**File No. CI 20-01-29284**

**THE QUEEN'S BENCH**
**Winnipeg Centre**

**APPLICATION UNDER:** *The Constitutional Questions Act*, C.C.S.M., c. 180

**AND UNDER:** The Court of Queen's Bench Rules, M.R. 553/88

**IN THE MATTER OF:** *The Public Health Act*, C.C.S.M. c. P210

**B E T W E E N:**

**GATEWAY BIBLE BAPTIST CHURCH, PEMBINA VALLEY BAPTIST CHURCH, REDEEMING GRACE BIBLE CHURCH, THOMAS REMPEL, GRACE COVENANT CHURCH, SLAVIC BAPTIST CHURCH, CHRISTIAN CHURCH OF MORDEN, BIBLE BAPTIST CHURCH, TOBIAS TISSEN, ROSS MACKAY**

Applicants,

**- and -**

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA, DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA, and DR. JAZZ ATWAL in his capacity as ACTING DEPUTY CHIEF OFFICER OF HEALTH MANITOBA**

Respondents.

---

**AFFIDAVIT OF LANETTE SIRAGUSA**
**AFFIRMED:** March 5, 2021

---

**DEPARTMENT OF JUSTICE**
**Constitutional Law Branch**
**1205 - 405 Broadway**
**Winnipeg, Manitoba**
**R3C 3L6**

**Per: Heather Leonoff**

**Telephone No. (204) 945-0679**
**Facsimile No. (204) 945-0053**

**File No. CI 20-01-29284**

**THE QUEEN'S BENCH**
**Winnipeg Centre**

**APPLICATION UNDER:** *The Constitutional Questions Act*, C.C.S.M., c. 180

**AND UNDER:** The Court of Queen's Bench Rules, M.R. 553/88

**IN THE MATTER OF:** *The Public Health Act*, C.C.S.M. c. P210

**B E T W E E N:**

**GATEWAY BIBLE BAPTIST CHURCH, PEMBINA VALLEY BAPTIST CHURCH, REDEEMING GRACE BIBLE CHURCH, THOMAS REMPEL, GRACE COVENANT CHURCH, SLAVIC BAPTIST CHURCH, CHRISTIAN CHURCH OF MORDEN, BIBLE BAPTIST CHURCH, TOBIAS TISSEN, ROSS MACKAY**

Applicants,

**- and -**

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF MANITOBA, DR. BRENT ROUSSIN in his capacity as CHIEF PUBLIC HEALTH OFFICER OF MANITOBA, and DR. JAZZ ATWAL in his capacity as ACTING DEPUTY CHIEF OFFICER OF HEALTH OF MANITOBA**

Respondents.

## AFFIDAVIT OF LANETTE SIRAGUSA

I, LANETTE SIRAGUSA, of the City of Winnipeg, in the Province of Manitoba,

**AFFIRM AND SAY AS FOLLOWS:**

1. I have personal knowledge of the facts and matters hereinafter deposed to by me, except where same are stated to be based upon information and belief, and in those I do verily believe to be true.

2. I have a Bachelors of Nursing degree obtained in 1995 and a Masters of Nursing (Administration) obtained in 2007 from the University of Manitoba. I am a registered nurse and worked in direct patient care from 1995-2006. I served as the Victoria General Hospital Director of Surgery, Anesthesia and Women's Health from 2007-2012 and as the Winnipeg Regional Health Authority Program Director of Surgery from 2012-2017. My current position is with Shared Health Manitoba as Provincial Lead Health Service Integration and Quality and Chief Nursing Officer. I am also an Assistant Professor with the College of Nursing, University of Manitoba. A copy of my curriculum vitae is attached as Exhibit A.

3. As part of the province's response to the COVID-19 pandemic I am now serving as Co-Incident Commander COVID – 19 Health Incident Command. My counterpart, with responsibility for Public Health is Dr. Bent Roussin. My responsibility is to oversee the provincial health system's pandemic response, ensuring that capacity (i.e. space, supplies, equipment, human resources) is sufficient and processes are in place so that access to priority clinical services are available for all patients requiring care.

4. Early in the pandemic there was little information to rely on in order to predict the impact the COVID-19 virus would have in Manitoba. We saw the effects of the pandemic in Wuhan, China and Italy and understood that there was potential for Manitoba's healthcare system to become overwhelmed, depending on the severity of viral spread and volume of active cases.

5. In the spring of 2020 the first public health orders (PHO) were put in place in an attempt to limit the transmission of COVID-19 in Manitoba. The orders at that time, and at all times, have specifically excluded healthcare professionals, permitting them to "practice their profession without restriction" following the guidance set by their regulatory bodies and system leaders. The orders have also exempted all health professionals for the delivery of government health care operations.

6. The Manitoba Incident Command team knew from consultations with colleagues in Wuhan, China that isolating patients with COVID-19 was essential to controlling the virus. As such, on April 1 2020, the government opened its first voluntary isolation centre where active COVID-19 cases and close contacts could self-isolate in safe, appropriate accommodations, free of charge.

Today, there are now 21 isolation facilities in operation across the province including several that are dedicated to the homeless population, with additional wrap around support services available for those suffering with mental health or addiction challenges.

7. The PHOs have had no impact on medical procedures such as childhood vaccinations, cancer screening and other diagnostic tests. As well, none of the PHOs have had direct effect on how healthcare providers managed their patients. Individual providers, health system leaders and/or patients have made their own decisions on how best to provide and receive care during the pandemic based on risk of transmission and ability to comply with clinical guidelines. These clinical guidelines relate to personal protective equipment (PPE), physical distancing and environmental cleaning which were established by specialists in occupational health and infection prevention and control. Decisions were based on available evidence and leading practices. To the extent that any clinical services have been delayed, medical leadership or individual providers have determined that this is appropriate based on the nature of the service, individual circumstances and the pandemic situation.

8. Through testing and contact tracing, the pandemic was well controlled at the onset and the virus was contained. This provided the necessary time for system leaders to proactively create expansion plans and standardized procedures for the provincial pandemic response. We recognized the need for adequate supplies and equipment (i.e. PPE and ventilators) and aggressively procured the necessary inventory. We also met with the 23 professional regulatory bodies to discuss how we could safely redeploy healthcare providers to different parts of the health care system, if necessary, maximizing full scope of practice while ensuring safe patient care based on skill sets, experience and education.

9. Early in 2020, a human resource strategy was underway as part of the plan to increase capacity should a significant surge in COVID-19 cases occur that would result in hospitalizations. This plan included expanding medicine and critical care beds into non-traditional spaces and creating innovative staffing models to care for additional patients. One particular challenge was expanding critical care capacity where nurses typically receive six months of specialized training to prepare for work in the Intensive Care Units, providing one to one care for the sickest patients. In a crisis situation, these specialized skills and nursing ratios

would not be possible. Our solution was to implement a team based model of care. Under this model, a team of qualified healthcare professionals would partner to provide patient care with the oversight of an experienced critical care nurse. This team based model of care would allow the intensive care nurses to oversee the specialized care needs for more than one patient while other providers could act as extenders to support more general patient care needs based on their skills and expertise. For example, Respiratory Therapists have expertise in airway management and pulmonary assessments; General duty nurses are capable of providing wound care, vital signs, hygiene; Physiotherapists are skilled in range of motion exercises, position changes and pulmonary rehabilitation; Health Care Aides were trained to take vital signs and glucose tests. There were also focused teams created to benefit overall staff safety and patient requirements, including Patient Turning Teams, PPE Checkpoint Teams and Mental Health Support Teams.

10. Urgent and emergency surgeries continued throughout the pandemic. However, COVID-19 did have an impact on planned, elective surgeries both in the spring and again in late fall of 2020. The recommendation to reduce surgical procedures was made through the Incident Command Planning Team, led by medical specialists in partnership with other clinical leaders with the goal to ensure staff safety, free up space requirements and provide human resource capacity. As community spread of the virus escalated and clusters of hospital outbreaks occurred, various staff were exposed to the virus. For example, the during the week of October 26, 2020 several staff at St. Boniface Hospital were off work, isolating, following viral exposure. From a space perspective, medicine beds began encroaching into surgery spaces and there was a need to redeploy surgery staff to other priority areas including critical care, medicine, as well as personal care homes. Surgeons determined which patients and procedures could be safely deferred in order to support overall COVID-19 priorities and system needs. As a result, the recommendation to decrease elective and non-urgent surgical procedures throughout the province was approved through Incident Command on November 18 2020 with a complementary strategy to deploy staffing resources.

11. Misericordia Health Centre suspended dental surgeries the week of November 9, 2020 in order to reassign nurses and health care assistants to care for personal care home patients during a COVID outbreak. Misericordia also suspended some elective ophthalmology procedures to send surgery nurses to the Grace Hospital Intensive Care Unit. Elective orthopaedic procedures

were delayed at Concordia Hospital the week of November 11, 2020 so staff could be redeployed to other areas of high demand including medicine and Concordia Place Personal Care Home which was experiencing a COVID outbreak.

12. The Canadian Institute for Health Information (CIHI) annually reports wait times for priority procedures such as cataracts and lower extremity arthroplasty (hips and knees). While these surgeries are not classified as urgent or lifesaving, it is acknowledged that they do significantly impact quality of life. Thus, the decision to delay surgeries to meet COVID demands was not taken lightly and was given careful consideration. Manitoba has traditionally performed poorly in these metrics compared to other provinces. Government made a concerted effort in the spring and summer of 2020 to manage the backlog of surgical cases within the system. A recent CIHI report measuring COVID impact March – June 2020, identified that Manitoba's COVID response, as it related to cardiac, cancer and elective surgeries was mostly aligned with other provinces, and in many cases Manitoba decreased surgery less than other provinces. It is difficult to determine at this time what the effects of the delay of elective surgeries will have as wait times are only measured after the procedure has been performed.

13. Metrics respecting cataract procedures show that in December 2019, 63% of cataract patients were completed within the benchmark (12 weeks) with an average wait time of 18 weeks. By comparison, in December 2020, 79% of cataract surgeries were completed within benchmark (12 weeks) with an average wait time of 14 weeks. With regards to hip and knee procedures, in November 2019, 66% of cases were completed within benchmark (26 weeks) with an average wait time of 22 weeks. In November 2020, 88% of cases were completed within benchmark (26 weeks) with an average wait time of 13 weeks. While these numbers appear to be improved during the COVID pandemic, this is likely because urgent cases were prioritized and less cases were performed. We will be able to better assess wait times trends once surgical slates are fully reinstated and patients are processed through the system.

14. The Incident Command's highest priority is to ensure that all patients requiring urgent or life-saving hospital care receive safe and timely treatment. Through the Incident Command structure, it is my responsibility to work with clinical leaders throughout the province to balance these highest priorities with the scarcity of human resources in order to meet the COVID demands and

other necessary services. This prioritizing and balancing is an on-going, iterative process and constantly re-evaluated. Typically, as COVID hospitalization demand goes up, non-essential services (i.e. elective surgeries) go down. As COVID hospitalization demand decreases, more staff can be assigned to participate in elective services such as surgery or ambulatory clinics.

15. I receive daily information from the Provincial Information Management & Analytics (PIMA) Team, as well as periodic modelling projections. Current evidence and past trends indicate that when the volumes of active COVID cases begin to surge, the system can expect hospitalizations to rise approximately 10 days later. Manitoba saw an escalation in active cases in the weeks following Thanksgiving (October 12 2020) with a significant spike on October 30 2020 with 480 new cases. The COVID response team had hoped that this was just a temporary problem and that the case numbers would decrease on their own. However, this did not happen. Community spread appeared to be increasing. Dr Roussin put in place a Code Red on October 30, 2020 for the Winnipeg region and issued new restrictions with the goal of stopping the growth in COVID-19 case numbers and preserving hospital capacity.

16. On November 10 2020, the provincial modelling projected that, with the current trend, if we did not slow the growth in cases, our intensive care units could reach maximum capacity by November 23, 2020 and our medicine beds could be filled to capacity by December 13 2020.

17. Beginning on November 17 2020, some provincial officials, clinical leaders and members of the public suggested a provincial triage policy needed to be developed to determine who would receive treatment and who would not, in the event that critical care resources were depleted. Incident Command declined to establish such a protocol and instead chose to focus the team on a solution orientated approach.

18. We transitioned surgical wards into COVID-19 Medicine Units and opened extra units to create additional ICU capacity. Union negotiations occurred to redeploy staff across sites and between units. Implementation plans were underway to open lower acuity sites should hospital capacity be exceeded. This was a difficult time for staff who were redeployed to different work environments with new team members and disrupted work schedules but they rose to the

occasion with ongoing support and with the goal to continuously improve the process. Manitoba's pre-COVID ICU capacity was 72 beds.

19. On December 10th and 11th, Manitoba hit its peak to-date of hospitalizations with 129 total patients in intensive care and 388 hospitalizations due to COVID (active and post infection). Our intensive care numbers exceeded our capacity but was addressed through additional resources.

20. In mid-December, Incident Command was also very concerned that our rise in case numbers would coincide with the Christmas holiday season when vacation times were pre-scheduled as per the Collective Agreement. Staff were offered financial pay-outs if they would voluntarily pick up extra shifts to cover gaps in schedules. Due to the stress and exhaustion, we were not surprised when there was minimal uptake of this offer. Health system leaders huddled daily to make decisions about patient flow according to resource availability and, through their extraordinary efforts and collaboration, we were able to manage the demand through this period as hospital admissions began to stabilize.

21. Healthcare leaders were aware that the success of the Code Red measures would depend on the public's willingness to cooperate. Only the public had the power to control the outcome of the pandemic while the healthcare system can only respond to the rising number of patients. Should the numbers have escalated as early projections indicated, the healthcare system would not have been able to meet the demand. As the number of cases began to decrease in January we recognized, that through public cooperation and compliance with the PHOs, Manitobans had avoided a disastrous situation.

22. The most vulnerable populations impacted by COVID-19 are seniors and those with chronic diseases, especially those living in congregate settings such as personal care homes and many First Nation communities. Since the spring, efforts were made to connect with partners and providers to mitigate spread and contain the virus through various protocols such as restricting staff travel, restricting visits to personal care homes and hospitals, limiting personal care home staff to working in only one venue, establishing personal protective equipment protocols and environmental cleaning protocols, providing enhanced testing, doing contact tracing and

isolating those who may have come in contact with the virus. These measures worked well throughout the spring and summer as COVID infections remained quite low. Unfortunately, even with pandemic precautions, outbreaks did occur in these high risk settings.

23. The process of managing the healthcare system in the face of the pandemic continues. So long as the virus is circulating within the community there remains the potential for hospital and critical care resources to be overwhelmed. Thus, the Incident Command team continues to assess and re-assess how best to manage health resources for the benefit of all Manitobans.

24. I make this affidavit bona fide.

**AFFIRMED** before me in the City of Winnipeg, in the Province of Manitoba, this 5th day of March, 2021.

A Barrister-at-law entitled to practice in and for the Province of Manitoba

**LANETTE SIRAGUSA**

This is Exhibit " A " referred to
in the Affidavit of Lanette Siragusa
Affirmed before me this 5th
day of March A.D. 2021

A Barrister-at-Law entitled to practice
in and for the Province of Manitoba

# LANETTE SIRAGUSA

lanettesiragusa@gmail.com
204.232.9917


*Versatile, resourceful senior leader with a background in transforming complex structures and streamlining processes through empowering teams to innovative. Past experiences include leading large scale change including the provincial pandemic response and developing Manitoba's first Clinical and Preventive Services Plan - requiring leveraging talent and resources from across the province, championing best practices, delivering financial savings and public relations. Excellent leadership, communication and liaison skills, thrives under pressure and works well both individually and within a team.*

## WORK EXPERIENCE

**Shared Health, Manitoba** (Jul 2017 – Present)

*Provincial Lead, Health Services Integration and Quality*
*Chief Nursing Officer*

- Reporting to the CEO, responsibilities include executive oversight to lead and coordinate the development of Manitoba's first Clinical and Preventive Services Plan and Quality and Learning Framework, through developing a provincial clinical governance structure. As a member of the Transformation Leadership Team, successfully integrated 300+ clinical leaders from different specialties, professions and geographic locations to identify challenges, analyze data, consider evidence and apply leading practices to optimize service delivery. Engagement strategy included 3,000+ senior leaders, local providers and community members from across the province. Accountable for building a shared vision, identifying priority investments and strategic shifts among provincial resources to support delivery of performance targets among multple different service delivery organizations. Quality priorities include building partnerships through Choosing Wisely Manitoba, Accreditation Canada, Manitoba Centre for Health Policy and Manitoba Institute of Patient Safety. Ongoing efforts include refining the clinical decision making model and implementation roadmap, along with involvement of local stakeholders and collaboration with provincial enabling partners to align Diagnostics, Emergency Response Services, Capital Planning, Digital Health and Health Human Workforce strategies.
- Liasing and coordinating with the Manitoba Nurses Union, the Association of Registered Nurses of Manitoba, multiple educational institutions, three regulatory colleges and nursing leaders within Manitoba's Service Delivery Organizations to advance nursing practice, mitigate risks, resolve operatational challeges and develop a long term strategy for the future state, including enhancing scope of practice, standardizing education, building sustainable workforce models and strengthening leadership opportunities. Close collaboration with Human Resources Team in preparing for bargaining process.
- Under the direction of MHSAL and in partnership with Public Health, acted as COVID-19 Incident Co-Commander overseeing health system response. Accountable to align resources, coordinate services, meet fluctuating demands, mitigate high-risk situations, support standards of practice, streamline processes, maximize virtual solutions and evaluate responses, while ensuring service providers were engaged, stakeholders were consulted, and public was informed through multiple communication channels.

**University of Manitoba, Winnipeg, MB**

*Assistant Professor – College of Nursing, Faculty of Health Sciences (2019-present)*
*Adjunct Professor – College of Nursing, Faculty of Health Sciences (2010-2018)*

- Responsibilities include guest lecturing in the undergraduate and graduate programs, co-chairing the Nursing Advisory Sub-Committee reporting to the University of Manitoba/Shared Health Joint Council, collaborating on local and national research projects, and participating in various Faculty of Health Sciences committees, including the Pharmacy's Experiential Education Advisory Committee, Rehabilitation Sciences's Strategic Planning and academic searches within the College of Medicine.

**Winnipeg Regional Health Authority, Winnipeg, MB** (Sept 2012 – Oct 2017)
*Regional Program Director – Surgery & Anaesthesia*

- Reporting to the Senior VP Medical, accountable for overseeing surgical activity among eight large urban facilities, ensuring quality processes were established for optimal outcomes while addressing efficiency, effectiveness, patient safety and staff satisfaction. Within a $200M budget, ~2,000 surgical staff and ~200 surgeons throughout the city, coordinated capital purchases and developed operational standards such as models of service delivery, policies for patient safety, inaugeral online nursing education platform and implemented a digital platform for standardized online surgical scheduling. Led the development of the WRHA Role of Hospitals Surgery & Anaesthesia Plan. Invited to participate in steering the provincial clinical service planning (Peachey Report) and advising on KPMG's Health Sustainability & Innovation Review, resulting in leading the creation of the regional consolidation design approved by government and cited as "*the most significant change in healthcare in a generation*".

**Victoria General Hospital, Winnipeg, MB** (Apr 2007 – Nov 2012)
*Director of Programs & Patient Services - Surgery, Anaesthesia & Women's Health*

**Health Sciences Centre, Winnipeg, MB** (Jul 2006 – Mar 2007)
*Nursing Supervisor – Children's Hospital and Women's Hospital*

**University of Manitoba, College of Nursing, Winnipeg, MB** (Feb 2000 - Aug 2001)
*Clinical Facilitator & Academic Advisor*

**Victorian Order of Nurses, Winnipeg, MB** (Jun 1996 – Apr 2000)
*Community Health Nurse and Weekend Supervisor*

**Winnipeg Health Authority, Winnipeg, MB** (Mar 1996 – Apr 2001)
*Prenatal Course Instructor – Public Health Program*

**St. Boniface Hospital, Winnipeg, MB** (Apr 1995 – Jul 2006)
*General Duty Registered Nurse, Labour & Delivery*

## EDUCATION

Queen Margaret University, Edinburgh, Scotland, United Kingdom (Sep 2016 – June 2019)
*Doctorate of Health and Social Sciences Degree (withdrew due to competing priorities)*

National Health System (NHS England): United Kingdom (Oct 2016)
*Certification – Centre for Health and Social Care Change Agents*

University of Manitoba, Faculty of Health Sciences, College of Nursing (2008)
*Master of Nursing Degree – Major: Administration (GPA: 3.9)*

University of Manitoba, Faculty of Health Sciences, College of Nursing (1995)
*Bachelor of Nursing Degree (Dean's Honour List)*

## RESEARCH EXPERIENCE

**CIHR Operating Grant 2020 (Knowledge User)**

*COVID-19 Mental Health & Substance Use Service Needs and Delivery.* Principle Investigator: Dr. Else Duff, University of Manitoba.

**CIHR Project Grant 2020 (Co-Applicant)**

*Advancing a Crisis Model for Leadership and Organizational Resilience for the COVID-19 Pandemic and Future Health Care Crises.* Principle Investigator: Dr. Sonia Udod, University of Manitoba.

**CIHR Project Grant 2020 (Collaborator)**

*Working together to implement novel, culturally informed early childhood oral health interventions for young First Nations and Metis children in Manitoba.* Principle Investigator: Dr. Robert Schroth, University of Manitoba.

**CIHR Operating Grant: 2019 (Collaborator)**

*Evaluating Sub-acute Care Hospital Transitions for Older Adults: Understanding How, Why, and for Whom a Planned Intervention Works.* Principle Investigator: Dr. Malcolm Doupe, Manitoba Centre for Health Policy.

**Research Nurse Coordinator: 2003-2007**

INTAPP Study (International Trial of Antioxidants in Preventing Preeclampsia). Principal Investigator: Dr. Michael Helewa, Medical Director Women's Health, St. Boniface Hospital and President of Society of Obstetricians and Gynaecologists of Canada (SOGC).

**Research Assistant, Faculty of Nursing, University of Manitoba: 1993-1995**

Under the direction of biostatistician, Dr. Jeff Sloan, responsibilities included completing data entry, research and correspondence, assisting with submission of grant applications, summarizing research results for publication and teaching SAS statistical computer program to new research assistants.

## MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

College of Registered Nurses of Manitoba (Registration #136172)
Association of Registered Nurses of Manitoba
Professional Affiliate - Manitoba Centre for Nursing & Health Research
Previous member: Association of Women's Health, Obstetrics & Neonatal Nursing (AWHONN) and Sigma Theta Tau – Xi Lambda (International Nursing Honour Society)

## PUBLICATIONS

Kreindler, S., Siragusa, L. Bohm, E., Rudnick, W., Metge, C. (2017). Regional consolidation of orthopaedic surgery: impacts and outcomes. *Canadian Journal of Surgery*, 60(5), 349-354. DOI: 10.1503/cjs.000517

Thiessen, L., Grabowski, D., Siragusa, L., Young, R.S. (2014). Bridging protocol for surgical patients: One clinic's experience facilitating an anticoagulation intervention. *Journal of PeriAnesthesia Nursing*, 30(1), DOI: http://dx.doi.org/10.1016/j.jopan.2014.02.006.

★ Referenced in the National Association of PeriAnesthesia Nurses (NAPAN) Standards of Practice 2016 Manual.

Siragusa, L., Litwack, K., Moos, D.D. (2012). Writing for publication - the expert and the novice: a tale of two authors. *Journal of PeriAnesthesia Nursing, 27* (3), p. 217-219.

Siragusa, L., Thiessen, L., Grabowski, D., Young, R.S. (2011). Building a better preoperative assessment clinic. *Journal of PeriAnesthesia Nursing, 26 (*4), p. 252-261.

★ Winner of the Mary Hanna Memorial Journalism Award 2012

Siragusa, L. (1996). From student to professional nurse. *The Canadian Nurse, 92*, 5, p.55-56.

## SCOLARSHIPS, BURSARIES & AWARDS

Nominated: Nursing The Future Excellence Award Strength in the Storm 2021

Top 100 Most Facinating Mantiobans 2020

Canadian Nursing Foundation Nightengale Award 2020

Foundation of Registered Nurses Award 2006, 2007, 2011, 2016

Jane A. Malcolm Bursary 2006, 2011, 2017

Manitoba Health Innovation Award 2015

Mary Hanna Memorial Journalism Award 2012

Queen Margaret University Scholarship 2011

Dr. Victor & Lynn Rosenfield Endowment Scholarship 2011

Frank R.J. Dill Endowment Scholarship 2011

Victor & Cheryl Reynolds Endowment Scholarship 2011

Nominated for University of Manitoba Student/Teacher Award 1995

## RECENT CONFERENCES, WORKSHOPS & PROFESSIONAL DEVELOPMENT

- **Presenter:** COVID-19 in Manitoba – Talk Tuesdays. Association of Registered Nurses of Manitoba (Aug18, 2020)
- **Panel Member:** Universal Health Accord Tri-Partate Discussion. Association of Manitoba Chiefs. Winnipeg, MB (Nov12, 2019)
- **Presenter:** Manitoba Nursing Leadership Forum. Winnipeg, MB (Oct25 2019)
- **Keynote Speaker:** Manitoba Medical Device Reprocessing Annual Conference. Winnipeg, MB (Oct19, 2019)
- **Keynote Speaker:** Manitoba Association of Seniors Support Coordinators Annual Conference. Winnipeg, MB (Sept 2019)
- **Panel Member** (with Minister of Health and Shared Health CEO): Association of Manitoba Municipalities Annual Meeting, Winnipeg, MB (Mar20, 2019)
- **Keynote Speaker & Panelist** (with AHS CEO): University of Manitoba Department of Pediatric & Child Health Annual Retreat, Winnipeg, MB (Mar2, 2019)
- **Keynote Speaker** Ongomiizwin Health Services Annual Retreat Winnipeg, MB (Jan19, 2019)
- **Panel Discussion** (with Minister of Health): Modernizing Manitoba's Healthcare System. Manitoba Chamber of Commerce. Winnipeg, MB (Nov1, 2018).
- **Keynote Speaker:** Manitoba Association of Perianesthesia Nursing, Winnipeg, MB (Sep19, 2017)

*Participant:*

- The Imperatives of Anti-Racism in Leadership. Zoom Conference (Sep23, 2020)
- CAN Health Network – Western Edge. Vancouver, BC (Feb4-7, 2020)
- Western Strategic Advisory Collaborative Meeting. CIHI. Vancouver, BC (Nov6-7, 2019)
- Transnational Conference on Integrated Community Care. TransForm. Vancouver, BC (Oct2-4, 2019)
- Choosing Wisely Canada. Montreal, QC (May26-27 2019)
- Canadian Medical Association Health Summit. Winnipeg MB (Aug20 & 21, 2018)
- Transforming Primary Healthcare Symposium. Indigenous Health Partners, Winnipeg MB (Feb21 & 22, 2018)
- Enhanced Recovery After Surgery, Canadian Institute of Patient Safety. Calgary, AB (Jan28, 2017)
- Manitoba Indigenous Cultural Safety Training Workshop. (Apr 2016)
- Regional Truth & Reconciliation Action Planning Session. Indian & Metis Friendship Centre (April13, 2016)
- Summit on Rural Surgery & Operative Delivery: Society of Rural Physicians of Canada. Banff, AB (Jan23, 2016)
- Canadian Institute for Health Information: Manitoba Health System Performance Workshop, Winnipeg MB (Feb10-12, 2015)
- Think Tank: Creating a Meaningful Physician Engagement Model to Enable Health System Transformation in Manitoba. Winnipeg, MB (Jan26 2015)
- Canadian Nurses Association Biennial Conference, Winnipeg, MB (Jun17-19, 2014)
- National Wait Times Alliance: Taming of the Queue, Ottawa, ON (Mar21, 2013).

## VOLUNTEER EXPERIENCES

Guest Speaker:
- True North Foundation's Project 11
- Winnipeg Humane Society's See Spot Read Program
- Manitoba Government 's Kids and COVID with VIRGIN 103 radio's Ace Burpee

Board of Directors: Ronald McDonald House Manitoba (2014–18)

Class Representative: Professional Doctorate Programme of Health & Social Sciences, Queen Margaret University, Edinburgh, Scotland (2011–12)

Graduate Student Representative: Distinguished Visitor Committee, College of Nursing, Faculty of Health Sciences, University of Manitoba (2003-05)

Executive Student Council Member: Treasurer (1993-94); Senator (1994-95), College of Nursing, Faculty of Health Sciences, University of Manitoba