

NOR-MAN Regional Health Authority

Strategic Plan 2006-11



June 2005

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2006-11 Strategic Plan

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1.0 INTRODUCTION

The 2006-11 Strategic Plan for the NOR-MAN Regional Health Authority (NRHA) is a progressive document that builds on the work and planning that has been underway in the region since the authority's inception in April 1997. Legislated under the Regional Authorities Act of Manitoba, Regional Health Authorities are required to develop and submit a Regional Health Plan, which includes a 5-year strategic component and an annual health plan component.

The NRHA has recently completed a comprehensive Community Health Assessment (CHA) for the region, which was published in November 2004. This report and the work leading up to its publication, reflects our attempt to develop a greater understanding of the health issues and concerns in our region. The results from the Community Health Assessment form the basis for this Strategic Plan. In addition to the Community Health Assessment, a number of other information sources were used to assist the NRHA Board of Directors and senior management team to establish Board Ends and strategic priorities for the coming years. These include:

- ◆ NRHA Master Plan published in 2000.
- ◆ Criteria for setting strategic priorities established during the Community Health Assessment Retreat held in November 2004.
- ◆ Strategic Planning Session held in March 2005.
- ◆ Review and refinement of previous strategic and operational planning processes.
- ◆ Review and refinement of Board policies including Board Ends and Values, March 2005.
- ◆ Review of Manitoba Health's Planning Document, January 2005.
- ◆ Planning and consultative processes presently in place throughout the region.
- ◆ Internal planning documents such as performance deliverables; and human resource, information management and emergency response/ disaster plans.

The following outlines the components of our strategic plan:

- ◆ Overview of NOR-MAN Regional Health Authority;
- ◆ Overview of the NOR-MAN region;
- ◆ Situational analysis;
- ◆ Policy framework;
- ◆ Board Ends & strategic priorities; and
- ◆ Strategic capital needs.

The Board and senior management is committed to working with staff, key stakeholders and residents to improve the health of individuals and communities within the NOR-MAN region. In pursuit of our Mission, we must work together to plan health services based on our long-range Master Plan. This Strategic Plan provides the NOR-MAN Regional Health Authority with a strategic framework to guide planning in our region.



2.0 OVERVIEW OF THE REGION

2.1 OVERVIEW OF THE NOR-MAN REGIONAL HEALTH AUTHORITY

The NOR-MAN Regional Health Authority was established April 1, 1997 under the provisions of *The Regional Health Authorities and Consequential Amendments* (Bill 49). The NOR-MAN Regional Health Authority (NRHA) delivers a range of services in three local acute care facilities, three personal care homes, one addiction center, two NRHA nursing stations, two primary health care centres and one wellness centre. Services are delivered based on the following eleven core services:

1. Prevention and Community Health Services
2. Health Promotion/ Education
3. Health Protection
4. Mental Health
5. Substance Abuse/ Addictions
6. Home-based Care Services
7. Long Term Care Services
8. Palliative Care
9. Development and Rehabilitation Services
10. Treatment, Emergency and Diagnostic Services
11. Physician Services

Services are provided to the approximate 25,000 people that comprise the NOR-MAN region. In addition to the Manitoba-based population, approximately 8,000 northeastern Saskatchewan residents have access to acute, ambulatory, diagnostic and emergency care services in Flin Flon, which accounts for 40 to 66% of Flin Flon General Hospital's utilization depending on the particular service being provided.

The NRHA is not mandated to provide all health services in all communities. There are a number of agencies providing health services in the NOR-MAN region, including:

- Manitoba Health operates the nursing stations of Grand Rapids/ Grand Rapids First Nation, Easterville/ Chemawawin First Nation and Moose Lake/ Mosakahiken First Nation.
- Northern Medical Unit provides physician services for Grand Rapids/ Grand Rapids First Nation and Easterville/ Chemawawin First Nation.
- Swampy Cree Tribal Council through funding from the federal government supports the provision of most services on-reserve, though these are increasingly devolved to band administration as is the case in Opaskwayak Cree Nation and Mathias Colomb Cree Nation

Because of the diversity of the NOR-MAN region, the challenge is to ensure that all NOR-MAN residents have access to a seamless health care system. It recognized that this only can be accomplished by good communications and strong partnerships.

The Minister of Health appoints the Board of Directors for all Regional Health Authorities. Board appointments represent both geographic representation as well as a broad cross section of



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interests and experiences. The current NRHA Board of Directors consists of fourteen members representing the various NOR-MAN communities. In April 2005, four new Board Members were appointed to the Board. The NRHA Board of Directors operates using a Policy Governance model with responsibilities of establishing policy, providing strategic direction and monitoring performance. The responsibility of developing and implementing operational initiatives is that of management.

The NRHA has active District Health Councils throughout the region whose role are to be a communication and consultation link between NRHA communities and the NRHA Board of Directors and senior management. NRHA District Health Councils were actively involved in Community Health Assessment activities as well as helping to determine criteria from which strategic directions would be prioritized as part of the CHA retreat.

The senior management structure has remained fairly stable since the last strategic plan. In the summer of 2004, with the departure of the Executive Director of Clinical Services, the Chief Executive Officer reassigned some duties of the senior management team and assigned the Site Administrators from the Flin Flon General Hospital and St. Anthony's General Hospital to be part of senior management. A new position, the Executive Director of Professional Development, was created to ensure a stronger focus on professional standards development. The Senior Management Team now consists of the following portfolios:

- Chief Executive Officer
- Executive Director of Community and Long Term Care
- Executive Director of Finance and Support Services
- Executive Director of Planning, Research and Development
- Executive Director of Professional Development
- Executive Director of Human Resources
- Executive Director of Communications
- Site Administrator, St. Anthony's General Hospital
- Site Administrator, Flin Flon General Hospital
- Medical Officer of Health (itinerant)

2.2 OVERVIEW OF NOR-MAN REGION

The NOR-MAN Region is one of three northern Regional Health Authorities in the province of Manitoba with a combination of pristine wilderness and northern rural and remote settings. Although the population is small, the region covers a vast area of land of approximately 72,000 square kilometers extending from Grand Rapids in the southeast corner to Pukatawagan/Mathias Colomb Cree Nation in the north end of the region. The major centre of Winnipeg is located 6 - 10 hours driving time south. The region has a diversified economic base including mining, forestry, agriculture, education, tourism and service industries. The region has three distinct types of communities: First Nation communities; Northern Affairs communities; and Cities, Towns and Municipalities as listed on the following page:



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NOR-MAN Communities By Type

FIRST NATION COMMUNITIES	NORTHERN AFFAIRS COMMUNITIES	CITIES, TOWNS & MUNICIPALITIES
Grand Rapids First Nation Chemawawin First Nation Opakwayak Cree Nation Mosakahiken First Nation Mathias Colomb Cree Nation	Easterville Cormorant Moose Lake Sherridon/ Cold Lake	Grand Rapids The Pas RM of Kelsey Wanless Cranberry Portage Snow Lake Flin Flon

There is no consensus of the total size of the population of NOR-MAN as population figures differ based on source of data used. For comparative purposes, Manitoba Health data for 2001 states the NOR-MAN population total is 25,012. The Indian Registry population figures for on reserve First Nation communities illustrates a significantly higher on-reserve population than what is reported by MB Health, escalating the NOR-MAN population upwards of 31,000 people.

NOR-MAN Population Profile, 2001

NOR-MAN COMMUNITIES	POPULATION MB HEALTH	POPULATION INDIAN REGISTRY (ON RESERVE)
Grand Rapids	680	
Grand Rapids, First Nation	372	763
Chemawawin, First Nation	573	1,109
The Pas, Town	7,809	
Opaskwayak Cree Nation	1,412	2,657
RM of Kelsey	2,477	
Mosakahikan First Nation	366	1,009
Snow Lake	1,239	
Flin Flon	6,650	
Mathias Colomb Cree Nation	1,160	1,945
Unorganized Territories	2,274	
TOTAL	25,012	

NOR-MAN Regional Health Authority provides services to approximately 2.2% of Manitoba's population. Notable demographic information includes:

- 62% of residents live in Flin Flon, The Pas or Opaskwayak Cree Nation.
- 49% of residents are female, 51% are male.
- 46% of residents claim Aboriginal identity (MB rate is 14%)



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- 50% of residents are under the age of 30 years (MB rate is 43%). This rate is closer to 70% in our First Nation communities
- 7.9% of our residents are 65 years and older (MB rate is 13.6%). Flin Flon has the highest percentage in this age group at 13%.

The NRHA also provides services to approximately 8,000 residents of northeastern Saskatchewan. Northeastern Saskatchewan residents account for 40% of emergency room visits, 55% of hospital discharges and 66% of obstetrical care.

Northeastern Saskatchewan Population, 2002

COMMUNITY	POPULATION	COMMUNITY	POPULATION
Flin Flon, SK	336	Pelican Narrows (non-Treaty)	1,470
Creighton	1,790	Sandy Bay (non-Treaty)	1,124
Denare Beach	765	Peter Ballantyne Cree Nation	2,453
Sturgeon Landing	40	TOTAL	7,980

NOTE: Peter Ballantyne Cree Nation population figures include all treaty individuals living in Deschambeault, Pelican Narrows and Sandy Bay.

3.0 SITUATIONAL ANALYSIS

3.1 RESULTS OF THE NRHA 2004 COMMUNITY HEALTH ASSESSMENT

The NRHA completed a comprehensive Community Health Assessment for the region, which was published in November 2004. This was the second Community Health Assessment completed in our region and provided a second baseline of information to compare how our health is improving and areas for further investigation and potential improvement. In our Community Health Assessment, there were a number of factors that were identified that impact the health status of residents. These included:

- The region's rural and remoteness and the number of widely scattered communities impacts access to services.
- Lower education levels than other Manitobans with a higher percentage of residents with less than high school or a high school diploma.
- Unemployment rate (12.1%) is double that of the Manitoba rate with rates as high as 44% in some of our outlying communities.
- A high dependence on government transfer payments with higher rates observed in our outlying communities.
- A higher median household income than the Manitoba average. A large disparity between high and low median family incomes (\$62,336 vs. \$18,703) is apparent with income levels differing drastically between communities.
- Lone parent families in NOR-MAN make almost one-third less family income than what couple families makes.



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As documented through the Community Health Assessment and Master Plan processes, the NRHA has a number of serious health challenges:

- Our **health status is poorer** with higher premature mortality rate and a lower life expectancy than the average Manitoban.
- **Leading causes of death** in NOR-MAN are similar to Manitoba as a whole with diseases of the Circulatory System being the top cause of death followed by Neoplasms (cancer). Lung Cancer is the leading cause of cancer death.
- **Chronic Diseases** - We have higher rates of chronic diseases relating to unhealthy lifestyle choices including the facts that more females smoke, we are more likely to be exposed to second hand smoke, we are more likely to drink heavily, and we are more likely to be overweight.
- **Diabetes** is our number one health issue with rates reaching epidemic proportions in our region, particularly amongst the Aboriginal population. Treatment prevalence rates are statistically higher than the Manitoba rate. New resources and approaches are required to prevent a costly health epidemic.
- **Injuries** are a concern in NOR-MAN as we are more likely to get injured and be hospitalized for an injury. Of note, is that Injury Mortality Rates for males are over double the Manitoba rate. The leading causes of injury deaths are related to motor vehicle traffic incidents, followed by suicides, drowning & submersions, fire and burns, and falls. The top reasons for ER visits include falls, followed by being struck by or collision with an object, cutting and piercing, motor vehicle incidents, and being struck by or collision with a person.

Other health issues and concerns of significance in the region include:

- Teenage pregnancy rates are two times higher than the Manitoba average.
- Stress, mental health and addictions continue to be identified as concern.
- High birth weights are a concern and in particular their correlation to Diabetes.
- Poor health status of Aboriginal people is a concern.
- STD rates are one of the highest in Manitoba.
- The majority who responded to the telephone survey said that they are happy with the services that they were provided and rated the quality of services good to excellent. Many reported that they found it difficult to get an appointment with a health care provider and did not know where to go to address a concern.
- A concern regarding late stage diagnosis of illnesses and conditions was identified.

3.2 PROGRESS SINCE NRHA'S 1997/98 COMMUNITY HEALTH ASSESSMENT

NOR-MAN has consistently been one of the unhealthiest regions in the province. Many of the health needs listed above relate to lifestyle choices and personal lifestyle practices. Traditional models of health care delivery do not address these issues effectively. Although physician-centered, hospital-based care will always be a core component of the health care delivered in



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NOR-MAN, we recognize the importance of focusing more resources in promoting health and preventing illness and injury.

Our Master Plan identified four guiding principles as a means to address our changing demographics, the serious health needs of our region and the aging facilities we currently operate in. These four principles will continue to guide all planning within the region:

1. **Population Health** needs will drive the development of health services and programs.
2. There will be an **Alternative Point of Entry** into the NOR-MAN health system through a new Primary Health Care model.
3. Programs and services will be **regionalized** where appropriate, avoiding unnecessary duplication.
4. Services will be **integrated**, avoiding traditional stove piping, competition and duplication.

Since our last Community Health Assessment, NRHA has undertaken a number of initiatives to illustrate our commitment to focusing more resources in promoting health and preventing illness and injury. The following provides a summary of just some of these initiatives:

- Close to 1.5 million dollars in grants for community initiatives have been obtained in the past few years including funding for such things as NutriSTEP / nutrition screening tool for every pre-schooler, cervical screening, Diabetes prevention – healthy eating initiatives, Injuries are No Accident project, PARTY program (Preventing Alcohol Risk Related Trauma in Youth), and Primary Health Care transition funding.
- Staff increases in Health Promotion, Mental Health and Primary Health Care.
- Opening of the CNRC / Women and Teen Health clinics.
- Primary Health Care model developed and being implemented.
- Regional Diabetes Resource Program and strategy developed.
- Smoking Reduction Coordinator hired with a focus on prevention, protection and cessation activities.
- Tobacco Tackle Teams and other healthy school initiatives have been established in many of the schools throughout the region.
- Co-occurring Disorders Initiative (CODI) is being implemented in the region to address co-occurring disorders of mental health and addictions in the region.
- District Health Councils have been active in health promotion and education activities.
- A number of healthy child initiatives have been implemented including the establishment of a NOR-MAN Teenage Prevention Working Groups (Flin Flon/ Cranberry Portage and The Pas), FAS Mentor Program and Family First Program.
- The Manitoba Mobile Breast Screening program has significantly improved mammography screening rates in the region. MB Telehealth is showing great promise in region with opportunities for increased access to clinical and educational opportunities in the region.
- The installation of a CT scanner in The Pas has seen the number of warrants for the Northern Patient Transport Program decrease dramatically and has improved access to timely diagnostic testing closer to home.
- A number of capital improvements have been made to NRHA facilities.



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- A number of Performance Deliverables have been submitted to MB Health and are currently being worked on including the development of strategies in the areas of Aboriginal Health, Teenage Pregnancy, Injury Prevention, Diabetes, Immunization, CODI, Primary Health Care, and STD's.
- A Quality Scorecard has been developed and has earned national attention. The scorecard provides an ongoing accountability mechanism to monitor how our health system is performing in the areas of work life, responsiveness, system competency and client/ community focus.

It is worthy to note that although we continue to be one of the more unhealthy regions in the province, our efforts are paying off. We have seen some significant improvements in health status in our region since the last Community Health Assessment as documented below:

- Our health is improving with statistically significant improvement in premature mortality rates being observed and life expectancy improving.
- We have a higher rate of former smokers.
- We have seen a significant improvement in preventative screening rates including cervical and mammography screening rates.
- Childhood, influenza and pneumococcal immunization rates are steadily improving.
- Infant mortality rates are lower than the Manitoba average.
- According to the Canadian Community Health Survey, NOR-MAN residents report that they are more active than average Manitoban.

3.3 CHALLENGES

As part of the Strategic Planning process, a number of challenges were identified as impacting the work of the NOR-MAN Regional Health Authority.

Service Provision

The majority of health care resources are presently spent on illness care yet health care services explain only about one-quarter of a person's health status. The other three-quarters of what makes a person healthy is influenced by such factors as income, social support, education, physical environment, personal health practices and genetics. Traditionally in health care, the focus has been on illness rather than health; curing versus preventing illness; and hospitals and physicians as the first access point into the system. Although physician-centered, hospital-based care will always be a core component of the health care delivered in NOR-MAN, the challenge is on how resources can be shifted to prevention and promotion of health while maintaining existing services.

Jurisdictional Issues

The NOR-MAN Regional Health Authority is not mandated to provide all health services in all NOR-MAN communities. A number of other agencies provide health services to residents in the region. If services are not coordinated between the various jurisdictions, it can result in gaps in service, lack of continuity of services and limited access to services in some of our outlying areas. Poor health status of Aboriginal people continues to be a concern.



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Capital Issues

NOR-MAN Regional Health Authority has the oldest acute care facilities in the province. Our facilities are at the end of their useful lifespan and we continue to experience space restraints, operational inefficiencies and safety and security issues. Major capital development is required in both St. Anthony's and Flin Flon General Hospitals. We have been told that approval for funding for new facilities is not feasible for a number of years. As a result, capital upgrades will have to be a priority for the region.

Human Resource Issues

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

Residents Knowledge of Health Services and Involvement in Improving Health

Many reported in the RHA community health telephone survey (Acumen Research) that they do not know where to go to address a concern. There is a need to increase resident knowledge of available health care services as well as how to access services. As many of our health issues relate to lifestyle, residents' ability to take responsibility for their own health and for making good healthy living choices is critical.

3.4 OPPORTUNITIES/ COMMON THEMES

The following common themes/ opportunities were identified through the Community Health Assessment process as areas that the NRHA must continue to strive towards in order to reach our mission. It was reinforced in the Strategic Planning process, that these have all been areas of focus of the NRHA for the past several years and need to continue to be the focus in developing the strategic directions for the NRHA for the coming years. These include the need to:

- Improve access to services.
- Enhance awareness of NRHA services and programs.
- Improve service integration and better coordinate services in the community.
- Strengthen primary prevention activities. Build individual and community capacity for improving health.
- Work in partnership.
- Communicate and consult with our communities.
- Include traditional healing practices into our health care delivery model.
- Be innovative in how we deliver services.
- Use innovative cost-effective approaches in an evidence-based environment.
- Develop northern Human Resources and continue to work at attracting and retaining an adequate and skilled staff.



CRITERIA FOR SETTING PRIORITIES

It was recognized that with finite resources and a multitude of health challenges, the NRHA needed to establish criteria on which to set priorities. This task was completed as part of the Community Health Assessment Retreat that was held in November 2004 with the Board, Senior Management, the Community Health Assessment Advisory and Research Teams and the District Health Councils. These criteria were collectively decided by the participants and were then used by the Board and senior management in determining the Board Ends and strategic priorities for 2005-11. The criterion were as follows:

- Efficient use of resources / human and financial
- Impact on a large number of people / positive or negative
- Something can be done / support for change on the issue
- Growing/increasing problem
- Long-term consequences / positive or negative
- Can be monitored

4.0 POLICY FRAMEWORK

4.1 POLICY FRAMEWORK

The policy framework of the NOR-MAN Regional Health Authority was first approved in November 1996, and has been refined in March 1999, February 2000, and again in April 2002. The following is a summary of the Mission and Values as approved by the NRHA Board of Directors in April 2005.

4.2 MISSION STATEMENT

The NOR-MAN Regional Health Authority's Mission reflects the notion of individual and collective responsibility for health. The NOR-MAN Regional Health Authority exists so there will be:

Healthy People in Healthy Communities

Further, the NOR-MAN Regional Health Authority Board recognizes that in order to achieve our Mission, we will continue:

"Working Together to Improve Our Health"



4.3 VALUE STATEMENTS

In establishing Board policies, making decisions and evaluating the performance of the Board and of the organization, the Board believes in and will be governed by a fundamental set of values and principles. These values will be the basis of all health services provided, all decisions made and all actions taken within the NOR-MAN Regional Health Authority.

We believe in and will be governed by:

- Dynamic, innovative, realistic, inclusive and stable leadership;
- Honesty, respect, truthfulness and effective, open communication with those we work with and serve;
- Informed choices for people and personal responsibilities for health, wellness and safety;
- Being responsive to the unique needs of individuals and communities;
- A fundamental quest for excellence in all facets of our organization;
- The person's right to informed, participatory decision making;
- The person's right and need for confidentiality of information;
- Innovative cost-effective approaches in an evidence-based environment;
- Proper accountability and prudent expenditure of public funds; and
- Personal and professional growth and development for Board and staff to meet emerging challenges.

5.0 BOARD ENDS & STRATEGIC PRIORITIES

5.1 BOARD ENDS

In order to achieve our mission, the Board has set out four Board Ends to guide the NRHA:

1. **Healthy Communities** - This Board End speaks to the collective responsibility for health and the need to increase public awareness of available health care services. It also recognizes that in order to improve the health of our people and our communities, we have a collective responsibility for improving health and we can achieve improvements by working in partnership with our community partners.
2. **Healthy People** - This Board End speaks to the many health issues that were identified through the Community Health Assessment on the health status of NOR-MAN residents. It was identified that many of our health issues relate to lifestyle issues and in order to improve health status we need to focus on health promotion and primary prevention.
3. **Optimal Access to Services** - This Board End speaks to improving access to services. It is recognized that, where possible, we need to be creative using technology such as Telehealth; and bring specialty services to the region. It addresses the priority of continuing to work on our Primary Health Care model and the need to continue to work

towards reducing the jurisdictional barriers that exist as not to impact an individual's ability to access the necessary services.

4. **Excellence in Patient Safety and Quality of Care** - This is a new Board End, which focuses on our commitment to patient safety and continuous quality improvement. It also speaks to the need to be accountable to those we serve and that with finite resources all planning must be done in an evidence-based environment. Also emphasized is the fact that in order to be sustainable as a regional health authority, we need to be efficient and effective in the use of our resources and ensure an adequate and skilled workforce including continuing to develop northern Human Resources.

5.2 STRATEGIC PRIORITIES

Under each Board End, the Board has determined a number of strategic priorities to further guide the emphasis of the NRHA. They are as follows:

Healthy Communities:

1. Increased public awareness of health care services.
2. Increased resident involvement in activities that promote healthy lifestyles and personal well being.
3. Increased awareness of illness caused by physical environment factors.
4. Increased culture of trust, cooperation and strong partnership with Aboriginal groups, community agencies & other jurisdictions responsible for health.
5. Increased understanding of regional health needs.

Healthy People:

1. Decreased incidence & prevalence of chronic illnesses (including but not limited to Diabetes, tobacco-related illness, Cancer, Cardiovascular, Renal).
2. Increased awareness of Mental Health and Co-Occurring Disorders Initiative (CODI) and expansion of services accordingly.
3. Reduced incidence of suicides.
4. Decreased incidence & prevalence of addictive practises & behaviors.
5. Improved infant/ child/ youth health and promotion of healthy lifestyles.
6. Reduced incidence of injuries and poisonings.
7. Improved women's health and promotion of healthy lifestyles.
8. Improved men's health and promotion of healthy lifestyles.
9. Improved senior's health and promotion of healthy lifestyles.
10. Improved Aboriginal health and promotion of healthy lifestyles.
11. Improved staff health and promotion of healthy lifestyles.



Optimal Access to Services:

1. Increased on-site resources in our outlying communities.
2. Improved access to service through primary health care.
3. Improved knowledge of primary health care.
4. Increased specialty services and programs based on demonstrated need and cost effectiveness.
5. Maintenance and improvement to our infrastructure.
6. Increased use of technology.
7. Increased awareness of Northern Patient Transport Program (NPTP).
8. Reduced jurisdictional barriers to improve access to services.

Excellence in Patient Safety and Quality of Care:

1. Ensure safety & quality of care by:
 - Creating a culture of safety;
 - Coordinating services across the continuum; and
 - Creating a work life and physical environment that supports the safe delivery of care.
2. Ensure accountability within the health care system.
3. Ensure evidence-based decision-making is used throughout the organization.
4. Ensure sustainability within the health care system by:
 - Optimizing the efficiency and effectiveness in the use of resources;
 - Ensuring an adequate and skilled workforce; and
 - Developing northern Human Resources.

6.0 STRATEGIC CAPITAL NEEDS

A component of the Master Plan that was completed in 2000 was the review of the strategic capital needs of the NRHA. This capital plan is a long-range plan and was developed based on a review of current and projected demographics and health needs as well as the proposed service response as outlined in the Master Plan. It involved a detailed analysis of the physical structures of NRHA facilities and functional programming of the campuses of The Pas Health Complex and the Flin Flon General Hospital. The facilities in Snow Lake were believed to be appropriate for both current and projected needs, therefore were not part of the physical evaluation and programming portion of the project.

Through this review, it was reported that both the St. Anthony's and Flin Flon General Hospital are near the end of their useful lifespan. The buildings do not lend themselves well to operational efficiencies and they continue to cost us millions of dollars in ongoing maintenance and safety and security projects. The proposed vision was to have two new facilities in The Pas and Flin Flon. With the introduction of our Primary Health Care model in the region, community



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health services are now located in newly constructed leased space in Flin Flon and The Pas. Future capital development will not include Primary Health Care space as was previously recommended in the Master Plan.

It is still NRHA's position that new acute care facilities are a priority for the region. In negotiation with Manitoba Health, it is recognized that capital resources for new facilities will not be forthcoming in the immediate future. In order to remain in our existing facilities, it has been acknowledged and supported by Manitoba Health that investments to our infrastructure will be required in order to ensure safe delivery of care and to manage code requirements.

Since the last Strategic Plan, the NRHA has undertaken a number of capital construction projects in the region. The following provides an overview of some of the major projects:

- Expansion of the Snow Lake Health Centre personal care beds from 2 to 4 beds
- Demolition of old St. Paul's Personal Care Home
- Redevelopment of St. Anthony's Diagnostic Imaging and Laboratory to accommodate a CT Scanner for the region.
- Security system for Flin Flon General Hospital and Flin Flon Personal Care Home.
- Restoration work to the front entrance ramp at Flin Flon General Hospital as well as installation of an elevator to accommodate wheelchair and ambulance accessibility to the Emergency Department.
- Newly constructed leased space for two new Primary Health Care Centres in The Pas and Flin Flon.
- Numerous safety and security projects in Flin Flon, The Pas and Snow Lake.

The following strategic capital requirements has been identified as priorities for the upcoming years:

- Redevelopment of St. Anthony's Emergency Department, Special Care Unit, Staff Lockers, Medical Records, Occupational Therapy departments and relocation and expansion of Dialysis department from 4 to 10 stations– scheduled to begin construction in the fall of 2005
- Redevelopment of St. Anthony's fourth floor upon departure of the Dialysis department to the third floor.
- Relocation and expansion of Dialysis department from 2 to 4 stations at Flin Flon General Hospital.
- Construction of a regional EMS facility in The Pas.
- Relocation of Pharmacy department at Flin Flon General Hospital, due to safety concerns.
- Construction of a Maintenance Garage in Snow Lake.
- Review and implementation of the findings of the environmental audit that is in the process of being conducted in all NRHA facilities. The results of this audit will provide an overview of recommended facility upgrades to improve efficiency of plant operations and improve environmental compliance in relation to the Kyoto Accord.



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- With the Canada-wide standards for the reduction of emissions of furons / toxins and mercury by December 1, 2006, the fate of Flin Flon General Hospital's incinerator is in question and awaiting provincial direction.
- Numerous facility upgrades in all facilities to meet safety, security and code requirements.



Appendix A

Strategic Priorities



NOR-MAN REGIONAL HEALTH AUTHORITY

Appendix A: 2006-11 Strategic Plan

Ends Statement: 1. Healthy Communities

Strategic Priority: 1.1 Increased public awareness of health services

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
1.1.1 Public Awareness of Health Services <ul style="list-style-type: none"> Continue to provide timely and relevant organizational information to external audiences. 	Ongoing	NRHA Community Health Assessment, 2004 Acumen Telephone Survey: <ul style="list-style-type: none"> 79% of NRHA respondents know where to find information on a particular treatment (overall rate = 82%) 49% of NRHA respondents know where to go to address a concern about the health care system (overall rate = 53%) 	<ul style="list-style-type: none"> # & type of external communication mechanisms in place # & type of consumer comments/complaints 	<ul style="list-style-type: none"> Executive Director of Communications Communication CQI Team - in place Communication plan – in place & reviewed annually Community Health Scene – 2/ year RHA display and visual identity- in place Website- in place and updated regularly. All public documents posted on the web, including quality scorecard. AGM rotated amongst communities Board Meeting - public Insert of RHA services - MTS telephone directory Complaint Management – Jan-Jul 2004 41 complaints - 50% had final response within one month. 	<ul style="list-style-type: none"> Complaint by Location: (FFGH: 7 (17%); St Anthony's: 8 (20%); LTC in The Pas: 2 (5%); LTC in Flin Flon: 6 (15%); Snow Lake: 2 (5%); and Physician Services (TP): 16 (38%) Nature of Complaint: Care Provided 22%; Service Provision (22%); Staff/ Physician Attitude (8%); Location of Service (5%); Confidentiality (3%); Visiting Hours (3%); Client to Client (3%); Getting Appointment (24%); and Support Services (10%) 	Continue with current mechanisms Update Health Services Directory Develop a standard list of complaints by category to assist with tracking purposes & improve final response of complaint within one month to 75%. Review Communication questions on staff satisfaction survey and incorporate into communication plan

Ends Statement: 1. Healthy Communities

Strategic Priority: 1.2 Increased resident involvement in activities that promote healthy lifestyles & promote personal well-being

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
1.2.1 Healthy Communities <ul style="list-style-type: none"> Continue to support healthy community initiatives. 	Ongoing	MB Health Broad Topic: Healthy Living	<ul style="list-style-type: none"> # of Healthy Community projects # of new projects Staff involvement 	<ul style="list-style-type: none"> # projects = 3 (Snow Lake, Flin Flon, Moose Lake). # new projects = Moose Lake Staff involvement = in all projects & representation on Provincial Healthy Community Network 	<ul style="list-style-type: none"> Continue to support healthy community initiatives. 	Continue to support healthy community initiatives.



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
1.2.2 Self Help Groups <ul style="list-style-type: none"> Continue to promote resident involvement in community-based activities that promote health. 	Ongoing	MB Health Broad Topic: Healthy Living	<ul style="list-style-type: none"> # and type of Self Help groups available in region. 	<ul style="list-style-type: none"> # of Self Help Group available in Region: <ul style="list-style-type: none"> Mental Health Self Help Groups <ul style="list-style-type: none"> Canadian Mental Health Association Anxiety Disorders Schizophrenia Mood Disorders Mental Health support groups - Free to Be Me Self Help group in Flin Flon. Club Café in The Pas. Long-term illness support group Prostrate Cancer support group Nor-Man Regional Breast Cancer Support Network (NRBCN) Bereavement Support group The Pas & Area Homeless Project Alcoholics/Narcotics Anonymous/ Gambler's Anonymous Arthritis Self Management program Breastfeeding Diabetes Heart & Stroke Rosaire House Outreach services- Pukatawagan = 9 visits. Expanded to Moose Lake = 1 visit 		Continue to support and promote self help groups in region



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Ends Statement: 1. Healthy Communities

Strategic Priority: 1.3 Increased awareness of illness caused by physical environmental factors

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
1.3.1 Environmental Health <ul style="list-style-type: none"> Increase awareness of community & regional issues regarding environmental health Work closely with major industries, MB Conservation and communities regarding environmental concerns including air & water quality concerns affecting health. 	Ongoing	MB Health Broad Topic: Healthy Living	Listing of initiatives	<ul style="list-style-type: none"> Annual air quality meeting (Healthy Flin Flon) Medical Officer of Health – itinerant Internal Green Team established within RHA with mandate to deal with environmental & energy efficiency issues of the organization. (see 1.3.4) No Public Health Inspectors in Region. 		<ul style="list-style-type: none"> Continue to monitor & communicate environmental health concerns Continue to work closely with major industries, and communities Complete Energy Audit. Establish performance measures for the Green Team based on results of energy audit Advocate for Public Health Inspectors
1.3.2 Incinerator <ul style="list-style-type: none"> Meet the new standards for the reduction of emissions of furons/ toxins and mercury. 	December 2006	By 2006, Canada Wide Standards will change and require existing incinerators to meet new standards	Progress towards meeting the standards for the reduction of emissions of furons/ toxins.	<ul style="list-style-type: none"> Meet Canada-wide standards for the reduction of emissions of furons/ toxins and mercury by 2006. Biomedical Waste Incineration Working Group – in place. Waste Audit –completed by all RHA's & currently being entered into a provincial database. 		Meet Canada-wide standards
1.3.3 Recycling <ul style="list-style-type: none"> Continue to promote and participate in community recycling programs. 	Ongoing	MB Health Broad Topic: Healthy Living	NRHA participation in Community recycling programs	<ul style="list-style-type: none"> NRHA participation in Community Recycling Programs = All sites in The Pas; Snow Lake and Flin Flon 		Continue NRHA participation in Community recycling programs
1.3.4 Green Team <ul style="list-style-type: none"> Ensure recommendations of the Environmental Audit are implemented where feasible. Continue operation of NRHA Green Team to ensure NRHA has environmentally friendly facilities. 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and System Competency	Green Team- in place Energy Audit	<ul style="list-style-type: none"> Internal Green Team established within RHA with mandate to deal with environmental & energy efficiency issues of the organization Energy Audit – underway with feasibility study to be completed by end of June/05. Natural Resource Canada has approved \$25,000 funding assistance for completion of the Energy Audit and Feasibility study 		Ensure recommendations of the Environmental Audit are implemented where feasible. Continue operation of NRHA Green Team.



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Ends Statement: 1. Healthy Communities

Strategic Priority: 1.4 Increased culture of trust, cooperation & strong partnerships with Aboriginal groups, community agencies & other jurisdictions responsible for health

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
1.4.1 District Health Councils <ul style="list-style-type: none"> Continue to support the operation of District Health Councils (DHC) in the region and to ensure structure allows for community participation and priority setting 	Ongoing	MB Health Broad Topic: Healthy Living	<ul style="list-style-type: none"> # DHC # DHC Members DHC Meeting Frequency DHC Community Development Budget Board/ Staff Involvement Listing of activities documented in Health Plan Status Report 	<ul style="list-style-type: none"> DHC/ Board retreats held - 1 retreat held (November 2004) Board/ Staff support – staff liaison assigned to each DHC; Board rep assigned to each DHC; senior management attends each DHC a minimum of once per year. DHC Community Development - \$500 per DHC DHC involvement in Community Health Assessment process Representation now in all 6 DHC's in region <ul style="list-style-type: none"> <u>Flin Flon</u> – 8 members <u>Cranberry Portage</u> – 8 members <u>Snow Lake</u> –10 members <u>Cormorant/Moose Lake</u> – 1 member from Cormorant. Recruitment underway. Moose Lake Healthy Community group in existence and considering acting as a DHC. <u>The Pas</u> – 9 members <u>Easterville</u> – 3 members <u>Grand Rapids</u> – 5 members DHC meetings – monthly meetings (September to June) 		Continue to support the operation of District Health Councils (DHC) in the region and to ensure structure allows for community participation and priority setting
1.4.2 Mental Health Advisory Council <ul style="list-style-type: none"> Continue to support the operation of the regional Mental Health Advisory Council 	Ongoing	MB Health Broad Topic: Healthy Living Performance Deliverable 2003-04 – Mental Health Consumer Participation Mental Health issues, specifically depression and stress were identified as health concerns during most CHA community consultation activities.	<ul style="list-style-type: none"> Existence of Mental Health Advisory Council Meeting Frequency Listing of activities documented in Health Plan Status Report 	<ul style="list-style-type: none"> Mental Health Advisory Council – in existence Meetings – at least 4 times per year 		Continue to support the operation of the regional Mental Health Advisory Council



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
1.4.3 Inter-sectoral Partnerships <ul style="list-style-type: none"> Continue to nurture and improve the type and level of inter-sectoral initiatives. 	Ongoing	MB Health Broad Topic: Healthy Living In order to work towards our Mission of Healthy People in Healthy Communities, we have a collective responsibility for improving health. This can only be achieved by working in partnership with our community partners.	<ul style="list-style-type: none"> Community Partners on CQI teams Community Partners at Program Level Intersectoral groups/committees Grants obtained through intersectoral partnership documented in Health Plan Status Report 	<ul style="list-style-type: none"> Leadership & Partnership CQI Team. Representation from Education, Family Services, Keewatin Community College, Municipal (The Pas, Flin Flon, Snow Lake), OCN, Tolko, HBMS Community partners/ reps on the following CQI Teams: Leadership & Partnership, Addictions, Community, Home Care, Long Term Care. Community partnerships at program level: Healthy Community Projects, Housing, HRDC, Education (Frontier, Kelsey & FF School Division, UCN), Children's Special Services, Family Services, AFM, CADAC, NADAP, RCMP, Industry (HBMS, Tolko), Business Groups, SERC, Housing, Municipalities, Family Resource Centres (TP, SL, CP), First Nations organizations at community level, Swampy Cree Tribal Council, Friendship Centres TP & FF, Manitoba Metis Federation, Aurora House, Cormorant Round Table. Inter-sectoral groups: Healthy Communities, Children's Therapy Initiative; Cormorant Healthy Eating Habits Project, Sherridon Health Eating Habits project; Baby Friendly Initiative; Breast Feeding Promotion Group, Aboriginal Partnerships in Healthy Living (Provided site for student for 6 months practicum placement.), PARTY program, Community Mentorship Program, Healthy Schools Initiative, Best Beginnings-Baby & Me, FAS /E Committee, Family Resource Centers in The Pas, Snow Lake and Cranberry Portage, Research Site First Step Program; The Pas Homeless Shelter project, Suicide Prevention Network, Gang Awareness committee 	<ul style="list-style-type: none"> Continue to nurture and improve the type and level of inter-sectoral initiatives. 	
1.4.4 Aboriginal Partnerships & Linkages <ul style="list-style-type: none"> Continue to nurture and improve linkages and partnerships with Aboriginal groups Continue to be a partner in the Northern Aboriginal Population Health and Wellness Institute (NAPHWI) 	Ongoing	MB Health Broad Topics Priority Populations NRHA is not mandated to provide services on reserve. In order to ensure a seamless health care system, strong communications and partnerships with Aboriginal groups is essential.	<ul style="list-style-type: none"> Listing of Aboriginal Partnerships New intersectoral partnerships Representation on NAPHWI 	<ul style="list-style-type: none"> <u>Partnerships with the following Aboriginal and Metis Organizations on a number of initiatives:</u> Swampy Cree Tribal Council, Peter Ballantyne Cree Nation, Cree Nation Tribal Health Centre, MB Metis Federation, Friendship Centres, Indian Council of First Nation, Northern Aboriginal Population Health & Wellness Institute, Assembly of MB Chiefs, MKO, OCN & Opaskwayak Health Authority, Grand Rapid FN & nursing station, Chemawawin FN & nursing station, Mosakahikan FN & nursing station, Mathias Colomb FN & nursing station, Cormorant Nursing Station & community groups, Sherridon Nursing Stations & community groups <u>New Intersectoral Partnerships:</u> Moose Lake Healthy Communities Committee, Suicide Prevention, Cormorant Diabetes Prevention Project. (Aboriginal Partnership for Healthy Living Grant) <u>NRHA representation on NAPHWI</u> - ✓ 	<ul style="list-style-type: none"> Continue to nurture and improve linkages and partnerships with Aboriginal groups Continue to be a partner in the Northern Aboriginal Population Health and Wellness Institute (NAPHWI) 	



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Ends Statement: 1. Healthy Communities

Strategic Priority: 1.5 Increased understanding of regional health needs

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>1.5.1 Community Health Assessment (CHA)</p> <ul style="list-style-type: none"> Develop a strategy to ensure an ongoing CHA and community consultation process exists in the region. 		<p>MB Health Broad Topic: Improved Resource Utilization and Accountability</p>	Ongoing	<ul style="list-style-type: none"> Comprehensive Community Health Assessment – completed Community Consultation included: <ul style="list-style-type: none"> RHA provincial survey Community forums – all communities (58 pp) Focus Groups – Healthy lifestyles -youth, seniors, young moms (204 pp), Health system performance -clients & staff (47 pp) Physician (45% response rate) / Staff (20% response rate) survey – health system performance Key Knowledge Interviews (41 pp) Key Informant Interviews 25 pp) Forces of Change Assessment – completed by DHC CHA Reports have been distributed - 110 CHA CD's have been distributed - 105 CHA Summary of Findings have been distributed - 150 CHA Findings presentations have been given to the each of the following: DHC / Board Retreat, Healthy Flin Flon – community presentation, NRHA Staff Orientation (2); Leadership Management (2); Leadership and Partnership CQI (2); ACC Nursing Students (1); NRHA All Staff Meetings (3) 		<p>CHA & Strategic Plan presentations in all communities & key stakeholders</p> <p>Develop a strategy to ensure an ongoing CHA and community consultation process exists in the region.</p>



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Ends Statement: 2. Healthy People

Strategic Priority: 2.1 Decreased incidence and prevalence of chronic illnesses (including but not limited to Diabetes, tobacco-related illness, Cancer, Cardiovascular, Renal)

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.1.1 Regional Diabetes Strategy</p> <ul style="list-style-type: none"> Continue implementation of Regional Diabetes Program Implementation Plan, based on MB. Health's Regional Diabetes Program Framework. 	Ongoing	<p>Performance Deliverable MB Health Broad Topic: Healthy Living</p> <p>Diabetes is NRHA's top health concern. In MCHP Indicator's Atlas it was reported that NRHA residents have a statistically higher percentage of residents diagnosed with Diabetes than MB as a whole. There has also been a statistically significant increase over time.</p> <p>NOR-MAN Residents are 2X more likely to die from Diabetes.</p> <p>Diabetes Treatment prevalence rates are over 3 times higher for Registered First Nations (185.3/1000 vs. 60.07/ 1000 NRHA all other).</p> <p>NRHA has submitted a Schedule 1 for the past five years for a Diabetes Outreach program – no funds forthcoming</p>	<ul style="list-style-type: none"> Diabetes Strategy Regional Committee Diabetes Incidence Diabetes Prevalence Diabetes Treatment Prevalence Dialysis data DER Caseload, Client days/ community DER itinerant clinic days cancelled DER no-show rate Pediatric Diabetes Itinerant Service Days Diabetes Initiatives outlined in the Status Report section of the Health Plan. 	<ul style="list-style-type: none"> Diabetes strategy in development (performance deliverable). Formation of Regional Diabetes Program Committee <u>Diabetes Prevalence (20 yr. +) Mb Health (1999):</u> <ul style="list-style-type: none"> Male: 727.16/10,000 (MB 674.04); Female: 1023.13/10,000; (MB 690.88) <u>Diabetes: MB Strategy Report 1999 data:</u> <ul style="list-style-type: none"> New Cases = 146; Incidence/ 10,000: All 60.8; FN 69 MB 50.5; Prevalence/ 10,000: All 570; MB 501 Renal Failure: 39; Lower Limb Amputation: 12 1989-1999 Trend Analysis: ↑ Incidence 39 to 680/10,000; ↑ Prevalence 420 to 680/10,000 (female); ↑ Prevalence 280 to 490/10,000 (female) <u>MCHP data (RHA Indicators Atlas) 2003</u> <ul style="list-style-type: none"> Diabetes Treatment Prevalence (aged 20-79 yrs) 1993-96 vs. 1998/2001 NRHA vs. MB 6.04%/4.50% vs. .72%/5.66% <u>Dialysis patients: 04/05</u> <ul style="list-style-type: none"> TP (16) FF(4); The Pas/Flin Flon Waitlist 4 (TP) /1(FF) receiving treatment not at preferred location; 3 (TP)/ 4 (FF) on conservative list <u>DER Caseload 2001/02; 2002/03; 2003/04; 2004/5</u> <ul style="list-style-type: none"> # of initial appointments: 232/ 226/ 255 / 229; New referrals: 203/ 177/ 237/ 192; Appointments kept: 156/ 131/ 183 / 154; No Shows: 59/ 71/ 53/ 62; Education Sessions kept: 436/712 vs. 490/774 vs. 541/795 vs. 464/698; # of Public Education Sessions: 31/ 20/ 26/ 25 <u>DER Program Delivery in outlying communities:</u> <ul style="list-style-type: none"> Flin Flon: 2002 = 41 (3 cancelled); 2003 = 44 (2 cancelled); 2004= 42 (2 cancelled); Easterville: 2002= 9 (3 cancelled); 2003 = 12; 2004: 8 planned- (3 cancelled); Grand Rapids: 2002 = 8 (4 cancelled trips); 2003 = 12 (2 cancelled); 2004= 10 (2 cancelled); Moose Lake: 2002 = 10 (3 cancelled trips); 2003 = 16 (2 cancelled); 2004=11 (2 cancelled); Cranberry Portage: 2003 = 1; 2004: 2; Snow Lake: 2002 = 5; 2003= 5 (1 cancelled); 2004= 7(2 cancelled); Pukatawagan: 2002 = 1; 2003= 2; 2004=2; Cormorant; 2002 = 4 (1 cancelled trip); 2003 = 4 (1 cancelled); 2004=5 <u>Responsiveness Score card Indicators (2004):</u> <ul style="list-style-type: none"> 12.9% scheduled DER Days in outlying areas cancelled 23% of DER appointments were no-shows; 8% cancelled Pediatric Diabetes Itinerant Service Days in 2004 = 4 Physician Days and 12 Allied Health Professional Days. 	<p>Continue implementation of Regional Diabetes Program Implementation Plan, based on MB. Health's Regional Diabetes Program Framework.</p> <p>Decrease incidence and prevalence of Diabetes over time.</p> <p>Continue to advocate for additional funding to increase Diabetes programming in NRHA.</p> <p>Evaluation of regional environmental scans.</p> <p>Revisions of regional plan to incorporate findings from environmental scan.</p> <p>Evaluation of RDP.</p>	



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.1.2 Chronic Disease Prevention Initiative</p> <ul style="list-style-type: none"> Work in consultation with NRHA communities to identify and implement chronic disease prevention initiatives. 	Ongoing	<p>MB Health Broad Topic: Healthy Living</p> <p>Chronic Disease Prevention Initiative</p> <p>NRHA Community Health Assessment reported that we have higher rates of chronic disease and significant problems with unhealthy lifestyles (smoking, excessive alcohol consumption, inactivity, unhealthy lifestyles) that lead to poor chronic health)</p>	<ul style="list-style-type: none"> Life Expectancy PMR Body Mass Index Fruit & Vegetable Consumption Physical Activity Alcohol Consumption Hypertension rates Heart Attack rates Stroke rates Diabetes – see 2.1.1 Cancer Incidence & Prevalence Initiatives outlined in the Status Report section of the Health Plan. 	<p><u>Life Expectancy</u> 1991-95 vs. 1996-2000 NRHA (MB) Males 70.6 years (75.4) vs. 72.9 (75.9) Females 77.1 (81.3) vs. 77.9 (81.3)</p> <p><u>Premature Mortality Rate</u> 1991-94 vs. 1995-99 NRHA (MB) 5.45/1000 (MB 3.49) vs. 4.62 (3.32)</p> <p><u>CCHS Cycle 1.1 2001</u>(does not include FN) (NRHA/ MB)</p> <ul style="list-style-type: none"> Body Mass Index: Overweight (BMI 25-29.9) Males 46.29% (MB 41.11%); Females 33.71% (MB 29.34%); Obese (BMI 30+) Males 26.86% (MB 22.18%); Females 25.28% (MB 19.16%) Consumption of 5-10 Fruits and Vegetables/ day: Males 26.7% (MB 26%); Females 35.9% (MB 35.3%) Consumption of less than 5 fruits and Vegetables/day: NOR-MAN Males 60.8%(MB 63.5%), NOR-MAN Females 48.9% (MB 53.1%) Levels of Leisure Time Physical Activity Males: Active 30.08/ 21.19%; Moderate 26.56/ 20.33;Inactive 30.08/ 45.50; Females:: Active 23.36/ 17.41%; Moderate 23.72/ 23.33; Inactive 50.73/ 55.31 Alcohol Consumption (likely to drink 1/week to 3/ mos) Males 30.6% (MB 18.8%); Females 9.6% ((MB 6.9%) <p><u>NRHA Community Health Assessment Data (2004)</u></p> <ul style="list-style-type: none"> Acumen Telephone Survey <ul style="list-style-type: none"> 70% (overall 61%) state they exercise regularly to stay healthy. Most common form of exercise is walking, jogging 9% (overall 13%) state they think about their diet and nutrition as a way to keep healthy. 6% are dieting Hypertension (CCHS Cycle 1.1) 16 % (MB 15.6%) Males 13.3% (MB 12.8%); Females 18.6% (MB 17.9%) Heart Attack rate/1000 (MCHP) have decreased from 2.86 (MB 2.35) to 2.55 (MB 2.22) Stroke Rate/ 1000 (MCHP) have statistically decreased from 2.60 (MB 2.71) to 1.84 (MB 2.01) Diabetes – see 2.1.1 above Cancer Incidence/ 100,000 – Males 536.2 (MB 529.8); Females 441.7 (MB 399.1) Cancer Prevalence/100,000 – Males 2,700 (MB 2,968); Females 2,868 (MB 3,007) 	<p>Reduction of Chronic Diseases over time.</p> <p>Healthy Lifestyle Improvements</p> <p>Work in consultation with NRHA communities to identify and implement chronic disease prevention initiatives.</p>	



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
2.1.3 Tobacco Reduction Program <ul style="list-style-type: none"> Maintain a tobacco reduction program in the region. 	Ongoing	MB Health Broad Topic: Healthy Living High smoking rates identified in 1997 Community Health Assessment. A smoking reduction Coordinator (.5 EFT) position put in place with the goals of prevention, cessation and protection. Smoking rates have improved and the number of former smokers is higher than the MB rate. NRHA has instituted a smoke free workplace and works with other organizations to promote a Smoke Free Environment	<ul style="list-style-type: none"> Smoking Reduction Coordinator Tobacco Tackle Teams Lung Cancer deaths Smoking Rates Smoke Free Workplace Specific Initiatives outlined in the Status Report section of the Health Plan. 	<ul style="list-style-type: none"> Smoking Reduction Coordinator position in place Grant received for funding for 3 Tobacco Tackle Teams = The Pas, Cormorant, and Flin Flon. Teams added 2 activities in each school/ month are the goal of these teams. Lung Cancer leading cause of cancer deaths in region averaging 14 deaths in 2000 and 2001. CCHS Cycle 1.1 (does not include FN) (NRHA/ MB) <ul style="list-style-type: none"> Smoking Rates: Male: 26.94% (MB 29.4%);Female: 32.5% (MB 25.3%) Former Smokers: Males 47.66% (MB 46.33%); Female 37.23% (MB 36.98%) Council for Tobacco Free MB Provincial Youth Smoking Rates: (1996) m 24%; f 34%; MB Tobacco Reduction Alliance: Provincial Smoking Rates (2001): All Current smokers: All: 25.9%; Male: 27.7%; Female: 24.1%; 15-19 years: All: 28.2%; Male: 27.7%; Female:24.1% NRHA has formed a workplace wellness committee with one goal being to assist staff become smoke free. Smoke Free Grounds Policy for staff in effect as of January 1, 2005 	Maintain a tobacco reduction program in the region. Reduce smoking rates over time	
2.1.3 Healthy Active Living Initiative <ul style="list-style-type: none"> Continue with the development of the Healthy Active Living Initiative in partnership with Education and Recreation departments. 	Ongoing	MB Health Broad Topic: Healthy Living NRHA residents appear to be more active than other Manitobans Access to physical activity and recreation opportunities was identified as concerns by the majority of NRHA communities during the CHA community consultation process	<ul style="list-style-type: none"> Activity Levels, perceptions and attitudes Specific Initiatives outlined in the Status Report section of the Health Plan. 	NRHA Community Health Assessment Data (2004) <ul style="list-style-type: none"> Acumen Telephone Survey - 70% (overall 61%) state they exercise regularly to stay healthy. Most common form of exercise noted was walking, jogging What would improve health? 33% (overall 42%) stated that they could think of nothing; 13% (11%) improved access to services; 21% (26%) stated improved recreation facilities; 6% (4%) stated improved recreation programs; 5% (4%) stated improvements to the hospital; 3% (2%) stated improvements to others health services and 3% (2%) stated improvements to health and nutrition education. CCHS Cycle 1.1 2001 (does not include FN) (NRHA/ MB) <ul style="list-style-type: none"> Levels of Leisure Time Physical Activity Males: Active 30.08/ 21.19%; Moderate 26.56/ 20.33;Inactive 30.08/ 45.50; Females:; Active 23.36/ 17.41%; Moderate 23.72/ 23.33; Inactive 50.73/ 55.31 	Continue with the development of the Healthy Active Living Initiative in partnership with Education and Recreation departments. Continue to promote activity as an important way to improve health.	
2.1.4 Hepatitis C <ul style="list-style-type: none"> Continue to raise awareness of Hepatitis C and provide resources for prevention and support to those living with the disease. 	Ongoing	MB Health Broad Topic: Healthy Living Hepatitis C is a serious liver disease that is preventable.	<ul style="list-style-type: none"> Hepatitis Awareness Activities 	<ul style="list-style-type: none"> Hepatitis C Coordinator – provided presentations to schools within region as well as correctional centre (Health Canada Grant) 	Continue to raise awareness and provide resources for prevention and support for those living with disease.	



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Ends Statement: 2. Healthy People

Strategic Priority: 2.2 Increased awareness of mental health and co-occurring disorders initiative

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.2.1 Mental Wellness</p> <ul style="list-style-type: none"> Develop/ implement strategies/ initiatives focusing on mental wellness. 	Ongoing	<p>MB Health Broad Topic: Healthy Living</p> <p>MCHP Mental Health Report, 2004 states that mental illness has a staggering impacts on MB's health care system. From 1997-2002 37% of MB have at least 1 mental health diagnosis, 1 in 10 visits to physicians and to hospitals are related to mental illness.</p> <p>Mental Health issues, specifically depression and stress were identified as health concerns during most CHA community consultation activities.</p>	<ul style="list-style-type: none"> Hospital Utilization Mental health Caseload Mental Health self reported emotional and mental health difficulty Treatment Prevalence for selected Mental Health disorders Physician Visit Rates with vs. without cumulative disorder Psychiatrist Visit Rates Specific Initiatives outlined in the Status Report section of the Health Plan. 	<ul style="list-style-type: none"> <u>Hospital Utilization</u> 2004-2005: 137 admissions for 1557 hospital days (4 long-stay patients >42 days) Average length of stay 11.36 days (9.89 days when Long Stay clients deducted) <u>Mental Health Stats</u> (2004-2005) <u>Active Clients</u> At March 31 2005: Males 144; Females 241; Total 385; <u>Caseload</u> Child 148 (186 closed) : Adult 310 (273 closed); Geriatric 80 (56): <u>CCHS Survey Cycle 1.1 (does not include FN) (NRHA/ MB)</u> Not very much chronic stress: Males 26.67% (MB 23.49%); Females 26.34% (MB 24.24%); Bit of chronic stress Males 42.67% (MB 42.29%); Females 44.44% (MB 43.01%) <u>Mental Health Satisfaction Survey 2004-</u> results reported in responsiveness scorecard. 100% respondents stated that they liked the service here; 87.5% would recommend service <u>RHA CHA telephone survey</u> (Acumen): 80% of respondents reported having no emotional difficulty in the past 30 days. The following respondents reported more likely to have recent emotional difficulty that limited their normal activities: 42% of respondents age 18 to 24 years; 32% of respondents that claimed Aboriginal status; 32% of respondents who are not employed; 32% of respondents with family income >\$20,000; 42% of respondents with family incomes \$20,000 to 29,000 <u>MB Centre for Health Policy, Mental Health Report 2004</u> Treatment Prevalence for selected disorders <u>Cumulative Disorders:</u> females 32.55% (MB 29.09), males 19.48% (MB 18.81%); <u>Other Disorders:</u> females 15.15% (MB 13.96%), males 11.38% (MB 11.51%); <u>Depression:</u> females 22.72% (MB 23.56%), males 10.16% (MB 12.59%); <u>Substance Abuse:</u> females 8.17% (MB 5.28%, males 9.09% (MB 6.34%); <u>Personality Disorders:</u> females 0.47% (MB 0.98%), males 0.44% (MB .81%); <u>ADD, ADHD:</u> females 0.72% (MB 1.32%), males 2.33% (MB 4.57%); <u>Dementia:</u> females 7.9% (MB 11.63%); males 7.44% (MB 8.89%) <u>All Cause Physician Visit Rates/ Resident with vs. without cumulative disorders:</u> females 8.5 (MB 8.74) vs. 4.04 (MB 4.02); males 6.73 (MB 7.13) vs. 3.02 (MB 3.12) <u>Visit Rates to Psychiatrists:</u> females 0.03 (MB 0.53), males 0.02 (MB 0.55) 	Continue to develop/ implement strategies/ initiatives focusing on mental wellness.	



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
2.2.2 Co-Occurring Disorders Initiative (CODI) <ul style="list-style-type: none"> Improve access to services and treatment for NRHA Residents with co-occurring mental health and substance use disorders 	Ongoing	Performance Deliverable - submitted to MB Health March 2005 MB Health Broad Topic: Healthy Living	<ul style="list-style-type: none"> % of Rosaire House clients requiring both Mental Health and Addiction Services CODI intersectoral committees CODI Education Specific Initiatives outlined in the Status Report section of the Health Plan. 	<ul style="list-style-type: none"> Co-occurring Disorder: % of Rosaire House clients diagnosed as requiring both mental health and addiction services remained at 64% for 2003/04 and 2004/05 Northern Regional CODI Leadership committee (Burntwood, Churchill and NOR-MAN RHAs) continues to meet quarterly; NOR-MAN continues to represent northern regions on Provincial CODI Leadership Team, meeting monthly. Mental Health trainers have partnered with Addictions Foundation of Manitoba trainers to deliver education on the Principles of CODI to all staff in the region. New education modules expected every two months and plan in place to deliver this content to the clinicians 	Continue to work to Improve access to services and treatment for NRHA residents with co-occurring mental health and substance use disorders	
2.2.3 Mental Health Self Help Groups <ul style="list-style-type: none"> Continue to work in partnership with the Mental Health Self Groups (CMHA, Anxiety Disorders, Schizophrenia and Mood Disorders) 	Ongoing	MB Health Broad Topic: Healthy Living Performance Deliverable – Mental Health Consumer Participation	<ul style="list-style-type: none"> Mental Health Self Help Groups NRHA partners with. Specific Initiatives outlined in the Status Report section of the Health Plan. 	<ul style="list-style-type: none"> Mental Health Self Help Group available in Region: <ul style="list-style-type: none"> > CMHA, Anxiety Disorders, Schizophrenia and Mood Disorders Mental Health support groups - Free to Be Me Self Help group in Flin Flon. Club Café in The Pas. Mental Health Advisory Council – in existence; Meetings – at least 4 times per year A regional plan for mental health consumer participation submitted as a Performance Deliverable in Feb 2004. 	Continue to work in partnership with the Mental Health Self Groups	
* See also 2.3 Suicides and 2.4. Addictions						

Ends Statement: 2. Healthy People
Strategic Priority: 2.3 Reduced incidence of suicides.

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
2.3.1 Suicides <ul style="list-style-type: none"> Continue to develop and implement in partnership with other community stakeholders strategies focusing on reducing the incidence of suicides. 	Ongoing	MB Health Broad Topic: Healthy Living Suicide rates, Suicide attempt rates and Personal Years of Life Lost are significantly higher than MB Rate.	<ul style="list-style-type: none"> Intersectoral Committee Suicide Rates Suicide Attempt rates PYLL for Suicide Specific Initiatives outlined in the Status Report section of the Health Plan. 	<ul style="list-style-type: none"> Suicide Prevention Awareness Committee- in place Suicide Rates 1997-2001 per 10,000: 1.95 (MB 1.31) Rate of Suicide Attempts per 10,000: females 30.92 (MB 10.28), males 10.28 (MB 5.59) PYLL for Suicide: females 37.70 (MB 22.76), males 113.70 (MB 66.73) 	Continue to develop and implement in partnership with other community stakeholders strategies focusing on reducing the incidence of suicides.	
* See also 2.2 Mental Health						



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Ends Statement: 2. Healthy People

Strategic Priority: 2.4 Reduced incidence and prevalence of addictive practices and behaviors

Actions, Issues & Rationale			Performance Measures																																															
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target																																												
<p>2.4.1 Addictions</p> <ul style="list-style-type: none"> Continue to work closely with all organizations providing Addiction Services in the region. Develop/ implement strategies/ initiatives focusing on reducing the incidence and prevalence of addictive practises and behaviors and CODI (see 2.2.2) 	Ongoing	<p>MB Health Broad Topic: Healthy Living</p> <p>Co-occurring Disorders Initiative</p>	<ul style="list-style-type: none"> Treatment Prevalence for Substance Abuse Rosaire House Caseload Statistics Client Satisfaction One Month Follow-up Gambling Specific Initiatives outlined in the Status Report section of the Health Plan. 	<ul style="list-style-type: none"> <u>MB Centre for Health Policy Mental Health Report, 2004 Treatment Prevalence for Substance Abuse:</u> females 8.17% (MB 5.28%, males 9.09% (MB 6.34%)) <u>Rosaire House Statistics:</u> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th>01/02:</th> <th>02/03</th> <th>03/04</th> <th>04/05</th> </tr> </thead> <tbody> <tr> <td># new admissions:</td> <td>228</td> <td>241</td> <td>244</td> <td>234</td> </tr> <tr> <td># not completing rehab:</td> <td>62</td> <td>69</td> <td>81</td> <td>82</td> </tr> <tr> <td># completing rehab:</td> <td>167</td> <td>168</td> <td>170</td> <td>155</td> </tr> <tr> <td>Total bed day for facility:</td> <td>4,941</td> <td>5,498</td> <td>5,141</td> <td>5,000</td> </tr> <tr> <td># on wait list:</td> <td>59</td> <td>63</td> <td>70</td> <td>79</td> </tr> </tbody> </table> <u>Client Satisfaction with Experience at Rosaire House</u> (Feb – Dec 2004) 90% overall satisfaction_ <u>One month Follow-up Evaluation:</u> <table border="1" style="margin-left: 20px;"> <tbody> <tr> <td>Abstinence/ reduced intake:</td> <td>83%</td> <td>74%</td> <td>81%</td> <td>81%</td> </tr> <tr> <td>Improvement Quality of life:</td> <td>71%</td> <td>60%</td> <td>66%</td> <td>61%</td> </tr> <tr> <td>Cost/Client Day:</td> <td>\$119</td> <td>\$112</td> <td>\$123</td> <td>\$124</td> </tr> </tbody> </table> <u>Gambling problems:</u> % of clients diagnosed as having a 'pathological' gambling addiction increased from 23% (2003/04) to 30% (2004/05). 		01/02:	02/03	03/04	04/05	# new admissions:	228	241	244	234	# not completing rehab:	62	69	81	82	# completing rehab:	167	168	170	155	Total bed day for facility:	4,941	5,498	5,141	5,000	# on wait list:	59	63	70	79	Abstinence/ reduced intake:	83%	74%	81%	81%	Improvement Quality of life:	71%	60%	66%	61%	Cost/Client Day:	\$119	\$112	\$123	\$124	<p>Continue to work closely with all organizations providing Addiction Services in the region.</p> <p>Continue to develop strategies focusing on reducing the incidence and prevalence of addictive practises and behaviors and CODI (see 2.2.2)</p>
	01/02:	02/03	03/04	04/05																																														
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* See also 2.2 Mental Health and 2.2.2 Co-Occurring Disorders Initiative																																																		



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Ends Statement: 2. Healthy People

Strategic Priority: 2.5 Improved infant/ child/ youth health and promotion of healthy lifestyles

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.5.1 Healthy Lifestyles</p> <ul style="list-style-type: none"> Continue to develop and implement activities that promote healthy lifestyles. 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p> <p>50% of NRHA population is under the age of 30 years.</p> <p>NRHA Community Health Assessment reported that we have higher rates of chronic disease and significant problems with unhealthy lifestyles (smoking, excessive alcohol consumption, inactivity, unhealthy lifestyles) that lead to poor chronic health). Efforts in improving the health and wellness of the children in NRHA are important determinants of the health and wellness of the future adults of the region.</p>	<ul style="list-style-type: none"> Infant Mortality Rate Body Mass Index Fruit & Vegetable Consumption Physical Activity Alcohol Consumption Initiatives outlined in the Status Report section of the Health Plan. 	<p><u>Infant Mortality Rate</u> 1990-94 vs, 1995-99 NRHA (MB) 9.08 (6.7) vs. 5.29 (6.9)</p> <p><u>CCHS Cycle 1.1 2001 (does not include FN) (NRHA/ MB)</u></p> <ul style="list-style-type: none"> Body Mass Index: Overweight (BMI 25-29.9) Males 46.29% (MB 41.11%); Females 33.71% (MB 29.34%); Obese (BMI 30+) Males 26.86% (MB 22.18%); Females 25.28% (MB 19.16%) Consumption of 5-10 Fruits and Vegetables/ day: Males 26.7% (MB 26%); Females 35.9% (MB 35.3%) Consumption of less than 5 Fruits and Vegetables/day: Males 60.8% (MB 63.5%); Females 48.9% (MB 53.1%) Levels of Leisure Time Physical Activity Males: Active 30.08/ 21.19%; Moderate 26.56/ 20.33; Inactive 30.08/ 45.50; Females: Active 23.36/ 17.41%; Moderate 23.72/ 23.33; Inactive 50.73/ 55.31 Alcohol Consumption (likely to drink 1/week to 3/ mos) Males 30.6% (MB 18.8%); Females 9.6% (MB 6.9%) <p><u>NRHA Community Health Assessment Data (2004)</u></p> <ul style="list-style-type: none"> Acumen Telephone Survey <ul style="list-style-type: none"> 70% (overall 61%) state they exercise regularly to stay healthy. Most common form of exercise is walking, jogging 9% (overall 13%) state they think about their diet and nutrition as a way to keep healthy. 6% are dieting 	<p>Continue to monitor rates over time and work towards observed improvements in all areas.</p> <p>Continue to develop and implement activities that promote healthy lifestyles.</p> <p>With NRHA's Primary Health Care strategy and the implementation of the C.A.R.E.S. Program, a more comprehensive Infant/ Child/ Youth Health program to be developed</p>	
<p>2.5.2 Teenage Pregnancy</p> <ul style="list-style-type: none"> Continue to implement strategies to address the high teenage pregnancy rate in NOR-MAN. 	Ongoing	<p>Performance Deliverable</p> <p>MB Health Broad Topic: Healthy Living & Priority Populations</p> <p>Teen Pregnancy is a provincial and regional priority. Teen mothers are less likely to complete high school and more likely to be unemployed than women who delay having children.</p> <p>Teenage pregnancy rates in NRHA are higher than the provincial rate.</p>	<ul style="list-style-type: none"> Teenage Pregnancy rates/1000 trending % of Pregnancies by Adolescent age group Pregnancy rate/1000 (15-19 years) by community 	<ul style="list-style-type: none"> <u>Teenage Pregnancy Rate/1000 (NRHA/ MB):</u> <u>1999/00</u> <u>2000/01</u> <u>2001/02</u> <u>2002/03</u> 10-14: 2.8/ 0.7 2.8/0.8 0.0 / 0.6 0.0/0.7 15-19:109.5/60.1 77.2/55.0 88.8/ 53.1 91.1/ 50.2 <u>% of Deliveries by Adolescents (NRHA/ MB) 2001/02</u> 10-14: 0% (.1%); 15-17: 6.3% (3.7%); 18-19 10.7% (6.5%) <u>RHA Pregnancy Report RHA Rate/1000 by community (2002/03)</u> 15-19 year category: NRHA FN: 176.1 (MB FN Rate = 142.2); Mosakahikan 187.5; OCN 105.3; Grand Rapids 285.7; Pukatawagan 216.7; Chemawawin: 136.4 NRHA All Other: 74.2 (MB All Other = 44.8); The Pas 79.9; RM of Kelsey 77.6; Flin Flon: 54.2; Snow Lake 18.2; Grand Rapids 0.0; Norman other 156.9 	<p>Continue to monitor teenage pregnancy rates and work towards reducing over time.</p> <p>Continue to implement strategies to address the high teenage pregnancy rate in NOR-MAN.</p>	



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.5.3 School Health</p> <ul style="list-style-type: none"> Continue to work closely with schools in the region to promote/ educate on topics relating to child/ youth health and to promote healthy schools. 	Ongoing	MB Health Broad Topic: Healthy Living & Priority Populations	School Health Initiatives/ Partnerships	<ul style="list-style-type: none"> <u>School Health Initiatives:</u> C.A.R.E.S Infant Child and Youth Health team as part of the Primary Health Care strategy to provide a more comprehensive approach to infant/child/ youth issues. PHC staff work closely with all schools in the areas of health promotion & wellness <ul style="list-style-type: none"> Youth Mentor Program –NRHA staff provided tools for the Mentors to use with students on Body Image and Healthy Active Living. Will continue to Support Mentors in providing information and tools for 05-06 school year Family Life classes offered in middle year schools. Unified Referral Intake System U.R.I.S. program has been implemented in Kelsey and Flin Flon School Divisions. Smoking prevention presentations made to various schools approx. 1000 students by a Cancer survivor. Tobacco tackle Teams (Sherridon, Cranberry, The Pas and Cormorant) Kids in the kitchen (Grand Rapids 24 students) P.A.R.T.Y. programs being offered to grade 9 students in the region. Have received limited funding from Manitoba Brain Injury Association to expand PARTY to each school in NOR-MAN (unable to offer to every school due to time and availability of staff) <ul style="list-style-type: none"> Creighton School- 2 sessions 22 students Many Faces School- 20 students Hapnot School – 23 students Cormorant- 15 students International Walk to School Day (Over 1800 students, Teachers and Parents participated) Healthy Eating Habits – Cormorant School Healthy Eating Habits – Cold Lake School Sherridon School Health Fairs (30 children) Hapnot Healthy Choice/. High School Survivor forum 		Continue to work closely with schools in the region to promote/ educate on topics relating to child/ youth health and to promote healthy schools



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
2.5.4 Families First Program <ul style="list-style-type: none"> Continue to support & maintain the Families First program. 	Ongoing	MB Health Broad Topic: Healthy Living & Priority Populations Studies have shown that early intervention with families who are at higher risk can lead to positive outcomes (social, economic and health) for the families in the future. Families First has been an extremely positive program in the region. We are now seeing families with their 2 nd child. Several of these families are no longer eligible due to the changes that they have made while on the program.	<ul style="list-style-type: none"> # of Newborns Newborn Rate/1000 Birth Weights: % of HBW & LBW Families First Caseload 	# of Newborns <u>2002/03</u> <u>2003/04</u> FF District 87 92 TP District 171 179 NRHA other 163 158 Total 416 434 Rate/1000 16.6 (MB 11.7) 17.4 (MB 11.9) <u>Birth Weights</u> (NRHA vs. MB.) <u>% of High Birth Weight Babies</u> (2001/02) 20.24% (MB 16.83%) <u>% of Low Birth Weight Babies</u> (2001/02) 5.65% (MB 5.02%) Low Birth Weights rate/1000 (2003-04) 2.6 (MB 2.6) High Birth Weight rate/1000 (2003-04) 16.3 (MB 8.1) <u>Families First Caseload:</u> <u>99</u> <u>00</u> <u>01</u> <u>02</u> <u>03</u> <u>04</u> # of births 102 206 207 231 186 234 # eligible for survey 49 81 79 101 65 103 # eligible for program 30 52 35 53 47 67 % eligible who enrolled: 22 35 37 35 24 (1999 data = 5 months of data) March 31/02: 53 families March 31/03 51 families March 31/04 66 families March 31/05 63 families enrolled in the program	Continue to monitor performance measures Continue to support & maintain the Families First program.	
2.5.5 Childhood Immunization <ul style="list-style-type: none"> Continue to promote the importance of childhood immunization. 	Ongoing	MB Health Broad Topic: Healthy Living & Priority Populations Performance Deliverable 2003-04	Immunization rates for <ul style="list-style-type: none"> DaPTP-HIB, MMR Hepatitis B, School leaving Booster 	Immunization (MIMS) Coverage Rates NRHA (MB) <u>DaPTP-HIB</u> <u>MMR</u> ≥ 1 year 2 year olds 2 year olds 7 year olds 2000 77% (81) 84% (77) 93% (87) 76% (78) 2001 70% (82) 78% (75) 97% (86) 87% (82) 2002 61% (77) 78% (75) 98% (87) 90% (82) 2003 81% (81) 68% (69.5) 84% (86) 84% (80.6) 2001 Campaign Hepatitis B 9 years 17% (21% MB) 10 years 76% (72% MB) 11 years 84% (73% MB) 12 years 80% (69% MB) 13 years 72% (49% MB) Hepatitis B in Grade 4 students manually calculated rates for all RHA communities (plus Moose Lake, Grand Rapids, Easterville): 94.1% in 2000; 95.2% in 2001; 95.2% in 2002; 93.6% in 2003; 94% in 2004 School Leaving Boosters <u>17 year Olds</u> 1999 10% (19% MB) 2000 35% (42% MB) 2001 58% (60% MB) 2002 62% (62% MB) 2003 67% (60.8% MB)	Continue to monitor immunization rates with improvements to rates being observed. Continue to promote the importance of childhood immunization.	



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Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.5.6 Fetal Alcohol Syndrome/ Disorders</p> <ul style="list-style-type: none"> Continue to support and participate in inter-agency activities relating to the prevention, diagnosis and support to families and individuals with FASD. Continue with education and prevention initiatives to reduce FASD. 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p> <p>FASD is 100% preventable</p>	<ul style="list-style-type: none"> Telehealth FASD Clinics Stop FAS Program Presentations/ Initiatives Existence of Interagency committee 		<ul style="list-style-type: none"> Telehealth FASD clinics continue to be regularly scheduled The Stop FAS Program in The Pas has reached full quota of participants at 23 women. The first three women of the program have graduated after completing three years. Numerous presentations at various agencies such as Corrections, Rosaire House, Best Beginnings. Interagency FASD committee –meet regularly 	<p>Continue to support and participate in inter-agency activities.</p> <p>Continue with education and prevention initiatives to reduce FASD.</p>
<p>2.5.7 Breastfeeding</p> <ul style="list-style-type: none"> Continued implementation of regional breastfeeding framework in order to: <ol style="list-style-type: none"> Improve breastfeeding initiation and duration rates Educate the importance of breastfeeding 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p> <p>Performance Deliverable</p>	Breastfeeding statistics		<p><u>Breastfeeding Audit (January to June 2004) – Responsiveness Quality Scorecard (March 2004)</u></p> <p>% initiating breastfeeding = 68%</p> <p>% breastfeeding at 4 months = 39%</p> <p>Of those initiating, % breastfeeding at 4 months = 57%</p>	<p>Continued implementation of regional breastfeeding framework to:</p> <ol style="list-style-type: none"> Improve breastfeeding initiation and duration rates Educate the importance of breastfeeding

***See also 2. 1 Chronic illness; 2.2 Mental Health; 2.3 Suicides; 2.4 Addictions and 2.6 Injuries.*



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Ends Statement: 2. Healthy People

Strategic Priority: 2.6 Reduced incidence of injuries and poisonings

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.6.1 Injury Reduction</p> <ul style="list-style-type: none"> Continue implementation of regional injury prevention plan 	Ongoing	<p>MB Health Broad Topic: Healthy Living</p> <p>Performance Deliverable</p> <p>90% of all Injuries are predictable and preventable.</p> <p>NRHA residents are at a higher risk of incurring an injury resulting in death or hospitalization.</p> <p>NOR-MAN males have the second highest injury mortality rate in the province, which is over double the provincial rate for unintentional injuries.</p>	<ul style="list-style-type: none"> Leading Causes of Injury Deaths Leading Causes of Injury Hospitalization Leading Causes of Injury in ER. Injuries are No Accident deliverables 	<p><u>Injuries in MB – 10 year review (1992-2001):</u></p> <ul style="list-style-type: none"> 170 residents died as a result of an injury These deaths represent 6,339 PYLL or an average of 37.3 years/person. Residents of NRHA were hospitalized 4,630 times due to injuries. NRHA death rate 86.1/100,000 (MB 48.3) NRHA Hospitalization 1,871/100,000 (MB 1,054) <p><u>Unintentional Injury Deaths</u></p> <ul style="list-style-type: none"> Males 94/100,000 (MB 42); Females 30 (MB 24) <p><u>Leading Cause of Injury Deaths/100,000</u></p> <ul style="list-style-type: none"> Motor Vehicle (Total = 17.7; m = 26.8; f = 8.3) Suicide (Total = 15.7; m = 25.8; f = 5.2) Drowning (Total = 8.1; m = 15.0; f = 0) Fire/ burn (Total = 7.6; m = 10.9; f = 4.1) Falls (Total = 6.1; m = 7.9; f = 4.1) Assault high for females at 4.1 <p><u>Leading Cause of Injury Hospitalization/100,000</u></p> <ul style="list-style-type: none"> Falls (Total = 634.4; m = 579.2; f = 691.8) Self Inflicted (Total = 216.2; m = 116.5; f = 319.9) Assault (Total = 172.1; m = 257.5; f = 83.3) Motor Vehicle (Total = 146.7; m = 142.6; f = 150.9) Struck by, against (Total = 100.2; m = 168; f = 29.7) <p><u>Completed Phase 1 of Injury are no Accident:</u></p> <ul style="list-style-type: none"> Findings 9401 visits to region ER were related to non intentional injuries Identified top six injuries and nature of injury: <ol style="list-style-type: none"> Falls = 2764 (38% in 0-14 yrs; 10% in 60+ years) Struck by or collision with object = 1943 (33% 0-4 yrs; 24% 15-24; 23% 25-39; 70% males) Cutting & Piercing = 939 (15-24 & 25-39 most affected; 67% males) MVAs = 595 (37% in 15-24 years; 40% in afternoon; 31% in summer months) Struck by or collision with person = 294 (40% 14-24 yrs; 37% 0-14 years; 69% males; 25% sporting related) Burns – 331 (13% caustic; 25% fire/smoke harm; 38% scalds). <p><u>Completed Phase 2 of Injury are no Accident:</u></p> <ul style="list-style-type: none"> Draft surveillance tool developed to be piloted in the fiscal year 2005/06 Data base for Injury Prevention resources developed Injury Prevention resource catalogue developed and piloted through schools in NOR-MAN region 	<p>Reduce the incidence and severity of injuries in NOR-MAN Region</p> <p>Reduce the incidence of falls for 15-19 year olds, seniors and in the workplace by 5% in 3 years.</p> <p>Work with provincial and national strategies to reduce Motor Vehicle incidents by 30%</p> <p>Reduce incidence of being struck by/collision with an object by 5% in 3 years.</p> <p>Design and Pilot Injury Surveillance Tracking Tool.</p> <p>Develop media campaigns and other awareness activities</p> <p>Continue with the delivery of the PARTY program</p>	



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Ends Statement: 2. Healthy People

Strategic Priority: 2.7 Improved women's health and promotion of healthy lifestyles

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.7.1 Healthy Lifestyles</p> <ul style="list-style-type: none"> Continue to develop and implement activities that promote healthy lifestyles. 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p> <p>NRHA Community Health Assessment reported that we have higher rates of chronic disease and significant problems with unhealthy lifestyles (smoking, excessive alcohol consumption, inactivity, unhealthy lifestyles) that lead to poor chronic health).</p>	<ul style="list-style-type: none"> Life Expectancy PMR Body Mass Index Fruit & Vegetable Consumption Physical Activity Alcohol Consumption Initiatives outlined in the Status Report section of the Health Plan. 	<p><u>Life Expectancy</u> 1991-95 vs. 1996-2000 NRHA (MB) Males 70.6 years (75.4) vs. 72.9 (75.9) Females 77.1 (81.3) vs. 77.9 (81.3)</p> <p><u>Premature Mortality Rate</u> 1991-94 vs. 1995-99 NRHA (MB) 5.45/1000 (MB 3.49) vs. 4.62 (3.32)</p> <p><u>CCHS Cycle 1.1 2001</u>(does not include FN) (NRHA/ MB)</p> <ul style="list-style-type: none"> Body Mass Index: <u>Overweight</u> (BMI 25-29.9) Males 46.29% (MB 41.11%); Females 33.71% (MB 29.34%); <u>Obese</u> (BMI 30+) Males 26.86% (MB 22.18%); Females 25.28% (MB 19.16%) Consumption of 5-10 Fruits and Vegetables/ day: Males 26.7% (MB 26%); Females 35.9% (MB 35.3%) Consumption of less than 5 Fruits and Vegetables/day: Males 60.8% (MB 63.5%); Females 48.9% (MB 53.1%) Levels of Leisure Time Physical Activity Males: Active 30.08/ 21.19%; Moderate 26.56/ 20.33; Inactive 30.08/ 45.50; Females: Active 23.36/ 17.41%; Moderate 23.72/ 23.33; Inactive 50.73/ 55.31 Alcohol Consumption (likely to drink 1/week to 3/ mos) Males 30.6% (MB 18.8%); Females 9.6% ((MB 6.9%) <p><u>NRHA Community Health Assessment Data (2004)</u></p> <ul style="list-style-type: none"> Acumen Telephone Survey <ul style="list-style-type: none"> 70% (overall 61%) state they exercise regularly to stay healthy. Most common form of exercise is walking, jogging 9% (overall 13%) state they think about their diet and nutrition as a way to keep healthy. 6% are dieting 	<p>Continue to monitor rates over time and work towards observed improvements in all areas.</p> <p>Continue to develop and implement activities that promote healthy lifestyles.</p> <p>With NRHA's Primary Health Care strategy and the implementation of the C.A.R.E.S. Program, a more comprehensive Women's Health program to be developed.</p>	



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.7.2 Breast Health</p> <ul style="list-style-type: none"> • Increase overall awareness of breast health • Continue to promote the importance of mammography and participation in the MB Mobile Mammography program to targeted clientele. • Continue to promote the importance of Breast Self Examinations 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p> <p>Breast Cancer is the leading cause of cancer in women in NOR-MAN.</p> <p>Studies have shown that early detection through regular breast self examination and mammography may lead to early detection of breast cancer and improved outcomes.</p>	<ul style="list-style-type: none"> • Breast Cancer Rates • Mammography Screening Rates • Mobile Mammography Screening Rates • Breast health initiatives outlined in the Status Report section of the Health Plan. 	<ul style="list-style-type: none"> • Age Standardized Female Breast Cancer Incidence 1999-2000 136.7/ 100,000 (MB 117.1) • <u>Mammography Screening Program Report</u> (Discrete Patients rate/1000) NRHA/MB: 1997-99: 82.2/ 129.8; 1998-00: 137.4/119.8; 1999/01: 128.8/126.; 2000-02: 147/126; and 2001-03: 135.4/ 128.2 • <u>Mammography Screening Rate by Community</u> (Discrete Patients/ 1000) (2002-03) - Communities higher than MB average (128.2/1000) are Snow Lake (197.1); Flin Flon (155.8); RM of Kelsey (152.4); and The Pas (137). Lowest rates are in Chemawawin (66.2), Town of Grand Rapids (71.8); Grand Rapids FN (75.3) Pukatawagan (78); OCN (78.9); Mosakahiken (93.8); and unorganized (95.1) • <u>Mammography Diagnostic Report</u> (Discrete Patient/1000) NRHA/MB: 1998/00: 77.6/135; • 1999/01:71.7/135.7;2000/02: 62/129.6; 2001/03: 57.2/125.8 • <u>Mobile Screening Rates</u> % of NRHA women aged 50-69 years who participated in last 2 years: 1999 = 67%; 2000 = 68%; 2001 = 65%; 2002 = 67%; 2003 = 57%; 2004= 58% • <u>Mobile Screening Rate by Community</u> (2003 vs. 2004): Flin Flon = 61%/ 62%; Channing = 36%/ 25%; Cormorant = 32%/ 50%; Cranberry Portage = 52%/46%; Sherridon = 17%/43%; Snow Lake = 55%/ 59%; Wanless = 44%/58%; The Pas = 60%/60%; Moose Lake = 46%/63%; Easterville = 42%/52%; Grand Rapids = 40%/44%; Pukatawagan = 35%/48% • Actual # of women who participated in the Mobile program in 2004: 776 and 19 women who visited a facility 	<ul style="list-style-type: none"> • <u>Breast Health Initiatives:</u> <ul style="list-style-type: none"> • Various presentations held on BSE. • Bosom Buddies Program. • Breast Health sessions – held in Moose Lake, Grand Rapids and Easterville • NOR-MAN Breast Cancer Support Network continues. 	<p>Continue to promote the importance of mammography and participation in the MB Mobile Mammography program to targeted clientele. Work towards national goal of 70%. Need to target communities with low rates</p> <p>Continue to increase overall awareness of breast health</p> <p>Continue to promote the importance of Breast Self Examinations</p>



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.7.3 Cervical Cancer Screening</p> <ul style="list-style-type: none"> Continue to promote the importance of cervical cancer screening. Continue to implement an expanded reproductive health program including cervical cancer screening. 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p> <p>Cervical screening is an important tool in the detection of cervical cancer, leading to early diagnosis and treatment, and ultimately reducing death due to cervical cancer.</p> <p>Cervical cancer rates in NOR-MAN are lower than Manitoba rates</p>	<ul style="list-style-type: none"> Cervical Cancer incidence Cervical Screen Rates per 1000 discrete patients Cervical Screening Rates by Community Well Women Clinics Education Sessions Initiatives outlined in the Status Report section of the Health Plan. 	<ul style="list-style-type: none"> <u>Cervical Cancer Incidence, age standardized</u> (1996-2000) 8.0/ 100,000 (MB 9.5) <u>Cervical Screening Rates</u> (per 1000 Discrete Patients) NRHA/MB: 1996-99: 466.3/ 591.4; 1997-00: 480.6/ 595.1; 1998-01: 493.4/ 596; 1999-02: 510.2/ 595; 2000-03 487.2/ 591.4 <u>Cervical Screening Rates by Community</u> (per 1000 Discrete Patients) NRHA/MB (2002-2003): rates vary between communities. Higher rates closer to MB average (591.4) in Flin Flon (554.2); RM of Kelsey (514.9); Snow Lake (509.9); The Pas (496.7) and OCN (452.2). Low rates exist in Mosakahikan (235.8); Grand Rapids FN (238.5); Chemawawin (248.4); Grand Rapids (296.9); Unorganized (385.9); Pukatawagan (412.3) and OCN (452.2) <u>Well Women Clinics</u> in Flin Flon, The Pas, Sherridon, Cormorant and Cranberry Portage <u>Education sessions</u> continuing in Flin Flon, The Pas, Snow Lake, Cranberry Portage, Grand Rapids, Cormorant and Easterville. 	<p>Continue to promote the importance of cervical cancer screening.</p> <p>Continue to implement an expanded reproductive health program including cervical cancer screening.</p>	
<p>2.7.4 Midwifery</p> <ul style="list-style-type: none"> Continue to expand and actively recruit into the midwifery program in the region. Continue to work collaboratively with the University College of the North in the establishment and implementation of an Aboriginal Midwifery program. 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p>	<ul style="list-style-type: none"> Midwifery Statistics Initiatives outlined in the Status Report section of the Health Plan. 	<p><u>Midwifery Statistics for 2003</u></p> <ul style="list-style-type: none"> Midwives attended 33 deliveries in 2003. <p><u>Midwifery Statistics for 2004</u></p> <ul style="list-style-type: none"> Midwives attended 41 deliveries in 2004 	<p>Continue to expand and actively recruit into the midwifery program in the region.</p> <p>Continue to work collaboratively with the University College of the North in the establishment and implementation of an Aboriginal Midwifery program.</p>	



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Actions, Issues & Rationale			Performance Measures																																								
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline		Current	Target																																				
2.7.5 Sexually Transmitted Diseases <ul style="list-style-type: none"> Continue the implementation of a regional sexually transmitted diseases (STD) reduction strategy and implementation plan (men & women) 	Ongoing	MB Health Broad Topic: Healthy Living & Priority Populations Performance Deliverable STD/I are a problem for both the NRHA as well as MB. MB Rates for Gonorrhoea is 10 times the national average for males and 15 times average for females for the 14-24 age group. MB youth continue to be one of the highest at risk groups in Canada for STD related complications. The NRHA region has the 2 nd highest rate of STD/I's in MB	STD rates for Chlamydia, Gonorrhoea	<ul style="list-style-type: none"> Regional STD Rates (# Cases) <table border="1"> <thead> <tr> <th>Year</th> <th>Chlamydia</th> <th>Gonorrhoea</th> </tr> </thead> <tbody> <tr><td>1992</td><td>120</td><td>62</td></tr> <tr><td>1993</td><td>115</td><td>31</td></tr> <tr><td>1994</td><td>106</td><td>45</td></tr> <tr><td>1995</td><td>125</td><td>11</td></tr> <tr><td>1996</td><td>123</td><td>13</td></tr> <tr><td>1997</td><td>108</td><td>7</td></tr> <tr><td>1998</td><td>145</td><td>30</td></tr> <tr><td>1999</td><td>141</td><td>41</td></tr> <tr><td>2000</td><td>209</td><td>31</td></tr> <tr><td>2001</td><td>198</td><td>36</td></tr> <tr><td>2002</td><td>154</td><td>33</td></tr> </tbody> </table>	Year	Chlamydia	Gonorrhoea	1992	120	62	1993	115	31	1994	106	45	1995	125	11	1996	123	13	1997	108	7	1998	145	30	1999	141	41	2000	209	31	2001	198	36	2002	154	33			Continue the implementation of a regional sexually transmitted diseases (STD) reduction strategy and implementation plan (men & women) Formation of regional STD Working Group Standardized STD policies in place Educate practitioner's on current clinical practise guidelines Development and piloting of NRHA PHC database.
Year	Chlamydia	Gonorrhoea																																									
1992	120	62																																									
1993	115	31																																									
1994	106	45																																									
1995	125	11																																									
1996	123	13																																									
1997	108	7																																									
1998	145	30																																									
1999	141	41																																									
2000	209	31																																									
2001	198	36																																									
2002	154	33																																									
**See also 2. 1 Chronic illness; 2.2 Mental Health; 2.3 Suicides; 2.4 Addictions; 2.5.4 Families First; 2.5.6 FAS/D; 2.5.7 Breastfeeding 2.6 Injuries; and 2.8.2 Heart Health.																																											



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Ends Statement: 2. Healthy People

Strategic Priority: 2.8 Improved men's health and promotion of healthy lifestyles

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.8.1 Healthy Lifestyles</p> <ul style="list-style-type: none"> Continue to develop and implement activities that promote healthy lifestyles. 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p> <p>NRHA Community Health Assessment reported that we have higher rates of chronic disease and significant problems with unhealthy lifestyles (smoking, excessive alcohol consumption, inactivity, unhealthy lifestyles) that lead to poor chronic health).</p>	<ul style="list-style-type: none"> Life Expectancy PMR Body Mass Index Fruit & Vegetable Consumption Physical Activity Alcohol Consumption Diabetes Cancer Incidence & Prevalence Initiatives outlined in the Status Report section of the Health Plan. 	<p><u>Life Expectancy</u> 1991-95 vs. 1996-2000 NRHA (MB) Males 70.6 years (75.4) vs. 72.9 (75.9) Females 77.1 (81.3) vs. 77.9 (81.3)</p> <p><u>Premature Mortality Rate</u> 1991-94 vs. 1995-99 NRHA (MB) 5.45/1000 (MB 3.49) vs. 4.62 (3.32)</p> <p><u>CCHS Cycle 1.1 2001</u> (does not include FN) (NRHA/ MB)</p> <ul style="list-style-type: none"> Body Mass Index: Overweight (BMI 25-29.9) Males 46.29% (MB 41.11%); Females 33.71% (MB 29.34%); Obese (BMI 30+) Males 26.86% (MB 22.18%); Females 25.28% (MB 19.16%) Consumption of 5-10 Fruits and Vegetables/ day: Males 26.7% (MB 26%); Females 35.9% (MB 35.3%) Consumption of less than 5 Fruits and Vegetables/day: Males 60.8% (MB 63.5%); Females 48.9% (MB 53.1%) Levels of Leisure Time Physical Activity Males: Active 30.08/ 21.19%; Moderate 26.56/ 20.33; Inactive 30.08/ 45.50; Females: Active 23.36/ 17.41%; Moderate 23.72/ 23.33; Inactive 50.73/ 55.31 Alcohol Consumption (likely to drink 1/week to 3/ mos) Males 30.6% (MB 18.8%); Females 9.6% (MB 6.9%) <p><u>NRHA Community Health Assessment Data (2004)</u></p> <ul style="list-style-type: none"> Acumen Telephone Survey <ul style="list-style-type: none"> 70% (overall 61%) state they exercise regularly to stay healthy. Most common form of exercise is walking, jogging 9% (overall 13%) state they think about their diet and nutrition as a way to keep healthy. 6% are dieting 	<p>Continue to monitor rates over time and work towards observed improvements in all areas.</p> <p>Continue to develop and implement activities that promote healthy lifestyles.</p> <p>With NRHA's Primary Health Care strategy and the implementation of the C.A.R.E.S. Program, a more comprehensive Men's Health program to be developed</p>	
<p>2.8.2 Heart Health</p> <ul style="list-style-type: none"> Develop initiatives to promote heart health (men & women) 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p>	<ul style="list-style-type: none"> Hypertension Heart Attack Rate Stroke Rate Initiatives outlined in the Status Report section of the Health Plan. 	<ul style="list-style-type: none"> Hypertension (CCHS Cycle 1.1) 16 % (MB 15.6%) Males 13.3% (MB 12.8%); Females 18.6% (MB 17.9%) Heart Attack rate/1000 (MCHP) have decreased from 2.86 (MB 2.35) in 1991-96 to 2.55 (MB 2.22) in 1997-2001 Stroke Rate/ 1000 (MCHP) have statistically decreased from 2.60 (MB 2.71) in 1991-96 to 1.84 (MB 2.01) in 1997-2001 Average Annual Standardized Rates of Death/100,000 (1994-98) NRHA/MB COPD: 53.02/27.58; Heart Failure 44.26/35.52 Deaths due to Diseases of the Circulatory System (Vital Statistics 2001) rate/1000: Total = 2.93; m = 3.00; f = 2.85 	<p>Continue to monitor rates over time and work towards observed improvements in all areas.</p> <p>Develop initiatives to promote heart health (men & women)</p>	

**See also 2. 1 Chronic illness; 2.2 Mental Health; 2.3 Suicides; 2.4 Addictions; 2.5.4 Families First; 2.5.6 FAS/D; 2.6 Injuries and 2.5.7 STD's.



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Ends Statement: 2. Healthy People

Strategic Priority: 2.9 Improved senior's health and promotion of healthy lifestyles

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.9.1 Healthy Lifestyles</p> <ul style="list-style-type: none"> Continue to develop and implement activities that promote healthy lifestyles. 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p> <p>NRHA Community Health Assessment reported that we have higher rates of chronic disease and significant problems with unhealthy lifestyles (smoking, excessive alcohol consumption, inactivity, unhealthy lifestyles) that lead to poor chronic health).</p>	<ul style="list-style-type: none"> Body Mass Index Fruit & Vegetable Consumption Physical Activity Alcohol Consumption Initiatives outlined in the Status Report section of the Health Plan. 	<p><u>65+ population:</u> 7.9% NRHA population (MB 13.6%) Flin Flon (13%) <u>CCHS Cycle 1.1 2001 (does not include FN) (NRHA/ MB)</u></p> <ul style="list-style-type: none"> Body Mass Index: Overweight (BMI 25-29.9) Males 46.29% (MB 41.11%); Females 33.71% (MB 29.34%); Obese (BMI 30+) Males 26.86% (MB 22.18%); Females 25.28% (MB 19.16%) Consumption of 5-10 Fruits and Vegetables/ day: Males 26.7% (MB 26%); Females 35.9% (MB 35.3%) Consumption of less than 5 Fruits and Vegetables/day: Males 60.8% (MB 63.5%); Females 48.9% (MB 53.1%) Levels of Leisure Time Physical Activity Males: Active 30.08/ 21.19%; Moderate 26.56/ 20.33; Inactive 30.08/ 45.50; Females: Active 23.36/ 17.41%; Moderate 23.72/ 23.33; Inactive 50.73/ 55.31 Alcohol Consumption (likely to drink 1/week to 3/ mos) Males 30.6% (MB 18.8%); Females 9.6% (MB 6.9%) <p><u>NRHA Community Health Assessment Data (2004)</u></p> <ul style="list-style-type: none"> Acumen Telephone Survey <ul style="list-style-type: none"> 70% (overall 61%) state they exercise regularly to stay healthy. Most common form of exercise is walking, jogging 9% (overall 13%) state they think about their diet and nutrition as a way to keep healthy. 6% are dieting 	<p>Continue to monitor rates over time and work towards observed improvements in all areas.</p> <p>Continue to develop and implement activities that promote healthy lifestyles.</p> <p>With NRHA's Primary Health Care strategy and the implementation of the C.A.R.E.S. Program, a more comprehensive Senior's Health program to be developed</p>	



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Actions, Issues & Rationale			Performance Measures															
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target												
2.9.2 Supportive Housing Options <ul style="list-style-type: none"> Lobby and advocate for alternative supportive and affordable housing options for seniors. 	Ongoing	MB Health Broad Topic: Healthy Living & Priority Populations	<ul style="list-style-type: none"> Caseload Home Care Waitlist Long Term Care PCH Occupancy rates Long Term Care and Home Care Satisfaction levels LTC and Home Care Budget 	<u>Home Care Caseload:</u> • March 31, 2001 = 370 • March 31, 2002 = 330 • March 31, 2003 = 334 • March 31, 2004 = 319 • March 31, 2005 = 318 <u>PCH Occupancy rates (2004):</u> • Flin Flon = 100% • The Pas = 95% • Snow Lake = 100% <u>Long Term Care Audit (June 2004)</u> • Environment & Equipment Audit (cleanliness; thoroughness of housekeeping services and satisfaction with living environment) = 89% • Resident Care Audits: Nutritional needs being met = 95%; Spiritual needs being met = 87%; Emotional support = 94% <u>Home Care Client Satisfaction Survey 2004</u> (79% response rate) Overall Satisfaction = 85% <u>Board Financial Report (Year End)</u> 2004-05: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td></td> <td style="text-align: center;"><u>Home Care</u></td> <td style="text-align: center;"><u>Long Term Care</u></td> </tr> <tr> <td><u>Budget:</u></td> <td style="text-align: right;">3,515,170</td> <td style="text-align: right;">6,960,534</td> </tr> <tr> <td><u>Actual:</u></td> <td style="text-align: right;">3,006,688</td> <td style="text-align: right;">7,390,570</td> </tr> <tr> <td><u>(Deficit)/ Surplus</u></td> <td style="text-align: right;">508,582</td> <td style="text-align: right;">(469,473)</td> </tr> </table>		<u>Home Care</u>	<u>Long Term Care</u>	<u>Budget:</u>	3,515,170	6,960,534	<u>Actual:</u>	3,006,688	7,390,570	<u>(Deficit)/ Surplus</u>	508,582	(469,473)	<u>Long Term Care Waitlist:</u> As of May 1, 2002 = 33 As of May 1, 2003 = 24 As of April 30, 2004 = 13 As of April 5, 2005 = 11	Lobby and advocate for alternative supportive and affordable housing options for seniors per new provincial initiative.
	<u>Home Care</u>	<u>Long Term Care</u>																
<u>Budget:</u>	3,515,170	6,960,534																
<u>Actual:</u>	3,006,688	7,390,570																
<u>(Deficit)/ Surplus</u>	508,582	(469,473)																
** See also 2.1 Chronic Illness; 2.2 Mental Health; 2.3 Suicides; 2.4 Addictions; and 2.6 Injuries																		



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Ends Statement: 2. Healthy People

Strategic Priority: 2.10 Improved Aboriginal health and promotion of healthy lifestyles

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.10.1 Healthy Lifestyles</p> <ul style="list-style-type: none"> Continue to develop and implement activities that promote healthy lifestyles. See 2.10.2 – Aboriginal Health Strategy 	Ongoing	<p>MB Health Broad Topic: Healthy Living & Priority Populations</p> <p>NRHA Community Health Assessment reported that we have higher rates of chronic disease and significant problems with unhealthy lifestyles (smoking, excessive alcohol consumption, inactivity, unhealthy lifestyles) that lead to poor chronic health).</p>	<ul style="list-style-type: none"> Aboriginal Population Education Levels % with High School Diploma Unemployment rate Premature Mortality Rate (PMR) Life Expectancy Personal Years of Life Lost (PYLL) Hypertension Prevalence Injury Hospitalization rate Mammography Breastfeeding Initiation Ambulatory Visit Rate Ambulatory Consult Rate Ambulatory Specialist Visits Hospital Separations Total Days of Hospital Care Cardiac Catheterization rate Coronary Artery Bypass Surgery Hysterectomy rate Tonsillectomy/ Adenoidectomy rate Initiatives outlined in the Status Report section of the Health Plan. 		<ul style="list-style-type: none"> 46% of NOR-MAN's population has claimed Aboriginal identity with 35% being registered First Nations and 11% Metis. <u>% On-Reserve RFN age 15 + with High School Diploma:</u> SCTC 30% (MB FN 28%) <u>On-Reserve RFN Average Family Income</u> SCTC \$28,837.61 (MB \$25,216) <u>Unemployment Rate 25 years +</u> SCTC 18.97% (MB 24.81%) <p><i>MB Centre for Health Policy, First Nation Report, March 2002</i></p> <p><u>Registered First Nation - RFN (MB RFN Rate) versus All others in Region (All others in MB)</u></p> <ul style="list-style-type: none"> <u>PMR rate/1,000:</u> RFN 7.45 (MB 6.61); All Others 4.16 (3.3) <u>Life Expectancy:</u> Males RFN 66.88 (MB 68.35) vs. All Others 73.93 (MB 76.07); Females RFN 72.32 (MB 73.18) vs. All Others 78.59 (MB 81.4) <u>PYLL/1000:</u> Males RFN 162.52 (MB 158.29) vs. All Others 69.14 (MB 62.53); Females RFN 105.36 (MB 103.26) vs. All Others 53.35 (MB 36.47) <u>Hypertension Prevalence/1000</u> RFN 155.97 (MB 221.21) vs. All Others 180.22 (MB 202.07) <u>Injury Hospitalization Rate/1000</u> RFN 35.93 (MB 30.37) vs. All Others 15.05 (MB 8.29) <u>Mammography</u> RFN 46.51% (MB 25.83%) vs. All Others 64.48% (55.91%) <u>Breastfeeding Initiation</u> RFN 52.35% (MB 57.12%) vs. All Others 73.57% (MB 80.51%) <u>Ambulatory Visit Rate per person</u> RFN 4.94 (MB 6.13) vs. All Others 4.66 (MB 4.85) <u>Ambulatory Consult Rate per person</u> RFN 0.26 (MB 0.29) vs. All Others 0.17 (MB 0.27) <u>Ambulatory Specialist Visits per person</u> RFN 0.30 (MB 1.28) vs. All Others 0.48 (MB 0.90) <u>Hospital Separations/1000</u> RFN 408.84 (MB 348.07) vs. All Others 229.76 (MB 156.20) <u>Total Days of Hospital Care</u> RFN 1.74 (MB 1.75) vs. All Others 1.37 (MB 1.05) <u>Cardiac Catheterization Rates/1000</u> RFN 3.14 (MB 3.47) vs. All Others 2.21 (MB 2.65) <u>Coronary Artery Bypass Surgery/ 1000</u> RFN 0.87 (MB 0.68) vs. All Others 0.47 (MB 0.66) <u>Hysterectomy Rates/1000</u> RFN 5.62 (MB 4.92) vs. All Others 5.77 (MB 5.00) <u>Tonsillectomy/ Adenoidectomy Rates/ 1000</u> RFN 6.91 (MB 4.23) vs. All Others 5.99 (MB 5.75) 	<p>Continue to monitor rates over time and work towards observed improvements in all areas.</p> <p>Continue to develop and implement activities that promote healthy lifestyles.</p>



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.10.1 Aboriginal Health Strategy</p> <ul style="list-style-type: none"> • Continue to implement the key components and specific actions of NRHA's Aboriginal Health Strategy: <ul style="list-style-type: none"> - Partnerships and linkages (reported in 1.4) - Culturally Sensitive Environment - Recruitment and Retention of Aboriginal People (reported in 4.4) - Improvement of Aboriginal health. 	Ongoing	<p>Performance Deliverable</p> <p>MB Health Broad Topic: Healthy Living & Priority Populations</p>	<ul style="list-style-type: none"> • Performance Deliverable • Outcomes achieved in Strategy areas • Culturally Sensitive Environment & Improvement of Aboriginal Health • See 1.4 – Partnerships and Linkages • See 4.4 – recruitment and retention of Aboriginal Health • Initiatives outlined in the Status Report section of the Health Plan. • See deliverable for complete progress report. 	<ul style="list-style-type: none"> • Performance Deliverable 2004-05 - Progress Report on NRHA's Aboriginal Health Strategy submitted to Manitoba Health on February 28, 2005 providing a status report on the 4 key strategies <p>Culturally Sensitive Environment</p> <ul style="list-style-type: none"> • Aboriginal Liaison position in Flin Flon vacant since August 2004. Position recently filled with individual assuming position in February 2005. Aboriginal Liaison in The Pas in place. • No resources forthcoming from MB Health to assist with staff training - 50% target not met. Progress to date: <ul style="list-style-type: none"> - Cultural Awareness Session -NRHA General Orientation for new hires. - Cultural Awareness session -Leadership Management sessions in spring 2004. - "Building Communities of Care for Aboriginal Families requiring Hospice Care." May 10, 2005 - "Cultural Impacts in Health Care" session (June 2005). • Interpretative Services continue to be provided by our Aboriginal Liaisons. • Smudging: Requests for smudging and traditional practices are supported within NRHA facilities where possible. <p>Improvement of Aboriginal Health:</p> <ul style="list-style-type: none"> • Staff works with Aboriginal communities to promote healthy living and priority health issues in conjunction with Aboriginal communities. Examples of initiatives: <ul style="list-style-type: none"> • Implementation of Primary Health Care CARES • Suicide Prevention Awareness Connection • Moose Lake Healthy Community Project • Northern Housing Coalition • Regional Diabetes Strategy • Co-Occurring Disorders • STI Reduction • Regional Plan to promote Best Practise in Immunization • Injury Prevention Strategy • PARTY Program (Prevent Alcohol and Risk-Related Trauma in Youth) 		
<p><i>See also 1.4.4 Aboriginal Partnership and Linkages, 2. Healthy People (all sections), 4.4.4 Northern Human Resources</i></p>						



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Ends Statement: 2. Healthy People

Strategic Priority: 2.11 Improved staff health and promotion of healthy lifestyles

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>2.11.1 Healthy Lifestyles</p> <ul style="list-style-type: none"> Continue to develop and implement activities that promote healthy lifestyles. 	Ongoing	MB Health Broad Topic: Healthy Living	<ul style="list-style-type: none"> Listing of Employee Wellness initiatives 	<ul style="list-style-type: none"> Communications CQI team in place to deal with internal communications issues and CQI activities Union/ Management Committees formed in the following areas: (Violence in the Workplace, Working Alone, Day Care, Attendance Management)Active Workplace Health & Safety committees in each site as well as regional committee. .5 EFT WHS worker in both The Pas and Flin Flon effective the fall of 2004. Regional Employee of the Month program developed and has been operating successfully since October 2003. Annual draw for a weekend get-away to a max value of \$500. Staff Recognition activities planned throughout the year and tracked through health plan. Workplace Wellness committee functioning. Smoke Free Policy in process of being implemented in a phased in approach with no smoking policy on NRHA grounds being implemented January 1, 2005. Smoking Cessation program offered to staff Commit to Quit Program implemented which offers \$200 reimbursement for NRT to assist employee to quit smoking. Ergonomic committee established Hearing Conservation program implemented. WCB Return to Work programs Job Hazard analysis in place: 73% completed Employee Computer Purchase program Healthy Food options in cafeteria and for NRHA meetings. Staff immunization program in effect with Immunization Policy approved by Senior Management in November 2004. Hepatitis B policy created and waiver required for employees who decline immunization in the designated areas. Representative Workforce Strategy developed. Staff run gym in Flin Flon 		Continue to develop and implement activities that promote healthy lifestyles.



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
2.11.2 Staff Recognition <ul style="list-style-type: none"> Continue to provide staff recognition activities. 	Ongoing	MB Health Broad Topic: Healthy Living	<ul style="list-style-type: none"> Listing of Staff Recognition Activities 	<u>Staff Recognition Activities:</u> <ul style="list-style-type: none"> Social activities planned throughout the year including golf tournament curling fun spiel, Children's Christmas party. Employee initiated spirit weeks held in Flin Flon & The Pas. Monthly Staff Newsletter – The Pulse Christmas Luncheon and various BBQs and lunches throughout year Annual Staff Recognition evenings Employee of the month implemented October 2003 Employee of the month annual draw for a weekend get-away to a maximum value of \$500. 		Continue to provide staff recognition activities.
2.11.3 Staff Education <ul style="list-style-type: none"> Provide ongoing opportunities through staff education program for the development of staff knowledge and expertise in priority areas 	Ongoing	MB Health Broad Topic: Healthy Living	<ul style="list-style-type: none"> In house training sessions Out-of region training sessions Staff Training Indicator 	<u>In – house training – NOR-MAN</u> <ul style="list-style-type: none"> 257 sessions in region; 2459 participants (pp) 102 sessions; 922 pp in The Pas 149 sessions; 1494 pp; in Flin Flon 8 sessions; 40 pp in Snow Lake In-house training consists of orientations, CPR, ACLS, PALS, NRP recertifications and provider programs, specific policy in-servicing, mandatory legislative training, and hosting invited speakers for specific health populations. <u>Out of region Training</u> (tuition, travel provided) <ul style="list-style-type: none"> 105 sessions; 226 participants for region 62 sessions; 118 pp in The Pas 84 sessions; 102 pp in Flin Flon 4 sessions; 6 pp in Snow Lake Out of house training consists of staff requesting approval to attend a session outside of the RHA for having tuition, travel and accommodation funded through the RHA. <u>Staff Training Indicator</u> (System Competency Indicator June 2004) \$286.70/ employee		Provide ongoing opportunities through staff education program for the development of staff knowledge and expertise in priority areas
2.11.4 Employee Assistance Program (EAP) <ul style="list-style-type: none"> Continue to promote the provincial Employee Assistance program. 	Ongoing	MB Health Broad Topic: Healthy Living	<ul style="list-style-type: none"> EAP Program EAP Utilization Rates EAP Expense/ Eligible Employee 	<ul style="list-style-type: none"> NRHA Participates in provincial Employee Assistance program effective January 1, 2002 EAP Utilization Rates (2003-04) = 1.67% (Healthcare sector average 8.12%) EAP Expense/ Eligible Employee 2002-03 vs 2003-04 \$29.58 vs. \$25.30 (Healthcare sector average = \$35.40) 		Continue to promote the provincial Employee Assistance program.
2.11.5 Staff Immunization <ul style="list-style-type: none"> Increase percentage of direct service staff who receive their annual flu immunization. 	Ongoing	MB Health Broad Topic: Healthy Living	<ul style="list-style-type: none"> Flu Shot Rate 	Flu Shot Rate (Quality Scorecard –Work Life December 2004): <ul style="list-style-type: none"> 2004 = 45% 2003 = 48.6% 2002 = 43% 		Increase % of direct service staff who receives their annual flu immunization.



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
2.11.6 Performance Appraisals <ul style="list-style-type: none"> Ensure all employees receive timely performance reviews 	Ongoing	Red Item on Scorecard – December 2004	<ul style="list-style-type: none"> Performance Appraisal rate 	Performance Appraisal Rate (Quality Scorecard – Work Life December 2004) 2002-03 = 68% 2003-04 = 10%		Continue to ensure timely performance reviews

Ends Statement: 3. Optimal Access to Services

Strategic Priority: 3.1 Increased onsite resources in our outlying communities

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
3.1.1 Itinerant Services <ul style="list-style-type: none"> Continue to work with outlying communities to identify and offer needed on-site/ itinerant services and resources. 	Ongoing	MB Health Broad Topic: Access	<ul style="list-style-type: none"> NRHA Operated Nursing Stations/ Health Centres Other Nursing Stations Itinerant Services 	<ul style="list-style-type: none"> NRHA operated Nursing Stations/ Health Centres: Cormorant, Sherridon, Cranberry Portage, Snow Lake Health Centre Program staff consult/ work closely with Nursing Stations run by MB Health and First Nation organizations: Grand Rapids (MB Health), Easterville (MB Health), Moose Lake (MB Health), Opaskwayak Health Authority (OCN), Pukatawagan Health Authority (Mathias Colomb) Itinerant Services: <ul style="list-style-type: none"> Health Promotion/ Education (regional service) Women's Health Clinics (Cormorant, Cranberry Portage & Sherridon) Public Health support to Nursing Stations for STDs, Immunization Medical Officer Of Health (regional service provides consultation to First Nation) Diabetes Education Resource (regional service) Pediatric Speech Language (every community with exception of Easterville) Mental Health (regional child & adult itinerant services provided in all communities) Home Care (all communities. Do not provide services on reserve) Physician Services (Moose Lake) Midwifery (weekly clinic in Moose Lake) Palliative care (regional service) 		Continue to work with outlying communities to identify and offer needed on-site/ itinerant services and resources.

**See also 3.2 Improved access through Primary Health Care, 3.3 Increased knowledge of Primary Health Care, 3.6 Increased use of Technology,*



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Ends Statement: 3. Optimal Access to Services

Strategic Priority: 3.2 Improved access to service through Primary Health Care

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
3.2.1 Primary Health Care <ul style="list-style-type: none"> Continue to implement a primary health care (PHC) model for the region. Implementation of C.A.R.E.S. (Comprehensive Assessment, Referral and Entry System) in the region 	Ongoing	Performance Deliverable MB Health Broad Topic: Access	<ul style="list-style-type: none"> PHC Strategy Funding Phase I status Phase II status 	<ul style="list-style-type: none"> <u>PHC Strategy</u> & C.A.R.E.S. (Comprehensive Assessment & Referral Entry system) proposal approved in April 2003 <u>Funding</u> = \$650,000 over 3 years, Year 2 funding completed <u>PHASE I</u> – Integration of all community programs and establishment of Client Centered Teams: <ul style="list-style-type: none"> Infant Child Youth Team Women’s Team Men’s Team Senior’s Team <u>PHASE II</u> - Implementation of C.A.R.E.S - underway 	Continue to implement a primary health care (PHC) model for the region. Implementation of C.A.R.E.S. in the region	



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Ends Statement: 3. Optimal Access to Services

Strategic Priority: 3.3 Increased knowledge of Primary Health Care

Actions, Issues & Rationale			Performance Measures				
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target	
<p>3.3.1 Knowledge of Primary Health Care</p> <ul style="list-style-type: none"> Enhance and implement communication strategy to increase awareness of Primary Health Care program and services Continue to promote and educate the PHC model in the region. 	Ongoing	<p>MB Health Broad Topic: Access</p> <p>Performance Deliverable</p>	<ul style="list-style-type: none"> Communication Strategy- in place Client Satisfaction Survey CHA Acumen Telephone Survey Questions - Health System Performance 		<ul style="list-style-type: none"> Communication Strategy developed with goal to Increased public & staff awareness of PHC Model. PHC Client Satisfaction Survey currently in development Community Health Assessment (2004) Acumen Research <u>Telephone Survey</u>: (prior to PHC move) 82% have regular health care provider (overall 87%). Those least likely to have a regular health care provider: <ul style="list-style-type: none"> 79% respondents age 25-34 81% respondents who claimed Aboriginal identity 38% find it more difficult to get an appointment with a health care provider (overall 27%) 70% are usually able to get a particular health care service (overall 81%) 26% find it significantly more difficult to access health care services (overall 15%) 49% know where to go to address a concern about the health care system (overall 53%) 79% know where to find information on a particular treatment (overall 82%) 46% have used a health promotion services in past year (overall 35%); of which, 76% rated their experience as excellent or very good (79%). 31% had used a community service in the past year (overall 21%; of which 62% rated their experience as excellent or very good (overall 69%). 4% has used either home care or personal care homes (overall 4%); of which, 73% rated their experience as excellent or very good (overall 67%). 71% rated the quality of health care services as excellent, very good or good 68% rated the availability of health care services as excellent, very good, or good. 		<p>Continue to enhance and implement a communication strategy to increase awareness of Primary Health Care programs and services</p> <p>Evaluate effectiveness through client satisfaction surveys and other evaluation mechanisms</p> <p>Continue to promote and educate the PHC model in the region.</p>



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Strategic Priority: 3.4 Increased specialty services and programs based on demonstrated need and cost effectiveness

Actions, Issues & Rationale			Performance Measures																		
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target															
3.4.1 Itinerant Specialty Services <ul style="list-style-type: none"> Explore and increase the number of itinerant specialty services. 	Ongoing	MB Health Broad Topic: Access	Itinerant Specialty Services <ul style="list-style-type: none"> Allied Health Professional Days Allied Physician Days 	Itinerant Specialty Services in 2003/04: <ul style="list-style-type: none"> Orthotics (8 physician days, 22 allied health days) Child Development (4 physician days) Psycho Geriatric (23 physician days) Psychiatry –children (14 physician days) Psychiatry – adult (49 physician days) Pediatric Diabetes Program (4 physician days: 12 allied health days) Mobile Breast screening Unit (64 allied health days) Neurology (32 physician days) Child Development (2 physician days) 		Continue to explore and increase the number of itinerant specialty services.															
3.4.2 Dialysis <ul style="list-style-type: none"> Relocate and expand Dialysis department from 4- 10 stations at St. Anthony's General Hospital. Relocate and expand Dialysis department from 2 to 4 stations at Flin Flon General Hospital. 	The Pas: 2006/07 Flin Flon: 2005/06	MB Health Broad Topic: Access	<ul style="list-style-type: none"> Dialysis Waitlists Dialysis Capital Projects –status report 	<u>Dialysis Stats (as of March, 2005): The Pas vs. Flin Flon</u> <ul style="list-style-type: none"> # Dialysis spots available = 16 vs. 4 # Dialysis spots open = 0 vs. 0 # on Conservative List = 3 vs. 4 # receiving treatment not in preferred location = 4 vs. 1 <u>Status of Capital Projects:</u> <ul style="list-style-type: none"> Flin Flon proposal to relocate Dialysis and increase from 2 to 4 stations at the FFGH submitted in 2002/03 - Received approval to go to tender in April 2005. Approval to proceed to pretender documents to increase from 4 to 10 stations in The Pas Approval to proceed to pretender documents = May 3, 2005. 		Continue to plan for the relocation and expansion of the Dialysis at St. Anthony's General Hospital and Flin Flon General Hospital.															
3.4.3 CT Services <ul style="list-style-type: none"> Continue to monitor the percentage of CT services provided within the region. 	Ongoing	MB Health Broad Topic: Access & Improved Resource Utilization	<ul style="list-style-type: none"> NPTP Referrals 	<u>% of NPTP Diagnostic referrals for CT</u> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th>Flin Flon</th> <th>The Pas</th> </tr> </thead> <tbody> <tr> <td>2001-02 =</td> <td>22%</td> <td>29%</td> </tr> <tr> <td>2002-03 =</td> <td>20%</td> <td>24%</td> </tr> <tr> <td>2003-04 =</td> <td>16%</td> <td>18%</td> </tr> <tr> <td>2004-05 =</td> <td>6%</td> <td>5%</td> </tr> </tbody> </table> <u>Referrals from FF to TP for CT:</u> <ul style="list-style-type: none"> 2003-04 = 9% 2004-05 = 19% 			Flin Flon	The Pas	2001-02 =	22%	29%	2002-03 =	20%	24%	2003-04 =	16%	18%	2004-05 =	6%	5%	Continue to monitor the percentage of CT services provided within the region.
	Flin Flon	The Pas																			
2001-02 =	22%	29%																			
2002-03 =	20%	24%																			
2003-04 =	16%	18%																			
2004-05 =	6%	5%																			
3.4.4 Cancer Treatment <ul style="list-style-type: none"> Continue to monitor the percentage of Cancer treatments provided in local centers. 	Ongoing	MB Health Broad Topic: Access & Improved Resource Utilization	<ul style="list-style-type: none"> % of NRHA Residents receiving cancer treatments in region. 	<u>% of NRHA Residents receiving Chemotherapy Treatment in region (NRHA Responsiveness Quality Scorecard March 2005)</u> <ul style="list-style-type: none"> 2003= 39%; 2002= 49%; 2001= 54%; 2000 = 50%; 1999= 38%; 1998 = 50% 		Continue to monitor the % Cancer treatments provided in local centers.															

* See also 2.7.2 Breast Health and 2.7.3 Cervical Cancer Screening



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Ends Statement: 3. Optimal Access to Services

Strategic Priority: 3.5 Maintenance and improvement to our infrastructure

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>1.3.5 Capital Projects</p> <ul style="list-style-type: none"> Continue to ensure that our infrastructure is maintained and improved to ensure safe and efficient delivery of care. 	Ongoing	<p>MB Health Broad Topic: Improved Resource Utilization and System Competency</p> <p>NRHA facilities are at the end of their useful life span. Currently spending millions to keep the building safe and secure.</p> <p>Master Plan approved by NRHA Board in September 2000. Formally submitted to MB Health in March 2001.</p>	<ul style="list-style-type: none"> Status of Capital and Safety and Security Projects 	<p>The Pas Capital Projects:</p> <ul style="list-style-type: none"> CT renovations – completed 2003 Demolition of Old St. Paul's – completed 2003 OBS Safety & Security Project – complete 2003 HVAC – 1970 Wing – completed 2003 Water Heaters – completed 2003 Pipe Replacement – Rosaire House- completed 2003 Elevator security system – completed 2004 IT Server Room – completed 2004 Link Doors – St. Paul's – completed 2004 Elevator/ OR Security - in development Primary Health Care Centre – completed 2004 Dialysis – final stage of design ER/SCU – final stage of design under review ER/SCU – under review 1928 Windows – in design Morgue Cooler – under construction Ambulance Garage under review Cormorant Roof/Window Replacement - under review Flin Flon <p>Capital Projects:</p> <ul style="list-style-type: none"> Electrical Distribution system – completed 2003 Hot Water & Condensate Return Tanks – completed 2003 Duplex Medical Vacuum pumps completed 2003 PCH Roof Replacement – completed 2003 Asbestos Removal – 1938 Crawlspace – completed 2003 PCH & FFGH security system – Phase 1 complete 2004 NLM Wheelchair Ramp – completed 2004 Primary Health Care Center – completed 2004 Wheelchair/ Stretcher/ Ambulance Access/ Ramp Restoration – under construction Oil Tank Replacement – approved and contract awarded PCH & FFGH OPD – flooring – approved June 2004 Window Replacement – in design Phase II Security/Infant Security – under construction Dialysis – approved to go to tender May 2005 Pharmacy Relocation – under review <p>Snow Lake Capital Projects:</p> <ul style="list-style-type: none"> Restoration of concrete stairs - completed 2003 Ambulance Garage Doors – completed 2003. Flooring – completed 2004 PCH Bed expansion – completed 2004 ER Entrance Doors – completed 2004 Oxygen Upgrade – under construction 		Continue to ensure that our infrastructure is maintained and improved to ensure safe and efficient delivery of care.



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Ends Statement: 3. Optimal Access to Services

Strategic Priority: 3.6 Increased use of technology

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
3.6.1 Information Technology <ul style="list-style-type: none"> Continue to develop opportunities for expanded use of Information Technology based on Information Management Strategy 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and System Competency	<ul style="list-style-type: none"> Status of IT plan 	<ul style="list-style-type: none"> Migration of workstation operating systems from Windows 95/NT to Windows XP/2000. New abstracting program – installed. New server hardware installed to run new abstracting program. Financial systems and Staffing/ Scheduling and payroll systems migrated to new server. E-mail system upgraded to latest version (6 – 6.5) Window servers upgraded from Windows NT to Windows 2003/2000 Netware Servers upgraded from netware 5.1 to 6.0. Software update and patching management system implemented and distributed to entire region. Switching infrastructure replacement – in progress Provincial Data Networks upgraded to 2MB connection speeds – in progress. Vulnerability Assessment Recommendations implemented (continually reviewed) – in progress. ICD-10 implementation – in progress. 		<ul style="list-style-type: none"> <u>2005-06</u> Implementation of new ADT system Implementation of region-wide dictation system Blackberry Feasibility study Server replacement Implementation of Mainboss regionally DSM interface with ADT/ PACS Centralized back-ups of all data Development of computer hardware procurement plan Consideration of partnering with eHealth MB on security issues. <u>2006-07</u> Payroll interface for home care scheduling system <u>2007-08</u> Continued work with eHealth and DSM.



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Actions, Issues & Rationale			Performance Measures																				
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target																	
3.6.2 Telehealth <ul style="list-style-type: none"> Continue to participate in the implementation and future expansion of the provincial Telehealth for NRHA. 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and System Competency	<ul style="list-style-type: none"> Telehealth Utilization Highest Volume Clinical Areas Tele health Expansion status 	Telehealth Utilization 2004/05: (% of total) <table style="display: inline-table; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Flin Flon</u></td> <td style="text-align: center;"><u>The Pas</u></td> </tr> <tr> <td>Clinical Services</td> <td style="text-align: center;">157 (31.1%)</td> <td style="text-align: center;">211 (36.8%)</td> </tr> <tr> <td>Continuing Education</td> <td style="text-align: center;">142 (28.1%)</td> <td style="text-align: center;">183 (31.9%)</td> </tr> <tr> <td>Administration</td> <td style="text-align: center;">201 (39.8%)</td> <td style="text-align: center;">177 (30.9%)</td> </tr> <tr> <td>Other Sessions</td> <td style="text-align: center;"><u>1</u></td> <td style="text-align: center;"><u>4</u></td> </tr> <tr> <td>Total sessions (03-04)</td> <td style="text-align: center;">504 (340)</td> <td style="text-align: center;">572 (431)</td> </tr> </table> Highest Volume Clinical Applications: <ul style="list-style-type: none"> Dermatology Pre and Post – surgical assessment and follow-up Oncology Mental Health Wound Management Additional telehealth equipment for: <ul style="list-style-type: none"> Snow Lake equipment funded locally - online as a new site in May 2005. Flin Flon site - anticipated in June 2005 FNIHB funding additional First Nations site in Manitoba including Pukatawagan in NOR-MAN region – implementation expected in 2005. 		<u>Flin Flon</u>	<u>The Pas</u>	Clinical Services	157 (31.1%)	211 (36.8%)	Continuing Education	142 (28.1%)	183 (31.9%)	Administration	201 (39.8%)	177 (30.9%)	Other Sessions	<u>1</u>	<u>4</u>	Total sessions (03-04)	504 (340)	572 (431)	Additional Telehealth equipment = PHC buildings. Partner with MBTelehealth NRHA on the redesign and implementation of new resource scheduling process Ongoing staff training for regular users of the equipment continuing so they will become more independent in booking and operating their own telehealth sessions.
	<u>Flin Flon</u>	<u>The Pas</u>																					
Clinical Services	157 (31.1%)	211 (36.8%)																					
Continuing Education	142 (28.1%)	183 (31.9%)																					
Administration	201 (39.8%)	177 (30.9%)																					
Other Sessions	<u>1</u>	<u>4</u>																					
Total sessions (03-04)	504 (340)	572 (431)																					
3.6.3 Integrated Client Record <ul style="list-style-type: none"> Continue to implement an integrated client record in Primary Health Care and move towards the implementation of electronic patient record as per the Provincial Electronic Patient Record Initiative. 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and System Competency Provincial Electronic Patient Record Initiative	<ul style="list-style-type: none"> Status of the implementation of an integrated client record. 	<ul style="list-style-type: none"> Development of an integrated client record in Primary Health Care - underway 	Continue to implement an integrated client record in Primary Health Care. Implementation of electronic patient record as per the Provincial Electronic Patient Record Initiative.																		



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Ends Statement: 3. Optimal Access to Services

Strategic Priority: 3.7 Increased awareness of the Northern Patient Transport Program (NPTP)

Actions, Issues & Rationale			Performance Measures																																						
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target																																			
3.7.1 Northern Patient Transport Program <ul style="list-style-type: none"> Continue to monitor NPTP use in order to contain rising costs. 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and System Competency	<ul style="list-style-type: none"> NPTP Budget (budget vs actual) Warrants (elective vs. emergent) % NPTP \$ by mode of travel % Warrants by mode of travel Top 5 NPTP by Physician Specialty Top NPTP Diagnostic Category 	<p>NPTP Budget: 2002/03 2003/04 2004/05</p> <p>Budget: \$2,830,858 \$2,830,859 \$3,205,221</p> <p>Actual: \$3,062,705 \$3,317,793 \$3,117,791</p> <p>Surplus (Deficit): (231,848) (486,934) 87,430</p> <p><i>Board Report (Year end actual)</i></p> <p>Warrants: Total Elective Emergency</p> <p>2000-01: 5348 4322 (80%) 1026 (20%)</p> <p>2001-02: 6596 5783 (88%) 813 (12%)</p> <p>2002-03: 7115 6290 (88%) 825 (12%)</p> <p>2003-04: 7416 6469 (87%) 948 (13%)</p> <p>2004-05: 7597 6784 (89%) 813 (11%)</p> <p>% NPTP \$ by Mode of Travel (01-02/ 02-03/ 03-04/ 04-05)</p> <p>Air Ambulance (49%/ 58%/ 54%/48%); Commercial Air (25%/19%/ 22%/26%); Car (14%/12%/ 14%/15%); Taxi (6%/5%/ 5%/6%); Bus (4%/ 4%/3%); Ambulance (1%/1%/ 1%/2%)</p> <p>% Warrants by Mode of Travel (00-01/ 01-02/ 02-03/ 03-04/ 04-05)</p> <p>Air (24%/ 16%/ 14%/ 15%/15%); Air Ambulance (8%/5%/7%/ 6%/5%); Ambulance (1%/1%/1%; 1%/1%); Bus (16%/15%/14%/ 13%/11%); Car (36%/42%/46%/ 49%/51%); Rail (0%/1%/0%/ 0%/0%); Taxi (15%/20%/18%/ 16%/17%)</p> <p>Top 5 NPTP Travel by Physician Specialty</p> <p>The Pas:</p> <table border="0"> <tr> <td>2002-03</td> <td>2003-04</td> <td>2004-05</td> </tr> <tr> <td>Diagnostics (15%)</td> <td>Diagnostics (15%)</td> <td>Diagnostics (13%)</td> </tr> <tr> <td>Gastrology (8%)</td> <td>Orthopedics (8%)</td> <td>Orthopedics (10%)</td> </tr> <tr> <td>Orthopedic (8%)</td> <td>Oncology (7%)</td> <td>Surgery (9%)</td> </tr> <tr> <td>Surgery (7%)</td> <td>Gastrology (7%)</td> <td>Oncology (6%)</td> </tr> <tr> <td>Oncology (6%)</td> <td>Surgery (6%)</td> <td>Gastrology (6%)</td> </tr> </table> <p>Flin Flon:</p> <table border="0"> <tr> <td>2002-03</td> <td>2003-04</td> <td>2004-05</td> </tr> <tr> <td>Orthopedics (13%)</td> <td>Orthopedics (13%)</td> <td>Orthopedic (16%)</td> </tr> <tr> <td>Internal Med (10%)</td> <td>Internal Med (10%)</td> <td>Internal Med (10%)</td> </tr> <tr> <td>Oncology (8%)</td> <td>Oncology (7%)</td> <td>Ophthalmology (9%)</td> </tr> <tr> <td>Surgery (7%)</td> <td>Surgery (7%)</td> <td>Cardiology (9%)</td> </tr> <tr> <td>Diagnostics (6%)</td> <td>Ophthalmology (6%)</td> <td>Oncology (8%)</td> </tr> </table> <p>Top Diagnostic Category: CT</p>	2002-03	2003-04	2004-05	Diagnostics (15%)	Diagnostics (15%)	Diagnostics (13%)	Gastrology (8%)	Orthopedics (8%)	Orthopedics (10%)	Orthopedic (8%)	Oncology (7%)	Surgery (9%)	Surgery (7%)	Gastrology (7%)	Oncology (6%)	Oncology (6%)	Surgery (6%)	Gastrology (6%)	2002-03	2003-04	2004-05	Orthopedics (13%)	Orthopedics (13%)	Orthopedic (16%)	Internal Med (10%)	Internal Med (10%)	Internal Med (10%)	Oncology (8%)	Oncology (7%)	Ophthalmology (9%)	Surgery (7%)	Surgery (7%)	Cardiology (9%)	Diagnostics (6%)	Ophthalmology (6%)	Oncology (8%)	Continue to monitor NPTP use in order to contain rising costs. Analyze data to determine opportunities for telehealth and itinerant specialties services
2002-03	2003-04	2004-05																																							
Diagnostics (15%)	Diagnostics (15%)	Diagnostics (13%)																																							
Gastrology (8%)	Orthopedics (8%)	Orthopedics (10%)																																							
Orthopedic (8%)	Oncology (7%)	Surgery (9%)																																							
Surgery (7%)	Gastrology (7%)	Oncology (6%)																																							
Oncology (6%)	Surgery (6%)	Gastrology (6%)																																							
2002-03	2003-04	2004-05																																							
Orthopedics (13%)	Orthopedics (13%)	Orthopedic (16%)																																							
Internal Med (10%)	Internal Med (10%)	Internal Med (10%)																																							
Oncology (8%)	Oncology (7%)	Ophthalmology (9%)																																							
Surgery (7%)	Surgery (7%)	Cardiology (9%)																																							
Diagnostics (6%)	Ophthalmology (6%)	Oncology (8%)																																							



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Ends Statement: 3. Optimal Access to Services

Strategic Priority: 3.8 Reduced jurisdictional barriers to improve access to services

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
<p>3.8.1 Jurisdictional Barriers</p> <ul style="list-style-type: none"> Continue to work in partnership with the various jurisdictions to improve access to services. 	Ongoing	MB Health Broad Topic: Access	<ul style="list-style-type: none"> Partnerships with Aboriginal Organizations Partnerships with other jurisdictions New intersectoral partnerships Other initiative outlined in the status report of the Health Plan. 	<ul style="list-style-type: none"> NRHA conducted an extensive community consultation process as part of its CHA <u>Partnerships with the following Aboriginal and Metis Organizations on a number of initiatives:</u> <ul style="list-style-type: none"> Swampy Cree Tribal Council, Peter Ballantyne Cree Nation, Cree Nation Tribal Health Centre, MB Metis Federation, Friendship Centres, Indian Council of First Nation, Northern Aboriginal Population Health & Wellness Institute, Assembly of MB Chiefs, MKO, OCN & Opaskwayak Health Authority, Grand Rapid FN & nursing station, Chemawawin FN & nursing station, Mosakahikan FN & nursing station, Mathias Colomb FN & nursing station, Cormorant Nursing Station & community groups, Sherridon Nursing Stations & community groups <u>Partnerships with other jurisdictions:</u> Mamawetan Churchill River Health Authority, Addictions Foundation of MB, MB Health Nursing Stations, Northern Medical Unit <u>New Intersectoral Partnerships:</u> Moose Lake Healthy Communities Committee, Suicide Prevention, Cormorant Diabetes Prevention Project. (Aboriginal Partnership for Healthy Living Grant), Northern Housing Coalition, <u>Performance Deliverables</u> (developed in consultation with other jurisdictions– STD, Injury Prevention, Aboriginal Health, Diabetes, CODI, Primary Health Care, Immunizations 		Continue to work in partnership with the various jurisdictions to improve access to services.
<p>3.8.2 Nursing Stations</p> <ul style="list-style-type: none"> Continue to assist the non-NRHA nursing stations to meet their specialty requirements (i.e. Speech Language Pathology, Immunizations, STD's, DER) 	Ongoing	MB Health Broad Topic: Access	<ul style="list-style-type: none"> NRHA operated Nursing Stations/ Health Centres MB Health and FN run Nursing Stations Specific initiatives outlined in the status report of the Health Plan. 	<ul style="list-style-type: none"> <u>NRHA operated Nursing Stations/ Health Centres:</u> Cormorant, Sherridon, Cranberry Portage, Snow Lake Health Centre <u>Nursing Stations run by MB Health and First Nation organizations:</u> Grand Rapids (MB Health), Easterville (MB Health), Moose Lake (MB Health), Opaskwayak Health Authority (OCN), Pukatawagan Health Authority (Mathias Colomb) 		Continue to assist the non-NRHA nursing stations to meet their specialty requirements (i.e. Speech Language Pathology, Immunizations, STD's, DER)



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Ends Statement: 4. Excellence in Patient Safety and Quality of Care

Strategic Priority: 4.1 Ensuring safety and quality of care by creating a culture of patient safety, coordinating services across the continuum and creating a work life and physical environment that supports the safe delivery of care

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.1.1 Quality Management <ul style="list-style-type: none"> Maintain a Quality Management Program for the NRHA. Provide ongoing support to CQI Teams 	Ongoing	MB Health Broad Goal: Improve quality, accessibility and accountability	<ul style="list-style-type: none"> Accreditation Results CQI Teams Working Committees CQI Awareness Activities CQI Training opportunities Client Satisfaction Tools Specific initiatives outlined in the status report of the Health Plan. 	<ul style="list-style-type: none"> Accreditation - Received Accreditation - Accreditation with Report received April 2002. <ul style="list-style-type: none"> Average Score = 5.35 (good) (1-7 scale rating) 9 recommendations, 5 of which requiring report All reports required by CCHSA have been submitted on schedule and approved. Accreditation – May 15-19, 2005 CQI Teams –11 teams (Leadership & Partnership, Information Management, Human Resources, Communications, Environment, Acute Care, Long Term Care, Home Care, Mental Health, Addictions, Community Services). Working committees report directly to Quality Council: Ethics, Risk Management, Confidentiality working group, Care Mapping, Product Standardization, Regional Outbreak Response CQI Awareness Activities: <ul style="list-style-type: none"> CQI Information Booklet available for staff. Rotational CQI Teams presentations at Lunch & Learns on monthly basis. Rotational CQI Updates in “Staff Pulse” on monthly basis. CQI Team Poster boards display leading up to and during Accreditation Quality Contests CQI Training opportunities: <ul style="list-style-type: none"> CQI overview provided at General Orientations. Team Leader Training Sessions provided in conjunction with Quality Council (7 sessions) Cultural Awareness sessions held as part of Leadership/Management sessions in June 2004. Veterans Affair Education Session June 3, 2004 (21 pp) Quality Days Client/ Staff Satisfaction Tools developed and being used by the following Teams (HR, Acute Care, Addictions, LTC, Mental Health, Support Services, Home Care) 	<ul style="list-style-type: none"> Accreditation - Received Accreditation - Accreditation with Report received April 2002. Average Score = 5.35 (good) (1-7 scale rating) 9 recommendations, 5 of which requiring report All reports required by CCHSA have been submitted on schedule and approved. Accreditation – May 15-19, 2005 CQI Teams –11 teams (Leadership & Partnership, Information Management, Human Resources, Communications, Environment, Acute Care, Long Term Care, Home Care, Mental Health, Addictions, Community Services). Working committees report directly to Quality Council: Ethics, Risk Management, Confidentiality working group, Care Mapping, Product Standardization, Regional Outbreak Response CQI Awareness Activities: <ul style="list-style-type: none"> CQI Information Booklet available for staff. Rotational CQI Teams presentations at Lunch & Learns on monthly basis. Rotational CQI Updates in “Staff Pulse” on monthly basis. CQI Team Poster boards display leading up to and during Accreditation Quality Contests CQI Training opportunities: <ul style="list-style-type: none"> CQI overview provided at General Orientations. Team Leader Training Sessions provided in conjunction with Quality Council (7 sessions) Cultural Awareness sessions held as part of Leadership/Management sessions in June 2004. Veterans Affair Education Session June 3, 2004 (21 pp) Quality Days Client/ Staff Satisfaction Tools developed and being used by the following Teams (HR, Acute Care, Addictions, LTC, Mental Health, Support Services, Home Care) 	Maintain a Quality Management Program for the NRHA. Provide ongoing support to CQI Teams



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.1.2 Patient Safety <ul style="list-style-type: none"> Implement NRHA Patient Safety Action Plan which encompasses: <ul style="list-style-type: none"> Culture Communication Medication Use Work life/ Workforce Infection Control 	Ongoing CCHSA Compliance in 2006	Performance Deliverable MB Health Broad Topic: Patient Safety CCHSA Requirement	Patient Safety Strategy – in place	<ul style="list-style-type: none"> Corporate Risk Profile template developed Patient Safety Action Plan in development. Will include the following components: <ol style="list-style-type: none"> Creating a Culture for Patient Safety Improving Information and Resources Patient Safety in Medication Use Patient Safety in Work Life Infection Control 		Continue development & implementation of NRHA Patient Safety Action Plan. Compliance with the CCHSA patient safety goals and practises
4.1.3 Regional Risk Management Program <ul style="list-style-type: none"> Maintain a comprehensive, regional risk management program that is linked to the NRHA CQI process. 	Ongoing	MB Health Broad Topic: Patient Safety	<ul style="list-style-type: none"> Risk Management Committee – in place Risk Management Indicators – tracked RM Tracking Systems Policies Thomas recommendations – met Corporate Risk Profile 	<ul style="list-style-type: none"> <u>RM committee</u>, subcommittee of Quality Council meets monthly RM reports to Quality Council <u>Selective Risk Management indicators</u> reported through Quality Scorecard (# of Occurrences, # of Critical Occurrences, # of Critical Clinical Occurrences, # of Complaints, # of Legal issues, # of Statements of Claim). <u>Tracking systems</u> in place (since January 2003) for: <ul style="list-style-type: none"> Occurrences Legal Complaints Critical and Critical Clinical Occurrences Internal Disclosure <u>Key policies</u> in place and education of policies completed: <ul style="list-style-type: none"> Integrated Risk Management Program Occurrence Reporting Complaint Management Internal Disclosure Notification of Significant Change to the Chief Medical Examiner Notification to Manitoba Health on Clinical and Critical Clinical Occurrences Quality Audits Additional policies in development per Thomas recommendations <u>Thomas recommendations</u> – have met all recommendations per requested timeline. <u>Corporate Risk Profile</u> - developed. 		Maintain a comprehensive, regional risk management program that is linked to the NRHA CQI process. Continue to track indicators through Scorecard Pursue electronic entry of occurrence reports Implementation of Corporate Risk Profiles



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.1.4 Client Satisfaction <ul style="list-style-type: none"> Continue to monitor client satisfaction of NRHA programs and services and use information for continuous quality improvement. 	Ongoing	MB Health Broad Goal: Improve quality, accessibility and accountability	<ul style="list-style-type: none"> Client Satisfaction Surveys Results published in NRHA Responsiveness Scorecard annually 	<ul style="list-style-type: none"> <u>Client/ Staff Satisfaction</u> Tools developed and being used by the following Teams (HR, Acute Care, Addictions, LTC, Mental Health, Support Services, Home Care) <u>Survey Policy</u> – in draft 		Continue to monitor client satisfaction and use information for CQI. Development of PHC satisfaction survey. Investigate the feasibility of an electronic satisfaction tool. Finalize survey policy.
4.1.5 Regional Ethical Framework <ul style="list-style-type: none"> Continued implementation of a regional Ethical Framework to deal with ethical questions/ concerns in the region. 	Ongoing	MB Health Broad Goal: Improve quality, accessibility and accountability	<ul style="list-style-type: none"> Ethics Committee- in place Process to deal with Ethical decision-making- in place 	<ul style="list-style-type: none"> Ethics committee – established in September 2003 NRHA participates on MB Ethics Network. Regional Framework for Ethical Decision-Making - developed 		Continued implementation of a regional Ethical Framework. Policy development to guide/direct Ethics activity Regional “roll out” of the ethics framework and policies.



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.1.6 Utilization <ul style="list-style-type: none"> Ensure appropriate utilization of NRHA facilities and resources. 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and System Competency Performance Deliverable	<ul style="list-style-type: none"> Utilization Committee – in place Utilization data published in NRHA Scorecard annually Utilization activities 		<ul style="list-style-type: none"> Utilization committee - not in place. In development. ER Utilization Committee to deal with high volumes in the ER department in place for The Pas Health Complex. # of utilization indicators including Average Length of Stay (ALOS) and Resource Intensity Weights (RIW) are monitored through the Quality Scorecard ER Utilization Performance Deliverable for MB Health was submitted to MB Health on December 2004. ICD-10 implemented April 1, 2004 & will assist in timely access to data once ICD-10 implementation is complete and staff is more comfortable with the software, utilization data will begin to become more readily available. The new ATD system is being implemented which will improve access to pertinent data. Revisions made to The Pas Hospital bed map, which will support more accurate and applicable occupancy and LOS data. 	Utilization as been identified as a Performance Deliverable for 2006 and beyond: -Establish Regional Utilization Committee. -Develop reports needed to access ICD-10 and ADT information. -Program based utilization review. -Implementation of Nursing Station survey -Evaluation of Utilization data. Ensure appropriate utilization of NRHA facilities and resources based on above.



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.1.7 Workplace Safety and Health <ul style="list-style-type: none"> Ensure Workplace, Safety and Health is adhered to within the organization. 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and System Competency	<ul style="list-style-type: none"> Work Life Indicators Workplace, Safety and Health Committees Policies WS&H Orders – completed and outstanding 	<u>Quality Scorecard on Work life (2003-04)</u> <ul style="list-style-type: none"> Sick Pay = 2.88% Staff Flu Shot Rate = 44.6% Average sick hours/ employee/year = 59.8 WCB Lost Time Incident Rate = 3.13% WCB Lost Work Hours = 3.61 hrs lost/ employee % Modified Work Accommodations = 0.4% WCB Days Lost = 389 <u>WS&H Committees.</u> <ul style="list-style-type: none"> 5 site committee and 1 regional committee (comprised of co-chairs of the site committees) Safety Tours reactivated in each site Designated January as “WHMIS” promotion month for education and PR activities. Facilitate organization education on WS&H <u>Policy development</u> <ul style="list-style-type: none"> WS&H Training Plan Worker Involvement No Discrimination Eye Wash Stations Hearing Conservation Program Asbestos Management Program Personal Protective Equipment Safe Work Practices Safety Inspections Workplace Health & Safety orders currently being worked on.		Ensure Workplace, Safety and Health is adhered to within the organization. Completion of outstanding Workplace orders by December 31, 2005
4.1.8 Emergency/ Disaster Response <ul style="list-style-type: none"> Ongoing education and implementation of NRHA's Emergency Response Plan and Incident Management System. 	Ongoing	MB Health Broad Topic: Disaster Management Performance Deliverable	<ul style="list-style-type: none"> Emergency Response Plan – in place IMS – in place Mock exercises Specific initiatives outlined in the status report of the Health Plan. 	<ul style="list-style-type: none"> Regional Emergency Disaster Plan and PCH Emergency Preparedness Plan – performance deliverable for MB. Health submitted per timeline January 2004 Emergency Response Plan - in place Implementation of an IMS (Incident Management System) – 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. Senior Management on-call rota -established Mock Exercises – paper exercise (Fall 2004); Province-wide power outage (Spring 2005) 		Ongoing education and implementation of Emergency Response Plan and Incident Management System, including regular mock exercises.



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.1.9 EMS Response <ul style="list-style-type: none"> Ensure timely EMS response as per MB goal. 	Ongoing	MB Health Broad Topic: Access	<ul style="list-style-type: none"> Call Volumes EMS Responses 	<u>The Pas</u> <u>2004 Call Volume statistics:</u> <ul style="list-style-type: none"> Total Calls = 1589 calls Primary Response (Emergent) : 1005 calls (63%) Inter-facility Transfers: 584 calls (37%) Average time from Dispatch to en-route: 1 min 19 sec Average time from Dispatch to on-scene: 4 min 11 sec <u>EMS Response (2004):</u> <ul style="list-style-type: none"> Medical (67%); Falls (9%); Violence (7%); MVA related (9%); All other (8%) <u>Flin Flon</u> <u>2004 Call volume Statistics</u> <ul style="list-style-type: none"> 1111 total calls 451 Primary Responses (41%) 660 Inter-facility Transfers (59%) Average time from Dispatch to en-route = 2 min, 7 sec Average time from Dispatch to on scene = 6 min, 44 sec <u>EMS Response (2004):</u> <ul style="list-style-type: none"> Medical (69%); Fall (11%); Violence (1%); MVA related (6%); All Other (13%) <u>Cranberry Portage</u> <ul style="list-style-type: none"> Assumed responsibility for the Cranberry Portage Ambulance service: February 2004 Call Volume = 100-125 calls annually Hired 2 .7 EFTs at EMR level locally; 2nd attendant on-call only <u>Service Purchase Agreements</u> with Grand Rapids & Snow Lake		Continue to monitor EMS data to Ensure timely EMS response as per MB goal.



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Ends Statement: 4. Excellence in Patient Safety and Quality of Care

Strategic Priority: 4.2 Ensure accountability within the health system

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.2.1 Quality Scorecard <ul style="list-style-type: none"> Continue the release of NRHA's Quality Scorecard on a quarterly basis and where available develop benchmarks. 	Ongoing Quarterly	MB Health Broad Topic: Improved Resource Utilization and Accountability	<ul style="list-style-type: none"> Quality Scorecard schedule 	<u>Quality Scorecard</u> – scorecard fully developed <u>Reporting schedule</u> <ul style="list-style-type: none"> Client/ Community Focus (September) Work life (December) Responsiveness (March) System Competency (June) 		Continue the release of NRHA's Quality Scorecard on a quarterly basis and where available develop benchmarks
4.2.2 Corporate Risk Profile <ul style="list-style-type: none"> Continue to develop NRHA's Corporate Risk Profile and ensure the release of quarterly risk reports. 	Ongoing Quarterly	MB Health Broad Topic: Patient Safety	<ul style="list-style-type: none"> Corporate Risk Profile – in place and monitored quarterly 	<ul style="list-style-type: none"> Corporate Risk Profile tool - developed 		Continue to develop Corporate Risk Profile and ensure the release of quarterly risk reports.
4.2.3 Accountability Mechanisms <ul style="list-style-type: none"> Ensure NRHA continues to comply with all accountability requirements as listed on the RHAM Accountability document. 	Ongoing Quarterly	MB Health Broad Topic: Improved Resource Utilization and Accountability RHAM Accountability Mechanisms document	<ul style="list-style-type: none"> Adherence to Accountability Requirements 	<ul style="list-style-type: none"> RHAM Accountability Document – initiated by NRHA and endorsed provincially – Spring 2005 Accountability Requirements <ul style="list-style-type: none"> CEO Monitoring Reports - monthly Scorecard – quarterly release CHA – submitted fall 2004 Strategic Plan – June 2005 Health Plan – annually in June Annual Report – annually in September Budget – monthly report to the Board 		Finalize Accountability document –for approval by CEO network. Ensure NRHA continues to comply with all accountability requirements as listed on the RHAM Accountability document.



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Ends Statement: 4. Excellence in Patient Safety and Quality of Care

Strategic Priority: 4.3 Ensure evidence-based decision-making is used throughout the organization

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.3.1 Decision Support <ul style="list-style-type: none"> Ensure timely release and education of relevant research and community health data within the organization to promote evidence-based decision-making. 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and Accountability	Ongoing		<ul style="list-style-type: none"> Director of Decision Support position created to guide ongoing CHA, community consultation and decision support activities for the RHA. RHA participation on Need to Know Team Dissemination Plan for the Release of The Community Health Assessment and Strategic Plan – in development Decision Support Plan – in development 	Ensure timely release and education of relevant research and community health data within the organization to promote evidence-based decision-making.
4.3.2 Performance Measurement <ul style="list-style-type: none"> Continue to develop and monitor regional and provincial indicators to guide evidence-based decision-making. Investigate opportunities to monitor indicators through MB Management Information System (MIS) or an electronic performance measurement software database. 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and Accountability	Ongoing		<ul style="list-style-type: none"> Quality Scorecard Indicator template developed for CQI Teams - Indicators have been assigned to teams for collection, analysis, interpretation and rating of indicators. NRHA Indicators plotted on Manitoba Health Performance Framework Tracking indicators through Management Information Management System (MIMS) – underway Need for a provincial performance measurement database has been identified 	Continue to develop and monitor regional and provincial indicators to guide evidence-based decision-making. Investigate opportunities to monitor indicators through MB Management Information System (MIS) or an electronic performance measurement software database.



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Ends Statement: 4. Excellence in Patient Safety and Quality of Care

Strategic Priority: 4.4 Ensure sustainability within the health system by optimizing the efficiency and effectiveness in the use of resources, ensuring and adequate an skilled workforce; and developing northern Human Resources

Actions, Issues & Rationale			Performance Measures																																							
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target																																				
4.4.1 Resource Allocation <ul style="list-style-type: none"> Ensure resources are allocated based on demonstrated need & effectiveness as per strategic directions of the organization 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and Accountability	<ul style="list-style-type: none"> New/ Expanded positions/ programs % budget by Program area 	<u>2004/05 new/ expanded positions:</u> <ul style="list-style-type: none"> Primary Health Care – development of CARES model and integration of Community Services staff into CARES Teams in development. Risk Management position (.5 EFT) expanded to Director of Quality and Risk Management (1 EFT) in June 2004. Resources provided by MB Health to hire a Community Health Coordinator to coordinate CHA activities in the region. This position, now titled Director of Decision Support services has since become a permanent position with the responsibility of coordinating ongoing CHA and Decision Support activities for the RHA. Workplace Health & Safety positions (.5 EFT) in The Pas and Flin Flon created. IT Tech EMS FF – 24/7 service <table border="0"> <tr> <td><u>Program Area:</u></td> <td><u>2003-04</u></td> <td><u>2004-05</u></td> </tr> <tr> <td>Acute Care</td> <td>22,302,128 (41%)</td> <td>24,194,781 (39%)</td> </tr> <tr> <td>LTC</td> <td>6,960,534 (12.5%)</td> <td>6,921,097 (11%)</td> </tr> <tr> <td>Medical Rem</td> <td>7,248,459 (14%)</td> <td>7,902,832 (13%)</td> </tr> <tr> <td>Community</td> <td>3,573,071 (6.4%)</td> <td>4,696,740 (8%)</td> </tr> <tr> <td>Mental Health</td> <td>837,029 (1.5%)</td> <td>987,749 (2%)</td> </tr> <tr> <td>Home Care</td> <td>3,094,500 (5.5%)</td> <td>3,515,170 (6%)</td> </tr> <tr> <td>Ambulance</td> <td>553,124 (1%)</td> <td>743,549 (1%)</td> </tr> <tr> <td>Undistributed</td> <td>2,034,532 (3.6%)</td> <td>2,454,894 (4%)</td> </tr> <tr> <td>NPTP</td> <td>2,830,859 (5.1%)</td> <td>3,205,221 (5%)</td> </tr> <tr> <td>Addictions</td> <td>578,497 (1%)</td> <td>605,729 (1%)</td> </tr> <tr> <td>Diagnostics</td> <td>3,000,409 (5.4%)</td> <td>3,426,390 (6%)</td> </tr> </table> <p><i>* Budgeted amount (not year-end actual)</i></p>		<u>Program Area:</u>	<u>2003-04</u>	<u>2004-05</u>	Acute Care	22,302,128 (41%)	24,194,781 (39%)	LTC	6,960,534 (12.5%)	6,921,097 (11%)	Medical Rem	7,248,459 (14%)	7,902,832 (13%)	Community	3,573,071 (6.4%)	4,696,740 (8%)	Mental Health	837,029 (1.5%)	987,749 (2%)	Home Care	3,094,500 (5.5%)	3,515,170 (6%)	Ambulance	553,124 (1%)	743,549 (1%)	Undistributed	2,034,532 (3.6%)	2,454,894 (4%)	NPTP	2,830,859 (5.1%)	3,205,221 (5%)	Addictions	578,497 (1%)	605,729 (1%)	Diagnostics	3,000,409 (5.4%)	3,426,390 (6%)	Continue to ensure resources are allocated based on demonstrated need/ effectiveness as per strategic directions of the organization
<u>Program Area:</u>	<u>2003-04</u>	<u>2004-05</u>																																								
Acute Care	22,302,128 (41%)	24,194,781 (39%)																																								
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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.4.2 Recruitment and Retention <ul style="list-style-type: none"> Ensure the ongoing development of recruitment and retention strategies to deal with staff shortages. 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and Accountability	<ul style="list-style-type: none"> Turnover rate Vacancy Age Indicator Total \$ spent on recruitment Performance Appraisal Rate Positions vacant > than 6 months Recruitment/retention strategies listed in Status Report section of health plan 	<u>Quality Scorecard</u> (2002-03 vs. 2003-04): <ul style="list-style-type: none"> Turnover Rate = 9.2% vs. 11.7% Vacancy Age Indicator; 30 days or less = 7 vs. 13; 31-90 days = 1 vs. 2; over 90 days = 16 vs. 2 Total \$ spent on recruitment = \$617.64 per external hire vs. \$1206 Performance Appraisal Rate = 68% vs. 10.5% <u>Positions vacant greater than 6 months:</u> <ul style="list-style-type: none"> Midwifery Psychologist Physiotherapy Physicians Audiology Nurse Manager, Psychiatry .7 EFT ER Nurse, St. Anthony's .4 EFT OR Nurse, FFGH .5 EFT Infant Child Youth PHC Nurse 		Ensure the ongoing development of recruitment and retention strategies to deal with staff shortages.
4.4.3 Physician Recruitment <ul style="list-style-type: none"> Ongoing physician recruitment based on recommendations from the Physician Resource Plan 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and Accountability	<ul style="list-style-type: none"> Physician Profile Recruitment/retention strategies listed in Status Report section of health plan 	<ul style="list-style-type: none"> Physician left in 2004-05 = 5 Physicians recruited in 2004-05 = 7 Physicians left in 2003-04 = 4 Physician recruited in 2003-04 = 0 <u>Physician Profile</u> (as of May 2005) <ul style="list-style-type: none"> All Physicians: <ul style="list-style-type: none"> The Pas = 16 physicians Flin Flon = 10 physicians Snow Lake = 2 physicians By Area of Expertise: <ul style="list-style-type: none"> GP: TP = 6; FF = 3; SL = 2 GP/ Surgery TP = 2; FF = 1 GP/Obstetrics: TP = 1; FF = 3 GP/Anesthetic; TP = itinerant; FF = 3 Radiology: TP = 1; FF = 1 EMO: itinerant in TP Regional Specialists <ul style="list-style-type: none"> GP/Obstetrics = 1 Internal Medicine = 1 Pediatrician = 1 Psychiatry = 1 Medical Officer of Health - 1 		Ongoing physician recruitment based on recommendations from the Physician Resource Plan



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Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.4.4 Skilled Workforce <ul style="list-style-type: none"> Provide ongoing opportunities through staff education program for the development of staff knowledge and expertise in priority areas and complying with mandatory training needs 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and Accountability Mandatory Staff Training requirements continue to increase and have had a large impact on NRHA resources.	<ul style="list-style-type: none"> In-house training sessions Out-of region training Staff Training Indicator 	In – house training – NOR-MAN <ul style="list-style-type: none"> 257 sessions in region; 2459 participants (pp) 102 sessions; 922 pp in The Pas 149 sessions; 1494 pp; in Flin Flon 8 sessions; 40 pp in Snow Lake In-house training consists of orientations, CPR, ACLS, PALS, NRP recertifications and provider programs, specific policy in-servicing, mandatory legislative training, and hosting invited speakers for specific health populations. Out of region Training (tuition, travel provided) <ul style="list-style-type: none"> 105 sessions; 226 participants for region 62 sessions; 118 pp in The Pas 84 sessions; 102 pp in Flin Flon 4 sessions; 6 pp in Snow Lake Out of house training consists of staff requesting approval to attend a session outside of the RHA for having tuition, travel and accommodation funded through the RHA. Staff Training Indicator (System Competency Indicator June 2004) \$286.70/ employee		Continue to provide ongoing opportunities through staff education program for the development of staff knowledge and expertise in priority areas and complying with mandatory training needs
4.4.5 Northern Human Resources <ul style="list-style-type: none"> Continue implementation of NRHA's Aboriginal recruitment strategy in order to develop and enhance northern Human Resources. 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and Accountability	<ul style="list-style-type: none"> Aboriginal Recruitment Strategy – in place Status report of Aboriginal Recruitment Strategy 	<ul style="list-style-type: none"> Aboriginal Recruitment Strategy submitted to MB Health as performance deliverable requirement in August 2004 Responsibility of Aboriginal Recruitment Strategy incorporated into the work of the HR CQI Team and NRHA Recruitment Coordinator Self-declaration process established for applicants as well as survey for current staff. Partnership with Manitoba Aboriginal Youth Career Awareness Committee for aboriginal students to attend organization one day a week for four (4) months and receive a high school credit. One student has identified the desire to pursue a career in health care as a result. High School Bursary established in the amount of \$250.00 at each of the high schools in the NOR-MAN region. Advertising strategies include specific aboriginal journals/newspapers to reach target audience. Where possible Aboriginal Liaison assists with interviews Attended presentation by SCTC regarding the establishment of a Northern MB Aboriginal Youth Career Awareness Committee – Feb 11/05 		Continue implementation of NRHA's Aboriginal recruitment strategy in order to develop and enhance northern Human Resources.



NOR-MAN REGIONAL HEALTH AUTHORITY

Appendix A: 2006-11 Strategic Plan

Actions, Issues & Rationale			Performance Measures			
Action	Implement Date	Issues, Rationale & Broad Topic	Description	Baseline	Current	Target
4.4.5 Volunteer Program <ul style="list-style-type: none"> Continue to maintain a volunteer program and promote the value of volunteers in enhancing NRHA programs and services 	Ongoing	MB Health Broad Topic: Improved Resource Utilization and Accountability	<ul style="list-style-type: none"> Volunteer Hours 	<ul style="list-style-type: none"> Volunteer Program in Flin Flon – pilot successful. .5 EFT position created from within Volunteer Hours (Flin Flon): 1999/00 = 196 2000/01 = 2202.00 2001/02 = 2643.01 2002/03 = 2597.01 2003/04 = 3271.06 2004/05 = 3079.78 		Continue to maintain a volunteer program and promote the value of volunteers in enhancing NRHA programs and services.