



QUALITY SCORECARD

Vital Statistics on System Competency

December 2008

NOR-MAN RHA Board of Directors

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NOR-MAN RHA MISSION

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

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.

NOR-MAN RHA Senior Management

Drew Lockhart, CEO
Pat Bilquist, Exec. Director, Community & Long Term Care
Lil Wallace, Exec. Director, Finance & Support Services
Susan Lockhart, Exec. Director, Planning, Research & Development
Bill Knight, Exec. Director of Professional Development
Lois Moberly, Site Administrator, FFGH
Vacant, Site Administrator, TPHC
Corliss Patterson, Exec. Director, Communications
Wanda Reader, Exec. Director, Human Resources

Visit our Website at:
www.norman-rha.mb.ca

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 of NPTP.
- ❖ Reduced jurisdictional barriers to improve access to services

HEALTHY PEOPLE

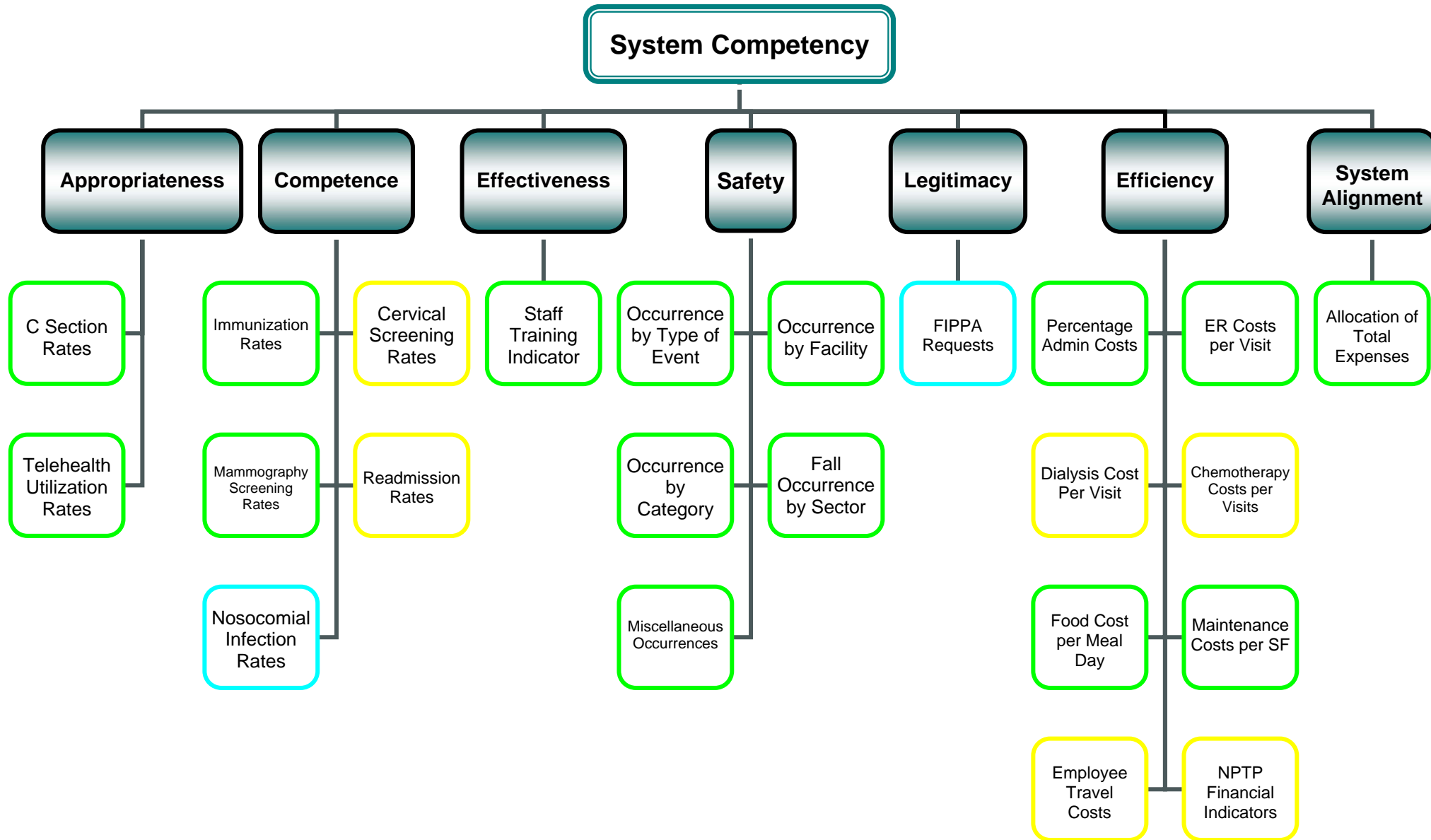
- ❖ Decreased incidence & prevalence of chronic illnesses (including but not limited to Diabetes, tobacco-related illness, Cancer, Cardiovascular, Renal).
- ❖ Increased awareness of Mental Health and Co-occurring Disorders initiative (CODI) and expansion of services accordingly.
- ❖ Reduced incidence 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.



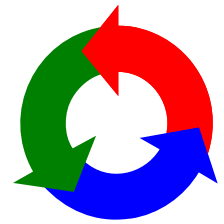
Quality Scorecard: System Competency December 2008



NOR-MAN Regional Health Authority Quality Scorecard: System Competency

Colour Codes: Optimal Good/ Ongoing CQI Warning/Room for Improvement Trouble/ Extensive Work Req'd In Development

NOR-MAN REGIONAL HEALTH AUTHORITY QUALITY SCORECARD SYSTEM COMPETENCY



Date: December 2008
Scorecard Area: System Competency
AIM Dimension: Appropriateness
Reporter/Source: MB Health - Health Information Management
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Trend Analysis 1996/97 to 2006/07

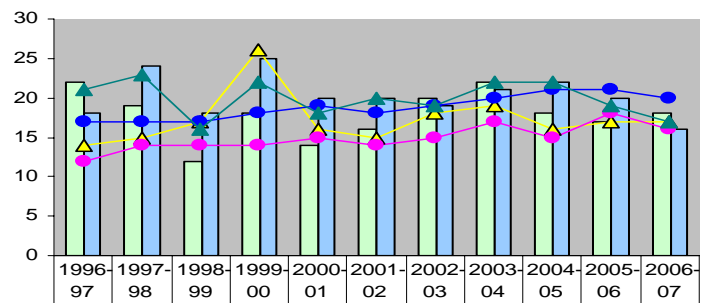
Indicator Name: Percentage of C-Sections in NOR-MAN, The Pas Health Complex, Flin Flon General Hospital vs. Manitoba average

Definition: 1. $\frac{\text{\# of C-Sections in NRHA /facility}}{\text{\# of Deliveries in NRHA/facility}}$ 2. $\frac{\text{\# of C-Sections in MB Hospitals}}{\text{\# of Deliveries in MB}}$

Results:
Interpretation:

Rating: Good

Percentage of C-Sections by Delivery Location



FFGH	22	19	12	18	14	16	20	22	18	17	18
TPHC	18	24	18	25	20	20	19	21	22	20	16
NOR-MAN (On Reserve)	14	15	17	26	16	15	18	19	16	17	17
Manitoba (Off Reserve)	17	17	17	18	19	18	19	20	21	21	20
Manitoba (On Reserve)	12	14	14	14	15	14	15	17	15	18	16
NOR-MAN (Off Reserve)	21	23	16	22	18	20	19	22	22	19	17

In 2006-07, there were 14,844 deliveries in Manitoba of which 20% were by C-Section. In NOR-MAN, there were 485 deliveries of which 17% were by C-Section. Of the 485 deliveries, 298 deliveries were in The Pas of which 16% were by C-section and 187 were in Flin Flon, of which 18% were by C-section. Of note, the "Off Reserve" C-sections rate is lower in NOR-MAN at 17% than compared to Manitoba at 20%. However, the "On Reserve" C-section rate is higher in NOR-MAN at 17% compared to Manitoba at 16%.

Action Plan: Given our geographical location and access to specialists, coupled with our high incidence of diabetes and high-risk pregnancies, NRHA C-sections are considered acceptable. Continue to monitor this indicator.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Appropriateness **Reporter/Source:** Tim Spencer
Board End: Optimal Access to services **Source:** MB Telehealth – 2007/08 Management Report
Reporting Period: Fiscal Year 2007-08

Indicator Name: Tele Health Network Utilization Rates

Number (#) and Percentage (%) of Tele Health sessions by category by site

Definition:

Results:

Interpretation:

Rating: Good

2007-08	Flin Flon		The Pas		Snow Lake		MB	
	#	%	#	%	#	%	#	%
Clinical	272	41%	275	42%	41	36%	4876	68%
Education	220	34%	249	38%	25	22%	1230	17%
Administration	148	23%	132	20%	48	42%	738	10%
Other	16	2%	4	-	1	6%	281	2%
Total Events	656	+23%	660	-	115	-21%	7125	+18.8%
	#	% Change	#	% Change	#	% Change	#	% Change
2006-07	532	+7%	655	+0%	146	+35%	5995	+24%
2005-06	496	-1.5%	655	+15%	108	-	4838	+11%
2004-05	504	+48%	572	+33%	0		4369	+17%
2003-04	340	+52%	431	+88%	0		3724	+68%
2002-03	223		229		0		-	

NOR-MAN's Telehealth sites continue to be well used. During 2007-08, total telehealth utilization increased by 23.0% in Flin Flon and remained stable in The Pas, while Snow Lake experienced a significant drop of 21%. The utilization drop in Snow Lake was in administrative and educational sessions and was reported as resulting from staffing shortages making it difficult to attend meetings and other telehealth sessions. Flin Flon had a 2nd telehealth unit deployed in February 2007 which accounted for the 2007-08 increase. The % change for the Manitoba network overall was +19.6%. Highest Volume Clinical Applications in NOR-MAN Region include Pre and Post – surgical appointments, Dermatology, Oncology, and Mental Health.

Last year's increase in clinical services as a percentage of total utilization remained constant during 2007/08 at about 40%. While lower than the network percentage, this is the highest level for NRHA sites on record. NOR-MAN's unique telehealth dermatology and endoscopy clinics continue to grow in popularity and now account for a large portion of total clinical usage. Using a similar model, NRHA Primary Health Care program established a new Telehealth Clinical Dietitian service with Riverview Health Care Centre in Winnipeg. A large number of NRHA staff participated in a new Telehealth education series on Care of the Elderly, as well as an Elder Care study group to prepare for CMA certification in Geriatric nursing. During 2007-08, the NRHA telehealth equipment was operational by site for the following amount of time:

- Flin Flon - 758.9 hours, up 16.2% from 652.50 hours in 2006-07
- The Pas - 811.1 hours, up 4.4 % from 776.50 hours in 2006-07
- Snow Lake – 163 hours, down 32.2% from 240.33 hours in 2006-07

Action Plan:

- Integration of Telehealth technology into the day-to-day work of NOR-MAN staff is a top priority for the network. This includes equipment training for NRHA staff and identification of human resources to support clinical sessions. This integrated approach, where equipment is booked and operated by a large number of trained regional staff, allows telehealth utilization to continue to grow steadily without being limited by the availability of the telehealth coordinator and back-up staff.
- Three telehealth units (two in The Pas and one in Flin Flon) were replaced with new equipment by MBTelehealth between October 2007 and March 2008.
- The FNIH funded telehealth site at Pukatawagan had connectivity until August of 2007 but again lost access to the network until the end of March 2008. Utilization while connected was very low and we are just starting re-orientation sessions for Pukatawagan staff. FNIH, in cooperation with NRHA and MBTelehealth, will have to continue to nurture this site.
- Linking the NOR-MAN Primary Health Care Centres to the MBTelehealth Network continues to be the top priority for network expansion in the region.
- Continue to promote links between Flin Flon and Saskatchewan Telehealth sites.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Competence **Reporter/Source:** NRHA General Ledger
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Fiscal Year 2007-08

Indicator Name: **Staff Training Indicators:**
 1. Average Staff Training Costs (30.71840)/ Number of Employees
 2. Internal Education Programs - # of sessions, # of participants
 3. External Education Programs - # of sessions, # of participants

Definition:
 -Average \$/ # employee: $\frac{\text{Staff Development Operating Budget}}{\text{Total \# of employees}}$
 -Internal Education Sessions - # of sessions by category, # of participants
 -External Education Sessions - # of sessions, # of participants by program area

Results: $\frac{\text{Staff Development Budget } \$470053.87}{\text{Total \# of employees } 989} = \475 per employee
Interpretation:

Rating: **Good**

Staff Education Internal Sessions	#	Staff Education External Sessions	#	Mandatory	#
Bug Day	18	PHC/ Community	94	CPR	110
CRNM/CRLPN	74	OBS/ Intrapartum	18	ILS	6
Breastfeeding	6	Chemo/ Pharmacy	6	NRP	20
SK Telehealth	58	Long Term Care	37	ACLS	2
PHC/Community	72	Admin	31	TNCC/ENCP	0
Pallium/Palliative	38	RESP	0	General Orientation	100
Team building	12	PT/OT	11	RWP	372
Protect of persons	41	ER	7	ERT	27
Elder Care Series	300	Diagnostics	4	Leadership Mgmt	63
Generic Aides	5	Support services	5		
Halifax 7	25	Staff Ed	10		
Ombudsman	25	Med/Peds	23		
Falls prevention	14	Dialysis	2		
Lifts and Transfers	0	EMS	3		
Lunch and Learns	593				
Housekeeping school/ Dietary	100				
safeTalk	8				
Computer Lab	57				
Harm reduction	36				
Team building	12				
Employee assistance program workshops	54				
Nursing research	24				
TOTAL 2007-08	1531		251		700
TOTAL 2006-07	1860		165		343

Participation in internal sessions was lower from the previous year but attendance in mandatory sessions and external sessions increased. The decrease in participation in internal sessions is likely due to staff having difficulty in getting away from the work area. Staff needs to be encouraged to take advantage of education sessions via telehealth. Staff who participate in education sessions are required to complete evaluations and staff continue to note how much they value continuing education.

Action Plan:

The Staff Education Department continues to develop programs based on need within the RHA. A yearly needs survey is conducted to help develop the education plan for the region. In 2008-09, in addition to the mandatory training sessions such as General Orientation, Leadership Management sessions, Lunch and Learns and other key sessions, the Representative Workforce program will be rolled out to all staff.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/Source:** MB Immunization
Board End: Healthy People **Source:** Monitoring System (MIMS)

Reporting Period: 2002 - 2006

Indicator Name: Immunization Rates

Definition: % NOR-MAN children receiving required immunizations as per the routine immunization schedule. Manitoba rate in brackets.

Results:
Interpretation:

Rating: **Good**

	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)	95 (91)	97% (92%)
HBV 11yrs					72% (73%)
HBV 17yrs					77% (61%)
MCV 11yrs					74% (77%)
PCV 1yrs					89% (86%)
Complete for Age 17yrs	50% (48%)	52% (48%)	57% (52%)	54% (53.5%)	47% (49%)

The total doses of vaccines administered to children in 2006 in the NOR-MAN region were 7012. Of the 7012 doses of vaccines administered, 76.4% were given by Public Health Nurses and 23.3% were administered in First Nation Communities of Easterville, Moose Lake, Grand Rapids and Pukatawagan.

Immunization rates are identified through the Manitoba Immunization Monitoring System (MIMS), using individuals Personal Health Information number (PHIN) and their address. If an individual has left their community and have failed to change their address with Manitoba Health, they will still be identified as residing in NOR-MAN and will be reflected in our rates even if they are no longer a resident. When staff are made aware of new addresses, an effort is made to have clients update information with MHSC in a timely fashion. The MIMS terminals used to input immunization data are found in only two communities in our region. This causes a delay in identifying who has been immunized and who has not been immunized. This does get reflected in the rates, as previous years rates increase as immunizations given are inputted into the MIMS system.

An improvement to access to MIMS is currently being implemented using a new system called "Host on Demand". Communities will be able to check records using this system and in the future, some communities may even be able to input completed immunizations.

Action Plan:

Continue to monitor indicator. A number of initiatives have been put in place in NOR-MAN to promote the importance of immunizations. These practises should continue:

Regional Nurses who immunize (from all jurisdictions except Pukatawagan) meet every two months to work on matters pertaining to immunization. This would include professional development, orientation to new programs, planning of programs, discussions of regional and provincial immunization rates and strategies to improve immunization rates.

Due to the transient nature of the families in many communities, flexibility in offering immunizations is key to improving immunization rates. Children are vaccinated at every opportunity. As well, immunization records are reviewed when there is contact with a child for other reasons. Using this opportunity to immunize is an important strategy to keep children up to date. Communication between health care professionals in the various communities is essential to assist with those families moving within the region and in and out of the region. This helps keep immunizations up to date. As well, experienced immunization nurses mentor those with less experience. The Immunization Coordinator is also in contact with all communities as a resource and advisor for nurses who immunize.

The 18 month immunization is sometimes forgotten by parents. This is reflected in immunization rates for this age group in our region and across the province. To address this, a certificate for 18 month olds recognizing completion of immunization for age was developed by one of our nurses. It is seen as an incentive for some parents to complete their child's immunization. Other initiatives such as making appointments for the next immunization before clients leave the office and phone call reminders the day before appointments have been successful in some communities.

Poor school leaving booster rates are believed to be caused by the lack of returned consents for this age group, and the number of students dropping out of school. Phone consents will continue to be obtained when written consents are not received. To improve the immunization rates in this population, NOR-MAN region was one of the regions in Manitoba to pilot vaccination in grade 8 rather than grade 9 beginning in January 2007. NOR-MAN nurses in all communities reported greater success in reaching children in this grade. Manitoba Health has agreed to continue to allow NOR-MAN and three other regions to vaccinate with the school leaving booster in Grade 8 rather than Grade 9 and is currently looking at the effectiveness of this strategy for other regions.

With Manitoba Health's assistance, reminder letters are sent to parents of children who are under immunized. Nurses in each community are also notified and given names of the children getting letters. As a result reminder letters are being followed by a call from the nurse to the parents. In this manner, address changes are made, MIMS records are corrected and those children under immunized are brought in for catch-up.

This past year an extra review of immunization records of school age children was completed to complement the reminder letters and to improve the rates of immunization in school age children.

Date: December 2008
Scorecard Area: System Competency
AIM Dimension: Effectiveness
Reporter/Source: MB Health – Health Information Management
Board End: Healthy People

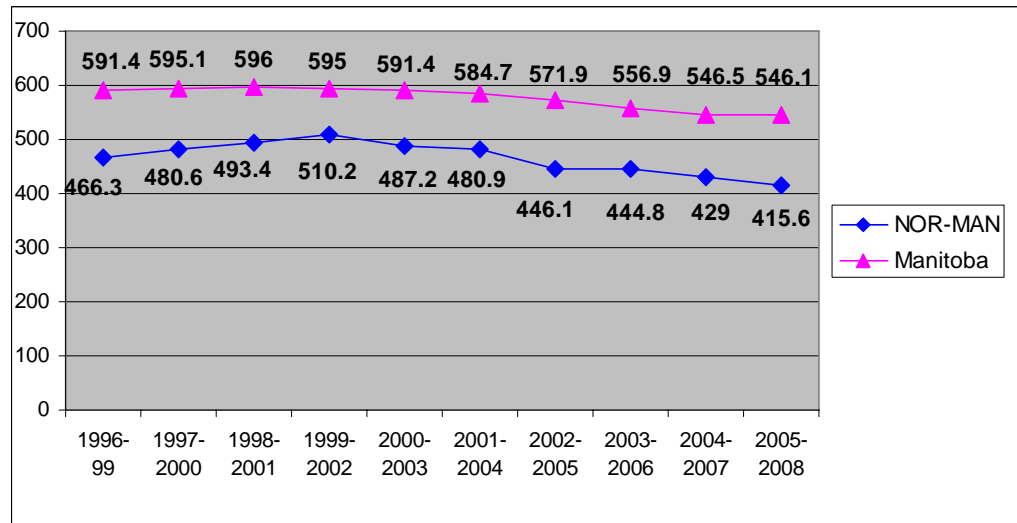
Reporting Period: Comparison over 10 time periods: 1996 -1999 to 2005 - 2008

Indicator Name: Cervical Screening Rates

Definition: Cervical Screen Rates per 1000 discrete patients

Results:
Interpretation:

Rating: **Warning**



Cervical screening rates for Manitoba have declined slightly over the last several reporting periods. While, the NOR-MAN rates are lower than the provincial average, they are showing the same declining trend as the provincial rates. A concern identified by staff is that pap tests completed by nurses are not included in the provincial statistics. This impacts NRHA's numbers in the last three time periods as pap tests are now being done by PHC Nurse's as part of the NRHA's Well Women and Teen Health Clinics. It is interesting to note that for the time period of April 1, 2005 - March 31 2008, NRHA Primary Health Care Nurses have completed 950 pap tests in the region which may not be captured in the above statistics.

Over the past several years, there has been an increased promotion of the importance of cervical screening. A number of initiatives have been undertaken including the introduction of the Well Women's and Teen Health Clinics (which provide cervical screening services) at the Primary Health Care Centres in The Pas, Flin Flon and Cranberry Portage.

Action Plan: Continue to monitor rates. Continue to promote the importance of cervical screening as one of NRHA's strategic priorities. Monitor the data with changes that have been introduced. All NRHA PHC Nurses that provide Cervical Screening services have been given a registration number and the services they are providing should be part of future data reporting by Manitoba Cervical Screening.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/Source:** MB Health – Health Information Management
Board End: Healthy People

Reporting Period: Comparison over 4 time periods: 2002 -2005 to 2005 - 2008

Indicator Name: Cervical Screening Rates by Community

Definition: Cervical Screen Rates per 1000 discrete patients by community

Results:
Interpretation:

Rating: Warning

	2002-05	2003-06	2004-07	2005-08
Grand Rapids FN	193.0	145.3	97.6	181.1
Grand Rapids	217.4	197.4	212.8	209.0
Chemawawin FN	210.2	195.0	187.9	170.7
OCN	413.3	373.7	568.5	387.9
The Pas	447.9	446.1	437.0	438.5
RM of Kelsey	473.5	459.6	431.6	472.8
Mosakahiken	194.7	172.7	219.3	250.0
Snow Lake	463.84	401.4	417.3	414.3
Flin Flon	581.7	578.9	526.9	487.3
Mathias Colomb FN	235.0	231.0	183.1	219.1
Unorganized	327.4	319.2	315.7	314.4
NOR-MAN	455.5	444.8	429.0	415.6
MANITOBA	571.9	556.9	546.5	546.1

There was again a decrease in Cervical Screening Rates from 2002-05 to 2003-06 to 2004-07 to 2005-08. The wide discrepancy when reviewed by community continues to be evident. The highest rates of screening continue to be observed in the communities of Flin Flon, RM of Kelsey, The Pas, Snow Lake, OCN, and the Unorganized Territory. The lowest screening rates are Grand Rapids FN, Pukatawagon, Chemawawin FN, Grand Rapids and Mosakahiken CN. The drop in rate observed from the last reporting period is partially attributed to the ongoing physician shortage experienced in NOR-MAN and the fact that pap tests completed by RN's are not captured in the statistics. However, the good news is the observed increased rates for the communities of Grand Rapids FN, Mosakahiken FN, Mathias Colomb FN and the R.M. of Kelsey (highlighted in green).

Action Plan: See previous indicator. Unfortunately, NRHA does not have jurisdiction in areas where cervical screening is low. Continue to promote the importance of cervical screening as an important early intervention strategy in all communities.

Date: December 2008
Scorecard Area: System Competency
AIM Dimension: Effectiveness
Reporter/Source: MB Health – Health Information Management
Board End: Healthy People

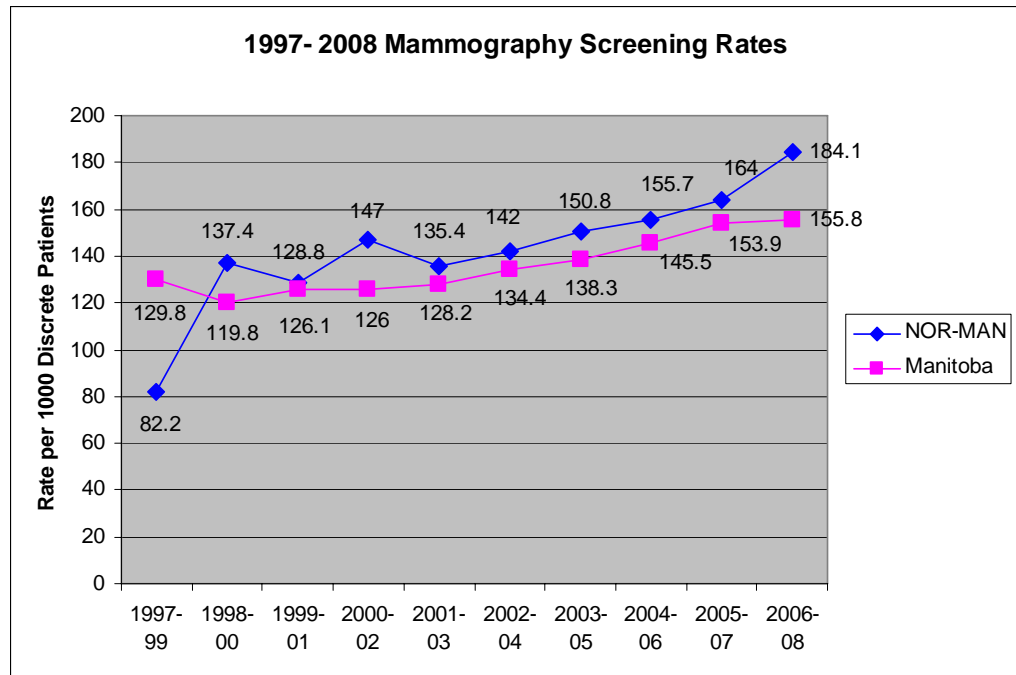
Reporting Period: Trend Analysis 1997-99 to 2006-08

Indicator Name: Mammography Screening Rates

Definition: Mammography Screening Rates per 1000 Discrete Patients
 (Contains all women who physicians bill under the tariff code 7104)

Results Interpretation:

Rating: **Good**



The Mammography Screening Rates for NOR-MAN continue to be higher than the provincial average with rates increasing over the last five reporting periods. In 1997-99, NOR-MAN had the lowest rate of all RHA's in the province. The Manitoba Mobile Breast Screening Program has had a significant impact on breast screening rates as the one reporting period that NOR-MAN was under the provincial rate was prior to the Mobile program being introduced. See the upcoming "Mobile Breast Screening Indicator" for more detail.

Action Plan: Continue to monitor indicator. Continue to promote the importance of mammography screening as an early intervention strategy.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/Source:** MB Health – Health Information Management
Board End: Healthy People

Reporting Period: Comparison over 4 time periods: 2003 -2005 to 2006 -2008

Indicator Name: **Mammography Screening Rates by Community**

Definition: Mammography Screening Rates per 1000 Discrete Patients by Community (Contains all women who physicians bill under the tariff code 7104)

Results:
Interpretation:

	2003-2005	2004-2006	2005-2007	2006-2008
Grand Rapids FN	95.2	75.3	63.2	47.6
Grand Rapids	97.1	96.6	138.9	133.0
Chemawawin FN	83.3	84.0	85.3	87.6
OCN	123.8	111.5	91.3	116.5
The Pas	154.4	146.8	147.6	184.1
RM of Kelsey	183.3	184	219.7	243.2
Mosakahiken CN	129.0	126.3	118.3	157.9
Snow Lake	186.5	200.0	242.9	241.3
Flin Flon	165.8	191.7	203.4	213.6
Mathias Colomb FN	68.3	64.7	83.9	88.7
Unorganized	106.5	100.8	108.6	129.0
NOR-MAN	150.8	155.7	164.0	184.1
MANITOBA	138.3	145.5	153.9	155.8

Rating: **Good**

Mammography Screening Rates vary considerably between NOR-MAN communities. Those communities with a rate higher than the Manitoba average includes Snow Lake, RM of Kelsey, Flin Flon, The Pas, and Mosakahiken CN. Rates lower than the provincial rate includes the communities of Grand Rapids FN, Chemawawin FN, Mathias Colomb FN, OCN, Unorganized, and Grand Rapids. On a positive note, we have observed an improvement in rates from the previous time period in Chemawawin, OCN, The Pas, Mosakahiken, Flin Flon, Mathias Colomb and Unorganized. The highlighted community has seen a decrease in rates for each of the last four reporting periods.

Action Plan: See previous indicator. Unfortunately, NRHA does not have jurisdiction in areas where mammography screening is low. Continue to promote mammography screening in the region and in particular, the communities where rates are lower than the regional and provincial average.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/Source:** MB Breast Screening Program (MBSP)
Board End: Healthy People

Reporting Period: 2000-2002 to 2006-2008

Indicator Name: Mobile Breast Screening Rates

Definition: % of women aged 50 to 69 years who participated in the MB Mobile Breast Screening program by community over two year time period.

Results:
Interpretation:

Rating: Good

Community	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08
Flin Flon	73%	61%	62%	66%	65%	64%	63%
Channing	50%	36%	25%	46%	58%	46%	40%
Cormorant	46%	32%	50%	54%	61%	63%	63%
Cranberry	61%	52%	46%	50%	52%	56%	55%
Sherridon	33%	17%	46%	33%	0%	14%	22%
Snow Lake	77%	55%	59%	58%	69%	61%	66%
Wanless	50%	44%	58%	65%	60%	71%	67%
The Pas	63%	60%	60%	54%	52%	62%	60%
OCN	73%	68%	67%	57%	63%	62%	56%
Moose Lake	70%	46%	63%	50%	51%	66%	63%
Easterville	58%	42%	52%	53%	52%	60%	66%
Grand Rapids	58%	40%	44%	44%	46%	39%	40%
Pukatawagan	68%	35%	48%	43%	59%	58%	46%
Regional Total	67%	57%	58%	57%	57%	61%	60%

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

The 2008 Manitoba Breast Screening report reveals a 60% 2-year participation rate in the NOR-MAN region. This is a 3% increase from two years ago and a 1% decrease from last year.

In 2006-2008, 853 NOR-MAN women were screened on the mobile unit. This is an increase in attendance of 185 women from last reporting period. An increase in the participation rate was reached in 4 communities including Sherridon, Snow Lake, Easterville and Grand Rapids. Health staff from Cormorant, Moose Lake, Easterville, and Opaskwayak Cree Nation organized group appointments to The Pas, to remove barriers preventing women from being screened. The Breast and Women's Cancer Network also distributed 5000 shower cards and flowers promoting breast health. One Network member diagnosed through the program made radio announcements reminding women to book an appointment. Snow Lake continued their run of fabulous rates with lots of media articles initiated within the community.

Action Plan:

Continue to monitor indicator. Continue to partner with the MB Mobile Breast Screening Program to promote this program in order to reach the target of 70% of the population of women 50 to 69 years every 2 years. A funding increase to the program has been announced which will allow for increased appointments in 2009.

Date: December 2008
AIM Dimension: Effectiveness
Board End: Optimal Recovery
Scorecard Area: System Competency
Reporter/S CIHI – CHAP2 Hospital
ource: Summary Report

Reporting Period: Fiscal Year 2005-06 vs. 2006-07

Indicator Name: Readmission Rates

Definition: Readmission rates by % of the total hospital cases for Flin Flon General Hospital (FFGH), The Pas Health Complex (TPHC) and Snow Lake Health Centre (SLHC):

- **Total Cases** - the total number of hospital separations for the reporting period
- **<=7 Days** - the count of unplanned readmissions to the hospital within 7 days as a percentage of the total hospital cases
- **8 – 28 days** - the count of unplanned readmissions to the hospital within 8 – 28 days as a percentage of the total hospital cases
- **DS<=7 Days** - the count of unplanned readmissions to the hospital from Day Surgery within 7 days as a percentage of the total hospital cases

Results:
Interpretation:

Rating: Warning

2005 - 2006				
	Total Cases	% Unplanned Readmissions		
		<=7 days	8-28 days	DS<=7 days
SLHC	27	14.8	3.7	3.7
FFGH	1689	3.4	5.2	0.1
TPHC	2431	7.7	8.0	0.0
NRHA Totals	4147	6.0	6.8	0.1
MB Totals	133,750	2.5	3.4	0.8
2006-07				
	Total Cases	% Unplanned Readmissions		
		<=7 days	8-28 days	DS <=7 days
SLHC	22	0.0	13.6	0.0
FFGH	1534	3.1	4.7	0.1
TPHC	2370	8.8	7.4	0.0
NRHA Totals	3926	6.5	6.4	0.0
MB Totals	132,371	2.3	3.3	0.8

The above table highlights readmission rates for NRHA facility by fiscal year 2005/06 and 2006/07. As shown, NOR-MAN has higher rates for both the under 7 days and the 8 – 28 days readmission codes than the Manitoba average in each fiscal year shown. Past trends have shown that the majority of readmission in both the Flin Flon General Hospital and The Pas Health Complex has been related to Internal Medicine and Obstetrical cases. A number of the OBS cases are attributed to women who are admitted to the hospital for a Non-Stress Test and then are sent home until they are in labour. We believe this trend continued in 2006-07.

Action Plan: Further analysis of this indicator is required.

Date: December 2008
Scorecard Area: System Competency
AIM Dimension: Effectiveness
Reporter/Source: Infection Control
Board End: Excellence in Patient Safety & Quality of Care
 Environment & Acute Care CQI Team

Reporting Period: Fiscal Year 2003-2004 to 2007-2008

Indicator Name: Nosocomial Infection Rates

Definition:
 Hospital Rate: $\frac{\# \text{ nosocomial infections}}{\text{Total patients discharged}} \times 100$
 Surgical Rate: $\frac{\# \text{ nosocomial infections}}{\text{Total surgical procedures}} \times 100$
 PCH Rate: $\frac{\# \text{ nosocomial infections}}{\text{Total resident days}} \times 1000$

Results:
Interpretation:

Rating: Optimal

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 PCH	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

The Staff Health/ Infection Control Departments continue to monitor nosocomial infection rates. 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.

Action Plan: Continue to monitor rates.

Date: December 2008
Scorecard Area: System Competency
AIM Dimension: Safety
Reporter/Source: Occurrence Report Database
Board End: Excellence in Patient Safety & Quality Care

Reporting Period: Fiscal Year 2005-2006 to 2007-2008

Indicator Name: Occurrence Reporting

- **Occurrence by Type of Event**
 - # of Occurrences
 - # of Critical Occurrences
 - # of Critical Clinical Occurrences
 - # of Near Misses

Definition:

Occurrence = “an event or circumstance that resulted in or could have resulted in an unintended, undesired outcome (does not involve substantial risk or harm) involves anyone or anything including damage/ loss to property or equipment.”

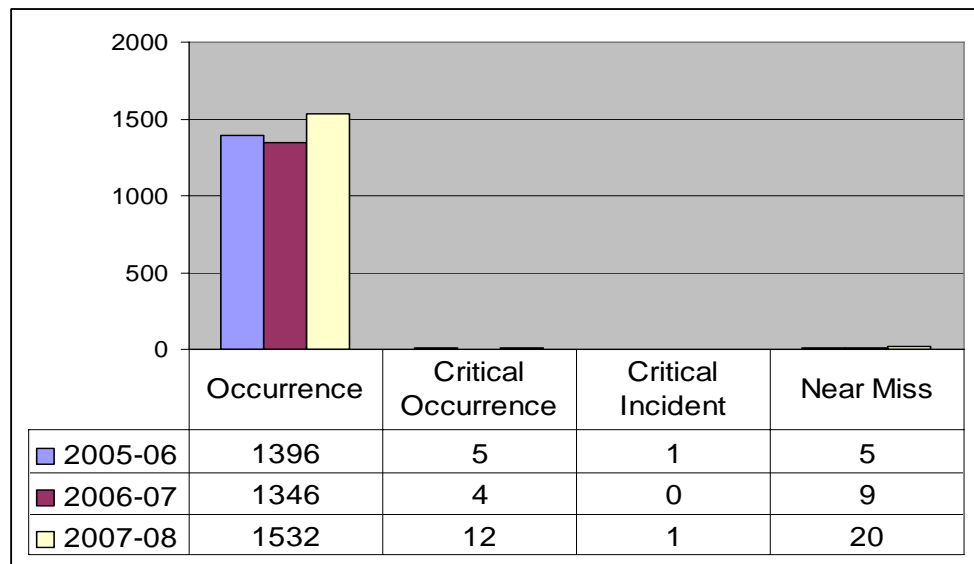
Critical Occurrence = “an occurrence involving substantial risk or harm to staff, visitors, others associated, property or equipment (does not involve patient, resident or client).”

Critical Incident = “an occurrence that resulted in disability, death, admission to hospital or prolonged hospital stay, which was not the result of the client’s health status.”

Near Miss = “an occurrence that could have resulted in an unintended, undesired client outcome including disability, death, admission to hospital or prolonged hospital stay, and was not a result of the client’s health status.”

Results:
Interpretation:

Rating: **Good**



Of the occurrences reported, 98% were categorized as occurrences. With the passing of Bill 17 Legislation, there is mandatory reporting of all critical incidents. In 2007-08, NRHA had one critical incident to report.

Action Plan:

An Occurrence Reporting Working group was struck to provide leadership and direction to the Regional Manager of Quality and Risk on improvements to NRHA's Occurrence Reporting and Management process. The working group provided direction on:

- Revisions to current policy and procedure.
- Revisions to the existing Occurrence Report Form (#R GEN.001) to ensure compatibility with the Brandon system we are currently using and NRHA reporting requirements.
- Improvements to the database to be brought forward to Brandon Regional Health Authority for consideration.

All policies have been finalized and are consistent with the requirements set out by Manitoba Health and Health Living for reporting, managing and disclosure of Critical Occurrences and Critical Incidents. Staff education began in November 2008 and all staff were trained and utilizing the new process on November 17, 2008. Planning is also ongoing for the development of Occurrence Reporting quarterly reports to managers and the Board.

This indicator will continue to be monitored. We will continue to encourage the reporting of occurrences by staff, as it is a vehicle for the identification of Continuous Quality Improvement initiatives and process improvements.

Date: December 2008
Scorecard Area: System Competency
AIM Dimension: Safety
Reporter/Source: Occurrence Report Database
Board End: Excellence in Patient Safety & Quality Care

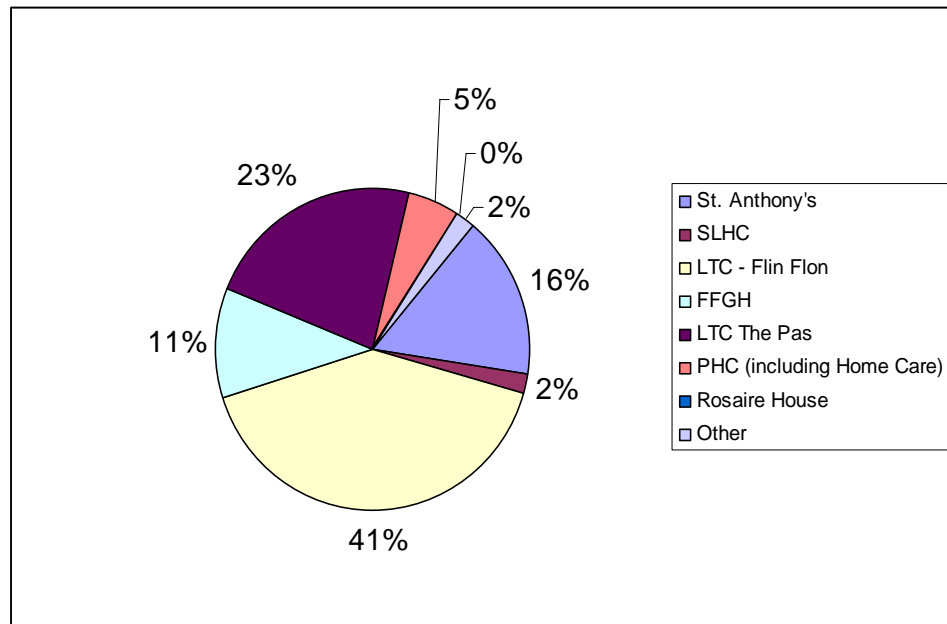
Reporting Period: Fiscal Year 2007-2008

Indicator Name: Occurrence Reporting
 • **Percentage of Occurrences by Facility**

Definition: $\frac{\# \text{ of Occurrence by Facility}}{\text{Total \# of Occurrences}}$

Results:
Interpretation:

Rating: **Good**



The largest percentage of occurrences (64%) was from Long Term Care of which 41% were from Long Term Care in Flin Flon and 23% from Long Term Care in The Pas. St. Anthony's had the next highest percentage at 16%, followed by Flin Flon General Hospital at 11% and than Primary Health Care (which includes Home Care) at 5%.

Action Plan: See previous Occurrence Reporting Indicator for Action Plan. Continue monitoring of this indicator is recommended.

Date: December 2008
Scorecard Area: System Competency
AIM Dimension: Safety
Board End: Excellence in Patient Safety & Quality Care
Reporter/Source: Occurrence Report Database

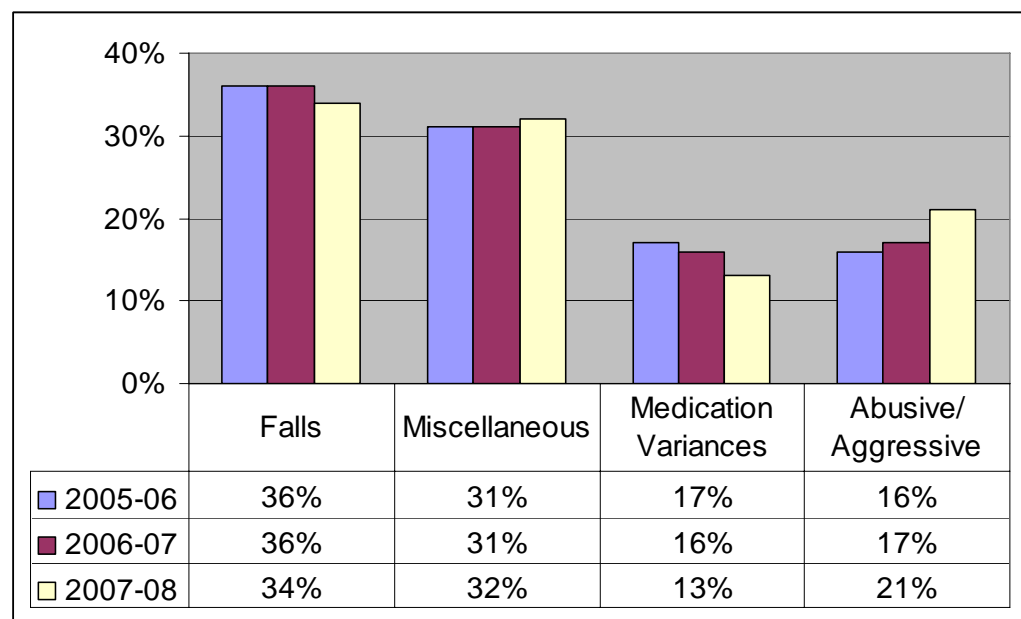
Reporting Period: Fiscal Year 2005-2006 to 2007-2008

Indicator Name: Occurrence Reporting
 • **Percentage of Occurrences by Category**

Definition: # of Occurrence by Category
 Total # of Occurrences

Results:
Interpretation:

Rating: **Good**



The percentage of occurrences “by category” is consistent to 2006-07. Of the occurrences reported in 2007-08, 520 (34%) were falls, 502 (32%) were reported in the miscellaneous category, 325 (21%) were aggressive/ abusive and 209 (13%) were medication variances.

Action Plan: See previous Occurrence Reporting Indicator for Action Plan. Continue monitoring of this indicator is recommended.

Date: December 2008
Scorecard Area: System Competency
AIM Dimension: Safety
Reporter/Source: Occurrence Report Database
Board End: Excellence in Patient Safety & Quality Care

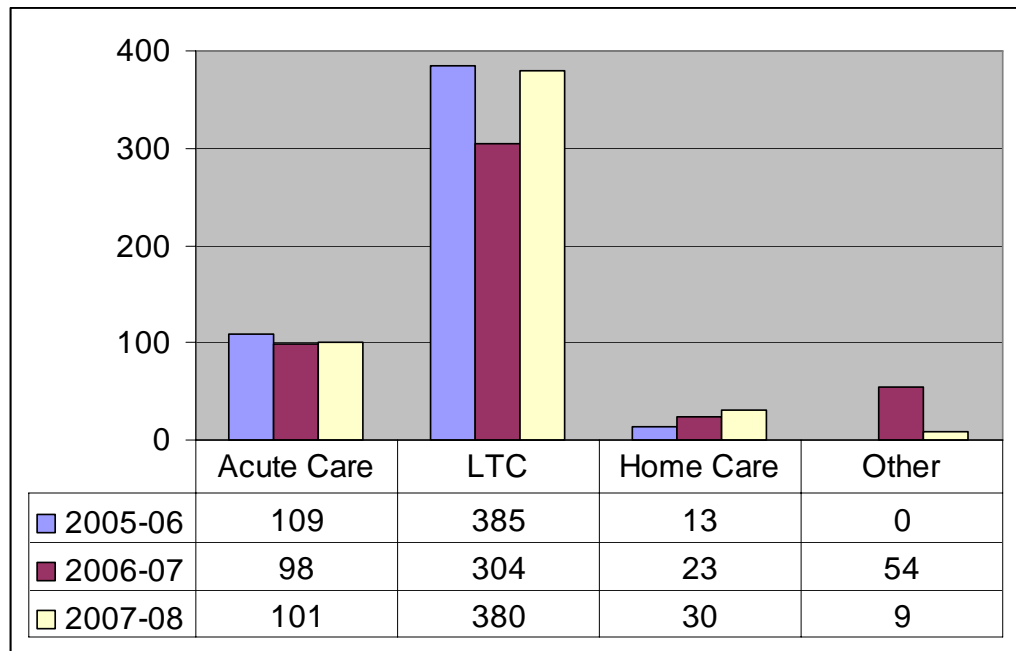
Reporting Period: Fiscal Year 2005-2006 to 2007-2008

Indicator Name: Occurrence Reporting
 • **Percentage of Falls Occurrences by Health Care Sector**

Definition: # of Fall Occurrences by Health Care Sector
 Total # of Fall Occurrences

Results:
Interpretation:

Rating: **Good**



As noted in the previous indicator, falls account for the greatest percentage of occurrences at 36%. When reviewing by sector, it is not surprising that our greatest percentage of falls is in our Long Term Care Facilities. Although a fall prevention program was implemented in December 2005, there has been an increase in falls in Long Term Care from 2006-07 to 2007-08. This may be attributed to increased reporting of occurrences in Long Term Care. Work has been done to educate staff regarding the occurrence reporting process therefore staff have become more vigilant in the reporting of falls and other occurrences.

Action Plan: See previous Occurrence Reporting Indicator for Action Plan. Continue monitoring of this indicator is recommended.

Date: December 2008
Scorecard Area: System Competency
AIM Dimension: Safety
Reporter/Source: Occurrence Report Database
Board End: Excellence in Patient Safety & Quality Care

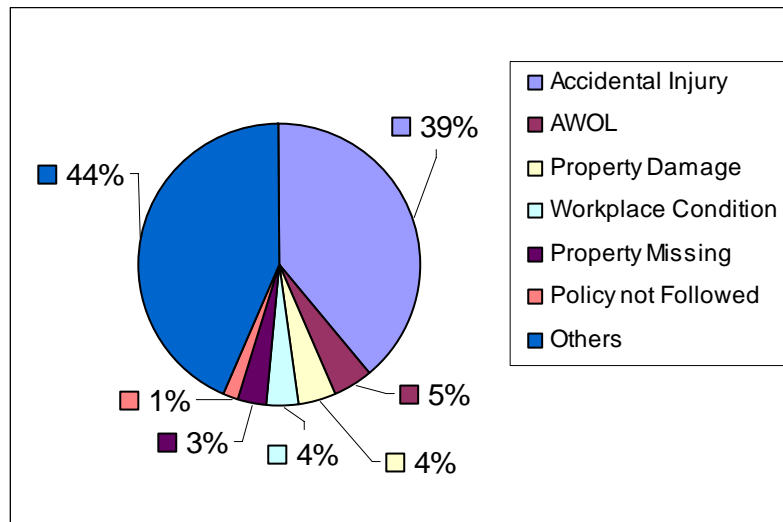
Reporting Period: Fiscal Year 2007-2008

Indicator Name: Occurrence Reporting
 • **Percentage of Miscellaneous Occurrences by Category**

Definition: $\frac{\# \text{ of Miscellaneous Occurrence by Category}}{\text{Total \# of Miscellaneous Occurrences}}$

Results:
Interpretation:

Rating: **Good**



Of the occurrences reported in the miscellaneous category, 160 (39%) were related to accidental injury, followed by 150 (44%) other, 19 (5%) AWOL, 18 (4%) property damage, 15 (4%) hazardous workplace condition, 14 (3%) property missing, 6 (1%) policy / procedure not followed.

Action Plan: See previous Occurrence Reporting Indicator for Action Plan. Continue monitoring of this indicator is recommended.

Date:	December 2008	Scorecard Area:	System Competency
AIM Dimension:	Legitimacy	Reporter/Source:	Corliss Patterson Communications
Board End:	Optimal Access to Services		
Reporting Period:	Calendar Years 2000 to 2007		
Indicator Name:	# of FIPPA (Freedom of Information Protection of Privacy Act) requests		
Definition:	# of FIPPA requests per calendar year		
Results:	2000 = 0		
Interpretation:	2001= 11 requests		
	2002 = 5 (1 denied)		
	2003 = 2		
	2004 = 2		
Rating: Optimal	2005 = 16		
	2006 = 12		
	2007 = 16		
	All requests fully responded to / information granted in 30-day window.		
	<p>In 2007, 14 of the 16 FIPPA requests were received from the Legislative offices of the opposition party. The Freedom of Information & Protection of Privacy Act of Manitoba was passed in June 1997 and was extended to RHAs and hospitals on April 3, 2000. Access to your own personal health information, as well as protection of personal health information is covered by The Personal Health Information Act, a companion statute of FIPPA.</p> <p>Under FIPPA, personal information is defined as, “<i>recorded information about an identifiable individual i.e. name, home address, and telephone #, age sex, sexual orientation, marital status, race, ethnic origin, political beliefs, criminal history, employment income, education, identifying numbers/symbols, etc. Personal information also includes opinions of that person, except if they are about another individual, and any opinions expressed about that person by another individual.</i>”</p> <p>Any person may request access to records in the custody or under the control of a public body falling under FIPPA. The public body must respond to the application in writing and grant access to the requested record, unless said records are excluded under FIPPA or another act.</p>		
Action Plan:	Continue to monitor and track requests and advise Manitoba Health and Healthy Living (MHHL) when requests are received from political parties and/or media. Requests of a sensitive nature are to be discussed with MHHL prior to responding. All requests to be responded to/information granted in 30-day window.		

Date: December 2008 **Scorecard Area:** System Competency

AIM Dimension: Efficiency
Board End: Excellence in Patient Safety & Quality of Care

Reporter/Source: MIS Database

Reporting Period: Fiscal Years 2001-2007

Indicator Name: **Administrative Cost as a % of Total Expense**

Definition: % NRHA budget spent on administration (comparison between MB RHA's & MB average). Functional MIS Codes: 71110 to 71121 and 71130 to 711360, General Administration, Finance, Human Resources and Communication Expense; Secondary Codes 12020 to 12260, 30039 to 99060, and 99905

Results

Interpretation:

Rating: **Good**

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

NRHA administrative costs as a percentage of total operating are on par with the rural average of 5.0% and slightly higher than the provincial average of 4.6%. In 2007, NOR-MAN's rate was 5.1%, a 0.3% increase from 2006.

Action Plan: Continue to monitor this indicator.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/S** NRHA General Ledger
Board End: Excellence in Patient Safety & Quality of Care **ource:** Hospital Analysis Reports

Reporting Period: Fiscal Years 2003-2004 to 2007-2008

Indicator Name: Emergency Room Cost per visit

Definition: ER Operating Costs (11.71310 – The Pas and 12.71310- Flin Flon)
 Total # of Visits (ER scheduled, non-scheduled and observation visits)

Results:
Interpretation:

Rating: **Good**

Year	St Anthony's Hospital	Flin Flon General Hospital
2003-04	$\frac{\$1,502,405}{20,922} = \71.80	$\frac{\$976,970}{10,314} = \94.72
2004-05	$\frac{\$1,639,628}{23,989} = \68.35	$\frac{\$1,035,195}{10,919} = \94.80
2005-06	$\frac{\$1,672,072}{22,997} = \72.71	$\frac{\$1,075,660}{12,017} = \89.51
2006-07	$\frac{\$1,755,878}{22,260} = \78.88	$\frac{\$1,111,300}{10,586} = \104.98
2007-08	$\frac{\$2,142,627}{22,100} = \96.96	$\frac{\$1,172,243}{13,646} = \85.91

Physician costs are not calculated into this indicator. A separate cost center in Snow Lake strictly for ER activity is not possible due to the size of the facility.

In The Pas, there was a per visit cost increase of \$18.08. There was a decrease in visits by 160, which may account for slight increase in cost per visit. In addition, there was a \$386,749 increase in ER operating costs from last year. Of which, "Salaries and Benefits" increased by \$359,737. "Other Expenses" increased by \$55,503 with the following two accounting for \$41,842 of this increase: (1) General Medical and SCU Supplies increased by \$7,648; and (2) Drugs and Other Pharmaceutical increased by \$12, 748.

In Flin Flon, there was a per visit cost decrease of \$19.07. There was an increase in the number of visits by 3,060, which may account for the decrease in costs per visit. In addition, there was a \$60,943 increase in operating costs from last year. "Salaries and Benefits increased by \$66,536.

Action Plan: Continue to monitor indicator. Continued effort to work on appropriate utilization of the ER and providing the right care, by the right provider at the right location is recommended.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/Source:** NRHA General Ledger
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Fiscal Years 2003-2004 to 2007-2008

Indicator Name: Dialysis Total Direct Cost per Dialysis Visit

Definition: Operating Costs for Dialysis by site (11.7134070 -TP & 12.7134070 – FF)
 Total # of Visits by site

Results:
Interpretation:

Rating: **Warning**

Year	St Anthony's Hospital	Flin Flon General Hospital
2003-04	$\frac{\$535,944}{2,641} = \202.93	$\frac{\$157,071}{561} = \279.98
2004-05	$\frac{\$488,844}{2,620} = \186.58	$\frac{\$192,362}{623} = \308.77
2005-06	$\frac{\$455,982}{2,439} = \182.85	$\frac{\$184,303}{547} = \336.93
2006-07	$\frac{\$467,778}{2,530} = \184.89	$\frac{\$205,782}{890} = \231.22
2007-08	$\frac{\$522,985}{2,476} = \211.22	$\frac{\$239,158}{1,011} = \236.56

This indicator is a function of volume. There is a base level of staffing that is required to run a dialysis department, which is why it costs more for a dialysis visit in Flin Flon than The Pas.

In The Pas, there was a per visit cost increase of \$26.33 and a decrease of visits by 54. Operating expenses increased by \$55,207 from last year. Of the total increase, 69% (\$38,052) was attributed to negotiated wage increases. Other Expenses increased by \$17,151 with the majority of the increase relating to "Drugs – Other Pharmaceutical" (\$8019) and "General Medical Supplies" (\$4,886). In Flin Flon, there was a per visit cost increase of \$5.33 and an increase of 121 visits. Expenses increased by \$33,376 from last year. Of the total increase, 68% (\$22,262) was attributed to negotiated wage increases. Other expenses increased by \$11,113 with the majority of the increase relating to "Drugs – Other Pharmaceutical" (\$5,415), "Needles and Syringes" (\$1,845), and Departmental Supplies (\$2,359).

Action Plan: Continue to monitor indicator. Construction of The Pas Dialysis Capital Project began in October 2007 with substantial completion on March 17, 2008 and the first Dialysis day being April 14, 2008. The Dialysis department relocated to the third floor with the number of stations increased from 4 to 10 stations. Unfortunately, due to nursing shortages and the inability to recruit, we are only able to open 4 stations at this time. Two nurses are presently in Winnipeg training this fall and we will be increasing to 6 stations by December 1, 2008. We hope to be able to be in a position to open all 10 stations by April 1, 2009.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/Source:** NRHA General Ledger
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Fiscal Years 2003-2004 to 2007-2008

Indicator Name: **Chemotherapy Costs per Total Oncology Visit**

Definition: Operating Costs for Chemotherapy
 Total # of Visits in Region

Results:
Interpretation:

Year	NRHA
2003-04	$\frac{\$266,773}{272} = \$ 980.28$
2004-05	$\frac{\$338,390}{295} = \$1,147.08$
2005-06	$\frac{\$427,236}{310} = \$1,378.18$
2006-07	$\frac{\$124,300}{199} = \$ 642.62$
2007-08	$\frac{\$156,202}{210} = \743.82

Rating: **Warning**

Cost per Total Oncology Visit increased this year by \$101.20 per visit. Total operating costs increased by \$31,902 (26%). Of note, RN Salary and Benefits decreased this year by \$18,997 due to vacancies in the Chemo dept. Chemotherapy drugs increased this year by \$48,286.

The Chemotherapy costs per Total Oncology Visit reduced significantly since 2005-06. This is a result of the majority of drug costs being administered centrally by Cancercare MB. As an RHA, we do not have control over the drug of choice and some of the chemotherapy drugs are extremely expensive.

Action Plan: The Chemotherapy Outreach program is a valuable program for residents of NOR-MAN receiving chemotherapy. It enables them to stay in the region and be closer to family and friends. It is also cost effective for the NRHA as it reduces NPTP costs. Continue to monitor indicator.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/Source:** Joyce McLean
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Fiscal Years 2003-2004 to 2007-2008

Indicator Name: Food Cost per Meal Day by site

Definition: Total Food Costs From Revenue/Expenditure Report
 Total Meal Days

Results:
Interpretation:

	TPHC	FFGH	NLM	SLHC
2003-04	<u>379,817</u> = 6.65 57,136	<u>246,089</u> = 6.75 36,474	<u>114,856</u> = 7.90 14,549	<u>9,566</u> = 9.05 1,100
2004-05	<u>369,658</u> = 7.16 51,663	<u>227,692</u> = 6.77 33,657	<u>99,468</u> = 7.12 13,969	<u>12,010</u> = 8.26 1455
2005-06	<u>322,030</u> = 6.31 51,503	<u>209,682</u> = 6.01 34,925	<u>87,455</u> = 6.30 13,885	<u>14,286</u> = 8.97 1593
2006-07	<u>382,971</u> =6.88 55649	<u>227,696</u> =6.62 34357	<u>104,106</u> = 7.54 13792	<u>14,157</u> = 12.15 1165
2007-08	<u>431,388</u> =7.77 55478	<u>257,654</u> =7.45 34556	<u>109,244</u> =6.86 15924	<u>15,639</u> =12.03 1300

Rating: Warning

We have found an increase in food costs at our two larger sites resulting from increases in delivery charges which took place in Feb. 2008. As well, there were large increases in some commodities such as flour which brought increases in breads and grain products of up to 50%. Cost of food in general has increased significantly in the last quarter of this year due to the cost of fuel.

Action Plan: Continue to track this indicator and monitor against the provincial average and similar-sized facilities. Continue to measure expenditures and implement cost savings measures.

Date: December 2008
Scorecard Area: System Competency
AIM Dimension: Efficiency
Reporter/Source: NRHA General Ledger
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Fiscal years 2000-2001 to 2007-2008

Indicator Name: Total Maintenance Cost per Square Foot by site

Definition: Maintenance Operating Costs (Cost Centres 71155 & 71165)
 Total Square Feet of NRHA owned facilities

Results:
Interpretation:

Rating: **Good**

	The Pas	Flin Flon	Snow Lake
2000-01	$\frac{988,671}{190,697} = 5.08$	$\frac{933,149}{145,200} = 6.84$	$\frac{69,266}{8,666} = 7.99$
2001-02	$\frac{1,070,816}{190,697} = 5.62$	$\frac{1,105,761}{145,200} = 7.62$	$\frac{82,351}{8,666} = 9.50$
2002-03	$\frac{1,290,571}{190,697} = 6.77$	$\frac{1,173,230}{145,200} = 8.08$	$\frac{80,660}{8,666} = 9.31$
2003-04	$\frac{1,232,006}{190,697} = 6.46$	$\frac{1,145,951}{145,200} = 7.89$	$\frac{104,110}{8,666} = 12.01$
2004-05	$\frac{1,476,291}{190,697} = 7.74$	$\frac{1,300,351}{145,200} = 8.96$	$\frac{97,282}{8,666} = 11.23$
2005-06	$\frac{1,569,260}{190,697} = 8.23$	$\frac{1,410,651}{145,200} = 9.72$	$\frac{109,969}{8,666} = 12.69$
2006-07	$\frac{1,601,505}{190,697} = 8.40$	$\frac{1,465,775}{145,200} = 10.09$	$\frac{107,183}{8,666} = 12.37$
2007-08	$\frac{1,723,806}{190,697} = 9.04$	$\frac{1,783,263}{145,200} = 12.28$	$\frac{114,953}{8,666} = 13.26$

Since the last reporting period maintenance costs have risen in The Pas by 7.6%, Flin Flon by 21.7% and in Snow Lake by 7.2%. This has mainly been due to negotiated wage increases and utility cost increases. Upon further analysis the following should be noted:

- In the Pas, 100% of the increase can be attributed to fuel cost increases.
- In Flin Flon, approx. 80% of the increase can be attributed to fuel and utility cost increases.
- In Snow Lake, 100% of the increase can be attributed to utility cost increases.

Action Plan:

Continued monitoring of this indicator is recommended. With our aging facilities, we are committed to looking for ways to be more energy efficient. We have developed an energy management plan with the following objectives:

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

We completed an Energy Management feasibility study which identified a wide variety of retrofit measures that could be implemented with simple paybacks on capital ranging from two to twelve years. In combination, these comprehensive measures would save NRHA approximately 16% of annual utility costs (\$214,200 annually) and would result in a reduction of 670 tonnes of greenhouse gas emissions annually.

All of the upgrades and retrofits will be completed over the next 2 months with expected fuel and utility costs savings through the 2008-09 winter months.

Date:	December 2008	Scorecard Area:	System Competency
AIM Dimension:	Efficiency	Reporter/Source:	NRHA General Ledger
Board End:	Excellence in Patient Safety & Quality of Care		
Reporting Period:	Fiscal Year 2004-2005 to 2007-2008		
Indicator Name:	Employee Travel Costs		
Definition:	Total Costs spent on Employee Travel including travel within and outside of the region		
Results:	2004-05 = \$629,349		
Interpretation:	2005-06 = \$742,358		
	2006-07 = \$903,588		
	2007-08 = \$1,000,601		
Rating:	Warning	<p>There was a 4.98% increase in employee travel costs this past fiscal year. This is considered to be minimal considering the significant increase in fuel costs we experienced this year. The following provides some of the background on the increase:</p> <ul style="list-style-type: none"> • Increased gas prices have affected employee travel costs both by car and plane. • Mileage rates for fleet vehicles increased from 15 to 18 cents/km (as reported in the last scorecard) to 16 to 21 cents/km (depending on size of vehicle) in this fiscal year. • Mileage rates for use of personal vehicles increased from 42.4 cents/km to 44.1 cents/km. • There was a \$17,400 increase in travel costs to Snow Lake due to staffing shortages (\$19,083.63 in 2006-07 to \$36,552.31 in 2007-08). • Board composition increased and this impacted travel costs. 	
Action Plan:	<p>Due to the size of the region and the distance to Winnipeg, it is inevitable that the NRHA will have to dedicate a significant amount to travel. NOR-MAN region covers a large geographical area and as such travel throughout the region by program staff is significant. A number of staff are involved in provincial networks which necessitates trips to Winnipeg for meetings. It is important that managers participate in network meetings. Where possible, teleconferencing and/or tele-health are used to lessen travel costs. Also, there is a regular fleet shuttle for staff travel between Flin Flon and The Pas to lessen the number of vehicles traveling between the 2 communities. These practices should continue. Continued monitoring of this indicator is recommended.</p>		

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter:** Northern Patient
Board End: Optimal Access to Services Transport Program

Reporting Period: Fiscal Years 2000-2001 to 2007-2008

Indicator Name: **NPTP Patient Travel Expenses**

Definition: Total expenses for NPTP patient travel costs (audited financial statement)

Interpretation:
Results:

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%

Rating: **Trouble**

Note: 2000/01 Funding is based on Funding Document.

We continue to experience a deficit in the NPTP program. In 2000-01, when NPTP went from Manitoba Health funding the program to becoming part of NRHA's in-globe budget, the funding level was at \$2.26 million. In that same year, we experienced a deficit of \$1.24 million. Based on a 3% annual funding increase from Manitoba Health, we have been grossly under funded and we have little ability to control costs.

Since 2000-01, NRHA has had to reallocate anywhere from \$1.2 to \$2.1 million from other program areas to cover the NPTP deficit. In 2008-09, even with allowing for a 3% inflationary factor, we are expecting the NPTP budget is be under funded to the amount of \$2.62 million. NPTP deficit figures are consistent with our overall deficit we have experienced in past years. Given the increases in transportation and fuel oil expenses, NPTP continues to escalate without corresponding increases to funding.

Action Plan: The NPTP committee continues to meet to try to find ways to reduce/contain NPTP costs in the region. The under funding of this program continues to be discussed with MB Health. Continued monitoring of this indicator is recommended.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter:** Northern Patient
Board End: Optimal Access to Services Transport Program

Reporting Period: Fiscal Years 2004-2005 to 2007-2008

Indicator Name: **Percentage of NPTP Costs by Mode of Travel**
Percentage of NPTP Warrants By Mode of Travel

Definition: 1. $\frac{\text{Total NPTP Costs by mode of travel}}{\text{Total NPTP Operating Budget}}$ 2. $\frac{\text{Total \# warrants by mode of travel}}{\text{Total \# warrants}}$

Interpretation:
Results:

Rating: **Warning**

% Warrants by Travel Mode	2004/05 %	2005/06 %	2006-07 %	2007-08 %
Air	15%	17%	21%	20%
Air Ambulance	5%	5%	5%	6%
Ambulance	1%	1%	1%	0%
Bus	11%	21%	11%	10%
Car	50%	47%	46%	47%
Taxi	17%	18%	16%	17%
Rail	0%	1%	0%	0%

% NPTP Costs by Travel Mode	2004/05 %	2005/06 %	2006/07 %	2007-08 %
Air	26%	27%	34%	33%
Air Ambulance	47%	46%	44%	47%
Ambulance	2.5%	2%	1%	0%
Bus	3.5%	6%	3%	3%
Car	15%	13%	13%	13%
Taxi	6%	6%	5%	4%
Rail	0%	0%	0%	0%

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%.

Action Plan: See previous indicator for Action Plan.

Date: December 2008 **Scorecard Area:** System Competency
AIM Dimension: System Alignment **Reporter/S** Audited Financial
Board End: Excellence in Patient Safety & Quality of Care **ource:** Statements

Reporting Period: Fiscal Year 2006-2007 vs. 2007-2008

Indicator Name: **Percent of allocation of Total Expenses by Program Areas**
Percent Increase/ Decrease in Program Expenses

Definition: Total Expenses by Program Area / Total RHA Expenses = Total Expense by Program Area (2005-06) / Total Expense by Program Area (2006-07)

Results:
Interpretation:

Rating: **Green**

Program Area	2006-07 Total Expenses	2006-07 % Allocation of Total Expenses by Program Area	2007-08 Total Expenses	2007-08 % Allocation of Total Expenses by Program Area	2006-07 to 2007-08 % Increase/ (Decrease) in Program Expenses
Acute Care	30,398,924	41%	33,308,341	41%	9%
Long Term Care	8,178,432	11%	9,103,655	11%	10%
Med Remuneration	9,881,057	13%	12,075,304	15%	18%
Community Services	4,192,600	6%	4,276,087	5%	2%
Mental Health	1,190,995	2%	1,221,892	1%	3%
Home Care	4,416,349	6%	4,493,238	6%	2%
Land Ambulance	2,024,128	3%	2,517,290	3%	20%
RHA Costs	3,331,219	4%	3,558,597	4%	6%
Amort Capital Assets	3,891,234	5%	3,232,943	4%	(17%)
Interest capital lease	2,801	0%	15,397	0%	92%
NPTP	4,844,250	6%	5,137,010	6%	6%
Pre-retirement	605,305	1%	587,258	1%	(7%)
Rosaire House	657,560	0%	706,656	1%	7%
Ancillary	1,165,384	2%	1,422,082	2%	18%
Total	74,780,238	100%	81,655,750	100%	8%

The percentage of allocation by program area has remained fairly stable over the past two fiscal years. Acute Care accounts for the highest percentage of allocation at 41% followed by Medical Remuneration at 15% and Long Term Care at 11%. NRHA overall budget increased by 8% over the previous fiscal year. Increases were mainly attributed to negotiated wage, cost of living increases and utility costs. Areas of note include:

- Transportation Costs due to increased fuel prices. This is evident in the 6% increase in NPTP costs and 9% employee travel cost increases.
- Utility Costs utility Costs came in 20% over budget due to unforeseen increases in propane and fuel oil costs.
- Physician Remuneration due to physician shortages and the need to depend on locum services for Anesthesia and Emergency in The Pas. Costs increased by 18%.
- RHA Costs (Undistributed) increases by 6% and was largely due to increases to insurance rates, HR recruitment, legal fees and board costs increases.

Action Plan: Continue efforts to redirect NRHA budget to priority areas where possible. Continue to monitor this indicator.