we are here to ensure that the future in health is prosperous one that is filled with hope and determination.

Yours in good health,

Chief Garnet Woodhouse

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, 2019.

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

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.

Sincerely,

Health Advisory Committee

DIRECTOR OF HEALTH REPORT

Well another fiscal year has come to an end, as we once again provide you with this year's annual report on health for fiscal period ending March 31, 2019. 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. We 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 forward to this year's report, I am so excited to report that one of the community's long desires have been fulfilled, the expansion of the Health Centre facility. It is so rewarding to have a larger facility to help accommodate our growing services.

I wish to thank Pinaymootang health staff for being such great champions in health programming. We have faced many challenges and obstacles together throughout the year, just to ensure that our health programming continues. Many Miigwetch's to you all.

Governance Structure

The Pinaymootang First Nation Health Advisory Committee obligations are to oversee and ensure the proper operation and management of the Health Programming. The Health Advisory Committee meets on a regular monthly basis every last Thursday 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.

Health Program Overview

Nursing Treatment & Prevention – the Nursing component in health continues to be challenging in our facility. The Health Centre has become an extremely active facility and at times difficult to keep up with its work load. The public health program does meet its criteria by visiting new parents, providing well women's care, facilitating baby health care; providing immunization; flu clinics, encouraging physical activity and awareness, facilitating community education awareness sessions, and attending to all emergency health needs. The community currently employs 3 Registered Nurses, 3 LPN's in different capacities in health.

The Regional Health Authority Physician service continues with Dr. Kashur visiting every Thursday of each week. Pinaymootang Health strives for better care and better service and in this fiscal period, Pinaymootang Health welcomed Dr. Le who provides physician services every Tuesdays and Wednesdays through a partnership arrangement with LifeSmart. With a new physician we also operate the services of a satellite pharmacy within the clinic.

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 focuses on children, youth and school setting while taking on the CPNP program and the other CHR focuses on adult and elderly care as well as the ADI program. Both CHR's are committed in ensuring excellent program service delivery in their respective roles.

Support to Nurses – One Administrative Assistant is on hand to help oversee the day to day front desk operations of the organization, duties 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 and with the expanded facility the scope of work has increased significantly. Maintenance continues to be contracted out on a need be basis.

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. Pinaymootang Health in this fiscal year, are very much grateful to Health Canada to have received extended supports in Mental Health from one day a week to five days.

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 as it relates to repatriation.

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 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.

In Home and Community Care Program – the HCC Program currently employs; 1 HCC Nurse Supervisor, 2 Health Care Aides and 1 Personal Support Worker. The program currently meets its mandate with 89 plus clients. This program has been very active in providing basic care supports on a daily basis, assessments, medical equipment, etc.

NIHB Medical Transportation – is administered by one Medical Transportation Coordinator, one newly hired part-time Assistant 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. The program 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 in providing 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.

Accreditation - 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 Pinaymootang First Nation Health Centre received full Accreditation in 2014 and every 4 years a renewal process begins. In this fiscal Pinaymootang underwent accreditation renewal process. And Yes! Yes! Pinaymootang Health renewed and has surpassed the expected requirements and reached COMMENDATION! (The second highest

level in the accreditation process).

Jordan's Principle Child First Initiative Program – My Child My Heart Program has seen a significant change over in the course of this fiscal year. We have received an increase in funding to provide service in the area of Traditional Land Based Initiatives, Rehabilitation Assistant based on Speech and Language/ Occupational Therapy directives and the aging out process. The program has seen an increase significantly.

eHealth – Pinaymootang offers the following eCMR (electronic charting system) with Mustimuhw, Telehealth Services, eChart (electronic health record), and Panorama which is a comprehensive, integrated public health information system designed for public health professionals that helps professionals view and manage more effectively on vaccine inventories, immunizations, investigations, outbreaks and family health.

Other Initiatives:
Network Meetings – the Health Centre is involved in community networking with our internal stakeholders such as Band Office, ACFS, Education, etc. for meetings 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. This year, the Director of Health received an acknowledgement award for Community Partnership. Pinaymootang also signed on with the IERHA on "My Health Team" movement, which is geared to help enhance much needed professional health services and supports in the community. We expect to finalize all details in the upcoming new fiscal and are eager to commence. The Director of Health is also part of the IERHA's newly established indigenous sub-committee to the Board of Directors.

University of Manitoba – Pinaymootang has been partnering up with the University for a number of years. In this fiscal, we were able to retain the services of 2 Occupational Therapists. One of the needs that we have identified was the young adults with disabilities that continue to face barriers once they reach the age of maturity. These are the young adults that would have benefited from the services of the Jordan's Principle programming. The 6 week programming turned into a success and the Health Program will be initiating a program in the new fiscal year aimed at this age group.

Our hope is that we continue moving forward in partnership to improve access to health care.

Respectfully yours,

Gwen Traverse
Director of Health

NURSING ANNUAL REPORT

Another year has come and gone at the Health Centre! This year has come with a lot of changes, starting with the completion of the construction and the re-opening of the Health Centre in July with the three clinics working to serve the community. We also started working with LifeSmart who has been able to bring out a physician from Winnipeg that started out at one day per week and then grew to two days per week and has been a welcome change for not only our community but the surrounding communities.

Dr. Wilson Le's clinic sees approximately eighty community members per week which includes not only check up's and monitoring prenatal clients but procedures as well and has been able to refer our client's when needed quickly to specialists in Winnipeg. He also brings with him a pharmacist who is able to prescribe most of the prescriptions on the day and if not the prescriptions are picked up by our medical transport from Winnipeg and delivered the following day.

With our nurses, we saw a few changes this year and will see more changes in the next. Our Community Health Program Coordinator (Nancy Tindall) resigned and we had to say goodbye but we quickly were able to fill the position and welcomed Christine and changed up her role and responsibilities. She will be going on maternity leave in April but we will be back in one year's time. I am also leaving and bringing with me all the wonderful memories that I have made here with me. There is a new nurse coming in, Kendra, she will be working Monday to Friday and will be working alongside Roxie (our immunization nurse) and Janice who will be staying to help out as well in the clinics six days a month. The Home and Community Care Nurse continues to work Monday to Friday, our Immunization Nurse working Monday to Wednesday and our JP-CFI Case Worker working Monday to Friday. We, along with the rest of the staff will continue to treat your health care needs as quickly as possible.

Along with our doctor clinic days, we continue to deliver the same services as before for the health care needs of the community. We provide immunizations, phlebotomy (blood draw), pregnancy testing, testing for sexually transmitted infections and treatment, pre-natal and post-partum care, PAP tests, foot care, 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 with a wait in the Emergency Room and everything else in between. We also will be trying to provide more education outside the clinic rooms and get out into the community and talk about health and how to stay healthy.

We continue our relationship with the IERHA and Ashern Hospital and hope to increase our doctor days

in the summer time with one of their doctors on the Thursday.

We also went through the accreditation process again and not only received continued accreditation status but with commendation. It was a very proud accomplishment.

With all of the changes in the last year at the Health Centre we continue to make changes to improve the health and well-being of the community members. We want you to come in and feel welcome and treated with respect and know that your 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.
This year has been filled with even more challenges then the last with our new doctor clinic days filling up more of our time as we assist him with nursing assessments prior to his visit and the increase in bloodwork and treatments. It has been wonderful to see the community members enjoy coming to be seen and followed up on a regular basis and while here to visit with other community members. With the increase in numbers it has also been challenging to make sure that the clinic is running smoothly and to have enough supplies for the doctor and clients. With all the changes we have continued to work together as a team and will continue to do so for the health and well- being of the community.

The following are the stats from April.1/2018 to March.1/2019 for Nurse- in – Charge:

- Adult Health 210
- Infant/Child Health 179
- Women's Health 178
- Communicable Diseases 135
- Pre-Natal/Post- Partum 121
- Home & Community Care 405
- Dr. Day Nursing Assessments 2217 - from May/18 to end of February/19

Total encounters with community members 1293 (minimum of 550 nursing assessments with Dr. Le's clinic)

Number of members served 1144

I just wanted to take this opportunity to say thank you to everyone at the Health Centre who have welcomed me in and the whole community who have given me so many memories that I will bring with me on my next adventure. From the daily routines of seeing clients in the clinic to delivering a baby in community, I have learned so much from all of you. I have truly enjoyed working here and getting to know the community members. I wish nothing but the best for the future of the Health Centre and I know it will only get better and I will miss you all, thank you.

Jennifer Gould
Nurse in Charge

IMMUNIZATION NURSE REPORT

It seems that as each year passes, we encounter more and more change. New staff coming into the Health Centre; new programs are piloted; a doctor is available regularly; new houses are being brought into the community; the new band hall will open soon. The community continues to grow and we, as a Health Centre, continue to look for ways that we can better meet the changing needs of the community of Pinaymootang.

Many community members may think that as a Health Centre, we focus mainly on an individual's physical health. At Pinaymootang Health Centre, we want to focus on more than merely physical health, but on emotional, mental and community health as well. As more evacuees return to the community, we are reminded that there is a significant amount of healing and readjusting that still needs to be done. This is community work, not merely for an individual or even a family alone.

The Health Centre has full time Mental Health therapy available, which is ever so important, but we cannot forget the healing effects that togetherness can have as well. Please take part in the events and programming offered by the organizations in the community. Treaty days, the health fairs, family fun day, community meetings all play a part in the growth of the support network that this community can have. Each community member has a part to play in strengthening this network by participating; by building relationships with their fellow community members; and by seeking opportunities to learn and grow as individuals and as a community.

Each event and program we plan has a purpose to help build a stronger Pinaymootang. We want to strengthen the community through knowledge and opportunities to build relationships. Please help us to do this better not just by showing up, but by letting us know what you see as needs in the community that we might not know exist. If true and complete healing is ever to be achieved, it will not be done alone, but as a community, building each other up. We hope, as a Health Centre, to support both the individuals and the community on a journey to improved health, well-being and healing through the services we offer.

Immunization Coordinator Stats: 791 immunizations; 646 various vaccines; 145 flu vaccines; 541 clinic visits; 321 adults; 220 children; 18 dressing changes; 11 adults; 7 children; 7 injections of various medications for adults; 15 home visits; 5 adults; 10 children; 62 blood draws; 56 adults; 6 children; 161 telephone consults for various concerns: 110 adults; 51 regarding children.

Thank you for allowing us to walk with you on this journey. We look forward to hearing from you as community members how we can support the community better.

Roxie Rawluk
Immunization Nurse

COMMUNITY HEALTH PROGRAM NURSE COORDINATOR REPORT

By now most of you know that I resigned from my position of Community Health Programs Nurse Coordinator at the Pinaymootang Health Centre in October 2018. After many years of wonderful employment in the community I decided that I needed to take a step back from the hustle and bustle of my position to better my home life and be there for my family more. This decision was very difficult for me to make as Pinaymootang has been so very good to me and it has been a pleasure working to better the community. I am still working as a nurse, not as much though at this time – maybe one day I will be back, picking up right where I left off.

As I have only worked for part of this fiscal year the following are my stats from April 2018 to October 2018.

I had 382 total encounters, serving 229 members;

- 131 Health Centre Visits
- 39 Info Input
- 16 Home Visits
- 32 Home & Community Care Clients seen
- 61 Attended Foot Care
- 48 Information Input

On top of these stats I also supervise, the Aboriginal Head Start Program on Reserve, held planning meetings with Pinaymootang Playgroup, and developed a Wellness Group for education on healthy living and physical activity. We cannot forget to include some of the big events that I took part in this past year such as the Children's Health Fair, Health Centre Grand Opening, Treaty Days Community Health Fair and the 2018 Accreditation Process. It was quite the busy year with the expansion and renovations in the Health Centre, as well as the addition of the new Doctor and Pharmacy. Let me tell you it was very exciting to be a part of this process and see things move forward and progress!

Although my time at the Pinaymootang Health Centre has ended I will always cherish my experience working in the community; I made many friends, learned new skills, and have been gifted words of wisdom.

Until our paths cross again,

Nancy Tindall LPN

COMMUNITY HEALTH NURSE ANNUAL REPORT

Having joined the nursing team here at the Health Centre in December 2018, I have enjoyed getting to know community members and becoming more familiar with the community itself. As a community health nurse, my role includes a variety of things such as assisting with seeing people who come to the clinic, helping with triaging for the doctor, school teaching and immunizations and prenatal care.

Prenatal care has been previously provided at the Health Centre, but due to lack of nursing staff it has not been as fully maintained as it once was. One of my main focuses these past few months has been rebuilding this program. Providing prenatal care in the community consists of different testing and assessments completed by both the nurse and the doctor at the Health Centre. Prenatal clients are followed to ensure proper timing of testing, care, assessments and treatment if necessary.

Every interaction at the Health Centre is recorded and then all this information gets sent to an obstetrician of the client's choice at a closer date to their delivery, where the final stages of the pregnancy are followed. Having this service in the community has allowed for more timely assessments and cut down on a lot of costly and time-consuming travel for pregnant women. This has been a really worthwhile and exciting program to work with and build up as each new life is one worth celebrating.

Ensuring proper care during pregnancy is a large part of better outcomes for both the mom and the baby. Not only does proper care during the pregnancy influence the delivery, it also provides the baby with the best possible chance for a healthy life. Bringing a new life into the world is both a privilege and a responsibility. The impact of proper care during pregnancy on a baby and their outcome is huge and one to take seriously. Pregnant women are encouraged to come to the Health Centre or call if they have any questions or concerns. Being able to provide guidance, support, and teaching to the pregnant women in the community has been a role that I have really enjoyed and have put a big effort into.

Another role that the community health nurse participates in is school teaching and immunizations. Most school immunizations are now being transitioned into grade 6, with 2 immunizations being a two-dose series. As with all immunizations, these are ones that prevent against potentially very serious illnesses. Although some students feel quite nervous about getting an injection, once they have gotten it, they often feel really proud for facing their fear and then have fun encouraging their classmates as they receive their immunization. Some of the topics included in the school teaching are puberty, STI and contraceptive teaching and healthy living associated with these. The topics may not always be comfortable but are important for students to learn about in order to fully understand their changing body and make informed choices as they grow and develop.

Stats for the Community Health Nurse are as follows (not including the teaching and immunizations done at school):

- Adult Health 41
- Communicable Disease Control 35
- Community Health 4
- Diabetes 2
- Immunizations 32
- Infant/Child Health 21
- Prenatal/Post-Partum 320
- Women's Health 22
- Other Clinic Visits 123

Total Encounters with community members: 597
Total community members served: 193

It has been a pleasure joining the team at the Pinaymootang Health Centre and I look forward to seeing how it continues to grow as a resource for community members to reach and maintain their optimal health.

Christine Hueging
Community Health Nurse

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.

I look forward to many more years of employment at the Pinaymootang Health Centre.

Christine Hueging
Community Health Nurse

COMMUNITY HEALTH NURSE ANNUAL REPORT

My name is Kendra Crowley and I am very excited to say that I am one of the new nurses here at the Health Centre. My husband and I moved to the area late January 2019 and I began working here March 2019. We are very blessed to have been welcomed so warmly into the area and we both look forward to serving your community.

I was trained at the University of Saskatchewan nursing program in Saskatoon, where I graduated in 2017 and began my nursing career shortly after. My background in health care consists of having worked as a health care aide in a personal care home, as an acute care nurse at a rural hospital, and as a summer camp nurse. My experiences have been very valuable and I was lucky to receive a variety of training opportunities, including Advanced Cardiac Life Support, Trauma Nursing core Course, Nurse Leadership training, and providing PAP tests.

I am currently employed as full-time, Monday to Friday at the Health Centre. My role will have an Adult Health focus. I will be heading up the diabetic program, STI program, prenatal program, as well as Men's and Women's health. I hope to begin PAP test clinics in the near future. In addition to these, I will always be available to help in clinic for all ages and various needs.

I look forward to getting to know everyone in the community better. I hope that we can partner together in improving our health individually and as a community!

Sincerely,

Kendra Crowley
Community Health Nurse

COMMUNITY HEALTH REPRESENTATIVE REPORT

The Pinaymootang First Nation Health employs two Community Health Representatives and plays a major role in the health program and currently oversees additional programs in their job descriptions, one focuses on school health, baby clinics, youth of the community. This position is responsible for the delivery of high standard community health surveillance programs and to provide quality health prevention and treatment in community.

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 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, 5 years and Grade 6. Immunizations are an ongoing task, which we constantly use, so that the child/ren does not receive the same needle. Immunizations are then entered into Panorama.

A total of 171 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 to children in Nursery to Grade 6 by CHR's, as per request by school principal. Shampoo is then given out as needed. A total of 173 students were checked.

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

Eye exams were done at the School with Dr. Robert Maxin on January 23 & 24, 2019. He seen 115 clients (students and Community members).

Pinaymootang Health underwent the renewal of the Accreditation process, this time we received full accreditation with commendation.

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 workshop
Food hander's Course
First AID & CPR
Well Women's Clinics
Eye Doctor Clinics
Treaty Days Health Fair
Health Centre Community Presentation
Networking- Quarterly Meetings
Breast Screening
SID Workshop (Sudden Infant Death Syndrome)
Breastfeeding Conference

CANADA PARENTAL NUTRITION PROGRAM ANNUAL REPORT

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: 1) Nutrition Screening, 2) Education and Counselling, 3) Maternal Nourishment (providing pregnant women and breastfeeding moms with health foods), Breastfeeding Promotion, Education and Support.

Pregnancy tests are done by a nurse at the request of client and if found that they are pregnant they are put on a prenatal list card for follow up. All bloodwork is done in house and Healthy Baby Prenatal Benefit Application is given and mailed out to Health Baby Manitoba for supplement. Baby's Best Chance books are given out to every prenatal. Prenatal care is followed up by the community Doctor on a monthly basis.

Prenatal are seen according to the weeks they are pregnant:

- 12 Weeks - Pre & Post Natal Testing Blood work
- 18 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

The Immunization Nurse and the CPNP worker do home visits for newborns and moms as soon as they return to the community and Welcome Home Packages are given. Assessments are done to see if there are any concerns that need to be addressed.

33 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 a $95.00 Welcome Home Package plus a Baby Star Blanket along with information.

Prenatals are advised to be in Winnipeg for delivery as Ashern does not provide this service. In the case of 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. 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 have had 6 miscarriages in this annual reporting year. Prenatals are given a milk coupon, in which they get a 4 litre jug of 2% milk from the community store, once a week. Manual Breast pumps are given to mom at request. We do encourage breastfeeding. Star blankets are also given to breastfeeding moms, if they have breastfed 6 months or over. The CPNP provides incentives for up to date child immunizations.

Baby Food Making - (Fruits & Vegetables) classes were conducted, Mom's cooking class as well to show the single parent on healthy meal preparations, education on dental services are initiated at the initial newborn visits.

Successes:

- Among the 33 prenatal mothers who consented 30 have participated;
- 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;
- Mommy and Me Support Gathering;
- Milk program;
- Group activities;
- Cooking class for moms and dads;

April 2018 - Dec 2019 – 8 Boys & 15 Girls
January 2019 – March-2019 - 7-Boys & 3 Girls were born

Total babies born (33) New Year's Baby- Girl born January 4, 2019

Meetings/Workshops/Conferences:

Staff Meeting, Staff Development workshops, Treaty Days Health Fair, Chronic Disease Education & Training session, Community Health Representatives Professional Development Forum, Standard First Aid & CPR, Prenatal workshop on Breast-feeding, CPNP Conference
Labour & Delivery classes, Our Gem & Our Future Child development Training, SID Workshop (Sudden Infant Death Syndrome)

Sincerely,

Carol Woodhouse, CPNP/WYWW

COMMUNITY HEALTH REPRESENTATIVE 2 ANNUAL REPORT

TThe 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.

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:

- Cooking Classes on proper nutrition
- No sugar promotion
- Smoking and canning white fish
- Physical Activity Challenges
- Workshop activities on the value of nutrition
- Food Label reading
- One on One counseling on diabetes and nutrition
- World Diabetes Day Initiatives
- Diabetes and Risk Factor Management;

- Wellness Fitness Centre Promotion;
- Traditional Harvesting, Food Preparation, Food Preservation;
- Learn How to Prevent Diabetes: Learn when and how to screen for diabetes, importance of a healthy diet including reading nutrition labels and carbohydrate counting, as well as making healthy lifestyle choices
- Learn what diabetes is, how to test and control your blood sugar, treatments for diabetes, what to eat with diabetes, and how to read food labels. We will also talk about staying healthy from your eyes to your toes by making healthy lifestyle choices, modifying recipes, managing stress, physical activity, and understanding your blood sugar results!
- Diabetes Class Learn how to stay healthy from your eyes to your toes by making healthy lifestyle choices, modifying recipes, stress management, physical activity, and understanding your blood sugar results!
- Eating for Heart Health: Love your heart! Learn about dietary changes to help you improve your blood pressure and cholesterol, medications to protect your heart, activity and stress management, and monitoring your blood pressure at home.
- Diabetes Class 1 & 2 Learn what diabetes is, how to test and control your blood sugar, treatments for diabetes, what to eat with diabetes, and how to read food labels. We will also talk about staying healthy from your eyes to your toes by making healthy lifestyle choices, modifying recipes, managing stress, physical activity, and understanding your blood sugar results.

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.

Yours in good health,

Alfred Pruden
CHR/ADI Coordinator

SUPPORT TO NURSES ANNUAL REPORT

My name is Cherish Sumner and my role at the Pinaymootang Health Centre is Reception/Administration Support. I have been employed with Pinaymootang Health since September 2017 and I absolutely enjoy doing what I do. It is my main objective to ensure physical and mental health by assisting the professional staff of the Pinaymootang Health Centre, leading to the overall well-being of the members of our community.

I organize and maintain the work of front desk duties. I also assist in various health departments of our organization when needed and I ensure that every client's needs are being met, by directing them to the appropriate professional such as doctor, pharmacist, nurse, or any one of our organizations program coordinators.

As an accredited facilitation, the Pinaymootang Health Centre is a fast paced environment, with many different programming that ensures good health.

As Reception/Administration Support, my roles include:

- Booking all appointments for Doctors, Foot care, Mental Health Therapists, and Telehealth
- Greeting & directing all incoming visitors
- Assisting the Doctor and Nursing staff with patient charting
- Storing pharmaceutical deliveries & distribution of prescription medications
- Correspondence with doctor/patient referrals
- Distributing & logging incoming and outgoing faxes/mail
- Help coordinate and organize specialty programming as instructed
- Preparing forms, documents, spread sheets
- Commitment to confidentiality

Throughout the past fiscal year, the number of patients that were seen by a physician is a total of 2800.

Being in this position, I take great pride in working for the community and I look forward to seeing you all, has we continue moving to a healthier future.

Sincerely,

Cherish Sumner
Administration Support

OPERATIONS AND MAINTENANCE REPORT

The general duties conducted are general cleaning and sanitary services on a daily basis. Both interior and exterior cleaning of premises such as; carpets, furniture, windows, washrooms and floorings.

Removing of litter and garbage to the local landfill is done on a daily basis. 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 contract work.

The upkeep to the health facility has been a quite demanding and challenging throughout this fiscal year ever since the expansion of the Health Centre facility. The health facility as more than doubled its size which means a drastic workload for both custodian and maintenance. The Health Centre also went through an Accreditation Review in which required training, new policies and protocols as it reflects custodian services. This position can become quite challenging.

The Operations and Maintenance personnel has made every effort to ensure the upkeep of the health facility.

Maintenance & Operations

BRIGHTER FUTURES INITIATIVE/BUILDING HEALTHY COMMUNITIES ANNUAL REPORT

Hello, my name is Stephen Anderson; 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 increase awareness in these different areas the BFI/BHC program, in partnership with various community agencies and other Health Centre programs, provides a variety of different activities for community members to participate in. These are some of the events/programming held in the past year:

The BFI/BHC kicked off the start of the fiscal year programming with the Gardening program. The Gardening project is done in partnership with the ADI and BFI programs. Clients are given various types of seeds to plant along with seed potatoes in their own garden; clients can take pride in growing and harvesting their own food. For the past few years this program has seen an increase in the number of community members taking part and we look forward to continuing that trend in the coming years.

The annual Community Spring Clean-up. Community members took part in the activity which has been an annual spring activity in the community. Over the years attendance for this yearly event has slowly fallen, our hope is that attendance will rise in the future as we believe this is a good opportunity to show your pride in our community.

Throughout the fiscal year, the BFI/BHC also provides community supports in physical activity, spiritual well-being, children/youth education awareness, camping trips, traditional health and well-being.

The Children's Health Fair held yearly in partnership with other Health Centre programs, clients took part in various games and activities with their children aged 0-12. One hundred sixty-two community members took part in this event that promoted child wellness. This event has evolved over the years and attendance continues to grow.

The Life Saving Society was once again invited to the community to hold various safety courses and workshops. These included a First Aid/CPR & AED course, BOAT safety course, Swimming lessons and a Water Smart for Kids workshop. The Life Saving Society has been coming to the community for a few years now and we find the information that they bring with them to be a valuable asset in the area of injury prevention.

The community Health Fair, held during annual community Treaty Day celebrations, showcases all Health Centre programs and gives community members a chance to interact with health staff, this event is a great way to inform community members of the program that they may not be aware of and what services we can provide.

Family Day Snowmobile Ride: This event is held during the February long-weekend and is a good way for community members to get out during the winter months and interact with other members of the community. Participants are given the option of taking part in the snowmobile ride or to drive by ice road to the gathering area on Big Fisher Island. Attendance has grown over the years and we look forward to this being a yearly event on the calendar.

The BFI/BHC program has also taken part in various workshops and meetings over the last year. Many of the workshops conducted reflected on the Accreditation Process as we are required to meet certain education standards.

Networking with other workers in different regions is a valuable tool in seeing what other new and innovative programs are out there and that may be of interest to our own community. Partnerships have also been established at these meetings, from these partnerships different services have been able to be bought to the community.

In closing, I would like to mention that staffing is a concern in health as we are expected to wear many hats in order to ensure progress at the Health Centre. One of my additional roles is assisting the Director of Health as well as being the IT for connectivity for the Health Centre and it becomes quite hectic to keep up with workload. The BFI/BHC Program would just like to thank all of those who have attended in this year's activities. We always appreciate your participation in our programs and we look forward to our future events. We are always looking at ways to engage community members who may have other ideas that could be of interest to other members within our community. So please feel free to pass these ideas or recommendations to our staff and we will see what we can do to help accommodate these requests.

Thank you.

Stephen Anderson
BFI/BHC Coordinator

NNADAP – ALCOHOL AND DRUG ABUSE PREVENTION ANNUAL REPORT

The NNADAP Program was established to address specifically alcohol abuse in First Nation communities. It has since evolved into other spectrums such as illegal street drugs and prescribed medications and other addictions which have affected First Nations members with negative consequences. The NNADAP Program has four areas of emphasis which include Prevention, Awareness, Treatment and Research Development. The Pinaymootang Health Centre NNADAP Program provides the following;

Assessments, Counselling: One on One and/or Family, Referrals from agencies, Conduct referrals to treatment centres, Networking system for Research Development, Prevention and Intervention, Follow-ups, Cultural Appropriate Services, Holistic Healing (mental, physical, spiritual, emotional), Events and Workshops and Information for Awareness.

In my previous annual reports I mentioned the fact that addictions are not limited to alcohol and drugs. In fact, there are many addictions which can include caffeine as an example and can result in caffeine intoxication as described by the DSM-5, a manual that is used in the field of psychology. When people use drugs and cannot stop using them even if they want to, it is called an addiction. The urge is often too strong to control even if they know the drug is causing harm, it makes no difference the psychological and physical dependence are too difficult to eradicate. The same applies to behaviours that are addictive and have detrimental factors attached to them.

Since marijuana is now legal this does not eradicate the harmful effects. Any substance that affects the brain negatively and is used in greater proportions is still harmful. Some of the other substances that community members have encountered are opioids, cocaine and crystal meth.

Any drug including alcohol when abused can lead to death, thus the high rates of young people dying. As a person that works in the field of addictions, I urge you to understand that any drug brings only a temporary relieve but the end results can last a life time of sorrow for family that care for you. It is also for this reason why Pinaymootang Health Centre NNADAP program encourages that people seek help. Entering a Treatment Program and seeking Counselling are far better solutions to any problem a person may encounter

The following are some of the events/workshops/training that I have been involved in;

De-escalating Violent Situations Training; Harm Reduction Training; Personal Health Information Act Training; First Aide/CPR/AED Training; Marijuana/Cocaine/Crystal Meth Workshops; Traditional Healing Methods Training; Tele-Health Case Management Training; Treaty Day Health Fair for Awareness; Brighter Futures and Building Healthy Communities Workshop; Prescription Drug Abuse Workshops for School and Community; Family Planning Workshops for Students; University of Manitoba and Pinaymootang Partnerships; Jordan's Principle Land Based Programming; Mental Health Team Meetings; Maintaining Follow ups on Client that are on Treatment Plans.

In my reflections for the last 13 years that I have been employed at the Pinaymootang Health Centre we have come a long way from humble beginnings of 2006. When I arrived here, there were minimal programs available and I am often overwhelmed in what we have to offer today.

Month	Counselling	Referrals/Treatment	Community events/workshops # 0f Participants
April	18	6	28
May	21	9	29
June	23	3	31
July	24	7	159
August	17	5	28
September	28	6	163
October	17	8	320
November	11	3	10
December	19	7	168
January	17	6	120
February	21	4	12
March	30	5	114

The following is my data collection for fiscal year of 2018-2019:

Respectfully Submitted,

Alvin Thompson CAC II BSW RSW
Addictions Coordinator/Counsellor

MEDICAL TRANSPORTATION ANNUAL REPORT

My name is Margaret Anderson and I am 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, one Medical Transportation Assistant that we just recently hired and four Medical Driver Personnel.

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 Treatment Centers.

Client's Off-Reserve will need to contact FNIHB – 1-877-983-0911 regarding travel for their appointments if 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 administrative duties and maintaining client files;
- Providing services to eligible Members living on reserve;
- Booking, verifying and rescheduling of appointments coordination;
- 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 clients;

- Recording all returned private travel forms;
- Preparing daily passenger logs for medical driver for Winnipeg log.

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: **2018 – 2019** **April 1 – August 31**	Recipient: **Pinaymootang First Nation** **Contribution Agreement: MB0700072**	
# of requests: **1617**	# of exceptions requested: **15**	# of appeals: **0**
# of requests approved: **1617**	# 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 3.5 full time drivers transporting clients to appointments, each driver works on a rotating basis. Each driver has a monthly schedule they follow when providing services. If the medical transport is at full capacity then an additional van is required, the driver also provides transport to the Eriksdale Hospital for ultra sound as well as Selkirk and Dauphin area.

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.

Based on last year's numbers there has been an increase in private travel and meal tickets.

Medical van has shown an increase of usage in transportation to Winnipeg, Selkirk, and Dauphin due to doctor shortage in Ashern and Eriksdale district.

Increase of prenatal, which do provide for high risk pregnancies.

Major Challenges in delivering the program during this reporting period:

We now have an increase of 12 dialysis clients, 11 of which are attending dialysis three times per week at the Lakeshore General Hospital in Ashern, Manitoba. One client is currently going three times per week at the Seven Oaks Hospital dialysis until a spot opens up at the Lakeshore Hospital.

Many times clients that are transported from Pinaymootang by ambulance to the nearest hospital (Lakeshore GH) maybe transported further out to communities such as Arborg, Pine Falls, Hodgson and sometimes Pinawa, with these types of transports 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 cost 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 provide meal tickets with private travel, this adds to the strain of our budget as monies allotted have not been increased by FNIHB.

The increase in surgeries has become a strain in our reporting period as well as the ambulance diversions within our area.

The factor currently impacting Medical Transportation Program

Cost of fuel

Other relevant observations, comments or information to this program:

The need for a handbook on community policies and guidelines 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 made.

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: **2018 – 2019** **September 1 – November 30**	Recipient: **Pinaymootang First Nation** **Contribution Agreement: MB0700072**	
# of requests: **911**	# of exceptions requested: **6**	# of appeals: **0**
# of requests approved: **911**	# of exceptions approved: **6**	# of favorable appeals: **0**

How are the benefits being provided:

One full time Medical Transportation Coordinator is currently on hand to provide and assist clients for appointment bookings, coordinating of medical transportation to and from appointments and acting in a supervisory capacity of driver personnel currently employed with the First Nation Health Program.
Currently employed are 3.5 full time medial drivers transporting clients to appointments, each driver works on a rotating basis. We also have an additional on-call relief driver who provides substitution/ additional driving when required. Each driver follows a monthly schedule.

Major Accomplishments in the program during the reporting period:

Pinaymootang will be approved with replacement vehicle by the new year, to replace 2 of the existing vehicles which are slowly deteriorating.

There continues to be increased coordination with medical appointments to Selkirk and Dauphin.

A community physician helps elevate community members wanting to see General Practitioners in Winnipeg but also increase appointments to specialized services outside. The physician also is starting to monitor pre-natal care clients.

Major Challenges in delivering the program during this reporting period:

We have 11 dialysis clients currently on dialysis three times per week, 2 currently in Selkirk and 1 in Winnipeg.

We have seen an increase in the meal tickets in the program.

Major challenges during this report would be the on-going hospital emergency closures and diversions – we still continue to see the Medical Transportation Program picking up discharged clients at various locations at times it is very difficult to keep up.

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

- Increased dental surgeries and medical surgeries.
- An increase in pre-natal and cancer care clients.
- Inclement weather impacts.
- Increase in meal tickets/accommodations.
- Physician Travel impacts program.

Other relevant observations, comments or information to this program:

The need for the community to find funds to print off its transportation booklet as it reflects the Medical Transportation Program to help clients understand the policies, procedures and guidelines that the Medical Transportation Coordinator must follow. As the Coordinator for 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: **2018 – 2019** **December 1 – March 31**	Recipient: **Pinaymootang First Nation** **Contribution Agreement: MB0700072**	
# of requests: **1321**	# of exceptions requested: **6**	# of appeals: **0**
# of requests approved: **1321**	# 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 capaci-ty to the assistant and the medical drivers currently employed with the First Nation.

Currently employed are 3.5 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:

In this fiscal period, I am happy to report that FNIHB increased out Transportation coverage to in-clude additional supports for the Medical Transportation Coordinator, this was very much needed.

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

Slight decrease of usage in transportation to Ashern and Eriksdale district due to having a doctor at the Health Centre twice a week. But increase to Winnipeg, Selkirk and Dauphin due to specialist ap-pointments.

Major Challenges in delivering the program during this reporting period:

Increase in Private Travel and Meal Tickets.

Increase of prenatal clients.

We now have an increase of 11 dialysis clients, 9 of which are attending dialysis three times per week at the Lakeshore General Hospital in Ashern, Manitoba. Two clients are currently going three times per week to the Selkirk Regional Health Centre dialysis unit until a spot opens up at the Lakeshore Hospital.

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

The increase in meal tickets, we find is adding a strain to current budget.
Private Travel for surgeries has become a strain in this reporting period. I find that since we have a physician in community, a lot of our community members are able to access better service such as specialist appointments faster.

The cost of fuel.

Repairs and Maintenance.

Other relevant observations, comments or information to this program:

The need for an NIHB booklet is required to help the clients understand the policies and guidelines that the coordinator must follow. As the coordinator of the program, I find that having to say no to cli-ents 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 booklet to hand out as to how decisions are decided. The program does have this available on its website page, but not everyone utilizes this.

Submitted by,

Maggie Anderson
Medical Transportation Coordinator

HOME AND COMMUNITY CARE ANNUAL REPORT

Ahneen! Hello! My name is Brenda Halchuk and I am a License Practical Nurse with 30 years of experience working with elders. I started working here in September 21, 2016. I want to thank the community for welcoming me and making me feel like part of the community. I enjoy working for the community and serving members. I really admire how the Health Center is so progressive. I feel very proud to be part of the health team.

It has been a trying time this past year due to the expansion of the Health Center. The Health Center was very chaotic. The Health Center is now very modern and well equipped. We now have a tub room with a large bath tub for members to use, with the assistance of our Home Care staff.

The Program Goal I work in is: ***"To assist clients to live in the community as independently as possible, preserving and encouraging enhancement of the support provided by the family and community"***

The Home and 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 safely in their homes and community.

Available resources in the Home Care Program:

- **Nursing Services:** Vital Signs checks (blood pressure, pulse, blood sugars, etc.), collect blood work, wound care, provide education, advocate, liaison, and interpret in the comfort of the elders homes.
- **Personal care:** Health Care Aide (HCA) conduct visits with their regular clients that require personal care. HCA are trained to check vital signs. The HCAs' bring the readings to the nurse, and if readings are high the nurse will conduct further assessments.
- **Medical Supplies and Equipment:** Home care nurse assesses homes and makes appropriate recommendations of equipment required to continue living at home safely. Letters for wheel chair ramps are sent to Chief and Council.
- **Home Management/homemaking services:** This program is under Social Services. I do an assessment on client and make recommendations to Social Services.

- **In-Home Respite:** HCA worker could be assigned to stay with the client for a period of time, or could be scheduled to come in periodic intervals during the time the caregiver is away from home, depending on resources.
- **Palliative Care:** New program now funded by Health Canada. This allows clients the option of palliative care at home in comfort and dignity. Certified Health Care Aides and Nurse provide family and care givers assistance in caring for loved ones at home

Statistics:

Number of Home Visits	387
Number seen in Clinic	375
Number of Hospital Visits	9
Number of Foot Care Provided	124
Number of Baths Provided	31
Total Number of Clients Served	683
Total Number of Client Encounters	1241
Total Number of Activities Held	7
Total Number of Attendees	412

The Home and community Care program currently has 87 clients and 29 clients in Jorden Principal. There are 9 clients in for Ashern dialysis.

Description of trainings/conferences as Follows:

Staff Development
Palliative Care
Pallium Training

Submitted by,

Brenda Halchuk, LPN
HCC Nurse Supervisor

HEALTH CARE AIDE 1 ANNUAL 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 and have enjoyed working and caring for our clients in our community.

The Home and Com unity 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, and 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 a report is conducted to the nurse for any assistance needed for the client, or if any concerns that need to be addressed.
- Charting on any home visits are done once update is provided to the supervisor.
- Initiate referrals for clients to the right program area, or to the Home Care Nurse.

Statistic Information

- Total Home Visits 594
- Activities 9 with 482 attendee
- Meetings and Training – Deescalating Violence, Respectful Workplace Practices, Monthly Staff Meeting, PHIA Workshop, Harm Reduction, Mustimuhw Training, Musculoskeletal Injuries, Staff Development and Accreditation Review process.

Pamela Sumner
Health Care Aide

HEALTH CARE AIDE 2 ANNUAL REPORT

Hello my name is Dorothy (Dot) Sumner I am a Health Care Aide here at Pinaymootang Health Centre since 2012. I have the pleasure to work with our community elders, persons living with acute or chronic conditions and those with special needs. I take great pride in helping those that require help and value what I do. It is a rewarding to serve 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.
- I communicate with the elders in their language.
- We check and record vital signs this includes: 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

Activities:

Total Home Visits 617 - Community Activities 9 with 482 attendees - Monthly Staff Meetings 9, Harm Reduction Workshop, PHIA Training, Meth Awareness, Unity in the Workplace, AED Training, Hand Hygiene Education, Preventing Musculoskeletal Injuries.

Dot Sumner, HCA

PERSONAL SUPPORT WORKER ANNUAL REPORT

Hello my name is Jody Sinclair. I was recently hired by the Pinaymootang Health Centre as the Personal Support Worker in the Home and Community Care Program in March 2019.

Under the supervision and direction of the Home and Community Care Nurse Supervisor and the Health Care Aides in the program, I work directly with elders, persons living with acute or chronic conditions and persons with special needs. I am currently in the process of attaining my education certificate in becoming a certified Health Care Aide. I anticipate to successfully completing this course no later than June 2019. Although, I have been here for a short time period, I really enjoyed the work and caring for the community members of Pinaymootang and I will continue to ensure the best possible care for all.

The Home and Community Care objectives are to improve quality of life of clients and family by offering safe supportive care in a kind, sensitive, caring and understanding manner. To, provide care and assistance in home after hospital discharges.

Our main goal is to provide support and assistance to clients of any age who have defined health care needs and who require help with their daily living activities. The Home and Community Care Program is there to ensure required equipment such as mobility aides are available for use such as; wheelchair, walkers and canes. Other equipment may also include, shower heads, bath seats, mats, raised toilet seats or safety rails that will help the client with daily living.

Pinaymootang Health follows recording and reporting mechanisms by documenting all home visits, if there is a concern they are reported to our immediate supervisor, charting and client referrals.

My activities for this month have included 32 home visits.

Sincerely,

Jody Sinclair
Personal Support Worker

ABORIGINAL HEAD START OUTREACH PROGRAM (AHSOR) ANNUAL REPORT

Hello, my name is Sheila Sinclair I am the Aboriginal Head Start Outreach Home Visitor Coordinator.

The AHSOR program is designed to meet needs of children and their families. This program focuses on children from the ages of 0-6 years. This program consists of 6 components that are required: 1) Culture and Language, 2) Education and School Readiness, 3) Health Promotion, 4) Nutrition, 5) Social Support and, 6) Parental and Family Involvement.

The AHSOR program engages children and their families to participate in various activities in addition to the home visits conducted. The home visits consist of the home visitor, the child, and the parent/s or guardian. Educational resource tools are bought into each home visit to focus on the mandated program such as the Ages and Stages questionnaire which is a survey that sees where the child's developmental skills are at. In the questionnaires, we see the different developmental skills that each child has such as fine motor skills, speech and language, personal and social skills, etc. If we see a delay in any of the children referrals are conducted for more assessments.

Activities through the year have included:

- Playgroup held on a weekly basis. Various activities are held during this program such as arts, crafts, sewing, nutritional teaching and parenting course.
- Nutrition Workshops allows families to learn on nutritional facts and to promote healthy eating.
- Cultural and Traditional teachings such as bannock making.
- Promoting Physical Activity.
- Weekly home visits for child assessment.
- Promotion of the Dolly Parton lending library.
- Parenting Classes (ALAPS).
- Injury prevention (car seat safety).
- Monthly Staff Meetings, Accreditation Meetings and Workshops.
- Monthly Community Networking Meetings.
- Home Visits to provide ASQ assessments.

Sheila Sinclair

NINIIJAANIS NIDE – MY CHILD, MY HEART PROGRAM ANNUAL REPORT ON HEALTH

Hello, my name is April Sanderson. I am a Licensed Practical Nurse and a certified Foot Care Nurse. I joined the team at Pinaymootang Health Centre in December 2015 as the Case Manager for the "Niniijaanis Nide Program" – which in Ojibway translates to "My Child, My Heart" in the English language. This program is through the Jordan's Principle Child First Initiative.

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 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 four (4) Child Development Workers who are certified Health Care Aides. Two (2) Child Development Workers joined our team in May and June respectively. 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. We have an American Sign Language Educator who provides services to our community and she comes to us with over 25 years of experience of American Sign Language (ASL); she continues to provide ASL Classes at the Pinaymootang Health Centre and provides one-on-one supports to the children in our Program. Respite continues to be provided to the families.

My Child My Heart Program Staff Consist of:

April Sanderson, LPN – Case Manager
Bertha Anderson – ASL Educator/Administrative Assistant
Cyrus Sinclair, HCA – Child Development Worker
Tina Thompson, HCA – Child Development Worker
Savannah Stagg – Child Development Worker
Toni Thompson – Child Development Worker
Jarrod Smith – Child Development Worker

In this fiscal, we are happy to announce that our programming have increased to include a Land Based Program which will serve as a model of service delivery for children with complex needs and their families. To help reconnect to land based programs and activities that are part of our indigenous way of living. This program hired Irene Sanderson, as the Knowledge Keeper Educator, Kennedy Anderson as the Knowledge Keeper Youth Mentor and four (4) community based knowledge keepers that consist of community members that provide direction and guidance to this program.

Another new exciting program is the Transitioning into Adulthood, the person hired for this is Colleen Woodhouse and her role is to assist families to enhance and strengthen supportive skills as youth transition towards the different stages of the life span including adulthood. Colleen will be working directly with the youth enrolled in the Jordan's Principle Program.

And finally, the Rehabilitation Assistant role, the person hired is Chelsey Miller from Ashern. Her responsibility is to assist the specialized therapists (Occupational Therapy/Physiotherapy/Speech & Language Pathology), guiding children, performing therapy techniques as per recommendations, and to support the program activities in the community.

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

The Importance of play – Lunch 'n Learn (CPNP/Mom's and Tots provided by RCC; Services Provider Presentation: Caitlyn Trakalo, Physiotherapist (Ashern); Depression and Anxiety – MATC – Telehealth; 2018 Manitoba Pediatric Health Conference – Telehealth; Helping your child deal with Stress – Jahna Hardy, Mental Health Therapist; Growing and Learning: Getting a Jumpstart – RCC - Telehealth; Challenging Behaviours/Intro to Autism – Ryan Heckert, St. Amant; Growing and Learning: Early Language – RCC - Telehealth; Transition to Kindergarten – Pinaymootang School/MFNERC; Intro to Autism – RCC; Harm Reduction Workshop; Personal Health Information Act Workshop; Accreditation Canada Education Workshop; Drug Awareness – Pinaymootang ACFS; Challenging Behaviours – Lunch n' Learn provided by RCC; CPR/First Aid; Unity in the Workplace Workshop; Children's Health Fair; Special Education Summer Institute; ASL/OT/PT/SLP for CDW's; Handwashing Training; Family Fun Day; Case Study Review: Niniijaanis Nide (My Child, My Heart) Program conducted by Malatest & Associates; 2018 Annual Treaty Day Breakfast; 2018 Annual Health Fair; Summer Wrap-up BBQ; Keewaywin Community Visit – Jaron Hart, AMC; 2018 Jordan's Principle Summit: Sharing, Learning and Growing; Jordan's Principle Quarterly Meeting – Hosted by IRTC; Circle of Knowledge Conference – Manitoba First Nation Education Resource; There's Always a Reason for Behaviour – Kim Barthel, RCC; Foot care Nursing Data Tracking Tool – Telehealth – FNHSSM/DIP; Sharing Resources Gathering; Treaty Timeline Workshop; Jordan's Principle Training (Part I) – Conrad Marsden, IRTC; Mustimuhw/eCMR Training – Webinar; Creating and using a Visual Schedule – St. Amant Telehealth; Violence Threat Risk Assessment Training (Level I); ASL Immersion; Canada's Food Guide – Telehealth; Jordan's Principle Mental Wellness Working Group Gathering; The Importance of Play – Respite Worker Training - Telehealth - RCC; First Aid Training – Respite Worker Training; 8th International Meeting on Indigenous Children Conference; Kiga mamo anokimin onji minoayawin Meeting – University of Manitoba; Power to Parent I – The Vital Connection" Workshop over 8 weeks.

Our community continues to set an example for other First Nations and to date we have had 38 communities, 5 Tribal Service Coordinators and 1 out of Province program visit our Health Centre to observe how our Program operates.

This fiscal year, in partnership with the University of Manitoba - Francis Diaz and Taya Palmeru recent graduates of the Masters of Occupational Therapy provided Field Placement for a 6-week period in Community. They helped develop the transition phase for the "age out process" for the young adults who

would have benefited from the utilization of the Jordan's Principle Program. This fieldwork opportunity came from the identified need of the community for increased occupational engagement for youth with disabilities.

With the increase of Mental Health Services we are able to refer families to our local Mental Health Therapists Jahna Hardy and Randal Klaprat; who are available at the Health Centre for appointments Monday to Friday and provide supports to the community.

Regular programming conducted, under the JP CFI:

Reading Club	Moe the Mouse	Movie Night
Baking Night	Activity/Gym Night	Oduminoh Group
Nagamon Club/Music Fun	Gardening – Get Set Grow	Wii Night
ASL Class		

Program Activities for 2018/2019:	66 Activities
Total Fiscal year New Intakes 2018/2019:	34 children
Children enrolled in Program:	89 children
ASL Community Classes:	34 Classes
Rehabilitation for Children	15 Community Visits (4 Telehealth Sessions)
St. Amant	15 Community Visits (3 Telehealth Sessions)
MATC	4 Community Visits (7 Telehealth Sessions)
Home-visits/1-1 Visits Total:	901 Home Visits (Case Manager/Child Development Workers/ASL Educator/Transition Coordinator/Rehabilitation Assistant/Land-based Program)

In closing, 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. I would like to extend my thanks to the Community for their continued support and the 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 town site 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 FHIHB. 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, 2018 – January 1, 2019

Month	WTP/DS	WTP/DS-US	WELLS-S	WELLS-US	TOTAL-S	TOTAL-US
April	32		9		41	
May	40		10		50	
June	32		18	3	50	4
July	24		17	4	41	5
August	8		9		17	
September	16		10	1	26	1
October	40		9	2	49	2
November	8		10		18	
December	8		10		18	
January	16		9		27	
February						
March						
TOTALS	224		111	10	337	12

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 timers per year sampling recommended)

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

Submitted by,

Evan Anderson
Water Quality Technician

PINAYMOOTANG FIRST NATION HEALTH PROFESSIONAL SERVICES

Jahna Hardy is the visiting Mental Health Therapist, Jahna provides counselling services in the community two days per week (every Monday and Tuesday) referrals and appointments can be made through the Health Centre for anyone wishing to utilize.

Randal Klaprat is the visiting Mental Health Therapist; Randal provides counselling services in the community three days per week (every Wednesday, Thursday and Friday) referrals and appointments 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 a community member of Pinaymootang, Phyllis provides supports as to the Dental Therapist as an assistant.

Dr. Kashur is our visiting physician who provides care and service to the community every Thursdays. Dr. Kashur is based out of the Ashern General Hospital through the Interlake Eastern Regional Health Authority.

Dr. Wilson Le is our visiting physician who provides care and services to the community every Tuesday and Wednesday. Dr. Le is based out of Winnipeg.

Dan Kyrzyk is the pharmacist with LIFESMART. Dan is very familiar with the Interlake area and travels in from Winnipeg every Tuesday to provide Pharmacy Satellite Services

Janice Lowry continues to provide and assist in nursing care for Pinaymootang 6 -8 days a month.

Pinaymootang First Nation Health Program

824 Main Market Road

Fairford, Manitoba R0C 0X0

Phone: (204) 659-5786 Fax: (204 659-5841 www.pfnhealth.com