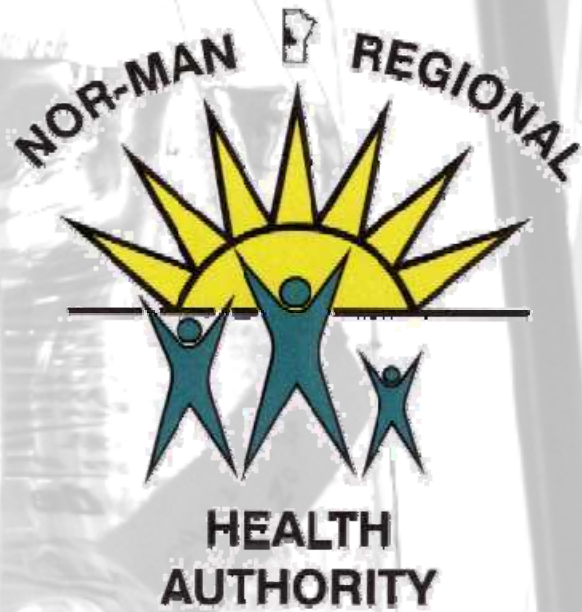
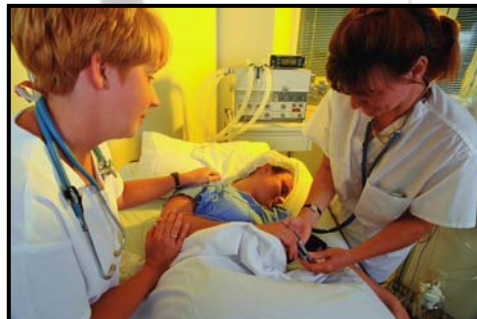


NOR-MAN REGIONAL HEALTH AUTHORITY



2008-2009 ANNUAL REPORT





NOR-MAN REGIONAL HEALTH AUTHORITY 2008 – 2009 ANNUAL REPORT

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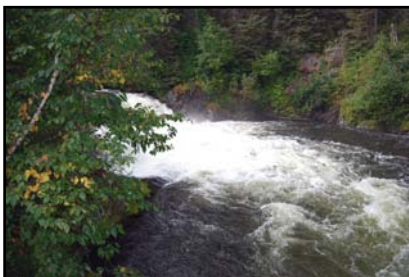


OUR REGION

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!

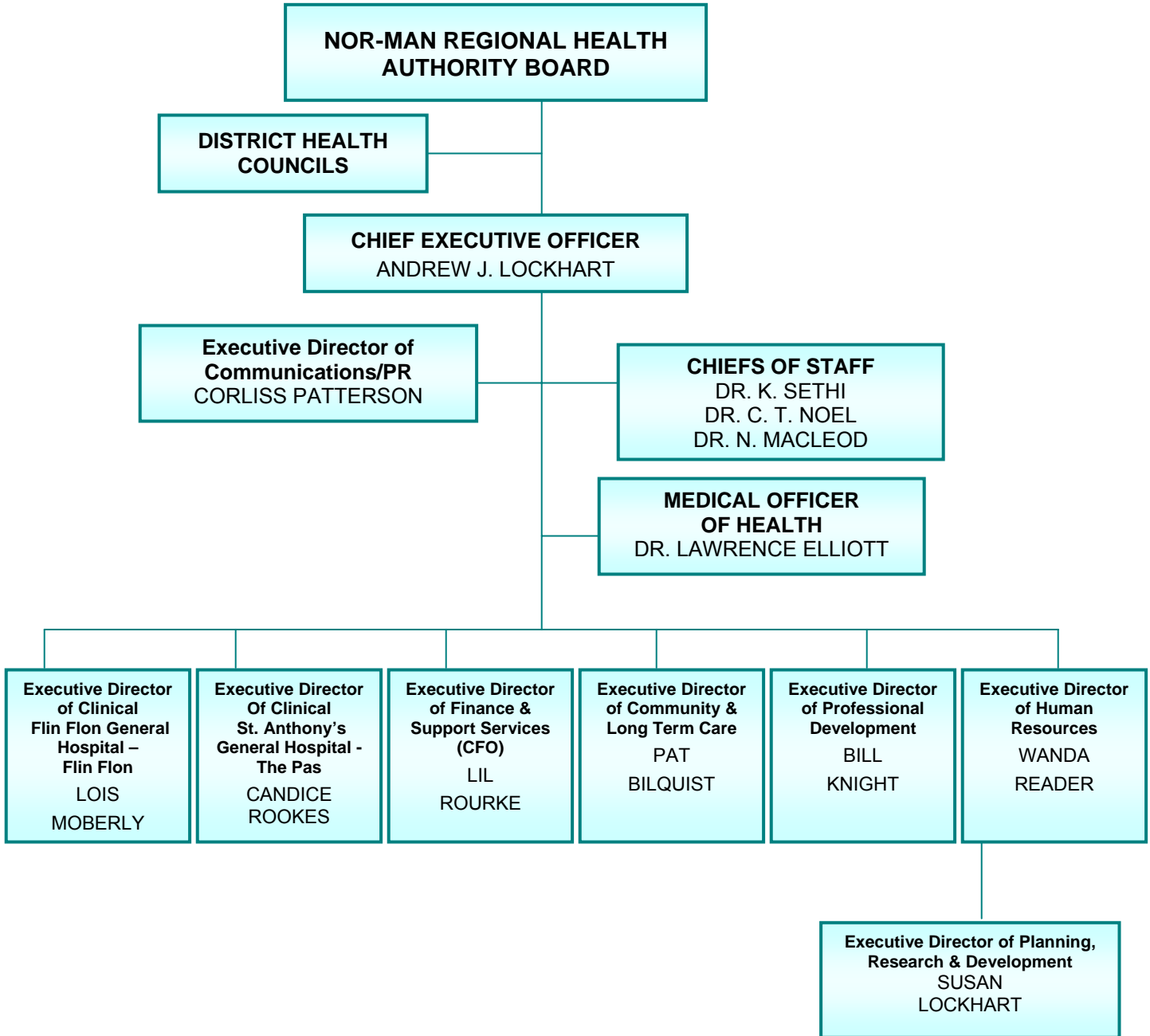
Serving the communities of:

- 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
2008-2009



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



**A Message from Marc Jackson
Board Chair**



September 2009

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, 2009.

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 and is formally approved at our Annual General Meeting. All material, economic and fiscal implications known as of March 31, 2009 have been considered in preparing the Annual Report.

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

A handwritten signature in black ink, appearing to read "Marc Jackson".

Marc Jackson
Board Chair

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



September 2009

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

Dear Mr. Jackson:

It is my pleasure to submit the 2008 / 2009 Annual Report for the Board's consideration.

The Board has been very much aware of our current fiscal difficulties due in large part to the lack of funding for our Northern Patient Transportation Program. Since the year 2000 NOR-MAN Regional Health Authority has had to redirect almost \$20 million from other programs to meet the increasing demands for medical transportation. The current funding arrangement is not sustainable.

On a more positive note, we have accomplished a great deal during this past year.

The Pas Dialysis department underwent a major transformation going from 4 to 10 dialysis stations, thus allowing us to treat up to 40 patients. Both Flin Flon and The Pas now have state of the art dialysis treatment departments. The other major capital projects included a new EMS facility in Grand Rapids and a pharmacy re-development in Flin Flon.

Both the Board and Management have made a significant commitment to improving patient safety. This has assisted us in once again getting a 3-year Accreditation Award from Accreditation Canada.

In partnership with the Town of The Pas, we received funding for a "wellness" concept for Phase 2 of The Town of The Pas multiplex. The centre will be a focal point where residents can make a positive change in their lives and improve their health.

Last year we made a strategic commitment to "going green." NOR-MAN RHA is now well-recognized and has received awards for our dedication to lessening our impact on the environment today and for tomorrow. Our newly formed "Green Team" will help us focus on making environmental stewardship part of our ongoing business.

This year began our third regional Community Health Assessment. The assessment will provide the information necessary to link health needs with resources available to achieve positive health outcomes for NOR-MAN residents. With the assistance of the Board and Management, I look forward to establishing our strategic direction for the next five years.

Sincerely,

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

Andrew Lockhart
Chief Executive Officer

BOARD PROFILES

Marc Jackson – 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 of the North (formerly Keewatin Community College) 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).

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 a Director on the Mamawetan Churchill River Regional Health Authority Board 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 Language 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.

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.

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.

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.

DISTRICT HEALTH COUNCIL MEMBERSHIP

Flin Flon DHC

Colleen Arnold
Jillian Betke-Besette
Katie Kawerski
Linda Lautamus
Charlene Logan
Laurel Mackie
Brenda Russell

The Pas DHC

Olga Baschak
Kim Gurba
Hazel Hyde
Audrey Maksymchuk
Cindy Nordick
Gladys Thorne

Easterville DHC

Diane Constant
Ethel McKay
Sherri Packo

Moose Lake DHC

Elsie Cooper
Pam McLeod



Snow Lake DHC

Anne-Marie Butt
Maxine Dodds
Gail Dupont
Barb Elliott
Shannon Elliott
Wanda Huff
John Humeniuk
Betty Rudd
Judy Steeves
Jackie Wheeler
Margaret Yoder

Cranberry Portage DHC

Melvina Dysart
June Haybittle
Kelly Jacobson
Elise Morin
Jessica Richardson
Dolores Samatte

Grand Rapids DHC

Alice T. Cook
Randy Huff
Connie Young

Cormorant DHC

Marcella Fenner
Edie Turner
Doreen Wishart



DISTRICT HEALTH COUNCILS

There are presently eight 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. Of note, Moose Lake formed a DHC in 2008-09. 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 consists of community members who are appointed by and report to the NRHA Board of Directors. Each DHC is assigned a staff liaison and a NRHA Board representative. Each year, we endeavor to hold a Retreat for the Board, District Health Councils & Senior Management. A Retreat for the Board, District Health Council members, Senior Management and the Community Health Assessment Advisory and Research Teams was held December 2008. The topic focused on the 2009-10 Community Health Assessment and 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 District Health Council accomplishments this past year:

- Flin Flon – Hosted an Emergency Preparedness community presentation; sponsored the P.A.R.T.Y. program; purchased Emergency Response Information Kits to distribute to the community; and sponsored the Body, Mind and Soul Women’s Conference.
- Cranberry Portage – Sponsored the Cranberry Portage Elementary School Healthy Snack Program; sponsored the children’s baseball program; assisted NOR-MAN Breast & Women’s Cancer Network on the Pink Project; and purchased equipment to promote active living for the Jubilee Seniors Club.
- Snow Lake – Sponsored the Winter Whoot Family Social, a Meet and Greet event and an after school snack program at the Family Resource Centre.
- Easterville - Preliminary planning is underway with the school for a Chronic Disease Fair in the fall of 2009.
- Grand Rapids - Assisted with a Culture Camp for youth; partnered with MB Hydro’s fishing derby and awareness day for the Heart and Stroke Foundation; and assisted with a “Family’s First Night” event on New Years Eve by working at the event and providing prizes for dance contests.
- The Pas - Sponsored additional ERIK kits for seniors and assisted with the building and distribution of the kits; hosted the Colorectal Cancer Information and Support evening; heard presentations from The Pas Recycling Centre, NOR-MAN Manitoba Health Liaison, Community Dietitian, Chronic Disease Prevention Initiative; and involved in the “Protect Your Pairs” program in The Pas.
- Cormorant - Sponsored a healthy snack during track and field day at Cormorant Lake School; and sponsored breakfast for Métis Days and “Protect Your Pairs” program.
- Moose Lake - Sponsored a community kitchen.

Future Strategies....

- Ongoing recruitment of new members.
- Continue to advise and assist the Board and the NRHA on community health issues and priorities.
- Continue to develop an annual priority plan to set priorities and guide operations.
- Ongoing participation in the 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

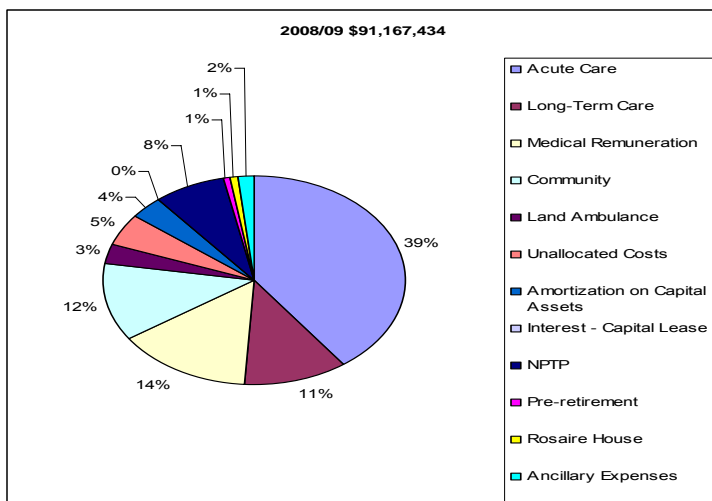
- ❖ *Ensure safety and quality of care by:*
 - *Creating a culture of patient safety;*
 - *Coordinating services across the continuum; and*
 - *Creating a work life and physical environment that supports the safe delivery of care.*
- ❖ *Ensure accountability within the health system.*
- ❖ *Ensure evidence-based 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

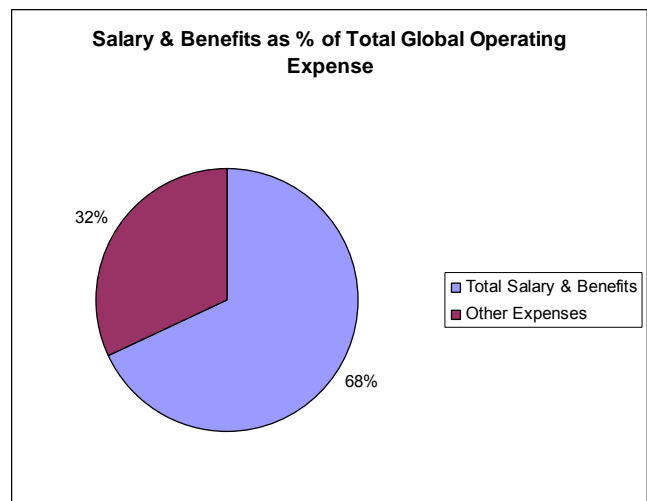
- **Community Health Assessment** – Regional planning is underway for our third CHA as required by legislation which must be submitted to Manitoba Health and Healthy Living by December 2009. Our CHA Advisory Team has been established and reports directly to the NRHA Board of Directors. Team membership includes representation from the NRHA Board of Directors and management as well as key stakeholders representation. Our CHA process began in December 2008 at a Retreat held for Board Members, DHC Members, Senior Management and CHA Advisory and Research Team members. **See Performance Story page 12**
- **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:
 - represented the Board in the Accreditation Canada survey process through the Governance CQI Team in May 2008. See results page

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: MHHL Management Information System

PERFORMANCE STORY ACCREDITATION CANADA SURVEY BOARD GOVERNANCE

The NOR-MAN Regional Health Authority underwent their third survey through Accreditation Canada in May 2008. Surveyors from Accreditation Canada were here for 5 days to speak with staff, observe our services and to meet our Continuous Quality Improvement Teams. As a result of their findings, NOR-MAN once again received Accreditation standing for the next 3 years. Some of the strengths and areas for improvement that were identified for the Board Governance CQI Team are as follows:

Strengths

- The Board is well supported and very supportive of senior leadership.
- The Board is recognized for its good work.
- Board policies and practices are well documented and understood.
- Board members report they have an excellent orientation both locally and regionally.
- The Board is well informed and it is able to keep the internal and external stakeholders informed.
- The Board is proud of the NRHA's community involvement and the work of their District Health Councils.
- Cultural awareness is evident, and the addition of Aboriginal Liaisons is valued by staff and Aboriginal partners.
- The NRHA is acknowledged as a good employer and a strong community partner according to the Board and District Health Council members.
- The Quality Scorecard has been identified as a best practice by Accreditation Canada and has been adopted provincially.

Areas for Improvement

- Most indicators in the Quality Scorecard are process, activity or health status indicators. The Board and senior staff recognize the need for more outcome indicators and they utilize health status indicators that are available from Manitoba Health. Some of the data is missing related to residents of Saskatchewan and some Aboriginal communities.
- Communication with community partners in other jurisdictions needs to be more consistent. There are some strong partnerships, but not all.
- Overall the risk areas NRHA faces are similar to those faced in other rural areas of Manitoba and Canada. Issues are further complicated by the poor health status of the majority of residents and complex jurisdictional issues with the Aboriginal communities and the province of Saskatchewan.
- The Board and senior leadership have minimal flexibility to shift resources to address priorities.

Overview by Standards Section	Organization Compliance Rate	National Compliance Rate
Governance	100%	88%
Proactive & Supportive Organization	100%	86%
Infection Prevention and Control	91%	91%
Managing Medications	96%	91%
Populations with a Chronic Condition	75%	78%
Child & Youth Population	100%	83%
Maternal/ Child Population	100%	75%
Emergency Department Services	72%	77%
Home Care	92%	75%
Long Term Care	92%	79%
Medicine Services	84%	72%
Mental Health Services	92%	77%
Obstetrics/ Perinatal Care	84%	80%
Operating Room	95%	91%



BOARD ENDS STATEMENTS

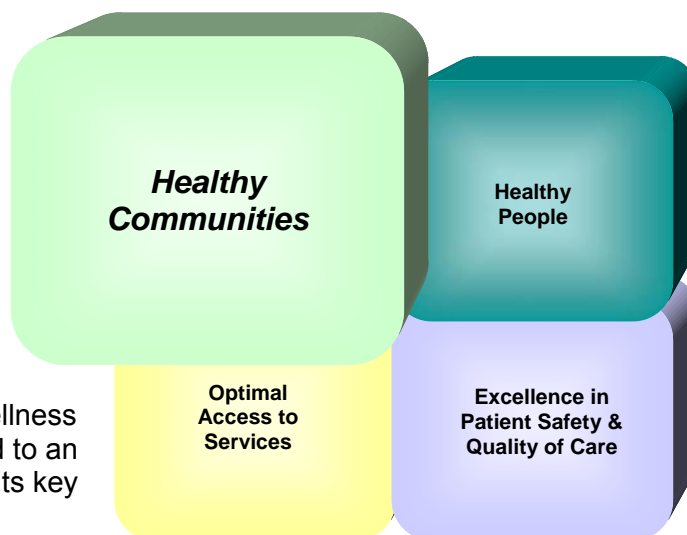
The NOR-MAN Regional Health Authority’s Mission is “Healthy People in Healthy Communities – Working Together to Improve Our Health”.

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.



Strategic 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.*

Operational Challenges....

- *Recruitment onto the DHC in both Grand Rapids and Easterville is becoming increasingly difficult. Presentations have been made to in the community and current DHC members have been attempting to recruit. Despite these efforts no new DHC members have joined the DHC.*
- *Recent financial issues for the community recycling centres have resulted in decreased or discontinued pick up to NRHA facilities, making the program difficult to maintain.*
- *NRHA does not have jurisdiction to provide community-based health services on reserve but does provide itinerant services where possible when requested.*

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 advertised 1-888 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 telephone numbers for easy access for our residents.

- Public Health Inspectors have been transferred from Conservation to MHHL under the direction of the Chief Medical Officer of Health in the summer of 2007. A Public Health Inspector was assigned to the Region in September 2008, and is based in The Pas. Our Medical Officer of Health works closely with the Public Health Inspector and the Swampy Cree Tribal Council (SCTC) Environmental Health Officer on environmental health issues.
- NRHA is very committed to environmental stewardship and has been involved in a number of projects during the past several years. [See Performance Story page 17](#)
- We currently have 8 District Health Councils (DHC) who meet monthly and continue to be an important link to our communities. Of note, Moose Lake formed a DHC in 2008/09. [See page 9](#)
- We continue to seek out new community partners and work with our existing community partners on a number of projects. Some milestones of note this past fiscal year include:
 - A Public Affairs Committee was established by the NRHA Board of Directors with the mandate in order to examine and address ways to improve our services through improved leadership and the development and maintenance of partnerships with clients, staff, key stakeholders, and the NOR-MAN communities.
 - We are an equity partner in North Forks Economic Development Authority.
 - We have been participating as a member of the Snow Lake Sustainable Community Plan Advisory Committee.
 - We have been actively involved in the development of the new Wellness Centre in The Pas. NRHA continues to have a representative on The Pas Wellness Centre capital project committee and the Town of The Pas Wellness Committee. We are committed to partner with the Town of The Pas in the development and delivery of unique programs at this new facility.
 - NRHA is a partner with the Swampy Cree Tribal Council (SCTC), Manitoba Keewatinook Ininew Okimowin (MKO) and Manitoba Métis Federation (MMF) Aboriginal Health Transition Fund (AHTF) projects. These projects are funded by Health Canada and administered by MHHL. The goal of these projects is to generate recommendations for developing policy on Aboriginal health and also to inform Health Canada on whether changes to the provincial health system are required to improve health status of Aboriginal populations.
- Regional planning is underway for our third Community Health Assessment (CHA) as required by legislation which must be submitted to Manitoba Health and Healthy Living by December 2008. [See Performance Story page 18](#)
- Youth Health Surveys for grades 6 to 12 have been administered in all but two schools in the NOR-MAN region in 2008-09, in conjunction with Healthy Child Manitoba, MB Department of Education, Partners in Planning for Healthy Living and Cancer Care Manitoba.
- Considerable effort has been made by NRHA staff and other external community partners to obtain external grants for priority initiatives within the region. In 2008-09, \$2,352,645 in grants were obtained. [See Figure 3 page 15](#)



FIGURE 3

NRHA PARTNERSHIPS – EXTERNAL GRANTS

Nature Grant	2008/09 Grant Values
Community Health Assessment	\$109,301
Aboriginal Health & Human Resource Initiative (AHHRI)	\$80,000
Chronic Disease Prevention Initiative (CDPI)	\$112,086
P.A.R.T.Y. Program	\$1,642
Risk Factor Surveillance	\$11,837
Children’s Therapy Initiative	\$123,200
Parent/Child Coalition	\$153,000
International Women’s Day	\$1,000
Employment Grants	\$14,667
Support Services in Group Living	\$34,119
MAAW <small>(Manitoba Addiction Awareness Week)</small> – Seniors & Addiction	\$450
The Pas Mentor Program – Stop FASD	\$167,000
Teen Health Services	\$75,000
URIS	\$15,489
Healthy Smile Happy Child	\$75,000
Retinal Screening Program	\$112,445
Retinal Screening – FNIB	\$29,202
Families First	\$324,500
Canadian Breast Cancer Foundation (Protect Your Pairs)	\$39,945
Play It Safer Network	\$82,500
HEIFER International	\$2,526
Flin Flon FASD Committee	\$2,250
Get Better Together	\$2,153
In-Motion	\$15,000
Young Women Aboriginal Sport Initiative	\$5,000
The Pas Wellness Centre	\$700,000
The Pas Homeless Shelter	\$78,000
Total	\$2,352,645

Source: NRHA Decision Support

Population and Services March 2009

NOR-MAN Populations Trends

Community	2006	2007	2008
Flin Flon	6179	6144	6013
Grand Rapids	699	687	685
RM of Kelsey	2569	2590	2508
Snow Lake	904	833	915
The Pas	7285	7138	7060
Chemawawin FN	605	619	671
Grand Rapids FN	389	406	425
Mathias Colomb CN	1223	1232	1242
Mosakahiken Cree Nation	388	401	433
Opaskwayak Cree Nation	1623	1631	1670
Unorganized Territories	2476	2478	2468
Totals	24,340	24,209	24,090

Source: Manitoba Health & Healthy Living June 1, 2008

NOR-MAN is currently home to 2.01% of the Manitoba population

Saskatchewan Population Trends

Community	2006	2007	2008
Flin Flon, SK	272	281	305
Creighton	1738	1720	1,784
Denare Beach	788	825	840
Peter Ballantyne CN	2099	2010	1,925
Pelican Narrows	1953	1989	2,121
Sandy Bay	1236	1240	1,287
Sturgeon Landing	48	52	60
Totals	8,134	8,117	8,322

Source: Saskatchewan Health June 30, 2008

Selected NOR-MAN Population Highlights

June 1, 2008

Number of Males		Number of Females	
14 & Under	3163	14 & Under	3048
15 – 64	7963	15 – 64	7830
65+	963	65+	1123

Selected Saskatchewan Population Highlights

June 30, 2008

Number of Males		Number of Females	
14 & Under	1359	14 & Under	1291
15 – 64	2692	15 – 64	2473
65+	250	65+	257

So What Services does the NRHA provide?

NRHA Primary Health Care Services

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

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

Flin Flon:

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

The Pas:

NRHA Primary Health Care Centre (623-9650) located at 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 (40 beds) which includes an 8 bed inpatient Adult Psychiatric Unit
- NRHA Flin Flon General Hospital (42 beds)
- NRHA Snow Lake Health Centre (2 beds)

Long Term Care:

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

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

Rosaire House Addictions Centre (The Pas):

- 20 bed residential addiction treatment centre

NRHA Community Health Centres:

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



PERFORMANCE STORY NRHA CONTINUES TO GO GREEN

Last year we reported that we 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. We are in the process of reforming a Green Team for the region. The Green Team will replace our previous Environment CQI Team and will focus on 9 key strategies:

1. Making environmental stewardship part of our ongoing business
2. Continually improving our performance in environmental stewardship
3. Demonstrating responsibility to our stakeholders.
4. Conserving, reusing and recycling.
5. Reducing and disposing of waste in a safe manner.
6. Buying safe and sustainable products.
7. Constructing green buildings.
8. Reducing energy costs and greenhouse gas emissions.
9. Minimizing environmental risk to the organization and communities.

Some of the highlights in 2008-09 include:

- NRHA continues to work closely with major industries, Manitoba Health, MB Conservation & communities regarding environmental concerns.
- Public Health Inspectors have been transferred from Conservation to MB Health under the direction of the Chief Medical Officer of Health in the summer of 2007. A Public Health Inspector was assigned to the Region in September 2008, which was very welcome news for the region.
- Due to elevated concentrations of some heavy metals in soil in Flin Flon area reported by MB Conservation in 2007, a comprehensive Human Health Risk Assessment is underway, with a final report expected in January 2010. Our Medical Officer of Health is involved with this study.
- All NRHA facilities continue to participate actively in community recycling programs. Although staff are keen, recent financial issues for the recycling centres have resulted in decreased or discontinued pick up to NRHA facilities, making the program difficult to maintain.
- The Energy Retrofit project is near completion with the following measures completed:
 - Lighting Retrofits.
 - Building Envelope
 - Parking Lot Controllers
 - Water Conservation
 - Ozone Generators
 - Solar Walls
- Our Energy Project was featured in the Fall 2008 edition of Healthcare World. We were also asked to profile our project at a provincial RHA Capital Planning Network Conference and the Health Senior Executive Council in Winnipeg in the fall of 2008.
- In the spring of 2009, we received an Award of Merit for our Energy Management Contract at the Consulting Engineers of Manitoba Gala in conjunction with MCW/AGE Consulting Engineers.
- All capital projects incorporate "green" building design elements with the goal of achieving LEED or "close to" LEED certification.
- The Pharmacy Renovation Project at Flin Flon General Hospital recycled approximately 33% of demolished material.
- The Grand Rapids EMS facility was awarded a Manitoba Hydro Power Smart designation in October 2008 as a result of achieving more than 25% energy efficiency through its green building design.

PERFORMANCE STORY COMMUNITY HEALTH ASSESSMENT

We have begun our third regional Community Health Assessment (CHA) journey in December 2008, with the hosting of a Board / Senior Management / District Health Council Retreat. Our mandate is to complete a comprehensive Community Health Assessment Team of the NOR-MAN region that will provide the data necessary to link health needs with resources available to achieve positive health outcomes for NOR-MAN residents. Our CHA report will guide the development of our 2011 – 2016 NRHA strategic plan.

Our CHA process is well underway with the 2009 report scheduled to be released by the end of December 2009. The majority of the quantitative data has now been received and our initial analysis of the required 111 core indicators has been completed.

Another source of useful information comes directly from our residents and staff. To date, we have been involved in the following community consultation activities:

- “Forces of Change Assessment” process has been completed in eleven (11) NOR-MAN communities.
- 53 Key Knowledge / Key Informant interviews have been completed.
- a total of 1,763 Youth Health Surveys have been completed (students from 16 different schools representing 6 different school divisions).

In the fall of 2009, we are also planning to hold a series of focus conversations throughout the NOR-MAN region on the topics of Chronic Conditions, Mental Wellness, Addictions, and Health System Performance.

The last important source of CHA information we will be including is our survey results from our upcoming health system performance survey and focus groups. This provides the opportunity for input from not only our patients / clients but also from our staff and physicians. This survey will help to identify our strengths and areas for improvement as well as providing survey respondent perspective on the top health issues in our region.

Also in conjunction with the release, of our 2009 CHA Report, we will launch our 2009/2010 “Did You Know” program based on key statistical data highlights that will create discussion and hopefully encourage action on the question - **“How healthy are NOR-MAN residents?”**



PERFORMANCE STORY WELLNESS CENTER

The NOR-MAN Regional Health Authority was asked to participate in Phase I of The Town of The Pas multiplex development/planning in 2002. Following this work, the NRHA was invited to be involved in Phase II of the multiplex (The Pas Wellness Center) development. From this involvement and the work that the NRHA was doing in the area of Chronic Disease Prevention, The Pas Wellness Centre concept was developed.

In partnership with the Town of The Pas, NOR-MAN Regional Health Authority actively lobbied the late MLA, Oscar Lathlin to seek funding for a “wellness concept” as Phase II of the Town of The Pas’ multiplex. On March 5, 2007 the Province announced funding to complete for Phase II of “wellness concept” and funding in the amount of \$700,000 was given to the Town of the Pas.

An agreement with The Town of The Pas was negotiated to include a physiotherapy clinic, two office spaces and use of the facility. The center will also be an access point for community members interested in these and other regional health services. Through this exciting partnership, NOR-MAN RHA will be able to increase access to the community by offering the following programs to be set up at The Pas Wellness Center.

- Ticker Challenge
- Heart Smart Cooking demonstrations
- Stress Management
- Walking programs
- Healthy Eating programs
- Quitting smoking programs
- Heart to Heart Program
- Prenatal programs
- Youth at Risk Programming
- Chronic Disease Prevention
- Risk Factor Screening (diabetes related)
- Flu Clinics
- Get Better Together
- Blood Pressure Clinics

The NRHA is committed to chronic disease prevention programs, with a goal of reducing chronic diseases such as diabetes, heart disease, strokes, cancer, and lung and kidney diseases. Chronic disease prevention focuses on promoting four controllable risk factors, which include healthy eating, physical activity, smoking awareness and mental well-being. The center will be a focal point where residents can make positive changes in their lives and improve their health while accessing an environment that will support the health changes that they are making in their lives.

This partnership with the Town of The Pas, will assist NOR-MAN RHA to move forward with its Chronic Disease Prevention programming, increasing access to a whole range of people in the community that normally one would not be able to access. The benefits for community members are through the strong partnerships and coordinated response to addressing the above modifiable risk factors: It directly links people in recovery and rehabilitation with ongoing opportunities for continued Chronic Disease Prevention Strategy/environment/setting and wellness in general. Additional benefits for the NOR-MAN RHA are; Access to more and diverse human resource (partnerships), Multidisciplinary resources that can partner with NRHA staff, selling point for recruitment, and an opportunity to embark on employee wellness programming.

“Preventing and managing chronic health conditions is everybody’s business ... currently more than 9 million Canadians or 1/3 of all youth and adults in Canada have one or more chronic health conditions. These conditions affect well being and quality of life and represent a significant and growing health care and economic burden for Canada”. The report concluded that to solve this it; ... requires a shift from a “find it and fix it” culture to a “prevent it, find it, and manage it” culture.”

(A Health Outcomes Report, Why Health Care Renewal Matters, December 2007)

The Wellness Centre is scheduled to open summer of 2009.

HEALTHY COMMUNITIES FUTURE STRATEGIES...

- Continue to support the operation of District Health Councils (DHC) in our region and to ensure our structure allows for community participation and priority setting. The DHC will be actively involved in the CHA Community Consultation process in 2009. Ongoing recruitment of new DHC members is a priority.
- Continue to nurture and improve the type and level of inter-sectoral initiatives and partnerships.
- Continue to seek out external grants for programming in priority areas.
- 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.
- Finalize the regional Community Health Assessment Report and submit to MHHL by December 31, 2009 and use data from CHA Report to guide the development of the 2011-16 Strategic Plan.
- Continue to work on strategies to increase resident knowledge of available health care services as well as how to access services.
- Reinstate a Green Team for the region. **See Performance Story page 17**
- Youth Health Surveys to be completed in the two outstanding schools who have not been surveyed (Easterville and Pukatawagan). Schools presentations will be completed in the fall of 2009 including the distribution of the schools and division specific reports.

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.



Strategic 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.*

Operational Challenges....

- *The Regional Diabetes Program (RDP) has been without a registered dietitian for over 3 years. Attempts at recruitment have been unsuccessful to date. To deal with these shortages we have contracted itinerant services with a company out of Winnipeg to provide both itinerant and telehealth services to clients with diabetes. Ongoing recruitment strategies is a priority.*
- *The Healthy Smiles, Happy Child Project was initiated through provincial funding which was scheduled to end March 31, 2009. This project employs a project coordinator that covers the Parkland and NOR-MAN RHA's. We are hopeful that we will receive ongoing funding for this program from MHHL as the long term goal of this project is to decrease the number of young children with early childhood caries and requiring oral surgery.*
- *The need for Mental Health Proctor services continue to increase every year. This para-professional service is needed in order to support and enhance independent social functioning for those persons living in the community with severe and persistent mental illness.*
- *Ongoing attempts to recruit an Audiologist have been unsuccessful. In the interim, we have accessed itinerant Audiologists to come to the region to provide services.*
- *An adult/ geriatric Speech Language Pathologist position is still an area of need that we continue to identify as a new initiative.*
- *Growth in specialized service areas, particularly in the specialties of CODI, FASD, Child and Adolescent Mental Health services and crisis services cannot be maintained without the addition of Human Resources. A wait listing formula has been created for Child and Adolescent Mental Health Services, which selects new referrals by level of need. Those high-needs clients are addressed within our existing standards for service initiation but clients with less intense needs are now waiting up to four weeks for initiation of service. MHHL has set a standard of a case load of 35 clients per worker; our case loads exceed 50 clients per worker. Requests for new positions in Mental Health have been identified in the Health Plan.*

Accomplishments.....

- *The Regional Diabetes Program (RDP) continues to provide prevention, intervention and support to those at risk of developing or living with diabetes in our region. The Risk Factor Complications Assessment and the Manitoba Retinal Screening programs have been integrated into the RDP. Waiting times to see the Regional Diabetes Program (RDP) is significantly less than in most other regions of the province. In the larger centers in our region, wait time is two to three weeks, although higher priorities are scheduled within a week.*

- In January 2007, the Manitoba Retinal Screening Vision Program (MRSVP), a wait time initiative, was undertaken. To date, we have done screenings in The Pas, Flin Flon, Channing, Cormorant, Wanless, Cranberry Portage, Sherridon, Grand Rapids, Easterville, Moose Lake and Snow Lake.
- We have completed year four of the Chronic Disease Prevention Initiative (CDPI). The NRHA has three District Steering Committees which continue to continue to implement initiatives relating to the three modifiable risk factors (smoking, physical inactivity and unhealthy eating).
- Primary Health Care staff continues to offer a number of programs and services related to chronic disease prevention including the Heart to Heart program, Get Better Together, group sessions on managing hypertension and cholesterol, weekly blood pressure clinics, Ticker Challenge, and “Catch Health” a chronic disease prevention/management group. PHC staff work closely with Acute Care staff to coordinate chronic disease programs and services to ensure seamless services to clients.
- The NRHA has a 0.5 EFT Smoking Reduction Coordinator committed to smoking prevention and cessation. Tobacco Tackle programs continue in schools in Flin Flon, The Pas, Cranberry Portage and Cormorant.
- We are an active participant on the Play It Safer Network. The Play It Safer Coordinator in conjunction with the Primary Health Care Centres has focused on education and information on HIV/AIDS, Hepatitis C, STI, safer sex, safer tattooing, body piercing and condom promotion at local bars and organizations. After much anticipation, the Graphic Novel was launched this past year with great success. Through the Graphic Novel, a calendar was also developed.
- Funding was received to implement “Protect Your Pairs”, an adolescent breast and testicular health fair targeted at high school students in our region.
- The Harm Reduction team worked in conjunction with the NRHA Workplace Safety and Health committee to secure and install receptacles for sharps disposal. These receptacles were placed at Snow Lake Health Centre, Flin Flon General Hospital, St. Anthony’s General Hospital and our Primary Health Care Centres in Flin Flon and The Pas.
- Interagency Suicide Prevention Networks continue to meet regularly in Flin Flon and The Pas. MHHL’s Mental Health Addictions and Spiritual Care Branch have produced a provincial Suicide Prevention Policy and a new Youth Suicide Prevention Strategy is being implemented in our Region.
- In partnership with the schools, RCMP and EMS, we continue to deliver the P.A.R.T.Y. program to grade 10 students in Flin Flon, Cranberry Portage, Snow Lake and Creighton. This hard-hitting hospital based program targets students to take responsibility for high-risk behaviors such as drinking and driving, drugs and driving, and not wearing a seatbelt or a helmet.
- Youth Health Clinics are now well-established in Flin Flon, The Pas and Cranberry Portage with outreach service to the schools and after hours services in the Primary Health Care Centres available for those higher risk youth not attached to the school systems.
- Breastfeeding committees in the region continue to meet. Projects/activities planned year round including breastfeeding week media campaign, poster campaigns, radio announcements, promotional materials and gifts given to breastfeeding mothers during breastfeeding week.
- 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 group activities.
- Family Resident Advisory Councils are in place in all NRHA Personal Care Homes. A family member or an elder chair each Council.
- NRHA has developed an Aboriginal Health Strategy and the status is reported annually to MHHL through the Health Plan. [See Performance Story page 26](#)
- NRHA participated in Accreditation Canada’s Work Life Pulse Survey in October 2007 with a 61% response rate. NRHA staff satisfaction rates were on par with national compliance rate.
- A Respectful Workplace Strategy has been implemented within the region which includes a multi-faceted program consisting of the following strategies: (1) Cultural Awareness; (2) Ethics; (3) Virtues Program; (4) Conflict Resolution; (5) Customer Service; (6) Non-violent Crisis Intervention; and (7) Stress Management. Respectful Workplace sessions are held with all departments within the NRHA.
- The Human Resources Team continues to promote employee wellness initiatives throughout the region including such programs as Employee Assistance, Attendance Management, Respiratory Protection, Disability Management, Smoke Free Workplace, Smoking Cessation/ Commit to Quit, Hearing Conservation, Physical Activity challenges, Staff Health, Employee Wellness Clinics, Healthy Food Policy, Staff Recognition activities and monthly Health Bulletins.



FIGURE 4 MOBILE BREAST SCREENING PROGRAM RATES

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 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)

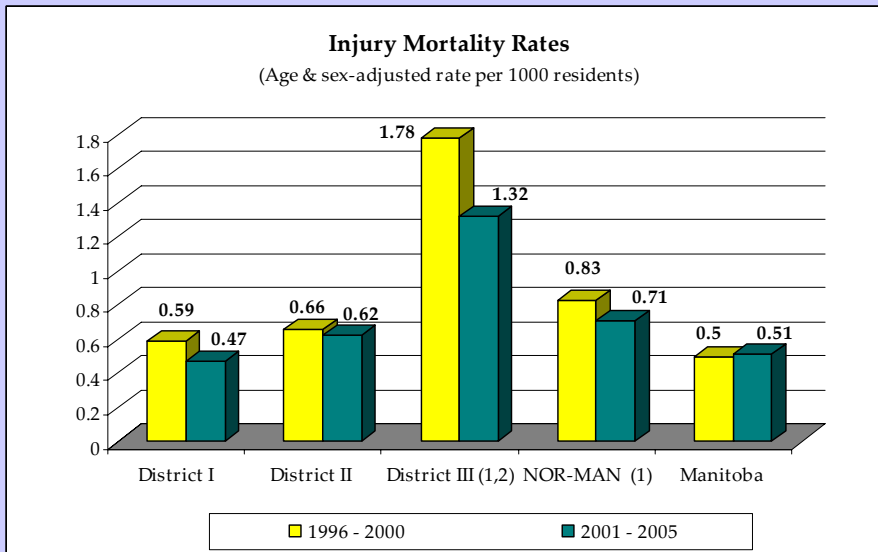
FIGURE 5 IMMUNIZATION RATES

	2003	2004	2005	2006	2007
DaPTP-HIB > 1yr	81% (81%)	74% (80%)	73% (79%)	80% (80%)	74% (80%)
DaPTP-HIB 2yrs	68% (69%)	68% (70%)	67% (68%)	67% (71%)	88% (73%)
DaPTP-HIB 7yrs	79% (76%)	77% (71%)	74% (69%)	82% (71%)	78% (73%)
MMR 2yrs	84% (86%)	89% (86%)	88% (85%)	87% (85%)	85% (86%)
Measles 7yrs	83% (81%)	82% (76%)	82% (75%)	87% (79%)	94% (80%)
Mumps/Rubella 7yrs	95% (95%)	93% (92%)	90% (95%)	97% (92%)	94% (92%)
Complete for Age - 17yrs	52% (48%)	57% (52%)	58% (64%)	65% (64%)	61% (64%)

Definition: % of NOR-MAN children receiving required immunizations as per the routine immunization compared to the Manitoba rate (Manitoba rate in brackets)

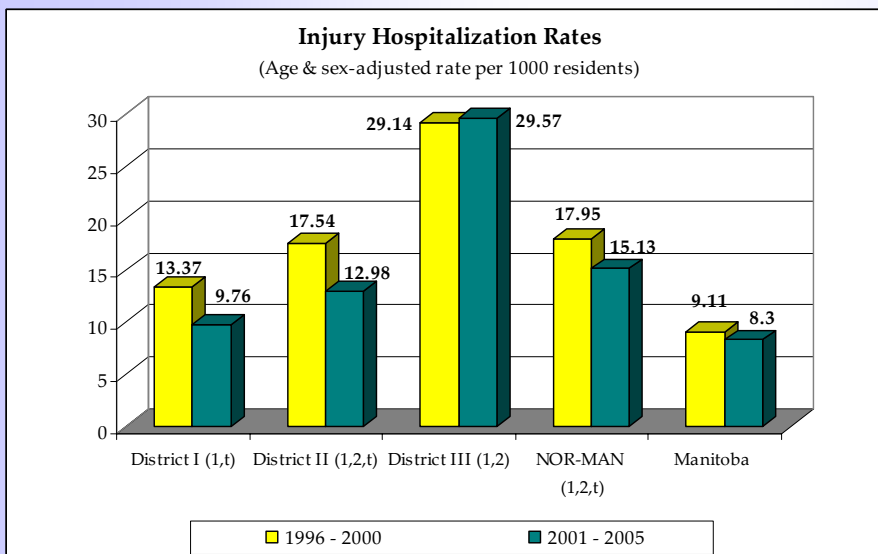
Data Source: Manitoba Immunization Monitoring System (MIMS), Annual Report 2007

FIGURE 6 INJURY DATA



The NOR-MAN Injury Mortality Rate is statistically different; it is higher than the Manitoba rate during the 1996-2000 time period. Overall, the NOR-MAN rate has shown a decrease over time; however the District III rate was statistically different, higher than the Manitoba rate in both reporting time periods.

"1" indicates area's rate was statistically different from Manitoba average in the first time period
 "2" indicates area's rate was statistically different from the Manitoba average in the second time period
 "t" indicates the change over time was statistically significant for that area
 Data Source: Manitoba Centre for Health Policy, 2009 RHA Atlas



The NOR-MAN Injury Hospitalization Rate is statistically different; it is higher than the Manitoba rate during both time periods. **The good news is that the change over time was statistically significant and this change has been a decrease.** This decreasing trend has been shown for all but District III, which has seen a small increase in hospitalization rates.

"1" indicates area's rate was statistically different from Manitoba average in the first time period
 "2" indicates area's rate was statistically different from the Manitoba average in the second time period
 "t" indicates the change over time was statistically significant for that area
 Data Source: Manitoba Centre for Health Policy, 2009 RHA Atlas

District Composition:

District I
 Flin Flon
 Cranberry Portage
 Snow Lake

District II
 The Pas
 OCN
 R.M. of Kelsey excluding Cranberry Portage

District III
 Cormorant
 Sherridon
 Grand Rapids / Misipawistik Cree Nation
 Easterville / Chemawawin Cree Nation
 Moose Lake / Mosakahiken Cree Nation
 Pukatawagan / Mathias Colomb Cree Nation



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%)	59%
	2006	25	17 (68%)	15 (60%)	88%
	2007	37	25 (68%)	13 (35%)	52%
	2008	33	20 (61%)	13 (39%)	65%
The Pas	2005	52	44 (85%)	27 (52%)	61%
	2006	36	27 (75%)	20 (56%)	74%
	2007	75	36 (48%)	28 (37%)	78%
	2008	57	44 (77%)	21 (37%)	47%
Snow Lake Sherridon Cr. Portage Cormorant	2005	17	12 (71%)	<i>suppressed</i>	<i>suppressed</i>
	2006	7	<i>suppressed</i>	<i>suppressed</i>	<i>suppressed</i>
	2007	14	11 (79%)	5 (36%)	45%
	2008	16	11 (69%)	8 (50%)	73%
Totals for	2005	102	83 (81%)	46 (45%)	55%
	2006	68	49 (72%)	37 (54%)	76%
	2007	126	72 (57%)	46 (37%)	64%
	2008	106	75 (71%)	42 (40%)	56%

Source: NRHA

**This data reflects only communities that transferred to the RHA
Data is based on manual counts for only the births in the first six months of each year.
Counts under 5 are suppressed but included in total aggregate counts.*

In 2008, there was an increase in the percentage of mothers initiating breastfeeding from the last audit from 57% to 71%. In addition, 56% of mothers continued to breastfeed at 4 months.

PERFORMANCE STORY ABORIGINAL HEALTH

NRHA has an Aboriginal Health Strategy in place and a status update is reported annually to Manitoba Health and Healthy Living as part of our Health Plan. Our Plan includes 4 key objectives:

1. Improved Partnerships and Linkages
2. Creating a Culturally Sensitive Environment
3. Improvement of Aboriginal health
4. Recruitment and Retention of Aboriginal People

Some of the highlights from 2008-09 include:

- We are a partner in the Swampy Cree Tribal Council (SCTC) Aboriginal Health Transition Fund (AHTF) Round Table. 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.
- In partnership with Manitoba Keewatinook Ininew Okimowin (MKO), Burntwood and Churchill Health Authorities, CancerCare Manitoba, the Northern Medical Unit, NRHA is participating in the AHTF project with the goal to develop a Northern Manitoba Aboriginal Health Strategy.
- We are a partner in the Manitoba Métis Federation (MMF) AHTF project which involved the establishment of a Regional Knowledge Network. The Knowledge Network is in the process of identifying regional health priorities based on a review of the Manitoba Centre for Health Policy's upcoming deliverable titled *Manitoba Métis Health Services and Health Services Utilization Study*.
- We were successful in receiving funding through the Aboriginal Health Human Resource Initiative through Health Canada, First Nation Inuit Health Branch. Funding is for a two year project which began in March 24, 2008 in partnership with Opaswayak Health Authority (OHA). An Aboriginal HR Coordinator has been hired through OHA to work regionally on three key areas: 1. Cultural Awareness for NRHA staff, physicians and volunteers; 2. Recruitment and Retention of Aboriginal People; and 3. Building Partnerships and Linkages.
- NRHA's Representative Workforce Program is in place in partnership with Aboriginal and Northern Affairs and Manitoba Advanced Education and Training. The program facilitates the participation of northerners into healthcare occupations, with the ultimate goal of developing recruitment strategies and programming to create a representative workforce.
- The three northern RHAs hosted a summer camp in July 2008 for northern grade 12 students. Objective of the program was to promote healthcare careers and introduce the students to both work and university environments.
- NRHA does not have jurisdiction to provide community-based health services on reserve but does provide itinerant services if possible and if requested. Ongoing partnerships with Aboriginal agencies are a priority for the RHA. Programs provided in 2008-09 included Health Promotion/ Education, Tobacco Reduction Program, Families First, Happy Smiles/ Happy Child, Public Health Services, Chronic Disease Management, Women's/ Youth Health Clinics (Cormorant & Cranberry Portage), Itinerant Medical Officer Of Health services, Diabetes Education Resource, Pediatric Speech Language, Mental Health, Home Care, Midwifery (weekly clinic in Moose Lake), Palliative Care, Manitoba Retinal Screening Vision Program, Risk Factor and Complication Assessment and Community Trauma Team.
- Through funding provided by FNIHB, the Manitoba Retinal Screening Vision Program has been able to extend regular services to the First Nation communities of Mosakahikan, Opaskwayak, Chemawawin, and Misipawistik Cree Nations. From January to December 2008, a total of 453 clients were screened. Of those screened 30 (10%) were referred to Retinal Specialists, 6 (2%) to Glaucoma Specialists, 26 (8%) to General Ophthalmologists, 20 (6%) referred directly to an Optometrist, and 12 (4%) referred to their Family Physician.
- We have completed year four of the Chronic Disease Prevention Initiative (CDPI). The NRHA has three District Steering Committees which continue to continue to implement initiatives relating to the three modifiable risk factors (smoking, physical inactivity and unhealthy eating).
- The 2008 Manitoba Breast Screening report revealed a 60% two-year participation rate in the NOR-MAN region. 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 four 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.

PERFORMANCE STORY

CHA DATA SUPPORTS NOR-MAN HEALTHY INITIATIVES FUNDING REQUEST

The NOR-MAN Regional Health Authority (NRHA) shared our 2004 Comprehensive Community Health Assessment (CHA) Report widely in each NOR-MAN communities as well as within our organization. The NRHA CHA Report is available in a number of different formats – web-based, print and CD format. Copies of our report were distributed to over 175 individuals, organizations and agencies with an open invitation to use the report and specifically the statistical data as background information to support new and ongoing projects.

To date the NRHA 2004 CHA Report has been used to secure funding for numerous projects at the community level as well as at our organizational level. A couple of examples of success stories are:

- Numerous community based In Motion grants valued at \$26,500 were received during the last fiscal year.
- The Pas Homeless Shelter received grants from both the Federal and Provincial Governments valued at \$ 799,995.
- Play It Safer Network received grant funding from the Public Health Agency of Canada totaling \$154,721 to the end of March 2007 – a proposal has been submitted for an additional \$60,000 for the 2008/09 fiscal year.
- The Town of The Pas Wellness Centre received Provincial Government funding valued at \$700,000.
- NOR-MAN Breast & Women’s Cancer Network received grant funding from the Canadian Breast Cancer Foundation Community Grant program valued at \$39,945 for this fiscal year 2008/09 to deliver “Protect Your Pairs” throughout the NOR-MAN region.
- NRHA Teen Health Clinic funding from Healthy Child Manitoba valued at \$195,810 for a 3-year period.

HEALTHY PEOPLE FUTURE STRATEGIES...

- Continue to focus on NRHA health promotion and prevention initiatives.
- Continue to focus on Aging in Place initiatives.
- Continue to develop strategies to increase the number of mothers that initiate and maintain breastfeeding after 4 months. **See Figure 7 Page 25**
- Continue to seek out opportunities to provide itinerant Regional Diabetic Program dietitians (RDP) and audiology services due to the chronic vacancies.
- Continue to develop strategies to implement the P.A.R.T.Y. program in the communities of The Pas and OCN.
- Finalize our injury prevention strategy.
- Activities for year five, the final year of the Chronic Disease Prevention Initiative, are currently being planned in consultation with the three district steering committees.
- Activities for year one of the Northern Healthy Foods Initiative are currently being planned with the three CDPI district steering committees.
- Continue to work on integration models to better coordinate chronic disease programs and services to ensure seamless services to clients.
- NRHA has been selected by Healthy Child Manitoba to host a new Stop FASD program in Flin Flon. This program will mirror the work being done in The Pas. We will hire and train staff during the summer and will be ready to implement the program in fall of 2009.
- NRHA has been selected to pilot the roll-out of the provincial HIV community support program, sponsored through Nine Circles Health Centre in WRHA. Specialized education for staff will begin in June 2009.
- An Elder Abuse Video launch will take place in June 2009. Senior's Team members assisted in the development of the video in conjunction with the provincial committee.
- A New Horizons for Seniors Grant funding has been received by the Senior's Team. Funding will be used to establish a senior's advisory group that will plan activities for seniors who are most at risk for social isolation. The goal of this project is to create a supportive environment within the community for seniors and elders who may have limited or no social contact. It will provide additional seniors related social and recreational opportunities within the community and empower seniors to take control over the activities they would like to take part in. This program will encourage community partnership that will foster long term relationships in the community.
- P.I.E.C.E.S. training has taken place for management and professional staff across the region. The next phase of education is scheduled for Home Care Direct Services Workers.
- Supportive Housing is tentatively scheduled to begin in the spring of 2010 with renovations already in process.
- The HR CQI Team reviewed the Work Life Survey results from the Accreditation Canada Report and staff focus groups are being held to address three categories (leadership, communication and healthy workplace) to better understand the concerns of staff.

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.



Strategic 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.*
- *NRHA has the oldest acute care facilities in the province. Our facilities are at the end of their useful lifespan and we continue to experience space restraints, operational inefficiencies and safety and security issues. Over the past several years, we have completed several capital projects and this will continue to be a priority for the region in the coming years.*

Operational Challenges....

- *We continue to have challenges with our Primary Health Care data base and statistical collection given the volume of service delivery and number of health care providers accessing the system. The database is currently being redesigned to make it easier to use, more truly reflective of the work we do, and more effective in both its capture of and reporting of data. This work has been an ongoing project over the past year and will continue into the next year.*
- *The Pas Dialysis Department relocated to the third floor in April 2008 with the number of stations increased from 4 to 10 stations. Due to staffing shortages only 6 out of 10 stations are currently being used with 12 patients a day being treated and a caseload of 24 patients. We are still short a 1.4 RN position to be able to open all 10 units.*
- *Continue to advocate for adequate funding for the NPTP program. We continue to experience a significant deficit in the NPTP program. This is a provincial program which is grossly under funded and we have little ability to control costs.*
- *Our basic and specialized equipment is aging with many critical pieces of equipment being at their end of their useful lifespan. The basic equipment allocation is insufficient to be able to strategically plan for replacement. Of note, in the 2009-10 budget process, we had \$1,005,830 in requests for basic equipment yet our funding allocation is at \$272,000. The basic equipment provision is also not sufficient to allow for the ever greening of equipment. 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.*
- *NRHA's investment in Information Technology has been at .55% of our total budget for the past several years. The national benchmark is 4%. In addition, we have the second lowest budget allocation dedicated to IT in comparison to the rest of the Regional Health Authorities in Manitoba. Due to our ongoing deficit, we have been unable to invest more into information technology to keep up with the national or provincial benchmark. More funding needs to be provided provincially to help support IT advancements in the province.*
- *Due to increasing demand for Telehealth in The Pas it has put significant strain on our staff, resources and room scheduling.*

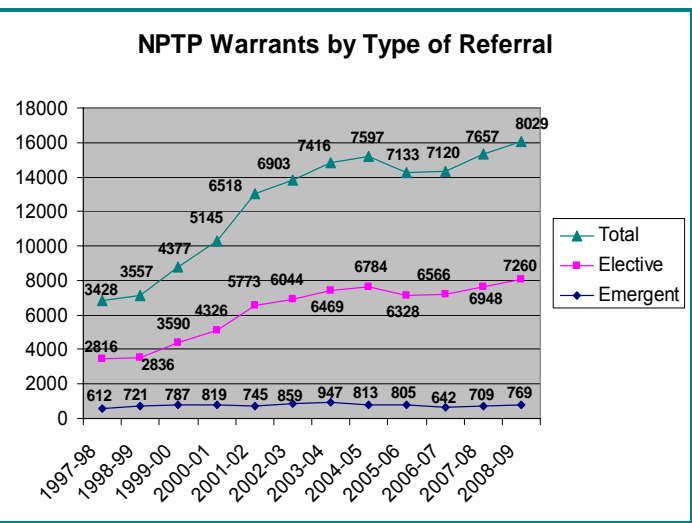
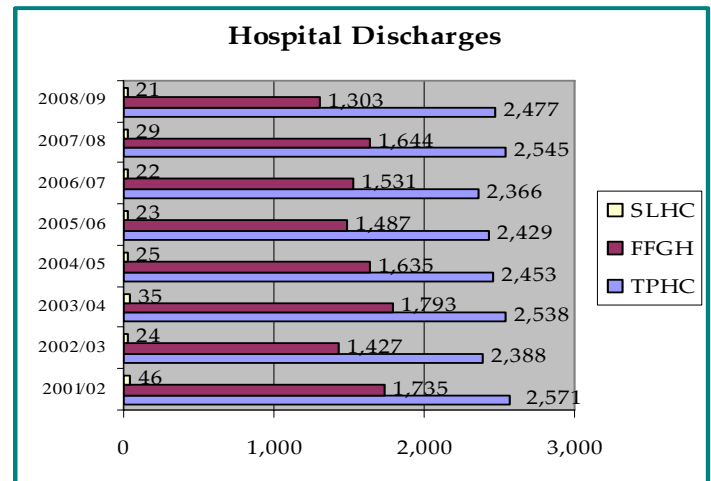
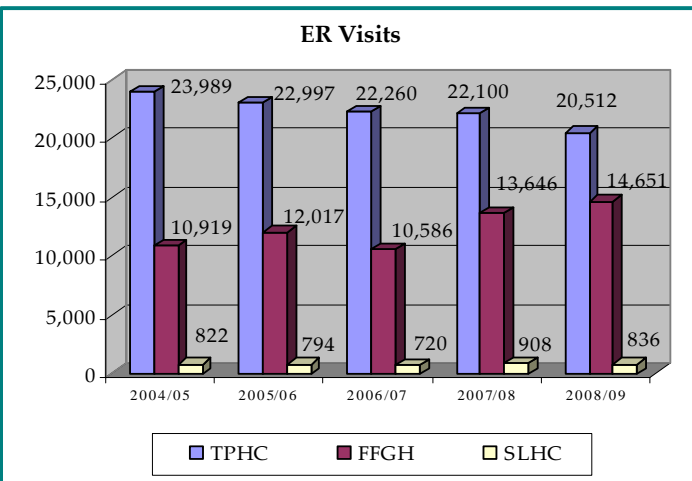
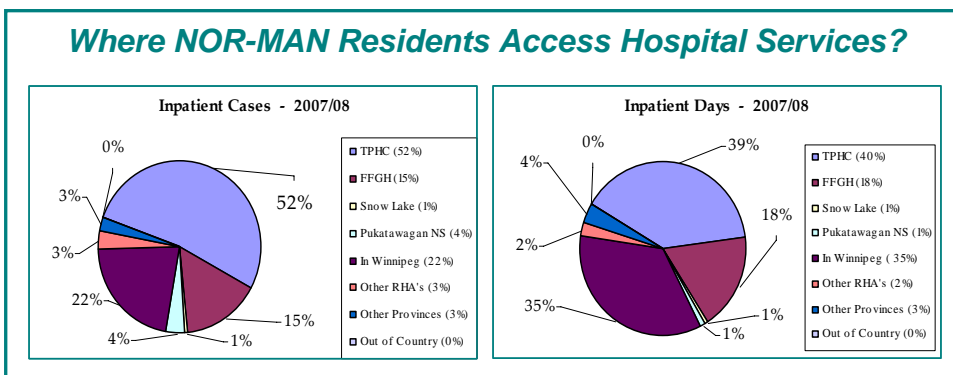
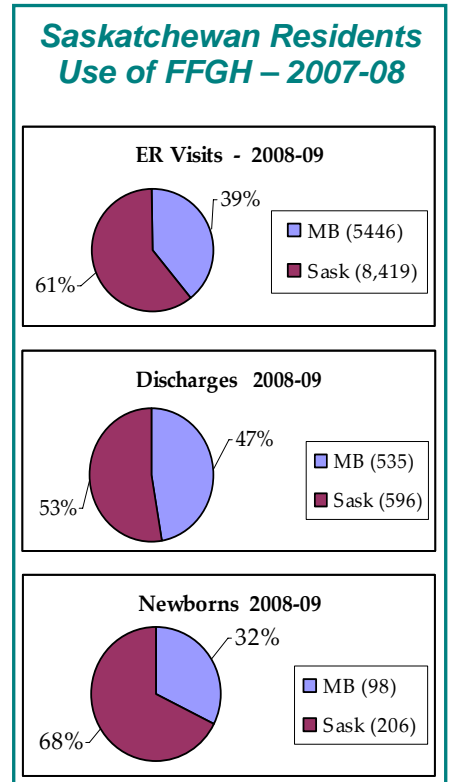
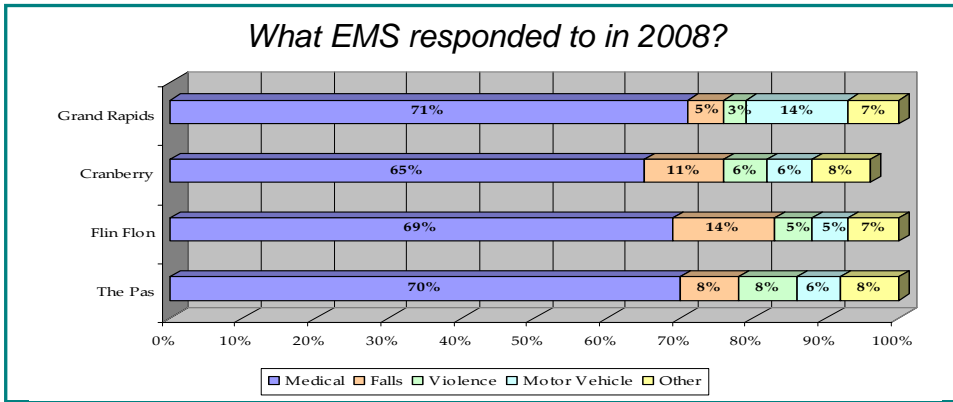
Accomplishments.....

- In 2008-09, we completed a number of capital improvements totaling \$1,540,243. Of note, we successfully completed one major project in Grand Rapids with the construction of a new EMS facility for the community. **See page 48**
- We continue to work with outlying communities to identify and offer needed onsite/ itinerant services and resources. Programs provided in 2008-09 included Health Promotion/ Education, Tobacco Reduction Program, Families First, Happy Smiles/ Happy Child, Public Health Services, Chronic Disease Management, Women's/ Youth Health Clinics (Cormorant & Cranberry Portage), Itinerant Medical Officer Of Health services, Diabetes Education Resource, Pediatric Speech Language, Mental Health, Home Care, Midwifery (weekly clinic in Moose Lake), Palliative Care, Manitoba Retinal Screening Vision Program, Risk Factor and Complication Assessment and Community Trauma Team.
- We continue to implement our Primary Health Care model in the region which focuses on the four pillars of Primary Health Care (1. Team Approach; 2. Access; 3. Healthy Living; and 4. Community Involvement). PHC services are coordinated through 4 multidisciplinary teams (Infant and Child Team, Youth and Women's Team, Men's Team and Senior's Team).
- In 2008-09 the NRHA offered a number of itinerant specialty clinics in the region totaling 155 physician days and 70 allied health professional days. The availability of these services not only saves NPTP dollars, but also provides the opportunity for residents to access services locally. Clinics included the following areas of specialty: Orthotics, Child Development, Psychology, Psychiatry, Internal Medicine, Surgical Program, Gastroenterologist, Pediatric Dental Program, and Mobile Breast Screening Unit.
- We saw a 3% increase in the number of CT procedures from 2,810 in 2007-08 to 2,883 in 2008-2009. Of these cases, 7% of scans were for inpatients, 6% for emergent cases and 87% by referrals. The current NRHA wait time for CT is three weeks compared to the Manitoba wait time average of five weeks. **See Figure 8 page 32**
- IT upgrades in 2008-09 included the completion of a vulnerability assessment; network servers upgraded to 6.5; VPN successfully implemented; installation of new servers; implementation of the hard drive encryption project; and replacement of existing antivirus program.
- Telehealth sites in Flin Flon and The Pas continue to be among the busiest in the province with The Pas site experiencing a surprising increase in total utilization of 30% this year. **See Performance Story page 35**
- NOR-MAN's Patient Care Documentation Initiative, Charting by Exception (CBE), is in development for region-wide implementation encompassing all program areas. The system will support the introduction of Care Maps and is intended to readily adapt to an electronic patient record. A phased introduction of the system began in the fall of 2006.
 - Acute Care implementation is complete.
 - Long Term Care is near completion.
 - Primary Health Care Client Record is been transitioned from a multiple program-specific records to a single integrated record and is nearing completion.



RESPONSIVENESS STATISTICS September 2009

Source: NRHA Quality Scorecard



Newborn Bed Occupancy Rates

Years	FFGH	TPHC
2008/09	15%	23%
2007/08	15%	27%
2006/07	18%	25%
2005/06	18%	24%

Hospital Bed Occupancy Rates

Years	FFGH	TPHC
2008/09	36%	57%
2007/08	44%	60%
2006/07	39%	57%
2005/06	51%	62%

FIGURE 8 CT EXAMINATIONS UTILIZATION BY CATEGORY

Year	In-Patients	Emergency	Referred In	Total
2005-06	169 (7%)	95 (4%)	2238 (89%)	2502
2006-07	151 (6%)	98 (4%)	2246 (90%)	2495
2007-08	199 (7%)	157 (6%)	2454 (87%)	2810
2008-09	213 (7%)	164 (6%)	2506 (87%)	2883

Data Source: NRHA Diagnostic Imaging

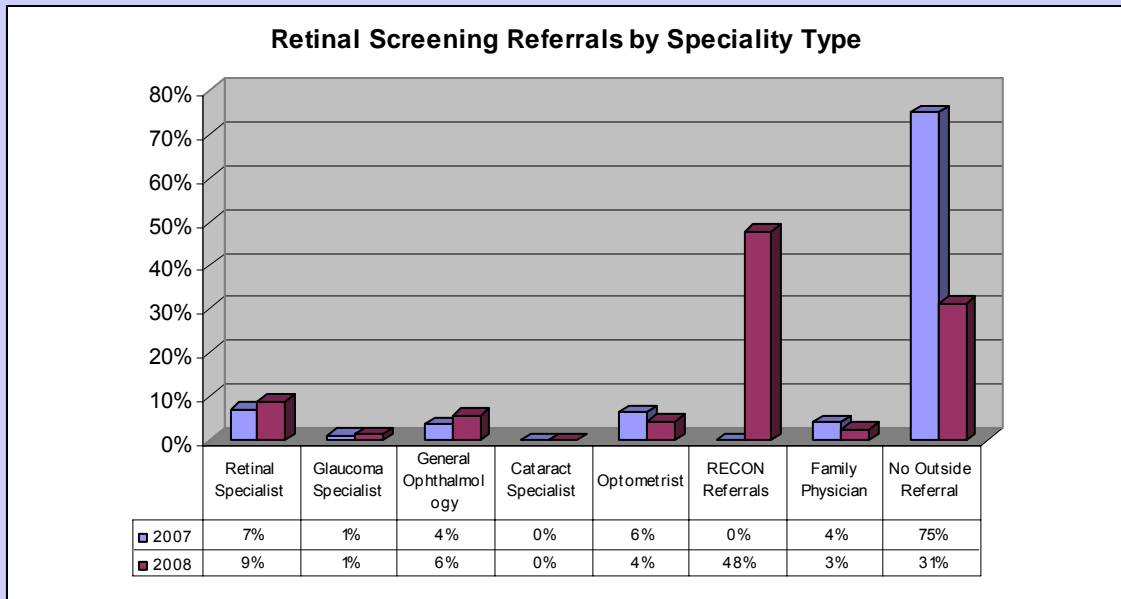
FIGURE 9 AVERAGE WAIT TIMES AND/OR WAIT LISTS FOR SPECIFIC PROGRAMS

Program Area		Wait Time
Physiotherapy (The Pas)	Priority	24 days
	Non-Urgent	44 days
Physiotherapy (Flin Flon)	Priority	14 days
	Non-Urgent	25 days
Audiology		71 people
Speech Language Pathology	Flin Flon	1 to 2 months
	The Pas	2 to 4 months
DER	The Pas	2 week or less
	Flin Flon	2 weeks or less
	Snow Lake	6 weeks or less
	Outlying Communities	6 - 8 weeks or less
Mental Health	Children/Youth	3- 4 weeks
	Adult	1 week
Rosaire House		91 on wait list (annual average) - 8 week wait time (improvement of 1 weeks over 2007-08)
Home Care	HCA/HSW	4 people
	Nursing Services	5 people
CT Scan – The Pas		2 weeks (MB = 6 weeks)
Ultrasound –The Pas		6 weeks (MB = 7 weeks)
Ultrasound – Flin Flon		2 weeks
X-Ray – The Pas		Same Day
X-Ray – Flin Flon		Same Day
Long Term Care (July 2009)		17 people - Flin Flon 3 people - The Pas

Source: NRHA Responsiveness Scorecard 2009



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



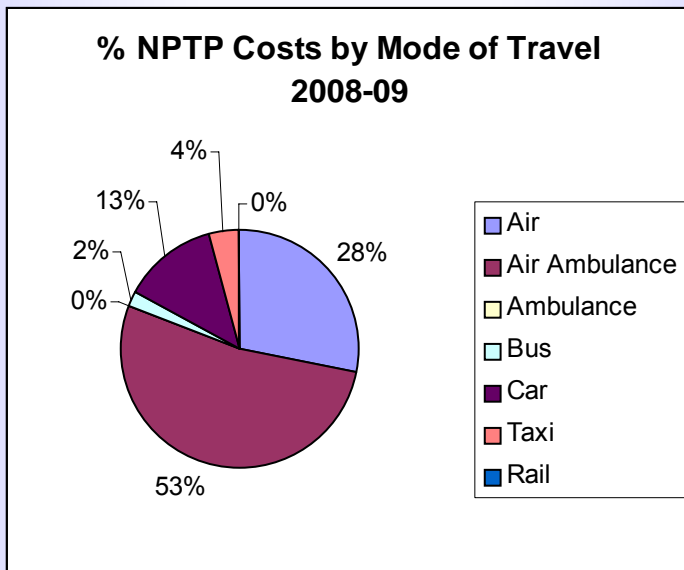
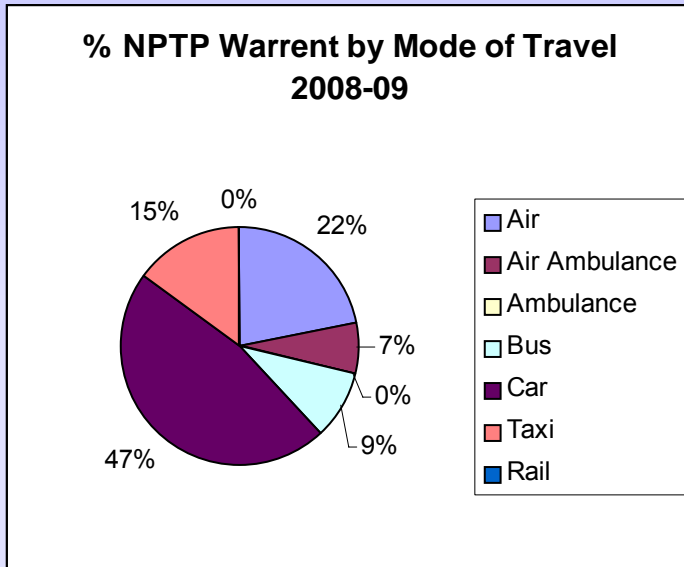
Source: NRHA Responsiveness Scorecard, 2009

FIGURE 11 MBTELEHEALTH NETWORK UTILIZATION RATES

Session Type	Flin Flon		The Pas		Snow Lake		Manitoba	
	#	%	#	%	#	%	#	%
2008-2009								
Clinical	312	43.5%	424	48.6%	41	33%	5778	18%
Education	190	26.5%	270	31.1%	27	21.7%	1494	21%
Administration	198	27.6%	171	19.7%	56	45.1%	951	29%
Other	17	2.3%	1				197	-21%
Total	717	(+9%)	866	(+30%)	124	(+8%)	8423	(19%)
		% Change		% Change		NRHA Total		% Change
2007-2008	656	+23%	660	+0%	115	1431	7176	+20%
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, 2008/09 Fiscal Year

FIGURE 12 NORTHERN PATIENT TRANSPORTATION PROGRAM



Date Source: Responsiveness Scorecard 2009

Note: The total number of warrants has increased by 134% from 3428 warrants in 1997-98 to 8029 warrants in 2008-09. Warrants for emergent reasons have remained fairly stable over the 12 year period. Warrants for elective procedure have been the main factor for the increase in the number of warrants increasing by 158% from 2816 warrants in 1997-98 to 7260 in 2008-09.

The largest mode of NPTP travel continues to be by car at 47% followed by commercial air at 22%.

The largest driver of NPTP costs continues to be air ambulance. In 2008-09, 7% of all travel warrants were for air ambulance yet it accounted for 52% of the total NPTP budget.

PERFORMANCE STORY TELEHEALTH

The Telehealth sites in Flin Flon and The Pas continue to be among the busiest in the province. In 2008-09, total regional telehealth utilization increased by 19.3% compared to 7.4% in the previous year. The Pas site experienced a surprising increase in utilization of 30% this year. Utilization in Flin Flon and Snow Lake growth was more manageable at 9 and 8% respectively. Regional utilization increases are expected to be more modest in future years with a goal of 10 – 15% being targeted.

Clinical appointments rose dramatically in The Pas from 275 last year to 424 in 2008/09, an increase of 54.2%. Clinical services as a percentage of total utilization increased to 43.5% in Flin Flon and 48.6% in The Pas but declined somewhat in Snow Lake to 33%. While the percentage of clinical utilization in NRHA is lower than the network percentage, this is again the highest percentage we have achieved to date.

NOR-MAN's unique telehealth dermatology clinic continued to grow in popularity and accounts for a large portion of total clinical usage. New Telehealth clinical services introduced in the region this year included:

- Expanded speech therapy services for clients of the Society for Manitobans with Disabilities
- Pediatric TB follow-up clinics
- Adult Orthopedic Surgery
- Pediatric Bleeding Disorders

While this year's high utilization growth in The Pas indicates growing acceptance of Telehealth as an important communications tool for the region, it has put increasing strain on support staff at that site and caused significant challenges for room and resource scheduling. These issues are being partially addressed by the establishment of a dedicated telehealth clinical room in The Pas Health Complex, scheduled to come on line in the summer of 2009.

Future initiatives identified to Manitoba Telehealth for telehealth growth within the region include:

- Expansion of Telehealth services to the Primary Healthcare Centres in The Pas and Flin Flon.
- Expansion of Telehealth services to the NRHA operated health centres in Cranberry Portage, Cormorant and Sherridon.
- Expansion of Telehealth service to provincial Nursing Stations and Health Centres that are not operated by the NRHA. These centres include: Grand Rapids, Easterville, Moose Lake and OCN.

OPTIIMAL ACCESS TO SERVICES 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 page 34 and Figure 21 page 50**

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.



Strategic 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*

Operational Challenges.....

- *Recruitment of staff and physicians continue to be one of NRHA's biggest challenges. Positions vacant greater than six months include RNs, RPNs, HCA, Midwife, Nurse Practitioner, Physicians, Audiologist, Respiratory Therapist, Occupational Therapist, Primary Health Care BN in Cranberry Portage, and Dietitian. Recruitment hotspots include Physicians, Obstetrics Nurses, Dialysis Nurses, Psychiatric Nurses, Regional Diabetes Dietitians, Health Care Aides and Chemotherapy. We continue to spend considerably more on recruitment than the health care sector average.*
- *We expend significant time and resources on physician recruitment. There is a shortage of Canadian-trained physicians willing to work in rural and northern areas. The evaluation of IMGs is a significant barrier to the recruitment process.*
- *NRHA has continued to incur a deficit for the past several years. The majority of our budget is directly related to the Northern Patient Transport Program and human capital, which leaves little room for reallocation. The percentage of allocation by program area has remained fairly stable over the past two fiscal years. Areas with the highest percentage of budget allocation included Acute Care at 40%, Medical Remuneration at 15%, Long Term Care at 11% and Northern Patient Transport Program at 8%. Based on the audited financial statement of the year ending March 31, 2009 there was 10% increase in expenses over 2007-08.*

Accomplishments.....

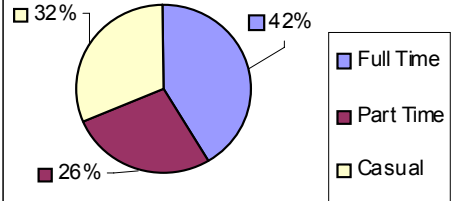
- NRHA participated in Accreditation Canada Survey Visit from May 4-9, 2008 receiving "Accreditation with Condition" which required a report by February 2009. [See Performance Story page 45](#)
- NRHA has maintained an integrated Quality Management structure with all teams reporting to Quality Council. Senior Management and CQI Team Leaders/Advisors participate on Quality Council. CQI teams develop action plans and they are reported/communicated through Quality Council. Common issues are brought forward and addressed at this table.
- All NRHA Occurrence Reporting policies and procedures have been revised to reflect MHHL policies for reporting, managing and disclosure of Critical Occurrences and Critical Incidents. The education roll-out to all staff and physicians on the NRHA Risk Management policies and procedures was rolled out in the fall of 2008. [See Performance Story page 46](#)
- We submitted our Risk Assessment Status Report (year 3) to HIROC on March 31, 2009 and continue to work on completion of our action plan.

- An emergent request was submitted to MHHL in follow-up to Accreditation Canada Required Organizational Practice for Infusion Pumps. Funding was received to replace all infusion pumps in NRHA to a standardized Baxter Colleague Pump. Training and transition to new pumps is underway.
- We received funding from MHHL to install 13 overhead ceiling track lifts in the rooms at Northern Lights Manor. The intent is to decrease (prevent) staff injury during resident moving and lifting. This was a province wide MB Health initiative based on the number of WCB claims/ injuries.
- 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. In 2008-09, 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 and transfers and Non-Violent Crisis Intervention training.
- Our Regional Alert and Response Team continues to be active in the development and maintenance of the Regional Emergency Response Plan, the Regional IMS framework and the Regional Pandemic Plan. In 2008, evacuation drill exercises were held in all facilities.
- Our Quality Scorecards continue to be released quarterly. All scorecards are published on our web site.
- In partnership with the Office of Rural and Northern Health (ORNH), we participated in the Home for the Summer Program and Summer Camp in 2008. Through the Home for the Summer Program, we were able to hire a medical student to complete a physician recruitment project. The three northern RHAs hosted a summer camp in July 2008 for northern grade 12 students. Objective of the program was to promote healthcare careers and introduce the students to both work and university environments.
- NRHA was successful in being awarded the rotating paramedic training program in September 2008.
- NRHA expends significant time and resources on physician recruitment. A Physician Resource Team has been established and meets on a regular basis.
- Volunteers contributed close to 2000 service hours in 2008-09 which included fund raising, direct service, transportation, one to one visiting, entertainment, advocacy, service to voluntary boards and assisting with support groups. There were 2,880 Meals on Wheels delivered by 465 volunteers.



WORK LIFE: STATISTICS
(April 1, 2007 to March 31, 2008)

TOTAL EMPLOYEE COUNT



Total Employee Count 989
Total Full-Time 412
Total Part-Time 260
Total Casual 317

STAFF PROFILE BY GENDER

Male= 18.9%
Female= 81.1%

% UNIONIZED STAFF

MB = 93%
NRHA = 92%

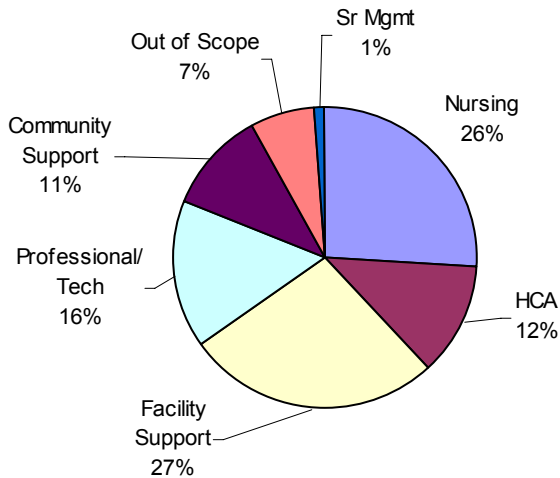
PHYSICIAN PROFILE
(As of December 29, 2008)

Physician Type	The Pas	Flin Flon	Snow Lake
GP	8	5	2
GP/ Surgeon	1	1	0
GP/ OBS	1	1	0
GP/ Anesthesia	0	2	0
Radiology	1	0	0

Regional Physicians:

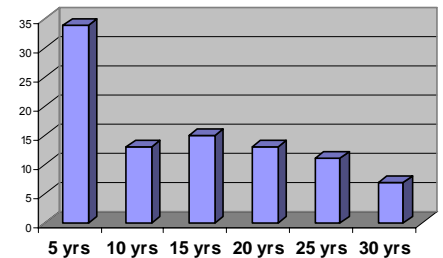
*Internal Medicine -1 *Psychiatry -1
*Medical Officer of Health - 1

Regional Staffing Profile



EMPLOYEE FACTS

2008 Service Award Recipients



Average Age of Employees

NRHA = 42.9 years
MB Healthcare Average = 44.2 years

Average Years of Service

NRHA = 9.6 years
MB Healthcare Average = 8.81 years

Perfect Attendance Award 2006

38 employees = 5%
672 eligible employees

Avg. Vacation/Employee = 4.87 weeks

Regional Retirement Profile

178 potential retirements = 17.99%
989 eligible employees

Volunteer Hours = 2,271.34 (Flin Flon)

Source: NRHA Scorecard

% WORKFORCE SELF-DECLARED ABORIGINAL

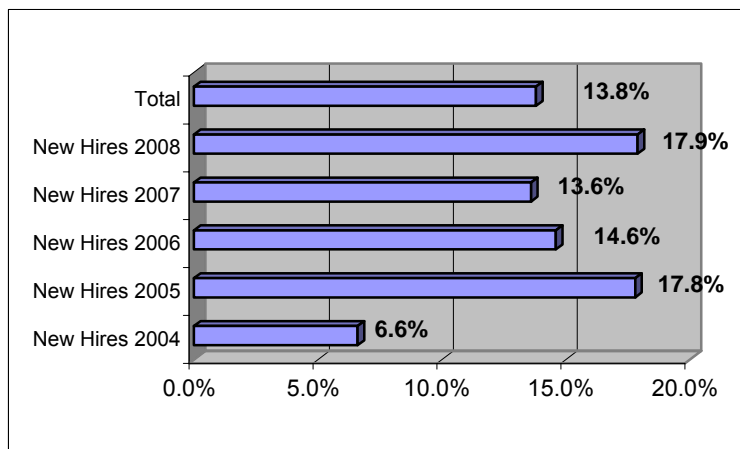


FIGURE 13 EMS RESPONSE AVERAGES

<u>EMS Response Averages 2006</u>	The Pas		Flin Flon	
	1 st Unit	2 nd Unit	1 st Unit	2 nd 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
<u>EMS Response Averages 2007</u>	The Pas		Flin Flon	
	1 st Unit	2 nd Unit	1 st Unit	2 nd 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
<u>EMS Response Averages 2008</u>	The Pas		Flin Flon	
	1 st Unit	2 nd Unit	1 st Unit	2 nd Unit
Dispatch to Enroute Time, In Town	01:56	07:43	03:58	N/A
Enroute to Arrival Time, In Town	03:35	N/A	06:58	N/A
Dispatch to Arrival Time, In Town	05:31	N/A	10:56	N/A

Source: NRHA EMS
N/A – no longer collected

The goal in Manitoba for “Dispatch to Arrival Time, in Town limits” is arriving in 8 minutes, 90% of the time. The Pas & Flin Flon have both exceeded the provincial target.

In The Pas, EMS responded to 1827 calls of which 1155 (63%) were primary calls and 672 were transfers. In Flin Flon, EMS responded to 1203 calls of which 533 (44%) were primary calls and 670 were transfers. In Grand Rapids, there were 297 calls of which 110 (37%) were primary calls and 187 were transfers. In Cranberry Portage, there were 122 of which 121 (9%) were primary calls and 1 transfer. The number of EMS calls increased in The Pas by 3% from 1767 in 2007 to 1827 calls in 2008. In Flin Flon, there was a slight increase in calls from 1198 in 2007 to 1203 in 2008.

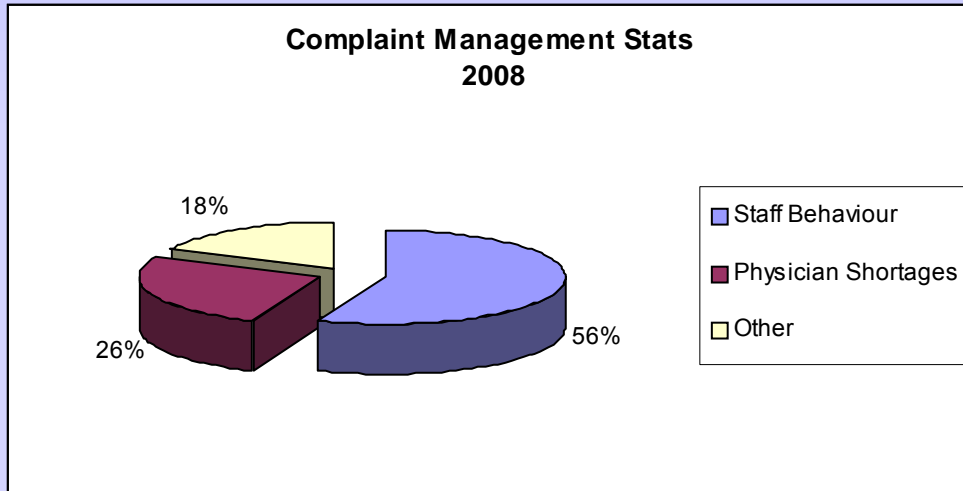
FIGURE 14 HEALTHCARE ACQUIRED INFECTION RATES

Hospital Rate	2005-06	2006-07	2007-08	2008-09
St. Anthony's Hospital	1.07	1.26	0.4	0.4
Flin Flon General Hospital	0.3	0.6	0.3	0.7
Surgical Rates	2005-06	2006-07	2007-08	2008-09
St. Anthony's Hospital	0.89	1.22	1.0	0.6
Flin Flon General Hospital	0.3	1.5	1.3	1.3
PCH Rates	2005-06	2006-07	2007-08	2008-09
Flin Flon PCH	0.8	0.2	1.1	2.4
Northern Lights Manor	0.6	0.08	0.3	2.2
St. Paul's	0.23	0.18	0.1	0.4

Source: NRHA Staff Education/ Infection Control

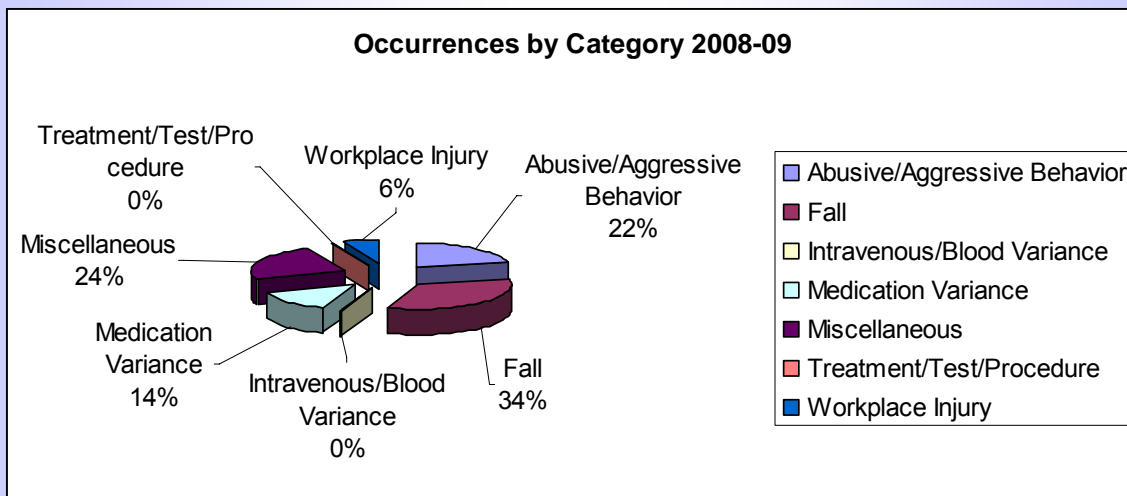
Note: Locally set standards for infection control are less than 3% for Hospital and Surgical Rates and less than 2.5 infections per 1000 resident days for Long Term Care. NRHA rates are all below the standard that has been set, which is optimal.

FIGURE 15 COMPLAINT REPORTS



Source: NRHA E.D. Communications
 In 2008 a total of 70 Complaints were received. The majority of Complaints were related to Staff Behaviour and Physician Shortages.

FIGURE 16 OCCURRENCE REPORTS



Source: NRHA Risk Management Database

Between April 1st, 2008 and March 31st, 2009, there were a total of 1880 occurrences reported. Falls accounted for 34% (634) of all occurrences, followed by Miscellaneous at 24% (460); Abusive/Aggressive at 22% (405); Medication Variance at 14% (256); Workplace Injury 6% (115); Intravenous/Blood Variance >1% (3) and Treatment/Test/Procedure >1% (7). The percentages by category are similar to findings in 2007-08. New to 2008-09 was the addition of the Workplace Injury Category. Of the occurrence reports, 25% were from St. Paul's Personal Care Home; 17% from Flin Flon Personal Care Home; 23% from Northern Lights Manor; 17% from St. Anthony's Hospital; 8% from Flin Flon General Hospital; 1% from Snow Lake Health Centre; and 9 % 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	73.5	85	85
Cold Food Temperature	80	92.8	85
Quality of Food	75	87.7	80
Server Courtesy	92	97	80
Overall Food Service Satisfaction	88	94.7	85
Room Cleanliness	90.07	98.9	80
Bathroom Cleanliness	95.2	96.4	80
Frequency of Room Cleaning	90	95.2	80
Timing of Room Cleaning	89	94.4	80
Cleaning Person Courtesy	96.8	93.4	81.8
Overall Housekeeping Satisfaction	93.5	96.6	85
Overall Average	87.5	93.8	85

Source: Aarmark

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	84.85	77.6	78.35	85
Cold Food Temperature	86.95	81.8	90	85
Quality of Food	71.6	82.8	85	80
Server Courtesy	92.25	98.45	95	80
Overall Food Service Satisfaction	78.65	96.9	100	85
Room Cleanliness	98.10	96.9	100	80
Bathroom Cleanliness	91.85	98.5	100	80
Frequency of Room Cleaning	95.00	98.5	100	80
Timing of Room Cleaning	93.05	98.5	95	80
Cleaning Person Courtesy	91.85	100	100	81.8
Overall Housekeeping Satisfaction	91.85	98.5	100	85
Overall Average	88.70	93.5	94.85	80

Source:

FIGURE 18 CLIENT SATISFACTION EXPERIENCE IN ROSAIRE HOUSE

CRITERIA	07/08	08/09	Difference
Individual Counselling	97%	99%	+2%
Large Group Sessions	88%	90%	+2%
Small Group Work	89%	90%	+1%
Meals	72%	71%	-1%
Visiting Hours	81%	84%	+3%
Chores	88%	92%	+4%
Leisure Time	87%	92%	+5%
Room/ Private Space	92%	88%	-4%
Talking with staff	99%	99%	0%
Treated with Dignity	97%	98%	+1%
Talking with Clients	99%	97%	-2%
Length of Stay	73%	69%	-4%
Feel Better about Self	100%	99%	-1%
Learned about Addiction	99%	96%	-3%
Overall Satisfaction	91%	91%	

Source: Rosaire House Satisfaction Survey



FIGURE 19 NOR-MAN ADULT MENTAL HEALTH CONSUMER SURVEY RESULTS

Areas of Excellence (n=38)			
	2008	2006	2004
Staff encouraged me to take responsibility for how I live my life	100.0%	98.0%	84.4%
I like the services I received here	100.0%	96.2%	100%
I would recommend this agency to a friend or family member	100.0%	92.5%	87.5%
Staff here believe that I can grow, change and recover	97.4%	88.8%	84.4%
Staff were willing to see me as often as I felt it was necessary	97.4%	81.4%	84.4%
I was able to get all the services I thought I needed	94.7%	92.4%	81.3%
I am better able to control my life	94.6%	75.3%	71.9%
Staff asked about both my mental health and drug, alcohol or gambling concerns (n=15)	93.3%		
I felt welcomed by the agency providing service (n=15)	92.9%		
Staff told me what side effects to watch for	92.3%	66.6%	72.4%
If I had other choices, I would still get services from this agency	92.1%	85.1%	87.5%
Services were available at times that were good for me	92.1%	84.7%	96.9%
I deal more effectively with daily problems	91.9%		78.2%
I felt free to complain	89.5%		81.2%
I am better able to deal with crisis	89.5%	69.6%	71.9%
Staff returned my call in 24 hours	86.8%	88.8%	81.3%
I felt comfortable asking questions about my treatment and medication	86.8%	77.7%	87.5%
I, not staff, decided my treatment goals	86.1%	66.6%	65.6%

Things Done Well (n = 38)			
	2008	2006	2004
Staff helped me obtain the information I needed so that I could take charge of managing my illness	84.2%	77.7%	81.3%
The location of services was convenient (parking, public transportation, distance, etc)	83.8%	77.7%	68.7%
I was able to see a psychiatrist when I wanted to	83.3%	51.8%	62.5%
Staff were sensitive to my cultural background (race, religion, language, etc)	78.9%	80.9%	78.1%
Staff respected my wishes about who is and who is not to be given information about my treatment	76.3%	77.7%	81.3%
I was given information about my rights	76.3%	85.4%	71.9%
I was encouraged to use consumer-run programs	75.7%	69.3%	71.9%

Areas for Improvement (n = 38)			
	2008	2006	2004
I do better in school and / or work	74.1%	47.9%	31.3%
I am getting along better with my family	71.1%	67.3%	75.0%
My symptoms are not bothering me as much	65.8%	60.9%	62.5%
I do better in social situations	64.9%	69.6%	65.6%
My family and natural supports were as involved in my care as I would want them to be	64.3%		
My family and natural supports were offered an opportunity to participate in my care	59.3%		
My housing situation has improved	56.5%	34.8%	28.1%
I got some help for my drug, alcohol or gambling concerns in addition to my mental health concerns (n=15)	50.0%		
If seeing an addictions worker: I got some help with my mental health concerns in addition to my addiction concerns (n=15)	46.2%		

Data Source: NOR-MAN Mental Health Consumer Survey, November 2008

Adult Survey Response rate is 24.2% (38/157) Bolded questions response rate is 36.8% (14/38)

Survey respondent Demographics: Female respondents – 86.8%, Average respondent age is 43, Age Range is 18 – 66 years

We have shown improvements in the following three key areas: **Client Empowerment**, **Client Recovery**, and **Staff Responsiveness**. Based on the survey results **areas of concern** (items where the results are lower than the previous year) have been identified, these items will be addressed in the 2009/10 Mental Health CQI Action Plan.

PERFORMANCE STORY PATIENT SAFETY

We were successful in 2008-09 to receive directed funding from Manitoba Health and Healthy Living to create a Patient Safety Coordinator position for the region. A full time Regional Patient Safety Coordinator will be hired in the Spring of 2009. The purpose of this position will be to oversee the coordination of patient safety initiatives and activities in the region.

The Regional Patient Safety Coordinator will be tasked with the development of a Patient Safety Strategic Plan for the region which is a requirement through Accreditation Canada. A Patient Safety Strategic plan is a way for the region to identify safety issues within our organization and identify steps that have been taken and will be taken to address these issues. The Required Organizational Practices from Accreditation Canada will be used as a guide for the strategic plan as well as initiatives through HIROC, Safer Healthcare Now, Manitoba Health and Healthy Living and the Manitoba Institute for Patient Safety.

The NRHA Board has a Board End, Excellence in Patient Safety & Quality of Care, 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. The Patient Safety Strategic Plan will be one step towards our commitment to patient safety.

Key initiatives in 2009-10 will include:

- A review of our Medication Reconciliation process.
- Implementation of the Manitoba Institute for Patient Safety initiative “Patient Safety is in YOUR Hand.”
- Implementation of the “DO NOT USE Abbreviations in medication order writing” initiative.
- Participation in Canadian Patient Safety Institute’s Patient Safety week.
- Development a Patient Safety Advisory Committee in our region with a goal is to include several stakeholders such as front line staff, management and our clients in helping to shape our Culture of Safety in the NOR-MAN Regional Health Authority.



PERFORMANCE STORY ACCREDITATION

NOR-MAN Regional Health Authority underwent their third survey through Accreditation Canada in May 2008. Surveyors from Accreditation Canada were here for 5 days to speak with staff, observe our services and to meet our Continuous Quality Improvement Teams. As a result of their findings, NOR-MAN once again received Accreditation standing for the next 3 years.

Staff, Managers and CQI teams are an integral part of the survey and Continuous Quality Improvement process. And once again they rose to the top! NOR-MAN RHA's compliance to Accreditation Canada's standards was above and beyond the National compliance rate.

Accreditation Canada's standards and criteria are categorized under eight quality dimensions. The following table summarizes the percentage of criteria associated with each quality dimension that were met by NOR-MAN RHA, as well as the national compliance rate from January 1 to July 1 2008 for all Accreditation Canada organizations. NRHA met or was above the National Compliance Rate in 6 of the 7 quality dimensions.

Quality Dimension	NRHA Compliance Rate %	National Compliance Rate %
Population Focus <ul style="list-style-type: none"> • Working with communities to anticipate and meet needs 	91	90
Accessibility <ul style="list-style-type: none"> • Providing timely and equitable services 	97	93
Safety <ul style="list-style-type: none"> • Keeping people safe 	89	85
Worklife <ul style="list-style-type: none"> • Supporting wellness in the work environment 	96	91
Client-centred Services <ul style="list-style-type: none"> • Putting clients and family first 	96	91
Continuity of Services <ul style="list-style-type: none"> • Experiencing coordinated and seamless services 	89	91
Effectiveness <ul style="list-style-type: none"> • Doing the right thing to achieve the best possible results 	88	84

NOR-MAN RHA is committed to providing the best service possible to our clients. Staff are commended for their hard work and effort and should be very proud of the survey results.

CQI teams continue to work on Accreditation Canada standards and Continuous Quality improvement in the region. Teams are functioning right from our Board of Directors, to community, to acute care and administrative teams. CQI is an ongoing process and one the NOR-MAN RHA is very committed to. NOR-MAN RHA will once again undergo an Accreditation Canada survey in May 2011.

PERFORMANCE STORY RISK MANAGEMENT STRATEGY

In October 2008, the roll out of the new Occurrence Reporting process and form began across the Region. Education sessions were held with all managers as well as with individual departments as requested. Staff began to utilize the new form and process in November 2008.

The intent of the revisions to the Occurrence Reporting process and form was to meet Manitoba Health and Healthy Living reporting requirements and to streamline the process for staff. The Occurrence report form is much more user friendly and will hopefully encourage staff to report occurrences.

We have seen a slight increase in reporting for the 2008-09 fiscal year as staff have become more familiar and comfortable with the new form and process. Our goal is continue to see staff utilizing the Occurrence Reporting process to aid in keeping our staff and patients safe.

We committed to the new Occurrence Report form for one year and are now coming up on the One Year Review. Feedback has been very positive regarding the new form. Key users of the form will be brought together to review the current form and any comments or changes which have been suggested.

In addition to the Reporting process and form, training has begun with managers on how to utilize the Occurrence Report Database. Managers will be able to access reports on the number and types of occurrences that are reported for their departments. This will help to build the feedback loop to staff.

EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE FUTURE STRATEGIES...

- Continue to support our Quality Improvement, Risk Management and Patient Safety programs and address Accreditation Canada's recommendations as outlined in the Forecast and Final Report.
- Through directed funding from MHHL, a new Patient Safety Coordinator is being recruited. See Performance Story page
- We continue to seek out creative ways to deal with staff and physician 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. *NRHA recruitment video was developed in 2008-09 and will be launched in June 2009.*
- The final Risk Assessment Status Report (Year 4) will be submitted to HIROC by March 31, 2010.
- We are endeavoring to standardize all of our client satisfaction surveys for NRHA programs and services. We have purchased data capture software to eliminate the need for manual entry and work is progressing.
- Continue to ensure timely response of complaints as per policy.
- Code White Policy revised and we are in the process of implementing a Non-Violent Crisis Intervention Program (NVCI). NVCI Program will replace the former Professional Assault Response Training (P.A.R.T) training the RHA was previously using.
- Fit Testing for N95 masks is underway.
- Regional Alert and Response Team continues to meet and finalize all phases of Pandemic Plan. We are currently working on a narrative component of a Pandemic Plan.
- Directed funding was received to hire a Regional Spiritual Care Coordinator for a three-year pilot in the fall of 2008. Representatives from the Regional Spiritual Care Committee were brought together in December 2008 to review the job description proposed for the Spiritual Care Coordinator position with recruitment underway.

CAPITAL PROJECTS

In 2008-09, we completed a number of capital improvements totaling \$1,540,243. Of note, we successfully completed one major project in Grand Rapids with the construction of a new EMS facility for the community. The following summarizes the status of all projects as of March 31, 2009:

Projects Completed in 2008-09:

- Morgue – Snow Lake (\$120,048)
- Emergency Power Alternate Feeds/ Add Panels- The Pas (\$55,417)
- Emergency Power Alternate Normal Feeds- The Pas (\$206,089)
- Security Upgrade, Psych Unit- The Pas (\$270,046)
- Water Softener Replacement- The Pas (\$14,194)
- Handicapped Accessible Public Washroom, ER Department - The Pas (\$53,653)
- Roam Alert Installation, Northern Lights Manor- Flin Flon (\$11,215)
- Roam Alert Installation, Personal Care Home- Flin Flon (\$23,000)
- Roam Alert Upgrade, St. Paul's- The Pas (\$13,000)
- Control Air Compressor- Flin Flon (\$5,389)
- Kitchen/Laundry Air Conditioner Condenser Unit- Flin Flon (\$48,948)
- Asbestos Abatement (Penthouse 2)- Flin Flon (\$25,000)
- Urgent Incinerator Repairs- Flin Flon (\$48,000)
- EMS Facility- Grand Rapids (\$651,633)

Projects in Design

- Admissions Ergonomics Renovation- Flin Flon
- Ultrasound Renovation- Flin Flon
- Fire Pump Replacement/ Domestic Hot Water Tank Replacement- Flin Flon
- Mechanical Upgrade- The Pas
- Psychiatric Unit Ceiling Replacement- The Pas

Projects Approved- (not yet awarded to Consultant)

- Staff Link Doors-The Pas

Projects Being Tendered:

- None

Projects Under Construction:

- Pharmacy Redevelopment- Flin Flon
- Nurse Call System (Acute Inpatient)- The Pas

CAPITAL PLAN Priority Projects for 2009-10

Flin Flon

- Priority projects for 2009-10 include completion of the Pharmacy project; and construction of the Admissions Ergonomics Department renovation project, Ultrasound renovation project and the Fire Pump replacement/ Domestic Hot Water Tank replacement.

The Pas

- Priority projects for 2009-10 include the completion of the Nurse Call System and construction of the Mechanical Upgrade project and the Psychiatric Unit ceiling replacement.

Snow Lake

- Priority projects for 2009-10 include construction of the Medication Sterilizer room redevelopment, upgrades to the maintenance shop and renovation of the x-ray department.

Energy Project

- Substantial completion of project by spring 2009.

Projects submitted to MHHL in 2010-11 Health Plan listed in order of priority:

Capital Project:

1. Emergency Department Redevelopment- Flin Flon

Safety & Security Projects:

1. Telephone Switch Replacement- Regional (resubmission)
2. Morgue Cooler Replacement- Flin Flon (resubmission)
3. Standby Generator Load Balance-The Pas (resubmission)
4. Medication Sterilizer Room Redevelopment- Snow Lake (resubmission)
5. Lab Upgrade- The Pas (resubmission)
6. Lab Upgrade- Flin Flon (resubmission)
7. Elevator/Stairwell Security Upgrade- Flin Flon (resubmission)
8. Maintenance Shop- Snow Lake (resubmission)
9. Elevator Upgrade-The Pas (resubmission)
10. Elevator Upgrade- Flin Flon (resubmission)
11. Primary Health Care Security Upgrade- Flin Flon & The Pas (resubmission)
12. Medical Records Storage- The Pas
13. Crawl Space Mould Remediation, St. Paul's- The Pas
14. Flooring Replacement, Operating Room- The Pas (resubmission)
15. Surface Oil Tank Containment- The Pas and Flin Flon
16. Flooring Replacement , Level 1- The Pas (resubmission)
17. Kitchen Walk-In Cooler- Flin Flon (resubmission)
18. Decon Shower, The Pas
19. Facility Re-keying- The Pas and Flin Flon (resubmission)
20. Regional Asbestos Abatement
21. EMS Facility 3-Bay- Flin Flon (resubmission)
22. Level 4 Flooring Replacement- Flin Flon (resubmission)
23. DSM Bone Density Scanner- Flin Flon
24. Boiler Repairs- The Pas
25. Control Air Compressor Replacement- The Pas
26. Medical Records Storage- Flin Flon

The following two projects were previously approved but had to be resubmitted due to project tender costs exceeding approved budget from MHHL.

- Single Phasing Power Protection- Flin Flon
- Medical Gas Upgrade, Operating Room- The Pas



FUNDING/INFRASTRUCTURE CHALLENGES

NRHA has continued to incur a deficit for the past several years. The majority of our budget is directly related to the Northern Patient Transport Program and human capital, which leaves little room for reallocation. The percentage of allocation by program area has remained fairly stable over the past two fiscal years. Areas with the highest percentage of budget allocation included Acute Care at 40%, Medical Remuneration at 15%, Long Term Care at 11% and Northern Patient Transport Program at 8%. Based on the audited financial statement of the year ending March 31, 2009, there was 10% increase in expenses over 2007-08. Areas of note in 2008-09:

NORTHERN PATIENT TRANSPORTATION PROGRAM

We continue to see a deficit in the NPTP program. This is a provincial program, which is grossly under funded, and one which we have little to no ability to control costs. In 1999-2000 when NPTP went in-globe, the net expenses were at \$2.26 million. In 2008-09, the net expenses were \$6.34 million. This constitutes a 181% increase in NPTP costs since the program went in globe in 2000-01. Since 2000-01, NRHA has had to reallocate anywhere from \$1.5 to \$2.6 million per year from other program areas in order to deliver this provincially mandated service that is required for our northern residents. NPTP deficit figures are consistent with our overall deficit we have experienced in past years. The increases are largely attributed to an increase in fuel and transportation costs as well as mode of travel required. In 2008-09, NPTP warrants decreased by 2% (163 warrants) from the previous fiscal year yet costs increases by 26%. The largest driver of NPTP costs continues to be air ambulance. In 2008-09, 7% of all travel warrants were for air ambulance accounting for 52% of total NPTP budget.

AGING EQUIPMENT

Our basic and specialized equipment is aging with many critical pieces of equipment being at their end of their useful lifespan. The basic equipment allocation is insufficient to be able to strategically plan for replacement. Of note, in the 2009-10 budget process, we had \$1,005,830 in requests for basic equipment yet our funding allocation is at \$272,000. The basic equipment provision is also not sufficient to allow for the ever greening of equipment. 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.

INFORMATION TECHNOLOGY

NRHA's investment in Information Technology has been at .55% of our total budget for the past several years. The national benchmark is 4%. In addition, we have the second lowest budget allocation dedicated to IT in comparison to the rest of the Regional Health Authorities in Manitoba. Due to our ongoing deficit, we have been unable to invest more into information technology to keep up with the national or provincial benchmark. More funding needs to be provided provincially to help support IT advancements in the province.

PROGRAM-RELATED INCREASES

There were increases in operating expenses over the past fiscal year in Acute Care (9%), Long Term Care (10%), Community (10%), Mental Health (10%) and Home Care (10%). The largest majority of the increase related to the MNU wage settlement agreement. Other contributing factors included other negotiated wage increases, cost of living increases, utility increases, and transportation costs increases.

STAFFING CHALLENGES

We continue to spend considerable resources in the areas of recruitment due to our northern location. Due to nursing shortages, we had to rely heavily on Agency Nurses this past year at a cost of \$311,286. This was over and above the amount budgeted for nursing salaries. Overtime costs for nurses were also significant at \$883,637 and accounted for 5% of the total nursing salary dollars.

PHYSICIAN REMUNERATION

Physician remuneration costs increased by 9% over the previous fiscal year. Increases were largely related to negotiated payment increases to physicians as well physician shortages and the need to depend on locum services (in particular for Anesthesia and Obstetric Services in The Pas and Obstetrical and Surgical Services in Flin Flon).

KEY FINANCIAL INDICATORS

FIGURE 20 ADMINISTRATIVE COSTS

Regional Health Authority	2003/04 %	2004/05 %	2005/06 %	2006/07 %	2007/08 %
Assiniboine	5.0	5.0	5.0	5.0	5.3
Brandon	4.0	3.7	3.6	3.7	3.7
Burntwood	4.9	5.9	6.2	6.2	6.0
Cancer Care	6.0	5.7	5.3	4.3	4.4
Central	5.0	5.0	5.2	5.8	5.6
Churchill	9.4	9.6	10.4	10.2	11.5
Interlake	5.1	4.9	4.5	4.5	4.8
NOR-MAN	5.0	5.1	4.8	5.1	4.9
North Eastman	7.3	6.3	6.6	6.3	6.3
Parkland	5.5	5.4	5.4	5.4	5.1
South Eastman	5.3	5.1	5.2	5.1	6.1
Rural Average	5.1	5.0	5.0	5.3	5.1
Winnipeg	6.2	6.0	4.6	4.4	4.2
Manitoba Average	5.8	5.6	4.7	4.6	4.5

Source: Manitoba Health & Healthy Living, Management Information System (MIS)

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	6,346,551	-3,483,224	35.42%	82.71%

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 several 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 Pandya in the Auditor's Report dated June 15, 2009. 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 complete set of Financial Statements, Auditors Report and the Statement of Public Sector Compensation Disclosure are available by contacting the NOR-MAN RHA Corporate Office at (204) 687-1300 or 1-888-340-6742.

Letter From the Auditors

KENDALL 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, 2009 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, 2009 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 15, 2009

Chartered Accountants

**NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2009**

ASSETS

	<u>Notes</u>	<u>2009</u>	<u>2008</u>
CURRENT ASSETS			
Accounts receivable	2a	\$ 1,504,356	\$ 1,453,395
Due from Manitoba Health	2b	5,455,943	4,655,662
Inventories		420,839	394,674
Prepaid expenses		<u>634,596</u>	<u>350,587</u>
		8,015,734	6,854,318
DUE FROM MANITOBA HEALTH	2c	2,654,372	2,654,372
CAPITAL ASSETS	5	<u>32,740,558</u>	<u>32,799,670</u>
		<u><u>\$43,410,664</u></u>	<u><u>\$42,308,360</u></u>

LIABILITIES

CURRENT LIABILITIES			
Bank indebtedness		\$ 1,513,984	\$ 3,898,381
Accounts payable		3,932,127	3,629,444
Due to Diagnostic Services Manitoba (DSM) - Benefit credits		257,520	0
Accrued vacation benefit entitlements		3,887,000	3,556,400
Current portion of capital lease		47,946	45,277
Current portion of long-term debt		<u>302,576</u>	<u>177,429</u>
		9,941,153	11,306,931
LONG-TERM DEBT	10	2,630,937	2,933,513
CAPITAL LEASE	12	151,661	199,607
DUE TO MANITOBA HEALTH		4,600,000	0
DUE TO DSM – PRE-RETIREMENT OBLIGATION		290,828	0
ACCRUED PRE-RETIREMENT OBLIGATIONS	6	3,567,943	3,894,222
DEFERRED CONTRIBUTIONS	3		
Expenses of future periods		1,401,478	1,044,307
Capital assets		28,730,941	28,033,426
NET ASSETS			
Invested in capital assets	4	3,335,421	1,410,417
Restricted	f	6,077	3,591
Unrestricted		<u>(11,245,775)</u>	<u>(6,517,654)</u>
		<u><u>\$43,410,664</u></u>	<u><u>\$42,308,360</u></u>

COMMITMENTS (Note 11)

Approved by the Board:

See accompanying notes.



**NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2009**

	<u>2009</u>	<u>2008</u>
REVENUE		
Manitoba Health - Note 7	\$70,127,513	\$66,378,456
Non-insured income	8,680,601	5,805,451
Other income	4,944,727	4,033,313
Amortization of deferred contributions	3,223,505	3,247,229
Ancillary revenue	<u>1,390,457</u>	<u>1,269,019</u>
	<u>88,366,803</u>	<u>80,733,468</u>
EXPENSES		
Acute care	36,411,362	33,308,341
Long-term care	10,161,290	9,103,655
Medical remuneration	13,288,341	12,075,304
Community services co-ordination	714,307	737,191
Community based mental health	1,352,167	1,221,892
Community based home care	4,971,564	4,493,238
Community based health	3,835,451	3,538,896
Land ambulance	2,603,913	2,517,290
Unallocated Regional health authority costs	4,662,971	3,558,597
Amortization of capital assets	3,211,311	3,232,943
Interest on capital lease	12,875	15,397
Northern Patient Transportation	6,982,568	5,137,010
Pre - retirement	664,496	587,258
Rosaire House Addictions Centre	707,452	706,656
Ancillary expenses	<u>1,587,366</u>	<u>1,422,082</u>
	<u>91,167,434</u>	<u>81,655,750</u>
DEFICIENCY OF REVENUE OVER EXPENSES	<u>\$ (2,800,631)</u>	<u>\$ (922,282)</u>

See accompanying notes.

**NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF CASH FLOW
AS AT MARCH 31, 2009**

	<u>2009</u>	<u>2008</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Deficiency of revenue over expenses	\$ (2,800,631)	\$ (922,282)
Items not affecting cash		
Amortization of capital assets	3,211,311	3,232,943
Amortization of deferred contributions	(3,223,505)	(3,247,229)
Change in non-cash working capital	(270,613)	178,637
Change in pre-retirement liability	<u>(326,279)</u>	<u>221,886</u>
	<u>(3,409,717)</u>	<u>(536,045)</u>
CASH FLOWS FROM INVESTING AND FINANCING ACTIVITIES		
Purchase of capital assets	(987,972)	(1,703,616)
Construction in progress expenditures	(2,106,072)	(2,604,557)
Increase in long-term debt	4,668,122	0
Receipt of contributions relating to capital assets	3,862,865	3,895,754
Receipt of contributions relating to expenses of future periods	<u>357,171</u>	<u>80,304</u>
	<u>5,794,114</u>	<u>(332,115)</u>
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	2,384,397	(868,160)
CASH (BANK INDEBTEDNESS), beginning of year	<u>(3,898,381)</u>	<u>(3,030,221)</u>
CASH (BANK INDEBTEDNESS), end of year	<u><u>\$(1,513,984)</u></u>	<u><u>\$(3,898,381)</u></u>

See accompanying notes.



**NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2009**

1. ECONOMIC DEPENDENCE

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

2. ACCOUNTS RECEIVABLE/DUE FROM MANITOBA HEALTH

	<u>2009</u>	<u>2008</u>
(a) Accounts Receivable		
Ambulance	\$ 523,643	\$ 823,279
Residents	909,032	408,135
Employees computer loans	95,405	78,505
Government of Canada	67,869	182,519
Sundry	<u>165,560</u>	<u>27,453</u>
	1,761,509	1,519,891
Less allowance for doubtful accounts	<u>(257,153)</u>	<u>(66,496)</u>
	<u>\$1,504,356</u>	<u>\$1,453,395</u>
 (b) Due from Manitoba Health		
Out of Globe - 2007	1,922,002	\$2,371,725
Out of Globe - 2008	915,801	1,610,555
Out of Globe - 2009	1,564,061	-
Recovery from Saskatchewan payable to Manitoba - 2005	(891,946)	(891,946)
payable to Manitoba - 2007	(1,500,000)	(1,500,000)
Ancillary Programs	(23,021)	225,394
Facility Support Wage Standardization	38,692	-
Professional Technical Market Supplement	109,204	-
Capital Operating – TPHC Dialysis	377,040	-
PCH Staffing	77,470	-
Patient Safety Officer	5,270	-
CHA – Q4	21,436	-
Vacation benefit entitlements	<u>2,839,934</u>	<u>2,839,934</u>
	<u>\$ 5,455,943</u>	<u>\$4,655,662</u>
 (c) Due from Manitoba Health		
Pre-retirement obligation entitlements	<u>\$2,654,372</u>	<u>\$2,654,372</u>

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

(a) Expenses of future periods

(i) Funds in reserve for major repairs and improvements

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

(ii) Donations

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

**NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2009**

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:

	<u>2009</u>	<u>2008</u>
Capital assets	\$ 32,740,558	\$ 32,799,670
Amounts financed by:		
Deferred contributions	(28,730,941)	(28,033,426)
Long-term debt	(674,196)	(3,355,827)
	<u>\$ 3,335,421</u>	<u>\$ 1,410,417</u>

5. CAPITAL ASSETS

	<u>2009</u>		
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>
Land and land improvements	\$ 599,060	\$ 294,735	\$ 304,325
Buildings	46,650,038	22,137,865	24,512,173
Computer equipment	1,614,900	1,325,872	289,028
Equipment	5,215,021	2,770,963	2,444,058
Construction in Progress	2,458,884	0	2,458,884
Energy Retro Fit Guarantee	2,732,090	0	2,732,090
	<u>\$59,269,993</u>	<u>\$26,529,435</u>	<u>\$32,740,558</u>
	<u>2008</u>		
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>
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
	<u>\$56,568,929</u>	<u>\$23,769,259</u>	<u>\$32,799,670</u>



**NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENT
YEAR ENDED MARCH 31, 2009**

6. ACCRUED PRE-RETIREMENT OBLIGATIONS

	<u>2009</u>	<u>2008</u>
Members of the Health Employees Pension Plan and Civil Service Superannuation Plan	<u>\$3,567,943</u>	<u>\$3,894,222</u>

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) qualify for the "eighty" rule which is calculated by adding the number of years service to the age of the employee
- (iii) retire at or after age 65
- (iv) terminate employment at any time due to permanent disability

The Authority undertook an actuarial valuation April 24, 2009 of the accrued retirement entitlements as at March 31, 2009. The significant actuarial assumptions adopted in measuring the Authority's accrued retirement entitlements include mortality and withdrawal rates, a discount rate of 6.7% (2008 - 5.50%) and a rate of salary increase of 3.5% (2008 - 3.5%) 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 as per Manitoba Health's March 15/09 funding document		\$73,882,996
Add: Accruals approved by Manitoba Health:		
Capital Operation Cost – The Pas Dialysis	377,040	
Patient Safety Coordinator	5,270	
NLM Structural Floor Project	1,569	
Wage Standardization	147,896	
Medical Remuneration (Estimated)	<u>1,487,670</u>	<u>2,019,445</u>
Deduct:		
Payments on prior year receivables	1,080,570	
MHHL advances	2,200,000	
Deferred equipment 09/10	272,000	
Ancillary Program	610,136	
Ambulance	248,473	
Other	<u>148,650</u>	<u>4,559,829</u>
Total funding approved by Manitoba Health		71,342,612

7. REVENUE FROM MANITOBA HEALTH (continued)

Deduct: Amounts recorded as deferred contributions		
PCH Reserve	8,160	
Major Repairs and improvement and Equipment	416,797	
Debt Servicing	552,542	
Contribution for Basic Equipment	<u>237,600</u>	<u>1,215,099</u>
Revenue from Manitoba Health		<u>\$70,127,513</u>

8. PENSION PLAN

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

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

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the plan as at December 31, 2004, indicates that the plan is fully funded. Actual contributions to the plan made during the year by the Authority on behalf of its employees amounted to \$2,166,649 (2008 - \$1,903,307) 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 \$42,131 (2008 - \$17,266).

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%.

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:

2010	\$271,200
2011	\$211,200
2012	\$211,200
2013	\$211,200
2014	\$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 \$3,089,537 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:

2010	\$449,080
2011	\$449,080
2012	\$404,089
2013	\$303,400
2014	\$303,400

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:

2010	\$ 47,946
2011	\$ 50,771
2012	\$ 53,764
2013	\$ 47,126
2014	\$ 0

Aggregate future capital lease payments total \$222,916 including \$23,309 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 2008 – 2009:**

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2008 – 2009
The number of disclosures received, and the number acted on and not acted on. <i>Subsection 18(2)(a)</i>	0 Received
The number of investigations commenced as a result of a disclosure. <i>Subsection 18(2)(b)</i>	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. <i>Subsection 18(2)(c)</i>	NIL

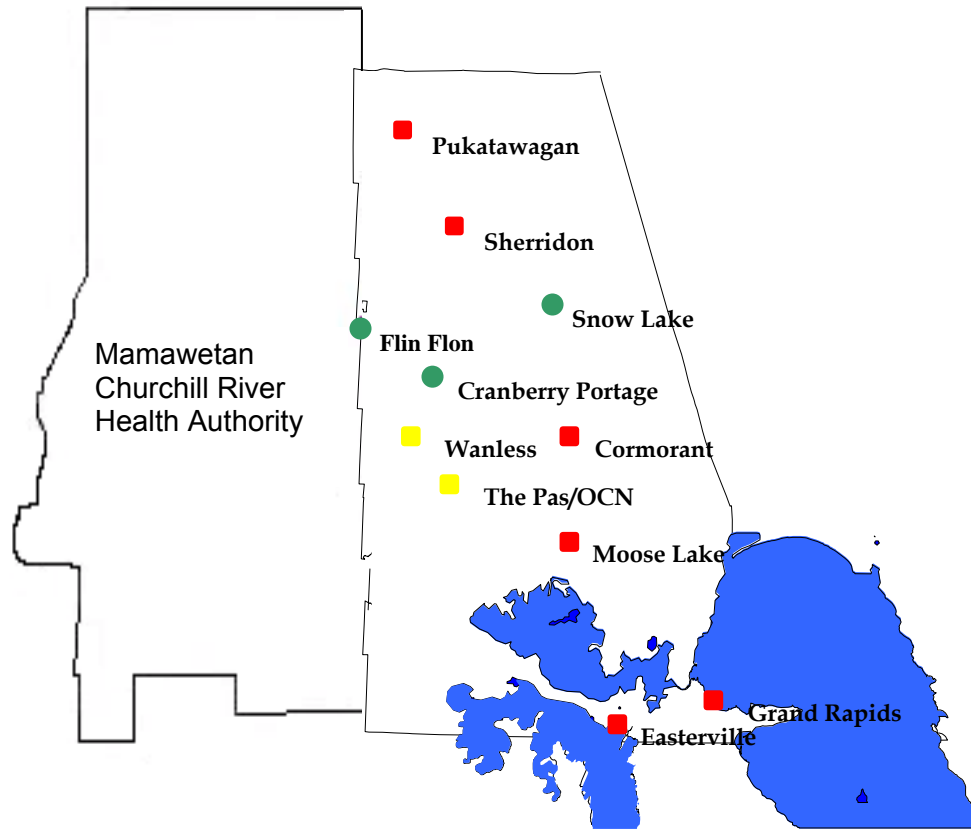
NOR-MAN Regional Health Authority
2008 – 2009 Annual Report

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