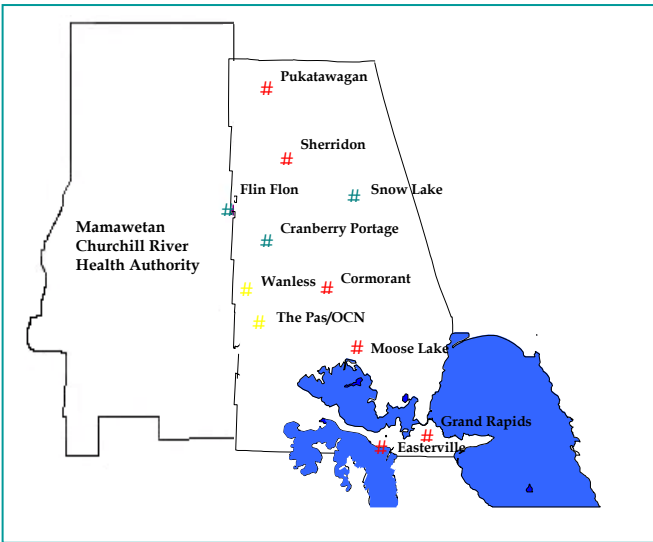




QUALITY SCORECARD

VITAL STATISTICS - CLIENT/ COMMUNITY FOCUS

March 2009



NOR-MAN Populations by Postal Code

Communities	Totals	Males	Females
R.M. of Kelsey	2,508	1,294	1,214
Snow Lake	915	470	445
Flin Flon	6,013	2,980	3,033
The Pas	7,060	3,500	3,560
Grand Rapids	685	338	347
Unorganized Territories	2,468	1,317	1,151
Opaskwayak CN	1,670	785	885
Misipawistik CN	425	222	203
Chemawawin CN	671	355	316
Mosakahiken CN	433	213	220
Mathias Colomb CN	1,242	615	627
NOR-MAN Total	24,090	12,089	12,001

Source: MB Health June 1, 2008

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

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

Communities	Totals	Males	Females
Creighton	1,784	881	903
Denare Beach	840	450	390
Pelican Narrows	2,121	1,058	1,063
Sandy Bay	1,287	679	608
Sturgeon Landing	60	33	27
Flin Flon Saskatchewan	305	169	136
Peter Ballantyne CN	1,925	1,031	894

Source: SK Health June 30, 2008

District Health Councils

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

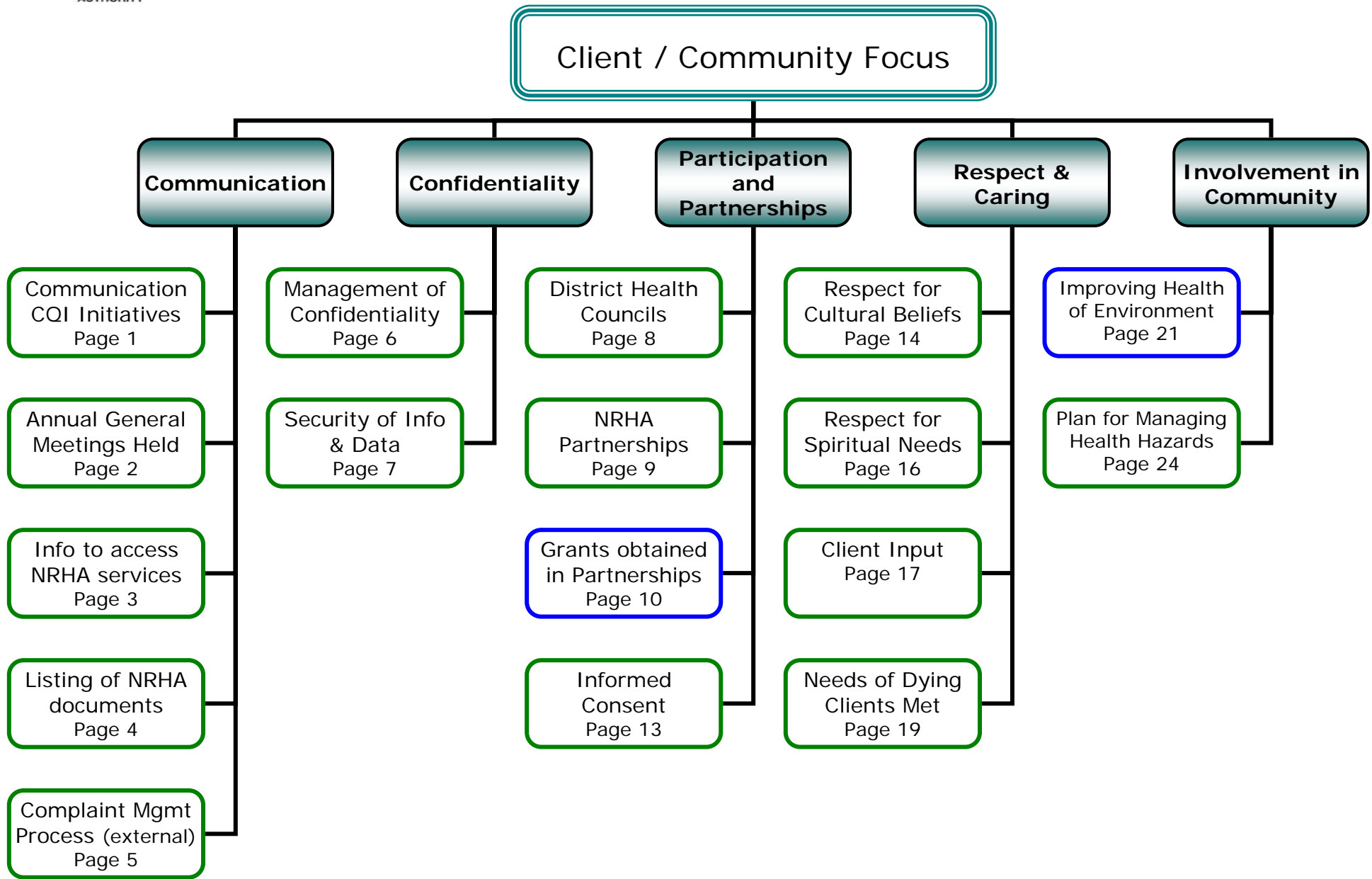
- ### To become a DHC Member:
- Please contact one of the following DHC Liaisons
- Don Gamache @ 623-9684 for **The Pas/OCN**
 - Lesa Nordick @ 623-9664 for **Grand Rapids & Easterville**
 - Christa McIntyre @ 687-1331 for **Flin Flon & Cranberry Portage**
 - Fran Labarre @ 687-1355 for **Snow Lake &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

- ### 2008 District Health Council Highlights:
- Flin Flon:**
- Hosted an Emergency Preparedness Community presentation, sponsored P.A.R.T.Y. program, sponsored the Body, Mind & Soul Women's Conference and purchased ERIK Kits for the community.
- Cranberry Portage:**
- Sponsored Healthy Snack Program for the Elementary School, assisted with the P.I.N.K. Project, sponsored a baseball league, and purchased equipment to promote active living for seniors.
- Snow Lake:**
- Sponsored the Winter Whoot Family Social, sponsored the 2008 Meet and Greet event, and sponsored an after school snack program at Family Resource Centre.
- Easterville:**
- Preliminary planning for a Chronic Disease Fair with the school.
- Grand Rapids:**
- Assisted with Culture Camp for youth, partnered with MB Hydro's fishing derby and awareness day for the Heart and Stroke Foundation, 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; 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 and involved in the "Protect Your Pairs Program in The Pas.
- Cormorant**
- Sponsored healthy snack during track and field day at Cormorant Lake School, sponsored breakfast for Métis Days and sponsored Protect Your Pairs.
- Moose Lake**
- Sponsored a community kitchen.



Quality Scorecard: Client / Community Focus

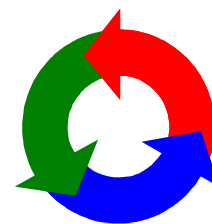
March 2009



NOR-MAN REGIONAL HEALTH AUTHORITY

QUALITY SCORECARD

Client/ Community Focus



Date:	March 2009	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Communication	Reporter/ Source:	Executive Director, Communications
Board End:	Healthy Communities		
Reporting Period:	As of March 2009		
Indicator Name:	Communication CQI Initiatives		
Definition:	Active Communications Committee with interdisciplinary membership; Listing of Communication Initiatives		
Evidence:	Evidence of Active CQI Initiatives:		
Interpretation:	<ul style="list-style-type: none"> • Communications is now a subcommittee of Human Resources CQI Team. The Committee's focus is the Work Life Pulse Accreditation Report that specifically speaks to "communication" in our organization. Staff focus groups are presently being held to discuss communication concerns – "what is working and what is not." 		
Rating:	Good		
	Listing of Initiatives: <ul style="list-style-type: none"> - <u>Communication Plan</u> - reviewed/updated annually - <u>Existence of Policies</u> <ul style="list-style-type: none"> • EL-11 Public Image (Mar 8/99). • III-A-10 Communications (February 1/02 rev. May 31/06). • III-A-20 Internal Communications (Feb1/02 rev. May 31/06). • III-A-30 Media Relations (Feb 1/02). • III-A-40 Employee Question/ Suggestion Program (Jan 17/02 rev. Jan 4/04). • III-A-50 Employee Communication (Sept 4/98 rev. Sept 5/06). • III-A-60 Employee Recognition (Feb 1/99 rev. Aug 24/06). • II-C-20 E-mail (Jun 3/02 rev. May 23/06). • III-C-30 Electronic Networks (Aug 28/03). • I-C-80 Visiting Policy (Apr 25/05 rev Aug 17/06). • I-D-30 Satisfaction Surveys Policy (Jun 24/05). • GP-16 Communications (Mar 27/06). • III-A-70 Telephone Triage (Aug 31/06). - <u>External Communications</u> <ul style="list-style-type: none"> • News columns; NRHA Web-Site (www.norman-rha.mb.ca); Corporate Signs posted at TPHC, FFGH and SLHC; and Tab Insert in MTS phone directory. - <u>Internal Communications</u> <ul style="list-style-type: none"> • Standardization of Memos, Letters; Staff Newsletter "Pulse" (monthly); Distribution Lists; and Telephone Directory (updated quarterly). - <u>Visual Identity</u> <ul style="list-style-type: none"> • Display Material/Photography; and PR Material (Updated in 2008) 		

Action Plan:

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

Date: March 2009 **Scorecard Area:** Client/ Community Focus

AIM Dimension: Communication **Reporter:** Executive Director,
Board End: Healthy Communities **Source:** Communications

Reporting Period: 1998-2008

Indicator Name: Annual General Meetings Held

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

Evidence:
Interpretation:

Rating: Good

Date Held	Location	Presentation	#
1998 / October	Snow Lake	District Health Councils	35
1999 / October	Cranberry	District Health Councils	10
2000 / October	Flin Flon	Master Plan	26
2001 / October	The Pas	Diabetes	20
2002 / October	Grand Rapids	District Health Councils Injuries are No Accident	10
2003 / October	Flin Flon	Community Health Assessment Community Linkages	21
2004 / October	Snow Lake	Painting a Population-Based Picture	27
2005 / October	The Pas	Community Health Assessment Office of Rural/ Northern Health	37
2006 / October	Wanless	Patient Safety	52
2007 / February	The Pas	Physician Recruitment	28
2008 / October	Flin Flon	Dr. Joel Ketner, Chief Medical Officer of Health	21

The Regional Health Authorities Act requires that Regional Health Authorities hold Annual General Meetings within six (6) months of the end of the fiscal year and the meeting to be advertised one month in advance. NRHA Board of Directors expressed interest to hold AGM in various NRHA communities. We achieved 100% compliance with advertising through all required media outlets 1 month prior to Annual General Meeting being held.

Action Plan:

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

Date:	March 2009	Scorecard Area:	Client/ Community Focus
Indicator Type:	Communication	Reporter:	Executive Director,
Board End:	Optimal Access to Services	Source:	Communications
Reporting Period:	As of March 2009		
Indicator Name:	Information on how to access NRHA Services is available to residents		
Definition:	Listing of venues used to promote NRHA services and how to access.		
Evidence:	-		
Interpretation:	<ul style="list-style-type: none"> - RHA services listed in <i>MTS Provincial Phone Directory</i>. - RHA services listed in <i>MTS Regional Phone Directory</i> & Tab Insert to ensure quick access to NRHA Services. - RHA services listed in <i>Canadian Health Facilities Directory</i> 		
Rating: Good	<ul style="list-style-type: none"> - Corporate signs posted in TPHC, FFGH and SLHC and updated as needed. - NRHA Web site (www.norman-rha.mb.ca) fully developed and updated on an ongoing basis. Numerous links to other web sites: <ul style="list-style-type: none"> • Province of Manitoba – 3 links • MB Health – 12 links • Health Canada – 4 links • Health Links and Resources – 41 links • Patient Safety – 5 links • Pandemic Planning – 1 link • Municipalities and Other Links – 7 links • Flin Flon Soil Testing – 7 links - NRHA PR Information - the NRHA PR brochure and folder was revised/reprinted in 2008. A promotional video was also developed and will be put on the NRHA website once finalized. - NRHA Services Overview document is updated annually (last updated October 2008) and is posted on the NRHA website. - Provincial Communication Network development of resources to ensure provincial consistency. Resources developed to date include: <i>Your Guide to Primary Health Care; Info Health Guide; ER User Guide; Multicultural Reference Guide</i>. 		
Action Plan:	<ul style="list-style-type: none"> • Continue to promote services through above venues and investigate other means to promote services. 		

Date: March 2009 **Scorecard Area:** Client/ Community Focus
AIM Dimension: Communications **Reporter:** Executive Director,
Board End: Healthy Community **Source:** Communications

Reporting Period: As of March 2009

Indicator Name: Listing of External Documents published by NRHA

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

Evidence:
Interpretation:

Rating: Good

Document	Description	Date published	Frequency Published
Annual Report	Annual summary of NRHA activities	September	1 time/ year
News articles	Health education articles	Ongoing	Ongoing
Press Releases	Newsworthy items submitted to media	Ongoing	As needed
Community Health Assessment	Report outlining health status data	Published Oct 05	Every 5 years
Strategic Plan	2006-11 Strategic Plan based on CHA	Published June 05	Every 5 years
Health Plan	Plan with status report and operational plan	June	1 time per year
Quality Scorecard	Client/ Community Focus Responsiveness System Competency Work Life	March 2008 September 2008 December 2008 January 2009	Quarterly
NRHA Services Overview	Overview of NRHA services offered	Fall	1 time per year

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

- The following publications also can be downloaded from the NRHA Web site (www.norman-rha.mb.ca): *NRHA Strategic Plan; NRHA Annual Reports; NRHA Community Health Assessment and Summary of Findings; NRHA Quality Scorecards: NRHA Framework for Ethical Decision-Making; NRHA Ethics Lens for Policy Review; Flin Flon and Area Elder Abuse Guide; NRHA Representative Workforce Strategy; NRHA Communication Plan; NRHA Human Resources Plan; and NRHA Services Overview*

Action Plan:

- Continue to publish external documents as per schedule and post on the NRHA website.

Date: March 2009
Scorecard Area: Client/ Community Focus
AIM Dimension: Communication
Reporter/ Source: Executive Director, Communications
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: January 1st – December 31st, 2008

Indicator Name: **External Complaint/ Compliment and Concern Management Process**

Definition: Evidence that the NRHA has a process in place to deal with external complaints, compliments and concerns of the public.
 - Evidence of Policies
 - Total # of Complaints/ Compliments received

Evidence: Evidence of Policies
Interpretation: - III-A-90 Complaint Management – External (Aug 1/97 rev Oct. 20/08).

Rating: **Good**

<u>Total # of Complaints by Year</u>
2005 = 82
2006 = 73
2007 = 107
2008 = 70
Alleged Breaches of Confidentiality = 2

<u>Total # of Compliments by Year:</u>
2007 = 3
2008 = 4

2008 Totals by Manual Data Collection Process

- In 2008, we received 70 complaints, which were lower than the previous year, as well as 4 compliments. The majority of complaints related to staff/physician behaviour and physician resources.

Action Plan:

- NRHA Corporate Office has a General Information Line (1-888-340-NRHA) to allow residents throughout the region to call toll free. This line is also being used for people who would like to register a complaint by phone.
- Complaints are currently being tracked manually, which makes it difficult to query specific complaints and trend areas of concern. There is a need to look at a data base program.
- A summary of complaints/ compliments is provided yearly to Senior Management and the Board. Continue this process.
- Continue to ensure timely resolution of complaints as per policy.

Date:	March 2009	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Confidentiality	Reporter/ Source:	Info Mgmt CQI Team
Board End:	Excellence in Patient Safety & Quality of Care		Risk Management
			Human Resources
			Staff Education
			Communications
			Privacy Officer
Reporting Period:	As of March 2009		
Indicator Name:	Management of Confidentiality		
Definition:	<p>Evidence that NRHA has a process in place to ensure confidentiality</p> <ul style="list-style-type: none"> • Existence of Policy regarding Confidentiality/Breach of Confidentiality • # External Complaints received regarding Breach of Confidentiality • # alleged breaches of confidentiality reported (Occurrence Reporting system) • % new hires that sign Oath of Confidentiality • Evidence of education regarding Oath of Confidentiality 		
Evidence:	Existence of Confidentiality Policies:		
Interpretation:	<ul style="list-style-type: none"> - II-B-10 Confidentiality (Jun 4/98 rev. Aug 24/06). 		
	# of Complaints regarding Confidentiality (2008): 2		
Rating: Good	# Occurrences – Alleged Breaches of Confidentiality (Apr 07 – Mar 08): 2		
	% of New Hires that sign Oath of Confidentiality (2008) = 100%		
	<ul style="list-style-type: none"> - All new staff is required to sign an oath of confidentiality. Orientation includes review of policies and procedures and review of the signing of the Oath of Confidentiality. 		
	Education:		
	<ul style="list-style-type: none"> - Oath of Confidentiality and PHIA Act are reviewed at General Orientation. - Confidentiality Awareness Campaign Week held annually. Confidentiality Week last held January 18-24, 2009. 		
Action Plan:	<ul style="list-style-type: none"> • Continue to track alleged breaches of confidentiality through the occurrence reporting system and the complaints management program. • All alleged breaches of confidentiality will continue to be investigated and ensure corrective action is taken as required. • Confidentiality Awareness Campaign Week to be repeated on an annual basis. • Expand role of Privacy Officer to include overall responsibility for management of confidentiality in collaboration with other key departments/ teams including Information Management CQI Team, Risk Management, Communications, Staff Education and Human Resources. 		

Date:	March 2009	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Confidentiality	Reporter:	Health Records
Board End:	Excellence in Patient Safety & Quality of Care	Source:	Information Technology
Reporting Period:	As of March 2009		
Indicator Name:	Security of Information & Data		
Definition:	Evidence of a policy and guidelines Listing of mechanisms in place		
Evidence:	Evidence of Policies:		
Interpretation:	<ul style="list-style-type: none"> - Administrative Policy Manual Section V addresses all aspects of client health information. Section II-B-10 addresses confidentiality of information with respect to staff and clients. EL-12 is Board Policy relating to Information Management. 		
Rating: Good	Release of Information Policies:		
	<ul style="list-style-type: none"> - EL-12 Information Management (Mar 08/99). - II-B-10 Confidentiality (Jun 4/98 rev. Aug 24/06). - V-A-10 Third Party (Nov 18/98 rev. Oct 21/04). - V-A-40 Duty to Warn (Nov 18/98 rev Oct 21/04). - V-A-60 Consumer Access (Sept 1/99 rev. May 20/08). - V-A-70 Duty to Warn (Nov 18/98 rev. Oct 21/04). - V-A-100 Fax or Electronic Mail (Nov 18/98 rev. Oct 21/04). - V-A-110 DPIN Policy (Feb 4/00 rev. Aug 1/01). - V-A-130 Health Records (Nov.18/98 rev. May 20/08). - V-A-140 Search Warrant Authorization (Nov 24/98). - V-A-160 Patient Authorization of Release of Information from Transfer Hospital May 15/02 rev. Oct. 21/04). 		
	Protection of Information Policies:		
	<ul style="list-style-type: none"> - V-B-10 Storage/Retrieval/Security & Protection of Record (May 15/02 rev Oct 21/04). - V-B-20 Child & Family Services (Dec 18/00). 		
	Listing of Mechanisms:		
	<ul style="list-style-type: none"> - Information Management CQI team in place and mandated to ensure security of information and data. - Privacy screens in place on all computers. - Regular back up of computerized records and monitoring thereof. - Audits and reviews of key areas (i.e. financial, medical records/chart, pharmacy and utilization) are completed. - Oath of Confidentiality signed by staff. 		
Action Plan:	<ul style="list-style-type: none"> • Continue to ensure NRHA has policies and procedures in place to protect the confidentiality, security and integrity of information, client & personnel files and other RHA data. • Information Management CQI Team presently updating their Information Management Plan and performance measures as part of the new Accreditation process and requirements. 		

Date: March 2009 **Scorecard Area:** Client/ Community Focus
AIM Dimension: Participation & Partnership **Reporter:** District Health Council
Board End: Healthy Communities **Source:** Liaisons

Reporting Period: As of March 2009

Indicator Name: District Health Councils

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

Evidence:
Interpretation:

Rating: Good

DHC	# Members	Meeting Date	# Meetings Held	Minutes	Accomplishments
Cranberry Portage	7	3 rd Monday	6	✓	See details on Vital Stats Page
Easterville	3	3 rd Thurs	1	✓	See details on Vital Stats Page
Grand Rapids	2	3 rd Thurs	3	✓	See details on Vital Stats Page
Flin Flon	7	1 st Wed	7	✓	See details on Vital Stats Page
Snow Lake	10	4 th Tuesday	10	✓	See details on Vital Stats Page
The Pas	7	4 th Thurs	8	✓	See details on Vital Stats Page.
Cormorant	3		4		See details on Vital Stats Page.
Moose Lake	2		3		See details on Vital Stats Page.
Sherridon/ Cold Lake					Recruitment underway

Note: Easterville DHC has not met since April 08 due to member illness.

Evidence of Board Policy:

- GP-12.1: District Health Council Terms of Reference (Mar 8/99 rev. May 27/02). Terms of Reference has been revised and is waiting final approval by the NRHA Board of Directors.

District Health Council Retreat:

- Retreat held December 2008. Topic : 2009 Community Health Assessment process.

Minutes:

- Minutes taken of all DHC meetings and forwarded to the Board as part of their Board package on a monthly basis.

NRHA Support

- Each DHC has an assigned staff person and Board representative attend each meeting. A written Senior Management report is supplied as available.

- Action Plan:**
- Continue to provide community education grant to each DHC.
 - Continue to provide staff support to each DHC
 - Continue to appoint a Board rep to each DHC annually.
 - Attempt to hold DHC Retreats yearly or as interest warrants.
 - Continue recruitment efforts in all DHCs including Cormorant, Moose Lake and Sherridon/Cold Lake.

Date:	March 2009	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Participation & Partnership	Reporter:	Senior Management
Board End:	Healthy Communities	Source:	CARE Advocates
Reporting Period:	As of March 2009		
Indicator Name:	Partnerships		
Definition:	Existence of Board Policies on Partnerships Listing of NRHA intersectoral partnerships		
Evidence:	Existence of Policies:		
Interpretation:	<ul style="list-style-type: none"> - E-2 Board End: Healthy Communities (Mar 8/99 rev. Apr 25/05). - EL-13 Board Policy: Partnerships (Mar.18/99 rev. Oct 02/06). - GP-13 Board Policy: Board Linkage with other Organizations (Mar 8/99; rev Feb 25/02). 		
Rating:	Good		
	Listing of Intersectoral Initiatives:		
	<ul style="list-style-type: none"> - District Health Councils in place (see previous indicator). 		
	Community partnerships at program level:		
	<ul style="list-style-type: none"> - AFM, CADAC & NADAP, Alzheimer's Society of Manitoba, Arthritis Society of Manitoba, Aurora House, Business Groups (Chambers of Commerce, Community Future Development Corporations, North Forks Economic Development Authority), Children's Special Services, Child and Family Services, Family Resource Centres (TP, SL, CP), First Nations organizations at community level, Handivan (TP, FF), Flin Flon Women's Resource Centre, Friendship Centres (TP, FF), Human Resource Development Canada, Industry (HBMS, Tolko), Manitoba Health Nursing Stations (GR, East, ML), Manitoba Housing, MMF, Manitoba Natural Resources, Manitoba Society of Seniors, MKO, Municipal Parks & Recreation Departments, Municipalities, OHA Health Department, Probations, RCMP, School Divisions and local schools, SERC, Service Clubs (Rotary, Kinsmen, Lions), Senior's Groups (Flin Flon / Creighton Seniors Center, Golden Agers & Snow Lake Seniors), SCTC, UCN 		

Inter-sectoral groups/ partnerships:

- Aboriginal Health and Human Resource Initiative, Aboriginal Health Transition Fund Projects (SCTC, MKO, MMF), Baby Friendly Initiative, Best Beginnings-Baby & Me, Birthday Club (TP, FF), Body, Mind & Soul Committee, Breakfast for Learning, Breast Feeding Promotion Group, Bust the Winter Blues Festival Committee, CDPI District Steering & Community Committees, Community Health Assessment Advisory and Research Teams, Congregate Meal Programs, Community Mentorship Program, Children's Therapy Initiative, Community Trauma Teams, Cormorant Round Table, E.R.I.K. Kits Project, Manitoba Society of Seniors, Humane Society, FASD & FASE Committees, Flinty Committee, Free To Be Me Committee, Gang Awareness Committee, Healthy Communities, Healthy Schools, In-motion Committees, International Women's Day, Lords Bounty Food Bank, Movements that Matters, Manitoba Food Charter, Neighborhoods Alive Committees (TP, FF), New Horizons For Seniors, NOR-MAN Breast and Women's Cancer Network, NOR-MAN Regional Immunization Committee, North Forks, P.A.R.T.Y. program, Public Affairs Committee, Representative Workforce Key Stakeholder Council, Service to Seniors in Group Living (TP, FF), Social Outings for Seniors (TP, FF), Suicide Prevention Interagency Group (TP, FF), Tobacco Tackle Teams, Teen Pregnancy Prevention Working Group, The Pas Action Centre, The Pas Homeless Shelter, The Pas Wellness Center Committee, UCN Student Practicum Placements, U.R.I.S. Program.

Action Plan:

- Continue to develop partnerships and intersectoral initiatives across the continuum of care.

Date:	March 2009	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Participation & Partnership	Reporter:	Regional Manager,
Board End:	Healthy Communities	Source:	Decision Support
Reporting Period:	2008/2009 and 2000/2008 (Prior Grant Values)		
Indicator Name:	Grants obtained through Intersectoral Partnerships		
Definition:	Listing & Value of Grants obtained through Intersectoral Partnerships		

Evidence:
Interpretation:

Rating: Optimal

Nature Grant	2008/09 Grant Values	Prior Grant Values
Community Health Assessment	\$109,301	
Aboriginal Health & Human Resources Initiative (AHHRI)	\$80,000	\$119,648
Chronic Disease Prevention Initiative (CDPI)	\$112,086	\$253,153
P.A.R.T.Y. Program	\$1,642	\$9,278
Risk Factor Surveillance	\$11,837	
Children's Therapy Initiative	\$123,200	\$213,000
Parent/Child Coalition	\$153,000	\$753,750
International Women's Day	\$1,000	\$2,750
Employment Grants	\$14,667	\$40,827
Support Services in Group Living	\$34,119	\$65,499
MAAW (Manitoba Addiction Awareness Week) – Seniors & Addiction	\$450	\$750
The Pas Mentor Program - Stop FASD	\$167,000	\$1,318,981
Teen Health Services	\$75,000	\$120,810
URIS	\$15,489	\$20,000
Healthy Smile Happy Child	\$75,000	\$150,000
Retinal Screening Program	\$112,445	\$224,890
Retinal Screening - FNIB	\$29,202	
Families First	\$324,500	
Canadian Breast Cancer Foundation (Protect Your Pairs)	\$39,945	
Play It Safer Network	\$82,500	\$229,521
HEIFER International	\$2,526	
Flin Flon FASD Committee	\$2,250	\$2,600
Get Better Together	\$2,153	\$1,850
In-Motion	\$15,000	\$35,700
Young Women Aboriginal Sport Initiative (Girls on the Move)	\$5,000	
The Pas Wellness Centre	\$700,000	
The Pas Homeless Shelter	\$78,000	\$799,995
New Horizons – SOS		\$38,120
New Horizons – Golden Agers		\$5,000
Safe Kids Week / Injury Prevention		\$12,313
Diabetes Risk Assessment		\$100,000
Hospital Auxiliary		\$1,550
Free To Be Me		\$6,500
Advanced Education & Training		\$30,000
Tobacco Tackle		\$38,200
Cervical Screening		\$10,000
Healthy Eating Habits		\$61,570
Injuries are No Accident		\$256,801
Healthy Schools		\$1,500
Lift for Life		\$110,000
Total	\$2,352,645	\$5,934,556

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

- Province – such as Manitoba Health and Healthy Living, Healthy Child Manitoba, Addictions Foundation of Manitoba
- Federal - such as Public Health Agency of Canada, Human Resource Development Canada
- Community-based

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

Action Plan:

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

Date:	March 2009	Scorecard Area:	Client/ Community Focus
Indicator Type:	Participation & Partnerships	Reporter:	Executive Director
AIM Dimension:	Excellence in Patient Safety & Quality of Care	Source:	Professional Development
Reporting Period:	As of March 2009		
Indicator Name:	Informed Consent		
Definition:	Evidence of Policy and Procedures for Informed Consent and client participation/ endorsement of the consent process		
Evidence:	Evidence of Policy:		
Interpretation:	<ul style="list-style-type: none"> - V-C-30: Informed Consent - Master Policy last revised Jun 24/02. The Master Policy consists of 29 pages of definitions and criteria, policy statements for specific situations and appendices. 		
Rating: Good	Consent Manual:		
	<ul style="list-style-type: none"> - As a component of the Regional Patient Care Documentation development project, a Consent Manual has been developed. All the specific policies and consent forms that previously were in the NRHA Policy and Procedure Manual have been removed from the NRHA manual and incorporated into the new Consent Manual. - The Consent Manual is available in all patient/client care areas. - The Master Consent Policy has been revised to support the development and maintenance of the Consent Manual. - The result of this initiative is a readily accessible and "user-friendly" resource for direct care providers. 		
Action Plan:	<ul style="list-style-type: none"> • The Consent Manual is maintained (revised and updated) following the same process developed for the Regional Policy and Procedure Manuals. This will ensure that care providers will have the required information and forms "at their fingertips" and clients will be assured that the Informed Consent process described in our policy is followed at all times. • The Consent Manual was thoroughly reviewed in Nov/Dec 2008 and necessary revisions undertaken. The related Regional Policies and Procedures were also reviewed and revised as needed. These revisions have been distributed and implemented following our established process. 		

Date:	March 2009	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Respect & Caring	Reporter/ Source:	Senior Management
Board End:	Excellence in Patient Safety & Quality of Care		
Reporting Period:	As of March 2009		
Indicator Name:	Respect for Clients Cultural Beliefs		
Definition:	Evidence of Policy Listing of Cultural Services		
Evidence:	Evidence of Policy:		
Interpretation:	<ul style="list-style-type: none"> - E-3 Board Policy Healthy People (Mar 25/02, revised Apr 25/05) - GP-2 Board Policy Board Values (Mar 8/99, revised April 25/05) - GP-12 Board Policy Ownership (Mar 8/99, revised Feb 25/02) 		
Rating: Good	Listing of Cultural Services:		
	<ul style="list-style-type: none"> - <u>Aboriginal Liaison</u> - Positions are in place in both FFGH and TPHC and provide services for Aboriginal clients in acute and long term care. Liaisons and a number of staff members provide translation services as required. - <u>Aboriginal Health Strategy</u> – Aboriginal Health Strategy in place and a status update is reported annually in the Health Plan and Annual Report. - <u>NRHA's Representative Workforce Program</u> - A partnership is in place between NRHA, Aboriginal and Northern Affairs and Manitoba Advanced Education & Training that will facilitate the participation of Northerners into healthcare occupations, with the ultimate goal of developing recruitment strategies and programming to create a representative workforce. Representative Workforce Stakeholder Circle, which was established January 2008, continues to meet on a regular basis. This group has been instrumental in the Health Care Aide dual credit program and Paramedic Training. NRHA participated in the SCTC "Building Strength and Moving Forward" symposium held in February 2009. This was an opportunity for us to promote healthcare careers to Aboriginal students from various areas in northern Manitoba. - <u>Aboriginal Health Transition Fund (AHTF) Projects</u> – NRHA is a partner with the SCTC, MKO and MMF AHTF projects. - <u>Partnerships</u> - NRHA does not have jurisdiction to provide community-based health services on reserve but does provide itinerant services where possible and requested. Ongoing partnerships with Aboriginal agencies are a priority for the NRHA. 		

- Aboriginal Human Resources Coordinator - NRHA was successful in receiving funding through the Aboriginal Health and Human Resource Initiative through Health Canada First Nation Inuit Health Branch (FNIHB). Funding is for a two year project which started 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. The Aboriginal HR Coordinator is in the start up phase of an Aboriginal stakeholder group which will include a representative from each community within the NOR-MAN region. A two day workshop is being planned for spring 2009 with the primary focus of requesting input/advice regarding cultural awareness training.
- Respectful Workplace Strategy – Strategy is presently being developed and implemented within the region which includes a multi-faceted program consisting of the following strategies: (1) Cultural Awareness; (2) Ethics; (3) Virtues Program; (4) Conflict Resolution; (5) Customer Service; (6) Non-violent Crisis Intervention; and (7) Stress Management. Respectful Workplace sessions are currently being held with all departments within the NRHA.
- Visiting Hours Policy – The requirement to ensure adequate rest and treatment opportunities were weighed against the desire to ensure family support for patients and to support those who travel from remote communities to visit patients. The Visiting Hours policy was revised to be more flexible and have extended hours.
- Family Rooms – Each facility has the means to support large family gatherings when patients are ill and outcomes are uncertain. Families and friends are provided a large, comfortable area for gathering and mutual support. Each facility has developed processes to support important spiritual practices such as smudging and drumming.

Action Plan:

- Ongoing priority for the NRHA to ensure there is respect for client's cultural beliefs.
- Ongoing partnerships will continue to be sought.
- The Aboriginal Health Strategy and Representative Workforce program will continue to be a priority.
- Continue to work closely with OHA and the newly hired Aboriginal HR Coordinator to develop and implement the objectives of the Aboriginal Health and Human Resources Initiative Fund's project objectives.
- Continued partnerships with MKO, SCTC and MMF on the AHTF projects.
- Continued development and implementation of NRHA's Respectful Workplace Strategy.

Date:	March 2009	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Respect & Caring	Reporter/ Source:	Executive Directors, Clinical Services
Board End:	Excellence in Patient Safety & Quality of Care		
Reporting Period:	As of March 2009		
Indicator Name:	Respect for Clients Religious Beliefs		
Definition:	Evidence of Policy Listing of Spiritual Care Services		
Evidence:	Evidence of Policy:		
Interpretation:	<ul style="list-style-type: none"> - E-3 Board Policy Healthy People (Mar 25/02, revised Apr 25/05) - GP-2 Board Policy Board Values (Mar 8/99, revised April 25/05) - GP-12 Board Policy Ownership (Mar 8/99, revised Feb 25/02) - V-C-10 Consent to Have Name on Religion Census –in Consent Manual 		
Rating: Good	Listing of Spiritual Care Services:		
	<ul style="list-style-type: none"> - <u>Spiritual Care program</u> - in place in conjunction with the Ministerial Associations in all acute and long-term care facilities in the region. - <u>Spiritual Care Committees</u> - Regional Spiritual Care Committee in place with reps from NRHA and community Ministerial Associations. NRHA participates on a provincial Spiritual Care Advisory Committee and the provincial Core Competency Development Committee. Mandate of committee is to develop core competencies for the Spiritual Care Coordinator positions. - <u>Spiritual Care Coordinator</u> - Submission in the 2006-07 and 2007-08 Health Plans to include a .5 EFT Spiritual Care position at FFGH and TPHC. Funding received in 2008 from MHL for a .5 EFT position each in Flin Flon and The Pas. Recruitment currently underway with goal to have both positions filled and the candidates in place by the end of March 2009. - <u>Spiritual Care Services</u> - At registration of admission, patient/ resident/ guardian is advised of the spiritual care services offered by the NRHA. Upon explanation, individual can either consent or refuse spiritual care services during their stay. The Admitting Clerk will then complete a consent form "Name on Religious Census". - <u>"Pastoral Care" Log Books</u> - available in all facilities to capture information on visits by community based Spiritual Care providers. 		
Action Plan:	<ul style="list-style-type: none"> • Ongoing priority for the RHA to ensure there is respect for client's religious beliefs. Ongoing partnerships will continue to be sought. 		

Date:	March 2009	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Respect & Caring	Reporter:	Regional Manager,
Board End:	Excellence in Patient Safety & Quality of Care	Source:	Decision Support
Reporting Period:	As of March 2009		
Indicator Name:	Client Input		
Definition:	Existence of Policies Listing of Client Surveys in place and how results are reported		
Evidence:	Existence of Policy:		
Interpretation:	<ul style="list-style-type: none"> - GP-9 Board Policy: Code of Conduct (Mar 8/99, rev. Mar 25/02). - I-D-30 Satisfaction Surveys (June 24/05). - III-B-30 Complaint Management (Aug 1/97 rev. Feb 23/06). 		
Rating: Good	Listing of Client Surveys in place in NRHA: <ul style="list-style-type: none"> - <u>Acute Care</u> – Acute Care Client satisfaction surveys were redesigned and pilot tested in 2008. A marketing campaign is being designed for implementation in 2009. - <u>Long Term Care</u> – Each respite care client is given a satisfaction survey to complete. Ongoing monthly Advisory Council meetings are held in each NRHA Long Term care facility to discuss issues and concerns. - <u>Mental Health</u> - A provincial survey has been developed to assess Mental Health client satisfaction levels and is conducted every 2 years. The 2008/09 survey was released in February 2009 and data collection will continue to the end of March 2009 with all populations being surveyed (community adult, adolescents and their families, seniors and/or their families and inpatient clients). The 2008/09 survey results will be reported in the 2009 Responsiveness Scorecard. - <u>Palliative Care</u> - A provincial survey is done every 2 years for palliative deaths over a 6-month period. Family Satisfaction surveys were completed in 2008 and results were reported in the 2008 Responsiveness Scorecard. Survey will continue to be administered bi-annually. - <u>Rosaire House</u> – Each client, upon discharge from Rosaire House, completes an evaluation. A 3-month follow-up survey is also completed where possible. Information from the follow-up surveys assists the Addictions CQI team in improving services based on client input. Data from the client follow-up surveys is used to evaluate current program and survey results dictate the type of adjustments based on the patterns of trends that are made. 		

- Home Care – A Client Satisfaction Survey was introduced in 2007. Client Exit Appraisals were implemented with clients and families in June 2007. Both of these tools will be used to evaluate the services and delivery of the Home Care program. Survey results were reported in the 2008 Responsiveness Scorecard.
- Primary Health Care – A Client Satisfaction Survey was administered in the fall of 2008 and phase 2 is scheduled for release in the spring of 2009. Survey results will be reported in the 2009 Responsiveness Scorecard.
- Support Services – All patients in the acute and long term care settings complete a survey relating to dietary and housekeeping satisfaction.

Action Plan:

- Continue the practice as outlined in the Satisfaction Surveys Policy I-D-30. Prior to release of a survey, survey forms will be reviewed to ensure the questions are still relevant and to identify any new issues that may need to be tracked. Pilot Testing Guidelines have been developed to assist teams with this task. All surveys are submitted to Quality Council for approval prior to release.
- Data Capture Software program has been purchased and is currently being used for both the PHC Client Satisfaction and Mental Health Client Satisfaction surveys.
- The CQI Teams and program areas will review client surveys with results/ trends analyzed and used to target quality improvement efforts.
- Data from satisfaction surveys will be reported to the Board through the Responsiveness Quality Scorecard.
- Continued implementation of both the revised Acute Care and the newly developed Primary Health Care Client Satisfaction Surveys.

Date:	March 2009	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Respect & Caring	Reporter:	Palliative Care Coordinator
Board End:	Excellence in Patient Safety & Quality of Care	Source:	
Reporting Period:	As of March 2009		
Indicator Name:	Unique Needs of Dying Clients are Met		
Definition:	Evidence of Policy Evidence of needs of Dying Clients being met at home (Palliative Care Services) and in the Acute Setting		
Evidence:	Evidence of Policy:		
Interpretation:	<ul style="list-style-type: none"> - VII-B-20: Death of a Patient/ Resident (Jun 17/02 revised Jun 31/06). - VII-B- 50: Death at Personal Care Home (Jun 17/02 revised Apr 24/06). - VII-B-60: Arrangements for Planned Death at Home (Jun 17/02 revised Jun 31/06). - VII-A-5: Regional Advance Care Planning Policy (September 25, 2006). 		
Rating:	Good		
	Evidence of needs of Dying Clients being met:		
	<ul style="list-style-type: none"> - NRHA has a regional Palliative Care Program in place. The goals of the program are to: <ol style="list-style-type: none"> 1) provide comfort through control of pain and symptoms; 2) assist in meeting physical needs of the client; 3) provide emotional and spiritual support to the client and the family; and 4) support the client and family to remain at home as long as possible. - A Palliative Care resource manual is in development. - There are palliative care rooms in both Flin Flon General Hospital and St. Anthony's Hospital. Palliative Care Team Members work very closely with the Palliative Care Coordinator to ensure the needs of the dying clients, and their families, are met. Inservices and training in palliative care for staff is ongoing. - A Family Satisfaction survey was completed in 2008 for deaths occurring between April 1 to September 31/07. Results were reported in September 2008 Scorecard with action plan included. Plan to continue with bi-annual survey. - Advance Care Planning process ensures that clients (with their health care providers' assistance) have a way to prepare for the decisions that will need to be made about future or potential end of life care and medical treatment. 		

Action Plan:

- Ongoing priority for the RHA to ensure that the unique needs of dying clients are met.
- The NRHA Palliative Care team will continue to meet monthly to discuss and plan care delivery for all palliative clients in the NOR-MAN region. These team meetings provide a forum to discuss and address ongoing concerns of clients and their families. They also help to identify opportunities for continuous quality improvement to enhance service delivery. The key area for improvement from the 2008 survey is to enhance communications to clients and family members.
- Pain and symptom management education is a high priority for the teams. It is expected that the development and use of a palliative care resource manual would be beneficial to enhance clinical management practice.

Date:	March 2009	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Organizational Responsibility & Involvement in Community	Reporter:	Facility & Plant Operations
Board End:	Healthy Communities	Source:	Support Services
Reporting Period:	As of March 2009		
Indicator Name:	RHA involvement in improving the health of the environment.		
Definition:	Evidence of Policy (relating to Environmental health) Facility participation in Recycling Efforts Evidence of NRHA participation in improving the health of the environment		
Evidence:	Evidence of Policies relating to Environmental Health:		
Interpretation:	<ul style="list-style-type: none"> - Board Policy E-2 Healthy Communities (Mar 8/99 rev. Apr 25/05). - I-B-10 Emergency Response Plan (Disaster Plan) (Jan 10/99 rev. Aug 18/06). - I-B-30 Green Program (May 26/03); I-B-40 Recycling (May 26/03). - I-B 50 Energy Management (May 26/03). - II-I-10 General Health & Safety (Jan 27/03 rev. Aug 26/04). - II-I-30 Asbestos Management program (Jan 27/03 rev. Aug 26/04). - II-I-60 Handling of Bio Hazardous Waste (May 26/03). - II-I-70 Workplace Hazardous Materials Information System (Aug 28/03 rev. Mar 9/04). 		
Rating:	Optimal	Recycling:	<ul style="list-style-type: none"> - All NRHA facilities continue to participate actively in community recycling programs where available including Acute Care, Long Term Care, Primary Health Care Centres, Snow Lake Health Centre, RHA Corporate Office, Seniors Team and 50 Church Street.
		Energy Project:	<ul style="list-style-type: none"> - <u>Green Team</u> - In December 2003, NRHA, through its Green Team, became a member of the Energy Innovators Initiative, a program sponsored by Natural Resource Canada. - <u>Energy Management Feasibility Study</u> - conducted in 2004-05. The study identified a number of proposed upgrades and renovations which included 15.4% energy cost savings and a reduction of 670 tonnes of greenhouse gas emissions annually. - <u>Energy Service Contract (EMSC)</u> - was developed between the NRHA and MCW Custom Energy Solutions Ltd. (MCW). The EMSC flows from the Feasibility Study and relates to the design of the proposed upgrades and renovations and the funding of the project. The forecasted savings are guaranteed through the EMSC and savings are then used to pay for the financing of the project with a capital cost of approx. 2 million, and a payback of 13 years. - <u>EMSC Approval</u> - We received approval to proceed with the EMSC from the NRHA Board of Directors on October 2, 2006 and MB Health on December 20, 2006. The agreement with MCW Custom Energy Solutions was signed October 25, 2007.

NRHA Quality Scorecard: Client/ Community Focus (March 2009)

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

- Grants - A number of grants were applied for including Energy Innovator's Initiative from Natural Resources Canada (NRCAN) and MB Hydro Power Smart Incentives. NRCAN grant approval received in August 2007. Application made to MB Hydro for provincial grants in October 2007.
- Project implementation - project underway:
 - Lighting retrofits- Completed in all sites
 - Building Envelope- Completed in all sites
 - Parking Lot Controllers- Completed in all sites
 - Water Conservation- Completed in all sites
 - Ozone Generators- Completed in all sites.
 - Alternative Energy (Solar Walls)- Completed in all sites
 - HVAC DDC controls- Continue to work on deficiencies & fine-tune operations
 - Mechanical Upgrades- Installation of Heat Recovery Unit is 50% completed.
 - Additional work- Surplus funds has been redirected to additional measures or to enhance those already done. Some enhancements which include additional lighting in both FFGH and TPHC, additional parking lot controllers in the Pas and pipe and duct insulation in FFGH has been done or in progress

Capital Construction – Green Buildings:

- All capital projects now incorporate "green" building design elements with the goal of achieving LEED or "close to" LEED certification. This direction is to be applied to all health capital projects on a go forward basis, as well as to projects that are currently part of the Health Capital Program wherever practicable.
- 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.

Incinerators:

- Canada-wide standards have been established for the amount of dioxins/ furans and mercury released through incineration of waste materials.
- MHHL has been working on a plan to reduce incinerator emissions to meet compliance of the new standards. They have conducted a biomedical waste review of all RHA's, reviewed best practises and conducted an engineering study of technology options. The study concluded that only two technologies are viable and that a combination of the 2 technologies be used including shredder claws for the majority of the biomedical waste stream; and incineration only for that portion for which it is the only option.
- MHHL have announced the phasing out of all incinerators in hospitals and moving to a transportation-based system with a single site for incineration of waste materials, which will be in Brandon. The site will include an incinerator and shredder/auto-clave. The plan is to have this site up and running in 2009.
- NRHA conducted a FMEA (prospective risk assessment) to identify potential operational implications/ risks associated with the phase-out of the incinerator at FFGH. This information will be used to guide planning. Currently waiting on provincial direction to move forward on this initiative.
- One concern is the condition of our existing incinerator. Capital dollars received in 2008 to keep the FFGH incinerator operational

Comprehensive Waste Management Plan:

- A comprehensive waste management strategy has been drafted for development prior to the phase out of the FFGH incinerator. The Waste Management Program should be operational in 2009.

Action Plan:

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

Date:	March 2009	Scorecard Area:	Client/ Community Focus
Indicator Type:	Involvement in Community	Reporter:	EMS
AIM Dimension:	Excellence in Patient Safety & Quality of Care	Source:	Regional Alert and Response Team Staff Health
Reporting Period:	As of March 2009		
Indicator Name:	RHA Plan for managing & sharing information about health hazards that exist in Region.		
Definition:	Existence of Internal & External Disaster Management Plan Evidence that planning done in conjunction with other community stakeholders. Protocol in place to deal with Infection Control issues impacting RHA & region		
Evidence:	Regional Alert and Response Team:		
Interpretation:	<ul style="list-style-type: none"> - Established in the spring of 2003 to deal with public health concerns that may arise (i.e. SARS, Pandemic Flu, West Nile, etc.). Team instrumental in the development of the Disaster Plan, the Regional IMS framework and the Regional Pandemic Plan. - Emergency Operations Centres in The Pas and Flin Flon have been upgraded with additional phone and data lines to ensure they are functional in the event of a disaster. Other items that have been put in place include 12 UPS backup boosters, tamper proof emergency storage containers and supplies for all sites, and signage for evacuated rooms. - One staff obtained level 100 & 200 of Emergency Operations Center from BC Justice Institute. - The amount and types of supplies that may be required in the event of a disaster are currently being reviewed. Storage of supplies will need to be arranged. - Currently working on Narrative component for Pandemic Plan. 		
Rating: Good	Disaster Plan: <ul style="list-style-type: none"> - Regional Emergency Disaster Plan and PCH Emergency Preparedness Plan submitted to MHHL in January 2004. - Emergency Response Plan was developed in the fall of 2004 and is updated as required. - Developed and trained 95% of all staff with a 3 hour Emergency Response Training in the fall of 2005. Additional 3 hr sessions held for new hires in 2006 & 2007. Staff Education took over responsibility of facilitating ERP training at both sites. Multiple classes have been held for new hires in 2008. - Our Regional Plan is distributed to communities that provided us with their new plans such as City of Flin Flon & the Town of The Pas. - Evacuation Drills tested in Flin Flon, Snow Lake & The Pas on an ongoing basis. - Two (2) staff person trained on National Emergency Stockpile System (NESS) 200 bed hospital setup. 		

Incident Management System (IMS):

- NRHA has developed a Regional IMS, which is an organizational planning system that defines the roles and responsibilities to be assumed by personnel and the operating procedures to be used in the management and direction of emergency incidents.
- Incident Management System framework document updated twice per year and circulated to all departments for placement in their Regional Response Plan binders.
- Senior Management 24 hour on-call rota in place.
- Mock Exercises – paper exercise (Fall 2004); Province-wide power outage (Spring 2005); Pandemic table top (April 2006); Electronic Communication Exercise (March 2008). Planning on Desk Top training session at each site targeted for May 2009.
- One staff achieved ICS levels 100 & 200 (BC Justice Institute) to allow accredited training of RHA staff in Health IMS. Waiting on provincial template of training package to roll-out training to all NRHA Managers.

Infection Control:

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

Action Plan:

- Ensure Regional Emergency Response Plan is reviewed/ updated on an annual basis as required.
- Continue implementation of a Regional Incident Management System and training through paper and mock exercises.
- Continue development of Pandemic Plan including a narrative Pandemic Plan.
- Continue to hold regular Mock Evacuation Drills at all sites.
- Continued education for staff in infection control and universal precautions to minimize the exposure to blood pathogens.
- Continue to promote the effectiveness of hand-washing to minimize the transmission of pathogens.
- Ensure all new staff receives Emergency Responsive Training sessions as well as provide ongoing ERT refreshers for all staff.