



# 2006-2007 ANNUAL REPORT





# NOR-MAN REGIONAL HEALTH AUTHORITY 2006 – 2007 ANNUAL REPORT

## Table of Contents

	Page #
Our Region.....	1
Organizational Structure.....	2
A Message from Marc Jackson, Board Chair .....	3
A Message from Drew Lockhart, Chief Executive Officer .....	4
Board Profiles.....	5
District Health Council Membership .....	8
District Health Councils .....	9
Board Mission, Values & Board Ends.....	10
Board Governance .....	11
Board End: Healthy Communities .....	12
• Performance Story: Energy Project .....	14
Board End: Healthy People .....	16
• Performance Story: Teen Health Services .....	20
Board End: Optimal Access to Services.....	21
• Performance Stories: Primary Health Care .....	24
Board End: Excellence in Patient Safety & Quality of Care.....	26
• Performance Story: Ethics Framework .....	32
• Performance Story: WINN Program .....	33
Performance Deliverables .....	34
Challenges .....	38
Capital Plan.....	39
Financial Information .....	41
Key Financial Indicators .....	51

**Cover Photo Courtesy of:  
Marc Jackson (Board Chair), Snow Lake**



## OUR REGION



Covering a large geographical area (72,000 sq. km) and servicing a population of approximately 25,000, 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!

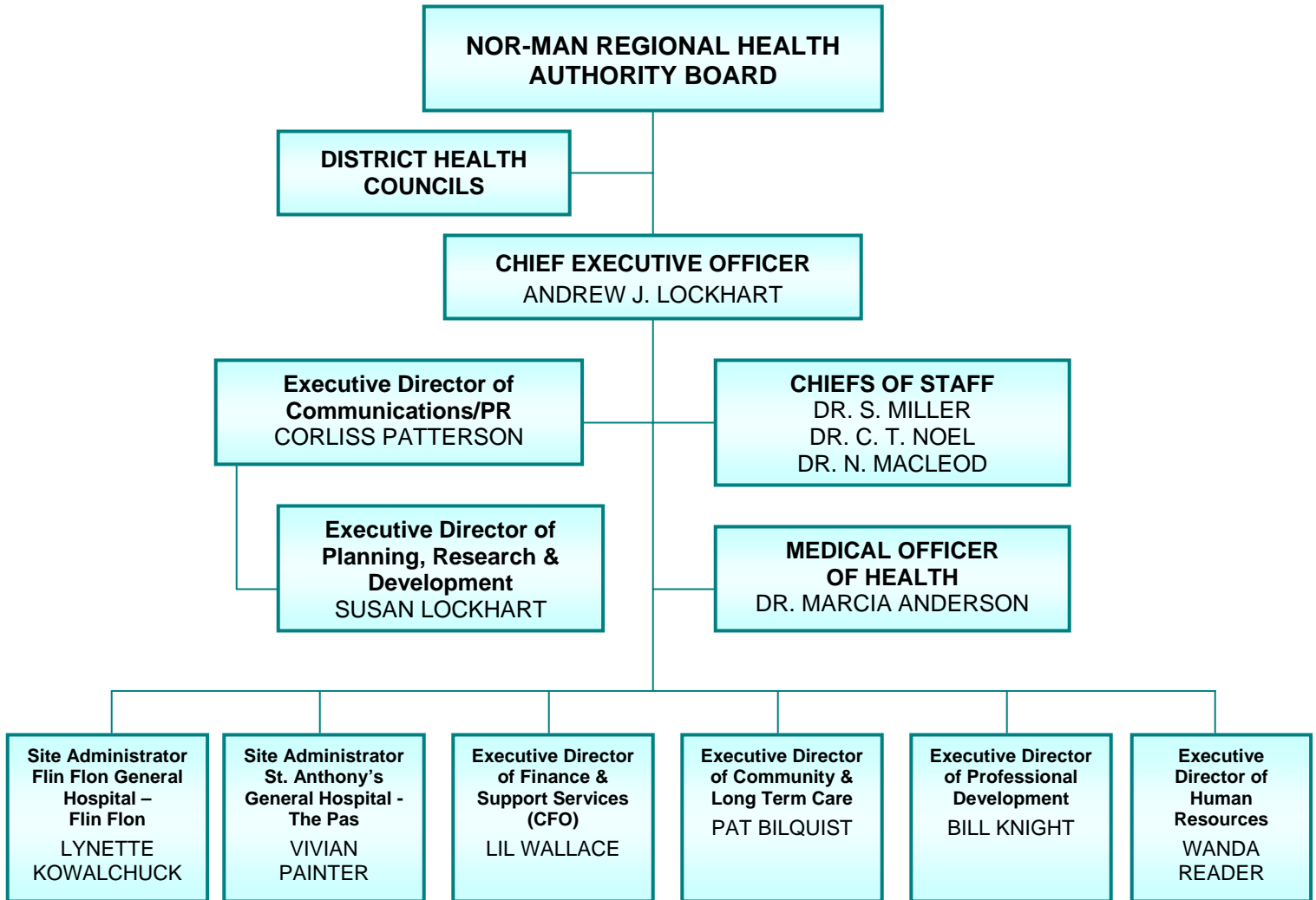
Serving the communities of:

**Flin Flon**  
**The Pas/Opaskwayak Cree Nation**  
**Snow Lake**  
**Cranberry Portage**  
**Wanless**  
**RM of Kelsey**  
**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”***

**NOR-MAN REGIONAL HEALTH AUTHORITY**  
**Organizational Chart**  
**2006-2007**



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



**A Message from Marc Jackson  
Board Chair**



September 2007

The Honourable Theresa Oswald  
Minister of Health  
Room 302, Legislative Building  
Winnipeg, Manitoba  
R3C 0V8

Dear Ms. Oswald:

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, 2007.

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, 2007 have been considered in preparing the Annual Report.

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

Marc Jackson  
Board Chair

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



September 2007

Mr. Marc Jackson  
Board Chair  
NOR-MAN Regional Health Authority

It is with pleasure that I submit the 2006/2007 Annual Report for the Board's consideration.

During this past year, our biggest challenge has been in the department of Human Resources. We have had numerous vacancies in nursing and the other allied health professions. Thankfully, we were able to hire 10 graduating nurses, 6 from University College of the North, 1 from University of Alberta, 1 from University of Manitoba and 1 from Brandon University. Our staff are working hard to orientate them to their new jobs in The Pas and Flin Flon. Our greatest deficit has been in the area of physician services in The Pas. We are expecting three new physicians before the end of the calendar year and will continue with our recruitment efforts.

On a more positive note, our Green Team has conducted an Energy Audit that, with a capital investment, will result in a significant decrease in energy costs and reduction of greenhouse emissions. Facility retrofitting throughout the region will commence in the upcoming year.

The ER/SCU/Dialysis project in The Pas is well underway and on target. We will continue to press Manitoba Health on the need for newly renovated facilities in Flin Flon for the Emergency and Pharmacy Departments.

Thank you to the Board for their ongoing support and dedication. Congratulations to all staff for their hard work and many accomplishments. You are our greatest asset.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Lockhart', written in a cursive style.

Andrew Lockhart  
Chief Executive Officer



## BOARD PROFILES

### **Marc Jackson (Board Chair) – Snow Lake**

Marc has lived his entire life in Northern Manitoba and has been employed for the past thirty years in the maintenance department at J.H. Kerr School. He has been a Councilor for The Town of Snow Lake for a number of terms (1983–1992, 2001-present). Marc has also served on the local Hospital Board (prior to regionalization), Library Board (Present Chairperson), Airport Development Committee, and Youth Justice Committee. He is a Past President of the Snow Lake Canada Day Committee, and served a three-year term as the Secretary on the Board of Directors for the Northern Manitoba Regional Development Corporation. He is a former President of USW Local # 8262, a current Unit Chairperson for USW Local # 7106. For the past ten years he has written, edited, and published a free, independent, monthly, web based newspaper, *The Underground Press*. He does freelance news and human-interest stories, as well as writes a weekly column for the *Flin Flon Reminder*, and also does stories for a bi-monthly magazine titled *Cottage North*. He recently co-authored a book titled *From Gold Showing to Gold Flowing, The Nor-Acme Gold Mine Story*.

### **Doug Lauvstad (Vice-Chair) - The Pas**

Doug is currently the Executive Director, The Pas Campus at the University College of the North. During his 19 years at the University College (formerly Keewatin Community College) he has held a number of senior management and administrative positions, notably in marketing and communications. He is also a member of The Premier's Economic Advisory Council, The Pas Economic Development Commission and the NOR-MAN Regional Health Authority Board of Directors. Born and raised in The Pas, Doug has a keen interest in northern economic and social issues. He has an MBA from Athabasca University (2002).

### **Jim Tobacco (Treasurer) – Moose Lake**

Jim was born in The Pas and spent his early years in Moose Lake before attending Residential School. Later in life, Jim attended the University of Manitoba where he received his Bachelor of Arts degree. He is married, a father and a grandfather. He is a member of the Mosakahiken Cree Nation. For most of his life, Jim has been involved in the development of his community serving in the capacity of Chief for many years and is presently serving a two-year term as Band Councillor. Jim relaxes listening to music, working in his yard and spending time with his family.

### **Doris Habermann – Flin Flon**

Doris retired in 2001 after 40 years of nursing, 30 years of it in Flin Flon. She is a former Board member of Manitoba College of Licensed Practical Nurses, Manitoba Nurses Union, Flin Flon Crisis Centre and Women's Shelter, Keewatin Community College and the former President of Flin Flon Nurses Union. Doris has served/chaired many committees, i.e. Workplace Health & Safety, Political Action, Education, Governance, Ownership Linkage. She is presently Treasurer of Flin Flon NDP Association, Treasurer for Flin Flon & District Labour Co-Ordinating Committee, regional rep to Congress of Union Retirees of Canada (CURC) and a Volunteer on Manitoba Safe Workers of Tomorrow Education team. Doris is very active on committees dealing with women's issues and people living with disabilities and is committed to life-long learning.

### **Dan Davie – Wanless**

Dan retired after thirty-two years of being self-employed in the tourism and food service industries in northern Manitoba. He entered into municipal politics in 1995 and still continues today. He is President of the Community Development Corporation, Vice-Chair of Kelsey Conservation District, Director for Manitoba Conservation District Association, Secretary-Treasurer of Cedar Lake Community Futures, Director of Community Futures Partners in Manitoba, Director of The Pas & Area Recycling Center, 1<sup>st</sup> Vice-President for the Norman Regional Development Corporation, Co-Chair for Highway 283 Task Force which links Northern Manitoba to Western Canada and Director for the Hudson Bay Route Association.

### **Joan Niquanicappo – Opaskawayak Cree Nation**

Joan Niquanicappo has been involved in the health field for the past eleven years. Prior to assuming the Non-Insured Health Benefits (NIHB) Administrator position with the Opaskawayak Health Authority, Ms. Niquanicappo was the Mental Health Director for the Opaskawayak Cree Nation (OCN). She was instrumental in bringing the NIHB program as a pilot to OCN. Joan's husband Robbie hails from Whapmagoostui, Quebec. While living there, Joan held the positions of Director of Administration and Director of Band Operations with the Whapmagoostui First Nation in northern Quebec. She has also been involved at the national and provincial levels in the area of Aboriginal Health. Joan, Robbie and their four sons reside at Opaskawayak Cree Nation, Manitoba.

### **Stella Neff - Grand Rapids**

Stella is a retired educator, having worked in many areas of education which included, English Language Enrichment Consultant, Principal, Cree Language Co-ordinator, classroom teacher at most levels. Stella also worked as Student Co-ordinator for the PENT Program at Brandon University. She is presently the Chair for the Council of Elders, University College of the North. Stella has served on many committees and Boards which include, The Indian and Metis Friendship Center, Association for Community Living, Chair for Fetal Alcohol Syndrome Steering Committee, Parkland Mental Health Council and Manitoba Teachers Society Equality in Education Committee.

### **Gretta Redahl – Flin Flon**

Throughout the years of community service Gretta has come to respect and applaud the individuals that have contributed to the valiant effort of bringing forward visions for the good of the whole community.

Gretta believes that in the nineteen years of work as Administrator of the Flin Flon Public Library she has had the opportunity to work in a variety of multi-discipline organizations such as Greenstone Community Futures Economic Development board, Co-Founder of the Healthy Flin Flon, Member of the Provincial and National Healthy Communities Networks, Director Chamber of Commerce, Chair of the Steering Committee Northern Neighbours Foundation for the future generation of six Northern Communities. She was also a Member of the Manitoba Library Association, Member on the Canada Task Force on Rural and Remote Ministries for the Presbyterian Church of Canada.

The experiences gained from the exposure and lessons learned in the above - taught Gretta that only when people create the will to work together in a cooperative manner - success of the completed vision will be accomplished.



### **Marie Jebb, Opaskawayak Cree Nation**

Marie Jebb is from the Opaskawayak Cree Nation. She received her Bachelor of Nursing Degree From the University of Manitoba and completed the Northern Community Nursing Program at McMaster University in Hamilton, Ontario.

Marie has been employed with the Opaskawayak Cree Nation under the Health Department since 1975. She is passionate about promoting the cultural values and beliefs of her community, recognizing the significance of cultural values and beliefs and their potential implications in terms of care, treatment, and education.

### **Doris Young, Opaskawayak Cree Nation**

Doris Young is a member of the Opaskawayak Cree Nation and is the Advisor to the President on Aboriginal Affairs at the University College of the North (UCN) in The Pas, Manitoba. In her professional capacity, she has traveled extensively throughout Manitoba for many years, becoming very familiar with the Aboriginal communities, particularly those in the North. Doris has also devoted much of her own time to community volunteer work because she believes that this is where we can make a difference in the lives of the people and the communities.

She was the first President of the Indigenous Women's Collective of Manitoba, and was recently honored with the *Circle of Fire* Aboriginal Women's Award for her community work. She was also the Senior Researcher of the Manitoba Aboriginal Justice Inquiry (AJI) and was then appointed an Elder of the AJI Implementation Commission. She is a past member of Board of Governors for University of Manitoba and the Health Science Centre, Winnipeg, Mb. and sits on other volunteer boards at the Opaskawayak Cree Nation. Doris holds a B. A. (Honors) and an M.P.A. from the University of Manitoba.

### **Vivian McKenzie, Cranberry Portage**

Vivian has been a teacher since 1992, and currently teaches Adult Education and monitors Apprentice Programs at Frontier Collegiate in Cranberry Portage. Vivian has lived in Cranberry since 1998 and has worked with teenage and single parent families as part of the education program. She has volunteered for a number of community projects and was a board member and chair of the Child/Family Resource Centre in Cranberry until 2006. Vivian has always been interested in health matters and taught women's health and wellness and parenting skills as part of her Adult program. She has two grown children and was involved with many community activities in Brandon where they lived for 17 years prior to moving to the Norman Region. Vivian spent one year teaching in Sherridon, MB in 1995 and two years on the Ebb & Flow Reserve near Ste. Rose.

### **Allan Rivard, Laronge, SK**

Allan Rivard of La Ronge, Saskatchewan is the Chair for the Mamawetan Churchill River Regional Health Authority in Saskatchewan. Allan was a former Area Director for the Northern Region 1 of the Metis Nation – Saskatchewan. He has Chaired the Jim Brady Development Corporation and the Northern Development Board and is currently Secretary-Treasurer for the Keewatin Career Development Corporation. Allan was also a founding member of the local chapter of the Inter-provincial Association of Native Employment.

**DISTRICT HEALTH COUNCIL MEMBERSHIP**

**Flin Flon**

Laurel Mackie  
Dawn Labine  
Charleen Logan  
Brenda Russell  
Jillian Betke  
Colleen Arnold  
Katie Kawerski

**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  
Edie Turner  
Marcella Fenner



**Snow Lake**  
Maxine Dodds  
Gail Dupont  
Wanda Huff  
John Homeniuk  
Betty Rudd  
Judy Steeves  
Anne-Marie Butt  
Shannon Elliot  
Barb Elliot  
Margaret Yoder

**Cranberry Portage /  
Sherridon**  
Jeanette Brightnose  
Sheila Brightnose  
Melvina Dysart  
June Haybittle  
Elise Morin  
Dolores Samatte  
Jessica Richardson  
Kelly Jacobson

**Grand Rapids**  
Randy Huff  
Don Letkeman-Holst  
Connie Young



## DISTRICT HEALTH COUNCILS

The NOR-MAN Regional Health Authority continues to have seven District Health Councils (DHCs) in the region. They are an important link between the communities they represent and the NRHA Board and staff. The purpose of a District Health Council 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 and report to the NRHA Board of Directors. Each DHC is assigned a staff liaison and a NRHA Board representative. Senior Management also attends a minimum of three DHC meetings throughout the year. A Retreat for the Board, District Health Councils and Senior Management was held September 30, 2006. The focus of the retreat was on the topics “Engaging Communities for the Health of It” and Patient Safety “It’s Safe to Ask” campaign.

Our District Health Council’s have played an active role in the community health assessment process. In 2006-07, a series of Community “Report Back” Forums were offered jointly with the District Health Councils in our communities.

District Health Councils have initiated a number of health promotion/ education events based on community priority areas. Each District Health Council receives \$750 to use towards their planned activities. The following outlines District Health Council accomplishments this past year:

- Flin Flon – sponsored a First Night Out Celebration, Community Health Fair, Christmas at the Zoo. International Women’s Day and TV Turn-Off Sliding Party. They also hosted a Telehealth Open House, developed a Community Health & Support Group Listing and published a Christmas Safety Article in the local newspaper.
- Cranberry Portage – hosted a Nutrition Bingo and Standard First Aid/CPR Course. They also developed a Health & Support Group Listing for Cranberry Portage.
- Snow Lake – purchased crystal meth posters for their community drug strategy. They also ran a bike helmet safety program and hosted a seniors celebration.
- Easterville & Grand Rapids – hosted a Walking Poker Derby, Fishing Derby and Cultural Camp. They also ran an Essay/ Drawing contest.
- The Pas – supported the purchase of E.R.I.K. kits for seniors and participated with their assembly and dissemination. They also updated and distributed the DHC health services directory.
- Cormorant – hosted a breakfast for Metis Days.

Discussions continue with community members in Sherridon and Moose Lake regarding starting a District Health Council and recruitment is presently underway.

### ***Future Strategies...***

- Ongoing recruitment of new members.
- Continue to dialogue with communities without DHC to gauge community interest in forming a DHC.
- Continue to advise and assist the Board and the NRHA on community health issues and concerns.
- Develop an annual priority plan to set priorities and guide operations.
- Actively participate in the roll-out of the “It’s Safe to Ask” Patient Safety Campaign.

## MISSION

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

### NOR-MAN RHA Board of Directors

**Marc Jackson**, *Chair (Snow Lake)*

**Shirley Castel** (*Pukatawagan*)

**Dan Davie** (*Wanless*)

**Doris Habermann** (*Flin Flon*)

**Marie Jebb** (*OCN*)

**Doug Lauvstad** (*The Pas*)

**Vivian McKenzie** (*Cranberry Portage*)

**Stella Neff** (*Grand Rapids*)

**Joan Niquanicappo** (*OCN*)

**Gretta Redahl** (*Flin Flon*)

**Allan Rivard** (*Laronge, SK*)

**Jim Tobacco** (*Moose Lake*)

**Doris Young** (*OCN*)

### VALUES

- Dynamic, innovative, realistic, inclusive and stable leadership.
- Honesty, respect, truthfulness and effective, open communication with those we work with and serve.
- Informed choices for people and 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;
- The person’s right and need for confidentiality of information;
- 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 & Strategic Priorities

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

### **HEALTHY COMMUNITIES**

- ❖ *Increased public awareness of health care services.*
- ❖ *Increased resident involvement in activities that promote healthy lifestyles & personal well-being.*
- ❖ *Increased awareness of illness caused by physical environmental factors.*
- ❖ *Increased culture of trust, cooperation and strong partnerships with Aboriginal groups, community agencies & other jurisdictions responsible for health.*
- ❖ *Increased understanding of regional health needs.*

### **OPTIMAL ACCESS TO SERVICES**

- ❖ *Increased on-site resources in our outlying communities.*
- ❖ *Improved access to service through primary health care.*
- ❖ *Increased knowledge of Primary Health Care.*
- ❖ *Increased specialty services and programs based on demonstrated need & cost effectiveness.*
- ❖ *Maintenance & improvement to our infrastructure.*
- ❖ *Increased use of technology.*
- ❖ *Increased awareness NPTP.*
- ❖ *Reduced jurisdictional barriers to improve access to services*

### **HEALTHY PEOPLE**

- ❖ *Decreased incidence & prevalence of chronic illnesses (including but not limited to Diabetes, tobacco-related illness, Cancer, Cardiovascular, Renal).*
- ❖ *Increased awareness of Mental Health and Co-occurring Disorders initiative (CODI) and expansion of services accordingly.*
- ❖ *Reduced incidence of suicides.*
- ❖ *Decreased incidence & prevalence of addictive practices and behaviors.*
- ❖ *Improved infant/ child/ youth health & promotion of healthy lifestyles.*
- ❖ *Reduced incidence of injuries & poisonings.*
- ❖ *Improved women’s health & promotion of healthy lifestyles.*
- ❖ *Improved men’s health & promotion of healthy lifestyles.*
- ❖ *Improved senior’s health & promotion of healthy lifestyles.*
- ❖ *Improved Aboriginal health & promotion of healthy lifestyles.*
- ❖ *Improved staff health & promotion of healthy lifestyles.*

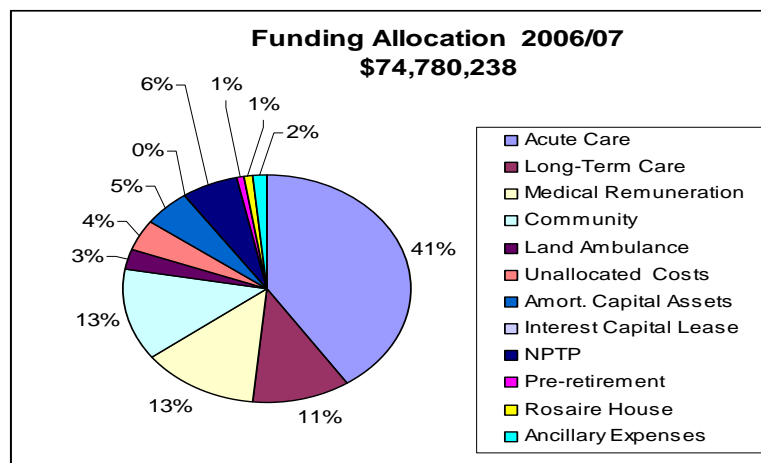
### **EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE**

- ❖ *Ensure safety and quality of care by:*
  - *Creating a culture of patient safety;*
  - *Coordinating services across the continuum; and*
  - *Creating a work life and physical environment that supports the safe delivery of care.*
- ❖ *Ensure accountability within the health system.*
- ❖ *Ensure evidence-based decision-making is used throughout the organization.*
- ❖ *Ensure sustainability within the health system by:*
  - *Optimizing the efficiency and effectiveness in the use of resources;*
  - *Ensuring an adequate and skilled workforce; and*
  - *Developing northern Human Resources*



## BOARD GOVERNANCE

- **Strategic Plan 2006-11** –The Board’s submitted their 2006 -11 Strategic Plan to Manitoba Health in June 2005. The Strategic Plan is based on the issues/needs identified through our comprehensive Community Health Assessment (CHA) completed in September 2004. Based on the results of the Community Health Assessment, the NRHA Board of Directors revisited their 4 Board Ends and developed 28 Strategic Priorities to guide planning for the upcoming years.
- **Health Plan** – Approved by the Board and submitted to Manitoba Health annually.
- **Board Self-Evaluation** - The Board conducts an annual self-evaluation which is used to identify areas and strategies to improve Board performance.
- **District Health Councils** – The Board appoints a Board liaison on each DHC to ensure a strong linkage to our communities.
- **Board Meetings** – Board meetings are open to the public and advertised on our web-site. Minutes of Board meetings will also be posted on the web-site beginning September 2007.
- **Board Committees** – The following Committees are in place:
  - **Audit Committee:** The primary function of this committee is to assist the board in overseeing that the NRHA Management maintains:
    - an adequate system of internal controls,
    - the integrity of the NRHA’s financial statements, and
    - processes to ensure compliance by the RHA with all applicable legal and regulatory requirements and NRHA policy.
  - **Planning & Program Committee:** The primary functions of this Committee is to:
    - identify a list of the ongoing educational needs of the Board and its members.
    - identify alternatives and implications for the Board’s consideration regarding how to meet its education and development needs.
    - identify policy alternatives and implications for the Board’s consideration as requested by the Board.
  - **Governance:** This committee is the Board as a whole and its primary function is to:
    - represent the Board in the CCHSA process through the Governance CQI Team.
  - **Executive Committee:** The primary functions of this Committee is to:
    - make urgent decisions on behalf of the Board only when it is not feasible to convene a Board meeting.
    - identify alternatives and implications for the Board’s consideration following review of reports regarding perceived breaches of the Bylaws.
    - identify alternatives and implications for the Board’s consideration on any matter directed by the Board.





## 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:*

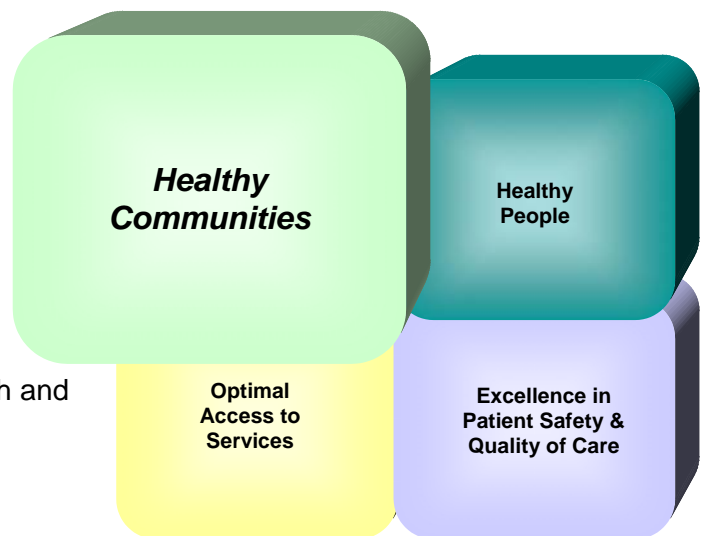
### HEALTHY COMMUNITIES

This Board End speaks to the collective responsibility for health and the need to increase public awareness of available health care services. It also recognizes that in order to improve the health of our people and our communities, we have a collective responsibility for improving health and we can achieve improvements by working in partnership with our community partners.

We strive to keep residents of the NOR-MAN Region informed about their health system and health and wellness opportunities. As such, the NRHA remains committed to an effective communications strategy designed to reach its key audience – residents of the NOR-MAN Region.

#### **Accomplishments.....**

- Providing timely and relevant organizational information to external audiences continues to be a priority. All public documents are posted on NRHA’s website. NRHA now has a general information 1-888 line to allow residents within the region to call toll-free. As of January 2007, the Executive Director of Communications has taken over Complaints Management. Our goal is to have final response to the complainant within 7-10 working days. This response target has been successfully achieved.
- Staff continues to work with community partners on promoting the healthy community and healthy schools concepts and promoting resident involvement in self-help groups.
- Considerable effort has been made by NRHA staff and other external partners to obtain funding for priority initiatives within the region. In 2006-07, we received close to \$1.7 million dollars in external grants to undertake a number of health promotion initiatives throughout the region.
- In the fall of 2006, NRHA conducted a Failure Mode Effects Analysis (FMEA) to identify the operational and capital implications of the phase-out of the incinerator at Flon Flon General Hospital. This information was shared with MB Health to help them understand the implications from a regional perspective.





## Population & Services March 2007

### NOR-MAN Populations Trends

Community	2004	2005	2006
Flin Flon	6369	6280	6179
Grand Rapids	696	686	699
RM of Kelsey	2947	3025	2569
Snow Lake	1171	1025	904
The Pas	7619	7499	7285
Chemawawin FN	600	608	605
Grand Rapids FN	371	379	389
Mathias Colomb CN	1241	1219	1223
Mosakahiken Cree Nation	382	389	388
Opaskwayak Cree Nation	1080	1001	1623
Unorganized Territories	2426	2433	2476
<b>Totals</b>	<b>24,902</b>	<b>24,544</b>	<b>24,340</b>

Source: Manitoba Health June 1, 2006

**NOR-MAN is currently home to 2.1% of the  
Manitoba population**

### Saskatchewan Population Trends

Community	2004	2005	2006
Flin Flon, SK	322	305	272
Creighton	1810	1768	1738
Denare Beach	755	733	788
Peter Ballantyne CN	2288	2249	2099
Pelican Narrows	1665	1741	1953
Sandy Bay	1216	1253	1236
Sturgeon Landing	50	50	48
<b>Totals</b>	<b>8,106</b>	<b>8,139</b>	<b>8,134</b>

Source: Saskatchewan Health June 1, 2006

### NOR-MAN Selected Population Highlights June 1, 2007

Number of Males		Number of Females	
Under 15	3239	Under 15	3067
15 – 64	8112	15 – 64	7885
65+	951	65+	1086

### Saskatchewan Selected Population Highlights June 1, 2007

Number of Males		Number of Females	
Under 15	1366	Under 15	1339
15 – 64	2588	15 – 64	2366
65+	228	65+	247

## So What Services does the NRHA provide?

### NRHA Primary Health Care Services

NRHA has 4 client-centered health teams (Senior's, Youth/Women's Men's and Infant/Child) which offer the following community-based services:

Audiology	Midwifery
Blood Pressure Monitoring	Palliative Care
Congregate Meal Program	Prenatal Classes
Diabetes Education	Preschool Clinics
Dietitian Counseling	Psychologist Services
Family First	School Health Programs
FASD Services	Smoking Cessation
Home Care	Travel Health Program
Heart Health Program	Speech Language Services
Health Promotion	Walking Buddies
Immunization Program	Well Baby Clinics
Injury Prevention	Well Senior Clinics
Mental Health Services	Well Women/Teen Clinics

#### **Flin Flon:**

NRHA Primary Health Care Center – Infant/Child, Youth/  
Women's, Men's (687-1340) @ 1 North Ave  
NRHA Primary Health Care Centre – Senior's (687-4870) @  
50 Church St.

#### **The Pas:**

NRHA Primary Health Care Centre (623-9650) @ 111 Cook

### NRHA Acute & Long Term Care Services

#### **Acute Care:**

We provide inpatient, out patient and diagnostic services in 3 acute facilities in the region:

- NRHA St. Anthony's General Hospital (39 beds) which includes an 8 bed inpatient Adult Psychiatric Unit
- NRHA Flin Flon General Hospital (44 beds)
- NRHA Snow Lake Health Centre (2 beds)

#### **Long Term Care:**

We operate 4 personal care homes (PCH) in the region:

- The Pas (59 beds & 1 respite beds)
- Flin Flon (65 beds & 1 respite bed)
- Snow Lake (4 beds)

#### **Rosaire House Addictions Centre (The Pas):**

- 20 bed residential addiction treatment centre

### NRHA Community Health Centres:

- NRHA Cranberry Portage Health Centre @ 472-3338
- NRHA Cormorant Nursing Station @ 357-2161
- NRHA Sherridon Nursing Station @ 468-2012
- NRHA Snow Lake Health Centre @ 358-2287

### NRHA Partnerships - External Grants

Nature of Grant	2006/07 Grant Values	Prior Grant Values
Chronic Disease Prevention Initiative (CDPI)	\$70,000	\$70,000
P.A.R.T.Y. Program	\$1,229	\$1,866
Safe Kids Week / Injury Prevention	\$1,400	\$11,313
Children's Therapy Initiative	\$70,000	\$66,000
Parent/Child Coalition	\$150,000	\$450,000
International Women's Day	\$500	\$1,750
Employment Grants	\$8,995	\$11,736
In-Motion	\$9,000	
MAAW (Manitoba Addiction Awareness Week) – Seniors & Addiction	\$300	
Hospital Auxiliary	\$1,550	
New Horizons – SOS	\$15,000	
The Pas Mentor Program	\$164,500	\$825,391
Teen Health Services	\$55,810	
Healthy Smile Happy Child	\$75,000	
Retinal Screening Program	\$112,445	
Diabetes Risk Assessment	\$50,000	
Advanced Education & Training	\$30,000	
Play It Safer Network	\$55,000	\$99,721
Tobacco Tackle		\$38,200
Cervical Screening		\$10,000
Healthy Eating Habits		\$61,570
Injuries are No Accident		\$256,801
Healthy Schools	\$1,500	
The Pas Homeless Shelter	\$799,995	
New Horizons – Golden Agers	\$1,000	
Lift for Life		\$110,000
<b>Total</b>	<b>\$1,673,224</b>	<b>\$2,014,348</b>

### Performance Story Energy Project

NRHA is committed to a long-term corporate energy management plan that sets measurable energy-reduction targets with a goal to reduce greenhouse gas emissions. Over the past few years, energy costs have been increasing in our region such that our energy budget is poised to exceed the 1.2 million-dollar threshold. Increases in costs have been a direct result of energy costs, especially oil and propane, and aging building infrastructure. As a result, we have developed an energy management plan with the following objectives:

- Work aggressively towards reducing energy consumption/ costs.
- Reduce greenhouse gases and contribute to Canada's Kyoto requirements.
- Reduce deferred maintenance and renew aging infrastructure.
- Improve patient and staff comfort.
- Establish NRHA as a model organization for sustainable facilities.



### Performance Story: Energy Project (con't)

Some of our accomplishments to date include:

- We have been active members in the community recycling projects and have an Environment CQI Team in place.
- All Capital Projects are planned to adhere with LEED certification.
- In December 2003, we became a member of the Energy Innovators Initiative; a program sponsored by Natural Resource Canada's Office of Energy Efficiency.
- In 2006, we received the MB Hydro Power Smart Design Standards Designation plaque. This plaque was presented to The Pas EMS facility for achieving a 25% reduction in energy usage in comparison to other similar buildings as a result of the design of the building.

#### The Energy Project

In September 2004, we undertook an energy management feasibility study. The study identified a wide variety of capital retrofit measures that could be implemented with simple paybacks ranging from two to twelve years. In combination, these measures would save NRHA approximately 16% of annual utility costs (\$240,000 annually) and would result in a reduction of 670 tonnes of greenhouse gas emissions annually.

Based on the results of the feasibility study, an Energy Project was developed. The project requires a capital investment of \$1.9 million dollars with a pay back period of 12.4 years. The reduction in energy and operating costs will be achieved through upgrades and retrofits to existing building systems including lighting systems; heating, ventilation and air conditioning systems; automated building controls; building envelope; domestic water system; electrical systems and alternative energy solutions (i.e. solar walls). We have received a number of grant incentives including significant grants from Manitoba Hydro and Natural Resources Canada.

The Energy Project was approved by the NRHA Board and Manitoba Health in the fall of 2006. We are in the final design stage with upgrades and retrofits targeted for completion by the fall of 2008.

*We are one of the first Regional Health Authorities in the province to undertake such a project and we are committed to continuing to work towards fulfilling our Energy Management Plan objectives.*

#### **Future Strategies...**

- Continue to support the operation of District Health Councils (DHC) in the region and to ensure the structure allows for community participation and priority setting.
- Continue to nurture and improve the type and level of inter-sectoral initiatives.
- Continue to focus on health promotion and disease prevention and to seek out external grants for programming in priority areas.
- Continue to meet with municipalities to keep them updated on RHA activities.
- In conjunction with MB Health, continue to work towards compliance with Canada-wide standards for the reduction of emissions of furons/ toxins and mercury with Flin Flon's incinerator.
- Develop a waste management plan.
- Complete our Energy Project.

## HEALTHY PEOPLE

This Board End speaks to the many health issues that were identified through the Community Health Assessment on the health status of NOR-MAN residents. It was identified that many of our health issues relate to lifestyle issues and in order to improve health status we need to focus on health promotion and primary prevention.



### **Accomplishments.....**

- We continue to place a strong focus on health promotion initiatives such as Tobacco Tackle Teams, PARTY (Preventing Alcohol Related Trauma in Youth Program), Healthy Active Living Initiative, In Motion, Families First, Stop FAS/D, etc.
- Work is currently underway in consultation with NRHA communities to identify and implement chronic disease prevention initiatives. We have formed two Steering Committees to work with communities to develop 5-year plans on initiatives that align with the Chronic Disease Prevention Initiative.
- Mental Health and Addictions staff have been working closely with the other northern RHA's on the Co-occurring Disorders Initiative. Implementation plans to improve access to services and treatment for NRHA residents with co-occurring mental health and substance use disorders are well underway.
- The Healthy Smiles, Happy Child Project was initiated through provincial funding in 2006-07 to address early childhood dental caries.
- In February 2007, NRHA received funding from Healthy Child Manitoba for the development of the Teen Health Clinic project in The Pas, Flin Flon and Cranberry Portage.
- An increase in the participation rate in the MB Breast Screening Program was achieved in 8 NRHA communities with a record number of women (836) being screened.
- Primary Health Care Nurses trained in cervical screening now are provided with a Health Service Provider number and are able to supply their data to MB Health. This was not possible in the past and impacted the accuracy of the data we received from MB Health. Over the past several years, there has been increased promotion on the importance of cervical screening. A number of initiatives have been undertaken including the introduction of women's wellness clinics and cervical cancer screening at the Primary Health Care Centres in The Pas and Flin Flon. We now have regular health clinics in Cormorant, Cranberry Portage, and Sherridon.
- NRHA is partnering with the University College of the North in the delivery of the Northern Aboriginal Midwifery Education Program, which started in September 2006 at two northern sites (The Pas and Norway House).
- A Well Senior's initiative is in place to promote quality of life, Aging in Place and seniors' wellness. Some of the programs implemented throughout the region including Movement that Matters, Congregate Meal Programs and In Motion groups.
- In Long Term Care, the Eden Philosophy (focus on the concept of respect in an elder-centered environment) has been developed and the education strategy is in the process of being rolled out. A falls prevention program has also been developed.
- We are currently working on a partnership with FNIHB, Opaskwayak Health Authority and other key stakeholders for a two-year project to hire an Aboriginal Coordinator. This project will focus on partnership building, building a culturally sensitive environment and a representative workforce strategy.
- The Human Resources Team continues to promote employee wellness initiatives throughout the region. Two new areas of focus in 2006-07 included the development of an Employment Wellness Clinic and a Respectful Workplace program.



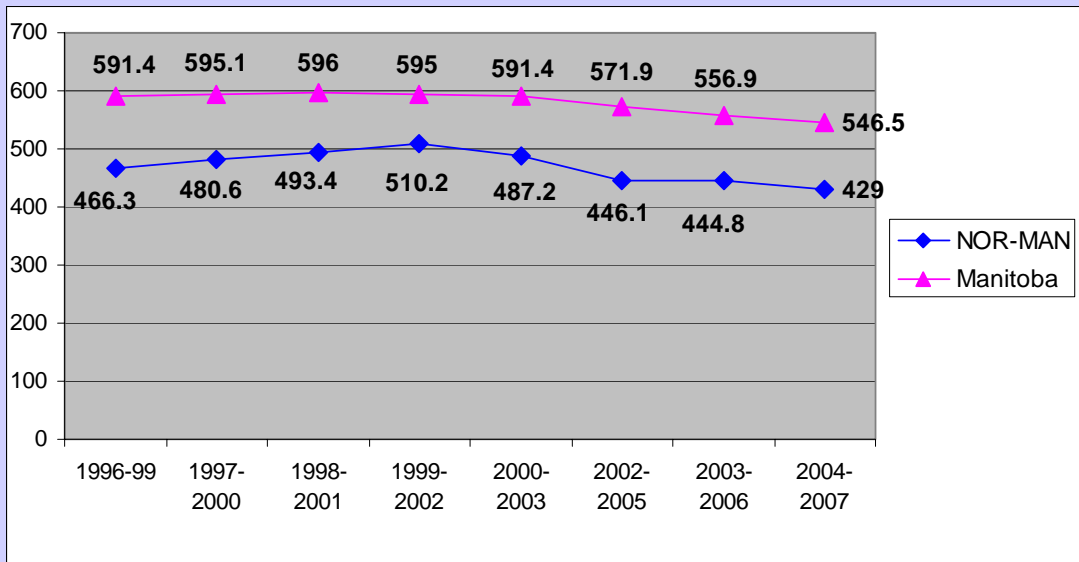
<b>% Mothers Initiating And Maintaining Breastfeeding For 4 Or More Months Audit Of Client Files (1<sup>st</sup> 6 Months Of Each Year)</b>					
<b>Community</b>	<b>Year</b>	<b>Total # of births</b>	<b>% Initiating breastfeeding</b>	<b>% breastfeeding at 4 months</b>	<b>Of those initiating, % breastfeeding at 4 months</b>
<b>Flin Flon</b>	<b>2002</b>	36	30 (83%)	12 (37%)	40%
	<b>2003</b>	32	26 (81%)	17 (53%)	47%
	<b>2004</b>	33	13 (40%)	11 (33%)	84%
	<b>2005</b>	33	27 (82%)	16 (48.5%)	59%
	<b>2006</b>	25	17 (68%)	15 (60%)	88%
<b>The Pas</b>	<b>2002</b>	58	31 (53%)	17 (29%)	55%
	<b>2003</b>	50	27 (54%)	20 (42%)	74%
	<b>2004</b>	69	54 (78%)	30 (43%)	55%
	<b>2005</b>	52	44 (85%)	27 (64%)	61%
	<b>2006</b>	36	27 (75%)	20 (55.5%)	74%
<b>Snow Lake</b>	<b>2002</b>	11	8 (73%)	5 (20%)	62%
	<b>2003</b>	11	10 (91%)	5 (27%)	30%
	<b>2004</b>	10	8 (89%)	2 (22%)	29%
	<b>2005</b>	4	3 (75%)	1 (25%)	33%
	<b>2006</b>	3	3 (100%)	1 (33%)	33%
<b>Sherridon</b>	<b>2002</b>	1	0 (0%)	0 (0%)	0%
	<b>2003</b>	1	1 (100%)	1 (100%)	100%
	<b>2004</b>	1	1 (100%)	0 (0%)	0%
	<b>2005</b>	2	Unknown	-	-
	<b>2006</b>	0	-	-	-
<b>Cranberry Portage</b>	<b>2002</b>	2	2 (100%)	0 (0%)	0%
	<b>2003</b>	10	8 (80%)	7 (70%)	88%
	<b>2004</b>	6	6 (100%)	5 (83%)	83%
	<b>2005</b>	3	1 (33%)	1 (33%)	100%
	<b>2006</b>	3	2 (66%)	1 (33%)	50%
<b>Cormorant</b>	<b>2002</b>	9	5 (58%)	2 (22%)	40%
	<b>2003</b>	4	3 (74%)	2 (50%)	67%
	<b>2004</b>	6	2 (66%)	0 (0%)	0%
	<b>2005</b>	8	8 (100%)	1 (12.5%)	12.5%
	<b>2006</b>	1	0 (0%)	-	-
<b>Totals for</b>	<b>2006</b>	<b>68</b>	<b>49 (72%)</b>	<b>37 (54.4%)</b>	<b>75.5%</b>
	<b>2005</b>	<b>85</b>	<b>71 (83.5%)</b>	<b>43 (50.5%)</b>	<b>60.6%</b>
	<b>2004</b>	<b>102</b>	<b>67 (65.7%)</b>	<b>41 (40.1%)</b>	<b>61.2%</b>

Source: NRHA

**\*This data reflects only communities that transferred to the RHA  
Data is based on manual counts for only the births in the first six months of each year.**

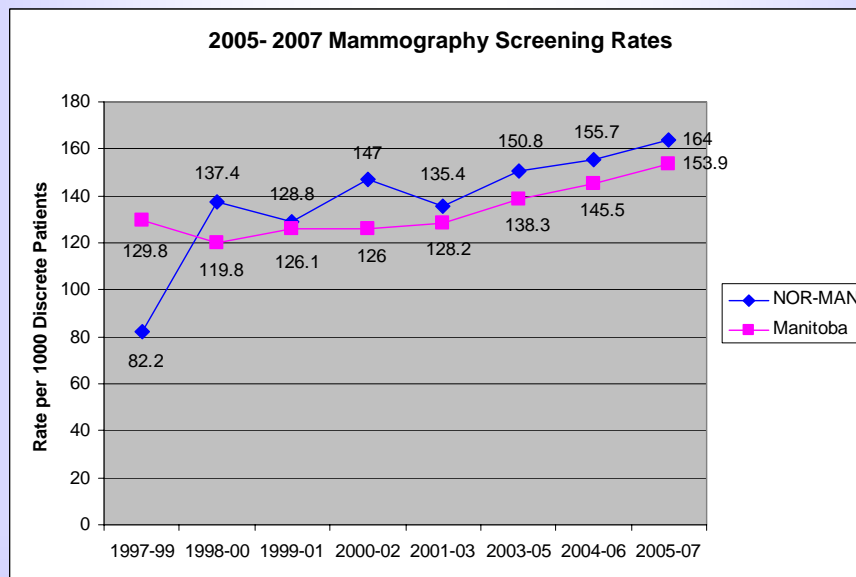
Data from Statistics Canada (1996-97) reported that 31.9% of Canadians and 31.9% of Manitobans breastfed for at least 3 months. For the period of 1996-2000, the initiation rate for MB was 79.67% while for NRHA it was 63.71%. Overall the percentage of mothers initiating breastfeeding continues to improve each year, as do the number of mothers breastfeeding at 4 months.

### Cervical Screening Rates (per 1000 discrete patients)



Source: MB Health Decision Support Services

### Mammography Screening Rates (per 1000 discrete patients)



Source: MB Health Decision Support Services



### Mobile Breast Screening Rates

Community	2000	2001	2002	2003	2004	2005	2006
Flin Flon	69%	<b>72%</b>	<b>73%</b>	61%	62%	66%	65%
Channing	56%	50%	50%	36%	25%	46%	58%
Cormorant	69%	50%	46%	32%	50%	54%	61%
Cranberry	<b>71%</b>	<b>73%</b>	61%	52%	46%	50%	52%
Sherridon	38%	33%	33%	17%	46%	33%	0%
Snow Lake	<b>78%</b>	<b>73%</b>	<b>77%</b>	55%	59%	58%	69%
Wanless	65%	44%	50%	44%	58%	65%	60%
The Pas	66%	60%	63%	60%	60%	54%	52%
OCN	-	-	<b>73%</b>	68%	67%	57%	63%
Moose Lake	<b>70%</b>	<b>75%</b>	<b>70%</b>	46%	63%	50%	51%
Easterville	58%	54%	58%	42%	52%	53%	52%
Grand Rapids	<b>71%</b>	52%	58%	40%	44%	44%	46%
Pukatawagan		<b>81%</b>	68%	35%	48%	43%	59%
<b>Regional Total</b>	<b>68%</b>	<b>65%</b>	<b>67%</b>	<b>57%</b>	<b>58%</b>	<b>57%</b>	<b>57%</b>

The bolded #'s above show the communities that were able to achieve the Canadian goal of reaching 70% of the population of women aged 50 to 69 years every two years

Source: Manitoba Breast Screening Program (MBSP)

*The shaded numbers above show the communities that were able to achieve the Canadian goal of reaching 70% of the population of women aged 50 to 69 years.*

### Immunization Rates

*% of NOR-MAN children receiving required immunizations as per the routine immunization schedule. Manitoba (%) in brackets.*

	2001	2002	2003	2004	2005
<b>DaPTP-HIB &gt; 1yr</b>	70 (82)	61 (77)	81 (81)	74 (80)	73 (79)
<b>DaPTP-HIB 2yrs</b>	78 (75)	78 (75)	68 (69)	68 (70)	67 (68)
<b>DaPTP-HIB 7yrs</b>	-	82 (76)	79 (76)	77 (71)	74 (69)
<b>MMR 2yrs</b>	97 (86)	98 (87)	84 (86)	89 (86)	88 (85)
<b>Measles 7yrs</b>	-	86 (81)	83 (81)	82 (76)	82 (75)
<b>Mumps/Rubella 7yrs</b>	87 (82)	96 (94)	95 (95)	93 (92)	95 (91)
<b>Complete for Age - 17yrs</b>		50 (48)	52 (48)	57 (52)	54 (53.5)

Data Source: Manitoba Immunization Monitoring System (MIMS), Annual Report 2005

## Performance Story Teen Health Services

NOR-MAN teens in the communities of Flin Flon, The Pas and Cranberry Portage have access to enhanced teen health services. The overall goal of the NOR-MAN Teen Health Services project is to increase teen's (ages 10 – 19) ability to make healthy lifestyle choices. To achieve this goal the following objectives have been established to:

- implement teen reproductive health clinics at the Primary Health Care Centres in Flin Flon, The Pas and the Cranberry Portage Wellness Centre
- enhance clinical and health promotion services in the following high schools: Hapnot Collegiate, Many Faces Alternate High School, Frontier Collegiate Institute, Great Expectations Alternate School/ PACE Program and Margaret Barbour Collegiate Institute by having a Primary Health Care Nurse in each school a minimum of ½ day per week
- develop and implement a regional health promotion plan for teen health issues
- ensure an effective referral system to link youth with community services as required.

The Minister of Healthy Living announced publicly on the 14<sup>th</sup> of February that the NOR-MAN Regional Health Authority, Primary Health Care Youth/Women's Team proposal was selected to receive funding through Healthy Child Manitoba to implement the enhance NRHA teen health services program.

### ***Strategies for the Future...***

- Continue to work collaboratively with the University College of the North in the implementation of an Aboriginal Midwifery program.
- Continue to focus on Supportive Housing Options for Seniors.
- Continue to focus on Retinal Screening Program.
- Continue to focus on the MB Mobile Mammography Screening Program.
- Continue to focus on our Healthy Smiles/ Healthy Child Initiative.
- Continue to focus on our Teen Health Clinics.
- Continue to focus on our Chronic Disease Prevention Initiative.



## OPTIMAL ACCESS TO SERVICES

This Board End speaks to improving access to services. It is recognized that, where possible, we need to be creative using technology such as Telehealth; and bring specialty services to the region. It addresses the priority of continuing to work on our Primary Health Care model and the need to continue to work towards reducing the jurisdictional barriers that exist as not to impact an individual's ability to access the necessary services.

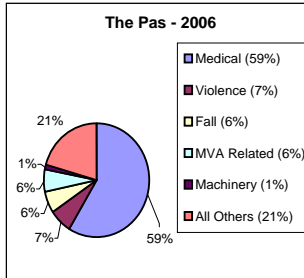
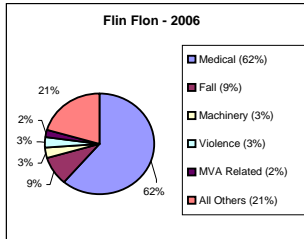


### ***Accomplishments....***

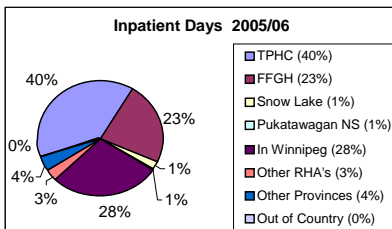
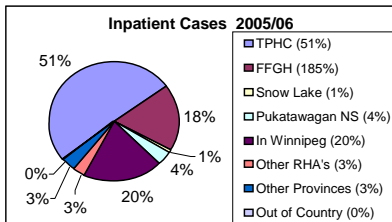
- An NRHA Services Chart was developed and was circulated to partner agencies to provide an overview of NRHA services provided in each community. This will be updated on an annual basis and will be posted on our website.
- The Primary Health Care (PHC) Transition 3-year funding project is now complete with our Primary Health Care model in place and functioning. Effective April 1, 2006, a PHC database was in place to record all encounters with Primary Health Care services. The transitioning of all community services into a comprehensive integrated health record has been achieved.
- We continue to provide itinerant specialty services within the region. In 2006-07, itinerant clinics for Orthotics, Child Development, Psychiatric consultations (children, adult and geriatrics), Mobile Breast Screening, Endoscopy and Neurology were provided. Colposcopy is now a service that is provided in The Pas by a local physician.
- In planning for the temporary move of St. Anthony's Emergency Department to the third floor during construction of our new Emergency Department, all user groups participated in a Failure Mode Effects Analysis (FMEA) to identify potential concerns of having the Emergency Department on 3rd floor. A planning team was formed and all operational issues identified through the risk assessment were addressed prior to the move to the third floor in January 2007.
- An IT computer education needs survey was completed in the spring of 2006 and a trainer has been providing training in identified priority areas.
- NOR-MAN's Telehealth sites in Flin Flon and The Pas continue to be among the busiest in the province. FNIHB funded a telehealth unit in Pukatawagan and it came on line in April 2006. A second telehealth was added to Flin Flon in February 2007 which has helped resolve the network unavailability in Flin Flon. Snow Lake's telehealth site has been operational for two years. Telehealth utilization in Snow Lake increased by 35% over the previous year.

## RESPONSIVENESS STATISTICS

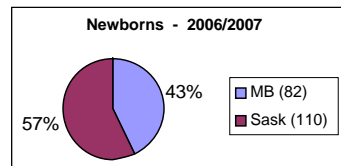
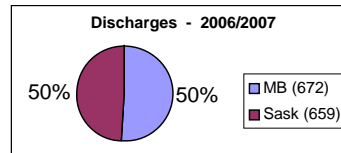
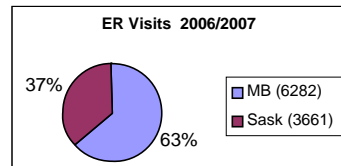
### What EMS responded to?



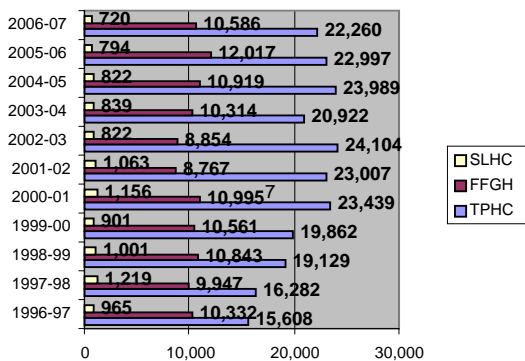
### Where NOR-MAN Residents Access Hospital Services?



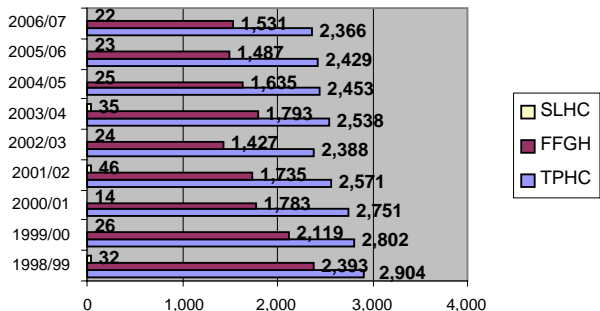
### Saskatchewan Residents Use of FFGH – 2006-07



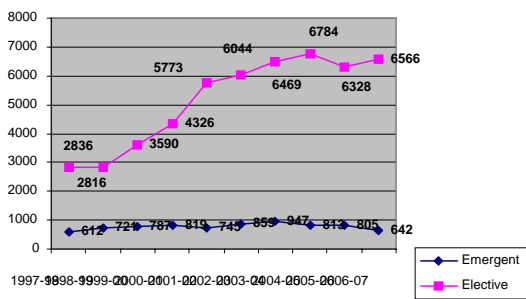
### ER Visits



### Hospital Discharges



### NPTP - Referrals by Category



### Hospital Bed Occupancy Rates

Years	FFGH	TPHC
2003/04	56%	63%
2004/05	47%	66%
2005/06	51%	62%
2006/07	39%	57%

### Newborn Bed Occupancy Rate

Years	FFGH	TPHC
2003/04	24%	24%
2004/05	17%	24%
2005/06	18%	24%
2006/07	18%	25%



**Telehealth Network Utilization Rates**

Session Type	Flin Flon		The Pas		Snow Lake		Manitoba	
	#	%	#	%	#	%	#	%
Clinical	216	41%	270	41%	27	19%	4077	68%
Education	133	25%	220	34%	40	28%	974	16%
Administration	175	33%	164	25%	78	53%	792	13%
Other	6	1%	1	0%	0	0%	152	3%
<b>Total</b>	<b>530</b>		<b>654</b>		<b>145</b>		<b>5995</b>	
2005-2006	496		655		108		4838	
2004-2005	504		572		0		4369	
2003-2004	340		431		0		3724	
2002-2003	223		229		0		-	

*Data Source: MBTelehealth Management Report, 2006/07 Fiscal Year*

**CT Examinations Utilization by Category**

Year	In-Patients	Emergency	Referred In	Total
2005-06	169 (7%)	95 (4%)	2238 (89%)	2502
2006-07	151 (6%)	98 (4%)	2246 (90%)	2495

*Data Source: NRHA Diagnostic Imaging*

*Definition: # and % of CT Examinations by Category by Month (In-Patients, Emergency, Referrals)*

### Average Wait Times and/or Wait Lists for Specific Programs

Program Area		Wait Time
Physiotherapy (The Pas)	Priority	8 weeks
	Non-Urgent	9 weeks
Physiotherapy (Flin Flon)	Priority	0
	Non-Urgent	0
Audiology		Service not available in region. Presently training an Audiometric Technician – see notes on next page.
Speech Language Pathology		1 month
DER	The Pas	1 week
	Flin Flon	2 weeks or less
	Snow Lake	6 weeks or less
	Outlying Communities	6 weeks or less
Mental Health		No wait list
Rosaire House		74 on wait list; 8 week wait time
Home Care		4 on waitlist in The Pas
CT Scan – The Pas		2 weeks (MB = 15 weeks)
Ultrasound	The Pas	2 weeks (MB = 11 weeks)
	Flin Flon	3 weeks
X-Ray	The Pas	Same Day
	Flin Flon	Up to 1 week for non-Urgent
Long Term Care	The Pas	2 people
	Flin Flon	4 people
	Snow Lake	0 people

Source: NRHA Responsiveness Scorecard June 2006

## Performance Stories Primary Health Care

### Chronic Disease Prevention Initiative

Throughout the year (April 2006- March 2007) our Chronic Disease Prevention Initiative has been moving forward with exciting successes. We currently have projects running out of District 1 (Flin Flon, Cranberry Portage and Snow lake) and District 2 (The Pas, OCN, and the RM of Kelsey) with District 3 (Grand Rapids) coming on at the end of the season with plans. At the March 31/07 a total of \$ 56,250 had gone out to community project this past year.

These projects focused on the following objectives

- To reduce the number of youth/young adults beginning to smoke including smokeless tobacco
- To increase the skills of parents and seniors to provide healthy food choices for high need populations.
- To promote physical activity
- To develop and implement a comprehensive strategy to address risk factors

Community partners in these projects have included Schools, Mentors on Tobacco Tackle Teams; the Flin Flon Food Bank, Families First programs, Youth Centres, Community/Parent committees, sports clubs, Parks and Recreation, Indian-Metis Friendship Centre, Manitoba Metis Federation, the Women's Resource Centre, the local Schizophrenia Society, and Seniors groups, to name a few.



## Performance Stories: Primary Health Care (con't)

Projects have been wide ranging in issue, covering every age group. Projects have included the development of healthy nutrition/snack programs for young parents to seniors groups; family fun nights and youth programs that focus activities of healthy eating, smoking cessation and physical activities; as well as smoking cessation programs focused on our youth. Each of these projects have provided many people of many different ages with valuable information and skills to make life changes in their own healthy living. In one project the focus was on a community garden where people from children on up were introduced to the importance of growing healthy foods and coming together as a community of many different generations. Walking, skating, other physical activities were introduced in ways to encourage many people, who might not otherwise be involved, to participate and make it a new and ongoing activity in their daily lives.

### Healthy Smiles Happy Baby

We have received funding for a Healthy Smiles, Happy Child Facilitator under the wait list funding. This position has been allocated to NOR-MAN for a two year period and will cover both NOR-MAN and Parkland regions. This position will work closely with agencies and groups that provide care to children as a facilitator on promotion of healthy dental care.

### Risk Factor and Complication Assessment

We have hired 0.5 EFT RN, term, to assist and coordinate the training for Risk Factor and Complication Assessment effective January 15, 2007. The Diabetes Resource Team will be working closely at providing a series of "Are You At Risk" sessions for the communities as part of the Diabetes awareness campaigns. A number of PHC staff have been trained as part of the RF & CA training. This training will assist health care providers in identifying those individuals that are at risk of developing diabetes. The Complication Assessment component is to assist those individuals that have diabetes in minimizing the complications as a result of the diabetes.

### Social Outings for Seniors

We have received notification that we have been awarded a \$15,000 grant to assist with reducing social isolation among seniors within the community of The Pas. This funding is from the Human Resources and Social Development Canada (Government of Canada).

### *Strategies for the Future...*

- Ongoing focus on improving our infrastructure with capital and safety/security projects.
- Continue to expand itinerant specialty services within the region.
- Continue to expand Telehealth clinical appointments.
- Redevelop Primary Health Care database to ensure all client encounters are captured.
- Continue to pursue funding for provincial programs such as:
  - "Get Better Together"
  - Manitoba Retinal Vision Screening Program
  - Supports to Seniors in Group Living(SSGL)

## EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE

This is a new Board End, which focuses on our commitment to patient safety and continuous quality improvement. It also speaks to the need to be accountable to those we serve and that with finite resources all planning must be done in an evidence-based environment. Also emphasized is the fact that in order to be sustainable as a regional health authority, we need to be efficient and effective in the use of our resources and ensure an adequate and skilled workforce including continuing to develop northern Human Resources.



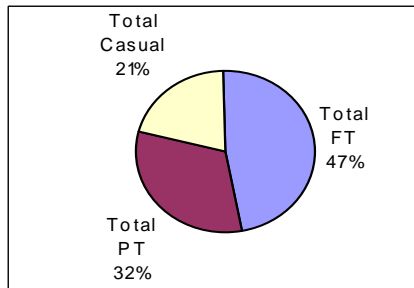
### **Accomplishments.....**

- All CCHSA Recommendations are now integrated into the Health Plan status report. We were required to report to CCHSA on two recommendations by July 2006. In December 2006, we were informed that we successfully met conditions of the report and are accredited until May 2008.
- We continue to place a large emphasis on Continuous Quality Improvement and Patient Safety. Over the past year, CQI teams were busy working on their action plans and indicators based on the results of the Accreditation report. Teams also participated in a pilot for the newly developed electronic HIROC Risk Assessment.
- All policies and procedures are in place to ensure compliance with Bill 17 that was enacted in 2006-07.
- We are currently working on our action plan to ensure compliance with CCHSA “Required Organizational Practices” by May 2008.
- Our Quality Scorecard continues to be released quarterly. All scorecards are published on our web site.
- A Client Satisfaction Policy was developed to ensure a consistent process for administering client satisfaction surveys across programs. Data Capture Software was purchased and will be used to eliminate manual data inputting.
- NRHA has been actively involved in the provincial planning for the next comprehensive Community Health Assessment, which is to be submitted to MB Health by September 30, 2009.
- Our Regional Alert and Response Team continues to be active with the implementation of an Incident Management System. The team has developed a Pandemic Plan and conducted a number of mock exercises to put plans into practice. An evacuation drill schedule has been put in place.
- A regional Patient Care Model has been developed and includes:
  - Nursing Leadership Framework;
  - Patient Care Delivery Model;
  - Patient Care Documentation System;
  - Regional Ethics Framework;
  - Regional Cultural Awareness Training;
  - Nurse Practitioner Model; and
  - Work Integration of New Nurses.



## WORKLIFE STATISTICS

### TOTAL EMPLOYEE COUNT



Total Employee Count	925
Total Full-Time	432
Total Part-Time	295
Total Casual	198

### STAFF PROFILE BY GENDER

**Male= 9.5%**  
**Female= 90.5%**

### % UNIONIZED STAFF

**MB = 89%**  
**NRHA = 93%**

### PHYSICIAN PROFILE

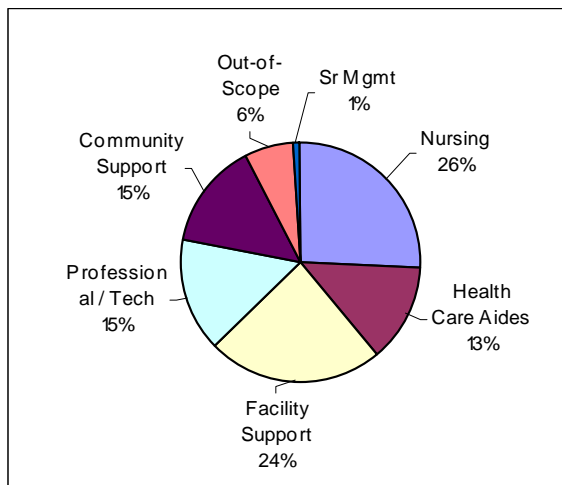
(As of December 1, 2006)

Physician Type	The Pas	Flin Flon	Snow Lake
GP	5	6	2
GP/ Surgeon	1	1	0
GP/ OBS	1	1	0
GP/ Anesthesia	locum	2	0
Radiology	1	1	0

### Regional Physicians:

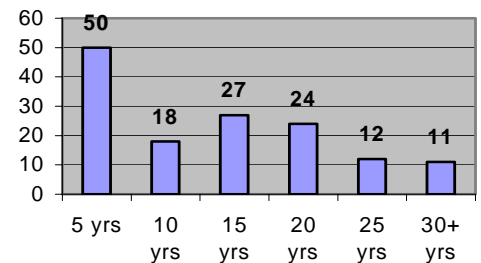
- \*GP/Obstetrics -0
- \*Internal Medicine -1
- \*Psychiatry -1
- \*Pediatrician - 1
- \*Medical Officer of Health - itinerant

### REGIONAL STAFFING PROFILE



### EMPLOYEE FACTS

#### 2006 Years of Service Awards



### Average Age of Employees

NRHA = 45.8 years  
MB Healthcare Average = 43.53 years  
MB = 42.97 years

### Average Years of Service

NRHA = 10.5 years  
MB Healthcare Average = 9.05 years  
MB = 9.79 years

### REGIONAL RETIREMENT PROFILE

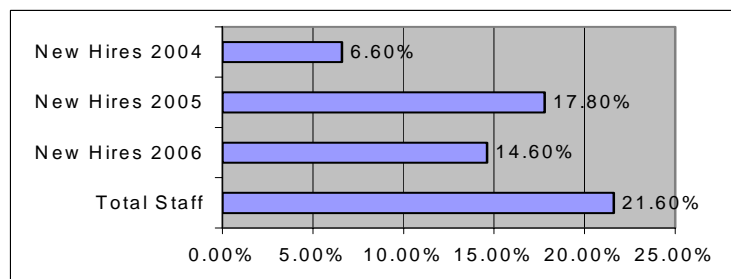
$\frac{50 \text{ potential retirements}}{925 \text{ eligible employees}} =$

**5.4%**

### VOLUNTEER HOURS

**3157**

### % WORKFORCE SELF-DECLARED ABORIGINAL



### Perfect Attendance Award 2005

$\frac{47 \text{ employees}}{727 \text{ eligible employees}} =$

**6.4%**

### Average Vacation/Employee

**5.6 weeks**

## EMS RESPONSE AVERAGES

EMS Response Averages 2003	The Pas		Flin Flon	
	1 <sup>st</sup> Unit	2 <sup>nd</sup> Unit	1 <sup>st</sup> Unit	2 <sup>nd</sup> Unit
Dispatch to Enroute Time, In Town	01:38	04:45	03:41	08:41
Enroute to Arrival Time, In Town	04:03	N/A	04:42	N/A
Dispatch to Arrival Time, In Town	05:41	N/A	08:24	N/A
EMS Response Averages 2004	The Pas		Flin Flon	
	1 <sup>st</sup> Unit	2 <sup>nd</sup> Unit	1 <sup>st</sup> Unit	2 <sup>nd</sup> Unit
Dispatch to Enroute Time, In Town	01:19	06:43	02:07	05:08
Enroute to Arrival Time, In Town	02:52	N/A	04:47	N/A
Dispatch to Arrival Time, In Town	04:11	N/A	06:44	N/A
EMS Response Averages 2005	The Pas		Flin Flon	
	1 <sup>st</sup> Unit	2 <sup>nd</sup> Unit	1 <sup>st</sup> Unit	2 <sup>nd</sup> Unit
Dispatch to Enroute Time, In Town	01:50	05:59	02:26	07:40
Enroute to Arrival Time, In Town	02:48	N/A	04:37	N/A
Dispatch to Arrival Time, In Town	04:38	N/A	07:03	N/A
EMS Response Averages 2006	The Pas		Flin Flon	
	1 <sup>st</sup> Unit	2 <sup>nd</sup> Unit	1 <sup>st</sup> Unit	2 <sup>nd</sup> Unit
Dispatch to Enroute Time, In Town	01:56	06:38	01:41	11:43
Enroute to Arrival Time, In Town	02:57	N/A	04:37	N/A
Dispatch to Arrival Time, In Town	04:53	N/A	07:03	N/A

Source: NRHA EMS

**Definitions:**

*Average Dispatch to Enroute Time (mm:ss), in Town (First Unit & Second Unit)*

*Enroute to Arrival Time, In Town (mm:ss)*

*Dispatch to Arrival Time, In Town (mm:ss)*

*2<sup>nd</sup> Unit Response is the time the 2<sup>nd</sup> crew is paged at home till they are leaving the station to respond to the scene.*

## NOSOCOMIAL INFECTION RATES

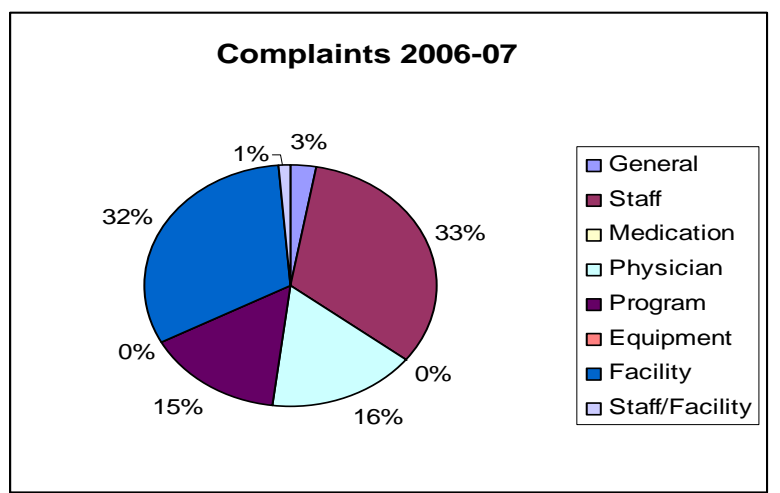
Hospital Rate	2003-04	2004-05	2005-06	2006-07
St. Anthony's Hospital	1.71	1.49	1.07	1.26
Flin Flon General Hospital	0.7	0.6	0.3	0.6
Surgical Rates	2003-04	2004-05	2005-06	2006-07
St. Anthony's Hospital	0.61	0.33	0.89	1.22
Flin Flon General Hospital	1.2	1.2	0.3	1.5
PCH Rates	2003-04	2004-05	2005-06	2006-07
Flin Flon Personal Care Home	0.7	0.1	0.8	0.2
Northern Lights Manor	1.6	0.2	0.6	0.08
St. Paul's	1.29	0.19	0.23	0.18

Source: NRHA Staff Education/ Infection Control

*Locally set standards for infection control are less than 3% for Hospital and Surgical Rates and less than 2.5 infections per 1000 resident days for Long Term Care. NRHA rates are all below the standard that has been set, which is optimal.*



### Complaint Reports

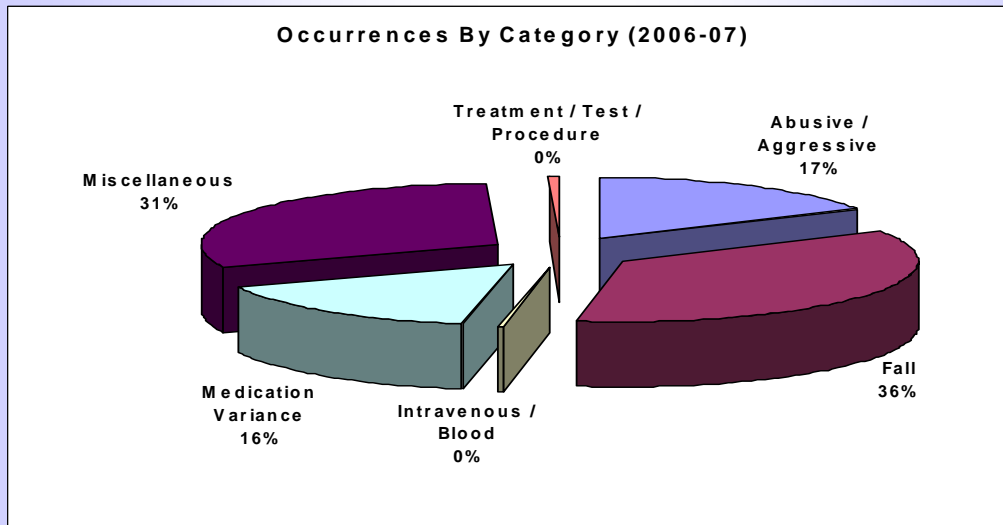


There were a total of 73 complaints in 2006. The majority of complaints came from acute care with 35% at St. Anthony's and 26% at FFGH and 7% from Snow Lake.

Source: NHRA, Risk Management

### Occurrence Reports

Percentage of Occurrences by Type



Between April 1<sup>st</sup>, 2006 and March 31<sup>st</sup>, 2006, there were a total of 1338 occurrences reported. Falls accounted for 36% (477) of all incidents, followed by Miscellaneous at 31% (411); Aggressive/ Abusive at 17% (225); Medication Variance at 16% (215) and Treatment/ Test/ Procedure at > 1% (4). The percentages by category are similar to findings in 2005-06. Of the miscellaneous category, 39% were a result of an accidental injury. Of the occurrence reports, 25% were from St. Paul's Personal Care Home; 21% from St. Anthony's; 15% from Northern Lights Manor; 12% from Flin Flon Personal Care Home; 11% from Flin Flon General Hospital; 3% from Snow Lake; and 13% for all other facilities.

## Client Satisfaction Results

### Community Mental Health

Areas of Excellence	
Staff encouraged me to take responsibility for how I live my life	98.0%
I like the services I receive here	96.2%
I would recommend this agency to a friend or family member	92.5%
I was able to get all services I thought I needed	92.4%
Staff here believe that I can grow, change and recover	88.8%
Staff returned my call in 24 hours	88.8%
If I had other choices, I would still get services from this agency	85.1%

Areas for Improvement	
I do better in social situations	69.6%
I am better able to deal with crisis	69.6%
I was encouraged to use consumer-run programs	69.3%
I am getting along better with my family	67.3%
Staff told me what side effects to watch for	66.6%
I not staff, decided my treatment goals	66.6%
My symptoms are not bothering me as much	60.9%
I was given information about my rights	58.4%
I was able to see a psychiatrist when I wanted to	51.8%
I do better in school and / or work	47.9%
My housing situation has improved	34.8%

Adult Survey Response Rate = 19.7% (27/137 surveys)

We have shown improvements in the following three key areas since the December 2004 survey:

- staff here believe that I can grow, change and recover
- staff encourage me to take responsibility for my life
- the location of services is convenient

The first 2 indicators speak to the values of client empowerment and recovery, which were areas we targeted following the last survey. The 3<sup>rd</sup> indicator speaks to our new location in the Primary Health Care Centres.

### Long Term Care Resident Survey

124 Elder satisfaction surveys were distributed throughout our LTC facilities. Of the 124 distributed, 39 were returned (response Rate = 31% )

- 92% were satisfied with the overall care they receive.
- 65% feel lonely, helpless and bored most of the time.
- 96% felt staff treated them with respect and kindness most of the time.
- 92% felt their privacy was respected most of the time.
- 85% were satisfied with the food.
- 82% were satisfied with the laundry services.
- 92% felt their home was clean.
- 85% were satisfied with recreational activities provided.
- 79% felt their spiritual needs were being met.
- 75% were satisfied with the pets that reside in their home.



Overall, the ratings were high as indicated by an “all of the time” response. The strengths were noted in the areas of staff showing kindness and respect to the Elder, their family and friends, feeling their privacy is respected, feeling safe, and the staff taking time to include Elder in conversations.

The weakness, indicated by a “never” response included feelings of loneliness, boredom and helplessness

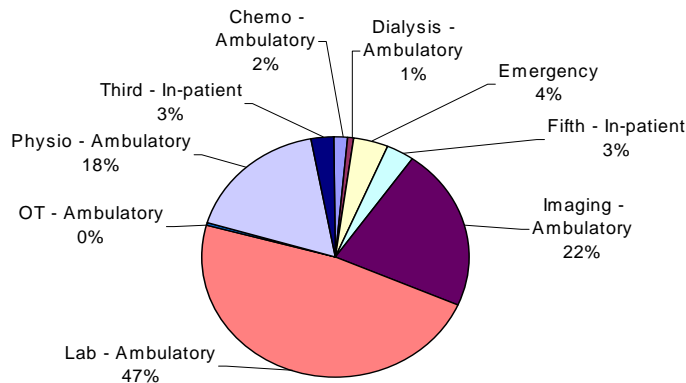
Residents were asked if they could change 3 things about the home they live in and their most common responses were:

- To improve upon the provision of recreational activities to include evenings and weekends
- To improve upon meals and snacks that are provided
- Answer ranged from more pets, less pets, more movies, repainting and more storage space.

### Flin Flon General Hospital Client Comment Card Report

The 2007 NRHA FFGH Patient Comment Card was a paper survey that was distributed to all patients/clients accessing service during the period of Monday February 9 to Friday March 9, 2007. A total of 695 patients/clients completed the Patient Comment Form. Of the 695 patients/clients that completed the Patient Comment Form 466 (67.1%) were Manitoba residents, 223 (32.1%) were Saskatchewan residents, 1 (0.1%) was an Ontario resident and 5 (0.7%) participants did not complete the residency question.

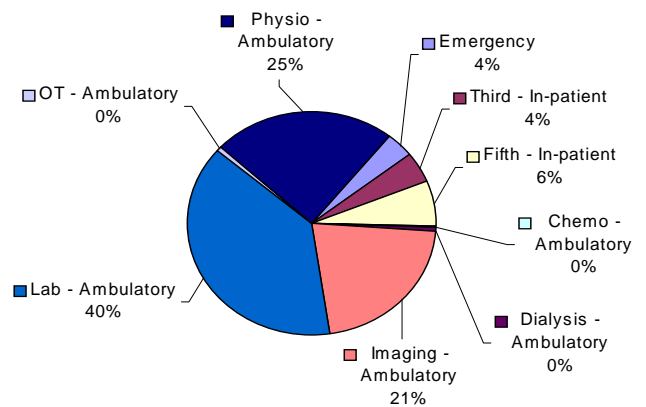
**Total Responses by Department (%)**



*97.3% of all survey respondents were satisfied with the services they received*

*97.8% of Saskatchewan survey respondents were satisfied with the services they received*

**Saskatchewan Responses by Department (%)**

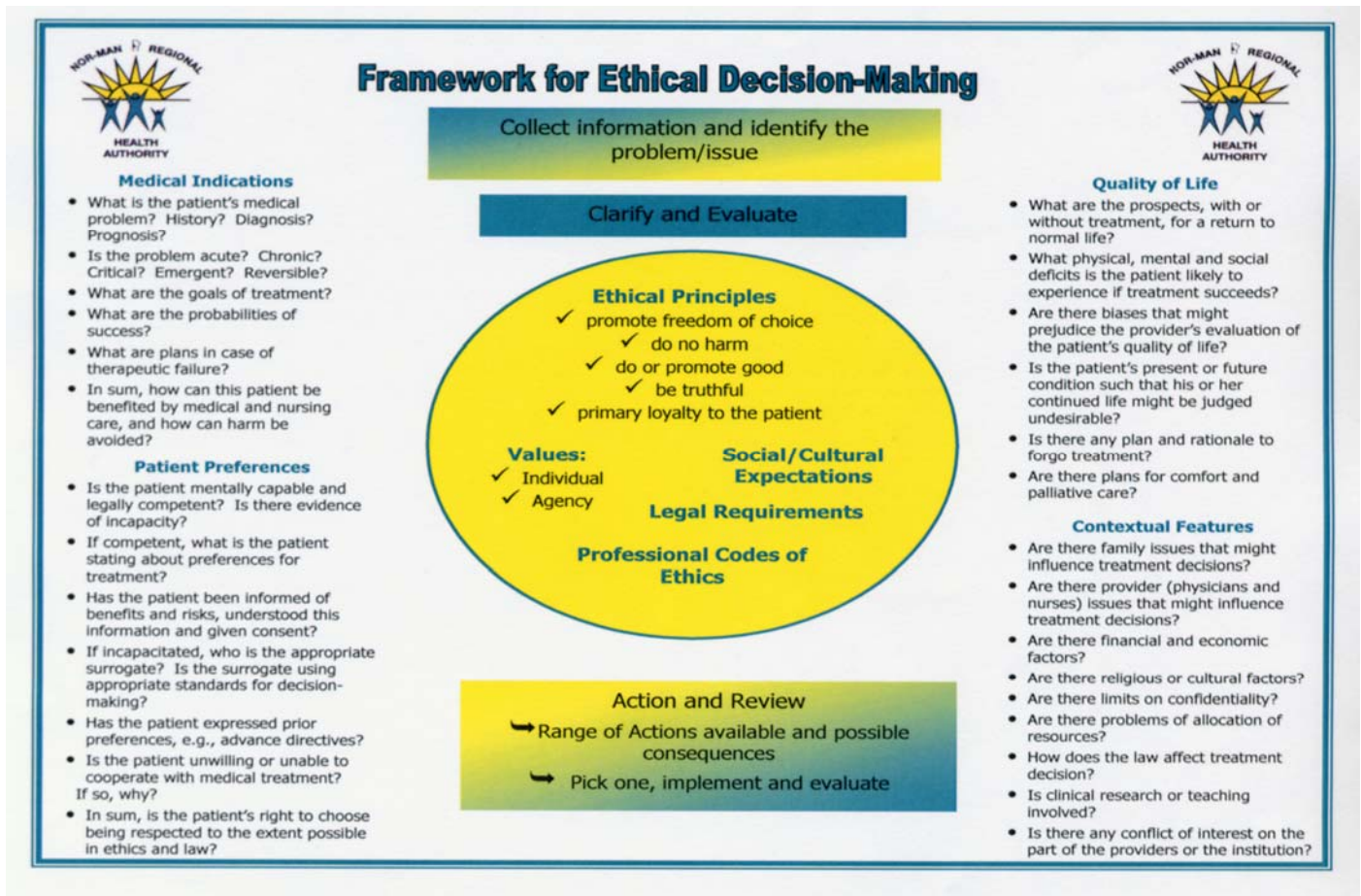


## Performance Story Ethics Framework

An Ethics Framework assists both individuals and the organization to respond to ethical issues that arise. It assists us in examining our own values and defines the values of the organization. The Ethics Framework adopted by the NOR-MAN Regional Health Authority provides a rational approach to support staff to effectively address ethical dilemmas that arise on a frequent and ongoing basis in health care.

The Ethics Framework helps to identify the values of the organization and those of the individuals involved: both patients and staff. Through identifying the values of all involved we can strive to prevent and resolve values conflicts when they occur and apply established ethical principles in our decision-making.

The Ethics Framework also provides a process to ensure that new or proposed policies are consistent with the values and beliefs of the Nor-MAN RHA.





## Performance Story

### Workplace Integration of New Nurses (WINN) Program

The current nursing shortage is a well-known phenomenon, both locally and nationally. It presents us an opportunity to develop effective recruitment and retention strategies that address our challenges in both the short and long terms.

New nursing graduates must be successfully integrated into the workplace and into their profession. A positive integration into the workplace increases the likelihood of long-term retention of professional nurses and it is the responsibility of the organization to facilitate this critical process.

The **WORKPLACE INTEGRATION OF NEW NURSES (WINN)** program of the NOR-MAN Regional Health Authority is designed to provide the required supports to new nurses during the initial employment period. It contains several components that together will address those elements that have been shown to impact successful transition to the workplace and address the long-term career needs of professional nurses.

#### COMPONENTS OF THE PROGRAM

The WINN program of the NOR-MAN RHA consists of the following components:

1. Transition Facilitator
2. Nursing Competency Development
3. Group or Cohort Support
4. Professional and Career Development

All new nursing hires, both new graduates and experienced nurses new to our hospitals, are enrolled in the program. There are currently several nurses at various stages in the program.

#### ***Strategies for the Future...***

- Continue to support our Quality Improvement and Risk Management programs, including compliance with CCHSA "Required Organizational Practices" and Bill 17 legislation.
- Continue to work on the recommendations from Accreditation held May 2005 and prepare for Accreditation in May 2008.
- In conjunction with Partners in Planning for Healthy Living and Cancer Care Manitoba, implement a Risk Factor Surveillance tool in all NOR-MAN schools for grades 6-12 as part of our ongoing community health assessment process.
- Continue to implement the regional Patient Care Model in the region.
- Ongoing education and implementation of Emergency Response Plan and Incident Management System, including regular mock exercises and evacuation drills for all facilities.
- Ongoing monitoring and development of Pandemic Plan, pending further MB Health direction.
- Ensure the ongoing development of recruitment and retention strategies with an emphasis to enhance northern Human Resources in order to deal with staff and physician shortages.

## PERFORMANCE DELIVERABLES

NRHA has 5 multi-year performance deliverables, which are now integrated into the Health Plan process. They are:

- **Aboriginal Health Strategy**
- **Co-Occurring Disorders Initiative (CODI)**
- **Patient Safety**
- **Primary Health Care**
- **Utilization**

### Aboriginal Health Strategy

- ❖ **Board End:** relates to all Board Ends
- ❖ **MB Health Goal:** Priority Populations
- ❖ **Key Components:**
  - Nurture and improve Aboriginal partnerships/ linkages
  - Create a culturally sensitive environment
  - Improve Aboriginal health and promotion of healthy lifestyles
  - Develop northern Human Resources
- ❖ **Rationale:**
  - Aboriginal Population is over 50% of NOR-MAN population
  - Also service large NE Saskatchewan Aboriginal population
  - Jurisdictional Issues - NRHA is not responsible for all health services
  - Service Gaps exist - need to work in partnership
  - Health Status of Aboriginal people poorer
  - Desire to employ more Aboriginal people in RHA
  - Focus group identified cultural sensitivity as a priority
- ❖ **Outcomes Achieved to Date:**
  - Aboriginal Health Strategy - long term strategy in place.
  - Requested New Initiative funding from Manitoba Health – no funding received.
  - NRHA's Representative Workforce Program in development
  - Respectful Workplace Strategy in development
  - Visiting Policy revised to be more flexible and allow extended hours.
  - Family Rooms - large gatherings and processes in place to access translators, spiritual practices
- ❖ **Future Focus:**
  - Partnership with Opaskwayak Health Authority for funding under the Aboriginal Health and Human Resources Initiative
  - Partnership with Swampy Cree Tribal Council for funding under the Aboriginal Health Transition Fund Adaptation Envelope.
  - Continue implementation of Cultural Sensitivity training and Respectful Workplace program
  - Continue implementation of NRHA's Representative Workforce program.



## Co-Occurring Disorders Initiative

- ❖ **Board End:** Healthy People
- ❖ **MB Health Goal:** Priority Populations/ Programs
- ❖ **Key Components:**
  - Improve access to services and treatment for NRHA residents with co-occurring mental health and addictions issues
- ❖ **Rationale:**
  - Approx. 65% of clients accessing Rosaire House clients diagnosed as requiring mental health and addiction services.
  - Need identified through focus groups and key stakeholder interviews of physicians, staff and community members
  - Addictions and Mental Health Issues identified through Manitoba Centre for Health Policy's Mental Illness Report
  - Provincial initiative
- ❖ **Outcomes Achieved to Date:**
  - Screening tool revised for Rosaire House, as clinicians need greater detail in assessing for mental health disorders.
  - Northern region committee continues to meet 2 times a year.
  - NOR-MAN RHA sub-committee meets quarterly.
  - By end of March, 95% of mental health/addictions staff starting the training had been trained to Guideline 4.
  - Leadership/ Management Training on CODI to all NRHA management
- ❖ **Future Focus:**
  - Strategies being reviewed of how to keep the training current.
  - Objective for 2007/08 is to complete the training of all 9 units for those who started the process in 2005/06

## Patient Safety

- ❖ **Board End:** Excellence in Patient Safety & Quality of Care
- ❖ **MB Health Goal:** Patient Safety
- ❖ **Key Components:**
  - Implement Patient Safety Action Plan which incorporates 5 goals: 1. Culture; 2. Communication; 3. Medication Use; 4. Work Life/ Workforce; 5. Infection Control
- ❖ **Rationale:**
  - Federal and provincial priority
  - Safer Health Care Now
  - CCHSA Required Organizational Priorities
  - Legislative requirement, Critical Incidents

❖ **Outcomes Achieved:**

- Currently working on CCHSA Required Organizational Practices to be compliant by next Accreditation (May 2008)
- 4 Failure Mode and Effects Analysis exercises completed in past two years.
- Participation in Safer Health Care Now – Medication Reconciliation
- Quarterly Risk Reports through Quality Scorecard
- Education through General Orientation, Lunch & Learn, Leadership Management, All Staff, Medical Advisory Committees
- HIROC Risk Assessment complete - currently working on Action Plans

❖ **Future Focus:**

- Required Organizational Practices – compliant by May 2008
- Medication Reconciliation implementation complete
- Regional Roll-out of It's Safe to Ask
- FMEA (minimum of 1 per year)
- Review and improvements to the Occurrence Report process
- Complete action plans for HIROC Risk Assessment

### Primary Health Care

❖ **Board End:** Optimal Access to Services

❖ **MB Health Goal:** Access

❖ **Key Components:**

- Continue implementation of Primary Health Care model for region
- Increased public knowledge on PHC.

❖ **Rationale:**

- PHC Transitional funding and need to have a model that is sustainable
- CHA identified that
  - 38% find it difficult to get an appointment with a health care provider
  - 51% do not know where to go to address a concern
  - Lack of Physician Service - need for alternative delivery models
  - Need for alternative entry points into the health care system identified

❖ **Outcomes Achieved:**

- Phase 1 – Integration of all community programs and establishment of 4 Client Centered teams complete
- Phase 2 CARES model in development
- Effective April 1, 2007 team structure altered.
- Established a PHC database to record all encounters with Primary Health Care services (effective April 1, 2006).
- Transitioned all community services into a comprehensive integrated health record

❖ **Future Focus:**

- Given volume of service delivery and # of care providers, we have outgrown database - challenges in the next year in capturing data for our PHC Centres.
- Phase 2 implementation



## Utilization

- ❖ **Board End:** Excellence in Patient Safety & Quality of Care
- ❖ **MB Health Goal:** Resource Utilization & System Competency
- ❖ **Key Components:**
  - Facilitate appropriate utilization of facilities while providing high standard of patient care.
- ❖ **Rationale:**
  - ER utilization rates a concern
  - Need for Regional Utilization Committee
  - Lack of knowledge and understanding on how to interpret and use data to guide evidence-informed planning
  - ICD-10 Implementation
  - Consistency in data reporting between facilities required
- ❖ **Outcomes Achieved:**
  - Decision Support Manager in place and member of Utilization Committee
  - Regional Utilization Committee established
  - ICD10 Compliant
  - New ADT system in place
  - Hospital Analysis data reporting standardized between facilities.
- ❖ **Future Focus:**
  - To develop regional policies/processes specific to Utilization.
  - Develop consistent admission, transfer, and discharge standards, practices and processes.
  - Identification of barriers to effective bed utilization or discharge planning and recommend creative alternative practices, processes, or settings of care.

## CHALLENGES

There were a number of challenges identified through the Strategic Planning process. As we move forward over the next few years, these challenges will continue to be the focus of our attention:

**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. Work continues on our Primary Health Care Model and we continue to seek out funding from external sources to implement additional community-based projects. A Nurse Practitioner proposal has been submitted to MB Health and we are eagerly awaiting approval to proceed.

**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. If services are not coordinated between the various jurisdictions, it can result in gaps in service, lack of continuity of services and limited access to services in some of our outlying areas. Poor health status of Aboriginal people continues to be a concern. One exciting initiative that we are currently working on in partnership with Opasqwayak Health Authority is a two-year pilot project through funding from FNIHB to hire an Aboriginal Coordinator. This position will focus on building partnerships, creating a culturally sensitive environment, and further implementing our Representative Workforce program.

**Capital Issues** - NOR-MAN Regional Health Authority has the oldest acute care facilities in the province. Our facilities are at the end of their useful lifespan and we continue to experience space restraints, operational inefficiencies and safety and security issues. We have been told that approval for funding for new facilities is not feasible for a number of years. Over the past several years, we have completed several capital projects and this will continue to be a priority for the region in the coming years.

**Human Resource Issues** - Recruitment and retention of qualified health care professionals 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 Pas 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.

**Residents Knowledge of Health Services and Involvement in Improving Health** - 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, residents' ability to take responsibility for their own health and for making good healthy living choices is critical. This past year, we developed a NRHA Services Chart, which was widely circulated throughout the region. We have also initiated a 1-888 General Information Line so residents who have questions/ concerns can call the NRHA Corporate Office toll-free.



## CAPITAL PLAN

We completed a number of capital improvements to our facilities this past year. The following summarizes the status of all projects currently in progress:

### **Projects in Design:**

- Security Upgrade (Phase 2) – The Pas Health Complex
- Emergency Power/ Alternate Normal Feeds – The Pas
- Pharmacy Redevelopment – Flin Flon
- EMS Facility – Grand Rapids
- Morgue – Snow Lake
- Energy Project

### **Projects Tendered:**

- None

### **Projects Under Construction:**

- ER/SCU/ Medical Records/ OT Redevelopment – The Pas
- Dialysis Upgrade – The Pas
- Window Replacement – 1928 Wing – The Pas
- Handicap Access Ramps and Sidewalks – Snow Lake
- PCH Patio Project – Flin Flon

### **Projects Completed in 2006-07:**

- Ambulance Garage Power Upgrade – Snow Lake
- Fire Alarm / Wander guard – Snow Lake
- PCH Handicap Access – Flin Flon
- Flooring Replacement – Physiotherapy - The Pas
- Flooring Replacement – Rosaire House – The Pas
- Flooring Replacement – Snow Lake
- Domestic Water Tank/Booster – Flin Flon
- Exhaust Fan Relocation – The Pas
- Window Replacement – 1938 Wing – Flin Flon
- EMS Facility – The Pas
- Conference Room Roof Repair – The Pas

### **Projects under Review by MB Health (2007-08 Health Plan):**

- Lab Upgrade – The Pas
- Lab Upgrade – Flin Flon
- Link Doors – The Pas
- Maintenance Shop – Snow Lake
- Admissions Ergonomics Renovation – Flin Flon
- OBS Air Intake – The Pas
- Standby Generator Load Balance – The Pas
- Nurse Call System (Medical) – The Pas
- X-Ray Department Renovation – Snow Lake

**CAPITAL PLAN**  
**Priority Projects for 2007- 08**

**Flin Flon**

- Priority projects include the completion of the Personal Care Home patio renovation, as well as a single phasing/ power protection and fire pump replacement at Flin Flon General Hospital (FFGH). The Pharmacy redevelopment project is scheduled to go to tender in the fall of 2007.

**The Pas**

- Priority projects include completion of the ER/SCU/ Dialysis redevelopment project and window replacements, which is scheduled to be complete in the winter of 2008. In addition, other projects to be completed include a security system upgrade, emergency power upgrade and kitchen counter and cabinet replacement at The Pas Health Complex.

**Snow Lake**

- Priority projects include completion of the handicap access ramps/ sidewalks and patio project and construction of a new morgue that will be situated at the Snow Lake Health Centre. Snow Lake Health Centre will also be redeveloping their medication and sterilizer rooms.

**Grand Rapids**

- NRHA has been requested to assume responsibility for the Grand Rapids EMS department and funding has been received to construct a 2-bay mid-range EMS Facility.

**Energy Project**

- The Energy Project (see insert in Healthy Communities section providing details on project) is scheduled to begin in fall of 2007 with completion targeted by fall of 2008.

**Projects submitted to MB Health in 2008-09 Health Plan...**

- ER Redevelopment (Flin Flon)
- X-Ray Department redevelopment (Snow Lake)
- Admission Department Ergonomics Renovation (Flin Flon) - resubmission
- Lab Upgrade (The Pas) – resubmission
- Maintenance Shop (Snow Lake) – resubmission
- Operating Room, Medical Gas Upgrade (The Pas)
- Security Upgrade (Flin Flon)
- Nurse Call System Replacement (The Pas) – resubmission
- Morgue Cooler Replacement (Flin Flon)
- Asbestos Abatement (Flin Flon)
- Asbestos Abatement (The Pas)
- St. Paul's Link Door Access (The Pas) – resubmission
- Primary Health Care Security Upgrade (regional)
- OBS Air Intake (The Pas) – resubmission
- Flooring Replacement, level 4 (Flin Flon) – resubmission
- Ambulance Facility (Flin Flon)
- Phone Switch (regional)



## 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 June 11, 2007. 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, 2007 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, 2007 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Flin Flon, MB  
June 11, 2007

Chartered Accountants

**Statement of Financial Position**  
**Year Ended March 31, 2007**

	<u>ASSETS</u>		
	<u>Notes</u>	<u>2007</u>	<u>2006</u> (Note 10)
<b>CURRENT ASSETS</b>			
Accounts receivable	2a	\$1,394,053	\$1,129,025
Due from MB Health	2b	4,982,851	7,444,537
Inventories		426,684	433,114
Prepaid expense		<u>136,474</u>	<u>341,527</u>
		6,940,062	9,348,203
DUE FROM MB HEALTH	2c	2,654,372	2,654,372
CAPITAL ASSETS	5	<u>29,347,068</u>	<u>29,617,001</u>
		<u>\$38,941,502</u>	<u>\$41,619,576</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Bank Indebtedness		\$ 3,030,221	\$ 3,627,051
Accounts payable		3,810,750	3,678,624
Accrued vacation benefit entitlements		3,282,202	3,220,052
Current portion of capital lease		<u>42,757</u>	<u>—</u>
		10,165,930	10,525,727
CAPITAL LEASE	12	244,884	—
ACCRUED PRE-RETIREMENT OBLIGATIONS	6	3,672,336	3,461,718
DEFERRED CONTRIBUTIONS	3		
Expenses of future periods		964,002	1,031,020
Capital assets		28,075,714	28,505,142
<b>NET ASSETS</b>			
Invested in capital assets	4	983,713	1,111,859
Restricted	f	871	1,496
Unrestricted		<u>(5,165,948)</u>	<u>(3,017,386)</u>
		<u>\$38,941,502</u>	<u>\$41,619,576</u>
COMMITMENTS (note 11)			
Approved by the Board:			

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See accompanying notes.



**Statement of Operations  
Year Ended March 31, 2007**

	<u>2007</u>	<u>2006</u> (Note 10)
<b>REVENUE</b>		
Manitoba Health - Note 7	\$58,307,900	\$56,883,757
Non-insured income	5,455,168	5,500,064
Other income	3,640,419	3,859,560
Amortization of deferred contributions	3,765,889	2,452,922
Ancillary revenue	<u>1,333,529</u>	<u>1,306,108</u>
	<u>72,502,905</u>	<u>70,002,411</u>
<b>EXPENSES</b>		
Acute care	\$30,398,924	\$29,656,297
Long-term care	8,178,432	7,845,987
Medical remuneration	9,881,057	9,443,399
Community based therapy	180,465	437,498
Community services co-ordination	600,114	263,886
Community based mental health	1,190,995	1,285,834
Community based home care	4,416,349	4,300,234
Community based health	3,412,021	3,351,550
Land ambulance	2,024,128	1,932,445
Unallocated Regional Health Authority costs	3,331,219	3,002,176
Amortization of capital assets	3,891,234	2,581,068
Interest of capital lease	2,801	—
Northern Patient Transportation	4,844,250	4,210,110
Pre-retirement	605,305	755,967
Rosaire House Addictions Centre	657,560	658,824
Ancillary expenses	<u>1,165,384</u>	<u>1,198,074</u>
	<u>74,780,238</u>	<u>70,923,349</u>
Deficiency of Revenue Over Expenses	<u>\$(2, 277,333)</u>	<u>\$ (920,938)</u>

See accompanying notes.

**Statement of Net Assets**  
**Year Ended March 31, 2007**

	<u>Investment in Capital Assets</u>	<u>Restricted</u>	<u>Unrestricted</u>	<u>2007 Total</u>	<u>2006 Total</u>
Balance, beginning of year	\$1,111,859	\$ 1,496	\$ (3,017,386)	\$ (1,904,031)	\$ (983,093)
(Deficit) from operations	<u>(128,146)</u>	<u>(625)</u>	<u>(2,148,562)</u>	<u>(2,277,333)</u>	<u>(920,938)</u>
Balance, end of year	<u>\$ 983,713</u>	<u>\$ 871</u>	<u>\$ (5,165,948)</u>	<u>\$ (4,181,364)</u>	<u>\$ (1,904,031)</u>

See accompanying notes.

**Statement of Deferred Contributions**  
**Year Ended March 31, 2007**

**EXPENSES OF FUTURE PERIODS**

	<u>Funds in Reserve for Major repairs and Improvements</u>	<u>Donations</u>	<u>Grants</u>	<u>Total</u>	<u>Capital Assets</u>
Balance, Beginning of year	107,497	312,386	611,137	1,031,020	28,505,142
Contributions	8,154	—	—	8,154	3,298,598
Transfer of funds from donations for capital assets	—	(166,009)	—	(166,009)	166,009
Donations	—	(6,570)	—	(6,570)	—
Amortization - capital	—	—	—	—	(3,894,035)
Grants	<u>—</u>	<u>—</u>	<u>97,407</u>	<u>97,407</u>	<u>—</u>
Balance, end of year	<u>\$ 115,651</u>	<u>\$ 139,807</u>	<u>\$ 708,544</u>	<u>\$ 964,002</u>	<u>\$28,075,714</u>

See accompanying notes.



**Statement of Cash Flow  
Year Ended March 31, 2007**

	<u>2007</u>	<u>2006</u> (Note 10)
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Deficiency of revenue over expenses	\$(2,277,333)	\$ (920,938)
Items not effecting cash		
Amortization of capital assets	3,891,234	2,581,068
Amortization of deferred contributions	(3,765,889)	(2,452,922)
Change in non-cash working capital	2,602,415	(2,468,910)
Change in pre-retirement liability	<u>210,618</u>	<u>443,213</u>
	<u>661,045</u>	<u>(2,818,489)</u>
Cash Flows from Investing and Financing Activities	(893,030)	(1,069,381)
Purchase of capital assets	(2,568,773)	(2,335,478)
Construction in progress expenditures		
Receipt of contributions relating to capital assets	3,464,607	3,200,178
Receipt of contributions relating to expenses of future periods	<u>(67,019)</u>	<u>184,360</u>
	<u>(64,215)</u>	<u>(20,321)</u>
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	596,830	(2,838,810)
CASH (BANK INDEBTEDNESS), BEGINNING OF YEAR	<u>(3,627,051)</u>	<u>(788,241)</u>
CASH (BANK INDEBTEDNESS), END OF YEAR	<u><u>\$ (3,030,221)</u></u>	<u><u>\$ (3,627,051)</u></u>

See accompanying notes.

## NOTES TO FINANCIAL STATEMENTS

### 1. ECONOMIC DEPENDENCE

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

### 2. ACCOUNTS RECEIVABLE/DUE FROM MANITOBA HEALTH

	<u>2007</u>	<u>2006</u>
<b>a) Accounts Receivable</b>		
Ambulance	\$ 831,498	\$ 667,997
Residents	419,933	201,215
Employee computer loans	89,305	59,965
Government of Canada	78,456	197,120
Other government agencies	53,848	44,221
Sundry	<u>1,646</u>	<u>3,642</u>
	1,474,686	1,174,160
Less allowance for doubtful accounts	<u>(80,633)</u>	<u>( 45,135)</u>
	<u>\$1,394,053</u>	<u>\$1,129,025</u>
<b>a) Due from Manitoba Health</b>		
Out of Globe – 2004	\$ –	\$1,287,999
Out of Globe – 2005	–	1,107,619
Out of Globe – 2006	2,399,347	2,830,043
Out of Glove – 2007	2,005,033	–
Recovery from Saskatchewan		
-payable to Manitoba 2005	(891,946)	(891,946)
-payable to Manitoba 2007	(1,500,000)	–
Ancillary Programs	69,753	55,217
Approved capital funding	60,730	215,671
Vacation benefit entitlements	<u>2,839,934</u>	<u>2,839,934</u>
	<u>\$4,982,851</u>	<u>\$ 7,444,537</u>
<b>b) Due from Manitoba Health</b>		
Pre-retirement obligation entitlements	<u>\$2,654,372</u>	<u>\$2,654,372</u>

### 3. DEFERRED CONTRIBUTIONS

#### a) Expenses of future periods

##### i) Funds in reserve for major repairs and improvements

Deferred contributions related to funds in reserve for major repairs and improvements represent unspent externally restricted funds from the Province for major repairs and improvements to buildings.

##### ii) Donations

Deferred contributions related to donations represent externally restricted unspent amounts of donations for various purposes.



**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.

**4. NET ASSETS INVESTED IN CAPITAL ASSETS**

Net assets invested in capital assets are calculated as follows:

	<u>2007</u>	<u>2006</u>
Capital assets	\$29,347,068	\$ 29,617,001
Amounts financed by:		
Deferred contributions	(28,075,714)	(28,505,142)
Long-term debt	<u>(287,641)</u>	<u>0</u>
	<u>\$ 983,713</u>	<u>\$ 1,111,859</u>

**5. CAPITAL ASSETS**

	<u>2007</u>		
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>
Land and land improvements	\$ 599,060	\$ 279,715	\$ 319,345
Buildings	39,434,133	17,212,192	22,221,941
Computer equipment	1,685,229	1,200,510	484,719
Equipment	7,551,996	3,683,346	3,868,650
Construction in Progress	<u>2,452,413</u>	<u>0</u>	<u>2,452,413</u>
	<u>\$51,722,831</u>	<u>\$22,375,763</u>	<u>\$29,347,068</u>
	<u>2006</u>		
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>
Land and land improvements	\$ 599,060	\$ 271,675	\$ 327,385
Buildings	36,440,206	14,550,800	21,889,406
Computer equipment	1,732,202	1,129,941	602,261
Equipment	7,065,983	3,378,512	3,687,471
Construction in Progress	<u>3,110,478</u>	<u>0</u>	<u>3,110,478</u>
	<u>\$48,947,929</u>	<u>\$19,330,928</u>	<u>\$29,617,001</u>

**6. ACCRUED PRE-RETIREMENT OBLIGATIONS**

	<u>2007</u>	<u>2006</u>
Members of the Health Employees Pension Plan And Civil Service Superannuation Plan	<u>\$ 3,672,336</u>	<u>\$ 3,461,718</u>

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:

- i. have ten years service and have reached the age of 55 or
- ii. qualify for the "eighty" rule which is calculated by adding the number of years service to the age of the employee
- iii. retire at or after age 65
- iv. terminate employment at any time due to permanent disability

The Authority undertook an actuarial valuation May 8, 2007 of the accrued retirement entitlements as at March 31, 2007. The significant actuarial assumptions adopted in measuring the Authority's accrued retirement entitlements include mortality and withdrawal rates, a discount rate of 4.85% (2006 – 5.00%) and a rate of salary increase of 3.0% (2006 – 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.

**7. REVENUE FROM MANITOBA HEALTH**

Revenue from Manitoba Health:		
Revenue per Manitoba Health's of final funding document.		\$ 58,076,411
Other Manitoba Health Revenue – One Time		
2005/06 Pre-retirement	145,095	
ER Hard to Fill Initiative 2006/07	66,750	
Med 2020 Maintenance Fee Cost	30,928	
2004/05 Support Sector Shortfall	<u>89,704</u>	332,477
Add: Accruals approved by Manitoba Health:		
Medical remuneration (estimated)	1,961,004	
Capital Operation Costs – The Pas EMS Facility	45,972	
Interest on Long Term Debt	(1,721)	
Principal on Long Term Debt	<u>(222)</u>	<u>2,005,033</u>
Deduct: Write Offs of Receivables from Manitoba Health		
2003/04 Medical Remuneration	(250,924)	
2004/05 Medical Remuneration	(298,121)	
2005/06 Medical Remuneration	(65,000)	
2005/06 SEIU Wage Standardization Funding	(1,713)	
2005/06 Debt Servicing	<u>(810)</u>	<u>(616,568)</u>
Total funding approved by Manitoba Health		59,797,353
Deduct: Amounts recorded as deferred contributions:		
Principal Reduction on Loans - Acute	(654,105)	



Principal Reduction on Loans – LTC	(258,487)	
Major Repairs and Improvements	(8,153)	
Contribution for basic equipment	<u>(227,569)</u>	(1, 148,314)
Amounts not recognized as revenue		
Capital interest		<u>(341,139)</u>
Revenue from Manitoba Health		<u>\$58,307,900</u>

**8. 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, 2004, indicates that the plan is fully funded. Actual contributions to the plan made during the year by the Authority on behalf of its employees amounted to \$1,819,454 (2006 - \$1,563,738) and are included 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.

**9. 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 \$17,201 (2006-\$16,775).

**10. STATEMENT PRESENTATION**

Prior year figures have been restated for comparative purposes.

**11. COMMITMENTS**

- a) The Authority has entered into a 5 year operating lease at \$60,000 per annum and two 15 year operating leases totaling \$211,200 per annum for buildings housing some of its operations. Annual lease payments over the next five years are as follows:

2008	\$271,200
2009	\$271,200
2010	\$271,200
2011	\$211,200
2012	\$211,200

Aggregate future minimum operating lease payments total \$2,925,600.

- b) The Authority, on behalf of the Province of Manitoba, is making payments of principal and interest related to Province of Manitoba long-term debt. The \$9,431,818 principal balance is reflected as deferred contributions related to capital assets. Funding is received from the Province for the principal and interest payments. Principal payments are estimated over the next five years as follows:

2008	\$895,787
2009	\$895,787
2010	\$895,787
2011	\$895,787
2012	\$895,787

**12. CAPITAL LEASE**

The Authority has entered into a 6 year capital lease with the Royal Bank of Canada to purchase beds costing \$294,532. Lease payments of \$4,846 per month include interest at 5.74%. Lease principal payments over the next five years are as follows:

2008	\$ 42,757
2009	\$ 45,277
2010	\$ 47,946
2011	\$ 50,771
2012	\$ 47,126

Aggregate future capital lease payments total \$339,220 including \$51,579 of imputed expenses.



## Key Financial Indicators 2001 - 2006

Administrative Cost as a % of Total Expense  
% NRHA budget spent on administration comparison between MB RHA's & MB average.

Regional Health Authority	2001 %	2002 %	2003 %	2004 %	2005 %	2006 %
Assiniboine	6.7	6.7	5.8	5.0	5.0	5.0%
Brandon	3.9	4.0	4.1	4.0	3.7	3.6%
Burntwood	5.2	5.1	4.8	4.9	5.9	6.2%
Cancer Care	5.8	5.4	5.8	6.0	5.7	5.3%
Central	5.3	4.8	4.9	5.0	5.0	5.2%
Churchill	10.1	9.7	8.8	9.4	9.6	10.4%
Interlake	5.1	5.5	5.1	5.1	4.9	4.5%
<b>NOR-MAN</b>	<b>5.0</b>	<b>4.8</b>	<b>4.7</b>	<b>5.0</b>	<b>5.1</b>	<b>4.8%</b>
North Eastman	6.9	7.3	6.8	7.3	6.3	6.6%
Parkland	6.1	6.1	5.8	5.5	5.4	5.4%
South Eastman	4.2	3.6	4.6	5.3	5.1	5.2%
Winnipeg	5.5	5.8	5.7	6.2	6.0	5.4%
<b>MB Average</b>	<b>5.5</b>	<b>5.6</b>	<b>5.5</b>	<b>5.8</b>	<b>5.6</b>	<b>5.2%</b>

NRHA administrative costs as a percentage of total operating are lower than the provincial average

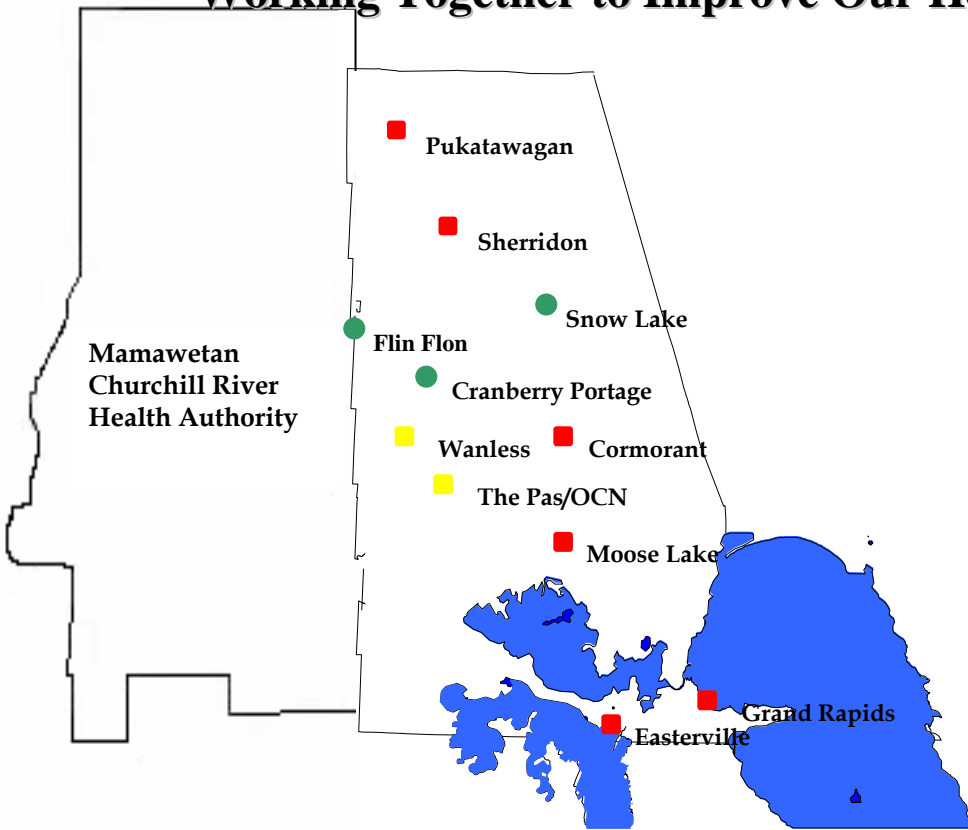
NOR-MAN Regional Health Authority  
2006 – 2007 Annual Report

NOR-MAN Regional Health Authority  
84 Church Street  
Flin Flon, Manitoba  
R8A 1L8

Telephone: 1-204-687-1300  
Toll-Free: 1-888-340-6742  
Fax: 1-204-687-6405  
E-mail: [nrha@normanrha.mb.ca](mailto:nrha@normanrha.mb.ca)  
Website: [www.norman-rha.mb.ca](http://www.norman-rha.mb.ca)

# HEALTHY PEOPLE IN HEALTHY COMMUNITIES

“Working Together to Improve Our Health”



**NOR-MAN REGIONAL HEALTH AUTHORITY**

