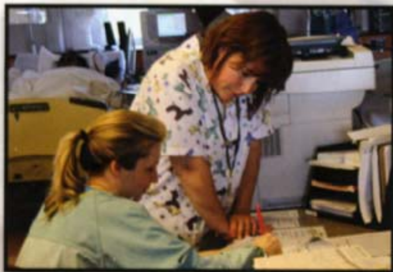
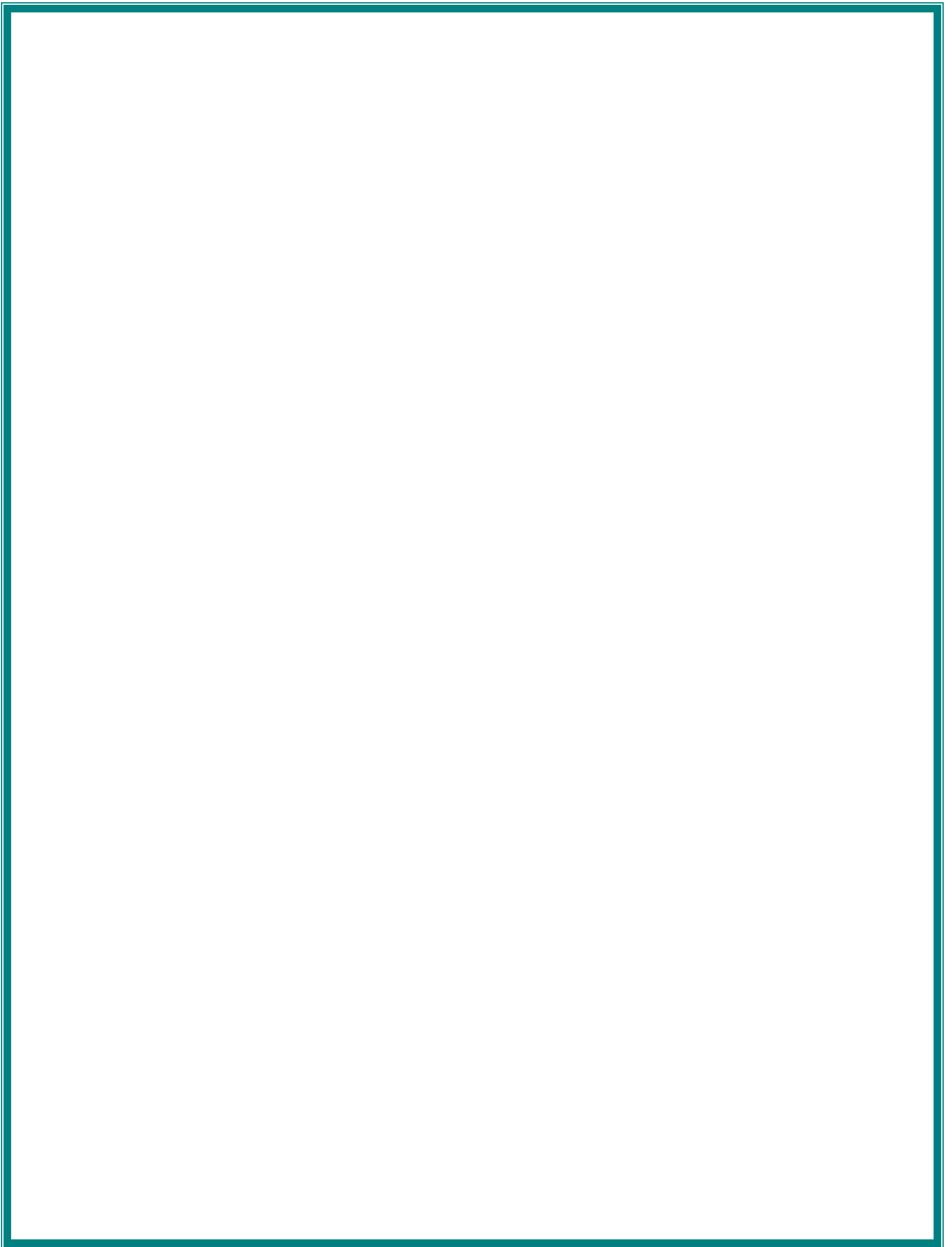
NOR-MAN REGIONAL HEALTH AUTHORITY

2007 – 2008 ANNUAL REPORT





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2007 – 2008 ANNUAL REPORT

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OUR REGION

Covering a large geographical area (72,000 sq. km) and servicing a population of just over 24,000, 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/Misipawistik Cree Nation
Easterville/Chemawawin First Nation
Pukatawagan/Mathias Colomb Cree Nation

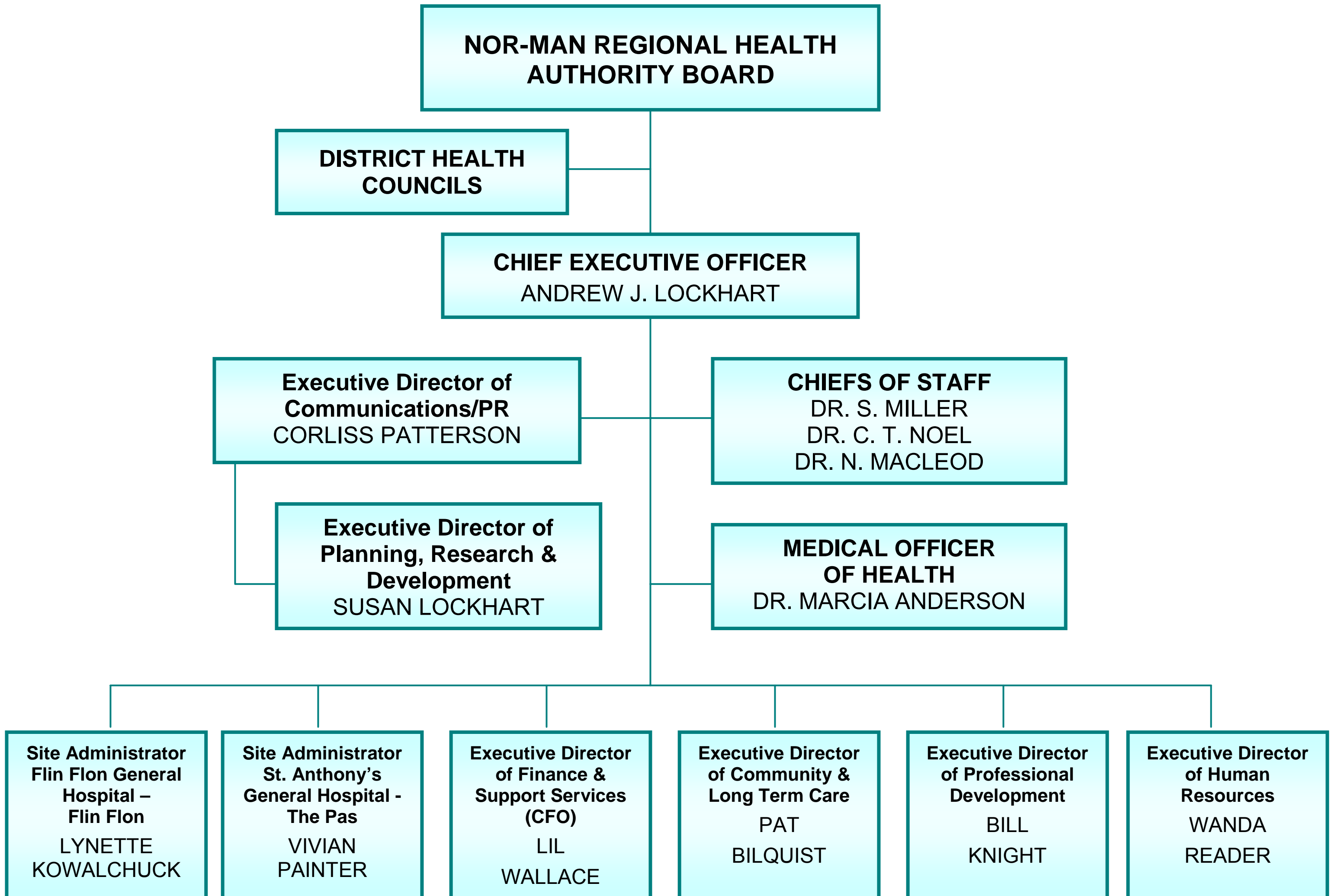
Our Mission

Healthy People in Healthy Communities
"Working Together To Improve Our Health"

NOR-MAN REGIONAL HEALTH AUTHORITY

Organizational Chart

2007 - 2008



Healthy People in Healthy Communities
"Working Together to Improve Our Health"

A Message from Marc Jackson
Board Chair

September 2008

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

The Honourable Kerri Irvin-Ross
Minister of Healthy Living
Room 302, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Ms. Oswald and Ms. Irvin-Ross:

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, 2008.

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, 2008 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 2008

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

It is my pleasure to submit the 2007-2008 Annual Report for the Board's consideration.

The Board of Directors have identified District Health Councils (DHCs) as a critical link to communities. Currently, 7 active DHCs are supported by the Board of Directors throughout our region. Community engagement will be a priority this year as we undertake a comprehensive Community Health Assessment (CHA) with DHCs being an important component in this process. The CHA is the first step towards designing a new five year Strategic Plan for the region.

A strategic commitment to "go green" was made by our Board of Directors this past year. The RHA will accomplish this by making environmental stewardship part of our ongoing business as well as reducing energy costs and greenhouse gas emissions. To date we have invested over $2.0 million in energy conservation and will be investigating other opportunities for the future.

The poor health status of Aboriginal people continues to be a major concern. Although we do not have the mandate nor the resources to support more health services in remote reserve communities, we are working with our aboriginal partners on strategies to address health issues.

We have been successful in securing the services of an Aboriginal Human Resources Coordinator. This individual has been tasked with the recruitment and retention of a more representative aboriginal workforce, developing a more comprehensive cultural awareness program and helping to build our aboriginal partnerships.

Recruitment and retention of physicians and other qualified healthcare professionals has been the number one challenge for the NRHA for the past five years . We will continue to invest through return of service agreements and other means in order to develop our northern human resources.

Our Telehealth program gives us hope for the future with our long-term goal of having Telehealth capabilities in all our smaller communities. This will assist us in delivering and enhancing programs and services to all of our outlying communities.

In 2007/2008 we completed a number of capital projects totalling over $7.0 million, all coming in under budget. These projects are listed in the latter part of the Annual Report. We intend to continue working with MHHL to maintain and improve our aging equipment and infrastructure.

Excellence in patient safety and quality care has been identified by the Board as a top priority. To this end, we are working hard to create a culture of patient safety throughout the organization and will be investing additional resources into patient safety in the upcoming year.

My thanks to the Board and our staff who are dedicated to improving the quality of our services and patient safety.

Sincerely,

Andrew Lockhart
Chief Executive Officer

BOARD PROFILES

Marc Jackson – Snow Lake

Marc has lived his entire life in Northern Manitoba and has been employed for the past thirty-one years in the maintenance department at J.H. Kerr School. He has been a Councilor for The Town of Snow Lake over a number of terms (1983 – 1992, 2001 - 2006). Marc has also served on the local Hospital Board (prior to regionalization), Library Board (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, and a current Unit Chairperson for USW Local # 7106. For the past eleven years he has written, edited, and published an independent, bi-weekly 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 *The Nickel Belt News* and contributes stories to a bi-monthly magazine titled *Cottage North*. He has also co-authored two independently published books: *Gold Showing to Gold Flowing: The Nor-Acme Gold Mine Story* and *Headframes, Happiness, and Heartache: The Mines of Manitoba*.

Doug Lauvstad - The Pas

Doug is currently the Executive Director, of the Northern Manitoba Sector Council, an association of northern Manitoba largest industry sectors (mining, forestry, energy). He was seconded to the council in 2007 from his position as Executive Director, The Pas Campus at the University College of the North. During his 19 years at the University College (formerly Keewatin Community) he has held a number of senior management and administrative positions, notably in executive management, administration, marketing and communications. He is also a member of The Premier's Economic Advisory Council, North Forks Economic Development Commission and Norman Regional Health Authority Board of Governors. 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 – 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.

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.

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, 1st 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 – Opaskwayak 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 Opaskwayak Health Authority, Ms. Niquanicappo was the Mental Health Director for the Opaskwayak 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 Opaskwayak 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 Langauge Co-ordinator and 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, Opaskwayak Cree Nation

Marie Jebb is from the Opaskwayak 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 Opaskwayak 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, Opaskwayak Cree Nation

Doris Young is a member of the Opaskwayak 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 Opaskwayak 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.

Ernie Hunt, Pukatawagan

Ernie is from Highrock and a member of the Mathias Colomb Cree Nation. With a wide range of training, he has had an extensive and diverse work history both on and off the community of Pukatawagan. He takes great pride in contributing to "bridge-building" initiatives leading to better working relationships for First Nations people. Past volunteer commitments have included service in Tribal Health Councils; Legal Aid; and the United Way as well as fundraising for school projects. At this time, the main focus is on the grandchildren who enjoy spending their summers being "at camp" learning about nature and the way we used to live as strong, proud, and spiritual family clans.

John Marnock, The Pas

John was appointed to the Board in April, 2008. He currently sits as Board Treasurer and also Chair of the Audit Committee. He previously was a Board Member from 2001 to 2007 and sat as Vice – Chair. John retired in 2006 after 32 years in municipal government. He was Chief Administrative Officer for the Town of The Pas prior to retirement. He is a past Northern Director of the Manitoba Association of Municipal Administrators. John currently sits on the Complaints Committee of the College of Physicians & Surgeons of Manitoba. John and his wife Sheila have 3 children and 5 grandchildren.

Florence Nice, Sherridon

Florence was born and raised in northern Manitoba and has been involved in education for 24 years. Florence first discovered her passion for working with children as a councilor during a northern summer camp adventure. Shortly thereafter she went on to pursue a B.ed. Degree through the University of Brandon and accepted a teaching position in a northern community. Florence continues to teach in northern Manitoba where she feels she is having a positive impact on the youth in the community. When Florence is not teaching, she enjoys fishing, boating and spending quality time with her family. Florence's recent hobbies include playing the guitar and wildlife photography.

DISTRICT HEALTH COUNCIL MEMBERSHIP

Flin Flon
Laurel Mackie
Dawn Labine
Charleen Logan
Brenda Russell
Jillian Betke
Colleen Arnold
Katie Kawerski
Linda Lautamus

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

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 Humeniuk
Betty Rudd
Judy Steeves
Anne-Marie Butt
Shannon Elliot
Barb Elliot
Margaret Yoder
Jackie Wheeler

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

Grand Rapids
Randy Huff
Don Letkeman-Holst
Connie Young

DISTRICT HEALTH COUNCILS

We have 7 District Health Councils (DHC) in the region. District Health Councils 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 priorities,
- Actively participate in local health initiatives; and
- Be a liaison between their community and the NRHA Board of Directors.

District Health Councils meet monthly from September to June and consist 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 attended a minimum of three DHC meetings throughout the year and monthly senior management reports were provided. Each year, we endeavor to hold a Retreat for the Board, District Health Councils & Senior Management. The retreat in 2007-08 had to be cancelled due to lack of availability of DHC members. A retreat is being planned for December 2008 to kick off NOR-MAN's Community Health Assessment community consultation process.

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 current District Health Council accomplishments this past year:

- Flin Flon – Hosted an Estate Planning Session and a Community Fun Health Fair. Sponsored Koats for Kids, and P.A.R.T.Y. (Preventing Alcohol & Risk Related Trauma in Youth) program.
- Cranberry Portage – Sponsored Cranberry Portage Elementary School Healthy Snack Program, Seniors Healthy Snack Program, Skate with Santa family event and Protect Your Pairs – an interactive health fair on breast and testicular cancer. Partnered with Cranberry Portage Skating rink to purchase skates for their free rental program for children. Supported the senior's carpet bowling equipment fundraising efforts,
- Snow Lake – Sponsored the Winter Whoot Family Social, a Meet and Greet event and the P.A.R.T.Y (Prevent Alcohol & Risk Related Trauma in Youth) program.
- Easterville - Sponsored essay/ drawing contests, Emergency Response Information Kits (E.R.I.K) for seniors and participated with their assembly, Protect your Pairs program and a Health Walk.
- Grand Rapids – Sponsored Essay/ Drawing contests, E.R.I.K kits for seniors and participated with their assembly, Protect your Pairs program and a Health Walk.
- The Pas – Sponsored the purchase, assembling and distribution of E.R.I.K. kits for seniors. Active discussion on various topics within the Health Authority.
- Cormorant – Sponsored healthy snack during track and field days at Cormorant Lake School and a breakfast for Metis days.
- Moose Lake – Discussions underway regarding the establishment of a District Health Council in Moose Lake.

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 priorities.
- Develop an annual priority plan to set priorities and guide operations.
- Participate in the upcoming Community Health Assessment process and community consultation activities.

MISSION

Healthy People in Healthy Communities

"Working Together to Improve Our Health"

NOR-MAN RHA Board of Directors

Marc Jackson, *Chair (Snow Lake)*

Dan Davie *(Wanless)*

Doris Habermann *(Flin Flon)*

Ernie Hunt *(Pukatawagan)*

Marie Jebb *(OCN)*

Doug Lauvstad *(The Pas)*

John Marnock *(The Pas)*

Vivian McKenzie *(Cranberry Portage)*

Stella Neff *(Grand Rapids)*

Florence Nice *(Sherridon)*

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.*

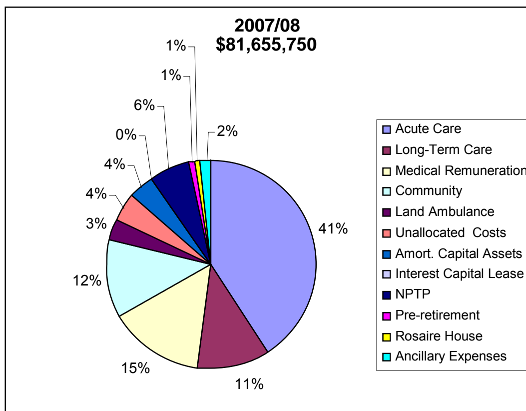
EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE

- *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

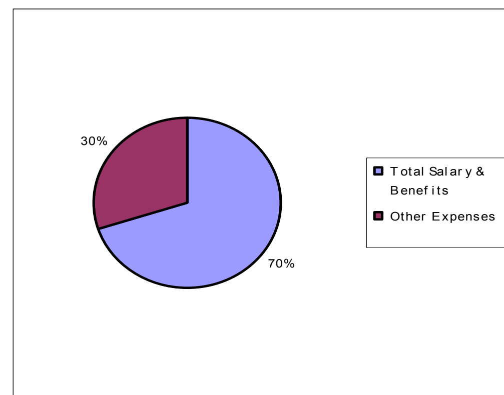
- **Community Health Assessment** – Planning is underway for the next comprehensive Community Health Assessment, which will be submitted to Manitoba Health & Healthy Living (MHHL) by September 30, 2009.
- **Health Plan** – Approved by the Board and submitted to MHHL in June each year.
- **Board Self-Evaluation** - 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 are also posted on the NRHA web-site.
- **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.
  - *Public Affairs Committee:* This committee is the Board as a whole and its primary function is 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.
  - *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.
  - *Governance Team:* 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 for the May 2008 survey visit.

FIGURE 1 % OF ALLOCATION OF TOTAL EXPENSES BY PROGRAM AREA



Source: MHHL Management Information System

FIGURE 2 SALARY & BENEFITS AS % OF TOTAL GLOBAL OPERATING EXPENSE



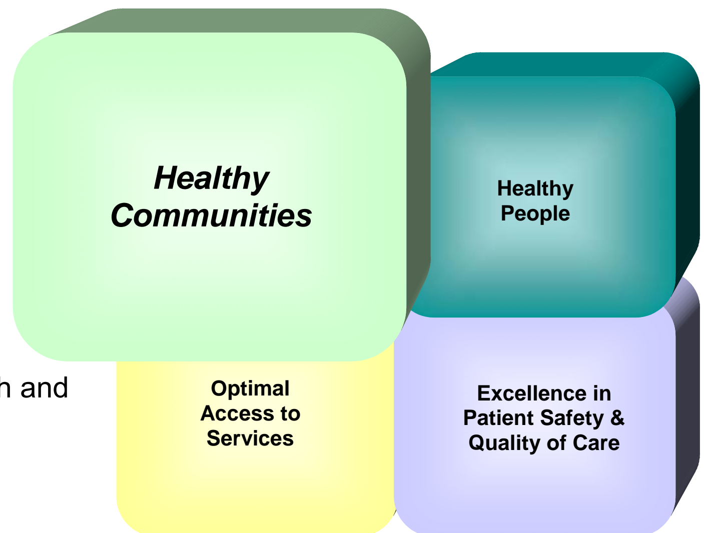
Source: MHHLManagement Information System

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.

Challenges……..

- *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.*

Accomplishments……

- Providing timely and relevant organizational information to external audiences continues to be a priority. All public documents are posted on NRHA's website.
- An NRHA Services Chart is published annually which identifies the programs and services we offer in each community and is circulated to all our partnering agencies.
- We continue to work with NRHA outlying communities to identify and offer needed onsite/ itinerant services and resources.
- A well advertised1-888 General Information/Complaints Line is in place so that residents who have questions/ concerns can call the NRHA Corporate Office toll-free.
- An annual insert in the MTS regional phone directory lists all key programs and contact numbers for easy access for our residents.
- Primary Health Care LED signage is in place for Flin Flon and being planned for The Pas. Signage promotes RHA activities and programs and provides the public with information related to services that are available through the NRHA Primary Health Care Centres in a timely fashion.

- We continue to seek out new community partners and work with our existing community partners in a number of projects. Some milestones of note this past fiscal year include:
  - The Pas Homeless Shelter opened in February 2008 and has been running near capacity (ten single/double units and a two-family house) since its opening. Staff of the NRHA continue to sit on the Shelter Advisory Committee.
  - NRHA has been involved in the development of the North Forks Economic Development Authority and became an equity partner in this initiative during the past year.
  - NRHA continues to have a representative on the Kelsey Recreation Wellness Centre capital project committee. We are committed to partner with the Town of The Pas in the development and delivery of unique programs at the new facility including providing human resources to enable the development and delivery of programs and services that focus specifically on healthy living/prevention programs as well as illness/disease management programs. Space for the inclusion of an outpatient physiotherapy program has been included in the design.
- NRHA has made a strategic commitment to "Going Green". ***See Performance Story page 15-16.***
- We have 7 active DHCs which provide an important link between our communities and the Board.
- Considerable effort has been made by NRHA staff and other external partners to obtain funding for priority health promotion initiatives within the region. In 2007-08, we received close to $1.1 million dollars in external grants. **See Figure 3**

FIGURE 3 NRHA PARTNERSHIPS – EXTERNAL GRANTS

Nature Grant	2007/08 Grant Values
Aboriginal Health & Human Resources Initiative	$119,648
Chronic Disease Prevention Initiative (CDPI)	$104,937
P.A.R.T.Y. Program	$1,658
Safe Kids Week / Injury Prevention	$750
Children's Therapy Initiative	$77,000
Parent/Child Coalition	$150,000
International Women's Day	$500
Employment Grants	$20,096
In-Motion	$26,700
MAAW (Manitoba Addiction Awareness Week)	$450
New Horizons – SOS	$23,120
The Pas Mentor Program	$164,500
Teen Health Services	$65,000
Healthy Smile Happy Child	$75,000
Retinal Screening Program	$112,445
Diabetes Risk Assessment	$50,000
New Horizons – Golden Agers	$4,000
Play It Safer Network	$74,800
Free To Be Me	$6,500
Flin Flon FASD Committee	$2,600
Get Better Together	$1,850
Total	**$1,085,304**

Source: MHHL Management Information System

POPULATION AND SERVICES
March 2008

NOR-MAN Populations Trends

Community	2005	2006	2007
Flin Flon	6280	6179	6144
Grand Rapids	686	699	687
RM of Kelsey	3025	2569	2590
Snow Lake	1025	904	883
The Pas	7499	7285	7138
Chemawawin FN	608	605	619
Grand Rapids FN	379	389	406
Mathias Colomb CN	1219	1223	1232
Mosakahiken Cree Nation	389	388	401
Opaskwayak Cree Nation	1001	1623	1631
Unorganized Territories	2433	2476	2478
Totals	**24,544**	**24,340**	**24,209**

Source: Manitoba Health June 1, 2007

NOR-MAN is currently home to 2.04% of the Manitoba population

Saskatchewan Population Trends

Community	2005	2006	2007
Flin Flon, SK	305	272	281
Creighton	1768	1738	1720
Denare Beach	733	788	825
Peter Ballantyne CN	2249	2099	2010
Pelican Narrows	1741	1953	1989
Sandy Bay	1253	1236	1240
Sturgeon Landing	50	48	52
Totals	**8,139**	**8,134**	**8,117**

Source: Saskatchewan Health June 30, 2007

NOR-MAN Selected Population Highlights
June 1, 2007

Number of Males		Number of Females	
14 & Under	3210	Under 15	3053
15 – 64	8036	15 – 64	7840
65+	967	65+	1103

Saskatchewan Selected Population Highlights
June 1, 2007

Number of Males		Number of Females	
14 & Under	1342	14 & Under	1278
15 – 64	2610	15 – 64	2403
65+	235	65+	249

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

- St. Paul's Residence (59 beds & 1 respite bed)
- Flin Flon Personal Care Home (30 beds)
- Northern Lights Manor (35 beds & 1 respite bed)
- Snow Lake (4 long term care beds)

Rosaire House Addictions Centre (The Pas):

- 20 bed residential addiction treatment centre

NRHA Community Health Centres:

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

PERFORMANCE STORY
NRHA's Commitment to Going Green

We, at NOR-MAN Regional Health Authority, have made a strategic commitment to "Going Green." Our goal is to reduce the impact of our operations and products, and to be a leader in environmental stewardship. We are dedicated to making an active and ongoing commitment to lessen our impact on the environment today and for tomorrow. Our commitments and how we are accomplishing these are highlighted below:

- **Making environmental stewardship part of our ongoing business -** In December 2003, NRHA's Green Team became a member of the Energy Innovators Initiative; a program sponsored by Natural Resource Canada's Office of Energy Efficiency. We strive to incorporate our environmental principles into regional policies to guide business practise. To date, we have developed a number of policies which incorporate our commitment to environmental stewardship. These include policies on Board Values, Ethical Business Practise, General Executive Constraint, Asset Protection, Green Program, Recycling, and Energy Management.

- **Reducing energy costs and greenhouse gas emissions -** We are the first RHA in the province to embark on an Energy Management Retrofitting Project in attempt to reduce energy costs. An Energy Management Feasibility Study was conducted in 2004-05 which 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.

  An Energy Service Contract (EMSC) was developed and relates to the design of the proposed upgrades, renovations and the funding of the project. The forecasted savings are guaranteed through the EMSC and the 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. We received approval to proceed with the EMSC from the NRHA Board of Directors and MHHL in late 2006. We applied for and received a number of grants including Energy Innovator's Initiative from Natural Resources Canada (NRCan) and MB Hydro Power Smart Incentives. The Energy Retrofitting Project is currently underway with the following measures scheduled for completion by the fall of 2008:
    - Lighting Systems
    - Heating, Ventilation and Air Conditioning Systems
    - Automated Building Controls
    - Building Envelope
    - Domestic Water Systems
    - Ozone Generating Systems for Laundry
    - Electrical Systems
    - Alternative Energy-Solar Walls

- **Conserving, reusing, and recycling -** In attempt to decrease the waste removed from our facilities into our landfill sites, all NRHA facilities actively participate in community recycling programs.

- **Reducing and disposing of waste in a safe manner -** NRHA has been participating in a provincial taskforce to comply with the national standards for the amount of dioxins/ furans and mercury released through incineration of waste materials. With the phase-out of the incinerator at Flin Flon General Hospital, we will be required to transport medical waste out of region and we are committed to doing this in a safe and cost effective manner. NRHA has also developed a Waste Management Plan which will be implemented in 2008-09.

- **Buying safe and sustainable products -** Sustainable procurement is in the forefront of every item purchased through our procurement contracting process. When we evaluate a vendor's bid response to a contracted request for proposals (RFP), points are awarded if they provide, "details pertaining to your organization's Sustainability Policy specific to the Environment." This clause is now in all of our RFPs. We have a Product Standardization Committee to ensure product consistency between sites to ensure staff and client safety.

- **Constructing green buildings -** All NRHA capital projects incorporate "green" building design elements with the goal of achieving LEED or "close to" LEED certification. In September 2006, NRHA received the MB Hydro Power Smart Design Standards plaque for our new EMS facility in The Pas which achieved a 25% reduction in energy usage in comparison to other similar buildings. This was accomplished by installing a geothermal heating and cooling system and exhaust / ventilation systems.

- **Continually improving our performance -** We have active Continuous Quality Improvement Teams and we are striving to set objectives and targets to ensure continuous improvement in our environmental performance. We continue to investigate opportunities for operational savings through capital upgrades. For example, we are currently in discussion with MHHL Capital Planning Branch to install a Sempa Hybrid Heating System at Flin Flon General Hospital and The Pas Health Complex. This heating system uses controllers to automatically determine the best time to switch between propane/oil to electricity. This system will reduce operating costs up to 30% and reduce green house gas emissions and energy consumption.

- **Demonstrating responsibility to our stakeholders –** We are committed to communicating our progress to our stakeholders and we post all public documents on our website including our Community Health Assessment, Strategic Plan, Annual Report and Quality Scorecards.

Future Strategies…

- Continue to support the operation of District Health Councils (DHC) in the region and to involve them in the upcoming Community Health Assessment process to ensure community participation and priority setting.
- Continue to nurture and improve the type and level of inter-sectoral initiatives.
- Continue 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 MHHL, continue to work towards compliance with Canada-wide standards for the reduction of emissions of furons/ toxins and mercury with Flin Flon's incinerator.
- Implement our waste management plan.
- Continue to work towards meeting our Energy Management Plan "Going Green" goals and objectives.
- Coordinate the regional Community Health Assessment and community consultation process starting Fall 2008.
- Continue to work 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.
- Continue to work on strategies to increase resident knowledge of available health care services as well as how to access services.

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.

Challenges….

- *The NOR-MAN RHA 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. Ongoing partnerships with Aboriginal agencies continues to be a priority for the RHA.*

Accomplishments……

- We continue to place a strong focus on health promotion and have been successful with such initiatives as Tobacco Tackle Teams, P.A.R.T.Y. (Preventing Alcohol & Risk Related Trauma in Youth Program), Healthy Active Living Initiative, In Motion, Families First, Stop FAS/D, Healthy Smiles, Happy Child, etc. ***See Performance Story page 22***
- Mental Health and Addictions staff continue to work 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 underway and training of service providers is ongoing.
- The Diabetes Education Resource Program continues to provide prevention, intervention and support to those at risk of developing or living with diabetes in the region. Our Regional Diabetes Program (RDP) has been expanded to include the Retinal Screening Vision Program (RSVP) and the Risk Factor and Complications Assessment program. Under the latter, training is available to care providers throughout the region utilizing a train the trainer model. Our entire RDP team continues to provide itinerant services to outlying areas.
- We have successfully completed year three of the Chronic Disease Prevention Initiative. All projects continue to focus on 3 modifiable risk factors – smoking, physical inactivity and unhealthy eating. The NRHA has 3 active district steering committees: District 1 includes Flin Flon, Cranberry Portage and Snow Lake; District 2 includes The Pas, OCN, and RM of Kelsey; and District III includes Sherridon, Cormorant, Grand Rapids, Easterville and Moose Lake.
- In 2007, the Manitoba Breast Screening Program achieved a 61% 2-year participation rate for the NRHA for 2007; this is a 4% increase from 2 years ago and a 3% increase over last year. An increase in participation rates was reached in 9 communities with a record 657 women attending. ***See Figure 4***
- A number of breast health initiatives successfully implemented including Bosom Buddies, Pink Project, Protect Your Pairs, breast health education and a breast cancer support network.

- Over the past several years, we have been increasing the promotion of the importance of cervical screening. A number of initiatives have been undertaken including the introduction of women's and teen's wellness clinics and cervical cancer screening at the Primary Health Care Centres in The Pas and Flin Flon. The NRHA Cervical Screening Program has expanded services to Cormorant, Cranberry Portage, and Sherridon.
- 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.
- The Support to Seniors in Group Living program was implemented in the Legion Housing in June 2007. The program has been developed to prevent premature admissions to long term care and support the "aging in place concept." ***See Performance Story page 22***
- A Falls Management Program is in place throughout the region in all personal care homes, whereby fall prevention is the focus. Diet supplements, exercise, hip protectors, medication reviews, and incontinence management along with a comprehensive audit component are all elements of the program.
- An all encompassing recreational programming is available in all of the NRHA personal care homes. This activity is provided by certified Recreation facilitators and volunteers, in combination with the Adult Day program in Flin Flon (SPORT) and The Pas (Funseekers).
- Family Resident Advisory Councils (FRAC) are in place in all NRHA Personal Care Homes. A family member or an elder chair the Council.
- A Respectful Workplace Strategy has been developed 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.
- We have initiated a grade 8 administration of the school leaving booster instead of Grade 9. This was initiated as a result of a low immunization rate in this age group. This process was deemed beneficial as the number of students receiving the immunization has improved. Provincial discussions are underway to determine if RHAs will be allowed to choose grade 8 or 9 as the point of delivering service. ***See Figure 5***
- Injury Prevention Committee is in the process of developing an injury prevention strategy focusing on four regional priorities: falls prevention, road safety, suicide prevention and personal home safety. ***See Figure 6***
- NRHA has partnered 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). We have been successful in recruiting two additional midwives.
- In partnership with Manitoba Keewatinook Ininew Okimowin (MKO), Burntwood and Churchill Regional Health Authorities, CancerCare Manitoba and the Northern Medical Unit, NRHA will be participating in the development and implementation of a Northern Manitoba Aboriginal Health Strategy.

FIGURE 4 MOBILE BREAST SCREENING PROGRAM RATES

Community	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07
Flin Flon	**72%**	**73%**	61%	62%	66%	65%	64%
Channing	50%	50%	36%	25%	46%	58%	46%
Cormorant	50%	46%	32%	50%	54%	61%	63%
Cranberry	**73%**	61%	52%	46%	50%	52%	56%
Sherridon	33%	33%	17%	46%	33%	0%	14%
Snow Lake	**73%**	**77%**	55%	59%	58%	69%	61%
Wanless	44%	50%	44%	58%	65%	60%	**71%**
The Pas	60%	63%	60%	60%	54%	52%	62%
OCN	-	**73%**	68%	67%	57%	63%	62%
Moose Lake	**75%**	**70%**	46%	63%	50%	51%	66%
Easterville	54%	58%	42%	52%	53%	52%	60%
Grand Rapids	52%	58%	40%	44%	44%	46%	39%
Pukatawagan	**81%**	68%	35%	48%	43%	59%	58%
Regional Total	**65%**	**67%**	**57%**	**58%**	**57%**	**57%**	**61%**

The blue highlighted 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
Data Source: MB Breast Screening Program (MBSP)

FIGURE 5 IMMUNIZATION RATES

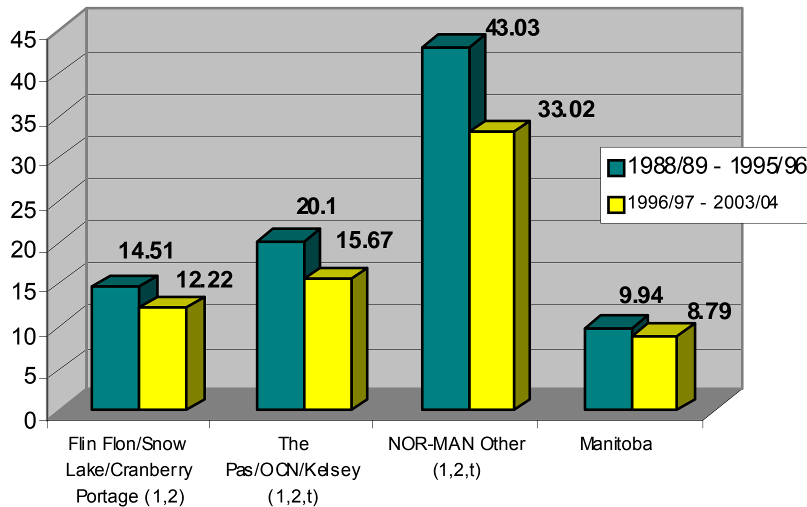
	2002	2003	2004	2005	2006
DaPTP-HIB > 1yr	61% (77%)	81% (81%)	74% (80%)	73% (79%)	80% (80%)
DaPTP-HIB 2yrs	78% (75%)	68% (69%)	68% (70%)	67% (68%)	67% (71%)
DaPTP-HIB 7yrs	82% (76%)	79% (76%)	77% (71%)	74% (69%)	82% (71%)
MMR 2yrs	98% (87%)	84% (86%)	89% (86%)	88% (85%)	87% (85%)
Measles 7yrs	86% (81%)	83% (81%)	82% (76%)	82% (75%)	87% (79%)
Mumps/Rubella 7yrs	96% (94%)	95% (95%)	93% (92%)	90% (95%)	97% (92%)
Complete for Age - 17yrs	50% (48%)	52% (48%)	57% (52%)	58% (64%)	65% (64%)

Definition: % of NOR-MAN children receiving required immunizations as per the routine immunization compared to the Manitoba rate (Manitoba rate in brackets)
Data Source: Manitoba Immunization Monitoring System (MIMS), Annual Report 2006

FIGURE 6 INJURY DATA

Injury Hospitalization or Death Rates for NOR-MAN Females by District

Age-adjusted rate of injuries per 1,000 females



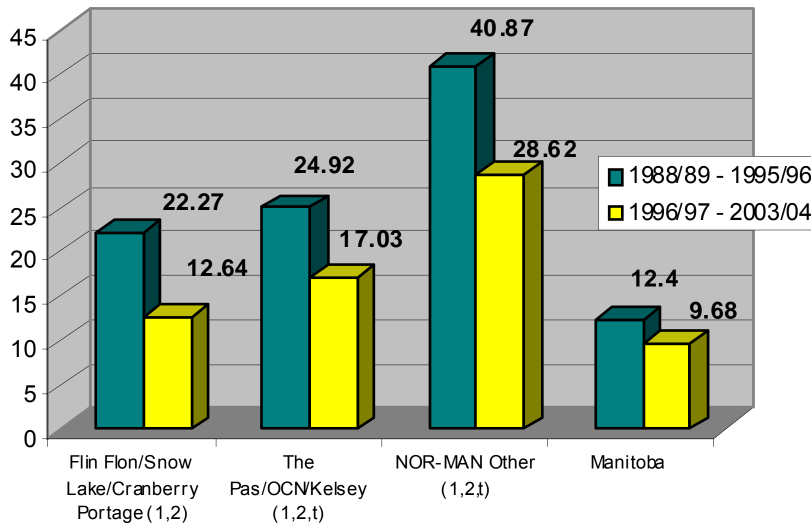
"1" indicates area's rate was statistically different from Manitoba average in the first period
"2" indicates area's rate was statistically different from Manitoba average in second time period
"t" indicates change over time was statistically significant for that area
"s" indicates data suppressed due to small numbers

Source: Manitoba Centre for Health Policv. 2008

NOR-MAN female injury hospitalization or death rates are improving faster than the Manitoba time trend

Injury Hospitalization or Death Rates for NOR-MAN Males by District

Age-adjusted rate of injuries per 1,000 males



"1" indicates area's rate was statistically different from Manitoba average in the first period
"2" indicates area's rate was statistically different from Manitoba average in second time period
"t" indicates change over time was statistically significant for that area
"s" indicates data suppressed due to small numbers

Source: Manitoba Centre for Health Policv. 2008

NOR-MAN male injury hospitalization or death rates are improving faster than the Manitoba time trend

FIGURE 7 BREASTFEEDING RATES

% Mothers Initiating & Maintaining Breastfeeding for Four or More Months
Audit of Client Files (1st 6 Months of Each Year)

Community	Year	Total # of births	% Initiating breastfeeding	% breastfeeding at 4 months	Of those initiating, % breastfeeding at 4 months
Flin Flon	**2005**	33	27 (82%)	16 (48.5%)	59%
	2006	25	17 (68%)	15 (60%)	88%
	2007	37	25 (67.5%)	13 (35%)	52%
The Pas	**2005**	52	44 (85%)	27 (64%)	61%
	2006	36	27 (75%)	20 (55.5%)	74%
	2007	75	36 (84%)	28 (37.5%)	44%
Snow Lake	**2005**	4	3 (75%)	1 (25%)	33%
	2006	3	3 (100%)	1 (33%	33%
	2007	5	3 (50%)	1 (20%))	33%
Sherridon	**2005**	2	Unknown	0 (0%)	0%
	2006	0	0 (0%)	0 (0%)	0%
	2007	0	0 (0%)	0 (0%)	0%
Cranberry Portage	**2005**	3	1 (33%)	1 (33%)	100%
	2006	3	2 (66%)	1 (33%)	50%
	2007	7	7 (100%)	4 (57%)	57%
Cormorant	**2005**	8	8 (100%)	1 (12.5%)	12.5%
	2006	1	0 (0%)	0 (0%)	0%
	2007	2	1 (50%)	0 (0%)	0%
Totals for	**2007**	**112**	**88 (78.6%)**	**41 (36.6%0**	**46.6%**
	2006	**68**	**49 (72%)**	**37 (54.4%)**	**75.5%**
	2005	**85**	**71 (83.5%)**	**43 (50.5%)**	**60.6%**

Source: NRHA

Note: We have observed an increase in the % of moms initiating breastfeeding at discharge from 72% in 2006/07 to 78.6% in 2007/08.

*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.

PERFORMANCE STORY
Aging in Place

The Supports to Seniors In Group Living (SSGL) program began in Flin Flon June 2007. The SSGL model provides a range of services in group living / elderly persons housing. These services assist the residents in accomplishing their instrumental activities of daily living and provide them with the support to remain in their community and “age in place”. The SSGL model is one of the community models of Manitoba’s Long Term Care Strategy intended to prevent / delay premature and inappropriate entry into personal care homes. The SSGL model supports “Aging in Place”.

“Aging in Place” is a matter of preserving the ability for Manitobans from every culture to remain safely, as participants in their own community, to enjoy the familiar social, cultural and spiritual interactions that enrich their lives even though their health may be compromised. The SSGL program will be expanded into The Pas in July 2008. Through the SSGL program, congregate meals are offered twice a day, seven days a week in Flin Flon and five days a week in The Pas. The Movements That Matter exercise program is offered to residents three times per week in both communities. Craft activities and guest speakers as well as other social activities are also planned for residents in the SSGL program. Assistance with banking, medical trips, blood pressure clinic, senior’s wellness and education sessions, such as navigating the telephone system, as well as laundry and light housekeeping are also services that are offered. Seniors participating in the program have embraced it, and have enjoyed the enhanced services that are being delivered. Meal programs and social opportunities has greatly reduced the potential for social isolation in these Elderly Personal Housing (EPH) complexes.

PERFORMANCE STORY
Tobacco Tackle: Youth to Youth

Grassroots and peer group efforts work. That’s the lesson Deanna Johnson has learned as the Regional Smoking Reduction Coordinator and Regional Community Health Developer in the Flin Flon area. Deanna feels strongly that youth are effective in reaching their peers, so she increased the number of Tobacco Tackle Teams from Grade 4 to High School in various communities. Each team is unique and has different ideas on the ill effects of tobacco. Deanna says, “You really have to go with the group and listen to what works in their community. Let them do their thing. It has to be the kid’s project.”

One of the teams put on a play called, “How to Say No.” The Grade Fives wrote the script and performed for other Grade 4 to Grade 6 classes. They also made bookmarks with tips on how to say no and gave them to their peers. Flin Flon High School students, after holding a contest to reveal how much money they spent on tobacco and what amount they chewed, surprised themselves at the high number of tobacco chewers in their midst. Other youth produced colourful posters consisting of pictures of themselves and their thoughts about tobacco. “The kids were so proud of the posters,” said Deanna. Printed copies will reach every Frontier School, and as a result of the project, the students went on to write a graphic novel.

Students submitted posters on secondhand smoke in a contest. With funding from CDPI, winning posters were printed off on good poster paper and distributed to Frontier Schools. Cormorant students put fun into tobacco awareness by setting up original carnival games for all classes to enjoy. The students moved from station to station answering tobacco questions before laying up a perfect throw at “Dunk the Junk,” bowling down pins in “Cigarette Bowling,” or tossing beanbags through holes named after different chemicals – just a few of the games offered. Other students made a multi-media booklet including their thoughts and experiences about tobacco. “Instead of pushing the smokers to the corner,” says Deanna, “let’s try to get them to understand the addiction.” Giving young people the information and skills to say no and allowing them to positively influence each other is yielding successful results in the NOR-MAN Region.

Future Strategies…

- Continue to focus on NRHA health promotion and prevention initiatives.
- Continue to focus on Aging in Place initiatives.
- Develop strategies to increase the percentage of mothers that maintain breastfeeding after 4 months. ***See Figure 7***
- Continue to seek out opportunities to provide itinerant and Telehealth dietitian and audiology services due to the chronic vacancies.
- Develop strategies to implement the P.A.R.T.Y. program in the communities of The Pas and OCN.
- Finalize our injury prevention strategy.

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 so as not to impact an individual's ability to access the necessary services.

Challenges…..

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, housing, 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 while maintaining existing services.

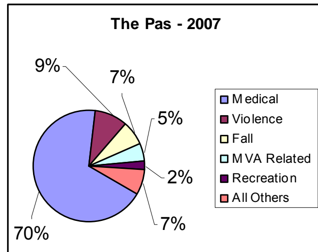
Accomplishments….

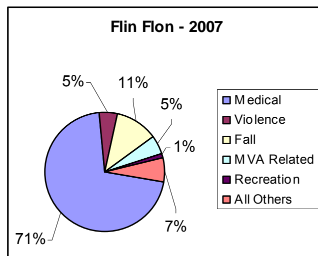
- Our Primary Health Care staff has been successful in working with our outlying communities to identify and offer needed onsite/ itinerant services and resources. Programs provided in 2007-08 included Health Promotion/ Education, Tobacco Reduction Program, Families First, Healthy Smiles, Happy Child, Public Health Services, Chronic Disease Management, Women's/ Teen Health Clinics (Cormorant, Cranberry Portage & Sherridon), Itinerant Medical Officer of Health services, Diabetes Education Resource, Pediatric Speech Language, Mental Health (bi-weekly child & adult services), Home Care, Midwifery (weekly clinic in Moose Lake), Palliative Care, MB Retinal Screening Vision Program, Risk Factor and Complication Assessment and the Community Trauma Response Team.
- Itinerant specialty services continue to be provided within the region which include itinerant clinics for: Orthotics, Child Development and Psychiatric consultations (children, adult and geriatrics).
- We saw an 11% increase in the number of CT procedures from 2,810 in 2006-07 to 2,945 in 2007-08. Of the cases, 7% of scans were for inpatients, 6% for emergent cases and 87% by physician referrals. Overall Wait Times are not a concern with residents able to access needed NRHA services in a timely fashion. ***See Figures 8 & 9***
- In January 2007 the Manitoba Retinal Screening Program was announced. ***See Figure 10 and Performance Story page 29***
- NRHA's Telehealth sites continue to be among the busiest in the province. Of note, dermatology and endoscopy clinics continue to grow in popularity and now account for a large portion of total clinical usage. NRHA Primary Health Care program established a new Telehealth Clinical Dietician service with Riverview Health Centre in Winnipeg. ***See Figure 11***
- NRHA's Patient Care Documentation Initiative, Charting by Exception (CBE), has been developed for region-wide implementation encompassing all program areas.

RESPONSIVENESS STATISTICS

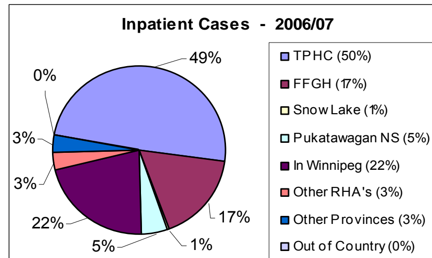
September 2008

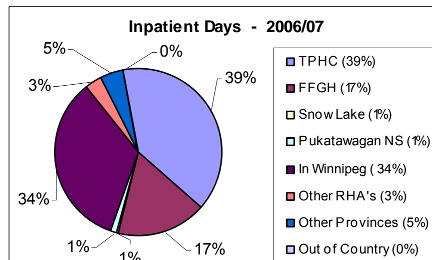
What EMS responded to?



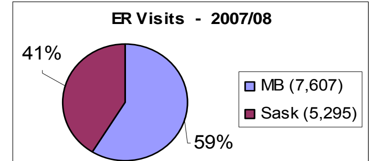


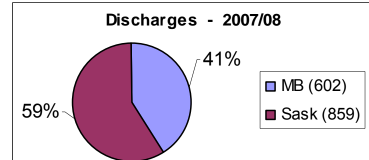
Where NOR-MAN Residents Access Hospital Services?

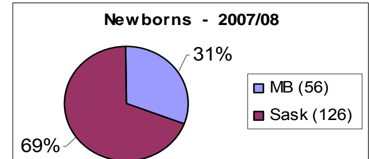


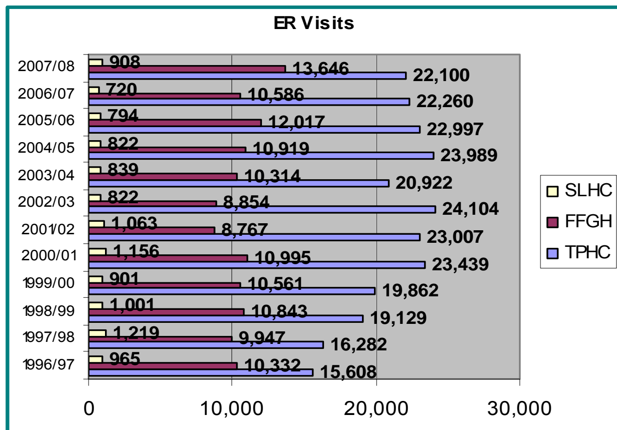


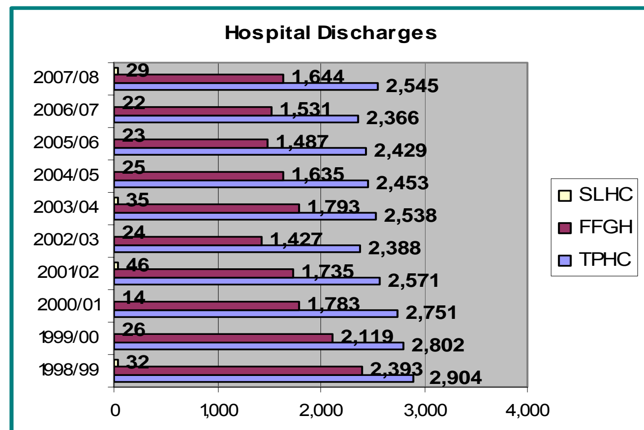
Saskatchewan Residents Use of FFGH – 2007-08

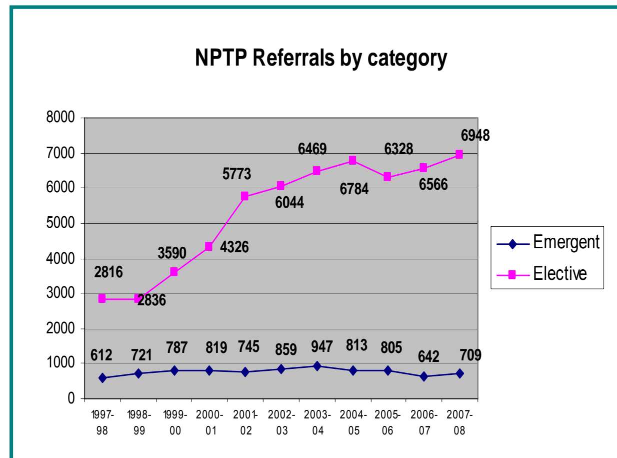












Newborn Bed Occupancy Rates

Years	FFGH	TPHC
2003/04	24%	24%
2004/05	17%	24%
2005/06	18%	24%
2006/07	18%	25%
2007/08	15%	27%

Hospital Bed Occupancy Rates

Years	FFGH	TPHC
2003/04	56%	63%
2004/05	47%	66%
2005/06	51%	62%
2006/07	39%	57%
2007/08	44%	60%

FIGURE 8 CT EXAMINATIONS UTILIZATION BY CATEGORY

Year	In-Patient	Emergency	Referred In	Total
2005-06	169 (7%)	95 (4%)	2238 (9%)	2502
2006-07	151 (6%)	98 (4%)	2246 (90%)	2495
2007-08	199 (7%)	157 (6%)	2454 (87%)	2810

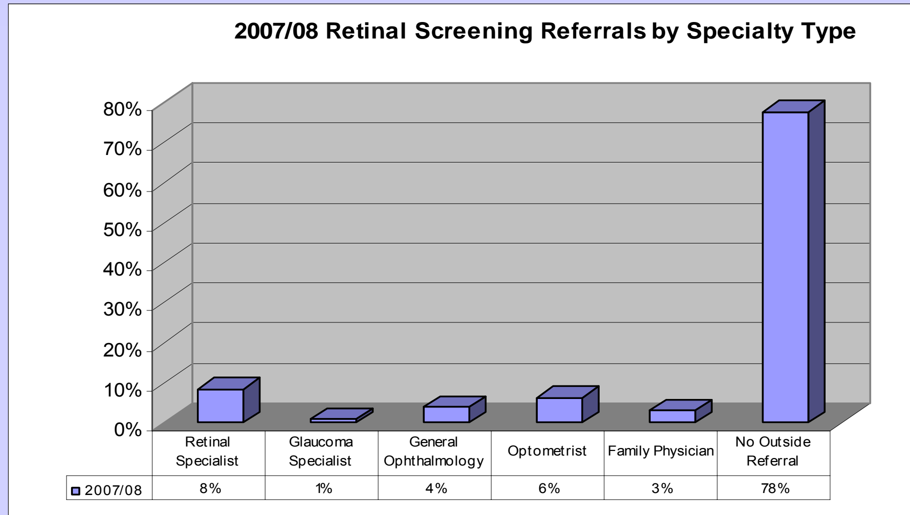
Data Source: NRHA Diagnostic Imaging

FIGURE 9 AVERAGE WAIT TIMES AND/OR WAIT LISTS FOR SPECIFIC PROGRAMS

Program Area		Wait Time
Physiotherapy (The Pas)	Priority Non-Urgent	55 people (21.5 days) 41 people (40.5 days)
Physiotherapy (Flin Flon)	Priority Non-Urgent	17 days 41 days
Audiology		Up to 1 week dependent upon which site client is being seen at
Speech Language Pathology		1-2 weeks dependent upon which site client is being seen at
DER	The Pas Flin Flon Snow Lake Outlying Communities	2 weeks 2 weeks or less 6 weeks or less 6 – 8 weeks or less
Mental Health	Children/Youth Adult	3 – 6 weeks 1 week
Rosaire House		79 on the wait list - 9 weeks wait time (improvement of 2 weeks over 2006/07)
Home Care	The Pas Flin Flon	0 on waitlist 0 on waitlist
CT Scan (The Pas)		3 weeks (MB = 8 weeks)
Ultrasound	The Pas Flin Flon	6 weeks (MB = 13 weeks) 2 weeks
X-Ray	The Pas Flin Flon	Same Day Same Day
Long Term Care (September 2008)	The Pas Flin Flon	5 people 11 people

Source: NRHA Responsiveness Scorecard 2008

FIGURE 10 PERCENTAGE (%) OF RETINAL SCREENING REFERRALS BY SPECIALITY TYPE



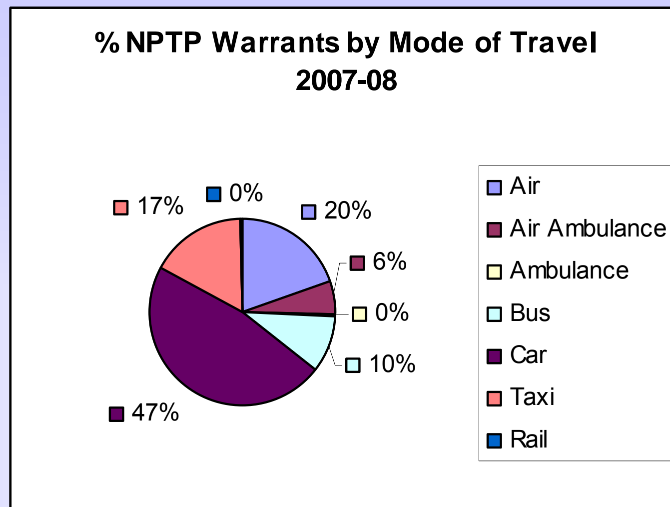
Source: NRHA Responsiveness Scorecard, 2008

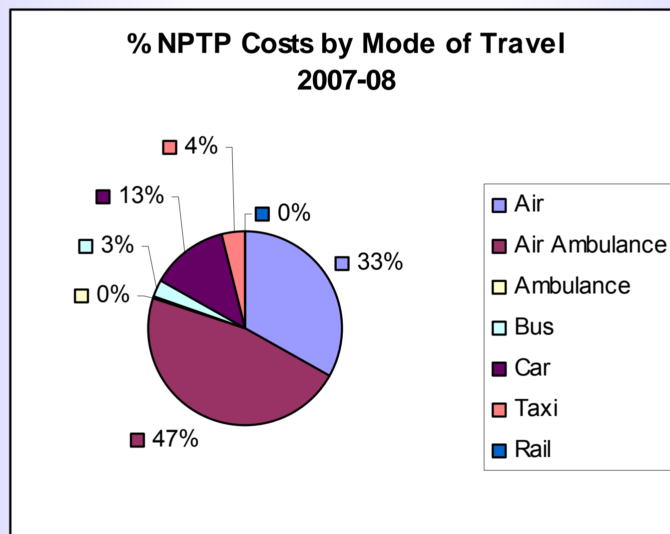
FIGURE 11 MBTELEHEALTH NETWORK UTILIZATION RATES

Session Type	Flin Flon		The Pas		Snow Lake		Manitoba	
2007-2008	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Clinical	272	41%	275	42%	41	36%	4876	67.9%
Education	220	34%	249	38%	25	22%	1131	15.7%
Administration	148	23%	132	20%	48	42%	577	8%
Other	16		4		1		592	8.2%
Total	**656**	*+23%*	**660**	*+0%*	**115**	**1431**	**7176**	*+20%*
		% Change		*% Change*		**NRHA Total**		*% Change*
2006-2007	532	*+7%*	655	*+0%*	146	**1302**	5995	*+24%*
2005-2006	496	*-1.5%*	655	*+15%*	108	**1259**	4838	*+11%*
2004-2005	504	*+48%*	572	*+33%*	0	**1076**	4369	*+17%*
2003-2004	340	*+52%*	431	*+88%*	0	**771**	3724	*+68%*
2002-2003	223		229		0	**452**	2218	

Data Source: MBTelehealth Management Report, 2007/08 Fiscal Year

FIGURE 12 NORTHERN PATIENT TRANSPORTATION PROGRAM





Date Source: Responsiveness Scorecard 2008

Note: There were 7,656 travel warrants for NPTP in 2007/08 of which, 709 (9%) were for emergent reasons and 6948 (91%) were for elective procedures. The largest driver of NPTP costs continues to be air ambulance. In 2007-08, 6% of all travel warrants were for air ambulance yet it accounted for 47% of the total NPTP budget. The largest mode of NPTP travel continues to be by car at 47% followed by commercial air at 20%.

PERFORMANCE STORY
Manitoba Retinal Screening Vision Program

In January 2007, the Manitoba Retinal Screening Vision Program (MRSVP) was announced. The NRHA began screening clients on June 1, 2007. Of those clients screened in the 2007/08, 78% required no outside referral, while 22% of screened clients were referred to various specialists for further interventions. *See Figure 10*

Wait times for retinal and glaucoma specialists have decreased significantly along with cost savings to the client. The savings for the client are further realized in situations where re-screening is required in 3 – 6 months which can be done in their community instead of going out to the specialist.

The biggest success with the program however, is the number of individuals with very serious vision problems who have been identified. Many were not aware of any issue and were not seeing anyone else who would have flagged this problem before significant and permanent damage to the person's vision had occurred.

Case Vignettes by J. Burkholder, Regional Eye Care Outreach Nurse (RECON)

Case 1: The client to be screened under this program was a 37 year old mother of two who self-referred. She was a type 1 diabetic who assured me her vision was fine. Upon taking the retinal photographs, diabetic retinopathy seemed apparent in both eyes. When this was confirmed by the Retinal Specialists, she was referred to Winnipeg for treatment and she had her first laser treatment. She called me to thank me for the gift of her sight as she never realized her vision was blurry until after her right eye was treated. Subsequently, she had her left eye treated.

This is a good example of a successful screening program in that the service was provided to a high risk client, referral to a specialist was timely, pathology was detected, treatment was initiated, and vision loss was prevented.

Case 2: A gentleman self-referred to the program for assessment complaining of dry eyes. Upon examination the surface of eye appeared blistered. Retinal photographs were taken and were reviewed immediately by a Retinal Specialist at MECCE at the request of the RECON. The diagnosis was that there was no pathology, the client had a minor dry eye condition and could go home with the recommendation to take over-the-counter eye drops. This was conveyed by the RECON to the client with the recommendation to purchase some Lacrilube eye drops and instill them twice a day for two weeks, and to make an appointment with the optometrist. The client was very impressed and delighted with the speed of diagnosis and treatment, and follow-up recommendations.

Although not serious in the end, this case shows the importance of access to timely, cost effective assessment. The initial screening raised concerns of a possible problem that might be serious in nature. Instead of a costly trip out to a specialist to assess, this person received that assessment in his home community in a timely way.

Despite the few challenges along the way, the MRSVP program has worked very well within the Primary Health Care Framework/model. This program integrates a chronic disease strategy and a multidisciplinary approach to a high risk client group. Clients, who identify other health concerns or issues during our comprehensive health assessment and discussion, are referred onto other health providers, whether that be to a mental health worker, a dietitian or the smoking reduction coordinator. Clients have been impressed by the "no wrong door access" practice and the "one stop shop" for health needs approach.

Future Strategies…

- Ongoing focus on improving our infrastructure with capital and safety/security projects and information technology systems.
- Continue to maintain itinerant specialty services within the region.
- Continue to work with our outlying communities to identify needed services and resources.
- Continue to increase Telehealth clinical appointments and advocate for additional Telehealth units for our Primary Health Care facilities and outlying communities.
- Participate in the Swampy Cree Tribal Council Aboriginal Health Transition Fund (AHTF) Round Table with the overall goal is to identify strategies to improve access and delivery of primary health care services for SCTC communities and to ensure that First Nation input and governance in health is established in these strategies.
- Continue the implementation of our Patient Care Documentation system project for our region.
- Ongoing development of the Primary Health Care database to make the system more user-friendly and more reflective of the services provided to our clients.
- Continue to advocate to MHHL for adequate funding to deal with our chronic NPTP deficit. ***See Figures 12 and 21***

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.

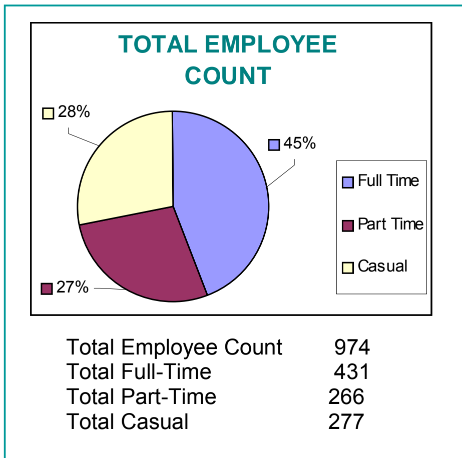
Challenges….
Recruitment and retention of qualified health care professionals and physicians continues to be the number one challenge for the NRHA. In particular in the past few years, the impact of physician shortages has gravely impacted residents' ability to gain access to physician services. There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

Accomplishments……

- We continue to place a large emphasis on Continuous Quality Improvement, Risk Management and Patient Safety.
- NRHA will be one of the first regions to participate in CCHSA new survey process in 2008. A great deal of time and effort was spent learning the new process and preparing for our on-site survey visit in May 2008. In September 2007, NRHA reconfigured all CQI Teams based on the new process. In October and November 2007, staff completed the Work Life Pulse (61% response rate) and Self Assessment Questionnaires (41% staff/ physicians participated). For the remainder of the fiscal year, teams were working on their Quality Performance Roadmap Action Plans, indicators and CCHSA Required Organizational Practices in preparation for the on-site survey.
- Our Quality Scorecards continue to be released quarterly and published on our web-site.
- Our Regional Alert and Response Team currently is updating the NRHA Pandemic Plan to meet the ongoing changes within the organization and the provincial initiatives.
- Regional and site specific Workplace, Safety and Health committees continue to review injuries and make recommendations on areas for further training and/or policy development. All outstanding Workplace, Safety and Health orders have been complied with. We hired two (0.6 FTE) Training Assistants to assist with mandatory training needs of the organization with a special emphasis being placed on lifts/transfers and Non-Violent Crisis Intervention training.
- The goal in Manitoba for Ambulance Response Times "Dispatch to Arrival Time in Town Limits" is arriving in 8 minutes, 90% of the time. NRHA EMS exceeded the Manitoba target. ***See Figure 13***
- NRHA nosocomial infection rates are consistently below the standard of 3% for hospital rates and 2.5% for long term care rates. ***See Figure 14***
- A Complaints Management Program is in place with a goal to having a final response within 7 to 10 working days. This response target was successfully met in 2007-08. ***See Figure 15***
- In Spring 2007, an audit of our occurrence reporting and management process was undertaken. ***See Figure 16 & Performance Story page 38***

- We are endeavoring to standardize all our client satisfaction surveys for NRHA programs and services. We have purchased data capture software to eliminate the need for manual data entry. Our Acute Care and Primary Health Care Client Satisfaction surveys have been revised to be more client friendly. Roll-out of these new surveys will begin in 2008. Of note in 2007-08, NOR-MAN participated in a provincial Hospice and Palliative Care family satisfaction survey for palliative deaths over a given six month period. In addition, a face to face survey was completed with all "home-based" Home Care clients that reside in the NOR-MAN region. ***See Figures 17, 18 and 19***
- We continue to seek out creative ways to deal with staff shortages including continuing with student sponsorships and return of services agreements; high school bursary program; and incentives to students completing senior practicum experience with RHA, to name a few.
- We continue to 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.
- We were 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 Opaskwayak 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.
- NRHA's Representative Workforce Program in partnership with Aboriginal and Northern Affairs and Manitoba Advanced Education & Training continues to promote northerners into healthcare occupations, with the ultimate goal of developing recruitment strategies and programming to create a representative workforce.
- Two new training programs that will be offered in NOR-MAN are the Paramedics Training Course and an Advanced LPN Psychiatric Training which will be starting in The Pas in Fall 2008.
- The 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.

WORK LIFE: STATISTICS 2007



Total Employee Count	974
Total Full-Time	431
Total Part-Time	266
Total Casual	277

STAFF PROFILE BY GENDER

Male= 10%
Female= 90%

% UNIONIZED STAFF

MB = 90%
NRHA = 90%

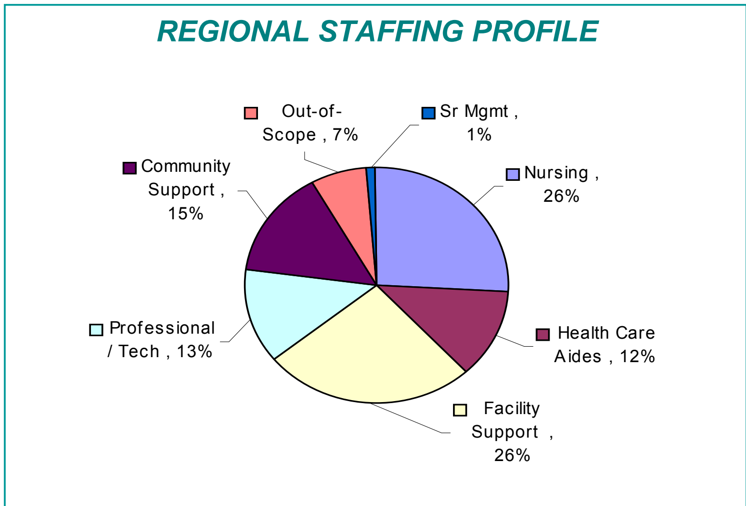
PHYSICIAN PROFILE

(As of December 1, 2007)

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

Regional Physicians:
*Internal Medicine -1 *Psychiatry –1
*Pediatrician – 1
*Medical Officer of Health – Itinerant

REGIONAL STAFFING PROFILE



EMPLOYEE FACTS

Average Age of Employees
NRHA = 43.1 years
MB Healthcare Average = 43.63 years
MB = 42.30 years

Average Years of Service
NRHA = 11.6 years
MB Healthcare Average = 9.33 years
MB = 9.88 years

Perfect Attendance Award 2006
32 employees / 697 eligible employees = 4.6%

Avg. Vacation/Employee = 4.9 weeks

Regional Retirement Profile
117 potential retirements / 974 eligible employees = 12.01%

Volunteer Hours = 3187.52

% WORKFORCE SELF- DECLARED ABORIGINAL

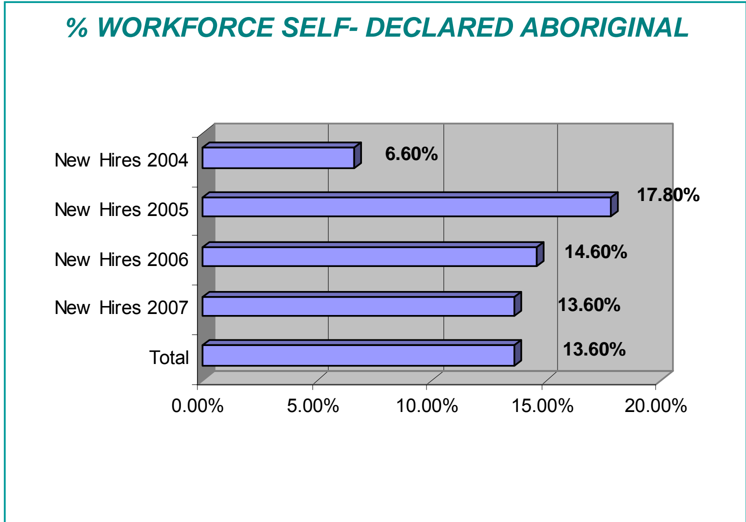


FIGURE 13 EMS RESPONSE AVERAGES

EMS Response Averages 2005	The Pas		Flin Flon	
	1st Unit	2nd Unit	1st Unit	2nd 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**	
	1st Unit	2nd Unit	1st Unit	2nd 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	04:22	N/A
Dispatch to Arrival Time, In Town	04:53	N/A	06:03	N/A
EMS Response Averages 2007	**The Pas**		**Flin Flon**	
	1st Unit	2nd Unit	1st Unit	2nd Unit
Dispatch to Enroute Time, In Town	01:47	06:56	01:47	04:59
Enroute to Arrival Time, In Town	03:18	N/A	05:03	N/A
Dispatch to Arrival Time, In Town	05:05	N/A	06:50	N/A

Source: NRHA EMS

Note: 2nd Unit response is the time the 2nd crew is paged at home till they are leaving the station to respond to the scene.

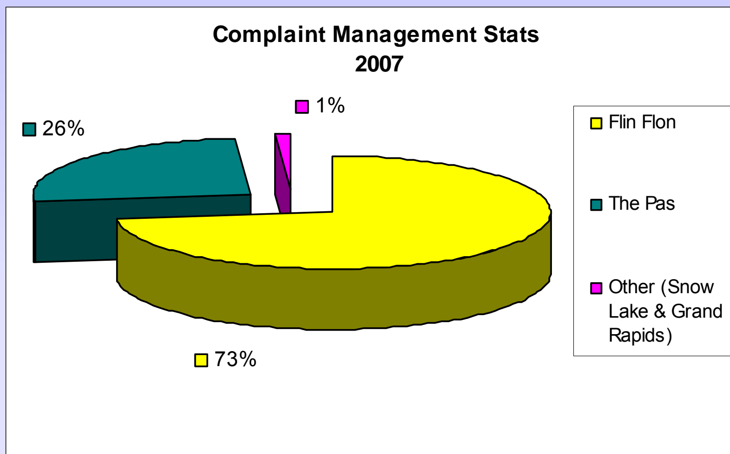
FIGURE 14 NOSOCOMIAL INFECTION RATES

Hospital Rate	2004-05	2005-06	2006-07	2007-08
St. Anthony's Hospital	1.49	1.07	1.26	0.4
Flin Flon General Hospital	0.6	0.3	0.6	0.3
Surgical Rates	**2004-05**	**2005-06**	**2006-07**	**2007-08**
St. Anthony's Hospital	0.33	0.89	1.22	1.0
Flin Flon General Hospital	1.2	0.3	1.5	1.3
PCH Rates	**2004-05**	**2005-06**	**2006-07**	**2007-08**
Flin Flon Personal Care Home	0.1	0.8	0.2	1.1
Northern Lights Manor	0.2	0.6	0.08	0.3
St. Paul's	0.19	0.23	0.18	0.1

Source: NRHA Staff Education/ Infection Control

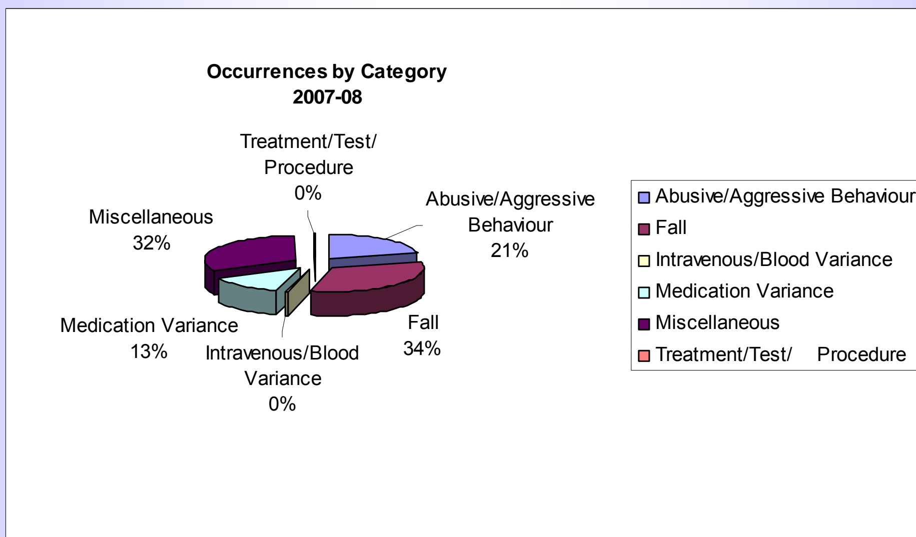
Note: Locally set standards for infection control are less than 3% for Hospital and Surgical Rates and less than 2.5 infections per 1000 resident days for Long Term Care. NRHA rates are all below the standard that has been set, which is optimal.

FIGURE 15 COMPLAINT REPORTS



Source: NRHA E.D. Communications
In 2007 a total of 107 Complaints were received. The majority of Complaints came from Flin Flon regarding Staff and Physician **Behaviour**. The Complaints received from The Pas were regarding Staff and Physician **Shortages**. The NRHA received 3 Compliments in 2007.

FIGURE 16 OCCURRENCE REPORTS



Source: NRHA Risk Management Database

Between April 1st, 2007 and March 31st, 2008, there were a total of 1565 occurrences reported. Falls accounted for 34% (520) of all occurrences, followed by Miscellaneous at 32% (502); Abusive/Aggressive at 21% (325); Medication Variance at 13% (209); Intravenous/Blood Variance >1% (5) and Treatment/Test/Procedure >1% (4). The percentages by category are similar to findings in 2006-07. Of the miscellaneous category, 34% were a result of an accidental injury. Of the occurrence reports, 23% were from St. Paul's Personal Care Home; 22% from Flin Flon Personal Care Home; 19% from Northern Lights Manor; 16% from St. Anthony's Hospital; 11% from Flin Flon General Hospital; 2% from Snow Lake Health Centre; and 7 % from all other facilities.

FIGURE 17

SUPPORT SERVICES CLIENT SATISFACTION – ACUTE CARE

Areas of Satisfaction	The Pas Actual Score	Flin Flon Actual Score	Aarmark Standard
Hot Food Temperature	**76.6**	**75.3**	85
Cold Food Temperature	**81.7**	89.7	85
Quality of Food	**69.2**	84.4	80
Server Courtesy	85.8	95.9	80
Overall Food Service Satisfaction	**89**	**96.4**	**85**
Room Cleanliness	**77.6**	92.6	80
Bathroom Cleanliness	81.7	93.6	80
Frequency of Room Cleaning	92	92.1	80
Timing of Room Cleaning	91.5	94.5	80
Cleaning Person Courtesy	83.1	91.2	81.8
Overall Housekeeping Satisfaction	**81.7**	89.7	85
Overall Average	**85.8**	**95.9**	**80**

Source: NRHA Responsiveness Scorecard, 2008

SUPPORT SERVICES CLIENT SATISFACTION – LONG TERM CARE

Areas of Satisfaction	The Pas Actual Score	Flin Flon Actual Score	NLM Actual Score	Aarmark Standard
Hot Food Temperature	**82.3**	**72.4**	**73.4**	85
Cold Food Temperature	87.9	**73.7**	100	85
Quality of Food	**66.1**	**76.9**	95	80
Server Courtesy	94.6	92.3	100	80
Overall Food Service Satisfaction	**100**	**98.1**	**100**	**85**
Room Cleanliness	91.7	94.2	100	80
Bathroom Cleanliness	91.8	86.5	100	80
Frequency of Room Cleaning	95.9	94.2	100	80
Timing of Room Cleaning	95.9	96.2	100	80
Cleaning Person Courtesy	89.5	87.8	97.1	81.8
Overall Housekeeping Satisfaction	**87.9**	**73.7**	**100**	**85**
Overall Average	**94.6**	**92.3**	**100**	**80**

Source: NRHA Responsiveness Scorecard, 2008

FIGURE 18 HOSPITAL AND PALLIATIVE CARE FAMILY SATISFACTION SURVEY RESULTS

Areas of Excellence	
How thoroughly the care team monitored your family member's symptoms	100%
Family conference held to discuss your family member's illness	91%
Information given by the care team about side effects of treatment	91%
Speed with which symptoms were treated	91%
Emotional support provided by the care team	91%
Would you recommend Palliative Care services to other people if they required these services	91%
Things Done Well	
Family member died in the care setting of their choice	82%
Information provided by the care team about family member's condition and likely progress	82%
Care team's attention to family member's description of symptoms	82%
Opportunity to discuss spiritual matters	82%
The way the family was included in treatment and care decisions	82%
The way your family member's condition and likely progression was explained to you by the care team	82%
The way in which your family member's physical needs for comfort were met	82%
The ability of the care team to respond to changes in your family member's care needs	82%
The practical assistance provided by the care team	82%
Overall, how satisfied are you with Hospice and Palliative care services	82%
Areas for Improvement	
Your family member's pain relief	73%
The way in which admission to the hospital was handled	73%
The ability of the care team to provide care when needed	73%
Availability of the care team to the family	72%

2007 Survey Response Rate = 58%

Source: Provincial Hospice and Palliative Care Family Satisfaction Survey, September 2007

FIGURE 19 CLIENT SATISFACTION EXPERIENCE IN ROSAIRE HOUSE

CRITERIA	06/07	07/08	Difference
Individual Counselling	96%	97%	+1%
Large Group Sessions	87%	88%	+1%
Small Group Work	90%	89%	-1%
Meals	81%	72%	-9%
Visiting Hours	80%	81%	+1%
Chores	88%	88%	0
Leisure Time	84%	87%	+3%
Room/ Private Space	90%	92%	+2%
Talking with staff	99%	99%	0
Treated with Dignity	99%	97%	-2%
Talking with Clients	96%	99%	+3%
Length of Stay	66%	73%	+7%
Feel Better about Self	100%	100%	0
Learned about Addiction	97%	99%	+2%
Overall Satisfaction	**90%**	**91%**	**+1%**

Source: NRHA Responsiveness Scorecard, 2008

PERFORMANCE STORY
Risk Management Strategy

In the Spring 2007, NRHA undertook an audit of our Occurrence Reporting and Management process. It was determined that improvements to the current system were required and as a result, an ad-hoc Occurrence Reporting Working Group was formed in the Fall of 2007. The working group consisted of representatives from the main user groups of the Occurrence Reporting and Management process.

The purpose and goals of the working group were:

- To provide leadership and direction to the Regional Manager of Quality and Risk
- To simplify/clarify the Occurrence Reporting and Management process for staff
- Improve/increase the data captured from the Occurrence Reports
- And encourage the reporting of occurrences.

To date, all NRHA Risk Management policies and procedures have been revised based on recommendations from the Working Group and Senior Management. The revised policies are also consistent with the requirements set out by Manitoba Health and Health Living (MHHL) for reporting, managing and disclosure of Critical Occurrences and Critical Incidents. Extensive work has also been done on the actual NRHA Occurrence Reporting form. Several revisions and versions later, the working group has developed a simplified, user friendly Occurrence Reporting form.

Due to turnover in the Regional Manager of Quality & Risk position, the new process has yet to be rolled out to staff but education sessions are planned for October 2008. The aim is to have staff trained and utilizing the new process by November 2008. Planning is also ongoing for the development of Occurrence Reporting quarterly reports to managers and the Board. We are also exploring the possibility of managers having the ability to generate reports from their desktops.

Future Strategies…

- Continue to support our Quality Improvement, Risk Management and Patient Safety initiatives which included compliance with CCHSA “Required Organizational Practices” and Bill 17 legislation.
- Continue to implement the regional Patient Care Model in the region.
- Finalize all Risk Management policies and procedures and roll-out of the education plan to all our staff.
- Revisit NRHA’s Corporate Risk Management Strategy.
- Roll-out the newly revised Acute and Primary Health Care Client Satisfaction Surveys.
- Continue to develop and implement our Aboriginal Human Resource Initiative.
- Continue investing in developing northern human resources and recruiting and retaining qualified staff. Areas of particular need at the present time include Physicians, Obstetrics, Dialysis, Psychiatric Nurses, Community Dietitians, Mental Health Clinicians, Health Care Aides, Audiologist and EMS staff.

CAPITAL PROJECTS

In 2007-08, we completed a number of capital improvements totaling $7,003,223. Of note, we successfully completed two major projects in The Pas including the Emergency Room, Special Care Unit and Medical Records redevelopment and Dialysis expansion from 4 to 10 stations. The following summarizes the status of all projects as of March 31, 2008:

<u>Projects Completed in 2007-08:</u>
- ER/SCU/Medical Records Renovation -The Pas
- Dialysis Expansion -The Pas
- Security/Psych Unit Upgrade -The Pas
- Emergency Power/Alternate Feeds -The Pas
- Window Replacement 1928 Wing -The Pas
- Boiler Tube Replacement -The Pas
- Kitchen Counter/Cabinet Replacement – The Pas
- Personal Care Home Patio Replacement - Flin Flon
- Boiler Refractory Tile Replacement - Flin Flon
- Sidewalk and Fire Egress - Snow Lake

<u>Projects in Design</u>
- Pharmacy Redevelopment – Flin Flon
- Fire Pump Replacement - Flin Flon
- Domestic Hot water tank Replacement (Urgent submission) - Flin Flon
- Electrical Phase Protection - Flin Flon
- Morgue – Snow Lake
- Medication Sterilizer Room Redevelopment - Snow Lake

<u>Projects Approved- (not yet awarded to Consultant)</u>
- Admissions Ergonomics Renovation – Flin Flon
- Ultrasound Renovation - Flin Flon
- Nurse Call System (Medical Ward) – The Pas
- Medical Gas Upgrade (Operating Room) -The Pas

<u>Projects Tendered</u>:
- Grand Rapids EMS Facility

<u>Projects Under Construction:</u>
- Handicapped Accessible Public Washroom -The Pas
- Roam Alert Installation -Northern Lights Manor – Flin Flon

<u>Projects under Review by Manitoba Health and Healthy Living (MHHL):</u>
- Lab Upgrade – Flin Flon
- Level 4 Flooring Replacement - Flin Flon
- Capital Project-ER Redevelopment - Flin Flon
- Elevator/Stairwell Security Upgrade - Flin Flon
- Morgue Cooler Replacement - Flin Flon
- Asbestos Abatement Basement/Boiler Room - Flin Flon
- EMS Facility 3-Bay - Flin Flon
- Asbestos Abatement Laundry - The Pas
- Lab Upgrade – The Pas
- Link Doors – The Pas
- OBS Air Intake – The Pas
- Standby Generator Load Balance – The Pas
- X-Ray Department Renovation – Snow Lake
- Maintenance Shop – Snow Lake
- Primary Health Care Security Upgrade - Flin Flon & The Pas
- Telephone Switch Replacement -Regional

CAPITAL PLAN
Priority Projects for 2008- 09

Flin Flon

- Priority projects include the Pharmacy redevelopment and the Admissions Department Ergonomics Renovation. The Admissions renovations and Ultrasound renovation to be awarded to design consultants in Spring 2008.

The Pas

- Priority projects include the Medical Gas Upgrade for the Operating Room suite and a new Nurse Call System for the Medical/ Pediatrics/ Surgical department. This work to be awarded to consultants in the Spring 2008.

Snow Lake

- Priority projects include construction of a new morgue, Medication Sterilizer room redevelopment, upgrades to the maintenance shop and renovation of the x-ray department.

Grand Rapids

- Complete construction a new 2-bay mid-range EMS Facility.

Energy Retrofitting Project

- Completion of the Energy Retrofitting Project by Fall 2008.

Projects submitted to MHHL in 2009-10 Health Plan listed in order of priority…

- ER Redevelopment (Flin Flon)
- X-Ray Department redevelopment (Snow Lake) - resubmisison
- St. Paul's Roam Alert System Upgrade (The Pas)
- Flin Flon PCH Roam Alert System (Flin Flon)
- Standby Generator Load Balance (The Pas) – resubmission
- St. Paul's Link Door Access (The Pas) – resubmission
- Lab Upgrade (The Pas) – resubmission
- Mechanical Upgrade (The Pas)
- Medication Room/ Sterilizer Room redevelopment (Snow Lake)
- Lab Upgrade (Flin Flon)
- Maintenance Shop (Snow Lake) – resubmission
- Security Upgrade (Flin Flon)
- Kitchen Cooler/ Freezer Replacement (Flin Flon)
- Passenger Elevator Upgrade (Flin Flon)
- Passenger Elevator Upgrade (The Pas)
- Primary Health Care Security Upgrade (regional)
- Control Air Compressor Replacement (The Pas)
- Morgue Cooler Replacement (Flin Flon)
- Operating Room, Flooring Replacement (The Pas)
- Asbestos Abatement, Basement and Boiler Room (Flin Flon)
- Asbestos Abatement, Laundry (The Pas)
- Flooring Replacement, level 4 (Flin Flon) – resubmission
- Flooring Replacement, level1 Diagnostic Imaging (The Pas)
- Psych Unit Renovation (The Pas)
- Ambulance Facility (Flin Flon)
- Facility Key Replacement (Flin Flon)
- Facility Key Replacement (The Pas)

FUNDING/INFRASTRUCTURE CHALLENGES

A new area that is being highlighted as part of this year's Annual Report relates to funding and infrastructure issues. NRHA has continued to incur a deficit for the past several years. Of our budget, 70% is directly related to human capital which leaves little room for reallocation. Some of NRHA's financial pressures are outlined below:

Northern Patient Transportation Program

We continue to see a deficit in NPTP program. This is a provincial program which is grossly under funded and we have little ability to control costs. Of note is the fact that in 2000-01 when NPTP went in-globe, the funding level was $2.26 million (with a deficit of $1.24 million). In 2008-09, even with allowing for a 3% inflationary factor, the NPTP budget is under funded to the amount of $2.62 million. Since 2000-01, NRHA has had to reallocate anywhere from $1.5 to $2.6 million from other program areas in order to deliver the service that is required for our northern residents. NPTP deficit figures are consistent with our overall deficit we have experienced in past years. In 2007-08, NPTP warrants increased by 9% (870 warrants). The increase in NPTP costs is largely attributed to an increase in fuel and transportation costs. The largest driver of NPTP continues to be air ambulance. In 2007-08, 6% of all travel warrants were for air ambulance yet it accounted for 47% of total NPTP budget. ***See Figure 21***

Utility Costs

Transportation costs due to increased fuel prices have impacted our staff travel and NPTP costs. Travel is a necessity considering the wide geographical distance of the region we service and the distance to tertiary centres. Fuel oil and hydro costs has also been a larger driver in the budget with costs being significantly higher than our 2% budget allocation increase. Of note, in 2007-08 utility costs came in 20% over budget due to unforeseen increases in propane and fuel oil costs.

Aging Equipment

Our basic and specialized equipment is aging with many critical pieces of equipment being at their end of the useful lifespan. The basic equipment allocation has not been increased for many years and is insufficient to be able to strategically plan for replacement. Our specialized equipment requests submitted in our Health Plan continues to grow each year and we are often faced with submitting an emergent request to MHHL for replacement when a piece of equipment fails. This is a huge patient safety concern, especially given our distance to a tertiary centre. One high risk area is our infusion pumps. These pumps are aging and are not standardized across the RHA which poses a huge patient safety concern. A specialized equipment schedule has been submitted. We are expecting this to be resubmitted as an urgent request in the very near future as this is also a Required Organizational Practise with Accreditation Canada and we are expecting to receive a recommendation on this issue.

Information Technology

NRHA's investment in Information Technology has been at .55% of our total budget. The national benchmark is 4%. Manitoba needs to invest more into information technology to keep up with the rest of Canada. We will continue to work with e-Health to advance the Provincial Portfolio Strategy in Manitoba. But, we do have some pressing projects including a Pharmacy system replacement that will need to be addressed as an urgent request. We are under resourced in IT staffing and have made two new initiative submissions as part of our health plan. Currently, we have three IT staff who manages approximately 600 user accounts, 300 workstations, 120 printers/copiers, 30 servers, a large number of applications, users spread out throughout the region, and 30+ switches. Also in the IT portfolio is phone systems, wireless communication devices (pages/cell phones/ blackberries etc), security systems (door/card access), local area networks, and wide area networks spread out over many communities. The majority of the work performed by the IT staff is at the desktop level. Current staffing is not able to provide the attention needed to maintain a stable infrastructure at the server and network level. As a result, the IT department has had to focus on putting out fires and maintaining the current levels of availability. This is a major concern and risk area.

Funding for New Programs/ Capital Operating

Approvals for new programs and capital projects by MHHL often come with inadequate funding and/ or we are required to assume the program and volume price increases as part of our global funding.

Negotiated Salary Increases

The negotiated wage increases and nursing retention bonuses are having a major impact on our ability to develop a balanced budget. Of note, the estimated nursing retention bonuses alone are approximately $1.1 million which we are expected to fund from our global funding. The recent negotiated increases for MNU related positions have also compromised the willingness of our Managers/ Executive Directors to stay out of scope as salary dollars for these individuals have not kept pace with other negotiated wage increases. This is cause for concern as we have a very small management team with only 9% of workforce being out of scope.

Funding

Effective April 1/08, Manitoba Health and Healthy Living has outlined a new funding arrangement for Flin Flon General Hospital (FFGH). We will now be required to negotiate directly with Saskatchewan Health which injects a level of risk into a previous stable funding source. In the past, SK Health paid for acute care services through a reciprocal billing agreement with MHHL. Saskatchewan residents accounts for 40% to 66% of patients served at FFGH.

KEY FINANCIAL INDICATORS

FIGURE 20 ADMINISTRATIVE COSTS

Regional Health Authority	2002 %	2003 %	2004 %	2005 %	2006 %	2007 %
Assiniboine	6.7	5.8	5.0	5.0	5.0	5.0
Brandon	4.0	4.1	4.0	3.7	3.6	3.7
Burntwood	5.1	4.8	4.9	5.9	6.2	6.2
Cancer Care	5.4	5.8	6.0	5.7	5.3	4.3
Central	4.8	4.9	5.0	5.0	5.2	5.8
Churchill	9.7	8.8	9.4	9.6	10.4	10.2
Interlake	5.5	5.1	5.1	4.9	4.5	4.5
NOR-MAN	**4.8**	**4.7**	**5.0**	**5.1**	**4.8**	**5.1**
North Eastman	7.3	6.8	7.3	6.3	6.6	6.3
Parkland	6.1	5.8	5.5	5.4	5.4	5.4
South Eastman	3.6	4.6	5.3	5.1	5.2	5.1
Rural Average	**5.3**	**5.2**	**5.1**	**5.0**	**5.0**	5.1
Winnipeg	5.8	5.7	6.2	6.0	5.4	4.4
MB Average	**5.6**	**5.5**	**5.8**	**5.6**	**5.2**	**4.6**

Source: MHHL Management Information System

FIGURE 21 NORTHERN PATIENT TRANSPORTATION PROGRAM COSTS

Fiscal Year	MB Health Funding	Net NPTP Expenses	Surplus/(Deficit)	% Expense Increase From Prior Year	% Deficit Increase From Prior Year
2000/01	2,260,337	3,498,659	(1,238,322)		
2001/02	2,328,147	3,504,574	(1,176,427)	0.17%	-5.00%
2002/03	2,397,992	3,916,232	(1,518,240)	11.75%	29.06%
2003/04	2,469,931	4,120,624	(1,650,693)	5.22%	8.72%
2004/05	2,544,029	3,745,454	(1,201,425)	-9.10%	-27.22%
2005/06	2,620,350	4,210,110	(1,589,760)	12.41%	32.32%
2006/07	2,698,961	4,844,250	(2,145,289)	15.06%	34.94%
2007/08	2,779,929	4,686,397	(1,906,468)	-3.26%	-11.13%
2008/09	2,863,327	5,486,397	(2,623,070)	17.07%	37.59%

Source: MHHL Management Information System
Notes:
1) 2000/01 Funding is based on Funding Document. Subsequent years include a 3% annual increase.
2) NRHA has annually internally redirected approximately $2.0 million of incremental funding to the NPTP program in the last few years. Costs continue to escalate without corresponding increases to funding.

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 18, 2008. 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, 2008 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, 2008 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 18, 2008

Chartered Accountants

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2008

ASSETS

	Notes	2008	2007
CURRENT ASSETS			
Accounts receivable	2a	$ 1,453,395	$ 1,394,053
Due from Manitoba Health	2b	4,655,662	4,982,851
Inventories		394,674	426,684
Prepaid expenses		350,587	136,474
		6,854,318	6,940,062
DUE FROM MANITOBA HEALTH	2c	2,654,372	2,654,372
CAPITAL ASSETS	5	32,799,670	29,347,068
		$42,308,360	$38,941,502

LIABILITIES

	Notes	2008	2007
CURRENT LIABILITIES			
Bank indebtedness		$ 3,898,381	$ 3,030,221
Accounts payable		3,629,444	3,810,750
Accrued vacation benefit entitlements		3,556,400	3,282,202
Current portion of capital lease		45,277	42,757
Current portion of long-term debt		177,429	–
		11,306,931	10,165,93
LONG-TERM DEBT	10	2,933,513	–
CAPITAL LEASE	12	199,607	244,884
ACCRUED PRE-RETIREMENT OBLIGATIONS	6	3,894,222	3,672,336
DEFERRED CONTRIBUTIONS	3		
Expenses of future periods		1,044,307	964,002
Capital assets		28,033,426	28,075,714
NET ASSETS			
Invested in capital assets	4	1,410,417	983,713
Restricted	f	3,591	871
Unrestricted		(6,517,654)	(5,165,948)
		$42,308,360	$38,941,502

COMMITMENTS (Note 11)
Approved by the Board:

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See accompanying notes.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2008

	2008	2007
REVENUE		
Manitoba Health - Note 7	$66,378,456	$58,307,900
Non-insured income	5,805,451	5,455,168
Other income	4,033,313	3,640,419
Amortization of deferred contributions	3,247,229	3,765,889
Ancillary revenue	1,269,019	1,333,529
	80,733,468	72,502,905
EXPENSES		
Acute care	33,308,341	30,398,924
Long-term care	9,103,655	8,178,432
Medical remuneration	12,075,304	9,881,057
Community based therapy	---	180,465
Community services co-ordination	737,191	600,114
Community based mental health	1,221,892	1,190,995
Community based home care	4,493,238	4,416,349
Community based health	3,538,896	3,412,021
Land ambulance	2,517,290	2,024,128
Unallocated Regional health authority costs	3,558,597	3,331,219
Amortization of capital assets	3,232,943	3,891,234
Interest on capital lease	15,397	2,801
Northern Patient Transportation	5,137,010	4,844,250
Pre - retirement	587,258	605,305
Rosaire House Addictions Centre	706,656	657,560
Ancillary expenses	1,422,082	1,165,384
	81,655,750	74,780,238
DEFICIENCY OF REVENUE OVER EXPENSES	$ (922,282)	$ (2,277,333)

See accompanying notes.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF CASH FLOW
AS AT MARCH 31, 2008

	2008	2007
CASH FLOWS FROM OPERATING ACTIVITIES		
Deficiency of revenue over expenses	$(922,282)	$(2,277,333)
Items not affecting cash		
Amortization of capital assets	3,232,943	3,891,234
Amortization of deferred Contributions	(3,247,229)	(3,765,889)
Change in non-cash working capital	178,637	2,602,415
Change in pre-retirement liability	221,886	210,618
	(536,045)	661,045
CASH FLOWS FROM INVESTING AND FINANCING ACTIVITIES		
Purchase of capital assets	(1,703,616)	(893,030)
Construction in progress expenditures	(2,604,557)	(2,568,773)
Receipt of contributions relating to capital assets	3,895,754	3,464,607
Receipt of contributions relating to expenses of future periods	80,304	(67,019)
	(332,115)	(64,215)
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(868,160)	596,830
CASH (BANK INDEBTEDNESS), beginning of year	(3,030,221)	(3,627,051)
CASH (BANK INDEBTEDNESS), end of year	$(3,898,381)	$(3,030,221)

See accompanying notes.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2008

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

	2008	2007
(a) Accounts Receivable		
Ambulance	$823,279	$ 831,498
Residents	408,135	419,933
Employees computer loans	78,505	89,305
Government of Canada	182,519	78,456
Other government agencies	---	53,848
Sundry	27,453	1,646
	1,519,891	1,474,686
Less allowance for doubtful accounts	(66,496)	(80,633)
	$1,453,395	$1,394,053
(b) Due from Manitoba Health		
Out of Globe - 2006	$ ---	$2,399,347
Out of Globe - 2007	2,371,725	2,005,033
Out of Globe - 2008	1,610,555	---
Recovery from Saskatchewan		
payable to Manitoba - 2005	(891,946)	(891,946)
payable to Manitoba - 2007	(1,500,000)	(1,500,000)
Ancillary Programs	225,394	69,753
Approved capital funding	----	60,730
Vacation benefit entitlements	2,839,934	2,839,934
	$4,655,662	$4,982,851
(c) Due from Manitoba Health		
Pre-retirement obligation entitlements	$2,654,372	$2,654,372

The amount recorded as a receivable from the Province for pre-retirement costs was initially determined based on the value of the corresponding actuarial liability for pre-retirement costs as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to Norman Regional Health Authority Inc., an amount equivalent to the change in the pre-retirement liability, which includes annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related pre-retirement liabilities.

3. DEFERRED CONTRIBUTIONS

(d) 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.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2008

3. DEFERRED CONTRIBUTIONS (continued)

(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:

	2008	2007
Capital assets	$ 32,799,670	$ 29,347,068
Amounts financed by:		
Deferred contributions	(28,033,426)	(28,075,714)
Long-term debt	(3,355,827)	(287,641)
	$ 1,410,417	$ 983,713

5. CAPITAL ASSETS

	2007		
	Cost	Accumulated Amortization	Net Book Value
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	2,452,413	0	2,452,413
	$51,722,831	$22,375,763	$29,347,068

	2008		
	Cost	Accumulated Amortization	Net Book Value
Land and land improvements	$ 599,060	$ 286,342	$ 312,718
Buildings	43,739,977	19,706,135	24,033,842
Computer equipment	1,620,226	1,268,767	351,459
Equipment	5,083,700	2,508,015	2,575,685
Construction in Progress	2,604,557	0	2,604,557
Energy Retro Fit Guarantee	2,921,409	0	2,921,409
	$56,568,929	$23,769,259	$32,799,670

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENT
YEAR ENDED MARCH 31, 2008

6. ACCRUED PRE-RETIREMENT OBLIGATIONS

	2008	2007
Members of the Health Employees Pension Plan and Civil Service Superannuation Plan	$3,894,222	$3,672,336

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

i) have ten years service and have reached the age of 55 or
ii) quality 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 12, 2008 of the accrued retirement entitlements as at March 31, 2008. The significant actuarial assumptions adopted in measuring the Authority's accrued retirement entitlements include mortality and withdrawal rates, a discount rate of 5.50% (2007 - 4.85%) and a rate of salary increase of 3.5% (2007 - 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 as per Manitoba Health's March 15/08 funding document		$64,884,106
Other Manitoba Health Revenue - One Time		
Various	3,866,535	
Amounts Received March 31/08	228,262	4,094,797
Add: Accruals approved by Manitoba Health:		
MNU Negotiated settlement	195,210	
MB AR - Third Party debt reconciliation	29,147	
2007-2008 Immunization Funding	57,771	
ICT Small projects commitment MB Health	9,599	
2006-2007 SEIU Wage Standardization	364,749	
Medical Remuneration Receivable	787,214	
2007-2008 SEIU Wage Standardization	261,749	
2007-2008 MAHCP Wage Standardization	128,587	
2007-2008 TPCH Capital Operating ER/SCU	133,648	1,967,674

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENT
YEAR ENDED MARCH 31, 2008

7. REVENUE FROM MANITOBA HEALTH (continued)

Deduct: Amounts received for prior year MB Health Accounts Receivable		
Medical Remuneration (2005-2006)	(2,348,685)	
MAHCP Market Adjustments (2005-2006)	(50,662)	
Debt Servicing	1,149	
Immunization Funding (2006-2007)	(52,485)	
Retinal Screening Program (2006-2007)	(17,267)	(2,467,950)
Capital: Recognized as Deferred Contributions		
Basic Equipment	(227,569)	
Principal - Acute	(599,042)	
Principal - LTC	(248,105)	
Reserve - LTC	(8,153)	
Interest - Acute	(347,720)	(1,430,589)
Capital: Projects (Cash Reimbursement)		
2006-2007 Specialized Equipment	(78,953)	
Sundry 2008 projects	(157,065)	(236,018)
Other Revenue		
IFT Billings	(237,685)	
Board Expenses	(2,307)	
Payment for invoices recorded via FF AR	(5,340)	
Med2020 Invoice	(30,768)	
Retinal Screening	(17,267)	
Risk Factor	(50,000)	
TP Kitchen Counter Replacement	(24,482)	
Other	(65,715)	(433,564)
Revenue from Manitoba Health		66,378,446

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.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENT
YEAR ENDED MARCH 31, 2008

8. PENSION PLAN (continued)

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 $1,903,307 (2007 - $1,819,454) 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 whose 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 $17,266 (2007 - $17,201).

10. ENERGY RETROFIT/MANUFACTURER'S LIFE INSURANCE COMPANY LOAN

During the year, the Health Authority entered into an agreement with the Government of Canada, Department of Natural Resource to receive Energy Retro -fit Assistance. Under the terms of the agreement, MCW Custom Energy Solutions Ltd (MCW) manages and contracts the work to be performed with the amounts, net of the grants, funded by Manufacturers Life Insurance Company (Manufacturers). The Health Authority pays a monthly amount equivalent to the energy savings to Manufacturers with MCW providing an annual payment to the Health Authority for any deficiency of estimated energy savings to actual energy savings.

Although this project is expenditure neutral, the asset and loan have been reflected in these financial statements to ensure payments to third parties are adequately reflected. An expected payout of September, 2021 is implicit in this project with interest at the rate of 6.3%.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENT
YEAR ENDED MARCH 31, 2008

11. COMMITMENTS

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

2009	$271,200
2010	$271,200
2011	$211,200
2012	$211,200
2013	$211,200

Aggregate future minimum operating lease payments total $2,654,400.

(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 $3,553,987 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:

2009	$427,371
2010	$418,560
2011	$418,560
2012	$373,549
2013	$272,880

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:

2009	$ 45,277
2010	$ 47,946
2011	$ 50,771
2012	$ 53,764
2013	$ 47,126

Aggregate future capital lease payments total $281,068 including $36,184 of imputed expenses.

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by

NOR-MAN Regional Health Authority for fiscal year 2007 – 2008:

Information Required Annually **(per Section 18 of The Act)**	**Fiscal Year 2007 – 2008**
The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)*	**0** Received
The number of investigations commenced as a result of a disclosure. *Subsection 18(2)(b)*	**NIL**
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	**NIL**

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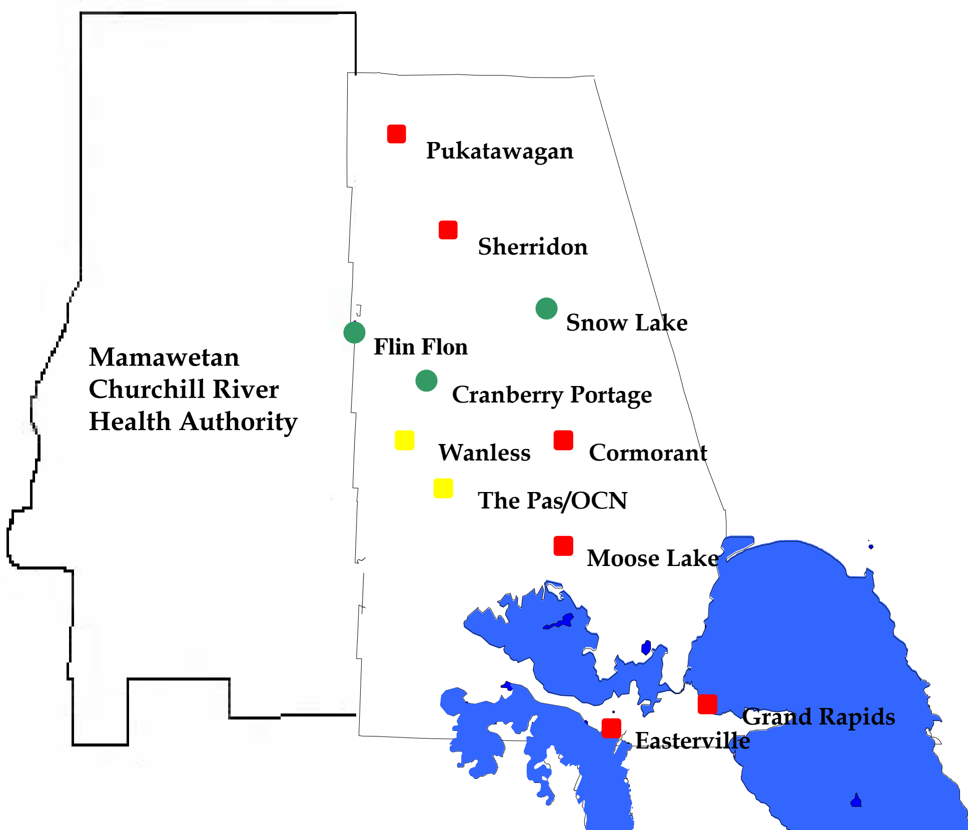
HEALTHY PEOPLE IN HEALTHY COMMUNITIES

"Working Together to Improve Our Health"



NOR-MAN REGIONAL HEALTH AUTHORITY