

2012-2013

Pinaymootang First Nation Annual Report on Health

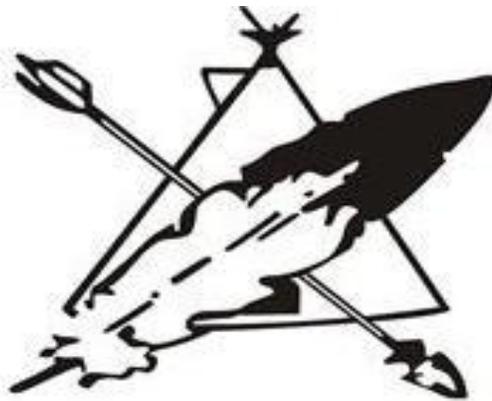


Pinaymootang First Nation Health

2012-2013

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Annual Report on Health 2012-2013**

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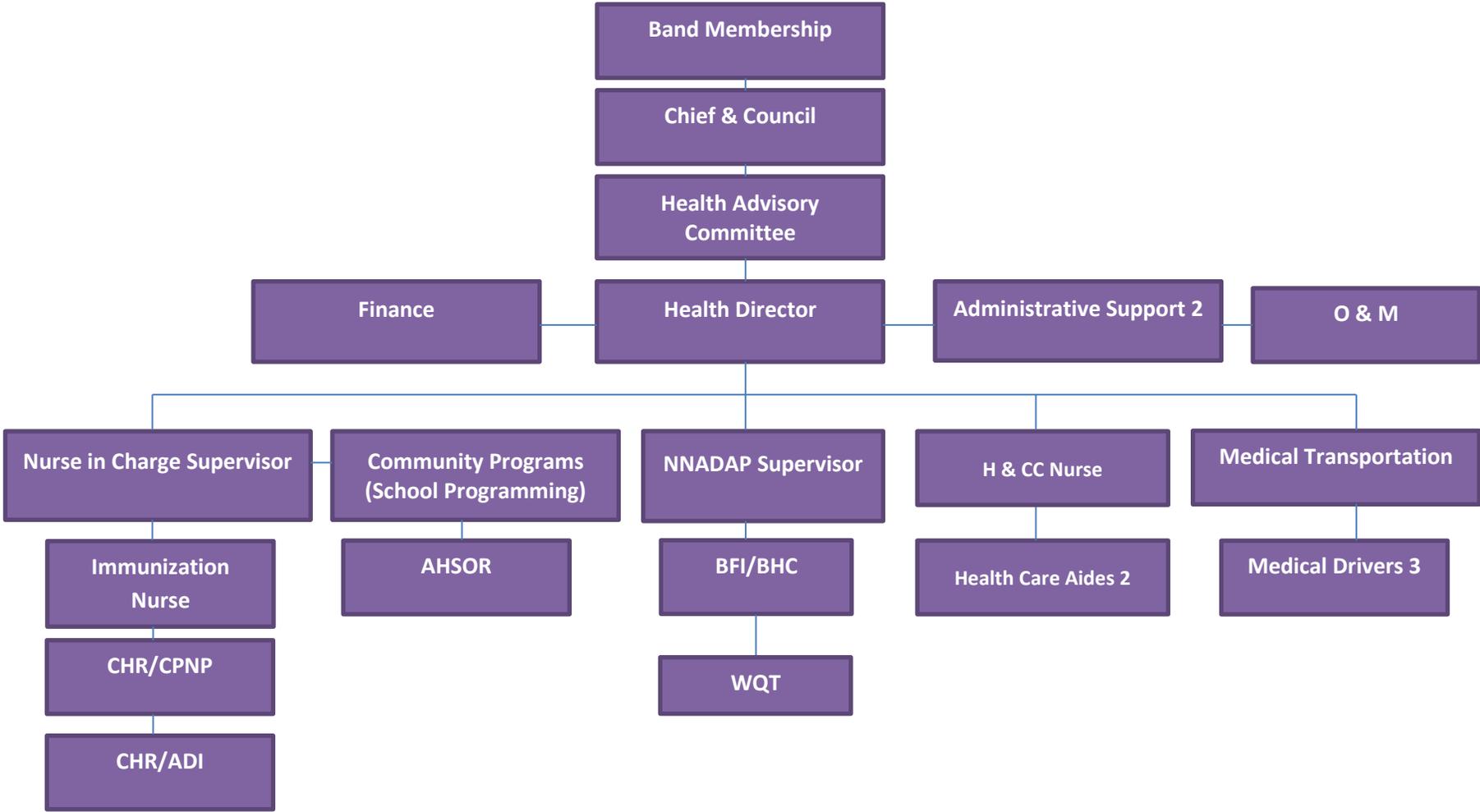
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Pinaymootang First Nation Health Program Organizational Chart 2012



Introduction:

We would like to welcome you once again to this year’s Annual Report on Health which highlights the various activities that have been undertaken over this past fiscal known as March 31st, 2013.

This report highlights on our commitments to the health and well-being of all and our key accomplishments in health for the Pinaymootang First Nation.

This document follows a similar format to the, 2011-12 Annual Report. This Annual Report sets the stage for the 2013-14 planning and budget process by providing an opportunity to assess the accomplishments, results, and lessons learned, and identifying how to build on past successes for the benefit of the community.

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

Thank you and Meegwetch!

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Message from Chief

As leader of the community, it is an honor and privilege to once again present to you the Annual Report on Health for fiscal period 2012 – 2013. As leader of this community I am privileged to be involved in an organization that plays such an active 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 for the benefit and well-being of health. Teamwork, dedication and perseverance have always been the key, which have resulted in accomplishments achieved. Our community health programming intent will continue to: provide open communication efficiently and effectively; be guided by principles of fairness and equity; encourage and support participation in activities; actively grow in unity and most of all, be transparent and accountable at all times to the First Nation, FNHI and to the general public to whom we serve.

The mission of the Pinaymootang Health Centre is to advance health knowledge, build capacity by promoting knowledge and self-care and develop tools and processes in health education. Our common goal is to “Take Pride in What We Do”.

And at this time, I want to thank the staff for their hard work in making our health programs a success. Without their compassion and caring dedication, it would be impossible to sustain and improve the health of people in our community. The work and the services provided, allows us to continue to implement innovative ways to improve our health care needs and the public health care system.

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

I hope you find this information useful.

Respectfully yours,

Chief Garnet Woodhouse

Chief Garnet Woodhouse



Message from Health Council Portfolio Holders

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

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

This annual report provides information on the accomplishments and activities of the past year. This report gives a one year snapshot on our community of the various activities undertaken in attaining control of health service delivery.



Since this all began, we have fine, talented and committed people who have shared their expertise in providing health services to our people and to the community. We want to acknowledge and express our appreciation to the staff of Pinaymootang Health Centre for your efforts in facilitating change and implementing the vision of leadership and positively impacting the health and well-being in the lives of our people and the community.

The Pinaymootang Health Centre is responsible for helping the people to maintain and improve health and is committed to improving the lives to ensure longevity, healthy lifestyle and the effective use of our public health care system.

In closing, we hope that you will find this annual report useful and that you share this report with others who may be interested in such information.

Sincerely,

Ted Woodhouse and John Sanderson

Pinaymootang First Nation – Health Council Portfolio Holders



Message from Health Advisory Committee

We have the honor and privilege to present to you once again the Annual Report on Health on behalf of Pinaymootang First Nation Health Program for fiscal period ending March 31, 2013.



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

All material and fiscal implications known as at June 30, 2013 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,

Caroline Thompson

Eva Woodford

Shirley Cranford

Eleanor Maytwayashing





Executive Health Director's Report

What another successful challenging year this has been, as I welcome you once again to this year's annual report on health for fiscal period 2012-2013.

Each year brings additional challenges and without a doubt, our hands-on approach allows us to quickly direct our resources where they are most needed. The

success we achieve stems from our fundamental dedication, responsiveness and our flexibility in continuously adapting to changing needs.

The Pinaymootang First Nation Health Centre strives to be a community based facility where we are committed in working hard to try to create less barriers to health care for members and by assisting them to continue in their quest to improve their health.

Our policy is to ensure that patient rights for safe and adequate health care needs are met for all those that step into our facility in which we strive to prevent and reduce risks to individual health. We have taken steps to strengthen our services. We are able to provide this level of service by working closely together.

For this, I would like to thank my staff for all your hard work and dedication and acknowledge our community membership for partaking in the health program activities, community awareness campaigns that the Health Programs have offered.

During this fiscal year, I am happy to report that the First Nation is moving into its second year of the Block Funding Model of the transfer agreement. What this means to the health program is the ability to reallocate funds across all authorities of the transfer agreement and the ability to retain surpluses for reinvestment in priorities as listed in the approved Health Plan.

Governance

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

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

The current Health Advisory Committee consist of the following; Caroline Thompson, Eva Woodford, Shirley Cranford and Eleanor Maytwayashing.

Transferred Programming

Nursing Treatment & Prevention – the CHN, Janice Lowry continues to demonstrate her nursing abilities way and beyond. The Nursing Treatment and Prevention continues to meet its criteria such as; visiting

new parents, Well Women's Clinics, facilitating new baby care; providing immunization; encouraging physical activity; facilitating community education sessions; providing care services for common conditions during scheduled clinics; and attending to emergency needs.

A total of 2129 clients were seen during our once a week Walk In Clinics with Dr. Faltas. The Health Program has seen a significant increase in clients.

In October 2012, the community received additional funding on a term basis to hire a part time nurse. The new nurse Roxy Rawluk focuses strictly on facilitating new baby care and providing immunizations.

Community Health Representative – The CHR's continue to play a major role in the health programming both employees oversee additional programs within their job descriptions. One CHR Margaret Anderson, focuses on children, youth and school setting while taking on the CPNP program and the other CHR Alfred Pruden focuses on adult and elder care as well as the ADI program. Both CHR's have committed themselves in ensuring program service delivery is met while at the same time acting as advocates in health.

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

Operation and Maintenance of Health Facilities – The Pinaymootang First Nation currently employs a custodian to ensure the upkeep of its capital facilities, the custodian provides the general cleaning and sanitary services such as cleaning of premises, including carpets, furniture, windows, washrooms and floors. Repairs to the facility are contracted out on a need be basis. In the new fiscal year we will be installing new carpeting and re-finishing of the outside exterior of the building. This will be done in order to maintain and upkeep the facility.

One area of concern is the lack of office space of our facility, back in 2009, a Class A estimate was approved on an expansion to the Health Centre and to date no action was taken from our funders, we hope that this will be reconsidered in the future.

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 focused 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. And in August 2012, an assistant was hired on a term basis to help in this area as well as in other areas due to the increase in services. We welcome, Cheyenne Gould to the Health Program.

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, this area will be targeted for the next fiscal year. All components in the areas of solvent addiction, healthy living, injury prevention and alternatives to a healthier lifestyle were met. As we look forward to a variety of new programming ideas for the community.

Contribution Programs:

Environmental Health Drinking Water Safety Program – The Health Program currently employs an individual at a half time level. The Drinking Water Program continues to meet its components as outlined in the agreements, such as sample and test drinking water, recording all results on water quality, providing monthly reports to EHO, Robert Reed, FNIH, for interpretation and recommendations, 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 ensure all pertinent procedures are followed, maintained and updated. This program continues to be identified as a need in community.

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

In Home and Community Care Program – the H & CC Program has been in full implementation since 2006, the increase in homecare clients have increased and are seen on a regular basis. They are currently 1 H & CC Nurse Supervisor, 1 LPN (half time) and 2 Health Care Aides that make up the team in the H & CC Program.

Home visits have been conducted on a daily basis, assessments completed, medical equipment have been purchased based on client needs. This program has been running exceptionally well throughout the fiscal year, one area in particular we will be focusing on is the Homemaking Services which are currently being run by the Bands Social Program. We have been informed that this program will be amalgamated into the Home and Community Care Program in health. The Health Program will come up with innovative ways to ensure that there is a smooth transition and will ensure that this program is run effectively and efficiently. Policy writing and guidelines for this specific program will commence and the community will be informed of its working progress.

NIHB Medical Transportation – this program is administered by one Medical Transportation Coordinator and three medical drivers. The purpose of the MT 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 maintain client files, intake of appointment information, verifying, scheduling and booking of appointments in coordination for transportation based

on the guidelines of FNIH. The MT Program will continue to face on-going issues both internal and external, due to funding.

A policy guidebook on Medical Transportation has been completed which requires revisions it is anticipated that this be reviewed and implemented by early in the new fiscal year.

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 as a health team focused on is the preventative measures that diabetes can be prevented.

Diabetic Clinics continue to take place foot care is held every bi weekly Wednesday. Risk factors, assessments, surveys, physical activities, prevention, healthy eating habits, and gardening continue to be implemented. Physical Activity is another area that is focused on, the community fitness facility currently has its doors open 4 days a week. Gardening projects this past fiscal were down due to the flooding impacts of the community.

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 to provide screening of all families pre-natal or very early after the birth of a child from 0 to 6 years of age to identify risk factors and assist these families with supports such as expanding and enhancing programs and support services for mothers, pregnant women, caregivers, parents, parents to be, children and families; to ensure access to additional support; addressing priority gaps in programs and services for children and their families; promoting wellness and health being through education, prevention, screening, harm reduction, social and economic determinants; to provide specialized services such as training and support and to build on the foundation of current programs. The AHSOR Program is active in community and has become a participant in the Dolly Parton Imagination Library.

Other Initiatives:

Communications – the health program as created its own website page which is still in working progress for providing its continued updates. The website address is www.pfnhealth.com for information on programs, workshops or events pertaining to the Health Centre.

Accreditation – In January 2011, Chief & Council have signed the Health Centre on to proceed into an accreditation process, accreditation is an ongoing journey a process that health organizations use to assess and improve the quality of their services in a team environment; a tool that examines everyday activities and services against standards of excellence; a means to provide valuable measures to use within and among organizations. An Accreditation Coordinator, Lora Sanderson was hired to oversee and implement this process. In September 2012, the health program was surveyed and met all its requirements and received its Accreditation Primer Award. A lot of hard work was put in by all staff, but we did it! And we are so very proud of what we accomplished. Our next step is Quality Assurance.

Mustimuhw Community Electronic Medical Record – As of one of three First Nation Communities selected in 2012/13 the Health Centre is now using a comprehensive member-centered Community

Electronic Medical Record (cEMR) based on First Nations values and the Health Centre's mission and goals. Information that we used to write on paper charts is now collected on the computer.

Network Meetings – the Health Program is involved in community network meetings which consist of the Pinaymootang School, Health Centre, Band and Child & Family Services where these organizations get together to work in unity on partnering in community programming, I would like to thank these organizations on the accomplishments achieved during this fiscal year.

Interlake-Eastern Regional Health Authority - the Health Program will continue to work with the IERHA in dealing with issues and concerns, in order to improve the health status of our clients, improve working relations and improve the health systems. The IERHA provided the community with on-going supports during this past fiscal year.

Interlake Reserves Tribal Council – I would like to thank the Interlake Tribal Council for their supports in equipment for the Health Centre and for implementing the flood forums.

In closing, I would like to thank my staff for all the hard work and diligence of a year filled with many successes.

Meegwetch!

Gwen Traverse

Executive Health Director





Accreditation Coordinator's Report

The Accreditation Coordinator position was established in April 2011 to oversee and implement the accreditation process. The Health Centre is seeking accreditation status that will improve their programs and services for the membership of Pinaymootang. This simply means that the Health Centre is striving to make things better to ensure quality improvement in all

aspects of health services in serving their people.

The Health Centre was required from Accreditation Canada to complete a staff questionnaire which asked what areas in programming and services will need improvement. The results of the survey showed that some things need to be improved. This means that policies, procedures or guidelines must be in place in meeting certain standards.

This is like saying, what needs to be done to 'fix things and make it better'. In follow-up to the staff survey, a client survey was also done May/June of 2011 to assess the Health Centre's performance – the results showed that clients appear to be satisfied with services provided.

Besides developing policies, we have been assessing our programs and delivery of services, reviewing work plans, and finding ways to address gaps (what's missing). And in September 2012 a review was done on the Health Centre and the end resulted in Pinaymootang receiving it "Accreditation Primer Award". As we look at ways to improve, we been able to implement a number of changes some of which you may already notice or will notice in time at the Health Centre.

The Executive Health Director and staff are committed to ensuring that the people of Pinaymootang will receive quality services and programs.

Goal: To ensure that PFNHC meets the standards of excellence in the provision of health care services to the membership.

- *"TAKING PRIDE IN TEAMWORK AND IN SERVING YOU, OUR MEMBERSHIP"*
 - *"WORKING TOWARD PATIENT SAFETY"*
 - *"WORKING TOWARD QUALITY IMPROVEMENT"*
- *"WORKING TOWARD A SAFE AND HEALTHY WORKPLACE"*

Laura Sanderson

Accreditation Coordinator



Community Health Nurse Report

This year has been the completion of six years for me in the Health Center and it continues to be challenging and rewarding and we continue to move forward with the times.

The Health Center continues to be a place that community members feel comfortable coming to get some of their health care needs met and I feel proud that the health care team continues to try to strive to meet the needs of the community.

There have been some changes in the Health Center that continues to improve the services to community members. These changes have been movement towards the accreditation process with the first stage being accomplished, a new treatment cart set-up in the clinic, a new centrifuge that is more precise at blood spinning, the set-up of oxygen in the clinic for emergencies, the hiring of an immunization nurse with 10 years, experience in Children's E.R. , and the start of establishing electronic charting to increase the confidentiality of community members health information. All of these changes improve services and make the Health Center more efficient and community friendly.

Health is a large segment of all of our lives and we all need to strive towards healthier lifestyles. We need to address our health issues when we are young so that as we move toward our older years, we can remain active and enjoy retirement.

Diabetes, high blood pressure, anxiety and depression seem to be the main health issues in the community. Prescription drug abuse is becoming more of an issue and as a community we have to start to deal with this and prevent the loss of any community member from a drug interaction. The issues of health have to be started with the individual and every individual needs to take ownership of their health and the health of their children, as a society we have to stop thinking there is a pill that will fix us because so many of these pills have serious side effects.

We need to move towards the future as active individuals with healthy eating habits and children and youth need to spear head this movement and make exercise and good nutrition a way of life. Pinaymootang is a community that can grow gardens, have fruit trees, harvest medicines, and be active every season of the year and we need to build on this. We need adult volunteers to spear head youth groups and activities to keep the community healthy and active. It is with a few simple changes that we can keep our community out of hospitals and our loved ones home in the community.

Preventative measures are important and at the Health center this is offered through immunizations, well-woman's assessments, colon checks, medication reviews, diabetes education and assessments, well baby clinics, wound assessment and dressings, blood pressure assessment and general health assessments.

Some stats for 2012-2013 are as follows;

- Immunizations: 924
(this does not include immunizations done for Oct-March as these were done by the immunization nurse).
- C.H.N. clinic visits: 1677

- PAP tests: 74
- Pre-natal assessments: 259
- Referrals: 73
- Diabetic assessments: 170
- S.T.I follow up and treatment 49
- Dressing changes 130

So 2012-13 has been another busy year and I have enjoyed working with each and everyone and let's make 2013-14 another good year. Stay healthy and keep active.

Meegwetch!

Janice Lowry
Nurse In Charge





Immunization Nurse Coordinator

My name is Roxie Rawluk and I was pleased and honored to join the health care team at the Pinaymootang First Nations Health Centre in October of 2012. To the position of Immunization Coordinator, I bring 21 months of experience working in the children's burns and surgery unit and 8 years, experience working as a nurse in the Emergency Department of Children's

Hospital in Winnipeg. From this, I am able to share from my background in asthma education, bronchiolitis care, oral rehydration techniques, assessment and care of injuries, and other knowledge gathered from various conferences, meetings, courses and job experiences.

As the position of Immunization Coordinator is a part time, we have established Child Health clinic days to be held on Wednesday and Thursday afternoons. Child health clinic appointments include physical examinations, growth and development assessments, immunizations (if needed), teaching and time for questions and answers. Wednesday and Thursday mornings every other Monday are generally designated to be used for home visits, needles at the school, making referrals, answering and making telephone calls and helping in the clinic.

Throughout my years as a nurse, it has been important to me to learn as much as I can about caring for the health of children especially ways to support parents in their care of children at home in the community! One of the best ways to prevent many childhood diseases and the potential complications of these diseases is to vaccinate children according to the timeline set out by Manitoba Health. The slogan "Don't wait, Vaccinate!" is a good reminder that children's immunizations work best to protect the precious children of Pinaymootang when they are given at the right time.

I know that needles are scary and painful for children and often even for the parents who bring their children in to get them. Caregivers are welcome to phone me or to come talk to me about what to expect, to ask any questions they have about the vaccines and to discuss ways that we can make the appointment less scary and even possibly less painful for your child.

Immunizations are also important for adults. This includes the yearly flu shot, yes, but also regular booster shots, given every 10 years, that will maintain your immunity to tetanus and diphtheria. If you have not received a dose of vaccine in adulthood that also protects against pertussis (whooping cough), the very young babies and children that you come in contact with who are not fully immunized or only partially immunized might be at risk if you have been in contact with the disease. It is a simple way to protect yourself and the children you love who may be at risk.

We are also continuing to give the Gardasil vaccine to the young ladies in grade 6, but have been authorized to offer it to women who have not yet received it up to the age of 27. It is a 3 dose series, given over 6 months. We are encouraging moms, daughters, aunts (sorry grandmothers, most of you will not fit into this category yet, but perhaps the day is coming) to protect yourselves from the viruses (HPV) that are the cause of 70% of cervical cancers and 90% of genital warts. For moms of young children, I will be offering it to you when you come in with your children for their regular immunizations. Convenient one stop shots!

Immunization Coordinator stats for the period of October to March 2013 are as follows:

- 44 home visits. 24 included adults; 20 also included children;
- 5 dressing changes for adults. 2 children; 3 for adults;
- 20 phone consults. 14 regarding children; 6 regarding adults;
- 231 immunizations. 207 for children; 24 for adults;
- 20 blood draws. 4 for children; 16 for adults;
- 4 preoperative assessments for children;
- 163 clients seen in clinic for other various issues. 123 adults; 40 children;
- 3 referrals made to a pediatrician.

In conclusion, it has been an incredible privilege so far to be a part of this health team and to be able to bring my work experience to this thriving community. I hope to become a good resource for parents and an advocate for improved child health in the community!

Respectfully,

Roxanne Rawluk
Immunization Nurse





Community Health Representative 1 Report

The Pinaymootang First Nation Health Program employs two Community Health Representatives who play major roles in health programming. Both CHR's currently sees additional roles in their program job descriptions. And as your CHR, I focus on school health, baby clinics, and youth of the community while taking on the duties of Canada Prenatal and Nutrition Program.

This position is responsible for the delivery of high standard community health surveillance programs and to provide quality health prevention and treatment in community.

As CHR, I perform a broad range of duties in health some of my responsibilities have included the following;

- Weekly Fluoride Rinse and Daily Tooth Brushing Program is still being conducted on a weekly basis in coordination with the school volunteer; New toothbrushes are given out every 4 months or as needed.
- Assist the nurse on community immunizations;
- MIMS updates are on-going for Hep B's, Adacel, Gardasil, Meningococcal, influenza and regular immunizations for babies when they are: 2 months, 4 months, 6 months, 12 months, 18 months and 5 years.
- Ensuring all proper recordings and charting are done on consent forms, personal charts, seasonal influenza and pneumococcal immunization.
- Assisted on preschool clinics on the Denver Development Test.
- Chronic Disease Register is checked and updated on a weekly basis.
- Bone Study Survey.
- Participated in the accreditation process.
- Pre-checks are done on clients for blood pressures, blood sugars, weights prior to seeing a physician.
- Coordinates baby clinics and Home visits.
- Welcome Home Baskets are implemented.
- Providing up to date information about child care, nutrition, sanitation, communicable disease and other health matters.
- Selecting, ordering and preparing health education materials for local use.
- Head checks.
- Assisted nurse in STI's.
- Chronic Disease Register updates.
- Transportation when required.

Canada Prenatal Nutrition Program 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 healthy babies.

Three main program component areas are:

- Nutrition Screening;
- Counseling;
- Maternal Nourishment (providing pregnant women and breastfeeding moms with health foods);
- Breastfeeding Promotion;
- Education and Support.

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

Prenatal are seen according to the weeks they are pregnant:

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

Nurse and CPNP conduct home visit to newborns and moms as soon as they return back to the community. Welcome home packages are given which include receiving blankets, wipes, nose bulbs, socks, bibs, mittens, t-shirts, nail clipper sets, shampoo, body wash, lotion, sleepers and thermometers as well as information packages and fridge magnets with immunization schedule. Assessments are done to mom and baby, to see if there are any concerns that need to be addressed.

Ultrasounds are booked in Eriksdale Hospital. Prenatal are advised to be in Winnipeg for delivery as Ashern does not provide this service. Most prenatales are found in their first trimester and every odd one will be found later in their last trimester.

Information packages are given 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.

A milk coupon program is in place for prenatales in which they get a 4 litre jug of 1% milk once a week.

Manual Breast pumps are given to mom at her request as she will be breastfeeding, usually a couple of months for some and some past 7 months. Program incentives are given out to breastfeeding moms, if they have breastfed 6 months or over.

The CPNP provides other incentives for mothers who have kept up with their child immunizations what we have opted to provide are at 6 months - baby wrap-around booties, 12 months- T-shirt, and 18 months- baby gauntlets, this has worked well for us.

Baby Food Making - (Fruits & Vegetables) was held with for moms with babies of 7 - 9 month old.

Mom's Cooking class held on healthy nutrition.

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

- 2012 - April - December - 21 Boys & 14 Girls were born
- 2013- January - March - 6 Boys & 3 Girls were born
- New Year's Baby is a Boy - Born January 16/13.

Meetings/Workshops/Conferences:

- Staff Meetings held every last Tuesday of each month;
- CPNP/MCH/FASD Infection Control Workshop;
- Health Directors & Community Health Representatives Professional Development Forum;
- Infection Control Training;
- Patient Safety and Accreditation;
- Manitoba First Nations AIDS Working Group HIV/AIDS 4th Annual Conference;
- Train the Trainer-Traditional Family Parenting ;
- Networking- Quarterly Meetings;
- Health Fair

Meegwetch!

Margaret Anderson

CHR/CPNP



Community Health Representative 2 Report

The Pinaymootang First Nation Health Program currently employs two Community Health Representatives (CHR's) 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, I am responsible in liaising between patients, families, community and health care providers to ensure patients and families understand their conditions and are receiving appropriate care. I have been working as a Community Health Representative for 10 years and I really have enjoyed my work for the community and the role I play as a role model when I provide teachings on diet, exercise and knowledge in traditional teachings.

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

As a CHR, I also perform a broad range of duties in the community. Some of my duties throughout the fiscal year have included 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;
- Selecting, ordering and preparing health education materials for local use;
- Assisting with immunization consent forms;
- Translation;
- Participating in health information drives;
- Assisting in Health Education;
- Assisting with all community health events, cleanup, health fair, workshops, treaty days, etc.;
- Diabetic clinics and care;
- Participated in the Accreditation Process;
- Monthly reporting and attending staff meetings;
- Nutritional and Physical Activity

And over the course of the year we have noticed an increase in all of our services and at times we are overwhelmed, but we see this as a justification and proof that the services offered is needed in our community. Other than the CHR role I take on, I am also mandated to oversee the HIV/AIDS and ADI Programming in the community.

As we look forward to a brand new fiscal year, I will continue to strive to ensure that all best possible care is given to the members of Pinaymootang.

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.

This year has proven to be challenging due to the on-going flooding impact and its effects and with the community working hard in trying in providing replacement housing for affected. Throughout this fiscal year, the ADI program recognizes the strong impact that diabetes has on its First Nations, not only the diabetes rates are higher than the general population but type 2 diabetes has begun to surface among our youth.

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:

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

- Diabetes and Risk Factor Management;
- Wellness Fitness Centre Promotion;
- Traditional Harvesting, Food Preparation, Food Preservation;
- Muskeg Tea;
- Development of Resource Materials;
- Screening for complications, i.e., retinal screening;
- Screening for complications, i.e., renal screening;
- Diabetes self-management sessions;
- Networking with the IRHA.

The Health Program has been very active in implementing the ADI Program to the community, in the upcoming fiscal we are currently working on a manual for a diabetes yearly guide that will reflect on our programming in this area, which anticipate that this will be completed by July 2013.

Meegwetch!



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 options 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.

Meegwetch!

Alfred Pruden

CHR/ADI/HIV/AIDS Coordinator



Support to Nurses Annual Report

Hello, my name is Carol Woodhouse I have been employed with the Pinaymootang Health Program since 2008. The purpose of this position is to assist the public health nurse, health professionals and program supervisors with their roles and responsibilities.

My duties as Administrative Support Worker include the following tasks:

- All appointment bookings as instructed by physician;
- Assist the CHN on charts;
- Preparing, typing and distribute copies of correspondence or reports accordingly;
- Help coordinate and organize specialty programming as instructed;
- Maintaining a high level of confidentiality at all times;
- Prepare various forms and documents;
- All required front desk duties.

Walk-in Clinic Visits	2129
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During the course of the year our services have increased especially during the walk in clinics, Dr. Faltas who is our visiting physician is an exceptional doctor with a very high degree in patient care. This is what our facility is all about client care services.

The new electronic charting system is an enhancement to the program but one that will need time to process. We will look forward in utilizing this new service once data entry has been complete.

RECOMMENDATIONS

- Require more training in clinical management;
- Additional Administrative Support Worker due to the increase in health services;
- Additional office space for our Professional staff (Mental Health);

Submitted by,

Carol Woodhouse

Administrative Support to Nurses



Operations and Maintenance Report

Hello all, I am the custodian for the Pinaymootang First Nation Health Program I currently oversee the general cleaning, operating and maintenance services of the capital facilities and its surrounding grounds with the view to maintaining capital facilities in a high standard of cleanliness.

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

Removing of litter and garbage to the local landfill is done daily. The operation and maintenance employee ensures a high confidentiality level. Other maintenance such as lawn maintenance, hrv cleaning, lighting fixtures, snow removal, drainage, door fixtures, grading of parking lot the health programs hires on a need be basis.

Recommendations:

- Concern on the overstocked of supplies and equipment, the Health Centre requires larger storage area.
- Overcrowding of offices.
- Larger space for cleaning supplies.

Melissa Anderson

Custodian



**Brighter Futures Initiative
Building Healthy Communities
Annual Report 2012-2013**

Hello, my name is Stephen Anderson; I am the Brighter Futures and Building Healthy Communities Co-ordinator. 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

In April we held the annual Community Clean-Up. This was well attended. Networking meetings have taken place once a month, staff meetings the last Tuesday of each month, and I also partake in the Accreditation Committee meetings. We have been working really hard in the development of policies and procedures in the Health Program and it has been difficult in juggling the workload.

In May the Gardening program kicked off its annual gardening which has been running for many years and has become an effective way of getting community members active and instills pride in them through the work they put into their gardens and the end result in enjoying food that they grew themselves.

In June workshops were held in WHIMIS Training, Personal Hygiene, Transportation of Dangerous Goods and Food Handlers Certificate Program, these were well attended. We also focused on implementing the Health and Safety, internally.

In July we had the Life Saving Society in the community for a week of workshops and activities. This included a CPR/First Aid, BOAT Safety and Swim to Survive courses being held over one week. In the CPR/First Aid course there were 15 participants, in the BOAT Safety course 7 participants and in the Swim to Survive course 12 people participated. The passing rate for all workshops was 100% and all received certificates for the workshops they had passed. Also in July, the BFI program sent 15 kids to week long camps at the Eagle Bay Bible Camp. The age ranges for these camps were 7 – 12 years of age.

In August, we held our annual swimming lessons. Twenty-five participants took part in the lessons with ages ranging from 5- 16 years of age. The swimming lessons are taught by a Red Cross swim instructor and the lessons are held in partnership with the Interlake Swim Association of which Pinaymootang Health Centre is a part of. Also in August, the BFI Program took part in the annual Treaty Days Health Fair. Approximately 200 people visited the program booth where attendees were given information on the program as well as upcoming events which they may be interested in attending.

In September the Program organized an FASD Awareness Walk at Pinaymootang School. There were approximately 150 participants consisting of students and staff. The Walk involved the participants

walking 2 laps around the school field in support of FSAD Awareness. After the walk, a presentation was held on FASD. I was also involved in the accreditation process throughout the fiscal, during September the organization went through a review process and received its Accreditation Primer Award.

In October, the Brighter Futures program started up a babysitter's program for children, this program was held daily from Safety Services Manitoba.

In November a Mommy & Me Class was held and attended by 15 community members. Participants learned family dynamics. In the end we provided a cooking class. Also in the same month, the BFI program provided 35 parents to an entertainment show.

In December the BFI program in conjunction with the AHSOR and ADI programs held a Christmas cooking class. Eighteen community members that attended feedback, was very positive amongst attendees. Also in December, a Grandparents & Grandkids Breakfast and Photos with Santa & Sleigh Ride. There were approximately 150 community members that took part in the event.

In January, health staff took part in week long training in preparation of the Mustimuhw Electronic Charting System. Being the System Champion for Mustimuhw, I attended all sessions of the training as to get comfortable with the program and steps on how to access various reports within the program were shown to me by the Mustimuhw trainer. This training was the first session that staff took part in and will be followed by other on-line sessions in which staff will also partake in.

In February the BFI and AHSOR programs partnered up and took 30 community members on a workshop aimed at "Father & Son", education awareness on parenting was provided. Participants commented that they would like to see more "Father & Son" programming in the near future.

In March the BFI Program assisted in the Indian Residential School Workshop. The workshop was held at Pinaymootang School with presenters Allen Sutherland and Kathy & Carl Bird. Allen Sutherland presented on the aboriginal timeline and the generational effects that Indian Residential School has had on aboriginal peoples. Kathy & Carl Bird talked on traditional medicines and provided a self-esteem boost for the participants. There were 42 community members that attended the workshop.

In closing, the BFI/BHC Program would like to thank all the community members who have attended the various programs throughout this fiscal year, without your participation we would not be enjoying the success that our programs and services have had this past year and we look forward to bring you more workshops in the coming year.

Meegwetch!

Stephen Anderson

BFI/BHC Coordinator



Addictions Annual Report

Anneen and Hello to everybody! This coming June 19, 2013 will be the completion of my seventh year working for the Pinaymootang Health Centre. I started working for our community when I was 18 years old in 1971. But I moved away from the community several times and have worked for both

the Provincial and Governments and various other organizations. I graduated from the University of Manitoba from the Counselling Program in 1999 and from the Community Wellness Program in 2008, and currently as an under-graduate of the Social Work Degree from the University of Manitoba. In addition, I hold certificate as a Life Skills Coach Instructor and have taken other training programs to continually upgrade my skills and professional development.

Throughout my career, working at the Pinaymootang Health Centre has been the most satisfying and challenging place that I have had the privilege of working.

Currently my title is the Addictions Coordinator under the Native Alcohol and Drug Abuse Program (NNADAP). The NNADAP program was established to support in establishing and operating to off-set the high levels of alcohol and drug abuse. The program is designed to provide services to community members living on-reserve. The program meets its goals by providing counselling and workshops with emphasis on prevention and treatment.

The majority involves counselling clients referrals are received mostly from the courts, probation services and child & family services. Many people come on their own or from other sources of referrals. Within the last 7 years there has been, many positive changes within the Health Centre in all aspects of programming and delivery of services to our community membership and to the surrounding communities. The Accreditation award that we received shows that the staff and administration of the Health Centre have proven our professionalism and dedication to the vision of mandate of our programs.

It is indeed satisfying to work in this environment and for this reason, we all work together to achieve the highest standard of programming that will benefit the community. The policies we have in place give us the guidance to maintain our work standards to be highly regarded by clients, and other programs and/or organizations that we work with.

The Alcohol and Drug Abuse Program works on the basis of maintaining a high degree of professionalism and confidentiality towards the clients. The establishment of building a trust relationship is the main focus and to treat the clients with respect. There are many reasons why people struggle with addictions and the NADAP program assists the clients in exploring the areas that might be the crux of the problem. Ideally, emphasis is placed on counselling clients individually, but sometimes family and group interventions are required. The other methodology is having workshops and bringing awareness and prevention skills to the community members.

The Health Centre has tried various methods to reach the clientele in bringing both prevention and awareness measures to the school and to the community. We bring facilitators and speakers to make presentations on FASD, Family Violence, Anger Management, Suicide Prevention, and Addiction Issues and other areas that promote healthy lifestyles.

Cheyenne Gould was hired as an Assistant to the NNADAP program, due to the high demand and workload that the program has been facing, she assists in programming and workshops, youth initiatives, and working on implementing a NNADAP Policy that reflects our community.

Another important program that we worked on was on Indian Residential School impact and effects. This past year we had the Truth and Reconciliation Commission staff, gather statements from former students. We held a workshop on Indian Residential Schools and discussed how this sad part of our history has affected so many areas of our lives. To this end, the Pinaymootang Health Centre designed a monument to memorialize the survivors of the Indian Residential schools. This monument will be erected in front of the health centre this summer. We also planning and designing a park where the monument will be located. I committed myself to work on this project in memory of my father who went to Elkhorn Residential School. When I witnessed his statement, it had such a huge impact on me and it was there and then that I realized that the problems we are faced with today are direct impacts of the system that was imposed upon us. This system is a very sad history of our people that is filled with shame, anger and hurt. And many people that went to these schools have passed on without ever telling their stories. I realize that we need to talk about these hurts to heal within and I realize we need to forgive. But we need to talk about these things, to acknowledge and validate them before we can move on. We cannot be “idle no more”, we need to share, otherwise healing will never become a reality for our community members and all future generations.

In complying with the requirements of First Nations Health, the following are the monthly statistics for the NNADAP Program for the period of April 1, 2012 to March 31, 2013:

Month	Counselling	Referrals	Other Community Members
April	13	2	2
May	10		2
June	10		3
July	04		1
August	07		
September	05		2
October	20	1	1
November	21	3	
December	06	1	2
January	14		2
February	05		
March	04	3	1
Total	119	10	16

The above noted numbers are first contact numbers. The amount of counselling sessions with each client is not reflected by these numbers. Counselling sessions are often limited to approximately one hour per client and clients are seen several times per month the paperwork for completing applications for referrals and/or treatment centres is another aspect of the scope of work done for each client.

There are many calls and emails made for clients to comply with probation orders or referrals from Child Welfare Agencies. Consultation with other professionals is another time consuming process but is still a requirement to meet the needs of the clientele. In essence, the work load can become quite hectic at times and the funding for an Assistant has been asset in delivering professional services to the clientele.

Hopefully, this report will help the community membership understand that there are many ways we strive to help our community and that respect will be maintained to bring healing and harmony to the community.

Sincerely

Alvin Thompson
Addictions Coordinator



Cheyenne Gould





Medical Transportation Annual Report 2012/2013

Hello, my name is Rhea Klyne and I am employed as the Medical Transportation Coordinator for the Pinaymootang First Nation Health Program.

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

The Pinaymootang First Nation Medical Transportation Program currently operates a three van system 24-7 one is used for the Ashern route, one for the Winnipeg route and a smaller van for all others i.e. Selkirk, Dauphin, Eriksdale and Winnipeg (when it is at full capacity).

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

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

MEDICAL TRANSPORTATION OVERVIEW

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

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

DAILY ACTIVITIES

- Performing own administrative duties, maintaining client files;
- Providing services to eligible Pinaymootang First Nation Band Members as well as other First Nation members living on reserve;
- Booking, verifying and rescheduling of appointments which are then coordinated for the medical van or private travel;
- Recording and providing meal tickets for clients with Winnipeg appointments;

- Accommodations are provided with either private home or hotel, according to eligibility of client (Surgery preps or post op care);
- Preparing OCA forms for private travel and appointment verification slips for medical van clients;
- Recording all returned private travel forms;
- Preparing daily passenger logs for medical driver for Winnipeg log.

OTHER

Since taking over this position last March, the program has switch to online charting. Using this system has been easier to keep track of certain items that are needed to complete my reports. I am pleased that my medical drivers have all completed their CPR/AED training, TODG certification, Infection Controls certification and also transfer and lift of clients. I look forward to using our new online charting system that our Health Centre will be implanting in the new fiscal year.

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

Meegwetch!

Rhea Klyne

Medical Transportation Coordinator
Contact Number: 204-792-4666

Medical Transportation Contact Information:

Ashern: 204-768-0229
Winnipeg: 204-792-7057
Dauphin/Selkirk: 204-792-1366



Patrick McMahon



John Roy Thompson



Allen R Anderson

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

Program Activity Report

1 st	2 nd	3 rd	Final
For Period Apr 1 to August 30	For Period Sept 1 to Dec 31	For Period Jan 1 to March 31	For Period April 1 to Mar 31
Due Sept 30	Due Jan 31	Due May 31	Due no later than 90 days after the end of the agreement
Fiscal Year: 2012 - 2013 April 2012 – June 2012		Recipient: Pinaymootang First Nation Contribution Agreement: MB0700072	
# of requests: 762	# of exceptions requested: 8 clients reimbursed	# of appeals: 0	
# of requests approved: 762	# of exceptions approved: 3	# of favorable appeals: 0	

How are the benefits being provided:

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

·Currently employed is 3 full time driver transporting clients to appointments, each driver works on a rotating basis. Each driver has a monthly schedule they follow and they provides services on a need 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:

·Last quarters figures show a slight decrease in medical travel but an increase in day surgeries, CT scans and MRI appointment.

·Both medical vans have shown an increase of usage in transportation to Winnipeg, Eriksdale, Dauphin as well as an increase in Meal Tickets.

Major Challenges in delivering the program during this reporting period:

The major challenges we are currently facing during this reporting period are letters from Physicians that are

requested by clients to receive private travel, these letters are not honored. I have taken the initiative to contact these Physicians advising them of our policies and procedures regarding private transportation.

The increase in pre-natal care have increased we no longer provide private travel at 32 weeks, but at 38 weeks , this has saved the program some travel dollars. We do provide for high risk pregnancies. We continue to provide private transportation for one dialysis patient who transports to and from Winnipeg, this has become a concern in our program and we have advised FNIH of situation, in which we were advised that this matter will be looked into, to date we have received no response.

Another area of concern is the increase in amputees a lot of coordination has been made in ensuring no double booking for our medical van which currently has wheelchair lift. This lift has been of great assistance to our programming.

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

The factors currently impacting medical transportation program budget:

- Cost of Fuel
- Repairs/Maintenance of Medical Vehicles
- Community member who is currently on dialysis
- Increase in amputees of 8
- Increase in population status in community

Other relevant observations, comments or information to this program:

·Every year there is an increase in the amount of newly diagnosed diabetics and some of these cases can be challenging or in need of advanced care, although the Health Centre's ADI program continues to work hard in program implementation and awareness sometimes it is not enough as these cases are in the advanced level.

·Cutbacks in Medical Transportation are made every year by FNIH, the demand on our MT Program continues to increase i.e. increase in population status, increase in elders and/or elderly care requiring more health care outside the scope than what we can provide in the community.

·Since the development of the new housing units, we have noticed an increase in services, with community members moving back to community it impacts services both in health and social.

Project Worker: Rhea Klyne – Medical Transportation Coordinator

Signature: _____

Date: August 15, 2012

Supervisor Signature: Gwen Traverse – Executive Health Director

Date: August 15, 2012

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

Program Activity Report

1 st	2 nd	3 rd	Final
For Period Apr 1 to June 30	For Period July 1 to Sept 30	For Period Sept 1 to Nov 30	For Period Dec 1 to Mar 31
		Due Jan 15	Due no later than 90 days after the end of the agreement
Fiscal Year: 2012 - 2013 September 2012 – November 2012		Recipient: Pinaymootang First Nation Contribution Agreement: MB0700072	
# of requests: 838	# of exceptions requested: 12 clients reimbursed	# of appeals: 0	
# of requests approved: 838	# of exceptions approved: 4	# 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 is 3 full time driver transporting clients to appointments, each driver works on a rotating basis. Each driver has a monthly schedule they follow and they provides services on a need 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:

· A slight decrease in adult dental appointments to Winnipeg. New posters have been created and posted in the community based on the few changes the program had made.

·Both medical vans have shown an increase of usage in transportation to Winnipeg, Eriksdale, Dauphin as well as an increase in Meal Tickets.

Major Challenges in delivering the program during this reporting period:

The major challenges the program has faced during this time frame is that we need a bigger vehicle. Medical

transportation has a two van system in place, but there are a few times that the van would be too full and another driver will have to fill in and take in the standby vehicle.

The increase in pre-natal care have increased we no longer provide private travel at 32 weeks, but at 38 weeks , this has saved the program some travel dollars. We do provide private travel for high risk pregnancies. We continue to provide private transportation for one dialysis patient who transports to and from Winnipeg, this has become a concern in our program and we have advised FNIH of situation, in which we were advised that this matter will be looked into, to date we have received no response.

Another area of concern is the increase in amputees a lot of coordination has been made in ensuring no double booking for our medical van which currently has wheelchair lift. This lift has been of great assistance to our programming. A medical van that is wheel-chair accessible is needed in the community.

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

The factors currently impacting medical transportation program budget:

- Cost of Fuel
- Repairs/Maintenance of Medical Vehicles
- Increase in dialysis clientele with limited mobility
- Increase in amputees of 8
- Increase in population status in community

Other relevant observations, comments or information to this program:

·Every year there is an increase in the amount of newly diagnosed diabetics and some of these cases can be challenging or in need of advanced care, although the Health Centre's ADI program continues to work hard in program implementation and awareness sometimes it is not enough as these cases are in the advanced level.

·Cutbacks in Medical Transportation are made every year by FNIH, the demand on our MT Program continues to increase i.e. increase in population status, increase in elders and/or elderly care requiring more health care outside the scope than what we can provide in the community.

- For the next purchase of a medical van, we need to increase the passenger size to a 15 seat passenger vans. We currently have only 12 passenger vans and these get filled to capacity.

Project Worker: Rhea Klyne – Medical Transportation Coordinator

Signature: _____

Date: January 15, 2013

Supervisor Signature: Gwen Traverse – Executive Health Director

Date: January 15, 2013

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

Program Activity Report

1 st	2 nd	3 rd	Final
For Period Apr 1 to August 30	For Period Sept 1 to Dec 31	For Period Jan 1 to March 31	For Period April 1 to Mar 31
Due Sept 30	Due Jan 31	Due May 31	Due no later than 90 days after the end of the agreement
Fiscal Year: 2012 - 2013 January 2013 – March 2013		Recipient: Pinaymootang First Nation Contribution Agreement: MB0700072	
# of requests: 858	# of exceptions requested: 11 clients reimbursed	# of appeals: 0	
# of requests approved: 858	# of exceptions approved: 5	# 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 is 3 full time driver transporting clients to appointments, each driver works on a rotating basis. Each driver has a monthly schedule they follow and they provides services on a need 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:

- adding an additional casual driver to the roster to take on additional shifts which include the Selkirk, Dauphin Eriksdale runs. This has helped our full-time drivers a rest period in between shifts to prevent burn-out.
- A slight increase of client utilizing the medical transport to Winnipeg, hope this continues as we are always needing

Major Challenges in delivering the program during this reporting period:

Applying new changes to the program has been difficult due to not have the proper policies in place for community. We are anticipating that these policies get amended and approved by the C&C so they can be properly implanted in the community.

Increase of usage of all three medical vans. New letters from physicians are required for all clientele using the private travel, these medical certificates will be used to help in deciding who is eligible to receive private travel assistance for medical appointments, unless the client has a permanent disability i.e. wheelchair, amputee they will need to submit a new doctor letter to re-apply for these benefits.

Misuse of our Ashern medical van by clients is on the rise, clients have been calling this office to inform of appointments at the Ashern clinic, transportation was provided only to have clients not actually going to see any doctor in the facility, we have informed the driver's that they will need to call ahead to confirm appointments if they get called at last minute.

Increase in usage to the emergency room after hours, clients insist on going to the emergency room for minor ailments, a couple of the clients received letters from the ER stating not to come to the ER and to come the next day.

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

The factors currently impacting medical transportation program budget:

- Cost of Fuel
- Repairs/Maintenance of Medical Vehicles
- Increase in dialysis clientele with limited mobility
- Increase in amputees of 10
- Increase in population status in community

Other relevant observations, comments or information to this program:

The demands for the program has been slightly increased this may be due to that more and more displaced clients are returning home and not having the support in their own communities for services. We are currently looking to hire an casual medical driver to help ease the workload for all three medical drivers.

Project Worker: Rhea Klyne – Medical Transportation Coordinator

Signature: _____

Date: April 15, 2013

Supervisor Signature: Gwen Traverse – Executive Health Director

Date: April 15, 2013



HOME AND COMMUNITY CARE PROGRAM ANNUAL REPORT APRIL 2012 – MARCH 2013

Staff:

Mary Bezemer RN - Nurse Supervisor
Nancy Tindall LPN (part time) on maternity leave term position filled by Angie Meisner LPN
Pam Sumner - Certified Health Care Aide
Dot Sumner - Certified Health Care Aide

This is my 4th year working in the Home and Community Care Program and we continue to be busy and to grow our program. I have been working full time in the Home and Community Care Program in the past year. It is a privilege to really get to know our elders and work with them.

Pam Sumner and Dot Sumner – our Health Care Aides continue to provide direct personal care to our clients and Angie Meisner, LPN has been working in a term position, while Nancy is on Maternity leave, also providing direct nursing care in the home.

The Home and Community Care Program staff works as a team to provide in home care to our elders and to those living in our community with acute or chronic illnesses or disabilities, to enable them to remain independent in their homes through assistance with activities of daily living, wound care, medication supervision and/or administration and any assistance they may need in order to maintain optimum health status.

Some of the services we have offered this past year include:

- Personal care assistance – we have 12 clients that are seen at least weekly, some seen 2 or 3 times a week for bathing assistance or wound care.
- Nancy Tindall took on the foot care clinics in 2012 after completion of the foot care course, she has taken a small break while on maternity leave but has restarted them in January 2013, holding clinics twice a month.
- Assistance with provision of medical supplies and equipment as needed.
- Medication supervision and administration as needed.
- Health assessment and review of care plans – all care plans are reviewed yearly and more often if health status changes.
- Education and promotion of healthy living activities
- Respite Care – we are currently funding one client, with complex needs, for respite for one weekend a month to enable the care givers to have some time away.

Home Care activities are uploaded by all staff to the Health Canada eSDRT database monthly and monthly activity reports are submitted to the Health Director by all staff members ensuring accountability within the program.

We have two vans for use within the program.

We have also begun data entering in the use of the Mustimuhw electronic charting program which will be very helpful to us, we are very fortunate to have the opportunity to be part of this program.

For this reporting period there have been between 90 and 120 clients seen monthly. We have about 40 clients that are regularly seen by the H&CC program, I have 116 active clients on my eSDRT client list. I made 317 home visits, saw 66 clients at the hospital and 606 clients in the office for a total of 989 client contacts – not including advice given by phone, most of my visits are for health assessment and education and wound care – we have one client with complex wound care needs on a chronic on-going basis.

Most of the nursing services continue to be for wound care, case management and health assessments.

One client was assisted with personal care home placement this year.

I have also assisted one elder with a Manitoba Housing application to relocate to Moosehorn Manor.

Activities:

- A second joint elders gathering, partnering with Lake Manitoba elders, was held in October 2012 – we had entertainment and educational sessions and draws for prizes and included lunch and supper. – This was again a great success with 27 elders in attendance.
- 15 elders attended a day out on Lake Manitoba (we had a pontoon boat ride followed by lunch at Lake Manitoba Narrows resort). This was a very enjoyable day with great weather!
- We started an elders Breakfast program in October – held once a month with 30 to 40 elders attending, this has been a great success and we hope to continue with this. Dot and Pam are also working on gathering elder's reminiscences and stories to put together into a small booklet (with assistance from a Red Cross flood recovery grant to cover some of the costs).
- We hosted a 'Lifts and Transfers' workshop for staff, medical transportation drivers and community members in October 2012, this demonstrated safe techniques for use when lifting or assisting clients.
- We attended a Gospel concert in Ashern, by The Freedom Singers , which was attended by 20 elders and was very enjoyable.

Participation in Health Centre Events:

- All staff helped with the community clean-up and in the Health Fair for Treaty Days and other Treaty Days activities;
- I participated in the annual influenza and pneumovax immunization campaigns;
- All staff participated in the accreditation process and it was a very happy day when we learned that we had achieved accreditation primer award;
- All staff also attended a retreat in the Whiteshell in August 2012 for stress debriefing.

Education:

- Attended Home and Community Care program meetings in February 2013.
- Attended a Diabetes workshop in November 2012 and workshops on infection control, de-escalating dangerous behavior and client safety.
- I also attended a chronic disease management session in Winnipeg – a two day workshop that looked at better ways to monitor chronic disease and how to help people living with chronic diseases to be able to better manage their illness.

Once again this has been a busy year for the Home and Community Care Program. Clients are being discharged home from hospital with complex health issues and we are happy to continue to support our clients to remain in their home.

I look forward to the upcoming year, the accreditation process is moving into the next phase, we are working on updating the service delivery plan for the Home and Community Care Program, and look forward to gaining a better understanding of the Mustimuhw charting and to begin fully using this.

As always the Pinaymootang Health Centre is a great work environment and I am happy to part of the health care team.

Sincerely,

Mary Bezemer
H&CC Nurse Supervisor





Home and Community Care Program Health Care Aide Annual Report 2012 - 2013

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 approximately eleven years, five years at the community level. I enjoy working for the community as it is an everyday experience learning from our elderly. I work and strive to the best of my abilities.

The Home and Community Care's Objectives are:

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

Supportive Care:

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

Recording and Reporting:

- After each home visit I report to the nurse for any assistance needed for the client, or if any concerns that need to be addressed.
- I chart on any home visits made or done, after reporting to the supervisor.
- Make referrals for clients to the right program area, or to the Home Care Nurse.

Activities:

- April 2012 - Home visits-67; April 12-13 – Staff Development workshop for staff; April 20- Elders Workshop; April 25- Patient Safety Meeting; April 30- Staff meeting
- May 2012 - Home visits-84; May 1-2- Understanding Chronic Disease; May 10- Nurse's quarterly meeting; May 28- Staff meeting

- June 2012 - Home visits – 28; June 7- Elder’s Gathering; June 13- De-escalating Violence workshop
- July 2012 - Home visits-75
- August 2012 - Home visits- 61; August 16 & 17 - Health Fair/ Treaty days; August 22- Elder’s Workshop; August 27- Staff meeting
- September 2012 - Home visits-58; September 20-21 – Palliative Care Conference in Winnipeg
- September 26- Community Appreciation Day
- October 2012 - Home visits-90; October 17- Lifts and Transfers workshop; October 18 – Elder’s Workshop; October 25 – Pinaymootang/Lake Manitoba Elder’s Gathering; October 29 – Staff meeting
- November 2012 - Home visits-75; November 26 – Staff meeting; November 30 – Elder’s Workshop
- December 2012 - Home visits- 44; December 6- Open House at the Health Center; December 10- Infection Control workshop; December 10- Concert “Freedom Singers’
- January 2013 - Home visits-96; January 29 – Elder’s Workshop
- February 2013 - Home visits-66; February 12 & 21- Elder’s Workshop
- March 2013 - Home visits-57; March 1- Community Gathering; March 7 & 13- Elder’s Workshop; March 19-20- Chronic Disease conference in Winnipeg

Respectfully submitted by;

Pamela Sumner

Health Care Aide



Home and Community Care Program Health Care Aide Annual Report 2012/2013

Hello my name is Dorothy (Dot) Sumner, I am a Health Care Aide employed with the Pinaymootang Health Centre since January 2012. I have enjoyed working for the elders of the community, I provide a variety of personal and respite care services to clients in accordance with clients specific care plan. The services

delivered are within the clients' home, I work with the Home and Community Care Nurse Supervisor and I take great pride in helping people and value what I do.

The Home and Community Care's Objectives are:

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

Supportive Care:

- We provide personal care services, such as bathing, grooming and dressing; to help prepare clients get on with their day;
- Check client's feet for foot care;
- We make daily home visits to various clients' homes, to provide support for clients who may have concerns;
- Communication with the elders in our native language;
- Check and record vital signs which include: blood pressures, temperatures, pulse and respirations, blood sugars and oxygen levels;
- Assist with range of motion exercises;
- 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;
- Arrange appointments for clients who require foot care.

Recording and Reporting:

- Following a home visit, I report and direct any concerns or changes to the HCC nurse supervisor;
- Chart and document after an initial home visit;
- Report foot care referrals to the foot care nurse.

Activities:

- April 2012 - Home Visits – 69; April 12 & 13 – Staff Development Day Workshops; April 25 – Patient Safety Workshop

- May 2012 - Home Visits – 72; May 1 & 2 – Understanding Chronic Diseases Workshop; May 10 – IRTC Nurses Quarterly Meeting
- June 2012 - Home Visits – 43; June 7 – Transporting Dangerous Goods Workshop; June 7 – Celebration of Elders; June 13 – Staff Development Day; De-escalating Potentially Dangerous Clients; June 14 – Keeping the Fires Burning
- July 2012 - Home Visits – 76
- August 2012 - Home Visits – 49; August 16 & 17 – Health Fair/Treaty Days; August 22 – Elders Day
- September 2012 - Home Visits – 42; September 3 – 10 km/Run for Diabetes; September 20 & 21 – Hospice Palliative Care Workshop
- October 2012 - Home Visits – 80; October 17 – Lifts & Transfer Workshop; October 18 – Elders Workshop; October 25 – Elders Gathering /Lake Manitoba
- November 2012 - Home Visits – 69; November 14 – Diabetes Walk; November 14 – Moms/Grandmas and Kids Baking Class; November 30 – Elders Workshop
- December 2012 - Home Visits – 31; December 10 – Infection Control Workshop; December 10 – Freedom Singers Gospel Concert; December 17 – Elders & Grandchildren Gathering
- January 2013 - Home Visits – 90; January 17 – Elders Workshop
- February 2013 - Home Visits – 51; February 12 – Elders Workshop; February 19 & 20 – Diabetes Integration Project Workshop; February 21 – Elders Workshop
- March 2013 - Home Visits – 75; March 7 & 13 – Elders Workshop

Prepared By;

Dorothy Sumner
Health Care Aide



Community Health Program Coordinator Annual Report – 2012/2013

I am a Licenced Practical Nurse and a Foot Care Nurse; I began my employment at the Pinaymootang Health Centre in July 2011 as a Community Health Program Coordinator. As of October 2012, I have been on Maternity Leave and I plan on returning to the community this October to continue my employment.

Part of my role as Community Health Program Coordinator is to focus on the Pinaymootang School, throughout the school year I go into classes from preschool to grade 12 providing workshops as well as bringing in speakers to provide the students with the knowledge of a wide variety of health related topics so they can make informed decisions regarding their own health and well-being. Some examples of topics that have discussed are Anti-Smoking, Bullying, Sun Protection, Nutrition Education & Physical Activity, Sex Education and Fetal Alcohol Spectrum Disorder.

Since completing the foot care training program last year I provide foot care twice a month to the Elders and diabetics in the community as part of my employment; 94 clients were seen in the months of April 2012 to October 2012. Clients are seen every two to three months or on an as needed basis, if you or someone in the community is in need of foot care I strongly encourage you to contact the Health Centre to schedule an appointment.

When the Community Health Nurse and Home and Community Care Coordinator are not available I provide assistance; this means I provide nursing care through individualized home visits, walk ins and scheduled clinic visits. The following are my stats for clients seen from April 2012 to October 2012;

209 Clients seen in the clinic or walk in: 94 Clients seen on home visits through Home Care:

47 Dressing Changes	70 Dressing Changes
67 Assessments	10 Assessments
10 Blood Pressure Monitoring	2 Blood Pressure Monitoring
19 Injections	3 Injections
24 Phlebotomies	1 Phlebotomies
2 Suture Removal	1 Suture Removal
3 Referrals	1 Pre-Operation Patient Teaching
1 Pregnancy Test	4 Direct Observed Prevention Therapy
2 Urine Tests	1 Remote Pacemaker Transmission Assistance
27 Over the Phone Consults	1 Tele-Health Appointment Accompany

Another part of my role is to supervise the Aboriginal Head Start On-Reserve program; I provide support to the Head Start worker/Home Visitor and assist with planning and implementing programs for families in the community. The Head Start program is an outreach program that is offered to families with young children ages 6 and under; it is a truly great program that I strongly encourage all families with children that fall within the age category to participate in. Through arranging home visits and planning activities outside the homes the Home Visitor provides support and educational resources to children and their families while focusing on culture and language; education and school readiness; health promotion; nutrition; social support; and parental and family involvement.

This past year the Head Start activities that were held have been well attended such as the Nutrition Workshop, Brunch & Story Time, Moccasin Making, Moms Shopping Tour & Soup Making, Grandparents Outdoor Tea & Bannock, Baby Food Making, Saulteaux Language Class, etc.

I look forward to seeing many more new families become involved in this program as it is a fantastic way to provide young children with the knowledge and skills for a brighter and healthier future.

I would like to thank the Community and my Co-workers for their continued support throughout the past year of my employment at the Pinaymootang Health Centre, I am looking forward to returning in October of this year.

Submitted by,

Nancy Tyndall, LPN

Community Health Programs Coordinator



Community Health Program Coordinator Annual Report – 2012/2013

Hello, my name is Angie Meisner, I am a Licensed Practical Nurse and have been employed since October 2012, as the Community Health Program Coordinator. I am in a term position, filling in for Nancy Tindall while she is away.

There are many responsibilities as the Community Health Program Coordinator, my main focus is at the Pinaymootang School. I have been in and out of all classes between preschool and Grade 12, informing the students on a variety of health related topics, so they can make informed decisions about their own health and well-being. To do this I have presented workshops and also brought in speakers from organizations in Winnipeg and Interlake-Eastern Regional Health Authority.

All information was presented while keeping in mind that the topics discussed are age appropriate and did not go beyond the student's developmental level. Some topics I have discussed with the students are, self-esteem, healthy eating, physical activity, flu season, hand washing, sneeze/cough etiquette, puberty, sexual education, STI's, HIV, AIDS, contraception, personal hygiene, body changes and smoking. 2 dieticians from IERHA came and talked about healthy food choices, nutrition and did some physical activities with the students to promote "Heart Health Month." And other topics have been Heart & Stroke information, Healthy Eating, Food Nutrition, Importance of Exercise and being Physically Fit, and Self-Esteem.

4 students from the high school, 1 teacher including myself have become part of the "Students Working Against Tobacco" (S.W.A.T.) team. This was a one day training we all attended to learn how to get awareness out in the community, about cigarettes and chewing tobacco. The students have come up with some fun ideas on how to produce this information. Keep an eye out for their work.

Another part of my position is to assist with Community Health and the Home and Community Care Program. This means I provide nursing care through individualized home visits, walk in's and scheduled clinic visits. The following are my stats since October 2012:

Community Health 348 Clients Seen

Assessments: 62
Blood Pressure Checks: 58
Dressing Changes: 26
Suture/Staple Removal: 1
Home Visits: 3
Phone Consult: 17
Glucose Monitoring: 2
Fetal heart Rate: 1

Home & Community Care 116 Clients Seen

Assessments: 13
Phone Consult: 7
Dressing Changes: 47
Injections: 2
Home Visits: 47

Baby Weight: 1
Procedure: 2
Pregnancy Tests: 6
Injections: 172

In February I challenged the Grades 1-6 with a Nutritional Challenge, most of the students participated. They were challenged to bring fruits & veggies into school in their lunch kits for lunch. The classrooms competed against each other, the students and teachers had a lot of fun with this challenge.

I also held a Blood Pressure Clinic on Valentine's Day this year, at the school & health office. Information on heart disease and strokes were made available for everyone who was interested. I also took approx. 50 blood pressures as part of this event.

Partnering with ACFS, we held a Prescription Drug Abuse workshop for the students at the school and for the community. Doug from the Ashern Pharmacy presented on this topic.

I also supervise the Aboriginal head Start On-Reserve Program, I provide support to the head start worker/Home visitor with planning programs & events for families within the community.

The head start program is an outreach program that is offered to families with young children under the age of 6. Through arranging home visits, office visits and planning activities outside the homes, the home visitor provides support and educational resources to children and their families while focusing on culture and language; education and school readiness; health promotion; social support; and parental & family involvement.

Some of the activities that were held this past year include, Christmas Cooking, Mom & Me Baking, Halloween Party, Mom's Spa Day, Hairdressing Course, Sleigh Ride/Breakfast/Pictures with Santa, and Valentine's Day Party. Families that are active in the program and agree to regular home visits have been able to be involved in field trips outside of the community. Such events have been, Disney on Ice, Father/Son Monster Jam and the Santa Claus Parade. It would be great to have more families involved in this program, it's a great way for children to gain knowledge and skills for a brighter healthier future.

I have enjoyed my past couple months employed at Pinaymootang Health Centre and look forward to many more. I have enjoyed meeting the community members, and re-connecting with old friends. I would like to thank everyone for being so welcoming, patient and supportive since my employment. I am very grateful to be working for such an outstanding community.

Thank – You,

Angie Meisner, LPN
Community Health Program Coordinator



Aboriginal Head Start On-Reserve Program Annual Report 2011-2012

Hello, my name is Cheryl Anderson. I have been delivering the Aboriginal Head Start On-Reserve (AHSOR) outreach program. The AHSOR program is intended for families and their children 0-6 years of age. The program's main focus is home visits but in addition to the home visits we also do various

programming for children and for parents.

The Aboriginal Head Start program focuses on six core component areas which include:

- Culture and Language
- Education and School Readiness
- Health Promotion
- Nutrition
- Social Support
- Parental and Family Involvement

This past year the Head Start program, with various partners, provided a variety of programming for parents and children. These programs included the following;

- Tooth brushing program with the daycare children has been implemented on an on-going basis. I supplied them toothbrushes and toothpaste, as well as posters they can use in the daycare building;
- Soccer club for children 3-6 years of age. After playing soccer the children would enjoy a healthy snack. Each child received a soccer ball, certificate of participation and a t-shirt;
- Story Time with an elder. 11 children participated in this event. Each child who attended received a free book and t-shirt for participating;
- Annual Health Fair at the Treaty Day Grounds. We had activities for the children to enjoy while their parents looked at the displays and we promoted the Head Start Program as well as the Dolly Parton Library. The Dolly Parton Library is free to parents and children from 0-5 years and receive, a free book every month;
- Grandparents Celebration, the intent is to have grandparents bring their grandchildren to enjoy quality time together as well as prepare outdoor bannock and tea;
- Arts & Crafts were held in the Health Kitchen. Children created paper totem poles, bear claw necklaces and other interesting crafts;
- Throughout the year various cooking classes were held which included that child that was enrolled into the program;
- We held a Halloween party; children participated from the Head Start program along with children from the daycare. We carved pumpkins, did some movement activities;
- Parenting Classes was well attended;
- Seatbelt Safety program in conjunction with the BFI/BHC Program;
- A Moms Spa Day was held at the Health Centre. There were 11 moms for this event. Each mom received a massage and got their nails done. This was a self-esteem event for moms to be able to feel good about themselves;
- Santa Claus Parade, with 33 participants for the event in partnership with Daycare and CFS;

- An elders programming was held in December in partnership with H & CC and ACFS, this was well received;
- Our Annual Open House at the Health Centre in December. This was an opportunity to provide community members with information about the program.
- We held three Brunch & Story Time events. We provided a healthy brunch for children and their parents and we also invited different guests to share stories or singing with the children. We also promote native language as part of the experience.
- We partnered with the ACFS and the Daycare to attend Disney on Ice in March 2013. There were 63 participants for the event;

I just want to stress that since this program is an outreach program and has been running exceptionally well, I currently have 35 registered into the program for home visits, 66 registered for the Dolly Parton Lending Library and 53 that graduated from the program. Throughout discussions with parents of children that are enrolled, they prefer a lot of social interaction with their children, during the home visits I ensure that I bring along different activities for the children to do as well as, my dental kit, Moe the Mouse kit (which is a speech & language tool kit) puzzles, arts & crafts, books, etc. and parental information such as pamphlets about nutrition, Canada Health Guide and so on.

In addition I have children come in to use the minicomputer situated in the Health Unit as other forms of education. In closing, I want to say thank you to a year filled with many successes.

Sincerely,

Cheryl Anderson

ASHOR Homevisitor Coordinator



Drinking Water Safety Program Annual Report

The Drinking Water Safety Program falls under the jurisdiction of the FNIH and funding for this program is at \$15,000.00/year for one part time Community Based Water Monitor (CBWM)

The purpose of the program is to insure safe drinking water and proper services are provided to the First Nation 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. The Drinking Water Safety Program, with the guidance of the Environmental Health Officer, 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 once a year for private wells;
- Conducts weekly testing to public building wells and distribution systems;
- Chlorine residual testing is done at four (4) locations once a week in the community; two (2) at the school distribution system and two (2) at the townsite pump houses.
- Community awareness by way of newsletter information;
- Boil water advisories;
- Well Chlorination;
- Hand washing awareness; (Glitterbug);
- Community awareness on hand washing;
- Partake in the Crisis Response Planning;
- Partake in the Pandemic Planning;

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 Robert Reed the Environmental Officer (EHO) for First Nations and Inuit Health.

Submitted by,

Louisa Bremner

Water Quality Technician

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

**COLILERT (QUANTI-TRAY) AND ETL MONTHLY RESULTS
APRIL 1, 2012 - MARCH 31, 2013
(monthly and quarterly reporting)**

Monthly	WTP/DS	WDT	WELLS	C/B	OTHER	TOTAL
April						
May	30		57		7	94
June	23		33		27	83
July	19		32		9	60
August	19		38		7	64
September	24		48		20	92
October	28		52		0	80
November	24		34		9	67
December	19		32		0	51
January	29		32		0	61
February	24		35		9	68
March	22		36		7	65
TOTALS	261		429		86	785

WTP: WATER TREATMENT PLANT
(Raw & Treated: sampling recommended every week)

WELLS: PRIVATE WELLS
(Yearly sampling recommended)

DS: DISTRUBUTION SYSTEM
(Monthly sampling recommended: 4-sites)

C/B: CISTERN/BARREL
(Twice per year sampling recommended)

WDT: WATER TRUCK DELIVERY
(Monthly sampling recommended)

COMMUNITY: _____ Pinaymootang First Nation

WORKER: _____ Louisa Bremner

DATED: _____ March 24, 2013

**Fax to EHO and provide copy to
local Health Director: June 30,
Sept. 30, Dec. 31 and March 31.
(quarterly reporting)**

Prepared by Environmental Health Services, FNIHB, Health Canada (MB Region): 2011

TABLE 2- SATISFACTORY VS UNSATISFACTORY

**BACTERIOLOGICAL SAMPLES BY WATER SOURCE
FIRST NATIONS DRINKING WATER SAFETY PROGRAM**

**COLISURE (QUANTI-TRAY) AND ETL – MONTHLY REPORT
APRIL 2012 – MARCH 2013**

(MONTHLY AND QUARTERLY REPORTING)

MONTH	WTP/DS	WTP/DS-US	WDT-S	WDT-US	WELLS-S	WELLS-US	C/B-S	C/B – US	OTHERS-S	OTHERS-S	TOTAL-S	TOTAL-US
APRIL												
MAY	30	3			57							
JUNE	23	3			33							
JULY	19	3			32							
AUGUST	19	1			38							
SEPTEMBER	24	2			48							
OCTOBER	28	1			52							
NOVEMBER	24	2			34							
DECEMBER	19	2			32							

JANUARY	29	3			32							
FEBRUARY	24	2			35							
MARCH	22	0			36	1						
TOTALS	261	22			429							

WTP: Water Treatment Plant

DS: Distribution System

WDT: Water Truck Delivery

(Raw & Treated: Sampling recommended Weekly)

(Monthly sampling recommended: 4 Sites)

(Weekly sampling recommended)

WELL: Private Wells
1 or more

C/B: CISTERN/BARREL

S: SATISFACTORY BACTI RESULT (TOTAL COLIFORM< / FECAL COLIFORM:

(Yearly sampling Recommended

(Twice per year sampling recommended US: UNSATISFACTORY BACTI RESULT (TOTAL COLIFORM:1 or more

Pinaymootang First Nation Health Professional Services



This is Lenore Berchard who is our Mental Health Counselling Services expert, Lenore provides counselling services in the community one day per week (every Tuesdays) any referrals for services can be made through the Health Centre and anyone wishing to utilize these services please contact the Health Centre.



Dr. Samy Faltas offers Walk-In Clinics at our Health Centre every Tuesdays, Dr. Faltas has been working as part of the Health Team since August 2011 and is a great asset to the community.



This is 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.



This is Phyllis Wood who is the assistant to the Dental Therapist, Phyllis is from Pinaymootang and works with Lucy every Tuesdays and Wednesdays.