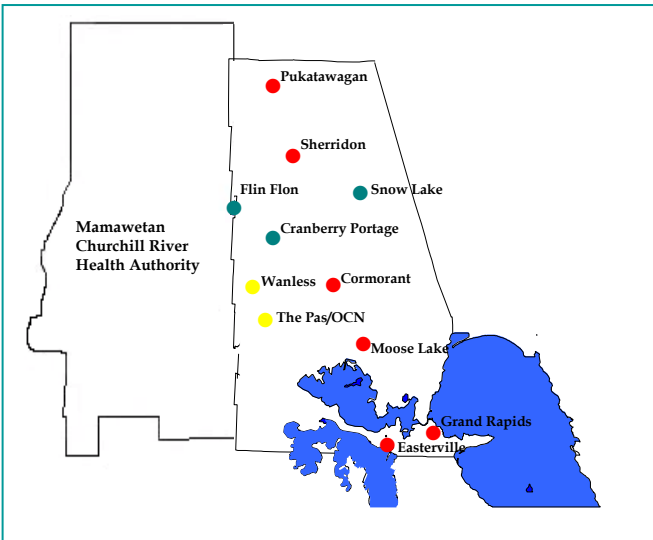




QUALITY SCORECARD

VITAL STATISTICS - CLIENT/ COMMUNITY FOCUS

March 2008



NOR-MAN Populations by Postal Code

Communities	Totals	Males	Females
R.M. of Kelsey	2,590	1,345	1,245
Snow Lake	883	455	428
Flin Flon	6,144	3,049	3,095
The Pas	7,138	3,564	3,574
Grand Rapids	687	334	353
Unorganized Territories	2,478	1,313	1,165
OCN	1,631	794	837
Grand Rapids FN	406	208	198
Chemawawin FN	619	328	291
Mosakahiken CN	401	204	197
Mathias Colomb FN	1,232	619	613
NOR-MAN Total	24,209	12,213	11,996

Source: MB Health June 1, 2007

- ### NOR-MAN RHA District by Community
- **District I** is comprised of the communities of Flin Flon, Snow Lake, Cranberry Portage
 - **District II** is comprised of the communities of The Pas, OCN and the RM of Kelsey
 - **District III** is comprised of the communities of Cormorant, Sherridon/Cold Lake, Easterville, Chemawawin FN, Grand Rapids, Grand Rapids FN, Moose Lake, Mosakahiken CN, Pukatawagn, Mathias Colomb FN

Mamawetan Churchill River Populations that may access health services in either Flin Flon or The Pas

Communities	Totals	Males	Females
Creighton	1,720	853	867
Denare Beach	825	438	387
Pelican Narrows	1,989	994	995
Sandy Bay	1,240	640	600
Sturgeon Landing	52	30	22
Flin Flon Saskatchewan	281	156	125
Peter Ballantyne CN	2,010	1,076	934

Source: SK Health June 30, 2007

District Health Councils

- ### Role of District Health Council (DHC)
- District Health Councils were established to:**
- Ensure community participation in local health issues
 - Provide an opportunity for communication to take place between community members and the RHA
 - Provide an opportunity for community input on local needs and priorities
 - Be a catalysts to mobilize and support community participation and action on health issues

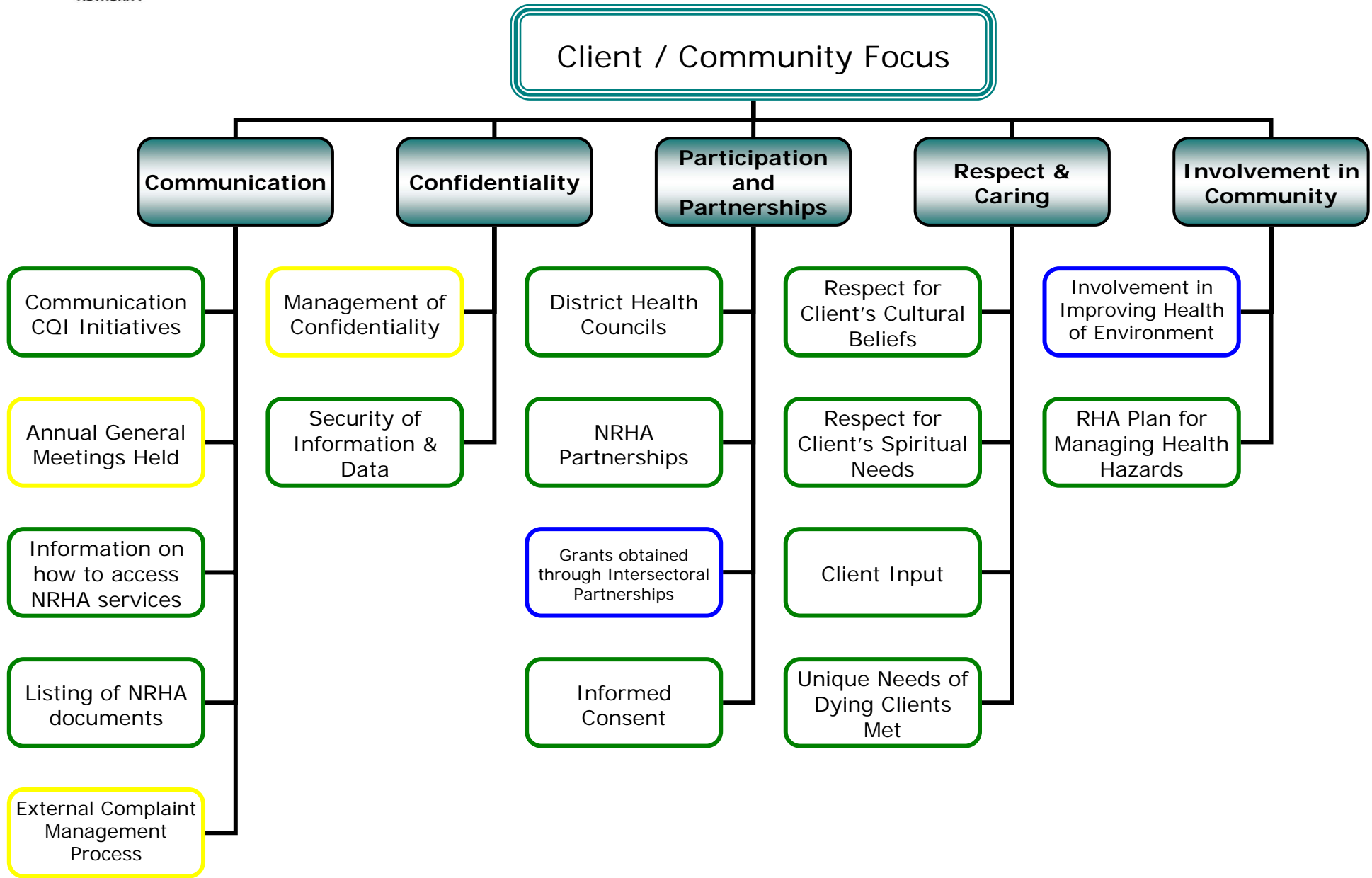
- ### 2007 District Health Council Highlights:
- Flin Flon:**
- Hosted an Estate Planning Session, sponsored Koats for Kids, hosted a Community Fun Health Fair, sponsored P.A.R.T.Y. program, and sponsored a Family Street Dance at Homecoming
- Cranberry Portage:**
- Sponsored Healthy Snack Program for both the Seniors and Elementary School, sponsored Skate with Santa, sponsored Protect Your Pairs, and supported both the purchase of carpet bowling equipment and skates
- Snow Lake:**
- Sponsored the Winter Whoot Family Social, sponsored the 2007 Meet and Greet event, and sponsored the 2007 P.A.R.T.Y. Program
- Easterville:**
- Hosted a Healthy Living Poster Contest in the High School; purchase of ERIK Kits
- Grand Rapids:**
- Hosted a Healthy Living Poster Contest in the High School
- The Pas:**
- Sponsored the ERIK kits for seniors; assisted with the building and distribution of the kits and heard presentations in doctor recruitment, NRHA Risk Management program, Healthy Child/Happy Smile program, ERIK kit program, and the Rosaire House program
- Cormorant**
- Sponsored healthy snack during track and field day at Cormorant Lake School, sponsored breakfast for Metis Days
- Moose Lake and Sherridon/Cold Lake**
- Under development

- ### To become a DHC Member:
- Please contact one of the following DHC Liaisons
- Don Gamache @ 623-9684 for **The Pas/OCN**
 - Colleen Collins @ 623-9664 for **Grand Rapids & Easterville**
 - Christa McIntyre @ 687-1331 for **Flin Flon & Cranberry Portage**
 - Fran Labarre @ 687-1355 for **Snow Lake & Sherridon/Cold Lake**
 - Deanna Johnson @ 687-1369 for **Cormorant & Moose Lake**



Quality Scorecard: Client / Community Focus

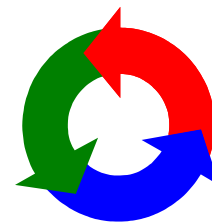
March 2008



NOR-MAN REGIONAL HEALTH AUTHORITY

QUALITY SCORECARD

Client/ Community Focus



Date:	March 2008	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Communication	Reporter/ Source:	Corliss Patterson Communications CQI Team
Board End:	Healthy Communities		
Reporting Period:	As of March 2008		
Indicator Name:	Communication CQI Initiatives		
Definition:	Active Communications Committee with interdisciplinary membership; Listing of Communication Initiatives		
Evidence:	<u>Evidence of Active Communication CQI Team:</u>		
Interpretation:	<ul style="list-style-type: none"> - Active Communication CQI Team (Interdisciplinary team which meets quarterly) with Terms of Reference (last revised Fall 2006) - Administrative Assistants Ad-Hoc Committee is a key resource to the Communication Team in dealing with internal communication issues that may arise. The Committee meets quarterly and is currently working on developing Visual Identity Policies for the Communication Committee's review/approval 		
Rating:	Green		
	<u>Listing of Initiatives:</u> <ul style="list-style-type: none"> - Communication Plan - reviewed/updated annually - Existence of Policies <ul style="list-style-type: none"> • EL-11 Public Image (Mar 8/99) • III-A-10 Communications (February 1/02 rev. May 31/06) • III-A-20 Internal Communications (Feb1/02 rev. May 31/06) • III-A-30 Media Relations (Feb 1/02) • III-A-40 Employee Question/ Suggestion Program (Jan 17/02 rev. Jan 4/04) • III-A-50 Employee Communication (Sept 4/98 rev. Sept 5/06) • III-A-60 Employee Recognition (Feb 1/99 rev. Aug 24/06) • II-C-20 E-mail (Jun 3/02 rev. May 23/06) • III-C-30 Electronic Networks (Aug 28/03) • I-C-80 Visiting Policy (Apr 25/05 rev Aug 17/06) • I-D-30 Satisfaction Surveys Policy (Jun 24/05) • New Policies since Last Scorecard: GP-16 Communications (Mar 27/06); III-A-70 Telephone Triage (Aug 31/06) - External Communications <ul style="list-style-type: none"> • News columns; Web-Site; Corporate Signs posted at TPHC, FFGH and SLHC; Insert in MTS phone directory - Internal Communications <ul style="list-style-type: none"> • Standardization of Memos, Letters; Staff Newsletter "Pulse" – monthly; Distribution Lists; Telephone Directory – updated quarterly - Visual Identity <ul style="list-style-type: none"> • Display Material/Photography; PR Material 		

Action Plan:

- Communication CQI Team continues to be a vital link for the organization and it is recommended that it continue meeting.
- Continue to update the communication plan annually.
- Policy on “Visual Identity” in development.
- Web site will continue to be updated on a regular basis.

Date: March 2008 **Scorecard Area:** Client/ Community Focus
AIM Dimension: Communication **Reporter:** Corliss Patterson
Board End: Healthy Communities **Source:** Communications

Reporting Period: 1998-2007

Indicator Name: Annual General Meetings Held

Definition: Evidence that AGM held, location recorded, attendance level & presentation topic.

Evidence:
Interpretation:

Year/ Month held	Location	Presentation	#
1998/ October	Snow Lake	District Health Councils	35
1999/ October	Cranberry	District Health Councils	10
2000/ October	Flin Flon	Master Plan	26
2001/ October	The Pas	Diabetes	20
2002/ October	Grand Rapids	District Health Councils Injuries are No Accident	10
2003/ October	Flin Flon	Community Health Assessment Community Linkages	21
2004/ October	Snow Lake	Painting a Population-Based Picture	27
2005/ October	The Pas	Community Health Assessment Office of Rural/ Northern Health	37
2006/ October	Wanless	Patient Safety	52
2007 / February	The Pas	Physician Recruitment	28

Rating: Yellow

The Regional Health Authorities Act requires that Regional Health Authorities hold Annual General Meetings within six (6) months of end of fiscal year. Meeting to be advertised one month in advance. NRHA Board of Directors expressed interest to hold AGM in various NRHA communities. Due to unforeseeable circumstances we were unable to hold the 2007 Annual General Meeting until February 2008 (AGM was postponed twice in both October 2007 and January 2008)

100% compliance with advertising through all required media outlets 1 month prior to Annual General Meeting being held.

Action Plan:

- Continue to monitor.
- Continue to ensure that Annual General Meetings are rotated amongst communities.

NRHA Quality Scorecard: Client/ Community Focus (March 2008)

Rating: Blue = Optimal; Green = Good/ ongoing CQI; Yellow = Warning/ room for improvement;
 Red = Trouble/ extensive work required; Black = In development/ progress being made

Date:	March 2008	Scorecard Area:	Client/ Community Focus
Indicator Type:	Communication	Reporter:	Corliss Patterson
Board End:	Optimal Access to Services	Source:	Communications
Reporting Period:	As of March 2008		
Indicator Name:	Information on how to access NRHA Services is available to residents		
Definition:	Listing of venues used to promote NRHA services and how to access.		
Evidence:	-		
Interpretation:	<ul style="list-style-type: none"> - RHA services listed in <i>MTS Provincial Phone Directory</i> - RHA services listed in <i>MTS Regional Phone Directory</i> & Tab Insert to ensure quick access to NRHA Services - RHA services listed in <i>Canadian Health Facilities Directory</i> 		
Rating:	Green		
	<ul style="list-style-type: none"> - Corporate signs posted in TPHC, FFGH and SLHC- updated as needed - NRHA Web site (www.norman-rha.mb.ca) fully developed and updated on an ongoing basis. Numerous links to other web sites <ul style="list-style-type: none"> • Province of Manitoba – 3 links • MB Health – 12 links • Health Canada – 4 links • Health Links and Resources – 41 links • Patient Safety – 5 links • Pandemic Planning – 1 link • Municipalities and Other Links – 7 links • Flin Flon Soil Testing – 7 links - Community Directories developed by District Health Councils - NRHA PR Brochure – to be revised and reprinted - Provincial Communication Network development of resources to ensure provincial consistency. Resources developed to date include: <i>Your Guide to Primary Health Care; Info Health Guide; ER User Guide; Multicultural Reference Guide.</i> 		
Action Plan:	<ul style="list-style-type: none"> • Continue to promote services through above venues and investigate other means to promote services. 		

Date: March 2008 **Scorecard Area:** Client/ Community Focus
AIM Dimension: Communications **Reporter:** Corliss Patterson
Board End: Healthy Community **Source:** Communications

Reporting Period: As of March 2008

Indicator Name: Listing of External Documents published by NRHA

Definition: Listing of documents, date published and frequency of publishing.

Evidence:
Interpretation:

Rating: **Green**

Document	Description	Date published	Frequency Published
Annual Report	Annual summary of NRHA activities	September	1 time/ year
News articles	Health education articles	Ongoing	Ongoing
Press Releases	Newsworthy items submitted to media	Ongoing	As needed
Community Health Assessment	Report outlining health status data	2004-05	Every 5 years
Strategic Plan	5 year Strategic Plan based on CHA	2006-11 Published 06/05	Every 5 years
Health Plan	Plan with status report and operational plan	June	1 time per year
Quality Scorecard	Report Card on 4 areas (Work Life, System Competency, Client/ Community Focus & Responsiveness) relating to Health System Performance	March, June, September, December	Quarterly

Copies are available from the RHA Head Office at 687-1300.

The following publications also can be downloaded from the NRHA Web site (www.norman-rha.mb.ca): NRHA Strategic Plans; NRHA Annual Reports; NRHA Community Health Assessment and Summary of Findings; NRHA Quality Scorecards; NRHA Framework for Ethical Decision-Making; NRHA Ethics Lens for Policy Review; Flin Flon and Area Elder Abuse Guide; NRHA Resource Manual

Action Plan:

- External documents published per schedule.

Date: March 2008 **Scorecard Area:** Client/ Community Focus
AIM Dimension: Communication **Reporter/ Source:** Corliss Patterson
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: January 1st – December 31st, 2007

Indicator Name: External Complaint/ Compliment and Concern Management Process

Definition: Evidence that the NRHA has a process in place to deal with external complaints, compliments and concerns of the public.
 - Evidence of Policies
 - Database in development

Evidence: Evidence of Policies
Interpretation:
 - III-B-30 Complaint Management – External (Aug 1/97 rev Feb 23/06 rev March 2008 - awaiting approval)
 - III-B-60 Problem Solving & Conflict Resolution (Feb 1/99 rev Aug 28/03)

Rating: Yellow

2007 Totals by Manual Data Collection Process

Complaint Location	% of Total Complaints	Major Complaint Type
Flin Flon	73%	Staff and Physician behaviour
The Pas	26%	Staff and Physician shortages
Snow Lake	.5%	Services unavailable
Grand Rapids	.5%	Services unavailable

<u>Total # of Complaints by Year</u>
2005 = 82
2006 = 73
2007 = 107

<u>Total # of Compliments by Year:</u>
2007 = 3

Action Plan:

- NRHA Corporate Office now has a General Information Line (1-888-340-NRHA) to allow residents throughout the region to call toll free. Currently exploring the use of this line for receiving complaints.
- Complaints are currently being tracked manually, which makes it difficult to query specific complaints and trend areas of concern. The Brandon RHA database will be used to track complaints starting April 2008, with data being back entered starting January 1, 2008. All complaints will be entered and will enable us to better track and query the nature and resolution of complaints.
- A summary of complaints/ compliments is provided quarterly to Senior Management and the Board. Continue this process.
- Complaint Management policy revised to adopt the above changes in the process.
- Continue to ensure timely resolution of complaints as per policy.

Complaint Categories – Definitions

General – complaints regarding policies and procedures, lost/stolen/damaged articles, reimbursement related to treatment.

Staff – any complaint involving a staff member(s). Category includes but is not limited to: Breach of confidentiality, type and standard of care provided, communication, inappropriate behaviour.

Medication – Complaints related to or about any medication prescribed, dispensed, or administered by RHA personnel.

Physician – Complaints regarding a patient/resident/client's treatment by a physician. Complaints include but are not limited to: attitude, behaviour, service provision, communication, cancellation of appointment or test, physician shortage, allegations of malpractice.

Program – Complaints related to or about any of the programs/services provided by the Regional Health Authority. Complaints include but are not limited to: lack of or gaps in programming, access issues, changes in programming or service provision within a program, disagreement/disputes about program, program standards

Equipment – Complaints related to or about any equipment owned, operated or leased by the RHA.

Facility – Complaints related to or about our infrastructure and equipment. Complaints include but are not limited to: parking issues, safety issues, security issues, state of infrastructure, lack of facilities, capital expenditure.

Staff/Facility – Complaints involving both staff and facilities.

External – Complaints intended for external agencies misdirected at the RHA. Complaints include but are not limited to those intended for physicians outside of the RHA, independent clinics, band or tribal health authorities, and other RHA's to which patients have transferred from NRHA, in order to receive treatment, Manitoba Health, Northern Affairs.

Date:	March 2008	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Confidentiality	Reporter/ Source:	Info Management CQI Team
Board End:	Excellence in Patient Safety & Quality of Care		Risk Management
			Human Resources
			Staff Education
			Communications
			Privacy Officer
Reporting Period:	As of March 2008		
Indicator Name:	Management of Confidentiality		
Definition:	<p>Evidence that NRHA has a process in place to ensure confidentiality</p> <ul style="list-style-type: none"> • Existence of Policy regarding Confidentiality/Breach of Confidentiality • # External Complaints received regarding Breach of Confidentiality • # alleged breaches of confidentiality reported (Occurrence Reporting system) • Adherence to Personal Health Information Act (PHIA) legislation • % new hires that sign Oath of Confidentiality • Evidence of education regarding Oath of Confidentiality 		
Evidence:	- <u>Existence of Confidentiality Policies:</u>		
Interpretation:	<ul style="list-style-type: none"> • II-B-10 Confidentiality (Jun 4/98 rev. Aug 24/06) 		
Rating: Yellow	- <u># of Complaints regarding Confidentiality (2007):</u> 0		
	- <u># Occurrence – Breaches of Confidentiality (Apr 06 - Feb 07 YTD)</u> = 2		
	- <u>% of New Hires that sign Oath of Confidentiality (2007)</u> =100%		
	- All new hires signed oath of confidentiality. Orientation includes review of policies and procedures and review of the signing of the Oath of Confidentiality		
	- <u>Privacy Officer</u> – position in place and ensures compliance with PHIA legislation.		
	- <u>Education:</u>		
	- Oath of Confidentiality reviewed at General Orientation and during performance appraisal process.		
	- In-services through Staff Education		
	- Confidentiality week held annually. Confidentiality Week held in January 20 - 26, 2008.		
Action Plan:	<ul style="list-style-type: none"> • Continue to track breaches of confidentiality through the occurrence reporting and management system and complaints management program. • All alleged breaches of confidentiality to continue to be investigated and ensure corrective action is taken if required. • Continue ongoing education/ training regarding Confidentiality. Confidentiality Week to be repeated on an annual basis. • Expand role of Privacy Officer to include overall responsibility for management of confidentiality in collaboration with other key departments/ teams including Information Management CQI Team, Risk Management, Communications, Staff Education and Human Resources. 		

Date:	March 2008	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Confidentiality	Reporter:	Health Records
Board End:	Excellence in Patient Safety & Quality of Care	Source:	Information Technology
Reporting Period:	As of March 2008		
Indicator Name:	Security of Information & Data		
Definition:	Evidence of a policy and guidelines Listing of mechanisms in place		
Evidence:	<u>Evidence of Policies:</u>		
Interpretation:	- Administrative Policy Manual Section V addresses all aspects of client health information. Section II-B-10 addresses confidentiality of information with respect to staff and clients. EL-12 is Board Policy relating to Information Management.		
Rating: Green	<u>Release of Information Policies:</u> <ul style="list-style-type: none"> • EL-12 Information Management (Mar 08/99) • II-B-10 Confidentiality (Jun 4/98 rev. Aug 24/06); • V-A-10 Third Party (Nov 18/98 rev. Oct 21/04); • V-A-40 Duty to Warn (Nov 18/98 rev Aug 1/01); • V-A-60 Consumer Access (Sept 1/99 rev. Mar 1/06); • V-A-70 Duty to Warn (Nov 18/98 rev. Oct 21/04); • V-A-100 Fax or Electronic Mail (Nov 18/98 rev. Oct 21/04); • V-A-110 DPIN Policy (Feb 4/00 rev. Aug 1/01); • V-A-130 Health Records (Nov.18/98 rev. May 15/02); • V-A-140 Search Warrant Authorization (Nov 24/98); • V-A-160 Patient Authorization of Release of Information from Transfer Hospital May 15/02 rev. Oct. 21/04) <u>Protection of Information Policies:</u> <ul style="list-style-type: none"> • V-B-10 Storage/Retrieval/Security & Protection of Record (May 15/02 rev Oct 21/04); • V-B-20 Child & Family Services (Dec 18/00). <u>Listing of Mechanisms:</u> <ul style="list-style-type: none"> - Information Management CQI team in place and mandated to ensure security of information and data. - Privacy screens on computers. - Regular back up of computerized records and monitoring thereof. - Audits and reviews of key areas (i.e. financial, medical records/chart, pharmacy and utilization) are completed. - Confidentiality agreements signed by staff. - Information Management CQI Team is tracking the following: # of successful back-ups/days/month; # secure work stations/ total # work stations. 		
Action Plan:	<ul style="list-style-type: none"> • Continue to ensure NRHA has policies and procedures in place to protect the confidentiality, security and integrity of information, client & staff files and other RHA data. • Information Management CQI Team presently updating their Information Management plan and performance measures as part of the new Accreditation process and requirements. 		

Date: March 2008 **Scorecard Area:** Client/ Community Focus
AIM Dimension: Participation & Partnership **Reporter:** District Health Council
Board End: Healthy Communities **Source:** Liaisons

Reporting Period: As of March 2008

Indicator Name: District Health Councils

Definition: Number of active Advisory Councils & membership levels
 Listing of Accomplishments
 Evidence of meetings being documented & communicated to NRHA Board.
 Evidence of Board / Senior Management Involvement in Advisory Councils

Evidence:
Interpretation:

Rating: **Green**

DHC	# Members	Meeting Date	# Meetings Held	Minutes	Accomplishments
Cranberry Portage	7	3 rd Monday Minutes ✓	4	✓	See details on Vital Stats Page
Easterville	3	2 nd Wed. Minutes ✓	4	✓	See details on Vital Stats Page
Grand Rapids	2	2 nd Wed Minutes ✓	5	✓	See details on Vital Stats Page
Flin Flon	7	3 rd Wed Minutes ✓	7	✓	See details on Vital Stats Page
Snow Lake	12	4 th Tuesday Minutes ✓	10	✓	See details on Vital Stats Page
The Pas	7	3 rd Thurs Minutes ✓	7	✓	See details on Vital Stats Page.
Cormorant	3		5		See details on Vital Stats Page.
Moose Lake	2		2		Recruitment underway
Sherridon/ Cold Lake					Recruitment underway

- Evidence of Board Policy: GP-12.1: District Health Council Terms of Reference (Mar 8/99 rev. May 27/02).
- District Health Council Retreat: Fall 2007 Retreat cancelled due to lack of registrations.
- Minutes taken of all DHC meetings and forwarded to the Board as part of their Board package on a monthly basis.
- Each DHC has an assigned staff person and Board representative. Goal is for regular attendance by Board Member and for Senior Management to attend 3 DHC meetings per year. A written Senior Management report is supplied monthly. This practice should continue.

Action Plan:

- District Health Councils continue to be a vital link between the RHA and the communities we serve. Continue to provide community education grant and ensure staff support to the DHC is resourced.
- Continue Board / Senior Management involvement with District health Councils
- Attempt to hold DHC Retreats yearly or as interest warrants.
- Continue recruitment efforts in all DHCs including Cormorant, Moose Lake and Sherridon/Cold Lake.

Date:	March 2008	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Participation & Partnership	Reporter:	Senior Management
Board End:	Healthy Communities	Source:	
Reporting Period:	As of March 2008		
Indicator Name:	Partnerships		
Definition:	Existence of Board Policies on Partnerships Listing of NRHA intersectoral partnerships		
Evidence:	<u>Existence of Policies:</u>		
Interpretation:	<ul style="list-style-type: none"> • E-2 Board End: Healthy Communities (Mar 8/99 rev. Apr 25/05) • EL-13 Board Policy: Partnerships (Mar.18/99 rev. Oct 02/06) • GP-13 Board Policy: Board Linkage with other Organizations (Mar 8/99; rev Feb 25/02) 		
Rating:	Green	<u>Listing of Intersectoral Initiatives:</u>	
		<ul style="list-style-type: none"> - <u>District Health Councils</u> in place in Grand Rapids, Easterville, The Pas/ OCN, Cormorant, Cranberry Portage, Snow Lake, Flin Flon, Sherridon and Moose Lake (the last two which are being developed – recruitment underway) - <u>Mental Health Advisory Council</u> meets once per quarter. - <u>Community partnerships at program level:</u> Healthy Community Projects, Housing, HRDC, Education (Frontier, Kelsey, Creighton & FF School Division, UCN, OCN), Children's Special Services, Family Services, AFM, CADAC, NADAP, RCMP, Industry (HBMS, Tolko), Business Groups (Chambers of Commerce & Community Future Development Corporations) , SERC, Municipal Parks & Recreation Departments, Family Resource Centres (TP, SL, CP), First Nations organizations at community level, Swampy Cree Tribal Council, Friendship Centres TP & FF, Manitoba Metis Federation, Aurora House, Flin Flon Women's Resource Centre, Cormorant Round Table, Flin Flon / Creighton Seniors Center, Golden Agers, Snow Lake Seniors, UCN Aboriginal Midwifery program, Flinty Committee, Community Trauma Teams, CDPI Community Project Sponsors (numerous community based Chronic Disease Prevention projects - community and reserved based), Interim Advisory Committees (Neighbors Alive), Healthy Schools, Breakfast for Learning - <u>Inter-sectoral groups:</u> Healthy Communities, Children's Therapy Initiative; ; Baby Friendly Initiative; Breast Feeding Promotion Group, Aboriginal Partnerships in Healthy Living, PARTY program, Community Mentorship Program, Best Beginnings-Baby & Me, FASD Committee, Family Resource Centers in The Pas, Snow Lake and Cranberry Portage, Research Site First Step Program; The Pas Homeless Shelter Advisory Committee, Suicide Prevention Network, Gang Awareness Committee, International Women's Day – Women of Honor Program, AFM (Manitoba Addictions Awareness Week Funding) Seniors and addiction presentations, Congregate Meal Programs, Birthday Club, Movements that Matter, Flin Flon Health Auxiliary(E.R.I.K.) kits for seniors., Snow Lake Hospital Auxiliary (E.R.I.K.) kits, Manitoba Food Charter, FF & TP In-motion Committees, CDPI District Steering Committees, Lords Bounty Food Bank, Tobacco Tackle Teams, UCN Student Practicum Placements, Body, Mind & Soul, Free To Be Me, NOR-MAN Breast and Women's Cancer Network, Bust the Winter Blues Festival, Teen Pregnancy Prevention Working Group, U.R.I.S. Program, NOR-MAN Regional Immunization Committee 	
Action Plan:	<ul style="list-style-type: none"> • Continue to develop partnerships and intersectoral initiatives across the continuum of care. • Public Affairs Committee is being established by the NRHA Board of Directors with the mandate to apply the principles of Continuous Quality Improvement (CQI) in order to examine and address ways to improve the services we offer clients through improved leadership and through the development and maintenance of partnerships with clients, staff, key stakeholders, and the communities. 		

NRHA Quality Scorecard: Client/ Community Focus (March 2008)

Rating: **Blue** = Optimal; **Green** = Good/ ongoing CQI; **Yellow** = Warning/ room for improvement; **Red** = Trouble/ extensive work required; **Black** = In development/ progress being made

Date: March 2008 **Scorecard Area:** Client/ Community Focus
AIM Dimension: Participation & Partnership **Reporter:** Catherine Hynes
Board End: Healthy Communities **Source:** Decision Support

Reporting Period: 2007/2008 and 2000/2007

Indicator Name: Grants obtained through Intersectoral Partnerships

Definition: Listing & Value of Grants obtained through Intersectoral Partnerships

Evidence:
Interpretation:

Rating: Blue

Nature Grant	2007/08 Grant Values	Prior Grant Values
Aboriginal Health & Human Resources Initiative (AHHRI)	\$119,648	
Chronic Disease Prevention Initiative (CDPI)	\$104,937	\$140,000
P.A.R.T.Y. Program	\$1,658	\$7,620
Safe Kids Week / Injury Prevention	\$750	\$11,563
Children's Therapy Initiative	\$77,000	\$136,000
Parent/Child Coalition	\$153,750	\$600,000
International Women's Day	\$500	\$2,250
Employment Grants	\$20,096	\$20,731
In-Motion	\$26,700	\$9,000
MAAW (Manitoba Addiction Awareness Week) – Seniors & Addiction	\$450.00	\$300
New Horizons – SOS	\$23,120	\$15,000
The Pas Mentor Program	\$164,500	\$989,891
Teen Health Services	\$65,000	\$55,810
Healthy Smile Happy Child	\$75,000	\$75,000
Retinal Screening Program	\$112,445	\$112,445
Diabetes Risk Assessment	\$50,000	\$50,000
New Horizons – Golden Agers	\$4,000	\$1,000
Play It Safer Network	\$74,800	\$154,721
Free To Be Me	\$6,500	
Flin Flon FASD Committee	\$2,600	
Get Better Together	\$1,850	
Hospital Auxiliary		\$1,550
Advanced Education & Training		\$30,000
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
Lift for Life		\$110,000
Total	\$1,085,304	\$3,690,947

Staff with the NRHA should be commended for the efforts made to obtain external grants for priority initiatives within the region. Grants obtained to date are from one of the following source types:

- Province – such as Manitoba Health, Healthy Child Manitoba, Advanced Education & Training, Addictions Foundation of Manitoba
- Federal - such as Public Health Agency of Canada, Safe Kids Canada, Human Resource Development Canada
- Community-based

NRHA staff has assisted in the development of all of the above listed grants. However, the NRHA is not the lead agency for each of these projects, is only one of many community partners.

Action Plan:

- Continue to work inter-sectorally and seek out available grants where available.

Date:	March 2008	Scorecard Area:	Client/ Community Focus
Indicator Type:	Participation & Partnerships	Reporter:	Bill Knight
AIM Dimension:	Excellence in Patient Safety & Quality of Care	Source:	Professional Development
Reporting Period:	As of March 2008		
Indicator Name:	Informed Consent		
Definition:	Evidence of Policy and Procedures for Informed Consent and client participation/ endorsement of the consent process		
Evidence:	<u>Evidence of Policy:</u>		
Interpretation:	<ul style="list-style-type: none"> • V-C-30 Informed Consent - Master Policy last revised Jun 24/02. The Master Policy consists of 29 pages of definitions and criteria, policy statements for specific situations and appendices. 		
Rating:	Green		
	<u>Consent Manual:</u>		
	<ul style="list-style-type: none"> - As a component of the Regional Patient Care Documentation development project, a Consent Manual has been developed. All the specific policies and consent forms that previously were in the NRHA Policy and Procedure Manual have been removed from the NRHA manual and incorporated into the new Consent Manual - The Consent Manual is available in all patient/client care areas. - The Master Consent Policy has been revised to support the development and maintenance of the Consent Manual. - The result of this initiative is a readily accessible and "user-friendly" resource for direct care providers. 		
Action Plan:	<ul style="list-style-type: none"> • The Consent Manual is maintained (revised and updated) following the same process developed for the regional Policy and Procedure Manuals. This will ensure that care providers will have the required information and forms "at their fingertips" and clients will be assured that the Informed Consent process described in our policy is followed at all times. 		

Date:	March 2008	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Respect & Caring	Reporter/ Source:	Senior Management
Board End:	Excellence in Patient Safety & Quality of Care		
Reporting Period:	As of March 2008		
Indicator Name:	Respect for Clients Cultural Beliefs		
Definition:	Evidence of Policy Listing of Cultural Services		
Evidence:	<u>Evidence of Policy:</u>		
Interpretation:	<ul style="list-style-type: none"> • E-3 Board Policy Healthy People (Mar 25/02, revised Apr 25/05) • GP-2 Board Policy Board Values (Mar 8/99, revised April 25/05) • GP-12 Board Policy Ownership (Mar 8/99, revised Feb 25/02) 		
Rating:	Green	<u>Listing of Cultural Services:</u>	
		<ul style="list-style-type: none"> - <u>Aboriginal Liaison</u> - Positions are in place in both FFGH and TPHC and provide services for the First Nations clients in acute and long term care. Liaisons and a number of staff members provide translation services as required. - <u>Aboriginal Health Strategy</u> – Aboriginal Health Strategy in place and status report reported annually as part of Health Plan and Annual Report. - <u>NRHA's Representative Workforce Program</u> - A partnership is in place between NRHA, Aboriginal and Northern Affairs and Manitoba Advanced Education & Training that will facilitate the participation of Northerners into healthcare occupations, with the ultimate goal of developing recruitment strategies and programming to create a representative workforce. Regional Recruitment Officer is responsible for overseeing this program. - <u>Aboriginal Coordinator</u> - Identified as a top priority in our Health Plan for several years as a new initiative. No new funding has been approved by MB Health. - <u>Aboriginal Human Resources Coordinator</u> - NRHA was successful in receiving funding through the Aboriginal Health and Human Resource Initiative through Health Canada FNIHB. Funding is for a two year project starting in March 24, 2008 in partnership with Opaswayak Health Authority (OHA). An Aboriginal HR Coordinator has been hired through OHA to work regionally on three key areas: 1. Cultural Awareness for NRHA staff, physicians and volunteers; 2. Recruitment and Retention of Aboriginal People; and 3. Building Partnerships and Linkages. - <u>Respectful Workplace Strategy</u> - Strategy is presently being developed and implemented within the region which includes a multi-faceted program consisting of the following strategies: (1) Cultural Awareness; (2) Ethics; (3) Virtues Program; (4) Conflict Resolution; (5) Customer Service; (6) Non-violent Crisis Intervention; and (7) Stress Management. Respectful Workplace sessions are currently being held with all departments within the NRHA. - <u>Partnerships</u> - NRHA does not have jurisdiction to provide community-based health services on reserve but does provide itinerant services where possible and requested. Ongoing partnerships with Aboriginal agencies are a priority for the NRHA. - <u>Visiting Hours Policy</u> – the requirement to ensure adequate rest and treatment opportunities were weighed against the desire to ensure family support for patients and to support those who travel from remote communities to visit patients. The Visiting Hours policy was revised to be more flexible and have extended hours. - <u>Family Rooms</u> – each facility has the means to support large family gatherings when patients are ill and outcomes are uncertain. Families and friends are provided a large, comfortable area for gathering and mutual support. Each facility has developed processes to support important spiritual practices such as smudging and drumming. 	

Action Plan:

- Ongoing priority for the NRHA to ensure there is respect for client's cultural beliefs. Ongoing partnerships will continue to be sought.
- The Aboriginal Health Strategy and Representative Workforce program will continue to be a priority.
- Work closely with OHA and the newly hired Aboriginal HR Coordinator to develop and implement the objectives of the Aboriginal Health and Human Resources Initiative Fund's project objectives.
- Continued development and implementation of NRHA's Respectful Workplace Strategy.
- NRHA has a list of Cree-speaking staff volunteers who are willing to act as a resource to patients/ clients as required. It is recommended that this list of interpreters be expanded to include staff that is willing to volunteer as required to provide interpretative services in additional languages that may be required in NOR-MAN.

Date:	March 2008	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Respect & Caring	Reporter/ Source:	Site Administrators
Board End:	Excellence in Patient Safety & Quality of Care		

Reporting Period: As of March 2008

Indicator Name: **Respect for Clients Religious Beliefs**

Definition: Evidence of Policy
Listing of Spiritual Care Services

Evidence: Evidence of Policy:

- Interpretation:**
- E-3 Board Policy Healthy People (Mar 25/02, revised Apr 25/05)
 - GP-2 Board Policy Board Values (Mar 8/99, revised April 25/05)
 - GP-12 Board Policy Ownership (Mar 8/99, revised Feb 25/02)
 - V-C-10 Consent to Have Name on Religion Census –in Consent Manual

Rating: **Green**

Listing of Spiritual Care Services

- Spiritual Care program in place in conjunction with the Ministerial Associations in all acute care facilities in the region.
- Regional Spiritual Care Committees with reps from NRHA and community Ministerial Associations. Submission in 2006-07 Health Plan (June 2005) to include a .5 EFT Spiritual Care position at FFGH and TPHC. No funding forthcoming
- NRHA participates on a provincial Spiritual Care Advisory Committee.
- At registration of admission, patient/ resident/ guardian is advised of the spiritual care services offered by the NRHA. Upon explanation, individual can either consent or refuse spiritual care services during their stay. The Admitting Clerk will then complete a consent form "Name on Religious Census".
- "Pastoral Care" Log Books available in all facilities to capture information on visits by community based Spiritual Care providers.
- Focus/ Discussion Groups were held with Spiritual Care providers to obtain in-put regarding Spiritual Care activities, challenges and solutions in the NOR-MAN Regional Health Authority in spring 2007. A summary report of the focus group discussions was prepared.

NRHA Quality Scorecard: Client/ Community Focus (March 2008)

Rating: **Blue** = Optimal; **Green** = Good/ ongoing CQI; **Yellow** = Warning/ room for improvement; **Red** = Trouble/ extensive work required; **Black** = In development/ progress being made

- Action Plan:**
- Ongoing priority for the RHA to ensure there is respect for client's religious beliefs. Ongoing partnerships will continue to be sought.
 - Continue to advocate for provincial funding for NRHA's spiritual care submission.

Date: March 2008
Scorecard Area: Client/ Community Focus
AIM Dimension: Respect & Caring
Reporter: All Programs
Board End: Excellence in Patient Safety & Quality of Care
Source:

Reporting Period: As of March 2008

Indicator Name: **Client Input**

Definition: Existence of Policies
 Listing of Client Surveys in place and how results are reported

- Evidence:** Existence of Policy:
- GP-9 Board Policy: Code of Conduct (Mar 8/99, revised Mar 25/02)
 - I-D-30 Satisfaction Surveys (June 24/05)
 - III-B-30 Complaint Management (Aug 1/97 rev. Feb 23/06)

Rating: **Green**

Listing of Client Surveys in place in NRHA

- Acute Care – Acute Care Client Satisfaction Surveys were redesigned and pilot tested in 2007. Currently the survey is being formatted for used with data capture software. A marketing campaign is being designed for implementation in 2008
- Long Term Care – Each respite care client is given a satisfaction survey to complete. Ongoing monthly Advisory Council meetings are held at each NRHA Long Term care facility.
- Mental Health - A provincial survey has been developed to assess Mental Health client satisfaction level and is conducted every 2 years. The last survey was completed in Nov. 2006 with all populations being surveyed (community adult, adolescents and their families, seniors and/or their families and inpatient clients). 2006 survey results were reported in the 2007 Responsiveness Scorecard released in June 2007
- Palliative Care - A provincial survey is done every 2 years for palliative deaths over a 6-month period. The next survey will be held in early 2008. All results reviewed regionally prior to submission to Manitoba Health. Survey results are used to inform regional program planning and provincial initiatives.
- Rosaire House – Each client, upon discharge of Rosaire House, completes an evaluation. A 3-month follow-up survey is also completed where possible. This information has assisted the Addictions CQI team in improving services based on client input. Improvement rate on quality of life at 50% year to date. Treatment goals focusing more on peer pressure to deal with this low rate.
- Home Care – A Client Satisfaction Survey was introduced in 2007. Client Exit Appraisals were implemented with clients and families in June 2007. Both of these tools will be used to evaluate the services and delivery of the Home Care program. Survey results will be reported in the 2008 responsiveness Scorecard.
- Primary Health Care – A Client Satisfaction Survey has been developed and pilot tested in 2007. Currently the survey is being formatted for used with data capture software. A marketing campaign is being designed for implementation in 2008
- Support Services – All patients in the hospital setting complete a survey relating to dietary and housekeeping satisfaction. PCH residents also complete a survey.

Action Plan:

- Satisfaction Surveys policy & procedure in place. Prior to release of a survey, survey forms will be reviewed to ensure the questions are still relevant and to identify any new issues that may need to be tracked. Pilot Testing Guidelines have been developed to assist teams with this task. All surveys are submitted to Quality Council for approval prior to release.
- Data Capture Software program has been purchased and we are currently developing the programs to enable us to scan the survey data to enable us to save on data inputting time.
- The CQI Teams and program areas will review client surveys with results/ trends analyzed and used to target quality improvement efforts.
- Data from satisfaction surveys will be reported to the Board through the Responsiveness Quality Scorecard
- Implementation of both the revised Acute Care and the newly developed Primary Health care Client Satisfaction Surveys

Date:	March 2008	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Respect & Caring	Reporter:	Palliative Care Coordinator
Board End:	Excellence in Patient Safety & Quality of Care	Source:	
Reporting Period:	As of February 2008		
Indicator Name:	Unique Needs of Dying Clients are Met		
Definition:	Evidence of Policy Evidence of needs of Dying Clients being met at home (Palliative Care Services) and in the Acute Setting		
Evidence:	<u>Evidence of Policy</u>		
Interpretation:	<ul style="list-style-type: none"> • VII-B-20 Death of a Patient/ Resident (Jun 17/02 revised Jun 31/06) • VII-B- 50 Death at Personal Care Home (Jun 17/02 revised Apr 24/06) • VII-B-60 Arrangements for Planned Death at Home (Jun 17/02 revised Jun 31/06) • Regional Advance Care Planning Policy (September 25, 2006) 		
Rating:	Green		
	<u>Evidence of needs of Dying Clients being met at home (Palliative Care Services) and in the Acute Setting</u> <ul style="list-style-type: none"> - NRHA has a regional Palliative Care Program in place. The goals of the program are to: <ul style="list-style-type: none"> - 1) provide comfort through control of pain and symptoms; - 2) assist in meeting physical needs of the client; - 3) provide emotional and spiritual support to the client and the family; and - 4) support the client and family to remain at home as long as possible. - A Palliative Care resource manual is in development. - There are palliative care rooms in both FFGH and St. Anthony's Hospital. Palliative Care Team Members work very closely with the Palliative Care Coordinator to ensure the needs of the dying clients, and their families, are met. In services and training in palliative care for staff is ongoing. - Family Satisfaction survey to be sent out early 2008 for deaths occurring between April 1/07 and September 31/07. Responses will assist the Palliative Care team with planning of services. - Advance Care Planning process ensures that clients (with their health care providers' assistance) have a way to prepare for the decisions that will need to be made about future or potential end of life care and medical treatment. 		
Action Plan:	<ul style="list-style-type: none"> • Ongoing priority for the RHA to ensure that the unique needs of dying clients are met. Finalization of the Palliative Care Resource Manual and development of regional policies are identified as future initiatives. 		

Date:	March 2008	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Organizational Responsibility & Involvement in Community	Reporter:	Tony Haffick
Board End:	Healthy Communities	Source:	Facility and Plant Operations
Reporting Period:	As of March 2008		
Indicator Name:	RHA involvement in improving the health of the environment.		
Definition:	Evidence of Policy (relating to Environmental health) Facility participation in Recycling Efforts Evidence of NRHA participation in improving the health of the environment		
Evidence:	<u>Evidence of Policies relating to Environmental Health:</u>		
Interpretation:	<ul style="list-style-type: none"> • Board Policy E-2 Healthy Communities (Mar 8/99 rev. Apr 25/05); • I-B-10 Emergency Response Plan (Disaster Plan) (Jan 10/99 rev. Aug 18/06); • I-B-30 Green Program (May 26/03); I-B-40 Recycling (May 26/03); • I-B 50 Energy Management (May 26/03); • II-I-10 General Health & Safety (Jan 27/03 rev. Aug 26/04); • II-I-30 Asbestos Management program (Jan 27/03 rev. Aug 26/04); • II-I-60 Handling of Bio Hazardous Waste (May 26/03); • II-I-70 Workplace Hazardous Materials Information System (Aug 28/03 rev. Mar 9/04) 		
Rating:	Blue	<u>Recycling:</u>	
		- Participation in Recycling Programs = The Pas; Snow Lake and Flin Flon	
		<u>Energy Project</u>	
		- <u>Green Team</u> - In Dec 2003, NRHA, through its Green Team, became a member of the Energy Innovators Initiative, a program sponsored by Natural Resource Canada.	
		- <u>Energy Management Feasibility Study</u> - conducted in 2004-05. The study identified a number of proposed upgrades and renovations which included 15.4% energy cost savings and a reduction of 670 tonnes of greenhouse gas emissions annually.	
		- <u>Energy Service Contract (EMSC)</u> - was developed between the NRHA and MCW Custom Energy Solutions Ltd. (MCW). The EMSC flows from the Feasibility Study and relates to the design of the proposed upgrades and renovations and the funding of the project. The forecasted savings are guaranteed through the EMSC and savings are then used to pay for the financing of the project with a capital cost of approx. 2 million, and a payback of 13 years.	
		- <u>EMSC Approval</u> - We received approval to proceed with the EMSC from the NRHA Board of Directors on October 2, 2006 and MB Health on December 20, 2006. The agreement with MCW Custom Energy Solutions was signed October 25, 2007.	
		- <u>Grants</u> - A number of grants were applied for including Energy Innovator's Initiative from Natural Resources Canada (NRCan) and MB Hydro Power Smart Incentives. NRCan grant approval received in August of 2007. Application made to MB Hydro for provincial grants in October 2007.	
		- <u>Project implementation</u> - project underway with all measures scheduled for completion by August 20, 2008.	

Capital Construction – Green Buildings

- All capital projects now incorporate "green" building design elements with the goal of achieving LEED or "close to" LEED certification. This direction is to be applied to all health capital projects on a go forward basis, as well as to projects that are currently part of the Health Capital Program wherever practicable.
- LEED is the nationally accepted benchmark for the design, construction and operation of high performance green buildings. LEED gives building owners and operators the tools they need to have an immediate and measurable impact on their buildings' performance. LEED promotes a whole-building approach to sustainability by recognizing performance in five key areas of human and environmental health: sustainable site development, water savings, energy efficiency, materials selection and indoor environmental quality.
- On Sept 22/06, NRHA received the MB Hydro Power Smart Design Standards plaque which is presented to buildings which have received a 25% reduction in energy usage in comparison to other similar buildings.

Incinerators

- Canada-wide standards have been established for the amount of dioxins/ furans and mercury released through incineration of waste materials.
- MHHL has been working on a plan to reduce incinerator emissions to meet compliance of the new standards. They have conducted a biomedical waste review of all RHA's, reviewed best practises and conducted an engineering study of technology options. The study concluded that only two technologies are viable and that a combination of the 2 technologies be used including shredder claws for the majority of the biomedical waste stream; and incineration only for that portion for which it is the only option.
- MHHL have announced the phasing out of all incinerators in hospitals and moving to a transportation-based system with a single site for incineration of waste materials, which will be in Brandon. The site will include an incinerator and shredder/auto-clave. The plan is to have this site up and running in 2009.
- NRHA conducted a FMEA (prospective risk assessment) to identify potential operational implications/ risks associated with the phase-out of the incinerator at FFGH. This information will be used to guide planning. Currently waiting on provincial direction to move forward on this initiative.
- One concern is the condition of our existing incinerator. The incinerator has deteriorated somewhat and the concern is whether we can keep it running without some major maintenance costs. This is being discussed with MHHL.

Comprehensive Waste Management Plan

- A comprehensive waste management strategy has been identified for development prior to the phase out of the FFGH incinerator. The Waste Management Program should be operational in early 2008.

Action Plan:

- Complete Energy Project.
- Continue to participate in Community Recycling programs.
- Continue to work with MHHL and the provincial working group to meet the Canada Wide Standard (CWS) for incinerator emissions per provincial recommendations presently being drafted.
- Finalize the development of a Regional Waste Management Strategy.
- Ensure all capital construction that is completed is done to ensure LEED certification for energy efficiency.

Date:	March 2008	Scorecard Area:	Client/ Community Focus
Indicator Type:	Involvement in Community	Reporter:	Ken Gurba
AIM Dimension:	Excellence in Patient Safety & Quality of Care	Source:	Pat Bilquist Staff Health
Reporting Period:	As of March 2008		
Indicator Name:	RHA Plan for managing & sharing information about health hazards that exist in Region.		
Definition:	Existence of Internal & External Disaster Management Plan Evidence that planning done in conjunction with other community stakeholders. Protocol in place to deal with Infection Control issues impacting RHA & region		
Evidence:	<u>Regional Alert and Response Team</u>		
Interpretation:	<ul style="list-style-type: none"> - Established in the spring of 2003 to deal with public health concerns that may arise (i.e. SARS, Pandemic Flu, West Nile, etc.). Team instrumental in the development of the Disaster Plan, the Regional IMS framework and the Regional Pandemic Plan. - Emergency Operations Centres in The Pas and Flin Flon have been upgraded with additional phone and data lines to ensure they are functional in the event of a disaster. Other items that have been put in place include 12 UPS backup boosters, tamper proof emergency storage containers and supplies for all sites, and signage for evacuated rooms - The amount and types of supplies that may be required in the event of a disaster are currently being reviewed. Storage of supplies will need to be arranged 		
Rating:	Green		
	<u>Disaster Plan</u> <ul style="list-style-type: none"> - Regional Emergency Disaster Plan and PCH Emergency Preparedness Plan – performance deliverable for MB Health was submitted in January 2004. - Emergency Response Plan was developed in the fall of 2004 and updated in 2006. - Developed and trained 95% of all staff with a 3 hour Emergency Response Training in the fall of 2005. Additional 3 hr sessions held for new Hires in 2006 & 2007. - Our Regional Plan distributed to communities that provided us with their new plans such as city of Flin Flon & The Pas. - Evacuation Drills tested in Flin Flon, Snow Lake & The Pas. - Two (2) staff person trained on National Emergency Stockpile System (NESS) 200 bed Hospital setup. 		
	<u>Implementation of an Incident Management System (IMS)</u> <ul style="list-style-type: none"> - NRHA has developed a Regional IMS, which is an organizational and planning system that defines the roles and responsibilities to be assumed by personnel and the operating procedures to be used in the management and direction of emergency incidents. - Senior Management on-call rota in place - Mock Exercises – paper exercise (Fall 2004); Province-wide power outage (Spring 2005); Pandemic table top (April 2006) - Incident Management System framework document updated twice per year and circulated to all departments for placement in their Regional Response Plan binders. 		

NRHA Quality Scorecard: Client/ Community Focus (March 2008)

Rating: **Blue** = Optimal; **Green** = Good/ ongoing CQI; **Yellow** = Warning/ room for improvement; **Red** = Trouble/ extensive work required; **Black** = In development/ progress being made

- Interlake and NOR-MAN part of Pilot Project exercise to test Mass Electronic Communication Exercise in March of 2008. This will involve calling 20 senior staff from the IMS list.
- One staff taking ICS levels 100 & 200 (BC Justice Institute) to allow accredited training of RHA staff in Health IMS.

Infection Control

- Infection Control manual in place in all sites of the RHA.
- Infection Control positions in place in Flin Flon and The Pas. They work closely with MOH, physicians and RHA staff to address any infection control issues that may arise.
- Participate with the Regional Infection Control Committee as well as the Provincial Infection Control committee to share resources and concerns from a rural perspective.
- Trainers to provide N-95 mask fittings for all staff. In the event of a situation where staff are required to protect themselves by minimizing their exposure to infectious microbes, staff are ensuring that the employee is properly fitted and trained.
- Protocols developed and implemented for exposure to blood and body fluids & are applicable to anyone with such an exposure, including staff, physicians or patients.
- Continued education for staff in all areas to be ever mindful of using universal precautions to minimize the exposure to blood pathogens. Personal protection is supplied; gloves gowns, masks, protective eye-ware. Promote the effectiveness of hand-washing to minimize the transmission of pathogens, hand-gels are readily available throughout all areas.

Action Plan:

- Ensure Regional Emergency Response Plan is reviewed/ updated on an annual basis as required.
- Continue implementation of a Regional Incident Management System and training through paper and mock exercises.
- Continue development of Pandemic Plan.
- We have held several Mock Evacuation Drills at several sites. We established that drills need to include brief training session before hand on updated revised methods. We have established a "Drill Schedule" to include all Acute Care & LTC sites on a rotating monthly basis. We plan to identify & train local staff to be able to hold these Evacuation Drills in conjunction with Fire Drills at every facility. An Evacuation Drill schedule will start in the spring of 2008.
- Continued education for staff in infection control and universal precautions to minimize the exposure to blood pathogens. Continue to promote the effectiveness of hand-washing to minimize the transmission of pathogens.
- Start updating our Emergency Responsive Training sessions for all staff, half to be completed in 2008 and the remainder in 2009