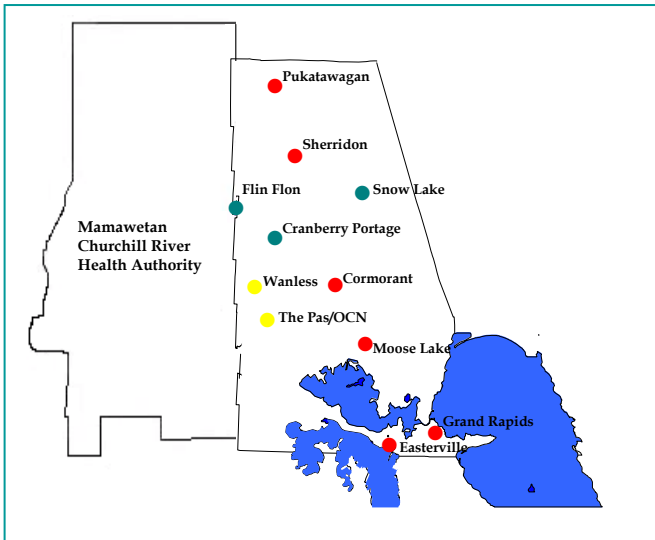




QUALITY SCORECARD

VITAL STATISTICS - CLIENT/ COMMUNITY FOCUS

August 2010



NOR-MAN Populations by Postal Code

Communities	Totals	Males	Females
R.M. of Kelsey	2,534	1,308	1,226
Snow Lake	899	456	443
Flin Flon	5,999	2,973	3,026
The Pas	7,106	3,486	3,620
Grand Rapids	683	331	352
Unorganized Territories	2,417	1,299	1,118
Opaskwayak CN	1,704	791	913
Misipawistik CN	457	233	224
Chemawawin CN	704	363	341
Mosakahiken CN	465	223	242
Mathias Colomb CN	1,260	616	644
NOR-MAN Total	24,228	12,079	12,149

Source: MB Health June 1, 2009

- ### 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	1,749	866	883
Denare Beach	889	471	418
Pelican Narrows	2,305	1,130	1,175
Sandy Bay	1,294	671	623
Sturgeon Landing	55	33	22
Flin Flon Saskatchewan	304	165	139
Peter Ballantyne CN	1,801	971	830

Source: SK Health June 30, 2009

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

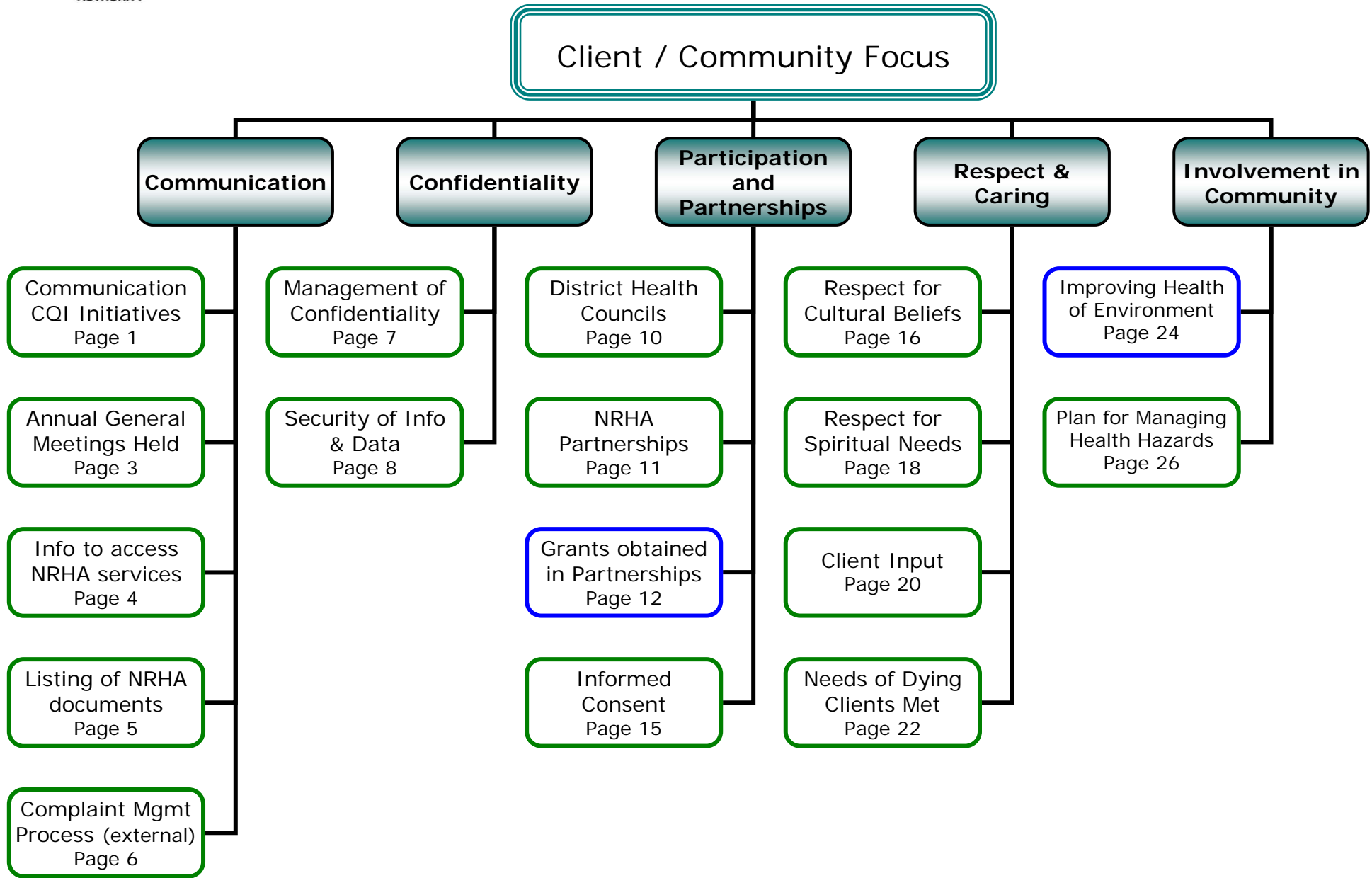
- ### 2009 District Health Council Highlights:
- Flin Flon:**
- Hosted an Estate Planning community presentation, sponsored Christmas at the Zoo, Women of Honor Awards, Breakfast with Santa, purchased E.R.I.K kits for distribution in the community and sponsored a gift program at Northern Lights Manor and Flin Flon Personal Care Home
- Cranberry Portage:**
- Sponsored Nutrition Program for the Elementary School, Jubilee Recreation, Grace Church Youth Group, sponsored the Elementary School gardening project, and assisted the NOR-MAN Breast & Women's Cancer network Pink Project, and contributed to the Christmas Hamper program at
- Snow Lake:**
- Sponsored the Winter Whoot Family Social, contribution towards the purchase of a community treadmill, sponsored a healthy nutrition program in the school
- Easterville:**
- Sponsored an essay contest to raise awareness of Chronic Disease
- 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 community garden project
- The Pas:**
- Updated the DHC Community Pamphlet and distributed, heard presentations from the Homeless Shelter, the NRHA on H1N1, Support for Seniors in Group Living, Supportive Housing project, and distribution of the NRHA Quality Scorecards.
- Cormorant**
- Sponsored healthy snack during track and field day at Cormorant Lake School, sponsored a barbeque for M tis Days.
- Moose Lake**
- Continue to be an active member on Healthy Moose Lake.

- ### 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**



Quality Scorecard: Client / Community Focus

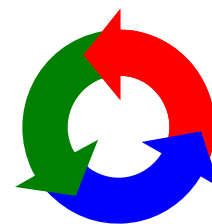
August 2010



NOR-MAN REGIONAL HEALTH AUTHORITY

QUALITY SCORECARD

Client/ Community Focus



Date:	August 2010	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Communication	Reporter/ Source:	Executive Director, Communications
Board End:	Healthy Communities		
Reporting Period:	As of March 2010		
Indicator Name:	Human Resources/ Communication CQI Initiatives		
Definition:	Active Human Resources/ Communications Committee with interdisciplinary membership		
Evidence:	Evidence of Active CQI Initiatives:		
Interpretation:	<ul style="list-style-type: none"> - Executive Director of Communications is a member of the Human Resources/ Communications CQI Team. The Committee's focus is the Work Life Pulse Accreditation Report that specifically speaks to "communication" in our organization. Staff focus groups have been held to discuss communication concerns – "what is working and what is not." 		
Rating:	Good		
	Listing of Initiatives:		
	<ul style="list-style-type: none"> - <u>Dedicated Resources</u> - Executive Director of Communications is responsible for overseeing all internal and external communications on behalf of the NRHA. - <u>Communication Plan</u> - reviewed/updated annually - <u>Existence of Policies</u> <ul style="list-style-type: none"> • GP-16 Communications (Mar 27/06). • EL-9 Communications and Support to the Board (Mar 8/99 rev. Mar27/06) • EL-11 Public Image (Mar 8/99 rev. Oct 2/06). • 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. 29/10). • III-A-50 Employee Communication (Sept 4/98 rev. Sept 5/06). • III-A-60 Employee Recognition (Feb 1/99 rev. Aug 24/06). • III-A-70 Telephone Triage/ Telephone Advice by Nurses (Aug 31/06) • III-A-80 Nursing Workload Staffing Reports (Nov 27/10) • III-A-90 Complaint Management – External (Aug 1/97 rev. Oct. 20/08) • III-A-100 Harm Reduction Philosophy (Oct 30-06 rev. Apr 1/09) • III-C-10 Computer Equipment and Software (Sept /01) • III-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-100 Satisfaction Surveys Policy (Jun 24/05 rev. Oct 20/08). 		

- External Communications
 - See also “*Information on how to access NRHA Services is available to resident*” on page 4.
 - News articles/ press releases coordinated through the Executive Director of Communications.
 - NRHA Corporate Office has a General Information Line (1-888-340-NRHA) to allow residents throughout the region to call toll free. Toll free line also used as a complaint line.
 - NRHA Web-Site (www.norman-rha.mb.ca) in place and regularly updated. All NRHA public documents posted on the website.
 - Complaint Management coordinated by the Executive Director of Communications/PR. In 2009, we received 85 written complaints and 7 compliments. The majority of complaints related to staff/ physician behavior and physician resources.
- Internal Communications
 - Standardization of Memos and Letters
 - Monthly Staff Newsletter “Pulse”
 - Manager Distribution Lists and NRHA Staff Telephone Directory updated quarterly.
 - Information provided to staff in a variety of venues including Lunch and Learns, All Staff Meetings, Department Management Meetings, Department/ Program meetings, All Staff memos and Leadership and Management sessions.
- Visual Identity
 - 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.
- Web site will continue to be updated on a regular basis.

Date: August 2010 **Scorecard Area:** Client/ Community Focus
AIM Dimension: Communication **Reporter:** Executive Director,
Board End: Healthy Communities **Source:** Communications

Reporting Period: 1998-2009

Indicator Name: Annual General Meetings Held

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

Evidence:
Interpretation:

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
2009/ October	Snow Lake	Dr. Lawrence Elliott, Medical Officer of Health	29

Rating: Good

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 our Annual General Meetings 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:	August 2010	Scorecard Area:	Client/ Community Focus
Indicator Type:	Communication	Reporter:	Executive Director,
Board End:	Optimal Access to Services	Source:	Communications
Reporting Period:	As of March 2010		
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:	– RHA services listed in <i>MTS Provincial Phone Directory</i> .		
Interpretation:	– 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	– Corporate Signs indicating Board Members and Senior Management are posted updated as needed at St. Anthony's Hospital, Flin Flon General Hospital and Snow Lake Health Centre		
	– NRHA Web site (www.norman-rha.mb.ca) is fully developed and updated on an ongoing basis. Links to other relevant websites include:		
	• Province of Manitoba – 4		
	• Manitoba Health – 13		
	• Health Canada – 4		
	• Canada Food Inspection Agency – 1		
	• Health Resource Links 42		
	• Patient Safety – 5		
	• Pandemic Planning – 1		
	• Other - 8		
	– 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 2009) and is posted on the NRHA website.		
	– Provincial Communication Network development of resources to ensure provincial consistency.		
	– Primary Health Care LED signage in place at the Flin Flon Primary Health Care Centre (1 North Ave) and the Wellness centre in The Pas.		
Action Plan:	• Continue to promote services through above venues and investigate other means to promote services.		

NRHA Quality Scorecard: Client/ Community Focus (August 2010)

4

Colour Codes: Blue = Optimal; Green = Good; Ongoing CQI; Yellow = Warning/ Room for Improvement; Dark Yellow = Data Limitations, Red = Trouble/ Extensive Work Required; Black = Data not available/In Development

Date: August 2010 **Scorecard Area:** Client/ Community Focus
AIM Dimension: Communications **Reporter:** Executive Director,
Board End: Healthy Community **Source:** Communications

Reporting Period: As of March 2010

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	Apr 2010	Every 5 years
Strategic Plan	20006-11 Strategic Plan based on CHA	To be released Dec 2010	Every 5 years Last published June 2005
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 2009 October 2009 December 2009 February 2010	Quarterly

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

- The following publications also can be downloaded from the NRHA Web site (www.norman-rha.mb.ca): *NRHA Strategic 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:	August 2010	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 1 st – December 31 st , 2009		
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. <ul style="list-style-type: none"> - 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		
	<p style="text-align: center;"><u>Total # of Complaints by Year</u></p> <p>2005 = 82 2006 = 73 2007 = 107 2008 = 70 2009 = 85</p>	<p style="text-align: center;"><u>Total # of Compliments by Year:</u></p> <p>2007 = 3 2008 = 4 2009 = 7</p>	
	<p><u>2009 Totals by Manual Data Collection Process</u></p> <ul style="list-style-type: none"> • In 2009, we received 85 complaints, which were higher than the previous year, as well as 7 compliments. • The majority of complaints related to staff/ physician behaviour and physician resources. • We continue to ensure timely resolution of complaints as per guidelines as set out in policy 		
Action Plan:	<ul style="list-style-type: none"> • 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:	August 2010	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Confidentiality	Reporter/ Source:	Risk Management/ Human Resources/ Staff Education Communications/ Privacy Officer
Board End:	Excellence in Patient Safety & Quality of Care		
Reporting Period:	As of March 2010		
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 re: alleged Breach of Confidentiality • # Occurrences reported re: alleged Breach of confidentiality • % 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). <p># of Complaints - Alleged Breach of Confidentiality (2009): 1 (anonymous complaint)</p> <p># Occurrences – Alleged Breach of Confidentiality (Apr 09 – Mar 10): 7</p> <p>% of New Hires that sign Oath of Confidentiality (2008) = 100%</p> <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. <p>Education:</p> <ul style="list-style-type: none"> - Oath of Confidentiality and PHIA Act are reviewed at General Orientation. - Confidentiality Awareness Campaign Week held annually. 		
Rating:	Good		
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 per policy 		

NRHA Quality Scorecard: Client/ Community Focus (August 2010)

Date:	August 2010	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 2010		
Indicator Name:	Security of Information & Data		
Definition:	Evidence of a policy and guidelines Listing of mechanisms in place		
Evidence:	Evidence of Policies (Administrative Policy Manual)		
Interpretation:	Release of Information Policies:		
Rating:	<ul style="list-style-type: none"> - EL-12 Information Management (Mar 08/99). - II-B-10 Confidentiality (Jun 4/98 revised Aug 24/06). - II-B-50 - Employee Identification (May 1/98; revised Oct. 15/09) - II-B-55 - Security System/Access Cards (Nov. 25/04; revised Sept. 13/06) - II-D-160 - Personnel Files (Sept. 4/98; revised Jan. 21/02) - V-A-10 Third Party (Nov 18/98 revised Oct 21/04). - V-A-20 Patient (Nov 18/99) - V-A-30 Confidentiality (Nov 18/10 revised Feb. 28/00) - V-A-40 Verbal (Nov 18/98) - V-A-50 Written (Nov. 18/98) - V-A-60 Consumer Access (Sept 1/99 revised May 20/08). - V-A-70 Duty to Warn (Nov 18/98 revised Oct 21/04). - V-A-80 Use of Confidential Stamp (Nov.18/98) - V-A-90 Transfer of Consumer Records within a Region (Nov. 18/98) - V-A-100 Fax or Electronic Mail (Nov 18/98 revised Oct 21/04) - V-A-110 DPIN Policy (Feb 4/00 revised Nov 17/09) - V-A-130 Health Records Retention and Destruction (Nov.18/98 revised May 20/08). - V-A-140 Search Warrant Authorization (Nov 24/98) - V-A-150 Destruction of Health Records (Jun 9/99) - V-A-160 Patient Authorization of Release of Information from Transfer Hospital May 15/02 revised 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 revised Oct 21/04). - V-B-20 Child & Family Services (Dec 18/00). - V-C-10 Consent to have Name on Religious Census (Sept 99 revised Jun 17/02) - V-C-20 Release of Personal Health Information to RCMP (Oct 24/02 revised Apr.1/09) 		
	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. 		

NRHA Quality Scorecard: Client/ Community Focus (August 2010)

Action Plan:

- 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.

Date: August 2010
Scorecard Area: Client/ Community Focus
AIM Dimension: Participation & Partnership
Reporter: District Health Council
Board End: Healthy Communities
Source: Liaisons

Reporting Period: As of March 2010

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:

DHC	# Members	Meeting Date	# Meetings Held	Minutes	Accomplishments
Cranberry Portage	7	3 rd Monday	5	✓	See details on Vital Stats Page
Easterville	4	3 rd Thurs	3	✓	See details on Vital Stats Page
Grand Rapids	4	3 rd Thurs	10	✓	See details on Vital Stats Page
Flin Flon	8	1 st Wed	6	✓	See details on Vital Stats Page
Snow Lake	9	4 th Tuesday	9	✓	See details on Vital Stats Page
The Pas	5	4 th Thurs	5	✓	See details on Vital Stats Page.
Cormorant	3	No set date	4	X	See details on Vital Stats Page.
Moose Lake	2	No set date	8	✓	See details on Vital Stats Page.

Rating: Good

Evidence of Board Policy:

- GP-12.1: District Health Council Terms of Reference (Mar 8/99 rev. Dec. 14/09).

District Health Council Retreat:

- None held in 2009-10. Retreat held in April 2010 to release Community Health Assessment findings.

Minutes:

- Minutes taken at DHC meetings and forwarded to the Board as part of their Board package on a monthly basis. Minutes not taken at Cormorant.

NRHA Support

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

- Action Plan:**
- Continue to provide community education fund to each DHC.
 - Continue to provide staff support to each DHC
 - Continue to appoint a Board representative to each DHC annually.
 - Attempt to hold DHC Retreats yearly or as interest warrants.
 - Continue recruitment efforts in all DHCs

Date: August 2010
Scorecard Area: Client/ Community Focus
AIM Dimension: Participation & Partnership
Reporter: Senior Management
Board End: Healthy Communities
Source: CARE Advocates

Reporting Period: As of March 2010

Indicator Name: **Partnerships**

Definition: Existence of Board Policies on Partnerships
 Listing of NRHA intersectoral partnerships

Evidence: **Existence of Policies:**
Interpretation:

- 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**

Community partnerships at program level:

- Age and Opportunity; 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); Canadian Diabetes Association; Child Day Care; Children's Special Services; City of Flin Flon; Diabetes Integration Project; Family Resource Centres (TP, SL, CP); First Nations organizations at community level; Flin Flon Women's Resource Centre; Friendship Centres TP & FF; HBM&S; Wellness Committee; HBM&S – Flin Flon Soil Study – Human Health Risk Assessment – HBM&S Community Advisory Committee / Technical Advisory Committee; Housing; Human Resource Development Canada (HRDC); Industry (HBMS, Tolko); Manitoba Brain Injury Association Inc; Manitoba Health Nursing Stations (Grand Rapids, Easterville and Moose Lake); Manitoba Métis Federation, The Pas Region; Manitoba Natural Resources; Manitoba Society of Seniors; MANTRA (Manitoba Tobacco Reduction Alliance); Ministerial Associations (TP, FF); Municipal Parks & Recreation Departments; Municipalities; OCN Animal Control; OHA Health Department; Probations; RCMP; School Divisions and local schools (Frontier, Kelsey, Creighton & FF School Division, UCN, OCN); SERC; Service Clubs (Rotary, Lions & Kinsmen); Senior's Groups (Flin Flon / Creighton Seniors Center, Golden Agers & Snow Lake Seniors); Seven Oaks Wellness Centre; Social Services; Swampy Cree Tribal Council; The Pas Wellness Centre; University College of the North; UCN / UM Joint Bachelor of Nursing Program; UCN Aboriginal Midwifery program

Inter-sectoral groups/ partnerships:

- Aboriginal Diabetes Integration Project; Aboriginal Health and Human Resource Initiative; Aboriginal Health Transition Fund Projects (SCTC, MKO, MMF); Aboriginal Partnerships in Healthy Living; Age Friendly Community Group; Baby Friendly Initiative (The Pas and Flin Flon); Best Beginnings-Baby & Me; Birthday Club; Body, Mind & Soul Committee; Breakfast for Learning; Breast Feeding Promotion Group; Bust the Winter Blues Festival Committee; CDPI District Steering Committees; Child Abuse Team; Congregate Meal Programs; Community Mentorship Program; Children’s Therapy Initiative; Community Trauma Teams; Cormorant Round Table; Elder Abuse Committee (TP/FF); E.R.I.K. kits Project-Flin Flon and Snow Lake Health Auxiliary; and The Pas, Grand Rapids and Easterville DHC’s; Manitoba Society of Seniors; Humane Society; Family Services, Housing and Consumer Affairs; FASD & FAS /E Committees; Flin Flon Neighbourhood Revitalization Corporation; Flinty Committee; Free To Be Me Committee; Gang Awareness Committee; Healthy Communities; Healthy Schools; HBMS Wellness Committee; In-motion Committees; Interim Advisory Committees (Neighbors Alive); International Women’s Day – Women of Honor Program; Keeway Wellness Center; Lords Bounty Food Bank; Mind, Body and Soul Committee; Movements that Matter; Manitoba Food Charter, FF & TP; Neighborhoods Alive; NOR-MAN Breast and Women’s Cancer Network; NOR-MAN Regional Immunization Committee; Northern Healthy Foods Initiative; New Horizons for Seniors; Parent Child Coalition; P.A.R.T.Y. program; Public Affairs Committee; Representative Workforce Key Stakeholder Council; Stakeholders Circle; Supports to Seniors In Group Living (TP/FF); Suicide Prevention Committees (TP/FF); Tobacco Tackle Teams; Teen Pregnancy Prevention Working Group; The Pas Action Centre; The Pas Homeless Shelter Advisory Committee; The Pas Neighborhood Revitalization Corporation; The Pas Wellness Center Committee; T.O.N.S. Network; UCN Student Practicum Placements; U.R.I.S. Program

Action Plan:

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

Date:	August 2010	Scorecard Area:	Client/ Community Focus
AIM Dimension:	Participation & Partnership	Reporter:	Regional Manager,
Board End:	Healthy Communities	Source:	Decision Support
Reporting Period:	April 2008 to March 2009		
Indicator Name:	Grants obtained through Intersectoral Partnerships		
Definition:	Listing & Value of Grants obtained through Intersectoral Partnerships		

**Evidence:
Interpretation:**

External Grants - Administered by the NOR-MAN RHA

Rating: Optimal

Nature Grant	Grant Source	2009/10 Grant Values
Community Health Assessment	Manitoba Health	\$53,400
Aboriginal Health & Human Resources Initiative (AHHRI)	Health Canada First Nations Inuit Health Branch	\$80,000
P.A.R.T.Y. Program	Community Donations	\$1,536
Risk Factor Surveillance	Billed Services	\$5,804
Children's Therapy Initiative	Healthy Child Manitoba	\$161,600
International Women's Day	Saskatchewan Labour Status of Women Office	\$850
Employment Grants	Service Canada	\$6,460
Office of Rural & Northern Health – Summer Student	Office of Rural & Northern Health	\$1,396
Support Services in Group Living	Manitoba Health	\$76,619
Suicide Prevention - The Pas & Flin Flon	Manitoba Health – Mental Health Special	\$25,000
InSight Mentor Program - The Pas	Health Child Manitoba	\$167,000
InSight mentor Program - Flin Flon	Healthy Child Manitoba	\$75,000
Teen Health Services	Healthy Child Manitoba	\$75,000
URIS	Manitoba Health	\$15,489
Retinal Screening Program	Manitoba Health	\$136,237
Retinal Screening - FNIHB	Health Canada First Nations Inuit Health	\$59,900
Families First	Healthy Child Manitoba	\$324,500
Play It Safer Network	Public Health Agency of Canada	\$102,500
Container Gardening Project	HEIFER International	\$2,594
Flin Flon FASD Committee	Parent/Child Coalition	\$2,000
In-Motion	Manitoba In-Motion	\$15,000
Total		\$1,387,885

External Grants - Administered by External Service Providers

Nature Grant	Grant Source	2009/10 Grant Values
Chronic Disease Prevention Initiative (CDPI)	Manitoba Health Public Health Agency of	\$107,087
Parent/Child Coalition	Healthy Child Manitoba	\$153,000
Northern Healthy Foods Initiative	Manitoba Aboriginal and Northern Affairs	\$23,600
Total		\$283,687

Staff within 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:	August 2010	Scorecard Area:	Client/ Community Focus
Indicator Type:	Participation & Partnerships	Reporter:	Executive Director
AIM Dimension:	Excellence in Patient Safety & Quality of Care	Source:	Clinical Services
Reporting Period:	As of June 2010		
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. 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 May/June 2010 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:	August 2010	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 2010		
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		
	<p>Listing of Cultural Services:</p> <ul style="list-style-type: none"> - <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>Aboriginal Liaisons</u> continue to be in place at The Pas Health Complex and Flin Flon General Hospital. They provide support to all Aboriginal people who access acute care and long term care services including in-patient and out-patient treatments (i.e. Dialysis) as requested. They provide support to the patient and family while in the hospital as well as organizing services they may require when they leave the facility, including necessary referrals and transport arrangements. They participate in discharge rounds, team care rounds, pharmacy rounds and family conferences. Translation services are also arranged when required. - <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. Partnerships of note include: <ul style="list-style-type: none"> • <u>Aboriginal Health Transition Fund Projects</u> – we have continued to be an active 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 Manitoba Health. The goal of the projects is to generate recommendations to Manitoba Health when developing policy on Aboriginal health and inform Health Canada on whether changes to the provincial health system are required to improve health status of Aboriginal populations. • <u>NRHA's Representative Workforce Program</u>, in partnership with Aboriginal and Northern Affairs and Manitoba Advanced Education & Training, continues to promote northerners into healthcare occupations, with the ultimate goal of developing recruitment strategies and programming to create a representative workforce. 		

- North Eastern Stakeholder Group was formed to work in collaboration with Saskatchewan stakeholders of Peter Ballantyne Cree Nation (PBCN) and the NOR-MAN Regional Health Authority to ensure quality patient care in terms of transportation, accommodation and discharge planning through the Flin Flon General Hospital.
- Respectful Workplace Strategy – Strategy has been developed and is being 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.
- We are committed to further develop cultural awareness training and consideration is being given to the most viable option available. The development of a regional Cultural Awareness program for all staff will be a priority for 2010-11.
- Continued partnerships with MKO, SCTC and MMF on the AHTF projects.
- Continued development and implementation of NRHA's Respectful Workplace Strategy.

Date:	August 2010	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 2010		
Indicator Name:	Respect for Clients Religious Beliefs		
Definition:	Evidence of Policy Spiritual Caregiver Statistics 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 Religious Census –in Consent Manual 		
Rating:	Good		
	Spiritual Care Stats (January – March 2010):		
	<u>The Pas:</u>		
	<ul style="list-style-type: none"> • January – 52 caregiver visits with 63.8 service hours • February – 45 caregiver visits with 46.8 service hours • March – 77 caregiver visits with 80.1 service hours • 26 volunteers on the roster • Three (3) volunteer training sessions given (1per month) • Seven (7) presentations given 		
	<u>Flin Flon:</u>		
	<ul style="list-style-type: none"> • January – 39 caregiver visits with 28.8 service hours • February – 26 caregiver visits with 28.4 service hours • March – 34 caregiver visits with 32.5 service hours • 19 volunteers on the roster • Three (3) volunteer training sessions given (1per month) • Seven (7) presentations given 		
	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> - Directed funding received for a three-year pilot in the fall of 2008. Two half-time Spiritual Care Coordinators were hired in May 2009 in The Pas and Flin Flon. 		

- Spiritual Care Services:
 - 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”.
 - Mechanism put in place to track voluntary spiritual care visits at acute care facilities
 - Spiritual Care Coordinators are actively participating with training palliative care volunteers
 - Spiritual Care Coordinators have attended training to provide further direction to staff and volunteers around grief support
 - Daily positive affirmations sent out from Flin Flon Spiritual Care to uplift staff
 - “Pastoral Care” Log Books are available in all facilities to capture information on visits by community based Spiritual Care providers.

Action Plan:

- Ongoing priority for the RHA to ensure there is respect for client’s religious beliefs. Ongoing partnerships will continue to be sought.

Date:	August 2010	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 2010		
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 process and tool instrument are currently under redevelopment and scheduled for a fall/winter 2010 implementation - <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. Resident satisfaction surveys are administered every two (2) years - <u>Mental Health</u> - A provincial survey has been developed to assess Mental Health client satisfaction levels and is conducted every 2 years. Populations being surveyed include community adult, adolescents and their families, seniors and/or their families and inpatient clients. - <u>Palliative Care</u> - A provincial survey is done every 2 years for palliative deaths over a 6-month period. - <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. - <u>Home Care</u> – The Client Satisfaction Survey process is currently under review. Client Exit Appraisals are completed with clients and families on discharge from the program - <u>Primary Health Care</u> – Primary Health Care Client Satisfaction survey process and tool instrument are currently under redevelopment and scheduled for a fall/winter 2010 implementation - <u>Support Services</u> – All patients in the acute care settings complete a survey relating to dietary and housekeeping satisfaction during their hospital stay - <u>Support Services</u> – All patients in long term care settings complete a survey relating to dietary and housekeeping satisfaction annually. 	

NRHA Quality Scorecard: Client/ Community Focus (August 2010)

19

Colour Codes: **Blue = Optimal**; **Green = Good**; **Ongoing CQI**; **Yellow = Warning/ Room for Improvement**; **Dark Yellow = Data Limitations**; **Red = Trouble/ Extensive Work Required**; **Black = Data not available/In Development**

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.
- The CQI Teams and program areas will review client surveys for results/ trends analyzed and these will be used to target quality improvement efforts.
- Data from satisfaction surveys will be reported to the Board through the Responsiveness Quality Scorecard.
- Complete redevelopment of the Acute Care and Primary Health Care Client Satisfaction Survey tools.

Date:	August 2010	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 August 2010		
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, currently under review). - VII-A-5: Regional Advance Care Planning Policy (September 25, 2006). - NRHA has a regional Palliative Care Program in place. The goals of the program are to: <ul style="list-style-type: none"> 1) provide comfort through control of pain and symptoms; 2) assist in meeting physical needs of the client; 3) provide emotional and spiritual support to the client and the family; and 4) support the client and family to remain at home as long as possible. - A Palliative Care resource manual has been developed and approved. Educational roll-out scheduled for Fall 2010. - 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. In-services and training in palliative care for staff is ongoing. - A Family Satisfaction survey was completed in 2010 for deaths occurring between April 1 to September 31/09. Results of survey shared at the team level and two actions identified to work on for 2010 - 2012. 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. 		
Rating:	Good		

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 improvements from the 2010 survey is to enhance bereavement support and explore increasing palliative care room/beds in acute care settings.
- Pain and symptom management education is a high priority for the teams. It is expected that the use of the palliative care resource manual will be beneficial to enhance clinical management practice. Planning for specific educational sessions for professional care providers is underway.

Date:	August 2010	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 2010		
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	Environmental Health	<ul style="list-style-type: none"> - NRHA continues to work closely with major industries, Manitoba Health, MB Conservation & communities regarding Environmental concerns.

NRHA Quality Scorecard: Client/ Community Focus (August 2010)

22

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Green Team

- A Green Team was established to replace the previous Environment CQI Team. The team has developed a Green Strategic Action Plan that focuses 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 building
 8. Reducing energy costs and greenhouse gas emissions.
 9. Minimizing environmental risk to the organization and communities.

Recycling:

- 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, 50 Church Street

Energy Project

- Energy Project is complete and the monitoring of energy savings is underway.
- Our Energy Project has been featured at numerous presentations and publications including the fall 2008 edition of HealthCare World

Capital Construction – Green Buildings

- All capital projects now incorporate "green" building design elements with the goal of achieving LEED or "close to" LEED certificate

Incinerators:

- Manitoba Health 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. The site will include an incinerator and shredder/auto-clave. We are awaiting further provincial direction.

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 2010-11.

Action Plan:

- Ongoing implementation of our Energy Management Plan.
- Ongoing monitoring of energy savings as a result of our energy project .
- Continue to participate in Community Recycling programs.
- Continue to work with Manitoba 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 where possible.
- Continue the work of The Green Team and strategies of the Green Strategic Action Plan.

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 2010		
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"> - Continues to meet and review/ update all phases of Regional Pandemic Preparedness and Response Plan. - The Regional Alert and Response Team had developed Regional Pandemic Planning worksheets based on the Canadian Pandemic Plan. In the spring of 2009, the Team identified the need to transition our worksheets into an operational plan and present the plan in a narrative format that could be shared with external stakeholders. - Regional Pandemic Plan in place. - Participated in a Pandemic Training session on Opaskwayak Cree Nation. - Leadership Management sessions were held with all Managers and the Regional Alert and Response Team in March 2010 and a review of the Regional Plan was completed. All NRHA Managers attended and will be developing department specific plans consistent with the Regional Plan. 		
Rating:	Good		
	Regional Emergency Response Plan		
	<ul style="list-style-type: none"> - NRHA hired a part time Regional Disaster Management Coordinator in February 2010 and she is currently reviewing all regional emergency response plans - Installed "Evaluation Markers" on all Patient rooms. Markers indicate that the room has been cleared/empties during an evacuation 		
	Emergency Operations Center (EOC)		
	<ul style="list-style-type: none"> - In place and process to enact EOC by Administration On-Call established. - Emergency Operation Centers were upgraded in 2008 and are identified in our regional plan. 		
	Implementation of Incident Management System (IMS)		
	<ul style="list-style-type: none"> - NRHA has developed a Regional IMS, which is an organizational and planning system that defines the roles and responsibilities to be assumed by personnel and the operating procedures to be used in the management and direction of emergency incidents. IMS contact list updated and distributed quarterly. 		

- Admin on-call rota in place to ensure Manager is available to deal with emergencies 24/7. Rota expanded to non-union nursing related positions effective May 2010. Orientation and education binders developed to provide guidance and resource to Admin On Call.

Communications

- Satellite Phones installed at hospitals as a back-up communication device.
- Developed a Fleet-net Radio Outage contingency plan.
- Purchased new & reconfigured old portable radios so that there is a common channel to be used for communication.

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.
- 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.
- Ensure Pandemic Plan is reviewed/ updated as required
- 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.