

# **NOR-MAN REGIONAL HEALTH AUTHORITY 2004-2005 ANNUAL REPORT**



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**OUR REGION...**



Covering a large geographical area (72,000 sq. km) and servicing a population of 26,000, the NOR-MAN region consists of a combination of pristine wilderness and rural settings. In addition to the abundance of natural habitats and array of diverse ecosystems, the NOR-MAN region is rich in culture, which truly exemplifies all that is Canadian. The NOR-MAN region is indeed multicultural, welcoming all in the warm fashion that has made our country great!



Climb the Canadian Shield rock formations near Flin Flon, swim in Clearwater Lake (the world's second clearest lake) or paddle the Grass River Corridor like the voyageurs of the fur trade era. The NOR-MAN region is a clean environment that is enjoyed by tourists from around the world with seasonal festivals and diverse recreational opportunities.



The major industries in the NOR-MAN region are mining, forestry, tourism, hydro electricity and government services. With modern healthcare facilities, post-secondary education institutes, libraries, schools (Cree and French immersion education available), and a variety of recreation facilities you will discover a blend of bustling urban districts coupled with peaceful country living. With safer communities, the NOR-MAN region is a smart alternative for both single individuals and families who wish to relocate from all parts of Canada and the world!

- Serving the communities of:
- Flin Flon**
  - The Pas/Opaskwayak Cree Nation**
  - Snow Lake**
  - Cranberry Portage**
  - Wanless**
  - Moose Lake/Mosakahiken Cree Nation**
  - Sherridon/Cold Lake**
  - Cormorant**
  - Grand Rapids/Grand Rapids First Nation**
  - Easterville/Chemawawin First Nation**
  - Pukatawagan/Mathias Colomb Cree Nation**

***Our Mission***

**Healthy People in Healthy Communities**  
***“Working Together To Improve Our Health”***



**A Message from Linda Lautamus  
Board Chair**



September 2005

The Honourable Tim Sale  
Minister of Health  
Room 302, Legislative Building  
Winnipeg, Manitoba  
R3C 0V8

Dear Mr. Sale:

On behalf of the Board of Directors, I have the honour to present the Annual Report for the NOR-MAN Regional Health Authority, for the fiscal year ended March 31, 2005.

This Annual Report was prepared under the Board's direction, in accordance *with The Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as of March 31, 2005 have been considered in preparing the Annual Report.

Respectfully submitted on Behalf of  
NOR-MAN Regional Health Authority,

*Linda Lautamus*

Linda Lautamus  
Board Chair

**A Message from Drew Lockhart  
Chief Executive Officer**



September 2005

Mrs. Linda Lautamus  
Board Chair

During this past fiscal year, we witnessed a number of achievements that will help form the basis for health services delivery for a number of years to come.

The Community Health Assessment (a model document) determined the priorities and needs within our region. It will now be used by the Board to develop a 5-year strategic plan. Both of these documents will be shared with a number of our community stakeholders. The Community Health Assessment in particular holds a wealth of information and is of particular interest to many community organizations throughout our region.

In addition to operational planning, a great deal of effort has gone into planning for capital development. The majority of planning has been completed for the new Emergency Room/Special Care Unit redevelopment for the community of The Pas, the expansion of the dialysis units in both Flin Flon and The Pas and a new Regional EMS facility for The Pas and surrounding areas. We are very appreciative of the emergency elevator access to the Flin Flon General Hospital, which now makes us wheelchair accessible.

A great deal of planning went into the redevelopment of our Primary Health Care model. We were able to take possession of new facilities in both Flin Flon and The Pas and continue to implement progressive and innovative programs based on a new primary health care concept. Our teams will continue to develop this model as residents become more familiar with the multitude of programs and services available through our Primary Health Care Centres.

We have and will continue to be challenged to meet the needs of our residents in supplying physician services. We were fortunate to recruit 7 new physicians to this region during the past year, however indications are that some may be moving on and that is a concern to us. We are committed to expending whatever resources are required to meet the physician needs of our region.

In closing, I would like to thank the Board, the District Health Councils and all our staff for their hard working efforts and commitment to patient safety and quality care.

Sincerely,

A handwritten signature in black ink, appearing to read "Drew Lockhart".

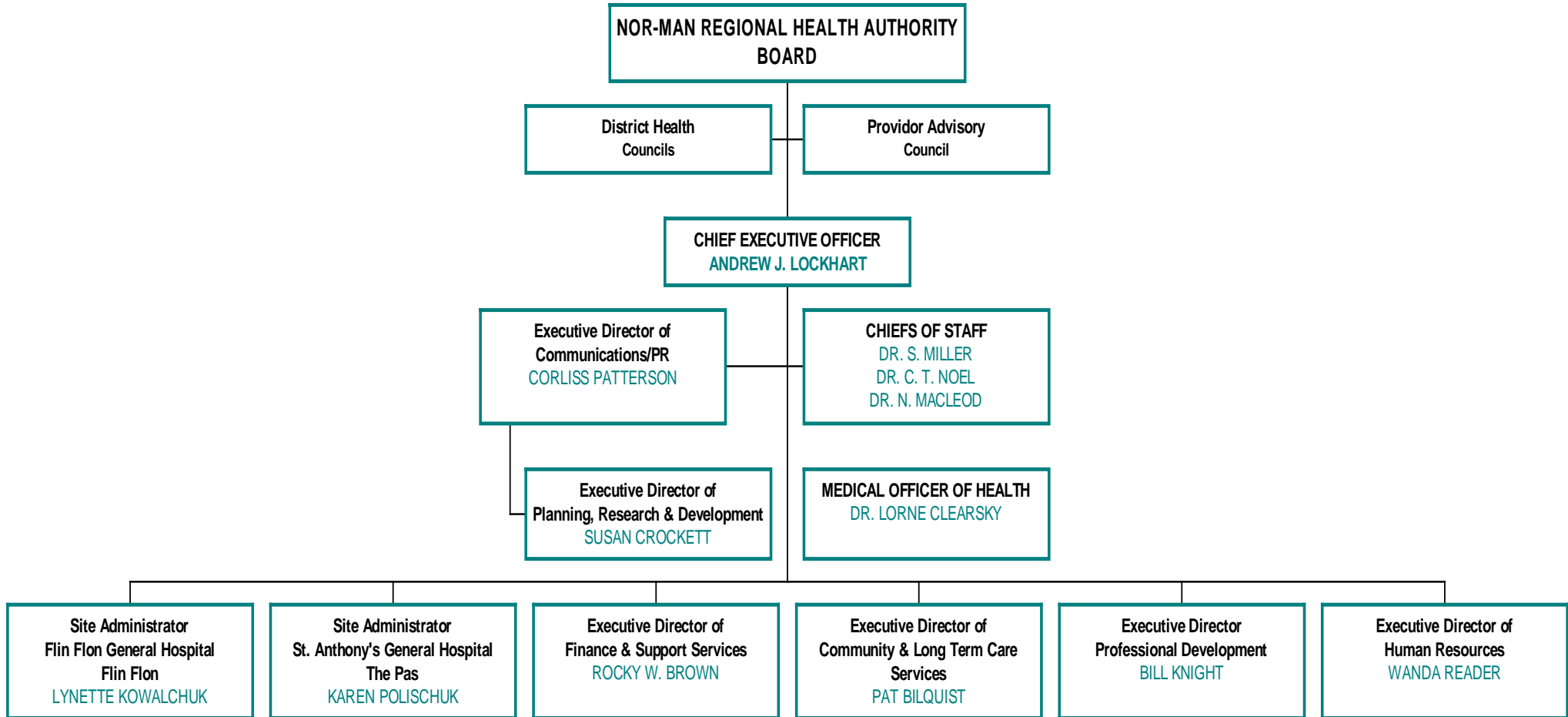
Andrew Lockhart  
Chief Executive Officer



# NOR-MAN REGIONAL HEALTH AUTHORITY

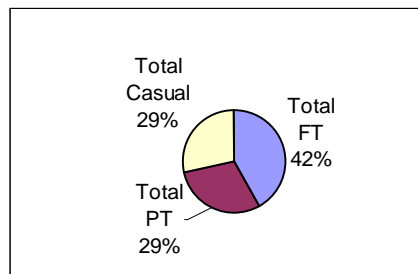
## Organizational Chart

2004/05



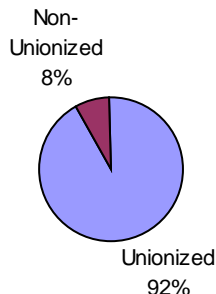
WORK ENVIRONMENT

TOTAL EMPLOYEE COUNT



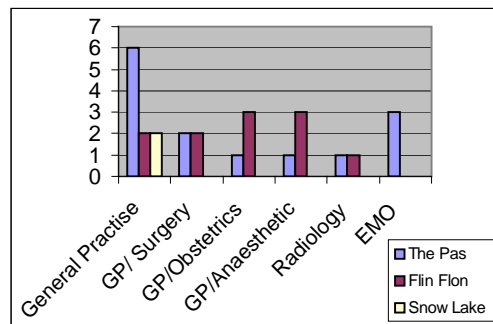
Total Employee Count	958
Total Full-Time	435
Total Part-Time	259
Total Casual	264

PERCENT UNIONIZED STAFF



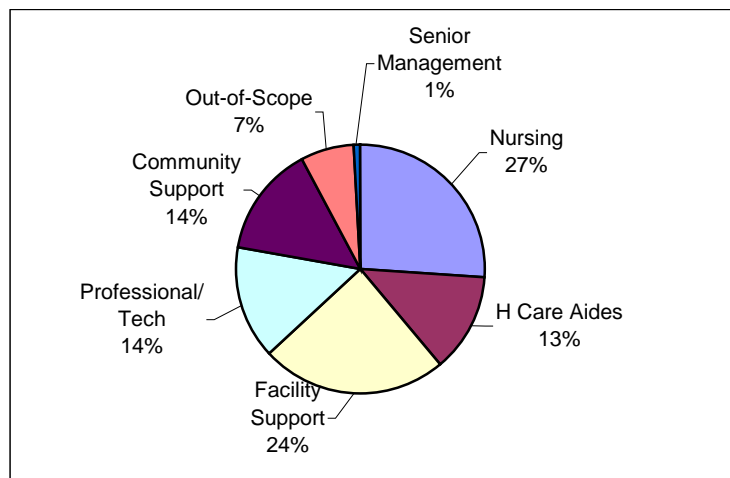
MB Average = 89%

PHYSICIAN PROFILE



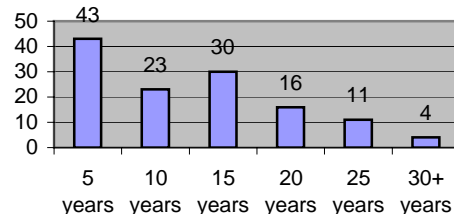
**Regional Physicians:**  
 \*GP/Obstetrics -1      \*Internal Medicine -1  
 \*Psychiatry -1        \*Pediatrician - 1  
 \*Medical Officer of Health - 1

REGIONAL STAFFING PROFILE



EMPLOYEE FACTS

2003 Years of Service Awards



Average Age of Employees

NRHA = 43.2 years  
 MB = 42.16 years

Average Years of Service

NRHA = 9.7 years  
 MB = 10.02 years

Perfect Attendance Award 2003

$\frac{59 \text{ employees}}{694 \text{ eligible employees}} = 8.5\%$

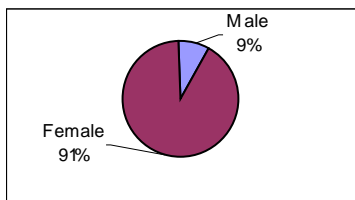
Regional Retirement Profile:

$\frac{74 \text{ potential retirements}}{958 \text{ eligible employees}} = 8\%$

Average Vacation/Employee (Weeks)

4.9

Staff Profile by Gender



Smoke Free Policy

Effective January 1, 2005, the NRHA became a smoke free workplace. Staff are not allowed to smoke anywhere on RHA property. To assist employees who attempt to quit smoking, we are offering a reimbursement to a max. of \$200 for recognized Nicotine Replacement Therapy.

Total Volunteer Hours

3271

**DISTRICT HEALTH COUNCIL MEMBERSHIP**

**Flin Flon**  
 Laurel Mackie  
 Dawn Labine  
 Charleen Logan  
 Brenda Russell  
 Joann Skeavington  
 Jillian Betke  
 Colleen Arnold

**The Pas/OCN**  
 Kim Gurba  
 Hazel Hyde  
 Audrey Maksymchuk  
 Lynn McKinnon  
 Albert Melnick  
 Cindy Nordick  
 Gladys Thorne

**Easterville**  
 Ethel McKay  
 Diane Constant  
 Sherri Packo

**Cormorant/Moose Lake**  
 Doreen Wishart



**Snow Lake**  
 Maxine Dodds  
 Gail Dupont  
 Margie Fey  
 Randy Huff  
 Wanda Huff  
 John Homeniuk  
 Betty Rudd  
 Judy Steeves  
 Sharon Stubbs

**Grand Rapids**  
 Randy Huff  
 Arnold Ballantyne  
 Marlene Letkeman-Holst  
 Don Letkeman-Holst  
 Connie Young

**Cranberry Portage / Sherridon**  
 Bernice Hay  
 Jeanette Brightnose  
 Sheila Brightnose  
 Melvina Dysart  
 June Haybittle  
 Elise Morin  
 Dolores Samatte



## DISTRICT HEALTH COUNCILS

The NOR-MAN Regional Health Authority has seven very active District Health Councils (DHC) who continue to be an important link between the communities they represent and the NRHA Board and staff. The purpose of the District Health District Health Councils is to:

- Advise and assist the Board of the NRHA on community health issues and concerns,
- Actively participate in local health initiatives; and
- Be a liaison between their community and the NRHA.

District Health Councils meet monthly from September to June and consists of community members who are appointed by the NRHA Board of Directors. Each DHC is assigned a staff liaison and a NRHA Board representative. Senior Management also attends each DHC meeting a minimum of once per year.

This past year, the District Health Councils were actively involved in the Community Health Assessment (CHA) process by:

- Providing insight into community health issues and concerns;
- Providing input and direction into appropriate community consultation activities; and
- Participating in community consultation activities that took place in their communities.

The District Health Council members also participated in a Retreat with the NRHA Board and staff in November 2004 to discuss the findings of the Community Health Assessment and to identify criteria on which to set priorities to guide the NRHA Strategic Plan for 2006-11.

The following outlines District Health Council membership and accomplishments this past year:

- **Flin Flon** – 8 members, hosted Community Fun Health Fair, sponsored First Night Out Celebration, Christmas at the Zoo, Body Mind and Soul Women’s conference, International Women’s Day, TV Turn-Off Skating Party, Bad Gut Lecture series
- **Cranberry Portage** – 8 members hosted Nutrition Bingo and Skate with Santa.
- **Snow Lake** –10 members, planned and hosted Family Magic Show, Winter Funfest, Bicycle Safety Rodeo.
- **Cormorant/Moose Lake** – 1 member from Cormorant. Recruitment underway. Moose Lake Healthy Community group in existence and considering acting as a DHC.
- **The Pas** – 9 members, hosted Bad Gut Lecture series, supported and participated with Congregate Meal program
- **Easterville** – 3 members, hosted an essay & poster contest “Why it is Important to Exercise?” and planned and hosted a community Health Fair.
- **Grand Rapids** – 5 members, planned and hosted a community Health Fair, Walking Poker Derby, hosted an essay & poster contest “Why it is important to Exercise?”

### ***What Will We Focus on in the Future...***

1. Ongoing recruitment of new members
1. Review of NRHA Community Health Assessment and Strategic Plan.
1. Develop an Annual Priority Plan to set priorities and guide its operations.
1. Participate in ongoing Community Consultation activities.
1. Continue to advise and assist the Board and the NRHA on community health issues and concerns.
1. Retreat being planned for Fall 2005 focusing on the topic “Motivating Your Community to be Healthy & Active”.

## MISSION

**Healthy People in Healthy Communities**  
*“Working Together to Improve Our Health”*

### BOARD of DIRECTORS 2004-05

**Linda Lautamus**, *Chair (Flin Flon)*  
**John Marnock**, *Vice Chair (The Pas)*  
**Dennis Ballard** (*Flin Flon*)  
**Marg Britton** (*Flin Flon, SK*)  
**Diane Deschambeault** (*Opaskwayak*)  
**Marc Jackson** (*Snow Lake*)  
**Val Matheson** (*Sherridon*)  
**Joan Niquanicappo** (*Opaskwayak*)  
**Marion Pearson** (*Cranberry Portage*)  
**Wayne Sherwood** (*Cranberry Portage*)  
**Dennis Strom** (*Creighton, SK*)

### BOARD VALUES

- \* Dynamic, innovative & creative leadership;
- \* Honesty, respect & truthfulness to those we serve;
- \* Informed choices for people & personal responsibility for health, wellness & safety;
- \* Being responsive to the unique needs of individuals & communities;
- \* A fundamental quest for excellence in all facets of the organization;
- \* The person's right to informed, participatory decision making, and confidentiality of information;
- \* Being open to innovative, cost-effective approaches in an evidence-based environment;
- \* Proper accountability and prudent expenditure of public funds; and
- \* Personal and professional growth and development for Board and staff to meet emerging challenges.

## BOARD ENDS

*The NRHA Board of Directors has set out the following 4 Board Ends and related Strategic Priorities*

### HEALTHY COMMUNITIES

1. Increased consumer knowledge of health determinants, practices and available resources.
1. Increased resident involvement in community-based activities that promote healthy lifestyles and personal well-being.
1. Decreased illness caused by physical environmental factors.
1. Increased partnerships with community agencies and other jurisdictions responsible for health.
1. Improved organizational health, such as efficiency and effectiveness.
1. Increased understanding of regional health needs.

### HEALTHY PEOPLE

1. Decreased incidence and prevalence of diabetes.
  1. Decrease in incidence and prevalence of tobacco-related diseases.
  1. Improved mental wellness.
  1. Improved child/youth health.
    - Decreased incidence of FAS and FAE.
    - Decreased teen pregnancy rate.
  1. Reduced incidence of injuries and poisonings.
  1. Decrease in incidence and prevalence of addictive behaviors and practices.
    1. Improved women's health.
      - Decreased premature mortality from diseases for which early detection screening is available.
    1. Improved men's health.
      - Decreased premature mortality from diseases for which early detection screening is available.
  1. Improved health status of seniors.
  1. Improved health of First Nations.
  1. Improved health of staff.

### OPTIMAL RECOVERY FROM ILLNESS OR INJURY

1. Health outcomes in emergencies not negatively affected by inadequate response.
1. Health outcomes for illnesses and injury not negatively affected by inadequate resources.

### OPTIMAL ACCESS TO SERVICES

1. Increased on-site resources in our outlying communities.
1. Improved access to service through primary health care.
1. Improved access to all services through a single point of entry.
1. Increased specialty services and programs based on demonstrated need and cost effectiveness.



## BOARD INITIATIVES

During the 2004/05 fiscal year the NOR-MAN Regional Health Authority Board placed a focus on continuous improvement activities. The following were undertaken:

- **Performance Deliverables 2003/04** – Performance Agreement between NOR-MAN RHA and Manitoba Health approved by Board and the following Deliverables were completed:
  - Aboriginal Health Strategy
  - Administrative Cost Management Information System Reporting
  - Breastfeeding
  - Diabetes
  - Co-Occurring Mental Health and Substance Use Disorders (CODI)
  - Emergency Services
  - Immunization
  - Injuries Prevention Strategy
  - Primary Health Care
  - Restraint Use Baseline Data
- **Board Self-Evaluation** - The Board conducts an annual self-evaluation which is used to identify areas and strategies to improve Board performance.
- **By-Law Review** – In conjunction with Council of Chairs and Manitoba Health, the Board By-Laws were reviewed and amended.
- **Board Policy Review** – The Board reviews and revises select Board policies at each regular meeting. A schedule has been developed to ensure a regular review process.
- **Board Education** – As part of its continuous improvement activities, the Board schedules educational sessions as part of the Board meeting as well as dedicating full day educational sessions delivered by external resources or NRHA staff.
- **District Health Councils** – Board representation on each DHC to ensure a strong linkage.
- **Community Health Assessment** – Retreat was held with Board, DHC members, Senior Management and staff to review the findings and set priorities for the 2006-11 Strategic Plan.
- **Staff Relations** – Board members participated in Staff Recognition Awards, Staff Christmas Luncheons.
- **Volunteers** – Board recognizes volunteers each year at the annual community Volunteer Teas.
- **Leadership and Partnership Continuous Quality Improvement (CQI)** – Board involvement on the Leadership and Partnerships CQI Team.

### ***What Will We Focus on in the Future...***

1. **Strategic Plan 2006-11** – The Board will plan a retreat to review the findings of the Community Health Assessment and develop their Strategic Plan for 2006-11.
1. **Board Ends** – In conjunction with the Strategic Planning retreat the Board will revisit their Ends Statements.
1. **Aboriginal Health** – The Board will continue to explore ideas for networking with NRHA aboriginal organizations to meet the Manitoba Health Performance Deliverable.
1. **Policy Governance** – The Board will continue to seek opportunities to educate new and current board members on policy governance.
1. **Patient Safety** – Continued focus on patient safety and Continuous Quality Improvement
1. **Northern Human Resources** – Continue to invest in the development of Northern Human Resources strategy to recruit and retain staff.

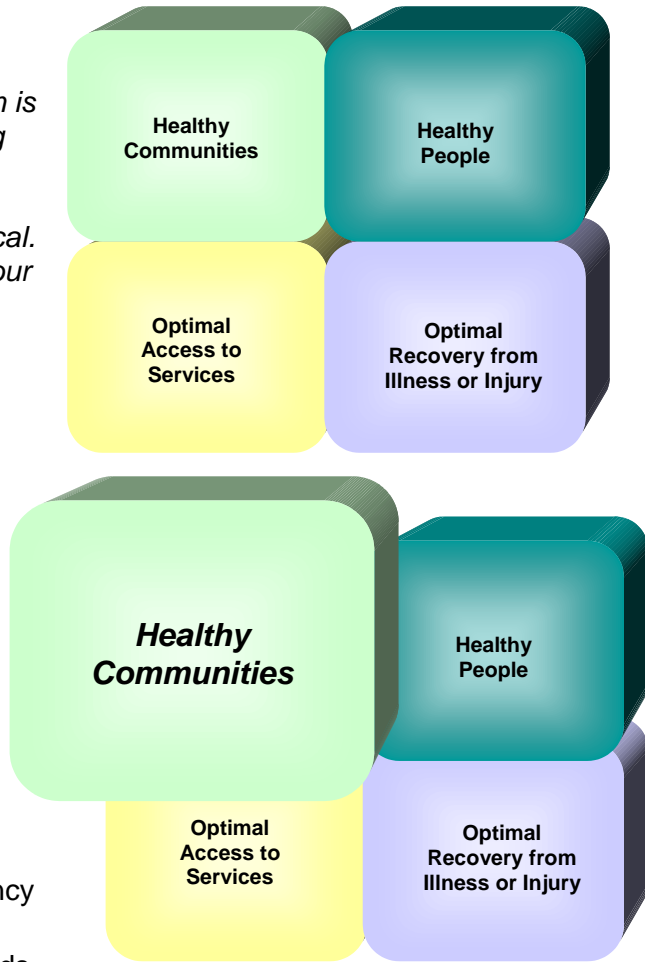
**BOARD ENDS STATEMENTS**

*The NOR-MAN Regional Health Authority’s Mission is “Healthy People in Healthy Communities – Working Together to Improve Our Health”.*

*To achieve this Mission a focus on wellness is critical. The Board developed 4 Ends Statements to meet our Mission as follows:*

**Healthy Communities Strategic Priorities**

1. Increased consumer knowledge of health determinants, practices and available resources.
2. Increased resident involvement in community –based activities that promote healthy lifestyles and personal well-being.
3. Decreased illness caused by physical environmental factors.
4. Increased partnerships with community agencies and other jurisdictions responsible for health.
5. Improved organizational health, such as efficiency and effectiveness.
6. Increased understanding of regional health needs.



**Some of our accomplishments this year.....**

**Communication Initiatives**

- NRHA Website redeveloped in 2004. It is a very comprehensive website that includes information on the NRHA and the communities we serve, our services, publications, career opportunities and health links. We welcome comments and it can be viewed at [www.norman-rha.mb.ca](http://www.norman-rha.mb.ca).
- Staff newsletter published monthly.
- Community Health Scene published bi-annually and distributed to every household.
- Physician Resource Orientation Manual developed and is a key resource for new physicians in the community as well as new staff.
- Board meetings open to the public.

**Self Help Groups**

- We have seven active District Health Councils in the region (see details in pages 6/7)
- Regional Mental Health Advisory Council is active and meets at least 4 times per year.
- A number of Self Help groups exist in the region include support groups for Mental Health, Long Term Illness, Prostrate Cancer, Breast Cancer, Addictions. We continue to promote resident involvement in community based self help groups.



### Healthy Community Initiatives

- We continue to support and promote staff participation in many community-based healthy community initiatives throughout the region. i.e. food banks, recycling, citizens on patrol, tourism, active living, homeless project etc.
- Active Healthy Community groups are in place in Flin Flon, Snow Lake and Moose Lake.
- We have a Green Team, which is in the process of completing a regional Energy Audit and Feasibility Audit with the aim to reduce energy costs and reduce greenhouse emissions.
- We are active participants in community recycling programs in The Pas, Flin Flon and Snow Lake.

### NOR-MAN Populations by Postal Code Community

NOR-MAN RHA	Totals	Female	Male
Cranberry Portage	683	319	364
Flin Flon	6500	3275	3225
Snow Lake	1171	562	609
The Pas	8941	4406	4535
Opaskwayak Cree Nation	1987	1011	976
Wanless	158	76	82
Cormorant	458	219	239
Grand Rapids	698	351	347
Grand Rapids First Nation	371	182	189
Easterville	590	289	301
Chemawawin First Nation	600	279	321
Moose Lake	699	328	371
Mosakahiken Cree Nation	382	191	191
Sherridon/Cold Lake	119	48	71
Pukatawagon	304	139	165
Mathias Colomb Cree Nation	1241	615	626
<b>Totals</b>	<b>24,902</b>	12,290	12,612

Source: Manitoba Health, Health Information Management, June 2004

### Saskatchewan Populations by Community

SASKATCHEWAN	Totals	Female	Male
Flin Flon, Saskatchewan	322	156	166
Creighton	1810	894	916
Denare Beach	755	361	394
Peter Ballantyne Cree Nation	2288	1074	1214
Pelican Narrows	1665	829	836
Sandy Bay	1216	577	639
Sturgeon Landing	50	21	29
<b>Totals</b>	<b>8106</b>	3912	4194

Source: Saskatchewan Health, Covered Population 2004

### NOR-MAN Population Review

- ☞ 25,000 people live in the NOR-MAN region
- ☞ NOR-MAN RHA region is home to 2.2% of all Manitobans
- ☞ 49% of NOR-MAN residents are female and 51% are male
- ☞ 46% of NOR-MAN residents have claimed aboriginal identity
- ☞ 50% of NOR-MAN residents are under the age of 30 years
- ☞ 7.9% of NOR-MAN residents are over the age of 65 years

### Saskatchewan Population Review

The NOR-MAN Regional Health Authority provides various health care services to a portion of the Mamawaten Churchill River Health Authority residents.

- ☞ 21,415 people live in the Mamawetan Churchill River Health Authority region.
- ☞ 8,106 residents have the potential to access services from the NRHA
- ☞ 48.3% of these residents are female and 51.7% are males
- ☞ 58% of these residents are under the age of 30 years
- ☞ appropriately 68% of these residents have claimed aboriginal identity (bases on 2001 Census Canada data)
- ☞ 5.7% of these residents are over the age of 56 years

**Healthy Lifestyle Practices**

- Seniors Wellness Days held in conjunction with annual Flu Clinics.
- Active Living initiatives – include walking programs, fitness challenges, turn off TV week, international walk to school day.
- Travel Health Program - 761 clients in 2004-05, an increase from 661 in 2003-04.
- Healthy Eating – include healthy cooking classes and presentations, prenatal nutrition and breastfeeding classes, Healthy Eating Habits projects in Cormorant and Sherridon.
- Chronic Disease Prevention – numerous presentations and education sessions held including Bad Gut Lecture series, Arthritis Self-Management, Awareness Campaigns for AIDS, Cervical Screening, Breast Cancer.
- Tobacco Tackle Teams active in Flin Flon, The Pas and Cormorant.
- Health Fairs – held in our communities regularly.

**Intersectoral Partnerships**

- CQI Teams – Community partners/representatives from education, family services, town/city/municipality, First Nations and major industries participate on Teams.
- Numerous partnerships have been developed and we continue to nurture and improve the type and level of inter-sectorial initiatives.
- Grants – A variety of grants received to pursue community health promotion projects. Grant amount for 2004-05 = \$79,000.

**CQI/Risk Management**

- Total of 11 CQI Teams continue to function within the NRHA with the goal to continuously improve the services we provide in the region. In 2004/05, the teams were busy preparing their self-assessment for Accreditation to take place in May 2005.
- NRHA's Quality Scorecard – Quarterly scorecards released and available on NRHA web-site in the following areas: Work Life, System Competency, Client/Community Focus and Responsiveness. NRHA's Quality Scorecard continues to receive national attention and we field requests on a weekly basis for our model. CCHSA are using NRHA's Quality Scorecard as a best practise example in their national education sessions and is posted on CCHSA website.
- NRHA Regional Ethics Committee has developed a Regional Framework to guide Ethical Decision Making.
- Confidentiality Working Group was established in Spring 2004 with a mandate to educate staff on relevant legislation (PHIA & FIPPA) and to review NRHA policies to ensure consistent with relevant legislation,
- Risk Management & Patient Safety
  - Integrated Risk Management Program in place and linked to NRHA's Quality Management program.
  - Development of Risk Management database for tracking and reporting occurrences and provincial patient safety issues.
  - Thomas recommendations have been met per requested timeline.
  - NRHA Corporate Risk Profile developed based on WRHA model - The Corporate Risk Profile is a mechanism to identify risks; prioritize risks in regard to likelihood and severity; and determine effectiveness of current strategies to mitigate and manage risk.

**Volunteer Program**

- NRHA has an active volunteer program and values the contribution of all volunteers during Volunteer Appreciation Month



**Community Health Assessment**

- Comprehensive Community Health Assessment (CHA) completed and submitted to Manitoba Health in the Fall 2004 (available on NRHA Website).
- Both the CHA process and report will assist the NRHA in all future planning and will form the basis for the development of the NRHA's 2006-11 Strategic Plan.
- Community Consultation activities completed as part of the CHA included RHA provincial telephone survey; community forums; focus groups in the areas of healthy lifestyles and health system performance; physician and staff survey; key knowledge Interviews; key informant interviews and forces of change assessment (completed by District Health Councils).

**Education Review:**

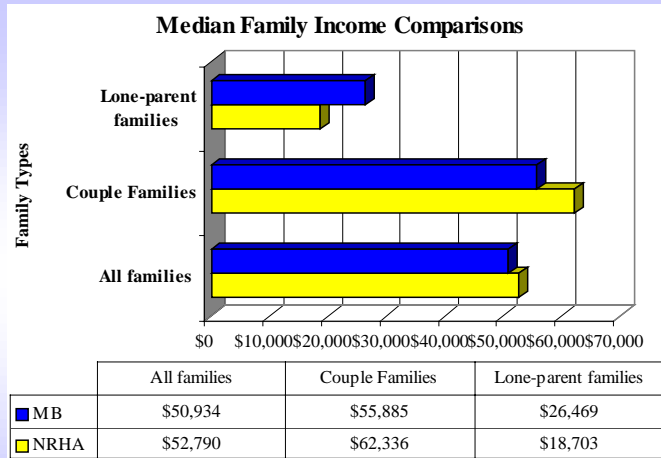
- ☞ 49.5% of NOR-MAN residents age 20 to 24 have less than a high school graduation certificate
- ☞ 26.3% of NOR-MAN residents age 20 to 24 have a high school graduation certificate and/or some post-secondary education
- ☞ 43% of NOR-MAN residents age 35 to 44 have less than a high school graduation certificate
- ☞ 19.9% of NOR-MAN residents age 35 to 44 have a high school graduation certificate and/or some post-secondary education
- ☞ 52% of NOR-MAN residents age 45 to 64 have less than a high school graduation certificate
- ☞ 10.7% of NOR-MAN residents age 45 to 64 have a high school graduation certificate and/or some post-secondary education.

Source: Statistics Canada 2001 Community Profile

**Family Characteristics Review:**

- ☞ 6,475 families reside in the NOR-MAN region
- ☞ 4,065 or 63% are married couple
- ☞ 1,010 or 16% are common-law
- ☞ 1,395 or 22% are lone-parent
- ☞ 1,085 or 78% are female lone-parent
- ☞ 305 or 22% are male lone-parent

Source: Statistics Canada 2001 Community Profile



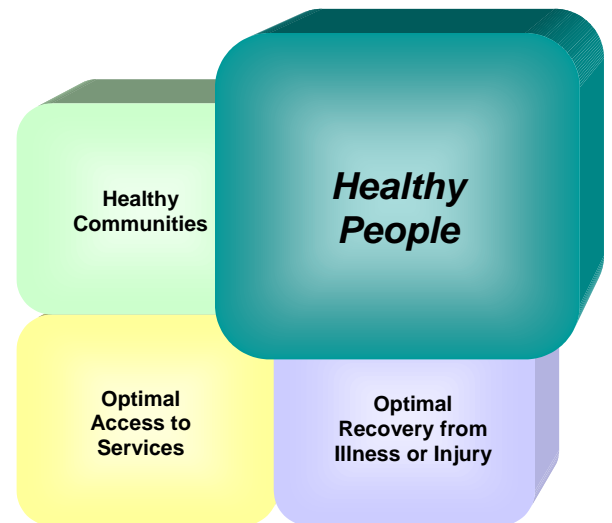
**What Will We Focus on in the Future...**

1. **Patient Safety** – Continued focus on patient safety and continuous quality improvement.
1. **Community Health Assessment** – Community meetings to report findings and future priorities.
1. **Ethics** – Role out of Ethical Framework for decision making to all staff.
1. **Utilization** – Establish and maintain a regional Utilization Committee to address issues regarding appropriate utilization of resources
1. **Accreditation** – Participate in CCHSA Survey In May 2005 and act on recommendations.
1. **Partnerships** – Continue to explore funding opportunities for healthy community initiatives.
1. **Corporate Risk Profile** – Link quarterly status reports to Quality Scorecard.

## Healthy People

### Strategic Priorities

1. Decreased incidence and prevalence of diabetes.
2. Decrease in incidence and prevalence of tobacco-related diseases.
3. Improved mental wellness.
4. Improved child/youth health.
  - Decreased incidence of FAS and FAE.
  - Decreased teen pregnancy rate.
5. Reduced incidence of injuries and poisonings.
6. Decrease in incidence and prevalence of addictive behaviors and practices.
7. Improved women's health.
  - Decreased premature mortality from diseases for which early detection screening is available.
8. Improved men's health.
  - Decreased premature mortality from diseases for which early detection screening is available.
9. Improved health status of seniors.
10. Improved health of First Nations.
11. Improved health of staff.



### Some of our accomplishments this year....

#### Healthy Child

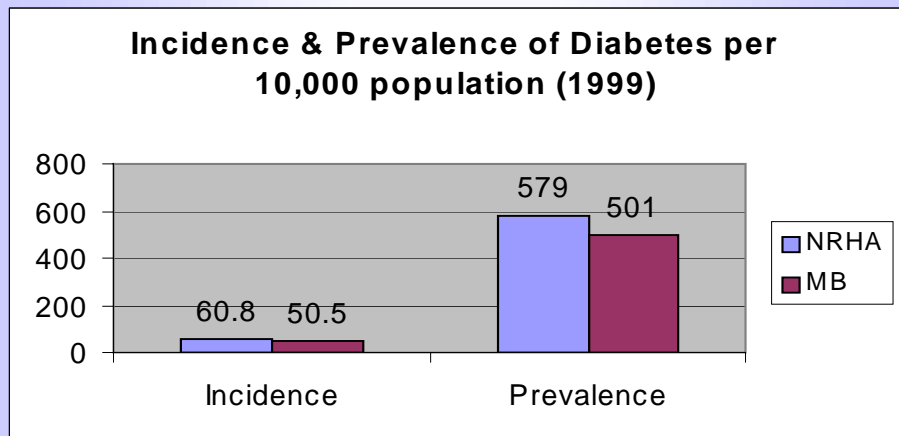
- Primary Health Care staff work closely with schools to promote healthy child development includes such activities as Tobacco Tackle Teams, health promotion activities, reproductive health services in high schools and family life classes upon request in elementary schools
- Teen Pregnancy Prevention Working Group active in region.
- Weekly clinics provided by Primary Health Nurses at the youth centres in Flin Flon and The Pas. Bathroom Betty and Johnny continues with success.
- Families First Program continues to be very successful with staff now seeing families with their 2<sup>nd</sup> child. It is worthy to note that several of these families are no longer eligible due to the changes that they have made while on the program. Several families have noted economic changes due to employment opportunities they never saw possible, some mothers have completed educational programs, partners have found work, etc.
- Childhood Immunization rates continue to be similar or higher than the Manitoba rates. NRHA has developed a Regional Plan to Promote Best Practises in Immunization as a performance Deliverable to MB Health. A regional Immunization Strategy Committee has been established to guide the ongoing development and implementation of the regional Immunization Plan.
- Stop FAS program has operated for the past three years with success. 2004 saw the first graduates of the program.



**Regional Diabetes Program**

- The services provided by the Regional Diabetes Education Resource continue to expand yearly. Group sessions to deal with increased caseloads have been implemented where possible.
- Regional Diabetes Framework and Program developed as a performance deliverable to MB Health. Regional Diabetes Program Implementation committee in place to guide the ongoing development and implementation of the program.

NOR-MAN has a higher incidence and prevalence rate for Diabetes compared to the Manitoba population. From 1989 to 1999, the incidence and prevalence for Diabetes has been steadily increasing with the highest rates observed in women. The number of new cases peaks in males in the 50-54 year age group and in females in the 40-44 year age group. The incidence and prevalence of diabetes in the Aboriginal population is considerably higher than the MB rates, which is cause for concern.



Source: *Regional Diabetes Profile: A Statistical Summary, May 2002*  
 Incidence = # new cases of Diabetes in population, in a specified year  
 Prevalence = total # cases of Diabetes at a given point in time

**Injury Prevention**

- Completed Phase 2 of Injuries Are No Accident project grant including the development of an ER Injury Surveillance Tracking Tool to be piloted in the fiscal year 2005/06; a data base of injury prevention resources; and an Injury Prevention resource catalogue which developed and piloted through schools in our region.
- Safety Initiatives – Numerous initiatives were carried out throughout our Region including: Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.) Program, Travel Health Program, Safety Fairs, Injury Prevention Workshops. “Norman the Safety Moose” mascot attends numerous events to promote safety initiatives.

**Tobacco Reduction Program**

- Smoking Reduction Coordinator in place and is responsible for overseeing prevention, and cessation initiatives within the region.
- Tobacco Tackle Teams continue to function very effectively in The Pas, Flin Flon & Cormorant.
- NRHA formed a Workplace Wellness Committee with one goal being to assist staff become smoke free. Smoke Free Grounds Policy for staff in effect as of January 1, 2005.

**Women’s Health**

- Well Women and Teen clinics operate weekly in The Pas and Flin Flon. Services expanded to Cranberry Portage, Cormorant and Sherridon in 2004/05.
- NRHA continues to collaborate with MB Mobile Breast Screening program in the promotion of the Mobile Screening Clinics. Prior to the mobile unit, mammography screening rates were 35% compared to 58% in 2004. In 2004, the Mobile Screening Unit traveled to Pukatawagan with an increase in rates from 35% in 2003 to 48% in 2004 realized.
- A number of breast health Initiatives are ongoing throughout the region including numerous education sessions, a regional Breast Cancer Support Network, and a Link to Pink Awareness Campaign.
- Cervical Cancer screening rates for MB has remained fairly stable over the past 5 reporting periods. NRHA rates, although lower than the provincial average, have increased over this same time period.
- The Midwifery program continues to grow with more demand for Midwifery services being requested. Ongoing recruitment of more Midwives is a priority for the NRHA. In December 2004, it was announced that the Aboriginal Midwifery Education Program had been approved and would be provided through the University College of the North (UCN) in The Pas and Thompson. This is welcome news as it will impact our midwifery program. NRHA is partnering with UCN in this program.

<b>Manitoba Mobile Breast Screening Program Report</b>			
	<b>Population Numbers</b>	<b>Participation Numbers</b>	<b>Participation Rate</b>
Cormorant	28	14	50%
Cranberry Portage	89	41	46%
Easterville	44	23	52%
Flin Flon	624	380	61%
Grand Rapids	64	28	44%
Moose Lake	40	25	63%
OCN	33	22	67%
Pukatawagan	62	30	48%
Sherridon	7	3	43%
Snow Lake	110	65	59%
The Pas	888	532	60%
Wanless	19	11	58%
<b>NOR-MAN Totals</b>	<b>2008</b>	<b>1174</b>	<b>58%</b>

The goal of the Mobile Breast Screening program is to reach 70% of the population of women 50 to 69 years of age every two years.

The chart shows the participation rate in the last two years (September 2002 to September 2004).

Source: Manitoba Breast Screening Program, 2002-2004

### Men's Health

- Formalized Heart to Heart Program in place in region.
- Prostate Cancer Screening Initiatives including a campaign for Prostate Cancer screening and information resource material developed; Prostate Cancer Awareness Week activities; Prostate Cancer Support Groups in The Pas & Flin Flon continue.
- Numerous presentations relating to Men's Health issues provided throughout region.

### Workplace Wellness

- NRHA has an active Employee Wellness Committee that is a sub-committee of the Human Resource CQI Team. A Workplace Health Eating sub-committee is also in place and is looking at healthy cafeteria choices, healthy snacks for meetings, and review of vending machine products.
- Five NRHA Workplace Health & Safety Committees in place.
- Effective January 1, 2005, NRHA adopted a Smoke Free Workplace (and grounds) policy for staff. A "Commit to Quit" program offered to staff attempting to quit smoking.
- A variety of workplace wellness and staff recognition activities planned throughout the year including an Attendance Management & Assistance program, an annual NRHA Staff Fitness challenge; 100km walking club; Social Events planned such as annual golf tournament, curling fun spiel, children's Christmas parties, annual long service recognition activities, employee of the month program etc.
- Workplace wellness sessions offered by NRHA staff to other work sites upon request.

### Senior's Health

- The Senior's Team has developed and implemented a number of healthy senior's initiatives over the past year including Walking buddies, Movement that Matters and other exercise programs; Congregate Meal Programs; Birthday Club Program; and Senior's Wellness Clinics.
- Family Resident Advisory Councils active in all Personal Care Homes.
- Services have been streamlined between long term care, home care and community by revamping and utilizing an interdisciplinary admission process.

### Aboriginal Health

- NRHA has developed an Aboriginal Health Strategy as a performance deliverable for Manitoba Health. The Strategy consists of four key strategies: 1. Improving Partnerships and Linkages with First Nations organizations; 2. Providing a Culturally Sensitive Environment; 3. Recruitment & Retention of Aboriginal People; and 4. Identify Key Programs/ Services to Improve Health. An annual progress report is provided to MB Health
- NRHA strives to offer services in the most culturally sensitive manner.
- Aboriginal Liaisons in The Pas and Flin Flon work closely with clients.

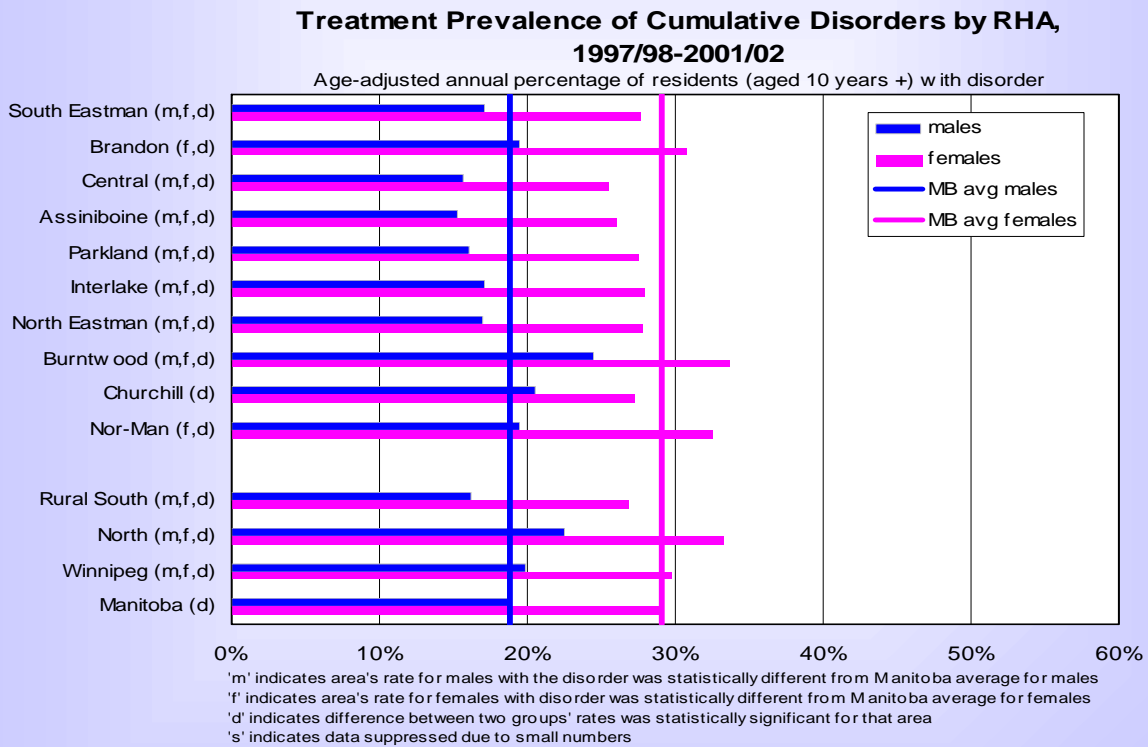
### Mental Health/ Addictions

- Housing Resource Developer positions now functioning in Flin Flon and The Pas.
- Mental Health Consumer Satisfaction survey completed in the fall of 2004
- Suicide Prevention Network (SPIN) functioning in The Pas.
- Mental Health Advisory Council – meetings increased to every 6 weeks
- Mental Health & Addictions support groups available in the region.

- Co-Occurring Disorders Initiative (CODI)– NRHA has continued to work successfully on the framework for CODI with the goal to improve access to services for Manitobans with mental health and substance use disorders. The three northern RHAs: NOR-MAN, Burntwood and Churchill have established a Northern Regional Leadership Committee, which continues to meet quarterly to coordinate CODI efforts in the North. The % of clients at Rosaire House diagnosed as requiring both mental health and addiction services remained at 64% for 2003/04 and 2004/05.
- Demand for Rosaire House residential addictions program continue to be high with large waitlist continuing to increase and high occupancy rate (87%). The % of clients at Rosaire House diagnosed as having a ‘pathological’ gambling addiction increased from 23% (2003/04) to 30% (2004/05).

### Mental Illness

Mental Illness is a profound problem for our region. The graph below shows the “**treatment prevalence**” (those who received treatment for a disorder from a physician, hospital or mental health service) of individuals with a cumulative mental illness disorder. “**Cumulative Disorders**” group includes those diagnosed with more or more of the following mental illness conditions: depression, anxiety disorders, substance abuse, schizophrenia, and personality disorders. As shown in the graph below, the rate for NOR-MAN males (19.3%) is slightly higher than the average for Manitoba male (18.8%) overall. The graph also shows that the rate for NOR-MAN females (32.7%) is statistically higher than the average for Manitoba females (29.1%) overall.



Data Source: Patterns of Regional Mental Illness Disorder Diagnoses and Service Use in Manitoba: A Population-Based Study

***What Will We Focus on in the Future....***

1. **Chronic Disease Prevention** – Work in consultation with communities to identify and implement chronic disease initiatives.
1. **Healthy Active Living Initiative** – Continue with the development of the healthy active living initiative in partnership with education and recreation sectors.
1. **Regional Diabetes Strategy** – Continue to develop strategy in accordance with the upcoming Manitoba Health’s Performance Deliverable.
1. **Tobacco Reduction Program** – One of the priorities of the Workplace Wellness Committee is to continue assist staff to become smoke-free.
1. **Mental Health/Addictions** – Continue to work on the Co-Occurring Dependency Initiative and develop strategies to address Manitoba Health’s Performance Deliverables.
1. **Suicide Prevention** – Continue to develop and implement strategies focusing on reducing incidence of suicide in partnership with other community stakeholders.
1. **Pre-School Screening Clinics** – Continue to recruit for Speech Language Pathology and Audiology positions to address the gaps in service.
1. **Healthy Child Initiatives** – Continue to support and maintain such programs as Families First, Stop FAS, Regional Breastfeeding Initiatives and Immunizations in order to promote healthy child development.
1. **Healthy Schools** – Continue to work with schools in the region to promote/educate on topics relating to child/youth health and to promote the Healthy Schools initiative.
1. **Injury Prevention** – Continue to promote P.A.R.T.Y. program and develop and pilot the Injury Surveillance Tracking tool.
1. **Mammography** – Continue to promote importance of early screening and target the communities with low screening rates.
1. **Well Women Clinics** – Continue to offer Well Women Clinics in NOR-MAN communities.
1. **Screening** – Continue to promote early prevention initiatives ie. Cervical & Prostate Screening.
1. **Midwifery Program** – Develop education program that will enable the NRHA to expand the program to other rural and remote areas.
1. **Aboriginal Health** - Continue to develop strategies to address the Manitoba Health’s Performance Deliverables.
1. **Seniors’ Health** – Continue to develop and implement activities that promote seniors’ health. Explore opportunities for supportive housing options for seniors.

## Optimal Recovery from Illness or Injury Strategic Priorities

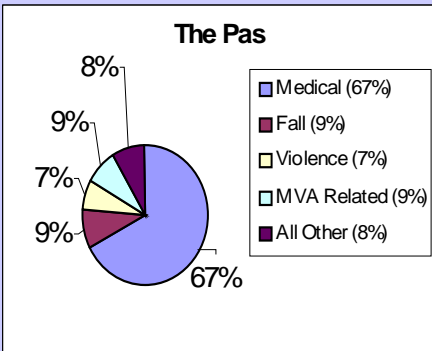
1. Health outcomes in emergencies not negatively affected by inadequate response.
2. Health outcomes for illnesses and injury not negatively affected by inadequate resources.



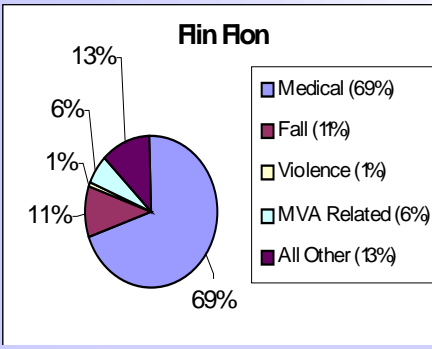
### Some of our accomplishments this year....

#### Emergency Medical Services

- NRHA has responsibility for EMS services in The Pas, Flin Flon and Cranberry Portage and has community service agreements with Grand Rapids and Snow Lake.
- The average response times from dispatch to arrival (in Town Limits) in all sites are well in target with the MB goal.



In The Pas, there were a total of 1589 ambulance calls in 2004, slightly lower than the 1629 calls in 2003. Of the ambulance calls, 1005 (63%) were for primary responses and 584 (37%) were for airport/ interfacility transfers. Of the primary responses, 493 (49%) were emergent and 511 (51%) non-emergent. The majority of calls were for medical reasons (67%) followed by falls at 9%, motor vehicle related incidents at 9% and violence at 7%. The average response time from dispatch to arrival (in town limits) was 4 minutes 11 seconds which was well within the Manitoba target of 8 minutes.



In Flin Flon, there was an increase in ambulance calls from 949 calls in 2003 to 1111 calls in 2004. This increase is mainly attributed to an increase in airport/ interfacility transfers from 494 transfers in 2003 to 660 transfers in 2004. Of the ambulance calls, 451 (41%) were for primary response and 660 (59%) were for airport/ interfacility transfers. Of the primary responses, 205 (46%) were emergent and 241 (54%) were non-emergent. The average response time from dispatch to arrival (in town) improved from 8 minutes in 2003 to 6 minutes 44 seconds in 2004. The majority of calls were for medical reasons (69%) followed by falls (11%), motor vehicle related incidents (6%).

Source: NRHA EMS Department, 2004



**Regional Alert & Response Team**

- Multi-disciplinary team in place to ensure strategies are in place to meet the challenges of pandemic and communicable disease outbreaks.

**Disaster Management**

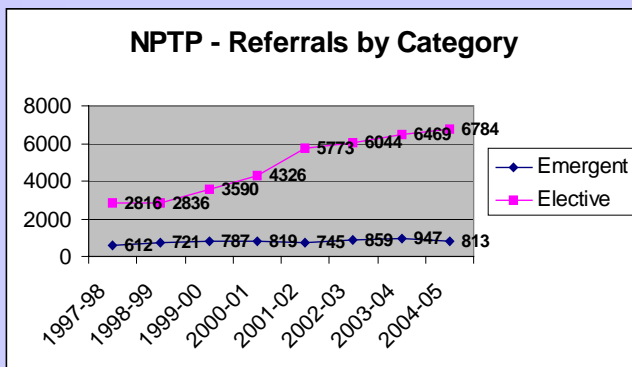
- Regional Emergency Disaster Plan and Personal Care Home Emergency Preparedness Plan – developed and submitted to MB Health as a performance deliverable.
- NRHA has developed a Regional Incident Management System (IMS) – IMS is an organizational and planning system that defines the roles and responsibilities to be assumed by personnel and the operating procedures to be used in the management and direction of emergency and disaster incidents.

**Adequate & Skilled Workforce**

- In order to ensure an adequate and skilled work force, a number of recruitment efforts are in place to target chronic shortage areas. Initiatives include: promoting health careers in junior high and high schools throughout region; NRHA Scholarship of \$500/ community to high school graduates interested in health related career; presentations to University Health-related programs; participation at career symposiums and related activities; student sponsorship for identified programs with return to work commitments instituted; relocation assistance policy developed.

**Northern Patient Transportation Program**

- Efforts to contain NPTP costs have been successful as program costs have remained fairly stable despite a 25% increase in travel warrants. From 2000-01 to 2004-05, Air Travel for non-emergent warrants has decreased from 24 to 15% of warrants while car travel has increased from 36 to 51%. Of note, is that in 2004-05, 5% of NPTP warrants were for air ambulance, accounting for 48% of the total NPTP budget.



The largest driver of NPTP costs is air ambulance. In 2004-05, 15% of all travel warrants were for air ambulance yet it accounted for 48% of the total NPTP budget. Travel by car is the largest mode for NPTP travel. This has increased significantly over the past few years from 36% in 2000-01 to 50% in 2004-05. This has assisted in maintaining NPTP costs.

Despite a decrease of \$563,851 in NPTP travel costs from 2003-04 to 2004-05, there was a slight increase in the number of NPTP referrals from 7416 to 7597 respectively. This is mainly attributed to a 7% decrease in the number of air ambulance referrals made in 2004-05. Of the total number of referrals, 89% of referrals were for elective referrals while 11% were for emergent reasons. In 2004-05, the top NPTP referrals by Physician Specialty in The Pas were Diagnostics (14%) followed by Surgery (10%) and Orthopedics (10%). While in Flin Flon, the top reasons were for Orthopedics (14%) followed by Oncology (8%) and Internal Medicine (8%). In terms of Diagnostic procedures, the top reasons in The Pas was for Mammography (10%) followed by Ultrasound (9%) and Colonoscopy (7%) while in Flin Flon CT Scan referrals to The Pas was the main reason for referral at 19% followed by Mammography (10%) and Ultrasound (10%).

Source: NOR-MAN RHA NPTP Program 1997-2005

## CT Scan

- The new CT Scan (opened at St. Anthony's Hospital in October 2003) has improved access to diagnostic procedures in the region. CT has been the top Diagnostic procedure for NPTP travel in NRHA for the past several years. Of note, the CT scanner in The Pas has had a significant impact on NPTP referrals. We have observed a significant reduction in the number of NPTP referrals.

### Why a CT machine in the Region?

- CT is the top diagnostic reason why NRHA residents travel out.
- To improve timely access to Diagnostic Imaging procedures in the region.
- To decrease Northern Patient Transport Program (NPTP) costs.

### Has it had an impact?

- YES! We have observed a significant reduction in NPTP referrals for CT. In The Pas, referrals decreased from 24% in 2002-03 to 5% in 2004-05 and in Flin Flon from 20% to 6%.

### *What Will We Focus on in the Future....*

1. **Emergency Response Plan** – Conduct education sessions for staff on the Incident Management System, Regional Emergency Response Plan and evacuation techniques in the event of a disaster.
1. **Recruitment & Retention** – Continue to focus recruitment efforts where there are chronic shortages ie. physicians, occupational therapy, physiotherapy, audiology, speech language.
1. **Ambulance Services** – Completion of elevator and ramp restoration at Flin Flon General Hospital to improve ambulance and wheelchair access.
1. **Dialysis** – Continue to work with Manitoba Health to increase dialysis stations in both Flin Flon and The Pas.
1. **NPTP** – Continue to explore options to contain costs.



**Optimal Access to Services**

**Strategic Priorities**

1. Increased on-site resources in our outlying communities.
2. Improved access to service through primary health care.
3. Improved access to all services through a single point of entry.
4. Increased specialty services and programs based on demonstrated need and cost effectiveness.



**Some of our accomplishments this year....**

**Primary Health Care**

- The NRHA community health programs have been reorganized into four client-centered teams with the goal of progressively providing care across the life-span of everyone in our region.
- The four Teams are: Senior’s, Men’s, Women’s and Infant/Child/Youth.
- Our Primary Health Care centres are an alternative point of entry for our residents and can be accessed in a variety of ways – phoning ahead, booking appointments or walking in. Referrals are not required.

**Telehealth**

- Telehealth continues to be a valuable program that has improved access to many clinical services that residents previously had to travel out of the region for. Use of Telehealth continues to grow. In 2004-05, a significant increase in total utilization was observed in comparison to 2003-04 and to provincial network as a whole. In 2004-05, there was a 48.2% increase in utilization in Flin Flon, 32.7% increase in The Pas while the provincial network as a whole saw a 19.1% increase.
- NRHA’s highest clinical volumes are Dermatology, Pre and Post – surgical assessment and follow-up, Oncology, Mental Health and Wound Management
- The Telehealth network in NOR-MAN is now considered to be at or near capacity with the existing resources. Efforts are presently underway to expand telehealth into Snow Lake and Pukatawagan as well as obtain additional telehealth equipment for The Pas and Flin Flon.

Telehealth in our Region has shown great promise. Not only has it decreased the number of people who have to travel out for health services, it has seen rapid growth in use since it was introduced. Of note, NOR-MAN’s two Telehealth sites represent 8.2% of the total sites in Manitoba, yet they account for about 24% of the total Telehealth usage on the MB Telehealth provincial network.

Telehealth Utilization 2004/05

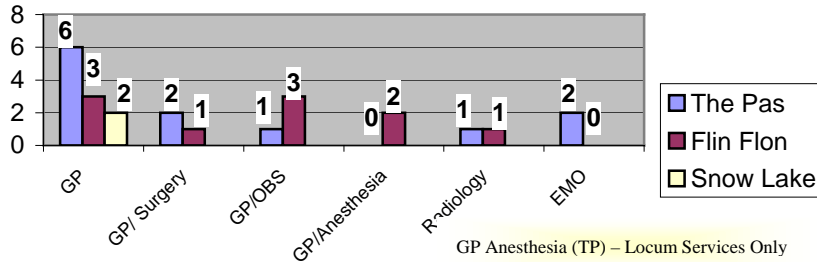
(% of total)	<u>Flin Flon</u>	<u>The Pas</u>
Clinical Services	31%	37%
Continuing Education	28%	32%
Administration	40%	31%
<b>Total 2004-05</b>	<b>504</b>	<b>572</b>
<b>Total 2003-04</b>	<b>340</b>	<b>431</b>

There was a significant increase in Telehealth utilization from 2003-04 to 2004-05. Increases were seen in Flin Flon at 48.2%, The Pas at 32.7% and provincially at 19.1%. Highest volume observed for clinical use was for Dermatology, followed by Surgical Assessments and follow-up, Oncology, Mental Health and Wound Management.

**Itinerant Specialty Services**

- NRHA offers a number of itinerant clinics in the region including Orthotics, Psycho Geriatrics, Child Psychiatry, Adult Psychiatry, Pediatric Diabetes Program, Mobile Breast Screening Program and Neurology. These clinics have realized cost savings for our NPTP budget as well as providing the opportunity for residents to access services locally which in the past they would have had to travel.

**NRHA Physician Profile April 2005**



**Specialized Medicine:**

- \* GP/Obstetrics -1
- \* Internal Medicine -1
- \* Psychiatry –1
- \* Pediatrician – 1
- \* CT Scan - 1
- \* MOH – 1
- \* PHC – 1

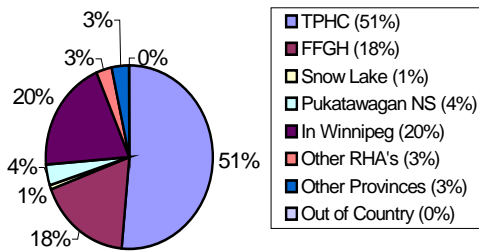
**Total Physicians:**

The Pas = 16 physicians  
 Flin Flon = 10 physicians  
 Snow Lake = 2 physicians

Source: NRHA, April 1, 2005

**Where NOR-MAN Residents Access Services**

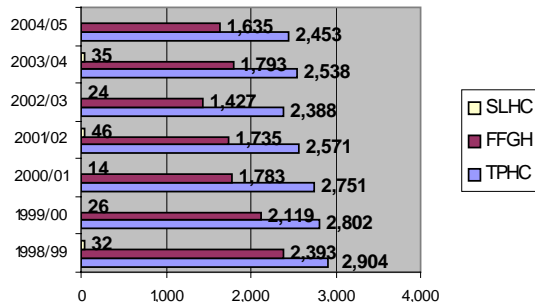
**Inpatient Cases - 2003/04**



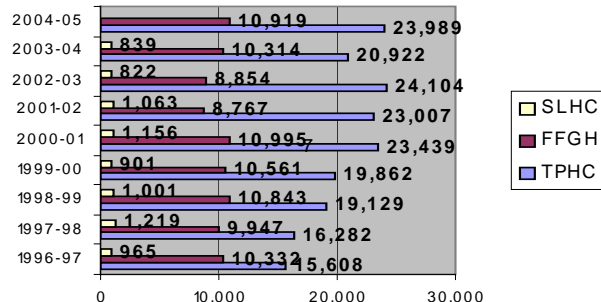
As shown in the chart, 74% of NOR-MAN residents are able to access health care services within our region.

**Hospital Utilization**

**Hospital Discharges**



**ER Visits**



Saskatchewan residents utilization of Flin Flon General Hospital accounts for: 54% of Hospital Discharges; 40% of Emergency Room Visits and 61% of Newborns.

Source: Manitoba Health, Health Information Management, 2005

***What Will We Focus on in the Future....***

1. **Telehealth** – Plan for expansion of service to Snow Lake with additional equipment being targeted for the communities of Flin Flon and The Pas including both Primary Health Care sites. Develop partnerships with First Nations Inuit Branch and NOR-MAN First Nations communities to identify opportunities to expand Telehealth services to First Nations residents.
1. **Primary Health Care Strategy**—Launching of the Comprehensive Assessment, Referral and Entry System (C.A.R.E.S.) program in the new year.
1. **Itinerant Services** – Continue to explore opportunities to increase the number of itinerant specialty services in the region.

**CHALLENGES....**

**Service Provision**

The majority of health care resources are presently spent on illness care yet health care services explain only about one-quarter of a person’s health status. The other three-quarters of what makes a person healthy is influenced by such factors as income, social support, education, physical environment, personal health practices and genetics. Traditionally in health care, the focus has been on illness rather than health; curing versus preventing illness; and hospitals and physicians as the first access point into the system. Although physician-centered, hospital-based care will always be a core component of the health care delivered in NOR-MAN, the challenge is on how resources can be shifted to prevention and promotion of health while maintaining existing services.

**Jurisdictional Issues**

The NOR-MAN Regional Health Authority is not mandated to provide all health services in all NOR-MAN communities. A number of other agencies provide health services to residents in the region. Services need to be coordinated between the various jurisdictions in order to ensure there are no gaps in service delivery. Poor health status of Aboriginal people continues to be a concern.

**Human Resource Issues**

Recruitment and retention of qualified staff and physicians continues to be the number one challenge for the NRHA. In particular in the past few years, the impact of physician shortages in the region has gravely impacted residents’ ability to gain access to physician services. There is a need to continue investing in developing Northern Human Resources and recruiting and retaining qualified staff.

**Resident’s Knowledge of Health Services & Involvement in Improving Health**

Through the Community Health Assessment process, many reported that they do not know where to go to address a concern. There is a need to increase resident knowledge of available health care services as well as how to access services. As many of our health issues relate to lifestyle, resident’s ability to take responsibility for their own health and for making good healthy living choices is critical.

## So..... Are We Improving?

It is worthy to note that although we continue to be one of the more unhealthy regions in the province, our efforts are paying off. We have seen some significant improvements in health status in our region since the last Community Health Assessment as documented below:

- Our health is improving with statistically significant improvement in premature mortality rates being observed and life expectancy improving.
- We have a higher rate of former smokers.
- We have seen a significant improvement in preventative screening rates including cervical and mammography screening rates.
- Childhood, influenza and pneumococcal immunization rates are steadily improving.
- Infant mortality rates are lower than the Manitoba average.
- According to the Canadian Community Health Survey, NOR-MAN residents report that they are more active than the average Manitoban.

**To ensure that NOR-MAN residents continue to improve their health, we all have a role to play....**

### As **Individuals**, you can:

- »»» Be smoke free
- »»» Be active
- »»» Eat healthy
- »»» Use alcohol wisely – drink in moderation

### As **Families**, you can:

- »»» Start right – breastfeed, read and play with your children starting at birth
- »»» Spend time together
- »»» Be active together

### As a **Community** you can:

- »»» Think green
- »»» Get involved – working together to improve the health of your community
- »»» Be active in community events

### As the **NOR-MAN Regional Health Authority**, we are committed to:

- »»» Achieving our Board Ends and strategic priorities.

If each, NOR-MAN resident were to take an active role in improving their own health, we as a region would be moving towards achieving our goal of:

***Healthy People in Healthy Communities  
“Working Together to Improve Our Health”***

**CAPITAL PLAN**

One component of NRHA’s Master Plan that was completed in 2000 was the review of the strategic capital needs of the NRHA. This capital plan is a long-range plan and was developed based on a review of current and projected demographics and health needs as well as the proposed service response as outlined in the Master Plan. It involved a detailed analysis of the physical structures of NRHA facilities and functional programming of the campuses of The Pas Health Complex and the Flin Flon General Hospital. The facilities in Snow Lake were believed to be appropriate for both current and projected needs, therefore were not part of the physical evaluation and programming portion of the project.

Through this review, it was reported that both the St. Anthony’s and Flin Flon General Hospital are near the end of their useful lifespan. The buildings do not lend themselves well to operational efficiencies and they continue to cost us millions of dollars in ongoing maintenance and safety and security projects. The proposed vision was to have two new facilities in The Pas and Flin Flon. With the introduction of our Primary Health Care model in the region, community health services are now located in newly constructed leased space in Flin Flon and The Pas. Future capital development will not include Primary Health Care space as was previously recommended in the Master Plan.

It is still NRHA’s position that new acute care facilities are a priority for the region. In negotiation with Manitoba Health, it is recognized that capital resources for new facilities will not be forthcoming in the immediate future. In order to remain in our existing facilities, it has been acknowledged and supported by Manitoba Health that investments to our infrastructure will be required in order to ensure safe delivery of care and to manage code requirements.

In 2004-05, the following capital and safety/security projects were completed or underway:

**The Pas Capital Projects:**

- Elevator security system – completed 2004
- IT Server Room – completed 2004
- Link Doors – St. Paul’s – completed 2004
- Elevator/ OR Security - in development
- Dialysis – final stage of design, under review by Manitoba Health
- ER/SCU – final stage of design, under review by Manitoba Health
- 1928 Windows – in design
- Morgue Cooler – under construction
- Ambulance Garage - under review
- Cormorant Roof/Window Replacement – under review

**Flin Flon Capital Projects:**

- PCH & FFGH security system – Phase 1 complete 2004
- NLM Wheelchair Ramp – completed 2004
- Wheelchair/ Stretcher/ Ambulance Access and Ramp Restoration – under construction
- Oil Tank Replacement – approved and contract awarded
- PCH & FFGH OPD – flooring – approved June 2004
- Window Replacement – in design
- Phase II Security/Infant Security – under construction
- Dialysis – under review
- Pharmacy Relocation – under review

**Snow Lake Capital Projects:**

- Flooring – completed 2004
- PCH Bed expansion – completed 2004
- ER Entrance Doors – completed 2004
- Oxygen Upgrade – under construction

***What Will We Focus on in the Future....***

1. Redevelopment of St. Anthony's Emergency Department, Special Care Unit, Staff Lockers, Medical Records, Occupational Therapy departments and relocation and expansion of Dialysis department from 4 to 10 stations– scheduled to begin construction in the fall of 2005
1. Redevelopment of St. Anthony's fourth floor upon departure of the Dialysis department to the third floor.
1. Relocation and expansion of Dialysis department from 2 to 4 stations at Flin Flon General Hospital.
1. Construction of a regional EMS facility in The Pas.
1. Relocation of Pharmacy department at Flin Flon General Hospital, due to safety concerns.
1. Construction of a Maintenance Garage in Snow Lake.
1. Review and implementation of the findings of the environmental audit that is in the process of being conducted in all NRHA facilities. The results of this audit will provide an overview of recommended facility upgrades to improve efficiency of plant operations and improve environmental compliance in relation to the Kyoto Accord.
1. With the Canada-wide standards for the reduction of emissions of furons / toxins and mercury by December 1, 2006, the fate of Flin Flon General Hospital's incinerator is in question and awaiting provincial direction.
1. Numerous facility upgrades in all facilities to meet safety, security and code requirements.



## Financial Information

The following financial information was extracted from the Audited Financial Statements reported on by Kendall Wall Pandya in the Auditor's Report dated May 30, 2005. A complete set of Financial Statements and Auditor's reports may be obtained from the Health Authority.

In accordance with the Public Sector Compensation Disclosure Act, the NOR-MAN Regional Health Authority has disclosed the information required by this Act in our Auditor's Supplementary Financial Information which has been certified by our Auditor to be correct. Also in accordance with said Act, a copy of the Auditor's Supplementary Financial Information is available to the public through the offices of the Chief Executive Officer upon written request.

## Letter From the Auditors

# KENDALL WALL PANDYA

## Chartered Accountants

76 Main St., P.O. Box 175, Flin Flon, MB R8A 1M7 (204) 687-8211 Fax 687-2957

## AUDITOR'S REPORT

To the Chairperson and Board of Directors

We have audited the statement of financial position of NOR-MAN Regional Health Authority Inc. as at March 31, 2005 and the Statements of Operations, Net Assets, Deferred Contributions, and Cash Flow for the year then ended. These financial statements are the responsibility of the Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the NOR-MAN Regional Health Authority Inc. as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Flin Flon, MB  
May 30, 2005

Chartered Accountants



## Statement of Financial Position Year Ended March 31, 2005

ASSETS			
	Notes	2005	2004
CURRENT ASSETS			(Note 13 & 14)
Accounts receivable	4a	\$1,096,826	\$1,150,952
Due from MB Health	4b	5,052,685	5,055,621
Inventories	2b	455,486	496,050
Prepaid expense		275,351	190,534
		<u>6,880,348</u>	<u>6,893,157</u>
DUE FROM MB HEALTH	4c	2,654,372	2,654,372
CAPITAL ASSETS (Schedule 1)		<u>28,793,210</u>	<u>29,403,959</u>
		<u>\$38,327,930</u>	<u>\$38,951,488</u>
LIABILITIES			
CURRENT LIABILITIES			\$1,118,431
Bank Indebtedness		\$ 788,241	
Accounts payable		3,734,682	3,441,921
Accrued vacation entitlements		3,165,049	2,839,934
Current portion of long-term debt	8	528,566	491,966
		<u>8,216,538</u>	<u>7,892,252</u>
LONG-TERM DEBT	8	4,323,577	3,917,411
ACCRUED PRE-RETIREMENT OBLIGATIONS	9	3,018,505	2,654,372
DEFERRED CONTRIBUTIONS	5		
Expenses of future periods		1,051,352	1,493,613
Capital assets		22,701,060	23,626,430
NET ASSETS			
Invested in capital assets	6	1,240,006	1,368,152
Internally restricted	7	55,321	54,896
Unrestricted		<u>(2,278,429)</u>	<u>(2,055,638)</u>
		<u>\$38,327,930</u>	<u>\$38,951,488</u>
COMMITMENTS (note 15)			
See accompanying notes.			



## Statement of Operations Year Ended March 31, 2005

	2005	2004
Revenue		(Note 13 & 14)
Manitoba Health - Note 10	\$52,539,771	\$48,662,711
Non-insured income	5,578,529	5,411,912
Other income	3,842,640	3,874,374
Amortization of deferred contributions	2,455,859	2,345,731
Ancillary revenue	<u>1,803,822</u>	<u>1,645,878</u>
	<u>66,220,621</u>	<u>61,940,606</u>
Expenses		
Acute care	\$28,487,310	\$26,285,328
Long-term care	7,393,425	7,008,257
Medical remuneration	8,148,267	8,166,304
Community based therapy	419,928	343,845
Community services co-ordination	314,072	417,814
Community based mental health	1,207,360	829,988
Community based home care	4,037,796	4,196,023
Community based health	2,958,710	2,851,226
Land ambulance	1,660,765	1,431,737
Regional health authority costs	2,549,418	2,418,327
Amortization of capital assets	2,584,006	2,473,877
Interest on long-term debt	125,758	145,655
Other—Northern Patient Transportation	3,745,454	4,120,624
Other—Rosaire House Addictions Centre	632,639	625,558
Pre—retirement	471,294	144,537
Ancillary expenses	<u>1,834,931</u>	<u>1,478,387</u>
	<u>66,571,133</u>	<u>62,937,487</u>
Excess of (Deficiency) of Revenue Over Expenses	<u>\$ (350,512)</u>	<u>\$ (996,881)</u>

See accompany notes.

## Statement of Cash Flow Year Ended March 31, 2005

	2005	2004
CASH PROVIDED BY (USED IN)		
OPERATING ACTIVITIES		
Excess (deficiency) of revenue over expenses	\$ (350,512)	\$ (996,881)
Items not involving cash		
Amortization of capital assets	2,584,006	2,473,877
Amortization of deferred contributions	(2,455,859)	(2,345,731)
Change in non-cash working capital	630,685	(534,590)
Change in pre-retirement liability	364,133	-
Deferred contributions		
Grants	(271,224)	16,145
Donations	80,290	117,933
Major repairs and improvements	<u>8,153</u>	<u>8,153</u>
	<u>589,672</u>	<u>(1,261,094)</u>
FINANCING AND INVESTMENT ACTIVITIES		
Specialized equipment funding	523,868	544,993
Basic equipment	227,568	227,569
Purchase of capital assets	(1,198,258)	(1,821,568)
Construction in progress expenditures	(775,000)	(178,523)
Manitoba Health-debt principal funding	519,574	438,300
Issuance of long-term debt	962,340	1,035,366
Repayment of long-term debt	<u>(519,574)</u>	<u>(438,300)</u>
	<u>(259,482)</u>	<u>(192,163)</u>
NET INCREASE (DECREASE) IN CASH	330,190	(1,453,257)
CASH at beginning of year	(1,118,431)	<u>334,826</u>
CASH AT END OF YEAR	<u>\$ (788,241)</u>	<u>\$ (1,118,431)</u>

See accompanying notes.



## Statement of Net Assets Year Ended March 31, 2005

	Invested in Capital Assets	Restricted	Unrestricted	2005 Total	2004 Total
Balance, beginning of year	\$1,368,152	\$54,896	\$ (2,055,638)	\$ (632,590)	\$ 364,291
Excess (deficiency) of revenue over expenses	<u>(128,146)</u>	<u>425</u>	<u>(222,791)</u>	<u>(350,512)</u>	<u>(996,881)</u>
	<u>\$1,240,006</u>	<u>\$ 55,321</u>	<u>\$ (2,278,429)</u>	<u>\$ (983,102)</u>	<u>\$ (632,590)</u>

## Notes to Financial Statement

### Year End March 31, 2005

#### 1. a) Nature and Purpose of the Organization

NOR-MAN Regional Health Authority Inc. (the "Authority") is a corporation without share capital continued under The Regional Health Authorities and Consequential Amendments Act, Statutes of Manitoba 1996 c. 53. The Authority operates health care programs and services in a geographic region that extends from Grand Rapids/Grand Rapids First Nation in the southeast corner to Flin Flon in the extreme northwest part of the Region. Pukatawagan is also part of the Region. The Authority delivers its services through hospitals and other health care facilities. Hospitals are located in Flin Flon, The Pas and Snow Lake. The Authority is a registered charity under the Income Tax Act and accordingly, is exempt from income taxes, provided some requirements of the Income Tax Act are met.

#### b) Assumption of Responsibility for Facilities and Operating Authority

Pursuant to certain terms and conditions under various transfer agreements, the Authority took over management of facilities consisting of land and buildings together with equipment, other assets, liabilities and general operating authority as of April 1, 1997 from the following previously independently operating boards:

- The Board of Directors of the Flin Flon General Hospital, Flin Flon Personal Care Corporation and Northern Lights Manor
- The Board of Directors of The Pas Health Complex
- The Board of Directors of the Snow Lake Medical Nursing Unit
- Manitoba Health (Community Services)

#### 2. Summary of Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles:

##### a) Contributed Services

Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

##### b) Inventory

Medical, drugs and other supplies are valued at the lower of average invoice cost and net realizable value.

##### c) Retirement Entitlement Obligations

The Authority applies the accounting recommendations for employee future benefits contained in Section 3461 of the Canadian Institute of Chartered Accountant's Handbook.

##### d) Revenue Recognition

The Authority follows the deferral method of accounting for contributions which include donations and government grants.

Under the Health Insurance Act and Regulations thereto, the Authority is funded primarily by the Province of Manitoba in accordance with budget arrangements established by the Ministry of Health. Operating grants are recorded as revenue in the period to which they relate. Grants approved, but not received, at the end of an accounting period, are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured.



Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized. Externally restricted donations are recognized as direct increases in deferred contributions. Restricted investment income is recognized as revenue in the year in which the related expenses are recognized. Unrestricted investment income is recognized as revenue when earned.

**e) Capital Assets**

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Improvements and betterments which extend the estimated useful life of an asset are capitalized. When a capital asset has diminished its usefulness in providing the service, its carrying amount is written down to its residual value.

The Authority has adopted the policy of amortizing its capital assets on a straight-line basis using the following annual rates:

Land improvements	2.5%
Buildings	2.5%
Buildings service equipment	10.0%
Major equipment	10.0%
Computer equipment and software	20.0%

No amortization is provided for construction in progress until the project is complete or until the principal retirement of related debt commences.

**3. Economic Dependence**

The Authority is funded primarily by the Province of Manitoba in accordance with budget arrangements established by the Ministry of Health.

**4. Accounts Receivable/Due from Manitoba Health**

	<u>2005</u>	<u>2004</u>
<b>a) Accounts Receivable</b>		
Ambulance	\$ 685,313	\$ 792,431
Residents	269,055	380,301
Employee computer loans	88,002	69,018
Government of Canada	94,085	70,676
Other government agencies	54,574	43,434
Sundry	10,180	57,874
	<u>1,201,209</u>	<u>1,413,734</u>
Less allowance for doubtful accounts	(104,383)	(262,782)
	<u>\$ 1,096,826</u>	<u>\$ 1,150,952</u>
<b>b) Due from Manitoba Health</b>		
Out of Globe – 2003	\$ -	\$ 45,769
Out of Globe – 2004	1,346,193	2,010,020
Out of Globe – 2005	1,029,329	-
Recovery from Saskatchewan payable to Manitoba – 2004	<u>(1,173,000)</u>	<u>-</u>
Ancillary Programs	<u>82,945</u>	<u>71,475</u>
Approved capital funding	<u>927,284</u>	<u>88,423</u>
Vacation benefit entitlements	<u>2,839,934</u>	<u>2,839,934</u>
	<u>\$ 5,052,685</u>	<u>\$ 5,055,621</u>
<b>c) Due from Manitoba Health</b>		
Pre-retirement obligation entitlements	<u>\$ 2,654,372</u>	<u>\$ 2,654,372</u>

**5. Deferred Contributions**

**a) Related to expenses of future period**

**i) Major repairs and improvements**

Deferred contributions related to future major repairs and improvements represent unspent externally and/or internally restricted grants for major repairs and improvements to buildings.

**ii) Donations**

These contributions are externally restricted and are maintained primarily for the purchase of equipment and patient/resident activities.

**iii) Grants**

Deferred contributions related to grants represent externally restricted unspent amounts of grants for various programs.

**b) Related to capital assets**

Deferred capital contributions represent the unamortized amounts of grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

**6. Net Assets Invested in Capital Assets**

Net assets invested in capital assets is calculated as follows:

	<u>2005</u>	<u>2004</u>
Capital assets	\$ 28,793,210	\$ 29,403,959
Amount financed by deferred contributions		
Deferred contributions	(22,701,060)	(23,626,430)
Long-term debt	(4,852,144)	(4,409,377)
	<u>\$ 1,240,006</u>	<u>\$ 1,368,152</u>

**7. External Restrictions**

Net assets are restricted for endowment purposes, and are subject to externally imposed restrictions that the assets be maintained permanently in the Sherry Grey Trust Fund and the St. Paul's Residents Trust Fund. Investment income from these funds is restricted for patients' out of province travel and residents' expenses respectively.

**8. Long Term Debt**

	<u>2005</u>	<u>2004</u>
Flin Flon Hospital, Lab/HVAC, prime less .8%, Royal Bank, guaranteed by Province of Manitoba, payable \$1,400 per month, maturing 2007	\$ 33,622	\$ 50,422
Flin Flon Hospital, Boiler Room, prime less .8%, Royal Bank, payable \$5,095 per month, maturing 2013	468,521	529,661
Flin Flon Personal Care Home, CMHC, 5.62%, payable \$5,486 per month, maturing 2016	540,562	575,666
Flin Flon Personal Care Home Roof, Prime less .8%, Royal Bank, payable \$2,935 per month, maturing 2009	114,471	149,691

NOR-MAN REGIONAL HEALTH AUTHORITY



St. Anthony's Hospital, Fire Alarm Upgrade, prime less .8%, Royal Bank, payable \$2,855 per month, maturing 2015	240,020	274,280
St. Anthony's Hospital, Power Upgrade, prime less .8%, Royal Bank, payable \$2,855 per month, maturing 2007	68,420	102,680
St. Anthony's Hospital, Specialized Equipment, prime less .8%, Royal Bank, payable \$3,665 per month, maturing 2018	549,376	593,356
Residual Borrowings, prime less .8%, Royal Bank, payable \$12,140 per month, maturing 2016	995,253	1,140,933
St. Anthony's Hospital, Obstetrical Reno, prime less .8%, Royal Bank, payable \$4,745 per month, maturing 2014	484,265	541,205
St. Anthony's Hospital, HVAC/Windows, prime less .8%, Royal Bank, payable \$2,395 per month, maturing 2014	244,220	272,960
Flin Flon Hospital, EMS Ramp, prime less .8%, Royal Bank, no set repayment terms	775,000	
Snow Lake Health Centre - PCH Bed Project, prime less .8%, Royal Bank, payable \$3,050 per month, maturing 2015	338,413	178,523
	4,852,143	4,409,377
Less: Current Portion	528,566	491,966
		\$ 3,917,411
	\$ 4,323,577	

Portion due within each of the next five years is as follows:

2006	\$ 528,566
2007	528,566
2008	477,506
2009	468,695
2010	442,286
	\$ 2,445,619

**9. Pre-retirement Obligations**

	<u>2005</u>	<u>2004</u>
Members of the Health Employees Pension Plan		
Members of the Civil Service Superannuation Plan	\$ 3,018,505	\$ 2,654,372

The Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Healthcare Employees Pension Plan is to pay out four days of

salary per year of service upon retirement if the employee complies with one of the following conditions:

- have ten years service and have reached the age of 55 or
- qualify for the “eighty” rule which is calculated by adding the number of years service to the age of the employee
- retire after age 65
- terminate employment at any time due to disability

The Authority’s contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members in the Healthcare Employees Pension Plan and the Civil Service Superannuation Plan is to pay out four days of salary per year of service upon retirement if the employee complies with one of the following conditions:

- have ten years service and have reached the age of 55 or one week of severance pay for each week of service up to 15 years of service
- qualify for the “eighty” rule which is calculated by adding the number of years service to the age of the employee
- retire at or after age 65
- terminate employment at any time due to permanent disability

The Authority undertook an actuarial valuation May 17, 2005 of the accrued retirement entitlements as at March 31, 2005. The significant actuarial assumptions adopted in measuring the Authority’s accrued retirement entitlements include mortality and withdrawal rates, a discount rate of 5.25% and a rate of salary increase of 3.0% plus age related merit/promotion scale with no provision for disability.

Funding for the retirement obligation is recoverable from Manitoba Health on an Out of Globe basis in an amount equal to the amount receivable at March 31, 2004 of \$2,654,372.

## 10. Revenue from Manitoba Health

### **In Globe Funding**

In Globe funding is funding approved by Manitoba Health for Regional Health Authority programs unless otherwise specified as Out of Globe funding. This includes volume changes and price increases for the five service categories of Acute Care, Long Term Care, Community and Mental Health, Home Care and Emergency Response and Transport. All additional costs in these five service categories must be absorbed from within the global funding provided.

Any operating surplus greater than 2% of budget related to In Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statement. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Under Manitoba Health policy the Regional Health Authority is responsible for In Globe deficits, unless otherwise approved by Manitoba Health.

### **Out of Globe Funding**

Out of Globe funding is funding approved by Manitoba Health for specific programs. Any operating surplus related to Out of Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion the approved surplus may be retained by the Authority, or repaid to Manitoba Health.



Conversely, any operating deficit related to Our of Globe funding		\$ 53,900,557
Add: Accruals approved by Manitoba Health:		
Medical remuneration		1,049,425
Deduct: Payments to Manitoba Health for surplus funding for out-of-global items:		
Interest on long-term debt		<u>(20,096)</u>
Total funding approved by Manitoba Health		54,929,886
Add: Items not reflected in Manitoba Health's final funding document:		
Doctor of Day Retroactive Payment	58,194	
MNU Funding Shortfall 2004/2005	67,000	
Snow Lake Bed Expansion	35,538	
Shortfall on 2003/2004 year end settlement	<u>(22,437)</u>	138,295
Deduct: Amounts recorded as deferred contributions:		
Principal reduction on loans	(519,574)	
Major repairs and improvements	(8,153)	
Contribution for basic equipment	<u>(227,569)</u>	(755,296)
Deduct: Other Items:		
Manitoba Finance holdback		<u>(1,773,114)</u>
Revenue from Manitoba Health		<u><u>\$ 52,539,771</u></u>

## 11. Pension Plan

Most of the employees of the Authority are members of the Healthcare Employees Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees. Plan members will receive benefits based on the length of service and on the average annualized earnings calculated on the best five of the eleven consecutive years prior to retirement, termination or death, that provide the highest earnings. The costs of the benefit plan are not allocated to the individual entities within the related group. As a result, individual entities within the related group are not able to identify their share of the underlying assets and liabilities. Therefore the plan is accounted for as a defined contribution plan in accordance with the requirements of the Canadian Institute of Chartered Accountant's Handbook section 3461.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing plan assets in trust and through the Plan investment policy. Pension expense is based on Plan management's best estimate, in consultation with its actuaries, of the amount, together with the 5% of basic annual earnings up to the Canada Pension Plan ceiling contributed by employees, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employee' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the plan as at December 31, 2003, indicates that the plan has a contribution deficiency. A contribution rate increase has been approved commencing July 1, 2005. Actual contributions to the plan made during the year by the Authority on behalf of its employees amounted to \$1,246,575 (2004 - \$1,400,385) and are indicated in the statement of operations.

Some of the employees of the Authority are eligible for membership in the provincially operated Civil Service Superannuation Plan. The pension liability for Authority employees is included in the Province of Manitoba's liability for Civil Service Superannuation Fund. Accordingly, no provision is required in the financial statements relating to the effects of participating in the plan by the Authority and its employees.

## **12. Related Entities**

The Pas Health Complex Foundation, Inc. (the Foundation) is a non-profit voluntary association who's purpose is the betterment of health care at The Pas Health Complex facilities. While there is no formal relationship between the Authority and this registered charitable Foundation, the aims and objectives coincide. The Authority regularly provides the Foundation with a listing of project/equipment requirements for the Foundation to consider in their annual funding process. During the year the Authority received donated equipment valued at \$10,524 (2004 - \$8,211).

## **13. Statement Presentation**

Prior year figures have been restated for comparative purposes.

## **14. Prior Period Adjustment**

Due to a bookkeeping error Flin Flon General Hospital Housing and Ambulance program assets had not been amortized. The comparative figures have been restated to reduce capital assets at March 31, 2004 by \$398,716 to \$29,403,959 and reducing deferred contributions – capital assets by the same amount to \$23,626,430.

## **15. Commitments**

The Authority has entered into a 5 year lease at \$60,000 per annum and two 15 year leases for a total of \$211,200 per annum for buildings housing some of its operations. Aggregate payments therefore total \$1,356,000 for the next 5 years and \$2,112,000 for the ten years following.

**Approved by the NOR-Man Regional Health Authority Board of Directors  
on June 27, 2005.**



## Key Financial Indicators 2003 - 2005

	2005		2004		2003	
RATIO OF ADMINISTRATION COSTS						
Admin Cost	<u>3,548,883</u>	<b>5.96%</b>	<u>3,203,749</u>	<b>5.71%</b>	<u>2,880,376</u>	<b>5.49%</b>
Total Cost	59,517,502		56,153,293		52,418.840	
WORKING CAPITAL RATIO						
Current Assets	<u>6,880,348</u>	<b>83.74%</b>	<u>6,893,157</u>	<b>87.34%</b>	<u>5,807,057</u>	<b>100.69%</b>
Current Liabilities	8,216,538		7,892,252		5,767,481	

Remaining Useful Life of Equipment: Data Not Available

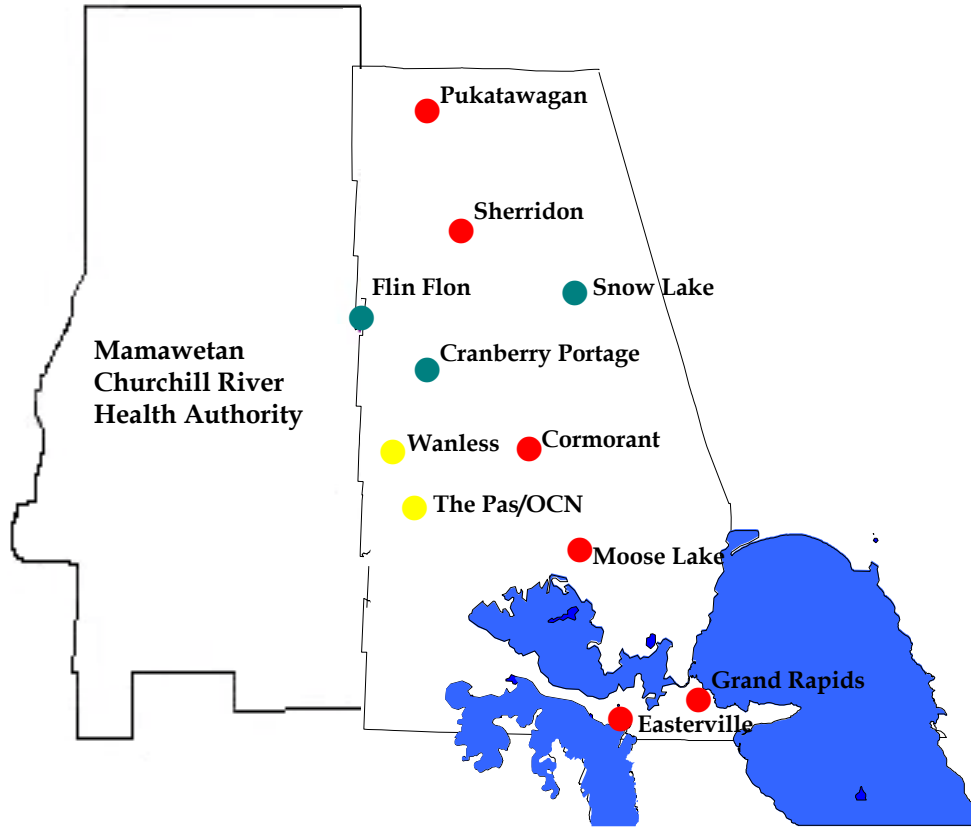
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# HEALTHY PEOPLE IN HEALTHY COMMUNITIES

## “Working Together to Improve Our Health”



**NOR-MAN REGIONAL HEALTH AUTHORITY**

