

Restoring Health Care in Dauphin



With the Dauphin Regional Health Centre expected to remain closed for an extended period – with reports of nine to twelve months – Manitoba now faces a challenge that few health systems encounter: maintaining a full spectrum of regional hospital services while the community and its primary care system remain operational.

This is no longer an emergency response measured in days or weeks. It requires a coordinated recovery strategy that can sustain safe, high-quality care over many months while minimizing disruption for patients, physicians and health care teams.

Planning Objective: Restore as many hospital services as safely possible within Dauphin, regionalize only those services that cannot be provided locally, and engage physicians as partners throughout planning, implementation and recovery.

Experiences from Canada, Australia and other comparable jurisdictions demonstrate several consistent principles for success.

Guiding Principles for Recovery

The Dauphin Regional Health Centre serves as the regional hub for a large rural population, including the local community and residents from adjacent communities and First Nations. Services include emergency, inpatient medicine, surgery, obstetrics, diagnostic imaging, dialysis, oncology and rehabilitation services.

Doctors Manitoba has consulted extensively with physicians across Dauphin and neighbouring communities since the flood. Physicians in Dauphin and across the region are concerned about patient care disruptions and they want to help.

Several themes have emerged from physicians that should inform recovery planning:

- **Maintain services in Dauphin wherever safely possible.** Physicians consistently identified restoring services locally through repurposed and/or temporary modular facilities or other innovative solutions as the preferred objective. Primary care continues to operate in Dauphin, but needs supporting services such as lab and imaging to provide as much service as possible in the community.
- **Take a regional approach.** When services cannot be safely provided in Dauphin, physicians support coordinated use of available capacity in neighbouring hospitals and communities, supported by clear regional clinical planning and appropriate resourcing. This must be planned with input from local physicians and other providers in each community.

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Planning for Months of Disruption



- **Plan for today's needs—not yesterday's.** Even before the flood, Dauphin's hospital was experiencing increasing patient volumes, higher acuity and greater clinical complexity that were placing significant pressure on existing resources. Interim planning should account not only for replacing lost hospital capacity, but also the increasing pressures before the flood and the needs for additional health services that naturally arise during disaster recovery.
- **Engage physicians as partners.** Local physicians want to actively contribute to planning and implementation, bringing detailed knowledge of patient needs, local resources and clinical workflows. They also believe expertise from elsewhere in Manitoba and Canada should be leveraged where it can strengthen planning. There is currently no medical lead in Dauphin. We recommend appointing Medical Co-Leads for Dauphin Health Care Recovery as soon as possible, with one potentially focused on primary care and community services and the other on acute care services.
- **Communicate early and often.** Given the complexity and expected duration of the disruption, physicians emphasized the importance of regular, transparent communication and clearly defined decision-making processes as plans evolve. Incident command structures support timely and efficient communication and engagement, allowing issues to be escalated rapidly, decisions to be made quickly, and updates to be communicated effectively to those involved – this structure should include physicians. A lead or two co-leads can help to structure communication with all physicians in the area including making effective and respectful use of identified local service or specialty medical point people.
- **Protect the regional workforce.** Maintaining meaningful clinical work for physicians and health care teams throughout the recovery period will help preserve clinical skills, support recruitment and retention, and reduce the risk of permanent workforce losses. This must not only consider physicians working in the region, but also the resident doctors based in Dauphin.

Importantly, while the hospital is closed, the community remains intact, primary care practices continue to operate, and neighbouring regional hospitals remain available to support care. This provides an opportunity to design an integrated regional service model that maintains access to care as close to home as safety and quality allow.

Physicians appreciate the commitments from Premier Wab Kinew and Health Minister Uzoma Asagwara to accelerate the repair timeline while pursuing temporary solutions to re-establish services in Dauphin using interim solutions.

What Comparable Jurisdictions Have Done

Although every situation is unique, jurisdictions facing prolonged disruption of regional hospital services have consistently moved beyond emergency response to establish coordinated interim models of care. Common elements include:

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- Maintaining as many services as possible within the affected community through temporary or modular facilities and creative use of existing infrastructure.
- Redistributing services that cannot safely be provided locally through coordinated regional clinical service planning.
- Establishing clear referral pathways, patient transportation plans and communication processes.
- Maintaining physician and health care team continuity across facilities to preserve regional capacity and workforce stability.
- Expanding virtual consultations and regional specialist support where appropriate.
- Engaging local physicians and clinical leaders as partners in designing interim service models.

These approaches recognize that successful recovery depends not only on replacing physical infrastructure, but also on preserving clinical teams, maintaining public confidence and minimizing disruption to patients and providers.

Relevant Examples: Several jurisdictions offer particularly relevant lessons for Manitoba.

- **Yellowknife, Northwest Territories (2023):** Demonstrated how a Canadian regional referral system can redistribute inpatient and specialty services while maintaining local care and coordinating closely with neighbouring facilities following prolonged disruption.
- **Lismore, New South Wales, Australia (2022):** Showed the value of rapidly establishing interim clinical space, supporting displaced physicians, strengthening regional referral networks and maintaining health care services as close to home as possible during an extended recovery.
- **Port Perry, Ontario (2017–18):** Following a fire that forced closure of the hospital for approximately one year, the health system established a phased restoration plan, redeployed physicians and staff to neighbouring hospitals, provided regular public progress updates, and maintained a clear commitment to restoring local services as soon as it was safe to do so. The restoration plan included staged reopening, infrastructure renewal, and ongoing communication with the community throughout the closure.
- **Grand Forks, North Dakota (1997):** Following the Red River Flood, highlighted the importance of regional coordination, mutual aid agreements and shared planning among neighbouring hospitals to maintain access to care during a major community disruption.

Across these and other examples, prolonged disruptions were addressed through coordinated regional planning rather than relying solely on emergency response measures.

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Moving Forward

The anticipated duration of the closure means decisions made over the coming days and weeks will shape health care delivery across the Parkland region for the next year or more.

Experience from comparable jurisdictions suggests the most successful recoveries are characterized by early planning, meaningful physician partnership, transparent communication and a commitment to restoring as many services as possible within the affected community while strategically leveraging capacity in neighbouring centres.

For Dauphin, success will depend on a coordinated regional strategy that draws on the expertise of local physicians, health system leaders and neighbouring communities to maintain access to care, support the regional workforce and restore services as close to home as possible while the Dauphin Regional Health Centre is repaired and reopened.